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Chapter 16

Continued high-risk behaviour among Bangladeshi males

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Abstract

This chapter reports on a 1995-97 research project that interviewed just under 1,000 male respondents, single and married, in Chittagong City and two rural areas in southeast Bangladesh. It was found that half of all males had probably experienced premarital sex by the time of marriage and about one-fifth of them had experienced sex with prostitutes. Levels of extramarital sex by married men were considerably lower but a higher proportion of this group frequented prostitutes. A majority had heard of AIDS but knowledge was closely linked to education. Many were not aware that AIDS was a fatal disease and there were only limited signs of behavioural modification. Levels of condom use were very low, particularly among the less educated. A lack of openness with regard to sexual issues means that opportunities for improved knowledge are limited.

As we approach the new millennium over 30 million people throughout the world are estimated to be seropositive and a further 12 million have died of AIDS (UNAIDS 1998). Most of these illnesses and deaths have occurred in Africa; but it has been stated repeatedly by UNAIDS, WHO and other international agencies that the centre of the pandemic is shifting to Asia, specifically South and Southeast Asia. This is because of the huge populations of these countries and because these populations experience many of the key risk factors associated with HIV/AIDS, including high levels of intravenous drug use, unscreened blood supplies, and a high level of prostitution.

Here we look at the situation with respect to HIV and AIDS in a country in the heart of the region, Bangladesh. According to estimates recently released by UNAIDS, Bangladesh has one of the lowest levels of HIV in the region. Concern, however, has been expressed that this may change rapidly given much higher and rising rates in Bangladesh's immediate neighbours, especially Burma and northeast India, but also to a lesser extent India as a whole. Of concern, too, is evidence of a high level of reproductive tract infection and a lower but substantial level of sexually transmitted diseases. There is also evidence of substantial commercial sex in the towns and especially in the larger cities including Dhaka and Chittagong.

While factors such as intravenous drug use and unscreened blood supplies are of concern, the major determinant of future HIV rates in Bangladesh will almost certainly be sexual behaviour, primarily heterosexual behaviour. Intravenous drug use rates appear to be low though there is a potential risk of a rapid increase as has happened in northeast India (Khan and Arefeen 1989:115; Chin, Dunlop and Pyne 1995: 2; Hossain, Bhuiya and Streatfield 1996: 67). Poor screening of blood is a concern especially as a major source of blood is professional blood donors. However, as few hospitals are provided with blood supply facilities or storage the potential danger here is probably limited. Because of strong

controls on the sexual behaviour of young women there are reports of male homosexual behaviour before marriage (marriage is virtually universal) and bisexual behaviour after marriage but both appear to be limited and of marginal importance in the spread of HIV.

Sexual behaviour in Bangladesh: what is known?

Societal norms act to discourage and even to deny the existence of sexual relations outside marriage. Nearly 90 per cent of Bangladesh's population is Muslim and most of the remaining ten per cent is Hindu. The tenets of both these religions strongly condemn extramarital sexual activity and indeed any overt expression of sexuality. The behaviour of women is particularly affected. Among both Muslims and Hindus, women who are judged to be too open in their relations with men are likely to be condemned as immoral, effectively proscribing any relationships of easy friendship. Muslim society, in particular, has been marked by the institution of purdah in which women are expected to seclude themselves from the company of unrelated men. This concern for the reputation of women was in part responsible for early marriage: until recent times the great majority of girls married in their early teens.

Despite this there is clear evidence of significant levels of extramarital sex as shown by the existence of a sizeable commercial sex industry. A number of large brothels, some with several thousand workers, have been licensed since the nineteenth century and enjoy a measure of police protection (Blanchett 1996: 27; Khan and Arefeen 1988: 3). Licensing, however, has become more difficult in recent times and increasing numbers of prostitutes operate without such protection. Choudhury, Choudhury and Lazzari (1995: 13) estimated that there are 100,000 prostitutes, a figure accepted by the Government of Bangladesh (GOB 1997: 20), which estimates that there are half a million clients a day. Blanchett (1996: 123) comments that while it is socially and physically set apart, the brothel is nevertheless integral to Bangladesh society.

There is little real knowledge of how many clients actually visit brothels or sex workers not employed by the brothels. There is even less knowledge about sexual relations that are not overtly commercial.

Aziz and Maloney concluded from an extended anthropological investigation that about half of all young men experience premarital sex, while the level is somewhat lower for females because of greater social control, greater disgrace for themselves and their families if discovered, and much earlier age at marriage (Maloney, Aziz and Sakar 1981; Aziz and Maloney 1985:96). Since the 1970s the average age at marriage of females has risen from under 16 years to over 20 years, greatly increasing the potential for such relations. Average age at marriage for males has risen over the same period from 24 to 28 years (Bangladesh Bureau of Statistics 1996: 123; 1998: 149). These changes have led to the creation of a late adolescent age group of unmarried girls who are conscious that at their age their mothers were not only married but having sexual relations, albeit almost entirely within marriage.

Aziz and Maloney (1985:96) also found that adolescents restrict their premarital sexual activity less because of religious proscription than from fear of punishment and ostracism. Islam, in contrast to the often qualified views of Christianity and Hinduism, places no strictures on the enjoyment by men of sex, provided it is within marriage; indeed Islam regards sex within marriage as one of the good things of life (Sachedina 1990: 108; Amin and Hossain 1995: 1334-1335). Aziz and Maloney (1985: 99) reported that families are not unduly worried about the discreet premarital sexual activity of their sons, at least once they become young men, and are least worried by relations between young people who love each other, appear destined for marriage, and are discreet (Aziz and Maloney 1985: 93-94).

Aziz and Maloney (1985: 92-96) concluded that unmarried men are most likely to have sexual relations with unmarried kin because they find it hard to know other girls, but sometimes also with married brothers' wives for which there is some traditional legitimation. Families may not be opposed to strengthening emotional relations between cousins because marriage between them keeps property within the family, and arrangements can usually be made to keep marriage expenditure to a minimum (Aziz 1979: 120). Marriage between cousins is common and there is often an expectation within the family that it will take place. Consanguineous marriage is most often between first cousins, and, in Bangladesh, they have commonly lived all their lives in the same *bari* or group of adjacent houses built round a compound where residents are normally related by blood or marriage. A study of the Teknaf area in extreme southeast Bangladesh found 18 per cent of marriages consanguineous, of which 16 per cent were between first cousins (Khan 1997), but the level is lower in ICDDR,B's Matlab field station in central Bangladesh. There is an unusually familiar relationship between a man and his elder brother's wife, which may even lead to marriage if his elder brother dies.

Some unmarried men have relations with village girls or with young married women, especially those whose husbands are away for long periods; in the area studied, around ten per cent of husbands are currently out of the country. In other cases, married women are less afraid of pregnancies betraying them. In some cases the village girls or married women in these relationships are very poor or need money or other support.

Aziz and Maloney (1985: 83) point out that men's extramarital sexual relations must be understood as occurring in a social context of frequent marital instability among the Muslim majority population. By 35 years of age one-third of men and one-fifth of women have been married more than once (Aziz 1979: 145-146). Aziz and Maloney (1985) also concluded that while the level of women's premarital sexual activity may be significantly, but not hugely, below that of men, extramarital sex is probably much less frequent for women than for men. In Bangladesh, in contrast to Middle Eastern Muslim societies, but probably in common with other South Asian societies, the sanctions against married women having sex outside marriage are much stronger than those against premarital sex. Aziz and Maloney (1985) reported that married men had sex outside their marriages with the relatively small number of local women who wanted extra money or presents, who were bored with their husbands or hostile to them, or whose husbands were away for long periods. Some men also visit prostitutes when working alone in the cities or the Middle East (Khan and Arefeen 1989).

Aziz and Maloney (1985: 97-98) quoted informants who generally believed that men had extramarital sex on at least the same scale as premarital sex. They reported that the actual social sanctions against such behaviour were weaker than Islam demands: a powerful husband who has extramarital relations with a poor or lower-class woman has little to fear from society or the woman's relatives. The strongest constraint is not his wife's reaction but that of her relatives, especially if they are powerful or well off.

Folmer, Alam and Sharif (1993) in a study based on interviews with 402 condom users in the greater Khulna region found that 29 per cent of all men have had premarital sexual intercourse and almost 7 per cent of married men have had extramarital sex. They suggest that, given the sensitivity of the issue, these figures are likely to be undercounts. Their rural respondents reported much higher levels of both premarital and extramarital sexual experience than their urban or semi-urban respondents. This is surprising, since prostitution, often associated with premarital and extramarital sex, is much more obvious in urban areas in Bangladesh.

Haider *et al.* (1997) in a study of adolescents analysed the results of a survey where respondents were asked when they first had sex. They found that by the age of 19 years 88 per cent of urban unmarried males were sexually experienced compared to 44 per cent of

equivalent rural males. In comparison 47 per cent of urban unmarried 19-year-old women and 5 per cent of their rural counterparts were sexually experienced.

It seems from this discussion of the literature that, while sexual activity outside marriage is morally disapproved of, a substantial proportion of the adult population, especially the men, have experienced it. In many cases a commercial relationship was involved.

The study

In order to explore the levels of extramarital sex and related behavioural issues, a joint research program was conducted by the MCH-FP Extension Project (Rural) of the International Centre for Diarrhoeal Research, Bangladesh and the Health Transition Centre of the Australian National University. The program was concentrated on the population outside Dhaka because it was concerned with whether the conditions existed for a rural epidemic, and besides, this is where over 90 per cent of Bangladesh's population lives.

Fieldwork was conducted in Chittagong City, a city of some 2.5 million inhabitants, and in a string of smaller towns and adjacent rural areas along a 150-kilometre stretch of the Arakan Highway north of Chittagong City towards Dhaka and south towards Cox's Bazaar. The area to the south of Chittagong was less commercialized, and reputedly more traditional in culture and religion, although the whole eastern side of Bangladesh is held to be particularly socially conservative and religious in orientation.

Method

The survey was restricted to men, partly because it was judged that given the patriarchal nature of Bangladeshi society and the limited autonomy of women it was the behaviour of men that was most relevant to whether HIV was likely to become a critical issue. The investigators also judged that it was much more feasible to interview men than women. Initial interviewing indicated that men in general testify fairly readily and apparently with reasonable accuracy on their sexual activities when they are confident that the discussion is confidential and not overheard. As Aziz and Maloney have noted, the pressure on women not to engage in sex outside marriage is so great as to be likely, except in exceptional circumstances, to compromise any information given (Maloney *et al.* 1981: 68; Aziz and Maloney 1985: 99). In addition the nature of Bangladesh society means that it is much easier to interview men than women away from the household where they may be expected to be more open about their behaviour. Men as part of their normal activities spend much of their time away from the household, while women are expected to spend virtually all their time in the homestead.

The research used demographic and anthropological techniques. A survey was conducted of 983 respondents of whom 52 per cent were single and 48 per cent married. A slight majority (56%) was in Chittagong City. The target was 1,000, with equal numbers married and single. The survey did not have many specific questions but areas of concern for broader discussion. While Chittagong City and neighbouring rural areas were specified for interview, individual households were not specified to avoid interviewing in households or near relatives. Men were interviewed while away from the house, working or travelling. The non-response rate was 30 per cent, which was not unexpected for this type of sample and subject. Most refusals were on the ground of not having time, most apparently genuine and arising from the need to interview respondents while working or travelling. Some broke off interviews when they discovered the subject matter, but they were reported as being divided between those who were embarrassed by their sexual activity and those who were embarrassed by its lack.

The interviewers kept on the move not because of concern over the subject matter but to ensure that a wide cross-section of localities and respondents were covered.

The interviewers were trained to listen intently and to display neither prurient interest nor distaste. It was understood that the only reason for the research was the presence of an STD epidemic and the threat of an HIV/AIDS epidemic. The interviews had four major elements: a life-history approach, a list of major discussion areas, which could be approached in any order and which all required short essay-like reports, made subsequently from notes; a list of factual data that was usually completed after the interview from notes; and a final long discussion placing the respondent's sexual experiences in the broad framework of his life, written up in a longer essay at the end.

The characteristics in general conformed to what was expected from the 1993-94 and 1996-97 Demographic and Health Surveys (Mitra *et al*. 1994, 1997). Of the unmarried men, 60 per cent were under 25 years of age, and among the married men only four per cent were under 25, compared to 5.6 per cent in the Husbands' Survey (Mitra *et al*. 1994: 121). Eighty-five per cent of the respondents were Muslims, 14 per cent were Hindus, and fewer than one per cent were adherents of other religions. The atypically low proportion of farmers, six per cent, was a major concern. This largely reflected the areas chosen, but also the tendency of respondents who live in *baris* and undertake at least part-time farm work, when they have a non-farm occupation to nominate that. Also relevant is the relative lack of mobility of farmers and hence their low representation among those walking.

Findings

Non-marital sexual relations

The main findings of the research with respect to levels of sexual activity are covered in Caldwell *et al*. (1999). The data indicate that about half of the respondents experience premarital sexual relations. Premarital sexual activity in the more remote and reputedly more religious southern area, at 33 per cent, was significantly less than in the other two areas. Experience of premarital sex was slightly less among the more educated. Some occupation groups were more likely to have experienced premarital sex, in particular occupation groups connected to the transport industry, for example a bus driver or assistant. Presumably this relates to differences in opportunity. Other occupations, such as students, reported low levels of sexual experience. The issue here may be lack of financial autonomy, an issue particularly relevant to sex with prostitutes but it may also affect non-commercial sex. An unemployed Muslim man commented 'I have never had sex in my life. I have no occupation. I depend on my parents for pocket money. I have no money so I could not have sexual intercourse. Even in love-sex, people require money – a man has to give things to his lover. I am interested in sex. Actually the problem is that I cannot manage the money or I would be enjoying sex'. Premarital sex was slightly less frequent among Hindus than Muslims, a difference apparently due partly to lower frequency of consanguineous sexual activity (the reasons for which are discussed below) and also of sex with prostitutes. The reasons for the lower levels of non-marital sexual relations among educated respondents and Hindus are discussed in more detail below.

A slightly higher proportion of married men (52%) than unmarried men (47%) reported ever having experienced extramarital sex, though a much lower proportion reported a current non-marital sexual relationship, defined as a relationship where coitus has occurred and will probably do so again. Apparently, for most, their experience of extramarital sex had occurred before marriage.

The most common partners in sexual relationships were girlfriends or lovers, neighbours or colleagues, cousins or other relatives (mostly sisters-in-law), and prostitutes; see Table 1. The most striking results here are the high proportion of partners who are cousins or other relatives. This reflects the fact that Bangladeshis live in close proximity with relatives, and hence it is with relatives that close relationships are likely to develop and with whom opportunities for sex are likely to arise. Also, as noted earlier, among Muslims marriage with cousins and relatives is often acceptable and even preferred. A Muslim respondent in Chittagong commented that he had sex with his cousin, whom he wanted to marry, and they had sex for two years. This means that families may be less anxious about sexual relations in such circumstances. Among Bengali Hindus, for whom marriage is exogamous and indeed sex with close kin is regarded as incestuous, the proportion of respondents reporting sexual relationships with relatives was much lower. This helps to explain the slightly lower proportion of Hindus reporting premarital sex, though, as noted above, Hindus were also less likely to report sex with prostitutes. The proportion reporting a sexual relationship with a relative declined with education.

The high proportion of respondents reporting relationships with sisters-in-law, generally the wives of brothers or those wives' sisters, again reflects the nature of household arrangements by which married and unmarried brothers and their wives live close together in *baris*. There is also typically a type of joking relationship, with some licence in discussion of sex, between unmarried men and their sisters-in-law. In some cases when a husband dies the widow may marry his brother.

Among married men who reported extramarital relations, the proportion recording sexual relations with girlfriends or lovers and neighbours or colleagues was a little lower, and with relatives, especially cousins, substantially lower. The proportion reporting relations with prostitutes was correspondingly higher.

The most important finding in assessing the likelihood of an HIV epidemic was that in most cases premarital sexual relationships were not of a lasting nature and that, in general, non-commercial relationships usually consisted of only a few episodes, apparently when young people were finding out about sex and each other.

Table 1
Respondents′ partners in non-marital sexual relations[a]

	Unmarried Men (N=241) %	Married men (N=245) %
Girlfriend	45	37
Neighbour, colleague	9	12
Relatives		
Cousins	22	14
Other	17	12
Maidservant	1	1
Prostitutes	45	47
Males	2	2
Total	**141**	**125**

[a]These percentages add up to more than 100 because of respondents appearing in more than one category.

Commercial sex

Of concern, however, was the high proportion of extramarital sex that was with prostitutes. Some 45 per cent of unmarried men and 47 per cent of married men who had experienced

premarital relations had frequented prostitutes. About 20 per cent of all unmarried men reported paying for sex; 25 per cent of married men did so before marriage and seven per cent after marriage. While the last figure is comparatively low, reflecting a strong social disapproval of such relations, it reputedly involved a greater number of episodes.

There was much less experience of paying for sex among unmarried respondents in the southern rural area than in the northern rural area or Chittagong City. Among the married, it was much less frequent before and after marriage in both the rural areas than in Chittagong City. Among the unmarried the most highly educated were least likely to have paid for sex: for those with no schooling 28 per cent, primary education 21 per cent, junior secondary 22 per cent, senior secondary schooling and higher education 13 per cent. The likelihood of married men having experienced sex with prostitutes before or after marriage was also strongly affected by their level of education, though those with no education recorded slightly lower levels than those with limited education. Twenty-five per cent of married respondents with no schooling reported sex with prostitutes before marriage, 32 per cent of married men with primary schooling, 24 per cent with junior secondary schooling and 15 per cent with higher education. The corresponding figures for commercial sex after marriage were 6 per cent, 11 per cent, 5 per cent, and 3 per cent. Twenty-one per cent of Muslim and 14 per cent of Hindu unmarried men reported sex with prostitutes. Hindu married men were much less likely to report premarital commercial sex and a little less likely to report commercial sex after marriage.

There are several possible reasons why the more educated were less likely to have frequented prostitutes. One reason is simply that many of the more educated unmarried were students who had little or no disposable income with which to purchase commercial sex. Of 50 students only one reported that he had experienced commercial sex (it should be noted that students were not significantly younger than the average unmarried respondents). Excluding students from the analysis reduced the strength of the relationship but nevertheless a significant pattern remained. An unmarried Muslim man: 'I have not had sex with a prostitute because 100-200 taka is required'.

A second reason is that the educated were less likely to visit brothels in the company of friends. Among unmarried men, 17 per cent with no schooling or primary education said they had visited prostitutes in the company of friends, 15 per cent of those with junior secondary education, 8 per cent with senior secondary and 5 per cent with higher education, defined as beyond Year 10. Such groups of friends act to introduce young men to brothels, especially men from rural areas, and indeed to egg them on. An unmarried Muslim respondent: 'My friends want to make a program for having sex with some girls but I always refuse them for fear of catching a disease'.

It is possible too that the more educated have a stronger notion of what appropriate sexual relations should be; this may be one reason why they are less likely to accompany friends in pursuit of commercial sex. The more educated should, through their education and greater access to written knowledge, have a stronger understanding of what the Koran states to be correct behaviour. However, the evidence for this argument from the survey was weak: the educated respondents were less likely to cite morality as an argument against extramarital relations and more likely to cite the greater risks to health and otherwise. The educated may have more to lose in regard to their own reputation. One area where this is the case is marriage. In Bangladesh most marriages are arranged, and a marriage to a well-connected and high-status family can be important to a young man's success in life. This is likely to be particularly important for the more educated: such connections can be critical in getting a good job. Where family status is concerned a young woman's family will only arrange a marriage if they are sure of the young man's personal reputation. A well-educated Muslim businessman also noted that if a man acquired a reputation for promiscuity his father might

disinherit him, clearly a greater issue for those with more to lose. The pressure on the father may be considerable for, as another Muslim respondent noted, widespread knowledge of a man's sexual activities will bring dishonour not only on him but also on his parents.

A good marriage is particularly important for Hindus, partly because of caste and the fear of miscegenation across caste boundaries, and partly because of the strength of the Hindu marriage bond: divorce is much more difficult for Hindus. It is interesting to note that while purdah is stronger amongst Muslims, the Hindus placed greater emphasis on the reputation of individual women and men and its implication for their ability to marry. A Hindu respondent commented that if 'village people came to know that a man was having sex with a girl or woman, she would not be able to marry and the women of the household would not be able to go out of the household. The family would be isolated from society'. While the primary emphasis is on the young woman, a prospective bride's family also wish to ensure that a prospective groom will uphold the honour of the family. While Muslim respondents were also concerned about the need to protect one's reputation, it was clear that the sanctions with respect to men, at least, were much weaker. A rural unemployed Muslim man noted of relationships involving a married man: 'If anyone learns of this illegal relation, then the woman has to face a social judgement. In that case the social leaders can isolate that woman from society. If the man has no influential power in the society, then he can be made to marry that woman as a second wife. But in our country women are always neglected. Men are not judged for this type of social crime'.

An additional factor that may reduce premarital sex among Hindus concerns Hindu notions of sex as being physically draining and not simply, as Muslim belief holds, morally wrong. A 25 year-old Hindu businessman: 'I think sex before marriage is very bad because it can damage sexual power'.

By international standards the recorded levels of extramarital and commercial sex are not high. However, most of this sexual activity was reported to be unprotected. Only 12 per cent of unmarried men and 11 per cent of married men reported always using condoms. Another five per cent of unmarried men and three per cent of married men did so occasionally. These figures are similar to those reported by other studies in Bangladesh: Rich *et al*. (1997) reported from a survey of patients at STD clinics in Chittagong City that 79 per cent had never used condoms.

Awareness of STDs and AIDS

The survey findings suggested that it would be too simple to assume that the infrequent condom use reflects a lack of awareness of sexual diseases and HIV. A high proportion of the respondents said that one of the risks of extramarital sex and especially commercial sex was disease. For a few fear of sexually transmitted disease was clearly a strong factor against sex with prostitutes. An unmarried Muslim respondent: 'Now I don't have sex with anyone because I am far from my village' – where he had sex with a relative -'Besides I don't want to have sex with a gay-girl [street-walker] or a prostitute as I may catch a disease'. A 29 year-old Muslim: 'Several types of disease like impotence, syphilis and gonorrhoea can attack me if I have sex with prostitutes'. The more educated tended to mention disease as a reason against extramarital sex whereas the less educated concentrated on morality. About five per cent said they had caught a sexual disease, the most common being syphilis.

Nevertheless, most respondents did not appear to have modified their behaviour. Some respondents believed that STDs could be avoided by simple precautions other than condoms. A Muslim betel-leaf seller: 'I never used a condom or anything to avoid disease. This was because when we hired a woman we washed her vagina before sex.' A shopkeeper in Chittagong: 'I did not take any precaution against catching disease because I have no idea

of any precautions for preventing disease. Besides I always ask the prostitute whether she is carrying any disease. When they assure me that they are not carrying a disease only then do I have sex with them'.

The major reason for not worrying about STDs is probably that STDs are reasonably simply treated. Antibiotics are freely available from medical doctors, pharmacists and even ordinary shops, and many of the respondents had used them. A Muslim farmer was an exception: 'I cannot go to the doctor as I feel shame and am afraid that the doctor will consider me a disorderly man'. While the easy availability of antibiotics raises a major concern about antibiotic - resistant organisms, it does mean that the respondents did not perceive STDs as a major cause for anxiety.

Arguably, a greater concern should be HIV because of the lack of treatment and its fatal outcome. Awareness of HIV was apparently quite high. Seventy per cent of the respondents said they had heard of AIDS, nearly all of whom said they were aware that it was a disease and most of whom said that it could be contracted through sex (a little over half of all respondents), even if their information was not always fully accurate. A rural unemployed Muslim: 'AIDS may be spread by having sex with a prostitute, by touching an AIDS affected person, by drinking water from a glass used by an AIDS patient and taking food or sharing a plate'. Nearly all who had heard of AIDS said they were afraid of it. However, only half of these and a minority of the total were aware that AIDS almost inevitably resulted in death. A Muslim graduate: 'To the best of my perception, I think an AIDS patient will have an infection upon his penis, his sexual power will be damaged and last of all he will die'. More importantly, for most respondents AIDS is a distant prospect. As yet there have been few confirmed cases of HIV in Bangladesh, and it is clear that the respondents did not perceive themselves as being at great risk, or the perceived risk was not sufficient to change their behaviour. A 22 year-old student: 'When they have sex with someone or a prostitute then they are not afraid of AIDS, because they feel there is nothing sweeter than sex. Their fear is hidden by their pleasure but after sex then they are afraid'.

It was clear that the respondents' knowledge of HIV came from the media as indicated by a close association between knowledge of AIDS and education. A 28 year-old Muslim businessman: 'I heard of AIDS as a sexual disease from the newspaper and television'. A Muslim mechanic in Chittagong City: 'I watched a little of a program on AIDS on the television and learnt about its dangers'. Less than one-third of those without schooling had heard of AIDS, half of those with primary schooling, four fifths with secondary schooling and nearly all with tertiary education. This is probably not because education gives people the ability to read but because it allows people to understand and take an interest in more complicated messages. The media messages may reflect government information programs.

Most respondents associated AIDS purely with prostitutes and said that avoiding them could prevent it. Very few respondents referred to risks of intravenous drug use and poorly screened blood supplies, though a few mentioned homosexual relations. Arguably the respondents' emphases were not entirely wrong. Intravenous drug use is much less than in neighbouring countries though this could change, as happened in a few years in northeast India. Infected blood supplies are a concern but blood transfusion services are extremely limited in Bangladesh. In these circumstances unprotected commercial sex is the primary source of risk and its avoidance would go far towards preventing a major AIDS epidemic.

Respondents who had heard of AIDS were less likely to have had sex with prostitutes than were those who had not: among unmarried men 18.6 per cent compared to 23.2 per cent. This, however, may merely reflect less likelihood of the educated using commercial sex; this, as noted above, may have other causes than awareness of the risks involved.

A public health message concentrating on the need to avoid sex with prostitutes is likely to have limited value. The levels of extramarital sex and commercial sex reported are not by international standards particularly high and are primarily of concern because condom use is very infrequent. It seems unlikely, where there are substantial numbers of unmarried men, most women still marry early, and groups of friends motivate each other to visit brothels, that use of commercial sex will decline. Indeed, increasing rural-urban links may lead to increasing levels of commercial sex, as there are few prostitutes in rural areas. A rural Muslim respondent: 'Having sex with a prostitute is dangerous. If local people come to know of this type of sexual activity then they will cut the hair of that prostitute and force her to leave the village'. A majority of the rural sample that had experienced commercial sex had done so on a visit to a town. A 21-year-old Muslim respondent: 'I had no sex in the past because I lived in a village and had no opportunity for sex. Now I live in the city and have many friends who are having sex. I go with them to have sex with floating prostitutes [streetwalkers]'. Government information programs may need to place greater emphasis on condom use than simply on avoiding prostitutes. While some respondents said that STDs could be avoided by using condoms very few said that AIDS could be, the emphasis regarding AIDS being almost purely on the dangers of commercial sex.

Factors discouraging condom use

Use of condoms was substantially higher among the educated but still well below what is desirable. Among unmarried men who had experienced sex with prostitutes, all respondents with primary education or less had either used no precaution or only an ineffective one. This compared to 82 per cent of males who had junior secondary schooling and 47 per cent who had higher education. No respondents with primary education or less used condoms on all occasions, 13 per cent of respondents with junior secondary schooling did so while 23 per cent of respondents with higher education did so. Presumably most of the difference reflected a greater awareness of the risks of not using condoms, at least against STDs if not AIDS. Some of the remaining difference may reflect a greater propensity by the less educated to visit prostitutes in company. In such situations condom use was considerably lower: among unmarried respondents 18 per cent who had visited prostitutes in company had used condoms as against 30 per cent who had gone alone. The *machismo* element of such groups apparently acts to discourage condom use. It is also possible that when clients are in company the prostitutes' ability to insist on condom use is weakened.

A factor in low condom use was apparently a limited understanding of how STDS could be prevented and the role of condoms. This sometimes applied to those who used condoms. A 33-year-old unmarried Muslim: 'I usually use a condom and wash myself with Savlon after intercourse with commercial girls'. A 22-year-old Muslim: 'I used condom at the time of commercial sex and after completing commercial sex I washed my penis and ate an antibiotic capsule'.

A few respondents feared that purchasing condoms could affect their reputations. A Muslim driver-assistant: 'Most of the time we face many difficulties. When we buy condoms from a shop people will realize that we are going to be involved in activities like this so we cannot use it all the time'. Folmer *et al*. (1993) noted that for this reason 91 per cent of their respondents reported buying condoms at dusk or night, usually from shops outside their local area.

The survey did not directly address the issue of condom use for non-commercial sex but informal questioning indicated that it was infrequent; however, pharmacists in the rural areas, where there was reputedly little prostitution, reported significant sales of condoms to young men whom they believed to be unmarried. Most non-commercial sexual acts, at least

by the unmarried, apparently occurred as the opportunity arose and were rarely planned. A 21-year-old man: 'I made sex very secretly, so there was no opportunity to use a condom'. A 20-year-old Muslim washerman: 'When I met my cousin's wife I did not take any precaution because it was unexpected and instant'. Very few appeared to be much worried by any likely consequences of their actions, for themselves or their partners, except to their reputations. As noted above, the respondents associated STDs and AIDS almost entirely with commercial sex. An unmarried Muslim businessman in Chittagong: 'When I thought my sex partner was fresh or germless then I did not take any precaution'. Another Muslim respondent commented that while he used condoms with prostitutes, 'I don't usually use condoms when I have sex with my girlfriends because I think it is less enjoyable'. A 22-year-old Muslim businessman: 'I did not take any precaution because I knew that girl was very tender aged and fresh. So I did not think it necessary. Besides I knew that if I wash my penis with my own urine I will not catch a disease'. Very few respondents referred to pregnancy as an issue and indeed only two referred to their partners becoming pregnant. One of these two exceptions commented: 'I had sex relations with several girls, one of whom became pregnant. She was several months pregnant. She was trying to trick me. She conceived intentionally and wanted to pressure me into marriage. When I realized this I told her that we would go and visit a friend. Actually we went to a doctor who conducted an abortion. I had to spend 1,000 taka for this'. Generally the impression given was that the men did not perceive the pregnancy of their partners to be their concern.

What was most striking about the respondents' answers was an apparent lack of a strong sense of personal responsibility, especially for the unmarried. While in general the respondents noted that society and religion disapproved of extramarital sex including premarital sex, the unmarried respondents themselves expressed mixed views on the morality of premarital sex. There was a strong view that young people are often unable to control their sexual urges and hence not fully responsible for their actions. A 26 year-old Muslim businessman: 'Having sex before marriage is bad and illegal. But I had sex when I was young. Then I couldn't control myself'. Sex after marriage was perceived quite differently. A Hindu community worker: 'People say that extramarital sex is always bad after marriage. Because his wife is present. If the wife dies after marriage then he will get a second marriage but not extramarital sex'. A Hindu businessman: 'People say of married people that having sex outside marriage is very bad. If a man is not satisfied by his wife he can marry a second wife but not have sex outside marriage'. A Muslim shopkeeper: 'Having sex with a woman who is not one's wife is dangerous. If anybody knows of this relation then the pair will be punished. Besides this, the man is accountable to Allah, because his wife is present'.

There is a perception that young women may have similar urges, but unlike their male counterparts they are not free in their actions. For this reason families exert strict controls over young women. Consequently there are relatively few opportunities for sexual contacts for young males within the village.

The lack of a strong sense of male responsibility may also relate to the nature of a patriarchal society where strong ties between males and females are discouraged, and those that exist are extremely unequal. In such circumstances young men and women are not able to discuss many issues of importance, and certainly not sexual responsibility and sexual health.

Knowledge of sexual health

Moral disapproval of sexual activities outside marriage also means that overall discussion and hence knowledge of sexual issues is poor. The respondents who reported extramarital relations were asked whether others knew of their sexual activities and if so, who. A slight

majority of unmarried men reported that others knew, in almost all cases their friends. The percentage was inevitably much higher in cases where they said they had frequented prostitutes in the company of friends. The respondents were also asked whether they discussed sex and if so with whom. Just under 60 per cent said they did so and again in nearly all cases only with friends. The likelihood of doing so was strongly associated with education. Of unmarried men 49 per cent with primary education or less had discussed sex with others, 57 per cent of those who had junior secondary education and 71 per cent of those who had higher education. In only a few cases were sexual issues discussed with women or sexual partners. In no cases were sexual issues discussed with senior family members such as parents. Given this situation it is not surprising that discussion was largely restricted to such topics as sexual pleasure and experience. In very few cases were such issues as sexual diseases or problems discussed.

Conclusion: reasons for Bangladeshi men's high-risk sexual behaviour

Levels of extramarital and premarital sexual experience are moderate by international standards but probably higher than many observers in Bangladesh may have expected of a socially conservative society. This is a society where there are substantial numbers of young unmarried men; where a dominant religion allows for sexual pleasure, albeit within marriage; where control over the sexual behaviour of young men is much weaker than over that of young women; and commercial sex is available. In terms of the potential for an HIV/AIDS epidemic, the high proportion of sex that is commercial is a major worry. Of particular concern is the very low reported rate of condom use.

Condom use for commercial sex was low partly because the men were not very apprehensive about STDs, which were easily treated; or about HIV, which they did not perceive as an immediate problem, and which many did not realize was fatal. Moreover the circumstances in which commercial sex takes place, with a high proportion of men attending in the company of their friends when condom use would be difficult, and the very low respect that male Bangladeshis have for sex workers, are not conducive to condom use. While the study did not specifically investigate the issue of condom use in non-commercial sex, informal interviewing indicated that it was low, apparently because STDs and HIV were associated solely with commercial sex.

Existing conditions make change difficult. Levels of commercial sex are unlikely to decline substantially in a society where there are far more single young men than single young women, and where relations with the unmarried women remain strictly controlled. Sexual health promotion should probably concentrate on promoting the use of condoms but this will be difficult in a society where extramarital sex is morally censured, many people are reluctant to admit its existence and it is difficult to openly discuss sexual issues. In particular, it is almost impossible for individuals to admit to any relationships that might bring their own reputation or that of their families into disrepute.

The sexual relations that exist are usually furtive and are often commercial. This makes responsible discussion of sexual relations particularly difficult and means that any talk of sex tends to be an exploration of things sexual; concepts such as sexual health or sexual responsibility are almost entirely neglected. The patriarchal nature of the society, which makes close relationships between men and women difficult, reinforces this problem. Even within marriage discussion of sex is difficult. This is an issue of concern with regard to family planning: while men may agree to family planning they often leave its application to their wives, in effect treating it as 'women's business'.

A more hopeful finding was that more educated men were less likely to use commercial sex and when they did so were more likely to use condoms. This may reflect a

greater knowledge of the health risks involved but it probably also reflects more complex differences such as a greater concern among the educated for their personal prestige and a greater reluctance to visit brothels in the company of friends. However, it also emphasizes the difficulty of conveying public health messages to men with limited education, many of whom had no knowledge of AIDS and most of whom did not know how to avoid it. Given that these men are more likely to use commercial sex and are even less likely to use condoms, this is a critical group. The problem apparently is that they are less accessible through the media. Unfortunately there are few other ways of contacting men, especially unmarried men. Such health programs as exist are essentially an extension of the family planning program, and are focused on married couples, primarily on married women.

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