



Myanmar Partners in Policy & Research (MPPR)



Sexual and Reproductive Health Behaviors of Young People in Southern Shan State

Khaing Nwe Tin*, Wai Wai Han**, Hla Mya Thway Einda*, Saw Saw**, Rika Morioka*** and Sabai Thet***

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Background:

- Young people are vulnerable to various sexual and reproductive health risks such as unwanted pregnancy, unsafe abortion and contracting HIV/STI.
- Information on sexual behavior and contraceptive use among unmarried young people is vital to establish better sexual and reproductive health (SRH) care delivery fulfilling young people needs.

Aim: To identify sexual and reproductive behaviors of young people, their contraceptive utilization and preferences on attaining SRH education and services

Methods:

- A mixed method research was carried out targeting unmarried men and women between the aged of 18 to 24 both in-school and out-of-school in two townships of Southern Shan State, Myanmar.
- It involved structured self-administered tablet based questionnaire survey with 424 young people and
- 12 focus group discussions with young people. Focus groups were assigned by residential area (rural or urban) and sex of the respondents.

Key findings:

- Out of 424 respondents, 50 (12%) had pre-marital sex.
- Average age of first sex was 19 ± 1.8 years.
- Among those who have had sex, 31 (62%) had used contraceptives.
- They mostly obtained contraceptives from drug shops (23, 74%).
- Key barriers to accessing contraceptives were too shy to buy, afraid of being reproached and being young and unmarried.
- SRH education should be started before puberty.
- Facebook was one of the most popular and influential media among them in obtaining reproductive health related information.
- SRH services were desired to obtain through public health care providers in youth friendly way- treat them warmly, friendly, patiently with understanding and ensuring confidentiality

Socio-demographic characteristics

- More than half (238, 56%) lived in rural area.
- Study included approximately equal proportion of sex (male-49% and female 51%)
- 60% were aged <21 years and 40% were aged 21 to 24 years.
- In-school young people occupied 68% of total respondents.

Sexual behavior among young people

Pre-marital sex (n=424) >one sexual partner (n=50)

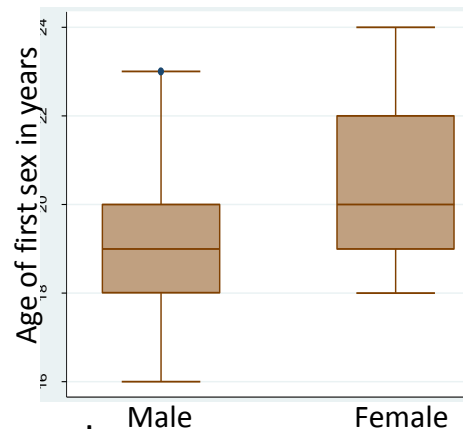
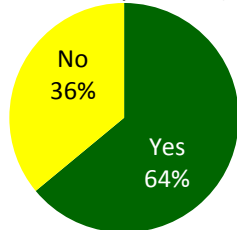
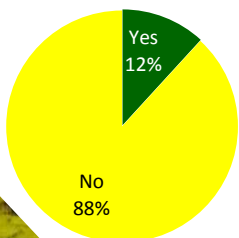


Figure-A-Sexual behavior among young people

Places for dating...

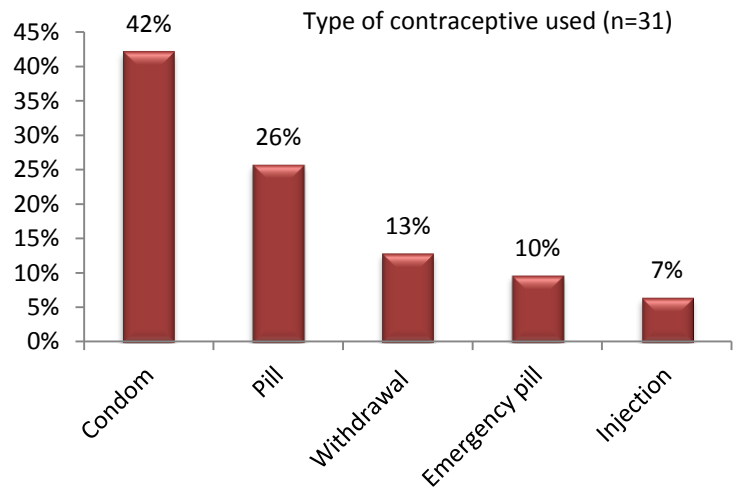
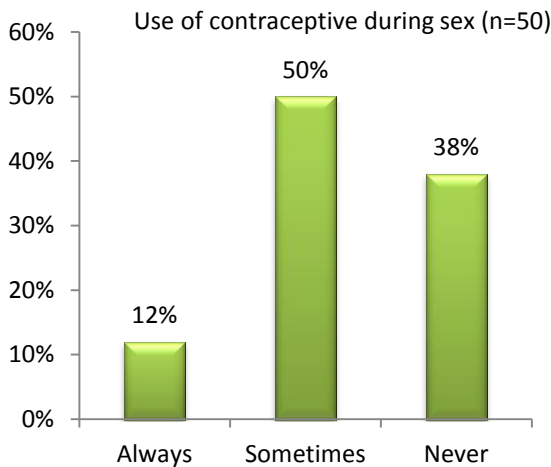
“Young people usually have a date in the park, in popular places, at cinema. They also choose an isolated places like behind the bushes on a hill, at guesthouses and KTV. If they have a date (in those isolated places), they cannot satisfy with just touching hands. They also spend time together at a friend’s place.”

(FGD with young male from rural Taunggyi)



Contraceptive use among young people

Heard about contraceptive methods: Study population was largely occupied by the young people who did not know the methods. Majority of the respondents could spontaneously name pills (180, 42.5%), condom (162, 38.2%) and injection (131, 30.9%) as contraceptive methods.



Afraid /shy to buy contraceptives and not accessible to sources of contraceptives were the key reasons of not using contraceptive among non-users (n=19)

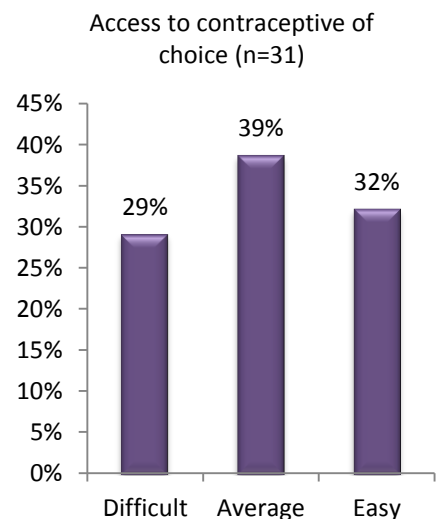
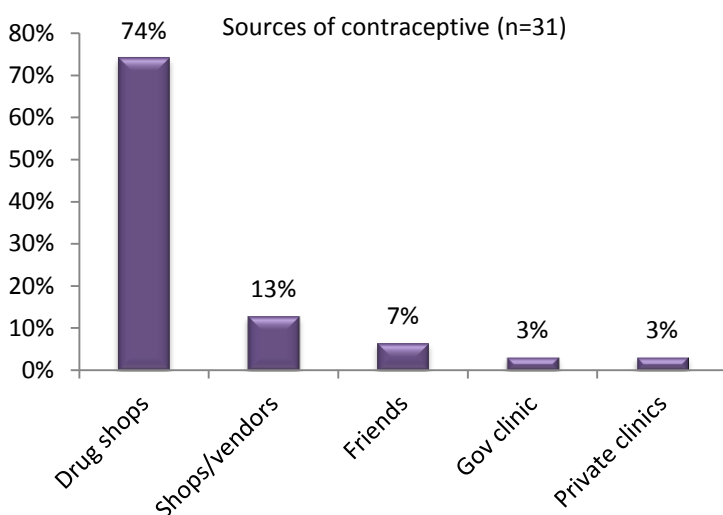


Figure-B-Contraceptive use among young people

Barriers to access contraceptives: Key

challenges were:

- 1) too shy to buy
- 2) being scared to be noticed by their parents and neighbors and
- 3) afraid of being reproached by others as they were young and unmarried.

Apart from some respondents, financial barrier to obtain contraceptives was less likely to find.

“If someone is not married, it will be difficult to get (contraceptives). (Other people) can misjudge. People can say bad things about them. Money is not a problem to buy contraceptives.”

(FGD with young female from rural Taunggyi)

Preferences on attaining sexual and reproductive health education and services

Opinion on attaining contraceptive and SRH education : Contraceptive and sexual and reproductive health education should be started before they have exposure to sex/puberty. Education should also be targeted to school teachers and parents. **Facebook** is the most popular media among young people. Face-to-face health education with health care providers, use of pictorials in health education were also suggested.

“I think abortion rate can be decreased if (contraceptive service) is provided. ..If a person attains the age of 16-18, they should be provided this education. I believe that (reproductive health education) should be provided at school when the children are going through development stages and before they have exposure to sex.”

(FGD with young female from urban Taunggyi)

“I like to have health talks which are provided one village after another. I don't think it's a problem to educate men and women together, but for the ones who are shy, they can be provided information one by one. I would like to get information on TV and through Facebook as almost all young people use facebook.”

(FGD with young male from rural Taunggyi)

Opinion on obtaining SRH services: They had desire to get sexual and reproductive health services from public health care providers in a youth friendly way –
treated warmly, friendly, patiently with understanding and ensuring confidentiality

“The service provider should be the one who can discuss (about contraceptive services), who is friendly and patient, who understand very well about young people and their nature. We also want to receive it from female health staff. If auxiliary midwives can keep our information confidential (from other people), it is ok”

(FGD with young male from rural Taunggyi)

Discussion

This study highlighted the urgent need for the youth friendly sexual and reproductive health programs targeting unmarried young people for several reasons.

1. Premarital sex became common among young people and the age of sexual debut was as young as 16 years.
2. Young people were less aware of the contraceptive methods, their sources and information on HIV/STIs.
3. They faced several challenges including social stigma for obtaining or using condoms and other contraceptives.
4. Contraceptive services are not targeting towards unmarried young people.



Recommendations

1. To provide contraceptive knowledge and services to young people before puberty
2. To promote awareness raising to communities, parents and young people themselves on the benefits of using contraceptive and danger of unprotected sex among unmarried youth
3. To enhance delivery of SRH information through social media particularly facebook
4. To develop and use pictorials about SRH while providing health talks to young people
5. To establish government health facilities to be youth friendly so that both married and unmarried young people could easily and safely accessible to contraceptive services provided there

*Maternal and Reproductive Health Division, Department of Public Health

** Department of Medical Research

***Myanmar Partners in Policy and Research

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Corresponding author: Dr. Wai Wai Han, Research Officer, Department of Medical Research, Ministry of Health and Sports, Myanmar. Email: waiwai.han84@gmail.com

Designed by: Wai Wai Han