

Key affected women and girls include:

- Female sex workers ('service women')
- Young women (aged 15-24 years)
- Young women in key populations
- Women and girls living with HIV
- Female migrant workers (especially those aged under 30) who may be vulnerable to HIV due to the conditions by which they migrate

Lao PDR Country Brief HIV and Key Affected Women and Girls

Percentage of total adults living with HIV who are women:

48%

Estimated number of women living with HIV (aged 15+):

4,700

Cumulative reported cases indicated that **61%** of young people (15-29 years old) are female



About the Country Briefs

- These country briefs synthesize some of the current available data and evidence on key affected women and girls into one, easy-to-read report. For the first time, available data and research on national AIDS responses as it specifically relates to key affected women and girls were collated and carefully reviewed together, to improve understanding of women and girls most at risk of, and most affected by, HIV in the region. In doing so, the aim of the briefs is to increase understanding of the specific needs of key affected women and girls in ASEAN Member States and to support national efforts to ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls, in all their diversity. The briefs were developed in response to requests from partners at the regional and national level to assist them in prioritizing which women and girls to comprehensively target in national AIDS responses.
- A consistent approach has been applied in order to produce an off-the-shelf analysis of HIV and key affected women and girls which synthesizes information from disparate national sources. While multiple data sources have been used to compile each brief, country progress reporting on HIV and AIDS is widely cited. Each of the briefs includes an overview of the following as it specifically relates to key affected women and girls in the context of the national AIDS response:
- Epidemiology
 - Modes of transmission
 - Social and economic vulnerabilities
 - Access to information
 - Access to services
 - Legal and policy environment
 - Current international and regional policy guidelines
 - Information gaps
 - Recommendations

From the cover page

Percentage of total adults living with HIV who are women: 48%¹

1 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

Estimated number of women living with HIV (aged 15+): 4,700²

2 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

Cumulative reported cases indicated that 61% of young people (15-29 years old) are female.³

3 Lao PDR, National Committee for the Control of AIDS. *UNGASS 2010 Country Progress Report*. 2010. p.17. (<http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/>)

EPIDEMIOLOGY

- The HIV prevalence for young women (15–24 years old) is 0.2%.⁴
- According to the 2006 Integrated Biological and Behavioral Surveillance (IBBS) survey, HIV prevalence among female migrants is 0.8% in 8 border provinces with Thailand, with the majority being below the age of 30.⁵
- There is an estimated HIV prevalence of 1% in sex workers, an increase from 0.43% in the 2008 IBBS. HIV prevalence was higher among sex workers older than 25 years old (2.1%) compared to sex workers younger than 25 years old (0.8%).⁶
- 18% of the current reported number of people living with HIV recorded by the Centre for HIV/AIDS/STIs (CHAS) are housewives. The HIV status of this population group is unknown as well as their behaviours. The estimation and projection show a slight increase in HIV prevalence among this group until 2030.⁷

MODES OF TRANSMISSION

Sexual transmission

- The data from Ministry of Health reports in 2011 indicated that the major mode of transmission is through heterosexual intercourse (87%).⁸
- The 2009 IBBS reports that, among female sex workers, consistent condom use in the preceding three months was only 48% with regular partners and 49% with casual partners.⁹
- An estimated 47% of men who have sex with men have multiple partners, with 33% having had sex casually with both men and women in the last three months.¹⁰

Injecting drug use

- The 2008 and 2009 IBBS surveys reported that 1% of sex workers reported injecting drug use in the preceding 12 months.¹¹

Vertical transmission

- The number of pregnant women who received a HIV test and know their results for 2010 and 2011 were 3,012 and 3,069 (approximately 2%) respectively.¹²
- The number of HIV-positive cases among pregnant women was 10 (0.33%) for 2010 and 15 (0.48%) in 2011.¹³
- 15% of infants born to HIV positive mothers are also infected with HIV.¹⁴
- Women who received ARV treatment during pregnancy to reduce the risk of mother-to-child transmission represent between 8.5% (27) and 14% (49) of the total estimated number of HIV positive women who are pregnant in 2010 and 2011 respectively.¹⁵

SOCIAL AND ECONOMIC VULNERABILITIES

- In Lao PDR, gender inequalities have significantly contributed to the spread of HIV and STIs; a situation which is set to continue as long as women remain disempowered, vulnerable to economic exploitation, and unable to assert their right to safe sex.¹⁶
- Women and girls may be particularly susceptible to such infection owing to gender-specific norms, and that certain groups of women, including women involved in sex work and migrant women workers, are at a high risk of being infected with HIV.¹⁷
- It is quite common in Lao PDR for married men to practice extramarital sex. Their spouses are often aware of this yet lack power or negotiating ability to be able to do anything about it. The concept of taking an additional long-term partner is common. Many men have a wife and a girlfriend and will not use a condom with either of them as they feel they are regular partners and so safe from HIV.¹⁸
- A 2009 survey by the Lao Women's Union, conducted with over 200 women, found that while gender-based violence within relationships was not raised explicitly among female respondents, over a quarter of women's first sex was coerced or forced.¹⁹
- Age can be a risk factor for women. An estimated 84% of female sex workers are aged under 25. In Luang Prabang, 73% of female sex workers are aged 15-19.²⁰
- In a rapid assessment carried out among most-at-risk adolescents and young people, younger and less experienced sex workers were described as being more at risk of coercion not to use condoms than their older peers.²¹
- The growing number of migrant female sex workers, particularly in the Thai border regions, and the growing number of male migrants as potential clients pose new challenges for the national AIDS response.²²

ACCESS TO INFORMATION

- HIV/AIDS awareness among women is not widespread. Among the population as a whole only 70% of women have heard of HIV and 46% of women living in hard-to-reach rural areas have ever heard of HIV and AIDS.²³
- Little is understood about the social (or other) structures through which women receive sensitive information, including information about sex.²⁴
- Among women who have heard of HIV/AIDS, knowledge that HIV can be transmitted from mother to child is just 19%.²⁵
- Efforts have been made to deliver HIV and reproductive health information not only to pregnant women but also to their husbands. In 2008, 50% (17,000) of all pregnant women attending antenatal care (ANC) clinics in the six priority provinces and 2,500 of their husbands were recipients of HIV outreach activities from ANC and maternal child health (MCH) facilities.²⁶
- Conservative views about sexuality make it difficult for young people to access sexual health information and services.²⁷
- 46% of female sex workers report that they receive their HIV/STI prevention information from peers.²⁸
- In 2009, 74% of schools provided life skills-based HIV education within the academic year.²⁹

ACCESS TO SERVICES

- Voluntary counselling and testing (VCT) services are available in all provincial hospitals, antiretroviral treatment (ART) sites as well as in district hospitals in Vientiane Capital and Savannakhet. In total there were seven sites at central level; 40 VCT sites at provincial level; 89 VCT sites at district level and three sites at health centres and 10 drop-in centres providing VCT in 2011.³⁰
- There are about 180,000 estimated pregnancies per year in the country but, although ANC coverage rates are increasing across the country, those most at risk of HIV are not accessing ANC services.³¹
- HIV counselling and testing of pregnant women appears low, reflecting low access to ANC services in general (28.5%) and the low-risk profile of most ANC clients. Most pregnant women at higher risk of HIV infection are not accessing ANC services and this reinforces the need for stronger programmatic linkages between interventions for (key affected) women and ANC promotion.³²
- Monitoring of prevention of mother-to-child transmission of HIV (PMTCT) pilots in five target provinces between 2007 and 2008 showed that, as VCT was not provided at the point of ANC service, there were high rates of loss to follow up. Identification by ANC staff of pregnant women at higher risk of HIV has shown to be problematic without sufficient training in counselling and addressing stigma and discrimination.³³
- Female sex workers who received a HIV test and know their results increased from 14% (2009) to 22.2% (2011). Since 2007, HIV testing of female sex workers has almost doubled and the 100% condom-use programme has expanded to cover 15 provinces with a total of 7 drop-in centres for female sex workers.³⁴
- Sex workers and their clients are frequently stigmatized by health service providers and society in general causing them to fail to seek care, to practice self-treatment or to seek care from less skilled providers.³⁵

LEGAL AND POLICY ENVIRONMENT

- The National Strategic and Action Plan on HIV/AIDS/STI Control and Prevention (2011-2015) states that “a gender analysis framework must be applied to all planning, service delivery and research processes” and recognizes that a more intensified gender-sensitive and gender-responsive strategy is required to guide the national response to HIV and AIDS in Lao PDR.³⁶
- Current policies and legislation could be strengthened to take into account gender-specific vulnerabilities and to protect the rights of key affected women and girls.³⁷
- In Lao PDR, sex work is illegal and thus defining, identifying and reaching out to women who sell sex for money poses a challenge.³⁸
- Sex work, same-sex relations and drug use remain criminalized and/or stigmatized, which makes it harder for these marginalized people to access health services and health information.³⁹
- The female partners of male clients of sex workers and female injecting drug users remain overlooked in the current HIV response.⁴⁰
- In 2009, the National Framework of Maternal, Newborn and Child Health (MNCH) Services 2009-2015 was launched. The National MNCH Framework introduces a comprehensive package of MNCH services, including STI/HIV risk assessment, counselling and referral; syphilis testing for all pregnant women attending ANC, among other elements.⁴¹
- In 2011, the Law on HIV/AIDS Control and Prevention was approved by the National Assembly and then promulgated by the President. The Law is progressive in terms of addressing stigma and discrimination and promoting equity. However, the international community is concerned about the clause in Article 52 which prohibits individuals from engaging in risky behaviour which can cause the spread of HIV. The section of the Decree relating to enforcement of the law and which will stipulate how the law should be implemented is still under consideration.⁴²
- The Law on Protection of Women directs ministries and mass organizations to ensure that the position of women in Lao society is protected and enhanced.⁴³

CURRENT INTERNATIONAL AND REGIONAL POLICY GUIDELINES

- HIV and the Law: Risks, Rights & Health (Global Commission on HIV and the Law, July 2012)⁴⁴;
- Sex Work and the Law in Asia and the Pacific (UNDP, UNFPA, UNAIDS, 2012)⁴⁵;
- UNAIDS Guidance Note on HIV and Sex Work (UNAIDS, 2009)⁴⁶;
- Agenda for accelerated country action for women, girls, gender equality and HIV (UNAIDS, 2009)⁴⁷;
- Community Innovation: Achieving sexual and reproductive health and rights for women and girls through the HIV response (UNAIDS/The ATHENA Network, 2011)⁴⁸;
- Joint UN Statement: Compulsory drug detention and rehabilitation centres (March 2012)⁴⁹.

INFORMATION GAPS

- Despite its improvements, data is still lacking, particularly in emerging vulnerable groups.⁵⁰
- In the past, the surveillance surveys were conducted among military, truck drivers, and water or electricity workers as part of efforts to gather behavioural data on men with multiple sex partners, particularly clients of sex workers. Unfortunately, in the last four years, there has been no surveillance conducted among this population. There is no current data available on behaviours and HIV knowledge and status awareness among this group, although sexual behaviours of this population are the major underlying determinant for HIV transmission among low-risk women.⁵¹
- Only a limited number of research programmes have so far addressed gender and societal vulnerability to HIV and the impact of AIDS.⁵²
- Research is needed to gain a clearer understanding of how gender influences men's roles in alleviating the impact of AIDS and of how providing care and support will promote the development of responses in which men and women share the burdens of the epidemic more equitably.⁵³
- There is a lack of data on gender-based violence and its inter-relation with HIV and STI transmission in Lao PDR.⁵⁴
- On migrant women's vulnerability to HIV, no trend data exists and only one prevalence study has been conducted with limited questions on behaviour and knowledge. The most recent study on Lao migrants was conducted in 2006. It found that risky behaviors exist, with more than 75% of female respondents reporting that they had never used condoms, even with non-regular partners. More research is needed to better understand the risks present among this group.⁵⁵

RECOMMENDATIONS

- Increase efforts to encourage women, especially key affected women, to attend ANC facilities for HIV screening.
- Expand access to HIV prevention information and services for women in rural areas.
- Expand women's access to the female condom, the only fully women-controlled product available to reduce the risk of HIV/STI transmission.
- Scale up regular HIV testing among key affected women and girls, especially female service women/sex workers.
- Many sex workers are young and interventions need to be age and gender appropriate in design and implementation.
- Create an enabling legal and policy environment to address HIV in the context of sex work.
- Consider how the concept of "self-organizing" - the process by which space and support is available to allow specific communities to come together to develop common approaches to key issues that affect them – could apply to the Lao PDR context.
- Improve the access of women, especially young women and women living with HIV, to income generation and livelihoods programmes, as well as tailor these programmes to be more appropriate to the specific context and realities of key affected women.
- Create an enabling environment for the meaningful involvement of women living with HIV in policy and programmatic interventions, noting the 2012 WHO guidelines on couples HIV counselling and testing and the beneficial role that women living with HIV can play in delivering services and support within healthcare and community settings.
- With the exception of men who have sex with men, the evidence indicates that the majority of the HIV burden rests in women (especially female sex workers and female migrant workers). In order to effectively reach this population, gender sensitive and gender responsive strategies need to be incorporated into programmatic responses, from training and service delivery to monitoring and evaluation.
- Conduct research on migrants' vulnerability to HIV, with a particular focus on young women migrant workers.

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WHO ARE “KEY AFFECTED WOMEN AND GIRLS” IN ASEAN?

Depending on the circumstance and country, the following groups have been identified as key affected women and girls in ASEAN:

- Women and girls living with HIV
- Female sex workers
- Women and girls who use drugs
- Transgender women and girls
- Mobile and migrant women
- Female prisoners
- Women with disabilities
- Women in serodiscordant relationships
- Female intimate partners of men who engage in behaviours that put them at a higher risk of HIV infection
- Women and girls in HIV-affected households

The Lao PDR Country Brief on HIV and Key Affected Women and Girls was developed by the Asia-Pacific Interagency Task Team on Women, Girls, Gender Equality and HIV with support from the HIV and AIDS Data Hub for Asia Pacific and in partnership with the Joint UN Team on AIDS in Lao PDR.

The country brief is available to download at www.aidsdatahub.org and www.genderandaids.org.

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