

Sexuality, norms and social relations in Theravada societies of Southeast Asia

Sexuality, or rather sexual activity, understood as the set of behaviors related to sexual arousal, is not a fact of nature. It is socially constructed by the cultural context in which it occurs (Balandier, 1984). It plays a "*major role in legitimizing the established order of sexes, but also in the order of generations*" (Bozon, 2009).

For example, while a new economy was being established in the mechanisms of power, the French society of eighteenth and nineteenth centuries aided an "explosion of discourses" about sex especially among representatives of the emerging fields of biomedicine and public health (Foucault, 1994). At that time, sexuality appeared as "*an activity to regulate, standardize and channel under the primacy of procreation*" (Giarni, 2005). Meanwhile, as childhood and adolescence are "*privileged ages*" (Ariès, 1975), sex between/by children and adolescents is therefore the subject of numerous institutional arrangements and discursive strategies (Foucault, *op.cit.*).

Theravada societies of Southeast Asia are characterized in particular by the existence of formalized medicines before the introduction of biomedicine, influence of Buddhism, recurrent political instability and very differential treatment of individuals depending on their sex and age. Religion, politics and medicines constitute centers of representations, norms and prohibitions concerning sexuality whom their discourses translate. These discourses represent potential levers for the state's intrusion into the governing of bodies. The speakers of the workshop intend to analyze the structure of social relations in Theravada societies in Southeast Asia from the perspective of these discourses.

Key-words: sexuality, norms, societal discourses, social relations, gender, age, Southeast Asia, Theravada Buddhism

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Communication No 1:

The normative action of the Buddhist response to HIV/AIDS in Laos.

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In Laos, monks known as "socially engaged" have been involved since the early 2000s in the fight against ailments understood like health as well as social problems, in the manner of HIV/AIDS. Defying their monastic duties and the silence surrounding the pandemic, monks adapt their teaching to provide support to sufferers and prevention work in schools and village committees. Based on the analysis of speeches, collected by semi-structured interviews, this paper examines the normative action with regard to sexuality of this Buddhist response to AIDS. The karmic interpretation combines health, happiness and ethic, so monks intend to ensure individual and collective wellbeing by helping laypersons to become "good persons". With this aim in mind, they seem to give themselves a role in behaviors regulation when they deliver a code of conduct by the teaching of *Dharma* (Buddhist's doctrine), the five precepts and the distinction of good and evil, positive and negative actions (*boun*

and *bap*). Thus, while many respondents describe AIDS as consequence of behaviors deemed deviant (adultery, homosexuality, prostitution, drug addiction) and associate it to *bap* (bad karmic action) which lead to *kam soua* (bad karma), socially engaged monks attach both moral and preventive characteristics to the observance of the good sexuality prescribed by the third precept.

Communication No 2:

Reproductive Health and production of bodies and sexualities in South-East Asia

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A long-term ethnography conducted in Cambodia between 2008 and 2012 and in Laos since 2013 invites us to reformulate some theoretical questions related to gender and sexuality in connection with reproductive health. What are the standards conveyed in this area during the construction and implementation of prevention and treatment of HIV and birth control programs? What are the discourses and practices of health actors? For example, how local interpretations of the concepts of choice, couple, conjugality or confidentiality are articulated with international recommendations made by public health agencies and with societal normative prescriptions related to sexuality? What are the representations and practices left on the side? How are they negotiated by individuals in their intimate sphere and with administrative and health officials? Ethnographic examples illustrate and interrogate how gender domination, sex and sexuality are reproduced and articulated in contemporary South-East Asia.

Communication No 3:

Between pathologization and normalization of adolescent sexuality. Discourse analysis of sexual health educators dedicated to adolescents facing HIV in Chiang Mai (Thailand)

Hélène Lépinay, PhD in Medical Anthropology, associated researcher at CEPED

Sexual health educators who deal with perinatally HIV-infected adolescents (10-19 years old) talk openly about sexuality in Chiang Mai province (Northern Thailand). Their counterparts who interact with adolescents among the general population do not in Chiang Mai city. In order to understand this paradox, this paper analyzes the discourses of these various actors in relation to the sexuality of their adolescent population. To do this, between July 2009 and January 2011, interviews were conducted with sexual health educators of adolescents among the general population (teachers, NGO representatives) and with sexual health educators of perinatally HIV-infected adolescents (health providers, groups of people living with HIV, NGO representatives). Analysis of these interviews reveals that educators of non HIV-infected adolescents tend to perceive these adolescents' sexuality as reflecting the Thai society's pathologization. It also shows how "adults" interacting among adolescents born with HIV demonstrate the tendency to interpret these adolescents' sexuality as evidence of their normalization.

Communication No 4:

Sexual prohibition in the postpartum period and conjugality in Phnom Penh, Cambodia

Clémence Schantz Inguenault, PhD candidate in sociodemography, Université Paris Descartes, CEPED

In Cambodia, after delivering, women report having « their *sossay kchhey* ». *Sossay* are the channels allowing the circulation of “humors” (blood, wind, etc.), and *kchhey* means that these *sossay* are immature. For a period from a few months to one year, this puts women in a state of vulnerability in the postpartum period. Some behaviors are then prohibited, such as contacts and food restrictions. Among others, the strongest of these prohibitions is this of sexual intercourses for the woman who gave birth. It is said that if women have sexual intercourses during this period, they risk death. Analyzing forty in-depth interviews in Phnom Penh and Kandal province between 2013 and 2015, this paper aims to describe the sexual norms and practices of married men and women during the “*Sossay kchhey*” period. These interviews will show that husbands sometimes may have extra-marital relations with sexworkers during this period. These relationships will not be considered as "competing" marital relations or as a behavioral "diversion". However, we will question them as eligible to participate in conjugality in Cambodia.

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