The Lao People's Democratic Republic is a landlocked country in South-East Asia. There are 47 distinct ethnic groups in the country, with ethnic Lao comprising 52.5% of the total population. The country is topographically separated into lowland areas along the Mekong River and highland areas. About 50% of the country’s population is under 20 years old. The majority of the population lives in rural areas, but with rural-to-urban migration, the percentage of population living in rural areas decreased from 72.9% to 68.0% between 2005 and 2009.

**POPULATION**

According to the 2005 Census, adolescents aged 10–19 made up 23.2% (1.32 million) of the 5.6 million people living in the Lao People’s Democratic Republic. (Table 1)

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10–14</td>
<td>386 200</td>
<td>6.8%</td>
<td>366 000</td>
</tr>
<tr>
<td>15–19</td>
<td>277 100</td>
<td>4.9%</td>
<td>287 600</td>
</tr>
<tr>
<td>20–24</td>
<td>211 000</td>
<td>3.7%</td>
<td>242 000</td>
</tr>
<tr>
<td>Total</td>
<td>874 300</td>
<td>15.4%</td>
<td>895 600</td>
</tr>
</tbody>
</table>


**EDUCATION**

**Legislation:** The 1996 Decree on Compulsory Education provides for free and compulsory primary education for all children aged 6-14.

**School enrolment:** Based on 2008 figures, the net primary enrolment rate was 82%; 2007 figures showed that the net secondary enrolment rate was 36%. (Figure 1) The gross enrolment ratio in tertiary education was 13% (15% male, 12% female) in 2008. The survival rate to grade 5 is 67% in 2007.
Employment: The 2005 Census reported that of adolescents aged 10–14, 18.1% (136,488) were economically active and 81.9% (616,663) economically inactive. The majority of the economically active adolescents (120,366) were unpaid family workers; 99.0% (610,705) of the economically inactive adolescents were students.¹³ (Table 2)

### Table 2: Number of economically active and economically inactive adolescents aged 10–14 by main activity and sex, the Lao People’s Democratic Republic, 2005

<table>
<thead>
<tr>
<th></th>
<th>Own Account Worker</th>
<th>Unpaid Family Worker</th>
<th>Unemployed</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Economically active</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9271</td>
<td>120,366</td>
<td>4225</td>
<td>2626</td>
<td>136,488</td>
</tr>
<tr>
<td>Male</td>
<td>3701</td>
<td>47,857</td>
<td>1911</td>
<td>1066</td>
<td>54,535</td>
</tr>
<tr>
<td>Female</td>
<td>5570</td>
<td>72,509</td>
<td>2314</td>
<td>1560</td>
<td>81,953</td>
</tr>
<tr>
<td><strong>Economically Inactive</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>610,705</td>
<td>5,958</td>
<td>616,663</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>325,393</td>
<td>4,709</td>
<td>330,102</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>285,312</td>
<td>1,249</td>
<td>286,561</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Unemployment: In 2005, the people who reported that they were unemployed was 1.4% of the economically active population; among the economically active adolescent population aged 10–14, 3.1% reported being unemployed.¹⁴ According to the 1995 census, the youth (aged 15–24) unemployment rate was 5.0% (6.4% male, 3.9% female). The ratio of youth to adult unemployment rate was 5.6%.¹⁵

Migrant youth workers: More than 80% of Lao migrants head to Thailand. The Lao People’s Democratic Republic

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Migration Survey in 2003 found that 7% of households had family members who were migrants. More than 50% of Lao adolescents aged 15–17 and half of those aged 10–14 who had headed for Thailand from three provinces in the Lao People’s Democratic Republic had not contacted their family since leaving home. More than 20% of all migrants were under 18 years old, with girls accounting for 67%.

SEXUAL AND REPRODUCTIVE HEALTH

Legislation: (i) Under the Lao People’s Democratic Republic Penal Code, any person engaging in sexual intercourse with a girl or boy under 15 years old shall be punished by imprisonment and a fine. (ii) The legal age to marry is 18 for both males and females, but the Family Law of 1990 states that the age can be lowered to 15 “in special and necessary cases”. (iii) Abortion is illegal except when the mother or baby’s health is at risk.

Sexual behaviour: According to the 2005 Lao Reproductive Health Survey (LRHS), 11.5% of all women had their first sexual intercourse by age 15, 32.6% by age 17 and 62.9% by age 19. Among the survey respondents, 3.6% of never-married women aged 15–19 reported that they had had intercourse.

In the 2007 Young Women’s Sexual Behaviour Study of 15–24 year olds, 25.8% of respondents reported having had a sexual partner in the last six months with 15.4% of married women and 36.6% of unmarried respondents reporting that they had had intercourse.

In the 2007 Young Women’s Sexual Behaviour Study of 15–24 year olds, 25.8% of respondents reported having had a sexual partner in the last six months with 15.4% of married women and 36.6% of unmarried respondents reporting that they had had intercourse.

A study in Vientiane found that about 19% of unmarried female youth have had sexual intercourse compared with 45% of unmarried male youth. In another Vientiane study, 12% of young men reported having had their first sexual intercourse by age 15; 92% of unmarried men reported that they had sexual intercourse by age 21.

Commercial or transactional sex: From the Young Women’s Sexual Behaviour Study, 18.1% of those who were sexually active reported having had transactional sex. Almost one fifth (19.7%) of unmarried sexually active women and 9.6% of married, divorced or widowed women reported transactional sex in the previous six months. The median number of commercial partners was one.

Service women: Service women serve drinks and food in small drink shops and nightclubs, but many are engaged in commercial sex with customers. The HIV Surveillance and Sexually Transmitted Infection Periodic Prevalence Survey in 2001 reported that the majority of service women were unmarried. Of those surveyed, 39.1% were in the 15–19 age group. The survey found that 65.5% of the service women have had sex with a commercial partner in the last 12 months and 49.0% have had sex with a nonregular partner in the last 12 months; 25.4% had used condoms with nonregular partners every time in the last month and 60.1% had done so with commercial clients. While the mean number of clients reported was only 19.5 per year, the prevalence of chlamydia was 32%, with young service women under 20 most affected.

Marital status: According to the 2005 LRHS, the median age at first marriage for ever-married women aged 15–49 was 19 years; for women with no education, the median age at first marriage was 18 and for those who were educated it was 25. The median age at marriage for women...
in urban areas was two years higher than that for women in rural areas.27

From the 2005 LRHS, 75.2% of female adolescents aged 15–19 were never married and 24.8% were ever-married. Of those who were ever-married, 95.9% were currently married and 4.1% were divorced or widowed.28

From the 2005 Census, 12% of the adolescent population aged 15–19 were currently married – 6% in urban areas, 14% in rural areas with roads and 19% in rural areas without roads.29 (Table 3)

**Table 3: Percentage of adolescents currently married by age and urban/rural areas, Lao PDR, 2005**

<table>
<thead>
<tr>
<th>Population aged 15–19</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>12</td>
<td>6</td>
<td>19</td>
</tr>
<tr>
<td>Urban areas</td>
<td>6</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Rural areas with roads</td>
<td>14</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>Rural areas without roads</td>
<td>19</td>
<td>11</td>
<td>27</td>
</tr>
</tbody>
</table>

*Source: Population Census 2005*

**Table 4: Knowledge of contraceptive methods among youth population aged 15–24, Lao PDR, 2000**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Knew any method (%)</th>
<th>Knew any modern method (%)</th>
<th>Knew any traditional method (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–19</td>
<td>84.3</td>
<td>83.3</td>
<td>53.1</td>
</tr>
<tr>
<td>20–24</td>
<td>88.2</td>
<td>87.3</td>
<td>64.0</td>
</tr>
</tbody>
</table>

*Source: Lao Reproductive Health Survey 2005.*

**Table 5: Percentage of ever-married women currently using contraception by age, 2005**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Used any method (%)</th>
<th>Pill (%)</th>
<th>IUD (%)</th>
<th>Male condom (%)</th>
<th>Injectables (%)</th>
<th>Withdrawal (%)</th>
<th>Periodic abstinence (%)</th>
<th>Others (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–19</td>
<td>11.1</td>
<td>7.1</td>
<td>0.2</td>
<td>0.0</td>
<td>2.4</td>
<td>0.2</td>
<td>0.5</td>
<td>0.8</td>
</tr>
<tr>
<td>20–24</td>
<td>27.1</td>
<td>16.2</td>
<td>1.1</td>
<td>0.7</td>
<td>6.0</td>
<td>0.9</td>
<td>1.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Total</td>
<td>36.6</td>
<td>15.2</td>
<td>2.7</td>
<td>0.8</td>
<td>10.0</td>
<td>0.8</td>
<td>1.9</td>
<td>0.5</td>
</tr>
</tbody>
</table>

*Source: Lao Reproductive Health Survey 2005.*

**Contraceptive knowledge and use:** The 2005 LRHS found that the knowledge of contraceptive methods among young women was high, with 84.3% of 15–19 year olds knowing any method and 83.3% knowing any modern method.30 (Table 4)

Among ever-married female adolescents aged 15–19, 11.1% currently used any method, 9.7% any modern method and 0.7% any traditional method. Among adolescents aged 15–19, there was a 59.4% increase in the use of modern methods between 2000 and 2005. In 2005, 7.1% of ever-married female adolescents aged 15–19 used the pill, 2.4% used injectables and 0.2% used an IUD.31 (Table 5) Contraceptive use was more common among urban and more educated women.32

Among currently married female adolescents aged 15–19, the most common reason cited for not using contraception was that they wanted more children (17.8%) followed by husband’s disapproval (9.9%) and lack of knowledge (4.9%).33

**Childbearing:** From the 2005 LRHS, the median age at first birth was 16 for female adolescents aged 15–19, 19 for ever-married women aged 15–49 and 20 for women aged 25–49.34

The 2005 LRHS found that, overall, 16.8% of female adolescents aged 15–19 have begun childbearing, with 13.0% already being mothers and 3.8% pregnant with their first child. Those with no education were twice as likely as those with a lower secondary education to have started childbearing and 11 times more likely than those with an upper secondary education. The median age at first birth was 16. Of the currently married female adolescents aged 15–19, 54.78% have at least one child.35

**Adolescent birth rate:** According to the 2005 LRHS, the adolescent birth rate was 96 per thousand women aged 15–19 in 2000 and 76 in 2005;36 According to the 2005

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28 Ibid.
31 Ibid.
32 Ibid.
33 Ibid.
34 Ibid.
35 Ibid.
Census, it was 110 per thousand women.  
In rural areas, 20.5% of women had their first pregnancy between the ages of 15 and 19; the figure was 8.8% in urban areas.

**Maternal health:** The 2005 LRHS found that of 1827 births to mothers under age 20 at the time of delivery, 71.5% did not have antenatal care. Of those who did, 15.4% received assistance from a doctor, 9.6% from a nurse, 3.9% from a midwife, 1.2% from a health worker, 0.4% from a traditional birth attendant and 0.2% from others.

The majority (83.1%) of mothers under 20 delivered at home followed by 6.4% in a district hospital and 5.0% in a province hospital. The main reasons given for not giving birth in a hospital were that they did not find it necessary (73.8%) and the distance (34.7%). A large percentage (63.8%) of females under 20 received assistance from a relative during delivery, 11.1% from a traditional birth attendant and 7.2% from a doctor.

Anaemia prevalence among pregnant women was high at 56.4% in 2005. Of 1023 most recent live births to mothers under 20 in the five years before the survey, 75.1% did not take any iron pill.

**Abortion:** Country level data does not exist on abortion, but a hospital-based survey in 2003 showed that 40% of abortions were among 20–24 year olds. In Vientiane, among respondents aged 15–24 in the Young Women’s Sexual Behaviour Study, 23.2% who have had vaginal sex reported having had an abortion. Among young women who have ever been married, 35.6% have had an abortion. Of the 49 women who had an abortion, the majority (61.2%) took medicine to induce the abortion, 44.9% went to a private clinic and 20.4% to a public hospital or health facility.

**Sexually transmitted infections (STIs):** There is no data on the prevalence of STIs among adolescents. Among the 2005 LRHS respondents, more than half of female and male adolescents aged 15–19 ever had heard of STIs. The most known STI was gonorrhoeae and warts. (Table 6)

**HIV prevalence:** The prevalence of HIV in the Lao People’s Democratic Republic is low, with an estimated 0.2% HIV seroprevalence in the adult population. As of 2010, the cumulative number of people living with HIV in the country

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40 Ibid.


45 Ibid.

was estimated at 9000, with an average of 1000 new infections each year. As of December 2009, a total of 3659 HIV notifications had been reported officially to the Centre for HIV/AIDS and STI, of which 189 were children under 15 years old. The majority of the reported cases (62%) were adults between 25 and 39 years old; and the most vulnerable age range for contracting HIV is the early to mid-20s. Of the reported cases, 56% were male and 44% were female. And of the male cases, 59% were aged 30–44; and of the female cases, 61% were aged 15–29.47

**HIV transmission**: Among the reported cumulative cases, 87% of the transmissions were through heterosexual contact, 4.6% through mother-to-child transmission and 1.3% from men having sex with men.48

**HIV knowledge**: As indicated in Table 7, knowledge of HIV transmission routes was higher among male youth than females. Among adolescents aged 15–19, 82.9% of males and 69.4% of females have ever heard of HIV/AIDS and 78.7% of males and 62.3% of females were aware that HIV could be transmitted through sex.49

**Condom use**: In a 2001 study by the National Committee for the Control of AIDS Bureau, the majority of males who had sex with their girlfriends and commercial partners used condoms. When having sex with girlfriends, 43.0% of males used condoms every time and 18.0% sometimes. With commercial sex partners, the figures were 71% and 14%, respectively. Among girls who ever had sex, 33.3% used condoms sometimes.50

**Adolescent-friendly reproductive health services**: The Referral and Counselling Network (RCN) is in Vientiane, with 12 members, including government and nongovernment agencies. All members have been trained in youth-friendly service delivery and service delivery protocols for youth-friendly services have been established. There are five hospitals (including mother and child) that provide services for the public on health matters (including family planning, STIs and HIV counselling and testing), two centres for STI/HIV counselling and testing, a sexual and reproductive health clinic for youth, a drug rehabilitation centre and a women’s shelter. In addition, there are two nongovernmental organizations (NGOs)—one that provides a specific clinic for men having sex with men and another providing several drop-in centres for service women.51

Some gaps identified in the Assessment of Youth-Friendly Services for the Referral and Counselling Network (RCN)52 were:

- Difficulty in accessing facilities because of distance and high public transport fares
- Facilities do not have separate hours of service for adolescents
- Facilities do not have separate space for adolescent clients
- Lack of privacy because of glass doors and windows and the use of shared space
- Inadequate training on adolescent reproductive health
- No job aids
- Staff were not oriented to address adolescent needs and issues
- Shortage of condom supply in some facilities
- Inadequate publicity of services

**NUTRITIONAL STATUS**

**Malnutrition**: Two thirds of households in rural areas of the Lao People’s Democratic Republic were considered food-insecure (per capita consumption of less than 2100 calories a day).53 The rural diet is rice-focused, and wild meats and fish are the only sources of protein and fat.54 Estimates suggest that 37% of children younger than 5 years old were underweight and had chronic malnutrition, with 40% affected by stunting.55

**Micronutrient deficiency**: The National Health Survey 2001 found that 27% of school-age children were at risk of developing goitre or other iodine-deficiency disorders.56 Based on 2000 figures, the prevalence of anaemia was

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47 HIV in the Lao People’s Democratic Republic. [updated 2010 October]. The Joint United Nations Programme on HIV/AIDS.
48 Ibid.
52 Ibid.
54 Ibid.
55 Ibid.
56 Ibid.
27.4% (31.3% in females and 22.8% in males); and among adolescents aged 12–14, the prevalence was 16.8%.\textsuperscript{57}

**SUBSTANCE USE**

**Legislation:** (i) The legal age limit for the on-premise sale of alcohol is 18 and no age limit is set for the off-premise purchase of alcohol.\textsuperscript{58} (ii) The sale of tobacco products to minors under 18 years of age is banned in the Lao People’s Democratic Republic.\textsuperscript{59}

**Tobacco use:** According to the 2003 Global Youth Tobacco Survey in the Lao People’s Democratic Republic, 10.7% of students aged 13–15 years have ever smoked cigarettes (18.5% of boys and 2.3% of girls); and 6.1% were current smokers (11.2% of boys and 0.7% of girls). More than half of the student smokers surveyed who bought cigarettes at a store were not refused purchase. Slightly less than half of those surveyed (42.8%) were exposed to second-hand smoke at home. Of the current smokers, 91.4% desired to stop smoking.\textsuperscript{60} (Table 8)

<table>
<thead>
<tr>
<th>(n=6,536)</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently smoke cigarettes</td>
<td>11.2</td>
<td>0.7</td>
<td>6.1</td>
</tr>
<tr>
<td>Currently use any tobacco product other than cigarettes</td>
<td>6.8</td>
<td>2.9</td>
<td>5.0</td>
</tr>
<tr>
<td>Live in homes where others smoke in their presence</td>
<td>-</td>
<td>-</td>
<td>42.8</td>
</tr>
<tr>
<td>Desired to stop smoking (among current smokers)</td>
<td>91.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Global Youth Tobacco Survey, Lao PDR, 2003.

**Alcohol use:** Data on adolescent alcohol consumption is not available.

**Drug use:** The abuse of amphetamine-type stimulants (ATS) is common among youth. Although the Lao People’s Democratic Republic is a major opium production country, ATS use among youth was higher than opium use. Surveyed school youth reported a lifetime prevalence of drug use of 17% in the capital Vientiane and 5% in the provinces. The average age of initiation for ATS use among school-based youth was 16.\textsuperscript{61} ATS use was higher in urban areas and border areas.\textsuperscript{62}

**LIST OF LEGISLATION AND CONVENTIONS THAT IMPACT ADOLESCENT HEALTH AND WELFARE**

**Employment**
- Labour Law, 1994

**Education**
- Decree on Compulsory Education, 1996

**Health**
- Law on Hygiene, Disease Prevention, and Health Promotion, 2001

**Sexual and Reproductive Health**
- Family Law, 1990

**Substance Use**
- Anti-Tobacco Law, 2009

**Crimes, Injuries & Violence**
- Law on Development and Protection of Women, 2004
- Law on Family, 2004

**Conventions**
- World Health Organization Framework Convention on Tobacco Control, 2006
- ILO’s Convention No. 182 on Worst Forms of Child Labour, 2005
- ILO’s Convention No. 138 on Minimum Age for Admission to Employment, 2005

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\textsuperscript{59} The Lao People’s Democratic Republic fact sheet. Tobacco Free Initiative, World Health Organization. [Cited 7 November 2010.] Available from: www.who.int/tobacco/media/en/Lao_PDR.pdf

\textsuperscript{60} Global Youth Tobacco Survey Fact Sheet, the Lao People’s Democratic Republic – National. 2003. [cited 2010 November 7]; Available from: http://apps.nccd.cdc.gov/GTSSData/Ancillary/DataReports.aspx?options=1


\textsuperscript{62} Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs in East and South-East Asia (and neighbouring regions). A report from the Global SMART Programme. United Nations Office on Drugs and Crime, November 2009.
GOVERNMENT RESPONSES

Economics
- National Socio-Economic Development Plan, 2006–2010
- National Policy Plan on the Advancement of Women 2006–2010
- National Growth and Poverty Eradication Strategy, 2003

Health
- Health Strategy 2020

Education
- Education For All National Plan of Action
- 10-year Educational Sector Development Framework for 2008–2018

Sexual & Reproductive Health
- RCN Strategic Plan and Operational Guidelines 2008–2010
- Skill Birth Attendance Development Plan, 2008–2010
- National Reproductive Health Policy, 2005
- Referral and Counselling Network, 2004

STIs & HIV/AIDS
- National Strategic Plan on HIV/AIDS/STI 2006–2010
- The National AIDS Policy, 2001
- National Policy and Strategy for Prevention and Care of STDs, 1998

Nutrition
- Food Security Strategy 2010

Substance Use
- Drafted law for national implementation of the WHO Framework Convention on Tobacco Control, 2007

Crimes, Violence and Injuries
- Memorandum of Understanding on Cooperation Against Trafficking in Persons in the Greater Mekong sub-region (signed 2004)

Sources: