

## Crosscutting factors contributing to adolescent pregnancy in Lao PDR

The findings from this study highlight the cross-cutting factors that contribute to adolescent pregnancy in Lao PDR.

**Barriers to Sexual and Reproductive Health (SRH) information and contraceptive access and use are apparent**, with the level of knowledge on contraception and reproduction among girls highly varied. Many lacked accurate information about contraception before sexual debut. Some received information in schools, but the majority named friends and peers as main sources of information. The study found that many girls considered abortion, but only a small number successfully undertook one.

**Male partner's control over reproductive decision-making** and desire for a pregnancy emerged as another key driver. In outside-union pregnancy pathways, condom use was usually discontinued when the boyfriend decided to stop using and instead promised to take responsibility for any pregnancy. In within-union pregnancy pathways, many participants experienced a pressured or forced pregnancy despite being aware of contraceptive methods and, in some cases, having attempted to use them.

**Experiences of pressured and forced sex** were common and many were followed shortly by pregnancy. Given how common alcohol consumption is among Lao young people, especially in rural settings (Sychareun et al., 2013), these cases of sexual violence illustrate prevailing notions of male sexual entitlement and the role of substance use in girls' pathways to adolescent pregnancy. Alongside interventions to engage men and boys in eliminating violence against women and girls, there is an urgent need for gender transformative programmes that promote respect in relationships and responsible alcohol use.

**Community acceptance of child marriage and early union** was a key driver of adolescent pregnancy. Child marriage and early union is viewed as the most acceptable response to adolescent pregnancy outside union. However, interviews revealed that social pressures experienced by couples to prove their fertility once in a union, which underlines how child marriage and early-union norms within the community contribute to adolescent pregnancy.

**Premarital sex and avoiding the risk of pregnancy** outside of union served as drivers for early union in many cases, which resulted in pregnancy. Half of participants in post-union pathways and most in pre-union pathways experienced sexual debut before union, indicating discordance between social ideals disapproving of premarital sex and young women's lived realities.

## Adolescent girls' recommendations for programmes and policy

A key feature of this study is the voices of girls themselves in calling on decision-makers to recognize the significance of adolescent pregnancy and its implications for the girls' recommendations form a comprehensive call to action for policymakers, advocates, and stakeholders to do the following:

### Ensure girls and boys have access to easy-to-understand SRH information

Girls and boys need access to easily digestible information about sex, reproduction and contraception in school and the community. Participants recommended using online platforms (Facebook, WhatsApp, Line messenger) and role models (such as influencers) to empower girls to make their own decisions.

### Support girls to access and use contraceptives

Girls recommended that condoms be made available and easily accessible (e.g. guesthouses, hotels, general stores), and not just in drug stores, pharmacies and clinics. Girls also felt they should be free. These steps would help minimize any shame or embarrassment.

### Teach girls about negotiating sex and contraceptive use

Aware of power dynamics in relationships, girls felt they needed to better equipped with information, especially about contraception, to negotiate sex and contraceptive use with partners. Participants also expressed a need for negotiation techniques with boyfriends or partners.

### Boys and parents have roles to play

Girls emphasized that boys should be involved in discussions about relationships, sex and contraception. This includes boys learning how to listen, understand and respect girls' decisions when not wanting sex or to get pregnant yet. They also recognized the important role of parents to strengthen their communication and relationships with their adolescent children.

### Change community perspectives

Girls underlined the need to change community perspectives that "it is good to marry young" and that "contraception is not good." Specifically, young women and men need to learn that raising a child is not easy and decisions should be weigh carefully. Interventions should help community members understand that sex is a normal part of adolescence.

# Understanding Pathways to Adolescent Pregnancy in Lao PDR

Research Brief - 2023

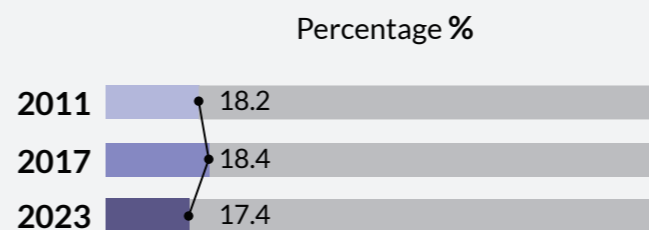
This brief is developed based on the regional research led by UNFPA and UNICEF, entitled: "Understanding Pathways to Adolescent Pregnancy in Southeast Asia: Findings from Lao PDR"

## Background

Adolescent pregnancy remains a pressing concern for girls in Lao PDR, hampering their ability to pursue their dreams and aspirations. When girls become pregnant but by choice or against her will. It is a violation of their human rights and imposes significant barriers to their personal, educational, social and economic development. The consequences of early pregnancies are vast, perpetuating cycles of inequality and impeding progress towards gender equality.

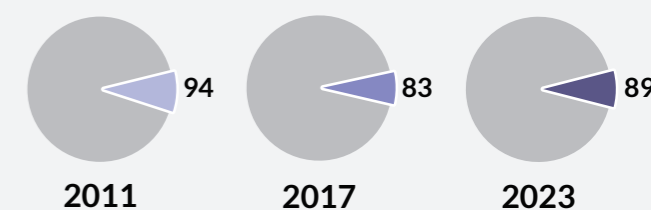
### Early childbearing

Percentage of women aged 20-24 years who have had a live birth before the age of 18



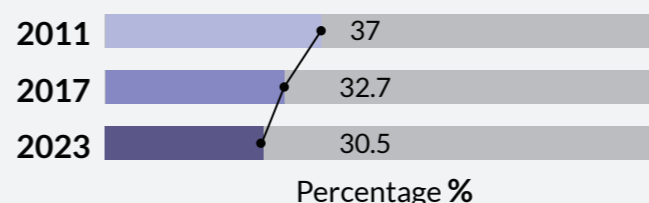
### Adolescent birth rate

The age-specific fertility rate for women aged 15-19 years old represents the annual number of births in women aged 15-19 years old per 1000 women in the same respective age group



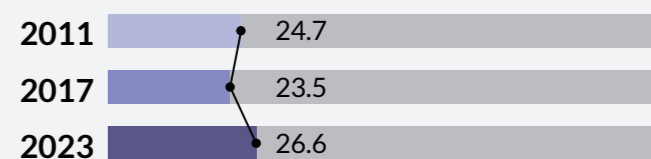
### Child marriage

Percentage of women aged 20-24 years who were first married or in-union before the age of 18



### Girls aged 15-19 currently married or in-union

Percentage %



source: Lao Social Indicator Survey I (2011), II (2017), III (2023)



Critically, adolescent pregnancy is also a public health priority due to the risks posed to the health and well-being of adolescent girls, and their babies. In Southeast Asia, maternal disorders are the third leading cause of death among adolescent girls aged 10–24 years. Commonly, adolescent pregnancy is closely linked to child marriage and early union. Furthermore, child marriage and adolescent pregnancy are children’s rights issue. Adolescent girls are deprived of their rights to enjoy their childhood when they enter early union/marriage and start childbearing. The child marriage rate in Lao PDR is the highest in the region. Analysis of national data revealed that among women aged 20–24 who gave birth before the age of 18, two-thirds conceived in the context of union, but more than one-in-four conceived outside of union. Data also suggests that pregnancies outside union are becoming more common in the country.

In light of these challenges facing adolescent girls, the Lao Government is taking steps to address the multi-faceted dimensions that make girls vulnerable. Since 2016, it has adopted the Noi Framework<sup>1</sup> as a national response towards advocacy, programming and evidence generation to meet adolescent girls’ needs, such as avoiding early pregnancy, and integrating them into Sustainable Development Goal targets. The United Nations Population Fund (UNFPA) is a key partner in these efforts with investments in building the capacities of young people and institutions to address child marriage and adolescent pregnancy. This includes integration of comprehensive sexuality education curricula into schools and provision of sexual health information and services. The actions taken under the Noi Framework also contribute toward the Sustainable Development Goals. It has adopted the Noi Framework, the national response to meet girls’ needs, such as avoiding adolescent pregnancy, through girl-centered advocacy, programming and evidence generation. The United Nations Children’s Fund (UNICEF) is another key partner supporting the government to address child marriage. UNICEF takes a holistic approach using health, education, social policy and child protection platforms to strengthen both social services and capacities of adolescents, parents and communities. The existing National Plan of Actions such as NPA on Prevention and Elimination of VAW/VAC (2021-2025) and NPA for Child Protection System Strengthening (2022-2026) can be platforms to uphold the national priority to child marriage and adolescent pregnancy.

However, to realize the government’s commitment to the International Conference on Population and Development Agenda<sup>2</sup>, especially to end the high unmet need for family planning among adolescents, as well as the commitment to the Convention on the Rights of the Child (CRC), it is imperative to break down barriers faced by adolescent girls to access sexual and reproductive health information and contraceptives, and to ensure that they fully enjoy their rightful childhood.

<sup>1</sup> <https://lao.unfpa.org/en/publications/noi-2030-framework> | <sup>2</sup> <https://lao.unfpa.org/en/news/national-commitments-lao-pdr-nairobi-summit-icpd25>

## Outside-Union pregnancy pathways

### Pathway 1 Relationship leading to consensual and “pressured” sex and unplanned pregnancy

The first and most common pathway to adolescent pregnancy outside of union was through romantic relationships that led to consensual or “pressured” sex and unplanned pregnancies, often followed by marriage or cohabitation. All girls experienced sexual debut outside union, usually with the partner who got them pregnant, and knew having sex could lead to pregnancy. Girls emphasized that during sex negotiations pregnancy was raised as a concern, but boyfriends assured they would take responsibility. Most girls had heard about contraceptives from peers, with less than half reporting receiving any sex education at school. Almost all girls married or started living with the partner two to six months after learning of the pregnancy, with such decisions commonly parent-led. About half of participants dropped out of school due to pregnancy. Contraceptive knowledge was greatly improved post-birth and most now used modern contraceptive methods.

### Pathway 3 Forced sex/rape preceding unplanned pregnancy

The third pathway to pregnancy outside of union was through forced sex (rape), usually perpetrated by the girl’s boyfriend. None of the incidents were reported to police. No perpetrator used a condom and abortion was considered by all interviewees. More than half did not enter a union with the person who got them pregnant. Half of the girls left school due to the pregnancy, with the remainder already out of school. **No single mother was using contraceptives** at the time of interview.

“He told me that it does not matter if we have sex because we would be married soon. He said if I were [to get] pregnant, he would be responsible.”  
– Girl interviewee

### Pathway 2 Planned/partner-led pregnancy to facilitate union

In this pathway, pregnancy was viewed as a way to facilitate unions. The few girls who took this pathway described the sexual experiences as consensual and that the couples were “delighted” to learn of the pregnancy. These interviewees had subsequently either **married or were cohabitating**. All girls reported being happy in their relationships and none had an intention to return to school.



“He said it is not his baby. But during the pregnancy, I moved to his mother’s home. They took care of me but when the baby was born, they did not allow me to marry him.”  
– Girl interviewee

## Tracking Pathways to Adolescent Pregnancy

To generate new insights and fill acute research gaps in addressing adolescent pregnancy in Lao PDR, UNFPA and United Nations Children’s Fund (UNICEF), with technical support from Australia’s Burnet Institute, partnered to generate evidence on the patterns of adolescent pregnancy and child marriage in Lao PDR, along with Cambodia, Indonesia and Malaysia.

The resulting 2023 report **Understanding Pathways to Adolescent Pregnancy in Southeast Asia, from which this research brief is based, was informed by a qualitative study with the dual objectives of:**

1. Understanding the drivers and pathways to adolescent pregnancy.
2. Co-developing the policy and programming responses with adolescent girls.

In Lao PDR, 57 in-depth interviews were conducted between March and August 2021 with young women aged 15–20 years, of whom 20 participated in follow-up interviews. Two provinces (Luang Namtha and Vientiane province) and one prefecture (Vientiane) were selected for the study. In terms of ethnicity, nearly all participants were of Lao ethnicity in Vientiane, while Luang Namtha interviewees comprised a variety of ethnicities.

## Study Findings in Focus

Through its analysis of the contexts and dynamics that drive adolescent pregnancy – including relationship or marital status, girls’ autonomy in decision-making and whether sex leading to the pregnancy was consensual – adolescent girls’ pathways to pregnancy in Lao PDR were found to be diverse. Eight pathway typologies were identified, each representing a common series of events and contributing factors. Pathways were divided into two broad groups according to the timing of pregnancy relative to union (cohabitation or marriage).

## Within-union pregnancy pathways

For many, adolescent pregnancy occurred in the context of child marriage and early union, but their pathways varied according to pregnancy intention.

### Pathway 4 Romantic relationship leading to union and unplanned pregnancy

Commonly for many girls, romantic relationships followed by cohabitation or marriage resulted in unplanned pregnancies. Most girls experienced their sexual debut with the partner who got them pregnant. Only half of the girls mentioned receiving any sex education at school. Most interviewees were satisfied with their relationship and expressed agency in negotiating sex and contraceptive use after their first birth.

### Pathway 5 Romantic relationship leading to union and partner-led pregnancy

This pathway sees girls defer to their partner’s wishes to become pregnant following cohabitation or marriage. All girls had their sexual debut with the partner who got them pregnant. Almost all girls had some awareness about contraception and **all had stopped attending school before pregnancy**.

### Pathway 6 Romantic relationship leading to union and planned pregnancy

This pathway, in which planned pregnancy followed a couple-led union, was only reported by one girl of Hmong ethnicity.

### Pathway 7 Pressured marriage followed by unplanned pregnancy

In these cases, girls described having traditional arranged marriages or explicitly stated they did not want to marry, but had little or no say in the decision. In this pathway, girls described having an unplanned pregnancy once married.

### Pathway 8 Pressured marriage followed by unplanned pregnancy

The final pathway was identified by a few girls of **Khamu and Lamet** ethnic backgrounds, **who had little or no say in the decision** to marry, commonly arranged or agreed by parents.

“My parents don’t have money to support my education and wanted me to get married to have good food, a place [to live], and a family, like other people.”  
– Girl interviewee

“I wanted to use condom, but my husband did not want to. I bought a pill and hid it from him, but he found it and was really upset.”  
– Girl interviewee

