REPORT OF THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS TRAINING

23 - 24 of May and 25-26 of May 2016
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Reported by the Akhaya Women

List of Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>3MDG</td>
<td>Three Millennium Development Goal Fund</td>
</tr>
<tr>
<td>AEI</td>
<td>Accountability, Equity, Inclusion</td>
</tr>
<tr>
<td>AYO</td>
<td>Ar Yone Oo</td>
</tr>
<tr>
<td>CAD</td>
<td>Community Agency for Rural Development</td>
</tr>
<tr>
<td>CDDCET</td>
<td>Community Driven Development and Capacity Enhancement Team</td>
</tr>
<tr>
<td>COM</td>
<td>Charity Oriented Myanmar</td>
</tr>
<tr>
<td>MAM</td>
<td>Medical Action Myanmar</td>
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<tr>
<td>MANA</td>
<td>Myanmar Anti-Narcotics Association</td>
</tr>
<tr>
<td>MHAA</td>
<td>Myanmar Health Assistant Association</td>
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<tr>
<td>MMA</td>
<td>Myanmar Medical Association</td>
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<tr>
<td>ACF</td>
<td>Action Contre La Faim</td>
</tr>
<tr>
<td>PTE</td>
<td>Phan Tee Eain</td>
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<tr>
<td>SARA</td>
<td>Substance Abuse Research Association</td>
</tr>
</tbody>
</table>
Introduction

The 3MDG Fund was established in 2012 to provide joint donor support to address the basic health needs of the most vulnerable people in Myanmar.

Across Myanmar, levels of maternal and child mortality are high, and most deaths are from preventable causes. Among specific diseases, the leading causes of death and illness are tuberculosis (TB), malaria and HIV/AIDS. There are significant inequalities in health status and in access to affordable, quality health care, especially in rural and hard-to-reach areas and among the most vulnerable populations. Health system challenges undermine the capacity of the public sector to deliver basic health care.

Beyond gains in terms of averted deaths, better health and improved well-being, global evidence shows that making the right investments in health is critical for economic growth and development. Health improvements accounted for about 11% of economic growth in low- and middle-income countries between 2000 and 2011. Improving access to and quality of health services is critical to ensure that citizens of Myanmar are healthy and enable them to become a more productive workforce for the country’s growth and development.

In partnership with the Government of Myanmar and others, the 3MDG Fund aims to have a significant, timely and nationwide impact, improving maternal, newborn and child health, and combating HIV and AIDS, TB and malaria. It will also strengthen the structures and institutions that deliver sustainable, efficient and responsive healthcare across Myanmar, extending access for poor and vulnerable populations to quality health services.

By pooling the contributions of seven bilateral donors - Australia, Denmark, the European Union, Sweden, Switzerland, the United Kingdom and the United States of America - 3MDG promotes the efficient and effective use of development funds. It is managed by the United Nations Office for Project Services (UNOPS).
1. Background of Akhaya Women

Established in 2010, Akhaya Women (AW) is a local initiative, led by and for women. It is a Yangon-based Myanmar civil society organization whose mission is to provide women with the essential tools and support mechanisms. Akhaya’s model is focused on empowering women and strengthening their self-confidence using support groups to better understand women’s rights, and engage in the broader social change work. The organization challenges gender stereotypes, brings gender equality into women’s homes and communities, and campaigns for a safer and more equal environment for women of Myanmar.

AW is working to create a supportive environment for women to learn, share and grow together by bringing together the women of Myanmar, providing the tools and support mechanisms necessary to challenge gender stereotypes, to bring gender equality into family homes and communities, and to campaign for a safer and more equal environment for women to live in.

Akhaya Women aims:

- To provide comprehensive services for women and children who experience Gender Based Violence
- To promote women’s rights
- To empower women to defend their rights and to promote women leadership to broaden and strengthen their leadership skills to become drivers of change in the families and in their communities
- To empower women in Myanmar through individual and experiential learning in small group settings where they gain self-confidence on their sexuality and gender, so that they become decision makers in their families and in the public sphere.
- To promote women’s participation in decision making
- To eliminate violence against women including sexual harassment in Myanmar by advocating for the rule of law related to sexual harassment and to articulate the need for women’s protection and domestic violence laws
- To build and strengthen strategic alliances with national and international partners, individuals and organizations, in addressing women issues
- To provide learning opportunities for caretakers and parents with child-centred and gender sensitive development approaches, so that gender equality practices can be started for the new generations at the family level.
- To establish social businesses to enable Akhaya Women to become self-sustained
- To enhance skills and knowledge in business to promote income of the women and also for the organization through social businesses, so that Akhaya Women is moving towards self-reliant rather than donor-reliant.
- To provide a work environment free from violence or threats of violence against individuals, groups and employees
- To ensure that this policy is practiced by all individuals in the organization’s premises or while representing the organization elsewhere.
2. **Aim and Objectives of Training**

1. To strengthen understanding the relationship between Human Rights and the Sexual and Reproductive Health and Rights
2. To improve knowledge on Sexual and Reproductive Health and Rights specifically definitions and concepts of Sexual and Reproductive Health and Rights, international framework, national policies and, good practices and examples
3. To strengthened health services provision in Myanmar based on increased understanding of key SRH issues
4. To understand how CSOs can promote and advocate for stronger Sexual and Reproductive Health and Rights policies and practices in Myanmar for better access to comprehensive Sexual and Reproductive Health and Rights services

Akhaya Women provided the two batches training for two days intentionally so that there would be time to spend on making key concepts are clear and that participants get an opportunity to engage in dialogue centered on advocacy strategies.

3. **Venue and Participants:** - The Trainings were held at 3MDG, UNOPS office, Yangon.

<table>
<thead>
<tr>
<th>The Sexual and Reproductive Health and Rights Training 23-24 May 2016</th>
<th>Total – Participants (Female-12), (Male-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profile of Participants</td>
<td>Program Managers, Communication Officers, Project Officers, Coordinators, Technical Officers, Capacity Building Officers and AEI Officers/Focal Points</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>Relief International, Danish Red Cross, CEVSI, Burnet Institute, Relief International, Community Partner International</td>
</tr>
<tr>
<td>Profile of Participants</td>
<td>Rainbow, Phan Htee Eain, Myanmar Medical Association, Triangle Women Support Group, Community Agency for Rural Development, Myanmar Anti-Narcotics Association, Ar Yone Oo, Substance Abuse Research Association, Medical Action Myanmar, Myanmar Health Assistant Association, Bright Future, CDDCET, COM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Sexual and Reproductive Health and Rights Training 25 – 26 May 2016</th>
<th>Total – Participants (Female-17), (Male-7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profile of Participants</td>
<td>Project Managers, Coordinators, M&amp;E Officers, AEI Focal Points, Training and Project Assistants</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>Save The Children, Burnett Institute, The Three Millennium Development Goal Fund (3MDG) Health for All team, Marie Stopes International, International Office of Migration, Population Service International</td>
</tr>
<tr>
<td>Profile of Participants</td>
<td>Rainbow, Phan Htee Eain, Myanmar Medical Association, Triangle Women Support Group, Community Agency for Rural Development, Myanmar Anti-Narcotics Association, Ar Yone Oo, Substance Abuse Research Association, Medical Action Myanmar, Myanmar Health Assistant Association, Bright Future, CDDCET, COM</td>
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</tbody>
</table>
4. Methodology

In the two-day training / 2 batches, facilitators used a participatory approach and facilitated two-way discussions. Participatory games and sensitization exercises, Information, Education and Communication materials were used as training tools. The trainings were conducted in Myanmar language.

5. Content and Proceedings

- Welcome and Introduction
- Agenda Introduction. (Annex 1)
- Training pre-testing questionnaires were distributed to participants at the beginning of the training to evaluate the effectiveness of the training. (Annex 2)
- Firstly, 3MDG welcomed the participants, gave the welcome remarks and explained the objectives of the Sexual and Reproductive Health and Rights (SRHR) Training. Then, 3MDG explained why SRHR Training is important and it was arranged to develop technical capacity of Implementing Partners.
- After the 3MDG’s welcome remark, Akhaya Women explained about its organization and expressed their gratitude to 3MDG and participants for taking part in this training.

After that, participants were asked to introduce themselves to each other and their expectations on the training through a short game.

It was two-day training and 2 batches of training were provided. The results are combined and presented as follows.

5.1 Session 1: Attitude and Sexuality

**Aim:**
- To understand the broad meaning of sexuality
- To understand sexuality is influenced by different attitudes
- About 10 statement to be read out
- Participants to stand in Agree or Disagree upon their perspectives

**Attitude Game:** about 10 statements to be read out and Participants to stand in Agree or Disagree upon their perspectives

1. I would not allow my 5 yr old boy, girl naked in-front of her father
2. I will teach my younger siblings that sex organs are dirty
3. Women are responsible for the birth control.
4. It is good to have sexual intercourse before marriage.
5. It is acceptable to have sexual intercourse without love.
6. Men need sexual intercourse more than women.
7. Men are reluctant to marry Women who initiate sexual act
8. Only men can initiate sexual act.
9. I’ll get angry if someone of the same sex asks me to have sexual act.
10. I would feel comfortable if I found myself attracted to a member of my sex.

**Note:** It is a game and it was sort of ice breaking to make the participants comfortable to start.

**Conclusion:** For Attitude and sexuality, when we played the game agree or disagree, most of participants were not open-minded but facilitator observed and designed to communicate more in the next discussion sessions.

With the encouragement of facilitator, the following phrases came out from the participants.
• Different people have different attitudes depend on where they grow,
• Mentioned how they have been brought up,
• Depends on religion, place, ethnic, education, and life experience etc.
• Sexuality is not only about sex and sex organs It is about perception on owns body;
• Power over others;
• Relation to Health;
• Relationship – intimacy and Sexual identity

5.2 Teenage and Sexual Rights and Health Rights attitude and Control Over own body; Reproductive Health and Sexual Health

Aim:
• To understand gender discrimination and practices in Myanmar
• To understand functions of sexual organs
• To understand different parts of male and female organs
• To discuss the Erogenous zones for male and female
• To discuss the socialization and internalization around female sexual organs and menstrual blood
• To understand how business sectors taking opportunity over lack of basic information

5.3 Control over our own body

Body Mapping Exercise

- Two groups – one group lie down on the flipchart and draw a body line for Female and another group for Male
- Ask them to draw the all the sexual organs
- Label each organ
  • Skin is the largest organ
  • Anus, mouth, nipple, clitoris, tip of penis have the similar tissue and give pleasure whether you like anal sex or not

The groups’ participants were able to draw out the following key points

• Brain is the most important organ relate to sexual harassment
• Kids touching lips and sex organ, we see differently
• Female have different erogenous zones – so female are not sex objects
• Men sexuality is not uncontrollable and should take responsibilities

For Teenage and Sexual Rights and Health Rights attitude, the male participants discussed the practices of teenage girls and the female participants’ side also discussed the behaviors of teenage boys. In that section, all participants talked opening and correctly. They noticed the difference of practices and thinking between boys and girls but they did not why.
5.4 Reproductive Health and Sexual Health

The participants mentioned that they

- At the beginning they were not aware about the use of the sexual arousal drug which used to knock women unconscious for male sexual pleasure.
- They have knowledge base and understand the responsibility to share information among the peers

- They know about the erogenous zones but they did not understand all part of body give sexual pleasure.
- The brain takes major role in controlling sexual desire.
- Participants learned to understand that the cause of rape cases is the less of brain control and the loose of judiciary.
- Participants became aware of child rape cases and learned about abuse prevention and what they can do to protect children.
- They understood that people who commit rape as well as victims should be provided with awareness on gender discrimination.
- The participants also mentioned that they started to become more aware of women and men reproductive organs and their functions
- Some participants mentioned that the became understand more of the sexual organs and its functions
- Majority of the participants mentioned that they were uneasy in the beginning but was able follow and express of what they would like to know
- A participant with medical background who always checks the lessons with google mentioned that he can prove that menstrual blood is not dirty with some evidence from the internet menstrual bloods are the blood from artery, not from vein.
- The participants sought to empower themselves after the attending this training.
- Participants understand that virginity is not related to value or humiliation for women.

Conclusion: After the first day of the training, the participants openly discussed about their worries to share the training information to their organizations because so much of it was new context and content. 3MDG and Akhaya encouraged them to activate their organizations’ policies and procedures related to the training topics.
Day 2: 6. Session 1: History of sexuality and prejudices

- To understand about the role of women in old days and how prejudices in Myanmar is based on menstrual blood and delivery
- To understand about what practices are influence in Myanmar culture
- To understand human firstly home

6.1. a. Women power and menstrual blood

It is the combined and the most common responses of the two sessions (24th and 26th May 2016)

<table>
<thead>
<tr>
<th>The responses by women</th>
<th>The responses by men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Blood and it last for 4-6 days</td>
<td>Some male folks response that they have heard about men from mothers</td>
</tr>
<tr>
<td>It is messy during the period days</td>
<td>They have seen the pads but really don’t know what it was for when they were at school in their teens</td>
</tr>
<tr>
<td>Men joke about it</td>
<td>Should not go close to the girls during the men period as it is dirty</td>
</tr>
<tr>
<td>During the period days we are nervous and angry</td>
<td>Saw some stain on longyis / sarongs and thought the girls have some kind of disease</td>
</tr>
<tr>
<td>The men wanted to see the virgin blood on the wedding night</td>
<td>Saw in commercials about feminine towels and not sure what it is really for</td>
</tr>
<tr>
<td>There are traditions in families who are ashamed of saying menstruation</td>
<td>I know about it from my married friend</td>
</tr>
<tr>
<td>Some girls don’t eat pickled tea leaves near to the period days</td>
<td></td>
</tr>
<tr>
<td>Some older women gave ginger tea as herbal medicine if the period days are late</td>
<td></td>
</tr>
<tr>
<td>We suffer fatigue, headache sometimes depression</td>
<td></td>
</tr>
</tbody>
</table>

6.1. b. Religious – put all into religious

Most religions view a woman’s period as a problem. With varying degrees of severity, they target menstruation as a sign of impurity and uncleanness. During a woman’s monthly cycle, she must be separated from the religious community until she is once again “purified.” Along with Buddhism, Christianity has perhaps the least harsh attitude toward menstruation of all the major world religions.

| Buddhism itself sees nothing especially impure about menstruation—nothing more impure than all other bodily functions, which are generally deemed to be evidence of filthy rotten leaking impurities on the physical plane | Christianity: that a simple monthly period is “impure”—but they rarely go to the extreme of isolating a woman from the general community as if she were a leper. The most antimenses strains of Christianity are found among the Eastern Orthodox Church | Islam: ‘It is an impurity, so keep away from women during it and do not approach them until they are cleansed; when they are cleansed you may approach them as God has ordained…. |

10
Participants’ response: But most of Buddhism’s prohibitions against menstruation—such as forbidding women from entering temples during their period—are thought to be vestigial customs inherited from Hinduism.

Participants’ response: where women are forbidden from receiving communion while on their period.

Participants’ response: During her period a woman is considered unclean, but the only restrictions are that she not have sex, touch a Quran, or enter a mosque for a full week. She must undergo a ritual bath before being deemed “clean” again.

6.1. c. Misunderstanding, Sayings, Proverbs, Misbelieves

The following sayings and proverbs in Myanmar were compiled from both sessions:

1. ကျွန်တော်မှာ အောင်မြင်းပြီး ရောက်ရှိပါမည်
2. အနေဖြာတွင် ပိုဝင်နေပါသော အရှေ့တွင် မြင်နေပါသော အိပ်မက်များ
3. မြောက်စွာ မြင်နေပါသော လူများ နေပါသော အိပ်မက်များ
4. မြောက်စွာ မြင်နေပါသော လူများ နေပါသော အိပ်မက်များ
5. တောင်တွင်းခြင်းနှင့် ပြီးပြီး
6. မြောက်စွာ မြင်နေပါသော လူများ နေပါသော အိပ်မက်များ
7. မြောက်စွာ မြင်နေပါသော လူများ နေပါသော အိပ်မက်များ
8. မြောက်စွာ မြင်နေပါသော လူများ နေပါသော အိပ်မက်များ

6.2 Sexual Rights and Responses

- To understand women and men reproductive organs and its functions
- To understand sexual organs and its functions
- To understand men and women sexual reproductive health rights

The facilitator shared the knowledge about the Sexual Response Cycle:

1. Desire
2. Excitement
3. Plateau
4. Orgasm
5. Resolution
The above 5 steps was explained by the facilitator and in Myanmar Language. (Annex 3)

The participants discussed in pairs; however, it was not noted down as the participants wanted to keep it to themselves. This was a very sensitive topic. They mentioned that they have understood to a great extent about the women and men sexual respond in regards to the sexual response cycle.

6.3 International framework
- To understand GBV services in Myanmar
- Toward International framework

Participants discussed the places where are facing the harassment on women. Women are facing harassment by men in the bus, at the home, at the office and in the wards. Some offices have the harassment policies but they don’t know what behaviors leads to harassment. And they don’t understand how to complain step by step.

The participants are aware to have the harassment policies in some offices and will discuss to set the harassment policies with the senior management team in the organizations. It will discuss to show laws and information relates the harassment on the notice board at the offices.

After understanding about the sexual and reproductive health rights, women and mothers discussed about the main of controlling to give birth a child and losing their own decision. Women who live in Myanmar are losing their women rights because of their traditional, cultures and it should have the laws for the rights.

The participants discussed about the domestic violence, adult rape and child rape cases that come out from keeping things secret relate the sexuality reproductive health and rights currently in Myanmar. And then they discussed about the violence against women services.

Participants discussed what must be done to get sexuality reproductive health and rights in Myanmar and they found out that their discussions got the main points of and linked to international frame work. It showed that they are clearly aware about Sexuality Reproductive Health and Rights.

Conclusion: Based on the participants’ feedback, it is essential to raise more awareness on Sexuality, Reproductive Health and Rights in Myanmar. Moreover, it is needed to understand that what other neighboring countries are working on the SRHRs and the laws that can protect women and children on violence and abuse.

7. Observations and Keys Findings on the Training

Observations and Key findings from the training are:
- Menstrual Blood is not dirty; it is the blood from the artery and 75% of oxygenated blood include in that blood.
- The sexuality with partner before marriage and after marriage should be discussed openly.
- Brain takes main part in controlling the sexual desire.
- Everyone girls and women should be aware about sexual arousal drugs and its risks.
- Clearly understood and wiling to raise women’s sexual rights.
- Gender role is very important in a family.
- Discrimination on women is the responsibility of men.
- Gender discrimination in Myanmar is due to wrong concept of culture, religion and customs that absolved in community for the long time.
- Heard about child rape cases, didn’t know the number of cases is that much high.
Everyone should be taught sexuality and reproductive health since childhood from their mothers, sisters and teachers.

Sexual pleasure is one of the important factors in a marriage.

Became aware about the women rights, sexual pleasure, sexual harassment and reproductive health. Aware exactly about sexual rights.

Skin is the main thing that gives sexual pleasure and women do masturbation like the men.

Virginity cannot decide the value of women; it is very important to women only because of the shaping of the society.

Realized that sexual desire of men doesn’t depend on women’s wearing style. And we can’t make judgment on the value of women at their appearance. Then women should be more respected and valued by men.

Clearly understood the importance of sexual harassment policy and I will encourage my colleagues how to handle sexuality reproductive health and rights issue.

Ability to value myself more than before.

Sexual harassment policy and procedures in organization is the most effective topic for me.

Realized it is important to change behaviour.

After the training, realized that it is wrong that I thought women are inferior.

Conclusion: It can be clearly noticed that after the training all the participants were fully aware of the importance of the need of how to handle sexuality reproductive health and rights issue and that women are not inferior. More awareness raising is required and it is needed to advocate for policy changes in order to provide more protection to women.

8. Action Plan by the participants

The action plan by the participants’ is as follows:-

They would like to carry out the following topics to their respective staffs and at community level.

1. Awareness raising for staff on Attitude and Sexuality and Reproductive Health
2. Sexual Abuse and Exploitation Refresher Course for Human Resource Personnel
3. Sexual Harassment

9. Pre and Post-Tests Analysis

The pre and post-tests on the training for the 23rd to 24th session were shown below. It is clearly seen that the incorrect responses of some questions decrease 100% and some remains a little. These responses were clarified after the post test in general to all participants.

1. I know specifically about the menstrual cycle.
2. Men need sexual intercourse more than women
3. Female sex organ needs to be washed after urinating.
4. Virginity for girls can be known by condition of the hymen.
5. Sex education should be taught in primary schools.
6. Men can control their sexual desire.
7. Sexual intercourse shouldn’t be conducted during pregnancy
8. Men lose their power when they enter the labor/delivery room during child birth
9. Homosexual is acceptable.
10. For contraception, women have full responsibilities
11. Some girls get raped because of the way they dress.
12. Oral sex is detestable.
13. If my best friend is homosexual, I will break up our relationship.
14. Women have to do house affairs.
15. Menstrual blood is dirty.
16. Women are inferior because of menstrual blood.
17. The value of women depends on virginity.
18. Women aren’t as skillful as men in administration.
19. Important decisions in family belong to father.
20. Women have to conduct most of the house affairs.
The pre and post-test on the training for the 25th to 26th session is seen as below. It is clearly seen that the incorrect responses of some questions decrease 100% and some remains a little. These responses were clarified after the post test in general to all participants.
The following charts show the comparison of the two-day trainings pre-test and post-test responses. It can be clearly seen the pattern of the responses of both the two sessions are similar. For example, the Question No 8, men lose their power when they enter the labor/delivery room during child birth: - correct response for pre-test is high in both sessions and in post-test it decrease.

Akhaya conducted two-day Training for one group of Community Peer Educators, arranged through Innthar Heritage Training Center.

The participants’ average ages were between 23 and 65 years old, with the majority having received graduated from university. There was a 24.3 % increase in knowledge, with 88.30% of participants answering correctly after training. Incorrect answers decrease by 10.15%. ‘Don’t know’ answers also decreased by 13.55%. Considering the age of participants and their education background, this training is considered successful.

<table>
<thead>
<tr>
<th></th>
<th>Pre Test</th>
<th>Post Test</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct</td>
<td>64%</td>
<td>88.30%</td>
<td>Up 24.3%</td>
</tr>
<tr>
<td>Incorrect</td>
<td>20.7%</td>
<td>10.55%</td>
<td>Down10.15 %</td>
</tr>
</tbody>
</table>
Training Facilities Feedback

An evaluation form was circulated to participants at the end of the training to provide feedback and suggestions on specific aspects of the training which included

1. the overall experience
2. organization of the event
3. facilitators
4. the content and length of the sessions
5. training materials
6. hand-outs
7. venue, facilities and food

Overall, participants were very satisfied the services.

Recommendations:

Violence against women is prevalent in communities across Myanmar. Women and girls face systemic discrimination and many forms of violence including sexual and intimate partner violence, and financial and emotional abuse. Yet, lack of public action, discriminatory laws, and entrenched social attitudes combine to silence survivors, and prevent them from seeking justice.

The training attempted to realign these attitudes and work towards a more accepting and tolerant culture that recognizes women’s rights. The participants’ at the end mentioned about the wide prevalence of violence against women in communities across Myanmar; how women and girls face systemic discrimination. In addition to that they also discussed about the women who also faced many forms of violence including sexual and intimate partner violence, and financial and emotional abuse.

Based on the training evaluation, the feedback received from the participants are positive and they are as follow:

- Overall experience by the participants – The participants mentioned that it was an exciting and a good learning experience. They were able to share their knowledge and feelings on one to one basis. The use of attitude games at the start of the training also helped as an ice breaker between and among the participants.
- Organization of the event – The participants commented that the training was organized and the contents were related to the topic. Time management was also good covering all the topics in the agenda in time and the length of each session and the use of energizers were also appropriate.
- Participants were satisfied with the facilitation during the training. They mentioned that the facilitator was a good listener, who was patient and sensitive towards the participants.
- Body mapping exercise was mentioned as a very effective method to have better understanding of sexual and reproductive health by both male and female participants. Other training methods and hand-outs such as sexual response cycle and proverbs were rated as good.
- The training venue, facilities and food arrangements were rated as satisfied.

In conclusion, Akhaya Women feels that the trainings were success based on the feedback from the participants. Women and men in the development sector at different levels were able to engage in discussions related to Sexual and Reproductive Health Rights further advancing their knowledge and scope of women’s rights in Myanmar.
## Sexual and Reproductive Health and Rights Training Agenda Day 1 Session

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Topic Details/ Content of Topic</th>
<th>Methodology</th>
<th>Purpose of each section</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00_9:15 am</td>
<td>Introduction</td>
<td>➢ Introduction each other&lt;br&gt;• Participant’s expectation&lt;br&gt;• Training flow</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9:15_9:30 Am</td>
<td>Pre Test</td>
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<tr>
<td>9:30_10:15 am</td>
<td>Attitude and sexuality</td>
<td>➢ About 10 statement to be read out Participants to stand in Agree or Disagree upon their perspectives</td>
<td>Attitude Game</td>
<td>To understand the broad meaning of sexuality&lt;br&gt;To understand sexuality is influenced by different attitudes</td>
<td>Flip chart, Blue &amp; Red Marker, tape</td>
</tr>
<tr>
<td>10:15- 10:30 am</td>
<td>Tea Break</td>
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<tr>
<td>10:15_12:00 am</td>
<td>Teenage &amp; SRHR attitude</td>
<td>➢ Teenage Practices &amp; culture</td>
<td>Small Group discussion</td>
<td>To understand gender discrimination and practices in Myanmar</td>
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<tr>
<td>12:00-1:00 pm</td>
<td>Lunch</td>
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<tr>
<td>1:00-2:15 pm</td>
<td>Control over our own body</td>
<td>➢ Female and Male sexual organs&lt;br&gt;➢ Erogenous Zones &amp; Myths</td>
<td>Body mapping Exercise &amp; Small Group</td>
<td>To understand Functions of Sexual organs</td>
<td></td>
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<tr>
<td>2:15- 2:30 pm</td>
<td>Tea Break</td>
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<tr>
<td>2:30_4:00 pm</td>
<td>Reproductive Health &amp; Sexual Health</td>
<td>➢ Sexual &amp; reproductive organs</td>
<td>RH Labelling each organ &amp; Group discussion</td>
<td>To understand women and men reproductive organs and its functions&lt;br&gt;To understand sexual organs and its functions&lt;br&gt;To understand men and women sexual reproductive health rights</td>
<td>Organ picture</td>
</tr>
<tr>
<td>4:00_4:30 pm</td>
<td>Recap</td>
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</table>
### Day 2: Session

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Topic Details/ Content of Topic</th>
<th>Methodology</th>
<th>Purpose of each section</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00_9:15 am</td>
<td>Review first day lesson</td>
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</tbody>
</table>
| 9:15_10:15 am    | History of SRHR Prejudices, Facts & Culture| ➢ Women power Vs menstrual blood  
➢ Fear of women power in relation to delivery  
➢ Religious – put all into religious  
➢ Misunderstanding about blood, sex, female and male sexuality, *sayings, proverbs*, misbelieves,  
➢ Talk about the facts for blood | Brainstorm Group discussion | To understand about the role of women in old days and how prejudices in Myanmar is based on menstrual blood and delivery  
To understand about what practices are influence in Myanmar culture  
To understand human firstly home | Flip chart, Blue & Red Marker, paper tape |
| 10:15-10:30 am   | Tea Break                                  |                                                                                                  |                   |                                                                                          |                                         |
| 10:30_12:00 noon | Sexual Health Rights & Responses           | Pairs reading Small group question exercise                                                     |                   | To understand women and men sexual respond step by step and sexual rights                 |                                         |
| 12:00-1:00 pm    | Lunch                                      |                                                                                                  |                   |                                                                                          |                                         |
| 2:15-2:30 pm     | Tea Break                                  |                                                                                                  |                   |                                                                                          |                                         |
| 2:30_4:00 pm     | International framework                    | ➢ Services                                                                                      | Group discussion  | To understand GBV services in Myanmar  
Toward International framework |                                         |
| 4:00_4:30 pm     | Post Test & Evaluation                     |                                                                                                  | paper test        |                                                                                          |                                         |
### Pre and Post-test

<table>
<thead>
<tr>
<th>No.</th>
<th>Particular</th>
<th>Correct</th>
<th>Incorrect</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>I know specifically about the menstrual cycle.</td>
<td></td>
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<tr>
<td>2</td>
<td>Men need sexual intercourse more than women.</td>
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<td>3</td>
<td>Female sex organ needs to be washed after urinating.</td>
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<td>4</td>
<td>Virginity for girls can be known by condition of the hymen.</td>
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<td>5</td>
<td>Sex education should be taught in primary schools.</td>
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<td>6</td>
<td>Men can control their sexual desire.</td>
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<tr>
<td>7</td>
<td>Sexual intercourse shouldn't be conducted during pregnancy.</td>
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<td>8</td>
<td>Men lose their power when they enter the labor/delivery room during child birth.</td>
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<td>9</td>
<td>Homosexual is acceptable.</td>
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<td>10</td>
<td>For contraception, women have full responsibilities.</td>
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<tr>
<td>11</td>
<td>Some girls get raped because of the way they dress.</td>
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<td>12</td>
<td>Oral sex is detestable.</td>
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<td>13</td>
<td>If my best friend is homosexual, I will break up our relationship.</td>
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<tr>
<td>14</td>
<td>Women have to do house affairs.</td>
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<tr>
<td>15</td>
<td>Menstrual blood is dirty.</td>
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<tr>
<td>16</td>
<td>Women are inferior because of menstrual blood.</td>
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<td>17</td>
<td>The value of women depends on virginity.</td>
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<tr>
<td>18</td>
<td>Women aren't as skillful as men in administration.</td>
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<td>19</td>
<td>Important decisions in family belong to father.</td>
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<tr>
<td>20</td>
<td>Women have to conduct most of the house affairs.</td>
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</table>
Sexual Response Cycle

Desire --- စိတ်ချစ်စွာရှိနေစဉ် (စိတ်ချစ်)

Excitement --- စိတ်ချစ်ရှိနေစဉ် (စိတ်ချစ်)

Plateau --- စိတ်ချစ်ရှိနေစဉ်အနီ (စိတ်ချစ်)

Orgasm --- စိတ်ချစ်ရှိနေစဉ်အနီ (စိတ်ချစ်)

Resolution --- စိတ်ချစ်ရှိနေစဉ်အနီ (စိတ်ချစ်)