Adolescent SRH and Early Marriage

FINAL REPORT

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Meeting place for teenagers in Lavi Tang Deng village early morning was a mixed crowd of 8 boys and girls gathering, talking and grouping around one girl to look at her mobile phone.

They vanish before we could take a picture.

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ACRONYMS

ACWC ASEAN: Commission on the Promotion and Protection of the Rights of Women and Children

ASEAN: Association of Southeast Asian Nations

ASRHR: Adolescents Sexual Reproductive Health Rights

CCPWC: Counselling and Protection Centre for Women and Children

CEDAW: Convention on the Elimination of all Forms of Discrimination Against Women

COMMIT: Coordinated Mekong Ministerial Initiative against Trafficking

CRC: Convention on the Rights of the Child/ Committee on the Rights of the Child

CSEC: Commercial and Sexual Exploitation of Children

ECM: Early Child Marriage

EFCM: Early and Forced Child Marriage

EU: European Union

GBV: Gender Based Violence

GDP: Gross Domestic Product

IUD: Intra Uterine Device

LWU: Lao Women's Union

LYU: Lao Youth Union

MoU: Memorandum of Understanding

NCMC: National Commission for Mothers and Children

NGO: Non-governmental Organisation

NNS: National Nutrition Strategy

NTFP: Non-Timber Forest Products

SBCC: Social and Behaviour Change Communication

SGBV: Gender Based Violence

SRH: Sexual and Reproductive Health

STD: Sexually Transmitted Disease

SVAC: Sexual Violence Against Children

TIP: Trafficking in Persons

UN: United Nations

UNDP: United Nations Development Programme

UNFPA: United Nations Population Fund

UNICEF: United Nations Children's Emergency Fund

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Special thanks are due to the district health authorities, all of whom welcomed and organised our field work such as staff from health centres and village health volunteers. They offered great support and insight in the field and facilitated relations with communities and translating from local languages to Lao. This work would not have been possible without them.

Many thanks are also due to all the village committee members, married children, and parents or grand-parents of married children who gave their time to answer our questions and provide us with valuable information.

We are also grateful for the sincere commitment CARE project management team in Vientiane and Sekong for their kind support.

Finally, thanks to Ms. Casey Morrison, who diligently edited this report.

I. INTRODUCTION

11. CONTEXT

CARE is an international humanitarian organisation fighting global poverty, with a vision to which focuses on empowering women and girls to fight poverty and bring lasting change to their communities. CARE works in over 80 countries around the world. CARE works with partners to achieve lasting results for marginalized communities.

In the past, evaluations, case studies, and anecdotal evidence collected by CARE staff have affirmed that child marriage and early pregnancy are common in CARE's partner communities, and that marriage often results in youth dropping out of both school and CARE project activities, yet detailed data on this topic have almost not been formally collected and organised. There is still limited information available about how the lives of children who marry young are impacted by their marriages and early pregnancy and about their experiences of marriage and early parenthood, both positive and negative. Having access to such information could help CARE to better understand the risks faced by children who are considering marriage and subsequent pregnancy and may help the organisation to encourage children and parents to delay marriage until adulthood so youth may complete their educations and continue participating in CARE activities.

12. OBJECTIVES OF THE RESEARCH

The purpose of the present study is to better understand adolescent SRH practices and their determinants to provide policy makers with information to help design appropriate interventions/programs for early married and unmarried adolescent mothers and fathers, in order to inform policy and practice development through the provision of locally-relevant evidence.

The main objective of the research is:

To conduct research and recommendations on how to best improve adolescent sexual reproductive and health (SRH) behaviour and reduction in early marriage in remote ethnic communities using a SBCC Approach.

CARE works with adolescents in sexual reproductive health (SRH) and reduction of early marriage in remote ethnic communities. CARE is seeking to conduct research on the best way to address these issues whether they are closely related to each other and need to target them in one package or they should be separated.

Below are questions that will be considered during the study (a detailed review of research questions is in Annex):

1. **What is the best way adolescents receive information and most likely to make changes in their lives?**

2. **Who are they listening to regarding SRH and early marriage information?**

3. **Is an android application that can disseminate information feasible to create social behavioural change to adolescents regarding SRH and Early Marriage?**

4. **What should accompany the android application or what other mechanisms are required to reach a SBC change around adolescent SRH and a reduction in early marriage?**

13. RESEARCH PROCESS

I. The first phase of the assessment started by the review of the related documents as sent by CARE and various published and unpublished material and all other relevant sources of information).
II. After reviewing the documentation a scoping note or inception report was prepared to set out in detail the assessment methodology, i.e. how each question will be answered by way of data collection methods, data sources, sampling and indicators.
III. An initial presentation was organised to launch the study before going to the field with representatives of CARE and implementing partners at provincial level.
IV. One day training was proposed to CARE and PHA Dakcheung district staff to explain the aim of the assessment, ethical rules, questions and practice of interviewing.
V. Field work was lead in 4 concerned villages in Sekong province.
VI. A final half day participatory workshop restitution and analysis with staff of CARE & relevant implementing partners had to be cancelled due to confinement in the country.

13. METHODOLOGY

This qualitative study relied on literature review, semi structured interviews, focus group discussions and observations.

The interview and focus group discussion grid was developed in order to cover questions regarding early marriage and SRH and looking at how do people use telephone and access internet if any, and what are the expected changes (if any) and the means to ensure these changes are happening

The assessment confronted ideas and narratives about life of young girls and boys being early married and needs as well as solutions proposed and collect their satisfaction or non-satisfaction regarding early pregnancy in order to develop adequate messages for social behaviour changes by the appropriate means.

Data was triangulated from various sources and discussion was engaged as far as possible.

- Data collection was similar on the different sites (improved and adapted through time) based on interviews and focus group discussion with the key informants project teams, young women-children, parents
  The aim was to understand better what are the main challenges faced by early married children and early mothers and how to their face them, what strategies do they implement and how do their lives has been affected by early marriage and pregnancy in terms of access to school or to vocational training and CARE activities as well as access to health information and health care especially ante natal and post-natal care.

Qualitative data processing was based on thematic analysis. As part of the analysis a process including a reflection on findings involve project team and P/DHA through different debriefings.

The field team composed of one senior male foreign but Lao speaking researcher and a young Laotian female interviewer (Tai Deng ethnic) worked with female and sometimes male interpreters[1] using local ethnic languages to address such intimate issues as a guaranty of reliability and sincerity.

13. RESEARCHING TOWARD SBCCC STRATEGIC PLAN

The SBCC strategic plan to lead the behaviour change intervention for ECM and SRH projects could be divided into 4 phases, starting with identifying of target groups and behaviour toward ECM and adolescent SRH (ASRH); identify key behaviour that need to be changed/ or modified; identify key stakeholders and influential people at different levels, including social media platform; plan communication intervention through different mediums with focus on social media platform, which include interpersonal communication and mass media channels, training package and SBCC tools; implement the SBCC intervention in the pilot villages; monitor and evaluate the target population's knowledge, attitude and their practices (normally behaviour change takes time to see in a short timeframe.

Phase 1: Identify potential behavioural factors.

- the exact behaviour to be changed and the specific population group to be targeted are defined; - who exactly should change which behaviour.
- Collect information on behavioural factors (psychosocial and contextual factors that might influence the target behaviour) (can use short qualitative interviews with various stakeholders)

Phase 2: Measure the behavioural factors and determine those steering the behaviour

- Develop a questionnaire to measure the behaviour and the potential behavioural factors and a protocol to conduct observations of the target behaviour. (Template tools have been designed for questionnaires and observation protocols, and these have to be adapted to the local conditions).
- A doer/non-doer analysis is conducted to identify the behavioural factors steering the target behaviour. (This means that the responses of people who do the behaviour (doers) are compared to the responses of those who do not (non-doers); a large difference in the responses between doers and non-doers shows that the behavioural factor in question critically steers the behaviour and thus can be addressed through behaviour change techniques (BCTs).

Phase 3: Select BCTs and develop appropriate behaviour change strategies

- The BCTs that are thought to change the critical behavioural factors specified in Phase 2 are selected for application in behaviour change strategies.
- A catalogue lists which BCTs are thought to change which psychosocial factor, based on evidence from environmental and health psychology. The BCTs have to be adapted to the local context and combined with suitable communication channels, (together form a behaviour change strategy).

Phase 4: Implement and evaluate the behaviour change strategies

- The strategies are evaluated with a before-after control (BAC) trial. (Behaviour/ factors are measured with a questionnaire and with observations both before (Phase 2) and after (Phase 4) implementing the strategies. Further, a control group has to be formed and measured.

[1] Health Village Volunteers, Health Centre staff and in Dakcheung DHA staff or members of mass organisations such as Lao Women Union or Youth Union from the concerned ethnic minority groups in the communities.

- The differences in behaviour scores and in behavioural factor scores before and after the strategies' implementation are calculated and compared to those of the control group.
- The strategies can be refined if needed. Otherwise, they can be applied directly at larger scales.

For this assignment is focussing on the phase 1, partly in phase 2 (details information for designing BCT) and phase 3 where specific areas of behaviour changes and communication are identified.

13. ETHNIC

Ethic issues and concerns were discussed with CARE Staff and relevant authorities referring to the usual standards in research in reproductive health and child protection with a main concern of do not harm and confidentiality. Several issues were discussed in more detail such as: the risk that the couples will feel shame or embarrassment when they are picked out to be interviewed but in any case they would be told that their marriage is illegal. It was stressed that the research is not about bringing judgmental prejudice but to explore the life of married children and not to refer to the law as such.

In this regards also researchers listened with attention and without being judgmental the stories related by children and their parents and did refrain from raising the question of legality during the interviews as it was not the time and place for it apart with concerned authorities.

The risk that the research was looked upon as invasive was considered as it is of course an intrusion into people's private marital and premarital life but the interview would based on volunteer participation using CARE consent form.

The risk of making the interviewees feel uncomfortable due to a sensitive topic of conversation was considered as it is expected, to collect information regarding child or young woman in reproductive health and sexuality with ethnic minority people was challenging in some regards (language traditional and cultural practices, wariness of outsiders, age and gender).

Consultants had a strategy starting with asking people to share their life and concerns regarding SRH, and having only the young woman interviewing girls in their mother tongue and the same for males.

The training informed the team supporting data collection about how to mitigate these issues, including discussion of related issues such as informed consent, anonymity, interviewing minors, keeping data secure etc.

Training on referral pathways

During fieldwork, the researchers were ready to identify any participating youths who would be facing pressing immediate needs, especially related to safeguarding and health if plausible consider how CARE might help alleviate those needs. Researchers ensured that any disclosure of violence might not lead to increase abuse or retaliation by asking them first if something could be done for victims now as and keeping strict confidentiality. The researchers were extremely vigilant regarding the risk that discussing marriages bring up traumatic memories for the couples, and especially for the girl, so we did not ask any questions that would call from relating or remembering the experience. Any case presenting distress as such would be referred to CARE.

13. SAMPLE

PLACES

CARE field staff selected appropriate 5 villages with the DHA; variables considered for the choice of the villages were: presence of early marriage, ethnicity, level of poverty, remoteness or access especially during raining season and distance to health centre & district hospital, school, access to forest and Non Timber Forest Products, impact of natural disasters, size of populations, main crops, and number of displaced population or history of village displacement if any.

In Dackcheung district villages are: Dak Dor, Talieng ethnic along the main road between Sekong and Dakcheung about 20mn drive before to reach the district capital, school and HC are in the village, Dak Chom mainly Talieng ethnic, 2 hours far from in Dak Cheung district by mountainous trail, school and HC are in the village, no electricity, this new village has been built along a river.

In Laman district, Tuy Dan village is mostly populated with Talieng and some Alak families, 6 kilometers out of the main road by dirt path, next to a large mango trees plantation owned by Vietnamese company, built along the Sekong river, primary school in the village but not secondary; HC is 20mn away but not accessible during the raining season. Lavi Tang Deng village built along the Sekong river is habited by Lavi and Talieng ethnic (including some Lao) along the main road at 10 minutes car ride from the provincial capital; schools are nearby and people would rather go directly to the provincial hospital rather than to the HC as the difference in terms of distance is not so consequent. Ta Oun is a Alak ethnic remote village in a valley reached after crossing various mountains at 2 hours distance by car from the province capital, accessible by paved and dirt trail. HC is about 10 minute car drive and can always be reached. There only a 2 class multi grade primary school in the village and the secondary school is distant. Some children attend the ethnic school in Sekong provincial capital.

SAMPLE

Sample consisted of early married children (especially girls in RA and child mother and father) parents and grandparents (and step parents) of child mother, girls who do not want to be married or married early but refusing to have children at the early age, as well as authorities and key informants in charge of issues of education & health.

The total number of persons met is 103 (F63, M 39) (details are provided in annex).

A total of 54 youths (44 females and 10 males) and 12 parents, with 16 village authorities and 4 VHV (some being also parents) were met in interviews or FGD. 16 government staff including 8 HC staff (F8) and 2 teachers (F1, M1) were also interviewed.

II. FINDINGS (LITERATURE REVIEW AND FIELD) (10 PAGES),

21. LITERATURE REVIEW

211. ECM IN LAO PDR

Apart from general statistics, there has been little research done regarding early child marriage in Lao PDR, but the existing statistics make clear that marriages in the Lao PDR are still occurring frequently at young ages. Lao PDR still faces challenges of early marriage, even though the law sets the age of marriage at 18. According to LSIS 2017, an average of 33% of adult Lao women were married before the age of 18, with 9% of those having been married by the time they were 15 . Of persons aged 20-24 years, 59% of women and 36% of men are married[2]. Rates of child marriage do not seem to be dropping significantly in the present either, with LSIS II (2017) finding that 24% (one on four) of youth currently between the ages of 15-19 were already married.[3] LISIS shows that the percentage of young women (20-24) who married before 18 matches than that of the overall population of women 20-49 (32.7% versus 32.8%).

This puts Early Child Marriage in Laos at one of the highest rates in the region.

According to UNICEF, high rates of early marriage are also linked to poverty and low levels of education—social factors that are common in the communities where CARE works. Within Laos, LSIS statistics show variation across social groups regarding early marriage rates. A smaller proportion of urban youth are married compared to rural youth, especially off-road rural youth, and rates of ECM also vary by level of education and wealth quintile. One of the most significant factors that correlates with rates of ECM in Laos, however, is ethnicity. For instance, the median age at marriage for women in Laos is stable at 19.2 years, but it drops to 17.5 years in the Hmong-Mien ethnic group[4].

Table on early marriage in target areas and ethnic groups in Lao PDR (Source: LSIS 2017 p 295 to 298)

Age	Gender	Laos	Sekong	Lao-Tai ethnolinguistic group	Mon-Khmer ethnolinguistic group	Hmong-Mien ethnolinguistic group
Married before 15						
20-49	F	8%	10%	6%	13%	20%
	M	5%	8.3%	4%	5%	26%
Married before 18						
20-49	F	33%	**37.8%**	27%	42%	55%
	M	13%	19.5%	10%	16%	26%

So far there has been little research on how early marriage in Laos affects the lives of married children, so it is difficult to know whether the same social detriments that result from early marriage in other parts of the world. There is some evidence that there are differences between early marriage in Laos and other contexts,

[2] The median age of first marriage among women aged 25-49 years is 19.2 years, a figure which has remained relatively unchanged in the last two decades.

[3] LSIS II (2017). pp 296-299.

[4] Population Situation Analysis: LAO PDR: p 4.

especially in age differences between spouses. Globally, most cases of early marriage have significant age differences between child brides and older grooms[5]. In the Lao context, however, the age differences in child marriages tend to be much smaller, and often both the bride and groom are still children when they marry. Indeed, Laos is among the top ten countries worldwide in prevalence of boys marrying before the age of 18[6]. Moving forward, it will be important to examine whether the same negative consequences of child marriage exist in the context of CARE target communities in the Lao PDR as have been found in other contexts internationally.

212. ADOLESCENT REPRODUCTIVE HEALTH IN LAO PDR

Lao PDR has also the highest adolescent pregnancy rated in the region due to early marriage, incomplete knowledge of sexual & reproductive health and limited service to appropriate services. A CARE Gender and Ethnicity Analysis highlighted that women in ethnic communities have important knowledge gaps around reproductive health and a number of girl would still deliver at home in huts in the forest[7] (following elder) .

Childbearing often begins early in Lao PDR and, at 94/1000, the country has one of the highest adolescent pregnancy rates in the region[8]. This early start to child rearing is particularly evident in rural areas, where the adolescent fertility rate is estimated at 114/1000 girls aged 15–19 years. Early childbearing and higher fertility rates are also correlated with lower education levels, lower wealth quintiles and ethno-linguistic group. These high rates of adolescent pregnancy are of concern given the increased risk of poor maternal and infant outcomes across a range of indicators. In rural areas, age-related pregnancy risks are often compounded by malnutrition, poor socioeconomic conditions and low levels of literacy and limited access to maternal healthcare[9].

A very interesting article by Prof. Vanphanom Sychareun looks at the determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR[10], it stresses that few studies in Lao PDR have focused specifically on adolescent mothers' access to sexual and reproductive health (SRH) and maternal health services. Even fewer studies have focused on the specific needs of different ethno-linguistic groups in rural areas. This is an important gap because the important socio-cultural differences in marriage and childbearing practices make extrapolating evidence from other settings, including from the dominant Lao-Tai ethnic group, challenging. It is particularly pressing now as rural areas in Lao PDR are being radically changed by rapid modernization processes with the potential for minority peoples' sexuality to be exploited and integrated into a market economy.
It is also important to consider that within many of the ethnic minority groups, while marriage is usually a necessity before childbirth, pre-marital sex often with multiple partners is considered the norm. For example Littleton[11] reports that in some northern Laos ethnic groups, while pre-marital sex has previously been mainly with people from within the village or surrounding village, increased integration into the market economy combined with the perception of minority girls' promiscuity, is contributing to men from outside these ethnic communities seeking opportunities to engage in sexual liaisons with local women, often in exchange for

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5 https://www.unfpa.org/child-marriage-frequently-asked-questions

6 https://data.unicef.org/topic/child-protection/child-marriage/

7 That was not reported in the villages we worked.

8 MoH, LSB/MPI, MoES: Lao social Indicator survey, 2012. In. Vientiane statistics division, Department of Planning and Finance, Ministry of Health, Lao statistics bureau, Ministry of Planning and Investment 2012.

9 Goonewardene IM, Waduge RP. Adverse effects of teenage pregnancy. Ceylon Med J. 2005;50(3):116–20. . Rajapaksa-Hewageegana N, Salway SM, Piercy H, Samarage S. A quantitative exploration of the sociocultural context of teenage pregnancy in Sri Lanka. BMC Pregnancy and Childbirth. 2014;14(1):1–10.
7. Sagili H, Pramya N, Prabhu K, Mascarenhas M, Reddi

10 Sychareun et al. Determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR: a qualitative study, BMC Pregnancy and Childbirth (2018) 18:219, https://doi.org/10.1186/s12884-018-1859-1

11 Lyttleton C, Sayanouso D. Cultural reproduction and "minority" sexuality: intimate changes among ethnic Akha in the upper Mekong. Asian Studies Review. 2011;35(2):169–88.

money or other material goods. The increasing demand for commercial sex and the changing aspirations of young ethnic girls is also contributing these girls engaging in transactional sex as a step to more material lifestyles.

These changes to be explored in the context of CARE villages of intervention in Sekong province show that the expansion of these adolescents' sexual networks beyond ethnic and national boundaries further underscores the need to understand their particular sexual and reproductive healthcare needs.

13. ACCESS TO HEALTH CARE IS A KEY ISSUE FOR YOUTHS

Several publications mention the lack of or limited access to adolescent and youth-friendly sexual and reproductive health counselling and limited information and services, the cost of services, the attitudes of health workers, self-censorship, fear of social stigma and the perceived lack of confidentiality discourage youth to seek health services and information they need[12].

In terms of health service provision, young key populations[13] express a preference for targeted stand-alone clinics, integrated programmes in mainstream hospitals and clinics, and multi-purpose youth centres. Important characteristics of services noted were: confidentiality, non-judgmental health care staff, clinical expertise, and a friendly environment. Self-censorship, costs, confidentiality, location, service hours, and fear of invasive procedures were cited as barriers to accessing services, similar to those reported by female sex workers.

For most of them, attending generic services brought with it the fear that service providers would contact families, disclosing personal and sensitive information, including test results. This issue was particularly highlighted for MARA/MARYP living with HIV who regularly resist attending mainstream and government clinics for fear that their confidentiality will be breached.

One study should allow to define what are the most important messages, by who? And how to phrase them.

214. SRH AND ETHNIC MINORITIES

The research occurred in district mainly populated by Mon-Khmer ethnic groups. The ethnic minorities in the province of Sekong can be categorized as indigenous people with a distinct social and cultural identity from the dominant society belonging to the Mon-Khmer ethnolinguistic group. The household is the main unit of labour and the women are the main labour providers, they work until the very last day before birth, and it is quite unusual that they husband or whoever would replace them in doing the heavy daily women chore such as carrying water, fuel wood or pounding the rice. They are responsible for the household's food security in terms of production, small animal husbandry and forest (food) products search, collect and processing. Food sufficiency is the villagers' and especially women's overwhelming concern. Lacking alternative livelihood options, villagers make up for the shortfall in agricultural production by using forest resources for subsistence and income generation, becoming the main subsistence items making a vital contribution to nutrition and household food security but this process is severely compromised by the increased scarcity of NTFP. At the most difficult time people would eat whatever they find as edible and would not eat in normal time.

Not much has been written in Lao PDR regarding minorities regarding SRH apart from some reports concomitant to the construction of new road in the North and the propagation of HIV-AIDS. In one ADB report (2001[14]) it is stressed that, *"Health education that encourages preventive health practices clearly has the potential to make a difference to combating these diseases and to improving the health condition in the highland areas. Highland areas however are least likely to receive health information as isolation does provide some*

[12] Adolescent and Youth Situation Analysis Lao People's Democratic Republic "Investing in young people is investing in the future" Lao People's Revolutionary Youth Union, LYU, Lao PDR, 2014, Vientiane.

[13] Rapid Assessment: Most-At-Risk Adolescents and Young People to HIV in Lao PDR. UNICEF-OH, Bangkok, 2011

[14] Health and education needs of ethnic minorities in the Great Mekong Subregion, ADB, 2001 p15

prevention from infection, it also limits the entry of prevention campaigns, and because most prevention campaigns are presented in the national language, they do not often reach a large percentage of the ethnic population."

"Ethnic communities, particularly those living in remote areas, have less access to education and information in their own languages. As a result, many youth drop out of the school system and start moving to look for employment in the cities or abroad. They could become targets for exploitation and abuse, as many cannot read and write properly and have limited knowledge about their rights. Ethnic minority populations require prevention packages suited to their cultural and linguistic specificities.[15]*"*

In some areas, ethnicity additionally limits access to information because of language barriers. [16]Stakeholders identify a lack of health services targeting young people. Ethnic minority populations require prevention packages suited to their cultural and linguistic specificities but some other experts are quite evasive and think that isolation or being far from main society is protecting these people[17]from the HIV-AIDS epidemic but regarding SRH and early pregnancy the remaining main issues to be addressed is access to health and education service.

215. BEHAVIOUR CHANGE IN SEXUAL AND REPRODUCTIVE HEALTH IN LAO PDR

Teenage pregnancy in Lao PDR is still a problem: 19% of women become mothers before the age of 18, which is the highest rate in South-east Asia. Finding from the a study conducted in 2017 among university students in Vientiane has shown that health literacy among adolescents ,[18] and the high teenage pregnancy rate in Lao PDR indicated that the lack of sexual knowledge and effective sexual education among adolescents[19] [20]. Because most school adolescents had inadequate SRH, comprehensive sexual education and enabling information as well as access to adolescent services is essential[21], therefore there would be a need to adopt behaviour change communication strategy to empower that adolescents have equipped good knowledge, positive attitude and ability to apply SRH knowledge into making right decision to benefit their own health.

Social and behaviour change communication (SBCC) is the use of communication to change behaviours by positively influencing knowledge, attitudes and social norms[22]. Many health development programmes in Lao PDR have integrated SBCC as part of strategic plan. National Nutrition Strategy (NNS) 2016-2025 has developed Social and Behaviour Change Communication plan for nutrition[23] using inter-personal communication approach and mass media to educate and change their attitude and adopting desired behaviour. Radio programme has been used to advocate the health issues to gain support from decision makers and influential groups of people at the implantation level but this was not evaluated.

As social media has been increasing in popularity among people of the Laos PDR, especially adolescents and young adults, this research will be looking into how social media is being utilized, what platforms could be

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[15] NSAP P 19

[16] Rapid Assessment: Most-At-Risk Adolescents and Young People to HIV in Lao PDR. UNICEF-OH, Bangkok, 2011

[17] Lemoine Jacques, Social fabric education and HIV vulnerability among the Lanten Yao of Muang Long, Luang Namtha province, Lao PDR, Unesco Bangkok, 2012

[18] Runk L, Durham J, Vongxay V, Sychareun V. Measuring health literacy in university students in Vientiane Lao PDR. Health Promotion International, 2017.

[19] World Health Organization. Early marriages, adolescent and young pregnancies. Report No. Sixty-fifthworld health assembly 2012; Provisional agenda item 13.4, WHO, Geneva.

[20] Lao People's Revolutionary Youth Union, Lao PDR & United Nations Population Fund. Adolescent andYouth Situation Analysis Lao People's Democratic Republic; 2014.

[21] Sexual and reproductive health literacy of school adolescents in Lao PDR. Viengnakhone Vongxay, January 2019.

[22] C-Change. 2012. C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC). Washington, DC: C-Change/FHI 360.

[23] Ministry of Public Health: Social and Bahaviour change Communication Plan for Nutrition – Lao PDR, July 2017.

good influential for their behaviour adaptation and preference applications, including ability, community influential figure and cultural practices related to EMC and SRH.

22. LIMITATIONS OF THE STUDY

This research was limited in a number of ways, both due to its small-scale nature, and due to the challenges presented by researching such a sensitive topic with a vulnerable population. Some of these limitations are presented below.

The research relied on a small sample (see description of the sample) interviewed on a single occasion. Similarly, the interviews were conducted in only five villages in Sekong province. Furthermore, interviewees were selected primarily based on availability rather than on more robust sampling methods, and even of the prospective interviewees identified, many were unavailable due to farming activities. As a result, the data may not be representative of the overall population, and although some themes and conclusions can be drawn based on this sample, a larger group of informants will be needed to develop more general and representative models.

In addition, this research was not able to interview all of those whose voices may have contributed to a fuller understanding of the early marriage situation in the target communities. For instance:

- The vast majority of interviewees were Talieng and few Alak or Lavi, so there is a remaining need to better understand early marriage among other ethnic groups.
- In multiple cases, parents of early married children were not interested in joining in research discussions.
- Questions can also be raised regarding the reliability of the data collected, particularly as a result of the sensitivity of ECM and SRH issues.
- As expected collecting information regarding child or young woman in reproductive health and child rights with ethnic minority people was challenging in some regards, this was even more difficult because at the very last minute we understood that CARE did not have yet the youth volunteers whom we planned to train and work with. These volunteers as peers who have help to find, make appointments and introduce us to other youths.
- Addressing sexuality proved instead to be quite easy, the common understanding in these villages is that sex is good and should not be restricted, informants at all levels related how sexual intercourses happen, where, with who… We asked girls and boys to report about other girls and boys not about themselves as such but in general to make it easy; but in fact sexuality was the easiest part of data collection and youths and parents talked about it without being shy, some girls even saying that they can make money with sex.
- We did not cover homosexual relations (one book reported as being considered as non-important in the ethnic group[24] because what is important is marrying and it was not seen as an obstacle to marriage).
- Language is a main issue mostly for youths who did not reach M4 (Grade 9th) so we had to rely as translator on staff from HPA, Health Centre or mass organisations village representatives or VHV, these adults persons were kind of figures of authorities making it difficult to discuss sensitive issues.
- We could meet over 100 persons see attached table but it was very challenging as village authorities were not prepared and **we did not have a list of youths who married at early age in each village** so in some case you just could manage to find them by snow ball technic or walking around in the villages.
- Authorities rather said that they did not know and there were not or very rare but we could find also by ourselves by asking around and snow ball effect.
- Most of the villagers went to work out side of the village in field sometimes very distant and would be back only after our departure, due to COVID-19 we could not stay overnight and missed some interviews

[24] Barbara Wall, Les Nya Hon, Vithana-CNRS, undated p 57.

- The last village we worked in Ban Ta Oun is indeed the really target for CARE activities[25] because it present a high number of early child marriage, of early pregnancy, a number of young mother having miscarriage or stillbirth. The level of education is low and the awareness also. It seems also that a high number of girls ended in being single mother as the father of the child abandoned them while traditions allows for some facilities in this regard.
- Use of connected mobile phone proved to be very rare thus restricting all the investigation process in this regards, and we could not collect so much information.

It is also important to mention ethic limitation in the sense that at the present time, the team had no answer facing the distressing situation of single mothers especially in Ta Houn village after the father of the children separate from them and do not provide any support; this situation that is comforted by social and cultural norms that should be addressed by the project23. ECM

REASONS FOR MARRYING YOUNG

While reasons boys and girls marry young might vary, some key reasons are given below:

- **Love.** Youths express the desire to be together with the one they love.
- **Lack of interest in school.** Some youth believed that studying is worthless, and that continuing their studies would not improve their lives in any way. After dropping out, marriage often followed soon after.
- **Feeling that marriage is a good step to take at this point in time before being pregnant**. For many of the youth, marriage was seen as a natural next step to take at this point in their lives because also they were confronted with the risk of being pregnant so once they have regular sexual relations with a man they should marry without too long delays.
- **Pressures or choice from parents** mostly on girls (detailed after).

We find very diverse situations according to the villages but there are no statistics no book in village as marriages are not recorded. We have the feeling that village leaders and authorities do not want to report anyway as they know it is illegal. In all villages, we found a number under 18 years old married girls but not always boys who might be themselves 18-20 apart from Ban Ta Oum. The village authorities said people married when they are around 18 years old, while the boys could be a little older and the girls are a little younger.

Most of married women before the age of 18, would have children right away (if not before). They said this is their tradition of getting married young and have children. The main advantage seen of marrying and having children young is to have more labour force for the family to improve their socio-economic. Children are not perceived as costly consumer (as may be some unmarried teenage girl) but as helper and producers so a large number is not seen as a major obstacle and women will not wish to use contraception before they have 4-5 living children and men are very much supporting this trend because they want boy to help them in the field as soon as possible. Child mortality rate is another factor that could be influencing the contraceptive use but it has not been investigated. The main disadvantage poorly reported is that there is a risk of giving birth and not healthy as the mother is still very young, her body is to small making delivery difficult and the couple do not know how to raise children properly.

Some adolescents said that they have heard about early marriage from school. But no details were given.

Many of them said that they would talk to their parents on this issue if needed. Parents are the one who give permission for marriage and pay for the price of the wedding depending on where the couple is going to live (male or female parent's house).

[25] We met with 2 youths who could be leading activities with youths, they are already well informed, have experience, the female one is divorced after early marriage and owns a mobile phone, they are very talkative and motivated to intervene with peers.

ECM &.SCHOOLING

Schooling is indirectly and rarely impacted by ECM and teachers were not able to report a number of children who would leave school to get married but said it happens from time to time.

Most youth we met with dropped out for financial reasons or to support their family. Married youths told also that they had no interest in study, did not study well or did not see any benefits for their life in studying more. Only a small handful said their decision to stop going to school was directly related to their decision to marry. This seems to show that although there is a correlation between marriage and dropping out of school, it may not be a direct, causal link. It could be that the link between marriage and school drop outs is mediated by economic factors, with poverty contributing to both school drop outs and early marriage, but further research would be needed to confirm this.

The rate of drop off between primary and secondary school depends on each village and probably impact the rate of early marriage. In remote location it is possible to find teenagers still being enrolled in primary school (Ta Oun, Dak Chom). In Ban Ta Oun not all children even attended Primary school and reached P5. In other villages instead (Tuy Dan, La Vi Tang Deng) attending secondary school might delay age for marriage but the real gap is high school (M 5-6-7). Distance to the secondary or high school as well as poverty level are key factors in determining if the children will continue to study or marry. In Ban La Vi Tang Deng most of the youths are going to the neighbouring secondary school.

CARE should try to find the exact statistics in this regard as it will inform about the usual level of education in communities.

Although youth may not directly link their decision to drop out with their marriage, after dropping out, most youth married shortly after

ECM & CHOICE OF PARTNER

Parents, authorities and males would say that youth marry because they love each other and they met at school or in the villages. Most of them if not all, would have sexual experience before the marriage, with their partners and others as youths sexuality is not restricted and widely approved.

Most of marriages result from some previous sexual encounter in the wife's house.

This freedom choice is not so supported by stories related by early married girls who related being under strong pressures especially from their mother who might ask for the young man to marry the daughter (see below).

Parents still want their children to marry soon especially girls if they left school and had sexual encounter because they are afraid of early pregnancy that must lead to marriage with the father of the baby, (apart in Ta Oun village where ethnic Alak men said that offering to spirits might allow escaping from marriage) mostly consisting of one buffalo and one pig. It seems that in other Talieng villages, while offerings are also part of the tradition to appease angered spirits when one girl is pregnant while not being yet married, the usual issue is just to get married.

Especially when parents are poor, or when father or mother passed away there will be a strong pressure for son or daughter to marry early. Parents might find and suggest a man or girl in order to have labour. It could be the boy who went to sleep with the daughter even if they had no intention to marry. Pressure on the daughter is especially extreme is the father is dead and mother still have some young kids to raise, then the son in law would live at his wife's house (uxorial-locality). Pressures from peers also lead girls to marry especially if they get older.

24. TEENAGERS SEXUALITY IN VILLAGE

Having sexual intercourse is a good thing for everybody and even being married or not is not important as such in this regards only some restrictions might apply for married people to meet with others (but not for everybody).

Flirting practices are recognised and socially accepted. Most of the girls over 13 to 17 reported having boyfriends mostly from M2- M3 and sleep with him about 2/4 times per months at their house. Fathers and mothers reported similarly that the same boy (or not same as they do not know) would come to sleep 2/ 3 times a month with their daughter. Parents usually do not ask much about who is going to sleep unless they feel the need for their daughter to marry.

Teenagers said they might change partners if they feel like, but parents said that it is up to them *(in Lao tam chay louk)* but they should love each other. Youths usually sleep with youths villagers whom they know, they might take as a spouse after some time or each other might look for another experience.

OCCASIONAL COMMERCIAL SEX

There are hazardous sexual behaviours for unmarried youths in Talieng and Alak villages. Some girls said that if some boys want to sleep with them but they do not love them, they have to sleep somewhere else and he has to pay. It can be nearby in any place that is comfortable enough or some field huts. The level of awareness regarding STI/HIV and use of condoms seems to be low especially within villagers.

In villages near the main town or along the road, a number of village girls is proposing occasional commercial sex to outsiders in the village or they would go to find clients in beer shops nearby (against money or gifts). Some girls from remote village might also go to meet with men at the capital of the province (we met one case who told us explicitly).

Some girls said the boys who pay are not their friend and they have to pay as much as they want: 300 000 kips or 500 000 kips to one million for one night but it depends, it can be 150 000 kips as well if they know the boy and feel good with him. It could be village boys but mostly young men from outside from Vientiane and other provinces who come to work here, these boys from outside can find girls while walking in village and asking for sexual relations. As described below, it is usually understood that men would be the ones to bring condoms.

Girls said that they use money to go to school and buy materials for school and school fees, buy clothes, buy telephone (may be that is why women have more phones than men), buy cosmetics (powder, perfume, make up, lipstick…). Telephone might be used to find men as friends or for sexual encounters. In Tuy Dan and Lavi Tang Deng, some students' girls said that girls are going to beer bars and bar employee or owner gives their phone number to inform clients in need of girls.

Few village boys would find girls in beer bars due to lack of funds but they did not deny that it might happen.

For village authorities and parents, the common understanding is that it would be very exceptional that an outsider would come to sleep with village girls at their parent's house, if this had to happen it would be out of their village in a guest house. However some village authorities said that some parents who are poor especially do not mind if some boys come to sleep in their house while he is not the boyfriend and makes some gift but that is not the habit or tradition. One village leader has been reported getting 20 000 kips from outsiders to be in touch with local girl of their villages, but others said that they would never engaged in such a transaction.

One married woman reported that she was tired with her husband and she prefers him to sleep with other woman he is too strong if he wants to sleep with me he can but if we want with other.

Mobile phones, motorbikes, media, cash are changing relationship that villagers had with sexual partners from friends they might become kind of clients because sexual relation is turned toward a commercial service that allows to get clothes, cosmetic and phone . While before sexual practices lead to family strength now sexual contact might turn also to a consumer commodity. Young men and women accept sexual partners without anticipation of marriage and commercial service providing is occurring with local girls facing the risk of being engaged in providing sexual services to local men or migrants workers.

USE OF CONDOMS

The use of condoms was poorly reported apart from Ta Oun village where boys would go to ask condoms at the nearby HC. Youths do not protect themselves mostly when they know each other.

It seems that condoms are not widely used to prevent from STI/HIV and even less from pregnancy.

About AIDS girls said being not afraid as the boys they do not know would use condoms, if it is boyfriend they do not use condom. If client he should bring by himself and if he does not have can sleep but depends on him if he looks good can sleep. Girls would never buy condom. Indeed, young women who purchase or get condoms might be seen as immoral.

More research on the knowledge, attitudes and practices on condom use of adolescent in this target is needed to gain a better understanding of the situation in order to plan intervention and maximize the condom use of the target adolescent group.

25. EARLY PREGNANCY

Knowledge about contraception and prevention of STDs is higher or easily expressed for men.
The couples and the community at large appeared to lack awareness of the health risks associated with adolescent pregnancy. In the communities studied, having children during adolescence was generally not seen as a problem, and families were often supportive of couples having children when they were still young as young women must show that they are not sterile.. Early pregnancy is seen as good by most of informants though some adults expressed concerns about the physical health of adolescent mothers mostly for delivery.

Most the young couples had already had children within their first year of marriage but some lost children also (especially in Ta Oun village) it was reported that many babies died after birth or before as a result of miscarriage without being reported by HC.
It is expected that children born when parents are young will support them few years later so the sooner the best.

USE OF ANC/PNC SERVICES

In general, knowledge about SRH was limited among the young couples, and particularly girls, and married girls' levels of knowledge varied even within the same village depending on how far they attended school and session in the village (showed or not interest in the issues).
Prenatal mother and child health concerns, including avoiding falls or injuries that may trigger miscarriages or premature labouring are not well understood such that pregnant women would need to stop to work or avoid heavy work as a result girls will work until the very last day and come back to work soon after delivery (that might explain miscarriages). Being mostly illiterate and with a low ability to speak and understand Lao language, young ethnic women are very vulnerable.

The use of ANC/PNC service is very variable use according to the places and seasons (difficulties in crossing rivers). Some HC report a good attendance for ANC/PNC some not at all. The rate of medically assisted delivery is also variable with still high rate of home delivery without medical assistance at all (TBA sometimes only). Serious concerns are reported by HC staff regarding mother and child nutrition. Not all HC have staff are able

to speak the local ethnic languages that create challenges for both staff and patients. Women would show then with somebody being able to translate for them, sometimes their husband. Lao speaking staff usually does not make an issue about it.

CONTRACEPTION & FAMILY PLANNING

Contraception is generally seen as topic relevant only to older married women who already have enough children, and not for young women who have just started families. There is no need before and after marriage until one has 3-4 children.

Use of modern contraception is mostly to limit birth because women do not want to have any more children and not the ones who want to have more children in the future as use temporary methods.
This, in addition to the lack of service availability in proximity, severely limits the number of young couples accessing family planning services.

There is little knowledge in general apart from condom use for STD/STI and serious concerns regarding the consequences of using contraceptives mostly if one does not have as many children as expected (getting thin or fat, weak or dizzy or even death).

Males would withdraw to avoid pregnancy when they have sexual intercourse with a friend in the village.

In Ban Ta Oun the day after our coming (26/03), a number of women (12) were to be sent on volunteer based to the provincial hospital to receive contraceptive methods: they had already at least 3 children (4 mothers under 20 years) they would use Injection and IUD. According to PHA, they can't use pills because they forget and some will not go because they are afraid of getting tired & thin

26. HOW SOCIAL NORMS AND GENDER INFLUENCE EARLY MARRIAGE AND SRH?

Some cases might provide an introduction to the gendered social norms exerted on girls or young women regarding marriage and SRH.

A. TRADITIONALLY FORCED MARRIAGE AFTER PREGNACY AND MAN ABANDON HIS FAMILY

At Ban Ta Houn, K, 20 years old Alak woman married at the age of 17 while being pregnant and she has now a 3 years old son. She never went to school. Her husband married her while still being married to a first wife. After she gave birth to her son, her husband gave her a buffalo and a pig as a fine as to make her pregnant. She had some health problem after giving birth, which did not allow him to have sexual intercourse with her and she was forced to stay at home, she could not work hard. So he left her to be with his first wife and never came back or gave any support to her or the boy. Her health problem still persists, she feels weak, and her son's health is not good he is often sick. She is living in a poor condition with no major incomes. Her income was from herbal medicine that she found in the forest and sold it at the village for 300 to 1000 kips. K reveals that a main problem is when her or her child are sick, nobody can send them to the HC or the hospital due to lack of fund and transport. She said *"I can only take traditional medicine I have found in the forest. My life is very difficult. I have no money and cannot buy any cloths or anything for my son. In the future, I wish to have a good husband who can support me and my son"*.

None of the marriage in the village is registered so legally nobody is married! K did not report seeking help from traditional leader or village authorities as she is just confronted to a situation that seems to be quite frequent in this village.

B. PREGNANCY AND FORCED MARRIAGE AT 15

At Dok Chom village, P, 17 years old Taliang girl was forced to marry to a man at age of 15. She was pregnant and gave birth to a child at 16 years old. She is now felt a bit better now compared to when she was forced to married him because of her pregnancy. She is pregnant again as the couple wants to have 4 children (2 boys 2 girls). P did not really want to marry that young man, but he came to her house and slept with her and her parents wanted an extra labour so they asked him to marry her and come to live at their house. She said that she did not want to marry this young man and start having children immediately but now she must stay with him. She thinks that it is not good to marry too early as they did not know about family planning and some youths have baby every year. The parents called the boy asked to marry P and he agreed but P was not consulted as such in this process as she was pregnant. She is not so happy in her marriage. He wants to have many children and does not want to separate from her but her husband likes to drink alcohol and argues with her. Sometimes wife and husband argue, then the husband would go back to stay with his mother for a couple of days and come back again with his wife. T would like to divorce him but she cannot, as her parents are the ones who proposed him to marry her. If she divorced, T's parents would have to pay back the dowry (ka dong) that the boy's parents gave for the wedding. She thinks now she has to produce 4 children for him.

C. MARRIED BY HER MOTHER WHO CHOSE HER HUSBAND

At Ban Ta Oun, V, 20 years Alak young woman was married when she was 14 years old. She had 3 pregnancies but 2 were miscarriage or still birth at the 7th and 8th months. She married after her father died as her mother said that she could not support the whole family and she should work for the family. She left school when finished year 5 of primary school and then helped the family. Secondary school is far from home, she had no transportation and she could not saw any future if continued studying that would not change her life. She said it was good to get marriage because they would have extra labour for the family. Her mother needed someone to help raising other 5 children of hers and she is the one who proposed the young man to marry with her daughter because she needed a man to raise her 5 younger kids after he went to sleep with V. She thought her husband loved her, but he never helped her during the pregnancies and she was still doing a lot of heavy work at that period of time[26]. The family is poor. They do not have enough of rice to eat all year round. They eat a lot of bamboo shoots and roots. Her and her husband wanted to have children early so that the children bring happiness to the family and could help to improve family life by supporting their parents when they get older. She thought having 3 children was enough and she would go to the district hospital the next morning for having contraceptive devise to put on her.

D. MARRIED UNDER MOTHER'S CONTRAINTS

At Ban Dak Chom, K, a 18 years Taliang young woman just married and had a 5 months old baby. She lived in her family home and the young man went to sleep with her but she had no intention yet to marry him. A reason that her husband wanted to marry her, was that he needed an extra labour for his family. Her mother agreed right the way when the young man came to propose to marry her off; as being already 18 years old, she wanted her to marry without delays. Would she refuse this offer, the mother will look for some other men to marry her daughter. The young woman said: *"I could find by myself and I would ask my mother if she agrees or not, if she did not agree I could not marry, but she did not give me time to find.*

In the communities studied, the role of girls as decision-makers in early marriages, and the extent to which their rights are curtailed by those marriages, are widely varied, and must be examined on a case-by-case basis to be fully understood.

[26] That might explain the miscarriages

While all the adults' informants declared that children and youths married voluntarily because they met and loved each other, various married children or young women reported different stories. Parents, especially mothers, friends and men might exert pressure on them to marry at early age and they do not have much power to refuse. How can they say no to their mother or father? One girl said that she could have proposed another choice but she needed time.

It is a difficult life for women and mothers, who are in charge the burden of feeding the households. Lacking alternative livelihood options, villagers make up for the shortfall in agricultural production by using forest resources for subsistence and income generation that make a vital contribution to nutrition and household food security but this process is severely compromised by the increased scarcity of NTFP leading to uncertainties about what to eat each day. Villagers are very concerned about the growing scarcity of resources. Some families are not able to gather enough even for home use, while poorer households reported difficulty in finding resources to sell and exchange for rice. As forest resources decline, there is growing conflict over time and labour allocation for gathering and other activities, particularly in households that have low labour capacity. This means increasing responsibility and hardship for women in maintaining family food supplies and it has incidence on early and forced marriage: mothers are looking either to get rid of an extra person to feed (their daughter) or better to get a son in law to provide male labour to the family and increase the income (providing this man is labour oriented enough and not alcohol addict).

Women stressed also the lack of solidarity between spouses, how far their husband would help them when they get pregnant? Heavy work in the last months on these high mountains is contributing to early delivery.

The consultant met cases where some changes have occurred in this regards, in villages where proper campaign was organised with local authorities in other provinces. We are not informed if such changes occurred recently in Sekong villages but from what we could observe women even if pregnant where in charge of some heavy labour such as collecting wood or leaves and branches and carrying water with heavy loads.

Another main consequence of gendered role is that married teenagers are supposed to show that they are fertile and can give birth to babies as soon as possible after the marriage; work and reproduction are the main expected function from males and they have to comply to their request of having many children as soon as possible, future labour force that would supply their ageing parents.

Males being a bit more informed that women, might take control on family planning at the early time of the marriage.

EARLY PREGNANCY & SINGLE MOTHERS

While early sexuality is supported, risks related to early pregnancy are not ignored but poorly managed resulting in a number of unwanted early pregnancies at teenage and subsequent forced marriage. Abortion has never been reported by anybody including medical staff and is being denounced as a severe taboo or offense toward spirits.

Boys would sleep with many girls have baby and might change again that the main worry for girls who are poorly prepared to prevent early pregnancy, they might know about condoms but condoms are managed by men only, one girl would not dare to go and ask to the nearby HC staff. The main problem is that there is not other alternative for girls to get condoms in remote villages.

The most common and acknowledged case in forced marriage because of pregnancy, but in Alak ethnic village, it seems that men can escape from the marriage just by making offering and rituals to the offended spirits such as buffalo and pig and can enjoy his life without being made responsible.

Young single mother will be abandoned by the father of the child, and struggle to raise the baby alone without any support from the genitor, that is against the family law in Laos if the father recognised the child but in the village nor marriage nor sometimes births are registered

In Alak village men can pay some offering and not marry the girl (not reported with Talieng or Lavy). It is a very serious issue especially in Ban Ta Oun where there are over 10 single abandoned mothers in village sector only (khet ban). In Ta Oun village, it seems that many men would make young girls pregnant children and then let the mother and child alone. Fathers never even come to visit their child and neither the grand-parents.

Single mothers have to stay with their parents who usually do not reject them (as in other societies) but they might blame them and accuse them to have offended the spirits. Single mothers as other women spend the day to find fish and food for kids and parents. Sometimes parents are getting old and they have to take care of them. It happens that parents are sad and do not want much to take care of their grand-child.

Those single women would like to have husband but nobody wants them as they have already children. Single mothers feel that they have no future.

Single mother, divorced or separated women, widows are known also as potential sexual service providers, young men or married men might show at their house to have commercial sex (or retribution in goods and services such as helping to work in the fields).

If information and availability or access to birth control present some challenges, behind this issue is the question how far young women or teenager do have knowledge, control and power of decision regarding the fertility that they are supposed to show.

ECM; GBV & SVAC

There was no report of GBV violence such as rape or domestic violence such men beating their wife (or reverse) but it does not mean that it does not happen as alcohol is widely accessible and consumed in some localities. Couple might argue and say bad words to each other. Some girls said that they husband used to speak loudly shout at them and do not discuss properly…when there is a crisis one of the spouse might come back to parents house for some days waiting for the situation to cool down.

In case the couple do not agree and would like to separate is more difficult for girls than boys to divorce especially if they have to refund the cost for wedding.

Girl recall also that to divorce means not receiving any more support from the father and it makes survival very challenging.

27. FINDINGS REGARDING COMMUNICATION AND SBCC

271. HOW PEOPLE ARE INFORMED?

Secondary school is a main source of information regarding reproductive and sexual health, as genital anatomy and contraception are now included in the curriculum with basic information on reproductive health mostly at M3 M4. This is backing the reason why to work with school to strengthen the lessons on reproductive health. Young adolescents that stay at school longer would have learned something on the SRH from the school. Teachers said that the lessons were taught with little room for discussion or questioning, so the knowledge they gained may have been incomplete and the lack of teaching materials would contribute to little information being gained by the students such as poster, leaflet or videos.

HC Staff provides health education sessions in the village where MCH and SRH information are part of the talk when they come for injection and nutrition checking. The message is usually delivered in Lao language. They would deliver the information through talking and showing some contraceptive devices. They reported that the audience[27] is mostly composed of WRA who have already children or too many children and might be interested in family planning. Teenagers would not assist and young mothers with a small number of children are not yet interested. They might stay at the back and do not join discussion nor ask questions. Males are not much present.

VHV and LWU members are just some times repeating what HC Staff provided during the visit but not much addressing youths. Younger people who know about SRH may have learned it when they visited the HC for ANC and PNC check-up. Some people, especially older ones have heard about SRH from health staff.

Hardly anyone has heard about ECM as a legal or child right issue. The only organisation who intervened in this matter is the district representative of the Ministry of Interior addressing children at school in Dakcheung district but not every year. Some parents may give advice to their children not to get pregnant and the use of some contraception methods. LYU seems not to have plan to communication with youths on these issue.

Youths of both sex get together to talk about sexuality among themselves in a small group of 3 to 5 people and in less regard about family planning and contraception. The preference of same sex group is strongly argued with some differences between boys and girls in terms of the topic being addressed (girls more on love, affection, avoiding pregnancy), boys more on beauty, dating, preying on girl, and sexual experience). Some boys watched pornographic movies on phones and talked about it.

Most of people said that they have not seen any posters or any visual material in their villages.
TV and radio have not mentioned as usual sources of information. Only a couple of youths said that they have ever been exposed to Thai TV. In Ta Houm village we could listen Lao music for all day diffused from private house with speakers but we do not know the source.

272. Q2. PERCEPTION AND COMMUNICATION: WHO ARE YOUTH LISTENING TO?

There were many answers regarding who the adolescents would listen to in order to change their behaviour over the SRH and ECM issues. Some of them, especially girls, said that their mothers have talked to them, while fathers would talk to their sons giving them advice not to have children before getting marriage and sometimes how to prevent from HIV/STI. Crossing data, it happened that interviewing children after the parents (members of village committee), information was found not to be consistent. While those parents said that they talked to their children (that is the politically correct answer), children said that their parents never talked to them. However in this regards, further study is need to see how information is being shared and discussed between parents and their children. This would help the project to determine whether or not parents would be a good influencer for the target adolescents.

However considering that sexuality seems not to be a taboo in these communities and that parent are happy about having their teen age children enjoying sexual life, the main concern is to prevent unwanted pregnancy, and there is an opportunity to address SRH and HIV/STI prevention issue with the parents.

Regarding reinforcing the law on ECM, most of the youths said that people that can influence the change would be village authorities, health personnel and parents.

Village authorities and parents said also that health staff and parents may be able influence adolescents' behaviour.

[27] if any as in some season where villagers are working in the field, they would hardly show in village in day time.

Youths mostly called for health staff such as doctors (from province or district hospitals) to bring knowledge to them, as it was considered as a health risk. Therefore health staffs need to be equipped with materials and skills that can communicate with adolescent effectively, for example: how to draw youth into in-depth discussion, use open/close ended questions, verbal and non-verbal communication and make conclusion.

Youths feel that VHV and mass organisations representatives are not knowledgeable again and need to be trained before to address them and then they could be in charge of repeating messages from the health experts. However, it is to be considered that the youths did not mention VHV and LYU or LWU representatives as persons to talk with, probably because they represent some kind of normative authority and they would feel shy to look for advices from people they would meet at any time in the village for private issues such as SRH. Some youths said that they do not talk to them because they think that they do not have expertise that is probably true, so once VHV and LYU or LWU being properly trained to be trainers, they might be able to contribute to SBCC.

The issue of ECM is probably more a challenge to address as not many people see any problem in this regards. Even village leaders who declared that some changes would be good said that they need support from concerned authorities such as village police and Ministry of Interior from district to remind the law and call for its reinforcement.

As per findings, we could see that **there is no one particular way or channel that could change the behaviour of the target adolescents. It should be a multi-disciplinary approach to reach for both primary and secondary groups to improve the SRH and ECM in the community.**

273. OWNER SHIP AND USE OF MOBILE PHONE AND INTERNET

Ownership of phone that can connect to internet (smart phone) is low. Most of the interviewees said they have no telephone. Some of the ones who do not have telephone said their phones were broken and had no money to repair. Most of people who have telephone in the village are adults who have normal mobile phone, and only small number of youths has smart phone and no adults.

In general internet signalling is weak in many villages, especially in more remote areas. Many of them said they would top-up for internet fee when they have money, despite of saying that they often connect to the internet. The ones who have smart phones may let their friends look at it altogether and so the group would gather around to look at the screen but the owner keeps the phone in hands so other ones have limited skills in terms of use. They play games on their smart phones and sometime play on-line game with their friends where internet signal is strong and stable.
Youths would access to YouTube and Facebook where they like to listen to music, watch films, documentaries and other entertainment materials, most of them said they have also used messenger to communicate with their friends. Using smart phone is mostly for fun only some students of them have mentioned that they also use google to search for information. The people who have smart phones would share and watching films and listening to music with their friends.

No one said that they can find information related to ECM and SRH on the internet. The ones who own smart phones were mainly teenagers and young adults including young teacher and living in village close to Lamam district town (Lavi Tang Deng and Thy Dan villages) where internet signals is better. Only one young divorced woman who spend some time at province capital had a smart phone in Ta Oun .

It was also found that a few boys used their phone to look at sex movies and show their genitals but no to show sexual intercourse.

274. THE SITUATION RELATED TO COMMUNICATION AND BEHAVIOUR CHANGE

Smart phone and internet system have been using for commercial purposes for the past 30 years to increase their sales and revenue. For the 10 years, there are numerous applications for game that have been developed and provided for free downloading. Youths that were interviewed that have smart phones have mentions that they have experienced and enjoyed playing game on their phones. They have also said that they accessed to YouTube and Facebook where they like to listen to music, watch films, documentaries and other entertainment materials, most of them said they have also used messenger to communicate with their friends. Using smart phone is mostly for fun, just only some students mentioned that they also use Google to search for information. People who have smart phones would share and watching films and listening to music with their friends.

Unfortunately, all of the older people (adults, authorities, health and education staff) said that have normal mobile phone where they can make and receive calls, they do not know much about the internet and application.

Beside this modern technology, people, including youths, would get together when they are free to talk, mainly on everyday life topics.

275. MAIN CHALLENGES IN COMMUNICATION TOWARD SBCC

Most of the people interviewed said that they like to receive SRH related messages from health staff, as they are authoritative figures providing health services to the community. But due to limitation of man power, health centre and hospital staff cannot pay regular visit to villages and schools to provide health talks.
Lack of language and communications skills capacity are also constrain for the health staff to deliver required messages effectively.
Another barrier in providing health messages to reach the target populations is that a small number of villagers, including youths present when health staff visit to give services and health education. Many of them work in the fields and only elderly people and mother with young kids may come for immunization and some may stay listen to the talk. The ones who stay for health talk may not feel comfortable to ask any questions related on sexual health, as it is sensitive to discuss in the open session. Youth would even more shy to discuss about SRH situation and the use of contraceptive methods if they are not married or just married because they are expected to have children.

The majority of people could not give much answer or suggestion on how best could utilize smart phone in order to provide information on SRH and ECM. The main reason was that they do not have smart phone and no knowledge on internet system.

Unmarried women and female youth did not think much about family planning. Young and unmarried females may be in the field or at school when health staffs visit their village. Young married women do not normally thinking of family planning, as many of them want to have children right after they got married. They may pay more attention to using contraceptive service after having 3-4 children.

Village authority and few educated people in the village may know about the legal age for marriage, but this issue of getting marriage after 18 years old can hardly be enforced as nobody is ready to listen about this. Authorities just let the traditional norm overrule the national and international laws.

III. RECOMMENDATIONS FOR SBCC STRATEGY

A mixed of interpersonal and mass communication strategic approached should be adopted for changing of knowledge, attitudes and practices toward SRH and Early Marriage among adolescents in the project area. With an increasing and availability in telecommunication technology, internet and smart phones would play a good role in providing information that would direct target adolescent and young adults and influencing changes in behaviour change.

We would be able to divide target group into 2 – primary and secondary. The primary target group is the adolescents to change in knowledge, attitudes and practices; and elderly and adults in the community, including village authority are the secondary group where changing in knowledge and attitudes are required to change the social norms and enable the environment to promote the change in adolescent behaviours.

31. ANSWERING QUESTIONS

Q1. WHAT IS THE BEST WAY FOR ADOLESCENTS RECEIVE INFORMATION AND MOST LIKELY TO MAKE CHANGES IN THEIR LIVES?

Both **interpersonal and mass communication approaches** should be adopted for adolescents to receive information and make changes in their life.
Information and messages should be targeted to change their knowledge, attitudes and practices toward SRH and ECM.

Followings are some of the main knowledge, attitudes and practices that need to be targeted, but further study to refine the messages and quantify different behaviours is needed to be conducted.

	Techniques	Messages
Knowledge and risk	• Providing facts, advantage and disadvantage	• Legal age for marriage • Potential health risk for both mother and baby • Different contraceptive methods • Risk of contracting HIV/STI
Attitudes and Norms	• Suggestive appropriate self and social behaviour and pressure	• Benefits and cost - health and economic aspect • Emotions – pride, joy, disgust • Confidence in performing - • Other's behaviour – awareness and knowledge on the early marriage and reproductive measure • Other's approve and disapprove - perception of those related behaviour
Practices – infrastructure and ability, and planning	• Build ability/confidence and personal planning and self-monitoring	• Legal advice and reinforce – village administrative • Pleases for service – VHV, health centre • Ensue with equipment and tools – condoms and contraceptive devices • Action planning – what, when and how to do • Action control – self monitor

Messages to reach both primary and secondary target groups must be designed and developed to suite the local situation, where traditional practices and language are taken into account.

Social media and android based programme should be developed and used to target directly to adolescents and young adults, although ownership and access to internet are still low but it could make positive contribution to changing in adolescent's behaviour toward SRH and ECM issues in a longer term time frame. Android based games, audio and video visual materials on the topics could be developed for adolescent to download to play at their own convenience. Songs and story lines of video materials in the main ethnic language in those target areas should be considered. Participation of youths in those areas should be encouraged to make the materials more relevant and appealing to the target group.

Most of the youths do not participate in village health talks, which could be one of the reasons that created a big gap in knowledge and perception toward their behaviour change. The lack in participating of youths at the village health talks could be caused by how the sessions have been organized. It might be best to have a session with adolescent and young adults alone where they would feel more at ease to listening and more comfortable to open discussion where there are no adults listening to them and over shadow their opinion.

Peer approach is another potential method to reach them effectively that has been mentioned by the youths themselves as they would feel more comfortable with in discussing SRH issue face-to-face, if the peers are being equipped with appropriate knowledge, skills and tools.
Female and male role models could be developed with an aim to influence changes in their attitudes and increase problem solving skills in tackling the use of contraceptive tools and prolong marriage for later age in life. These models could be shown as a kind of figure in cartoons, sketches, short films as become familiar for everybody in the community as local heroes. Role models normally present as a real person rather than cartoon figure. In order to create role model, it should be considered to select person/s that can relate to through their culture, popularity, status, etc.

Existing village loud speaker system could also be utilized through equipping them with appropriate skills and addition tools as needed to disseminate the information. It would start with short training of the announcer on SRH and ECM; familiarize with materials that would make available in their villages – print and audio materials; way to utilize the materials (especially audio – jingles, stories and songs) effective way to communication with people through the loud speaker system; and contact points for more related information – health staff, village authority, VHV. The project needs to conduct a quick survey to see are there any existence of the working loud speakers to be used.

Information and messages targeting secondary target group, especially parents and village authorities should be developed in order to change their knowledge and attitudes, as well as practices in addressing ECM and legal reinforcement which are being set as a social norm. Health talk and appropriate tools should be developed increase knowledge and visibility of the issues in the village. Visual materials, poster, leaflet and films in CD format should be developed, disseminated and utilized at the village level to emphasis on positive reinforcement messages. For example: benefits of marring when the girl is older, especially for both mother and baby health; and benefit of using condom to prevent pregnancy and transmitted diseases.

In conjunction of providing of information to those target groups, services to serve the behaviour change should be in-placed. People should know where, with whom and how to get those services – where to get condom and pills, who providing it in the villages, do they need to pay and information on to use it, who they can and consult about SRH and ECM and when would be the best time to get those services. Ensuring availability of the services for the target groups are an essential part for appropriate behaviour to be adopted and maintain. The project needs to coordinate with local health and mass organizations staff, whom provide those services are well in-placed.

Following are potential communication channels and tools targeting primary and secondary target groups.

TARGET GROUP	Communication channels	Tools & training needs
Primary target group - adolescents	• Health talk by health staff, VHV and LYU LWU	• Posters, leaflets, audio/video materials • 1000 days education package • Communication skills
	• Smart phone and internet	• Android based games • Songs and short films through Youtube and Facebook • Documentary Youtube
	• Peers group	• Set of SBCC material • Communication skills
	• Schools	• Supporting tools for teacher
	• Village loud speaker	• Prints and audio materials • Communication skills • Contact for reliable information
	• Legal talk on ECM by MOI staff	• Leaflets
Secondary target group - village authorities - VHV, LWU, LYU, teachers	• Health talk by health staff	• Posters, leaflets, audio/video materials • Theatre and plays
	• Meeting toward strategy on legal reinforcement regarding ECM by MOI staff	• Leaflets

LANGUAGE

Language to be used is a critical issue that was mentioned by a number of persons including health staff. The research team was also confronted to this issue accentuated by the fact that some ethnic minority languages present dialectal variations.

Women and the ones who did not completed primary school at least would not understand Lao language.

If versions have to be in various ethnic languages there is a need to ensure that it is understandable by large number.
Communication must rely on drawing that could be understood and oral materials for the ones who did not completed school. Therefore good communication skills would be an important skill to equipped VHV or health staff in facilitating and getting messages across.
It seems that there is not program in Talieng language at the national radio, investigation should be lead regarding the use of other local languages in national or provincial radios.

Q2 BIS WHO COULD THEY LISTEN TO?

Social media, peers and interpersonal communication would be used to provide knowledge, change attitudes, and problem solving skills for adolescent to adopt appropriate behaviours.

With limited of numbers of health staff, village health talk 1 or 2 times a year by district or provincial officers would applicable. But regular health education session conduct by village authority, as well as school teacher and health centre could contribute toward the change in knowledge and attitudes As there are different communication activities to be implemented s each one would make up a whole picture.

Interpersonal communication through village health talk plus appropriate audio and visual materials could be used to increase understand, positive attitudes and improve enabling environment of secondary target group to enhance opportunity of the primary target population to change their behaviours.

School is another channel to deliver messages to the school children as a few interviewees have mentioned that they have learned about SRH from their schools. School lessons on the topics could be strengthening through additional materials that could make children learning in a more fun and interactive way.

Considering that youths are sexually active early, the projects needs to start at an early age (ideally before the onset of adolescence) and provide content that is responsive to the changing needs and capabilities of children and adolescents as they develop and establish a link to the health services. **Specifically, information and education about sexual activity, prevention of STIs and pregnancy, consent and bodily integrity, and promotion of healthy relationships needs to be provided before a person have sex for the first time.**

Ministry of Interior should be involved in enforcing the ECM issue, as it was suggested by village authorities and teachers. Although police has authority to enforce the law but it was said that they cannot change people behaviour easily but they would have more power than anybody else and being not close to villagers they can impose fines that village leader might not dare to do (non-speaking that some village authorities' children married under 18).

VHV, LWU and LYU said that they need to have deeper training on the topics and communication skills to deliver message effectively but being too close as being in the same village youths are also shy to approach them for intimate issues.

Parents of the young couples could play an important role in changing adolescents' behaviour. These elders need to be aware of the risk of the mother and her baby when the mother is young and under nourish. The norm of marriage and have children when the mother is young cannot be changed without changing their knowledge and attitudes in the first place.

Peers approach is an essential perspective to consider as youths would be strong to influence changes in adolescent's behaviour. The project need to find the way to select, define strategy and plans, train, implement and monitor these peer leaders so that they can remain influential. Games, and various activities could be imagined to ensure fun and good participation.[28]

Out-of-school adolescents would need their peers to get messages to them in order to change their knowledge, attitudes and practices using the language shared by youths in the villages that is turning to a mixture of Lao and ethnic languages especially for villages in the plain and along the main roads.

[28] For example: Youth peers educator's activity guide. USAID 2010

Q3. IS AN ANDROID APPLICATION THAT CAN DISSEMINATE INFORMATION FEASIBLE TO CREATE SOCIAL BEHAVIOURAL CHANGE TO ADOLESCENTS REGARDING SRH AND EARLY MARRIAGE?

Android based operating system phone could play a role in channelling information to adolescents and young adults, in changing their behaviour toward SRH and ECM issues. Although ownership of is low at present but they have shared the phones together with their friends to look for information and entertainment materials. Some of the people of whom who have smart phones said they would connect to internet every day. They often connect to Facebook where their friends and peers have been sharing information. They also like to connect to YouTube for music, movies and games. Android based game should be developed into these formats
It is important to consider that if we can expect an increase of the number of mobile phone users those ones are: students of family who could afford to pay for their children, older youths who could earn some money and attained school, girls who managed to find ways to buy the phone. Only a few people for now could be concerned now but we should plan for a longer term aspect.
A couple of female youths said that they would prefer to use smart phone over consult with health staff on the topics. The phone is giving them more privacy.
As a 10 inch tablet that can be also used as a phone cost just over 300,000 kips. It could become one of an essential piece of household equipment. It can replace video player, radio, and other gaming devices. If the project is planning for only 2-3 years; then this Android based application will be an expensive to invest for the short time intervention.

Even if phones screening can be shared de facto a number of groups would be excluded because they are poor or illiterate and do not understand Lao or Thai languages for example.
A way to address this gap is not to limit the phone only to be used for screening because the program should be developed like a game base learning using colorful cartoon characters. Multi-players game would encourage them to share and compete with each other. It would be fun and entertaining.

Every adolescent interviewed said there was not any information related to SRH and ECM through the internet. Therefore an android based operating system programme could be developed to provide information to changing knowledge, attitudes and practices of the target adolescents toward SRH and ECM.
Using smart phone for SRH and EMC SBCC project should be fun and entertaining, as many mentioned that they use the phone for listening to music, watching films and playing games.

The messages should be packaged into a fun, entertaining and gaming ways through quizzes, stories, scenario, songs, etc. The programme should be able to utilize for both offline and online.
While the internet connection is unstable in many rural areas and internet cost is still considered high, it is important that the programme could be downloaded into their phones and could be used anytime and anywhere of their choice at no cost.

In order to increasing effectiveness the use of Android base operating system, ownership and utilization characteristics of the smart phones and internet systems should be conducted.

Q4. WHAT SHOULD ACCOMPANY THE ANDROID APPLICATION OR WHAT OTHER MECHANISMS ARE REQUIRED TO REACH A SBC CHANGE AROUND ADOLESCENT SRH AND A REDUCTION IN EARLY MARRIAGE?

All the interviewees said there were not any visual materials on SRH and ECM available in their villages. There should be as least some posters and leaflets that could remind them on what health centre staffs have come to their villages and talk about the issues. They would also prefer to have those SRH and ECM messages is an entertaining format like movie, scenario and music format on a CD that village authority or HC staff could use in different occasions provided they have electricity and appropriate materials. Health talk by health centre

and district staffs should regularly be conducted. The 1,000 days for RPH educational package developed by UNICEF could also be used by village volunteers in village meeting and with youth groups. The educational materials should be designed and developed with involvement of target participants in order to have suitable materials to be used with the communities as well as using local language and language that could be easily understood by the target groups, along with communication skills for the message disseminators to make the session more participatory and interesting to attend.

Most of the informants have also suggested that materials that could be used to disseminate messages are video – film, CDs, posters and leaflets formats. There was a suggestion from a health centre staff that the format of 1,000 days education package for reproductive health provided by UNICEF would be a tool to use to educate people on teenage SRH.

VDO, use of cartoon and theatre with recorded live plays are plebiscite to show real stories. Cartoon format might not be appropriated for adolescents. It does not look real for many situations. Theatre or play with participation of people in community is more appropriate and more real to them. Cartoon character would go well with games on the Android smart phone system.

People just think that materials alone are good enough but for interpersonal communication, good communication skills would carry the messages must further into people mind

Many adolescents said they have heard something about RSH and ECM from school but cannot recall much. Therefore some support teaching materials for teachers to use in classrooms would carry many messages directly to the target group in relation with the curriculum from the MoE[29]. For the out-of-school youths, materials that should be available in the village could be used through peers approach.

Communication skills is another aspect that would help messages to be delivered through interpersonal communication channels reach the target adolescent more effectively. Health staff and village volunteers should be trained on how to communicate and utilization of the materials in delivering the behaviour change information and messages more effectively. For example the use of open and close ended question, encouraging people to talk, how to open an discussion and make conclusion, verbal and non-verbal communications and encouraging people participation in the session.

Language is another barrier for health staff to disseminate SRH and ECM messages. Therefore health staff should at least lean key words in local languages and working with village volunteers and village authorities when providing health talk in the villages.

The following steps in planning for SBCC intervention are to quantify and measure behaviour factors to change; select and identify behaviour change technique; and implement and evaluate the behaviour change intervention after making final decision regarding Iinfluential and communication channels according to the budget time frame and budget. (See tables in Annex: Potential behaviour factors, Iinfluential and communication channels (qualitative), Measure and determine steering behavioural factors, Selecting behaviour change strategies).

[29] There are reproductive health and HIV/AIDS lessons in the secondary school curriculum. CARE would know about this existence and may have some works with it. The lessons being there, so it won't be too difficult to strengthen this part in relation to the socio cultural context and age of the students.

3.2 SBCC STRATEGIC APPROACHES TO BE CONSIDERED

The findings show that adolescents had learned and received information from various channels but those communication channels could be strengthen in order to reach them more effectively, to increase their knowledge and understanding of the situation, to start changing in attitudes and to accept in adopting new behaviours toward SRH and ECM issues. The followings are SBCC strategic approaches to be considered.

3.2.1 STRENGTHEN INTERPERSONAL COMMUNICATION THROUGH HEALTH TALKS AND DISCUSSIONS

This existing approach, interpersonal communication, has been organizing by health staff at district and health centre. Many people interviewed have reported that they have heard about SRH from health personnel. They have also mentioned that they like to hear more about the issues from the staff, as they hardly come to their villages. Health staff said that they can go to village once or twice a year to give health talk. The project would need to support the visit of health personnel to the target villages more frequent, 3 - 4 times per year. The staff should also be equipped with appropriate communication tools and skills that enable them to deliver the information in a more participatory way. There should be some materials that could be left in the village to remind and reinforce key messages from the health talks and discussions, for example: posters and leaflets on legal marriage age and its benefit to mother and child health.

UNICEF 1,000 days for RPH educational package was developed could be an entry point for the project to utilize as it is already existed in community and health centre. The project should explore how to strengthen the package to include messages on the ECM and SRH for the target groups.

As many people would be working in the field when health staff visit and give services and health talk to the villagers, the agenda for the visit should be adapted and the people prepared to attend should take place and a shorter session should be taken into account.

Language is another constraint that health staffs need to overcome. It is important that they need to be able to communicate correctly to the target groups. Health staff should learn some key words and phrases in local language in order to deliver the messages correctly. They also need to ensure that VHV is assisting during the session would be able to translate the information accurately. Ideally each HC should have at least one staff being able to speak local language.

Village health volunteer is the main person in the village that could be able to hold health talks and discussion with the target groups more regularly. They should be encouraged to mobilize their community with support from village authority to disseminate the information to their villages and youth groups. VHV should also need to be equipped with communication materials and skills in order to make the session more interesting and participatory way.

3.2.2 STRENGTHEN SCHOOL CURRICULUM ON SRH AND ECM

This approach would be directly aiming for school children on age based approach as in some villages adolescents might be enrolled at primary school. The in-school and unmarried youths said that they learned about SRH from school. They have better knowledge and attitudes comparing to young married youths. They would influence and changing social norm on ECM and SRH in a long term. The project should explore way how to work with local primary and secondary schools and equip them with appropriate teaching materials (for example: pictorial charts, models and set of quizzes) to strengthen the existing SRH lessons to provide the information that would empower the youth to build positive attitudes to adopt appropriate behaviours toward SRH and ECM. The approach should be different in primary and secondary school because SRH is not in primary school program as such so older students attending primary school should be considered as a special group.

3.2.3 PEER EDUCATION APPROACH

This Peer education approach would target out-of-school youth, as well as in-school. Although no one in the villages said much about this approach but it has shown positive results working with youths and young adults in SRH and HIV/AIDS prevention in various countries, including Lao PDR[30].This approach would provide a good opportunity for youth to attend and discuss about their sexuality more comfortably, especially this topic is a taboo to discuss openly[31]. Many adults would have negative impression toward the people talking about sexuality. The peer educator would make a positive change toward changes in sexual practices and contraceptive uses.

This would also act as a strategy to empower girls to negotiate their partners when they are ready to have children. Adolescent girls will be able to discuss this sensitive issue and learn skills how to approach their partners to use condoms.

CARE has already established the Peer approach in one of the supported project, therefore it should explore the possibility of extending this approach to cover SRH and ECM in these target villages.

3.2.4 SMART PHONE AND ANDROID BASED APPLICATION

This is an upcoming technology that attracts youth's attention in particular. Youth in urban area where they have better access to smart phone and internet system have received and shared information from different platforms with their friends and groups. Although not every youth interviewed have owned smart phones, but they used smart phone to communicate and get information from friends or others. The one who have would also share and use the phones with their friends for news and entertainments. The application that would be developed should be entertaining, which incorporating with facts and figures and situation that relevant to the target groups. As this technology is becoming more viable and accessible, this smart phone and Android based application would play an importance role in changing youths knowledge, attitudes and norm toward adopting appropriate behaviours in a longer term.

In order to moving into this new technology approach, the project should conduct a rapid assessment on the ownership, usage and characteristics of how smart phone and internet are being utilized in the target areas. Finding should be determent on how proceed with this approach for short and long terms aspect.

33. MAIN ISSUES TO BE ADDRESSED ACCORDING TO THE INFORMANTS

I. Legal age for marrying
II. Early pregnancy (mortality for babies and mothers, babies died in mother's womb, early delivery and social risks of being abandoned by husband)
III. HIV/Aids STI STD
IV. Family planning and contraceptive (side effects, use)
V. MCH and SRH issues : ANC/PNC, being pregnant, delivery, nutrition for mother and child
VI. Women and children rights
VII. Alcoholism and drug issue
VIII. Use of mobile phone and addiction to games (according to some parents)
IX. Gender issues: roles,

[30] https://www.unicef.org/lifeskills/index_12078.html

[31] Selda Polat & al, Peer Training Increases the Level of Knowledge on Sexual and Reproductive Health in Adolescents , JOURNAL OF TROPICAL PEDIATRICS, Volume 58, Issue 2, April 2012, Pages 96-101, https://doi.org/10.1093/tropej/fmr041

It is a difficult life for young women or married children they have low knowledge but enjoy sexual experience; they have many risks in early pregnancy and they do not know the risks.

There is a need to reinforce their knowledge and decision making power. Some are not interested in family planning because they just look for food around.

34. WHAT IS THE POTENTIAL TO CHANGE?

Although there are few existing examples to go off of for how to address this issue, especially in Lao context, this section examines some steps that may be taken to alleviate the issue. The recommendations in this section suggest methods through which change might be mobilised, but also involve inherent risks in a context in which tradition is engrained and those who present opposition could face backlash. If not undertaken carefully, actions could result in an even more harmful situation for women and further hinder future interventions in targeted communities.

Through the interviews and focus group discussions, three main issues emerged as the highest priorities to be addressed: forced marriage, child marriage, and early pregnancy. However, encouraging change is difficult, because although some of the informants expressed their opposition to these problems, none of them were ready to take a public stage to promote their ideas due to concerns about backlash in their conservative communities and the idea that, as family issues, all three are ultimately private affairs. Creating change is also challenging because at the village level, understanding of child rights is often not clear, with parents understanding that the children's primary right in situations of early marriage was the right to choose to marry.

In spite of the strength of traditional thinking, however, some believe it is possible to balance a modern understanding of child rights.

On the whole, informants did not have very many strong suggestions when asked the question of how to confront the issues surrounding early marriage in the future. Yet although some families were unconcerned over the issue of child marriage, others were more progressive, and discussed wanting their children to attend school as long as possible, not wanting them to marry too young, and ensuring that girls could choose their own husbands. Some of the village authorities and clan leaders similarly expressed some progressive attitudes and understanding of international child and women's rights issues. However, it could still be a challenge to find powerful people at the local level to work with to promote change.

IV. KEY OTHER RECOMMENDATIONS: ENABLING FACTORS FOR CHANGE

"An integrated package of social protection, community and school-based education programming, mentoring, labour market and law enforcement initiatives is required to address the unequal relationships and opportunities that face adolescent girls[32]"

A multi-sectoral approach is needed to maximize the potential of youth. Improving access to health services by different groups of young people is needed. Not only the health sector but all sectors have important roles to play to increase advocacy and awareness for health education programmes for young people at all levels for example by incorporating 'life skills' education into national core curricula in schools. Such an approach would involve measures in not only the education and employment sectors to address the skills shortage among youth, but also in other sectors such as health and protection. These would include, for example, preventing early marriage and adolescent birth, promoting reproductive health and HIV knowledge, addressing gender disparities, and combatting violence, trafficking, and substance abuse.

In terms of child protection, children from traditional ethnic communities living in isolated rural areas need special protections. Girls who marry early are less likely to continue their education and more likely to bear children in their teenage years than those who do not marry. Reducing adolescent early union and child marriage, as well as early pregnancy – key targets under the SDGs – must be a priority.

The most important recommendations in order to address the issues surrounding early child marriage in the context of the villages studied include the following **(detailed recommendations are in Annex):**

LOOKING FOR DRIVERS OF CHANGE

is challenging and it is vital that policy and programming be tailored with care to reflect local ethnic realities while recognising the urgency of empowering the youngest citizens, especially teenage girls and boys, with the information and services they need to mobilise youths against kidnapping and any form of early forced and non-forced marriage. These changes should be promoted by youths, but also by local authorities responsible for child protection (including village leaders, village security, LWU and LYU). It is important to find community members committed to change who share some international values regarding child and women's rights.

EMPOWERING GIRLS WITH ROLE MODELS

To encourage them to express themselves raise their voices and make decisions for themselves.

INCREASE AWARENESS REGARDING SRH ESPECIALLY CONTRACEPTION AND PREVENTION OF STD/HIV/AIDS

In partnership with health authorities and village health volunteers.
Adolescents as being biologically and socially distinct from other age groups and acknowledges, mostly in remote areas that need to be considered, they face some specific barriers when accessing SRHR services.

[32] Early marriage among Viet Nam's Hmong: How unevenly changing gender norms limit Hmong adolescent girls' options in marriage and life Nicola Jones, Elizabeth Presler-Marshall and Tran Thi Van Anh p10

REINFORCING PARENTING SKILLS

Addressing challenges and disconnect in the relationships between parents and their children in terms of gaps in communication, mutual understanding and transmission of values[33]:.

ACCESS TO GENERAL EDUCATION:

Increasing access to scholarships, safe dormitories, and transportation, as well as advocating for girls to stay in school, especially after M3.

VOCATIONAL EDUCATION AT VILLAGE LEVEL

Explore the feasibility of proposing some vocational skills training, even if they are short-term, so that youth can gain the skills to support their families at the village or village cluster level.

ADVOCACY

Three main options could be considered:

- Mitigate the harmful impact on married girls by increasing access to resources such as social support, livelihood opportunities, and family planning and maternal health services.
- Mobilise girls, boys, parents, leaders and communities to challenge discriminatory gender norms, address root causes, and create alternative social, economic and civic opportunities for girls.

  Project should address gender and power dynamics including how harmful notions of masculinity and femininity affect behaviors, are perpetuated and can be transformed; rights and coercion; gender inequality in society; unequal power in intimate relationships; fostering young women's empowerment; or gender and power dynamics of condom use.

- Use role models (such as famous actors) and social media to spread short movies and information to disseminate information about the risks and drawbacks of early child marriage and early pregnancy.

  The project should pay special attention to single mothers and call for deep and urgent changes in terms of attitudes and practices toward, that is going further beyond the behaviour changes in terms of SRH.

[33] Looking at activities implemented by Humanity and Inclusion toward positive parenting would be interesting in promoting child rights and improving gender relations.

V. CONCLUSION

In Dakcheung and Laman Districts, children early marriage and pregnancy is still happening, with adolescents entering early marriages and unions for a range of reasons and in widely varying circumstances. In our understanding, this phenomena of child marriage is a result of the pressing need for a greater family workforce in rural families, many of whom, now being connected to modern services such as electricity, running water, and dirt roads, have greater need for a disposable income, and may therefore have extended the land area that they use for agriculture and planting crops. Some youth left school early because they think that further schooling have no benefit to them. Once they have dropped out, they see that the next thing they should do to is to get married, so they can become adults, please their parents. Marrying is considered an important step in life, especially having children to continue one's lineage, as is expected by parents and grandparents where they are influencing the social norm.

There are many cases in which children voluntarily decide to marry in order to advance their socio-economic status and cultural acceptance, it is the right time to do so but in a number of cases young girls are pressured to take husband a man who had sexual relations with them or whom their parents like. Listening to the married girls speak, it is clear to see the complexity of their marriage stories, with multiples layers of constraints placed on girls, and to some extent, boys, that lead them to taking the decision to marry at a young age. Behind early child marriage, organised by children and not adults, there is a wide range of factors that need to be properly investigated in each case. What might be referred to as romance could in fact hide some constraints on girls, and in some rare cases, boys as well.

Pre-marital sexual relations are widely accepted in the villages, traditionally sexual intercourse happens at the girl's house and should lead to marriage even if change of partners is accepted provided there is no pregnancy. Very low knowledge about HIV together boys having motorbikes and some girls mobile phone increasing coverage for sexual partners who are not restricted to their village and neighbouring villages in walking distances, makes youths very vulnerable.

Social norms are that upon marriage young brides bring them stop their education for marrying and begin to have children very early. Young brides are more vulnerable to unintended pregnancy that would let them remain as single mothers if the partners refuse to marry them or abandon them. Those fathers would not take care of their children and the single mother might struggle to support family life and find a new husband. Some might openly engage in sexual services in exchange of gift in kind, or labour support or money. Increased integration into the market economy combined with the perception of minority girls' promiscuity, is contributing to men from outside these ethnic communities seeking opportunities to engage in sexual liaisons with local women, often in exchange for money or other material goods. These meetings might be organised by village leaders and tolerated by the girl's parents.

Villagers in remote areas are often not aware of laws and policies regarding the legal age for marriage and they are not enforced and implemented by sub-national authorities.

In order to improve the situation, a well plan of SBCC strategic intervention should be developed. The intervention looking into changing knowledge, attitudes and practices of the adolescents and their communities should be planned base on the local contexts as described on this reportSet of SBCC materials, audio, video, game and print materials, for using with interpersonal and mass communication, as well as for social media would enable to increase knowledge of the target population on SRH and ECM, steering their attitudes toward changing in social norm, and strengthen their ability and confidence to adopt new practices and planning and monitoring the adopted behaviours. Message deliverers, for example: health staff, VHV and teacher, should be equipped with communication skills that enable them to communicate with their target groups effectively.

Although ownership and usership of Android based smart phone in the study villages are still low, but it is a potential channel in a longer timeframe in delivering messages to change adolescent's knowledge, attitudes

and practices toward SRH and ECM. Game based materials, songs, dramas could be developed and downloaded to their phones to use individual and with friends. A 10 inch tablet that can also be used as a phone is now costs just over 300,000 kips and the cost of internet connection is cheaper compared to 5 years ago (## kips per 1G in 2015 and ## kips per 1G in 2020). It won't be long before a smart phone would become another piece of normal household equipment.

Peer approach is a good approach to target adolescent. The peer group could reach them with sensitive issues in an acceptable way. This approach has been using for adolescent health successfully in many developing countries. The project could looking into working with existing project that use peers approach to channelling SRH and ECM to target communities.

Last, any intervention should focus on finding positive masculinity role models for youth, especially teenage boys, and should look for the support of parents and authorities in understanding and communicating the consequences for health, education, rights, and happiness that can be associated with early marriage. In addition, this may mean reinforcing the law even when it goes against tradition.

Interventions should also address young women's empowerment so that they can raise their voices and stand up for themselves in order to be able to develop their life as they wish to with the partner of their choice.

REFERENCES

ADB, Health and education needs of ethnic minorities in the Great Mekong Subregion, Bangkok, 2001
Ashley D. Jordana, Situational Analysis on Child, Early and Forced Marriage in Vietnam, Laos, Myanmar and Cambodia, World Vision.
https://www.wvi.org/sites/default/files/report_SituationalanalysisCEFMVietnamLaosMyanmarandCambodia-FINAL.docx-2.pdf

CARE, Child, Early, and Forced Marriage. CARE'S GLOBAL EXPERIENCE, June 2018,
https://www.care.org/sites/default/files/documents/care_cefm_capacitystatement.pdf

Child Frontiers, "Report on the Commercial Sexual Exploitation of Children in Lao PDR", 2011,
https://www.researchgate.net/publication/281244672_The_Commercial_Sexual_Exploitation_of_Children_in_Lao_PDR

Engel Danielle & al, A Package of Sexual and Reproductive Health and Rights Interventionsd. What Does It Mean for Adolescents? Journal of Adolescent Health 65 (2019) 41-50.
https://www.jahonline.org/article/S1054-139X(19)30472-0/pdf

Escoffier-Fauveau, Women and reproductive health in the Lao PDR, an anthropological study of reproduction and contraception in 4 provinces, SC-UK, 1994.

Goonewardene IM, Waduge RP. Adverse effects of teenage pregnancy. Ceylon Med J. 2005;50(3):116–20.

Jones Nicola, Elizabeth Presler-Marshall and Tran Thi Van Anh, Early marriage among Viet Nam's Hmong: How unevenly changing gender norms limit Hmong adolescent girls' options in marriage and life September 2014.
file:///C:/Users/Owner/Documents/Biblography%20report/Hmong%20Vietnam.pdf

Juliette Myers, Rowan Harvey. Breaking Vows: Early and Forced Marriage and Girls' Education 2011,
www.plan-uk.org

Lao Women's Union, Lao PDR Gender Profile 2005.
http://siteresources.worldbank.org/INTLAOPRD/Resources/Lao-Gender-Report-2005.pdf

Lemoine Jacques, Social fabric education and HIV vulnerability among the Lanten Yao of Muang Long, Luang Namtha province, Lao PDR, Unesco Bangkok, 2012

LISIS, Lao PDR, Lao Social Indicator Survey (LSIS) 2011-12

Lyttleton C, Sayanouso D. Cultural reproduction and "minority" sexuality: intimate changes among ethnic Akha in the upper Mekong. Asian Studies Review. 2011;35(2):169–88.

LYU & UNFPA Adolescent and Youth Situation Analysis Lao PDR (2014) *Lao People's Revolutionary Youth Union*, Vientiane, https://lao.unfpa.org/sites/default/files/pub-pdf/Final_Eng_AYSA%20Report.pdf

Malhotra Anju, Warner Ann, Solutions to End Child Marriage, www.icrw.org/childmarriage

Mieke Nicole Lisuk, what is a good girl? The evolution of feminine identity in the american hmong community, thesis for MA in History, 2015, http://csus-dspace.calstate.edu/bitstream/handle/10211.3/138465/word%202003%20Thesis.pdf?sequence=1

Ministry of Public Health: Social and Bahaviour change Communication Plan for Nutrition – Lao PDR, July 2017.

Naebklang Manida, : *Unrecognised Sexual Abuse and Exploitation of Children in Child, Early and Forced Marriage, ECPAT, October 2015,* https://www.ecpat.org/wp-content/uploads/2016/04/Child%20Marriage_ENG.pdf

Phetchanpheng Souvanxay (2018) Social Factors Affecting Secondary School Completion among Adolescent Females A research study in Hmong, Khmu, Phong, Lao and Iu Mien cultural contexts, Child Fund Laos, Vientiane.

Plan International Asia Regional Office, Their Time is Now, Eliminating Child, Early and Forced Marriage in Asia, 2018. https://plan-international.org/publications/their-time-now-eliminating-child-early-and-forced-marriage, www.plan-international.org/asia/their-time-is-now

Postles Davis, A. C. and Rosa, G. A girl's right to say no to marriage: Working to end child marriage and keep girls in school. PLAN International, 2013. https://plan-uk.org/file/en-a-girls-right-to-say-no-to-marriage-fullreport-web-32000722pdf/download?token=BE80wUlB

Raj Anita, McDougal Lotus,,Effects of young maternal age and short interprenancy interval on infant mortality in South Asia NIH Public Access Author Manuscript Int J Gynaecol Obstet. Author manuscript; available in PMC 2015 January 01., https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4058333/

Rajapaksa-Hewageegana N, Salway SM, Piercy H, Samarage S. A quantitative exploration of the sociocultural context of teenage pregnancy in Sri Lanka. BMC Pregnancy and Childbirth. 2014;14(1):1–10.

Sexual right initiative (SRI), Analysis of the Language of Child, Early, and Forced Marriages, August 2013. file:///C:/Users/Owner/Documents/Biblography%20report/SRI-Analysis-of-the-Language-of-Child-Early-and-Forced-Marriages-Sep2013.pdf

Social Institution & Gender Index (SIGI) 2019, www.genderindex.org

Stavenhagen Rodolfo, UN Doc. A/HRC/6/15/Add.3, 1 November 2007, paras. 26-7 2016, https://documents-dds-ny.un.org/doc/UNDOC/GEN/G07/148/22/PDF/G0714822.pdf

Sychareun et al. BMC Pregnancy and Childbirth (2018) 18:219, https://doi.org/10.1186/s12884-018-1859-1

Sychareun V, Vongxay V, Houaboun S, et al. Determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR: a qualitative study. BMC Pregnancy Childbirth. 2018;18(1):219. Published 2018 Jun 8. doi:10.1186/s12884-018-1859-1 7, https://www.ncbi.nlm.nih.gov/pubmed/29884139

Petroni S, Understanding the Relationships Between HIV and Child Marriage : Conclusions From an Expert Consultation, Journal of Adolescent Health 64 (2019) 694-696, https://www.jahonline.org/article/S1054-139X(19)30109-0/fulltext

Selda Polat & al, Peer Training Increases the Level of Knowledge on Sexual and Reproductive Health in Adolescents , JOURNAL OF TROPICAL PEDIATRICS, Volume 58, Issue 2, April 2012, Pages 96-101, https://doi.org/10.1093/tropej/fmr041

UNDP Customary laws in Lao PDR, 2011, https://www.undp.org/content/dam/laopdr/docs/Reports%20and%20publications/Customary_Law_Laos2011_english_master1.pdf

UNDP Report on Sustainable Development Goals: Gender Equity 2019. http://la.one.un.org/index.php?option=com_content&view=article&id=200&Itemid=174

UNESCO (2003) Peer approach in adolescent SRH, Bangkok 2013 https://unesdoc.unesco.org/ark:/48223/pf0000130516

UNICEF-OH (2011) Rapid Assessment: Most-At-Risk Adolescents and Young People to HIV in Lao PDR, Bangkok, 2011.

UNICEF, (2018) Ending violence against children in Lao PDR, A multi-sectoral response to the national Violence against Children Survey Priority actions 2018. https://www.unicef.org/laos/reports/ending-violence-against-children-lao-pdr-2018

UNICEF (undated) Peers, Vientiane, https://www.unicef.org/lifeskills/index_12078.html

UNFPA (2013) "Teenage Pregnancy is Way of Life in Remote Laotian Villages", News, 30 October 2013, https://www.unfpa.org/news/teenage-pregnancy-way-life-remote-laotian-villages

UNFPA 2015, [Population Situation Analysis Lao PDR, 2015]

UNFPA 2016 Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy", 2016, http://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013.pdf

UNFPA 2007 Peer Education? A Review of Stakeholder Experiences EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA) 2007
https://asiapacific.unfpa.org/sites/default/files/pub-pdf/Peer%20Education.pdf

UNFPA,2012
file:///C:/Users/Utilisateur/Downloads/ECmarriage/UNFPA%20What%20is%20Child%20Marriage.pdf

UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, Joint Evaluation Report May 2019 www.unfpa.org/evaluation , www.unicef.org/evaluation

USAID, Youth peers educator's activity guide, 2010.

Viengnakhone Vongxay, Sexual and reproductive health literacy of school adolescents in Lao PDR. January 2019.

Wall Barbara, Les Nya Hon, Vithana-CNRS, undated.

Walker Judith-Ann, Why Ending Child Marriage Needs to Be an Education Goal, Brooking Center for Universal Education, 2013, https://www.brookings.edu/wp-content/uploads/2016/07/walker_girls_education.pdf www.brookings.edu/universal-education

World Vision International, 2019 Gender Analysis Report, https://www.wvi.org/sites/default/files/2020-02/AHAN%20Gender%20Analysis%20FULL%20REPORT.pdf

World Health Organization. Early marriages, adolescent and young pregnancies. Report No. Sixty-fifthworld health assembly 2012; Provisional agenda item 13.4, WHO, Geneve
WHO website
https://www.who.int/news-room/detail/03-02-2020-the-changing-world-of-adolescent-sexual-and-reproductive-health-and-rights?utm_source=newsletter&utm_medium=email&utm_campaign=planetary_health_weekly_volume_6_number_14_april_2_2020&utm_term=2020-04-02

ASRHR & SBCC

https://sbccimplementationkits.org/urban-youth/resources/adolescent-sexual-and-reproductive-health-resources/

https://www.hivsharespace.net/tags/adolescent-sexual-and-reproductive-health-and-rights-asrhr

https://sbccimplementationkits.org/urban-youth/wp-content/uploads/sites/9/2017/10/Egyptian-SRH-SBCC-I-Kit.pdf

https://www.who.int/nepal/activities/supporting-elimination-of-kala-azar-as-a-public-health-problem/docs/default-source/nepal-documents/procurement/social-behavior-change-communication-(sbcc)-strategy-for-sexual-and-reproductive-health-and-rights-(srhr)-docx

https://www.psi.org/wp-content/uploads/2016/12/Youth-SRHR_Dec2016.pdf

C-Change. 2012. C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC). Washington, DC: C-Change/FHI 360

WEBSITES

International Technical Guidance on Sexuality Education at:
http://unesdoc.unesco.org/images/0026/002607/260770e.pdf

Materials related to the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage
https://www.unicef.org/protection/57929_92681.html

Plan International's work to end child marriage in Asia-Pacific: https://plan-international.org/asia/child-marriage-asia#

Human rights documents CRC and CEDAW

https://www.ohchr.org/EN/Countries/AsiaRegion/Pages/LAIndex.aspx

Human Rights Council Fortieth session 25 February–22 March 2019 Agenda item 3 Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development Visit to the Lao People's Democratic Republic Report of the Special Rapporteur on the sale and sexual exploitation of children, including child prostitution, child pornography and other child sexual abuse materials.

https://documents-dds-ny.un.org/doc/UNDOC/GEN/G19/011/87/PDF/G1901187.pdf?OpenElement

Ending the Terror of Bride Kidnapping

https://blog.compassion.com/bride-kidnapping-ending-the-terror/

Because I am a Girl (Plan international)
Girls Not Brides
Sustainable Development Goals
Population Council
Coalition for Adolescent Girls

Q & A: Child Marriage and Violations of Girls' Rights

14 Million Girls Marry Each Year Worldwide https://www.hrw.org/news/2013/06/14/q-child-marriage-and-violations-girls-rights

ANNEX: MAIN DETAILED RECOMMENDATIONS

MOBILISING VILLAGE AUTHORITIES AND VHU

In most cases, local authorities in the rural communities studied do not have a full understanding of child and women's rights. They are caught in between traditions and national laws, as well as what they consider to be children's right to marry. Ideally, authorities should be involved in monitoring and controlling the age of marriage and to what extent children, especially girls, were forced. One option is that they could forbid registering marriages below the legal marriageable age, or they could impose a fine on early child marriage. However, most authorities are not ready to take such steps, likely because of the prevalence of traditional conservative values in their communities that are accepting of child marriages. Limited understanding of legal restrictions and commitment to addressing child marriage can make it a challenge to mobilise this population. In spite of laws outlawing child marriage, the research found no reports of enforcement of these laws, and no village is collecting fines from children who married early or their parents.

Although there are many challenges related to mobilising local authorities, it is vital to involve these local leaders in order to change local norms around early child marriage. A protocol could be defined involving district-level authorities in charge of child protection, such as Social Welfare officers and Police, as well as LWU and district health staff, providing a way for a girl or her parents to call for assistance (by phone) or report abuses around early and forced marriage. However, at this time, before any advocacy work has been launched, the chances that anybody would use this system are probably small, and face other resistance related to the fact that mostly families would be reporting problems within the community to outsiders.

Regarding family planning and birth control, any married couple especially when under 18, should be addressed to the VHV or LWY to receive main information on early pregnancy and SRH to be able to decide what is the best contraceptive to be used once they agreed on their family planning.

MOBILISING YOUTH ACTIVISTS

Young people themselves must be at the heart of the solution. Change requires that youth can mobilise themselves to create movements for change around potentially harmful traditional marriage practices. Only young people really know what information they need and how to reach one another, including the best social media platforms to spread information. Projects must give the youth the chance to take on this work, not only in the planning and designing phase, but also in monitoring and evaluation.

However, this intervention also presents challenges in that most youth would not have the confidence to promote these ideas about early child marriage in their conservative communities, and there is also some risk of backlash from the community if youth do actively confront these traditions. Another barrier is related to gender, with girls involved in the study being less motivated to launch any kind of advocacy initiative, in spite of the fact that the majority of youth in the study said that they would tell others not to marry early. This may be because girls are not usually invited to or involved in the public sphere, but could also be related to fears of backlash from family or community members, or simply due to having too high a workload in their personal life to want to take on additional responsibilities in the public realm.

EDUCATING YOUTH

A crucial intervention should be planned in schools and communities that utilises educational activities to dissuade youth from marrying through abduction. Some of the youth in the study suggested pushing for changes in traditions to allow youth to have more time for courting or dating before deciding to marry, and providing education on the benefits of these slower methods could be part of these education programs. Pushing for children to get engaged before marrying would also allow for parents to be more involved and give their blessings to a marriage, and could ease the intergenerational tension that can emerge around this topic.

EMPOWERING GIRLS

Empowering girls is about giving them opportunities to raise their voices, share their ideas and concerns, and provide spaces for them to talk and to be listened to, such as a special radio program or social network on which they can share ideas about how to challenge traditional systems when those systems do not respect their basic rights. Giving girls opportunities to express themselves and speak out at youth clubs would be the most important recommendation, as it would help them to realise and promote their rights. Meanwhile, men should be engaged in activities that promote positive masculinity and to help them learn to serve as allies to promote women's voices and reduce backlash in cases when women and girls speak up about these issues.

ANNEX: TOTAL NUMBER OF PERSONS MET DURING THE FIELD WORK

Village	Dak Do		Dak Hon/cho		Thuy Dan		La Vi Thang Den		Ta Oun	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
FGD youth married			4						9	5
FGD un married		2		5		2	6	5	3	
FGD parents			2		2		3		2	
Interview parents	1	1		1						
Interview youth non married	1									
interview youth married	2		3		2		2	1	2	
Village committee FGD	1	2	2	1	1	3	1	2	1	2
VHV/OSOBO		1		1	1		1			1
Total	5	6	11	8	6	5	13	8	17	8

Total Males	35
Total Females	52
Total Male & Female	**87**

	Sekong Province		Dakcheung District		Laman District	
	Female	Male	Female	Male	Female	Male
HEALTH AUTHORITIES	2	1	1	1		1
HCC			2		6	
School			1	1		
Others						
Total	2	1	4	2	6	1

Total Female	12
Total Male	4
Total	**16**

Grand Total number of people we met and interviewed		
Female	64	62,14%
Male	39	37,86%
Grand total:	103	100%

ANNEX: REVIEWING THE RESEARCH QUESTIONS (INTERVIEW AND GROUP DISCUSSION)

1. What is the best way adolescents receive information and most likely to make changes in their lives?

- General situation related to early married and SRH in the village
  - How many young teenage (under 18 years of age) got married?
  - What "the normal" age when they get married?
  - Level of education?
  - People they know getting married early?
  - What do they think (Pro and Cons) of getting married early?
  - What others in the village think about early married?
- Focus on SRH: ideas about early marriage and pregnancy: main reasons and impacts….
- What are the changes that they look for? What can contribute to these changes (who, how, when, where.)

2. Who are they listening to regarding SRH and early marriage information?

- Explore constraints in early child marriage and early pregnancy.
- Who and what channels of getting information of people in the village, or learning about news and what happening?
- What do they think about those people and channels? What is more appeal to young adolescents and adults?
- Who and what channels you think that would influent your decision making? How is a decision made? What are the pro and against factor in deciding related to early marriage?

3. Is an android application that can disseminate information feasible to create social behavioural change to adolescents regarding SRH and Early Marriage?

- How far youths do have access to smart phone? (Purchasing, recharging, connexion, repairing…). How many have already? How many do not have and have access? How many do not have access? Why?
- How do youth people use their smart phone? What for? What do they expect?
- What information or activities do the youth do through their smart phone?
- Any particular persons/channels that you or people like to listen/watch? What do you think about those people and channels?

4. What should accompany the android application or what other mechanisms are required to reach a SBC change around adolescent SRH and a reduction in early marriage?

- Access to internet (signal, know how)?
- Favourite programme people like to access?
- Road show (early marriage+ early pregnancy), games on SRH, promotion of models, etc.
- Preference of language to be used to communicate?

ANNEX: SYNTHESIS OF FINDINGS FROM THE FIELD

SYNTHESIS
FINDINGS FROM THE

TABLES FOR FUTURE DEVELOPMENT IN SBCC

POTENTIAL BEHAVIOUR FACTORS (QUALITATIVE)

Knowledge	Attitudes		Practices	
Risks	Attitudes	Norms	Abilities	Self-regulation

INFLUENTIAL AND COMMUNICATION CHANNELS (QUALITATIVE)

	Potentials influencers / comm. channels
Risks	
Attitudes	
Norms	
Abilities	
Self-regulations	

MEASURE AND DETERMINE STEERING BEHAVIOURAL FACTORS

- Develop a questionnaire to measure the behaviour and the potential behavioural factors and a protocol to conduct observations of the target behaviour.
- Doer and non-doer in those behaviour will also be taken into consideration in determine of behaviour change techniques (BCTs) to be implemented.

Measure & determine behaviour factors (quantitative)

	Behaviour 1	Behaviour 2	Behaviour 3
Risks			
Attitudes			
Norms			
Abilities			
Self-regulations			

Phase 3: Select BCTs and develop appropriate behaviour change strategies

- The BCTs that are thought to change the critical behavioural factors specified in Phase 2 are selected for application in behaviour change strategies.
- A catalogue lists which BCTs are thought to change which psychosocial factor, based on evidence from environmental and health psychology based on the local context and combined with suitable communication channels, (together form a behaviour change strategy).

SELECTING BEHAVIOUR CHANGE STRATEGIES

	Behaviour 1	BCT 1	Behaviour 2	BCT 2	Behaviour 3	BCT 3
Risk						
Attitude						
Norm						
Action						
Self-reliance						

ANNEX: TOOLS FOR INVESTIGATION

INTERVIEW GRID WITH YOUTHS

FGD Grid Village authorities

INTERVIEW GRID WITH VILLAGE AUTHORITIES

FGD Grid Village authorities

INTERVIEW WITH HEALTH STAFF

Interview grid health staff

ANNEX: DUTIES & ROLES IN RESEARCH

CONSULTANTS SHARING DUTIES

The research will be co-led by Didier & Pricha, who will oversee the entire project from start to finish and ensure the final deliverables are of the promised quality and provided on schedule but it is proposed for contractual facilities that Didier be the team leader.

In this regards CARE will sign the contract with the team leader and the team leader will have a subcontract with the co researcher.

Having complementing experiences and skills, consultants will be equally involved in developing research tools and data analysis as well as in the drafting of the report, the processing and analysis of data, analysis of interviews, all writings will be discussed and shared before to be sent to CARE. Together the consultants will prepare interview or focus group discussions grids, the questions should be short but very clear using simple words.

Duties in terms of writing, will be shared according to each consultant main field of experience for example: Didier (GBV, SRH, child rights..) and Pricha (SBCC…) while some issues might be jointly addressed.

Didier & Pricha will organise as priority in-depth interviews, case studies and FGD with children and parents & site observations.

Pricha not being able to join the field work, he will be working at distance on a daily base with the information received from the field.
We recruited an experienced female research surveyor to interview young females.

EXPECTED SUPPORT FROM THE RESEARCH SURVEYOR

- The research surveyor is interviewing young females informants with the village volunteers and she co leads with us the focus group discussions with youths or mothers
- She takes notes directly on a questionnaire /FGD form in Lao language that she will send by whatsapp or messenger to Pricha every day and she will have a short debriefing with him.

EXPECTED SUPPORT FROM CARE STAFF

In coordination with the study consultants team

It is expected that some CARE staff will join the research team and will be working with the consultants depending on their language skills (English/local languages), some specific duties might will be assigned to them as well as some national advisor for the first days of the mission.

- Liaise with government authorities and various stakeholders
- Contact with local staff/representatives from organisations working in the field of child protection and child rights
- Organisation of initial and final workshops (invitation, room, snacks)
- Liaise with village leaders
  - Co-Selection of persons to meet with and appointments
  - Help to find persons to meet with in villages
  - Gather people for FGD
- Select the villages with consultants

- Translate from Lao to local language
- Join daily debriefing meeting
- Logistic for travel in districts and boarding

EXPECTED SUPPORT FROM YOUTH VOLUNTEERS RECRUITED BY CARE STAFF

In coordination with the study consultants team and CARE staff

Per each village at least 2 youths M/F interviewers

- Liaise with village authorities and village mass organisations under coordination of CARE staff
  - Co-Selection of persons to meet with and appointments
  - Find persons to meet with in villages
  - Gather people for FGD
- Lead interview in local language (especially for females)
- Co animate Focus Group Discussions
- Translate from Lao to local language
- Join daily debriefing meeting

DUTY FOR GOVERNMENT STAFF JOINING FIELD WORK (IF ANY)

- *Liaise with village leaders*
- *Introduce team to village leaders and mass organisations*
- *Join Interview mass organisations*
- *Join daily debriefing meeting*

ABOUT CARE

CARE International is a global NGO working to end poverty and achieve social-justice. We rebuild and improve the lives of the most vulnerable groups, especially women and girls who are often the most marginalised individuals in their communities and face unequal access to social and economic rights. In 2019, CARE worked in 100 countries around the world, implementing 1,036 poverty-fighting development and humanitarian aid projects, and reached more than 68 million people directly and 401 million people indirectly.

CARE International in Lao PDR began its operations in 1992 and has worked since then to improve the lives of vulnerable groups in both rural and urban areas, particularly the ethnic minority communities. CARE works in partnership with community members, government, local civil society organisations, and the private sector. CARE currently implements projects in four provinces: Vientiane Capital, Phongsaly, Luang Namtha and Sekong.

CARE's "Marginalized Women and Girls" program empowers women and girls to exercise their rights, to lead and make decisions, and benefit from socio-economic justice. CARE's two main program areas in Lao are women's health and women's economic empowerment. Our health programs empower women and girls to exercise their rights to reproductive, maternal and child nutritional health for greater control over their bodies and to live a life free from violence. Our economic empowerment programs give women and girls greater access to and control over economic opportunities, resilient resources and dignified work by promoting gender equality, fighting gender based violence and climate risk. CARE has extensive experience and expertise in both of these areas and will continue to pursue evidence-based practices to deliver long-lasting solutions effectively and sustainably.