



Commentary

Sexual misconceptions in Bangladesh: Role of digital media

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Date of Submission :

24 March 2020

Date of Acceptance :

12 April 2020

Abstract

Sex and sexuality are integral aspects of human civilization and has a positive influence on human lives. Various myths and misconceptions are associated with sex and sexuality in many countries including Bangladesh. A narrative review has performed to reappraise the myths and misconceptions associated with sex in Bangladesh. The common misconceptions are related with Dhat syndrome, deformity of the penis, changes in penile size, duration of intercourse, masturbation, and nightfall. Misconceptions about sex can be disastrous with detrimental effects on family life. Social media plays a vital role in misconception both in positive and negative aspects. Social media can influence thinking and can be used to educate the population to fight the battle against popular misconceptions. The use of digital media to enforce a positive and mature approach towards sexual education can help tackle this menace. The study has suggested conducting more scientific studies to assess the role of digital media on sexual misconceptions.

Keywords:

Bangladesh, Sexual misconception, Sexual behavior, Digital media.

Introduction

Bangladesh is a developing country in South Asia with more than 160 million people and achieved health-related Millennium

Development Goals (MDG) significantly (Health Bulletin, 2018). The literacy rate is increasing day by day and currently, the adult population literacy rate is 72.9% (Health Bulletin, 2018). However, the health literacy state is still in dearth in Bangladesh as formal education, training, and research on this subject are limited (Arafat and Ahmed, 2017). Though the Government of Bangladesh has recently taken an initiative to expand adolescent-friendly health services

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How to cite the article : Rabbani, M.G., Alim, M.A., Pillai, S., Kabir, R., Arafat, S.M.Y. (2020). Sexual misconceptions in Bangladesh: Role of digital media. *Indian Journal of Health, Sexuality & Culture*, 6(1), 83-88.

DOI : 10.5281/zenodo.3929265

(AFHS) throughout the country to extend sexual and reproductive health (SRH) services to unmarried adolescents, there is no structured sexual education program at the school level or by the family in Bangladesh (Ainul et al., 2017). This is so because sex and sexuality remain taboo and prohibited for discussions due to social, cultural, and religious reasons. As a result, in the 21st century, myths and misconceptions about sex and sexuality is still a covert issue in Bangladesh (Arafat, 2019; Arafat and Ahmed, 2017; Ahsan et al., 2016), though, over the past several decades, Bangladesh has made remarkable progress in human development indicators (Bangladesh Bureau of Statistics [BBS], 2016; Sawada et al., 2017). From a medical viewpoint, the reproductive system is as important as any other system in the human body and hence diseases related to the reproductive system including sex and sexuality need to be addressed without stigma. Bangladesh, therefore, has recognized an exemplary championship of unprecedented success story in terms of family planning and maternal and child health and renowned as 'miracle' across the world (Adams et al., 2013; Sawada et al., 2017). Unfortunately, over the same decades, Bangladesh's culture of silence around sexuality has not been changed at that level. With the advent of sexually transmitted diseases such as HIV/AIDS, there has been some transition from silence to discussions focused on unsafe sexual practices leading to the contraction of deadly diseases. Besides, modern technology has a definitive role in contributing to this transition (Rashid and Akram, 2014). Furthermore, available studies except for some discussion meetings on the misconception about sex and sexuality issues and the role of digital media could be found very limited in Bangladesh that resolving about sexuality misconceptions. Eventually, regarding the issue, empirical studies are not available globally. However, such studies are essential for policymakers to

adopt new intervention and investment plans for improving sexual education, beliefs, and behavior in Bangladesh. Thus, this study aimed to identify the existing misconceptions about sexuality in Bangladesh and what role of available digital media platforms can play towards the misconceptions. The findings from the study show that available misconceptions on sex and sexuality exist in Bangladesh and what, and how digital media can play a role in existing sexual misconceptions in either direction.

Sexual misconceptions in Bangladesh

Several misconceptions about sex and sexuality are available in Bangladesh. The common myths and misconceptions are related to Dhat Syndrome, size of the penis, duration of intercourse, deformity of the penis, elongation of penis, masturbation, nightfall (wet dreams), and homosexuality. Dhat syndrome is a culture-bound syndrome of the Indian subcontinent which is characterized by a preoccupation with loss of 'Dhat' (semen) and attribution of different physical and psychological symptoms (Arafat, 2017). Popular misconceptions about male sexual functions revolve around ejaculation disorders, erectile dysfunction, and lack of libido. Another obnoxious common misconception that is present in society for decades is that 'a man who cannot sexually satisfy his partner is not a real man'. Many factors such as medical factors, partner-related factors, relationship-related factors, individual vulnerability factors, and cultural & religious factors may influence sexual dysfunction in males but it has been believed that due to bad behavior such as masturbation this problem arises. Popular myths also exist about sex organ size, duration of intercourse, and sex position amongst many people in Bangladesh. It has been believed that sexual capability in contrast to financial capability is the attribute

of a real man. In this context, to be a real man should have a large, and/or long penis. Regarding penis size people's opinion is varied but preference is given to in between 6-10 inches and men thought that otherwise, a woman will not be able to feel that what is going in and out of her vagina! Eventually, there is a misconception that women are sex hungry and therefore, unable to be satisfied even by two or three men. Regarding the myths of sexuality, another very recent study identified different myths from the male perspective and show that some men believe that women also ejaculate when they experience orgasm. Some believe that semen is the essence of life and its loss damages one's health and sexual intercourse and sex during pregnancy harms the health of a woman. Moreover, the study found more indulgence in sex at a younger age. 'Dreams wets' refer to weakness. Women's virginity is also a concern to men and a woman's virginity has been proved by her intact hymen (Miah et al, 2015). Another study revealed that masturbation is only done by boys or men. However, it is scientifically proven that masturbation is a normal phenomenon irrespective of gender (Arafat and Khan, 2019; Rashid and Akram, 2014). White discharge, menstruation, and wet dream are identified as bad for health. Eventually, during the menstruation period, people often tend to use the term 'Shorir Kharap' instead of the name of the natural process (Miah et al., 2015; Alam et al., 2017). Another misconception is that eunuch people do not have or have incomplete sexual organs. Homosexuality is considered a mental disorder by many. Science stated that sexual desire comprises of sexual thoughts, fantasies, and needs and wishes to engage in sexual relationships regardless of gender. The patriarchal system in Bangladesh does not acknowledge female sexual desire (Alam et al., 2017).

The burden of sexual misconception

Sex and sexuality are important aspects especially for the adolescence and a crucial public health issue (Cash et al., 2001). One study in Bangladesh found that about 55% of the patients of a psychiatric sex clinic had misconceptions and 29% visited only for misconception (Arafat and Ahmed, 2017). Misconceptions associated with sex and sexuality sadly dominate society and unfortunately, there is not much data available from reliable sources to gain apt knowledge in this regard. On the other hand, good sex education helps in the desirable decline of associated mortality thereby preventing unwanted, early and risky pregnancies, and sexually transmitted diseases. Empirical evidence shows that both in an urban and rural area, local and foreign pornography available by the internet is the main source of sex education (Rashid and Akram, 2014). It is also a familiar source to be educated about sex from available local magazines sold by street hawkers. Blue film via portable CD and DVD is also one of the common sources to learn about sex. The local cinema hall is also a prominent source of information about sex and sexuality. Undesirable knowledge about sex and misinformation about the topic, in general, may mislead the public thereby encouraging sex crimes, unrealistic expectations about sex causing problems in healthy family life.

People are influenced by existing sources to know about sex and sexuality and try to do it real life. Due to the practice or malpractice therefore, many times these arise unwanted situations like rape and other sex crimes, the problem in family life and health. As sex and sexuality still are taboo in Bangladesh, people may not able to share their thoughts and sought their quarries which may lead to occur violence in society. Studies have shown that people always stay in anxieties due to sexual

performance believing the sexual myths and misconceptions (Arafat, 2017). On the other hand, adversely affected by the existing sources. Moreover, for common health problems such as white discharge, fistula, prolapse, menstrual problems, reproductive and urinary tract infections, and sexual problems people usually a choice to informal healthcare sources such as vaida, kabiraj, shamans, and traditional healers (Arafat and Ahmed, 2017; Rashid et al., 2011; Rashid and Akram, 2014). A recent study has revealed that inappropriate knowledge about sex from pornographic sources can result in the stronger partner which is usually men demanding these favors from their weaker counterparts. Refusal from their partners to indulge in these acts can result in men choosing to pay for sex to satisfy their sexual fantasies despite knowing the risks associated. Sexual gratification is variable and may be oral, anal, sadistic, group encounters, or without using any protection which can be fatal due to the prevalence of sexually transmitted diseases. Some myths exist around the use of the condom with the condom being a barrier to attaining sexual gratification (Rashid and Akram, 2014).

Role of digital media

Nowadays social media has become an essential part of everyday life for people all over the world. In early 2020, more than 4.5 billion people across the world have been connected to the internet, while more than 3.8 billion people use social media. Bangladesh has rapidly adapted to the digital era with 55% of the population being connected to the internet (We Are social Inc., 2020). Interestingly, in Bangladesh, around 94% of the social media users access social networking sites like Facebook and Twitter through mobile phone devices, while 24% of the declared profiles of the country's Facebook users are female (Alam et al.,

2017). Therefore, there is no doubt that people especially adolescents are becoming increasingly connected to the digital world and that they are using social media to find support and information they want including sex and sexuality in Bangladesh.

Social media is an umbrella term describing social networking sites and platforms where users create their personal or group profiles and share content with others. Such a platform is a well-established valuable communication tool for community building and meaningfully contributes towards bringing a change in society (Manduleyet al., 2018). In contrast to traditional sexuality education, the digital environment offers anonymity, informality, portability, and the ability to remotely interact with peers and experts (UNICEF, 2019). The freedom of information offered by Social media allows people to access sites from almost anywhere in the world when required. Therefore, digital health interventions such as Facebook or YouTube may develop and include opportunities for interpersonal connection, community development, and comprehensive health information. A recent study on digital intervention for sexual health has concluded that digital intervention provides accurate information about sexuality according to one's needs (Steinke et al., 2017). Digital media might be the appropriate strategy to improve the quality of sexual life as well as reduce misconceptions. Significant opportunities exist to improve the education of sex and sexual health issues through the proper utilization of digital media (UNICEF, 2019). Though the use of social media can have major impacts on reducing misconceptions about sensuality. However, simultaneously evidence also shown that unscientific and unregulated posts, with a society's acceptance and supportive of myths and misconceptions, in digital social media may influence people adversely. Because fake

or unscientific information can constitute social conditions that are conducive to sexual misconceptions among people in society (World Health Organization [WHO], 2010).

Conclusion

Sex and sexuality education through digital media have identified a tool which can offer to gain accurate knowledge to improve attitudes and practices against myths and misconception. To promote digital media ensuring its proper use, more study is required in Bangladesh. The study suggests that Bangladesh should give priority to the development of technical guidance and formulate a structured framework for sex education through digital media using an international website platform such as Google, YouTube, Android etc. to provide accurate information under the strong regulation system to control unscientific and unauthentic information.

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