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

Forward 2
Abbreviations 3
1. Introduction 4
2. Background and Context 5
3. Priority Communication Goals 6
4. IEC and BCC in Myanmar - a Brief Assessment 7
5. Issues of Critical Importance for BCC in Support of RH 9
6. Primary Communication Channels for Use in Reproductive Health BCC 10
7. Priority Reproductive Health Issues and Messages 11
   7.1. Reproductive Health, including Safe Motherhood 11
   7.2. Adolescent Reproductive Health 13
   7.3. HIV/AIDS 15
8. Hierarchy of Messages/Issues for Different Target Groups 17

Annexes

Annex 1: Basic Checklist for All IEC and BCC Interventions 19
Annex 2: Matrix on RH, Including Safe Motherhood 20
Annex 3: Matrix on Adolescent Reproductive Health 25
Annex 4: Matrix on HIV/AIDS 29
Annex 5: List of Workshop Participants 34

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.

Challenges Of the biggest challenges in the way of behaviour change, the four most often cited were cultural barriers, motivation, concern for daily subsistence, and illiteracy or semi-literacy. It can be argued that the main obstacles are not directly related to IEC and BCC but rather to situation of the country in general. The closer the personal contacts with the field, the more emphasis the interviewees tended to give on concern for daily subsistence as the main obstacle.

The other obstacles had more direct linkages to BCC. Conflicting messages, resulting from poor communication coordination and inadequate 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 limited amount of materials relied on entertainment as a vehicle for behaviour change communication. This approach was mainly used in audiovisual materials.

One main concern is that of the number of copies that are available of the IEC materials. There seems to be a heavy reliance on peer education, but often it can be problematic to get an adequate set of teaching aides to all the peer educators. The situation is even worse with brochures and other materials that are in principle meant to be distributed to clients at health clinics.

Channels The channels most commonly used in IEC/BCC are print materials, especially pamphlets, posters and flipcharts. Audiovisual materials were also frequently used, and aired either in TV, video parlours or showed within project sites, including mobile means of screening.

Even though several people expressed doubts over the true reach of mass media, most did cite TV and video parlours among the channels they considered most useful for IEC/BCC. Peer education was another form that was considered extremely important as a means for behaviour change communication. In addition, theatre groups were considered ideal channel for rural areas.

According to the 2001 FRHS, 43 percent of urban households and 20.4 percent of rural households own a radio. TV can be found in 44.3 percent of urban households, compared with only 10.4 percent of rural ones. A UNICEF study on out-of-school youth in three townships indicated that 79 percent of the youth had access to video, and 55 % to TV. Thus TV and video do have a potential to reach large part of population in urban areas, even if they are of limited impact in rural settings.

Even though radio is owned by 26 percent of all households, most interviewees did not consider it very useful as a means for BCC and IEC. The profile of radio as media was seen as more appealing to older generations, and only the new Yangon based local radio was considered attractive to the young people. In addition to national radio channels, Myanmar language broadcasts from international channels are listened to. In border areas, channels from neighbouring Thailand can be received.

BCC approaches for Myanmar When asked about what is unique for IEC and BCC in Myanmar, several interviewees noted that there seems to be true interest in health information, even if it is delivered in factual rather than entertainment mode. It was also noted that there is a lot of respect for the health personnel, and that information delivered by the village midwives is considered valid. Further, inter-personal communication with health professionals appears to have more effect than it does in many other countries. The fact that there is very little competing information and communication campaigns makes it relatively easy to gain the attention of the audience. However, the regulations and procedures for obtaining approval for materials intended for nation-wide use make the process of IEC and BCC materials production a very challenging one.

With regards to the attitude or tone the campaigns should adopt, people who had worked closely with the communities were of the opinion that subtlety is the key to a successful campaign, and that exceedingly frank communication strategies should in most cases be avoided, since they do not work in the cultural setting. Further study may be needed to find more information on what is considered subtle.

General remarks There is very little to bind the existing materials and campaigns together, despite most materials dealing with similar topics. Some degree of common recognizability would probably increase the chances of the message being remembered, and would thus be in everybody's interest. If well-planned, this could be done without losing the organizational visibility that is important for most organizations.

For truly lasting emphasis, more attention should be paid to how to create conditions for the communities to get involved in the planning and implementation of BCC interventions. It can be argued that in its present form community ownership of BCC is lacking. The BCC agenda is defined by the development organizations, and the peer educators are expected to work according to a pre-set agenda.

The focus of all BCC and IEC in Myanmar should be on increasing motivation and creating enabling environment. Knowledge of most commonly advocated aspects of reproductive health issues is on a very high level, but practice lags behind. Bridging the gap between knowledge and practice must be a priority for all BCC interventions.

[1] Information, Education & Communication
[2] Behaviour Change Communication
[3] UNFPA Country Technical Services Team, Bangkok

5 Issues of Critical Importance for BCC in Support of RH

Myanmar is an ethnically and linguistically heterogeneous country. The better educated, Myanmar speaking people tend to have a higher level of knowledge on RH matters than do people from lower income groups, ethnic minorities, or people living in remote areas. The different needs and information levels of the groups will have to be taken into account in planning the BCC intervention.

A significant part of health services are sought from the private sector, but private sector has been largely untapped as a channel for BCC. No data exists over percentage of health and reproductive health services sought from the private sector, but people working closely with the health sector often estimate that well over half of all health services are sought from the private sector, especially in urban areas.

There is some ambiguity over what terminology is currently considered acceptable by the authorities. The term "family planning" is not accepted, and there are indications that the previously accepted term "birth spacing" may not be accepted either. There is a need to come up with technically accurate ways of transmitting the reproductive health messages without using terms not approved by the authorities. This calls for very careful message formulation, since messages that are in universal use cannot be used without significant amount of adaptation. Further, there is an urgent need for all actors in reproductive health field to cooperate to ensure that the message re-formulation does not lead into confusing or mutually conflicting messages. The health benefits of spacing births should be incorporated into new messages, and possibly increased use of contraceptives could be linked to abortion prevention as well.

According to existing regulations, all printed and audiovisual materials meant for nation-wide distribution have to be approved by authorities before they can be used. This can cause significant delays and even changes. Therefore it is necessary to plan for alternative strategies in IEC and BCC materials production. Also, careful consideration should be given to seeking the support of high-ranking officials for a campaign before it is submitted for approval.

Many Myanmar people are deeply religious, and the acceptance and preferable approval of the religious teachers should be secured before campaigns that might be interpreted as culturally sensitive are brought to public.

Despite the good overall level of literacy (90.3 percent), close to 10 percent of population remain illiterate. The needs of this group need to be taken into account in materials production. Special care should be taken to ensure that all illustrations used in materials are meaningful, and easy to understand.

More attention should also be paid to traditional beliefs and "old wives' tales", to provide correct information in cases where the traditional beliefs contain misconceptions or advocate harmful practices, especially with pregnancy related issues.

Due to cultural factors, women are seldom able to negotiate - or even mention - condom use. Condoms are still associated with commercial sex. The condom promotion campaigns will need to accommodate the fact that in most cases males do make the decision of whether condom can and will be used or not. To increase the use of condoms in marital relationships, the connotation of condom use with commercial sex only needs to be challenged.

In future, one of the decisions to be made is that of the quality of materials. Nearly all the leaflets gathered in the IEC and BCC assessment were printed in full colour, making the cost of production significantly higher than black and white ones. To increase the number of copies available, using cheaper printing would be one option in optimizing the coverage of the products. With good graphic planning, attractive materials can be produced in black and white as well.

It is evident that with the financial and human resources currently available, it will not be possible to reach more than a fraction of the 52.4 million Myanmar people through peer education. Therefore, it is necessary to use the mass media as an integral part of the campaigns, to gain a wider coverage.

6 Primary Communication Channels for Use in Reproductive Health BCC

Bridging the gap between reproductive health knowledge and practice will be a priority for BCC in Myanmar. The BCC interventions need to increase motivation and contribute to creation of enabling environment, and this will also be reflected in the choice of channels used. Factual materials and edutainment[1] approach will be used in a mutually supporting manner. It is not realistic to expect one intervention alone to have significant impact on behaviour: it is necessary to use a suitable mix of different interventions, through different channels, over a long period of time.

Mass media will be used for messages that require a wide reach, and general acceptance. All mass media spots must be professionally made, entertaining, and thoroughly pretested before being aired. They are expected to be a major factor contributing to enabling environment, and thus great care will need to be taken to ensure that they have no unforeseen, even adverse effects.

For urban areas, TV will be the main mass media channel used, combined with video parlours frequented by lower socio-economic groups that have no access to TV at home. Producers of popular videos will be encouraged to insert the spots produced for TV into their videos. The use of celebrities in the spots will raise the interest of public in them, and most likely that of the video producers as well.

For rural areas, in addition to video parlours, audiovisual materials will be used during pagoda festivals or other local events that gather many people in one place. Another option is the use of theatre groups to deliver the message, instead of spots prepared for TV being projected on large screen. Community and folk media will be used to the extent possible.

Radio will be used along with TV. According to findings of the BCC assessment, radio is typically listened by older people, and more commonly in rural than urban areas. The typical profile of the radio listener needs to be kept in mind when writing the scripts. With older people as typical listeners, radio can help reach those people in communities whose opinions are most respected. The listener profile for the local FM station in Yangon is quite different, but it is questionable whether it is viable to make separate spots for one local channel only.

Peer education will be the backbone of behaviour change communication for youth and vulnerable groups. Materials produced for use by peer educators will include games and other activities that encourage discussion and exchange of ideas, in addition to the more traditional materials such as pamphlets and flipcharts.

Health talks in community continue to be a major tool for reaching adult populations, including opinion leaders. The materials for the health talks will be further developed. Interpersonal communication with health personnel will be used to offer more encouragement and support for behaviour change, as well as factual information on health issues.

Pamphlets, posters and flipcharts will be produced to support other types of interventions: mass media campaigns, health talks and peer education. Their main value will be in increasing the visibility of campaigns, serving as reminders, offering more detailed information, and allowing for self study at home.

[1] Edutainment means combining education and entertainment. For instance, a soap opera made for TV can be used to educate people about HIV/AIDS with good results.

7 Priority Reproductive Health Issues and Messages

7. 1. Reproductive Health, including Safe Motherhood

Issues identified by UNFPA Maternal mortality remains high in Myanmar. According to the 1997 FRHS, maternal mortality rate was at 255 per 100 000 live births. Main causes for maternal mortality were hemorrhage, infection, unsafe abortion, eclampsia and obstructed labour. To reduce the maternal mortality, it is necessary to increase awareness of the danger signs related to pregnancy, and to encourage families to seek medical assistance promptly when danger signs appear. Also, maternal mortality can be lowered by reducing the number of unwanted pregnancies resulting in unsafe abortion.

According to the 2001 FRHS, over 83 percent of all births take place at home. Nevertheless, the same survey indicates that in more than half of the deliveries are assisted by trained personnel: 13 percent of births are assisted by doctor, and 44 percent by nurses or midwives. Close to 40 percent of births are assisted by traditional birth assistants. There is a need to encourage more families to seek assistance from skilled birth attendants for deliveries, and to encourage more deliveries to take place in institutional settings to ensure access to emergency obstetric care, should the need arise.

Unsafe abortions are a significant cause of maternal mortality in Myanmar. There is no legal provision for abortion in Myanmar, but research indicates that as much as half of maternal mortality may be attributed to abortion complications, and that as many as one in three pregnancies end in abortion. To effectively reduce maternal mortality, it is necessary to acknowledge the role unsafe abortions play in it, and to inform the public about dangers of unsafe abortions and safe ways of avoiding unwanted pregnancy.

High number of unsafe abortions is a clear indication that large part of pregnancies are either unplanned or unwanted. With contraceptive knowledge on a very high level, the high number of unwanted pregnancies indicates that the contraceptives are either not accessible to women, or that women are unable to use them for lack of ability or willingness to negotiate contraceptive use. Incorrect contraceptive use is likely to be another contributing factor.

Issues identified in BCC Master Plan Workshop In the UNFPA behaviour change communication master plan workshop, the RH and safe motherhood issues identified by the participants can be grouped into following themes:

- Male involvement in RH
- Enabling environment, or lack of it
- Building knowledge, awareness on RH
- Safe motherhood: pregnancy, delivery
- Birth spacing (access, availability, effective services)
- Unwanted pregnancy
- Dual protection
- RH in rural settings
- Technical issues related to IEC

There was a significant amount of variation in the themes considered important, and based on the numbers only, no single theme could be picked up as the most important one. However, it can be argued that the three groups mentioned first can be seen as different facets of one and same problem. In order to effectively reduce maternal mortality, there needs to be a consensus over the importance of reproductive health in the society.

Five key issues In light of all the facts, the following five issues can be considered to need urgent attention in the behaviour change communication interventions.

- Increasing male involvement in RH
- Health benefits of birth spacing
- Health risks of unsafe abortions
- Danger signs of pregnancy and need for skilled attendance at delivery
- Importance of antenatal care

The five key issues will contribute to reaching the following of the five main communication challenges:

- To reduce maternal mortality by promoting safe motherhood
- To increase male responsibility for RH

Reproductive Health, including Safe Motherhood - Primary issues and messages

Issue	Primary message	Primary target groups
Increasing male involvement in RH	Men can share responsibility for reproductive health and child rearing. Men, too, need to know the health benefits of spacing births to protect health of both mother and child.	Men of reproductive age Older men who serve as opinion leaders Adolescents and pre-adolescent children
	Seeking prompt treatment for STIs protects your and your partner's health.	Men of reproductive age
Health benefits of birth spacing	For health of both mothers and children, there should be a space of at least two to three years between births.	Opinion leaders Men and women of reproductive age
Health risks of unsafe abortions	Unsafe abortion puts woman's life at risk. There are many safe ways to prevent unwanted pregnancy.	Men of reproductive age Women of reproductive age Adolescents Private health practitioners
Danger signs of pregnancy and need for skilled attendance at delivery	It is important for all families to be able to recognize the warning signs of complications during pregnancy and childbirth and to have plans and resources for getting immediate skilled help if problems arise.	Families with women at childbearing age Community in general Elder women
Importance of antenatal care	A skilled birth attendant, such as a doctor, nurse or trained midwife, should check the woman at least four times during every pregnancy, following the guidelines for antenatal checks, and assist at every birth.	Pregnant women and their husbands Community in general Elder women whose opinions are respected in matters related to childbearing Private health practitioners

Sources: Facts for Life & Communicating Family Planning in Reproductive Health
Please see Annex 2 for a complete matrix on RH, including Safe Motherhood.

7. 2. Adolescent Reproductive Health

Issues identified by UNFPA Young people in Myanmar get married at a significantly later age than their parents' generation did. In 1973, only one third of people aged fifteen and over had never been married. In 2001, well over half – 56 per cent – had never been married.

A big group of people are finding themselves in a new situation. Cultural values and norms were created in a society with a very different demographic pattern, and their direct application to current society is difficult. There is a need to find new, culturally appropriate ways to deal with the changing situation.

The rapid spread of HIV/AIDS makes the need for change more urgent. Failing to give young people adequate information on sexuality, and on ways to protect themselves from HIV and STIs, can cost many young people their lives. A change in mentality is needed among the gatekeepers: community leaders, teachers, and parents.

What is crucial is that most young people will remain unmarried for several years after adolescence. According to traditional values, they should not be sexually active before marriage. However, it is also an age when most of their parents were already themselves sexually active, within marriage.

On the other hand, 5.5 percent of total fertility is attributed to adolescents, despite the late average age at marriage, and 4 percent of 15-19 year olds have begun their child bearing. Women are more likely to start their childbearing at an earlier age if they belong to lower socio-economic groups, ethnic minorities, or have no schooling. Separate messages need to be tailored to these groups.

Issues identified in BCC Master Plan Workshop In the BCC master plan development workshop the participants were asked to identify the issues they considered most important in ARH. The issues can be grouped as follows:

- Need for correct RH information
- Enabling environment, or lack of it
- Unwanted and unplanned pregnancies
- IEC related issues
- Accessibility
- Various RH issues

By far the biggest group of issues dealt with the question of correct RH information, either by addressing the lack of correct information or by suggesting more sexuality education for the youth, or for specific groups within the youth. Also, addressing incorrect information was deemed necessary.

One group of issues dealt with the environment surrounding the youth. The RH issue most often cited was that of unplanned or unwanted pregnancies among adolescents. Accessibility of youth to health facilities was also considered problematic, as were specific RH issues such as abortion complications and adolescent male RH.

Key issues In light of all the facts, the following issues can be considered to need urgent attention in the behaviour change communication interventions.

- Lack of correct RH knowledge among the adolescents.
- Unwanted and unplanned pregnancies among adolescents.
- To increase acceptability of sexuality education for young people.

The key issues will contribute to reaching the following of the main communication challenges:

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

Adolescent Reproductive Health - Primary issues and messages

Issue	Primary message	Primary target groups
Lack of correct RH knowledge among the adolescents.	Every youth has a right to know normal process of pubertal changes.	Adolescents Pre-adolescents Parents, teachers
Unwanted and unplanned pregnancies among adolescents.	Prevention of unwanted pregnancies has both medical and social benefits.	Parents, teachers Adolescents, girls and boys.
	Pregnancy, and STIs, can occur even with one sexual encounter if contraception is not used.	Adolescents, girls and boys.
	A variety of safe and effective contraceptives exist. Contraceptives are safe and they offer many health benefits.	Adolescents, girls and boys.
To increase acceptability of sexuality education for young people.	Sexuality education helps adolescents make responsible choices regarding sex and reproductive health.	Parents Teachers Adolescents Community opinion gatekeepers
	Parents and teachers can help young people protect themselves from unwanted pregnancies and HIV/AIDS by talking with them about reproductive health. Adolescents should learn about the benefits of delaying the first sexual encounter, the importance of mutual faithfulness in a relationship, and correct and consistent use of condoms.	Parents Teachers Community opinion gatekeepers

Source - modified from: Communicating Family Planning in Reproductive Health
Please see Annex 3 for a complete matrix on ARH.

7. 3. HIV/AIDS

Issues identified by UNFPA According to the UNAIDS estimate, 2 percent of pregnant women in Myanmar are HIV positive, indicating that the epidemic is has spread from specific high-risk behaviour groups into the general public. Consequently, the HIV/AIDS awareness raising campaigns will have to continue to be targeted both to the general public as well as to the groups with high-risk behaviour. With significant number of people already HIV positive, it is crucial that the prevention campaigns are carried out in such manner that they do not further stigmatize and endanger the lives of people living with HIV/AIDS (PLWHA).

According to the 2001 FRHS, knowledge on HIV/AIDS is on a very high level, with 92 percent of ever-married women having heard of AIDS, and with 86 percent knowing how to prevent HIV infection. It is to be noted that there is very small differences in the level of knowledge of the women regardless of whether they have ever been married of not.

Despite the high level of knowledge of HIV/AIDS, only 0.3 percent had ever used condoms, according to 2001 FRHS. The survey does not shed light into reasons as to why condom use is on such a low level. However, it can be speculated that perception of personal risk is probably on a low level, and that either access to - or acceptability of - condoms is also problematic.

Issues identified in BCC Master Plan Workshop In the UNFPA behaviour change communication master plan workshop, the HIV/AIDS issues identified by the participants can be grouped into following themes:

- Need for awareness raising on HIV prevention
- Need for culturally sensitive sexuality education
- Condom promotion
- Morality arguments (avoidance of pre/extra-marital sex)
- Mother to child transmission
- Issues related to specific bridge populations

Close to half of all issues identified fall in the first category, stressing the need for awareness raising on HIV prevention. In addition to broader themes cited above, issues such as STD treatment seeking behaviour, resource mobilization and stigmatization were also mentioned. One issue card could be used directly as a key message: "HIV/AIDS is everyone's concern."

Key issues In light of all the facts, the HIV/AIDS communication should have two distinct focuses: firstly, to increase the understanding that HIV/AIDS really is everyone's concern, and secondly, to attempt to curb the further spread of HIV in groups with high-risk behaviour. The vulnerability of married women becoming infected by their husbands should also be addressed. The key issues are as follows:

- Everyone needs to perceive their personal risk for HIV
- HIV/AIDS is incurable but preventable disease
- Consistent condom use helps prevent the HIV
- Early diagnosis and adoption of health maintaining behaviour can help HIV+ to have healthy, productive life for several years

The key issues will contribute to reaching the following of the five main communication challenges:

- To increase acceptance that HIV is everyone's concern.
- To increase acceptability of sexuality education for young people, regardless whether they are married or not
- To reduce stigma associated with condom use.

HIV/AIDS – Primary issues and messages

Issue	Primary message	Primary target groups
Everyone needs to perceive their personal risk for HIV	All people, including children, are at risk for HIV/AIDS. Everyone needs information and education about the disease. Everyone of reproductive age needs access to condoms, and knowledge on abstinence and importance of mutual faithfulness to reduce the risk of transmission.	Men, women, adolescents
	Parents and teachers can help young people protect themselves from unwanted pregnancies and HIV/AIDS by talking with them about reproductive health. Adolescents should learn about the benefits of delaying the first sexual encounter, importance of mutual faithfulness in a relationship, and correct and consistent use of condoms.	Parents, teachers, gatekeepers
HIV/AIDS is incurable but preventable disease	AIDS is incurable but preventable disease. HIV, the virus that causes AIDS, spreads through unprotected sex, transfusion of unscreened blood, contaminated needles and syringes, and from an infected woman to her child during pregnancy, childbirth or breastfeeding.	Men Women Adolescents Pre-adolescents IDUs
	HIV is not a death certificate. If you take care of your health, you can live healthily for years.	General public Vulnerable groups IDUs PLWHA
Correct and consistent condom use helps prevent the HIV, and other STIs.	Correct and consistent condom use protects both your and your partner's health	All men and women of reproductive age, adolescents.
	Correct and consistent condom use prevents STIs and HIV, and protects your partners	STI treatment clients Vulnerable groups
	Seek prompt treatment for STIs	Men and women of reproductive age, adolescents. STI treatment clients Commercial sex workers
	Negotiate condom use for every encounter	Commercial sex workers

Sources: Facts for Life & Communicating Family Planning in Reproductive Health
Please see Annex 4 for a complete matrix on HIV/AIDS.

8 Hierarchy of Messages / Issues for Different Target Groups

Instead of having a specific RH issue as a point of departure, this chapter looks at the varied information needs of the different target audiences. Only the messages/issues considered crucial for the particular target audience are included. Naturally, this does not mean that issues not mentioned here would not be important for the target groups, and especially in cases when the different groups express their wish to receive more information on specific issues, this should be taken into account.

The messages/issues are organized hierarchically in order to provide a reference point to help the communicators define which issues to address first in situations where choices have to be made. In ideal cases, all the messages/issues would be delivered to the audience.

Audiences Grouped by Age

Pre-adolescents

1. Men share responsibilities at home (supports message on male involvement in RH).
2. Transmission ways of HIV/AIDS, compassion for PLWHA.
3. Information on pubertal changes, sexuality, life skills.

Adolescent girls

1. Correct knowledge on RH, pregnancy.
2. Transmission ways of HIV/AIDS, compassion for PLWHA.
3. Correct and consistent condom use, delaying first sexual encounter, and importance of mutual faithfulness in a relationship.
4. Health risks of unsafe abortions.
5. Knowledge on STIs, treatment seeking.

Adolescent boys

1. Correct knowledge on RH, pregnancy.
2. Respect for partner, responsible sexual behaviour.
3. Transmission ways of HIV/AIDS, compassion for PLWHA.
4. Correct and consistent condom use, delaying first sexual encounter, and importance of mutual faithfulness in a relationship.
5. Knowledge on STIs, treatment seeking.

Women of reproductive age

1. Health benefits of having at least two to three years between births.
2. Danger signs of pregnancy, antenatal care, and birth plan.
3. Transmission ways of HIV/AIDS, compassion for PLWHA.
4. Prompt treatment seeking for STIs.
5. Health risks of unsafe abortions.

Men of reproductive age

1. Increased male responsibility for RH.
2. Health benefits of having at least two to three years between births.
3. Transmission ways of HIV/AIDS, compassion for PLWHA.
4. Prompt treatment seeking for STIs.

Older women in communities

1. Danger signs in pregnancy, need for skilled delivery.
2. Importance of antenatal care.
3. Transmission ways of HIV/AIDS, compassion for PLWHA.

Older men in communities

1. Support for male involvement in RH, BS
2. Support for sexuality education for adolescents.
3. Transmission ways of HIV/AIDS, compassion for PLWHA.

Audiences Grouped by Social Role

Community opinion gate keepers

1. Importance of danger signs of pregnancy, health benefits of birth spacing.
2. Support for sexuality education for adolescents.
3. HIV is not a death sentence; one can lead normal life for many years if one takes care of own health and avoids infecting others.
4. Creating supporting environment for young people in their communities.
5. Roles of family members in RH, equal responsibilities.

Parents

1. Support for sexuality education for adolescents

Families

1. Importance of danger signs of pregnancy, safe delivery.
2. Health benefits of having at least two to three years between births.
3. Roles of family members in RH, equal responsibilities.

Teachers

1. Support for sexuality education for adolescents.
2. Transmission ways of HIV/AIDS, compassion for PLWHA.

Audiences Grouped by High Risk Behaviour

CSW

1. Consistent and correct condom use with all sexual partners.
2. Prompt treatment seeking for STIs.
3. HIV is not a death sentence; one can lead normal life for many years if one takes care of own health and avoids infecting others.

IVDU

1. Consistent and correct condom use with all sexual partners.
2. Prompt treatment seeking for STIs.
3. HIV is not a death sentence; one can lead normal life for many years if one takes care of own health and avoids infecting others.

STI clients

1. Consistent and correct condom use with all sexual partners (including information that one cannot tell from the appearances whether person has a STI or not).
2. HIV is not a death sentence; one can lead normal life for many years if one takes care of own health and avoids infecting others.

Annex 1 Basic Checklist for all IEC and BCC Interventions

"Atmosphere"

- All materials dealing with RH/ARH should portray a family / peer group where members are equal, and comfortable with communicating with each other.
- Humour and laughter can be used to make otherwise embarrassing issues easier to deal with.
- To avoid stigmatization of any group, communication campaigns and materials should avoid using fear or scare tactics.

Linkages

- Different IEC/BCC interventions should have clear linkages with each other, and cross references when applicable.

Images

- Whenever applicable, all images in RH related materials should portray a couple instead of a woman only when dealing with issues such as contraceptives, birth spacing or safe motherhood.
- Attention should be paid to what the clothing or other features of the persons portrayed in the materials convey, to make sure they are representative of, and appealing to, the intended audience.
- Each image used should be meaningful and contribute to the overall message of that particular material.

Respect for Target Group

- People are not objects waiting to be changed, but agents of their own change. It may be useful to think of them as partners in communication, rather than target groups. It is good practice to involve people from the communities in the planning of communication campaigns.
- Health talks, peer education and other types of IEC/BCC interventions where the target group is expected to put time aside from their normal routines must be scheduled at times that are convenient for the participants. Time of the day and day of the week/month must be convenient for the participants.
- In rural settings, interventions must be scheduled according to seasons. It may be necessary to avoid interventions during the harvesting season, and carry them out only when people have more leisure time.
- People must never be forced or coerced to participate in peer education or health talks. If an intervention is not interesting enough to attract participation without coercion or incentives, the intervention must be re-planned or changed.

Annex 2 Reproductive Health and Safe Motherhood Matrixes

ISSUE 1: Increasing male involvement in RH

message 1.1 : Men can share responsibility for reproductive health and child rearing. Men, too, need to know the health benefits of spacing births to protect health of both mother and child.

Primary target group	Channels	How to/Tools
Men of reproductive age.	Mass media campaign Message delivered in pagoda festivals for rural areas. Message delivered through video parlours. Message delivered by male "idol" (either mass media or specific events). Posters and other promotional materials featuring the message. Song where long space between pregnancies and health linked.	National TV and radio campaign. TV spots for national TV will be used in pagoda festivals, video on large screen. Same spots included into popular videotapes to reach audiences of video parlours. A male sports, movie or music star will be used as the "face" of the campaign. Poster will be distributed to work places for typically male professions. Car stickers with the message prepared, distributed (humorous). Popular male singer to write and record a song where having long time between pregnancies shown in positive light. Song distributed to radio stations, used in rural areas in pagoda festivals, other events where loudspeaker announcements or public addressing system available.
Older men who are opinion leaders in their communities	Health talks in community.	Health personnel, male NGO volunteers to give health talks. Flipcharts, other supporting materials will be prepared.
Adolescents and pre-adolescent children	Educational posters and cartoons to be used for pre-adolescents.	Cartoons and posters. (See comments after matrixes for more info)

message 1. 2 : Seeking prompt treatment for STIs protects your and your partner's health.

Primary target group	Channels	How to/Tools
Men of reproductive age	Health personnel to mention the message at clinics in connection of any visit.	Supporting materials for health personnel will be prepared, flipcharts, other visual aides.
	Small media distributed, displayed in health clinics waiting area.	Poster on STI symptoms for display in health clinic waiting area. Informative, but avoiding the "gory details", encourages to talk with health personnel if they feel they might have STI. STIs compared to other common disease with no stigma.
	Booklets on STIs prepared specifically for high risk professions.	Booklets will be prepared, distributed at work place for military, police, miners, seafarers, factories, health facilities.

ISSUE 2 Health benefits of birth spacing

message 2 : For health of both mothers and children, there should be a space of at two to three years between births.

Primary target group	Channels	How to/Tools
Opinion leaders	Health talks in community	Health personnel, NGO volunteers will contact key community opinion leaders, advocate for health benefits of having two or three years between pregnancies. Flipcharts, other materials provided.
Men and women of reproductive age	Message included mass media campaign on RH.	Information on health benefits of having more two to three years of time between pregnancies transmitted through various media. Brochures, posters will be produced, displayed in health clinics, work places, other places.
	Small media prepared, displayed and distributed.	
	Song where having long time between pregnancies and health linked	Popular male singer to write and record a song where having long time between pregnancies shown in positive light. Song will be distributed to radio stations, used in rural areas in pagoda festivals, other events where loudspeaker announcements available

Annex 2

ISSUE 3: Health risks of unsafe abortions

message 3 : Unsafe abortion puts woman's life at risk. There are many safe ways to prevent unwanted pregnancy.

Primary target group	Channels	How to/Tools
Women of reproductive age	Pamphlets, posters on health risks of abortion.	Pamphlets and posters produced will include information about the health risks of unsafe abortions, advantages of preventing unwanted pregnancies. Also encourages to seek prompt medical attention if experiencing abortion complications. Tone neutral, not blaming women who have abortions.
Men of reproductive age	Topic integrated as a minor topic in larger RH mass media campaign.	Part of larger, rolling mass media campaign, through TV, radio, video parlours, pagoda festivals.
Adolescents	Issue integrated into RH peer education.	Role play will be used, adolescents asked to see what options does a woman have if she is pregnant but does not want to have a child. Must not blame the women but increase understanding of issue, encourage contraceptive use.
Private health practitioners	Private health practitioners simultaneously as target and channel.	Private health practitioners will be invited to a seminar on RH, BCC. Lectures on BCC messages, strategies. Also lectures on other key medical issues of interest to the practitioners, on RH and other topics. Participants provided with BCC materials for use in private clinics, distribution.

ISSUE 4 Danger signs of pregnancy and need for skilled attendance at delivery

message 4 : It is important for all families to be able to recognize the warning signs of complications during pregnancy and childbirth and to have plans and resources for getting immediate skilled help if problems arise.

Primary target group	Channels	How to/Tools
Families with women at childbearing age.	Health personnel to deliver message during antenatal visits, other health visits.	Pregnancy related harmful traditional beliefs and misconceptions will be addressed, corrected. Supporting materials: flipcharts for support, pamphlets for self study.
Community in general.	National mass media campaign, TV, radio. For rural areas: pagoda festivals.	Audio and audiovisual spots providing correct information on danger signs during pregnancy, also explaining why some "common truths" are not true (addressing misconceptions, old women's tales).

RH message 4 continued from previous page

Primary target group	Channels	How to/Tools
Elder women.	Health talks, cooperation sought.	In gatherings old women's knowledge acknowledged, and new information offered as suggestions to improve their knowledge, to help them better help and educate younger women.
Private health practitioners	Private health practitioners simultaneously as target and channel.	Private health practitioners will be invited to a seminar on RH, BCC. Lectures on BCC messages, strategies. Also lectures on other key medical issues of interest to the practitioners, on RH and other topics. Participants provided with BCC materials for use in private clinics, distribution.

ISSUE 5 Importance of antenatal care

message 5: A skilled birth attendant, such as a doctor, nurse or trained midwife, should check the woman at least four times during every pregnancy, following the guidelines for antenatal checks, and assist at every birth.

Primary target group	Channels	How to/Tools
Pregnant women and their husbands	Health personnel to deliver the message in clinics, home visits.	Materials will be produced for use in health clinics: message guide for personnel, brochures to be distributed. To ensure better content of the antenatal visits, a banner/poster will be produced, explaining the public what to expect from antenatal visits. Displayed in waiting are or outside clinic.
Community in general	Theatre in pagoda festivals, folk media, road side shows.	Short theatre pieces or video clips on importance of antenatal visits will be produced, shown in pagoda festivals.
Elder women whose opinions are respected in matters related to childbearing	Health talks with elder women in communities. Cooperation sought.	In gatherings old women's knowledge acknowledged, and new information offered as suggestions to improve their knowledge, to help them better help and educate younger women.
Private health practitioners	Private health practitioners simultaneously as target and channel.	Private health practitioners will be invited to a seminar on RH, BCC. Lectures on BCC messages, strategies. Also lectures on other key medical issues of interest to the practitioners, on RH and other topics. Participants provided with BCC materials for use in private clinics, distribution.

Special Characteristics of RH Interventions

Male involvement in RH

- There is a need to create in men a sense of ownership in aspects of family life traditionally considered female.
- The message for the campaign will be worded as a catchy, short slogan that appeals to the man's perception of himself as a responsible family member. Message formulation needs to be done carefully: message must at the same time sound appealing to men and must not suggest need for drastic change in gender relations. Must package the male involvement as something that is attractive to the man and increases his sense of self worth, but must not in any way undermine women's position.
- If a celebrity is used as a "face" of the campaign, the suitability of his background must be checked from different sources. The "face" of the campaign should not have more than 2 children, with at least 3 years in between. Must be checked if any rumours about possible problems are going around (even an unsubstantiated rumour of e.g. extramarital affair, drinking, or problems at home must be taken into account).

Male involvement starts at early

- Comprehensive approach to promoting male involvement, gender equality should begin from childhood.
- Cartoon booklets for adolescent boys, for in and out-of-school youth.

Pre-adolescents

- Materials for pre-teen and teen boys and girls will include cartoon posters on gender equality, safe motherhood for schools.
- Targeted to age group that has just learned to read, and can serve as an auxiliary reading material.
- A set of cartoon posters will tell stories related to family life, division of house hold tasks, how father helps mother when new baby coming.
- Posters should be drawn in a style that children find appealing.
- To save on printing costs, the posters can be printed in black and white, and can be coloured by pupils if crayons available in school.

Health risks of unsafe abortions

- Message formulation must be done with extreme care. Must aim to provide factual information of the risks without in any way blaming women who choose to terminate their pregnancy. Message should contribute to increased willingness to use contraceptives.
- For males the message must appeal to their responsibility for the health of their partner.
- For females more factual information will be offered. It is important to keep in mind that many women will feel they have to resort to abortion even with all the risks involved.
- If possible, materials should also offer women some information on when it is necessary to seek urgent help for abortion complications.
- The information about the reasons that make abortions unsafe should be offered in a relatively detailed way.
- If emergency contraception is available, messages about it will be incorporated into messages about unsafe abortions, especially for females.
- All arguments must be formulated on health issues, and moral arguments must be avoided.

Annex 2

Annex 3 Adolescent Reproductive Health Matrixes

ISSUE 1 Lack of correct RH knowledge among the adolescents.

message 1 : Every youth has a right to know normal process of pubertal changes.

Primary target group	Channels	How to/Tools
Adolescents	Mass media campaign.	General mass media campaign on RH in TV, radio will stress the right of young people to correct information about their health, development. Same message through video parlours, plays, pagoda festivals for rural areas.
	Peer education.	Peer education in school and out-of-school settings to stress that adolescents have the right to know how to protect their health, in all aspects of health.
Pre-adolescents	Integrated into school education.	Materials that give basic information about pubertal changes will be prepared for use in school. Posters, cartoons and games in a style that appeals to pre-adolescents.
Parents, teachers.	Parents, teachers: as with previous message above.	As with previous message above. Special care taken to target rural areas.
	User friendly manual on pubertal changes	A basic manual on pubertal changes will be developed, sold against a very symbolic cost through bookstores, stalls. Attractive cover, to compete with other non-health reading materials available. Entertaining yet factual. Primarily for parents, but made to appeal to young people too. Foreword by a respected doctor, to increase acceptability, "value" of manual.

ISSUE 2 Unwanted and unplanned pregnancies among adolescents.

message 2.1 : Prevention of unwanted pregnancies has both medical and social benefits.

message 2.2 : Pregnancy, and STIs, can occur even with one sexual encounter if protection is not used.

message 2.3 : **A variety of safe and effective contraceptives exist. Contraceptives are safe and they offer many health benefits.**

For adolescents, all three messages delivered in similar ways.

Primary target group	Channels	How to/Tools
Adolescents, girls and boys.	Mass media spots on disadvantages of too-early pregnancies.	Spots on TV, radio on health, social and economic disadvantages of too early child bearing. Same spots will be distributed through video parlours, pagoda festivals. Even if spots advocate abstinence, information of advantages of modern contraceptive, condom use must be included.
	Peer education, in school and out-of-school.	TOT for peer educators. Peer educators to receive appropriate flipcharts (size small enough to make it possible to carry them discreetly). Flipcharts, brochures to use cartoon style images. Peer educators to distribute material for self study (materials to bear clear "stamp of approval" or "note for parents" from the Ministry, to make them acceptable in the eyes of parents) Set of game cards on reproductive health, STIs and pregnancy to be developed, used in peer education. Educational yet entertaining. Cards to include skills building in negotiating condom, contraceptive use.
	Youth friendly clinics, where exist.	Same materials as above.
For message 2.1: Parents, Teachers	Same channels as used for parents and teachers in ARH messages 1 and 3.	Same as used for parents and teachers in ARH messages 1 and 3.

ISSUE 3 To increase acceptability of sexuality education for young people.

message 3.1 : **Sexuality education helps adolescents make responsible choices regarding sex and reproductive health.**

Primary target group	Channels	How to/Tools
Parents	Mass media(see comments after matrix for further details)	National TV and radio campaign. Campaign will aim to make issue less sensitive, to give examples on how to approach the issue, how to talk about need for sexuality education.
	Health talks with health personnel, NGO volunteers	The link between young people's knowledge and ability to take responsible decisions will be stressed in health talks. Women will be invited to health talks by female volunteers, men by male.

ARH message 3.1. continued from previous page

Primary target group	Channels	How to/Tools
Parents and adolescents	User-friendly booklet/ manual on pubertal changes.	A basic manual on pubertal changes will be developed, sold against a very symbolic cost through bookstores, stalls. Attractive cover, to compete with other non-health reading materials available. Entertaining yet factual. Primarily for parents, but made to appeal to young people too. Foreword by a respected doctor, to increase acceptability, "value" of manual.
	Video parlours, festivals in rural areas.	National TV campaign disseminated through videotapes, messages integrated into popular videotapes. Shown in pagoda festivals, other rural events.
Teachers	Integrated into teacher training. Teachers provided with teaching aides, games.	Module for teacher training will be prepared. Teachers encouraged to integrate issues into teaching, classes even if topic not directly in curriculum.
Adolescents	Integrated into school curriculum.	Sexuality education will be integrated into school curriculum, to remind the youth that it is a topic they should learn and know about.
Community opinion gatekeepers	Advocacy meetings, one-to-one communication.	Respected health personnel, NGO volunteers will hold advocacy meetings. If possible, religious teachers recruited as advocates.

message 3.2 : **Parents and teachers can help young people protect themselves from unwanted pregnancies and HIV/AIDS by talking with them about reproductive health. Adolescents should learn about the benefits of delaying the first sexual encounter, importance of mutual faithfulness in a relationship, and correct and consistent use of condoms.**

Primary target group	Channels	How to/Tools
Parents	National mass media campaign on TV, radio, same spots for video parlours, pagoda festivals.	Part of a rolling mass media campaign where a family shown discussing matters related to RH. Campaign will offer models, examples on how to talk about RH and other sensitive issues within family. Provides parents with practical tools for addressing the issue.
	Health talks to enforce messages introduced in mass media campaign.	NGO volunteers will hold health talks in community; links to mass media campaign will be integrated into materials used. Aims to offer practical tips, examples, words and terms that can be used when talking about RH, sexuality education.

Primary target group	Channels	How to/Tools
Teachers	Teacher training, direct contact from health personnel. Encouraged to let adolescents use self study materials, games on RH.	Materials will be distributed to current and future teachers, with teaching aides and self study materials for adolescents. Materials will include set of entertaining games that adolescents can play, and that do not need the involvement of teacher.
Community opinion gatekeepers.	Health talks for opinion gatekeepers.	Respected health personnel, NGO volunteers will hold health talks in community; links to mass media campaign clear in materials used. Aim to gain support for campaign. Stresses the responsibility of elders to provide young people with RH information adequate for today's world.

Special Characteristics of ARH Interventions

Key approaches for all messages:

Parents - Appealing to emotion, wish to protect their children
Teachers - Appealing to need to disseminate information, offer handy games, materials that do not necessary teacher's input.
Adolescents - Appealing to both emotion and intelligence. You can make a difference to your own life.

Please note that right timing is important for this set of interventions, because later interventions can be successful only if the initial interventions have succeeded in building acceptance and support for the issues to be taught to adolescents.

Timing

Phase 1 - Teacher training, advocacy talks and education for community opinion leaders. Mass media campaign preparations.
Phase 2 - Mass media campaign targeting parents, adults. Health talks with parents to support the mass media campaign.
Phase 3 - Peer education campaign for the youth. Materials for self-study distributed (combining education with entertainment).

- TV and radio spots regularly over a period of several months - primary target parents and other adults.
- A series of interlinked spots, looking the message from different angles.
- A spot is replaced by the following one after 2-3 weeks of play.
- Every effort will be made to secure the airing of the spots on prime time.
- Mass media campaign's main vehicle will be TV for urban areas, radio used as supporting channel. For rural areas, TV spots are provided for video parlours, and radio spots on cassettes, in between music.

Future teachers

The message will be delivered to future teachers in teacher training, to existing teachers through advocacy talks.
- Materials on ARH will be prepared for the teachers.
- Materials for teachers and other use in school must be approved by health and education ministries, and must bear clear "stamps of approval".
- Teachers will need to be informed that materials can be used for self study during school day.

Community opinion leaders, gatekeepers

- Their approval for the topic sought in advocacy talks. Advocacy teams consist of health personnel at community level.
- Background materials for advocacy talks prepared. Include information on the advantages of the interventions in other places.
Answers for "difficult questions" thought of in advance. Participants will receive an attractive materials package for further reference at home.

Annex 4 HIV/AIDS Matrixes

ISSUE 1 Everyone needs to perceive their personal risk for HIV

message 1.1 : All people, including children, are at risk for HIV/AIDS. Everyone needs information and education about the disease. Everyone of reproductive age needs access to condoms, and knowledge on abstinence and importance of mutual faithfulness to reduce the risk of transmission.

Primary target group	Channels	How to/Tools
Men, women, adolescents	Mass media spots on TV, radio.	A TV spot featuring a highly visible celebrity delivering the message. Same face will be used in posters. Message will be incorporated into a large scale RH mass media campaign, featuring a family.
	Message delivered in pagoda festivals.	Message incorporated either in a TV drama shown on screen at festivals, or a live theatre performance on topic.
	Message delivered in video parlours.	Spots produced for TV will be added to videotapes that are popular in video parlours. Advocacy for video producers will be carried out.
	Peer education for different groups.	Peer education used for adolescent groups and in workplace. Special focus for rural areas, and for out-of-school youth. Supporting materials will be prepared, including flipcharts, games, cartoons.

message 1.2 : Parents and teachers can help young people protect themselves from unwanted pregnancies and HIV/AIDS by talking with them about reproductive health. Adolescents should learn about the benefits of delaying the first sexual encounter, importance of mutual faithfulness in a relationship, and correct and consistent use of condoms.

Primary target group	Channels	How to/Tools
Parents, teachers, gatekeepers	All schools in project area will receive basic teaching kit on HIV/AIDS and entertaining games for adolescents.	Teachers will be encouraged to include HIV/AIDS issues into their lessons. Teaching aids for teachers on ways of transmission, compassion for PLWHA.

Continued

Primary target group	Channels	How to/Tools
(Parents, teachers, gatekeepers continued)	*(schools continued)*	Games that combine entertainment and learning will be prepared for adolescents, for use if have leisure time during day. Colourful posters for display in schools
	Parents targeted in mass media, health talks.	Spots will be prepared for national TV, radio. Set of materials for health personnel, NGO volunteers will be prepared. All will include advice and examples on how to tell your children about HIV/AIDS. Brochures for distribution.
	Community opinion leaders invited to advocacy meetings, health talks.	Health personnel, NGO volunteers from district level will hold advocacy meetings in township level.

ISSUE 2 HIV/AIDS is incurable but preventable disease

message 2.1 : **AIDS is incurable but preventable disease. HIV, the virus that causes AIDS, spreads through unprotected sex, transfusion of unscreened blood, contaminated needles and syringes, and from an infected woman to her child during pregnancy, childbirth or breastfeeding.**

Primary target group	Channels	How to/Tools
Men, women, adolescents	Mass media spots on TV, radio, posters and brochures.	TV and radio spots giving clear information on how HIV is transmitted, and how not. Posters, brochures with the same information will be prepared, using pictures rather than words.
	Message delivered in pagoda festivals.	Message will be incorporated either in a video shown or a live theatre performance shown at the festivals.
	Message delivered in video parlours.	Spots produced for TV will be added to videotapes that are popular in video parlours.
	Peer education for different groups.	Peer education will be used for adolescent groups and in workplace. Special focus for rural areas, and for out-of-school youth. Supporting materials prepared.
Pre-adolescents	Integrated into school teaching for pre-adolescents.	Teachers will be encouraged to include HIV/AIDS issues into their lessons. Posters, cartoons and games that are suitable for pre-adolescents will be designed and produced.
IDUs	Message delivered in the workplace, with specific emphasis on seasonal workers in the mining zones (Kachin and Shan States, Mandalay division).	Mining workers' employers will be encouraged to display and make the information materials available.

Continued

Primary target group	Channels	How to/Tools
(IDUs continued)	Message delivered at the recreational facilities where mining workers gather.	Owners of such recreational facilities (karaoke bars and "shooting galleries") will be encouraged to display the informational material. Spots produced for TV will be briefly played after every song in the karaoke bars.

message 2.2 : **HIV is not a death certificate. If you take care of your health, you can live healthily for years.**

Primary target group	Channels	How to/Tools
General public	Mass media campaign in TV, supported with posters.	The "face" of the general HIV campaign to appear in the TV spot/ posters together with a positive person, touching the PLWHA. Atmosphere should be light, happy, convey a sense of ease. (Only possible if an already "out" HIV+ is willing to take part, and is aware of all the risks involved in going public on this scale).
Vulnerable groups, IDUs	Peer education for vulnerable groups.	Message will be delivered as a part of other HIV/AIDS peer education sessions. People encouraged to go for voluntary testing. Booklet on positive living prepared, distributed.
PLWHA	Counselling, health talks with people diagnosed as HIV+.	Materials on self care, health, mental support will be prepared, distributed in counselling, health talks. Booklet on positive living will be prepared, distributed.

ISSUE 3 Correct and consistent condom use helps prevent the HIV, and other STIs.

message 3.1 : **Correct and consistent condom use protects both your and your partner's health**

Primary target group	Channels	How to/Tools
All men and women of reproductive age, adolescents.	Mass media, small media.	Campaign will link condoms with responsibility, health. Aims to reduce stigma used with condom use.

message 3.2 : Correct and consistent condom use prevents STIs and HIV, and protects your partners

Primary target group	Channels	How to/Tools
STI treatment clients	Health staff delivers the message to each STI patient.	Materials for use by health personnel will be prepared. A pamphlet on condom use will be given to each patient. (Must be neutral, and not refer to STI patients as target group, to avoid embarrassing clients).
Vulnerable groups	Peer education.	Message will be delivered as a part of other HIV/AIDS peer education sessions.

message 3.3 : Seek prompt treatment for STIs

Primary target group	Channels	How to/Tools
Men and women of reproductive age, adolescents	Small media: posters, brochures.	Poster on STI symptoms for display in health clinic waiting area will be prepared. Informative, but avoids the "gory details", encourages to talk with health personnel if they feel they might have STI. STIs compared to other common disease.
STI treatment clients	Health personnel delivers the message to STI patients	STI patients encouraged to notify their partners. Materials on advantages of condom use distributed.
Commercial sex workers	Peer education	Former sex workers will be recruited as peer educators, to visit CSW for informal talks when CSWs have free time.

message 3.4 : Negotiate condom use for every encounter

Primary target group	Channels	How to/Tools
Commercial sex workers	Advocacy talks with pimps, brothel owners	Project/health personnel will visit pimps and brothel owners to gain their acceptance for peer education, health talks for CSW. Advantages of health of CSW "advertised".
	Peer education	Former sex workers will be recruited as peer educators, visit CSW for informal talks when CSWs have free time. Promotional and edutainment materials distributed.

Annex 4

Special Characteristics of HIV/AIDS Interventions

If one celebrity is used as a "face" of the campaign, careful background check must be done in advance. Also rumours will be checked, to make sure that there are no rumours that might undermine the credibility of the person. The celebrity chosen must be highly visible, and also person known for compassion, good attitude towards people.

Checklist for HIV/AIDS related IEC and BCC Interventions

All written materials will include the information that even though HIV/AIDS cannot be cured, it is possible to lead a healthy life for years after infection, if one takes good care of one's health. Same message should be included in audio and audiovisual materials that are long enough to incorporate it.

All HIV/AIDS prevention materials will be screened from the point of view of how they impact on attitudes towards people living with HIV/AIDS (PLWHA).

Annex 4

Annex 5

List of Participants

Workshop on Development of BCC Master Plan for Reproductive Health
18-19 Feb 2003, Traders Hotel, Yangon

Sr.No.	Name of participants	Title	Organization/Department
Government			
1.	Dr. Khin Than Oo	Director	Department of Health Planning
2.	U Myint Than	Assistant Director	Department of Health Planning
3.	U Aung Kyaw Kyaw	Assistant Director	Department of Health Planning
4.	U Kyaw Myint	Health Education Officer	Department of Health Planning
5.	Dr. Moe Moe Khine	Deputy Director	Department of Health (MCH)
6.	Dr. Thein Thein Htay	Assistant Director	Department of Health (MCH)
7.	Daw Khin May Aung	Director	Department of Population
8.	Dr. Khin Ohnmar San	Assistant Director	National AIDS Programme
9.	Daw Kyi Kyi Hla	Assistant Director	Department of Education, Planning and Training
INGOs			
10.	Dr. Khin E Myint	Program Manager	Aide Medicale Internationale
11.	Mr. Okayasu Toshiharu	Country Representative	Asia Medical Doctors Association
12.	Dr. Nu Nu Aye	Medical Officer	Artsen Zonder Grenzen
13.	Dr. Soe Kyaw	Dy. Project Manager	CARE - Myanmar
14.	Dr. Sai Kyaw Han	Dy. Project Manager	CARE - Myanmar
15.	Ms. Tomoko Fukuda	Programme Officer	Japanese Organization for International Cooperation in Family Planning
16.	Dr. Thwe Thwe Win	Project Manager	Japanese Organization for International Cooperation in Family Planning
17.	Dr. Myo Lwin	Medical Coordinator	Medecins du Monde
18.	Dr. Ohnmar Aung	D & T Manager	Marie Stopes International
19.	Ms. Ietje Reerink	Technical Adviser (RH)	Population Services International
20.	Daw May Zan Kyaw	APO-IEC	Save the Children-UK
21.	Dr. Khin Win Win Soe	Health Program Manager	Save the Children-US
22.	Dr. Khin Oo Zin	Project Manager	World Vision International

Annex 5

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List of Participants

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Sr.No.	Name of participants	Title	Organization/Department
NGOs			
23.	Dr. Than U	Executive Member	Myanmar Maternal and Child Welfare Association
24.	Dr. San Shwe	Member	Myanmar National Committee for Women's Affairs
25.	Professor S. Kyaw Hla	Secretary	Myanmar Medical Association
26.	Dr. Win Win Mya	Member	Myanmar Medical Association
27.	Daw Tin Tin	Central Executive Member	Myanmar Anti-Narcotic Association
28.	U Zaw Win Zaw	President	Young Men Buddhist Association
29.	Daw Hla Yi	Training Com. Member	Young Men Christian Association
30.	Dr. Rebecca	President	Young Women Christian Association
31.	U Mya Min Lwin	Director (CCD)	Myanmar Baptist Convention
32.	Ms. Magnolia	Director	Kayin Baptist Convention
33.	Dr. Tin Aung Shwe	Project Officer	Myanmar Red Cross Society
UN Agencies			
34.	Ms. Michelle Gardner	Technical Officer	WHO
35.	U Maung Maung Kyaw	Programme Manager	UNDP
36.	Dr. Yin Yin May	Communication Officer	UNICEF
37.	Ms. I.V. Domingo	Communication & Training Specialist	UNICEF
38.	Mr. Giovanni Gallo	Information Officer	UNODC
39.	Mr. Eamonn Murphy	Country Programme Adviser	UNAIDS
40.	Ms. Su Su Thatun	National Programme Co-ordiantor	UNIAP
41.	Mr. Najib M. Assifi	Chief of Operations	UNFPA
42.	Daw Khin Ma Ma Aye	Assistant Representative	UNFPA
43.	Ms. Pia Laine	Junior Project Officer	UNFPA/CST, Bangkok
44.	Ms. Pansy Tun Thein	NPPP (IEC/BCC)	UNFPA
45.	Dr. Ne Win	NPPP (RH)	UNFPA
46.	U Ko Ko Lwin	Programme Assistant	UNFPA

Annex 5

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