

# LAO SOCIAL INDICATOR

## SURVEY III-2023



**Bokeo Province**



**LUXEMBOURG**  
AID & DEVELOPMENT



Co-funded by  
the European Union



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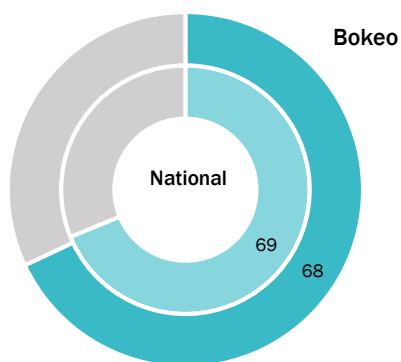


## Bokeo Province

### Characteristics of Households and Respondents

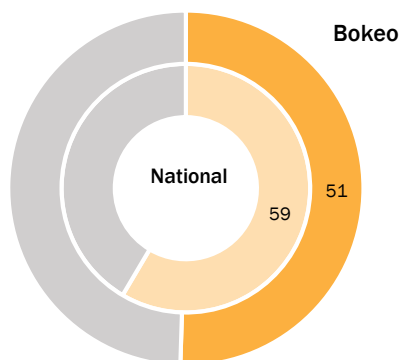
#### Access to Knowledge, Information & Technology

##### Literacy



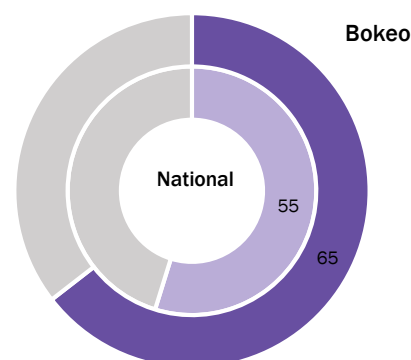
Percentage of women age 15-49 who are literate

##### Media Access



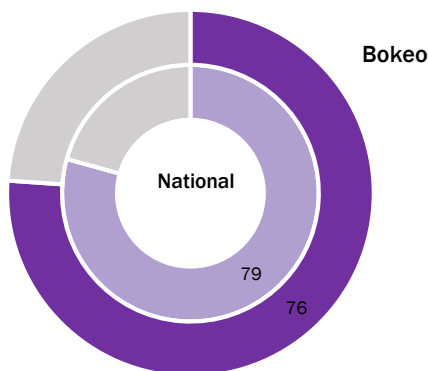
Percentage of women age 15-49 who read a newspaper, listen to the radio, or watch television at least once a week

##### Internet Use: SDG17.8.1



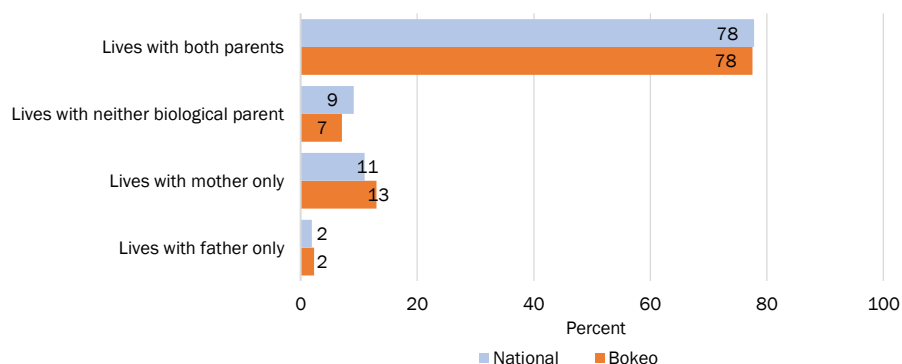
Percentage of women age 15-49 using the internet at least once in the past 3 months

#### Mobile Phone Ownership, SDG 5.b.1



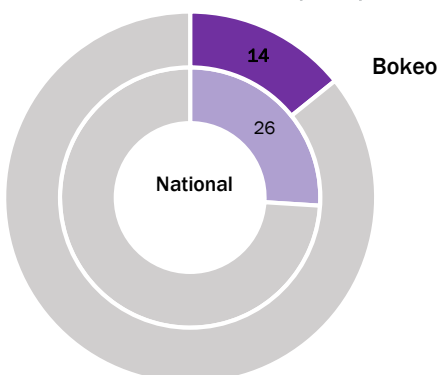
Percentage of women age 15-49 who own a mobile phone

#### Children's Living Arrangements\*



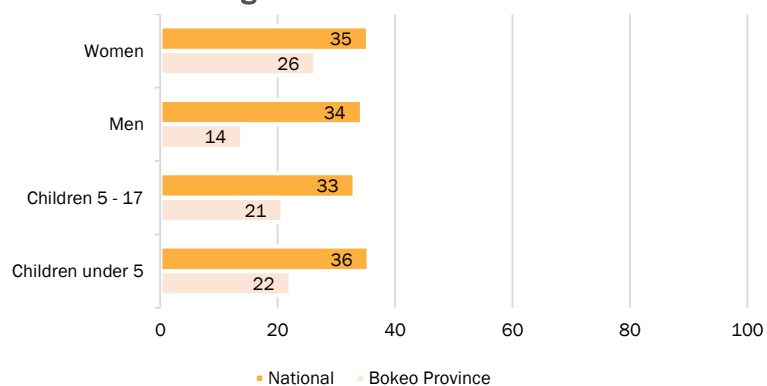
Percent distribution of children age 0-17 years according to living arrangements  
\*Children age 0-17 years

#### Insecticide Treated Nets (ITNs)



Percentage of households with at least one insecticide-treated net (ITN)

#### Health Insurance Coverage

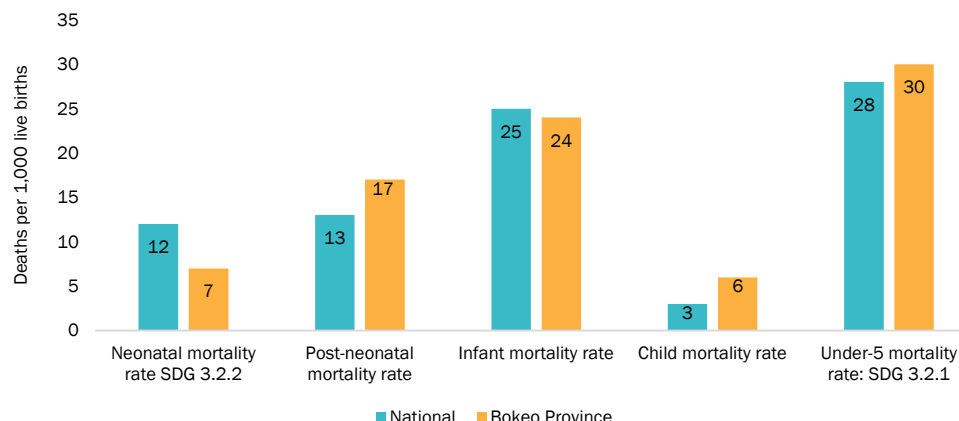


Percentage of men and women age 15-49 with health insurance

# Every Girl & Boy Survives & Thrives

Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood.

## Mortality Rates among Children Under-5



**Neonatal mortality (NN):** probability of dying within the first 28 days of life

**Post-neonatal mortality:** calculated as the difference between infant and neonatal mortality rates

**Infant mortality ( ${}_1q_0$ ):** probability of dying between birth and first birthday

**Child mortality ( ${}_4q_1$ ):** probability of dying between the first and fifth birthday

**Under-5 mortality ( ${}_5q_0$ ):** probability of dying between birth and fifth birthday

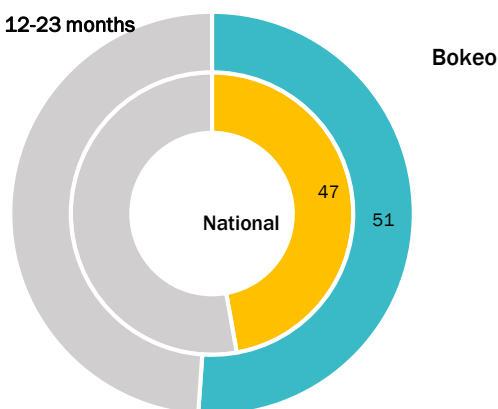
MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women age 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

## Immunization among Children Under-2

### Basic immunisation

(BCG, OPV3, DTP3, and Measles and Rubella 1)

Children age 12-23 months

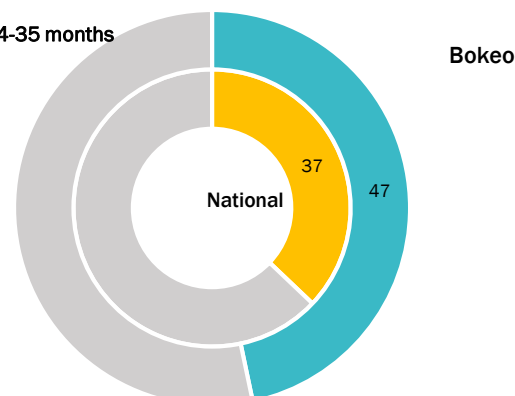


Percentage of children age 12-23 months who at any time before the survey had received all basic vaccinations.

### Full immunisation

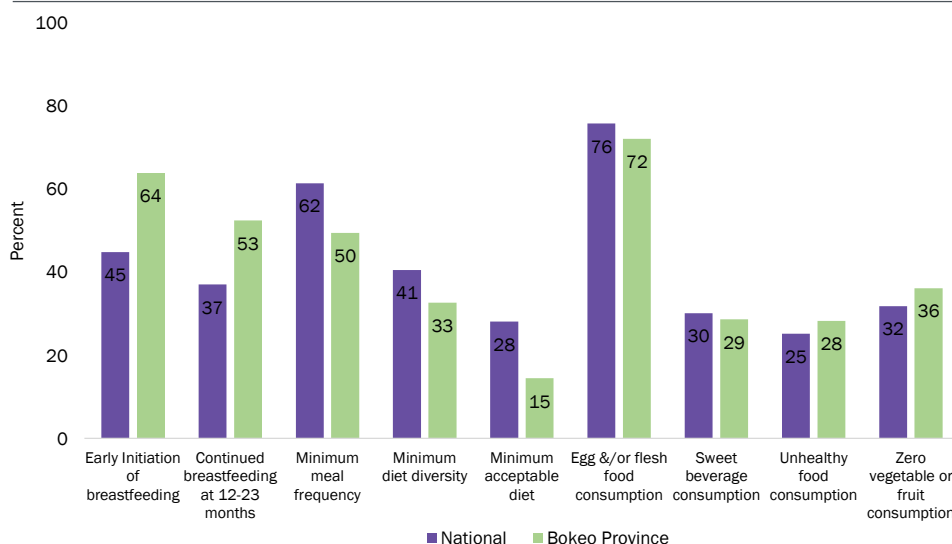
(BCG, OPV3/IPV, HepB3, DTP3, Hib3, PCV3, JE, & Measles - Rubella 2)

Children age 24-35 months



Percentage of children age 24-35 months who at any time before the survey had received all vaccines scheduled in the first two years of life, according to the national vaccination schedule.

## Infant & Young Child Feeding



**Early initiation:** percentage of newborns put to breast within 1 hour of birth; **Introduction to solids:** percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 12-23 months:** percentage of children aged 12-23 months who continue to receive breastmilk; **Egg and/or flesh food consumption;** **Sweet beverage consumption;** **Unhealthy food consumption;** **Zero vegetable or fruit consumption;** percentage of children aged 12-23 months who consume the above food categories during the previous day

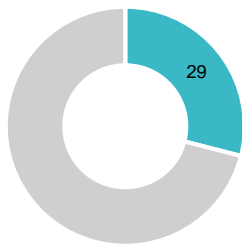
# Every Girl & Boy Survives & Thrives

## Anthropometric Malnutrition Indicators

### Stunting: SDG 2.2.1



**Stunting** refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.

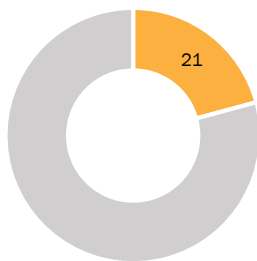


Percentage children under-5 who are stunted

### Underweight



**Underweight** is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).

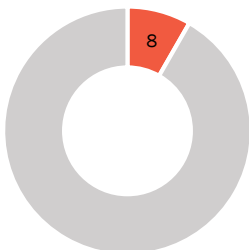


Percentage children under-5 who are underweight

### Wasting: SDG 2.2.2



**Wasting** refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

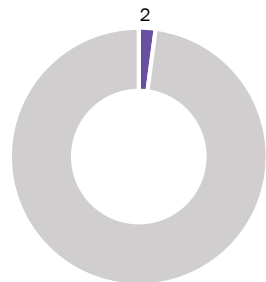


Percentage children under-5 who are wasted

### Overweight: SDG 2.2.2



**Overweight** refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.

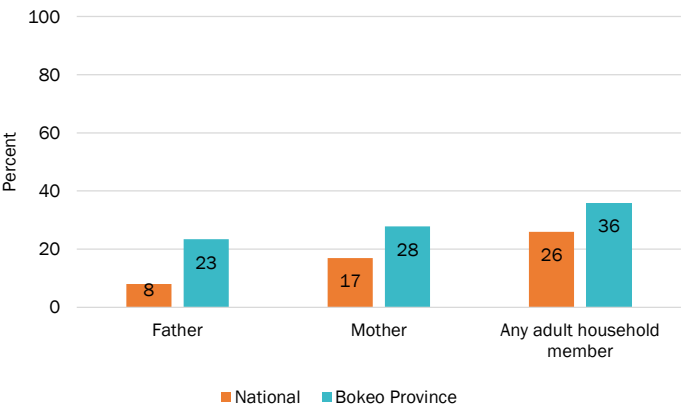


Percentage children under-5 who are overweight

## Supportive Environment in Early Childhood

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional, and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children. A broad range of factors can prevent children from reaching their full developmental potential. These risks are often interrelated and include poverty, poor health, exposure to violence and high stress levels, inadequate care and limited learning opportunities. Timely and effective interventions can prevent these risks and address the barriers disproportionately affecting children living in the most vulnerable contexts. Investments during the early years are one of the most cost-effective ways countries can reduce inequalities among children and promote the best start in life for all.

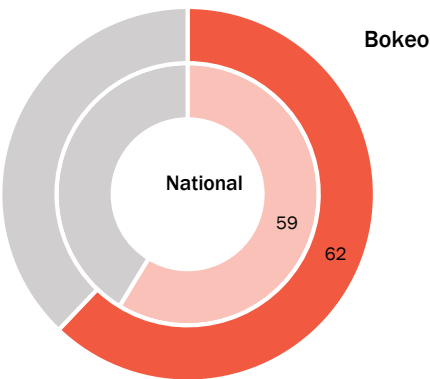
## Early Stimulation & Responsive Care



Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that provide early stimulation and responsive care during the last three days

Note: Activities include: reading books to or looking at picture books with the child; telling stories to the child; singing songs to or with the child; taking the child outside the home; playing with the child; naming, counting or drawing things for or with the child.

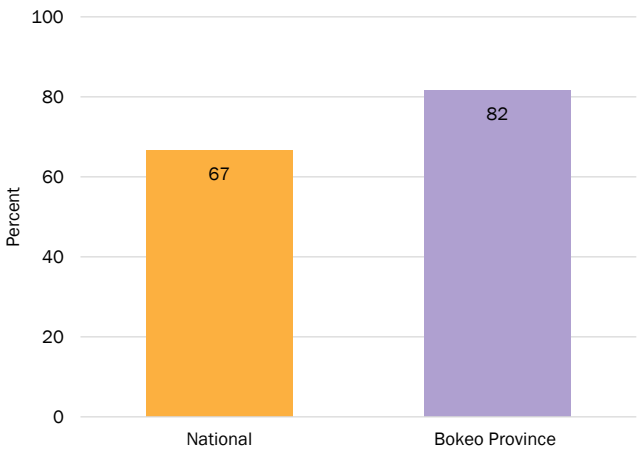
## Early Childhood Development Index, SDG 4.2.1



Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains

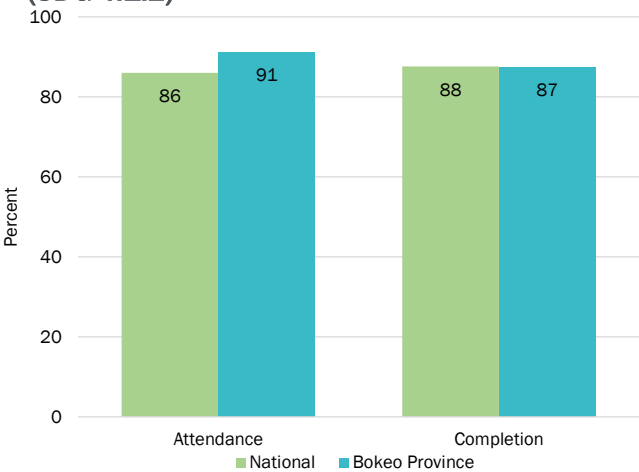
Every Girl & Boy Learns

Participation Rate in Organized Learning, SDG 4.2.2



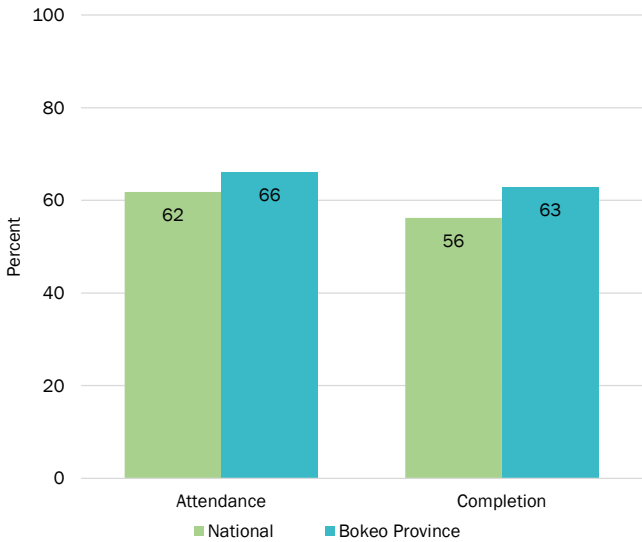
Percentage of children age one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate)

Primary School Attendance and Completion (SDG 4.1.2)



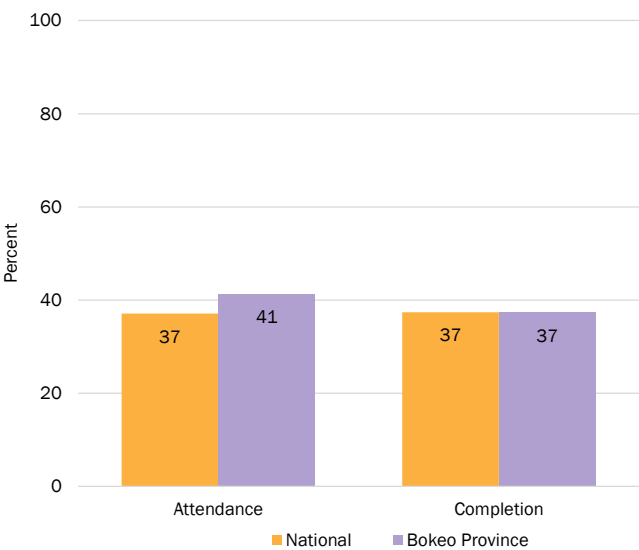
Percentage of children of primary school age attending primary, lower or upper secondary school (adjusted net attendance rate, and Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Lower Secondary School Net Attendance Rates (adjusted) & Completion

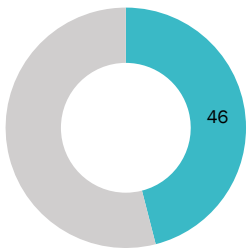


Percentage of children of intended age for level of education attending level of education for age or higher

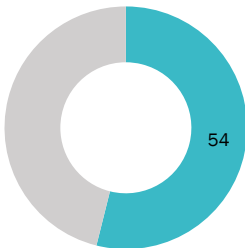
Upper Secondary School Net Attendance Rates (adjusted) & Completion



Foundational Skills



Percentage of children age 10-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, and 3) Answer two inferential comprehension questions



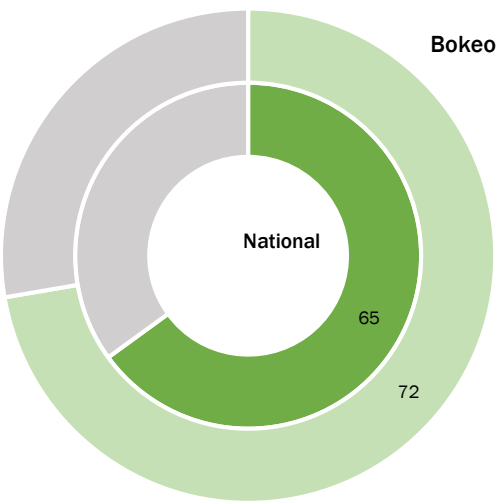
Percentage of children age 10-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task



# Every Girl & Boy is Protected from Violence & Exploitation

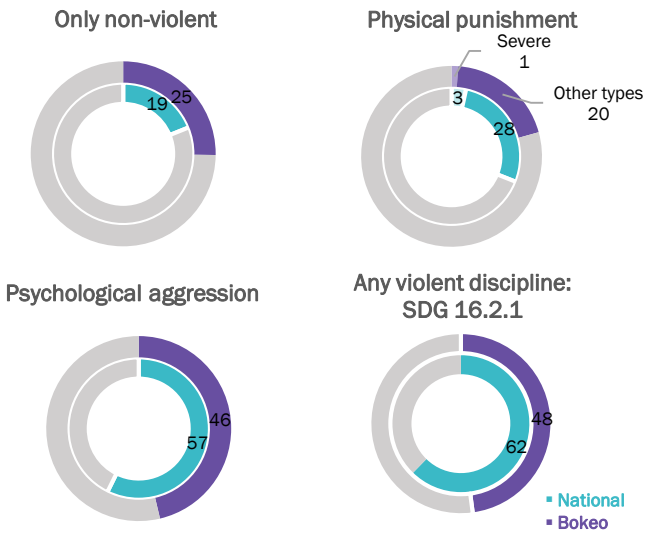
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline - which includes physical punishment and psychological aggression - by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

## Birth Registration, SDG 16.9.1



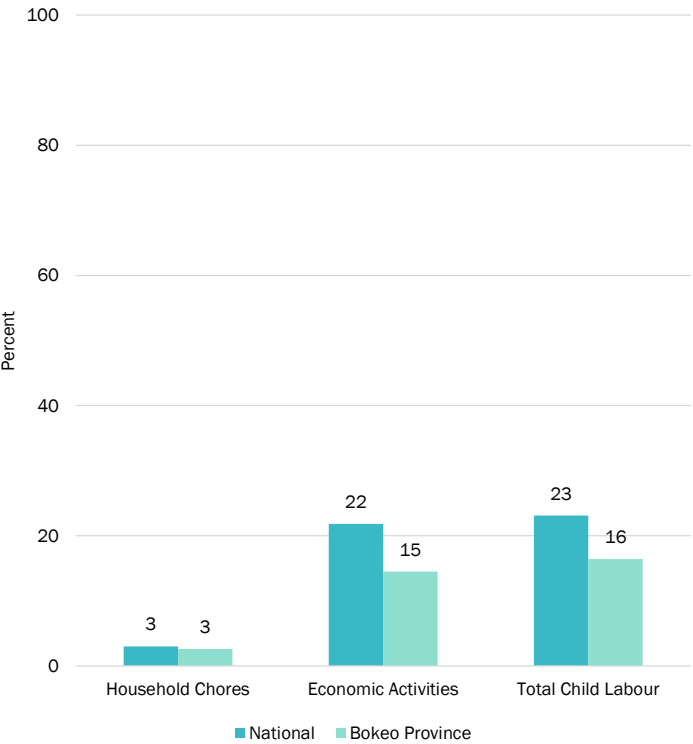
Percentage of children under age 5 whose births are registered

## Types of Child Discipline

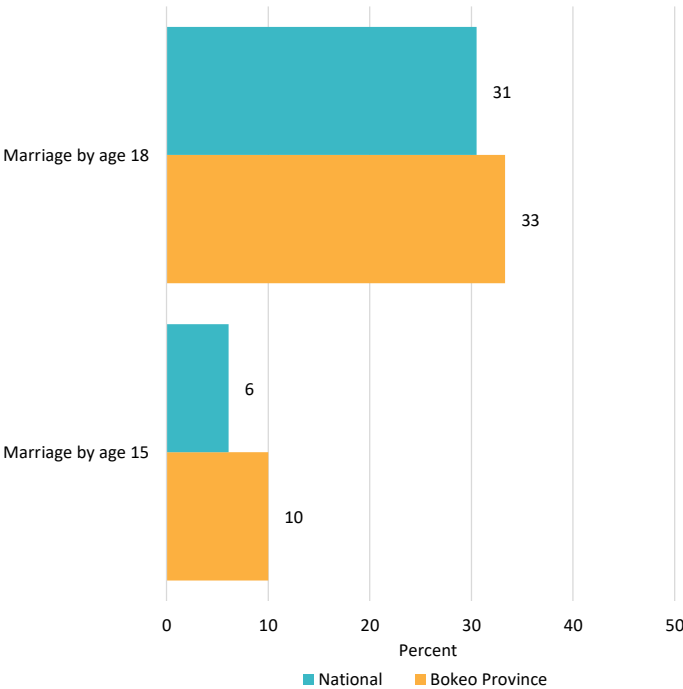


Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

## Child Labour, SDG 8.7.1



## Marriage before Age 15 & Age 18 among women (SDG 5.3.1\*)

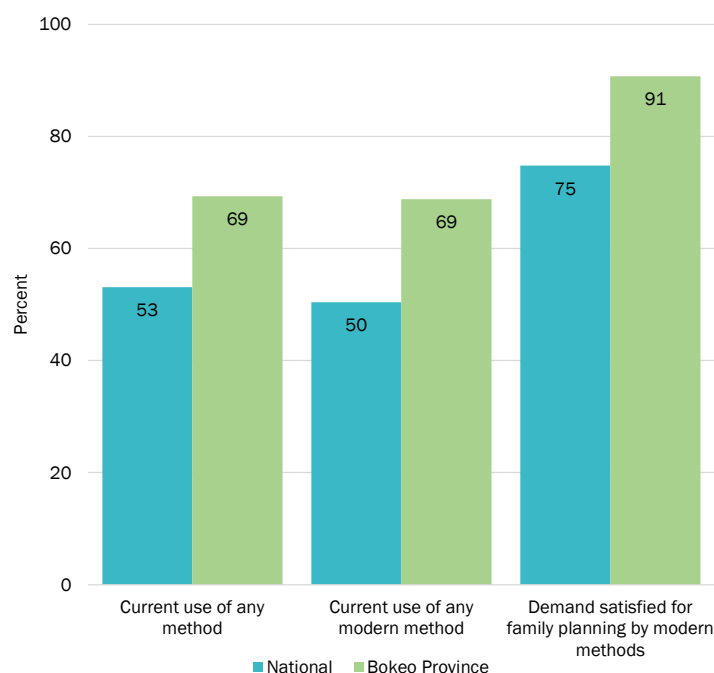


Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18

# Every Young Adolescent & Women Thrives

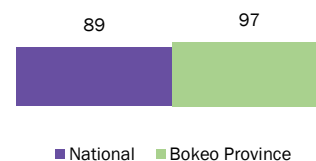
Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescents lack access to appropriate sexual and reproductive health services, including modern methods of contraception

## Contraceptive Use & Demand Satisfied



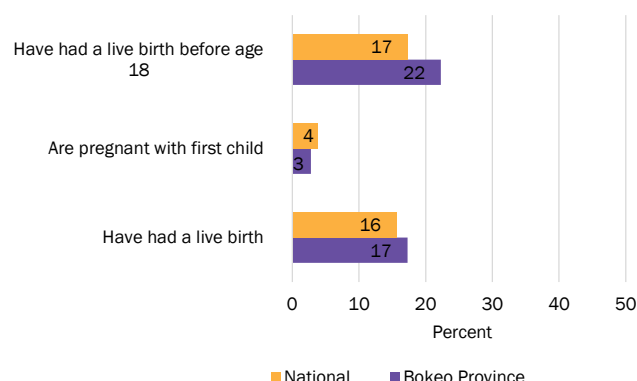
Contraceptive use and demand for family planning satisfied by modern methods among adolescent girls and women

## Adolescent Birth rate SDG 3.7.2



Age-specific fertility rate for women age 15-19 years

## Early Childbearing - by Age 18

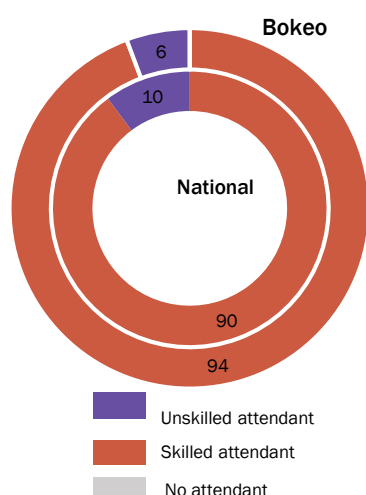


Percentage of women age 20-24 years who have had a live birth before age 18

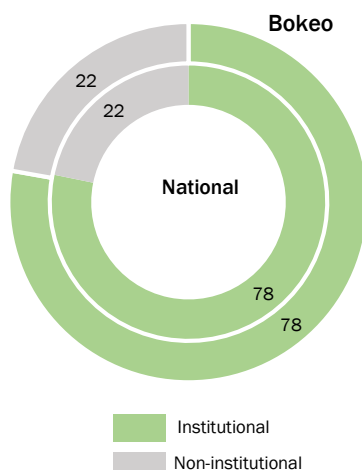
# Pregnant Women and Women Who Had a Live Birth

## Delivery Care

### Skilled Attendance at Birth

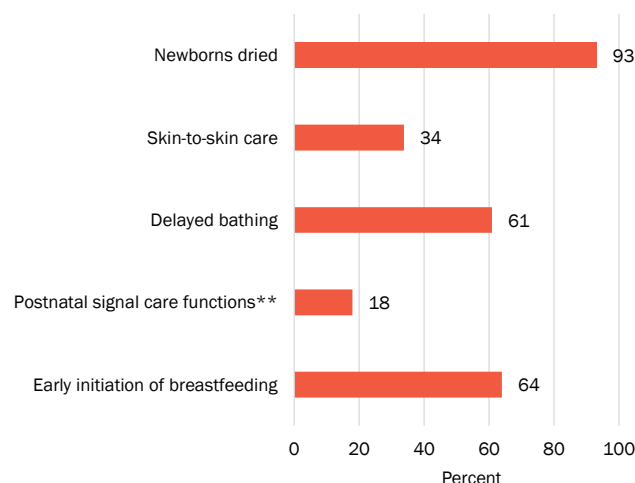


### Institutional Delivery



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 and percentage whose most recent live birth was delivered in a health facility (institutional delivery)

## Coverage of Newborn Care



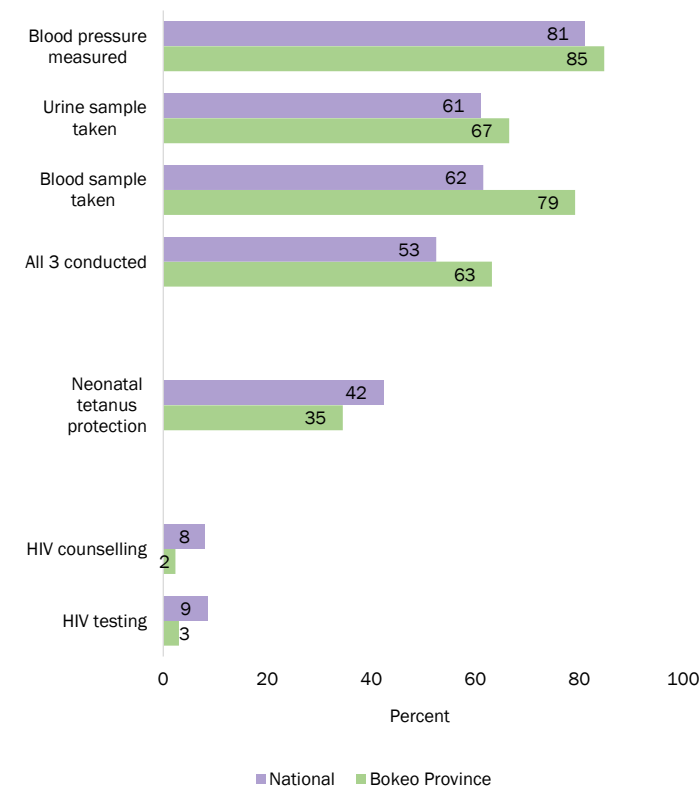
Among the last live-birth in the last 2 years, percentage who were dried after birth; who were given skin to skin contact; who were bathed after 24 hours of birth; where the newborn received at least 2 postnatal signal care functions within 2 days after birth\*\*; and percentage put to the breast within one hour of birth

\*\* At least 2 of i) umbilical cord examination, ii) temperature assessment, iii) breastfeeding counselling or observation, iv) weight assessment, and v) counselling on danger signs for newborns



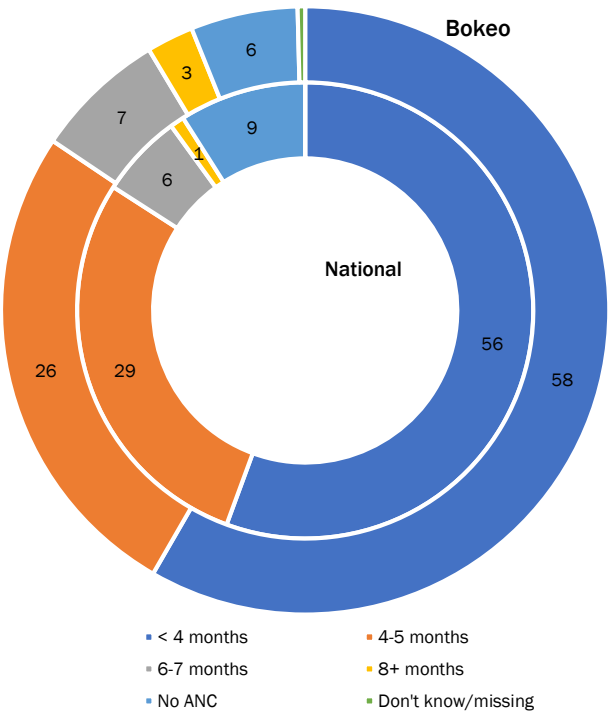
# Every Young Adolescent & Women Thrives

## Content & Coverage of Antenatal Care Services



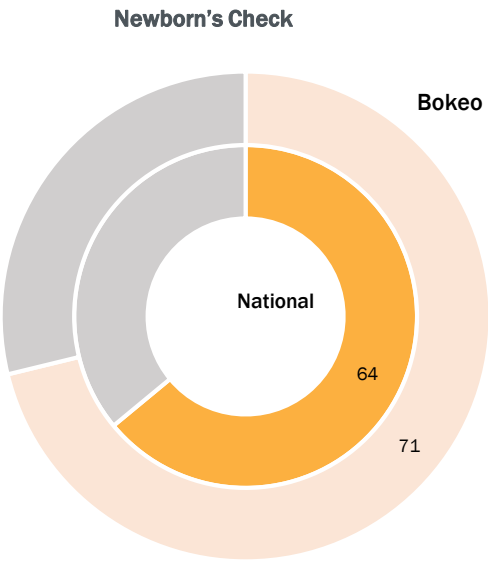
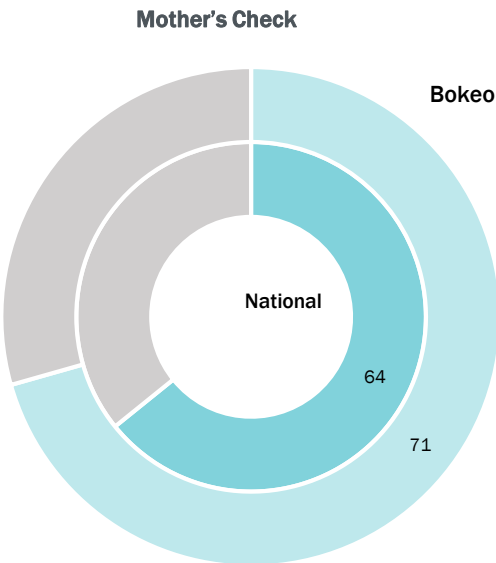
Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, were given at least two doses of tetanus toxoid vaccine within the appropriate interval, reported that during an ANC visit they received information or counselling on HIV, and reported that they were offered and accepted an HIV test during antenatal care and received their results during the last pregnancy that led to a live birth

## Timing of First Antenatal Care Visit



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 at least once by skilled health personnel, by the timing of first ANC visit

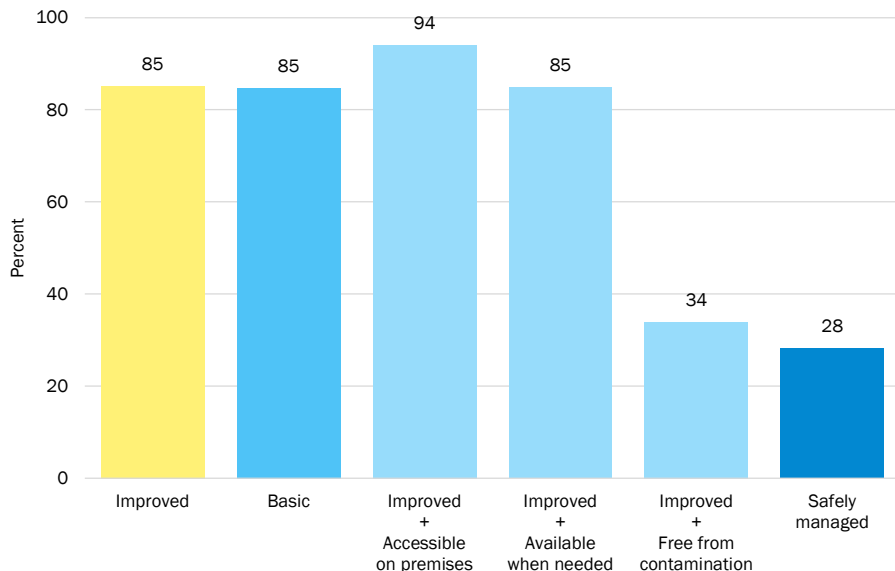
## Postnatal Care within 2 Days of Birth



Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery

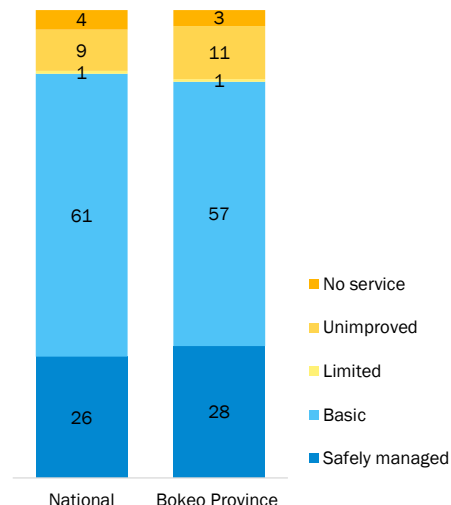
# Every Member Lives in a Safe and Clean Environment

## Safely Managed Drinking Water Services: SDG 6.1.1



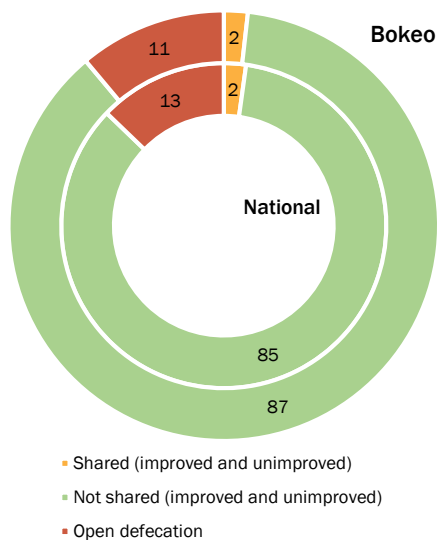
Percent of population using improved, basic and safely managed drinking water services

## Drinking water coverage: National, Regional and Province



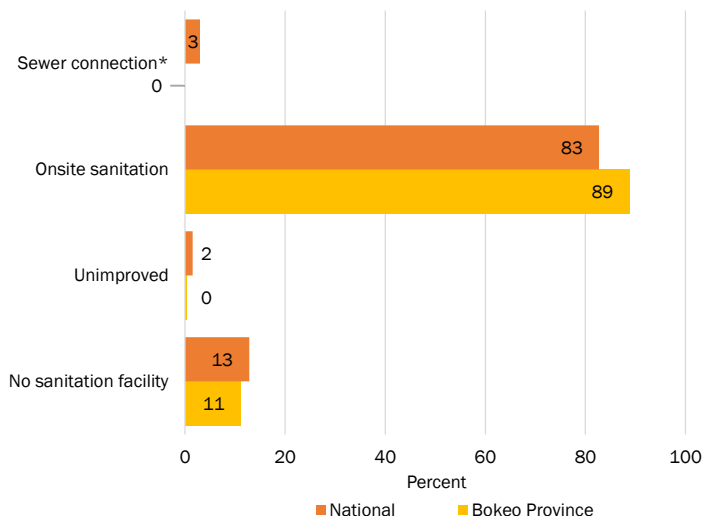
Percent of the population with drinking water coverage

## Shared Sanitation



Percent of population by shared sanitation facilities

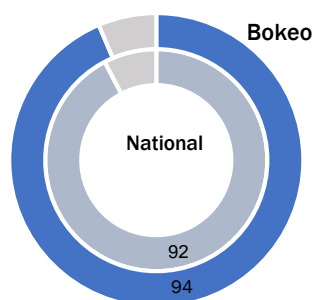
## Safely Managed Sanitation Services: SDG 6.2.1



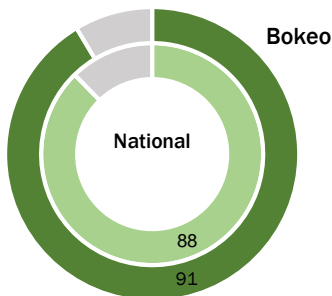
Percent of population by type of sanitation facility, grouped by type of disposal

\* Sewer connections include "Flush/pour flush to piped sewer system" and "Flush to DK where".  
Onsite sanitation facilities include "Flush/pour flush to septic", "Flush/pour flush to latrine", "Ventilated improved pit latrine", "Pit latrine with slab" and "Composting toilet"

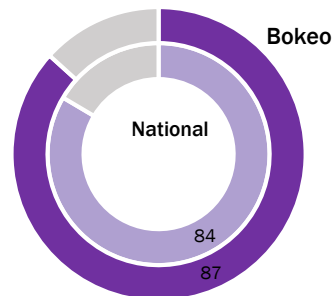
## Menstrual Hygiene Management



Women with a private place to wash & change at home



Women with appropriate materials



Women with appropriate materials & a private place to wash & change at home

Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months

# Key Findings

## Goal Area 1 – Every Child Survives and Thrives

**Mortality Rates Among Children Under-5:** In Bokeo, the under-5 mortality rate is 30 per 1,000 live births, slightly above the national average of 28 per 1,000. The neonatal mortality rate is 7 per 1,000, substantially lower than the national figure of 12 per 1,000. Additionally, the child mortality rate, for deaths between ages one and five, is 6 per 1,000, doubling the national average of 3 per 1,000.

**Immunization Among Children Under-2:** For basic immunizations in Bokeo, 51% of children aged 12-23 months are vaccinated, slightly higher than the national rate of 47%.

For full immunization coverage, 47% of children aged 24-35 months in Bokeo Province receive all scheduled vaccines in their first two years, markedly higher than the national average of 37%.

**Infant and Young Child Feeding:** In Bokeo, a significantly higher proportion of newborns (64%) are breastfed within the first hour after birth, compared to the national average of 45%. Continued breastfeeding at 12-23 months is also higher at 53%, compared to the national rate of 37%.

For children aged 6-23 months, Bokeo lags behind the national rate for minimum meal frequency at 50% compared to 62%. The province also lags in diet diversity, with only 33% achieving this, versus 41% nationally. Similarly, minimum acceptable diet is much lower at 15%, compared to the national average of 28%.

A slightly lower proportion of children aged 6-23 months in Bokeo consume eggs and/or flesh foods (72% vs 76% nationally). However, there is a slightly higher rate of unhealthy food consumption in the province (28% vs 25% nationally). Additionally, a higher proportion of children consume no vegetables or fruits (36% vs 32% nationally).

**Malnutrition:** Approximately 29% of children under-5 in Bokeo are stunted. Additionally, 21% of children are underweight, and about 8% are wasted. Conversely, only 2% of children are overweight.

**Supportive Environment in Early Childhood:** In Bokeo, about 36% of children aged 2-4 years receive early stimulation and responsive care from any adult household member, which is significantly higher than the national average of 26%. Mother's involvement is at about 28%, and father's involvement is substantially higher than national at 23%. On the Early Childhood Development Index, about 62% of children aged 3-4 years are on track in at least three of the four developmental domains assessed, compared to 59% nationally.

## Every Adolescent and Young Woman Thrives

**Adolescent Birth Rate (SDG 3.7.2) and Early Childbearing:** In Bokeo, the adolescent birth rate stands at 97 per 1,000 females aged 15-19, slightly higher than the national average of 89 per 1,000. Additionally, early childbearing is prevalent, with 22% of women aged 20-24 having had a live birth before age 18, compared to the national average of 17%. Furthermore, 3% are pregnant with their first child.

**Contraceptive Use and Demand Satisfied:** In Bokeo, approximately 69% of adolescent girls and women use any method of contraception, with about 69% using modern methods, both surpassing the national averages of around 53% and 50%, respectively. Additionally, about 91% of the demand for family planning is satisfied by modern methods in the province, compared to 75% nationally.

**Antenatal Care:** In Bokeo, 63% of pregnant women received comprehensive antenatal care services (including blood pressure checks, urine and blood sample tests), above the national average of 53%. However, only 3% of women received HIV testing and 2% received HIV counseling, compared to 9% and 8% nationally. Neonatal tetanus protection stands at 35%, lower than the national rate of 42%.

**Delivery Care:** Skilled attendance at birth in Bokeo is high at 94%, surpassing the national average of 90%. Institutional delivery stands at 78%, similar to the national rate.

**Postnatal Care:** In Bokeo, 71% of mothers and 71% of newborns receive a postnatal care visit within two days of delivery, higher than the national rates of 64% for both.

**Coverage of Newborn Care:** In Bokeo, a high percentage of newborns (93%) are dried immediately after birth, and 64% initiate breastfeeding within the first hour. However, only 34% receive skin-to-skin contact, and 18% receive postnatal signal care functions within the first two days.

## Goal Area 2 – Every Child Learns

**Participation Rate in Organized Learning (SDG 4.2.2):** In Bokeo, the attendance rate among children one year younger than the official primary school entry age attending an early childhood education program or primary school is 82%, significantly exceeding the 67% observed nationally.

**Attendance and Completion (SDG 4.1.2)** At primary school level in Bokeo, the attendance rate of children of primary school age attending primary school stands at 91% (exceeding the 86% seen nationally), while the completion rate for children aged 3 to 5 years above the intended age for the last grade of primary school who completed primary education is 87% (closely matching the 88% averaged nationally).

At the lower secondary education level in Bokeo, the attendance rate of children of lower secondary education is 66%, slightly above the national rate of 62%. The completion rate of children of intended age for this level of education is 63% (above the national rate of 56%).

At the upper secondary level in Bokeo, the attendance rate of children of intended age for this level is 41% (above national: 37%), while the completion rate is 37%, matching the national average.

**Foundational Reading and Numeracy Skills (SDG 4.1.1.a):** In Bokeo, 46% of children aged 10-14 have foundational reading skills and 54% demonstrate foundational numeracy skills.

## Goal Area 3 – Every child is protected from violence and exploitation

**Birth Registration (SDG 16.9.1):** In Bokeo, about 72% of children under age 5 have their births registered (above the national average: 65%).

**Child Discipline (SDG 16.2.1):** In Bokeo, approximately 48% of children aged 1 to 14 experienced any form of violent discipline in the past month (below national: 62%). About 21% of children experienced physical punishment (below national: 31%), including 1% who experienced severe physical punishment (below national: 3.4%). Additionally, 46% of children experienced psychological aggression (below national: 57%), while approximately 25% were disciplined through non-violent methods (above national: 19%).

**Child Labour (SDG 8.7.1):** In Bokeo, about 16% of children aged 5 to 17 years are engaged in child labor (below the national average: 23%), with 3% involved in household chores and 15% in economic activities (both below national rates).

**Marriage before Age 15 & Age 18 among women (SDG 5.3.1):** In Bokeo, about 10% of women aged 20-24 were married or in a union before age 15, and 33% were married before age 18 (both above the national averages of 6% and 31%, respectively).

## Goal Area 4 – Every child lives in a safe and clean environment

**Safely Managed Drinking Water Service (SDG 6.1.1):** The drinking water coverage in Bokeo shows that 28% of the population have access to safely managed drinking water, slightly above the national average of 26%. Specifically, 85% use improved water sources, 94% have access on premises, 85% have availability when needed, and 34% have water free of E. coli contamination.

**Safely Managed Sanitation Services (SDG 6.2.1):** In Bokeo, 89% of the population uses onsite facilities (above national: 83%), 11% lack sanitation facilities (below national: 13%), and 0% use sewer connections (below national : 3%). Additionally, in Bokeo, 2% of the population uses shared sanitation facilities, 85% use non-shared sanitation, and 11% practice open defecation, respectively matching national rates of 2%, 85%, and falling below 13%.

**Menstrual Hygiene Management** in Bokeo: Around 87% of women aged 15-49 have a private place to wash and change at home and have access to appropriate menstrual hygiene materials, slightly above the national average of 84%.

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