Behaviour Change Communication Master Plan

for Reproductive Health

UNFPA Myanmar

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Forward

Behaviour Change Communication is an integral component of UNFPA's Special Programme of Assistance in Myanmar. The Programme was launched in 2002, and being the first UNFPA multi-year programme in Myanmar, will cover the period from 2002 to 2005. The special programme emphasizes reduction of maternal mortality, meeting the reproductive health needs of men and women, including adolescents and youth and prevention of the spread of HIV/AIDS.

The aim of this **Behaviour Change Communication Master Plan** is to serve as a basic reference for IEC and BCC interventions for Reproductive Health (RH) programmes in Myanmar. It is intended for those responsible for planning and implementing IEC and BCC interventions such as programme planners, programme managers and IEC personnel. It can be used as a guide for planning behaviour change communication campaigns, as a source for ideas for campaigns, or as guideline for the programme implementers. It also offers a set of RH messages on reproductive health including safe motherhood, adolescent reproductive health and HIV/AIDS, that have been developed in partnership with the various organizations working in the field of reproductive health in Myanmar.

In February 2003, UNFPA Myanmar organized a two-day **Workshop on Development of Behaviour Change Communication Master Plan for Reproductive Health** in Yangon. It was attended by representatives of 36 different organizations: governmental, non-governmental and UN agencies. The Workshop offered a unique opportunity for sharing knowledge and know-how among people working on reproductive health and / or IEC and BCC in Myanmar. During the course of the Workshop, the participants identified the most pressing issues for reproductive health IEC and BCC in Myanmar, and designed core messages and interventions that form the basis of this Master Plan.

UNFPA Myanmar wishes to thank each and everyone of the participants, the list of which is included in this publication, for their contributions in the Workshop, and for their valuable comments on the draft of this Master Plan.

Last but not the least, UNFPA wishes to thank UNFPA/CST in Bangkok for the technical support and services rendered in the development of the Master Plan and special thanks and appreciation are due to Ms. Pia Laine, Junior Programme Officer, UNFPA/CST who served as consultant at the **Workshop on Development of Behaviour Change Communication Master Plan for Reproductive Health** and in finalizing this Master Plan.

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Contents

Abbreviations

ARH	Adolescent Reproductive Health
BCC	Behaviour Change Communication
BS	Birth Spacing
CSW	Commercial Sex Worker
FP	Family Planning
FRHS	Fertility and Reproductive Health Survey
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug User
IEC	Information, Education & Communication
PLWHA	People Living with HIV/AIDS
RH	Reproductive Health
UNFPA	United Nations Population Fund

1 Introduction

The changing population and demographic trends in Myanmar pose a new challenge for behaviour change communication (BCC) planners in reproductive health field. While the population continues to grow, new developments such as later age at marriage, and HIV epidemic as a public health concern make new demands on behaviour change communication interventions and campaigns.

Behaviour Change Communication is an integral component of UNFPA's Special Programme of Assistance in Myanmar. The programme was launched in 2002, and being the first UNFPA multi-year programme in Myanmar, will cover the period from 2002 to 2005. The Special Programme emphasizes reduction of maternal mortality, meeting the reproductive health needs of men and women, including adolescents and youth; and prevention of the spread of HIV/AIDS. At the end of the current programme, UNFPA assistance is expected to have increased its coverage from 72 to 100 townships[1].

The aim of the Master Plan is to serve as a basic reference for reproductive health IEC and BCC interventions in Myanmar. It is intended for the people responsible for planning and implementing IEC and BCC interventions: programme planners, managers and officers. It can be used as a guide for planning behaviour change communication campaigns, as a source for ideas for campaigns, or as guideline for the programme implementers. It offers the reader a set of RH messages that have been developed in partnership with the various organizations involved in reproductive health in Myanmar.

BCC Master Plan Development Workshop

In February 2003, UNFPA Myanmar organized a workshop on Development of Behaviour Change Communication Master Plan for Reproductive Health. The workshop was held in Traders Hotel in Yangon.

A total of 36 different organizations – governmental, non-governmental and UN agencies - took part in the workshop. The workshop offered a unique opportunity for sharing knowledge and know-how among people working on reproductive health and/or IEC and BCC in Myanmar.

Most of the work in the workshop was carried out in groups, later presented to, and commented by, the plenary sessions. In the course of the workshop, the participants identified the most pressing issues for reproductive health IEC and BCC in Myanmar, and designed core messages and interventions that form the basis of this master plan.

UNFPA Myanmar wishes to thank each of the close to 50 participants for their contributions in the workshop, and for their valuable comments on the drafts of this Master Plan.

Master Plan Is the Output of the Workshop

This Master Plan is essentially a joint achievement: the themes and activities included in this document were identified by the BCC Master Plan Development Workshop participants. The Master Plan is not only the voice of UNFPA Myanmar, but of the scores of organizations that participated and gave their inputs in the workshop. It represents the expertise and experience of the people who work on reproductive health BCC in Myanmar.

This Master Plan is based on the group work that the participants carried out in the workshop. In the process of writing the Master Plan the ideas have been processed further, organized, and given a new format. The bases of the Master Plan – the ideas of the participants – remain at the core of the document.

2 Background and Context

The population of Myanmar is about 52.4 million, with 30 percent of the population living in urban areas. The population continues to grow at the annual rate of 2.02 percent.[1] There are approximately 13 million women of reproductive age. Young people, aged 10-24 years, constitute approximately 30 percent of the population.[2]

In Myanmar today, young people get married at a significantly later age than the previous generations did. In 2001, 56 percent of people 15 years or over had never been married – a striking difference when compared with the 43 percent in 1991, just ten years earlier.

The increasingly late age of marriage has resulted in total fertility rate decreasing to 2.4 in 2001. However, the current total marital fertility rate remains quite high ate 5.3 births per married woman.[3] Despite the late average age at marriage, 5.5 percent of total fertility is attributed to adolescents.[4]

Maternal mortality is high at 255 per 100 000 live births[5]. Main causes for the maternal mortality are hemorrhage, infection, unsafe abortion, eclampsia and obstructed labour.[6] There is only limited amount of information on the prevalence and practice of unsafe abortion, but the existing research points into as much as half of maternal mortality being caused by unsafe abortions.[7]

Most women (83 percent) give birth at home, but many with trained assistance. Up to 57 percent of births are delivered by health professionals: doctors, nurses or – most commonly – midwives. However, it is to be noted that the percentage of births delivered by health professionals has not increased between 1997 and 2001. Trends of having more safe deliveries by qualified personnel at appropriate institutions need to be increased and further encouraged.[8]

Contraceptive knowledge among married women is very high at 96 percent. However, the current use is only moderately high at 37 percent.[9] The unmet need for contraception is estimated at 20 percent among married women of reproductive age, and could be higher if unmarried women were also included in the calculation.[10]

The Myanmar authorities have recognized HIV/AIDS as a national concern, and have ranked it as one of the three priority communicable diseases. According to UNAIDS, data from sentinel sites indicates that 2 percent of pregnant women are HIV positive. In addition, among sentinel groups, 37 percent of female sex workers and 8 percent of STI clients were seropositive.[11]

Knowledge about HIV/AIDS and STIs is on a relatively high level among ever married women, at 92 and 84 percent, respectively. However, only 0.3 percent reported ever having used condoms[12], indicating that perception of personal risk and/or willingness and ability to negotiate condom use are on a very low level.

[1] 2001 FRHS, and Handbook on Human Resources Development Indicators 2002.
[2] UNFPA Component Project Document MYA/02/P08.
[3] Preliminary Findings from 2001 FRHS. Slide presentation by Mr Tan Boon-Ann.
[4] UNFPA Component Project Document MYA/02/P08.
[5] National Moratality Survey 1999.
[6] UNFPA Component Project Document MYA/02/P08.
[7] Ba-Thike, 1997, in Reproductive Health Matters, number 9, 1997.
[8] Preliminary Findings from 2001 FRHS. Slide presentation by Mr Tan Boon-Ann.
[9] Preliminary Findings from 2001 FRHS. Slide presentation by Mr Tan Boon-Ann.
[10] UNFPA Component Project Document MYA/02/P08.
[11] UNFPA Component Project Document MYA/02/P08.
[12] Preliminary Findings from 2001 FRHS. Slide presentation by Mr Tan Boon-Ann.

3 Priority Communication Goals

The changing population trends in Myanmar need to be reflected in the goals of all reproductive health communication strategies. These goals are based on the current reproductive health situation in Myanmar[1]. Ideally, all reproductive health communication interventions should contribute towards all or some of the following five priority communication goals.

- To reduce maternal mortality by promoting safe motherhood.
- To increase male responsibility for RH.
- To increase acceptability of sexuality education for young people, regardless whether they are married or not.
- To increase acceptance that HIV/AIDS is everyone's concern.
- To reduce stigma associated with condom use.

Rationale for the five priority communication goals:

To reduce maternal mortality by promoting safe motherhood.

- Maternal mortality is high at 255 per 100 000 live births.
- 83 percent of births occur at home.
- Only 60 percent of pregnancies sought three or more antenatal care visits. Less than half of adolescent women and women with no schooling are currently seeking any antenatal care at all.
- Unmet need for contraceptives is at 20 percent among married women, and could be higher if unmarried women were included in the number.

To increase male responsibility for RH.

- Women are culturally, and often socio-economically, in a position that does not allow them to negotiate for contraceptive use, putting them at risk of unwanted pregnancies, and STIs.
- Men's collaboration is necessary for healthy pregnancy and safe delivery.
- Men need to be encouraged to continue/adopt responsible sexual behaviour.

To increase acceptability of sexuality education for young people, regardless whether they are married or not.

- Age of marriage is rapidly increasing. Most people in reproductive age are unmarried.
- 5.5% of total fertility is attributed to adolescents, about 4% of 15-19 year olds have already began their child bearing.

To increase acceptance that HIV is everyone's concern.

- According to UNAIDS estimates, 2 percent of pregnant women are HIV positive.
- The perception of personal risk is at a low level.
- Condom use is at a low level.

To reduce stigma associated with condom use.

- Condoms are associated with commercial sex.
- Only 0.3 percent of ever married women had ever used condom.

[1] Please see Chapter 7 for more detailed information.

4 IEC and BCC in Myanmar - a Brief Assessment

In February 2003, a brief assessment of reproductive health IEC[1] and BCC[2] Myanmar was carried out by a CST[3] consultant. The assessment was based on interviews with representatives from 17 organizations involved in reproductive health, either through services or information provision. In addition to the interviews, materials produced by the organizations were also collected, and the types of materials produced analyzed by groups.

There is a lot of variation in the way the IEC and BCC interventions are planned and implemented. Even though some organizations do produce materials for very narrowly defined audience segments, in most cases the materials have very large target groups, such as men, adolescents or married women of reproductive age. All organizations interviewed did pre-test their materials, though the scope of pre-testing varied. Most interviewees were of the opinion that more information is needed on the impact of the interventions on behaviour.

There is still a strong tendency to concentrate on IEC materials production rather than on BCC, but with acknowledged intent to shift emphasis more towards BCC. When asked about the quality of IEC and BCC currently produced in Myanmar, most interviewees were of the opinion that the quality of the interventions varied from poor to average. The quantity and reach of the materials produced were also generally deemed insufficient. amount of manpower, were seen as a major problem, as were the difficulties in getting approval for the materials. Further, many interviewees were of the opinion that people's level of the knowledge is on a relatively high level, and that there is even willingness to change behaviour, but the necessary services are either not in place or not affordable.

Themes The single most common theme in the RH materials is HIV/AIDS, followed by general information on contraceptive methods and materials promoting condom use. A large part of the contraceptive information is directed to married women of reproductive age. The themes, contents and approaches used in most materials are relatively similar.

It must be noted that only one small leaflet dealt primarily with abortion complications, even though complications due to unsafe abortions have been estimated to cause up to 50 per cent of all maternal deaths in Myanmar. There is no legal provision for abortion in Myanmar. The reasons that cause a woman to choose to terminate her pregnancy are manifold, but it is possible that a large part of women are not fully aware of the risks involved.

Most of the print materials were very fact based, offering information on various aspects of reproductive health. Materials intended for adolescents paid more attention to motivational factors than did those intended for adults. Only a