



## CHAPTER I

### INTRODUCTION AND RATIONALE

#### 1.1 Background

The Lao People's Democratic Republic (Lao PDR) has a population of 5.2 million people and its population is growing rapidly in recent years. The average annual rate of population growth is 2.5 percent. At this rate of population growth, the Lao population is expected to increase to 5.2 million by the year 2000; to 6.8 million by the year 2010, and to 8.7 million by the year 2020. Of the total population, adolescents and youths aged between 10 to 24 years consist of 31.1 percent (National Statistical Centre, 2001). Thus, the absolute numbers of young people, as well as the values they hold, their health, education and productive skills will profoundly affect the future of the country.

The Lao population is young and will remain so even if the total fertility rate declines significantly from its present high level (5.6 per woman) (National Statistical Centre, 2001). The health consequences of neglecting this young population take on enormous proportions. One third of women have their first child before the age of 20 and about 14 percent of adolescents have given birth. Marriage and consequently the onset of sexual activity, pregnancy and childbearing occur relatively early, thrusting adolescent female's early complications, frequently, soon after the onset of regular menstruation and before physical maturity is achieved (UNFPA, 1997).

The majority of Lao adolescents are out-of school, and they face lack of post schooling and vocational training opportunities. As a result of lack of working opportunities for the youth, a large number of young people migrate to the urban areas or to Thailand for job opportunities. Thus, these young people are at risk of sexual behaviors and sexual exploitation as they have limited access to reproductive health services, including counseling and support (Sananikhom et al., 2000). Problems with teenagers, including consumption of alcohol, dropping out of school, theft, glue sniffing, fighting and impolite dressing is on the increase. The incidence of these reported social problems are

noticeably higher in urban areas, but the availability of methamphetamines was even reported throughout the rural North (Chamberlain, 2000; Sananikhom et al., 2000).

Youth sexuality is a topic that needs more attention and analysis. Using a narrow definition of sexuality is dangerous because of its inability to understand the needs and interests of youth (Luisa Ruda de Belmonte et al., 2000). Adolescent behavior, including risk-taking, makes them more vulnerable to pregnancy and Sexually Transmitted Infections (STIs). Young people want to try new things, including sexual activities, often feeling invulnerable to negative consequences. Girls especially are at higher risk: wanting to please, having difficulty in refusing advances, and needing to provide sexual favors; to meet their various needs. There is anecdotal evidence showing that sexual abuse is a major issue for adolescents with effects on the sexual and reproductive health of young adults (Senderowitz, 1997).

The majority of people start their sexual activity in adolescence. In many countries, unmarried girls and boys were found to be sexually active before the age 14 and younger (Terry & Manlove, 2000). For instance in Lao PDR, a strategic assessment of reproductive health in Lao PDR revealed that early marriage and pregnancy in adolescence are the norm among Lao youth (Sananikhom et al., 2000). A survey of HIV/AIDS/STIs knowledge and attitudes among unmarried youth in 2 Northern Provinces and 2 Southern Provinces showed that of 260 males, 31.9 percent and of 250 females 11.6 percent said that they ever had sex. The mean age for first sex for males was 18.6 years old and 16.9 years old for females. Approximately 32.5 percent of males used condoms and 34.5 percent of females said they did (Lao Red Cross, 2002). According to the National Reproductive Health Survey (National Statistical Centre, 2001), the national median age of first marriage is around 18 years old, which has increased, compared to the age of first marriage in 1994 (17.1) and age at first sexual intercourse is declining. Thus, large proportion of youth engaged in premarital sexual activity.

Youth in many Lao communities seemed to engage in risky sexual behavior. Most young people appeared not being aware about the health risks associated with

commercial sex or multiple sex partners (Sananikhom et al., 2000). Regarding visiting bar girls, only a small proportion of unmarried youth reported ever having sex with bar girls (5 percent). Of those who ever had sex with bar girls, youth was higher than adolescents (12 percent versus 2 percent), and urban respondents were higher than rural (8 percent versus 3 percent). Even though this figure is low, there is a likelihood that it may increase in the future, resulting in serious social and health implications (National Statistical Centre, 2001). Additionally, changed sexual behavior resulting from drug use, especially among adolescents, is already beginning in urban areas in LPDR due to the widespread availability of methamphetamines throughout the country. This tendency could be exacerbated with increased outside influence, especially from Thailand (Chamberlain, 2000).

Although the HIV/AIDS epidemic in Lao PDR is at a relatively early stage compared with those of many other countries, despite the low levels of detected infection, Lao PDR is bordered with five countries including Thailand, Vietnam, Cambodia and Burma; all having high rates of HIV/AIDS. This creates an environment conducive to the transmission of HIV into Lao sexual networks, so the LPDR is clearly at risk. The National HIV/AIDS policy recognized that young people are a particular vulnerable group for HIV infection (ARH Program, 2004). The serious and growing epidemics in several of Lao PDR's neighbors and the increasing population mobility, both within and across Lao PDR's borders, make the country increasingly vulnerable. Swelling drug use among young people also adds to the risk of HIV/AIDS spreading. The major mode of HIV/AIDS transmission in Lao PDR is overwhelmingly by heterosexual and the majority of people infected are males aged 20-29 years old (UNAIDS, 2004).

Additionally, there is some evidence that the prevalence of STIs among the commercial sex workers as well as among the general population is increasing (NCCA, 2001). A study of 108 female sex workers showed infection rates of 43 percent for Chlamydia, 26 percent for gonorrhea, and 15 percent for mixed infection – giving a total infection rate of 54 percent, which is higher than reported anywhere else in South-East Asia. However, there was no evidence of prevalence of STIs in general population.

Based on the aforementioned studies and arguments, it can be concluded that youth are of particularly at risk of unsafe sexual behavior, which is a major risk factor closely related with the spread of HIV/AIDS and STIs. There is a need to address the youth's premarital sexual activities risks and protective factors. Thus, this study is focused on the issue of sexual attitudes and behaviors of the vulnerable unmarried youth.

## **1.2 Problems**

### **1.2.1 Reproductive health problems**

The most important adolescent reproductive health problems are STIs, sexual violence and coercion, early pregnancy and childbearing and unintended pregnancy leading to unsafe abortion and unwanted children (WHO, UNFPA, UNICEF, 1998). The risk of maternal mortality for adolescents is 2-4 times higher than for those aged over 20 years (Anonymous, 1997). Similarly, Podhista and Pattaravanich (1995) also reported that the major health problems among Thai youths are substance abuse, teenage pregnancy, gynaecological and sexually-related health problems, including Reproductive Tract Infections (RTIs), Sexually Transmitted Infections (STIs) and HIV/AIDS as well as mental health problems such as depression, violence and suicide. The consequence of youth sexual behavior are the burden for the youth themselves, family and society, because youth have little preparation and guidance in taking responsibility for sexual behavior, but not due to sexually active youth (Dehne & Riedner, 2001). The sexual activity is often unplanned and many youth did not use contraceptives. As a result, some 14 million adolescents around the world give birth each year. Nevertheless, it was estimated that about one-third or two-thirds of these births were unplanned (Bott, Jejeebhoy, Shah & Puri, 2003).

Early sexual intercourse is a high-risk youth behavior that is associated with increased number of sexual partners over time (Kirby, 2001), and the frequency of sexual intercourse and lower contraceptive use during the adolescent years (Sieving, McNeely & Blum, 2000). This can lead to increased Sexually Transmitted Infections (STIs) (Miller, Forehand & Kotchick, 1999) and unwanted pregnancy (Moore, Driscoll and Lindberg, 1998). Pregnancy occurs to these youths before they are physically and psychological fully developed that expose them to particularly acute health risk during

pregnancy and childbirth. It can result in severe damage to the reproductive tract. The risk of maternal mortality, pregnancy complications, perinatal and neonatal mortality and low birth weight are elevated among adolescents (UNFPA, 1997). For instance, approximately 15 percent and 30 percent of all maternal deaths in LPDR were among young women aged 20-25 years of age (UNFPA, 1997).

Bearing children and marrying young also reinforce the disadvantages suffered by women and girls; they are associated with lower literacy and educational attainment, as well as limited access to other development opportunities (UNFPA, 2003). As a result of this, parenting skills of very young teens are highly limited, although their efforts are often supplemented and supported by older relatives and friends (Albert, Brown & Flanigan, 2003).

Adolescent reproductive health is a particular concern. Over 18 percent of women start their families before the age of 20, and around 15 percent of all births are to adolescents aged 15–19. Anecdotal evidence suggests that increasing numbers of unmarried girls are having unsafe abortions, which can lead sometimes to fatal health complications (UNICEF, 2004). The very high level of fertility among adolescent girls also highlights their vulnerability to HIV/AIDS and other sexually transmitted diseases. Although little is known about the status of women reproductive health in LPDR, available data on fertility and birth spacing use, maternal mortality and coverage of maternal health services, and the incidence of abortion, give some indication of the magnitude of the problems (UNICEF, 1998).

Given the many risks and concerns about sexual activity among young adolescents, there is a need to address the reproductive health problems among youth. Very little published information is available on this topic, particularly in developing countries. Furthermore, little comprehensive or in-depth research about sexual behavior and attitudes of the young people in LPDR is rare. Although there have been some research, it was more focused raising awareness about adolescent reproductive health issues among youth for the development of Information, Education and Communication (IEC) materials.

### **1.2.2 Youth's sexual attitudes and behaviors**

Young people are more exposed to the risk-taking sexual behavior, including premarital sex, unsafe sex, multiple sex partners and their negative consequences. Now the age at marriage of young people is delayed, while the age of which puberty begins is decreased. So the period between physical maturation and age at marriage is prolonged leading them to engage in premarital sex. Furthermore, combined with a rapid socio-economic change and weakening social norms related to premarital sex enhance the likelihood of youth engaging in premarital sexual activities (Moore & Rosenthal, 1993; Mehta, Suman. Riet Groenen & Francisco Roque, 1998; Gubhaju, 2002).

Socio-economic development based on free economy has brought about behavioural and cultural changes to Lao men and women. Trade, tourism and foreign investments have created new forms of entertainment such as drinking bars, nightclubs and discotheques. Many young people are raised in the age of global telecommunications and globalization of a 'youth culture' spreading through the mass media. They often get information, such as those about sexuality and health, from sources outside of the family, through media (video, magazines and computer network/Internet). Unfortunately, all of these have opened doors to pre-marital affairs, which are thought to affect attitudes and behavior of the youths both in rural and urban areas. These have potential impacts on changes in life styles, and might to some extent, affect the sexual behavior of youth (National Statistical Centre, 2001). Studies in Thailand also suggested that change in socio-economic circumstances have a direct influence on the youth's social and sexual lifestyle (Podhista & Pattaravanich, 1995; Ford & Kittisuksathit, 1996). The exposure of youths to new life-style brought about by widespread entertainment such as foreign television programmes and VCDs may affect [to some extent] changes in attitude and behavior of the adolescents, both in urban and rural sites. Additionally, the impact of mobility of people across borders, including traders, workers and sex workers, has altered the sexual behavior of adolescents (National Statistical Center, 2001).

Sexual behavior among unmarried youths is of particular interest because they frequently have the highest prevalence and incidence of infection of STIs including

HIV. There are no reliable data, but anecdotal evidence suggests that sexual activities commence at an early age for the majority of Lao adolescents, particularly in the rural areas. The onset of sexual activity occurs largely within the context of marriage. However, there are some premarital sexual activities of adolescents, but no data are available on unmarried adolescents engaged in sexual relations (UNFPA, 1997).

Therefore, the sexual attitudes and behaviors of youth are of particular importance and concern. Particularly in a changing world with high technology, globalization of trade, urbanization and migration, emerging new diseases, changing family structure and dispersal of family members, the life styles of youth and the social norms have changed. In general, there is an increase in sexual practice and a decrease in the age of first sexual intercourse.

### **1.2.3 Family relationship**

The most powerful sources of social influence are parents, siblings, sexual partners and friends. Parenting has been a central focus of child development and family research in many decades (Maccoby, 1992; Maccoby & Martin, 1983; Parke & Buriel, 1998). Family involvement in their children's lives is a critical factor in the prevention of high-risk sexual activity. Family factors such as family connectedness, parent-child communication, parental modeling, parenting style and parent's economic status, have been identified as influencing factors in adolescent's behavior (Diclemente et al., 2001). Parent-adolescent communication regarding sexuality is viewed as desirable and is perceived by many to be an effective way to encourage young people to practice safe sex (Dilorio, Kelley & Hockenberry-Eaton, 1999). However, previous research found inclusive results on the effect of parent-youth communication on youth sexual attitudes and behaviors.

The role of family has been found to be an important protective factor against high-risk sexual behavior. Resnick et al., (1997) found that adolescents who feel personally closer to the family are at lower risk of engaging in risky behaviors, including early debut of sexual intercourse. The association of family processes with adolescent

sexuality has contributed to the development of a number of adolescent health promotion activities with a focus on parent component (Meschke et al., 2000).

The most powerful protective factors found have been family connectedness, which refers to adolescents who indicated they enjoyed, felt close to and cared for by family members. Resnick also defined connectedness as:

*“connectedness to a sense of belonging and closeness to family, in whatever way family was comprised or defined by adolescents.” (Resnick et al., 1993).*

Connectedness is a new concept in the literature on adolescent sexual risk behavior (Barber, 1997; Barber, Thomas & Maughan, 1998). Connectedness to family and school demonstrate strong associations with healthy behavior and better health outcome during adolescence (Resnick et al., 1997; Resnick et al., 1993). Family connectedness is defined as:

*“Youth’s experience of closeness to parents and family environment, and sense of perceived caring by mother/father.” (Resnick et al., 1993).*

The focus on protective factors such as family connectedness has revealed an important implication for intervention programs and practice of adolescent health. Numerous research has demonstrated that the role of caring and connectedness protecting against the social morbidity of adolescents more than an economic determinism in order to promote health and well-being of youths (Resnick et al., 1993). Youth’s social relationships and feeling of connections to others as they experience and live the developmental changes of their physical, social and psychological selves need to be understood. Resnick et al. (1993) found that family connectedness was a significant protective factor for both boys and girls against the acting out behavior.

Anecdotal evidence suggests that economic growth and openness of Lao PDR have led to social and economic changes within the country. This, in turn, has led to increasing emphasis on material rather than psychological support and attachment among family



members reduced particularly in the urban areas. Parents do not have much time to spend with their children due to work outside of home to earn for their living. As a result of these changes, the role of family is becoming less important in the youth's lives. Besides, communication about sexual issues is not common in Lao culture. Anecdotal evidence suggested that Lao families do not traditionally discuss about sex, especially between parents and children, so teenagers lack trust in their parents and do not see their parents as advisors in sex issues. Therefore, teenagers rely on their friends as their source of sex education.

The impact of parents and family members on the sexual and contraceptive behavior of youths in developing countries is difficult to assess because there are few studies that have addressed this issue adequately. However, the family environment, especially family relationship is different between developed and developing countries. Little is known about the parent-youth interaction and the influence of family process variables (family-youth relationship) on the sexual attitudes and behaviors of unmarried Lao youth in the current situation. Several researcher paid attention solely on the sexual attitudes and behaviors of youth. Rarely do the studies address the significance of the parent-youth connectedness and parent-youth communication about the adolescents' likelihood of engaging in sexual intercourse. There is a gap in the literature related to family as protective factors regarding sexual attitudes and behaviours, particularly the influence of parent-youth interaction on sexual attitudes and behaviors within the Lao context. Therefore, this study will contribute to the adolescent literature on protective factors in unsafe sex and negative consequences of having sex.

Based on above mentioned studies and arguments we can conclude that reproductive health problems among youth are a major concern. The family could provide some protection to help youth reduce high-risk behavior as well as disseminate information on the negative consequences of having sex. Therefore, this study, which focuses on the influence of parent-youth interaction on the sexual attitudes and behaviors of youth, is expected to gain better understanding of the existing risk and protective factors on sexual attitudes and behaviors. This knowledge could be helpful in exploring appropriate strategies aimed at improving adolescent health.

## **1.3 Objectives**

### **1.3.1 General Objective**

To study youth's sexual attitudes and behaviours and the relationship among parent-child connectedness, parent-child communication, perceived parental expectation and youth's sexual attitude and behaviour in Vientiane Municipality, Lao PDR.

### **1.3.2 Specific Objectives**

1. To describe sexual attitudes and behaviors of male and female youth in Vientiane Capital City.
2. To study the relationship between socio-demographic background of youth and parents and youth's sexual attitudes and behaviors.
3. To determine the association between parent-youth connectedness and youth's sexual attitude and behavior.
4. To determine the relationship between parent-youth communication about general and sexual issues and youth's sexual attitude and behavior.
5. To explore the association between perceived parental expectations regarding sex on youth's sexual attitudes and behavior.
6. To examine the relationship between peer influence, intimate relationship and partner's behavior and youth's sexual attitudes and behaviors.
7. To examine the relationships among socio-demographic characteristics of youth and their parents, parent-youth connectedness, parent-youth communication, and perceived parental expectation, peer influence, intimate relationship and partner's behavior and youth's sexual attitudes and behaviors.

## **1.4 The Study Approach**

In order to achieve the above mentioned research objectives the study required an applicable and suitable research design. The research design depends upon the objectives, the nature of the study and the resources i.e. finance, time and human resource. A cross-sectional study design was employed in this study in order to examine the relationship of parent-youth interaction on youth's sexual attitudes and behaviors.

The advantages of cross sectional study are: it is relatively easy and economical to conduct, is useful for investigating exposures that are fixed characteristics of individuals, can examine multiple exposures or multiple outcomes and can help to generate hypothesis (Beaglehole, Bonita & Kjellstrom, 1993). The disadvantage of a cross sectional study is: both the exposure and outcome are recorded at a single point in time, so the causal associations must be interpreted with caution and only the strength and direction of association could be determined. The limitations of cross sectional studies can be overcome by asking about past exposure, but then we enter the murky world of recall bias: it is always better to measure things prospectively.

This study deals with adolescent sexual attitudes and behaviors that remain sensitive issues within the Lao context. However, in order to overcome this barrier, the research design needed to match with the local culture and to maintain privacy and confidentiality with data that are collected. In addition, asking questions about sexual behavior, which is a private issue, under reporting or over reporting should be taken into consideration.

The study also focuses on youth, in the area of characteristics (socio demographic characteristics, personal characteristics) and level of parent-youth interaction, particularly parent-youth connectedness, parent-youth general communication, parent-youth sexual communication and perceived parental expectation regarding sex. In addition, the study explores relationship among independent variables (socio- economic characteristics of youth and their parents, feeling towards family, main source of sex education, intimate relationship and partner's behaviour, peer influence) and dependent variables as sexual behaviours (ever had sex, age at first sexual intercourse, condom use at the last sexual intercourse, number of sexual partners and frequency of sexual intercourse during the last six months prior survey) and sexual attitudes. The study employed both quantitative and qualitative approaches including questionnaires and focus group discussions with unmarried youth. The data collection provided a better understanding of these sensitive and complex issues such as: sexual attitudes and behaviours of youth, particularly the protective factors of youth's sexual attitudes and behaviours.

## **1.5 Implication of the Research Results**

The study contributed to the advancement of knowledge in the adolescent reproductive health and meets the needs of unmarried youth in developing countries like LPDR. More specifically, the information received from this study filled the gap in the literature of youth sexuality and protective factors against high-risk sexual behaviors and attitudes within the Lao society. Particularly, research on youth's sexuality was the key cue in designing intervention programs regarding youth's sexual behaviors in light of high technology, economic and social change; while the family relationship is steadily declining.

This study identified the role of the family that can be a significant source in the development of young people in terms of their sexual attitude and behavior. In particular, the role of parent-youth relationships, communication about general and sexual issues and perceived parental attitudes towards sexuality were emphasized for developing intervention programs among unmarried youth. Findings from this study can be used to identify appropriate reproductive health care strategies for Lao youth.

Finally, the findings have implications for the prevention of STIs, including HIV/AIDS, unwanted pregnancy and abortion among unmarried youth. The impact of this study can eventually enhance the sexual well-being of youth as well as adults and lead youth's access to good reproductive health services and their sexual right

## **1.6 Summary**

In the light above mentioned, there is a need to address youth's risky sexual attitudes and behaviors such as premarital sexual activity, early age at first sexual intercourse, condom use and multiple sex partners. Anecdotal evidence suggests that the incidence of premarital sex is increasing, the age of first sexual intercourse is decreasing and youth engage in premarital sex at an early age.

There is a dire need to keep Lao youth healthy for youth is the future generation of the country. To improve the sexual well-being of youth, the risk factor of sexual attitudes and behaviors and protective factors against sexual risk behaviors need to be addressed.

The need to improve sexual health among the youth is dependent upon developing and implementing effective intervention programs that addresses sexual risk and protective factors.

The next chapter deals with a more in-depth review of the literature. A literature, including reviews from other perspectives will contribute to the understanding the complexity of sexual attitudes and behaviors, determining the predictors of sexual attitudes and behaviors with the Lao context. An investigation of the literature especially in terms of sexual attitudes and behaviors of youth as well as their vulnerability to sexual-risk taking behaviors and risky attitudes was revised and link to the factors affecting youth sexual attitudes and behaviors. Lastly, the parent-youth interaction aspects are addressed the need to design the appropriate intervention program.