Young Women's Sexual Behaviour Study Vientiane Capital, Lao PDR

The Department of Health of Vientiane Capital (PCCA) in collaboration with the Burnet Institute and UNFPA

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Principal investigators

Dr. Inlavanh Keobounphanh
Director of Health Department of Vientiane Capital

Associate Professor Mike Toole, BMedSc, MBBS, DTM&H
Head of the Centre for International Health, Burnet Institute

Research Advisors

Dr Chansy Phimpachanh
Director of Center for HIV/AIDS and STIs

Dr Loreto Roquero Jr., MD, MPH
HIV/AIDS and Reproductive Health Program Specialist, UNFPA, Lao PDR

Advisory Committee for Research

Dr Kaysamy Latvilayvong
Chief of Development Division LWU

Mr. Phonepaseuth Ounaphom
Vientiane Capital Provincial Committee for the Control of AIDS (PCCA)

Dr. Sommay Mounsourisack
Acting Head of Division NIOPH

Ms. Viengxay Nola
Lao Women's Union Vientiane

Dr. Niramonh Chanlivong
Country Program Manager, Burnet Institute Laos

Research Team

PCCA:

Dr. Phonepaseuth Ounaphom, Head of PCCA Secretariat
Dr. Lavanh Vonsavanthong, PCCA Secretariat
Dr. Chanhthalay Sayavong, PCCA Secretariat

Burnet Institute:

Mr. Thatsaphone Songbandith
Master of Arts in Health Social Science

Dr Sarah Sheridan
MPH, Master of Applied Epidemiology Scholar

Field Researchers:

1. Ms. Phoukeo Palamy
2. Ms. Sengphachanh Phienphommalinh
3. Ms. Alisa Bouaravong
4. Ms. Somkith Xayasone
5. Ms. Lamthoun
6. Ms. souphaluck Bounsome
7. Ms. Mayouly Moukdara
8. Ms. Keomany Borlylad
9. Ms. Saysavath Chanthavong
10. Ms. Chanmina Outhikone

Ethical clearance

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I. Introduction

Lao PDR is currently considered to be a low HIV prevalence country, with 0.1% of adults aged 15-49 years estimated to be HIV infected in 2007 (1). However, Laos remains vulnerable to the spread of HIV as a result of a number of risk factors, including low condom usage and the country's proximity to and interaction with other high prevalence countries in the region. By mid 2007, 2182 HIV infected persons, 1347 AIDS cases and 731 HIV related deaths had been reported (2). Of the reported cases, 58% were men and 42% were women. Forty-three percent of infections were found in people aged 15 to 29 years and the majority (85%) was sexually transmitted.

The opening up of Lao PDR to the world has resulted in the country becoming increasingly mainstreamed into regional and international networks. Consequently, urban youth culture is rapidly evolving, influenced by continued exposure to a variety of foreign cultures. The evolving youth culture and its implications on the sexual behaviour of young people are poorly understood, and currently identified as an outstanding information gap.

At the same time, current surveillance data provide critical insights into the dynamics of the HIV epidemic. At the global level, HIV has been observed to be impacting more on women than men, a phenomenon now referred to as the feminization of HIV. Women account for a substantial proportion of HIV infections among young people between the ages of 15 to 24 years.

In 2004, Burnet Institute conducted a study on young men's sexual behaviour in Vientiane, with support from The Royal Netherlands Embassy in Bangkok. One important finding was that most young, sexually active, unmarried men in Vientiane reported that they did not pay for sex. Nevertheless, they said that they were able to find female sex partners relatively easily. These findings emerged from both the quantitative survey and the focus group discussions held with young men. The implication was that a significant proportion of young women in Vientiane are having sex before marriage, and that these sexual relationships do not involve the exchange of money or favours.

The Government of Lao (GoL), and in particular the Centre for HIV, AIDS and STIs (CHAS) and the Lao Youth Union (LYU), found this study useful when it came to understanding male sexuality in Vientiane and designing national responses to the epidemic. Both CHAS and the LYU requested that the Burnet Institute conduct a similar study on the sexual behaviour of young women in Vientiane.

A study of urban young women's sexual behaviour was therefore designed to contribute to the understanding of the nature and extent of young people's high risk sexual behaviours. This study will also supplement data already generated by recent UNFPA reproductive health surveys. Moreover, the information will assist both governmental and non-governmental development partners to design, plan, and/or strengthen interventions, specifically HIV, AIDS and sexual and reproductive health (SRH) activities, targeting young urban females.

Vientiane capital, located on the bank of the Mekong River, shares a border with Thailand to the west. It is the largest city in Laos, with a population of 695,473 (2005). Vientiane, the center of culture, commerce and administration in the Lao PDR, possesses a diversity of light industry including garment factories, is a significant trading centre, and has an expanding service sector including restaurants and hotels. It is attractive not only to visiting foreigners, but also to young Lao who migrate to the city in search of work.

Purpose of the study

The purpose of this study is to increase our understanding of the nature and extent of sexual behaviour among young urban women in Lao PDR. The information gained from this study will be used to inform and strengthen existing interventions by a range of organizations. This includes peer education programs that promote improved sexual and reproductive health for young urban women in Laos, including the prevention of HIV infection.

Study Objectives:

This study aimed to:

- Increase understanding of behaviours related to sexual and reproductive health, particularly the nature and extent of sexual behaviour, among young urban women;
- Determine the sexual and reproductive health services required by these young women;
- Elicit young urban women's ideas on how to make HIV/AIDS and SRH services more youth friendly;
- Provide relevant information on the current sexual behaviour of young urban women to agencies and programs involved in sexual and reproductive health programs for young women.

More specifically, the study aimed to gather information from young women in Vientiane Capital in relation to:

- Sexual behaviours and circumstances surrounding the sexual act, including age of sexual debut; willingness, pressure or coercion to have sex; sexual partners; and nature of sexual practices;
- Knowledge, attitudes, perceptions and practices related to:
  - pre-marital, negotiated or transactional sex;
  - HIV/AIDS and STIs;
  - condoms and condom use;
  - contraception; and
  - abortion;
- Alcohol and/or drug use associated with sexual behaviours;
- Sexual and Reproductive Health information and services required by young urban women;
- Health seeking behaviours and access to HIV/AIDS and SRH services;
- Concepts or ideas about youth friendly services.

II. Methodology

This study consisted of both qualitative and quantitative components.

The qualitative component consisted of focus group discussions, in-depth interviews and observation, while the quantitative component consisted of a structured questionnaire. Females who were Lao citizens, between 15 and 24 years of age, and residents of Vientiane Capital for at least the previous six months were eligible to participate in either component of the study. The four urban districts of Vientiane capital: Sisattanak, Chanthabuly, Xaysettha, and Sikhottabong were selected as the study areas. Ten young female field researchers were trained in research methods over five days in October 2007. Training included the refinement and field testing of the question guides and survey questionnaire.

Qualitative data collection was undertaken between 7 and 18 October 2007. Focus group discussions (FGDs), each comprising 6 to 8 young women, and individual in-depth interviews exploring the topics of sexual and reproductive health were conducted with the following groups of women: (i) "general young women"[1]; (ii) service women (women working in service industry jobs who in the case of our research, did engage in commercial sex work), and; (iii) lesbians. Topics covered in the focus group discussions and in-depth interviews included knowledge, attitudes, and practices in relation to sexual behaviour, HIV, AIDS and STIs, contraception, condom use, abortion, needs for sexual and reproductive health information and services, and suggestions on how to make services youth friendly. Observation of young women in entertainment venues, including beer-shops and public parks, was also undertaken by members of the research team.

The research was conducted in venues that young urban women tend to frequent, including entertainment venues, restaurants, sporting venues, university campus, shopping centres, and factories. A venue mapping was conducted in consultation with the field researchers. This lead to the identification of venues of different types, together with estimates of the numbers of young women attending these locations and the time of most frequent attendance. A range of venues was chosen for the qualitative research on the basis of frequent attendance by young urban women. Venues for quantitative research were also chosen using the mapping as guide, with different venues chosen over the data collection period to ensure a diversity of sites and types of venue. Additionally, an ongoing review of the demographic characteristics of those recruited in the survey assisted with the selection of further venues where age or occupation groups under-represented in the sample so far, could be recruited.

After observing a site, the team approached potential participants to participate in focus group discussions or in-depth interviews. Those participating in in-depth interviews were required to have had some prior sexual experience, to be willing to discuss their sexual behaviour at greater length. Participants from a variety of backgrounds were also prioritised. When soliciting participation, field researchers would first introduce themselves and explain the purpose of the research. A snowball technique was then used to recruit further participants; FGD participants were asked to refer friends with both similar and different characteristics in order to obtain a diversity of information sources. Due to the difficulty of identifying and

[1] The term "general young women" is used for all women except service women and lesbians

recruiting lesbian women in public venues, lesbian women were approached for participation in the qualitative research using the social networks of Burnet staff.

The researchers were mindful of the sensitivity of the topics discussed and ensured that the research was undertaken in such a way as to established a warm, empathetic relationship with the target group, thereby encouraging them to converse openly. Researchers were careful to maintain confidentiality and show respect toward all participants. Informed verbal consent was obtained from FGD, in-depth interview and questionnaire participants prior to data collection. Focus group discussions, interviews, and questionnaires were then undertaken in locations that ensured the privacy of participants. No identifying information was obtained from and of the participants.

Focus group discussions, each of 60 to 120 minutes duration, were facilitated by teams of 3 field researchers. Each team comprised two note takers and one interviewer. Discussions with "general young women" were undertaken with students, women visiting public places such as restaurants, beer-shops, parks and shopping centres, and women working in garment factories, hotels (service women) and the military. FGDs were also undertaken with service women and those identifying as lesbians. Semi-structured in-depth interviews, 90 to 120 minutes in length, were undertaken with service women, female clients at beer-shops, university students, garment factory workers, and lesbians. Focus group discussions and interviews were recorded where participant consent was given.

Most FGDs with "general young women" took place with customers in evening entertainment venues, including restaurants, beer shops, and night clubs. When venues were too noisy for discussion to take place, the FGDs were conducted in quieter nearby locations. Other FGDs were carried out at Patouxay Monument, shopping centres, factories, and by appointment at the Burnet Institute office. It was difficult to conduct focus group discussions with young women at entertainment venues and beer-shops because they had limited free time. This was also the case with service women who had to work whenever they had clients.

Qualitative data were transcribed and captured electronically. These data were then analysed in a week-long workshop attend by field researchers in November 2007.

Meanwhile, the quantitative component of the study consisted of a structured questionnaire focused on sexual behaviour among young women in Vientiane. Information collected included: basic demographic details; knowledge about sexually transmitted infections (STI) and HIV; symptoms of STI and treatment seeking behaviour; contraception use; abortion; attitudes about sex during pregnancy; negotiation of sex and sexual behaviour, including the details about sexual partners, nature of sex, and condom use. The questionnaire was largely self-administered, although field researchers did administer it if the respondent was unable to fill in the questionnaire themselves.

The research team initially aimed to reach a sample of 800 young women over 3 weeks of data collection in October and November 2007. The sampling strategy was purposive (i.e. non-random). However, the study aimed to obtain a reasonable cross section of the young female population of Vientiane by sampling from a variety of locations and, with regular review of data collection, to attain a spread of women according to age and occupation. Although information was not available on which to base firm quotas for occupation, local knowledge of the occupations of young women and the places that different women frequent informed the diversity of survey sites

selected. Locations included entertainment venues, restaurants, villages, homes or dormitories, schools, colleges, public places such as parks, markets or shopping centres, and factories.

Quantitative data were double entered into Epi Data 3.0 by the field researchers in Vientiane, and analysed in Melbourne using Stata™ 9.1.

III. Results

In total, 15 focus group discussions and 13 in-depth interviews were conducted, and observations undertaken of young women in entertainment venues and public parks.

Twelve FGDs were conducted with 'general' young women: 3 with students (from school, college and university), 2 with beer-shop customers, 2 with garment factory workers, 2 with women recruited from public places (shopping centre and an outdoor recreation area), 2 with hotel/entertainment venue staff, and 1 with women from the military. In addition, 2 FGDs were undertaken with service women from small drink-shops, and 1 with self-identified lesbians.

Thirteen in-depth interviews were conducted. Of these, 6 interviews were undertaken with "general young women"; 2 with clients at beer-shops, 2 with university students, and 2 with garment factory workers. Of the remaining 5 interviews, 2 were conducted with service women at small drink-shops, 3 with mobile service women, and 2 with lesbians.

During the quantitative data collection, a total of 1009 young women were approached by field researchers, of whom 832 (82.5%) agreed to participate in the survey. Reasons given by women for refusal included: not having sufficient time; shyness; and concern that the place of recruitment was too public. Of the 832 questionnaires collected, twenty were excluded from analyse because they were largely incomplete or because the participant was found to be ineligible. This left 812 questionnaires for analysis.

Questionnaire participants were recruited from homes, dormitories and villages (20.8%); garment factories (14.2%); other workplaces (3.7%); restaurants (13.8%); the boat racing festival (11.5%); shops, markets or shopping centres (10.1%); parks and other public places (8.0%); schools and colleges (9.5%); entertainment venues (8.3%) and other places (0.2%). Eighty-eight percent of participants self-administered the questionnaire; the remaining questionnaires were interviewer administered.

Demographic details of survey participants

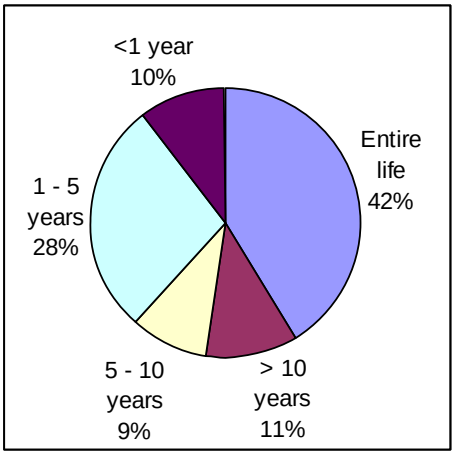
The survey sample was broadly distributed across participants aged between 15 and 24 years. Approximately 45% of participants were aged between 15 to 19 years (see Table 1). The median age of respondents was 20 years. The majority (61.4%) had lived in Vientiane for over five years (Figure 1).

Table 1: **Age distribution of sample**

Age (years)	Number in sample†	%	Cumulative percentage
15	48	5.9%	5.9%
16	50	6.2%	12.1%
17	63	7.8%	19.9%
18	105	13.0%	32.8%
19	97	12.0%	44.8%
20	111	13.7%	58.4%
21	93	11.5%	69.9%
22	93	11.5%	81.4%
23	72	8.9%	90.3%
24	79	9.7%	100%

†One answer missing and excluded from analysis

Figure 1: **Length of time residing in Vientiane**



Overall, the educational status of participants was high, with 40.3% currently in or having completed college or university, and 46.9% currently in or having completed secondary school (Table 2). In comparison to national figures educational level of females in urban areas of the country, a far greater proportion of our sample had received higher levels of education. However, it remains uncertain how closely the national figures relate to the educational level of young women aged 15 to 24 years in Vientiane Capital specifically.

Table 2: Level of education of survey sample compared to national urban figures

Education level	**Sample† (n)**	**Figure for national female urban population***
Did not complete primary school	4.9% (40)	1.8%
Completed primary school	7.8% (63)	45.5%
In or completed lower secondary school	18.1% (147)	24.0%
In or completed upper secondary school	28.8% (234)	16.5%
In or completed college	22.7% (184)	10.1%
In or completed university	17.6% (143)	2.0%
Total	100% (811)	100%

**Educational attainment of female household population aged 6-64 years by highest level of education attended or completed, by residence, Lao Reproductive Health Survey 2005 (3).*
†One answer missing and excluded from analysis

Survey participants had a range of occupations (Table 3). However, information was not available to compare this with the pattern of occupation of young women in Vientiane generally. Approximately 37% of participants were secondary or tertiary students, almost 26% worked in garment factories, and over a third worked in various other jobs. Almost 5% were unemployed.

Table 3: Occupations of survey participants

Occupation	Number in sample[†]	Percentage
Secondary school student	100	12.4%
College or university student	198	24.6%
Garment factory worker	206	25.6%
Housewife	41	5.1%
Office worker/ professional	91	11.3%
Hospitality service industry worker (restaurant, entertainment venue or drinks store)	47	5.8%
Hotel cleaner/ maid	15	1.9%
Unemployed	36	4.5%
Salesperson/ shop attendant	71	8.8%
Total	805	100%

[†] *Seven missing answers excluded from analysis*

Overall, 91% of the young women surveyed were single, 8% were married, and 1% were divorced or separated. The majority of survey respondents (61.3%) lived with their parents or other family members; 20.3% lived in dormitories or hostels; 10.0% lived in a rented house alone or with friends; 6.5% lived with their husband; 1.9% lived with a steady boyfriend.

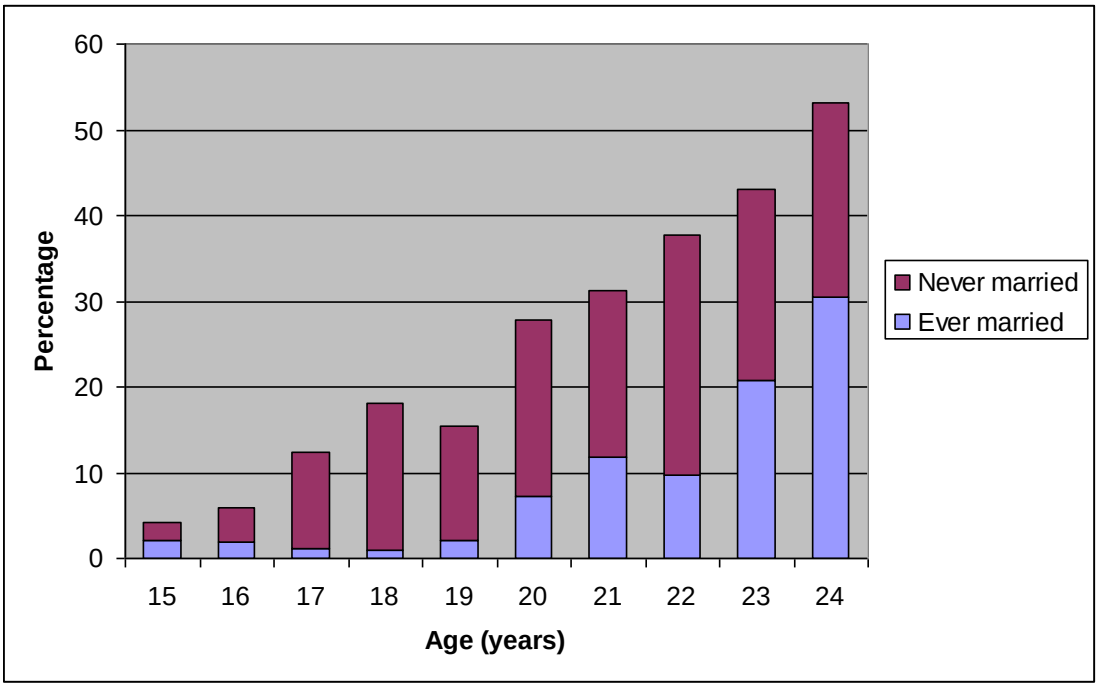
Sexual experiences

A total of 26.5% of the survey participants reported having had sex (either vaginal sex with a man or sex with a woman). Sexual experiences were not confined to married respondents; 19.2% of unmarried young women reported having had sex, thus indicating that a significant proportion of young women in Vientiane do engage in pre-marital sex.

The proportion of young women who reported having had vaginal sex did not differ significantly when living arrangements were compared; 17.4% of young women living with their families as compared to 17.6% of young women either living alone or shared accommodation with friends or hostels.

As might be expected, the proportion of females who reported sexual experience increased with age (Figure 2). Nonetheless, it was also found that younger women were engaging in sex. Of participants aged 15-19 years, 13% reported having had vaginal sex, as compared to 36.5% of 20-24 year olds.

Figure 2 : Proportion of females who reported ever having had sex*, by age



**Sex defined as either vaginal sex or sex with a woman*

Nature of sexual practices

Among survey participants, vaginal sex was the most commonly reported sexual practice (25% of all women surveyed – see Table 4). However, women also reported a variety of other sexual practices, most commonly touching a partners genitals or being touched on the genitals (18.1% and 18.6% respectively). Sex between the thighs (11.5%), and giving and receiving oral sex (6.4% and 7.1%, respectively) were less commonly reported, while anal sex (2.3%) was only reported occasionally.

However, it is of note that any non-penetrative sexual experience (apart from kissing) was only rarely reported by survey participants who had not also had either vaginal sex or sex with another female. Genital touching and giving oral sex were reported by only 1.5% and 0.2% of women who had not also engaged in vaginal sex or sex with another woman.

Table 4: Sexual experiences of entire sample, and of participants who have never been married

Sexual experience	Entire sample n (%)	Never married n (%)
Deep kissing	390 (48.0)	324 (43.8)
Vaginal sex	211 (26.0)	138 (18.7)
Genitals being touched by partner's hand	151 (18.6)	101 (13.7)
Touching a partner's genitals	147 (18.1)	99 (13.4)
Sex with penis between thighs	93 (11.5)	65 (8.8)
Receiving oral sex	58 (7.1)	40 (5.4)
Giving oral sex	52 (6.4)	33 (4.5)
Anal sex	19 (2.3)	13 (1.8)

These quantitative findings were in accordance with the qualitative findings. During the Focus Group Discussions, women reported that vaginal intercourse ("*front door"* sex) is the most common sexual practice. They said that vaginal sex indicates mutual respect as it is "soft" and not violent. FGD participants explained that when they first meet a sexual partner, most women will only have vaginal sex, primarily because they are shy about doing anything else. They also reported concerns about how new partners might perceive them if they engaged in anything other than vaginal sex.

One young woman made the following comment: "*I only had vaginal sex with my partner because I had no experience and was very shy. Also, if I practiced several styles of sexual activity he might think that I was sexually active and had had multiple sexual partners – and then he would avoid me and not marry me."*

However, during the discussions the young women did say that, after having known their partners for some time, they would be more likely to engage in longer sessions of sexual activity and to perform other sexual acts, including oral sex, anal sex ("*back door"*), and sex between the thighs. They young women was explained that these days young people learn new styles of sexual activity from pornographic films as well as from their peers.

Focus group discussion participants noted that as women become more sexually experienced, they would be more likely to have anal or oral sex, in an effort to increase their own pleasure as well as their partners, and also to avoid pregnancy. The women commented that oral sex can be pleasurable and is often used, either as the principal form of sexual expression or as part of foreplay. Some women said that when oral sex is performed on a man by a woman on her knees, there is a feeling of domination by the man, which some of them claimed to enjoy. They also believed that oral sex provides more enjoyment to a man because the mouth is "tighter" than the vagina. Participants said that almost all men would use their fingers to stimulate the sexual organs of women. Some of the women mentioned a belief that if a woman swallows semen it would make her appear younger.

During the focus group discussion conducted with service women, many participants reported having performed oral sex, particularly with older clients, when oral sex, touching and kissing are used as techniques to stimulate erections. Following this, "normal" vaginal sex would usually follow.

Sexual partners

In total, 25.8% of survey participants reported having had a sexual partner in the last six months. For the group of married, separated or divorced women, this figure was 100%; for unmarried women it was 18.9%. The proportion of young women living with their families who had had a male partner in the previous six months (15.9%) was similar to that of young women who lived either alone or in shared accommodation (17.2%). Among the sexually active[2] unmarried women in the sample, 52.4% of those living alone or in shared accommodation (22 out of 42 women) reported having had more than one male partner in the previous six months, while only 27.4% (23 out of 84 women) of those living with their families had had more than one partner in the same time period.

Across the sample of sexually active women, the number of sexual partners reported over the past six months ranged from 1 to 20; although the majority of women

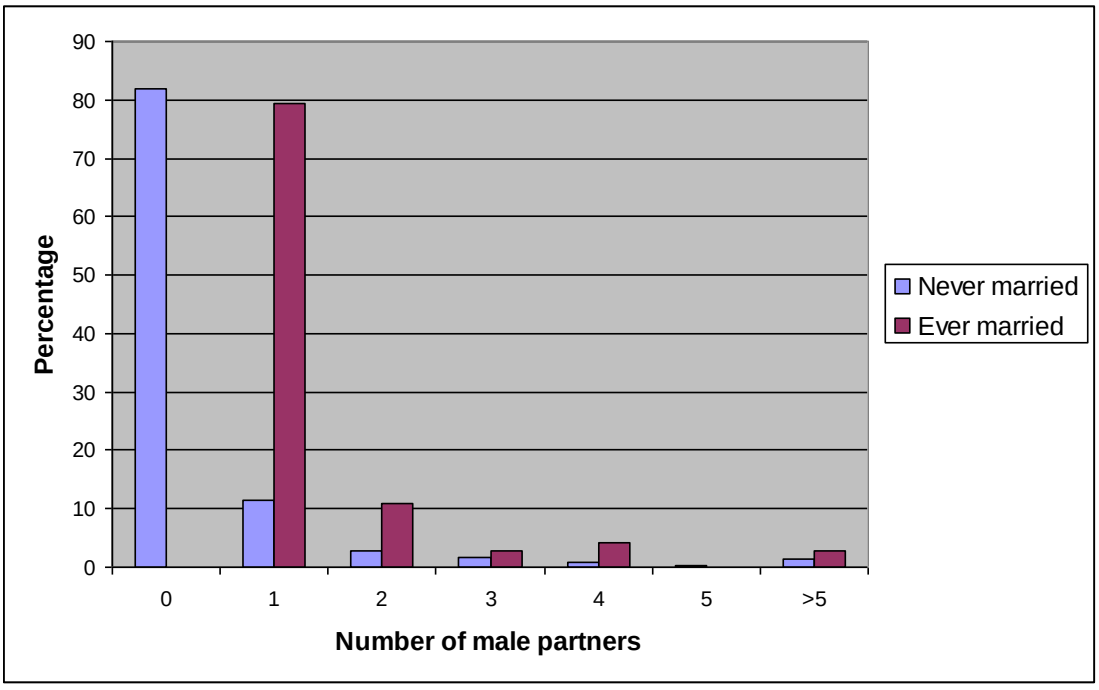
[2] The term sexually active is used to refer to women who reported having a sexual partner in the previous six months

reported having had only 1 partner in that time. Of those who had ever had a male partner, 30.9% acknowledged more than one partner in the 6 months prior to the survey. This is compared to 15.4% of married women and 36.6% of unmarried participants reporting more than one partner.

A total of 3.3% of the sexually active women (7 women) reported having had a female partner. All those reporting a female partner were unmarried women and reported only one steady female partner over this period. Only one respondent reported both a female and a male partner in the previous six months.

Overall, 6.5% of survey participants had had at least one casual partner in the previous six months (median 1, range 1 to 10). Overall 5.7% of unmarried women and 15.1% of married, divorced or separated women had had a casual partner in this time period. Among sexually active unmarried women, 29.6% reported having had a casual partner in the previous six months. Of those reporting casual partners, 27.9% reported multiple casual partners during the same period.

Number of male partners (casual and regular) in the previous six months



Young women who participated in the survey generally reported having had male sexual partners who were older than themselves. Of those reporting a male partner in the previous six months, male partners were a median of 4 years older than the participants (with a range from 7 years younger to 27 years older).

Consistent with the survey findings that most sexually active women had a regular partner, the focus group discussions held with “general women” also found that young unmarried women mainly have sex with a regular boyfriend. Fewer women reported having had sex with people they did not have a long term acquaintance with (e.g. men they had met only a few days earlier at a beer-shop), purely for sexual satisfaction.

With regard to sex between women, the qualitative research respondents believed that women may have sex with other women because they have a broken heart after

breaking up with a boyfriend. They also said that when two women have sex there is nothing to lose, and that women take good care of each other. Women can go anywhere together without problem, and even when they live with their families they can sleep together at their house without their parents suspecting a sexual relationship.

One participant told the following story: *"When I was 20 years old, a boyfriend broke my heart. I had only one friend (a girl) taking care of me. She took me everywhere, and bought things for me. Sometimes she also slept with me at my house or at her house. We slept together many times and then she started kissing me and inserting her fingers into me. She explained that there is nothing to lose, we just practiced sex".*

However, although the numbers are small, survey participants who had had sex with women largely described themselves as lesbians and tended to report having sexual relations exclusively with women, thus suggesting that negative experiences with boyfriends may not be a factor in their sexual preference.

Transactional sex

Almost 5% of the sample, or 18.1% of those who were sexually active, reported having had transactional sex (defined as sex in exchange for money, gifts or favours) with a man. Almost a fifth (19.7%) of unmarried sexually active women and 9.6% of married, divorced or separated women reported transactional sex in the previous six months. Among unmarried sexually active women, 38.1% (16 of 42 women) of those living alone or in shared accommodation and 11.9% (10 of 84 women) of those living with their families reported transactional sex in the previous six months.

The median number of commercial partners reported (among those who had had a commercial partner in this period) was 1, with a range of 1 to 10 reported. The median age of women who had commercial sex in this period was 21 years (with a range from 15 to 24 years). Women who reported ever having transactional sex had a range of educational backgrounds and occupations (Table 5), however women working in the hospitality industry had the highest proportion of transactional sex (44.4% among those who had ever had sex and 25.5% of all hospitality workers). Among those who had ever had sex, 25% and 24.1% of unemployed and non-hospitality sales/service people, respectively, reported transactional sex.

When asked where they met their last commercial partner, 38.5% said at a guesthouse or hotel, 23.1% said they met through friends, 20.5% said at a night club or disco, 10.3% reported a restaurant, beer or coffee shop, and two people (5.3%) said they met their last commercial partner at their home or through a phone call.

Table 5: Occupation and transactional sex

Occupation	Number reporting transactional sex (ever)	Percentage of those in same occupation	Percentage of those who are sexually active in the same occupation
Secondary school student	0	0%	0%
College or university student	2	1.0 %	7.1%
Garment factory worker	8	3.9%	14.3%
Housewife	5	12.2%	17.2%
Office worker/ professional	0	0%	0%
Hospitality service industry worker (restaurant, entertainment venue or drinks store)	12	25.5%	44.4%
Hotel cleaner/ maid	1	6.7%	16.7%
Unemployed	4	11.1%	25.0%
Salesperson/ shop attendant	7	9.9%	24.1%

Qualitative data suggests that service women may have many more clients than reported in the quantitative survey. Whilst many found it difficult to estimate the number of clients they had had, service women commonly reported having sex with clients every day, with estimates of the numbers of clients seen ranging from 8 to 60 clients per month. Clients included ordinary men, police officers, businessmen (including Chinese, Thai and Lao), taxi and truck drivers, and construction workers (including Vietnamese, Chinese and Lao). Service women involved the qualitative research component described meeting clients at the beer shops at which they worked, although sometimes clients called in advance to make an appointment. The different numbers of commercial partners reported in the quantitative and qualitative components probably reflect the more diverse range of women engaging in commercial sex in the survey sample (not only service women in entertainment venues).

The diversity of women engaging in transactional sex was further illustrated in focus group discussions in which women stated that nowadays many students have sex in exchange for money for their school fees or materials, without concern for what other people think. In addition, more subtle financial benefits were reported to be a feature of some steady relationships. Whilst young women mainly have boyfriends of a similar age, FGD participants said some young women between 15 and 16 years of age liked to have sex with men who were significantly older (between 30-40 years, or even over 40 years of age) because they have jobs and money, and can buy clothes, mobile phones, and motorcycles for the girls, as well as pay their school or dormitory fees.

Age of sexual debut and circumstances of surrounding first sex

In the survey, the age at which over half the participants reported having had sex for the first time sex was 24 years, with the youngest age of first sex being 13 years and the proportion of sexually active young women increasing with age (Figure 2). Whilst there was variation in estimates, focus group discussions with of students, garment factory workers and other general young women suggested a lower median age of sexual debut than the survey findings, ranging from 13 to 19 years. Most groups

suggested that 13 to 15 years of age was the most common age of first sex and said that many girls in lower secondary school are having sex. The discrepancy between survey and FGD findings could be due to the survey population not being representative of the general young female population of Vientiane, or an over-estimation of sexual activity in FGDs or under-reporting of sexual behaviour in the survey due to the sensitivity of the topic. The latter has been flagged as a concern in previous research (3).

It is of note that a greater proportion of participants with lower education reported having had sex. This pattern remained when controlling for marital status (Table 6). With a fairly similar age distributions within each category of education, age is unlikely to entirely confound this pattern.

Table 6: Education level and sexual activity*

Education level	Women who ever had sex (entire sample) n (%)†	Never married women who ever had sex n (%)+
Did not complete primary school	23 (57.5)	19 (52.8)
Completed primary school	20 (31.7)	13 (23.2)
In or completed lower secondary school	49 (33.3)	28 (22.2)
In or completed upper secondary school	58 (24.8)	35 (16.6)
In or completed college	36 (19.6)	23 (13.5)
In or completed university	28 (19.6)	23 (16.7)

**Sex defined as either vaginal sex or sex with a woman*
†*Percentage is of those within the same education category*
+*Percentage is of unmarried women within the same education category*

First partner

Sixty percent of sexually active survey participants reported their first sexual partner to be a boyfriend; 27.4% said their first partner was their husband; 8.8% reported a casual partner; 3.3% said they first had sex with their girlfriend; and one person (0.5%) reported their first partner to be a commercial partner. No one identified their first sexual partner as a close relative.

Circumstances around first sex: coercion and other influences

When asked about the circumstances around their first sexual experience, 22.4% of sexually active women reported being coerced into sex by their partner. Among unmarried women who had had sex, 31% (13 of 42 women) of those living alone or in shared accommodation and 25% (21 of 84 women) of those living with their families reported coercion associated with their sexual debut. The median age of first sex for those who reported coercion was 18 years (range 13 to 22) and in most cases of coerced first sex, the partner was a boyfriend (81.3%).

In our survey sample, women who reported being coerced into first having sex were more likely to have a lower level of education. Among those who had had sex, those who had less education appeared to be more vulnerable to being coerced into their first sexual intercourse. Almost 40% (39.5%) of women who had no more than primary school education reported being coerced compared to 18.2% those with greater than primary level education. Similarly, a greater proportion of those having sex at a younger age were coerced into sex; 52% of those who first had sex at age 16 years or younger reported being coerced compared to 18.5% of those who first

had sex above the age of 16 years. Consistent with the frequency of coercion associated with sexual debut, over a quarter (25.2%) of survey participants who had had sex (and 6.7% of the entire sample), reported ever being coerced into sex with a man (see also the section entitled: ***Negotiation of sex and willingness, pressure or coercion to have sex***).

Alcohol was commonly consumed both by the participant (39.3%) and their partner (40.7%) on the occasion of their sexual debut. Drug use was uncommon by both the participant (2.4%) and her partner (1.9%). Only 1 one woman reported injecting drugs (0.5%) on this occasion.

When survey participants who had had sex were asked what factors influenced their decision to have sex the large majority reported being in love (73.4%) as a factor. Participants also frequently identified the desire to have sex (40.8%), fear of losing one's boyfriend (35.7%) and becoming married (34%) as reasons. A total of 17.4% said peer pressure influenced their decision. Two participants, both of whom had completed school or university and worked as sales people (0.9%), said money was an influencing factor, suggesting that whilst uncommon, financial concerns can influence the commencement of sexual relations and that this occurrence is not confined to people with less education.

The Focus Group Discussion findings expanded on the broader circumstances around young women becoming sexually active. FGD participants said that at the age of 13 to 15 years, young women start to go out at night, to make many new friends, have boyfriends, and see pornography on television and videos. This is also the time at which they become interested in new experiences such as drinking alcohol and having sex. Also influencing their desire to have sex is the knowledge that their friends are having sex. Women in the focus group discussions explained that if young women are sexually experienced they feel able to give advice to their friends; if they are not sexually experienced, they feel old-fashioned.

For example one girl said: *"When I was 14 years old, I started to go out with friends and wanted to have sexual experiences. I also wanted to know how it feels to have sexual intercourse, why people like to have sex."*

Consistent with the survey findings of frequent alcohol consumption and coercion accompanying young women's sexual debut, the qualitative findings suggested that the majority of first sexual experiences were not planned and not wanted by the women, with younger girls more prone to unwanted and unplanned sex.

The influence of money on sexual debut was also illustrated in interviews with two service women who described how they were encouraged by friends to sell their virginity when they were 14 and 17 years old respectively. One woman said that she did not want to sell her virginity but that it happened after a friend did not tell her the real nature of her work at a small beer shop. She arrived one day and the beer shop "mother" forced her to provide sexual services to a client, who then paid her only US$50.

Another service woman explained that when she was 17 years old, she had sex with a Lao man who had just come from the USA. She did not want to have sex, but she came from a poor family and she needed money to pay for hospital treatment for her sick mother. Consequently, a friend suggested that she sell her virginity for US$450. She thought about it for about a week and decided to do it.

In her own words: *"The first time I had sex was when I sold my virginity when I was 17 years old to a Lao man who had just returned from the USA. How did I know him? One of my friends saw that I had become a beautiful young woman. She gave me his telephone number and told me that I would receive about US$450 for my first time having sex. I thought about it for almost a week, taking a long time to decide. Finally, I called him and took a bus from my village about 60 km away to meet him at a hotel in Vientiane. I was very afraid when I met him because he was about 45 years old, the same age as my father. I cried and told him sorry I won't do it, I want to go home. He said OK and gave me US$10 for the transportation to go back home. Unfortunately, when I got home my mother was very sick and there was no money to take her for treatment at the hospital. So I called him again and decided to have sex with him. He paid me US$450. I was very surprised to see such a lot of money. Before that, I had only seen US$25. I gave the money to my parents but not all at the same time because I was afraid they would know about my bad behaviour. I found a way to be involved in commercial sex."* (This participant is currently 19 years old.)

In another discussion, the beer shop "mothers" (beer shop owners and women who facilitate sexual transactions) explained that most clients want young girls. One noted that men particularly want virgins, with businessmen willing to pay up to US$500 for a young virgin girl for a night. For this reason, one "mother" at a small beer shop said that she would not employ women over 25 years of age.

Factors influencing women's sexual behaviour

Participants were asked more generally about the factors that influence women's decision to have sex, including their attitudes to pre-marital sex.

Attitudes to pre-marital sex

Survey participants were asked about their attitudes towards pre-marital sex (Table 7). This revealed some dissonance in attitudes. Whilst almost 78% believed that women should not have sex before marriage, almost half agreed that pre-marital sex was okay as long as the woman consented.

Table 7: Attitudes towards pre-marital sex*

Statement	Agree N (%)	Disagree n (%)	Don't know n (%)
A woman should not have sex until marriage	632 (77.9)	134 (16.5)	45 (5.5)
It's okay for a woman to have sex before marriage if she is in love	308 (38.0)	397 (49.0)	105 (13.0)
It's okay to have sex before marriage as long as a woman consents	393 (48.5)	290 (35.8)	127 (15.7)

**totals vary slightly due to missing answers*

Similarly, there was consensus among young women in Focus Group Discussions that it is important for women to save their virginity until marriage, and subsequently have sex only with their husband. Women explained that virginity is highly valued in Laos. A woman who retains her virginity until marriage is seen as healthy and respectful of Lao culture. Such a woman is trusted and respected by men and admired by society and the family. Women illustrated this point by providing examples. They explained that if a woman broke up with her boyfriend and she had not had sex with him, she would feel happy and not embarrassed to run into him because her virginity was evidence that she was a "good girl" and "bo lua" or "bo

leng". When she eventually married, she would be happy because her husband would respect and love her and live with her forever. By comparison, if the woman did have pre-marital sex and then broke up with her boyfriend, she would have to make an effort to improve herself by not going out or drinking. This would ensure that her eventual husband would trust her and that when she had a baby, people would not say bad things.

By way of example, one girl said: *"In Lao culture, women cannot accept having pre-married sex. Women need to be clean (virgins) for their husband. Women need to have their first sexual experience with their husband, but men can have sexual experience and multiple sexual partners. Most men would like to get married with a virgin."*

Women in FGDs described the contrasting opinions men may have about women who engage in pre-marital sex. Some women believed that most men would like to get married with a virgin and expressed concern that if a man found out that the woman he planned to marry had had sex with many men beforehand, he may become verbally and physically abusive (calling her "hee khiew") and abandon the woman. On the other hand, women in FGDs acknowledged that these days pre-marital sex is common. So, if a man intends to marry, he must accept, understand and love his partner even if she has had previous sexual experiences. Participants also believed that today more men are willing to marry sexually experienced women because they feel they will be better able to provide sexual pleasure to a man, and more willing to have sex frequently and for longer periods of time. Some groups said that pre-marital sex prepared a woman to satisfy her husband sexually, thereby ensuring that he would not abandon her.

Influences on women to have sex

Consistent with the high societal value placed on pre-marital virginity, over a third (36.6%) of survey participants identified family pressure not to have sex until marriage as a factor influencing women's decisions about sex. Illustrating this, FGD participants reported that even if a young woman liked a young man, most would try to avoid casual involvements out of concern for their family's wishes.

Women reported the consumption of alcohol (36.4%) and pressure from a boyfriend (35.9%) were two common influences on a woman's decision to have sex, whilst peer pressure could influence women both *not* to have sex (23.9%) as well as to have sex (15.2%) (Table 8). A smaller proportion of participants thought drug use (12%) influenced a woman's decision to have sex. The drugs most commonly identified were caffeine and a non-specific 'drug for sexual desire'. Five people (0.6%) identified either heroin or ecstasy as a drug that influenced a woman to have sex. However, overall most women did not identify social pressures or substance use as influencing a woman's decision to have sex.

Table 8: Factors influencing a woman's decision to have sex*

Do the following influence a woman's decision to have sex?	Yes n (%)	No n (%)	Don't know n (%)
Peer pressure to have sex	123 (15.2)	555 (68.4)	134 (16.5)
Pressure from boyfriend to have sex	291 (35.9)	412 (50.8)	108 (13.3)
Peer pressure not to have sex	194 (23.9)	492 (60.7)	125 (15.4)
Family pressure not to have sex until marriage	297 (36.6)	432 (53.2)	83 (10.2)
Consuming alcohol	295 (36.4)	409 (50.4)	107 (13.2)
Drug use	97 (12)	562 (69.3)	152 (18.7

**totals vary slightly due to missing answers*

The qualitative research component further explored the factors influencing women's sexual behaviour. In FGDs with general women, most stated that young women had sex with boyfriends because they loved, trusted and planned to marry them. Women saw their boyfriends as someone who understood and would take care of them. Interestingly, the particular ability of rich men to take care of women, including buy things for them and take them anywhere, was recognised.

However, more casual attitudes towards sex were also apparent from FGDs, with women reporting that many young women have sex with friends after going out together several times, because they trust and take care of each other. Some young women described skipping school and going to a friend's house or a beer-shop during the day. These young women may then have sex at a friend's house or guesthouse. They explained that sometimes they would organise a party at a friend's house while their parents were at work or away in another province for a few days.

Peer pressure/new generation youth culture

The FGDs also pointed to the influence of peers, with women deciding to have sex because *"they have heard from their friends that sex is normal, so they would like to have sex"*. FGD participants described young girls wanting a boyfriend, particularly on occasions such as Valentine's Day, as not having a boyfriend could make them feel that they are not beautiful, not valued, and old fashioned. Illustrating the changing behaviours of young ("new generation") women, FGD participants described most young girls between 13 and 14 years of age as having boyfriends and going out together to places such as beer-shops, entertainment venues, friend's houses, and shopping centres. They often sit very close together, holding hands, touch each other's bodies, and hug and kiss even if they are in front of friends or others.

Media

The qualitative findings also pointed to the role of media in influencing the new youth culture. FGD participants reported the greater exposure to media particularly Internet and chat rooms as a major reason for the increasing number of females practicing pre-marital sex. Pornography was also mentioned as a source of learning new sexual acts.

Alcohol and drug use associated with sexual behaviour

The research found that most young women drink beer or other alcoholic beverages at certain times, such as when they have a day off. The garment factory workers and general women said that drinking beer decreases their inhibitions, makes them less

interested in what other people are thinking, stimulates their sexual desires and may also lead them to forget to use a condom. They said that the combination of drinking beer and sitting close to, or being touched by, a man increased their sexual feelings and they were more likely to agree to have sex if the man suggested it.

For example, one girl said that: *"I often go drinking with friends at a beer shop. If a man asks to join our table and I accept this means that 50% of me accepts having sex with him and the other 50% depends on negotiation."*

Some said that getting drunk led them to engage in sex against their will because they "lost control". They felt that women who drink are more likely to be sexually active and are vulnerable to being forced to have sex.

One girl said: *"One day, I went out drinking with friends to celebrate a friend's graduation at a beer shop. I drank a lot of beer and got drunk. A man (friend) said that he would accompany me home, but he took me to a guesthouse. I could not control myself, and he raped me."*

While students said that drinking alcohol increased their sexual desire, they also mentioned various stimulant drugs, such as Ecstacy (known as the "love drug"), sex drops, and MSG mixed with Pepsi. Women reported that some couples took drugs to increase their sexual desire, have longer lasting and more varied sex. Some women reported that sometimes men put a drug into women's drinks without them knowing.

Service women said that some clients gave them drugs because they wanted the service women to have harsh and sadistic sex. Firstly, they are forced to take the drugs and then forced to have rough sex. If they refused to take the drugs, the clients would beat and rape them. These women did not know what drug they were given but described the effect of it being to heighten sexual pleasure and left them very tired the next day. Service women reported that their older clients took this drug to assist in gaining an erection, whilst young clients only used this drug to lengthen the time they could have sex.

However, the participants were aware that taking drugs and drinking beer is not good for their health. Most said that the next day after drinking beer, they were very tired, could not do anything and could only sleep. They also said that, as a result of drinking too much beer, they got a big tummy, became overweight, listless, had headaches, became weak, lost their appetite, and had yellow skin.

Financial influence

As mentioned earlier, financial concerns influenced some women's (and not exclusively service women's) sexual behaviour. In FGDs, service women explained that most of them did not like their job or want to have sex with many men other than their boyfriends or husbands, but do it because they need the money. Also described in FGDs was that some girls would decide to exchange sex for money in order to buy new clothes that they and their parents could otherwise not afford.

Negotiation of sex and willingness, pressure or coercion to have sex

Overall, 25.2% of survey participants who had had sex (and 6.7% of the entire sample) reported ever being coerced into sex with a man. A similar proportion of never married women who lived alone or in shared accommodation (31% [13 of 42 women]) and those who lived with family (26.2% [22 of 84 women]) reported ever being coerced into sex with a man. In terms of negotiation of sex, most women

(68.2%) felt confident in refusing unwanted sexual advances, although participants expressed less confidence in avoiding situations that could lead to sex (Table 9). Approximately a third of women said they would accept invitations to have sex if they wanted to, although it is uncertain if this low figure reflects lack of confidence or the belief that they should not accept invitations to have sex.

Table 9: Attitudes towards the negotiation of sex*

Statement	Yes n (%)	No n (%)	Don't know n (%)
I feel confident to refuse unwanted sexual advances	552 (68.2)	168 (20.8)	89 (11.0)
I accept invitations to have sex if I want to	261 (32.3)	392 (48.6)	154 (19.1)
I feel confident in avoiding risky situations that may lead to unwanted sex	375 (46.4)	148 (18.3)	386 (35.4)

**totals vary slightly due to missing answers*

The FGD with students suggested that nowadays virginity among young female students is rare, because most young women go out at night drinking and dancing at entertainment venues, particularly at beer-shops, discotheques and bars, which makes young women vulnerable and more likely to have pre-marital sex.

As one woman said: *"Many times I went out alone with my boyfriend. He often requested or even forced me to have sex, in particularly on special occasions such as Valentine's Day, festivals, and his birthday. I loved him very much, got drunk, could not enter my house or factory and then we would sleep together at a guesthouse, a friend's house, or his house."*

Garment factory workers said that they were often lied to by men, particularly married men who do not tell them that they are married. Men visit them several times, which leads women to trust them. Then the men ask them out for dinner and drinking and intentionally take them back to the dormitory after it has closed at 10pm. This leaves the women little choice than to sleep with the men in a guesthouse.

The FGDs with general young women suggested that most women have had sex against their will with a boyfriend. This usually happens when they go out drinking together, get drunk, lose control, and the men take them to a guesthouse for sex.

For example, one girl said that: *"I had to sleep in the toilet of the guesthouse because my boyfriend took me to the guesthouse but I did not want to have sex with him yet. So I went into the toilet and locked the door."*

Another girl said: *"I climbed up the wall of the guesthouse and called someone to help me."*

Some women reported that men threaten to find another girlfriend if they do not have sex with them. Some men may say *"if you do not have sex with me, it means that you do not love me, particularly on Valentine's Day."* Some women thus have sex with their boyfriends in order not to lose them and to show how much they love them. These findings suggest that a woman's fear of losing her partner or incurring his anger are important factors inhibiting young females from exercising choice in the timing of sexual activity. For example, young female students and factory workers point out that "*Women have less power to bargain; they think that if they have sex with their boyfriends they will keep them forever and that is a big mistake."*

Forced sex also occurred outside of steady relationships or commercial sex, with respondents giving reports of girls who were raped by a relative (e.g. a stepfather) or by their boss.

As mentioned earlier, service women experienced forced sex in association with drug use. Service women also reported being forced to engage in oral and anal sex against their will, and being forced to have sex for extended periods of time which becomes painful for them. The service women reported that men who are violent are mainly foreign - particularly Chinese and Vietnamese - men.

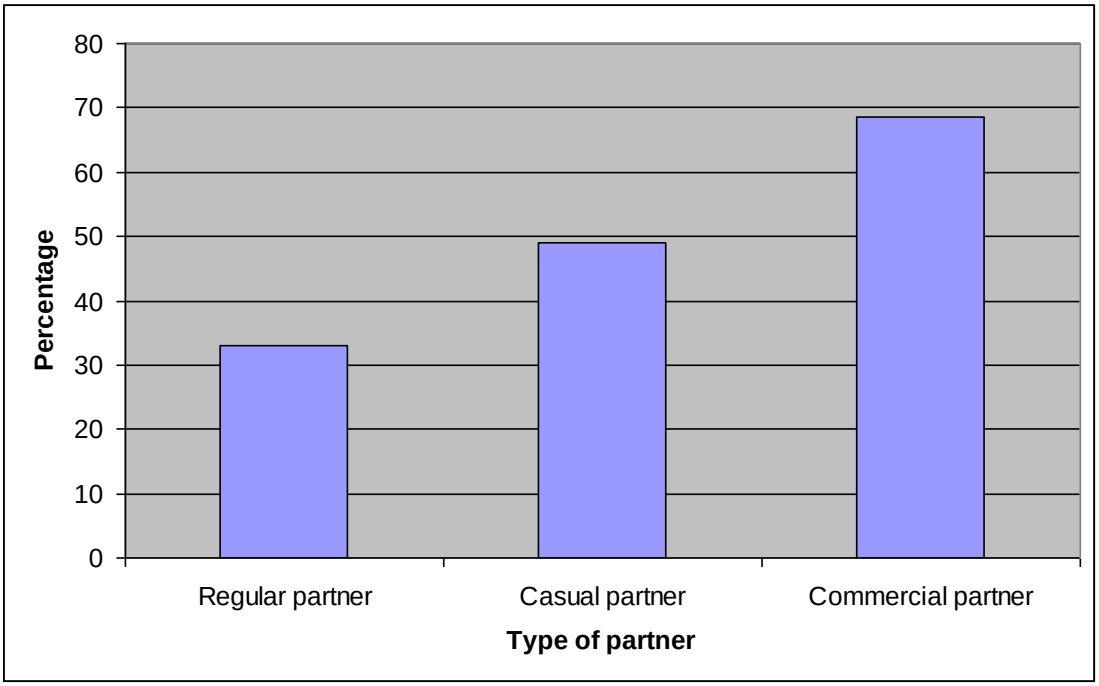
One woman described her experience of sexual violence as follows: *"Talking about my experience of sexual violence as a service woman, I have often been forced to have oral sex, to have a plastic penis inserted in my vagina, and to take a drug to increase my sexual desire by Chinese and Vietnamese [construction workers]. I think that these types of clients had likely planned to first force me to take a drug, then insert a plastic or a vibrating penis, thirdly do oral sex and finally have vaginal sex many times and throughout the night with no time to rest. "*

The research also found that service women often came from difficult backgrounds, and that abuse including sexual violence often preceded their entry into sex work. Most reported that they had experienced physical, emotional, and sexual abuse by family members. One respondent mentioned that when she stayed with her uncle, he always got drunk and often hit and harassed and raped her when his wife was not at home. She said that even though these things happened, she had to stay with him, because her parents got remarried and, leaving her no other place to stay.

Knowledge, attitudes and practices in relation to condom use

For sexually active survey participants, condom use in the last sexual encounter was reported by 33% of women with a regular partner, 49.1% with a casual partner, and 68.6% with a commercial partner. Condom use in last anal sex was reported by 6 (31.6%) of the 19 people who reported ever having had anal sex.

Condom use with last male partner

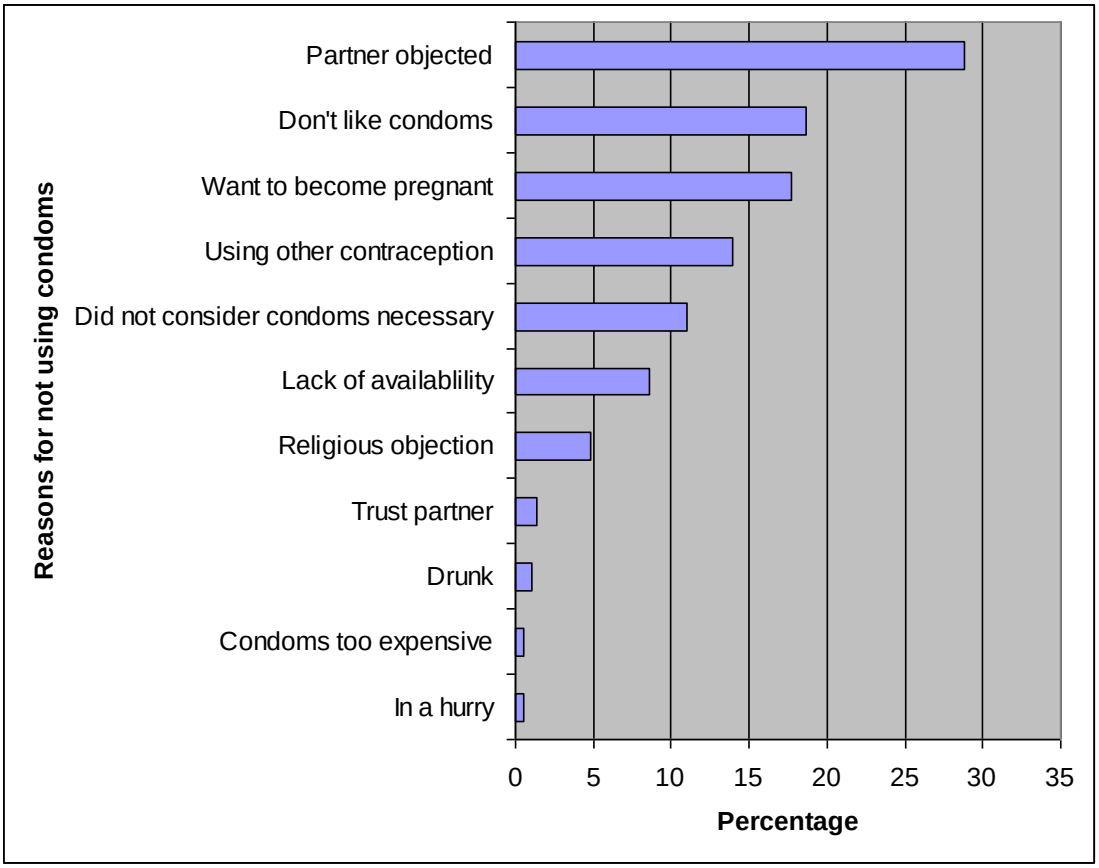


When asked why they did not always use condoms in vaginal sex with a male partner, the most common reason given by survey participants who had had sex with a man, was that their partner objected (28.8%). Not liking condoms (18.7%), wanting to become pregnant (17.7%), using other forms of contraception (13.9%), and not believing condoms to be necessary (11%) were frequently cited reasons. Several participants said that lack of availability (8.6%) was a reason for not using condoms. Others said they had a religious objection (4.8%) and occasionally people cited being drunk or trusting their partner as reasons for not using condoms. Only one person (0.5%) reported condoms were too expensive, indicating that cost is generally not an important barrier.

Of the 19 women who reported having anal sex, reasons for not always using condoms in anal sex included a partner's objection (6 women; 31.6%), not liking condoms (4 women), and condoms not being available (2 women). One woman said she did not think condoms were necessary and another cited expense of condoms as a reason for not using them.

A total of 11.8% of participants who had had sex reported using lubricant. Of those able to remember the kind of lubricant used, the lubricant used was reported to come with the condoms, to be KY or to be strawberry in flavour, which is probably the Number One lubricant.

Reasons for not using condoms in vaginal sex with a man*



**The denominator is those women (209 women) who had vaginal sex with a man. More than one answer could be chosen. 71.3% of the eligible sample answered the question.*

In the qualitative research, most general young women and garment factory workers knew that condoms are used to prevent STI and pregnancy and these women reported that for both of these reasons they sometimes used condoms. Reasons for not using a condom included forgetting to bring one or being drunk. Consistent with the survey finding that partner's often objected to using condoms, some women said that condom use depends on the man and explained that some men do not like using a condom because it is not "natural" sex and decreases their pleasure. Consistent with the survey findings that some women did not like condoms, many women reported that using condoms also reduced their own sexual feelings. Women also reported that they did not use a condom with their boyfriends or husbands because they trusted and loved their partner. However, all women knew that they could find condoms at a pharmacy and hospital.

The findings suggest that young females did not feel confident in negotiating for the use of contraceptives or condoms, out of concern of losing or angering their partner. Most respondents said that they were not certain that they could decline sex if their partner refused to use a condom. Young unmarried females were reluctant to seek or insist on the use of condoms for fear of being labelled "bad quality girls" with "loose morals". They did so out of a fear that "*I was going to lose my boyfriend*", or that "*he would abandon me*".

Another woman explained: *"It is hard for me to ask my partner to wear a condom because we never talk about it. If I ask him to use a condom, he would be angry and maybe think that I do not trust him or he also does not trust me and thinks that I have*

multiple sex partners. Whether we wear a condom or not depends on the man making the decision"

Service women reported different attitudes and practices in relation to condom use with clients. In the qualitative research some service women said they wanted to use condoms with all commercial partners, some reporting that they would refuse to have sex with clients without a condom. They would try to reach an agreement to use a condom with their clients before leaving the beer shop. Some described the method of negotiating condom use as follows:

"We tell the client that we sleep with many men every day – this is our job. We say 'you do not know me and I do not know you so we could easily infect each other with a disease. If you are not afraid then don't use a condom.' This often persuades the client to use a condom."

Whilst most service women reported little difficulty in negotiating condom use with clients, sometimes, when they arrived at the hotel or guesthouse room, some clients -- particularly Chinese and Vietnamese men -- refused to use a condom, and would threaten the service woman with violence or non-payment if they refused to have sex without a condom. Whilst many service women knew how to put on the condom by using their mouth, in a manner pleasurable for the client, some clients were still unwilling to use a condom during oral sex. Some service women, especially newcomers, would also agree to not wearing a condom if they were paid more by the clients, although this was considered risky behaviour. In addition, it was reported that condoms were usually not used with clients when young females sold their virginity.

Many service women also displayed misconceptions about STI and HIV, for example the belief that condoms are not necessary with clients who looked nice, clean and had clear skin. Service women also reported rarely using condoms with their boyfriends (often older married men) or husbands because of they trusted one another. Most also said that if they got drunk, they were less likely to use a condom because they could not control themselves.

In qualitative research, some respondents reported using lubricant for vaginal sex when lubrication was required, such as when they had sex for a long time, or if they had anal sex. Women mentioned that they particularly like to use condoms (and lubricant) with a strawberry smell. However, most women said they had not used lubricant either because they didn't like it, didn't know about it, didn't think it was necessary (as condoms were lubricated), or because they were afraid it would affect their sexual organs, or cause the condom to slip off the penis.

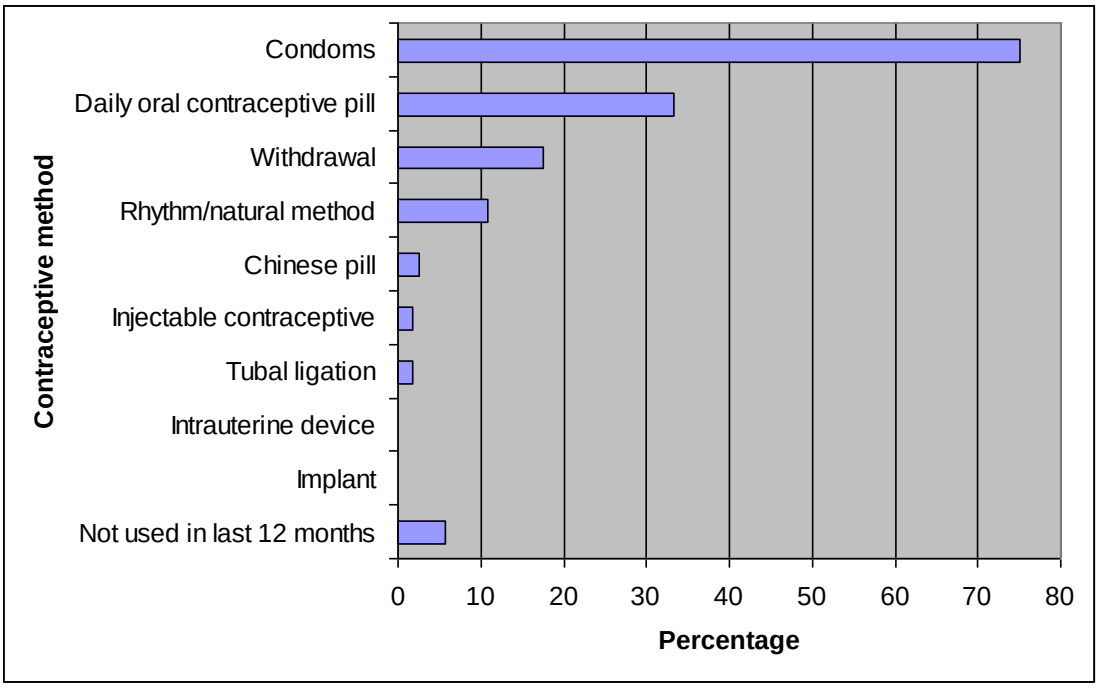
Knowledge, attitudes and practices in relation to contraception

Overall 120 young women (56.9% of survey participants who reported having vaginal sex) had ever used contraception. A total of 58.7% of sexually experienced unmarried women, and 53.4% of married, divorced or separated women had ever used contraception. Among these women the most common methods of contraception used in the previous 12 months, were condoms (75%) and the oral contraceptive pill (33.3%). Injectable contraception (1.7%), tubal ligation (1.7%) and the Chinese pill[3] (2.5%) were reported occasionally. No participants used an IUD or implant. Withdrawal (17.5%) and rhythm method (10.8%) were not uncommonly used

[3] This may be Mifepristone – an antiprogesterone pill - which can be used both as a once monthly contraceptive pill or to induce an abortion – and is available in China.

though another modern method of contraception (oral contraceptive pill, condoms or injectable contraception) was almost always reported by the same respondents. However, it is unclear whether withdrawal and the rhythm method are used at the same time as other contraception or if women use a variety of modern and other methods at different times.

Contraceptive method used in the last 12 months of those who ever used contraception (n=120)*



** More than one answer could be chosen.*

Of the 112 women who reported using a modern form of contraception, contraception was obtained from pharmacies (38.4%), public hospitals or health centres (13.4%), private health services (9.8%), at a market place (2.7%) or from boyfriends or friends (2.7%). The pattern of place of purchasing contraception was similar regardless of marital status except in regard to obtaining contraception from public hospitals or health centres where only 4.9% of never married women reported purchasing contraception compared to 28.2% of ever married women who had used a modern form of contraception in the last 12 months.

Place contraception obtained from	**Ever married women n (%)***	**Never married women n (%)***
Pharmacy	17 (50)	26 (33.3)
Public hospital or health centre	11 (32.4)	4 (5.1)
Private health service	3 (8.8)	8 (10.3)
Market place	1 (2.9)	2 (2.6)
Boyfriend or friends	0 (0)	3 (3.8)
No answer	5 (17.1)	40 (51.3)

**Denominator is ever married women (34) and never married women (78) who used a modern form of contraception in the previous 12 months. More than one answer could be chosen.*

The FGD found most women had good knowledge about contraception, while some had incomplete knowledge. Most general women in FGDs were familiar with a number of contraception methods, being able to name and recognize methods such as the oral contraceptive pill, and condoms. Other methods named or recognised included injectable contraception, IUDs, the rhythm method, withdrawing the penis before ejaculation and tubal ligation.

The findings also showed that whilst many young women use contraceptives, others engage in unprotected sex and are at risk of unwanted pregnancy and STIs. The majority of garment factory respondents stated that they used a condom because it could prevent both pregnancy and acquisition of STI. For the same reasons, many service women preferred to use condoms. This preference for condoms was promoted by the information these women received from the FHI Wellness Centre (centre for service women).

Other general women took an oral contraceptive pill and some used an IUD because they did not like using condoms. Some reported consulting a doctor for advice on contraception and some women asked their friends for advice.

One group of women reported as follows: *"Most women, when they started having a boyfriend, would search for information about contraception from friends who are sexually experienced because friends are the best persons to share and discuss with because they have been in the same situations as us."*

Students reported using penile withdrawal commonly as contraception. Many other women said that they only take a Chinese made "once-monthly pill" because it was easy to find at pharmacies or clinics, cheap, and easy to take. However, a number of women complained about side-effects of taking contraceptive pills including weight gain, increased facial skin pigmentation, and vaginal dryness and some women said they still became pregnant despite taking oral contraception.

Similar to the survey findings, women in all types of FGD said they went to pharmacies or private clinics to obtain contraceptives. They explained that when they had a problem, it was easy and cheap to go to a pharmacy or private clinic. During the qualitative research, women mentioned that they prefer not to obtain information about contraception from hospitals. This is due to the lack of privacy, the crowding, and long waits involved in visiting hospitals.

Intention to use condoms, other contraception and female condoms

Among survey participants who had not had sex, 70.5% reported their intention to use condoms when they became sexually active, 20.4% did not know their intention. When asked what other contraception these young women intended to use, 35.6% did not know, 29.8% said the oral contraceptive pill and 7.5% said an injectable contraceptive and 10.3% did not intend to use other contraception. Almost 10% intended to use the rhythm method. Traditional medicine (2.4%), withdrawal (2.2%), IUD (2.2%) and implants (0.3%) were identified rarely. About half (53.5%) of all survey participants said they would be willing to try a female condom, though 30.5% did not know.

Intention to use contraception other than condoms when becoming sexually active (of those who are not currently sexually active)

Contraceptive method	Number	Percentage
Daily oral contraceptive pill	176	29.8
Rhythm/natural method	57	9.7
Injectable contraception	44	7.5
Traditional medicine	14	2.4
Intrauterine device	13	2.2
Withdrawal	13	2.2
Implant	2	0.3
Don't intend to use other contraception*	61	10.3
Don't know	210	35.6

**only 11 (1.9%) did not or did not know if they would use condoms*

Attitudes and practices in relation to abortion

Overall, 23.2% of survey participants who had had vaginal sex (or 6% of the entire sample) reported having an abortion. Among married, divorced or separated women, 35.6% reported having an abortion, whilst 16.7% of never married women who had had vaginal sex, reported having an abortion. Of never married women who had had vaginal sex, 21.4% (9 of 33 women) who lived alone or with friends and 25% (12 of 80 women) who lived with their family reported having an abortion. The majority (69.4%) reported making the decision to have an abortion themselves. When asked which other people encouraged the participant to have an abortion if they did not make the decision themselves, participants identified boyfriends, husbands and family.

Of the 49 survey participants reporting an abortion, almost half (44.9%) went to a private clinic for the abortion, 20.4 went to a public hospital or health facility, three people (6.1%) went to a traditional practitioner and two people (4.1%) went to a medical clinic in another country. The majority of women (61.2%) took medicine to induce the abortion. In all cases when the woman could remember, this medicine was identified as "Chinese medicine"[4]. Many women who took this medicine did not appear to seek further assistance for the abortion; one-third (33.4%) of women who had an abortion only identified taking this medicine in describing where they had the abortion and some indicated they were by themselves or at home for the abortion.

Place where women obtained an abortion of all those who obtained an abortion (n=49)

Place where obtained abortion	Number	Percentage
Private clinic	22	44.9
Public hospital or health facility	10	20.4
Traditional practitioner	3	6.1
Medical clinic in another country	2	4.1
Other	11	33.4
No answer	1	2.0

In accordance with the survey findings, students and other general women in the qualitative research stated that many young women take Chinese medicine for self abortion. The price is only 80,000 kip (8$). They said that sometimes after taking the medicine the foetus did not deliver and there was a lot of bleeding. They had heard

[4] This may be the same pill as a once monthly contraceptive pill

that some women died when this happened. Some women have also had an abortion at a private Chinese clinic. One woman said:

"My boyfriend took me to a Chinese clinic. It was a pharmacy that also performed abortions behind the shop. When I came back home, I was still bleeding. My mother asked me what happened and I explained that I was having heavy menstruation."

The preference for attending a pharmacy for assistance when it came to seeking advice or assistance for unwanted pregnancies rather than hospitals was also described in FGDs. For example one girl said that:

"When I was pregnant I went to a pharmacy. Following my friend's advice, I asked for medicine for an abortion. The pharmacist only asked me how many months pregnant I was, and advised me to take the medicine. He did not ask me about my personal situation."

The participants explained that if an unmarried woman has a child, society would accuse her of being a 'bad girl'. Women also worried about not being able to afford to have a child, especially if unmarried and unemployed.

One service woman who was interviewed said that she had had an abortion after becoming pregnant when she sold her virginity to a businessman for $500 at the age of 15. She explained that at the time she cleaned houses with her mother for a living. Unfortunately, her mother needed money urgently and asked her to sell her virginity, which resulted in her getting pregnant. Her mother then took her to a private clinic to have an abortion. She suffered considerable pain after the abortion.

Knowledge of STI and HIV

Whilst most survey participants had heard of HIV (88.4%) and STI (80.5%), fewer recognised symptoms of STI (Table 10). This lower level of STI symptom knowledge may not be surprising given the young age of many survey participants and the fact that many were not yet sexually active. Over a third of participants (37.7%) did not recognize any STI symptoms.

Table 10: Recognition of STI symptoms

STI symptom	Number who recognised symptom	Percentage who recognised symptom
Burning sensation on urination	359	44.2%
Abnormal vaginal discharge	385	47.4%
Itchiness around the vaginal area	341	42.0%
Unusual vaginal smell	298	36.7%
Genital ulcers or sores	248	30.5%
Lower abdominal pain	188	23.2%

Whilst there was a high level of knowledge about condoms as a method of protecting against STI in vaginal sex, survey participants were less aware of the possible consequences and the possible asymptomatic nature of STI infections (Table 11). Likewise there was a high level of awareness of condoms as a method of preventing HIV transmission in vaginal sex, and reasonably high awareness of mother-to-child transmission of HIV, however, only about a third of women knew that either HIV or STI could be transmitted through anal sex without a condom. There was also a

common misconception that people with HIV usually look sick (41.3%) and many people did not know whether people who had HIV could be unaware of their status (i.e. be asymptomatic).

Table 11: Knowledge about STI and HIV*

Statement	Agree n (%)	Disagree n (%)	Don't know n (%)
Women can have an STI and not know that they have an infection	352 (43.6)	123 (15.2)	333 (41.2)
Using condoms correctly helps protect against STI	687 (84.8)	32 (4.0)	91 (11.2)
STI can be transmitted through vaginal sex without a condom	540 (66.7)	77 (9.5)	193 (23.8)
STI can be transmitted through anal sex without a condom	249 (30.7)	131 (16.2)	430 (53.1)
Some STI can cause infertility in women	370 (45.7)	68 (8.4)	371 (45.9)
People can have HIV and not know that they are infected	399 (49.3)	102 (12.6)	308 (38.1)
People can protect themselves against HIV by using condoms correctly during sex	680 (84.0)	39 (4.8)	91 (11.2)
HIV can be transmitted through vaginal sex without a condom	590 (72.9)	47 (5.8)	172 (21.3)
HIV can be transmitted through anal sex without a condom	270 (33.4)	102 (12.6)	437 (54.0)
HIV can be transmitted from a pregnant woman to her unborn child	603 (74.4)	50 (6.2)	157 (19.4)
People with HIV usually look sick	334 (41.3)	133 (16.4)	342 (42.3)

**totals vary slightly due to missing answers*

Similar to the survey findings, most FGD respondents were aware HIV could be transmitted through unprotected sexual intercourse, and from mother to child. Most FGDs participants were also aware of receiving blood and sharing injecting equipment as a potential mode of HIV transmission (not asked about in the survey), and found that overall, students and service women seemed to be the most knowledgeable on this topic.

FGD with general women found that most were aware of STIs, and HIV/AIDS. Garment factory workers had received information from a project that holds outreach activities at their workplace and also reported learning about STIs from their friends. Whilst aware of some symptoms of AIDS such as weight loss and weakness, some women also held some misconceptions. These included that no treatment is available for people infected with HIV and that HIV could be transmitted by sharing a toilet or a swimming pool and through kissing.

For example, one woman said that: *"If a woman got an STI, it would make it difficult to have a baby – it might make her infertile or give her cancer."*

Another girl said: *"...my friend told me that she got an STI because she went to a beer shop's toilet."*

In the focus group discussions with general women, many were able to describe some possible symptoms of STIs including pain or burning with urination and pain during sexual intercourse, though it is uncertain if women recognised painful and

frequent urination were also (and most likely) symptoms of lower urinary tract infections.

Experience of STI symptoms and treatment seeking behaviour

Among survey participants, 14.4% of women who had had sex reported genital ulcers or sores in the previous 12 months. Of these, 74.2% sought treatment. Treatment was sought most often from private clinics (32.3%), public hospital or health facility (29%) and pharmacies (25.8%). Three people (9.7%) said they sought treatment from a traditional practitioner.

Place where women sought treatment for STI symptoms of all those who reported a genital ulcer or sore in the previous 12 months (n=31)*

Place where sought treatment	Number	Percentage
Private clinic	10	32.3
Public hospital or health facility	9	29.0
Pharmacy	8	25.8
Traditional practitioner	3	9.7
No answer	8	25.8

** More than one answer could be chosen.*

Participants were asked about other STI symptoms, (abnormal discharge and itchiness around the vaginal area). Whilst these are not specific markers of STI, the treatment seeking behaviour for these symptoms may be similar for STI. Of those that reported any of the above three symptoms, 57.3% reported seeking treatment. Help was most commonly sought from pharmacies (41.3%), public hospitals or health facilities (38.1%) and private clinics (28.6%). Almost 8% saw a traditional practitioner and one person (1.6%) went to the Vientiane Youth Centre. A lower proportion of never married women (46.3%) sought treatment for possible STI symptoms than other women (65%).

Women who had never been married showed a different pattern of treatment seeking. Approximately 27% of never married women who sought treatment accessed a public hospital or health facility compared to 53.8% of other women; 24.3% never married women went to private clinics compared to 34.6% of other women. A similar proportion of unmarried and married women went to pharmacies (40.5% of never married women compared to 42.3% of other women) and 10.8% never married women went to a traditional practitioner compared to one (2.5%) married woman.

Place where women sought treatment for STI symptoms of those who reported a seeking treatment for a potential STI symptom in the previous 12 months, by marital status

Place where sought treatment	Ever married n (%) (n=26)	Never married n (%) (n=37)
Private clinic	9 (34.6)	9 (24.3)
Public hospital or health facility	14 (53.8)	10 (27.0)
Pharmacy	11 (42.3)	15 (40.5)
Traditional practitioner	1 (3.8)	4 (10.8)
Youth centre	0 (0)	1 (2.7)

** More than one answer could be chosen.*

The major reason people did not seek treatment for possible STI symptoms was embarrassment (72.3%). A total of 23.4% said they did not know where to seek treatment from and 8.5% reported cost of treatment as a barrier. Occasionally women said that the symptoms were not severe enough to seek treatment. The low treatment seeking, particularly from doctors was consistent with FGD findings in which women suffering potential STI symptoms usually treated themselves with paracetamol because they are afraid to see a doctor.

Reasons women did not seek treatment for potential STI symptoms of those that reported a potential STI symptom in the last 12 months (n=47)

Reasons why treatment was not sought	Number	Percentage
Embarrassment	34	72.3
Did not know where to seek treatment	11	23.4
Cost of treatment	4	8.5
Other (including mild symptoms and not recognising the risk of potentially having an STI)	3	6.3

Service women also said that they did not access the general health care services due to discrimination and social stigma. When they have an STI, these women said that they sought help from friends who have previously experienced an STI and they access information from the Wellness Centre, because it specifically caters for service women. Most respondents reported going to pharmacies to buy medicine to self-treat their condition, and some said that they would not tell anyone that they had an STI, due to fear of other people including their friends knowing and fear of losing clients.

Sex and pregnancy

The majority of survey participants (61.6%) did not know at what stage of the menstrual cycle women were most likely to become pregnant. There was also much uncertainty around the safety of sex during pregnancy with less than a third of women believing sex to be safe throughout pregnancy (Table 12).

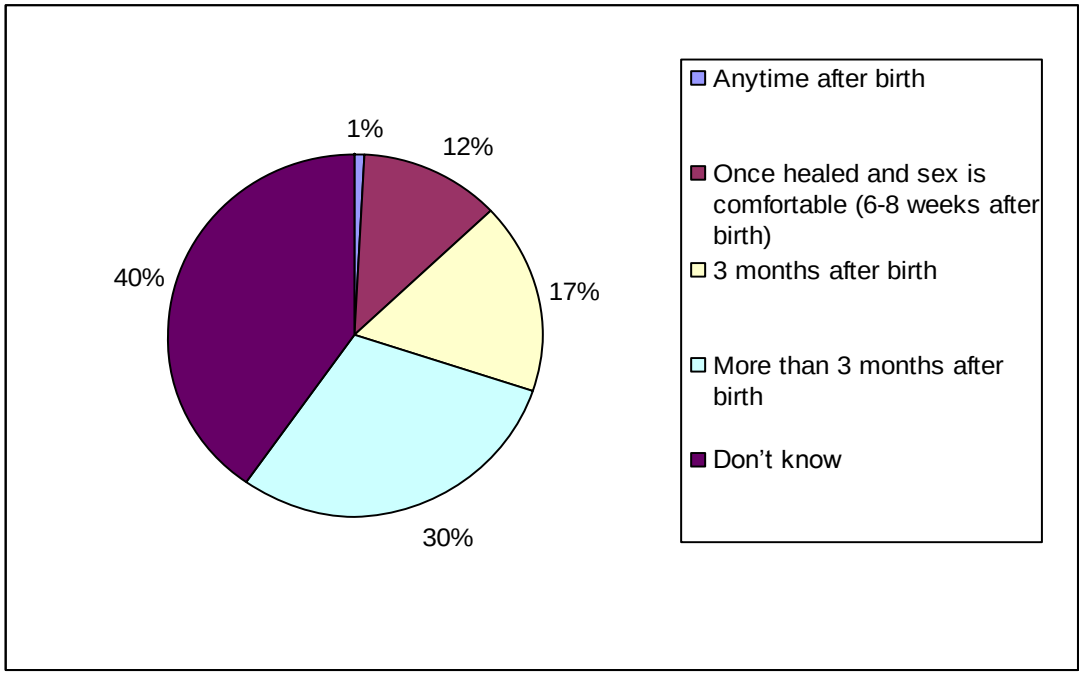
Table 12: When is it safe to have sex during pregnancy?*

Stage of pregnancy	Yes n (%)	No n (%)	Don't know n (%)
1 to 3 months	201 (24.8)	209 (25.8)	401 (49.5)
4 to 6 months	155 (19.1)	235 (29.0)	420 (51.9)
7 to 9 months	74 (9.1)	320 (39.5)	417 (51.4)
Anytime throughout pregnancy	32 (4.0)	268 (33.1)	511 (63.0)

**totals vary slightly due to missing answers*

There was also a large amount of uncertainty around when it was safe for a woman to have sex after childbirth; 40.3% did not know when it was safe to have sex. A total of 46.7% thought it was necessary to wait for three months or longer after childbirth to have sex, and only 11.8% thought it was safe to have sex once the woman had healed and sex was comfortable (6-8 weeks after childbirth) (Figure 3).

Figure 3: How soon after childbirth is it safe to have sex?



Accessing information on sexual and reproductive health

When asked where they could access information on sexual and reproductive health, survey participants most commonly identified public hospitals and health facilities (46.7%), school (43.1%) and the Vientiane Youth Centre (38.8%). People also said they could access this information from pharmacies (13.3%), traditional practitioners (13.3%), and private clinics (12.4%). Several people also said they could access information from media sources (television, radio, magazines) (7%), friends (4.9%), relatives and parents (1.2%) and HIV projects or peer educators (1.1%). Occasionally, women said they could access information from their village, factory or events such as festivals.

Places women identified as being where information on sexual and reproductive health could be accessed:

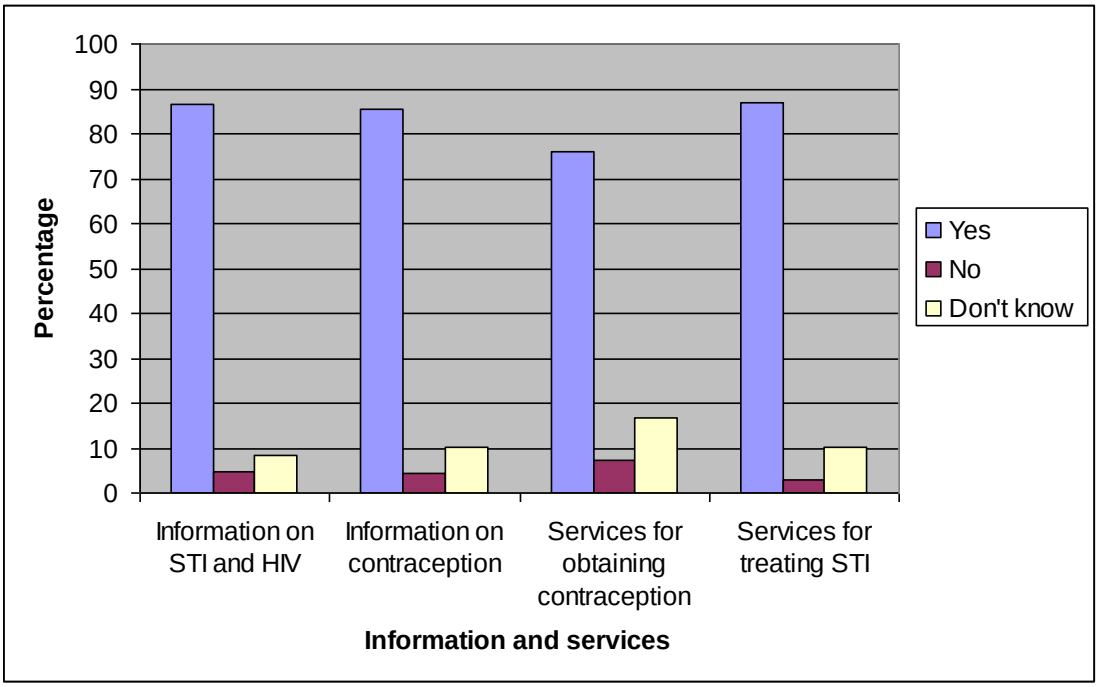
Place to access information	Number	Percentage
Public hospital or health facility	379	46.7
School	350	43.1
Vientiane Youth centre	315	38.8
Pharmacy	108	13.3
Traditional practitioner	108	13.3
Private clinic	101	12.4
Media (TV, radio, magazines)	57	7.0
Friends	40	4.7
Relatives/parents	10	1.2
HIV project or peer educators	9	1.1
Village	6	0.7
Factory	4	0.5
Camps, festivals and other	3	0.4

Despite the fact that only 9 women identified HIV projects or peer educators as sources of information on sexual and reproductive health, approximately 40% of survey participants recorded having previously been approached by a peer educator or outreach worker about HIV/AIDS or reproductive health, though most did not provide details of which organisation the peer staff were from. Among the organisations that were mentioned were the Vientiane Youth centre, Population Services International, Care, UNICEF, Lao Red Cross, the Maternal and Child Health Hospital, Burnet Institute, PCCA, UNDP, and UNAIDS.

Overall, 21.7% of survey respondents had participated in an HIV/AIDS or reproductive health activity. Few provided specific details on the activity, although several people reported the activities to include training or workshops, a joint games (condom use competition), peer education, activities related condom use, a school activity, drama and volunteering.

Most survey participants identified the need for more information on STI and HIV, and more information on contraception (86.6% and 85.6%, respectively) and more services for obtaining contraception and treating STI (75.9% and 87%, respectively).

Are more information and services on STI, HIV and contraception required in Vientiane?



Suggestions for youth friendly sexual and reproductive health services

When asked for suggestions on youth friendly sexual health services, survey and qualitative research participants identified the need for more information about sexual and reproductive health including STI and HIV, contraception and condom use. They suggested that this information be provided through a variety of means (peer education/outreach, drama, camps, radio and television, sexual health manuals, and teaching) from a variety of places (outreach activities at entertainment venues such as night clubs, schools, garment factories, villages, in clinics, and counselling centres and public places such as the Mekong and parks). Students in FGDs suggested

using a wide variety of media including television, radio, the internet, and magazines as appropriate mediums for providing this information to young people. Other general women also suggested that outreach activities at garment factories, villages, entertainment venues, beer-shops and restaurants, where young people congregate, would be useful.

Most women suggested that there should be a sexual education curriculum with a sexual health manual at schools, as school is the main source of many young people's information. Many also would like to have friendly, private counselling centres providing information, counselling and services specifically for young people and women. Women thought centres such as this would encourage young people to more openly discuss sexual issues and learn about disease prevention. Some suggested these services should be free, other suggested these services should also be available at schools. Other places young women thought would be useful information sources included mother and child health centres, hospitals, clinics, Vientiane Youth Centre and tourism sites.

IV. Discussion

The results of the research indicate that a significant minority of young females engage in pre-marital sex. As the most group suggested that 13 to 15 years of age was the most common age of first sex and said that many girls in lower secondary school are having sex. Those young women who are sexually active outside of marriage come from a range of backgrounds and occupations. Both the qualitative and quantitative findings indicate that pre-marital sex among general women is not confined to single regular relationships, with almost a third of sexually active survey participants reporting multiple partners in the previous six months and approximately one-quarter reporting at least one casual partner in this period. Another common element of sexual behaviour was transactional sex; almost one in five surveyed women who had ever had sex reported exchanging sex for money or gifts. While 16% of sexually active women reported selling sex in the previous 6 months, 32% of young men *paid* for sex in a six month period (4). This discrepancy inevitably leads women who sell sex to have a large number of partners and increases their vulnerability.

The study also indicates that a smaller proportion of women (around 3%) have female sex partners, although the extent to which female-to-female sex occurs may be hidden, as FGDs reported that some women seek to have sex with other women after breaking up with a boyfriend. The women who reported having sex with other women reported that they did not have sex with men; consequently, this group of women is at low risk of HIV but they are vulnerable to other STIs.

The study demonstrates that fewer unmarried women are sexually experienced than young men, according to the study of young men's sexuality in 2004 (4). For example, by the age of 21 years, 92% of unmarried men had ever had sex compared with around 30% of women in this study. In general, sexually active young women had fewer sex partners (median of one in the past six months) compared with men (median of two in the past six months).

The study showed that young females engage in a variety of sexual acts. However, non-penetrative sex was primarily practiced by those who had previously had penetrative sex, indicating it is not a common way of attaining sexual satisfaction whilst delaying penetrative sex or avoiding and lessening the risk of pregnancy and STI/HIV, respectively. Whilst anal sex was not very common, (8.8% of women who had ever had sex reported anal sex), the findings indicate that this type of sex is not confined to male-male sex, yet women had low levels of knowledge about anal sex as a mode of STI and HIV transmission. The proportion of sexually experienced women who had engaged in anal sex was similar to the proportion of men (10.8%) who reported ever having had anal sex (4).

These patterns of sexual behaviour accompany changing influences on sexual behaviour, including a changing youth culture and attitudes towards sex. Whilst the value of retaining virginity until marriage and accompanying social pressure for women to not have pre-marital sex remains strong, this coexists with other influences to have sex. Frequently women reported having sex out of their own desire to experience sex and feelings for their partner, whilst pressure from boyfriends, the influence of peers and a desire to not be old-fashioned, were other influences. Women may find themselves trying to manage these two conflicting ideals and potentially face negative consequences from not fulfilling either.

The findings indicate that unplanned, unwanted or coercive sex occurs frequently, with younger, less educated females and service women being particularly vulnerable to coercion. Furthermore the findings suggest that many young women do not feel empowered to negotiate either sexual activity or condom use, and may lack the skills to avoid or negotiate situations which lead to unwanted sex. The fear of losing their boyfriend that young women reported may be understood in a wider context in which a woman who has had pre-marital sex but has broken up with her boyfriend is at risk of losing her reputation and future opportunities for marriage. Alcohol and, less commonly, drug use also play a role in the sexual behaviour of young females including increasing their vulnerability to unplanned or unwanted sex. The importance of the influence of alcohol is linked to the patterns of broader youth culture, in which young females, many in their early teenage years, go out to entertainment venues and consume alcohol.

The frequency of transactional sex demonstrates the important influence of financial concerns on sexual behaviour. Exploitation was commonly described in association with transactional sex, particularly among service women, with some experiencing sexual violence preceding their entry into sex work as well as from their commercial clients. An important reason for commencing sex work, particularly with the relatively high financial value placed upon virginity, was the financial need of the young woman's family, thus illustrating the particular vulnerability of young women coming from poorer backgrounds. The relative frequency of transactional sex and the diversity of women who engage in it, also indicates that sexual relationships (including regular relationships) for many young women from a diverse range of educational backgrounds, may be an important opportunity to support themselves financially, in a situation where they lack alternatives sources of financial support.

Whilst awareness of HIV and STI was generally high, gaps remain in the recognition of STI symptoms, and misconceptions (that one can discern a person's risk of having HIV from their appearance) or lack of knowledge (that HIV can be transmitted through anal sex) in relation to HIV remain factors that increase the vulnerability of young women to STI and HIV. The safety of sex during pregnancy and following delivery is a significant knowledge gap which is important to address, particularly as this may contribute to the likelihood of a husband's extra-marital sex and consequent risk of STI and HIV for the woman, man and child. These attitudes were very similar to those reported by the young men who participated in the men's sexuality study.

Despite reasonable levels of awareness, low levels of condom use, particularly with regular partners (33%) were reported, which were similar to previous findings in a survey of sexually active youth in Vientiane, which found condom use at last sex to be 32.1% (5). Females in our survey reported lower condom use with their last non-regular partner (49.1%) than men reported with their last non-regular partner or commercial partner (73%) in the male sexuality study in Vientiane (4). However this rate of condom use was similar to that reported in last commercial sex by young females (68.6%) in our survey. Whilst the numbers were small, less than half of women used a condom in last anal sex, in line with the lack of awareness of anal sex as a mode of HIV transmission. That a major reason for not using condoms related to the partner's objection demonstrated the lack of power young females may feel to negotiate safe sex. Other factors, such as being too drunk to remember indicate the unplanned nature of some sexual activity, while reasons such as trusting a partner may explain the particularly low use of condoms between regular partners. The low condom use, particularly between regular and non-regular partners, despite the relatively high knowledge, may indicate that women do not perceive themselves to be at risk of STI and HIV. The common dislike of condoms by women linked to the belief that they reduce sexual feeling, may also pose a difficult barrier to surmount.

The low level of contraception use and large proportion of women who had had an abortion clearly demonstrate a large unmet need for sexual and reproductive health services. These findings are consistent with frequent unplanned sex and also lack of access or skills to obtain and use contraception when needed. Contraceptive use was lower in this survey than previous surveys of sexually active youth in Vientiane (5, 6), suggesting this is still an area of significant need. The lack of condom and other contraceptive use and the frequency of abortions indicate that many women are risk of STI, HIV and unwanted pregnancies with their associated emotionally, socially and physically detrimental consequences.

The study findings indicated that embarrassment was a major barrier to treatment seeking for STI. Barriers to accessing public hospital services were particularly apparent for unmarried women. Pharmacies were a preferred place to seek help rather than public hospitals for STI treatment, contraception, and to purchase medicine to induce abortion, findings consistent with previous research in Vientiane that found that young people preferred to purchase contraceptives or seek STI treatment, from private pharmacies instead of government facilities because of the greater confidentiality and easier access of drugs (7). This illustrates the increased vulnerability of young unmarried females to unwanted pregnancy due to lack of access to qualified services.

Whilst young women commonly recognised public hospitals, schools and the Vientiane Youth Centre as places to access information on sexual and reproductive health services, they clearly indicated that more information and services, which are sensitive to young people's needs and accessible for young females, are required. A range of mediums and places to provide information and services were suggested, ranging from peer education reaching women in their places of work and recreation, to using mass media to transmit health promotion information.

Our study had limitations. We did not use a probability method of sampling in the quantitative research, thus our survey sample may differ from 15 to 24 year old females in Vientiane as a whole. However, we recruited women with a range of backgrounds and ages from numerous locations, in order to attain a sample that reflected the diversity of the target population. Our sample may have over-represented tertiary students, although specific information on the demographic characteristics of Vientiane women in this age group were not available to assess the similarity of our sample to the target population. It is also possible that, due to the sensitivity of the topics, young women may have under-reported their sexual behaviours. Whilst we took care to inform our participants and ensure their privacy and anonymity, inaccuracy in reporting of sexual behaviours has been a concern flagged in previous research (2) which likewise may have affected our findings.

Overall, the study findings underscore the need for youth-friendly sexual and reproductive health services; and counselling on sexuality, pregnancy, abortion issues and family planning. They also argue for sex education programs which: (i) are age-appropriate, acceptable and recognize and address the unique misconceptions held by adolescents in different settings; (ii) build life and negotiation skills that will enable safe and informed choices; (iii) raise awareness of sexual coercion and equip young men and young women to counter it; and (iv) confront existing double standards in what is acceptable for females and males. Programs also need to engage with parents and enable them to overcome inhibitions in communicating with and counselling their adolescent children. Finally, if services are to be truly youth-friendly, youth must be involved in their design and content.

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Annex 1: Focus group discussion question guide ('general' young women)

Topic: Sexual behaviour and negotiation

1. When do most women in Vientiane have sex for the first time? (ten-seed technique)

2. What are the circumstances surrounding this? What kind of partner do women usually have sex with (e.g. husband, boyfriend, casual partner – can do ten seed technique for this?)

3. What proportion of young women in Vientiane do you think have sex before marriage? (ten seed or other participatory methods?)
    a. Is this changing over time?
    b. How many partners before marriage?

4. When is it acceptable for women to have sex? How important is maintaining virginity until marriage? Is there pressure from family? Is there pressure from peers?

5. What kinds of sex partners do young women mostly have (boyfriend, casual partner, sex worker, men who pay for sex, women)?

6. Do many young women have sex with other men as well as their boyfriend or husband?

7. Where do women seek and meet male sexual partners? Where do women generally have sex?

8. How is sex negotiated with partners? (PRA tools – barriers and enablers to negotiating sex)
    a. How do men entice women to have sex with them? Do women have sex with boyfriends out of fear of losing them?
    b. How do women entice men to have sex with them?
    c. Who usually makes the decision to have sex?
        i. Is it common for women to be coerced in to having sex with men?

9. How confident do women feel about refusing unwanted sexual advances?

10. Have any of you heard of any ordinary young women (by this we mean women other than service women) in Vientiane selling sex for money, gifts or favours sometimes? What kinds of things (goods or services) are exchanged for sex?

11. How does drinking alcohol and using drugs affect the sexual behaviour of young people? (Do a causal diagram here?)
    a. How does it affect the negotiation of sex with men?
    b. Are drug and alcohol use often involved when sex is negotiated?
    c. What kind of drugs?

12. What kind of sex acts are practiced between men and women? Vaginal, anal etc.? What terms are used to describe different sexual activities? (Participatory method then ten seed)

13. What sort of information and/or advice/(negotiation)skills do you think young women need about (topics discussed)?

Topic: STIs and HIV and condom use

14. Have you heard of STIs? What do you know about STIs? (prompts if required) Do you know what symptoms of STIs can be? Do STIs always have symptoms? Do you know of any consequences of STIs? How can STIs be transmitted? How are STIs treated?

15. Have you heard of HIV? Can you tell me about it? What do you know about how HIV is transmitted?

16. Do young women commonly have an STI? What type (ulcer, rash, discharge)?

17. Do people seek treatment? If so, where do young women go to get treatment for an STI? What treatment do they receive?

18. What are the barriers that prevent, and what are the things that help young women getting treatment for STIs? (causal diagram?)

19. How do young women prevent getting STIs?

20. Do women generally use condoms? (PRA tools- barriers and enablers for condom use). Where do women get condoms from?

21. Do women usually use a lubricant when they use a condom? (What kind?)

22. Generally, young women use a condom with what kind of sex partner? How do women decide whether to use a condom or not with a casual partner?

Topic: knowledge about reproduction, contraception and abortion

23. How much is becoming pregnant a concern among young women who have sex? How does this compare with concern about STIs and HIV?

24. In general what do young women know about how to prevent getting pregnant?

25. In general what are young women's attitudes towards contraception?

26. What kind of contraception do young women use? What affects the choice of which type of contraception to use? (*causal diagram – one for barriers and one for enablers*)

27. Where do young women get contraception from?

28. Do young women commonly have unwanted pregnancies? What are the circumstances that lead to this? (Causal diagram?)

29. What do women do if they have an unwanted pregnancy?

30. What are the consequences of an unwanted pregnancy or abortion?

31. Generally, do young women have a good understanding of their reproductive system? (use a plastic model of the reproductive system to ask about what is known and to explain about fertility with)

32. Do you have any suggestions on how to (address barriers/ issues uncovered in the discussion – e.g. maybe negotiating sex, condom use and STIs and contraception and reproductive health)?

33. What sort of information and/or advice do you think young women need about (topics discussed)?

34. Do you have any suggestions on good ways of providing this information?

35. Where are the best places for young women to access about sexual and reproductive health? How can sexual and reproductive services be made “youth friendly”, i.e. attractive to young women so they will be encouraged to access clinic services?

Annex 2: Focus group discussion question guide (service women)

I would like to talk with you about sexual and reproductive health. Have heard about this? Where did you learn about sexual and reproductive health? (Provide some teaching about sexual and reproductive health at this point?)

1. Have you ever been approached by a peer educator or outreach worker? From what organisation? Have you ever participated in and HIV/AIDS or reproductive health activities?

2. How old are you in this group?

3. How would you best describe your current status?
    a. Married
    b. Unmarried and no steady partner
    c. Have a steady boyfriend
    d. Have a steady girlfriend
    e. Other (specify)

4. Which provinces do you come from? On average, how long have you been in Vientiane?

5. How long have you been engaged in this kind of work?

6. How do you feel about the work you are doing?

7. What are the reasons that led you into this kind of work? Did you come to Vientiane to be a service woman?

8. On average, how much do women in this line of work earn each month from this work?

9. What kind of clients do you see?
    - Are most of your clients Lao or foreigners?
    - What ages are they?

10. On average how many clients do sex workers have per month?

11. How is sex negotiated between service workers and clients? Are women in your line of work coerced or forced to have sex?

12. What kind of sex do service women have with their clients? (use Ten seed technique for this)

13. How do you decide when to use condoms?
    - With what kind of sex partner do young women generally use condoms? How do women decide whether it's necessary to use a condom?

14. How often do you use condoms when having (Ten seed?)
    - Vaginal sex with a client?
    - Anal sex with a client?

15. How often do you use lubricant with condoms? (what kind?)

16. What other kinds of contraception do young women in your line of work use?

17. Where do young women get condoms and other contraception from?

18. What are the reasons women don't take contraception?

19. Is it common for women in your line of work to have symptoms of STIs such as abnormal vaginal discharge, ulcers/ sores, burning pain on urination? Which symptoms?

20. Do women seek treatment if they have STI symptoms? Where do they go?

21. What are the barriers to getting treatment for STIs?

22. Are women concerned about STIs and HIV?

23. How common is it for women in your line of work get tested for HIV? Do women return for their results?

24. Have people here ever obtained information or services related to sexual health? Where from?

25. What sort of information and/or sexual health services do you think young women need?

26. Who do you think should provide this information?

27. Where are the best places for young women to access about sexual and reproductive health? Have you heard about the Vientiane Youth Center? What are the barriers to accessing this information and these services?

28. How do you think access to information and services could be improved for women in your line of work?

29. Do you have any words of advice for other young people, especially those in your line of work?

Annex 3: Focus group discussion question guide (lesbian women)

I would like to talk with you about sexual and reproductive health. Have heard about this? Where did you learn about sexual and reproductive health? (Provide some teaching about sexual and reproductive health at this point)

1. Do you think it's very common for young women to have sex with other women?

2. Is it common for women to have sexual experiences with both men and women in their lives?

3. Are there many openly lesbian women in Vientiane?

4. Do most women who have sex with other women identify as lesbian, "straight" or bisexual?

5. What kind of sex do women have with other women?

6. How do women become involved in sex with other women? Where do women find other female partners?

7. Have you heard of STIs? What do you know about STIs? Do you know what symptoms of STIs can be? Do STIs always have symptoms? Do you know of any consequences of STIs? How can STIs be transmitted? How are STIs treated?

8. Have you heard of HIV? Can you tell me about it? What do you know about how HIV is transmitted?

9. Have you ever heard of lesbian women having sexually transmitted infections?

10. How do Lao young people feel in general about women who have sex with women?

11. Do some women who have sex with women experience social stigma, harassment or discrimination because of their perceived sexual behaviour or identity? What forms does this take?

12. Where are the best places for young women to access about sexual and reproductive health? Have you heard about the Vientiane Youth Center? What are the barriers to accessing this information and these services?

13. How do you think access to information and services could be improved i.e. made more 'youth friendly'? How do you think access to this could be improved?

Annex 4: Interview question guide ('general' young women)

1. What age are you?
2. What province do you come from? How long have you lived in Vientiane?
3. How do you feel about the work you are doing?
4. At what age did you first have sex with another person?
5. How long have you been engaged in this kind of work?
6. What was the reason that led you into this kind of work?
7. Do you have another job as well as this one? Or are you a student as well?
8. On average, how much do you earn each month from this kind of work?
9. How would you best describe your current status?
    f. Married
    g. Unmarried and no steady partner
    h. Have a steady boyfriend
    i. Have a steady girlfriend
    j. Other (specify)
10. Do you meet sex partners through your work? If yes, what kind of partners are they (e.g. casual partners, commercial partners)?
11. How is sex negotiated? Is sex exchanged for money, gifts or favours? Have you been coerced or forced to have sex?
12. On average how many casual partners do you have per month? On average how many commercial partners do you have per month?
13. Are most of your partners Lao or foreigners?
14. What kind of sex do you have with your commercial or casual partners?
15. When you have anal or vaginal sex with a commercial or casual partner do you use a condom always/most times/sometimes/never?
16. Why do you use condoms?
17. How do you decide when to use a condom with partner?
18. What are the reasons you might not use a condom with casual or commercial partners?
19. What contraception other than condoms do you use?
20. Where do you get condoms and contraception from?
21. What do you know about STIs and HIV?

22. Are you concerned about STIs and/or HIV?

23. Have you ever experienced STI symptoms, such as abnormal vaginal discharge, ulcers/ sores, burning pain on urination?

    k. If yes, which of these have you experienced?

    l. Did you seek treatment? If yes, where did you receive treatment from?

24. Have you ever had an HIV test?

    m. If yes, did you get the results?

25. Where can you access information and services for sexual health (including STI, HIV, contraception)?

26. What are the barriers to accessing this information and services?

27. Have you ever been approached by any peer educator or outreach worker?

    n. If yes, from what organisation?

28. Have you participated in any HIV/AIDS or reproductive health related activity?

    o. If yes, please describe?

29. What sort of information and/or sexual health services do you think young women need?

30. Do you have any suggestions on how to improve access to information and services for sexual health?

Annex 5: Interview question guide (service women)

1. What age are you?
2. What province do you come from? How long have you lived in Vientiane?
3. How do you feel about the work you are doing?
4. At what age did you first have sex with another person?
5. Was this a man or a woman?
6. How long have you been engaged in this kind of work?
7. What was the reason that led you into this kind of work?
8. On average, how much do you earn each month from this kind of work?
9. Do you consider yourself to be heterosexual or do you prefer to have sex with women?
10. How would you best describe your current status?
    a. Married
    b. Unmarried and no steady partner
    c. Have a steady boyfriend
    d. Have a steady girlfriend
    e. Other (specify)
11. On average how many clients do you have per month?
12. Are most of your clients Lao or foreigners?
13. What kind of sex do you have with your clients?
14. Are most of your clients men or women? Do you have many female clients?
15. When you have vaginal or anal sex with a client do you use a condom always/most times/sometimes/never?

Annex 6: Interview question guide (lesbian women)

1. Do you think it's very common for young women to have sex with other women?

2. Is it common for women to have sexual experiences with both men and women in their lives?

3. Are there many openly lesbian women in Vientiane?

4. Do most women who have sex with other women identify as lesbian, "straight" or bisexual?

5. What kind of sex do women have with other women?

6. How do women become involved in sex with other women? Where do women find other female partners?

7. Have you heard of STIs? What do you know about STIs? Do you know what symptoms of STIs can be? Do STIs always have symptoms? Do you know of any consequences of STIs? How can STIs be transmitted? How are STIs treated?

8. Have you heard of HIV? Can you tell me about it? What do you know about how HIV is transmitted?

9. Have you ever heard of lesbian women having sexually transmitted infections?

10. How do Lao young people feel in general about women who have sex with women?

11. Do some women who have sex with women experience social stigma, harassment or discrimination because of their perceived sexual behaviour or identity? What forms does this take?

12. Where are the best places for young women to access about sexual and reproductive health? Have you heard about the Vientiane Youth Center? What are the barriers to accessing this information and these services?

13. How do you think access to information and services could be improved i.e. made more 'youth friendly'? How do you think access to this could be improved?

Annex 7: Survey questionnaire

Vientiane young women's sexual behaviour study questionnaire

Researchers fill in:

Date ……/……./……. Respondent Number

Team Number……. Name of researcher(s)……

Name of place where questionnaire administered: ……

Address of place where questionnaire administered: ……

Time questionnaire commenced: ..... Time questionnaire finished: ……

Type of place where questionnaire administered (check one)

1. Entertainment venue…..
2. Restaurant……
3. Sports venue…..
4. Market or shopping centre……
5. Park and Other public place
6. Home, dormitory, or village….
7. Garment factory
8. Workplace
9. School
10. College
11. Other

Introduction

This study is being conducted by researchers from the Vientiane PCCA and Burnet Institute in order to gather information on risk behaviour among young women in Vientiane. The information will be used in programs that promote the sexual and reproductive health including prevention of HIV among young people in Vientiane. The researchers will ensure that the information remains confidential and that the names of respondents are not mentioned in the study report. DO NOT PUT YOUR NAME ON THIS QUESTIONNAIRE. Please complete the answers to all questions unless specified. Thank you.

For questions that ask you to choose one of several responses, tick ☑ the response that applies to you.

Survey completed by: **yourself** ☐1
interviewer ☐2

1. How old are you? ……..years.

2. What is the highest level of education that you have received?
   - No schooling or did not complete primary school ☐1
   - Completed primary school ☐2
   - In or completed lower secondary school ☐3
   - In or completed upper secondary school ☐4
   - In or completed college ☐5
   - In or completed university ☐6

3. How long have you lived in Vientiane?
   - All your life ☐1
   - More than 10 years ☐2
   - Between 5 and 10 years ☐3
   - Between 1 and 5 years ☐4
   - Less than one year ☐5

4. What is your marital status?
   - Single ☐1
   - Married ☐2
   - Divorced ☐3
   - Widow ☐4
   - Separated ☐5

5. If you are not married, do you have a steady sexual partner?
   - Yes ☐1
   - No ☐2

   (If No, go to question 6)

   5.1 If yes, is your partner male or female?
   - Male ☐1
   - Female ☐2

6. What is the best way to describe where you live?
   - With my parents and/or other family ☐1
   - With my husband ☐2
   - With my steady boyfriend ☐3
   - With some friends in a rented house or flat ☐4
   - In a hostel or dormitory ☐5
   - Rent a room by myself ☐6
   - Other (specify) …….

The following questions ask you about your personal experiences of sex

7. Have you ever had the following experiences? (answer each of the following)

	Yes	No	
a) Deep kissing	☐1	☐2	
b) Touching a partner's genitals with your hands		☐1	☐2
c) Being touched on your genitals by a partner's hand	☐1	☐2	
d) Giving oral sex	☐1	☐2	
e) Receiving oral sex	☐1	☐2	
f) Vaginal intercourse	☐1	☐2	
g) Anal intercourse	☐1	☐2	
h) Sex with the penis between your thighs	☐1	☐2	

If you have never had sexual intercourse (vaginal or anal sex) before, go to question 33

8. How many people have you had sexual intercourse with in the last 6 months? (Specify the number of partners NOT the number of times you had sex)
   a) Males …….
   b) Females ……..

The following questions are about your first sexual experience with a man

9. At what age did you have first sexual intercourse?.....years old

10. Was your first male sexual partner a

casual partner?	☐1
boyfriend?	☐2
husband?	☐3
commercial partner?	☐4
close relative?	☐5
other (specify) …….....	

11. The first time you had sex with a man: (answer each of the following)

	Yes	No	Don't know
a) Were you coerced (pressured) into sex by your partner	☐1	☐2	
b) Had you been drinking alcohol	☐1	☐2	
c) Had your partner been drinking alcohol	☐1	☐2	☐9
d) Had you been taking drugs	☐1	☐2	
If yes, did you inject them?	☐1	☐2	
e) Had your partner been taking drugs	☐1	☐2	☐9

12. What other factors influenced your decision to have sex? (answer each of the following)

	Yes	No
a) Peer pressure to have sex	☐1	☐2
b) Becoming married	☐1	☐2
c) Fear of losing boyfriend	☐1	☐2
d) Being in love	☐1	☐2
e) Desire to have sex	☐1	☐2

f) Other ……(specify)

The following questions are about contraception and abortion

13. Have you ever used contraception?

Yes ☐1
No ☐2
(If **No**, go to question 17)

14. What kind of contraception method(s) have you used in the last 12 months? **(Tick all that apply)**

a) Haven't used contraception in the last 12 months ☐1
b) Withdrawal method ☐1
c) Oral contraceptive pill ☐1
d) Condoms ☐1
e) IUD ☐1
f) Injection ☐1
g) Implant ☐1
h) Tubal ligation ☐1
i) Rhythm/natural method ☐1
j) Chinese pill ☐1
k) Other (specify) ……

15. Where did you get the contraception from? **(Tick all that apply)**

a) Public hospital or health centre ☐1
b) Private health service ☐1
c) Pharmacy ☐1
d) Market place ☐1
e) Other (specify) ……

16. If you have not used contraception in the last 12 months, why not? **(Choose the main reason only)**

Not sexually active in the last 12 months ☐1
Wanted to become pregnant ☐2
Religious objection ☐3
Don't know about methods of contraception ☐4
Don't know where to get contraception ☐5
Too expensive ☐6
Unnatural ☐7
Other (specify) ……

17. Have you ever had an abortion?

Yes ☐1
No ☐2
(If **No**, go to question 18)

17.1 If yes, who made the decision for you to have an abortion?
Decision made by yourself ☐1
Someone encouraged you ☐2
(Specify who [e.g. boyfriend /husband /parent])……..

17.2 Where did you go for to have the abortion?
Public Hospital/ health facility ☐1
Private clinic ☐2
Medical clinic in another country ☐3
Traditional practitioner ☐4
Other (specify) ……

17.3 Did you take any medicine to induce the abortion? Yes ☐1
No ☐2

17.3a If yes, what medicine did you take? ……..

18. How old was the last man you had sex with?.....years

*The following questions ask about sex with **regular partners**. A regular partner includes people you have an ongoing steady sexual relationship with, such as a husband or steady boyfriend.*

19. How many **regular partners** have you had in the 6 months? ……

20. The last time you had sex with a regular partner, did you use a condom?

Yes ☐1
No ☐2
Can't remember ☐9

The following questions ask about exchanging sex for money, gifts or favours.

21. Have you ever exchanged sex with a man for money, gifts or favours?

Yes ☐1
No ☐2
(If no, go to question 25)

22. If yes, how many men have you exchanged sex for money, gifts or favours with in the last 6 months? ……

23. The last time you exchanged sex for money, gifts or favours, did you use a condom?

Yes ☐1
No ☐2
Can't remember ☐9

24. The last time that you exchanged sex with a man for money, gifts or favours, where did you meet him?

a) Brothel or guesthouse or hotel ☐1
b) Night club or disco ☐2
c) Restaurant, beer or coffee shop ☐3
d) Through friends ☐4
e) Other place (specify) ……..

*The following questions ask about sex with **non-regular partner**. A non-regular partner includes people you have casual sexual relations with, i.e. someone who is not a regular partner and with whom you did not exchange sex for money.*

25. How many **non-regular** partners, have you had in the last 6 months?.....

26. The last time you had sex with a non-regular partner, did you use a condom?

Yes ☐1
No ☐2
Can't remember ☐9

The following questions relate to any sexual partners you have had.

27. If you don't always use a condom when having **vaginal sex**, why not? **(Tick all that apply)**

a) Not available ☐1
b) Too expensive ☐1
c) Partner objected ☐1
d) Don't like them ☐1
e) Used other contraception ☐1
f) Want to become pregnant ☐1
g) Religious objection ☐1
h) Didn't think it was necessary ☐1
i) Other (specify) ……..

The following questions 28 and 29 are for people who have ever had anal sex. If you have never had anal sex, go to question 30

28. The last time you had **anal sex** with any partner, did you use a condom?

Yes ☐1
No ☐2
Can't remember ☐9

29. If you don't always use a condom when having **anal sex**, why not?

a) Not available ☐1
b) Too expensive ☐1
c) Partner objected ☐1
d) Don't like them ☐1
e) Didn't think it was necessary ☐1
f) Other (specify) ……..

30. Have you ever used lubricant?

Yes ☐1
No ☐2

30.1 **If yes** what kind……..

31. Have you ever been pressured into having sex with a man against your will?

Yes ☐1
No ☐2

32. Have you had any of the following symptoms in the last year:

	Yes	No	Don't know
a) Abnormal vaginal discharge	☐1	☐2	☐9
b) Itchiness around vaginal area	☐1	☐2	☐9
c) Genital ulcers/sores		☐1	☐2
☐9			

32.1 **If yes**, did you seek treatment?

Yes ☐1
(If 'Yes', go to question **32.2**)
No ☐2
(If 'No', go to question **32.3**)

32.2 If 'yes' where did you seek treatment? **(Tick all that apply)**

Public Hospital/ health facility ☐1
Private clinic ☐1
Pharmacy ☐1
Traditional practitioner ☐1
Other (specify) ……..

32.3 If you did not seek treatment, why not? **(Tick all that apply)**

a) Don't know where to seek treatment ☐1
b) Too expensive ☐1
c) Too embarrassed ☐1
d) Other (specify) ……

The next two questions are for women who have not had a male sexual partner. If you have ever had a male sexual partner, go to question 35 now.

33. If you decide to become sexually active, do you intend to use condoms?

Yes	☐1
No	☐2
Don't know	☐9

34. If you decide to become sexually active, what other contraception do you intend to use? **(Choose the main reason only)**

Don't intend to use other contraception	☐1
Withdrawal method	☐2
Oral contraceptive pill	☐3
IUD	☐4
Injection	☐5
Implant	☐6
Rhythm/natural method	☐7
traditional medicine ,	☐8
Don't know	☐9
Other (specify) ……	

The following questions are for everyone.

35. If female condoms become available, would you be willing to try them?

Yes	☐1
No	☐2
Don't know	☐9

36. Do the following influence a women's decision to have sex?

	Yes	No	Don't know
a) Peer pressure to have sex	☐1	☐2	☐9
b) Pressure from boyfriend to have sex	☐1	☐2	☐9
c) Peer pressure to not have sex	☐1	☐2	☐9
d) Family pressure to not have sex until marriage	☐1	☐2	☐9
e) Consuming alcohol	☐1	☐2	☐9
f) Drug use	☐1	☐2	☐9

f.1) If yes, what kind of drugs? (specify)……..

g) Other (specify)……

37. What are your opinions on the following statements: (tick the appropriate box)

Statement	**Agree** 1	**Disagree** 2	**Don't know** 9
a) A woman should not have sex until marriage			
b) Its okay for a woman to have sex before marriage if she is in love			
c) Its okay to have sex before marriage as long as the woman consents			
d) I feel confident to refuse unwanted sexual advances			
e) I accept invitations to have sex if I want to			
f) I feel confident in avoiding risky situations that may lead to unwanted sex			

38. If not using contraception, at what stage in the menstrual cycle is a woman most likely to get pregnant? ……

39. Is it safe to have sex with a pregnant woman at the following times during her pregnancy?

	Yes	No	Don't know
a) 1-3 month	☐1	☐2	☐9
b) 4 – 6 month	☐1	☐2	☐9
c) 7 - 9 month	☐1	☐2	☐9
d) Anytime throughout pregnancy	☐1	☐2	☐9

40. How soon after a woman delivers a baby is it safe for her to have sex? (**Choose only one response):**

Any time after the birth ☐1
Once the woman is no longer bleeding, wounds are healed and sex is comfortable (6 – 8 weeks following birth) ☐2
3 months after birth ☐3
More than 3 months after birth ☐4
Don't know ☐5

41. Have you heard of diseases that can be transmitted through sexual intercourse?

Yes ☐1
No ☐2

42. Have you heard of HIV or AIDS?

Yes ☐1
No ☐2

43. Which of the following can be symptoms of STI? **(Tick all that apply)**

Burning sensation on urination ☐1
Abnormal vaginal discharge ☐1
Itchiness in the vaginal area ☐1
Unusual vaginal smell ☐1
Genital ulcers or sores
☐1
Lower abdominal pain ☐1
Don't know symptoms of STI ☐9

44. Please describe your opinion of the following statements: (tick the appropriate box)

Statement	Agree 1	Disagree 2	Don't know 9
a) Women can have an STI and not know that they have an infection			
b) Using condoms correctly helps protect against STIs			
c) STIs can be transmitted through vaginal sex without a condom			
d) STIs can be transmitted through anal sex without a condom			
e) Some STIs can cause infertility in women			
f) People with STIs usually look sick			
g) People can have HIV and not know that they are infected			
h) People can protect themselves against HIV by using condoms correctly during sex			
i) HIV can be transmitted through vaginal sex without a condom			
j) HIV can be transmitted through anal sex without a condom			
k) HIV can be transmitted from a pregnant woman to her unborn child			
l) People with HIV usually look sick			

45. Where are you able to access information on sexual and reproductive health? **(Tick all that apply)**

a) Vientiane Youth Centre ☐1
b) Public Hospital/ health facility ☐1
c) Private clinic ☐1
d) Pharmacy ☐1
e) Traditional practitioner ☐1
f) School ☐1
g) Other (specify) …….

46. Have you ever been approached by a peer educator or outreach worker about HIV/AIDS or reproductive health?

Yes ☐1
No ☐2

46.1 **If yes**, which organisation were they from? ……..

47. Have you ever participated in any HIV/AIDS or reproductive health activity?

Yes ☐1
No ☐2

47.1 **If yes**, what activity was this? ……..

48. Are more of the following information or services required in Vientiane for young women?

	Yes	No	Don't know
a) Information on STIs and HIV	☐1	☐2	☐9
b) Information on contraception	☐1	☐2	☐9
c) Services for obtaining contraception	☐1	☐2	☐9
d) Services for treating STIs	☐1	☐2	☐9

e) Other (specify) ……

49. Do you have any suggestions for 'youth friendly' sexual health services?
(Specify) ……
……
……..

50. What is your current occupation?

Secondary school Student ☐1
Private college student ☐2
Public college/ university student ☐3
Garment factory worker ☐4
Housewife ☐5
Office worker ☐6
Service industry worker ☐7
Hotel cleaner/ maid ☐8
Other (specify)……