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**Male Sexuality and Masculinity:
Implications for STIs/HIV and Sexual Health Interventions
in Bangladesh**

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**MBBS (Dhaka Medical College, Dhaka, Bangladesh)
M. A. (Health Social Science, Mahidol University, Thailand)**

**A Thesis Submitted in Fulfillment of the Requirements for the Award of
Doctor of Philosophy (Sociology/Anthropology)
School of International, Cultural and Community Services
Faculty of Community Services, Education and Social Sciences
Edith Cowan University
Perth, Western Australia**

December 10, 2004

ABSTRACT

My thesis concerns male sexuality as revealed by men living in contemporary urban and rural Bangladesh. I pursue what men think it means to be a man, dimensions of manliness and manhood, and male influences in the construction of male/female relationships. Significant meanings men attribute to sexual acts, pleasure, pain, risk and safety in multiple social realities, particularly in the era of HIV/AIDS, were explored. A social constructionist perspective guided my research.

Using qualitative research methods, I conducted 50 in-depth interviews with men aged between 18 and 58 years from diverse socio-occupational backgrounds. Twenty key informants included religious leaders, traditional and Western medical practitioners, teachers, community and religious leaders, professionals involved in the media. Ten focus group discussions were held. I spent time in various male venues to observe men's social lives and interactions. The 15 month fieldwork was conducted in Mohammadpur *Thana* of Dhaka City and some villages of *Sadar* and *Panchbibi Upzila* of Jaipurhat district. Tape recorded interviews in Bangla were transcribed and data analysis performed by inter-subjective interpretations through content, contextual and thematic analysis.

I have analyzed the social construction of manliness and manhood and its influences on male-female relationships, men's construction of sexual risk, safety and pleasure, and meanings of sex and sexual health concerns. Bangladeshi men's manhood and relationships with women are expressed within the obligatory marital framework of patriarchy. Notions of men as 'providers' and 'protectors' construct male sexual authority over women originating from gender inequalities and power relations with women. This creates a sexual double standard and undermines women's sexual rights, pleasure and equality in relationships.

Pornographic movies and advertisements of traditional practitioners on sexual matters also influence the construction of male sexuality within a narrow framework of sexual competence to 'win' women via the penis, penetration and performance. The 'perfect' female and male body images of Western pornographic stars create a discrepancy between men's 'expectations' and actual 'achievements' in their sexual lives.

Male roles as traditional providers are increasingly threatened in the context of economic hardship and women's participation in income generation in Bangladesh. The crisis of masculinity is reflected in exaggerated notions of male sexual prowess which are often hard to achieve, resulting in much frustration among men. This negatively affects men's sexual health and relationships with women. If public health priorities do not correspond to these general sexual health concerns of men and ignore the pleasure, preference and emotions of male-female sexuality, conventional HIV interventions based on disease and safety models are less likely to be effective.

Generalizing about issues of male sexuality is difficult. Meanings of male sexuality are fluid, contested and contradictory among and between men. A minority of men opposed the dominant version of male sexuality, claiming to live pleasurable and responsible sexual lives. My thesis identifies a space for a creative rethinking of male sexuality recognizing that while men are beneficiaries of patriarchy, they are also vulnerable because of patriarchy.

An alternate version of male sexuality can be constructed through a strategy of working to empower men to value the role of women. Educating men by providing positive information on sexual pleasure, eroticism, men's and women's bodies and their sexual needs may contribute to improving the sexual health of men and women. Men must be encouraged to reconstruct their roles of caring and loving fathers and husbands, together with sharing the providers' roles with women. An attempt to reconstruct traditional male sexuality affects both men and women as masculine sexuality is not isolated from the socio-cultural construction of feminine sexuality. Research needs to focus on social-cultural institutions contributing to hierarchical relationships of inequality between men and women in all spheres of life including the sexual.

DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

- (i) incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education
- (ii) contain any material previously published or written by another person except due reference is made in the text; or
- (iii) contain any defamatory material.

Signature:

Date: Dec 10 2004

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I would like to express my sincere gratitude to a number of individuals and institutions who, in one way or another, assisted me in completing this thesis. Firstly, I gratefully remember all participants of this study who offered their valuable time and shared intimate issues of their lives on which my thesis is written. I am committed to improve the quality of their sexual health through my work.

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LIST OF ABBREVIATIONS

| | |
|---------|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| BSS | Bangladesh Bureau of Statistics |
| DGHS | Directorate General of Health Services |
| FGDs | Focus Group Discussions |
| FSWs | Female Sex Workers |
| GOB | Government of Bangladesh |
| IDUs | Injecting Drug Users |
| ICDDR,B | The Center for Health and Population Research |
| ICRW | International Center for Research on Women |
| KAP | Knowledge, attitude and practice |
| HIV | Human Immunodeficiency Virus |
| MOHFP | Ministry of Health and Family Planning |
| MSM | Males having sex with males |
| MSWs | Male Sex Workers |
| NGOs | Non-government organization |
| RA | Research Assistant |
| STD | Sexually Transmitted Disease |
| STIs | Sexually Transmitted Infections |
| WHO | World Health Organization |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |

BANGLADESH

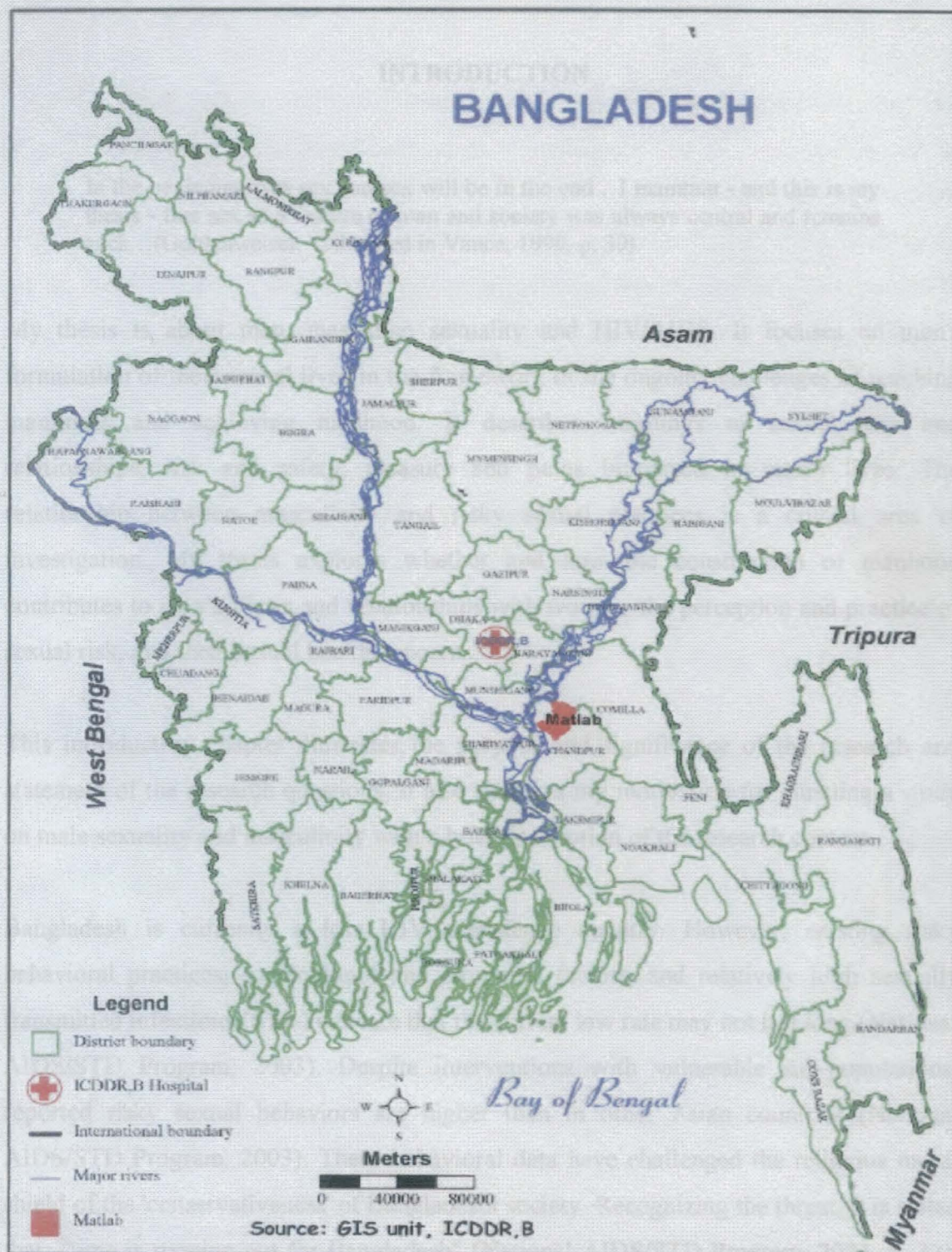


Figure 1. Map of Bangladesh (Source: GIS unit, ICDDR,B).

CHAPTER ONE

INTRODUCTION

In the beginning was sex and sex will be in the end...I maintain - and this is my thesis - that sex as a feature of man and society was always central and remains such...(Goldenweiser, 1929 cited in Vance, 1999, p. 39).

My thesis is about men, masculine sexuality and HIV/AIDS. It focuses on men's formulation of their sexual lives in the framework of the ongoing challenges of reaching manliness and achieving manhood. It describes meanings of sexual acts and relationships, risk and safety, pleasure and pains immersed in men's lives. The relationship between masculinity and risky sexual practices is a crucial area of investigation. My thesis explores whether and how the construction of manhood contributes to men's views and relationships with women, the perception and practice of sexual risk, and their sexual health concerns.

This introductory chapter illustrates the purpose and significance of the research and statement of the research questions. It also sketches my motivation for pursuing a study on male sexuality and masculinity with a brief description of the research context.

Bangladesh is currently a low HIV prevalence country. However, existing risky behavioral practices, sociocultural and structural factors, and relatively high sexually transmitted infections (STIs) indicate that the current low rate may not last long (National AIDS/STD Program, 2003). Despite interventions with vulnerable sub-populations, reported risky sexual behaviors are higher than in other Asian countries (National AIDS/STD Program, 2003). These behavioral data have challenged the religious moral shield of the 'conservativeness' of Bangladeshi society. Recognizing the threat, it is stated that: "time is running out for Bangladesh" (National AIDS/STD Program, 2003, p. 32). Experiences from regional countries suggest that a rapid spread of HIV infection cannot be prevented unless well-designed comprehensive HIV interventions are urgently enacted [Joint United Nations Programme on HIV/AIDS (UNAIDS) /World Health Organization (WHO), 2003].

Most research measures risk behaviors quantitatively to track the trend of the epidemic and identify sub-populations at risk. These findings are valuable, but often fail to contextualize the meanings attached to statistically significant numbers (Parker & Aggleton, 1999; Parker, Herdt, & Carballo, 1999). Additionally, focusing only on sub-populations engaged in high-risk behaviors is inadequate and misleading in terms of disseminating a generalized belief that HIV is a disease of special sub-populations involved in risky behaviors. General population based studies concerning sexuality and sexual behaviors are inadequate in Bangladesh (Bloem, Barua, Gomes, & Karim, 1997; Caldwell, Pieris, Khuda, Caldwell, & Caldwell, 1999; Cash et al., 2001a, 2001b; Gibney, Choudhury, Khawaja, Sarker, & Vermund, 1999; Khan, Townsend, & D'Costa, 2002). Understanding male sexuality from the sociocultural perspectives of gender and masculinity may contribute to the design of effective HIV interventions and to improving the sexual health of men and women. However, such "interventions must go beyond 'raising awareness' and stress interactive behavior change communication" (National AIDS/STD Program, 2003, p. 31) and that "effective prevention targets the context, not just the group" (National AIDS/STD Program, 2001, p. 22).

With this realization, I have studied the construction of male sexuality in the framework of masculinity. I have interviewed males who do not conventionally represent any well-known sub-populations at risk. Men are conventionally blamed for making women vulnerable. However, men are also at risk as victims of gender hierarchies and the dominant form of masculinity in their own lives (Carovano, 1995; Courtenay, 2000; Foreman, 1999; Rivers & Aggeton, 1999). In Bangladesh, therefore, "innovative strategies have to move beyond individual focus toward structural and social dimensions to deal effectively with the cultural meanings attached to masculine sexuality" (Khan, Hasan, Bhuiya, Hudson-Rodd, & Siggers, 2003b, p. 180). This is the focus of my thesis.

Thus, the major question directing this study asks how sexuality is constructed in the framework of masculinity among Bangladeshi men's lives. Specifically the study uncovers the following concerns.

1. What are male perceptions of manliness and manhood and how do these perceptions influence men's sexuality and sexual behaviors?
2. How do men view women and how do they attach meanings to their relationships with women before, within and outside marriage?

3. How are men's perceptions of sexual risk, safety and pleasure constructed and how do these perceptions affect their preventive sexual behaviors?
4. What are the meanings men attach to various sexual acts and how are their sexual health concerns constructed?

I have applied a social constructionist approach in my thesis (Gagnon & Simon, 1973; Gagon & Parker, 1995; Laumann & Gagnon, 1995; Laumann, Gagnon, Michael, Michaels, 1994; Plummer, 1996; Vance, 1999). Qualitative research methods and multiple data collection tools were chosen to answer the research questions (Creswell, 1998; Ezzy, 2002; Lincoln & Guba, 1985; Maykut & Morehouse, 1994; Moustakas, 1994; Patton, 2002).

This study seeks to explore the 'hidden' knowledge of male sexuality and masculinity in an Islamic nation through the empirical findings revealed as a result of my 15 months' extensive fieldwork in both urban and rural settings in Bangladesh. The comprehensive methods and rigor of the research process are expected to shed new light on exploring culturally sensitive ways to understand male sexuality in conservative social settings. A wide variety of Bangladeshi men were interviewed to obtain a thorough understanding of the research questions. I have attempted to unfold men's multiple experiences by listening to their direct voices and inter-subjective interpretations. These will not be generalized, but are credible, dependable and meaningful. The integration of multiple data collection methods from several sources has allowed this research to explore the diversity and consistency of information and to support or contradict the interpretations of researchers and participants.

Although I have studied only the male population, the findings are valuable for both men and women of Bangladesh in safeguarding their sexual health through appropriate interventions. The theoretical paradigm of the social construction of sexuality and masculinity has allowed an understanding of the context of men's diverse perceptions and practices to influence policy relating to appropriate STIs/HIV and sexual health interventions in Bangladesh.

My Evolution as a Researcher: Personal Prolegomenon

My initial motivation for studying male sexuality was grounded in 1993 when one of my friends died from renal failure. He was suffering from chronic obstructive irreversible kidney damage resulting from the backpressure due to urethral narrowing caused by repeated gonococcal infections. He sought my consultation while he was sick. I was then working as an intern doctor in a government medical college hospital. I took him to my teacher who diagnosed the case and began treatment. Although he felt shy to be open with me, he narrated his promiscuous sexual life history to my teacher. For academic interest, teaching purpose and the urgency of partner treatment, my teacher confidentially discussed the matter with me. I understood the underlying reasons of his repeated gonococcal infections. I kept quiet. He was admitted to the hospital for urethral dilatation. He was asked to attend the hospital every fortnight for the first six months and then every month for several years.

He obtained a *tittle* (equivalent to the masters' degree) from *madrassa* (religious school). He was a small businessperson, married to his cousin with two children. He lived in a rural area with his family. Due to many unavoidable circumstances, it was not possible for him to attend the hospital for regular dilatation. Despite my fervent request, he made several months' delays and gradually developed renal failure. When he became very sick due to impaired renal function and moved to Dhaka, I admitted him to the hospital as his condition was very critical with severe high blood urea and serum creatinine level. He lost his appetite and suffered from nausea. Both kidneys became non-functional. During his terminal days in the hospital bed, he could not sleep. He wanted to talk to me. I avoided listening to his stories and wanted him to sleep. Finally, I could not avoid listening to his untold life story. He narrated many things about his premarital and extramarital sexual relations. His story surprised me and made me unhappy. I had not imagined that a person like him might live such a life and I was concerned. His clinical condition was worsening. Despite the efforts of several doctors, he left us in his early thirties. I alone was present at his bedside, he held my hands strongly and before his last breath, he requested me to look after his family in his absence. Unfortunately his wife and children were absent at that moment. His expression of helplessness was so pathetic that I became completely submerged with pain and uncontrolled tears. Eleven years after his tragic death, I still recall his memories.

As a young medical graduate, I was touched by the complexity of his clinical condition, but equally perplexed by knowing about his sexual life which appeared to me mysterious, complex and unexpected. I did not know why he told me so much about his sexual life in his last days. I found he was suffering from tremendous personal guilt and shame which probably was far worse than his clinical pains. Apparently, he needed someone to release his untold pains of life. He told about his 'promiscuous' sexual life in the context of his claimed 'happy' marital life. He cried incessantly when describing his life. He acknowledged imposing many injustices on his wife. "I cheated her faith and love...I am a bad man...Allah is now punishing me". In his personal life, he was very cordial, friendly and social. He had many friends and people loved him for his gentleness and supportive role. From that period, men's lives and sexuality appeared to me as complex issues. This incident was influential in my initial decision to become a specialist physician treating sexually transmitted infections (STIs).

However, instead of becoming a clinician, I finally became a researcher of sexuality. I was able to explore issues of male sexuality when I attended my master's training in Mahidol University, Thailand. I conducted my masters' thesis on male sexuality with a few STI male patients attending the Skin/Venereal Disease Outpatient department of a government hospital in Dhaka. The findings of this study opened my mind to understand the diversity and complexity of male sexuality and sexual behaviors. After the completion of my study, I pursued the career of a researcher on human sexuality. I began my professional life with an international research organization (ICDDR,B: The Center for Health and Population Research) operating in Bangladesh since 1978. Since then I have continued research work on human sexuality and sexual behavior with various groups, particularly with sub-populations engaged in high-risk behaviors.

In recent years, I interviewed several men in a sexuality project in Bangladesh. One man in an urban area, married for ten years with two children thanked the Almighty Allah for offering him the 'golden gifts' [children] of his life. He expressed his gratefulness to his wife who died from lung cancer when he reached his 40s. Despite social pressure for a second marriage and ignoring his 'physical demand,' he finally avoided marrying again mainly due to his claimed commitment to his children and 'deep love' for his late wife. He could not imagine any other woman in his sexual life. His 'unmet sexual desire' was the main reported problem in his current lonely life. With the assistance of one of his friends, he began a new sexual life with boys few years ago. He claimed to have sexual

enjoyment while discharging semen by anal and oral sex with boys, but he does not consider himself a 'gay,' 'homo' or 'MSM' (males having sex with males). Rather he undoubtedly considers himself a man, more appropriately a 'real man'. He believed that he did justice to his late wife by not marrying or even being involved in sexual relations with other women as per his commitment to her. Additionally, he perceived that he was protecting and proving the honest and moral character of a 'good' father by not marrying again and by ensuing commitment to his children. He was not confused by his alternate sexual outlets in the conventional framework of perversion, nor did he feel any confrontation with gender or masculine ideals in his life. Instead, he claimed that by adopting his current life style, he proved himself to be a committed loving husband and a responsible father. I therefore become puzzled at the complexities of male sexuality and sexual behaviors in relation to men's relationships with women, the perception of love and masculine ideals of their sexuality.

My late friend and the man whom I interviewed did not belong to any so-called 'high-risk' behavioral groups. As a result of this experience in sexuality research I have pursued this study on male populations who are conventionally labeled as the 'general population' although I prefer to call them men around us in our society.

Situating the Context

Bangladesh is a river-irrigated, least developed country in South-Asia with a total area of 144,000 square kilometers and accommodating 140 million population, of which only 23 per cent reside in urban areas (see Figure 1) (Bangladesh Bureau of Statistics (BBS), 2002, p. 136). With around 834 persons per square kilometer, it is one of the most densely populated countries of the world. The country is divided into six divisions consisting of 64 districts, 464 *upzila(s)* and 80,650 villages. The country has a total of 72 million males and 68 million females of which more than one third of the population is aged between 18 to 28 years. The population growth rate is 1.47 per cent with a life expectancy at birth of 61 years for both males and females (BBS, 2002, p. 3). Around 62 per cent of the total population are literate and around 14 million are currently unemployed (World population day, 2002). There is a wide gap between the rich and poor and the unemployment rate is significantly high. It was estimated that the rich earned 30 times more than the poor in 2002 with an average national per capita income

of US dollar 350 (World Bank, 2002). Around 45 per cent of the total population currently live at barely subsistence levels and more than 3.5 million people are *vhaseman* (homeless) (World Bank, 2002). For the past 20 years, rural to urban migration has accelerated from 10 per cent of the population living in urban areas in 1981 to a projected 40 per cent in 2020. Dhaka, the fastest growing city in Asia, is currently home to one in three urban migrants (Cash et al., 2001b). The country has an estimated 3007 slum areas which accommodate more than 3.5 million people with extremely poor health and living in unsanitary environments (World Bank, 2002). Nationwide, around 94 per cent of children (<age 5 years) and about 90 per cent of mothers are victims of malnutrition. Currently, one graduate medical doctor treats about 4,700 people. Only five per cent of the total budget is allocated to the public health sector (Ministry of Finance, 2002). The government spends three US dollars per person per year with an estimated need of at least twelve US dollars to ensure minimum health care support for each citizen (Ministry of Health and Family Welfare, 1998).

Bangladesh is predominantly a male dominated patriarchal society where women are oppressed in many ways including in their sexual lives (Khan et al., 2002). Men and women reside in a culture where sex and sexuality are taboo subjects in an ambiguous sociocultural environment. Although public discussions on sexuality are considered indecent and offensive in Bangladeshi society (Aziz & Maloney, 1985), both visual and textual pornographic materials are widely available (Khan, 1997). Women are discouraged from showing their concerns about sexuality even in a marital context (Khan et al., 2002). Sexual relations outside marriage, especially for women, are matters of serious stigma and condemnation (Aziz & Maloney, 1985; Maloney, Aziz, & Sarker, 1981).

In the context of such conservative views, sexual behavioral studies in Bangladesh reveal that brothel based female sex workers (FSWs) in Bangladesh serve the highest turnover of clients per week with the lowest condom use anywhere in Asia (National AIDS/STD Program, 2001, 2003). A hotel-based FSW receives 44 clients per week (Family Health International, 2001) and a male sex worker serves an average of nine clients a week (National AIDS/STD Program, 2001). Male-to-male sex, a great religious sin and criminal offense in Bangladesh, has been reported by several researchers (Aziz & Maloney, 1985; Jenkins, 1998; Khan, 1999a, Khan, 1997, 1999b, 2003; Khan &

Tamanna, 1999). Condom use is significantly low among sub-populations at risk such as these (National AIDS/STD Program, 2000a, 2000b, 2001, 2003).

In the context of prevalent risky sexual practices, the HIV situation in Bangladesh is puzzling. According to the latest sero-surveillance, the HIV prevalence is less than one per cent in most studied sub-populations engaged in high-risk behaviors (National AIDS/STD Program, 2003). However, injecting drug users (IDUs) show an increasing trend of HIV prevalence now reaching four per cent. Syphilis prevalence is comparatively high among all sub-populations with the highest rate of 40 per cent which has been reported among brothel based FSWs (National AIDS/STD Program, 2003). A similar trend has been observed in all sentinel sero-surveillance conducted since 1998 in Bangladesh (National AIDS/STD Program, 2000a, 2000b, 2001, 2003). The high prevalence of ulcerative syphilis indicates a greater risk of HIV transmission among these populations, as the factors underlying any STI transmission are virtually similar for transmission of HIV infection. Therefore, the high prevalence of STIs and low prevalence of HIV in Bangladesh is a complex issue yet to be explained (Hawkes & Azim, 2000). Nonetheless, Bangladesh is in a unique position to formulate effective and appropriate research and interventions at this early stage to prevent a disparaging HIV epidemic, as has occurred in other South-Asian countries where a devastating epidemic is now evident (National AIDS/STD Program, 2003, UNAIDS/WHO, 2003).

The research response to the HIV epidemic in Bangladesh has not been systematically developed. National behavioral surveillance and most other studies have measured the risk behaviors of various sub-populations. These studies demonstrate a significant threat for Bangladesh since a concentrated sub-epidemic has already been noted among IDUs. A similar picture has been observed in India and is now being noticed in Vietnam (UNAIDS/WHO, 2003). Studies which provide quantitative measures of an impending epidemic lack the meanings underlying peoples' sexuality and sexual behaviors. In this context, qualitative studies applying sociological and anthropological perspectives to understand men's sexuality and sexual behaviors in the broader framework of gender relations and masculinity can contribute to our understandings of men's risk-behaviors and risk-taking behavioral context. This thesis is designed towards addressing this need.

It is conceivable that the influence of masculinity causes men to reject the sense of sexual vulnerability (Foreman, 1999; Rivers & Aggleton, 1999; UNAIDS/WHO, 2000c). In the

context of the positivist debate as to whether sexuality and masculinity are inborn instincts or social constructs, many researchers and policy planners now conclude that the HIV epidemic cannot be contained until men are encouraged to re-evaluate their traditional perceptions about masculine sexuality (Foreman, 1999; Gupta, 2000; Piot, 2000). Male perceptions of sexuality and masculinity are diverse, dynamic and subject to modification with changing life situations and relationship patterns (Carovano, 1995; Greig, Kimmel, & Lang, 2000; Horrocks, 1997; Kaufman, 1994; River & Aggleton, 1999). The meanings of sex to men vary cross-culturally and even within a single culture. Gender power dynamics and inequalities in sexual relationships are considered important determinants of male sexual behavior (Connell, 1995; International Center for Research on Women, (ICRW) 1996). As such, every culture creates and imposes a set of sexual norms, values and expectations to which its members are expected to conform. Kim Rivers and Peter Aggleton support the need for exploring information on men:

One of the most important 'gaps' in work for improved sexual health, however, is the absence of clear information about men's attitudes toward sex and sexuality. We need to know much more about men's perspectives and interests if we are to engage them productively in work for the prevention of HIV infection and improved sexual health (1999, p. 8).

Thus, it is crucial to study the complexities of male sexuality and masculinity in the societies of various countries to unfold and expand culturally meaningful broader understandings. The social constructionist perspective is seen as an effective way of looking at sexuality and masculinity in the postmodern era (Gagnon & Simon, 1973; Gagnon & Parker, 1995; Laumann et al. 1994; Vance, 1999). I have applied the social constructionist approach to my thesis. This is expanded in Chapter two.

Overview of the Dissertation

The second chapter of this thesis deals with the conceptual and theoretical framework of the study, where I have reviewed some seminal works to justify the conceptual base of this study. I also review contemporary theoretical perspectives for studying male sexuality and masculinity. Finally, I identify the social constructionist perspective as the preferred theoretical framework of this study.

The third chapter is concerned with the research design and research processes where a description of the research plan and methods with justification of selecting data collection strategies are presented. It also describes the researcher's positionality and relevance in studying this topic with statements of valuable experiences gathered during fieldwork. I have divided the result sections based on the specific research questions into four separate chapters. In chapter four, I focus on findings of the question of *what makes a manly man*. The meanings of manliness and manhood are described in the light of love, sex and sexuality. Chapter five deals with the social construction of male/female relationships. I explore men's views about women and their understandings of relationships with them. I focus on how men attach meanings to various women in their lives and based on these meanings how they select women as their sex partners. I also focus on the meanings and understandings of men's sexual relationships within and beyond the marital boundary. Chapter six is concerned with the social construction of sexual risk, pleasure and safety. I focus on men's diverse and complex perceptions of risk and safety issues. Then I analyze the social dimensions of sexual pleasures and condom using behaviors. In chapter seven, I illustrate the meanings of sex and sexual intercourse to men and how men perceive their sexual health concerns. All findings are presented in the context of masculinity.

Chapter eight is concerned with the analysis of my findings. I discuss the major and crucial findings in the context of contemporary relevant studies in countries around the world with special emphasis on the South Asian context. In analyzing the findings, I utilize social constructionist perspectives on sexuality and masculinity. I show how men's sexuality perceptions and practices interact with their sense of manliness and manhood. In this chapter, I have also illustrated understandings of masculine sexuality and highlighted policy implications of the major findings.

By briefly summarizing the major findings and analysis, I conclude my thesis in chapter nine. My thesis ends with a hope that the findings will contribute to fulfilling the existing gap in male sexuality and masculinity research in Bangladesh with recommendations for future research and interventions.

CHAPTER TWO

CONCEPTUAL AND THEORETICAL FRAMEWORK

Less attention seems to have been given to serious limitations in the dominant theoretical and methodological approaches that have been used in carrying out such research [sexual behavioral research]. The inadequacies of such approaches are probably most obvious at the theoretical level, precisely because research on sexual behavior in relation to HIV and AIDS has almost never been driven by a theory of human sexuality or sexual desire (Parker & Aggleton, 1999, p. 1).

In this chapter, I conceptualize the context of male sexuality and masculinity study in the era of HIV/AIDS. I argue why we need to focus on men beyond the framework of 'blaming men.' I draw upon some seminal literature to conceptualize the focus of my study and demonstrate its needs in the Bangladesh context. Then I review popular theoretical perspectives on male sexuality in relation to masculinity. I then explain my decision to apply a social constructionist perspective as the theoretical basis for this study which is counterproductive to essentialism and conforms to a materialist social construction and interpretation of human actions including sexual. Let me begin the chapter with a brief overview of current HIV/AIDS situation with particular attention to South Asia.

Conceptualizing the Study

HIV/AIDS: A Tragic Trap for Humanity

The HIV epidemic has continued to reverberate around the globe since the first case was detected in 1981. UNAIDS/WHO (2003) has estimated around 40 million (34-46 million) people are living with HIV/AIDS. Worldwide 22 million people had died from AIDS by the end of 2003. Five million people were newly infected with HIV and three million died from AIDS in 2003. Although 10 per cent of the world's population reside in Africa, this continent accounts for almost 70 per cent of the world's HIV cases. During 2003, an estimated three million people were infected with HIV in Sub-Saharan Africa and around two million people died from AIDS (UNAIDS/WHO, 2003).

"In hard-hit regions, AIDS threatens the very fabric of society and life expectancy is plummeting. In those regions where HIV is still relatively new, especially Eastern Europe and much of Asia, the epidemic is expanding fastest of all" (Piot, 2003, p. 1). Compared to Africa, the general population of many Asian countries has low HIV prevalence rates. However, HIV infections are increasing in Asia. The epidemic has spread into countries (for example, China, Indonesia and Vietnam) where until recently there were little or no HIV infections (UNAIDS/WHO 2003). These countries accommodate more than one and a half billion people. More than one million people in Asia and the Pacific acquired HIV in 2003 and it is estimated around 7.4 million people now live with HIV in the region with an estimation that half a million people have died from AIDS in 2003. According to UNAIDS/WHO (2003), in South and Southeast Asia during 2003, an estimated 700,000 adults were infected with HIV of which two-thirds were men. Asia's highest level of infection has been recorded in Cambodia, where prevalence among pregnant women in 1998 exceeded two per cent in the majority of provinces. In Cambodia, Myanmar and Thailand, prevalence rates among the general population (15-49 years) exceed one per cent, while in other countries in this region, the prevalence remains below one per cent.

Although the national HIV prevalence is still under one per cent in the majority of regional countries, the figure is misleading in populous countries (UNAIDS/WHO, 2003). For example, in several Indian states, the prevalence rate has already reached over one per cent and around four million people were infected by the end of 2002. This figure is greater than any other country in the world except South Africa. A devastating epidemic is now being observed in Maharashtra and Tamil Nadu where the prevalence exceeds over 50 per cent among FSWs in some specific cities. In Manipur, the HIV prevalence among IDUs has reached between 60 and 75 per cent (UNAIDS/WHO, 2003). Now HIV is spreading among rural populations in India. In Andhra Pradesh, Karnataka, Maharashtra, Manipur and Nagaland, HIV prevalence rates among pregnant women have crossed the threshold of one per cent while in Gujarat and Goa, HIV prevalence among populations with high-risk behavior is above five per cent with less than one per cent among pregnant women. After observing the devastating picture, Kofi Annan states:

AIDS has become a major development crisis. It kills million of adults in their prime. It fractures and impoverishes families, weakens workforces, turns million

of children into orphans, and threatens the social and economic fabric of communities and the political stability of nations (2001, p. 1).

"Without Men There Would Be No AIDS Epidemic"

Men's potential relationship to the AIDS epidemic was re-conceptualized through the declaration of the official theme of the World AIDS Day's campaign for 2000: *Men Make a Difference*. It is now widely acknowledged that men play a central role in the holistic dynamics of HIV transmission and thereby prevention as well. More men than women have contracted HIV and have lost their lives due to AIDS compared with women in most countries of the world, except in Sub-Saharan Africa (UNAIDS/WHO, 2000c). Men's behaviors have made their female partners vulnerable to HIV. Therefore, it is argued that "without men there would be no AIDS epidemic" and "the global epidemic is driven by men" (Foreman, 1998, p. 3). Others directly condemn men for their behaviors and attitudes which put women at risk: "they are the men who lie to their partners about their sexual history and even their HIV status, sexually exploit those with less power, and use sex as a form of violence against women, children and other men" (Carovano, 1995, p. 1).

However, men are also at risk because without being infected in the first place they cannot transmit the virus to women. Men all over the world are engaged in both sexual and non-sexual risk behaviors (Connell, 1995; Courtenay, 2000; Foreman, 1999; Pleck, Sonenstein, & Ku, 1993; Rivers & Aggeton, 1999; Sabo, 1998; Sabo & Gordon, 1995; Stillion, 1995). In many cultures, men are expected to have frequent sexual intercourse with multiple partners. Most are acts of unprotected sex which proves sexual prowess and maintains the notion that 'real' men do not wear condoms (de Bruyn, Jackson, Wijermars, Knight, & Berkvens, 1995; Foreman, 1999; ICRW, 1996). Some studies show that condoms are seen as symbols of sexually 'weak' men (Foreman, 1999; Rivers & Aggleton, 1999).

Increased migration, urbanization and modernization are also considered to contribute to men's engagement in commercial sex (Columbein & Hawkes, 2000; Dilger, 2003). Thus, men are at great risk of initially contracting STIs/HIV by being engaged in unprotected sex outside marriage (Brown, Sittitai, Vanichesni, & Thisyakorn, 1994;

Foreman, 1999; Hunter, Maggwa, Mati, Tukei, & Mbugua, 1994; Moses et al., 1994; Mundigo, 1995; Thomas, Choudhri, Kariuki, & Moses, 1996; UNAIDS/WHO, 2000c). In South Asian societies, men's promiscuous behaviors are socially condemned, but not unexpected (Puri & Busza, 2004). This notion indirectly accepts men's sexual outlets outside marriage, especially premarital relations (Collumbein & Hawkes, 2000; Khan et al., 2002; Maitra & Schensul, 2002;). Male double standards regarding sexuality exist in most cultures (ICRW, 1996). For example, women are expected to maintain their virginity until marriage. They are seriously condemned if failing to do so. Sixty to eighty per cent of the current HIV positive women in Sub-Saharan Africa have had only one sex partner (Adler, Forster, Richens, & Slavin, 1996). Young men are not seriously blamed for premarital sexual experience. Instead, in many cultures they are encouraged for having premarital sex as part of the normative peer culture (Karim & Morar, 1995; Vanlandingham, Knodel, Sanegtienchai, & Pramualratana, 1998). In some cultures, the number of girlfriends is an indication of manhood and the ability to prove masculinity (Carovano, 1995). Although not common, suffering from a sexually transmitted infection is sometimes considered a marker of social prestige and proof of manhood (de Bruyn et al, 1995).

Coercive sex and sexual violence are common in many cultures (de Bruyn et al., 1995; Wood & Jewkes, 2001). Forced marriages to acquire the female body for sexual slavery, coerced sex and marital rape are usual forms of violence (Brasileiro, 1997). Many men rape and engage in violence against FSWs to exercise control over women (Heise, Pitanguy, & Germain, 1994). Heise asks: "what is it about the construction of masculinity in different cultures that promotes aggressive sexual behaviour by men?" (1997, p. 424). She concludes that it is "men's insecurity about their masculinity that promotes abusive behaviour toward women" (1997, p. 425) and "the more I work on violence against women, the more I become convinced that the real way forward is to redefine what it means to be male" (1997, p. 426).

Men: Opponents or Partners?

Although men are blamed for the AIDS epidemic, many scholars have argued that "blaming men is hardly likely to facilitate participation and involvement ... pointing the finger at individuals or groups has never been a successful way of encouraging their

greater involvement in HIV prevention and care" (Aggleton, 2002, p. 36). Men's behaviors and lifestyles are usually "influenced by harmful cultural beliefs about masculinity and make them the prime casualties of the epidemic" (UNAIDS/WHO, 2000c, p. 4). Dominant gender relations, power imbalance, and the cultural norms and expectations attached to human sexuality are "often at the core of men's and women's vulnerabilities to HIV/AIDS and result in risky behaviors" (Mane, 2002, p. vii). This exerts substantial pressure on both men and women in viewing sexuality in different ways (Gupta, 2000). Power imbalance has influenced policy planners, researchers and program managers to perceive women as the sufferers from both biological and sociocultural dimensions. Women are infected with HIV at a faster rate due to inherent biological factors; they also suffer significantly from gender related domination, socio-economic inequalities and male aggression (Gupta, 2000).

Men are drawn to the argument on the grounds that they "contribute to HIV infections in women, who often have less power to determine where, when and how sex takes place" (Piot, 2000, p. 1). Despite the International Conference on Population and Development (ICPD+5) program of actions for bringing gender equality (ICPD, 1994), "the general approach to understanding men in the context of HIV/AIDS has been one that sees men as adversaries and posing obstacles to women" (Aggleton, 2002, p. 36). It is as if men are universal opponents who are responsible for women's sufferings without suffering themselves.

I agree with Purnima Mane that "policy makers and professionals in the HIV/AIDS field frequently fail to see that, like women, men are also constrained by these very gender-related beliefs and expectations" (Mane, 2002, p. vii). The word gender has often been used as exclusively a women's issue (Greig et al., 2000), as if men do not have any gender, or if they do it is an 'opposite gender to female,' not a male-gender *per se* (Srivastava, 2000). However, men should not always be seen from the deficit perspective (Baker, 2000), as men can also use their masculinity as a powerful force for change (UNAIDS/WHO, 2000a). Piot (2000) has argued that we need to reconsider men as influential agents for change in society. He states:

The time is ripe to start seeing men not as some kind of problem, but as part of the solution. Working with men to change some of their attitudes and behaviors has enormous potential to slow down the epidemic and to improve the lives of men themselves, their families, and their partners. ...Positive aspects of traditionally male roles can be drawn upon, such as strength, courage, leadership

and protection. ...Men need to counter destructive aspects of masculine stereotypes, such as recklessness and sexual violence. The World AIDS Campaign challenges men to take better care of themselves (2000, p. 1).

Foreman (1999) has argued that the HIV epidemic cannot be contained until men are encouraged to re-evaluate their traditional perceptions of masculinity. Men also need to acknowledge the negative impact that they have on women's lives (Campbell, 1995; Rivers & Aggleton, 1999). While women may be the initiators of gender dialogue, their task will be 'impossible unless a dynamic is generated amongst men to question their personal practice' (White, 1997, pp. 15-16). However, men's sexual health agendas, especially in developing countries, have received less attention in policy, research and interventions (Collumbein & Hawkes, 2000; Hawkes & Hart, 2000).

Most interventions are gender insensitive and until recently have focused on women to empower them in negotiating sexual relationships to reduce risks (Kippax, Crawford & Waldby, 1994; Rivers & Aggleton, 1999; Wood & Jewkes, 2001). It is now increasingly evident that female-focused HIV/AIDS projects may be inadequate in fighting the global AIDS epidemic. In many countries, HIV interventions target FSWs and little or no attention is focused on male clients (Rivers & Aggeton, 1999). However, in most cases women are powerless to control sexual-risk as behavior change actions are closely connected to men's control (Campbell, 1995; Taylor, 1995). Therefore, I support the following argument:

Prevention efforts that focus singly on women have been misguided and have actually served to undermine women by making them responsible for HIV risk reduction. Prevention of AIDS among heterosexuals will require an examination of how traditional gender role socialization runs counter to safer sex practices. Control of the epidemic will require a focus on men as individuals responsible for their own health and the health of women (Campbell, 1995, p. 197).

The inappropriateness of many female-centered AIDS interventions has encouraged a number of anthropologists to investigate the dimensions of gender and sexuality when designing realistic and effective HIV interventions (Kammerer, Hutheesing, Maneeprasert, & Symonds, 1995; Parker, 2001; Symonds 1998). The importance of men's involvement and active participation in women-centered programs is increasingly recognized for successful and sustainable achievement in women's reproductive health including fertility control, safe motherhood and STIs/HIV (Collumbein & Hawkes, 2000; Hawkes & Hart, 2000). Male involvement is also crucial to confronting men's

vulnerabilities which is absent from the HIV intervention framework (The Population Council, 1998; United Nations, 1999).

We also need to understand that while women bear more burdens in the overall scenario, men's suffering cannot be overlooked or underestimated. Some risk behaviors are culturally ascribed and males are forced by cultural conformity to take pride in practising unhygienic behaviors under the banner of manhood (Courtenay, 1998a, 1998b, 2000; Doyle, 1995). As a result, men have various hidden crises which are not aired in the light of the contemporary feminist movement (Kimbrell, 1995). Men's health is in danger in a number of ways in most developed or developing countries of the world (Courtenay, 2000; National Center for Health Statistics, 1990; Kimbrell, 1995; Farrell, 1993; U.S. Department of Labor, 1994; Stillion 1995). Sexual dysfunction for men has become a hidden epidemic (Kimbrell, 1995; Lafavore, 1993). Traditional values attached to masculinity such as toughness can lead men to commit violence resulting in adverse consequences on health and well-being (Eisler, Skidmore, & Ward, 1988; Levant & Pollack, 1995; Reed, 1991; Staples, 1995). Moreover, the "masculine characteristic of inhibiting emotional expressiveness surrounding painful or stressful events may have adverse effects on health" (Copenhaver & Eisler, 1996, p. 228). Jansz (2000) also describes the problem of men's restrictive emotionality in relation to their health and social well-being.

Therefore, I argue that working on men is necessary for men themselves, and that they can concurrently bring about changes in women's lives. Thus, men cannot be seen as opponents, rather as partners in overall gender equality. This is the reason why male sexuality research is now taking place in a framework of masculinity when exploring pathways to bring gender equilibrium to HIV interventions. In the next section, I describe the status of sexuality and masculinity research in the present day.

Sexuality and Masculinity Research in the Era of HIV/AIDS

With the emergence of HIV/AIDS, the focus of sexuality research has been driven by preventive health concerns. During the first decade of the AIDS epidemic, social science studies were generally survey oriented and measured people's risky sexual behaviors, knowledge, attitudes and beliefs about sexuality and HIV. These quantifiable data were

crucial at the beginning of the epidemic in order to understand the pattern of risk and for initiating awareness building and targeted interventions (Parker & Aggleton, 1999; Turner, Miller, & Moses, 1989).

However, social scientists have noticed that epidemiological methods of conceptualizing and quantifying sexuality do not offer understandings of the meanings attached to the knowledge obtained through these studies (Herdt & Lindenbaum, 1992; Parker & Gagnon, 1995). Moreover, these survey data have attempted to measure sexuality in fragmented ways by isolating sexuality in quantifiable units. This approach results in an inadequate understanding of the complexity of sexuality which actually encompasses people's desires, eroticisms, gender-power relations, and economic and cultural scripts (Gagnon & Simon, 1973; Gagnon, 1977; 1990; Gagnon & Parker, 1995; Herdt & Boxer, 1991; Laumann & Gagnon, 1995; Laumann et al., 1994; Plummer, 1996; Vance, 1999). Moreover, the focus has been given to individual sexual behavior and "the social and cultural factors shaping sexual experiences in different settings have largely been ignored" (Parker & Aggleton, 1999, p. 2).

Although the effective calculation of the frequency of sexual acts can offer crucial information on the trends of the HIV epidemic, understanding the complexities of human sexuality remains little understood, which often poses barriers to effective HIV interventions through behavioral modifications (Parker, Herdt, & Carballo, 1999). Therefore, despite efforts in research and intervention, HIV has continued to spread undefended in most countries of the world during the last 22 years of the epidemic. As a result, social scientists have pointed out the limitations of individualistic behavioral research and intervention that will have less impact on the epidemic (Herdt, Leap, & Sovine, 1991; Parker et al. 1999) unless the broader social, cultural, economical, political and environmental factors shaping human sexuality are addressed (Laumann & Gagnon, 1995; Parker & Aggleton, 1999).

Some researchers in the early 1990s have documented the association between heterosexual masculinity and health. Larvie sees the association as "very clear: 'real men' do not get sick and do not need to worry about getting sexually transmitted diseases" (1992, p. 40). Nevertheless, globally there has been inadequate research on the issue of masculinity and its relationship with male health status, particularly STIs/HIV. In Bangladesh as in many other countries of the world, most studies under the banner of

sexual behavior and sexuality primarily are Knowledge-Attitudes-Practices (KAP) studies. These studies are based on the popular assumption that "health-related behaviors are determined by an individual's knowledge and attitudes" (Campbell, 1997, p. 273). In addition, researchers have used a model of information-based behavior change in the hope that people will listen to the awareness raising programs and adopt the safer sex options delivered to them. However, it is increasingly evident that acquiring knowledge does not ensure change of behavior since they are not linearly related (Campbell, 1997; Khan et al., 2003b). Men's risk perceptions, sexual behaviors and practices of safer sex are constructed in a complex framework of social, cultural, economical, psychosocial, demographic and political dimensions of the particular society and country (Parker, 1994, 1996a, 1996b; Parker & Gagnon, 1995; Rivers & Aggleton, 1999).

Acknowledging the need for social science perspectives in studying male sexuality, anthropologists and sociologists have been criticized until recently as having failed to address sexuality theoretically or empirically (Vance, 1999). However, by the late 1980s, anthropological research began focusing on how cultural contexts shape human sexuality and sexual practices in relation to STIs/HIV transmission and prevention (Bolton, Lewis, & Orozco, 1991; Herdt, 1987). Therefore, the diversities and complexities of sexual practices in different societies, cultures and subcultures have been reported by many scholars, warranting the attention of HIV/AIDS policy and program managers (Herdt & Lindenbaum 1992; Parker 1994).

The focus of anthropological research further extended in the 1990s to the various contextual and structural factors which put people at risk of HIV/AIDS. These studies have challenged the dominant biomedical and epidemiological focus on sexual behaviors and suggested "an alternative to more individualistic behavioral research paradigms" (Parker, 2001, p. 163). Many researchers have documented the importance of considering various sociocultural and structural factors and the interpretations of cultural meanings in people's sexual lives (Bolton & Singer, 1992; Farmer, Connors, & Simmons, 1996; Herdt & Lindenbaum 1992; Laumann & Gagnon, 1995) as "opposed to the calculus of behavioral frequencies" (Parker 2001, p. 165). This kind of research attracted attention for designing culturally appropriate prevention programs (Treichler, 1999) since "HIV/AIDS prevention interventions almost never function at the level of behavior but rather at the level of social or collective representations" (Parker 2001, p.167).

With this emerging understanding, the HIV/AIDS pandemic has been considered a fundamental synergist for emphasizing sexuality and sexual behavioral research by applying social construction theory (Herdt & Lindenbaum, 1992; Parker & Gagnon, 1995; Vance, 1999). The social constructionist approach, which encourages researchers to shift their focuses from individual subjectivities towards the inter-subjective cultural meanings attached to sexuality, has gained popularity (Brummelhuis & Herdt 1995; Gagnon & Parker 1995; Parker, 1991; Parker & Aggleton 1999). Parker states:

In order to examine and explicate what sexual practices mean to the persons involved, the significant contexts in which they take place, the social scripting of sexual encounters, and the diverse sexual cultures and subcultures that are present or emergent within different societies, the research also sought to go beyond the identification of statistical correlates aimed at explaining sexual risk behavior (2001, p.166).

Thus, sociological and anthropological studies applying qualitative methods to human sexuality in recent years have received greater importance in the design of culture specific appropriate and effective HIV interventions (Herdt & Lindenbaum, 1992; Parker et al., 1999).

Theorizing Masculinity and Sexuality

In the midst of the complexity and paucity of theoretical propositions for understanding human sexuality and sexual behaviors in the framework of masculinity, it is quite rational to review and analyze the scope and limitations of a few well known theories in order to reach a preferred theoretical approach for this study.

Psychoanalysis and Male Sex Role Identity Theory

The Freudian movement was the first attempt to investigate masculinity from a scientific perspective. Psychoanalysis claimed that adult characteristics were constructed through a long conflict-laden process which produced contradictory layers of unconscious emotions (Connell, 1994). Freud stated that the concepts of masculinity and femininity "are among the most confused that occur in science" (Freud, 1953, p.219). Chodorow (1994) argues that Freud's theory, if appropriately revised, can theorize gender relations.

On the other hand, sex-role theory implicitly assumes that individuals have psychological traits, attitudes and interests that are culturally defined as masculine or feminine. Thus, women are just as esteemed for their passivity as men are for their aggressiveness. Moreover, boys are seen to need a male model to avoid feminization and male homosexuality is an indication of psychological disturbance. This theory also assumes that male violence and sexual aggression, fear of women and fear of homosexuality result from an insecure male identity (Pleck, 1985, p. 279).

Psychoanalysis and male sex-role identity approaches have received criticism in terms of classifying sex differences as psychological traits rooted in biology. Addressing the male-sex role as the outcome of attitudes does not examine real life-situations and contexts that give rise to these attitudes. "The role framework, then, is neither a conceptually stable nor a practically and empirically adequate basis for the analysis of masculinity" (Carrigan, Connell, & Lee, 1987b, p. 80). These schools of thought have made a considerable contribution to the field (Connell, 1994).

Sex Role Socialization Theory

Talcott Parsons' (1954) socialization theory now several decades old has been a widely used perspective on gender and masculinity. This theory suggests that sex-specific roles are acquired by socialization. Many studies have claimed that sex differences in behaviors are the products of socialization and not biology (Block, 1984; Bezirgianian & Cohen, 1991; Kuebli & Fivush, 1992; Lytton & Romney, 1991; Rothbaum & Weisz, 1994). These studies have shown that parents and teachers treat boys and girls differently in a sex-typed manner and encourage sex-specific activities in children. These sex-typed behaviors ultimately create gender differences in children's behaviors where "boys become asserting, direct, argumentative, forceful and detached and girls become more collaborative, agreeable, pleasant, polite and other-directed" (Carli, 1997, p. 51). Traditional gender-role socialization stresses that boys should be dominant, goal-oriented and independent (Gilmore, 1990; Real, 1997), while girls are socialized to acquire the appropriate feminine roles. Socializing agents like family, school, religious institutions, peers and the media disseminate gender-specific norms during the process of the growing up of a child. Social institutions also set separate codes of conduct for children and young people teaching them to learn the behaviors appropriate to their respective sex and

gender. Through this process of socialization every human being reaches adulthood by internalizing their respective gender-appropriate behaviors which are considered acceptable to society.

Socialization theory has limitations for which it has received criticism from some scholars (Connell, 1995; Kimmel, 1986). Connell states that the "socialization model should be abandoned" as a framework of gender analysis (2002, p. 77). Connell's key argument lies in his claim that people are active learners and they do not passively internalize whatever is delivered to them by socializing agents as normative behaviors. Rather people actively react and may accept or reject any prescribed gender roles. He argues that for this reason, multiple masculinity and femininity often exist in the real world. Connell's proposition may be applicable to men, but I doubt whether gender-subordinated women in male dominated patriarchal societies possess any social power to reject the prevailing societal norms. However, I agree with Connell that if we acknowledge the history of social change, then we need to question socialization theory due to its lack of dynamism.

Gender and Masculinity: Essentialism versus Social Constructionism

Gender, as a social construct, actually opposes the biological theory of essentialism. The essentialist theory of gender asserts that masculine or feminine traits are innate among individuals (Berenbaum & Snyder, 1995; Coltrane, 1994; Jacklin, Snow & Maccoboy, 1981; Kimura, 1992; Money, 1988; Meaney & Stewart, 1995; Reinisch, 1997; Treadwell, 1987). In fact, at times, it is hard to determine where 'sex' ends and where 'gender' begins (Trigiani, 1998). The term gender is used to mean "the cultural differences of women from men, based on the biological division between male and female" (Connell, 2002, p. 8). Connell condemns the dichotomous classification of gender on the grounds that there is much cross-cultural evidence against this popular dichotomy which essentially reflects "the patterns of difference among women, and among men" (2002, p. 9). He argues that the definition of gender based on difference is limited in terms of not recognizing gender where it is apparently invisible in the case of same gender sexual desires. Moreover, he claims the definition does not take into account the process of how an individual acquires personal characteristics.

Connell proposes a shift of focus from difference to relations. "Gender is, above all, a matter of the social relations within which individuals and groups act...[I]t is not an expression of biology, nor a fixed dichotomy in human life or character" (2002, p. 9). He offers a definition of gender which I think is appropriate in the context of dealing with gender as a social construct. "Gender is the structure of social relations that centers on the reproductive arena, and the set of practices (governed by this structure) that bring reproductive distinctions between bodies into social processes" (2002, p. 10). This definition signifies the fact that gender which is socially reproduced, may and can differ from culture to culture in the context of power structure, social arrangements and social relations. However acknowledging the complexity, Connell's comment is realistic that "recognizing the gender order is easy; understanding it is not" (2002, p. 3).

Opposing the essentialist proposition, Buchbinder claims that essentialist theories "effectively deny the possibility of change and discourage attempts at it and ...invites dangerous notions of 'curing' deviance from some set of characteristics thought of as essential and hence normal" (1994, p. 6). He argues that essentialist theory has further widened the division between the biological sexes by ignoring social dimensions in a way that "men are so different from women that they become almost a different species: territorial, aggressive, violent and so on" (Buchbinder, 1994, p. 6). Herdt (1994) similarly claims that the conventional categories of gender based on anatomy are neither universal nor valid. He suggests that the notion that "sex is biology and gender is culture must be discontinued" (cited in Kirsch, 2000, p. 51).

Masculinity as a sociocultural construction has been revealed in a number of studies (Chapman & Rutherford, 1988; Dellamora, 1990; Jeffords, 1989; Keen, 1991; Messner, 1998; Penley & Willis, 1993; Raguz, 1996; Ramirez, 1999; Rotundo, 1993; Rutherford, 1992; Seidler, 1989). Sociocultural constructionism argues that individual and interpersonal human identity is the product of the sociocultural interactions in which our lives are embedded. Thus, the constructionist perspective allows for behavioral diversities and alternatives, rather than abnormalities.

Masculinity refers to qualities and practices that convey a sense of maleness or manliness to a human being (Brod, 1987; Carey, 1996; Gilmore, 1990; Pittman, 1993; Thompson & Pleck, 1995). Masculine standards characterize and differentiate 'real' men from not only women but also from children, the elderly, the physically/mentally disabled, men and

bisexual or gay men (Lancaster, 1995; Pollack, 1998). Like gender, masculinity is not assigned at birth, although essentialism demands so. Connell comments that "one is not born masculine, but acquires and enacts masculinity, and so becomes a man (2002, p. 4). His argument is worth mentioning: "we cannot think womanhood or manhood as fixed by nature. However, neither should we think of them as simply imposed from outside, by social norms or pressure from authorities. People construct themselves as masculine or feminine" (Connell, 2002, p. 4). Gilmore also states that 'real' manhood is not similar to simple anatomical maleness. He states the notion of a real man "is not a neutral condition that comes about spontaneously through biological maturation but rather is a precarious or artificial state that boys must win against powerful odds" (Gilmore 1990, p. 11). Buchbinder similarly argues that masculinity is a social construct:

If it were a fact that masculinity is written genetically into male bodies, it would not, surely, be necessary for parents to tell tearful little boys that 'Big boys don't cry.' Nor would it be necessary, when boys are somewhat older, to require them to perform difficult, often physically and emotionally painful tasks in order that these 'make men' of them (1994, p. 2).

Some studies suggest that masculinity is something that men used to do to become a man and it is not what men are (Buchbinder, 1994; Morgan, 1992). Many researchers suggest that becoming a man primarily depends on the concept of being the provider (Barker, 1998). Thus, to achieve manhood, one needs social and economic performance and achievement to be recognized as a man in the family and in society (Gilmore, 1990).

Femininity also assists men to construct their gender roles and identity (Sedgwick, 1995). Young males learn that adopting 'feminine' forms of behavior can lead to ridicule or stigma and they sometimes engage in risky behaviors in order to avoid being labeled feminine or effeminate. Connell (1995) proposes the concept of 'emphasized femininity' which is reflected through sociability, fragility, passivity, and compliance with males' sexual desire, and which in turn reinforces masculine power and male dominated hierarchies within varying institutional settings. The challenge of proving oneself as not being feminine is the core of achieving manhood. This process often ends up in creating egotistic, achievement-oriented, emotionally inexpressive and aggressive features among men. In this respect, I find Devor's (1989) comments meaningful. He identifies there are four main requirements of masculinity which can be summed up as follows: (a) being successful and holding high status; (b) being tough and self-reliant (self-confident); (c)

being aggressive or violent; and (d) actively avoiding feminine traits. (cited in Vidal-Ortiz, 2002, p. 191).

Hegemonic Masculinity

The concept of 'hegemonic masculinity,' a socially dominant form of masculinity in a particular culture within a given historical period, emphasizes the socially constructed multifaceted aspects of male dominance (Connell, 1987). Hegemonic masculinity is theorized by Connell as the social process whereby a boy adopts the hegemonic notion of masculinity in the form of "competitiveness, career orientation, suppression of emotions and homophobia" (Connell, 1990, p. 495). Connell (1987) uses the term 'hegemonic masculinity' to describe the prevailing, dominant and idealized form of masculinity in Western society. This type of hegemonic masculinity is constructed in the image of the 'white' middle-class male who is differentiated from subordinated masculinities (Holland, Ramazanoglu, & Sharpe, 1993). Hegemonic masculinity thus provides a set of normative attributes and rules against which other forms of masculinity are measured; for example, "the hegemonic definition of manhood is a man in power, a man with power, and a man of power" (Kimmel, 1994, p. 125).

Notions of 'hegemonic masculinity' can explain why some forms of masculinity are successful and powerful in particular settings. In any society, at a particular period, certain masculine behaviors may exist in dominant forms (Kaufman, 1994) and these will be labeled by that specific culture as 'normative as opposed to normal' (Buchbinder, 1994, p. 7). Men who do not meet the 'normative standards' set by the ideology of hegemonic masculinity are considered unsuccessful, powerless, effeminate, feminine, immature and weak (Cornwall, 1997). The unequal roles and relationships between women and men, and between men, can be explained by the concept of hegemonic masculinity. Each person performs a role within a larger 'gender order' which is defined as the "historically constructed pattern of power relations between men and women and definitions of femininity and masculinity" (Connell, 1987, p. 231).

In the contemporary United States of America, hegemonic masculinity has been defined by "physical strength and bravado, exclusive heterosexuality, suppression of vulnerable emotions such as remorse and uncertainty, economic independence, authority over

women and other men, and intense interest in sexual conquest" (Trigiani, 1998, p. 4). It is argued that although many men do not possess the qualities of domination, they are encouraged and supported by society to adopt hegemonic masculinity (Connell, 1987). Despite this, men probably share in what Connell (1995, p. 82) has called the patriarchal dividend through which men gain honor and prestige, and the right to command and get material advantages over women. However, hegemonic masculinity should not be understood as the 'male role,' but as a particular form of masculinity to which women and young, effeminate or homosexual men are subservient (Carrigan et al., 1987b). In fact, hegemonic masculinity describes "how particular men inhabit positions of power and wealth and how they legitimate and reproduce social relationships that generate dominance" (Carrigan, Connell, & Lee, 1987a, p.179).

Multiple Masculinities

The concept of multiple masculinities has emerged as one of the leading theoretical frameworks for studying gender and masculinity. According to Connell, it is crucial to avoid single masculine-feminine scales (Connell, 1987) and to recognize multiple masculinities (Collinson & Hearn, 1994; Connell, 1993). Connell thinks that masculinity is dynamic and evolves. Thus, any given culture can have more than one model of masculinity. This proposition can be used to identify "cracks or fissures in the hegemonic masculinity (when the hegemonic masculinity is harmful in some ways) and helps us identify men who find ways to be different, i.e. caring, respectful and progressive" (Barker, 1998, p. 3). This understanding of multiple masculinities provides a framework to examine masculinity from a broader dimension and to analyze men's behaviors in different times and spaces. I think it is quite important to understand the proposition that various "masculinities can co-exist in the same society, each with its own social function and symbolism and different masculinities can coexist in the same individual male and are expressed on different occasions according to the social context" (Horrocks, 1997, p. 169). These variations on masculinity across and between various societies, socioeconomic classes, occupations, ages, organizations and ethnic groups are well-documented (Collinson, 1988; Leidner, 1991). Pluralizing masculinity into masculinities provides several ways for men to become men. Understanding the relations and resistances between the various masculinities is crucial for providing a holistic understanding of masculinity (Morgan, 1992). It is thus necessary to avoid discussing

masculinity as a fixed singular identity, but to analyze differences within the category of masculinity such as, class, race, ethnicity, generation, nationality, and sexual preference.

"A Bad Time to be a Man?"

"Today's boys cannot assume the privileges their fathers could take for granted or assume to be natural"-- with this statement MacInnes argues that now is 'a bad time to be a man' (2001, p 313). He points that the male backlash continues to ask for the building and rebuilding of male privileges in the context of the equal rights revolution of modernity and capitalism, market forces and advances in technologies. The women's movement and women's involvement in the labor market have expanded their traditional confinement beyond the domestic arena. Thus, men's provider role is under threat. On the other hand, the traditional expectations for men created by society and family have exerted pressure on the male ego and masculine identity, and this has emotional, social and political costs (Greig et al., 2000). Kimmel argues that the major shift in the economic and political arenas has contributed to changing attitudes in domestic interactions and relations between sexes, thus causing a crisis for masculinity (Kimmel, 1987). The current political and economic crises and changes in the contemporary world endanger males' lives as they often fail to conform to the masculine ideology of the breadwinner.

Sex, Sexuality and Sexual Behaviors: Essentialism versus Social Constructionism

Human sexualities have to be socially produced, socially organized, socially maintained and socially transformed. And, as cultures change, so do sexualities. The most recent changes have been brought about alongside feminism, postmodernism, multiculturalism and globalization and mean that new sexual meanings are everywhere in the making (Plummer, 1996, p. ix).

Debates exist as to whether sexuality and sexual behaviors are biological instincts or social constructs. Sex is the biological term that refers to the differences between males and females (Kelly, 1938; Luria & Rose, 1979). Freud saw sex as a powerful psychological and biological force, while Malinowski (1929) stressed its sociological and cultural dimensions. The word 'sex' is now increasingly used to mean 'having sex' (sexual acts) which refers to physical activities involving genitalia. The shift in meaning has

implications. Sex means sexual behaviors, acts, practices, morality, ideology and identities and these meanings are constantly in "a state of flux" (Caplan, 1989, p. 1). Describing the diverse meaning of sex, Plummer states:

Sex is, among many other things, an achievement, an act, an aggression, a boredom, a body, a chase, a commodity, a form of filth, an expression of love, a feeling, a game, a gender, a hormone, an identity, a hunt, a hobby, a medical problem, a microdot, a pathology, a play, a performance, a perversion, a possession, a script, a scarred experience, a therapy, a mode of transgression, a form of violence, a form of work, a kind of war (1996, p. xi).

Researchers see sexuality and sexual behavior in the framework of risk-measurement, especially with the emergence of AIDS, while sexuality can be seen as a way of health and well-being. The word sexuality covers not only sexual acts and/or behaviors but also encompasses a multitude of elements which include physiological, social, cultural, religious, psychological and ethical dimensions (Greenberg, Bruess, & Mullen, 1993; Kelly, 1988). It involves more than gender and physical sexual acts and covers the total human experience - physical, emotional and social. "Each sex has a specific sexuality" (Caplan, 1989, p. 2) and that requires a comprehensive view to be conceptualized.

Sexuality and sexual behaviors are often discussed under the same umbrella. However, the two do not reflect the same meaning. Sexual behavior is one aspect of the broader concept of sexuality. According to the psychobiological perspective, sexual behaviors are described as sexual activities or practices which are physical in nature (Billy, Tanfer, Grady, & Klepinger, 1993). Dixon-Mueller's (1992) definition of sexual behaviors is worth mentioning here: "sexual behavior consists of actions that are empirically observable (in principle, at least): what people do sexually with others or with themselves, how they present themselves sexually, how they talk and act" (1992, p. 139).

Multidisciplinary and interdisciplinary perspectives are required to understand the various dimensions and meanings attached to sexuality. Laumann and his colleagues comment: "a person's socialization into a particular culture, his or her interaction with sex partners, and the constraints imposed on him or her become extremely important in determining sexual behavior (1994, p. 3). Feminist perspectives see sexuality in the context of gender roles and power relations. Zeidenstein and Moore (1996) describe sexuality as the social construction of a biological drive which is multidimensional and pervasive in nature. Thus, sexuality cannot be seen from a single dimension. Rather it

requires a comprehensive view which includes physiological, social, cultural, religious, psychological, ethical elements in its totality (Beach, 1977; Greenberg et al., 1993).

Gagnon and Simon (1973) have questioned two major points: the existence of an inborn and biologically generated sex drive and the increasing impact of childhood sexual development on adult life. All human behaviors including sexual behaviors are scripted into society. These social scripts are an ongoing learning process and social scripts have immense power to modify people's sexual needs and preferences (Gagnon, 1977, 1990; Vance, 1999). However, the concept of social script needs to be seen as dynamic, because changing social and environmental factors can have a crucial impact on perceptions and practices regarding gender, masculinity and sexuality.

In the AIDS era, the cultural influence model and constructionist theory (Gagnon & Simon, 1973; Gagon & Parker, 1995; Laumann et al., 1994; Plummer, 1996; Vance, 1999) have become popular in contemporary anthropological and sociological paradigms. Sexuality as a sociocultural construction has been identified as the new way of looking at sexuality research in the postmodern era. Viewing sexuality from social, cultural, and historical perspectives requires adopting a social constructionist view which theorizes sexual realities as socially constructed (Vance, 1984; Weeks, 1995; White, 1996). The subjective experience of sexual life is realized as an outcome of the intersubjective symbols and meanings attached to sexuality in diverse social and cultural settings (Connell & Dowsett, 1992; Gagnon & Simon, 1973; Parker & Gagnon, 1995; Vance, 1999; Weeks, 1985). Social constructionists view sexual behavior as shaped within a specific social and cultural context (Herd, 1997a, 1997b; Parker, 1991, 1994; Parker et al., 1999). Thus, the importance of the "social organization of sexual interactions, on the contexts within which sexual practices occur, and on the complex relations between meaning and power in the constitution of sexual experience, has led to a new focus on the investigation of diverse sexual cultures" (Parker & Easton, 1998, p. 16). Rather than individual behavior, the context where sex takes place becomes more important. The social constructionist perspective determines sexual scripting of a person by shaping his/her social, spiritual, emotional and interpersonal components of sexuality (Gagnon & Parker, 1995).

The relationship and conflict between sexuality and gender has been situated at the core of the social constructionist proposition (Epstein, 1994; Gagne & Tewksbury, 1998; Schwartz & Rutter, 1998). Gender constitutes one of the major principles of social life

through which power and resources are distributed (Kimmel & Messner, 1997). The social constructionist perspective, as applied to human sexuality, refers to the construction of gender relations in terms of sexual relations and practices in the context of social, cultural, and historical forces (Weeks, 1995; White, 1996). These forces create environments where both males and females formulate their course of action and reaction.

The social constructionist perspective differs from the cultural influence model which has been used in many traditional anthropological works on sexuality (Parker & Easton, 1998; Vance 1999). The cultural influence model acknowledges cross-cultural variation in sexuality, however, it also incorporates biological essentialism in terms of placing sexuality in the reproductive domain (Parker & Easton, 1998). Additionally, its reliance on Western assumptions of a sex-gender unidirectional association has made its vision limited by ignoring broader gender and masculine relations with sexuality (Parker & Easton, 1998; Parker, Barbosa, & Aggleton, 2000). It also challenges the uniformity and inevitability of Western sexual norms and mores by acknowledging cross-cultural sexual variations.

A social constructionist approach to sexuality examines how sociocultural, socioeconomic and political factors influence the construction of people's sexuality at various times and in various places (Parker, 2001). Sexual behaviors acquire meanings within the sociocultural and economic contexts. Male to female sexual attraction and relationships, popularly known as heterosexuality in the West, has been closely related to the social understandings of masculinity and femininity. These understandings are not static, but rather actively evolve in the changing social and cultural context of society and the country within the realm of gender segregated roles and relations in most patriarchal societies of the world (Bly, 1991; Gilmore, 1990; Pittman, 1993; Thompson & Pleck, 1995; White, 1993). For this reason, the postmodern social constructionists draw attention to the holistic view of sexuality, realizing the complex interplay of historical, social, and cultural factors that underlie human sexuality (Gagnon & Parker, 1995; Weeks, 1995; White, 1996).

However, Vance (1999) warns that social constructionism also has various meanings for different researchers when they look at sexuality, but with the ultimate notion of opposing essentialism, the social constructionist theory denotes that sex and sexual

relations have diverse sociocultural significance and consequence with subjective meanings that are specific to local cultural contexts. Nevertheless, "the inherent reflexivity of social construction models, on the other hand, permits an exploration of the validity of imposing Western folk beliefs about sexuality cross-culturally" (Parker & Easton, 1998, p. 7).

In the light of this understanding, the sociocultural construction of male sexuality and masculinity is the basis of my theoretical framework. In the following section, I describe the theoretical framework.

Framework of the Study

By focusing more carefully on local categories and classifications, the cultural analysis of sexual meanings has thus sought to move from what, in other areas of anthropological or linguistic investigation, have been described as an "etic" or "outsider" perspective, to an "emic" or "insider" perspective—or, perhaps even more accurately, from the "experience-distant" concepts of biomedical science to the "experience-near" concepts and categories that the members of specific cultures use to understand and interpret their everyday lives (Parker, 2001, p. 167).

In this thesis, I utilize the social constructionist proposition to systemize my concepts and data into broader perspectives to analyze male sexuality in relation to masculinity. I analyze findings inductively in terms of not specifying variables and research propositions before data collection and analysis which conventionally contrasts with the hypothetical-deductive design (Maykut & Morehouse, 1994; Patton, 2002). This approach recognizes multiple dimensions of male sexuality in relation to masculinity as embedded in men's lives and has unlocked my vision to understand local contextual meanings.

I realize the important first step in studying sexuality is to differentiate between sexuality and masculinity dimensions and then to explore the articulation between them. I analyze how manliness and manhood are shaped in men's lives especially in terms of influencing their perceptions of sexuality and sexual practices in the context of STIs/HIV transmission and prevention in Bangladesh.

The framework has various dimensions. An individual man, as a micro-unit, is inadequate for analysis since he is in close interaction with his family, society and the state where the interplay of many factors like the media, peers, the economy, religion and societal norms exist. These factors construct and deconstruct expectations and experiences in relation to sexuality and masculinity. This layer can be named the macro-environment or local societal context where the meanings of men's perceptions and practices are embedded. In the current era of information technology and globalization, local-ness may not be strictly confined within local boundaries. Instead, a broader world context (a tertiary boundary) also contributes to the construction of perceptions of sexuality. The diffusion of dominant cultures within national and international territories is taking place through the media and enables men's increasing mobilization across cultural and geographical boundaries. Thus, the construction of male sexuality and masculinity have different layers and multiple interrelated patterns, subject to modification and change over time and space. A diverse and complex set of norms, attitudes, views, ideologies and goals in life may be the outcome of this construction. Men build their risk-perceptions, sexual pleasures, desires, relationships patterns, preferences, pressures and practices resulting in the formulation of their masculine sexuality. I assume masculine sexuality can make men vulnerable to (or protected from) STIs/HIV and other sexual health problems.

CHAPTER THREE

RESEARCH METHODS

The pressure to express information in a quantitative form may be damaging to a qualitative study. Increasingly, the value of qualitative data is being appreciated, even by economists and others conventionally dependent on numbers (Jenkins, 1997, p. 374).

Setting My 'Positionality': A Man Talking to Men about Men

My formal education, training and professional experiences in both medical and social sciences has modified the way that I consider health and illness from a biomedical perspective to include a more sociocultural perspective. Influenced by this, my academic and professional background has contributed to my social constructionist position. I do not hold with the views of the essentialism of sex, gender and masculinity. Rather, I seek to understand these phenomena from a social constructionist viewpoint which has influenced the conception of research questions, and the field research in this study.

I am the elder son of a middle class Bangladeshi family, married for ten years and blessed with a son of six years. As a heterosexual educated man, I interviewed Bangladeshi men to gain an understanding of them. Some may argue that this might have produced biased perspectives. However, given my sense of belonging to the 'male-world,' I was able to be 'comfortable and congenial' with men and gain an understanding of men's feelings and perceptions in the context of contemporary Bangladesh.

Professionally, I have been a researcher involved in social and behavioral studies to understand male sexuality, sexual behavior and gender roles for the past seven years in Bangladesh. My professional and educational aspirations are the source of my social status and power. I am aware of those power differences between myself, members of my research team and research participants. Although this might have influenced the

research process, the power difference was unavoidable. I attempted to reduce these differences as much as possible initiating friendly social milieus by offering cigarettes, gossiping and discussing intimate issues of life, taking snacks and tea together, sitting and passing long periods of time with the research team and participants. I understand that the total eradication of power differences between two persons is difficult in the real world. However, I believe that these activities at least assisted participants to feel comfortable about participating in the research.

With other qualitative researchers, I view qualitative interviews conducted with individuals or groups in the framework of empowering participants (Morgan, 1996; Smith, 2001). I told my participants that they had the potential to contribute to the research and they know their issues better than anyone else does. Therefore, I need their support as I need to learn from them. I requested participants not only to share information, but also to critically discuss issues, interpret findings and provide recommendations for future actions. This enabled participants to not be passive storytellers, rather to feel empowered in terms of providing their opinions and contributing to the study as active partners.

My national and international relationships with AIDS activists have revealed that they demand effective HIV interventions and criticize basic research due to its perceived inability to offer any immediate action. As a social science researcher and a medical doctor, I often face this dilemma. However, it is widely acknowledged that intervention cannot be successfully implemented and replicated without being based on the findings of basic research that generate profound and crucial understandings about human experiences, behaviors and meanings. I agree that social and behavioral research without any pragmatic policy outcome is undesirable. Although applied and basic research have been viewed as two completely separate domains (Patton, 2002), I think that fundamental/basic and action/intervention research should not be seen as two completely separate domains, but rather as being complementary. This thesis involves basic research. However, findings of this study will provide valuable recommendations for policy planners and public health program managers.

Research Plan

The commonest form of 'behavioral' research, as it is usually called in health studies, is survey research using questionnaires. But research of that kind, though it yields useful counts of episodes, gives limited understanding of the meanings that sexual encounters have for the partners, their place in the lives of people involved (Connell, 2002, p. 19).

Research on sexuality and masculinity requires methodological innovation to develop scientifically appropriate and culturally sensitive research approaches in order to obtain "high-quality description through a sensitivity to the complexity of meanings, feelings and interpretations of participants and researchers" (Ezzy, 2002, p. 54). I have studied how men organize their sexual lives in various social and environmental settings and how they respond to masculinity and make sense of their gender roles and responsibilities. I have explored the experience and meaning of their struggles to achieve love and sex, their success and failure in reaching manhood and the sufferings and frustrations encountered in their sexual lives. I have explored how various social realities impact on men's perceptions of sexuality and masculinity. However, I did not want to reduce male experiences and behavioral practices to measurable units according to a quantitative approach to sexual behavioral research. Rather, I sought an holistic view of men's sexual practices and experiences and gained an understanding of the diverse contextual meanings that men attach to these issues. I chose to analyze men's sexual practices and expressions through a framework of masculinity. This requires in-depth consideration of men's voiced realities. A phenomenological qualitative research method (Bernard, 1994; Creswell, 1998; Moustakas, 1994; Patton, 2002) was chosen to explore and describe various impacts of life situations on men's sexuality and their perceptions of masculinity. The phenomenon involved in this study is male sexuality and masculinity as it relates to sexual health and well-being.

Using Patton's definition of holism "as a complex system that is more than the sum of its parts" (2002, p. 59), I have examined the heterogeneous interrelationships and interconnected multiple dimensions of male sexuality and masculinity to draw a more complete picture. I have attempted to understand how the concept of masculinity influences men's sexual perceptions and behaviors by studying insights in male sexual lives. Beginning with a research guideline, I sought to learn about settings and how men

view their life situations, thereby deciding what issues to be explored with participants. This flexible research process offered the opportunity to modify the research guidelines in recognition of the complexity, delicacy and changing nature of human experiences (Lincoln & Guba, 1985; Maykut & Morehouse, 1994). I was receptive to emerging perspectives during data collection. However, it was not possible to be completely inductive since I was not able to bracket familiar assumptions about men's world especially because of my positional sense of belongingness to male culture. This might have influenced my focus. However, I agree with Lofland (1995) that this subjectivity contributes to the "creative and intuitive as opposed to mechanical" framework and methods followed in quantitative research (cited in Taylor & Bogdan, 1998. p. 8).

Research Sites

Men living in both urban and rural areas were chosen for data collection. The Dhaka district was selected for the urban focus, as it is the capital city, drawing people from all over Bangladesh in search of better lives (see Figure 2). People of diverse socioeconomic classes reside in 20 police stations locally named *Thana*. Among them, Mohammadpur *Thana* was selected as our urban study site because it accommodated people from various socioeconomic classes (BBS, 2000). Moreover, the typical urban facilities including schools, colleges, universities, modern market places, hospitals and clinics, government and non-government organizations (NGO), cinemas, video clubs, health and other entertainment clubs, hotels and restaurants, community centers and play grounds are available in Mohammadpur *Thana* (see Figure 3). Each *Thana* is divided into several wards and Mohammadpur *Thana* has a total of seven wards with a total population of around 316,203 (BBS, 2000). The area is densely populated with an estimated 27,142 people per square kilometer (BBS, 2000). I conducted research in 10 *mahallas* (residential units) in different wards in Mohammadpur *Thana*.

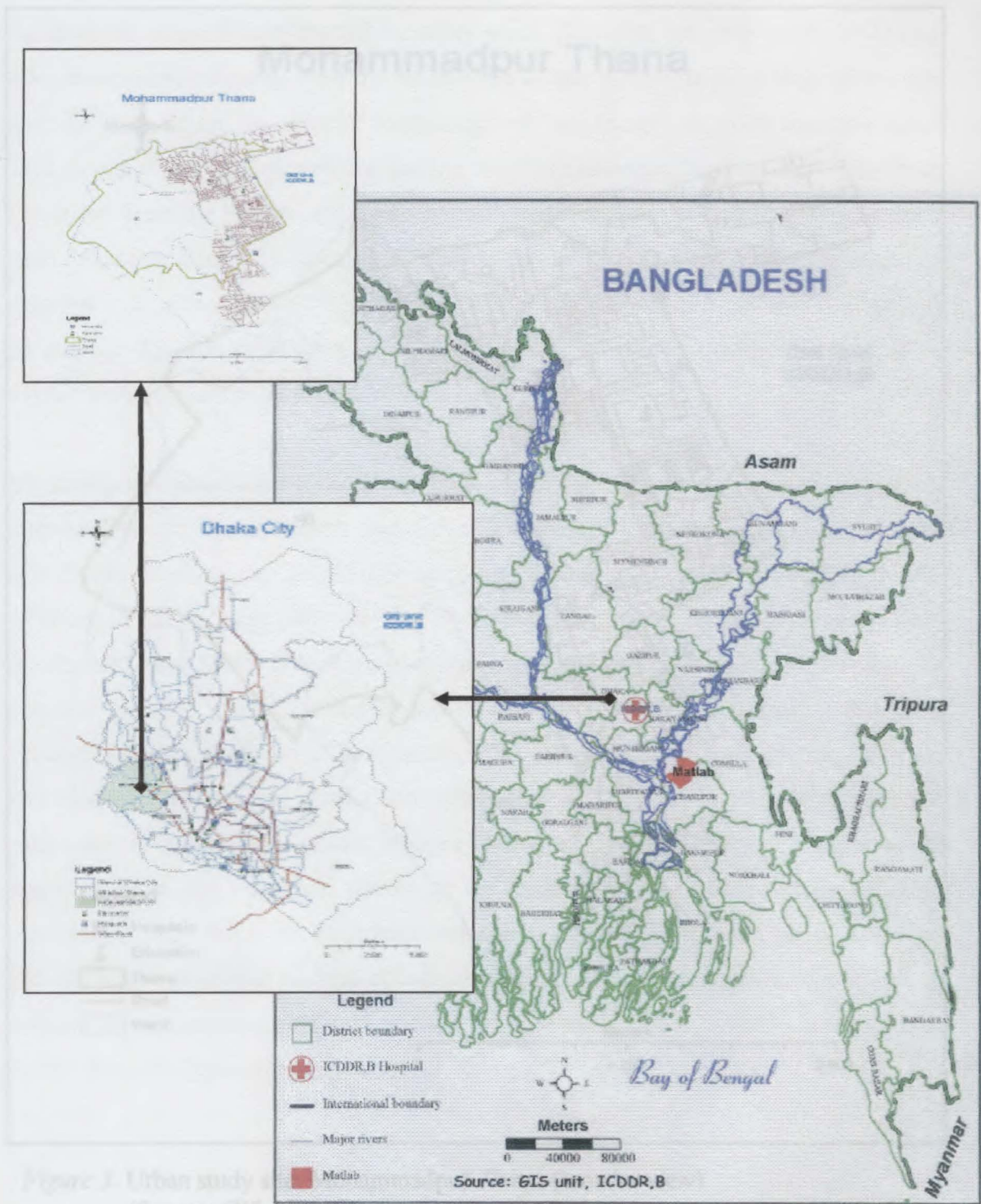


Figure 2. Urban study site: Mohammadpur Thana in Dhaka district
(Source: GIS unit, ICDDR,B)

For rural sites, I was advised to select Matlab *Upzila*, the official research site of the ICDDR,B the Center for Health and Population Research, where well-organized

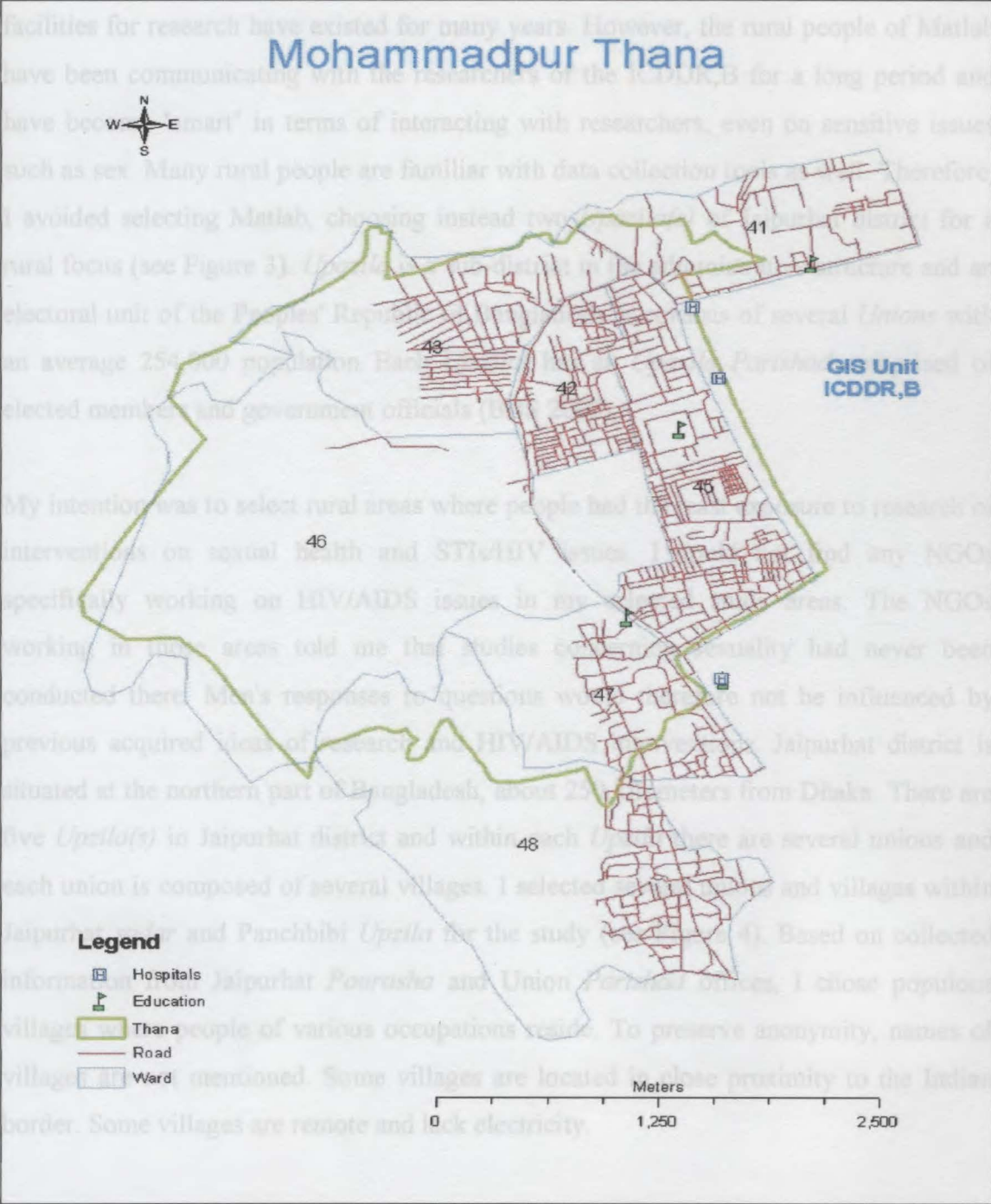


Figure 3. Urban study site: Mohammadpur *Thana* (broader view)
(Source: GIS unit, ICDDR,B)

For rural sites, I was advised to select Matlab *Upzila*, the official research site of the ICDDR,B: the Center for Health and Population Research, where well-organized facilities for research have existed for many years. However, the rural people of Matlab have been communicating with the researchers of the ICDDR,B for a long period and have become 'smart' in terms of interacting with researchers, even on sensitive issues such as sex. Many rural people are familiar with data collection tools as well. Therefore, I avoided selecting Matlab, choosing instead two *Upazila(s)* of Jaipurhat district for a rural focus (see Figure 3). *Upazila* is a sub-district in the administrative structure and an electoral unit of the Peoples' Republic of Bangladesh. It consists of several *Unions* with an average 254,000 population. Each *Upazila* has an *Upazila Parishad* comprised of elected members and government officials (BBS 2002).

My intention was to select rural areas where people had the least exposure to research or interventions on sexual health and STIs/HIV issues. I could not find any NGOs specifically working on HIV/AIDS issues in my selected study areas. The NGOs working in those areas told me that studies concerning sexuality had never been conducted there. Men's responses to questions would therefore not be influenced by previous acquired ideas of research and HIV/AIDS interventions. Jaipurhat district is situated at the northern part of Bangladesh, about 250 kilometers from Dhaka. There are five *Upzila(s)* in Jaipurhat district and within each *Upzila* there are several unions and each union is composed of several villages. I selected several unions and villages within Jaipurhat *sadar* and Panchbibi *Upzila* for the study (see Figure 4). Based on collected information from Jaipurhat *Pourasha* and Union *Parishad* offices, I chose populous villages where people of various occupations reside. To preserve anonymity, names of villages are not mentioned. Some villages are located in close proximity to the Indian border. Some villages are remote and lack electricity.

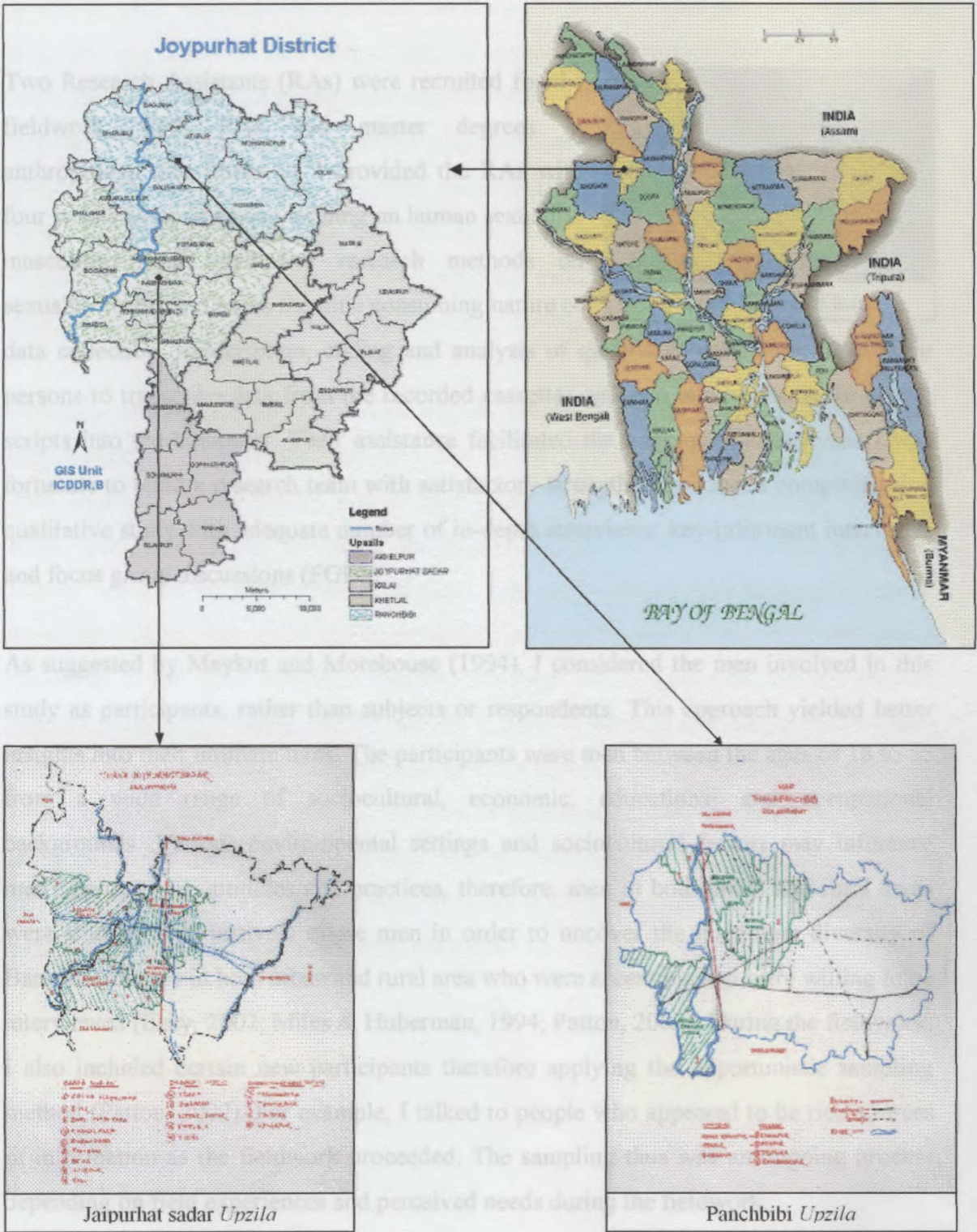


Figure 4. Rural study sites: Sadar Panchbibi Upzila in Jaipurhat district (Source: GIS unit, ICDDR,B)

Introducing the Research Team and Participants

Two Research Assistants (RAs) were recruited for the fieldwork. Both RAs had master degrees in anthropology (see Photo 1). I provided the RAs with four weeks comprehensive training on human sexuality, masculinity and qualitative research methods on sexuality research. Due to the time consuming nature of



Photo 1. Research team

data collection, transcription, coding and analysis of qualitative data, I recruited three persons to transcribe data from the recorded cassettes and two other persons for typing scripts into the computer. Their assistance facilitated the ongoing data analysis. I was fortunate to build a research team with satisfactory strength to conduct a comprehensive qualitative study with adequate number of in-depth interviews, key-informant interviews and focus group discussions (FGDs).

As suggested by Maykut and Morehouse (1994), I considered the men involved in this study as participants, rather than subjects or respondents. This approach yielded better insights into their intimate lives. The participants were men between the ages of 18 to 55 from a wide range of sociocultural, economic, educational and occupational backgrounds. Various environmental settings and sociocultural factors may influence men's perceptions, attitudes and practices, therefore, men in both urban and rural areas were studied. I purposively chose men in order to uncover the maximum diversity of Bangladeshi men in both urban and rural area who were accessible and were willing to be interviewed (Ezzy, 2002; Miles & Huberman, 1994; Patton, 2002). During the fieldwork, I also included certain new participants therefore applying the opportunistic sampling method (Patton, 2002). For example, I talked to people who appeared to be rich sources of information as the fieldwork proceeded. The sampling thus was an ongoing process depending on field experiences and perceived needs during the fieldwork.

Participants were grouped into three age groups. I interviewed 20 men between the first age group of 18 to 28 years considering the mean age at marriage for males is 28 years (BBS, 2002). In Bangladeshi culture, 40 years is thought to be a marker of social maturity in terms of professional and familial achievements. I interviewed 19 men from the age group of 29 to 40 years. The remaining 11 men were between 41 and 53 years

(see Figure 5). It was not possible to include equal number of participants from each age group, as older participants were less comfortable talking about sexuality issues. My main aim was to recruit men from a range of occupations commonly found in both urban and rural areas, while accepting the variations in educational, marital status and monthly income that simultaneously appeared with such diversity of occupations. I divided marital status into two major categories: never married single men (named as unmarried men) and married men who included both divorced and separated men. Among educational diversity, I included men with no institutional education to those with master's degree qualification. Figure 5 summarizes the profile of participants.

Particular groups of men were chosen who exerted influence on the formation of social expectations of male gender, sexuality and masculinity in Bangladeshi culture due to their positions in the family and society (Aziz & Maloney, 1985; Khan, Khan, & Hollerbach, 2004a). As fieldwork progressed, I understood that parents especially fathers, teachers of high school, religious school (*madrassa*) and college/university, significant elderly men in the family or the locality (*nijer or parar boro bhai*), *imams* of the mosque and other religious leaders, renowned community and political leaders, popular journalists, cinema and TV actors, popular medical practitioners (both modern and traditional) had a social influence in terms of forming gender roles and masculinity. Initial intensity sampling (Patton, 2002) was therefore adopted to gather information from these key informants. However, during fieldwork opportunistic and snowball sampling (Patton, 2002) was also used to select the key informants as suggested by the participants and other key informants (see Figure 5).

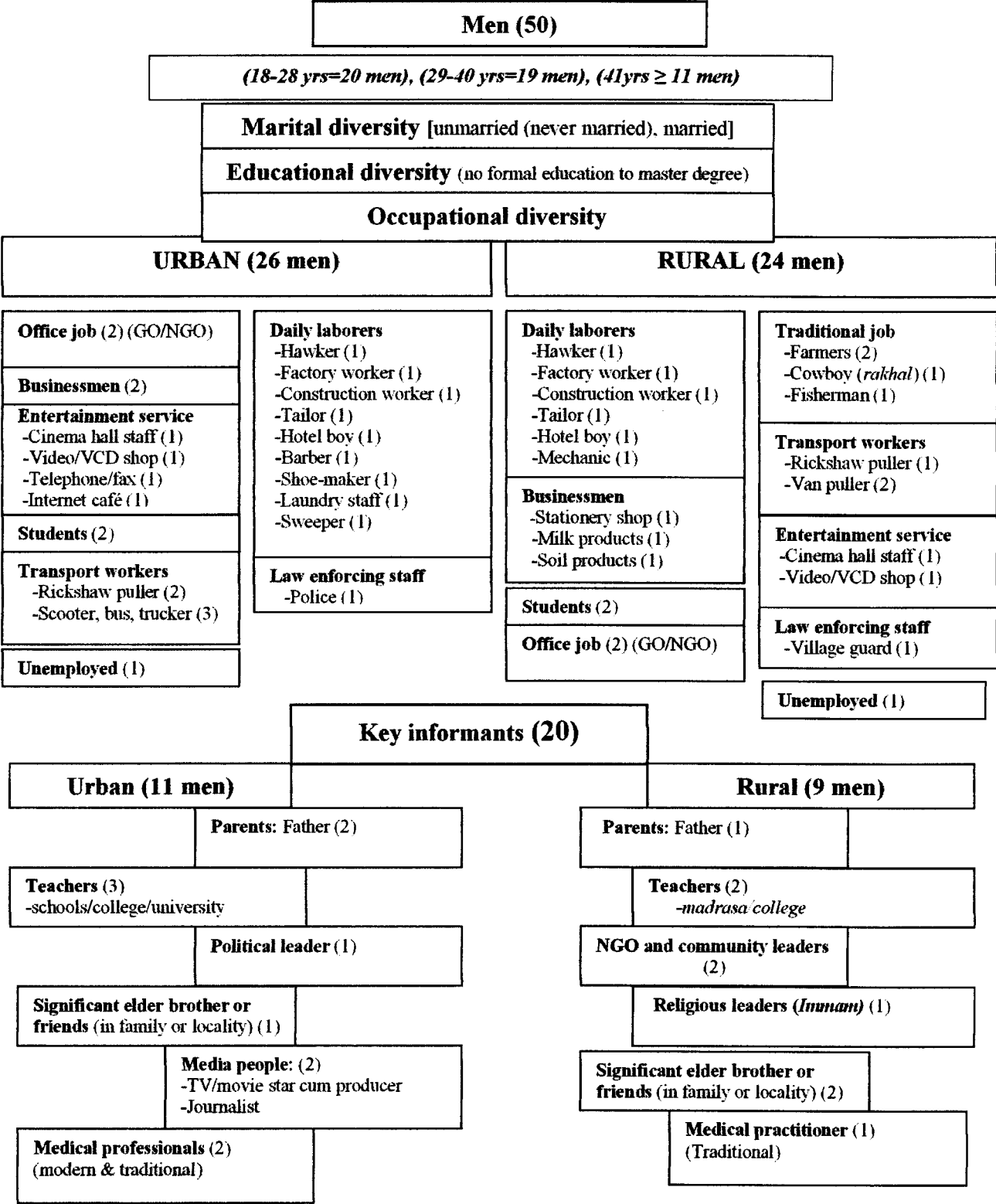


Figure 5. Summary of the participants and key informants' profile

Unlike quantitative research which relies on sample size for statistically producing a generalized picture of the population, qualitative research is judged by its capacity to explore in-depth and diverse information. If a sample becomes large then qualitative data management and analysis can become very time consuming. Therefore, a small sample is to be preferred. However, due to the nature of maximum variation sampling, the sample size of my thesis became comparatively larger than other traditional qualitative studies. In this regard, Patton's comments are relevant:

For small samples a great deal of heterogeneity can be a problem because individual cases are so different from each other. The maximum variation sampling strategy turns that apparent weakness into a strength by applying the following logic: Any common patterns that emerge from great variation are particular interest and value in capturing the core experiences and central, shared dimensions of a setting or phenomenon (2002, p. 235).

With the assistance of the research team, I was able to conduct thorough fieldwork with a relatively large number of male participants. Fifty in-depth interviews with men and 20 key-informant interviews were conducted. In addition, ten occupational sub-groups of men were selected for FGDs, including rickshaw pullers, university students, businessmen, NGO leaders, community and political leaders, religious leaders, daily laborers, transport workers (for example, rickshaw and van pullers), college teachers and traditional doctors.

An unknown percentage of men in Bangladeshi society engage in male-to-male sexual activities. They do not generally identify themselves as 'gay.' However, their behaviors are stigmatized and hidden due to sociocultural condemnation and religious guilt (Khan, 2001). I understood that it would be unwise to overlook men who have sex with men (MSM) in a project dealing with male sexuality and masculinity issues in Bangladeshi culture. Nevertheless, such a research project needs specific arrangement for bringing MSM interviewers in the research team. Considering the limitation of resources and the scope of a doctoral thesis, I did not focus on male-to-male sexual behaviors, keeping in mind that some of the men interviewed may have hidden sexual relations with men, which was outside the focus of my study.

I was informally assisted by a number of NGOs (see Photo 2) and community leaders who assisted me in approaching participants and potential key informants for interviews and FGDs.



Photo 2. NGO assistance (rural)

Considering the sensitivity of the research topic, I met with influential local people of the community (the 'gatekeepers') and informed them of my research objectives, to avoid any confusion regarding the presence of the research team in the community. The approach to 'gatekeepers' generated support which facilitated my fieldwork. Generally, men agreed to participate in the study although a few refused and some dropped out after the first contact.

Research Process

Research methods were chosen on the basis of the need to answer the research questions using the conceptual framework of the study (Denzin & Lincoln, 1994), and the 'practicalities of doing fieldwork and ethical consideration' (Valentine, 2001, p.41). Since a single data collection process is inadequate to examine all dimensions of the topic, I integrated multiple data collection methods to obtain broader perspectives of male sexuality and masculinity.

I chose in-depth interviews with men from diverse backgrounds which became the micro level of analysis. The macro layer is the societal context which was also studied. I conducted interviews with key informants in order to get their opinions about other men's sexuality and masculinity perceptions. Key informants' interviews allowed me to evaluate their 'expert and influential' comments and to understand their views about Bangladeshi men's sexuality and gender. Individual interviews offered men privacy for expressing personal feelings, yet the societal or public sexual culture was still missing. Therefore, I conducted group interviews, popularly named as focus group discussion (FGDs), with both participants and key informants (Jenkins, 1997). These group interviews allowed me 'to explore how meanings and experiences are negotiated and contested between participants' (Valentine, 2001, p. 44). It is crucial to visualize men's worlds outside their homes and to understand what activities and interactions with other men in social venues take place. This was achieved by conducting non-participant observation of social venues such as clubs, cinema halls and playgrounds.

The tertiary layer is the world context. During discussions, if any participants discussed any specific cultural scripts (such as print materials, CDs, videos), I sought out those

referred materials to check their comments and analyze the content with them in partnership.

In-depth Interviews with Participants and Key informants

The face-to-face, in-depth unstructured interview, the basic qualitative data collection method, was the major strength of the research. In-depth interviews were conducted in the form of two-way informal conversations (see Photo 3). The flexible interview-guideline contained the title of each topic and sub-



Photo 3. In-depth interview

topic (see Appendix 1) and guided the interview process. However, interviews were fluid and it was possible to pursue relevant issues not contained in the interview schedule. Open-ended questions and subsequent questions and probes emerged from the conversation.

In many cases, it was not possible to complete one interview in a single session. Each interview usually took three to four hours. Rather than completing interviews with unwilling participants, another interview schedule was arranged. In some cases, two to three separate sessions were required to complete one in-depth interview. During the initial interview, various issues relating to the research objectives and the importance of the participant's cooperation in the research process were discussed, avoiding sensitive issues. Only when a participant felt comfortable about participating in the research, were subsequent interviews conducted. Participants selected the timing and venue for the interviews. The necessity of using a recorder was explained clearly. With permission, it was possible to record all in-depth interviews. In some cases, participants were initially hesitant, however as interviews proceeded, men became less sensitive and proposed that the interview be recorded. If questions were perceived to be sensitive they were avoided. However, participants were more open than anticipated and raised issues which were perceived sensitive by the interviewers. It is clear that 'sensitivity' is relative term and needs to be demonstrated rather than assumed.

The key informants (see Photo 4), unlike participants, were not asked to discuss any issues reflecting their personal lives. Instead, they were encouraged to discuss issues relating to the wider culture and society. Selected key informants were cooperative and critically discussed issues raised by the interviewer. They

also raised many issues, not initially included in the interview guideline. All key informants were willing to have their conversations recorded.



Photo 4. Key-informant interviews with religious leader (*Imam*)

Focus-group Discussions

In sexuality research, it has been suggested that focus group discussions (FGDs) cannot reveal valid or reliable data on sexuality due to reluctance in discussing sensitive issues publicly (Pelto, 2000; Schensul, 2000). However, collective norms and popular concepts of sexual behaviors, gender roles and masculine traits can be conveniently obtained from group discussion. Jenkins claims that "gathering information on a society's public sexual culture is best accomplished using focus group interviews" (1997, p. 372). I explored public sexual culture by way of FGDs with a view to understanding normative sex culture for Bangladeshi males. In addition, group discussions generated new perspectives on the issues of gender and masculinity which were pursued in subsequent in-depth interviews.

Ten separate FGDs were conducted with rickshaw and van pullers, college and university students, businessmen, NGO leaders, community and political leaders, religious leaders (*immas* of the mosque and teachers of *madrassa* (religious school), daily laborers, farmers, college teachers and traditional



Photo 5. FGD with NGO leaders

practitioners (see Photo 5). A similar guideline was utilized (see Appendix 1). With the group's permission, a tape recorder was used to record all discussions. I moderated each session of discussions and used a venue offered to me, or one convenient to group members. Each group was formed with six to eight members who willingly came

forward to participate in the discussion. I was careful to avoid extreme heterogeneity of members in the same group to ensure harmonious group dynamics.

Observations

Interviews alone are not sufficient to illustrate understanding of the settings where males' gender roles and masculinity constructions are implanted. Direct observation of specific cultural settings is crucial (see Photo 6). Therefore, I conducted non-participant observations at various levels. For example, I conducted field observations by visiting significant social venues at various times of the day and night. I initiated the fieldwork by these observations which then continued for two weeks in each study area. The research team observed men in social venues based on information gathered from interviews with participants and key informants. I talked to people during the field observation to understand what was happening in any particular social setting. I observed in entertainment venues (such as cinema halls, video clubs and cyber-cafes), local clubs and other venues like the market to examine the social and environmental settings wherein male gender roles, notions of masculinity and sexuality expressions are grounded.



Photo 6. Male social venue (local club)

Referred Cultural Scripts

The way to answer the question of how do males in any culture understand what 'proper' masculine behaviors, styles and attitudes might be to see a culture's various texts--print, film, TV or other media--as constituting a powerful mechanism by which ideologies covering gender-appropriate attitudes, behaviors and performances are disseminated, reinforced and affirmed (Buchbinder, 1998: last cover page).

By the term cultural script, I mean textual materials published in the form of magazines and books, pornographic materials, various local and satellite television programs, videos, VCDs and cinemas. When men spoke of any specific cultural script as having special significance to them concerning sexuality, I explored those materials. As such, I examined a few referred magazines, leaflets, pornographic materials and movies. Some

of these scripts were collected from the participants, and were read and seen together so that we could discuss issues raised by the men.

Analysis of Findings

Data analysis included the following dimensions: i) an ongoing analysis during data collection; ii) utilizing both manual and computer assisted qualitative data analysis; and iii) a participatory approach of data analysis in association with participants, key informants and other professionals having considerable experience with Bangladeshi men and culture.

The essence of my data analysis has been embedded in the framework of inter-subjective understanding and interpretation of issues. These inter-subjective interactions took place at various times and spaces. For example, between myself and a participant during in-depth interviews, between participants and the moderator at FGDs, between field researchers and myself at feedback meetings and among experienced colleagues and myself during peer debriefings. The ongoing data analysis ensured understanding of issues by examining a wide variety of interview texts, observational data, social and concept maps, researchers' field-diaries, referred cultural scripts in print or visual form.

Ongoing Analysis

Ezzy (2002), Rosaldo (1989) and Strauss and Corbin (1990) suggest that ongoing data analysis with data collection is an appropriate way to deal with qualitative data. However, constraints during fieldwork often do not allow researchers to approach data analysis as an ongoing process. In many cases, data analysis begins at the end of data collection which may result "in missing many valuable opportunities that can be taken only at the same time as they are collecting their data" (Ezzy, 2002, p. 61). I was careful about this issue and began data analysis with data collection. However, the analysis was not completed at that stage, rather it was a beginning. I therefore required continued analysis during the write-up stage as well. The strategy of data analysis along with data collection allowed me to be flexible and responsive to emerging needs in the field.

I listened to tape-recorded interviews of participants, key informants and focus group discussions to identify issues discussed, new issues emerging, the strength and weakness of interview techniques and any missed opportunities for further exploration. I included these emerging issues in the interview guideline. This step was essential to improve the quality of interviews and to begin the ongoing analysis. I also started transcribing the recorded interviews in their original form. For the first few interviews and FGDs, transcription of cassettes were done which assisted me to examine in detail the quality and depth of obtained information. I used headphones in order to prevent outsiders' attention to the tapes. The transcription took a long time, therefore, it was not possible for me to continue transcription along with data collection. I recruited three transcribers who transcribed data as an ongoing process with data collection. Thus, I began manual data analysis by carefully reading each transcribed script.

Since each in-depth interview contained voluminous information, I organized data through a repeated and systematic review of the transcript linked to the research questions and emerging issues. Note-cards were also used in order to identify prominent themes, logical connections, clarifications or relevant comments that would match or help in explaining similar statements made by other participants. During this process, I pointed out each theme and began coding to identify those themes and sub-themes as well. Thus, the categorization process included the identification of salient themes and sub-themes, recurring ideas and local meanings. The ongoing data analysis procedure was manually performed by line-by-line content, contextual and thematic analysis. My intention was to identify the common patterns that emerged through all interviews and also to note atypical patterns, in order to accommodate the diversity of meaning and to generate new insights and typologies for the further exploration of data.

Integrating manual and computer assisted analysis

With the increasing number of interviews, I decided to make use of a qualitative data analysis software named ATLAS/ti 4.1 (Scientific Software Development, 1997). English translated and electronic versions of raw data are required in order to use any software-assisted analysis. Therefore, I recruited two professional translators to translate the data into English (see Appendix 2). However, I noticed that the English version of raw data in many places had lost the socio-linguistic details and the context of data.

Moreover, it took a long time to translate a single script. Considering these constraints, I stopped translating data into English after the first two interviews and decided to conduct manual analysis. I was fortunate enough to know from my colleagues that the ATLAS/ti could handle Bengali scripts. I then learnt how to use Bengali scripts in ATLAS/ti software. The procedure was time-consuming since I had to change fonts during retrieving. I recruited two Data Management Assistants (DMAs) to type Bengali scripts into the word processor, so that I was able to begin ongoing data analysis with ATLAS/ti. This software helped me in coding and re-coding data, searching words and phrases, indexing documents and segmenting texts according to codes and sub-codes. This procedure is known as the code-and-retrieve mode of data analysis (Ezzy, 2002; Miles & Huberman, 1994). To deal with a comparatively large number of interviews, I found this software saved time. However, it was just the beginning of data analysis and not the whole analysis. The software only facilitated my analysis by segmenting data in categories by assigning codes and by retrieving coded documents.

I was not able to perform interpretive analysis with this technology. I agree that "qualitative data analysis cannot be done by a computer" (Ezzy, 2002, p. 111). However, I acknowledge that this was the first time I used ATLAS/ti and any advanced application of ATLAS/ti was not known to me. Therefore, I utilized its capacity to code and retrieve coded data. As I integrated the computer-assisted data analysis with manual methods, I was able to prevent any decontextualisation of data. I also avoided quantification of my qualitative data.

Participatory analysis

Conventionally study-subjects are not offered any role in the research process, especially after the data collection is over. During interviewing, I noticed that participants have the potential to interpret their own information. I believe that data interpretation with the help of participants can achieve deeper meanings and therefore engaged participants as 'collaborators' who worked with me on data interpretation. To ensure that this process was participatory the following procedures were met:

1) I selected three cooperative participants and two key informants who willingly assisted me in interpreting data (see Photo 7). I met them separately and sometimes together and we jointly interpreted transcript data.

I first asked them for their interpretations and then gave my own interpretations. After that, we discussed the complexities of the issues and possible acceptable interpretations and diversities.

On many occasions, participants and key informants did not agree with me and offered new interpretations that I had not considered. In this way, data interpretation gained more depth and meaning.



Photo 7. Participatory data interpretation

2) As mentioned earlier, during in-depth interviews, I not only collected information, but also discussed with participants the meanings of their words. This assisted in cross checking initial interpretations with the participants' understanding in order to get clear views of the context and underlying meaning of participants' language.

3) I discussed research issues with other professionals and colleagues working in similar fields. In particular, I raised any issue that was perceived to be complex and demanded more diverse perspectives. This technique is known as peer debriefing (Ezzy, 2002; Spall, 1998).

Researcher's personal field diary

Many qualitative researchers suggest keeping field memos (Glaser & Strauss, 1967; Lincoln & Guba, 1985; Maykut & Morehouse, 1994; Patton, 2002; Taylor & Bogdan, 1998) during fieldwork. I maintained diaries to write day-to-day details, including field experiences, personal feelings and any remarkable incidents during the fieldwork. The field diaries contained subjective interpretations of the objective data collection and observations. During field observation, I also briefly interviewed people and took notes. These notes were kept separate from my subjective interpretations. Thus, the field diary was a rich source of *emic* and *etic* information and provided additional support during data analysis and interpretations. Field notes were analyzed in similar ways to the interview transcripts.

Ongoing training and feedback sessions with the research team

I conducted regular meetings with the research-team to discuss issues relating to the research, progress in the fieldwork, barriers to and opportunities for fieldwork, newly emerging themes and possible interpretations, existing gaps in the original guidelines, strengths and weakness and future directions of fieldwork in terms of selecting potential participants and key informants. I also discussed my field observations and written notes on those observations with the research team. These feedback sessions contributed to ongoing data analysis. I tape-recorded these discussions and the tapes were transcribed and used during analysis. My experience suggests that feedback sessions with the research team can be considered one of the core strategies in qualitative fieldwork and data analysis.

Meaningfulness of Findings

In order to make research findings trustworthy, their 'validity' and 'reliability' are crucial issues. The term 'validity' indicates the capacity of findings to be comparable and transferable and 'reliability' refers to the capacity of a study to be replicable in other similar settings. However, these terms do not accommodate the underlying philosophical and theoretical assumptions of qualitative research (Creswell, 1998). Deutscher, Pestello and Pestello state that: "we concentrate on whether we are consistently right or wrong. As a consequence we may have been learning a great deal about how to pursue an incorrect course with a maximum of precision (1993, p. 25)."

Many scholars criticize the use of such positivist terminology as 'validity' and 'reliability' in qualitative research and consider this a way to achieve acceptance of qualitative research in a quantitative world (Berg, 2001; Ezzy, 2002; Taylor & Bogdan, 1998). Lincoln and Guba (1985, p. 300) suggested instead alternate terms such as 'credibility,' 'transferability,' 'dependability,' and 'conformability,' as 'the naturalist's equivalents' for 'internal validity,' 'external validity,' 'reliability,' and 'objectivity' (cited in Creswell, 1998, p. 197). I see the strength of a qualitative study, as argued by Taylor and Bogdan, as a means of exploring 'meaningful data' (1998, p. 9) and like Wolcott (1990), I do not consider that the terms 'validity' or 'reliability' apply to the essence of my study

which seeks understandings of men's perspectives. In this aspect, Richardson's (1994, p. 522) metaphorical statement about 'validity' reflects my comprehension.

The central image is the crystal, which combines symmetry substances, transmutations, multidimensionality, and angles of approach. Crystals grow, change, alter, but are not amorphous. Crystals are prisms that reflect externalities and refract within themselves, creating different colors, patterns, arrays, casting off in different directions. What we see depends on our angle of repose.....Crystallization, without losing structure, deconstruct the traditional idea of 'validity' (we feel how there is no single truth, we see how texts validate themselves); and crystallization provides us with a deepened, complex, thoroughly partial understanding of the topic. Paradoxically, we know more and doubt what we know (cited in Creswell, 1998, p. 199).

Credibility and Transferability

Credibility and transferability indicate the robustness of the research process through multiple data collection techniques and interpretations to explore the multidimensionality of a phenomenon. My 15 months of fieldwork enabled me to interact with participants for a prolonged period. I integrated multiple data collection methods, known as triangulation, to explore information from multiple sources (Patton, 2002). Prolonged interaction with participants allowed me to see the diversity and consistency of information, and to support or contradict the interpretations of researchers and participants. Eisner (1991) describes this as structural corroboration. In-depth interviews allowed me to listen to participants and understand the complexities of the issues discussed in their own languages. I was also able to seek opinions from significant others to get a 'consensual validation' (Eisner, 1991, p. 112) of the data and interpretations which were collected in natural settings. In this context, I carefully explored and analyzed locally used metaphor in Bangladeshi culture to discuss and describe the situation. The use of metaphor is considered useful in sex research since it "communicates the terms in which the men conceptualized sex and sexuality and thus indicates the point of connection between personal experience and cultural context" (Waldbay, Kippax, & Crawford, 1993b, p. 248).

This study does not attempt to generalize findings to a wider population. Rather the goal is to obtain a thorough understanding of the research questions. I have provided detailed descriptions and inter-subjective interpretations (Denzin, 1989). The research design, the

research process and the conceptual framework used in this study can be utilized for comparative studies in a similar area of focus.

Dependability and Conformability

Dependability and conformability relate to the examination of the research process by the researcher and other peers to establish a mechanism of an internal and external check, while acknowledging the researcher's 'positionality' to understand bias in the results and interpretations.

Methods and theoretical propositions used in the research process can guide similar studies with other men in different parts of Bangladesh. The raw data of in-depth interviews, FGDs and observations have been preserved in both electronic and non-electronic formats for use in any future reference or further verification. The availability of data reflects the trustworthiness of the thesis. The technique of peer debriefing, participatory interpretations with participants and inter-subjective understanding of findings among the members of the research team have contributed to the dependability of the thesis.

I do not pretend that my writing is objective and will transcend time and space. I do not claim that my research is completely free from my own reflexivity. I support the ideas of Bauman that "a non-committal sociology is an impossibility" (2000, p. 89) and "all research is profoundly influenced by the identity, values and worldview of the researcher" (cited in Ezzy, 2002, p. 150). While the underlying philosophy of this project and my positionality described at the beginning of this chapter can obstruct objectivity, it has offered conformability for the reader to understand my subjective views. There is no unique reality in men's sexuality and masculinity perceptions, nor an objective reality in the form of one correct analysis of men's lives.

Several factors including i) studying a wide range of Bangladeshi men as study participants; ii) the integration of multiple data collection tools; iii) the in-built strength of observational data; iv) the examination of cultural scripts; and v) close interaction between the researcher and participants during data interpretation provided a detailed description of research objectives. This has contributed to an understanding of men's

perceptions and practices of sexuality and masculinity which may not be objective or generalizable but are credible, dependable and meaningful.

Research Experiences

It has been said that Bangladeshi men are reluctant to openly discuss issues of sexuality and sexual behaviors due to shyness and sensitivity (Bhuiya, Aziz, & Hanif, 1997; Aziz & Maloney, 1985). However, my experience has revealed the opposite. Participants willingly shared intimate issues of their lives without much hesitation. Although some participants were initially shy, with time they became more open to share their concerns, which are often perceived as 'sensitive' in Bangladeshi culture.

A difference was apparent between men's openness on sexuality between urban and rural contexts. Men in rural areas were more open compared to men in urban settings. Men in urban settings robustly questioned and expressed their suspicions about the purpose of the research and comparatively more time was required to build rapport. Men in rural areas were more cooperative and less suspicious of research matters. I think the difference can be explained by many reasons. For example, life-styles in urban settings are different from those of rural settings. This has been noted by social theorists who reaffirm geographers' claim that both space and place profoundly influence social life (Giddens, 1979). Men in urban areas describe many struggles and due to the nature of their occupations and social environmental differences are busier than men in rural areas. The comparative lack of experience with researchers could possibly have inspired men to speak. In traditional Bangladeshi culture, people see any visitors to their home as *mehman* (guest) and are hospitable, providing food or any other help if requested (see Photo 8). In addition, I believe the urban identity of members of the research team created a visible power difference influencing rural people to cooperate.



Photo 8. RA has been offered food by participants before interview

Men inquired about 'tangible' benefits derived from participating in interviews. Some participants requested medical treatment from me. Researchers have to be prepared to

encounter these natural expectations of participants. Social researchers have to remember that a verbal assurance of doing 'good' for the society is not enough. The notion of the greater interest of the community often fails to convince people to spend their time in interviews. As one participant said: "I need food not information from you to feed my empty stomach." People expect to see the visible benefits from research or interventions. Researchers have to be prepared to face the dilemma of conflicting goals between peoples' expectations versus the potential benefits of the research.

During the rural fieldwork, one village *matabber* (community/religious leader) summoned us to detail our purpose. He accused me of breaking the traditional 'sexual silence' among rural people encouraging them to think and talk about sex. I took this opportunity to discuss with him many issues of contemporary rural life in Bangladesh, including peoples' sexuality and sickness. He became very interested and at the end of our long discussion, he stated that he appreciated our efforts and assured us of any assistance we required. This incident taught me to approach all known gatekeepers of the community, ignoring the stereotypical view that religious leaders are 'fundamentalists' and therefore will not cooperate in any sexuality related project. Rather if properly approached, they may be helpful in carrying out sensitive projects in the community.

It is often suggested that an interview on sexual behavior be completed in one sitting as multiple sessions may destroy a person's willingness to continue discussions on sensitive issues (Pelto, 2000). However, in-depth interviews usually take longer periods of time than expected. In this study, completing an interview in one session was not usually possible. It required multiple sessions on separate days. Multiple sessions created deeper understanding between researcher and a participant, facilitating better accomplishment of the research objectives.

Unmarried participants felt shy when sharing sensitive issues with married and mature interviewers. As one unmarried participant told me: "you are married so you know a lot about sex. I do not have as much experience as you have. You will laugh at my immature concerns about sex." On the other hand, married participants seemed hesitant to discuss many issues of sexuality with unmarried researchers thought to be inexperienced in sexual matters. A similar attitude was observed in relation to the age of the researchers and participants. The marital status and age diversity of the research team assisted me to handle this situation.

Only six participants dropped out after the first day of interview. These participants were very shy in discussing sexuality issues and we failed to make them comfortable. This was the decision of the participants and I respected that decision.

One of my project staff suddenly stopped attending the office without informing me. I visited his residence and noticed his upset and stressed look. I took him out and had a long discussion. He was very open with me and explained that he was frightened of the possibility of getting HIV. He sought assistance from me and decided to visit a confidential HIV service that has good pre-test and post-test counseling and a quality testing service. After finding he was HIV negative, he became very enthusiastic and continued working with us. Any research project involving human sexuality should support both participants and project staff if they need medical or psychosocial assistance.

During fieldwork, many participants requested treatment facilities either for themselves or for their family members. Reasons for treatment ranged from having STIs to non-STI problems. These situations are unavoidable and a researcher cannot ethically overlook the problems of participants. I referred men to specific STI clinics and assisted them to buy medicines if requested. For non-STI problems, I referred men to government health facilities and did not provide medicines. I initially did not consider keeping a budget for this kind of expenditure. However, I was responsive to the situational demand and spent money on medicines.

Scope and Limitations of the Study

Sexuality research suffers from conventional and intrinsic limitations including over reporting of normative practices and under reporting of culturally unexpected behaviors, selection bias (for example, purposive sampling to include those who want to speak) and researcher's subjective interpretations (Jenkins, 1997; Pelto, 2000; Schensul, 2000). In addition, participants' perceived fear of the possibility of being breached in terms of privacy sometimes results in restricted discussions on sensitive issues. I believe my skill in research based on a qualitative methodological approach recognizing respect for participants helped to eliminate most of these barriers.

The focus of my study is challenging in terms of its breadth. No single study could capture the full diversity of male sexuality and sexual behavior and I do not claim to capture the total diversity. However, pertinent issues of male sexuality and male sexual health concerns are covered. Females' voices which might further contribute to understanding of men's sexuality are missing in this study. As in this thesis, I deliberately pursued male perceptions of sexuality.

The long-standing debate regarding the capacity for generalization from non-randomly selected, small-scale qualitative research affects this study. The methodological strength of the research lies in offering a detailed picture of men's sexual lives in Bangladeshi society, not in determining its statistical significance or its ability to generalize findings.

Ethical Considerations

Any research dealing with human lives should ensure professional ethics. Sexuality research, sensitive by its nature, should be conducted with appropriate privacy and confidentiality. I was concerned about the protection of participants in terms of their privacy, dignity, freedom to interact, sexual diversity and respect for emotions. I had been previously involved in several sexual behavioral studies in Bangladesh where data were collected from both general and marginalized populations. These experiences allowed me to gain the professional skills necessary to work with sensitive issues in the Bangladesh context. My project received ethical approvals from Edith Cowan University and ICDDR,B.

Verbal Consent

In traditional Bangladeshi culture, many people believe that signing a paper means entering into a 'serious deed' which could put them at risk of exploitation. When raising personal and intimate issues about people's sex lives, participants feel uncomfortable giving their written consent which usually creates a 'threatened' and 'suspicious' relationship with the researcher. This may eliminate the opportunity of building a relationship of mutual trust and rapport. As the participants were adults, verbal

affirmation only was considered adequate to begin an interview. This verbal testimony was tape-recorded every time at the beginning of the in-depth interview.

Participants' Rights

Before beginning any interview, each participant was informed of the study objectives, the purpose and significance of the study, data collection including use of the tape recorder, the significance of the data and the intimate nature of the interview questions. Men were told about their rights and role in the research process. They were informed of their rights to stop the interview at any time without any obligations. In addition, they were not compelled to answer any question which they perceived impolite or sensitive. Interviews were held in a private place chosen by the participant. Alternative suitable venues were arranged on request. Reimbursement was offered to cover costs of local transport to ensure interviews, while interviews occurred according to participants' preferred daily schedules.

Anonymity and Confidentiality of Data

Real names and addresses were not collected, recorded or attached to any audiocassettes. These tapes were securely locked in my office. I personally supervised each process of data collection, data coding and data preservation. I also trained my RAs about the protection of participants' confidentiality. After transcription, audiocassettes were secured in my office and will be destroyed after several years when the research is completed.

Benefits to Participants

While interviewing, men asked many questions taking this opportunity to obtain information on sexuality. Therefore, I ran a short post-interview discussion session separately with each participant. The participants who required psychosocial counseling were offered separate sessions and if needed were sent to arranged referral services. In

the case of any request from the participants, or if I found any man requiring treatment for an STI, I either provided treatment or suggested that they seek help from appropriate health care providers. I had informed contacts with a project of ICDDR,B for HIV related counseling and testing, the Skin and Venereal Disease Outpatient Out-patient Department of Dhaka Medical College, some private STI physicians, the health clinic of Bandhu Social Welfare Society and Jaipurhat District Hospital. I purchased medicines for poor participants if required.

Researcher Reflexivity

A person conducting sex research should be open-minded. Sexuality research is quite different from other types of research, especially in terms of the sensitivity of issues raised and participants' reluctance to disclose information about real practices. The researcher needs appropriate interpersonal communication skills and a special ability to interact with people. This requires a person to be meticulous and possess immense patience. A participant may take an unexpectedly long period to disclose intimate aspects of his life. A sex researcher has to accept this delay cordially.

Academic or theoretical knowledge alone cannot ensure these skills. One of my recruited researchers was bright and did well in training sessions. However, during the field test he realized he could not freely discuss sexual issues with others, and he did not continue. I think alone with considerable field experience and theoretical insights, a sex researcher needs to learn a particular style of interaction in order to discuss sexuality issues with comfort and sensitivity.

Non-judgmental and non-discriminatory attitudes toward participants' sexual behaviors or values are essential qualities of a researcher. Discrepancy of age and marital status between a participant and interviewer should be minimized in order to reduce sensitivity when sharing intimate feelings. Sometimes participants will directly ask sensitive questions about a researcher's own sex life. For example, several participants inquired about my non-marital sexual experiences especially while residing in Australia. Since a response of 'no' to this question could have discouraged a participant from disclosing his own history to a researcher of 'good character,' I politically answered this question by laughing and saying: "it is difficult to stay without sex especially for men." This answer

provided a 'comfortable non-judgmental space' for participants who probably considered this technical answer as a 'silent' affirmation of my non-marital sexual exposure. This is a critical situation for a researcher in sex studies.

Summary

To obtain a detailed description of the complexity of meanings and dimensions of male sexuality in relation to masculinity, qualitative research methods with multiple data collection tools were chosen. Fifty men between the ages of 18 to 55, from a wide range of sociocultural, economic, educational and occupational backgrounds, were purposively chosen for in-depth interviews. I interviewed 20 key informants who influence the formation of social expectations of male sexuality and masculinity. Focus group discussions (FGDs) were conducted with 10 selected occupational sub-groups through which I obtained contested and negotiated meanings and experiences of participants and normative societal values. Understanding men's activities and interactions with other men in social venues outside the home are crucial. This was achieved by conducting non-participant observations and examining participants' referred cultural scripts.

Interviews took place in private according to the participant's preferred place and schedule. Confidentiality of collected information, privacy of interview-venues and informants' identity was strictly maintained. Tape-recorded interviews were transcribed. The inter-subjective understanding and ongoing data interpretation took place at various times and spaces through examining a wide variety of interview texts, the researchers' field-diaries, and referred cultural scripts in the form of print and visual materials. Data analysis was manually performed with some assistance taken from qualitative data analysis software named ATLAS/ti 4.1 to categorize and segment interview texts.

The following chapters (four to seven) present findings based on four specific research questions described in chapter one.

CHAPTER FOUR

MANLINESS AND MANHOOD: WHAT MAKES A MANLY MAN?

In this chapter, I describe men's notions of becoming manly and ways of achieving manhood. I asked the question *what makes a manly man* in interviews with men, key informants and participants of focus groups, to uncover men's understandings of masculinity and how it influenced love, emotions and sexuality.

Initially, the question was perceived by most participants as *hasshokor* (funny) and *boker moton prosno* (naïve) considering 'everyone' knows what it means to be a man. Most men compared and contrasted their notions of manliness with ideas of femaleness discussing issues in the framework of men-women relationships to clarify their comments and positions. "We are not women, so we are men." With this essential notion, men and women were placed in opposite poles, as men and women accommodate contrasting physical, social and emotional characteristics. In order to attract each other to marry, form families and to operate social lives, these contrasting characteristics were considered 'natural' and 'necessary.' Although many men appeared to possess equitable attitudes towards women, in-depth analyses of their statements revealed that most men held deeply rooted notions of male superiority which is not surprising in the context of the patriarchal society in Bangladesh.

The concept of manliness (*ami purush*, I am a man) was referred to men's sense of reaching adulthood (*ami praprobosko purus*, I am an adult man). Participants spoke of boys becoming adults at 18 years of age (range 18-20 years). An 'adult' means an 'adult man,' not an 'adult boy.' However, participants did not equate manliness with adult men since they claimed that not all adult men are 'manly.' Men raised the concept of *purusoto* (manhood), while often blending all these concepts and describing them in overlapping ways. The sense of manliness and adulthood was analogous to many men, but the concept of manhood had a separate dimension. Manliness was described in the framework of men's 'show-off' activities (for example, smoking and gossiping with peers, teasing girls, going out and returning late in the evening, and ignoring the permission of parents) to prove their attainment of adulthood. In contrast, the sense of

manhood was primarily measured in the framework of men's success in the context of fulfilling familial and societal expectations.

"All adult men do not achieve manhood (or complete manhood)." Thus, the concept of *purusotto* was described in a much broader and positive framework. As one participant summarized: "all adults are not 'men,' in the sense of achieving manhood, but all men are adults." This indicates a man can be called *praptoboysko* after reaching a certain age but this does not mean that he has achieved *purusotto*, especially in the sense of complete manhood (*poripurno purush*). Thus, manliness does not equate to manhood (*praptoboysko* ≠ *purusotto*). However, if a man achieves *purusotto*, it is implied that he is *praptoboysko* (an adult man). Therefore, *purusotto* means *praptoboysko*. The use of the word masculinity encompasses both manliness and manhood.

A Trip towards Manliness

In this section, I focus on men's descriptions of displaying manliness in terms of their sexuality and sexual behaviors. I argue that men's reported pathways of becoming 'manly' are conflicting, rather than consistent.

The notion of manliness varies over time, just as there are multiple notions of manliness. Men, especially young men, perform and behave differently to prove their manliness with men and women. The strategies preferred by some men might be rejected by others. Young unmarried men between 18 to 25 years of age performed some specific activities which were not reported by elder and/or married men. Issues, common with the young, gradually receive less attention with aging. Older men's recalling of issues to prove manliness in their young age were echoed in the voices of young participants.

Men aged below 22 to 25 years tend to show manliness by emphasizing physical build, having muscular bodies, watching pornographic movies, talking about women's physical beauty and teasing females, discussing sexual matters, masturbation, erections, sexual performance, sexual experience and relations with girlfriends. Whereas obtaining higher educational aspirations, engaging in 'socially prestigious occupations' (for example, physician, engineer, teacher, businessmen or banker), earning large incomes and successfully maintaining family life were discussed after 25 to 28 years of age.

The meanings of life were different while I was young. I had many friends and we gossiped about sexual matters. Although the importance still exists, we now infrequently discuss these issues. We discuss issues of our occupations, politics and country's economical issues. When we remember what we discussed in our young life to prove manliness, we now laugh. May be young men of this time are discussing similar things and will laugh when they get old (Urban, married, service profession, 46).

Young men do not prove manliness by showing responsibility for family, their future wives or children. However, this does not indicate that they would not consider these issues in later years when they marry.

While gossiping among friends, we do not say a single good thing about women. We use slang to compete with each other to prove our sexual maturity. I have to participate with them, otherwise I will be condemned and teased as being *balok* (boy). I also enjoy this. However, while staying among family members, relatives or female classmates, I never use slang or any bad word about women. That will destroy my 'good' man image. Using slang in the home environment is not appreciated and is not seen as an indication of adulthood. I have to show my careful attitudes and responsible activities to prove that I am not an 'immature boy,' rather I have grown up to shoulder responsibility (Urban, unmarried, student, 26).

The men's understanding of manliness and ways of proving manhood were shaped across the diverse context of real life situations. Within a single period, men face multiple situations in everyday life. Accordingly, men have diverse ways to prove manliness and manhood based on the norms of the context. A bus driver stated that if he did not drive fast enough to overtake other vehicles, his junior drivers and helpers would not call him an *asthad* (expert). He knew that fast driving is dangerous behavior risking his own and other's lives, nevertheless, fast driving is a norm for becoming an *asthad*. He displayed responsible behavior in his family life, suggesting that men adopt different behaviors to prove their masculinity based on the context, environment and relationships. Thus, masculinity is an ongoing and challenging process varying with time and place in men's life situations. In other words, a man may be commanding and dominating in some contexts while exhibiting subordinate and non-masculine ways in other contexts. While masculinity is fluid, I identified two dominant versions of manliness based on social context. Given this fluidity, how men attempt to achieve manliness in socially conflicting ways is the focus of the following section.

Peer and Societal Version of Manliness

Unmarried young men are involved in proving their manliness mostly by interacting with peers. This peer version of manliness is charismatic, risk-taking and comprised of 'show-off' behaviors exhibited in the homosocial environment in Bangladesh. Family and society often overlook 'manly images' of young men as they approach adulthood. Young men find being with peers as the only suitable situation to prove manliness by engaging in activities perceived appropriate for adult males. These activities are often risky and socially condemned as 'bad' behaviors or 'bad' men's behaviors and these social restrictions further provoke men into engaging in 'heroic' and 'risky' behaviors.



Photo 9. Market place (male gathering venue)

During field observations, I found that the men's world outside the home is exclusively homosocial in Bangladeshi society (see Photo 9, 10). Males predominantly occupy public spaces and social venues such as markets, playgrounds, stations, cyber cafes and clubs. Young men's production and reproduction of gender and views about women are constructed in the context of homosocial enactment.

Men tease women and discuss sexual issues to gain credit as 'men' among their peers. I spoke to attendees of several clubs both in urban and rural settings and I found young men in groups, reflecting their notions of gender superiority and commoditization of women as 'sex objects.' Men teased girls and described women's body parts in 'vulgar' language with sexual lust



Photo 10. Young men's social venues on streets

indicating their sense of reaching adulthood in the framework of dominating masculine ideals. Men discussed many other issues especially politics, and terrorism but avoided issues related to family or domestic matters.

The overall atmosphere of these social venues is homosocial. Men sat or stood together intimately and were seen to hold each other closely without showing any indication of a physical relationship. Although they sat in close body contact, their relationships were not perceived by others as being sexual. When asked, they looked surprised and said not

to think "in that way." One man added: "this is not a Western country. We are Muslims, we are friends, we can sleep together which does not indicate our sexual relationships."

Males should behave like this with males, definitely not with females. Men can hold each other openly at public without any shame. In Islam, we are allowed to embrace each other in happiness or sorrow. We do not do it with women. Males cannot show intimacy by sitting, standing, holding or hugging women in public venues. Apart from their own private room, it is even not possible in the home environment (Rural, unmarried, teacher, 30).

Young unmarried men in both urban and rural areas claimed that they had nothing to do to enjoy their free time. However, having sex with girlfriends or sex workers, performing masturbation, enjoying pornographic movies (alone and/or with peers) were commonly reported strategies for fun and enjoyment. The claim of lack of amusement facilities was constantly mentioned by key informants and discussants of FGDs. Local political parties and their supporters occupied existing clubs and social gathering venues were utilized as platforms for political activities. I was informed that these clubs were venues for activities such as gambling, drinking, terrorism and watching pornographic movies late at night. Those regularly attending these clubs had local reputations as *kharap shele-pele* ('bad' boys). However, club attendees claimed 'heroic' images, maintained a peer-group and engaged in socially undesirable 'manly' activities such as smoking, drinking, teasing girls and *mastany* (terrorist activities).

Not all participants unanimously accepted the peer version of manliness. Some young men criticized the peer version of manliness as operating in a framework of 'good' versus 'bad' men's behaviors. Generally, key informants and discussants of FGDs condemned the peer version of manliness reflecting the societal norms and expectations against 'bad' manly images. The peer version opposes the societal version of manliness, which is generally displayed to women and seniors in the family and society in order to preserve the 'good' man image. I argue therefore that manliness is a conflicting and ambiguous achievement for men in Bangladeshi society. In the following section, I have described some conflicting areas of manliness particularly in relation to sexuality issues, love and emotions.

Expression versus repression of emotions: a dilemma

Many men showed off 'manly' attitudes including anger, aggression, competitiveness, courage, struggling, apathetic, impudence, inexpressive and confidence. Although men claimed these features as manly possessions, some men claimed that male peers impose these norms on them, giving them no choice but to interact in that 'manly' way. Men's compassionate, considerate and caring attitudes for women and family were not displayed in front of other young peers as proof of manliness. An unmarried young man working in an urban hotel claimed: "if I show I am responsible for my family, I love small kids, I have a considerate mind, my friends judge me 'womanly.' They tease me as being their wife." The peer version of manliness hinders men from being emotional and 'womanly.'

Men were also influenced by females and elder members of the family to possess manly attitudes. Men who behave in ways culturally assigned for females are condemned by females and other male members of the family.

I was never encouraged by my sisters or mother for enhancing my attractiveness; rather, I received the opposite. If I spent time during my shower, stood long time in front of the mirror, brushed my hair, put powder or cream on my face, I mean, if I spent time or resources to make me attractive, my sisters teased me. My mother said I am a man, so I should behave 'manly.' She suggested that I follow my father, work hard and pay less attention on 'womanly' issues. My duty was to avoid all feminine activities. I have to be physically strong to work hard for the future (Urban, unmarried, student, 18).

Men described the difficulties in trying to uphold 'manliness.' "Every man has a tough *kholos* (an outer layer) of expression to prove his manliness especially in public. However, he has an inner 'considerate' mind." This 'considerate' mind is generally concealed in the context of the prevailing struggle to become powerful, confident and successful men. Some men argued for 'human qualities' which are possessed by both men and women, as both possess anger, yet men show comparatively more anger than women. Women do not like to disclose their anger in public to keep images of 'good' women, while expressing anger with other women, children and sometimes with husbands. A man stated: "his mother is an aggressive lady. She is very straightforward and often behaves in a rude manner. We [father and other siblings] are often afraid of her anger. So I cannot agree that men have more anger."

Men claimed that anger does not suit women as "expressive love and emotions traditionally suit women, since they are emotionally expressive. Women should be soft, compassionate and considerate; whereas men should be just the opposite." If any woman shows anger outbursts in public settings, she will be rebuked as being a 'bad' tempered woman and suspected of being psychologically disturbed. Typical attitudes and personality features of men do not 'naturally' match those women but are the opposite.

Although many men were claimed to be verbally less expressive, some identified instead intensity of feelings and the problems were with ways that men express their feelings. Socioculturally men are not expected to express their feelings of love and emotion, but are encouraged to remain expressionless. Nevertheless, some men claimed that despite this male socialization process, they had a *premo-moy ridoy* (loving mind).

To tell the truth, I am emotional, but I have to behave like a tough man...like a robot at my outer surface. However, in my inner world, I have a deep emotional and loving heart. If I express that openly, I will be labeled 'too soft' like women. If due to any reason, I get hurt, I often cry, but in the toilet, not in public. That reduces my emotion and pain. Since men are not encouraged to cry, many men often suffer from tensions and anger due to repression of emotions (Urban, married, service profession, 46).

As it is a matter of shame for men to cry in front of anyone, they cried in secret. They also might become victims of teasing by other men if they did otherwise. Therefore, despite inner emotion, men generally behave rudely to affirm their place in a men's world of toughness.

On many occasions, I feel so bad that I could cry loudly. However, I control my emotion. From my early boyhood, I was told not to cry: 'boys should not cry.' It is not true that men have no emotion or they are cruel. One day I was crying when my daughter was very sick. Both male and female relatives were asking me to keep faith on Allah and stop crying. They suggested that I become steady and to keep my patience. My wife was also crying, whereas no one suggested to her to stop crying. It seems even in family/social crises men's crying is unexpected. Becoming upset or emotional is not a problem, but expressing those emotions are considered 'womanly' since they do not suit a man. In fact, as a male member of the *purush shasita* or *pitrirantac soma* (patriarchal society), I have to control my expression and try to be an intelligent and dependable father, moreover a 'man' (Rural, married, father, 52).

If men avoided being protective and combatant, they were criticized and condemned for not having 'manly' courage; they were advised to stay at home and to wear *shari* (woman's dress) and *bala* (woman's bracelet) like a woman. This taunt was considered a serious criticism of one's manliness for "it is better to die than to wear a *shari*." One

married urban man argued that "men are human beings, not machines. They have loving hearts and their love is 'real' compared to that of women. However, they hide their emotions and intentionally behave inexpressive to be manly."

Other men complained that women were not serious about love: "loving money and ornaments more than anything else." Men accused women of preferring "a man's money and reputation. A man's loving heart is an illusion to them." These statements were not universal for some men suggested quite different approaches to male-female relationships, for example:

Women are serious about love and relationships. They express emotion openly. Men's love and emotions are transient. Men love women's bodies and physical beauty. Men fall in love with attractive women. I never saw a man who loved a woman for her 'good' mind, whereas women do not bother with men's physical attractions. Women prefer gentle and good-hearted committed men (Rural, married, daily laborer, 28).

Similar statements encouraged me to explore the meanings of love and sex in relation to manliness in men's lives. I think understanding the dynamic links among love, sex and manliness is crucial in the context of STIs/HIV and safer sexual behaviors. In the following section, I focus upon ways in which sex and love are shaped and reshaped in young men's lives.

Peer Sex Culture, Love and Manliness

The dominant peer version of manliness pressures men to behave in certain ways. Young men commonly discussed sexual matters especially women's body parts and especially the size of breasts and buttocks. They discussed the size of their penis, their sexual performance and experiences of premarital sex, for example:

When I discuss the physical beauty of females and shared my sexual experiences, then my friends consider me *baper beta* (courageous man). The more sexual experience I have, the more 'manly' I am! Therefore, sometimes, I lie to them, for example, I tell them that I masturbate everyday, whereas I do it once a month. I have told them that I kissed my cousin, although I did not. With sharing my sexual craziness and experiences, I was 'honored' by them, whereas initially they laughed when I reported performing less masturbation or my shyness in looking at women. If I want to be with them, I have to behave and talk like them otherwise I have to leave my friends (Urban, unmarried, student, 18).

The above statement raises crucial issues about peer-group dynamics in sexuality perceptions which compel young men to be immersed in the norm of 'peer sex culture.' This 'peer sex culture' is provocative in terms of explicitly discussing sexual matters, women's bodies, sexual experiences and teasing women. Men, while staying in peer-groups, follow group-norms to avoid being condemned as 'womanly.' The peer-pressure was so intense that young men often reported sexual experiences sometimes even without having any real experience. However, it is also true that some young men were engaged in premarital sex with sex workers or other women as initiation into peer culture. To these young men, premarital sex had become a symbol of 'manly experience.' However, at the same time men kept incidents of premarital sex exclusively among a close network of peers.

The 'peer sex culture' is not confined to unmarried men as some married men discussed similar issues with groups of married friends. While avoiding discussion of their personal marital life due to perceived sensitivity, men often joked with their friends and suggested they should not conduct *aatrichto atachur* (too much torture) which symbolically meant being involved in frequent sexual intercourse with wives. A few men discussed their extramarital sexual relations describing the physical beauties of 'other' women and gossiping about pornographic materials. In addition, many men reported spending money with friends for sexual amusement at pornographic movies, visiting sex workers or smoking or drinking together. To some men, these behaviors were considered 'heroic' and 'natural' for 'manly men', irrespective of any embedded risks.

Although men, particularly young men, were trapped in 'peer sex culture,' a few claimed premarital sex was 'bad' or 'immoral' behavior. "Discussing sex related issues among friends is fine, but it does not mean that some one needs to be directly involved in that which is bad." At the societal level, as reflected in voices of discussants of FGDs and key informants, ideas were stronger. Men often discussed notions of manliness and the image of a 'good' man as being interchangeable. However, men's engagement in socially unacceptable behaviors, for example, non-marital sexual relationships were commonly considered the behaviors of 'bad' men instead of 'manly' behaviors. The 'peer sex culture' influences young men to become sexually experienced, but the practice is not accepted at the broader societal level where 'manly' men were constructed in the framework of 'good' men.

The relationship between love and sex is therefore ambiguous. Some unmarried men reported their love for their girlfriends gradually moved from friendship towards sexual relations. Some reported that love was the main basis for their relationship with sex an obvious outcome of that love. On the other hand, some men claimed of 'feeling deep love' after having had sexual relations with their girlfriends. A man who married his girlfriend reported that his love was 'pure' and 'sacred' and obviously proceeded to marriage.

Understanding men's interpretation of love is a broad area of investigation which also requires women's voices to be analyzed to unfold its complexities. This study has not resolved the issues of men's love. However, sexual interactions as an outcome of love often influence men's adoption of safer sexual strategies which I have described in relation to condom use in chapter six. I have explored men's perceptions of love and sex in the framework of manliness. Men's views of love have diverse realities which are generally more sexual than romantic. During discussions, most men claimed not to be sexually 'ignorant' as proof of manliness, so sexual experiences and skill were considered 'manly.'

Men might have multiple sexual relations yet none based on 'real' love. A few men had 'sexual-love' relations with various women (girlfriends or female relatives) before and after marriage. By the term 'sexual love,' they meant sexual relations with one or more women under the banner of 'love.' However, they had no commitment for establishing any long-term relations by marriage. One man claimed that probably his girlfriend knew marriage would never be possible, yet both were 'crazy' for sex: "without sex, love has no meaning." Some unmarried young men stated that having sex with their girlfriends opened up the relationship, for example:

She had lost her virginity so she had nothing to preserve. After that incident she became free and she wanted to have regular sex. However, I became afraid because I thought I would have no choice but to marry her if I continued sexual interaction and impregnated her. Initially, I was not sure whether I would marry her. However, the desire for sex was so intense that I could not stop. Now I really love her. My sexual desire is the basis of my love (Rural, unmarried, student, 21).

Some men claimed that there is no 'real' love in this world. As one man said:

Sex or money is the main basis of love between men and women, as without sex, *bhalobasha sukai jai* ('love dries out') even between husbands and wives. Without sex you cannot keep your girlfriend or wife, if you have sex, she is

'trapped.' She cannot go to other men. Therefore, when a man says that he loves her, it means they either have had sex or will have sex (Urban, married, transport worker, 36).

Some men claimed to pursue an 'emotional love' as an indicator of a committed man or manly man, but that it is a contradiction for an emotional man to be sexually aggressive. A few men disagreed that love equals sex or sex equals love. They claimed that if a relationship is valued and exists without sexual interaction, then it can be called a *khali bhalobusha* ('real' or 'pure' love), as love is constructed in "one's mind, brain and heart, not in the genitals." Therefore, sexual intercourse could not be the basis of developing and sustaining any 'real' love relations. These men reported to have girlfriends but they denied having sex with them:

Involving in sexual relations with my girlfriend is risky because of pregnancy. If due to any reason, we cannot get married, a sexual relation may bring bad consequences for her. I do not believe in *doyhi bhalobasa* (physical love). Although I greatly desire sex, I care for her future. We are determined to marry, so why can't we wait until marriage? (Rural, unmarried, unemployed, 25).

The above statement also reflects beliefs of non-sexual love within the context of fearing of the consequences of impregnating his girlfriend. Complexity exists in understanding the 'real' vision of love and sex. One man was quite explicit about the restrictions placed on his relationship due to lacked private space, for example:

Both of us want sex, but we do not have a secure private place. We meet in the park or restaurant once a week. These places are not suitable for even kissing. If we could get a safe room, we could not avoid sex. I feel intense desire for sex and I often ejaculate by masturbation immediately I get back to home after seeing her. She also wants *mela-mesha* (sex), but we can not have sex (Urban, unmarried, student, 18).

Many men believed that in the 'conservative' cultural setting of Bangladeshi society, sexual intercourse in premarital love relations was less prevalent than in Western countries. "Men and women are 'conservative' and follow the religious 'moral standards,' therefore, they avoid premarital sex." However, this assumption is changing as evidenced by this statement:

Young men and women in Bangladesh are no longer 'conservative.' As a result of the influence of the media they are familiar with the free sexual lives of 'modern' people in which sex becomes inevitable as an obvious consequence of love relations" (FGD with teachers, urban).

Several key informants attributed these changes to the influence of Hindi and Bengali movies which are causing love relations to become common among young people in

Bangladesh. Most movies are based on conflicts within love relations which are generally shown to occur between men and women of unequal socio-economic status. These stories of *smugik osomo bhalobasha* (socially unequal love) influence young men to establish 'unequal' love to prove their manliness. In many cases, the parents and society regret such love relations. A key-informant thus argued: "real life is not a movie and these movies are destroying social and family peace by encouraging young men and women to establish 'unequal' love relations proceeding into marriage without parental permission." He argued that manliness could not be achieved through love relations and marrying someone of unequal socio-economic status.

Young men saw 'unequal' love as rather more of a challenge. They wanted to win the challenge to prove undefeated manliness. Thus, they opposed the concept of 'equality' in love relations. "Love is blind and does not care for social status. Love is more powerful than that of social or economic power. When men fall in love, they do not consider women's social status." However, married men did not utter such strong views about love relations stating that unmarried immature young men often failed to realize the problems associated with establishing 'unequal' love relations. However, after marriage, men gradually understood that emotions of love are transitory and often disappear with time and real life situations.

Love relations and marriage are different issues. A married man explained that he loved a girl from a rich family and he thought the girl also loved him. However, finally it was not possible for him to marry the girl due to negative pressure exerted by her family. He blamed the girl for accepting her family's preference. The parents of both sides suggested they forget each other due to the fear of a 'mismatch' due to the unequal social and economic status of two families. The young man became very emotional, contemplating suicide.

Findings reveal that men's emotions and love are not static. Young men's love and emotions seem intense, especially in the context of overcoming familial and social disapproval. Family and society view young men as too immature to be involved in socially meaningful and equal love relations because they could hinder happiness and destroy their educational and professional aspirations by wasting time. In contrast, young men commented that their parents and older men did not understand the sentiment and

value of their love. Therefore, they often become adamant in pursuing their love relations with women as indicators of their manliness.

A Journey towards Manhood

In this section, I focus on men's understandings and descriptions of achieving manhood which is not analogous to manliness. For an understanding of manhood, I discuss the relations between manhood and male sexuality perceptions, practices and tensions in the following section.

Married men did not demonstrate any need to show their manliness. Manliness primarily appears central and challenging for young men approaching adulthood. Afterwards the sense of manliness is transferred to manhood. Men acquire social maturity by earning and marrying through which they ultimately attain manhood. The question of proving manliness becomes less important in the context of facing *asol bastobota* ('real' challenges) to proof of manhood.

Most of the informants wanted to achieve the status of economic solvency, to marry at the 'proper' time, to achieve fatherhood and shoulder the responsibility of a family in order to prove their manhood. Some men spoke of other goals including completing education, being involved in 'socially prestigious occupations,' possessing personal leadership qualities and being honest. However, most goals ultimately concentrated on the central issue of achieving economic stability and the capacity to maintain family life successfully as responsible husbands and fathers through marriage. In the following section, I draw upon these issues.

Men, Money and Masculinity

The dependence on economic capability and stability and its importance in achieving manhood was discussed by men from all backgrounds. Money has many dimensions in men's lives as reflected in the following statements:

"Money is essential to maintain a happy family life and source of all other happiness" (Urban, married, service profession, 46).

"Money is essential to ensure good education for children" (Urban, Married, businessman, 53).

"Money is the most powerful way to achieve love and sex from any woman" (Rural, married, hawker, 28).

"Money can buy everything including educational degree" (Urban, unmarried, student, 18)

"Money can make a person a member of the parliament, even a minister" (Rural, married, community leader, 50).

While educated men generally may not earn sufficient money to gain manhood, higher education may offer social prestige and opportunities for obtaining a 'socially prestigious occupation' ultimately ensuring 'good' earnings. Economic success was seen as the key objective of educational qualifications, so without economic capability, education could not bring happiness and hence had questionable utility in 'real' life. "I know a businessman who has no education, but he earns a lot of money. No one now questions his illiteracy. Rather he is considered a successful man with prestige and power in the rural community." Participants gave many examples demonstrating that without monetary capability, men's other successes had limited meanings. Money was considered the main source of all men's power.

While many men argued that the nature of occupation or business was important, this opinion was contested, as some did not think that a doctor reached 'better manhood' due to his 'prestigious' profession compared to working class people. Men from some occupations, for example, rickshaw puller, barbers, shoemakers and sweepers did not think that their occupations were socially 'prestigious.' However, they were successful in their own occupational lives and did not think themselves to be less than 'men':

We do not do 'prestigious' jobs, but we are needed for society. Everyone will not be a doctor, engineer or teacher. I did not get any opportunity to study. As an illiterate man what can I do? I serve people. If there are no rickshaws, how will middle class-people travel? We earn money honestly by spending our valuable and sacred energy (*rokto pani kora taka*). The occupation has no honor, but the money is 'pure.' We are not robbers or do not involve in corruption like others. In terms of achieving *purnasota*, I think we have no problem (Urban, unmarried, rickshaw puller, 25).

Some men stressed that 'prestigious' occupations, such as teaching, could not make a person rich but teaching was seen as a profession for successful men. Income in this case had no impact on success of life. A teacher is respectable and his manhood is never questioned. Some men argued that the respect of teachers is not questioned, but their

social power is threatened because of their poor economic conditions. A fisherman described his life in relation to a teacher:

You cannot compare my life with that of a teacher. We are different people. My job has no 'prestige' in society. *Ami murkha mamush* (I am an illiterate person). However, I personally do not have any frustrations. My father was a *jete* (fisherman). He also wanted that I become a *jete*. I never had the opportunity to go to school. Once it caused me pain, now I am fine. I am married with two sons. I have a peaceful family. I can maintain my family with my earnings. I do not think that I am an unsuccessful man. My family members and friends think that I am successful in my business. I need to compare my life with that of other fishermen and no doubt, I am a successful man. In case of a teacher, the situation is different. *Unara gain guni marush* (they are knowledgeable and respected people). I do not know how much a teacher earns. However, I guess not much, because some teachers buy fish from me. They never could purchase expensive fish. I respect teachers and sometimes I sell fish to them by making less profit (rural, married, fisherman, 42).

A 46 year old married urban college teacher, a key-informant described his life:

As a teacher, I am respectable to my students and to the community. I have been involved in teaching for more than 15 years. The teachers now do not have the social power and prestige compared with earlier days. I successfully completed higher education and I am involved in a noble profession. At least people know that I do not earn 'black money' [bribe]. Therefore, from an occupational perspective, I am successful. However, the problem is with my economic situation. With limited income, it is hard to maintain and fulfill all the requirements of my family. I feel frustrated. If I were involved in another profession, I could earn better. Economic solvency is an important issue in men's lives, especially in the changing materialistic world. Due to the economic constraints, I feel I have no power. Rather it has often shadowed my other success. In order to improve their economic situation, many teachers have now become materialistic. Many of us do not provide adequate time for our students. We expect that students will come to us for private coaching, so that we can earn some extra money. I believe teaching is a noble profession and a teacher is the model of the noblest person in society. Nevertheless, unfortunately, we have made teaching a commodity and we have lost our professional prestige. Students know they can buy our time and knowledge. This is unfortunate. We become businessmen. A fish-seller sells fish and we sell knowledge. Where is the difference? I think by selling fish, a fish-seller is not doing any crime or abnormal work. We sell knowledge which is ideally not for sale. Therefore, claiming success in professional life is relative and difficult. A fisherman may have no institutional education and his profession may not be 'prestigious,' however, he is contributing to society by making fish available to us. I think education, occupation and income all are relative issues. Every person has both successes and failures from their personal and social points of view. Nonetheless, I believe money has enormous power in the contemporary materialistic world which can often can overshadow all other success of life.

Three common issues emerge in these statements. Firstly, lack of education was not considered a barrier to success in men's lives. Secondly, the success in education and occupation is measured ultimately in economic terms rather than social prestige. Thirdly, the issue of morality and honesty in terms of earning is given importance. A monetary

crisis has created frustration in the life of the teacher who was successful in obtaining higher education and involved in a 'prestigious' job. On the contrary, monetary solvency has overcome educational and occupational 'deficiency' in the fisherman's life. This indicates that economic capability is the major indicator of success against which other life successes are measured and evaluated.

Many men who earn money in dishonest ways, are the most powerful people in society. No one questions their manhood. Dishonest men occupied leading roles in society and participants claimed that this was true not only in Bangladesh, but in most countries of the world. One urban unmarried student stated:

The glamorous talk of honesty is a consolation of poor and powerless people of society. Besides honesty, they have nothing to get self-esteem. They claim to have fulfilled the meaning of being a man or manhood, but they are not. They are incomplete men in terms of not fulfilling the dreams of human life.

Men were asked to choose between money and 'sexual capacity' (ability to perform sexual intercourse with satisfaction). Most men chose money. They stated that with money they could treat their sexual problems. They reported that money could purchase everything in this materialistic world. Some men stated that 'sexual capacity' would not feed them, but with money, a man could marry any girl of his choice. One man argued that the poor can have sex, but they do not have economic capacity to marry or to maintain a happy family. 'Sexual capacity' alone could not assist poor men to have an enjoyable sex-life as men claimed that 'sex power' depends on the consumption of nutritious food, so they thought physically weak poor men could not perform 'good sex.' They claimed money could make men sexually stronger.

Money facilitated the life activities deemed important as men want to earn sufficient money to be able to purchase commodities of life, marry women of their choice, and peacefully maintain family life, arranging a good living and educational opportunities for children and acquiring power and prestige in society. Therefore, money could make a man socially and sexually capable or powerful. All these expectations are grounded in normative concepts of masculinity, often being equated to 'successful' men. Men's role as responsible providers and leaders of the family and men's capacity to purchase 'everything' for their personal and family happiness are at the core of this normative masculinity. Thus, the commonly reported statements encouraged me to note that men

need money to acquire and exhibit masculine power in terms of social and sexual domains.

Economic solvency alone does not contribute to achieving manhood. With economic capability, the most crucial issue is to marry and construct a family life. Family life through marriage is crucial in order to acquire a woman as wife to have access to regular sexual interactions, to father children and then successfully maintain the family life as the ultimate ideal of manhood. In the following section, I draw upon these issues.

Men, Marriage and Manhood

In this section, I focus on societal norms and men's views about marriage in Bangladeshi society. Findings suggest that male-female marriage is regarded as obligatory in Bangladeshi society. I argue that the relationship between marriage and manhood in Bangladesh is synergistic and complementary. Bangladeshi men reach manhood through marriage in the socially acceptable framework of being responsible husbands and successful fathers. After marriage, men strengthen their sense of manhood by fulfilling any gap in this model.

The societal norms of marriage were raised in focus groups and the meanings of marriage in men's lives were explored individually during in-depth interviews with participants and key informants. Findings revealed the following common goals of marriage for Bangladeshi men at the personal, familial and societal level: to form a family life through a social and religious deed (*cabin nama*); to obtain socio-religious approval to become sexually active in a faithful (monogamous) relationship; to become fathers and shoulder patrimony and to run the family as successful fathers and husbands. Through marriage, men are socially announced as mature adults and expected to take responsibility for family, wives and children. Men are also expected to maintain a regular, legal and decent sexual life with their wives.

The societal norm of marriage was stated by key informants and discussants of FGDs in an uncontested manner:

Marriage for both men and women is mandatory in every religion. Men and women are created to marry each other and form a family life, produce children, continue heredity and civilization. There should be no question of being

unmarried. Unmarried persons whether men or women are not complete human beings. We are social beings, not animals. We love each other, we care for each other and we live for each other. Marriage is the only way to achieve all these objectives of life (FGD with teachers, rural).

This statement demonstrates the reasons for importance of marriage for both men and women in Bangladeshi society and it resonates among most men in justifying marriage as the common pathway to manhood. These men essentialized the meanings and needs of marriage in the framework of masculinity, manhood and roles of successful husbands and fathers in the context of the patriarchal society of Bangladesh. Men described the obligatory model of marriage as a form of legal relationship based on religious and state rules between men and women who after marriage are named husbands and wives.

In order to demonstrate the nature of obligatory marriage customs, men suggested that if men and women remain unmarried, various suspicions grow with associated shame and blame for violation of the social order. Any such incident is considered 'abnormal' and parents are questioned and consequently the whole family is condemned. Therefore, the pressure of marriage is an imposed societal pressure on the whole family. The normality of marriage was described in a way that substantially attached the meanings of marriage for achieving manhood for men (and womanhood for women) beyond the framework of individualistic achievement in life. Rather, it has social, religious and state level dimensions and meanings.

The findings revealed two major yardsticks for men's eligibility to marry: i) reaching physical adulthood at a certain biological age; and ii) recognition as a social adult by obtaining earning capability. Both these criteria are the principal markers for Bangladeshi men to be socially acknowledged *shofol purush* ('successful men'). The relationship is synergistic as each dimension complements and reinforces the other.

After reaching a certain age (between 18 and 20 years), men are considered physically mature enough to have sexual interactions with females. However, this physical adulthood does not indicate the 'social adulthood' of men's mental and social maturity. In order to become 'social adults,' men need to reach another level of age between 25 and 30 years, when attitudes of 'instability,' 'unreliability' and 'irresponsibility' are assumed to have disappeared. Completing one's education and preparing to enter professional life are considered acts of 'social maturity.' 'Socially adult' men are considered 'stable,' 'dependable' and 'responsible' for maintaining family lives and contributing

productively to society. Family members, and society endorse men's social maturity and expect them to marry. Thus, participants equated 'social adulthood' with manhood through acquiring and accepting responsibilities for the family. "A man demands attaining manhood if he can behave as the responsible son of his parents, a responsible brother of his siblings, a responsible husband of his wife and a responsible father of his children."

Married men, as husbands, are responsible for the economic support of their wives and children. They perform the role of exclusive breadwinner and the leader for ensuring overall development and security of the family. The notion of taking responsibility for the whole family is rooted in the dominant and normative form of 'performative masculinity' among Bangladeshi men. Men who are incapable of maintaining a wife and children should not marry. The capacity to provide a living and overall support to wives and taking responsibility of fatherhood are major ways of proving manhood.

The issue of 'sexual capacity' was raised in terms of the reproductive goal of sex with wives. Marriage, wife and fatherhood were linked to each other. Most men claimed after marriage if someone could not successfully maintain a family life and failed to ensure proper care for wives and children, they would be blamed and condemned by relatives and society. Marriage was seen as an arena in men's lives where the chance of failure and being labeled as 'unsuccessful' also existed as men feel pressured to become 'successful' and 'complete.' Challenges for men therefore predominantly involve being economically solvent, sexually satisfying their wives and achieving fatherhood.

Men as providers

Many men argued that marriage has the potential to make them socially and economically productive. One man used the popular metaphor a "chair makes a man," implying that 'social position' could prepare a man to be suitable for the position. In this case, marriage is a social status that assists men to achieve manhood. Another common notion was "after marriage, due to increasing responsibility, men perform their best to earn more money and to achieve the other accomplishments of life."

The issue of the economic productivity of unmarried men was raised in focus group discussions. Participants commented that at the beginning of professional life, income is small, but it usually improves with experience. Participants stated that unmarried men have no responsibility to maintain family lives: "since they are alone, they are free like birds." Members of the family or relatives have fewer expectations of them and do not condemn unmarried men for earning less. As a result, unmarried men remain satisfied with whatever they earn. However, after marriage, men usually realize they require more money and naturally become more serious at improving their professional skills and strategies in order to increase their income.

Some key informants stated that economically solvent fathers arrange the marriages of their sons ignoring their [sons'] economic capacity to support wives. This apparently seems to counter the notion of economic eligibility in marriage. One such young man in this study reported marrying while he was still a student claiming that his father arranged the marriage with the view that his son after marriage would become responsible for the family and take charge of his father's business. The key informants also described occasions where fathers pushed their sons to get married in order to make them responsible 'men.'

Discussants of FGDs argued that unmarried men generally could not be as productive as married men. Although many men begin earning while they are unmarried, few earned sufficient money to save for the future. Participants and key informants stated that earning and marriage have complementary relations.

In contemporary Bangladesh, many women also earn, therefore, women can contribute to family income. I explored how this has affected male status as being sole providers:

My wife teaches in a school. She earns a good amount of money. However, I have never asked her to support the family. It is a discredit for me if I depend on her income. I am the guardian of the family. She spends her money according to her free choices. I do not dictate to her how to spend money (Urban, married, Businessman, 53).

The above statement indicates this man had liberal notions about husband-wife relationships as he offered freedom to his wife to spend her money and did not ask for ownership of it. However, several men retained the notion of gender dominance:

Even if I stop earning, I will remain as the guardian and leader of the family. In fact, money is not the main factor. A man, as a husband and a father, is responsible for the family especially to arrange resources. If someone fails, then definitely he will be condemned but he will not be asked to resign his post of the 'family guardian.'

This notion of shouldering full responsibility in the sense of occupying the role of family guardian was generally reflected among men from both urban and rural areas. Men did not willingly hand over the role of family guardianship to women despite their economic capability.

My wife is involved in a handicraft-factory and has good earnings. When she receives payment, I take money from her for my expenses. The family is running by her income, my support is a minimum. Due to this reason, she sometime raises her voice. When she misbehaves with me, I cannot tolerate it and sometime I physically and verbally abuse her. She often disobeys my decision and sometimes I have to listen to her. My economic incapability and her earning capacity have changed our relationship. My family leadership role is under challenge (Rural, married, daily laborer, 33).

This man acknowledged his minimum support to the family maintenance, but he did not think that his wife, although contributing to the family income could have a leading role. Without any shame or guilt, he admitted to abusing his wife due to her 'misbehavior' which he considered to be the negative consequence of her earning capability. However, his comment that "I have to listen to her" reflects at least some indication of change, achieved through women's economic capabilities. With this changing environment, men now face more challenges to preserve their dominant status. For this reason, many men disagree with women's mobility outside the home for earning. A rural key-informant claimed: "the earning capacity of a wife can destroy her domestic responsibility for the family and can make her outgoing. She will lose her feelings of shyness which is the most valuable 'ornament' of a woman." The male community leaders in a group discussion stated that many earning women often become *beyadob* (impolite). These women are seen as trying to impose their decisions on the family and exerting control over their husbands:

Women's earnings are good for the family, but that does not mean a woman will have to become 'manly' and 'disobey' her husband. Women's freedom does not mean disregarding husbands and becoming *shechachari* (autocratic). This is not good for keeping the family peace and overall social development (Rural, married, community leader, 50).

Thus men prefer to claim power over family guardianship irrespective of their earning capacity. If their income is sufficient, then there is less fear of losing this leadership role.

If their wives are earning an income however, men find it difficult to remain the sole dominant ruler in the family.

Marriage: a way to be disciplined social adults

Being a 'social adult' has several dimensions. Married men reported being treated differently with their new marital status:

After marriage, I became an 'adult person' in my family. I was given a separate good room, I was given importance and was invited to give my opinion on important family matters. My mother did not enter my room as she did before. Their attitudes and behaviors were abruptly changed. My relatives behaved differently with me. I was given separate invitation card on any social occasion. I became isolated from my unmarried friends and became close to my married friends. My unmarried friends considered me as if I had become senior to them. Marriage changed my status both inside and outside my home (Rural, married, businessman, 32).

He also reported a change of social responsibilities:

I also felt a change in my way of thinking. I understood that I am no more a young irresponsible and immature person. I have begun another stage of life. I have a wife, who is dependent on me in many ways. I cannot do things I did in my earlier alone life. Now I have to think of the betterment of my wife. My life is disciplined and framed within a family life. I have to provide time to my own and my wife's family. I have a new set of relatives and have to attend social ceremonies. Naturally, I give less time to my friends who tell me that I have changed since marriage. These changes are common for all married men.

This statement reflects men's changing notions in terms of realizing the social responsibilities of a married life. Men traditionally take over the responsibility of wives and feel liabilities for maintaining a family life. In order to respond to these traditional expectations, men allow themselves to change their behaviors becoming socialized in the marital world of men.

The concept of a 'disciplined life' after marriage was voiced by many men. One recently married man (30 years old) stated that he had married to have children and to make his life 'disciplined.' He had no 'discipline' in his unmarried life - not eating on time, returning home late night, not cleaning his rooms or clothes and not saving money for the future. Therefore, he was forced by his parents to marry and his wife was given the assignment to make her husband disciplined. He laughed and claimed "she tried her best and failed" as making husbands disciplined is a hard job for wives. Wives are not capable

of controlling husbands, especially if men prefer to be unchanged. His description of the 'failure of his wife' reflects the sense of a women's inability to control a 'masculine husband.' He recognized a change mediated by his wife within a framework of male shame and 'non-masculinity.' However, he wanted to achieve his first objective of marriage by becoming a father.

Men in this study commonly possessed the notion they are by 'nature' resistant to change. "If I want to change, I do not need any assistance. I am capable enough to change my own behavior." Findings reveal that men marry to obtain masculine dominance, not to be threatened by losing the sense of masculinity or being controlled by wives. Friends, relatives and family members often condemn men who are under the control of wives. "These men are *shugol* (goat), a common metaphor used in Bangladeshi culture. Goats are considered 'innocent,' 'callous' and *niriho* ('unoffending') animals. Men are supposed to dominate women in gender subordinated Bangladeshi society and any 'deviation' from this normative expectation is criticized.

Marriage: a passport to a 'legal' sex life

The findings suggest that marriage in Bangladesh is considered a gateway to establishing a responsible, faithful and legal sexual life. Liberated unmarried men were expected to take control of their 'free' and 'uncontrolled' sex life when married, as reflected in the following statement: "I will stop my 'sexual bad' habits (visiting sex workers) after marriage. I will have to be a 'good' man." What these men would in reality do after marriage is impossible to predict, however the tendency to see marriage as a form of social control, was clearly evident from these unmarried men's conversations.

Many participants commented that marriage could make men *ghor mukhi* (confine men to home) encouraging men to have sex only with wives and stopping all other 'illegal' relations outside wives. A rural van puller (33 years old) described that he married to have children and to 'normalize' his sex life. When inquiring about the term 'normalize,' he mentioned that before marriage he often visited sex workers to fulfill his demands. Because he had multiple sex partners, he did not consider this 'good' practice in terms of the vulnerability to health problems, economic expenditure, social prestige and a sin against religious belief. Therefore, he dreamed of marrying to begin a 'normal' and

sexually faithful life. Thus, marriage is considered the 'best solution' in terms of "normalizing and legalizing men's promiscuous sexual lives."

Marriage was considered as having the potential to purify the 'bad' moral characters of men. In Bangladeshi society, ideally both men and women are only 'permitted' to have sex within marriage. A 'good' man was thought to be 'sexually gentle,' controlling his sexual 'craziness' and avoiding committing sexual abuse or rape, controlling his urge to visit sex workers or to have any other 'illegal' sexual relations. 'Illegal' sex, a term widely used by many participants distinguished marital sex as the only 'legal' sex from all other forms of sexual relations.

Participants commented that 'illegal' sexual relations are increasing due to delayed marriage resulting from high unemployment in Bangladesh. Key informants and discussants of FGDs were in favor of strengthening religious beliefs and morals among young people and creating job opportunities to counter the problem of 'illegal' sex in Bangladeshi society. "Socially adult 'good' men should practice abstinence before marriage and only have 'legal' sex within marriage." Men, who have violated these social and religious sanctions, are condemned as having 'bad' moral characters, destroying the image of 'good' men.

Considering the probability of men's premarital sexual relations, many key informants and discussants in FGDs commented that parents should arrange the marriage of sons as they become adult. "If parents can initially support sons economically, they should arrange marriage of their adult sons." This statement demonstrates the crucial position of marriage in Bangladeshi society where parents feel an obligation for arranging marriages and for sons compromising the core notion of breadwinner as eligibility for marriage.

Fatherhood: a corridor to manhood

Some men stated that married men without children are 'incomplete men.' Therefore, after becoming a husband, the next expectation is to become a father. Impregnating wives to carry on the family heredity can fulfill the major responsibility of husbands to be successful and complete men. Men stated that every male dreams to be a father, thus, after marriage the major tension that evolves is achieving the success of fatherhood.

Some men reported not completing their studies or drawing an income, however, being the only son, they were pressured to marry to fulfill their "parents' dreams to become grandparents." In a patriarchal society of Bangladesh, having male children is the priority of most families. Thus, parents want their sons to marry and father male children to carry on the family heritage showing that "a successful man is contributing to the family." The key informants and discussants of FGDs reflected the dominant notion of reaching manhood by fathering sons.

The preference for sons is the result of parents' expectation of security in old age. Girls in Bangladesh after marriage generally cannot take care of their fathers as they have to leave their fathers' home and stay with their husbands. Several participants reported that their wives preferred to have sons as they could ensure old age security. One key-informant also stated that in the case of the sudden death of a husband, sons could take care of their mothers and family.

As fatherhood outside a marital context is considered a *joghommo* (serious) social, ethical, moral and religious crime in Bangladeshi society, none of the participants could imagine a non-marital fatherhood. I was seriously condemned by participants when I raised the issue of non-marital fatherhood. Most participants urged me, for example: "please change the topic, you may have studied in a Western country and have seen such incidents, but do not forget this is Bangladesh and it will never be accepted in our society."

Marriage: a masculine privilege

Male participants stated that Islam allows a man to marry up to four women on the grounds of ensuring equal rights and livelihood to all. Discussants of FGDs reported that in 1960s and 1970s many men in Bangladesh married more than one woman. These men possessed huge properties and were economically solvent. They married multiple women and fathered many children. However, in contemporary Bangladesh with increasing population, poverty and unemployment rates, men find it too difficult to keep more than one wife. Participants however did claim that multiple marriages still exist especially in rural society. Some men marry several women to get tangible benefits from wives' families as dowries using the social cost for male dominance.

However, women are absolutely not allowed to have more than one husband at a time. Even if a woman divorces her husband for whatever reasons and marries another man, she is labeled a 'bad' woman. By contrast, "if a man is economically capable and rationally requires multiple wives, then he can marry them." A man could marry another woman if his first wife could not procreate, was physically or psychologically sick and unable to make her husband sexually happy. The participants suggested that a wife could divorce her husband and then be able to marry another man, but some stated that a wife should not divorce her husband and marry again simply because her husband is sick, as a 'good' wife should be loving and caring. "If a woman marries multiple men and lives with them together, then it indicates she is either 'mad,' sexually 'crazy' or a sex worker" (FGD with college teacher, rural).

The continuation of the family is the most important goal for men. A man may need more children to pass on his inheritance of property, a woman does not have that ability. The concept of double standard or a male privilege was non-existent in men's thinking process, for example:

What do you mean by unequal or different behavior with women? Men and women should not behave in the same manner and should not expect similar behaviors from the family and society. Women themselves also do not expect the same behaviors and freedom. If a woman is allowed to marry multiple men and stay with all of them, the family will look like 'brothel.' It is not a question of equality or double standard, rather a question of 'normal' rules and regulations in society, a question of morality (FGD with religious leaders, rural).

Considering these double standard social norms, I argue that marriage is a social institution created by men to prove their manliness and manhood based on privileges of male gender in the patriarchal society.

Marriage and the myth of responsibility

Although men wanted to be responsible husbands and caring fathers to prove their manhood, this responsibility did not include caring for children or wives in the domestic arena. Mothers were expected to perform the everyday care for children and men had no input to child care. "Men have many other things to do. If washing, cleaning and cooking are done by men, then what will women do in the household? I have observed

my father who did not do any household work." Men claimed that female members of the family do not want men to be involved in domestic activities.

If I enter the kitchen, my mother inquires my purpose. She does not like me to do any domestic work. She says: 'You are a man, you do not need to think about the kitchen. This is our world. Look at your father he never did any work with me in the kitchen. Try to follow your father's 'manly' personality. I do not want you to do domestic work in your family life. Then what will be the function of your wife? I do not want you to see as subordinate to your wife' (Urban, unmarried, student, 18).

The notion of domestic involvement as unmanly was not supported by all men, for example:

I think there is no harm if men assist their wives and mothers with some household work. It is bad that men in Bangladesh do not perform any domestic work. I personally do not see any problem. Rather, I think all men should at least participate in some activities. I often help my mother in many ways. I can cook. I think after marriage, I will also help my wife in household work (Rural, unmarried, student, 22).

This man thought his involvement in household work was good for other reasons:

There is no work in the world which men cannot do. I can tell you if men perform domestic work they would perform it better than women. Women often take pride that they can cook. Although my mother does not like my father to participate in domestic work, I think she likes to show my father that she is doing a lot for the family and my father is doing nothing. I am not blaming my mother. However, I feel bad for my father. He was never allowed and now he really cannot be involved any more his time of life. I will not allow my wife to think that I am not doing anything for the family. Earning money is the hardest job, so men cannot be criticized for not taking care of the family. This is an injustice to men.

As seen above, although culturally men are not encouraged to be involved in domestic work, this does not indicate men are incapable, but can perform skills in all arenas of life, for example, men can "perform all work better than women." Men's non-involvement in domestic work is a traditional family practice and men enjoy seeing their wives performing these assigned duties. This concept of commanding, dominating and ordering wives in the domestic arena was seen by many men as part of their claimed 'responsibility' through which they could become masculine by controlling wives even in domestic affairs.

Men's claims of being responsible husbands and fathers does not essentially indicate their involvement in domestic activities. The meanings of being responsible husbands and fathers indicated taking responsibility for ensuring economic support of wives and

children, of supervising (not performing) all activities of the household, managing the health care and education of children and enacting leadership and decision making roles in the family. These notions are traditional masculine ideals of men in Bangladeshi society. Men's perceived 'responsibility' is constructed in a framework where the sense of domestic responsibility is predominantly missing. However, men's responsibility of non-domestic 'provider' does have potential in terms of motivating them to accept the responsibility of health and well-being of their female partners.

Summary

This chapter has shown that men in Bangladeshi society preferred being involved in specific activities with male peers in a homosocial environment. They repressed emotional feelings and showed manly toughness. They discussed issues of sexuality, male sexual performance, masturbation, and women's bodies, using slang and claim having had sexual relations with women among male peers to show off their manliness. However, a social conflict was noted among young men who faced a contradictory understanding of their manliness. These men had to exhibit a 'good' man image as the symbol of manliness to women, whereas showing a 'good' man image to peers was considered an act of 'womanliness.' It was evident from their statements that men's notions of manliness were not linearly constructed. Social pressures to become a 'good' man could initiate crises in achieving manliness. Consequently, men adopted two contradictory versions of manliness: a peer-version and a societal-version. I think this dilemma has the potential to reconstruct manliness, which is not a rigid and innate role among men.

The role of marriage in Bangladeshi society operates as the gateway to manhood. Marriage between men and women after a certain age for the purpose of achieving social and economic stability is mandatory in Bangladeshi society. Men are socially encouraged to marry when they are considered 'social adults' in terms of successfully operating economic and 'other' responsibilities for the family. Men's prevailing claims of being 'responsible' husbands and fathers actually have narrow meanings in terms of economic and leadership roles in the family and avoiding household activities and caring for children. Thus, through marriage, men prefer to reach 'complete manhood' by being dominating, controlling and authoritative husbands (analogous to successful men) and

proud fathers (analogous to reproductively capable men) from both societal and personal perspectives. Marriage also gives approval to 'legal' sexual relations beyond which other sexual relations are considered 'illegal.' Through marriage, men obtain the image of 'good' men and the responsibility of acquiring women as wives and obtaining children as fathers. Thus, the relationship between marriage and manhood is synergistic. Men ultimately claim to uphold the heredity which they perceive to shoulder in the context of a patriarchal society of Bangladesh.

The findings reveal that the meanings of manliness and manhood vary in the context of time, place and situational arenas of men's lives. Several common overlapping and inter-linked factors were identified as necessary to achieve manhood. Although conflicts, contradictions and challenges exist in men's lives, the dominant version of manhood was identified as being responsible husbands and fathers and to economically maintain the family. They wanted to be 'successful' and enjoy male privileges as an essential sanction of society and nature. However, the way of reaching manhood is not an easy, instant and fixed achievement. Rather, the pathway is contradictory and a constant ongoing process revealing a space (although narrow) for reconstruction and mutation.

CHAPTER FIVE

SOCIAL CONSTRUCTION OF RELATIONSHIPS BETWEEN MEN AND WOMEN

This chapter explores men's views about women and understandings of relationships with women in the framework of manliness and manhood. I explore how men attach meanings to the various women in their lives and the dilemma that men face in selecting women as sex partners. I describe married men's views about their sexual lives and focus on the meanings and understandings of men's sexual relationships beyond marriage.

Mothers versus 'Others': A Deceptive Dichotomy

Men divided women into two main categories of mothers and 'others.' Among 'others,' men included wives, sisters, girlfriends, relatives, colleagues, female sex workers (FSWs) and women of the fantasy world (local and foreign actresses). This classification is meaningful in terms of understanding men's double standards, and contradictory and ambiguous views about women.

Mothers are considered divine to men. No participant undermined the importance of mothers in their lives. Everyone greatly valued mothers in an uncompromising manner. The relation between mothers and children are *sorgio* (heavenly) and *sarthahin* (devoid of materialistic expectations). "If someone misbehaves with their mother, Allah will never forgive that person unless the mother forgives. Such disobedient children will never go to the heaven." Therefore, the men believed that *maer payer niche santaner behest* (children's heaven is placed at the feet of mothers) indicating the significant value of mothers from a religious perspective.

When requested to compare wives with mothers, the common response revealed that "mothers' roles are incomparable. The relationship between a person and a mother is *sorgio*. Mothers' places cannot be compared to those of any other women. Without mothers, no one could see and survive in this world." A rural student said: "my mother is in my every breathe. I can sacrifice my life for her. Every man owes an immeasurable

debt to his mother which is impossible to return. A person can have multiple women in their lives, but only one mother." The men did not emphasize their own mothers but grouped all mothers together on a universal platform of love, respect and indebtedness. A man commented: "no one in the world should have different opinion about mothers," emphasizing the universal status of mothers in a person's life. Men did not want to dominate mothers. Moreover, unlike 'other' women, men saw mothers as 'valuable persons' or representing 'places' where men could be safe and share their feelings without any materialistic interest.

Men's modest attitudes and respect towards mothers disappeared when applied to other women, including wives. Some men possessed positive attitudes towards sisters. "I lost my mother when I was a child. Then my elder sister looked after me as my mother." This man saw 'mother' in his sister. Although many men had positive attitudes towards sisters, they often described disappointing experiences claiming their sisters were 'good' before marriage being caring and submissive to brothers. After marriage, when brothers lost control over sisters, they became dissatisfied. "Sisters are changed especially after marriage. My sister now prefers to listen to her husband." Therefore, men's relationships with sisters were based on dominance and authorities. Therefore, sisters were no different from 'other' women in men's lives in terms of gender subordination.

Most men held narrowly defined views about 'other' women. They commonly did not imagine women as friends or partners. Men's attractions for and friendships with women were constructed in the framework of sexual lust and relationship, for example:

If a man says I have 'only friendship' with a woman, I do not believe it. What is the meaning of such 'friendship'? We become intimate with male friends. This friendship with women is impossible. You can say, I know her, but if someone says she is my 'friend,' it indicates he is shy to acknowledge the 'hidden' truth of the relationship. When a woman becomes close to a man, the relationship turns to a love affair where sex is an unavoidable outcome in most cases (Rural, married, father, 35).

Key informants and discussants of focus group discussions commented that friendships with women without sexual intimacy were *obis-shasho* (unbelievable). As one religious leader using a metaphor stated: "if you see *tetul* (tamarind), your tongue becomes 'watery' out of lust to taste that. Similarly, women are like *tetul*, men cannot control their sexual lust when they see them." Another key-informant stated: "men and women are like positive and negative poles of electricity. They sexually attract each other." Thus,

men's friendships with women were seen as 'doubtful' in Bangladeshi culture as one unmarried man stated:

I developed a 'good friendship' with one of my female classmates. One day she visited my residence. After her departure, my mother inquired the nature of our relationship. I explained, but she did not believe me. My male friends concluded that we had fallen in love. Some friends even asked whether we had sex. My girlfriend, my maternal cousin, accused me of an 'abnormal' friendship and threatened to leave me if I continued (Urban, unmarried, student, 26).

This incident reflects the prevailing rigid and narrow societal norms held about men-women relationships. Although this man wanted a *sadharon bandhutta* ('simple friendship') with his female classmate, people around him did not believe in 'simple' friendship. This suspicion applies to married men as well, for example:

After my marriage, it seems, I entered a prison. My wife does not like me talking to or laughing at other women. She is so jealous! I have a married female colleague. One day she phoned me at night. My wife picked up the phone. That was a disaster! She became angry and I failed to make her believe that there was 'nothing wrong' between our friendship. My friends and relatives accused me, as after marriage men (or women) should not keep any friendship with other women (or men). I also occasionally phoned her. I heard she faced similarly problem from her husband. Finally, we stopped calling each other (Urban, married, service profession, 46).

Despite the existence of non-sexual friendship, family, friends and society did not feel comfortable accepting 'friendships' between men and women, whether married or unmarried. Doubts emerged regarding the existence of 'love' in such opposite gender friendships that would proceed to sexual interactions. Many men commented that a non-sexual friendship with women was difficult as the societal pressure either rejects the existence of a non-sexual friendship or provokes the relationship towards a sexual encounter. This narrow way of seeing men-women relations in the context of sexual intimacy is a consequence of objectifying women as 'sexual belongings.' Men's authoritative and religious views about women reinforce the situation.

Islamic views about protecting the veil of women were interpreted in many ways. One *imam* described: "Allah has not permitted men to enter their mother's room without prior permission. HE has ordered all women to maintain *parda* (the veil) inside or outside the home especially in front of men as women's bodies arouse sexual lust among men." This attitude has resulted in men's consideration of viewing women as subservient to men's sexual lust. "Allah has created women to fulfill men's pleasure," or "after death, men in the heaven will be served by beautiful *hur* (women)." Thus, women should ensure

men's pleasure before and after death. Key informants and discussants of FGDs supported this notion as a social and religious norm. Wives, who are not concerned about their husband's happiness and pleasures, are labeled *hoto-vhagini* (unfortunate) and *bipoth-gamini* (deviant). The findings suggest that this male sense of supremacy is due to their privileged male gender and power of manhood over women.

One unmarried man, however had different views about women:

I believe women are more powerful than men are. A woman could sexually satisfy multiple men at a time [as he saw in the pornographic movies], but in reality a man cannot do that. Women can give birth to children, but men cannot. Without mothers' care, children cannot survive. Women cook and men eat. I think men know this truth and they are afraid of women's power, capacities and contributions to the family. Therefore, they intentionally ignore women and dominate them to hide the truth (Urban, unmarried, student, 26).

This atypical statement regarding women's power over men was discussed with participants, who generally did not support the notion. Opposing the issues raised in the above statement, participants gave various examples to show men's supremacy and women's powerlessness.

Men's power was seen to be grounded in their semen since men could impregnate an unlimited number of women. Men could penetrate any women without any physical sign (pregnancy) in their own bodies. Allah has created women for the purpose of child bearing for which women are given physical attributes for becoming mothers. Men were not frustrated by not having these womanly capacities, rather they seemed happy to avoid the 'burdens' of childbearing and child caring. Men stated that without their money and social support, women and children would die. Women could be hired to take care of children, so they did not agree that mothers were essential for child caring. Another man stated that: "if needed men can go to other women for sex, but women cannot." Nevertheless, without husbands, women would never be able to maintain a socially acceptable sexual life. Therefore, wives are sexually dependent on husbands. Thus, men are privileged socioculturally, religiously and moreover, biologically. "In every way, men are superior to women. This truth is known to women, that's why they keep silent and depend on men, otherwise, they could fight back if they were powerful." Thus, women are seen as submissive caretakers which is the focus of my next section.

Wives Are Submissive Caretakers

To married men, the prime identity of wives is as mothers of their children. The men considered children their 'property' and wives are in charge of taking care of this 'property,' for example:

She was my lover before marriage, but now she is my wife, the caretaker of the family. She depends on me for her living and survival. The sentiment of relationship is changed which is not exclusively based on love. Love is there, but now together we are a family, we have responsibility for each other. She will be the mother of 'my child' (Rural, married, businessman, 41).

Men are responsible for arranging social and economic security for wives and family members. Relationships between wives and husbands are based on a sense of ownership and responsibility. Rather than partners, after marriage, women become submissive wives and caretakers. Their authorities are officially handed over to husbands. Society expects that husbands should be capable of taking care of wives.

Men saw their wives as subordinate to them, a status derived from the religious authorities. "A wife's heaven is placed at her husband's feet." Men referred to Islamic teachings in which "a child's heaven is placed at the feet of the mother" which was exaggerated, modified and transferred to wives in the male dominated patriarchal society of Bangladesh. This belief was reaffirmed by Bengali movies where it is often displayed as a religious sanction for women to be submissive to their husbands for daily needs before (livelihood) and after death (heaven). *Imams* (head of the mosque) often convey this notion of women's subordination and encourage husbands to control their wives' and daughters' activities and movements against religious sanction by them keeping veiled and submissive. "Men are responsible for their wives' or daughter's anti-Islamic *chalcholon* (behavior and activities), therefore, men will be punished by Allah if they fail to ensure that" (FGD with religious leaders, urban).

A common notion echoed by key informants and discussants of FGDs was that: "wives' roles are like 'paddy fields.' Men saw wives as 'paddy fields' who deliver 'quality' children (analogous to paddy). Good quality paddy cannot be produced unless the field is fertile. Moreover, good paddy is required as *beej* (seed) for future production. Men are in charge of the paddy field to produce good quality rice. The notion of women as 'paddy field' indicates men to exert authority in the framework of receiving benefits from

women. Men did not see wives as persons having their own identity beyond that of mothers or wives. Instead, wives were seen as 'tools' or 'vehicles' or 'fields' through which men produce children for keeping their heredity.

Only a few men made atypical comments which opposed the conventional attitudes of women's subordination, for example:

The way we see wives is injustice to them. We work outside and earn money. However, we do not care how other matters are going on inside the family. My wife maintains the family nicely. I do not need to worry about anything. I think she is very efficient. I love and respect her for her efficiency. I think every husband owes a great debt to his wife. Nevertheless, we neglect their roles. We should acknowledge their roles and contribution to the family (Urban, married, journalist, 48).

This man acknowledged his wife's multiple roles and contributions to the family, a positive view, narrowly constructed in the context of the family and household domain. Although possessing liberal views, he did not emphasize the need for equal participation in family matters. His attitudes albeit were exceptional, yet confined to the narrow domestic arena.

Like this man, a few educated men working in the private sector, stated that wives were not the 'property' of husbands and that the relationship should be based on mutual respect, love and faith. "*Ami nari sadhinotai bishashi* (I believe in woman's freedom). I do not 'completely' dominate (*puropuri shashon korina*) my wife. I accept her opinion in family affairs and then I make decisions." When requested to explain 'complete domination,' he replied:

Hundred per cent freedom is impossible in any relationship. I myself do not enjoy hundred per cent freedom. On many occasions, I need to control my wife, when we go to market; she often forgets my financial capacity, so I have to control her desire.

Making decisions after listening to his wife, demonstrates how this man perceived gender equality. In many cases men claimed that their wives did not take decisions alone: "I need to assist her in making correct decisions." However, even men who opposed the domination of wives, in reality indirectly admitted to exerting a kind of control over their wives as a sophisticated form of 'incomplete domination': 'after listening to her, I make decisions' or 'assist her making decisions.' Naturally, a doubt exists about the nature and extent of the freedom offered by these men to their wives. Without listening to their

wives, it is hard to comment further on this matter, however, men's control on their wives whether 'partial' or 'full' is evident from these conversations.

Another progressive male television personality described his views on control:

No human, whether men or women like to be controlled or dominated by others. Rather than domination, a husband-wife relationship should be based on mutual love and respect. I never impose any decision on my wife. I believe in human dignity. However, there are many women, who misuse their freedom and often are misguided by others. Then husbands have to 'guide' their wives. If a husband is misguided, his wife should 'guide' her husband. I mean it is a mutual sense of responsibility, rather than domination (Urban, married, artist, 45).

Although initially this man seemed to possess ideas of mutual love and respect, he identified the need to control wives who 'misuse' their freedom. His beliefs that 'women can misuse freedom' and the need to 'guide' these 'misguided' women indicate a space of domination in the form of 'guidance' in his thinking process.

One young unmarried urban student provided an atypical statement which shows an entry point for the reconstruction of presumably unchangeable traditional masculinity:

My father is very dominating. My mother has no freedom at all. She suffers from mental trauma. I see her silently crying on many occasions. When I grew up, she asked me to respect my wife and allow her at least some freedom. She asked me not to follow my father's role. She explained many unpleasant things in her life which she tolerated with immense pain to maintain the family life. She taught me that without mutual faith and respect, domination could not achieve peace. I believe in her teaching especially in the context of experiencing my dominating fathers' everyday autocratic activities (Urban, unmarried, student, 26).

The above experience is crucial in terms of learning about gender relations and impacts on family life from a mother's perspectives. This shows that the family is the place where a man can learn and instigate the reconstruction of gender relations. This man did not intend to follow the model of his dominating father as he now had other options. Therefore, it is apparent that men are not exclusively passive learners in the socialization process. Men have choices to learn things differently and to be reflexive in their preferred ways which may be contrary to prevailing societal norms. Mothers can take a crucial role in teaching and encouraging their children to see things more equitably. The way a man interacts with his parents is crucial in constructing his attitudes towards gender relations in his own life.

Selection of Wives versus Sex Partners: A Silent Split

In this section, I explore how men select wives and other female sex partners based on their notions of women as 'objects of choice.' Men's secret personal sexual preference for women ('sexy *mal'*') may contradict their social opinion on the ideal wife in the form of *sundari nari* (good looking women). This could lead many men seeking sexual fantasies beyond marital relationships.

The commonly reported criterion for selecting female sex partners was physical attractiveness. Men described the indicators of physical attractiveness differently including *sundar cehara* (beautiful face), *sudoulo bokkho* ('good' size, not small, not huge breasts) and *farsha rong* (fair skin). They included *shastho boti* (sound health), *boro pacha* ('big' buttocks), black long hair and *dagor chokoh* ('expressive eyes'). Men preferred young women since with aging women lack these physical attractions.

Men reported being sexually excited by seeing women wearing undergarments with 'attractive' breasts. To many urban educated young men, Pamela Anderson, an actress in the television serial BAYWATCH, was a model of sexual fantasy. They knew it would never be possible to have sex with her and this was the main reason for the persistent presence of Pamela Anderson in their world of sexual fantasy. This kind of sexual fantasy made these young men unsatisfied with Bangladeshi women around them.

Rural men also gave similar examples of Bengali movie actresses as their preferred dream models of sexual partners. Rural married men claimed their wives disliked wearing undergarments. Urban married men claimed not to see their wives as needing to fulfill their sexual fantasies, instead they saw their wives as loving wives and caring mothers. "Sexual fantasies are *gopon nisiddha basana* (hidden restricted desires)" which are often not possible to pursue in real life. Men said they thought about sexual fantasies with women in pornographic movies, rather than with their own wives. They tended to pursue these fantasies in the real world with sex workers. Thus, men's selection criteria for sex partners were different from those of their wives. This discrepancy between reality and fantasy often creates 'unmet' and 'frustrated' notions about male sexual lust and demand. Men thought they could have enjoyable sexual intercourse with women

with attractive breasts and buttocks and wanted to visit FSWs with these physical attractions for obtaining sexual pleasure.

However, men did not follow their desire to choose women with big breast or buttocks when selecting wives. Men wanted to marry *sundari nari*. A *sundari nari* could be a 'good' wife, but may not be a 'sexy partner' to fulfill sexual fantasies. Men agreed that despite concerns about 'good' breasts or buttocks, it was often impossible for men to choose a wife with these attractions. They could not reject women who lacked these preferred beauties. Men reported that they even felt ashamed expressing these preferences and feared being labeled 'sexually crazy,' although the word *sundari* indirectly indicates the overall physical attractions. Men stated that selecting a wife is a social phenomena, where families are involved. Whereas selecting a woman as sex partner was a man's personal preference based on his sexual demand and fantasies. Discussants of FGDs stated that men should keep a 'gentle' attitude when selecting wives. Therefore, in public discussions, men could only openly discuss *sundar chehara*, a 'gentle' term publicly indicating images of face and skin complexion. Some gave importance to height and weight. The socially appreciated image of a 'good' man means decency about sexual preferences which does not allow men to explicitly express their opinion. This acted as a barrier to selecting a 'sexy' wife leading to a contradictory situation regarding the selection of wives versus other sex partners. Therefore, the societal pressure influenced men to face the dilemma of hiding sexual preference.

Apart from *sundar chehara*, the family's economic status and woman's education were considered when selecting a wife. Key informants and discussants of FGDs emphasized the importance of matching the socio-economic status of men to that of women by this metaphor: *tele jole mish khai na* (oil cannot be mixed into water). However, this social match was male biased. The men controlled by their wives were viewed as 'unmanly.' Participants commented that economically disadvantaged or less educated men should not marry educated girls from rich families on the grounds that the wives might attempt to dominate husbands. Some differed from this view arguing that if husbands have 'manly qualities,' they could control wives, and in that case could marry women from any social status.

On the other hand, participants did not see any problem in marrying less educated women or women from poor families, as "such wives are 'good,' remain submissive and caring

to husbands due to their underprivileged social status." Some men thought that wives with equal educational qualifications might create an ego problem, as they might feel equal to the status of their husbands. All these statements demonstrate men's motives to establish marital relationship with women who would not attempt to dominate them due to their educational or economical status. Overall, the social, educational or economical higher aspirations were described as essential indicators for 'successful' husbands who could establish and sustain a peaceful happy family life by marrying 'obedient' wives of any social class.

Marital Sexual Relations

I have described above how men faced dilemmas in selecting wives versus other sex partners and how the selection was male biased to dominate women. This section focuses on men's frustrations concerning the selection of wives and their gender-dominated views that influenced their marital sexual lives. Although there is a pleasurable dimension to sex with wives, reproduction was seen as the major goal. This conceptual difference between 'procreational' and 'recreational' sexuality influenced men's notions about marital sex.

Men reported enjoying sex for the initial few years of marriage. After childbirth, the frequency of sexual intercourse was reduced and the pleasure of sex often diminished as attention turned towards familial responsibility, monotony and obligatory interaction, for example:

I have been married for 15 years. For the initial few years, I enjoyed sex. After becoming the father of three children, sex became less enjoyable. My wife had similar feelings. She rarely wanted sex. Sex now happens due to the sense of responsibility rather than to physical or sexual urges (Rural, married, tailor, 42).

Some husbands reported being exhausted seeing their wives everyday and having sex with their wife year after year became monotonous. Before marriage, men expressed their frustration at the unavailability of women for regular sex, after marriage, wives' availability made husbands 'crazy' for wanting sex almost every day. Then with time, this availability made sexual intercourse 'dull' especially with wives. The availability of wives for sexual intercourse influenced men establishing relations with 'other' women. Some men claimed knowing incidents of sexual relations of other men with unattractive

domestic maids, despite the presence of attractive girl friends or wives. An interesting analogy was explained by one participant:

If a man is given *biriani* (a special rich food) everyday, he will be very happy. For few weeks, he will eat as much as he can. Then gradually his appetite for *biriani* will be reduced. After several weeks, he would not take *biriani* even though is ready on the dining table. He may seek for simple *dal-vatt* (rice and beans, generally considered food for the poor). Men always look for *baichitra* (differences) in their sexual interactions. Sex with wife lacks *baichitra*. How to blame husbands if they lack interest in wives and look for other women (analogous to *dal-vatt*). This is especially because men are by 'nature' sexually 'exploratory' (Rural, married, political leader, 48).

The meanings of sex to younger men were different. One 40 year old married man stated that in early marital life, he enjoyed sex. Nevertheless, with aging and facing many responsibilities of the family and children, he gradually lost interest in sex. The husband and wife still loved each other, but the sentiment had changed. His wife spent most of her time caring for children and less time with her husband. After the birth of their second child, the situation became worse. Although sometimes he was upset about his wife's busy involvement in domestic matters, he kept silent. As such, the relationship with his wife gradually shifted from 'emotional and physical love' towards a sentiment of 'family responsibility' in the context of provider's role. Men as providers of all amenities of life also considered providing love, emotion and sexual pleasure to wives.

Many married men were frustrated with their wives' sexual attitudes claiming their wives often did not show any sexual desire. "Wives never initiate sex, instead they often behave sexually inert." As a result, while husbands want sex, wives simply did not understand these demands or remain non-responsive. However, after the initiation of sex, some men reported that wives actively participate, whereas others claimed their wives remained inert seeming to have less enjoyment. Some men expressed their distress and claimed they wanted their wives' active participation.

Asked whether they ever engaged in sex ignoring wives' will or desire, many married men stated if they depended on wives' permission and desire, then "*mase ekbar kaj hoibo* (sex will take place once a month)." Therefore, they had no choice but to initiate sex quite often ignoring or overlooking their wife's desire and permission. Men did not consider that their involvement in sexual intercourse with their wives could in any way be called abusive. They explained that husbands have "rights to have sex with their wives" irrespective of wives' permission or desire. Women's voices in this respect are

valuable and are missing in this study. However, it seems that by marrying a woman, a man has the right and possession of his wife's body and mind, where the issue of the wife's desires, preferences or agreement in sex was missing in most men's understandings of marital sexuality.

Men, especially from underprivileged urban and rural settings, claimed that their wives never saw pornographic movies and they had no ideas about different positions for sexual intercourse and sexual acts. They claimed that their wives only lay down on the bed for man-on-top position. Some men tried to practice sex in different positions, but their wives did not like it. Sometimes wives laughed at their husbands' attempts to have sex in different positions and some were annoyed. One husband wanted his wife to watch pornographic movies to learn different positions and acts. He said that his wife never performed oral sex on him and never allowed him to do that on her. Thus, some married men experienced discrepancies between their sexual desires and real practice in their marital lives.

A married man reported after viewing pornographic movies in which men had anal sex with women and hearing from his friends that this was an enjoyable experience, he attempted to perform anal sex with his wife, but she refused and condemned her husband. He felt shame and gave up the attempt, but not his desire. His friends suggested he try with female sex workers. Accordingly, he went to a sex worker and by paying additional money, he had 'very enjoyable' anal sex. This statement reflects men's search for alternate outlets for sexual experiments and adventures which are not possible within marriage.

Most men do not discuss matters relating to sexual and reproductive health with their wives except in situations when wives suffered from white vaginal discharge or problems with menstruation. No husbands reported discussing their personal sexual health problems with wives. Some thought that talking about sexual matters with wives would be a sign of the husbands' sexual weakness or craziness. Their claims indicated limited communication between husbands and wives regarding issues of sexuality. However, men did not perceive this as problematic because communication generally between a husband and wife was limited in many other aspects of life.

Some men felt that disclosure of their problems or sexual preferences to wives could create *ojotha sondeho* ('unnecessary suspicion') of the husbands' sexuality and infidelity:

Once I told my wife that her breasts were small and that she should eat more food to improve her breasts. I had no bad intentions. I love my wife. However, she thought I do not like her. After this incident, if I looked at any woman and if accidentally that woman had big breasts, then my wife condemned me as a 'bad' man. There was a maidservant at my residence. My wife suddenly dismissed her because she had big breasts! Women are generally jealous. They only want to hear that they are beautiful, nothing beyond that (Rural, married, businessman, 32).

This statement reflects the consequences of misunderstandings and poor communication between husband and wife regarding sexuality and related issues.

In contrast to the general marital situation, a few rural and urban men claimed having enjoyable sexual lives with their wives. These men were happy with their wives' physical attractiveness, their sexual desires and activities. Some men reported viewing pornographic movies with their wives and learning many things from these movies. The husbands claimed that they both enjoyed various sexual acts, performing foreplay for long periods before sex. They claimed to understand each other's desires and expectations and their descriptions suggest that an emotional closeness and sexual enjoyment were synergistic to strengthening relationships and feelings for each other. These men claimed to engage in sex only if both partners desired it. They claimed to have no extramarital relations, enjoying sex 'perfectly' with wives. Critical to this sexual relationship was the practice of open discussion between man and woman.

Non-Marital Sexual Relationship: A Product of Masculine Sexuality

In this section, I describe meanings and rationales for men engaging in sexual relations beyond marriage. I also address some men's claims of not being involved in non-marital sexual relations. The findings are presented here from a social constructionist perspective of sexuality and masculinity.

Non-marital sexual relations in Bangladeshi society are publicly termed as *onoitik* ('immoral') and *oboydho* ('illegal') acts. All participants without any hesitation opposed sexual relations outside marriage yet some reported engaging in non-marital sexual

relations in their past or present life. The men claimed that sexual interactions outside marriage with FSWs, girlfriends or relatives immersed them in feelings of shame and guilt. Visits to FSWs were kept hidden from family, friends and relatives. Married men were adamant that extramarital sexual relations were to be avoided even more than premarital experiences. It is culturally expected that men will be faithful and monogamous in their marital sexual lives. Non-marital sex is seen as *zina* (a great sin) in Islam and viewed as 'immoral.' Any form of non-marital sexual relations are not accepted by the family or society.

After achieving rapport with participants by multiple appointments, men spoke more freely. Irrespective of admissions of non-marital sexual relations, all men were asked to discuss personal or 'other' men's experiences. This technique offered them the 'mental and social' spaces to speak comfortably on sensitive issues.

Some key informants and discussants of FGDs claimed these 'immoral' and 'illegal' practices "were not so common in Bangladeshi society" compared to other non-Muslim countries. Nevertheless, many participants opposed this statement, for example:

Now a days, men and women in our society are involved in non-marital sexual relations. Some married persons are also involved. Now people are liberal about sexual issues. The values of society are changing. People have access to satellite television channels and watch pornographic movies at early ages both in rural and urban areas. Men by nature are sexually curious and demanding. Many parents become nonchalant about their sons' love affairs considering the prevalence of non-marital sex in the contemporary society. Parents' overlooking attitudes or silence regarding premarital love affairs indirectly allows sexual relations before marriage. The availability of FSWs facilitates 'illegal' sex (FGD with NGO leaders, rural).

The presence of non-marital sexual relations in Bangladeshi society reflects social realities with regard to sexuality issues. Many participants echoed the themes of a 'changing society,' 'changing world' and young men's 'free life style' with regard to sexuality. Key informants labeled this change an influence of so-called 'modernity.'

I have categorized men's notions of and contexts for establishing non-marital sexual involvement into the following themes relating to masculine sexuality:

1. Biologically privileged uncontrolled sexual demands;
2. Men's compliance to peer-sex culture;
3. Men should be sexually knowledgeable and skillful with multiple partners;

4. Men are providers of love and sexual pleasure;
5. Double standard sexuality; and
6. Manly responses to structural opportunities in relation to sex.

Biologically Privileged Uncontrolled Male Sexual Demands

Uncontrolled sexual desire was perceived as *purusher shavhabik prokriti* ('natural' instinct) for men. This understanding of 'natural sexual demand' was so deeply embedded that men could not imagine its absence. "Sex is like *bhat* (rice) that you need to take everyday. If you take other food, you may survive for a few days. However, after that you will go crazy for *bhat* (rice) which is important for physical well-being." This married man continued: "similarly without sex, a man cannot survive. Sex is the food for both body and mind. That's why every man gets married or at least engages in sex by any means." The men thought that male demands for sex, unlike those of women, are based on biological urges. Every man's *jouno khudha* ('sexual appetite') is thought so intense that they often fail to control it and consequently proceed to sexual interaction before marriage.

The metaphor of sex as 'food' for the nourishment of both body and mind indicates its necessity and universality in men's lives. An unmarried man claimed that without a good appetite for food, a man could not have good health. Similarly, without a good appetite for sex, a man will not have a happy family and social life. In this case, the necessity of food for survival was equated with necessity of sex for a happy family. A man without sexual desire and capacity is *aopori-purnata* (incomplete), *ossaha-bhabik* (abnormal) or simply *purush-e-na* ('not a man').

Many participants argued that Allah created men with privileged biological capacities allowing them to have sex without any physical indication as may happen to women, like the rupture of the hymen, bleeding, increasing the vaginal opening, and pregnancy. Women's *soti parda* (hymen) and childbearing capacities were considered to give biological and social control over women, restricting their sexual relationships to only husbands.

In focus group discussions, participants commented that women could control their sexual desires, but most men could not. A religious leader argued that a woman is not allowed to marry several men together, while men can live with more than one wife even in the presence of another. He claimed this was approved of by Islamic law in acknowledgment of men's excessive and inborn demands for sex.

Due to unemployment, marriage is delayed. Some men in their late 20s or early 30s were frustrated claiming that they could not marry even after completing higher education. They became tired of masturbating for 10-15 years feeling a 'serious demand' for 'real' sexual experience. This rationalizes adult males' need for premarital sexual experience. Men's 'unmet' sexual demands result in sexual intercourse with sex workers, girlfriends and relatives. Key informants and discussants of FGDs acknowledged males' 'natural' sexual drive. However, premarital sexual relations were not permissible due to moral and religious restrictions. "Males' sexual urges are so intense that many of them often fail to control them and they should be checked by any means ignoring the reality of physical demand" (Rural, married, religious teacher, 46).

"Men are 'men,' so they can have sex with anyone they want. Physically they are given that freedom, although socially not" with this comment an *Imman* further added: "men's characters are like *moroger choritra* (cock). When they see women, they lose their humane sense." A traditional rural practitioner shared the story of a man of his village who penetrated a goat. He laughed and stated: "men can penetrate anything. I have seen many married men suffering from *jouno rog* (STIs) and admitting their promiscuous sexual relations."

Men's 'natural' sex drive was thought to be so intense that they could not satisfy their *jouno camona* ('sexual lust') by having sex only with wives. Thus, many undertook *jouno parikkha-nirikkha* ('sexual experiments') even after marriage. One man claimed when his friend's wife was pregnant, the doctor suggested he avoid sex with her. He became crazy and failed to control his sexual desire. He visited a 'call girl.' Thus, even during women's pregnancies, husbands could not control their sexual demands for only few months. Findings of this study reveal that men see their 'unmet' sexual desires as a biological given which is a 'natural' or 'normal' part of male sexuality.

Men's Compliance to Peer Sex Culture

In societies like Bangladesh, where sexuality issues are taboo, men tend to utilize the social support mechanism obtained from their peers to practice stigmatized sexual practices like non-marital sex. The peer-sex culture provides a social space for men to prove their manliness and manhood.

Most married and unmarried men reported their first visit to FSWs was assisted to and influenced by friends. Both urban and rural unmarried men claimed many friends had sexual experiences and continuously urged them to experience 'real' sexual intercourse. Men were teased for lacking 'sexual power' or not having enough 'manly courage' to have sex before marriage. "In order to rescue my manly image, I once accompanied my friend to a residence where I had sex with a beautiful girl for the first time in my life." This pleasant experience motivated him to become a regular client of that girl. The peer-group exerts unavoidable pressures for sexual experimentation as described elsewhere in the thesis. The crucial point here is that the norm of peer-sex culture is provocative and often stimulates men's sexual desires by threatening manliness in the case of non-compliance. To describe the nature of peer pressure, one unmarried man described:

I never thought I would have sex with sex workers. However, it happened. I am not blaming my friends, but it is true that without their motivation it might not have happened. I had the desire for sex, but I did not know how to access to and had no courage to proceed alone. I knew that some of my friends had experiences. They often asked me to accompany them. Although initially I did not listen to them in fear of losing my 'good' man image, they criticized me and laughed at me. Some even wanted to see whether I have penis or whether it erects. They also told me: *slar put bhalo mamser van koros, aoto bhalo mamus hoile, amader kharaper shathe nishis na* [you pretend to be a 'good' man, in that case better do not come to us, we are bad people]. You know it is not that easy to prevent *bondhuder chap* (peer pressure) especially if you care for your friends and especially when you have a hidden desire for sex. Finally, I accompanied them and it became my regular habit (Rural, unmarried, student, 21).

It is notable that the influence of peers on extramarital sex patronage is comparatively less than that on premarital sex. Among men who reported having extramarital sex, only a few married men received assistance and support from peers in establishing extramarital sexual relations, for example:

I always felt proud of my monogamous and faithful sexual relations with my wife. I condemned my friends who were promiscuous. They often challenged me that I might not be able to control my sexual urge if I was given any opportunity. One of my urban friends introduced me to a pretty woman as his girlfriend. I did not know her actual identity. She was a hotel based sex worker. She was assigned to seduce me and finally she was successful. However, I found sexual interaction with such an attractive woman was really pleasurable. Now I can only say I am no longer a faithful husband (Rural, married, businessman, 29).

This incident demonstrates the innovative and successful influence of peers in men's sexual lives. Some married men stated that the issue of sex quite often became the main topic of discussion among friends. Some of their married friends described their extramarital sexual experiences and teased others remaining a *sobodh boka balok* ('good foolish boy'). This kind of teasing resulted in the following expression of views:

Sometimes I also think to enjoy sexual lives like my other friends. I agree with my friends that there is no problem of having sex with other women for pleasure. *Amader jibon ektai* (we have only one life), so why not more pleasure, more fun (Urban, unmarried, businessman, 30)?

Although this man did not report initiating extramarital sex, he was in favor of extramarital sexual relations. Even if he already were involved, it might remain hidden in the context of sociocultural and religious prohibition, guilt and shame.

Men Should be Sexually Knowledgeable and Skillful with Multiple Partners

The participants considered that males should have adequate sexual knowledge and skill which should be acquired before marriage. Both urban and rural men, irrespective of their premarital sexual exposure, claimed that before marriage it is important for men to know sexual matters. An unmarried man claimed: "not due to 'bad' habit, but for obtaining sexual knowledge, it is not a surprise if men tend to have sexual experiences a few times before marriage." Learning proper sexual skills was perceived as crucial, especially for men before marriage, otherwise, "after marriage husbands cannot perform and their sex life will be unhappy."

"Learning sexual skills is not required for females, as after marriage they can learn from their husbands. But if husbands are ignorant, then how a wife can learn?" This notion was prevalent as wives were considered passive learners and should be sexually ignorant. Participants claimed that in Bangladeshi culture most women are conservative. Wives'

silence in sexual matters was considered 'normal' and 'expected.' Men should initiate and control sexual interactions, timing and venues and wives should respond to men's desires. When asked the reasons for wives' passive roles, men emphasized 'good' and sexually 'gentle' images of women. They commented that a wife's sexual 'craziness' was a matter of shame since it could destroy this 'sexually innocent' image. Moreover, if any wife shows sexual 'craziness,' then it is considered the husband's failure in controlling his wife's sexual desires. Therefore, the issue of sexually controlling wives was seen as men's responsibility since failure could increase the possibility of a wife's promiscuity and question the husband's sexual potency.

Becoming sexually knowledgeable for men was necessary not only to teach their wives, but also to 'perform good sex,' (prolonged sexual intercourse to satisfy women) otherwise, after marriage wives might be frustrated by observing that husband's 'bad performance.' "Men must learn how to improve sexual performance." To learn sexual skills to become a *jani player* ('sex expert') it is crucial to have sex before marriage. The issue of 'sexual performance' was a significant concern noted among men from all backgrounds. I discuss this issue thoroughly in chapter seven.

Few men claimed any positive effects from extramarital sex for understanding women's bodies, women's sexual demands or how to meet women's sexual requirements. One such man claimed: "I test my sexual power with other women besides my wife and I am confident of my sexual power. I can make any woman sexually satisfied." He seemed confident and his perceived his own ego as that of a 'sexually powerful man' manifested in his claims of "making any woman sexually satisfied." This reflects a 'manly capacity' to seduce any women to prove and improve sexual performance and being accredited by women in non-marital sexual relations.

After a few years of marital life, one man noticed that his sexual performance decreased as his wife often expressed her dissatisfaction. He became upset and sought to regain his sexual potency by visiting FSWs as suggested by his friends. His male ego of 'masculine sexual potency' was threatened by his wife's accusation and he felt ashamed and wanted to "die rather facing [having sex with] a woman with compromised sexual potency."

One married man described his status of confusion regarding his sexual potency and his strategy to improve his skills:

I perform sexual intercourse only for few minutes. My wife never expressed any dissatisfaction. I think she feels shy to openly telling anything related to her sexual demand and pretend to be happy or what? Is she happy? To find the answer, I first went to have sex with a sex worker to get her feedback. She suggested improving my performance. I kept going to different sex workers. They know many sexual techniques. It is good to learn from them and then apply with wife. I believe my performance is better than before (Urban, married, cinema hall staff, 32).

Men are at ease with sex workers as one married man claimed:

When I visit sex workers, I do not have any tension about performance. FSWs want me to ejaculate as soon as possible. I never consider last longer. Nevertheless, every time I go to a sex worker, I perform very well and I feel happy (Rural, married, van puller, 33).

This statement reflects the pervasive tensions regarding men's sexual performance and perceived techniques of improving the situation by engaging in sex with sex workers. If men do not feel threatened to perform well and if their masculine ego of sexual performance is not hampered while having sex with sex workers, then their visits to FSWs would continue to increase. This might also increase their vulnerabilities in the context of unprotected sexual relations.

At this point, the question arose about men's understanding of love, emotion and sexual pleasure in the context of marital and non-marital sexual relationships. The following section focuses on this issue.

Men's Notions of Love and Sexual Pleasure

Rather than emotions, participants claimed that men commonly felt sexual lust for women's bodies and participated in sex for pleasure. Key informants and discussants of FGDs commented that some men even exploit love relations for establishing sexual interactions knowing that marriage is not possible. They claimed that women only participate in sex for love and emotional commitment to a relationship.

Some participants claimed that sex has social and emotional realities and meanings in the context of a sexual relationship. An unmarried man stated: "I love women's *dudh* (breasts), *pacha* (buttocks) and *joni* (vagina). When I penetrate the vagina, the feeling is *sorgio* (divine). I cannot express. I feel I should go further deep and deep to her."

Similarly, a married man stated: "the vagina is so soft, wet, and warm....I can feel her whole body in my penile-grip, an extraordinary feeling that a man cannot get by any other way." A married man stated: "during sexual intercourse we become snakes, we embarrass each other's body so tightly, we both are naked, kissing, sucking breasts, caressing....all together you can say an extreme closeness of two bodies and minds....that is only possible in sexual intercourse." These statements reflect the emotional dimensions of pleasure in sexual intercourse in the context of a committed relationship. Unmarried men also described their sense of emotional closeness and sexual intercourse.

After I had sex with my girlfriend, I think my emotional attachment increases to a maximum level. I became a different man. *Amar jiboner chaite besi bhalobasi* (I love her more than my life). I know how deeply she loves me, by believing in my love, she surrendered her most valuable asset, virginity, to me (Rural, unmarried, factory worker, 26).

This suggests that notions of love and sexual intercourse are immersed into relationships, emotional attachment and commitment for each other. One man claimed that he loved his wife and he tried to prove his love in many ways. He claimed that the loving feelings expressed through sexual intercourse were incomparable. In his marital life, sometimes he had small disputes with his wife and both stopped talking to each other. He found that nothing could normalize the situation better than sexual intercourse, which worked like 'quinine' (medicines to treat malaria). This indicates that sexual intercourse has deeper layers of meanings beyond physical pleasure to men. The men claimed that sexual intercourse was the 'natural' expression of love in a 'real' relationship as through sexual acts men and women show caring attitudes for each other. Sex is the consequence of the depth of a relationship, trust and commitment for each other.

Men's emotional expression during sex especially with wives and girlfriends has other dimensions. Some men claimed without emotional closeness and the expression of love for each other, sex becomes only discharge. When asked why they wanted to be emotionally expressive to their partners, a married man stated:

If I do not express my emotions, show my love and feelings for her body and mind, if I do not play with her body, instead just penetrate her, then sex often ends without any pleasure and mental satisfaction. My wife likes more emotional things than penetration and ejaculations. If I do all the other little things besides penetration and pass time, my initial serious excitement gradually reduces and then I can last longer (Rural, married, businessman, 37).

Unmarried men also described similar situations:

I do not start sexual intercourse quickly. I show my emotion with her [girlfriend]. I talk a lot during making love. I kiss her on her whole body. I do many other things [laughing... you know what to do] to make her excited and emotional. At the end, when she seriously wants me to penetrate her, only then I begin intercourse. I noticed that at that moment she does not bother for timing or anything. She wants me inside her body. She feels happy and after ejaculation we strongly embrace each other for a few minutes. The whole event becomes excellent. If without doing these emotional things, I just penetrated her, I could get pleasure but I might experience early ejaculation before she felt any sexual excitement. If a man ejaculates before his partner feels sexual pleasure, then the whole situation is a mess (Rural, unmarried, student, 21).

These expressions of emotional attachment to sexual intercourse contradict the conventional expression of dominant male sexuality. Aside from FSWs, men considered other sex partners in the context of love and emotion. Men, who are conventionally expected to be unexpressive, became expressive when describing their sexual relations. This discrepancy between men's culturally expected unexpressive notions of masculinity in other areas of life and his emotional expression in sexual interactions may have diverse explanations. It may be that sexual intercourse in a mutually understandable relational context provides the space for men to be emotionally expressive.

However, it seems the emphasis on emotional attachment is grounded in the masculine image of a sexually 'successful' man. Both married and unmarried men claimed that emotional involvement with their partners during sex was important to reduce any chance of 'unsatisfactory performance.' Men reported emotion during sex could save 'face' in the case of any 'failure' or 'bad performance' (early ejaculation). By showing emotional acts, men reported they were able to control their sexual excitements, which facilitated their delayed ejaculation. Therefore, men's emotional expressions during sex may not contradict their dominant masculinity. Instead, men's emotions in sexual encounters are ways of achieving a 'masculine win.'

Many men claimed that sex is an inevitable part of love relationship and as such men's involvement in sex with girlfriends was an unavoidable outcome of such love and emotional relations. A few men claimed that if men did not make love relations with other women besides wives, extramarital sex could not destroy a family. Instead, extramarital sex was described as beneficial for male sexuality:

When I become bored with marital sex life, I go outside. After that when I return to my wife, I regain sexual interest, emotion and love for my wife. Therefore, my extramarital sex is for making my marital life more pleasurable and making my

love deeper and certainly not to destroy anything. My wife knows I have this 'bad' habit, she only warns me not to marry another woman. Extramarital sex with FSWs is not her major concern since she knows the relationship is not based on love. She does not like to share her *estrito* ('wife-hood') with any other woman and she knows I love her (Rural, married, cinema hall staff, 27).

Along with other issues, this statement shows that extramarital sexual relations are seen as men's 'natural' promiscuous version of masculine sexuality which is not based on love, but on their promiscuous *shobhab* ('nature').

Men's understandings of sexual pleasure, dimensions of love and emotions are complex issues. Men possessed contradictory notions about the relationship between love and sex. These contradictions and complexities exist in the following notions: i) true love moves towards sex versus sex initiates love relations; and ii) without loving relations sex becomes less enjoyable versus sex with FSWs is more pleasurable where there is no sense of love.

Many men exploit and utilize the sense of love and emotions in their sexual aspirations based on situations and necessities. Some men also monopolize love and emotional relations in the sense that they see themselves as the providers of love, sex and pleasure just as they provide many other things to women in family life. The need to be the providers of love and pleasure constructs men's dominating relationships with women.

Double Standard Sexual Notions

Double standards regarding sexuality were prevalent among the participants. Sexual relations outside marriage were seen as the perfect area to demonstrate a man's gender privileged dominating status. Premarital sex is not acceptable for men and it is particularly inadmissible for women. It is important to note that men used many adjectives like 'particularly,' 'completely,' 'seriously,' 'gravely' to describe the rigidity of restriction against sexual relations outside marriage for women. Although men equally condemned non-marital relations for both men and women, the general view was held that men may deviate from that which is 'unacceptable' but not 'unexpected,' but women 'should' not deviate since it is both 'unacceptable' and 'unexpected.' Some men argued that 'free sex' could make a woman "sexually crazy, free and demanding and out of control." These notions reflected men's fear in losing control over women.

Men's notions of sexuality are evident in the following conversation:

Question: How will you feel if you know your wife has extramarital sexual relations?

Answer: Impossible, I do not believe she can have sex with any other man beside me. She loves me so much.

Question: *Kothar kotha*, (let only think), she has extramarital sexual relation, how do you see that?

Answer: Impossible [repeat]. In fact, I never thought in this way. If she has any outside relations, I will certainly divorce her. I will not tolerate her unfaithful behavior.

Question: You are having extramarital sex, but you do not see it as your fault, rather you believe secretly that it has a good impact on your life, whereas you want to divorce her for same behavior. Kindly explain.

Answer: Men and women are not equal. The way you are freely talking to me about sexual issues, can you do that with any woman? See... this is the difference, men and women are treated differently and are not expected to do the same thing. I think as a man you also know this reality, but I do not really understand what you want to know from me. You are married. If it happens to your wife, what will you do? I am sure you will not allow your wife to have sex with me [his voice seemed angry] (Rural, married, cinema hall staff, 27).

At this point in our conversation, the man was irritated and his face became aggressive. I did not proceed further considering the sensitivity of the issue. This experience demonstrates men's double standards regarding masculine sexuality as a sensitive issue and that men cannot even question these double standards, for example:

Men drink, take cigarettes and watch pornographic movies. I am not saying these are 'good' behaviors, but the truth is that many men ignore whatever is 'good' or 'bad,' and often engage in these activities. However, if women also do this, then family life will collapse and society will be destroyed (FGD with farmers, rural).

The men implied that any bad activity can be performed by men, but not by women. When asked why, the simple logic was "they are women, not men. Men are different from women, men can be bad, women should not be." Therefore, the double standard notions are deeply embedded in the gender segregation and inequality of everyday life including sexual activity.

Manly Response to Environmental and Structural Opportunities

The men interviewed utilized various environmental opportunities to pursue sexual experiments. This was in stark contrast to their conventional approach to searching for opportunities in other areas of lives. Many rural married men had lived in other districts or foreign countries for occupational opportunities and discussants of FGD reported some

incidents where male neighbors and relatives took the opportunity to seduce lonely wives. They claimed that searching for and successfully finding such opportunities were part of their character.

Some participants reported easy and cheap accessibility to FSWs in both urban and rural areas. This encouraged many men to pursue multiple sexual partners. Some common metaphors were used to explain the situation.

If food [analogous to FSWs] is cheap and ready to eat [analogous to sex], then why would a man delay?

If chicken [analogous to FSWs] is made available to the fox [analogous to men], then what will happen?

These metaphors reflect the idea that men are not responsible for their practices and in fact that environmental or structural factors encourage them in these practices including multiple sexual relations. The availability, accessibility and affordability of FSWs in urban and rural areas were catalysts for men's commercial sex visitations.

Many participants believed that people in 'Western' societies are permissive about premarital sex in their 'modern' sexual cultures. Some participants used the concept of 'modernity' in sexual life as well. Modernization has both positive and negative sides.

Now we live in the 'modern' world where things are 'modernized' and 'commoditized.' If peoples' dresses and make-up can change, if TV channels and programs can change, if food habit and restaurants can change, if educational aspirations and institutions can change, if politics and economics can change, if cinema, dramas, poems, novels can change, then why do you think people's sexuality will not change? Male sexuality especially is more vulnerable to change before anything. Young people are against traditional lifestyle. They are progressive and I believe the influence of 'Western' modernization in the form of cultural diffusion has influenced their so-called progressive minds to live a free life where sexual promiscuity has become common as it is seen in 'modern Western' lives (Urban, married, teacher, 50).

Thus on the negative side, this man mentioned changing attitudes towards sex and the 'mechanization' of human feelings in terms of not showing respect to seniors and lacking love for younger people. "Men, especially young men, who claim to be 'modern,' now compromise their sexual faithfulness and accept free sexual lives as indications of 'modernity.' Another key-informant opposed the relation of modernity and sexual infidelity. "We misuse the term modernity to rationalize our moral degradation in the name of modernity."

Involvement in sexual relations outside marriage was thus perceived as the outcome of global changes and part of modern sex culture mainly introduced by men. Most amenities of the developed 'Western' countries are considered 'modern' and men are the first authority to take the lead to welcome, accept and introduce new, challenging and interesting things into society under the banner of 'modernity.' This is the case for male sexuality as well.

Participants, particularly key informants and discussants of FGDs, blamed the media for encouraging unmarried young men to be involved in sexual relations outside marriage. The men reported exposure to varieties of pornographic materials. Men's sources for pornographic materials were checked and found authentic during field observations. In urban areas, many video shops had a wide variety of videocassettes and video CDs for rent. Although pornographic movies were illegal and were hidden, their availability was clearly evident. In rural areas, although the number of video shops was limited, the availability of pornographic movies was not a problem. Even in remote areas, where there was no electricity, a few mike-renting shops near rural market places had video players and videocassettes. People could rent pornographic movies from these shops (see Photo 11).



Photo 11: Video /VCD rental shop

I interviewed two employees of such video/VCD shops in both urban and rural areas who reported easy availability, accessibility and a high demand for pornographic movies. Pornographic X-rated movies are illegal in Bangladesh. This has made the business underground, but still has not affected availability or accessibility. The hard-core pornographic movies were in high demand and were a significant source of income for video/VCD shops. 'Western' pornographic movies were in the highest demand. I was informed that men preferred movies of 'big breasted' white-women. They reported men of all ages were the consumers of these movies with particular prevalence of men between the ages of 15-30 years.

The satellite television (TV) operators in urban areas with the latest Hindi and English movies showed pornographic movies at midnight. These satellite TV connections were initiated at *Thana* level but were extended to nearby villages with electricity facilities.

The availability of pornographic movies through satellite TV connections was checked and found to be authentic.

Several rural participants mentioned a cinema hall near the train station of Jaipurhat where pornographic movies were on regular show (see Photo 12). I observed two of these movies with one ticket. I found that both were soft-core pornographic movies. Some men in the audience became aggressive and demanded to see hard-core scenes. Then suddenly the cinema hall authority showed hard-core scenes from another movie, a process locally known as a 'cut-piece' show.



Photo 12. Advertisement of pornographic movies on cinema (rural)

Men of various age groups (14-40 years) attended the show hiding their faces under chairs when the light was on during interval, reflecting their fear of being 'seen' and losing social prestige. I saw some FSWs around the cinema hall who, according to staff at the hall, were available for sex. These FSWs could be taken to nearby boarding houses or sexual interactions might take place in the street near the station late at night.

The availability of sexually explicit pornographic materials including movies even in remote rural villages was reported as one of the main motivating factors for young men seeking early sex. Many participants claimed that satellite television channels are destroying Bangladeshi family's conservative ideology. Participants claimed that the media influenced men to make them "sexually smart, wild and seductive to attract women." Some participants claimed that men became sexually 'adventurous' and 'crazy' after watching pornographic movies, wanting to enjoy sex in many ways with 'sexy women.' Men may then seek a variety of women outside marriage as objects of sexual pleasure.

When investigating the idea of the structural opportunities of 'modernization' and globalization; urban key informants and discussants of FGDs identified the new culture of 'cyber cafés' which they named as urban venues of 'sexual stimulation.' In this era of global communication, pornographic websites have become a new addition to men's world of sexual desire and fantasy. Several cyber cafés give young men easy access to pornographic websites through internet use at cheap rates. These cafés were divided into small rooms (cubes) by a solid wooden board to maintain privacy (see Photo 13.). Furnished with a table, chair, computer and internet connection, any one of any age can

have access to the internet by paying less than a dollar for an hour. During my visit, I watched male clients, particularly young men, occupied all the small rooms. Shop owners ensured the privacy of their clients and did not interfere with internet activities of users. I was 'unofficially' informed by a staff member that young men mostly browse pornographic websites. Urban young particularly educated participants



Photo 13. Model of a cyber café

described these cyber cafés as safe places offering new 'modern' spaces for sexual fun and enjoyment.

Sexual Fidelity: Positive Constructions of Masculinity

I have explored men's non-marital sexual relations as constructed in the realm of male dominated aspects of masculine sexuality. I now show how men's sexual fidelity is motivated by positive constructions of masculine sexuality motivating me to argue alternate versions of masculine sexuality which potentially could encourage appropriate sexual behaviors in the AIDS era.

Image of a 'Good' Man and Sexual Fidelity

Men commonly mentioned the importance of keeping 'good' images among friends, families and society. In the realm of sexuality, notions of avoiding 'bad' habits of non-marital sex were reported as positive criteria. Not all men were motivated to pursue socio-religiously condemned sexual relations on the grounds of 'immorality' of *oboidho jouno somporko* ('illegal' sexual relationships). The concept of *boidho* ('legal') and *oboidho* ('illegal') *jouno somporko* (sexual relation) stemmed from the familial, social and religious pressure to preserve a 'good' male images. 'Good' men are assets to families, societies and the state: "we should respect them for contributing to many good things for us." 'Bad' men cannot play any positive role for the family, society or the state. The following statement reflects this reality:

Why should I engage in a sexual act before marriage? It is not good behavior. It is highly condemned by Islam. If I engage in this, I will be labeled a 'bad' man. Men are generally condemned for many inhuman behaviors. As a man, the first thing I have to ensure is to become a *bhala manush/purush* ('good' man). Some of my friends are involved in sex with various females including FSWs. They are not only 'bad' in their sexual lives, but they are involved in other 'immoral' activities. They do not respect women and seniors. Some have not completed their education. I know their 'bad' behaviors make their parents unhappy and the family suffer. I cannot tolerate the idea of my lifestyle making my family suffer (Rural, unmarried, student, 22).

This statement demonstrates a 'good' man's social capability in terms of contributing to positive things for the family, society and the country. This also reflects men's religious beliefs as one of the major underlying reasons for the avoidance of perceived sinful acts. Therefore, the construction of manhood in the framework of 'good' men has the potential to encourage men to avoid many undesirable behaviors which put their health and well-being at risk.

The relationship between religious beliefs and sexual fidelity is an interesting and neglected area of research and is out of the scope of this thesis. However, some men claimed a link between their religious beliefs and faithful sexual behaviors. Although this complex link cannot be resolved in this study, the findings reveal that the familial, social and religious pressures on men to become 'good' men contribute to sexual faithfulness.

Peer-Support and Sexual Fidelity

Peers are seen as powerful agents who influence men in pursuing various harmful sexual practices. However, some married and unmarried men reported having some 'good' friends who never encouraged them to engage in 'immoral' sexual behaviors. Instead, they acted as catalytic agents and motivated their practicing 'good' behaviors. A popular proverb was uttered: *sot songe sorgo bas, osot songe sorbonas*, which means "friendship with honest companions influences a person to achieve success in life, but friendship with dishonest friends ruin lives." Thus, men claimed their alertness when selecting friends, for example:

Young men do not realize the importance of good friends; only with maturity do they realize. Those who remain unaware or careless, often suffer many crises in life. I was careful. I always made friendships with good students with good characters. I got many benefits from them. Even at this age of 40, I am very careful about choosing friends. Good friends are assets in life. They encourage us

to do good things and I must say without their support I could not achieve many successes (Urban, married, father, 40).

In terms of developing positive perceptions of sexuality, some examples in the findings demonstrated the various benefits that men obtained from their 'good' friends. One unmarried man stated to his friends that he wanted to have sex with FSWs. His friends seriously condemned him for this idea. They discussed the many negative impacts of premarital sex including the chance of sexual diseases. "We are good friends. We should think good and do good things for each other. I know many go to FSWs together, but we should not do that." These unmarried men claimed that they never encouraged each other to become involved in any 'immoral' activities. "Friendship is not to destroy, but to build each other. My friends always warn me not to be involved in sex with my girlfriend, because accidental pregnancy will destroy the prestige of both families." This statement shows the strength of peer-relations if based in a framework of responsible manhood.

Some married men described help they had received from their friends. One man in urban area stated:

Once I developed bad relations with my wife. We could not tolerate each other. I was upset, one day I wanted to drink and I requested my friend to accompany me to a residence based FSW. He requested me not to be involved in this bad behavior. He took me to his home. I explained everything to him. Then on the following day, he visited my wife. He arranged a meeting of three of us. He worked like a moderator and tried to solve the problems. He was successful. He made both of us realize our mistakes and the gaps in our understanding. He saved our marital life. I am greatly indebted to him (Urban, married, service profession, 46).

This incident reflects the valuable support of a friend, who prevented the married man from pursuing sexual relations outside marriage and even helped re-establish his marriage. Although this was a single example, its significance cannot be overlooked. Some married men expressed responsible feelings for their friends and demonstrated their supportive roles in various ways.

Love, Marriage and Family

Some men claimed to be in 'deeply in love' with their wives. Faithful and committed relations with a wife were perceived 'strong enough' to prevent a man's sexual dishonesty. These men believed that pleasurable sex could only be achieved with loving

wives, not with 'other' women. The value of love with wives was prioritized and sexual interaction within the marital context was seen as more pleasurable.

Maintaining a happy family life with children was considered more crucial than having extramarital affairs. Some men reported that they were committed to maintaining a peaceful family and social life. By engaging in extramarital sexual relations, they would risk destroying their happy peaceful family life. They believed that if they were involved in sinful extramarital sexual relations which is a *kabirah gunah* (greatest sin), Allah might punish them through their children's disease and ill health. They valued their children and did not want to demolish the peace of the family and lives of their children. Moreover, they believed that successful men should have peaceful and happy family lives. Thus, the construction of a 'successful man' was equated with manhood and avoiding sexual promiscuity.

Some unmarried men claimed that if they engaged in sex with their girlfriends, the meaning of *pobitra bhalobasha* ('sacred love') would disappear. These men reported that 'real' love does not depend on *daihi milon* (physical relations). 'Real' love could "die if sex happened before marriage." Some unmarried men reported their sense of responsibility in their premarital love relations, for example:

I should behave responsibly with my girlfriend. It is easy to convince her to have sex. However, it does not mean that I will take the chance. If I have sex with her and due to any reason if we cannot marry, then I will not suffer, but she may suffer. Additionally, premarital sex may result in unwanted pregnancy, then it will be a disaster for her. I am a responsible man, not immature. I should not exploit her for my physical pleasure (Urban, laundry staff, unmarried, 27).

In expressing his opinion about seeking sexual relations with women, this man had developed love with a girl in order to avoid any 'illegal' sexual relations. He thought men who were engaged in premarital sex had developed a 'bad' habit which would persist even after marriage. 'Real' love has enormous power to make a life successful: "my love relationship has made me a responsible man." One man described men's love in the following way.

Love and emotions are human qualities. Men are not animals. They should be loving, emotional and should not hesitate to express that. Men are generally straightforward in their ways which are often misinterpreted as 'non-expression' and 'rude.' I know many men are expressive and emotional. Expressions of love prevent dishonesty (Urban, married, journalist, 48).

This man did not see himself as non-masculine. Rather, by using words such as *vonita kore na* or *mukher upor kotha bole* ('straightforward'), he demonstrates a positive dimension in terms of his overall understanding of love and emotion. The conventional male model of 'unexpressive manliness' was opposed and challenged by these men who thought that the expression of love and emotion could protect them from sexual dishonesty.

Summary

Men's categorization of women as 'mother' versus 'other' reflects male notions of double standards and their contradictory and ambiguous views about women. The findings show narrowly defined views about women as subjugated in a subordinated status and these views are extended to wives creating unequal sexual relationships. Religious sanctions further fuel the norm of a patriarchal and hierarchical society. Rather than seeing women as persons or partners, many men consider women as 'sex objects' having attractive bodies for pleasurable sex. When selecting women as wives, social considerations hide men's 'unspoken' preferences for sex partners creating an ongoing frustration. Wives are necessary for producing children, through which men may achieve manhood. Thus, men's prevailing notions of sex with wives were constructed in the framework of responsibility and reproduction, whereas sex with 'other' women was for pleasure and fantasy. This influences some men to find marital sex monotonous causing them to seek non-marital sexual relations. Men's respectable notions about mothers but undermining tributes about 'other' women are contradictory. They tend to weaken the rigid gender order and relations, but they also open the possible reconstruction of men's views about women.

Despite notions that non-marital sexual relations are 'immoral' and 'illegal,' Bangladeshi men pursue non-marital sexual relations as part of their constructions of masculine sexuality. While some men engage in sexual practices outside marriage to prove their manliness, they also attempt to achieve manhood by initiating 'legal' sex lives within marriage as evidence of 'successful' and 'good' men. Moreover, religious sanctions play inhibitory roles. I argue that masculine sexuality, although having a negative impact on men's lives, has the potential for the reconstruction of the traditional view of masculine sexuality as voiced by some of the participants.

CHAPTER SIX

SOCIAL CONSTRUCTION OF SEXUAL RISK, SAFETY AND PLEASURE

Safer sex includes protected vaginal, anal and oral sex by using condoms and other non-penetrative sexual activities where there is no chance of exchange of bodily fluids such as blood, semen and vaginal fluid between sexual partners. Men's perceptions of risk and notions of sexual pleasure need to be understood for strengthening safer sex intervention.

This chapter describes how the men interviewed perceived risk and safety in diverse and complex ways, and negotiated various sexual acts in different relationships. I focus on safer sex activities and the social dimensions of sexual pleasures and condom using behaviors.

Nirapod Jouno Milon (Safer Sex)

The English word 'safe sex' or 'safer sex' has no Bengali equivalent. It is translated as *nirapod jouno milon*. The word *nirapod* means safe and *jouno milon* means sexual intercourse. Thus, the term restricts its meaning to sexual intercourse and excludes all other forms of non-penetrative safer sexual activities. The findings of this study suggest that the term *nirapod jouno milon* conveys confusing meanings to participants irrespective of their educational backgrounds. Many men, including educated participants, initially did not understand *nirapod jouno milon* without elaboration of the concept of safer sex.

Men commonly asked "how can *jouno milon* (sexual intercourse) be *nirapod* (safe)? Some educated men understood that *nirapod jouno milon* may refer to condom use during sexual intercourse. Most men believed that sexual diseases were transmitted by close body contact. Therefore, "*jouno milon* cannot be *nirapod*, because when two persons are involved in sexual intercourse, a *jouno rog* (STI) can easily be transmitted through the close body contacts between partners." The 'body contact' model of STI transmission persuaded men that sexual intercourse could not be safe with condom use.

One man joked: "not only the penis, if you could cover the whole body by a rubber or anything else, AIDS may be prevented."

To many men, *nirapod jouno milon* meant 'socially safe' sexual intercourse in terms of preventing partner's pregnancy and hiding 'unwanted' or 'illegal' sexual interactions from the family and society. Others saw the term *nirapod* as indicating having sex in a *nirapod* venue such as one's own home (not in brothels or an open place). *Nirapod jouno milon* did not necessarily reflect men's understandings of safety in the biomedical sense of STI transmission and prevention. With successive discussions, men reported their perceptions and understandings of risk and safety. Based on these perceptions, men adopted preventive activities which are summarized in tabulated form in Appendix 3. The following section elaborates these issues.

'Normal'/Safe' versus 'Abnormal'/Unsafe' Sexual Relations

Most men divided sexual relations into 'normal' and 'abnormal' in terms of safety. Normal sexual relations meant male-female vaginal sexual relations and abnormal sexual relations primarily indicated anal sex between men. The notion of normality was equated to safe sex and abnormality to unsafe sex. Therefore, male-female vaginal sex becomes safe sex by default and anal sex among men becomes unsafe sex. Thus, 'normal' and 'abnormal' sexual relations do not depend on persons, but rather on perceptions of 'normal' and 'abnormal' sexual acts as defined by moral and religious perspectives. The issue of 'unsafe' and 'unhealthy' sex in terms of STIs/HIV transmission was infrequently raised.

The Bengali term for 'sex' or 'sex act' is literally *jouno cria / kaj / milon, shohobas or dheho milon*. Many men use the English term 'sex' to indicate sexual intercourse itself. But men reported a wide variety of sexual acts which were not described as 'sex.' To most men, 'sex' meant sexual intercourse: penetration of the penis into the vagina. Men did not imagine that 'sex' could be performed without penile-vaginal penetration and ejaculation. Thus, sex means sexual intercourse between male and female ending in ejaculation.

Most men were unaware of the 'Western' terminologies of heterosexuality, homosexuality and bisexuality. A few educated men, in urban areas claimed to know these terms, yet were still unclear about them. No one described sexual relations between women as homosexuality. The Bengali terms for homosexuality, heterosexuality and bisexuality are *somokamita*, *biporit-kamita* and *uvo-kamita*, but these were respectively unfamiliar to men who were even aware of the English terms. Men claiming understanding of the meaning of 'homosexuality' used a term 'homo.' They had read about 'homo' sex in magazines.

A few educated men referred to same sexual activities among gay men of the 'West' with regards to the AIDS epidemic. The word 'gay' raised confusion among most men and key informants. They thought that gay men were special kinds of 'Western' men (foreign, non-Muslim, white-skin) who generally marry other men instead of women and that gay men could only have 'homo' sex (male-to-male anal sex) and were unable to have sex with women. Therefore, the claim that such gay men did not exist in Bangladesh was prevalent. Despite the presence of a male-to-male sex trade in Dhaka and other parts of Bangladesh, participants claimed to be unaware of its existence. A few men reported knowing about some men having sex with other men in urban and rural settings, particularly in non-commercial settings. These were not considered acts of homosexuality nor were the persons involved labeled 'gay.' No importance was given to these incidents on the grounds of their transient nature and rarity in Bangladeshi society. Some urban men reported boys who behaved and talked like women, locally known as *miga pola* ('feminine boy'), and who often became victims of sexual teasing for their feminine gestures but not related to any sense of being 'gay' or 'homo.'

Putki mara in Bengali refers to anal sex. Men use *putki mara* as a slang in everyday life which means something 'bad' has been imposed upon them. When a man says *sala-re putki mara dishi*, he means he has anally penetrated a man, but in theories, not in practice. Therefore, in this sense, a man will describe his 'success' (in masculine voice) by giving a 'teaching' (in negative sense) to a man through a 'bad,' 'shameful' or 'painful' experience (analogous to anal sex). Similarly, men also reported uttering: *sala putki mara khaichi*, denoting similar symbolic meanings but the subject himself is acknowledging that something 'bad' has been performed on him. Anal penetration to many men was not considered a sexual experience, but was symbolically framed as a 'shameful' and 'painful' negative experience in men's lives.

Some men spoke of young men in rural areas involved in anal sex describing these activities as young men's sexual fun, experimentation, adventures and a *samoyik achoron* (transient behavior) especially among unmarried youngsters, for example:

These young men are naughty, they experiment many things because of the nature of their young minds. However, these are not regular or common activities, rather they are transient. They do not continue this. They do this to make fun, not for sexual desire or preference. This is a kind of *khela* ('game') among some 'naughty boys.' This is not same as you call 'homo' sex in the 'West' and they are not gay men (FGD with college teachers, rural).

All participants claimed that 'homo' sex was *osshavabic* ('abnormal'), *bikkrito jounachar* ('perverted') and *oshasthokor* ('unhealthy') behavior, especially if it persists. Male-to-male anal sex was seen as a perversion which is unhealthy and unsafe. The findings therefore demonstrate men's pervasive attitudes about male-to-male sexual activities as 'abnormal' behavior of mentally 'sick' people. Some had also learned from AIDS educational materials that 'homo' sex is a perversion and risky, causing HIV/AIDS, for example:

Sexual intercourse cannot be performed between two men, as Allah has created men and women for sexual activities. This is universal not only for humans, but true for every animal of the world. For sexual intercourse, men and women have two separate organs. I have heard that men do sex through the anus with other men. The anus is created for passing stools. This is not a sexual organ. How can a man be sexually attracted to another man? I really do not understand. I think men who seriously involved in these 'abnormal' behaviors are also 'abnormal,' they are against 'nature.' I prefer to say they are mentally 'sick' people (Rural, married, traditional practitioner, 40).

Religious doctrine was commonly used as a significant reason to avoid male-to-male sex:

Male to male sexual activities are *kabira gunah* (a great sin) in Islam. When two men are involved in such activities, the Almighty Allah becomes seriously disappointed. In the Holy *Quran*, it is mentioned that Allah's *aros* (seat) shakes (*Allah-er aros kape*) when such grievous behavior takes place. Allah has given serious restrictions and conveyed messages of great punishment for this behavior. Allah has created men and women to marry, have children and maintain a happy family (Rural, married, religious teacher, 46).

Focus group discussions revealed that male-to-male sex must be avoided for societal continuation, for example:

If someone does not pray, he is certainly committing a great sin. However, his behavior will not destroy a family or society. *Namaj* (prayer) is a personal responsibility for one's own life. A man will be punished for his failure to pray after his death. However, if a man is involved in sex with another man, his whole family will be affected. If due to this reason, he refuses to marry or marries a man as happens in the 'West,' then the reproduction of human being will be

stopped, the heredity is suspended, human civilization will be destroyed (FGD with NGO leaders).

A key-informant further added:

Sex is not only for physical enjoyment. Sex is crucial for society, country and for a nation. Without 'legal' sex between husband and wife, lawful human reproduction will be hampered. How will a family be formed? How will society run? How will a nation survive? Since male-to-male sex cannot be reproductive, it is worthless. This 'perverted' behavior should be condemned, and as far I know, not only in Islam, but all religions have declared serious restrictions and punishments against it (Urban, married, university teacher, 50).

This statement shows that the stigmatized meanings of male-to-male sex are constructed in the context of religion and society. The men attached social meanings to the goals and consequences of sex acts. For example, this statement reveals the aim of sexual activity in the framework of human reproduction, maintaining a family life, continuing heredity, nourishing society and sustaining a nation. Thus, sexual pleasure was not set as the major goal of sexual interaction between a husband and a wife. The men's statements revealed that while sexual activity is considered private, its consequences are not exclusively confined to one's private life. Instead, sex has social implications in the broader framework of familial and social needs which are deeply rooted in the patriarchal culture of Bangladeshi society.

Supporting the notion of male-to-male anal sex as being 'abnormal' sex, men from all backgrounds reported that male-female vaginal sex was 'normal', 'safe' and 'healthy' for individuals, family, society and for the country. The normality of male-female sexual relation reinforced men's understandings of safe sexual practices. These notions of normality and safety went beyond biomedical dimensions to the societal level. Therefore, vaginal sex means 'normal' sex and any 'normal activity' should be safe and healthy. Men reported not engaging in anal sex with wives or girlfriends as anal sex is 'perversion'. One man shyly reported visiting female sex workers (FSWs) to have anal sex, claiming that anal sexual intercourse was highly pleasurable with females. He denied having anal sex with men. One married man had attempted to perform anal sex with his wife, but she felt pain. Another man acknowledged once performing anal intercourse with his wife. He found it pleasurable but she did not want it and when he wanted to continue his wife refused on Islamic grounds and personal pain. The man subsequently sought FSWs to engage in anal sex.

Thus, this study shows that 'normal' (male-female) vaginal sex and 'abnormal' (male-male) anal sexual acts and relations are constructed in the background of sociocultural, familial, religious and societal contexts. The biological dimension plays a minor role in this construction. Because of its cultural sensitivity and social stigmatization, men were cautious in reporting their preference for anal intercourse with women and denied such sex with men.

'Good'/'Decent' versus 'Bad'/'Indecent' Sexual Practices

Men's contradictory notions about 'good/decent' and 'bad/indecent' sexual acts reflected their privileged double standards in sexual encounters with women. Men wanted to preserve their 'good' and 'responsible' images as husbands in their marital sexual relationships by involving in 'good' and 'emotional' sexual acts. However, they also wanted to pursue 'bad,' 'indecent' or 'vulgar' sexual acts with 'other' women preferably with FSWs, showing the existence of hidden and stigmatized desires.

The notions of 'good' or 'decent' and 'bad' or 'indecent' sexual practices were constructed in the context of symbolizing both male and female genitals as 'unclean' and the source of 'germs.' Among non-penetrative sexual acts, men commented that *gud chosa / joni chosa* (sucking a vagina, cunnilingus) or *dhon or ligum choshano* (women sucking a penis, fellatio) were 'dirty,' 'unhealthy,' 'bad' and 'indecent' acts. Like anal sex, some men labeled these sexual acts as *osshavahic* ('abnormal') or *bikkrito jouno achoron* ('perverted sexual acts') generally performed by 'Western' people as represented in pornographic movies.

Men considered women's genitals 'dirty' and 'foul-smelling,' believing that if they sucked women's 'filthy' genitals, 'germs' might enter their mouth causing disease. Some men did not perform cunnilingus as it is *haram*, a ('restricted') act, in the Islamic view. Sucking 'filthy' female genitals was an 'indecent' and 'dirty' act and men felt shy in acknowledging that they had done it.

Some men stated that although their partners enjoyed it, women did not allow men to perform cunnilingus considering the health risk involved in it. Most married men reported their wives were unwillingly for their husbands to perform cunnilingus, for fear

that their husbands might get sick. This indicates men's privileged status even in sexual interactions with women.

Only a few urban men reported performing infrequent cunnilingus with their girlfriends and wives. These men did so to please women, not for male pleasure. "My partner enjoyed it, I felt happy because I was able to provide her with pleasure." Another man stated that he wanted to perform cunnilingus like the sexually skilled 'Western actors' of pornographic movies, but his partner never allowed him.

Many men saw fellatio as a *baje abbhas* ('bad' practice). No married men reported that their wives initiated fellatio. Some women did acquiesce to every demand, but refused to perform fellatio. One married man stated: "my wife became angry and condemned me as a 'perverted' man." While experiencing fellatio as enjoyable, many men saw it as an 'indecent' practice, especially with a loving partner such as a wife or a girlfriend. The oral cavity was seen as a sacred and clean because it is the means by which a person eats, says good words and reads the holy *Quran*. Any form of oral sex was seen as the act of non-Muslims or 'Westerners.'

However, in contrast to cunnilingus, men were not as negative about fellatio which indicates their double standards. Men saw a vagina as source of germs while the "penis is dirty, but not that much like the vagina." Some men preferred being sucked only by 'other' women, especially by FSWs. Thus, men reported visiting FSWs to enjoy sex acts such as fellatio or anal intercourse, activities not possible with wives. It seems therefore that any 'indecent' or 'bad' sex act can be performed with 'bad' women.

However, men were not totally free with sex workers and avoided some acts. Generally, men did not like performing cunnilingus with FSWs, whose vaginas are used commercially by many men. Yet some men made exceptions if a sex worker was pretty and attractive. They avoided the emotional sexual interactions (kissing or hugging) with FSWs. They enjoyed these 'decent,' 'good' and 'emotional' sexual interactions only with wives or girlfriends whom they loved. "As a responsible lover, I should behave decent sexual acts with them [girlfriends or wives]."

Men reported that wives would be mothers of their children, so sexual acts with a wife should be aimed at obtaining the glory of fatherhood. While seeking sexual pleasure, the

men preferred not to force their wives to engage in any 'indecent' and 'rude' sexual acts which might be labeled *bikkrito jounachari* ('perversion'). Some men believed that 'perverted' sex acts might result in a problematic or disabled child. "A child may be born *bikolango* (disabled) if I am involved in *bikkrito jouno kaj* (perverted sexual acts) with my wife." Thus, the notion of 'bad' sexual acts goes beyond sexual diseases, however, perceptions of the risk and safety of sexual acts are modified to the specific context of the sexual relationship and the goal of the sex act.

Understanding men's perceptions of 'good' and 'bad' sexual acts and resultant preventive activities in the context of sexual relations has implications for STIs/HIV prevention. The perception and belief that "the vagina is a reservoir of germs," results in men washing the women's genitals, rather than wearing condoms. The men would wash a FSW's vagina with water and soap. At the end of intercourse, some men reported washing their penises with soap and water. Some washed their penis with their own urine believing that urine has an antiseptic function and kills germs. Some men also suggested taking antibiotic capsules for increased safety before and/or at the end of intercourse.

'General' versus 'High-Risk' Populations and 'Safe' versus 'Unsafe' Women

In the AIDS era, researchers and programmers commonly classify people into a binary division of 'high-risk' group and the 'general' population. The concept of 'general' versus 'risk-group' influences men's understandings of risk and safety. In this section, I focus on how this imposed classification of 'risk-group' contributes men's construction of the notion of safe sex.

Some educated men do not consider themselves belonging to the 'high-risk' groups mentioned in AIDS educational materials. They see themselves as 'normal' or 'general' males not at risk of being infected with AIDS as they reported never having sex with FSWs, never using drugs, or never visiting foreign countries. The division between the 'general' population and 'high risk-groups' is mediated by the AIDS epidemic through the AIDS educational materials. Through examination of educational materials such as *AIDS-er Niramoy Nai Protirod Achey, Apni Jamen ki?* (Do you know there is no cure of AIDS, but there is prevention?), *'Shabdhan' AIDS ekta Bhayabaho Rog*, (Be careful, AIDS is a dangerous disease), *AIDS Samporkey Jannu* (Know AIDS) were scripts

referred to some participants. In these documents, the notion of 'general' versus 'risk-group' was clearly conveyed.

Many researchers have concentrated on measuring the risk behaviors of so-called 'high-risk' populations and contemporary media discourse suggests that AIDS is a disease of sub-populations involved in risk behaviors. The interventions of NGOs target various sub-populations further reinforcing the notion that most 'other' men are safe. Therefore, by belonging to the 'general' population, the men in this study felt a sense of 'pseudo-safety,' for example:

I am not a gay, nor a drug user. I do not belong to any occupational groups who are 'high risk-groups.' I have never visited any foreign country. I do not even drink wine. I have learnt from AIDS educational materials that not all but some people are at risk, especially who belong to 'high-risk' groups (Urban, student, unmarried, 26).

In the absence of a significant and visible AIDS epidemic in Bangladesh, many men felt that "AIDS is not a disease for Bangladeshis. Most Bangladeshi people are religious, they do not live a sexually free life like 'Westerners,' therefore, AIDS will not be a problem for Bangladesh." In fact, one key-informant said that after 20 years of the epidemic, AIDS cases remain extremely rare in Bangladesh. Teachers and community leaders in focus group discussions expressed similar views:

Some men in our country may have the 'bad' habits of drug use or visiting FSWs. However, in general most men are 'good.' They are religious or at least they believe in religion. Some may have 'illegal sex' in their lives once or twice. That is not their life style. The AIDS patients in Bangladesh are migrant workers who have lived in foreign countries and might have had 'illegal sex' there. AIDS will not be a big problem for general people of Bangladesh (FGD with teachers, urban).

The men therefore acknowledged the transient presence of risk behaviors and the belief that 'general' people are 'good' and religious. The misinterpretation of information that migrant workers contract AIDS from their 'illegal sex' in foreign countries leads to the view that 'general' men who remain in Bangladesh will be safe. Many of the men's perceptions demonstrated the popular belief that only special groups of people, popularly labeled 'high-risk' groups having 'illegal' sexual relations in foreign countries could be infected with AIDS. This social construction of risk and safety was mediated by disseminated information in the media and by people working in the public health AIDS campaign.

Analogous to this 'general' versus 'risk-group' constructions, many men dichotomized women into two categories: 'good/clean/safe' versus 'bad/dirty/unsafe.' Men generally labeled FSWs as 'dirty,' 'bad' and 'risky' and girlfriends, close relatives, or housewives 'good,' 'clean' and 'safe.' Many symbolic criteria were attached to 'safe' and 'unsafe' women influencing men's selection of women for sexual relations.

The concept of 'unclean' FSWs is complex as men did not consider all FSWs that way. Physical beauty, nicer dress, the venue of the sex trade and the higher social status of some FSWs influenced men to consider sex with these women to be safe. On the other hand, FSWs who were 'ugly,' poor, unclean, shabbily dressed and had scarred genitals were labeled 'unsafe' or 'risky' women. The comparatively rich and educated participants acknowledged their commercial sex exposure by visiting hotel and residence based FSWs for their physical attractiveness and 'cleanliness.' These men did not use condoms due to the perceived 'cleanliness' and 'disease free' status of 'high-class' FSWs. They did not have sex with street or brothel based FSWs on the grounds that these women were 'unclean' and diseased. Some men chose young FSWs believing young FSWs with less exposure to men would be less likely to have HIV.

Men from lower socio-economic class claimed that FSWs working on the street or in brothels were suitable, although these men did express desire to have sex with 'higher-class attractive' FSWs. They thought these high-class FSWs were 'clean' and not diseased. However, due to poor socio-economic status, they did not have access to the 'high-class attractive' FSWs.

It is crucial to note that despite believing female sex workers were 'dirty' and in a 'diseased condition,' these men still did not use condoms with street or brothel based FSWs. This is a complex issue and has been discussed under condom using behaviors. Some men avoided sex with any sex worker with *ghaer dagh* (scars from infection) around her genitals indicating the presence of STIs.

Depending on these external factors, men's decisions to establish sexual relations raise concern about safety as a social construction. The men's categorization of FSWs based on external 'dirty-ness' or cleanliness does not necessarily influence them to pursue safer sex. This indicates that the biomedical messages of risk and safety conveyed through

AIDS educational messages do not correspond to men's own understandings of risk and safety.

Kapal (Luck), Gojob (Punishment) and Jounotai Adhunikata (Sexual Modernity)

Men's perceptions of risk and safety are complex and diverse encompassing religious beliefs not created in a social vacuum. Some men from both urban and rural areas reported knowing friends who had sex with FSWs yet never suffered from STIs, while other men claimed after having a single exposure with a FSW they were infected with gonorrhea. Some even reported friends suffering from sexual diseases without ever being with a sex worker. Therefore, the link between protection and exposure to disease appeared mysterious to many men and the common view that: "*oshukh bishuk mamusher kapal, Allah-er hate*" ("disease depends on luck, Allah controls it"). This is demonstrated in the following excerpt:

Everyone wants to be safe, while some can, other fail. Nobody knows the mystery! Disease depends on *kapal* (luck). Not only STIs, every disease is like that. Many people are smoking for long time without any health problems, but my father died of lung cancer and he never smoked in his life. One of my friends died of a heart attack at the age of 25 leaving his father alive who has been suffering serious heart disease for 20 years. Disease and death are decided by Allah (Rural, married, mechanic, 29).

One man claimed to suffer from STIs in spite of consistent condom use. Some men never used condoms and never suffered from disease and relied on Allah not to punish them:

I feel very bad and guilty while having 'illegal' sex. I pray to Allah to save me from punishment. I swear not to be involved again. Rather than wearing condoms, I pray to be safe. However, it is true that I often cannot keep my promise. Allah is very kind, until today HE has not punished me. However, I am afraid, how long HE would be kind. I should marry and quit these bad habits (Urban, transport worker, unmarried, 29).

Thus, without knowledge of a biomedical model of disease transmission, men seek answers elsewhere. The required exact number of episodes of unprotected sexual intercourse for an infection to be sexually transmitted is not well known even to medical practitioners. The 'luck model' of disease, therefore, occupies the vacuum of biomedical knowledge. Moreover, the experiences described by men made them confused and encouraged them to rely on the 'luck model' of disease.

Some men did see 'illegal' sexual relations as the reason for social unhappiness and disease. Due to 'illegal' and 'immoral' sexual relationships, HIV/AIDS has been given by Allah as a *gojob* (punishment) for 'bad' people. Some 'bad' men might suffer from AIDS in Bangladesh, but most people would be safe because "our Muslims are 'moral' and 'honest' in their sexual behaviors." Some key informants and discussants of FGDs stated that most Bangladeshi men having AIDS or having died from it lived in foreign countries and must have been involved in 'illegal' sexual activities. Therefore, "Allah punished them by giving them AIDS."

Men's belief in the *kapal* (luck) and *gojob* (punishment) models of disease were grounded in their lived experiences and the prevailing notion of the 'moral safety' of the Muslim people of Bangladesh. The religious belief of punishment given by Allah for 'bad' people for their *zena* (great sin) is widely and firmly internalized by men. When men describe diseases as the consequences of *kapal* or *gojob*, it cannot be explained as only the lack of biomedical knowledge. The men's perceptions of 'luck' and 'punishment' models of diseases and safety are socially, morally and religiously constructed especially in the context of the unavailability of clear and explicit explanations of STI transmission.

Some key informants and the participants of focus groups discussed the social values and norms which are changing throughout the world including Bangladesh. The 'Western modern' life style travels the world. 'Western' peoples' sexual values and attitudes are being disseminated through the media to developing countries. These 'Western' values are considered anti-Islam and are causing 'moral degradation' of Bangladeshi people. The 'modern' sexual lifestyle in the form of a free sexual life by having multiple sexual partners is attracting men, particularly the young to adopt such lifestyles. Therefore, opposing the 'luck model,' some participants claimed: "we are creating our own lifestyle and we are responsible for our activities, and we tend to excuse ourselves by blaming on our luck."

One key-informant working in the field of HIV/AIDS claimed that AIDS was a crisis in developed countries first and then gradually the rest of world faces the problem. He argued that AIDS interventions focus mainly on telling people to use condoms instead of the encouraging moral and religious values on people. He claimed that 'Western' donors would not fund an NGO taking up this moral intervention. Another key-informant argued

that condom promotion in current AIDS interventions encouraged people to be promiscuous. According to him: "these were all part of a 'Western' conspiracy to destroy our people's religious beliefs and sexual morality by providing funds to local NGOs."

One key-informant suggested that during the process of 'modernization,' people's morality is being compromised in most societies including Bangladesh. Peoples' immorality affects all spheres of lives. Modernization decreased social unity among people making them isolated and more vulnerable, for example:

We knew our neighbors closely. We laughed with our relatives and neighbors in their happiness and cried with their sadness. However, now this has become an odd and outdated sentiment. We, civilized and so-called 'modern' people, do not interfere with each other's business. I live in an apartment building. There are around 30 families and we hardly know each other's name. I tried to visit some of our neighbors and found both my family members and the neighbors did not appreciate my outdated practice. Young people are influenced by the concept of 'socially isolated burden-less living.' They do not like to interfere with others' business. Sometimes they behave in similar ways with their relatives, so they impose that 'modernity' on us (Urban, father, married, 52).

This man expressed disquiet with the social isolation of modernity whereby people prefer more freedom in their ways of life and activities. Therefore men are negatively influenced, especially young men, to behave irrationally and irresponsibly without caring for anybody or anything. The perception of 'modernity' as influencing young men to have more sexual freedom and non-interference from their guardians was raised during the study.

AIDS is the curse of 'modern' sexual life, a life which is unfaithful and perverted. Bangladesh may have not faced a serious AIDS epidemic, because more than 80 per cent of our people live in rural areas and they are very traditional rather than modern (Urban, political leader, married, 48).

Modernity was a concept used to explain divergent behaviors. Some participants claimed Bangladeshi people are now becoming very 'modern' at least in terms of their sexual freedom and promiscuity. 'Illegal' sexual relations are increasing with 'modernity.' Now people do not mind marrying a woman who has had sexual relations before marriage. Bangladesh was not like this even 15 years ago (Rural, community leader, married, 50).

Social Dimensions of Condom Using Behaviors

While men's perceptions of risk and safety have been pursued in this section, I turn my focus on men's condom using behavior and explore how men perceived condom use, particularly in the framework of masculine sexuality.

Condoms are the best safer sex option as advocated by STIs/HIV interventions and family planning programs in Bangladesh. Thus, condoms were known to men, but most men reported not using them either within or outside marriage. Only a few men claimed inconsistent use. Negative notions about condoms are diverse and complex, and grounded in men's lives. The commonly reported reasons were:

1. Reduced sexual pleasure;
2. Breached emotional closeness;
3. Interrupted 'naturalness' of 'uncontrolled' sexual sequences;
4. Destroyed the image of good men.

Condom Use and Meanings of Sexual Pleasure

Most men claimed that sexual pleasure depends on penetration and the discharging of semen. Since men considered ejaculation as central to sexual pleasure, I explored why they required sexual intercourse for discharging semen, when masturbation could achieve the same objective. Men saw masturbation as an alternate and artificial way of ejaculation where the pleasure was a transient feeling leading to guilt. Ejaculation of semen becomes a 'real' pleasure only when is done with a woman. Men stated that being masturbated by a woman was definitely more enjoyable than by oneself, but they did not consider it to be equivalent to sexual intercourse. Moreover, men asked why a man would need to be masturbated by a woman, considering female assisted masturbation a 'sexual perversion' and an indication of men's 'sexual powerlessness.'

Most men emphasized penile-vaginal penetration for ejaculation as the only way to achieve sexual pleasure. Only a few men mentioned various acts of foreplay integral to their sexual enjoyment. However, these acts of foreplay were not labeled sexual unless

they ended in penile-vaginal penetration for ejaculation. This prevalent notion of sexual pleasure naturally requires a partner, preferably a woman.

Men commonly claimed genital 'desensitization,' and 'reduced sexual pleasure' (for themselves and their female partners) when sexual intercourse was performed with condoms. This pervasive claim of reduced pleasure is a complex phenomenon with diverse meanings. Incompetence in using condoms or unfamiliarity with condoms was often translated by men into reduced pleasure. A married man claimed that wearing a condom reduced the sensation of his erect penis. "Within a minute, I lost my erection." Married and unmarried men claimed similar negative experiences which discouraged subsequent condom use.

One man had never used condoms in his pre-marital sexual life and his wife had taken contraceptive pills until she developed medical problems. A doctor suggested condoms which frightened him because he had no earlier experience of using them. Additionally, he knew from his friends that condoms reduce sexual pleasure. When he attempted to use condoms, he was embarrassed as he initially could not open the packet causing his wife to laugh at this incompetence. First, he attempted to wear it in the wrong direction and finally was able to put the condom on correctly. Soon after wearing the condom his erection was deflated and he could not perform intercourse that night. This was his first and last attempt at condom use. He sought advice on alternative contraceptives and the doctor advised an intrauterine contraceptive device (IUD) for his wife.

Condoms were also perceived as barriers to the 'male right' of sexual pleasure with FSWs, as an unmarried man stated:

I know I have to use a condom especially when I have sex with a female sex worker (FSW). During my last visit to a FSW, I carried a condom with me. I started sex with the condom on. I did not get the sexual pleasure that I expected to have in paid sex. I took off the condom and completed the sex (Urban, transport worker, married, 44).

He claimed to use condoms with FSWs on a few occasions, but believing that condoms reduced sexual pleasure, he did not continue sexual intercourse.

Well, I could complete 'bad sex' with a condom on my penis, but you know I paid money for enjoyable sex. I do not frequently visit FSWs as other men do. I carried a condom and I tried but failed. What can I do? Why should I have less pleasure?

Therefore, the findings of this research suggest the perceptions of sexual pleasure are constructed in terms of men's perceived 'right' to enjoy sex without condoms with sex workers. Men's sense of reduced bodily pleasure was grounded in their economic power (or right) as consumers of commercial sex (a commodity).

"*Nach-te neme ghomta deya jaina*" (cannot use veil while dancing) is a popular cultural metaphor indicating if a woman decides to dance, she is supposed not to cover her face with *ghomta* (covering face by part of the dress) due to shyness. Dancing for a woman in Bangladeshi culture indicates her public appearance of modernized and progressive open mentality. Although the metaphor is constructed in the feminine context, one unmarried man in this study used it to refer to a man wanting to have sex (analogous to dance), but not using a condom to cover his penis (analogous to cover the face with *ghomta*) for whatever underlying reasons. Deciding to engage in sexual intercourse means "risky, courageous, pleasurable and adventurous action," using any measure of protection is "contradictory and funny (*hasshokor*)" to the philosophy of sex, especially as condoms reduce sexual pleasure. Thus, the concept of pleasure was constructed in the framework of men's acceptance of 'manly challenges' and this is embedded in their decision to have sexual intercourse.

Men had several other negative views of condoms. These were: i) that the lubrication and unpleasant smell of condoms were irritating; ii) the 'tight' feeling during intercourse was hampered with lubricated condoms; and iii) a man's penis was measured against the size of the condom. The men raised several questions such as: i) why do manufacturers put so much lubricant on condoms? ii) "why is the smell so bad?" iii) "why can't they produce condoms with less or no lubricant and with a pleasant sexy smell?" and iv) "why are condoms produced only in one size?" Regarding the size of condoms, a young man expressed his concerns:

I have tried various local and foreign condoms. Not one fits my penis. Both the length and diameter of condoms are greater than that of my penis. I feel bad using a condom, my partner may notice the small size of my penis compared to the condom size (Urban, unmarried, tailor, 27).

Thus, to the men, a condom acts like a measure of the length and width of the penis. Finding their penises much smaller than available condoms, some men felt threatened and upset at having comparatively 'smaller' penises which are symbols of men's

masculine sexual potency. This is discussed in the following chapter. Therefore, the simple answer to reduced pleasure may have a complex diverse underlying context.

Male perceptions of women's sexual pleasure

The men were concerned about their ability to give pleasure to women, to provide for their [women's] sexual satisfaction. There is no specific word in Bengali for 'orgasm.' In Bengali pornographic magazines, several terms are used to refer to women's sexual pleasure. The participants frequently were confused when describing women's pleasure. Many men acknowledged that they never raised the issue of pleasure with women although it was important. When asked about this, some reported that sexual pleasure is a private sensation that a person only needs to feel. It is not a matter for discussion with others. Some believed that sexual pleasure is a 'normal' thing which is 'automatically' achieved during intra-vaginal penetration. However, they were not sure when and how women got extreme pleasure, for example:

When semen ejaculates, this is an obvious feeling of pleasure for men and one can even see the reason for pleasure. However, for women, I do not think they ejaculate. Women's secretions are difficult to understand for men. I think a woman's vagina is always wet which does not result from sexual stimulation, rather it is the nature of a wet vagina (Urban, married, factory worker, 29).

Many men acknowledged that they were not sure when a woman gets the highest pleasure or the nature of women's pleasure and were therefore unable to give proper information on these issues. Men generally reported that women's primary sexual sensation is located inside the vagina which could 'only' be aroused by penile penetration. Women's sexual pleasure was claimed by men to be totally based on penile penetration.

Thus, when women asked men to ejaculate this indicated that the 'end point' of their sexual pleasure was achieved. However, many men reported that they had never heard any such claim from women believing either that women's sexual needs were 'unmet' or that men's 'sexual power' was limited about which women mostly kept quiet.

The participants described other ways to provide sexual pleasure to women including lip kissing, touching and sucking breasts. Only a very few men mentioned clitoral stimulation by finger or tongue but were unaware of the clitoris, its location and

importance in sexual stimulation or enjoyment. Men generally had little information about women's body parts and the role of each part in sexual interactions.

The men thought that if "a woman's *joni* (vagina) fills with *jouno ros* (sexual secretions), then she was enjoying sex" and an uncovered penis was "perfect to feel a woman's vaginal secretion." The notion of women's enjoyment is described in *choti* (Bengali pornographic storybooks) in slang such as *guder pani jhora* (the sexual secretions of the vagina) of sexually excited women. Men, especially unmarried young men, used similar terms to describe women's excitation during sex which they wanted to feel with their uncovered penis.

Men's perceptions of sexual pleasure on these occasions were constructed in the context of making women sexually excited in the same way as sexually skilled men portrayed in pornographic magazines as "I am skilled in sexually stimulating any woman within few minutes. A man should know how to excite a woman. It is an essential skill for a man." This uncovers a crucial dimension of male sexuality indicating masculine notion of male sexual performance to provide pleasure to women. Men wanted to feel sexually excited females' vaginal secretions with their uncovered penis to prove this masculine sexual skill.

It was also reported that "if a woman makes *sukher sitkar dhoni* (noises out of pleasure) during sexual intercourse this indicates she is enjoying sex, as women do in pornographic movies." One married man said when he had premarital sex with FSWs, they made many 'noises' making him happy by believing in his masculine sexual potency in giving pleasure to women. However, many men claimed their wives or other partners never made any such 'noises' making them confused. A few married men wanted to know what was going wrong with their partners since they never heard any *sukher sitkar dhoni* during sex from them. They believed sex with condoms might prevent women enjoying sex.

One urban married man reported that if his semen was not discharged inside his wife's body, she would not get *shes moja* (the 'end pleasure') of 'real' sex, making the whole act incomplete. He claimed his wife wanted him to ejaculate inside her vagina because she enjoyed the 'hot sensation of semen.' On further inquiry, he reported telling his wife about the concept of *shes moja*. Although women's perceptions about pleasure of

intravaginal ejaculation were not explored, men reported teaching women the meanings of sexual pleasure from the male perspective. Therefore, in patriarchal Bangladeshi society, men show their sexual mastery and impose male sexual perspectives on women who are culturally expected to be sexually silent and passive learners.

Emotional Dimensions of Condom Use

The sense of emotional intimacy acts as a barrier to condom use for many men. One educated married rural businessman (32 years) reported a deeply loving relationship with his wife since adolescence:

Initially I began to use condoms and both of us found that sexual interactions with condoms did not match our emotional intimacy. We do not have any barrier in our emotions and love, why should we place a 'barricade' in our sexual actions and emotions?

His wife took contraceptive pills to prevent pregnancy. He claimed that condoms destroyed the 'penis-vagina' direct contact, the crucial symbol of physical and emotional proximity of male to female. "When we have other options for effective contraception, why do we need to depend on condoms?" Thus, condoms were seen as barriers to physical and emotional proximity in sexual relationships between loving couples.

Similarly, another married man claimed: "sex is a 'pure' and 'natural' thing which is the consequence of extreme physical and mental closeness with my wife." Like this man, many others did not like to 'mechanize' this 'purity' by using condoms. If men's semen is not ejaculated inside women's bodies, then it is not a 'pure' sexual interaction, for example:

I love to go deep to her to ejaculate into further deep to feel a great sensation of a 'real' sexual intercourse. As I engage in sex with my wife for love and emotion, so I want to feel her deeply. I see condoms as barriers to my emotional and physical closeness to my wife (Urban, cinema hall staff, 32).

Using a condom with one's girlfriend signifies a lack of love and trust in the relationship. Sex is a symbol of trust and close relationship between men and women.

My girlfriend is taking contraceptive pills for enjoying sexual intercourse, as both of us do not like condoms. Pills prevent pregnancy as well. One of her

friends had a pregnancy while using condoms with her boyfriend. So she does not believe in condoms. It is good in one sense that I do not need to use condoms. If I stick on condoms, this may indicate that I am concerned about *jouno rog*. This suggests that either of us is promiscuous. The meaning of love and trust will disappear. This is not good for us since we are going to marry soon (Urban, unmarried, student, 26).

Some married and unmarried men reported practicing withdrawal technique in order to prevent both pregnancy and STIs. One unmarried man stated: "I can easily control the moment of my *birjopat* (ejaculation), so it's not a problem to ejaculate outside her vagina by withdrawal." He claimed that if he used condoms, his 'smart' girlfriend might suspect his sexual honesty since condoms are appropriate for promiscuous men. When inquiring about his girlfriends' fear in getting pregnant the man replied: "she would prefer to be pregnant, than allow me to have sex with other women. She hates condoms."

One married man stated never having used condoms, but always depending on withdrawal to prevent pregnancy and to enjoy the sense of emotional 'closeness' with his wife. These men viewed love and closeness as analogous to non-condom sex which they wanted to achieve by withdrawal. In addition to physical proximity and trust in love relations, men's statements about withdrawal demonstrated that they practiced this technique as a male sexual skill. In this aspect, some young men referred to pornographic movies where the 'sexually skilled porno-stars' could have prolonged sexual intercourse without using condoms.

'Uncontrolled' Sexual Sequence and Condoms

How do men's notions of 'uncontrolled' sex drive and sexual sequences act as barriers to condom use? Once erect, most men proceeded to penetrate without any delay. This is the ultimate goal of sex. Many men reported that they did not like to spend time in 'useless silly things' referring to foreplay. They said that they could last longer after penetration. Some men claimed that after becoming erect they did not wish to delay penetration mainly for fear of losing the erection. Most men gave less importance to acts of foreplay. Some reported foreplay only when they, not their female partners, were inadequately stimulated. Some reported that in extreme sexual excitement, they simply had no time for foreplay or to wear condoms.

One unmarried man said that *jokhon mathai mal uthe jai* (during extreme sexual excitement) he could not even remember his name, so wearing condoms was a rare possibility. A similar notion was reflected in the FGD:

Jouno khudha and jouno kamona (sexual drive and excitement) are strong for men. If tigers taste meat, they become crazy and will eat meat by any means, no one can remove meat from the claw of tigers. Men are like tigers. When they touch women, their sexual stimulation becomes so intense that they simply do not like to listen to any advice [condoms] (FGD with religious leaders, rural).

Thus, the tiger's wildness symbolized the uncontrollable male sex drive. Men claimed to enjoy the spontaneity of sexual interaction in the belief that spontaneity was a 'natural' consequence of the uncontrolled male sex drive.

Condom use was also seen as a threat to the continuity of sexual sequences. One educated married man preferred wearing a condom immediately before penetration because at that 'extreme moment' he stated: "my wife gets angry if I waste time in wearing a condom, neither of us likes to interrupt the sequence of sexual action by wasting time putting on a condom." Therefore, he did not use condoms.

Some unmarried men described not being mentally ready to have sex with their girlfriends until they had kissed and done 'other' things. The sexual stimulation would be beyond their control and finally 'it' would happen without condoms. The sequence and flow of sexual acts were compared to unprotected *banner joler moton* ("flood of water"). Men reported that sexual activities must lead to penetration and ejaculation free of interruptions. Condoms were seen as barriers to the 'natural' sequencing of men's uncontrolled sexual drive.

Condoms versus the 'Good' Man Image

This study shows that 'good' men are prevented from using condoms which are symbols of promiscuity in the AIDS era. Some men referred to printed materials on AIDS education published by local non-government organizations (NGOs) (*AIDS-er Niramoy Nai Protirod Achey, Apni Janen ki?* (Do you know there is no cure of AIDS, but there is prevention?), *'Shabdhan' AIDS ekti Bhayabaho Rog*, (Be careful, AIDS is a dangerous disease), *AIDS Samporkey Janun* (Know AIDS). Locally produced, these Behavior

Change Communication (BCC) materials recommend monogamous sexual relationships and only using condoms for 'promiscuous' behavior in order to avoid risk of STIs/HIV. Cultural and religious sensitivities have also made the situation complex and sensitive in Bangladeshi society. For example, a HIV/AIDS professional claimed facing difficulties in finding appropriate cultural and religious messages for dissemination of information on condoms.

Men felt also shame in purchasing, storing or disposing of used condoms. The sociocultural shame and stigma attached to purchasing condoms, especially for unmarried men, was commonly reported. Young unmarried men in Bangladesh are not supposed to pursue premarital sexual experiences in keeping the societal expectation of 'good men.' The widespread silence regarding sexuality in Bangladeshi society and the prevalent image of a sexually inactive 'good' unmarried man discouraged unmarried men from purchasing condoms. This results in their embarrassment about obtaining condoms, for example:

My face shows I am unmarried and you know very well how bad it is to buy a condom if you are an unmarried man in our society. Being unmarried, how can I ask for condoms from a shopkeeper? I will be labeled a 'bad boy,' who wants that image (Rural, unmarried, student, 21)?

The promotion of condom use within a disease prevention framework also imposes negative connotations on condoms. Even married men felt shy while purchasing condoms especially from local shops on the grounds that contraceptive pills are widely used by women. Their purchase of condoms could indicate that they might have sexual relations with 'other' women. One man stated that his wife took contraceptive pills, so he did not need to use condoms for contraceptive purpose. If he wanted to use condoms, he would have to ask his wife to stop taking pills, so as not to raise unwanted suspicion in her mind. Even in this era of AIDS, many men did not like to bring condoms into their monogamous relationships with wives for fear of creating 'unnecessary misunderstanding.' Thus, condoms are placed in opposition to the relational trust with one's partner.

Despite knowing that condoms could prevent pregnancy and HIV/AIDS, young men did not use them. One unmarried man practiced the withdrawal technique as a form of protection against pregnancy and disease explaining his choice as follows:

I love my girlfriend very much and I will marry her. I do not have sex with other women. Therefore, I do not need to use condoms. Moreover, I am skillful and can practice the withdrawal technique. You know a condom is very suitable for promiscuous men. If I use this, who knows, my girlfriend may silently suspect me which will hamper our emotional love and closeness (Rural, unemployed, 25).

Several crucial issues emerged from his statement. This man was unaware of the release and danger of pre-ejaculatory fluid in terms of both pregnancy and STIs. He had 'confidence' in successfully practicing the withdrawal as a demonstration of his sexual skill. Moreover, when condoms are advertised as suitable for promiscuous men, he perceived using them as threatening his 'good' and 'faithful' image with his girlfriend. He did not like to risk being suspected of infidelity. All these examples denote that condoms symbolize sexual infidelity and threaten the image of 'good' manhood in Bangladeshi culture. This results in reduced use by both married and unmarried men.

Summary

The essential classification of 'normal' versus 'abnormal' sexual relations, 'good'/'decent' versus 'bad'/'indecent' sexual acts and 'high-risk' groups versus 'general' populations are sociocultural and religious constructions influencing men's perceptions of risk and safety. The dominant construction of proper sex as being penile-vaginal intercourse with an ultimate goal of ejaculation influenced both men and women to consider all other non-penetrative sexual acts as 'not sex,' 'unhealthy,' 'abnormal,' 'unsafe' or 'bad' practice. Vaginal penetration with 'unclean' women is even considered 'healthy.' This normalization of male-female sexual acts undermines the possibility of safer sex. Men's understandings of 'unclean' FSWs are constructed in the framework of social class, working venues, physical attractions, age, genital scar marks, dress and makeup. This demarcation further reduce the possibility of safer sex at commercial settings making men vulnerable to STIs/HIV. Considering vaginas as sources of germs, washing a vagina and penis seen as safer sex practice, obliterating the need for condom use. Women's sexual pleasure is also often ignored and misunderstood, limiting the possibility of practicing non-penetrative safer sexual activities.

The findings suggest that refusal to use condoms is not a personal choice, but a social decision. The reduced bodily pleasure attached to having sex with condoms has social

realities reflected in men's emotions and trust which are expressed through direct penile-vaginal contact and ejaculation inside the vagina and is seen as a 'pure' and 'natural' form of sex. Men want to prove sexual potency by performing prolonged intercourse without condoms as in 'real' men's sexual skill through the withdrawal technique shown in pornographic movies. Men also prefer to preserve a 'good' man image by avoiding condom-usage which symbolized promiscuity in the contemporary AIDS educational messages. The social dimensions of masculine sexuality, pleasure, eroticism and emotions need to be addressed beyond the safer sex framework of condom intervention to be effective.

In the following chapter, I focus on the meanings and concerns of sex and sexual health for men with a view to see how they construct their sexual health concerns in the context of masculine sexuality.

CHAPTER SEVEN

Intercourse is at once one of the most beautiful and at the same time most oppressive and exploitative acts of our society (Hite, 1981, p. 477).

THE MEANING OF SEX AND SEXUAL HEALTH CONCERNS: THE CRISIS OF MASCULINITY

Given the importance of male-female sexual intercourse in men's lives, I explored men's thoughts about sexual intercourse with women. The men spoke enthusiastically about the symbolic meanings of sex. In this chapter, I illustrate how men perceived their sexual health concerns through the exploration of meanings of men's pervasive concerns about sexual performance and semen loss. I use the term 'sexual health concerns' to avoid medicalization of men's concerns which are embedded in the sociocultural realities and cultural framework of masculinity. It is crucial to understand these sexual health concerns which go beyond the narrow biomedical framework of STIs/HIV/AIDS.

Sexual Power, Performance and Prowess

A common notion emerging throughout interviews and focus group discussions was the 'potential ability' (to perform prolonged intercourse) of men involved in 'successful' sexual intercourse to 'satisfy' women. The men emphasized sexual potency as an indicator of 'sexually powerful' men. *Birjoban purus* in Bengali describes 'sexually powerful' men as having the capacity to sexually 'satisfy' women and to be a father. A man, who is rich in *birjo* (semen) has the potential to 'successfully' engage in sexual intercourse. Thus, *birjo* symbolically indicates the wealth, prestige and affluence of men. Sexual intercourse is the way to prove that affluence.

The term *joumo khomota* ('sex power') was used by many men as being the most powerful asset in their lives. They compared money with sex power. Money is necessary, however, monetary achievements become *mulloh hin* (valueless) if men are sexually incapable. Sex power cannot be achieved like money, education or a job. Therefore, men

claimed having 'good sexual power' as *sorgio sampod* ('divine capital') and an *ashirbad* (blessing) of human life, for example:

A man may be rich or educated, but may not be a *birjaban purush*. Sex is a property in men's lives which cannot be inherited or acquired. I know a rich person whose wife was having extramarital sex. I heard the man was sexually impotent. Can you tell what is the meaning of this rich man's life? His money and power could not control his wife. The power of money, educational qualifications or the prestige of an occupation are important, but 'sexual capacity' is also essential for men. Sex can make men's lives happy and fulfilled or just the opposite (Urban, Journalist, married, 48).

Thus, the participants emphasized the importance of having education, a 'prestigious' occupation and money along with their sexual power. "Sexually capable poor men could live happy lives, whereas sexually incapable rich men might have unhappy family lives." Sexual potency was seen as critical to maintaining a man's power, as materialistic achievements might be useless without sexual power.

Sex is the way to demonstrate 'male performance,' especially that needed to 'win' women. The common and only meaning of 'good sex' to men was men's capacity to perform a single bout of sexual intercourse (from penetration until ejaculation) for a 'prolonged time.' Some men claimed their timing was perfect when their women looked 'satisfied,' or 'tired' and asked them to 'complete it' (ejaculation). A wide range of prolonged times between 20-30 minutes was reported as required to sexually satisfy or win women. Some men referred to the timing of sexual intercourse portrayed in pornographic movies, where a single bout of sexual intercourse lasted for 20-30 minutes, for example:

I calculated the time averaging 25 minutes in each intercourse. They [pornographic actors] performed sex in all positions. They sucked each other for at least 10-15 minutes, then after penetration, they continued another 20-25 minutes. What a sexual interaction! I dream to perform like that (Urban, unmarried, student, 21).

Many men reported their friends could perform sexual intercourse for 20 to 30 minutes just like pornographic stars. One newly married man complained he could only last 8 to 10 minutes with his wife, whereas he wanted to perform for at least 30 minutes:

My wife is shy about discussing sex with me. As an inexperienced woman, she has no idea. However, I know from one of my married friend who can perform more than an hour with his wife. He sometimes even does not ejaculate and his wife requests him to finish since she becomes 'over-satisfied' and cannot continue any more. This is a kind of 'super performance.' Sex is like a 'game.'

You need to be a good player. I often dream that I will perform like my friend, but I often fail to control my ejaculation (Urban, married, cinema hall staff, 32).

I sought to learn what men shared with friends and how sexual prowess was discussed between friends. It seems that men never disclosed their problems relating to the timing of sexual intercourse in order to preserve the 'prestige' of being 'sexually powerful men.' No participants reported knowing of any married friends' performance crisis. Naturally, unmarried men felt shy disclosing 'sexual weaknesses' to their 'sexually stronger' friends. Without interviewing their friends, it is not possible to know. It does appear that disclosing a perceived 'sexual weakness' to one's peers may destroy the image of *birjoban purus*. Thus, men preferred reporting (or over reporting) their ability to continue sexual intercourse for as long as their partners (or they) wanted.

The men commonly considered sexual intercourse a *khela* ('game'). Winning at sexual intercourse was as important to them as winning a game. They discussed and claimed sexual intercourse as the only known 'game' in the world played between men and women, as all other 'games' are played separately without any competition among genders. If any game, such as football, cricket, tennis, basketball or what ever is played between men and women, men saw no chance for women to win. The perceived capacity and strength of men in sports was supposedly unique and incomparable. However, in many cases, men could not win the game: they ejaculated much earlier than expected. In sexual intercourse, however, women were seen as more 'powerful' than men as a single woman can entertain multiple men at the same time.

Male sexual power was needed to 'win' a woman. The men never considered that a woman might be bored and simply want the activity to end. Women's requests to stop sexual intercourse were taken as an indication that men had 'won the game.' If men ejaculated and women wanted to continue, men lost the game and this was viewed as a 'shameful failure.' 'Powerful' sexual intercourse depended upon 'good' sexual performance by men. Failure to give 'satisfactory' sex was considered shameful by men, threatening their masculine sexuality and ability to acquire women.

The men said that they become frustrated if they failed to perform a single bout of sex in all the positions portrayed in pornographic movies. Some men practiced these positions with sex workers finding some very difficult. They considered sexual positions both *shilpo* ('art') and *koushal* ('tact') requiring proper learning and regular practice for them

to become perfectionists. Men who could perform sex in diverse positions self-identified as 'good sexual players.'

Male sexuality appeared threatened by the sexual demands of women. Men rarely tried to understand their partners' sexual preferences and never spoke of sexual matters with their wives, for example:

If you allow your wife to freely talk about sex, she will express her sexual demand and preferences. This can threaten your sexual life because you might fail to fulfill her demand and your partner will know your sexual failure. It is better to have sex whenever you want without much discussion with your partner, ignoring her pleasure and satisfaction (Rural, married, mechanic, 29).

Some men therefore dismissed women's interest in sexual issues, particularly regarding the duration of sexual intercourse. As such, men intentionally controlled sexual events and any decisions regarding sex as a way to protect their masculine ego and maintain an image of being a *birjohan purush* (a sexually powerful man).

Women were expected to applaud men's sexual prowess for men's self-evaluation of performance was considered incomplete unless validated by women.

Before marriage, I was afraid whether I could make my wife sexually happy. After marriage, I was frightened that if my wife expressed any sign of unhappiness, what should I do. I observed that my fear was unnecessary. I was able to have 'good' sexual intercourse with my wife. I asked my wife about her pleasure. She was very happy and satisfied. She calls me *jouno raj* (sexual king). I am very happy in my sexual life (Urban, married, transport worker, 44).

One unmarried man claimed that sex workers were 'very satisfied' with his sexual performance and a few of them consented to sex for enjoyment without any payment. He was confident about his 'sexual power' and his capacity to make his future wife happy. This statement indicates that without women's validation, it becomes difficult for men to be labeled *birjohan purush*. The men viewed women not as individuals, but important for gratifying male ego.

In the light of the men's concerns and anxieties about sexual performance, I focused on how men reported their sexual health concerns. Various types of concerns were reported which included: concerns related to the male sexual organ, patterns of erection, the nature and timing of ejaculation, and the quality and quantity of semen. Men used various local terms to explain their problems. A list of these terms is given in Appendix 4. These

concerns are evidence of the men's ongoing tensions about sexual performance in the struggle to become sexually powerful as in the dominant construction of masculine sexuality.

Some men suffered from symptoms analogous to STIs for which they had been treated by traditional practitioners. A few men had received antibiotic injections from 'modern' (or allopathic) doctors to recover from syphilis and gonorrhea. Moreover, despite the presence of diverse and multiple sexual relationships including commercial sex, the men did not perceive any significant risk of contracting STIs/HIV, nor did they report STIs/HIV as a major sexual health threat. Some men sought information from me as a medical doctor for a variety of sexual health concerns.

Penis, Power and Prestige

According to many men interviewed, a physically weak man could never perform hard work. They added that nor intelligence, rather, bodily strength particularly the 'capacity' of the penis is required for 'good' sex. A small penis was an indication of a 'weak' penis which could not perform prolonged sexual intercourse. A sexually powerful man was described as having a 'good' sized and shaped penis, but few men were satisfied with the size, shape and action of their penises. Many were concerned and confused as to whether they had the 'correct' sized and shaped penis. The men measured their penises against the size and shape of those of pornographic stars as a commonly available standard.

Both married and unmarried men reported dissatisfaction with the length and diameter of their penises.

I have a stout body but my penis is smaller. When it is erect, it is hardly five inches long! I am not proud of my penis. I feel shy when my friends discuss the big size of their penises. When we see porno movies together, we voluntarily compare our penises with that of porno stars. However, I always keep quiet. Sometimes my friends asked about the size of my penis, I could not tell the truth...I laugh and say it is bigger than anyone's. A man does not need to be handsome, but his penis must be a smart one. The penis should be at least a medium sized one. A small penis is shameful. During penetration, if a female *jodi bujai na pare* (if does not 'realize') what is entering her vagina, she will remember neither the sex nor the man. I do some *malish* (penile exercise) to increase its length, but no improvement (Urban, unmarried, hawker, 19).

One married man expressed his concerns in the following way:

My penis is *chikon* (smaller in width). I think a *mota lingo* (bigger width penis) is required to satisfy a woman. A *mota* penis can perform more frictions with the vagina and women may get more pleasure. I have never seen a *chikon* penis in porno movies. Apart from the length, the diameter of the penis of the porno stars is significantly bigger (Rural, married, hotel boy, 29).

A large sized penis (length and diameter) indicates the “strong penis of a strong man.” Men acknowledged never seeing friends' penises; they relied on descriptions of penises displayed in the leaflets of traditional practitioners (*ayurvedic* and *unani*) and in pornographic movies, where the penis of a ‘sexually potent’ man should be 10 to 12 inches long in erect position. The young men referred to Bengali pornographic erotic tales, popularly known as *choti*, where they read about the importance and charisma of a big sized penis to make a woman satisfied in sexual intercourse. They saw no men in pornographic movies with an erect penis less than ten inches. Therefore, their understandings of erect penises were grounded in the context of available sexually explicit materials in Bangladesh.

Some men believed their penises to be *baka* (curved) after reading advertised leaflets of folk-practitioners (see Figure 6). The information disseminated by folk-practitioners claims that: *joubone otiricto sokti khoi-elingo baka-tera hote pare* (‘excessive’ masturbation at a young age could make a penis curved). The men therefore extrapolated on the notion that ‘excessive’ masturbation would cause the penis to curve:

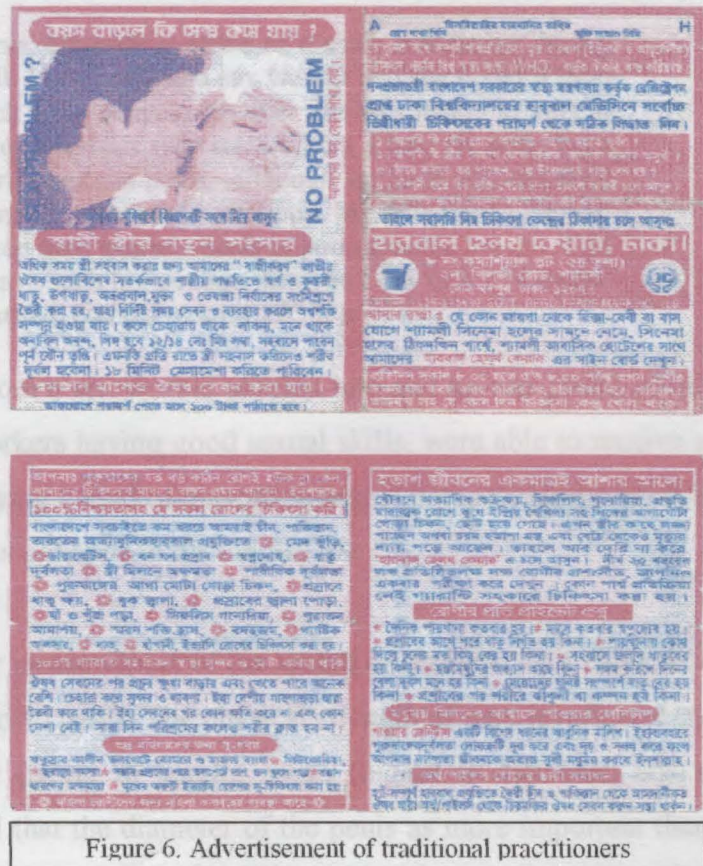


Figure 6. Advertisement of traditional practitioners

My penis is curved especially when it stands. It seems odd and I think it also reduces my sexual power. I have never seen such a curved penis. I read many leaflets of traditional practitioners where they described men's curved penises. I rub my penis on the hard bed for masturbating and probably because of that the penis becomes curved like a rainbow. I am afraid that my *baka lingo* (curved

penis) may not be able to provide pleasure to my future wife. Is there any treatment to make it straight (Rural, unmarried, unemployed, 25)?

A curved penis is also viewed as a symbol of a sexually 'weak' man who cannot be involved in 'forceful' or 'vigorous' thrusting during sexual intercourse and will not therefore be able to provide pleasure to women. Men commonly referred to advertisements of traditional practitioners as the source of their knowledge and their concerns showed that they internalized the messages. Men also worried about 'peculiar' shaped penises, for example:

Aga mota (the diameter of the tip of the penis is bigger) than the *gora* (the base of the penis). I know *aga mota gora chikon* is a symbol of a weak penis. A *gora chikon* penis will not have enough strength to have a vigorous intercourse. I could do far better if my penis would be 'normal' in shape. I have seen in the leaflets of the traditional practitioners that an *aga mota gora chikon* penis is a result of excessive masturbation and will cause problems during sex. I took their medicines, but my problems remained (Urban, laundry staff, unmarried, 27).

One married urban man boasted about the size of his penis:

I have an unusually large penis. My wife is afraid of it since it hurts her during sex. She does not like it at all. I once visited a sex worker and she loved it. She stated that she never saw such a big penis in her life. She was happy to have it inside her vagina. From then on I had sex with sex workers. I love my wife, but I have failed to reduce her fears about my penis. Although we have sex, she feels pain and I feel bad. This has made me sexually unhappy. My wife thinks I am an abnormal man. I have only seen such gigantic penis in pornographic movies, I do not think Bangladeshi men have such big penises. May be I am fit for 'Western' women [laughed] (Urban, married, law enforcing staff, 33).

The acceptance and admiration from a sex worker pleased him and he was proud of his big penis. He claimed that sex workers having good sexual skills, were able to receive a big penis. This man reported enjoying a kind of masculine sexual potency. However, due to his wife's dissatisfaction, he was unhappy in his marital life.

No one knew a standard model or measurement of the length or diameter of a penis, but many were dissatisfied with their own penis. The physical strength of men is reflected by the 'penile strength' of a *lamba* (larger in length), *mota* (bigger in diameter) and a straight penis. Some men claimed that the diameter of the penis as more important than its length. "If a man has a combination of all which is perfect, such a man is 'lucky' and a 'super' man." Many men desired a penis sufficiently long, wide and straight to offer them the prestige of a 'sexually powerful man.' Therefore, a strong man means having a strong and straight penis in terms of length or width. Such strong men with strong penises

should be able to perform 'powerful' prolonged sex enjoyed by woman. A 'real' man is capable of sexually satisfying women.

Erection Anxieties: Threats to Manliness

Beside penile strength, men's sexual performance has other dimensions relating to the nature and timing of erections and ejaculation. Some married and unmarried men claimed to suffer from erection insecurities during sexual interactions using many terms to indicate these concerns. Any failure in erection was described as *dhojho vonga* (impotence), *akhomota* (failure), *darai na* (do not stand), *khelai na* (do not play), *hit hoi na* (not excited) and *lu* (weakness). A good penis was always standing hard without any 'failure.' An erect penis thus represents the ultimate prestige of manliness indicating 'manly power' beyond the sexual domain.

Three types of erection crises were identified: failure to get an erection for penetration; not keeping an erection as long as desired; and acquiring multiple erections in one night. A man may achieve successful erections during foreplay, however, the penis gradually becomes *norom* (flaccid) for successful penetration. Other men claimed they failed to keep erections until ejaculation. Penetration was successfully performed, but while thrusting into the vagina, the penis became soft.

These men's description of erection failure had some common patterns and experiences. For example, no men experienced persistent erection failure but when it did occur, it caused them to be unhappy and frightened. "I was so embarrassed and ashamed in front of my partner. It hurt my manly ego." These men probably internalized the shame and fear associated with 'failure' in sexual intercourse. They could remember times of failure and reported to feel deeply threatened of future incompetence, for example:

My penis takes a long time to become erect. Sometimes if *lingo darai na* (does not get erect). Even after excitement, my penis remains *norom* (flaccid). Sometimes my wife wants me to penetrate her but I cannot because of a late erection or no erection. It is so disgusting and upsetting. I feel helpless and become angry at my own incapacity. I feel I should stop sex at this age (Urban, married, businessman, 53).

After several years of a successful marital sexual life and raising children, this man reported experiencing erection problems. Older men (over 50 years) were dissatisfied and

upset with their decreasing sexual desire and power. They wanted assurance that this was the normal aging process. Due to reduced production of semen in old age, men thought that their stock of semen was depleted causing their erection crises and subsequent loss of sexual desire. Some men perceived this as a disease and reported visiting doctors to solve their problems. These men took traditional medicines to regain the 'bodily energy' to produce semen, but without significant results.

Some men claimed that a time could come in every man's life, when family and society wanted them to give less importance to sex and become more serious about family, children, work and social life. However, many believed that "when a *purush* (man) gets old and lacks his sexual power, he actually lacks the most important power of life. Then he lost the 'power' of a *purush*."

Married men were concerned about the decreasing frequency of sexual intercourse. When first married, they could have sex twice or more each night. Some married men reported a failure to get second or third erections in the same night. "I used to have sex with my wife at least two times a night. After several years, I found that I could not have more than a single erection." His wife did not want sex but the man wanted to prove a sexual power similar to that performed when younger. After 10-15 years of marital life and after fathering several children, some men reported having sexual intercourse about twice a month. "Sex which was a big issue, now has become less important." One married man claimed he must concentrate now on many other issues of life unattended to while young. Nonetheless, the men did not want to lose their sexual desire, so they tried to enjoy sex for as long as possible.

One man married at 30 years of age described the implications of his business crisis. He had lost money and became afraid of his future survival, but did not share these concerns with his wife. He worked hard to regain his business loss, returned home late, ate and went to sleep. He did not have sex with his wife, stating that 'doing well' in business was more important than 'doing well' in one's sex life. This man was worried that his wife would misunderstand this lack of sexual desire. An urban professional stated that a large workload or stress at his workplace disturbed his sexual life, reducing sexual desire and erections. He thought his erection failure occurred because of his constrained social world. Thus, sex was not related solely to 'penile strength,' but rather to 'strength of

mind' as men do not live isolated from everyday contexts. The constraints of everyday life can influence a man's sexual desires and activities.

Married men revealed many stories of hiding and regaining their sexual desire. One urban married man reported avoiding sex for at least a week to get a "nice and long standing erection." He wanted to preserve the image of a *birjaban purus* by practising abstinence for a week before attempting intercourse. Some rural men were busy and did not have time to think about sex. In fact, they reported that they were afraid that if their wives became aware of their reduced sexual capacity, they [the wives] might lack respect for the husband and might become involved in extramarital relations.

Married and unmarried men reported erection-failure on many occasions. The fears of unmarried men were intense:

I had dates with my girlfriend, but we never had sex. While fondling and kissing, she was heavily excited. She wanted to have sex, but I said no. I avoided sex because of fear of her pregnancy. She is my maternal cousin. I was afraid of her social prestige. However, she forced me and pulled off my trousers. She found my penis was not erect. She was surprised and laughed at it. She asked why I did not feel any sexual stimulation. I felt so ashamed. She asked whether I had any sexual problem. She told me that on the next date she would not allow me to avoid sex. Whenever I think about her, I get an erection and I often masturbate. I do not understand why on that day my penis was not erect. Anyway, after that day, I avoided dates with her. She requested and teased me about my sexual fear and failure. It is a serious shame for me, you know. When she teases me, I feel I should rather die than face her (Urban, unmarried, student, 18).

This man reported his experiences of erection, masturbation and successful ejaculation. He had no complaints about sexual excitement and ejaculation while masturbating. He was afraid of his girlfriend's pregnancy when she wanted to have sex. Therefore, he suffered from contradictions and his relationship was based on fear and anxiety. His girlfriend interpreted this negatively and teased him as being sexually incapable. This unpleasant experience probably damaged his *purusatta bodh* (masculine ego). The frightening experience of erection failure in light of his girlfriend's urging to have sex made him fear arranging subsequent dates. His shame threatened his sexual capacity and exaggerated his erection crisis. This incident demonstrates an erection crisis embedded in the context of a relationship and lack of communication with partners. Therefore, penile erections are deeply embedded in men's psychosocial domain.

Ejaculation Anxieties: Threats to Performance

The men reported tensions regarding ejaculations in two major ways: *behi-khon korte parina*, *mal out hoye jai* (failure to prolong sexual intercourse) and *dhukanor agai birjopat* (ejaculation before penetration).

For some participants, after penetration, semen was prematurely discharged before men desire and sexual intercourse was too brief to give pleasure to female partners. For example, "I do everything, for example, kissing, breast fondling, biting and when I penetrate, for the initial 2 to 3 minutes I am fine, but suddenly my *birjo* (semen) comes out. Can you imagine what a bad performance!" The problem of early ejaculation was a source of concern for many men, for example:

When I penetrate, I feel so good and I fail to control my ejaculation. I think my wife is also unsatisfied, but she has never said anything. She says it [intercourse] was good. However, I know it is her aim to please me. As a *birjoban purus* (sexually potent man), I should survive at least 20 minutes. This is a minimum need for a woman (Rural, married, businessman, 41).

The following statement reflects men's ultimate challenge of keeping and proving their masculine sexual potency through the control of the time of ejaculation:

I am not a sexually strong man. I can have intercourse only for 3-5 minutes. Although my wife is satisfied with that time, I know she does not have any idea about sex. That is why she seems fine with that timing. However, I know that no woman can be satisfied with intercourse of such short duration. If she knows that her husband is sexually powerless, can you imagine where will I stand? How can I save my face? In pornographic movies, they are perfect 'real men' having prolonged sex. A 'real man' should only ejaculate when his partner wants him to ejaculate. My friend told me that he only ejaculates when his wife surrenders to him and requests to ejaculate (Urban, married, daily laborer, 33).

The men therefore considered that a 'good' and 'manly' sexual performance only occurred with a long duration from penetration to ejaculation. Men from all backgrounds reported a pervasive belief that women require longer time for complete sexual pleasure. Therefore, ignoring personal timing for pleasure, men wanted to last longer to prove their capability of sexually satisfying a woman.

The unpleasant experience of ejaculation before penetration, occurred after foreplay or sometimes without foreplay when men became so excited, they could not retain semen until penetration, for example:

I cannot take hold of my semen, sometimes it comes out even before penetration. This is so embarrassing, I feel ashamed in front of my wife. It does not happen always, only when I am too excited after not seeing my wife for several weeks. I often get depressed thinking of the possibility of ejaculation when I plan to have sex with my wife (Urban, married, construction worker, 51).

This couple lived apart, but he visited his wife in their rural area once a month and stayed for a few days. He became so excited when he reached home and saw his wife that he prematurely ejaculated during sexual intercourse. They were too shy to talk to each other about this. Nevertheless, the man felt his wife thought him sexually 'weak' as she once told him to get treatment. He noticed that when he stayed longer the situation improved and he could perform better. Separation from a wife or expectation of seeing a woman nude therefore could lead to early ejaculation.

One man, fearing that premature ejaculation was a sign of weakness or disease, followed the advice of his friends. They advised him to observe female nudes on a regular basis to minimize his over stimulation. Accordingly, he began visiting sex workers regularly. He also purchased several pornographic magazines and reported his condition improved:

Have you [the interviewer] ever experienced this [quick ejaculation] problem? If not then you are lucky and you will never understand how it feels. I am mentally very disturbed about this problem. My wife has now lost interest in having sex with me. I suspect she is having sex with other sexually potent men. That is the tragedy of my life. If a man does not have sexual power, then he is no better than a dead man (Rural, married, businessman, 50).

The men discussed their fears and experiences in a distressed manner wanting solutions. However, not all men experienced this problem, many claimed satisfactory intercourse. In the absence of sex education and access to proper information, the men had no opportunity to discuss or share their concerns with others. They live in a social environment where information on sexual issues is limited or distorted. The men were embarrassed to disclose their concerns to friends, as their masculine ego of a *birjoban purus* would be threatened. The men felt even more reluctant to speak openly with their wives or girlfriends.

Given men's desire to maintain masculinity through powerful sexual acts, I explored the essence of this act. Ejaculation as the desired end product of male sexual performance means that 'semen' was significant to men in variety of ways. In the following section, I explore men's concerns about semen.

Seminal Strength

The men considered semen, the source of their *sharirik* and *jouno khamota* ('physical and sexual strength'). Semen loss was perceived to hinder men's overall health and well-being. The men's diverse concerns about semen, its storage and loss, the quality and quantity during ejaculation, the way semen is lost and other related concerns were explored and analyzed in the context of men's sexual culture, reproductive capacity and sexual potency.

The men expected semen to be thick and milky-white in appearance. Any deviation from that expectation, for example, perceived liquidity or discoloration of semen was considered harmful for sexual potency and performance. Some men considered their *birjo* (semen) to be *patla* (diluted or thin) and the color watery (not milky white) indicating 'bad' quality especially in terms of reproduction capacity. One unmarried young man stated: "*amer birjo panir moton patla* (my semen is watery). I think my body has a deficiency of some important material, my semen is bad quality. It might lack adequate sperm causing me to be infertile."

Some men stated that dilute semen was the consequence of some sexual disease in 'sexually weak' men. Some of the young men had sought traditional practitioners and were told that they suffered from *dhatu durbalota* (weakness of semen), a disease resulting from semen loss due to 'excessive masturbation.' They were prescribed medicines and told to eat more onion and pumpkin to increase the concentration of semen.

Some young men were concerned about their small quantity of semen per ejaculation. An 'adequate' amount of semen symbolized *birjoban purush*, but men were unaware of any standard amount of discharged semen per ejaculation.

When I ejaculate, I find small amounts of semen. I have seen people in pornographic movies are ejaculating huge amounts of semen. Why can't I? I probably have a shortage of semen in my body. I think I have to marry quickly. I do not masturbate often and do not go to the female sex workers. I think I should not waste semen often. Otherwise, when I will marry, I will run short of semen (Urban, unmarried, hawker, 19).

Some young men measured their ejaculated semen and reported less compared to what they had seen in pornographic movies. One unmarried man stated that he and his friend masturbated in their room at their dormitory and kept the semen in separate containers. Then they measured the amount of semen and declared the winner as being *bijoban purush* based on the amount. Some men feared lacking semen due to 'excessive' expenditure by masturbation.

Some newly married men were concerned over small amounts of discharged semen. They reported engaging in sexual intercourse every alternate day noticing amounts of ejaculated semen gradually decreased. They were frightened and began taking nutritious food to increase production of semen. The men claimed that amounts of semen should be 'sufficient' and that a "*birjoban purush* should be rich in semen storage." The importance of 'sufficient' amounts of semen lay in the fact that without 'sufficient' amounts of semen, men could not become fathers and infertile men are not *birjoban purush*. Thus, amounts of semen are closely related to men's views of sexual potency and fatherhood.

Some married and unmarried men worried that their semen appeared different, sometimes being *vater marer moton* or *chuner pani moton*. *Vater mar* is the white discarded sticky watery substance at the end of rice preparation and *chuner pani* means the whitish water of *chun* (lime) taken with *pan* (betel leaf). They reported experiencing this kind of whitish discharge before penetration, sometimes even without any sexual stimulation. Some reported discharging this whitish secretion while they felt sexual excitement resulting in losing their sexual interest:

When I am sexually excited, some 'whitish substance' comes out through my penis. It looks like semen. However, I am not sure what it is. I am afraid and often lose my erection. Why does this fluid comes before penetration? I am unmarried, so what will my future be? Now whenever I think about sex, it comes out. I am scared (Rural, unmarried, unemployed, 25).

These men probably experienced the secretion of pre-ejaculatory fluid, a normal physiological response to sexual stimulation. However, due to lack of information and understanding of sexual physiology the men were curious about their bodies. They claimed that sexually 'weak' men could not control their ejaculation. Some stated that the whitish secretion was not semen, but rather "something else which was discharged due to unknown sexual disease."

Traditional practitioners and some of the men described this problem as *meho* and *pro-meho*, a condition analogous to gonorrhea. A few young men reported experiencing this problem during urination.

When I get up in the morning and go to urinate, semen like white fluid *chikon dharai ber ho* ('thin thread') passes either before or after urination. I am sexually weak. If it continues, all of my semen stock will end. What will I do after marriage? The doctor told me to drink less water. Now I am afraid to urinate. Another doctor said I have to drink more water. What should I do? Would you kindly suggest where should I go for treatment (Urban, unmarried, barber, 21)?

This man, lacking information on the male body and sexual function, needs appropriate medical investigations. Although he visited doctors, the advice was inconsistent, confusing and contradictory. His understandings of reducing body storage of semen through urination and becoming a sexually weak man cannot be seen as an individual's sexual health problem. Men's concerns of semen storage and loss are culturally implanted when semen is considered the source of men's physical and sexual potency.

Discharge of semen through sexual intercourse was not considered a loss. Any discharge of semen whether by masturbation or through nocturnal emission was regarded a loss, causing health problems particularly sexual problems. Men reported that due to loss of semen in 'unnatural' or 'artificial' ways, the storage of semen was depleted and semen became diluted. Due to the thinning of semen, it automatically was discharged during urination or defecation. Nocturnal emissions and masturbation were commonly raised by men as source of semen loss.

Swapnodos (Nocturnal Emission)

All men experienced the involuntary emission of semen while sleeping. Many thought this resulted from sexual health problem and weakness. *Swapnodos* has negative connotation in Bengali, *swapno* means dream and *dosh* means a fault. The event of *swapnodosh* is culturally labeled a *dosh* of men that happens in *swapno* while sleeping. Culturally this indicates the 'unmet' sexual desire of 'sexually crazy' men. Some key informants stated that nocturnal emissions for unmarried men indicated that they were imagining sexual relations with females implying 'bad impressions' for these 'sexually crazy men.' The first experience of nocturnal emissions indicates someone is no longer

boy, parents consider the event an indication of adulthood, when a man becomes capable of producing and ejaculating semen by thinking about sex in dreams.

Nocturnal emissions are described by traditional practitioners as symptoms of *jouno rog* (sexual diseases) and *dhatu durbolota* (sexual weakness due to problem of semen). They claim in their advertising leaflets that "*swapnodos* is the outcome of excessive *hasto-moithun* (masturbation) in an early *jaobun* (young adult)" (see Figure 6). Although the men knew it might happen, they worried about its 'normality' and the 'normal' frequency remained a big question to many men.

Swapnodos happens frequently. I have heard many men also have this problem. I went to a village doctor. He said it happens due to too much sexual thinking and it is a sexual disease. He asked me not to think about sex. Believe me, despite having any sexual thoughts, it often happens. I explained, but the doctor did not believe me. He laughed and asked me to marry soon. If I lose all my semen in unproductive way, then I will have no semen remaining for my wife. It makes me worried. I have heard that my friends have *swapnodos* once a month or less than that. Why do I have *swapnodos* so frequently (Urban, unmarried, hotel boy, 23) ?

Hasto-moithun (Masturbation): A Common but Hidden Practice

Masturbation is a secret sexual pleasure in men's lives and was reported as the men's first experience of voluntary ejaculation. No one claimed not-masturbating, although most felt shy in acknowledging it. Many men used the term *hasto-moithun*, a popular Bengali synonym for masturbation. Common slang terms for masturbation are *hat mara* or *mutthi mara*. Most men discussed various concerns about masturbation and sought information on it.

Most of the men began masturbation from early boyhood around 13-15 years, first learning about masturbation from their peers. Some also learned by reading sexually explicit magazines. Unmarried men reported engaging in masturbation at least once a week ranging between two to five times a week. Unmarried young men claimed that they masturbated because they could not have regular or 'legal' sexual intercourse like married men. They therefore engaged in masturbation to fulfill their 'unmet' sexual desires. Masturbation was the only known way to avoid sexual relations with any female until marriage.

Although some men reported having sex with sex workers, girlfriends or relatives, they also engaged in masturbation. "*Mal out kora* (discharging semen) has no alternative in unmarried lives when sexual desire is extremely high." One unmarried man claimed only sleeping well if he had masturbated before going to the bed:

I know masturbation is a bad thing, what can an unmarried man do? If I do not masturbate, then how do I fulfill my sexual desire and demand? Should I go to sex workers? That is a bad. Therefore, I think masturbation is good for every unmarried person to keep up his 'good character' on the one hand, and to be safe on the other (Urban, unmarried, student, 18).

Most married men claimed to stop masturbation after marriage. However, after a year or more, they had started again. These men said that their wives were unaware of their masturbation, while some wives masturbated their husbands. Married men reported masturbation helped with personal sexual fantasies, preferred ways of sexual enjoyment and was safe from adultery.

One married man claimed: "I know masturbation is especially shameful for married men. However, its necessity cannot be ignored for enjoying sex in one's preferred way." Some claimed the through semen release by masturbation, they could prevent establishing 'illegal' sexual relations outside marriage. One man claimed that masturbation had 'secret benefits' for his marital life, assisting him to show his sexual power to his wife, for example:

A few hours before having sex with my wife, I go to the toilet and masturbate. Then when I have sex with my wife, I get a long-standing erection and I can have prolonged sex. I have found that this is the best way to show my sexual power to my wife (Urban, married, businessman, 30).

Other men stated that masturbation increased their sexual performance. Since masturbation was done in isolation, men did not see any threat in terms of showing or proving their 'sexual power.' However, the chance to evaluate one's sexual performance, especially by a female partner, was absent in self-masturbation.

I do not have 'super-sex' with females. I always suffer from tension about when my semen will come out. I become busy in keeping the semen as long as possible inside my body. I often do not enjoy sex. However, during masturbation, I have no tension about my sexual performance. I just enjoy it without calculating the timing and evaluating my performance. I have found that I get better pleasure in masturbation (Rural, unmarried, student, 21).

"It is a bad practice causing dangers to my health"

Acknowledging social and religious disapproval, most men, however, stated that masturbation was a *ruro bastobata* ('unavoidable reality') in their lives. Although some men described positive results, most men considered masturbation from a negative perspective. *Aotiricto* (excessive) masturbation referred to a frequency that varied between men. Masturbation was considered a *baje/ku/kharap ob-bhas* ('bad' habit). Concern was described in the context of personal or peer experience, reinforced by information provided by traditional practitioners. These concerns are summarized in tabulated form in Appendix 5.

The men in this study, particularly unmarried men commonly reported concerns about masturbation in terms of 'excessive' semen loss, reduction in sexual potency and the deformed size and shape of their penises. Besides sexual health concerns, men claimed to believe in the detrimental effects of masturbation on general health. Expending semen, the 'vital' source of energy, by masturbation was considered disastrous for one's sexual performance and diminished the quality and quantity of semen. It was believed to deform the size and shape of the penis, resulting in male infertility and impotence.

Beyond the genital and sexual impact, the men reported detrimental effects on general health, becoming physically and intellectually weak. Moreover, they considered masturbation to be a 'mechanical,' 'immoral,' 'anti-religious' and 'anti-social' act for which they suffered low self-esteem and self-confidence.

These notions were reinforced by the teachings of religious schools, through the advertisements of traditional practitioners and supported by friends. Masturbation was significantly devalued and condemned by key informants and discussants of FGDs, for example:

Young men claim various reasons in favor of masturbation. Some reasons may sound rational. However, the truth is that it is an extremely bad practice. It is bad for unmarried men because it will make them sexually and physically weak. Before the age of marriage, if someone spends *birjo* in such an unproductive way, he has to suffer when married. Therefore, this not only brings personal disaster, but ultimately the families and society are threatened for accommodating such a useless young generation lacking the vital force of life and survival. It should be discouraged by any means. If needed, a man should get married at an earliest possible time (Rural, married, traditional practitioner, 40).

Findings revealed the following propositions which I briefly illustrate in following summarizations:

1. Masturbation is not a 'real' sexual activity. It is against nature. It does not result in reproduction, hence is a useless expenditure of bodily energy. It also causes harmful effects relating to general health, physical weakness and memory loss. Consequently, masturbation is a perversion and religious sin;
2. Masturbation results in significant loss of semen. This ultimately destroys the reserve of semen and sperm in male bodies, causing thinning of semen resulting in infertility; and
3. Masturbation also deforms the shape and size of the penis, making the penis weak which ultimately weakens erection (impotency).

Due to such negative notions about masturbation, some unmarried young men attempted to reduce the frequency of masturbation and preferred 'real' sexual intercourse with females.

The quantity of semen that is ejaculated by masturbation is larger in amounts compared to that by 'real' sex with a woman. Masturbation makes a penis *baka* (curved) and weak. This has many negative impacts on my sexual and general health. Therefore, when I need to ejaculate, I try to find a woman (Urban, unmarried, transport worker, 29).

Some unmarried urban men made similar statements. "It is not always easy to have sex with women. However, I have to stop masturbation since it is destroying my sexual capacity. If anyone fails to resist sexual demand, then it is better to find a woman." Supporting this notion, it was stated:

I think, due to 'excessive' masturbation, my penis becomes weak and deformed. I think, I have to stop it at any cost. I have decided to have 'real' sex, may be once a month, but that could save my sexual life, otherwise, masturbation would cause me to be sexually incapable man (Rural, unmarried, daily laborer, 29).

The statements of young unmarried men frequently demonstrated that in order to find an alternative to masturbation, they had decided to be involved in 'real' sexual intercourse with FSWs making them vulnerable to STIs/AIDS.

Practitioners' perspectives on masturbation

The allopathic STD physician claimed that all men masturbate, but only a few have problems:

The issue of masturbation and its effects are not clear even in medical science. Nothing especially is written about masturbation and its impact on sexual health. However, from the scientific point of view and as far I know, masturbation, if is performed with 'normal' frequency like once a week by soft rubbing of penis, should not to do any harm. However, I have seen many patients who are habitually masturbating and perform it more frequently. They reported suffering from sexual and general health problems, many of which are caused by psychological stress and tension. I think, without proper knowledge, too much indulging in masturbation is detrimental whether physically or psychologically.

One traditional practitioner claimed: "infrequent masturbation had no significant negative impact on men's health, but if performed 'too much,' it definitely affects health." The term 'infrequent' and 'too much' clearly had different meanings to different practitioners. 'Infrequent,' meant engaging in masturbation once a week or twice a month. The meaning of 'too much' was also diversely reported with a range between three to five times a week, for example:

There is a limit to semen production in the human body. If a young man is involved in masturbation, his semen, the vital source of energy, will be lost before marriage. Therefore, he will suffer from general weakness and there are many other side effects. He may lose his memory, may not be able to concentrate on his studies, have acne on his face and his eyes may be shrunken. To produce semen, a person needs to take rich food and in our poor society it is not possible for many men to eat nutritious food, so semen production is hampered. Many may be infertile in future life. Moreover, masturbation is religiously considered a sinful act. Men who engage in it suffer from guilt which is bad for their overall health and well-being. They cannot be productive citizens (Rural, married, traditional practitioner, 40).

The allopathic doctor did not report negative effects in similar ways, but emphasized patients' reported problems which according to his understanding were more psychological than biological. He stated: "we do not have any specific medicines to treat these patients. We prescribe anti-depressant drugs and some symptomatic treatments. They need counseling rather than medicines. Unfortunately, we have no facilities for counseling."

Both the traditional practitioners and men in this study described these negative effects in similar ways. One traditional practitioner claimed: "allopathic doctors only know about syphilis and gonorrhea, they have a few specific antibiotics to treat every problem, and they do not know much about men's sexual concerns and pay little attention on men's complaints." On the other hand, traditional practitioners' knowledge was based on men's reported concerns. Many men reported visiting these practitioners more often than allopathic doctors on the following grounds:

I first visited an *ayurvedic* doctor and took his medicines for few months without any significant improvement. Then I went to a 'modern' sex specialist in the city and became more depressed. I found that he did not understand my problem. He thought I was suffering from a mental problem. He stated everything was fine with me. He gave me some vitamin tablets, ... how funny? He labeled me a psychological patient. Then I returned to my *ayurvedic* doctor, at least he understood my problem (Urban, unmarried, businessman, 30).

Advertisements of traditional practitioners were distributed in the form of leaflets in various community settings, transport stations, market places and parks. These advertisement (see Figure 6) generally claim that men who spend 'energy' through expending semen by masturbation in their youth could suffer from various sexual health problems in later life. These advertisements claimed to treat men's various sexual health problems with *bifole paisha/mullo ferot* (money back guarantee). The main problems included a shortage of semen, a deformed penis and lack of sexual potency in lay terminology. Masturbation was identified in all these advertisements as the main cause of semen loss resulting in semen depletion, thinning of the semen, a deformed size and shape of the penis, an absence of sexual power and failure in erection and prolonged intercourse.

In the absence of sexuality education in Bangladesh and in the face of the prevailing cultural silence regarding sex related issues, these advertisements were reported to be well-accepted by men, especially young men. Some men stated that traditional practitioners could better understand men's issues and concerns as the advertised information corresponded to men's perceived problems.

Beside printed advertisements, traditional practitioners also circulated their messages through social gatherings in the form of footpath dissemination. In rural and urban market areas and in bus stands, a form of community dissemination was observed. These folk campaigns were arranged at the evening. I attended two such gatherings. In an urban

setting, a traditional healer sat around a bus stand. He gave a lecture using a small hand mike on sexual health problems in attractive and humorous tone. His stories of sexual health problems were collected from his patients. He offered to treat sexual problems with his *oburtho* (successful) medicines, while discussing masturbation as the root of all sexual health problems.

A similar scenario was observed in a rural setting at a weekly *hatt* (market) where a folk practitioner sat beside a market. He played a lecture on sexual health problems on an audio cassette player at loud volume. The descriptions of men's problems were voiced in similar ways to his urban counterpart. This man stated that at the weekly *hatt*, he could sell his medicines to many men. In response to my question about sexual health issues, he replied:

We [traditional practitioners] do not depend on *boyer katha* (bookish knowledge). Our experience is practical. I have been treating patients for as long as 20 years. I have seen men complain about various sexual problems resulting from masturbation. The allopathic doctors do not think masturbation is bad, but they are wrong. Masturbation can certainly damage a man's penis by making *rogg dhula* (softening the penis). I successfully treat these problems with my medicines.

Semen, Food, Vigor and Heredity

Both unmarried and married men described sex as a way of expending physical energy through the ejaculation of semen which was formed from blood. Some men claimed that 40 drops (the range was between 10 to 100 drops) of blood were required to form a single drop of semen. They learnt this from their peers, local doctors or from the advertisements of traditional practitioners. They commonly stated: "that's why after ejaculation, I feel very tired and I sleep within a few minutes. This indicates we expend physical energy through the discharge of semen." Some unmarried men stated that masturbation is tiring. A few young men claimed that if they want to have a sound sleep, they usually masturbate.

The men claimed that young men could produce semen rapidly because of their age and greater food intake. Aging men who suffered from physical problems (for example, diabetes, and hypertension) claimed being prevented from taking nutritious food (eggs, meat, milk, *ghee*, and butter) and sufficient amounts of food. Therefore, with aging the

production of semen is reduced and due to this reduction a man ultimately lacks physical and sexual strength.

Some men believed that poor people, who had less access to nutritious food, were not *birjoban purush* and could be sexually weak. Men from diverse educational and occupational backgrounds reported that nutritious food (eggs, meat, milk) could produce more semen making men *birjoban purush*. Men who had less income reported their frustration about physical weakness (especially sexual) due to a smaller intake of nutritious food. Some men compared the whitish color of semen to the white of an egg, and reported that eating eggs especially larger duck eggs regularly to produce more semen. Fat rich foods like *ghee* were also considered good for semen production.

Many men tended to believe that poor men have poor quality of semen producing children of poor physical and mental growth. That is the quality of semen determines quality of children. A key-informant stated: "semen contains seed. For a good quality tree you need good quality seed, similarly if you want to have good quality children, you need good quality of semen." Like this key-informant, many men had the common belief: "*chorer ghore joz jormai na*" ("a thief cannot procreate a judge") indicating the influence of heredity passes through semen. If the quality of semen is not good then children might be born with mental slowness or could have other physical defects.

Some rural men described the children from poor families as having limited physical or mental health and lower intelligence and that this had some relation to the poor quality of semen. A child in a poor family infrequently achieves success in professional or family life. For example, one farmer argued: "if you take my son and bring him up in an urban area, he will never be a judge or a barrister. *Bongsher dhara hire jete parbe na* (cannot ignore his genetic influence)."

Summary of Men's Sexual Health Concerns: A Crisis for Masculine Sexuality

In this section, I summarize and illustrate how men's sexual health concerns are related to their masculine sexuality through a diagram (see Figure 7). Among many other components, masculine sexuality has two major dimensions: i) demonstrating sexual performance to satisfy women (or wives in marital context); and ii) achieving manhood

by proving reproductive capacity and producing male offspring. These two factors complement and reinforce each other.

Men's sexual performance is the major way of demonstrating manliness or manly 'sexual potency.' Therefore, sexual performance has always been considered challenging for men throughout their lives. Men validate or show sexual performance by being involved in prolonged sexual intercourse from penetration until ejaculation which had no standard timing but was reported to range between 20-30 minutes. Such prolonged intercourse is perceived necessary for providing sexual pleasure to women. The diagram shows that the following factors were perceived necessary to perform pleasing sexual performance:

1. A 'good' sized and shaped penis, adequately long and wide in diameter for vigorous thrusting during sexual intercourse and ensuring adequate friction with the vagina;
2. Strong and multiple erections at will;
3. The capacity to control the timing of ejaculation especially with women's requests (in the sense of 'winning the game'); and
4. Ejaculating adequate amounts of 'good' quality semen.

The men generally engaged in masturbation which they considered exerted detrimental effects on sexual health and general well-being. They believed that masturbation caused semen loss ultimately endangering their sexual health and performance. Apart from masturbation, any discharge of semen was considered a loss if ejaculation was performed in 'unnatural' or 'illegal' ways such as sex with sex workers, frequent sexual intercourse and nocturnal emission (see Figure 7). All these factors contribute to concerns of semen loss and 'thinning of semen.'

Semen is considered the *jihoni shakti* (vital essence) of men's lives, essential for physical and spiritual well-being and for performing 'good' sexual intercourse. Semen loss was seen as at the core of sexual performance and produced a significant level of mental and social tension among the men. Thus, men greatly emphasized preserving adequate amounts of semen since they believed they were born with a limited quota of semen. The production of semen could decrease with the aging process and taking nutritious food was perceived as crucial for the production of an adequate supply of 'good' quality semen. Therefore, loss of semen in early life by masturbation, nocturnal emission or by

'illegal' ways could lead to sterility or impotency and other general health problems as shown in the Figure 7.

Beyond this personal framework, men considered adequate amounts of 'good' quality semen as essential for demonstrating reproductive capacity especially for producing 'good' male offspring. Therefore, semen loss was considered a great barrier to men's masculine sexuality and achieving fatherhood. The patriarchal obligation of shouldering heredity for maintaining family lives and sustaining society was drawn into discussions (see Figure 7). As a result, the meanings of semen moved from the genital and sexual domains towards the societal and state domain. These notions are the consequences of Bangladeshi men's ongoing challenges to prove manliness and manhood through masculine sexuality.

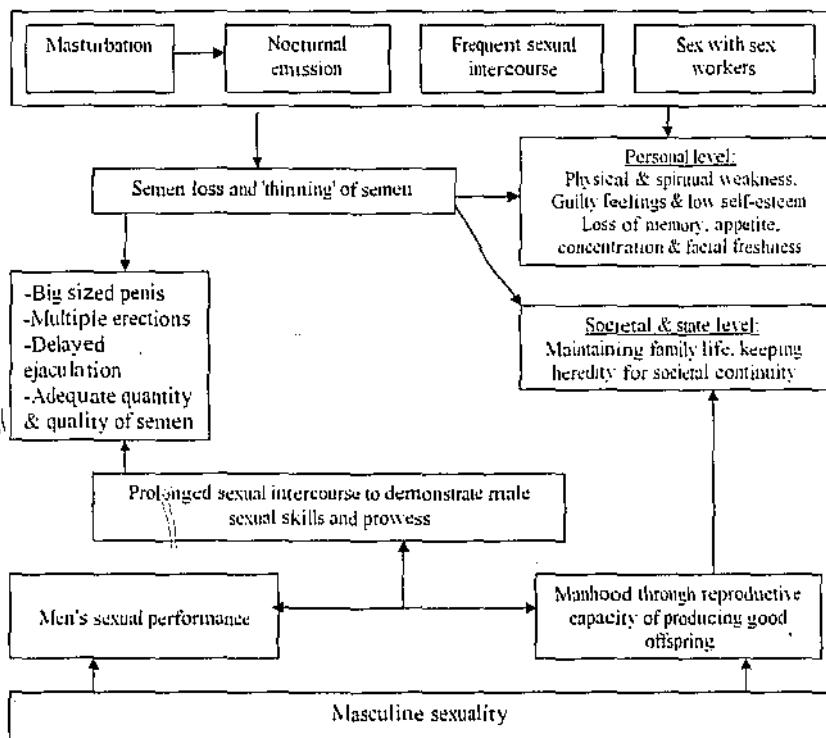


Figure 7. Men's sexual health concerns: crisis of masculine sexuality

CHAPTER EIGHT

DISCUSSION

Sexuality is not a simple or uniform phenomenon: it embraces many aspects of human existence, such as the economic, social, political, psychological, emotional, spiritual, physical, genetic, and so on. It therefore seems difficult to develop a one-dimensional or monistic theory of it. It also seems impossible to give a comprehensive account of it: we have to be highly selective about the sub-topics within sexuality that we study (Horrocks, 1997, p. 1).

In line with social constructionist perspectives of male sexuality in the framework of masculinity and based on the findings of my research questions, I have divided this chapter into several interconnected themes to present an holistic dimension of masculine sexuality. I discuss how men see manliness and manhood, and struggle to accomplish it particularly through marriage and monetary achievements. Then I analyze how these masculine standards effect men's marital and non-marital sexual relations. Thereafter, I discuss how men's notions of masculinity influence their perceptions and practices of sexuality. In this respect, I consider meanings of sex in men's lives and their sexual health concerns particularly masturbation, semen loss and phallic anxieties. I then depict men's constructions of risk and safety with special attention to condom non-using behaviors. Finally, I re-examine traditional masculine sexuality and its congruity and contradiction to show its effects on sexual health and disease transmission and possibility of reconstruction.

Marriage, Money and Manhood in Bangladeshi Society

This research reveals four major 'masculine goals' of marriage for Bangladeshi men: i) to form a legitimate sexual and family life through a *cabin nama* (official and religious deed); ii) to have children to enable patrimony and inheritance; iii) to be seen as a mature social adult who could maintain a family and take on responsibility for a wife and children; and iv) to obtain old age security from children. Men are expected to find the meanings of personal and social life through marriage, a masculine achievement. Marriage is socially and religiously compulsory for every financially and physically capable man (Esposito, 1998; Ali, 1990). Through marriage, men also obtain property

and authority over wives, children and households, and acquire and transfer heredity to a future generation (Chowdhury, 1995).

Nock (1998) has identified three significant social roles for men including i) fathers to their wives' children; ii) providers for their families; and iii) protectors of their wives and children which are common across cultures and essential for achieving manhood (p. 50). Nock's propositions are based and supported by other anthropological studies of various diverse social contexts (Gilmore, 1990). Findings of this research support Nock's proposition of the obligatory marital institution of reaching manhood in Bangladesh, which is predominantly a patriarchal society where male domination and women's subordination is the standard (Aziz & Maloney, 1985; Khan et al., 2002). Patriarchy in Bangladesh has evolved as a strategy to retain property within a male privileged *patrilineal* family.

Gender-appropriate social and sexual roles demonstrate both men's and women's family responsibilities within the context of power relations (Khan et al., 2002). As in other South Asian countries, men in Bangladesh are conventionally considered breadwinners and guardians of the families (Aziz & Maloney, 1985; Mannan, 1988; White, 1997). Women are expected to be male-dependent and caretakers of the family, husbands and children. They are likely to maintain *purdah* (the veil), stay at home and generally are not encouraged to pursue a living outside the household (Amin & Hossain, 1995; Aziz & Maloney, 1985). Although with changing socioeconomic aspirations, these notions are challenged by modification of the core issue of gender subordination and male-dependence, this is not yet widely prevalent in Bangladeshi society (Nosaka, 2000).

Marriage is traditionally seen as the only socially, legally and religiously accepted bond for men and women throughout Southeast and South Asia where weddings and the procreation by all adult males and females are obligatory (Aziz & Maloney, 1985; Jones, 1994; Khan et al., 2002). Existing literature demonstrates the obligatory nature of marriage in Bangladesh (Aziz, 1979; Aziz & Maloney, 1985; Khan et al., 2004a; Mazharul & Mahmud, 1996; Muna, 2003), as a socially recognized way to become a 'man' or a 'social adult' (Khan 2001; Khan, Hudson-Rodd, Saggars, & Bhuiya, 2004b).

The presence of an adult, unmarried woman in a family is condemned by society and "if the eldest daughter does not marry first, families are greatly stigmatized, others

suspecting that there is something wrong with the family which could jeopardize the marriage of other daughters from that family" (Hepper, 1999, p. 559). The social pressure for marriage is much greater for women, but men do not escape. Bangladeshi men and women's sexuality is oriented towards marital life, thus marriage customs are compulsory, especially for the procreation of children as children are expected to be born to a married couple. Bangladeshi men and women cannot imagine a life without marriage (Aziz, 1979; Aziz & Maloney, 1985) which is the ultimate romantic ideal to be fulfilled (Aziz & Maloney, 1985; Muna, 2003). Thus, achieving fatherhood through marriage is necessary to prove manhood just as motherhood proves womanhood.

Fatherhood as proof of masculinity is constructed in various ways. Men's capacity to impregnate women is conventionally considered to be the male's reproductive power. In case of infertility, "the blame in most of world's cultures is placed on the man" (Nock, 1998, p. 50). However, in South Asian countries, wives are generally blamed for infertility even without knowing the husband's fertility status. This is mainly due to the notion of men's 'unfailing' reproductive capacity in a male dominated society (Papreen et al., 2000). In such conditions, privileged male condition encourages men to marry to achieve fatherhood, making 'infertile wives' vulnerable to separation.

As in Asian countries, the notion of reaching manhood through fatherhood is common in Western countries (Nock, 1998; Wilton, 1997). Men in this research shared what Connell (1995, p. 82) has called the patriarchal dividend through which men gain honor and prestige and the right to command and gain material advantages over women. Thus, no men are against marriage or proclaim to remain unmarried. Unmarried men in this study expressed their frustration marrying late due to unemployment. The key informants supported the 'timely' marriage for men and women without delays to ensure the harmony in the patriarchal social order.

Family and kinship are the basis of social structure and the core of social lives. A family resides in a *bari* (household), headed by a man and functions as the basic unit of economic endeavor, land ownership and social identity (Maloney et al., 1981). Purchasing land is the traditional economic investment of a family. Sons are seen appropriate for property maintenance (Cain, 1986; Chowdhury, 1995; Nosaka, 2000). The inheritance of property and the responsibility of keeping this inheritance in

Bangladeshi society is a significant phenomena. Thus, unmarried men are considered 'unmanly' and ridiculous due to their counterproductive roles in a patriarchal heredity.

The preference for sons in Bangladeshi families is common affecting fertility behavior in Bangladesh (Nag, 1991; Rahman, Akbar, Phillips, & Becker, 1992). Generally, fathers consider the value of their old age security which can be ensured by sons (Mannan 1988; Nag, 1991; Nosaka, 2000). Mothers also desire to have at least one son (Amin & Mariam, 1987). Mothers depend on sons at a certain stage in their lives, especially during a husband's old age, disability or death (Cain, 1993, p. 55). This is particularly applicable in Bangladeshi society where husbands are senior to wives by 5 to 15 years (Ellickson, 1988; Shaikh, 1982). Women see sons as a source of power in their underprivileged position in the husband's family (Aziz & Maloney, 1985; Chowdhury, Bairagi, & Koenig, 1993). If a woman can give birth to male children, her motherhood heralded for its "contribution to the family security and continuation" (Kabeer, 1988, p.102). Therefore, bearing male children through marriage is a normative cultural expectation in Bangladeshi society not only for men but also for women.

A few young men from rich families married without regard to their earning capability on the grounds that they expect to receive financial support from their rich parents. In Bangladeshi culture, sons and daughters expect to get some financial and social support from both fathers and father-in-laws (Aziz & Maloney, 1985). Capable fathers continue to support their children even after marriage (Aziz & Maloney, 1985). After reaching a certain age (usually 25-28 years) many parents want their sons to marry irrespective of their earning capacity. These young men prefer to delay fatherhood, but not marriage. However, some men do not marry until they are economically solvent. The 'fear of fatherhood' reported in Western countries (Flood, 2003a, pp. 356-357) that encourages young men not to marry does not fit with Bangladeshi society. No participants in my study claimed to remain unmarried to avoid fatherhood. By contrast, the main driving force for marriage in Bangladesh seems to be the 'fear of losing manhood' and the urge to establish regular 'legal' sexual relations with wives.

Thus, the roles of parent, provider and protector constantly challenge men and are to achieved through contest, competition and contradiction as an ongoing dynamic process in Bangladeshi men's lives. "Men must continually prove and demonstrate their masculinity, whereas women do not need to constantly justify their claims to their

femininity" (Nock, 1998, p.44). In the words of Badinter, the French feminist psychologist:

The order so often heard—"Be a Man"—implies that it does not go without saying and that manliness may not be as natural as one would like to think. Being a man implies a labor, an effort that does not seem to be demanded of a woman. It is rare to hear the words 'Be a Woman' as a call to order, whereas the exhortation to the little boy, the male adolescent, or even the male adult is common in most societies (1995, pp. 1-2)

Thus, reaching manhood is not easy as anthropologist Gilmore states:

This recurrent notion that manhood is problematic, a critical threshold that boys must pass through testing, is found at all levels of sociocultural development regardless of what other alternative roles are recognized. It is found among the simplest hunters and fishermen, among peasants and sophisticated urbanized peoples; it is found in all continents and environments (1990, p. 11).

In line with Nock, Badinter or Gilmore's ideas of ongoing challenge, I noted one of the major ways for Bangladeshi men to achieve their manhood as parents, providers and protectors is to obtain monetary success. Thus, in the following section, I argue how money and manhood are interlinked.

The essentialist assumption equates maleness to face, fight and succeed in professional achievement (Eisler et al., 1988; Gilmore, 1990; Gross, 1992; Pittman, 1993; Real, 1997). Monetary power and the acquisition of tangible property generally determine men's professional achievements and admiration in most societies (Farmer, 1995; Gilmore, 1990). I think the importance of monetary power is particularly greater in economically disadvantaged societies like Bangladesh where overcoming poverty is an ongoing issue and fundamental to most men's lives.

The notion of monetary and materialistic power influences men's vision of sexual relations with women (Epstein, 1994; Farmer, 1995; Gross, 1992; White, 1993). Campbell (1997) states the migrant workers of gold mines in South Africa even accept the risk of working underground in mines and embrace loneliness and other uncertainties to conform to the masculine responsibility of earning. Their sense of the responsibility for supporting the family is translated into many challenges by undertaking various risks and heroic activities including unprotected sex with female sex workers (FSWs). Their sense of responsible manhood encourages them to behave courageously in a high-risk mining job. "A man is a sheep, he does not cry"—with this metaphor they are driven to

undertake their difficult work in order to keep their families back home (Campbell, 1997, p. 278). Like these men, my participants also struggle to earn enough to support their families. In this sense, my participants are no different from South African miners. By accepting various risks to ensure a living for the family, manhood responsibility is unique irrespective of its diverse contexts. This explains men's contradictory position of taking risks in the framework of responsible manhood.

Supporting a family becomes increasingly difficult for men in Bangladesh where massive unemployment (even after completion of higher education), low paying jobs and terrorist activities have created economic uncertainties (World Bank, 2002). Setel observes similar experiences in Tanzania where men "felt that they were struggling to keep their heads above water; the cost of living soared while opportunities shrank" (1996, p. 1175). My participants' sense of displacement by not fulfilling the family expectation coupled with unemployment, economic constraints and associated poverty demoralized their self-respect and self-esteem as a 'man.'

Men's risk-taking courageous attitudes have implications on their sexual lives where they often transgress the boundaries of normative monogamous sex and reject safer sex practices. I suggest that men's risk-taking attitudes reflect their lifetime frustration for the unattainable masculine ideal in a framework of competitiveness and material success advocated by the essentialist paradigm in this materialistic world (MacInnes, 2001; McLean, 1996; Real, 1997; Sattel, 1992). Men attempt to recoup their bravery and dominance at least in some areas of life including sexual life.

Money is used as a source of power over both men and women. Reekie illustrates how economic power is related to male sexual identity:

Men's experience of social privilege relative to women—their right to work, higher rates of pay, the importance accorded boys' education, the visibility of men in positions of power, greater strength in socially legitimated physical activities and so on ... help construct their imaginary bodies, their male subjectivity and their sense of sexual identity (1988, p. 36).

This gender based privilege is globalized and "primarily articulated around an analysis of inequalities that arise from the different roles of women and men, or the unequal power relations between them and the consequences of this inequality on their lives and for health" (Watson, 2000, p. 31). The gender-difference literature has not been able to

clarify the reasons for the difference (Courtenay, 2000). Men's monetary power in many cases can explain their domination of non-working wives who depend solely on husbands for their existence. This is particularly the case in Bangladeshi society where women are traditionally the caretakers of the family and are not generally expected to become breadwinners.

Dilger (2003) suggests that the concept of power has evolved over the years in Africa. Once gender and age were considered the main sources for achieving power in African men. Dilger claims that money now lies at the center of all power in contemporary African society. Similarly, Bangladeshi males claimed that without monetary capacity, other sources of power become inactive. Monetary power thus lies at the core of parenthood, roles of provider and protector in order to reach, exhibit and sustain manhood.

A poor man is considered less masculine with compromised sexual potency. Men from underprivileged economic conditions spoke of their inability to achieve goals including sexual ones. I show how economic incapacity relates to compromised sexual potency and relationships. Without monetary power, one cannot get married and adopt the role of provider and protector. Moreover, culturally, men believe that semen is produced from nutritious food. Poor men are generally unable to buy nutritious food, resulting in the perceived poor quality and quantity of their semen production affecting their sexual potency, performance and reproduction.

Researchers in South Asia and in the Middle East have documented similar beliefs where male participants tend to eat more protein and fat rich food to increase their sexual capability (Ali, 1996; Tathapi, 2000; Verma, Rangaiyan, Songh, Sharma, & Pelto, 2001). "Without meat and with all these worries [cannot offer a good living to spouse and children], I ejaculate in a few minutes, whereas the rich man can keep his erection for half an hour and satisfy his spouse" (Ali, 1996, p. 106). In this aspect, my research supports Ali's proposition that notions of dominant masculinity are threatened by men's disadvantaged socioeconomic situation and that this situation 'demasculinizes' men (Ali, 1996, p. 106).

In Bangladesh when men (uneducated or educated) struggle to earn money, compete to get low paid jobs or are unemployed, the normative sense of male provider is

endangered. Besides unemployment, men are also frustrated with their current incomes, narrow job scope, and the unprofitable and unstable business atmosphere due to political turmoil. In struggling to overcome economic constraints, men allow their daughters and wives' mobility outside the home for earning. However, women's economic involvement challenges men's roles of solitary providers, their masculine sexual ideals, men-women sexual relationships and family peace. These challenges vary across contexts. My principal point is therefore that men's achievement of manhood is challenged, leading to a mutable construction of masculinity varied with time and space. This unfolds the split of traditional masculine sexuality for reconstruction.

The critical male engagement of obtaining masculine success and subsequent sexual prowess often threaten men's and women's sexual lives. In the subsequent sections, I further construct my argument to draw together the notions of masculine ideals of male sexuality in Bangladeshi society.

Masculine Ideals in Marital Sexual Relations: Opposing Mutuality and Equality

In this section, I present my claim that masculine notions of male sexuality influence marital sexual lives in a social silence. This often facilitates men in implementing power, inequalities and domination on wives. My participants often blamed their wives for not taking initiatives to make sex pleasurable and they claimed both husbands and wives enjoyed sexual interactions for the initial few years of marriage. However, because reproduction is seen as the ultimate goal of marital sex, particularly from wife's perspective, many men claimed the sense of sexual pleasure disappeared. Furthermore, communication regarding sexual matters among husband-wife was reported to be significantly low supporting the findings of other studies (Khan, Townsend, & Hossain, 2003a).

Wives also reported compromised sexual lives with little pleasure, as documented by both Bangladeshi and Indian researchers (Khan et al., 2002, 2003a; Maitra & Schensul, 2002). These studies explore information from women and document the absence of mutually satisfying marital sexual relationships. By contextualizing my findings in the background of these women's voices, I pursue the following several crucial issues identified as affecting the marital sex lives of Bangladeshi men: i) inadequate

communication between husbands and wives; ii) the view that marital sex is for reproduction; and iii) the view that wives are 'gentle' and husbands are 'wild' in sexual encounters; and iv) the view of men as 'providers' of sexual pleasure.

Inadequate Communication between Husbands and Wives

Inadequate communication between husbands and wives in everyday matters including sexual issues results in compromised sexual relationships and reduced pleasure for both men and women. Along with other cross-cultural studies (Kippax, Crawford, Waldby, & Benton, 1990; Maitra & Schensul, 2002; Waldby, Kippax, & Crawford, 1991; Wight, 1992), the findings from my research demonstrate that most men did not talk about sexual issues with their partners as this would not conform to male domination in sexual relationships. Many men simply did not see any reason to communicate about sexual matters, reflecting their domination as exhibited in other areas of lives.

In patriarchal societies, men hardly consult women on any issues. Men are the wage earners and ultimate decision makers in most life issues (Aziz & Maloney, 1985; Khan et al., 2002). Women's roles, understandings or interferences are considered 'unnecessary' or 'naïve.' "These norms are not gender neutral as the socially undesirable sexual behavior of men is tolerated as a natural trait of men" (Khan et al., 2002, p. 238). Sex is considered an area where men should have absolute mastery. Women are seen as passive learners and expected to be silent on this matter indicating gender inequality in sexual relationships. By hiding secrets about male sex life and concerns, men aim to prevent women from being equal and having the male level of knowledge about sexuality.

Additionally, men in my study thought women's silence and feelings of shyness about sexual matters should be maintained for a sexually happy family. Communication regarding sex may encourage women to discuss sex and express their preferences and demands. This threatens and raises uncertainties as to whether they can sexually satisfy women. Thus men prefer little or no communication in sexual matters to protect their masculine ideal of sexual performance.

Marital Sex for Reproduction

Men's sexual relationships with wives are narrowly constructed in the framework of reproduction which demonstrates the manly capacity to impregnate wives (Dixon-Mueller, 1993). Sex becomes a responsibility for married couples. The issue of achieving mutual pleasure gradually receives less attention especially after the birth of the first child. Therefore, after achieving the main objective of reproduction, my participants claimed that sexual relations with their wives turned towards duty and monotony, particularly from the female perspective. The eroticism, fantasies, pleasure and desire often disappeared. The married men claimed their wives see sex only as 'duty' just as many other domestic duties, so husbands also redefined sex as a 'responsibility,' like their other responsibilities as family providers. Naturally, the quality of married life in general and sexual life in particular became compromised. However, both continue the relationship in the interests of keeping the family together. Several researchers document that women are seen as 'reproductive vessels' and male partners often their ignore personhood and need for sexual pleasure (Heise, 1995, p. 111).

Wives are 'Gentle' and Husbands are 'Wild'

I now contextualize the general depiction of male sexuality in Bangladeshi society, where risk-behaviors take place within a social silence facilitating men to enjoy inequality, sexual freedom and domination. For successful sexual health programs, understanding the sociocultural context is crucial. This is the context in which issues of sex and sexuality, perceptions of sexual pleasure and desire and safer sex are constructed.

Open discussion on sex and sexuality related issues is taboo in most Asian countries (Cash, 2001b; Khan et al., 2002; Maitra & Schensul, 2002; Stella, Kibombo, & Garimoi, 2003; Weiss, Whelan, & Gupta, 2000). Parents traditionally do not discuss sexuality with their children in urban or rural areas of Bangladesh (Aziz & Meloney, 1985; Cash et al., 2001a, 2001b; Khan et al., 2004a). Men's (and women's) socialization occurs in a 'culture of silence.' It is crucial to see how the family, society and men see women's sexuality in order to understand men's double standards of dominating sexual notions and contradictory ways of looking at women's sexuality. I identify that analyzing only men's

voices is not sufficient to understand this disparity. However, work on female sexuality is limited with a few published articles addressing these issues (Cash et al., 2001a; 2001b; Khan et al., 2002). The findings of these studies also reflect similar situations for male/female relationships within the framework of subordination in other South Asian countries (Maitra & Schensul, 2002).

In Bangladesh, "women's sexual roles are meant to be private and controlled, rather than public and expressive" (Khan et al., 2002, p. 238). Women in Bangladeshi society receive multiple contradictory messages relating to their sexuality. Although a 'culture of silence' prevails, girls get information on their bodies, menstruation, sex, and childbirth from their grandmothers, sister-in-laws and elder aunts (Aziz & Maloney, 1985; Cash et al., 2001a, 2001b). Due to the initiation of menstruation, young girls are encouraged to seek information about their bodies. Girls are told about their sexual maturity, capacity for childbirth, and risks of pregnancy. Thus, girls are advised to avoid males and to be careful in mixing with members of the opposite sex who are 'by nature' sexually aggressive, provocative and opportunistic (Cash et al., 2001a, 2001b; Khan et al., 2002). They are told to cover their body parts carefully by wearing *ornia* to cover breasts to prevent boys' lustful looks. In this way, girls are told about men's sexual transgression and unfaithfulness. Therefore, apart from husbands, women are encouraged to be separated from all other men before and after marriage.

From an Islamic viewpoint, women are asked to maintain the *purdah* (the veil) and this rigidity is so intense that sons are required to ask permission to enter their mother's room and all female members of the family are asked to maintain the veil with all male members of the family (Rahim, 2000).

After marriage, women are held responsible for maintaining their attractiveness to prevent their husband's sexual infidelity (Khan et al., 2002). If husbands become promiscuous, wives are blamed for their 'failure' to keep their husbands at home (Ahmod, 2001; Aziz & Maloney, 1985). Thus, after marriage women are taught to adopt another set of norms suggesting they respond to all their husband's 'uncontrolled' sexual desires, demands and expectations (Khan et al., 2002). My participants believed that 'good' wives are not supposed to say 'no' to their husbands' sexual desires, instead, women always should be prepared to have sex with husbands often ignoring their own desires. "The best thing was to let them [husbands] have sex whenever and in whatever way they wanted"

(Khan et al., 2002, p. 248). Women have no choice but to engage in sexual intercourse with husbands even during menstruation when they [wives] really do not want it (Khan et al., 2002). Therefore, Bangladeshi women are given contradictory teachings. In order to be safe from men's uncontrolled sexual lust, unmarried girls are taught to avoid men, whereas after marriage these women are given the responsibility of controlling their husbands' sexual lust by offering them sexual satisfaction.

This is only one of the many contradicting pressures put on women told to behave sexually inert and ignorant with their husbands to preserve the female image of a sexually innocent 'good' wives who should not talk openly about sex even with their husbands (Cash et al., 2001b; Khalek, 1996; Khan et al., 2002; Rahim, 2000). Such 'good' girls must not seek information on sex from peers or mass media like boys. Boys' impulse to seek sexual information is seen as a 'natural' behavior. I argue that girls are given information on sex and menstruation not to make them knowledgeable, but rather as a way of societal control and hiding their sexual curiosity before and even after marriage. Male participants in my research stated that 'good' girls after marriage should be 'good' wives. According to my participants, wives should not discuss sex openly with husbands as this could jeopardize their image of sexual 'gentleness' and label them sexually 'crazy.'

These findings concur with those of Khan and his colleagues (2002) in the exploration of women's perspectives. Popular images of 'good' girls are dominant in masculine societies where sexual ignorance is imposed on women as social norms during their socialization process. Therefore, even in marriage women face dilemmas in adopting their appropriate roles. They cannot openly pursue their sexual pleasure and preferences. Ironically, these 'sexually innocent and ignorant' women are then challenged to satisfy 'sexually knowledgeable husbands' as a means of preventing infidelity.

In the context of this contradictory sexual socialization process, male and female sexuality is shaped and reshaped in Bangladeshi society. I argue that men's domination is socially constructed and maintained by male-female relations in the patriarchal and hierarchical cultural context where women are socialized to behave in certain ways, further reinforcing men's gender supremacy. This superiority is expressed in men's relationships with women, a social construction which is based on fluid relations not on differences.

"Gender is, above all, a matter of the social relations within which individuals and groups act" (Connell, 2002, p. 9). Connell's proposition of active learning in the socialization process is not uncontested. This is especially true for women in male dominated society, where women are supposed to be passive learners and within any society which disapproves deviation from the norm. However, Connell's proposition may be applicable to men who are not passive learners. Men possess the patriarchal right of domination and manly courage to deviate, resulting in double standards regarding sexuality, gender and masculinity. For this reason, multiple forms of masculinity and sexuality are seen among men and even within one man, but rarely between women and men.

Married participants of my study engaged in sexual intercourse with their wives ignoring the woman's desires, interests or physical demands. These men could not imagine sexual interactions between husbands and wives as coercive. Wives' sexuality was ignored or less emphasized in the context of masculine sexual norms, where most husbands perceive 'natural' marital rights of engaging in sex with wives. Men's 'natural' right to sex with wives is based on masculine ideals of wife ownership, where men ignore the inequality or injustice in their sexual relationships with wives. The sense of 'uncontrolled natural sex drive further rationalizes men's forceful sexual persuasion as 'normal' in Bangladeshi society.

One common expectation regarding male sexuality is that it is instinctive, uncontrollable and aggressive. As a result, men engaging in sexual coercion or harassment may not believe they are doing anything wrong. Or if they do recognize wrongdoing, they may not see themselves as deviant or criminal (Shepard, 1998, p. 7).

Men as 'Providers' of Sexual Pleasure

My participants were concerned about providing sexual pleasure to women offering potential ideas for the promotion of equality in sexual relationships and enhancing mutual happiness. However, male notions of providing sexual pleasure were constructed in male terms of penetration, performing prolonged sex and delaying ejaculation. Participating in foreplay and non-penetrative sexual enjoyment was not found to be common in marital sex. These findings are supported by studies on women's perspectives (Khan et al., 2002; Maitra & Schensul, 2002).

Male sexual potency which is narrowly focused on male performance, encourages men towards penetrative sex and ignores all other non-penetrative sex acts which may improve the quality of marital sex and achieve more equality in relationships (Maitra & Schensul, 2002).

Marital sexuality gradually moves from 'pleasure' 'responsibility' and from a 'recreational' to a 'procreational' dimension, encouraging men to transgress. In the following section, I focus on the non-marital sexuality of my participants.

Non-Marital Sexual Relations

The AIDS epidemic particularly in African and Asian countries has revealed that monogamous wives become infected with HIV from their promiscuous husbands (Brown et al., 1994; UNAIDS/WHO, 2000c). In India, marriage is considered a risk for women due to HIV transmission from unfaithful husbands (Maitra & Schensul, 2002). Yet marital sexual relationships are not addressed in planning HIV interventions.

Although a paucity of population based representative data on non-marital sex exists in Bangladesh, a few studies suggest around 50 percent males and 18 per cent females are involved in premarital sex and 50 percent of men have extramarital sexual relations (Aziz & Maloney, 1985; Caldwell et al., 1999; Maloney et al., 1981). Other studies have found higher rates of premarital sex in either urban and rural areas (Haider, Saleh, Kamal, & Gray, 1997). Although more married men in urban areas in Bangladesh have premarital sex compared to rural men, this picture is reversed in the case of extramarital sex. More married men in rural areas acknowledge their extramarital relations compared to their urban counterparts (Haider et al., 1997). However, these researchers have not explained the geographical difference. Most studies have discretely offered percentages of premarital and extramarital sexual incidents in Bangladesh. None of these studies have addressed the complexity of men's non-marital sexual behaviors. In the following section, I discuss my findings on non-marital male sexuality in the current context of Bangladesh.

Changing Socio-demographic Context

The key informants reported that with rising unemployment and economic hardship, the age of marriage had increased in Bangladesh influencing young men's sexual promiscuity. The percentage of premarital sex had increased in concert with the age of marriage for males (Caldwell et al., 1999; Haider et al., 1997). Between 1981 and 1998, the mean age of marriage increased from 24 to 28 years for males, and for females, it has increased from 17 to 20 years (BBS, 2002, p.138), while another study reveals the mean age of marriage of adolescent females was only 15 and their husbands' mean age was 23 years (Haider et al., 1997). Therefore, age of marriage is increasing for both men and women.

A significant change has taken place in Bangladesh with the number of never married males and females growing from 33.5 to 42 per cent of males and 10.5 to 25 per cent of females between 1961 and 1991 (BBS, 2002, p.137). The overall percentage of never married women has considerably increased over the years (Siddique, 1998). On the other hand, the mean age at marriage for a woman is much lower (seven to eight years) than that of a man results in a larger number of widows in poor families particularly in Bangladeshi rural society (Siddique, 1998).

Increased urbanization is partly responsible for delayed marriages for women because they are increasingly involved in work outside the home and pursuing education (Siddique, 1998). Education is thought to be a contributory factor for enhancing women's self-esteem and self-respect resulting in increasing independence for women in both rural and urban areas between 1974 and 1991 (BBS, 2002, p.351). Siddique suggests that the increased female participation in the labor force may contribute to late marriages for women, especially in urban areas. In addition, fathers of rural poor families often fail to meet the dowry demands for marriages resulting in delayed marriages of rural women.

Links between premarital sex and socioeconomic class have been studied in Bangladesh. One anthropological study comments on a positive relationship between premarital sex and lower socioeconomic class (Aziz & Maloney, 1985), whereas another study rejects any such relationship (Haider et al., 1997). Caldwell and colleagues (1999) did not find any significant educational and occupational differentials in relation to non-marital sex.

Therefore, the male clients of commercial sex in Bangladesh are from every occupation with diverse socioeconomic and demographic features (Folmar, Alam, & Raihan, 1992; Hawkes, 1998; Khan & Arefeen, 1989; Masud, Mastaque, & Sarkar, 1997; Mitra, Ali, Islam, Cross, & Saha, 1994).

Premarital sex has been found to be significantly lower in religiously conservative rural sites (Caldwell et al., 1999) suggesting this is a consequence of rigid norms of religious compared with more secular urban society. However, men in the conservative southern rural sites did not report religious barriers more frequently than urban men. Rather than feelings of guilt, men expressed worries about the aftermath of non-marital sex especially in terms of disease and sexual problems (Caldwell et al., 1999). In Islam, both male and female sexualities are socially sanctioned only if expressed through marriage. Marriage is considered a moral and religious shield against promiscuity by legitimizing sexual relations between husbands and wives for reproduction, maintaining a family life and ensuring heredity (Ali, 1990; Esposito, 1998; Yamani, 1998). Any sexual relations outside marriage are considered *kabirah gunah* (the greatest sin) (Ali, 1990).

Participants in my research were all Muslims. I did not measure their level of religiosity. However, men often raised religious sanctions in describing non-marital sexual relations as being 'illegal' sex. Those who claimed non-participation in non-marital sex commonly mentioned their religious beliefs which acted as a major inhibitory factor. Those who were involved in non-marital sex also felt guilty for their 'illegal' sex and believed in Allah would punish them for their transgression. My intention was not to examine relationships between religiosity and transgression, so I cannot draw any conclusive comment on this issue. However, I had noticed men quite often spoke of religious restrictions against transgression, leading me to consider the complex issue of secular versus religious values and the practice of non-marital sex. The question of religiosity needs a systematic and in-depth exploration through a large-scale study in diverse geographical locations.

The essence of morality is embedded in men's social and ethical domains. Some men suggested morality instead of religious guilt was a reason for their sexual fidelity. Men and key informants frequently discussed the image of a 'good' versus 'bad' man in the moral framework of the construction of manhood. These findings have encouraged me to argue that the social construction of manhood and masculine sexuality does not

universally encourage men to transgress. Family and society expect men to behave properly by avoiding sexual infidelity in order to achieve manhood in the framework of 'good' man and it is likely that some men are encouraged to take up the 'moral framework' to exhibit their manhood.

Caldwell (1999) found that in rural areas, farmers are less involved in non-marital sexual behaviors compared to people of other occupations. He provides two explanations for this which include men's involvement in traditional agricultural occupations and reduced availability of female sexual partners [probably he meant female sex workers]. I think his explanation is self-contradictory especially when this same study revealed quite a significant proportion of men claimed premarital sex in general. Caldwell describes agriculture as a traditional occupation. However, many occupations in rural areas can be considered traditional in the sense of its predominant rural origin and nature. On the other hand, rural men involved in other than agricultural occupations, do not see their occupations as 'modern' or 'non-traditional.' The voices of rural participants in my study have encouraged me to think that, rather than a sense of occupational traditionalism or modernism, the nature and pattern of occupations contributed to men's exposure to opportunities and constraints which may create various grounds for transgression.

Modernity, Media and Non-marital Sex

Increasing trends in non-marital sex for men have been attributed to the impact of modernization (Caldwell et al., 1999). Key informants and discussants of FGDs in my study raised the influence of modernity affecting male sexual morality. Other cross-cultural researchers also comment on the issue of modernity and people's sexual transgression (Dilger, 2003; Setel, 1996).

They [respondents] related the spread of the disease [AIDS] to a present shaped by disorder and immoral behavior, and they developed the loss of social coherence and stability. For the most part, they perceived AIDS as a social and moral category---as a metaphor for the moral breakdown of society, as a symptom of modernity which is perceived as ill (Dilger, 2003, p.32)

Participants in my research equated modernity with immorality. Modernity leads to sexual infidelity which in turn leads to immoral behavior. However, how modernity is related to sexual infidelity needs to be answered. Some key informants and men from privileged rural and urban socioeconomic groups in my research linked 'modernity' with

media exposure and other amenities of life. With modernization and access to modern facilities of life, they believed peoples' sexual lives were also 'modernized.' The 'modernized sexual life' was equated with sexual freedom and infidelity. Men are considered to adopt a 'modern' way of life based on influences from modern media (satellite television) including sexually explicit materials. Urban people have more access to modern entertainment including television, movies on VCDs and cinema. However, key informants in rural areas also claimed that rural people had become 'modern' and 'progressive' in their sexual lives due to exposure to satellite television and other media.

The men of this study because of their 'manly' notions of experimentation and acceptance of new things also adopt 'modern' sexual lifestyles. African men also accept sexual infidelity, as a 'modern' sexual concept (Dilger, 2003). I would argue however that complexity exists whether men accept 'modernity' through sexual infidelity or they accept sexual infidelity to become 'modern.' For example, participants in my research claimed to favor 'modernization' as an indication of their 'manly' sentiment.

My participants' comments in relation to modernity and pornography have other dimensions. Zilbergeld (1995) has found that men influenced by pornographic movies are often dissatisfied when they marry women who lack the obvious physical attributes seen in women in movies. Men seek the women of their fantasy world. In Bangladesh, however, arranged marriages express the social union of two families, men cannot therefore express their preferences especially in terms of a bride's 'private' physical attractiveness. Men depend on facial beauty and complexion. Both married and unmarried men fantasize about the 'gorgeous' women found in English pornographic movies. Many married men dreamed of marrying such 'sexy' women. Thus, they silently felt frustrated with the women of their real world not being as beautiful as their fantasy women. This silence may motivate some men to seek their 'fantasy' women before and after marriage.

The concept of 'modernity' is ambiguous. In the underprivileged social settings of Bangladesh where most people struggle for mere survival, it is doubtful to what extent the concept of 'modernity' has any relation to sexual infidelity. The crowded living conditions in urban slums often lessen the restrictive social custom of maintaining *purdah*. The *purdah* is not rigidly maintained in these slums and this may be mistakenly perceived as a part of 'modern' vision of urban life. Here, the vision of life has changed

due to many realities of sheer survival. Moreover, urban dwellers when returning to their rural origins are labeled 'modern' simply by living in urban areas. I found rural people who claimed to be 'traditional' also engaged in sexual infidelity. Therefore, there can be no simple relationship between 'modernity' and sexual infidelity. Instead, many chances of misinterpretation exist.

Social Cohesion, Individualistic Achievement and Moral Degradation

During fieldwork, I observed that urban participants were less involved in social groups or neighborhood networks. Unlike in agricultural rural settings, urban men's views about life are constructed in an ethnocentric success model. This notion of capitalist 'economic achievement' in the framework of accumulating wealth and individual prosperity, is a fundamental model of masculine life. Dilger (2003) comments that in agricultural economies, the issue of redistribution of land is crucial as people value marriage and family life to produce their property and inheritance. Therefore, in agricultural rural societies, peoples' sense of social cohesion is greater than among urban capitalist societies.

Men in urban settings exhibit a 'marketplace manhood,' so that a man now derives his "identity entirely from his success in the capitalist marketplace" (Kimmel, 1994, p. 123). This 'marketplace manhood' necessitates acquisition of tangible resources as evidence of success characterized by aggression, competition and anxiety. This in turn creates particular power relations between and within genders. This capitalist framework in the form of 'modernity' or 'marketplace modernity' may further influence men to ignore the social values described as 'moral degradation' by my participants. I agree with Dilger (2003) that the notion of an individual achievement centered, social development paradigm weakens the strength of social cohesion and makes people not responsible for their behaviors. Issues that liberate people from family bonds dissuade them from valuing social attachments and may encourage personal achievement including sexual pleasure.

Due to rising poverty and increasing number of landless people in rural Bangladesh, many unaccompanied young men and women migrate to big cities in search of work (World Bank, 2002). With low incomes and the higher living cost in urban areas, married men often cannot take their wives with them. As a result, some rural men had sex with

women whose husbands have migrated to cities or overseas. Young unmarried rural women work in the garment industry in Dhaka and other big cities (World Bank, 2002). These young people live an isolated life in cities without the social control from families and other social networks of rural areas. Liberated from these social ties they are vulnerable to sexual experimentation and exploitation. When the sense of social cohesion and mutual responsibility that acts as a barrier to sexual infidelity is diminished, people become isolated. They are less obligated to be involved in safer behavior including sexual behaviors reflecting the fact that socially isolated people tend to engage in risky behaviors (Hirsch, Higgins, & Bentley, 2002).

Ambiguous Social Sanctions against Non-marital Sex

Although non-marital sexual relations are socially condemned, a gender discrepancy prevails in evaluating these behaviors throughout South Asia (Abraham, 2002; Aziz & Meloney, 1985; Caldwell et al., 1999; Dube, 1997; Khan et al., 2003a). Premarital sex is seen as 'bad' behavior for both genders, but parents are not generally worried about their sons' sexual relations claiming that they are transitory and 'discrete' youthful activities (Caldwell et al., 1999, p. 1110). Cash and her colleagues (2001b) argue that Bangladeshi parents are aware that adolescent love relations if are allowed to move freely, may result in sex. Thus, 'don't ask, don't tell' seems to be the best option for parents especially in case of their sons' love affairs. This silence indirectly sanctions pre-marital sex for men.

In contrast, as it is difficult to keep a pre-marital pregnancy secret, parents show far more rigid attitudes against the premarital sexual relations of their daughters (Cash et al., 2001b). However, if daughters are engaged in premarital sex with some steady partner, preferably a relative with whom marriage is a certainty, parents may keep quiet (Caldwell et al., 1999). Thus, gender bias exists and men certainly enjoy more freedom than women. However, girls also have some privileges within the context of anticipated marriage.

In rural society, girls are harshly treated for acts of non-marital sex facing social ostracism through *shalish* trials by religious and community leaders for the guilt of *zina* (adultery) (Amin & Hossain, 1995; Aziz & Meloney, 1985). The *shalish* trial is conducted under Islamic *shariat* with no legality under the state law. In male-judged *shalish* trials,

girls are given punishment while boys receive little or no punishment (Shehabuddin, 1999). This indicates a double standard and rigid social control on women's sexuality in the form of social ostracism. This also offers privileges to men who often do not face any such social control or punishment.

Unlike premarital sex, men's extramarital sex is considered a bad practice. Studies reveal that married men's extramarital sex is strongly condemned by the family and society (Aziz & Maloney, 1985; Caldwell et al., 1999). Although some married men in my study admitted their involvement in extramarital sex, I noted their extreme shyness and feelings of shame and guilt expressed while discussing these relations. Extramarital sex is rigidly proscribed in most societies of the world. However, sexual behaviors during the last decades have changed and premarital and extramarital sex is more common, yet "still, there has been no focused and widespread attempt to modify the sexual assumptions [fidelity] of normative marriage" (Nock, 1998, p. 18).

In neighboring India, research suggests that women think husbands' sexual relations outside marriage are simply 'male' nature (Mane & Maitra, 1992). Wives in South Asian countries including Bangladesh, consider it so important to maintain their marital relationship as a symbol of their social status (Muna, 2003), that women either overlook or silently accept their husbands' promiscuous behaviors (Khan et al., 2002). A study among Javanese women found that women were seen as more skilled than men, particularly in matters of household finances, while men were 'naughty' and 'playful' by nature with sexual desires difficult to control. As a result, many women tolerate and even expect a certain amount of sexual infidelity from their husbands, although they certainly do not encourage it (Brenner, 1998, p. 151). In Bangladeshi society women consider "they could not do anything to stop their husbands from satisfying their sexual desires," however, "they believed that men's sexual desire must be kept satisfied if women want to maintain the marriage" (Khan et al., 2002, p. 248).

Gender domination and sense of masculine power facilitate men's preference for non-marital sexual outlet. In addition, the sociocultural and demographic context of Bangladesh is framed in such a way that men conventionally enjoy more privileges, such as involved in sexual infidelity, with little or no condemnation for such behaviors. How do male to male peer group dynamics operate to create a sense of masculinity and how do these dynamics and relationships influence men's non-marital sexual relations?

Homosocial Enactment, Peer-Masculinity and Non-Marital Sexual Relationships

The findings of this research suggest, as with many other cross-cultural studies, that men who initiate non-marital sexual relations have been influenced by male peers (Bao, 1999; Vanlandingham et al., 1998). This dominant model of peer-manliness is constructed in a framework of outward-oriented achievement where men prefer to act out and show-off in front of their peers.

Family members and society offer standard models of manliness which are full of moral restrictions. Family and society advise young men to behave morally as 'good' men, but the values offered by peers, family and society in terms of sexuality are often inconsistent and contradictory. The morality disseminated by family members is devalued among peers who are in favor of experimenting with new things, taking challenges, and welcoming 'modernity.'

The Islamic religious code is strict, consistent and disapproves of sexual relations outside marriage (Rahim, 2000). Key informants claimed that in opposition to the notion of family and religious morals, AIDS educational messages promote condom use encouraging young men to be sexually active (Khalek, 1996). Young men find themselves trapped in these contradictory messages. "The lives and sexuality of young people [in Mara, Tanzania] have to be situated within a dilemma that is both caused and reinforced by the conflicting ideologies and values" where "young men and women have difficult time finding their ways" (Dilger, 2003, p.44).

For these reasons, men in peer-groups often ignore moral standards and explore their personal sexuality as a major part of showing manliness. This is particularly true for young men whose sexual socialization takes place silently outside the family. The model of manliness for young men is constructed in the midst of constraints imposed by the family and society, and the challenge of overcoming these constraints. Therefore, the available model for becoming 'men' is constructed in risk-taking, heroic and daring attitudes (Pease, 2002).

The peer-group often acts as a unique social space for sexual socialization. Cross-cultural studies have suggested that the male peer-group is the place where young men practice

macho roles and determine which acts are worthy of being called 'manly' (Barker, 1998; Vanlandingham et al., 1998). However, these dynamics are not universal, but rather context specific. In the Thai context, commercial sex establishments are socially open and accepted and evening drinking with peers is the norm for both married and unmarried men (Vanlandingham et al., 1998). After drinking together, married men pursue commercial sex outings as a peer-group activity without a sense of proving their manliness. Moreover, commercial sexual relations after marriage for Thai men are established in the form of "ritualistic behavior, scripted during adolescence and then reenacted if the original group or perhaps a similar grouping, reconvenes later life" (Vanlandingham et al., 1998, p. 2007).

Unlike the Thai context, in Bangladesh, access to both alcohol and sex workers is not widely available, openly accessible, or explicitly recognized. An evening at public bars and sex establishment is not the norm, ritual or custom. Therefore, peer influence on married men to participate in extramarital sex in Bangladesh is not similar to the Thai context. Rather, rigid social criticism often deters men from disclosing their extramarital 'illegal' sexual relations.

During fieldwork, I noted that homosocial closeness is common in urban and rural societies. Such homosocial enactment is predominantly masculine with men showing manly behaviors, risk-taking attitudes and teasing women. Kimmel (1994) comments that men prove their performance of manliness and manhood in front of other men and require endorsement by men. Aggressiveness, toughness, competitiveness, roughness, carelessness and recklessness are exhibited in front of peers with a view to prove masculinity. These norms of masculinity inhibit healthy life styles. Thus, "male peer groups involve both pleasures and perils" (Flood, 2002, p.25), exerting immense pressure on men to be tough. If men fail to fulfill these dominant norms, they are marginalized among peers often becoming the victims of teasing.

Being trapped in an ambiguous situation, young men are constrained by the contradictory aspects of 'peer-masculine ideals' which differ from the societal or public ideals of manhood, and from personal visions of manliness. This conflicting situation happens because peers, family and society expect men to be powerful, although not all men are confident about their power. Instead, many suffer from a sense of insecurity in terms of

unemployment, earning ability and sexual capacity (Morokoff, Baum, McKinnon, & Gilliland, 1987; Segel, 1990).

Various social experiences in men's lives affect the construction of sexual interactions (Kimmel, 1995). One significant feature of homosocial peer culture in Bangladesh is the organized viewing of pornographic materials and movies, a predominant aspect of peer-culture across cultures (Vanlandingham et al., 1998; Lakhani, Gandhi, & Collumbien, 2001). My participants raised issues of pornography and its various impacts on male sexuality which cannot be resolved in my thesis. These impacts are significant and to some extent unavoidable in a society like Bangladesh where openly discussing sex is taboo and sex education is yet to be nationally initiated (Bhuiya, 2002). Pornography becomes the main source of male knowledge about sex. Participants referred to pornographic media as their learning tools and sexual role models. Peer-pressure ensures that men view pornographic materials and also practice certain sexual acts. However, unmarried and married men described the importance of peer-group dynamics which also exerted positive images of 'good' men. Some men described how peers assisted in preserving their moral standards by helping them to avoid sexual transgressions.

In Thai society, where both married and unmarried men predominantly seek non-marital sex with the support and encouragement of peers, the widespread fear of disease has exerted change. Vanlandingham et al (1998) demonstrate that fear of STIs/HIV and in the interests of family life, some peers now discourage commercial sex patronage. I think although this is atypical, the positive peer-pressure within the framework of masculinity constructs and encourages the development of responsible men. My several participants also have unfolded the possibility of the construction of such an alternate masculinity emphasizing the strength of peer-group dynamics in AIDS prevention programs.

Young men's sexual socialization occurs in a sexually silent society by a variety of ways which often give inadequate, inaccurate and contradictory information. Consequently, men suffer from diverse concerns about their sexual health which can affect the quality of the sexual practices and relationships. In the following section, I focus on male concerns such as masturbation, semen loss and penile anxiety by arguing that these are consequences of a masculinity crisis.

Sexual Health Concerns: Crisis of Masculinity

Men's non-STI sexual health concerns are given less importance in the AIDS era, due to a purported lack of relevance to sexual transmission. However, researchers suggest men's sexual health concerns can be taken as a potential point of entry to ensure male involvement in sexual and reproductive health interventions (Hawkes & Hart 2000; Lakhani et al., 2001). In the following sections, I turn my focus on men's crucial, common concerns of sexual health including masturbation, semen loss and penile tensions.

Masturbation and Masculinity: A Deeply Rooted Social Anxiety

Men grow up with messages of normative sexual ideals which include avoiding non-marital sexual relations. They also learn about the detrimental effects of masturbation on sexual and general health. Therefore, they face a dilemma in fulfilling their sexual demand. Masturbation was commonly reported as a way of ejaculation. Concerns over masturbation are diverse. In this section, I discuss unavoidable practice of masturbation in men's lives, its perceived ill effects, the historical context of medicalization and its moralization. Then I discuss how men's concerns are constructed in the context of traditional practitioners' perspectives and I explore the scope and limitations of masturbation in the AIDS era.

"Although no one wants to be caught in the act, everyone does it (Wong, 2002, p. 263)." Masturbation is a prevalent sexual behavior across cultures (Gagnon & Simon, 1973; Halpern, Udry, Suchindran, & Campbell, 2000; Laumann et al., 1994; Leitenberg, Detzer, & Srebnik, 1993; Ryan, 2000). Unmarried and married men engage in masturbation suggesting that it is a unavoidable, pervasive and secret presence in men's lives (Janus & Janus, 1993; Laumann et al., 1994). Despite social disapproval, perceived religious sin, cultural shame and personal guilt, my findings reveal that men engaged in masturbation from early boyhood. Negative and moralistic notions about masturbation do not prevent Bangladeshi men from masturbating which supports findings from other cross-cultural studies (Gagnon, Simon, & Berger, 1970; Halpern et al., 2000; Laumann et

al., 1994; Michael et al., 1995). Men's sensitivity in disclosing masturbation is also a common issue (Halpern et al., 2000).

Masturbation has various contextual meanings which apart from a few studies (Laumann et al., 1994), have not been addressed. Beyond the framework of sexual pleasure and fantasy, my study explored men's unavoidable circumstances and innovative uses of masturbation. If these reasons for and contextual meanings of masturbation are misread, the chance of imposing blame and shame will continue to be sustained. This may encourage men to be involved in unprotected sexual risks to avoid masturbation.

In several Indian states such as in Gujarat, Orissa and Mumbai, qualitative studies have reported that masturbation as an important health concern through its association with semen loss which causes significant anxiety, especially among unmarried men (Columbien, 2001; Lakhani et al., 2001; Verma, Sharma, Singh, Rangaiyan, & Pelto, 2003). My study has revealed similar notions about masturbation and its bad impacts, including semen loss. I found men's beliefs about the negative effects of masturbation were not constructed in a biological domain. Social disapproval, cultural shame and religious prohibition exerted crucial influences on men to internalize masturbation with significant shame and guilt. These impacts are mostly psychosocial rather than biological or organic in origin (Laumann et al., 1994).

Medicalization and moralization of masturbation: historical perspectives

The answer as to why men across different cultures perceive masturbation as a 'bad' practice needs to be situated in historical perspectives. The guilt and shame surrounding masturbation are morally and religiously grounded in most cultures of the world (Coles & Stokes, 1985; Gagnon et al., 1970; King, 2002). Any form of sexual pleasure beyond procreative sexual intercourse is perceived as 'abnormal' and 'unnatural.' The literature of the Greek physician Hippocrates, the ancient Chinese culture, the Roman Catholic Church and the Victorian British scholars condemn masturbation from religious and spiritual, rather than from medical perspectives (King, 2002; Wong, 2002).

However, Tissot's (1766) biomedical claim that masturbation (*onanism*) causes symptoms of self-pollution, stunted growth, gonorrhea, fainting fits, epilepsy, infertility and sterility has influenced physicians in Europe and North America even hundred years later (Rosenberg & Smith-Rosenberg, 1974). Freud believed that men who masturbate "poison" themselves with resultant disorders of the nervous system [*neurasthenia*] (Groenendijk, 1997 cited in King, 2002, p. 329). Interest in *neurasthenia* continued into the late twentieth century and was included in the International Classification of Diseases (ICD) until its ninth revision (Raguram, Jadhav, & Weiss, 1994). Masturbation was thought to cause by over-stimulation of nerves which ultimately results in a thinning of the penis with an enlarged tip and smaller base, a curved shaft with dilated veins, a protracted scrotum, loss of memory and intelligence, aversion, mental abstractions and stupid stolidity (Howe, 1974).

In the twentieth century, a shifting wave against the anti-masturbation movement began in many Western countries especially in the context of failure to prove the connection between masturbation and illness (Allgeier & Allgeier, 2000). Religious bodies in Western countries still blame masturbation as a devastating act (Patton, 1986). Conventional religious doctrine has historically condemned masturbation. This condemnation continues and was echoed by Pope John Paul II in 1993 (King, 2002). Historical, socio-cultural and religious beliefs about masturbation also exist in Bangladesh as in many other South Asian countries and other parts of the world (Dewraja & Sasaki, 1991; Edwards, 1983; Kleinman, 1980; Lakhani et al., 2001; Nichter, 1981). Being part of their social environments health practitioners gain knowledge which reflects on both their understanding of common and professional ideas about sex. The following section focuses on that.

Perspectives of health practitioners

Various types of traditional practitioners currently work in the pluralist medical society of Bangladesh (Paul, 1983). They include *ayurvedic*, *unani*, *mogha*, *kabiraj* and village doctors. Some practitioners received degrees or licenses from Government *Unani* and *Ayurvedic* Degree College Hospital (GUADCH). Most do not have any degree or license, but are self-taught (Hossain, 2003; Paul, 1983). Some practitioners without any training or licenses practice allopathic medicine and dispense drugs. *Kubiraj* and some spiritual

healers treat patients through their own invented medicines, rituals and talisman. The *ayurvedic*, *unani* and *mogha* are popular practitioners who disseminate information through leaflets and newspaper advertisements claiming to cure patients with sexual dysfunctions and offer money back guarantees (see Figure six).

My participants' perceptions about masturbation and other sexual health problems are not constructed in a social vacuum. Men construct and de-construct their perceived sexual health problems in contested and confused ways (De Silva & Dissanayake, 1989; Lakhani et al., 2001). Current modern medical discourse does not acknowledge men's broad health concerns and ignores the sociocultural meanings attached to masturbation. The allopathic medical doctors often condemn patients and label them psychosexually sick. Men in this study claimed their problems were appropriately described in commercially produced advertisements of traditional practitioners. Consequently, men from both urban and rural areas sought traditional assistance. These advertisements have been reported to further fuel the fear of masturbation and nocturnal emission (Hossain, 2003).

The traditional practitioners in South Asian countries generally claim that masturbation is a disease resulting in multiple sexual health crises. Indian researchers have found that about 89 per cent of men report masturbation as the cause of deformed penis size and poor quality semen leading to pre-mature ejaculation, poor erections, sexual and physical weakness and impotence (Vermal et al., 2003). These practitioners and participants possess the "same explanatory models for the sexual health problems" (Verma et al., 2001, p. 348). However, the efficacy of their treatment is not my focus, but men interviewed did raise my concern about the scientific value of the information provided in the advertisements. With the widespread presence of these advertisements in South Asian countries, including Bangladesh, many men in my study had internalized their information. I conclude therefore that this inaccurate information contributes to men's low self-esteem and mental tension. Rather than blaming traditional practitioners, Lakhani and her colleagues (2001) suggest that these 'healers' be incorporated into sexual health interventions.

The meaning of 'excessive' masturbation was expressed as a subjective experience since no consensus regarding the range of 'excessive,' 'normal' or 'too little' masturbation has yet been reported by scientific authorities around the world (Allgeier & Allgeier, 2000;

King, 2002). My research findings support Brown and his colleagues (1996) who state that as doctors only encounter sick men who masturbate, these practitioners, whether modern or traditional, tend to disseminate the negative effects of masturbation based on moralistic perspectives (Collumbien, 2001; Lakhani et al., 2001).

Currently, modern physicians and researchers claim that masturbation itself does not create or contribute to male sexual health problems or diseases. Many argue that masturbation is healthy and beneficial (Collumbien, 2001; Edwards, 1983; Greenberg, Bruess, & Haffner, 2002; Hurlbert & Whittaker, 1991; Laumann et al., 1994; Leitenberg, Detzer, & Srebnik, 1993; Masters & Johnson, 1970). Sex therapists suggest that masturbation is beneficial for treating sexual health problems (Hawton, 1992; Laws & Marshall, 1991). Masturbation itself does not create any organic problem, but rather the negative and shameful socio-religious attitudes towards masturbation negatively affect men's psychosexual realm (Greenberg et al., 2002; King, 2002; Laumann et al., 1994).

Many men may be living perfectly healthy sexual lives with regular masturbation. In this study, married men reported the beneficial and innovative use of masturbation in their marital lives. They claimed to engage in masturbation as a means of protecting their sense of masculine sexuality and enhancing sexual performance. This allowed them to enjoy sexual pleasure without confronting their masculine image and tension in early ejaculation. Other cross-cultural studies have also documented the beneficial effects of masturbation (Gagnon, 1977; Hurlbert & Whittaker, 1991; Laumann et al., 1994; Smith, Rosenthal, & Reichler, 1996).

Masturbation in the era of AIDS

Some unmarried men in this study preferred masturbation as a safer and cheaper form of sexual enjoyment compared to visiting sex workers but they also believed in the negative health hazards of masturbation, so claimed to not indulge in 'too much' masturbation. On the other hand, a few unmarried men considering masturbation a perversion and addiction and wanted to stop it and pursue 'real' sexual intercourse with women. Lakhani and her colleagues (2001) describe similar findings where men perceived masturbation more dangerous than involvement in sexually risky behaviors with FSWs. Verma (2001)

claims that men who believe in the negative impacts of masturbation are twice as likely to be involved in extramarital sex.

The link between masturbation and sexual risk reduction may have no conclusive evidence warranting systematic exploration. However, as a married man living alone in a foreign country for a long time while studying my doctoral program, I personally realize that masturbation can be a viable alternate sexual outlet to marital relations. The perceived physical and moral fear of masturbation may encourage young unmarried or married men to pursue non-marital unprotected sex but this will be neither appreciated by the public health professionals in the AIDS era, nor by the religious or moralistic political leaders of our 'conservative' society. I believe that moral and religious educators may need to find a rationale for accepting (or at least not opposing) the practice of masturbation as a better alternative to visiting sex workers. However, challenges exist as the "relaxation of disapproval against it can only be part of a wider change in social attitudes about sexuality, contraception, and relations between the sexes" (Aziz & Maloney, 1985, p. 107).

The sexual health programs conducted by the Deepak Charitable Trust in Gujarat have showed that masturbation can be openly addressed as a health issue in HIV education programs without interfering with morality or ethics of sexual conduct (Lakhani et al., 2001). Discussion of semen loss and masturbation serves as an excellent entry point for health education. Additionally, the practice of masturbation in the framework of sexual safety can be considered by public health educators especially since female sex workers in Bangladesh serve highest rate of clients among Asian countries (National AIDS/STD Program, 2001). In addition, the enhancement of masculine sexual potency also produces an avenue for advocating masturbation as a way to overcome the problem of 'performance' crisis. I support King's (2002, p. 303) proposition that "if nothing else, it [masturbation] is surely the 'safest' sexual outlet available" especially in the AIDS era. I also believe that "it is normal to masturbate, and it is normal not to" (Greenberg et al., 2002, p. 337).

One of the major reasons for considering masturbation from the negative health perspective was men's concerns about semen loss. In the next section, I turn my focus to concerns about semen loss.

Sex, Semen and Sexual Health Concerns

Participants in this study reported tensions relating to erections, ejaculation and semen loss as major sexual health concerns. In this section, I report on the prevalence of this concern in South Asia and then contextualize the findings to explain its importance and constructions in men's lives.

Globally, the major psychosexual problems are erectile dysfunction and premature ejaculation, affecting 20-30 per cent of men (Laumann et al., 1994, Spector & Carey, 1990). It is estimated that more than 152 million men worldwide experienced erectile dysfunction in 1995 and this may reach to 170 million to approximately 322 million by the year 2025 (Ayta, McKinlay, & Krane, 1999). A significant percentage of men suffer from erectile dysfunctions and premature ejaculation in India (Verma et al., 2001, p. 349).

Numerous Western biomedical scientists have investigated these psychosexual problems in clinical settings (Rowland & Cooper, 1997; Rowland, Cooper, & Slob, 1998), but rarely attempt to link their finding with societal factors (Manjula, Prasadarao, Kumaraiah, Mishra, & Raguram, 2003). Researchers have used diverse definitions of premature ejaculation (PE) and have failed to reach a consensus differentiating PE from normal sexual function (Rowland et al., 1998). Research has not provided any conclusive organogenic cause of PE, but rather has acknowledged its potential contribution to psychogenic factors (Rowland et al., 1998; Jain, Menon, & Vinayak, 1998).

In South Asian countries, particularly in India, researchers have found that considerable numbers of men of Gujarat, Mumbai and Orissa are worried about semen loss through masturbation and nocturnal emission along with other non-STI sexual health problems (Collumbein & Hawkes, 2000; Lakhani et al., 2001; Peltó, 1999; Verma et al., 2001, 2003). Studies also reveal that men's non-STI sexual health concerns, generally described as psychosexual problems, are common among the European and American population (Philaretou & Allen, 2003; Spector & Carey, 1990). In Orissa, men's major concern was reported as *dhat padiba* indicating passage of 'white discharge' (perceived as semen) through urination and defecation due to a 'thinning of semen' (Collumbein & Hawkes, 2000, p. 139). About two-thirds of the Muslim predominant Mumbai slum dwellers

report passing of semen in the form of a 'white discharge' through nocturnal emission, urination or defecation (Verma et al., 2003). These men believed that with reduced quantity and thinning of semen, they suffer from *kamjori* (sexual weakness) analogous to *jouno durbolota* among Bangladeshi men.

A rural population-based survey of STI prevalence, conducted in Matlab, a rural area of Bangladesh, found a low prevalence of STIs among surveyed men, but the prevalence of psychosexual problem was comparatively high (Collumbein & Hawkes, 2000). These scholars report that around 17 per cent of men suffer from psychosexual problems including premature ejaculation, impotence, 'dissatisfaction' with sexual intercourse, difficulties in maintaining an erection, and nocturnal emission. During the first year of the establishment of male sexual health clinics at Matlab, 41.5 per cent men attended clinics with psychosexual problems reflecting similarities to the Indian context (Hawkes, 1998).

Cross-cultural studies also reveal men's beliefs that semen loss leads to sexual health crises (pre-mature ejaculation, impotence, inadequate quantity and quality of semen and infertility) and non-sexual problems (generalized physical weakness, fatigue, palpitations, loss of interest, headache, pain in epigastrium, forgetfulness, darkness around the eyes and giddiness) (Bhatia & Choudhary, 1998; Bhatia & Malik, 1991; Bottero, 1991; Chadda & Ahuja, 1990; De Silva & Dissanayake, 1989; Dewaraja & Sasaki, 1991; Edwards, 1983; Lakhani et al., 2001; Money, Prakasam & Joshi, 1991; Mumford, 1996; Paris, 1992; Verma et al., 2001, 2003). Some participants in my research claimed passing a 'whitish discharge' before, with or after urination which they perceived as loss of *birjo* or *dhatu* (semen) causing various sexual and general health problems.

Researchers have not been able to find any pathological condition related to this phenomenon or evidence that the 'whitish discharge' is semen (Hawkes et al., 1999). Thus, it is described as a *culture-bound syndrome*, specifically named as *dhat syndrome* in the Indian subcontinent. They argue that *dhat syndrome* is culturally grounded in the context of men's prevalent negative beliefs about the effects of masturbation and nocturnal emission on general and sexual health (Bhatia & Choudhary, 1998; Bhatia & Malik, 1991; Bottero, 1991; Chadda & Ahuja, 1990; Edwards, 1983; Lakhani et al., 2001; Money, 1991; Mumford, 1996; Paris, 1992; Raguram et al., 1994). *Dhat syndrome*

has been incorporated in Annex 2 (culture-specific disorders) of the ICD-10 Diagnostic Criteria for Research (World Health Organization, 1992). Bangladeshi men's semen loss concerns are also indicative of *culture-bound syndrome* and I support the proposition that these conditions:

- (i) are not seen in the West; (ii) are not mere variants of well-recognized psychiatric disorders; (iii) have geographically defined prevalence; and (iv) are determined largely, at least in the symptomatology, by the beliefs and assumptions prevalent in the native culture (Yap, 1965, 1969 cited in Manjula et al., 2003, p. 702).

Men did not categorize it as semen loss from ejaculation if performed during sexual intercourse. However, 'too much' indulging in sexual intercourse particularly with 'illegal' sexual relations was perceived to cause semen loss. Rural key informants in Bangladesh believed that reduced sexual intercourse in married life is beneficial for health (Maloney et al., 1981). Semen loss within marriage is generally not considered a 'serious loss' due to the 'normal' nature of ejaculation through 'legal' and 'real' sex. The findings of this research suggest that the motives for and methods of semen ejaculation receive significant attention associated with a sense of 'vitality' of semen for male bodies.

The construction of 'real' sex in the context of the hetero-normative sexual cultures of South Asia encourages men to internalize beliefs that semen should be ejaculated only by heterosexual intercourse. Beyond this framework, all other forms of ejaculation whether by masturbation, nocturnal emission or anal intercourse are considered unproductive, anti-social and a 'huge loss.' Men from India, Sri Lanka and Japan possess similar negative notions (Dewaraja & Sasaki, 1991; Lakhani et al., 2001). Any such loss of vital energy from the male body is believed to bring negative setbacks for men's health and negative social consequences. Thus, the meanings and context of semen loss have moved beyond the narrow paradigm of male bodies towards societal level.

The answer to why men across cultures perceive semen loss as a serious threat to their health and social well-being needs to be contextualized in socio-cultural, historical and cross-cultural perspectives. By observing traditional cross cultural similarities regarding semen loss, Herdt writes based on research of Sambian sexual culture, "the psychosocial phenomenon of semen depletion - a culturally transmitted belief that men's sexual contacts rob and empty them of their semen, maleness, and eventually life itself is known

from pre-modern and preliterate societies, including our own" (1999, p. 163). The concept of semen loss across culture has different meanings. "Semen is the substance closest to breast milk, and it provides the next sort of ['biological'] push that boys require. Elders reiterate that boys should ingest semen every night, as if it were breast milk or food (Herdt, 1981, p. 235)." Herdt further explains this perception:

The 'equation' concerns white 'milk-looking' substances treated as food (*nu*), i.e., milk food solids (*aamoonaalyu nu-tokeno*). Both *iku* 'milk saps' (*i-aamoonaalyu*) and pandanus nuts (*kunaal-aamoonaalyu*) are treated culturally, in ritual and in secular context, as mother's milk (*aamoonaalyu*). In terms of this cultural category only one other substance - semen - is treated as a precise equivalent or classed together with mother's milk (1981, p. 110).

Similar to Herdt, others also state:

Is it mere coincidence that some schizophrenic males associate semen with milk, and they fear being 'drained' of this 'semen/milk' during sexual intercourse, while across the globe, among the Sambia in New Guinea, men are apprehensive about being depleted of their 'limited supply' of semen, which they equate with mother's milk? (Reisner, 1994, p. 63).

The importance of semen is deeply rooted in the socio-cultural belief systems of the Indian sub-continent (Lakhani et al., 2001; Manjula et al., 2003; Verma et al., 2001, 2003). It was also significant to men participating in this study. The universality of the semantics of semen in South Asia is worth noting. In Hindi, semen is called *virya* which means vigor. Men's eternal force of life and survival is believed to be conserved in semen and any 'excessive,' 'unnatural' or 'immoral' loss of semen can have negative effects on men's health in general and sexual health in particular (Nag, 1996; Nakra, Wig, & Verma, 1977; Singh, 1985). The word *dhat* originated in Sanskrit from the word *dhatu* and indicates semen. Men in Bangladesh also name semen *dhatu*. Many men used the word *mal* (valuable goods) to refer to semen. The Bengali word *birjo* is also used to mean semen, while the word *dhatu* means 'vital essence,' analogous to *birjo* whose symbolic meaning is wealth and power of men.

In both *ayurvedic* and Chinese medical histories, semen has been portrayed as the 'essence' of men's lives (Lakhani et al., 2001). South Asian concepts of semen are grounded in similar frameworks of the ancient *ayurvedic* and Chinese understandings of semen (Edwards, 1983; Kleinman, 1980). According to *ayurvedic* perspectives, semen is considered the most powerful of body fluids and therefore is the most precious asset of the male body (Paris, 1992). Several authors of traditional medicine claim that 60 to 100

drops of blood are required to produce one drop of semen (Ghosh, 1371 Bengali year, Kakar, 1996). Some *ayurvedic* texts state that each sexual intercourse is equivalent to an energy expenditure of 24 hours of mental work or 72 hours of physical work (Kakar, 1996). It is also believed that the consumption of 60 pounds of food is required to produce the amount of semen in a single ejaculation.

Columbien (2001) argues that the cultural meaning of semen loss especially in South Asian countries can be compared to 18th Century Western medical propositions. Tissot (1974) claims that depletion of semen, the vital fluid of body and blood can lead to insanity, and "the loss of one ounce of it [semen], enfeebles more than forty ounces of blood (Tissot 1974, p. 26). Moreover, semen is important for healthy bodily functions and wasting semen in 'unnecessary' sexual activities especially for self-pleasure without the need of reproduction, can cause illness. Tissot argues that sperm is the "end-product of digestions," an "essential ointment," and a "leading liqueur" (cited in Bottero, 1991, p. 321-3). Many physicians accept Tissot's views. In Victorian times during the 1800s and even in the early 1900s, physicians believed that loss of semen was harmful for health (King, 2002).

Indian researchers have found that a significant proportion of women also suffer from *dhat syndrome* (Singh, Avasthi, & Pravin, 2001; Trollope-Kumar, 1999, 2001). In Bangladesh, women perceive the passage of non-pathological whitish discharge from the vagina (Hawkes et al. 1999; Ross, Laston, Pelto, & Muna, 2002). Like men, they also perceive this discharge as loss of *dhatu*, a vital fluid like semen, necessary for women's health and well-being. Researchers report that these symptoms are generally somatic, analogous to men's situation (Hawkes et al. 1999).

Trollope-Kumar (2001) argues that the way the *ayurvedic* practitioners understand the cultural messages of vaginal 'whitish' discharge is equivalent to women's mental concerns. Modern allopathic practitioners often miss the broader meaning of vaginal discharge and consider it a type of reproductive tract infection (RTI). My findings demonstrate that concerns about semen loss like that of 'whitish discharge' from women could be a way of communicating both male and female psychosocial concerns, a somatic idiom for depression, expressed through bodily secretion (Nichter, 1981; Patel & Oomman, 1999; Trollope-Kumar, 1999).

Nichter (1981) argues that the expression of tension regarding genital secretion is a consequence of the powerless situation of women in many aspects of lives. One may argue that Nichter's proposition of powerless situation cannot be applied to men as they are socioculturally privileged in Bangladeshi society. However, I think the issue of powerlessness still exists in case of men but with different dimensions. Men's power in terms of sexual skill and performance is an ongoing challenge. Men are concerned about perceived powerless situation in their sexual lives which I argue is expressed through their various tensions of sexual health including semen loss.

The sociocultural meanings and realities of men's non-STI sexual health concerns have been inadequately addressed in South Asia and elsewhere with some recent exceptions (Collumbein & Hawkes, 2000; Lakhani, et al., 2001; Philaretou & Allen, 2003; Verma et al., 2001, 2003). Indian researchers have provided rich descriptions of men's sexual health problems and offered important policy implications from public health perspectives. However, these findings have not been analyzed in the broader framework of masculine sexuality. "The fact that much modern medicine continues to understand these problems largely within the rubric of myths and misconceptions, makes engagement by health professionals trained in Western medicine difficult." (Verma et al., 2003, p. 274). I believe the meanings of semen and sexual intercourse and related sexual health problems are deeply rooted concerns beyond the concept of seminal strength. If men's concerns are only understood as individual subjective disbeliefs, myths or misconceptions, it is difficult to properly address these problems for intervention.

Thus, men's sexual health concerns may not always reflect biomedical realities, as their meanings are deeply embedded in the sociocultural contexts of male dominated patriarchal societies where men's sexual power and potency are considered valuable assets for men, families, societies and the state. I agree with Peter Aggleton that "to lose too much semen in the wrong kind of way may be to have one's sense of masculinity and manhood threatened" (2002, p. 36). My findings support the proposition of Philaretou and Allen (2003) who claim that "male sexual anxiety can result from dysfunctional meanings associated with socialization into a mechanistic masculine script of toughness, competitiveness, autonomy, and hypersexuality" (2003, p. 201). Men's sense of alienation affects their sexual lives in the industrial and post-industrial societies where men often fail to prove their occupational and economic achievements (Buchbinder, 1998; Giddens, 1992; Philaretou and Allen, 2003).

My findings show that men predominantly considered monetary power as an indicator of their manhood. Analogous to monetary power, men also considered being *birjoban* ('sexually powerful'/'rich') by having good quality of semen. Traditional practitioners use a metaphor to emphasize the significance of semen in men's life: "...a poor man who has no money and a sexually weak person who has no semen" (Verma et al., 2001, p. 347). Therefore, in the context of the economic crisis in Bangladesh, men's struggle for economic survival is transmitted to their sex lives by preserving sufficient amounts of semen being accredited as a *birjoban purush*, fragility of maleness in economic and personal terms.

Good quality and adequate amounts of semen were considered vital for the reproductive success of men (fatherhood as manhood) and was perceived necessary for producing healthy and meritorious offspring for the family, society and the state to pass a patriarchal heredity. Therefore, looking at semen as physical and spiritual strength has limitations in terms of ignoring the broader context where sex, semen and male sexuality is constructed. Men's concerns about semen loss and other sexual health problems are embedded in their construction of masculine sexuality.

Eradication of genital infections versus improving sexual health

"Although semen loss concerns in South Asia are well documented in the ethnographic and psychiatric literature, they have been ignored in public health efforts addressing sexual health" (Lakhani et al., 2001, p. 55). The government and most NGOs in Bangladesh have not incorporated men's non-STI sexual health concerns into health promotion campaigns due to subjective nature of problems unrelated to STIs/HIV transmission.

The findings demonstrate that there are considerable chasms between programs and men's understandings of their sexual health concerns and modern allopathic practitioners' concerns about treating STIs. Bhatia and Malik (1991) report that about 43 per cent of men dropout from clinics not satisfied with doctors' explanations that semen loss was not harmful. These men were not prepared to consider their symptoms as being psychological in nature (see Figure 8). As in Singh's (1985) findings, participants in my research reported incongruity with doctors' understandings of their problems. However,

it is inappropriate to challenge men's culturally implanted beliefs by blaming them for being ignorant.

Current STIs/HIV programs do not recognize men's broad sexual health concerns. Men in my study were not especially worried about STIs/HIV, rather they expressed their concerns about non-STIs and sexual health issues. A significant percentage of males with psychosexual problems seek help in STI clinics in Bangladesh, but these clinics do not have the capacity to offer them expert professional services (Arafat, Islam, Haque, & Ahmed, 1999; Collumbein & Hawkes, 2000). Men therefore seek assistance from the "unregulated private sector (from both formal and informal practitioners)" considered to have a better understanding of men's sexual health concerns (Collumbein & Hawkes, 2000, p. 144). This is the interface between public health perspectives and people's perceived health concerns (see Figure 8). If public health concerns and priorities do not correspond to those of men, these men will seek help from other avenues.

"The current interest in male sexual health has arisen in part from the need to address STIs including HIV, and the focus is predominantly on transmissible disease" (Collumbein & Hawkes, 2000, p. 145). Therefore, the rationale for donors is to find a cost-effective way to eradicate genital infections ignoring all other non-STIs health problems (see Figure 8). Thus, donors and policy makers focus on the diseases of the genitals, not on the owners of the genitals. Findings from my study support from other studies which reveal men's reported sexual unhappiness, confusion and low self-esteem influences their sexual acts and relationships with partners resulting in unhealthy and unhappy sexual lives (Khan et al., 2002, 2004a). I believe that the sense of sexual powerlessness may affect the quality of family life, as some researchers have related masculine identity to violence and sexual abuse on women (Kaufman, 1992; Kippax, 1999; Messner & Sabo, 1994). These problems may discourage men from participating in family planning activities. For example, vasectomy has been considered to cause erectile dysfunction and to compromise the quality of semen (Verma et al., 2001). Thus, donors and program managers could utilize funds to improve the sexual health of men and women, thereby reducing the burden on health services by creating sexually healthy society.

Physicians who specialize in treating men with STIs should not ignore these psychosexual issues. Men's and women's genital discharge biomedically suggests the

presence of sexual and reproductive tract infections. Currently, STIs are treated in South Asian countries including Bangladesh with a *syndromic* management approach based on self-reported symptoms (World Health Organization, 1991; Chowdhury, Bhuiyan, Huda, & Faisal, 1997). Confusion exists among physicians who want to efficiently recognize the difference between patients' perceived genital discharge (semen loss during or after urination) and pathological discharge due to STIs or RTIs (Chadda & Ahuja, 1990; Collumbein & Hawkes, 2000; Lakhani et al., 2001).

The prevalence of clinically significant RTIs among women of South Asia is lower than was previously thought (Hawkes et al., 1999). In Bangladesh, Hawkes reports that while men reported symptoms of burning urination and swelling of testes, tests showed no evidence of STIs (1998). In India and Lahore, findings reveal that men's reported symptoms of burning sensations during urination and penile discharge have led medical practitioners to misdiagnose and over-treat these men based on a *syndromic* approach to *gonorrhea* and *chlamydia* (Collumbein & Hawkes, 2000; Mumford, 1996; Verma et al., 2003). Therefore, the chance of over estimation of STIs through self-reports and resultant over-treatment cannot be ignored (Hawkes et al., 1999).

Men who report semen loss through urination may have STIs. Therefore, I think it would be inappropriate to interpret the complaint of semen loss from only cultural perspectives and avoid treatment. Nevertheless, medicalizing men's psychosocial and psychosexual concerns of semen loss increases the chance of ignoring the cultural, psychosocial and metaphorical meanings (Trollope-Kumar, 2001). It may also increase the chance of over or inappropriate treatment, while discouraging men from seeking treatment from the appropriate health practitioners.

Men's sexual health concerns cannot be properly analyzed and understood solely by biomedical perspectives ignoring socio-cultural constructions of masculine sexuality (Lambert, 1998). The notion of a human body being a biological device where diseases originate has limitations in terms of ignoring the human body existing within sociocultural realities where perceptions of health and sickness are grounded (Bang & Bang, 1994; Lock, 1993). Many illnesses with no organic pathology are culturally produced among men and women (Good, 1977; Kuo & Kleinman, 1989; Low, 1985; Trollope-Kumar, 2001). Also the ethnomedical perspectives of *ayurvedic* medicine (Kakar, 1982) have the potential to explain health and illness including loss of genital

secretions through the 'cultural prism' which men and women traditionally view the self and the body throughout South Asia (Trollope-Kumar, 2001, p. 264). Men's concerns are deeply embedded in their ethnomedical understanding of semen from cultural and historical perspectives.

Acknowledging the existence and considering the importance of male sexual health problems could be considered an appropriate "entry point" to sexual and reproductive health interventions "seeking to involve men" (Verma et al., 2003, p. 274). However, "if men can be convinced that health care professionals understand their problems, they may be drawn into more active roles in relation to women's reproductive health as well" (Verma et al., 2001: 349). Therefore, the challenge is to increase understandings of men's sexual health concerns by recognizing the diversity of perspectives held by men and medical practitioners. When sociocultural perspectives are integrated into the current sexual health care delivery system of Bangladesh, more holistic approaches to men's health needs may emerge.

Thus, Figure 8 shows a discrepancy exists between biomedical perspectives of sexual health concerns and men's perceived lay understandings of their own problems. The public health priorities are set on biomedical perspectives particularly in the AIDS era where eradication of sexual risk and vulnerability to STIs/HIV are the key objectives, whereas men's concerns are often overlooked as subjective phenomena, particularly as they are unrelated to STIs/HIV transmission and prevention. Men are often least concerned about transmission of infection by sexual relations with women since male-female sexual interactions are seen as normal part of human life where the concerns of semen loss or other detrimental effects are thought non-existent. I suggest this gap needs to be addressed in order to ensure men's participation in sexual health and HIV interventions.

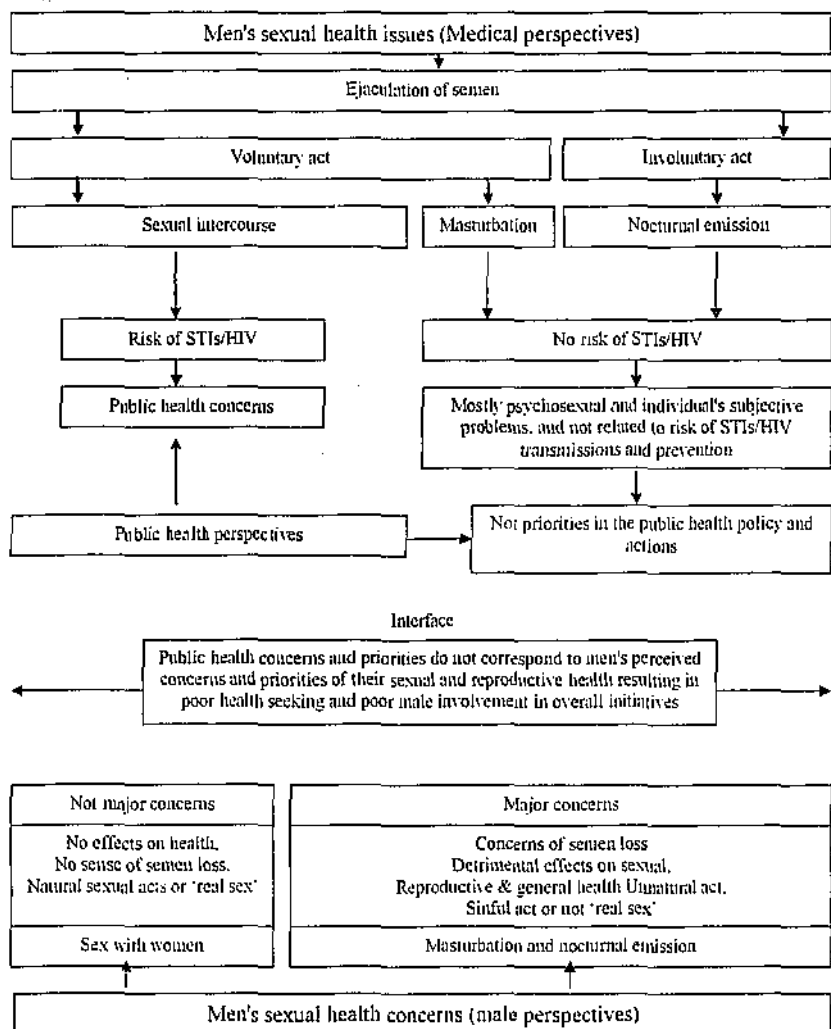


Figure 8. Framework of conflict: public health versus men's perceived concerns

Phallus, Performance and Power

Many men now view the penis's penetration in terms of a machine that works at piston like motion and speed to get the 'job done,'....men also view their penises as machines analogous to pleasure toys—joysticks—or as guns or missiles that shoot or penetrate to destroy rather than create" (Kimbrell, 1995, p.68).

The penis can become men's enemy, ready to engage in the most shameful conspiracy possible: performance failure. (Fracher & Kimmel, 1998, p. 459).

These quotes reflect the content of my following discussion where I pursue the question of why men suffer from performance anxiety and emphasize the need for a large sized penis. Like gender based economic power in Bangladeshi society, men deem 'sex' another agency for demonstrating power, governance and success over women (Ali, 1996; Fracher & Kimmel, 1998; Murphy, 2001; Wight, 1996; Zilbergeld, 1995, 1999). The meanings of penile erection equate with male power and potency. Men see penetration as the subsequent success of male power to win women. Finally, the act of ejaculation reflects manly achievement of prolonged intercourse and reproductive capacity for acquiring fatherhood. This traditional masculine notion undermines all other non-penetrative sexual interactions as non-ideal or not normal hence the reporting of less foreplay by men (Schwartz & Rutter, 1998). My findings reveal that erection, penetration and ejaculation are the core ideals of male sexuality as Kibby and Costello describe:

The significance of the penis in revealing the 'truth' about masculinity relates to the conflation of the mythology of the penis, and the mystique of the phallus. The male body functions as a phallic symbol, its difference is marked by the penis. Though the penis is not the phallus, in a patriarchal society those with power generally have a penis, and the penis has become the object in which power is grounded. So the penis has a complex mythology of masculine power surrounding it, much of which is dependent on it remaining safely hidden (1999, pp. 362-363).

Men's notions about 'sex' as *kaj* ('work'), *khela* ('game') or 'duty' (marital context) reflect the 'performance,' 'competition' or 'responsibilities' in their everyday encounters. These notions detach a person from his genitals so male organs are seen as "sexual machines" isolated from the person (Fracher & Kimmel, 1998, p. 459). Andrew Kimbrell introduces the concept of "the machine man" (1995, p.45-70) arguing that the modern era is dominated by technology and machines where men have been technologically productive. 'The machine men' view 'sex' as 'work,' "depersonalized and given over to efficiency-based expertise" (Kimbrell, 1995, p. 69). Men's concerns about the size and shape of the penis are constructed in the local to global context of the market economy

and technology (Ali, 1996; Waldby, 1995; Williams, 1990), where models of penises are commercially produced and pornography publicizes 'perfect' sized penises in a multi billion dollar pornography industry.

However, I agree with Reekie's explanation that "these privileged male meanings are derived from patterns of male dominance and phallogocentric systems of knowledge" (1988, p. 36) which encourages me to turn my focus on men's phallic sexuality. Male sexuality is seen as a "phallogocentric view of heterosexual sex something that men do to women" (Jamieson, 2002, p. 262) where the emotional dimension of male sexuality is often overlooked (Holland, Ramazanoglu, Sharpe, & Thomson, 1998; Wight, 1996).

The erect penis must penetrate the woman; intercourse must be sustained for a reasonable long time; the man must postpone his own ejaculation, so that the woman (considered to be slower to orgasm) has time; ideally, the man must time his orgasm to coincide with the woman's... (Horrocks, 1997, p. 179).

Most men do not see their penis only in terms of pleasure, rather, large sized penises and sexual performance are symbolized as masculine power to win and control women (Horrocks, 1997; Murphy, 2001). Men with small genitals suffer from mental tensions, low self-esteem and shame in facing women. Such men in my research did not like their partners to watch the gigantic penises of pornographic movie stars due to a fear of losing their manly prestige. Men's obsession with penis size is all about male vanity, something a man owns that makes him feel more like a confident masculine man or 'penile man.' Thus, Buchbinder comments: "masculinity is *phallogocentric*" (1998, p.49).

The penis is situated at the core of masculinity as its size, shape, length, appearance and overall performance are the crucial indicators of cultural concept of masculine sexuality. "Masculinity is a negotiated system of identities, one aspect of which is the ritual display of phallic attributes. The erect penis stands in for the phallus, celebrating the primacy of the male subject; symbolizing power by demonstrating sexual prowess" (Kibby & Costello, 1999, p. 363). In Islamic society, "an erect penis and its power to satisfy a woman is directly linked to the rhetoric and practice of power and control over both women and other men" (Ali, 1996, p. 106).

My findings document notions of male sexuality influenced by this essentialist paradigm which offers greater importance on men's sexual capacity in terms of measuring the timing of sexual intercourse with very little importance being paid to listening to or

understanding perceptions of female pleasure (Gagnon & Parker, 1995; Heise, 1995; White, 1993). Western scholars also have documented masculine essentialism through penile erection and ejaculation (Gross, 1992; Murphy, 2001; White, 1993).

In the patriarchal society of Bangladesh, women are subordinated to men. Male superiority and power over women are proclaimed as 'normal' and 'natural.' Men's authoritative relations with women affect their sexual acts where 'real' men have to be sexually potent to demonstrate their sexual potency and power over women. Girls are socialized to embrace the feminine role requiring submissiveness, interdependence, interconnectedness and emotional expressiveness (Khan et al., 2002; Tathapi, 2000).

In Islamic countries of the Middle East, as in Bangladesh, women are told to put their own goals and needs secondary to those of their husbands and families (Ali, 1996; Khan et al., 2002). This gender based socialization creates an essentialist framework of sexuality where male sexual performance and satisfaction are seen as mandatory and normative (Gagnon & Parker, 1995; Pittman, 1993; Zilbergeld, 1999). Demonstrating sexual prowess thus does not require sexual foreplay. Men in this study lack information on clitoral stimulation and vaginal lubrication. Information gaps about human sexuality are clearly evident among men which makes sex unsatisfying for women (Khan et al., 2002; Tathapi, 2000). My findings support these of Duncombe and Marsden who claim that women blame men for their decline in passion and for their romance and unfulfilling relationships, while men blame women for their reduced sexual desire (2002, p. 234).

While seeking to answer why and how men measure sexual performance during intercourse, I commonly found that men referred to pornographic movies as the standard of 'good' sex. Pornographic media mediates this learning where by men see a 'sexually potent' man with a large sized penis who can apparently retain semen for a prolonged time before ejaculation and women shout in pleasure or pain generated by 'vigorous' sexual thrusting. I found that the older rural men who had less exposure to pornographic material were comparatively less worried about the timing of sexual intercourse. Men in urban areas and particularly young men in both urban and rural settings were more anxious and worried about intercourse. Similar male concerns are documented by Indian researchers (Collumbien, 2001; Lakhani et al., 2001; Tathapi, 2000; Verma et al., 2001).

The advertisements of traditional practitioners are another popular learning resource in Bangladesh and elsewhere in South Asia (Collumbein & Hawkes, 2000; Hossain, 2003; Khan, 1997; Khan et al., 2004a; Tathapi, 2000). These advertisements widely publicize the notion that most men lack enough vigor to perform powerful sexual acts. Only treatment from a Bangladeshi traditional practitioner will improve this male crisis with 'guaranteed success' (see Figure 6). I think the claim of these advertisements pressures men to believe sexual intercourse is a tough performance and men are frequently threatened by failure. These advertisements label men as sexually 'weak' if they cannot perform sexual intercourse multiple times in one night and claim to cure men from this catastrophe with 100 per cent success. Traditional medicines are sold for increasing the size and shape of the penis for ensuring the hardest penis to perform multiple erections and for delaying ejaculation as long as men wish.

Bangladesh is not unique for hosting advertisements claiming to increase penis size as other researchers have documented these findings (Kimbrell, 1995; Murphy, 2001; Zilbergeld, 1995). Also in this era of internet technology, advertisements of penile enlargement are sent through e-mails as 'spam' or 'pops-up' difficult to avoid. If all men should increase their penis size, do all men have small penises? Men who were not previously worried about their penile shape and size may be influenced by widely available advertisements leading them to believe that their penis should be thicker, longer and stouter.

Yet the penis is also a very fragile organ: it is definitely not a ten-inch steel bar!
It is quite floppy, unpredictable, and often not subject to individual's will-power.
One can even say it is comical in its alternations between flaccidity and rigidity
(Horrocks, 1997, p. 181).

"Penises in fantasy land come in three sizes—large, gigantic and so big you can barely get them through the doorway. They are portrayed as being as hard as rock or steel and always ready to go" (Zilbergeld, 1995, p. 34). Men in my study described sex in the fantasy world of pornographic movies where men with extra large penises penetrate women with extra large breasts. These stereotypical attributes of male and female sexuality influence men to fantasize in similar ways. Therefore, I support Pease's comments that "real men with real penises find themselves lacking in relation to these images [pornographic]," and think their penises are "not long enough, wide enough or hard enough" (2002, p. 69) to perform the prolonged sexual intercourse that they see in pornographic movies.

While young men are with their peer-groups, they never discuss any tensions regarding sexual issues, rather, they exaggerate their experiences with women. As Horrocks explains: "part of the cult of machismo is that men do not admit to weakness and vulnerability. Masculinity has 'spoken' about many things, but it is afraid to speak of its own fragility and its own needs" (1997, p.164). Whereas during individual interviews, men raised their personal sexual health concerns. This reflects men's contradictory status regarding sexuality issues. They maintain several layers of sexuality. The outer layer is a public or peer-sex culture from which men hide their concerns. They overstate their masculine sexual power which ultimately decreases their self-esteem and confidence. Men have an inner or private layer of sexuality often full of fear, threat, confusion, myths and tensions. Men also exhibit another layer as expressed through male/female relations. Similar observations are documented by Indian researchers who claim "these flip sides of male sexuality-- public bravado and private fears about 'performance'—exist together" (Tathapi, 2000, p. 6-7). Most men are threatened by media where *macho* images are portrayed and reinforced by peers, often in the form of exaggeration. This situation has become more complicated in the context of Bangladesh where discussions of sexual issues are taboo and a marked silence obliterates the open and free passage of information between men.

Given the influence of these foundations of social thought and action in masculinity, the next section discusses how male perceptions of risk and safety evolve from ideas of safer sex practices, especially the use of condoms.

Social Construction of Risk and Safety: Implications for HIV Interventions

Male sexuality studies in the AIDS era must address men's safer sex and condom related issues. One of my research questions addressed safer sex issues, particularly condom use within a framework of masculinity. While condom use has been given the top STIs/HIV intervention priority, men construct their own sense of safety. Advocating condoms, as the only safer sex option while ignoring men's perceptions of sex, pleasure and safety will be unlikely to be effective. Condom use in most countries is still unsatisfactory, despite investing considerable resources over the last 22 years of the HIV epidemic (Hearst & Chen, 2003). In this section, I first discuss how men construct their perceptions of risk and safety and then I move to notions of condom use.

Men's classification of 'normal' versus 'abnormal' sex acts is a sociocultural and religious construction. The male-female vaginal sexual act is considered 'normal,' 'moral' 'healthy' and 'harmless' (Rosenthal, Gifford, & Moore, 1998; Patton, 1994). "This naturalization of vaginal intercourse acts as a considerable obstacle to the generation of forms of 'safer sex' that do not rely on condoms" (Waldbay et al., 1993b, p. 254). The dominant construction of sex equaling penile-vaginal intercourse for ejaculation influences both men and women to consider all other non-penetrative sexual acts as either being 'not sex,' 'unhealthy,' 'abnormal,' 'unsafe' or 'bad' practice (Abramson & Pinkerton, 1995). Therefore, if a sex act is considered 'normal' and 'healthy,' a person hardly finds any reason to wear condoms. Similar notions are seen in the African context where some people see condoms as 'Western imports,' 'alien' or 'unnatural prophylactics' in the context of 'normal' male-female sexual relations (Nzioka, 1996, p. 570; Smith, 2003).

The concept of safer sex contradicts the dominant ideology of sex as penile-vaginal sexual intercourse for ejaculation. Taylor (1995) argues that such a concept undermines both men's and women's perceptions of pleasure and obstruct non-penetrative sex which is pleasurable too. In the AIDS era, the safer aspects of non-penetrative sex can be advocated as an alternate option of safer sex, but this is overlooked in Bangladesh and elsewhere (Holland, Ramazanoglu, Scott, Sharp, & Thomson, 1991; Taylor, 1995).

From the Islamic perspective, penile-vaginal penetrative sex within marriage is the ultimate model of sexual life for men and women with all other sexual acts considered 'sinful' and 'abnormal' (Bukaili, 1994; Rahim, 2000). Male-to-male sexual activities are also considered 'abnormal,' 'sinful,' 'unhealthy' and 'unsafe.' Oral-genital sex particularly cunnilingus is considered unsafe and 'abnormal' for the following two reasons: i) the vagina is the source of germs; and ii) non-Muslim 'Westerners' engage in such 'unhealthy' and 'bad' sexual activities (as seen in pornographic movies). Men therefore wash the 'unclean' vagina as an alternate option to preventive strategies. Men's claims of women's dislike of cunnilingus is a male bias demanding women's validation. However, socializing women by imposing ideas about cunnilingus being 'unhealthy' sex takes place in Bangladesh where men's sexual mastery and women's passive attitudes are widespread (Khan et al., 2002).

Men's classification of women as 'clean' versus 'unclean' is another construction, described influencing safer sexual acts and relationships (Kippax & Race, 2003; Nzioka, 1996, Waldbay, Kippax, & Crawford, 1993a). By labeling female sex workers (FSWs) as 'unclean' and all 'other' women as 'clean,' men decide on the types of sex acts they can engage in. Vaginal penetration is 'normal' and 'healthy,' therefore engaging in it even with 'unclean' women is perceived as being 'healthy' evading the possibility of condom use. With 'unclean' FSWs, men generally avoid all any acts which may be interpreted as showing emotional attachment.

However, men do not consider all FSWs as 'unclean.' The concept of 'unclean' is largely constructed in the framework of social class, working venues, physical attractions, age, genital scar marks, dress and makeup. FSWs who work in hotels and residences are not considered 'unclean' being 'higher-class' sex workers, unlike those who work on the streets and in brothels who belong to the 'lower class.' As Nzioka observes: "risk of HIV is constructed not as a function of promiscuity *per se* but of sex with particular groups or people" (1996, p. 574). This demarcation is harmful since men decide sex as safe based on a hypothesized external status of women, ignoring the fact that HIV does not discriminate as to social class or physical attractions, as revealed in other studies (Memor, 1991; Waldbay et al., 1993a, 1993b).

Men's general tendency to see women as 'sex commodities,' influences them to consider women as 'materials' and 'objects' which can be bought. Besides their mothers and sisters, men categorized women as 'others' subordinated to their sexual lust. Male gender supremacy destroys the possibility of any non-sexual friendship among men and women, reinforcing the notion of women as objects who can be selected, approached, purchased and utilized (Buchbinder, 1987). I think this is a traditional model of masculine sexuality which often contradicts the biomedical framework of risk and safety.

The *kapal* (luck), *gojoh* (punishment from Allah) and *joumtoi adhanikata* (sexual modernity) models of risk and safety cannot be ignored particularly in Bangladesh where people have not seen AIDS cases as health crisis (Khan, 1997). The punishment-model was evident among men in many countries especially at the beginning of the epidemic (Dilger, 2003; Smith, 2003). However, public health perspectives hardly consider these lay models and see them as a shortcoming of inappropriate biomedical knowledge of

transmission and prevention (Kippax & Race, 2003). Most interventions attempt to raise HIV awareness ignoring the potential threats hidden in these models.

This notion is reinforced by the consistent low HIV prevalence levels in Bangladesh and the deceptive classification of people into 'general' (safe) and 'high-risk' (unsafe) groups. The concept of 'risk-group' is misleading since it fails "to carry any sense of social connectedness and shared meanings; the term was and is simply a marker of an imposed identity category which came to stand for risk" (Kippax & Race, 2003, p. 2). The process of categorizing 'unclean' and 'clean,' 'normal' and 'abnormal,' 'high-risk' and 'general' populations is mediated by the biomedical essentialism of AIDS educational materials influenced by epidemiology and religious moral perspectives (Brown, 2000; Crawford, 1994; Schiller, Crystal, & Lewellen, 1994). I agree that dividing people into 'high-risk' and 'general' population ignores the fact that risks are socioculturally constructed (Nzioka, 1996; Watney, 1999).

The political context of risk construction in Bangladesh is also a significant issue. After 22 years of a global HIV/AIDS pandemic, the significant low prevalence of AIDS in Bangladesh encourages people to internalize the idea that AIDS is a disease of 'others,' mainly of non-Muslims from foreign countries. Most of the known AIDS cases in Bangladesh are found among migrant workers who are thought to have been infected with HIV while living in foreign countries. This information, widely disseminated in Bangladesh, influences people to believe that 'bad' Bangladeshi people become infected with HIV often engaging in 'immoral' or 'illegal' sexual relations in foreign countries. The government may have a political interest in preserving the image of an AIDS free country in relation to the foreign labor policy as noted in many other countries at the beginning of the epidemic (Nzioka, 1996). However, this approach often persuades people to believe that AIDS is an 'alien' disease.

Men in this study saw non-marital sexual acts as 'sinful,' 'immoral' and 'illegal' and any involvement in such 'sinful' activities might cause disease as punishment given by Allah. This discouraged men from adopting preventive measures, as they believed nothing could prevent Allah's punishment. After performing such 'sinful' activities, rather than considering wearing condoms in future interactions, they beg pardon from the Almighty Allah with a commitment to stopping such acts in the future. Evidence suggests that these religious beliefs are transitory in many cases and men often forget and indulge in

'illegal' activities and keep begging pardon and placing condoms as a distant possibility (Khan, 1997). Experiencing this ambiguity, Smith notes that "the intersection of sex and religion is a tricky enterprise," nevertheless, he sees the relevance of the moral framing of his respondents' sexuality issues in the Nigerian context (2003, p. 368) where young men's risk perceptions are constructed in moral and ethical dimensions. This does not only occur in Islamic society as Smith has explored similar beliefs among Nigerian Christians that "AIDS is a scourge visited by God on a society that has turned its back on religion and morality" (2003, p. 364). However, it remains a challenge for policy makers and program managers to consider religious ethics and morality as one of the central strategies in the framework of HIV interventions.

I support Connell's (2002) proposition that men are not passive learners. Men do not passively respond to any imposed safety measures. Instead, they actively interact with and engage in various preventive activities based on their understanding of risk and safety. Understanding the complex interconnections between risk, safety and social context is essential for interventions to be effective. In the light of this condom non-use, I argue for a refocus on condom interventions based on the concepts of sexual pleasure and notions of masculine sexuality, rather than on disease.

Safer Sex or Pleasurable Sex: Rethinking Condoms in the AIDS Era

Condom use is a social behavior and probably one of the most ambiguous behaviors, since it takes place between at least two persons with an unequal distribution of power including physical, mental, social, economic, gender relations and acquired knowledge (Khan et al., 2003b, p. 180).

Sexual behavioral studies in Bangladesh reveal significantly low rates of condom use among various sub-populations engaged in risk-behaviors (National AIDS/STD Program, 2000a, 2000b, 2001, 2003). A brothel based sex worker in Bangladesh serves the highest turnover of clients per week with the lowest condom use anywhere in Asia (National AIDS/STD Program, 2001, 2003). Data from the National Behavioral Surveillance reveal that while more sex workers now request that clients to use condoms (increasing from 61 per cent in 1998 to 87 per cent in 2001), condom use during the last sex act has decreased from four per cent in 1998 to 0.2 per cent in 2001 (National AIDS/STD Program, 2001).

Most studies in Bangladesh have not provided any reasons for the lower use of condoms (Choudhury, Arjumand, Maksud, & Saha, 1996; Folmar et al., 1992; Gibney, Saquib, & Metzger, 2003; National AIDS/STD Program, 2000a, 2000b, 2001, 2003). The few qualitative studies which have addressed condom use (Khan et al., 2003b), have lacked clear understandings for condom non-use. Therefore, despite the targeted HIV interventions proposed and promoted by NGOs, the sustained low rate of condom use warrants immediate attention.

Numerous cross-cultural studies focus on women's perspectives of why men refuse to use condoms (Cash & Anasuchatkul, 1993; Civic et al., 2002; Clark, Kissinger, Bedimo, Dunn, & Albertin, 1997; Heise & Elias, 1995; Kapiga, Lwihula, Shao, & Hunter, 1995; Posner, Pulley, Artz, Cabral, & Macaluso, 2001; Potter & Anderson, 1993; Santelli et al., 1996; Semaan, Lauby, & Walls, 1997; Stark et al., 1998). However, women's understandings of men's reasons for condom refusal may not reflect men's understandings. Moreover, many of these studies only report the frequency of stated reasons for condom non-use ignoring deeper meanings. Many studies have been conducted with STI clinic attendees and essentially lack the voices of non-patients (Nuwaha, Faxelid, & Hojer, 1999). Studies addressing men's perceptions about condom use reveal considerable diversity in responses (Amamoo, 1996; Ankrah & Attika, 1997; Dilger, 2003; Hulton & Falkingham, 1996; Meursing & Sibindi, 1995; Niang et al., 1997). Men's perceptions and experiences of condom non-use have been inadequately reported and responses have not been analyzed in a broader sociocultural framework (Holland et al., 1991; Kippax et al., 1990; Kelly & Lawrence, 1990), particularly masculinity. In-depth exploration of condom using behavior can deepen understandings of the meanings of condom non-use essential for developing an effective HIV intervention (Browne & Minichiello, 1994; Flood, 2003a). I attempt to explain men's perspectives on the non-use of condoms in the broader framework of gender, sexuality and masculinity.

Meanings of sexual pleasure versus condom use

Men in my research were mostly concerned about reduced sexual pleasure with condoms, supporting findings of many other cross-cultural studies (Browne & Minichiello, 1994;

Chapman & Hodgson, 1988; Flood, 2003a; Moore & Rosenthal, 1994; Ross, 1992). The claim of reduced pleasure has diverse meanings which will be analyzed more fully.

Without ever using condoms, some men claimed 'reduced pleasure' explaining that both their body and mind were accustomed to a sequencing of sexual acts without condoms. The 'uninterrupted natural' sequence of sexual interactions must proceed to penetration. Putting on a condom appeared as a challenge, particularly at the extreme moment described as an 'uncontrolled' moment of sexual desire or sequence. Flood finds his respondents are concerned about "the heat of the moment" which he thinks a "psychic space or 'moment' that is passionate, sexually and emotionally intense, verbally silent" (2003a, p. 360). The concept of 'the heat of the moment' may have overlapping dimensions with 'male sex drive' which is considered 'uncontrollable' even for the few moments required to put on a condom. Findings from other cross-cultural studies also demonstrate men's perceptions of uncontrollable sex drive as a barrier to condom use (Browne & Minichiello, 1994; Flood, 2003a; Holland et al., 1993; Kay, 2000; Orubuloye, Caldwell, & Caldwell, 1997; Wilton & Aggeton, 1991)

The underlying reasons for 'reduced pleasure' originate in some men's fears of losing erections while wearing condoms. My participants' claims of erection failure destroys 'sexual performance,' threatening masculine sexual potency, have been reported by cross-cultural researchers (Fracher & Kimmel, 1992; Horrocks, 1997; Kimmel, 1990). I argue that the notion of 'the heat of the moment' or 'uncontrolled male sex drive' are constructed in the midst of 'performative' male sexuality. Therefore, avoiding condoms due to 'uncontrollable' sex drive has social dimensions ensuring manly performance beyond the mere physical or psychological pleasure domain. Men in this study describe this in a vague and ambiguous manner pointing to the 'innate nature' of the male sex drive under the banner of 'reduced pleasure.' I agree with Flood that men's claims of "condoms as 'desensitizing' is not a simple outcome of physiological and pre-social sensation, but is informed by cultural meanings in a social context" (2003a, p. 359).

Men's inexperience in using condoms makes the first incident of condom-use embarrassing which men generally report as 'reduced pleasure.' Studies suggest that negative experiences reduce the likelihood of condom usage while positive experiences reinforce further use (Abramson & Pinkerton, 1995, p. 155). Since men believe that

condoms reduce pleasure and destroy erections, their first negative experiences result in the permanent non-use of condoms. These negative experiences are shared with friends who internalize the fear of using condoms sometimes even without ever wearing them.

Men primarily attach the meanings of sexual pleasure to genital domains. Based on perceptions of sex as penetration of the penis into the vagina for ejaculation, direct penile-vaginal contact has no alternative. Therefore, anything covering the penis is perceived as the major barrier to achieve sexual pleasure (Browne & Minichiello, 1994; Flood, 2003a; Horrocks, 1997; Kay, 2000; Kimmel, 2000). Similarly Chapman and Hodgson (1988) similarly describe participants' perceived meaningless sex which symbolizes sex with 'shower' and condom use with 'wearing raincoats.' Using a condom to prevent disease contradicts the notion of sex as an act of 'natural-ness.' Flood's informants reported that "there's no better feeling than the inside of a female" which they did not like to miss by wearing condoms (2003a, p. 358). My participants' complaints reflect their views that condoms interfere with the essence of 'natural-ness' of sexual acts which significantly diminishes their sexual pleasure by preventing the penis-vagina contact. Married men claimed that 'real' pleasurable sex should end in ejaculation inside a woman's body. Similar sentiments have been reported in Australian and British studies (Flood, 2003a; Wilton, 1997). Men in this study claimed that wives wanted their husband's 'hot semen' inside their bodies to feel the 'end pleasure' of sexual intercourse. I argue that men transmit their preferences and the notion of 'end pleasure' to women who then claim this as their own preference. Studies on women's sexuality demonstrate that women internalize men's views about sex and are taught to satisfy men sexually (Holland, Ramazanoglu, Sharpe, & Thomson, 1998; Maxwell & Boyle, 1995; Taylor, 1995). This is particularly true in Bangladesh where women are culturally expected to behave sexually inert and ignorant appointing men as sex tutors (Khan et al., 2002).

There is controversy whether sexual pleasure or sensation is physical or psychological (Richters, 1994). Along with Flood (2003a), I am convinced that pleasure is not solely implanted in bodily experiences. Pleasure is influenced by negative notions about condoms and 'performative' masculine sexuality. Participants' statements in my research support the arguments that male sexuality is constructed beyond the biological domain and that there is a connection between men's physical bodies and the sociocultural interpretations of men's bodily actions (Flood, 2003a; Reekie, 1988). Male rationalization for the non-use of condoms as "not my fault" is used to defend their illogical decisions in

the essentialist framework of men's right to achieve sexual pleasure. The notion of male rights to enjoy sex and men's rationalization of the non-use of condoms potentially contributes to social construction of condom non-use (Lindegger & Durrheim, 2000; Wilton, 1997).

Emotion, trust and the 'good man' image versus condom use

The concept of emotional closeness and condom-non use has been reflected in many cross-cultural studies (Dilger, 2003; Flood, 2003a; Galligan & Terry, 1993; Kline, Kline, & Oken, 1992; Pavia, 1993; Rosenthal et al., 1998). While most men engage in sex for physical pleasure, their claims of emotional closeness as barriers to condom use are conflicting. We need to consider the possibility that men may use women's common definitions of sex in the framework of love to avoid condom as suggested by other researchers (Rosenthal et al., 1998). However, as some men seriously raised the issue of love, emotional sentiment and trust as being counterproductive to their use of condoms, "we need messages which tell us how to have safety in love and how to incorporate condoms in the search for love" for both men and women (Rosenthal et al., 1998, p. 48).

The question arises as to why men do not use condoms with paid sex workers where the relationship is not based on emotional trust and closeness. While exploring this issue, men in this study convey another discourse of relationships with sex workers. Some men took off condoms as they could find no valid reasons to complete unsatisfactory sex with a paid sex worker and compromising "the male's right" to enjoy sexual intercourse in commercial settings (Khan et al., 2003b, p. 168). It seems the meanings of relationships influence condom use. Along with emotional closeness and trust, I argue that emotional detachment or mistrust also oppose condom use. Although the meanings and rationalizations are different, the outcome is the same: emotional closeness translates as direct penis-vagina contact and no condoms, while emotional detachment involves no need to consider disease or pregnancy hence no condoms.

The practice of the withdrawal technique in sexual intercourse demonstrates the expectation of achieving close physical contiguity by direct penis-vaginal contact. Although men prefer to ejaculate inside, pregnancy must be avoided. Therefore, sex with withdrawal constitutes the preferred way to keep the sense of emotional closeness and

trust to one's partner particularly to wives or girlfriends, and also prevent pregnancy. When I discussed the possibility of failure of withdrawal, male participants claimed to be skilled enough in this technique. Their notions of 'skilled enough' reflect the attitudes of men's mastery in sex which needs to be demonstrated in front of women (Waldby et al., 1993b; Moore & Rosenthal, 1994; Stewart, 1996). Men's understandings of sexual skills and performance in the framework of non-condom masculine sexuality have also been reported by several scholars (Foreman, 1999; Lindegger & Durrheim, 2000; Waldby et al., 1993b; Pleck et al., 1993).

A few men in this study who had access to AIDS educational materials internalized the notion that AIDS is a disease of promiscuity and condoms should be used by promiscuous men. Condoms are therefore signifiers of 'bad' men. As suggested by other researchers, the negative impression of condom use diminishes the possibility of its usage for example adopting the image of a promiscuous or 'bad' man (Holland et al., 1991, 1992; Roth, Krishnan, & Bunch, 2001; Smith, 2003; Wilton & Aggleton, 1991). Thus, the common discourse of safer sex promoted through condom use is antithetical to the 'good' man image which is crucial to many men as analogous to responsible manhood.

Internationally, condoms have been promoted in different ways. Condom advertisements in America during the 1970s were directed towards sexual pleasure and intimacy (Abramson & Pinkerton, 1995). During the 1980s, condoms were integrated to the family planning programs. During 1990s, with the emergence of HIV/AIDS pandemic, condoms have been positioned in the framework of AIDS prevention with the main strategy of disseminating fear of AIDS and thereby advising promiscuous men to use condoms. Reasons for unsuccessful condom promotion programs are that safer sex campaigns are presented in the STIs/HIV prevention paradigm, rather than using the discourse of pleasure (Abramson & Pinkerton, 1995; Rosenthal et al., 1998). My findings support the proposition that current AIDS educational materials are narrowly focused on morality, fear production and biomedical knowledge. The issue of human sexuality, pleasure, eroticism, fun and coercion are absent in educational messages.

The central strategy of condom promotion should avoid supporting the notion that only promiscuous men need to use condoms to prevent HIV/AIDS (Taylor, 1995). Rather, condoms can be advocated in the framework of sexual pleasure for both man and woman,

an essential means for skilled sexual acts for men. Therefore, condom promotion needs to move from AIDS discourse to pleasure, reflecting notions of good sexual skill and eroticism. Condom use is a behavior that needs to be promoted with appropriate information to encourage men to make it as a part of their sexual lives. Studies show that men can possess positive attitudes towards condoms if they acquire satisfactory skills in using them appropriately (Ross, 1992).

Men want prolonged sex and studies report that condoms delay ejaculation by penile desensitization, therefore, condoms can be introduced as a way of prolonging sexual intercourse, thus enhancing men's perceived sexual competence. Since condoms make sexual intercourse free of hazards from pregnancy and infections, the issue of pleasure and eroticism can be emphasized. Therefore, the condom-using skill may be introduced as the essential sexual skill of sexually potent 'real' men.

This thesis offers broad understandings of the complex meanings that men attach to condom non-use with a hope that policy planners and program managers can re-conceive the paradigm of condom intervention. Placing condoms in the disease prevention paradigm by disseminating simple messages about the capacity of condoms to prevent STIs/HIV/AIDS is not encouraging condom use in Bangladesh. Innovative condom messages need to be designed to motivate condom acceptance in the framework of relationships, masculinity and sexual enjoyment between men and women (and men and men). My findings support the concept that: "sex education must therefore promote safe sex as pleasurable to be effective and change public attitude towards the condom" (Browne & Minichiello, 1994, p. 247). We need to remember that "safer sex cannot be enforced by one sex or the other: it can only be practiced in an atmosphere of mutuality and compromise" (Waldby et al., 1993b, p. 255). Rather than focusing on risk, the discourse of pleasure can help men to achieve satisfying sexual lives which are also safer.

At this point in the discussion, I draw a model of masculine sexuality prevailing in Bangladesh. The following section illustrates a traditional model of masculine sexuality with unfolding alternate versions of masculine sexuality by extracting and summarizing various components explored in this discussion chapter.

Traditional Masculine Sexuality, STIs/HIV and Sexual Health

Researchers have predominantly documented several aspects of masculine sexuality posing significant barriers to men's safer sexual practices and domineering attitudes toward relationships with women (Campbell, 1995, 1997; Flood, 2000, 2003a, 2003b; Foreman, 1998; Holland et al., 1993; Horrocks, 1997; Kippax et al., 1994; Pleck et al., 1993; Waldbay et al., 1993b; Wight, 1993; Wilton, 1997; Zilbergeld, 1995). I have also described a traditional model of masculinity sexuality which imparts negative consequences in terms of sexual safety and relationships. Nevertheless, "the constraints of masculinity have operated quite fiercely in the sexual domain, so that men have felt afraid to feel 'feminine,' or 'passive,' or gentle—anything that contradicted the particular requirement of their culture's code of manhood" (Horrocks, 1997, p. 164).

In this thesis, I have explored male sexuality and its interconnectedness with masculinity. Researchers conducting studies on male sexuality and masculinity have used several terms indicating men's masculine notions influencing their sexuality dimension. Researchers often use terms in 'discrepant' and 'vague' ways (Flood, 2000, p.62), including 'hegemonic construct,' 'hegemonic heterosexual masculinity,' 'heterosexual masculine sexuality,' 'sexual cultures of heterosexual men,' 'masculine sexuality,' 'masculine assumption,' 'masculine ideals/ideology' and 'male gender roles' (Campbell, 1995, 1997; Foreman, 1999; Kippax et al., 1994; Pleck et al., 1993; Wilton, 1997; Waldbay et al., 1993b). While reviewing literature, I found that one core idea runs through all terms. Men's understandings of sexuality are influenced by the masculine ideals that prevail in their specific cultural contexts.

One may argue that all these terms can be drawn under the one 'hegemonic masculine sexuality' as Connell (1995) proposes in reference to heterosexuality, robustness, authoritative power, and contests for winning and the subordination of gay men. Kirkman and his colleagues adopt a term 'traditional masculinity' instead of 'hegemonic masculinity' (2001, p. 392) for the reason that hegemonic characteristics are not fixed personality traits and in many cases hegemonic characteristics may both lose or gain power based on diverse contexts (Phoenix & Frosh, 2001). The term 'traditional masculinity' is assumed to avoid the controversial aspects of hegemonic masculinity. However, this needs "to be understood to have a great deal in common with hegemonic

masculinity without the assumption of hegemony" (Kirkman, Rosenthal, & Feldman, 2001, p. 392). I borrow the concept of 'traditional masculinity' and prefer to use the term 'traditional masculine sexuality' instead of 'hegemonic masculine sexuality.' The reason for my preference is situated in men's conflicts, contradictions and clashes concerning their notions of masculine sexuality as opposed to hegemony.

In every cultural context, masculinity is associated with power and there are various ways to achieve and demonstrate power (Cornwall & Lindisfarne, 1994). I agree with Connell (1995) that in each society, some ways of being a man are more highly valued than others. Not all men interviewed in my study reported behaving in similar ways. Some men oppose the dominant notion of being inexpressive and aggressive and argue many women possess these characteristics. "Not all men, then, have power; and not all of those who have power are men" (Cornwall, 1997, p. 11). Thus, feminist critiques of masculinity as the source of all power are criticized by men. Kimmel has also noted contradictions in the notion of masculine power, for example: "what do you mean, men have all the power? What are you talking about? My wife bosses me around. My kids boss me around. My boss bosses me around. I have no power at all! I'm completely powerless!" (1994, p. 136).

I agree that in men's lives there can be "a strange combination of power and powerlessness, privilege, pain and alienation....[and that] this combination of power and pain is the hidden story in lives of men. This is men's contradictory experience of power" (Kaufman, 1994, p. 142). I argue that men's power is a product of group dynamics and a sense of powerlessness of the individual man. It is important to understand the hidden pain and alienation which according to Kaufman, can be "an impetus for change" and to "better understand men and the complex character of the dominant forms of masculinity" (1994, p. 143).

Hegemony itself is relative and may change with time and context, although every culture offers several popular options for being male and female. It is likely that some men may reject adopting these popular notions. This justifies some propositions as noted by other scholars: i) men are not passive learners of gender roles, rather they actively participate in gender relations and have the potential to accept or reject issues irrespective of paying any attention to broader societal expectations (Connell, 2002; Kimmel, 1986; Pleck, 1987); and ii) learning masculinity is not a one-off and linear process, rather "an

ongoing project in men's lives" (Nock, 1998, p. 61). Therefore, in every cultural setting, although a traditional masculine sexuality prevails, alternate versions of male sexuality also exist which may deviate from the traditional form, but is claimed hitherto to be masculine.

While contextualizing my findings with those of other scholars, I have identified several components of traditional masculine sexuality in Bangladeshi culture which are summarized in Table 1.

Table 1. *Components of Traditional Masculine Sexuality*

| Components | Context |
|--|---|
| Men should have adequate and more sexual knowledge than women | Men are more knowledgeable than women in most aspects of life |
| Men should be sexually capable and potent to perform 'powerful' sex to satisfy women | Men are physically, socially and economically powerful and capable to meet demands of women, family and society |
| Men's sexual desire and sexual drive are 'natural' and 'uncontrolled' | Men by nature are 'wild' and their urges are 'innate' |
| Men should initiate and sexually control women | Men control women in all spheres of life |
| Men should get maximum pleasure in sex from women | Men receive caring services from women in family lives |
| Men should make sexual interactions pleasurable for women | Men are 'providers'/'breadwinners' to women |
| Men are 'clean' and safe | Women who work as sex workers are 'unclean' and the source of infections. The vagina is the source of all germs |
| Men's sexual lust should be satisfied by women | Islam permits multiple marriages and after death men in heaven will be served by beautiful women (<i>hur</i>) |
| Men do not care about sexual risk | Men as 'protectors' take various risks for their and their families' survival |
| Men are emotionally inexpressive in relationships | Men must be tough and robust for being 'protectors' of the family |

I have noted that although most men display the traditional model of masculine sexuality, this model is contested, contradicted and fragile on many occasions. I argue that men's traditional double standards of sexuality are not linearly constructed. Due to the social construction of male sexuality, men often encounter multiple dilemmas as are reflected in other areas of their lives. I claim that these dilemmas show pathways for the

deconstruction and reconstruction of male sexuality conducive to improve sexual health for both men and women. Thus, I welcome Philaretou and Allen's call for 'reconstructing an androgynous ideology' by assisting "men who are dominated by unrealistic masculine standards" (2003, p. 212) in both the societal and sexual arenas.

Men in this study face many contradictory social pressures. Men's knowledge of sexual matters is accepted, whereas, male adolescents or adult men have no legitimate source or access to appropriate information. Family and society do not expect women to be sexually knowledgeable, but in reality, adolescent girls are given at least some information at the onset of their menstruation regarding marriage, sex and childbearing. This is an ambiguous situation where society assigns men the responsibilities to learn about sex on their own, but in culturally silent ways. This attitude implicitly legitimizes men's accumulation of information on sex, as society believes men know how to learn about sex. This may be one of the reasons that family and society do not seriously condemn men's sexual relations before marriage, the viewing of pornographic movies or having girlfriends. However, these are completely unacceptable behaviors for women reflecting the prevailing double standard sexual norms in Bangladeshi society.

My participants report that their sexual urges and desires are 'severe' and often 'uncontrolled.' Family and society support these ideas. However, men are not socially encouraged to pursue non-marital sexual relations as normative for 'good' men, creating contradictions. Some studies in Western and African countries document the marker of masculine sexuality as having and proving sexual experiences with multiple women (UNAIDS/WHO, 2000b, 2000c; Wight, 1992, 1993). The question arises as to whether men's multiple and non-marital sexual relations are an outcome of traditional masculine sexual ideals in Bangladeshi society, as in other societies. Findings suggest that men, who pursue sexual relations before or after marriage are socially condemned, although society does not sanction any rigid punishment for these men. Rather on some occasions "men having sexual relationships with several women is considered 'lucky' and therefore of part of a 'real man' "(Khan et al., 2002, p. 238).

Participants in my research claimed that sex before marriage might happen, but they did not think one should have regular sexual interactions with multiple partners before marriage as a normative sexual life. Such relationships should be controlled since multiple sexual relations reflect irresponsible behaviors that oppose achieving

responsible and successful manhood. For this reason, if someone indulges in multiple sexual relations, he often keeps it strictly hidden even among peers. The findings in my study reveal the notion of a 'lucky' or 'real man,' as described by Khan and his colleagues (2002) was primarily discussed for fun within a closed network of selected peers and certainly not with all peers or at societal level. Therefore, I do not think it would be appropriate to make a generalized comment that men in Bangladesh tend to establish multiple sexual relations as a normative or traditional masculine sexual ideal to prove manhood. However, the sense of masculine sexuality has the potential to influence men to become involved in non-marital sexual relations.

On many occasions, the first sexual experience with sex workers takes place with peer-support. Generally, peer-pressure does not continue to influence multiple sexual relations. Although peer-initiated sex especially in commercial settings exists, multiple partners were not accepted as normative in peer culture to prove manhood. It is a contrasting situation to that of other researchers' observations (Bao, 1999; Campbell, 1997; Flood, 2000; Vanlandingham et al., 1998). Rather men's non-marital multiple sexual relations are considered outcomes of their 'natural' and 'uncontrolled' sexual desire and drive. Sexual double standards, widely prevalent in Bangladeshi society are also common in other countries legitimizing men's persuasion of non-marital sex (Holland, Ramazanoglu, Scott, Sharp, & Thomson, 1992).

Some researchers report that traditional models of masculinity can influence men to have dominating and negative sexual attitudes toward women (Heise, 1995, 1997). These studies find links between masculinity and sexual hostility. My findings reveal that notions of male domination in all aspects of life as also assimilated into men's sexual life. Men need to show sexual domination and mastery just as they show mastery in all other spheres of life. However, it is not easy for many men to show sexual mastery and sexual performance. Rather, sexual performance is the area in men's lives where they are most often threatened about being unsuccessful in satisfying women.

Some married men are frustrated with their wives' sexual unresponsiveness in terms of their not initiating sex or participating actively. This is another incongruity which counters the traditional norms of women's silence in sexual matters. Societal expectations about women's normative feminine sexuality favor women's silence, passivity and gentleness in sexual interactions (Khan et al., 2002; Taylor, 1995). Men

prefer this "monopolization of the sexually active, initiatory position" as a way of controlling women's sexuality, "although they also indicated a contrary fantasy about sexually assertive women" (Waldby et al., 1993b, p. 254). I agree with Kimmel (2000) in that my participants fantasized about images in pornographic movies regarding 'Western' women's initiation and active participation in sexual interactions which were virtually absent in their own sexual lives. Thus, "this split in fantasy" is proposed as an explanation of men's contradictory status regarding expectations of their sexual partners (Waldby et al., 1993b, p. 250).

Cross-cultural studies show that men think women should take responsibility for their (women's) own safety (Campbell, 1995, 1997; Pleck et al., 1993). Participants in my research disagreed, as their manly egos were alarmed at the idea of women's adoption of their own safety-measures. For the participants it indicate distrust of men's sexual fidelity and disregarding the traditional manhood model of 'provider' and 'protector.' For this reason, when sex workers want male clients to use condoms, men often refuse. A woman's request for condom use threatens male ego and sexual domination and suggest suspicion about a man's cleanliness and promiscuous nature. Therefore, as 'protectors' men are supposed to think and to decide about safety issues in sexual relations.

Traditionally men view women as sex objects. This notion is deeply implanted in Islamic ideology describing women as *sossho khitra* ('farming land') where men will perform as 'farmers' to reproduce *sossho* (human being) (Khalek, 1996; Rahim, 2000). Moreover, men divide women into 'clean'/'unclean,' 'sexy'/'non-sexy,' 'beautiful'/'ugly' and 'poor'/'rich.' In this framework, a man cannot be 'unclean' or a source of infection. These classifications influence men's perceptions of risk and selection of women as sex partners. The sexual objectification and commoditization of women, especially in the open market economic era, discourages men from considering women as unique human beings, persons or partners (Whittaker, 1999).

Men's popular notions that 'risks are for men' as revealed by other researchers (Campbell, 1995, 1997; Foreman, 1999), provide the underlying explanation for men's risk-taking attitudes. My findings suggest that men as providers and protectors accept many risks and challenges. Sexual risk is nothing uniquely special or new to their lives. Attempts to avoid risk are seen as 'womanly' behaviors damaging heroic notions of manliness. The maxim "smoke like a man, die like a man" (Prescott et al., 1998, P. 31).

shows that taking risks is the core dimension of manliness especially among young men. It is an unusual possibility for audacious young men to consider women's safety issues (Foreman, 1999). Anything reflecting womanliness must be rejected by manly men, because masculinity exists to disprove femininity (Nock, 1998). Men do not construct masculine ideals in isolation from gender (Horrocks, 1997), rather they compare and contrast them with feminine ideals in a relational framework ignoring the unique dignity of relationships.

Cross-cultural studies suggest that normative masculine notions favor men's non-expression in relationships with women (Horrocks, 1997; Pleck et al., 1993; Sattel, 1992). Although many participants in my research support the notion of impassiveness, many were opposed. Men's expectations of becoming responsible husbands and fathers contradicted the notion of inexpressiveness in love and emotion. I think this is the potential space of interaction with men. Men claimed to be emotionally close to their wives and girlfriends and claimed to reject condom use to ensure emotional closeness. In addition, some married and unmarried men avoided non-marital sexual relations or sex with multiple partners on the grounds of their close emotional attachment to their current partners. Therefore, I argue that many men are inexpressive at the societal level but possess inner emotion and love for the family, children and society. During my study, I met men who did not believe that manliness and manhood could be threatened by possessing emotions which is often repressed in the family and society where normative male standards oppose men's emotion. Participants generally claimed that a successful man should possess feelings for his family members, wife and children. I argue that if men's inner softness is repressed, we may miss the potential for reconstructing the positive dimensions and benefits of masculinity.

Feminist perspectives claim that male dominance, hostility and sexual double standards offer men sexual freedom in a patriarchal society where women are treated as vehicles for male sexual pleasure and reproduction. I agree that men enjoy many freedoms. The parameters of manhood are narrowly conceptualized in terms of 'performance,' 'competition,' 'providers' and 'protectors.' These parameters essentially constrict men's vision about their lives and restrict them within an unavoidable and obligatory achievement centered model of manhood. These goals are entrenched in sexual life in the form of 'performance,' 'obligation' or 'conquering' by undermining the commitment for attaining mutual pleasure and passionate relationships.

Horrock's proposition is quite relevant as "the split between passion and duty has also had serious" consequences for men" (1997, p. 173). Socially constructed masculine sexuality is something that needs to be achieved, sheltered and constantly conserved since the core ideals of men's sexual prowess are flimsy. Traditional masculine sexuality is thus not self-reliant and autonomous. Sexual intercourse to men is a self-declared contest, however, the only "contest in which only men can lose" (Gilmore, 1990, p. 74). The concept of 'real' manhood is thought to be "a precarious or artificial state that boys must win against powerful odds" (Gilmore, 1990, p. 11). Therefore, the traditional model of masculine sexuality which depends on 'winning' and 'controlling' women in both the public and private domains is unstable since men's lives are constrained by the changing socioeconomic adversities in post-industrial society (Philaretou & Allen, 2001, 2003). Although the economy of Bangladesh is still based on agriculture, industrialization is underway. Widespread poverty and massive unemployment remains the salient feature in most people's life. Bangladeshi men traditionally equate monetary wealth with manhood and sexual potency. These constraints, to my understanding, may act as the entry point for reconstructing men's lives and notions of manhood and masculine sexuality.

CHAPTER NINE

CONCLUSION

I construct my own sexual identity not simply to obtain pleasure or love, but also to communicate who I am, what I feel, what I think. But I do not exist simply as an individual: the reason I am able to use sexuality in this complex manner is because I take part in a socialized sexual system. Social groups construct complex systems of sexual significance which permit a vast communication network to operate. Students of sexuality have only begun to search the surface of this awesome system, or set of systems: much remains to be explored (Horrocks, 1997, p. 191).

While conducting this research, several colleagues and professionals working in the field of HIV/AIDS in Bangladesh asked why I was interested in addressing a general male population rather than studying particular 'risk-groups' and why I chose qualitative methods to answer my research questions. HIV prevalence in Bangladesh is significantly low even among sub-populations at risk. There exists a glaring gap in general population-based survey data of sexual behavior. Therefore, my research objectives received little attention in the context of a low HIV prevalence country where studies and interventions are primarily designed for targeted sub-populations at risk to contain HIV transmission among sub-populations and from them to the so-called 'general' population.

Identification of risk factors and 'risk-groups' are necessary to assess the trends of the HIV epidemic and to plan targeted interventions. Nevertheless, these studies do not offer clear understandings of human sexuality and cannot provide adequate information on the social and cultural contexts within which risks and vulnerabilities are situated. Thus, context based structural and community interventions often become difficult to render for sustainable outcome. Experiences suggest that individual-based interventions alone are not enough to tackle the epidemic (Beeker, Guenther-Grey, & Raj, 1998; Campbell, 1997; Gillies, Tolley, & Wolstenholme, 1996). Effective multi-sectoral, holistic interventions need to be designed to encounter the sociocultural and structural adversities where risk and vulnerabilities are embedded (Brown, Franklin, MacNeil, & Mills, 2001; Sweat & Denison, 1995). Gender inequalities affecting male and female sexuality have to be addressed for more sustainable and broader change to occur (Gupta, 2000; Rivers & Aggleton, 1999). Therefore, along with targeted interventions, we also need to work at

multiple levels particularly with male populations for bringing sustainable long-term goals to avert the pathway of the epidemic (Foreman 1999; Piot, 2000).

I noted a significant lack of broad perspectives of male sexuality and masculinity which impede the scope of designing strategies to involve men in STIs/HIV and sexual health interventions in Bangladesh. Qualitative methods offer potential ways of studying the social and cultural constructions of sexuality and risk perceptions embedded in men's traditional notions of manliness and manhood. This approach assisted me in the exploration of social dynamics shaping the male sexual behavioral context. My findings are expected to offer the basis for designing culturally sensitive and appropriate interventions to prevent STIs/HIV and to improve the sexual health of men and women in Bangladesh.

While conducting comprehensive fieldwork for 15 months in both urban and rural areas of Bangladesh, I met men from diverse socioeconomic and occupational backgrounds, developed friendships with them and explored their views about intimate issues in their lives. I had opportunities to consider how men socioculturally assemble their lives and how society constructs men's lives. Men's experiences and views about women and relationships with them, social norms and values attached to gender and sexuality, risk perceptions and men's sexual health concerns in the context of manliness and manhood were explored in this study. There are persons in every society who exert significant roles in shaping gender roles and expectations. Such socially influential persons as key informants were interviewed in this study. Notions of sexuality and masculinity have societal layers which were explored by conducting focus group discussions. The male world outside the home is a space where issues of masculinity and sexuality evolve and are shaped and reshaped. These male social spaces were explored by extensive field observations.

Men's risk-taking behaviors are rooted in the sociocultural context. Therefore, the applicability of the findings of this thesis to other contexts is a matter for further investigation. However, I think by interviewing men from diverse occupational and socio-demographic backgrounds of both urban and rural areas and utilizing a broader social constructionist framework, I have exposed deeper understandings of traditional masculine sexuality in Bangladeshi society. The patterns of masculine sexuality and connectedness to sexual health illuminated in my research are common in Bangladeshi

society. I have provided a valid and reliable platform from which researchers may further investigate male sexuality and masculinity to unfold this complex field further.

Friends and colleagues questioned me with 'hidden' cues as to why I was studying sensitive areas of human lives. My intention to study sexual issues was interpreted as flowing from my personal characteristics of listening to people's intimate issues. My friends initially thought I might have psychosexual problems or I may be 'perverted' and 'shameless' for listening to people's sexual histories. These people thought that my education in foreign countries might have influenced my mentality to discuss sex openly. Some thought my own sexual life might have several 'hidden stories' motivating me to seek out other men's sexual lives. My involvement in masculinity and HIV work also created confusions, particularly among feminist colleagues in terms of assuming my 'anti-women' status, since they consider men's studies as counterproductive to women's studies. All these discomforts appeared as additional challenges encountered in my research persuading me to complete a stimulating work on male sexuality in Bangladesh.

I explored the dominant notions of traditional masculine sexuality in Bangladeshi society. In the context of a dichotomous sex/gender system in the patriarchal society, the male-female sexual relationship is 'naturalized' as compulsory and normative in Bangladeshi culture within an obligatory marital institution. The traditional construction of appropriate male and female qualities, roles and relationships influence male sexuality. A double standard sexual norm prevails in Bangladeshi society facilitating men's transgressions and obstructing women's sexual rights and pleasure.

Bangladeshi men exhibit some commonalities in their diverse sexual lives to demonstrate their sexual prowess. These notions of masculine sexuality generally are unhealthy facilitating risk-taking behaviors and undermining the closeness and glory of men-women relationships. The traditional aspects of achieving manhood such as educational aspirations, earning capacity, getting married, becoming responsible husbands and fathers appear 'life-saving' for the family and society from male perspectives. These manly notions of being 'providers' and 'protectors' of female counterparts, family and society are expected to encourage men to behave responsibly in their sexual lives. However, my findings suggest in most cases notions of manliness and manhood are translated to male dominance in everyday lives, including the sexual domain. Achieving manhood is traditionally constructed in the essentialist paradigm of manly success

resulting in gender inequalities and power relations with women. Men prefer to actively possess and exhibit power and this is instigated all the way through a socialization process in the context of patriarchal society of Bangladesh. "Patriarchy does damage men considerably, and that male sexuality and its traditional parameters have been a prison for men" (Horrocks, 1997, p. 164). While this may sound too radical, the findings demonstrate that there are many negative consequences of patriarchy on male sexuality, especially when it relates to male power over women in sexual encounters.

I support the idea that "heterosexual sex is dynamic and relational, and that men and women negotiate these encounters from quite different positions of power" (Kippax et al., 1994, p. 321). Thus, any relationship, if based on inequality and power disparities, is unlikely to have persons in power behave rationally considering the interests of the underprivileged. Men's dominating attitudes towards women shape and reshape "social inequality and the social structure that, in turn, reinforce and reward men's poor health habits" (Courtenay, 2000, p. 1397). I think this proposition is similar to the case of masculine sexuality which traditionally performs antagonistic roles in improving sexual health and relationships with women.

Like economic providers, men also like to provide sexual pleasure and satisfaction to women. This notion apparently seems positive for satisfying sexual relationships between men and women. Nevertheless, deeper analysis reveals that men prefer to take on the role as 'sexual providers' in the framework of manly performance proving sexual competence and prowess. Unfortunately, men's measurement scale of sexual capacity is narrowly constructed in the framework of penis, penetration and performance. Acquiring a large sized penis with the capacity for long standing and multiple erections, having 'good' quality of adequate semen, successful penetration and performing 'powerful' sexual intercourse for prolonged periods of time are markers of traditional masculine sexuality.

The notions of sexual performance and sexual prowess do not exist innately in men's lives outside the cultural context. The influence of advertisements of traditional practitioners on identifying and curing various sexual problems are disseminated in the background of a widespread silence regarding sexuality in Bangladeshi society. Additionally, widely available pornographic media influences the construction of men's 'performative' sexual ideology. I argue that Bangladeshi men's sense of masculine

sexuality is the product of a construction that moves beyond the local boundary towards a global male sexuality.

Context specific complexities, conflicts, concerns and contradictions often repress many men especially when they find the essential components of masculine sexual prowess are unachievable, like other indicators of manly success. They suffer from untold pain and pressure from losing their manly image in their private lives. The discrepancy between the expectations of masculine sexuality and compromised performance in actual sexual lives can silently endanger men by translating to distress, wildness and irrationality which affects sexual health and relationships with women. Macho male images are also channeled through mass media and further assume that men are unchangeable products of 'nature.'

I realize that sexual interactions, while taking place between two or multiple individuals and involving human genitals, are social behaviors closely connecting to and interacting with people's sociocultural, socioeconomic and psychosocial realities and are perpetuated by gender inequalities in the patriarchal society (Altman, 2001; Philaretou & Allen, 2001, 2003). The eroticism, desire, pleasure and pains of sex have deeper social meanings beyond physiological or psychological dimensions. Thus, any efforts to improve the sexual health of men and women may be threatened if we fail to conceptualize male sexuality and its link to masculinity in a broader framework of social constructions. I think the challenge for public health professionals and policy planners for designing effective interventions thus lies in recognizing these links.

The conventional individual-focused passive learning programs of HIV interventions hardly allow men as a group to discuss deliberately the scope of and barriers to accepted lifestyles (Campbell, 1995). Such interventions do not address the risk-taking context. Instead, they ignore men's masculine conformities and contradictions in their everyday and sexual lives. This further evades understanding male sexuality from male perspectives. I argue that providing only biomedical information does not affect the complex web of male sexuality, manliness and manhood constructions.

The crucial point arises whether any alternate version of masculine sexuality exists among Bangladeshi men or whether any reconstruction is possible. I found that some men silently oppose traditional versions masculine sexuality, but their modified versions

of sexual relations could also exist in the framework of demonstrating successful manhood of a 'good man.' Men construct responsible sexual lives as part of the successful constructions of manhood. Notions of sexuality are not constructed by practicing sexual risk behaviors and engaging in non-marital sexual relations. My participants endorse at least some form of gender equality and co-operation in their sexual relationships with women. These atypical notions cannot go unnoticed on the grounds of rarity. One may argue that these notions may not be defined as masculine sexuality. Nevertheless, I have noted that these men do not see themselves as 'less-masculine' or having subordinated masculinity. They claim they possess appropriate forms of male sexuality constructed in the framework of morality and responsibility for themselves, their sexual partners, the family and society. Their sexuality may not be classified under the traditional form of masculine sexuality prevailing in Bangladesh, but it can be seen as an alternate version of masculine sexuality which co-exists in less common forms in the patriarchal society of Bangladesh.

This reflects the possibility of reconstruction and deconstruction of dominant versions of masculine sexuality. It also reminds us that men are not passive learners of gender roles (Connell, 2002). They can potentially accept or reject gender based beliefs during the socialization process by confronting societal constraints. These findings also unveil men's potential to modify their sense of masculine sexuality since it passes through mutations in the context of age, gender, occupational and environmental context: a dynamic process that is actively and constantly learned, constructed and confirmed (Connell, 1995; Courtenay, 2000; Horrocks, 1997).

Nevertheless, I agree that challenges exist in modifying social constructions of male sexuality in the context of a rigid essentialism which rejects any deviation from normative or idealized gender relations as in Bangladeshi society. Thus, we need to explore the possibility of deconstruction of traditional masculine sexuality in the context of ongoing tensions and contradictions in contemporary society, where men can be encouraged to integrate the role model of caring fathers and loving husbands with their prevailing provider-model in the patriarchal society.

In changing socio-economic contexts, many rural women in Bangladesh are participating in income generating activities and adopting providers' roles (Hussain, 1998; Morduch, 1998; Siddique, 1998; World Bank, 2002). Due to economic constraints on one hand, and

by observing the economic development of the family on the other, many husbands now accept sharing their providers' roles with wives. Therefore, interacting with men's threatened manhood, empowering their caring attitudes and bringing women on board to achieve relational sex and sexuality may have the potential of redefining and reconstructing masculine sexuality in Bangladesh. I believe my research unfolds traditional masculine sexuality, opening the door to exploring the possibilities of alternate versions of male sexuality while maintaining the positive dimensions of manhood. The major strategy of providing space for the emergence of any alternate versions of masculine sexuality would be through working with men and not exclusively blaming them for all social ills and anomalies.

Recommendations and Directions for Future Research

The predominant focus on women centered programs of health and HIV intervention is appropriate for women due to their biological and sociocultural vulnerabilities. Targeting women has been perceived as being uncomplicated because women are more approachable and easier to reach for AIDS interventions and more likely to respond to educational materials than men (Campbell, 1995). I think this notion itself is masculine in nature. One may argue that "involving men in efforts towards gender equality runs the risk of reinforcing men's existing power and jeopardizing resources and funding directed at women" (Flood, 2003b, p. 2). However, I do not think that focusing on men indicates withdrawal of attention from women, but recognizes the shifting sociocultural relationships between men and women.

My central point is that men cannot be omitted from interventions considering women's vulnerabilities and sufferings. AIDS is a disease of gender inequality and gender restrains men as well. Excluding men from analysis creates another form of gender inequality in the HIV intervention paradigm. The concentrated focus on women can be viewed as an achievement of the feminist movement over the last decade. Nevertheless, the perceived feminist achievement of marginalizing men has not happened, especially in societies where male domination is widespread and often supported implicitly by some women and societal structures.

There is no harm in focusing on women, but if men are left aside, then it becomes women's responsibility to change men's behaviors (Campbell, 1995). This is problematic particularly in a patriarchal society where men feel threatened by being modified by women. However, men will continue to be privileged and escape any responsibility for their behaviors unless they are included in the discourse. I think placing men outside the HIV/AIDS intervention framework has further strengthened masculine privileges in male-female relations in general and in sexual relations in particular. While it is widely acknowledged that men's risk-taking behaviors make women vulnerable to HIV/AIDS, focusing predominantly on women and making men invisible is a puzzling and deceptive paradigm. It certainly reinforces the notion that men's behaviors are 'natural' or 'given' and hard to change. In this respect, Connell's proposition of "how men can become part of the solution rather than part of the problem" (1998, p. 226) should be fundamental in HIV intervention. This is no doubt a challenging trip, but we may never reach our destination if the trip is further delayed.

Scientific studies of sexuality are predominantly conceptualized as problematic aspects of human lives contributing to spread of STIs/HIV/AIDS. I found that some men did not engage in promiscuous or risky sexual practices. Despite the disparity of power in gender relations, there are men and women who manage to have relatively equitable and satisfying relationships. Unfortunately, their stories are often untold in contemporary literature. Studies rarely explore the lives of these men and women and the derived meanings for manhood when choosing such equitable lifestyles in opposition to societal pressures.

With emerging feminist interest groups, women's studies (under the banner of gender studies) and women's empowerment (under the banner of gender development) have received global attention. Men are primarily seen as solitary agents causing social unrest and problems. For example, researchers often identify links between masculinity and health hazards. It is also misleading that we try to identify ways for changing men's lifestyles by analyzing men already engaged in risky lifestyles. Most interventions are based on men's condom non-using behaviors. Hardly any studies explore reasons for men's condom use. Thus, men's potential voices in favor of safer sex are missing in interventions and require urgent focus.

Emphasizing men's negative aspects is not only awkward, but indeed a narrow approach in identifying effective interventions. I think public health approaches often create a generalized assumption about men as a homogenous group whose negative images are 'innate qualities.' This tends to obliterate the scope of any possible change that can be initiated among men. In order to deal with the relationship between traditional masculinity and men's risk-taking behaviors, we need to address the sociocultural context where men and women are socialized in a hierarchical gendered framework.

It is not just a matter of intervening risk behaviors in a social vacuum. We need to address men's (and women's) diverse life experiences. Studies in other countries claim that averting the HIV epidemic can be achieved if the broader social, cultural and material contexts, where sexual risk-practices are situated, are addressed (Campbell, 1997; Zwi & Bachmayer, 1990). Therefore, studies are needed in Bangladesh not to measure individual's risk behavior, but to understand the societal context of risk and vulnerabilities to facilitate specific group-based interventions.

Researchers and public health advocates have to understand men's vulnerabilities as 'providers' and 'protectors,' and their tensions and anxieties about sexuality. Men's positive notions about themselves and women need to be identified and utilized to unfold their hidden potential as agents for initiating change in power relations in our society. "We no longer believe that of all social phenomena, sexuality is the least changeable, but on the contrary, that it is probably the most sensitive to social influence, a conductor of the subtlest of changes in social mores and power relation" (Weeks, 1992, p. 393). Therefore, masculinity research in other areas of men's lives can help us to understand men's lives and visions more elaborately. Sex is not just a matter of genital organs or genital infections. I think we need to study sexuality in men' (and women's) overall life situations.

There is a great debate as to whether pornography has any impact on male sexuality. I did not address this debate in this study. However, pornography was frequently echoed in men's voices. This is quite understandable in a culture like Bangladesh where speaking about sex is a taboo subject and access to information on sex is unavailable in any legitimate form even for the adult population. Pornography, although illegal, inevitably occupies the vacuum. My findings provide support for the claim that pornography impacts on crucial male role models in shaping male sexuality, notions of sex acts, issues

of performance and preference of partners. However, I think the issue is complex and needs separately designed focused qualitative and quantitative studies to fully investigate the meaningful links for policy advice. Information that I provide in my thesis on the impacts of pornography on male sexuality can be a platform for designing future studies.

It is now increasingly acknowledged that AIDS is an outcome of inequality and discrepancy prevailing in many ways in peoples' everyday lives, threatening social and economic development (UNAIDS/WHO, 2003). Societies where men struggle for a living often bring the burden of the epidemic with them and transfer it to their sex partners, mostly women, their families and society at large. The findings demonstrate that Bangladesh in no way can escape this. Cross-cultural studies strongly suggest that the crucial pathway of slowing down the epidemic requires altering the broader sociocultural, structural and material conditions conducive to sexual risk-taking (Campbell, 1997; Zwi & Bachmayer, 1990). Therefore, understanding the social context where men interact with men and women can contribute to a broader framework of HIV intervention which also is effective for women.

Control of the HIV epidemic demands learning about men in comprehensive and systematic ways. The available information on male sexuality and masculinity in Bangladesh is fragmented and inadequate. This qualitative study uncovers issues about male sexuality in relation to masculinity. The study can be regarded as foundational in this area of research in Bangladesh.

Alternate versions of masculinity and femininity within a patriarchal society need to be explored to identify the possibility of reconstruction within given constraints. It is important to listen to the voices of women about their feelings in sexual encounters and relations. The social construction of masculine sexuality is not isolated from the sociocultural formation of femininity (Kippax et al., 1994), rather it is inextricably interlinked. Sedgwick argues: "as a woman, I am a consumer of masculinities, but I am not more so than men are; and, like men, I as a woman am also a producer of masculinities and a performer of them" (1995, p. 13).

Therefore, I propose that future sexuality studies in Bangladesh should address both men and women. Sexuality and gender are constructed in the relational context. Therefore, incorporating both genders' perspectives would be more comprehensive, valid and

effective. In this aspect, working with adolescents boys/girls and young men/women for developing interventions to promote gender equality in the socialization process is crucial.

Based on the sociocultural dimension and research findings, behavior changing materials could be prepared to address notions of male sexuality, sexual health problems and masculinity. Men's non-STI sexual health concerns cannot be overlooked as being simply psychosexual problems. Public health concerns and priorities, if not corresponding to those of men, are likely to result in poor health seeking and poor male involvement in overall initiatives for sexual and reproductive health. More studies of men's sexual health concerns from clinic-based samples are required. In this aspect, both modern and traditional practitioners are to be targeted for further training, research and interventions to include them in playing roles for constructing positive male sexuality.

My thesis is not written to reach any conclusive statements about male sexuality. My working experience with men has encouraged me to suggest that male sexuality as a subject is complex, with diverse meanings, contested and contradicted within and among men. By interviewing men from diverse socioeconomic, demographic, geographic, and occupational backgrounds, I have attempted to explore some common understanding within which this field of study can further be pursued. It is not possible to generalize issues of male sexuality since the diversity in this field is as wide as the variety of men themselves. However, by analysis of the influence of masculine notions on male sexuality, I have narrowed the topic with an ultimate goal of creating the scope of utilizing findings for policy implications.

The traditional masculine sexuality among Bangladeshi men is not monolithic. Rather, masculine sexual concepts are subject to a silent crisis showing symptoms of dissolution if strategies are taken to educate men about sexual pleasure, eroticism, women's bodies and sexual needs. Men could be provided with more positive information about their sexuality and the importance of equality in sexual relationships for achieving mutually fulfilling sexual pleasure and satisfaction. This would reduce men's persistent fears of inadequate sexual performance.

Imposing information on sexually transmitted infections and condom promotion in the STIs/HIV prevention framework is not likely to improve sexual health and promote

equality in relationships. In addition, sociocultural interventions aimed at empowering women by providing education and economic capability may further create space for women's voices to be heard in sexual interactions and relationships as in other aspects of everyday life. Studies of female sexuality may also resolve men's inappropriate ideas about the sexual needs and pleasure of both men and women.

It seems crucial to educate men to see women as partners not property, leading men to understand that their perceived 'uncontrolled' sexual drive is not only 'natural,' but also a learned socially constructed act. Male notions of 'performance' in sex are not a prerequisite for achieving sexual pleasures, and are likely to be detrimental to male-female sexuality. Moreover, men behaving in irresponsible ways may destroy their own and their partners' sexual life which ultimately affects their families and children.

My thesis is not to be interpreted as a criticism of men, maleness or masculinity. It is a critique of masculine sexuality and it has provided a space for creative thinking about male sexuality. The thesis demonstrates pathways to transferring the positive aspects of manhood to sexual relationships and sexual acts while recognizing that although men are beneficiaries of patriarchal gender inequality, they are also insecure as men are gendered too. Therefore, any attempt to reconstruct traditional masculine sexuality can only have positive impact on both men and women.

I propose to initiate a process of empowering men which is not counter-productive to empowering women and not synonymous with offering further power or privileges to men. Bonnie Shepard's statement is valuable in this respect: 'supporting men as they move beyond traditional definitions of masculinity is a process of personal and collective empowerment' (1998, p. 8). Moreover, interacting with masculine sexuality does not mean focusing only on men, but also on the social institutions, culture and politics that produce and reproduce unequal, hierarchical, authoritarian relationships and tensions between men and women in all spheres of life including the sexual.

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Appendix 1. Thematic outline: In-depth interviews and focus group discussions

This thematic outline assisted me remembering issues during interviews and focus group discussions (FGDs). Participants and key-informants were allowed to express freely relevant issues of their concerns. I also invited their opinions and experiences, rather than rigidly answering my questions. Appropriate probing was made when perceived necessary. The sequence of themes was not followed rigidly since they are overlapping in nature. This allowed discussion to move freely. The guideline was modified by incorporating some emerging issues, which were initially missing. Similar themes used throughout data collection allowed me checking and crosschecking issues from various vantage points. This made findings systematic for analysis. While themes were same, the main difference was the way of initiating the discussion which varied from interviews with men, key-informants and FGD-participants.

Theme 1: Manliness and manhood

- Preferred ways to prove manliness
- Men's activities outside home and description of the environment
- Manliness in peer culture
- Manliness versus emotional dimensions
- Peer sex culture, love and manliness
- Preferred ways to prove manhood
- Men, marriage and manhood
- Men, fatherhood and manhood
- Men and family responsibility

Theme 2: Men-women relationships: gender and masculinity dimensions

- Men's views about various women
- Selection dilemma between wife and sex partners
- Men's views about love, emotion and marital sex
- Men's views about sexual relations outside marriage
- Men's views about sexual fidelity

Theme 3: Social construction of sexual pleasure, risk and safety

- Safer sex perceptions and practices
- Perceptions of safe versus unsafe sex
- Sexual safety in the relational context
- Dimensions of sexual pleasure (both men's and women's) and condom use
- Men's emotional attachment versus condom use
- Sexual drive versus condom use
- Other negative and positive notions about condoms

Theme 4: Meanings of sex and sexual health concerns

- Meanings of sexual intercourse
- Meanings of sexual performance
- Various sexual health concerns (e.g., organ, ejaculation and erection related)
 - Men's views about nocturnal emission and masturbation
- Men's views about semen and semen loss

Appendix 2. Model of translated text of an in-depth interview

Basic Information of the respondent

| | |
|---------------------------------------|--|
| Date | 15/2/2002 |
| Interview code | SIK-05 |
| Age | 37 years |
| Marital Status | Married |
| Education | Masters degree |
| Occupation | Service in a government office (rural) |
| Monthly total income from all sources | 5,100/- |
| Living arrangement | Living with wife and two children in a rural area in own two bed room residence. |

Brief field notes

I contacted this person several times to explain and convince him to participate in the research. Initially he was confused about my intention. After my several visits and description of my objectives, he gradually became my close associate during my stay in rural study site. He invited me to take lunch at his home and introduced me with his wife and children. He took one week or more to become comfortable to be interviewed. Three separate sessions in different days were required. Although initially he was hesitant, he became free and open and consistently showed interest to discuss many issues of his sexual life. He asked various questions to learn unknown issues of his confusions. Apart from his own participation in the research, he assisted me in various ways to conduct my fieldwork in rural site.

Model of questions and answers:

Q: What do you think about manliness?

A: What do you mean?

Q: I mean, what is the meaning of manliness to you?

A: To me manliness means strong built, muscular bodies, handsome and smart.

Q: Tell me more...

A: In fact, all men are not manly. It is something women can better answer.

Q: What do you mean?

A: For me, without sound health, a man cannot be manly, but my wife says not health, the way a man talks reflects his manliness. When I was young, smoking was considered among our friends as indication of manliness. In fact, there are many ways to be manly which vary from person to person and with different times in men's life. But there are some features which cannot be avoided. For example, a man should be courageous and hard worker. A man should not behave like a woman.

Q: Please explain how manliness is changed with ages in men's life.

A: That's very easy. When I was young, we smoked together to show we are no more boys, we are getting adult. We teased women, we discussed indecent things about sex and women's bodies, we stay long time outside home, return late at night, often cried to disobey those activities which were particularly restricted for us. But with aging, all of my friends including me have changed a lot. Now manliness is something to prove many other success of life. For example, now I consider to have higher education and earn good income are basic indicators of manhood.

Q: What is the difference between manliness and manhood?

A: No difference. Basically same, at young life it is called manliness, but that becomes manhood with aging.

Q: Do you mean a man reaches manhood with age as an automated process?

A: No. Absolutely not. I think all adult men are less or more manly. But all manly men do not reach manhood in terms of successfully completing studies, involving in good occupation or business, earning good amount of money, marrying in proper time, living happy family life. I think manliness is more with expression and characteristic features of men, but manhood is more on success of family and professional life. For example, a man after reaching manhood, is automatically a manly man. He should be tough and winners in every aspect of life.

Q: Please explain....

A: I mean, a man is man, he is not a woman. He should not behave like a woman. He should be straightforward in his way of talking, should not cry in front of other people, no need to express his emotions like women. I mean should not be soft.

Q: What do you mean by men should not cry in front of other people? Then where and when should men cry?

A: Women are the one who used to cry with or without reasons. Women can cry everywhere. In my office, some women often cry. We know that. I never saw any of male staff to cry in public.

Q: Do you mean, men can cry, but in secret?

A: Yes, I mean, men are not machine. They have emotions and love. But they should not be expressive like that of women. If due to any reason, men feel upset, then they may cry, but definitely not in front of other people. I think even they should not cry even in front of their children or wife. Then they will not depend on men. If men want to cry, then they should do it in secret....may be in toilet. I sometimes cry in toilet or in empty field at night. However, it is true that I do not cry often like my wife.

Q: What is the problem in crying?

A: People will tease you are a woman. Even women do not like those men who cry like women. Men should be tough. Because they are the one who will protect the family from all crisis. For example, I have to work hard and earn money to provide food and all necessary things for my wife and children. Where is my time to cry, I have to fight for the survival of my family.

Q: Would you explain a bit more on the issue of men's expression of love and emotion? Do you mean men should not love like women?

A: I do not mean that men are tough, so they will have no emotions. They should have love and emotions, and that should be no less than women do. But my concern is that they do not need to express that like that of women. They have to remember that they are men and they have to stand hard. I do not mean, men should not love, rather men should be loving husbands and caring fathers, but within socially acceptable way. For example, caring fathers do not mean men should clean children after passing stool. That is duty of mothers. Loving husband does not mean that he will cook and serve his wife. Expression of love or caring attitudes for men are different.

Q: So you do not think that men should participate in domestic activities?

A: There are various types of domestic activities. For example, going to the market to buy food and other essential things are also domestic activities. Going to the bank to deposit the electricity bill is also domestic. Men are responsible for all these duties. But washing dishes, cleaning the residence, or cooking are wife's duties. There are practiced in every family. I am not telling you anything alien to our culture!

Q: No, I am not telling you that you are describing uncommon stories, I just want to learn your voices and comments on these matters. So let's have some more discussions on these issues. If men cook and clean kitchen, then what will be the problem?

A: There will be no problem. I know some men may do it. But as you mentioned in the beginning about manliness, I think those men are womanly. They either are afraid of their wives, or they have other problems. Why does a man need to cook? To show what? Then what will be the responsibility of a wife? Is not it crossing each other's boundary? Allah has created men and women with different personalities, characteristics, body builds and functions, and different roles. Men and women are following these rules from the ancient times. In families, where there are no such nice rules of life, the family suffers from unhappiness. For example, now women are working outside. I know in most of these families, children are not getting proper care. I bet you husband-wife relationship in these families is not happy as well.

Q: Do you think women should stay at home?

A: It's a difficult question. I know many women in both urban and rural areas are now working outside. If husbands' income is not sufficient to maintain the family expenditure, then if there is good job opportunity for wives, then they may be involved. But I personally do not support it. In

fact, men should earn enough to run the family. It is a discredit for a man to push his wife to work outside. I consider it as a failure of manhood.

A: What do you mean?

Q: What I want to tell you is the responsibility of a 'real' man is to ensure complete support for his family, any failure devalues glory of manhood. Is this not a shame that your earning is insufficient to maintain your family expenditure, and you have no choice but to depend on your wife's income?

Q: Wife is also a part of the family, so what is the problem if wife can contribute to the family?

A: Do your wife economically contribute to your family? I bet not. My wife also does not need to earn for the family. The people like you and me will never understand how it feels to depend on wife's earning? This is a sense of subordination to women.

Q: Do you mean men cannot be under women's control?

A: Absolutely not. No way, if women control men, then those men better die.

Q: Why?

A: Is there any society in the world, where women control men? As far I know, not.

Q: In Bangladesh, both the Prime Minister and the leader of the opposition are women. They are running their own political parties and the country. So what do you say on this matter?

A: That's the unpleasant tragedy. In countries where women are in power, the country is politically unstable. On the other hand, these women have own the power by not their political talent, rather they have inherited power. Both are inefficient. Although from outside, we see they are running the parties or the country, in fact, they are guided by male leaders of their parties. And I also believe the underdevelopment of our country is due to their inefficient leadership. Our country should get rid of these two ladies as soon as possible.

Q: But in most countries, as you mentioned, males are in power, but yet we see many crisis all over the world. Do you think, these crisis have anything to do with male or female leaders?

A: A woman simply cannot run her own family alone without any support from her husband. A woman always suffers from indecision. Women are by nature soft and tolerated. They even cannot control their own sons. Women can love only.

Q: But you said men can and should also love.

A: yes, why not. There is nothing in this world, which cannot be done by men.

Q: But you said, there are any activities for example, cooking, which should be done by women.

A: yes, what I mean, women should do it, but I did not mean that men cannot do cooking. All the famous cook are males. What I also want to mean that men and women have specific division of labor, and they should follow that for the natural harmony of family and society. I am not against women. I love my wife very much. I love my mother. I respect women. But I think men and women should be allowed to play their respective roles without challenging each other. This is the vision of my life.

.....

(continued)

Appendix 3. Safer sexual activities with meanings

| Perception of <i>nirupod jouno milon</i> (safer sex) and preventive practices | The context of preventive practices (meanings reflected through men's voices) |
|---|---|
| Safe sex is an illusion "Sex cannot be safe in terms of disease transmission by any means" | <ul style="list-style-type: none"> • "I do not believe condoms can prevent AIDS." • "Involving in sex means there is risk. The risk of pregnancy, disease and losing prestige. Sex cannot be safe in any way" • "Close body contacts can transmit infection like HIV, so wearing condoms on penises does not help, men needs to wear condoms to cover the whole body" |
| Protection of pregnancy "To me, preventing pregnancy is the safe sex since the main hazard of sex is the chance of pregnancy, so if I can protect that, then it is safe to have it with any woman." | <ul style="list-style-type: none"> • "When I have sex with my girl friend, the first thing I have to consider to avoid her pregnancy, so I use condoms" • "Sex with a sex worker is safe, as there is no need to think about pregnancy, so I do not think about condoms" • I ask my girl friend to use contraceptive pills, so she will not be pregnant. I do not like to use condoms. |
| Safe sex depends on sexual acts <ul style="list-style-type: none"> ▪ Avoid anal sex ▪ Avoid sucking vagina ▪ Withdrawal before ejaculation ▪ Limit the frequency of sexual interactions | <ul style="list-style-type: none"> • "Anal sex causes AIDS" • "Anal sex is a <i>kahira gunah</i> (great sin). Allah gives AIDS as punishment to them who are involved in that" • "Vagina is very dirty and the source of all germs. Oral sex is a 'perversion', which causes disease." • "Kissing and sucking are unsafe with prostitutes" • "If I do not ejaculate inside the vagina, then there if no chance of pregnancy, so I always withdraw" • I do not do excessive sex. May be once a week to be safe." |
| Safe sex depends on selection of sex partners | <ul style="list-style-type: none"> • "Wife is safest to have sex" • "I always avoid sex with sex workers, because I know they are the source of all diseases" • "I do not do sex with lower class sex workers who suppose to have sex with lower class people and may have many diseases" • "Good looking, fresh and healthy sex worker suppose not to have any disease" • "I do not have sex with any older sex workers, rather I always choose younger one, because young one is new, so disease free" • "Before sex, if I find any bad smell from the vagina or any <i>ghaer dagh</i> (scar marks) around the genital, I do not do sex." |
| Safe sex can be achieved by washing genitals <ul style="list-style-type: none"> ▪ Vaginal wash prior to sex. ▪ Washing penis after intercourse | <ul style="list-style-type: none"> • "Vagina contains all germs, so washing will remove germs" • "Washing removes germs from penis" • "Anti-septic lotion like <i>dentol</i> or <i>savlon</i>, soaps have power to kill germs" • "Urine has anti-septic power. I have learnt that from my friends" |
| Use of prophylactic medicines | "Anti-biotic kills germs, so I use them when have sex with SWs." |

Appendix 4. Terms for sexual health concerns

| Sexual health concerns | Various terminology used |
|---------------------------------------|---|
| Sexual weakness in broad sense | <i>Dhatu durbolata: goponanger durbolota: bishes onger durbolota: bishes somoye durbolota: upre utte pari na: tara tari pore jai / dhojo vanga: jouno akhomota: khelai na</i> |
| Itching in genital area | <i>Khujli chulkani papree bikkhanj kuchki peychra dad khoj panchra: gota huwa: elergy</i> |
| Burning sensation during urination | <i>peshab jala para: peshabe kit kit kore kamar dei: mutra jala: lingo ton ton kore lingo kit kit kore dhore</i> |
| Early ejaculation | <i>mal taratari out hoi dhajo vongo: thake na: heshi khele na</i> |
| White discharge | <i>dhatu pore dhat jai: dhatu khoj: dhatu vange: bijol jay: vater mar jai: bijla bijla jai: chuner pani jai: sugar jai</i> |
| Lack of sexual desire | <i>kharai na: dhojo vhanga: darai na: bijla</i> |
| Various shapes of the penis | <i>aga mota, gora chikon: lingo baka: rog tera: rog dhitar: dhon baka: lingo choto: lingo baro: chamra botai geche</i> |
| Erection problem | <i>Lingo darai na: danda shokto hoi na: ligam kharai na: hit hoi na: nijtez howa: dhon tuz: sona kharai na</i> |
| Masturbation | <i>hashtmaithun: handling: muthee mara: panja mara: kheecha: handle mara</i> |
| Thinning of semen | <i>dhatu patla: bijla: vater maar: chuner panir moton dhatu jai</i> |
| Pain in genitals | <i>lingo-te batha: shonai beesh: dhone betha pota batha: mona kamrai: pokhi betha</i> |
| Nocturnal emission | <i>swapnadosh: night pressure: khata vija: bichanai map aka night pollution: mona homi korshe: lungi vje gese: dibba kait hoishe</i> |
| Sexual heat (excessive sexual desire) | <i>sortir garam: kaam hashona: jinish kharai che: mal muthui utha: dhon kharai gese</i> |
| Pus discharge | <i>puz pore: puz jai: puz barai: kosh jai</i> |
| Syphilis | <i>linge gha: linge gota</i> |
| Gonorrhea | <i>meho or pra-meho</i> |

Appendix 5. Perceived negative effects of masturbation on health

| Perceived effects | Men's voices |
|--|--|
| <i>Sexual health</i> | |
| Low self-esteem in sexual acts | "My sexual-confidence is reduced. During masturbation, my <i>birjo</i> (semen) comes out so rapidly. I think due to this 'bad' practice, my sexual desire and confidence are also reduced. I may not be able to sexually 'satisfy' my wife" |
| Changing the size and shape of penis | "My penis has become <i>aga mata gora chikon</i> (the diameter of the tip of the penis is greater than the base)." "my penis becomes curved (<i>lingo baka</i>)." "the penis become weaker (<i>trog dhula</i>)" "width of my penis becomes smaller" |
| Lack of strong erections | "I do not have strong and longer erection due to excessive masturbation" |
| Reducing the time of sexual intercourse | "I cannot have long lasting sexual intercourse due to this bad practice." |
| Semen becomes dilute and thin | "My semen (<i>dhatu</i>) becomes thin (<i>patla</i>)" |
| Small amount of semen | "Due excessive <i>haso-mothun</i> , my semen storage is reduced (<i>birjo kome gese</i>)" |
| Cannot be a father | "Due to excessive semen loss, the quality and quantity of my semen have been reduced, I fear I will not be able to be a father when I will marry" |
| Lack of sexual desire | "I masturbated too much, I have no interest in sex now" |
| <i>General health</i> | |
| Loss of memory | "My memories are dull due excessive loss of semen" |
| Generalized weakness, ill health and weak muscles | "I was told by a doctor that I am having weak health due to loss of excessive semen by regular masturbation" |
| Lack of concentration in studies or any other issues | "I cannot concentrate in any issues including my studies. My friends told masturbation causes it" |
| Problem in kidney and urination | "I feel burning sensation during urination which may be caused by masturbation as was told by doctors" |
| Loss of facial attractiveness | "After I had began masturbation, I lost beauty of my face (<i>sundar chehara</i>) and it gradually became ill (<i>gal vhangal</i>). I have learnt this from the advertisement of folk-practitioners" |
| <i>Psychosocial aspect of well being</i> | |
| Religious and a social fault | "It is very bad to spend holy semen for nothing in unproductive way. <i>hujir</i> (religious teacher) said Allah will punish those who do this." "spending semen in a bad way has impacts not only on individuals, but also on families and society, this is a kind of anti-social activities" |
| Porno-addiction | "Since I cannot masturbate without watching pornographic movies, masturbation is influencing me to watch porno movies regularly and now I am a porno-addict" |
| Feelings of shame and panic | "After performing it, I become panicky. I cannot look at my own face or go close to my parents or my siblings. I smell my semen and I think others also get smell and will easily suspect. I feel ashamed, I feel guilty." |
| Addiction to masturbation | "I think I have become addicted to masturbation" |

Appendix 6. Source of my inspiration

Abba
 Abba How are you?
 How are Ph.D.?
 My exam nice.
 You eat nice?
 What you doing at your house?
 How month on there? You
 Aust ralya

29.12.2003
 Sunday

