

# Youth Sexual and Reproductive Health Situation and Programmes in Laos: Challenges and Some Recommendations

**Background.** The Lao People's Democratic Republic (Laos) has a young population structure, with 54% of its 5.6 million population below 20 years of age, and 23.7% being 10-24 years of age.<sup>1</sup> This makes issues related to adolescents and young people, including their sexual and reproductive health (SRH), of extreme significance.

Several factors affect the attainment of SRH among adolescents and young people in Laos. Even though gender equality is guaranteed by the 1991 Constitution and is promoted in the 2004 Law on Women's Development and Protection, and although females comprise 50.2% of the general population and 31% of the youth population, gender equality<sup>2</sup> remains an issue.<sup>3</sup> Laos is classified as a Least-Developed Country, with 26% of its population living below the poverty line.<sup>4</sup> Nevertheless, the country has experienced relatively high economic growth in the last decade and has been slowly making inroads towards addressing poverty. Laos is also very ethnically diverse, and socio-cultural beliefs and practices among the 49 ethnic groups, combined with geographic and financial barriers and relatively poor health infrastructure, impact on health outcomes.

This article intends to describe the Lao youth sexual and reproductive health situation and provide some examples of good SRH programmes for young people in Laos.



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### Youth sexuality.

Many young people in Laos initiate exploring their sexuality and gain sexual experience at an early age. The 2000 Lao Adolescent Reproductive Health Survey<sup>5</sup> found that adolescents were increasingly engaging in sex before marriage, many resort to unsafe abortion, and many contract sexually

transmitted infections (STIs). There is also an increase in alcohol consumption and use of illegal drugs, particularly amphetamines. Likewise, an SRH assessment<sup>6</sup> revealed that adolescents engage in risky sexual behaviour. Adolescent boys reported frequent sexual activities outside their villages; they may have also multiple sex partners before marriage.

Other smaller studies give similar evidence. A previous study<sup>7</sup> found that more unmarried male youth (45%) had engaged in sexual intercourse than unmarried females (19%). Among the sexually active youth, 74% of males and 84% of females agreed with the statement: "I did not usually plan to have sex, it just happened." Furthermore, 17% of sexually active men had more than one partner during the previous 12 months. Almost half of them (48%) had never used a condom.

**Early marriage and pregnancy.** Marriages among the Lao people begin as early as 15 years of age (6.6% of the total number of marriages). The majority get married

between 15 to 19 years old, with 19.4 as the mean age. By the age 18, almost half are married.<sup>3</sup> The Laos SRH assessment also revealed that early marriage and adolescent pregnancy are the norm in Laos, contributing to high maternal and infant mortality rates.<sup>5</sup> The average age of marriage for young women in peri-urban areas was around 17-18 years, only slightly higher compared with most rural Lao Loum communities (15-17 years), and Lao ethnic populations (where many girls marry before age 14). Childbearing starts shortly after.

**Abortion and contraception.** Studies show the low level of contraception use and the large proportion of Lao young women who had an abortion.<sup>8,9</sup>

Abortion is very restricted in Laos, and is allowed only to save the life of the mother. However, the limited data available indicate widespread prevalence of unsafe abortion, often during the second trimester or later, and in dangerous circumstances. This puts adolescents and young people at high risk of serious complications such as haemorrhage, septicaemia, infertility and even death.<sup>7</sup> In a hospital-based descriptive study of abortion, 40% of the 336 women who underwent induced abortions were 20-24 years old. Seventy percent of these patients used medical abortion (combination of Mifepristone and Misoprostol called *Ya Chine*).<sup>10</sup>

More than two-thirds of the National ARH Survey respondents (70%) said that pregnancy outside of marriage was not accepted by society.<sup>4</sup> In one study, almost all students suggested that a girl who found herself in such a situation could have an abortion.<sup>11</sup> Young people's failure to obtain and use contraceptives correctly and constantly, the social stigma associated with premarital pregnancy, and the lack of appropriate counselling are thought to be the major factors leading to the high abortion rate among young people. Only about 3.1% of young people aged 15-24 have ever used condoms. In many parts of the country, access to condoms remains limited.<sup>12</sup>

**Youth facing the HIV epidemic.** Laos is still considered a low-prevalence country for HIV and AIDS, estimated at 0.2% in 2007, compared to other countries in Mekong region.<sup>13</sup> The current cumulative number of people living with HIV in Laos from 1990 to 2010 increased to 4,272, 55% of which are males. The number of AIDS cases has increased to 2,376 and there have been 1,170 AIDS-related deaths. The groups identified as high risk are female sex workers, men having sex with men (MSM) and injecting drug users (IDU).<sup>14</sup>

Nevertheless, these figures could further increase since

Laos shares borders with five countries with growing epidemics (Cambodia, China, Myanmar, Thailand and Vietnam). Given that poverty is widespread, young people are highly vulnerable to HIV through both internal and external migration. This is particularly a risk in the Mekong area where there is a concentration of vulnerable groups.<sup>15</sup>

The government launched a National Strategy and Action Plan 2006 to 2010 for HIV and AIDS with the aim of limiting the prevalence of HIV infection to less than 5% in high risk groups and less than 1% in the general group. However, due to human resource and funding limitations, there are currently only five treatment centres providing anti-retroviral treatment (ART) in Laos. The estimated coverage of ART is more than 95%; the accumulative number of people on ART is 1,690 from 2003 to 2009. Of these, 1,573 are adults and 117 are children; 15 are currently on second line regimen. Despite the unclear adherence rate, there is 9% drop-out rate.<sup>13</sup> There are currently several interventions from NGO and government sectors towards HIV prevention, but all of them focus on high risk groups for HIV transmission. Fewer programmes are being implemented for youth, such as reducing the HIV risk of young people in Laos by the Burnet Institute, the Lao Red Cross Youth Peer Education Programme, and the health education programme for young people by the Lao Youth Action for AIDS Programme

(LYAP).

**Overall shifts in trajectories.** The rapidly changing economic context of Laos has significant impact on the sexual behaviour of young people. Factors, such as high levels of internal migration from rural to urban and external migration with ongoing growing exchanges at borders, increase risk of unprotected sexual contact among youth. An increasing number of young women also go into sex work.<sup>16</sup> Young people in Laos are more vulnerable to HIV due to practice of unsafe sex, increased HIV prevalence, and low risk perception among vulnerable groups and young people, low level of knowledge on STIs and HIV and AIDS, and poor access to SRH products and services.<sup>17</sup>

**Sex education.** Sex education was first implemented in 2001 in five provinces and then extended in 2007 to 11 provinces, especially in provinces situated along the borders of neighbouring countries that are at risk for HIV and AIDS. It presently covers 24% of primary schools and 80% of secondary schools. However, there are no specific subjects for sex education; this is just integrated

**Laos is also very ethnically diverse, and socio-cultural beliefs and practices among the 49 ethnic groups, combined with geographic and financial barriers and relatively poor health infrastructure, impact on health outcomes.**

into different subjects.<sup>18</sup> Furthermore, the evaluation of the sex education programme and curriculum revealed quality issues and concerns related to training, life skills, teaching materials, content of the curriculum and personal values of teachers. For example, the development of necessary life skills to enable young people to cope with SRH concerns discussed above was not facilitated.<sup>19</sup>

**Limited access to SRH services for youth.** The above situation demonstrates a large need for sexual and reproductive health care services. However, SRH services appear to be underdeveloped in Laos. This can be partly explained by the relatively poor availability of any formal health services, whether in the public or private sector.

The use of services by adolescents is very often linked to how they perceive both the services available and the health-care providers' skills and abilities. While family planning services are available from both formal and informal sector providers, adolescents' access to contraceptive methods remains very limited, particularly for unmarried youth.<sup>20</sup> Access to health education and printed information on SRH is uncommon.<sup>5</sup> The national policy on reproductive health stipulates the provision of modern contraceptive methods to people irrespective of their marital status. However, health providers at maternal and child health (MCH) clinics either have no specific policy for young people, or think they are not allowed to provide contraceptives to unmarried youth. Lack of information and awareness of young people also contribute to low utilisation of young people of contraceptive services at MCH clinics.<sup>21</sup> Studies done elsewhere showed that privacy and anonymity are relevant factors for seeking SRH services, especially for youth.<sup>22</sup> The Reproductive Health Initiative for Youth in Asia (RHIYA) project found that young people are shy and do not dare to come to use reproductive health services. There is also a gender gap in accessing to SRH services.<sup>15</sup>

Another barrier to the utilisation of public health services is miscommunication and poor interaction between the clients and health providers. Among ethnic groups, language barriers constitute an important reason for non-use of health facilities. Only a few members of ethnic groups achieve positions of responsibility in the health system, which implies that clients are often unable to directly communicate with them.

**Adolescent SRH programmes.** To respond to the situation described above, many international organisations have adopted a wide range of youth-friendly SRH programmes, which includes training peer educators on

SRH information provision, counselling, provision of contraceptives, and testing and treatment of STIs and HIV. Likewise, the Lao Government has implemented interventions by raising youth's awareness on SRH, having a peer education programme, setting up and operating youth centres, offering youth-friendly services, and building community support for youth on SRH issues.

Table 1 provides a brief summary analysing youth SRH interventions in Laos. There are few youth-led organisations; most of them are youth-serving organisations, which support the mobilisation of youth-led movements. Mechanisms for youth participation include: programmes supported by Lao Youth and Lao Women's Union mass organisation, youth participation in youth-friendly SRH services, and peer education training supported by the UN, NGOs and HIV and AIDS networks. Currently, few existing programmes focus exclusively on young women (although some projects address gender equality issues). Additionally, one project addresses sexual diversity issues and another addresses ethnic youth SRH issues.

**Challenges.** Improving adolescent and young people's sexual and reproductive health in Laos presents challenges. The major risk factors for adverse SRH status among adolescents result from cultural practices that promote early marriage and pregnancy and prevent parents talking to their children about SRH; high-risk sexual behaviour that appears more common than is acknowledged by the community and service providers; women's low social status in comparison to men, particularly among ethnic groups; and sexual double standards for girls and boys. There is disparity among groups of young people based on gender, urban and rural location, and ethnicity, in accessing SRH information and services. Pressing SRH concerns include unsafe sex, which leads to unwanted pregnancies, unsafe abortion, STIs and HIV and AIDS, as well as lack of access to SRH services, especially for unmarried youth.

**Recommendations.** Some ways for moving forward are to:

- Develop a policy on Adolescent and Youth SRH.

- Revise the sex education curriculum to make it comprehensive and include the development of specific life skills geared towards responding to the core ASRH challenges in the Lao context: unsafe sex, teenage pregnancies and abortion, and sexually transmitted diseases among in and out-of school youth. It should foster respect for sexual rights, gender equality and sexual diversity, and empower youth to develop critical thinking skills. Implementation and coverage should be improved, and strong teacher training and values clarification programmes are needed.

**There is disparity among genders and young people in urban and rural areas, and among ethnic groups, in accessing sexual and reproductive health information and services.**

**Table 1. Youth Interventions in Laos**

Name of Intervention and Period	Implementing Organisation	Funding Source	Target	Objectives and Activities of the Project	Elements Making Them a Good Practice
Sexual Reproductive Health Programme for Young People (2008 until now)	Lao Women's Union; Vientiane Youth Centre	UNFPA	Youth (15-24 years old)	Promoting SRH information; Behaviour change; Diagnosis and treatment of STI; Hotline counselling on SRH issues; Referral and counselling network	Youth-led organisation; Offers youth-friendly services; addresses gender equality
Increasing awareness of SRH information among migrant youth (2009-2011)	Lao Women's Union, Vientiane Youth Centre	Oxfam Novib	Migrant youth (15-24 years old) in dormitories	Promoting SRH information Peer education training	Offers youth-friendly services
Promoting Adolescent Reproductive Health (2007-2010)	Lao National Youth Media and Information Department, Lao Youth Union	UNFPA	Youth in schools and out of schools	Media (such as guidelines, books, newspaper, radio and television) related to reproductive health, life skills, prevention of impact to HIV/AIDS, drug and other social issues that has an impact on young people	Youth-led organisation; Youth participation
Lao Youth Action Programmes (2000 until now)	Lao Civil Society	UNICEF Global Fund	Young people PLWHIV	Holistic approach; Outreach programmes for gay, bisexual and transgender; Peer-to-peer counselling; Care and support for PLWHIV	For youth empowerment; addresses gender equality and sexual diversity; Youth-serving organisation
Behaviour change interventions and social marketing products and services to address HIV and AIDS and STIs, and RH (2006-2014)	Population Service International (PSIs)	USAID, Global Fund	Female Sex Workers (FSWs), Men Who Have Sex with Men (MSM) and transgenders and their clients; mobile groups	Accessing quality sexual health services, including STI treatment with the one-STOP kit; Peer outreach; Mass media and interpersonal communications strategies; Social marketing of condoms	Youth-serving organisation; youth participation
Young Male Peer Education Project (2007-2011)	Burnet Institute	PACT/ USAID	MSM	Increasing the correct and consistent use of condoms among young men, and particularly MSM; Promoting appropriate STI care-seeking practices among MSM. Study visits to STI clinics; peer education exchange activities; maintenance of an information room for young men.	Youth-serving organisation; youth participation; evidence-based programming
Sex Education Curriculum (2001 until now)	Department of General Education, of the Ministry of Education	UNFPA	Adolescents Youth	Developing a sex education curriculum for high schools, including population and reproductive health knowledge, HIV/AIDS and life skills.	Teaches life skills; addresses gender equality; youth-serving organisation; youth participation
Raising awareness with games and outreach activities and provision of STI services, including HIV screening (2007-2011)	Vientiane Health Department	FHI	FSW	Educating low-income FSWs about HIV and other STIs; Provision of SRH services	Offers friendly services for FSWs; youth-serving organisation; youth participation
Advocacy on SRH, knowledge and accessibility to ASRH information and services among female Akha adolescents in LNT province	Faculty of Postgraduate Studies and Vientiane Youth Centre	Oxfam Novib through ARROW	Young women and indigenous youth	Training and peer education on Comprehensive Sexuality Education Advocacy to the local and national levels on SRH and accessibility to ASRH information and services	Life-skills approach; Gender empowerment; Youth participation; Advocacy



- Scale up the good practices of youth sexual and reproductive health interventions across the country. Youth programmes should be relevant to the different needs at different stages of development of young people; they should also be evidence-based, gender-sensitive, rights-based and culturally sensitive.

- Work within societal norms and bridge the gender gap. Informing young people about their sexual and reproductive health and providing them with needed services is often a sensitive area, both socially and culturally. At the same time, the rights of young people should be protected.

- Strengthen youth participation and leadership, and technical and organisational capacity building in adolescent reproductive health issues.

- Ensure sustainable resource mobilisation by developing institutionalisation of youth initiatives as a strategy to support youth networking, which can be achieved through support to youth-adult partnerships.

## Endnotes

- 1 National Statistical Centre. 2006. *National Household Census 2005*. US Census Bureau, International Programme Center, International Data Base.
- 2 Gender disparity is greater in terms of economic activity and income earned and different status of women in different ethnic groups.
- 3 National Statistical Centre. 2007. *Lao Reproductive Health Survey 2005*. Ministry of Planning and Investment & UNFPA. <http://countryoffice.unfpa.org/laos/drive/LAOREPRODUCTIVEHEALTHSURVEY.pdf>
- 4 Laos Population below poverty line. Available at the website: [http://www.indexmundi.com/laos/population\\_below\\_poverty\\_line.html](http://www.indexmundi.com/laos/population_below_poverty_line.html)
- 5 Lao Youth Union, Japanese Organisation for International Cooperation in Family Planning & UNFPA. 2001. *Adolescent Reproductive Health Survey 2000*.
- 6 WHO. 2000. *A Strategic Assessment of Reproductive Health in Lao People's Democratic Republic*.

- [www.wbo.int/reproductivehealth/publications/RHR\\_00\\_3/strategic\\_assessment\\_of\\_reproductive\\_health\\_lao\\_pdr.pdf](http://www.wbo.int/reproductivehealth/publications/RHR_00_3/strategic_assessment_of_reproductive_health_lao_pdr.pdf)
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  - 12 Sisouphanthong, B., et al. (October, 2000). *Report of the adolescent reproductive health survey*. Vientiane.
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  - 14 CHAS. 2011. *HIV/AIDS and ART statistic data*.
  - 15 WHO. 2008. *Epidemiological Fact Sheet on HIV and AIDS - Lao People Democratic Republic: 2008 Update*. [http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008\\_LA.pdf](http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_LA.pdf)
  - 16 EU/UNFPA Reproductive Health Initiative for Youth in Asia. 2007.
  - 17 MOH, UNFPA. *Assessment of condom programming*.
  - 18 These subjects include "World around Us" for Grades 4 and 5; Civic Education, Geography and Natural Sciences in lower secondary school; and Biology in upper secondary school.
  - 19 MOE, UNFPA. *National Assessment of sexuality education Lao PDR*.
  - 20 Sychareun, V. 2004. "Meeting the contraceptive needs of unmarried young people: Attitudes of formal and informal sector providers in Vientiane Municipality, Lao PDR." *Reproductive Health Matters*, Vol.12, Issue 23, p.155.
  - 21 Save the Children UK. 1999. *Adolescent Sexual Reproductive Health survey in Sayabuly province*. Unpublished report.
  - 22 International Center for Research on Women (ICRW) and Population Council. 2001. *Voluntary Counseling and Testing Among Youth Ages 14 to 21: Results from an Exploratory Study in Nairobi, Kenya, and Kampala and Masaka, Uganda*. Horizons Programme.

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