COUNTRY PROFILE

ON UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE RIGHTS:

LAO PDR

with co-funding support from Sida

1. Introduction

The Lao People's Democratic Republic (PDR) is a landlocked, mountainous and forested country and became a land linked country since 1997 as member of ASEAN, with estimated population of 6.6 million in 2012 (Lao Statistics Bureau, 2013), 59% of the population were children and young people below the age of 25 years. The majority of population lives in the rural areas (71%), including 8.9%who live in rural areas without road access. The annual population growth rate for Lao PDR is around 2.1% (Ministry of Health & Lao Statistics Bureau, 2012). The country is ethnically diverse, having 49 official ethnic groups with different 167 ethnic subgroups. There are four major ethno-linguistic branches are the Lao-Tai (68 per cent of the total), Mon-Khmer (22%), Hmong-Lu Mien (7%) and Sino-Tibetan (3% of the total population). The ethnic groups are marked by different cultures, and traditions (King et al., 2010). The health outcomes have been improving, as reflected in improving life expectancy at birth for both sexes from 53 to 66 years between 1990 and 2012 (51 to 64 years for men and 54 to 67 years for women (WHO, 2014).

The Lao Constitution was proclaimed in 1991 and amended in 2003 contains most key safeguards for human rights. The Lao Constitution also has provisions for gender equality and freedom of religion, for freedom of speech, press and assembly. The Lao Government ratified the CEDAW in 1981, the Convention on the Rights of the Child (CRC) in 1991 and the Convention on the Rights of Persons with Disabilities (CRPD) in 2009 (United Nations, 2011). Then, on 25 September 2009, Laos ratified the International Covenant on Civil and Political Rights, nine years after signing the treaty. Similarly the International Covenant on Economic, Social and Cultural Rights was ratified seven years (13th February 2007), after signing the treaty on 7th December 2000. Lao PDR did not sign and ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families yet as this convention is under consideration (United Nations Treaty Collection, 2014).

The government of the Lao PDR puts considerable efforts to encourage, promote and protect the legitimate rights and interests of Lao women in all fields: political, economic, social, cultural and family as provided for in the policy of the government, the Constitution and laws. In May 2002, the Government established the Lao National Commission for the Advancement of Women (Lao NCAW) in order to promote gender equality and to eliminate discrimination against women in Lao PDR. This commission's responsibility is to assist the Government in formulating national policy and strategic plans to promote women's advancement and gender equality in all spheres and at all levels of society (GRID, 2005). In 2004, the Law on Development and Protection of Women was promulgated to guarantee and promote the roles of women, to define the fundamental contents of, and measures for developing and protecting, the legitimate rights and interests of women (National Assembly of the Lao PDR, 2004). In 2007, the Law of Labour was issued to ensure the acceptance of Handicapped or Disabled Persons (Article 26) to work, the availability employment of women labor, the Child labor (Chapter 5, Article 38 to 41), and Equal right in receiving salary or wages (Article 45) (National Assembly of the Lao PDR, 2007).

Health financing indicators

Table 1 presents the government expenditure on health and out-of pocket expenditure on health. The total health expenditure (THE) as % of the GDP has increased from 3% in 2000 to 4% in 2005 and then it decreased to 3% in 2010 and 2012, however, the total Government Health Expenditure as % of GDP in Lao PDR is among the lowest in the region. This indicates that government spending on health lags behind the ideal government spending on health according to WHO of at least 5% of the GDP (WHO, 2013). The Lao government has committed to increase government spending to 9% of GDP which is increased 3 times in the fiscal year 2010-2012. There are large disparities in government spending of health budget between central, and provincial levels (World Bank, 2012).

The General government expenditure on health (GGHE) as % of THE has been increasing over the last years from 35 % in 2000 to 47% in 2010 and 51% in 2012 indicating that the Lao government spent about half of the total health expenditure (Table 1). The GGHE as % of General government expenditure had increased from 4% in 2005 to 5% in 2010 and 6% in 2012.

On the other hand, the out-of pocket expenditure as percentage of total health expenditure has decreased from 62% in 2005 to 42% in 2010 and 38% in 2012, out-of-pocket expenses by households are still the major source of health financing as the Out of pocket expenditure as % of Private Health Expenditure (PvtHE) is high as 75% in 2005 and 78% in 2012. Most costs are paid for by patients and their families, which have resulted in people not accessing health services as often as necessary. The out of pocket payment (OOP) has an implication on access and equity and the burden of population in health care. For financial coverage, according to

the World Health Organization, it is very difficult to achieve Universal health coverage (UHC) if OOP as percentage of total health spending equal or greater 30% and the target for UHC could be set at 100% protection from both impoverishing and catastrophic health payments for the population as a whole (WHO, 2010).

The government is concerned about "sustainable health financing" by increasing the government health budget, expansion of prepayment schemes, and developing the health equity fund to ensure that the poor vulnerable people could access to health services in order to achieve the UHC (Akkhavong et al., 2014).

Table 1: Lao Health Expenditure (%)

Indicators	1995	2000	2005	2010	2012
Total health expenditure (THE) % Gross Domestic Product (GDP)	4	3	4	3	3
External resources on health as % of THE	1	29	17	29	22
General government expenditure on health (GGHE) as % of THE	60	35	17	47	51
Private expenditure on health (PvtHE) as % of THE	40	65	83	53	49
GGHE as % of General government expenditure	8	6	4	5	6
Out of pocket expenditure as % of PvtHE	89	92	75	78	78
Out of pocket expenditure as % of THE	36	60	62	42	38

Source: National Health accounts data from the WHO Global Health Observatory. Available at the web site: http://apps.who.int/nha/database/PreDataExplorer.aspx?d=1

2. The sexual and reproductive rights status in Lao PDR

Policies on sexual and reproductive health

While there is no integrated policy on Sexual Reproductive Health (SRH), the Government of Lao People's Democratic Republic (PDR) introduced the National Reproductive Health Policy (NRHP) in 2004/05, and committed itself to improving the reproductive health status especially of women. The NRHP envisions its contribution in achieving the Millenium Development Goals (MDGs) and the quality of life of people. The successful implementation of NRHP will lead to the creation of an enabling policy environment and services to support Sexual Reproductive Health and Right (SRHR) and improve SRH of men, women and adolescents, to ensure the full coverage, equity and equal access to integrated and quality reproductive health information and services, and to motivate and support the couples and individuals to protect and invest their own SRH.

This NRHP addresses the issues beyond Sexually Transmitted Infectious (STIs) and Human Infection Virus (HIV) and it also address the Sexuality Education (SE), and the Policy has a strong rights focus. It encourages men to take greater responsibility for their own sexual behaviour, as well as to respect and support women's reproductive rights and health This NRHP encompasses 9 elements namely family planning, Maternal and child health and nutrition interventions, Prevention and control of HIV/AIDS/STIs, prevention and management of abortion, Promotion of youth friendly reproductive health, Male involvement and participation in reproductive health, Elimination of all forms of discrimination against women and children, Reduction of breast and reproductive tract cancers, Reduction of the prevalence and psychosocial burden of infertility (Ministry of Health, 2004).

However, there were some gaps in implementing the NRHP as some elements such as reduction of breast and reproductive tract cancers, reduction of the prevalence and psychosocial burden of infertility are implemented in the early stage, and not widely available. The NRHP does not addressing the right of adolescents, especially single unmarried adolescents and there is a lack of integration of MCH, SRH and HIV/AIDS/STIs into the policy. Gaps also have been observed in the implementation of the NRHP (Ministry of Health, 2004; GoL & UNDP, 2013).

The Government of Lao PDR is committed to graduating from the list of least developed countries by 2020 and to achieving the Millennium Development Goals (MDGs) by 2015. To fulfill these commitments, the MOH launched the MNCH Strategy and Planning Framework in order to reducing maternal mortality to 260 per 100 000 live births and under-five mortality to 75 per 1000 live births by 2015. The MNCH Strategy and Planning Framework describes health system strengthening and mobilizing individuals, families

and communities to achieve rapid and equitable scale-up for delivery of essential, cost-effective, evidence based interventions to improve maternal, neonatal and child health (Ministry of Health, 2009). The government with support from the UNFPA office has also successfully advocated for the development of a skilled birth attendance (SBA) plan (2008-2012), as attendance at delivery by skilled personnel is well recognized as a vital component in reducing maternal mortality; and has supported the development and implementation of the plan (Ministry of Health, 2009).

In 2012, the Prime Minister issued a Decree on free delivery and free health care for all children under five years old aiming to increase the facility based delivery rate and improve the access to and quality of health care for poor women and children (MoH, 2013, GoL, 2012). In 2004, the "Health Equity Fund" was launched to provide free health care services for the poor and vulnerable groups and operated in 64 districts.

Maternity vouchers had been implemented in many provinces which provided free maternity and delivery which provides fixed-fee reimbursements to health facilities and cash allowances for food and transportation for patients (World Bank, 2013).

In summary, there are some gaps in implementing the SRH policies due to lack of human resources, poor health care facilities, weak management capacity, inadequate Information Education and Communication (IEC) materials and activities and lack of youth policy. The challenges included ensuring universal access to a range of reproductive health services, including family planning and sexual health services is concerns, especially for meeting the needs of adolescents and young people for information and services related to reproductive health, and promotion of gender equality and equity.

Grounds under which abortion is legal

The performance of abortions in the Lao People's Democratic Republic is governed by the Criminal Code Article 92, which was enacted in 1990 and revised in 2001. Under the Code, abortion is generally illegal. Any person who performs an illegal abortion for another person will be imprisoned for two to five years and shall be fined from 200,000 Kip to 5,000,000 Kip (GoL, 1990). Nonetheless, although the Code contains no expressed exceptions to the prohibition of abortion, under general criminal law principles of necessity, an abortion can be performed to save the life of the pregnant woman. However, the limited data available in Laos indicate widespread prevalence of unsafe abortion, often during the second trimester or later and in dangerous circumstances. This puts women at high risk of serious complications such as hemorrhage, septicemia, infertility and even death (WHO, 2000).

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. Of those patients who had induced abortions, 70% had purchased the 'Chinese drug' (a combination of antiprogestin and prostaglandin) from pharmacists (Sackpraseuth et al., 2003). About 23.2% of respondents aged 15–24 in the Young Women's Sexual Behaviour Study, 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 (Burnet Institute, 2008).

The actual number of induced abortion could be quite large if we take into account an unknown number of the women who had abortion-related complications but did not seek treatment from the public sources (WHO, 2008).

Policies on HIV and AIDS

Laos is still considered a low prevalence country for HIV and AIDS, estimated at 0.29% in 2013, compared to other countries in Mekong region. The prevalence of HIV/AIDS among young male people aged 15-24 years was 0.1% and female young people aged 15-24 years as 0.2%, 1% among female sex workers in 2011 (MOH & CHAS, 2011) and 1.2% using Asian Epidemic Model (AEM) (CHAS & UNAIDS, 2011) and 5.6% for MSM in 2007 (Sheridana et al., 2007). In 2012 among MSM and Transgender (TG) population prevalence rates were reported at 3.34% in Vientiane Capital and 2.54% in Savannakhet province (CHAS & PSI, 2011). The HIV/AIDS prevalence among drug users was 1.5% (Center for HIV/AIDS/STI, 2010). The estimated number of people living with HIV (PLHIV) was 12,921 by the year 2015 (CHAS/UNAIDS Estimation and projection by AEM modeling 2011). At the end of 2013, a total of 2,787 adults and children PLHIV had received ART, the equivalent to 58.26% of estimated PLHIV (CHAS, 2013).

The MOH endorsed the "Law on HIV/AIDS Control and Prevention" on 29/June/2010 where Article 34 mentioned about nondiscrimination and non-stigmatization. People living with HIV/AIDS (PLWHA) as well as affected people are equal to other people with regards to living in the society and daily activities without stigmatization and discrimination. The Law is progressive in terms of addressing stigma

and discrimination and promoting equity (GoL, 2010). Lao PDR has an enabling policy environment with proactive multi-sector commitment supported by strong political will and to reach the target MDGs, the Three Zeros Strategy – Zero new HIV infections; Zero discrimination and Zero AIDS related deaths. In the implementation of the Law on HIV/AIDS Control and Prevention and the National Strategy HIV/AIDS Prevention 2011-2015, the government made an effort to reduce stigma and discrimination. The LSIS in 2012 addressed the stigma questions on buying fresh vegetables from vendors who are HIV positive, allowing HIV positive teacher teaching at schools, taking care of family members with HIV/AIDS, and keeping HIV/AIDS status of family members secret. The results revealed that there are high levels of stigma and discrimination against people living with HIV in Lao PDR households with fewer than half of the sample would buy fresh vegetables from a shop vendor with the AIDS virus. Results showed that only 43.3% of women and 39.3% of men aged between 15 and 49 years would care for a member of their family sick with AIDS in their own home. Only 17.0% of women and 14.2% of men aged between 15 and 49 years expressed accepting attitudes towards stigma (MoH & Lao Statistics Bureau, 2014). The findings of the Stigma Index Survey found that 15% of PLHIV have permanent job, 17% full time employment but not as permanent position, 24% PLHIV are self-employed while 15% were unemployed (CHAS, UNAIDS, WHO, & UNODC, 2014).

The right to access health services is also mentioned in the National Strategy Plan on HIV/AIDS control and prevention 2011-2015 stating that there should be no discrimination on the basis of gender, disease status, sexual behaviour or sexual orientation. HIV testing without prior informed consent is never acceptable (unless anonymously unlinked for screening purposes) and it is essential that every HIV test result remains confidential (Ministry of Health, 2011).

A new policy was launched, the Tri-partite Declaration on HIV/AIDS at the Workplace in 2008, which prohibits discrimination in the workplace. Workers could send their complaint directly to the Ministry of Labor and Social Welfare for any misconduct. This policy is in process piloted in the two big cities Vientiane and Luangprabang and will be expanded in the near future after an assessment (National Committee for the Control of AIDS, 2010).

PLWHA are more participating in the HIV/AIDS programs to address stigmatization & discrimination and improve human rights practice. For instance, PLWHA involved as peer counselors for the ARV treatment, member of the home-based care team. In addition, the provincial and district committee for control of HIB/AIDS (PCCA and DCCA) also documents any discrimination acts (National Committee for the Control of AIDS, 2010).

3. Adolescent and Young People

Policies on Adolescent Sexual and Reproductive Health (ASRH) Services

There is no policy or strategy document issued by the government on provision of sexual and reproductive health services to adolescents. There is limited data and analysis of the situation of young people and adolescents in Lao PDR. There is no national youth policy or strategy addressing ASRH. Youth target group is not addressed in the seventh National Socio-Economic Development Plan 2011-2015 (NSEDP, 2010). Existing data indicate that the national participation rate in upper secondary is approximately 37% with some districts lower than 20%. Non-profit Associations are emerging partners and youth groups exist but have limited registration as non-profit associations (NPAs). There is limited access to youth-friendly SRH services especially in public service and range of options for the young people including adolescents, to access SRH information and services, especially unmarried young people. Currently, the Lao Youth Union (LYU) carried out the Adolescent and Youth Situation Analysis and reviewed current policies and legislation addressing adolescents and young people and build on the four core areas namely - information to acquire knowledge, opportunities to develop life skills, appropriate health services for young people, and creation of a safe and supportive environment(Seetharam K.S, Philip Sedlak, & Antoinette Pirie, 2011).

Despite teenage pregnancies and risky sexual behaviour being common, adolescents' knowledge regarding reproductive health, including contraception, was very limited (Ministry of Health & Lao Statistics Bureau, 2012; Sychareun, Faxelid, et al., 2011; Sychareun, Phengsavanh, et al., 2013). Unmarried adolescents have little or no access to health education, from health staff or from radio and television. Printed information is also very rare. Generally adolescent girls hear about contraception and other reproductive health issues from older women in the community who are using contraceptive methods. Adult-youth communication on reproductive and sexual health issues is rare in highland communities and remains limited in urban areas (WHO, 2000).

Adolescents have almost no access to contraception, including condoms. Most drug stores that sell

condoms are hesitant to sell them to adolescents. Although the national policy on birth spacing stipulates the provision of birth spacing methods to those in need irrespective of their marital or social status, health staff generally do not provide such services to unmarried adolescents (Sychareun, 2004).

In Lao PDR, a study of provider's perspective of providing contraceptives to adolescents revealed that services are, in theory, accessible to all irrespective of age or marital status. However, services tend to be of limited quality and are not readily accessible to the unmarried. Providers at such government health facilities as the Family Planning Unit are responsible for the provision of contraceptive services (Sychareun, 2004). However, the unit is attached to the Maternal and Child Health section and is not widely used by the unmarried. The same study also notes that unmarried youth have difficulties accessing services and this may be related to negative attitudes of the providers and poor quality of services (Sychareun, 2004).

Difference Between Median Age at Marriage and Regal Mininum Age at Mariage

According to the Family law, the legal age of marriage is 18 years for both boys and girls; however, in the necessary cases, the age may be lowered to less than eighteen years of age but not less than fifteen years of age (Government of Lao, 1990b). Despite the existence of a legal minimum age, girls may be getting married very early. This is evident in the country DHS data on the percentage of adolescents married before the age 15 and the median age at first marriage. According to the LSIS (2012), 9.3% of women age 15-49 years who first married or entered a marital union before their 15th birthday with difference between women living in the rural and urban areas (11.3% vs 4.6%), women no education and women with high education (17.5% vs 0.7%), poorest and wealth women (16.3% vs 3.4%). This is demonstrating the need to strictly enforce the law on legal age of marriage (Ministry of Health & Lao Statistics Bureau, 2012).

The median age at marriage for men age 25-49 years old is 22.5 years; three years older than women (19.2 years) in the same age range (MoH & Lao Statistics Bureau, 2012). The median age at marriage among urban men is about three years older than among rural men. More women marry before the age of 18 than men (37% and 15 %, respectively).

According to the LSIS in 2012, among women age 25-49, 37% married by the age of 18, and 58 per cent married by the age of 20 (Ministry of Health & Lao Statistics Bureau, 2012). There was a difference of the median age at first marriage between urban and rural (18.5 versus 20.5). Among both women and men, there is a difference of more than four years in the median age at marriage between those with no education (18.2 and 20.1 years, respectively) and those with post-secondary education (22.7 and 24.5 years, respectively).

4. Gender-based violence

Extent of Gender-based violence

There is no national data on the lifetime of intimate partner violence and non-intimate intimate partner violence yet and the Lao Women Union (LWU) will plan to conduct the national survey on domestic violence in 2014. Overall national statistics were unavailable on the number of abusers prosecuted, convicted, or punished, but there were some studies carried out at the regional level in some provinces. According to the violence survey in 2003-2004 by Gender and Development Group, 45% of women surveyed indicated that their spouses have been violent in some form towards them, revealing the high incidence of domestic violence in the areas surveyed. Of those women who had experienced violence in the Lao PDR, up to 35% indicated that they had experienced mental violence, and up to 17% had experienced physical violence. Fifteen women out of 967 people surveyed (1.6% of all surveyed) responded that they had experienced sexual violence from their husbands. Nineteen women (1.9% of people surveyed) responded that the physical abuse continued while they were pregnant (GDG, 2004).

A recent survey of violence (2008-2009) in 5 provinces found that prevalence of domestic violence was 20.3% during their lifetime and 10.7% reported currently experienced of physical violence, while the prevalence of sexual violence was 10% during their life and 5.3% within the current time and the prevalence of emotional violence was 32.4% (GRID, 2009).

Violence remains a sensitive issue in Lao PDR and there is little disaggregated data by age, gender or ethnicity available. Violence against girls and women occurs at many levels of society and daily life even though the exact level is difficult to quantify due to reliable data. 81.2 percent of women believe that a husband is justified in beating his wife/partner for a variety of reasons. Traditionally, women are not seen as equal and are often expected to remain quiet and submissive. Often, women in Lao PDR do not have economic independence or access to resources (Department of Statistics & UNICEF, 2008). According to the study of Perceptions and Attitudes of Young People on Issues Related to Violence

Against Women and Girls in Lao PDR in 2012 found that Violence, particularly intimate partner violence, is viewed as a taboo issue. Many respondents believed that violence within relationships was a private matter, never to be intervened with.

According to LSIS 2012, some women and men agreed and justified violence when women did not look after their children (46.2% for women and 35.4% of men) (Table 2). Some women and men also justified beating his wife if she argues her autonomy by not telling husbands if she goes out (32.1% for women and 25.3% for men) or arguing with husbands (26.8% for women and 24.8% for men). 24.9% of women and 20.6% of men agreed that husband has the right to beat his wife if she refuses to have sex with him (MoH, Lao Statistics Bureau, 2012). Unfortunately, women do not have legal recourse against intimate-partner violence. There is no law specifically addressing domestic violence. On the contrary, Article 22 of the Penal Law of 1992 provides exemption from penal liabilities for physical violence between close relatives if these are not of a "serious" nature if the damaged party does not lodge any complaint (GRID, 2005).

Table 2: Percentage of Attitudes towards domestic violence based on the LSIS, 2012

Age	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses to have sex with him	If she burns the food
Girls	32.1	46.2	26.8	24.9	58.2
Boys	25.3	35.4	24.8	20.6	13.5

Statistics on rape and sexual assault are commonly available in advanced countries and are becoming more common throughout the world. Inconsistent definitions of rape, different rates of reporting, recording, prosecution and conviction for rape create controversial statistical disparities, and lead to accusations that many rape statistics are unreliable or misleading (US Department of State, 2013). The country does not have a central crime database, nor does it provide crime statistics.

Legislation related to gender-based violence

The CEDAW was ratified by Lao PDR in 1981. The CEDAW provides the basis for realizing equality between women and men through ensuring women's equal access and opportunities in political and public life including health and education. CEDAW is the only human rights treaty which affirms the reproductive rights of women. The Convention on the Rights of the Child (CRC) and its monitoring body the United Nations Committee on the Rights of the Child provides a valuable framework for child health (United Nations, 2011; United Nation, 2013). The CRC in its Concluding Observations (Jan 2011) encouraged the State Party to prioritize the elimination of all forms of violence against children, paying particular attention to gender. The Committee noted that Violence against children (VAC) () in the home remains common and that issues of abuse violence and neglect are still considered taboo and that the support services for rehabilitation and reintegration of child victims of abuse were not sufficient (UNICEF, 2005).

In 2002, the National Commission for the Advancement of Women (NCAW) was established by the Prime Minister's decree, and in August 2012 the second Five-Year National Strategy for the Advancement of Women (2011–2015) was launched. Policymakers are currently drafting the country's first violence against women law, to be passed in 2014, and plans for the country's first national prevalence study on VAW/G are also underway (GRID, 2005; Lao NCAW; 2011).

The Lao legislations on Gender Based Violence include all different forms of violence, in particular on violence against women, girls and children as well as human trafficking will include the following laws in the table 3.

Table 3: List of regulation/Laws related to gender based violence

1	The Law on Development and Protection of Women (2004), and its promulgation decree
2	The Law on the Protection of the Rights and Interests of Children (2007), and its promulgation decree
3	The Penal Law (2005), and its promulgation decree
4	The Law on Family (1990), and its promulgation decree
5	The Law on Criminal Procedure (2004), and its promulgation decree

Source: Lao Laws - Official translation by the Singapore Government and the UNDP. Available at the web site: http://www.mfa.gov.sg/content/mfa/overseasmission/vientiane/lao_laws.html

The 2004 Law on the Development and Protection of Women focuses on eliminating discrimination against women, combating violence, and creating an enabling environment for women's empowerment. The Law on Development and Protection of Women (2004), Article 17 on equality within the family, states that women have freedom to choose their spouse from age 18 onward. The Family Code has been amended to remove discrimination against women in matters of marriage and inheritance, repealing a lowering of the marriage age of girls to 15. A 2004 Law on the Development and Protection of Women mentions domestic violence, but relies on the 1992 penal code for punishment, which does not protect women before a case goes to trial, such as by issuing a restraining order against the alleged offender (Government of Lao PDR, 2004).

Even though domestic violence is illegal, violence is underreported due to stigma and gender role. However, there are some gaps in the Laws, for example the criminal law (1992) makes no mention of domestic violence, and marital rape is not a crime within this law and "less harmful acts between close relatives" carry little or no penalties. The Law on the Development and Protection of Women Article 33 is mentioned about Rights of Victims which is stated that Victims of domestic violence have the right to seek assistance from other family members, persons nearby and relatives, or to report to village administrations aiming at educating the violator, stopping the violence and changing his or her bad behaviour and in case of serious impact, the victims shall have the right to report to police officers to deal with the matter in accordance with laws and regulations (Government of Lao PDR, 2004).

Penalties for domestic violence, and the detention of persons against their will, may include both fines and imprisonment. The solution to it shall start from mediation and education of the user of the violence by family members, close relatives, persons nearby, meditation by the head of villager. The law grants exemption from penal liabilities in cases of physical violence without serious injury or physical damage (Government of Lao PDR, 2004).

There was a legislation against rape in the Penal Code Article 128, however, the definition of rape was narrowed as this included any person using force or other means to put a woman in a state of unconsciousness, and thus in a state against her will, and then having sexual intercourse with her. This definition is not included the marital rape. Article 128, Penal Code on Rape which is stated that anyone who uses force, armed threats, drugs or other substances, or other means to place a woman in a state of helplessness in order to have sexual intercourse with the woman against her will, is guilty of an offense and liable to imprisonment for three to five years and a fine of between one million to five million kip. Where the victim is a girl aged between fifteen and eighteen, a woman under the offender's care or a patient of the offender, an aggravated penalty of imprisonment for five to ten years plus a fine of between two to ten million kip will apply (Government of Lao PDR, 1990a).

Although sexual harassment is not illegal, Article 126 (Outrage to Decency) in the Penal law stated that "indecent sexual behavior" toward another person is illegal and punishable by six months to three years in prison or re-education without deprivation of liberty and shall be fined from 100,000 Kip to 500,000 Kip (Govertnment of Lao PDR., 1990a). Article 125 (Pornography) mentioned about any person who, in the presence of members of the public or in any public place, engages in an act of sexual intercourse or exposes his or her sexual organs shall be punished by three months to one year of imprisonment or re-education without deprivation of liberty and shall be fined from 50,000 Kip to 200,000 Kip. Sexual harassment rarely was reported, which was difficult to assess the magnitude.

5. Legislation and policies on sexual orientation

There was no law prohibiting discrimination based on sexual orientation or gender identity, but it is very difficult to assess the current state of acceptance and violence that lesbian, gay, bisexual, and transgender (LGBT) citizens face and the national Constitution does not expressly address sexual orientation or gender identity issues. The 2003 Constitution states Chapter 4 on Fundamental Rights and Obligations of Citizens, Article 35: "Lao citizens are all equal before the law irrespective of their gender, social status, education, beliefs and ethnic group." (Government of Lao, 2003).

Despite some progress, discrimination towards people of diverse sexual orientation still exists. Laos does not recognize same-sex marriages, nor any other form of same-sex union as the Family law mentioned only the marriage between men and women; however, the Article 10 of Prohibition of marriage of the Family Law mentions prohibition of marriage only between individuals of mental and physical health problems and individuals from the same blood (Government of Lao PDR, 1990b; Wikipedia, 2013).

Currently there have been no known debates of such unions being legalized in the near future. This does not imply that the government or Laotians are op-

posed to such unions. This topic has simply yet to come up for debate.

Little work has been done to assess the status of MSM and transgender people in Lao PDR. Discrimination is a concern for MSM, many of whom hide their sexual orientation. One study found that there was social acceptance of gender variance, with low levels of discrimination against transgender people (kathoey) (Douassantousse & Keovongchit, 2005).

The government has allowed certain NGO's to operate in Laos, that work with the LGBT community in terms of public health. For example, Lao Positive Health Association provided AIDS-HIV education to many different segments of Lao, including men who have sex with other men. The National Strategy and Action Plan on HIV/AIDS/STI: 2011–2015 is focused on increasing coverage and quality of HIV prevention services, increasing coverage and quality of HIV treatment, care and support services, and improving national programme management to support service delivery among most-at-risk population, including MSM (National Committee for the Control of AIDS Lao PDR, 2010).

One hundred participants attended the first public LGBT Pride in June 2012 in Vientiane, with the Theme was "Proud to be Us". The Center for control of HIV/AIDS and other intergovernmental organizations, including the Purple Sky Network, Lao Positive Health Association (Lao PHA), Population Services International (PSI), the Burnet Institute, Family Health International (FHI), the Vientiane Youth Center for Health and Development, and UNFPA also participated in this event ("None to Claim, LGBT Rights in Laos, 2012).

6. Legislation and policies on gender identities

Transgender people comprise of some of the most marginalised and most vulnerable groups within societies in the Asia-Pacific region and the issues. This is especially true in the Mekong societies of Lao PDR where transgendered people are referred to as kathoey literally the third gender.

In Lao PDR, a research team found a high level of acceptance in Lao families and the community at large, but there was conflicting information. "Kathoey are present in all kinds of female activities, but not in the government sector" (Douassantousse & Keovongchit, 2005). There are no policies or legislation regarding the gender identities in Lao PDR.

Grievance redress mechanism for sexual reproductive health services For Grievance redress mechanism (GRM) of sexual violence and trafficking in women in Lao PDR, the police station was the first point of entry for victim-survivors of sexual violence. According to the Article 25 on right of the Victims, Article 27 about Criminal procedures related to the offenders and Article 28 about Assistance by officers to the victims of human trafficking, the victims could ask assistance from any individuals close by, notify to the police officers and to receive protection and care to ensure personal safety. After having been notified about any trafficking in women and children, the police officers shall, in accordance with the Law on Criminal Procedure, investigate the case immediately. The police officers must collaborate with the relevant sectors to provide medical treatment and counseling services to the victims and to send them to safe shelter (Government of Lao, 2004).

Similarly for the domestic violence, the victims of domestic violence sought help from their relatives, mediatation/ unit of the village level, seeking help at the public health facilities and Counselling and Protection for Women and Children or report to the police officers (Government of Lao, 2004). For instance, the results from the survey of domestic violence in 2008-2009 revealed that 63% of women who were assaulted by partners reported the violence to their relatives, 18% contacted village mediation units for help (village authority), 5.6% went to meet and consulted with friends, 2.3% went to hospital for medical service, and 1% did not do anything. No one of these women used emergency shelters and Women Counseling Center (GRID, 2009).

The Counseling and Protection Center for Women and Children (CCWCP) in Vientiane, was operated by the LWU, launched a new nationwide hotline for individuals to report incidents of domestic violence and receive counseling over the telephone. This center is located in the Vientiane Capital city and this Center will expand in other provinces in the near future (LWU, 2009; United Nation, 2013). Until 2011, the Counseling Network expanded to the Provincial Counseling Offices (PCO) established in 8 Provinces, district counseling units (DCU) in 25 Districts, and 41 Village-level units. For the other provinces, districts and villages, the Counseling Services continue to be provided by Lao Women Union at each level. The CCWCP provided counseling services for a total of 36,325 counts, of which of 7,097 (20 %) are face to face counseling, 29.228 (80 %) are by telephone. These covered 6,909 cases – including those of separation and divorce; rape cases of girls; physical injuries; human trafficking; lovers' quarrels; common property conflict; drug addiction, and others; in addition, the provincial counseling network provided 191 service counts (United Nation, 2013).

There are grievance redress mechanisms for patients to complaint when he or she was not satisfied with the services provided or being neglected by providers or could not receive medical care. According to the Curative Law, Article 4 (Rights and Obligations of Citizens in Respect of Health Care), the patients are equally entitled to criticize or bring a complaint if they find that the health care provided is not in conformity with professional techniques or is not equitable; they may choose or change their health-care establishments (Government of Lao,2005). There are several channels by which to file complaints. Patients or their family members are encouraged to first discuss their complaints with the health-care providers. If the problems are not resolved, the patients could complaint to the Medical Profession Council at different level such as the Ministry of Health, at the central level; the provincial health department, at the provincial level; and the district health office, at the district level. The Medical Profession Council has the duty to consider the complaints of the citizens and to ensure the quality of treatment, respecting standards and the management of health-care services. If unresolved, patients may submit their complaints to the local Prosecution Office through their attorney and the case will be investigated. If there is sound evidence, the Prosecution Office will submit to the court for ruling. A patient may also address a formal complaint directly to the National Assembly, which delivers feedback to the MOH and hospitals. There is a need to strengthen this process in order to empower patients.

According to the Penal Law, persons maltreated by a physician may also initiate legal action for medical malpractice such as criminal liability for negligent or unintentional acts, or violation of personal confidential matter, performance of medical profession without License, death and physical injuries caused negligently, failure to provide assistance to persons in danger (Goverentment of Lao PDR, 1990a).

7. Recommendations

The Lao People's Democratic Republic (Lao PDR) has a young population structure, with 60% of its 6.5 million population below 25 years of age, and over 30% being 10-24 years of age (National Statistic Centre, 2010). This makes issues related to youth and young people, including their sexual and reproductive health and rights (SRHR), of extreme significance. Several factors affect the attainment of SRHR among young people in Lao PDR. Ethnic peoples represent more than 40 percent of the total population and often live in uplands where involvement in the mainstream development processes is difficult. Many ethnic peoples continue to suffer from issues related to poverty and lack of access to basic social services. Unmet need for family planning is high, especially in hard-to-reach areas. Laos has the high maternal mortality in the SEA region. Lao PDR is classified as a lower level of middle income country, with 27% of its population living below the poverty line, although the country has experienced relatively high economic growth in the last decade (5.8% since 1992) and has been slowly making inroads towards addressing poverty.

KEY STAKEHOLDERS

- Ministry of Education
- LWU, LYU
- UNFPA,
- NGOs
- Directors of relevant departments at the local level
- School principals

Our call

We call on our governments, international organizations, including the United Nations agencies, development partners and other NGOs to take the following actions:

SRHR

- There is a need for development of a National Youth Policy, incorporating ASRH to advance ASRH information and services which provide knowledge, opportunities to develop life skills, appropriate health services for young people, and creation of a safe and supportive environment for youth.

- Review, amend and implement the National Reproductive Health Policy to address the needs of women, young people and other vulnerable group in terms of SRHR information and services.

- Ensure and protect adult and young people's reproductive and sexual health and right by ensuring gender equality, equity and SRHR and integrate into sustainable development within the framework of agenda beyond the ICPD P0A and MDGs and ensure a comprehensive SRHR agenda.

- Develop and strengthen policies and programs addressing the young people's sexual and reproductive rights to access to information and services.

- Promote sexual and reproductive rights and young people's participation by involving young people in policy dialogue to create an enabling environment for youth participation in the design, delivery and monitoring of SRH programs targeted at their own age group.

SRH services

• All efforts should be directed at increasing access to basic EmOC facilities and upgrading existing basic EmOC facilities. There should have a national plan to ensure a proper EmOC network for referrals, so women could have a proper timely access to EmOC services. Develop the referral guidelines for senders and receivers along the continuum of care from household to basic to comprehensive EmONC services.

• Ensure 24/7 availability of basic and comprehensive EmOC services equitably distributed to maximize access for the greatest number of women, especially in rural areas. This can begin by improving staffing, enhancing skills through training, improving management and supervision, ensuring availability of health workers, equipment, drugs and other supplies and keeping proper records.
• The Medical Council should review recommendations on the abortion pills, Mifepristone and Misoprostol, to include them in the essential drug list and to legalize their use in medical settings.

• Provide more community education to raise awareness of obstetric complications and maternal, perinatal morbidity and mortality issues and negative health consequences of abortion and targeting on women, local leaders, household heads and in particular men on danger signs of pregnancy, delivery and shortly after birth.

• Provide MCH & SRH services more culturally appropriate and gender sensitive. Culturally-appropriate MNCH programming helps to ensure that marginalized groups obtain access to SRH information and services. This pertain provision of the full range of family planning, maternal and child health nutrition, BeMONC and CeMONC services, services of post abortion care, STIs/HIV/AIDS prevention and treatment, and services for gender based violence.

• Adolescents are entitled access to high-quality SRH education and information and services, especially ethnic minority groups, people living in rural areas and those with lower education levels. Mainstream the ASRH education curriculum, the school-based extracurricular programs into official school learning programs and CSE for out-of-school youth.

• Ensure access for adolescents and youth to quality youth-friendly SRH services by assuring availability and access to youth-friendly SRH and counselling services at the health facilities for both unmarried and married young people. You are a decision maker and your actions will influence the future of youth.

• Mobilize the government budget and ODA for the implementation of the comprehensive SRHR interventions by increasing domestic resources and national health spending on SRHR.

Gender Based Violence

• Provide information on the laws and policies in place to deal with violence against women and girls and on the impact of such measures, as well as data and trends on the prevalence of various forms of such violence, disaggregated by age and ethnic group.

• Establishment of quality counseling services and additional shelters for victims/survivors of violence and expansion and improvement of the Counseling offices.

• Women and adolescents should be informed of grievance redress mechanisms for sexual and reproductive health services. The information and mechanisms should be made accessible to all ethnic and rural women and adolescents.

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About FPS

The Faculty of Postgraduate Studies is one of the seven Faculties located in the University of Health Sciences, Vientiane Capital City, Laos and was established in 2001. The Faculty is responsible for higher education of different fields such as Residency Program, Master Program of Public Health, and Family Medicine and has a unique leadership position in postgraduate studies in the Field of Medicine and Public Health.

The objectives of the Faculty of Postgraduate Studies are to achieve the following human resource development goals.

1. Provide higher level of Postgraduate Studies, including Medical & Public Health Education within the country.

2. Conduct Researches both in Public Health & Medicine to promote health and participate in community Health services.

3. Train specialists in different fields of Medicine and Public Health personnel in response to current & emerging needs of the local people.
4. Provide technical services to the local people.

5. Integrate technologies and prac-tice, and interrelate research and educational activities.

6. Collaborate with different partners at the national and international levels.

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