



## Highlights from LSIS-II by key sector

### 1. Every Child Survives and Thrives

#### Health

- **There has been an overall reduction of the early childhood mortality rate. Under five mortality rate (U5MR)** stands at 46 deaths per 1000 live births. 87 per cent of under 5 mortality happens in the first year of life. Despite the remarkable progress made in reducing child mortality, inequities in health services coverage persist, particularly in terms of antenatal care, postnatal care, skilled birth attendance and facility deliveries, with women and children from the poorest wealth quintile, low maternal education and rural areas without road having limited access to key health care services. For example, delivery at health facility is more than two-fold in urban areas compared to rural areas without road (87.9 per cent and 37.7 per cent respectively).
- **18 per cent of women aged 20-24 had a live birth before age 18.** Early childbearing (young women) is at least nine times more likely amongst the poorest wealth quintile compared to the richest wealth quintile. Early childbearing increases the risk of neonatal mortality, low birth weight and stunting.
- **48 per cent of children 12 to 23 months are reported to be fully immunised, compared to 40 per cent in LSIS-I.** Vaccination coverage for all the vaccines is still below the target of 90 per cent. BCG coverage stands at 81.5 per cent and Penta 1 at 71.8 per cent. Utilization of Penta 3 stands at 58.8 per cent; PCV 3 at 46.0 per cent; OPV 3 at 67.3 per cent; and measles at 59.7 per cent.

#### Reproductive Health

- **There has been a 27 per cent increase in deliveries assisted by a skilled birth attendant for all women aged 15-49** (from 37.5 per cent in 2011 to 64.4 per cent in 2017). The number of deliveries assisted by skilled attendants is almost three times higher in urban areas (89.7 per cent) compared to rural areas without road (34.1 per cent). For adolescents (women under the age of 20), this figure is 56.4 per cent compared to 67 per cent for 20-34 year olds.
- The current **unmet need for family planning** is higher for unmarried women (75.4 per cent) compared to those who are married (14.3 per cent). The use of modern method contraceptives for married women aged 15-49 increased from 42.1 per cent to 54.1 percent between 2011 and 2017. For unmarried women, the use of modern method contraceptives stands at 14.5 per cent. The unmet need for married adolescents aged 15-19 is 17.6 per cent (15 per cent for spacing births and 2.7 per cent for limiting births). For married adolescents, the use of modern method contraceptives is 22.6 per cent for the age group 15-17 and 32.7 per cent for 18-19 year olds, respectively. For unmarried adolescents, the figures are 14.8 per cent for 15-17 year olds and 13.3 for 18-19 year olds.

- The **average number of children per woman** in Lao PDR has fallen from 3.2 in 2011 to 2.7 in 2017.
- The **average adolescent birth rate** has decreased from 94 to 83 per 1,000 between 2011 and 2017 with clear disparities between urban (42) and rural (136) areas, level of education (176 for no education/ECE compared to only 3 for higher level education) and ethno-linguistic group of household heads (192 for Hmong-Mien compared to 54 for Lao-Tai).
- **It is the first time that a national survey has included and provided important data on abortion** among women of the reproductive age (15-49 years of age). The results show that, on average, 6.1 per cent of women have experienced at least one induced abortion in their lifetime, with a pronounced difference between provinces, ranging from 1 per cent in Saravane up to 15.1 per cent in Vientiane province. 1.48 per cent of these women are adolescents aged 15-19. Furthermore, the data reveals that only 50 per cent of women who have experienced complications from an induced abortion during the last 5 years have sought health care (87 per cent of 15-19 year olds have sought health care for abortion-related complications compared to only 25.4 per cent of 20-24 year olds). This information indicates a strong need to identify the barriers that stand in the way of women accessing health care related to abortions.

## Nutrition

- **The prevalence of children under 5 years of age with stunted growth (low height for age) has decreased** from 44 per cent in LSIS-I, to 35.6 per cent in 2015 (Lao Child Anthropometric Assessment Survey) and to **33 per cent in 2017**. Despite this positive downward trend, there remain significant disparities across the 18 provinces. Stunting prevalence is lowest in Vientiane Capital (13.6 per cent) and highest in Phongsaly Province (54 per cent). 8 out of 18 provinces have very high levels of stunting ( $\geq 40$  per cent), compared to 13 provinces in LSIS-I (out of 17 provinces at the time of the survey). Children in rural areas without road, whose mothers have no education and from the poorest quintile are two to three times more likely to suffer from stunting than children in urban settings, with high educated mothers and from the richest quintile.
- Between 2015 (Lao Child Anthropometric Assessment Survey) and 2017 there has been a slight decrease, but not significant, in the prevalence of children under 5 years of age who suffer from **wasting or acute malnutrition** (low weight for height) from 9.6 per cent to 9.0 per cent. According to the LSIS-II data, 6 out of 18 provinces show an increase in the percentage of children under 5 years of age who suffer from acute malnutrition (low weight for height).
- **Early Initiation of Breastfeeding** (EIBF) stands at 50.1 per cent while in 2011 (LSIS- I) it was 39 per cent. In terms of **exclusive breastfeeding** during the first six months, there has been an increase in the percentage over the last five years from 40.1 per cent in 2011 to 44.9 per cent in 2017.
- The percentage of children 6-23 months receiving the **minimum meal frequency** has increased from 43 per cent in 2011 to 69 per cent in 2017. Whilst this is a good improvement in child feeding practices, less than half of the population of children 6-23months received the minimum diet diversity or the variety of foods required for optimal growth and development.
- Four in ten women in Lao PDR are anaemic. One-third or 33.3 per cent of women have mild **anaemia**, 6 per cent have moderate anaemia and less than 1 per cent have severe anaemia. Women living in rural areas

without roads are more likely to be anaemic than women living in rural areas with roads (42 per cent versus 37 per cent). The prevalence of anaemia varies considerably by province; women in Khammuane province are more than 4 times more likely than women in Xayabury province to be anaemic (62 per cent versus 18 per cent). **26 per cent of children in Lao PDR have mild anaemia**, 18 per cent have moderate anaemia, and <1 per cent have severe anaemia. Children under 5 in Khammuane province are more than two times more likely to be anaemic than children in Huaphanh province (59 per cent versus 24 per cent).

## 2. Every Child Learns

- The percentage of children age 36-59 months who are attending **Early Childhood Education (ECE)** increased from 23 per cent (LSIS-I) to 32.1 per cent (LSIS-II). However, two-thirds (67.9 per cent) of the children in this age group still do not have access to early childhood education. **School readiness** of children has also improved. However, even though the percentage of children attending first grade of primary school who attended pre-school the previous year increased by more than double from 23.7 per cent (LSIS-I) to 55.1 per cent (LSIS-II), about half of the primary grade 1 students enters primary education without any early childhood education experience. The percentage of children age 2-4 years with whom **adult household members engaged in activities** that promote learning and school readiness during the last three days decreased from 57.4 per cent in LSIS-I to 29.8 per cent in LSIS-II.

There are **significant disparities** in children's early childhood education experiences. For example, the attendance rate of ECE is higher in urban areas (56.8 per cent) compared to rural areas (22.7 per cent); and it is the highest among richest families (69 per cent), with higher education of mothers (80.6 per cent) and Lao-Tai group (42 per cent). The lowest rates are among the poorest families (12.6 per cent); with lowest education of mothers (12.6 per cent) and non-Lao-Tai groups (Mon-Khmer 18.9 per cent; Hmong-Mien 19.8 per cent).

- There is a high primary attendance rate (net attendance ratio -adjusted- stands at 89.6 per cent), however, the **completion of the full cycle of compulsory education** (primary and lower-secondary) for all children remains a challenge. Some good progress has been made in terms of right-age entry to primary school. The percentage of children of primary school entry age entering grade 1 (net intake rate) increased from 63.9 per cent (LSIS-I) to 73.1 per cent (LSIS-II). Nevertheless, over a quarter of the grade 1 students (27 per cent) are either over-age or under-age. **10.4 per cent of the primary-age children remain out-of-school**. This, together with the high ratios of over age entry and attendance in primary level, has led to the low adjusted **net attendance ratio for lower secondary**, which stands merely at 60.5 per cent.
- There are **significant disparities in school net attendance** which are widened as the education level progresses. Those in rural areas are more disadvantaged. Adjusted Net Attendance Ratios (NAR) Urban vs Rural for different levels are as follows: Primary (95.3 per cent vs 87.7 per cent); Lower-Secondary (85.2 per cent vs 53.8 per cent) and Upper-Secondary (64 per cent vs 28.5 per cent). Children in poor families, non-Lao-Tai groups and with low education level of mothers also face more challenges.

## 3. Every Child is Protected from Violence and Exploitation

- Some progress has been made in terms of reducing violence against children over the last five years. The percentage of children age 1 to 14 years who experienced **physical punishment** by any violent discipline method has decreased from 77.1 per cent to 69 per cent. However, 7 in 10 children age 1 to 14 years are still

subject to at least one form of psychological aggression or physical punishment from an adult in their household. The use of **severe physical punishment** among mothers with no education is higher (6 per cent) than among mothers with high education level (3.1 per cent).

- Regarding **child marriage**, the situation has not changed substantially. The percentage of women aged 20 to 49 years married before the age of 15 dropped from 10.3 to 8.4 per cent; and that of women married before the age of 18 dropped from 37 to 32.7 per cent. Almost twice as many women are married before the age of 18 in rural areas (16.3 per cent) than in urban areas (7.1 per cent). The percentage of women aged 20 to 49 years with no education who were married before the age of 18 reached 46.4 per cent whereas only 1.5 per cent of women in the same age group with higher level of education were married before that age. A similar inverse relationship exists with wealth index quintiles. The highest percentage of women aged 20 to 49 years before 18 is among women in Hmong-Mien headed households (54.9 per cent). On average, 23.5 per cent of adolescents aged 15-19 are currently married/in union, with large disparities between levels of education (47.6 per cent for no education/ECE compared to 7.5 per cent for higher education) and area (30.5 per cent for rural without road and 14.2 per cent for urban).
- No progress has been made in terms of **birth registration** over the last five years. The overall birth registration rate of children under five stands currently at 73 per cent, (75 per cent in LSIS-I). Only one in ten mothers/caretakers knows how to register births with civil authorities. Mothers with high education level have the highest birth registration rate (97 per cent) and mothers with no education, the lowest (56 per cent). Lao-Tai headed households have higher rates (80 per cent), compared to Mon-Khmer (59 per cent). Nearly 9 in 10 children under five in urban areas (89 per cent) are registered either with civil authorities or family book, while this is the case for only 6 in 10 children in rural areas without road.

#### 4. Every Child Lives in a Clean and Safe Environment

- Good progress has been made in terms of **water supply coverage**. The percentage of people using improved water sources of drinking water reached to 83.9 per cent (78.3 per cent in rural compared to 96.7 per cent in urban settings. Among the poorest quintile, only 58.4 per cent had access). However, **quality of water** (tested for the first time in LSIS-II) **remains an issue**. 86.3 per cent of the samples tested at household level (80.5 per cent in urban and 88.9 per cent in rural) were found positive for E-Coli (proxy indicator for faecal contamination).
- The percentage of people using **improved sanitation** reached 73.8 per cent (64.9 percent in rural compared to 94.1 percent in urban settings). Despite the progress, 23.9 percent of the population defecate in the open (32.6 percent in rural versus 4.25 per cent in urban areas). The highest open defecation rate can be found in Saravane Province, 65 per cent, and the lowest in Vientiane Capital, 1 per cent.
- On average, 54.1 per cent of households have hand washing stations with water and soap (73.3 per cent in urban households and 45.6 percent in rural).