

## Key messages:

- Adolescent health and SRH goals and targets are important to achieve MDG.
- Adolescents are entitled access to high quality SRH education and information and services, especially ethnic minority groups, people living in rural areas and those with lower education levels. Mainstream the ASRH education curriculum, the school-based extracurricular programs into official school learning programs and CSE for out-of-school youth.
- Ensure access for adolescents and youth to quality youth-friendly SRH services by assuring availability and access to youth-friendly SRH and counseling services at the health facilities for both unmarried and married young people. You are a decision maker and your actions will influence the future of youth.
- Promote sexual and reproductive rights and young people's participation by involving young people in policy dialogue to create an enabling environment for youth participation in the design, delivery and monitoring of SRH programs targeted at their own age group.

We call for the inclusion and prioritization of adolescents and young people's SRHR. The political will of the government is important to draft the policies, allocating resources for funding priorities and fill the gaps of adolescent's SRH.

This brief outlines the call from the Faculty of Postgraduate Studies, University of Health Sciences with the partner Vientiane Youth Centre, Lao Women's Union.



University of Health Sciences



Vientiane Youth Centre

## Policy Brief on SRH among adolescents, Lao PDR



## SRH to all Adolescents Lao National Context

Lao PDR has a young population with 62% aged less than 24 years<sup>1</sup>, and 23.7% of the population aged 10-24 years. Sexual reproductive ill-health contributed to the burden diseases among young people and is a major public health challenge. The study on the assessment of sexual reproductive health in Laos revealed that early marriage and pregnancy in adolescence are the norm in Laos, contributed to high maternal and infant mortality rates<sup>2</sup>. The average age of marriage was found to be slightly higher (around 17-18 years). While the age of marriage is low in most rural Lao Loum communities, it is even lower in Lao ethnic populations. The sexual reproductive health indicators linked to the adolescent SRH situation in Lao PDR are<sup>3</sup>:

Total Fertility Rate (TFR)	4.07 births per woman
Contraceptive Prevalence Rate (CPR)	38.4%(any method) 35%(modern methods)
Unmet need for contraception	27.3%
Adolescent birth rate	110 per 1,000 women aged 15-19
Early marriage (before age 15) among women age 20-49	24.5%
Births conducted by skilled birth attendants for adolescent mothers aged 20 years compared with the older age	19.3% vs 31.3%
Maternal Mortality	400 per 1000 live births

## Barriers to ASRH health and rights includes

**Limited of formal comprehensive SRH education:** ASRH education is part of the curriculum at high schools. There are no specific subjects on sex education, just integrated into different subjects such as the World around us for Grades 4 and 5 and secondary school subjects Civic Education, Geography, Natural sciences (in lower secondary), and Biology (in upper secondary) reaching 24% of primary schools and 80% of secondary schools, but this does not include other important aspects sexual education like sexual development, reproductive health, interpersonal relationships, socio-cultural environment and gender relations<sup>4</sup>.



<sup>1</sup> National Statistical Centre, 2006. National Household Census, 2005 and US Census Bureau, International Program Center, International Data Base.

<sup>2</sup> WHO. 2000. *A Strategic Assessment of Reproductive Health in Lao People's Democratic Republic*. Website: [http://www.who.int/reproductivehealth/publications/RHR\\_00\\_3/strategic\\_assessment\\_of\\_reproductive\\_health\\_lao\\_pdr.pdf](http://www.who.int/reproductivehealth/publications/RHR_00_3/strategic_assessment_of_reproductive_health_lao_pdr.pdf)

<sup>3</sup> National Statistic Centre, 2006. *Lao Reproductive Health Survey 2005*. Ministry of Planning and Investment & UNFPA. [http://countryoffice.unfpa.org/lao/drive/LAO\\_REPRODUCTIVEHEALTHSURVEY.pdf](http://countryoffice.unfpa.org/lao/drive/LAO_REPRODUCTIVEHEALTHSURVEY.pdf)

## Limited legislative and policy environment

There is no policy requiring the provision of SRH services to unmarried youth. Family planning services have traditionally been provided to married couples, which has resulted in a clear gap in services.

### Inadequate of SRH services for adolescents, including counseling, are not widely available

Adolescents aged 20 also received less support from a skilled attendant during birth delivery than the older age groups (19.3% compared with 31.3%)<sup>5</sup>. Where services are available, they are often reported as ineffective and/or unfriendly towards young clients, further compromised by prejudicial attitudes and inadequate capacity of health providers to provide appropriate SRH care<sup>6</sup>. Studies done showed that privacy and anonymity are relevant factors for seeking sexual and reproductive health services, especially for youth. As the RHIYA project also found that young people are shy and do not dare to come to use reproductive health services<sup>7</sup>.

<sup>4</sup> MOE, UNFPA. National Assessment of sexuality education Lao PDR.

<sup>5</sup> Op cite Reference 3.

<sup>6</sup> 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.

<sup>7</sup> EU/UNFPA Reproductive Health Initiative for Youth in Asia. 2007. Lao PDR: Final Report. RHIYA Monitoring and Evaluation . Reproductive Health Initiative for Youth in Asia (RHIYA).