

Options to Reduce Teenage Pregnancy in Laos

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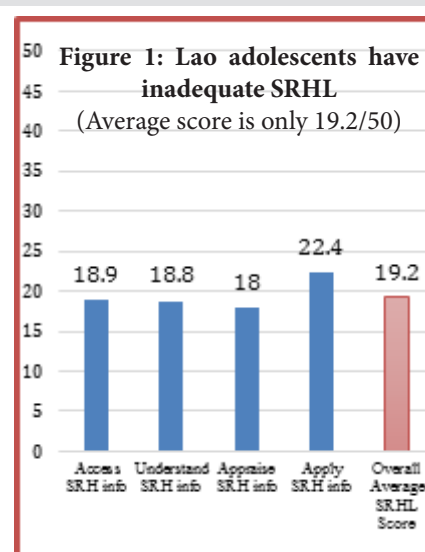
Key Messages

- Teenage pregnancy in Laos is the highest in South East Asia
- Adolescent health should be a policy and action priority
- Sexual and Reproductive Health Literacy should be the new indicator of adolescent self-protection capacity
- Multi sector actions are needed - Adolescent health is the responsibility of everyone
- Set up youth friendly services to increase access to reproductive health services

TEENAGE PREGNANCY AND LOW SEXUAL & REPRODUCTIVE HEALTH LITERACY

In Laos, **19% of women become mothers before 18 years of age, which is the highest in south-east Asia, and 15.1% of maternal deaths occur amongst adolescents**⁷. Teenagers have higher social, economic and maternal health risks: e.g. higher mortality, morbidity, more unsafe abortions, child marriage, violence, sexual transmitted diseases such as HIV/Aids, and being expelled or dropping out of school.²⁻⁶ This not only affects the adolescents, but also their newborn child's health and development. This vicious cycle affects adolescents, the next generation and hampers community and society development.

New insights show that (part of) the problem is the lack of sexual and reproductive health literacy (SRHL) among adolescents. Low SRHL implies that **Lao adolescents have inadequate self-capacity to make informed, responsible judgements and reasonable decisions regarding their sexual health and behaviors**⁸⁻¹² (see figure 1).



CURRENT POLICY

The Lao government has made an effort to ensure the health and social well-being of the younger generations in the country. However, implementation was not sufficient; child marriage is still practiced and family planning is rarely accessed by adolescents or young people of reproductive age who are unmarried.

POLICY PRIORITIES

1. Focus on adolescent SRH to improve access to quality service and sexual education for young people:



Actions & Actors

Action 1: Establish a Comprehensive Sexual Education Program to provide culture and age-appropriate SRHR information for youth

Actors: Health and Education sector

Advantages

- Can be inserted into the learning system. More practical & sustainable^{15,16,20}
- Appropriate knowledge & not against the culture

Action 2: Expand access to youth friendly SRH services

Actors: Health sector and key partners (LWU/LYU)

- More privacy
- Convenient for adolescents
- More skillful counsellors & effective

Action 3: Train male and female friendly counsellors in every school to help provide proper advice to students

Actor: Education sector

- Ensure equal info access between genders
- Maintain schooling life

2. Adopt sexual reproductive health literacy (SRHL) as an indicator of adolescent SRH

Actions & Actors	Advantages
<p><i>Action 4:</i> Monitor the SRHL every 5 years in the national social indicator survey. Stimulate schools to do it annually.</p> <p><i>Actors:</i> Ministries of Health and Education</p>	<ul style="list-style-type: none"> - Adolescent SRHL can be measured - Low-cost & Reflect improvement
<p><i>Action 5:</i> Further research on Adolescent Health</p> <p><i>Actors:</i> Universities, Institutes</p>	<ul style="list-style-type: none"> - More evidence on youth health - Evidence based policy

3. Create an enabling environment to protect adolescents' and young people's rights

Actions & Actors	Advantages
<p><i>Action 6:</i> Establish Adolescent Health Day (AHD), include substantial activities for adolescents in friendly and creative ways, such as</p> <ol style="list-style-type: none"> (1) General health check-up (2) Provide info about self-skill / contraception (3) Run SRH games / sports <p><i>Actors:</i> Health sector and key partners (LYU, Law & political, development partners)</p>	<ul style="list-style-type: none"> - Good for wider collaboration, monitoring and evaluation - Stimulation for social openness & sharing - Adolescent participation - Adaptable and extendable based on the existing Adolescent Research Day (ARD) - Good health promotion & disease prevention
<p><i>Action 7:</i> Advocate gender oriented SRHR and family law which focus on the need to decrease early marriage and teen pregnancy</p> <p><i>Actors:</i> Culture - Info sector and Law sector</p>	<ul style="list-style-type: none"> - Alternative advocacy - Accessible to all groups - Alertness to family law to help decrease TP & CM
<p><i>Action 8:</i> Opening for private sector to help create alternative advocating on family planning and gender equality</p> <p><i>Actors:</i> Health sector and key partners (Private sector and LWU)</p>	<ul style="list-style-type: none"> - More creative solutions - Attractive to targets - Work-sharing between Lao gov. & private sectors - Wider social network involved

RECOMMENDATION

To deal with the consequences of teenage pregnancy, extremely low SRHL and utilization of family planning services, it is strongly recommended that action is taken on priority one and two as soon as possible.

- Establish a comprehensive sexual education program to provide culture and age-appropriate SRHR information for youth; together with ensuring all adolescents enrolled in school.

- Expand the network of youth friendly SRH services to response to the need of family planning in young people; with sufficient trained human resources and other relevant supplies.

- Monitor the SRHL every 5 years in the national social indicator survey, stimulating schools to do the monitoring in students yearly, and adopt the SRHL as an indicator of the RMNCH actions progress.



IMPLEMENTED IN COLLABORATION WITH

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