

Baseline Report

Improving Sexual and Reproductive Health through Reducing Early Marriage in Remote Ethnic Communities in Sekong Province, Lao PDR



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Acronyms

ANC	Antenatal Care
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DHO	District Health Office
ECM	Early Child Marriage
GNB	Girls Not Brides
GPE	Global Partnership for Education
HC	Health Center

HCSP II	Health Care Strengthening Project – Phase II
JICA	Japan international Cooperation Agency
LWU	Lao Women Union
LSIS	Lao Social Indicator Survey
LYU	Lao Youth Union
MCH	Mother and Child Health
PHO	Provincial Health Office
SFE	Service Fraternel d’Entraide
SRC	Swiss Red Cross
SRH	Sexual and Reproductive Health
SRMH	Sexual Reproductive and Maternal Health
UPR	Universal Periodic Review
VAW	Violence Against Women
VHV	Village Health Volunteer
WRA	Women in their Reproductive Age

Table of Contents

Background.....	4
Project objective.....	4
Methodology.....	4
Sample.....	4
Findings.....	5
Child marriage.....	5
Age at first pregnancy.....	6
Lao PDR commitment eliminate child, early and forced marriage.....	7
Delivery place.....	8
Adolescents use SHR information and services and do informed decisions on their family planning independently.....	8
Availability of relevant and understandable information on sexual reproductive and maternal health (SRMH) information, policies and rights for adolescents and their parents.....	9
Adolescent girls use youth friendly sexual reproductive health services.....	9
Local partners (CSOs, Ministry of Health, Health committees) have the capacity to deliver key messages on the link between child marriage and pregnancy risks to the targeted ethnic minority communities.....	10
Female adolescent education.....	10
Appendix.....	12
Annex 1: BMZ Logframe.....	12
Annex 2: Upper secondary school attendance.....	16

Background

Project objective

Lao PDR has the highest rates of early marriage in the region, even though the law sets the age of marriage at 18. Young brides are more vulnerable to sexual abuse from their partners and to unintended pregnancy. Lao PDR has the highest adolescent pregnancy rate in the region due to early marriage, limited knowledge of sexual & reproductive health, and limited access to appropriate services. The overall goal of the project is improved sexual reproductive and maternal health (SRMH) in remote ethnic communities in Sekong Province. The action contributes to reduced child marriage, as well as providing SRMH knowledge and developing youth friendly health infrastructure. The action engages the whole community to reflect on harmful traditions and their negative impact on the development of girls, and to create an enabling environment for girls.

Methodology

The baseline relies on two main methodological approaches. The first consisted in a qualitative study¹ relied on literature review, semi structured interviews, focus group discussions and observations. For the qualitative study, the interview and focus group discussion grid was developed in order to cover questions regarding early marriage and SRH and looking at how do people use telephone and access internet if any, and what are the expected changes (if any) and the means to ensure these changes are happening. The assessment confronted ideas and narratives about life of young girls and boys being early married and needs as well as solutions proposed and collect their satisfaction or non-satisfaction regarding early pregnancy in order to develop adequate messages for social behaviour changes by the appropriate means.

Data was triangulated from various sources and discussion was engaged as far as possible. Data collection was similar on the different sites (improved and adapted through time) based on interviews and focus group discussion with the key informants, project teams, young women-children, parents. The aim was to understand better what are the main challenges faced by early married children and early mothers and how to their face them, what strategies do they implement and how do their lives have been affected by early marriage and pregnancy in terms of access to school or to vocational training and CARE activities as well as access to health information and health care especially ante natal and post-natal care.

Qualitative data processing was based on thematic analysis. As part of the analysis a process including a reflection on findings involve project team and PHO/DHO through different debriefings. The field team composed of one senior male foreign but Lao speaking researcher and a young Lao female interviewer (ethnic Tai Deng) worked with female and sometimes male interpreters using local ethnic languages to address such intimate issues as a guaranty of reliability and sincerity. 5 villages were visited during the field visit.

Sample

For the qualitative study, the sample consisted of early married children (especially girls in reproductive age and child mother and father) parents and grandparents (and step parents) of child mothers, girls who do not want to be married or married early but refusing to have children at the early age, as well as authorities and key informants in charge of issues of education & health. In total. 104 people were interviewed (39 female). This includes 54 youths (44 females and 10 males) and 12 parents, with 16 villages authorities and 4 VHV (some being also parents) were met in interviews or FGD. 16 government staff including 8 HC staff (F8) and 2 teachers (F1, M1) were also interviewed.

For the baseline, the team interviewed 180 mothers with children under 24 months old including 41% Talieng, 36% Katu and 23% Ngkriang. 51% of the mothers went to primary school, 16% to junior high school, 5% to senior high school and 2% to university. 24% never went to school at all.

¹ For more details see Adolescent SRH and Early Marriage SBCC by Didier Bertrand.

Findings

Child marriage

According to LSIS 2017, an average of 33% of adult Lao women were married before the age of 18, with 9% of those having been married by the time they were 15. Of persons aged 20-24 years, 59% of women and 36% of men are married. Rates of child marriage do not seem to be dropping significantly in the present either, with LSIS II (2017) finding that 24% (one on four) of youth currently between the ages of 15-19 were already married. LISIS shows that the percentage of young women (20-24) who married before 18 was 32.7%.

This puts Early Child Marriage in Laos at one of the highest rates in the region.

According to UNICEF², high rates of early marriage are also linked to poverty and low levels of education - social factors that are common in the communities where CARE works. Within Laos, LSIS statistics show variation across social groups regarding early marriage rates. A smaller proportion of urban youth are married compared to rural youth, especially off-road rural youth, and rates of ECM also vary by level of education and wealth quintile. One of the most significant factors that correlates with rates of ECM in Laos, however, is ethnicity. For instance, the median age at marriage for women in Laos is stable at 19.2 years, but it drops to 17.5 years in the Hmong-Mien ethnic group.³

Table on early marriage in target areas and ethnic groups in Lao PDR (Source: LSIS 2017 p 295 to 298)

Age	Gender	Laos	Sekong	Lao-Tai ethnolinguistic group	Mon-Khmer ethnolinguistic group	Hmong-Mien ethnolinguistic group
Married before 15						
20-49	F	8%	10%	6%	13%	20%
	M	5%	8.3%	4%	5%	26%
Married before 18						
20-49	F	33%	37.8%	27%	42%	55%
	M	13%	19.5%	10%	16%	26%

According to the data collected during the baseline in Sekong, 44% of the informants claimed that they got married between 12 and before the age of 18. From an ethnic perspective, 50% of the Katu informants got married before 8 compared to 41% for the Ngkriang and 40% for the Talieng informants.

Child marriage is driven by gender inequality and the belief that girls are somehow inferior to boys.

In Laos, child marriage is also driven by several factors:

- Level of education: Girls' education is often not prioritised as boys traditionally inherit family property whereas girls leave home to marry. As a result, almost 60% of women (age 20-24) with no education were married before the age of 18, compared to 16% who completed secondary education.
- Poverty: 56% of women in Laos' poorest households married as children, compared to only 13% living in the richest households. Together with the lack of employment opportunities for young women, child marriage can be used as a means of economic survival and security for families.

² Lao Social Indicator Survey (LSIS) 2017, Lao Statistics Bureau and UNICEF Lao PDR, 2018. <https://www.unicef.org/laos/reports/lao-social-indicator-survey-lsis-2017>

³ Population Situation Analysis: LAO PDR: p 4.

- Pre-marital sex: Girls engaging in pre-marital sex are often stigmatised and this sometimes pressures them to marry young.
- Adolescent pregnancy: 18% of Laotian girls had given birth by age 18, with higher rates in remote areas. Starting a family is still considered the “normal” thing to do for many teenagers and often goes hand in hand with marrying.
- Household labour and exploitation: Girls are mostly seen in their domestic role and as advantageous to a groom’s family as they provide free labour, and her family receives a dowry payment in return.
- Human trafficking : there are reports of Lao girls being trafficked to China where they are forced to marry Chinese men

Age at first pregnancy

Lao PDR has also the highest adolescent pregnancy rate in the region due to early marriage, incomplete knowledge of sexual & reproductive health and limited service to appropriate services. Childbearing often begins early in Lao PDR and, at 94/1000, the country has one of the highest adolescent pregnancy rates in the region⁴. This early start to child rearing is particularly evident in rural areas, where the adolescent fertility rate is estimated at 114/1000 girls aged 15–19 years. Early childbearing and higher fertility rates are also correlated with lower education levels, lower wealth quintiles and ethno-linguistic group. These high rates of adolescent pregnancy are an area of concern given the increased risk of poor maternal and infant outcomes across a range of indicators. In rural areas, age-related pregnancy risks are often compounded by malnutrition, poor socioeconomic conditions and low levels of literacy and limited access to maternal healthcare.⁵

According to the “Girls not bride” initiative, 33% of Lao girls are married before their 18th birthday and 7% are married before the age of 15. 11% of boys in Laos are married before their 18th birthday, which makes Laos the country with the eighth highest prevalence rate of child marriage for boys.⁶

According to the interview with 180 mothers, 18% of the informants said that they got pregnant between 14 and before 18 years old. From an ethnic perspective, 32% of the Ngkriang said they got pregnant before 18 years old compared to 15% for the Talieng informants and 11% for the Katu.

These findings seem to confirm the findings of a recent study⁷ in Laos, that highlighted that adolescent marriage and pregnancy is the norm, with marriage after the age of twenty considered undesirable and indeed, many were concerned that if they were not married by twenty, they would not be attractive to men.



⁴ MoH, LSB/MPI, MoES: Lao social Indicator survey, 2012. In. Vientiane statistics division, Department of Planning and Finance, Ministry of Health, Lao statistics bureau, Ministry of Planning and Investment 2012.

⁵ Goonewardene IM, Waduge RP. Adverse effects of teenage pregnancy. *Ceylon Med J.* 2005;50(3):116–20. . Rajapaksa-Hewageegana N, Salway SM, Piercy H, Samarage S. A quantitative exploration of the sociocultural context of teenage pregnancy in Sri Lanka. *BMC Pregnancy and Childbirth.* 2014;14(1):1–10.

⁷ Sagili H, Pramy N, Prabhu K, Mascarenhas M, Reddi

⁶ <https://www.girlsnotbrides.org/child-marriage/laos/>

⁷ Sychareun et al. Determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR: a qualitative study *BMC Pregnancy and Childbirth* (2018) 18:219, <https://doi.org/10.1186/s12884-018-1859-1>

From this perspective, early initiation of sexual intercourse, marriage and childbearing need to be understood within the cultural logic of the sexual practice of what it is to be an adolescent in these communities and the taken for granted reality. Determinants of teenage pregnancy included liberal attitudes to teen pre-marital sexual intercourse, early marriage and pregnancy, incomplete knowledge of sexual and reproductive health and limited access to appropriate services.⁸

Other determinants of early initiation of sexual intercourse, early marriage and childbearing were often attributed by participants to the traditional customs and liberal attitudes that many of the different groups held towards pre-marital sex. In these communities, traditional practices allow for relatively free pre-marital sexual relations and multiple sexual partners before marriage, with adolescent boys and girls being told by family and other community members including elders, that engaging in sexual intercourse is an important part of growing up.

While marriage is usually a necessity before childbirth, pre-marital sex often with multiple partners is considered the norm. It has been observed that in some communities, while pre-marital sex has previously been mainly with people from within the village or surrounding village, increased integration into the market economy combined with the perception of minority girls' promiscuity, is contributing to men from outside these ethnic communities seeking opportunities to engage in sexual liaisons with local women, often in exchange for money or other material goods. The increasing demand for commercial sex and the changing aspirations of young ethnic girls is also contributing these girls engaging in transactional sex as a step to more material lifestyles.

Lao PDR commitment to eliminate child, early and forced marriage

Laos has committed to eliminate child, early and forced marriage by 2030 in line with target 5.3 of the Sustainable Development Goals. Laos reported on the progress and some of the challenges of measuring indicators related to gender and child marriage in its 2018 Voluntary National Review at the High Level Political Forum.

Laos acceded to the Convention on the Rights of the Child in 1991, which sets a minimum age of marriage of 18, and ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1981, which obligates states to ensure free and full consent to marriage.

In 2011 the UN Child Rights Committee recommended that the government consolidate a national system for data collection, analysis, research and strategies to address violence against children. In 2018, the Committee expressed deep concerns about the fact that, although the minimum age for marriage is set at 18, child marriage remains highly prevalent, especially among girls in certain ethnic groups.

Similarly, in 2018, the CEDAW Committee expressed concerns about the persistent prevalence harmful practices such as early marriage despite its prohibition, and the insufficient measures taken to address the root causes of this practice.

In 2017, the UN Special Rapporteur on the sale and sexual exploitation of children made a visit to Lao PDR. She highlighted that child and forced marriages are an area of utmost concern and recommended that Lao PDR tackle the impunity for these crimes and develop an integrated national child protection system.

During its 2015 Universal Periodic Review (UPR), Laos agreed to examine recommendations to establish legislation which penalizes child marriage.

Laos has committed to the ASEAN Declaration on the Elimination of Violence against Women and Violence against Children (2013), which acknowledges the importance of strengthening ASEAN efforts to protect children from all forms of violence, including early marriage.

⁸ Sychareun et al. Determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR: a qualitative study BMC Pregnancy and Childbirth (2018) 18:219, <https://doi.org/10.1186/s12884-018-1859-1>

In 2019, at the Nairobi Summit on ICPD25, Laos committed to end gender-based violence and harmful practices, focusing on early marriage among adolescents through the revised National Action Plan for Prevention and Elimination of VAW 2021-2025 and its implementation through the Essential Service Package. The Laos is a partner development country of the Global Partnership for Education (GPE).

Delivery place

Out of 180 mothers interviewed during the baseline survey in Sekong Province, 72% delivered in their village, 13% at the district hospital and 4% at the provincial hospital.



Woman giving birth in the forest in Dakcheung district (Photo: Steeve Daviau)

Adolescents use SHR information and services and do informed decisions on their family planning independently

Several publications mention the lack of or limited access to adolescent and youth-friendly sexual and reproductive health counselling and limited information and services, the cost of services, the attitudes of health workers, self-censorship, fear of social stigma and the perceived lack of confidentiality discourage youth to seek health services and information they need.⁹

In terms of health service provision, young key populations¹⁰ express a preference for targeted stand-alone clinics, integrated programmes in mainstream hospitals and clinics, and multi-purpose youth centres.

⁹ Adolescent and Youth Situation Analysis Lao People's Democratic Republic "Investing in young people is investing in the future" Lao People's Revolutionary Youth Union, LYU, Lao PDR, 2014, Vientiane.

¹⁰ Rapid Assessment: Most-At-Risk Adolescents and Young People to HIV in Lao PDR. UNICEF-OH, Bangkok, 2011

Important characteristics of services noted were: confidentiality, non-judgmental health care staff, clinical expertise, and a friendly environment. Self-censorship, costs, confidentiality, location, service hours, and fear of invasive procedures were cited as barriers to accessing services, similar to those reported by female sex workers.

Finding from a study conducted in 2017 among university students in Vientiane has shown that health literacy among adolescents,¹¹ and the high teenage pregnancy rate in Lao PDR indicated that the lack of sexual knowledge and effective sexual education among adolescents.^{12 13} Because most school adolescents had inadequate SRH, comprehensive sexual education and enabling information as well as access to adolescent services is essential,¹⁴ therefore there would be a need to adopt behaviour change communication strategy to empower that adolescents have equipped good knowledge, positive attitude and ability to apply SRH knowledge into making right decision to benefit their own health.

Availability of relevant and understandable information on sexual reproductive and maternal health (SRMH) information, policies and rights for adolescents and their parents

In general, knowledge about SRH is limited among the young couples, and particularly girls, and married girls' levels of knowledge varied even within the same village depending on how far they attended school and session in the village (showed or not interest in the issues).

Prenatal mother and child health concerns, including avoiding falls or injuries that may trigger miscarriages or premature labouring are not well understood such that pregnant women would need to stop to work or avoid heavy work as a result, girls will work until the very last day and come back to work soon after delivery (that might explain miscarriages). Being mostly illiterate and with a low ability to speak and understand Lao language, young ethnic women are very vulnerable.

Adolescent girls use youth friendly sexual reproductive health services

Addressing adolescent SRH is essential in reducing maternal and new born mortality and morbidity, as well as negative socio-economic consequences of early sexual debut and childbearing.

Many unmarried adolescent girls mainly relied on their partner to make decisions about their sexual and reproductive healthcare needs. In comparison, most of the married adolescents explained that accessing services and making decisions about contraception was something they discussed and decided together with their husbands.

Contraception is generally seen as a topic relevant only to older married women who already have enough children, and not for young women who have just started families. There is no need before and after marriage until one has 3-4 children.

Use of modern contraception is mostly to limit birth because women do not want to have any more children and not the ones who want to have more children in the future as use temporary methods.

This, in addition to the lack of service availability in proximity, severely limits the number of young couples accessing family planning services.

There is little knowledge in general apart from condom use for STD/STI and serious concerns regarding the consequences of using contraceptives mostly if one does not have as many children as expected (getting thin or fat, weak or dizzy or even death).

¹¹ Runk L, Durham J, Vongxay V, Sychareun V. Measuring health literacy in university students in Vientiane Lao PDR. Health Promotion International, 2017.

¹² World Health Organization. Early marriages, adolescent and young pregnancies. Report No. Sixty-fifth world health assembly 2012; Provisional agenda item 13.4, WHO, Geneva.

¹³ Lao People's Revolutionary Youth Union, Lao PDR & United Nations Population Fund. Adolescent and Youth Situation Analysis Lao People's Democratic Republic; 2014.

¹⁴ Sexual and reproductive health literacy of school adolescents in Lao PDR. Viengkhone Vongxay, January 2019.

Local partners (CSOs, Ministry of Health, Health committees) have the capacity to deliver key messages on the link between child marriage and pregnancy risks to the targeted ethnic minority communities

Service Fraternel d'Entraide (SFE), JICA as well as the Swiss Red Cross (SRC) also working in the province to improve the quality of health care in Sekong Province. SFE's project HCSP II Project substantially contributed to enhance the capacity and improve the skills of Health Care Worker including diagnostic and provided the relevant tools and stimulate them to work and be committed to work and fulfill their responsibilities to improve service delivery including capacity to deliver health messages. 663 people including 462 women (67%) participated in the 1,445 training events provided. In total the project supported over 17,000 hours of training. We can clearly observe that health staff have improved their skills in documenting and recording patient history and this speeds up the process of diagnostic and treatment. There are less costs involved, cases are solved quicker and the patient can be treated more rapidly and go back home and the hospital can use both human resources and material to solve new cases.¹⁵

HC Staff provides health education sessions in the village where MCH and SRH information are part of the talk when they come for injection and nutrition checking. The message is usually delivered in Lao language. They would deliver the information through talking and showing some contraceptive devices. They reported that the audience is mostly composed of WRA who have already children or too many children and might be interested in family planning. Teenagers would not attend and young mothers with a small number of children are not yet interested. They might stay at the back and do not join discussion nor ask questions. Males are not much present.

VHV and LWU members are just some times repeating what HC Staff provided during the visit but not much addressing youths. Younger people who know about SRH may have learned it when they visited the HC for ANC and PNC check-up. Some people, especially older ones have heard about SRH from health staff.

Hardly anyone has heard about ECM as a legal or child right issue. The only organization who intervened in this matter is the district representative of the Ministry of Interior addressing children at school in Dakcheung district but not every year. Some parents may give advice to their children not to get pregnant and the use of some contraception methods. LYU seems not to have plan to communication with youths on these issues.

Youths of both sex get together to talk about sexuality among themselves in a small group of 3 to 5 people and in less regard about family planning and contraception. The preference of same sex group is strongly argued with some differences between boys and girls in terms of the topic being addressed (girls more on love, affection, avoiding pregnancy), boys more on beauty, dating, preying on girl, and sexual experience).

Most of people said that they have not seen any posters or any visual material in their villages. TV and radio have not mentioned as usual sources of information. Only a couple of youths said that they have ever been exposed to Thai TV. In Ta Houm village we could listen Lao music for all day diffused from private house with speakers but we do not know the source.

Female adolescent education

Secondary school is a main source of information regarding reproductive and sexual health, as genital anatomy and contraception are now included in the curriculum with basic information on reproductive health mostly at M3 M4. This is backing the reason why to work with school to strengthen the lessons on reproductive health.

¹⁵ Daviau, Steeve, Final Evaluation of the Health Care Strengthening Project phase II (HCSP II) Project in Sekong Province, Lao PDR. Service Fraternel d'Entraide. Fédération vaudoise de Coopération, Entrust Foundation, Service de Missions et d'Entraide, 2020.

The Lao Social Indicator Survey (2017) displays the percentage of children of upper secondary school age attending upper secondary school. 38.1% of children attend upper secondary school (37.6% for male against 38.1% for female). Sekong province displays much lower rate with 25% attendance (25.2 for male and 24.7 for female).

According to district education office in 2020¹⁶, there were 378 female students in Lamam and 181 girls in Dakcheung completed the 4th year secondary school (final year of lower secondary school).; and there were 330 female students in Lamam and 84 girls in Dakcheung completed the 7th year secondary school (final year of upper secondary school).;

¹⁶ District Education Offices in Lamam and Dakcheung 2020

Appendix

Annex 1: References

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Specific objective (Outcome):	Indicators	
	Actual status	Target
Adolescents use SHR information and services and do informed decisions on their family planning independently	<ul style="list-style-type: none"> • Current status: 0% • Current status: Child marriage: 10% of girls and 8.3% of boys married before 15 (average 9.15%) years old in Sekong province; 37.8% of the girls and 19.5% of the boys married before 18 years old (average 28.65). 	<p>75% out of the 500 Adolescents initiate discussions on sexual and reproductive health as well as family planning in their families (documented by health volunteers and peer mobilisers during household visits)</p> <p>Reduction of early marriage by 5 % from baseline for boys and girls before 15 years old; and by 15% for boys and girls before 18 years old.</p>

Results (Output):	Indicators (possibly including quantity structure)	
	Actual status	Target
1. Availability of relevant and understandable information on sexual reproductive and maternal health (SRMH) information, policies and rights for adolescents and their parents	<ul style="list-style-type: none"> • In target communities there is currently no culturally adapted understandable information on SRMH, policies and rights for ethnic minority groups (maternal child health posters by MoH are available in target communities but not understandable for the target group) <p>Current status: 0%</p>	<p>75% of 500 targeted women (250) and girls (250) use the material on SRMH information, policies and their rights by EoP (social media users statistic) and exercise their rights (dialogue in families on early marriage)</p>

<p>2. Adolescent girls use youth friendly sexual reproductive health services</p>	<ul style="list-style-type: none"> The Government of Lao PDR started working on youth friendly service in 2017, an agenda for training of trainers was developed recently but not applied yet. <p>Current status: 0</p> <ul style="list-style-type: none"> Current status: 19,4% of women age 15-19 have given birth or are pregnant with first child in Sekong province¹⁷ Currently no youth friendly sexual reproductive health services are available in targeted districts and community health centres. <p>Current status: 0%</p>	<p># of district and provincial health staff designed the treatment facilities considering guidelines on youth friendly health services and treat adolescent girls with respecting their privacy (Interview of examined girls)</p> <p># number of reported adolescent pregnancies are reduced by 7% in targeted villages by EoP.</p> <p>60% of adolescent girls in target district receive sexual reproductive health service by EoP</p>
<p>3. Local partners (CSOs, Ministry of Health, Health committees) have the capacity to deliver key messages on the link between child marriage and pregnancy risks to the targeted ethnic minority communities</p>	<ul style="list-style-type: none"> Currently local partners have an understanding of SRMH policies and the consequences of child marriage but do not have youth friendly tools and the capacity to facilitate interactive information sessions reflecting local culture and context. <p>Current status: 0%</p> <ul style="list-style-type: none"> Currently there was no community members per targeted communities participate in information sessions on youth friendly sexual and reproductive health information. 	<p>80 % out of 16 partner organisation staff members (province and district health department, health centres and civil society organisations) apply youth friendly methods for interactive information sessions</p> <p>100 Community members per targeted communities (10 villages) participate in 12 information sessions on youth friendly sexual and reproductive health information (in total 120 information sessions) and prove their knowledge through a final test.</p>

¹⁷ Lao Social Indicator Survey 2016-2017, p.40. and DHIS2

	Current status: 0	
4. #of girls finishing secondary school	<ul style="list-style-type: none"> • Currently : In Lamam and Dakcheung, 559 girls (14 years or above of age) finish year 4 of secondary school in 2020 • In Lamam and Dakcheung, 414 girls (17 years or above of age) finish year 7 of secondary school in 2020¹⁸ 	<p>615 (increase by 10%) girls finish year 4 of secondary school by EoP.</p> <p>455 (increase by 10%) girls finish year 7 of secondary school by EoP.</p>

¹⁸ District education Office in Dakchueng and Lamam 2020

Annex 3: Upper secondary school attendance

Table LN.2.6: Upper secondary school attendance and out of school youth															
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance ratio), percentage attending lower secondary school, and percentage out of school, Lao PDR, 2017															
	Male					Female					Total				
	Percentage of children:					Percentage of children:					Percentage of children:				
	Net attendance ratio (adjusted)	Attending lower secondary school	Attending primary school	Out of school ^A	Number of children	Net attendance ratio (adjusted)	Attending lower secondary school	Attending primary school	Out of school ^A	Number of children	Net attendance ratio (adjusted) ¹	Attending lower secondary school	Attending primary school	Out of school ^{1A}	Number of children
Total	37.6	25.6	1.1	34.8	3,199	38.6	17.3	0.9	41.8	2,921	38.1	21.7	1.0	38.1	6,120
Area															
Urban	58.3	19.9	0.2	19.4	975	64.0	12.4	0.4	18.9	829	61.0	16.4	0.3	19.1	1,804
Rural	28.5	28.1	1.6	41.5	2,224	28.5	19.3	1.0	50.9	2,092	28.5	23.8	1.3	46.1	4,316
Rural with road	30.8	27.7	1.1	40.1	1,922	30.4	19.3	0.8	49.1	1,822	30.6	23.6	1.0	44.5	3,744
Rural without	14.1	31.0	4.4	50.5	302	15.6	18.9	2.3	63.2	270	14.8	25.3	3.4	56.5	572
Region															
North	36.2	28.3	1.3	33.6	963	36.8	19.4	0.7	42.0	852	36.5	24.1	1.0	37.5	1,815
Central	42.8	24.4	0.6	31.0	1,602	44.6	15.4	0.8	37.1	1,389	43.7	20.2	0.7	33.8	2,991
South	26.6	24.7	2.4	46.0	634	28.4	18.6	1.2	51.4	680	27.5	21.5	1.8	48.8	1,314
Province															
Vientiane Capital	63.9	14.1	0.0	17.9	345	64.0	7.4	0.9	20.6	279	64.0	11.1	0.4	19.1	624
Phongsaly	31.8	30.9	1.2	36.1	87	36.7	16.8	0.9	44.8	69	34.0	24.6	1.0	40.0	156
Luangnamtha	32.9	32.7	2.5	31.2	88	37.2	28.4	0.8	33.7	69	34.8	30.8	1.7	32.3	157
Oudomxay	32.7	31.0	1.1	33.5	163	27.9	23.7	0.5	45.9	189	30.1	27.1	0.8	40.2	351
Bokeo	31.3	25.1	0.0	42.9	86	34.5	8.9	0.9	54.7	76	32.8	17.5	0.4	48.5	162
Luangprabang	39.6	22.3	1.1	37.1	229	35.2	17.7	0.7	44.4	182	37.6	20.2	0.9	40.3	411
Huaphanh	26.1	41.0	1.6	30.7	162	24.8	25.7	1.4	48.1	118	25.6	34.5	1.5	38.1	281
Xayabury	53.4	18.1	1.5	26.3	149	60.8	13.4	0.0	25.2	148	57.1	15.8	0.8	25.7	297
Xiengkhuang	52.7	28.6	0.0	18.2	134	38.7	21.5	1.1	38.6	133	45.7	25.1	0.6	28.4	267
Vientiane	48.5	22.9	1.7	26.0	232	47.8	16.7	0.0	33.7	200	48.2	20.1	0.9	29.6	432
Borikhamxay	50.8	15.8	0.4	33.0	160	57.0	8.5	0.6	32.8	155	53.9	12.2	0.5	32.9	314
Khammuane	38.2	24.5	1.3	35.7	172	38.1	22.2	0.0	37.7	167	38.2	23.4	0.7	36.7	339
Savannakhet	21.8	32.9	0.3	44.7	502	29.6	17.8	1.5	51.1	409	25.3	26.1	0.8	47.6	911
Saravane	12.7	22.0	3.6	61.3	190	23.3	19.6	3.0	54.0	205	18.2	20.7	3.3	57.5	395
Sekong	25.2	41.7	2.1	31.1	68	24.7	25.8	0.0	48.1	52	25.0	34.8	1.2	38.5	120
Champasack	36.8	19.7	1.0	41.8	306	32.5	14.1	0.0	52.8	340	34.6	16.8	0.5	47.6	647
Attapeu	20.7	37.2	5.5	36.6	69	26.6	29.9	2.5	41.0	83	23.9	33.2	3.9	39.0	152
Xaysomboune	45.9	32.4	0.8	20.9	58	45.6	18.9	0.4	34.4	47	45.7	26.3	0.7	26.9	104

(Continued...)

Table LN.2.6 (continued): Upper secondary school attendance and out of school youth

Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance ratio), percentage attending lower secondary school, and percentage out of school, Lao PDR, 2017

	Male					Female					Total				
	Percentage of children:					Percentage of children:					Percentage of children:				
	Net attendance ratio (adjusted)	Attending lower secondary school	Attending primary school	Out of school ^A	Number of children	Net attendance ratio (adjusted)	Attending lower secondary school	Attending primary school	Out of school ^A	Number of children	Net attendance ratio (adjusted) ¹	Attending lower secondary school	Attending primary school	Out of school ^{2,A}	Number of children
Age at beginning of school year															
15	27.9	40.7	2.4	29.0	1,059	32.8	30.9	1.9	34.5	913	30.1	36.1	2.2	31.6	1,972
16	42.2	25.0	0.8	31.8	1,092	43.5	15.5	0.6	40.4	988	42.8	20.5	0.7	35.8	2,080
17	42.7	11.0	0.3	43.7	1,048	39.0	7.0	0.2	49.8	1,021	40.9	9.0	0.2	46.7	2,068
Mother's education															
None or ECE	18.4	31.0	2.1	48.3	858	16.4	19.7	2.2	61.7	755	17.5	25.7	2.1	54.5	1,614
Primary	35.6	28.9	1.3	34.1	1,196	39.0	23.0	0.8	37.2	1,081	37.2	26.1	1.0	35.6	2,277
Lower secondary	56.4	27.8	0.2	15.2	421	69.2	14.3	0.0	16.1	347	62.2	21.7	0.1	15.6	768
Upper secondary	59.8	25.8	0.0	12.7	104	76.8	12.0	0.0	11.2	103	68.3	18.9	0.0	11.9	207
Post secondary / Higher	74.2	16.9	0.0	8.9	91	72.6	10.3	0.0	17.2	71	73.5	14.0	0.0	12.5	162
No information ^B	91.7	5.3	0.0	3.0	68	77.9	3.9	0.0	13.2	51	85.8	4.7	0.0	7.4	119
DK/Missing	41.2	9.8	0.5	43.8	459	33.3	7.3	0.0	52.3	513	37.0	8.5	0.2	48.3	972
	(*)	(*)	(*)	(*)	1	-	-	-	-	0	(*)	(*)	(*)	(*)	1
Ethno-linguistic group of household head															
Lao-Tai	47.0	21.8	0.4	29.6	1,941	50.0	14.8	0.4	32.6	1,730	48.4	18.5	0.4	31.0	3,671
Mon-Khmer	20.4	32.6	2.4	44.5	788	18.3	22.8	1.7	57.2	779	19.3	27.7	2.0	50.8	1,566
Hmong-Mien	29.3	30.8	2.0	37.7	360	27.6	18.2	1.4	52.2	313	28.5	24.9	1.7	44.5	673
Chinese-Tibetan	25.1	29.9	2.7	41.5	77	31.9	16.0	0.9	50.3	69	28.3	23.3	1.9	45.7	146
Other, DK, Missing	(21.1)	(17.8)	(0.0)	(61.1)	33	(36.9)	(15.9)	(0.0)	(47.2)	30	28.6	16.9	0.0	54.5	63
Wealth index quintile															
Poorest	9.8	25.5	3.5	60.9	600	5.7	14.5	3.4	76.4	511	7.9	20.4	3.4	68.1	1,111
Second	21.5	32.6	1.6	44.2	700	17.8	24.8	0.7	56.7	649	19.7	28.9	1.2	50.2	1,349
Middle	36.3	28.8	0.7	34.1	698	35.4	22.6	0.0	41.5	632	35.9	25.8	0.3	37.6	1,331
Fourth	51.4	25.6	0.0	22.4	646	60.2	15.9	0.1	23.0	605	55.6	20.9	0.1	22.7	1,251
Richest	73.8	12.9	0.0	9.6	554	75.1	6.1	0.5	12.0	524	74.4	9.6	0.2	10.8	1,078

¹ MICS indicator LN.5c - Upper secondary school net attendance ratio (adjusted)

² MICS indicator LN.6c - Out-of-school rate for youth of upper secondary school age

^A The percentage of children of upper secondary school age out of school are those who are not attending primary, lower secondary, upper secondary or higher education

^B Includes children age 15-17 identified as emancipated and children age 18 or higher at the time of the interview.

() Figures that are based on 25 – 49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

"-" denotes 0 unweighted case in that cell or in the denominator