Vietnam

Demographic and Health Survey

2002

National Committee for Population, Family and Children
Population and Family Health Project

Hanoi—September 2003

Committee for
Population, Family and Children

Vietnam Demographic and Health Survey 2002

September 2003

General Statistical Office
Hanoi, Vietnam

ORC Macro
Calverton, Maryland USA

This report summarizes the findings of the 2002 Vietnam Demographic and Health Survey (VNDHS) carried out by the General Statistical Office. ORC Macro provided technical assistance for the survey through the worldwide Demographic and Health Surveys program, which is designed to assist developing countries to collect data on fertility, family planning, maternal and child health, nutrition, and HIV/AIDS.

Additional information about the VNDHS may be obtained from the Committee for Population, Family and Children, 12 Ngo Tat To Street, Hanoi, Vietnam (telephone 843-2351; fax 843-8514). Additional information about the MEASURE *DHS*+ project may be obtained by contacting: MEASURE *DHS*+, ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone 301-572-0200; fax 301-572-0999; e-mail: reports@orcmacro.com; internet: www.measuredhs.com).

Suggested citation:

Committee for Population, Family and Children [Vietnam], and ORC Macro. 2003. *Vietnam Demographic and Health Survey 2002.* Calverton, Maryland, USA: Committee for Population, Family and Children and ORC Macro.

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PREFACE

The 2002 Vietnam Demographic and Health Survey (VNDHS 2002) was the third DHS survey to be implemented in Vietnam, following similar surveys in 1988 and 1997. This survey was sponsored by the Population and Family Health Project of the National Committee for Population and Family Planning, which is now renamed the Committee for Population, Family and Children (CPFC). Technical assistance was provided by ORC Macro. The General Statistical Office was responsible for execution of the survey.

The main objective of the VNDHS 2002 was to obtain current information on demographic conditions, family planning, infant and child mortality, and health-related information about breastfeeding, antenatal care, child immunizations, common children's diseases, and HIV/AIDS. A major goal of the survey was to measure changes in family planning indicators since the 1997 survey, especially in areas covered by the CPFC project.

This report presents the major findings from the VNDHS 2002 survey. Although the data were obtained from a sample survey, and weighted for the nation by main indicators, we hope the survey findings will be used by policymakers to formulate appropriate population and health policies and programs in Vietnam. It thus gives us great pleasure to present this report to all planners, policymakers, scholars, researchers, and concerned users. I wish to warmly thank all the institutions and individuals who participated in the implementation of the survey and the compilation of this report.

Although this is not the first time we have written a DHS report, it is hardly free from errors. We warmly welcome all comments from planners, policymakers and researchers, both within and outside Vietnam.

Dr. Nguyen Thien Truong
Vice-Chairman
Committee for Population, Family and Children

ACKNOWLEDGMENTS

On behalf of the Population and Family Health Project, I gratefully acknowledge leaders of the Committee for Population, Family and Children, and technical backstopping agencies: ORC Macro and the General Statistical Office for their fruitful contributions to the timely execution of survey activities, and the successful completion of the survey as planned.

I am grateful to ORC Macro for its technical assistance in fieldworker training, fieldwork supervision and data processing, and to the staff of the General Statistical Office and the Committee for Population, Family and Children, both at the central and local levels, who have worked with enthusiasm and whole-heartedness for the survey's success.

Finally, I owe much gratitude to the survey respondents who generously donated their time to fully answer the survey's many questions.

Dr. Ngo Khang Cuong
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Population and Family Health Project
Committee for Population, Family and Children

SUMMARY OF FINDINGS

The 2002 Vietnam Demographic and Health Survey (VNDHS 2002) is a nationally representative sample survey of 5,665 ever-married women age 15-49 selected from 205 sample points (clusters) throughout Vietnam. It provides information on levels of fertility, family planning knowledge and use, infant and child mortality, and indicators of maternal and child health. The survey included a Community/ Health Facility Questionnaire that was implemented in each of the sample clusters.

The survey was designed to measure change in reproductive health indicators over the five years since the VNDHS 1997, especially in the 18 provinces that were targeted in the Population and Family Health Project of the Committee for Population, Family and Children. Consequently, all provinces were separated into "project" and "nonproject" groups to permit separate estimates for each. Data collection for the survey took place from 1 October to 21 December 2002.

VNDHS 2002 data confirm the pattern of rapidly declining fertility that was observed in the VNDHS 1997. It also shows a sharp decline in child mortality, as well as a modest increase in contraceptive use. Differences between project and non-project provinces are generally small.

FERTILITY

Fertility Levels and Trends. The total fertility rate (TFR) for the five-year period prior to the survey (roughly 1998-2002) is only 1.9 children per woman, which places Vietnam at "below-replacement level" fertility. It also implies that Vietnam has experienced a precipitous decline in fertility from the level of 2.7 reported in the 1997 survey for the period 1992-96. This is especially remarkable, considering the steep declines recorded over the previous five-year period and the already low level of fertility in Vietnam.

Fertility Differentials. There are substantial differences in fertility levels in Vietnam. The TFR is a half a child higher in rural areas than in urban areas (2.0 children per woman compared with 1.4 children per woman). Regional differences are also marked; the highest fertility is in the Central Highlands (2.9 children per woman), while the lowest is in the Southeast region (1.5 children per woman), which includes Ho Chi Minh City. Differences between project and nonproject provinces are minimal.

As in most countries, fertility is inversely related to women's education. Women who completed higher secondary school have the lowest fertility (1.4 children per woman) while those with no education have the highest fertility (2.8 per woman).

Unplanned Fertility. Despite the high level of contraceptive use in Vietnam, the VNDHS 2002 data indicate that unplanned pregnancies are common. Overall, one-fourth of births in the three years preceding the survey were reported as unplanned: 14 percent were mistimed (wanted later) and 9 percent were unwanted. Nevertheless, this represents a slight improvement since 1997, when 15 percent of births were mistimed and 12 percent were unwanted. The total induced abortion rate shows a slight increase since 1997, from 0.5 to 0.6 abortions per woman.

Marriage Patterns. One factor that may help to explain the rapid decline in fertility is that women are staying single longer. Although there has been a slight increase in the overall proportion of women who are currently married from 63 percent in 1997 to 64 percent in 2002, the proportion of women age 15-24 who are currently married has declined. For example, 52 percent of women age 20-24 were married in 1997, compared with 46 percent in 2002. Since the age-specific fertility rates are highest at ages 20-24, reductions in the proportions of women married in that age group would be expected to have a larger effect on the overall level of fertility.

FERTILITY REGULATION

Knowledge of Contraception. Virtually all married women of reproductive age know of at least one method of contraception. As in the previous VNDHS surveys, the most widely known methods are the IUD (99 percent), the condom (96 percent), the pill (95 percent), female sterilization (92 percent), and male sterilization (90 percent). Comparison with the VNDHS 1997 indicates that the percentage of currently married women knowing specific methods has increased for every method, albeit only slightly for some.

Use of Contraception. Increased use of contraception can only partially explain the steep decline in fertility over the past five years. Between 1997 and 2002, the contraceptive prevalence rate among married women increased from 75 to 79 percent, while use of modern methods barely changed, from 56 to 57 percent.

Contraceptive Method Mix. Over the last two decades, the IUD has been the most popular method of contraception in Vietnam. The VNDHS 2002 found that 38 percent of married women are currently using the IUD. Other modern methods used are the pill (6 percent), female sterilization (6 percent), and the condom (6 percent). Use of the IUD has declined slightly since 1997, while use of the pill has increased slightly.

Two traditional methods account for a significant amount of current use, namely withdrawal (14 percent) and periodic abstinence (8 percent).

Differential Contraceptive Use. Given the overall high rate of contraceptive use in Vietnam, there is little room for variation between population subgroups. Nevertheless, the Central Highlands stands out from other regions as having a particularly low level of contraceptive use (66 percent). There are also substantial differences by education, with contraception rates being higher among more educated women. Differentials in contraceptive use by urban-rural residence are insignificant, as are differentials between project and nonproject provinces.

Source of Modern Methods. In Vietnam, provision of modern contraceptive methods is dominated by the public sector. Eighty-six percent of current users obtain their family planning method from the public sector. By far the most important source of contraception is the commune health center (45 percent), followed by government hospitals (22 percent) and mobile clinics (9 percent). Nevertheless, as the method mix moves away from dependence on the IUD and sterilization and toward supply methods like the pill, private sources of supply may take on a somewhat larger role.

Unmet Need for Family Planning. Only 5 percent of currently married women in Vietnam have an unmet need for family planning services, a very slight decline from 7 percent in 1997. Just under half of the unmet need is comprised of women who want to wait two or more years before their next child (spacers), while over half is comprised of women who want no more children (limiters).

Discontinuation Rates. Overall, one in four women (25 percent) discontinues use within 12 months of adopting a method. The 12-month discontinuation rate for the IUD is particularly low (13 percent), but rates are several times higher for the pill (36 percent), the condom (38 percent), periodic abstinence (32 percent), and withdrawal (30 percent). The desire for pregnancy and method failure are the two major reasons for discontinuing method use. Discontinuation rates have increased since 1997 for all methods analyzed.

Availability of Services. Family planning services are widely available in Vietnam. The VNDHS 2002 data indicate that over 95 percent of married women live in communities served by both community-based distribution (CBD) workers and family planning fieldworkers. Moreover, almost all CBD workers and family planning fieldworkers provide pills and condoms. In addition, about two-thirds of married women live within one kilometer of a health facility that offers family planning services and over 90 percent live within five kilometers of such a facility. Mobile family planning clinics visit communities where about 72 percent of women live.

MATERNAL HEALTH

Maternal Health Care. The VNDHS 2002 data indicate substantial increases in the number of women receiving maternal care. Comparison with the VNDHS 1997 indicates that the percentage of women who receive antenatal services from a doctor, nurse, or midwife, has increased from 71 percent in 1995-97 to 86 percent in 2000-02. All of the increase has occurred for doctors (25 to 46 percent), while the proportion of women receiving antenatal care from nurses and midwives has actually declined from 46 to 40 percent since 1995-97. The percent receiving no antenatal care also decreased over the same period from 28 to 13 percent.

There has been a similar increase in the proportion of births for which the mother said she received two or more tetanus toxoid injections during pregnancy—from 55 to 71 percent.

Proper medical attention and hygienic conditions during delivery can reduce the risk of serious illness among mothers and their babies. The VNDHS 2002 found that four out of five deliveries (79 percent) occurred in health facilities, a substantial increase from 62 percent reported in the VNDHS 1997.

Awareness of AIDS. Knowledge of acquired immunodeficiency syndrome (AIDS) is high among ever-married women in Vietnam (95 percent). Television and radio are the primary sources of information about AIDS. Among women who know about AIDS, most are aware that condom use and having only one sexual partner are ways to reduce the risk of becoming infected with the virus. Almost four in five are aware that a healthy-looking person can have the AIDS virus, while 88 percent know that AIDS is a fatal disease. Three-fourths of ever-married women say they have no risk of contracting the disease.

CHILD HEALTH

Child Mortality. VNDHS 2002 data imply a steep decline in child mortality over the past five years. Between 1992-96 and 1998-2002, infant mortality has declined from 28 to 18 deaths per 1,000 births, while under five mortality has declined from 38 to 24 per 1,000. Although a review of the data does not show any obvious defects in reporting, such extraordinarily low rates and rapid decline should be viewed cautiously.

Breastfeeding Practices. Breastfeeding is nearly universal in Vietnam; 98 percent of children are breastfed. The median duration of breastfeeding is 16 to 17 months. The VNDHS 2002 data indicate that supplementary feeding of children begins early. For example, among newborns less than two months of age, 46 percent are receiving supplementary foods or liquids.

Childhood Vaccination Coverage. In the VNDHS 2002, mothers were able to show a health card with immunization data for only 40 percent of children age 12-23 months, although this represents a substantial increase from 13 percent in 1997. Accordingly, estimates of coverage are based on both data from health cards and mothers' recall. The data show that 67 percent of children 12-23 months are fully vaccinated against the major childhood illnesses, an increase from 57 percent in 1997.

Child Illness and Treatment. Among children under three years of age, one in five was reported to have had symptoms of acute respiratory illness in the two weeks preceding the survey, of whom about seven in ten were taken to a health facility or provider for treatment. Slightly more than one-fourth of children under five had a fever in the two weeks preceding the survey, while 11 percent had diarrhea. Forty percent of children with diarrhea were given solution prepared from oral rehydration salt (ORS) packets, while 63 percent received increased fluids.

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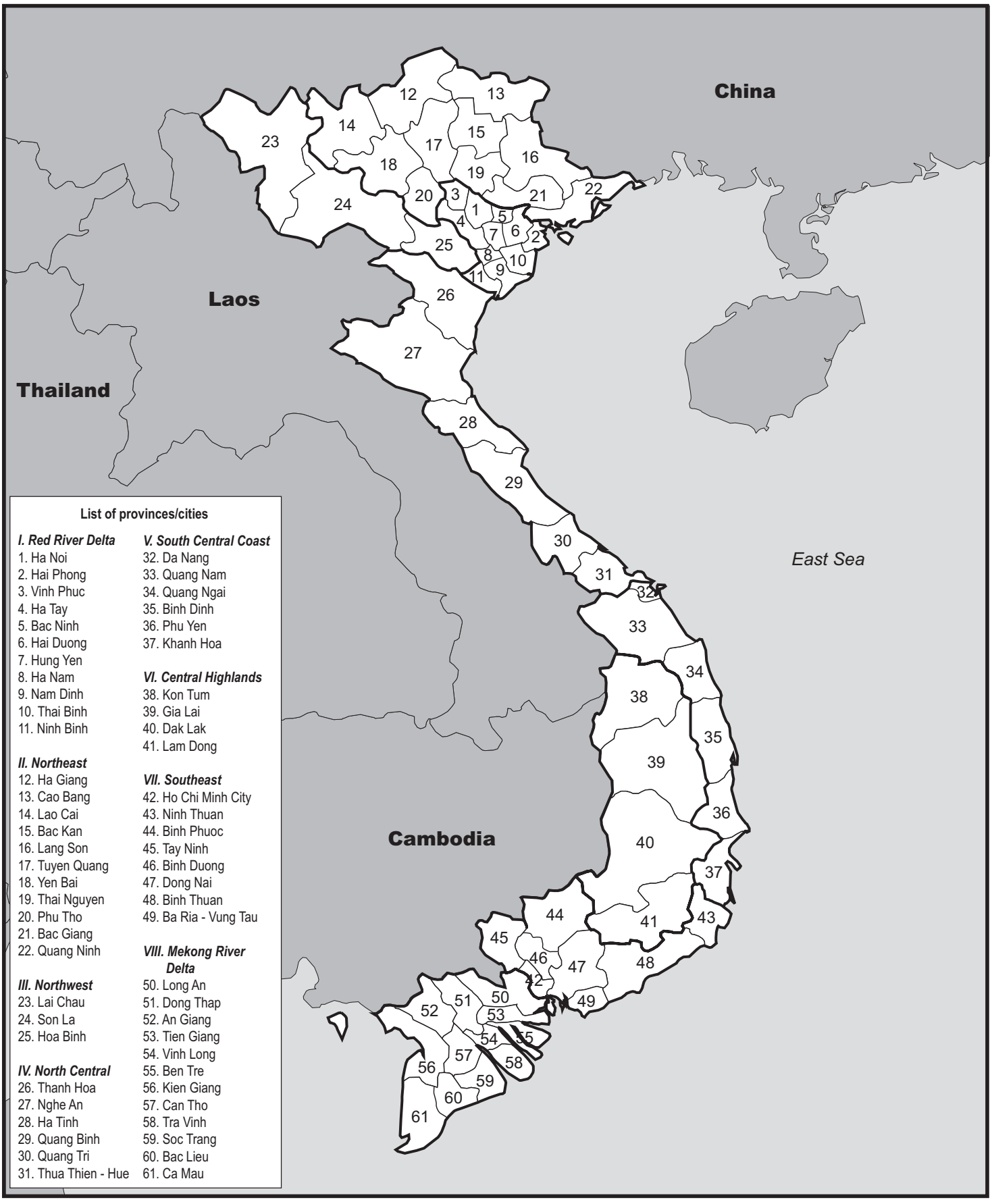

List of provinces/cities

I. Red River Delta
1. Ha Noi
2. Hai Phong
3. Vinh Phuc
4. Ha Tay
5. Bac Ninh
6. Hai Duong
7. Hung Yen
8. Ha Nam
9. Nam Dinh
10. Thai Binh
11. Ninh Binh

II. Northeast
12. Ha Giang
13. Cao Bang
14. Lao Cai
15. Bac Kan
16. Lang Son
17. Tuyen Quang
18. Yen Bai
19. Thai Nguyen
20. Phu Tho
21. Bac Giang
22. Quang Ninh

III. Northwest
23. Lai Chau
24. Son La
25. Hoa Binh

IV. North Central
26. Thanh Hoa
27. Nghe An
28. Ha Tinh
29. Quang Binh
30. Quang Tri
31. Thua Thien - Hue

V. South Central Coast
32. Da Nang
33. Quang Nam
34. Quang Ngai
35. Binh Dinh
36. Phu Yen
37. Khanh Hoa

VI. Central Highlands
38. Kon Tum
39. Gia Lai
40. Dak Lak
41. Lam Dong

VII. Southeast
42. Ho Chi Minh City
43. Ninh Thuan
44. Binh Phuoc
45. Tay Ninh
46. Binh Duong
47. Dong Nai
48. Binh Thuan
49. Ba Ria - Vung Tau

VIII. Mekong River Delta
50. Long An
51. Dong Thap
52. An Giang
53. Tien Giang
54. Vinh Long
55. Ben Tre
56. Kien Giang
57. Can Tho
58. Tra Vinh
59. Soc Trang
60. Bac Lieu
61. Ca Mau