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**HEALTH RISK BEHAVIORS OF SELECTED
MYANMAR YOUTH**

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The objective of this study is to identify the health risk behaviors of youth and to find out the relationship between individual and family characteristics to the health risk behaviors of youth in selected townships of Myanmar. Secondary data from the survey on Adolescent Health Risk Behaviors and Need for Health Services in two selected townships of Yangon Division, Myanmar collected in the year 2000 by the Department of Health was used for this study. Both bivariate and multivariate analysis have been used to find out the relationship between individual and family characteristics of youth in relation to each of the health risk behaviors (smoking, drinking and premarital sexual exposure).

Out of 721 youth aged 15 to 24 years in the study 359 were male and 362 were female. Among the youth 38.7 percent were ever smokers. Mean age at smoking was 16.11 years. Thirty percent of the youth had ever been drinkers. Mean age of drinking was 17.59 years. Regarding premarital sexual activity, only 9.5 percent of the total sampled had premarital sex. Mean age of first sex was 18.59 years. Among those who are sexually exposed, 73.9 percent said that lovers were their first sexual partners. Only 21.7 percent stated that they had used a condom on their first sexual encounter.

The findings in this study also indicated that smoking and drinking was quite common among the youth in the study. It also pointed out that premarital sexual exposure was not unusual among the youth in the study. All of the health risk behaviors were dominated by male youth. Youth in their 20 to 24 years age group were more likely to be exposed to health risk behaviors. Among the youth in the study, out-of-school youths were more likely to be engaging in health risk behaviors. Premarital sexual activity was related to both smoking and alcohol use behavior of youth in the study.

Therefore this study pointed out that in order to prevent health risk behavior of youth, enforcement of law on availability and accessibility of tobacco and alcoholic beverages by children and youth are to be strengthened. Life skill training programs on health risk behaviors especially issues regarding reproduction and sexuality should be gender specific and focused to not only in school youth but also to be designed to reach out-of-school youth.