ELIZABETH YARROW

THE CAUSES & CONSEQUENCES OF YOUNG PEOPLE'S SEXUAL, REPRODUCTIVE & MATERNAL HEALTH BEHAVIOURS, NORTHERN SHAN, MYANMAR

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at Coram Children's Legal Centre
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Commissioned by: CARE Myanmar

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1. Introduction

In 2016 Care International in Myanmar commissioned this qualitative study to investigate the sexual, reproductive and maternal health (SRMH) related behaviours of adolescents and young parents in villages in Northern Shan State, Myanmar. The purpose of the research was to generate in-depth and evidence based information to inform Care's current and future programming.

1.1. Brief background and context

CARE International's programs in Myanmar focus on sexual and gender-based violence (SGBV); food and livelihood security; disaster risk reduction; sexual reproductive health rights; peace-building; and policy and law reform (in related areas). In 2010, CARE started a project for women's empowerment in two townships in Northern Shan State, using sexual and reproductive health (SRH) as an entry point for engaging communities - both men and women - through a number of strategies.[1]

Based on lessons learned from this project, a new project was initiated in 2015, the goal of which is to support the reduction of maternal and neonatal mortality, through promoting SRMH and access to maternal and child health services. Although data is limited, existing evidence suggests that rates of maternal and infant mortality in Myanmar are some of the highest in Asia, especially in the border and conflict affected regions, such as Northern Shan.[2]

CARE is currently expanding its project activities to 40 new villages in Northern Shan State; introducing new and innovative tools and approaches to change heath behaviours and practices, improve retention of community health workers (CHWs), enhance health surveillance and reporting, strengthen the responsiveness of government, and better document successful approaches for advocacy to influence government policy and practice (CARE-GSK, 2015).

There is very little evidence available on SRMH situation in Northern Shan State, especially amongst teenagers and young parents. According to the GSK end of project evaluation report 2016, 62% of females in villages in Northern Shan are married between the ages of 15 and 19 years (CARE, 2016). Nationally, the prevalence of contraceptive use amongst young couples

[1] The project carried out a number of interventions in different sectors including water and sanitation, maternal and child health and savings and loans to promote women's equality and participation in community activities. A key strategy of the project was to address sexual and reproductive health including birth spacing, maternal and child health and adolescent reproductive health through training and support to auxiliary midwives, referrals and other health education activities. The project also engaged men to support women in accessing and improving their sexual and reproductive health.

[2] The Nationwide Cause-specific Maternal Mortality Survey (NCSMMS) undertaken by the Department of Health and UNICEF, 2004-2005 estimated the national maternal mortality to be 316 per 100,000 live births; in Hobstetter M, Walsh M, Leigh J, Lee C, Sietstra C, Foster A. *Separated by borders, united in need: An assessment of reproductive health on the Thailand-Burma border.* (2012). Cambridge, MA: Ibis Reproductive Health it was reported that in conflict affected areas and areas with internally displaced populations, the MMR is estimated at 1,000 to 1,200 per 100,000 live births

is low (estimated at 44%) with many young brides becoming pregnant shortly after marriage, and not necessarily seeking access to antenatal care.[3]

Meanwhile, unmarried girls and boys are at a particular disadvantage in accessing sexual and reproductive rights, as services are targeted towards married couples. The taboos surrounding pre-marital sex and adolescent sexual behaviour make access to information, and SRMH care limited and problematic, exposing young women who are sexually active prior to marriage to risk of unsafe abortion and placing young women and men at risk of contracting STIs, including HIV (CARE, 2016).

This study aimed to investigate these issues further; seeking to gather evidence to better understand the SRMH related behaviours of adolescents and young parents (ages 15-20 years) in selected (beneficiary) villages in Northern Shan State. The research explored the causes and consequences of harmful behaviours, and identified young people's vulnerabilities along with opportunities for intervention, to inform the development of evidence-based strategies for encouraging positive behaviour change.

1.2. Purpose and objectives of the research

The purpose of this research was to analyse the SRMH behaviours of young parents and adolescents; to understand the causes and impacts of harmful and risky behaviours, and identify opportunities for positive intervention.

Data and analysis from the research will be used to inform CARE Myanmar's future strategies and programs to address the underlying causes of dangerous SRMH behaviours in Northern Shan State.

[3] *Myanmar Country Report on 2007 Fertility and Reproductive Health Survey, Union of Myanmar,* Ministry of Immigration and Population, Department of Population and UNFPA

1.3. Research questions per objective

Research area/ objective		Research questions
1.	Analysis of young parents and adolescents SRMH behaviours	RQ1.1: What are the SRMH-related behaviours of young parents and adolescent girls and boys? And what are the differences between male and female RHMH behaviours? RQ1.2: What is the current level of knowledge amongst young parents and adolescents concerning SRMH, and the use of family planning and other protective SRMH-related measures?
2.	Determination of the impacts of young parents and adolescents' SRMH behaviours	RQ2.1: What are the behaviours of young parents and adolescents that impact negatively or positively on SRMH? RQ2.2: How and why do these behaviours impact negatively or positively on SRMH?
3.	Determination of the underlying causes of positive and negative behaviours	RQ3.1: How and why do economic factors affect young parents and adolescents' SRMH behaviours? RQ3.2: How and why do traditional, customary or cultural beliefs and practices affect young parents and adolescents' SRMH behaviours? RQ3.3 What are the barriers and challenges affecting young parents and adolescents' access to SRMH services? RQ3.4 What are the other factors affecting young parents and adolescents' SRMH behaviours?
4.	Determination of potential incentives for positive behaviour change	RQ4.1: What factors could influence positive changes in behaviour and how? RQ3.2: Who do young parents and adolescents consider to be role models for (good) SRMH behaviours? RQ3.3 Where do young parents and adolescents currently get information regarding SRMH?

2. Research Design and Methodology

2.1. Qualitative approach

Given the primary purpose of the research, which was to explore and understand complex human behaviours, the study design was qualitative. The aim of the research was to gather evidence that was in-depth, meaningful and explanatory: to describe and explain young SRMH related behaviours, and the root causes of these, as well as their contexts, and impacts. This evidence is necessary for designing and targeting interventions to achieve change.

A qualitative approach was also thought to be most appropriate given the sensitive and personal nature of subject under research; providing the best opportunity to speak with young parents and adolescents, including those in vulnerable situations, about taboo subjects, as well as potentially harmful and traumatic issues, including perceptions and experiences of SGBV in a sensitive, safe and participatory manner.

2.2. Key considerations

As the research topic was highly sensitive, it was recognized that participants might be unwilling to share personal ideas and experiences in relation to SRMH, and could have legitimate concerns about their privacy and safety. The research methods and tools were designed with this central consideration in mind: to facilitate the collection of authentic, spontaneous data, to reveal deep, subtle and hidden insights and meanings, whilst adhering to strict ethical principles and procedures.

Young people's behaviours in relation to SRMH, their causes and impacts, are deeply complex and contextual. Given this, it can be difficult to meaningfully identify a causal link between a particular factor (e.g. economic deprivation) and an associated outcome or behaviour, or isolate the impact of this factor from others, especially given the complex ecology of social environments. To address this, extra attention was given to the technical aspects of the research design, including the sampling strategy, and the design of questionnaires.

The research model sought to balance the need for a nuanced analysis of the complex issues involved, with the desire for clear and practically oriented deliverables, including a research report and programmatic recommendations.

2.3. Key concepts

Several key concepts informed the research design and analysis.

Sexual, reproductive and maternal health (SRMH)

Sexual, reproductive and maternal health (SRMH) is fundamental to the general health and well-being of men, women and children. SRMH encompasses a variety of issues across their lifespan including: contraception, family planning, safe abortion, pre-natal and postnatal care, miscarriage, stillbirth and neonatal death, maternal and infant mortality, sexually transmitted infections including HIV, and sexual and gender based violence. Good sexual and reproductive health includes the right to a satisfying and safe sex life free from coercion and violence, and

the capability to reproduce and the freedom to decide if, when, and how often to do so.[4] This implies that individuals must have access to safe, effective, affordable and acceptable methods of fertility regulation, and the right of access to appropriate health care services that provide men and women with the best chances of conceiving at a time of their choice, transitioning safely through pregnancy and childbirth, and raising a healthy infant.[5]

Women's Empowerment (WE)

CARE has placed women's empowerment (WE) at the centre of its programming and operations, and has recognised that women's empowerment is an essential factor in improving sexual, reproductive and maternal health. CARE conceptualises women's empowerment as 'the sum total of changes needed for a woman to realise her full human rights'.[6] According to CARE's WE framework there are three central domains of WE: 'agency' – a women's aspirations, confidence, capabilities and knowledge; 'relations' – women's ties with husbands, children, siblings, parents, neighbours, communities and authorities, through which she must negotiate power and navigate her life; and 'structure' – the environment that surrounds her and conditions her choices and ability to act. Removing barriers within all three of these realms is the key to achieving sustainable empowerment of women.

Gender

SRMH has a strong relationship to norms about gender and gender roles. It is therefore important to define the concept of gender, and how it will be understood in the context of the research. 'Gender' refers to ideas, norms and identities associated with being male or female or otherwise sexed. Plan International provides a particularly useful definition of gender, describing gender as: *'[the] socially constructed roles, responsibilities, behaviours, activities and attributes which society considers appropriate and expected for men and women and boys and girls, [including] the social organisation of women's and men's lives and relations.'*[7]

Sexual and gender based violence

Sexual and gender based violence (SGBV) is a broad term that refers to any action that is perpetrated against an individual because of sex, gender or sexuality; and that results in, or is likely to result in, physical, sexual or psychological harm or suffering; including threats of such action or coercion. SGBV is committed for the purposes of maintaining power structures that privilege masculinity and traditional views of gender, seeking to ensure that individuals' identities and behaviours conform to dominant ideas about gender.[8]

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[4] World Health Organization, "Defining Sexual Health", retrieved on 25 July 2015 from http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/.

[5] World Health Organization, "Reproductive Health", retrieved on 25 July 2015 from http://www.who.int/topics/reproductive_health/en/.

[6] CARE International, "Women's Empowerment Framework", retrieved on 25 July 2015 from http://www.care.org/our-work/womens-empowerment/gender-integration/womens-empowerment-framework.

[7] Plan International (2011), "Because I Am A Girl: So what about the boys?" Retrieved on 25 July 2015 from http://plan-international.org/girls/pdfs/biaag-report-2011-english.pdf.

[8] UNHCR, "Sexual and Gender Based Violence: Guidelines for Prevention and Response" Retrieved on Retrieved on 25 July 2015 from http://www.unicef.org/emerg/files/gl_sgbv03.pdf

2.4. 2.4 Data collection methods

Literature review

The research process began with a thorough review and analytic synthesis of relevant program and organizational literature relevant to the research questions. The review aimed to identify existing, contextual information concerning the SRMH situation in project sites, as well as to provide the consultant detailed knowledge and understanding of CARE's program design and interventions. The review informed the development of the tools for conducting the research, as well as providing broader contextual information and/ or triangulation which informed the analysis of primary data collected during the study. Materials for the literature review were gathered through the Care Myanmar team and internet research.

In-depth interviews (IDIs)

In-depth interviews were conducted with young parents in each research site, to enable participants the opportunity to share their personal experience in a confidential setting. The purpose of these interviews was to gain in-depth, detailed and accurate data on the actual real-life *experiences* of young parents on a range of issues relevant to the research questions (e.g. use of contraception, access to SRMH services, sexual behaviour before and after marriage, experiences of domestic violence, and so forth).

Interviews were semi-structured in nature; data collection tools were developed to facilitate a level of standardisation in data collected, however, the tools were used as flexible guides, and were not followed strictly. Rather, interviews were conducted in a participatory manner, guided by the participant's responses within the broader frame of the research questions. Questions were asked based on young people's experiences and with a view to encouraging the most authentic and responsive data.

Interviews included a mix of life history questions and questions that focused on knowledge, experience, behaviours and norms relating to SRMH. This allows the analysis to link demographic data (e.g. gender, age, ethnicity, socio-economic status etc.) and data on participants' situational circumstances (level of education, livelihood, shelter etc.), to particular experiences and behaviours relating to SRMH as well as service seeking.

Key Informant Interviews (KIIs)

Key-informant interviews (KIIs) were carried out with selected stakeholders in each of the research areas. Key informant interviews were conducted to gather information about SRMH health systems governance and service delivery in each project sites, alongside broader contextual issues of interest (i.e. relating to the political, administrative, social and economic context in each village). As with the in-depth interviews, questionnaire schedules were developed to guide interactions, which were semi-structured in nature. At the end of the interview, each respondent was asked to provide any suggestions they may have for the development of policies, programs and communications initiatives to address harmful SRMH behaviours amongst teenagers.

Focus Group Discussions

In addition to interviews a series of focus group discussions (FGDs) were conducted in each site with both married and unmarried youth and adults. The primary purpose of the FGDs was to provide a forum for exploring participants' knowledge, perceptions and attitudes concerning SRMH in each research site. FGDs provided participants the opportunity to respond to different ideas and opinions across the group, stimulating discussion and debate, in a relaxed and informal setting. Whereas in-depth interviews focused on gathering data about actual experience of SRMH, FGDs focused on exploring relevant issues (e.g. traditional norms concerning young people's sexual behaviour) in a general, hypothetical or scenario based format, so that participants did not feel the need to reveal personal experiences in order to share their ideas.

FGDs were conducted with groups of 6-8 individuals of the same gender and a similar age. Topic guides were developed to orient FGDs, but these were delivered flexibly to allow for a fluid, and participant-directed discussion.

2.5. Sampling

Given the qualitative nature of the research, the sampling strategy was purposive (rather than random); meaning that all sample members were selected based on their satisfaction of criteria relevant to the research objectives; whose information was most likely to be of use for gathering evidence and developing and testing emerging analytical ideas relevant to the research questions.

2.5.1. Selection of research sites

The sampling frame for the selection of villages consisted of the total population of (40) villages into which Care is expanding in the new phase of the project.

4 villages out of the 40 proposed project villages were selected for inclusion in the research. Villages were selected in consultation with Care staff, to represent some of the geographic and demographic diversity within Northern Shan State, with particular regard to geography (distance to urban centres, condition of road) ethnicity, religion and culture (maximum variation sample).

The below table summarises the sites visited and their characterisation.

Table 1: Sample of villages

Village Name	Dominant ethnicity	Dominant religion	Political context	Geography
Nar Taung Hsan Village	Shan	Buddhist	Under the control of Shan ethnic militia (have peace treaty with Union Government)	Deeply remote, 2 hour drive from Lashio, road condition very poor
December Village	Lahu	Christian	Under the administration of the Union Government	Relatively less remote: 1-1.5 hour drive from Lashio, next to road, 15

				minutes' drive from local mining town, with a regular bus service
Boune Mon Village	Katchin	Christian	Under the administration of the Union Government	Relatively less remote: next to main road, 30-45 minutes' drive to Lashio
Lone Yan Village	Palaung	Buddhist	Under the control of ethnic militia (have peace treaty with Union Government)	Relatively more remote: road condition poor, 45 minutes' drive to Lashio.

2.5.2. Selection of participants

Key-informant/ expert sampling

Key informants who play a role in the provision or governance of (SRMH) services in the research sites were selected for participation in KIIs. Identification of these informants was carried out in consultation with Care field staff.

The following key informants were interviewed in each village:

Table 2: Sample of Key-informants by research site

Research Site	Total # of interviews	List of stakeholders
Nar Taung Hsan Village	5	Village Chief, Community Police, Women's Leader, local Midwife, (2x) Village Health Volunteers
December Village	5	Village Chief, Women's Leader, local Public Health Supervisor, (2x) Village Health Volunteers, Religious Leader
Boune Mon Village	5	Village Chief, Women's Leader, local Midwife, Traditional birth attendant, Religious Leader
Lone Yan Village	4	Village Chief, Women's Leader, local Midwife, (2x) Village Health Volunteers
Care Office	5	GSK-project staff, (4x) Auxiliary Midwives9 (currently attending Care training in Lashio)
Total # of KIIs conducted = 24		

[9] We interviewed 1 AMW from each of the ethnic groups included in the research. However, these AMWs were not necessarily from the same villages that we visited during the field research.

Selection of (young) parents and unmarried adolescents

Young parents, adolescents and other community members were selected for participation in in-depth interviews and FGDs based on a 'typical case' sample. The purpose of these interactions was to gather information on the typical (average/ normal) SRMH related issues, ideas and behaviours that affect young parents and adolescents in project sites.

Given the focus of the research on young people, the majority of participants selected were below the age of 30 years. However, some older individuals, including *parents* of adolescents, were selected to participate in FGDs, to gain their perspectives on dominant social norms and practices concerning SRMH.

The below table summarises the focus group discussions conducted in each site:

Table 3: Sample of community respondents included in FGDs by research site

Research Site	Total # of FGDs	Demographic composition of group
Nar Taung Hsan Village	3	- FGD married individuals (5 females and 4 males) (all Shan Buddhist) (ages: 30, 27, 27, 27, 19, 45, 25, 24, 25) - FGD unmarried youth (9 males) (all Shan Buddhist) (ages: 13, 14, 15, 16, 17, 19, 19, 19) - FGD unmarried youth (8 females) (all Shan Buddhist) (ages: 14, 14, 14, 15, 15, 18, 19, 24)
December Village	4	- FGD married men (6 males) (3x Lahu Christian, 1x Katchin Christian, 2x Bamar Buddhist) (ages: 22, 29, 35, 46, 47, 57) - FGD married women (7 females) (6x Lahu Christian, 1x Katchin Christian) (ages:24, 27, 28, 29, 30, 32, 35) - FGD unmarried youth (9 males) (all Lahu Christian) (ages: 14, 14, 16, 18, 19, 20, 20, 27) - FGD unmarried youth (9 females) (8x Lahu Chirstian, 1x Bamar Buddhist) (ages: 13, 13, 14, 14, 16, 16, 21, 22, 23)
Boune Mon Village	4	- FGD married men (5 males) (3x Katchin Christian, 2x Lahu Christian) (ages: 25, 27, 27, 31, 37) - FGD married women (7 females) (6x Katchin Christian, 1x Bamar Christian) (ages: 23, 24, 24, 28, 29, 32, 35) - FGD unmarried youth (6 males) (5x Katchin Christian, 1x Shan Buddhist) (ages: 15, 20, 20, 20, 22, 25) - FGD unmarried youth (5 females) (all Katchin Christian) (ages: 16, 17, 19, 21, 22)

Lone Yan Village	4	- FGD married men (5 males) (all Palaung Buddhist) (ages: 20, 20, 25, 27, 30) - FGD married women (9 females) (7x Palaung Buddhist, 1x Katchin Christian) (ages: 15, 17, 20 , 24, 24, 30, Unknown, Unknown) - FGD unmarried youth (6 males) (4x Katchin Christian, 1x Palaung Buddhist, 1x Chinese Buddhist) (ages: 16, 21, 21, 22, 22, 25) - FGD unmarried youth (5 females) (3x Katchin Christian, 2x Palaung Buddhist) (ages: 16, 20, 21, 22, 23)
Total number of FGDs conducted = 15		

The below table summarises the in-depth interviews conducted in each site:

Table 4: Sample of young parents interviewed by research site

Research Site	Total # of interviews	Demographic composition of group
Nar Taung Hsan Village	2	- Young male parent, Shan Buddhist, 26 years, married at 17years, has 2 children (ages 6 years and 10 months) - Young female parent, Shan Buddhist, 30 years, married at 21 years, has 2 children (ages 9 and 6 years)
December Village	2	- Young male parent, Lahu Christian, 32 years, married at 28 years, has 2 children (ages 5 and 2 years) - Young female parent, Lahu Christian, 23 years, married at 22 years, has 1 child (age 1 year)
Boune Mon Village	2	- Young male parent, Katchin Christian, 25 years, married at 21 years, has 4 children (ages 3, 2, 1, 15 days) - Young female parent, Katchin Christian, 23 years, married earlier this year, no children yet (currently pregnant)
Lone Yan Village	2	- Young male parent, Palaung Buddhist, 26 years, married at 22 years, has 1 child (age 3 years) - Young female parent, Palaung Buddhist, 20 years, married at 15 years, has 2 children (ages 2 years and 3 months)
Total number of IDIs conducted = 8		

2.6. Data analysis

The analysis entailed a systematic review and coding of all field notes with the assistance of Nvivo software: identifying key themes, patterns, discourses, relationships and explanations

relevant to the research questions. The consultant deployed a thematic analysis following the six stage process outlined by deploy Braun and Clarke (2006).

2.7. Limitations

- Language barriers necessitated the use of interpretation. While emphasis was placed on literal translation of every statement, it is likely that some nuances of the participant's responses were 'lost in translation'. This was particularly challenging in villages where respondents did not speak the Myanmar language, as was predominantly the case in the Shan and Palaung Villages. In these villages, questions and responses where translated through a chain, from English to Myanmar to Shan back to Myanmar and then to English. Not only did this limit the rapport between the research consultant and the participant, it also renders it highly likely that some information was manipulated or misinterpreted at some point along the chain. The consultant endeavoured to mitigate against this as far as possible by always asking follow questions to confirm and clarify information.

- Given the highly sensitive nature of the research, it is likely that participants were not always willing to share honest information about their experiences: particularly in relation to deviant sexual behaviours or experiences (e.g. engaging in sex outside of marriage, and/ or with multiple partners). In particular, powerful social norms which prohibit knowledge and experience of sex prior to marriage rendered some young unmarried participants, reticent and shy to answer research questions. The consultant endeavoured to counter this by clearly explaining the purpose of the research, and that all information provided would be kept anonymous. All interactions took place in a private, informal and relaxed setting.

- Some of the participants' responses to the questions are likely to have been influenced by participants' perceptions of the researcher as an associate of a donor NGO, with a particular 'agenda', interest or view on the subject matter of the research. Therefore, consultant made clear at the start of the interview that there were no 'correct' or 'incorrect' responses to the questions, and that participation in the research and answers provided would not have any impact on any support that they are currently receiving from Care, or any support they may receive in the future.

- Whilst participants in focus groups were separated according to gender and also divided according to age groups, it is likely that power dynamics within each group biased the discussions (and findings) in favour of the more outspoken and assertive participants. The consultant took care to enable equitable discussions amongst participants; however, participants that were too shy or reluctant to answer were never singled out.

- In some cases it was hard to establish contact with younger individuals, because they were otherwise occupied: either at school outside of the village, working on their farms, or engaged in casual or domestic labour. This means that although the research was intended to focus on the age group of 15-20 years, in practice many participants in the research were older than this threshold. Nevertheless, the majority of participants comprised individuals either in their teenage years or in their twenty's. Older individuals were also asked to reflect on earlier adolescent experiences (although, of course, responses in such cases may have been affected by re-call bias).

3. Unmarried Youth and Adolescents

3.1. Sexual behaviour: attitudes and practices

3.1.1. Prohibition of pre-marital sex

In all research sites included in the research powerful social and religious norms dictate that sexual activity must only take place in the context of marriage. This means that young people should not be having sex before marriage; it also means that, once married, people are expected remain faithful to their partner. Marriage unions are also monogamous.

Given the strength of these norms it is difficult to assess the realities unmarried youth's relationships. Engaging in sex before marriage is considered shameful and wrong, and any deviation of this norm remains strictly hidden and taboo. If young people are sexually active, it will rarely become known except in the case that an unmarried girl becomes pregnant (and decides to progress with the pregnancy). Cases of which were found to be present in all four villages.

What is clear is that young people are forming romantic relationships prior to marriage, typically starting during their teenage years. Research participants described young people's relationships as either 'simple' (without sex) or 'un-simple' (involving sex). In all sites, 'arranged marriages', where a couple have no prior relationship were found to be rare, and a number of participants reported that it is customary for young people to 'date' for three years prior to marriage. A group of unmarried Lahu-Christian boys in December village discussed the gap between dominant cultural and religious beliefs which prohibit sex before marriage, and the realities of many young people's relationships:

> [Boy 1] *In my opinion most young people are having sexual relationships. But it is forbidden according to our culture.*
>
> [Boy 2] *Actually it is about religion – according to the bible that is forbidden. But some people are not following the bible.*
>
> [Boy 3] *I heard from friends that they are having sex. Some people even get pregnant before marriage. But I personally don't have any experience of that.*
>
> [Boy 4] *Actually I personally think it's ok to break that rule.*
>
> [Everyone else bursts out laughing and he goes red].
>
> [Boy 1] *Actually people are educated that they shouldn't do that, but sometimes they cannot control themselves.*[10]

In other villages, in particular in the Palaung and Shan Buddhist villages, participants were more conservative and reserved in their discussions of sex before marriage, and were generally unwilling to acknowledge that sex outside of marriage occurs at all. For example:

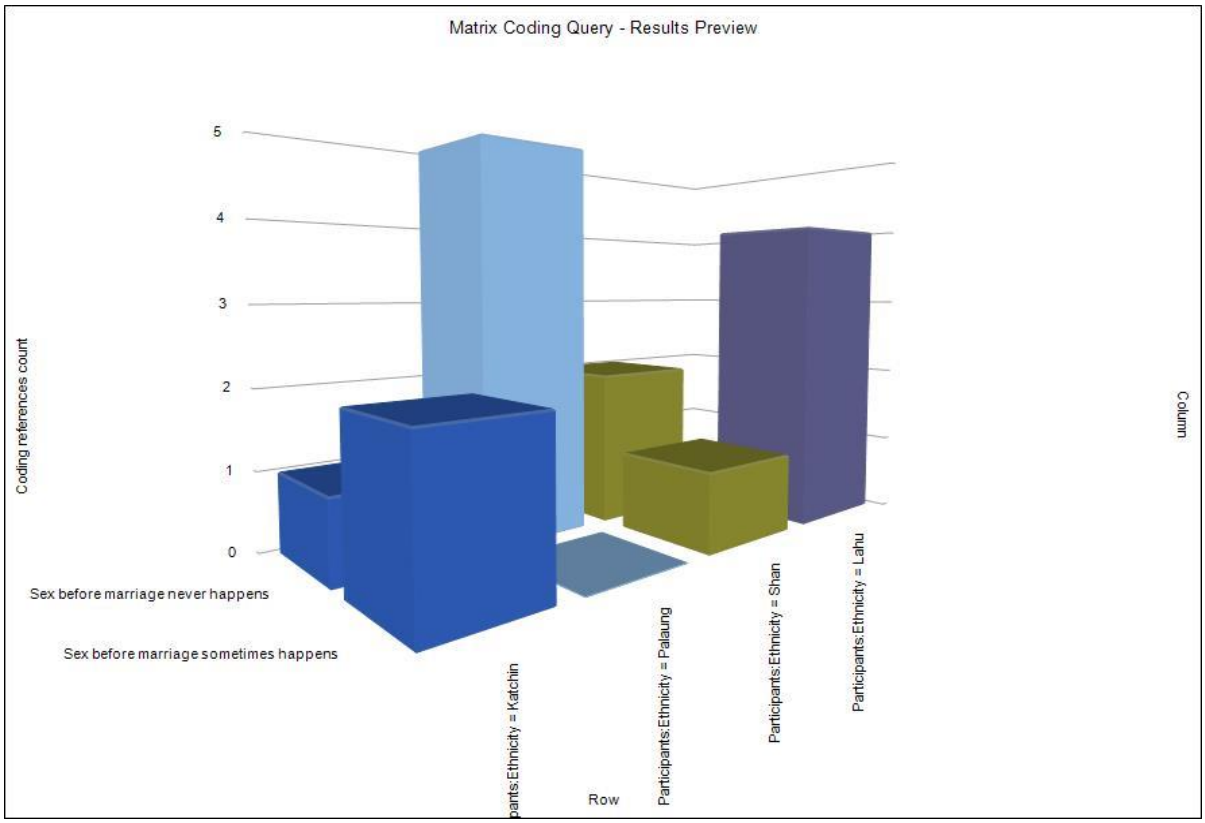
[10] FGD unmarried male youth, ages 14-27 years, December Village, 8th July 2016

Not us. In this village that doesn't happen. It is forbidden in our culture.[11] [Shan village]

There is no one who makes sex without marriage in the ethnic families. I heard about some of those things amongst the Chinese. But in our community, if a boy asks a girl to have sex before marriage her parents could kill him. This happened in a neighbouring village and [the girl's] parents beat the boy with a spade.[12] [Palaung village]

Respondents in the Palaung village were particularly forceful in their condemnation of pre-marital sexual activity, characterising it as 'dirty' and 'animal'-like behaviour.

Chart 1: Acknowledgement pre-marital sex by village ethnic group



In general, despite some acknowledgment that sex outside of marriage does happen, most participants expressed the view that it is unlikely or rare, particularly as unmarried adolescents are usually kept strictly under the control of their parents or relatives.

During the relationship he asked to touch my hand and we went to the cinema and for food together. He asked for it [sex] and I declined. I was under some restrictions anyway. I was only allowed to meet him at my house during the week for 1 hour between 7-8 o'clock. On the weekends we could go out in the

[11] FGD unmarried male youth, ages 13-19 years, Nar Taung Hsan Village, 6th July 2016
[12] KII, Village Health Volunteers, Lone Yan Village, 13th July 2016

evenings. My parents arranged for those restrictions, but it was also my decision.[13]

Before we were married we already had a relationship – no sex – just a simple relationship. I asked her to marry me but I never asked her for sex. At that time I worked at the rice mill and she was a cook at the rice mill. We both lived at the rice mill factory – but there was no travelling around and dating because of the discipline and rules at the mill – it was so strict. The boss of that factory is one of my relatives. Even we could only talk at lunch and dinner. Mostly we wrote letters to each other.[14]

Some young people spoke of how they would seek out opportunities to spend time alone with their boyfriend or girlfriend, opportunities which particularly arise when they have the opportunity to travel outside of the village, either to their farms, or during festival season when people congregate in city areas.

My girlfriend lives far from her so we only talk on the phone. Sometimes we go on dates. We go to the park and other places. People go there to get some privacy.[15]

It is hard for young people to have sex before marriage when they are under the control of their parents. But it can easily happen when they are working in the farms. My younger brother was studying in Lashio - and I was living with him and cooking for him - but our parents were living in a different city. So I had the opportunity to have sex in the house.[16]

We go and visit festivals together and eat food together.
Are unmarried couples allowed to spend time together on their own?
I have no idea, but sometimes couples go together to Lashio during festival time.[17]

A number of older participants, and key stakeholders, referred to festival season as being a particularly 'risky' time, during which young people are most likely to forget themselves and engage in unacceptable sexual behaviour:

Sometimes they can be overjoyed at the festivals – so it's my responsibility to take care of the unmarried girls' dignity. During festivals most young women can't control themselves. They are very happy and they might have sex with

[13] IDI, young parent, female, 23 years, Boune Mon Village, 10th July 2016
[14] IDI, young parent, male, 25 years, Boune Mon Village, 11th July 2016
[15] FGD unmarried youth, males, ages 14-27 years, December Village, 8th July 2016
[16] IDI, young parent, female, 23 years, December Village, 9th July 2016
[17] FGD, unmarried youth, females, ages 16-22 years, Boune Mon Village, 10th July 2016

their boyfriend or do some other misbehaviour. So it's my job to control them and take care of them.[18]

3.1.2. Gender norms and pre-marital sex

"There's a saying in our culture: 'the dignity of a Myanmar woman cannot be exchanged for gold'." [19]

Whilst the prohibition on sex before marriage applies to both boys and girls, it is female sexuality and sexual behaviour which is subject to the most scrutiny, judgement and social control. The concept of female 'dignity' is extremely important in rural communities in Northern Shan, and having sex before marriage necessarily entails the loss of a girl's dignity, giving her and her family a bad 'image' in the community:

She will be looked down upon by the community and her parents will lose their image. Her parents and older relatives will also be held responsible because they did not teach her properly.[20]

A group of older fathers in December Village noted:

Having sex before marriage is more serious for women because when women have grace men value them so much. We have a saying: 'It's easier to handle 1000 chattel than it is 1 daughter'. Parents are taking care of their daughters much more than their sons.[21]

Participants' discussions about how young men and women should behave in sexual relationships were also indicative of highly gendered ideas about sexuality: whereas young men are thought to be 'naturally' sexual, wanting and needing sex, young women and girls are responsible for exercising control and judgement and refusing their advances. One young woman, who had recently married, explained how she felt when her husband had asked her for sex prior to their marriage:

He asked for sex but I declined. Refusing sex means that I value myself. If I had had sex with him I could lose my image. I was angry with him [for asking] but I explained very well why I was refusing. Anyway, that's the nature of a boy, so I was not sensitive about it.[22]

And a group of girls in the same village explained:

Some boys will try to have sex with a girl even if he doesn't love her – just as an opportunist he will have sex with her. The girl will lose her purity if she does that. She will feel that she is already impure because she is having sex.[23]

As this extract demonstrates, whilst sex is thought of as an 'opportunity' for a young unmarried man, for an unmarried woman/ girl it is associated with injury, cost and a lack of

[18] KII, Head of the unmarried girls, Nar Taung Hsan Village, 7th July 2016
[19] IDI, young parent, female, 23 years, Boune Mon Village, 10th July 2016
[20] FGD, unmarried youth, females, ages 13-23, December Village, 9th July 2016
[21] FGD married males, ages 22-57 years, December Village, 8th July 2016
[22] FGD married females, ages 23-25 years, Boune Mon Village, 10th July 2016
[23] FGD, unmarried youth, females, aged 16-22 years, Boune Mon Village, 10th July 2016

value and worth.

In focus groups, participants were asked to discuss a scenario about a young couple who are thinking of having sex before marriage; participants were unanimous in their view that this would be wrong on all sides, but felt that it was worst on the part of the girl. A group of girls in December village declared: *"she should be blamed more because she was easy to accept his proposal and she should not be so easy."*[24] When pressed on why they felt this way, they eventually explained: *"because if they make sex before marriage the girl might get pregnant, then she will face difficulties. She should have known that – that is why the community will blame her more".*[25]

3.1.3. Pregnancy outside of marriage

> *Women lose their dignity more than the boys because they get pregnant and it is visible – they cannot hide this.*[26]

Simply speaking, women and girls are thought to have the most to 'lose' by engaging in prohibited sexual relationships, because they are the ones who are at risk of becoming pregnant. Amongst other facts, this highlights the potential impact that improved access to contraceptive and other SRMH service could have on reshaping or reframing discriminatory and harmful norms concerning gender, sexuality and youth. A group of mothers in the Katchin village elaborated:

> *"Boys have more chances and more freedom than the girls. Because if a girl does something wrong – she could be pregnant. Some of the boys they do not take responsibility. We would worry that child would become fatherless."*[27]

As this quote illustrates, the risks associated with pregnancy outside of marriage are rooted in the patriarchal and patrilineal social structures of Northern Shan communities; which render women and children socially and economically dependent on their husbands and fathers; leaving single mothers and fatherless children in highly vulnerable and precarious situations. These factors combine to create powerful social stigmas surrounding pregnancy outside of marriage: a situation so shameful that it is thought to damage the 'image' of the entire community or village.

In focus groups respondents were asked to discuss a fictional scenario in whereby a close teenage relative of theirs (a daughter/ sister/ niece) becomes pregnant prior to marriage. One group of older fathers described how they would react if this happened to their daughter:

> *I would be heartbroken. I would have wanted more for her future. I had higher hopes for her – this could destroy her future. I would try to find out who she got pregnant with and ask if she is willing to marry him. If she is willing I would arrange for that.*[28]

[24] FGD, unmarried youth, females, ages 13-23, December Village, 9th July 2016
[25] FGD, unmarried youth, females, ages 13-23, December Village, 9th July 2016
[26] FGD married females, ages 24-35 years, December Village, 8th July 2016
[27] FGD married females, ages 23-25 years, Boune Mon Village, 10th July 2016
[28] FGD married males, ages 22-57 years, December Village, 8th July 2016

As this quote illustrated the primary solution in these cases is to immediately arrange for the girl's marriage; in Christian villages these couples would not be permitted to marry in the church underscoring the humiliation of their situation.

Case study 1: Pregnancy before marriage

I got married at the age of 22 years because I was already pregnant. I didn't mean to get pregnant. It was an accident – I thought it couldn't happen to me. I told my boyfriend [that I was pregnant] and he asked me to get an abortion. He wasn't thinking of getting married – actually he had another girlfriend at that time. I didn't tell my parents but I discussed it with my friend. I discussed whether to get an abortion. My friend said 'don't do it, you are a Christian. Jesus doesn't like abortion'. So I told my boyfriend's friend that I wanted to deliver and I needed an answer from him– is he going to marry me or not? So at that time his friend told my boyfriend's parents about my pregnancy. I have an uncle in this village. So his parents told my uncle that they will arrange for our marriage. My parents were so ashamed they said they would not come to the wedding. Only my aunt and my sister came. It upset me a lot. But it is fine now. I informed my parents once I was married and things settled down. Actually my parents did not disagree with my choice of boyfriend, they were just ashamed that I had gotten pregnant outside of marriage. We married in a building next to the church. I couldn't marry in the church as church is a pure place and I was already pregnant at that time.

Failing marriage, respondents suggested a range of alternative options: including sending the girl out of the village, helping her to sell or adopt her baby after birth, or early abortion of the foetus. In no cases, however, did participants suggest that it would be acceptable to raise the child as a single mother, although there were accounts of a couple of cases where this was in fact happening in practice. For example:

> *I would send her to stay in a different village – she would be too ashamed to stay here. She could get an abortion but I am worried that it would harm her health.*[29]
>
> ---
>
> *We would be sure to get angry and we would give her our advice. We would tell her to discuss it with her parents. Some people in this situation might make an abortion. Some other will travel to another village and give birth, and then sell the child to the people who are rich, because they don't want their community to know about [the pregnancy]. Rich people who cannot get pregnant adopt those children.*[30]

Significantly, although abortion is generally concerned morally wrong, and highly dangerous, there was some evidence that participants are relatively accepting of the necessity of abortion in the case that a girl becomes pregnant and the 'father' is not willing to take responsibility

[29] FGD, unmarried youth, males, ages 16-25 years, Lone Yan Village, 12th July 2016
[30] FGD married females, ages 24-35 years, December Village, 8th July 2016

for the child. Given that abortion is illegal, women and girls in this situation are at significant risk of being exposed to highly dangerous methods, and procedures for inducing abortion.

Case study 2: Pregnancy outside of marriage

There was a girl who was a vegetable seller in the village, and was staying with her aunt. This boy – he was a soldier – came here with his friends. Before he came here they had never met, they met in the village. She was very drunk at that time. She was out of control; she was drunk. She got pregnant. Actually the boy was willing to marry her but the parents would not allow it. So she tried to commit suicide. At first she thought he was going to marry her, but when she realised her parents would not allow it she felt ashamed and tried to kill herself. She used a knife. She aimed at herself. When the villagers saw her they tried to stop her, and she fell down from the house. Actually the suicide was not successful, so the head of the village went to her house to counsel her. She delivered the baby and is bringing it up by herself. She has no support; she is a single mother living in the community.

In each village there were stories of women and girls who had found themselves pregnant outside of marriage, and had either reportedly undergone abortion - one woman allegedly died in the procedure - or been forced to leave the village, either temporarily (in order to give birth) or permanently because of the shame. There was one reported attempt of suicide due to accidental pregnancy. However, the research findings did not reveal any evidence of attitudes or practices related to honour based violence.

3.1.4. Pregnancy resulting from rape

Attitudes towards pregnancy outside of marriage were not found to be substantively affected by the question of whether the pregnancy was the result of a consensual relationship or the result of rape. The scenario about the teenage relative who becomes pregnant before marriage was continued by asking participants what they would do if - upon confronting their daughter/ sister/ niece about her pregnancy - she discloses that she was raped by an older man in the village. Marriage was still the preferred solution to the problem, although some participants suggested that they might not want to 'live together' as a couple:

> *I would find out if they guy is already married. If he is not married, I would negotiate for him to marry my daughter. But in the case of rape I would not let the couple stay together. But the man would still have to provide financial support for the baby.*[31]
>
> ---
>
> *Getting married is the best way. But they can live as a separate family.*[32]

In general, it was clear from participants responses to this scenario, that the primary concerns about the situation remain the same – regardless of whether the girl's pregnancy was the result of rape or not. In particular, the girl's 'dignity' and virginity has already been lost, and

[31] FGD married males, ages 22-57 years, December Village, 8th July 2016
[32] FGD, unmarried youth, females, ages 16-22 years, Boune Mon Village, 10th July 2016

it may be harder for her to find a man to marry her in the future. Further she is faced with raising a fatherless child as a single mother. The following extracts are illustrative:

> *They [rape victims] think about their child – their baby – more than they think about themselves. That is why they will make the decision to marry the guy. They do not want to get an abortion. They are going to give birth to that child, and that child should also have a father.*[33]
>
> ---
>
> *It will be difficult for her [to get married] in her community; because the boys will always look back at her history – and she has a bad history – so that is why. They will think that she has already lost her dignity. That is a big problem.*[34]
>
> ---
>
> *People are very sensitive about those things [rape]. For Myanmar people those unmarried virgins are very precious – we value them so much. Every man prefers a virgin because we are greedy. In having sex – her happiness should be given from me – I want to be the first one to please her.*

These extracts demonstrate the power of social norms governing female sexuality, and the priority that upholding age-bound and gendered social norms concerning sexuality and appropriate behaviour is afforded over ensuring the health and wellbeing of individual women and girls. In fact, respondents' understandings of what constitutes sexual violence a rape seemed to have little to do with consent, rather rape itself appears to be *defined* as sexual activity with an unmarried girl.

Nevertheless, when discussing a real life case of a young woman with learning disabilities who had been gang raped by a group of men, one participant, a community police officer, did express understanding and concern over the safety of the victim above and beyond other factors:

> *The girl was abnormal – she was mentally ill – and four guys raped her. She didn't dare to report the case, but people found out when she got pregnant. I asked for some compensation from the perpetrators. If I had arranged that girl to marry one of those people I was worried that they would commit violence on her – that's why I did not arrange for the marriage.*[35]

In general participants were found to have very limited understanding of the concept of rape, with most participants declaring that it 'never happens' or even that it is 'not possible' or nonsensical:

> *A man cannot rape a woman if she doesn't agree to it – that's why they have to get married. There's no tradition of rape and this has never happened in this village. It is not possible for that to happen. It cannot happen.*

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[33] FGD, unmarried youth, females, ages 16-22 years, Boune Mon Village, 10th July 2016
[34] FGD, unmarried youth, males, ages 15-25 years, Boune Mon Village, 10th July 2016
[35] KII, Community Police Officer, Nar Taung Hsan Village, 7th July 2016

These notions are underscored by the total impunity for perpetrators of rape, and the lack of recourse to justice mechanisms for victims. Cases of rape are negotiated at the family or village level, through the arrangement of marriage, or payment of compensation to the victim's family. A group of girls in one village described how compensation might be used by victims of rape, as well as some of its limitations: *"you cannot get your dignity back with money, but money can help to some extent. For example, you could use that money to get an abortion."*[36]

Case study 3: Pregnancy resulting from rape

This case, which happened in the rural Shan village of Nar Taung Hsan Village was discussed in almost all interactions (FGDs, KIIs, IDIs) conducted in the village. It involved a young woman with intellectual disabilities, who was attacked by a group of men whilst she was walking alone at night. Participants had varying perspectives on whether or not the young woman had 'agreed' to have sex with the men, or whether they had forced her. All participants seem to feel that her mental impairment, together with a lack of parental care and support were risk factors that had made her vulnerable to the attack.

The young woman did not initially report the rape, but people started to notice her pregnancy at around 4-5 months. The village leaders and community police worked together to identify the perpetrators and asked them each to pay $50 USD in compensation to the victim and her family.

The woman was sent out of the village to give birth. She gave birth in a hut on a nearby farm with the assistance of her mother. The Village Chief said that he had ordered her to give birth outside the village, explaining: "it is our belief that if she gave birth in the village it could bring bad luck to the village. And it would give the village a bad image."[37]

Chart 2: Common words associated with pre-marital sex

[36] FGD, unmarried youth, females, ages 14-24 years, Nar Taung Hsan Village, 6th July 2016

[37] KII, Community Leader, Nar Taung Hsan Village, 7th July 2016

3.2. Knowledge, education and information

Taboos surrounding pre-marital sex render the provision of advice, education and information concerning sexual and reproductive health to unmarried youth highly problematic. It is not considered appropriate for unmarried youth to have knowledge about sexual matters, or to discuss it with elders in the community. Unmarried participants in focus group discussions were typically shy, embarrassed and reluctant to answer questions about their knowledge of SRMH-related issues such as STI prevention, conception, contraception, pregnancy, abortion and others. It may well be that young people had more knowledge than they were willing to share, however, overall the data indicates that young people's knowledge and understanding is very basic and limited, and peppered with myth, rumour and misinformation.

Knowledge of STIs

When asked about STIs, young people appeared to have some basic knowledge about HIV and AIDs (although they had no knowledge or understanding of the distinction between the two), and the use of condoms to prevent infection; however, they knew very little about other STIs. Further, the information that they shared about their knowledge of HIV and AIDs was typically inaccurate, inadequate to guarantee protection, as well stigmatising of people living with the infection. For example:

> *We have heard of STIs – like HIV, TB, and Hepatitis. HIV can be transmitted from blood and from sex and from things that an infected person has used, like a spoon or a plate. It can't be washed off with water.*[38]
>
> ---
>
> *I heard about HIV and AIDs when I used to work in Yangon. At that time my roommate told me about that because she had a friend who was infected with AIDS. So she shared the 'do's and don't's' of when you are with an infected person. Like wearing gloves around them and not touching their blood.*[39]

Knowledge of contraception

In terms of family planning and contraception, young people also appeared to have some basic knowledge, including some basic knowledge of methods to prevent pregnancy, such as pills, injections and condoms. Young people reported that they had heard about these things from their 'married' friends, or others who had travelled outside the village, to urban areas, or who had had more advanced education.

> *Mostly the youth learn about those things from their friends from the different villages. The boys have more friends from Lashio town than in their villages. The people from Lashio are more knowledgeable because they went to school. Most of the Katchin in this area went to school, but most of the Palaung did not go to school.*[40]

[38] FGD, married youth, females, ages 16-23 years, Lone Yan Village, 13th July 2016
[39] IDI, young parent, female, Boune Mon Village, 10th July 2016
[40] KII, Women's Leader, Lone Yan Village, 13th July 2016

In general, however, issues related to family planning, contraception and pregnancy were considered to be matters that only concern married people. When asked about SRMH education for young unmarried people, health providers as well as young people themselves tended to focus on abstinence, and the health risks associated with engaging in prohibited sexual behaviour, including the risk of HIV and AIDs.

Access to SRE

It is clear that young unmarried people have very little access to health education through formal channels, there appears to be little to no SRH education at school, and few participants had reached higher than middle school level, with the majority of participants in the Shan and Palaung villages having had no education, or Monastic education only.

> *We have a little knowledge [about SRH]. Some of our friends who went to the city – they came back and told us about that.*
>
> Did you learn about it in school?
>
> *No. There is no government school here. We went to a monastic school.*
>
> Did they teach you about SRH there?
>
> *[Laughing] No! Of course not. Monastic school is only concerned with religious literature.*[41]

A young, unmarried teacher based at the school near the Palaung village, who had completed secondary school, spoke of her knowledge and experience demonstrating just how little – even the more educated young - really know and understand about SRMH:

> *They did teach us some stuff in Grade 11 biology class when we were 18. But I can't really remember what I learned. I am not clear whether a woman needs to have sex 28 times before she gets pregnant or whether it's that she had to have sex on 28 days…*[42]

Instead of through formal channels, many young people appear to acquire their knowledge 'indirectly' through overhearing conversations between others. These informal channels are ripe for perpetuating of misperceptions held by adults in the community. Media content, including films and other digital content shared through mobile phones, is another medium through which young people reportedly learn about sex. Most importantly young people seem to learn and discuss these issues with their peers. Almost all young people included in the research said that they were most likely to talk about SRMH with their own peers of the same gender, highlighting the importance of peer-based education initiatives. On the other hand, young people were least comfortable and interested discussing these issues with their parents, and other close adult relatives and friends.

The need for more health education in schools for adolescents on reproductive health issues was expressed strongly by health providers, as well as by young people themselves, and this was the most frequent and reiterated 'recommendation' for action provided by respondents.

[41] FGD, unmarried youth, males, Nar Taung Hsan Village, 6th July 2016

[42] FGD, unmarried youth, females, ages 16-23 years, Lone Yan Village, 13th July 2016

However, some participants expressed concern that increasing education and information would only encourage young people to engage in sexual activity before marriage; as one woman argued:

> *If is good for the youth to have knowledge and education, but the bad side is that it will encourage the young people to have sex. So we should only provide this information to those who cannot refuse…*[43]

Given such attitudes, some health providers noted the importance of carrying out advocacy with teachers and parents to get them on board with the need to education young people about SRMH; as a health supervisor near Nant Paund Village Track explained:

> *I advise the government schools to give SRMH education to children in school, but this is not working well in this area. The teachers are ashamed and culturally they are not willing to give this kind of education, because of traditional beliefs...*[44]

Despite these concerns and reservations, the overwhelming majority of participants included in the research seemed open to the idea of more education for young people, recognising that this information is both essential and lacking.

3.3. Access to SRMH services

Impact of norms on access to services for unmarried youth

> *I knew that I could prevent the pregnancy through condoms, injections or pills. But I never used any of these methods prior to marriage.*[45] [Young female who became pregnant prior to marriage].

Taboos surrounding pre-marital sexual activity problematize and inhibit young people's access to sexual and reproductive health services; because unmarried youth are not supposed to be engaging in sexual activity, they are not considered to be in need of such services; at least those services related to being sexually active, such as contraceptives and STI testing or treatments. During interviews and group discussions with health providers, educators and other members of the community - as well as with young people themselves - it became clear that adolescence is not a period of life associated with sexual and reproductive health concerns; and locally available SRMH services are not thought to cater for youth.

It was evident from interviews with staff at health centres that unmarried young people very rarely seek out SRMH services from government clinics:

> Are there any restrictions on provision of SRMH services based on a person's age or marital status?
>
> *There are no restrictions, but I have never seen an unmarried girl come here.*[46]

[43] KII, Girls' Youth Leader, December Village, 9th July 2016
[44] KII, Health Supervisor, near December Village, 9th July 2016
[45] IDI, young parent, female, 23 years, December Village, 9th July 2016
[46] KII, Local Midwife service Boune Mon Village, 11th July 2016

In focus groups unmarried youth were asked to discuss whether a young couple who were having sex before marriage could do anything to prevent pregnancy. Whilst almost all young people knew of the availability of a range of different contraceptive methods – including the oral contraceptive pill, hormonal injections and condoms – they were sceptical about whether a young unmarried person could visit a health centre to access them, because to do so would require them to reveal to others that they were sexually active:

> *We have never used [condoms]. In our opinion it is uncomfortable for us to buy them because we can lose our image, because the community will know about it [that we are having sex]. We can keep the sex secret and between us. But if we go to buy a condom the community will know that we are having a sexual relationship.*[47]

Whilst feelings of shame and embarrassment were considered a barrier to access to SRMH services for both boys and girls, some participants felt that it would be particularly problematic for girls to access services. A group of girls in the Shan village explained:

> *[Getting contraceptives] is ok for the married people, but for the single unmarried woman she will ask her boyfriend to buy it because she is shy and embarrassed and won't dare to do it – but the boy dares to do it. Before marriage a girl can ask anything of her boyfriend.*
>
> Why do you say that a boy might dare to buy it more than a girl?
>
> *Because girls are afraid of people from the environment. They know that this is a misbehaviour for them. After marriage it is fine, but before marriage if someone sees them it is very shameful – she won't be able to answer about it. People will tell them that they do not value their virginity.*[48]

Youth strategies for accessing services

Other young participants, however, felt that there were ways that unmarried youth could access services. Some explained that as long as young people had money – and if they could travel outside of the village, they would be able to visit drug stores where people wouldn't know them: *"it is easy to buy them. You only need money. There are no barriers as long as you have money";*[49] *"we can get it from a different city and town. So the community don't know about it."*[50] Accessing services indirectly through married friends also seems to be a strategy for accessing services:

> *It is easy to buy condoms and pills from a drug store. But most of them [*unmarried *youth] are too shy and do not dare to buy those things,* ***so they get the married people to buy them for them****.*[51]

[47] FGD, unmarried youth, males, ages 15-25 years, Boune Mon Village, 10th July 2016
[48] KII, AMW, Shan ethnic group, Lashio, 5th July 2016
[49] FGD, married youth, males, ages 25-33, Boune Mon Village, 11th July 2016
[50] FGD, unmarried youth, males, ages 15-25 years, Boune Mon Village, 10th July 2016
[51] FGD married females, ages 23-25 years, Boune Mon Village, 10th July 2016

One young mother who got pregnant before marriage, told researchers that she had needed to ask a married friend of hers to buy a urine test for her so she could confirm her pregnancy. When asked why she hadn't purchased the test herself she explained:

> *I couldn't do it because I was a virgin at that time. Some of the people at the drug store ask you questions, some don't. But either way they will look down on you [if you are not married]. So that is why I didn't go myself.*[52]

These findings align with previous research that has found that unmarried youth wishing to access SRMH services, and in particular contraception, are unlikely to go to public sector providers, but may purchase supplies from private drug stores particularly in towns.[53]

Attitudes and practices of health providers: serving unmarried youth

> *My opinion is that the health staff do not cater to young people, they only take care of pregnant women, mothers, infants, and sick patients. The health staff have a lot of trust in the young, unmarried people, they believe that the unmarried people will not do those wrong things [have sex].*[54]

As well as feeling too embarrassed or ashamed to access services, many young people felt that services providers would not be willing to provide contraceptives and other services to youth before they are married: *"it is not accessible to get contraceptives before marriage, those health staff do not want to give them to the unmarried people;"*[55] *"staff at the health centre will ask – are you married or not? But we can lie…"*[56] *"some of the doctors do not give those things to all the patients, because they say that if you use those injections it is hard to get pregnant later".*[57]

Given that the number of unmarried youth accessing SRMH services at public clinics appears to be so low, it is difficult to know how providers may or may not act when confronted with an unmarried youth asking, for example, for contraceptives. Providers interviewed in the research confirmed that there are no *formal* (legal or policy) restrictions on their ability to provide SRMH services to unmarried youth; however, there does appear to be a general view – including amongst health service providers – that hormonal contraceptives can be harmful to the health and fertility of young women who have not previously given birth. A health supervisor interviewed near Nant Paund Village Track explained that he had indeed denied contraceptives to the only (to his knowledge) unmarried youth who had approached the clinic seeking them:

> *There was an unmarried girl who came here to get an injection on 2 occasions. But she is not yet married and has never given birth so I told her not to do this, because she had never given birth so it could cause harm to her womb.*[58]

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[52] IDI, young parent, female, age 23, December Village, 9th July 2016
[53] UNFPA, page 53.
[54] FGD, unmarried youth, females, Lone Yan Village, ages 16-23, 13th July 2016
[55] FGD, unmarried youth, females, ages 16-23 years, Lone Yang Village, 13th July 2016
[56] FGD, unmarried youth, females, Boune Mon Village
[57] FGD, unmarried youth, females, ages 13-23, December Village, 9th July 2016
[58] KII, Health Supervisor, near December Village, 9th July 2016

4. Married Youth and Adolescents

4.1. Marriage practices

4.1.1. Age of marriage

The research indicates that the age of marriage of villagers in project sites is relatively young, especially for young women and girls.[59] Research participants were found to have married at a particularly young age in the Palaung and Shan village, compared to the Katchin and Lahu villages where the average age of marriage of married participants included in the research was found to be slightly higher. As the below table shows, in the Katchin and Lahu villages, married men, who participated in the research, tended to have been married in their mid-twenties, with women marrying in their early-twenties. In the Palaung and Shan villages, men were married in their early twenties and women/ girls were married on average in their late teens.

Table 5: Mean age of marriage of participants by research site

	Mean age of marriage	
	Males	**Females**
Katchin Village	25 years	20.9 years
Lahu Village	26.7 years	22 years
Palaung Village	20.7 years	17.2 years
Shan Village	20.6 years	17.8 years

4.1.2. Causes of early marriage

Gender

As the table demonstrates the mean age of marriage of females in the sample in all sites was several years younger than the mean age of marriage of males. Gender hierarchies within families and communities which place women and girls in a socially subordinate position relative to men and boys, appear to be the underlying reason for this. In focus group discussions and interviews participants explained that it is preferable for women to be younger than their male partners to reflect the hierarchical nature of the relationship which is supposed to exist between them: *"men should be older as they are the leaders of the family"*. A group of men in December village explained why it is thought preferable for girls to marry earlier, and to be younger than their partners, revealing a range of stereotyped and discriminatory ideas about gender that underlie the practice of early marriage of girls:

> *According to the men, we prefer the beauty of the younger girls - that is in our nature. The physical development in girls is younger. Women start*

[59] This cannot be concluded definitely given the qualitative nature of the research

menstruating at 12 or 13 years old; after that they are ready to get married. [But] that is too early for a man to marry. The recommended age for men to marry is between 19-23 years, because men have to lead the family.[60]

Prohibition on pre-marital sex

Given that social norms prohibit sexual relationships prior to marriage, once a young couple has started a relationship, it is expected that they will soon get married; and, of course, they themselves may wish to do so. In fact, 'falling in love' was the most consistent explanation or 'cause' of early and child marriage offered by respondents:

Some of the couples have already started dating each other at the age of 11 or 12 years old. They fall in love as a couple and then get married at the age of 12 or 14 years old.[61]

Pregnancy

Early sexual experience and accidental pregnancy were also found to be drivers of early marriage. As discussed in the previous section, in case that an unmarried girl becomes pregnant (whether as a result of consensual sex or rape) the primary response is to arrange for her marriage. This highlights the impact that improved access to sexual and reproductive health services and rights for *unmarred* youth could have on delaying marriage amongst adolescents and young people.

Poverty and bride price

Lack of access to education and other opportunities, poverty, and the exchange of 'bride-price' were also cited as common reasons why young people might marry early. In particular, participants emphasised that families who are struggling financially may seek out marriage partners for their children, in order to bring more labour resource into the family to help with farming and with other work.

Some people get an early marriage because they have a small family and they want to get a reliable person in their family to help them with work.[62]

Armed conflict

In the Palaung village, the age of marriage amongst both boys and girls was found to be particularly low, with many participants having married in their early adolescence. Respondents in this village explained that the primary driver of early marriage in their community and those in the surrounding areas is the threat of recruitment into armed militia groups, who target unmarried youth (mostly boys but occasionally girls) for forcible recruitment into their ranks. For example:

[60] FGD married males, ages 29-57 years, December Village, 8th July 2016
[61] KII, AMW, Shan ethnic group, Lashio, 5th July 2016
[62] FGD, married parents, mixed, Nar Taung Hsan Village, ages 19-45 years, 6th July 2016

There are very few unmarried girls in this village because most of them get an early marriage. The boys also get married early because if they are not married they have to serve in the ethnic group army.[63]

People get married young, because if they don't get married they have to work for the ethnic armed militia – like the Shan, Katchin and the Bamar armies – they come and collect boys to join their forces [but] they don't take married boys, only the unmarried ones. The military has a list – they have already recorded all the households in the village – how many boys they have in the family and what ages they are. So when they reach the minimum age for recruitment, if they are not yet married then they come to collect them. They start collecting boys from the age of about 10 years.[64]

In my home village they also collect the girls. That's why I moved to this village. My sister is serving in the Katchin military. When there aren't enough men and boys the women and girls also have to go to fight. They don't collect married girls – only the unmarried. The youngest age that I have heard that they collect girls is 15 years, but they collect boys from the age of 10 years…[65]

4.1.3. Marriage, decision making and choice

As mentioned, according to respondents arranged marriages are comparatively rare all research sites. Rather, most marriages happen through the agreement and 'choice' of the couple concerned.

We make the decision [to marry] on our own. In some exceptional cases - if the parents are not ok with their son's choice of wife – they might make another suggestion. But if he does not agree with his parents' suggestion he can decline.[66]

Nevertheless, there was evidence in the research that young people and particularly young women and girls may lack agency and choice over when and who they marry; with many young women and girls pressured or compelled into marriage by parents, in-laws, or indeed their boyfriends and partners.

Participants in the research were asked whether they had wanted to get married at the time that they did. Whereas young men were clear that they had chosen to get married, young women expressed much more ambivalence about the matter. Of the four young female parents who participated in in-depth interviews: two claimed that they had felt pressure from their boyfriends and in-laws into marrying before they were ready; one married before she had intended to because she had accidently become pregnant; and the final girl was married

[63] FGD, unmarried youth, females, ages 16-23 years, Lone Yang Village, 13th July
[64] FGD, married youth, females, ages 15-30 years, Lone Yan Village, 12th July 2016
[65] FGD, married youth, females, ages 15-30 years, Lone Yan Village, 12th July 2016
[66] FGD, unmarried youth, males, Nar Taung Hsan Village, 6th July 2016

because her family needed the bride price.

Family pressure

One young woman explained how she felt that her boyfriend and his parents had 'deceived' her into marriage before she was ready, compromising her future education and career opportunities; however, she also expressed love for her husband and contentment with her choice.

Case study 4: Pressure to marry

[My husband] is not from this village. He was a visitor to the village and I was working as an elementary school teacher. He was told that there was an educated Katchin girl in the village so he came to find me because he thought that I would be a suitable wife. For a year we were friends and then we started a relationship.

I hoped to wait for 3 years before getting married, but my husband's parents are old and they requested him to get married. They wanted to give their possessions to him before they died so that is why they requested it. He has 3 brothers, and is the youngest, and the others were already married. They felt that if my husband were also to get married then they would have done their duty before they die.

My husband said 'I am going to give the bride price to your parents'. I was 23 and I felt that I was too young to get married. At first I tried to refuse but he lied to me and said 'if you refuse me I am going to marry another woman. I cannot wait any longer.' I didn't know he was lying. His parents were also involved in that lie. They said 'if you don't marry our son we are going to give the bride price to another girl'. Now I know that they lied because they wanted me and were worried that I was going to refuse.

I thought it was too early – I still wanted to have my independence and continue my education. My parents also thought it was early for me to get married because of my education. At first I did not intend to marry him, but in the end I accepted his proposal because I realised it was a good one…

Kinship and ethnicity

Kinship networks and ethnic ties amongst ethnic minority groups were also dominant reasons cited by respondents for the continued practice of arranged marriages in some families; although participants were sometimes keen to emphasise that young people still have a choice whether to accept or decline the proposal.

> *Katchins have their traditions. There's already a family they have to marry. To keep the generations going. But it is not compulsory – they can refuse if they want.*[67]
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> ---

[67] FGD, unmarried youth, males, ages 16-25 years, Lone Yan Village, 12th July 2016

My parents arranged my marriage. It is because I am a Katchin. Katchin people have a tradition, whereby we already have a person who we have to marry. According to the family name, we have to marry a man who has the same name as us.[68]

Some Palaung girls get married at the age of 14 years because their parents want them to marry the Palaung person and they don't want them to fall in love with a boy from another ethnic group. Amongst Palaung families arranged marriages are common.[69]

Bride price

Finally, the cultural practice of bride pricing: whereby women and girls are exchanged in marriage for money and property, was found to be a central factor pushing young women from poorer families into marriage before they may be ready. Findings from the research suggest that this may be a particular factor in Palaung families, who tend to be of the poorest ethnic minority groups.

Most of the ethnic groups are richer than the Palaung so they buy the younger Palaung girls. The older men give a big bride price so the parents make them [their daughters] marry.. The other ethnic groups could pay 10 Lacks for a bride price, but within Palaung families it could be 4-5 Lacks.[70]

Case study 4: Child marriage and bride price

I got married at 16 years [when] my husband came to my parents with the bride price. We had no relationship beforehand - he just came to my house and asked my parents. I have no idea why he picked me - actually he had fallen in love with a Katchin girl. But his parents liked me and my parents liked him, so it was an arrangement. I didn't really know how I felt about it, but he came with a very big bride price of about 22,000 Kyats, so that is why I accepted. My mother needed the money, that is why she asked me to marry him, and my parents said you can live with him in this village, and if you marry someone else you might have to live in a different village. At that time I just wanted the money, I wanted to spend it. But it caused a lot of quarrels at first because we did not fall in love before we got married. He was a little older maybe 21 or 22 years. I was nervous during that time. I was going to live at his parents' house but I was worried because I didn't know well about housework and I was worried his parents would say abusive words to me because I would not do it well.

In general, the research findings indicate that the subordinate social position of women and girls within communities reduces their capacity to exercise autonomy about when and who they marry, despite the fact that 'forced' and 'arranged' marriages are comparatively rare. Since women and girls are not accustomed to challenging the authority of their parents and

[68] FGD married females, ages 24-35 years, December Village, 8th July 2016
[69] FGD, unmarried youth, females, ages 16-23 years, Lone Yan Village, 13th July 2016
[70] FGD, unmarried youth, females, ages 16-23 years, Lone Yan Village, 13th July 2016

elders they are not empowered to feel that they have a right to determine their own future based on personal judgement and desire. Therefore, although they may have 'agreed' to a marriage, when a marriage opportunity presents itself, in practice they may have little capacity to resist. The following passage is particularly illustrative of this:

> *For me I never met my husband before marriage. It was arranged by my parents. Our parents knew each other and my husband's parents knew that I was good at housework so they selected me.*
>
> How did you feel about that?
>
> *I was glad for my parents to arrange my marriage. How could I have married him if I was not happy about it?*
>
> If you wanted to refuse the marriage – did you have that option?
>
> *I always listen to my parents - I have never refused them [anything]. So I have no idea about that.*[71]

It is noteworthy, however, that many young women and girls who participated in the research made clear that they do have aspirations for themselves beyond marriage, and that having the opportunity to advance their education, and to obtain economic work and employment is critically important to them. A group of unmarried girls in December village summarised their thoughts: "*we want something more for our future. We all want to get an opportunity in our life – an opportunity more than just marriage."*[72]

4.1.4. Impact of early marriage

The SRMH consequences of early and forced marriage can be severe. Research indicates that girls aged 15-19 years are twice as likely to die of complications during pregnancy and childbirth compared to women aged 20–24, and young mothers may less equipped to care for their new born babies, resulting in higher rates of neo-natal and infant loss. Furthermore, multiple studies have evidenced that young brides are relatively less able to negotiate power within different facets of married and domestic life, including sexual relations, contraceptive use, childbearing and others. They are likely to suffer an increased risk of domestic violence, sexually-transmitted infections, maltreatment and rape; and are more likely to internalize the idea that such treatment is acceptable and justified. Correlations between early marriage and incidents of domestic violence are also stronger when there is a (significant) age difference between the child bride and her spouse.

[71] FGD married females, ages 23-25 years, Boune Mon Village, 10th July 2016
[72] FGD, unmarried youth, females, ages 13-23, December Village, 9th July 2016

4.2. Family planning

4.2.1. Young brides and early pregnancy

> *[A married woman] cannot refuse to get pregnant. Giving birth is a task for a woman. If she does not want to give birth then she should not get married. Every man gets married because he wants to have a child.*[73]

Once a young couple are married the default expectation is that they will start trying for a baby immediately. Young women and girls may be under pressure to get pregnant as quickly as possible to 'prove' their fertility and/ or to satisfy the wishes of their in laws; as a group of married women explained:

> *The community will gossip if she doesn't get pregnant quickly – the community will wonder if she is infertile and that is shameful. If the community says that woman is infertile she can get depressed and she will feel very sorrowful about that.*[74]

A young Katchin woman who had married only months before, explained that she was keen to wait for a couple of years before getting pregnant; she spoke of the subtle and indirect ways in which her husband and in-laws were encouraging her to get pregnant sooner, although she characterised this more as 'persuasion' than 'pressure':

> *I heard about my in-laws wish for me to get pregnant. My sister in-law told me their wishes, and she said that it is not good to get pregnant when you are older. My parents-in-law have never discussed it with me directly – they have only done it indirectly through my sister-in-law. Sometimes I am willing to get pregnant, but I am also worried about facing financial difficulties. I don't face pressure from my husband – only encouragement. He says "if you get pregnant early you can rely on your children sooner.*[75]

As with decision-making concerning marriage, in-depth interviews with young mothers revealed a degree of uncertainty and ambivalence as to whether they had 'chosen' or had 'wanted' to get pregnant when they first did. Although most of them said that their pregnancies were planned, young women and girls spoke of the pressure they were under and the doubt that they felt about getting pregnant at a relatively early age. For example:

> *I thought I was young to get a child. I thought that at the time. I didn't want to get a child at that time, but my husband and his parents wanted me to get a child, so I just accepted it.*[76]
>
> ---
>
> *My husband was from the ethnic armed groups and not often at home. That's why I wanted to wait a year before getting pregnant - because I knew that I would have to bring up the child by myself. But actually I didn't use any*

[73] FGD, unmarried youth, males, ages 15-25 years, Boune Mon Village, 10th July 2016
[74] FGD married females, ages 23-25 years, Boune Mon Village, 10th July 2016
[75] IDI, young parent, female, 23 years, Boune Mon Village, 10th July 2016
[76] IDI, young parent, female 20 years, Lone Yan Village, 13th July 2016

> *contraception. I imagined it – I thought about it [using contraception]. But then later I realised that I didn't have any children yet, so I decided I should get one. My husband was happy when he heard the news that I was pregnant, but I felt confused at that time. I was worried about how I would manage to bring up my children.*[77]

In focus groups participants were asked to discuss a scenario in which an 18-year-old girl has recently married, her husband is slightly older and he and his in-laws want to have children as soon as possible, but she doesn't feel ready yet, and refuses to try for a baby. The vast majority of respondents had little sympathy for this young woman's predicament, retorting: *"if she didn't want to get pregnant, why did she get married?"* Respondents were firm in their view that the central purpose of marriage is to have children, and that once a women is married, she loses her right to exercise reproductive autonomy and control; the explained: *"avoiding pregnancy after marriage is a bad thing. The purpose of his marriage is to get a baby and if they wait until later it will be hard for them."*[78]

A number of participants expressed the view that a marriage without children would be unhappy and unstable, and that if a woman refused to give birth it might be an indication that she was planning to leave her husband.

> *If she doesn't give birth the relationship will become bad. They will quarrel a lot and in the future they will get a divorce. So she has to have a baby.*[79]
>
> ---
>
> *If she refused to get pregnant temporarily the parents of her husband are sure to ask whether she is going to have another relationship and her husband would also ask about that.*[80]

In fact, ensuring that a young bride becomes pregnant as soon as possible may be one of the ways in which her new family seek to exert authority and control over her.

> *We will think that she is not getting pregnant because she is in a situation where she doesn't want to stay at home. She wants independence. I believe the connection between a child and a mother is very strong. So she won't run away once she is pregnant, so it can control her.*[81]

Participants appeared to have very little understanding of the health risks associated with early pregnancy; rather, they expressed more concerns about delaying pregnancy, that they would become 'too old' to get pregnant. However, a minority of participants did express the view that it is not advisable to give birth in very early adolescence (e.g. before the age of 14 years), but these views appeared to be rooted in concerns about the child's level of social and intellectual development, and ability to provide (financial) security to the child, as opposed to specific knowledge about the health risks associated with early pregnancy and birth.

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[77] IDI, young parent, female, 30 years, Nar Taung Hsan Village, 7th July 2016
[78] FGD, married youth, males, ages 25-33, Boune Mon Village, 11th July 2016
[79] FGD, unmarried youth, males, Nar Taung Hsan Village, ages 13-19 years, 6th July 2016
[80] FGD, married youth, males, ages 25-33, Boune Mon Village, 11th July 2016
[81] FGD, married youth, males, ages 25-33, Boune Mon Village, 11th July 2016

4.2.2. Attitudes towards delaying and spacing pregnancy

Despite the overwhelming view that a woman should get pregnant immediately after marriage, there was one circumstance in which participants did think that it might be acceptable for a young woman who had recently got married to delay her first pregnancy; namely, if a couple are experiencing some economic or financial difficulties in their family. In such circumstances respondents agreed that it might be wise to wait a while before having a first child:

> *In that situation she should not have a baby. In later years she can get a baby, but she should save some money first.*[82]
>
> ---
>
> *A woman has no right to refuse [to give birth]. But there is an exceptional case –they have financial difficulties in the family then she can temporarily refuse. But she should give birth eventually.*[83]
>
> ---
>
> *It depends on the reason why she is refusing. If it's due to a financial problem, then it is ok to refuse. But it is unacceptable to refuse for other reasons.*[84]

Financial considerations were also the main reason why the majority of participants did seem to recognise and appreciate the importance of 'child spacing' and family planning after the birth of the first child. The majority of participants stated that the ideal number of children in a family should be between 2-4 children, and that there should be at least 1-2 years gap between each pregnancy in order to ensure that parents are able to 'bring-up' their children properly:

> *Because of poverty people only want 1 or 2 children. My opinion is that it is better to only have 2 children. If you have any more it's difficult to raise them.*[85]

On the other hand, however, economic insecurity is one of the major reasons why people value and desire larger families. In the context of poverty, children are seen as a resource: they are an insurance mechanism for the future, and one that should be secured as soon as possible. In fact, the idea that it is important to have children because you will want to 'rely on them later in life' was the most reiterated reason provided by participants as to why they want to have children early and often. A group of fathers explained:

> *Actually, everyone wants more people in their family. We want to rely on our children in the future. People envy families which are larger, and have more members. We are happy to see bigger families, when we have a big family we can rely on them when we are old.*[86]

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[82] FGD, married parents, mixed, Nar Taung Hsan Village, ages 19-45 years, 6th July 2016
[83] FGD, married youth, females, ages 23-35 years, Boune Mon Village, 10th July 2016
[84] FGD, unmarried youth, males, ages 15-25 years, Boune Mon Village, 10th July 2016
[85] KII, Women's Leader, Nar Taung Hsan Village, 7th July 2016
[86] KII, Village Chief, Nar Taung Hsan Village, 7th July 2016

Furthermore, participants stressed the importance of having several children in case one or more of them died. This is a compelling factor in a context where rates of infant and child mortality are high. One mother explained how she lost eight of her ten children, five of whom died within the first year, and two died before the age of five.

> *We were moving around because of the conflict and we couldn't take care of our children properly. If I didn't have control over myself I would have gone completely mad, because I lost 2 children in one month.*[87]

Further reasons for having many children provided by participants, were gender preferences (with some parents wanting girls, and others wanting boys), religious ideas – "a baby is a gift from god", and the need to bolster the number of members, not only of their own families, but also their broader ethnic group. As one participant explained:

> *Some people have a negative sense about family planning. They think: 'I am a Katchin person – so if I practice family planning, the number of Katchin people will become less.*[88]

4.2.3. Use of contraceptives: knowledge, attitudes and practices

> *My wife started using methods after she had our first child. We wanted to avoid having too many children as it would be hard to bring them up.*[89]

The majority of married participants included in the research appeared to know of at least one, and usually multiple, types of contraceptive methods. Knowledge of contraception appeared stronger in the Katchin and Lahu villages, with respondents in these villages able to site up to six types of contraceptive methods: including hormonal injections, oral contraceptive pills, the IUD, implant, condoms and menstrual monitoring (traditional method). In contrast in the Shan and Palaung villages, respondents usually only mentioned injections, and sometimes knew of the pill, or condoms. Furthermore, in the Shan and Palaung villages, married men appeared less willing to discuss contraceptive methods with researchers, often dismissing the subject as a 'women's issue', that doesn't concern men.

Given the qualitative nature of the research it was not possible to determine the rate of contraceptive use amongst participants, however, there were respondents from all four villages who said that they were currently, or had previously, used a modern type of contraception. In keeping with evidence form the baseline survey *Expanding Maternal, Child and Reproductive Health Care in Myanmar (*which included a representative sample of respondents from all 40 new project sites in Northern Shan into which Care is planning to expand), the most common time of contraceptive method used appears to be hormonal injections (taken every three months); with a minority of participants using the oral contraceptive pill, and occasionally implants.

Injections and pills appear to be relatively accessible and affordable in all research sites; reportedly costing around 1,500-2,000 Kyats for the injection or around 400-1000 Kyats for a

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[87] KII, Women's Leader, Nar Taung Hsan Village, 7th July 2016
[88] KII, Women's Representative, Boune Mon Village, 11th July 2016
[89] IDI, young parent, male, 32 years, 9th July 2016

one month pack of pills, and accessible either in a nearby health centre or a local drug store. In the Shan village, where the distance to the nearest health centre was found to be the farthest (10 miles), there is a person based in the village who allegedly collects and administers injections.

In general, respondents appeared to be have a relatively relaxed and positive attitude towards a range of different types of modern contraceptive methods. However, some people did express concerns about side effects: including potentially either 'becoming fat' or 'becoming thin'. In particular (and in keeping with dominant social norms about when it's socially appropriate to start using contraception; e.g. after marriage and having at least one child) villagers, as well as some health providers, seemed to believe that modern contraceptives are harmful to the health and fertility of women who haven't already given birth:

> *If we use injections before having a child first, the injection could harm our cervix. It will become dry and become small. It is better to do it after giving birth once. Otherwise it will be difficult for us to have children.*[90]
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>
> *There are some misunderstandings amongst the villagers. They think that if they use contraception after marriage it will become difficult for them to get pregnant. That's why they will only start using after they have already had one child.*[91]

There was also evidence that influence members of communities, including religious leaders, are recommending couples use natural forms of family planning such as menstrual monitoring, as opposed to modern methods, do to myths about their side effects, as well as religious perspectives that they are contrary to 'nature' and the 'will of god':

> *I provide training on family planning, but I only promote the natural methods – like menstrual monitoring: I teach people about avoiding sex on their fertile days.*
>
> Why are you only promoting natural methods?
>
> *I learned it from the training. That we shouldn't promote modern family planning such as pills and injections because they have side effects. The church is not encouraging any method to prevent pregnancy other than natural methods. This is the wish of the gods, and the pregnancy is a gift from god, so they should not refuse it. God is a creator not a destroyer. God wants to lift up all living things.*[92]

One young woman spoke of how she was currently trying to avoid getting pregnant with her husband, but that she was only using menstrual monitoring on the advice of the community leader's wife.

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[90] FGD married females, ages 24-35 years, December Village, 8th July 2016

[91] KII, local midwife, Boune Mon Village, 11th July 2016

[92] KII, Religious Leader (Christian), Boune Mon Village, 11th July 2016

In a number of interviews, participants appeared to be confused about the difference between the oral contraceptive pill and pills that can be taken to induce abortion, which is significant given the abortion is both illegal and highly stigmatised in Myanmar.

4.3. Abortion

Despite being a criminal offence, as well as a violation of social and religious norms, there is evidence that Abortion may be relatively common.[93] As discussed earlier, abortion was one of the key strategies offered by participants to avoid the stigma of childbirth outside of marriage. Participants also cited economic hardship as a common reason why married women may seek an abortion.

Participants were able to cite several methods for terminating an unwanted pregnancy: the most commonly used method reportedly involves taking a traditional Chinese medicine called 'five tigers', together with alcohol, to generate 'heat' in the body and induce menses. 'Five tigers' medicine is allegedly accessible in any drug store for a very cheap price.

> *It is easy and simple. It is medicine for sneezing and coughing. It is only 100 or 200 Kyats. It is dangerous. It could harm her life. Sometimes the infant dies in the uterus and she cannot deliver – it doesn't abort properly.*[94]
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> ---
>
> *It is easy. The method is – if the pregnancy is young then they take the five tiger medicine with alcohol. The medicine is legal to buy. It is not actually abortion medicine – it is a vitamin for your blood. But the medicine is hot. So if it is combined with alcohol it can harm the pregnancy and cause an abortion.*[95]

In the case that five tigers medication doesn't work, massage, and/ or the insertion of a sharp object – such as chopsticks – into the vagina were other strategies for inducing abortion suggested by respondents.

In general, respondents were of the view that abortion is both a highly dangerous, and a morally abhorrent procedure *"it is a bad deed. It is murder."*[96] Nonetheless, most participants appeared to be relatively knowledgeable about the practice, and were able to cite examples of cases where women and girls had undergone the procedure. Although the extent of the practice is unknown in Myanmar, previous research has suggested that unsafe abortion may be one of the leading causes of death amongst young women and girls.[97]

Health providers in all four project sites relayed cases where women and girls had come to them asking for help to access an abortion (in fact this may be one of the only SRMH services that unmarried girls seek from public health providers), or who were suffering health complications after undergoing an unsafe abortion procedures.

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[93] UNFPA.
[94] FGD, unmarried youth, males, ages 15-25 years, Boune Mon Village, 10th July 2016
[95] FGD married females, ages 24-35 years, December Village, 8th July 2016
[96] FGD unmarried youth, males, ages 14-27 years, December Village, 8th July 2016
[97] UNFPA.

I have never seen unmarried women here. [Except] there were two girls who arrived here to ask for an abortion, but I refused. They asked me to make an abortion for them because they were not married yet. I only saw them once I never saw them again. I advised them to go and discuss with their parents.[98]

4.4. Ante-natal care

The overwhelming majority of participants in the research reported having accessed and received at least some ante-natal care and services, mostly from the mid-wife based at the local health centre; although a few reported having gone to Lashio town to the hospital. Women reported going several times to the health centre, in both early and late pregnancy: to undergo a physical and abdominal examination and weighing, to be given vaccinations and iron tablets, and to get advice (based on an examination) about whether it is safe for them to give birth at home or whether they would need to travel to the hospital.

Midwives also reported doing routine HIV and VDRL screening of pregnant women, however, it is unclear whether this is really happening in practice, particularly because no women interviewed during the research reported having had a blood test during their ante-natal checks.

Ante-natal care appears to be generally free, the only associated cost being the purchase of iron tablets, or other prescribed vitamins or medications. Participants in the research had very positive attitudes towards ante-natal care, regarding it to be a highly important service, and men generally reported accompanying their partners for ante-natal care.

Did you go to the health facility while you were pregnant?

Yes I went to Nam Paung city. They have a mother and child care department there. I went there about 2-3 times. They tested my pregnancy and gave me vaccinations in my arm. They also gave me iron supplements.

Did it cost money?

They didn't charge me. I just donated a little money.

Did your husband go with you?

Yes he took me on his motorbike.[99]

4.5. Delivery

The overwhelming majority of parents who participated in the research reported that their children had been born at home. Respondents explained that it is both costly and difficult to travel to a hospital to give birth, especially given the long distances involved and poor condition of the roads; indeed only one of the health centres included in the research (the health centre in the local Charcoal mine town near Nant Paund Village Track, accessible from the Lahu village) had a delivery room where women could give birth.

[98] KII, local midwife, Boune Mon Village, 11th July 2016
[99] IDI, young parent, female, 23 years, December Village, 9th July 2016

There was a general view amongst research participants that it is safe for women to give birth at home, provided that they have had a pre-natal check-up from the local mid-wife or a traditional birth attendant, and no particular complications or risk factors associated with the pregnancy were identified: *"the mid-wife checked my pregnancy and said that it was easy for me to give birth. So there was no need for me to go to the hospital, I could deliver at home. I wasn't worried."*[100]

In other cases, however, participants did say that they would have preferred to go to hospital if they could, but that the cost and distance was prohibitive:

> *My wife gave birth at home with a trained birth assistant. We were living on the mountain at the time so it was very far to get to the health centre. We just got here to this village very recently But It is better to give birth in the health facility because it is safer. There have many people there who could help my wife.*[101]

Case study 5: Access to delivery care

My wife gave birth at home. I would have preferred her to give birth in a health facility, but such a place is very far away, and I don't have much income. Five days before the delivery there was a rupture of the membrane and waste came out. We went to the hospital but they wanted to charge us 10,000 Kyats. They suggested that we go to the city hospital to get an operation, but it cost too much, so my wife said 'even if I die I want to give birth in the village'. So we went back to the village and she gave birth at home. We had no money and no chance to do anything else at that time. The hospital is 9 miles away. Absolutely I was scared and worried and only my mother and I were there at the birth, and we got no assistance from anyone in the environment. Actually there are people in the surrounding area but they did not dare to come to my house because my wife was feeling embarrassed at that time. It is according to our traditional culture. If there are many people in the room, the mother will feel shy and it will be hard for her to give birth. If there is no privacy women suffer emotionally, they become insecure, and then they can't deliver the baby. Emotions are important.

There were different accounts of the counts associated with giving birth in hospital. Many participants perceived it to be very expensive; however, a number of respondents (including those who appeared to have more experience of hospital births) reported that these days delivery care is provided free of charge in public hospitals, although patients may have to pay for some medicines; and there appears to be a general expectation that they will also make a voluntary donation to the health centre and staff, which may be prohibitive for some.

> *It is costly to give birth at the private hospital, but at the public hospital they do not charge, and they also supply some medicine. We only have to buy some of the medicine and make a donation to the hospital up to our kindness.*[102]

[100] IDI, young parent, female, 23 years, December Village, 9th July 2016
[101] FGD, married youth, males, ages 25-33, Boune Mon Village, 11th July 2016
[102] FGD, married youth, males, ages 25-33, Boune Mon Village, 11th July 2016

It used to cost 70,000 Kyats to give birth in hospital but now it is free of charge. You only have to buy medicine and donate up to your kindness for the services.

My niece went to the public hospital to deliver her baby last year. They did not charge, she just gave a donation to the hospital.[103]

Rather than go to hospital, a number of couples seem to prefer the option of paying the local midwife to come attend their delivery in the village. This appeared to be particularly the case in the Katchin and Lahu villages. Services for the midwife to attend a delivery allegedly amount to around 25,000-30,000 Kyats, which includes post-delivery care.

In the Palaung and Shan villages, the majority of respondents reported that they/ their wife had delivered their baby at home, with the assistance of close family members and/ or a traditional birth attendant, only. For example:

The traditional birth attendant attends and assists the women. There are around 2-3 in this village. They haven't had any medical training, but they are older women with experience delivering babies.[104]

There were mixed reports about the level of intervention provided by traditional birth attendants during delivery. Some respondents reported that traditional birth attendants will attempt to manipulate the position of the baby during the birth, pull on the mother's abdomen or give her a gentle 'massage' to assist the delivery. In other cases respondents said they are simple present to monitor the progress of the birth, provide emotional support, and provide basic interventions like an administering an ergometrine injection, or contacting the local midwife in case of an emergency.

During the birth I have no special tasks we only give an injection if she is unwell. We don't give any massage, we only try to pull her stomach whilst she is delivering. The injection is in case she has a fever. If she remains unwell then we take her to hospital.[105]

Traditional birth attendants also reportedly assist women with post-deliver care for up to two weeks after the delivery, including providing advice on breastfeeding, doing the housework and washing clothes. They don't appear to charge for their services, however, new parents may offer the traditional birth attendant a small token of their appreciation, for example, by donating a small amount of money, or gifts in kind, like clothes.

4.6. Gender roles, violence & SRMH

Strict gendered hierarchies within families dictate that wives should be subordinate and subservient to their husbands; and delineate clear gender-based divisions of work and responsibility. Participants emphasised that men are the 'leaders' of the family, and that women should 'follow' their husband's wishes and submit to their demands.

[103] FGD, married youth, females, ages 23-35 years, Boune Mon Village, 10th July 2016
[104] FGD, married youth, males, Lone Yan Village, ages 20-30 years, 12th July 2016
[105] KII, traditional birth attendant, Boune Mon Village, 11th July 2016

Gender roles and relationships have both direct and indirect implications for women and girls SRMH, including impacting on their ability to make decisions in relation to sexual activity, work, reproduction, health treatment and others, and potentially exposing them to sexual and physical abuse at home, especially at the hands of their husbands.

4.6.1. Gender and work

The overwhelming majority of the participants in the research were farmers, growing corn and rice. Men and women allegedly cooperated together in farming work, with men doing the more physically challenging tasks (such as ploughing the fields), whilst women assisting with activities like planting seeds. Women overwhelmingly carry the additional burden of care, responsible for almost all the housework, looking after children and other family members and welcomes visitors, friends and guests into the family home. Participants in focus groups discussed the division of work within families:

> *[Married women] Sometimes we feel sorry for ourselves. When we come back from the farm – men's duties are finished, but we have to do all the household activities. The men say they are tired because they had to do more heavy work in the farms, but we don't agree, because the women have many more tasks and have to work more hours.*[106]
>
> ---
>
> *[Married men] Actually the women are more interested in doing housework. They are more patient, that's why they have to do so much of the work. I do pity them, because the men have very few tasks and work to do. But those tasks do take more [physical effort] so I don't actually think it's unfair. The men are more efficient.*[107]

During focus groups participants were asked to discuss a scenario about an young wife who is struggling with her health during her first pregnancy, her husband is failing to support her with housework and other tasks, and she doesn't have time to visit the health facility. Whilst respondents expressed their anger about the idea that a man might behave like this, they also agreed that it would be very difficult for a woman in this situation to do much about her predicament, because ultimately she is subject to his authorities. Participants explained:

> *She shouldn't insist on going to the health facility because her husband might get angry. She could try to find time to go to the health facility without him noticing, but then make sure to do her work as usual. If there is only the couple in the house, then the woman will have to work, even if she is pregnant.*[108]

4.6.2. Men's support for women during pregnancy and child birth

Despite these perspectives, when asked about their own experiences during pregnancy and childbirth, the overwhelming majority of female participants reported that their husbands had been supportive, and had helped them with a range of duties and tasks, both before and

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[106] FGD, married youth, females, ages 23-35 years, Boune Mon Village, 10th July 2016
[107] FGD married males, ages 29-57 years, December Village, 8th July 2016
[108] FGD, married parents, mixed, Nar Taung Hsan Village, ages 19-45 years, 6th July 2016

after the birth, including fetching firewood, cooking for the family, washing clothes, taking care of other children, and accompanying them to ante-natal care visits.

> *Before getting pregnant I had to go to the forest to find firewood or cut the bamboo trees. But after I got pregnant he would not allow me to do this.*[109]
>
> ---
>
> *We do less work when we are pregnant. We continue to housework when pregnant but we do not do heavy work. Our husbands help us with the cooking after we give birth.*[110]
>
> ---
>
> *After marriage I lived with his parents. For 1 month after the birth he washed the clothes and did the cooking before he went to work.*[111]

Evidence from male participants and young fathers also indicates that they recognise and value the role of men in supporting women through SRMH-related issues (although these findings may of course be affected by reporting bias). Although some men declared that issues such as contraception, family planning and pregnancy care are 'women's matters' this appeared to be a minority view, with most men (and women) saying they discuss family planning with their partners, and take decisions about delaying pregnancy and child spacing together. Men articulated the importance of supporting their partners to do less work during pregnancy and getting more rest and sleep.

> *Men should do the washing and cooking and take care of her when she is pregnant and just after she has given birth. I will not let her do unsuitable works like lifting heavy things. She cannot lift weight and a pregnant belly.*[112]
>
> ---
>
> *I will avoid smoking near pregnant women, and give them nutritious food. I will also go with them to get vaccines. They should not do hard work, and I will encourage them to go to bed early and get sleep.*[113]
>
> ---
>
> *Women do the housework. But they should not do heavy work during pregnancy - only light work. Heavy work is like carrying water, and baskets of firewood, and light work is cooking and sweeping the house. But men do the sweeping and cooking for 1.5-2.5 months after birth.*
>
> Do you know how to cook?

[109] IDI, young parent, female 20 years, Lone Yan Village, 13th July 2016
[110] FGD, married youth, females, ages 15-30 years, Lone Yan Village, 12th July 2016
[111] IDI, young parent, female, 23 years, December Village, 9th July 2016
[112] FGD, married youth, males, ages 25-33, Boune Mon Village, 11th July 2016
[113] FGD married males, ages 29-57 years, December Village, 8th July 2016

[Laughter] *That's a must for us!*[114]

Men were asked whether they had attended the birth of their children, and responses to this were mixed. Some men felt that they had no role to play in the birth of their child; however, others said that they had attended the birth, or wished that they had had the opportunity to do, but that the room in which their wife was delivering was too small to accommodate them as well as the health attendant and other female relatives. In the small minority of cases where women gave birth in a hospital it was also reported that men are not allowed in the room according to hospital policy (presumably because there are several women giving birth in one space):

> *It is not allowed for men to attend the deliveries at the hospital. I didn't feel good about it because I was worried about my wife during her delivery because I couldn't see what was happening to her.*[115]

After the birth, men also explained that it is customary for a husband to stay by his wife's side for at least 10 days after the birth, without going to work at all; as well as to do all the housework including cooking, cleaning and clothes washing for a period of up to 1-2 months.

> *Mostly our wives give birth at home so we have to participate in that. We have a custom where we do not go to work for 10 days after the birth – we participate and take care of our wife, and do everything for 10 days after.*[116]
>
> ---
>
> [Young father who is a migrant worker in China] *Usually I can only come home once a month for around 3-4 days. But I am here now for 1 month because my wife has just given birth. I've been here for 15 days. I always stay for 1 month after her delivery. I search for firewood and help with cooking and washing the children and mother's clothes.*[117]

4.6.3. Domestic and family violence

Inequitable ideas and expectations concerning gender roles and work appear to be a major driver of conflict and violence within families. A significant proportion of young women included in the research, particularly in the Palaung village, reported being beaten by their husbands; and a number of young men reported hitting or beating their wives, as well as feeling entitled to do so, including when their wife failed to cook for them, was not looking after the children properly, or failed to make the house nice for guests.

> *I was beaten by my husband when I was two months pregnant. He beat me with firewood on my back when I visited my parents who live in a different village. He said 'you can't go visit your parents you have to cook for me'. I told*

[114] FGD, married youth, males, Lone Yan Village, ages 20-30 years, 12th July 2016
[115] FGD, married youth, males, ages 25-33, Boune Mon Village, 11th July 2016
[116] FGD married males, ages 29-57 years, December Village, 8th July 2016
[117] IDI, young parent, male, 25 years, Boune Mon Village, 11th July 2016

him that I missed my parents and he said 'stop making excuses'. I said you are not my god and I can go out if I want. And then he beat me.[118]

Sometimes my wife and I quarrel because she finds it hard to admit it even when she is wrong. She always has an excuse for her behaviour. So I have no patience for that. When my friends visited my house recently they found the house was not very clean and my wife did not greet my friends very well. So I told her not to do that – she should clean the house and greet my friends. But my wife just gave and excuse – she said she was busy and she didn't have time, she said 'I was working out of the house so how could I clean', so she was just making excuses. Sometimes I hit her when she does listen to my words. I punch her, but she never retaliates. But I never hit her hard enough to get an injury because if she gets and injury I will have to spend money to cure it![119]

Women also reported being beaten when they challenged their husband about why he had failed to bring money home for the family, or had spent it on drugs and alcohol, and/or there was no food in the house to eat; suggesting that alcoholism, poverty and household stress are also drivers of family based violence.

When they want to drink and the woman asks for money to cook – if he refuses – they can quarrel and he can end up beating her. Some women fight back, and some women forgive them for the sake of their children. Most of the older married people will forgive their husbands. Sometimes women run away to their parents' house for a while. But it is temporary – they come back again when they have calmed down by themselves.[120]

Do your husbands ever hit you?

It is common.

I was beaten by my husband.

So was I.

Some of the men are very bad – they always bully us.

When women ask them things – things we want to know from them – at that time they beat us.

When I asked him to go to work as there is no food or money at home at that time my husband beats me.[121]

[118] FGD, married youth, females, ages 15-30 years, Lone Yan Village, 12th July 2016
[119] FGD, married youth, females, ages 15-30 years, Lone Yan Village, 12th July 2016
[120] FGD, married youth, females, ages 23-35 years, Boune Mon Village, 10th July 2016
[121] FGD, married youth, females, ages 15-30 years, Lone Yan Village, 12th July 2016

A number of men expressed the view that it is acceptable for a husband to hit his wife as long as it is not 'too hard' or 'too severe'. Some men claimed that beating a woman severely such that it caused a serious physical injury would be wrong because they would then be obliged to 'spend money' on her medical care (as illustrated in one of the quotes above. Such attitudes are indicative of the sense of entitlement and ownership that many men seem to feel over their wives; which is also underscored by the practice of bride pricing, as well as the payment of compensation in cases of sexual violence and abuse perpetrated against women and girls. Such ideas were also reflected in the dominant view, that it is unacceptable for a wife to report cases of domestic abuse to police or other authorities. For example:

> *[Reporting family violence] should not happen, because they have already got married. During that marriage the boy had to give a lot of money [bride price], so if his relatives ever report this case to the police, he will lose a lot of money.*[122]

Access to justice for survivors

Problems of domestic violence are perpetuated by the total impunity for perpetrators of family abuse the lack of support available to survivors. Domestic violence is seen as a personal and family matter; in the case the situation becomes severe, close relatives or community leaders may intervene, but the emphasis will be on shared responsibility for the violence, reconciliation and forgiveness. Divorce is considered normative wrong, especially if a couple have children. The research revealed a number of accounts of severe violence and abuse, including both physical and sexual violence, none of which were reported to law enforcement agencies:

> [Interview with a midwife] There was an older married couple, over 50 years old, who came here because they had some violence in their family and one of them had broken their head open.
>
> *Which one?*
>
> The woman.
>
> *What did you do?*
>
> I only provided treatment. By the time I arrived here they were ok. At first the woman lied and said that she had got the injury because her husband had accidentally pushed her. But later I found out that the man had hit her over the head with some firewood. They admitted it eventually. At first they were worried that I wouldn't help them if I knew the truth. Most people will transfer the case to the hospital as a police case.
>
> *Why didn't you report it?*
>
> I didn't want the problem to become bigger, and they didn't want me to report it.
>
> *Was her head bleeding?*

[122] FGD, unmarried youth, males, Nar Taung Hsan Village, ages 13-19 years, 6th July 2016

Yes. And she was dizzy because of the bleeding.[123]

Case study 6: Family violence: sexual
There was a Chinese family in this village. The husband kept forcing his wife to have sex, so she ran away from home and left her two children with him. Then after she ran away, he tried to force his daughter to have sex. So she ran away as well. There were three children in the family 2 daughters and 1 son. It wasn't reported to anyone. The brother just suggested that they run away. We believe this is a family case, so it is not a police case. There are already married so it is not a crime. It was only informed the relatives of his wife and they helped her to run away.

All villages included in the research were remote from the reach of law enforcement agencies; especially the Shan and Palaung villages, which are under the control of local ethnic militia groups. As one community leader explained:

> *I have never seen the police in this surrounding area. The only way that we can report anything – is to report it to the ethnic militia group who provide security for this village. The responsibility of the ethnic group militia is to provide protection for the village. They protect us against fighting and battles. And they protect us from armed robberies.* ***But those groups do not take responsibility for women and children.*** *So I just have to solve cases myself, in my way, according to my usual way.*[124]

As illustrated by this quote, this system of 'governance' presents a particular problem for more vulnerable and dependent members of communities, such as women and children. Conflicts in communities are negotiated at village level through traditional processes, mainly through mediation practices and the payment of compensation. A number of participants explained why this is not viable method of resolving cases of family abuse and violence:

> [Interview with a village chief] Do you have any role in addressing issues of sexual and or domestic violence?
>
> *I call the people who commit fighting and I teach them not to do it again, and I keep a record of it, but I never give a punishment in the case of domestic violence.*
>
> Why not?
>
> *This is a family case, I do not give a punishment to the husband – If I were do to this it wouldn't be good for the wife. If the violence is not a family case, but between two villagers – I ask for the compensation from both sides and this money is used as an office fund for the administration of the village. But if I were to ask for compensation from a husband as a punishment for beating his*

[123] KII, local midwife, Boune Mon Village, 11th July 2016
[124] KII, Village Leader, Bourne Mon Village, 11th July 2016

wife – then his wife would also have to pay the money! So this wouldn't be beneficial to the situation.[125]

4.6.4. Drug use

Drug abuse was cited a major factor contributing to high levels of domestic and family violence in villages in Northern Shan. This may be one of the underlying reasons why domestic violence seems to be a particularly serious and widespread problem in the Palaung village, which was also found to be severely impacted by opium addiction amongst the male population. As well as being a driver of violence, drug abuse is, of course, a serious health concern in and of itself.

> *There's a drug problem in this village. Most of the men are using drugs and their families don't have anything to eat. All our husbands are using opium. There's a trader in this village. They use drugs when they have money. Then, when they don't have money to buy drugs they become really cruel and beat us.*[126]
>
> ---
>
> *People in other villages are getting divorced, but that is much less in this village, because they take pity on their children. Most men in this village are on drugs. So the women are not leaving their families. They are staying to look after their children.*[127]
>
> ---
>
> *The biggest problem here is that people are using drugs. Because of the drugs and drinking there are many family quarrels.*[128]

Although the Palaung village appeared to be the most severely affected by drugs, with participants consistently reporting that the majority of men in the village are using opium and taking stimulants on a regular basis; there were reports of drug use in all research sites, and participants from all villages raised it as being an issue of concern.

The widespread use of drugs, especially opium in the project villages is a serious SRMH concern, and a significant risk factor for the spread of HIV infection. There were reports across sites of people injecting opium, with some people dying due to overdosing. The local health centre near the Palaung village reported that they do hand out clean needles for free to drug users, but the midwife said that people rarely come to collect them, and most of those that do are based in Lashio town rather than the villages. She also noted that 3 out of the 5 known cases of people living with HIV in her health catchment area were injectable drug uses.

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[125] KII, Village, Chief, Boune Mon Village, 11th July 2016
[126] FGD, married youth, females, ages 15-30 years, Lone Yan Village, 12th July 2016
[127] FGD, unmarried youth, males, ages 16-25 years, Lone Yan Village, 12th July 2016
[128] KII, Village Chief, Lone Yan Village, 12th July 2016

Mostly the men use the drugs. There used to be more youth using drugs but many have died using drugs so we do not dare do it.[129]

Some of my brothers in law injected that opium and they died because they made a wrong injection [overdosed].[130]

Significantly, none of the health providers and volunteers interviewed during the research including health supervisors, midwives, auxiliary midwives, and village health volunteers reported to be providing any education, information, advice or interventions specifically in relation to drug use. This is perhaps a considerable gap in programming and service delivery considering the extent of the problem and the severity of its apparent impact, especially amongst Palaung communities.

It would also be interesting to garner more research and evidence on the underlying causes of drug use, especially in relation to gender and masculinities, given that it is a problem that appears to particularly prevalent amongst men and boys.

[129] FGD, unmarried youth, males, ages 16-25 years, Lone Yan Village, 12th July 2016
[130] FGD, unmarried youth, males, ages 16-25 years, Lone Yan Village, 12th July 2016

5. Conclusions

This research aimed to investigate and analyse the sexual, reproductive and maternal health related behaviours of young parents and unmarried adolescents in rural villages in Northern Shan State Myanmar. The data presented in this report describes young people's behaviours, as well as shedding light on the health and social impacts of these behaviours, as well as their underlying causes, and the structural and environmental factors that influence them. The findings point to a number of entry points and strategies which have the potential to influence positive behaviour change, eliminate risky practices, and mitigated their harmful impact.

The below table summarises the findings and conclusions in relation to each of the research objectives.

Behaviour	SRMH Impact	Underlying determinants (structural/ environmental factors)	Key strategies for changing/ influencing behaviour
Unmarried adolescents and youth			
Young people start having relationships in their teens; They may have both 'simple' relationships (no sex) and 'un-simple' relationships (involving sex); When young people engage in sexual behaviour prior to marriage they do so in secret, and do not seek out access services like contraception, condoms or STI treatment and testing.	Young people are exposed to risk of: unwanted pregnancy; Unsafe and illegal abortion; Contracting STIs including HIV; Social isolation, stigma and shame.	Traditional, cultural and religious norms prohibit sexual activity outside of marriage; Youth lack access to comprehensive sexuality and health education; Health services do not target services and interventions specifically towards unmarried youths.	Focus on promoting comprehensive, objective, and non-judgemental SRMH education amongst unmarried youth; Avoid focusing on the negative and stigmatising aspects of health education which are over-represented in SRE targeted at youth, including the disproportionate focus on abstinence, and the risk of contracting STIs and HIV; Advocate for the introduction of mandatory comprehensive sexuality education in schools.
Marriage practices			
Young people marry early, in their late teens or early twenties; Women/ girls tend to be married earlier than men/ boys; The age of marriage is particularly young in the Palaung and Shan villages;	Early pregnancy has been associated with higher rates of maternal, neo-natal and infant mortality; Young brides may be under pressure to get pregnant before they are ready to demonstrate their fertility; Younger brides may be relatively less able to	Prohibition on sex before marriage means than young people marry soon after forming relationships; Lack of access to education and economic opportunities which delay marriage; Unintended pregnancy (also affected by lack of access to SRMH services and education for unmarried youths and the criminalisation of abortion);	Consider combining SRMH initiatives, including promoting access to services and education for unmarried youth, with livelihoods programming and poverty reduction strategies to address both the social and well as the material drivers of early and forced marriage; Support women and girl's access to education and vocational/ career opportunities;

Once young people are married they rarely seek to delay their first pregnancy;	negotiate sexual relations, contraceptive use, childbearing and others, and may be at increased risk of domestic violence; These factors are elevated when there is a larger age gap between a wife and her husband.	Discriminatory ideas and stereotypes about gender, drive men to seek younger brides; Rape and sexual violence is a driver of early and forced marriage in the context of 'dignity culture' The practice of bride pricing, especially in the context of poverty	Consider implementing programs to support young, single mothers; including to access livelihoods and educational opportunities.
Married adolescents and youths			
Fertility rates are high; People value large families, as they want to 'rely on their children early'; Some people are using modern forms of contraception but they do so irregularly or sporadically.	Poverty and household stress; Reduces maternal and child health, and higher rates of mortality;	In the context of poverty children are seen as a resource; High rates of infant and child mortality drive many families to have large numbers of children in case some of them die; Myths and superstitions about the harmful side-effects of modern forms of contraception.	Combine awareness and education about family planning, with livelihoods programming; Focus on messages concerning the economic and financial benefits of child spacing; Promote access to modern types of contraception that are not currently accessible in villages including the implant and IUD; Advocate for the decriminalisation of abortion; Focus on gender and WE initiatives, especially access to education.

Pregnant women regularly attend local clinics to access ante-natal services; Men are supportive of women's access to ante-natal services, encouraging their wives to go to health facilities as well as accompanying them.	Early identification of risk factors and complications; Improved pregnancy outcomes; Reduction in SRMH related morbidity and mortality.	Availability of accessible and affordable ante-natal care; Strong knowledge and awareness amongst community members about the importance of ante-natal care; Availability of IECT materials promoting positive health messages about ante-natal care.	Support the further development of health systems governance concerning pre-natal and deliver care services; Promote routine STI (especially syphilis and HIV screening of all pregnant women); Support refresher trainings for midwives and AMWs on the recognition of complications during pregnant and referral, emergency care of obstetrical complications, including caesarean section; Promote health messages in villages about the health benefits of giving birth in health centres and hospitals; Develop and support male role models and allies for gender equity, through peer education, groups and trainings on the role of men and boys in SRMH
Most women deliver at home; Some women are supported in their delivery by a midwife (health trained) or traditional birth attendant (limited or no health training); Some men attend the births of their children, others do not.	Women and girls who experience complications during delivery have little access to health services; High rates of maternal mortality, stillbirth and neo-natal loss.	Local health facilities lack delivery rooms and services; Long distances to nearby hospitals and poor road conditions; High expense of giving birth at hospital; Belief that it is traditional and safe to give birth at home; Attitude that men have little or no role in delivery.	
High rates of SGBV; Many men perpetrate violence against their wives; Rates of violence were found to be particularly high in the Paulang village; Women rarely seek help for sexual and domestic violence;	Domestic violence is both a direct violation of women's sexual and reproductive health rights (which incorporates the right to live free from violence), and has been associated with a range of other negative SRMH outcomes for women and girls, and a major driver	Poverty and household stress; Drug and alcohol abuse; Structural gender inequalities, social and financial dependence of women and men; Gender identities and roles, masculinities and entitlement, idea that it is acceptable for a husband to beat his wife;	Promote sexuality and gender information, education and counselling in villages; Consider linking with local departments like Myanmar Women Affairs Federation, and the Department of Social Welfare, to promote access to justice and support services for survivors of SGBV;

Cases of sexual violence and rape are rarely reported except in the case of accidental pregnancy.	of SRMH related morbidity and mortality	Lack of access to justice mechanisms for survivors of abuse.	Promote women's empowerment initiatives, including access to education and livelihoods support.
High rates of drug and alcohol abuse amongst the male population; People are using opium and amphetamine drugs, including injecting drugs; Rates of drug use seem to be particular high in the Palaung village.	Household resources are spent on drugs, leading to financial problems, hunger etc.; Failure to provide proper support and care dependents especially children; Risk of HIV infection, especially if drugs are injected; Perpetration of family violence.	Armed conflict, ethnic militia groups are partially funded through Chinese drugs traders; Poverty and lack of education and other opportunity; Harmful masculine identities; Lack of access to health and support services for drug addiction.	Consider introducing initiatives that specifically focus on drug awareness and education, as well as treatment and referral programs for young people with drug addiction.