The secrets of young people
Exploring sexuality and health among adolescents in rural Bangladesh

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Summary

Adolescent population of Bangladesh is approximately one third of its total populations of 122 million. In spite of their large number, they are over looked by governmental and non governmental organizations in the field of health especially sexual health. At present adolescents lives are threatened as they continue to practice unsafe sexual behavior which lead to STDs, including HIV /AIDS. If young people's lives are threatened, the whole nation will face a bleak future. Western countries have conducted a lot of research on adolescent sexual health and started different programs to improve their condition. Recently in Bangladesh, the government also started planning for programs to improve the health of young adolescents. Research on adolescent sexual behavior is urgently needed in this context.

The reason that so little research has been carried out on adolescents’ sexual health in Bangladesh is undoubtedly related to the difficulty in conducting research on such a sensitive issue in a conservative culture like Bangladesh. Although some research was conducted in the past, the adolescents' own perceptions with regard to their sexual behavior and its effect on their health is remained mostly unexplored. It is very important to understand adolescents’ sexual behavior from their own viewpoint. Taking this into account, I have carried out research among adolescent boys of Shaharbil union of Chakaria Thana (sub district) under Cox’s- Bazar district of Bangladesh. The research was an exploratory and anthropological in nature. Data were collected from 38 adolescents boys using different qualitative data collection techniques such as : in-depth interviews, narrative writings and focus group discussions. Field observations were carried out to see closely the adolescents’ interactions related to the subject. In addition to the adolescents boys, data was also collected from: their parents, social leaders, youth organizers, community health workers, health personnel of governmental and non governmental organizations (GO/ NGO), traditional healers and some other community members. Adolescents from different socio-economic backgrounds were interviewed separately. These include high school, college and religious school students and adolescents, with no formal education. Having six years experience in an international organization working with young people, I was able to win their trust and have open conversations with them. After data collection and initial processing, preliminary results were shared with some respondents and a group of researchers who have six to seven years experience working with young people in the field of health. Later the findings were shared with three key informants who have conducted research on adolescent sexuality and they also agreed with the findings. Different articles and a few research reports that were available on adolescent sexual behavior in Bangladesh supported the findings.

It was found that the media especially 'naked books', 'naked magazines', sex related advertisements 'and' blue films influenced the sexual behavior of adolescent boys. Films or television programs sexually aroused some adolescents.

Common sexual behaviors and experiences among adolescents were masturbation, wet dreams, homosexual, and heterosexual practices. Boys had a lot of misinformation and
misconceptions about these practices. Many boys felt worried after practicing masturbation or experiencing wet dreams as they perceived that these sexual experiences seriously affect their health. Most of their concerns were centered around semen. They perceived semen as an important body fluid that was necessary for maintaining good health, energy, and sexual power. The loss of semen signified the loss of health and power (sexual power and power as a man) and the loss of energy. It was their perception that through each episode of wet dream and masturbation, they lost five to ten times more semen than a heterosexual intercourse. When they frequently experienced wet dreams or practiced masturbation, they felt anxious about losing physical strength and health on one hand and on the other hand, they were afraid of losing sexual power and masculinity, which might affect their sexual life.

Their tension was also associated with sin and guilt. Although boys experienced sexual pleasure after engaging sexual practices, such as masturbation, homosexual or heterosexual intercourse, they also perceived that they had done something "wrong" or bad or sinful afterwards. This led the feeling contradiction" about their own sexual behavior. Sin and guilt feelings were associated with social norms and religious values of the society, which either condemned or ignored their sexuality. In the eyes of society, their sexual practices were considered "anti-social"; therefore, the boys were afraid of losing prestige and facing social stigma while they engaged in those sexual behaviors.

The boys had a lot of misconceptions about pregnancy. They believed that sex for a few times or infrequent sex with an adolescent girl might not lead to pregnancy. In most cases boys were reluctant to use condoms. They saw it as the girls' responsibility to take the contraceptive pill. This leads to unwanted pregnancy and later unsafe abortion seriously affects the girls' health. Boys also think that they would experience more sexual pleasure without condoms. Many boys were ignorant about the causes or mode of transmission of STDs. Many sexually active boys did not use condoms, even with sex workers. As a result most of them (among the sexually active) had STDs and are susceptible to HIV/AIDS. Many of them hide their STDs and did not seek treatment. Suffering from the disease for long period of time, may seriously hamper their physical and sexual health in later life.

All of their sexual health problems either related to the ignorance or negative social attitudes towards their sexuality. There is a big gap between 'what we call normative or social prescribed behavior' and actual sexual practice among young people. The research has shown that sexual activity during adolescence is far more common than is usually assumed. Definite figures about the occurrence of the various form of adolescent sex in Bangladesh are not available, but the information collected in the Shaharbil union suggests that adolescent boys have frequent sexual experiences, but due to repressive culture keep this experience secret. It is this secrecy and repression, which causes numerous problems and turns sexual activity into health risk.
## Abbreviations and acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BRAC</td>
<td>Bangladesh Rural Advancement Committee</td>
</tr>
<tr>
<td>CCHP</td>
<td>Chakaria Community Health Project</td>
</tr>
<tr>
<td>FWC</td>
<td>Family welfare Center, a union level government health center.</td>
</tr>
<tr>
<td>ICDDR,B</td>
<td>International Center for Diarrhoeal Diseases Research, Bangladesh</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
</tr>
<tr>
<td>MBBS</td>
<td>Bachelor of Medicine and Bachelor of Surgery</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Government Organization</td>
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<tr>
<td>PRA</td>
<td>Participatory Rapid Appraisal</td>
</tr>
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<td>STD</td>
<td>Sexually transmitted diseases</td>
</tr>
<tr>
<td>Thana</td>
<td>Sub district, consisting a few unions.</td>
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<tr>
<td>THC</td>
<td>Thana Health Complex</td>
</tr>
<tr>
<td>TV</td>
<td>Television</td>
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<tr>
<td>UNDP</td>
<td>United Nation Development Program</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Education Scientific and Cultural Organizations</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children Emergency Fund</td>
</tr>
<tr>
<td>Union</td>
<td>Small administrative unit of local government, consisting a few villages</td>
</tr>
<tr>
<td>VCP</td>
<td>Video Cassette Player</td>
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<tr>
<td>WHO</td>
<td>World Health Organizations</td>
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</table>
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Chapter-Two

2. Research methodology:

2.1 Study type:

The study was carried out on a small scale and was an exploratory and anthropological in nature. It emphasized on emic views which mean adolescent boys' interpretation of their own and girls' sexuality, sexual practices and how these affect or affected their health and well-being. An attempt was also made to collect a detailed description of various aspects of boys' sexual behaviors and practices from different categories of adolescents such as high school, college, religious school students and non-school-going adolescents, to have a comprehensive idea about the subject. Therefore, the study-type was both explorative and descriptive study in nature.

2.2 Study population and sampling:

Informants:

My study population consisted of male adolescents between fourteen to nineteen years of age from Shaharbil union of Chakaria Thana¹, under Cox's-Bazar district of Bangladesh. They were divided into two categories on the basis of formal education: school-going adolescents and non-school-going adolescents. School-going adolescents were then divided into three categories on the basis of education level and education type. These were high school, college and religious school students. The population samples were from low, middle and higher class of society.

Table 1- Categories of adolescent respondents

<table>
<thead>
<tr>
<th></th>
<th>High School-going adolescents</th>
<th>College going adolescents</th>
<th>Religious school-going adolescents</th>
<th>Non-school-going adolescents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Class (rich)</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Middle class</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Low class (poor)</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>10</td>
<td>7</td>
<td>8</td>
<td>38</td>
</tr>
<tr>
<td>Total School-going adolescents = 30</td>
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All samples were collected from the same Shaharbil union which contains three villages: Shaharbil, Maizghona and Rampur. All high school students were from two high schools and religious school students were from a senior religious school in the study area. There was no college in the study area. So college students, studying at Chakaria College (three kilometers from the study area) and

¹ Sub district
Chittagong from the study villages, were selected for the study. Out of the ten college students, two were studying at Chittagong. All non-school-going adolescents were the inhabitants of the study villages. Eleven adolescents were from higher class families, thirteen were from middle class families and fourteen were from lower class families. Higher class families were those who were economically solvent, lived in houses made of bricks, and they gave zakat\(^2\) to the poor people. Low class families were those where any member works as (paid) daily laborer. Their houses were mostly made of bamboo-straw. Middle class families were not as rich as the higher class category; but no family members worked as daily labor.

Besides those criteria some adolescents, both from school going and non-school going category, had some personal income\(^3\). The rest had no personal income. Some respondents' fathers had died, were abroad or were too old to work and thus could not keep an eye on their adolescents. Others, had fathers who were alive, stayed at home with the family or were worked. Thus there was some supervision of the adolescents. Some respondents' fathers' had education at least up to class five and the rest had none. Another variable was lodging\(^4\) status (whether the students stay at lodging house or not).

### Table 2: Categories of respondent on the basis of personal income, father's education, father's profession and lodging status.

<table>
<thead>
<tr>
<th>Lodging status</th>
<th>Personal income</th>
<th>Father's education</th>
<th>Father's profession</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>34</td>
<td>15</td>
</tr>
</tbody>
</table>

I met the adolescents with the help of a few youth organizers whom I was personally known in connection with my work as a development worker. Later my research assistant and I contacted the respondents personally and discussed the research. We asked their consent to participate in the study. As the respondents had a confident and intimate relation with me due to my previous involvement with them, almost all of them agreed to participate in the study. Thus on the basis of above mentioned criteria a list of interested respondents was prepared after which I sought the permission from their parents. A list of adolescent respondents with some variables is enclosed in appendix-2. Their names have been omitted to ensure privacy.

\(^{2}\) Zakat - is a special religious obligatory donation by the rich Muslim families where they donate money or goods to the poor. Village people use it as an indicator of economic status of the family.

\(^{3}\) For instance, adolescents teach junior students and thus have income, or religious school students also work in a mosque on a part-time basis or earn money by taking part in some religious activity. Non-school-going adolescents gain income from any type of work.

\(^{4}\) Lodging - is a system where a person lives with a family and teaches younger children of that family. The family provides food, shelter and sometimes a small remuneration too. He also continues his study in addition to his lodging task. In most cases a lodging teacher teaches students at evening for a few hours. Rest of the time he continues his study. Normally some poor but brilliant students remain a lodging teacher in a rich man's house near his institution. As they live with the family, it is heard that sometimes they are involved in love relations with adolescent girls of that family (either his student or the student's relative).
My key informants were from different backgrounds. They were researchers (five), youth organization leaders (two), community health workers (two), parents or guardians of adolescents (three), social leader (one), teachers of high school, college and religious school (three), medical personnel from government and non-government organizations (three), adolescent who drop out of the study (one), homeopathic doctor (one). Three researchers had experience with adolescent sexual health and had conducted studies either on adolescent sexuality or reproductive health of adolescents. The other researchers had six to ten years’ experience in development work with adolescent and young people and were familiar with adolescent sexual issues. Some of them were also presently working in the study area. They were a source of rich information about adolescents’ behavior of the area, which helped me in my research. Medical doctors, including the homeopath, were providing treatment to the people of Chakaria.

Youth organizers were mostly youths of the area who were engaged in social activities through their organization where adolescents also participated either as a member or leader of those organizations. The community health workers had been working there with all categories of people for at least four years. Teachers were from the institutions where adolescent respondents studied. Social leaders, guardians were from community of the study area and sometimes they were also the parents of the adolescent boys. All informants except three researchers were either directly or indirectly involved with the study area and study population. Besides those mentioned, some discussion with a few other community members and NGO workers also took place in an informal setting.

2.3 Data collection:

From the very beginning, research objectives, questions and data collection techniques were shared with three key informants. Suggestions took from them in order to find and read additional relevant literature for better understanding of adolescent sexuality in the context of Bangladesh. Then I set to a group of health program organizers who had knowledge about study area and population. These people were also my colleagues (we have been working in the same project for last seven years). We sat together and discussed the objectives of my study, research questions, and data collection techniques. After having some feedback, research questions were modified and a Bengali version of the questionnaire was developed. This Bengali version was pre-tested on some adolescents residing outside the study area. The questionnaire was again modified and local terms were included to make it easily understandable to the respondents. A research assistant assisted me throughout the process.

After finalizing the questionnaire, I started collecting data from my respondents and key informants. The main data collection techniques were in-depth interviews, narrative writing and Focus Group Discussions (FGD). Another essential technique of data collection was participant observation. In addition, sometimes, Participatory Rapid Appraisal (PRA) methods like matrix ranking etc. were applied as part of the FGD. Informal discussion with respondents and key informants and sharing of findings also took place. I invited my respondents (students) to participate in the narrative writing in a school. Twenty-five students participated and wrote about their and their friends’ sexual experiences and practices. The participation was lively and after the session, boys started joking with each other on their love relations and sexual issues. They provided me with detailed information. Later I went through the narratives and
again modified my in-depth interview guideline. I, then, started in-depth interviews with enlisted adolescents informants, most of whom also participated in the narrative writing. I interviewed high school, college and religious school-going adolescents, three from each group, and eight non-school-going adolescents (see table 1). I stopped the in-depth interview after point of redundancy was reached.

During the in-depth interviews some respondents also asked me about my sexual experiences in adolescence. To encourage, I shared some of my own experiences with them. The informants felt more at ease and shared their very private sexual experiences. Another technique was to make jokes from time to time to make the interview livelier. At the beginning of the interview both the respondents and researcher promised by the name of Allah to keep all information secret and that it would be used only for research purposes. All these techniques helped me to put the respondents at ease.

The in-depth interviews were followed up, if the information did not seem clear after transcribing it from the cassettes. During in-depth interviews, at the end of the each topic, I summarized what had been said and encouraged them to comment on the summary. They have the opportunity to include or exclude information, if they liked. Some times a few sensitive questions were repeated after asking another few questions to check the validity of the information. I found that all information was similar as before, thus I was assured of the validity of my data. All interviews were conducted in very private place, where participants felt at ease. A few participants hesitated to talk in their area, so I took them up on my motorbike to the Chakaria Community Health Project (CCHP) office, where they were interviewed in a private room. The rest of the interviews took place wherever the participant wanted. The interview technique was more informal; I tried to follow my interview guideline at the last stage, just to check whether any question were missed and if so, the interview continued if the respondent wished. Each main interview session lasted on average two hours. A cassette recorder was used to record all interviews. In addition, some notes were taken from time to time. At the beginning of the interview, consent for using the cassette recorder was obtained from respondents. Except for a few key informants all respondents agreed to have these interviews recorded.

At the last stage of data collection, four FGDs were conducted with four categories of respondents: high school, college, religious school students and non-school-going adolescents (non students). These took a day each. PRA techniques were also applied as a part of the FGDs. Four groups of respondents ranked the effects of behaviors and practices. They also listed their perceptions on categories of adolescents who practiced more masturbation, homosexual and heterosexual intercourse, engaged in love with argument in favor of their stand. My research assistant and myself facilitated these FGD sessions. He also helped me as co-facilitator and documentator. During FGD sessions cassette recorder was also used after taking permission from the participants. In each FGD six to ten participants were present and took part in the discussion. All FGDs were held at the study area during afternoon after school hours. Only one FGD was held at the end of school hour due to fact that the next day some of the respondents were going to participate in an examination. I gave all questions for narrative writings and also did the same for in-depth interviews. In the narratives most participants did not write their personal involvement in having sex. Later some of them admitted their sexual involvement with a few girls and
explained it in details. An interview guide line/ narrative writing questionnaire is enclosed in appendix-1. FGD procedures are described detail in the section where its results are documented.

**Key informants interviews—**

Enlisted key informants were interviewed on related topics. For instance, the homeopathic doctor and GO/ NGO doctors were interviewed about the adolescent sexual health problems and treatment seeking, health facilities for adolescent sexual health care, in addition to other questions that seemed necessary. Parents and social leaders were interviewed about their role with regard to the sexual health problems of adolescents. Youth organizers and community health workers were also interviewed about sexual health behaviors and problems of adolescents and the role they played. Teachers were interviewed about adolescents sex related behaviors, problems in their institution and how they dealt with those along with other related issues. As I already knew all informants and key informants and I had good personal relations before the study, so they cooperated with me by providing the required information and other assistance when I sought it from them. Secondary sources of information like area and populations, list of educational institutions etc. were collected from local government office (union council) and also from CCHP.

I stayed around most of the time to observe interactions between young male adolescents and their lovers, especially after school hours, in the evening and at night. I visited places like the cinema hall and toilets to see naked drawings. I kept field notes, a diary and took photographs. I collected local terms and their meanings from respondents and other community members through informal discussion.

**Note:**

Through narrative writings and in-depth interviews, I collected detailed information about ‘love relationships’ and adolescent boys’ perceptions about their bodies and bodily changes especially their attitude towards penis, vagina, breasts, girls’ physical beauty, as well as their criteria for choosing husband, wife, lover and friend. Topics such as gossiping with friends etc. were covered as well and a draft report was prepared. Through FGDs and Narrative writing I collected information concerning respondents’ perceptions about which categories adolescent were practicing, what kind of sexual practices or behaviors more with explanation in favor of their perceptions. All these were processed. Due to limited space, I had to leave all those out my thesis at my supervisor’s advice. At the end of this course, I intend to write a detailed report on adolescent sexual behavior with all information that could not be included in this thesis.

**2.4 Problems encountered during data collection:**

Some practical problems were encountered during data collection. The most difficult problem was to encourage the respondents to describe their personal involvement in sex. A lot of techniques, that I already mentioned elsewhere, were applied to overcome that barrier. Another problem was finding a convenient time and place to conduct the interviews. As some respondents had their examinations, I found it difficult to gather them for an FGD. In that case the FGD was conducted in the institute after school, having cooperation from the teachers. No one, except participants, was present at that time. It became difficult to find a suitable venue for gathering the respondents for narrative writing. With help of some key informants, a place at the school was allotted for a whole day during the weekend. Here all informants participated in narrative writing in separate rooms for each group. The venue for the in-depth
interview was also difficult to find. Some respondents wanted a more private place to talk. Their privacy was ensured by taking a few of them to the CCHP office for interviews. Other interviews took place after school hours at the school building. In that case, the research assistant stopped other people from going into the school building during the interview period. It was not convenient to have the respondents in the morning or daytime. So interviews were conducted at their convenient times such as after school hour or in the evening. The FGD that was conducted in the school immediate after school hours, the participants requested me to stop the session for few minutes, so that some of them might contact their lovers. As a result that FGD started half an hour late. This was a good opportunity to observe their communication with their lovers.

Group discussions were sometimes problematic. It was difficult to bring together all respondents of the same group who have participated in narrative writing and in-depth interviews. In that case I managed to gather them with assistance from youth organizer, community health workers of CCHP and my research assistant. It was difficult to conduct separate FGD with separate socio-economic class of respondents due to time limitation. So in each group of students and non-student respondents, participants were from all socio-economic classes and the number was almost equal. I faced difficulty in using the cassette recorder with only one key informant who was known as a broker of commercial sex worker to the adolescents and youths of the study area. He did not allow me to use the cassette recorder, so in that case I took notes and wrote the details immediately after the interview session. Though a few respondents felt hesitant to talk in front of the recorder, after assurance of privacy of their statements, they agreed.

Some sexually active respondents hesitated to inform me about their present sexual health problem (STDs). Later, after assurance of free treatment for them, they explained to me how they met with sex workers and contracted STDs. No respondent admitted his or her involvement with homosexual intercourse. Later when some of the respondents came for treatment to my assigned doctor, they described in detail and admitted to being involved in homosexual activity. Another problem was boys asked a lot of questions about their health problems during interviews. This might be an indicator of their curiosity, lack of knowledge, or practical experience of suffering. I promised to answer those at the end of the data collection and tried my best to answer as I promised. Though these were the problems that I have encountered, actually all these were not so difficult to manage, as I had good cooperation from the respondents and community members when necessary. I enjoyed my work with them and learned a lot along with techniques to overcome those barriers in data collection.

2.5 Data processing:

All data were processed manually in Bengali and later some were transcribed into English. With the help of my wife and research assistant, all cassette recorded information were transcribed in Bengali. I gathered information from different sources (narrative writings, observation reports, in-depth interviews) and put them in one file for each respondent. Following the same system, all respondent's information was placed in an individual file. A code number was designated to each respondent. General findings and FGD findings were documented separately for each group of respondents. Later all data were
reorganized under different headings and sub-headings using the code numbers for the respondent. Thus all information from all interviews and FGD findings was arranged under different headings and sub-headings. I transcribed local words into English. The translation was placed in brackets.

2.6 Data analysis:

Before the final analysis, preliminary findings were shared separately with a group of respondents and researchers. Their responses supported my study findings. In the final stage, a content-wise detailed analysis was completed. The findings were later compared to relevant literature and key informants' information. During the data analysis, an emic point of view indicating adolescents' own perceptions was highlighted. From time to time feedback was taken from the supervisor during data analysis and report writing.

2.7 Ethical considerations:

The research topic was very sensitive, especially in the context of Bangladesh. Therefore, before participating in the study, respondents were well informed about the objective of the study and the working procedure of the research. Spontaneous consent for participation was taken in both verbal and written form. Respondents were free to refrain totally from participation or some parts of the study. They were privately interviewed as of their interests. I worked within their time schedule, so that the research did not hamper their work and/or study obligations. Before interviewing the adolescents, permissions from the parents and if necessary from teachers, were also taken.

2.8 Limitations of the study:

Perhaps the main limitation of the study was the sample size. The study included only 38 informants and 21 key informants. Based on such a small sample, it was difficult to draw a general conclusion. However, the study was explorative and qualitative in nature. Hence the sample size was sufficient for this type of study. The information was rich and the findings were similar to studies conducted in other parts of Bangladesh on specific sexual behaviors (like masturbation, homosexuality and heterosexual practices) of adolescents. Although the data collection period was only for a few months, it was sufficient due to my previous experience with these young people in the field of health improvement.

Another limitation of the study was that it was limited to boys. Due to time constraints, it was not possible to focus on both boys and girls. It was also important to consider that more studies on girls' sexual and reproductive health behavior have been conducted than studies about boys both in Bangladesh and others parts of the world. In Bangladesh, a comprehensive study on adolescent boys' sexual behavior was absent. Religious school students do not have exposure to either sexual studies or general studies. There are a huge number of religious school student in Bangladesh. So I, therefore, included them in my study. I hope that this would help to gain a more comprehensive idea about adolescents' sexual behavior and its consequences on their health. One more limitation of the study was being unable to cross check what girls think of boys' perceptions about their (girls') sexual behavior and practices. This was due to the time constraints.
Chapter-Three

3. Study area:

3.1 Selection of study area:

There were several reasons behind selecting Chakaria as a study area. First of all, no similar study on adolescent sexuality had been carried out in the proposed study area. Secondly I worked at the Chakaria Community Health Project (CCHP) of ICDDR,B\(^5\) as a Field Research Officer from 1994 until July 2000. During that period I had built a rapport with the respondents.

I had already good relations with local leaders, community members, youth organizations and educational institutions. Based on this, I chose three villages as my study area. These were: Shaharbil, Maizghona and Rampur-Kuraikhal of Shaharbil Union\(^6\).

3.2 Location, area and population:

Shaharbil Union consists of those three villages of Chakaria Thana\(^7\) under Cox's-Bazar district, located in the southern part of Bangladesh. It is one and a half kilometers away from Chittagong to Cox's-Bazar high way and close to the Thana headquarters. It has an area of five squire kilometers. The total number of households is two thousand. The total population is around twelve thousand and the adolescent population is around two thousand. Among adolescents more than fifty percent are boys (Source-Union Council). Two thirds of the area consists of paddy fields; shrimp culture projects and salt beds. About ninety percent of the inhabitants of the study area are Muslim; the rest are Hindus. Most of the people are between middle and lower-middle class. Some families are well-off due to the shrimp culture and thus treated as rich (higher class). Their status is more of a perceived wealth than actual wealth. The poorest segment in minimal compared to other unions of Chakaria Thana.

The main occupations of the people are agriculture, shrimp culture and salt production. Some people stay abroad, mostly in the Middle East. Some are involved with fishing from canals and rivers. The area is almost surrounded by the river Mathamohori, and its' tributaries and fishing is a good source of income. Some people are involved in small businesses. At present, most of the adolescents and youths are studying at schools. More than ninety nine percent of the women live at home and are housewives. The literacy rate is very low compare to the national average. Among the literate most are educated in religious school, which are conservative in nature. “Traditionally, the area is strongly influenced by Islam, and the population is not open to modern idea and outsiders” (Bhuiya and Ribaux 1997:9).

3.3 Houses, families and society:

People live in a small portion of the area whereas most of the areas is used for shrimp projects or are inundated by salt water. As a result, houses are very close to each other and the land is densely

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\(^5\) International Center for diarrhoeal Diseases Research, Bangladesh- A center for health and population research.

\(^6\) Union- a small administrative unit of local government consists of a few villages.
populated. Most houses are made of bamboo with a tin shaded roof. But there are more buildings in the study area than in other areas of the Thana, which indicates a wealthy economy. On average ten to fifteen houses are situated around a big courtyard and share the same pond. Men and women of all ages use the pond to bathe and use water for domestic purpose. At times they use the same tube wells and the same pukurghat (pond steers). Boys and girls are likely to have contact at these places. Most houses are situated in such a manner that a person can go behind and in front (open part) all the houses. Sometimes, at night, communications between lovers take place in the back part of the house that is not as well lit the front part.

Most people live in extended families in one house. If not, all brothers live side by side. In that case family members still have free access to the homes of other family members. This close proximity of the houses and easy access of related family members sometimes give cousin the chance to build a relationship. They may have sex without the awareness of their parents. The culture also allows one to marry his/her cousin, and in some cases it is encouraged in order to keep the wealth of the family within the lineage. Although boys and girls are mostly separated after puberty, cousins are not usually restricted, by the guardians, not to talk to one another as long as no love or sexual relation is discovered.

There are very close relations among relatives and as a result boys and girls frequently visit their relatives’ homes. This occurs more among children and adolescents than adults. Though the society is patrilineal and patrilocal, there is good communication between the relatives both from maternal side and the paternal side. There is strong feeling of “gustf” (lineage) among the people. A few generations of lineage constitute a somaj (society) who live in close proximity. Few other houses are also considered as a member of the somaj. In each somaj there is a sarder (leader) who, with the other elderly people, judges unsociable activity or problems that occur in the society. If any person is discovered in illegal sex his/her family are ridiculed by society. There are economic penalties and/or physical punishments for sexual behaviors such pre-marital sex or extra-marital sex. On occasions (having illegal sex) the social leaders order the couple to marry. Sex without being married or with anyone except spouse is considered illegal and punishable. Some wealthy families can avoid punishment as they hold power and higher position in the society. Mostly they are social leaders. Sometimes, the family rejects the boy or girl after a sexual scandal or else the society separates the family.

3.4 Gender relations:

Just as in other rural areas of Bangladesh, women and girls are subordinated to men. As most people in this area, are educated in religious schools, the domination of women is stronger than in other areas. Girls maintain parda (veil) after puberty. In recent times this custom is slowly changing. Subordination is also seen among adolescent boys’ behavior. Many boys, even college students, do not believe that girls should work or get a higher education.

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7 *Thana*—sub district, consist of some unions.

8 Sex except spouse is considered illegal.
3.5 Social, cultural, religious functions:

There are some social functions where relatives and other members of the societies get together, sometimes these functions continue for a few days. Mostly kin are invited to stay for a few days during functions like melas (big feast) or weeding or the circumcision of boys. Here there are less restrictions about mixing with girls. So boys and girls try to meet during these occasions and try to build relationships. Sometimes physical relations among young boys and girls occur during the function, as the guardians are busy with the function. Young boys and girls try to make photo and joke with their relatives. During this time guardians usually overlook the fun and jokes among young people though this is not socially approved.

In addition, each year, there are two fairs in Chakaria where mostly young boys and girls participate. Here they have some sort of a chance to be intimate with their lovers (although most girls accompany other girls or their youngers with them during this time). This was observed over the last few years. Every year there are religious meetings in families where religious scholars (moulana) discuss religion. Most discussions during the religious gatherings are women-centered or sex related. They claim that girls are becoming free and their mobility out of the house is increasing. They claim that as some girls do not maintain parda, boys become aroused. They comment that television programs have an influence on youths and are leading them in the wrong track (sexually active) and thus destroying their character. This religious meetings and discussions can be explained as an attempt to control adolescent or youth sexuality from a religious perspective. However, it is mostly centered on women or girls. In general people, here, believe that if girls are controlled, illegal sex will be controlled.

3.6 Educational institutions:

In the study area there are two high schools, three religious schools and eleven primary schools and no college. Students from the study areas mostly go to Chakaria College, which is three to four kilometers away from the study area. Some of them study at colleges in Chittagong and Cox's Bazar cities as well. These college students commute once or twice a month back to their villages. In primary school the students are seven to fourteen year olds. In high school they are between twelve to seventeen years of age, in college they are sixteen to twenty two years and in religious school students are from six to twenty four years.

Many religious school students work as lodging teachers in wealthier households near their schools. In some religious schools there are student hostels (dormitory). Boys, who study there, must live in those student dormitories. In the study area and its surrounding, there are more religious schools than in other parts of Bangladesh. As a result there is a strong influence of religiously educated people in the area. Recently western style (general) education has increased. As a result a gap is observed between two generations, young adolescents and their older relatives, towards modern recreational media such as Television (TV) programs. Youths are advocates of TV program while their parents oppose it. Most of the parents, who were educated in the religious schools or influenced by religious educated people, are not in favor of TV programs. Most of them expressed that TV programs are spoiling the youths by skits about love and sex. This discrepancy is due to the fact that younger generations are more open to modern ideas than the older generations.
3.7 Communication and mobility:

The communication system was limited until about five years ago. Now it has significantly improved. Almost all village roads are now made of brick or pitch. Public jeeps are running throughout the union. As communication has become easier, the mobility of people (especially youth and adolescents) has significantly increased. Youths now take day trips to towns (Chittagong and Cox's Bazar). Some of them stay at hotels with their lovers or engage in sex with sex workers when visit towns. The Thana headquarter is only one and a half kilometers from the study area. Here, there are a few big shopping complexes.

The location of Chakaria makes its headquarters as a very important place in the district. People from the other four surrounding Thanas come to Chakaria headquarters (Chringa) if they want to go Chittagong or Cox's Bazar to shop. As a result, big shopping centers are established day by day. Girls and boys of the study area, as well as other areas of Chakaria, go to the shopping centers. Sometimes girls are seen there with their boy friends. College students, some less supervised non-student youths, drop-cut students or unemployed youths find the shopping complexes as suitable place for initiating relationships. They also use these shopping centers as meeting place with their lovers, as people do not object to a girl talking with a boy at a shopping center. Some respondents mentioned that they asked their lovers to meet them at the shopping centers from where they went out for dates.

Some college students mentioned a park (safari park), six to seven kilometers from the study area that was recently established by the government. This park has many bushes and became a favorite place for lovers. I visited the place and found a few boys and girls there. Sometimes married women from the study area visit Chittagong with their younger relatives (boy) or lodging teachers to make phone call to their husbands abroad. Sometimes they have to stay over night at hotel. Some boys mentioned that they have heard about sexual relations of those married women when they stayed at the hotel.

3.8 Recreational activity for youth:

There are very few, almost no, recreational facilities for young people in the study area and its surrounding. There is no playground. Boys play in the paddy field after harvest, when the fields are mostly dry. There is no cinema hall in the study area or in Chakaria. Respondents mentioned that someone once tried to build a cinema hall beside study area, but could not due to protests from some of the local conservative people. Adolescents and youths of the study area go to two cinema halls, fifteen to twenty kilometers away from the study area. In the daytime adolescents visit the cinema halls using public jeeps and buses. In the evening boys hire chanderghari (second hand open jeeps) and visit the cinema halls. I visited one of the cinema halls at night and found around hundred boys with few girls watching the cinema there. Sometimes boys pass comments to girls when they (girls) visit the cinema halls at night with their relatives. This may lead up to quarrel as mentioned by a respondent.

There are a few video shops in Chringa, which rent Video Cassette Player (VCP) sets including cassettes and CDs on Hindi, Bengali or English films. Secretly their main business is 'the blue film' (pornographic movies). I had witnessed this several times during my work at CCHP both in and outside the study area. Guardians try their best to stop the youths from watching these naked films. Once, in
1999, a group of youths were watching blue film in a shop near to the study area (Betua Bazar) at night. A few boys from the study areas were also there. Some people tried to prevent them from watching porn movies, but the boys resisted. As a result, a big clash occurred which ended up in a court case. One video shop owner told me that they run their business by "managing" the police. According to the respondents some individuals are also engaged in the blue film business in the study area and its surroundings. Sometimes boys collect VCP sets from their friends and cassette from those mentioned video shops.

3.9 Youth/adolescent organizations:

There are some youth and adolescent organizations. They are mostly called youth clubs, where both adolescents and youths are members and they meet in the afternoon and evening there. Sometimes they play chess and some other local indoor games. Most of these youth organizations arrange a milad or mahfil (a meeting on religious discussion) once a year. There are around fifteen youth organizations in the study area. Most of these organizations do not have any room of their own. They use the school building as their meeting venue. Some of these organizations also engage in organizing football competitions. A few youth organizations have been working for health in their area with some technical support from CCHP.

3.10 Health facilities:

There is no permanent health center (FWC9) in the union from the government unlike most other parts of the country. Some satellite clinics are held on an irregular basis for a few days in a month at the Union council or villages. Here, government family planning (FP) staffs provide family planning service to married women. The Thana Health Complex (THC) is one and a half kilometers from the nearest part of study area where graduate doctors provide virtually free treatment to everyone. Recently the service was improved, but still many people, especially young adults, do not visit the government health center. They believe that the quality of service is not good there. In the last few years some youth organizations and other community founded social organizations trying their best to involve the community members in their village health post (VHP)10 activity. They already established a village health post, providing treatment to people at a cost recovery basis. Gradually people's participation is increasing in this VHP and people are becoming conscious about health.

The family size is big and it is in average seven per family now. Due to religious influence, vast majority of the people are against family planning methods. However, those who are against using family planning methods, some of them use contraceptives secretly. There is still a strong anti-family planning attitude among general mass. It becomes more clear from the comments mentioned by Bhuiya and Ribaux (1997:10) and Bhuiya (1995): "Despite a commendable success in Family planning and EPI11 for

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9 Family Welfare Center- An union level government health center.
10 A community managed village health center
11 Expanded program for Immunization - for children
Bangladesh during the last decade, the area (my study area too) lagged far behind with respect to contraceptive prevalence and immunization."

Beside all those health facilities, there are two private hospitals, three to ten kilometers away from the study area, where some people from the study area also get health services. But these private health services are very costly and out of reach for most of the inhabitants of the study area.

Note: A map of the study area is enclosed in appendix-3
Chapter- Four

4.1 Love relationships:

4.1.1 Love among adolescents:

Balobasha, Prem, Pirit, Pirit, Mohabbat, Payer, Line - all these terms are used to indicate ‘love’ among the people of the study area. The most commonly used (both in written and oral language) terms among these are balobasa and prem. But among adolescents and young boys prem is used more than any other term.

All respondents mentioned that many adolescent boys and girls in the study area were in a relationship. Among thirty-eight respondents, thirty-two admitted having an affair. Most respondents mentioned that more than two thirds of their friends were engaged in love. Many mentioned that when they were alone, they dreamt about their lovers, at least three to four hours time in a day and sometimes more too. Boys also perceived that girls also dream about their lovers or the boy they liked. They have heard it from their lovers or sister in laws.

Boys mentioned that they followed some criteria to choose a girl as a lover. The first criterion was that the girl should be beautiful, forsha (fair) and then she might be a classmate or junior (younger). Some boys argued that it was easy to build love relation with sahapathi (classmate) or junior girl student. Some also mentioned that they were involved with the girl student/relatives of their student at the lodging. Another criteria was that most boys were engaged in love with girl whose family economic status was lower than that of the boy, if not same status. Most of the boys mentioned that they preferred to build love relationships with ‘school-going girls’ than ‘non-school-going girls’, though majority of the non-school-going adolescents (among respondents) mentioned that they were involved with ‘non-school-going girls’. ‘Non-school-going’ adolescents also mentioned that they liked to have a relationship with a young girl (kochi mayia) from rich family, although they were mostly engaged in love with the girls of poor families.

A few students and majority non-student adolescents mentioned that they were in love with the daughters of their relatives or friend’s relatives. In most case boys were in love with one girl, but few adolescents mentioned that they were involved with a few girls at the same time. The boys who were in love with more than one girl, agreed that their love was fake and it was only to have sex. One respondent said-

- If a boy is lofor (bad- always move around girls for sex) he may have more than one lover, this is only for sex. If a girl has more sex, chalanamoyee (good address in making relationships with many boys), then she may also, maintain more lovers at the same time. These types of girls change boys after ‘finishing’ their (boys’) ‘pocket’ (money).

4.1.2 Process of developing love relationships:

Respondents mentioned that mostly boys and some girls tried to build a relationship if they have the chance. Boys described on how they built love relationships with their lovers. On the question about how they proceed in building love relationship one respondent mentioned -
Looking at her, trying to talk, start talking, give her hope, present myself as good as possible to her, if have chance, give her a letter, if she replies, then start exchanging letters, give her gifts, if we have the chance talk on way to and from school and in different function at school, and thus we continue. We give hope to the girl at beginning of building relationships, we praise her beauty, visit different places if have chance, dreaming of husband-wife relation and having sex.

Later a model, on how adolescents develop love relationship, is developed through sharing the experiences of the respondents during individual contact and in group discussions. It may be mentioned here that, sometimes, boys do not follow all steps in building love relationship. Sometimes, they may skip a few steps and proceed. The model is given below-

**Figure-one: Diagram on the process of developing Love relationship**

- Leaving school
- Separation (due to)
- Marriage with another person
- Don't agree to proceed further
- Love marriage or Forced marriage
- Having sex
- Touching breast
- Kissing, looking at breast
- Touching face, head on lap
- Holding hands- promise Praising beauty
- Roaming / Visiting / dating
- Exchanging gift, pictures
- Meeting and Chatting on love and other issues
- Exchanging letters (started)
- Reply
- Give letters
- Offer proposal
- Exchange books or things
- Initiate talking: hello, hi, study or other issues not love
- Smile, but no discussion
- Eye contact: Looking, wink
- End stage
- Advanced stage
- Developed stage
4.1.3 Age or time of initiating love:

Some boys and girls start building relationships when they are in high school or college. Sometimes a few girls engage in love even at class five (last class of primary school). In respect of age, most respondent mentioned that they engaged in love from thirteen to seventeen years. Some boys cannot express themselves in front of the girls they like and wait for years for proposal from girls or to propose.

4.1.4 Actions to satisfy lover:

Boys mentioned that they took several actions to satisfy their lover. These include- presenting themselves as smart, handsome, rich, ready to sacrifice anything for their lover. To present themselves as smart and handsome to lovers, boys use cosmetics and colognes; they also shave, dress hair frequently and wear (new) fashionable clothing. If it is possible they wear watches, sun glasses and jewelleries each time they visit their lovers and they check themselves by looking at the mirror frequently.

When talking to their lovers they present themselves ‘self-sacrificing’ for them (lovers), showing their commitment to their lover. They do not hesitate to spend as much money as possible for them (lovers) to make them happy and present themselves (boys) as rich as possible and devoted to lovers.

Respondents also mentioned that they took their lovers to park, shopping centers, restaurants, cinema halls, sea shores, friends' houses and offered good nasta (food) at restaurants or while visiting, also requested her to eat more. A few respondents, from rich families, mentioned that they borrowed motorbikes or cars from their friends and relatives or hired it (for few hours) while visiting with their lovers. Sometimes they would ride on these vehicles where girls were present to present themselves (boys) as rich to the girl friends.

To make their lover happy most of them presented many gifts like greeting cards, novels, magazines, cosmetics, clothing, ornaments and cash money. They also mentioned that when they had no money to maintain the relationship, they took money from parents or guardian pretending that this was the cost for study materials and coaching fee. If they failed to get money from parents, they tried to do so from relatives liked married sisters, sister in laws (wife of elder brother) or brother in laws (husband of elder sister) or borrowed from friends. They also mentioned that if they failed to manage money from parents or relatives, some of them might steal family goods like paddy, rice or ornaments of sister/mother or money from elder's pocket. Very few respondents mentioned that some adolescents engaged in stealing or robbing when they failed to get money from family to maintain their relationship. In a nutshell they tried their heart and soul to do everything to satisfy their lovers and to be faithful to them.

4.1.5 Problems/obstacles in building and maintain love: Adolescent boys' reactions and actions-

Respondents mentioned that they faced a lot of problems or obstacles while tried to build love relations and to continue it. These were-
i) Problems/obstacles from the girls and boys’ reactions-
Respondents mentioned a few problems that they faced when courting girls. These include rejecting of their love offers, informing parents or guardians about love offer, changing lovers. Here are some reactions and actions from a few respondents after facing the problem-

- I was so aggressive when my love offer was rejected, once I thought rapping her.
- I offered love to a girl because I assumed that she loved me from her behavior like smiling and staring at me when we saw each other. When I proposed to her, she informed her parents. She should not have done so, better she could tell me directly.
- I do not believe girls, because they change lovers so quickly. (A boy after being sacked by his lover).
- One of my friends insulted his lover in school because she loved another boy.

ii) Problems/obstacles from families and relatives and boys’ reactions-
Most respondents mentioned that when they were in relationships, they faced problems from both families, (boys’ and girls’ family) and sometimes from other relatives too. These include pressure on them to cut off their love relationships, being beaten by parents or guardians, not allowed for marriage; no recognition from parents after marriage, filing cases against boys sometimes including their family members and friends. As a result they had to continue their relationship with out the knowledge of their families. Here are some reactions from a few respondents-

- Family make obstacles in our love relation, we do not like it.
- Once my mother got my lover’s letters under my bed sheet and handed it to my father. He beat me and ordered to cut off the relation. I promised them to cancel my relation but still we maintain our love without our guardians’ knowledge.
- Elder brother of my lover took me to task for my relationships with her.

A boy of a religious family expressed his reaction about his relationship and family members attitude towards this-

I love a beautiful girl of a poor family whose character is good. I like to marry her later. But after observing the ‘mentality’ of my family members, I think that they will not accept it. I do not love her for sex; she has a good mind; if I like sex I can go to the hotel or a prostitute

Mostly families do not recognize the love relationship of adolescents. Sometimes some boys marry the girl gopona (in ignorance of their family) or ‘elope with her. I have observed a few cases while I worked in the area in a project some years ago. Here is an example from the study area as mentioned by a respondent-

A girl of a rich family of our village loved a boy of a poor family. Her parents arranged for her to get married to someone else and spent a lot of money. But the eloped with her lover and got married; yet the family does not recognize their relations.

One boy mentioned that his lover was forced to marry with another youth. He became so disheartened that he stared smoking cigarettes. In his narrative about adolescents and marriage he wrote-

In our country adolescent girls get married. Most of them are in love with adolescent boys who are not allowed to marry then. As a result boys have to bear a lot of pain (beraha) after separation from the girl. The only demand of the adolescent is to be allowed to marry his lover.

iii) Problems/obstacles from society and boys’ reactions:
Some respondents mentioned that society looks down upon their relationships; people criticize when they see them while meeting their lovers. Here are a few comments from the respondents-
people of our society like to maintain social rules. As our society or culture does not encourage love relation before marriage, so they (people of the society) try creating obstacles in our love.

We go to our lovers’ house to meet. The society looks down on it, we do not like this.

Peoples passes negative comments when they see that we (lovers) are talking together and some ‘bad’ people spread rumors misinterpreting our relations, which is a disgrace for our family and us too.

iv) Problems/Obstacles created by friends, other boys or ex-lovers of the girl:

Some respondent mentioned that although most friends were very helpful in supporting their love relations, sometimes problems occurred between friends and with their lovers. As an outcome conflicts take place among friends too. Here are some responses from a few respondents-

• Once, my lover walked past the place where my friends were gossiping, and some of them passed comments about her relation with me. She complained to me later and I rebuked my friend for this.

• One of my friends loves my cousin and had sex with her. Later when he tried to cut off the relation, I forced him continue it and to marry her. It created problems between us.

• I liked a girl but did not express it to her. By this time one of my friends built relationships with her. For the sake of our friendship I accepted their relation but did not disclose my weakness to them, but still I cannot accept their relation by heart.

• One of my friends offered love to my lover without my knowledge. When I noticed it, we engaged in quarrel and our friendship was over.

Besides friends, other boys of the village or institute sometimes make obstacles to in love. Sometimes it becomes a big problem too. Here is an example cited by a respondent-

One of my friends loved a girl of Shitalghat (a place two kilometers from study area). But young boys of that area were making trouble in his love, gave him threat, ordered him not to visit the girl in their village. Later, once in the evening, we (friends of the boy) went to the girl’s house. Those boys resisted us. We engaged in fighting each other. They beat our friend so seriously that he had admitted at hospital. After a few days he died. We became so aggressive that we filed a case against them and beat them and their relatives when we found any of them at Thana sader (Sub district Head quarter)

Some times the ex-lovers of the girl’s create problems or threaten to the boy (present lover). It creates conflicts between the lovers of that girl. One respondent mentioned-

When I met my lover, a boy asked me to meet him and threatened. He ordered me not to meet her. Later I have heard that he was her ex-lover.

v) Problems/obstacles from teacher and school:

Almost all student respondents mentioned that they faced obstacles from their teacher in their attempts to build or maintain their love relations. They mentioned that teachers were always watchful, so that boys and girls could not talk freely. Teachers were suspicious when they saw any boy and girl talking together. One boy mentioned-

You know, why girls common room were kept beside teachers room, because, then boys can not talk to the girls or their lovers easily.

I observed a parda (a piece of cloth) between boy and girl students while they are in class so that they cannot talk to each other. During FGD, a group of religious school student mentioned-

We have a teacher, who is assigned to follow the student whether they are going to girls’ common room or talking with them. We do not like it.

4.1.6 Reactions and actions after sacked (being rejected) by girls:

Love sometimes creates smile or sometime give pain, according to an adolescent boy of a high school. If the girl cancels love relations, it affects the life of young boys seriously. Boys mentioned
that after sacked by the lover, some boys stop eating food for sometime, try to kidnap or rape her, become addicted to drugs or alcohol. Here are reactions and actions from some respondents

- If love offer is rejected, some boys threaten the girl; threaten her for basjat (dishonor).
- If a boy fails to maintain love relation, or the girl rejects him he tries to forget the girl at first, then starts smoking to reduce his mental anxiety.
- He breaks down mentally, can not focus his mind on work, becomes unmindful in work, does not behave well with others.
- Destroys the life of that girl.
- Try to drink/take addictive thing, try to do harm to that girl.
- After having sacked in love one of my friend started growing a beard.
- One of my friends loved a girl who gave him a letter at first. He responded to that by giving reply. But then the girl did not reply again but she only smile when she saw him. Suddenly he heard the news of marriage of that girl. On the marriage day of that girl, he took five sleeping pills at time, slept whole day. When his guardian noticed sleeping for long time, they tried to get him up but failed, later they called a doctor. He got from bed after a long time but he became very quite, stopped talking with others, and started smoking. Oh! What a fine boy he was!

4.1.7 Discussion:

Many adolescent boys and girls are engaged in love. The process of developing love is not always same for all lovers. It depends on the situation. But the model represents the process in details. Boys try their best to satisfy their lover. They offer gifts and visit different places when they get the opportunity. But as most student (male) do not have enough money to maintain their love, sometimes they take money from their parents pretending this money is for the study purpose and later spend this for their lovers. They face so many difficulties to meet their lover, as the society has negative attitudes towards the love of young people. As result they have to hide their relations from their relatives, parents and teachers. Sometimes conflicts occur between friends if two friends love the same girl. After all these problems boys try to present themselves as good as possible to their lovers. But if the lovers reject them, they seriously try to take revenge. In most cases, they tease the girl or try to kidnap or rape her. Some boys start drinking, smoking and taking drugs. This has a profound affect on the boy's life.
4.2 Arousal of sexual desire

4.2.1 Objects that aroused sexual desire among adolescents:

Most of the respondents, both students and non-students, perceived that the following objects stimulate their sexual feeling or desire (goram utai / kora). These are given below (ranked according to their perceived impact):

1. Women/Girls movement in baporda (scantily clad women)
2. Blue film / Naked film / Porno movies
3. Naked book / Naked Magazines
4. Cinema
5. Television programs
6. Nude picture / Nude view cards
7. Sexually exciting songs
8. Rape/ Love news in papers
9. Sexual discussion among friends

One adolescent said:
I become aroused when I see a girl’s breast. Wicked girls, now a day, move in public showing their body (means breast). It affects me seriously. I feel excited when I watch blue films and cinemas. Sexually excited sceneries of Bengali and Hindi cinema, naked bodies of actresses, especially during dancing and embracing excite me seriously. Beside this, naked pictures of women, ‘naked books’, and porno magazines aroused me. If the girl’s body is well covered I do not feel aroused.

Another non-student adolescent said:
- I feel aroused when I see girls’ ‘open’, free movement, open (here - not well covered) breast, bad movements. I become more excited when I watch cinema. There is a tea stall, where we watch blue film. Boys of my age go there, elders also. In television I also see some bad cinema. I become excited when I see these. As I can not read, I hear sexual stories from naked books with the help of my student friends. I see nude pictures there and become excited.

Another comments -
Boys are becoming pakal (sexually matured/active before the actual time) when they see these.

- Women/Girls movement in baporda (not covering enough the body with cloths):

Adolescent boys perceived that at present the girls go out more often. They go to schools, colleges, shopping centers and offices. Some of them did not cover their bodies and breasts well or use very patla kapor (transparent dress) or tight dresses through which body or breast shape could be emphasized. Respondent mentioned that when they see girls’ wearing these types of dresses, they became excited. I found adolescents and youths going to shopping centers to look at girls. Some of the boys were found standing at different corners of the market and gossiping with their peers and sometimes teasing girls. These shopping centers are only two kilometers from the study villages.
Adolescents and young boys (both students and non-students) were also seen hanging around the high schools to look at the girls after school. A respondent who was found in this situation said—

During school closing time, we sit in the shop near the school to see the girls.

Another college going adolescent (who had no sexual experience)- comments

We become excited when girls body brushes against us while traveling to college by bus.

I, later, found that during college time, especially in the morning at 9 to 10 am and in the afternoon at 2-3 p.m. buses become overloaded with students. The reason was that they communicate to and from college around these times. There were no places for girls to sit in the vehicles. So they had to stand beside the boys or other man to attend in the class in time. Sometimes in this situation a girl’s body touches with a boy’s. This made some adolescents to feel ‘excited’.

It appears to me that ‘women/girls movement in baporda’ is not the only reason, it lies on boys’ curiosity to see girls’ bodies if they have chance. Social system, separation of boys and girls after childhood, might increase boys’ curiosity about girls’ bodies beside their sexual feelings to opposite sex.

Blue films/ Naked Films/ Pornographic films (B.F.):

Pornographic/ erotic films are becoming popular and common among the adolescent boys of the study areas among both students and non-students. As there was almost no cultural program in the area, so boys were seen more in touch with erotic media. They were watching naked films either in their village or surrounding areas. It was both in a commercial and private setting. The respondents said that they collected a VCP set from their friends or from the video shops or private owners who rent their VCP set to the people. They collected pornographic/ erotic films mostly from video shops along with a few ‘normal’ movies and invited their friends and peers to watch. They watched normal movies in an isolated house, youth clubs, school room or their kachari (sitting room) and showed their guardians that they were not watching ‘bad’ movies. When guardians went to sleep, they started watching erotic films. Sometimes the movies continued till early morning. They, sometimes, paid the cost collecting money from friends or a rich friend bear the cost.

Pornographic/ erotic films watching were found more among student boys, especially college going adolescents. On the other hand, there were some houses/ shops that were showing pornographic/ erotic films to the public very ‘carefully’ by ‘managing’ the police. Mostly non-student boys went there and watched the pornographic/ erotic films by paying money in cash. Here is a comment of a non-student boy—

We watch pornographic movies at Mogbazar or in a house of our village. We have to pay taka 5 to 10 per person for watching this

Another mentioned—

In our village station naked film are shown only two days in a week

So from above discussion it is clear blue films/ pornographic films is a dangerous media which is playing a destructive role in making the adolescent sexually active before they become matured for

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sexual activity. This erotic media affects the social values and moral character of the youth. After being aroused they lose their sense of morality and are engaging in unsociable or immoral activities like having sex.

Naked books and magazines:

Magazines and books containing naked pictures and sexually arousing stories were found among the adolescents of the study area. They mentioned that those books or magazines were available but the price was high. They collected these from hawkers (who sell newspaper at shops markets etc.). One respondent, who worked as hawker, admitted that he also sold those books and magazines to young boys when he was in that profession. They (hawkers) collected magazines from some libraries at Chiringa (Thana headquarters). This books and magazines were found popular among both student and non-student boys. It became more clear when a respondent said-

If we get a naked magazine we circulate it among our friends circle. It is in high demand among us. Once we see these magazines in any of our friends’ hand, we compete to take it first. Sometimes it is torn during pulling (tanattani). We collect it from a hawker. If we request the hawker or not, he has some these type of magazine, to sale it to anyone who wants it. He knows his customers and brings it carefully hiding from elder’s knowledge.

Cinema:

Most respondents, especially non-student adolescents, mentioned that the short dresses of actresses, erotic gestures, dancing scenes, rape scenes etc. aroused erection among them. Citing the name of some actresses of Bengali cinemas, they told that they wore very short dresses and showed their body in such way that the boys felt sexual excitement. One key informant mentioned-

Now a day, there are more rape scenes in cinemas and it is shown more openly than before.

Mentioning the name of one of his relative, who was related to cinema business, this respondent argued that cinema producers liked to add those types of sexual attractive scene to attract youths, so that youth felt attraction to watch their cinemas. He also added that they (cinema producer) did it to survive in competition with Hindi and English cinema, where half-naked scenes were common; otherwise youth might go back to those Hindi or English films. Though there was no cinema hall in the study area, most of the respondents mentioned that boys, some girls of their age, were going to enjoy cinema at Aziznager and Lama (the place where cinema hall located). Boys, sometimes, went there in-groups by hiring jeeps. They sometimes took their lovers / girl friends with them. A non-student boy said-

I took my lover to watch cinema at the Wancha (Lama) cinema hall. She told her mother that she was going to visit her khala’s (maternal aunt) house.

Another college student said-

We take our lovers along with our friends from college at Aziznager to enjoy cinemas there and come back before ending college hour so that they (girl) can reach their homes as like as normal college days.

Boys and girls could also watch cinema at their own and their friends’ homes on the national television (TV) programs twice or more in a week. Those, who mentioned going to cinema halls with their lovers, have some sorts of personal income or is the son of a rich family.
Television programs:

A few religious school students mentioned that they felt aroused when they watched intimate scenes or love related scenes in cinemas or plays at TV. Beside those they added that actress mostly did not cover their breast with extra cloths. They considered it sexually arousing. In TV programs, there were five to six or plays and movies in a week. TV sets were available and that type of TV programs (Cinema or play) was found popular among adolescents and youths.

'Naked picture:'

Erotic pictures, in view cards, were seen with some non-student adolescents. They collected those from some libraries at Chiringa. Those view cards mostly contain close-up pictures of cinema actors and actresses where they are kissing, embracing, half-naked or showing breast. One respondent, who was a rickshaw (local transport) puller, had a few of those erotic pictures (half nude) in his money-bag. When I was discussing erotic view cards, he showed to me those. Cinema posters were also identified as sexually stimulated objects to the respondents. They claimed that in cinema posters "close" pictures of actors and actresses were shown, short dress pictures in posters attracted them and they aroused while saw those.

Rape/ love news in papers:

Some magazines and newspapers cover rape news, love stories, in such a manner that adolescents who read those fell stimulated. I have read these love stories in the magazines. These stories cover in details the development from their love relationship to sex. Youths and adolescents become interested to read these and feel excited as they mentioned.

Sexual discussion among friends:

Boys mentioned that when they made jokes about girls' bodies or when some one in the group spoke of his sexual experience, they felt sexually aroused.

Beside those, two respondents mentioned that some sorts of sexually excited local Bengali songs aroused sexual desire among them, especially songs containing the relation with talatabon (sister in law's). I heard those songs a few times. The main messages of those songs were the expression sexual desire by a boy or a girl to some one of the opposite sex.

4.2.2 Response to arousal:

Respondents mentioned that after being aroused sexually (gorom hoa), they/ their friends took some actions. The actions included the followings-

- imagination of having sex with a girl and later experience wet dream (swapnados)
- touching or handling their own penis and sometimes masturbation (giter mari)
- try to have sex with bandabi/ premeka (girl friend/ lover), or any women or magi khai (sexual inter course with prostitute)
• If girls are not managed, try to have sex with a boy (poler ponda boda dokai) (Homosexual intercourse)
• becoming aggressive, try to rape girls.

4.2.3 Actions proposed by respondents to control sexual arousal:

Most of respondents proposed that government should take proper step to control all these sexually arousal objects. The three main suggestions proposed by the respondents' are-

- Girls should maintain porca (veil), should cover their whole bodies well, should not use Patlo (transparent) or tight dresses.
- Responsible authorities should take action to stop production and selling of naked books, naked magazines, naked view cards and control in publishing sexual news in an aggressive manner.
- Responsible authorities should take action to stop production and showing of naked cinemas, porno movies (BF), naked plays or dramas.

4.2.4 Discussion:

From the above description and after field observation, it seems to me that erotic medias like porno movies, nude magazines and nude view cards have become available and easily accessible to adolescents of the study area. Due to lack of other recreational facilities, youths are becoming more in touch with those 'destructive'/erotic medias. As an outcome of sexual stimulation by medias and girls, boys become sexuality active and try to explore the opportunity to engage in sexual experimentation. Adolescent respondents mentioned different sexual experiences and practices among them. Following were the most common sexual experiences and practices as mentioned and ranked (according to perceived severity) by the adolescents-

1. Wet dreams
2. Masturbation
3. Homosexual intercourse
4. Heterosexual intercourse or practices

They mentioned that wet dreams and masturbation effects their health seriously and mostly common experienced than others, that's why they put those in the top. About homosexuality- they mentioned that initiation of homosexual intercourse were early than sex with girls among adolescents of the study area in most cases, and perceived that homosexual intercourse effects health more than heterosexual intercourse. I am going to explain their arguments later topic wise. Let us proceed on their sexual behavior and practices/ experiences following their ranked serial.
4.3 Wet dreams

4.3.1 Local terms and meanings:

The Bengali term of wet dream is *swapnados* and is commonly used almost all over Bangladesh. *Swapna* means dream, *dos* means fault. So literally it means "dreaming fault" which indicates some fault in dreams. Some respondents argued that a wet dream must be a dos (fault). *Swapnados* is considered a bodily malfunction or lack of bodily control. If a boy has frequent *swapnados*, he himself and his parents think that the boy is not well. One respondent said that *swapnados* means *kharap swapna* (bad dream). He explained that as in the dreams adolescents see "bad" things (sexual issues which was always considered as bad in religious sense) and affecting their health seriously.

4.3.2 Experiences:

Most respondents informed that they were experiencing wet dreams at least two to three times a month and faced troubles dealing with it. Here are some comments:

- In dreams, I saw that I was talking to a girl, touching her breast or holding hands, or kissing her or having sex with her. But sometimes I observed that before pushing my penis semen had come out. In the following morning, I saw my bed sheet and fungi (cloth) wetted. Then I felt very uneasy or embarrassed.
- After a wet dream I washed clothes and fold my bed sheets, so that my parents did not see it. I would feel shy if they saw the vizakor (wetted cloth) or dag (marks of semen).
- I heard from my friends that we have to bath after having a wet dream. It is unpleasant to bath too early.

4.3.3 Perceptions about causes of wet dreams:

Some respondents perceived that *swapnados* normally occurred while body is weak or not functioning properly. Some also perceived that it happened due to Satan (devils) influence. It is perceived by the respondents that in dreams Satan come to a person reforming its body like that person's lover or a beautiful girl or a handsome boy and starts sexual arousal that end through emission. There was a common belief among people that all types of 'bad' activities, especially sexual activities, happened due to the influence of Satan on the persons who did it. It is also a religious belief that the only task of Satan is to lead the human being in wrong direction. A respondent mentioned -

"Satan asar dara swapnados hot" which means wet dreams occurs due to the influence of Satan

Some respondents also perceived *swapnados* happened if they thought about a girl before going to sleep. Here are some comments of respondents about the cause of wet dreams:

- when I think about girls, I experience wet dreams that night.
- when I imagine a girl before going to bed.
- sometimes I can not remember why or how it happens.

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14 The super natural being who does harm to a human being as believed by the Muslim
4.3.4 Perceptions about effects of wet dreams:

Almost all respondents perceived that swapnados has a serious effect on health and some also assumed that it might be a dangerous disease for an adolescent who was facing it frequently. Some respondent expressed tension about experiencing it frequently and perceived its bad effect in their future life. Here are a few comments from respondents-

- My health has been destroyed. I have heard, in one wet dream, we lose seven times more semen than we have sex with a girl. (They explained that they have heard it from their friends).
- I felt bad, because my health becoming weak gradually.
- If I experienced it once, I fell matha gorani (fatigue), fell physically weak.
- It is a disease, because health will be destroyed if a boy faces it more than once in a month, and if it happens two to three times a month, he might fail in health seriously.
- When I was in class nine, I had wet dreams from time to time. In class ten it was three to four times in a month. Now it may be ten times in a month. I have not discussed it with anyone because I feel ashamed. I am worried about my health for this. Please advise me what I have to do.
- I get worried when I experience a wet dream. I feel weak and lose my appetite.
- I felt uneasy and hated semen after my first ejaculation through a wet dream. I had a bath in that morning; it was bad for health.

4.3.5 Remedy/ care taken:

Most respondents believed that sawpnados is one kind of illness and sought care or treatment for it, either for prevention or for getting cure. Some respondents mentioned that for prevention of frequent swapnados, they usually take care from moulana/ huzurs (religious persons) or kobiraz (healer), or sometimes they recite from the holy Quran before sleep. Respondents mentioned that moulana/ huzurs normally gave tabiz15 (amulets) to prevent frequent wet dreams. They (persons who faced problems) had to hold that tabiz tagging it around arms or hanging it on the neck or put it under balish (pillow), so that Satan could not come to them, while they were in sleep. If Satan could not come to them, then swapnados would not occur as explained by a person who gave tabiz. Some respondents mentioned that they used tabiz, but did not get any result. But a few others mentioned that, in their case, after having tabiz, the incidence of swapnados reduced. Sometimes moulanas asked boys to recite verses from the holy Quran while they (boys) went to bed, so that Satan would not be able to reach them. Some boys (mostly non-students) assumed that swapnados occurred due to excessive heat in the body. They perceived that if the body becomes cool, then it would not take place. So, they went to kobiraz (healers), who gave them herb, and advised them to put the herbs in a pot of water at night and drink that water in the morning in order to cool their body. I have heard from one respondent that he took topna (one kind of kobirazi item) for a week as advised by a kobiraz and got good result for some days.

Even parents came forward to seek treatment for their adolescent boy if he experiences frequent swapnados. Sometimes boys also sought advice from their friends and peers, who were also mostly ignorant. Some respondents mentioned that they, themselves, took vitamin tablets from rural dispensary

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15 Holy verses (from the Quran) are written by Huzurs in a piece of paper and then it put it in a metal-made hole. Later people hold it in their arms or neck. This is called a tabiz.
or village doctors (quack) advised them to take vitamins, considering that vitamins would help to recover their health that they had lost by losing semen through experiencing wet dreams. A few religious school students mentioned about getting treatment from homeopathic doctor while they experienced frequent swapnados. But they could not recall the medicine, which had some effects. A homeopathic doctor mentioned me that while adolescents complained about physical weakness, he just gave them some vitamin to satisfy them. There were some so-called herbalists, who announced frequently by distributing leaflets or advertised in daily newspapers and sex related magazines, asked their treatment for losing semen due to muttah (masturbation) and swapnados or so on. The adolescents and youths were quickly convinced by these attractive advertisements as their perceptions about the effect of wet dreams/masturbation was similar to the advertisements. A respondent said that being attracted by the advertisement, he contacted with one of those so-called sex medicine seller, but did not get any good result after having that medicine. He said that the medicine was modok (one kind of pasted item, which was prepared from herbs, as he explained). Some respondents mentioned that some boys also bought medicine to recover their health, which they lost by experiencing swapnados or masturbation, from footpath based ‘sex medicine seller’. 

Observation:

Some so-called sex medicine sellers are seen both in urban and rural Bangladesh. They use to visit to places where people gather and sell their sex medicine there. I found one of those types of sex medicine sellers who were selling medicine beside a market near the study area on a weekly market day. He was found singing different songs relating to sex and showing his gestures to draw the attention of people, so that they (people) gathered by surrounding him. At one stage, when many people gathered there, he stopped singing and started talking about sexual problems, their effects and lastly about his medicine. He was describing that boys were losing their valuable semen, which was symbol or mordami (man’s sexual power) by practicing masturbation or experiencing wet dreams, thus they were becoming weak and lost health. He added that it would be difficult for those boys to maintain sexual life while they would get married. So he advised the men, who gathered there, to take some medicine and thus to save their life (indicating-sexual life). He also added that his medicine would help the married persons to increase their mordami shakti (sexual power) so that they would enjoy a happy life. Being convinced by his lecture, some boys, but mostly middle-aged men, bought medicine from him.

4.3.6 Perceptions about girls’ wet dreams:

Most of the respondents said that they did not know anything about girls’ wet dreams. But some of them perceived that girls’ might experience wet dream. They had heard that girls’ also dream about boys which they from heard from their girl friends and sister in laws with whom they had joking relationships. They thought that girls also experienced wet dreams and these might affect their health too. It may be mentioned here that almost similar findings, about the ideas of boys and other people on the causes and effects of wet dreams and on treatment seeking pattern, were found by Aziz et al (1985:104-105) and by Nahar et al (1999: 18-19) in other parts of Bangladesh.
4.3.7 Discussion:

From the above description and field observations, it seems to me that adolescents have a lot of misunderstandings about wet dreams and their effects on health. Some newspapers and magazines create misunderstanding among adolescents by publishing so called sex treatment advertisements. On the other hand, so-called sex medicine sellers and care givers (like mulanas, friends-parents who give wrong advise, homeopathic doctor or village quack etc.) are playing direct /indirect role in enhancing the misunderstanding of adolescents regarding the effect of wet dreams and thus leading them to feel (increasing) worried about their health.

It may be mention here that the adolescents, as well as other people, consider semen as a very important body fluid, which is the main source of body strength. This strength is both physical and sexual. So if any one loses semen, he feels that he is losing his body strength and sexual power (mordami shakti). If the body becomes weak due to losing strength by losing semen, the health of that person will be effected, he will face other physical problems like mathagirinai (dizziness) and so on. By losing semen, one is also losing one's power as a man, as a sexual being. As semen is reducing in his body, he will face trouble in married life. These are the beliefs of adolescent boys and other rural people. In Ayurbeda, semen is viewed in the same manner, which has an influence on rural Bangladeshi people as mentioned by Aziz and Maloney (1985: 115-120).
4.4 Masturbation:

4.4.1 Local terms, their meanings and scopes of application:

Masturbation is commonly known as *hostamoython* in Bangladesh, which literary means "massage by hand". Another term that is also used more by the boys is *hatmara*, which means 'doing by hand'. Some boys called it *handaling*, which is a slight distortion of the English word 'handling' to indicate 'shaking by hand'. In the study area, all adolescents know masturbation as 'gitemara'. It has symbolic meaning that they explained to me later. According to the respondent, when one plays the guitar, one moves (narachara) the hand in a manner similar to movement done when masturbating. Some boys added more explanations. They explained that as a guitar is played for enjoyment, masturbing has also the same objective.

Some boys called it *mottaya*, which literary means 'hold something in the fist'. 'Fist' locally means *mot* and holding fist means *mottaya*. Here they explained that during masturbation one had to hold his penis in his fist, so they labeled it as *mottaya*. Some had labeled masturbation as *mal fela*. Here *mal* means semen and *fela* means throwing/ getting out. So *mal fela* means throwing out semen. During masturbation one tries to gel out semen from his body, that's why it is called as *mal fela*. They also used the word *paikhanat gaiya* or *bathroomot* (here means toilet) *gaiya* to indicate masturbation. In normal sense it means that a person has gone to the toilet. Mostly masturbation is done in the toilet. When a boy feels sexually aroused (like after watching sexual movies- naked films or talking about sex among friends) and goes to the toilet immediately after that, then their friends make jokes by telling *paikhanat gaiya* or *bathroomot gaiya* to indicate that he had gone to toilet to masturbate.

*Kuabbayas*/boadabbayas- These are also used by respondents to indicate masturbation. *Ku/ boad-* means bad, *abbayas-* means habit. So literary these mean 'bad habit'. As they believe that masturbation affects health, so this habit is considered as bad habit (*Kuabbayas/boadabbayas*).

4.4.2 Who practice it:

In the study area, masturbation is commonly practiced among the adolescent boys and youths as they mentioned. Many respondents admitted masturbating. Most of them perceived that 80-90% (assumption not actual percentage) boys of their age, practiced masturbation. Here are a few comments of the respondents -

One respondent said-

I had habit of masturbation; my friends too.

In group discussion participants said-

It is more among the boys of our age, 90% boys are practicing that.
4.4.3 Frequency of practicing masturbation:

In their narratives most respondents mentioned that they themselves or their friend(s) masturbated at least three to five times in a month. Here are some responses written in the narratives by some respondents in reply to the question about frequency of practicing masturbation themselves or their friend(s) -

- at least once in a week
- four to five times a month
- three to four times a month

Some respondents replied that they practiced it more. One respondent said-
- When I feel aroused, I do it more than ten times

Another replied-
- so many times, whenever I am aroused, I practice it.

A few respondents wrote that they did it once or twice in a month. One respondent wrote about his experience-

I masturbate once or twice a month.

Very few respondents mentioned that they did not masturbate. A religious school student replied -
- I do not masturbate because it is not good for health

4.4.4 Places of practicing masturbation:

There was no specific place for practicing masturbation as mentioned by the respondent. They wrote that they masturbated at home or at their hostel (student dormitory). Other places where they had practiced it were toilets, jungles or bushes, their beds, in the fields or any solitary place. But most of the respondents mentioned that toilet (when they call bath room or paykhana) was their favorite place for practicing it. They argued that no one would see what they were doing in the toilet, besides no one would not mind if they spent a lot of time in the toilet. Another argument added by a few respondents was that they could wash their hand and penis in the toilet easily as they took water in a pot to show the others that they were going to the toilet to defecate. Normally, in Bangladesh, water is used to clean anus/penis and it’s surrounding after defecation/urination and people of rural area are used to take a badna /lota (water container) fill with water when they go to the toilet. Here are two comments written by two respondents in their narratives about masturbation -

- When we are excited, we practice it in Bathroom (toilets).
- I masturbate normally in the field and in my bed. Some others do so- in the jungles, in school toilets, bathrooms too. In school toilets, there are naked drawings and comments. Someone has drawn these.

After getting information from the respondents about some sexual drawings in a school toilet, I (researcher) visited two toilets (use by students only) of two schools and found some drawings, for instance, the pictures of sexual intercourse, touching breast, masturbating, arrow through the heart from where blood was coming out (to indicate pain when rejected by lover later), and ‘naked writings like chodi tumara (Fucking you), mal kota bala (very fine girl for sex), also some sexual dialogue making distortion
of poems. It may be mentioned here that though most of the toilets of the study area were almost dirty, but boys still masturbate there in order to hide it from other peoples eye.

4.4.5 When and why they masturbate:

In response to the question when they masturbated most of the respondents mentioned that, when they became aroused and had no chance of having sex with anyone, then they masturbated. It happened during the day. Here are some reasons mentioned by boys in reply to the above question-

- When erection happens, I go to a bath room (toilet) or a solitary place, so that people can not see, and masturbate there
- We do it after coming back from our lovers without having sex.
- If we have no sexual relation with girls, we masturbate.

Most boys mentioned that they started it when they were in class seven, or eight, or when they were twelve to fifteen years old. Only a few said that they started masturbating after sixteen to seventeen.

In reply to the question – ‘why masturbate’, respondents mentioned about the influence of medias in raising arousal, influence of friends and girls movements without properly covering their body. Some also mentioned about becoming ‘use to it’. Here are some responses -

- Yes the boys of my age masturbate. If their sexual desire is aroused, when they read 'naked books', they masturbate.
- We do it to reduce sexual excitement/arousal because, we don’t feel well before getting out our semen, (in FGD)
- Those who masturbate regularly become use to it and there is no need of excitement all time. It becomes a habit
- We do it to avoid sexual intercourse with women or engage in rape

Another said–

I became use to masturbation after my friend teaches me this. Those who has no sexual relation with girls masturbate more.

Comments of a youth organizer about the reasons why boys’ masturbate-

If an adolescent feels sexually excited, he tries to fulfill his sexual urges any way he can manage. At first he tries to have sex with a girl/woman, either his lover or else one, either with or without consent or with a boy, but mostly they masturbate

4.4.6 How they masturbate:

Boys, who admitted practicing masturbation, mentioned that during masturbation they imagined of having sex with a beautiful girl who was either their lover, friend or from their known circle. A boy comments-

- During masturbation we think of having sex with a girl

Most times they practiced it alone but some times they also practiced it in a group as mentioned by few respondents. For example, one respondent wrote-

Once we masturbated with our friends. It was a competition to see whom could ‘get out’ semen first.
Another wrote-

I do it alone, not with others.

Many respondents mentioned that they did not use any lubrication except hand during masturbation. A few respondents mentioned that they used condom, saliva, oil, and soap during masturbation. Those who used condom mentioned that they used it, so that the semen would not make their cloth dirty/ impure. Some respondents mentioned in narratives-

- I don't use anything; only use my hand during masturbation.
- We (he and his friends) use condom so that our cloths don't get dirty and we have to wash it.
- I use saliva mostly, sometimes soap too.

Some boys also used *balish* (bolster- long pillow) during masturbation. They imagined the *balish* as a girl, rubbing their body with it until semen came out. Boys said that most of them shared their experiences of masturbating with their close friends, especially when they had a problem with their penis.

### 4.4.7 Perceptions about girls’ practices of masturbation:

In response to the question about girls’ masturbation most of the respondent said that they did not knew whether girls’ masturbate or not. Among them some said they assumed that girls’ might practice it. They argued that girls might also felt aroused when they saw a handsome boy or a film/ play or after dating with lover without having sex. Some boys perceived that girls’ sexual urge is more than boys and mostly they suppress it due to feeling of more shame than boys. These respondents assumed that girls might practice masturbation due the more suppressed sexual urges. About girls’ masturbation some respondents replied-

- I do not know anything about it
- I had heard from my friends (boy), girls do it, using their finger or bananas
- My friend says, his sister in law told him that girls’ practice masturbation

In group discussion, some boys mentioned that they assumed that girls might use *lomba bagun* (long egg plant), *kola* (banana), *angul* (finger) *botal* (bottle) etc. during masturbation. They also assumed that girls might do it in toilets or in their rooms (if she has).

A respondent wrote in the narrative-

I assume that girls masturbate by pushing her finger, bottle, and eggplant in their vaginas.

A non-school-going boy mentioned-

Girls use coal balish (bolster) to reduce their sexual urges

He explained that he had seen a girl (his relative) embraced a bolster while in the bed. From there, he assumed that she might rub her body with the *balish* and might enjoy sexual pleasure.

About sources of information on girls’ masturbation, nobody confirmed that they directly heard it from a woman/ girl. But they mentioned hearing about it from their friends, especially older friends when they gossip (*addah*). Some also mentioned that they had seen girls masturbating in naked films. Only one respondent mentioned that he had read about girls’ masturbation in naked magazines.
4.4.8 Effects of masturbation as perceived by adolescents:

Almost all respondents expressed their concern that masturbation had adverse effects on their health and well-being. In narrative writings, in-depth interviews and focus group discussions they mentioned a lot of effects and explained how these were affecting. One respondent wrote about effects of masturbation in his narrative-

We think it may affect health both physically and mentally, we feel anxious.

Another wrote -

There may be many problems if a person masturbates, like- losing health, bed spotting, deforming of penis

From these statements it is clear that adolescents were anxious about the effect of masturbation. They mentioned some effects, which were furnished below-

Effects on health or body-

Most of the respondent mentioned that health or body would become weak or destroyed due to masturbation. Some of these are-

- Body will become weak, thin
- Health will break down as result he may get attacked by disease easily
- Sexual disease may attack, like ulcer in penis or its surroundings.
- When an adolescent losses his semen through handling, his health will be weak
- Health will be damaged seriously (Galer chapa banga zal)
- As semen goes out of body, so we face dizziness/ vertigo
- Will urinate frequently, will feel pain while urinating, sometimes datu (semen) may come out with urine.
- As it was a by force work, so all the semen will not come out, some semen may be stay in the penis and it might affect the area.

Effect on penis-

Most commonly mentioned effects were penis become deformed and skin diseases occur there.

A few answers of the respondent are given below -

- Sometimes vein of penis puff-up (rogula zai)
- After gitor skin of penis were torn (chamra aray zai),
- Ulcer (gha), pachara (skin disease) at the front part of penis had been seen
- Pain in penis after masturbation
- If a boy masturbates his penis will be smaller, it will become loose
- Testicles will be affected (Kusum nosta hobea)
- Penis will become U shaped
- Boda baka hoye zal (penis become curb/ bent), It will be bent in the direction of the hand that use during masturbation
- Penis become thick in the back, thick in the front (aga mota gora cikon hobey)
• Penis become weak

Sexual power (*mordami*):

The most commonly mentioned response was the person would lose his sexual power, which was the symbol of masculinity, by losing semen due to masturbation. There are few responses:

• Lose sexual power (*mordami*) within short time or early in life

• Lose the power to marry

• He will lose his sex power, can not satisfy his wife, then there will *asanti* (no peace) in the family

• Will be impotent (*dojabonga*) later, if he practice it more.

Other effects that were mentioned by the respondents are--

• Suddenly feel uneasy

• Losing working power

• Feeling dizzy and weak and problem with walking.

4.4.9 Seeking care:

Most of the respondents said that they normally did not seek medical attention/care for it. Only when their body became weak or they felt vertigo, then they bought vitamin from pharmacies and took those. If there was pain or ulcer in genitalia and unable to bear the pain, then they consulted village doctors or homeopathic doctors. Some said that they had taken *kabarizi* (herbal) medicines to increase sex power when felt weak. One non-school-going adolescent also mentioned using one kind of sexual medicine from a canvasser to increase his sex power as he became weak after practicing masturbation and experiencing wet dreams.

4.4.10 Discussion:

It may be mentioned here that one key informant, who worked as a interviewer (research assistant) in a research project on boy's perception on HIV/ AIDS in other parts of Chakaria, also found similar findings like adolescent boys feeling tension after masturbating, because of losing of semen. He argued that boy's consider losing of semen as losing their strength thus becoming weak. On other hand losing semen is also like losing sexual power to the respondents. Some adolescents perceived that during each masturbation, they lost a huge amount of semen that was normally needed to have sex with a girl for several times. So losing 'this' amount of semen make the boys' anxious about their health and future married life. Another key informant mentioned that those who masturbate more, they become used to it and had no control over their body. From all of the above given explanations, I assume that losing of semen during masturbation causes mental tension among adolescents due to their misconception about semen's function and the amount of seminal ejaculate during masturbation. Another one is the deforming of penis. As they do not have clear ideas about female body or sexual organs and the actual size or form of penis, they have a lot of misconception. This leads them feeling worry about their future sexual life.
4.5 Homosexual Practices:

4.5.1 Local terms and their meanings:

During the study period I met with my informants, key informants also with other community members and talked about the terms they used to indicate homosexuality and homosexuals along with their meanings and applications. I also went through the literature to find out the terms that were used to indicate homosexuality. The most commonly used book language for homosexuality is Somakamita. Soma means equal or same, kamita means having sex, so somakamita means ‘having sex with the same sex’. As partners engaged in sexual activity are from same sex that's why the activity is labeled as samakamita and the partners as somakami (homosexual).

Another term, which is very common to all Bangladeshi people as well as the study population, is pondapondi. Here ponda- means he who offer his anus (pon) to other for sex; pondi means offering pon for sex. So in general sense pondapondi means offering / giving/ providing pon for sex by a ponda. Here the term is used to indicate the ‘sexual action of a ponda (homosexual)’. The person who is used (for sex) by other person during intercourse is also called ponda poa or ponda. Poa means boy. So ponda poa means the boy who offer his anus (pon) or the boy, who is used for sex by a man. The person who has sex with a boy is labeled as poa khor, which means he who has sex with a boy. The adolescents of the study area use this term commonly as PK. For example- to criticize a person who has habit of using boy for sex, people of study area addressed him like "Don’t talk too much, we know you very well, you are a PK.”

Another term, well known to the study population, is chorkha. In general sense, chor means ‘thief’ who steals anything by avoiding other peoples’ eye. Kha normally means ‘eat’ but in local dialect ‘having sex’ sometimes also termed as kha. Here it is used to indicate ‘having sex’. So in the general sense chorkha means having sex like a thief. As homosexual intercourse is considered ‘worst’ than all the other sexual activities and people stigmatize homosexuals once they are known, partners become very careful and cautious during intercourse. A homosexual’s activity during intercourse is equated to a thief while he is stealing, so people use the synonym “Chorkha” to indicate homosexuality.

The term ‘poakhon’ is also used in the study area to indicate homosexuality, which means ‘having sex with a boy’. As, in many cases, older people during homosexual intercourse use young boys, so this term is used to indicate the sexual activity with younger boys.

Poa chodan / Poa podan / Poa ghoran: To indicate homosexual activity, people of the study area also use these three terms. We already know that poa means boy. Chodan or podan or ghoran means ‘sexual action/intercourse’. So all these terms mean to enjoy sex or sexual intercourse with a boy through anus to indicate homosexual intercourse.

To indicate homosexuality, some times people of the study area use another term ‘pon maramar’ where pon means anus that we already mentioned earlier and ‘maramar’ means fight or action. Here it means action with pon (anus). So it is directly indicating the sexual action with pon (anus).
boy/person who is used for sex, is called *ponkhabiya* (he who offer anus) or *ponmaraya* (he who give his anus for sex) and another partner is called *pon khoya* (he who has sex through anus).

Another term like *polarloy kukaz* is also used in study area mostly by the elderly people (guardian or social leader) especially during any social arbitration arising from (related to) homosexual conflict. I observed a *salish* (social meeting for judgment) when a guardian complained that an older person had sex with his younger boy and he expected justice and punishment. Generally *kukaz* means any bad work. Illegal sex/sex with any person other than spouse is considered as ‘bad work’ in Bangladeshi society. Sex with a man/boy is considered a seriously bad deed, a serious sin and also consider as a seriously punishable activity in the study area. *Polarloy* means ‘with boy’. So *polarloy kukaz* means sex with a boy.

Some people use the term "*poa poa action*" to indicate homosexual intercourse in a mild sense. Here *action* indicates ‘sexual action’. So *poa poa action* means sexual intercourse between two boys. The term is used when two boys are engaged in homosexual activity. As they are too young, they are considered ‘not matured enough’ to understand good or bad thing. That’s why, their homosexual activity are considered something wrong done due to influence of *Satan*1. It is heard that boys engage in homosexual intercourse, when *Satan* captures them. Some people of the study area believe that boys do not say their prayers regularly as elders do, so *Satan* easily can ‘capture’ them and can lead them to a bad work such as homosexual intercourse.

*Bhai khela* is another term, which is used among adolescent of the study area to indicate homosexuality. I had heard a boy telling another when he was approaching for something (request for lending VCP set). Then the boy uttered the word in such a manner that he was not used to *bhai khala* that he would help him (another boy) by providing his material. Later I asked one of the key informants to explain the meaning of the term. From his explanation my understanding is that, *bhai* generally means brother, which is used to indicate boy. Normally if a boy/ man love/ respect another boy/ man, then they use the word *bhai*. *Khela* means play. So literary *bhai khela* means playing with brother or between two boys, who have good relations. Here play is used in a bad sense to indicate sexual play. So, at last, the term *bhaikhela* is used to indicate sexual activity between boys/men. It is heard from the people of the study area that, this term is used very commonly among jail people or students living in the dormitory to indicate homosexual activity. This term sometimes indicate long-term homosexual relationship between the partners.

It may be mentioned here that the boy/ man, who is used by other man/ boy during intercourse, is also commonly designated/identified/ marked as ‘*dui nomber poa*’ to all people of the study area. The term literally means ‘boy number two’. In Bangladeshi society, people use the term *dui number* (Number two) to indicate ‘anything bad’. It may be goods, persons or anything. Here the boy, who is used for anal sex, is considered a very bad person, so he is labeled as ‘*dui nomber poa*’. This type of boys, somehow, becomes known to his friends or peers. Nobody wants to meet with them in public as people (if his behavior known to others him) hate them. It is perceived that he who met with those boys might be

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1. *Satan* is supernatural being who is believed to lead the human being to a bad life. It is also believed that god has created him to test the human being whether he is good or bad.
homosexual. During study period, some of the respondents strongly told me that they knew a few ‘dui nomber poa’ of their area.

Beside all these mentioned terms to indicate homosexuality they rarely use few some other terms like chokthok or doribaz/doripasa as they mentioned me later. It is important to mention here that the term samakamita indicates all kind of homosexual sex between boys, boys and elders, or teachers and students too, because in Bengali terms samakamit is used to indicate any type of male-to-male sex. So in this article I used homosexuality (samakamita) to indicate both- sex between boys, and a boy with an older man.

4.5.2 Homosexual practices in the area:

Though Bangladeshi society seriously condemns homosexuality, it prevails in our society both among adults and adolescents (see Aziz and Maloney 1985: 107-109; Khan et al 1999; Nahar et al —a 1999: 42)

This is true for the study area. The adolescents recognized that in their area homosexual practice was common among both adolescents and adults. Here are some responses mentioned by a few respondents in their narratives about homosexual practice -

- In our village homosexual intercourse is common among boys
- In our village many married, unmarried men and adolescents have sex with boys. In our village there are some boys who satisfy their sexual urges by having sex with a ponda poa. They give some thing, like money or gift, to the ponda poa. Sometimes they enjoy a cinema together and at night they live together in a bed and engage In sex.
- I hate those who do this; they are kolonka (disgrace) for man because I believe that man and women are created by the Allah to have sex between them it will bring akallyan (harms) for the society.

So, from the response cited above and also from other collected information, it is found that adolescents as well as others are practicing homosexuality. Respondents mentioned that it is more common among adolescents and youths, who are unmarried, especially who are living in a room sharing same bed. In the study area, there are some common rooms (kachan) in some big houses where adolescents and youths, along with their peers, sometimes gossip, play cards, chess, chukka (alcohol indoor game) etc. at evening, especially after supper. Later some of them sleep together sharing the same bed. Or for youths there are separate rooms, where their parents do not enter frequently, if not needed. These types of rooms are safe places for homosexuals as mentioned by some respondents.

One respondent mentioned-

Those whose guardian do not stay in the same house with the boys, homosexual practices is more there.

Another mentioned-

To me, poa poa action (homosexuals) may be 25%, in our area. It happens among the same aged boys or elders - junior. When they are of same age they live in the same bed. It is also seen among friends and normally occurs at hostels (student dormitory) or at homes.

Some respondents mentioned that in a student hostel (dormitory) where many students (here-boys) and even teachers live together either sharing beds or sleeping side by side in separate beds, homosexual activities occur there between students, even with teachers. One key informant said-
One of my friends was studying in a certain school where students and teacher have to stay together at night. One night the teacher tried to have sex with my friend but he saved himself anyway as he told to me. Later this teacher was caught red handed while having sex with another student and was dismissed from the school.

Most respondents said that older ones, who are fifteen to thirty years of age, sometimes even older, normally have sex with younger boys of ten to fifteen years. A few mentioned that it mostly occurs among friends or peers of almost same age. Some respondents mentioned that some tea stall boys are used in homosexual activity as passive partners. Other people or some tea stall owners or their colleagues, with whom they work and live together at night in the tea stall, use them for sex. As these tea stall boys are very young and mostly from very poor families or working there after fleeing from home, they are helpless. Sometimes older people or tea stall owners make them massage their body, give them money or food, thus build a good relations. Some of them later use the boy for sex by force as mentioned by a few respondents.

4.5.3 Understanding homosexuality:

In response to my question about techniques to identify homosexuals, a few respondents, who said that they knew a few homosexuals and later mentioned some criteria to identify homosexuals based on their perceptions. These are as follows--

⇒ Mostly the boy who is a passive agent, will be well dressed, handsome, healthy
⇒ His gestures are a little bit similar with women especially during any conversion
⇒ Homosexuals (active and passive) will try stay or spent more time together, will mostly go different places (like school, work place, market) or gossip together if they are from same age group or same profession.
⇒ While walking together, they mostly will hold hands.
⇒ If anybody embraces him (pondapoa) from the back while joking, then he will not try to push that person away.
⇒ Will not mind if anybody touch his (pondapoa) body.
⇒ He will reply another's eye contact and smile/laugh
⇒ If someone gives pressure on his (pondapoa) hand, he will also do the same which means he agrees to have sex
⇒ While sitting together, homosexuals sit closely together touching each other's bodies though there is enough space to sit.
⇒ A homosexual will touch other persons' bodies frequently while talking.

Observation-

A few friends (boys) were making fun and jokes, pushing each other beside a place where I was going to conduct my FGD. Another boy of their known circle came there. Someone pushed a boy on him. Then he became angry and uttered-"ponda poar mota korar keya" (why are you acting like a pondapoa)? Later I tried to find out the reason of addressing ponda poa from the participants of that FGD. They explained that usually bad boys (to indicate pond poa) did that type of activity like falling down on one's body without any reason. The real intention is to rub the body (ga dola) with that person using the opportunity, which may be used to identify homosexuals. Most of these techniques to identify homosexuals refer to the boy/person who is the ‘passive worker’ rather than the homosexual who is active and mostly stay out of identification. Some respondents wrote-
Everybody hates it (homosexuality) and considers it very bad. The boys who are used (passive) are known somehow, but none recognize the one who is using (active).

No one discloses that he is having sex with a boy. He tries to hide it more than sex with a girl, even from close friends. During quarrel people disclose (khota) it and try to make their opponent weak by labeling him as homosexual.

4.5.4 Influencing factors:

Boys mentioned that after watching porno movies or reading erotic magazines, they became arouse and could not control their sexual urges. They either tried to have sex with a girl. If this fails, they either masturbate or engage in sex with another boy. Some mentioned the influence of friends to involve in homosexual activity. Sleeping with a lot of boys together or sharing a bed can also be an influential factor. Another factor may be money. Poor boys might work as passive homosexual agent to earn money. And become accustomed to the practice. Another reason might be separation from girls- as boys have less chance to mix with girls. All these factors influence a person to engage in homosexual practices.

Observation-

I suspect some respondents may be homosexual based on the observation of their behavior and the symptoms of the sexual problems they shared with me. I offered the opportunity of free treatment for STDs to them and ensured confidentiality. They still did not admit their homosexuality. Later some of them came to visit me at the CCHP office and requested me to arrange treatment for them two days before I left the study area. I arranged the treatment. The doctor discussed the probable causes of their problems (STDs) and its consequences to their health. He, then, requested them to tell the real fact to him for the shake of better treatment for early cure. The two boys admitted their sexual involvement with boys.

4.5.5 About homosexual practice among girls:

Very little is known about girls' homosexual practice in Bangladesh. As it is considered as a serious offense, no one admits it, until they face health problems. When I interviewed boys, most of them replied that they did not know about girls' homosexuality. Here are some responses about girls' homosexual practice by the respondents-

- I think that girls have all sexual practices, which boys do. They do it so privately that we don't know how.
- We have seen girls' homosexual practices in BF. They are using plastic made something.
- I do not know it in our village girls do the same but I suspect that they may do it. Because we have heard from our friends that two girls, one married and one unmarried, did it by pressing each other

Some boys mentioned about their assumption on girls' homosexual practices indicating the reference to porno movies.

4.5.6 Effects on health and society:

Almost all respondents perceived that homosexual intercourse affects the health of those who practice it and that it also has negative effects on the society. Homosexual practice is considered a
crime, sin, or a gothta kaj (strictly prohibited work) in the study area, as well as in Bangladesh as a whole. Society sometimes tries to control it by punishing homosexuals. Here are some comments on its effect on society and health quoted form the narratives written by the respondents.

About effect on society-
- It is often seen as dangerous in our society. It is bad.
- It will bring akallyan (harm) for the society and we have to stop it.
- It is a sin, a gojab. This will affect the persons and society.

About effects on health -
- It affects health seriously.
- The boy, who is used for sex by another, will be affected, as his sexual urges are not fulfilled.
- The one who is active will lose health as his semen is going out, but not the boy who plays the passive role.

Some respondents were worried about its effects on their penis and future sex life. Some these are-
- The penis will become small and soft. The person will be ashamed in front of wife later.
- The penis will be deformed, the front part will be fat and the back will be thin.
- We know that during intercourse male sex and female sex mix together. But if its sex with boy (Homo), then through penis some bad thing (stool) may enter. As a result penis will be affected and may be ineffective later.
- It is very dangerous for health; he who does it will not get satisfaction, when he has sex with his wife.
- Homosexuals will lose their health, it is anti-sariat (anti-religious).
- Normally penis is created to push through the soft place of girl. If some have sex with boy, it goes that boy’s hard place (pon), as result he will not get satisfaction when he will go to their wife.
- Penis will be curved
- If girls are homosexual then there will be disease, but we do not know what disease.

One adolescent told that homosexuality would be reduced if there is any medicine to control sexual desire or if homosexuals got the chance to have sex with a girl.

4.5.7 Discussion:

From above descriptions and field observations, it seems to me that homosexual practice among adolescents might be higher in this area than elsewhere in Bangladesh. This assumption is supported by findings of a research conducted by Khan et al (1999). They found homosexual practice to be more in Chittagong. My study area was once attached to Chittagong; both areas have similar social systems, with its inhabitants having similar life styles. I understood from respondents’ information and also observation and literature, that those boys who are more segregated from girls, live closely with only boys, are engaged more in homosexual activity than others. It may be mentioned here that the institution where there is no girl student, only boys studying and boys are living in the dormitory sharing beds, this close proximity might lead them to engage in homosexual intercourse. All these positive factors (for more homosexual activity) are prevailing in my study area, which led me to think about more homosexual activity in the area.

Homosexuality is stigmatized. Hence the boys, who are engaged in homosexual activity, do not admit it. They hide their problems from others. The two boys, who were suffering from STDs,
admitted their homosexual involvement after a lot of coaxing (discussion). It leads me to think that young people's health is now threatened. To avoid social stigma, they keep their sexual diseases secret; they do not seek care, thus threatening their future life. Secrets around homosexual practices, due to heavy social stigma, threaten the health and future life of adolescents. On the other hand, some people are misusing their power and position on poor boys to work as passive homosexual agent. If those boys are not agree to participate in sex, their owners or teachers may terminate them from job or study by using their position and power. The fear of losing job or study opportunity, leads those poor boys to work as passive homosexuals and thus threatening their health and well-being.
4.6 Heterosexual practices:

4.6.1 Local terms and their meaning and application:

Before discussing heterosexual relations among adolescents, I would like to explain some terms and their inherited meanings used by adolescents and community members. They use different terms to indicate intercourse in different situations. These terms are given below by dividing them into sub categories along with their meanings and scopes of their application as mentioned and perceived by the respondents.

a) Voluntary sex:

*Milon / Jouono milon / milito hoa / songom / Jouo songom -*

Generally *milon* means to meet and *juno milion* or *songom* or *juno songom* all these mean sexual intercourse in a bit polite sense. These terms are widely used among Bangladeshi people with regard to sexual intercourse among partners who have good relations. For example - husband approaches his wife or a boy approaches his lover for sex - *Ai, chola amora milito hoI / milon kori / songom kori* (Hi, Let us have sex)

*Jenakora -*

It is an Arabic word, which means 'engage in illegal sex'. Sex without wife is called *jena*. The persons who engage in this type of sex is called *jenakari*. Normally the terms is used when social leaders sit together to punish a *Jenakari*. Religious (educated) people use this word more than others do. In Islamic text it is described as a highly punishable sin.

b) Forced sex:

*Chodan / Chodi / chodachodi / choda (Having sex)*-

Low class people, both adolescent and adult, mostly use these terms. All these indicate intercourse in a rough sense. When a person gets angry, he/ she uses these terms to indicate intercourse as a bad activity. It signifies nakedness or dirty things. For example, a boy became angry with a girl and attempted to scold her by saying "*aicha, acbara chodi gavin gori dium* (Hi (girl), I will make you pregnant by having sex only once). Sometimes people say with anger, ‘ai toura chodi na?’ This means ‘am I having sex (Chodi) with you?’

*(Kum) Kora / Koran / Ghoran / Kum deoa:*

*Kum* means sexual intercourse. *Kum kora* also means "having sexual intercourse". *Kora / koran / Ghoran* -literary mean "to do", but here it is used to mean "performing sexual intercourse." On the other hand, *doea* means ‘to offer or to present’. *Kum deao* means ‘offering sex’. Generally all these terms are used to indicate sexual intercourse where relations between the partners are illegal. For example- a boy approaches a girl or sex worker to have sex. He will say, - *Ai (kum) ghoribi na or hi (cum) divi na* (Hi, do you agree to have sex)?
Here **bori/ boran/ bordon/ borido** - normally means 'fill up' and **gollaidon/ gollon/ duka/ dukon** mean 'to push into'. Both indicate 'to push into' or 'fill up' the vaginal canal or anus (pon). Normally it is used to indicate intercourse by applying pressure or force. Sometimes the words chono/bolo (penis) are added with this. Both mean the same. On occasion, one may become angry with another and say "**acbara gota borial duam or chono pura dukai/ gollai domo.** Which directly means: I will push my penis (into vagina or anus). The term may be used between husband and wife or any illegal partners when they are angry.

**Nanrutifola**

Generally **nanrut** means a specific kind of bread, which is prepared for breakfast and sell at tea-stalls both in urban and rural areas in Bangladesh. If a **nauriti** is well prepared then there will be some bubbles in it. This resembles the abdomen of a pregnant woman. It is a symbolic notion/ term to indicate girls’ pregnant condition. **Nanrutifula** indicates sexual intercourse that made a girl pregnant. But the term is used for normal intercourse as well. Therefore other people can not understand what they (adolescents) mean. For example, **mal bala asil, yebar nunritifulayat farlay bala oyto** (This is very beautiful girl. If I have the chance to have sex with her, it may be nice). Sometimes they use the same word to indicate the pregnant condition of a woman. For example- **maiya yebar nunrotifola** means 'this girl is pregnant'. Low class boys mostly use it. It is also used in negative sense.

**Action:**

It is an English word used by boys to indicate sexual action (intercourse). Normally it is used in an illegal relation. For example, when I asked a respondent what do you think when you see a beautiful girl? The boy replied, "**maya yebara jadi action gorit pirtum**" (I wonder, if I can have sex with this girl)

**Laga/ lagon/ lagaidon**

**Lagon** means touch and **logidon** means touching. Although it means touch, it also indicates push. In general sense, **lagon/ lagaidon** means touching the penis with the vagina. Sometime this touching means both partners are so close that their bodies are touched or attached to each other indicating sexual intercourse.

**Bodamara/ maridon:**

**Mara/ mari** means fighting. It is interpretive. Here it signifies a fight between the penis (boda) and the vagina or anus. For example, **chal maiya gora boda miari** (Let us have sex with the girl).

**(Maiya/ mal) khoa/ khal:**

**Khoa** or **khal** means eat. Here it signifies enjoy the vagina or anus. Sometimes other words are added with this term to indicate having sex with the girl or boy. **Maiya/ mal**- indicates a girl or a boy.
When a boy proposes his friend to have sex with a girl, he says, 'ai chal mal khal tam zai' (Let us go for having sex).

**Chapideoa/ chapidora**-
Generally it means to press or give pressure. Here it is used to press on the girl’s body during sex. Here, the term is used to refer to having sex by applying physical force. It may be explained as rape (dorson) too. For example some one says, - Yeabara jura chabi day (Having sex with her heavily or strongly).

**Khelai don/ khela doa/ khela**-
All of these terms indicate playing. Here play means sexual play. These terms are used to indicate intercourse. One boy asks a girl for intercourse, by proposing- Ai, khela diba na? (Hi, would you like to play/ enjoy sex?)

**kharop kaj/ ku kaj/kukorma/ ku gum**-
Ku or kharap means bad. Kaj/ korma/kum means work. Therefore, kharap kaj or ku kaj means ‘bad work’. Sexual intercourse without marital relations is considered bad in Bangladeshi society. Therefore, people use kukaj/ kharap kaj to indicate ‘having illegal sex’. For example - when one boy is caught while having sex with a girl or boy, people normally say " poa yebe kukaj korta zi dora khaiya" (the boy is caught while he was having sex).

**Maiya baboharkora** -
It means ‘using girls’. The term indicates using girl for sex.

**Ku motiob/ ku kheal/ kharap kheal** -
All these terms indicate bad intention for sex (illegal sex.). If a boy looks at girl with ‘bad intention’ or talks to her in an indecent manner expressing some sort of sexual intention, it will be labeled as ku motiob/ ku kheal. Sometimes it is also called as kudristee (bad eyesight), which means looking at a girl in such a manner that indicates sexual intention.

People, who participate in sexual intercourse, are labeled as juono milonkari. This means he/she who engages in sex. If the relation is illegal, then he/she will be labeled as jenakhor or jenakhari. If a boy has a habit of having sex with women (except wife), he will be labeled as lafor, lampot, luscha, etc. This means a person with a bad sexual character. If a boy becomes lafor, lampot, luscha, people will label him as borbad giaya meaning he is spoiled. Some times he is labeled as charitrahin (characterless), nostapoa (boy who spoiled), kharap poa (bad boy) for his illegal sexual activity. One respondent, while talking about his friend’s sexual relation mentioned-

Arur hurza poa oouga bas! lafor/ chodskkhor, bout maiya khaiya, (one of my friend is a lofor, he has enjoyed sex with many girls).
An offer for sex to a person other than a spouse is called *kuprostab*. This literary means bad offer, which is used when the relation between the persons is illegal. One boy said—

> *Ai maya oggara kuprostab de, mai ya razi no ya, pora bhout chhapchhapi gori rajil ghoti -* (I offered a girl for sex, but she did not agree. Later she agreed after approaching and creating pressure).

If some one over hears people talking about sex with his/her friends or lovers or others, it is labeled as *fasa kotha* (bad discussions). Adolescents, especially elderly people, use this term when they are talking about sex.

> *zokhon umra addah ta boi tokhon umra fasa kotha* (when we gossip with our friends, then we talk about sex, sexual intercourse).

The person who has sex often or who uses girl frequently is labeled as *chodokkhor*. The person who is not well fit for sex is labeled *dojabonga* (impotent- fully or partial). Boys use this term more, when they feel tension that they will become impotent due to experiencing frequent wet dreams, or practicing masturbation, or sex with girls before marriage. One respondent said—

> *I have a habit of masturbation, my health is breaking down, and I feel fear, if I become dojabonga*

### 4.6.2 Heterosexual practices in the area:

From the meanings and application of the above sex related terms and their explanations we can easily conclude that Bangladeshi culture does not allow sex before marriage. Even after marriage it should be confined between the married couple. Although people are not allowed to engage in sex before marriage, some adolescents and youths of Bangladesh, both in urban and rural areas, are found to be sexually active. My study area is not an exception. Before conducting the study, I thought it might be difficult to meet any sexually active adolescents in my study area, as the society is very conservative and practicing religious activity more strictly than most other parts of Bangladesh. However, during the narrative writing most of the boys recognized that some adolescent boys of the study area had sexual relations. Some boys also wrote about their friends' sexual involvement with girls. One respondent wrote:

> *- To my knowledge, many boys of my age are engaged in physical relations (indicating sex)*

Another boy wrote—

> *I have six friends; most of them are of my age. They have sexual relations whether with their lover, sisters-in-law, or any young girls. One of my friends told me his relation with his sister in law. He gave her clothes and cosmetics."

Only a few boys admitted that they themselves had sexual relations. Those who admitted did not explain in detail. However, during in-depth interviews more than one third of the boys expressed their own and friends’ sexual experiences in details. I shall describe these in the next pages. Before going into details I would like to introduce you to a sexually active adolescent’s short sexual life history:

> *While I was in class six, I built a love relation with a girl of my father’s business partner. She studied in the same class but at a different school beside our union. We visited our houses frequently. The girl’s father also addressed me as *Jamai* (husband of his daughter) in front of that girl and made fun. We gave gift to each other, we embraced, kissed each other, but no sexual intercourse happened at that time. I continued it for two years. Later I stopped it as my brother scold me and ordered me not to go to that girl’s house. So I cut off that relation. Then, I fell in love with another girl. She was my relative, cousin. I have enjoyed sex at*
her house when her brother was going abroad and everybody was busy and away from home. Later I engaged in sex with another girl through my bhabi (wife of a cousin). It was her relative. She helped us to have sex at her home. I took her in one of my friends' bachelor quarter at Chiringa for several times, where we enjoyed sexual intercourse. Though I knew that suddenly she might get pregnant, I did not care, because I know that we could easily abort it if she became pregnant. After having sex, several times, the girl noticed that her menstruation had stopped for two months. Then and there, I bought medicine for abortion from a pharmacy at Chiringa. The girl took it and she was fine then (abortion done). We still enjoy sex at her house when her mother goes out of the home or at any of my friends' rented house. I promised her to marry. But in reality, I will not. She was a bad girl that I knew later and had relations with other boys except me. As her family was economically weaker than mine, her bhabi thought that I should marry her if I engaged in sexual relation with her.

From the above story it seems that what we think about adolescent sexual involvement in the normative sense, might be completely different from the reality. Let us go step by step to explore adolescent boys' sexual involvement in reality in the study area.

4.6.3 Sexual partners:

Sexually active adolescents recognized their and their friends' sexual involvement with different types of partners. A few of them had sexual experience with multiple partners too. Partners with whom boys mentioned to have sexual relations were:

- Lover
- Lodging girl student
- Occasional / opportunistic sex with a girl
- Porakia- sex with married women
- Sex worker
- Bad girls in the society (sexually active married/unmarried easy going girls who are either engaged in sex for money/ gifts or for fun).
- Other boys (Homo sexual relations that we have discussed it in the previous chapter)

Beside this one "non-student adolescent" mentioned about group sex with a girl. Another mentioned rape.

a) Sex with a lover:

Although sex with lovers is considered bad by most of the respondents as it makes the love opobitra (impure), some boys mentioned that they or their friends have had enjoyed sex with their lovers. Here are the responses from a few respondents about sexual relations with lovers:

- To my knowledge, out my ten friends, four are engaged in sexual intercourse with their lover. Pre-marital sexual intercourse is increasing gradually.
- I have had sexual relations with three of my lovers except the first one
- I have deep relations with my lover. We had sex three or four times.
- One of my friends was a mason and had sexual relations with his girl friend. He used to tell us after meeting (having sex) her.
Once I met (means sexual intercourse) my lover. I asked her for sex. She disagreed twice, but later she agreed and we did it. I got immense pleasure. But later she mentioned that she felt pain during intercourse.

b) Sex in *zaiger/lodging*\(^{17}\) with girls' student or students' female relatives:

Some key informants, who had lodging experience, explained to me in details about how boys and girls develop love and later sexual relationships in lodging. I am going to describe this in brief along with some examples from my respondents who had sexual relations with girl students during their lodging period.

Sometimes lodging teachers (mostly adolescent or youth) have love or sexual relations with their girl students or student's unmarried female relatives (such as the sister of a boy student, younger cousin or aunt of the student). As a lodging teacher spends most of his time (except school hours) with the family, gradually he develops a good relation with the family and once becomes like a family member. He acquires free access in to the inner house too. While teaching adolescent girl students at home, most of the lodging teachers develop a love relationship with the girl's, which develops into a sexual relationship. If the girl study alone or with other students of that lodging who are very young and if the adult male members of the family are abroad or mothers are busy with their house work, then a lodging teacher considers these as favorable situations to develop a relationship with his girl student. Sometimes adult members of the family, especially the mother, keep a sharp eye on the teacher for first few months whether he or the girl is trying to develop any love relations especially during teaching time. Most of the young teachers (who are used to lodging or whose friends have the same type of lodging experience and shared it with him) are aware of that supervision. They play in such a way that they are very good and sincere to their student. After a few months, adult family members don't worry about teacher -student interaction, some only care about study results in the examination, and teacher - student start developing relations. Girls of rich families become sexually mature before their age due to watching of Hindi and adult movies in absence of their parents. Some of them try to test or practice sex. As lodging teachers are mostly close to them and stay at home at night, girls' take their chance and instigate sex by creating arousal. Sometimes boys are also inspired or propose the girl (student) for participating in sex. One respondent of seventeen years of old, who just attenuated a secondary examination, wrote in his narrative:

> While I was in class ten (16 years), I was a lodging teacher of a girl student of class five (age- 13/14 years- Late education as it is a remote area). Once at a night, while other members of the family were not at home,
> I asked my student (girl), several times, to go to her bed to sleep after study. But she did not listen to me.
> When I went to her bed, then she slept with me. After a while she shook my hands and put it on her lap. By this time she opened the lock of her *pajama* (dress). Then I pushed my penis in her vagina and thus we

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\(^{17}\) *Lodging/ Zaiger- It's a system where a boy usually stay/live at one's house (usually rich) and teaches their boy/girl at night or in the morning or both. The family provides him food and shelter, sometimes money or cloth too for his service of teaching the students. Mostly students of higher class (like senior class of high school, college student, and religious school student mostly religious school student) from remote areas or from poor families stay as lodging teacher. In most case uneducated but rich family or family head stay's abroad- keep lodging teacher for their minor students, some times for girls up to high school level too. Lodging teachers (boys) teaches his student and also learn his lessons (if student) side by side while teaching his pupils.*
finished the task. After that we met this way several times. She used to come to me at night if she gets chance.

Many students of religious schools usually stay as lodging teachers. In my study area there were more than a hundred male students staying as lodging teachers. One key informant, who himself was a religious school student and also the secretary of a youth organization, mentioned:

To my knowledge, love and sex between lodging teachers and their girl students or girls' relatives, has increased so much that no boy wants to stay as a lodging teacher if the family does not have a beautiful girl, specially a beautiful girl student.

c) Occasional / opportunistic sex with girls:

Some adolescent respondents mentioned that they or their friends had sex with some of their close relatives. They were, for example, cousins, sisters in law, girls of neighbors or a girl who was visiting their house on any occasion with another relative. Boys mentioned that these girls were not their lovers but when they had opportunity they engaged in sex with them. In an in-depth interview an adolescent boy told-

I used to joke with my cousin (father's brother's daughter) most times. Once my parents were not at home, they had gone to attend a function of one of my relatives. My younger sister and me were feeling lonely and afraid at home in the evening. My sister asked my cousin to stay that night with us. Her house was beside us and she was eighteen to nineteen years old, presently got married, I was then fifteen. We slept side by side in two beds. At night my cousin came to me and embraced me. At one stage she caught my penis and put it in front of her vagina. We enjoyed that night. This was my first intercourse. Later I had sex with three to four girls.

Another respondent mentioned-

It was the marriage day of my cousin. Everybody was tired and sleeping. There were so many relatives in the house, so we had to sleep very closely in a small room. A girl, who was my relative, slept beside me. We were then fourteen years old. As we were so young, none minded that we slept side by side. We made fun and jokes before sleeping. At night I just tried to see whether she would agree for sex or not. So I touch her and later put my hands on her breast. She had no reaction. So I got up and started having sex with her. Once she made a loud sound. She might have experienced pain, and her mothers and others woke up. Than and there, I ran away and took shelter in my sister's law's house. My brother caught me there and beat me.

Another respondent told-

It was durgapuja\(^\text{18}\). We (with his friend) were making fun and joking with girls. A girl was disturbing me by showing different gustier and talking fasa (sexual issues). I understood that she wished to have sex. I left the place with that girl and we met (had sex) at one of my friends' house. After having sex, the girl asked me to promise to marry her.

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\(^{18}\) A big religious festival for the Hindus, which continues for a few days. During this time boys and girls are less controlled than other periods. They can easily talk at the place where people gather for Puja. People sing songs and dance (arati) during this festival where men, women, boys and girls go for enjoying the program. Special dramas are also performed in this occasion. These cultural events help the adolescent boys and girls to meet more freely.
An adolescent boy of a rich family described-

I went to visit my grand father’s (maternal) house. My aunt was happy when she saw me, because as a good student I had extra respect of my relatives. I was there for a couple of days. I had a beautiful cousin (the daughter of my mother’s brother) who studied in a high school there. I was asking about her study with her parents and also with her. After talking to her, I assumed that she liked me. I started making fun and jokes with her and tried to be intimate. While she went into her reading room, I went there claiming to help her in studies. After a while I started joking and winked her. She smiled. In this way I built a relation and one day before leaving their house we met (engage in sex) at night.

One respondent mentioned that he met (had sex) with a girl with while she was visiting his house with one of her older relatives. Another told that one time a girl came to attend secondary examination (as the examination hall was far from girl’s house but closer to the boy’s house) and stayed at home beside his house. The boy was used to go to the house where that girl was staying. After a few days discussion, the boy came close to the girl and later had sex with her. So it is observed from the response of in-depth interview that some adolescent boys, especially who are older (late adolescence), mostly the rich and those who have not been to school, engage more in this type of sexual activity.

d) Sex with sex workers (magi):

In the local language a ‘sex worker’ is called magi, nosta maiya, khorap maiya (bad girls), charitrahin maiya or baisaha, baraja, potita and du number mayia (number two girl) etc. Some respondents mentioned that adolescent boys have sexual relations with nosta maiya or magi. One respondent mentioned-

My penis becomes hard and stiff when I imagine a girl and see naked pictures. I discussed this with my friends; it does not become soft (quiet) without sexual practices. I used to go to a sex worker; now due to study pressure (exam) I cannot go there, that’s why my penis does not become soft quickly after it becomes hard.

One respondent, to whom I promised to arrange free treatment for STDs, told-

I have gha (ulcer) in my penis. This is the same for my friend case. We five friends used (had sex) a kharap maiya one by one in our village. She was hired from outside. One of my friends brought her from somewhere. After having sex with that girl all of us are facing the same problem (disease) that I told you.

Another respondent mentioned-

Yes, there are bad girls in Chiriga too, in some areas (koshai para). Some boys bring them (prostitute) from elsewhere and use them (for sex). Even at our village there are some bad girls who do this. We know them.

Our friends had sex with them

After hearing about mobile prostitutes in such a rural area, I became curious and started to find out more about how boys used prostitutes. I got information from one respondent about a person who brought those prostitutes from outside. I met him later. At first, he did not agree to talk about it. I explained my objective and expected his cooperation and also promised to ensure the privacy of his statements. We had tea and discussed other issues for a while. By this time, he became free and said-

Boys, mostly boys who have not been to school, give me money to bring a magi. At first they advance some money to me for the girl, also they pay my travel cost. When I bring a girl, they give me more money. I bring them from Bandarbar, Harbung, and Dularazara, even from Chittagong, Satkania and Cox’s-Bazar too. I know the bad girls. I go at daytime and back at night with a girl (prostitute) and inform
the boys who gave me money. It is easy to bring them at winter, because in winter all the paddy fields are free, as there are no crops. After getting from the bus, I bring the girl through the bil (field) so that people cannot see us. In other seasons there are some problems. Then, I have to bring her through the road. Although it is night, people may look at us and may ask about her. Usually boys use (have sex with) the girl on the roof of the cyclone shelter or school building, or any safe house or in winter season they have sex in the field too. You know, I have good connections with some boralok (rich man–social leader), so no one can dare to tell me anything for this.

According to a respondent and broker (the man who supplies ragi), boys knew the message about bringing a ‘bad girls’ from their friends. The broker informed me that boys paid money for this purpose collecting from all boys who used (had sex with) the girl. According to the broker, boys who had sex with prostitutes were mostly from fifteen to twenty-five years of age, most of them were from low class families and non-school going youths; a few were literate and from rich families too. But all of them had income.

e) Sex with ‘bad girls’ of the village-

Some boys mentioned that there were a few bad girls in their village who sometimes had sex with boys. One respondent told-

There are some bad girls in our village too. Boys (seventeen to nineteen years or more) go to them, give money or something else to have sex.

Another boy told in details indicating the past history of a girl of their area who was known as ‘bad girl’ to others and with whom he and his friends have sex. He mentioned-

I was then sixteen years and the girl was fourteen and very poor. Her mother died a while ago. She used to bring lunch for her father everyday at the sawmill where he worked near Batakhali. We, my friends, and me used to talk to her and make friendship with her and gave her some nasta (fast food) from the tea stall most times. We proposed to give her more money and she agreed to have sex with us. One day while she was coming back from her father’s work place, we (friends) took her to the roof of a cyclone shelter and started having sex. It was a holiday and the place was solitary. So three of my friends had almost finished having sex, at that time. Then some people saw us and I managed to escape somehow. In a salish (social judgment), the girl told about my friends except me and they were beaten and had to give some penalty (money). As the girl did not give my name I was saved. Later her father gave her marry to a person out side of our area, as everyone in the village knew that incident. Her husband left her one year after marriage and she became a bad girl now. Our friends go to her house to have sex. There is another woman to whom boys go. People assume (sandaha) she is a bad girl but did not yet catch her red handedly.

f) Sex with married women (Porokia):

Some adolescent respondents informed that some boys of their age have sexual relations with adult women. The women, with whom respondents mentioned sexual relation, were lodging mistresses, sister-in- laws (bhabi, taltabon), wives of friends/ relatives, wives of the persons who are abroad. This type of sexual relation is called porakia in Bengali. Here are some responses from the respondents-

• One of our known boys got married. But in his absence, one his friend frequently went to his house. We suspected that they might have had sexual relations.

• I had sex with that girl. I did not use anything at that time. She was married. Her husband tortured her frequently. She told me when I had relations with her. One day while she was alone and we were talking her house we had sex.
I have six friends, most of who are of my age. They have sexual relations with their lovers, bhabi, or young girls. One told me about his relation with his bhabi whose husband stayed out most of the time for his business.

Observation- One night I observed a quarrel between two families. One adolescent boy (student) lived in a family as a lodging teacher and teaches the children of a married woman, aged around thirty years, who was blamed by her neighbors that she had 'bad' (indicating sexual) relations with her lodging teacher.

One respondent mentioned -

Some women go to town with their male relatives or lodging masters to make phone calls to their husband abroad and stay in a hotel at night. Sometimes it is heard that there something happens (indicating sexual relations).

g) Rape or sex by force -

Boys perceived that incident of rape is increasing in our country. Everyday we read this type of news in the paper. In a village it happens normally at night when girls pass alone through a solitary place. Boys perceived rape as very brutal sexual activity. They mentioned that it happened in their village too. Here are some examples of rape in the study area mentioned by the respondents-

- A boy, of our village, gave a letter to a girl but the girl rejected it as she was engaged in love with another boy. One night the boy kidnapped the girl and raped her by force. He then asked the girl to tell this to her parents. Later the girl's parents gave her to the boy who raped her to be married. This was rape to enforce a marriage with the girl he loved.

- One poor girl's dula bhai (sister's husband) helped to let her be raped by some youths after having money from them. He took her by the name of visiting his house and while they were passing through a solitary place at evening, boys from whom her dula bhai took money, kidnapped the girl according to prior decision with him (dula bhai) and raped her.

Respondents mentioned that sometimes after rape, girls' families do not tell anybody or seek justice for rape. Rather they try their best to hide it so that nobody knows. If someone finds out about the incident and tell others, the family will face trouble in marrying the girl often. A respondent mentioned-

I know one boy had sex with a girl while she was asleep in her house during a function. He put cloth on her mouth so that she could not make any sound. The girls and her family did not tell anybody. Because if people knew this, no one will marry her.

Respondents perceived that rape is increasing due to many reasons. The reasons that they mentioned were: - girls' movements in baporda (without properly covering her body which excites men), naked films, VCR, TV programs. One respondent mentioned-

Foreign naked cinema is increasing in our country. Youth are watching these and engaging in rape.

A boy's reaction about rape-

Men always wait for a chance to have sex. If they get a chance, if the girl is alone and disagreed to have sex, they rape her. Therefore, girls should stay at home within parda. Girls, who go out, are more likely to be raped.
Another reason mentioned by a student-

In the Quran and Hades, it is mentioned that marrying a boy or girl when they are sabalo/ sabilika (adolescence). We do not follow it. As after being sexually capable, boys do not get marry. That's why rape, illegal sex is more now.

4.6.4 How they communicate and meet

a) How they communicate:

Some respondents mentioned that they discussed with their lover before having sex regarding date and time along with place. These are not fixed, but depend on the context. Boys apply many techniques based on the situation. Normally, school students inform their lovers of a place at the institution or on the way to or from institute. If the school is closed, they meet their lover at their home on the pretext of borrowing / lending (books) reading materials or ask about the following day's lessons. Lodging teachers inform their girls' student while they are in the study room at home, non-students communicate with their lovers directly at pukur ghat or at tube-well, when girls come to fetch water or clean utensils. If they (boys) have access to the girls' families (like relatives or neighbors), they can talk there and invite them (girls) to meet at night.

If the boy has no opportunity to contact the girl, then he moves around girls house to see and talk to her, following a road/ path beside the house, so that people can not mind his movement. Sometimes he sends a clever young children by 'managing' him/her through giving biscuits, chocolates etc., to inform the girls about his presence, so that the girl can come to pukur (pond) ghat or at tube-well, for water or washing any utensils. Both boys and girls try their best to talk about their meeting place and time and "sign of presence of the boy." Some respondents mentioned, at mid night boys go at their lovers house and make a small sound by throwing a small stone or mud on the roof of the girls house or politely beating the door or wall, which the girl will understand and will come out from her room. Boys also mentioned that sometimes girls don't lock the hooks of the door (especially back door), so that their boy friends can easily enter the house. Sometimes boys (taking assistance from educated friend to write) give letters to their girl friends (if they know how to read). Some respondents mentioned that they took the help from another women to communicate with their lover.

One respondent mentioned that sometimes girls also send messages to meet them at night by younger children or send a letter or message through her friends and invites the boy to talk, especially if her parents go somewhere. If the girl is not a lover, then respondents said they use body language or some sort of comment to the girl. If the girl agrees she will smile and sometimes she will also use body language or shows her agreements by her movements. In that case, boys advance first and the girls take a passive role, this type of contact mostly happens during social-cultural-religious functions, when there are less restrictions to meet girls. For prostitutes, boys get in touch with each other through their peers and then meet with the broker and pay him money to bring the girl. For sex with adult women, mostly boys stay at that home (like lodging teachers) or come to visit the home as a relative or for any other purpose, mostly in the absence of the woman's husband. Sometimes the boy ask the girl to meet at
shopping center pretending to visit her relatives or shop or go to class and later they can go to any safe place for sex. Sometimes boys and girls also communicate through their friends or an adult woman (bhabi) with whom they have joking relationships. Like one respondent mentioned that his married cousin (female) helped him to have sex with his girl friend at cousin in law's home.

b) Where and when they meet:

Out of the boys who had sexual intercourse, many of them mentioned that they met their girl friend or relatives at her home or near a bush beside the girls' house mostly at night.

A boy, who was a lodging teacher, mentioned-

I meet my girl friend (student) at the reading table in the evening, at night, after school hours at her home (lodging), or if no one in the house, then at day time or during leisure at my room (lodging).

Another respondent said-

I told my lover (classmate) to stay up till 10 p.m. (night) at a place beside her home. I reached there in time. But I did not see her. I thought she did not come yet and I was waiting for her there. There was a big tree there. When I went under the tree, she blocked my eyes by her hands from behind. We talked and enjoyed a lot (indicating having sex). How charming this was! Life was very nice at that time.

Sometimes they were caught by girls' families and were beaten and scolded. Beside the above mentioned places some boys also took their girl friends at some hotels at Cox's- Bazar or Chittagong.

One respondent spoke of his friend's experience-

One of my friends took his lover in a hotel at Chiringa (a place near the study area) and had sex there by managing a hotel boy. But later his lover's younger sister, who was with her while visiting and whom she kept with the hotel boy during their coitus, told this to her parents. After then, he had to face a salah, where the girl told everything and I was pressured by the people to marry her. Luckily, I managed to avoid marrying her by giving economic penalty.

Sometimes boys also took their girl friends to their friends' house where they had the chance to manage a suitable room for sex/love. Usually, the girl or the boy manages some of their friends to accompany them so that family, where they get up, will not mind. In that case other friends try their best to give opportunity to the couple, so that they get the chance to enjoy privately. One boy mentioned-

I took my lover in one of my senior friend's basha (rented bachelor room) at Chiringa and had sex there.

Sex with sex workers also occurs at night, which increases during winter due to environmental/seasonal facility in the village. Two boys mentioned that they met sex worker at hotel in Chittagong. Most of the sexual intercourse occurs at girls' homes during night.

c) Techniques for making the girl agree:

In most cases, girls or lovers do not easily agree to sex. Boys offer many gifts, cosmetics, and money or promised to marry their lovers as techniques to advance for sex later. In general, boys promised to marry their girl friends before having sex with them. But it was really a difficult task as mentioned by a respondent while he told his experience to me. He mentioned-
I have deep relation with my lover. We had sex four times. But it was difficult to get her to agree at first. When I proposed to her first for sex, she did not agree. I encouraged her, gave my word, promised to marry her, promised by facing the holy Mecca, but she still did not agree. She asked me to promise to marry her by touching the holy Quran but I did not. I tried again and again and created indirect pressure on her to agree for sex. After several attempts, she agreed.

Another boy mentioned-
My friend gave hope of marrying the girl and then she agreed for sex

A respondent who was a servant (now rickshaw puller) in a family explained how he built love relationships and later had sex with house owners’ teen aged girl-

I worked and lived in a house as a worker for two years ago. There I had a love relationship with their school going girl. I directly offered my love to her, gave her a letter written by one of my “student” friend. At first she did not agreed. But, when I told her that I would leave their home if she did not agree. She, then, agreed. We took photos and enjoyed cinemas together. The girl was junior to me. Her parents also loved me. We kissed each other. When her parents went out of the home, we engaged in kissing, caressing each other. I had sex with her a few times

Another respondent mentioned about using poor girls for sex-
It is easier to handle “non-student” girls, especially from poor families for love-sex. Using techniques we have sex with these girls and then reject them.

It is important to mention here that many boys perceived that girls never express their agreement for sex although they agree. A few respondents comment, in a FGD, about girls’ agreement for sex-

“Mayader buk pata tu muk pata na” which literary means girls do not express through voice, though their hearts are breaking. It means girls have a hidden wish to have sex, which they normally do not express directly, it is boys (man) who have to understand their (girls) feelings. As a result, after approaching a few times, when girls do not say anything, in that case, boys take it as a passive acceptance of their love/sex offer. In this situation, if girls do not strongly protest, then boys initiate sexual activities as mentioned by a few sexually active, experienced adolescents.

d) Who proposes first?

In most cases boys initiated or proposed sex, but a few boys mentioned that sometimes girls initiated it. I observed that in the case of girl’s advancement in sex, they were more likely to agree. If the boy or boy’s family is wealthier than the girl’s family, the girl might hope to married and she might try to manage the boy by building a physical relationship. Mostly poor girls get married late because they can not afford the dowry. Girls, get married later, sometimes engage in sex with younger boys. And in that case, girls forward first; otherwise mostly boys offer sex or love first. From the study it is found that boys initiated sex from sixteen to eighteen years, in the case of those who were found sexually active (see appendix-2). But most adolescent boys had no sexual experience up to late adolescence or before marriage.
4.6.5 Role of families or parents and relatives, society and peers:

a) Role of families or parents and relatives:

Mostly family members, both from boys and girls side, have no knowledge of the physical relationship of their daughters or sons, though in very rare cases they may know about their love relation. So sexual intercourse of the lovers (boys and girls) takes place without the knowledge of their parents. Parents always take care especially for their seyena (adolescent) girls, so that they can not engage in love and or in sex. So when any boy or girl is found to engage in sex, they are beaten, scold and insulted by their parents and relatives. One respondent mentioned-

It was midnight, when my friend came to his lover's home, the door was not locked as his lover was waiting for him. So, he entered the room and they engaged in sex. The girl's father woke to go to toilet and found him in the room along with his daughter, but not in the position of having sex. Girl's father scolded him and later informed it to his (boy) father who beat him up.

In some cases, if they (lovers) are found having sex, the girl's family tries to be silent. It is because the prestige of the family will be destroyed or the marriage of that girl will be seriously hampered if people know the incident. It happens in most cases in rural areas. One respondent mentioned-

We usually try to hide the love or sexual relations of our sisters, though we come to know it. If any person informs it to us, we scold him and create pressure on him not to disclose it to others. Otherwise we will face difficulty to give her marry.

But sometimes if they (boys and girls) are found in sex, then girls' families arrange a salish (arbitrary meeting) where mostly boys' are punished or fined or ordered to marry the girl. For example one respondent mentioned-

The public caught one of my friends while he was embracing and kissing his girl friend at night in a jungle near a paddy field beside the girl's house. At last he got married that girl as the people pressured him

In the above situation, if the girl's family is (economically) weaker than boy's, girl's family tries to marry the girl with that boy. On the other hand, if the boy's family is very rich or the boy is a son of a social leader in that case mostly the girl is blamed for sex not the boy. During this situation, boy's family sometimes argued that, if the girl does not agree, the boy has no chance to have sex with her. Therefore, they blamed the girl for having sex.

In a very few cases, a poor parent, especially mother, might encourage her daughter's physical involvement with a rich boy or a solvent boy whom the girl have the possibility to marry. If the boy makes a commitment (mostly fake) to marry the girl and she believe it, and then they may engage in sex. In that case boys family does not agree for marriage in most cases. Then the girls have no way but committing suicide if she becomes pregnant. Because otherwise she will be seriously stigmatized by the society, but for a boy it is not so much problematic as the girl. In case of sexual relations mostly girls suffer as mentioned by the respondents. One respondent said-

One of my friends had relation (sexual) with a girl of poor family. He met his lover. The girl's parents knew it, and indirectly encouraged this by going out of room when the boy came to visit their home. When my friend's father knew this, he (father) scolded him and ordered him not to go there any more. He stopped for some days but started to go there again. Girl's family hoped that he might marry that girl and thus they might have better husband for their daughter.
b) Role of society:

The society does not recognize, rather condemns sexual behavior of adolescents. Society, with its unwritten laws, tries to control the sexual behavior of adolescents. Social norms prohibit frank discussions, mixing of boys and girls and sex between any two individuals others than spouse. Thus tries to regulate sex. When any sexual problem occurs, social leaders and the elite of the society sit together in arbitrary meeting and punish the responsible persons and sometimes even their families. This punishment may be in form of a physical punishment or penalty or both or social sanction. Social leaders think that if they do not control 'illegal sex' by punishing those involved, other adolescents might be encouraged to engage sex, which will lead to destroy the social norms and values. Social stigma related to sex is considered more dangerous than any other problems. Most people hate those who engage in illegal sex. Sometimes it is considered the persons' inability to control his "animal nature"\(^\text{19}\) (desire) for sex. If any adolescent engage in sex, society consider that it's not only the adolescent's fault, but his parents' fault too. The reason is that the parents have failed to teach social norms to their child. I have mentioned a few related examples elsewhere in this chapter.

c) Role of peers in sex:

In most cases boys and girls ask support from their friends' to meet their lovers. Their friends try to ensure their (lovers) privacy during the meetings. In case of a social problem like being caught by others or by girls' family, then boy's friends try to create pressure by employing direct/ indirect threat to the girl's family or the girl or the person who is playing the role against the boy for not to disclose the boy's involvement in sex. If a boy has sex with a girl it is not so abnormal, it is girl who loses her prestige, dignity, honor everything, for boys it has a short time effect only. Sometimes boy's relatives also support the boys to ensure family prestige unless the boy is poor, or has no strong relations with 'powerful' peers.

d) Adolescent boys attitude towards having sex:

Most of the respondents mentioned sexual intercourse before marriage is a very bad activity including those who admitted that they were sexually involvement. Those who were not involve in sexual relations, dislike the boys who have sex with their lovers or a girl and consider them as 'bad boy'. They think that the boys should marry those girls they had sex with. Most boys hate those who had sex with many partners and consider them spoiled (borbad gahia). But a considerable number of adolescents expressed their dandiest wishes to meet with girls. Boys, who have had sexual experience, did not considering their activity as bad. They mentioned that they did it only for enjoyment. Only a few boys showed their intentions of marrying the girls they had sex with. Most boys who had sex with girls were shown suspicious about their partners' character. They thought that if the girls had sex with them, they (girls) might have sex with others too. They mentioned that they like those girls only for sex. For example

\(^{19}\) Animal can not control sex. So they have sex at any time anywhere. But human being has common sense, should control sex. If Human can not control their sex desire, it is labeled as animal nature.
a boy said-

I used a condom during having sex with my girl friend. I was afraid of AIDS. I suspected that she might have relations with many boys as she used to talk to many boys at school.

4.6.6 Conception, contraception and abortion:

a) Boys' perceptions about conception:

Many boys knew about conception. They mentioned that if a mature man and women had sex together, the woman might conceive. Most of them did not know whether the conception might occur after intercourse once or how many times is needed for conception. They have different perceptions on that. On the other hand, in the case of adolescence, they were confused and had different perceptions on whether a woman/ girl (adolescent) would conceive if she had sex with an adolescent boy. Few responses from adolescent boys regarding conception were-

- I don't know about conception. But I assume that if man and women meet (coitus) one month then it may happen
- At least three times sex is needed for conception
- For conception we have to have sex with a girl for a month
- If they have sex continuously for six to seven times
- It happens after marriage
- If the adolescent has sex several times then conception may happen.
- It may happen if the adolescents are matured enough
- If the adolescents have sex and if the Allah gives them power for conception, it may occurs

Only a few college and religious school students knew about conception while most of the respondents did not.

b) Boys perceptions and practices about contraceptives:

Most of the respondents knew about at least one or two types of contraceptives like bori (pill) (along with brand name too) or fotona (condom). A few of them knew about sui (injection), but none knew about IUD or sterilization. Most of them, even sexually active adolescents, did not knew about their using procedure. Most of the adolescent boys did not use contraceptives while they had sex with their lovers, occasional lovers or sex workers or adult women. The reason they mentioned were-

- There is no need of using contraceptive, because she will not get pregnant after one or two times (sex).
- She was a bad girl (indicating sex worker), why we would use those (contraceptive)?
- I don't care for these (using contraceptives), if she get pregnant, then I shall buy medicine from pharmacy (for abortion).
- We (adolescent) can not get the pill or condom from family planning workers or pharmacies, as we are not married. We are afraid if they (the supplier) might recognize us.
• One of my friends used condom during intercourse, because the girl asked him to use it. He informed me that he did not get satisfaction when he used a condom during intercourse. That’s why he did not (continue) use it later. On the other hand abortion medicine is only Taka 40 (forty), available at pharmacy at Chiringa. One has to know how to get this medicine.

Only a few boys mentioned that they used condom after getting sick (STD) in the past. A few mentioned he did not know or care, but the girl used the pill. Some mentioned that they were taught by elder women or elder friends to use contraception. Here are some comments from respondents-
• Sometimes we buy it (pill) from pharmacy and give it to the girl
• I use condoms, because I can collect it easily from any shop20, it is cheaper. I send a children in the shop to buy it, pretending that he (the child) will use it as a balloon (toys). Later I give him a few of them or chocolate
• One of my xofato bon (married cousin - female) helped me to engage in love with one of her relatives of her in law’s side. We met my cousin’s laws’ house and had sex for few times. The girl used pill as a married woman (cousin) taught her to use it to prevent unwanted pregnancy.

c) Boys perceptions and practices regarding abortion:

Many respondents mentioned about abortion in the study area both in FGDs, in-depth interviews, also in some narratives. Most boys (sexually active) knew what had to be done if they found that a girl was pregnant. Here are some response-
• If conception happens after having sex before marriage, they (Adolescence) have to terminate it
• If conception occurs, for abortion the girl have to take tablets.

Some of them mentioned their involvement during terminating the pregnancy in case of their friends, but no one mentioned whether it had happened in his case.

A high school student said-

My friend and his girl friend had sex several times even at the hotel at Cox’s- Bazar. The girl became pregnant two times. Both times they poriskar karache (terminated the pregnancy) by using ‘tablet’ (medicine).

Sexually active adolescents and their friends knew about the sources of medicine and to whom they should go for seeking health care. They sought care or advice from their friends. Here is a response from a non-school-going adolescent-

One of my friends (older than me) made a girl pregnant. To terminate the pregnancy he went to pharmacy at Chiringa to buy medicine. At the beginning the pharmacist did not agree to give him medicine. Then he discussed it with me (friend). I advised him to make the girl wear a shari21 (cloth usually married women

20 In study areas condom is consider as a playing item for children with whom the make balloon rather than a contraception. So it is sold in almost every small shop with other goods in the village from where usually children buy them. Married couples collect condoms both either government family planning workers or pharmacies. Sometimes adults buy it from shops for children too.

21 If the girl wears Salwar kameez (a dress for young girls) than doctor may think she is unmarried. So after wearing Shari (mostly married women wore it), your sister in law will tell the doctor she is married, but did not want to continue pregnancy.
wear) and take her to the doctor with his sister in law. He did accordingly and managed to terminate the pregnancy.

Another respondent mentioned-

We helped one of our friends while his lover become pregnant. We went to the pharmacy. At the beginning the pharmacist did not agree to give medicine. When we told him politely, gently, tried to get him understand the problem then he gave it to us.

Some respondents mentioned that, for terminating pregnancy most boys went to pharmacies, homeopathic doctors, used herbs (girl herself), or went to the government family planning workers (FWAs, FWVs) or Traditional Birth Attendants (TBA), Kobiraz (local healers). Only one respondent mentioned about visiting graduate doctor. Here is a comment from a respondent-

Some of my friends made their lovers pregnant and used homeopathic medicine for abortion. Because homeopathic doctors maintain privacy, charges less fee, we do not need to take the girl to the chamber. If it is a doctor (indicating biomedical doctor) we have take the girl. It is problematic.

Family, especially girl’s family, also helps in abortion if an unmarried girl becomes pregnant. Because it becomes a concerning issue not only for the girl but also for the family. Sometimes the boy’s family also comes forward to terminate the pregnancy. One respondent mentioned-

In our village, a boy of a rich family made pregnant a girl of a poor family. Later both families noticed it. The girl’s parents pressured the boy’s parents to marry her to the boy. The boy’s father promised the girl’s father to arrange the marriage ceremony after terminating the pregnancy as it would be a dishonor for both families if they organize it when the girl is pregnant. He gave money for abortion. When the pregnancy terminated the boy’s father did not kept his word, as his commitment was fake. As there was no witness outside two families, the girl’s family could do nothing.

Sometimes when the pregnancy is too late and they try to terminate it, than the girls might die. A few respondents mentioned some similar cases. Another issue is that sometimes a girl or her family kills the infant if it is illegitimate. One respondent mentioned-

I saw noa bascha (infant) thrown beside road; it may be an illegitimate child. I have heard that a person took the baby later.

If conception happens then the boy, generally, does not agree to marry the girl until he is pressured by society. Sometimes girls commit suicide as the respondent mentioned.

d) Discussions:

From the above information, it is clear that many boys and girls engage in sex in their adolescence. But before starting discussion, I would like to present you some more information on different categories of respondents who admitted their sexual intercourse with any female, either married or unmarried. This may give us an idea about different categories of adolescents' sexual involvement. Let us look into the table-
Table -3
Table on categories of respondents who had sex

<table>
<thead>
<tr>
<th>Education Status</th>
<th>Type of education</th>
<th>Fern. Economic Status</th>
<th>Age of Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Non student</td>
<td>High School</td>
<td>Colle</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>School</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td><em>Active</em></td>
<td>13</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Inst. Location</th>
<th>Lodging status</th>
<th>Personal income</th>
<th>Father's education</th>
<th>Father's profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Town</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>36</td>
<td>2</td>
<td>34</td>
<td>15</td>
</tr>
<tr>
<td><em>Active</em></td>
<td>18</td>
<td>2</td>
<td>16</td>
<td>13</td>
</tr>
</tbody>
</table>

* Respondents who admitted their sexual intercourse,  ** Total participants/respondents in a specific category.

The above table shows that non-students (respondents) were engaged in more sex than students. This information also supported by the most respondents' individual perceptions and focus group discussion findings, where both students and non-students mentioned that non-students usually engage in more sex than students. They mentioned that non-students have less chance to meet girls than students. When they have a chance, they try to engage in sex more quickly than students. Another reason they mentioned that non-students have less shame and concern of prestige regarding sexual matters than students. Therefore, they engage in sex more often.

The table also shows that among students, college students engage in sex more than high school and religious school students, but religious school students engage more in sex than school students. This is also supported by the findings of the four FGDs. In FGDs, they argued -

About college students-
- Because they are more matured than high school
- The relation that has developed at high school level becomes deeper at college level
- They can easily visit cinema hall or park-restaurant or enjoy more cultural programs than high school and religious school student
- Teachers do not restrict them to talk to a female student as school or religious schools are.
- College is situated out of village, so boys can talk to girls easily, but high school and religious schools are situated in the village. Students of those institutions can not talk to girls so easily. People will mind it more.
- Parents and teachers do not supervise much as high school or religious school students
- College students don't spend so much time in games and sports as school. As a result there is more chance to be free with girl and have sex than others two student groups
- Girls like college/high school students more than religious school as mentioned by religious school students.

About religious school students are more involved in sex than high school students. They mentioned-
- Religious school students are mature than high school students are.
- They know about girls' issues more than other students as they are taught issues (like menstruation, conception etc.) in their class
- They have less / no chance to meet girls at their school, but most of them stay at lodging, where they teach girls. A lodging teacher has more chance of having sex than other students have due to his staying at girl's home. So they are more chance of having sex there. On the other hand they stay lodging for more times than college and school as
their study period is longer. So they have chance to develop long-term deep relationship with girls at lodging than high school and college students. Beside this they stay as lodging teacher mostly uneducated but rich family where there is more chance of having sex.

- They spend less time or no time watching cultural programs, cinema, TV, mixing with girls less than high school and college, so they feel more attraction to girls. If they get chance they may try to have sex more quickly than high school and college students.
- People trust on them as student of a religious institution, especially in the area of sex, than college and high school student. Some of them use this image sometimes.

Table-3 also shows that among rich, poor and middle class, adolescents of rich families are engaged in more sex than the other two categories. This also supported by FGD findings and also some literature. Respondents, in FGDs, argued that the rich do not care about the consequences of having sex as much as poor or middle class do.

In addition, the table shows that boys who have some income are engaged in sex more than others are. This might be they have cash money in their hand and can spend it when they wants; which the other group can not.

Data also shows that sexual intercourse is increasing from early adolescents to late adolescents. Though only two of respondents were urban-based college students from the study area, both of them were found sexually active. It gives us a hints that sexual activity among adolescents are more in urban than rural (for example see Shahriar et al 1999). It may be due to presence of prostitutes in the urban areas. Other few respondents who were also visited urban areas mentioned of having sex with sex worker.

Respondents, who were staying at lodging, were more involved in sex than those who were not. This might be due their staying at lodging homes and by that chance close contact with girl students or other female members of the families.

Among respondents, whose fathers had been abroad or dead or old and thus less capable too keep eyes on their adolescent boys, were more engaged in sex than others were. Another findings was that boys whose fathers had formal school education are less involved than those, whose fathers had not.

So from the above information it seems that sexual behavior are interconnected with many factors. Though this is a small-scale study, sexual behavior related literature and research findings of other researchers, support most of the findings of this study. All information indicates that some boys are sexually active. But the mater of concern is that most of the boys are not using condoms. Thus they are at risk of contracting STDs and HIV/AIDS.

On the other hand, it can be conclude that most of the adolescents have a lot of misunderstandings about conception. They are not aware of consequences of their sexual intercourse in their personal and family life. Sexually active adolescents view sexual intercourse as a recreational activity without considering restrictions or its consequences. These attitudes, along with the wrong perceptions about conception, play a negative role in using contraception that we observed in case of the respondents. On the other hand they were seen to be ashamed of using and collecting contraceptives as these contraception were publicized only for married couple. Boys were seen to take less responsibility in
case of enjoying sexual intercourse; as a result girls have to bear the consequences of unprotected sex. Misunderstanding about condom use lead to some adolescents avoiding it, though it is found very cheap and available. Adolescents were reluctant to meet govt. family planning (FP) stiffs considering their privacy. All these lead them in using less or no contraceptive during intercourse. As a result girls were becoming pregnant. These unwanted pregnancies have a serious effect on physical and mental health of the (pregnant) girls. As a result, they took the risk of unsafe abortions. Though, in most cases, boys were mentioned to collect the medicines to abort, it was girls who are affected seriously as an outcome of abortions. Their life is under a big threat due to abortion, but still these rural girls are silent. Because they have to maintain the silence to prove "good" character as virgin which is important to be a suitable candidate for marriage. The insecurity of their future life due to sexual involvement before marriage leads them to hide this genuine problem. Thus the secrecy behind sexual practices of adolescents threatened their life.

There is a vast difference between the cultural norms of sexual behavior and actual practice. Boys' sexual behavior in public and in private, socially prescribed behavior for adolescent and their voluntary behavior, differ considerably. Usually though they do not support sexual intercourse in adolescence or before marriage due to existing social norms, but a considerable number of them are practicing it.

Decision making and power relation in sex is crucial. Boys mostly using girls' who don't have same capacity to understand the consequences of having sex as them (boys). Loading teachers are using their position and power to engage their girl students in sex. In sexual relation adolescent boys are dominating, creating pressure on girls and thus girls agency is surpassed. Resilience of girl, when boys offer for sex, can be explained with little protest. Though she might not agree for sex for the first time, later boy's pressure might lead her to be silent and this silence might be associated with fear of losing her lover, whom she expect as her future husband. So this silence may not be considered as agreement all time, it can be viewed as silent protest too. Girls and their family do not protest in most case because of feeling embarrass and shame and also the future fate of their girls if not virgin. Some boys are cheating girls when have sex. Though they promise to marry a girl before having sex but in reality they don't. In case of power relation, we observe that senior boys are having sex with girls of junior class, lodging teachers with their girls' students, boys from rich families, mostly having sex with the girls of poor families. Socially influential persons' sons are engaged in sex with girls from poor families who are not getting justice from the society in most cases. Politicians, government official and social leaders are mostly silent in adolescent sexual issues. Dependency of women on men for food and shelter are connected to the sexual behaviors of adolescents. Social relation between partners like senior vs. junior, lodging / school teachers vs. their girl students, rich vs. poor, educated vs. uneducated were seen misled. Power or respect relation, trust on partners is misdirected. Sexual intercourse is seen as a biological necessity and as sources of pleasure without necessarily having any significance in terms of personal relationship (Tedele 2001:18).
Chapter- Five

5. Effects on health and health care seeking

5.1 Perceived effects of adolescent sexuality on health and well-being

5.1.1 Introduction:
Before discussing the effects of adolescents' sexuality on their health and well-being, I am going to describe a story that I heard from a respondent during an in-depth interview. It will help us to get an idea about the effects of sexuality on an adolescent's life. I am presenting it below in his voice-

One of my friends cried after being dumped by his lover, he stopped taking food for some time, became very silent and almost abnormal. Later we (the respondent and his friends) helped him to build love with another girl student, one year junior to us. One of our friends' lover (girl) helped him to be introduced with her. But another problem was raised after a few months, when he told me that his lover became pregnant. We got medicine from a dispensary at Chiriga and helped her in abortion. In our society, boys of my age are now engaged in sex more than before. Now girls like money and gifts, there is no true love except sex. I can tell you more about this. I had also some relation with girls. I had sex with a few girls. First, I met (have sex) with one my cousins while I was visiting her house. Later I met with a dua number maiya (indicating prostitute) at a hotel in Chittagong along with my talibhai (elder sister's brother in law). We had sex with that girl a few times in that night. We did not use any thing (indicating no condom use). Some days after that intercourse, both of us observed that 'something white' (puj) were coming out from our penis and there were ulcer in the penis too. I got treatment from a kobiraz (healer) but I was not cured fully. Later I took medicine from a homeopathic doctor and got cured. After a few months of being cured, I had sex with a married woman. She was my relative and her husband was abroad. I did not use any condom, because my friend said that he did not feel pleasure while his girl friend asked her to use a condom during intercourse. Later I had a love affair with a girl, junior to me. I did not feel well if I missed to see her for a day. I gave her cosmetics, a golden ring too (rich boy). Once I proposed to meet her (have sex), but she did not agree. A day, during school hour (being refrained from study), we watched a cinema at Azagnager. We met at one of my friend's houses. I kissed her and tried to manage her for sex but failed to make her agree. But I did not force her to have sex. My friends also knew our relations. One day, I heard, from one of my friends, about the arrangement of her marriage with a rich man (police inspector). I became disheartened and met her. While I asked her about marriage, she avoided me. I proposed to marry her at court, but she denied. She stopped meeting me after then and a few days after she got married. I felt so unhappy and angry that once I wished to kill her, when she came back to her home from her law's house. At that night I took two sleeping pills and started keeping beard after this incidence and promised not to engage in any more love relations in life.

What do we can assume when we hear such a story from an adolescent boy of seventeen years of age of a rural area of Bangladesh? Of course, it leads us to think about the reality of adolescent boys' sexual behavior and its consequences on their health and well-being. Let us look into more details in the next pages about the effects of sexual behavior and practices on adolescent health as perceived by them. It may be mentioned here that I discussed the effects of most sexual behavior of adolescents by topic. It was a more elaborate discussion with arguments. Hence, though there might be some repetition,
it seems to me that there is a need to describe details for better understanding on adolescents' perceptions about the effects of their sexual behavior in this chapter.

5.1.2 Identifying and ranking affected areas:

**Step-one:**

Four Focus Group Discussions (FGDs) had been conducted separately with four categories of respondents - high school, college and religious school students, and non-students in the study period. They were facilitated to list the areas affected by their sexual behavior and practices related to their health and well-being according to their perceptions. After listing the affected areas, participants were facilitated to choose a few key affected areas from their identified list. The findings are given below-

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Table showing the affected areas mentioned by respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sl. No.</td>
<td>Areas affected</td>
</tr>
<tr>
<td></td>
<td>High School student</td>
</tr>
<tr>
<td>i</td>
<td><strong>Sharirik khati</strong> (Effects on physical health)</td>
</tr>
<tr>
<td>ii</td>
<td><strong>Monashik khati</strong> (Mental anxiety or effects on mental health)</td>
</tr>
<tr>
<td>iii</td>
<td><strong>Takapoisar khati</strong> (Money or economic loss)</td>
</tr>
<tr>
<td>iv</td>
<td><strong>Somajer khati</strong> (Effects on society)</td>
</tr>
<tr>
<td>v</td>
<td><strong>Poribarer khati</strong> (Effects on family)</td>
</tr>
<tr>
<td>vi</td>
<td><strong>Poralekhar khati</strong> (Effects on study)</td>
</tr>
<tr>
<td>vii</td>
<td><strong>Kajer khoti</strong> (Effects on work)</td>
</tr>
<tr>
<td>viii</td>
<td><strong>Somporka nesta</strong> (Effects on relation)</td>
</tr>
<tr>
<td>ix</td>
<td><strong>Somai nesta</strong> (Loss of time)</td>
</tr>
</tbody>
</table>

* ✔ Indicate the affected area mentioned by the group members

The findings are almost similar with the effects they mentioned in their narratives and during in-depth interviews.

**Step-two:**

In this stage participants of the FGDs were facilitated to rank the key areas of effects considering their severity of effect on their health and well-being according to their perception. The lowest number indicates more severely affected area. The findings were as follows-
Table 5

Table showing the rank given by participants on severity of effects

<table>
<thead>
<tr>
<th>Identified affected areas</th>
<th>Rank given by different categories of adolescent groups</th>
<th>Average Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High School student</td>
<td>College student</td>
</tr>
<tr>
<td><strong>Poralekhar khati</strong> (effects on study)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Sharirik khati</strong> (Effects on physical health)</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Monashik khati</strong> (Mental anxiety or effects on mental health)</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td><strong>Takapoisar khati</strong> (Money or economic loss)</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><strong>Poribarer khati</strong> (Effects on family)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Somajer khati</strong> (Effects on society)</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

* The lower the number, the higher the severity

** Average rank is done by researcher by counting total rank of each row and dividing the total with the number of groups responded to it.

*** The mostly expressed *Sharirik khati* is related to mental health due to losing semen. Effects on mental health is under physical health.

From their ranking, it was observed that, students mention the loss of their study as the main effect of their sexual behavior. On average, all groups perceived the effects on health as the next affected area.

Step three:

Later participants of FGDs were again facilitated to describe how each area was affected. It was observed that though they identified 'manoshik khati' as a comparatively less affected area, while they described the effect on health, those were mostly related to psychological health (*manoshik khati*). The findings of FGDs, in depth interview and narrative writing on effects of sexual behavior of adolescents on their health and well-being are combined and given below-

5.1.3 Description of effects on each area:

a) *Sharirik khati* (Effects on physical health or loss of health):

Sexual behavior and practices had adverse effects on them as mentioned by almost all respondents. I have already mentioned about some effects of sexual behavior on health and well being of adolescents from their perceptions when I have discussed that specific behavior or practice. Now I am going to describe the effects of sexual behavior and practices on health of adolescents, especially with boys, in general by making few sub areas based on their perceptions-
I) Breaking down or losing of Health:

Almost all respondents perceived that experiencing a wet dream, practicing masturbation, having homosexual intercourse, having sex with 'bad girls' and feeling tension over a lover etc. might affect the health of adolescents seriously. As a result a boy health would fail and break down. Some respondent mentioned that due to those sexual practices their health was affected and they became lean and thin. Here are a few responses from some respondents about the effects of sexual practices on health-

- My body has become weak due to losing of datu (semen)
- After experiencing frequent wet dreams, I fell mathagorni (dizziness) and face problems in walking
- When our lovers do not meet us or canceled the relation, we can not eat well and we feel worry; one of my friends had lost his health when his lover dumped him.
- If a boy practices masturbation, his face will be deformed; he will become timid by losing semen.
- When we lose our semen by wet dream, masturbation or illegal sexual intercourse, I am sure that it will affect our health.

When respondents were asked to explain how their health was broken down or how they became weak, most of the respondents mentioned a few reasons some of which are mentioned elsewhere. Beside those reasons, some respondents mentioned that having sexual intercourse in early life, affects health. As in adolescence, they were losing semen, thus their body failed to be strong as those who were not engaged in sex. Some of them argued that in adolescence their body was not as strong as in matured youth, who were physically fit to marry and to have sex with their wives. So before being strong (fully fit for sex) by being matured youth, if they lose semen, they would be weak due to the lack of semen in the body. Most adolescents perceived semen as sources of energy or the main power of the body which gives strength for physical work and helps the body to be well functioning as well as provide sexual power too. So they perceived that by losing semen through wet dreams, masturbation, pre-marital sex, they actually were losing the strength of their body. As an outcome of losing strength by losing semen, their bodily function could be hampered; they would become weak, lean and thin.

ii) Contracting sexual diseases/ STD, AIDS:

Many adolescents perceived that having sex without any protection, with their lover or other women except with sex worker, would not cause any problem to their health or they would not contract any diseases from unprotected intercourse. Only a few mentioned that if they enjoyed sex with sex workers for several times, they might contract diseases like porosanga gha (ulcer in penis), some also mentioned about AIDS. Two respondents mentioned-

- Body become weak after masturbation, as a result we may attack by many disease, I do not know the name of the disease
- If we have sex before marriage we may attack of many diseases, I know only about AIDS.

Another told about his experience of getting of disease-
I had ulcer (gha) in my penis. I faced it after having sex with a bad girl (indicating sex worker) in a hotel at Chittagong. In our village there are some bad girls too. Adolescent boys go to them for sex. Now I think that we may attack ulcer in penis if we do not use condom during intercourse with bad girls.

Many respondents mentioned utani (scabies), gha (ulcer) and daud (ringworm) in their penis and its surrounding areas for several times. One respondent mentioned-

If we experience frequent wet dreams, then we may attack syphilis, gonorrhea, and scabies. I have utani and daud in and surrounding my genitalia. I don't wash my penis in the water while I bathe in the pond because it will be a sin (gona). (Here the concept about sin has come from wrong understanding of religious explanation, where it is said by muftis that a prophet lives in the water, so people should not dirt/misuse water if not necessary. So washing genitalia or semen in the pond water may be sin to some of their perceptions).

This indicates adolescents have a lot of misunderstanding about causes and effects of some diseases related to their sexual behavior.

Almost all of the sufferers did not know the causes of those diseases, but they assumed that it might be related to their sexual practices but they were not sure. Few respondents mentioned about some symptoms of their diseases (later I confirmed it as STDs when a few of the respondents met with a graduate doctor who treated them on my request) that they had, but did not know the causes of those. Though they were not sure about sex related diseases, they assumed that some times their sexual practices might cause some health problems to them. Here are a few responses-

- We have heard that if someone has sex with a boy (homosexuals), he, who is having sex, will lose health and may attack of disease. Because some stool can go inside his penis, and it may cause disease later.
- The front part (matha) of the penis of one of my friends became fula (fat), there was ulcer too. He used to feel sensation when it comes in touch with water.
- If we face frequent wet dream, we may get syphilis, gonorrhea, scabies (utani) etc.

Most student respondents heard the name of AIDS and they perceived that if they would use condom only with a sex worker, they would be safe from AIDS. Almost none of the respondents knew the relation of homosexual intercourse with STD or AIDS. But homosexual intercourses were highly practiced in the study area. Out of thirty eight respondents only a few boys heard the name of syphilis or gonorrhea. They heard this from so-called sexual advertisements. So regarding diseases due to sexual practices, only a few respondents were aware but their knowledge was limited. Though most boys perceived that there might be serious affects on health but the idea was mostly not related to STD, AIDS but to losing semen.

iii) Physical destruction:

Some respondents mentioned about self-destruction like taking drugs (like sleeping pills), ganga, phensidile, smoking, drinking, cutting one’s skin and committing suicide (rarely) as the effects of failing in love. When lovers (girl) cut off their relations or engage with another boy, then the boy who had an affair with her, sometimes, might become addicted to drugs, alcohol, cigarettes or he could injure his own body. A few respondents faced almost the same situation after being dumped by their lovers. One respondent
mentioned the suicide of a college going adolescent when his lover got married to another youth. Smoking was mentioned as a first step to addiction that most boys practiced while they faced tension with their lover or lover cum sexual partner or for problems related to sexuality (when a lover became pregnant).

I met a boy who cut some skins on his hand after being dumped by his lover with whom he had sexual relations too. One respondent mentioned a big clash between two youth groups due to a love relation with a girl where local boys protected her lover (boy from another area). In that clash the boy (lover) was injured and he later died at the hospital. I observed a clash, beside my study area in 1999, with sharp weapons with a group of young people regarding the issue of watching naked film in a market, where a few persons were wounded. Few respondents mentioned that some of their friends injured their fingers for blood and put a few drops of blood in the letters to their lovers to show their strong commitment to them (girls), when lovers expressed their confusion about the boy's relation with other girls. Beside physical destructions, these might cause many diseases in the injured parts of the body and also might be life threatening concern later due to infection in the wound. Thus sexuality and love affecting the adolescents seriously.

iv) Abortion:

In the study area the respondents cited a considerable number of abortion cases. I observed that due to misunderstanding about conception (mentioned elsewhere), lack of knowledge about STDs, and the notion of getting more sexual pleasure without condom (as condoms were perceived as a problematic subject for having sexual pleasure), led most of the sexually active adolescent respondents not use condom during intercourse. As an outcome, conception oftentimes occurred. Boys felt tension only before the abortion, but they were seen to express little or no concern about girls’ health related to the abortion. Rather some boys mentioned that it (abortion) was not so much ‘bad’ for girls’ health, because within a few days girls usually recovered. On the other hand one respondent mentioned about an infant who was thrown out since it was a result of prohibited sex. Since there is no recognition of these types of children, in most cases, they do not get care but sometimes, a family may adopt them. Usually they die. People stigmatize this type of “illegitimate” (unrecognized) children at every stage of their life. If their true identity somehow were known, the society would not allow them to be an Imam (religious leader) or social leader. Their children also suffer not only after birth but also for the rest of their life too.

IV) Early marriage and its effects on health:

When adolescent lovers got married without their family consent, it became difficult for them to financially support themselves. In this situation when a new baby was born in that family, it affects the mothers and the child’s health.

Now, I like to add the findings of the comparison about the effects of different sexual behavior on health. In four FGDs, the participants were facilitated to rank different sexual behavior, which affects their health. The findings were as follows-
Table 6
Comparing the effects of sexual behavior as perceived by adolescents

<table>
<thead>
<tr>
<th>Identified sexual behavior</th>
<th>*Rank given by following respondent (perceived affect)</th>
<th>**Average Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school student</td>
<td>College student</td>
<td>Religious school student</td>
</tr>
<tr>
<td>Wet dream</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Homosexuality</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Masturbation</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Sex with women</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

* The lower the number, the more severe the effect
** Researcher does average rank by counting total rank or the row divided by number of groups mentioned it

Most boys perceived that wet dreams and masturbation was affecting their health more than homosexual and heterosexual intercourse. With wet dreams and masturbation, more semen left the body than the other two sexual practices, thus making a person weak. Comparing the two, in wet dreams more amount of semen left the body than masturbation. This perception mainly dominated by their idea about function of semen, which I am going to discuss in the next sub title, effects on mental health.

It may be mentioned here that the effect of sexual behavior on health as perceived by the respondents were mainly psychophysical health. Let us look into this effect in the next topic.

b) Manoshik khati (Anxiety or effects on mental health):

All respondents mentioned that they and their friends worried (duścinta) too much about their health and future life due to their sexual behavior, practices, experiences and love. The responses they mentioned are given below, dividing into a few sub areas-

i) Anxiety about future sexual life:

Many respondents expressed concern about their future sexual life due to experiencing wet dreams and practicing masturbation, homosexual intercourse and sex with ‘bad girls’. These tensions were mainly about their penis and about sexual power. Let us discuss these two.

• Anxiety about penis-

Many adolescents were seen to feel tension about their size and form of penis and perceived that this might affect their married or sexual life later. If the size of penis was smaller than their friends’, they felt worried about it. Some already mentioned that their sexual partner would not be satisfied if the penis is too small. To their sense it would just sagor a dil sode, that means ‘throw a piece of mud in the sea’ which has a symbolic meaning. The meaning they explained was- they had heard from their friends that a woman’s vaginal canal is deep and extendable; a small and thin penis would not be sufficient for that. As a result their married life would be hampered, their partner would not be satisfied and might engage in porakia (extra marital relation). The idea was based on the influence of peers’ misconception about the penis and also by the influence of “naked” magazines and “naked” films that were very popular with the
young people. Besides these, some so-called sexual health magazines and advertisements of sexual medicine had a role in shaping the idea. All this media publicized in such way that if the penis was not strong and a large, women would not be satisfied. Some of them mentioned that in the porno movies women were seen to be happy and satisfied after intercourse, if a penis was big.

Many respondents mentioned that they and their friends perceived that sometimes penis became smaller if they practiced masturbation or homosexual intercourse or experienced frequent wet dreams or practiced frequent sex with women before marriage (very few cases). Some mentioned that their penis were deformed due to these sexual practices especially masturbation and homosexual intercourse. Those who mentioned deformation of the penis were seen to feel tension about the form of their penis. Some mentioned that their penis curved; when they passed urine it did not go straight but went in the direction of the curve. They perceived that if they enjoyed sex with women/ wives with that curve, women would not be happy as the penis was curve and the semen might go in the wrong direction.

Some others mentioned that their penis was deformed in such a manner that it was thin in the back and thick at the top. They perceived that the form might be problematic while having sex, because such a penis would not be hard and strong. They explained that if a khuta (wooden stick) were thin at the end and thick at the top, then it would break if they tried to push it into the ground. That would be the same in case of their deformed penis. It may be mentioned here that their comparison of penis is related to the term 'khuta or lathi (stick) or asraw (arms)' which they use (for penis) to mean digging holes (In their explanation, it is similar to pass penis through the vaginal cannal). So their perception of digging a hole (having sex) with that type of penis/ khuta was a very practical idea from their daily life of pushing khuta in the earth while they took their cows in the field. Another explanation may be the advertisement of the so-called sex medicine sellers who used to publicize the malfunctioning of this format of penis. The medicine sellers used to blame masturbation and homosexual intercourse for this type of deformation of the penis. All these concerns about the size of the penis usually increase the anxiety among young people about their future married life, which affect their mental health seriously.

- Anxiety about sexual power:

Many respondents expressed their serious duschinta (worries) about their future sexual life due to practicing masturbation and particularly when experiencing wet dreams. They perceived that through having wet dreams and masturbating, they were losing huge amounts of semen that might affect their sexual life in later life, especially after marriage. Some perceived that the amount of semen that went out during each wet dream or masturbation was three to ten times more than normal intercourse with a girl. They explained that, as they were losing these huge amounts of semen in their adolescence, the amount of semen in the future would be less in their body, which would create problems when they would have sex with their wife. Because the amount of semen would be reduced due to sexual practices before marriage, The future wife would be dissatisfied when less semen would pass while have sex. Some argued that if they could store their semen before marriage by refraining from practicing sexual practices, with the help of medicine or tabiz, their future married life would be very happy. In that case there would
be more semen in their body and they could have more sex with their wives. Some respondents mentioned –

_Ara zadi fin belar khana ak bela khal, poraer bela uash thaka poribo_ (if we eat (three times the amount of food at once) more food at once, then later we have to be fasting - which indicates that if somebody had more sex before marriage then he must face a shortage of semen and as an outcome has to have less sex with wife in later life).

Furthermore, they considered semen as _mordami shakti_ (power of masculinity). A man should have semen to be a ‘real’ man. If he loses his semen in early life by practicing masturbation, having pre­marital sex or experiencing wet dreams, he is losing his masculinity (_mordami_). If one lost his _mordami_, he would be labeled as _dajabonga_, mean an unfit person, indicating unfit as a man to satisfy women by having sex. They also labeled this man as _noponshak_, which literary means ‘no masculinity’, indicating he ‘lost the power of masculinity’. In English it might be termed as impotent. If a man is labeled or known to others as _dajabonga_ or _noponshak_ before old age, he would lose his honor among his known circle, of being old before old age. Old people lost their masculine power (semen), when they reached in last the stage in life. This is also similar to a person who lost his masculine power by losing semen in early life practicing illegal sex, masturbating or so on and thus became old like an old man. People in society criticize this type of man for disabling to be a real man indicating their bad character of practicing illegal sex in early life. Some people perceived that if a person had sex with a boy/man, he might also become impotent. One respondent asked me –

_Could you tell me why my semen comes so quickly during sex?_

Later I heard from a few sexually active adolescents about their ‘quick’ secretion of semen and I observed them feeling much tension about losing or weakened sexual power. They argued that if they could not have sex for a long time (like an hour some mentioned) due to early ejaculation, then their partners would not be happy. That’s why they felt tension about their future married life and worried that they might face ‘shame’ while having sex with their wives.

All these sexual power related ideas might be an outcome of media like the following: treatment related advertisements in daily, weekly or monthly newspapers, stories on sexual issues in (sexual) health related magazines, “naked” books, leaflets describing the cause and effects of masturbation, wet dreams or other sexual practices, advertisements of sex medicine sellers in urban and rural areas. Some adolescents mentioned cinema especially “naked” or blue films where they watched the actress and actors to express happiness after a long lasting sexual intercourse and also dissatisfaction if it did not last long. Boys mentioned that they have heard and some already had experienced of _poraklia_ (extra marital intercourse) with some married women. As a result, respondents were seen concerned about their future sexual life due to their sexual behavior.

ii) Anxiety because of sin and guilty feelings:

Some adolescents expressed their tension from feeling guilty or sinful for their sexual practices like masturbation, homosexuality, premarital sex or sexual behavior like ‘offering some one for sex’ or some time _chok jena_ ‘looking at girl in sexual intention’. They explained that as they were practicing
(Sexual) something that were considered as 'bad' to others, even in their sense too. Since the society views masturbation, homosexuality or pre-marital sex as bad activities, which affects social norms, values and boy's health, adolescents feel guilty when they practice these activities.

Most adolescents had the same views but nevertheless they were still practicing. Feeling guilty could be seen from different terms they used for different sexual practices. Masturbation was labeled as kuabbas or badabbas that meant bad habit or bad behavior. Homosexuality as polarloy Kukaj, meant bad work with boys and feeling of sex as ku kheal (bad intention) or offering for sex to a man or women as kuprostab (bad offer) or looking at girls as ku distree (bad eye sight). So all these terms indicated that, by their sexual behavior and practices, boys were doing 'something bad'. This also led them to feel guilty for doing 'bad' practices. Some boys also added that they felt guilt as they were losing their health by losing semen and thus affecting their future sexual as an outcome of these 'bad' sexual practices.

Feeling of sin originated from the religious values, as I understood from my respondents' explanation. In a religious sense, pre-marital sex is considered as a serious punishable activity or and those who practice these, are engaged in 'sin'. Some respondents added that if someone engaged in sex without having a wife, he would be thrown to Zahannam (hell) and would have to face serious ajab (punishment) after death. One key informant (a religious person) explained that beside this punishment, the person, who practices 'illegal' sex (like pre-marital, extramarital sex or homosexual inter course), would also face a lot of trouble like apoman (disgrace), and sasti (punishment). He cited a few verses from the holy Quran and added by explaining those verses about the forms of apoman and sasti. As I understood from his explanation, apoman might be in a form of harassment or dishonor in front of by the people, society or family. The sasti might be a form of physical punishment like beating, murder/ killing, hanging, putting into jail, economic penalty, or losing position and power in the society/ institute/ state or government. He added that if a student (he was also a teacher of a religious school) was engaged those type of sexual activities, his result (in the examination) would be bad, he would become a bad student or dull student (damish), would lose his honor to his teacher or other students. Sinful feeling resulting from sexual practices of adolescents seems to be deeply rooted in their mind that affects their mental health when they engage any sexual activity.

iii) Anxiety about losing prestige or being stigmatized:

Most respondents mentioned that they felt serious mental tension when they were engaged in love or in any sexual activity. Respondents mentioned as love was viewed as 'bad' or 'negative' nonsense activity in the eye of their society or parents/ family members. Consequently they felt tension while they met/ visited their lovers whether somebody was observing them, whether their relations were disclosed to others (except friends), whether anybody was informing their parents about their love relation or were commenting on their relations. They also mentioned that they liked reading sexual books, magazines and watching "naked" films, but they felt tension during those times whether some body, like their guardians or parents, were observing them. All these tension feelings were due to negative socio-cultural values and attitudes towards love and media. Since love or sexual practices were labeled as bad activities, adolescents perceived that they would lose prestige if someone sees them while engaged in
those activities. They, also, felt tension of losing prestige if they failed to offer 'nice gifts' to their girl friends, or feed them well or visiting them when the lovers expected etc.

Many adolescents mentioned that they felt serious tension about losing prestige while masturbating. And this prestige concern led them to use the toilet as a 'safe' place of masturbating, though most of the toilets were very dirty and unhygienic.

If someone were known as a homosexual, the people would stigmatize him. Fear of stigma led homosexuals to feel serious mental anxiety while they practiced it. No respondents admitted their involvement with homosexuality, except those, who got treatment from the doctor whom I arranged. Almost all of them recognized that in their area many boys of their age were engaged in homosexual intercourse. They mentioned that due to strong social stigma people did not wish to meet the persons in public, who once were known or labeled as homosexual. This stigmatization on homosexuality is so serious in the Bangladeshi culture that sometimes people label the name of a house or children adding the title of 'homo' before the real name as mentioned by Aziz and Maloney (for details, 1985, 109).

There is also strong stigma associated in pre-marital or extramarital sex with women/girls in the Bangladeshi culture. Respondents mentioned that while they met (have sex) with their lovers, they felt serious tension if anybody observed them or their performance. Respondents mentioned it was a serious disgrace for the boy or the girl and for their families if they were found in an intimate position or to have sex without being married. There would be bad reputation (kalnaka) for the boys and girls involved in sex and they and their family would lose prestige in society and would face social punishment. Social stigma, for having this type of sex, was so destructive that no one intends to establish any relation, especially marital, with those families. Also, some respondents mentioned that their friends and some of them faced serious mental tension when their lovers became pregnant. They added that to manage the abortion some of them had faced a lot of difficulty. Some mentioned that it was a very bad experience to them that even they could not sleep well before the abortion due to fear of being labeled as bad boy/duscharitaban/lompot/jenakari (who have illegitimate sex). Because if some is labeled in such title, he/she has to bear its bad consequences throughout the life, sometimes being passed on the other generations too. During any problem, people label these persons as Jenakari in public. For example, if a person were titled that label, some people would harass that person’s children and even grand children indicating his/her bad character because of having illegal sex. Respondents mentioned that due to such stigma a girl might commit suicide to get rid it. As a result boys and girls of the study area felt tension of losing prestige or being stigmatized due to their sexual behavior or love involvement as mentioned by almost all respondents. This seriously affects their mental health, as they perceived. Some added that due to tension, they could not sleep well or could not eat well. These affect their physical health too as mentioned by a few respondents.

iv) Other mental problems:

Other mental problems were mentioned by respondents such as becoming mentally ill or feeling dizzy (mathagorton), being absent minded, or being mental handicapped after being dumped by their
lovers. Many respondents faced these mental problems. I met two boys, who took drugs after being rejected.

Based on the above discussion and practical observation, we can say that love and sexual behavior or practices of adolescents have serious negative effects on their mental health.

c) Poralekhar khati (effects on study):

Students identified effects on the study as the highest ranked effect of their sexual behavior and love. Let us look into the feelings of a sixteen-year-old boy of a high school when he engaged in sex-

I can not sleep; I can not read while I am at the reading table. If I go anywhere, I like to see her, to meet her. I dream her while eating, walking and sleeping in the bed. I meet her in dreams at night. I can not do without her. I feel alone without her, if my family does not agree; I will fly then away and marry her.

After hearing his story, we may wonder why he was feeling this? Yes, this is the reality while an adolescent of our society involve in deep love, when he has to maintain a distance with his lover due to social norms. He does not get support from his family. Then it may be reality for an adolescent boy, who just has started his new phase of life as sexual being, to think about her all the time, which affect his study seriously.

All students mentioned that sexual thinking, love and sexual practices affect their studying seriously. These findings are given below dividing into a few sub areas:

1) Reduce attentiveness:

The respondents mentioned this to have a serious effect on the study. They mentioned sexual thinking, feelings, and activities that made them inattentive or reduce their attentiveness in the study. Here are some responses from a few respondents-

- We can not fix our mind in reading. While we sit for study, we think about girls or lovers or plan how to meet them.
- When I open my book, I see her face in my book; I can not read well after that.
- When I remember her, sexual feelings comes into my mind, after then I can not study any more.
- I always try to look at her while I am in school, as a result I can not follow my teachers lecture.
- I feel bore in the class and wait when it will be over and I will meet my lover.
- Sometimes my lover (avoiman kora) stops talking with me and goes home, and then I can not sleep. I wake the whole night wondering why she left me.
- One of my friends is busy in politics and girls. He has failed in the exam once.
- We became more interested in 'naked' books and magazines than our text books. When we get those books or magazines, we tried to finish those by keeping our study aside.
- When we feel sexually aroused, we can not read, we think of our lovers, think about having sex and some times masturbate. It also affects our studies.
ii) Wasting time:

Some respondents mentioned that they and their friends spent most of their time thinking/talking about girls and sexual issues. They also mentioned that it was not limited only during *addah* (gathering), even when they were alone or studying at home or school, sexual, feelings and thinking affected them and wasted their valuable times. Here are a few comments from some respondents-

- When our friends invite us to participate in watching VCP or "naked" films, we mostly attend there and watch those the whole night. The next day it affects our class and study.
- Some boys go to the cinema hall or on dates with their lovers during college hours.
- I helped my friend one night to meet his lover, as he was feeling lonely and afraid of the dark.
- I like to write her a letter, while I sit in my study table. I can read on that day, when I write a letter to her.
- Some of my friends always spend time with girls while in the college. They don't care about their studies. Later we observe that they can not perform well in the examination.

Boys, especially when engaged in love, were fond of writing songs, poems, buying and reading books on how to write letters to lovers, how to easily win their lovers and spend time for these activities. Once I found a student writing poems to his lover while I was visiting him in the evening. Later I collected some of those from him. In one poem he wrote-

```
Neluea namer akpte moiya
Pran diya balabashi
Sorga zate o naraj am
Na dekh la tar hasi
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"The meaning of his poem is that he loves a girl named Neluea, even he is not willing to go to heaven, if he does not see her smile." This respondent was sexually involved not only with his lover, but also with a few girls including sex worker that he mentioned later.

As a result of inattentiveness in study and spending study time on love issues, some boys failed to perform well in their examination. "Good students become bad students" as an outcome of love affairs and sexual involvement. Some boys also mentioned that they were ashamed if their teachers or guardians knew about their love affairs or saw them (lovers) together at any place. When their parents or teacher reprimanded them for what they did, they felt insulted. It also affects their study.

iii) Study break:

Some boys were seriously involved in love and sexual relations. They avoided their studies and other activities. As a result they failed in studies. One key informant mentioned:

I know one adolescent boy who had love and sexual relations with a few girls. He did not care about his studies, but spent his time and money for girl friend. As his father was abroad and there was no older member (man) in the family, she could do this. He failed the intermediate examination and changed his college due to shame; his lover also left him when he failed in the examination.
iv) Expel from school:

Sexual scandal has a serious affect on education. Students who faced it once either had dropped out of school or changed his institutions. Here are a few examples of love or sexual scandals of adolescent boys mentioned by a few respondents:

- Two of my friends had left school due to problems related to love. One of them proposed to a girl for love and she informed it to the teacher. He fled away from school to escape the punishment from the teacher. Another one had a love relation with a girl student (classmate). For some reasons, the girl dumped him. One day they quarreled in the school. Then he tried to rape her. After that incident he left school forever.

- One of my friends, who was with us up to class nine, stopped his studies due to love relationship with a rich girl. Each year he was placed first position in the examination. He was poor, but brilliant. The school authority gave him full free studentship and text books free of cost so that he could continue his study. A rich-school-teacher provided him lodging at his family where he taught junior students of that family. Once he engaged in love with lodging student (Girl). It became deeper. They had visited many places together and also had sex several times. They even spent a night together in a hotel at Cox's Bazar. When the family noticed their relation, they let him go. When other villagers and school students came to know his sexual involvement, he stopped from school. He was disappointed. Later we (his friends) tried to support him to continue his study in the other school but the school authority did not give transfer certificate, so he was not able to get admission.

- One of my friends got married his lover after they were found in sex at home. The boy's family kicked him out of the house. So the boy stopped his study after secondary examination and found a job to support his family, since the girl's family was not economically well off.

I met an adolescent boy who dropped out from high school for this type of sexual scandal. His family's economic conditions were good, but he was inattentive in his studies as he mentioned. He said, “I did not feel well to study; I liked to meet with my girl friend. So, my parents took me out of school.” Later I interviewed him in-depth and where he admitted his sexual involvement with a few girls.

v) Spending money meant for study:

Some times boys took money from their parents and guardians pretending tuition fees, coaching fees, or buying study materials and then spent it for their lovers or for sexual activity or watching cinema. After spending the money for lover, they failed to buy those reading materials more often and faced difficulties in studies. A respondent mentioned-

I spent my private/ tuition fee for her; thus my study is hampered, because I cannot ask my father again for money.

vi) Others:

In addition to the above mentioned affects some adolescents mentioned that being failed in maintaining love relations, conflicts with lovers or ex-lovers of the girl, feeling worried or tense after sexual intercourse when the girl becoming pregnant or having abortions to be saved from a sexual scandal - all these also effect their studies. Among those, especially when girls canceled relations with
lovers, boys mentioned that they become aggressive, mentally sick and addicted. This seriously affects their studies. Sometimes the boy insults the girls after quitting sexual relations due to anger. It also affects the study of an adolescent boy when the girl’s family files a case, or arranges meeting (salish). One of my respondents faced the same situation as he mentioned.

Some adolescents marry without their family’s consent, and later quit their education to provide for the family. I met a couple that was dropped out of school since they got married without their parents’ consent. The boy left the college and the girl left from secondary school.

From the above descriptions, it is clear that sexual behaviors and love relations seriously affect the studies of adolescents.

d) Paribarik khati (Effects on family):

Before discussing the effects on the family, I am going to describe a short narrative in a key informant’s voice, on how her daughter’s relation with a boy affected her family:

It was winter. All of us were busy with preparing foods and other arrangements in occasion of a marriage function for my high-school-going daughter. Her father arranged her marriage with a boy of a rich family. We invited all of our relatives, as it was the first marriage function of our family. Some of them already arrived at our home. It was a nice and lovely environment. We were making fun and jokes beside the work. The night before the marriage day was the most painful day of my life. Someone told me that they did not see my daughter (whose marriage function) for a couple of hours in her room. We thought that she had gone to the toilet. We searched her there, but she was not found in the toilet. We searched for her at her girl friends’ houses, houses of our relatives but we could not find her. Later we discovered that she left with her lover. Her father and me were at a loss. This calumniated very quickly among the people of our area. People criticized us. We felt ashamed and embarrassed that I wished if I could die. Her father stopped going out of home for some days to avoid people, as people were asking about our daughter’s while they met him. Boy’s (bridegroom) family blamed us for cheating them and charged the amount that they had spent to arrange the marriage. He (girl’s father) also beat younger children including me and stopped other younger children from going school. He sent us (mother and younger children) to my father’s home for some days and blamed me for not being able to control my girl (in rural Bangladesh mother are always blamed for this type of incidence as she is supposed to control her girls). He ordered me to resign from my job (the respondent was a NGO worker) as his parents (paternal grand parents) and other family members (my brother and sister in laws) accused me that my girls was spoiled as I have failed to care for her due to my job. At last due to their pressure I resigned from my job too. When we came to know the name and address of the boy, we filed a (girl’s) kidnapping case against the boy and his family members including two of his friends who assisted him in this incident. Police arrested his father and brothers but he was out of home with the girl after this incident. We (women and her family) were feeling tension that this incident might affect my husband’s political carrier as opposition might use it as an example of a bad reputation. They (opposition) might claim that the person, who could not control his family, how he could be able to lead the local government? You know, we lost everything for her (girl). If he (girls father) found them (boy & girl), what he might do, I don’t know.

The above narrative is a glimpse of the effect of adolescent boys’ and girls’ love or sexual relation in their families. Let us look into more details.
i) Loss of family prestige:

According to respondents, if the people somehow knew sexual relation of a boy or a girl, then it would become a prestige hampering issue not only for the person involved, but also for the families too. Family members could not talk freely with others in the society as before when any member of that family found involve in illegal sex. They also added that even affected family members usually hesitated to meet people, because of feeling shame and embarrassment for the incident. One respondent mentioned-

One of my friends was caught while having sex with a girl beside her house at night. Later in a salish (arbitrary) the boy was fined and beaten in front people. After that his parents and other relatives felt shame and embarrassed to meet people for some days. Girl's family situation was worse off. Her father beat her and beat her mother for failing to control the girl and sent the mother to her father's house. After this incidence girl's parents avoided meeting people and social functions for some days.

A few respondents also mentioned that this kind of incident affects the political/ social career of parents or family members. I have seen a man worrying about his political carrier while this type of case happened in his family. Sometimes fathers declare their sons or daughters as toyarja potra/ kannya (abundant son/daughter) when become too angry at their sexual behavior; and also deprive them of all family assets. I have read this in daily newspapers (Bengali) a few times.

ii) Effects on the family relation:

Some respondents mentioned that illegal sexual relations of any family member (including adolescent) is considered as serious disgrace for the family, because people look down on that family. Quarrels among members occur due to sexual scandal, sometimes family (mostly extended family) break down as mentioned by a few respondents. We observed the same situation in the above narrative. One respondent told:

"Gorton Santa Costa, gore midday kalyaza karankal hoi zodi pco/ malya dora kha" - (if a boy/ girl of family is caught having illegal sex, it creates quarrels among his/ her family members, peace in the family are destroyed).

Respondents mentioned that if adolescent / youths were engaged in love including sexual relation and if both or any one family did not agree to their marriage, then few of them either married or elope. Later when the family came to know about that marriage, in most cases family members did not recognize the marriage, if recognized, then also they did not accept the girl. As an outcome, either the family broke down or quarrels among family members (especially with the boy or his wife or other family members) took place and the family peace was destroyed. So from this discussion it is clear that due to sexual involvement of adolescents, family relations are seriously hampered.

iii) Quarrel between families:

Some respondents mentioned that while any or both families noticed adolescent's sexual or love relations, sometimes both boys and girls families were engaged in quarrels which proceed up to murder or court. Here is an example mentioned by a respondent:

One of my friends had an affair with a girl of a poor family. They had sex several times in the girl's home. The girl's parents knew about their relation but not about the sex. When my friend's father came to know of
problems in marriage:

From previous discussion (see heterosexual relation) we had examples on sexual involvement of adolescent boys and girls and social arbitrary for having sexual intercourse. Respondent mentioned that if such incident happened to a boy or girl, it became a bad reputation for the persons involved along with their family members. Sometimes it became difficult for not only involved persons but also other family members to get married due to sexual scandal of the family.

Few respondents mentioned that when their lover ended relations with them, they took help of sorcery, tabiz (amulet) to stop the marriage of those girls. There was a popular belief among the people of study area that, through sorcery or tabiz one could stop marriage of a girl for long time, which might cause a bad reputation for that family. Some also mentioned that sometimes boys might become very aggressive to stop the marriage of their ex-lover and might meet her future husband or his family members to inform them about the girl relation with him or sexual involvement of that girl, so that they would become displeased with her and would cancel the marriage arrangement. All these have a bad effect on the girls' family for her love (or even sexual) involvement as mentioned by a few respondents.

v) Legal problems:

Sometimes girl's family file cases against the boy or even his family members especially when the girl's family is wealthier than the boy's is. As a result both families have to spend a lot of money and have to face a lot of trouble like being arrested, being in the jail or girls family entangled boy or boys family in other case by managing police and torture them both physically, mentally and economically as mentioned by a few respondents. So it is sure that sexual or love relations of young people troubles their families a lot. I knew a few cases like this. I met an adolescent boy who was facing the same problems and had to stay out of home to avoid being arrested by police and his family also suffered a lot for this. Ak gorea kora doea (separated from society): Sexual scandal of adolescent or other members of a family effect on their daily life too like Ak gorea kora doea. When any members of the family is found to have had illegal sex, sometimes society or social leaders sit in an arbitrary and separate the family from all other people of that society. When a family face this situation, they are not allowed to talk, mix or exchange goods with their neighbors, other families of their surroundings are ordered by social leader not to mix or talk with this family. Sometimes they call it agon pani bonda kori doea means no one of the society should have any relations with that family. This is considered a serious insult for the family. Later

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1 People believe that it is disgrace for any family if they can not marry thier girls before twenty years. In Bengali, there is a saying among people- "kurita buri" which indicates a girl becomes old when she reaches twenty. If any family have such girls then they feel embarrassed and try their best to get her married as early as possible. Some people also believe that their enemies, who used sorcery or tabiz, stopped their girl’s marriage. So some people were seen to go to shaman or moulana (religious people) who can dismissed the action of sorcery or tabiz with the help of holy verses or jinn (unseen supernatural being -who have special power to do anything they like) and performed some rituals there, so that their girls’ marriage can be held. I have seen a few rituals both in the study area and in my village too.
after punishment for sometime, the family can again come together with society if the leader allows. In my adolescence I have seen such a case mentioned by a key informant.

vi) Elders members’ sexual or love influence on younger:

Most respondents mentioned that if a junior boy see or hear about his senior’s love relation or sexual activity, he will be inspired to do the same after then. According to some respondent—

“agor al zaikha ghalya pechor al o heiwa jaibo” which indicates that younger people will follow the behavior of elders.

So elders can influence on younger by their behavior related to love and sexuality.

In addition, a few respondents mentioned that due to sexual scandal family’s future aspiration about that boy or girl are seriously destroyed. If boys are spoiled (due to sex) and dropped out from school, in adolescence, his parents are disheartened about his future and the future of the family as the future establishment of the family depends on boy’s establishment.

From the above discussion it becomes clear that adolescent sexual behavior has a serious effects on the families both at present and also in the future.

d) Somajer khati (Effects on society):

Respondents mentioned that adolescent’s sexual behavior also effect the society. They perceived that social values and norms were seriously hampered due to illegal sexual involvement of adolescent and young people. They mentioned that sometimes quarrels and fights were seen between two gusti (lineage) regarding sexual issues (see example in heterosexual relationship) and thus social relations were hampered.

One respondent mentioned—

If sexual scandal happens in a society or gusti, other people look down upon to that family, even gusti too.

Another wrote—

Due to sexual or love relations among adolescents, somaj kolista ho (society will be defamed) and young peoples charitra (character) will be destroyed.

One social leader! Imam\(^2\) expressed—

Now a days love and sexual relations have increased significantly among adolescent and young people due to television (TV) programs and cinemas. Boys and girls watch plays/ cinemas, through TV programs, three to four days a week. They learn about building relationships directly from actor and actress of the plays/cinemas. It has a strong influence on young people. When they go to school, they try to follow what they have learned from TV programs. The government allowed a private channel where all most everyday love related plays and so called cultural programs are showed. The government should stop it. Otherwise young boys and girls charitra (character) will be destroyed (indicating that they will involve in love and sex due to the effect these program).

One youth organizer told about smoking, using drugs as a result of sexuality. He mentioned—

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\(^2\) Imam- The person who leads/ guides during prayer.
When a girl cancels her relation, the boy becomes bashamat (uncontrolled), asthir (restless), fell tension and to reduce tension most boys smoke, some use drugs, dife (phenicidine). Boys need money to buy this, so when they can not get money, they become mastan, santrasi (terrorist), demand chanda (claim money illegally) from rich persons or businessmen by the name of so call social or cultural activity. To meet their expenses need for love or sex, they sometimes engage in unsociable work, like hefting, robbing. This is an outcome of growing sexuality. This affects the society.

Observation:

Some adolescents talked about social values and norms being hampered due to love relations, however, most others disagreed with the idea. They thought that society did not allow love or love marriage, yet they perceived that love without sex (before marriage) is pure or holy and they truly support it.

f) Takapoisar khati (Money or economic loss):

Almost all respondents mentioned that love relations or sexual performances had an effect on their 'pocket' (economy). They had to give gifts, had to questify their lovers to make them happy and pleased them.

One respondent mentioned-

When we have no money, we can not offer gifts or good food to our lovers and can not visit sea-shore or park with them. Then gradually most girls cut relations and find out another boy who can satisfy their needs.

Respondents also mentioned that while they had watched cinemas or visited the sea shore, park or melas (fair), there were other friends (from the girl and the boy's side) or younger sister or brothers of the girl friend. So the boy had feed them and therefore they had to spend a lot. One boy mentioned

Not only this, we have to give gifts or money to a boy or a woman who help us (lover) in maintaining our love relationships or contact.

Another said-

I gave shari (women cloth) to the girl's bhabi (sister in law) who helped us to have sex at her house for a few times.

A respondent told-

To present us as a smart boy in front of lover, we take care (indicating cosmetics) of our bodies, we shave frequently and dressed hair. All this means we have to have money and have to spend it to be acceptable to the lovers.

One non-student mentioned that love or sexual activity effected their work and income seriously. For example he told-

Once my lover told to meet her at night two days after, when her family members (parents too) would visit one of her relative's house to attend a marriage function. I was working at Chittagong in a construction wok at that time and took only one day's leave from my ostad (boss). So I went Chittagong and came back again on the fixed date to meet my lover. We had sex that night. You know, I missed work next day, so I lost my income, paid bus fair from Chittagong to here for two ways, brought nasta (food) and a shari (cloth) for...
her. So you can imagine how much I have spent to meet (have sex) her. So I think that our sexual activity has effects on our income and economy.

Another informants mentioned during in-depth interview-

One of my friends did not go to catch fish yesterday rather he went to Wancha (name of a place - there is a cinema hall) to watch a film with his lover as his lover told him that she would go out of the home to visit her relatives. So they took the chance. He missed his income for that day; rather he had to spend money for bus fair, cinema tickets, and had to feed his lover and her younger sister who was with her. So can you understand how he was affected financially for his love?

One boy, who was a worker, said-

Thinking about girls affects my work. I can not fix my mind in work, when I think my lover or I think about having sex, I become unmindful for sometime.

One respondent mentioned -

I had to spend a lot of money for abortion when my lover became pregnant. I took her to a mohela doctor (indicate family planning visitor) but she did not agree to abort. Later with the help of my friend I managed it in a hospital (clinic) at Chittagong. I borrowed money from a few of my friends at that time. It was really difficult for me to repay my debt.

Another respondent mentioned-

I am facing a case while I insulted a girl while she called me a lofor (bad person - for sex) after my love proposal. My family had spent a lot of money for that case.

One respondent mentioned -

One of my friends was in the hotel with his lover at Cox’s-Bazar (a place) and spent a lot of money for the girl.

A respondent mentioned that while his friend was discovered with a girl while having sex and he (friend) was forced to marry the girl. Later that boy’s family got out of the marriage by giving a lot of money (as penalty) to girls father as the girls family was not as wealthy as the boy.

Another respondent mentioned -

One of my rich friends met with a boro doctor (indicating specialist) at Chittagong since he faced problems after having sex with sex worker at a hotel. I have also been to kobiraz for sexual problem and later I met a homeopathic doctor and got cured.

Some respondents mentioned that after wet dreams, masturbation or having sex, their health broke down. They met the village doctor or homeopathic doctor to cure them. Thus spent money for their (sexual) health. A respondent, who was a tea stall owner, expressed his sorrow when he explained the effect of love and sex on the economy. He mentioned -

One of my friends (18 years) had a small shop. A high school girl of a poor family, used to shop from there. My friend sometimes gave the goods to her free of charge. Later he developed a love relationship with her. Her family also bought things from his shop on credit. In this connection he used to go to that family. Sometimes he would stay them night and had sex with the girl a few times. Gradually he became irregular and inattentive in his business, within one and half year he finished his capital and his shop was closed. Now he is working for his family now. Still he has a connection with that girl. Kothai bole- poria malayer pice, back kisu xai mis that means if a girl captures you; you will lose everything (indicating money and honor). He
So from the above discussion, it is clear that love or sexual behavior of an adolescent boy seriously affects his economic or financial status.

g) Other effects:

Beside all those effects some adolescents mentioned a few more. To them, sexual activity and love creates conflicts among friends and relatives. As an outcome of conflicts, relations between friends or relatives hampers (I mentioned a few examples elsewhere). I met a family who had problems with one of their young (adolescent) relative regarding their young girl. The family members noticed the relations of the boy and girl, and asked the boy to leave their home as he was visiting their house sometimes. The boy proposed to marry the girl but the girl's family disagreed. He started to quarrel in front of me and gave threat to the girl's mother (that boy's aunt too) that he would see on how they arranged her marriage with anyone else. The relations between the boy's and the girl's family later became very bad though they were cousins. One respondent mentioned conflicts between friends. He said-

In my absence, one of my friends offered love to my girl friend though he knew that I had a physical relation (indicating sex) with her. When I found out it, we quarreled and our friendship was over for that reason.

7.4 Discussion:

From the above description it is found that, most adolescents were aware of the effects of their sexual behaviors and love affairs on their health and well-being based on their perceptions. It is also observed that sexuality is affecting the study of students seriously. As a result they ranked it in the top. Though adolescents were seen to express their worried on effects of their sexual behavior on their health, mostly they were unaware of the causes of diseases which some of them already suffered. Most adolescents were worried about their future sexual or married life due to misunderstanding of bodily functions, especially semen and the form of the penis. As they have misunderstanding about conception, as a result unwanted pregnancy take place. Adolescent girls had to suffer a lot of consequences of this unwanted pregnancy though most of boys did not realize its serious effects on girl's health and future life.

Physical destruction like taking drugs, alcohol, cutting bodies after falling in love seriously affects their physical and mental health, side by side kishore aaporad (adolescent offense) is increasing which affects the adolescents as individuals and the society as a whole. Sin or guilt is seen intertwined with religious beliefs and cultural norms and values.

Losing prestige and stigmatization for sexual practices seriously affects the mental health and well-being of these young people. Society does not recognize the sexuality of young people though it is the reality of their life. As a result there is a big gap in social expectation and 'reality' of adolescent sexual behavior that ultimately affects the adolescent health. Some students found dropped out of school due to the sexual behavior. There is no initiative to bring drop out students back to school. Rather they are
punished in such a way that they lost interest to change their behavior and to continue study. Some students spend their tuition fee or study cost for sexual pleasure or love, which hampers their studies. If guardians have a follow up of their younger children on study, it can be stopped or at least reduced. Conflicts of love or sex effect the relation among friends or families and thus social peace is lost. For those who are working, their incomes are affected by their sexual behavior. Most of them are from poor families. If the boy can not earn, the whole family will suffer. It is very clear that adolescents' sexual behavior and practices hampers their individual, social and mental health including their study, work, family and society.
5.2 Health care seeking behavior:

5.2.1 Sexual problems faced:

When adolescents were asked about sexually transmitted diseases (STD), almost all of them mentioned that they had heard from their friends and magazines about *Jouno rog* (sexual diseases) but some of them knew only about AIDS. Only three respondents out of thirty eight could tell the name of other two STDs- Syphilis and Gonorrhea. None of them knew about the symptoms of any STDs and their causes, but few boys' mentioned that they knew about AIDS. They informed that if anybody had sex with a sex worker, than he might get AIDS. Very few respondents mentioned about the use of condoms during sex. Except a few cases, most of the sexually active adolescents did not use condoms, as they believed that there was no possibility of getting AIDS or *jouno rog* if they had sex with anyone except with a sex worker. They were mostly unaware of transmission of sexual diseases. As a result, those who were sexually active faced several problems in their genitalia. Since they did not recognize STDs, during the interview they were asked to tell the problems that they had with their penis and in the surrounding genitalia. The mostly commonly mentioned problems were the followings (mostly symptoms of STDs):

- Ulcer in penis, irritated while touches water (*Purusanga hga, pani lagla jola*)
- Scabies in penis and in surrounding areas (*Purusanga o ar pasa Pacra chuulkani*)
- Ring worm in penis and in surroundings (*porasanga o raner gora ta daud*)
- Pimples on the head of penis, some kind of water comes out from there, is irritated, becomes an ulcer, and feels sensation (*Boluer agala gota, akrokom pani birh ho, chulkai, gha, jola*)
- Swelling of penis, feels pain, feels sensation while passing urine (*Bolu poli gilya, batha, prosrab korla zola*)
- Penis curved, urine passed one sided direction (*Bolu baka, prosrab akpasha choli za*)
- Frequent wet dreams and felt dizziness (*Gonogono awapnados o mathagorani*)
- Pain in waist, feel dizzy when getting up (*Komora betha, utaha gala matha goral*)
- Light semen comes out during urination (*Prosraber somai pada patia datu zai*)
- Burning sensation while passing urine (*Prosraber somai bison jola*)
- Pus comes out through the penis, feels sensation at that time (*Prosraber aga dia pus zai, jola*)
- Sometimes semen comes out automatically (*Ascha rab datu birh ho maza maza*)
- When urinating, urine passes a few drops, again a few drops and feel pain there (*Pota pota prosrab o pusraber somoi jola*)
- Semen comes out quickly when having sex (*Milon korla taratori birzo birh ho*)
- Sometimes my semen came out before sex, I think it may be symptoms of impotence (*Amar maza maza milon korar agha birzo bhair ho, mona ho deja bonja baram*)
- Semen with pus comes out when passes urine, it was foul smelling (*Prosraber ar somoi pus aila datu zai, bas*)
- Sometimes feel pain in testicals (*Boda ta betha somoi somai*)
• Penis became fat at the top, thin in the back *(Porosanger aga mota gora cikon hola gacha)*
• If have not masturbate for long time, I feel uneasy in my body *(Dirgo din giter nomra sharir zemai)*
• Swelling of vein of penis *(forusangar rog fula)*

After hearing about their sufferings of those problems, I assumed that there might be many STD cases among sexually active adolescents of the study area. After getting knew about the sexual problems they faced, they were asked to describe about care or treatment to recover from those problems. Let us proceed on care seeking behavior next.

5.2.2 Visiting health care personnel:

Most respondents, who have suffered those health problems, did not seek health care until it passed beyond their tolerance level. One respondent mentioned-

*We do not go to doctor for our sexual disease, we keep it silent (gopan). When the situation become unbearable then we go to the doctor, mostly homeopathic doctor.*

In the follow up interviews, some respondents mentioned that sexual problems were considered shameful or they felt embarrassed to talk about *gopan onga* (private parts of body) and its diseases with their parents or even the doctor. Sometimes the doctor asked patients to show their genitalia, which were very embarrassing to them. Some respondents also mentioned that they did not care for those problems, as it was not so serious in their sense or felt shame to ask for money from parents for those types of health problems. For those who sought treatment, most of them informed that either they visited a homeopath or a *kobiraz* (healer). One respondent mentioned-

*When I met with one my lovers for several times, I saw some bichi (pimples), and gha (ulcer) in my penis and got treatment from a homeopathic doctor*

Another mentioned-

*When I felt serious problem in my penis, after some days of having sex with a prostitute, I met with a *kobiraz* who treated me with *bozroki* (one kind of *kobirazi* medicine) syrup. I felt some improvement, later I visited a homeopathic doctor and got cured.*

The reasons for visiting a homeopathic doctor mentioned by the respondents were that, those doctors (homeopath and *kobiraz*) asked them details about the disease and the body, showed care and sympathized while treating them, and gave them good treatment and advices. One respondent added more explanation. He mentioned-

*Mostly we do not visit bora dactor (graduate- MBBS), because they scold us (sometimes in front of guardian or the person who has gone with us) after we describe the problem and may also tell our father/ guardian too who go with us. But homeopathic doctors take good care, explain details about the disease and try to make us understand the problem.*

The reason for avoiding MBBS (graduate-bio medical) doctor was mostly a psychological issue. As they (MBBS) were not used to explain details about the causes and effects of disease to the patients and did not care the patient like a homeopath or a *kobiraz*, so for mental satisfaction they (STD patients) visited a homeopath or *kobiraz* more than a graduate doctor. Another reason mentioned by a few
respondents was that the treatment fee and medicine cost was a lot cheaper at homeopathic or kobirazi treatment than that of allopathic (western) treatment. Some respondents also added that they perceived homeopathic medicine to be better than allopathic medicine for treatments of sexual problems. Only one respondent mentioned that he had visited a graduate doctor when pus was come out of his penis. Some respondents who contracted a sexual diseases mentioned that they either bought medicine directly based advice from friends or treated themselves by washing the infected parts of body with the help of mild hot water mixed with nim pata (one kind of leaf). Some others did not take any care and still has the problem. One respondent mentioned about getting treatment from a village doctor (quack). Here are a few responses from some respondents-

- Head (matha) of the penis of one of my friend became swells once; there was an ulcer too. He felt a burning sensation there, when the penis touched water. He took medicine from a village doctor
- I gave my prescription to one of my friends, who had the same problem (ulcer at genitalia) I had.

Later I (the researcher) visited a homeopathic doctor whom a few respondents visited, and a graduate doctor (MBBS) at Chakaria Thana health complex. Both of them mentioned about the adolescents’ sexual behavior and prevalence of STDs among adolescents in the area. The homeopathic doctor mentioned-

I have treated many adolescent boys who admitted their homosexual practices while discussing their sexual behavior; syphilis or gonorrhea attacked some of them too. Some girls also came to me for treating sexual diseases.

The graduate doctor (government hospital doctor) mentioned more details-

Bhai (brother), I assume that in this area, among adolescents, sexual intercourse is more common, may be around 30% boys are engaged in either homosexual intercourse or sex with girls. Even in this hospital, we (government doctors) have done some abortion of extremely young girls, which you can not imagine; still there is one this type of abortion case. Especially with STD cases boys or girls do not come to the hospital, as there are many people who can see them if they meet us at the hospital. They mostly go our private office. Even though at private office, they mostly visit us at night when most patients finish their treatment and the office is almost vacant. They usually come in late, so that other patients do not see them.

Respondents mentioned that they expressed their sexual or love related problems to their friends and sought advice or help from them. Many adolescents avoided parents regarding sexual health problem. When it became unbearable and they needed their parent's support, especially for money to treat the disease, then they expressed it to their parents but not as a form of sexual diseases, as bodily discomfort. For instance, one respondent said-

If we suffer any sexual problems like froanga dia pus zal, jala (Pus comes out from my penis and feel sensation at that time), we will not directly tell it to our fathers. We normally will tell him that we are facing problems in our body or we are not feeling well, we need to visit a doctor, or we say another disease like matha gora (vertigo) or so on to get money for treatment for sexual disease. We feel embarrass to discuss these issues with our parents.

From the above discussion we get an idea about the health seeking behavior of adolescents of the study area who suffered or suffering from STDs. Due to feeling shame to talk to sexual problems, they were seen reluctant for seeking treatment. They are avoiding bio-medical health care personnel due
to their dissatisfactions about their treatment. Only in case of unbearable condition, they express their sexual problems to their parents as physical discomfort. So adolescent's physical discomfort should be understood by their parents or guardians and should facilitate them to seek treatment when they express this type discomfort.

5.2.3 Coping mechanisms:

When discussing about coping with or controlling sexual desire with a key informant, who was an Imam of a mosque and also a health volunteer, he mentioned -

When people maintain distance from religion (he was indicating Islam) or do not say prayer, satan (bad supernatural being) have a chance to be closer to that man and encourage him/her to involve in bad activities, like sex or so on, misguide him/her by showing pleasure but hiding the (danger) bad effects of that activity from his thought. That's why Moulanas advise people to say prayer to Allah or call Him more when someone feels prohibited sexual desire. If anybody can refrain himself from sex or this type of sin, after death he/she will get Horgalman (fantasy beautiful girls or boys) to have sex with him or her for eternity life as a reward for controlling prohibited sexual desire on earth.

Some adolescents (mostly religious school students, a few school and college student, and non-school-going adolescents) mentioned the similar religious ideas to control illegal sexual desire, to cope with their sexuality. Some boys mentioned that to avoid sexual arousal, they tried to avoid eye contact with girls or women as much as possible. It may be mention here that avoiding eye contact with matured girls is also a social norm in the study area. A few boys and moulana's (religious leader) were seen looking at the ground to avoid eye contact with girls/women while I was visiting in the field. A few respondents mentioned that they avoided those boys who talk about fasa (sexual issues) more. They argued that talking about fasa might inspire a person to involve in kukaj (having sex). Some adolescents mentioned saying more prayers is a technique to cope with sexual desire. Girls try to avoid sexual involvement to keep them virgin so to have a good husband and to avoid sin (mentioned by a non-student respondent). On the other hand, imposing punishment also plays a role in controlling the sexuality of adolescents as mentioned by other key informants. Because parents and guardians teaching those norms in early life, it has an effect of controlling sexual involvement. Since religion considers illegal sexual intercourse (jena) a serious sin, and people will go to hell after death if they engage in jena, most people of the study area have a strong faith in this concept. Some boys also mentioned the same as reason for controlling their sexual intention. One respondent (religious school) mentioned that to cope with sexuality, when he felt sexual desire he took more water or remembered death. In summary, these were coping and controlling mechanism of adolescents' emerging sexuality. But in reality, very few boys follow these. As a result there was a gap in normative behavior or social norms and in the actual practice in the context of adolescent sexuality. Let us look into health facilities for adolescents in next section.
5.2.4 Health facilities for adolescents:

Almost all respondents mentioned that they did not know about any health facilities for them (adolescents), but if they visit as patient to the government hospital (Thana level), they would get treatment there as other patients. Some of them mentioned -

_Ara sorkari hospitala no zai, heta hakkai baramer ak osud (we do not go to government hospital, because for all diseases there are same treatments there)_

I, later, met with a few graduate doctors from two government hospitals in two different districts (one encompassed the study area). All of them mentioned that, at present there was no special government health program for adolescents, like the mother and child health program or so on. There was only general treatment, which was applicable for people of all ages. Sexual and family planning services were also limited to married couples, which were mostly focused on the married female. The only facility for adolescent girls (including unmarried girls) was to have a voluntary tetanus vaccine. For boys, there was no sexual health, reproductive health or any kind of government special health program in the study area as well as most parts of the country till then.

From a publication about adolescent health activities in Bangladesh (Shahriar et al 1999, 4-7) it is found that government has planned to address adolescent health issues that mostly concentrated on primary health care, nutrition, and some reproductive health issues which are under process. But the document does not clearly mention if the program covers unmarried adolescents, especially boys. Some NGOs in Bangladesh, have been working on adolescent health has mentioned by Shahriar et al (1999, 4-7). Most of the adolescent health programs from those NGOs are mostly urban centered and limited only within their group members. As a result vast amount of the population remains uncovered and uninformed about adolescent health activities. The NGOs only works on adolescent girls’ health, especially reproductive health. In that case a vast majority of the adolescent population, who are male (51% of total adolescent population), remain untouched from those NGO’s adolescent health activity. So a question arises -what do they think about solutions to these problems? Let us look at the answers in next sub topic.

5.2.5 Suggestions/ expectations from adolescents about health care services:

Many respondents mentioned that it would be better for them if they had knowledge about how to deal with the physical changes in their body. Most of them proposed that if there were any facilities that specialized on their sexual issues or problems, they could go there to get answers they needed. Some also expected that the government and NGOs should take steps to help the adolescents by raising awareness through training in the mass media and also at schools and youth clubs on sexual and reproductive health. Some respondents mentioned curative health service, which should concentrate on adolescent health issues, and would maintain the privacy of their information. Boys also mentioned that they would like to know about how they could control themselves when they felt sexual desires. In addition, some boys mentioned in a FGD-
• If there is a book on these (adolescent sexual problems) in school curricula, it will be helpful.
• Sexual activities among us may increase after training on sexuality.
• There may be some resistance but I think it will be better for adolescent if it is in their syllabus

Some respondents expressed their concern about resistance from elders on adolescent sexual health programs and it might be better if that program would be school based, or health center based, so that elders would not look badly at those programs. I talked with a few parents about adolescent boys’ expectations on sexual health issues and most of them expressed their doubt whether it might lead them (boys) to explore their sexuality more or might make them be sexually more active. But when the boys’ health situation were shared with them, some of them felt the need for an adolescent health program in general, along with a sexual health component, but it should be consulted with parents or social leaders. At the same time some youth organizations expressed their desire to cooperate, or collaborate with the government or NGOs regarding adolescent health issues, if they have the opportunity.

5.2.6 Discussion:

From the above discussions, it seems to me that adolescent boys face a lot of sexual health problems in their daily life. Due to lack of appropriate health services and/or social/ parent’s negative attitude towards their problems, they were reluctant to seeking care. As a result of negligence to those sexual health problems, their future healthy life might hamper seriously in the long run. Youth friendly health programs by NGOs, government, and youth organizations can help the adolescents to overcome their sexual health problems by raising awareness and providing curative health services to all categories of adolescent both boys and girls, both married and unmarried, both students and non-students. Special attention should given to religious schools which are mostly by passed by NGOs and government health programs, where many adolescents are studying, most of whom will be the religious leader/ Imam and those Imams have strong influence on the general public, especially in rural areas. By involving those religious schools in youth (sexual) health programs, it would be a good long-term initiative. They will also benefit from the program as some of them also face those health problems and need care or advice as some students and teachers of religious school mentioned to me during the fieldwork.
6. Overall Discussion and conclusion

6.1 Over all discussion:

Existing social-cultural norms in Bangladesh, influenced by religion, prohibit love relationships among young people. Therefore, in most cases, young people who engage in love hide this from of their parents and other relatives. They fear that their love relations might be disclosed or that someone might observes their (lovers') interaction. They feel anxious most of times when they meet their lover. Adolescent boys meet their lovers mostly away from their institutes. Some non-school attending adolescents meet their lovers at night beside their lovers' house to hide their relation from others.

Adolescents are curious about sex. Erotic films, pornographic magazines or books containing sexual arousal stories are very popular to them since it is sexually satisfying. In the study area these erotic media are easily available to adolescents and youths, though these are banned in Bangladesh. Some companies publish erotic books and magazines, without writing the address of those publications. Local bookshops (libraries) collect those, through ‘their channel’, and sell them among adolescent boys, since they are in large demand. Recently some pocket size erotic story-books were seen in those bookshops (libraries) when I visited there (beside study area). They kept it private and sell it only upon request. Sometimes boys collect them from paper selling boys (hawkers) and circulate them among their peers.

Pornographic films are shown at a few places in and nearby the study area, in a semi commercial system, where adolescents and youths for majority of the customers. Some boys buy view cards, which show nude girls, half-naked actresses bathing or embracing actors. Boys are curious about girls' bodies since they hardly have any contact with girls after segregation from the beginning of puberty. The erotic media arouse the adolescent boys, tempt them to engage in sex. Beside these, some cinema scenes featuring an actress in short dress and rape scenes also arouse boys. Some magazines present love or sex related news in such a manner that boys experience sexual desire after reading those. It may be mentioned here that, as there are hardly any recreational activities like games and sports, or cultural functions, and cinema halls etc.- in the study area, which are popular among adolescents, they spend their leisure time with erotic media. The social control on cultural or recreational media leads the youth to be more in touch with those erotic media. So in a way too much social control on recreational activities is ultimately leading the youths to those erotic medias and actions.

Even though wet dreams are a normal biological phenomenon, boys are worried about them. This tension is mainly due to loss of semen. Since semen is considered a very important body fluid, a source of strength and sexual power. They fell worried about their body and future sexual life. These uneasy feelings are intensified by the influence of some so-called sex medicine sellers, who spread misconceptions about semen and its function in the body among people, especially young adolescent people. These sellers use leaflets, advertisements in magazines and daily newspapers, and publicity
through microphone in public gatherings to spread these ideas. In recent years these types of publicity have increased considerably. This myth about semen’s function in the body is spreading from generation to generation, from older to younger friends.

‘Hot and cold’ perceptions about the body are also seen among some adolescents and adult people. Semen helps the body keep it hot and strong. As semen is the source of power and supplies heat to the body, after losing semen, the energy of the body is reduced and thus it becomes weak and cold. It is a general belief among the people of the study areas well as with many other people of rural Bangladesh, if anybody loses huge amounts of semen, his body will not be able to produce the necessary heat and as a result the body may malfunction. Therefore, losing semen means losing body heat, losing body heat means malfunction of body. The body needs the balance of hot and cold. If this balance is somehow disturbed, the body starts malfunctioning. Once the body starts to malfunction, disease may attack the body and the health of that person will be adversely affected.

In addition there are misconceptions about semen, which many rural Bangladeshi people are getting from the older generations. One idea is that if one loses his semen in an early stage of life, either through wet dreams, masturbation, or pre-marital intercourse, there will be a shortage of semen in his body later in their married life. As a result his wife will insult him, as he will not be able to satisfy her by having sex. Some people even believe that they might be impotent if they lose semen frequently by practicing masturbation or experiencing wet dreams.

Semen is considered to be a symbol of a man’s ‘real’ power, which is locally termed as mordami shakti (masculine power). So if a morad (man) loses huge amounts of semen, he is losing his masculine power. A young man without mordami (sex) is looked down upon by the society. Not only before marriage, sometimes after marriage, parents, specially some mothers, feel worried about their sons health after marriage if they (boys) had frequent sex with their wife, fearing that they might become weak by losing semen. This is my practical observation as an inhabitant of a rural village for the last thirty years. Even, I have seen a few old women expressing this type of tension when their sons stayed long time in a more private room with their wives. These women assumed that in private room young boys would engage in sex with their wife more often, thus would loss his health by losing semen. These ideas are seen among the adolescents of my study area. As a result, they used to fell tension after losing semen through masturbating or wet dreams.

The ideas about semen are deeply rooted in the people’s beliefs. A long time ago, there were no or very few bio-medical doctors in rural areas. People mostly got treatment from Kobiraz or Ayurvedic doctors who explained the function of the body and semen in the above manner to their patients since they got the same idea from the Ayurvedic text. Still those ideas are profound among many populations of India, especially in the West Bengal. (See Aziz & Maloney 1985: 116-117). The people of Bangladesh were and are still, closely connected with the people and culture of the West Bangle. Most Ayurvedic doctors were Hindus, who were more connected to the people of the West Bangle, due to the religious affinity and blood relations. Thus these traditional doctors spread the idea about semen among the rural people of Bangladesh. These misconceptions are still widespread even though bio-medicine strongly
dominates the health sectors in Bangladesh. So the adolescents' idea about semen should be viewed carefully and their misconceptions should be cleared through sexual and reproductive health education.

Now let us have a look on homosexuality. In the study area many respondents mentioned that a considerable number of adolescent boys practice homosexual intercourse. Due to a strong social stigma, nobody admitted, if they are involved in this practice themselves. Due to then strong segregation of adolescent girls from boys, boys become closer to other boys and establish friendships. Sometimes this leads to homosexual practices. In the study area, there are many sexually influential factors, like availability of sexual arousal media, which arouse the sexual desire among adolescent and young people. As there is less chance to have sex with girls due to segregation and a strong negative attitude in society towards friendship between boys and girls, boys explore alternative ways to fulfill their sexual urges. Sometimes, boys cannot control their sexual urges and engage in sex with other boys. Some favorable situations that influence homosexuality are seen present in the study area. Here, there are some institutions where many boys, between the ages of six to twenty five years, live together in some very congested dormitories. Most of them can not mix or have no chances to talk to girls as the institutions have no female students or teachers strictly supervise their students, so that they can not meet girls. In some of these types of institutes, boys are not allowed to leave the school campus except in emergency cases. In the student dormitory they sleep with their friends, sharing beds or sleeping with many students on the same floor. They do not have any facility to watch cinema, TV programs or other any other cultural programs. In their classes, they are taught that a girl's body is impure due to menstruation and sex with girls is bad and makes a man impure too. So these teachings of controlling boys' sexuality, make a bad impression among those students about girls and sex with girls. Lack of recreational activity and discouraging of contacts with girls lead them to fulfill their biological need for sex from alternative sources like masturbation or having sex with other boys. The respondents who got treatment for their STDs admitted that there were many homosexual cases among their circle of friends and also among others in their institute. Homosexuality appears to be more present in Chakaria than in other parts of Bangladesh. It is also found in the study that poor boys in certain schools and tea stall are most vulnerable to enforced homosexuality by man in higher status (shopkeepers, teachers and older boys). Now let us look into the heterosexual practices.

Heterosexual intercourse among adolescents in the study area is common. Some sexually active adolescent boys described their sexual life stories, where it was found that, some boys were engaged in sex with a few girls and even with prostitutes. These girls were either their lovers or so-called local 'bad' girls who engaged in sex either for pleasure or for money and gifts. Boys had sex with sex workers, either in the village or in hotels when they visit cities. According to the boys, some hotels in two nearer cities were engaged in "invisible" prostitution business at night. Some boys from rich families, who visit town for any family or personal purposes, were visiting prostitutes too. Boys share their experiences of having sex with prostitutes with their peers, who in turn get encouraged. Even though the study area is a remote rural area, time to time, some boys manage to bring prostitutes from urban areas or other unions of Chakaria through some 'broker'. I met a broker who works as a media person with the boys and the prostitutes. He
supplies prostitute many times in the study villages to some adolescent and young boys (non-student, have income) after earning good amount of money for his service. Two respondents also supported him as they mentioned the same history of having sex with those sex workers in the village.

Cyclone shelters were mentioned as a safe place for having sex with those prostitutes at night, as no one would see them while they engaged in sex on the roof of the third storied cyclone shelter. Once some villagers found a few boys while having sex with a 'local bad girl' on the roof a cyclone shelter. Studies (Neeloy et al, 1999, Muna et al 1999, Nahar et al 1999) shows that boys who engage in sex with sex workers contract STDs or HIV/AIDS. Some of my respondents, who admitted their sexual involvement with sex workers, also told me the same. They suffered from STDs after having unprotected sex with prostitutes. After that they became aware of the use of condoms. As in the study area, prostitutes visit sometimes, so boys need special education to protect them while having sex with a prostitute.

Some adolescents also had sex with lovers. I have understood from the boys' responses that a girl does not agree to have sex with her boy friend until he creates pressure on her for sex or until she fell threaten to lose him for her disagreement for sex. Girls engage in love to build a family and have sex with the boy with the notion that they will get married. In reality, the picture is completely opposite. To satisfy the lover, the girl agrees, to have sex. Later she has to bear a lot of the consequences like unwanted pregnancy, abortion, STDs or having to face strong social stigma afterwards. After having sex, boys became confused about the girls' character and some boys label them as 'bad' girls. This self-contradiction might threaten the girl's future life where she might dreamt to be the wife of her lover.

Lets look into porokia, (sexual intercourse with a married woman). Boys also had sex with some married women in their locality or among their relatives such as sister in laws. As those women's husbands stay abroad or out side of their homes for long period of time or are not able to satisfy their wives or the sexual relationship between husband and wife is not good. In these situations some married women engage in sex with adolescent and young boys. A few respondents admitted own and their friends' sexual involvement with married women. Usually the married women initiate the encounter. Sometimes, boys also take initiative by offering gift like shari (cloth) or cosmetics to build relation to have sex later.

Sex during lodging with fellow students in Bangladesh is not uncommon or anything new. Due to economic insolvency, sometimes some boys stay as lodging teachers and later develop a long lasting emotional relationship with the families and their girl students. If the house owner is rich and has less or no formal education, then the lodging teacher gets privilege (as a educated person) in the family and can build relation with his girl student or other adolescent girl of the family. In my present study area there are a few such types of institutions, whose students mostly stay as a lodging teacher in a rich man's house. A few lodging teachers were interviewed, and almost all of them admitted having (had) sexual relations while lodging. This information was supported by some key informants cum youth organizers who had this type of experience as member of the community.

From the sexual behavior of study adolescents, it is found that the boys, who are rich, engage more in heterosexual intercourse than the poor or middle class. At the same time those boys who have
some sort of personal income, or who are earning money, engage more in sex than who have no income. Another observation is that boys, whose fathers are dead, staying abroad, unable to supervise them due to old age or busy with other business, engage more in sexual intercourse than others do. Though the sample is only thirty eight in number, the data indicates that parents, who have a formal education, their boys are less involved in sexual intercourse with girls than those who have no school education. Another observation is that non-students are engaged more in sex than students. The reason mentioned by the respondents that non-students have less of a chance of involvement in love, so when they have chance to meet girls, they try to have sex quickly.

From the above discussion, we get an idea that more adolescents of the study area are sexually active than expected, misinformation about conception abound. Most boys believe that sex with girls for only few times will not make the girl pregnant. So most of them do not use condoms though condoms are available and cheap. As a result, in some cases, girls become pregnant after having sex, as we have heard from many respondents. Based on the comments from some respondents, it is assumed that it is girls’ responsibility to use contraception to prevent pregnancy. In some cases a few boys also mentioned about girls’ use of the contraceptive pill. Boys are seen reluctant to use contraception also for easy availability of abortion medicine.

Therefore, to terminate a pregnancy boys and girls take medicine from the pharmacy, homeopathic doctors or sometimes medically untrained family planning staffs. These practices could have serious effects on the health of the young girls, as in most cases the termination of pregnancy was unsafe. To avoid the social stigma, girls were taking the risk and thus were threatening their life. I assume that a considerable number of abortions occur very privately in this area based on most respondents’ experiences. Hospital doctors have similar ideas like me regarding contraception and abortion. Nationally the area is still identified as the lowest family planning performing area in Bangladesh.

As I mentioned earlier, boys did not use condoms while having sex and as a result they contract STDs. Many sexually active boys reported STD symptoms though they had no clear idea whether those were sexual diseases or not. A few boys only knew about some mode of transmission of AIDS. Except AIDS, almost no adolescent boy knew the obituary other sexual diseases. Most of those who were infected with STDs did not seek health care and hide their sexual disease due to feeling shame and guilt. Thus they threatened their health. Therefore, at the end of this discussion, we can say that, the secrecy of sex hampers the lives of these young adolescents.

6.2 Conclusion:

From the study it is found that many adolescent boys were engaged in love and a considerable number of them were engage in sex. But boys face self-contradiction regarding sexual matters. Sexual enthusiasm leads to sexual experimentation. Sexual experimentation, such as practicing masturbation and / or engaging in sex with a boy or a girl, gives them pleasure but also mental anxiety after losing semen. This creates feeling of sin and guilt, a fear of losing prestige, or a fear of social stigma. This self-contradiction conflict his self-desire for sex and the morality related to socio-cultural values and people's
attitudes towards his sexual behavior. On the other hand availability of erotic media aroused sexual
desire among adolescent and push them to engage in sex.

There is vast gap between the social norm of prohibiting sex for adolescents and its actual
practice. Whether the society may recognizes it or not, the reality is that some boys are engaged in sex in
their adolescence. They have a lot of misconceptions about their health and sexual behavior. These
misconceptions, along with the social norms related to their sexuality lead them to feel anxiety over their
sexual behaviors, which seriously affect their mental health and well-being. Besides these, to maintain
secrecy, they hide their sexual diseases and refraining from seeking treatment in time, thus threatening
their life. Therefore, in fine, we can say that the secrecy around sexuality, threatens the life of
adolescents.

6.3 Recommendations:

There is a lot of misconceptions among adolescents and young people regarding their sexual
behavior and practices and its effect on their health. They are lack of knowledge about their body, body
functions and sexuality. Adolescents need a comprehensive knowledge of physical, sexual development.
They should get information about their sexual behavior at the beginning of adolescence. Besides
providing information to raise awareness on sexual issues, Government and Non Government
organizations (NGOs) should come forward to offer youth friendly sexual and reproductive health
services. It may be important to mention here that usually people express their fear that giving
adolescents such information would lead to premature experimentation of their sexuality. Contrary,
surveys in some developed countries indicate that, lack of awareness and impoverishment of human
relationships account for most sexual adventures. A sense of inadequacy in sexuality not only impairs
sexual function but also leads to disabilities in the other adult roles. (Muss R. (ed.) 1971: 36).

It also very important to remember that adolescent boys have their own perceptions/ explanations
about their bodies, body functions, sexual behavior and practices along with their effects. Before
designing any (sexual) health program for them, their perceptions should be understood in their context.
After understanding their perceptions, the program can be designed which will help to identify where the
gap is and what the program should cover.

6.4 Suggestions for further research:

1. This study was mainly conducted based on adolescent boys’ perceptions. In addition it is important to
know the girls’ perceptions of their own and boys’ sexual behavior and then compare the findings of
the present study, which may help to design on appropriate adolescent sexual health program. Thus
the study suggests conducting a similar study with adolescent girls.

2. Boys had mentioned many abortion cases in the study area. It leads me to think that abortion issues
should be studied in-depth on how and under what circumstances those conceptions and abortions
are taking place. I propose a study on abortion among adolescent girls, and more also about role of
boys in abortion.
3. More research needed on enforced homosexual and heterosexual relationships and rape in order to be able to protect the potential victims.

4. Furthermore a large-scale study can be conducted based on both quantitative and qualitative survey methods to offer statistically significant results on adolescent sexuality.