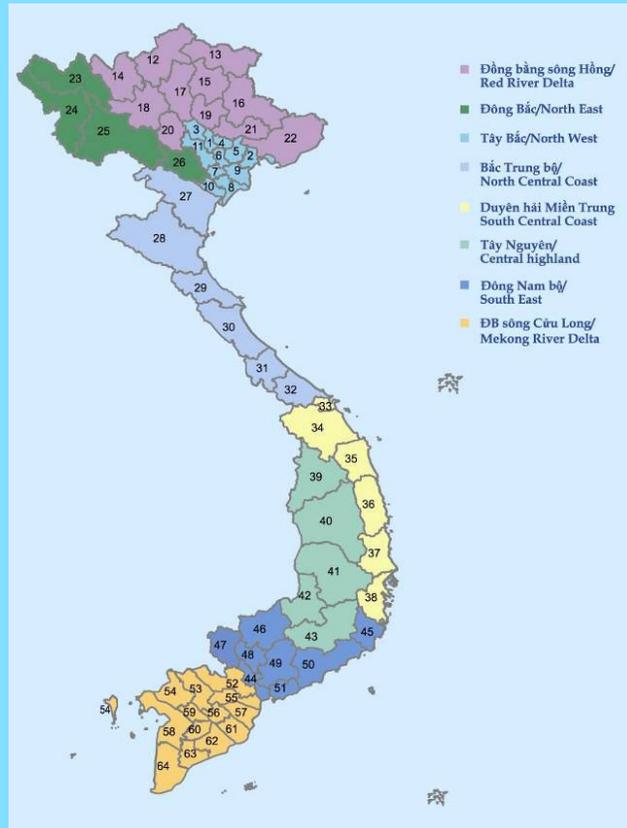


VIETNAM MULTIPLE INDICATOR CLUSTER SURVEY 2006



ABOUT VIET NAM MICS 2006

The 2006 Multiple Indicator Cluster Survey (MICS 2006) is a household survey on women and children. The main objectives of the survey are to provide up-to-date, sound and internationally comparable information for assessing the situation of children and women in Viet Nam and to provide a monitoring tool for the World Fit for Children Goals, the Millennium Development Goals (MDGs), as well as for other major international commitments, such as the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS.

Viet Nam conducted the first round of MICS in 1995 and the second round in 2000.

WHAT INFORMATION IS INCLUDED IN VIET NAM MICS 2006?

At the Household Level: Household information gathered in the survey included age, sex, education levels reached and if any children in the household were involved in any child labour activities. Data relating to the use of insecticide-treated mosquito nets, access to water and sanitation, child discipline and maternal mortality were also gathered.

On Women: survey questions covered women's literacy, education and employment; administration of tetanus toxoid; maternal and newborn health; marriage, contraceptive use, HIV/AIDS knowledge, and attitudes towards domestic violence.

On Children: literacy and education; birth registration and early learning; child survival; vitamin A supplementation, breastfeeding; care of illness; malaria, immunisation; and child development.

FURTHER INFORMATION ON MICS:

This report summarizes the findings published in Viet Nam MICS Country Report, carried out by the General Statistics Office (GSO) in close collaboration with the Viet Nam Commission For Population, Family and Children (VCPFC) and was technically and financially supported by UNICEF.

The full MICS report is available at GSO and GSO's website <http://www.gso.gov.vn> or direct access at mics.gso.gov.vn. Additional information on MICS and results from other countries that have implemented the survey are available at www.childinfo.org

Recommended citation: GSO. 2006. Viet Nam Multiple Indicator Cluster Survey Report, Ha Noi, Viet Nam: General Statistics Office.

Cover photo credit: UNICEF Viet Nam

VIET NAM
Multiple Indicator Cluster Survey 2006

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COVERAGE AND CHARACTERISTICS OF THE SAMPLE

Sample coverage

The sample for the Viet Nam Multiple Indicator Cluster Survey (MICS) included 8,356 households (covering 9,473 women aged 15-49 and 2,680 children under the age of five) in 250 communes/wards of 64 provinces/cities in the country. The sample was designed to provide reliable estimates at the national level for urban and rural areas, in eight regions.

Characteristics of the sample

Of the 36,573 household members listed in the 8,355 households interviewed, 18,059 were male and 18,514 were female, with the average household size estimated at 4.4 people. Viet Nam has a youthful population, with about 33 percent aged between 0-17 years old. Only 24.6% of households in the country are headed by females; 25.5 percent of households are located in urban areas and 87.8% of all households belong to Kinh (Viet Nameese) group. Data on the Chinese ethnic group are included under the Kinh label in this report.

Sampled women are equally distributed among groups of age and majority of them are married or in union (65.7%); 66.4% of women surveyed had given birth and more than half (51.2%) had obtained a lower secondary education level or higher. Out of 2,680 sampled children, 52% were boys and 48% were girls. The survey showed that there were more children in rural/ other-ethnicity households than urban/Kinh ethnicity households.

CHILD MORTALITY

MILLENNIUM DEVELOPMENT GOAL

Goal 4: Reduce child mortality

Target 5: Reduce the under-five mortality rate by two thirds, between 1990 and 2015.

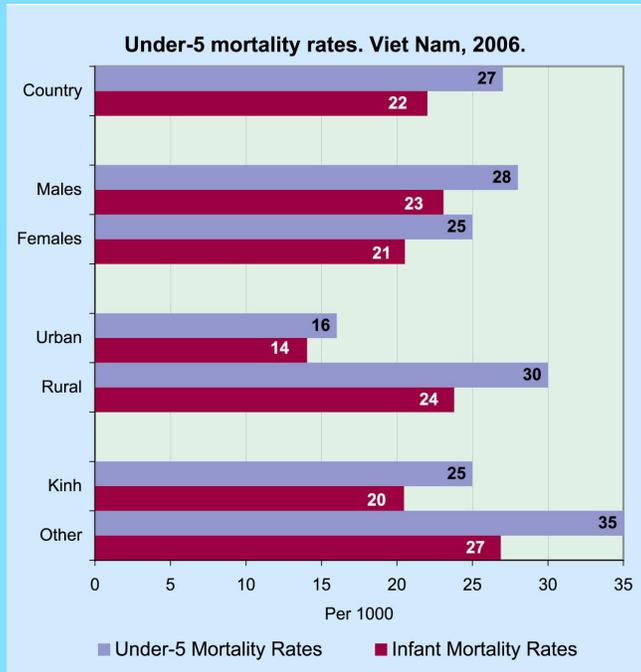
INDICATORS AVAILABLE IN MICS-2006:

Indicator 1: Under-five mortality rate

Indicator 2: Infant mortality rate

Indicator 28: Proportion of 1-year old children immunized against measles (see section on Child Health).

Infant and child mortality are two of the key indicators of a society's wellbeing. Identifying groups of children with the highest risk of death enables policy makers and programme planners to better channel their efforts to improve child survival and lower the exposure of infants and young children at risk.



In Viet Nam the infant mortality rate (IMR) is estimated at 22 per thousand, while the under-5 mortality rate (U5MR) is around 27 per thousand. The probability of death among male children was higher than that of females. Kinh children have a much lower mortality rate than children of other ethnicities (20 per thousand compared to 27 per thousand for IMR, 25 per thousand compared to 35 per thousand for U5MR). Rural areas have much higher IMR (24 per thousand) and U5MR (30 per thousand) than urban areas (14 per thousand for IMR and 16 per thousand for U5MR).

NUTRITION

MILLENNIUM DEVELOPMENT GOAL
Goal 1: Eradicate extreme poverty and hunger
 Target 2: Reduce the proportion of people who suffer from hunger by half between 1990 and 2015.
 INDICATORS AVAILABLE IN MICS-2006:
 Indicator 9: Low birth weight infants
 Indicator 42: Vitamin A supplementation (under-fives)
 Vitamin A supplementation (post-partum mothers)

Children's nutritional status is a reflection of their overall health. When children avoid being exposed to repeated illnesses, are well cared for and have access to an adequate food supply (varied enough and rich in micronutrients, such as vitamin A) they have a better chance to reach their growth potential.

Breastfeeding

Breastfeeding in the first few years of life protects children from infection, provides an ideal source of nutrients and is economical and safe. Ideally, a child is breastfed within one hour of birth, and then exclusively breastfed for the first six months of life.

The percentage of under-6 month children who are exclusively breastfed (children who drink only mother's milk in the first six months), was only 16.9 percent, considerably lower than recommended. For all age groups, the percentage of exclusive breastfeeding/breastfeeding was much higher in rural areas than in urban areas.

Vitamin A supplements

Vitamin A is essential for eye sight and proper functioning of the immune system. In countries with vitamin A deficiency problems, the international medical recommendation is to provide young children aged 6 to 59 months with two high dose vitamin A capsules a year as a safe, cost-effective and efficient strategy for eliminating vitamin A deficiencies.

Of surveyed children aged 6 to 59 months, 87.3 percent received a high dose Vitamin A supplement, of which 53.1 percent received the dose six months period prior to the MICS. Vitamin A supplementation was highest in the Red River Delta (90.9 percent) and lowest in the North West (73.6 percent) and Central Highlands (78.7 percent). The disparity is high between urban areas (92.2 percent) and rural areas (85.7 percent). The Kinh ethnic group received a higher rate of dosage (89.4 percent) compared to other ethnic groups (77 percent). Vitamin A supplementation coverage peaked among children aged 12-23 months (62.7 percent) and positively related to the mother's education level.

About one third of mothers who had a birth in the two years before the MICS received a post-partum Vitamin A supplement within eight weeks of the birth. This percentage was significantly higher in urban areas, for Kinh group, and for mothers with a higher education level.

Birth weight

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.

Overall, 87 percent of children surveyed were weighed at birth and approximately 7 percent of infants were estimated to weigh less than 2500 grams at birth. The percentage of children of low birth weight decreased with the increase in mother's education levels. This percentage was also a bit lower for the Kinh group in comparison to the other ethnicities (6.9 percent compared with 7.3 percent).

CHILD HEALTH

Immunization plays a key part in combating disease. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Immunization coverage for the six major vaccine-preventable diseases, along with early diagnostics and treatment, can prevent a high proportion of childhood deaths.

MILLENNIUM DEVELOPMENT GOAL

Goal 6: *Combat HIV/AIDS, malaria and other diseases*

Target 7: Halt and begin to reverse the spread of HIV/AIDS

Target 8: Halt and begin to reverse the incidence of malaria and other major diseases.

INDICATORS AVAILABLE IN MICS-2006:

Indicator 24: Proportion of population using solid fuels

Indicator 36: Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures

Indicator 28: Proportion of 1-year old children immunized against measles

Immunization

Two out of three children aged from 12-24 months received all doses of vaccines against six (6) basic diseases. Urban and Kinh children were fully vaccinated against six (6) basic diseases at a much higher rate than children in rural areas and those of other ethnicities (82% for urban and 61% for rural, Kinh is 72% and other ethnicity 36%). The percentage

increased in direct correlation to the mother's education level, with the highest rates found in the Red River Delta (78%), and lowest in the North West (38%).

Tetanus toxoid

Prevention of maternal and neonatal tetanus means all pregnant women receive at least two doses of the tetanus toxoid vaccine.

The national percentage of mothers with a birth in the last 12 months protected against neonatal tetanus was 80.3 percent. The tetanus toxoid rate was lowest in the North East and the North West, with 57.2 and 60.6 percent respectively. The percentage of women protected against tetanus was significantly higher in urban areas and for Kinh ethnic groups. Educational attainment also shows a clear positive impact on the tetanus toxoid rate. For women with no diploma, this rate was only 69 percent, which increased to 86.5 percent for women with an upper secondary diploma. Age also had an effect on the rate with the percentage increasing from 76 percent for 20-24 year old women to 84.2 percent for women in the 25-29 year old group, and then reducing gradually for older age groups

Oral rehydration treatment

Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

There were 64.8 percent of under-five children with diarrhoea who received oral rehydration treatment (ORT) or increased fluid intake, and at the same time, continued feeding, as per medical recommendations.

Pneumonia – seeking care and treatment with antibiotics

Global health experts have identified pneumonia as the leading cause of death in children worldwide and the treatment with antibiotics in under-five children is a key intervention. Children with suspected pneumonia are those who have had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were NOT due to a problem in the chest or a blocked nose.

Of the 6.3 percent of children aged 0-59 months reported to display symptoms of pneumonia during the two weeks preceding the survey, 82.7 percent were taken to an appropriate medical provider. Government health posts, government hospitals and private physicians were chosen most frequently. About a half of under-5 children with suspected pneumonia received an antibiotic.

Only 8.9 percent of women surveyed displayed knowledge of the two danger signs of pneumonia, which are unusually rapid and laboured breathing. The most commonly identified symptom before a parent would take a child to a health facility was fever. Economic status was not likely to have a very strong correlation with mothers' knowledge of the danger signs of pneumonia, but education had a major impact on seeking treatment.

Solid fuel use

Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, as well as low birth weight, cataracts, and asthma.

Nearly two-thirds of all households in Viet Nam were using solid fuels for cooking which leads to high levels of indoor smoke with health-damaging pollutants. Use of solid fuels was much lower in urban areas than in rural areas. Differentials with respect to region, ethnicity, household wealth and educational levels of the household head were also significant. Most households (96.7 percent) used a stove/fire that produced harmful levels of pollutants. Poorer and lower educated households tend to use more harmful stoves/fires.

Malaria

Malaria is one of the leading causes of under-five child mortality, as well as causing anaemia in children. Of the households surveyed, 18.8 percent had at least one insecticide treated bednet. Malaria circulating areas displayed a higher percentage of net use than other areas, particularly the high-risk regions of the North West (64.6 percent) and the Central Highlands (57.8 percent). 94.5% of children under the age of five slept under a mosquito net the night prior to the survey. The richest households were quite different from the rest of population, with the lowest mosquito net use, possibly because of a high prevalence of air-conditioners and more sanitary living conditions.

ENVIRONMENT

MILLENNIUM DEVELOPMENT GOAL

Goal 7: *Ensure environmental sustainability.*

Target 10: Reduce by half the proportion of people without access to safe drinking water and basic sanitation by 2015.

INDICATORS AVAILABLE IN MICS-2006:

Indicator 11: Proportion of population with sustainable access to an improved water source, urban and rural

Indicator 12: Proportion of population with access to improved sanitation, urban and rural

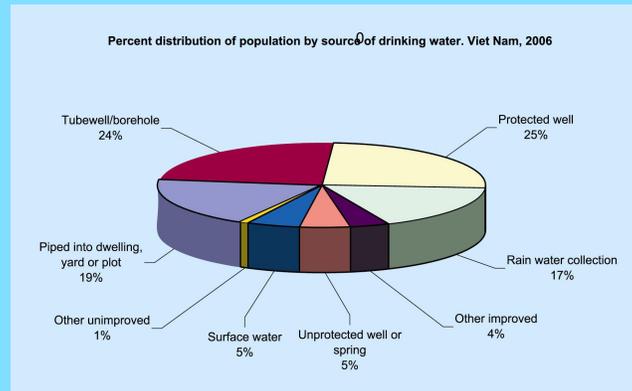
Improving access to water, hygiene and sanitation is a crucial element in the reduction of under-five mortality and morbidity, particularly in poor rural areas.

Water and sanitation

The percentage of the population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, yard or plot), public tap/standpipe, tube well/borehole, protected well, protected spring, rainwater collection, and bottled water.

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases. Access to safe drinking water is particularly important for women and children, especially in rural areas, where women bear the primary responsibility for carrying water, often over long distances.

The percentage of surveyed households using both improved water and sanitary facilities was 61.1 percent for the whole of Viet Nam.



Overall, 89 percent of the population was using an improved source of drinking water – 97.1 percent in urban areas and 86.2 percent in rural areas. The wealthier and more educated people are, the more they used improved sources of drinking water. There was also a significant discrepancy between the Kinh group and other ethnic groups. On average 92 percent of the population use appropriate water treatment methods, with the North West and the Mekong River Delta displaying the lowest rate. For the majority of households, an adult female was usually the person collecting the water when the source was not on the premises.

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. Improved sanitation facilities for excreta disposal include: septic latrines, semi-septic latrines and double-vault latrines.

About 64 percent of the population of Viet Nam were living in households using improved sanitation facilities. This percentage was much higher in urban areas than in rural areas (89.5 percent compared to 55.8 percent). The North West (32.3 percent), Mekong River Delta (34 percent) and Central Highlands (48 percent) had the lowest percentages. The percentage rises dramatically with the education level of the household heads and household wealth level.

REPRODUCTIVE HEALTH

Healthy children need healthy mothers. Complications during pregnancy and at childbirth are a leading cause of death and disability among women of reproductive age in developing countries.

MILLENNIUM DEVELOPMENT GOAL

Goal 5: *Improve maternal health.*

Target 6: Reduce the maternal mortality ratio by three quarters by 2015.

INDICATORS AVAILABLE IN MICS-2006:

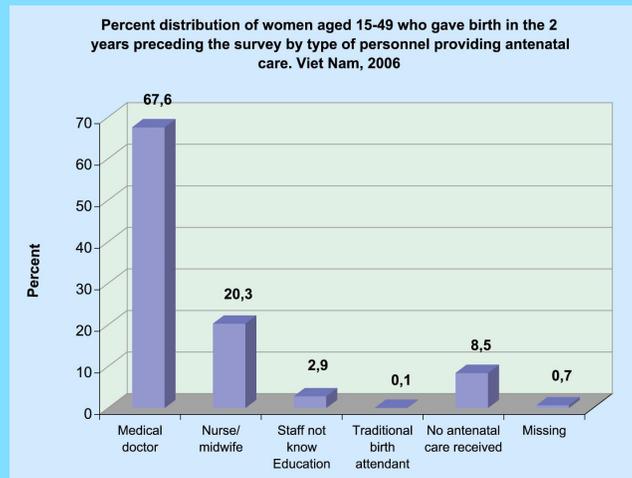
Indicator 3: Maternal mortality ratio

Indicator 4: Proportion of births attended by skilled health personnel

Indicator 21: Contraceptive prevalence rate (used to monitor the goal "Combat HIV/AIDS, Malaria and other Diseases")

Antenatal Care

The antenatal period presents important opportunities for implementing a number of vital health interventions for pregnant women along with improving the well-being of their infants. WHO recommends a minimum of four antenatal care visits based on a review of the effectiveness of different models of antenatal care.



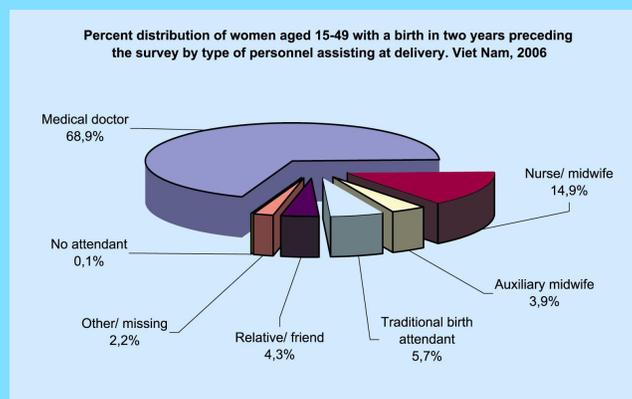
About ninety-one percent of women surveyed received antenatal care from skilled health personnel. The lowest percentages of women cared for by skilled personnel were found in the North East (69.7 percent), North West (71 percent) and Central Highlands (78.1 percent), and the highest percentages were found in the Red River Delta and the South East with almost 100 percent. Belonging to a Kinh household and having a higher education had positive impacts on receiving care from skilled personnel. Ultrasound, as one form of antenatal care, seems to be favoured by a large proportion of pregnant women (74.1 percent), particularly women in urban areas (91.8 percent) and women with higher education level, as well as the wealthiest women (97.6 percent).

Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a trained health

worker with midwifery skills is present at every birth, or transport is available to a referral facility for obstetric care in case of emergency.

87.7 percent of births occurring in the year prior to the survey were delivered by skilled personnel, including a doctor, nurse, midwife or auxiliary midwife. This percentage was highest in the Red River Delta (100 percent) and the South East region at 98.4 percent and was lowest in the mountainous areas including both the North East (58.6 percent) and North West (58 percent) provinces. There was a wide differentiation between urban areas (98.3 percent) and rural areas (84.5 percent), and between Kinh (96.4 percent) and other ethnic groups (45.8 percent). The percentage increased with improved education levels and household wealth levels.



Maternal Mortality

Maternal mortality is defined as the death of a woman from pregnancy-related causes, when pregnant or within 42 days of delivery. The maternal mortality ratio is the number of maternal deaths per 100,000 live births. In MICS, the maternal mortality ratio was estimated by using the indirect sisterhood method. To collect the information needed for the use of this estimation method, adult household members (15 years and older) are asked a small number of questions regarding the mortality of their sisters and the timing of death

relative to pregnancy, childbirth and the postpartum period (during 42 days after delivery). The information collected is then converted into lifetime risks of maternal death and maternal mortality ratios. The maternal mortality ratio estimated from the MICS 2006 was 162 per hundred thousand live births.

Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births, and 3) limiting the number of children. Current use of contraception was reported by 75.7 percent of women currently married or in union. The most popular method was the intra uterine device (IUD) which was used by one in three married or in-union women (35.9 percent) in Viet Nam. The next most popular method was periodic abstinence, which accounts for 10.2 percent of married women. Only 7.6 percent reported using a condom. Less than 1 percent used implants, female condom, diaphragm/foam/jelly, or the lactational amenorrhea method (LAM).

There were no significant differences in the use of contraception among regions, urban and rural areas, education level of household heads, or the wealth index. However, the percentage of use of contraception was especially high among women aged 25-44 years old.

CHILD DEVELOPMENT

The quality of home care during the first 3-4 years of life, when there is a period of rapid brain development, is one of the major determinants of a child's development during this period. Certain activities are found to stimulate the child's development and parents' or caretakers' involvement in such activities with the child is vital for the child's development.

About 57 percent of under-five children received stimulus from an adult engaged in more than four activities (reading books, telling stories, singing, taking them outside home, playing, spending time with them) that promote learning. The average number of activities that adults engaged in with children was 3.7. Father's involvement in one or more activities was 54.4 percent. Only 24.7 percent of children aged 0-59 months had children's books, and 18.8 percent of children suffered from inadequate care (being left in the care of other children or left alone) during the week preceding the survey.

EDUCATION

MILLENNIUM DEVELOPMENT GOAL

Goal 2: *Achieve universal primary education*

Target 3: Eliminate gender disparity in primary and secondary education by 2005.

Ensure that all boys and girls complete a full course of primary schooling by 2015.

Goal 3: *Promote gender equality and empower women*

Target 4: Eliminate gender disparity at all levels of education by 2015 and empower women.

INDICATORS AVAILABLE IN MICS-2006:

Indicator 54: Net enrolment ratio in primary education

Indicator 57: Proportion of pupils starting grade 1 who reach grade 5

Indicator 59: Primary completion rate

Indicator 61: Ratio of girls to boys in primary, secondary and tertiary education

Education is a fundamental right for all children - both girls and boys. Education can put women on the path to economic and social empowerment. Educated women tend to marry later, have fewer children and are more likely to understand what they must do to protect themselves and their families against various risks.

Pre-school attendance and school readiness

Pre-school education is important to foster school readiness in a child.

Only 57.1 percent of children aged 36-59 months were attending pre-school. Urban-rural and regional differentials are significant, 74.7 percent and 51.4 percent in urban and rural areas respectively. Pre-school attendance is most prevalent in the Red River Delta (80 percent), and lowest in the Mekong River Delta (40 percent). Overall, 86.8 percent of children aged 6 and attending the first grade of primary school were attending pre-school the previous year.

Primary and secondary school participation

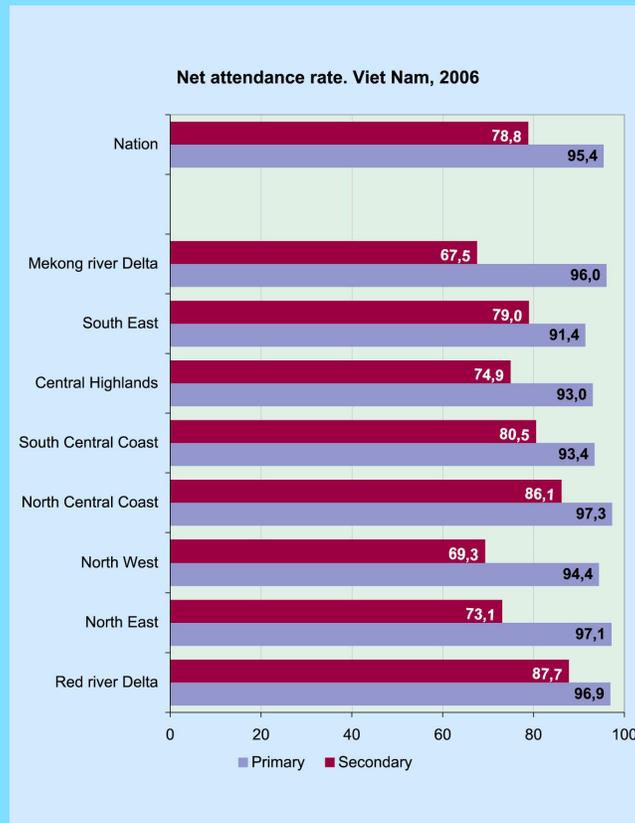


Photo: UNICEF Vietnam

Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

The net enrolment rate in primary education was 93.5 percent. Primary and secondary school net attendance ratio was 95.4 percent and 78.8 percent, respectively. For both primary and secondary school, the Red River Delta had the highest net attendance ratio. The rate of children entering first grade who

eventually reached grade 5 was 97.5 percent. The net primary school completion rate was 81.7 percent and the transition rate to secondary education was at 90.7 percent. Gender parity index (GPI) for primary school was equal to 1.00, indicating no difference in primary school attendance for girls and boys. The GPI for secondary education was 1.02, showing that girls had a slight advantage over boys.

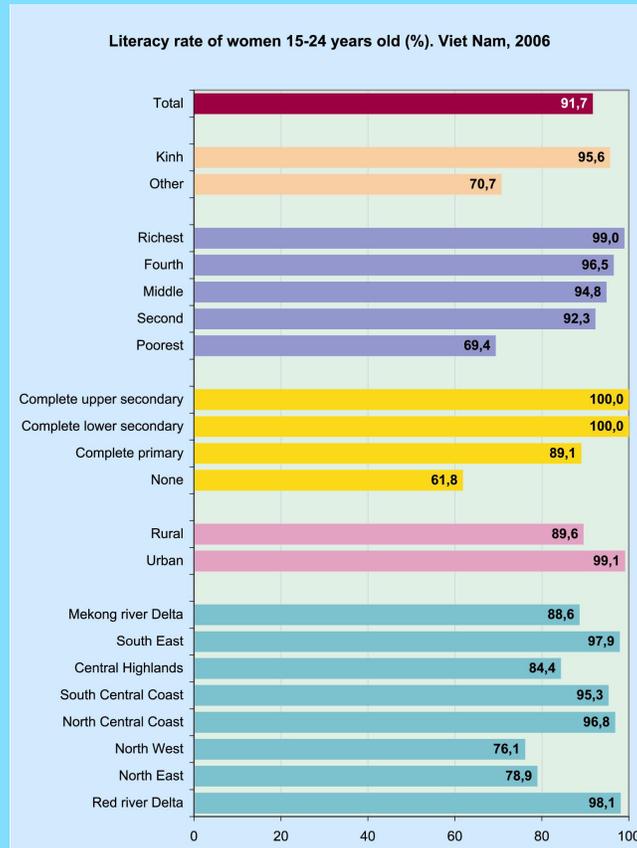


Literacy rate of women aged 15-24 years old

Literacy was assessed on the ability of women to read a short simple statement or based on their education levels.

Almost all women aged 15-24 in urban areas (99 percent) and about 90 percent of rural women were literate. Illiteracy was strongly correlated with a household's ethnicity and wealth

level. Not all women who completed primary school were literate; according to the survey results more than 10 percent were illiterate..



CHILD PROTECTION

Protecting children from violence, exploitation and abuse is essential to guarantee that their rights to survival, growth and development are met.

Birth Registration

Birth registration is a fundamental means of ensuring a child's rights to a name, a nationality and an identity. Also, it provides

crucial information for planning, implementing and monitoring service delivery.

The births of 87.6 percent of children under five years in Viet Nam have been registered. There are no significant variations in birth registration across sex. Children in the North West and the Central Highlands are somewhat less likely to have their births registered than other children.



Photo: UNICEF Vietnam

Child Labour

In the MICS questionnaires, a child is considered to be involved in child labour activities if during the week preceding the survey the child:

- Aged 5-11: took part in at least one hour of economic work or 28 hours of domestic work per week or;
- Aged 12-14: at least 14 hours of economic work or 28 hours of domestic work per week

Child labour poses a risk of economic exploitation, exposure to hazardous work, interference with education, and has potentially harmful effects on child development. Of all children aged 5-14 years, about 16 percent were involved in child labour. There were no significant differences between males and females. Children in rural areas, older children, ethnic minority children and children not at school were involved in child labour activities more than other groups. Both mothers' and fathers' education showed positive impacts on preventing a child's involvement in child labour.

Child Discipline

Mothers/caretakers of children aged 2-14 years were asked a series of questions on the ways to discipline their children and their attitudes about physical or psychological forms of punishment.

9.4 percent of children surveyed were subjected to severe physical punishment, whereas almost half (45.8 percent) of mothers/caretakers believed that children should be physically punished.

Early Marriage

Marriage before the age of 18 is a reality for many young girls in Viet Nam. However, child marriage compromises the development of girls and often results in early pregnancy and social isolation. The rate of women married before age 15 and 18 was 0.7 percent and 13.1 percent, respectively, and the rate of women aged 15-19 years old married/in-union was 5.4 percent.

Domestic Violence

In Viet Nam up to 64 percent of women 15-49 years old believe that violence from their husbands is acceptable if the wife neglects the children, goes out without telling her husband, argues with him, refuses sex or burns the food. The percentage was quite high in rural areas (72 percent) compared to that in urban areas (42 percent). When women get older, they seem to be more accepting of violence from a husband.

The higher the education of a woman, the less likely it is that she will accept violence from her husband. The percentage of violence acceptance in the poorest households (75.3 percent) was almost double that in the richest (39 percent).



Photo: UNICEF Vietnam

HIV/AIDS AND ORPHANED CHILDREN

Children who do not have access to sanitation, health care and good nutrition are particularly vulnerable to HIV/AIDS, malaria, measles, polio and tuberculosis.

MILLENNIUM DEVELOPMENT GOAL

Goal 6: *Combat HIV/AIDS, malaria and other diseases*

Target 7: By 2015 halt and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases.

INDICATORS AVAILABLE IN MICS-2006:

Indicator 82: Percentage of population aged 15-24 years with comprehensive knowledge on HIV/AIDS prevention and major misconceptions

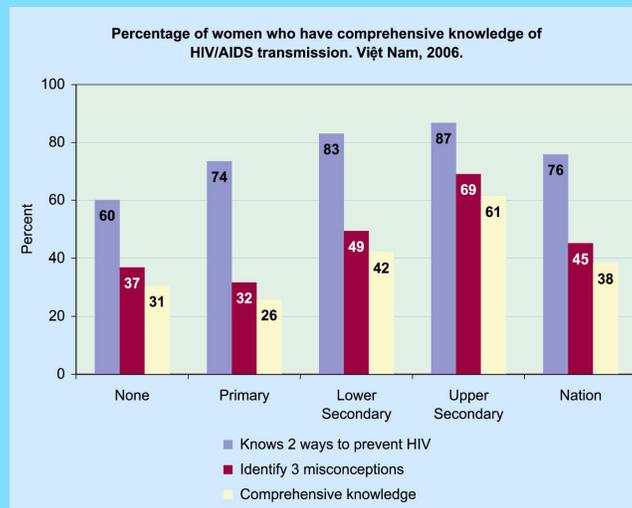
Indicator 21: Contraceptive prevalence rate (see section on Reproductive Health)

Knowledge of HIV Transmission

Correct information about HIV is the first step toward raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Almost all of the interviewed women (95 percent) had heard of HIV and AIDS. However, the rate of women who displayed correct knowledge of the three main ways to prevent HIV transmission was only 56 percent. 38.4 percent of women displayed comprehensive knowledge of preventative strategies and major misconceptions about HIV, of which urban areas were much higher with 54.3 percent of women having comprehensive knowledge.

Orphans

Children who are orphaned or in vulnerable households may be at increased risk of neglect or exploitation if the parents are not available to assist them. About 89 percent of children were living with both parents, and only 0.3 percent were orphaned. 2.4 percent of children had lost their father and 0.7 percent had lost their mother. In total, 3.8 percent of children had one or both parents dead and 2.8 percent were not living with a biological parent.



KEY INDICATORS – URBAN RURAL SUMMARY

	National	Residence	
		Urban	Rural
INFORMATION ON HOUSEHOLDS			
Prevalence of orphans - children under age 18 with at least 1 dead parent (%)	3.8	3.5	3.9
Children aged 5-14 involved in child labour (%)	14.5	5.9	16.9
Households with insecticide-treated nets (ITN) (%)	18.8	5.4	23.4
Household population using improved drinking water sources (%)	89.0	97.1	86.2
Household population using improved sanitation facilities (%)	64.3	89.5	55.8
INFORMATION ON CHILDREN			
Children aged 0-59 months whose births are registered (%)	87.6	94.3	85.6
Children reaching grade 5 (%)	97.5	97.8	97.4
Children aged 6-59 months who received a vitamin A supplement in the previous 6 months (%)	53.1	54.6	52.6
Children aged 0-5 months only breastfed (%)	16.9	(7.7)	19.5
Children aged 12-23 months receiving measles vaccine before age 1 (%)	87.2	.	.
Children with diarrhea receiving ORT (%)	94.7	(100.0)	93.9
Under-fives sleeping under mosquito nets (%)	94.5	88.5	96.4
Children with fever receiving ant malarial treatment (%)	2.3	2.1	2.4
Infant mortality rate (per 1,000 live births)	22	23	21
Under-five mortality rate (per 1,000 live births)	27	16	30
INFORMATION ON WOMEN			
Women aged 15-24 who can read (%)	91.7	99.1	89.6
Use of a modern family planning method among women aged 15-49 (%)	60.4	55.6	61.9
Mothers aged 15-49 receiving at least 2 doses of tetanus toxoid vaccine during last pregnancy (%)	70.6	81.4	67.3
Women aged 15-49 receiving antenatal care by skilled personnel (%)	90.8	98.0	88.6
Women aged 15-49 receiving assistance at delivery by skilled personnel (%)	87.7	98.3	84.5
Pregnant women receiving intermittent preventive malaria treatment (%)	2.1	1.7	2.3
Comprehensive knowledge about HIV prevention among women aged 15-24 (%)	44.3	.	.

KEY INDICATORS – REGIONAL SUMMARY

	By Regions (*)							
	1	2	3	4	5	6	7	8
INFORMATION ON HOUSEHOLDS								
Prevalence of orphans - children under age 18 with at least 1 dead parent (%)	3.0	3.8	3.7	4.6	4.5	4.8	3.9	3.3
Children aged 5-14 involved in child labour (%)	10.7	22.6	30.3	20.7	14.8	13.6	8.7	10.1
Households with insecticide-treated nets (ITN) (%)	9.6	37.8	64.6	25.2	19.8	57.8	10.2	8.8
Household population using improved drinking water sources (%)	98.9	84.4	72.6	91.7	89.1	83.3	93.6	78.9
Household population using improved sanitation facilities (%)	87.3	59.6	32.3	68.8	64.1	48.0	80.0	34.7
INFORMATION ON CHILDREN								
Children aged 0-59 months whose births are registered (%)	97.8	82.6	75.3	87.3	86.8	78.3	95.8	80.1
Children reaching grade 5 (%)	98.1	94.7	97.7	98.9	97.5	95.8	97.0	98.5
Children aged 6-59 months who received a vitamin A supplement in the previous 6 months (%)	61.3	52.7	38.0	59.3	56.1	44.0	49.5	48.3
Children aged 0-5 months only breastfed (%)	.	.	.	.	.	.	.	.
Children aged 12-23 months receiving measles vaccine before age 1 (%)	.	.	.	.	.	.	.	.
Children with diarrhea receiving ORT (%)	.	.	.	.	.	.	.	.
Under-fives sleeping under mosquito nets (%)	95.2	91.6	94.6	96.2	95.0	98.2	88.1	98.5
Children with fever receiving ant malarial treatment (%)	2.7	(2.6)	3.1	2.9	4.0	5.1	(0.0)	(0.0)
Infant mortality rate (per 1,000 live births)	.	.	.	.	.	.	.	.
Under-five mortality rate (per 1,000 live births)	.	.	.	.	.	.	.	.
INFORMATION ON WOMEN								
Women aged 15-24 who can read (%)	98.1	78.9	76.1	96.8	95.3	84.4	97.9	88.6
Use of a modern family planning method among women aged 15-49 (%)	62.3	69.1	69.4	66.0	52.4	51.8	55.2	56.2
Mothers aged 15-49 receiving at least 2 doses of tetanus toxoid vaccine during last pregnancy (%)	76.9	53.5	50.0	73.8	66.1	67.4	77.5	72.9
Women aged 15-49 receiving antenatal care by skilled personnel (%)	99.2	69.7	71.0	94.4	86.2	78.1	98.4	94.7
Women aged 15-49 receiving assistance at delivery by skilled personnel (%)	100.0	58.6	58.0	81.3	91.7	68.5	98.4	96.2
Pregnant women receiving intermittent preventive malaria treatment (%)	0.8	3.0	4.3	0.9	1.8	2.2	1.6	3.8
Comprehensive knowledge about HIV prevention among women aged 15-24 (%)	.	.	.	.	.	.	.	.

(*) Note:

Region 1: Red River Delta	Region 2: North East
Region 3: North West	Region 4: North Central Coast
Region 5: South Central Coast	Region 6: Central Highlands
Region 7: South East	Region 8: Mekong River Delta