

Sexuality and Power

Sexuality is an important aspect of who we are as human beings. It is also a site of power and control. In order to document understandings of sexuality and rights in an urban milieu in Bangladesh, the Centre for Gender, Sexuality and HIV/AIDS (CGSH) at the James P Grant School of Public Health (JPGSPH), BRAC University, in conjunction with the DFID funded Realising Rights Research Programme Consortium recently conducted an exploratory study among public university students, garment factory workers, and sexual and gender non-conforming persons (such as hijras, MSM and self-identified gay and lesbians). Staff or activists from organizations working on sexuality rights and VAW (violence against women) issues were also consulted. Among other things, the study found that sexual practices and acts are not necessarily linked with social identities. As long as they do not rupture the public-private divide or threaten procreative heterosexual marriage, a range of sexual behaviour is permissible, especially for men.

Research Objectives

This research project had the following objectives:

- o To produce a contextualised understanding of sexuality and rights among mainstream and marginalized groups
- o To expand beyond a medicalised public health discourse on sexuality
- o To provide a situational analysis of sexuality and rights that can become the basis for teaching, training and advocacy and that can inform progressive strategies for social mobilization

Bangladesh has never been a closed cultural space. The study was framed by the understanding that economic globalisation processes, urbanization and transnational flows of images and ideas are critical factors in shaping “local” sexual norms, practices and identities in urban Bangladesh. Thus, the study avoided the use of essentializing categories of East/West, or global/local. The research was based on the assumption that sexuality is a site of power, and so of struggle, one

in which the state, the market, the community and the individual are all implicated.

Research Methodology

The notion of sexual rights as an abstract legal concept appears to be removed from peoples’ experience of their everyday lives. The study focused on lived experience, not on an abstract notion of rights. It started from the position that individuals are embedded in their social worlds, and so concepts of sexuality and rights will reflect these. A fundamental aspect of the study was to map the relationship between sexual and social identities.

The study was qualitative and data were collected through focus group discussions, in-depth interviews, structured/semi-structured questions to gather life stories and case studies from participants, and through cases of both positive and negative personal experiences. Respondents all resided in Dhaka city, and were between the ages of 18 to 28.

Key Themes

- o The ways in which different groups understand, articulate and experience their sexualities
- o The relationship between sexuality, identity, and well-being
- o The ways in which socially marginalized groups conceptualize sexual rights
- o Emergent trends, acceptability of alternative discourses, and the relationship to global movements for sexual rights.

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General Findings

Marriage: Procreative heterosexual marriage is central to the control and experience of sexuality. This is true for MSM (men who have sex with men), single women, self-identified gay and lesbians, as well as same-sex loving persons who refuse “western” labels. However, there is an emerging change in the nature of heterosexual male-female relations. Universities act as sites of freedom, for experimentation and exploration of sexual behaviour. University students, especially males, now openly engage in physical relations that are not expected to lead to marriage. Female garment workers are more likely to choose their own partners or postpone marriage. A female garment worker in her late 20s went so far as to say that “*marriage used to be compulsory, now it is optional.*”

Visibility: As long as it remains “private,” a range of sexually non-conforming behaviour is allowed, especially for males. Sexual “deviance” is permissible, as long as it does not compete with marriage ideals, and familial and social obligations are met. It is therefore possible for MSM and gay men to be married and to be in long-term sex relationships with other men. University students reported being aware of same-sex practices among women in residence halls, although these are not widely acknowledged. If discovered, these individuals often pay a high social price, including suspension from the university. Women’s choices are curtailed by the myriad restrictions on their mobility. In addition, women in same-sex relationships tend to pur-

sue anonymity in order to protect themselves from intimidation and violence.

Identities: Sexual practices and acts do not necessarily come with social identities - sexual identities are fluid, overlapping, and difficult to pinpoint. Emergence of groups that now self-identify as gay and lesbian, are organized primarily online. There is intense debate over naming practices: eg. some women reject the term lesbian which they consider too focused on sex rather than love; instead they embrace the term *shomopremi* (women who love other women). Class lines are evident in divisions between gay and MSM. Self-identified gay men tend to be from more affluent backgrounds, and to have more contact with the ‘west’ especially through the internet and other technology. Groups like BOB (Boys Only Bangladesh) self-identify as gay men but domesticate the concept of gay, for instance through marking their nationalities into their names.

Risky Freedoms: A sense of new sexual freedom has emerged in popular culture, including visual media and music for garment workers and university students. However, new sexual freedom can also be coercive and have a negative impact on sexual well being, especially for women.

Technology: New technology, especially the internet, is very important for connecting isolated individuals. However, technology can also hold risks. . Mobile phones enable multiple relations including phone sex, deception, and harassment and are used as surveillance gadgets.

Public Health issues: There is a strong underlying belief that non-heterosexual desire is a disease or psychological condition and that medical science can

cure it. In the case of young gay men, parents are generally not sympathetic. Mental health needs are not being met or given adequate attention.

While many gay men will provide socially-desired answers regarding condom use, in practice condom use is low. Their knowledge of disease transmission is limited; many assume that only unprotected anal sex can spread infection. Access to knowledge of HIV/AIDS, STDs is limited to friends and to online resources. Testing facilities exist but have no mechanisms for attracting people

The public health focus on HIV/AIDS has had contradictory effects. On the one hand, it has medicalized sexual identities (so we associate *hijras* or sex workers with disease, thereby stigmatizing them and taking away attention from other equally legitimate concerns these groups face. But it has also opened up many spaces for visibility, mobilization and resources

Support networks: Friends, rather than family, are the source of support, advice, counseling, especially in terms of ensuring confidentiality. Some of the participants stated ‘*What I can’t tell my parents, I can share with my friends.*’ ‘*Better than sex is sharing about sex with friends here at the Centre.*’ ‘*What is worse than not being able to tell my parents is hiding this from my friends.*’

Safe spaces: Lack of appropriate space for sexual intimacy is a huge social problem for all these groups, particularly for MSM, *hijras*, and gay men. The marginalized groups are forced to have sex in public places. Thus, the act is then interpreted as their habit and instinct and further leads to their stigmatization. Self-identified young gay men are in

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constant fear of humiliation and insecurity, not just of discovery.

Lessons Learned

The research has shown that, at least for men, there are some spaces for negotiation of sexualities, as long as they adhere to the marriage model and their desires or relationships do not become visible in the public domain and disruptive of social orders. But non-recognition of different sexualities outside a limited private space creates social and public health problems for sexual minorities. The major obstacles to individuals’ and communities’ well-being are secrecy, shame, fear, and stigma.

The research process itself has facilitated increased visibility and awareness of gender and sexual minorities, and the process of mobilization needed to understand the interconnections of structures of sexual oppression

Needs of sexual minorities:

- Health service providers need to be more knowledgeable, sensitized, and comfortable in discussions and provisions of services.

- A stronger focus is needed on mental health well-being.
- Educational institutions must include sexuality education within their curriculum.

Participants

- o Public university students (sexual preference unknown for uniformity of samples).
- o Marginalized communities (transgender/hijra, women and men in same sex relationships, including self-identified gay, lesbian, and MSM).
- o Garment workers (females and males).
- o Staff/activists working on sexuality, reproductive and Violence Against Women issues.

CREDITS

Research Team:
Dr. Dina Siddiqi (lead)
Mahrukh Mohnuiddin
Hasan Ashraf

Research Brief:
Tisa Muhaddes

Concept & Design:
Tapan Biswas

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