

Masculinity in *Majma*: An Ethnography of Street Healing in Bangladesh

by Mujibul Anam



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Masculinity in *Majma*: An Ethnography of Street Healing in Bangladesh

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Submitted by
Mujibul Anam
Im Neuenheimer Feld 330
69115 Heidelberg

Supervisors:
Prof. Dr. William S. Sax

Dr. Gabriele Alex

Name, first name: **Anam, Mujibul**

DECLARATION

For submission to the Examination Committee

Regarding my Master's Thesis with the title

Masculinity in *Majma*: An Ethnography of Street Healing in Bangladesh

I declare that

- 1) it is the result of independent investigation
- 2) it has not been currently nor previously submitted for any other degree,
- 3) I haven't used other sources as the ones mentioned in the bibliography. Where my work is indebted to the work of others, I have made acknowledgement.

Heidelberg, 26.02, 2010

(date)

Anam

.....
(candidate's signature)

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Abstract

Based on empirical research in peri-urban areas in Dhaka, this thesis took the form of an anthropological enquiry into the forms of sexuality popularized by street-canvassers and their advertisement and sale of male potency medicines in Bangladesh. The field study raises as well as explores questions regarding male sexuality and sexual health problems. This study has demonstrated, using ethnographic data, one of the multiple ways in which males' sexual health problems are being understood and practiced at the street level. Therefore, in this research, the concept of masculine sexuality and its representation in Bangladeshi society is very central. Street canvassers in Bangladesh are one of the primary contributing agents to the representation process of masculine sexuality among rural and urban males. This process is linked to the livelihoods of the canvassers who are not only so-called 'traditional healers' but also promoters of 'modern' bio-medical ideas. Canvassers primarily produce and sell male potency and enhancement medicines based on their specialization of the male body. This process is reciprocal: Canvassers present an image that sells, which ultimately influences the creation of an idealized estimation of masculine sexuality among the clients. This study has focused on street canvassers' medicine selling situations in order to understand their perceptions and dissemination of 'ideal masculinity,' and its consequences for male health. It has examined the views and narratives of the canvassers as well as the responses of their clients.

This thesis has six different chapters. In the introduction, this thesis discussed research questions and the rationality of the study. Different studies show the emic perception of masculine sexuality and non-disease dimensions of male sexual health. They show the inadequate public health program and sex education to address male sexual health problems. However, people do talk about and seek health care for desirable masculine sexuality and non-disease dimensions of sexual health. Therefore, we can't say that people wait for public health interventions. Street canvassing in Bangladesh is one of the means through which people have the ability to address aforementioned problems.

The second chapter is about research methods and research area. This chapter discussed different methodological issues and researcher's experiences on street study.

This study influenced researcher to think about his identity in the field, at the same time, it influenced him to think about the limitations of street research on a sensitive issue.

The third chapter is about street healers' professional life. Street canvassing is first of all a profession, money earning source for the street healers, and after that it is related with healing. A good performance is must in street healing; performance is also related with the canvassers' quality or it also relates to create importance among the pedestrians. This chapter explores the ways street canvassers establish their importance in front of audiences, the dramatic techniques they have been using, and the dilemma street canvassers have been facing in this profession.

Chapter four discusses on canvassers' narrations and their understanding on masculine sexuality. This also addressed different contains of canvassers speech; where it focused on street canvassers' definition and categorization of male sexual problems, and the process of treatments. This chapter discusses about two major research questions of this thesis. It discusses street healers' narratives which addressed their perception, diagnosis method, problem explanation and treatment process of male sexual health. This chapter also addresses the issue of street healers understanding on masculine sexuality. Here, we see that the street healing is rooted into the Bangladeshi culture and healers combine local cultural ideas with external issues.

Chapter five is about the responses from street canvassers' clients. It explained the socio-economic background of the clients and their sexual health seeking behavior. It also gives us an idea what people think about their own sexuality and how they relate this thinking in their everyday life. Male health seeking behavior was also discussed in this chapter. It is important to note that non-disease dimensions of sexual health are ignored in public health programs in Bangladesh. But none of the respondents (clients) of this research were seeking health care of any sexual disease. However this study does not claim that disease dimension of sexual health is not important, but it claims that non-disease of sexual health is more deepen than the disease category.

Chapter 1: Introduction

1.0 Context: Study on street healing

Street canvassing, *Majma*¹, is a popular means of selling medications in Bangladesh. While canvassers sell different kinds of medicines, those that offer enhancement of male potency are the most prominent. Canvassers² recognize the importance of representing an ideal form of sexual ability, which they also use to measure degrees of impotence. In Bangladesh, the masculine sexuality represented by street canvassers, who focus on healing needs to be understood within a Bangladeshi male health context, where public discussion of sexuality is forbidden (Kabir 2005: 69).

Based on empirical research in peri-urban areas in Dhaka, this thesis takes the form of an anthropological enquiry into the forms of sexuality popularized by street-canvassers and their advertisement and sale of male potency medicines in Bangladesh. Because the ideal image of masculine sexuality is a central focus of street canvassing, I look at how the

¹ *Majma* refers to a gathering of people to observe a performance. In street canvassing, it is very important for a street canvasser to organize a good *Majma*. Canvassers try to get the attention of the people from nearby stations, bazaars, or from a common place by playing music, performing theater activities or telling stories. Peoples' attention is the most important key to a sale for a canvasser. Thus, the performance is very important for him in order to be accepted by the audiences. Therefore, *Majma* is not only significant for selling medicine; the performance of canvasser is equally important.

² In Bangladesh, there are many types of canvassers plying different goods. In most of the cases, a canvasser is a salesperson, selling goods or products. Sometimes, canvassing can be an independent business; sometimes the canvasser can sell something on behalf of a company and receive a commission from the profit. The object of my studies, the street canvasser, mainly sells different medicines to his clients on streets.

'ideal' image for masculine sexuality is defined and presented by the canvassers themselves, and what the corresponding implications of this dissemination are for male health in Bangladesh.

1.1 Research Objectives

Due to contextual differences, the concept of masculinity varies. Through street canvassing, masculinity is presented in relation to sexuality, in which better performance of sexual intercourse is assumed to be central to masculinity. Sexual performance is measured by the males' power to satisfy their partners during sexual intercourse. Following this logic, if a male can highly satisfy his partner, he has a high level of sexual skills and he is the good performer. Street canvassers endeavor to standardize sexual ability with the result that a given lack of performance can be a source of anxiety for their clients. Given this context, I examine how the notion of masculinity and male health are codified in street canvassing rhetoric. The main questions for my study are:

- Who are the street canvassers in Bangladesh?
- What techniques do street canvassers use in organizing street canvassing?
- How is male sexual health problem perceived, diagnosed, explained and treated by the canvassers?
- Who are the clients? What are their motivations for seeking canvasser advice?
- How is canvassers' knowledge related to social structure/culture?

1.2 Rationale of the study

In recent years, sexual diseases such as HIV/AIDS and Sexual Transmitted Infections (STIs) have been given much attention by donors and NGOs in Bangladesh, ignoring non-disease dimensions of sexual health. Public health programs in Bangladesh also echo this. These approaches are all too often represented in the literature as linearly related to health problems rather than explaining how male health is connected to masculine sexuality. In other words, donors and others assume a universal male body and universal experience of health problems, and fail to recognize the cultural/local/contextual nature of such things. Yet the male health dimensions are, in reality, far more complex. Khan et al. (2008), for example, have shown that donors are not serious about non-disease dimensions of sexual health. Schensul et al. also argue that, “males are more concerned about sexual health as it relates to performance than they are about HIV and sexual transmitted infections (STIs)” (2006: 2774). I do not claim that disease dimension of sexual health is not important but I will support Khan et al. and Schensul et al argument, non-disease of sexual health is more deepen than the disease category. Therefore this study on street healing will be an important research to build emic model of male sexual health.

To date, no studies have investigated the role of canvassers as health promoters and their significance when considering the impacts of healing process on male health; nor, indeed, has there been any qualitative study of the recognition of street canvassers in Bangladesh. Yet, since traditional healers are becoming increasingly important to health service issue in different parts of the country (Bangladesh Health Watch 2007: 7), this gap leads to an impoverished understanding of the role of the canvassers on local male populations. This research aims to develop both empirical cases and theoretical analysis to fill this cavity. However, this research will provide an understanding on the process of reproduction of masculine sexuality and its impact on male health. While drawn from case studies in Bangladesh, it is anticipated that the findings will be a contribution to medical anthropology in general.

This research will contribute by providing information on the following subjects:

1. The impact of street canvassers' knowledge/ideas on the male sexuality.
2. The moral nature of the discursive field manifested in 'traditional' health promotions between bio-medicine, state and popular discourses, which link the traditional and with the scientific practitioners.
3. The localized conceptions of sexual practices within a global context, which will help public health workers to reconsider male health programs in Bangladesh.

The field study raises as well as explores questions regarding male sexuality and sexual health problems. I endeavor to demonstrate, using ethnographic data, one of the multiple ways in which males' sexual health problems are being understood and practiced at the street level. Therefore, in my research, the concept masculine sexuality and its representation in Bangladeshi society is very central. However, 'masculinity' is represented in many ways³ with the involvement of various different agents. Street canvassers in Bangladesh are one of the primary contributing agents to the representation of masculinity among rural and urban males. Canvassers primarily produce and sell male potency and enhancement medicines based on their specialization of the male body. I hypothesize that this process is reciprocal: Canvassers represent an image that sells, which ultimately influences the creation an idealized estimation of masculine sexuality among the clients. In my research, I focus on street canvassers' medicine selling situations in order to understand their perceptions and dissemination of 'ideal masculinity,' and its consequences for male health. However, I need an understanding of the concepts of sexuality, masculine sexuality, and local conception of sexuality. In the following sections, I write about these concepts.

³ It depends on the context we are talking about. We can use the perceptions of the media, religion, literature, etc. to understand masculinity.

1.3 State of the Art

This research addresses a wide range of concepts that are related to masculinity, sexuality, male sexuality, and street canvassers. I am not examining ‘masculinity’ or ‘sexuality’ as a concept, but rather the dissemination of the notions and expectations of masculinity and male sexuality within a particular cultural health sphere. Therefore, defining the terms ‘masculinity’ and ‘sexuality’ is not my main concentration. Rather, I use preexisting definitions in order to conceptualize male sexuality and its relation to my research. However, it is important to note that masculinity is a very wider notion; therefore, I use the conveyed image of masculinity to understand male sexuality. I argue against universal notions of male sexuality, and/or that I use methods of others to identify and define a local form of male sexuality.

1.3.1 Masculinity and Masculine Sexuality

Gutmann (1997) argues that, though anthropology has always considered *men* talking to *men* about *men*, it has yet to examine men *as* men. He reviews recent anthropological works to explore understandings and debates of masculinity, paying special attention to the female issues in the anthropological study of masculinity. Gutmann also discusses the ‘cultural economics’ of masculinity: The notion of cultural regions in relation to images of manhood, male friendship, machismo, masculine embodiment, violence, power, and sexual faultiness. He shows four different ways in which anthropologists conceptualize masculinity:

The first concept of masculinity holds that it is, by definition, anything that men think and do. The second is that masculinity is anything men think and do to be men. The third is that some men are inherently or by ascription considered 'more manly' than other men. The final manner of approaching masculinity emphasizes the general and central importance of male-female relations, so that masculinity is considered anything that women are not (Gutmann 1997: 386).

Gutmann has four classifications define masculinity. They show a clear boundary line between masculinity and femininity, with there is nothing in-between. The third concept demonstrates the inherent hierarchical status of masculinity among males, though it does not address the sexual relationships among the males. However, Brittan (1989) disagrees with the idea of masculinity as being a measurable concept. He argues that the assumption, which characterizes men with some “discoverable dimension,” is “problematic” (Brittan 1989: 1). Perceiving the measurability assumption as suggesting that masculinity is timeless and universal, Brittan disagrees that masculinity is an impossible object of study and notes that, “masculinity must begin with its place in the general discussion of gender. Since gender does not exist outside history and culture, this means that both masculinity and femininity are continuously subject to a process of reinterpretation” (Brittan 1989: 1).

My agreement with Brittan’s assessment that masculinity studies are influenced by the prevailing gender-role dialogues will play a central role in how I carry out and interpret my research. In this context, masculinity does not refer only to the male domain; rather, masculinity refers to males’ interaction within a similar and opposite gender relation. Therefore, there is a strong influence of feminine values in the understanding of masculinity.

Cornwall and Lindisfarne both define ‘masculinity’ from the Shorter Oxford English Dictionary, in which the idea of masculinity is related to sexuality. This definition offers masculinity as:

Having the appropriate excellence of the male sex; virile, vigorous and powerful. ‘Masculine’ may describe attributes, actions and productions as well as certain inanimate objects which are connected with the male sex because of some essential quality, such as relative superiority or strength (Cornwall and Lindisfarne 1994: 11).

This definition considers masculinity to be a ‘quality’ for males, where a given male can exhibit particular characteristics in order to show his sexual ability; notably, this definition does not cover the social relation of male homosexuality or the existence of a third gender (such as *hijra*). However, Cornwall and Lindisfarne, demonstrate why the premises and methods of social anthropology are important to the study of men and masculinities. The editors argue that the status of a man, and thus his sphere power and influence, differs from society to society.

Mike Donaldson (1993) explores the notion that the Western conception of masculinity is associated with dominating others in his writing on ‘hegemonic masculinity:’

Hegemonic masculinity is a question of how particular groups of men inhabit positions of power and wealth, and how they legitimate and reproduce the social relationships that generate their dominance. Through hegemonic masculinity most men benefit from the control of women. For a very few men, it delivers control of other men. To put it another way, the crucial difference between hegemonic masculinity and other masculinities is not the control of women, but the control of men and the representation of this as universal social advancement (Donaldson 1993: 655).

This idea of ‘hegemonic masculinity’ is interesting to understand the heterogeneous nature of masculinity. Gutmann’s four concepts of understanding masculinity address the hierarchical status of masculinity among males, but Donaldson’s ‘hegemonic masculinity’ explains the process of establishing this hierarchical relationship. Hegemonic masculinity also opposes the idea that masculinity is solely a form of male dominance over the female. However, hegemonic masculinity, which shares Gramscian views of hegemony, helps us to understand masculinity as a culturally constructed phenomenon. Gilmore (1990) explains the cultural construction of masculinity in his book *Manhood in the Making*, which examines the differing perceptions of manhood. The book seeks to answer:

Why people in so many places regard the state of being a real man or true man as uncertain or precarious, a prize to be won or wrested through struggle, and why so many societies build up an elusive or exclusionary image of manhood through cultural sanctions, ritual, or trails of skill and endurance (Gilmore 1990: 1).

Gilmore seeks the importance of the build-up process of an obscure or exclusionary image of manhood through a particular cultural setting and arrangement. He examines cultural sanctions, rituals, trails of skill, and endurance as means of manhood-making processes in different societies.

However, masculinity in general does not only refer to the understanding of male sexuality. Masculinity is understood with the cultural construction of male identity and its relation to the society, but I am focusing on male sexuality and its relation to male identity. Therefore, for the purposes of my research, I will focus my perception of masculinity within the sphere of male sexuality. In my research, “masculine sexuality” is defined as male sexuality and its relation to the culturally-defined male identity. Here, masculine sexuality will be a social conception of males’ sexual position, though the male-female sexual category is problematic. Under this limitation, this research takes Gilmore’s idea of ‘Manhood in the Making’ to explain the influences of street canvassers’ medicine selling situations. Street healing is rooted into the Bangladeshi culture and healers combine different local cultural ideas in their street canvassing to represent real man. Therefore, street canvassing is here a cultural sanction as means of manhood-making process in Bangladeshi societies. It is also a unique resource to build emic model of male sexuality. In the following section, I shall talk about emic perspective on male sexuality.

1.3.2 Emic Ideas of sexual health

Varma et al. (2001) examine the vocabularies men use in India to describe their sexual health problems. The authors also explain the cultural perspectives and local health practitioners' views on the vocabularies. Two major male sexual health problems, *Kamjori* and *Garmi*, were highlighted. *Kamjori* refers to sexual weakness (which is considered to be one of the more worrisome male sexual health problems), and *Garmi* refers to heat and its representative sores and various forms of pus discharges as well as the appearance of boils and pimples. The first health problem, *Kamjori*, refers to the non-disease dimension of male sexual health problem. In the local vocabularies, people are referring to a particular health problem that is not there at the public health level. Khan et al. (2008) draw similar attention to the inadequate research on the non-disease dimension of male sexual health concerns in Bangladesh.

Having conducted their research both in urban and rural Bangladesh, Khan et al. claim to “understand men's emic views about sexual functioning” (Khan et al. 2008: 38). They analyze perceptions of the penis and its links with masculinity. According to them, size, shape and action of the penis are related with male sexual power in the Bangladeshi context. Therefore, “in order to be a sexually powerful man, most men wanted to have a good sized and shaped penis” (Khan et al. 2008: 41). Further, failure to have prolonged sexual intercourse and premature ejaculation are reported to be two major threats for male sexual performance. The researchers argue that the penis is situated at the core of masculinity and penile erections equate to male power and potency.

The needs, which are there for non-disease dimension of sexual health is not only related with public health intervention; rather, there are studies that openly suggest the inception of sex education programs. Cash et al. (2001) note such a need in Bangladesh. They reference a sexual and reproductive health project that was carried out by two organizations in Bangladesh. The primary objective of this project was to investigate the socio-cultural context of risk and vulnerability among representative samples of rural Bangladeshi adults and youth and to develop out of this investigation a sexual and

reproductive health intervention. Noting that there is no sex education offered in government or out-of school education programs in Bangladesh, this article shows the importance of sex education in different educational organizations in order to reduce the risk of and vulnerability to sexually transmitted diseases.

The above studies show the emic perception of masculine sexuality and non-disease dimensions of male sexual health. They show the inadequate public health program and sex education to address these issues. However, people do talk about and seek health care for desirable masculine sexuality and non-disease dimensions of sexual health. Therefore, we can't say that people wait for public health interventions. Street canvassing in Bangladesh is one of the means through which people have the ability to address aforementioned problems. Street canvassing a community mechanism for addressing the issue of male sexuality, though the issue is socially strictly forbidden as a conversation topic. Street canvassing is a forum through which a canvasser can break the cultural norms and discuss sex very openly. In this respect, one can suggest that street canvassing might be a unique cultural source of sex education. After my fieldwork, I do have the research base to substantiate this hypothesis, and I find it important to note that there is at least one cultural arrangement in practice where sex is being openly discussed in a socially permitted way. In the following chapters, I will discuss this issue in detail.

1.4 Organization of Different Chapters

This thesis will have six different chapters. The second chapter is about research methods and research area. I have chosen street canvassers to understand male sexual health in Bangladesh. I thought, as a Bangladeshi male native, the field entrance and the whole field work will be easy for me. But I was wrong; my research subjects, male sexual health and the street canvassers' profession, were not so easy going with me. This chapter will focus on these methodological issues and my experiences as a researcher. It will also describe the situation of on street research settings.

In the third chapter, I will focus on street healing as a profession. Street canvassing is first of all a profession, money earning source for the street healers, and after that it is related with healing. A good performance is must in street healing; performance is also related with the canvassers' quality or importance towards the audience. This chapter will explore the ways street canvassers establish their importance in front of audiences, the techniques they have been using, and the dilemma street canvassers have been facing in this profession.

Chapter four will focus on canvassers' narrations and their understanding on masculine sexuality. This will explore different contains of canvassers speech; where it will focus on street canvassers' definition and categorization of male sexual problems, and the process of treatments.

Chapter five is about the responses from street canvassers' clients. It will explain the socio-economic background of the clients and their sexual health seeking behavior. This chapter will also emphasis on the clients' perspectives of sexuality.

Finally, I will write my conclusion in chapter six. I will draw attention on the importance of street canvasser in public health programs in Bangladesh in my conclusion. I will also show the further research scope on this issue in my conclusion.

Chapter 2: Methodology and Research Area

2.0 Introduction

I heard the word ‘AIDS’ for the first time in my life from a street canvasser though I was too young to learn that word. It is still the most common source how the young boys come to know about the sexuality and sexual diseases in our society. It is not only the fact that the canvassers talk about sex; the very way they present it is also an enormous factor for drawing the attention of people of all ages, even for children.

I have been planning to work with street canvassers ever since I like street canvassing, enjoy their performances, and know the street language; all of these facts have aided me to start working on street healing. Apart from my personal fascination, there was an academic purpose behind my choice of this topic for my MA thesis; there is no anthropological work on street canvassing despite the fact it is an extremely important element in medical anthropology and in Bangladeshi society. However, I have chosen street canvassing to understand male sexual health in Bangladesh. I initially believed to have the privilege to easily access on this topic being myself a male Bangladeshi native. But I was wrong; my research subjects, male sexual health and the street canvassers’ profession, were not so easy going with me. My field experiences repeatedly compelled me to think about my research topic, method and the research settings. I am dealing with a research topic which is extremely sensitive; therefore, I have chosen in-depth tools for my research where I needed detailed descriptions on sexuality. Moreover, I have chosen public places – open market places – as my field. These three dimensions made possible to gain insights about field research settings and methods for a sensitive issue. In this chapter, I shall talk about my field and research experiences which I have encountered.

2.1 Research Setting: Selecting Savar as field

I teach Anthropology at Jahangirnagar University, located in Savar. Therefore, I was interested to work somewhere around Savar. Since I have my university accommodation there, I was interested to use this advantage during my fieldwork period. I also knew that there are at least three daily markets in Savar and its nearby areas; where street canvassing is a common sight. There was no statistical data

available on street canvassing of this region. However, from my personal experience and contacts, I knew that street canvassers are actively selling and healing in the all three market places. These conditions influence me to select Savar for my field work.

Savar is an *upazila* (sub-district) of Dhaka district, Bangladesh. It is approximately 25 kms North-West from Dhaka. According to the 2001 Bangladesh census, Savar has a population of 587,041 Males constitute 54.67% of the population, and females 45.33% (BBS 2001). There are many national and international organizations working in Savar. This area has both urban and rural characteristics; agriculture remains an important source of income and the garment industry is the most important economic activity of this region. The Central Export Processing Zone (EPZ) of Bangladesh operates in Savar, therefore, this area has a wide variety of people, economic strata, professions and lifestyles.

I was happy with my field selection; I was staying in my university apartment and visiting to my field in a regular basis. I have three different sites in my research area. *Nabinogor Bazaar* is one of the sites, which is two kilometers away from my university campus. Other two sites are *Ashulia Bazaar* and *Savar Town Bazaar*. *Ashulia Bazaar* is four kilometers away from university campus but *Savar Bazaar* is very close to university. I have chosen three different sites because of the nature of street healing session. Street healers have their own routine and route to conduct sessions in different places. I was following the street healers, who were my key informants. In the following section, I shall describe these three sites.

2.1.1 Research sites

Nabinogor Bazaar is a market place and a bus stand. The Savar military station is very close to this Bazaar and it is also close to the EPZ area. The factory workers and the military personnel are common people in the market. The national monument is also established here; therefore visitors from inside and outside of the country come very frequently. These give an extra favor to the street healers because they are getting more viewers. I have observed street healers almost every week day in this market place but Friday is the most important day for them. Friday is weekly holiday in Bangladesh – therefore a good number of monument visitors come to visit this place. Workers also come here as visitors that is why Friday is very important for the street healers as they

are having a good number of audiences on this day. Street healers prefer the monument entrance for their *Majma*, however they have an understanding within the street healers about the place, who is sitting where.

Ashulia is my second field site, which is a weekly market taking place on Wednesday. It has few permanent shops which are opened everyday but the traders and the buyers come from different parts of Savar area to *Ashulia* on Wednesday. This place takes a total different color on the market day, not like the other days of the week at all; the number of people coming to buy and sell goods rises substantially. There is a special place for street healers in the market, which is only for them. I have observed twenty street healers in a day in that particular place. This can be very unusual for a newcomer, on my first day in this field; I was really surprised to observe a huge gathering. Later, I realized that the number of buyers is the reason of it. Besides this gathering, this place also has a reputation for a source of all kind of remedies, which are necessary for different street healers.

My third field site was Savar Town Bazaar. Here, the street healers are not as many as *Ashulia* or *Nabinogor* due to the busy and commercial nature of this place. It is really difficult for the healers to manage a place for *Majma* in this bazaar, therefore I have observed only very few street healers here. This place is less attractive for the street healers. But I wanted to know about the different dimension of street healing that is why I have chosen this site.

2.1.2 *Majma*: a gathering to enjoy performance

Majma is a well known word in Bangladesh. In Bengali, it refers to a gathering of people to observe a performance. In street healing, healers try to get the attention of the people from nearby stations, bazaars, or from a common place by playing music, performing theater activities or telling stories. Peoples' attention is the most important key to a sale for a canvasser. Thus, the performance is very important for him in order to be accepted by the audiences. Therefore, *Majma* is not only significant for selling medicine; the performance of a canvasser is equally important.

Majma is a short time gathering of male from different age and economic groups. People do not know each other in the gathering where the street healer, as a central performer, delivers his speech to the audiences. The presentations of the canvassers are designed with advices, stories, information and the quality of the healing. The healer, as a salesman, shows the importance of his medicine in his speech, whereas the audiences observe and some of them buy medicine. Since these audiences are also busy with their visiting or marketing purpose, a healer does not have plenty of time for his *Majma*: He tries to convince the audiences within a short period of time.

In my research, *Majma* is very central. I have observed *Majma* to listen from the healers and I have also observed viewers' responses to it. This *Majma* culture is useful to know about a form of information sharing in the Bangladeshi context. *Majma* is conducted mainly in the market places, and market is not only a place for economic or trading issues, rather it is place for all kinds of information sharing. *Majma*, therefore, is one of the centers of the market, a place where healing is being addressed. The nature of the information and the healing methods will be described in the following chapters; here I want to focus on the importance of *Majma* as place for research. In this section, I have tried to give an overview of a *Majma*. I shall discuss more about the encounters which I have experienced during my fieldwork later on, where I will explain more about the importance of *Majma* as a research place. Before going into further depth of my study, the account below shows the research methodology I have used for my work.

2.2 Research Methodology

My thesis title is 'Masculinity in *Majma*: An Ethnography of Street Healing in Bangladesh'. One may ask about the justification of the term 'ethnography' in the research title. My fieldwork was only three months, therefore the traditional year round participant observation was not there in my fieldwork. If some one standardized ethnography is only an output of twelve months fieldwork, in that sense I cannot claim that this work is an ethnography. I shall describe the tools and techniques which I have used in my research.

2.2.1 Research Sample and Procedures

My research population is comprised of three street canvassers, and a section of Savar males. At the beginning of my fieldwork, I conducted a survey in all the three markets in order to have an idea regarding the types, period and duration of the canvassing sessions and the numbers of street canvassers. This was a very quick approach in order to gather some statistical background on street canvassing. I also collected advertising leaflets of street medicine that were available at the markets. From this survey, I selected three street canvassers as key informant.

In the section of Savar males, purposive sampling was used to select the study subjects. This strategy allows the exploration of variations in experiences (Patton1990). In this case, I had 20 street healers' clients as respondent. This number was based on my time and resource availability.

2.2.2 Research Tools and Techniques

I believe that the whole process of street canvassing and the ideas that accompany street canvassing are very much linked with healers' every day experiences. Therefore, utilizing the anthropological methods helped me to understand the contexts that influence street healers to talk about masculine sexuality.

I participated as a viewer in different *Majma* sessions to observe and record my three key informant healers' performance. During this participation, I carefully observed how canvassers speak to their audiences and the responses thereof. I recorded the speeches by canvassers and used the narrations to analyze the discourse on masculine sexuality.

A professional explanation from the street canvassers themselves is necessary in order to interpret their narrations. I conducted one in-depth open interview with each of the canvassers, when I focused on questions regarding their perceptions on male sexuality and health, which they deliver in *Majma*. In these interviews I looked at the medicinal and healing methods that they offer ceremonially.

Not all spectators of street canvassing are clients; some on-lookers buy medicine and some do not. However, the role of a canvasser is not only to sell medicine, but also to promote and disseminate certain ideas. Therefore viewers but non-clients group are also internalizing information, which can influence them in their understanding of sexuality and health. Informal conversation with this group has provided me of an invaluable insight into the etiology of lay perceptions and influences of sexuality and health. However due to restricted time and the research focus I conducted interviews with clients only, focusing on their interactions with street canvassing itself as well as with the canvassers and their narrations.

These tools and techniques have helped me to explore the field, but the experiences which I faced in the field were also very important for the methodological understanding. I have mentioned the experiences I came across to depict the actual scenario and raise a few critical questions regarding the research methodology.

2.3 When sex is the research topic: Experience in the fieldwork

Ahmed (2000) describes the problems of fieldwork in the own native country raising question on insider and outsider position in field work. He shows his own field experiences in his article – “When a Bangladeshi ‘Native’ is not a Bangladeshi ‘Native’. As he argues, “I believe that my ethnographic role was contested, resisted and negotiated by ‘the native’, although I was carrying a ‘native’ stamp. Indeed, my local identity may have hindered my fieldwork” (Ibid.: 207). Ahmed claims that his background, identity and objectives placed him in a position which was beyond his control. In a similar vein, I recognize that my background, identity, and especially my research objectives were so sensitive for my field, which I did not realized before my fieldwork.

Since I was aware about my ethical consideration, I promised to inform my informants of every detail of my research and research techniques. After having obtained informed consent from each of them, I started my work. When I introduced my self to the street healers I received mixed responses from them: They were very friendly with me but at the same time they could not trust me fully. They thought that I may write these street healing issues to the newspapers which could create a negative consequence for their profession. But at the same time, they shown that they are not doing anything ‘bad’

which can be a subject of news. I agreed with them but still faced this situation several times. They also told me about their link with different powerful persons, which was clearly a message that even if I want I could not do any damage of their profession. I did my best to be positive with respondents all the time, I assured them about my position, but still it was not convincing for them all the time. Sometimes they asked me to do some kinds of advocacy for them so that they can do a better business. They requested me to write positively in the newspapers so that the government can take a serious policy for the betterment of street healing. Both experiences were not very good for me: Sometimes they took me as a friend, sometimes they did not. Both my identities, as a Heidelberg student and as a Bangladeshi university teacher, created another dilemma in my field work, since they referred my presence to the audiences, telling them about my research whereby they claimed the importance of their medicine. According to them,

“Look brother – this man is a university teacher. He is doing research on my medicine. He is doing this research in a foreign university – do you know Germany? He is doing research there. Will you still think about my medicine?”

I requested them several times not to refer me to the audiences, but sometimes they listened to me, and sometimes they did not. I do not know what could be the best solution to avoid this situation, but these dilemmas reminded me several times about the limitation of my research. I was working in a situation where my identity was important for my informant, therefore he was interested in disclosing my identity. I am not sure whether this situation could influence audiences to buy medicine or not, but I faced questions from the audiences whether this medicine really works or not. It was a really difficult situation for me as a researcher: On the one hand, I was depended on the street healers since I was observing their sessions, recoding them and interviewing them. On the other hand, they were ‘just referring’ my name to have an extra attention from the audiences, it was a very simple demand from them. The questions from the audiences were also similarly problematic for me: Both yes or no answers were problematic, even if I said I do not know the function of the medicine, sometimes it could mean that I am thinking negatively about the medicine. This situation was really sensitive for my researcher identity and my relationship with my informants. The street canvassers are just asking me for something in return of what they are giving me, but, on the other hand, I was constrained about keeping myself ‘neutral’.

Sexual impotency is the central issue in the *Majma*. One day, a street healer talked about one of my university colleagues' sexual impotency. He claimed that my colleague came to him to buy medicine as his first wife divorced him for his sexual weakness. He also claimed that his medicine has solved the problem of my colleague and now he is happy with his second wife. I did not know about the incident but it is true that my colleague is staying with his second wife. Healers refer about different incidents and they tell about many similar stories, and this was really embarrassing for me. After all, the healer was talking about my colleague and the issue is so sensitive, that I did not ask to my colleague about the incident. I do not know what could be the best approach for this situation but I avoided to ask him since I decided to escape from this incident. Still, some of my other colleagues knew about it; they knew that the healers refer about the particular colleague in the *Majma*. It was fun for some of them; they even asked me whether I have heard it or not. I lied to them, saying that I did not hear something like that in the *Majma*. Some of my colleagues were also interested about my research topic and my findings; some were very keen to know about the 'adult contents' of street healers' narratives. I discussed my research with them in order to get their feedback, I received several important comments from them, but there were also rumors that I am going to produce pornographic magazine. Not only the colleagues but also my students of Jahangirnagar were interested about the research. Some of them even visited the field to observe my *Majma* listening situation. Even some of my friends were very skeptical about my field work. They were very interested to know about my own status, whether I was taking these medicines or not.

Sometimes I was also confused with my own perception. I was listening from the healers – they were talking about ejaculation period, penis size, and proper time for sex very often. These situations also influence my thinking about my own sexuality. I am still not sure whether I shall be comfortable to talk about my own sexuality or not. If some one asks me about my own sexuality, I am not sure what shall be my own position. Maybe I shall be cooperative, but: Shall I comment on my own sexual experience to an unknown or known researcher? I do not know the answer yet.

Street healers, colleagues, friends, and students influenced me a lot to think about these methodological situations and the research. I also faced some other situations which

were also really difficult; nevertheless none of them was as difficult as facing problems to get proper information from the clients. I shall talk about the clients' issues in the fifth chapter.

2.4 Conclusion

In this chapter, I have discussed the research area and methodological issues. I have chosen street healing to understand male sexual health in Bangladesh. Although I got support from my field, my research subjects were not as easy going with me as I thought they would be before I started my field work. Street healers influenced me to think about my identity in the field, at the same time, due to its peculiarity, my research topic drew extra attention from my colleagues, friends and students. This was not only due to the address of sexuality as research topic, but also because of the nature of *Majma*, where healers talk about sexuality very openly. In the following chapter, I will discuss about the street healing profession.

Chapter 3: Street Healing as a profession

3.0 Introduction

My first meeting with Azad Ali - a street healer- was just after his *Majma* session while he was talking with his assistants for the next one. They were planning for a more interesting and attractive session, so that they can have more attention from the audiences. They were checking with sound systems and the role of different assistants during the session. This planning for a *Majma* is nothing but the professional demand of the street canvassing. Street canvassing is, first of all, a profession, money earning source for the street healers, and after that it is related with healing. A good performance is a must in street healing. The performance can be storytelling, music or magic. A good performance is also related with the healer's quality or importance towards the audience. It is a self promoting profession; therefore street healers advertise their quality and their healing quality in a *Majma*. It also assists street healers to have attention from the audience. In this chapter, I shall explore the ways street healers establish their importance, the techniques they have been using, and the dilemma the street healers face.

3.1 Advocacy for Self

It is important to understand the nature of *Majma* and the involvement of a particular street healer within the *Majma* session. Healer is the central role player in the *Majma* and they are very cognizant to establish their control all over the session. Therefore it is very common in the *Majma* that the healers tell their own stories and show the importance of their achievements. A strong biography of a street healer is therefore, fundamental necessity for the healers. I shall discuss about the nature of this strong biography in the following sections.

In my study, I have worked with three different street healers. They are Ridoy Hasan, Azad Ali and Delowar Hossain. They have different backgrounds and with their own differences in street healing. All of them claim to have a strong healing power.

On every Friday Ridoy Hassan sells medicine in *Nobinogor Bazaar*¹, one of my fields. The visitors of monument and the military personnel are the main clients of Ridoy. He sells *Joker Tel*, which is a kind of leech's oil. He claims himself as a traditional *kabiraj* (healer), who has learned this healing technique from his ancestors. He stated it as his family occupation for serving people. Ridoy's grandfather started this family tradition after learning this from an old *kobiraj* who had a remarkable reputation. Ridoy could not recall the name of his grandfather's guru but he proudly tells the glorious days of his grandfather and his master. Ridoy's grandfather was the only *kabiraj* in Savar area at his time. People of Savar did not go to the other areas for treatment; rather he used to visit different places for healing. Ridoy's grandfather had provided all most all kinds of healing at his time and he invented different kinds of herbal medicines

Ridoy's father did not take much of an interest in furthering his father's mission to serve people. However he took up this profession to maintain the family tradition. Ridoy wasn't too eager to pick it as his profession but the sudden death of his father compelled him.

Leech's oil is the main product in Ridoy's *Majma*; he also used to sell *Monmohua*² tree. Both of these medicines, he claims to be used by his grandfather and he holds that they developed it to today's quality. Leech is very common found annelid category in Bangladesh but his grandfather found its medicinal quality. This is the self-advertisement way to draw attention from the audience and earn credential as a very authentic healer. Ridoy also narrates the oil processing mechanism to his audiences. He explains the ways his grandfather had invented and produced the oil. He claims to continue his duty which has been given as a part of family responsibility. Therefore his *Majma* is not only for money making; it is rather a family tradition. Ridoy claims that he has enough property of his own and he does not need to earn money from the street. He gives a statistics of his own property to prove his credential further.

¹ I have discussed about *Nobinogor bazaar* in the second chapter.

² According to Ridoy *Monmohua* is a local tree. But he could not show me the tree. He told me that he used to sell it but now a day he only sells leach oil. I have tried to know about the tree from other healer but I could not inform me about the tree.

Azad Ali is a self claimed *Ayurvedic* healer. He is also the owner of ‘Azad Unani Complex’. This *Unani* complex produces a tablet called *shakti*. The Bengali term *shakit* refers to ‘power’. Azad claims that *shakti* can prolong the sexual intercourse to increase the sexual satisfaction of couples. He claims to be the inventor of the *shakti* tablet, which he learned from his ‘*Ayurvedic* knowledge’. He explains ‘tree’ as a source of sexual energy and the people of his previous generation knew about this power. Therefore, they did not face any sexual problem. But in today’s world people have almost forgotten about these plants. He therefore focuses on plants to produce his medicine. He claims to get training in Ayurveda from India, where he learned the uses of different plants and herbs.

Azad claims as an *Ayurvedic* healer but he is producing Unani medicine. This may be an example of ambiguity of the local understanding of Ayurveda and Unani, where most of the people think herbs based treatment related to Ayurveda and Unani. However these two have a long tradition of different healing methods. People’s acceptances of tree based treatments help Azad and many other street healers to produce male sexual medicine with so called ‘herbal ingredients’. Azad also claims that he has training in Ayurveda from India- it is a way to establish him as a street healer and earn importance from his audiences. Azad promotes his medicine as herbal and at the same time he adds his own training on it to earn credential. In comparison, Ridoy claims his healing knowledge to be learned from his family and Azad draws attention by his foreign training, both with an aim to earn credential as a healer.

Delowar Hossain is the third street healer. He sells medicine on the street for a company, called Green Life Herbal Company. He does not claim his business as a family tradition or self invented. He rather argues that he is working in a company which is very much ‘scientific’ and ‘modern’. He claims to have received training in a modern pharmaceutical environment with a proper knowledge in Herbal medicine.

Mr. Hossain is a 40 years old man. He is selling medicine everyday in *Nobinogor Bazaar*. He sits very close to Ridoy. Ridoy comes to the Bazaar only on Fridays but Mr. Hossain comes every day. He claims himself as a graduate and having pharmaceutical training on herbal medicine. He claims that it is not so easy to produce

a quality medicine by a person. Research is very essential in pharmaceutical and his company is doing research all the time. His company also provides training and latest information to its employees. Therefore he is lucky enough to be the part of his company. Hossain describes his company and its activities towards his audience to establish its importance in male sexual capability. He shows the importance of 'modern' machineries to produce good medicine. He never directly refers to Azad or Ridoy but he says that modern medicine must need a good cover- it must be good looking and easy to carry. Ridoy's leech oil or Azad's own medicine do not have these kinds of qualities. It is therefore Hossain's technique to establish his medicine as a modern one.

Self-advertisement is therefore a must in *Majma*. I have discussed about healer's own achievements on healing but what their own body shows is also a part of this self-advertisement process. I shall discuss on it in the next chapter. However, street posters, and flyer advertisement on male sexual health are also common phenomena in everyday life in Bangladesh. These are focused on loss of semen, premature ejaculation and penis size. These advertisements are also promoting the links of other disease and non-disease dimensions of male sexual health problems. This whole process helps us to understand an informal and popular form of male sexual health seeking behavior and advertisement scenario in Bangladesh. It also shows publicly declared male sexual anxieties and the causes behind those anxieties. The street printed advertisements say about health problem and proposed treatment. The health seekers are requested to meet in a particular chamber in a particular time frame. In the *Majam*, advertisement is more on healers' capability and it is offering healing at the same time. A strong biography helps street healer to achieve attention from the audiences but he needs a story at the same time. This story can be a story of an impotence male; it can be a story of a nymphomaniac female or it can be about every day food habit. The subject of story and its way of delivering are important for the street healers as it is a source of drawing the attention of audiences. This ultimately assists street healers' authority on male sexual health. In the following section I shall focus on it.

3.2 Conducting a *Majma*: the establishment of authority by story telling

A street healer deals with floating people, therefore he needs to draw attention of street people who can come and participate in his *Majma*. Therefore he needs a technique which can attract attention from the audience. Story telling is the most common technique in street healing, which makes audience attentive to healers.

.... *Akta mach purus loker khaben na, Baba bolbo baba master nam?* (Male should not eat a fish, son! shall I say the name of the fish?); *Akta shobze purush ke pongu kore, shobze tar nam jana uchit na bolen* (A vegetable can damage male sexuality, let me say; is it not important to know the name of the vegetable?); *Narir gopon jaiga koyta janan na ki?* (do you know what are the hidden sexual organs of female body?)...

The above suggestions or information are very common in the starting of street healers' speech. They start in the middle of a story which refers major information for male sexual health. When healers ask about the name of a fish which is harmful for male or a vegetable which can damage male sexual ability, it can bring a huge meaning towards the audience. This is a way to draw attention from the audience. They are about to pronounce the name of the vegetable or the fish but they will wait till the end. Viewers will wait to know the names, and the healer will continue with other male sexual problems. This is one way to start a *Majma*; there are other ways as well. Ridoy and Hossain prefer story telling technique but Mr. Azad has different starting technique. He has a group of singers and they perform for *Majma*. They perform to assemble people for the session. Singers prefer songs which are witty and have a story of male- female relationship. Mr. Azad starts talking only when he thinks he has enough listeners in front of him. He has also his own story for the audience. However in every case of *Majma*, Street healers are very careful about their own authority on the crowd. The starting is therefore very crucial for them. It assists to gather listener and at the same time it influences audience to listen from the healer. A brief *Majma* session will help us to know the situation. In a *Majma*, Mr. Ridoy has started,

I would say few words for the gentle and intellectual people who are standing in front of me. All of you are thinking, what are the small worms inside the water of the plastic bowl. Some of you know these and some of you don't. As a

human being it is our duty to know what we don't know. God has been kind enough to give us two beautiful eyes. If you don't see and know anything then after the death God would say "I have made so many beautiful things for you, but you have not seen anything". Leech is such amazing creation of God, superior to many of God's creation. People do the farming of cow, poultry and fish but I have done the cultivation of leech.

If we look on the starting, it is really interesting. Ridoy is talking about very unusual farming- leech farming. It is an uncommon phenomenon for the audience. Therefore it grabs listeners' attention very quickly. Not only, had a rare profession, Ridoy also told about money making sources for the audiences.

I buy leech and sell oil made of leech in return of money. People who are unemployed can contact with me and I can give them work. You are thinking what kind of work? There are so many damp and drain beside your house. Once you go home you take a bucket and collect leech in it. Once the bucket is full of leech bring that to me and I would give you Tk. 12,000. But please remember one thing, if the size of the leech is smaller, the amount of money would also be smaller. Now you have caught leech. You are thinking what you would do with that leech. Definitely you would not cook those, what you have to do is to prepare oil out of these.

Ridoy gives an account of profit for the audience and the quality of leech he needs for his oil. He also tells the oil making process and healing quality of the oil.

Now I would teach you how to make oil out of leech. Once you go home, you can prepare and use those. This oil can cure five diseases, not much only five. I am teaching you how to make oil. You can prepare oil by yourself, and then if you have disease you can use that. If you get the benefit, you have to come to me to tell. I would do nothing but only show my gratitude to God and would think that I could have helped at least one person in this world.

To prepare oil you will need a fruit for which you need not to go too far, this is available at your home. All of you see this fruit on my hand, the name of this fruit is coconut. At first, you have to peel off the fiber of the coconut and then you have to make a hole in it, then you have to put two leeches inside the coconut through this hole. Now if you put those two leeches inside the coconut then they would not die, you also need to put some salt inside it and then the leech would die. You need two more things with it, one is mercury and another one is *sulphur*. You are thinking where you would get these two things. For that you have to go to a chemical shop and have to ask to give you mercury of Tk. 10 and *sulphur* of tk. 5, and then the salesman would give these in a packet. If you forget the name of these two chemical then you only have to tell to the chemist that you would prepare leech oil, and then they would give these two things. You need one more thing, when there was no electricity at the *Kaba Sharif* then this thing was used. This is mentioned in the holy Quran and that is olive oil. That is also available in the shop. You have to buy that of Tk. 50 and then have to pour inside the coconut. When everything is done then you have to close the hole of the coconut. After that you have to put the coconut under the mud for 40 days. After 40 days you have take out the coconut and then you have to open the hole. You would get a stinky smell. At that point you have to put few slices of *Korpur*. This will eliminate all the smell. Then you need to pour the oil in a glass jar that you can use in several purposes, and I am sure you will remember me.

Ridoy shows the secret of his oil. He also tells a story of oil making at the same time. He tries to make a justification of his medicine to his audiences. It is a way to show the transparency and importance of his healing. Healers do not only concentrate gathering of the people but also they focus male sexual health problem as a major problem. Mr. Azad and Mr. Hossain do the similar story telling technique in their *Majma*. I have already mentioned that Mr. Azad prefers songs which are witty and have a story of male- female relationship in the beginning of his *Majma*. He starts talking only when he thinks he has enough listeners in front of him. He starts with the medicinal quality of different trees. He asks different trees' name and function to his audience. It is very

common the audiences were not so known about the trees. It helps him to establish his authority to talk about trees to his audience. He says,

It is a shame that we do not know the names and functions of our trees. But we know the names and figure of our all sister in laws, female colleagues, and female neighbors. How can we keep our health if we do not use these trees? Do you know the name of tree which can make your semen thick? Do you know the name tree which can help you for a prolonged sexual intercourse? You don't know! But our grandfathers knew it. That is why they had needed less medicine. They did their own treatment. Brothers, listen to me, today I shall teach you about these trees. You don't have to buy any medicine if you listen to me carefully and if you follow my suggestions. You don't have to go to doctors, you will be your own doctor and you can have a prolonged and satisfied sex.

Mr. Azad establishes his importance to prove audience poor knowledge on medicinal tree. He uses his singers for a witty session but he presents himself as an educated man. This combination contributes to have a huge gathering in his *Majma*. Delowar Hossain does not have a huge gathering like Mr. Azad. But he conducts his session frequently. He uses a photo album to narrate his story. Ridoy also uses a photo album but Delowar is more focused on his photo album. He has a chronological story for each and every photo page of the album. He continues his speech according to the photos,

Brothers, please come closer. Now I shall show you an interesting photo. Look at this woman. What do you see? She has twelve feet long hair. It is not important but she had eight husbands. All of them died in the first nights of their marriages. Do you know why? I shall tell you the story, before that I would like to show you a photo from which you would be able to see which part of the woman to touch to make her sexually aroused. Do not feel shy by seeing these pictures, because you need to learn it.

This 'about to tell a story' technique continues audience concentration on Delowar. Like two other street healer, he also tries his best to establish his authority.

3.3 Dealing with a secret issue in a public place

In Bangladesh, morally, discussions about sexuality are the sign of breaking social norms (Kabir 2005: 68); men's sexual ability has become public whilst the healers' advice is considered to be a feature of the 'attraction' to sexual instinct/desire. Therefore, one can imagine the situation for street healers. It is needed to be understood within a Bangladeshi male health context, where public discussion of sexuality is forbidden. Though street healers talk about sexuality but they do have a code of conduct for their deliberation. They talk openly about sex but they do not permit children and female in their *Majma*. It is very often that the healers will check for children, and if they have found someone, they will immediately ask him to leave the place. Healers also request their audiences not to permit children to listen to *Majma*. It is also very common that the healers request the females to leave the place. In a *Majma*, Mr. Azad says,

My mother and sisters, please leave the place. This is not for you. It is only for my brothers and uncles. I shall also request to my brothers to take away their children from here.

A *Majma* is therefore age and gender based. Though, it is conducted in an open place but it is not open for all. The social norms of privacy are strictly maintained there. A *Majma* also obey to religious event. Ramadan, fasting month for Muslims, was in the middle of my fieldwork. I have observed a sudden change in the healers' speeches in that month. They were less talking about male-female sexual events; rather they have tried to talk on religious practice and sexual life. They were referring from religious point of view; even they were focusing the importance of Ramadan for sex life. This religious obligation is also going on in the other months but it is not so strong like Ramadan. Delowar was not so comfortable with his pornographic photo album and Ridoy did not show his album in the month of Ramadan.

Street healers stories carries social obligation as well. They have focused on social sufferings and relationship problems due to unhappy sexual life. They refer to different

news where they have evidence of conjugal and family conflicts. In a *Majma*, Delowar says,

You are laughing at me. But look on this newspaper. It is telling us about a female who has gone away with her brother in law. It creates enormous problems in our society. If you do not satisfy your woman, they will leave you. They will go with your brother or they will have sex with your neighbors or your friends. Do you think it will be fine? So listen to me and learn how to deal with your wife.

Above speech is talking about conjugal life and the breaking of faith. It shows the importance why a person needs to listen about sexuality from street healers. The justification to talk about sexuality is there but there are also different responses from the audiences. Sometimes audiences remark very badly about the healers' speech on sexuality. In a *Majma*, Mr. Azad was talking about penis erecting problem. I have found one of the audiences being very critical about Mr. Azad. I was observing him; he was sharing his opinion with other audiences. He was critical about how an old person like Mr. Azad could talk about sexuality in open public space.

Street healers are dealing with sexuality, which is forbidden to talk in a public place. But they are advertising on it - they are describing different dimensions of it - they are offering healing for the sexual problems. Bangladesh is a country where sex education is not provided in the school (Kabir 2005: 71). In this context, it is really challenging for the healers to demonstrate problems and providing healing. They are continuing street healing on male sexual health, and they are careful about cultural sensitive issues. However, sometimes they have faced different encounters, which is creating dilemma for this profession.

3.4 The dilemma in street healing

In a *Majma*, a street healer enjoys his supreme authority. Without this authority he cannot perform his best. This is my experience from the fieldwork. My field experiences show that a street healer wants to establish his command on his audience, and in this how they make their business. But this establishment is not so easy in all the

time. There are other actors and phenomenon, which are involved with street healing. Sometimes police and local influential persons create obstacle for the healers. Therefore they need to manage them. It is an informal business and they do not have valid legal papers for their business that is why they need to pay these actors. It shows a dilemma between a *Majmawala* healer and paying illegal fee healer. Ridoy conducts his *Majma* very close to an oil station in *Nobinogor* bazaar. He sells there on Fridays only, one of his *Majma* days he was sitting in a tea stall without conducting sessions. He had informed me that he could not conduct his sessions due to a local political leader. The leader had asked money from him and he could not manage it. Other street healers also confirmed the similar incidents in their *Majma*. This is one issue for this profession which is demonstrating the lack of power of street healers. When they talk about masculinity, they need to prove their ultimate power to audience but in the business matter they are confronted with uncalled for circumstances.

The dilemma is also there for the nature of the business. In the interviews, all three street healers express their frustration for the low status of the business. Delowar Hossain earns less than twelve thousands Bangladeshi Taka in a month. He has five family members in his family. This money is not sufficient to maintain his family. He is worried about the future of his business. He is not happy the way he is doing his business. He has expressed his frustration to me:

It is in street business. People treat us like ragamuffin (*rastar lok*). They think we cheat people to earn money. They listen to us, and they buy from us. But they do not believe us. There is mistrust. It is due to some people, who do not know anything about healing. They are only making money. Therefore people also think us like them. It is really frustrating. Sometimes I really think about other business or job but I do not know other works. I am not sure what will happen in the future.

Ridoy has the similar dilemma about his business. He has also faced similar constraints. But the family tradition is a vital issue for him. He could not think of alternative means to earn his bread for maintaining the tradition of his family. Mr.

Azad is in comparatively in better condition. He is producing his tables- he is selling those and he has also other salesmen. But he has similar views like other two healers.

3.5 The transformation of street healing

When I first started for my research proposal, I was trying to imagine the street healing situation. In my imagination it was one man's business, a person with healing material and a sound system. In my imagination, the business was one person self produced business, where healer himself is the producer and the salesman. I think my imagination was not unrealistic. In my childhood, I have seen many of the street healers in our local village market. Most of them were very similar with my imagination. However, when I have started my fieldwork, I have observed a huge change in this profession. It is no more one man business – family tradition may be there. But it is more commercial and the whole production system has been changing a lot. I did not see any brand name in street healing in my childhood. But now most of the street healers use a brand name and they have a tendency to establish the brand names. I want to call this new trend as 'semi-pharmaceuticals development' of street healing.

This new dimension of local massive production is mainly for male potency drugs. My childhood street healers also had been talking about male impotency but they did not have a particular table or drug. They had offered their own home made medicine which was either liquid or semi-liquid – sometimes it was oil for massage. They did not use any proper packaging for their product. In the present days a good name, in some extent a good English name is very important. Proper packaging is must and they have a strong marketing channel. In most of the cases, a street healer is a local representative of these pharmaceuticals companies. Street healers buy and sale these medicine only. Sometimes they act like agent, who gets commission for their sales. Most of these semi-pharmaceuticals have only one or two products – a table which they advertise as a local Viagra and genital oil for penis massages.

In my investigation I have found that there are at least three local companies which are producing these type tables. My informant Delowar Hossain, is one of the street healers, who is buying and selling this 'local Viagra and oil'. Delowar collects Q-REX

table and *Anondo* Oil from Green Life Herbal Company, a local pharmaceutical company, and sells in his street healing.

3.6 Conclusion

In this chapter I have shown street healing as profession. In this profession, street healers are having different challenges and prospectus. The new dimension of local massive production of potency drugs can open a new window for this profession but at the same time the dilemma of on street business is also there. However the performer role of a street healer was one of the key issues in this chapter, where I have argued that a strong performance is essential for a good street healer. A good performance assists to establish healer authority on the audience. The content of street healing narratives was not main focus in this chapter but it is important to know what street healers talk about sexuality. In the following chapter, I shall focus on street healers' narratives to understand masculine sexuality.

Chapter 4: Masculine Sexuality: Narratives in street Healings

4.0 Introduction

This chapter will focus on healers' narrations and their understanding on sexuality. The sexual performance anxiety is central in street healers' speech. They focus on loss of semen, premature ejaculation and penis size. However, healers also promote the services of other disease and non-disease dimensions of male sexual health problems. This whole process helps us to understand an informal and popular form of male sexual health seeking behavior and advertisement scenario in Bangladesh. It also shows publicly declared male sexual anxieties and the causes behind those anxieties. This chapter will explore different content of healers' speech; where it will focus on street healers' definition and categorization of sexuality, male sexual problems and the process of treatments.

4.1 There is not any father in-law's home for the *Hijra*: the gender relation in *Majma*

Hijrader kono shosur bari nai (There is not any father in-law's home for the *Hijra*). Azad Ali was telling his audience in a *Majma*. He was trying to focus on the power of male sexuality. *Hijra*, the third gender was a standard for him to make a distinction between an ideal (real) male and male without having proper sexual power. A male must have strong sexual power with which he can establish his masculinity. Mike Donaldson's (1993) idea of 'hegemonic masculinity' and Gilmore's (1990) idea of 'real man' are here in Azad Ali's narratives. Donaldson explains the process of establishing masculine hierarchical relationship with this 'hegemonic masculinity' concept. Azad Ali is searching for an ideal male with supreme power of sexuality. *Hijra*, on the other hand, the least powerful example, and with this example Mr. Ali shows us the parameter that is existing in cultural settings to understand a hierarchy in male sexuality. Therefore, the gender relation in a *Majma* not only related with male-female relationship rather there is an understanding of real and unreal male. In the *Majma*, Mr. Ali has justified his position to give an example from the cultural reality. There is not any father in-law's home for the *Hijra*, which means a *Hijra* does not have access to marriage system nor in the in-law relationship. Mr. Ali also had asked

question to his audiences why a *Hijra* does not have this access. He gave the answer too. He says,

We need to reproduce our generation. A *Hijra* can not do this. A *Hijra* can not have sex as he does not have any machine (penis). He cannot make any contributions to the society. He may have the money but he will not be accepted in any religious or social function. This is an example from Allah. We need to think about this. We need proper care of our sexual power. You may have a pistol (penis) but you will be a *Hijra* if you can not shoot bullet from it.

This notion is clearly related with the searching of real man. Gilmore will say that this is an example of a particular cultural setting and arrangement to build-up of an obscure or exclusionary image of manhood (Gilmore 1990: 1). This is one example of the *Majma*, where we can have an idea of gender relationship. This example is more focused on male-male category but the male-female relationship is the central one to understand the representation of gender relation in the *Majma*. The duties and responsibilities of husband are well described in the *Majma*. The economic security is one of the duties of husband but it is not the main duty of a husband. If someone fails to satisfy his wife he will be responsible for that. In a *Majma*, Delowar Hossain was telling about this issue to his audience,

Brother, you may think that you have got a wife to feed her only. I have enough money; I do not need to send my sister to your home for her food. She can stay with us and have food as much as she wants. Then, why did I send my sister to an unknown male like you? I sent her because she needs something more which a bother can't give to his sister. We send our sisters to unknown persons so that they can fulfill their sexual desire. It's your duty to fulfill her sexual desire, not only food demand. If you do not complete your duty then she may go with someone else. She may go with your driver or neighbor, and you will be responsible for that.

These statements clearly state that the relation between husband and wife is based on sexual relationship. Mr. Hossain is also skeptical about the sustainability of a relationship without having proper sexual satisfaction. Ridoy gives the similar message with a different example. He says about female garments workers and their

empowerment. He says that these workers earn enough for their own food and accommodation. Therefore, they do not need a husband only for food. He says,

Brothers, forget the old days. My sisters are earning now – even sometimes they earn more than you. They are not with you because of your food. They are capable enough to buy food for themselves. Even they are taking care of their parents. They are going to the garments and there they have male colleagues. They chat with them, even they check their penis. If you can not satisfy your wife, she will not wait for you. She will say, ‘Mother fucker – I am leaving you - I have my colleagues’. But when you can satisfy her, even if you are unemployed, you don’t need to worry about it. She will work to earn money and she will feed you. It is fine if you can satisfy your wife but if you fail even God will ask you. You will have a mark of *dauis* on your forehead in the day of *hashor*.

Ridoy argues that the females are not depended for the food and accommodation. The garments industries provide them the opportunity to earn cash money and the self-dependency. Someone can ask about the consequence of this garments work for female and the situation of self-dependency, but that is a different issue. I am aware about that, but here I am more interested to focus on Ridoy’s argument to examine of a *Majma*’s gender talk. Anyway, Ridoy shows the duties of a husband – he talks more about the sexual pleasure. He also argues that the female can provide food or accommodation to her unemployed husband. He is also referring the duty of a husband from religious point of view. He says that if a male fails to satisfy his wife, he will face problem after his death. The day of *hashor* is the final justice day in Islam and this husband will have a mark of *dauis* on his forehead. It will show the husband’s inability to complete his duty to his wife. I was interested to know about the term *dauis*. In a conversation I had a talk with Ridoy about this term *dauis*:

MA¹: What is *dauis*?

Ridoy: It is an Arabic word. It refers to a person who failed to obey Allah.

MA: How did you know about it?

¹ Mujibul Anam (MA)

Ridoy: I have heard it in a Friday prayer lecture. The Imam was talking about it. He was talking about the responsibilities of husband. He told us that if a male failed to fulfill these responsibilities he will be marked as *dauis* in the hashor.

MA: Have you checked it with any religious book?

Ridoy: No, I did not check any book. But I have asked the Imam (Muslim religious leader) for the term and he confirmed me that it can be used for any kind of real responsibility.

Ridoy and his colleagues do not only depend on their *Guru* for their *Majma* speech. They pick ideas from everyday life of Bangladeshi culture. Ridoy has learnt this term *dauis* in a prayer and he is using it in his *Majma*. Ridoy and his colleagues show the duty of husband. In this duty list, they have focused on sexuality, which contribute to find out a point of male impotency and its consequences. In this way, healers are reproducing the male-female gender relation. They remind the duties of husbands to their wives, but sometimes these street healers represent female sexuality in a way, which can represent female as opponent to male.

4.2 Female sexuality and the otherness in *Majma*

Female sexuality is a common issue for *Majma*. In a *Majma*, Mr. Ali said, “You think you are a *purush* (male); you think you are more powerful than the female. But do you know the capacity of female sexual power? They have nine power volt of sex and we have only six power. Then say – who is powerful?”

Azad Ali defines male-female sexuality with his idea of six and nine power ratio. In this statement, he shows the danger zone for the male. He shows female as ‘other’ category. Female stands in a different part with her strong sexual power. But, on the other hand it is male, who has the duty to establish his ultimate control on the female body. Azad continued,

Yes, female has the nine powers but it is hidden. It sleeps in her body. It is your duty my brother - you have to break up the sleep. You have to take the initiative. You are a male. You have to control her in a way that she can surrender totally to you. Though you have less power than your wife but you are a male. You can control her with this sex power. But you have to know the

way out. If you know it, your wife will be under your control. If you can satisfy her properly, she will call you abba (father). She will make good food for you. She will take proper care of you. She will not do anything without your permission.

Azad portrays sexual intercourse as a game and he demonstrates the importance of victory. He talks about males' control on their wife's body. He talks to his audience that a proper sexual intercourse from male part can assist the male to establish his control on his female partner. Sexual intercourse is a game, where males need to win and this victory will establish an ultimate control for the male. They will control the family and social life of their female partners. It is therefore important to know if a male does not win the game. In a *Majma*, Delowar Hossain was talking about the failure case. He had explained the situation with the following sentences,

Last Friday, I was doing *Majma* here. A gentleman came here. He came here by a motorcycle. He came to me and asked - brother can I talk to you for two minutes. I said -yes. He was in good health and I did not anticipate that he had any sexual problem. He was working in a NGO. He married his maternal cousin six months ago. He was healthy and his looks didn't reveal any problem. But, he had problem with his penis. He could not do sex for more than two minutes. His wife warned him several times, but he could not improve himself. Finally his wife left him and now she is living with her parents. She told her parents about the problem. This gentleman is in big trouble. He cannot go to his wife's home as everybody knows about the problem. He could not face any family member. Will you say it, as a life? This man lost his *pouroshotto* (masculinity) and he has lost his status”.

Mr. Hossain shows us the scenario for the failure case in the sexual intercourse. There are also other examples in the *Majma*, where *majmawalas* give description of extra marital relationship and the family broken issue. This performance anxiety is very central in the *Majma*, which is also useful to justify the importance of street healers' medicine. However, this performance anxiety shows us the otherness, which is there in the street healers' *Majma*. Not only the narratives but also the nature of the *Majma* is important to understand this otherness. *Majma* is exclusively for the male – it is a male domain. I have observed that the *majmawalas* requested their audiences not to permit

females to watch *Majma*. They checked several times for female and the children. But, there was an exception in Azad Ali's *Majma*. In his *Majma*, there were two lady singers. They were there to assemble people for the *Majma*. Azad Ali, in his many speeches, refers the ladies. Whenever he had talked about female sexuality, he showed the ladies to get 'good response' from his audiences. It is clearly a technique to draw attention of the audiences, but at the same time it shows the nature of a *Majma*. In this case females are clearly shown as sexual subject for male. Therefore, we can say that *majmawalas* are reproducing otherness in the *Majma*. Rahul Roy – a documentary film maker – produced a documentary on Indian street healers in 2001 called *Majma*. Based on the everyday life of two men - Aslam and Khalif Barkat - Roy explores lay perceptions of male sexual performance. Aslam sells potency enhancement medicine for sexual problems on the footpath of old Delhi's Meena Bazaar. Khalifa Barkat is a guru of an '*akhara*' (community center for wrestling practice) in the park adjacent to Meena Bazaar and puts a group of young men through the moral and physical grind of wrestling on a daily basis. The documentary shows the anxiety, fear, and stress about 'performance,' that are all prevalent concerns related to male sexuality. However, in this documentary Roy does not demonstrate the female otherness issue which prevails in the *Majma*.

I was interested to know about the sources of male-female sexual power ratio example. I have asked all three street healers. They had the same reply that it is in the Quran and in other religious books. But, they could not give me the proper reference. They showed me the references on the classification of female. In a *Majma*, Ridoy was describing different types of female. He says,

Brothers! Do you know about different types of females? There are four different categories. They are *paddini*, *chitrani*, *shonkhinie* and *hostini*. *Paddini* is the best one. They are like Indian film star - Aishwary Rai; they are attractive; this type of female is good for any family. The second category is *Chitrani*, this category is very similar with the first one. But *Chitrani* has more sexual desire than the *Paddini*. However *Shonkhinie* females have the supreme desire of sex. Please do not go with them if you do not have enough sex power. The last one is *Hostini*. They are like our film star, not like the Indian film star. They are weighty but they have sex desire all the time. Now, you may ask me

for the source of this information. This is not my own word. You will get this information in Moksedul Mohsenin. Look here is the book, see pages 210 to 211.

Ridoy had showed the book to his audiences. He brings the book in all *Majma*. It is a book for Muslims. It is written by a Bengali religious leader. Ridoy refers this book to confirm of his speech as a part of religious messages. He gives examples from film stars to visualize different female characters. The categorization is based on sexual desire, and the audiences are suggested to check their capabilities before approaching for some one. Ridoy does not only separate female sexuality from the male, rather he classifies female based on different sexual capabilities. Here, I want to say that the *majmawalas* are addressing female as “other” from the male and sometimes explain female as hankering after sex. They also show that female are by nature immoral and it is male who has the ultimate responsibility to supervise this morality.

In spite of the presence of otherness in *Majma* the audiences are suggested to take care of female. They also mention the responsibilities of the male. The moral advices are therefore very common in street healing. In the following section, I shall talk about moral discourses of *Majma*.

4.3 Daius: the moral-immoral discourses

In the second section of this chapter, I have described about the *Daius* issue. It shows us the responsibility of a husband towards his wife. According to this idea, husband is responsible for his wife’s extra material relationship; it also shows the consequence of wife’s unsatisfied sexual demands. This is one example, where we have learned about responsibilities of a husband. I have also observed many other issues, where we can get these moral advices. Another common example is about the way of keeping male sexual power. In a *Majma*, Azad was addressing about male sexual power in the following way,

I shall say about three important things. First thing, I need to clarify is - never do masturbation. Please forgive me but never do masturbation, then your wife would leave you. If you put pressure on your penis by your hand then your nerve would become loose. Your pennies would never erect when needed. The

second thing, please do not go for sex in the menstruation period. The menstrual blood will burn your penis. You will have it without any nerve sense. Your penis will be black and it will not erect any more. The third thing is related to your character. Please do not go to the bad places. The ladies of these bad places have bacteria in side of their vagina. If you have sex with them the bacteria will come inside of your body and you will suffer”.

Azad shows three different issues to his audiences. This is also common for Mr Hossain and Mr. Ridoy. They do refer these three issues. If we look on the first point - masturbation - we will get particular advice for male sexual behavior. Azad argues that the masturbation is detrimental for the nervous systems of the penis and that is why it will not function properly later. Therefore, his advice for his audiences is not to do masturbation. The similar issue is there in Joseph S. Alter's 'the wrestler body'. He discuss about this point- masturbation. For wrestlers, masturbation is “...regarded as such an abominable waste of semen ...” (Alter 1992: 132) and semen is “... the source of all strength, all energy, all knowledge, all skill’ (Alter 1992: 129). Therefore, it is important for Indian wrestlers to practice particular life styles which can contribute for celibacy and self-control. In the *Majma*, we are observing the moral advices on the similar issue. Masturbation creates problem for the penis and it can create ultimate problem for sexual performance. For an Indian wrestler, it is important to protect his energy to win in the wrestling competition and in this regard masturbation is a problem. Street healers show masturbation as a problem for sexual intercourse performances. These two empirical findings show that moral advice of avoiding masturbation is common in South Asian culture. And street healers mostly refer concept, which are already established in every day life. The other two concepts – menstrual blood and prostitution- are similarly important in this moral discourse understanding.

In a sanitation and hygiene case study of Bangladesh, Kathryn Seymour says about the menstrual blood. She says, “...the widespread beliefs that menstrual blood is polluting and dangerous, and that the menstruating body is weak and shameful, lead to behavior that expose women to health risks” (Seymour 2008:1). This case study portrays the everyday life view of menstrual blood. When a street healer talks about the negative consequences of having sex in menstruation period, he reproduces every day beliefs on

menstrual blood. Therefore, street healer's advices to avoid sex in menstruation period or avoid masturbation achieve a good result, which we will show in the next chapter. Azad Ali's third point on prostitution has a strong moral concern in the Bangladeshi society (Kabir 2005). Therefore, I shall not say much more on it. But Azad Ali's point of bacteria is important here. He gave us an explanation of sexual transmitted diseases. Though, he is talking about 'bacteria' but he is very close to the 'scientific' explanation of this transition process. Azad does not only focus on moral obligation to avoid prostitution but also he talks about the health hazard from his own scientific understanding. Therefore, we can see the combination of moral advice and 'scientific' explanation in the *Majma*. However, these three points were related with heterosexuality, but the point of homosexuality is also there. In a *Majma*, Mr. Hossain was talking about a homosexual boy,

Can you imagine? There are some males who have sex with other male. What a shame! But this is true. And these males are in our society. He has started sex in a very dangerous way. He could not control himself and has started to fuck another boy. This is because of the blood, young blood is hot and he could not control. One day he came to me. He requested me to check his penis. I checked his penis. I am sorry, I can not say in details. But one thing I must say, that was not any more a penis. He had covered his penis with plastic bag. I think this is enough for you to understand his penis condition. In his fourteen, he had started having sex with his male cousin. He did it for four to five years. Now his penis does not function. He went to one hundred doctors and finally he came to me. I shall request you brother not to do this sin. It will destroy your life.

Hossain has a strong appeal to his audiences to avoid homosexuality. According to him this practice can damage male sexual ability. Therefore he has suggested his audiences not to practice this. Homosexuality is termed as 'jeena' in Bangladeshi Muslim cultures (Kabir 2005: 59), which is an unmerciful sin. Hossain and many other healers reproduce this idea in their *Majma*.

Street healers sell medicine to increase male sexual ability. But in their *Majma*, they talk about some moral obligation to use the medicine. All three healers give advice not to use their medicine to enjoy sex with extra-marital relationship, such as sex with

sister in law. They also suggest not to use this medicine for a bad purpose such as convincing a woman, girl or a pregnant mother. Even they suggest not giving this medicine to a young boy or an unmarried girl. According to them, the young boy can suffer physically due to the high power of the medicine and the girl will search for a sexual relationship. These both incidents will hamper their life and social harmony. Therefore, healers suggest not misusing their medicine. In his *Majma*, Azad Ali says,

Dear brother, I shall request you not to give my medicine to an under 12 years old boy. He will not be able to take this medicine. His penis will erect and blood will come from his penis. I shall also request you not to give my medicine to an unmarried girl. If you give it to a girl, she will be out of her control. She will search for a partner to have sex with him. Even she can ask an unknown person for sex. She will lose her character. If you give her the medicine, you will be responsible for that.

Moral advice is a very popular part of *Majma* and it is the starting part of a *Majma*. Healers talk about different social problems and link this problem with the morality. Their advices are therefore important to understand social attitudes towards a particular behavior. In this section, we came to know about three major phenomena – masturbation, sex in menstruation period, and prostitution. These advices warn audiences not only for particular life styles, but these also show the negative consequences for the advice breakers. In the following section, I shall talk about this issue.

4.4 Male sexual anxieties and the treatment in street healing

The consequences of ‘immoral’ sexual behavior are widely discussed in the *Majma*. These consequences are penis’ erection problem, premature ejaculation, and different sexual diseases. These also state the anxieties regarding male sexual health. Healers show the male sexual health problem and at the same time they have offered treatment for the problems. It is important to note that healers give a contextual explanation of a particular health problem.

In a *Majma*, Ridoy had showed the consequences for the ‘immoral’ sexual behavior,

You could not control yourself in your early age. You have used your hands for masturbation. You went to bad places. Now you are suffering. Your penis does not work. It does not erect. Even if it erects – it erects only for one or two minutes. You have committed sin; you forced a girl in her menstruation period. Now you have a burned penis. You can do nothing with it. You could not control your self, you did sex with your male friends. Now you are suffering.

The most common suffering, which is addressed in street healing, is loss of semen. It is either due to premature ejaculation or loss of semen in wet dreams. Immoral sexual behavior is one of the explanations in street healings but there are also other explanations in street healing regarding these male sexual anxieties. According to Delowar Hossain malnutrition, over work, mentally tense all the time, mental pain etc and indiscipline [*read indiscipline as masturbation*] semen loss create *dhatu dourbollo* (*weak discharge*). This has a lot of unwanted effects on the penis which becomes small, narrow, curved and weak. He also argues that this *dhatu dourbollo* is not a by birth disease, so one does not need to be afraid of it and he can cure the problem. Azad has added hormonal explanation in his speech. He says,

Imbalance hormonal conditions are the causes of these kinds of problems. Such as your penis may suddenly loss semen in the period of intercourse. You feel embarrassed. But, you do not need to worry or be afraid about it. You will be absolutely cured just like your old days within a short time after taking my medicine.

Anxiety and its solutions are there in street healing. Street healers also explain the possible problem for a sexually weak person. In his *Majma*, Ridoy told his audiences,

You might waste your sexual power in your young life. Now, you do not have enough sexual power. Because of that, you become nervous and weak. You are married but you can not satisfy the sexual desire of your wife. You are ashamed in front of your wife or you are intimated by the thought of marriage, because

you may not be able to satisfy the sexual desire of your wife that is why your are tensed and frustrated”.

Ridoy addresses natures of anxieties in his speech. He has clearly explained how embarrassing a situation can be for both married and unmarried male due to sexual weakness. He also offers solution for his audiences,

My oil (he sells leach oil) will solve the problems of young and married brothers' penis. It will make penis strong, thick and it will make penis 8 inches (18-20 centimeters) long and strong enough. It will help for 2-3 times sexual intercourses in a night. Penis will not come down even after 20-30 minutes sexual intercourse and sexual power will increase. You will get peace in your family life and you will be fully happy in your mind.

The similar assurance is also there in Delowar Hossain *Majma*,

I take 100% responsibility for your proper treatment. I serve healthy high power medicine for long time sexual intercourse. Proper medication of it will make a 60 years old man sexually powerful as a 25 years young man. Your body will seem as young, you will feel joy in your mind, you will get full satisfaction in your sexual intercourse, even if you have sex 3-4 times in a night with your wife, you will not feel weak; rather it will increase your sexual power.

It is therefore, equally important in street healing to show the male sexual health problems and offer a treatment for those .All the three street healers show the male sexual health problems, but at the same time they have the solution for it. In this process combination of different modern and traditional ideas is very important. In the following section, I have discussed about this issues.

4.5 Street healing techniques: combination of modernity and tradition

In the third chapter, I have discussed about different transformation of street healing. I have talked about transformation of production system, packaging systems, and

naming of different medicine. In this section, I want to focus on a particular case, where street healers have combined modern (Western) idea and material with the traditional idea and material. This case study is from Ridoy's *Majma*:

Ridoy sells *joker tel* (Oil of leech) in his canvassing sessions. His treatment is mainly being focused on male penis sizes, erection and penis' skin problems. He claims that his medicine will help to increase penis sizes till eight inches. According to Ridoy, this is standard size for male. His oil of leech is therefore for the clients who are not satisfied with the length of their penis. Not only the sizes but also the ejaculation period and the erection problems are being treated with this oil. Penis's skin problem is also central in his healing. This oil is for external uses and one has to massages this oil on penis once in a day to get the benefits. Ridoy claims that the massages of his oil works from inside of the penis's vein to increase its size. This massage also penetrates in the ejaculation period. He claims as it is working internally, it helps penis to erect for a longer time and it stops premature ejaculation. Therefore, this *joker tel* works not only for the penis size but also for ejaculation period. Ridoy explains this *joker tel* as a 'religious gift'. He showed a book; name *Moksedul Mohsenin* to his audience. He asserted that the idea of *joker tel* was there in the book and his grandfather has used the similar idea in his treatment. *Moksedul Mohsenin* is a book for Muslims, where they can have an explanation of different natural elements which are good for human prosperity as well as human health. This book is also focusing on the religious importance of the natural beings. The justification of *joker tel* from *Moksedul Mohsenin* increases the validity to its Muslim clients. However, the standard size of penis and the ejaculation period was not mentioned in the book. Ridoy shows some adult photos to his audiences to give an idea of standard penis size. He shows photos and asks to his audiences to give a look on the photos so that they can know the size of a 'western penis'. He says in his language,

Brothers, look at the penis of foreigners. They can have sex hours and hours just for their penis size. But we can have sex only one or two minutes. They are taking care of their penis. They use different oils for their penis. On the other hand, we even not use water to take proper care of our penis. Then, how can we have an eight inches penis like them?

The combination of religious and pornographic ideas helps Ridoy to draw the attention of the audiences. He shows evidence from religious book to justify the importance of his medicine and at the same time, the pornographic photo albums assist him to visualize the ‘standard’ penis to his audience. This tendency of combined ideas is very common in street healing in Bangladesh.

4.6 Conclusion

In this chapter, I discussed about canvassers’ narratives; where I focused on several different issues. We saw that the gender and sexuality issues are central in *Majma*. We have also come across the idea of real man; a real man must be able to satisfy the sexual desire of his wife. This real man understanding is also linked with different moral ideas, where we have seen that masturbation, sex in menstruation period, and prostitution are immoral practices. These immoral practices can create male sexual health problems, but street healers are offering treatment for these health problems. In the healers’ narratives, we have found the combination of pornographic and traditional ideas. However, this chapter talks about the overall narratives of street canvassing, but it is important to know the response from audiences. In the following chapter, I shall focus on this issue.

Chapter 5: Street healers' clients: seeking health care on street

5.0 Introduction

This chapter is about the responses of street healers' clients. I shall explain the socio-economic background of the clients giving emphasis on the clients' perspectives. Clients do not follow street healers' narration blindly; they have their own explanations for seeking street healers' advice. In this chapter, I shall also discuss about clients' understanding on gender relation, female sexuality, moral-immoral discourses and male sexual health anxieties. There will be a discussion about their opinion and at the same time their own sexual experience will be described with similar importance. Clients were very spontaneous about the overall opinion regarding *Majma* narratives, but they were not similarly impulsive when they talk about their own sexuality.

5.1 'I bought for the first time - just to experiment': access to clients

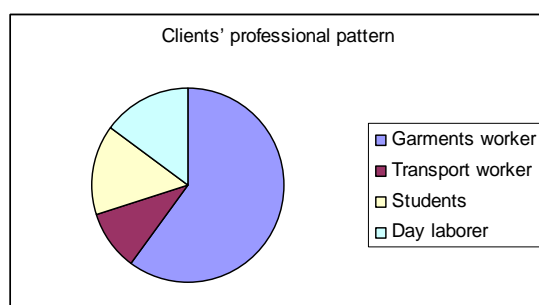
Babu, a client of street healer, is one of my informants. But, it was not so easy for me to get access for an interview with him. I first meet with Babu in Azad Ali's *Majma*, he was listening there and he bought medicine from the *Majma*. I was observing the *Majma* and looking for the person who was buying the medicine. Babu was one of the clients. After the *Majma*, I went to Babu and started talking about *Majma*. When he first came to know that I was doing a research on the issue- he avoided me. He told me that he had some important work in the market. I requested him for his cell phone number so that I can contact with him later. I was calling him regularly but in the initial stage he did not agree to talk with me regarding the issue. After two weeks he gave me a call and told me that he wants to talk with me. In these two weeks, I have failed to meet with him – he did not give me permission to meet with him. It was common scenario in my field work. In most of the cases client informed me that they have taken medicine for first time. They do not know about the result of medicine and they do not have problem. Sometimes they even told me that they have taken medicine for their friends or relatives. I didn't find any one who told me in the first time that he was suffering of male sexual health problem. It was frustrating for me, but at the same time it was an important finding. Clients were taking medicine but it was also related with their male identity. Most of the medicines were for male sexual potency.

Therefore, someone can make relation with the medicine and the client's sexual strength. The anxieties are there in *Majmawalas* narratives and the sexual moral advices are also there in the *Majma*. Therefore street healers' medicine could be a symbol for sexual strength and at the same time it could establish someone's immoral characteristic. In this context, I was getting information on that the clients were buying medicine for the first time. Most of them, even told me that they had not any problem but they wanted to have an experiment – they wanted to do longer sex and they wanted for three or four times in a night. However in the beginning of my conversations, I did not want to talk about this sensitive issues and I did not want to talk about clients' sexuality. But, after a *Majma* session it was almost clear that the medicine was for sexual potency. Therefore, most of the clients were not comfortable about the topic, and the places of the *Majma* were in public. Whenever I started to talk with someone, I was getting other attentive listeners. In my first meetings, I have collected phone numbers only and I was maintaining phone contacts. It helped me, and finally, I could able to talk with twenty clients. I think, before going to their perception on *Majmawalas* and their narratives, it is important to talk about clients' socio-economic condition.

5.2 Socio-economic background of the clients

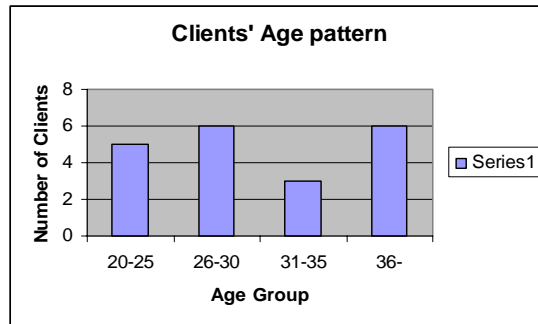
Savar is a garments industrial area. Therefore a majority of the street clients are garments workers. Out of the twenty clients - twelve were garments workers, two were transport workers, three were students and rest of the three was daily-wage laborers. In the student category, one was my university student. In graph 1, we can see the professional variance:

Graph 1: Clients' professional pattern



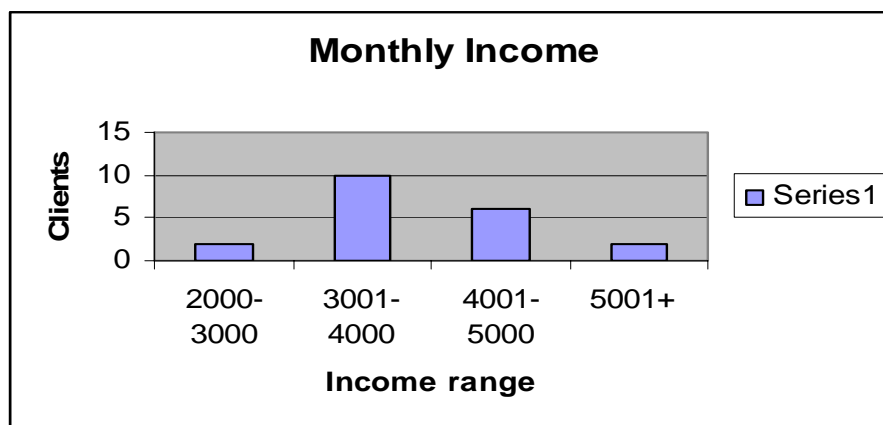
Among the clients, the younger informants were twenty to twenty five years old and elder informants were more than thirty six years old. Therefore I have found different age groups. Graph 2 will show us the situation:

Graph 2: Clients' Age pattern



I have also tried to find out clients' income. Out of twenty, ten informants have earned 3001- 4000 Bangladeshi Taka (BDT)¹ in a month. The lowest income range was 2000 to 3000 BDT per month. Students were in this category. The highest income category was more than 5001 BDT per month.

Graph 3: Clients Monthly Income pattern



In the client category, I have also tried to get interview from both married and unmarried clients. In this research, I have twelve married and eight unmarried informants. I wanted to know from both perspectives. However, in this research I did

¹ 100 BDT= 1 Euro (approximately)

not have any female informants. This was because of the nature of street healing. As mentioned earlier, *Majma* is absolutely male domain. In the following section, I shall discuss about reasons for *Majma* listening.

5.3 Listening *Majma*

In my childhood *Majma* was a recreational item for me. I had not any particular purpose to listen *Majma*. I have found the similar situation in the case of my informants. Nobody comes to a *Majma* with a pre-decision. In the third chapter I have discussed this issue. *Majma* viewers are mobile people; therefore street healers try to draw viewers' attention. In the fourth chapter, I have discussed that the healers talk about male sexual health problem and at the same time they offer treatment for the problem. I shall say it as a kind of illness narration – healers narrate male sexual illness and offer treatment for that in a *Majma*. Therefore, it is not important for the clients to talk about individual problem to a healer. Viewers listen and combine their health situation with the healers' narration and then they go for treatment. One respondent shared his experience,

I went to *Nobinogor* to visit the area. I did not have any particular plan. That was my day off and I was not busy. Therefore, I went to the *Majma*. The *majmawala* was talking about different sexual problems. I have some problem in my penis. I do not think it erects properly. The *majmawala* was talking about this penis problem. I do not have a major problem but I want to erect my penis for long time. That is why I bought the medicine.

In this case, we see that it is not common that the clients do go to street healer with a particular health problem. *Majma* session creates necessity for healers' medicine. Though there is not a pre-plan for the healers' medicine, but the problem was a health concern in all the cases. However, before going to clients' sexuality experiences in more details, I want to discuss about their perception on street healer narratives in general.

5.4 *Majma* narratives and the responses from clients

Hijra is a common issue in street *Majma*. Healers refer *hijra* to talk about male impotency. I have found mixed responses on this issue. More than half informants think that healers are very correct, and *hijra* is a sign of male impotency. They refer *hijra*'s style to talk with some one and their overall life styles. However, the other informants think that *hijra* is a totally different human being therefore one should not compare them with male or female. But they agree that male's sexual impotency can reduce his control on his wife and family. This sexual impotency is referred with male's penis size, ejaculation period and the erection problem. A real man must have standard penis size and he has to be able to do durable coitus with his partner. For most of the men, a sexually able man usually had a good physique, a large penis and was able to have sex for long period of time. A common statement was, 'a real man is someone who is handsome, strong, muscular and sexually virile.' To satisfy a woman, it was commonly perceived that a man should ideally have a large, long and thick penis, with preference given to '8 to 10 inches'. Only a few disagreed and believed that it was more the 'technique' rather than the size which affected sexual performance. Most of the men shared concerns about performance anxiety, and reported that a sexual partner could not be satisfied unless they prolonged the sexual act for a maximum period of time, with most specifying '30 minutes' as the ideal time.

For men, it was important to be seen as the main bread winner of the family, despite the fact that many were often employed periodically in the city, and relied on their wives/sisters and other members of the family's income to manage the households. Increasingly men spoke of the new era, where many felt displaced in an environment where women were working alongside men in factories, domestic jobs, with less respect for men. In this context, holding on to one's sexual power was extremely crucial as it was seen as the key to holding on to women. An unsatisfied women would leave her partner/husband and the man would be ridiculed in the community.

Mr. Shagor, a thirty two years old male, shared a typical concern,

I think I am not a real male because I cannot continue having sex for more than 2/3 minutes. Most of the men of this area are sexually dissatisfied including all my friends. Street healers are very correct they are talking about this issue. If

you look on newspaper – extra marital relation is very common now a day. But I have a good relation with my wife. She understands my situation and she suggested me for treatment. I went to doctors but I did not get any result. I have bought this medicine, let's see.

Clients are also concerned about the immoral sexual practices. For most of the men, masturbation was a common phenomena and every body thinks it decrease their sexual ability. Married clients say that they did it before their marriage but they are still suffering for it. Unmarried clients are trying to avoid it. They think it reduces stamina and saps body energy and at the same time it creates problem for penis size and shape. Menstrual blood is a symbol of reproductively to the most of the informants and none of them support to do sex in this period. Most of them relate menstrual blood being bad for sexual health along with that it's a sin to be committed.

Prostitution is addressed as immoral phenomena of social life. Three clients confirmed that there sexual impotency is a cause of sex with sex worker. According to their understanding, the sexually ill males have lost their strength in their immature time. Now they are suffering for it. All of them think that it can also create sexual diseases. In their interview, they have confirmed that they learn about sexual disease issue from the street healers and they have also watched different television programs on it.

Above section gives us a general understanding on clients' perception. However specific case studies on different causes to buy street healers medicine will help us to know the condition better. In the following section I shall talk about it.

5.5 Healing from street healers

It is very common that under fifteen years old boys are listening *Majma* but I did not find any of the clients in this age. There are listening and it could be an important works to know from them. But I was concentrating on clients; therefore I was more interested to know from clients' perspectives. Their reasons for buying medicine were important for me. It is important to note that there were clients who were taking treatment from biomedical doctors and at the same time they were taking medicine from street healers. Interestingly, none of them were seeking health care of any sexual disease. Therefore I do not claim that disease dimension of sexual health is not

important but I will claim that non-disease of sexual health is more deepen than the disease category.

This following case study is from an unmarried person who is feeling anxiety due to his penis and the ejaculation period.

I do not want to marry a girl before solve my problem. You know my problem is with my penis. I think standard size of the penis is eight fingers, and time of intercourse should be of 25-30 minutes. But my one is only five fingers. As I've talked to you in a free mood, I never talk to anyone. I've got knowledge and discussion about sex from my friends of my circle who have married earlier, from brother-in-law, those with whom I'm free. They have told me about the size and time; and the street healers, he also told about the size and time. I will tell you the truth, I went to a bad place (brothel) once and you know it was only for 2-3 minutes. I am really worried with these two things; my penis is not perfect and I can't do sex for long time. I am using leech oil and I hope it will work. I knew from my friends that the leech oil is good for this problem.

This informant was Ridoy's client. This client is twenty three years old and he is working in a garments factory as a machine operator. He is staying with his colleagues in a labor dormitory. In this case, we see the anxiety of an unmarried male – even he is not yet interested for marriage. He is worried about his penis size and experience with sex worker. This case study also noted the possible person for sharing this problem.

I have discussed about Babu (not real name) in the second section of this chapter. He described his problem,

My problem was the nocturnal dreaming regularly. I married for three years. Now it happens hardly ever. Before marriage, everyone said, doctor advised to get marriage to cure this problem. Then parents arranged a marriage. I have gone to see many doctors, taken many medicines, but it didn't cure. Doctors advised father to arrange a marriage for me to be cured. But it still occurs seldom. However, it used to occur frequently but now the rate has reduced. For this nocturnal dreaming the semen becomes as liquid as water. I've married for

three years but have no child, means that goes out within a short time. Even though, to satisfy the girl I have to do the intercourse longer. I can continue only three or four minutes but it should be more than twenty minutes. I have heard Azad's *Majam* and I have also talked with him personally. He gave me some medicine.

Babu told his semen loss concern and he thinks that it is also related with pregnancy. He has a desire of long sexual intercourse. He thinks nocturnal dream is responsible for his present condition. This ejaculation period was common for all married clients. Some of them even confirm conjugal conflict on this issue. Billal (name changed) told me his anxiety,

I can understand this 'impotence' is painful for my wife. My sister-in-law divorced my brother because of sexual impotence. That is why I am really worried about my future. I know my wife is not happy with my condition. She did not say directly about it but she does behave well with me.

Billal also told me about his treatment. He claimed to spend about one lakh (hundred thousand) taka within one year two months for the doctors' fees, medicine, and vitamin. But he did not get any result. In the fieldwork time he was taking Azad Ali's medicine.

Most of the clients confirmed that street healing is one of their sources to know about this sexuality issue. The other source are pornography, leaflets with graphic pictures, and messages from friends - these sources is the reference point for the 'ideal time of 30 minutes' with many of the men impressed by the stamina and length of time actors in pornography ,who managed themselves by stimulator during sexual intercourse as they believe. Other men referred to popular leaflets passed around on the street corners, which clearly laid out the importance of sexual performance, length of sex and the various 'medicines' available to enhance one's ability.

5.6 Conclusion

In this chapter I have discussed about clients' perception about street healers narratives and their own understanding. Clients listen to the healers and at the same time they link healers' advice to their own condition. This auto consultation is a unique point in *Majma*. It offers the opportunity to collect the medicine without explaining the sensitive issue. However it does not mean that clients follow blindly to the healers - the disagreement is there. It is also important to know that clients link pornographic ideas and friends' message with healers' argument on sexuality.

Chapter 6: Conclusion

Street healing in Bangladesh has enormous impact of male sexual health in Bangladesh. Street healers present the popular ideas in their street canvassing to talk about masculine sexuality. In this study, I have searched answer for several questions. I wanted to know about the people who are involved in the street healing; street healers' narratives on male sexual health was another important part of my study; and I was also interested to know about clients' perspectives. In the introduction, I have discussed research questions and the importance of the study.

In the second chapter, I discussed the research methods and research area. Here I focused on comparative study of several methodological issues and my experiences as a researcher. This study influenced me to think about my identity in the field; at the same time, it influenced me to think about the limitations of street research on a sensitive issue. In the third chapter, I discussed about the people who are involved in this profession. Street healers are facing different challenges and there is a scope of prospect in this profession for them. The changing partner of local massive production of potency drugs is linked with the profession. A good performance in *Majma* is very essential for this profession; therefore street healers' performance can be a subject of study. In my study, I have shown the importance of performances for the profession but performance itself was not discussed.

Canvassers' narratives are the central part of this study. I discussed these narratives mainly in chapter four. In this chapter, I discussed about two major research questions of this thesis. I have discussed street healers' narratives which addressed their perception, diagnosis method, problem explanation and treatment process of male sexual health. This chapter also addressed the issue of street healers understanding on masculine sexuality. Here, we see that the street healing is rooted into the Bangladeshi culture and healers combine local cultural ideas with external issues. This study mainly focuses on healers' contemporary discussion on male sexual health but a historical study could show us more dimension of street healing in Bangladesh.

Chapter five shows us street healers' clients' responses. It also gives us an idea what people think about own sexuality and how they relate this thinking in their everyday life. Male health seeking behavior was also discussed in this chapter. It is important to note that non-disease dimensions of sexual health are ignored in public health programs in Bangladesh. But, none of respondents (clients) of this research were seeking health care of any sexual disease. Therefore, I do not claim that disease dimension of sexual health is not important, but I will claim that non-disease category of sexual health is more deepen than the disease category. I hope this study will help us to know about differential impact of street canvassers' knowledge/ideas on the male sexuality. It will also contribute to think about further study in this area.

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