

VIET NAM MULTIPLE INDICATOR CLUSTER SURVEY 2014

Viet Nam Multiple Indicator
Cluster Survey 2014

Website: <http://www.gso.gov.vn>



GENERAL STATISTICS OFFICE OF VIET NAM



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01 INTRODUCTION OF VIET NAM MICS 2014



The Viet Nam Multiple Indicator Cluster Survey (MICS) was carried out during 2013-2014 by the Viet Nam General Statistics Office (GSO) in collaboration with the United Nations Children's Fund (UNICEF), as part of the global MICS programme. Technical and financial support was provided by UNICEF.

The global MICS programme was developed by UNICEF in the 1990s as an international household survey programme to collect internationally comparable data on a wide range of indicators to evaluate the situation of children and women. The survey provides statistically sound and internationally comparable data essential for developing evidence-based policies and programmes as well as monitoring progress towards national goals and global commitments.

02 THE PURPOSE OF VIET NAM MICS 2014

Viet Nam MICS 2014 had the following primary objectives:

- To provide up-to-date information to assess the situation of children and women in Viet Nam.
- To generate data for the critical assessment of progress made in various areas and to put additional efforts in those areas that require more attention.
- To furnish data needed for monitoring progress toward goals established in the Millennium Declaration and other internationally agreed upon goals and those in the Viet Nam National Programme of Action for Children 2012-2020 and other national commitments such as reporting for the Millennium Development Goals (MDGs), World Fit for Children and Convention on the Rights of the Child, as a basis for future action.
- To collect disaggregated data for the identification of disparities, to allow for evidence-based policy-making

aimed at social inclusion of the most vulnerable.

- To contribute to the generation of baseline data for the post-2015 agenda.
- To validate data from other sources and the results of focused interventions.

03 SAMPLE COVERAGE

The sample for Viet Nam MICS 2014 was designed to provide estimates for a large number of indicators on the national level situation of children and women in urban and rural areas as well as six regions (Red River Delta, Northern Midlands and Mountainous area, North Central and Central coastal area, Central Highlands, South East and Mekong River Delta). Urban and rural areas within each region were identified as the main sampling strata and the sample was selected in two stages.



Of the 10,200 households selected for the sample, 10,018 were found to be occupied. Of these, 9,979 were successfully interviewed for a household response rate of 99.6%.



In the interviewed households, 10,190 women (aged 15-49 years) were identified. Of these, 9,827 were interviewed, yielding a response rate of 96.4% within interviewed households.



There were 3,346 children under-5 listed in the household questionnaires. Questionnaires for children under-5 were completed for 3,316 of these children, which translates into a response rate of 99.1% within interviewed households.

04 CHILD MORTALITY

One of the overarching goals of the MDGs is to reduce infant and under-5 mortality.

Neonatal mortality in the most recent five-year period is estimated at 12 per 1,000 live births, while the post-neonatal mortality rate is estimated at 4 per 1,000 live births.

The infant mortality rate in the five years preceding Viet Nam MICS 2014 was more than 16 per 1,000 live births and under-5 mortality amounted to nearly 20 deaths per 1,000 live births for the same period. This indicates that 82% of under-5 deaths were infants.

MDG 4: REDUCE CHILD MORTALITY

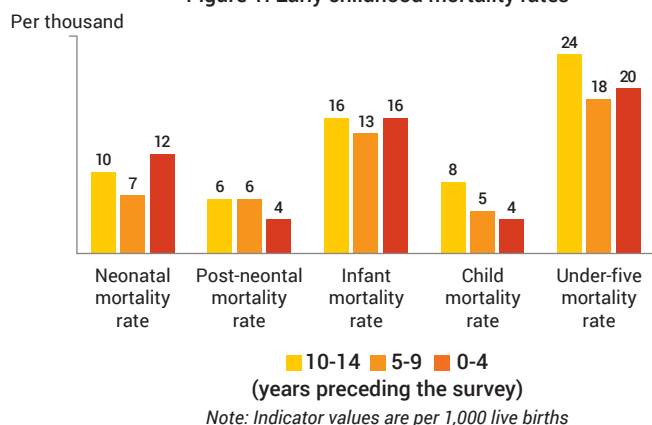
MDG Indicator 4.1 - Under-5 mortality rate

Description	Value
Probability of dying between birth and the fifth birthday	19.74

MDG Indicator 4.1 - Infant mortality rate

Description	Value
Probability of dying between birth and the first birthday	16.21

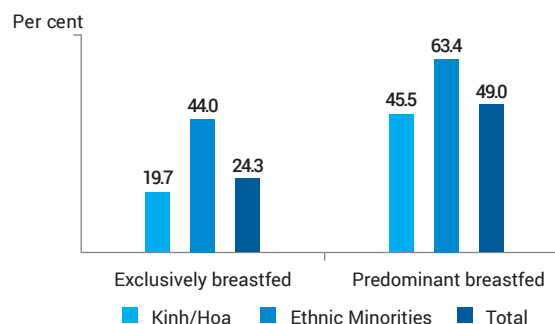
Figure 1: Early childhood mortality rates



Approximately 24.3% of children aged less than six months were exclusively breastfed and 49% were predominant breastfed.

Use of the minimum acceptable diet indicator revealed that only 59.0% of children aged 6-23 months benefitted from a diet sufficient in diversity and frequency. This indicator was slightly higher among children currently breastfeeding (62.4%) than those not breastfeeding (54.5%).

Figure 2: Exclusive and predominant breastfeeding under 6 months



05 NUTRITION AND BREASTFEEDING



Weight at birth is a good indicator not only of a mother's health and nutritional status, but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (defined as less than 2,500 grams) carries a range of grave health risks for children.

Overall, 94.3% of newborns were weighed at birth and 5.7% of infants less than 2,500 grams.

Breastfeeding in the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. While 96.6% of children were ever breastfed, only 26.5% of babies were breastfed within one hour of birth.

06 IMMUNIZATION

Immunization has saved the lives of millions of children in the four decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Viet Nam MICS 2014 found that the fully vaccination rate by 12 months of children aged 12-23 months was 75.6%. The proportion of children not immunized was 1.5% for those aged 12-23 months.

The proportion of children vaccinated against Hepatitis B at birth was lowest compared to other vaccines, 78.5% for

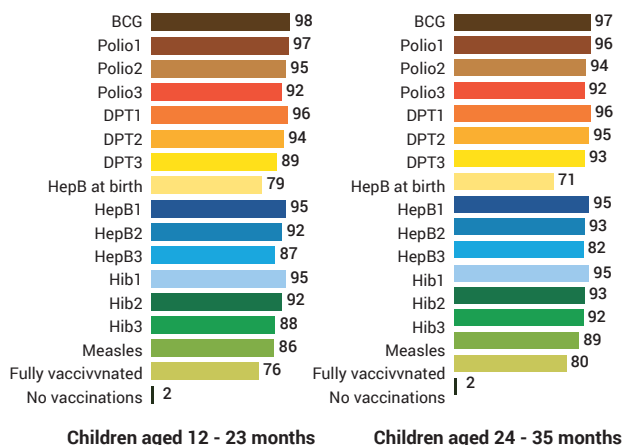
those aged 12-23 months. The second lowest vaccinated rate was for measles, at 86.2%.

MDG 4: REDUCE CHILD MORTALITY

MDG indicator 4.3 - Measles immunization coverage

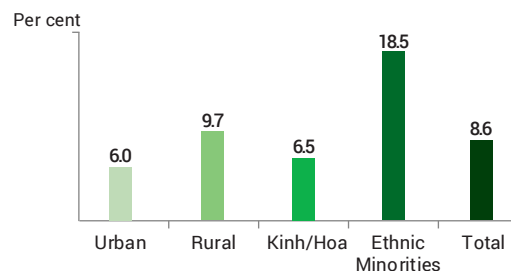
Description	Value
Percentage of children age 12-23 months who received measles vaccine by their first birthday	86.2

Figure 3: Vaccinations by age of 12 months (unit: per cent)



Overall, 28.4% of mothers or caretakers of children knew at least one of the two danger signs of pneumonia. The most commonly identified symptom for taking a child to a health facility was “the child develops a fever” (90.8%). Only 4.8% of mothers identified fast breathing and 25.5% difficult breathing as symptoms for taking children immediately to a health facility.

Figure 4: Reported disease diarrhoea in the last two weeks



08 WATER AND SANITATION



MDG7C requires the proportion of people without sustainable access to safe drinking water and basic sanitation be reduced by half between 1990 and 2015.

Viet Nam MICS 2014 results reveal that 92% of the household population uses an improved source of drinking water – 98.2% in urban areas and 89.1% in rural areas.

An “Improved sanitation” facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank or pit latrine, ventilated improved pit latrine, pit latrine with slab pit latrine, ventilated improved pit latrine, pit latrine with slab and use of a composting toilet.

07 CARE OF ILLNESS



A key strategy to accelerate progress towards MDG4 is to tackle diseases known as the leading killers of children aged under-5. Diarrhoea and pneumonia are two such diseases.

For patients with diarrhoea, most deaths are due to dehydration from loss of large quantities of water and electrolytes.

Overall, 8.6% of under-5 children were reported to have had diarrhoea in the two weeks preceding the survey, and 3.0% had symptoms of Acute Respiratory Infection.

Advice or treatment from a health facility or provider was sought for 55.1% of all children with diarrhoea in Viet Nam.

About 79.2% of the population of Viet Nam live in households that used improved sanitation facilities and not share with other households. This percentage was 90.9% in urban areas and 73.8% in rural areas.

Hand washing with water and soap is the most cost effective health intervention to reduce incidences of diarrhoea and pneumonia in children aged under-5. This use of water and soap is most effective after visiting a toilet or cleaning a child, before eating or handling food and before feeding a child. In Viet Nam, 97.3% of households were observed with a specific place for hand washing.

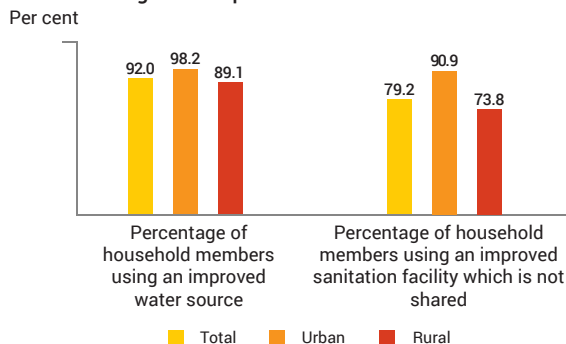
MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

TARGET 7C: HALVE, BY 2015, THE PROPORTION OF PEOPLE WITHOUT SUSTAINABLE ACCESS TO SAFE DRINKING WATER AND BASIC SANITATION

MDG indicator 7.8 - Use of improved drinking water sources
MDG indicator 7.9 - Use of improved sanitation

	MDG 7.8	MDG 7.9
Total	92,0	79,2
Urban	98,2	90,9
Rural	89,1	73,8
Red River Delta	99,3	94,1
Northern Midlands and Mountain area	89,9	68,8
North Central and Central Coastal area	86,4	83,8
Central Highlands	83,3	65,4
South East	97,5	90,9
Mekong River Delta	88,9	56,8

Figure 5: Improved water and sanitation



09 REPRODUCTIVE HEALTH

The adolescent birth rate for the three years preceding Viet Nam MICS 2014 was 45 births per 1,000 women aged 15-19 years. Strikingly, the rate in rural areas (56 births per 1,000 women) was more than double that of urban areas (24 births per 1,000 women). Sexual activity and childbearing early in life carry significant risks for young people, yet 6.3% of women aged 15-19 have already given birth.

Appropriate family planning is important to the health of women and children, as it prevents pregnancies too early or late, extends the period between births and limits the total number of children. Current use of contraception was reported by 75.7% of women currently married or in union. The most popular method was the IUDs used by three-in-10 married women (28.2%) in Viet Nam.

An “unmet need” for contraception refers to fecund women married or in union not using any method of contraception, but who wish to postpone the next birth (spacing) or who wish to stop childbearing altogether (limiting). Overall, the unmet need for spacing and limiting amounted to 2.5 and 3.6%, respectively among women aged 15-49 years married or in union. The total unmet need for contraception was 6.1%.

The antenatal period offers important opportunities to reach pregnant women with a number of interventions potentially vital to their health and wellbeing and that of their infants. The percentage of women aged 15-49 with a live birth in the last two years who received antenatal care from skilled providers was 95.8% nationwide.

Three-quarters of all maternal deaths occur during delivery or the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth. Some 93.8% of births in the two years preceding Viet Nam MICS 2014 were assisted by skilled personnel.

MDG 5: IMPROVE MATERNAL HEALTH

TARGET 5A REDUCE BY THREE QUARTERS, BETWEEN 1990 AND 2015, THE MATERNAL MORTALITY RATIO

TARGET 5B ACHIEVE, BY 2015, UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

MDG Indicator 5.2 - Skilled attendant at delivery

Description	Value
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	93.8

MDG Indicator 5.3 - Contraceptive prevalence rate

Description	Value
Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	75.7

MDG Indicator 5.4 - Adolescent birth rate

Description	Value
Age-specific fertility rate for women age 15-19 years	45

MDG Indicator 5.5 - Antenatal care coverage

Description	Value
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth	95.8
(a) at least once by skilled health personnel	73.7
(b) at least four times by any provider	

MDG Indicator 5.6 - Unmet need

Description	Value
Percentage of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	6.1

10 EARLY CHILDHOOD DEVELOPMENT

Children's readiness for primary school can be improved through attendance at early childhood education programmes. Viet Nam MICS 2014 found that 71.3% of children aged 36-59 months attend an organized early childhood education programmes.

It is recognized that a period of rapid brain development occurs in the first three to four years of life and the quality

of home care is a major determinant of a child's development during this period. With three-fourths (75.9%) of children aged 36-59 months, an adult household member engaged in four or more activities that promoted learning and school readiness during the three days preceding the survey.

However, only 26.2% of children aged 0-59 months live in households where at least three children's books were present.

Leaving children alone or in the care of other young children is known to increase the risk of injuries. Viet Nam MICS 2014 reveals that 6.0% of children aged 0-59 months were left in the care of other children under 10 years of age, while 1.5% were left alone within the week preceding the survey.



11 EDUCATION

The youth literacy rate reflects the outcomes of primary education during the previous 10 years and is often seen as a proxy measure of a country's social progress and economic achievement. Overall, Viet Nam MICS 2014 indicates that a high proportion (96.5%) of women aged 15-24 in Viet Nam were literate. However, relatively large differences emerged between Kinh/Hoa (99.1%) and Ethnic Minority (83.2%) women.

Achieving universal primary education is an important MDG. The majority of primary school aged children attended school (97.9%). However, 2.1% of children aged 6-10 years do not currently attend school. Of all children who started Grade 1, the vast majority reached Grade 5 (98.6%). The transition rate to the lower secondary school is 98%. Meanwhile, the transition rate to the upper secondary school is 89.5%.



11-14 years

- 90.4%** of children aged 11-14 years attended lower secondary school
- 3.5%** of them were still in primary school
- 6%** of children were out of school



15-17 years

- 70.7%** of children aged 15-17 years attended upper secondary school
- 4.9%** attended primary or lower secondary school
- 24.1%** of children were out of school

Overall, the net attendance ratios at lower and upper secondary schools were less than primary school rates. Gender parity index for primary school was 1.00, indicating no gender difference in primary school attendance, while for lower secondary school it was 1.03 and 1.11 for upper secondary school. This indicates more females attended secondary school.

MDG 2: PRIMARY EDUCATION UNIVERSALIZATION

MDG 3: IMPROVE GENDER EQUALITY AND EMPOWER WOMEN POSITION

MDG Indicator 2.1 - Primary school net attendance ratio (adjusted)

Description	Value
Percentage of children of primary school age currently attending primary or secondary school	97.7

MDG Indicator 2.2 - Children reaching last grade of primary

Description	Value
Percentage of children entering the first grade of primary school who eventually reach last grade	98.6

MDG Indicator 2.3 - Literacy rate among young women

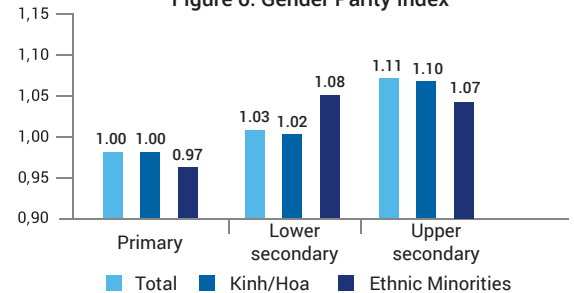
Description	Value
Percentage of young women aged 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	96.5

MDG Indicator 3.1 - Gender parity index

Description	Value
Lower secondary school net attendance ratio (adjusted) for girls divided by primary school net attendance ratio (adjusted) for boys	1.03

Description	Value
Upper secondary school net attendance ratio (adjusted) for girls divided by upper secondary school net attendance ratio (adjusted) for boys	1.11

Figure 6: Gender Parity Index



12 CHILD PROTECTION



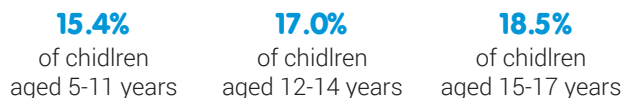
Viet Nam's birth registration rate has risen in recent years, as reflected by the births of 96.1% of children aged under-5 found by Viet Nam MICS 2014 to have been registered. Children in the Central Highlands, Northern Midlands and Mountainous area and Mekong River Delta were less likely to have their births registered than children in other regions. Birth registration rate is lowest among the 20% poorest households. However, 36.1% of mothers of unregistered children reported not knowing how to register a child's birth.

Article 32 (1) of the CRC states: "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development". Child labour is defined by MICS as having performed economic activities or household chores during the last week preceding the survey for more than the age-specific number of hours, or worked under hazardous conditions:



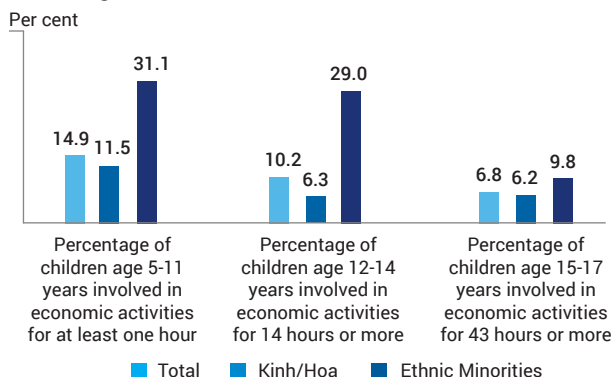
Aged-specific number of hours

Viet Nam MICS 2014 discovered that child labour accounted for:



Overall, child labour aged 5-17 is 16.4%. In addition, 7.8% of children aged 5-17 years were found to work in hazardous conditions.

Figure 7: Children's involvement in economic activities



Some 68.4% of children aged 1-14 years in Viet Nam were subjected to at least one form of psychological or physical punishment by household members during the month preceding the survey, yet 14.6% of respondents believed that children should be physically punished.

Marriage before the age of 18 is a reality for many young girls. About 11.1% women aged 20-49 were married before their 18th birthday.

13 HIV/AIDS

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of its transmission and prevention. Correct information is the first step towards raising awareness and giving adolescents and young people the tools to protect themselves from infection. Misconceptions about HIV/AIDS are common and can confuse adolescents and young people and hinder prevention efforts.

In Viet Nam, the vast majority of women (94.5%) aged 15-49 years had heard of HIV/AIDS.

However, the percentage of women with comprehensive knowledge was not high (43.4%) and this proportion was 49.3% among women aged 15-24 years.

Meanwhile, 46.8% of women aged 15-49 years knew all three ways of mother-to-child transmission (during pregnancy, delivery and through breastfeeding).

While 69.9% of women aged 15-49 knew where to get tested, only 29% had actually been tested. There is only 20.1% women knew the result of their most recent HIV test.

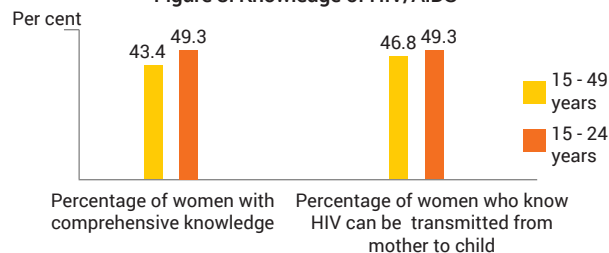
MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

TARGET 6A HAVE HALTED BY 2015 AND BEGUN TO REVERSE THE SPREAD OF HIV/AIDS

MDG Indicator 6.3 - Knowledge about HIV prevention among young women

Description	Value
Percentage of young women age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV, and who reject major misconceptions about HIV transmission	49.3

Figure 8: Knowledge of HIV/AIDS



14 ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY

Viet Nam MICS 2014 found that 81.9% of women aged 15-49 years owned or used a mobile telephone, with 63.3% using them to read or write SMS messages and 51.3% doing so at least once a week.



Meanwhile, 36.6% of women read a newspaper or magazine at least once a week



27.6% listen to the radio at least once a week



95.3% watch television at least once a week



VIET NAM MICS 2014 **MULTIPLE INDICATORS CLUSTER SURVEY IN VIET NAM**

The General Statistics Office and UNICEF encourage all stakeholders to access and use the Viet Nam MICS 2014 report and its dataset for further analysis of the situation of children and women in Viet Nam.

The final report and dataset can be accessed at:

GENERAL STATISTICS OFFICE OF VIET NAM: www.gso.gov.vn

UNICEF: www.unicef.org/vietnam