Men's Health Matters

Sexual and reproductive health in Bangladesh is a major area of concern in the context of Bangladesh's capacity to meet the MDGs in health and women's empowerment and the commitment to universal access to comprehensive reproductive health services by 2015. Recently conducted research by the James P Grant School of Public Health (JPGSPH), BRAC University on sexual and reproductive health concerns of married men and their access to service providers in Chakaria, a remote rural Upazila (sub-district) in the south-eastern coastal area of Bangladesh, highlights the critical importance of taking men's health concerns seriously. The study did not seek clinical verification of these concerns. The objective was to understand the men's self-reported concerns and the pathways to information and treatment which they followed.

Men's Health Matters

The research found that men experience many sexual and reproductive health concerns ranging from sexually transmitted infections (STIs) to psychosexual anxieties, with a particularly strong emphasis on psychosexual concerns. Men generally seek services and follow up treatment from informal providers such as village doctors ("quacks") and often spend considerable amounts of money on these providers with varying outcomes. Poor men are increasing their impoverishment by spending a large share of their income on treatment for sexual and reproductive health concerns.

The formal sector provides little by way of services and counseling as it is mainly focused on maternal and child health services. Men therefore have limited choices about where to seek treatment or counseling.

This research provides a new body of evidence which highlights the unmet needs for sexual and reproductive health services for men in Bangladesh. As sexual and reproductive health issues remain neglected, this research is specifically targeted to future policy and interventions, including acknowledgement of the need to engage with the role of informal providers who provide a large percentage of the services. It also highlights gaps in policy debate and implementation that must be filled if appropriate and sensitive SRH services are to be established to meet the needs of poor men.

Research Methodology

The research was conducted in Chakaria, one of the lower performing areas of Bangladesh in terms of health and family planning performance indicators which has a population of around 400,000. It is one of the 465 Upazila (sub-districts) in Bangladesh and is administratively under Cox's Bazar district (Bhuiya, Hanifi & Mahmood, 2007). One thousand households were selected randomly from the ongoing demographic surveillance system listing of ICDDR, B. The interviewers were local men who have at least graduate level education experience and were trained especially for the project. There was a feedback mechanism to the community in the form of a workshop for local providers after the research was completed, and key findings in Bangla were disseminated to the main stakeholders in the District.

Key Findings from Chakaria

Respondents' profile

All of the 693 respondents were married and reported that they were sexually active (they took part in sexual activities at least once in the last three months and expressed desire to do so in the future) at the time of interview. More than a third of the respondents did not have any formal education.

Key Themes

• In rural Bangladesh, in-depth research has found that over half of poor married men reported having personal sexual and reproductive health (SRH) concerns.

- Of these, over 60% sought treatment from private providers, both formal and informal, while less than 10% sought treatment from the government health facilities.
- In rural Bangladesh, in-depth research has found that over half of poor married men reported having personal sexual and reproductive health (SRH) concerns.
- Rates of satisfaction with all treatments were low with more than half dissatisfied.
- Despite this, poor rural men spend significant amounts of money in out of pocket payments to different kinds of providers for SRH conditions.
- Poor rural men's SRH concerns are as much socio-cultural as physiological but they lack access to appropriate information and counseling services and high quality treatment.
- High levels of resort to private and informal providers are partly because they are convenient and share the same cultural understandings of SRH, and partly a consequence of the lack of quality services in the public sector.

realising rights

BRAC UNIVERSITY

Men's concerns in the community & access to services

Respondents were asked to mention sexual and reproductive health concerns in their community. Answers were associated with sexual performance and semen loss though they also mentioned a few concerns possibly associated with STIs. It should also be noted that over a quarter (27%) of them mentioned homosexuality as a concern for their community.

Respondents' sexual and reproductive health (SRH) experiences & access to services

Almost 60% of men (415/693) reported that in the last one year they had or were currently suffering from sexual and reproductive health concerns or anxieties. As noted, these are self-reported concerns which may or may not be medically diagnosed as disease.

Out of these, 63% of those who experienced problems had sought and received treatment. Their main concerns included shortened duration of intercourse, frequent urination/incontinence, loss of semen/nocturnal emissions, loss of semen before and after urination and burning or pain when urinating. Their self-reported sexual and reproductive health concerns are listed in table 1.

*Rounded to the nearest tenth; n=415; multiple response

Men consulted a range of service providers in both the formal and informal sectors for their sexual and reproductive health concerns. Out of 415 respondents who reported sexual and reproductive health concerns 262 (63.13%) received treatment and many of them resorted to multiple options of care. The maximum number of providers consulted for one condition was three and on average one person received treatment from 2.45 providers. In the formal sector, they mainly consulted independently practising MBBS qualified doctors. Informal providers consulted consisted of traditional herbalists (Kabiraj, street vendors of medicine); Palli chikitshak (unregulated allopaths); Homeopaths (unregulated); and faith healers (hujur, pir or fakir).

The qualitative component of the study found that provider's education and experience; shared cultural understanding, availability, affordability, accessibility and traditional beliefs are the key deciding factors when choosing a provider for treatment. A list of the providers visited by the respondents is presented in table 2 although they are not exclusive categories.

*Rounded to the nearest tenth; n=262; multiple response

Among the 262 respondents who received treatment, just over half (53.4%) were not satisfied with the treatment outcome and 46.6% were satisfied with the result of the treatment they received. But, when they were asked whether they would consult the same provider for that problem in the future, 41% said that they would do so, 44% said they would not and the remaining 15% could not decide.

Table-1: Respondents' SRH experiences

Types of Anxiety	Pct of Cases*
Shortened duration of sexual intercourse	40
Frequent urination/incontinence	32
Loss of semen/nocturnal emissions	25
Loss of semen before and after urination	23
Burning or pain when urinating	22
Unable to maintain an erection/impotence	18
Itching or burning	11
Ejaculation before coitus	9
Pain during sex	7
Anxieties about the penis	7
Pain in the testicles	6
Bumps or sores anywhere on the genitals	4
Discharge from genitals	3
Inflammation of one of the testicles	3
Open sores	2
Bleeding from genitals	2
Worries about masturbation	1

Source of Finance for treatment

A total of 69 respondents spent Bangladesh Taka 5740.29 (US$ 83) on average in the last one year to receive treatment for their SRH concerns. It was found that many of them used more than one source to pay the cost but the majority of them spent from their current income.

Client satisfaction

Respondents suggested ways to improve current services, such as a specialized hospital with a community outpost in every village; specialists on male SRH issues available in their locality and ensuring treatment costs for these conditions are affordable or free for the poor.

Table-2: Providers accessed by the respondents

Service Provider	Pct. of Cases*
MBBS Doctor (sitting in a private pharmacy)	66
Local Kobiraj (Traditional herbalist)	45
Pallichikitshak (village doctor)	39
Homeopath	25
Pharmacist (drug store)	19
Street Vendor of Medicines	13
Govt. Health Center	9
Family Member/Home care	5
Private Clinic	4
Ojha/Boidda	3
Hakim	3
Paramedic	3
Hujur	3
Peer Fakir	2
Friend/Neighbor	2
NGO Clinic	2

Research Funder

The research was funded by the UK Department for International Development Realising Rights Research Programme Consortium (Grant no. HD43).

DFID Department for International Development

CREDITS

Research Team:
Dr. Sabina F Rashid
Illias Mahmud
Owasim Akram
Dr. Hilary Standing

Research Brief:
Shahanoor Chowdhury

Concept & Design:
Tapan Biswas
Tisa Muhaddes

The research brief was compiled by The Center for Gender Sexuality and HIV/AIDS (CGSH) at James P Grant School of Public Health, BRAC University. For additional information contact Dr. Sabina F. Rashid, Coordinator, email: sabina@bracu.ac.bd

realising rights BRAC UNIVERSITY