

“Become Big and I’ll Give You Something to Eat”: Thoughts and Notes on Boyhood

Sexual Health

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ABSTRACT. In the West, a long heritage of health notions of boyhood sexualities has come to inform and contain their performance. However, the applicability of any biomedical paradigm is greatly restricted if oblivious to the worldwide variety of indigenous ramifications, anticipations and management strategies that inform boys' bodies and sexual practices. This article hints at this wide range of practices associated with boys' sexual bodies, and argues in favor of an ethnohistorical "cartographic" approach to local boy sexualities. I provide a brief exposé of salient ethnographic findings by a discussion of boy bodies, male puberty, male virginity, and boy-involved same-sex intimacies. The focus of this paper is to illustrate the ways in which the status of boy bodies and sexualities has been imagined in terms of the biomedical paradigm, more specifically in terms of a historicizeable process of medicalization.

KEY WORDS: boys; sexual health; ethnography; male sexual development; male puberty; male virginity; medicalization.

“What law cannot suppress, a fear of the supernatural does. As, for example, the current belief that self-abuse in a boy causes hair to grow on the palm of his hands”
(Bonnerjea, 1931, p. 225)

Boys, Sex and “Health”

In this paper I offer some comments on the notion of “boyhood sexuality”, and the health paradigm by which this abstraction is routinely approached. Health, as will be argued, is a conventionalized metaphor for approaching the young male, his corporeality, and his comportment. This analytic breakdown (subject, body, act) is already symptomatic of the way in which this approach is mediated by a large academic apparatus that needs to *disentangle* “the patient” before it can *associate* its constitutive health parameters. The difficulties with this two-step process (patient to symptoms to diagnosis) definitely prove substantial in sexuality studies, where the body and the act can be legitimately approached only via the subject, and still more substantial in the study of pre-adults, where the subject is assumed to be “still developing”.

As a mode of anchoring an approach to health as a “paradigm”, we might first explore how boyhood sexualities have been routinized as objects of focus. The current status quo of “boyhood studies” as a field of inquiry allows the image of a nexus, niche, or intersection projected from “established” panoramic frames of gender-oriented endeavor such as “men and masculinity studies”, feminist pedagogy, male (or men-in-)feminism, and as informed by such composite agenda as “gender in/and health”. These paradigms of boy research, all late 20th century Euro-American projects, have had a tremendous impact on the current reception and imagination of health, boys’ sexualities, as of pre-adulthood, gender and sexuality in general. As a research “territory” itself, *boyhood studies* seems to be a late acquisition (Pattman, Frosh & Phoenix, 1998; Sørensen, 2000; Janssen, 2005, pp. 3-4).

The field's diverse genres of parentage have called for, and inform, various ways of historicizing the boy's psychomedical ontology (the boy as patient), his nosology (boy-specific ailments and health risks), and the rhetorico-political schemes in which "healthy boys" have been envisioned. In America's post-1950s sexological hegemony boys' disturbances and insubordinations were being delivered to a progressively professionalized scrutiny and an at times mechanic logic of psycho-medico-legal praxis. The very notion of "the boy", critics have argued, may be perceived as rooted in a politically slanted manufacturing of a gendered curricular subject, a subject that appeared to require intelligent social as well as psychic engineering to facilitate its entitled coming-of-age. As a health issue, boyhood has been workbenched by gender-articulating master projects such as pedagogical nationalism (Macleod, 1983; Kidd, 2004), imperialism (Warren, 1986; Randall, 2001; cf. MacDonald, 1993) and feminism (Sommers, 2000).

All of these projects have situated "boyhood sexuality" through often elaborate psycho-medical or psycho-hygienic programs and subtexts. Thus, a long heritage of health notions concerning "boyhood sexuality" has informed and strained its performance in Euro-American settings. As is well researched, the West has known a remarkable decursus from Greek pederastic *paideia* politics (and centuries of its academic re-digestion) (Percy III, 2005), anti-masturbation crusades (Hall, 1991; Pryke, 2005), Oedipality and absent fathers, "developmentally expected" adolescent homosexuality (Spurlock, 2002), "gender disorder" (Sedgwick, 1993; compare Zucker & Spitzer, 2005) and sissiness (Grant, 2004), circumcision apologism versus abolitionism (e.g. Darby, 2005; Gollaher, 1994; Knights, 2004), to the silenced sexual abuse survival of boy acolytes (for a general review see Holmes & Slap, 1998).

During previous decades, boy bodies have been informed by a range of differentiating approaches, including the (cross-)culturalism of "rituals of manhood" (e.g. Herdt, ed.,

1981) and the allied spatialism of “local boyhoods” (e.g. Gunn, 2004), the self-conscious anti-structuralism of “queer boyhoods” as a contribution to “gay boyhoods” (Morrison, 2002) or “boy-on-boy sexualities” (Savin-Williams, 2004), post/colonial boyhoods (consider Goldman, 2003), cultural representations of boyhood sexualities (e.g. Dennis, *forthcoming*), and so forth. These leitmotifs have informed heterogeneous chapters and genres of pedagogical identity, agenda, and authority *vis-à-vis* what, hence, can hardly be conceptualized as a stable, uniform or unchanging object of focus.

Conceptions of boyhood “sexual health” associated with these diverse genres of inquiry (and corresponding tales of struggle) seem to be multiply, at times ambiguously, and often antagonistically versed. However, one does not find a facile binary between the efforts of the interventionalist bulwark (opting for education, protection, and correction of healthy boy bodies) and those of the deconstructionist industry (opting for healthy irony, dissent, anti-interventionalism, and anti-bulwarkism). On the contrary, both “sides” of this debate seem to concur in terms, as “healthiness” appears to be a pervasive and durable master trope in Anglo-Saxon literature on boy sexualities. This ultimate convergence can be traced in increasingly saturated terms of developmental appropriateness, hegemonic or patriarchal or hetero-normative or misogynist or homophobic or violent (or weak or multiple) emerging masculinities, and “sexualization” (cf. Dennis, 2002). In the U.S. this line of culture critique has become securely integrated in an expanding therapy culture in which individual boys’ psychosexual health is measured, contained, and assessed in quite unselfconscious ways. Male “psychosexuality” as development, then, has proven to be an extremely hospitable articulation site of the psychotherapeutic profession, as well as for the expanding media forums that inform and critique the politicized task of raising boys.

Healthy Boys, Medicalized Boys

Clearly, the current focus on mental (if cultural and historical) phenomena such as minority sexual orientations, fragile or otherwise problematic sexual identities, and sexual psychotraumas, seems to outperform or eclipse legitimate attention to boy bodies themselves, their performative nature, and their social context.

This marginalization of performing, social bodies I contend may be analyzed as a corollary of what Foucault identified as *disciplinary society* in which sovereignty over social bodies (i.e. over *their acts and transactions*) has been replaced by what Foucault referred to as “technologies” of the normal Subject (boy), by which he brackets and polices his own social performance. A remarkable feature of this disciplined society is its elaborate investment in pedagogical regimentation of its residents. According to Foucault’s momentous notion of the *pedagogization* of sex, this latitude of pedagogical necessity is historically rooted in the invention, definition, delimitation, consolidation, and proliferation of its objects, and *thus*, of their social transactions. Hence, a boy’s body can only be understood *as such*, that is, as always-already mediated by the discourses and cultural embedding in which it is to perform its gendered subjectivity. From this problems arise that are in definite ways peculiar (or at least native) to Western academization of the boy (which indeed seems to imply a discursive proliferation): the masturbating boy, the Oedipal boy, the “adolescent” boy, the “sissy” boy, the (pre)homosexual boy, the “sexually abused” boy, the sexually aggressive or “sexualized” boy, the sexually “normal” boy.

“Health” and more specifically “sexual health”, for instance, can be examined as master tropes that came to be deployed in attempts to accommodate the considerable diversity of handling, regulating, managing and policing boy bodies. Taking into consideration the general history of the concept (Giami, 2002; Edwards & Coleman 2004), we might specify for boys the question recently posed by Sandfort and

Ehrhardt (2004): whether “sexual health” amounts to a useful paradigm or a moral imperative. For instance, how does sexual health perform as a *pedagogical* paradigm? As a pedagogical imperative? In any case, while applications of this Foucauldian (“genealogical”) option for the study of boy bodies and boy sexualities have been sparse as yet, colonial and non-Western case studies have been yet sparser.

A key issue in Foucault’s work has been the appropriation of social problems into a medical routine. *Medicalization*, according to Foucault, served as a “[procedure] by which that will to knowledge regarding sex [*scientia sexualis*], which characterizes the modern Occident, caused the [former, Christian] rituals of confession to function within the norms of scientific regularity” (1976 [1981, p. 65, 67]), relocating sin, excess and transgression to their new spaces, under the rule of the normal and the pathological, the “true discourse” of the medical scene. In recent debates, it has been argued, consensual sex in adolescence has become increasingly medicalized (as well as criminalized) within a discourse centralizing adolescents’ “best interests” and the role of the state as a parental institute (Sullivan, 1989).

To situate aforementioned U.S. forms of medicalization (here defined more narrowly as *routinization of professionalized medical scrutiny*) in an anthropological framework, then, requires an examination of their *dramatis personae*, their effects, exclusions and tacit assumptions on how bodies in fact are operationalized. A popular test-case is the DSM-IIIIR/IV-TR entity *Attention Deficit Hyperactivity Disorder*, which necessitates a reflection on cultural and biomedical notions of what constitutes normal boyhood behavior (Singh, 2005; Timimi, 2005; Hart, Grand & Riley, *forthcoming*).

Other than a market- and protocol-driven professionalism underlying the notion of the medicalized 20th century American boy, popular *therapeutization* of preadult

male sexualities is hardly unique to the West (see Janssen, 2003a, II, pp. 265-274), a matter of prime concern to health workers and educators. This being the case, an anthropologically informed framework could well profit from a tentative “cartography” or mapping of boyhood sexualities as local and situated performances. In short, our framework could be informed by an examination of local performances of boy bodies, their locally salient transitions, and their experiential inauguration in local sexual scenes (cf. Herdt, 2004).

Here I haste to remark that bodily development, bodily transitions and social inaugurations of the body are best appreciated as ethnotheoretical variables, not ontological coefficients or constants around which cultural practices are, if at all, organized. Any demarcation of our cartographic object, then, is opportune and (to state the obvious) bound to cultural preoccupations. I also haste to note that a cartographic entry to boy (as to male) sexualities is only that: a preliminary appreciation of spatialized specificity, if any. [1]

Facets of Boyhood Sexual Health

In the remainder of this article I would like to explore four key ethnohistorical facets of sexual health as they articulate, produce and *operationalize* boy bodies. With “operationalization”, I intend to denote two sets of processes: (1) indigenous ramifications of the young sexual body in terms of its pragmatic utility and active anticipation of salient performance; and (2) analytic interventions to delimit it as an object of ethnographic observation and rationalization. The background to this bifurcation (which I propose is sequential, not epistemological) is my thesis that a boy’s body is disciplined into “good” sexual performance by a nonlinear two-stage process: first by the perceived demands of its immediate social environment (e.g. a boy’s “virginity complex”), and a second time by the textual and methodological

conventions of ethnographic procedures (e.g. a researcher's diagnostic or therapeutic fixtures). In short, a boy's bodily enculturation *as well as* its anthropological reception are normalizing and political events. Our cartographic representation, for instance, is likely to be informed by regimented local encounters of boys with adult researchers (though "autoethnographic" research formats seem increasingly popular) who are commonly interested primarily in modifying "health behavior" at the expense of "risk behavior". With the progression and devastation of HIV/AIDS, however, many authors have over the past two decades come to appreciate qualitative "holistic" entries to the "male side" and "pedagogical side" of the problem. Here, the focus is less on (healthy) boy bodies than on (healthy) boy cultures, less on boy psychology than on boyhood as a discursive and performative entity. Though useful enough as such, these "new" studies contribute to more than prevention-centred maps, as they illuminate how young gendered bodies are (if at all) constituted, disciplined and positioned as health subjects and health objects.

Some might argue that the two issues identified above (pedagogical rationale and ethnographic digestion) are incommensurable in terms of their impact on boys' lives and (hence) salience for a medical sexology of boys. Here I would disagree on the basis that both are deeply intertwined social routines that seem to necessitate, *assume* and legitimize each other in ways that must remain objects of critical and historical inquiry. And to argue that action research and publications themselves do not substantially affect either those directly involved in the research process, or those implicated by virtue of policy recommendations, seems to be overly pessimistic of the normative effect of current sex research worldwide.

In the hope to have sufficiently legitimated the role of a critical ethnographic approach in the field of boys' sexual health studies, please allow me to provide a brief

exposé of salient findings related to (1) boy bodies, (2) male puberty, (3) male virginity, and (4) boy-involved same-sex intimacies. These findings are eclectically drawn from an ongoing review effort, which is available elsewhere. [2] What I want to argue throughout is that notions of healthy male physiology are contingent on quite diverse biomedical frameworks, which call for pedagogical routines that rarely seem to refer to evidence-based praxis and always to a “boy ethos”, an ethical curriculum variably extrapolated from notions of sexuality as a (“human”, social) imperative, right, or essence.

Boy Bodies

Sexual bodies of boys are subject to a variety of practices worldwide (Janssen, 2003a, II, p. 292-295, 367-369, 370 and 2003a, I, *passim*). For instance, in over 70 ethnogeographic settings ethnographers have documented adults’ handling of (particularly male) infantile genitalia outside immediate preparatory, hygienic or medical routines (Janssen, 2003a, I, *passim*; 2003a, II, pp. 228-252; Janssen, 2003b). Here we see mothers eagerly awaiting and experimenting with baby erections, the teasing of Puerto Rican machito’s (real little male’s) penes, Vietnamese infants fondly being called a *thang cu* or “penis boy”, and so on. In the well documented case of Puerto Rico and among the Spanish Gitanos this practice seems firmly entrenched in the cultivation of *machismo*, and this element may be central in other places (e.g. Suriname). The element of potency mostly associated with African examples (e.g. Senegal, Zaire, Tanzania) and that of virility (e.g. Puerto Rico, Turkey, Aritama of Colombia) often seem to be genuine anticipating concerns. African erections have frequently been shown to entail a nuptial requirement, as marriage can be annulled on account of the apparent impotence of the marriage candidate (a case in point would be the Wolof). Thus, according to one ethnographer, “[t]his

causes a good deal of anxiety among mothers on account of their boys, and it often happens that they will want to see that their little boys are capable of having an erection". African developmental potency is often identified as a focus of explicit parental and peer concern, taboos, tests and medicines, both therapeutic and preventative. Schenkel (1971), for instance, stated that a Toucouleur (Senegal) mother typically appeared "obsessed with the virile potency of her infant", and eager to observe his erection. According to Mushanga (1973, p. 181) Nkole (Uganda) mothers were "very anxious to observe penile erections of their sons to assure themselves that the little ones are potent. Should erections be absent on several mornings, not only the mother but also the father will begin to search for a remedy". At puberty a Shona (Zimbabwe) boy's urine and semen were examined to assess his potency, and the eventual necessity of special foods (Gelfand, 1979, 1985). Elaborates Shire (1994, pp. 154-156),

"Certain fruits and pods signified potency and formed the basis for activities which centred on notions of sexual competence. For example, the *mumveva* (*Kigelia pinnata*) fruit was regarded as signifying this kind of masculinity. When the fruit was regarded in season, boys would bore a hole in the young fruit, into which they would insert their penises. They would then wait to see whether the fruit matured or died. If the fruit died or became deformed, this signified a threat to their sexual potency. If it grew into maturity, this was seen to result in sexual competence and an enlarged penis".

Diagnosis and treatment, then, proved ultrastructural to Shona masculinity "whose discourse centred on giving pleasure to women". Expectedly, in many African

communities early boyhood sexual activities would be welcomed as a signal of potency (as explicitly documented for the Bakongo, Tutsi, and Burundi).

Illustratively, Western commentaries on the aforementioned routines of parental penis-touching (which are likely to have been universal in pre-1800 Europe as well) can be summarized as follows: (1) these acts are classifiable as “sexual abuse” and the child suffers inherent consequences; (2) these acts are psychopathologically motivated; (3) the cultural domain of these acts is “incest”; or, conversely, (4) these acts connote a freedom from neurotic age-based stratificationism with regard to intrafamilial physical intimacy. However, the “abuse” inference is hardly ever researched (Bali appears to be the sole exception, see Angulo, 1995, pp. 90-92); indigenous pathologization of the actor is found to be examined very sporadically; likewise, “incest” is only rarely documented as a prevalent indigenous classifier or delimiter of the practice, as are liberationist attacks on Freudian and Judeo-Christian ramifications of intimacy (Oedipality and “continence”/“abstinence”, respectively). With very few exceptions, then, the mentioned Western inferences turn out to be unsubstantiated ethnocentrisms exactly where they try to classify, interpret and diagnose.

Indeed, we here encounter four typifying instances of 20th century Western “medicalization”. Boyhood sexuality, also, has been understood by generations of anthropologists in terms of narrow Reichean/Marxist econo-repressive formulations. Until recently, these reductionist paradigms and medicalizing attitudes have halted an ethnographic appreciation of the differential degree by which boy bodies have been and are being anticipated, “worked up”, celebrated, performed, and (literally) *teased into being* as focal instruments of reproduction, pleasure-providing, and pleasure-receiving. Clearly this entails a pro-active pedagogical paradigm that could not be fitted into the “sexual permissiveness” scales of generations of cross-

culturalists (Janssen, 2003a, II, pp. 185-186 *et seq.*). In any case, by a logic that is at once capitalist, demographic and foundationalist, exclusively negative formulations are very much alive in today's U.S. sex education programs which seem to lionize abstinent virginity-pledging bodies. Hence, we see a reduction of "sexual boyhood" to a preemptive industry of risk behavior tackling.

Let us digress for a moment on the cultural erection. While childhood "impotence" is thought by the Serer (Senegal) to be caused by the spilling of milk on the boy's penis (a fact also documented for the Fulani), in the West erections become a salient clinical and managerial issue only within the framework of a biomedical emergency (i.e. pre-chemotherapeutical cryopreservation of semen in young adolescents), medicolegal investigations (the lowest published age for diagnostic penile plethysmography known to me is 11), and adult health care. As far as I am aware of, outside the psychoanalytic framework only a lone Norwegian sexologist ever considered early adolescent impotence as a salient clinical entity (Langfeldt, 1981, p. 71). Moreover, the socialization of male physiology in Western studies is rarely addressed, leaving a significant cultural vacuum. For instance, in a 1993 Irish study (Deehan and Fitzpatrick, 1993), parents were reported as "having discussed erections" with a mere 11 percent of (mostly prepubertal) sons and 5 percent of daughters; wet dreams would have been discussed with a low 4 percent of sons (versus 3 percent of daughters). A further significant finding in media-saturated societies, young erections have come to be banned worldwide from the legal possibility of being depicted, which has effected a *cartoonization* of the male organ in its educational coverage. [3] If not simply absent, modern Western reactions to early erections have been twofold: punishment (in the assumption that their occurrence implies or facilitates a "knowing sexuality"), and triumphant or apologetic inference that it connotes some substantial already-there "sexuality" or "sexual nature". In his

pre-Freud days Wilhelm Stekel (1895) suggested that, to preserve them for Mankind, “Knaben müssen öfters in der Nacht auf Erection untersucht werden”. Conversely, Grande Dame of sex education Mary Calderone (1983) used fetal erection as an opportunity for arguing that “sexuality is a marvelous natural phenomenon”. Although these attitudes seem antithetical, they both refer to a core male or even “human” sexuality that would prove causal and prior to boyhood physiology. By contrast, non-Western data suggest that early erections are often thought of as *sine qua non* prerequisites for the actualization of masculine performance. Here, not just behavior but even the body itself is an intentional artifact, an instrument for sexual performance rather than a (marvelous or unholy) sign of “sexuality”:

“During the process of masturbating with caustic plants, Nandi boys call out, ‘Suren suren, ce kwamon pek a metet’ (Become big and I’ll give you something to eat)” (Bryk, 1928, pp. 117-119; cf. Bryk, 1931 [1934, p. 200]). [4]

This finding is not incidental. [5] At puberty, Baushi (Zaire) boys used numerous plants to prepare genitals to ensure glandular function and erectile potency, to provoke spermarche, and to effect penile enlargement. Boys’ preoccupation with function and measure is much more concealed in the West where the imperatives of size and performance tend to be downplayed by the advice and education industry. This obviously contrasts *adult* erectile function which, if anything, has become a heavily commercialized, managerialist and anonymous consumer issue (e.g., Loe, 2004).

From the above one might conclude that the phrase “boyhood sexual health” is a problematic entity considering its referencing of three abstractions (boy-hood, sexual-ity, health-iness) none of which is either a human universal or a historical

constant. The boy's healthy body in the contemporary West does not so much "matter" to a community of stakeholders and potential beneficiaries, as to a bureaucratically cemented obligation to a subjectivity informed by a protectionist/correctionalist "psychology" ("body image"), welfare entitlements ("bodily integrity"), and a democratically secured, "identitarianist" individuality ("sexuality"). We further observe that this obligation entails a culture that is hesitant and even hostile vis-à-vis any event in or intervention into what is scientifically "worked up" as a natural—hence, entitled—development. Thus, the Western healthy boy is required to actualize constellations of naturalized abstractions, rather than living up to series of status-enhancing agenda.

Male Puberty

If the anthropological record shows anything, it shows that male "puberty" is a cultural, analytic and methodological artifact, contained within culturally specific tropes. I haste to admit that puberty can be thought of as a psychoneuro-endocrinological process, yet this process's verification, rationalization and assessment rests on cultural truths that require a need, a motif, a research technology, and a media apparatus for thus consolidating "it" in the popular mind's eye. Telling the tale of puberty, then, has been a multi-faceted cultural project that only toward the Occidental late 20th century came to be dominated by economically delimited pharmacological possibilities, clinical surveillance, and hormone research. This has produced a culture that heavily invests in what Morss (1990) identifies as the "biologizing" of life phases, chronometric age (Chudacoff, 1989), and in "developmental" stages rather than the earlier medico-hygienist desiderata of regulation, firmness and discipline (Turmel, 2004).

This historical elaboration offers only one of many case studies in mass cultural associations of puberty (a psychobiological reality, although a hidden and complex one) and sexuality (an ethico-political curriculum). If anything, this nexus is metaphorically accomplished in the assessment of a “healthy” upbringing. For instance, a Xhosa boy is rather a “bull” (unsocialized) than an “ox” (socialized sexuality) (Mayer & Mayer, 1990). Across cultures, boy bodies are variably *assumed* as gendered and “genderable”, to the extent that in some societies they are not assumed to be gendered in any substantially male sense until after the completion of complex and (to the novices) horrifying ritual trajectories meant to rid the boy’s body from toxic maternal fluids and feminine influences (archetypical examples of this defeminization protocol are located in Papua New Guinea). The salience and role attributed to pubescence is also extremely varied. However, partly due to an absence of feminist interest, male puberty has received far less social scientific coverage than menarche. [6] Sociological studies of the experience of male first ejaculation are few and augmented only by a few scattered ethnographic remarks. These remarks, however, are of interest as they suggest that even the relatively nonintrusive event of first ejaculation may in some cases be socially reckoned as a milestone event. After a young Tongan’s *polluarche* (first nocturnal emission), he is said to “have become an adult. Medicines may be administered to the boy that will prevent him from being overcome by them (the Custom of the Erotic Dream, Tilorela)”. For a Nyasaland (Malawi) boy’s coming of age, “[t]he decisive sign is the erotic dream”, which has to be reported and is followed by a small ceremony. Evans-Pritchard’s account of Azande ejacularche implies that, in the absence of a chronometric age reckoning, a boy’s developmental status was actually measured by the appearance of his ejaculate:

“A boy of about 12-14 years of age is said to have orgasms without emissions; from about 14 to 16 his emissions are ‘merely like urine’ and contain no mbisimo gude [“soul of the child”, reproductive capacity]; at about 17 years of age they contain mbisimo gude. A man considers himself capable of procreating children so long as he is able to ejaculate sperm” (1932, p. 401).

Apart from differing attitudes to body transitions, events, physiology and gender status, an interesting feature of this fragment is that one encounters recognition of a physiological possibility (prepubertal “dry” orgasm) that appears to be silenced and problematized in Western sexology (see Janssen, 2003a, II, pp. 305-360). It is probably due to a lack of ethnographic interest or detail that this knowledge is not reported with greater frequency in studies on non-industrial societies (ethno-psychoanalyst Georges Devereux, for instance, documented a like familiarity with early male orgasm in his remarkably extensive research on Mohave sexuality). What we can infer from this small exposé of data is that puberty, its connection to sexuality, and its social significance has been acknowledged in widely disparate frameworks of social reception, which are themselves pivoted around overarching moral paradigms that naturalize a specific (and specifically elaborate) sexological coverage.

Boyhood Virginites

In Durban Area South Africa, “A virginity test for boys involves looking for lines at the back of the knees, inspecting the foreskin (which should be hard), and testing whether boys can urinate over a wire suspended 1 m above the ground” (Watts, 1999). This kind of surveillance seems to be rare, but it suggests that virginity may not always solely or simply be a “patriarchal” tool to control girls and privilege boys. While in the contemporary West boy virginites are subject to the propaganda of

expert educationalists, their resolution is not always left to advice, peer folklore, and pervasive media culture. Throughout the ethnographic record, boys are documented to have been offered genuine training in sexual proficiency, especially in Africa and Oceania (Janssen, 2003a, II, pp. 195-196). In these cases boys are sexually initiated by elder women, commonly widowed, pregnant, “barren”, divorced and prostituting women, or some related or unrelated “older” women. Prostitute contacts are frequently arranged or take place with paternal, parental or at least peer group arrangement or blessing, securing a “veritable initiation rite toward male maturity”. For example, Stavans (1995, p. 52) relates:

“The Hispanic family encourages a familiar double standard. Few societies prize female virginity with the conviction that we do. But while virginity is a prerequisite for a woman’s safe arrival at the wedding canopy, men are encouraged to fool around, to test the waters, to partake of the pleasures of the flesh. [...] Like most of my friends, I lost my virginity to a prostitute at the age of 13. An older acquaintance was responsible for arranging the “date”, when a small group of us would meet an experienced harlot at a whore house. It goes without saying that none of the girls in my class were similarly “tutored” [...]. Losing virginity was a dual mission: to ejaculate inside the hooker, and then, more importantly, to tell of the entire adventure afterwards”.

The same was found by Espín (1984, p. 157) and others. Thus, male virginites seem to be local complexes, the management of which is organized in locally available venues. Ernesto “Che” Guevara de la Serna Lynch’s sexarche at age 14 was, according to Che’s biographer Jon Lee Anderson (1997), typical:

“For sex, boys of Ernesto’s social milieu either visited brothels or looked for conquest among girls of the lower class [...] for many, the first sexual experience was with the family “mucama”, or servant girl, usually an Indian or poor mestiza from one of Argentina’s Northern provinces. It was Calica Ferrer [the son of a doctor who treated Ernesto for his asthma attacks] who had provided Ernesto with his first introduction to sex [...] in a liaison with his family mucama, a woman called “La Negra” Cabrera” ”.

Many age-divergent experiences probably turned out awkward for some. Among the Nigerian Rukuba, for instance, a “ritual marriage” is mentioned of males before initiation, sometimes before puberty. The boy reportedly spends a night with a married, pregnant woman, who instructs him in sexual behavior, and whom he is to avoid sexually in the future (Muller, 1972, pp. 293-294):

“The ritual marriage teaches a boy what he can and cannot do although being so small at the time of the initiation, many Rukuba men later recall with laughter the one night spent with the pregnant woman. They insist on their bewilderment and inability to cope with the situation, the initiative resting with the woman who, apparently, means business however small the initiand might be”.

Male virginity is a cultural condition the medical relevance of which is very much dependent on the cultural logic by which it is experienced, resolved, or managed. For instance, in a number of societies boys are likely to experiment on coitus with cattle (Janssen, 2003a, II, pp. 213-214). Streiker (1993) details how Colombian boyhood sexuality is implicated by the virginity codes concerning women:

“Since women’s virginity and monogamy are so jealously guarded, many boys’ first sexual experience is with a marica [“faggot”, passive homosexual] or a female donkey (burra). Though a large, rapidly growing city, Cartagena’s anemic economy still has room for burros as transportation (especially in the scavenging and construction trades). Where there are burras, there are boys. The power dynamics of sex with donkeys are even clearer than in male-to-male sex: female consent, initiative, and pleasure are simply not issues. Boys/men exert an absolute power over the females, usually immobilizing the animals’ hind legs with rope or a belt. [...] What determines proper sexuality for men is not necessarily heterosexuality, although this is the ideological norm, but rather requires that the man initiate relations, seek his own pleasure, and in doing so demonstrate his supremacy over inferiors”.

From the above excerpts, one might argue that there is substantial cross-cultural divergence in the ways and the extent to which the male body is thought to be in need of organization, patronage, rehearsal, dramatization, good timing, or legitimate substitution of heterosexual coitus as a “first sexual experience”, or as “the final” of several courtship “bases”. Study is needed to see, for instance, whether or how “traditional” Latin patterns might be challenged by “new” ones (e.g. Miranda-Ribeiro, 2003, pp. 28-30; Reyes, 2003). In any case, even if “male virginity has not generally been valued by most societies and cultures” (Baumeister & Vohs, 2004), its loss, as its retention, is all but a value-free performance.

Boy-Boy and Boy-Man Sexualities

Lastly, a number of ethnographic reports addresses scenes with boy-specific articulations of “health”. Parker (1995, pp. 245-246), for instance, describes that in Brazil,

“Among *rapazes* [boys or young men], same-sex play and exploration is almost institutionalized through games such as *troca-troca* (turn-taking), in which two (or more) boys take turns, each inserting his penis in his partner’s anus. It is perhaps even more obvious in the expression “Homem, para ser homem, tem que dar primeiro”—A man, to be a man, first has to give (in receptive anal intercourse)—often used by older boys seeking to *comer* [lit., *to eat*, viz., to penetrate] their slightly younger playmates”.

Among Tanzanian street boys’ anal sex (*kunyenga*) is often practiced as an “initiation rite” (Lockhart, 2002). According to Larsen (2005) a considerable number of Norwegian boys, in their mid-teens, visit men who take a sexual interest in them. It appears that some cultures emphasizing male heterosexual development within a double standard concerning male and female sexualities are confronted with more than occasional boy-boy contacts, typically compounded by an age differential. Interesting case studies include, among others, Mexico according to Carrier (1976, pp. 368, 369, 370; 1980, p. 109; 1985), and Morocco according to Eppink (1974 [1976, p. 8]; 1977, p. 111; 1992). Sexual encounters of boys with male adults are a routine ethnographic finding (Janssen, 2003a, I, *passim*; Herdt & Trumbach, Eds., *forthcoming*), yet details are sparse and it is all but well documented to what extent these practices are engaged in contemporarily. [7] Needless to say, for these practices to be recognized (which appears productive in most cases) as “patterned” or “cultural”, we are encountering radical departures from hegemonic US attitudes on

the matter. According to an unpublished late 1990s NGO report (Ismail, *n.d.*), 22.57% of 1,710 *Pukhtun* respondents residing in Pakistan's North West Frontier Province agreed that "adults having sex with boys" was considered "a matter of pride" (although generally condemning the practice), while another 14% stated it was seen as a "symbol of status"; a further 10.76% argued it was "not considered bad". 83% claimed to know that "some adults keep boys for sexual services in [their] area", of which 16% stated it was "very common", 31% "common". According to 80%, boys in their community would "sell sex for money".

The problem with much of the literature on this subject is that it is rare, and, if existent, seldom offers a rich understanding beyond the protectionist, correctionalist and educationalist agenda from which it is to originate. However, from the above example we might observe that pride, symbolic capital, and "goodness" are assessments that do not meet Western medicolegal interests in these behaviors, which are more geared toward a management of "age-appropriate" "gender-appropriate" subjectivities (or at least the re-installment of "normally" age-stratified and heteronormative sexual milieux). Obviously, to study young male sexualities (other than through retrospective accounts by adults) poses definite and in part field-specific problems to the researcher, as related to funding, access, role, ethics of disclosure, local jurisdiction, textuality, and publication. Although radical ethnographies have appeared on diverse male sexualities, boy sexualities sadly lack a backbone ethnographic corpus that might legitimize academic interest in their cultural salience.

To Conclude

The focus of this paper has been to illustrate the ways in which the status of boy bodies and sexualities have been imagined in terms of biomedical paradigms, more

specifically in terms of an historizeable process of medical professionalization and annexation. The foregoing exploration suggests that while the contemporary Western hegemony (being the American psychotherapeutic industry) defines its pedagogy of male sexual bodies through principles of anti-interventionalism, preventionism, anti-exploitationism, anti-traumatism, and psychotherapeutism (a paradigm of repair and resolution), in a diversity of non-Western cultures one notes paradigmatic interest in pro-activism, active anticipation, and (ritualized) advancement of performance. As noted, male anatomy, physiology, and social inauguration are not unmediated attractors of cultural (or medical) signification, but in fact salient situated projects through which diverse tales of the malleable male are told.

Although this paper has been mainly theoretical in scope, the praxis of sexual health care to boys should ideally be fine-tuned to any such tales-of-the-field as they will inform health needs, communication, reception, and compliance. While true for transcultural sexual health care in general, I think this is *a fortiori* productive in the area of ethnospecific boyhood sexualities, which so far have largely been deprived of a much-entitled anthropological review. I would say that the question of medicalization of modern sexuality, as observed by (among others) Thomas Szász, Michel Foucault, and John Money, is of pivotal interest to this state of deprivation. Departing from the facets of boyhood sexual health identified above, it is of immediate interest to involve boys themselves into discussions about therapeutization and medicalization. In no unimportant ways, as I hope this paper suggests, this entails problems of paradigmatic importance. Do boys experience “sexual health” as a structure, a norm, or a protocol? Do boys locate themselves amidst a virginity war, do they suffer from virginity complexes, or do they navigate virginity options? Are boy bodies repressed, disciplined, or controlled? What about “race”? Researchers that “solve” these problems for their research subjects (rather

than *posing* them) might be overlooking something important, namely that healthy boys are not the effects but the co-editors of a health culture. And possibly that *resolving health issues* may well be constitutive of what is contemporarily understood as “boyhood”.

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Notes

¹ In a January 2005 post-hoc critique ('Against Atlases') of the online 'Growing Up Sexually' Atlas (Volume 1), I provide a more elaborate critique of the spatial turn in sexology.

² The backbone volumes of my project 'Growing Up Sexually' are currently web-hosted by the Magnus Hirschfeld Archive for Sexology, Berlin, under auspices by Prof. Dr. Erwin J. Haeberle. Current URL: http://www2.rz.hu-berlin.de/sexology/GESUND/ARCHIV/GUS/GUS_MAIN_INDEX.HTM

³ As a modest content analysis of sex education materials ($N=88$) suggests, photographic depictions of prepubertal erections are not seen after 1982, and only in 3 continental books intended for a preadult audience (all originally German).

⁴ Hargraves (1978) relays Bryk's statement of this use of plant.

⁵ Examples are found for Paraguay, New Hebrides, New Guinea, Malukula Big Nambas, Morocco, and Africa (Riffian Ambo, Ndembu, Akan, Baushi, Batetela, Mongo, Lamba, Warramunga).

⁶ I maintain bibliographies on socio-cultural aspects of both female and male puberty in a Volume III of my internet project 'Growing Up Sexually'. In an interim assessment (May 6, 2005), I count 20 publications on male puberty, and 100 on menarche alone.

⁷ A valuable resource is *Pukaar*, a periodical publication on South Asian male-male sexualities by the international NGO *Naz Foundation International*.