

Welcome to Laos by Vickie Rogers

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Old Dominion University

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Introduction

Laos is a land locked country in Southeast Asia. It is bordered by Vietnam to the east, Cambodia to the south, Burma (Myanmar) and China to the north and Thailand to the west. Laos is 89, 112 square miles which makes it about twice the size of Pennsylvania ("Laos," 2008). The geography of Laos is primarily mountainous, especially in the north, and densely forested with a few plains and plateaus. The western border of Laos is formed primarily by the Mekong River which also borders Thailand (The World Factbook website, 2015).



Map image retrieved from www.cia.gov/library/publications/the-world-factbook/graphics/maps

Picture image retrieved from www.backyardtravel.com/sites/default/files/-view-of-vangvieng-laos.jpg

The Laos flag is composed of three bands. The color of each band has a symbolic meaning. The red bands signify the blood lost for liberation, the blue band represents the Mekong River and prosperity, and the white disk symbolizes the full moon on the Mekong

River, unity of the Lao People's Revolutionary Party, and the countries bright future (The World Factbook website, 2015).



Flag image retrieved from <https://www.cia.gov/library/publications/the-world-factbook/graphics/flags/large/la-lgflag.gif>

Population and demographics

As of July 2014 the population of Laos was 6,803,699. The official language is Lao but, other languages such as French, English, and various ethnic languages are used by the diverse population. The 2005 census reports the diversity of ethnics groups were Lao 55%, Khmou 11%, Hmong 8%, and the remaining 26% contained over 100 minor ethnic groups. The predominant religion is Buddhism with 67% of Laotians being Buddhist. The remaining 1.5% are Christian and 31.5% are unspecified (The World Factbook website, 2015). Almost half of the population is below 20 years of age. In 2012 the median life expectancy for men was 64 years old and women 67 years old (World Health Organization website, 2014).



Buddha image retrieved from <http://i.guim.co.uk/static/w-700/h--/q-95/sys-images/Guardian/Pix/pictures/2015/1/31/1422702824360/7c3d5be7-315f-4dd6-b884-cf220fa0d848-1020x680.jpeg>

Lao people image retrieved from http://www.muangkhoa.com/images/phongsaly_18.png

Literacy continues to be a problem in Laos. It is estimated that the total literacy rate for the population is 79.9%. The statistics indicate the literacy rate for males over the age of 15 that are literate is 87.1% and females are 78.8% in 2015 (The World Factbook website, 2015). The literacy rate varies widely across Laos. Both males and females in urban areas with access to educational opportunities exhibit much higher literacy rates than those in rural areas. Women, especially in more rural areas, have fewer opportunities for education due to traditional gender role responsibilities, unplanned childbirth, heavy workloads and restricted access to education (World Health Organization website, 2014).

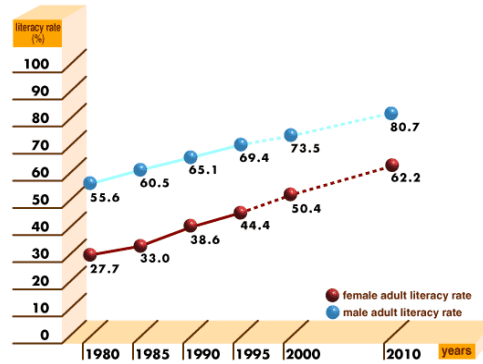


Image retrieved from http://www.accu.or.jp/litdbase/stats/lao/img/lao_g3.gif

Climate

The climate of Laos ranges from hot tropical rainy wet season (monsoon), a cool dry season and a hot dry season. The rainy season is May to October with an average rainfall of 50 to 90 inches. The Bolovens Plateau can receive up to 160 inches annually. The dry season is from November to April. Temperatures during the dry season average 60-90° F (16-21°C). Temperatures begin to rise before the start of the rainy season to more than 90° F (32°C). The average temp during the rainy season is 80° F (27°C). The country has problems with flooding and droughts (Lafont, 2013).



Image retrieved from http://montanaron.com/wordpress/wp-content/uploads/2009/11/Vang_Vieng1.jpg

Natural resources

Laos has a variety of natural resources including timber, tin, gypsum, gold, granite, limestone, copper, precious stones, iron, lead, and coal. The major resource is timber. Fifty four percent of Laos is forested. Forestry products include benzoin, benzoin bark, bamboo, copra, kapak, palm oil, rattan, and various resins ("Laos," 2007). According to the World Factbook Laos exports wood products, coffee, electricity, tin, copper, gold, and cassava (The World Factbook website, 2015). Rivers in Laos provide a source of hyroelectric power. The electricity produced by the dam on the Ngum River provides the bulk of the domestic energy for Laos. The electricity produced from the dam on the Theun River is produced primarily for export to neighboring countries such as Thailand (Arthur, 2013).



Image retrieved from <http://cdnph.upi.com/sh/th/i/UPI-13011273669566/2010/12736608957527/Nam-Theun-2-dam-commissioned-in-Laos.jpg>



Image retrieved from <http://www.sdcmekong.org/wp-content/uploads/2013/02/Plantation.jpg>

Agriculture is by far the most important factor in the economy. Approximately 73% of Loatians work in agriculture. Foods grown include sugar, sweet potatoes, rice, coffee, tobacco, pineapples, and bananas to name a few.



Image retrieved from http://www2.crcna.org/site_uploads/uploads/crwr/images/50th/30-3.jpg

Historical perspective and political climate

The Lao people migrated from southern China in the eighth century. The first Laotian state, Lan Xang, was formed in the fourteenth century and included Cambodia and Thailand but was split into three kingdoms in 1713. In the eighteenth century Laos fell under Siamese (Thai) rule. In 1893 the French incorporated Laos into Indochina. A communist movement, Pathet Lao, was organized in 1951 and thrust Laos into a civil war. Laos suffered many political and military struggles until the Communist Pathet Lao took power in 1975, thus ending six centuries of monarchical rule, and established Laos as a communist government. In 1991 the Supreme People's Assembly adopted a new constitution for the Lao Peoples Democratic Republic. They kept a one party government but dropped all references to socialism. They have passed laws pertaining to property, contracts, and inheritance and implemented market oriented policies ("Laos," 2008).

Health Indicators

According to the World Health Organization (WHO) Laos health indicators have been steadily improving over the past thirty years. The life expectancy for males is 64 years of age and 67 years of age for females. That being said, malnutrition in children under 5 years of age and a high maternal mortality ratio is persistently high. The maternal mortality rate is 470 per 100,000 births. Only 37% of births are attended by a skilled health worker. Neonatal mortality is 27 per 1000 births, and under the 5 mortality rate are 72 per 1000 births. WHO considers Laos a crisis country due to a very limited health workforce. Laos has a poor health infrastructure due to a lack of health financing, poor planning, and management of health services. Nearly half of Lao's population is below 20 years of age. Poverty is prevalent especially in rural areas. A lack of access to water contributes to poor sanitation. The main causes of mortality and morbidity is communicable diseases (World Health Organization website, 2014).

According to the Centers for Disease Control (CDC) the top ten causes of death in Laos are perinatal conditions 14%, lower respiratory infections, especially for children under 5 years of age, 10%, ischemic heart disease 8%, diarrheal diseases 8%, cerebrovascular disease 5%, chronic obstructive lung disease 4%, tuberculosis 2%, malaria 2%, road traffic accidents 2%, and self-inflicted injuries 2% ("CDC in Laos," 2011). The prevalence of HIV/AIDS in adults was estimated to be 0.15% which equated to 5800 people in the country in 2013. Obesity affects only 3% of the population (The World Factbook website, 2015.).



Image retrieved from http://www.worldvision.com.au/Libraries/MCH_-_Mothers_and_children_learning_in_Laos/MCH_Mothers_and_children_learning_in_Laos_image_2.jpg

Life expectancy in the United States (US) is 76 years for males and 81 years for females. The life expectancy for males in Laos is 64 years and females 67 years. Infant mortality was 6.15 per 1000 births in 2010 in the US compared to 27 per 1000 births in Laos. The maternal mortality rate in the US in 2010 was 21 per 100,000 births compared to 470 per 100,000 births in Laos ("Health US," 2013). The obesity rate for adults in the US is 35.1% compared to 3% in Laos ("Faststats," 2015).

Health and education

Education in Laos is on the rise especially in the urban areas but continues to be a challenge in the rural communities. Despite underfunding, inadequate teacher training, and insufficient facilities the literacy rate has continued to rise especially among males. The literacy rate for males is 87.1 % and females 72.8 % (The World Factbook website, 2015). Education continues to be limited to females due to rural location, culture, and role responsibilities (World Health Organization website, 2014). The Laotian government wants universal education for all its citizens. Males average 11 years in school and girls 10 (The World Factbook website, 2015). The proportion of males to females in secondary schools continues to be disproportionate. Laos lacks medical professionals and does not have an adequate education system to produce the number needed to serve both the medical and educational needs for its citizens.



Image retrieved from <http://www.cwsasiapacific.org/wp-content/uploads/2012/11/LAOS-40-635.jpg>

Health, Economic status, and poverty

According to UNICEF, 73% of the Laotian population lives on less than two dollars per day and poverty is widespread especially in the rural area. It is listed as a low income country. Most of the citizens are subsistence farmers and the government has a large trade deficit. It is highly dependent on foreign aid (UNICEF website, n.d.). The Laotian government spends approximately 2.8% of its gross domestic product (GDP) as health care expenditure compared to the expenditure of the United States (US) at 17.1% (The World Factbook website, 2015). The low amount allocated for healthcare leads to decreased life expectancy and poor health outcomes. Healthy populations live longer, save more, and contribute to a countries development through productivity and educational attainment (World Health Organization website, 2014).



http:

Image retrieved from [//futurechallenges.org/wp-content/uploads/2012/11/PhoneThong-Village_Vientiane.jpg](http://futurechallenges.org/wp-content/uploads/2012/11/PhoneThong-Village_Vientiane.jpg)

Health system

The Ministry of Health is the main provider of health care. According to the WHO, the ministry has made significant progress in development, decentralization of health services, and health policy. Investment in health continues to be low and out-of-pocket spending is over 62.6%. Only 12.5% of the population has social health protection coverage. The lack of qualified staff, inadequate distribution of staff and an inadequate infrastructure add to the strain on the health care system (World Health Organization website, 2014).

The rate of immunization has dropped to 50%, the maternal mortality and infant mortality rates remain high. Malnutrition is also a problem. The lack of infrastructure exposes the citizens to

poor sanitary environments and unhealthy drinking water. The major causes of death in Laos are related to mostly preventable communicable diseases (World Health Organization website,



2014).

Image retrieved from <https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcRP6NR-Z1AqOHif4YJDsrOx8mVrBQK-BT4B7N1skRXGQvspSV5J>

Health care services

Due to a lack of access to healthcare and adequate sanitary environments, especially in the rural areas, morbidity and mortality rates are high. Nearly half of Lao's population is below 20 years of age. This indicates that lack of access to healthcare greatly decreases life expectancy. Maternal and infant mortality rates are high partly due to lack of prenatal care and assistance during delivery.



Image retrieved from <http://1.bp.blogspot.com/->

[QeZYPzuAQy8/UvGthD0C1DI/AAAAAAAAAGSA/j4fNeNJC1cQ/s1600/Clean+birth.jpg](http://1.bp.blogspot.com/-QeZYPzuAQy8/UvGthD0C1DI/AAAAAAAAAGSA/j4fNeNJC1cQ/s1600/Clean+birth.jpg)

Culture beliefs and health

Fundamental Asian health concepts include yin and yang, hot and cold theory of diseases and ch'i. Yin and yang is the concept of harmonious balance in the body. They feel when the yin and yang are unbalanced they become ill and treatment is geared toward restoring balance. The hot and cold theory of disease also ties into the balance of yin and yang. They believe everything in the universe has the property to yin (cold) or yang (hot). Disease and treatments are classified as either hot or cold. A "hot" illness or disease would require a "cold" treatment. It

is important for healthcare workers to understand which diseases and treatments are considered hot and cold to ensure compliance to the treatments. Ch'i involves the flow of blood throughout the body and the energy forces that flow through the meridians of the body which are acupuncture sites. Blood is thought to be “ruled by the heart, governed by the spleen, and stored in the liver” (“Culture-Sensitive Healthcare,” n.d.). It is believed ch'i is involved in all organs but especially the liver, lungs, and spleen. If a blockage occurs in the ch'i illness occurs. Acupuncture is performed to open up the channels to aid in restoring harmony in the body.

Diet also is important in healthcare. It relates to the hot and cold treatment of illnesses. Some foods or drinks are given for “hot” diseases but not for “cold” ones. A fever is considered a “cold” illness and drinking juice or water is considered cold therapies therefore, they may not drink water during a fever because drinking the water would introduce cold into the body. A “cold” illness requires a “hot” treatment or therapy (“Culture-Sensitive Healthcare,” n.d.).



Image retrieved from <http://livingchapters.files.wordpress.com/2014/03/yin-yang.jpg>

Gender norms

In Loatian culture men have a higher standing in society than women. Men tend to work to earn an income while the women carry on the tasks needed to secure the resources necessary to maintain the family. Women are not encouraged to be politically active or involved in decision making. Males have a higher literacy rate than women. Reasons such as poverty, distance to schools, traditional beliefs, burden of household chores, early marriage, or pregnancy contribute to a lower literacy rate for women (Rex, 2013).



Image retrieved from http://www.sdcmekong.org/wp-content/uploads/2014/01/2014.01.24.SmokedBamboo_6.jpg



Image retrieved from <http://www.sdcmekong.org/wp-content/uploads/2014/02/05.Khamu-Farmer-Luang-Namtha-Lao-PDR-%C2%A9-Adrian-Gnaegi.jpg>

Cultural practices and health

Asian patients may not comply with western medical treatment or drugs due to the belief in yin and yang and hot and cold theory. If a “hot” medication is given for an illness that is considered “hot” they may not take it due to their belief that it should be treated with “cold” treatment to create balance. When a patient is hospitalized, it is customary for family to bring in food. They may not like the hospital food due to not being provided with their customary meals or the food they are given does not meet the requirement for treatment of their “hot or cold” disease or illness. Another common practice is mixing Eastern and Western medical treatments. They believe some illnesses are better treated with Western medical treatments and others are best treated with traditional treatments. They may visit a Western doctor to get a diagnosis then choose to treat it with traditional remedies such as herbs. They may choose not use Western medical treatments or they may use traditional treatments in conjunction with them. They often will not tell the Western doctor they are not using the prescribed treatment or that they are using traditional treatments as well. By not disclosing this information, their illness may not be treated appropriately or the herbs and traditional medical treatments may interact with their medications or treatments ("Culture-Sensitive Healthcare," n.d.).

They may choose acupuncture to treat an array of illnesses to balance the yin and yang. Treatments that may be misinterpreted as abuse include cupping, coining and pinching, and moxibustion. Cupping involves using heated tubes or cups on the forehead or abdomen and may leave circular ecchymotic areas. Coining and pinching is believed to draw out fever and illness.

A metal coin is placed in oil and heated then rubbed briskly over skin until welts appear.

Pinching is just as it sounds. These practices can produce long lines of bruises on the skin.

Moxibustion creates superficial burns and is accomplished by using pulverized woodworm or burning incense and applying it to areas of the skin such as the head, neck, or torso. This treatment is used to treat “cold” illnesses or diseases ("Culture-Sensitive Healthcare," n.d.).



Image retrieved from <https://thewellnesssphere.com/wp-content/uploads/2015/03/acupuncture3.jpg>

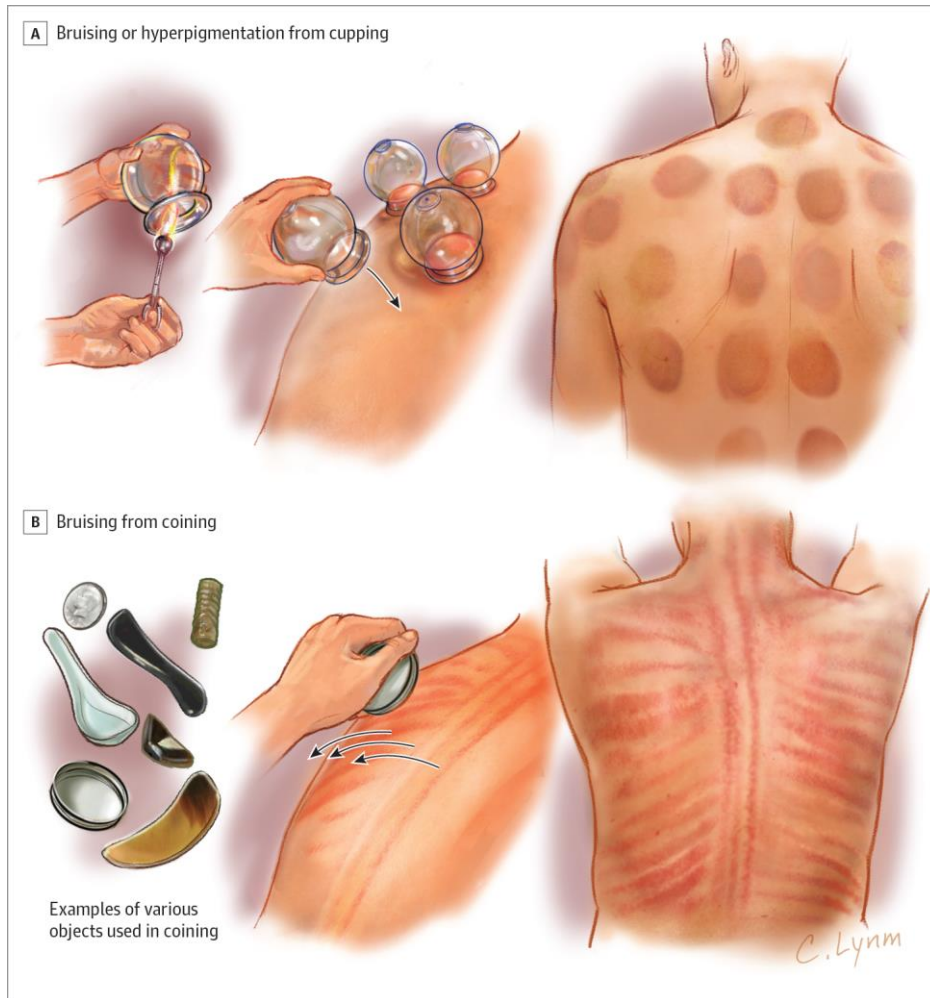


Image retrieved from

<http://amaproduct.silverchaircdn.com/data/Journals/JAMA/927385/jxr130005f1.png>

Cultural information or taboos

There are strict rules of etiquette in Asian culture. Younger people greet elders first and in a formal manner. A patient may exhibit respect to the physician by avoiding eye contact or by looking away when talking. They consider leaning on a table or desk, sitting with crossed legs, or pointing at something with your foot as showing contempt to the person they are talking to.

Asians consider the head as a sacred part of the body. Do not reach over or touch their head without obtaining their consent. Some parents may blame you if their child becomes ill after you touch their head ("Culture-Sensitive Healthcare," n.d.).

Feet are considered low and unclean. If you brush someone with your feet apologize immediately. Sandals are appropriate to wear in all but the most formal occasions. Remove your shoes when entering homes or Buddhist temples. Dress conservatively. Women should not bear their shoulders or thighs and men should not go shirtless. Public displays of affection are offensive to Laotians. Women should not touch or hand anything directly to monks or novices ("Culture And Etiquette," 2015).

Occupational factors that affect health

The main occupations in Lao are agriculture, mining, and logging. Agriculture remains the largest source of employment (Arthur, 2013). Loatian farmers face various occupational hazards including, but not limited, to dengue fever, typhoid, and malaria. Another hazard they face is unexploded bombs or ordnance. Laos was bombed by the United States during the Civil and Vietnam War. Unexploded bombs litter the countryside limiting the land that can be cultivated. Many farmers cannot afford new plots of land and must cultivate the plot they have regardless of the danger due to the unexploded bombs (Legacies of War website, 2015).

Mining and logging also present risks. Those that work in the mining industry face the risk of cave ins, poor quality breathing air, and injuries due to the equipment used. Logging accidents can occur from falling timber, chainsaws, and heavy moving machinery.



Image retrieved from http://thediplomat.com/wp-content/uploads/2014/01/thediplomat_2014-01-27_03-08-10.jpg

Environmental factors that affect health

Laotians face many environmental issues that affect their health. Unexploded bombs left over from the bombing missions during the Civil and Vietnam War injure and kill many Laotians

especially farmers and children. There are an estimated 80 million cluster bomb munitions in Laos. UXO's account for at least 20,000 deaths in the last four decades (Legacies of War website, 2015).

Poor sanitary conditions lead to many diseases such as malaria, typhoid, dengue fever, tuberculosis, hepatitis, and parasitic infections. Included in the top ten causes of death in Laos are diarrheal diseases at 8%, malaria 2%, and tuberculosis 2%. The top two causes of mortality in children under 5 is diarrheal diseases and lower respiratory infections ("CDC in Laos," 2011).

Flood, droughts, dams, and geography may affect the availability of food. Deforestation by the timber and logging industry is thought to be the cause of some flooding and drought conditions further adding to limiting the availability of food due to the destruction of crops. (Arthur, 2013)



Image retrieved from <http://www.circuloverde.com.mx/wp-content/uploads/2015/02/deforestation-laos-copy.jpg>

Nutritional factors that affect health

Malnutrition is common in Laos especially in children. The WHO estimates that in 2011 26.6% of children under the age of five are underweight and 44% have stunted growth (LAO

PDR Profile, 2012). The usual Lao diet consists of mostly rice, small amount of green leafy vegetables, fish, eggs, meat, and fruit. Their diet is influenced by geography. Frequent flooding or drought also affects the food supply. The prevalence of micronutrient deficiency is very concerning. Micronutrients include iodine, iron, vitamin A, zinc, selenium, B vitamins, folic acid, and vitamin C. These deficiencies are related to poor diet due to limited availability and consumption of vegetables and animal protein (Kounnavong et al., 2011).



Image retrieved from http://www.eyesofcompassion.org/assets/images/Bua_com_gia_dinh_4_con.jpg

Health promotion activities

The Lao People's Democratic Republic (PDR), WHO, UNICEF and other groups are providing education on sanitation, diet, and immunization. Lao PDR and other countries from around the world are assisting in removing the UXO's to make way for safer development of land for cultivation. The Lao government and WHO are working on objectives to improve access to healthcare or everyone especially the rural population, increasing immunizations, improving sanitation, and decreasing hunger and malnutrition.

Communicable and noncommunicable diseases

The list of communicable diseases in Laos includes, hepatitis A, hepatitis B, typhoid fever, malaria, dengue fever, Japanese encephalitis, meningococcal meningitis, rabies, tuberculosis, whooping cough, measles, acute respiratory infections, schistosomiasis, bacterial or protozoal diarrhea, cholera, and HIV/AIDS. Communicable diseases are the greatest causes of morbidity and mortality in Laos ("WHO Country Cooperation," 2011).



<http://www.healthpovertyaction.org/wp-content/uploads/2011/10/Laos-mosquito-nets-protect-children-375x250.jpg>

Noncommunicable diseases include cardiovascular disease, diabetes, chronic respiratory disease, and cancer. As the people of Laos socioeconomic status continues to improve the incidence noncommunicable diseases will continue to rise. "According to the recently published global NCD status report by WHO, 17% of the Lao population are not physically active enough, 13.3% are overweight and 32.1% have raised blood pressure," ("WHO Country Cooperation," 2011, p. 8)

Many endeavors are taking place to reduce the risk of communicable diseases. Malaria has been a long standing health concern in Laos. It is a leading cause of morbidity and mortality. Approximately 50% of the countries inhabitants are at risk. Programs have been established to prevent or minimize the risk. A large scale introduction of artemisinin-based combination therapy and insecticide nets reduced the annual incidence of uncomplicated malaria from 9.1/1000 in 2001 to 3.7/1000 in 2009. Laos has a National Immunization Program. It has reduced the infant mortality rate especially in the more urban areas. It continues to be difficult to reach those in rural areas. "The National Immunization Programme has achieved significant progress in increasing coverage of basic vaccinations (vaccination for diphtheria–tetanus–pertussis [DTP] increased from 49% in 2005 to 74% in 2010; vaccination for measles climbed from 41% in 2005 to 64% in 2010)," ("WHO Country Cooperation," 2011, p. 9).



<http://www.cdc.gov/flu/images/spotlights/vaccination-program-launch-lao2.jpg>

Waterborne diseases parasitic and protozoal diarrheal illnesses are very common due to inadequate water and sanitation. Diarrheal diseases are responsible for many infant and child deaths due to dehydration. The Lao government, the WHO, and other organizations are

educating the people, and initiating changes in the infrastructure to improve water safety and appropriate sanitation. This is more difficult to accomplish in rural areas ("WHO Country Cooperation," 2011).



<http://www.worldbank.org/content/dam/Worldbank/Feature%20Story/SDN/Water/sanitation-Whats-Toilet-Worth-Main-520.jpg>

The Loa PDR has developed many goals to improve the health and well-being of the people. Some of the programs include establishing a National Plan for Emerging and Infectious Diseases, National Committee for Communicable Disease Control and National Emerging Infectious Diseases Coordination Office (NEIDCO, National, and the TB Strategic Plan 2011–2015 to name a few. They also established the legal grounds for tobacco control, and urban water safety plans that improve the quality of water and management of water systems. They are working to expand and strengthen the health care system ("WHO Country Cooperation," 2011).

**LAO PEOPLE'S DEMOCRATIC REPUBLIC
NORTHERN AND CENTRAL REGIONS
WATER SUPPLY AND SANITATION
SECTOR PROJECT**

Approved: August 2005
Closed: March 2013

PROJECT RESULTS

-  **18,173 HOUSEHOLDS (ALMOST 100,000 PEOPLE)** were provided 24-hour clean water
-  **MORE THAN 17,000 HOUSEHOLDS** installed modern toilets
- 751 POOR HOUSEHOLDS** received grants to help pay for the installation of modern toilets
-  **ELIMINATING THE NEED TO FETCH WATER** frees time for women and girls
-  **GIRLS WITH MORE TIME** have more opportunity to go to school
-  **ACCESS TO CLEAN WATER** cuts incidence of water-borne illnesses

<http://www.adb.org/sites/default/files/content-media/7060-together-we-deliver-lao-pdr->

infographic.png

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