

# LAO SOCIAL INDICATOR

## SURVEY III-2023



**Xiengkhuang Province**



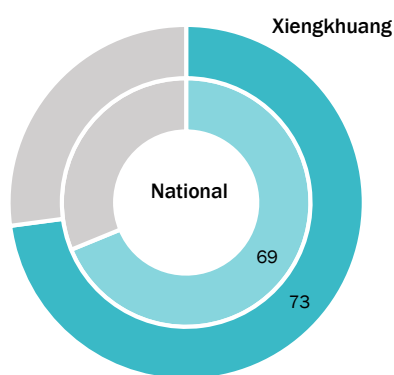
## Xiengkhuang Province



### Characteristics of Households and Respondents

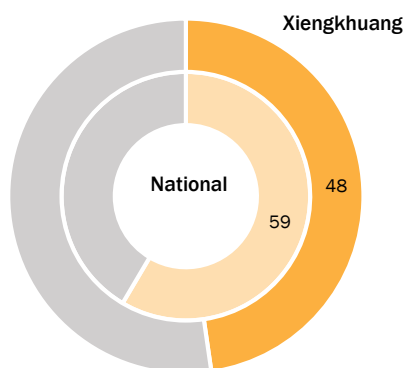
#### Access to Knowledge, Information & Technology

##### Literacy



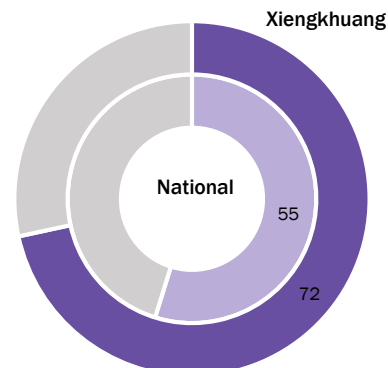
Percentage of women age 15-49 who are literate

##### Media Access



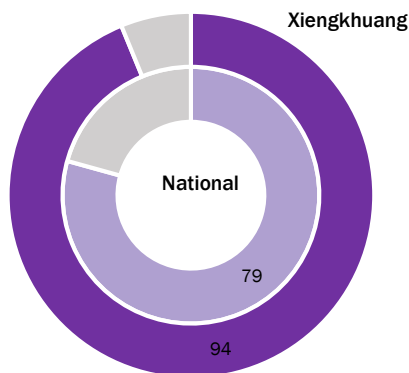
Percentage of women age 15-49 who read a newspaper, listen to the radio, or watch television at least once a week

##### Internet Use: SDG17.8.1



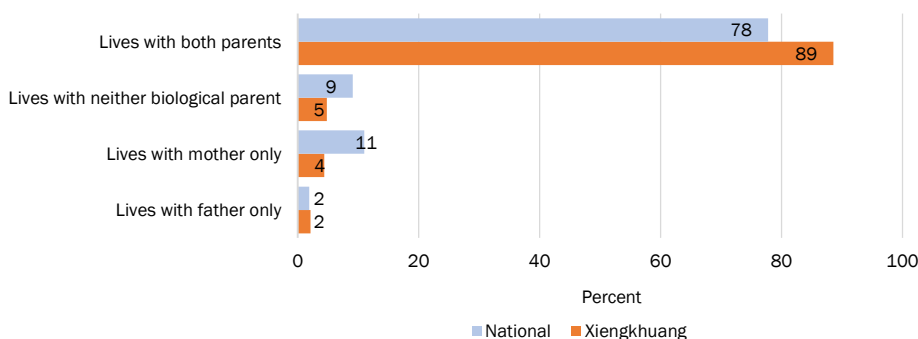
Percentage of women age 15-49 using the internet at least once in the past 3 months

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



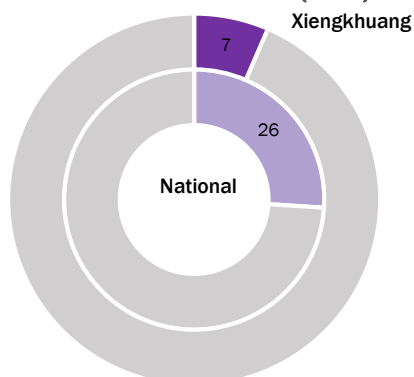
Percentage of women age 15-49 who own a mobile phone

#### Children's Living Arrangements\*



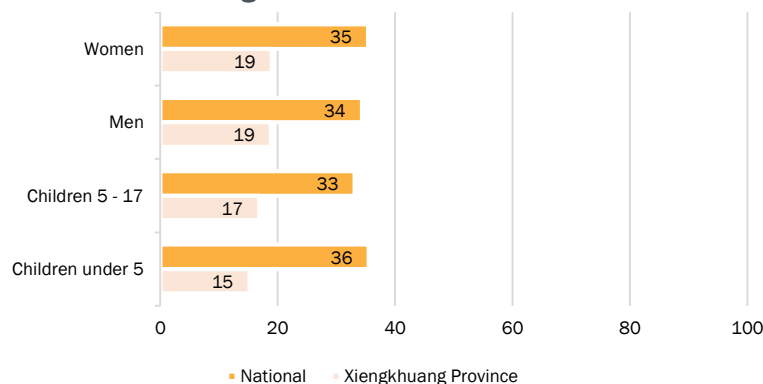
Percent distribution of children age 0-17 years according to living arrangements  
\*Children age 0-17 years

#### Insecticide Treated Nets (ITNs)



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

#### Health Insurance Coverage

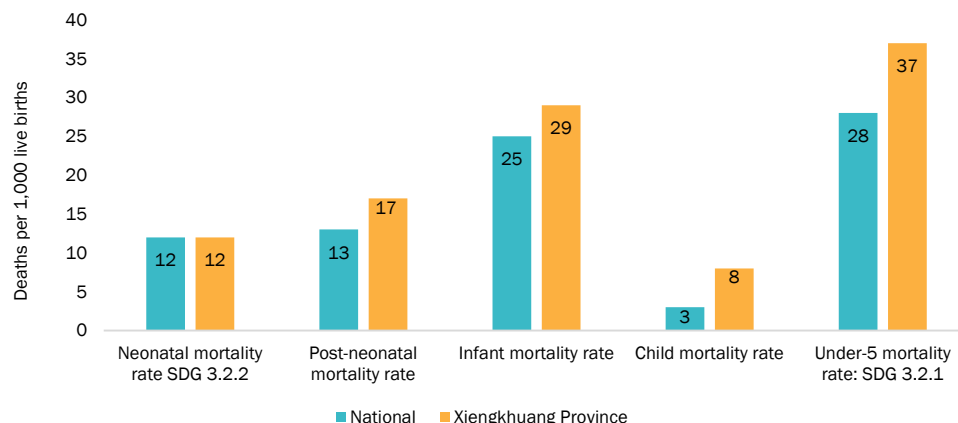


Percentage of men and women age 15-49 with health insurance

# 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

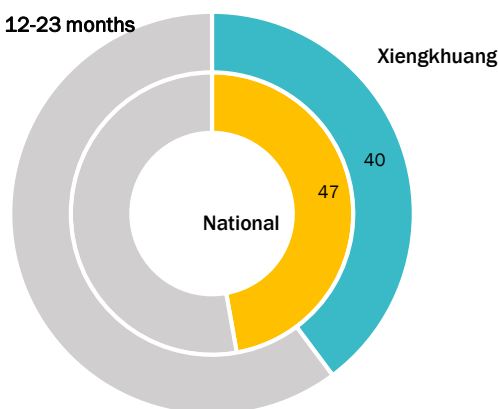
MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women age 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

## Immunization among Children Under-2

### Basic immunisation

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

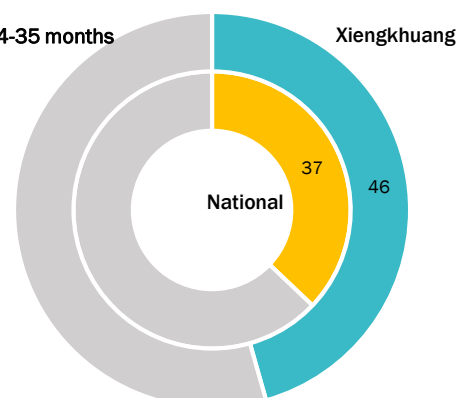
Children age 12-23 months



### Full immunisation

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

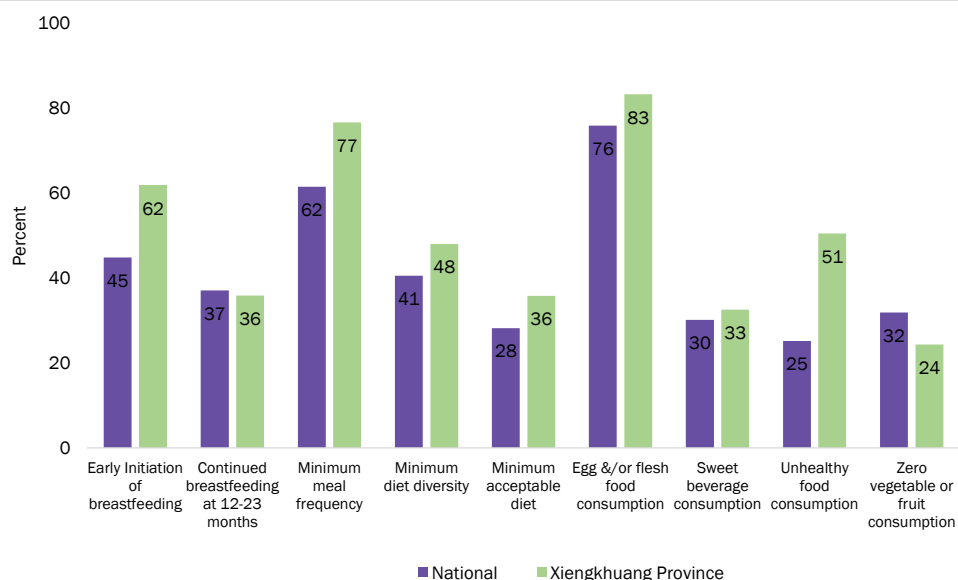
Children age 24-35 months



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

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:** percentage of children aged 12-23 months who consume the above food categories during the previous day

**Sweet beverage consumption:** percentage of children aged 12-23 months who consume the above food categories during the previous day

**Unhealthy food consumption:** percentage of children aged 12-23 months who consume the above food categories during the previous day

**Zero vegetable or fruit consumption:** percentage of children aged 12-23 months who consume the above food categories during the previous day

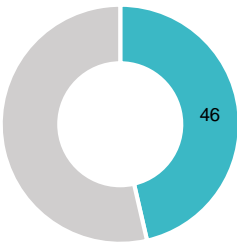
# Every Girl & Boy Survives & Thrives

## 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.

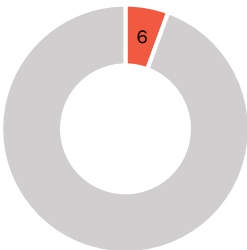


Percentage children under-5 who are stunted

### 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.

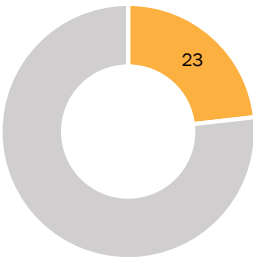


Percentage children under-5 who are wasted

### 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).

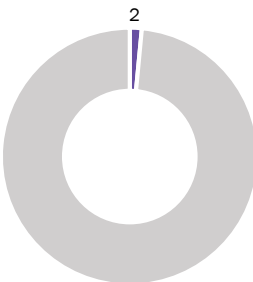


Percentage children under-5 who are underweight

### 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.

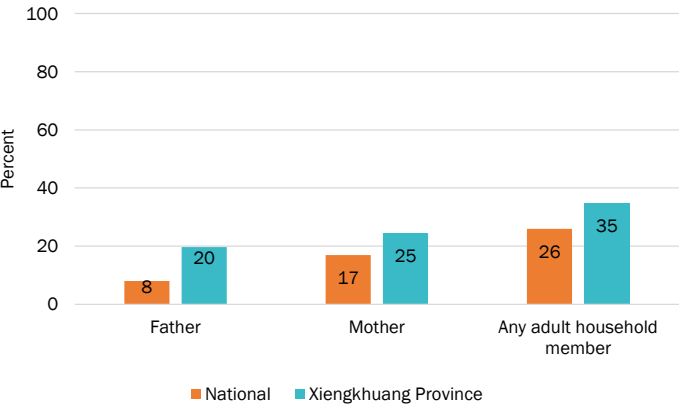


Percentage children under-5 who are overweight

## 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.

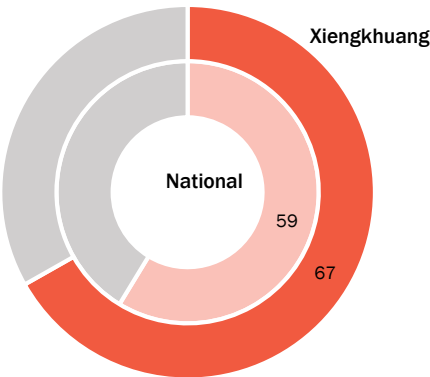
### Early Stimulation & Responsive Care



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.

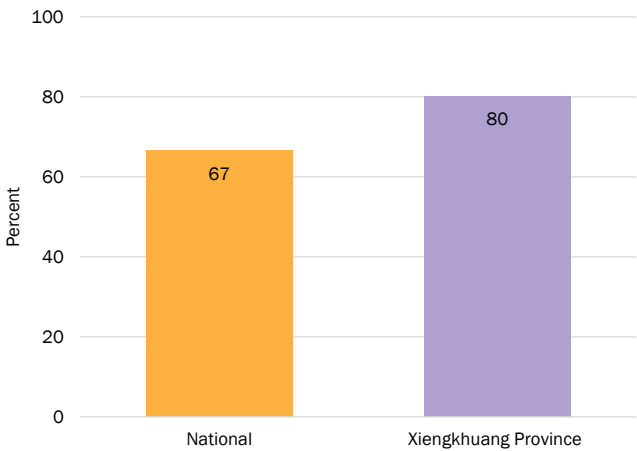
### Early Childhood Development Index, SDG 4.2.1



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

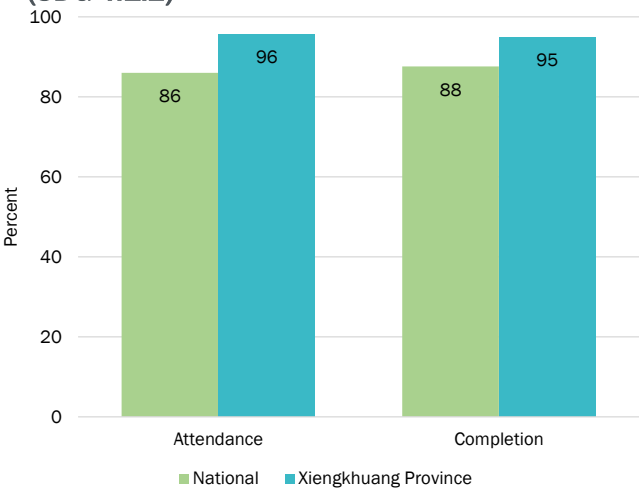
# Every Girl & Boy Learns

## Participation Rate in Organized Learning, SDG 4.2.2



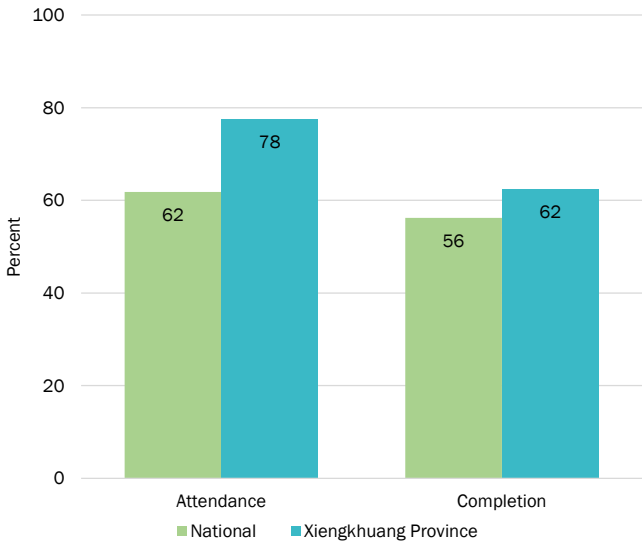
Percentage of children age one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate)

## Primary School Attendance and Completion (SDG 4.1.2)



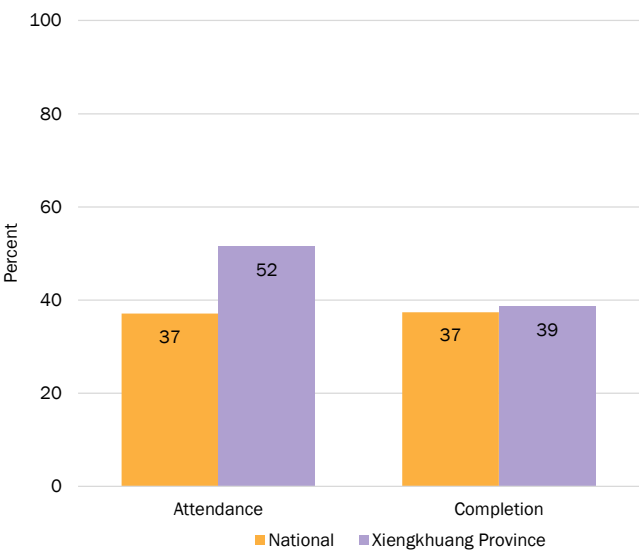
Percentage of children of primary school age attending primary, lower or upper secondary school (adjusted net attendance rate, and Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

## Lower Secondary School Net Attendance Rates (adjusted) & Completion

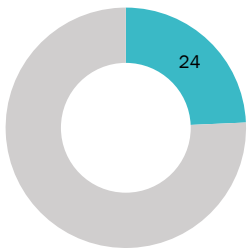


Percentage of children of intended age for level of education attending level of education for age or higher

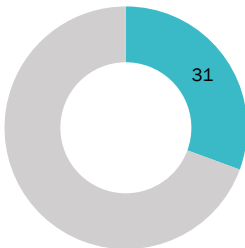
## Upper Secondary School Net Attendance Rates (adjusted) & Completion



## 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



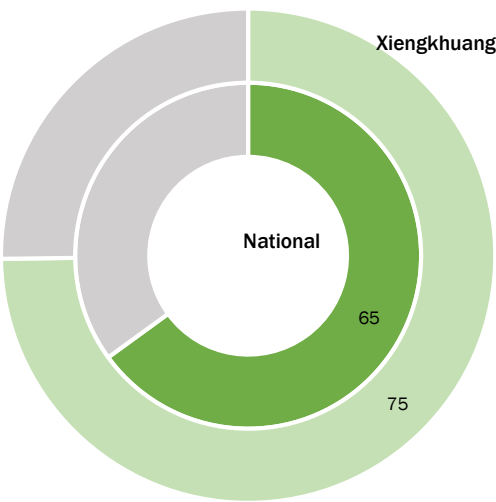
Percentage of children age 10-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task



# 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



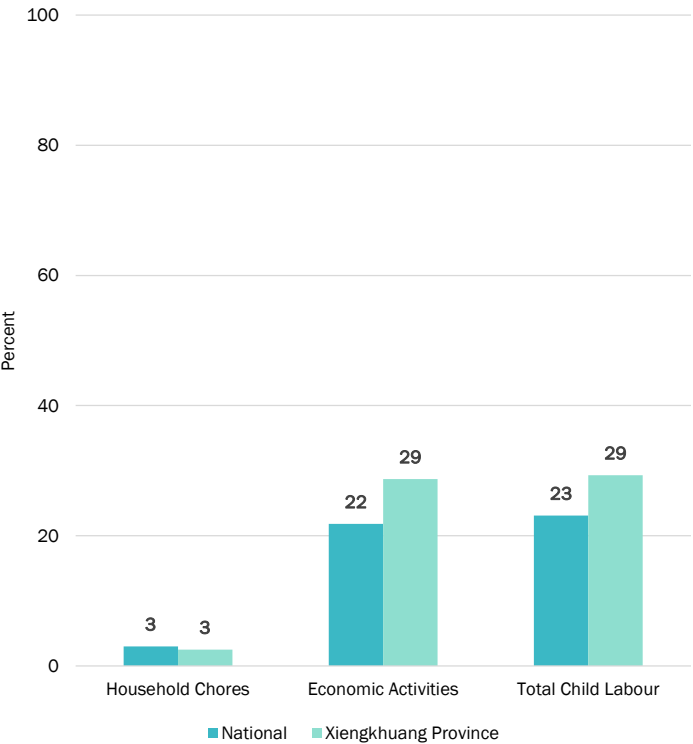
Percentage of children under age 5 whose births are registered

## Types of Child Discipline

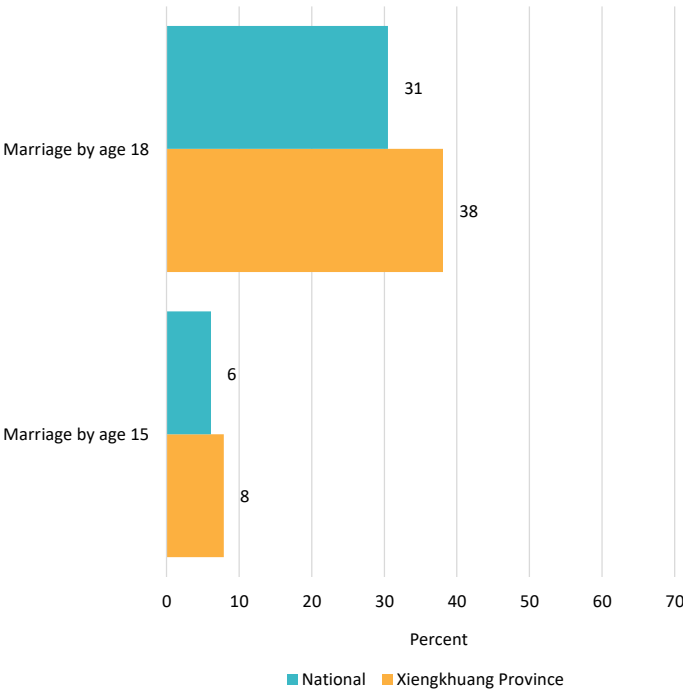


Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

## Child Labour, SDG 8.7.1



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

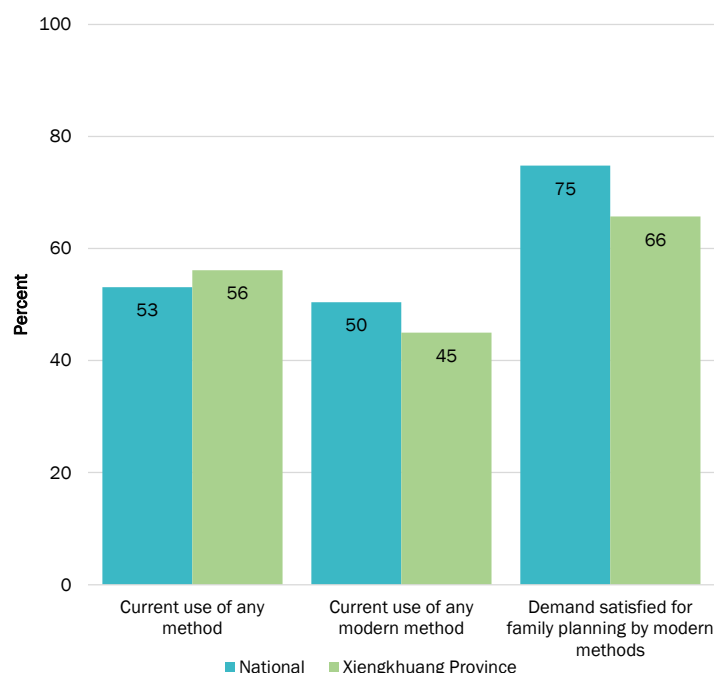


Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18

# Every Young Adolescent & Women Thrives

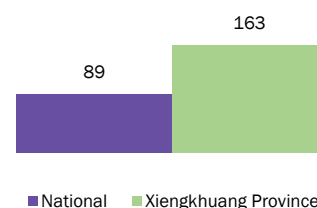
Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them 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



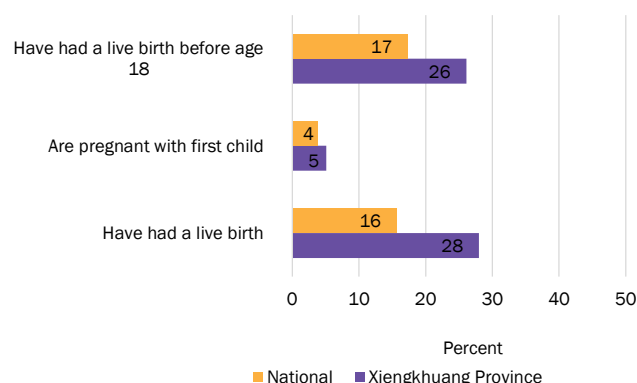
Contraceptive use and demand for family planning satisfied by modern methods among adolescent girls and women

## Adolescent Birth rate SDG 3.7.2



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

## Early Childbearing - by Age 18

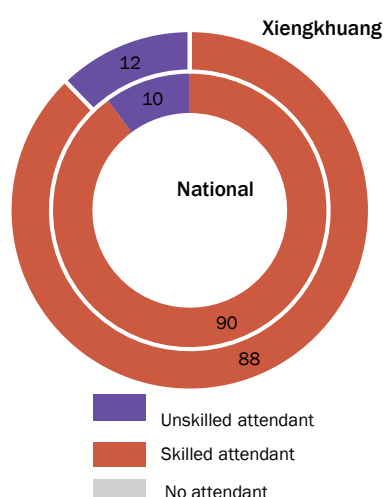


Percentage of women age 20-24 years who have had a live birth before age 18

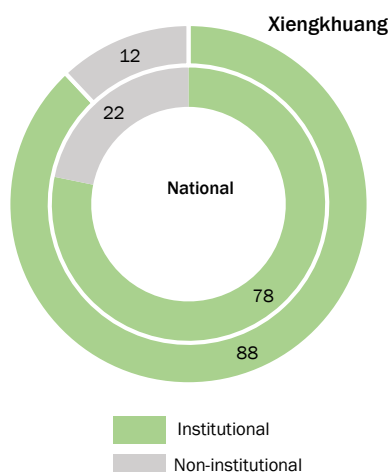
# Pregnant Women and Women Who Had a Live Birth

## Delivery Care

### Skilled Attendance at Birth

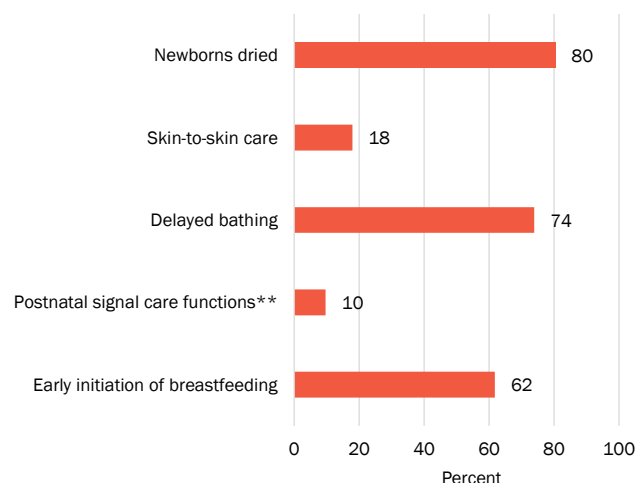


### Institutional Delivery



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



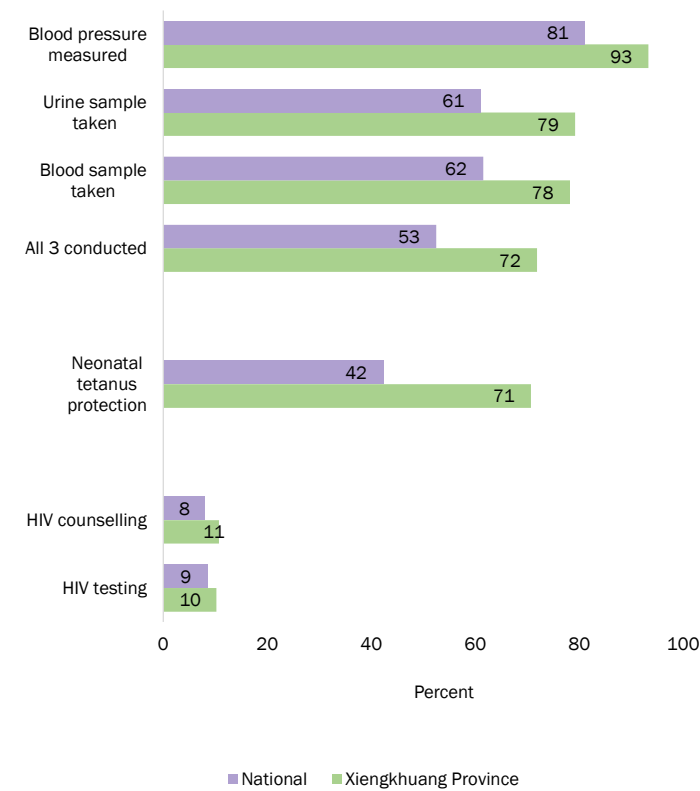
Among the last live-birth in the last 2 years, percentage who were dried after birth; who were given skin to skin contact; who were bathed after 24 hours of birth; where the newborn received at least 2 postnatal signal care functions within 2 days after birth\*\*;

\*\* 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



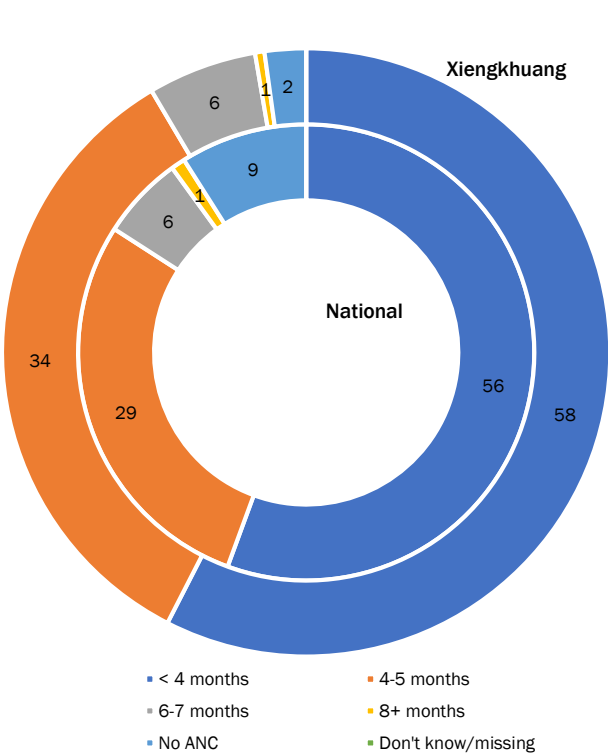
# Every Young Adolescent & Women Thrives

## Content & Coverage of Antenatal Care Services



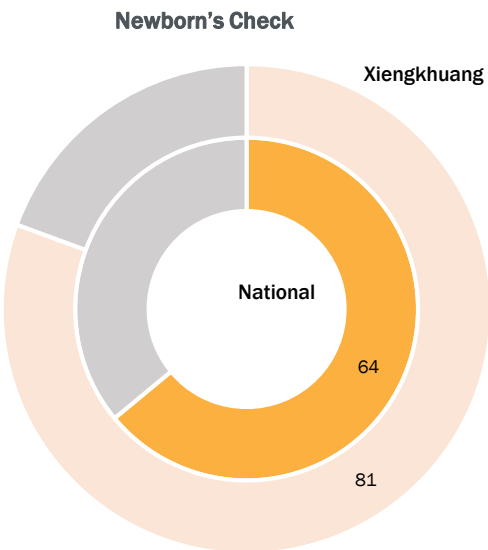
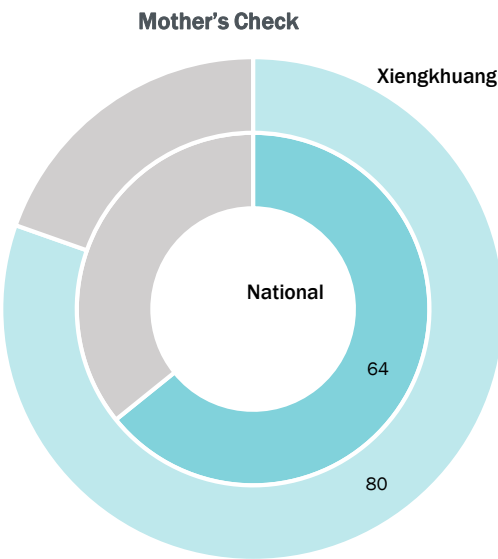
Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, were given at least two doses of tetanus toxoid vaccine within the appropriate interval, reported that during an ANC visit they received information or counselling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

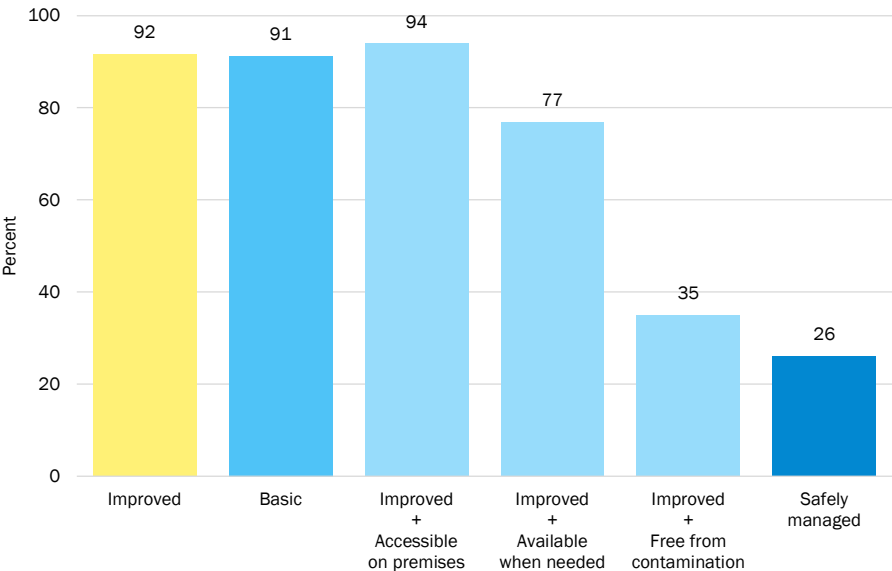
## Postnatal Care within 2 Days of Birth



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

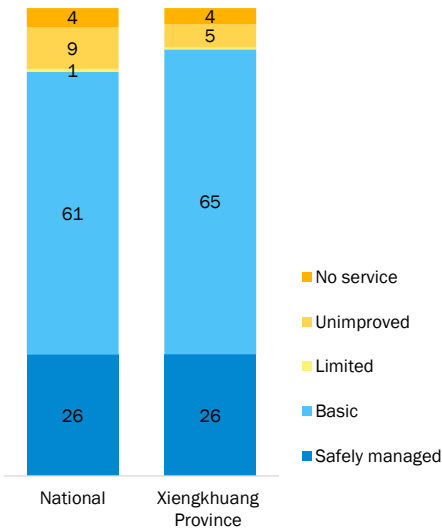
# Every Member Lives in a Safe and Clean Environment

## Safely Managed Drinking Water Services: SDG 6.1.1



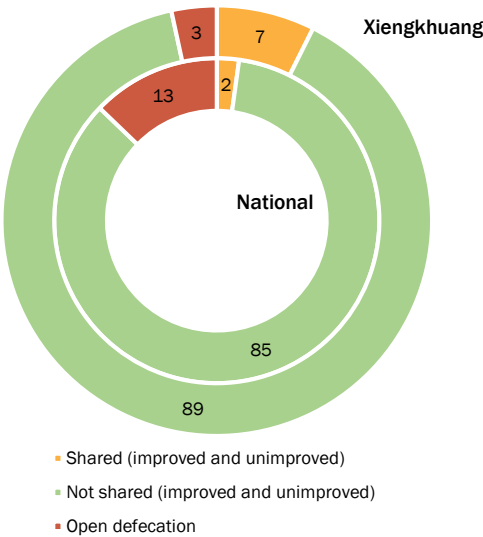
Percent of population using improved, basic and safely managed drinking water services

## Drinking water coverage: National, Regional and Province



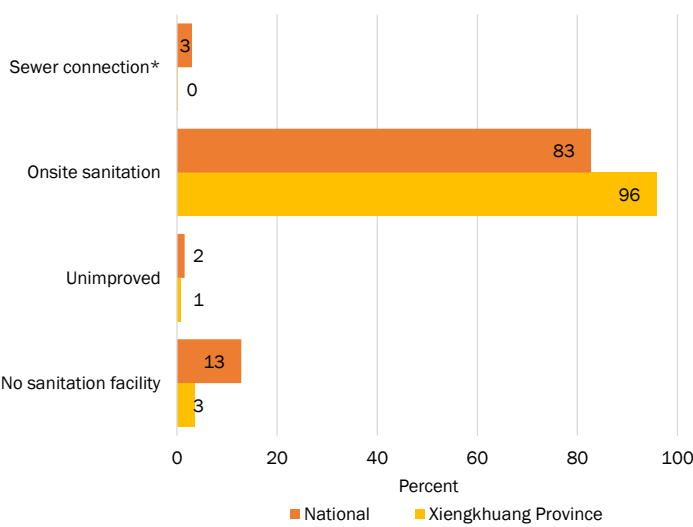
Percent of the population with drinking water coverage

## Shared Sanitation



Percent of population by shared sanitation facilities

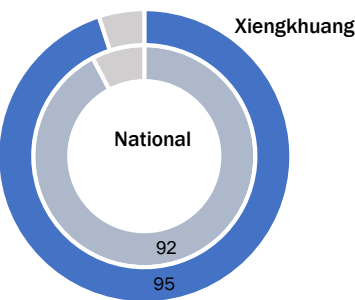
## Safely Managed Sanitation Services: SDG 6.2.1



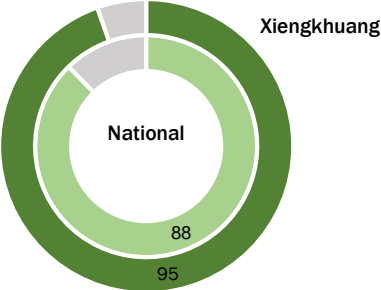
Percent of population by type of sanitation facility, grouped by type of disposal

\* 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”

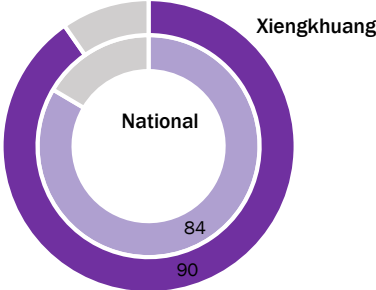
## Menstrual Hygiene Management



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 Xiengkhuang Province, the under-5 mortality rate, which measures the probability of dying between birth and the fifth birthday, is 37 per 1,000 live births, exceeding the national average of 28 per 1,000. The neonatal mortality rate, covering deaths within the first 28 days of life, is 12 per 1,000, aligning with the national figure of 12 per 1,000. Additionally, the child mortality rate, for deaths between ages one and five, is 8 per 1,000, significantly higher than the national average of 3 per 1,000.

**Immunization Among Children Under-2:** For basic immunizations in Xiengkhuang Province, 40% of children aged 12-23 months are vaccinated, which is lower than the national rate of 47%.

For full immunization coverage, 46% of children aged 24-35 months in Xiengkhuang Province receive all scheduled vaccines in their first two years, surpassing the national average of 37%.

**Infant and Young Child Feeding:** In Xiengkhuang Province, 62% of newborns are breastfed within the first hour after birth, significantly higher than the national average of 45%. Continued breastfeeding at 12-23 months is 36%, aligning closely with the national rate at 37%.

For children aged 6-23 months, Xiengkhuang Province surpasses the national rates for minimum meal frequency (77% vs 62% nationally), diet diversity (48% vs 41%), and minimum acceptable diet (36% vs 28%).

A higher proportion of children aged 6-23 months in Xiengkhuang Province consume eggs and/or flesh foods (83% vs 76% nationally). However, there is a significantly higher rate of unhealthy food consumption (51% vs 25% nationally).

**Malnutrition:** In Xiengkhuang Province, approximately 46% of children under-5 are stunted. Additionally, 23% of children are underweight, while about 6% are wasted. Conversely, only 2% of children are overweight.

### Supportive Environment in Early Childhood

In Xiengkhuang Province, about 35% of children aged 2-4 years receive early stimulation and responsive care from any adult household member, higher than the national average of 26%. Mother's involvement is at about 25%, and father's involvement is at 20%. On the Early Childhood Development Index in Xiengkhuang Province, about 67% 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 Xiengkhuang Province, the adolescent birth rate is 163 per 1,000 females aged 15-19, significantly higher than the national average of 89 per 1,000. Additionally, early childbearing is notably prevalent, with 26% of women aged 20-24 having had a live birth before age 18, compared to the national average of 17%.

**Contraceptive Use and Demand Satisfied:** In Xiengkhuang Province, approximately 56% of adolescent girls and women use any method of contraception, with about 45% using modern methods, lower than the national averages of around 53% and 50%, respectively. Additionally, about 66% of girls and women have their demands for family planning satisfied by modern methods in the province, compared to 75% nationally.

**Antenatal Care:** In Xiengkhuang Province, 72% of pregnant women received antenatal care services (including blood pressure checks and urine and blood sample tests), above the national average of 53%. 11% of women receive HIV testing and counseling, slightly higher than 9% nationally for both.

**Delivery care:** 88% of deliveries in Xiengkhuang Province are attended by skilled health personnel (vs. 90% nationally), while the institutional delivery rate stands at 88% (vs. 83% nationally).

**Postnatal care:** 80% of mothers in Xiengkhuang Province receive postnatal care visit (health check) within two days of delivery, above the national rate of 64%.

**Coverage of Newborn Care:** In Xiengkhuang Province, a very high percentage of newborns (80%) are dried immediately after birth, and many initiate breastfeeding within the first hour (62%), but only 18% receive skin-to-skin contact, and 10% 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 Xiengkhuang, 80% attendance rate among children one year younger than the official primary school entry age are attending an early childhood education program or primary school, significantly above the national average (67%).

**Attendance and Completion (SDG 4.1.2)** At primary school level in Xiengkhuang, the attendance rate of children of primary school age attending primary school stands at 96% (above national rate of 86%) while the completion rate of children aged 3 to 5 years about the intended age for grade of primary school who completed primary education is 95%, exceeding the 88% averaged nationally.

At the lower secondary education level in Xiengkhuang, the attendance rate of children of lower secondary education is 78% (above national: 62%) and the completion rate of children of intended age for this level of education is 62% (above national rate of 56%).

At the upper secondary level in Xiengkhuang, the attendance rate of children of intended age for this level is 52% (vs. 37% nationally), while the completion rate is 39%, closely mirroring the national average (37%).

**Foundational Reading and Numeracy Skills (SDG 4.1.1.a):** In Xiengkhuang, only 24% of children aged 10-14 have foundational reading skills and 31% demonstrate foundational numeracy skills.

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

**Birth Registration (SDG 16.9.1):** In Xiengkhuang, about 75% of children under age 5 have their births registered (above the national average: 65%).

**Child Discipline (SDG 16.2.1):** In Xiengkhuang, approximately 56% of children aged 1 to 14 experienced any form of violent discipline in the past month (below national: 62%), and about 20% of children experienced physical punishment (below national: 31%). Additionally, 54% of children experienced psychological aggression (below national: 57%). While approximately 10% of children aged 1 to 14 experienced only non-violent discipline in the past month (below national: 19%).

**Child Labour (SDG 8.7.1):** In Xiengkhuang, about 29% of children aged 5 to 17 years are engaged in child labor, which is higher than the national average (23%)

**Marriage before Age 15 & Age 18 among women (SDG 5.3.1):** In Xiengkhuang, about (8%) of women aged 20-24 were married or in a union before age 15 and (38%) married before age 18, both higher than 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):** In Xiengkhuang, 26% of the population have access to safely managed drinking water, matching the national average of 26%. Specifically, 92% use improved water sources, 94% have access to drinking water on premises, 77% have drinking water available when needed, and 35% have water free of E. coli contamination.

**Safely Managed Sanitation Services (SDG 6.2.1):** In Xiengkhuang, 96% of the population uses onsite facilities (above national: 83%), 3% lack sanitation facilities (below national: 13%), and 0% use sewer connections (below national: 3%). Additionally, in Xiengkhuang, (2%) of the population uses shared sanitation facilities, (96%) use non-shared sanitation, and (3%) practice open defecation, respectively mirroring national rates of 2%, 85%, and falling below 13%.

**Menstrual Hygiene Management** in Xiengkhuang: around 90% of women aged 15-49 (above national: 84%) have a private place to wash and change at home and have access to appropriate menstrual hygiene materials.

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