

Rights
Responsibilities
Representation



3-R
Trainers'
Kit

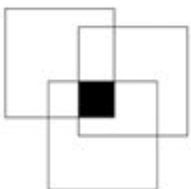


International
Labour
Organization

EMPOWERMENT FOR CHILDREN, YOUTH AND FAMILIES

Supporting Life Skills in Myanmar

Module 7: Keeping Healthy



3-R Trainers' Kit

EMPOWERMENT FOR CHILDREN, YOUTH AND FAMILIES

Rights, Responsibilities and Representation

Supporting Life Skills in Myanmar

Module 7: Keeping Healthy

Fundamental Principles and Rights at Work Branch
International Labour Organization

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CONTENTS

OVERVIEW	1
UNIT 7.1 PLANNING A FAMILY	3
EXERCISE 7.1.1 REPRODUCTIVE HEALTH QUARTET GAME	4
TRAINING AID 7.1.1 A: REPRODUCTIVE HEALTH QUARTET GAME RULES	7
TRAINING AID 7.1.1 B: QUARTET "PLANNING YOUR FAMILY"	8
EXERCISE 7.1.2 I PLAN MY FAMILY	18
TRAINING AID 7.1.2 A: FAMILY PLANNING ROLE ASSIGNMENTS	21
TRAINING AID 7.1.2 B: DISCUSSION GUIDE ON FAMILY PLANNING	24
EXERCISE 7.1.3 IS IT A BOY OR A GIRL?	26
BRIEFING NOTE: GENDER-BIASED SEX SELECTION	29
UNIT 7.2 HOW TO HAVE A HEALTHY BABY	33
EXERCISE 7.2.1 TAKING CARE OF THE UNBORN	34
TRAINING AID 7.2.1 A: MATCHING BALLOONS AND ICONS	38
TRAINING AID 7.2.1 B: ICONS FOR HEALTHY AND UNHEALTHY BEHAVIOUR AND PRACTICES	39
BRIEFING NOTE: TAKING CARE OF THE UNBORN CHILD	40
EXERCISE 7.2.2 THE BABY GAME	42
TRAINING AID 7.2.2 A: BABY GAME RULES	44
TRAINING AID 7.2.2 B: BABY GAME BOARD	45
TRAINING AID 7.2.2 C: FOUR CATEGORIES OF SMALL CARDS	46
UNIT 7.3 WHAT ARE STDs AND HIV AND AIDS?	55
EXERCISE 7.3.1 DEAR EDITOR	56
TRAINING AID 7.3.1 A: LETTERS TO THE EDITOR	58
TRAINING AID 7.3.1 B: DISCUSSION AND ANSWER GUIDE FOR THE EDITOR	60
EXERCISE 7.3.2 TRUE OR FALSE?	61
TRAINING AID 7.3.2 A: LIST OF STATEMENTS AND ANSWERS	63
EXERCISE 7.3.3 CAUSES, TROUBLES AND TREATMENTS	65
TRAINING AID 7.3.3 A: LIST OF CAUSES, TROUBLES AND TREATMENTS	68
SOURCES FOR FURTHER READING	69

■ MODULE 7- KEEPING HELATHY

OVERVIEW

This module deals with reproductive health issues. The main focus is on family planning, reproductive rights and protection against sexually transmitted infections (STIs), including HIV and Aids. Basic information on pre- and post-natal care is also given. Exercises are provided to raise awareness on the dangers of unsafe sex. The main aim of the exercises in this module is to emphasize the responsibilities of both men and women in reproductive health and the importance of informed decision making.

This module includes 3 units:

- Unit 7.1 Planning a Family
- Unit 7.2 How to Have a Healthy Baby
- Unit 7.3 What Are STIs and HIV and Aids?

UNIT 7.1 PLANNING A FAMILY	OBJECTIVES	TIME
Exercise 7.1.1 Reproductive Health Quartet Game	To become familiar with the basic reproductive health rights	60 mins
Exercise 7.1.2 I Plan My Family	- To become aware of the advantages of family planning - To learn that every person has a right to family planning - To become aware of different sources of information about family planning	90 mins
Exercise 7.1.3 Is It a Boy or Girl?	- To identify if there is a preference for boys or girls in the community of the participants - To identify the reasons for a possible sex preference for children - To become aware that genderbiased sex selection such as sexselective abortion or infanticide is not a solution and harmful to families, communities and society as a whole	60 mins
UNIT 7.2 HOW TO HAVE A HEALTHY BABY	OBJECTIVES	TIME
Exercise 7.2.1 Taking Care of the Unborn	- To become aware that a baby needs attention and care even before it is born - To become aware of what affects the health of the unborn child - To learn what is healthy and unhealthy to do during pregnancy	60 mins
Exercise 7.2.2 The Baby Game	To share experience and exchange tips on what is happening during pregnancy and birth and taking care of a baby for its healthy development	90 mins

UNIT 7.3 WHAT ARE STIS AND HIV AND AIDS?	OBJECTIVES	TIME
Exercise 7.3.1 Dear Editor	- To learn to talk about sexually transmitted infections (STIs) - To know what to do to prevent or treat STIs	60 mins
Exercise 7.3.2 True or False?	To make the participants aware of common myths and facts regarding sexually transmitted infections (STIs) and HIV and Aids	45-60 mins
Exercise 7.3.3 Causes, Troubles and Treatments	To inform participants about different types of sexually transmitted infections (STIs) and how to treat these	60 mins
TOTAL TIME IN MODULE 7 : 8 HOURS 45 MINUTES – 9 HOURS		

■ UNIT 7.1 PLANNING A FAMILY



CONTENTS

This unit discusses the main issues related to reproductive health and family planning. Through a game, participants become familiar with the sexual organs, conception, or the process of 'making babies' and the prevention of conception. Various social and cultural issues relating to reproductive rights are also covered, including the rights to receive information and to plan a family. The exercises focus on exchanging information to form an opinion and take an informed decision. Attention is given to the reasons and negative consequences of sex-preference that sometimes result in sex-selective abortion.



KEY MESSAGES

- Reproductive health rights are a basic right of men and women. Each individual is entitled to know about family planning and methods to prevent pregnancies.
- Everyone has the right to: information, access to services, privacy, and confidentiality.
- Many emotional, social, medical and economic considerations play a role when planning a family.
- Each individual has the right to determine the number and spacing of children.
- Each woman has the right to choose to bear children or not, on her own free will.
- All human beings are equal and have the right to be treated equally in all aspects of life.
- Sex-selective abortion will create a shortage of women with many negative consequences for society



EXERCISES

- 7.1.1 Reproductive Health Quartet Game
- 7.1.2 I Plan My Family
- 7.1.3 Is It a Boy or a Girl?



RELATED UNITS

- 6.1 Changes and Sexuality
- 6.3 Safe Sex
- 6.4 Teenage Pregnancy
- 7.2 How to Have a Healthy Baby
- 11.1 Responsibilities
- 11.2 Rights at Work
- 11.3 Health at Work

■ EXERCISE 7.1.1 REPRODUCTIVE HEALTH QUARTET GAME



OBJECTIVES

- To become familiar with the basic reproductive health rights



TARGET GROUP

Youth and adult



DURATION

60 minutes



SEATING ARRANGEMENTS

Group seating for groups of 4-5 persons, either on chairs or on the floor



MATERIALS

- Photocopies of the Quartet Game "Planning Your Family" (Training Aid 7.1.1 B), 1 complete set for each group



TRAINING AID

7.1.1 A: Reproductive Health Quartet Game Rules

7.1.1 B: Quartet "Planning Your Family" Briefing Note: Reproductive Health



SESSION PLAN STEPS

1. Introduction to reproductive health – 10 minutes
2. Play the Reproductive Health Quartet Game in small groups – 20 minutes
3. Discussion – 25 minutes
4. Conclusion – 5 minutes

PREPARATION

Photocopy the 8 pages of Training Aid 7.1.1 B and cut them into separate cards. Make a full set (8 x 4 = 32 cards) for each group (of 4-5 persons). Make sure that you do not mix up the sets.

STEP 1 ▶ **INTRODUCTION TO REPRODUCTIVE HEALTH – 10 MINUTES**

Ask participants what they think when they hear the term reproductive health. After a couple of answers, briefly explain what reproductive health means, without going into great details, for example: Reproductive health is about caring for your body, knowing how your sexual organs work, preventing pregnancies if you are not ready for it and deciding in freedom how you want to plan your family such as how many children you want and when.

Explain that they will learn about reproductive rights through playing a quartet game.

STEP 2 ▶ **PLAY THE REPRODUCTIVE HEALTH QUARTET GAME IN SMALL GROUPS – 20 MINUTES**

Divide participants into small groups of 4-5 persons. Explain the Reproductive Health Quartet Game Rules (Training Aid 7.1.1 A). Hand out a full set of the cards to each group and ask them to play the game for maximum 3 rounds or about 20 minutes.

STEP 3 ▶ **DISCUSSION – 25 MINUTES****1) Reproductive organs**

- Ask whether they are familiar with the four sexual organs mentioned in the quartet.
- Explain that these are the reproductive organs of men and women: without these we would not be able to have children (for more details, see Unit 6.1 Changes and Sexuality).

2) Safe sex

- Ask the participants to give examples of other methods to prevent pregnancy and briefly discuss these (for more details, see Unit 6.3 Safe Sex).
- Ask what the advantages of using a condom are.

3) Becoming pregnant

- Ask a volunteer to explain the process of making a baby (for more details, see Unit 6.1 Changes and Sexuality).
- Explain that a sperm and an egg are needed for conception to make a baby. This can happen when a man and a woman have unprotected sex.

4) Right to receive information

- Ask what the people on this set of cards are doing.
- Discuss whether the participants have access to birth control.
- Explain that every individual has the right to receive information about reproductive health issues, regardless of their sex, race, marital status or age.

5) Right to family planning

- Ask the participants to explain what the issues are on this set of cards.
- Tell them that everybody man or woman has the right to family planning: to use birth control methods, to choose whether or not to have children, and to choose how many children to have and the spacing between them.

6) How to get information

- Ask where the participants get information about family planning and whether they are satisfied with the services provided.
- Ask whether they would like things changed regarding getting information about family planning.
- Give them tips on where they can go if they want or need more information or services.

7) Right to have a private life

- Ask them to explain in more detail what is meant by the four situations drawn on these cards.
- Ask whether they feel different pressures sometimes and what they feel/think about these pressures.
- Explain that everyone has the right to act according to his or her wishes, not according to the wishes of others, even parents. In other words, everyone is entitled to make choices on how to lead their own life (without harming others).

8) Problems related to work

- Ask if they are familiar with the problems mentioned in the set and whether they can think of other problems.
- Discuss discrimination of women at work because of reproductive health issues. Ask whether these situations are common in their country/workplace/community.
- Explain that labour laws in many countries prohibit discrimination of women because of their reproductive functions, such as not hiring women because they can become pregnant or are already mothers, or firing a woman employee when she becomes pregnant. However, such discriminatory practices are rather common in situations where women workers are not protected by the law or the law is not enforced.

**Tip for Trainers**

Make sure that you discuss the sets on the right level with the participants. Stay close to their interests. With younger people you should go into more detail about prevention and the right to make their own choices. With people already married you can pay more attention to sharing information about reproductive health issues between the partners. For instance, wives have the right not to have more children than they want because they are the ones who become pregnant; fathers also have the right to know what happens with their wives when she is pregnant; and giving birth and family planning is a matter of both partners. For more information see Unit 7.2 How to Have a Healthy Baby.

STEP 4 CONCLUSION – 20 MINUTES

Conclude with the following points:

- Reproductive rights are a basic right of both men and women.
- Each person has the right to determine the number and spacing of children.
- Each person is entitled to know family planning and the methods to prevent pregnancies.
- Each woman has the right to choose to bear children or not, on her own free will.

**Tip for Trainers**

For working youth and adults conclude with listing the main reproductive health rights and discuss common problems related to these rights at work.



TRAINING AID 7.1.1 A: REPRODUCTIVE HEALTH QUARTET GAME RULES

3-R
MODULE 7
UNIT 7.1

AIM

The aim of the game is to collect as many sets of 4 cards (quartet) as possible. The player with the most sets wins the game.

THE GAME

The game has 8 sets of 4 cards, so the total number of cards is 32. Each set can be recognized by its title. In the squares you find a drawing of the 4 subjects of the set with the subject of that specific card drawn in the large square. The three others that you have to collect are drawn in the small squares. Under the squares the subjects of the 4 cards are described with the subject of that specific card in bold.

HOW TO COLLECT SETS

You collect cards by asking a person: "Do you have, of the set 'Becoming Pregnant', the 'Embryo' for me?" If the person has the card, s/he should give it to you. When the person does not have the card it is his or her turn to ask other cards from the players until somebody does not have the card which is asked for, and so on. The whole game is about remembering who asks what and who collects what. When a complete set is collected the player should keep it, put it on the table and show the full set to the other players.

IMPORTANT RULES

- You are not allowed to lie: when you have the card a person asks for, you have to give it.
- You can only ask for cards from a set of which you already have one card.
- When a player is out of cards s/he is out of the game and has to wait until the others are also ready.

STARTING THE GAME

One player shuffles the cards well and divides them under the players. In the case you play with 4 persons, each person gets 8 cards. When you play with 5 persons, three persons get 6 cards and two persons 7 cards. The person sitting left to the person who shuffled starts asking. When the person who is asked for a certain card does not have the card, the turn goes to that person, and so on.



TRAINING AID 7.1.1 B: QUARTET "PLANNING YOUR FAMILY"

Guidlines: Photocopy the following 8 pages and cut them into separate cards. Make a full set (8 x 4 = 32 cards) for each group. Make sure to keep the sets separate for each group.

 Reproductive Organs – (1)	Reproductive Organs – (2)
Get 2 Get 3 Get 4	Get 2 Get 3 Get 4
	
1. Outside visible men: penis 2. Outside visible women: vagina & clitoris 3. Inside reproductive organs men 4. Inside reproductive organs women	1. Outside visible men: penis 2. Outside visible women: vagina & clitoris 3. Inside reproductive organs men 4. Inside reproductive organs women
Reproductive Organs – (3)	Reproductive Organs – (4)
Get 2 Get 3 Get 4	Get 2 Get 3 Get 4
	
1. Outside visible men: penis 2. Outside visible women: vagina & clitoris 3. Inside reproductive organs men 4. Inside reproductive organs women	1. Outside visible men: penis 2. Outside visible women: vagina & clitoris 3. Inside reproductive organs men 4. Inside reproductive organs women

Safe Sex - (1)

Get 2

Get 3

Get 4



1. No condom used = pregnancy
2. No condom used = STI, HIV and Aids
3. Using condom = happy young man
4. Using condom = happy young woman

Safe Sex - (2)

Get 2

Get 3

Get 4



1. No condom used = pregnancy
2. **No condom used = STI, HIV and Aids**
3. Using condom = happy young man
4. Using condom = happy young woman

Safe Sex - (3)

Get 2

Get 3

Get 4



1. No condom used = pregnancy
2. No condom used = STI, HIV and Aids
3. **Using condom = happy young man**
4. Using condom = happy young woman

Safe Sex - (4)

Get 2

Get 3

Get 4



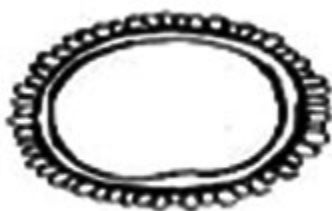
1. No condom used = pregnancy
2. No condom used = STI, HIV and Aids
3. Using condom = happy young man
4. **Using condom = happy young woman**

**Becoming Pregnant - (1)**

Get 2

Get 3

Get 4



1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo

Becoming Pregnant - (2)

Get 2

Get 3

Get 4



1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo

Becoming Pregnant - (3)

Get 2

Get 3

Get 4



1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo

Becoming Pregnant - (4)

Get 2

Get 3

Get 4



1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo

**Right to Receive Information – (1)**

Get 2	Get 3	Get 4
-------	-------	-------



1. **Young woman and man asking for birth control information**
2. Couple together on pregnancy control
3. Single man asks for information about STIs
4. Health workers giving information to a mixed group of people

Right to Receive Information – (2)

Get 2	Get 3	Get 4
-------	-------	-------



1. Young woman and man asking for birth control information
2. **Couple together on pregnancy control**
3. Single man asks for information about STIs
4. Health workers giving information to a mixed group of people

Right to Receive Information – (3)

Get 2	Get 3	Get 4
-------	-------	-------



1. Young woman and man asking for birth control information
2. Couple together on pregnancy control
3. **Single man asks for information about STIs**
4. Health workers giving information to a mixed group of people

Right to Receive Information – (4)

Get 2	Get 3	Get 4
-------	-------	-------



1. Young woman and man asking for birth control information
2. Couple together on pregnancy control
3. Single man asks for information about STIs
4. **Health workers giving information to a mixed group of people**



Right to Family Planning - (1)

Get 2

Get 3

Get 4



1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children

Right to Family Planning - (2)

Get 2

Get 3

Get 4



1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children

Right to Family Planning - (3)

Get 2

Get 3

Get 4



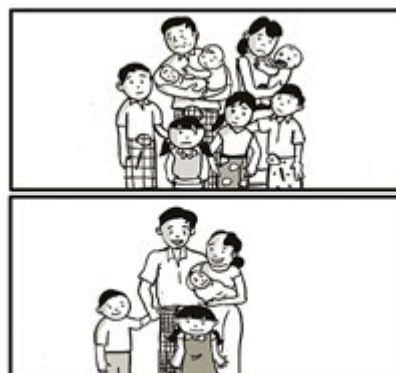
1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children

Right to Family Planning - (4)

Get 2

Get 3

Get 4



1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children



How to Get Information - (1)

Get 2

Get 3

Get 4



1. **School**
2. Health centre
3. Asking parents or friends
4. Doctor

How to Get Information - (2)

Get 2

Get 3

Get 4



1. School
2. **Health centre**
3. Asking parents or friends
4. Doctor

How to Get Information- (3)

Get 2

Get 3

Get 4



1. School
2. Health centre
3. **Asking parents or friends**
4. Doctor

How to Get Information - (4)

Get 2

Get 3

Get 4



1. School
2. Health centre
3. Asking parents or friends
4. **Doctor**



The Right to Have a Private Life - (1)

Get 2

Get 3

Get 4



1. **Decide to stay single**
2. Free choice of partner
3. Being a single parent
4. Choose to stay childless

The Right to Have a Private Life - (2)

Get 2

Get 3

Get 4



1. Decide to stay single
2. **Free choice of partner**
3. Being a single parent
4. Choose to stay childless

The Right to Have a Private Life - (3)

Get 2

Get 3

Get 4



1. Decide to stay single
2. Free choice of partner
3. **Being a single parent**
4. Choose to stay childless

The Right to Have a Private Life - (4)

Get 2

Get 3

Get 4



1. Decide to stay single
2. Free choice of partner
3. Being a single parent
4. **Choose to stay childless**



Reproductive Rights at Work - (1)

Get 2

Get 3

Get 4



1. Fired when pregnant
2. Men only hired
3. Working with chemicals while pregnant
4. Appropriate work during last months of pregnancy

Reproductive Rights at Work - (2)

Get 2

Get 3

Get 4



1. Fired when pregnant
2. Men only hired
3. Working with chemicals while pregnant
4. Appropriate work during last months of pregnancy

Reproductive Rights at Work - (3)

Get 2

Get 3

Get 4



1. Fired when pregnant
2. Men only hired
3. Working with chemicals while pregnant
4. Appropriate work during last months of pregnancy

Reproductive Rights at Work - (4)

Get 2

Get 3

Get 4



1. Fired when pregnant
2. Men only hired
3. Working with chemicals while pregnant
4. Appropriate work during last months of pregnancy



BRIEFING NOTE: REPRODUCTIVE HEALTH

In the Platform for Action adopted at the Fourth World Conference on Women, 1995 in Beijing the following definition of reproductive health was given:

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”¹

Reproductive health rights are human rights:

- They are a basic right of men and women.
- Each individual has the right to determine the number and spacing for bearing children.
- Each individual is entitled to know the methods and information related to family planning.
- Each woman has the right to choose to bear children or not, on her own free will.

The most important reproductive health rights are:

- **Right to maintain freedom and body safety:** each individual is entitled to control his or her sex life and reproduction, which includes the right to give consent for medical intervention only when being clearly informed.
- **Right to have the highest possible health standard:** the right to receive medical treatment of the highest possible quality, which includes the right to be protected from dangerous practices, and the right to receive unbiased information leading to decision making after being fully informed.
- **Right to have family planning:** each individual is entitled to decide freely and responsibly about the number and spacing for bearing children.
- **Right to get married and to build a family:** each individual is entitled to decide freely if s/he wants to marry and with whom s/he wants to marry.
- **Right to have a private life:** each individual has the right to choose freely and confidentially whether to have children or not and when.
- **Right to receive information:** everybody, including teenagers and single persons, are entitled to receive information about family planning and related issues. This includes information about birth control methods but also information for (young) men about women-specific reproductive health issues, especially when their girlfriend or wife is pregnant or giving birth soon. These issues are not women-only issues. Often the father is not well informed while it is of equal importance for both.

¹FWCW Platform for Action, paragraph 94.

A number of common problems related to reproductive health and work are:

- Heavy workload for women: the 'double burden'. Besides their job women are often responsible for all household activities as well. It is important to educate boys and men to share household activities so that there is a fair distribution of workload between all members in a family.
- Some enterprises refuse to recruit or keep married women, pregnant women or women with children.
- Some enterprises fire women who marry or become pregnant.
- Some enterprises do not provide facilities to pregnant women.
- For pregnant women appropriate work should be found in the last months of pregnancy, but this is often not done.
- Occupational safety and health issues are especially important for pregnant women to decrease the chance of miscarriage or premature birth.
- Many countries have laws on maternity protection. Find out what the rules for maternity protection are and whether they apply to your workplace. If they do, make sure that they are applied.
- The rules of maternity protection are often violated, like threatening that a woman worker will lose her job if she does not start working soon after delivery.
- If there are such problems at your workplace, discuss these with your co-workers, get help from a trade union or NGO, if available, and try to organize with other workers to prevent abuses. For more information, see Exercise 11.3.1 Maternity Protection.

■ EXERCISE 7.1.2 I PLAN MY FAMILY**OBJECTIVES**

- To become aware of the advantages of family planning
- To learn that every person has a right to family planning
- To become aware of different sources of information about family planning

**TARGET GROUP**

Youth and adult

**DURATION**

90 minutes

**SEATING ARRANGEMENTS**

A large circle of chairs and space to move around during group work

**MATERIALS**

- Photocopy of the Family Planning Role Assignments (Training Aid 7.1.2 A)

**TRAINING AID**

7.1.2 A: Family Planning Role Assignments
7.1.2 B: Discussion Guide on Family Planning
Briefing Note: Reproductive Health (in Exercise 7.1.1)

**SESSION PLAN STEPS**

1. Family planning role play assignment – 20 minutes
2. Perform the role plays – 30 minutes
3. Discussion – 30 minutes
4. Sum up – 10 minutes

STEP 1 ▶ **FAMILY PLANNING ROLE PLAY ASSIGNMENT – 20 MINUTES**

Start the session by explaining it is about “Family Planning” without giving any explanation or details. Ask for 12 volunteers to play the following roles in two role plays:

Role play 1: Family Planning before Marriage

- Unmarried couple: 2 persons
- Parents of the unmarried couple: 2 groups of 2 persons

Role play 2: Family Planning during Marriage

- Married couple: 2 persons
- Parents of the married couple: 2 groups of 2 persons

Give the 6 members of each group a copy of their role assignment as given in Training Aid 7.1.2 A. Explain that the questions concern different aspects of family planning. They will discuss the questions with other people who are in the same group and prepare a short role play. Give the pairs 10 minutes to prepare themselves.

Explain to the remaining participants that they will be observers. When the role plays are shown they have to pay attention to the arguments that are used regarding family planning. Ask them to write down the arguments and who expressed them.

STEP 2 ▶ **PERFORM THE ROLE PLAYS – 30 MINUTES**

Invite the volunteers to start each role play and act out the following scenes:

Role play 1: Family Planning before Marriage

- Scene 1 Unmarried couple discussing family planning (3-5 minutes)
- Scene 2 Unmarried couple visiting parents of the woman (3-5 minutes)
- Scene 3 Unmarried couple visiting parents of the man (3-5 minutes)

Role play 2: Family Planning during Marriage

- Scene 1 Married couple discussing family planning (3-5 minutes)
- Scene 2 Parents of the husband visiting the married couple (3-5 minutes)
- Scene 3 Parents of the wife visiting the married couple (3-5 minutes)

STEP 3 ▶ **DISCUSSION – 30 MINUTES**

Discuss the following questions using Training Aid 7.1.2 B as a discussion guide:

- What do you think of the plans for family planning of the couple that is going to be married?
- Which of their arguments are often used in real life? Do you agree with these arguments? If yes, why? If no, why not?
- What do you think of the plans of the married couple?
- Which of their arguments are often used in real life? Do you agree with these arguments? If yes, why? If no, why not?

- What are important considerations in family planning?
- What are the advantages of family planning?
- What kind of difficulties can you face when you are planning your family?
- What are important organizations or persons that can play a role in family planning?
- Do you know your rights concerning family planning?
- Do you know where to go if you want to know more about family planning?

STEP 4 ▶ **SUM UP – 10 MINUTES**

Give a summary of the discussion and emphasize that:

- There are many economic, emotional, social, and medical considerations that play a role when planning a family.
- Everyone has the right to: information, access to services, privacy and confidentiality.
- Each woman has the right to choose to bear children or not, on her own free will.
- Each individual has the right to determine the number and spacing for bearing children.



TRAINING AID 7.1.2 A: FAMILY PLANNING ROLE ASSIGNMENTS

3-R
MODULE 7
UNIT 7.1

Guidelines: Photocopy the 3 pages of this training aid and cut along the dotted lines to have 6 separate role play assignments, 3 scenes each for Role Plays 1 and 2. For each role play, give scene 1 to the couple in each role play, scene 2 to the parents of the man and scene 3 to the parents of the woman. Let each couple prepare separately, they should not read the role play assignments of the other couples. Change the names in the stories to suit the target group.

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Role Play 1: Family Planning before Marriage – Scene 1

Role of unmarried couple (2 persons)

You are Ko Min (man), 22 years old and Ma Khaing (woman) 19 years old. Ko Min has 9 years of schooling and is working as a mechanic and Ma Khaing just finished high school and is looking for a job. The two of you met 6 months ago and fell in love immediately. You love each other so much that you want to live together, marry and start a family. You discuss with each other about how to get permission from your parents to marry and set an auspicious date for your wedding. You are not sure if your parents will agree.

During the role play you think and talk about your future together. Make sure the following things are included in your plans:

- How to ask your parents for permission to marry?
- What arguments can you use to convince them?
- Family planning: what do you want, when and why?
- Where do you get information on family planning?

----- ✂ -----

Role Play 1: Family Planning before Marriage – Scene 2

Roles of parents of Ko Min (2 persons)

You are the parents of Ko Min, a 22 year old mechanic. He has fallen in love with Ma Khaing, a 19 year old woman. He already brought her home sometimes and talks a lot about her but you do not know yet that it is really serious. They like to get married and will come to you to ask your permission. You think Ma Khaing is a very nice and serious girl, you like her but do not know much about her. You know her parents vaguely. They are well-to-do and they are very strict people. They know exactly what they want. You are afraid that they think your son is not good enough for their daughter.

Think of things to say to your son and Ma Khaing when they come to you:

- What can you say to help them to realize their plans?
- You also want to know about their plans for the future and whether they have thought about family planning. Do they know about safe sex? Do they want children? If yes, when and how many? If no, why not? How are they going to make sure that they only get children when they want?
- What information and advice can you give them?

----- ✂ -----

Role Play 1: Family Planning before Marriage – Scene 3**Roles of parents of Ma Khaing (2 persons)**

You are the parents of Ma Khaing, a 19-year-old girl. She just completed high school and is looking for a job. You are not sure but you think that she is seeing a boy. You already have a husband for her in mind and are talking to his parents. He is from a rich family, has an office job and is 29 years old. You like your daughter to get married soon because otherwise people will start gossiping. However, you did not tell anything about this to Ma Khaing so she is not aware of your plans for her future.

Think of things to say to Ma Khaing and her boyfriend when they come and tell you that they want to get married.

- Do you agree? If yes, why? If no, why not?
- What do you find important for the future of Ma Khaing?

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Role Play 2: Family Planning during Marriage – Scene 1**Roles of married couple (2 persons)**

You are Saw Kwar Gay, (male) 26 years old and Naw Law Eh, (female) 24 years old. You are married for about 3 years. Both of you are working, Saw Kwar Gay as a bus driver and Naw Law Eh as a teacher. You are very happy with your life together. Sometimes you talk about the future, about starting a family but you have not made up your mind about that. You want to wait with having children. Earn money first and find a good house before having children. The only problem is that people start gossiping: already three years married and still no children, what can be wrong? The mother of Saw Kwar Gay is also putting pressure on you by making remarks that she is still waiting for grandchildren.

Think about your future together. Make sure the following things are included in your plans:

- What kind of birth control method do you use at the moment and why?
- Do you want children in the future? If yes, when and why? If no, why not?
- What do you say to people that are gossiping about you having no children?
- What do you say to the mother of Saw Kwar Gay?

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Role Play 2: Family Planning during Marriage – Scene 2**Roles of the parents of Saw Kwar Gay (2 persons)**

You are the parents of Saw Kwar Gay, who is 26 years old and has been married to Naw Law Eh for 3 years. They are happy together and both are hard working. People are gossiping about them: already married for three years and no children, there must be something wrong. As mother-in-law you already asked Naw Law Eh many times when the grandchildren are coming but they do not react or avoid the subject. Next weekend you are going to visit them and you want to talk to them about this matter.

Think of things to say to your son and Naw Law Eh when you visit them.

- What kind of future do you as Saw Kwar Gay's parents have in mind for them? Why do you want that specific future?
- You know little about family planning and think that it is better to have as many children as possible.

-----✂-----

Role Play 2: Family Planning during Marriage – Scene 3**Roles of the parents of Naw Law Eh (2 persons)**

You are the parents of Naw Law Eh, who is 24 years old and has been married to Saw Kwar Gay for 3 years. They are happy together and both are hard working. People are gossiping about them: already married for three years and no children, there must be something wrong. Naw Law Eh also complains sometimes about her mother-in-law who makes remarks like: when are my grandchildren coming. Naw Law Eh feels a lot of pressure because of these remarks.

Think of things to say to your daughter and Saw Kwar Gay when you visit them.

- What kind of future do you have in mind for them?
- What do you want to know from them about their plans?
- What kind of advice can you give them about the reaction of the mother of Saw Kwar Gay and the people that are gossiping?

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TRAINING AID 7.1.2 B: DISCUSSION GUIDE ON FAMILY PLANNING

Everyone has the right and the responsibility to plan their family. Important things to think about are:

- Personal feelings: What does each partner want? Do you agree as a couple?
- Economic considerations: Can you give the child a good life?
- Health
- Family pressure
- Social control
- Traditional and modern values.

Difficulties you can face regarding family planning:

- Social and cultural values: traditional roles of men and women, difficult for men and women of different generations to discuss the issue.
- No access to services due to lack of availability, high costs, no knowledge about where to go.
- Problems at work: fired when pregnant, not hired because you are a woman/mother.

There are many reasons for promoting family planning²:

- **Too many deaths**
 - Maternal and child deaths in many developing countries are unacceptably high.
 - You should see a doctor as soon as you find out that you are pregnant.
- **Healthy mothers = healthy children**
 - A mother's health affects the health of her children.
 - The death of a mother is devastating for her family.
- **Birth spacing improves a child's survival**
 - The timing of births has a powerful impact on a child's chances of survival.
 - Close spacing of births can harm the health of mother and baby during pregnancy and forces other children to compete for nourishment and maternal care.
- **Teenage pregnancies are high-risk pregnancies**
 - Pregnancies to very young mothers carry increased health risks for both mother and baby.
 - Pregnant young women are prohibited from continuing their education in many instances.
 - Young mothers (and fathers if they take the responsibility) need income to look after the baby and often will need to start working.
 - Women, who get a baby outside of marriage, are often punished or even disowned by their family and community and face discrimination wherever they go.
 - Adolescent girls are more likely to undergo unsafe abortions.
- **Saving children's lives**
 - Healthier patterns of childbearing could save the lives of several million children each year.

²Adapted from: Population Action International, <http://pai.org/our-work/>.

- **Saving mothers' lives**
 - Family planning can prevent at least one quarter of maternal deaths by reducing the incidence of high risk pregnancies.
 - Family planning can prevent many, if not most deaths, from unsafe abortion.
 - Family planning helps prevent the growing epidemic of HIV and Aids and other sexually transmitted infections (STIs) among women and men.
- **A better future**
 - A planned family is the best environment for a child's overall development.

Persons and organizations that provide information and services in family planning:

- Healthcare worker for information about birth control methods
- Physician for information, advice, pills or other medical products
- Family planning information centre for information, advice, pills or other birth control methods
- Hospital for treatment, consultation during pregnancy, delivery, birth control methods, or abortion
- Midwife for consultation during pregnancy, delivery or birth control methods
- Drugstore for condoms and other birth control products
- Parents, other family members and friends who can give social and emotional support but may also put pressure. For instance, parents may have a strong desire for grandchildren for different reasons.

■ EXERCISE 7.1.3 IS IT A BOY OR A GIRL?



OBJECTIVES

- To identify if there is a preference for boys or girls in the community of the participants
- To identify the reasons for a possible sex preference for children
- To become aware that gender-biased sex selection such as sex-selective abortion or infanticide is not a solution and harmful to families, communities and society as a whole



TARGET GROUP

Youth and adult



DURATION

60 minutes



SEATING ARRANGEMENTS

Circle seating and enough space to move around



MATERIALS

- Two pieces of flipchart paper, one with a woman's face or the symbol for woman (♀) and the other with a man's face or the symbol for man (♂)
- Flipchart paper, markers, and masking tape



TRAINING AID

Briefing Note: Gender-biased Sex Selection



SESSION PLAN STEPS

1. Questions: Boy or girl? – 20 minutes
2. Discuss the answers – 30 minutes
3. Sum up – 10 minutes

PREPARATION

Read the Briefing Note in advance. Put the flipchart with the face (picture or drawing) of a girl or the female symbol on the floor on one side of the room and the flipchart with the face (picture or drawing) of a boy or the male symbol on the other side. Hang two or three empty flipchart papers on the walls on the sides of the room or on a board where everyone can see them during the exercise. The sheets of empty flipchart paper are for writing the answers of the interviews in Step 1.

STEP 1 QUESTIONS: BOY OR GIRL? – 20 MINUTES

Explain that this session will deal with the preferences that some people have for boys or girls and what this means for the family and society. Explain the symbols and, if you use these. Ask all participants to stand up. Explain that you are going to ask them questions on which the answer can be: boy or girl. They have to move to the faces/symbols corresponding with the answer they want to give. Speed them up to decide which side they choose to prevent that they follow others. After each question, except the first one, you will interview a few persons, asking why they chose a boy or a girl. Ask a co-trainer to write the main discussion points on the flipchart papers on the wall.

Questions:

- I am a
- Being a nurse is a typical job for a
- Being a mechanic is a typical job for a
- If it was possible to choose my sex I would like to be a
- Suppose you plan to have a child, you hope the baby will be a
- Who do you think will have an easier life, a boy or a girl?
- Who do you think has more opportunities in life, a boy or a girl?
- Who do you think will look after you when you are old, your son or your daughter?

STEP 2 DISCUSS THE ANSWERS – 30 MINUTES

Ask everybody to sit down. Discuss the answers written down during the interviews, using the following questions:

- Are boys important? If so, why?
- Are girls important? If so, why?
- Would you be disappointed if you had a boy? Why or why not?
- Would you be disappointed if you had a girl? Why or why not?
- Can you think of situations when parents are disappointed with a girl?
- Can you think of situations when parents are disappointed with a boy?
- Do you know what some people do to get a baby with the sex they prefer?
- Can you think of the consequences of aborting female babies for the family?
- Can you think of the consequences for the community and society if all families think the same way and abort female babies?

Make sure the following key points are addressed during the discussion (see the Briefing Note for details):

- In many societies or groups, families tend to have a preference for getting either sons or daughters. There are many traditional, socio-economic and cultural reasons for either son or daughter preference.
- Son preference is, however, worldwide, more common than daughter preference, including in Asian countries. Son preference is often the result of the low value and the second class status given to girls and women in many societies.

- Nevertheless, especially older parents in Asia, who already have sons have a preference for getting at least one daughter to help taking care of family responsibilities and look after them when they are old.
- Strong son preference can lead to gender-biased sex selection which may involve female infanticide or sex-selective abortion in some societies or groups. There are no indications that such practices occur in Myanmar.
- Nationally there are more women than men in Myanmar but the sex ratios differ greatly across different regions, for example, there are more men than women in Kachin region, but considerable fewer men in Magway, Sagaing, Rakhin, Chin, Mandalay and Yangon, and about even numbers of women and men in Shan and Kayah. Migration and internal conflicts are important factors in the unbalanced sex ratios in Myanmar.
- Preference for sons and sex selection practices typically result in a shortage of women and potentially cause further abuse of girls and women and social instability in the long term. The negative impact can reach beyond borders as in the case of girls and women from Myanmar and other countries in Southeast Asia being trafficked for forced marriage in China.

STEP 3 ▶ SUM UP – 10 MINUTES

Summarize the discussion and highlight the following messages once more:

- All humans are equal and have the right to be treated equally in all aspects of life.
- Girls are as valuable as boys. When girls are given proper education and opportunities in life they, like boys, are an important resource for the family and community.
- Sex selection will create a shortage of women with many negative consequences for society. In several countries in Asia there are too few girls and women and these imbalances are already leading to a serious demographic problems.
- Tackle sex selection or sex ratio imbalance by empowering girls and women and promoting equal acceptance, opportunities and treatment for boys and girls, men and women in society.



BRIEFING NOTE: GENDER-BIASED SEX SELECTION³

3-R
MODULE 7
UNIT 7.1

1. How many girls and boys are born?

In most societies slightly more boys than girls are born. By the normal biological standard, there are 102 to 106 boy babies born to every 100 girl babies. However, after birth the sex ratio begins to even out over time and becomes almost equal due to higher mortality rates among men and women living longer. According to the United Nations Population Fund (UNFPA) the current sex ratio for the entire world population is 101 males per 100 females.

In recent decades, analysis of available national census data indicates that sex ratio imbalances have grown in favour of boy children in many countries. In Asia, countries that have an unusually high boy to girl sex ratio at birth are China, India, Pakistan and Viet Nam, where the average sex ratio at birth ranges between 110 to 120 boys to 100 girls, much higher than the normal biological level of 102-106. In some provinces or states in China and India, the number of boys is even higher than 120. When an unusually higher number of boys than girls are born, it is a sign that sex selection is taking place in that society.

2. Son preference

World wide, in many societies or groups, families tend to have a preference for getting either sons or daughters because of various traditional, socio-economic and cultural reasons. For example, when a bride price has to be paid by a man (and his family) to the family of the bride, as is common in many parts of Africa, daughters are preferred as it brings prosperity. But when a girl's family has to pay dowry to enable her to marry, sons are preferred as they are the ones adding to family wealth.

World wide, however, son preference is more common, including in most countries in Asia. For example, in China, most parents want their first child to be born a male due to the onechild policy and patriarchal traditions in order to continue the family along the male line, security for the elderly, labour provision, and performance of ancestral rites. Many of them retain the ancient Chinese belief: "Many sons bring much happiness." Preference for sons is also strong in other countries with strong patriarchal traditions like the Republic of Korea and Viet Nam where the sex ratios of boys at birth are higher than normal.

3. Sex selection

Sex selection is nothing new. In India and China, for example, the sex ratios among children have been imbalanced since a long time, reflecting the strong cultural preference for sons. In the past, son preference has resulted in the neglect or killing of female infants, and female infanticide is known to continue until this day. However, since the early 1980s, ultrasounds and other technologies have enabled parents to detect the sex of a foetus during prenatal screenings. Those who prefer sons may arrange to abort female foetuses. This has accelerated sex ratio imbalances at birth in parts of the world. It is estimated that, over the past generation, tens of millions of female foetuses have been aborted. Although the practice of sex selective abortion is often illegal, laws against it are extremely difficult to enforce because there is no practical way to determine the parents' true motivation for seeking an abortion. Largely due to

³Sources: 'Gender-biased Sex Selection', United Nations Population Fund (UNFPA), <http://www.unfpa.org/gender-biased-sex-selection#sthash.y3tywA3X.dpuf>; Sex Imbalances at Birth: Current trends, consequences and policy implications by UNFPA Asia and the Pacific Regional Office (UNFPA, August 2012); 'Sex Ratio', World Health Organization Regional Office for South-East Asia, http://www.searo.who.int/entity/health_situation_trends/data/chi/sex_ratio/en/; The Population and Housing Census of Myanmar, 2014: Summary of the Provision Results (Department of Population, Ministry of Immigration and Population, Republic of the Union of Myanmar, August 2014); 'A closer look at Myanmar demographics', The Economist Intelligence Unit, 3 June 2015, <http://country.eiu.com/article.aspx?articleid=1983218582&Country=Myanmar&topic=Economy>

gender-based sex selection the UNFPA estimated that there were at least 117 million women “missing” in 2010 in Asia, mostly in China and India.

4. Causes of preference for sons

The preference for sons is the result of the low value and the second class status given to women in many societies. This is largely based on traditional, socio-economic and cultural reasons such as:

- Family continuity depends on sons.
- Girls cannot hold property in some societies so a male child is essential for a family to retain its wealth.
- Girls are considered transitory members of a family; they marry and leave home.
- Even while girls remain in the family they generally earn less than boys.
- The family may have to produce a dowry when a daughter marries.
- Boys bring in a dowry when they marry, adding to the family wealth.
- Such traditions put an immense pressure on women to produce sons. A wife's status (and thus her economic security) is not consolidated until she produces a son.
- The worldwide trend to having small families means that parents do not want to have several girl children before having a son.

5. Sex ratio in Myanmar Nationally

Myanmar has a sex ratio that favours women. Based on the 2014 census which recorded a national population of 51.5 million (51.8 per cent women and 48.2 per cent men), Myanmar has a overall sex ratio of 93 males to 100 females. The reason for this sex ratio imbalance is partly due to migration of more men than women to other countries and partly due to the prolonged internal armed conflicts that have led to higher male mortality rates in the country. It is worth noting that sex ratios differ quite significantly across regions in Myanmar, ranging from 87 to 108 males to 100 females as shown in the table below. Given the great disparities in the regional sex ratios, there are also likely other factors at play among the different population groups.

Son preference also exists among many families in Myanmar with Buddhist, Hindu and Muslim traditions and among the Chin, Kachin and Dawei populations groups.⁴ However, there are no indications of sex selection during pregnancies or female infanticide or neglect.

⁴ *Raising the Curtain, Cultural Norms, Social Practices and Gender Equality in Myanmar* by Gender Equality Network (Yangon, 2015), p. 55 a.f.

State/Region	Proportion of overall population		Sex ratio (males to 100 female)
	Male	Female	
Union	48.2	51.8	93
Kachin	51.9	48.1	108
Kayah	50.0	50.0	100
Kayin	49.2	50.8	97
Chin	48.0	52.0	92
Sagaing	47.3	52.7	90
Thanintharyi	49.8	50.2	99
Bago	47.8	52.2	92
Magway	46.4	53.6	87
Mandalay	47.5	52.5	91
Mon	48.1	51.9	93
Rakhine	47.3	52.7	90
Yangon	47.8	52.2	92
Shan	50.0	50.0	100
Ayeyawady	48.7	51.3	95
Nay Pyi Taw	48.8	51.2	95

Source: 2014 Myanmar census, Department of Population, Ministry of Immigration and Population, Myanmar

The factors affecting the sex ratios are both biologically and socially determined. The main biological factors are the higher probability of conceiving a boy than a girl, higher mortality rates among men throughout their life cycle, and the longevity of women. Main social factors include gender discrimination negatively affecting the female sex such as prenatal boy selection, female infanticide and relative neglect of girls and women. Other socio-economic factors that influence sex ratios are poverty and migration.

6. Consequences of gender-biased sex selection

The consequences of the "missing girl" problem due to sex selection are far-reaching. In China, India and the Republic of Korea, men who would like to get married are not able to. There are signs that the "marriage squeeze" will be increasing leading to serious social consequences that are already reaching beyond borders in terms of increased sexual violence and human trafficking. There has already been an increase in "cross-border brides" – women and girls migrating, or being trafficked, into areas where there are fewer women than men. The majority of girls and young women trafficked into China from Myanmar are for (forced) marriage often with men in the rural areas who are unable to find a wife. Girls and young women from Viet Nam, Cambodia and Laos are trafficked into China for the same purpose. These girls and young women are often unable to speak the local language and hence are vulnerable to abuse and may fall under intense pressure to produce male children.

■ UNIT 7.2 HOW TO HAVE A HEALTHY BABY



CONTENTS

What do you do when you are pregnant? This unit deals with the health of both mother and child. Participants learn that they already have to take care of a baby before it is born. They will become aware of things that are healthy and unhealthy to do during pregnancy.

The exercises are not only for people who are already parents or becoming parents soon, but also for young men and women in general so that they realize what responsibilities come with having children. The information on pregnancy and mother and child health is important and necessary for both sexes because having a baby is the responsibility of both parents. The exercises are also useful for (child) domestic workers who will frequently look after pregnant women or young babies and their mothers. Victims of trafficking, labour or sexual exploitation, women migrants and many single young women workers can also end up pregnant and become single mothers.



KEY MESSAGES

- To have a healthy baby, pregnant women need continuous attention pre-natal care.
- There are certain things that are dangerous during pregnancy such as smoking, drinking alcohol and using medicines and drugs.
- Pregnant women with medical conditions such as infection with Hepatitis-B, syphilis, HIV and Aids or a high blood pressure need extra medical attention.
- It is important for pregnant women to eat healthy: many green vegetables, nuts, some meat and dairy products.
- Pregnant women should exercise, have enough rest and relax.



EXERCISES

- 7.2.1 Taking Care of the Unborn
- 7.2.2 The Baby Game



RELATED UNITS

- 66.4 Teenage Pregnancy
- 7.1 Planning a Family
- 11.1 Responsibilities
- 11.3 Health at Work

■ EXERCISE 7.2.1 TAKING CARE OF THE UNBORN



OBJECTIVES

- To become aware that a baby needs attention and care even before it is born
- To become aware of what affects the health of the unborn child
- To learn what is healthy and unhealthy to do during pregnancy



TARGET GROUP

Youth and adult



DURATION

60 minutes



SEATING ARRANGEMENTS

Group seating for 5 small groups



MATERIALS

- 30-35 pieces of balloons
- 1 safety pin
- a roll of masking tape
- 5-10 markers
- Black board or empty wall space or surface
- 4 icons of healthy and unhealthy behaviour and practices (Training Aid 7.2.1 B)



TRAINING AID

7.2.1 A: Matching Balloons and Icons

7.2.1 B: Icons for Healthy and Unhealthy Conditions and Activities Briefing

Note: Taking Care of the Unborn Child



SESSION PLAN STEPS

1. Introduction – 5 minutes
2. Group work: Match the balloons with the icons – 20 minutes
3. Pierce the balloons and discuss 'healthy' or 'unhealthy' – 30 minutes
4. Summary – 5 minutes

PREPARATION

Prepare 4 icons in large size (A-4 or A-3) for use in the discussion. Read Training Aid 7.2.1 A and Briefing Note to familiarize yourself with the subject. If this topic is important for the target group, contact a local health clinic or hospital to inform yourself on important issues that need to be covered. Where possible, invite a nurse, doctor or health expert as a resource person to provide information in the training.

STEP 1 **INTRODUCTION – 5 MINUTES**

Tell participants that this session will be about learning what pregnant women and future fathers need to do to reduce the risk for damages to the unborn baby. The health conditions of the expecting mother and many activities that she does may affect the health of her unborn baby. Participants will learn what health conditions and activities are safe for the baby and what may be dangerous, pose some concerns or should be avoided.

Introduce the 4 icons from Training Aid 7.2.1 B:



Tape each of the 4 icons on separate sections on the wall, board or flipchart stands.

STEP 2 **GROUP WORK: MATCH THE BALLOONS WITH THE ICON – 25 MINUTES**

Divide the participants into 5 groups and give each group the following set of materials:

- 5 balloons (to be inflated)
- 1 set of 5 different health conditions and activities on 5 separate pieces of paper
- 1-2 markers.

Explain that each group is given 5 balloons (to be inflated). The inflated balloons represent the womb of a pregnant woman. Each group is also given 5 health conditions and activities on 5 separate pieces of paper (cut up from the table below – do not show the full table to participants in this form, but give each group only the 5 statements as listed in the table below).

Health conditions and activities					
	(1)	(2)	(3)	(4)	(5)
Group 1	Smokes	Hepatitis-B	Likes raw meat	Eats packaged noodles/food	Works in shop
Group 1	Uses drugs	High blood pressure	Likes liver	Drinks unboiled water	Has sex
Group 1	Drinks alcohol	Syphilis	Uses medicines	Quarrels with everybody	Likes fruits
Group 1	Husband smokes	HIV-positive	Rides a bike without breaks	Worries the whole time	Likes fish
Group 1	Works with chemicals	Negative blood type	Uses body cream	Paints her nails	Likes green vegetables

The group work assignments are as follows:

- 1) Inflate the 5 balloons.
- 2) Write one health condition/activity on each of the 5 balloons clearly.
- 3) Discuss which health condition/activity may put the health of the unborn baby at risk. Consider the health condition/activity one by one and decide as a group if which one is dangerous, needs doctor's advice, should be avoided, or no problem (as explained earlier with the icons).
- 4) They have 15 minutes.

After all groups have finished their group work, ask them to tape the balloons with the masking tape under the corresponding icons on the board, wall or surface where everyone can easily see them.

STEP 3

PIERCE THE BALLOONS AND DISCUSS 'HEALTHY' OR 'UNHEALTHY' – 20 MINUTES

Ask everyone to walk around and have a quick look at the 4 groups of balloons under the four icons. Consider if they agree with the matching of the balloons and the icons and why or why not.

After about 5 minutes, ask everyone to resume their seat. Start a discussion with the following questions:

- Do you agree with how the balloons were grouped? (Ask a few reasons why.)
- Was it easy to decide in small groups which health condition or activity on the balloons matched with which icon?
- Did you have any disagreements in the group discussion? (Ask for some examples.)

Now, ask if any group had a balloon that they decided to put under the 'dangerous' icon (Each group should have one). Ask each group to send one group member to identify their 'dangerous' balloon. Ask each group member one by one why the group thought the health condition or activity on the balloon was dangerous.

**Tip for Trainers**

Use Training Aid 7.2.1 A and Briefing Note: Taking Care of the Unborn Child as guides. Make sure to give correct information to participants. If they choose an incorrect balloon, ask the class for opinions and guide them toward the correct 'dangerous' balloon.

Once the first 'dangerous' balloon has been explained, hand a safety pin to the group member and tell the class s/he will pierce the balloon as this is a health condition or activity that is dangerous for the health of the unborn baby. Ask the person to pierce the balloon. Repeat this process with the remaining 4 groups.

Thanks all 5 group members for their explanations and continue the discussion in plenary, going through the remaining health conditions and activities and the small group's reason for their decision on the level of health risk to the baby. Invite opinions from the class. Use some of the following questions to stimulate the discussion. - Did you think other balloons also need to be pierced? If yes, which ones and why? - Do you know what is dangerous but can be low risk under a doctor's supervision? - What is also unhealthy but not so dangerous? - What is healthy and safe for the baby? - Can you think of other healthy and unhealthy things to do during pregnancy?

**Tip for Trainers**

While it is good to have active discussion, also be mindful of the time. There are about 25 minutes to discuss 25 health conditions and activities. If this is an important topic for the target group the trainers may extend the time for discussion to elicit some beliefs or myths that are not supported by medical science and need to be debunked. Where possible, invite a local nurse, doctor or health expert to provide information.

STEP 4**SUMMARY – 5 MINUTES**

Summarize the session with the following messages:

- When you find out that you are pregnant you should contact a doctor. S/he will ask you some questions about your health and give you advice. Most probably you are asked to come for regular control.
- To have a healthy baby, pregnant women need continuous attention and pre-natal care.
- There are certain things that are dangerous during pregnancy such as smoking, drinking alcohol and using medicine and drugs.
- Pregnant women with medical conditions such as infection with Hepatitis-B, syphilis, HIV and Aids or a high blood pressure need extra medical attention.
- It is important for pregnant women to eat healthy: many green vegetables, nuts, some meat or fish and dairy products.
- Pregnant women should exercise, have enough rest and relax.



TRAINING AID 7.2.1 A: MATCHING BALLOONS AND ICONS

Guidelines: These are the correct matching health conditions/activities and icons for the discussion in plenary in Step 3. See detailed information in Briefing Note: Taking Care of the Unborn Child.

	Balloon 1  Dangerous	Balloon 2  Needs doctor's advice	Balloon 3  Avoid or pay attention	Balloon 4  Avoid or pay attention	Balloon 5  Healthy and no problem
Group 1	Smokes	Hepatitis-B	Likes raw meat	Eats packaged noodles/food	Works in shop
Group 2	Uses drugs	High blood pressure	Likes liver	Drinks unboiled water	Has sex
Group 3	Drinks alcohol	Syphilis	Uses medicines	Quarrels with everybody	Likes fruits
Group 4	Husband smokes	HIV-positive	Rides a bike without breaks	Worries the whole time	Likes fish
Group 5	Works with chemicals	Negative blood type	Uses body cream	Paints her nails	Likes green vegetables



TRAINING AID 7.2.1 B: ICONS FOR HEALTHY AND UNHEALTHY BEHAVIOUR AND PRACTICES

Guidelines: Use the following Icons to identify the four main categories of the balloons in Step 3. Photocopy the icons in A-4 or A-3 size for use. These 4 icons are also available separately in A-4 size at the end of this booklet and in digital files on the ILO-Yangon website.

3-R
MODULE 7
UNIT 7.2



1. Dangerous



2. Needs Doctor's Advice



3. Avoid or Pay Attention



4. Healthy and No Problem



BRIEFING NOTE: TAKING CARE OF THE UNBORN CHILD

A baby needs care even before it is born. The behaviour of a pregnant woman and her surroundings can have an impact on the health of the unborn baby. When a woman finds out that she is pregnant she should contact a doctor. The doctor will ask her some questions about her health, advise her to visit the doctor regularly for pre-natal care until the baby is born.

Activities by the mother or parents and the health of the unborn child

Dangerous (balloons 1)

- **Smoking by both parents.** Smoking is bad for your own health but also has a high risk for the unborn child. Cigarettes contain many harmful chemicals. Inhalation of the smoke, both by smoking yourself and by being in a smoky environment, causes less blood to flow to the placenta or womb. This means that the unborn child cannot get enough oxygen. As a result, the baby does not grow optimally. Children of smoking mothers or parents are often born underweight and born prematurely. During their first years children of smoking parents often have respiratory problems. Advice to both parents: Stop smoking and avoid smoky environments during pregnancy and also when the baby is born.
- **Alcohol.** Alcohol is also dangerous for the unborn child. There is a high risk of miscarriage, as well as having a baby with defects in the central nerve system, heart, kidneys and face. Children born from a mother who used alcohol during her pregnancy can have a lower intelligence and are often smaller. Advice: Do not drink at all during pregnancy and the breastfeeding period.
- **Drugs.** Drug use is very dangerous. Drugs such as heroine and amphetamines can make the baby an addict even before it is born. After birth the baby will need special care and the risk of dying within a year is high. Advice: Do not use any type of drugs and if you do, inform your doctor to see what kind of solutions can be found.
- **Dangerous and heavy work.** Generally, working during pregnancy is not dangerous as long as you take good care of yourself and make sure you have enough rest, especially when you are working in nightshifts. Types of work to avoid: Heavy work such as carrying, pushing or pulling heavy loads and working with chemicals (hairdresser, agriculture, photo lab) or radiation. Advice: When you are involved in this type of activities, ask your employer for other work during pregnancy and the first months after the delivery.

Needs Doctor's Advice (balloons 2)

- **Pregnancy.** It is wise to see a doctor as soon as you find out that you are pregnant. S/he will ask you questions about your health and often take a blood sample to check a few things, such as your blood pressure.
- **Some diseases.** In some cases you will need extra medical care because without medical attention your specific situation can be dangerous for the child during pregnancy or after birth. This is the case, for example, when you have Hepatitis-B or syphilis or if you are HIV-positive.
- **Certain blood values.** A high blood pressure or a negative blood type is also a reason to get extra medical attention. For example, if the mother has a rhesus negative blood (about 15 per cent of women have a rhesus negative blood type) and is pregnant with a rhesus positive baby in her second pregnancy, her antibodies can attack that baby's red blood cells. This can result in a serious condition called haemolytic disease of the

newborn, which leads to anaemia and jaundice in the baby. The mother typically needs an anti-D injection to protect the baby.⁵

It is very important that you are honest and open with your doctor. When you have any health or life conditions or are infected with one of the diseases mentioned above or are in doubt, discuss it to make sure that the right action can be taken to make the risk for the unborn child as small as possible.

Avoid or Pay Attention (balloons 3 and 4)

There are a number of things that can be risky during pregnancy which are easy to avoid:

- **Taking a lot of vitamin A.** This is not a smart thing to do. Too much vitamin A can damage the unborn child. Avoid eating a lot of liver or food made of liver because they contain a lot of vitamin A. Vitamin A is also an ingredient of some body creams, so if you use such creams check the contents to make sure it is not included.
- **Eating raw meat and unwashed vegetables and fruits.** Raw meat and unwashed vegetables and fruit can have parasites that cause toxoplasmosis infection, which can lead to damages to the unborn child. To be on the safe side, do not eat raw meat or unwashed vegetables and fruits.
- **Eating unhealthy.** Eating healthy is always a smart thing to do but especially during pregnancy it is important to eat varied healthy food. Try to avoid eating only instant or ready-made food. Choose fresh and home made food if you can.
- **Drinking unclean water.** Boil water before drinking because un-boiled water can contain bacteria that can damage the development of the unborn child.
- **Taking medicines.** You should also be very careful with the use of medicines. Tell the doctor or pharmacist that you are pregnant before you take any medicine. Aspirins are dangerous for instance, but paracetamol is safe if you do not use it often.
- **Stress.** Being worried about something like your work or quarrels with your husband or family can lead to stress. Your blood pressure will increase when you have stress, so it is wise to avoid stressful situations because a high blood pressure is dangerous.

Healthy and No Problem (balloons 5)

Luckily there are many things you can continue to do as long as you keep the following in mind.

- **Taking iron, calcium and proteins.** During your pregnancy your body needs to make a lot of extra blood so you will need a lot of iron. By eating green vegetables, beans, fish or meat in combination with vitamin C, your body will be well prepared for this task. Calcium is important for your and the baby's bones and the baby will need a lot of proteins to develop healthily. So eat a lot of milk products, eggs, chicken and fish. Make sure that everything is well washed and cooked.
- **Exercising.** It is very healthy to keep on moving during pregnancy: walking, swimming, or dancing. Exercise or sport is no problem as long as you do not overdo it but it is wise to avoid contact sports and activities that may have risks of injuries.
- **Having sex.** Do not be afraid to make love. It is definitely not true that having sex is dangerous for the baby. The baby is well protected in your womb so if you feel like making love you can do so. However, if you do not want it you should say this to your partner. This is nothing to be ashamed of because many women have changed feelings about sexuality during pregnancy.

⁵ Source: NTC: 1st 1,000 Days New Parent Support, <https://www.nct.org.uk/pregnancy/rhesus-negative-blood-and-pregnancy>.

■ EXERCISE 7.2.2 THE BABY GAME



OBJECTIVES

To share experience and exchange tips on what is happening during pregnancy and birth, and taking care of a baby for its healthy development



TARGET GROUP

Youth and adults (at least one literate person in each group)



DURATION

90 minutes



SEATING ARRANGEMENTS

Group seating on the floor or with tables for groups of 5 players maximum with enough space to play a board game



MATERIALS

- Photocopy of the Baby Game Board for each group (Training Aid 7.2.2 B)
- Photocopy of the small cards with questions and answers for 4 categories, one complete set for each group (Training Aid 7.2.2 C)
- One dice and 5 play fiches (packaged sweets, beads, or buttons in different colours) for each group



TRAINING AIDS

7.2.2 A: Baby Game Rules
7.2.2 B: Baby Game Board
7.2.2 C: Four Categories of Small Cards



SESSION PLAN STEPS

1. Play the Baby Game in small groups – 70 minutes
2. Discussion – 15 minutes
3. Round up – 5 minutes

PREPARATION

Prepare a game board with a set of small cards as instructed in Training Aids 7.2.2 B and C for each group.

STEP 1 ▶ PLAY THE BABY GAME IN SMALL GROUPS – 70 MINUTES

Explain that a game will be played to share experiences and exchange tips on what happens during pregnancy and birth, and how to take care of a baby during the first year.

Divide the participants into small groups of no more than 5 players. Each group should have at least one participant who can read or assign a co-trainer to do this in each group. Give each group a game board, a complete set of small cards with questions and answers, one dice and enough play fiches, one for each participant. Explain the rules of the game and give them 1 hour to play.

STEP 2 ▶ DISCUSSION – 15 MINUTES

After the game, start a discussion in plenary about pregnancy, child birth, baby care and child development, using the following questions:

- Did you enjoy the game?
- Did you learn new things? If yes, what did you learn?
- Are there issues on which you need to seek more information? If yes, which issues?

STEP 3 ▶ ROUND UP – 5 MINUTES

Summarize the discussion as follows:

- When you think you are pregnant, visit a doctor, or a midwife if doctors are not accessible in your community.
- S/he will ask some questions about your health and can give advice on the pregnancy, the birth and after giving birth.
- Prepare yourself for the delivery and ask for information from your midwife or doctor.
- Get information about the normal stages of child development to know what to expect, give the best possible care to your baby and seek medical attention when needed.
- For all situations, when in doubt: be smart, ask and do not hesitate!



TRAINING AID 7.2.2 A: BABY GAME RULES

Aim:

To reach the end of the game by answering questions and exchanging tips about:

- Pregnancy
- The birth
- Taking care of the newborn
- Child development.

Materials:

Each group gets a game board and 4 sets of cards with questions and answers in 4 categories: pregnancy, birth, care and development. Each category is easy to recognize by the picture on the back. Put the cards on 4 separate piles next to the game board with the texts faced down and the pictures faced up.

How to play:

- Everyone puts his or her play fiche at the START. The youngest player in the group will start the game.
- Throw the dice to see how many squares you need to move during your turn.
 - When you arrive at an empty square, stay there, allow the next players to play and wait for your next turn.
 - When you come to a square with a picture you have to answer a question. Take the card on top of the pile with the corresponding picture, read the question to the group and try to answer it. Discuss your answer and the answer on the card with the group. Does everybody agree? Are there more tips to share?
- When everyone is satisfied with the answer the card should be put back under the pile and the next person throws the dice, etc.
- When someone arrives at the last square (END) the game is over.



TRAINING AID 7.2.2 B: BABY GAME BOARD

Guidelines: Make one copy for each group of maximum 5 players.





TRAINING AID 7.2.2 C: FOUR CATEGORIES OF SMALL CARDS⁶

Guidelines: Photocopy double sided the FRONT SIDE and BACK SIDE of the small cards. The FRONT SIDE of each card has the Question (Q) and the Answer (A), and the BACK SIDE has the icon. Cut along the dotted lines and give each group one complete set. In total each group gets 4 complete sets on: pregnancy, birth, care and development.

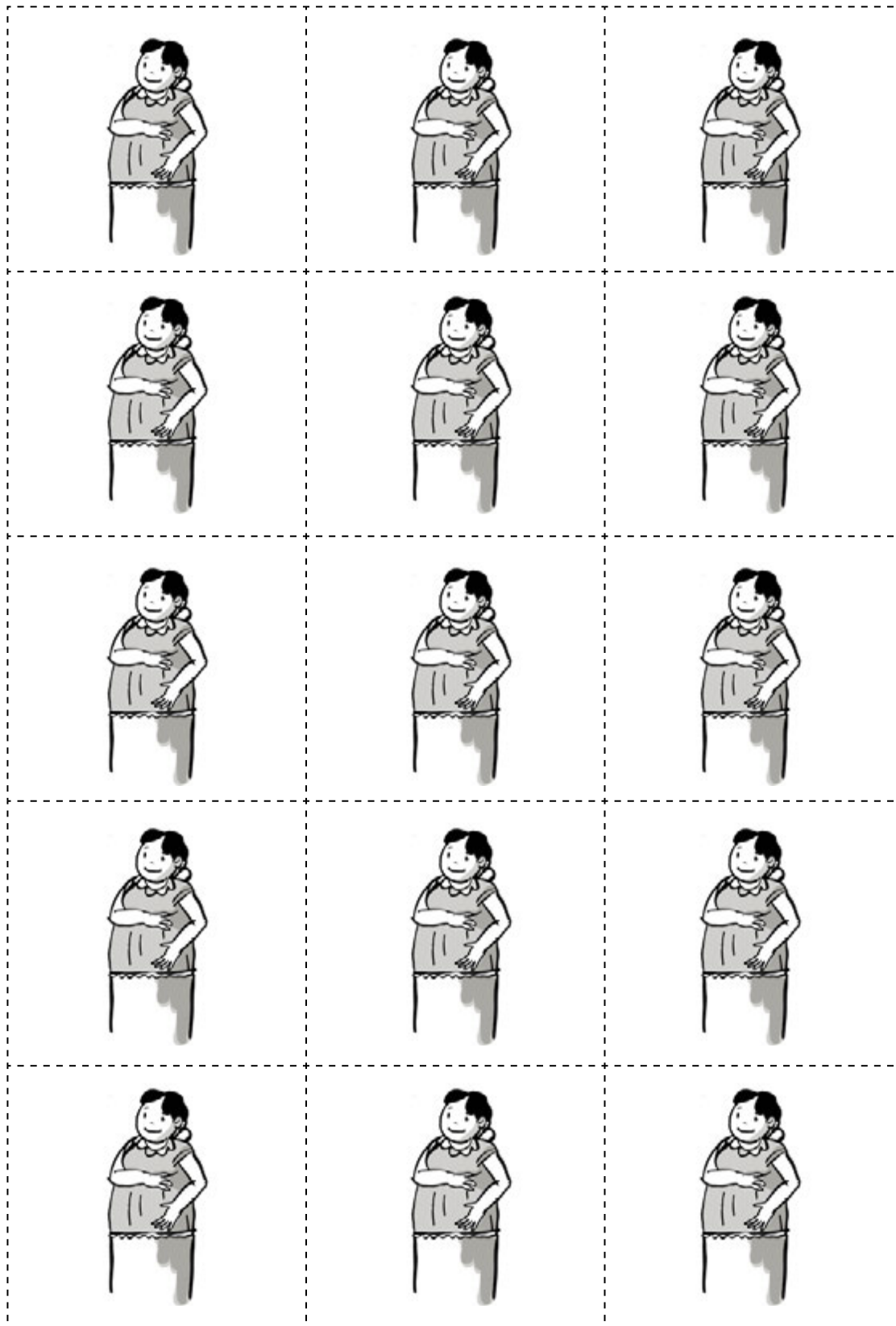
✂ FRONT SIDE "Pregnancy"

Q: You are 7 months pregnant and it hurts a lot when you do heavy work in the house, what to do? A: Watch out, this can be dangerous. Ask someone (husband, family member) to lift heavy things and do the physically demanding work for you	Q: You are very worried about your baby. You are wondering if it is developing ok. What can you do? A: Each pregnant woman worries about her baby. Talk about your worries with your husband, family or friends. If you still have doubts and worries, ask your doctor, nurse or midwife.	Q: Is losing blood during pregnancy always a miscarriage and what to do? A: During the first weeks you can lose little spots of blood. This does not have to be a miscarriage. When it looks like a menstruation it can be a miscarriage. When you lose blood, always contact a doctor or nurse
Q: You don't feel your baby moving anymore so you are very worried. What to do? A: Go to a doctor for a check-up.	Q: Your breasts are growing and hurt a bit. Is this normal? A: Yes, it is one of the first signs that you are pregnant and it can hurt a little. They will produce milk to feed the baby once it is born.	Q: You are not even 2 months pregnant but you feel so tired. Is this normal? A: Yes, especially during the first months of your pregnancy. Take enough rest. Explain to others why you need more rest than usual
Q: Since you are pregnant you have to cry often, even for the smallest thing. Your husband often becomes angry. Is this fair and why do you cry so easily? A: Your emotions are influenced by hormones. This is normal during pregnancy. Your husband needs to understand this.	Q: You like to make love but your husband thinks that it is dangerous to the baby. Is this true? A: Having sex is not dangerous to the unborn child. However, many women do not feel like making love when they are pregnant, especially during the last months.	Q: You have to vomit every morning, the rest of the day you feel ok. What can this be? A: 'Morning sickness' is very normal during the first months of pregnancy. It can also happen at other times of the day. To prevent it, eat small amounts of food often.
Q: You are pregnant and the neighbour asks you to take care of her daughter who has measles. Can you? A: No. During pregnancy you should stay away from children with measles. It can affect the health of your unborn child.	Q: Your feet are so swollen. Is this normal during pregnancy? A: Yes, swollen feet are common, especially during the last months. It happens more often to women who do not eat healthy. So eat nutritious food and put your feet higher up than your body when you sleep.	Q: You have many headaches and feel dizzy. You also have trouble seeing and your hands become a little swollen. What do you do? A: Contact a doctor for check-up. This means your organs are not properly functioning and this is dangerous for you and your baby.

⁶Information from various websites and the book: *Where There Is No Doctor, A Village Health Care Handbook* by David Werner (adapted for India by the Voluntary Health Association of India under the supervision of S. Sathyamala: New Delhi, 1980).

Q: Mention three important things you should do when you are pregnant. A: Eat healthy, drink a lot of water (boiled), contact a doctor or midwife, take enough rest, take good care of yourself.	Q: Mention two things you should avoid during pregnancy. A: Smoking, alcohol, medicines (unless the doctor says so), contact with children that have measles, using drugs.	Q: Mention three first signs of pregnancy. A: Missing your period (monthly bleeding), feeling tired, morning sickness, urinating often, swollen and tender breasts, belly gets bigger, getting pregnancy masks: dark areas on the face, breasts and belly.
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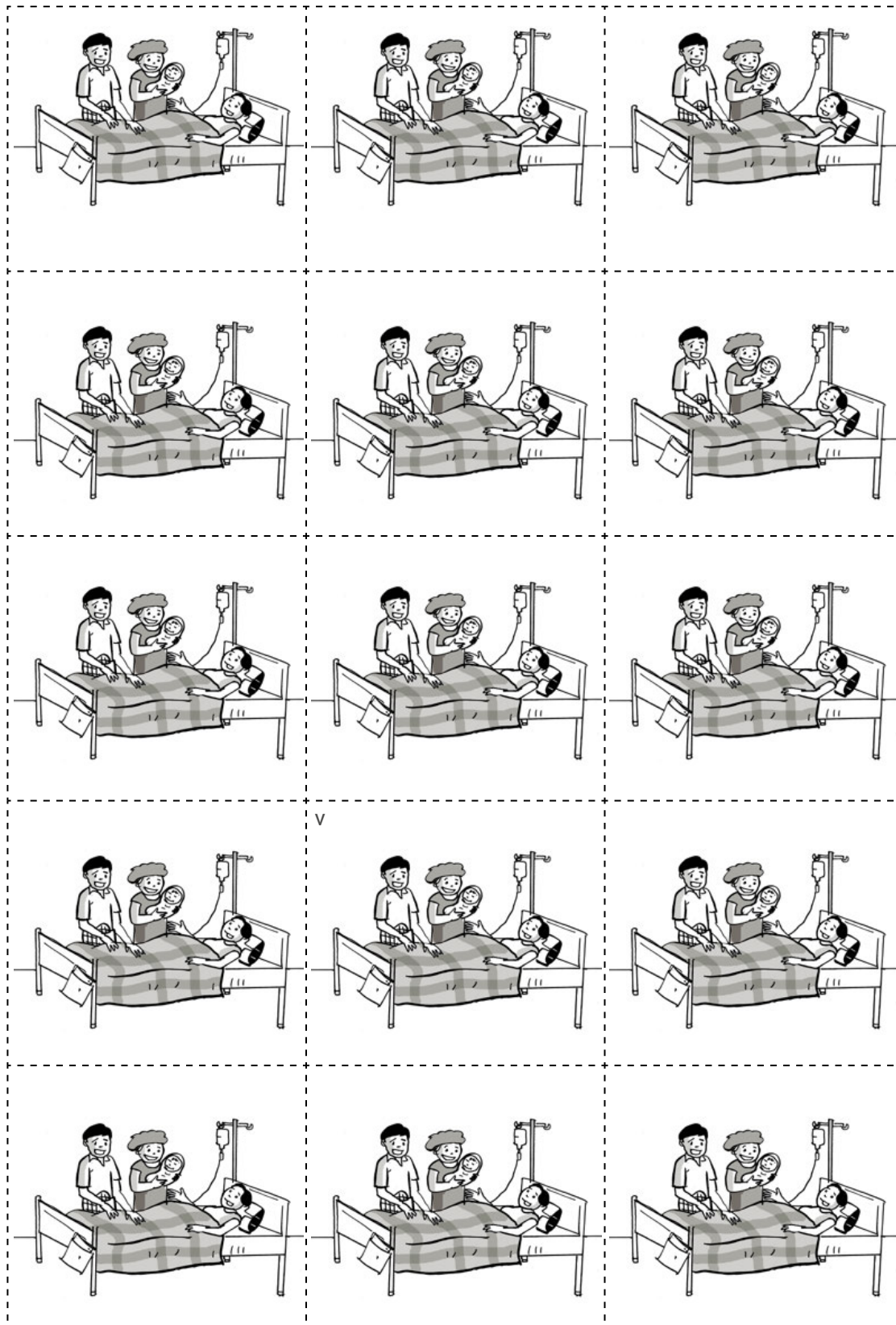
✂ BACK SIDE "Pregnancy"



✂ FRONT SIDE "Birth"

Q: Can you just ask your neighbour to assist during delivery? A: No. Many things can go wrong during delivery so a skilled person should assist you during delivery	Q: Screaming during delivery is very stupid, is this true? A: No, it is even the other way around, it can be very functional. It helps you to give the extra power needed during labour.	Q: Is there something wrong with the baby if it does not start screaming right after birth? A: When the baby does not scream automatically its nose and mouth need to be cleaned and it will start screaming. In this way the lungs can start functioning.
Q: What can you do to reduce the labour pains? A: Try to relax, breath calmly. A massage can help and keeping warm with a warm water bottle.	Q: How do you know delivery really starts? A: You have regular labour pains.	Q: What is labour pain? A: A contraction of the womb. It comes regularly and has a clear start and end. It is like a wave: it starts slowly, reaches a peak and goes away again. After some time the same thing happens again. The contractions become heavier and more painful when the baby starts to come out.
Q: Can you check the baby's position in your womb? A: No, it is difficult for a pregnant woman to do so, but a midwife or doctor can feel the	Q: Is it OK to deliver a baby at home? A: Yes, but the baby has to be in a good position for a safe delivery: head down. If the baby is in a different position it is better to go to a hospital.	Q: What is a normal and good position of the baby in the womb? A: Head down.
Q: What should a mother have ready before giving birth? A: Many very clean cloths, soap, sterile gauze, alcohol, clean cottons, clothes for the baby.	Q: Who needs to be there during delivery? A: Depends on you and your husband. A midwife or a doctor need to be there and the father. He can support by holding your hands or giving mental support. You can also ask someone else. Do not ask too many people.	Q: What normally comes out first during delivery? A: The head.
Q: The baby is completely covered with a kind of white waxy substance right after birth. Is this normal? A: Yes, this is called vernix. Do not remove it. It is antiseptic and protects your baby. It will go away after 2 or 3 days. Gently clean away any blood or fluid with a warm, soft, damp cloth.	Q: During giving birth there is always a lot of blood. Is this true? A: No, often there will be some blood but this is not much.	Q: The mother has to deliver something else after the baby is born. Do you know what that is? A: The placenta (afterbirth). Usually the placenta comes out within 5 minutes to one hour after the baby. The mother will have some more contractions. The midwife or doctor needs to check if it has come out completely.

✂ BACK SIDE "Birth"



✂ FRONT SIDE "Care"

Q: Do you have to be very silent when your baby is sleeping? A: No, the baby should get used to the sounds of the new place in which s/he will grow up. Unless the sounds are unusually loud, continue with your activities as normal.	Q: When my baby burps a little milk comes out. Do I need to be worried? A: No. Always let your baby burp after feeding and when a little milk comes up do not worry. This is normal. If a baby vomits when you lay it down after feeding, keep the baby upright for a while after each feeding.	Q: Your baby has diarrhoea, what do you do? A: Contact a doctor or visit a health clinic and in the meanwhile make sure the baby drinks enough. Give ORS (salted water) to avoid dehydration; you can buy this in the pharmacy. Make sure you use boiled water to prepare it.
Q: How can you check if your baby is not too cold or too warm? A: After about 10 days your baby should be able to control its temperature. The best place to feel is in its neck. If that has the same temperature as your hand it is ok. Cold feet or hands do not say anything about its body temperature.	Q: Your baby does not gain weight, but loses weight in the first week. Do you need to worry? A: Most babies lose some weight during the first days but after a week the baby should be growing. Go to see a doctor if the baby does not grow after a week.	Q: When can you start to give something else other than milk alone? A: After 4 to 6 months you can start with other food. Give mashed and well cooked food like mashed bananas or other ripe fruits or well cooked green leafy vegetables.
Q: Every time the baby has had its milk it starts crying and pulls up its legs. What is wrong? A: Most probably the baby has stomach problems. There is not much you can do about it. Keep the baby right up for a burp. Make small circles over its stomach or 'cycle' with its legs for a while.	Q: When does your baby get its first vaccination? A: At birth.	Q: What do you have to do to make sure your baby gets the necessary vaccinations? A: Get registered in the national immunization programme. Ask your midwife or doctor about it.
Q: Immediately after delivery you have to wash the baby. Is this true? A: No. It is better not to wash the baby the first days. Clean the baby with a soft, warm damp cloth but leave the white waxy substance. It is antiseptic. After a few days you can put the baby in hand warm water without soap.	Q: What is the best food you can give a newborn baby? A: Breastfeeding. Breast-fed babies are healthier than bottle-fed babies.	Q: When can you start with breast-feeding? A: As soon as the baby is born the mother should try.
Q: How long can you breast-feed? A: As long as you wish. If you have enough milk it is wise to do it at least 6 months. Thereafter you can continue but the baby will also need other foods.	Q: How can a mother produce more milk? A: Drink plenty of liquids, eat well (beans, green leafy vegetables and fruits), get enough sleep and nurse the baby more often to stimulate milk production.	Q: Your baby is vomiting a lot, more than twice a day. What do you do? A: Contact a doctor. A baby that vomits a lot can become dehydrated and die.

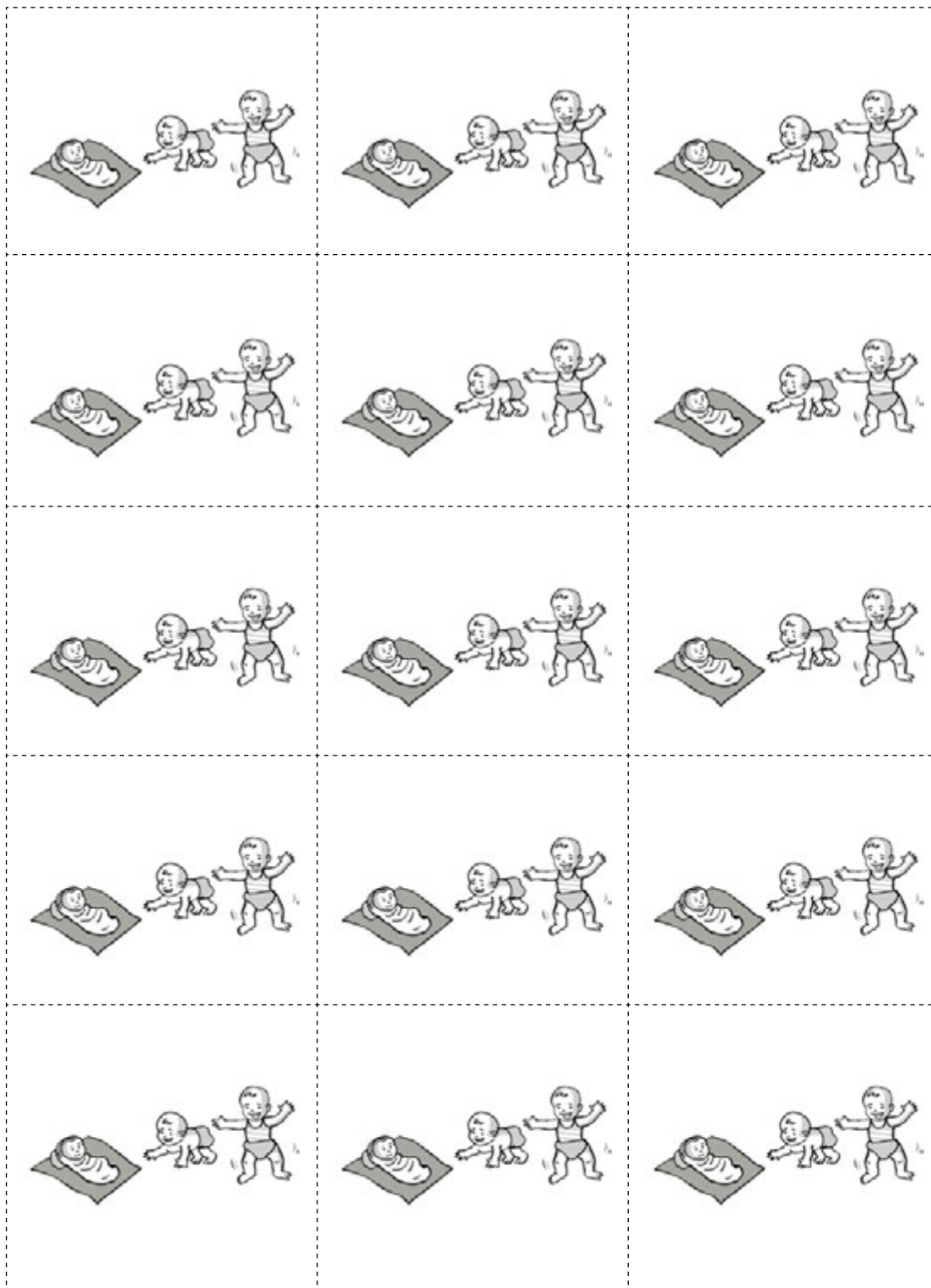
✂ BACK SIDE 'Care'



✂ FRONT SIDE "Pregnancy"

Q: Your child is almost 8 months but cannot walk on its own. Do you need to worry? A: No, on average children start walking when they are around 12 months old. Even when your child is later you do not have to worry immediately because some are fast and some are slow.	Q: Your 3 months old baby is very quiet and never makes a noise. Is this normal? A: No, babies of this age normally cry when they want something. They also start practicing their voice. Contact a doctor to be sure nothing is wrong.	Q: Around what age will a baby start to smile to people? A: Around 6 to 8 weeks the first real smile will be there.
Q: When do babies start to talk a little, like mum or dad? A: Between 9 and 12 months.	Q: Do you know when the first teeth appear? A: Around the 6th month.	Q: At what age will your baby be able to really hold something in its hands? A: It varies a lot, usually between 3 and 6 months.
Q: When can you tell that a small child really has a fever? A: Feel its neck. If it is hot you can be sure that the child has fever. Normally children with fever are restless. Give the child plenty to drink. Contact a doctor if the fever does not go away.	Q: Give three common child diseases. A: Flu, cold, chicken-pox, diarrhoea.	Q: Your child has red spots on his/her body. What can that be and what to do? A: Always contact a doctor. It can be an allergy, measles or chicken-pox.
Q: Your child has a fever, what can you do? A: Take his/her clothes off to cool down, soak with cool water, give lots of liquids and give aspirin in the right dosage. If the fever stays, go and see a doctor.	Q: Mention two things you can do to prevent worms and other parasites. A: Clean and hygienic living circumstances, use latrines, never go barefoot, never eat raw or partly raw meat, drink boiled or pure water.	Q: What things can only be learned to a child by setting a good example? A: Things like sharing, kindness and responsibility can only be learned by imitating other people, so the parents have to give the good example.
Q: Why is a little child always exploring, even doing dangerous things? A: A child learns through adventure. A child sees no dangers so you have to protect the little ones from dangers.	Q: Around what age does a baby start to turn from back to belly? A: Between 6 and 9 months.	Q: What is the best position for your baby to sleep? A: On the back. When you put a baby in bed on their belly the risk of suffocation is high.

✂ BACK SIDE "Development"



■ UNIT 7.3 WHAT ARE STIS AND HIV AND AIDS



CONTENTS

This unit gives an introduction to sexually transmitted infections (STIs) and HIV and AIDS. It provides basic and more detailed information about the different types of STIs and possible treatments. It demystifies stories and beliefs that people often have about STIs and HIV and AIDS by providing the facts.



KEY MESSAGES

- To have a healthy baby, pregnant women need continuous attention and pre-natal care.
- Most sexually transmitted infections are passed on by unprotected sex.
- Using a condom is the only effective way to prevent the spread of STIs.
- Have a regular check-up for STIs if you have multiple sex partners.
- As soon as you have a symptom or suspect you have a sexually transmitted infection, go to a doctor or health clinic immediately for consultation and treatment.
- Always complete the treatment even when the symptoms have gone. Unfinished treatments make you resistant to certain drugs in the future and allow the disease to return.
- Try to prevent STIs: Some of the sexually transmitted infections cannot be cured.
- If you have an STI, it is your responsibility to inform your sexual partner(s) so that everybody can be treated.
- It is a good idea for to-be-married couples to have blood tests before marriage to protect each other against STIs.



EXERCISES

- 7.3.1 Dear Editor
- 7.3.2 True or False?
- 7.3.3 Causes, Troubles and Treatments



RELATED UNITS

- 6.1 Changes and Sexuality
- 6.2 Love and Marriage
- 6.3 Safe Sex
- 6.4 Teenage Pregnancy
- 7.2 How to Have a Healthy Baby
- 11.2 Rights at Work
- 11.3 Health at Work



Tip for trainers

The key exercise in this unit is Exercise 7.3.2 True or False? Exercise 7.3.1 Dear Editor is an introductory exercise especially suitable for youth who may be too shy to discuss their own experiences with STIs. Exercise 7.3.3 Causes, Troubles and Treatments gives precise information on each STI and is suitable for audiences that are high risk groups such as workers in the entertainment industry. If Exercise 7.3.3 is selected, the trainer can do it after Exercise 7.3.2, building up the knowledge on STIs gradually, or do 7.3.3 first and then 7.3.2, using the Exercise as a test to check whether participants know the key messages about STIs, their prevention and cure.

■ EXERCISE 7.3.1 DEAR EDITOR



OBJECTIVES

- To learn to talk about sexually transmitted infections (STIs)
- To know what to do to prevent or treat STIs



TARGET GROUP

Youth and adults



DURATION

60 minutes



SEATING ARRANGEMENTS

Group seating for small groups of maximum 4 persons



MATERIALS

Two photocopies of the 4 letters to the Editor (Training Aid 7.3.1 A)



TRAINING AIDS

7.3.1 A: Letters to the Editor

7.3.1 B: Discussion and Answer Guide for the Editor



SESSION PLAN STEPS

1. Discuss letters to the editor in small groups – 15 minutes
2. Present answers to the letters and discuss – 40 minutes
3. Conclusion – 5 minutes

⁷ Adapted from: Voorlichten dat het een lust is..., ideeënboek voor seksuele voorlichting by Rutgers Stichting (Den Haag, 1995), Exercise: Lieve Hannie, pp. 67-68.

STEP 1 ▶ **DISCUSS LETTERS TO THE EDITOR IN SMALL GROUPS – 15 MINUTES**

Explain that the aim of this session is to learn to talk about STIs and to know what to do to prevent or treat STIs. Divide the group in 8 small groups. Tell them that they are working for a popular youth magazine. This week a number of letters came in about STIs. Give each group one of the four letters to the editor. This means that two groups get letter No. 1, two groups letter No. 2, etc. Ask them to write answers to the letter (or prepare a story to answer the letter for less literate participants. The answers should be brief, to the point and complete.

**Tip for trainers**

During answering the letters the participants will discuss the subject in small groups. Because they have to answer letters that are from anonymous persons nothing gets personal. They can talk about it without hesitation because they have to try to find solutions for others. During the group work, talking about the problems in the letters is the main aim. This exercise is an introductory exercise, especially suitable for youth who may be too shy to discuss their own experiences with STIs. Therefore, this exercise cannot be a stand-alone and has to be followed by Exercise 7.3.2 True or False? or Exercise 7.2.3 Causes, Troubles and Treatments.

STEP 2 ▶ **PRESENT ANSWERS TO THE LETTERS AND DISCUSS – 40 MINUTES**

The letters and answers will be presented in plenary. Ask one volunteer from each group to read the letter and their answer to the letter. Discuss the letters and answers using the following questions:

- What kind of problem does the writer of the letter have?
- Is the answer you wrote realistic?
- Are there alternatives?

Correct the answers and add things that are missing using Training Aid 7.3.1 B: Discussion and Answer Guide for the Editor.

STEP 3 ▶ **STEP 3 CONCLUSION – 5 MINUTES**

End the session with the following concluding remarks:

- Most sexually transmitted infections are passed on by unprotected sex.
- Using a condom is the only effective way to prevent the spread of STIs.
- Have a regular check-up for STIs if you have multiple sex partners.
- As soon as you have a symptom or suspect you have a sexually transmitted infection, go to a doctor or a health clinic immediately for consultation and treatment.
- If you have an STI, it is your responsibility to inform your sexual partner(s) so that everybody can be treated.
- It is a good idea for to-be-married couples to have blood tests before marriage to protect each other against STIs



TRAINING AID 7.3.1 A: LETTERS TO THE EDITOR

Guidelines: Photocopy the following two pages twice and cut them into 8 separate letters. Write common names as sender under the letters. Give each group one letter.

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Letter No. 1

Dear editor,

Last week I walked home from the market. A boy from the village that I know offered to give me a ride home on his motorbike. I went with him because it was getting dark. However, on the way he sexually assaulted me. I could not fight because he was bigger. I didn't tell anyone in the family because I am scared of being blamed for what happened.

However, in the last couple of days it hurts when I have to pee. I heard somewhere that it can be something about STIs, is that true? Is it possible after only one time? I was a virgin. I feel so ashamed. Who can I talk to?

Worried,

..... (Girl's name)

-----✂-----

Letter No. 2

Dear editor,

Yesterday my husband told me that he is infected with a sexually transmitted disease and that I may be infected as well because we made love the day before yesterday. I do not understand it because we are very faithful to each other. We got married more than a year ago. Dear editor, do you have any idea? And is it true that I can have it as well? I do not have any symptoms at all and I use the birth-control pill.

Thank you.

..... (Woman's name)

-----✂-----

Letter No. 4

Dear editor,

My parents are farmers, my mother has been sick for a long time. I came to the city to earn money to pay for the hospital and medicine bills. I worked in a factory but since two months I sing in a bar, because the work in the factory stopped. Sometimes I go out with customers because I earn a lot of money this way. But I heard that I can get sick, if I do this often. Is this so? What can I do? I need the money for my mother.

Please advise.

..... (Girl's name)

----- ✂ -----



TRAINING AID 7.3.1 B: DISCUSSION AND ANSWER GUIDE FOR THE EDITOR

Guidelines: When the letters are discussed in plenary the answers are discussed in more detail. The task of the trainer is to see if the answers given in the answering letters are correct. When any points are missing, add them and discuss briefly. The following points should be included in the answers to the letters:

Letter No. 1:

It is true that the writer can have a sexually transmitted infection, if the boy was already infected and raped her without using a condom. It is possible to get infected after only one sexual intercourse, especially when it is nonconsensual. The writer should not feel ashamed for what happened because it was not her fault. It is very important that she tells her family about what happened and to report the crime to the police so that the boy can be punished for his action. However, if she does not feel she can tell her family or the police about the rape by herself, get help from a local women's group that supports girls and women who are victims of sexual violence. They can help her to get necessary medical treatment and give her advice on what to do next. (Provide specific information about local women's groups.)

Letter No. 2:

If the writer has not slept with anyone else other than her husband, she should realize that her husband has been unfaithful to her and got infected by another infected person through sex without a condom. If she made love with her husband the day before yesterday without using a condom the risk that she is infected is very high. She should go to a doctor even if she does not have any symptoms because it may take some time to show any symptoms. It is best that she takes her husband with her to the doctor so that he can explain his symptoms, if any. She uses the birth-control pill but that protects her only against pregnancy, not against STIs.

Letter No. 3:

The writer suspects that he has a sexually transmitted infection so he should see a doctor to check it out. If he is infected he should tell his old girlfriend because she can be infected as well. Maybe she was the one who infected him. In any case, she should get treatment too. While he has not yet obtained medical treatment for the infection, he should not have sex with anyone until he is completely cured. But if he has already slept with his new girlfriend, especially without using a condom, he should tell her that he has a STI and get her medical treatment too because he may have passed it on to her.

Letter No. 4:

The girl who wrote this letter does not know anything about STIs and how she can get them. She belongs to a high-risk group because she has multiple sex partners. She should get the advice to go to a health clinic, NGO or other organization where they give information about STIs, the ways to prevent them and the risks that she takes.

The main messages to be included in all letters are:

- If you think you have an STI you should see a doctor immediately.
- You should tell every person you had sex with in the recent past without using a condom because they can be infected as well and they can pass it on to others. Never keep quiet because you feel ashamed.
- Always use a condom when you have sex because it protects yourself against STIs. Even a condom is not 100% effective because it can break or slip off but it is the best way to have safe sex. The birth-control pill only protects against pregnancies but not against STIs.
- If you have multiple sex partners, have a regular check-up for STIs.

■ EXERCISE 7.3.2 TRUE OR FALSE?



OBJECTIVES

To make the participants aware of common myths and facts regarding sexually transmitted infections (STIs) and HIV and Aids



TARGET GROUP

Youth and adults



DURATION

45 - 60 minute



SEATING ARRANGEMENTS

No fixed seating. Clear the room to have enough space to move around freely



MATERIALS

- A sign for 'True': ☺, and a sign for 'False': ☹ on two separate sheets of flipchart paper
- Masking tape



TRAINING AIDS

7.3.2 A: List of Statements and Answers



SESSION PLAN STEPS

1. Play true or false – 40-50 minutes
2. Summary – 5-10 minutes

STEP 1 ▶ PLAY TRUE OR FALSE – 40-50 MINUTES

Place the sign for 'True': ☺ at one side of the room and the sign for 'False': ☹ at the other side of the room. Explain the meaning of the signs. Ask all participants to stand up. Tell them that you are going to read a statement and they have to decide whether it is true or false. They have to go as fast as they can to the sign of their choice: true or false. Urge the participants to make their decision fast without looking at what others are doing.

Give the correct answer when everyone has chosen a position (True or False) and ask if the explanation is clear. You read the next statement and they make up their mind again. This continues until all statements are discussed.

STEP 2 SUMMARY – 5-10 MINUTES

Summarize this session by mentioning the following points:

- Inform yourself about sexually transmitted infections (STIs) and HIV and Aids.
- Most STIs are passed on by unprotected sex.
- Using a condom is the only effective way to prevent the spread of STIs.
- As soon as you have a symptom or suspect you have a sexually transmitted infection, go to a doctor immediately for consultation and treatment.
- Always complete the treatment even when the symptoms have gone. Unfinished treatments make you resistant to certain drugs in the future and allow the infection to return.
- Some of the sexually transmitted infections cannot be cured. • If you have an STI, it is your responsibility to inform your sexual partner(s), so that everybody can be treated.



TRAINING AID 7.3.2 A: LIST OF STATEMENTS AND ANSWERS

Guidelines: Use the following statements during the exercise. Add new statements and answers as suitable for your target group.

3-R
MODULE 7
UNIT 7.3

Statements	Answers
1. You will recognize a person who has an STI.	False – You cannot see from the appearance of a person if s/he has an STI or not.
2. You can get a sexually transmitted infection from having sex only once without using a condom.	True – When the person you have sex with is infected you can get it, even if you had sex only once.
3. You can get HIV and Aids by kissing with your tongue.	False – You cannot get infected with HIV and Aids by kissing. However, Hepatitis-B can be spread by kissing. Oral sex (touching sexual organs with your mouth) can be dangerous as you can get STIs as well as HIV and Aids.
4. You can cure all STIs except HIV and Aids.	False – STIs caused by a virus cannot be cured. Warts and Herpes, for example, can be treated but not fully cured.
5. HIV and Aids is dangerous for everyone, not only for homosexuals or drug addicts.	True – Everyone can get infected through unprotected sex with an infected person, including from husband or wife, through infected blood (sharing needles or blood transfusion), or from mother to child during birth or breastfeeding.
6. Condoms are the best way to prevent an STI.	True – However, keep in mind that a condom is not always 100% safe. There is a chance that it will break or slip off during intercourse.
7. You will find out after 2 to 5 days after you had sex if you have an STI.	False – Often people do not show any symptoms or only after a period from months or years after they got infected. For instance, a person infected with HIV may live for many years before showing any symptoms.
8. Youth can be tested for STIs without permission from an adult.	True – Every clinic should provide this service to youth. Some clinics or personnel may refuse due to their own opinions. Go somewhere else.
9. The germs that cause STIs can enter the body only through the vagina or penis.	False – Bacteria and viruses that cause STIs may enter the body through the vagina, penis, anus, mouth and in some cases through the eyes. HIV and Aids and Hepatitis-B may enter the body through sharing needles or razor blades.
10. Oral sex is one way of having safer sex if you do not want to be infected with STIs.	False – Oral sex is about touching the sexual organs with your mouth. A person may get infected with HIV, gonorrhoea, syphilis and herpes through oral sex.
11. You do not get infected with STIs by holding hands, dancing or masturbation.	True – STI transmission occurs through having unprotected sex with someone who is already infected. A person may be infected by having oral, anal or vaginal sex. A person may also be infected with HIV and Aids or Hepatitis by sharing needles or other blood contact.

12. A pregnant woman with an STI can pass the infection to her baby.	True – Children born to infected mothers can become infected during delivery. HIV and Aids can also be passed on by breastfeeding.
13. When you have an STI and you take medicines you can have sex.	False – You can infect others during treatment as well. Therefore, it is important not to have sex until you are completely cured.
14. Women who take the birthcontrol pill cannot get infected with STIs.	False - Birth control pills protect only against pregnancy and not against STIs.
15. Men with an STI can be cured by having sex with a virgin.	False – This is absolute nonsense. The only thing that can happen is that they will infect the virgin.
16. Washing genital organs after having sex will help prevent certain kinds of STIs.	False – Practicing good body hygiene is a good idea but it will not prevent STIs and not help against HIV and Aids or pregnancy.
17. Someone who is HIV-positive cannot work in a restaurant because of the high risk of infection.	False – Infection is only possible by having sex without using a condom with an infected person, blood contact or from mother to child by birth or breastfeeding.
18. Using multiple condoms is better than one.	False – Condoms will help to prevent the spread of STIs but they must be used correctly. Using several at the same time is not a correct way of using them. The risk will actually be higher because they can break.
19. Sharing needles is not dangerous.	False – Sharing needles is risky because if the person you share the needle with is infected you can also get infected. Do not use shared needles.
20. Add other statements.	...

■ EXERCISE 7.3.3 CAUSES, TROUBLES AND TREATMENTS



OBJECTIVES

To inform participants about different types of sexually transmitted infections (STIs) and how to treat them



TARGET GROUP

Youth and adults



DURATION

60 minutes



SEATING ARRANGEMENTS

Group seating for small groups of maximum 5 persons



MATERIALS

- One set of 28 cards of Causes, Troubles and Treatments of STIs (Training Aid 7.3.3 A) for each group
- 5-6 rolls of masking tape
- One piece of blank A-4 paper for each group



TRAINING AIDS

7.3.3 A: List of Causes, Troubles and Treatments



SESSION PLAN STEPS

1. Set up group work – 15 minutes
2. Group work and discussion – 35 minutes
3. Summary – 10 minutes

STEP 1 SET UP GROUP WORK – 15 MINUTES

Explain to participants that they will learn more about the different types of sexually transmitted diseases and how to treat them.

Divide the group in small groups, maximum 5 persons per group. Give each group a set of 28 cards from Training Aid 7.3.3 A, a piece of A-4 paper and masking tape. Ask them to divide the A-4 paper in 4 columns and name each column as follows:

- 1) Name of the disease
- 2) Cause
- 3) Symptoms
- 4) Cure.

They need to arrange the cards and tape them in the right column.

**Tip for Trainers**

The main sexually transmitted infections (STIs) are mentioned on the cards. By making sets of the cards, the participants become familiar with the names, possible ways of passing on an STI to others, the symptoms and the possible treatments. It is no problem when they do not have any information on the STIs beforehand. Let them puzzle and even if they make all wrong combinations it does not matter, as this will be sorted out during the next step.

STEP 2 GROUP WORK AND DISCUSSION – 35 MINUTES

Ask all groups to tape their paper on the wall and give all participants 5 minutes to study the results of the other groups. Check the results in plenary. Ask the first group to present their first combination. Correct it when necessary. Continue with the second group presenting their combination of another STI. Continue with this until all STIs are discussed and correctly displayed.

Start a discussion using the following questions:

- Did you already know one or more of the STIs that are on the cards? If yes, which ones?
- Do you know how to prevent STIs?
- Will these measures protect you against all STIs?
- Would you go to a doctor if you think you might have an STI? Why or why not? - Would you inform the persons you had sex with in the recent past? Why or why not?

**Tip for Trainers**

During the discussion in plenary, pay attention to the right combinations. Explain that most STIs are passed on by unprotected sex with an infected person. It is important to consult a doctor when they think they are infected. They should not wait until they get the symptoms. Some of the diseases can be cured, others not. Explain that STIs that are caused by bacteria can be cured. However, the correct treatment must be applied for each different type of bacteria. That is why it is so important to consult a doctor when you think you are infected. Viral infections are different because they destroy living cells by having them produce more virus cells. Viral STIs cannot be treated easily. Always complete the treatment if there is any, even when the symptoms have gone. Unfinished treatments cause the disease to return. Do not have sex during the period of treatment.

STEP 3 › **SUMMARY – 10 MINUTES**

Conclude the session with a summary of the main findings:

- Most sexually transmitted infections are passed on by unprotected sex.
- There is always a risk of getting infected when having sex, but the risks can be reduced by using a condom. This is the only way of reducing the risks. All other anti-conception methods prevent only against pregnancy and not against STIs.
- Try to prevent STIs: Some of the diseases can be cured, others not.
- It is important to consult a doctor when you think you are infected. Do not wait until you get the symptoms.
- Complete the treatment if there is any, even when the symptoms have gone. Unfinished treatments cause the infection to return.
- It is very important to inform all persons you had unprotected sex with. They should also see a doctor. By not telling them that you are infected, you put them in at a health risk and that is irresponsible.



TRAINING AID 7.3.3 A: LIST OF CAUSES, TROUBLES AND TREATMENTS⁸

Guidelines: Photocopy this page for each group and cut into 28 separate cards. Provide each group with one complete set.



Syphilis 	Bacteria Passed on by sex with infected person without using a condom.	1 st phase: ulcers in vagina, penis or anus. 2 nd phase: (after 1-6 months) eruption of the skin. 3 rd phase: (after years) whole body infected.	Medicines
Hepatitis B 	Virus (in blood, spermatozoa, urine) Passed on by used needles, kissing or sex without using a condom.	Between 1-6 months after infection symptoms like: tired, yellow eyes, pain at right upper side of belly (liver) dark urine, fever.	No treatment Preventive vaccine
HIV and Aids 	Virus (in blood, spermatozoa) Passed on by used needles or sex without using a condom.	No symptoms (HIV-positive) Destruction of body's defence system. All kind of infections.	Medicines No permanent cure Can be deadly if untreated
Gonorrhoea 	Bacteria Passed on by sex with infected person without using a condom.	Boy: secretion from penis, hurts while peeing. Girl: secretion from vagina, hurts when peeing, itchy. Sometimes no symptoms.	Medicines
Herpes 	Virus Passed on by sex with infected person without using a condom.	Burning and itchy ulcers around penis, vagina and mouth. Disappears after a couple of days/weeks.	Medicines No effective cure Comes back regularly
Genital Warts 	Virus Passed on by sex with infected person without using a condom.	Warts around vagina, penis and anus. Sometimes itchy.	Surgery Often not effective
Crab lice and Scabies 	Parasites Passed on by sex with person who has them or dirty sheets, clothes.	Itchy, especially in folds of the skin. Red bloodstains in your underwear.	Wash everything: yourself, clothes, sheets, etc. Apply cream to entire body.

⁸Adapted from: Voorlichten dat het een lust is..., ideeënboek voor seksuele voorlichting by Rutgers Stichting (Den Haag, 1995), Exercise: SOA Kwartet, pp. 64-65.

SOURCES FOR FURTHER READING

Carl, Greg & Chaiphech, Nonthathorn, *Friends Tell Friends on the Street*, Thai Red Cross Aids Research Centre: Bangkok, 2000.

Department of Population, Ministry of Immigration and Population, Republic of the Union of Myanmar, *The Population and Housing Census of Myanmar, 2014: Summary of the Provision Results*, August 2014.

Doef, Sanderijn van der, *Ben jij ook op mij?*, Ploegsma: Amsterdam, 2001.

Gender Equality Network, *Raising the Curtain, Cultural Norms, Social Practices and Gender Equality in Myanmar*, Yangon, 2015,

Harris, Robbie H., *Let's talk about Sex*, London, 1994.

Rutgers Stichting, *Voorlichten dat het een lust is...*, ideeënboek voor seksuele voorlichting, Den Haag, 1995.

Terhorst, Rosalinda, Haspels, Nellen, Gender and Development for Cambodia (GAD/C) & Expansion of Employment Opportunities for Women (EEOW), *Women Workers' Rights and Gender Equality: Easy Steps for Workers in Cambodia (WWRGE Manual - Cambodia)*, ILO: Bangkok, 2004.

United Nations, Department of Public Information, *The Beijing Declaration and the Platform for Action, Fourth World Conference on Women (FWCW)*, Beijing, China, 4-15 September 1995, New York, 1996.

United Nations Population Fund (UNFPA), *Sex Imbalances at Birth: Current trends, consequences and policy implications*, UNFPA Asia and the Pacific Regional Office, August 2012.

Werner, David, *Where There Is No Doctor, A Village Health Care Handbook*, adapted for India by the Voluntary Health Association of India under the supervision of S. Sathyamala: New Delhi, 1980.

USEFUL WEBSITES

BBC: Religion and Ethics, Abortion, URL: <http://www.bbc.co.uk/religion/ethics/abortion>

Engenderhealth: Improving Women's Health Worldwide, URL: <http://www.engenderhealth.org>
NCT: 1st 1,000 Days New Parent Support, URL: <https://www.nct.org.uk/pregnancy>

Population Action International: Topics of Interest, URL: <http://pai.org/our-work/>

UNFPA: Gender-biased Sex Selection, URL: <http://www.unfpa.org/gender-biased-sexselection#sthash.y3tywA3X.dpuf>

World Health Organization (WHO), Sexual and Reproductive Health, URL: <http://www.who.int/reproductive-health>

WHO Regional Office for South-East Asia: Sex Ratio, http://www.searo.who.int/entity/health_situation_trends/data/chi/sex_ratio/en/

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