ACTION RESEARCH FINDINGS ON ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH
IN LAIZA TOWN, KACHIN STATE, MYANMAR

Experiences From Kachin Community In Myanmar

Co-authored by-

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A Study conducted by Adolescent Reproductive and Sexual Health Awareness Programme Team of Kachin Development Group

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Acknowledgments

This is my first ever experience to conduct local research on reproductive and sexual health of adolescents. There are two main factors worth mentioning that encouraged me to conduct this research. Number one is my involvement with the local Adolescent Reproductive and Sexual Health (ARSH) awareness program of the Kachin Development Group (KDG) a local community based organization since 2008 as a participant of ARSH-TOT and later became a trainer. The second was the encouragement of my colleagues at KDG who are also team members of Adolescent Reproductive and Sexual Health Awareness Programme. In addition to these, I should not leave unmentioned the financial support of the American Jewish World Service (AJWS) and Foundation for People of Burma (FPB) without which this research would not be possible.

Therefore, I would sincerely like to express my thanks and gratitude especially to AJWS and FPB for supporting me to make this study possible. There also people whom I owe my thanks: they are our respected Director Salang Lama La Rip, my colleagues – Ah Ji, Ah Cie, Ah Zet, other staff of KDG, and my research consultant Ms. Lanau Roi Aung who always stood by me and gave me moral and technical support and advice during my research. I also would like to thank Therese Caouette (Mahidol University, Bangkok, Thailand) for sharing her research paper “Sexuality, Reproductive Health, and Violence: Experiences of Migrants from Burma in Thailand” which greatly inspired me to finish this paper. I humbly accept the mistakes and inadequacies the readers may find in this paper.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Name</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ARSH</td>
<td>Adolescent Reproductive and Sexual Health</td>
</tr>
<tr>
<td>AJWS</td>
<td>American Jewish World Service</td>
</tr>
<tr>
<td>BBC</td>
<td>British Broadcasting Corporation</td>
</tr>
<tr>
<td>CCA</td>
<td>Child Centred Approach</td>
</tr>
<tr>
<td>DVB</td>
<td>Democratic Voice of Burma</td>
</tr>
<tr>
<td>ECCD</td>
<td>Early Childhood Care and Development</td>
</tr>
<tr>
<td>FPB</td>
<td>Foundation for People of Burma</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune-deficiency Virus</td>
</tr>
<tr>
<td>HU</td>
<td>Health Unlimited</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>INGO</td>
<td>International Non Governmental Organization</td>
</tr>
<tr>
<td>KBC</td>
<td>Kachin Baptist Convention</td>
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<tr>
<td>KDG</td>
<td>Kachin Development Group</td>
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<tr>
<td>KIA</td>
<td>Kachin Independence Army</td>
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<tr>
<td>KIO</td>
<td>Kachin Independence Organization</td>
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<tr>
<td>KWAT</td>
<td>Kachin Women’s Association</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
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<tr>
<td>RFA</td>
<td>Radio Free Asia</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>TOT</td>
<td>Training Of Trainers</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children Emergency Fund</td>
</tr>
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<td>VDI</td>
<td>Vahu Development Institute</td>
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<td>WHO</td>
<td>World Health Organization</td>
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</table>
Abstract

Action Research Findings on Adolescent Reproductive and Sexual Health in Laiza Town, Kachin State, Myanmar

**Topic:** Reproductive health perceptions, beliefs and sexual risk-taking among adolescents (13–22 years) in Laiza (a Myanmar-China Border Town), Kachin State, Myanmar.

Risk-taking sexual activity among adolescents is one of the most concerning behavioral issue in almost every household in Laiza, a China-Burma border town in Kachin State, Myanmar. Behavioral characteristics and aspects are heterogeneous relative to their age, sex, and exposure to various life experiences as adolescence is a time of continued growth and development and time of new opportunities. On the other hand, they could be putting themselves at the risk of health impact for their future. However, as this study found adolescents are not equally vulnerable, there is no hundred percent health risk. Most of them pass through periodic self-experimentation without serious undesirable consequences. But some of them have multiple personal and social disadvantages that make them face adverse effects of immediate and or long-term impacts. Most of the adolescents in Laiza are currently in the school system and only very few are out of school. This study explores adolescent reproductive health perceptions, beliefs and sexual risk-taking among in-school adolescent both in Laiza high school and middle school.

More than 50% of all in-school adolescents do not know adolescent reproductive and sexual health education while the rest hesitate to speak out about their knowledge. Only a few schoolgirls and boys have experiences of attending ARSH training provided by local NGO Kachin Development Group (KDG) over last two years. However, their beliefs and perceptions in their sexual risk-taking are consistently unpredictable and unstable. Culture among adolescents is varied. Joining groups up to 3 or more than 3 signified something bad or good intended for gaining popularity such as hitting or fighting with other groups, going to casinos and playing cards, and consuming drugs, such as alcohol and amphetamines that impact the community.
and lead to other social problems. Moreover, adolescent boys and girls do not find anyone to discuss these problems with and considering that these issues are ‘taboo’ subjects, parents, grandparents and other elder family members do not discuss these things with adolescents. They think it is not a good idea to teach or discuss sexual health with their children. They believe their children are innocent, know nothing about sex and they are not that age to be involved or curious about sex, rather they think that talking about reproductive and sexual health to their children as well as children to the parents is regarded as vulgar and obscene. They also think that their children (adolescents) do not have problems concerning sexual and reproductive health. Therefore, in some instances when KDG organized an Adolescent Reproductive and Sexual Health training, the community leaders and local Church leaders tried to edit the curriculum of training in the middle of the session.

There are also instances of forced marriages in the community that is traditionally accepted. Therefore, perceptions, beliefs, and views of parents and local elders will be also discussed in this study. The lack of ARSH knowledge among adults was also found and their provision to adolescents regarding knowledge is rarely seen. Finally, how local Churches, youth organizations and women organization handle the adolescent issues in the society is also stressed.

- Grouping up 3 or more
- School absence
- Beating or fighting among groups
- Going to casinos and playing card
- Consuming drugs
- Alcoholic
- Pleasure outing (fishing)
- Rape or of such kind?
- Sexual activities
- Unplanned pregnancy
- Early pregnancy
- Early married
INTRODUCTION

1.1 Background

Beginning from around 2000 a small border village of Laiza located on the Sino-Burma border in Kachin State, Myanmar has turned into a modern commercial town a decade after cease fire between Kachin Independence Organization (KIO) and the then State Law and Order Restoration Council of Burma (now Myanmar) in 1994. The town is inhabited by approximately eight thousand people with Kachin Ethnic, Shan, Chinese and a small Burman population. Laiza has been a bastion for KIO to defend itself from the central government. They have been fighting for greater autonomy within the federated union of Myanmar since 1961. The KIO has moved its General Head Quarters to Laiza sometime around 2003 from former Head Quarter in Pa Jau Bum. Booming border trade activities have begun from the late 90s with the signing of cease fire agreement between KIO and Burmese Military Government in 1994, and opening of road from a Chinese border town of Yinjiang surmounting the difficult terrain in China side of Laiza from where other parts of Myanmar can be reached as well as to the Indian border on the western side of the country. As there have been sudden changes in development it has become very difficulty for local people in Laiza and its vicinity to adapt their livelihood strategies due to sudden changes.

The booming border trade and economic activities in this border town of Laiza have resulted in the appearance of many business centres - such as hotels, markets, store shops, karaoke bars, KTV, night clubs, massage palors, restaurants, money laundering businesses and a local bus terminal. The development at this juncture attracts business people and traders from China and other parts of the country. But it is seen that local people are not prepared for such sudden changes in business activities and livelihood strategies. Many of the local people instead have moved to other nearby villages due to the monopolizing of local business activities by Chinese and outsiders who come from other parts of Myanmar (Lanau Roi Aung, 2009: Chiangmai University, Pg. 4). Local people are skilled only in traditional farming techniques and they live by traditional
livelihood strategies. Local people have now become marginalized by such activities. Widespread social and cultural problems such as youth unemployment, drugs problems, sex trade, human trafficking, HIV/AIDS and other infectious diseases, incidents of school drop out, increases in the number of teenage pregnancy, early marriage, unwed motherhood and increase in the number of incidents of abortion, drug addiction and “pleasure hunting” among youth have appeared as the sudden changes in development taking place in a very short span of time.

According to a report released by the Kachin Women’s Association of Thailand (KWAT) in 2005 on the human trafficking ‘Driven Away”, 34 out of 63 (53.97 %) human trafficking cases registered through the years 1992-2004 are adolescents. The age range of young girls trafficked are between 6 years to 19 years old. HIV/AIDS has also caused serious consequences in the area as well. “AIDS – Acquired Immune Deficiency Syndrome was recognized as a global problem by the mid 1980s. HIV/AIDS is now the fourth largest cause of death globally and the leading cause of death in Africa (WHO 1999)”. Laiza has now become a place where many adolescent and young people find themselves in the middle of the world with full of fun and enjoyment. The situation today in Laiza according to the experiences throughout the Adolescent Reproductive and Sexual Health awareness program conducted since 2008, and the interviews and focus group discussions conducted in very recent months of the current year, show that the situation of these social problems is at an alarming level. These problems have impacted seriously upon the adolescents group in Laiza town. The risk taking sexual activities among adolescents such as, engaging in unprotected sex, pre-marital sex, sex due to peer pressure, and sex for money are common among the adolescents who are by nature active to experience and try things they never experience before.

Adolescence is one of the life’s fascinating and perhaps most complex times when young people take on new responsibilities and experiment with independence (Adolescence A time tha Matter – UNICEF, 2002, New York).
Lack of social initiatives to try to address these particular issues has led to problems becoming more serious. On the other hand socio-cultural and religious aspect, poverty and restrictions imposed upon INGOs and National NGOs as well as local NGOs to implement local development initiatives by the National Government and local KIO’s administration mechanism are also some of the factors which allow the problems to exist unattended. Due to a lack of awareness and awareness raising programs for adolescents and young people in the local community on the reproductive and sexual health education, HIV/AIDS and STI, and absence of proper civil registration procedures supposed to be enacted by the local KIO administration functionaries, traditional perceptions of sexuality and sexual behavior, customary practices, parents-children relations and absence of local social investment in youth have caused a prevailing situation to be further complicated. The situations of forced marriage, early marriage, unplanned pregnancy and abortion among female adolescents are posing challenges to unravel traditional networks of kinship relationships within the Kachin community. Factors that influence early marriage rates include: the state of the country’s civil registration system, which provides proof of age for children; the existence of inadequate legislative frame work with an accompanying enforcement mechanism to address cases of child marriage; and the customary or religious laws that condone the practice (Early Marriage – A Harmful Traditional Practice, UNICEF-2005). Only around 27.94 % (152 out of 544) of the adolescents from two Schools (one Middle School, and one High School) in Laiza have a chance to attend the Adolescent Reproductive and Sexual Health Training conducted by Kachin Development Group (KDG) in recent years since 2008 which is the only local organization of such kind in Laiza even in Kachin State Myanmar that try to address the problems faced by adolescents.

This paper is based on the action research findings, interviews with adolescents, parents of adolescents, teachers of local schools, individuals and focus group discussions conducted in Laiza. It is explorative in nature to highlight and study how factors such as local settings, culture, religion, education system, health care initiatives, and attitudes of
elderly people, parents of the adolescents local government’s toward the reproductive and sexual health of adolescents directly or indirectly impact upon the lives of adolescents and young people in the locality in Laiza. By this one can hope to see clear understanding on the needs and level of community’s motivation and commitment towards the sexual and reproductive health in the Kachin community in wider perspective.

Figure 2: Map of Research Site (Laiza Town, Kachin State, Myanmar)
1.2 Research Objectives

Aims of this research are to explore the pre-existing ideas, perceptions and practices with regard to the reproductive and sexual health in particular among adolescent as well as in the Kachin community at large and how these pre-existing ideas, perceptions and practices directly or indirectly impact upon the reproductive and sexual health among adolescent and youth particularly in Laiza. This study also places emphasis on adolescent reproductive and sexual health problems and their behavior in the prevailing condition in Laiza and how these problems link to other social problems among young people. The social cultural context that is not encouraging the young people to have opportunity to learn reproductive and sexual health from within the community is also covered in this research. There are four main objectives which are:

1) To know current sexual health/behavior situation among in school girl/boy
   - sexual relationship experiences and problems(e.g., arose due to risk-taking sexual behaviors)

2) Their perception on sexual health education
   - Cultural (e.g customary practices, traditional belief, community’s attitude on sexual health and problems)
   - Religion (e.g how does the Christian teaching influence the way of thinking on the sexual health, Church dominance nature on teaching sexual health)
   - Education system (e.g teacher-student relation, curriculum, teaching method, facilities, local government’s policies)

3) Services they receive
   - Awareness program on reproductive and sexual health (e.g., trainings, IEP materials availability, media, etc.)
   - Assistance they receive from the community (social, moral, and material supports, etc.)
4) Community’s knowledge on sexual health

- Adolescents groups (e.g. to study the level of ARSH knowledge among adolescents who have got opportunity to attend ARSH training and those who haven’t not)
- School Teachers (e.g. their views and opinion on the reproductive and sexual health)
- Parents (e.g. their accepted ideas on reproductive and sexual health, views and opinion)

1.3 Research Methodology Design

Adolescent Reproductive and Sexual Health (ARSH) awareness program initiated by the Kachin Development Group (KDG) in Kachin State, Myanmar is the first of its kind. The program began in 2008 and has been running since with activities including ARSH trainings for in-school adolescents and also local youth, TOT for School teachers of the Schools under Kachin Independence Organisation’s Education Department, Advocacy, Publication of IEC materials in Jinghpaw Language (most commonly spoken language in Kachin community) related to the topics such as Adolescent Youth Health, Menopause, Abortion and Complications, Unplanned Pregnancy, Immunization, Nutrition, Reproductive Rights and an annual youth journal “Ram Ningshawng”. The research focuses on action research and is based on experiences since 2008, and the in-depth interviews with individuals (parents, teachers, stake holder and adolescents) and focus group discussions with teachers and parents, in particular from Laiza that is located on Sino-Burma border in Kachin State, Myanmar. To get in-depth information and better understand the level of reproductive and sexual health knowledge, and the problems among adolescents related to sexual health Laiza has been selected as the research site. By focusing the research in this particular location we hope to gain an understanding of the problems of adolescents groups of Kachin community being faced today.
1.3.1 Data Collection

1.3.1.1 Collection of Secondary Data: For understanding the information on the problems of reproductive and sexual health situation the available data sources from schools, health department, and KDG’s ARSH program files were examined. This is aimed to encompass diverse sources from which the study can have the benefit of wider perspectives of the topic. The concerned departments and officials were approached to get proper access to their data and records.

1.3.1.2 In-depth Interviews: Sample populations were selected from different groups of adolescents – in school (who had attended ARSH training organized by KDG and those who have not got opportunity to attend the training), and out of school. A team of interviewers included three persons from KDG who are also involving with ARSH program conducted interviews with the selected interviewees. The participants of the interview selected persons who are residents of Laiza and have been studying in schools in Laiza or, those who have dropped out from Laiza schools in recent years. Although KDG have the record of list of ARSH training participants, for indentifying the in school participants who have and have not attended ARSH training conducted by KDG, principal and teachers are consulted so as to make sure that they are students of Laiza schools. For the out of school students who are from Laiza, they are identified by the research team members by themselves.

Table 1: Number Of Participants In In-depth Interviews

<table>
<thead>
<tr>
<th>Research Tool</th>
<th>Participant (Sex)</th>
<th>Age</th>
<th>Occupation/Status</th>
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<tbody>
<tr>
<td>In-depth Interview with in-school Students who have not attended ARSH Training</td>
<td>2 (M) 2 (F)</td>
<td>(15-19) Years</td>
<td>Student</td>
</tr>
<tr>
<td>In-depth Interview with in-school Students who have attended ARSH training</td>
<td>4 (M) 4 (F)</td>
<td>(15-19) Years</td>
<td>Student</td>
</tr>
<tr>
<td>In-dept Interview with out-school Adolescents</td>
<td>1 (M) 2 (F)</td>
<td>(18-19) Years</td>
<td>Job by chance</td>
</tr>
</tbody>
</table>
1.3.1.3 Focus Group Discussions: In order to gain a greater understanding of the attitudes of school teachers and parents in the community on the prevalence sexual health issues related to students and children day to day life focus group discussion methods were used. This method a useful tools to collect information in an interactive manner by discussing the problems and scopes of reproductive and sexual health from the groups of schoolteachers and parents. Groups of school teachers from local schools in Laiza (there are two schools in Laiza, one Middle School and one High School) having seven informants and a group of mothers of adolescents from community in Laiza selected for this purpose. The focus group discussions were conducted in such a manner that participants were invited to the discussion on an appointed date. A convenient place was selected for the purpose and discussions were conducted in such a manner that all the informants felt comfortable and relaxed. The questions and points of discussion were adjusted to make sure that questions and terminologies regarding sexual health were not meant cause insult or be seen as obscene. The main reasons of focus group discussion were to receive the opinions of the teachers and parents on behaviors of adolescents in Laiza, their attitudes towards adolescents reproductive and sexual health, the problems they being faced in their families, school and other places in the local area, the problems of in-school and out-school students, and after all overall their knowledge on the possible remedy to address the problems adolescents.

Table 2: Number Of Participants According To Groups During Focus Group Discussions

<table>
<thead>
<tr>
<th>Focus Group Discussion</th>
<th>Number of Participant</th>
<th>Occupation/Position/Status</th>
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<tbody>
<tr>
<td></td>
<td>Male (M)</td>
<td>Female (F)</td>
</tr>
<tr>
<td>School Teachers</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Parents of Adolescents</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

1.3.1.4 Questionnaire: Questionnaires were structured and adjusted in such a way so that useful information could be collected. The questionnaire structure followed
in-depth interviews and focus group discussions. For each interviews for adolescent individuals, focus group discussions for school teachers and parents are set separately to fit the situations and for gaining more information required for this study.

2. UNDERSTANDING THE SOCIAL-CULTURAL AND RELIGIOUS CONTEXT OF KACHIN SOCIETY WITH REGARD TO REPRODUCTIVE AND SEXUAL HEALTH

2.1 Customary Practice on Marriage and Its Taboos

The Kachins by tradition have a three directional kinship relationship among different families. The families from the father’s and mother’s side and the family he and she belongs to are connected to each other in a clan marriage system known as “Ma Yu-Da Ma” in Jinghpaw language, (in laws) that is a son can marry sibling (daughter) from the family of his mother’s side (daughter of maternal uncle) while the siblings of the same kin related to each other as brothers or sisters.

In the past there had been the practices of early marriage that usually took place between the siblings of mother’s side and siblings of father’s side. Some traditional items were exchanged between the families (traditional sword, ring, necklace, etc.) to mark as bride and bridegroom. When the two siblings grew up they were already married and had to stay in with the husband’s family from a very early age (The Kachins, their Customs and Traditions, Dr. O La Hanson-1913). Even today Kachin society does not consider early marriage as a curse, and also there is no measure to be taken from the point of customary practice to prohibit early marriages. Such practices are generally allowed in Kachin society even today. Early marriage and early marital sexual activity present reproductive health risks for young women. Early marriage can lead to pregnancies that put young women at risk for obstetric fistulae, and can be a risk factor for HIV infection (Adolescent Sexual and Reproductive Health in Developing Countries: An Overview of Trends and Intervention” by Michelle J. Hindin and Adesegun O. Fatusi).
Boys and girls in the village who include ranging from very early age (early teen age) to youthful age (young adult) were usually stayed in a front room (N’la dap) of Kachin Duwas’ (Chieftains) house in the evening hours singing songs, telling jokes even in very vulgar ways, teasing the opposite sex and among each other until late into night when they disappeared in pairs into the dark night resulting into the problems of teenage pregnancy, unplanned pregnancies, which frequently led to feuds among the relatives of the girl and boy (The Political System of Highland Burma, Dr. E.R Leach, 1954). Such practices were socially accepted in Kachin society in the past. But there were mere incidents of paid off “hka shawa sha” (compensations) when such situations happened to “Duwas” daughters. Marriage in Kachin society has to follow several traditional formalities and steps that Kachins today have begun to feel as a social burden. As bride price the family from groom’s side has to pay off certain valuable gifts such as gold, money, cow, buffalo, carpet, ivory, and many other valuable properties that depend on the demand made by family of the bride. “A bride prices is the conditional exchange of property, usually cows or money, from which the groom to the parents of the bride in return for marriage. It relegates women to the status of a property and supports the notion that a man has purchased his wife’s reproductive and productive capacity as well” (Harmful Tradition D+C). Considering the customary practice of marriage as a burden some of the Baptist Church leaders have started to preach for relaxing such practices within the Church. Like wise Kachin Independence Organization (KIO) also organized a cultural meeting in Laiza during May (14-15), 2010 by inviting several delegates from different clans under Kachin Tribe from different parts of Kachin State to discuss to find ways to minimize the amount of pay off price for marriage to the bride’s family, and relax the social burden due to those practices, but this proves to be no avail.

2.2 Exposure Of Adolescents To Religious Teaching

From their childhood young people are trained in the religious teaching centers within the Church. Soon after the child learns to speak and sing then the child is sent to Sunday School or other religious teachings organized by the local Church Ministry, there he or,
she learns the biblical stories and gospel songs. As he or she grows up to teenage, he or, she is already familiar with the Church activities and biblical stories, and will be getting around with the youth and involving in the youth activities within the Church. First thing they will learn from the bible is the story of “Adam and Eve” of Eden Garden where God created Eve the female partner of Adam out of his bone (Genesis Chapter 1, The Holy Bible), and then about Jesus Christ and His teachings.

According to the religious teaching the most important and durable relationships for human kind are – first Relation between God and Believers, the second Husband and Wife relation, and the third Relationship among believers (Husbands and Fathers, Derek Prince, 2005). The roles of a wife, according to Derek Prince (ibid.), is to help her husband, submit to her husband, and at all times support her husband, etc., There are plenty of biblical teachings from the religious circle about life and meaning of life, and many other stories about livelihood, politics, business, etc. But there is no such programs providing knowledge to the church members and young people about reproductive and sexual health. The words on sexuality and sexual health are generally regarded as inappropriate. Many people in Kachin society even describe the mental condition of Church members as “Church compounded mentality”.

2.3 Roles Of Local Administrative Mechanism And Birth Registration
Laiza is the General Head Quarter of KIO and administrative region is divided into five divisions and down to village level throughout Kachin State and part of Northern Shan State. These administrative divisions including its controlled areas as well as government administered areas. Certain rules and regulations are in place under its controlled areas, and these are the only rules and regulations that dominate the whole control areas. They have maintained control over those areas ever since its movement started in 1961. They collect taxes, run departments, and undertake some local development works such as construction of roads, bridges, hydropower plants and other agricultural development initiatives. Judiciary system has also been established in recently years.
Although there is no such proper procedures and laws to define marriage, divorce, ownership of properties, legacy, and such other family cases. No age limit for marriage is defined, no proper laws to prohibit abortion, and laws in relation to the reproductive and sexual health problems are not in place. Cohabitation is not allowed legally, and marriage at the Churches and official marriage certificate from their administrative office is recognized as legal. There is no proper mechanism for birth and death registration under KIO’s local administrative rules (ibid.), no measures to check early marriage are imposed. Additionally, it is to mention that there is no proper demographic data available, and family registration is also not being done by the KIO that have been acting like defacto local government since couple of decades ago. But recently there had been an attempt of family registration by KIO to provide family registration certificate and then issued “National Identity Card” meant to use in its administrative areas and valid under its immigration law. People find this registration card as not useful and KIO also not being able to issue to all the people under its administrative areas. People in the KIO control areas usually hold two “National Identity Cards” - one issued by Government and one issued by KIO Government.

**Fig 3: Sample Of National Identity Card Issued By KIO Government (the Local defacto Government).**
3. KNOWLEDGE ACCESS ON REPRODUCTIVE AND SEXUAL HEALTH EDUCATION AMONG ADOLESCENTS FROM THEIR SURROUNDING COMMUNITY

3.1 Knowledge Access from Religious Circles

Christianity is the dominant religion in Kachin communities composed of majority protestants and the Roman Catholic Church being the second largest with fewer numbers of Kachins follow Buddhism. The role of Christian is very vital in Kachin society and religious leaders have special position in social status, they are considered as most revered personality in Christian community transcending the whole Kachin society. Their teachings and advice is accepted with due respect. Present day young Kachins learn their mother language from the religious trainings and Kachin language trainings organized by Churches during summer holidays are the only places where Kachins youth learn their language how to write and read. Churches are the only places where young can learn music and other instruments. As one grows up the Church is the opted place for him/her to spend time for learning his/her interested subjects and therefore many young people get involved in Church organized activities. Parents are also happy to see their children being involved in Church activities such as singing competitions, hymnal choir competitions, biblical trainings and voluntary work organized by youth committees called “Kachin Baptist Youth Fellowship” for the community and Church ministry. Kachins have only one College called “Kachin Theology College (KTC)” run by Kachin Baptist Convention
(KBC) where Baptist youth learn theology to become pastors after graduation from this college. This college provides theological studies, biblical studies, Kachin culture perspectives, history, music, social research facilities, and other sporting events. After graduation he/she will return to the Church where he/she comes from and usually assigned him/her by the Church council as youth pastor upon his/her arrival.

It is therefore the religious circle that provides significant knowledge to growing young people in Kachin community. This is the only place where young people find themselves comfortable to be getting involved in religious activities and learn from there. Besides the knowledge gained from school, religious circle is a very important place for adolescents in Kachin community to learn what the world is to them.

3.2 Knowledge Access from Family

Elders are given respects and thus by pre-existing practices in the community it is inappropriate to give them advice or point out wrong doings. Therefore, in normal conversations between elders and younger people there has to be a situation where the younger people should show respect and humility to seniors. According to local culture the younger people should not address older people by name, but by in the way he or she relates to him or her as brother, sister, brother in law, mother in law, uncle, aunt, nephew, nice, etc. This means that addressing some one by name who is older than him or her is seen as impolite and not following cultural norms. Therefore, younger people have little opportunity to communicate frankly with elders, this limits free communication between them and therefore the horizontal transmission of information cannot take place. The information flow is thus from top to down like commands, instructions and more like order from high commands in the bureaucratic functionaries. The space for parents-children educative environment is merely available in such particular traditional family life in Kachin society where the flow of reproductive and sexual health education in such situation cannot be possible. Mothers are the only source
from where adolescents can expect to receive reproductive and sexual health knowledge in the family.

According to the experiences shared by mothers, when they were young their parents never shared with them about the changes during adolescence, and thus they had passed those time without having little knowledge on how to take care of themselves during menstruation period. There was no such training on reproductive and sexual health education available in the community then and which is one of the reasons that makes mothers feel reluctant to share their experiences with their children about the reproductive and sexual health with the knowledge they gained. Adolescents who had participated ARSH trainings and informants of in-depth interview also shared their opinion that they are afraid of their fathers in the family and there is no such free communication among children and parents. They feel that it is inappropriate to ask their parents about sexual health.

Societal constraints also limit the accessibility of young people to reproductive and sexual health education as well as to other information related sexually infectious diseases. According to the informants of focus group discussion with parents and teachers, mothers are the only ones to try to teach their growing adolescent girls and guide them not to fall in love with boys and to take care of themselves during puberty. They expressed that they are most concerned about their sons’ involvement in drugs available in the local shady markets. Therefore, their concern is more on drug related issues as well as other social problems in the community rather than reproductive and sexual health. Parents felt that they themselves are lacking in proper knowledge on adolescent reproductive and sexual health which is one of the main reasons that hinders parents to give education on reproductive and sexual health to their growing adolescents; they accept that parental monitoring of their children from the early age is needed. They hold the opinion that to promote awareness on reproductive and sexual health among adolescent should start from the family, and mothers are the ones to be given trainings
on this topic. Thus, there should be program that covers the whole community to promote healthy reproductive and sexual life for all; in order to promote sexual health education in Kachin community parental roles and effective communication in the family has to exist before we think about the larger community. It seemed that parents in Kachin community today are also not up to date with present day’s affairs and interests of their children as the world is changing fast.

3.3 Knowledge Gained From School

As a child grows and reached three years of age he/she is put in the Early Childhood Development Centers (ECDC) for two years until five years old. Afterwards he/she continues his/her study in school. This reflects that parents have little role in educating their children and thus schools are the main source for gaining knowledge for young people. Children even do not want to listen to what their parents teach to them; this virtually relegates parents’ position to the place in the learning process of the children. Teaching method in the total 130 Schools run by Education Department of KIO has been changed in recent years. The old method of teacher oriented approach is now replaced by Child Centred Approach (CCA) teaching method where students learn through participatory approach while Schools run by the Government are still using old method of teaching. But the curriculum is almost the same as KIO run schools use same text book produced by Education Ministry of central government where as the schools run by KIO have put extra subjects such as Jinghpaw Language (spoken by the majority of Kachins) and Kachin history in the school curriculum.

Unfortunately, students do not have chance to learn about reproductive and sexual health education all through their schooling years as there is no such topic in the school curriculum. Additionally there is also no extra arrangement for students to have opportunity to learn this subject. In spite of such condition, teachers in Laiza School who had participated focus group discussion felt that “Adolescent Reproductive and Sexual Health” education should begin at grade six in the schools by seeing the situation of
school drop out among teens due to pregnancy cases have been taking place every year. Teachers and officials from Education Department also have the feeling that it is a good idea to include topics on adolescent reproductive and sexual health education in the school curriculum. Although there are such understandings, there is no clear indication that concerned education department would launch such program in near future.

3.4 Access To Media

Media in the locality should play a vital role in spreading adolescent reproductive and sexual health because it carries information to larger audience (Project Concern International – 2004). There is no print media available in the locality, the only one local journal called “Ning Tawng” produced in the recently years also lasted for just few issues. This journal focused more on the political education and cultural promotion. The print media available in the market are Burmese journals and other newsletters. The majority of the adolescents do not have the habit of reading this might be due to lack of books and media that can attract young people vice versa. Adolescents are therefore not exposed much to media except those of available media of local cable TV-(LZTV Channel locally relayed channel in Kachin), video, internet and radio. These are very modern and up to date, and thus are very new to them many of them even do not know how to use internet, while local adolescents are not familiar with English, very few web sites are available in Kachin language. The radio channels available in Kachin language are Radio Free Asia (RFA) - broadcasts mainly political news, Democratic Voice of Burma (DVB) – broadcast from Norway about political news and youth entertainment, Radio Veritas Asia – specialized in Biblical teachings and Roman Catholic Church ministry news and, BBC Burmese Service – specialized in political news and entertainment.

Local authorities are also very concerned about the sensitive issues of the community fearing that the media discuss more political issues than social issues. Restriction measures on media by local KIO government and Burmese government have high reputation not only inside the country but also throughout the world. Therefore, the only
available media in the local as well as in the local can seldom promote the reading habit of the adolescents and the community as a whole, which drag the adolescents far behind getting access into the age of modern information age. From the in-depth interviews out of (15) persons (including teen mothers, drop out student, students who attended ARSH training and who do not attend ARSH training), it was found that out of 15 adolescents 11 read newspapers and journals, while all out of 15 informants 13 watch TV programs frequently, but mainly movies channels and news. The media available in the localities also do not have focus on reproductive and sexual health and do not find place in there. Unfortunately, the knowledge the young people got from movies and TV channels usually are in negative way. In such condition KDG try to publish an annual youth journal called “Ram Ningshawng” focusing more on youth affairs such as adolescent reproductive and sexual health, sports, local youth activities, and other general knowledge for young people. But these can hardly cover the needs of advocacy on raising awareness in the community about the importance of adolescent reproductive and sexual health. Rights based approach is also difficult to find scope in our society due to unstable political system and pre-occupied wrong notions and perception which posed as a challenge for any one who tries to change the existing condition.

3.5 Adolescents’ Knowledge On HIV/AIDS And STI

There is no comprehensive program for youth from any local organizations, and community to promote the ARSH awareness, and no experts or institutions that can provide knowledge on adolescent reproductive and sexual health education as well as to give knowledge of HIV/AIDS in Kachin State. Local Schools have libraries for the students while there is only one library in Laiza. These libraries do not attract young people in the locality, very few people occasionally visit library where as we cannot see young visitors. This library in Laiza does not have many resources for reproductive and sexual health education as well as HIV/AIDS.
According to the informants of in-depth interview, they learn about HIV/AIDS from the school health meetings organized occasionally with the collaboration of Health Department of KIO and Health Unlimited (HU) in the Schools. Out of 15 informants 7 have little knowledge on HIV/AIDS and usefulness of condoms to prevent HIV infection while all the informants know nothing about STI. Apart from such efforts of Health Department and HU, there is no other agency actively engaging in giving reproductive and sexual health education not only in local schools but also throughout KIO run schools. In government run schools in Kachin State, programs on reproductive and sexual health education and HIV/AIDS awareness can merely be seen even though schools are the most convenient place where teens learn from the books, from teachers and peers, but in practice there is no initiative from education ministry.

Parents in particular hold an opinion that use of condom should not be taught to adolescents for moral reason because knowing how to use and when to use one might lead them to try sexual intercourse with opposite sex at a very early age. But when they are asked what would they do to prevent early pregnancy and HIV infection which is prevalence in our community then they seemed to stuck with such questions and declined to give direct answer to the questions, and rather they answered that it is against of our culture and against of our religious teaching to have sex and get pregnant before marriage. Girls who get pregnant before marriage is a shameful case and it is locally called “N-gyi kap ai”, and she is regarded as uncultured.

4. FINDINGS

4.1 Perceptions, Belief and Views on Reproductive and Sexual Health - Social Constraints

Many of the participants who attended local ARSH trainings of KDG showed their ignorance on why menstruation take places as the girls grow older and the process of conceiving and pregnancy. A group of women who are mothers of several children whom KDG’s out reach workers met during the field work showed their ignorance about the safe period, and do not aware of the reason why the onset of blood during menstruation
period, they wonder where this blood comes from. According to them their husbands do not want to avoid the menstruation period and therefore it would not be possible to them to avoid sexual intercourse during the safe period. According to the customary belief, the reason of marriage is just to bear children and the children become the clan of their father’s family. Therefore, if the women do not bear baby boy until several baby girls have been given birth from her womb, then the husbands usually seeks another women as the reason to produce baby boy to become the next generation of man’s clan.

It is socially accepted, but in religious circles advocate for keeping only one wife and denounces such acts of men. It is a shameful period for couples when after marriage that does not conceive for months. Parents of husband are more involved in the family life of the couples, and very much interfering in the decision making process of the couple’s family affairs. “Soon after my first born baby my mom asked me to conceive another baby as soon as possible, so I got pregnant when my toddler was just around eight months old, and then unexpectedly without noticing any reason, I had to get aborted recently”, said one informant of in-depth interviews who go married in her teenage years. The women are to bear children as much as she can and the question of child spacing and family planning does not arise in such circumstances. There is dichotomy of perception about large family size and family planning. According to mothers of adolescents who have participated focus group discussion of this study said, mothers in our community usually have the feeling that it is good to have more children as much as we can. But at one time when they found themselves in hardship to run the family, and they realize that they are not being able to afford to support to send their children to school and buy proper clothing then they begin to feel that it is due to large family size. On the one hand they are reluctant to think that way because they believe that children are gifts of God and should not bother about the large family size.

The Health Department of KIO has announced early pregnancy, child spacing problem, old age pregnancy as the main national health problems against of prevailing conditions in Kachin society, where as in the religious teaching there is no mention about the issues
of early marriage as a curse but conceiving without marriage under Church’s command as sinful. According to religious teaching Christian community belief that children are gifts of God, not curse, parents have to thank God for such blessing. In spite of announcing reproductive health problem as a national health problem, the Health Department is reluctant to launch a program to address the problem that they declared as national health problems. The KIO and Kachin community have one thing in common on reproductive health is that mothers should produce more siblings to increase the number of Kachin population. They have the feeling that Burmese have much larger population that leads to marginalizing Kachins. This is one of the main reasons that make the Kachins to think that mothers should produce more children and have large family size to counter growing Burman population in Kachin State. Mothers of the focus group discussion said it would be good for women to bear children spacing only one year so that they can get over the child bearing years in short span of years, and when they feel to stop bearing more babies then they can under go surgical sterilization and they can lead happy life after that free from baby care burden.

4.2 Attitude Toward Family Planning And Abortion
There is a traditional belief that pregnant women are generally considered as unclean in our society. There is a belief in the Kachin society that seeing pregnant women while a man is going fishing, hunting and looking for achieving some successes is unlucky. During delivering time there is a practice even today that husband stay way from the house for a week believing that staying in the house during such period as unclean an unlucky. Therefore, the importance of pregnant women in the public life is being side lined. Traditionally, pregnancy without marriage is socially unacceptable in the society and abortion as deniable. In spite of all these beliefs and practices the incidents of unwed couple, cohabitation, unwed pregnancy, abortions and sexual activities are prevalent in the community. According to the old women whom KDG’s out reach workers met during the field work in the local community that there are also instants of abortion cases carried
out in traditional practice; the abortion can be done by over eating djengu fruits, eating of porcupine meat, and drinking the solution of the ash of porcupine spines with water.

The KIO’s Health Department stresses concern on the abortion, lack of family planning and old age pregnancy. Therefore, KIO’s Health Department has declared five major issues as national health problems – which are: 1) Pregnancy among girls under eighteen, 2) Old age pregnancy, 3) Child spacing problem in the family, 4) Size of family and the family income is not balanced and 5) Large number of singled parent family (source: Health Department of KIO). These factors according to the Health Department, lead to many other unwanted problems such as denial of “Child Rights”, unsecured life for children and identity. One of the main causes of these problems is lack of awareness on the part of parents and community at large. In spite of this recognition, KIO and its Health Department are reluctant to launch initiatives to address the problems mentioned above.

The data obtained from local hospital in Laiza show that there are total 33 cases of pregnant girls ages ranging between (16 – 19) years, and 15 cases of abortion done at the hospital from 2009 to 2011 (see table 5: below) which is comparatively high number in Laiza having population just approximately 5,000 with the household number of 941 [source – a recent “Pre-conflict Analysis” conducted by field surveyors of Vahu Development Institute (VDI), based in Bangkok]. There are also stories of un-registered abortion cases in the localities told by the informants of the in-depth interviews and focus group discussion. “One of my class friends at Laiza High School use to accompany her friend who is also a student, whenever her friend went to meet up her boy friend in the evening hours she was left alone beside the duo’s meeting place; the other day she was raped by a boy who also came along with her friend’s boy friend. Later she had become pregnant and finding no option she dropped out from the schools and then undergone abortion by herself by eating un-recognized medicine”, said one of the informants (using name here is avoided for privacy reason). The adolescents in Kachin community in general are most vulnerable to sexual abuses, because they are shy and most distracting in manner when they are dragged into such circumstance that potentially could leads to
sexual activities and sometime abuses. There are ample amounts of feedback on such incidents from participants of local ARSH trainings conducted by KDG all through its project years since 2008 to show such situation. Some of the reasons that usually lead to early teen age sexual activities are enticement from the peers, luring the teenage girls with the petty sum of money and lack of awareness, according to the information obtained from the adolescents participated in the trainings (ibid.).

4.3 Intervention Program On Adolescent Reproductive And Sexual Health In Kachin State

Instead of holding diverse views on adolescent reproductive and sexual health in the Kachin community and prevailing social constraints there is one initiative to address the problems of reproductive and sexual health for adolescents and to disseminate knowledge and promote adolescent reproductive health in Kachin community by Kachin Development Group (KDG) which is a local youth supporting organization based in Laiza. Since 2008 KDG has launched a program on Adolescent Reproductive and Sexual Health awareness. In the first stage considerable efforts had been placed on advocacy for this program. In the advocacy process Church leaders, elderly people, youth leaders, KIO officials from Health Department and Education Department were consulted. The advocacy efforts have yielded a positive result and later on all the concerned persons consulted were convinced, and accepted the importance of ARSH awareness program in the Churches, Schools and in the community.

The program has activities such as ARSH trainings for Adolescents, IEC publications, developing of ARSH training manual for school teachers, consultation meetings and advocacy. A total of fifty trainings have been conducted and 1892 participants have been benefited during four years of project covering almost all the KIO controlled areas as well as few villages under government controlled areas in the eastern side of Irrawaddy River in Kachin State. But this initiative is still far from gaining publicity in the community. Even though concerned persons from Education Department gave a green light to launch ARSH awareness program in the schools, they do not seem to be interested to increase efforts
on the program and the Education Department itself is not willing to take responsibility to handle the program.

The activities conducted and services provided under ARSH program of KDG is far from covering the whole community.

Table 3: ARSH Trainings Through 2008 To 2011 In Different Villages In Kachin State

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Village</th>
<th>Number of Trainings</th>
<th>Participants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>2008</td>
<td>5</td>
<td>8</td>
<td>98</td>
<td>124</td>
</tr>
<tr>
<td>2009</td>
<td>10</td>
<td>13</td>
<td>216</td>
<td>277</td>
</tr>
<tr>
<td>2010</td>
<td>15</td>
<td>19</td>
<td>315</td>
<td>389</td>
</tr>
<tr>
<td>2011</td>
<td>10</td>
<td>13</td>
<td>132</td>
<td>341</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>53</td>
<td>761</td>
<td>1132</td>
</tr>
</tbody>
</table>

Table 4: Publication Of IEC Materials On Adolescent Reproductive and Sexual Health

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Materials</th>
<th>Types</th>
<th>No. of Copy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Immunization</td>
<td>Poster</td>
<td>4000</td>
</tr>
<tr>
<td>4.</td>
<td>Reproductive Health</td>
<td>Poster</td>
<td>2000</td>
</tr>
<tr>
<td>5.</td>
<td>Menopause</td>
<td>Poster</td>
<td>2000</td>
</tr>
<tr>
<td>6.</td>
<td>Nutrition</td>
<td>Booklet</td>
<td>1000</td>
</tr>
<tr>
<td>7.</td>
<td>Menopause</td>
<td>Booklet</td>
<td>1000</td>
</tr>
<tr>
<td>8.</td>
<td>Adolescent Girl Health</td>
<td>Booklet</td>
<td>1000</td>
</tr>
<tr>
<td>9.</td>
<td>Reproductive Health and Family Planning</td>
<td>Booklet</td>
<td>1000</td>
</tr>
</tbody>
</table>
4.4 Risk-taking Sexual Activity Among Adolescents And Community At Large

Remarkable changes and development has taken place in recent years that has caused negative impacts on the life of local people and badly affected life of adolescents. Challenges all around them poses serious treat to the life of adolescents. “Prostitution, gambling, money transactions, KTV, Karaoke, and massage parlors are demanded by the businessmen. Numbers of prostitutes and drug users are found and their prevalence
leads to an HIV/AIDS epidemic. According to a survey of the K.I.O Health Department (2006), 57% of their patients who are screened for HIV at their clinic are HIV positive. Since Laiza witnessed this rampant increase in drug use, tragic health concerns and immoral activities in almost every family within the borderlands has also increased. Local peoples’ livelihood and the environment were swept away from the nature surrounding into different versions of living that have a negative effect on communities (MA Thesis by Lanau Roi Aung, Social Science Department, Chiangmai University-2009)”. Everyday life of young people in general has become easy in terms of accessibility to communication, transportation, and other lucrative Chinese goods which can easily be procured from the local market and entice young people which disturb study environment for young people.

The fragile cease fire between KIO and Central Government which has been in place for more than seventeen years was ultimately broken as the fighting erupted on June 9, 20011. Many teens dropped out from schools due to pregnancy, due to parents’ socio-economic disadvantaged background, it is shocking to hear that adolescents are having sex sometime with multiple partners without using condoms. To mention as contextual facts that lead adolescent to indulge into sexual activities are parents are illiterate, poor, and in a situation of economic and political instability. This condition is also relevance to situation in Laiza which is under control of KIO local government. One informant of the in-depth interviews explained she dropped out from school and she got married after all when she was still a teen and now she has one child and she is now a teen mother.

Table 5: The Number Showing Teenage Pregnancy And Abortion Cases (source-Laiza Public Hospital)

<table>
<thead>
<tr>
<th>Teen’s fertility (16-19) Years</th>
<th>2009</th>
<th>2010</th>
<th>Updated by August, 2011</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>2</td>
<td>18</td>
<td>11</td>
<td>Only 2 available for 2009</td>
</tr>
<tr>
<td>Abortion</td>
<td>5</td>
<td>10</td>
<td>n.a</td>
<td>Un-registered cases are not included</td>
</tr>
</tbody>
</table>
Conditions such as poverty, homelessness, political strife, and dislocation, all problems that are increasingly common among adolescents in developing countries, are associated with sexual abuse or sexual intercourse in exchange for money or support for basic needs. Also, for social and cultural reasons, adolescents may be less able to refuse sex or less able to insist on adequate protection, thereby increasing their risk for STI/HIV infection (www.actforyouth.net). Many school going adolescents in Laiza dropped out of the school due to several reasons surrounding socio-economic background of the families, lack of social initiatives and absence of social investment for youth from local community as well as from the KIO government.


<table>
<thead>
<tr>
<th>No.</th>
<th>Reason of School Drop Out</th>
<th>2009-2010 (%)</th>
<th>2010-2011 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dropped out for personal reason</td>
<td>12 (2.3 %)</td>
<td>11 (2%)</td>
</tr>
<tr>
<td>2</td>
<td>Moved to other Schools</td>
<td>5 (0.90 %)</td>
<td>6 (1.1%)</td>
</tr>
<tr>
<td>3</td>
<td>Poverty</td>
<td>20 (3.80 %)</td>
<td>11 (2%)</td>
</tr>
<tr>
<td>4</td>
<td>Illness</td>
<td>2 (0.40 %)</td>
<td>3 (0.6%)</td>
</tr>
<tr>
<td>5</td>
<td>Death</td>
<td>Nil (0%)</td>
<td>3 (0.6 %)</td>
</tr>
<tr>
<td>6</td>
<td>Pregnancy</td>
<td>n.a</td>
<td>1 (0.2 %)</td>
</tr>
</tbody>
</table>

5. CONCLUSION

Adolescents in Kachin communities have limited access to reproductive and sexual health education. The reasons for this are manifold as discussed in the above findings. Societal constraints, perceptions and notion of the community on reproductive and sexual health, limit of accessibility to media which could be a source for adolescents and community at large can gain knowledge on this topic, lack of social initiatives and encouragement from the community. Adolescents are the most vulnerable to the prevalent conditions in the locality in Laiza where young people are more prone to indulged in acts such as drugs abuse, sex
trade, human trafficking, street fights, gambling, sexual pleasure outings, absence from school sessions, school drop out and early pregnancy. The condition of adolescents such as in Laiza could be consider as an example to highlight the overall condition of Kachin society in Kachin State, Myanmar, however, further research is needed. HIV infections in adolescents are at epidemic level world wide (www.actforyouth.net). There is an urgent need to mobilize the public on ARSH awareness, for legal side - fix age limit to bar the early marriages, organize debate and discussion, seminars, frequent TV channel, provide services such as counseling, trainings, publication, etc target those behaviors that are most amenable to change, tailor program for the targeted population, use theory to guide program development, address more than just sexual risk in interventions, (www.actforyouth.net).

Political instability, unorganized structure and administrative functionaries of local government, lack of mechanism for birth registration, lack of proper legal system to prevent early marriage, sexual activities among adolescents and absence of reproductive and sexual health education at school, at home and in society, and lack of societal responsibility on the affairs of young people are the indications that highlight the risk of adolescents to be infected with HIV/AIDS, STI and early pregnancy, abortion and complications. Local cultural perspectives of customary practices on marriage, family values, their pre-occupied belief, perception on sexual health should be reviewed; and reproductive and sexual health promotion program for adolescents and young people should start with a new vigor in Kachin society where young people are provided with services, education through giving more chances to have access to media, publication on ARSH education, provide more trainings, organize seminars and consultation meetings on youth health relate topics, mobilize youth for more active participation on mass awareness advocacy work for promotion of ARSH education. This can be the only source to their national strength, identity and ethnic struggle. Religious circle, social circle, and education system should take the leading role in promoting adolescent reproductive and sexual health in the community.
The ARSH education should not be kept insignificant, rather there should be more cooperation’s and collaborations among different sections of Kachin community transcending to larger society in Kachin State where diverse ethnic communities having unique beliefs and practices of their own living together forming a larger society.