SEXUAL AND CONTRACEPTIVE KNOWLEDGE, ATTITUDES, AND PRACTICES (KAP) IN MYANMAR
WHY THIS KAP SURVEY?

• To understand current knowledge, attitudes and practices in relation to SRH

• To inform health and education programs more accurately and effectively.

• To provide evidence-based knowledge on gaps and strengths in current SRH landscape
KAP SURVEY: RESEARCH OBJECTIVES

1. Current levels of knowledge about sex, anatomy, sexuality, and contraceptive methods

2. Attitudes around sex, sexuality, different contraceptives as well as uncovering the myths, beliefs and taboos

3. Current behaviors and practices about sex, contraceptive access and use.
## METHODOLOGY

<table>
<thead>
<tr>
<th>Type of Study</th>
<th>Quantitative Research Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methodology</td>
<td>Random House-to-house survey using CAPI, structured questions with aids</td>
</tr>
<tr>
<td>Respondents</td>
<td>Males and Females, representative sample based on Area, SEC, Marital Status and Age, 18 to 49 years old.</td>
</tr>
<tr>
<td>Sample Size</td>
<td>A total of N=1000 interviews, split into the following areas:</td>
</tr>
<tr>
<td></td>
<td><strong>Areas</strong></td>
</tr>
<tr>
<td></td>
<td>Kachin</td>
</tr>
<tr>
<td></td>
<td>Kayin</td>
</tr>
<tr>
<td></td>
<td>Sagaing</td>
</tr>
<tr>
<td></td>
<td>Tanintharyi</td>
</tr>
<tr>
<td></td>
<td>Bago</td>
</tr>
<tr>
<td></td>
<td>Magway</td>
</tr>
<tr>
<td></td>
<td>Mandalay</td>
</tr>
<tr>
<td></td>
<td><strong>Mon</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Rakhine</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Yangon</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Shan</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Ayarwaddy</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Nay Pyi Taw</strong></td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td>Fieldwork Date</td>
<td>January 13 to February 8 2017</td>
</tr>
</tbody>
</table>
SEXUAL KNOWLEDGE, ATTITUDES AND PRACTICES: A NEED FOR EDUCATION
KNOWLEDGE OF SEXUAL ANATOMY

Knowledge of Female Sexual Anatomy

- Yes: 77%
- No: 23%

Knowledge of Male Sexual Anatomy

- Yes: 70%
- No: 30%

Top Female Sexual Parts Identified

- N = 773
- Vagina: 73
- Breast: 72
- Buttocks: 27
- Uterus: 20
- Anus: 12

Top Male Sexual Parts Identified

- N = 705
- Penis: 84
- Testis: 22
- Scrotum: 22
- Anus: 21
FIRST SEXUAL ACTIVITY

Age during 1st Sexual Activity

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-15</td>
<td>4</td>
</tr>
<tr>
<td>16-20</td>
<td>59</td>
</tr>
<tr>
<td>21-25</td>
<td>26</td>
</tr>
<tr>
<td>26-30</td>
<td>9</td>
</tr>
<tr>
<td>31-35</td>
<td>2</td>
</tr>
<tr>
<td>above 35</td>
<td>0</td>
</tr>
</tbody>
</table>

First Had Sex at Age 20 years

N = 801

Average Age of First Sexual Intercourse

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Had Sex at Age</td>
<td>20</td>
<td>20</td>
<td>21</td>
<td>21</td>
<td>20</td>
</tr>
</tbody>
</table>
SEXUAL BEHAVIORS

Sex Without Contraceptives

- Yes: 64%
- No: 35%
- I prefer not to answer: 1%

N = 801

Awareness on People Engaging in Premarital Sex

- Yes: 62%
- No: 38%

N = 1,000
SEXUAL BEHAVIORS

Know Anyone Who Had Sex With A Sex Worker

- Yes: 83%
- No: 17%

N = 388 [Among males and who had penetrative sex before]

Know Anyone Who Had Sex Outside of Marriage

- Yes: 62%
- No: 38%

N = 741 [Among those who are married and who had penetrative sex before]
When it comes to other birth control methods, withdrawal method is perceived to be effective in preventing pregnancy by more than half of the respondents.

N = 1,000
RECEIPT OF SEXUAL EDUCATION VIA FORMAL CHANNELS

N = 1,000
**Importance of Sex Education**

- **Very Important**: 40
- **Important**: 55
- **Unimportant**: 5
- **Very Unimportant**: 0

**N = 1,000**

**Important Public Service/s in Myanmar (%)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex Education in Public Schools</td>
<td>71</td>
</tr>
<tr>
<td>Sex Education in Universities</td>
<td>56</td>
</tr>
<tr>
<td>Sexuality and Gender Education</td>
<td>49</td>
</tr>
<tr>
<td>Greater access to contraceptive methods</td>
<td>43</td>
</tr>
<tr>
<td>Menstrual Cycle and Menstrual Health</td>
<td>39</td>
</tr>
<tr>
<td>Encouraging Abstinence</td>
<td>30</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
</tr>
</tbody>
</table>

**Appropriate Age for Sex Education**: 15 years old

**N = 948**
A NEED FOR SEX EDUCATION

Overall, Myanmar people consider sex education an important need

- Access and availability of formal channels on sex education proven to be low. However, people feel it is important that public institutions (public schools and universities) provide sexual and reproductive education
- Despite the clamour for sex education, sex remains to be a highly sensitive topic, with little discussion
INFORMED CHOICE AND CONTRACEPTION
AWARENESS OF CONTRACEPTIVE METHODS

Correct Identification of Contraceptives (when showed images of methods)

Correct | Incorrect | Don’t know
---|---|---
IUD | 80 | 2 | 18
Emergency Contraceptive Pill | 79 | 4 | 17
Oral Contraceptive Pill | 36 | 6 | 57
Condom | 32 | 0 | 68
Injectable | 50 | 4 | 46
Implant | 63 | 1 | 36

N = 1,000
IUD AS A CONTRACEPTIVE METHOD

Awareness of IUD

- **Urban** (n=310)
  - Yes: 44
  - No: 56

- **Rural** (n=690)
  - Yes: 54
  - No: 46

- **Females** (n=500)
  - Yes: 31
  - No: 69

- **Males** (n=500)
  - Yes: 29
  - No: 71

- **18-30** (n=456)
  - Yes: 27
  - No: 73

- **31-50** (n=544)
  - Yes: 23
  - No: 77

- **Single** (n=257)
  - Yes: 29
  - No: 71

- **Married** (n=743)
  - Yes: 24
  - No: 76

Significantly higher awareness on IUD for females.

Comfort in getting an IUD*

- **Urban** (n=158)
  - Yes: 59
  - No: 41

- **Rural** (n=296)
  - Yes: 61
  - No: 39

- **Females** (n=322)
  - Yes: 61
  - No: 39

- **18-30** (n=150)
  - Yes: 56
  - No: 44

- **31-50** (n=304)
  - Yes: 63
  - No: 37

- **Single** (n=25)
  - Yes: 53
  - No: 47

- **Married** (n=429)
  - Yes: 62
  - No: 38

*Asked only among those who are aware of IUD

N = 1,000

N = 489
# REASONS OF GETTING AND NOT GETTING IUDS

<table>
<thead>
<tr>
<th>Top Reasons for Getting IUD</th>
<th>Top Reasons for <strong>Not</strong> Getting IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t need to take pills</td>
<td>Fear of possible side-effects</td>
</tr>
<tr>
<td>Can make one not get pregnant for a while</td>
<td>It can’t be taken out easily when we want to have children</td>
</tr>
<tr>
<td>Doesn’t interrupt menstrual cycle</td>
<td>It will make me fat.</td>
</tr>
<tr>
<td>Protects from getting pregnant</td>
<td></td>
</tr>
</tbody>
</table>

*Asked only among those who are aware of IUD and are female or males in a relationship*
INFLUENCERS IN TAKING CONTRACEPTIVES

<table>
<thead>
<tr>
<th>Influencers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion with Medical Professionals</td>
<td>51</td>
</tr>
<tr>
<td>Friends’ Recommendation</td>
<td>30</td>
</tr>
<tr>
<td>TV Ad</td>
<td>25</td>
</tr>
<tr>
<td>Neighbors’ Recommendation</td>
<td>24</td>
</tr>
<tr>
<td>Parents/ Relative Recommendation</td>
<td>20</td>
</tr>
<tr>
<td>Partner’s Recommendation</td>
<td>16</td>
</tr>
<tr>
<td>Social Media</td>
<td>8</td>
</tr>
<tr>
<td>Journal Ad</td>
<td>7</td>
</tr>
<tr>
<td>Radio Ad</td>
<td>3</td>
</tr>
<tr>
<td>Newspaper Ad</td>
<td>3</td>
</tr>
</tbody>
</table>

N = 636
A NEED FOR AWARENESS ON CONTRACEPTIVE CHOICES

• While respondents have a generally high awareness of contraceptive methods, few people have much knowledge about them
  • To give a full range of choice and accessible information is very important to make informed choices.

• Knowledge of long-term methods, particularly the IUD is very low
  • IUDs are one of the most effective and affordable methods available. To meet FP goals, it is important to raise awareness, dispel myths, and present IUDs as a contraceptive option

• For over 50% of respondents, medical professionals were mentioned as a key influencer for taking contraceptives.
  • Providers are key to changing behaviors and increasing informed choice.
HPV AND CERVICAL CANCER
HPV AND CERVICAL CANCER AWARENESS

N = 1,000

Awareness on HPV and Cervical Cancer
- HPV: 21% Yes, 79% No
- Cervical Cancer: 74% Yes, 26% No

Awareness on HPV
- Urban (n=310): 23% Yes, 77% No
- Rural (n=690): 21% Yes, 79% No
- Females (n=500): 31% Yes, 69% No
- Males (n=500): 12% Yes, 88% No
- 18-30 (n=456): 20% Yes, 80% No
- 31-50 (n=544): 23% Yes, 77% No
- Single (n=257): 18% Yes, 82% No
- Married (n=743): 22% Yes, 78% No

Awareness on Cervical Cancer
- Urban (n=310): 24% Yes, 76% No
- Rural (n=690): 27% Yes, 73% No
- Females (n=500): 16% Yes, 84% No
- Males (n=500): 36% Yes, 64% No
- 18-30 (n=456): 32% Yes, 68% No
- 31-50 (n=544): 21% Yes, 79% No
- Single (n=257): 33% Yes, 67% No
- Married (n=743): 23% Yes, 77% No

N = 1,000
BUILD AWARENESS ABOUT HPV

Awareness on Cervical Cancer is relatively high but awareness on HPV is relatively low, which can influence sexual reproductive health behaviours.

Need to build awareness on relationship between HPV and cervical cancer, the availability of the HPV vaccine, and the important of regular screenings
FINAL RECOMMENDATIONS

• SRH education needs to provide comprehensive information.
• Raising awareness and acceptability of the IUD is important to meeting FP goals.
• More complete information is necessary for to achieve informed choice about contraceptives options
• Medical professionals are key influencers, and thus leaders of change
• Knowledge about HPV’s link to cervical cancer is limited and needs to be addressed
• Need for follow-up research focusing on unmarried and youth populations specifically