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Ideas, expectations, and rules based on gender play a major role in governing men and women's behaviour and opportunities. However, in Myanmar, gender inequality has not historically been acknowledged as an issue of concern. [Raising the Curtain: Cultural Norms, Social Practices, and Gender Equality in Myanmar](#), illustrates how social and cultural norms carry ideas about different roles and worth for men and women that impact their ability to live full and productive lives. The report examines historical narratives and contemporary cultural and religious views of women in Myanmar, and describes in detail stereotypes and perceptions of women across various sectors. The study is based on data gathered from 543 women and men in seven States and four Regions of Myanmar between September 2013 and May 2014.

This special interest brief highlights some of the key gender issues within [health](#). Other special interest briefs in the series include sport, education, the media, and the economy. The Full Report and Summary Research Papers are available from www.raisethecurtain.org.



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RAISING THE CURTAIN:

Cultural Norms, Social Practices and
Gender Equality in Myanmar

Gender & Health



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Key Informant Interview (KII) with SRH Specialist



Gender and Health in Myanmar

Cultural norms impact heavily on women's opportunities for a healthy life. Such norms include those that: hold women's menstruation to be dirty; place high value on women's virginity; see women foremost as reproductive beings; hold sex to be a taboo topic; promote childbearing; discourage family planning; encourage women to sacrifice themselves for their families; and position women as inferior to men in the household.

Norms are socialized through peers, families, health educators and health care providers. These norms interact with and reinforce each other. In some cases, cultural norms are underpinned by weak laws and policies related to health, traditional superstitions and marital expectations, inadequate or inaccurate health information, and unequal and limited access to health care.

The impact of these norms include: limited access to sexual and reproductive health and rights, particularly among unmarried women but also among men; justification of men's violence against women - including sexual violence - with reference to women's failure to conform to cultural and social norms; the reduction of women's health issues to maternal and child health concerns; women's continued inability to decide matters concerning their own bodies, and the marginalization and discrimination of women who do not conform to gendered norms.

Women as Reproductive Beings and the Sex Taboo

Norms that cast women as reproductive beings - in opposition to men as productive beings - impact women's health and wellbeing in a number of ways. Perceived health needs of women tend to focus exclusively on maternal and child health, marginalizing other health concerns. At the same time, men's sexual and reproductive health needs may be overlooked.

Women's health is conveniently regarded [to be] the same as maternal and child health. Various types of healthcare are necessary throughout the life cycle of women. Maternal and child health care is also of importance. But health for girls who are not yet mothers, and health for other vulnerable women like sex workers as well, are of the same significance. Service providers should not neglect the role of men while they are giving all their attention to become women friendly. Health for men should also be given attention. Providers should give messages explaining that men's health is also vital for women and their families.

KII with SRH Specialist

The value of virginity, and the sex taboo - 'A good woman wears only one flower'

Among the strictest gender norms in Myanmar society are those that value the virginity of an unmarried woman, as a part of overall norms of modest behavior. These norms feed into justification of men's violence against women.

In the morning, the groom came and complained to the parents of the bride and said, 'Your daughter is not a virgin. Her vagina is too loose'. He said he could not marry her. They did not ask him, 'How do you know she is not a virgin? Do you have experience then?' In Myanmar culture, if you have pleasure with your boyfriend, you are already 'lost'. So because of these norms they put pressure on their daughter and forced her to marry





him. All the family members begged him to marry her. And he married her. Her whole life she was abused and beaten and finally, she could not stand it anymore and she filed for a legal divorce. But he told her, 'If you proceed with this I will kill you'. So she stopped. He violated her daily. So this culture puts a lot of women in this situation and they can't speak out. A lot of women are suffering because of these virginity norms.

Key Informant Interview with Senior Woman Leader 3

Respondents in this study conveyed a sense that globalization and the influence of other cultures are eroding modesty as a value, and some linked the perceived erosion of virginity / modesty norms to sexually transmitted diseases as well as HIV.



They hear about Western traditions. Myanmar young people want to imitate this tradition. Because of this, HIV/AIDS can easily transfer. For that matter, health staff from the Ministry of Health have to educate. ... If we maintain Myanmar traditional values, appearance of this disease can be reduced.

KII with Information Official

Virginity norms have immense impact on women's health with regards to acknowledging, naming and discussing health issues. These norms, as well as messages of abstinence to youth, make seeking and receiving health information and services, especially difficult for young and unmarried women and men, particularly with regards to sexual and reproductive health. When sexual and reproductive health services do exist, they are often inaccessible or unaffordable.

Some service providers are uncomfortable to speak openly about sexual and reproductive health due to their own cultural inhibitions. There are strong normative taboos of speaking openly about sex in Myanmar. The notion of sex as something dirty and as a private matter play a part in constructing this taboo. Both men and women reported feeling restricted in terms of which health problems they could share with other people and

seek care for if necessary. Economic factors, along with norms concerning modesty, (im)purity, virginity, and monogamy appeared to have equally serious impacts on the health-seeking behavior of men and women.

The Lack of Sex Education and Information about Sex

As with restricted access to health care, sexual norms regarding virginity and taboos on discussion of sex limit the availability of sex education, particularly for young girls and women.

The existence of HIV and associated health risks were described as warranting a break with traditional taboos. However, it appeared that HIV prevention information rarely went beyond discussions of disease control to broader sex education and sexual and reproductive health and rights. Although unsafe abortions cause immense health problems and are among the top three causes of Myanmar's high maternal mortality rates¹, they are still not openly discussed.

One of the more surprising findings from the community data, given the strong normative emphasis on modesty and pre-marital virginity, and the widely held taboos of discussing sex in public, was the near universal acceptance and desire for young people - both boys and girls - in communities to be able to access sex education. Male and female community members of all age groups spoke pragmatically of sex education as something that could be life-saving, particularly in protecting youth from sexually transmitted infections and HIV.

However, providing sex education was also discussed as something that could help young people (particularly women) 'avoid mistakes', i.e. getting pregnant before marriage, which would be very stigmatizing at the community level. In that sense, having access to more information could help community members conform to widely held norms of modesty. This has implications for how information is presented and for the development of Sex Education Curriculum and learning tools.



The Virtue of Having Many Children & the Norm of the Sacrificing Mother

The virtue of having many children was prevalent among the study participants. The issue of high birth rates was particularly discussed in the context of rural communities. This is where sexual and reproductive health information and services remain the most inaccessibleⁱⁱ and where an estimated 87% of maternal deaths occurⁱⁱⁱ. Norms that value women's sacrifice and socialize women to put the needs of their families before their own were described as leading women to neglect their own wellbeing. One of the concrete manifestations of this pattern is poor nutrition, particularly in situations of scarcity when women go without food so that other family members can eat. This is a very tangible example of a norm that can have serious health implications.

Menstruation as Dirty, Pregnancy and Child Birth as Shameful

Norms that hold menstruation to be dirty, shameful and inauspicious hold sway across the country. A large number of misconceptions around menstruation exist, including the need for changing eating habits and hygiene practices during the time of menstruation, and avoiding sexual relations. These ideas are publicly propagated along with a host of restrictions and prejudices that seek to control and regulate women's behaviour. Some social restrictions are limited to the period that women are menstruating. Others, such as the exclusion of women from a variety of holy places and functions, are applied to women generally throughout their lives with the justification that they, as a sex, menstruate and that this makes them impure and of lower status compared to men.

The restrictions and misconceptions surrounding menstruation, paired with the taboo of speaking about the body, sex and reproduction, combine to make young women scared, worried and insecure as they transition through puberty and into adulthood.



There are social practices that girls are taught when they have the menstruation. For example, no coffee, no green tea salad, no washing hair, no eating ice. They also don't know why they menstruate and what to do about hygiene.

KII with Girl Child Specialist

The norms around pregnancy and childbirth mirror to some extent those found in relation to menstruation. While women's reproductive role on the one hand is held up with pride as a strength, it is clear that the value attached to the reproductive function as opposed to the (male-oriented) productive function, is lower. The separation of male and female activities and spaces to maintain men's hpon¹ is found in relation to childbirth.

There are a number of cultural practices and superstitions surrounding pregnancy and childbirth. Some are clearly based on ideas of preserving the health of the mother and baby, such as avoiding the lifting of heavy objects during pregnancy. Others risk contributing to blame - as women are held up as responsible for the success of the pregnancy if things do not go well:

Decision Making on Sexual & Reproductive Health

While women are largely held responsible for ensuring that family members are fed and healthy, they are not always able to make decisions that would guarantee those outcomes, particularly in cases where health related decisions involved larger household expenses. A vulnerable group when it comes to decision-making about sexual and reproductive health and access to services is sex workers, and especially sex workers who are controlled by pimps, who act as the principal decision makers.

1. Hpon is assumed to be a natural and abstract quality that gives higher authority and status to men.



Pregnant women must keep focus on being gentle and tender, and not eating meat so their delivery will be uncomplicated. And they have to keep the Buddha's teachings always in mind for their children to be beautiful and free of birth defects.

FGD with Bamar Buddhist women aged 18-25,
Bogale Township



Steps to Transform Inequitable Norms in Health

The National Strategic Plan for the Advancement of Women 2013-2022 (NSPAW) emphasizes that research, policy, implementation and budgets are critical to ensuring women's and girls' right to quality and affordable health care, including sexual and reproductive health.

Gender mainstreaming of all health policies and plans, as well as working with health personnel as important agents of socialization, are necessary to better serve women's health needs.

Recognizing the impact of cultural norms and social practices on women's health, GEN recommends:

- Conduct more research on women's health needs, including but not limited to maternal and child health.
- Raise awareness among men and women of sexual and reproductive health and rights with a view to promoting acceptance of women's decision-making over their own bodies.
- Conduct research in health care settings on how cultural assumptions influence the way men and women are approached (including what is asked of women and men, what is not asked and how it is asked).
- Advance policies which focus on women's right to self-determination in matters concerning their bodies. Gender mainstreaming of community health plans and other policy documents is essential.
- Take advantage of the space created by HIV prevention activities to broaden awareness raising activities from a focus on disease control. Ensure sex education initiatives include sex, body image and integrity, and sexual and reproductive health and rights. Make sure content is age and context appropriate.
- Create space for health care providers to discuss cultural norms and gender stereotypes that may influence how they engage with clients.
- Ensure access to sexual and reproductive health services are not limited based on marital status or other factors.

Take Action to Advance Gender Equality

- Challenge donors, policy makers, businesses, unions, and development organizations to commit to gender equality in a practical and meaningful way. Highlight the deep roots and far reaching impacts of gender inequality and advocate for the use of a gendered lens on all developmental issues.
- Re-frame gender equality from a 'women's issue' to an issue of political advancement and democracy for all.
- Broaden the base in gender equality work from the circles of current activists, and engage men and women of different socioeconomic backgrounds, education levels, ethnicities, locations, sexualities and abilities.
- Begin discussions of gender inequality around tangible and specific issues in peoples' lives. Look at the impact at both individual and collective levels.
- Work towards re-claiming and re-valuing cultural and religious texts that promote an attitude of questioning and exploration rather than blind following, and those that have to do with social responsibilities. Use cultural and religious frameworks to advance a gender equality agenda.
- Be aware of culturally accepted forms of address and interaction. Approach change through constructive dialogue rather than through confrontation.
- Be practical and issue based. Address the issue of 'how to' in the work towards mainstreaming gender.



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- Equip yourself with up-to-date and reliable information about gender issues in different sectors, and be ready to provide concrete information in order to be taken seriously.
 - Identify and target the 'agents of change' in a given situation, for example, people with gender awareness and inside knowledge of a particular field; power holders with a sympathetic ear; teachers, health care personnel; religious leaders; journalists; parents, children and friends.
 - Reflect on the gendered aspects of norms that influence you in your own life and begin to make change happen there, not just in your professional role.

The Gender Equality Network is a diverse and inclusive network of Civil Society Organisations, INGOS, and technical resource persons working to facilitate the development and implementation of enabling systems, structures and practices for the advancement of women, gender equality, and the realisation of women's rights in Myanmar. To find out more about GEN, take a look at our facebook <https://www.facebook.com/genmyanmar> or email gen.myanmar@gmail.com



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