

**LSE-UC Berkeley**

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**Summit**

**February 2019**

**Negotiating Uncertainty:**

**Health, Politics, and**

**Environment**

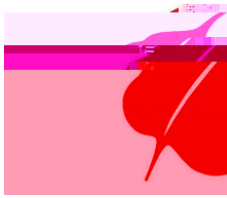
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**L E-UC Berkeley  
Bangladesh  
Summit**

**Working Paper 2:  
Negotiating  
Uncertainty:  
Health, Politics,  
and Environment  
in Bangladesh**

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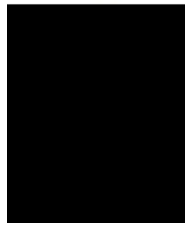
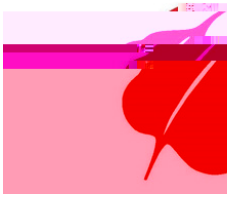
Legal recognition of third gender, hijra, and sexual rights in Bangladesh

Discussion

## **Executive Summary**

Bangladesh offers an interesting context for health research, across the disciplines of epidemiology and anthropology. It is clear that government, civil society, and NGOs will continue to play an important role in public health in Bangladesh.

The country has a track record of successfully delivering public health interventions at scXXXXXXXXXX

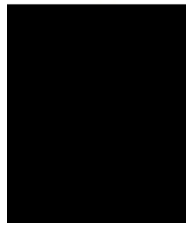
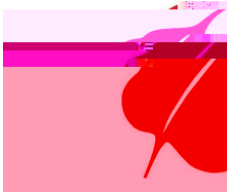


## **Panellists**

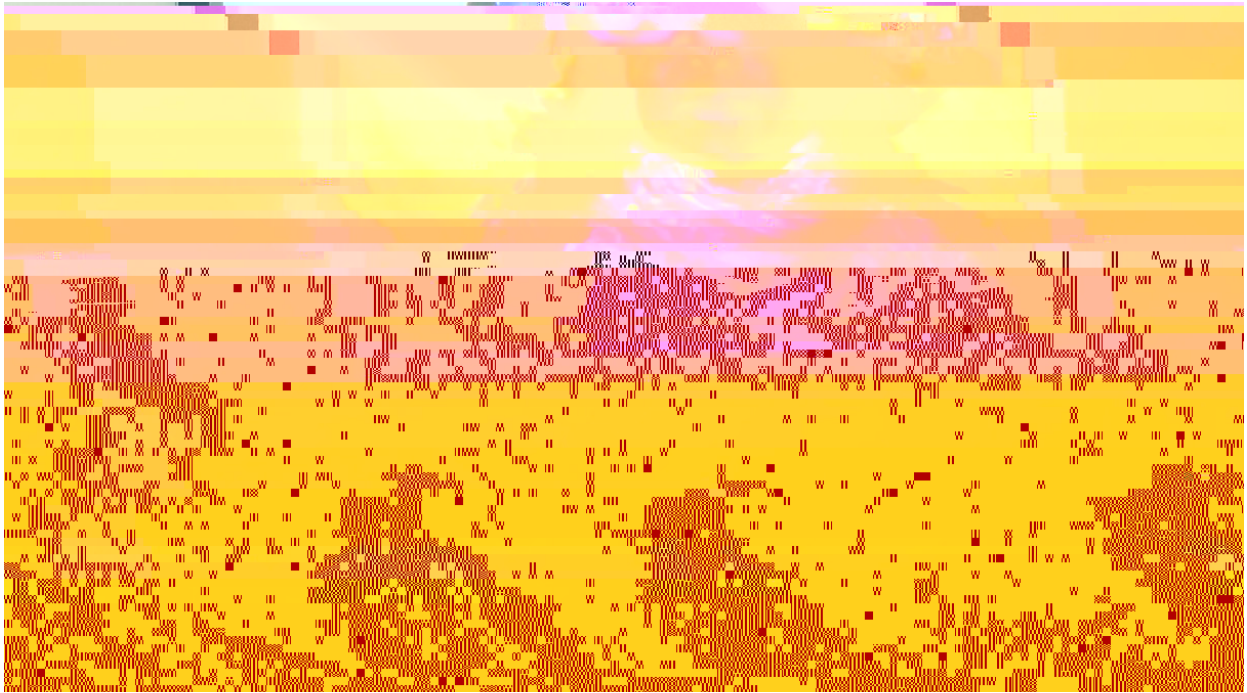
- Sabina Rashid, Dean & Professor, BRAC University School of Public Health
- Jade Benjamin-Chung, Epidemiologist, UC Berkeley School of Public Health
- Adnan Hossain, Researcher in Social and Cultural Anthropology, Vrije Universiteit Amsterdam

### Moderator:

- Lawrence Cohen, Professor of Anthropology and of South and Southeast Asian Studies, UC Berkeley



## Is it life trauma, chronic life disorder ? Everyday existence in Dhaka slums



The prevailing biomedical model of health focuses on a conventional notion of body and disease-based illness, with the self and being forced into these boxes. However, to make public health whole, it is important to transcend this framework. Sabina Rashid draws from extensive medical anthropology fieldwork in slums of Dhaka to identify ways in which our current model of public health fails to describe and address the conditions of the women living under the chronic stresses of poverty.

The first specific case described was that of a 23-year old woman who was divorced. In order to obtain a divorce, she had recorded audio on her phone of her abusive husband; no one believed her without it.

When she told her story, she had initially been unwilling to share that she was divorced, and she felt she had been abandoned by her local community. She believed her problems were due to excessive tensions, from both her abusive marriage and the death of her father. A mathar doctor prescribed marriage as the cure for her.

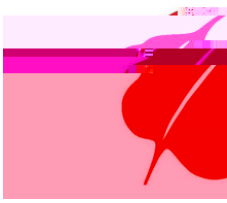
A second case described was that of a 40-year old widow who felt her life was full of constant anxieties and tensions, with no networks or support. They could describe their condition as depression, tension, durbalata, or chinta roga, but there is not one formal public health term that sufficiently describes their condition of stress as a daily reality of existence.

In conclusion, while public health examines ~~XXXX~~GxG









The hijra conceptualization is of hijra as an occupation. There is a desire for masculine men, and both those with and without a penis are included as hijra. However, society's mainstream conceptualization is of hijra as asexual, using the term as a pejorative for masculine deficiency, and equating emasculation with fakery.

Furthermore, this recognition serves to shift the conversation on male sexual health in Bangladesh from health to rights.

There is a misleading conception of the emancipatory potential of multiple genders, couched in an idea of acceptance. It hides the social and political power relations that resulted in a need for the recognition of a third gender, and it does not redress the marginalization of this group.

This can be read as a recognition of gender failure, in that hijra failed to be sufficiently one or the other gender.

This discourse can result in a conceptualization of a third gender into a form of disability, with the potential for medicalization through gender testing, which has been conducted by the government.

Institutional bodies have been complicit in this discourse in their attempts to gain credibility as rights protectors, when in fact they are trafficking in the marginalization of the hijra.

Furthermore, legal recognition formally defined only by the physical body generates a hierarchy within the hijra community, which instead recognizes different bodies within the group.

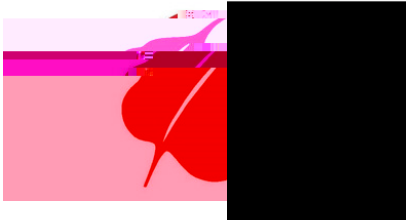
# Discussion

## On allocation of limited public health dollars

While it is true that public health is biased toward prevention over treatment, stunting is so indicative of other negative health consequences over life that it makes a lot of sense to spend resources on stunting prevention. Vaccines, the most cost-effective public health intervention, is a great example of allocation of limited sources in a smart way toward prevention.

## On the need for an expanded discourse and how we frame issues

In the current discourse, hijra are viewed as victim. There is also a new development where people claim the identity of hijra without the connotation that is conceptualized as central to hijra. This is a problem.



these interventions perhaps cannot be framed as a magic bullet for health, but they are still human rights and should be invested in as such. The health framing can allow examination of difficult topics. For example, framing domestic violence as a public health topic allowed researchers to investigate it within the WASH Benefits study.



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