

Press Release

Viet Nam 2014 Multiple Indicator Cluster Survey (MICS) Highlights Unfinished Agenda for Vietnamese Children

Ha Noi, 04 September 2015 – Viet Nam’s Multiple Indicator Cluster Survey (MICS) 2014 launched today in Ha Noi, highlights an unfinished agenda in the lives and well-being of vulnerable children and women while capturing some of the country’s progress toward achievement of Millennium Development Goals (MDGs). The MICS survey was carried out by the General Statistics Office (GSO) in close collaboration with various line ministries and with technical and financial support from UNICEF.

“This full report provides important of quality data and analysis that reflect achievements of Viet Nam’s development goals,” noted Mr. Nguyen Van Lieu, Deputy Director General of General Statistic Office. “The implementation of MICS in Viet Nam is a great opportunity to collect and disseminate data on children and women using as strict quality assurance process. MICS 2014 is a critical data collection tool that should be included in Viet Nam’s national survey schedule in order to regularly monitor and update the situation of children in this country.” said Dr. Nguyen Van Lieu, in his opening speech.

“MICS is an international household survey, through which UNICEF assists countries in collecting and analyzing data to monitor the situation of children,” said Mr. Youssef Abdel-Jelil, UNICEF Representative in Viet Nam. “The survey is a joint contribution to the data revolution that is called for in the lead to Sustainable Development Goals as it is proven that good, timely and accessible data leads to positive solutions to inequality and sustainable development.”

Highlights from Viet Nam’s MICS 2014 Report:

Child mortality

One of the overarching objectives of the MDGs is to reduce under-five mortality. Results from MICS 2014 highlights continuing and glaring disparities in under-five mortality rates amongst vulnerable populations. With every 1,000 live births, 20 children die before their fifth birthday. In rural areas, under five mortality is at 22 per 1000 live births. Ethnic minority populations have the highest rates at 43 deaths per 1000 live births.

Nutrition

Breastfeeding is very important for child survival and development. MICS 2014 data shows that the percentage of infants under six months of age who are exclusively breastfed has increased from 17 to 24 per cent over the last five years.

Weight at birth is a good indicator not only of a mother's health and nutritional status but also a new born chances for survival, growth, long-term health and psychosocial development. Birth weight disparities are most prevalent in the Central Highlands where more than seven per cent of children are born with low weight under 2500 grams compared to the 5.7 per cent national average.

Immunization

Immunization has a key role in achieving MDG 4 objectives to reduce child mortality by two-thirds by 2015.

More than 82 per cent Vietnamese children aged 12-23 months are fully vaccinated but the coverage is higher among Kinh children (84.6 per cent) compared to ethnic minority children (69.4 per cent). In addition, poorest households have the lowest immunization coverage at 72.2 per cent, while that rises to more than 87 per cent coverage in households of other wealth categories. However, only 75.6 per cent of children aged 12-23 months are fully vaccinated before their 1st birthday.

MDG 5 has the aim of reducing by three quarters the maternal mortality ratio, with one strategy being to eliminate maternal and neonatal tetanus. In Viet Nam, more than 82 per cent of women are immunized

against tetanus, however, immunization rates amongst women in the Central Highlands drops to 63 per cent.

Water and Sanitation

Safe drinking water and sanitation are basic necessities for good health and early child development. Unsafe drinking water and unhygienic conditions can result in serious diseases such as cholera and typhoid.

Overall, 92 per cent of the population has access to improved sources of drinking water – 98 per cent in urban areas and 89 per cent in rural areas. However, disparities remain between ethnic minority and Kinh households. Only 75 per cent of ethnic minority households have access to improved drinking water source compared to 95 per cent of Kinh households.

More than 79 per cent of households use improved sanitation facilities. However, there are differences in urban and rural population access to sanitation. More than 90 per cent of urban populations have access to sanitation facilities compared to only 73.3 per cent in rural areas. Ethnic minority population access to sanitation remains a serious challenge and contributes to poor health and stunting in children. More than 47 per cent of ethnic minority population do not have access to sanitation facilities. Additionally open defecation rates in ethnic minority population is high at 26 percent compared to only 2 per cent in the Kinh groups.

Maternal and Newborn Health

Three-quarters of maternal deaths occur during delivery and 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.

Data from MICS 2014 show that nearly 94 per cent of Vietnamese women deliver their babies with the assistance of skilled birth attendants. However, this drops down to only two-third of women from ethnic minority groups who have assisted deliveries with a skilled birth attendants. Ethnic minority girls have children earlier than Kinh women. The percentage of ethnic minority women aged 15-19 years who have had a live birth is more than 18 per cent, in stark contrast to only 3.9 per cent for Kinh women.

MICS 2014 highlights that more than 56 per cent of women who gave birth in the last two years had access to basic antenatal care which includes three key aspects: blood pressure, blood and urine tests. However, disparities in antenatal care vary widely between regions and different populations. Only 22 per cent of ethnic minority women had access to all three aspects of antenatal care during their pregnancy.

Education

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. Across the country, at primary education level, two per cent of children are out of school. In the Central Highlands and Northern Midlands and Mountainous area, the proportion of children out of school was higher 4.5 per cent of children.

Children's readiness for primary school can be improved through attendance at early childhood education programmes or through pre-school attendance. Early childhood education programmes, include those for children that have organized learning components, as opposed to just baby-sitting and day-care functions which do not typically have such education and learning opportunities. Some 71 per cent of children aged 36-59 months attend organized early childhood education programmes. Regional differences were notable – with such programmes more prevalent in the Red River Delta (85.5 per cent) and lowest in the Mekong River Delta region (39 per cent).

Child Protection

Teaching children self-control and acceptable behaviour is an integral part of child discipline in all cultures. Positive parenting practices involve providing guidance on how to handle emotions or conflicts in manners that encourage judgment and responsibility and preserve children's self-esteem, physical and psychological integrity and dignity. More than 68 per cent of children aged 1-14 years in Viet Nam are subjected to at least one form of psychological or physical punishment. Male children experienced physical discipline (48.5 per cent) more than female children (36.6 per cent). Children from the poorer households and those whose mothers had low education were more likely to experience at least one violent psychological or physical punishment.

Vietnamese law on marriage and family sets the legal minimum age for marriage at 18 for females. The number of young women age 15-19 years currently married has risen to more than 10 per cent compared 8 per cent in the previous MICS (2011). There is a strong correlation with education, wealth and early marriage with 26 percent of women aged 15-19 from the poorest households married compared with only two per cent from the richest households. Additionally, nearly 30 per cent of ethnic minority women aged 15-19 years are married.

Attitudes towards Domestic Violence

MICS 2014 assessed the attitudes of women aged 15-49 years towards wife/partner beating by asking respondents whether husbands/partners were justified to hit or beat their wives/partners in a variety of situations. The survey results show that 50 per cent of women feel that a husband is justified in hitting or beating his wife in a number of situations. These justifications are more common in poor households and by less educated women.

HIV/AIDS and Sexual Behaviour

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies to prevent transmission. More than 56 per cent of women aged 15-49 and 50 per cent of women aged 15-24 years have insufficient HIV/AIDS knowledge. In addition, only 46 per cent of women aged 15-49 years are aware of the three ways of mother-to-child transmission (during pregnancy, delivery and through breastfeeding).

About UNICEF

UNICEF works in more than 190 countries and territories to help children survive and thrive, from early childhood through adolescence. The world's largest provider of vaccines for developing countries, UNICEF supports child health and nutrition, good water and sanitation, quality basic education for all boys and girls, and the protection of children from violence, exploitation, and AIDS. UNICEF is funded entirely by the voluntary contributions of individuals, businesses, foundations and governments.

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