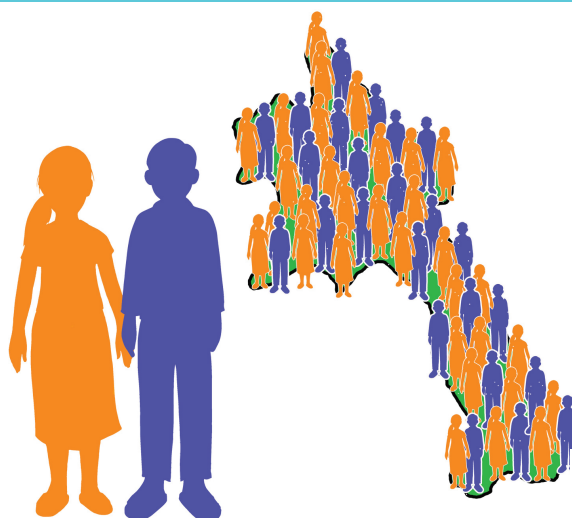




GENDERED VULNERABILITIES OF BOYS AND GIRLS THROUGHOUT THE LIFESPAN IN LAO PDR



GIRLS



BOYS



GIRLS/BOYS

EARLY YEARS (AGES 0-9)

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Socialization to be deferential to boys/ men • Sexual exploitation and abuse • Differential access to food and medical care • Low access to schooling | <ul style="list-style-type: none"> • Experiences of harsher and abusive punishment at home and at school • Poor access to medical care (based on belief that boys are “hardier” or “tougher” than girls), in some settings • Sexual exploitation and abuse (at lesser rates than girls) | <ul style="list-style-type: none"> • Witnessing and/ or experiences of violence at home (this is globally recognized as a predictor of boys’ use of violence and girls’ victimization later on) |
|--|--|--|

EARLY ADOLESCENCE (AGES 10-14)

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Gender-based discrimination and harassment • Unintended/unplanned pregnancy, which may result in death or birth-related morbidities such as obstetric fistula (and other biomedical and social implications) • Unsafe abortion • Sexual violence • Child, early, and forced marriage and related harmful practices • Cyber bullying, pornography and online sexual harassment • Impact from the onset of menstruation including limited access to public spaces, school absenteeism and heightened emotions and confusion | <ul style="list-style-type: none"> • Experiences of physical bullying at school and in home communities • Increasing pressures to earn income for family • Unintended/unplanned fatherhood (which has social implications) • Sexual violence (at lesser rates than girls) • Peer pressure to become sexually active or, when active already, to abstain from the use of condoms • Taboos around health-seeking behavior due to dominant perceptions of masculinity • Recruitment into violent male peer groups, in some settings • Cyber bullying, pornography and online sexual harassment (at lesser rates than girls) | <ul style="list-style-type: none"> • No (or poor) access to sexual and reproductive health information and services, and health services in general • Period of highest drop-out from public education |
|---|--|--|

MID ADOLESCENCE (AGES 15-19)

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Increasing peer pressure to embody stereotypical, submissive female roles regarding social and sexual behavior that can result in: • Child, early, and forced marriage • Unintended/unplanned pregnancy, which may result in death or birth-related morbidities such as obstetric fistula (and other biomedical and social implications) • Unsafe abortion • Rape and sexual violence (including selling virginity) • Trafficking of girls • Transactional sex and sex work to provide for oneself and/or one's family • Tobacco, alcohol, and substance abuse (at lesser rates than boys) • Depression and suicide (the latter at lesser rates than boys) • Body image anxiety (e.g., pressure to look thin, pressure to conform to other expectations of body type) • Cyber bullying, pornography and online sexual harassment • High rate of school dropout | <ul style="list-style-type: none"> • Increasing peer pressure to embody stereotypical, dominant male roles regarding social and sexual behavior and repression of emotions (among other factors) that can result in: • Unintended/unplanned pregnancy (which has social implications) • Sexual violence (at lesser rates than girls) • (Sexual) risk-taking behavior • Tobacco, alcohol, and substance abuse • Depression and suicide • Death from violent crime • Gang involvement • Taboos around health-seeking behavior due to dominant perceptions of masculinity • Body image anxiety (e.g., pressure to appear more muscular) • High rates of traffic or transit-related accidents • Cyber bullying, pornography and online sexual harassment • High rate of school dropout | <ul style="list-style-type: none"> • Exposure to violence in relationships (at different rates in different countries and contexts) • Limited access to sexual and reproductive health information (e.g., on body developmental changes related to puberty, on awareness of sexual pleasure) and services, as well as other health services • HIV/ STI infection (generally higher among girls, in most settings) • High rate of school dropout |
|---|---|---|

EARLY ADULTHOOD (AGES 20-24)

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Experiences of intimate partner violence • Rape and sexual violence • Transactional sex and sex work to provide for oneself and/or one's family • Forced marriage • Marital rape • Unintended/unplanned pregnancy, which may result in death or birth-related morbidities such as obstetric fistula (and other biomedical and social implications) • Unsafe abortion • Trafficking of young women • Overburden of both care and work responsibilities | <ul style="list-style-type: none"> • Emotionally distant relationships with their children, and the greater likelihood of being non-residential parents • Taboos around health-seeking behavior due to dominant perceptions of masculinity • Unintended fatherhood (which has social implications) • Gang involvement • Death from violent crime • Poor mental health • Unemployment | <ul style="list-style-type: none"> • Limited access to sexual and reproductive health information and services, as well as to other health services • HIV/ STI infection (generally higher among young women, in some settings) • Tobacco and alcohol abuse (generally higher among young men) |
|---|---|---|

(Adapted from Promundo-US and UNFPA publication (2016): Adolescent Boys and Young Men: Engaging them as Supporters of Gender Equality and Health and Understanding their Vulnerabilities.)



United Nations Population Fund

Ban Hatsady, Lane Xang Avenue, P.O. Box 345, Vientiane, Lao PDR. Tel: (856) 021 267777. Fax: (856) 021 267799.