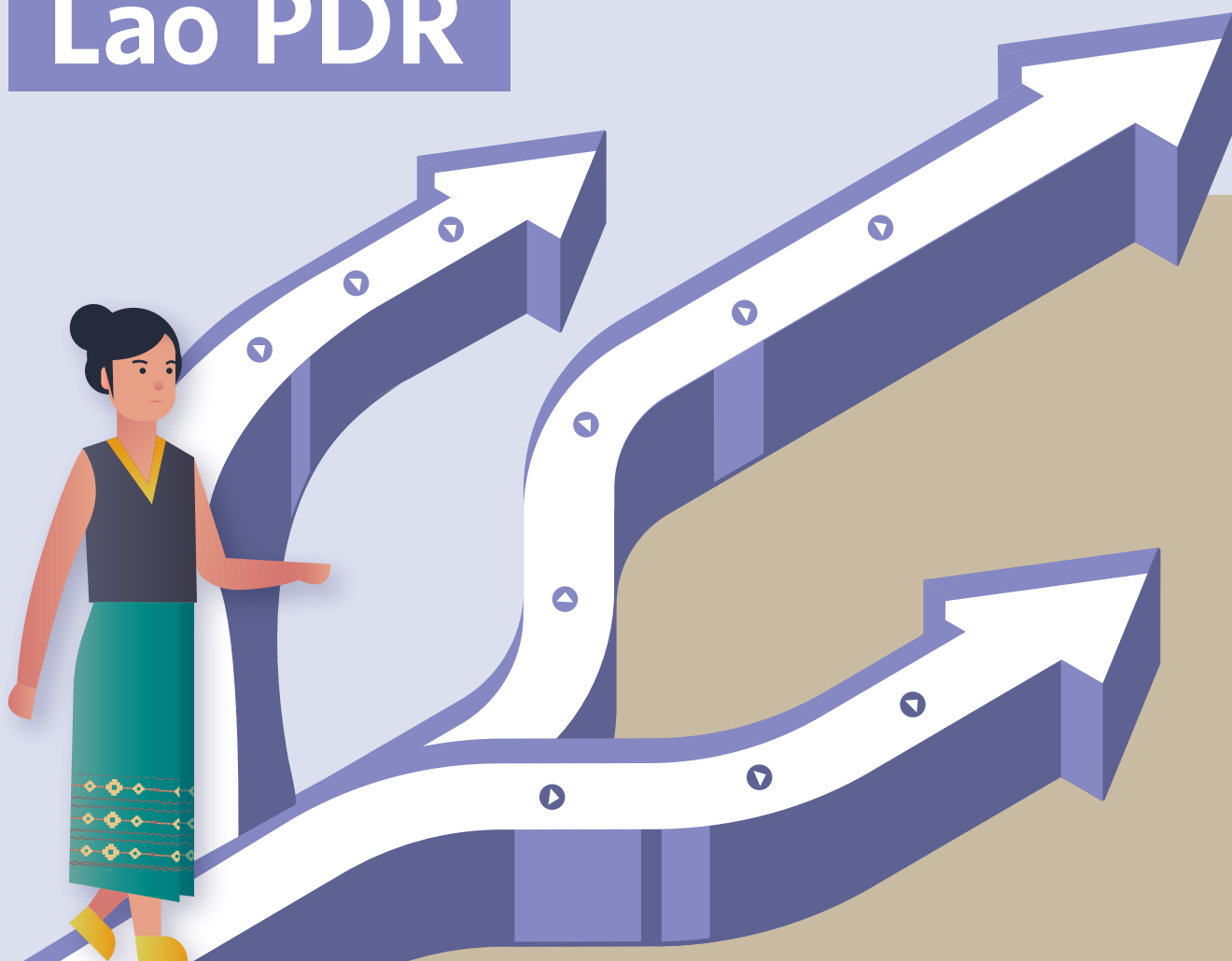


UNDERSTANDING PATHWAYS TO ADOLESCENT PREGNANCY IN SOUTHEAST ASIA

FINDINGS FROM

Lao PDR



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JULY 2023

Prepared for UNFPA Asia Pacific Regional Office and
UNICEF East Asia and Pacific Regional Office by:

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for every child



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Foreword

Adolescent pregnancy remains a pressing concern for girls in the Southeast Asia region, hampering their ability to pursue their dreams and aspirations. It is a profound violation of their human rights and imposes significant barriers to their personal, educational, social and economic development. The consequences of early pregnancies are vast, perpetuating cycles of inequality and impeding progress towards gender equality.

Globally, during the last decade there has been a steady decline in child marriage. In several countries in Southeast Asia, there has been either stagnation or an increase in adolescent pregnancy, often triggering child marriage or early union.

The United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) have joined forces to generate evidence on the patterns of adolescent pregnancy and child marriage in four countries in the region. The factors driving adolescent pregnancy and child marriage are different from other regions, as suggested by "[Beyond Marriage and Motherhood: Empowering girls by addressing adolescent pregnancies, child marriage and early unions](#)," UNICEF and UNFPA, 2022.

This report brings attention to the specific context, dynamics and influences that contribute to adolescent pregnancy in Cambodia, Indonesia, Malaysia and Lao PDR. The four in-depth country analyses identify the patterns that drive adolescent pregnancy across the region, including as determined by relationship or marital status, the extent of the girls' autonomy in decision making and whether the context of sex leading to the pregnancy was consensual.

The report finds that girls want to go back to school or continue their education but face challenges, including from their parents and partners. Girls said they wanted to seek help, but did not know where to go. Some girls are living with stigma, guilt, regret and a lack of knowledge about sexual and reproductive health and rights. These girls have the right to be informed about decisions that affect their lives. They need support, not stigma and blame.

Through this report, girls have expressed their thoughts and concerns, as well as their requests to decision-makers. They urge policymakers, advocates and stakeholders to recognize the significance of adolescent pregnancy in this region and its implications for girls like them.

UNICEF and UNFPA are committed to supporting girls to pursue their dreams and to prevent early and unintended pregnancies. It is our duty to come together, bridge the gaps in knowledge, and collaborate on strategies and interventions that prioritize girls' rights and opportunities.

We extend our deepest appreciation to all those who contributed to this report and, most importantly, to the girls who shared their voices. Thank you.



Debora Comini
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Executive summary

Adolescent pregnancy is a public health priority due to the risks it poses to the health and well-being of adolescent girls, and their babies. In many contexts, adolescent pregnancy is closely linked to child marriage and early union. The child-marriage rate in Lao People's Democratic Republic (PDR) is the highest in the region (UNICEF and UNFPA, 2022). Analysis of nationally representative data from Lao PDR revealed that among women aged 20–24 who gave birth before the age of 18, two-thirds conceived in the context of union, but more than one in four (27 per cent) conceived outside of union (Harvey et al., 2022). Data also suggests that pregnancies outside union are becoming more common in Lao PDR (UNICEF and UNFPA, 2022).

In light of these challenges facing adolescent girls, it is worth noting that the Lao Government recognizes the multi-faceted dimensions that make girls vulnerable. Since 2016, the Lao Government has adopted the Noi Framework as a national response. The framework is a holistic approach toward advocacy, programming and evidence generation around adolescent girls to ensure their needs, such as avoiding early pregnancy, are integrated into the Lao Government's Sustainable Development Goals (SDGs) implementation plans (UNFPA, 2019). The United Nations Population Fund (UNFPA) invests in building systems for capacitating young people to address child marriage and adolescent pregnancy, including the integration of comprehensive sexuality education (CSE) curricula at all education levels, and provision of sexual health information and services, mental health and psychosocial support, and protection services for survivors of gender-based violence.

To generate new insights to complement this existing landscape, this qualitative study helps fill the research gaps on adolescent girls' pathways to adolescent pregnancy in Lao PDR, particularly those that occur outside of union.

This study aimed to 1) understand the different drivers and pathways to adolescent pregnancy, and 2) co-develop, with adolescents, policy and programming recommendations to effectively address adolescent pregnancy. The findings of this study can help inform strategic investments and interventions that address specific pathways and drivers of adolescent pregnancy, thereby enabling girls to make informed decisions for their relationships and life trajectories.

While the study on pathways to adolescent pregnancy was conducted in four countries, this report discusses the study implementation and findings only from Lao PDR.

Using a participatory, qualitative approach, the study design placed adolescent perspectives at the forefront, using primary data collected with adolescent girls aged 16–20 who experienced pregnancy or birth at age 18 or younger. Study implementation was guided by a working group comprised of representatives from UNFPA and the United Nations Children's Fund (UNICEF), and two youth advisors from the study country. Data collection was conducted in two provinces and one prefecture – the province of Vientiane, the prefecture of Vientiane (which is the capital city) and Luang Namtha. Each site represents median (Vientiane province and capital city) and high (Luang Namtha) adolescent fertility and premarital conception.

During the first round of data collection, an in-depth, timeline interview approach was used. Framework analysis was applied during preliminary data analysis, and candidate pathway typologies were developed based on girls' life stories and contributing factors in their pathways to adolescent pregnancy. During the second round of data collection, follow-up interviews were conducted with selected girls to validate and clarify study findings and interpretations and gather girls' recommendations for programmes and policy.

Through in-depth interviews using a timeline approach with 57 girls, eight pathways to adolescent pregnancy were identified. These pathways were differentiated primarily according to the timing of pregnancy relative to union. Outside-union pregnancy pathways were differentiated further by the context of sex preceding pregnancy (consensual, pressured, forced) and pregnancy intention (unplanned, planned, partner-led). Within-union pregnancy pathways diverged according to pregnancy intention (unplanned, planned) and who initiated the union (couple- or girl-led, or parent- or partner-led). Cross-cutting factors contributing to girls' pathways to adolescent pregnancy included barriers to sexual and reproductive health (SRH) information and contraceptive access and use; partners' control over reproductive decision-making; prevalence of pressured and forced sex; community acceptance of child marriage and early union; and attitudes and norms regarding sex and pregnancy outside of union.

During 20 follow-up interviews, adolescent girls recommended that programmes and policies should ensure that girls have access to detailed, easy-to-understand SRH information, help girls to have better access to non-judgemental health care in safe spaces, support girls to access and use contraceptives, teach girls about negotiating sex and contraceptive use (and include boys and parents in discussions), and work toward changing community perspectives that support child marriage and discourage contraceptive use.

The findings show that adolescent girls in Lao PDR follow diverse pathways to adolescent pregnancy and require support at different decision points in their lives. Many adolescent pregnancies occurred outside of formal marriage or cohabiting union despite the persistence of conservative social ideals that disapprove of sex and pregnancy outside of union. Adolescent girls' experiences of sex and pregnancy were often influenced by a lack of knowledge about SRH (including contraception), power imbalances with their partners, and girls' lack of agency over if and when to have sex,

use contraceptives and begin childbearing. These were also occurring within sociocultural contexts where parents, community members and adolescent girls viewed child marriage and early union as a socially acceptable alternative to education or work, and as the most acceptable resolution to a pregnancy outside of union.

Toward achieving the Government of Lao PDR's commitment to the the International Conference on Population and Development (ICPD) Agenda, especially to end the high unmet need for family planning among adolescents, it is imperative to address the barriers adolescent girls face to SRH information and contraceptive access and use. As expressed by adolescent girls, girls and boys need access to straightforward and consistent SRH information, especially regarding pregnancy risk and contraception options. Specifically, this will involve strengthening age-appropriate comprehensive sexuality education (CSE)/life skills education (LSE) both within and outside school settings, delivered in-person and online. In support of this, it is also recommended to ensure that adolescent girls and boys are aware of existing services available to young people (e.g. helpline counselling), and have access to non-judgemental, adolescent-responsive health care, complemented by increased availability of and easier access to affordable contraception (especially condoms).

Programmes and policies to focus on expanding the content and strengthening the delivery of CSE/LSE are also recommended, with a focus on empowerment initiatives to help girls make informed choices in their relationships, alongside initiatives to help boys respect girls' choices and bodily autonomy. Also recommended is investment into interventions aimed at challenging community perceptions that SRH information (including about contraceptives) is not appropriate for unmarried adolescents, supporting all girls (whether in a union or not) to access and use their chosen contraceptive method, and addressing individual and social attitudes that contribute to misconceptions regarding contraceptives and male resistance to condom use.

Future research could explore:

- ways to make CSE/LSE sessions and learning materials more relatable for adolescents
- drivers of gender inequality in different socioeconomic and ethnolinguistic contexts
- adolescent girls' health and well-being needs following experiences of sexual violence
- contraceptive knowledge, attitudes, and practice and reproductive preferences of adolescent girls' partners (including their motivations for desiring pregnancy soon after union), and
- culturally responsive approaches to transforming harmful norms on child marriage and early union in similar settings.

The qualitative nature and scope of this study also had some limitations, such as not being representative of all the diverse ethnic groups in Lao PDR. While this study was able to generate rich qualitative data from a small sample of participants, not all ethnic groups in Lao PDR were represented. It is possible that other pathways featuring novel contextual and cross-cutting factors may still emerge if more data is continuously collected.

It would be beneficial to map the prevalence of the different pathways to adolescent pregnancy at the national scale to better tailor interventions to girls' specific needs and contexts, including the cultural practices among all the diverse ethnic groups in Lao PDR.

Abbreviations

APRO	Asia Pacific Regional Office
CSE	Comprehensive sexuality education
EAPRO	East Asia and Pacific Regional Office
IRL	Indochina Research Limited
LSE	Life skills education
NGO	Non-governmental organization
SDGs	Sustainable Development Goals
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Glossary

Adolescents

The World Health Organization (WHO) defines adolescents as persons who are aged 10–19 years (WHO 2001). This definition will be used throughout this report.

Child marriage

UNFPA and UNICEF define child marriage as “any formal marriage or informal union between a child under the age of 18 and an adult or another child (UNICEF, 2022).” This definition will be used throughout this report.

Consent

UN Women defines consent as “an agreement between participants to engage in sexual activity or enter into marriage. It must be freely and actively given and cannot be provided by someone who is under the influence of drugs or alcohol or by someone underage. Consent is specific, meaning that consent to one act does not imply consent to any others, and reversible, meaning that it may be revoked at any time (UN Women, 2010, 2023).”

In this report, girls’ descriptions of their sexual debut and subsequent sexual experiences are privileged. For this reason, discussions of consent to sex and marriage or union is done through “continuum thinking,” which draws on adolescent girls’ own constructions of consent (Whittington, 2021; UNICEF and UNFPA, 2022).

The study use the following categories of consent to sex throughout this report:

- **Consensual sex:** The girl described that both she and her partner wanted to have sex, or her partner initiated or requested sex and engaged in sexual negotiation with him, and eventually agreed, or was “convinced” to have sex.
- **Planned/expected sex:** The girl did not explicitly state whether or not she wanted or agreed to sex but implied through her description that sex was planned or expected because of the circumstances (usually once the couple started cohabitating or were married).
- **Pressured sex:** The girl mentioned that she did not want to have sex at the time and felt pressured by her partner. This included cases where the partner used threats of breaking up to “convince” the girl to have sex.
- **Forced sex:** The girl stated that she was forced, or described being in a situation where she refused, resisted, but was unable to fend off the partner’s advances. This included cases where the girl described being “too drunk” to consent or was unconscious during sex.

Sexual violence

UN Women defined sexual violence as “any sexual act committed against the will of another person, either when this person does not give consent or when consent cannot be given because the person is a child, has a mental disability, or is severely intoxicated or unconscious as a result of alcohol or drugs (UN Women, 2023).”



Background and rationale

Adolescent pregnancy is a major public health priority. Relative to women aged 20–24, girls aged 10–19 who become pregnant, and their babies, are at greater risk of adverse maternal and perinatal outcomes (Ganchimeg et al., 2013). Pregnancy and childbirth-related complications are the second and third highest cause of death of girls aged 15–19 in low- and lower-middle-income countries, respectively (IHME, 2020). In Southeast Asia, maternal disorders are the third leading cause of death among adolescent girls aged 10–24 (IHME, 2020). Adolescent pregnancy is also associated with lower educational attainment and poverty, with substantial implications for girls’ empowerment and gender equality.

While early marriage is understood to be a driver of sexual debut and childbearing, new data suggests that this pattern is nuanced in many settings. For example, one-third of women aged 20–24 in Lao PDR were married before they turned 18 years old, the highest among Southeast Asian countries covered by the analysis (UNICEF and UNFPA, 2022). Analysis of nationally representative data from Lao PDR revealed that among women aged 20–24 who gave birth before the age of 18, two-thirds conceived in the context of union, but more than one in four (27 per cent) conceived outside of union (Harvey et al., 2022). Data also suggest that pregnancies outside union are becoming more common in Lao PDR (UNICEF and UNFPA, 2022). Yet, the pathways to premarital conception are particularly ill-defined. While household surveys provide useful information on the associations between adolescent pregnancy and socio-economic correlates (such as poverty, low levels of education and early marriage), questions remain about the nature of these relationships. Few large-scale studies into adolescent pregnancy capture the opinions and experiences of the girls themselves, which should be key in designing policy and interventions.

In light of these challenges facing adolescent girls, it is worth noting that the Lao Government

recognizes the multi-faceted dimensions that make girls vulnerable. Since 2016, the Lao Government has adopted the Noi Framework as a national response. The framework is a holistic approach toward advocacy, programming, and evidence generation around adolescent girls (UNFPA, 2019) to ensure their needs, such as avoiding early pregnancy, are integrated into the Lao Government’s Sustainable Development Goals (SDGs) implementation plans. UNFPA invests in building systems for capacitating young people to address child marriage and adolescent pregnancy, including the integration of comprehensive sexuality education (CSE) curricula at all education levels, and provision of sexual health information and services, mental health and psychosocial support, and protection services for survivors of gender-based violence.

To generate new insights to complement this existing landscape, this qualitative study helps fill the research gaps to elucidate adolescent girls’ pathways to and drivers of adolescent pregnancy in Lao PDR.

Aims and objectives

This research project was implemented in Indonesia, Lao PDR, Cambodia, and Malaysia, and aimed to:

1. Understand the different drivers of and pathways to adolescent pregnancy, and
2. Co-develop, with adolescents, policy and programming recommendations to effectively address adolescent pregnancy.

This report discusses study implementation and findings only from Lao PDR.

This project was led by the Burnet Institute in partnership with a local research partner in Lao PDR (Indochina Research Limited, Lao PDR), UNFPA Lao PDR, UNICEF Lao PDR, UNFPA Asia Pacific Regional Office, and UNICEF East Asia and Pacific Regional Office.



Methods

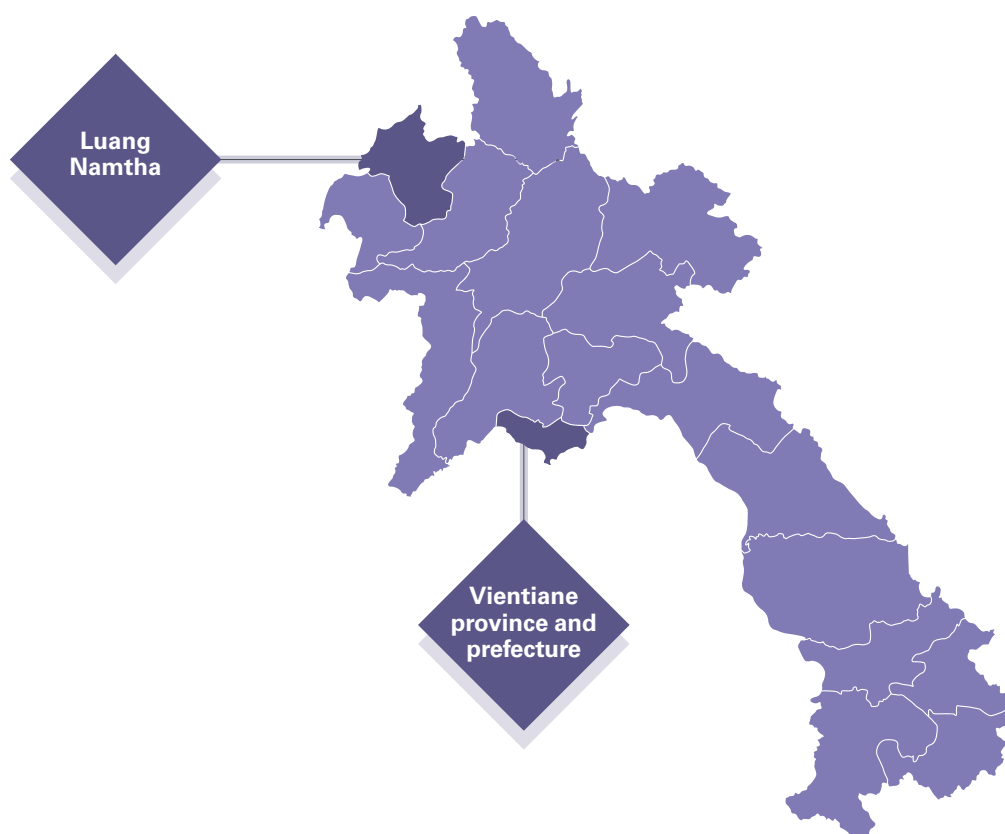
This research took a participatory, qualitative approach to address the objectives. The design placed adolescent perspectives at the forefront.

Setting and site selection

A working group was established and comprised of representatives from UNFPA, UNICEF and two youth advisors (females aged 18–24). The working group reviewed the methodology and study materials, provided guidance on site selection, and supported the interpretation and dissemination of study findings.

Two provinces and one prefecture were selected for the study in Lao PDR. Luang Namtha province was chosen to capture a setting of high adolescent fertility and premarital conception. Vientiane province and Vientiane prefecture (the capital city) were selected as a setting of median adolescent fertility and premarital conception based on the most recent data and analysis developed by UNFPA.¹ Additional considerations were feasibility and cost, as well as the inclusion of both urban and rural settings within each province.

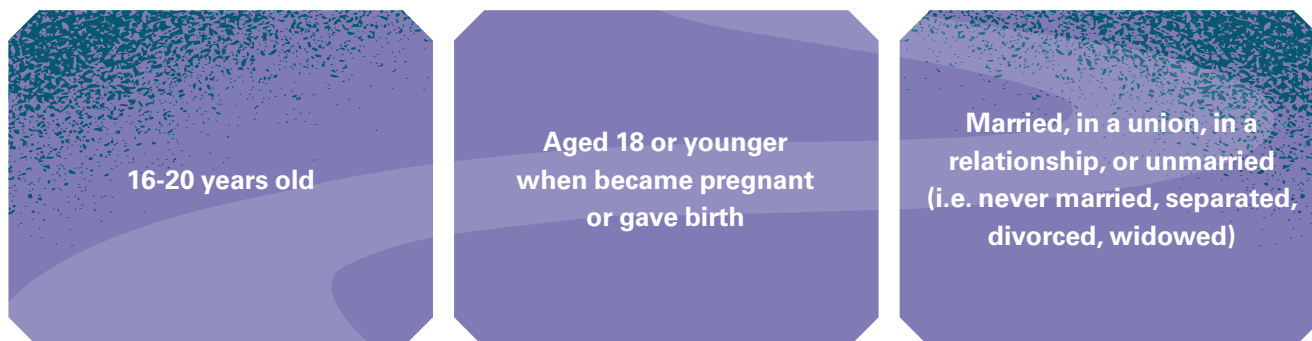
Figure 1. Map of Lao People’s Democratic Republic showing Vientiane province and prefecture (capital city), and Luang Namtha



¹ UNFPA, Asia Pacific Regional Office. Premarital Conception Analysis APRO (15–17 years) [internal data analysis]. UNFPA, 2020.

Recruitment

Participants were sampled purposely, facilitated by partnering health care services and non-governmental organizations (NGOs) providing support to pregnant adolescents. Young women were recruited who were:



Written informed consent was obtained from all participants prior to participation.

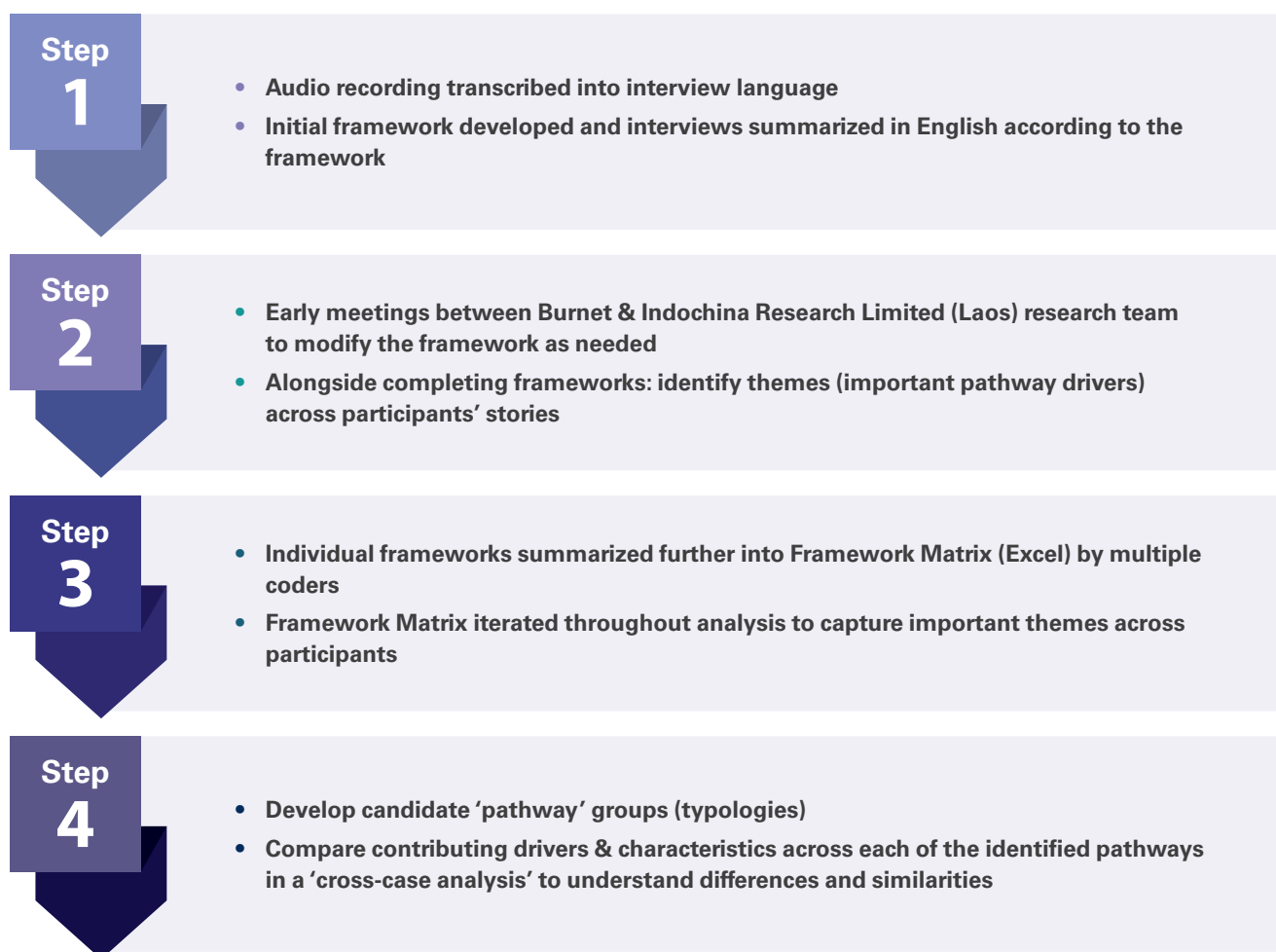
Data collection 1: In-depth timeline interviews

In-depth interviews using participatory methods were conducted to understand the drivers and pathways to adolescent pregnancy from the adolescents' perspective. A timeline interview approach was employed: Interviewers used a semi-structured interview tool to guide participants in generating a visual timeline on a sheet of paper, indicating key life events and milestones in their journey to becoming pregnant. This visual approach was aimed at opening up participants' interpretations of the questions they were being asked, providing a creative way for them to tell their stories, and contextualizing and building an image of participants' perspectives and experiences. Interviews were audio-recorded and transcribed verbatim.

Preliminary data analysis

Analysis took an inductive approach, developing an understanding of drivers grounded in participant experiences. The data analysis process is outlined in Figure 2. The first step involved transcribing audio recordings of interviews in the language in which the interview was conducted, developing an initial framework, and summarizing interviews in English based on the framework. Second, the Burnet and Indochina Research Limited (Lao PDR) teams met to modify the framework and begin to identify themes and important pathway drivers across participants. Third, multiple coders summarized the individual frameworks into a framework matrix in Microsoft Excel, taking notes and adding important themes across participants as they became apparent. Finally, candidate pathway typologies were developed. Contributing drivers and characteristics across the pathways were compared through cross-case analysis to develop a better understanding of the differences and similarities.

Figure 2. Data analysis process (framework analysis)



Data collection 2: Follow-up phone interviews

Following preliminary analysis of the data gathered through the in-depth timeline interviews, follow-up interviews were conducted with selected participants. These aimed to 1) validate and clarify the study findings and interpretations, and 2) gather girls' recommendations for programmes and policy.

Interviewers received three days of training to familiarize themselves with the follow-up interview topics. As part of the training, the study team, with support from the study's youth advisors, developed short, engaging video clips to communicate the key study findings on four major topics: 1) knowledge about sex, reproduction, and

contraception, 2) contraceptive access and use, 3) relationships and negotiating sex and pregnancy, and 4) pregnancy and marriage. Corresponding "radio play" audio recordings were also developed for participants who did not have access to smartphones. During the training, interviewers also spent time reviewing key topics covered in the training for the first round of data collection, such as principles of research ethics, informed consent, and distress and mandatory reporting protocols.

Participants in the follow-up interviews were young women who 1) participated in the in-depth timeline interviews, 2) indicated their interest to be recontacted for the study's follow-up activities, 3) had access to a mobile phone, and 4) provided informed consent.

During follow-up interviews, participants were sent the video clips or audio recorded “radio plays” and given time to watch or listen to them before the follow-up interview began. Interviewers then used a semi-structured interview guide to facilitate validation of the study team’s interpretation of findings, clarify any unclear points and contexts, and gather participants’ suggestions and recommendations regarding priority strategies to support adolescent girls relevant to each of the four topics. After the interviews, questioners completed a summary sheet where they documented participants’ feedback on the study findings and their suggestions and recommendations.

Final data analysis

The findings from the follow-up interviews were integrated into the final data analysis and helped to validate and clarify findings from the first phase of data collection. These are reflected in the findings presented below, and in the manuscript being prepared for journal submission on the study findings in Lao PDR. Likewise, participants’ suggestions and recommendations gathered during the follow-up interviews were incorporated into the presentation of findings to the working group and external stakeholders including government and non-government representatives from Lao PDR. These will also be included in another manuscript for journal submission that will feature regional findings and recommendations for programmes and policies across the four countries included in this study.

Profile of study participants

Fifty-seven in-depth timeline interviews were conducted between March and August 2021 with young women who were 15–20 years old, of whom 20 participated in follow-up interviews (see Table 1). The median age of participants during the interview was 18. Two participants were 15 years old at the time of their interviews. This was reported to the ethics committee, and the committee determined that the data provided should be included in the data analysis and findings.

Most participants were from Luang Namtha (31), with 10 participants from Vientiane Prefecture and 16 from Vientiane Province. Across the study areas, 15 participants in rural areas, 10 participants in peri-urban areas, and 32 participants in urban areas were interviewed. At the time of the interviews, most participants were in a union – either living with a man or currently married. Seven had never been in a union, and one participant had since separated from and divorced her husband. All participants had conceived their first pregnancy prior to age 18, the youngest at age 13, with a median age of 16 years.

In Vientiane, both the capital city and the province, almost all participants were of Lao ethnicity. In Luang Namtha, a diverse set of ethnicities were represented, including Khamu, Lantan, Yung, Hmong, Phounoi, Lue, Lamed, Lao, Tai Dam, and Sila. Most participants had attended some secondary school. At the time of the interviews, almost half of the girls were engaged in paid work.



Table 1. Summary of participant characteristics

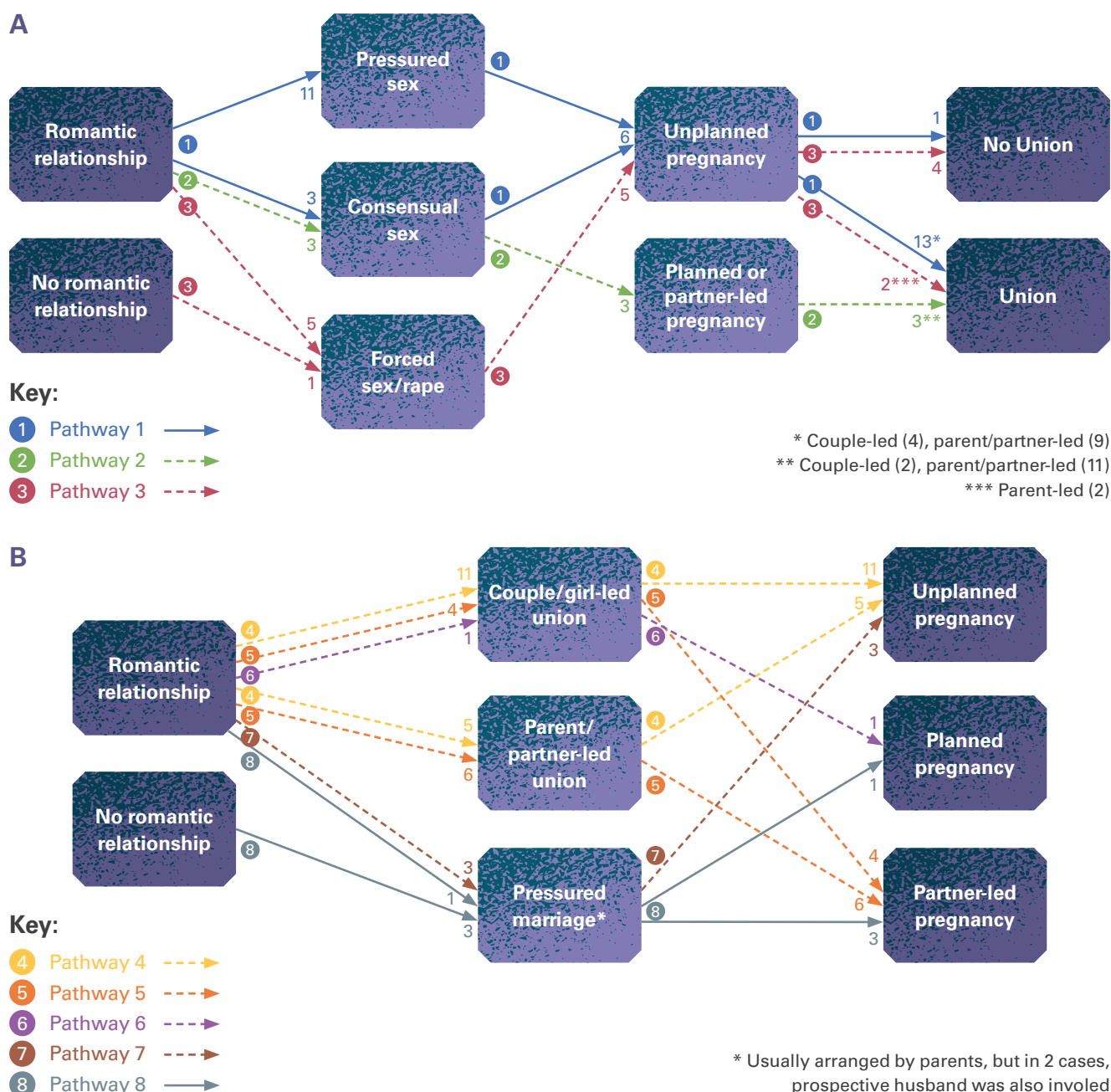
Characteristics	No. of participants
Age at interview	
15*	2
16	3
17	10
18	16
19	19
20	7
Province	
Luang Namtha Province	31
Vientiane Province	16
Vientiane Prefecture	10
Site (Residence)	
Rural	15
Peri-urban	10
Urban	32
Marital status at interview	
Never in union	7
Living together but not formally married	37
Married	12
Separated/divorced	1
Level of education	
Some primary school	1
Completed primary school	4
Some lower secondary school	21
Completed lower secondary school	14
Some upper secondary school	13
High school graduate (completed upper secondary school)	4
Engagement in paid work (at interview)	
No	30
Yes	27
TOTAL	57

Findings

Adolescent girls' pathways to pregnancy were varied. Eight pathway typologies were identified, each representing a common series of events and contributing factors described below. Pathways were divided into two broad groups according to the timing of pregnancy relative to union (cohabitation or marriage). Figure 3 provides a broad visual

representation of these pathways and the number of participants aligning with each. Pathways 1 to 3 fall under outside-union (before and no-union) pregnancy pathways (see Figure 3A), while pathways 4 to 8 are within-union pregnancy pathways (see Figure 3B). Individual pathways are also depicted through separate figures in the succeeding section.

Figure 3. Pathways to adolescent pregnancy in Lao PDR, [A] Outside-union pregnancy pathways, [B] within-union pregnancy pathways (Note: roman numerals correspond to distinct pathways; figures near arrowheads refer to frequencies)



Across the sample, girls began engaging in romantic relationships between ages 10 and 16. Many girls described that their friends had boyfriends and motivated them to form their own romantic relationships. For example, one girl shared that the day she first met her potential boyfriend:

The boys came to chat with my senior friends. My friends said there are handsome boys coming, so my friends took me along. (LA0214)

Another girl also recalled:

[Back] then, I did not want to have a boyfriend, but all my friends have boyfriends. My friends told me that I should have a boyfriend. They asked me, 'Don't you want to have a boyfriend?' I asked back, 'What is the feeling having a boyfriend?' My friend said it is good fun to be in love. (LA0213)

Many girls shared a similar story to that shared by LA0213:

The boy asked for my number from my friends. Through friends, my number was passed on to him. He started chatting with me via WhatsApp. After six months of chatting, I felt that I like him. He then asked me out for *Pai Len*.² I said I would go if my friends would come along. So, we went out drinking beer with a group of friends. (LA0213)

Many girls in this study had other romantic relationships before they began their relationship with the partner who got them pregnant. Prior relationships usually involved text messaging and did not involve physical intimacy. Girls then typically met the partner who got them pregnant through common spaces (e.g. school, work) and chatted through social media platforms before spending time together in person.

Outside-union pregnancy pathways

For 23 girls, their pathway to pregnancy unfolded outside of union (cohabitation or marriage).

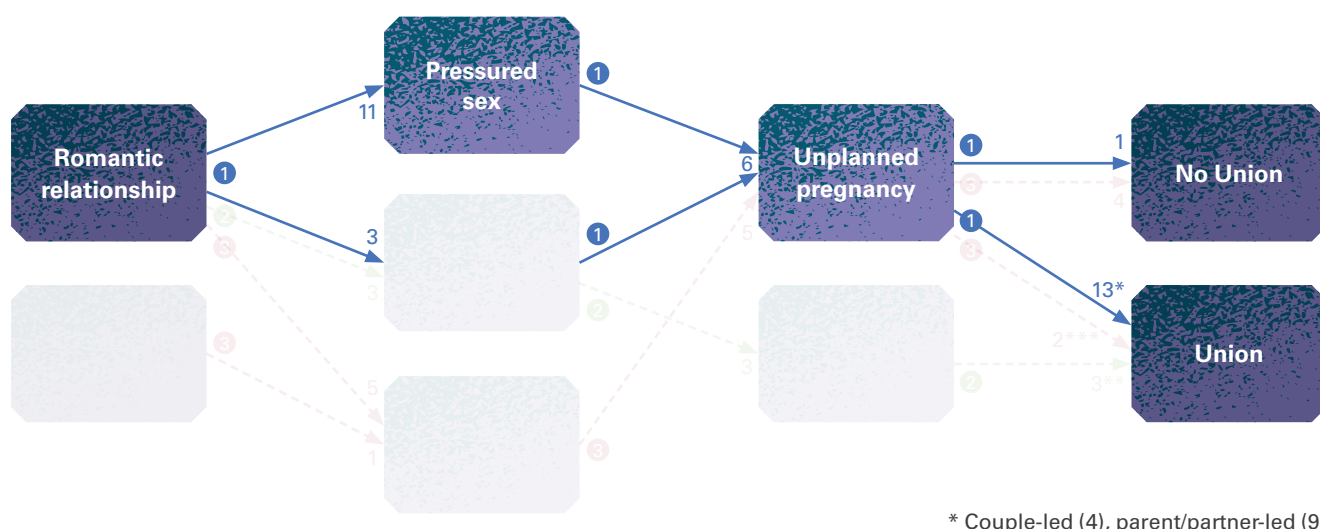
1. Romantic relationship leading to consensual and “pressured” sex and unplanned pregnancy

The first and most common pathway to adolescent pregnancy outside of union progressed through romantic relationships that led to consensual or “pressured” sex³ and unplanned pregnancies, and in most cases, followed shortly by marriage or cohabitation (see Figure 4). The 14 girls belonging to this pathway were from urban (8), peri-urban (3) and rural (3) communities across the three study areas, and were of Hmong, Khamu, Lao Loum, Phounoi and Tai Dam ethnic backgrounds.

² “*Pai len*” was described as “party-going, usually involving alcohol consumption.”

³ The study classified sex as “pressured” when girls described engaging in sexual negotiation with their boyfriend (e.g. being influenced or convinced) and subsequently agreeing or consenting to sex.

Figure 4. Lao PDR pathway to adolescent pregnancy 1 – romantic relationship leading to consensual and ‘pressured’ sex and unplanned pregnancy and union



In this group, most boyfriends were between four and nine years older and girls characterized the beginning of the relationship as exciting, describing their boyfriend as attractive, kind or responsible.

Sexual debut. All girls in this pathway experienced sexual debut outside union, usually with the partner who got them pregnant. Only two girls in this pathway experienced sexual debut with a prior partner. In plotting their timeline, the girl’s first sex with their boyfriend took place in the next year of her life (i.e. in the year after the relationship began) when the relationship was well established. In one case, the couple had sex after the girl’s parents had consented to the couple marrying. Sex was almost always unplanned by the participant, and “*pai len*” was salient in many narratives. Participants described agreeing or consenting to their first sex with the partner who got them pregnant, but negotiation often occurred when the couple had been drinking and after special events such as birthday parties. This was often followed by the boyfriend taking the girl to a guest house. Some girls described being pressured (i.e. influenced, convinced) by their boyfriend to have sex:

We were in the party and the music was loud. He talked to me saying that he would like to have ‘it.’ I said, ‘No! My mom would call in any minute, I can’t stay any longer.’ But then I did not know why I gave it to him. Maybe because I was drunk.

(LA0233)

All girls in this pathway knew that having sex could lead to pregnancy before they had their sexual debut, though their sources of information varied. Girls emphasized that during sexual negotiations, they were concerned about pregnancy, but their boyfriend assured them he would take responsibility for any pregnancy:

He told me that it does not matter if we have sex because we would be married soon. He said if I were [to get] pregnant, he would be responsible. (LA0210)

This promise was central in girls' decision making. Many participants believed their boyfriend would take responsibility for any pregnancy before they had sex with him.

Contraceptive knowledge, access and use.

Most girls had heard about contraceptives from peers, with less than half reporting receiving any sex education at school (e.g. biology class, medical professionals conducting contraception information campaigns). Others received vague messages to be careful from other people they knew:

The shopkeepers in the market and many people especially senior friends I know, they all told me to be careful, don't go out often, don't focus on boys. They all said that. They said if we are staying out late and playing around, we will have a baby. But I didn't really understand what they meant. (LA0218)

Some girls reported being aware of contraceptives but facing barriers to accessing them. For example, one girl was aware of emergency contraceptive pills but felt too embarrassed to purchase them when she needed them. Another girl reported that she and her partner agreed to use condoms, but she was embarrassed to buy them. Instead, they used the rhythm method, but she miscounted and conceived.

Eight girls in this pathway reported using condoms during the first or second time they had sex with their boyfriends, but condom use was discontinued shortly after. Many participants described that their boyfriends did not like to use or refused to continue using condoms and emphasized that instead, he would take responsibility for any pregnancy. Alternatively, some boyfriends promised to take responsibility for any pregnancy so the girl would agree to have unprotected sex. Another girl reported using condoms and emergency contraception inconsistently. She was sexually active and had never gotten pregnant before, and because of this reported that she did not care much about protection.

Four other participants described not attempting or discontinuing contraceptive use because they (or their partner) underestimated the risk of pregnancy as they had prior unprotected sex that did not result in pregnancy. Underestimating the risk of pregnancy was also reported among girls who had discontinued condom use. This was the case for one girl who recalled:

We had sex the first time unprotected. But I was not pregnant. But we had sex a few times after that [was] protected. It was OK. But the last time we had sex, it was unprotected, then I became pregnant. (LA0202)

Pregnancy. All pregnancies among this group were unplanned by the couple. After discovering the pregnancy, 10 girls considered abortion. Many were encouraged by friends to seek abortion, and in one case the boyfriend suggested an abortion to avoid fines associated with premarital pregnancy according to the ethnic traditional custom. One girl successfully terminated her first pregnancy by taking abortion pills. Two girls attempted abortion with traditional herbs or by taking painkillers or energy drinks mixed with soda, and another girl was brought by her parents to a clinic but was refused an abortion because the doctor felt the pregnancy was too far along and would be too risky (the girl was three months pregnant at the time). For other girls, their boyfriend's support for the pregnancy and support or appeals from parents or parents-in-law dissuaded attempts at termination:

I already had an appointment with the doctor for abortion. Then my mother-in-law knew about it and cried so hard. She said that we only have a son. She said she wants more people at home. She begged me not to have abortion. (LA0206)

There were indications from a few participants' stories that once parents became resigned to or accepted the pregnancy, the girl was well supported, and in at least one case the pregnancy was welcomed.

Relationship outcomes. Almost all girls in this pathway got married or started living with the partner who got them pregnant within two to six months after learning that they were pregnant. It was clear that parents expected marriage following pregnancy, but for three girls, cohabitation with the promise of marriage was accepted. One girl was living with her partner because her partner's parents did not want the couple to marry.

The decision to enter union (or not) was more often parent-led, with some parents asking the boyfriend to take responsibility, or agreeing to marriage with the boyfriend's parents. In four cases, union was couple- or girl-led. Most marriages were arranged through *pai khor*, a process whereby a marriage proposal is initiated by a young man or his family, and an approximate date for marriage is set with the girl's family. Motivations for union included avoiding gossip and shame, avoiding fines for premarital pregnancy (customary among the Khamu), and ensuring economic security (i.e. to gain male labour for the girl's family, to ensure the girl and her baby are provided for). Only one girl reported getting married for love.

In one case, a girl never entered a union because her parents did not allow her to marry her boyfriend.

At the time of their interviews, most participants in this pathway reported being happy with their current relationship and having agency in decision-making about sex and contraceptive use.

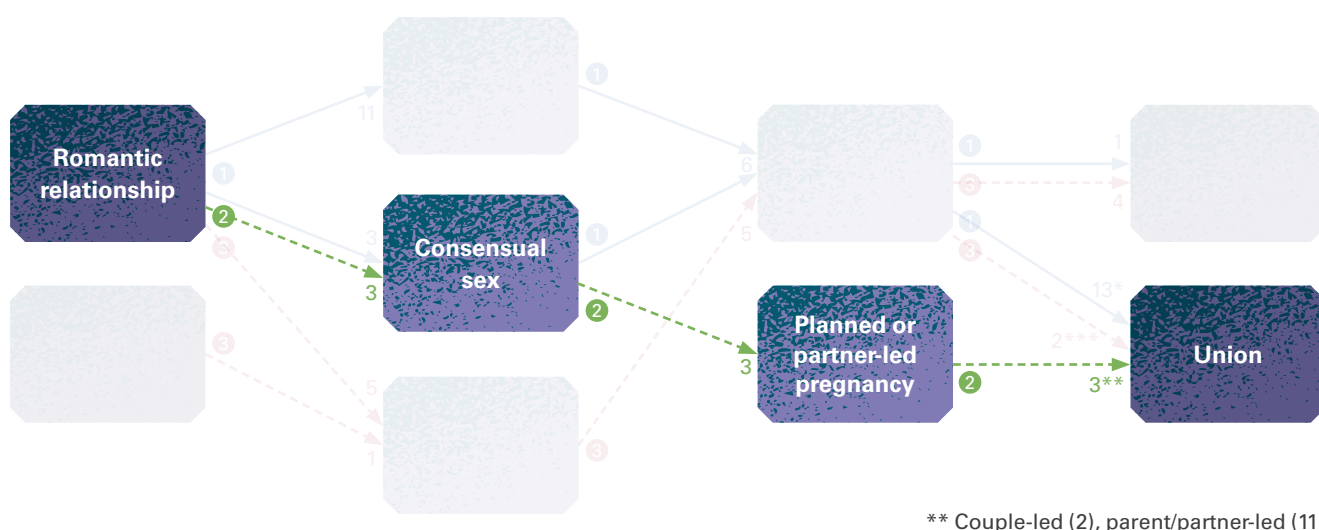
Current contraceptive use. Contraceptive knowledge was greatly improved after birth, and almost all participants who had given birth were using modern contraceptive methods, largely pills, for birth spacing. Some participants noted challenges with side effects from hormonal contraceptives, while others expressed the view that condoms were not appropriate for a married couple to use.

Education. About half of participants dropped out of school due to their pregnancy, others had ceased education prior to becoming pregnant, and one continued her education with support from parents.

2. Planned/partner-led pregnancy to facilitate union

Three participants' narratives reflected a distinct pathway in which pregnancy was viewed as a means to facilitate union (see Figure 4). All three girls in this pathway were from urban areas in the provinces of Vientiane and Luang Namtha, and were of Lantan and Lao Loum ethnic backgrounds.

Figure 5. Lao PDR pathway to adolescent pregnancy 2 – planned/partner-led pregnancy to facilitate union



Sexual debut. Two girls experienced their sexual debut with the partner who got them pregnant. One girl had her sexual debut with a prior boyfriend. All girls described their first sexual experiences as consensual.

Pregnancy. In two cases, girls described deciding to try to get pregnant with their partner to facilitate cohabitation or marriage. The families of the couples were aware of the relationships but the girls were encouraged to delay marriage and pregnancy. In one case, the girl's parents wanted her to continue school, and in the other, the parents wanted the girl to spend more time getting to know her partner. The couples were delighted and excited on learning of the pregnancy and were happy to be building their family. For example, one girl recalled:

He [my partner] is excited and glad because he has always want[ed] to get married. (LA0215)

In another case, the pregnancy was initiated mainly by the girl's partner. The girl and her partner had agreed to wait until after she had graduated from school to get married, but the girl suspected that her partner planned to get her pregnant because he wanted to marry her sooner.

Contraceptive knowledge, access and use. The girls in this pathway gained information about sex and contraception from female family members (e.g. their sister or mother), friends and teachers at school. The girls who had planned pregnancies used condoms during the first sex only then decided to discontinue condom use to become pregnant. In both cases, the girls had discussed with their boyfriends their plans to marry and felt certain that the boyfriend would take responsibility once they were pregnant.

The girl who had a partner-led pregnancy did not use any contraception. She had previously asked

her partner to buy pills for her, but he refused. When the girl got pregnant, she considered abortion, but her partner did not allow her. Instead, the couple's parents agreed for them to wed.

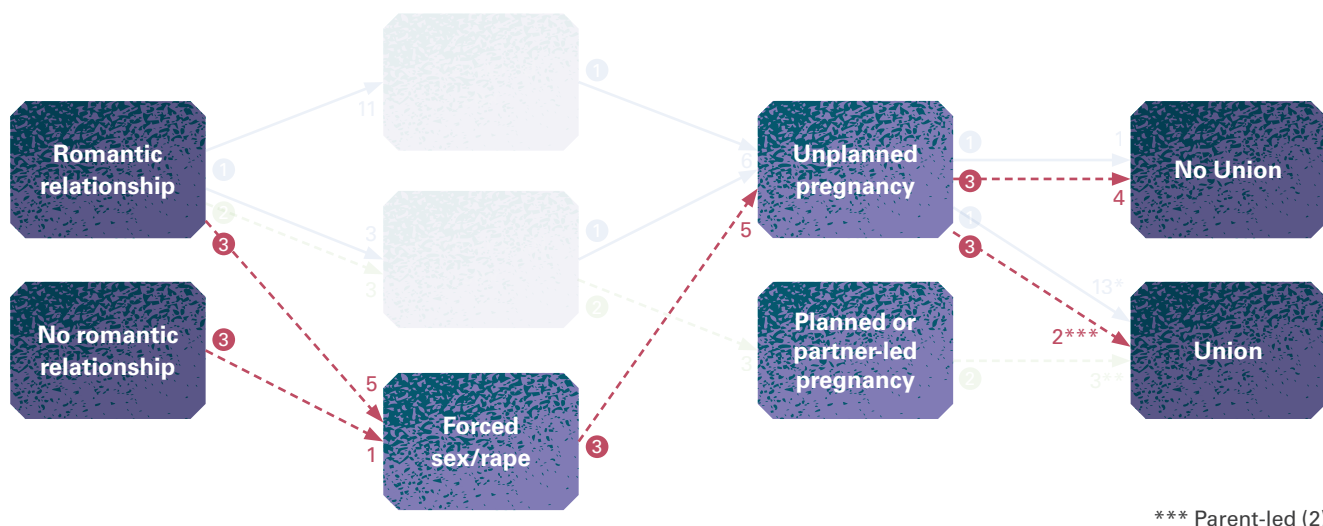
Relationship outcomes. Following pregnancy, two girls started living together with their partners and became formally engaged, while the other girl was married shortly after learning of her pregnancy. One girl's view that she was a financial burden on her family and expectations of early marriage in her community were also motivators.

At the time of their interviews, two girls were married, and one was cohabitating and engaged to be married. All girls reported being happy in their relationships.

Current contraceptive use. One girl had been using pills since her first birth (for spacing), one was pregnant during her interview but planned to use implants after giving birth, and the other was no longer using any modern method of contraception after her first birth because she experienced side effects from taking contraceptive pills and her partner would like to have a second child.

Education. One girl stopped attending school because she didn't like studying and wanted to start a family, which was facilitated by her pregnancy. She believed that having a family and a secure job was "equally good" as being in school. Another girl reported that she stopped attending school for financial reasons. The third girl had wanted to stay in school, but once she was pregnant, she did not seem to have a choice but to quit school and marry. Her partner had threatened to harm himself if she did not quit school, which prompted her to follow his wishes even though she wanted to continue her studies. The girl was of Lantan ethnic background, and she described that in their culture, if a girl is no longer in school, she had to marry or she would be viewed as "not a good girl." None of the girls had any intention to return to school.

Figure 6. Lao PDR pathway to adolescent pregnancy 3 – forced sex/rape preceding unplanned pregnancy



3. Forced sex/rape preceding unplanned pregnancy

The third pathway to pregnancy outside of union was through forced sex (rape), usually perpetrated by the girl's boyfriend (see Figure 5). This pathway was observed in urban (5) and rural areas (1) across the three study areas. Girls belonged to Khamu, Lao Loum and Lantan ethnic groups.

Sexual debut. Five girls were raped by their boyfriend or partner, while one girl was raped by a friend's boyfriend. For girls who were in romantic relationships, forced sex occurred at varying lengths into the relationship, from a few weeks to months. Among these, one participant had run away from home and was cohabitating with her boyfriend without engagement or consent from her parents (eloped) when she was raped by her boyfriend. Girls were usually drunk, on drugs or unconscious during sex; three girls had no recollection of the rape and only learned they had been raped when they woke up the following morning. One girl shared that their partner had previously requested sex, but she had declined; he raped her while he was drunk. Special events and *pai len* were again observed in this pathway, with some girls staying over at the boyfriend's house, a friend's house or guesthouse following an event or drinking session. It was not clear in the girls' narratives if they knew at the time of their rape where they could get help and support following sexual violence, and there was no mention of any attempts to file a police report of the rape.

Contraceptive knowledge, access and use. None of the perpetrators used condoms. In one case, the girl was told about emergency contraceptive pills after she was raped, but she expected her boyfriend to provide them, and he did not.

Abortion was considered in all participant narratives. Three girls attempted abortion, but only one successfully terminated her pregnancy. Two other girls sought abortion services at clinics but were dissuaded by providers from going through with it. One girl recounted being told by a doctor to seek permission from her parents:

I asked the doctor for where I can have abortion. The doctor said there is no such place and told me to ask for permission from my parents. (LA0231)

Similarly, another girl described being turned away because her pregnancy was "too advanced" and was told it would be expensive:

The doctor told me that the pregnancy is too advanced, and the baby is too big. If I am going to have an abortion, it will be very expensive. The mother of the boy also persuaded me to go home and think more carefully about pregnancy. (LA0240)

Relationship outcomes. Almost all the participants in this group were not in a union at the time of their interviews. Four girls never entered a union with the partner who got them pregnant, and one girl initially cohabitated with the partner who got her pregnant but had since ended their relationship. One girl was forced to marry the man who raped her. This participant was forced into marriage by her father and shared:

When I found out that I was pregnant, the father of the baby said it is not his. I was really upset and did not want anything to do with him anymore. But then my dad said I had to marry him because nobody at home will look after me. (LA0213)

Varied circumstances resulted in single motherhood. In some cases, the girl had little or no choice. In others, the girl made the decision. For one girl, pregnancy was followed by parent-led cohabitation, but her partner's parents refused the marriage:

He said it is not his baby. But during the pregnancy, I moved to his mother's home. They took care of me but when the baby was born, they did not allow me to marry him. (LA0240)

Other girls had more say in the decision to not marry. For example, a girl refused to marry the partner who raped her and got her pregnant, even though her parents were encouraging her to marry him. She felt the marriage would not last. Another girl had a successful abortion after ending her relationship when it was clear that her boyfriend was not going to take responsibility for the pregnancy.

At the time of their interviews, two of the four never-married girls reported being happy with their decision to remain single, and one of the four reported that she was well-supported by her family. Two girls described having problematic relationships with the partner who got them pregnant. The girl who was forced to marry the partner who got her pregnant was still married and seemed to be satisfied with her relationship.

Current contraceptive use. None of the single mothers were using contraceptives at the time of their interviews. The girl who was married was using an implant but was planning to try for a second baby soon.

Education. Three girls left school due to pregnancy. They were embarrassed and uncomfortable to go to school while pregnant, and one girl was concerned about her family feeling ashamed. The other three girls had already left school for other reasons before getting pregnant. One girl left school because she wanted to spend more time going out and partying (*pai len*), one disliked school because she was the oldest in her class and got bullied because of it, and the other left school for financial reasons followed by a death in the family.

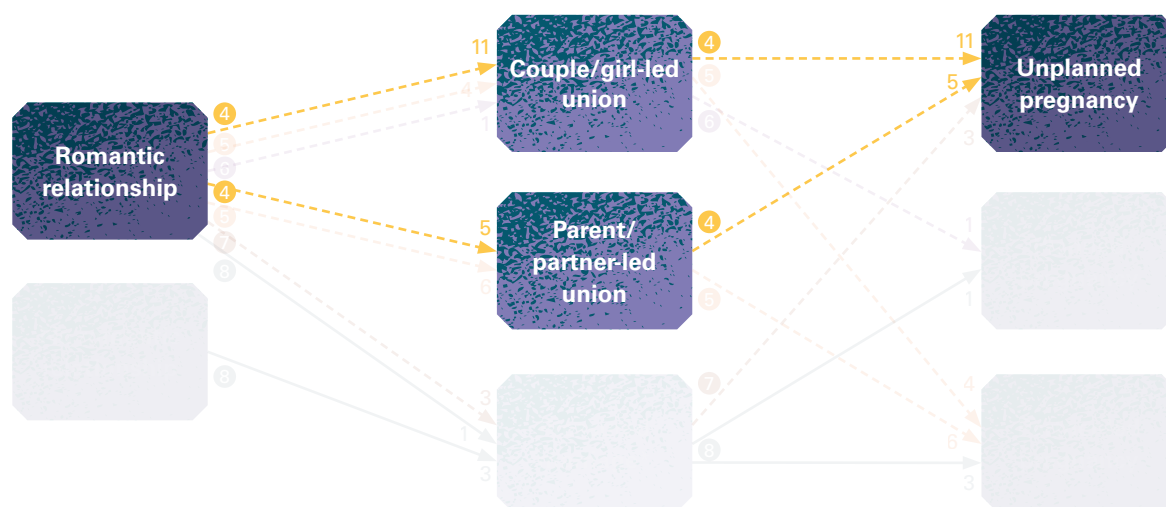
Within-union pregnancy pathways

For many, adolescent pregnancy occurred in the context of child marriage and early union, but their pathways to pregnancy varied according to pregnancy intention.

4. Romantic relationship leading to union and unplanned pregnancy

For 16 girls, romantic relationships followed by cohabitation or marriage resulted in unplanned pregnancies (see Figure 6). Girls in this pathway represented urban (6), peri-urban (5), and rural (5) communities across the three study areas, and were of Lao Loum, Khamu, Hmong, Lue and Sila ethnic backgrounds.

Figure 7. Lao PDR pathway to adolescent pregnancy 4 – romantic relationship leading to union and unplanned pregnancy



Marriage/union. Most of the girls in this pathway had some say in the decision to cohabit or marry. However, for five girls, marriage was agreed upon by the boyfriend and parents, or pushed by the girl's parents. Unions were motivated mainly by love or premarital sex. For example, one girl of Hmong ethnic background eloped with her boyfriend (a traditional cultural practice in their community) to avoid marriage to someone else. For some girls, boyfriends proposed marriage after the couple had their first or second sex together, and in one case the girl's mother pushed the couple to marry after learning that they had sex. In another case, a girl eloped with her boyfriend after they had sex because she was worried that she might get pregnant. Following their elopement, their parents were prompted to discuss the situation and agreed to their union. Other motivations for union included tradition and cultural reasons (child marriage or early union was a common practice in some ethnic groups, such as the Khamu, Hmong, Sila), financial and economic security, avoiding the shame and embarrassment of a premarital pregnancy, and desiring independence from parental authority.

Seven participants had a prior relationship before they met the partner who got them pregnant. As in other pathways, participants often met boyfriends at shared spaces or events, such as festivals, in their village, or online through Facebook or WhatsApp.

Sexual debut. Most girls in this pathway experienced their sexual debut with the partner who got them pregnant. Only four girls experienced their sexual debut with someone other than the partner who got them pregnant. Girls more often described sex as consensual, or planned or expected within union, although two girls reported experiencing forced first sex, one perpetrated by a prior boyfriend, another by a stranger. Ten girls had their sexual debut outside of union (premarital sex), which often occurred in the context of *pai len*. Girls' apprehensions about unplanned pregnancy were usually assuaged by assurances from the boyfriend that he would take responsibility for any pregnancy through marriage or *pai kho*. For instance, one girl shared:

I spoke to my boyfriend that I am so afraid of getting pregnant, but he said that there is nothing to worry about. If I have a baby, he will *pai kho*. (LA0201)

A few girls reported feeling pressured the first time they had sex with the partner who got them pregnant. Some girls clarified that boyfriends expected that a girl should be willing to have sex a few months into the relationship. As one girl described:

When having a boyfriend, you would normally chat for about three or four months. Like this guy, I knew him for four months, then we started having sex for the first time. (LA0202)

Seven girls in this pathway had their sexual debut after they entered a union, or as soon as the girl's parents agreed for the couple to become engaged to be married. Five girls had sex for the first time when they began cohabitating with their partner. In two cases, sex occurred after the couple eloped and began cohabitating without the girls' parents' permission. In two other cases, girls had sex with their partners after their parents allowed them to start living together. One of these girls and her partner wanted to marry but needed time to save money for their wedding. The girl's parents allowed them to live together while saving for their wedding and the couple had sex while cohabitating. The fifth girl reported experiencing forced sex under the influence of drugs while living with her partner.

Only two girls had their first sex with the partner who got them pregnant after they were formally married. One had consensual sex, while the other reported not wanting to have sex but being pressured by her husband. One girl and her boyfriend had been dating under the parents' close supervision for three months, and the parents prompted the boyfriend to propose marriage "if they wanted to be in this kind of a [romantic] relationship." They had sex once they were married. The other girl liked to *pai len* but had a very strict father. She expected that marriage would grant her more freedom and accepted her boyfriend's marriage proposal because of this. On their wedding night, she did not want to have sex with her husband. She tried to avoid it again the following night, but her husband told her that "a husband and wife should have sex." She eventually relented but described feeling no emotion.

Contraceptive knowledge, access and use. Most girls described learning about sex from friends. Only half of the girls in this pathway mentioned receiving any sex education at school. Girls' knowledge about contraception was highly varied and girls more often learned more about contraception from friends or family members once they were engaged to be married or were in a cohabiting union. Many girls in this pathway lacked accurate knowledge about pregnancy risk and contraception, causing most of them to not use any contraception method before they became pregnant for the first time. Some girls reported that they had never discussed contraception with their partners, while some believed myths they had heard about condoms and pills. Other girls underestimated their pregnancy risk, believing that they would not, or not easily, get pregnant following unprotected sex.

Only four girls in this pathway used any modern method of contraception before becoming pregnant for the first time. One girl and her husband only used a condom the first time they had sex but discontinued because the girl heard that condoms would "hurt her womb." She went on to use oral contraceptive pills but also discontinued taking pills after experiencing side effects. She became pregnant shortly after discontinuing use. Another girl reported that her partner refused to use condoms once they were married, and she got pregnant while taking contraceptive pills. A third girl reported that her partner used condoms inconsistently. She and her partner believed that contraceptive pills would "dry her womb," which discouraged the girl from attempting to use pills. The fourth girl reported using contraceptive pills inconsistently after marriage but felt that it was "annoying" to access and use pills.

At the time of their interviews, some girls were using contraceptive pills after their first birth. Four were considering implants or other methods, and two were still pregnant. Three girls were not using any modern contraceptive method. A minority of participants in this pathway reported that their husbands did not support contraceptive use following the first birth.

Pregnancy. All pregnancies in this pathway were unplanned, but two girls reported that they did not mind, and three girls reported that their partner was happy about the pregnancy. Seven girls became pregnant while they were living with their partner, and two of these girls went on to have a formal marriage following the pregnancy. Nine girls became pregnant after a formal marriage. Families had mixed responses to the pregnancy news, though some were delighted. Some parents were concerned that the girl was too young to begin childbearing, yet they still provided support to their daughters.

Seven girls considered abortion, but most were convinced by their partner or parents to continue their pregnancy. Only one girl had a successful abortion with the support of her husband; he took her to a pharmacy where she was able to purchase abortion pills.

Many participants reported feeling judged when seeking care for their pregnancy because of their age.

Relationship outcomes. At the time of their interviews, most participants were satisfied with their current relationship and expressed agency in negotiating sex and contraceptive use after their first birth.

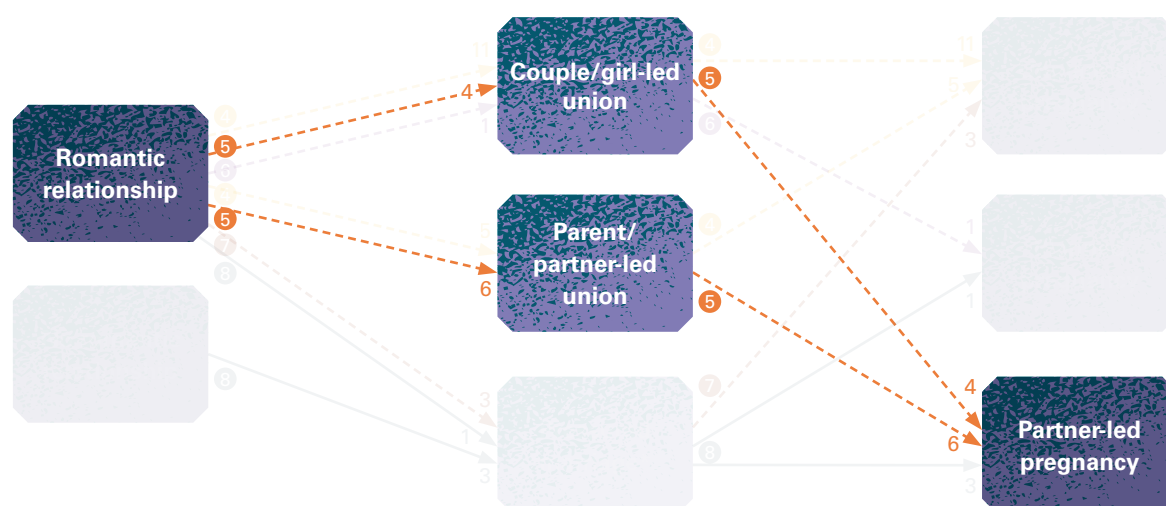
Education. The majority of girls in this pathway were forced to leave school before completion when their family or their financial and economic circumstances made it difficult for them to continue their education. Only five of the 16 girls stopped attending school due to their impending marriage. Two girls noted that they wanted to leave school to work.

5. Romantic relationship leading to union and partner-led pregnancy

In a second within-union pathway, girls did not necessarily express that they wanted to become pregnant but deferred to their partner's wishes or were pressured or forced into pregnancy by their partner (see Figure 8). Girls aligning with this pathway were from peri-urban (5), urban (3), and rural (2) areas across the three study sites, and were of Lao Loum, Hmong, Khamu and Lantan ethnic backgrounds.

Marriage/union. Love and premarital sex were the most common motivations for union. Girls in this pathway had varying degrees of control over the decision to cohabit or marry. For five girls, parents had initiated cohabitation or marriage, though in three cases, the couple was in-love. In four other cases, the boyfriend proposed to the girl and the couple jointly pursued union with their parents' support. In another case, one girl reported that her boyfriend raped her, then informed her parents that they had sex, prompting the parents to accept his proposal to move in with the girl with the promise of marriage later on.

Figure 8. Lao PDR pathway to adolescent pregnancy 5 – romantic relationship leading to union and partner-led pregnancy



Sexual debut. All girls in this pathway had their sexual debut with the partner who got them pregnant, most before cohabitation or marriage. Three girls had sex for the first time within union and described sex as planned because they were married or had eloped. For seven girls who experienced sexual debut outside of union, sex often occurred in the context of *pai len* and special events, with boyfriends taking participants to guesthouses. Four girls described sex as consensual, even though three girls were drunk at the time and one girl reported feeling pressured before she agreed to have sex. Boyfriends' promises to take responsibility for any pregnancy were important in convincing girls to have sex. Three girls reported being raped while drunk, of whom two were unconscious.

Pregnancy. In all cases, girls' partners had made it clear they wanted a pregnancy following cohabitation or marriage. In five cases, the pregnancy was clearly partner-led, and four of these girls clearly did not want to get pregnant, but the partner's desire for a pregnancy influenced contraceptive non-use and pregnancy timing.

Contraceptive knowledge, access and use.

Girls' knowledge about sex, reproduction, and contraception varied, but almost all girls had some awareness about condoms and pills before pregnancy. Five girls used some form of modern contraceptives before pregnancy. The rest did not use any modern method. Three girls reported some condom use prior to cohabitation.

In most cases, the girl agreed or willingly followed her husband and did not use contraceptives to get pregnant, but in a few cases, the partner refused to use condoms or prohibited the girl from using contraceptives. One girl shared that her partner stopped using condoms after cohabitation. The girl took pills secretly, but her partner found out and disposed of the pills. Likewise, another girl recalled that her partner refused to use condoms after they moved in together. She wanted to try using pills, but no one would buy them for her, and she was too embarrassed to get them herself at the health centre. Three girls had used contraceptive pills but were urged by their partners to discontinue use to get pregnant, and pregnancy occurred soon after they discontinued contraceptive use.

Two participants started using contraceptive pills for birth spacing after their first pregnancy. At the time of their interviews, four participants reported that their husbands were in control of their contraceptive choices.

Relationship outcomes. Most participants reported being happy with their relationship, particularly emphasising that the husband took care of her and her baby.

Education. In this pathway, all participants had stopped attending school before becoming pregnant. Half left school to get married or because their boyfriend had proposed. Of these, one felt pressured to leave school to get married and another highlighted the financial fine to the couple if she was found to be married and still attending school. Other participants had left school due to financial concerns or difficulties attending school.

6. Romantic relationship leading to union and planned pregnancy

One girl of Hmong ethnic background represented a separate pathway in which planned pregnancy followed a couple-led union (see Figure 8).

Sexual debut. The girl described her first sexual experience with her boyfriend as forced, but the relationship then progressed consistent with Hmong traditional practices.

Marriage/union. Her boyfriend initiated elopement, after which they had a *kan mud kaen* (“tie-the-knot”) traditional ceremony, which is the way to socially announce that the couple would start a family together but is not recognized as formal marriage. The girl consented to this process and chose not to seek approval from her parents. The girl also shared that she pursued early union to lessen future financial burdens:

For those who are not married, they have to buy a cow for their parents when they die. ... If we are married, we don't have to buy. (LA0112)

The girl elaborated that Hmong practices dictate that if a girl is not married, the girl will have to pay 6,000,000 kip for each of her parents when they pass away. If a girl is married, the cost will be shared with her siblings.

Pregnancy. The girl had a planned pregnancy three months after she moved in with her partner.

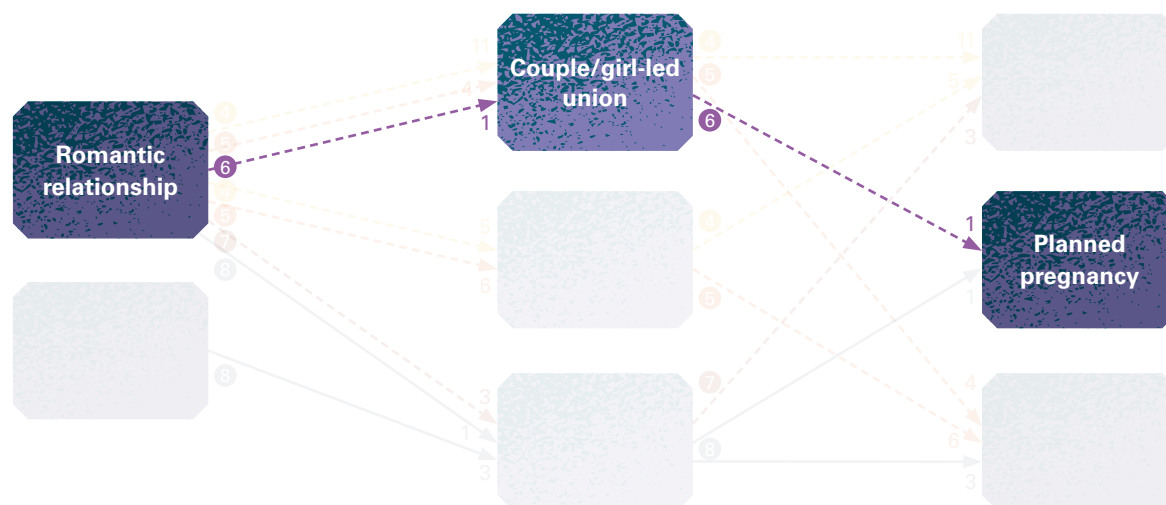
Contraceptive knowledge, access and use. The girl had some knowledge about sex, reproduction and contraception, but reported no contraceptive use since the couple planned to get pregnant. This was supported by the husband's parents who encouraged pregnancy immediately after cohabitation.

She was pregnant at the time of her interview and said she did not intend to use contraceptives after birth as she planned to have more babies.

Relationship outcome. The girl reported being happy with her decision to marry, as her husband and in-laws were taking good care of her.

Education. The girl stopped attending school before union to help her mother with housework. Her mother did not agree with her decision, but the girl decided for herself. She considered returning to school but clarified that she was not that serious about it.

Figure 9. Lao PDR pathway to adolescent pregnancy 6 – romantic relationship leading to union and planned pregnancy



7. Pressured marriage followed by unplanned pregnancy

The final two pathways also represent those of girls who became pregnant within union, but in these cases, girls described having traditional arranged marriages or explicitly stated that they did not want to get married but had little or no real say in the decision.

In this pathway, girls described having an unplanned pregnancy once they were married (see Figure 10). The three girls aligning with this pathway were from urban and peri-urban areas of the provinces of Vientiane and Luang Namtha, and were from Khamu, Lantan and Yung ethnic groups.

Marriage/union. Girls in this pathway had little or no real say in the decision to marry. For one girl, parents initiated the marriage after learning that she and her boyfriend had sex. In addition, her mother was ill, and her family had concerns that they would not be able to continue to provide

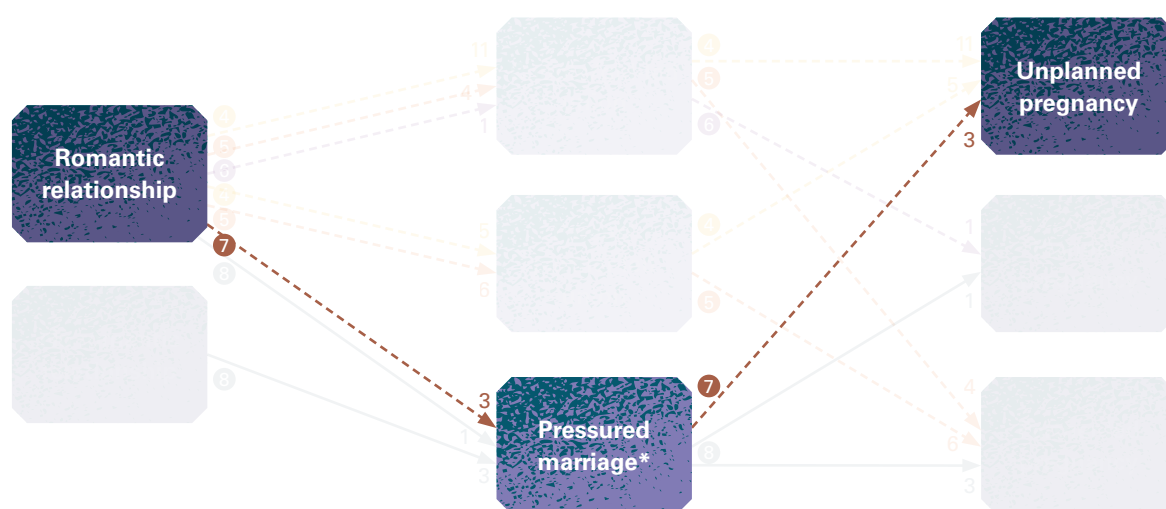
for her. The girl had no choice but to accept the marriage proposal, as refusing would render her homeless:

If I say no, I have no place to stay. (LA0101)

One girl had only been dating her boyfriend for a few months when he told his parents to propose marriage. The girl's father approved the match even though she did not want to get married yet:

My parents like him because he always visits my house. He told his parents [to] come propose marriage ... but I don't want to get married. ... My dad doesn't have money and I could not refuse. (LA0108)

Figure 10. Lao PDR pathway to adolescent pregnancy 7 – pressured marriage followed by unplanned pregnancy



The other two girls' parents arranged their marriages for economic reasons (e.g. to ensure the girl was provided for financially or to gain male labour). For example, as one girl described:

My parents don't have money to support my education and wanted me to get married to have good food, a place [to live], and a family, like other people.

(LA0229)

Similarly, another girl recalled how her father needed someone to help with farm work:

We were dating for a short time, but our parents forced us to get married. ... [They] would like to have a person to help my father with harrowing the rice field, because every year, nobody helps him do farming. (LA0211)

Sexual debut. Two girls in this pathway had their sexual debut with the partner who got them pregnant and described sex as planned or expected because they were married. One girl experienced her sexual debut in the context of *pai len* and special events before union, with the partner who got her pregnant. She described consenting to sex.

Pregnancy. In this pathway, pressured or forced marriage was followed by an unplanned

pregnancy. On learning of their pregnancy, one girl reported that her partner was happy and that she did not mind, while another girl said that both she and her partner were happy. Two girls considered abortion but did not go through with it. One decided on her own, the other was convinced by her mother-in-law to continue her pregnancy.

Contraceptive knowledge, access and use. All girls had some contraceptive awareness following marriage, but they struggled to access or use contraceptives consistently. One girl was denied contraceptive pills by a health care worker, and her husband did not want to use condoms. Another girl was aware of contraceptive pills but felt too embarrassed to access them. The third girl did not use any contraception because she assumed that she would be able to have an abortion if she unexpectedly became pregnant. When this girl became pregnant, she considered abortion, but ultimately decided to continue her pregnancy.

At the time of their interviews, two girls were using pills after their first birth, although one of these girls reported using them inconsistently.

Relationship outcomes. At the time of their interviews, all participants seemed to be satisfied in their relationships, citing that their partners were taking good care of them. One girl expressed worries about her financial situation.

Education. Most participants in this pathway had stopped schooling before their marriage or pregnancy because of poverty or community expectations. One participant left school to get married.

8. Pressured marriage followed by planned or pressured pregnancy

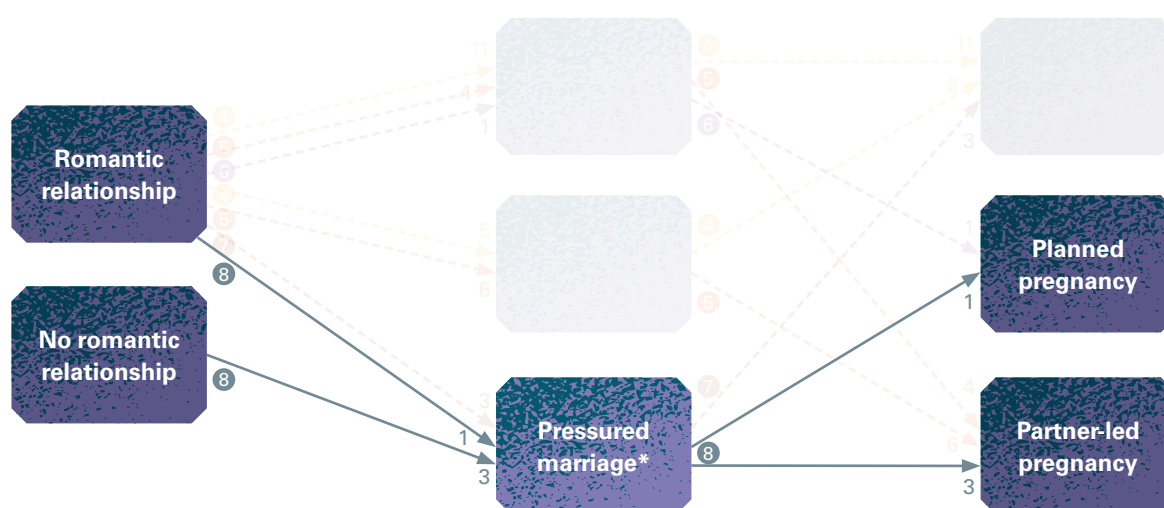
The final pathway was identified only among four girls from Luang Namtha in urban, peri-urban, and rural settings. Girls were of Khamu and Lamet ethnic backgrounds. Similar to the previous pathway, girls had little or no real say in the decision to marry – marriage was arranged or had been agreed to mainly by parents, though in one case, the boyfriend facilitated betrothal by asking his parents to make a marriage proposal to the girl's parents (see Figure 11). Three girls (Lamet and Khamu ethnic backgrounds) only met their partner a few days before or on the day of their betrothal or wedding ceremony.

Marriage/union. For one girl, marriage was arranged because her parents wanted it – both sets of parents knew each other and had agreed on the union before the couple had even met. Another girl met a man on Facebook, and he was eager to marry her. The girl's father agreed to the union because he was concerned about rumours of the couple's relationship.

For two other girls of Khamu ethnic backgrounds, parents had arranged their marriage because of economic reasons. One of these girls had an arranged marriage because her family needed male labour. Following betrothal arranged by both sets of parents, this girl had five months to get to know her future husband and so was more willing than other girls in this pathway to get married when it came time for their wedding ceremony. This girl also described feeling that she was old enough to get married because it was common among girls in her village to marry at this age. She recalled:

My boyfriend's parents told me to marry and move in to help his family. They want to have additional daughter. At first, I did not like the idea, but I got married because I don't want to disappoint them. But because he comes to my family so often, I started to change my mind that he is also good. Then, I felt it is okay to marry him. (LA0118)

Figure 11. Lao PDR pathway to adolescent pregnancy 8 – pressured marriage followed by planned or partner-led pregnancy



Sexual debut. All girls in this pathway had their sexual debut after entering a union (three after marriage, one upon cohabitation). Three girls described their first sex as planned or expected because they were married or betrothed, while one girl reported that her first sex with her husband was pressured.

Following their first birth, two participants expressed having control over sex and contraceptive use decisions; one was using contraceptive pills. The other two reported that their husband still made the decisions about sex and contraceptive use.

Pregnancy. Three of the four girls did not want to get pregnant and experienced a partner-led pregnancy. One of these girls described feeling upset because she did not feel ready and they did not have enough money, but her husband was happy about the pregnancy. Another girl described that she and her partner were happy on learning that she was pregnant, and that her parents had encouraged her to have a baby while she is young. The fourth girl had a planned pregnancy.

None of the girls in this pathway considered abortion.

Contraceptive knowledge, access and use.

Girls had varied levels of knowledge about sex, reproduction and contraception learned from school, female family members (e.g. mother, sister, aunt) and friends.

Three of the four girls in this pathway had partner-led pregnancies. Two of them had taken contraceptive pills without their husband knowing, but the husband found out and disposed of or hid the pills. As one girl recalled:

I wanted to use condom, but my husband did not want to. I bought a pill and hid it from him, but he found it and was really upset. We got into fights every time we talk about this. Then I got pregnant. (LA0225)

Likewise, another girl described her attempt to take contraceptive pills secretly:

I don't want to have baby. I take pills but he hid them. He said he wanted to have a baby. (LA0227)

Another girl also did not want to get pregnant but reported that she was forbidden by her husband to use contraceptive pills:

I told him that I would use pills. But he said no. He said he wants to have a baby. (LA0219)

Her husband believed that contraceptives would cause her womb to dry out, and that married couples should not use condoms. The final girl reported that she and her husband did not use contraceptives because they planned to get pregnant immediately after they were married.

Education. Two participants had already stopped schooling for financial or economic and family reasons – one girl stopped school to work because her family was in debt, while the other girl stopped to help her mother with housework and enable her two siblings to stay in school. The other two girls left school to get married, one because she disliked school and felt that marriage was a better option, and the other because her mother insisted that she get married, even though the girl liked studying and did not want to leave school.

Relationship outcomes. Three girls reported being happy in their relationships at the time of their interviews. Two of these girls described that their husbands were good to them and did not make them work in the fields. One girl expressed having concerns about money.

Discussion

Through qualitative investigation, this study aimed to identify common pathways to adolescent pregnancy and important drivers within each pathway. The production of visual timelines in the interviews contextualized participants' relationships and pregnancy in their life stories and facilitated understanding of the order of events. Through framework analysis eight pathways were developed reflecting the timeline narratives of 57 girls.

In developing the pathway typologies, participants who became pregnant after cohabitation or marriage were inductively grouped together. Most of the participants in the study got pregnant within union, but their pathways to adolescent pregnancy were differentiated by the context of union formation (the main motivation for union and whether the girl had any say in the decision to marry), the context of sex preceding the pregnancy (consensual or pressured sex), and pregnancy intention following the union (unplanned, partner-initiated or pressured, or planned pregnancy). The rest of the participants had conceived prior to cohabitation or marriage. Identified pathways were consistent with prior analysis showing high levels of premarital conception in the Southeast Asian region (Harvey et al., 2022). These pathways were differentiated by the context of the sexual relationship preceding pregnancy (consensual, pressured sex involving alcohol use, or forced sex), pregnancy intention (unplanned or planned), and the relationship outcome following pregnancy (unmarried, parent-led or pressured union, or partner or couple-initiated union).

Factors contributing to adolescent pregnancy in Lao PDR

The pathways to adolescent pregnancy highlighted cross-cutting factors that contributed to adolescent pregnancy in Lao PDR, with their influence varying in each pathway. These included barriers to SRH information and contraceptive knowledge, access and use; male partners' control over reproductive decision-making; prevalence of pressured and forced sex; community acceptance of child marriage and early union; and attitudes and norms regarding sex and pregnancy outside of union.

Barriers to SRH information and contraceptive access and use

The level of knowledge on contraception and reproduction among the girls was highly varied, with many lacking accurate information about contraception before sexual debut. Some received information in schools, but the majority named friends and peers as their main sources of information. In follow-up interviews, participants clarified that they did not think that the information they received in school was relevant to them, as they felt it was only for married people. During follow-up, participants stressed that girls often lacked information about sex, reproduction and contraception, and recognized that not all sources provide accurate information. Generally, the girls received more information about contraception after marriage or birth, suggesting that their views that SRH information was not relevant for the unmarried were being reinforced by the people around them. Yet, there is evidence from Lao PDR that receiving contraception information from media and doctors is a protective factor for adolescents to delay sexual initiation (Lee and Park, 2020).

Marriage was accompanied by expectations regarding contraceptive use and pregnancy. Knowledge and autonomy are important contributing factors to contraceptive use, but there are other important factors at play at different levels, such as individual, relationship or community factors (Phongluxa et al., 2020). Indeed, the study found that for pathways in which the couple jointly did yet not desire a pregnancy, male (un)willingness was an important determinant of condom use. Some couples, but particularly males, reportedly viewed condoms as “not appropriate” for a couple in union. During follow-ups, participants elaborated that married couples found to be using condoms may invite suspicion, as condom use was associated with sexually transmitted infection or marital infidelity. This aligns with the findings of Chanthakoumane, Maguet and Essink (2020), in which male participants expressed that they did not like condoms and felt that condoms were for men who were cheating on their wives.

Hormonal contraceptives were accessed by some girls once they were in a union. However, side effects associated with these, or fears of side effects such as infertility, resulted in some discontinuation of these methods. Couples underestimating their risk of pregnancy was also a salient theme across pathways with unintended pregnancies. These couples seemed less likely to use any contraception because they did not think they would get pregnant, which can be linked back to young people’s general lack of knowledge regarding SRH. For a few, prior experiences of unprotected sex that did not result in pregnancy led to false confidence that future unprotected sex would not result in pregnancy. This was observed among participants who conceived before and after union.

The study found that many girls considered abortion but only a small number of girls successfully undertook a termination. However, this observation may be due to sampling, which was supported by local organizations supporting young mothers. Recent data indicate that a drop in contraceptive use during the COVID-19 pandemic was associated with an increase in the unsafe abortion rate (UNFPA, Lao PDR 2022), suggesting that despite its illegality, abortion remains common in Lao PDR.

Male partner’s control over reproductive decision-making

Male partner’s control over reproductive decision making (including contraceptive use/non-use) and desire for a pregnancy was another key driver across pathways. In outside-union pregnancy pathways, condom use was usually discontinued when the boyfriend decided to stop using and instead promised to take responsibility for any pregnancy. Follow-up interview participants affirmed that girls often felt they had no choice but to accept the offered alternative. This is consistent with the findings of other studies in Lao PDR, that unmarried young women usually deferred to their male partner when it came deciding whether or not to buy and use contraceptives (Sychareun et al., 2021; Sychareun et al., 2018), even when the young women’s preference differed from that of their partner (Thongmixay et al., 2019).

In within-union pregnancy pathways, many participants experienced a pressured or forced pregnancy despite being aware of contraceptive methods and, in some cases, having attempted to use them. Often, the partner or husband wanted to have a baby, but in some cases, family members also encouraged pregnancy soon after union. Another study in Savannakhet province found that some women accepted their partner’s decision on contraception, including not using any, although some women from urban areas reported that they would try to negotiate or covertly use contraceptives if they disagreed with their partner’s decision (Chanthakoumane, Maguet and Essink, 2020). Some follow-up interview participants believed that married women had more say in timing of subsequent pregnancies and contraceptive use after they already had one baby, but more so if the baby was a boy. Yet, there were a few cases of girls attempting to use contraceptives covertly, which was indicative of unequal power in their relationships (Blanc, 2001).

Prevalence of pressured and forced sex

Experiences of pressured and forced sex were common within the study population and many of these were followed shortly by pregnancy. Given how common alcohol consumption is among Lao young people, especially in rural settings

(Sychareun et al., 2013), these cases of sexual violence illustrate prevailing notions of male sexual entitlement as well as the role of substance use in girls' pathways to adolescent pregnancy. Alongside interventions seeking to engage men and boys in eliminating violence against women and girls, there is an urgent need for gender transformative programmes that promote respect in relationships and responsible alcohol use.

However, in contrast to the larger study's findings from Indonesia, most girls in this study who experienced forced sex did not go on to marry their assailant. Girls becoming pregnant due to forced sex represented their own pathway to adolescent pregnancy, and almost all of these participants went on to become single mothers, either through their own refusal to continue a relationship with the partner who got them pregnant, or parents refusing the relationship. Future research into pregnancy resolution and girls' needs and sources of support will help inform programmes and policies for eliminating violence against women and girls in Lao PDR.

Acceptance of child marriage and early union

Consistent with prior research (Sychareun et al., 2018), community acceptance of child marriage and early union remained a salient theme across pathways and an important driver of adolescent pregnancy in this study. The findings indicate that child marriage and early union is viewed as the most acceptable response to adolescent pregnancy outside union. This was consistent with other research in rural communities in Lao PDR that found that young people, parents and community elders had favourable attitudes and norms regarding child marriage and adolescent pregnancy as it was the norm in these settings (Sychareun et al., 2018). For most of our participants, sexual debut occurred before cohabitation or marriage, often following assurance from the boyfriend that they would take responsibility for any pregnancy through *pai khor*. In outside-union pathways, when an unmarried girl in a romantic relationship became pregnant, parents expected the couple to marry. The agreement through *pai khor* was crucial as it served to lessen the negative social consequences for the pregnant girl and her family. Yet, for a few

girls who had unplanned pregnancies, there was less urgency for formal marriage to happen before the birth of the baby – some parents accepted cohabitation with the promise of marriage. This is consistent with another study that found that among women aged 20–24 who have ever been in a union and conceived before union, only 58 per cent of women from Lao PDR were married by the time they gave birth (Harvey et al., 2022).

In some cases, girls acknowledged that it was common in their community or village for adolescent girls to marry and begin childbearing, and some stopped attending school by choice once they entered a union. Similar findings were noted in Indonesia, where adolescents viewed becoming a wife and mother as a valued and realistic life goal, particularly when there were constraints to education and work (Bennett, 2014). Cohabitation or marriage both served as an indication of a couple's long-term commitment to each other. However, during follow-up interviews, participants clarified that though cohabitation was common, girls in cohabiting unions still aspired to be formally married. Other research has found that it is common for Lao girls to aspire to marriage and childbearing in adolescence, with some young women expressing apprehension that they may not be able to attract a suitable partner if they wait until age 20 to marry (Sychareun et al., 2018).

For a smaller number of participants, particularly in Luang Namtha, girls were pressured into marriage by parents for economic reasons, and this was followed by pregnancy. Some parents expected or pushed for their daughter to cohabit or marry to ensure financial security for the girl by marrying her into a family with a better economic position than her natal family. In other cases, parents (and some girls) saw marriage as a way to ease the financial burden on the family, or to gain an additional labourer to help the farming household. Others have also observed how the potential economic benefits to the household incentivize child marriage and early union in rural Lao PDR (Sychareun et al., 2018). For these participants, parents' expectations of marriage remained a primary driver of adolescent pregnancy.

Follow-up interview participants elaborated that if a married couple does not have a baby soon after marriage, they may be mocked, ridiculed, or

suspected of “something wrong” – such as the man having “weak sperm” or the woman having “too much sex” or using contraceptives “too much or for too long.” This was indicative of the social pressure experienced by both females and males to prove their fertility once in a union and illustrates how child marriage and early-union norms within the community are contributing to adolescent pregnancy.

Attitudes and norms regarding sex and pregnancy outside of union

Premarital sex and avoiding the risk or shame of a pregnancy outside of union served as drivers for early union in many cases (almost half of all cases in this study), which then resulted in pregnancy. For some girls, the discovery that they had engaged in premarital sex prompted some boyfriends to propose or parents to arrange or consent to their daughter’s engagement to avoid embarrassment or having to pay village fines. In this study, about half of participants in the post-union pathways and most of the participants in the pre-union pathways experienced sexual debut before union, indicating discordance between social ideals disapproving of premarital sex and young women’s lived realities. This aligns with similar research from the Philippines noting that even amid social disapproval of premarital sex, many young people are engaging in sexual relations before cohabitation or marriage (Gipson et al., 2012; Habito, Morgan and Vaughan, 2021). On the contrary, others have noted that while premarital sex is predominantly stigmatized and not socially accepted in Lao culture (LYU and UNFPA, 2014; Thongmixay et al., 2019; Thongmixay et al., 2020), in certain areas (i.e. rural, and rural-off-road) and ethnic minority communities, traditional values, beliefs, and practices are more accepting of adolescents engaging in premarital sexual relations (ECPAT, 2017; Sychareun et al., 2011; Sychareun et al., 2018).

Strengths and limitations

Some limitations of the study should be noted. First, it used a combination of purposive and snowball sampling in two provinces and one prefecture in Lao PDR to recruit young women who were best placed to address our research topic. As such, the findings are not necessarily representative of adolescents’ pathways to pregnancy in other provinces, regions or the country. However, it captured diverse contexts and cross-cutting factors that will be important to explore with girls from other geographical areas, and socio-economic and ethnolinguistic backgrounds.

Second, and related to the sampling and study areas, rich qualitative data was collected through in-depth timeline interviews with 57 participants. While the depth of information needed to address the research objectives was gathered, given the focus on strands within individual narratives (Saunders et al., 2017), it is possible that other pathways featuring novel contextual and crosscutting factors may still eventually emerge if more data were to be continuously collected (SAGE, 2008). Nevertheless, the study was able to generate eight diverse pathways based on key life events, motivations, and decision-making related to sexual relations, contraceptive use, non-use and discontinuation, pregnancy, and union formation, all of which would likely still be important in any alternative pathways to adolescent pregnancy.

Finally, follow-up interviews were conducted to validate and clarify the study findings with a selected number of participants from the individual interviews. The study opted to conduct follow-up interviews over the phone due to prevailing COVID-19 restrictions and to minimize exposure risk for our participants and local

research team. It is possible that conducting the follow-up activity through in-person, participatory group discussions may have generated different (e.g. more in-depth, detailed) feedback from participants, as participants would have had the opportunity to engage with each other and elaborate on their ideas, which was not possible through one-on-one follow-up interviews over the phone. Yet, the follow-up interviews validated and clarified the findings and interpretations, particularly regarding social pressure for couples to begin childbearing soon after child marriage and early union, and the common reasons for male unwillingness to use condoms. These will be important considerations for future research as well as programmes and policy.

Adolescent girls' recommendations for programmes and policy

During follow-up interviews with 20 participants, girls provided their recommendations on how best to help girls like them:

Ensure girls have access to easy-to-understand SRH information

Girls and boys need access to detailed, easy-to-understand information about sex, reproduction and contraception in school and in the community. Specifically, follow-up interview participants felt that young people need more information about their contraceptive options and how to use them properly. In addition, participants felt that girls should understand that contraceptives are very useful and necessary, and that it is not shameful to use them. Participants recommended using online platforms (e.g. Facebook, WhatsApp, Line messenger) and role models (e.g. influencers) to show girls that they can make their own decisions.

Help girls to have better access to non-judgmental health care in safe spaces

Participants also emphasized that girls need access to doctors or nurses who will not judge them or ask them too many personal questions, and that there needs to be a dedicated private space where girls can consult medical professionals and feel safe. They recommended that doctors or nurses should go to villages that have no health centre to provide regular services. Girls also felt that it would be good to have alternative ways to consult doctors and nurses (e.g. online consultation, in-school consultation campaign, provide contact information/phone number) so that young people can ask questions that they might be too shy to ask in person.

Support girls to access and use contraceptives

Whether sex occurs within or outside union, girls recommended that condoms should be made available and easily accessible (e.g. guesthouses, hotels, general stores), and not just in drug stores, pharmacies and clinics. Girls also felt that it would be good if they were free. Key to this would be minimizing the risk of shame or embarrassment. Girls suggested that condoms should be displayed in stores and clinics so that they can be picked up and bought without needing to ask someone for it. Alternatively, girls also suggested selling contraceptives online to reduce embarrassment and address young people's fear of being seen by others.

In response to male partners' refusal to use condoms, girls felt that it is important to make condoms thinner, to make it feel like "they are not wearing anything."

Teach girls about negotiating sex and contraceptive use

Follow-up participants were cognisant of power dynamics in girls' relationships and felt that girls need to be better equipped with information, especially about contraception, so they can negotiate sex and contraceptive use with their partners. Participants expressed that they want to learn exactly how they should have these discussions with their boyfriends or partners (e.g. what they should say, how they should say it). They would also like to know what to do if boys don't want to use condoms.

Teach boys and parents also

Related to this, girls emphasized that boys should be involved in discussions about relationships, sex and contraception because these affect both girls and boys. Specifically, girls felt that it will be important to ensure that boys learn how to listen to, understand and respect girls' decisions when they don't want to have sex or get pregnant yet. Participants recommended conducting campaigns about respect and "listening to each other's reasons," including topics such as consent.

They also recognized the important role of parents and felt that it would be good to have activities that help parents to strengthen their communication and relationships with their adolescent children.

Work toward changing community perspectives

Girls acknowledged the need for efforts to change current community perspectives that "it is good to marry young" and that "contraception is not good." Specifically, they felt that young women and men need to learn that it is not easy to raise a child, and that they should weigh their decisions carefully. Finally, girls recommended that interventions should help community members to understand that sex is a normal part of adolescence and recognize that young people should know about it.

Implications for research and practice

The study's findings contribute valuable insights regarding the different ways that adolescent girls in Lao PDR navigate romantic relationships, sex and union in relation to their experiences of adolescent pregnancy.

Consistent with quantitative survey data analysis (Harvey et al., 2022), the study found that many adolescent pregnancies in Lao PDR occurred outside of formal marriage despite persistent conservative social ideals that disapprove of premarital sex and pregnancy. Adolescent girls' experiences of sex and pregnancy were often influenced by a lack of knowledge about SRH, power imbalances with their partners, and girls' lack of agency over if and when to have sex, use contraceptives and begin childbearing. These were also occurring within sociocultural contexts where parents, community members and adolescent girls viewed child marriage and early union as a socially acceptable alternative to education or work (especially when the girl's family faced financial hardship), and as the most acceptable resolution to a pregnancy outside of union.

Toward achieving the Government of Lao PDR's commitment to the ICPD Agenda, especially to end the high unmet need for family planning among adolescents, it is imperative to address the barriers adolescent girls face to SRH information and contraceptive knowledge, access and use. Girls and boys need access to straightforward and consistent SRH information, especially regarding pregnancy risk and contraception options. Specifically, this will involve strengthening age-appropriate comprehensive sexuality education (CSE)/life skills education (LSE) both within and outside school settings, ideally delivered through in-person discussions and online platforms frequented by adolescents. Alongside this, it is recommended to ensure that adolescent girls and boys are aware of existing

services available to young people (e.g. helpline counselling), and have access to non-judgemental, adolescent-responsive health care complemented by increased availability of and easier access to affordable or free contraception, especially condoms.

To decrease the prevalence of pressured and forced sex and male control over reproductive decision-making, CSE/LSE content will need to incorporate a special focus on equipping girls with the resources and skills that they need to make informed decisions and assert themselves in their relationships (e.g. communication, negotiation), alongside initiatives to help boys and men to critically analyse harmful gender norms and develop the knowledge and skills to engage in respectful relationships. This will also require investing in interventions aimed at challenging parents' and community perceptions that SRH information, including about contraceptives, is not appropriate for unmarried adolescents. Interventions must be designed to support all girls, whether in a union or not, to access and use their chosen contraceptive method. Finally, interventions should address individual and social attitudes that contribute to misconceptions regarding contraceptives and male resistance to condom use.

As others have noted in Lao PDR, the acceptance of child marriage and early union – and adolescent pregnancy – is deeply rooted in local customs, traditions, values and beliefs, including the view that associates womanhood with being a wife and mother (Sychareun et al., 2018). These will require culturally responsive approaches that foster girls' sexual and reproductive agency at each level of adolescent girls' socioecological environments, including providing girls with the opportunities and life skills that they need to pursue their alternative life goals (e.g. further education, work), and collectively rethinking the notion of child marriage and early union as a "fix" to out-of-wedlock pregnancy.

Future research could explore ways to make CSE/LSE sessions and learning materials more relatable for adolescents (and expand content). Additional

studies could examine drivers of gender inequality in different socioeconomic and ethnolinguistic contexts. Adolescent girls' health and well-being needs following experiences of sexual violence, including barriers they face to reporting incidents and seeking services and support should be studied, as should contraceptive knowledge, attitudes, and practice and reproductive preferences of adolescent girls' partners, including their motivations for desiring pregnancy soon after union. Also, culturally responsive approaches to transforming harmful norms on child marriage and early union in similar settings should be researched. It would also be beneficial to map out the prevalence of the different pathways to adolescent pregnancy at the national scale in Lao PDR to better tailor the design and delivery of interventions to girls' specific needs and contexts.



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