



Policy Options:

Bridging Health Equity and
Cultural Justice Through
Inclusive Development

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Front cover photo: Individuals from the Akha village in Luang Namtha, Laos, PDR (image enhanced for quality).

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POLICY BRIEF 1

Expanding Development Conversations:

Recommendations on Health
Equity Amongst Adolescent
Akha Community, Laos PDR

INTRODUCTION

The trend of development in advancing states has become increasingly common, integrating multiple communities into the landscape of national progress. Development, on a common note, often covers urban development—manifested through infrastructure building and urban sprawls, to economic thrusts as seen in employment opportunities, potential displacements, and market competitions. However, an often overlooked aspect of development is seen on sexual and reproductive health rights of the people in localities, wherein issues affecting health and sexual practices are often sidelined to prioritized either or both economic and urban developments. Furthermore, development is oftentimes a contested arena of power wherein for growing communities, they bear the brunt of various development agenda.

For one, development trends cater mostly to metropolitan areas, leaving behind indigenous communities in the said efforts (Ghesing, 2025; Morales et al., 2021; Horn, 2018). With this, social services are often deprived from these communities, resulting in complex problems, including that of health where issues such as birth rate, pregnancy among adolescents, and lack of access, remain prevalent (Whiley et al., 2020). When combined with the often sidelined sexual health rights of peoples, development now in these areas appear to be a peril rather than a communal gain.

This is seen in the case of the Akha community in Laos People's Democratic Republic (Laos PDR), home to a population of 6.5 million people, with the youth (under 25 years of age), composing fifty nine percent of its population. UNICEF data highlights how the adolescent birth rate in the country is one of the highest across the region with 83 births per 1,000 girls from 15–19 years of age (Habito et al., 2024; Lynn et al., 2024). This concern stems from various social determinants, with tradition and long-held beliefs reinforcing practices that place adolescent Akha women in vulnerability.

Sustainable development, as outlined by literature, but most especially by the United Nations, aims to narrow various inequalities, including health inequalities. However, resolving health inequalities is not simply a matter of biological innovations alone, but there must also be a revisiting of socio-political and cultural landscapes, determining potential risks, and forwarding solutions that address these inequalities comprehensively.

This policy brief then outlines how development lapses in providing for conducive environments where the health of Akha adolescents are adequately attended to, by looking into crucial social services, their current states, and ultimately, laying out possible interventions that can be considered in public policy.

Defining the Landscapes of Development

Crucial aspects of developments are often latched into observing the state of its basic social services and its ability to deliver sustenance to its public (Dong & Wei, 2023; Mätzke, 2017; Shumuye, 2015). Moreover, these social services influence how other fundamental rights are being enjoyed or deprived. For the purposes of this policy brief, the aspects of material development (infrastructure), as well education, and healthcare will be probed, and will provide potential policy recommendations to address health inequities amongst the adolescent population of the Akha community. The data used for this policy brief is drawn from extensive fieldwork with critical key stakeholders such as the women and youth unions, as well as the health, tourism, and education offices.



Education

Education is also a crucial aspect of addressing health inequities. As the women and youth unions, as well as the Long Education Office have highlighted, there have been efforts in mainstreaming health education both in formal education and in civic engagement, wherein aside from teaching them in schools, these offices have also conducted trainings and workshops that help inform the Akha community about sexual health and how issues that pertain to this could be address.

However, while there are already efforts in improving the delivery of education in the community, there are still issues that are in need of urgent attention and resolve. For one, while information has reached these communities, language barriers remain to be a big difficulty. In addition, there have been recommendations on providing for translators to convey health information to the community, but budgetary concerns constrain them from actually employing the desired translators.



In the community learning center, children of different grade levels share one classroom under the guidance of a single teacher – a reflection of the village's resilience and commitment to providing learning opportunities for all.

Infrastructure and Material Development

The enjoyment of social services, most especially health, is determined by the accessibility of people with infrastructure development such as roads, highways, electricity, and water. In the case of Laos PDR, the Akha community faces challenges in availing modern health services that cater to sexual concerns because of the lack of accessible roads and electricity within the community. This is heavily felt by members of the community living in far more remote areas, where trails prove to be a considerable hurdle in extending health services to them. With the lack of roads, highways, buildings, and electricity, people are forced to resort to risky practices endangering the lives of Akha adolescents. Furthermore, without infrastructure access, modern and more ethical practices cannot be introduced to these communities which could help address prevailing problems espoused by long-held tradition such as early marriage and young girls serving as hostess to older guests.

Healthcare

Health centers and hospitals that offer comprehensive health services are crucial services, especially in developing communities. However, the said services remain low in number in the Akha community, wherein access to healthcare has been difficult. The said difficulty has already been highlighted previously, owing to the lack of access roads, as well as health centers in the first place. Without these, adolescent youth of the community are deprived of essential health treatments and knowledge, especially in far flung areas.

While there remain concerns on healthcare accessibility, the organizations and unions in the community have exerted efforts in creating programs that could bridge the gap, at least for the short term. Introduction to counseling and antiviral treatments for human immunodeficiency virus (HIV) have slowly been made available to the community, among others. However, healthcare issues are not addressable by short-term solutions, they must, like other social services, be addressed and treated with long-term programs and systemic change that allow them to continue over the course of time. Without long term solutions, these issues will remain floating and experienced by the Akha community more often than not.

This section highlights how the lack of integration in the development agenda, as seen on how educational, health, and infrastructure gaps and asymmetries affect the delivery of effective services to cater to health and sexual concerns of Akha communities, results in vulnerabilities often carried by the marginalized groups. Therefore, for health equity, these issues must be addressed through effective public policy– one that remains inclusive, comprehensive, and has foresight, especially in evolving and dynamic communities.

Recommendations for Policy Making

While these issues prove to be difficult and macro-scale, resolving them can be done through effective public policy, paired with cultural acceptance and protection, and systemic change in the long term. This section provides the recommendations drawn from the existing issues faced by the Akha community, on how development can be made inclusive, eventually addressing health inequities in Laos PDR.

Inclusive Participatory Budgeting

Much of the outlined issue stems from budgetary constraints that limit the services provided to the Akha community. Therefore, in order to address these, national policies and state institutions must revisit how the national budget is crafted and distributed, where an adequate portion of it must be allocated to extending infrastructural, educational, and health related programs centered on communities such as the Akha community. With this, it can be ensured that there is a consistent source of funding that can help widen what could be enjoyed by the Akha community in terms of social services– from consistent electricity provision, road creation, and healthcare facilities, as well as localized education, among others. However, there needs to be a clear and powerful participation of the Akha community when doing so in order to craft programs that are relevant and responsive, but also respectful and protective of the cultural and social character of the Akha

community.

Localized Information Dissemination

As highlighted in the previous section, a prevailing challenge regarding health inequity is language barrier that limits the extent of information provided to the Akha communities. Therefore, there is a need to localize necessary information through the help of accurate translation and effective communication and narrative conveying in order to mainstream crucial health knowledge amongst these communities. Through this, the Akha community can be more well-informed of their status, and what they can do should concern their health.

Vibrant Civil Society Participation

Most importantly, civil society and interest groups in the Akha community must be provided with adequate support in order for them to be engaged in the decision making process that affects the health concerns of adolescent youth. It is then important for the state to provide material and political support to these organizations so that they can amplify the needs of these communities on a national level. Subsidizing their programs, extending budget and material resources, as well including them in crafting systemic programs are key steps in ensuring that civil society is kept engaged in resolving the key issues faced by the Akha community.

CONCLUSION

Overall, the issue of development as seen in education, healthcare, and infrastructure, is an issue that requires multi stakeholder collaboration that extends beyond limited programs. Furthermore, while this brief informs on the development side of how the Akha community could better benefit in terms of health equity, cultural inclusion also remains to be a crucial factor for these programs to succeed. It is therefore important that public policy in Laos PDR remains inclusive of these communities, their rights, and needs, so that the policy outlook will effectively lead to health and social equity, especially for indigenous adolescents in the country.







POLICY BRIEF 2

Affirmative Action Protecting Akha Adolescents From Early Marriages and Exploitative Sexual Practices

INTRODUCTION

Across Southeast Asia, indigenous communities have long been repositories of culture, resilience, and identity. Yet, when development trajectories accelerate without fully reaching remote areas, certain traditional practices—particularly those surrounding adolescence—risk becoming sources of harm. In the highlands of Northern Laos PDR, the Akha community represents a striking example of this phenomenon. While the Akha maintain rich cultural traditions that have preserved their identity over generations, practices surrounding adolescence have raised significant health and human rights concerns.

A central cultural tradition among the Akha is the sexual initiation rite known as *thonh thong* for girls, believed to be an essential marker of transition into adulthood. Within the community, these customs are viewed positively, reinforcing a sense of belonging and continuity. However, these rites often expose adolescents to early sexual experiences that can be both physically painful and emotionally traumatic (Sychareun et al., 2011). In many cases, the initiation into sexual life happens at a very young age, undermining the physical, emotional, and psychological well-being of young girls before they are capable of making informed decisions. This tension between cultural preservation and adolescent protection creates complex vulnerabilities that have yet to be adequately addressed by development efforts.

Parallel to the persistence of initiation rites is the widespread occurrence of early marriage among Akha adolescents. Studies reveal that early marriage remains prevalent, with many young girls entering marital unions well before reaching adulthood. These early marriages are not merely social customs; they are mechanisms that perpetuate cycles of poverty, gender inequality, and limited life opportunities. Teenage pregnancy, a common outcome of early marriage, elevates maternal and child health risks in the community, further exacerbating the cycle of marginalization (Sychareun et al., 2018). Young Akha women who marry early are often forced to abandon their education, limiting their ability to access better employment opportunities and perpetuating intergenerational disadvantage.

Despite Laos PDR's commitment to international frameworks protecting children's and adolescents' rights, translation into effective on-the-ground protections remains inadequate, especially for marginalized groups like the Akha. Structural inequities such as geographic isolation, weak infrastructure, and the exclusion of minority voices from policymaking processes continue to expose Akha adolescents to harm. Access to reproductive health services remains severely constrained in remote areas, making it difficult for young girls to seek medical care, obtain contraception, or access information about their rights and options (Phongluxa et al., 2020; Sychareun et al., 2018). Without adolescent-friendly services that are culturally and linguistically appropriate, many Akha girls face elevated risks of sexually transmitted infections (STIs), maternal mortality, and untreated reproductive health issues.

Educational barriers compound these challenges. Cultural norms that prioritize marriage and childbearing over formal education create an environment where school attendance for adolescent girls is often seen as secondary or unnecessary (Sychareun et al., 2018). Without intervention, this perpetuates a cycle where limited knowledge, poor health outcomes, and restricted economic participation reinforce one another, ensuring that inequalities remain deeply entrenched.



Young Akha teenagers proudly wear traditional dresses adorned with intricate patterns that reflect the rich artistry and cultural heritage of the Akha people.

Thus, while cultural identity remains vital for the Akha community's cohesion, it is clear that without parallel investments in protecting adolescent rights to health and education, tradition can too easily become a source of exploitation rather than empowerment.

THE UNSEEN BARRIERS TO PROTECTION

While the Akha community holds rich cultural traditions and communal practices, these same traditions can, under certain conditions, place adolescents at significant risk. Despite national and international frameworks designed to protect young people, the intersection of cultural practices, physical isolation, and systemic neglect has allowed early marriages and sexual exploitation to persist. These risks are particularly amplified in remote Akha villages, where state presence is minimal, services are scarce, and cultural norms remain largely unchallenged. Understanding the overlapping barriers that adolescents face is crucial in crafting effective, culturally respectful, and rights-based policy intervention.

Early Marriages and Sexual Exploitation Embedded in Custom

Certain long-standing Akha practices, such as early sexual initiation rituals like Bong hu and the culturally celebrated "Welcome Guest" traditions, have increasingly been recognized as sources of adolescent exploitation. The "Welcome Guest" practice, involving sexually initiated girls engaging with male visitors, symbolizes both hospitality and a girl's transition into adulthood. Rooted in Akha cosmological beliefs, such interactions are seen as essential for community bonding and cultural continuity (Wang, 2023).

Celebrations accompanying guest visits, including feasting and showcasing agricultural surplus, further reinforce social ties and economic cooperation (Hayden, n.d.).

Despite the cultural resilience shown by the Akha in maintaining such traditions even amid modernization pressures (Henin, 1996), these practices pose significant health and human rights concerns. Adolescents are often exposed to early sexual experiences without full understanding of informed consent, heightening their vulnerability to sexually transmitted infections and other health risks. While practices like the “Welcome Guest” ritual have reportedly declined, they persist in remote areas where state presence and protective services remain minimal.

Legal prohibitions under Lao PDR’s national frameworks exist but are largely ineffective in these isolated communities. Adolescents, some as young as 13, continue to face early marriage, exploitation, and unprotected pregnancies without meaningful access to legal support. In reality, a dual legal system persists, where national laws promise protection but rarely influence the lived experiences of ethnic minority youth.

Infrastructure and Access Gaps

The vulnerability of Akha adolescents is further aggravated by the extreme physical remoteness of their communities. Villages located deep in mountainous regions often lack fundamental infrastructure such as paved roads, reliable electricity, or communication systems. Without these essential foundations, the establishment of health clinics, schools, or social protection offices remains an ongoing challenge. The absence of nearby health facilities means that crucial reproductive health needs often go unmet, leading to higher risks of sexually transmitted infections (STIs) and pregnancy complications among adolescent girls (Timyan et al., 2018).

Educational barriers further entrench vulnerability. Schools are often located too far from Akha villages, making regular attendance difficult or impossible, particularly for girls (Siatan et al., 2024). Without accessible education, opportunities to build awareness, resist early marriage, and break cycles of poverty and exploitation become severely limited. In many cases, even when schools exist, distance, transportation challenges, and familial expectations deter adolescent girls from continuing their education.

Moreover, the absence of culturally sensitive communication strategies compounds these structural barriers. Public health information and legal rights campaigns are rarely translated into the Akha language or adapted to the community’s cultural context (Rodric, 2008), leaving adolescents uninformed about their rights and available protective services. As a result, efforts to improve adolescent health and well-being often fail to penetrate remote Akha communities, perpetuating cycles of exclusion and marginalization.

Cultural Silencing and Fear

Complicating structural challenges within Akha society is the deep cultural embeddedness of silence and deference to authority. Traditional respect for elders, while foundational, often discourages young people—especially girls—from speaking out against harmful practices. Fear of social ostracism, familial dishonor, or retribution prevents many adolescents from resisting early marriage, unwanted sexual encounters, or exploitative traditions. Girls who might question these norms risk being labeled rebellious or disloyal, severely limiting their ability to advocate for their rights (Glover et al., 2018).

The absolute authority of elders further restricts access to protective services and support systems, reinforcing a culture where youth agency is stifled (Glover et al., 2018). Cultural norms, deeply entrenched across generations, sustain the status quo and make it exceptionally difficult for young people to challenge or reshape harmful practices (Caprioli & Crenshaw, 2017). In such an environment, the possibility of youth-driven change remains faint without deliberate, sensitive action.

Targeted interventions are essential to disrupt this cycle. These efforts must carefully respect the cultural fabric while expanding opportunities for youth voices to be heard. Educational initiatives, in particular, offer a promising path forward, helping shift perceptions and opening up dialogue about practices that compromise adolescent rights and well-being (Hogeveen, 2006). Without such culturally sensitive strategies, harmful traditions risk becoming even more deeply entrenched, passed unchallenged to future generations.

RECOMMENDATIONS

Protecting Akha adolescents requires bold, affirmative policies rooted in respect for cultural values yet firm in safeguarding human rights. Efforts must move beyond external interventions and instead focus on strengthening systems from within Akha communities themselves. Sustainable change will require building trust, honoring traditions, and creating opportunities for youth to engage with services and protections in ways that feel empowering rather than imposed. Only through culturally grounded, community-led approaches can harmful practices be effectively challenged and adolescent well-being secured.

1. Institutionalize Culturally Adapted Adolescent Health Services

Mobile health units specializing in adolescent reproductive health should be established to reach remote Akha communities, staffed by professionals trained in culturally sensitive approaches. In addition, training community-based Akha health workers and peer educators to deliver accurate, rights-based information in the Akha language can build trust and ensure adolescents receive critical health education without fear or stigma.

2. Strengthen Legal Outreach and Protection Mechanisms

Child Protection Officers must be embedded at the district level, tasked specifically with outreach to isolated Akha villages. Legal reporting systems should be streamlined and made confidential, reducing fear of retribution for adolescents and families seeking justice. Further, offering paralegal training for Akha youth leaders will empower them to advocate against harmful practices and navigate the legal system effectively.

3. Invest in Infrastructure with Adolescent Well-being in Mind

National rural infrastructure plans should prioritize road access to Akha villages to ease the delivery of health, education, and protection services. Investment must also fund youth-friendly spaces—integrated centers where adolescents can access schooling, reproductive health care, and psychosocial support in a safe and welcoming environment.

4. Transform Traditional Practices from Within

Community-driven initiatives should be supported to reframe rites of passage around education, skills development, or service rather than early sexual initiation. Offering formal recognition and incentives to village leaders who champion child protection reforms can help embed change within respected cultural frameworks.

5. Enable Civil Society Participation and Representation

Grassroots Akha youth organizations and women's unions must be funded to lead education and advocacy campaigns. Institutionalizing Akha representation in district development councils will ensure adolescent issues are consistently prioritized in local governance.

CONCLUSION

The marginalization of Akha adolescents is neither inevitable nor immutable. Protecting their rights is not about erasing cultural identity—it is about ending cycles of exploitation that have long gone unchallenged under the guise of tradition.

Real development demands more than economic growth; it demands the equitable expansion of rights, services, and opportunities. By centering Akha adolescents in protection policies—designed with and for them—Laos PDR can break historic patterns of neglect and build inclusive, resilient futures for all its citizens.

A future where no adolescent’s health, dreams, or dignity is sacrificed in the name of tradition must be part of Laos’s development promise.



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