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**THE 2004 VIETNAM MIGRATION SURVEY:
MIGRATION AND HEALTH**

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FOREWORD

In 2004 the General Statistics Office (GSO) successfully conducted a Viet Nam-wide internal migration survey. The main purpose was to provide a statistical underpinning to the migration situation in Viet Nam which would be suitable for later analysis. Findings would serve as an empirical background to development of policies along with the appropriate legal frameworks. By doing so, the survey and its aftermath were intended to contribute to the construction of national and regional socio-economic development plans, especially in rural areas, whereby the rights of migrants would be respected and they would be assisted to integrate into society. In 2005, the GSO completed the analysis of the survey data and produced a publication titled *The 2004 Vietnam Migration Survey: Major Findings*.

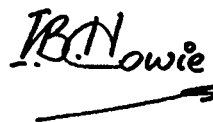
This new monograph now being released and titled *Migration and Health* is a further step in the on-going analyses of the relationships between migration and health. With technical support from the United Nations Population Fund (UNFPA), the work was conducted by policy analysts and researchers from the National Economic University, Ha Noi. It was then submitted to the GSO.

The impact of household registration status on access to health services, possible changes in health after migration and the effect of migration on health risk behaviors, knowledge and attitude towards HIV/AIDS and STIs are highlighted. Emphasized in the making of policy and the planning of development across the various sectors, is the importance of knowing as much as possible about the different migrant groups.

UNFPA and the GSO have great pleasure in placing this monograph before all researchers, policymakers, planners and other interested users. We recommend it to you and them.



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A handwritten signature in black ink, consisting of a stylized 'N' and 'T' followed by a long diagonal stroke.

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MAP OF ADMINISTRATIVE UNITS OF VIET NAM



Chapter 1

INTRODUCTION

1.1. Background

The Vietnam Migration Survey 2004 was undertaken by the General Statistics Office under the framework of the VIE/01/P12TK Project funded by the United Nations Population Fund. This is the first national survey on migration carried out in Vietnam. The objective of the survey is to remedy the current lack of understanding about migration decision making and the impact of migration on socio-economic development. Information obtained from this survey will be used as a basis for planning socio-economic policies as well as policies to help migrants integrate into destination communities.

The survey was conducted in areas that have high levels of in-migration. In addition, data collected from the survey had to meet the requirements of research on three migration streams: migration to focal economic zones in rural areas; migration to large urban areas; and migration to industrial zones. Therefore, the survey was conducted in the following regions:

- Hanoi
- Northeast Economic Zone: including Hai Duong, Hai Phong and Quang Ninh provinces.
- The Central Highlands: including Gia Lai, Dak Lak, Dak Nong and Lam Dong provinces.
- Ho Chi Minh City
- Southeast Industrial Zone: including Binh Duong and Dong Nai provinces.

Information about health was obtained from Parts five and six of the individual questionnaire and includes:

- Assessment on health status through questions about self-assessment of health status at present and before the last move; and comparison of health status with the health of someone of the same age and gender.
- Health care behaviors: medical check-up, medical treatment when sick, and place of medical examination and treatment.
- Health care resources: health insurance, medical examination and treatment cost.
- Health risk behaviors: cigarette and beer/alcohol use at present and before the move.

- Information about sexually transmitted infections and HIV/AIDS, and family planning.

In addition to the report of the main findings (General Statistics Office, UNFPA, 2005), there are special subject reports which examine the relationship between migration and socio-economic development. This report will examine the relationship between migration and health by using data from the survey. The report is expected to serve as a reference for researchers and policy makers.

1.2. Objectives of the research

The main objective of this report is to study the relationship between migration and health. For migrants, comparisons can be based on the type of migration, household registration status and length of residence in the destination place. Comparisons can also be made with non-migrants.

Specific objectives include:

- Describe the relationship between migration and health;
- Analyze the impact of living conditions and socio-demographic characteristics of migrants on health and accessibility to health care services;
- Examine the impact of migration on knowledge and attitudes to sexually transmitted infections and HIV/AIDS;
- Identify the relationship between migration status and health-related behaviors;
- Based on the research findings, propose policy recommendations to help improve the health of migrants.

1.3. Research questions

In order to analyze the relationship between migration and health, the following research questions are formulated:

- (1). How does the health of migrants compare with that of non-migrants? What are the reasons for the differences? What are the determinants of migrant health?
- (2). What do migrants know and understand about sexually transmitted infections, particularly HIV/AIDS? What is their level of knowledge compared to non-migrants? What are the reasons for any difference in understanding?
- (3). How do migrants access health care services? Compared to non-migrants, is their level of access better or worse? What are the reasons for differences?

1.4. Studies on migration and health

There have been several published studies that have examined the relationship between migration and health status (Salahudin, 2005, Arifin et al, 2005), mortality rate (Mazharul Islam et al, 2005), exposure to disease (Zhenzhen Zheng et al, 2005) and risks of contracting HIV and sexually transmitted infections (Xiushi Yang et al, 2005). Results of those studies have shown that, on one hand, health can be a motivation or an obstacle to migration through direct and indirect impacts on migration decisions (Findley, 1998; Van Landingham, 2003). On the other hand, the migration process also has an impact on individual and community health at various levels (Brockhoff, 1995; Soskolne and Shtarkshall, 2002). Because the impact of health on migration has little socio-economic meaning and the impact is visible only through considering reasons for migration or selectivity of migration, most studies focus on the impact of migration on health.

Although much of the work on migration impacts on health have focused on fertility, no consensus on the relationship between migration and fertility has been reached. Some studies have indicated that fertility rate of migrants are lower than non-migrants in the place of origin and higher than permanent residents in place of destination (Oberai, 1988; Mondain, 2005). However, other recent studies have shown that migrants and non-migrants have similar levels of fertility (Tungu, 2005).

In developing countries, children of women migrating from rural areas have a lower chance of survival than those born in urban areas. A study of Mazharul (2005) in Bangladesh has shown that the mortality rate of children under five years old migrating from rural areas is 1.6 times higher than that of children that are born and live in urban areas.

In recent discussions on migration and HIV/AIDS, the processes that places migrants in conditions that can lead to high risk behaviors and HIV infection has received special attention (Xiushi Yang et al, 2005; Archana K. Roy, 2005).

Many studies on migration have been undertaken in Vietnam (Tong Van Duong, 1995; Doan Mau Diep et al, 1996; Do Van Hoa, 1998; Vu Thi Hong et al, 2003; Nguyen Thi Thieng, Patrick Gubry et al, 2004; Dang Nguyen Anh, 2005). These studies, however, mainly focus on reasons for migration, basic characteristics of migrants, employment and income. There have been some studies on the relationship between migration and fertility and family planning (Ho Chi Minh City Institute of Economic, 1992; Center for Population and Labour Force Studies, 1993). In general, those studies have come to a preliminary conclusion that migrants are disadvantaged in accessing health care services (Gubry et al, 2004). The fact that migrants are not registered for permanent residence in the place of destination is one of reasons for that disadvantage (Vu Tuyet Loan, 2003).

In general, the living standard of Vietnamese is still low. People have to struggle to earn a living and therefore they do not have time to pay attention to the health of themselves and their family members. Moreover, the medical system in Vietnam is in transition from a central planned and subsidized system to a market – oriented and self – financed system. In this transition, health care for people in general, and for migrants in particular, has changed significantly. The changes are both good and bad, and there are many problems to be solved. For example, people can spend more on medical services but there are also many different services with different prices and quality for them to choose (Nguyen Duc Vinh, 1998).

The survey on “Migration and Health” conducted by the Institute of Social Studies (ISS) in 1997 in six different provinces and cities reveals that two thirds of the migrants said that their health were not worse than before they migrated. In the sampled cities the figure was 58 percent. Although there was no difference between by gender, the health status of migrants varied depending on the time and destination of the migration. Temporary migrants improved their health status most. In place of destination, the illness and disease status of the migrants and non-migrants were similar. However, when they were ill or sick, most treated themselves or did nothing. The number of ill people going to medical facilities accounted for nearly 50 percent of respondents. Among the migrants, the temporary migrants were the most likely to self-treat, and the proportion going to see a doctor or to a medical facility was the lowest. The reason was that they could not afford the medical fees. This was an obstacle for spontaneous migrants in accessing medical services. Buying medicine was very easy. Drug shops were found everywhere and there were many drugs available. Therefore it is very difficult to conclude that migrant labour from other provinces is a burden for urban medical service (ISS, 1998).

Research on rural–urban migration to Ho Chi Minh City undertaken of VanLandingham in 2004, indicated that migration had a large effect on the social welfare for migrants in many fields. New migrants coped with more difficulties than permanent residents on six issues of health. The six issues are physiology, psychology, sentiment, exercise function, knowledge and conception about general health. It can be said that to some extent, rural–urban migration may bring economic benefit to the migrants’ family in their hometown but at the same time, disadvantages for the migrants’ health (VanLandingham, 2005).

The survey on “Migration and Health” conducted in 1997 also obtained some interesting findings on reproductive health and family planning. It was assumed that more difficult access of migrants to family planning would mean a lower rate of contraceptive method use. However, the contraceptive prevalence rate was similar for migrants and non-migrants. Migrants’ knowledge about family planning was also similar to non-migrants, and the use of contraceptive methods increased significantly when they moved to a new place. This suggests shows that migrants are not likely to increase the fertility rate in the place of destination. However, the results also show that despite a relatively

high rate of contraceptive use, 15 percent of female migrants had experienced abortion, and of these women, one third were unmarried women (ISS, 1998).

If medical services, especially primary health care services, have low quality, children are the first group to be effected. At present, vaccination programs for children are conducted effectively and therefore children can be vaccinated with a low fee or free without showing their household registration and without any complicated procedure. Thanks to this policy, migrant children under 5 years old were vaccinated (94.6 percent temporary migrants and 96.7 percent permanent migrants). Other children of migrants are not vaccinated mainly as they were too young (Nguyen Duc Vinh, 1998).

Although, as indicated above, several studies on the relationship between health and migration have been undertaken in Vietnam, those studies have generally used small samples, which has made it difficult to analyze the relationships comprehensively. An understanding of the trends and the intensity of the relationship between health and migration in Vietnam is limited. Therefore, differences in health, including health status and health care behaviour between various migrant groups and non-migrants in Vietnam are not fully understood. This report is expected to fill this gap.

1.5. Conceptual framework on migration and health

There are a number of factors that are believed to affect the health of migrants. These include factors that have direct impacts on health of migrants, such as the natural environment at the place of origin and place of destination and the movement process. Other factors consist of lifestyle (habits of eating, drinking, smoking, and drinking alcohol), socio-economic situation (living and working conditions) and “life chances” (such as place of birth, education; employment opportunities; discriminatory treatment and gender inequity) (IOM, 2005).

Theoretical framework on analysis of Migration – Health:



Indirect factors	Direct factors	Health indicators
- Movement model - Characteristics of region /territory, urban – rural (place of destination) - Socio – economic development situation (place of destination) - Social characteristics: education; household registration status. - Income, employment	- Demographic characteristics: age, sex - Living conditions and place of residence - Work status and working conditions - Income - Lifestyle (regime and habits of eating, smoking, drinking beer/alcohol.) - Level of health infrastructure, policy on health care, health insurance	- Self-evaluated health status - Level of sickness, child survival - Knowledge on health care, reproductive health - Behaviour of medical examination and treatment when sick, vaccination for children, use of family planning service

Analysis of factors relating to the migration process that impact health will result in identification of whether migrants could be considered to be a disadvantaged group in society. Those factors will support or hinder the chance of success of migration for each individual and related community (Grondin, 2004). Apart from the environment at the place of origin, transit areas, and place of destination, factors that have impact on the health of migrants could be processes related to the move itself, which are closely associated with other conditions of that move. The legal status of migrants at the place of destination determines the accessibility to social and health services. The possibility to integrate into the culture and the lifestyle at the place of destination also is a factor that impacts the health of migrants. One important and indispensable factor is the development of policy and infrastructure of health systems at the place of destination (IOM, 2005).

1.6. Data source and methodology

1.6.1. Organization and data preparation

Definitions on migrant and household registration status used in this report as well as information on socio-demographic characteristics of migrants are presented in detail in the report of the main findings of the Vietnam Migration Survey 2004 (General Statistics Office, 2005)¹. This section focuses on preparation of data for the analysis of migration and health.

Data preparation for bivariate analysis

Data used in this report is obtained from the Vietnam Migration Survey 2004. Because the report focuses mainly on the relationship between migration and health, analysis is based primarily on individual information. Information about households is also utilized to determine the impact of living conditions on migrant health. The analysis is based on data drawn from Part 5 (Health) and Part 6 (sexually transmitted infections and HIV/AIDS) in the individual questionnaire of the survey. Characteristics of age, sex, region, household registration status and length of time resided in place of destination are the main independent variables used in the analysis. Bivariate relationships between those characteristics and health, health care, knowledge and attitude of migrants and non-migrants are analyzed.

Data preparation for multivariate analysis

Selection of dependent variables

¹ General Statistics Office, *UN Population Fund: Vietnam Migration Survey 2004: Main findings*. Statistical Publishing House, Hanoi, 2005. p 11-27.

Logistic and multinomial logistic regression models, and ordinary least squares regression models are estimated to analyze the independent effects of predictor variables on health outcomes. Selected dependent variables are as follows:

➤ *Health status of migrants*

This variable is based on information collected from the following question:

- “What do you think about your health status now - very well; well; normal; poor; or very poor”. Based on this question, “poor health status” is selected as the index category of dependent variable to analyze the health status of migrants. A person with poor health is defined as a person who reports that their health is poor or very poor. The variable is coded as ‘1’ if the person is in poor health and ‘0’ otherwise.

➤ *Health care status of migrants*

Assessment of health care status of migrants is based on information from the following question:

- “Have you gone for a medical check-up in the last three months?” Medical check-up is a good indicator to assess the health care status of migrants. Thus, the index category of the dependent variable in this analysis is “Not going for medical check-up”. The value of the dependent variable is 1 for a person who did not go for a medical check-up in the last three months and 0 for those that did.
- “What did you do for treatment when you were sick/injured?” Information collected from this question is an indicator to directly assess the health care status of migrants and non-migrants. The index category of the dependent variable used to analyze medical treatment and examination status is “no medical treatment and examination (including people who did nothing but were well later; and people who bought medicine by themselves without examination)”. The value is 1 for a person who did not come to a medical center or did not call a doctor for examination and treatment; and 0 for others.
- Place of medical examination and treatment. In order to analyze health care status, this analysis includes “medical examination and treatment place” of migrants. The places that migrants come to are grouped as follows: (1) Public hospital; (2) Commune/ward medical station; (3) Other public health station; (4) Private medical facility.

➤ *Knowledge about sexually transmitted infections and HIV/AIDS*

Information used to assess knowledge of migrants about sexually transmitted infections, including HIV/AIDS, is based on questions in Part 6 (sexually transmitted infections and HIV/AIDS) of the questionnaire. These questions are as follows:

(1). Name of diseases. Sexually transmitted diseases mentioned here are gonorrhea; syphilis; hepatitis B and HIV/AIDS.

(2). Knowledge about ways to be infected with the above mentioned diseases

(3). Knowledge about preventive measures of the above mentioned diseases

In order to evaluate knowledge of migrants and non-migrants about sexually transmitted infections and HIV/AIDS, an additive index was created as follows:

(1) Score on name of diseases: If a respondent knows the name of a disease, he/she scores one point. Hence one respondent could get a maximum score of four (if they knew all four diseases)

(2) Score on knowledge of means of disease infection:

- If a respondent provides a means of infection, he/she scores one point. Hence the maximum score is six when he/she is correct about all means of sexually transmitted infections.
- The respondent can obtain a maximum score of seven if he/she is correct about the means of infection of HIV/AIDS. Therefore, the total maximum score related to knowledge of sexually transmitted infections is 13.

(3) Score on knowledge of preventive and treatment measures.

- If the respondent gives the correct answer to all questions about treatment measures of sexually transmitted infections, he/she scores three points.
- If the respondent gives the correct answer to all questions about preventive measures of HIV/AIDS, he/she scores ten points.
- The score on risk in transmitting HIV has been assessed through the question: “Could a well-looking person be a HIV/AIDS infected person?” If the respondent gives the correct answer, he/she scores one point. The cumulative score on this knowledge index is 14.

The total knowledge score is calculated by accumulating all of the above scores. If the respondent is correct in answering all questions, he/she scores 31 points.

Based on the distribution of scores the sample has been divided into three groups. Group 1 with score from 0 to 15, - this is the poor knowledge group. Group 2 with a score from 16 to 21, - this is the fair knowledge group. Group 3 with score from 22 to 31, - this is the good knowledge group.

For the multivariate analysis of knowledge of STIs and HIV/AIDS, ordinary least squares regression was employed, with the additive index being treated as being measured at an interval level of measurement.

Selection of independent variables

The independent variables used in analysis include:

- Background characteristics include:
 - Age group: 15-29; 30-44 and 45-59
 - Sex: Male and Female
 - Ethnicity: Kinh and others
 - Marital Status: Unmarried; Living with married partner, Widowed; Divorced/Separated.
 - Education: Illiterate, Incomplete primary; Primary; Secondary; High school; College/University and over
- Household registration status:
This relates to household registration status of migrants at the place of destination and is divided into the categories of KT1; KT2; KT3; KT4 and no household registration.
- Work status: Employed with labour contract; Employed without labour contract; Unemployed.
- Type of employment: state, collective, household, private owned, or foreign capital
- Religion: No religion, Buddhist, Catholic, Other.
- Exposure to mass media: listen to radio, watch television, read newspaper, go to cinema, go to theatre, attend festival and travel.
- Health risk behaviour status include:
 - Cigarette use: Heavy cigarette use; normal, low; no smoking.
 - Beer or wine drinking: No drinking; One or more than one time per day; Some times per week; Once per week; One time per month; Only drink in party.
 - Feeling drunk after drinking in the last month: At least once; 2-3 times; 4 times and over; not drunk.
- Living standards include:
 - a. Living conditions:*
 - Housing: Concrete house, Semi-concrete house, Wooden house, Very simple house

- Water source: Private tap water; Public tap water; Well water; Pond/lake water; Others
- Cooking fuel: Electricity; Gas; Petroleum; Coal; Wood; Straw.
- Sanitation: own flush toilet; shared flush toilet; Two-compartment latrine; Rudimentary latrine; No latrine
- Assets in house: Less than 2 kinds of assets; From 3 to 4 kinds of assets; More than 5 kinds of asset. Assets include electricity, radio, television, sewing machine, refrigerator, motorbike, car, telephone, plough machine, three-wheeled taxi, etc.

b. Household consumption: Household consumption is determined through the monthly expenditure that the household reports. This is categorized as follows:

- Group 1: Less than 150,000 VND/person.
- Group 2: From 150,000 to 233,333 VND/person.
- Group 3: From 233,334 to 291,666 VND/person
- Group 4: From 291,667 to 373,333 VND/person
- Group 5: From 373,334 VND/person and over

c. Region

Hanoi, Ho Chi Minh City, Northeast Economic Zone; The Central Highlands; and Southeast Industrial Zone.

1.6.2. Limitations of information obtained from the survey

There are several limitations in the health and migration data collected in the survey. The question C501 asked the respondent to assess his/her health status at present and question C502 asked the respondent to assess his/her health status during last three months before migration. The data therefore provides only a subjective perception of each individual about his/her health. No objective assessment of health status is available. The two questions that asked the respondents to compare his/her health with the health of someone of the same age and gender and with his/her health three months ago (C503 and C504) also represent subjective perceptions although this perception is based on specified criteria.

Question C509 asks about sickness that forces people to leave work represents “heavy” sickness and diseases. However, there is a difference between people in their use of “sick leave”. Despite the same level of sickness, one person may leave work but the other may not. This depends on individual characteristics of each person such as age, gender, occupation, income, etc. While the concept of migration used in this study stipulates that a migrant is a person who moves to a new place of living for at least one month within five years of the survey taking place, questions about the last sickness of migrants have a relatively large range of responses (from 3 months to about 1 year).

Therefore, the last sickness of migrants may have occurred after or before his/her movement.

A question about self-assessment of smoking level (C517) is limited due to the subjective nature of the assessment. The survey failed to provide criteria to allow people to assess their cigarette smoking. In fact, people have their own assessment about different levels of cigarette smoking: heavy, average, or light. Therefore, “heavy” cigarette use of one person may be “light” cigarette use of another person.

For the question on the frequency of beer/alcohol consumption (C522), some people may “misunderstand” different levels. For example, some people only drink at parties, but frequency is once per month, so they can choose one of two choices - “once per month” or “only drink in party”.

Information on who pays medical examination and treatment costs (C512) is not adequate. When migrants get sick, if they invite a doctor to come to their house for a medical examination and treatment (choice 3, question 510), there are two possibilities. Firstly, the migrant has a high income and when he/she gets sick, he/she does not want to go to hospital due to many reasons such as it is time consuming, poor sanitation, etc. so they invite a doctor to come to them. In this case, the cost of medical examination and treatment is much higher than in the case of a migrant going to a hospital. Secondly, the migrant invites a local person with some medical knowledge without paying any money. If a migrant invites this person and pays money, it is necessary to collect further information. However, the survey considers the invitation of a doctor to be the same as self-treatment without paying any medical examination and treatment cost.

Information about the place of receiving contraceptive methods in Question C629 does not determine whether this is at the place of origin or place of destination for migrants that have moved recently, because it is not known whether the last time the migrant used contraceptive methods was before or after movement.

1.6.3. Analysis methods

The in-depth analysis of migration and health utilizes different methods and can be classified into bivariate and multivariate analysis. Bivariate analysis primarily employs cross tabulation of categorical variables to establish relationships. Graphs are also used where appropriate. The multivariate analysis uses logistic regression (binary and multinomial) and ordinary least squares regression to establish the independent effect of independent variables on the health outcome variables.

Chapter 2

HEALTH AND MIGRATION

This chapter analyzes the health conditions and health risk behaviors of smoking and drinking for respondents of the survey.

2.1. Health status

Health status is identified by self-assessment of the respondent. The current assessment of health status can be compared with:

- Health of the last 3 months before migrating to the current place of residence
- Health immediately before migrating

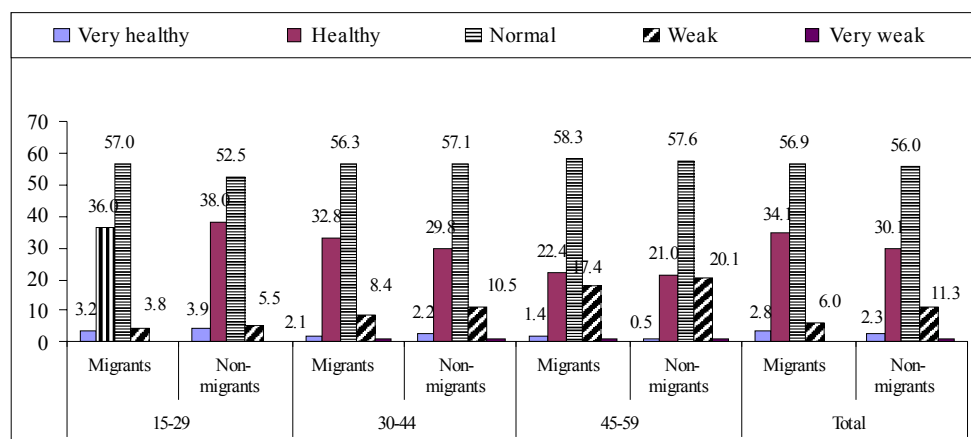
The illness of migrants is analyzed based on the information about the most recent time they have been absent from work. Where possible, the health of migrants is compared to the health of non-migrants.

2.1.1. Health status at the time of the survey

The results of the survey suggest a high level of health of the respondents, with 93.8 percent reporting that their health was “above average”, of which 36.9 percent thought that they were “healthy” or “very healthy”. (Figure 2.1).

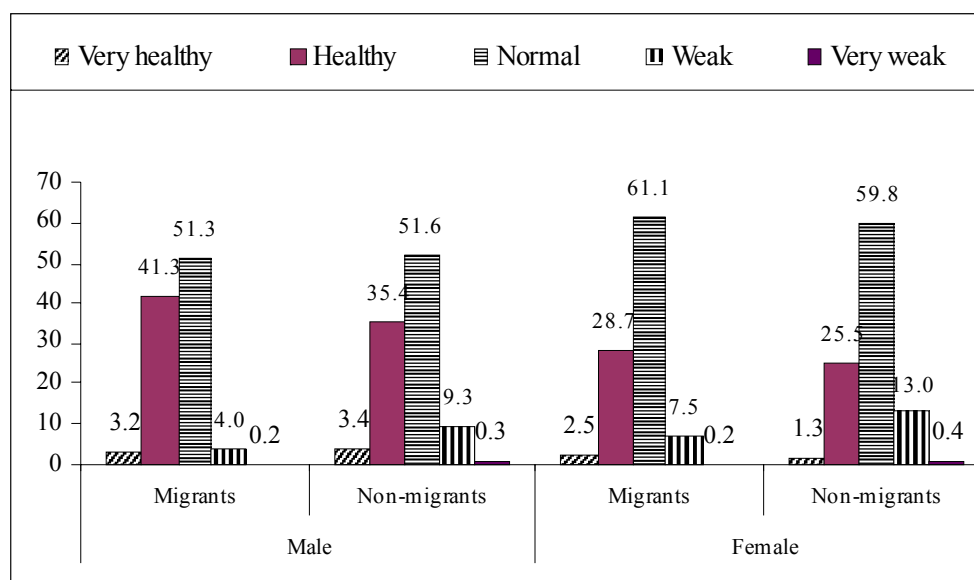
Migrants appear to be healthier than non-migrants, with only 88.4 percent of the non-migrants reporting that their health was “above average”, and 11.6 percent of the non-migrants stating that they were “weak” or “very weak”, whereas only 6.2 percent of the migrants reported that their health was “weak” or “very weak”.

Figure 2.1: Percentage distribution of self-assessed health at the time of the survey, by age and migration status



The older the respondent the more likely they were to report that they were in poor health. This is found for both migrants and non-migrants. There are few differences in reported health status between migrants and non-migrants for ages 15-29 and 30-44. Differences are greater for the age group 45-49, with 20.1 percent of the non-migrants reporting that they are “weak” compared to only 17.4 percent of the migrants (Figure 2.1). Is health a reason for migration, especially for the old? Health may be one of the factors that migrants consider before making a decision to migrate. It is also clear that the better health of migrants, compared to non-migrants, is explained in part by the concentration of migrants at younger ages.

Figure 2.2: Percentage distribution of self-assessed health at the time of the survey, by sex and migration status



In general, men assess their health as better than that of women and this is true for migrants and non-migrants: the rates are 41.3 percent and 35.4 percent for male migrants and non-migrants who report that they are “healthy” respectively. But these rates are only 28.7 percent and 25.5 percent for female migrants and non-migrants respectively.

Health differs by region of residence. For migrants, the percent of respondents who report that they are “healthy” or “very healthy” is highest in Hanoi (50.1 percent), Ho Chi Minh City (44.8 percent), in Northeast Economic Zone (38,8 percent), Southeast Industrial Zone (30 percent) and is lowest in the Central Highlands with 20.8 percent (Table 2.1). For the non-migrants, there is no change in the order except a reversal in order between Hanoi and Ho Chi Minh City. In all areas, migrants think that their health condition is better than that of non-migrants, although the differences are smallest in the Central Highlands.

Table 2.1: Percentage distribution of self-assessed health at the time of the survey, by region of residence and migration status

<i>Health condition</i>	<i>Hanoi</i>		<i>Northeast Economic Zone</i>		<i>Central Highlands</i>		<i>Ho Chi Minh City</i>		<i>Southeast Industrial Zone</i>	
	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>
Very healthy	3.4	1.4	1.1	1.2	0.2	0.2	8.4	8.0	0.8	0.6
Healthy	46.7	38.0	37.7	31.8	20.6	17	36.4	36.6	29.2	26.9
Normal	47.1	52.2	59.3	57.4	63.4	61.2	49.5	46.9	65.2	62.3
Weak	2.6	8.3	1.9	9.1	15.2	20.8	5.7	8.4	4.7	10.1
Very weak	0.1	0.1	0.0	0.4	0.6	0.8	0.1	0.2	0.1	0.1
Don't know	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Number</i>	<i>999</i>	<i>1003</i>	<i>998</i>	<i>1002</i>	<i>1000</i>	<i>1000</i>	<i>1001</i>	<i>1004</i>	<i>1000</i>	<i>1000</i>

2.1.2. Health status of migrants before and after migrating

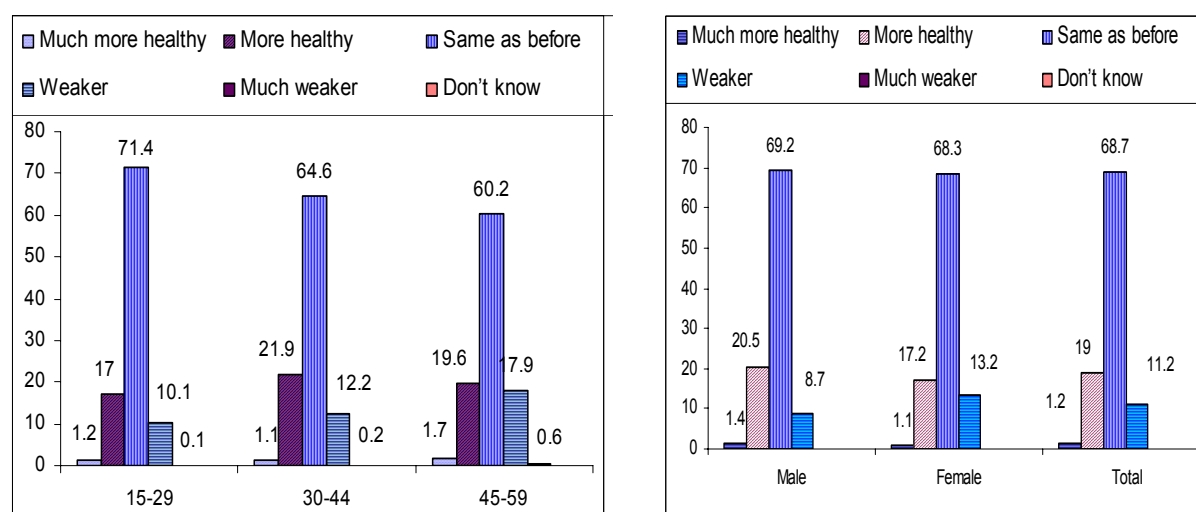
Migrants were also asked directly about whether their health status had changed from before migration in comparison to their current health situation. The question asked was:

“Compared with your health situation before, how do you assess your current health situation: much healthier, healthier, same as before, weaker, or much weaker?”

About one third answered that there was a change in their health (negatively and positively). And 19.8 percent reported that they are “more healthy” or “much more healthy” than before migrating, while only 11.4 percent of the migrants stated that they

are “weaker” or “much weaker” (Figure 2.3). Therefore it can be concluded that migration seems to result in better health. However, it must also be noted that a proportion of those who suffered worse health after migration may have returned to places of origin.

Figure 2.3: Percentage distribution of current health of migrants in comparison with the situation before migrating, by age and sex



For the younger group (the groups 15-29 and 30-44), the proportion of respondents reporting that they are “more healthy” is much higher than that of respondents who report that they are “weaker”, whereas there is no difference for the age group 45-49.

A comparison of the self-reported health status in the three months before migration with the present health status by age and sex (Table 2.2) indicates very little reported change in health status.

Table 2.2: Percentage distribution of self-assessed health of migrants in the three months before migration and current health status, by age and sex

Health condition	Age						Sex				Total	
	15-29		30-44		45-59		Male		Female		Total	
	Before	Present	Before	Present	Before	Present	Before	Present	Before	Present	Before	Present
Very healthy	2.5	3.2	1.7	2.1	1.4	1.4	2.4	3.2	2.1	2.5	2.2	2.8
Healthy	36.6	36.0	31.3	32.8	25.2	22.4	39.4	41.3	30.3	28.7	34.2	34.1
Normal	57.8	57.0	61.7	56.3	62.5	58.3	55.1	51.3	62.4	61.1	59.3	56.9
Weak	3.1	3.8	5.1	8.4	10.6	17.4	3.0	4.0	5.1	7.5	4.2	6.0
Very weak	0.0	0.0	0.3	0.4	0.3	0.5	0.1	0.2	0.1	0.2	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	3201		1440		357		2151		2847		4998	

In Table 2.3 the comparison in health status is shown by region of current residence. The major difference is seen for migrants to the Central Highlands, where there is a considerable increase in the proportion of respondents reporting their health as weak after migration compared to before migration.

Table 2.3: Percentage distribution of self-assessed health status of migrants in the three months before migration and current health status, by region of residence

<i>Health condition</i>	<i>Hanoi</i>		<i>Northeast Economic Zone</i>		<i>Central Highlands</i>		<i>Ho Chi Minh City</i>		<i>Southeast Industrial Zone</i>	
	<i>Before</i>	<i>Present</i>	<i>Before</i>	<i>Present</i>	<i>Before</i>	<i>Present</i>	<i>Before</i>	<i>Present</i>	<i>Before</i>	<i>Present</i>
Very healthy	2.0	3.4	0.8	1.1	0.3	0.2	7.4	8.4	0.5	0.8
Healthy	47.4	46.7	35.3	37.7	23.1	20.6	36.8	36.4	28.5	29.2
Normal	48.0	47.1	62.3	59.3	67.9	63.4	51.0	49.5	67.0	65.2
Weak	2.4	2.6	1.6	1.9	8.2	15.2	4.8	5.7	4.0	4.7
Very weak	0.1	0.1	0.0	0.0	0.5	0.6	0.0	0.1	0.0	0.1
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Number</i>	999		998		1000		1001		1000	

The improvements in health after migration are especially pronounced in Hanoi, with 25.6 percent of migrants reporting that they are “more healthy” or “much more healthy” and only 2.9 percent of migrants stating that they are “weaker” after migrating to Hanoi (Table 2.4). The reasons can be the living standard in Hanoi, which seems to be higher than the departure places, and the characteristics of migrants in Hanoi. The level of education of migrants in Hanoi is generally higher than that of migrants to other provinces, therefore, their integration into the new life in Hanoi is easier, which in turn positively influences their health. Generally, after migrating, migrants not only increase their income but also improve their health.

Only in the Central Highlands, does the health condition of migrants generally not change. This may be related to poor living conditions in the Central Highlands.

Table 2.4: Percentage distribution of self-assessed difference in health of migrants before migration compared to present, by region of residence

<i>Health condition, self-assessment</i>	<i>Hanoi</i>	<i>Northeast Economic Zone</i>	<i>Central Highlands</i>	<i>Ho Chi Minh City</i>	<i>Southeast Industrial Zone</i>	<i>Total</i>
Much more healthy	2.9	0.3	0.4	2.3	0.2	1.2
More healthy	22.7	15.0	20.7	19.5	15.1	18.6
Same as before	71.5	80.4	57.2	59.4	74.9	68.7
Weaker	2.9	4.2	20.9	18.8	9.4	11.2
Much weaker	0.0	0.0	0.7	0.0	0.1	0.2
Don't know	0.0	0.1	0.1	0.0	0.3	0.1
Total	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Number</i>	999	998	1000	1001	1000	4998

2.1.3. Illness

The self-assessment of the migrants about their health may not be comparable as the understanding about what it means to be “healthy” or “weak” may differ among respondents. The illness or disease condition of migrants might be expected to be more comparable. Tables 2.5, Figure 2.4 and Table 2.6 present results of analysis of the question “*When was the last time you were sick/ill and had to be absent from work?*”

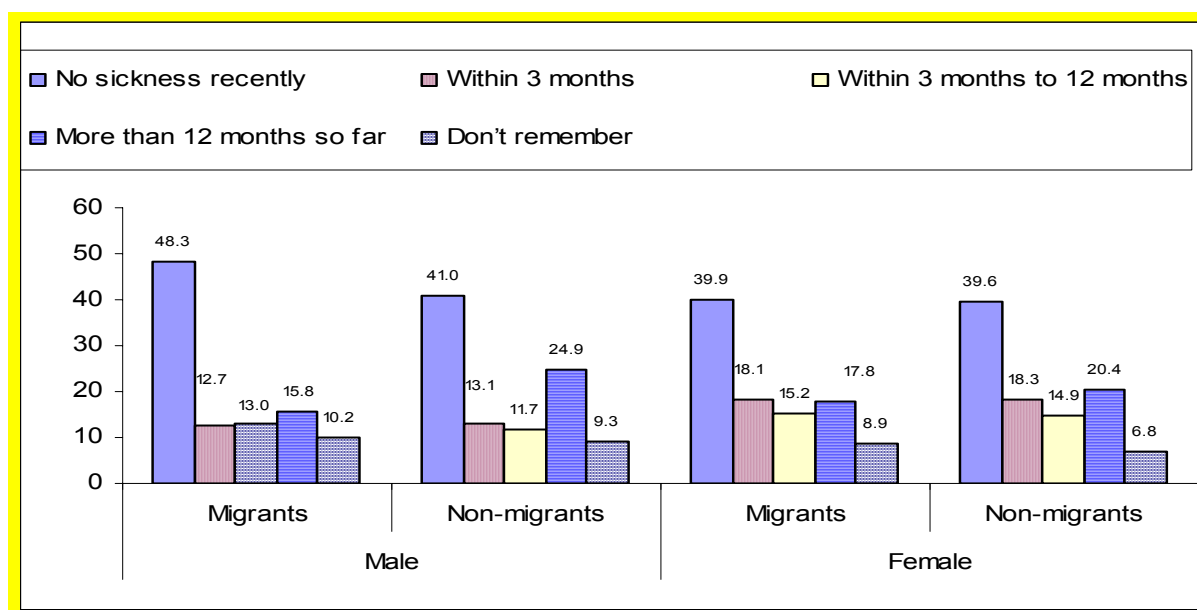
In general, the prevalence of answers “being sick enough to stay at home” is not high, with 43.3 percent of migrants and 40.2 percent of non-migrants reporting that they had never been sick enough to stay at home. The percent who have been sick enough to stay at home “within the last 3 months” or “within the last 3 – 12 months” are the same for both migrants and non-migrants (Table 2.5). However, the percent of those who have been sick enough to stay at home “more than 12 months” of migrants and non-migrants are different, with 17 percent and 22.5 percent respectively. Migrants seem to be somewhat healthier than non-migrants on this indicator of health. However, one explanation for the difference may be that migrants have to adapt to their new environment; therefore, even they were sick, they would not stay at home.

Table 2.5: Percentage distribution of the timing of the most recent sickness/illness up to the survey time, by age and migration status

<i>The most recent sickness/illness up to the survey time</i>	<i>15-29 years old</i>		<i>30-44 years old</i>		<i>45-59 years old</i>		<i>Total</i>	
	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>
No sickness recently	46.3	45.8	40.0	40.8	33.3	32.4	43.5	40.2
Less than 3 months ago	14.7	13.7	18.0	15.3	16.8	19.5	15.8	15.9
3 months to a year ago	14.0	13.4	14.9	12.9	14.3	14.5	14.3	13.4
More than 1 year	15.8	19.1	17.5	23.1	25.2	25.3	17.0	22.5
Don't remember	9.2	8.0	9.7	7.9	10.4	8.3	9.4	8.0
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Number</i>	<i>3201</i>	<i>1375</i>	<i>1440</i>	<i>2483</i>	<i>357</i>	<i>1151</i>	<i>4998</i>	<i>5009</i>

In the age group 15-29 and 30-34, migrants are more likely to report that they were sick/ill than are non-migrants. This may be because migrants have to work harder than non-migrants within the year before the survey. For the age group 45-49, the percent of migrants who have not been sick/ill is higher than that of non-migrants who have not been sick/ill, especially for the period of “less than 3 months ago” and the rate of “no sickness recently” is also a little lower (32.4 percent compared to 33.3 percent). The reason can originate from the migration decision: only healthy older people decided to migrate.

Figure 2.4: Percentage distribution of the timing of most recent sickness/illness up to the survey time, by sex and migration status



Male migrants are “more healthy” than male non-migrants, and their prevalence of “being absent from work because of sickness” is also lower, especially for the period of “more than 1 year”, the rates are 15.8 percent and 24.9 percent, and the rate of “no sickness” is even higher. Whereas there is no big difference in health conditions of female migrants and non-migrants.

Table 2.6: Percentage distribution of the timing of most recent sickness/illness up to the time of the survey time, by region of residence and migration status

	Hanoi		Northeast Economic Zone		Central Highlands		Ho Chi Minh City		Southeast Industrial Zone	
	Migrants	Non-migrants	Migrants	Non-migrants	Migrants	Non-migrants	Migrants	Non-migrants	Migrants	Non-migrants
<i>The most recent sickness/illness up to the survey time</i>										
No sickness recently	42.3	38.1	51.3	43.9	25.6	23.7	52.3	51.5	46.1	44.0
Less than 3 months ago	11.0	14.9	12.2	13.9	27.7	26.5	11.0	10.7	17.0	13.5
3 months to a year ago	11.4	12.0	11.4	12.5	18.9	18.4	16.1	12.3	13.5	12.0
More than 1 year	20.3	23.5	14.2	22.8	18.8	24.1	15.6	20.2	15.9	21.8
Don't remember	14.9	11.6	10.8	7.0	9.0	7.3	5.0	5.4	7.5	8.7
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Number</i>	<i>999</i>	<i>1003</i>	<i>998</i>	<i>1002</i>	<i>1000</i>	<i>1000</i>	<i>1001</i>	<i>1004</i>	<i>1000</i>	<i>1000</i>

The Central Highlands has the highest percent who had to be absent from work, especially for the most recent time “less than 3 months ago” (27.7 percent and 26.5 percent for migrants and non-migrants). Conditions in the Central Highlands appear to more difficult than for other regions. In almost all regions, the percent of non-migrants who have to be absent from work is higher than that of migrants. The one exception is HCMC, however, even in HCMC, for the period of “3 months to a year ago”, the percent of migrants absent from work is higher than that of non-migrants. Moreover, the rates of “no sickness recently” of migrants in all areas are higher than those of non-migrants. It can be concluded that migrants have better health than non-migrants, although the differences between the two groups is not large.

2.2. Health of family members

The health condition of family members is analyzed in term of :

- Remittances to family members for health purposes
- The self-assessed influence of migration on health of family members

2.2.1. Remittances sent to family members for health purposes

In total, 15.8 percent of migrants sent remittance to their family members to be used for health purposes (Figure 2.5).

Figure 2.5: Percent migrants sending money to family members to used for health purposes, be age group and sex

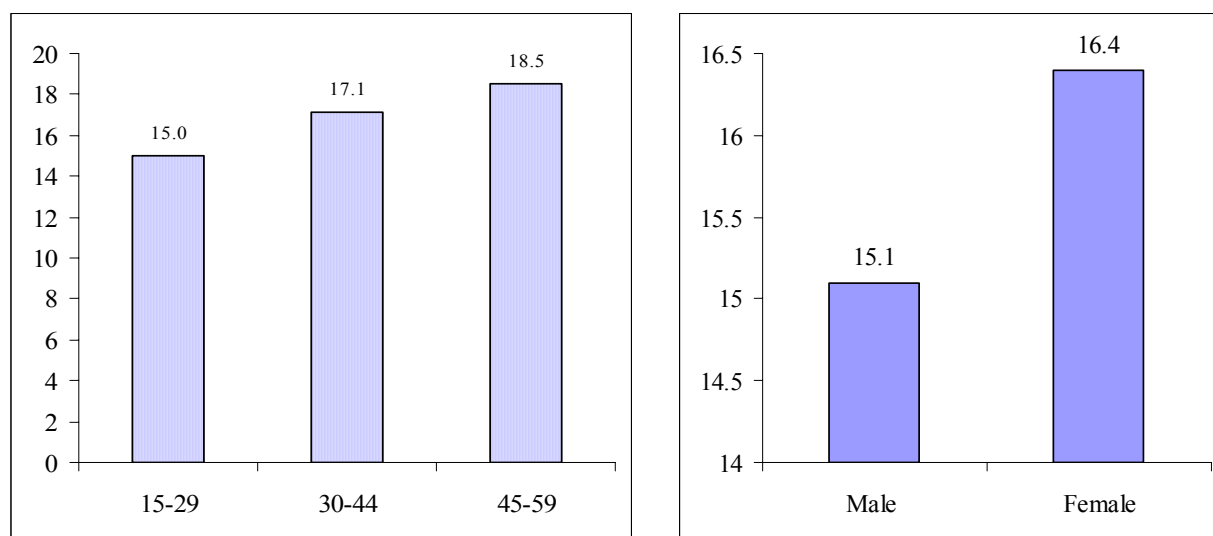
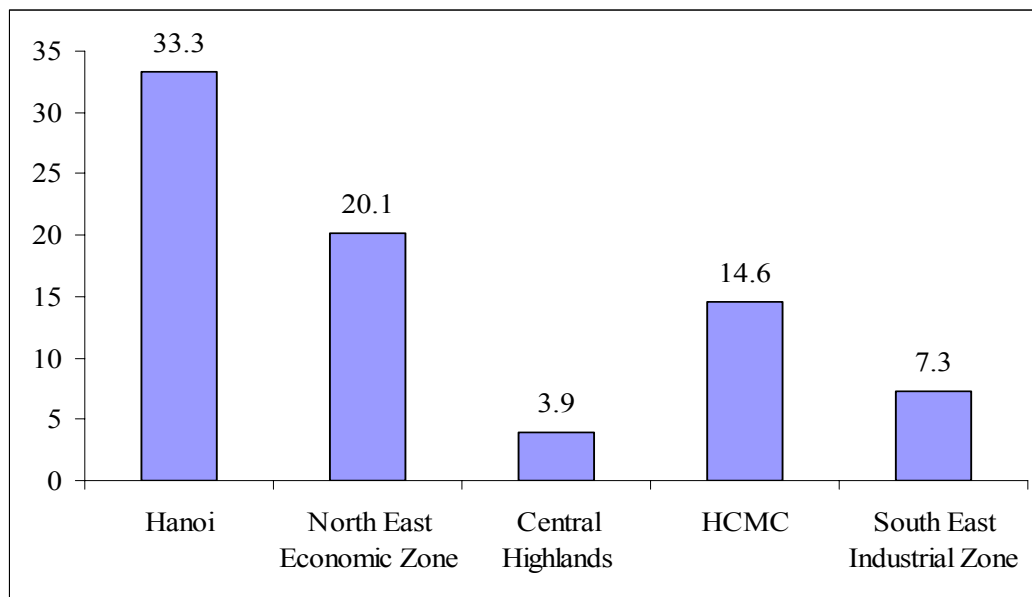


Figure 2.6: Percent migrants sending money to family members to be used for health purposes, by current residence



There are only slight variations by age and sex in the proportions sending remittances to be used for health purposes. However, the variations are much larger by region, with 33.3 percent of migrants in Hanoi remitting money for health purposes compared to only 3.9 percent of migrants in the Central Highlands. As mentioned above, apart from health problem, migrants have many other concerns like employment and raising capital. Another important factor is that a high proportion of migrants to the Central Highlands come with their families and therefore do not need to remit money.

2.2.2. Health situation of family members after migrating

According to the self-assessment of migrants, their family members generally have better health after the migrant left than compared to before she/he left: 19.3 percent think that the health of family member is “much better”, or “better”, 74.5 percent think that it is “the same” and only 5.1 percent think that it is “worse” (Table 2.7). This may be a result of improved living conditions in the receiving areas in those cases where family members accompanied the migrants, or may be a result of money sent back to the origin areas for improving the health of family members in those cases where the family members did not accompany the migrant.

Table 2.7: Percentage distribution of self-assessment of family member's health after moving compared to before moving, by age and sex

<i>Health condition of family members</i>	<i>Age</i>			<i>Sex</i>		<i>Total</i>
	<i>15-29</i>	<i>30-44</i>	<i>45-59</i>	<i>Male</i>	<i>Female</i>	
Much more better	0.8	1.5	1.1	1.3	0.8	1.0
Better	15.8	22.2	25.5	18.1	18.5	18.3
As same as before	77.5	69.8	67.2	75.2	74.0	74.5
Worse	4.8	5.7	5.3	4.6	5.5	5.1
Much worse	0.0	0.1	0.0	0.0	0.0	0.0
Don't know	1.1	0.8	0.8	0.7	1.2	1.0
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Number</i>	<i>3201</i>	<i>1440</i>	<i>357</i>	<i>2151</i>	<i>2847</i>	<i>4998</i>

The migration of young persons does not appear to contribute as much to improved health of family members as does the migration of older persons. Overall, 26.6 percent of migrants aged 45-49 think that their family members' health is "much better" or "better" after migration, compared to only 23.7 percent for ages 30-44, and 16.6 percent for the age group 15-29 (Table 2.7)

Hanoi has a highest level of "better" health for family members after migration, with 26.9 percent (Table 2.8). The next highest is Ho Chi Minh City with 23.1 percent and the Southeast Industrial Zone is 20.1 percent. The Central Highlands has the lowest level of improvement in health of family members (15.7 percent).

Table 2.8: Percentage distribution of assessment of family member's health after moving compared to before moving by region of current residence

<i>Health Condition</i>	<i>Hanoi</i>	<i>Northeast</i>	<i>Central</i>	<i>Ho Chi</i>	<i>Southeast</i>	<i>Total</i>
		<i>Economic Zone</i>	<i>Highlands</i>	<i>Minh City</i>	<i>Industrial Zone</i>	
Much more better	2.3	0.0	0.2	2.5	0.1	1.0
Better	24.6	10.9	15.5	20.6	20.0	18.3
As same as before	70.2	85.1	73.6	69	69	74.5
Worse	1.9	3.3	10.2	6.7	6.7	5.1
Much worse	0.0	0.0	0.1	0.0	0.0	0.0
Don't know	1.0	0.7	0.4	1.2	1.2	1.0
Total	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Number</i>	<i>999</i>	<i>998</i>	<i>1000</i>	<i>1001</i>	<i>1000</i>	<i>4998</i>

2.3. Health risk behaviors

This section of the report deals with two behaviors, smoking and consumption of alcohol, which are generally accepted as being harmful to health. Data is only provided for males because of the very small proportion of women who use tobacco products.

2.3.1. Smoking

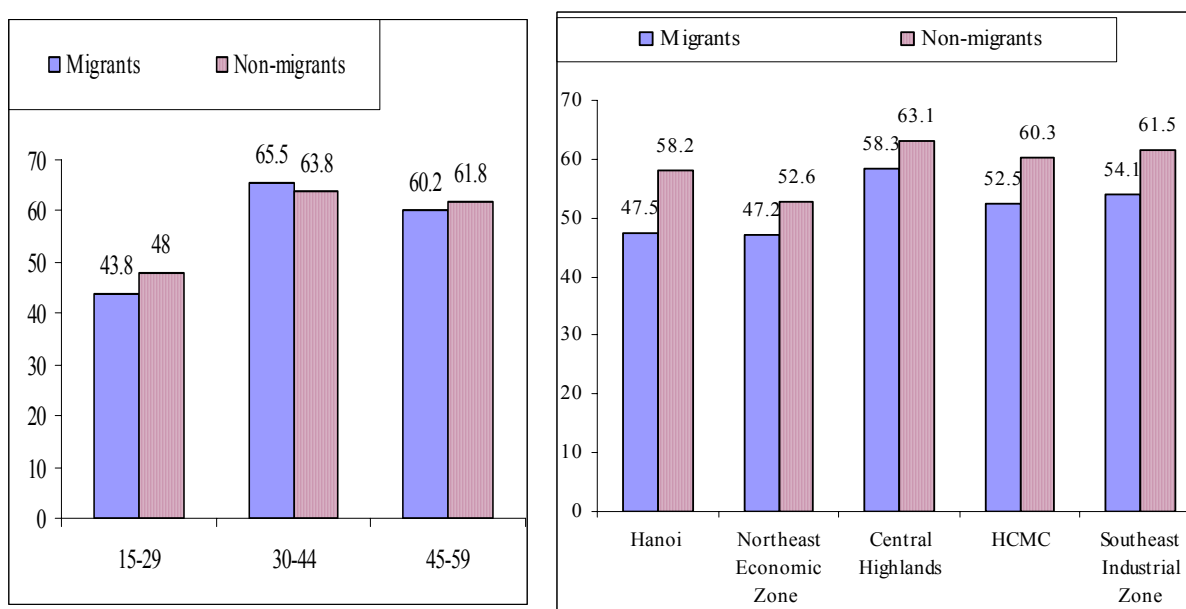
The relationship between tobacco use and a variety of diseases has been confirmed by many studies (MOH, GSO, 2003, p.83)². However, despite this link, smoking is common among males in Vietnam.

Prevalence and intensity of tobacco use

a. Prevalence

The highest prevalence of smoking is found for the age group 30-44, with 65.5 percent of migrants and 63.8 percent of non-migrants reporting that they smoke. The difference in smoking rates by age is not great between migrants and non-migrants, except for the youngest group 15-29.

Figure 2.7: Percent smokers among males, by age, region of current residence and migration status



The levels of smoking in the five regions are similar, with the exception of higher prevalence in the Central Highlands (with 58.3 percent and 63.1 percent for migrants and non-migrants respectively).

² Ministry of Health. General Statistic Office: *Monograph Report on the Situation of National Health Targets. National Health Survey 2001-2002*. Medical Publishing House. Hanoi, 2003. Page 83.

b. Intensity of use

The majority of male smokers have a normal or heavy level of use of tobacco products. The percent with normal or heavy use are 73.5 percent and 77.8 percent respectively for migrants and non-migrants (Table 2.9) The level of consumption increases with age and heavier consumption is found in the Central Highlands compared to the other regions. Differences between migrants and non-migrants are small.

Table 2.9: Percentage distribution of amount of smoking by male smokers, by age migration status and region of current residence

<i>Characteristics</i>		<i>Amount of Smoking</i>				<i>Total</i>
		<i>Heavy</i>	<i>Normal</i>	<i>Little</i>	<i>Don't know</i>	
Age						
15-29	Migrants	11.4	55.5	30.8	2.3	100.0
	Non-migrants	14.5	58.5	26.6	0.4	100.0
30-44	Migrants	17.7	61.7	18.3	2.2	100.0
	Non-migrants	18.8	58.8	21.9	0.5	100.0
45-59	Migrants	17.5	66.0	15.5	1.0	100.0
	Non-migrants	24.5	58.1	16.8	0.6	100.0
Current residence						
Hanoi	Migrants	11.1	51.3	35.2	2.5	100.0
	Non-migrants	13.3	57.3	29.0	0.4	100.0
Northeast Economic Zone	Migrants	4.3	66.7	26.1	2.9	100.0
	Non-migrants	11.1	68.9	20.0	0.0	100.0
Central Highlands	Migrants	25.7	61.4	11.4	1.5	100.0
	Non-migrants	33.0	53.0	13.5	0.5	100.0
Ho Chi Minh City	Migrants	14.1	54.5	30.0	1.4	100.0
	Non-migrants	22.7	51.2	25.4	0.8	100.0
Southeast Industrial Zone	Migrants	13.1	60.1	23.9	2.8	100.0
	Non-migrants	8.4	66.3	24.5	0.8	100.0
Total	Migrants	14.5	59.0	24.4	2.1	100.0
	Non-migrants	19.2	58.6	21.7	0.5	100.0

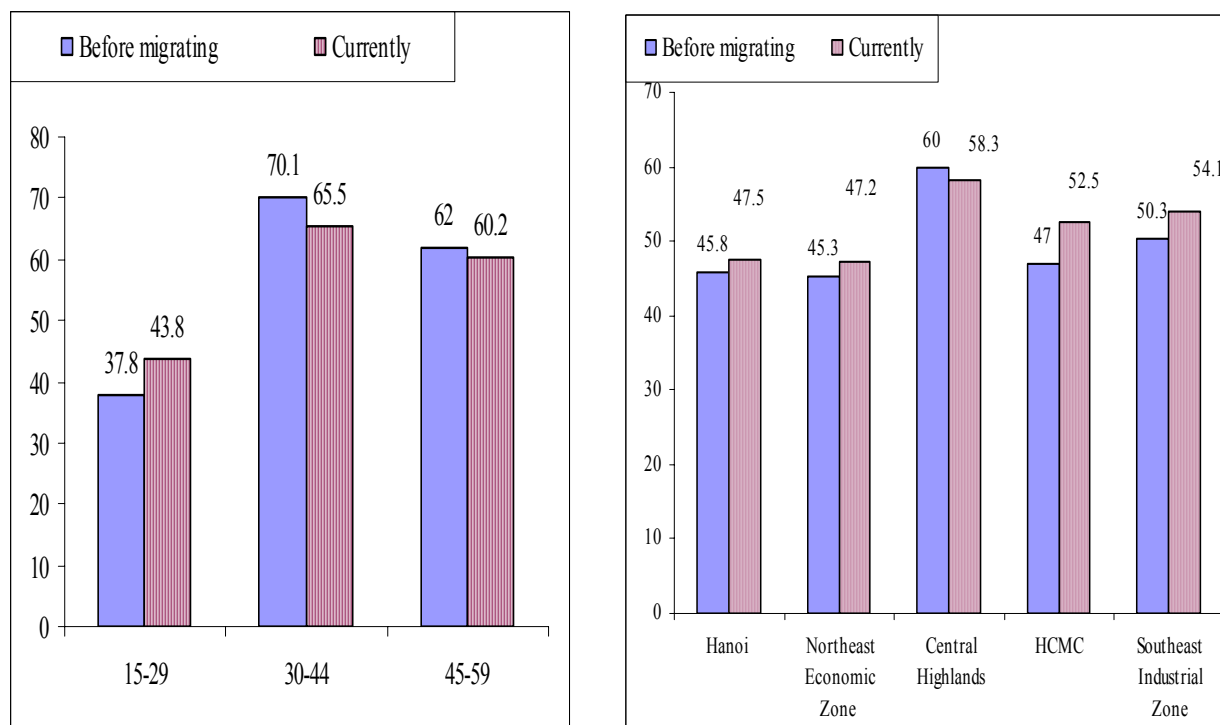
The smoking situation before and after migrating and current reasons for smoking

a. Situation of smoking before and after migrating

There appears to be little relation between migration and the prevalence of smoking, with 49.9 percent of migrants smoking before migration and 52.0 percent smoking after migrating (Figure 2.8).

As might be expected, the largest increase in smoking is observed for the youngest age group, while levels decline somewhat for the older age groups. Differences in levels of smoking before and after migration are small for the five regions.

Figure 2.8: Percentage of male migrants who report smoking before migration and currently, by age and region of current residence



b. Reasons for smoking after migrating

Migrants were asked “*Can you tell the main reasons why you started smoking when you migrated to the new place?*” The distribution of responses to this question are shown in Table 2.10.

The most common reason coded for smoking currently is “Other” (39.9 percent). “Being bored” ranks second with 31.3 percent. The next reason is “Working pressure” with 20.2 percent. “Tenseness” and “Economic difficulties” are mentioned least (9.8 percent and 4.9 percent respectively).

Being bored is a very common reason for smoking, especially for migrants. When moving to a new place, migrants have to adapt to a new job, new friends and also have to give up some habits, old lifestyle, and it is easy for them to become bored. Tenseness in a new place of work can also be a concern for migrants. The reason for smoking after migration differ among the five regions. “Being bored” is cited by 15 percent in Hanoi but by 61 percent in the Southeast Industrial Zone (Table 2.10). Many migrants move alone to Binh Duong and Dong Nai provinces and this could contribute to the feelings of boring. Working pressure is the most frequently cited response for migrants in Ho Chi Minh City who started smoking after moving to the city. The modern life in the big city of Ho Chi Minh City may contribute to high levels of working pressure.

Table 2.10: Percent migrants giving reasons for smoking after migrating, by region of residence

<i>Reasons for smoking</i>	<i>Hanoi</i>	<i>Northeast Economic Zone</i>	<i>Central Highlands</i>	<i>Ho Chi Minh City</i>	<i>Southeast Industrial Zone</i>	<i>Total</i>
Working pressure	20.0	23.1	6.3	36.4	12.2	20.2
Tenseness	15.0	23.1	6.3	4.5	7.3	9.8
Family contradict	0.0	0.0	0.0	0.0	0.0	0.0
Economic difficulties	10.0	0.0	9.4	4.5	7.3	4.9
Being bored	15.0	15.4	34.4	18.2	61.0	31.3
Other	45.0	50.0	40.6	47.7	22.0	39.9
Don't know	5.0	7.7	12.5	6.8	2.4	6.7
<i>Number</i>	20	26	32	46	42	166

2.3.2. Alcohol Use

Alcohol abuse is a serious health issue in many countries. In Vietnam, there is no statistical data on alcohol sales and alcohol abuse (MOH, GSO, 2003, p. 94).

Alcohol use

a. Prevalence

There are more drinkers than smokers among the respondents. The percent who report alcohol consumption among migrants and non-migrants is 38.6 percent and 42.6 percent respectively, higher than the prevalence of smoking among migrants and non-migrants (Table 2.11). Drinking is very normal behaviour in Vietnam, especially among men. Many men consider drinking as a good way to start a discussion. Work is discussed and decisions made while they are drinking.

The prevalence of drinking among migrants is lower than for non-migrants, but the difference is small. Perhaps migrants have less developed social networks than non-migrants and hence drink less. And Vietnamese do not have the habit of drinking alone, but with friends, in parties or meetings, so they will drink less if they have to drink alone. The price of alcohol may also deter migrants from drinking.

For both migrants and non-migrants, the prevalence of drinking is lowest for the group aged 15-19 (35.3 percent of migrants and 36.3 percent of non-migrants), higher in the group aged 30-44 (44.0 percent and 46.9 percent), but decreases for the group aged 45-49 (40.7 percent and 38.6 percent).

Compared with the smoking, the prevalence of drinking for women is much higher, 9.4 percent for migrants and 10.5 percent for non-migrants. However, the prevalence is

much lower for women than for men. Among males, 77.2 percent of migrants and 79.7 percent of non-migrants consume alcohol.

The prevalence of drinking is lower among migrants than non-migrants in Hanoi, Northeast Economic Zone, and the Central Highlands, and higher in the other two regions (Table 2.11). Only in the Central Highlands is the difference in prevalence between migrants and non-migrants large, with 37 percent of migrants and 53.2 percent of non-migrants reporting that they consumed alcohol.

b. Frequency of alcohol consumption

Most respondents report that they only consume alcohol at parties/meeting (the rates are 42.4 percent and 32.4 percent for migrants and non-migrants accordingly) (Table 2.12). Non-migrants tend to drink more than migrants, with 35.3 percent of non-migrants reporting that they drink “more than one time a day” or “few times a week”, but only 22.6 percent of migrants reporting such levels of consumption. The percent of migrants who drink more than one time a week is 41.8 percent and for non-migrants the percent is 55 percent. This rate is much higher than reported in the National Health Survey (22.2 percent) (General Statistic Office, Ministry of Health, 2003)³. The frequency of use varies by age, with use becoming more frequent as persons age.

Table 2.11: Percent who consume alcohol, by age, sex and region of current residence

<i>Characteristics</i>	<i>Migrants</i>	<i>Non-migrants</i>
Age		
15-29	35.3	36.3
30-44	44.0	46.9
45-59	40.7	38.6
Gender		
Male	77.2	79.7
Female	9.4	10.5
Current residence		
Hanoi	44.8	45.5
Northeast Economic Zone	44.4	49.3
Central Highlands	37.0	53.2
Ho Chi Minh City	35.6	34.2
Southeast Industrial Zone	31.3	30.7
Total	38.6	42.6

Table 2.12: Percentage distribution of frequency of alcohol use, by age and migration status

<i>Drinking frequency</i>	<i>15-29 years old</i>		<i>30-44 years old</i>		<i>45-59 years old</i>		<i>Total</i>	
	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>
More than one time a day	2.8	3.6	10.9	11.4	13.3	21.5	6.4	11.8
Few times a week	11.8	19.6	23.5	25.9	17.5	21.7	16.2	23.5
One time a week	17.9	18.2	20.5	21.2	22.9	17.5	19.2	19.7
One time a month	16.7	15.4	13.4	12.3	9.6	7.9	15	12.1
Only at party/meeting	49.7	42.9	31	28.5	36.7	30.7	42.4	32.4
Don't know	1.1	0.2	0.6	0.6	0.0	0.6	0.8	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1131	499	633	1164	166	469	1930	2132

³ General Statistic Office, Ministry of Health: Report on National Health Survey 2001-2002. Medical Publishing House. Hanoi, 2003.

Women mainly drink only at parties or meeting (86.2 percent for migrants and 77.7 percent for non-migrants) (Table 2.13). For men, drinking is a much more frequent activity.

Table 2.13: Percentage distribution of frequency of alcohol consumption alcohol, by sex and migration status

<i>Drinking frequency</i>	<i>Male</i>		<i>Female</i>		<i>Total</i>	
	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>
More than one time a day	7.3	13.1	0.7	3.2	6.4	11.8
Few times a week	17.9	26.6	5.2	3.2	16.2	23.5
One time a week	21.7	21.6	3.3	7.4	19.2	19.7
One time a month	16.7	12.6	4.5	8.5	15.0	12.1
Only at party/meeting	35.3	25.5	86.2	77.7	42.4	32.4
Don't know	1.0	0.6	0.0	0.0	0.8	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1661	1850	269	282	1930	2132

Frequency of consumption is highest in the Northeast Economic Zone and the Central Highlands. The rates “drinking more than one time a day” in these areas are 11.9 percent for migrants and 17.9 percent for non-migrants (Table 2.14). The rates “drinking few times a week” are 23.8 percent for migrants and 31.2 percent for non-migrants.

In the Central Highlands, people often brew wine for their own use (MOH, GSO, 2003, p. 96). Ho Chi Minh City and the Southeast Industrial Zone have the lowest frequency of consumption, with 0.6 percent and 1.9 percent for migrants with the frequency of “drinking more than one time a day” respectively, and 3.2 percent and 2.6 percent for non-migrants in turn with the same frequency.

Table 2.14: Percentage distribution of frequency of alcohol consumption, by region of residence and migration status

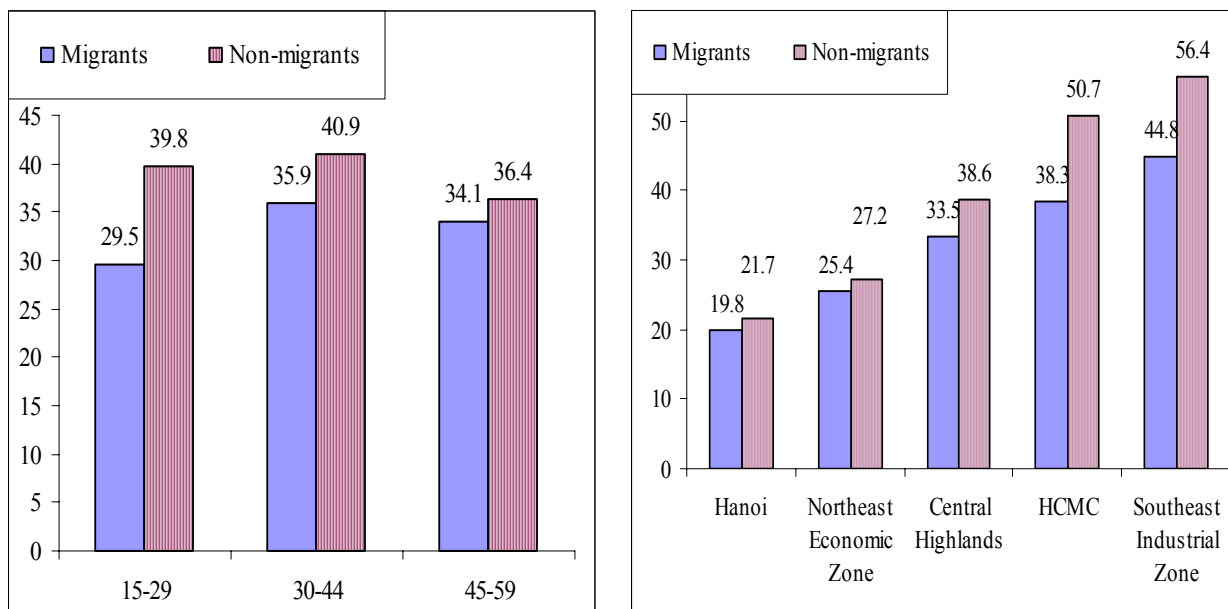
<i>Drinking frequency</i>	<i>Hanoi</i>		<i>Northeast Economic Zone</i>		<i>Central Highlands</i>		<i>Ho Chi Minh City</i>		<i>Southeast Industrial Zone</i>	
	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>
More than one time a day	4.9	11.4	11.1	17.4	11.9	17.9	0.6	3.2	1.9	2.6
Few times a week	14.1	22.8	24.2	26.1	23.8	31.2	7.3	10.5	8.9	21.8
One time a week	20.8	18.6	13.3	12.8	24.1	21.1	15.7	26.2	23.3	22.8
One time a month	9.4	9.0	6.3	7.1	14.6	12.6	28.9	22.2	20.1	12.4
Only at party/meeting	50.9	38.2	45.1	36.6	25.4	17.3	46.6	37.3	41.9	37.5
Don't know	0.0	0.0	0.0	0.0	0.3	0.0	0.8	0.6	3.8	2.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	448	456	443	494	370	532	356	343	313	307

Prevalence and frequency of being drunk

a. The prevalence of being drunk

Among drinkers, those men most likely to report ever being drunk were aged 30-44 (Figure 2.9). A higher proportion of non-migrants than migrants reported having ever been drunk. This differential existed within all age groups and in all regions. The largest difference, however, is for Ho Chi Minh City where 38.3 percent of migrants report ever being drunk compared to 50.7 percent of non-migrants.

Figure 2.9: Percent of male drinkers who report ever being drunk, by age, region of current residence and migration status



b. The frequency of being drunk in the past month

Overall, migrants are slightly more likely than non-migrants to report that they had not been drunk in the last month (Table 2.15). Among the youngest respondents, the frequency of being drunk is similar for migrants and non-migrants, although among the older respondents migrants are much less likely to report being drunk in the last month than are non-migrants.

Table 2.15: Percentage distribution of frequency of being drunk in last month of males, by age and migration status

<i>Frequency of being drunk</i>	<i>15-29 years old</i>		<i>30-44 years old</i>		<i>45-59 years old</i>		<i>Total</i>	
	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>
<i>Never</i>	65.4	62.7	73.0	63.3	84.8	71.0	69.9	64.7
<i>Once</i>	26.2	28.4	18.0	25.2	6.5	17.2	21.4	24.4
<i>2-3 times</i>	7.7	6.5	8.0	10.0	8.7	9.7	7.9	9.1
<i>4 times and over</i>	0.7	2.4	1.0	1.4	0.0	2.1	0.8	1.8
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Number</i>	301	177	201	422	48	147	550	746

The frequency of males being drunk in the last month is lower among migrants than non-migrants in Hanoi, Central Highlands and Southeast Industrial Zone. The situation is the opposite in the Northeast Economic Zone and Ho Chi Minh City (Table 2.16).

Table 2.16: Percentage distribution of frequency of being drunk in last month of males, by region of residence and migration status

<i>Frequency of being drunk</i>	<i>Hanoi</i>		<i>Northeast Economic Zone</i>		<i>Central Highlands</i>		<i>Ho Chi Minh City</i>		<i>Southeast Industrial Zone</i>	
	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>
<i>Never</i>	87.0	78.8	78.3	90.1	75.3	60.9	62.6	66.1	51.8	45.9
<i>Once</i>	11.6	17.5	13.0	7.9	15.6	24.9	30.8	27.4	33.6	35.8
<i>2-3 times</i>	1.4	3.8	7.6	1.0	9.1	11.4	5.6	4.8	12.7	16.9
<i>4 times and over</i>	0.0	0.0	1.1	1.0	0.0	2.8	0.9	1.6	1.8	1.4
Total	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Number	69	81	95	101	160	287	111	127	115	150

Alcohol consumption before migration and at present

a. Prevalence of alcohol use before migration compared to present

Compared to the current situation and before migration a higher proportion of migrants drank alcohol (32.6 percent and 38.6 percent). However, much of this increase is probably related to people starting to drink alcohol as they get older, as is seen by the very large increase in the youngest age category (Table 2.17). Among other groups, the proportion that drank before migration was lower than at the current time, but the differences were not large.

Table 2.17: Percent migrants drinking before and after migrating, by age, sex and current area of residence

<i>Characteristics</i>	<i>Time point</i>	
	<i>Before migrating</i>	<i>Currently</i>
<i>Age</i>		
15-29	27.2	35.3
30-44	41.5	44.0
45-59	45.1	46.5
<i>Gender</i>		
Male	65.9	77.2
Female	7.4	9.4
<i>Current area of residence</i>		
Hanoi	38.6	44.8
Northeast Economic Zone	39.3	44.4
Central Highlands	33.6	37.0
Ho Chi Minh City	26.0	35.6
Southeast Industrial Zone	25.5	31.3
Total	32.6	38.6

b. Level of consumption of alcohol use before and after migration

The majority of migrants (68.5 percent) report that their current level of consumption is the same as before they migrated, while 19.3 percent think that they drink less, and only 12.2 percent think that they drink more (Table 2.18). The reduction in consumption is greatest at older ages and for males compared to females. Migrants in the two regions in the South are much more likely than migrants to the two regions in the North to report a reduction in the amount of alcohol consumed. The results suggest that migration is much more likely to lead to reduced consumption of alcohol rather than to increased use.

Table 2.18: Percentage distribution of comparison of migrants current level of drinking to that reported before migrating, by age, sex and current region of residence

<i>Characteristics</i>	<i>More</i>	<i>Same as before</i>	<i>Less</i>	<i>Total</i>
<i>Age</i>				
15-29	14.6	67.6	17.8	100.0
30-44	10.9	66.6	22.5	100.0
45-59	3.9	81.0	15.0	100.0
<i>Gender</i>				
Male	13.0	66.5	20.4	100.0
Female	6.2	83.1	10.7	100.0
<i>Current area of residence</i>				
Hanoi	9.4	80.1	10.5	100.0
Northeast Economic Zone	16.5	72.6	11.0	100.0
Central Highlands	10.1	68.8	21.1	100.0
Ho Chi Minh City	12.8	50.2	36.9	100.0
Southeast Industrial Zone	12.0	62.4	25.6	100.0
Total	12.2	68.5	19.3	100.0

2.4. Multivariate analysis of factors affecting health

Health is measured by the self-reported assessment of poor health (as opposed to good health). Results are presented in Table 2.19.

The odds of a migrant reporting poor health are 42 percent lower than a non-migrant. The difference is statistically significant. As the analysis controls for a variety of social, economic and demographic characteristics, the results suggest that migrants are selected among the healthier segments of the population.

The results reported in Table 2.19 also indicate that the determinants of poor health differ to some extent for migrants and non-migrants. Among migrants, females are significantly more likely to report poor health than are males. There is no significant difference by sex for non-migrants. This may be because female migrants are more likely than male migrants to be placed in work situations where their health suffers.

The effects of age are similar for both migrants and non-migrants. As age increases the odds of reporting poor health rapidly increase, with the odds exceeding five for age group 45-59 compared to ages 15-29.

Surprisingly, differences in education on reported poor health are relatively small, and mainly non-significant. For employment status, however, among non-migrants those who are unemployed or employed but without a labor contract, are significantly more likely than those employed with a labor contract to report poor health. The effects among migrants are more muted, with only the unemployed significantly more likely than the employed without a labour contract to report poor health.

For migrants neither registration status or health risk behaviors such as smoking or drinking are significant predictors of poor health. However, for non-migrants, drinking is associated with significantly lower odds of reporting poor health.

Housing conditions and sanitation do not have a significant impact upon the self-reported health of migrants. However, for both migrants and non-migrants, expenditure and household assets appear as important determinants of self-reported poor health. Compared to those with monthly expenditure of less than 150,000 Dong a month, those with higher amounts of expenditure are significantly less likely to report poor health. Similarly, as the number of household assets increase, the likelihood of reporting poor health decreases. It does appear that income, as reflected in ownership of assets and expenditure, can provide a protection against poor health.

Interestingly, although there are no significant regional differences in health among non-migrants, among migrants those persons living in the South and Central Highlands are much more likely to report poor health than those living in the North. This

might be related to differences in occupations engaged in by migrants in the South and Central Highlands compared to migrants to the North.

The model for migrants has slightly higher explanatory power than the model for non-migrants (R-square of 0.21 for migrants versus 0.28 for non-migrants).

Table 2.19: Results of regression model analyzing influence factors to health situation of migrants and non-migrants (Dependent variable: Self-assessment of not being healthy)

<i>Independent variable</i>	<i>Migrants</i>			<i>Non-migrants</i>			<i>Total</i>		
	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>
Migration status									
Non-migrants	-	-	-	-	-	-	CG	CG	CG
Migrants	-	-	-	-	-	-	-0.55	0.0000	0.58
Sex									
Male	CG	CG	CG	CG	CG	CG	CG	CG	CG
Female	0.45	0.0318	1.56	-0.01	0.9491	0.99	0.16	0.1938	1.17
Age									
15-29	CG	CG	CG	CG	CG	CG	CG	CG	CG
30-44	0.71	0.0000	2.03	0.83	0.0000	2.29	0.76	0.0000	2.15
45-59	1.77	0.0000	5.88	1.64	0.0000	5.17	1.66	0.0000	5.23
Marital status									
Single	CG	CG	CG	CG	CG	CG	CG	CG	CG
Married	0.34	0.1289	1.40	0.21	0.5182	1.23	0.30	0.0755	1.36
Widowed. Divorced Separated	-0.24	0.5137	0.79	0.22	0.5142	1.25	0.20	0.3442	1.22
Ethnicity									
Kinh	CG	CG	CG	CG	CG	CG	CG	CG	CG
Others	-0.29	0.1746	0.75	-0.32	0.0634	0.72	-0.30	0.0206	0.74
Education level									
No schooling	0.19	0.5594	1.21	-0.25	0.3417	0.78	-0.09	0.6456	0.91
Not graduated from primary school	0.46	0.0372	1.59	-0.20	0.2455	0.82	0.04	0.7560	1.04
Graduated from primary school	CG	CG	CG	CG	CG	CG	CG	CG	CG
Graduated secondary school	0.04	0.7950	1.05	-0.21	0.0990	0.81	-0.10	0.3097	0.90
Graduated higher secondary school	0.22	0.2809	1.25	-0.16	0.2983	0.85	-0.04	0.7586	0.96
Graduated college university and over	0.10	0.8023	1.11	-0.03	0.8901	0.97	-0.03	0.8844	0.97
Employment status									
Employed with labour contract	CG	CG	CG	CG	CG	CG	CG	CG	CG
Employed without labour contract	0.23	0.2694	1.25	0.56	0.0005	1.76	0.41	0.0009	1.51
Unemployed	0.62	0.0121	1.86	1.20	0.0000	3.33	0.97	0.0000	2.63

Independent variable	Migrants			Non-migrants			Total		
	B	Sig.	Exp(B)	B	Sig.	Exp(B)	B	Sig.	Exp(B)
Household Registration Status									
Not registered	CG	CG	CG	-	-	-	-	-	-
KT1	-0.20	0.5465	0.82	-	-	-	-	-	-
KT2	-0.19	0.7271	0.83	-	-	-	-	-	-
KT3	-0.25	0.4119	0.78	-	-	-	-	-	-
KT4	-0.30	0.3539	0.74	-	-	-	-	-	-
Smoking status									
Non-smoker	CG	CG	CG	CG	CG	CG	CG	CG	CG
Heavy smoker	0.09	0.7892	1.10	0.20	0.3863	1.22	0.16	0.4005	1.17
Normal smoker	-0.21	0.4229	0.81	0.07	0.6915	1.07	-0.02	0.8791	0.98
Weak	0.18	0.6304	1.20	0.11	0.6551	1.12	0.13	0.5460	1.13
Drinking status									
Not drinking	CG	CG	CG	CG	CG	CG	CG	CG	CG
More than one time a day	-0.01	0.9869	0.99	-0.67	0.0072	0.51	-0.46	0.0273	0.63
Several times per week	-0.62	0.1024	0.54	-1.14	0.0000	0.32	-0.98	0.0000	0.38
One time per week	-0.67	0.0549	0.51	-1.19	0.0000	0.31	-1.01	0.0000	0.37
One time per month	-0.29	0.3801	0.75	-0.69	0.0112	0.50	-0.50	0.0158	0.61
At party only	-1.02	0.0006	0.36	-0.22	0.1858	0.80	-0.43	0.0025	0.65
Being drunk last month									
Not drunk	CG	CG	CG	CG	CG	CG	CG	CG	CG
One time	-0.09	0.8691	0.91	-0.18	0.5520	0.83	-0.18	0.5113	0.84
2-3 times	0.38	0.5659	1.47	-0.06	0.8880	0.94	0.01	0.9744	1.01
4 times and over	-17.06	0.9993	0.00	0.20	0.8072	1.23	0.07	0.9305	1.07
Type of dwelling household									
Permanent	CG	CG	CG	CG	CG	CG	CG	CG	CG
Semi-permanent	-0.29	0.2777	0.75	0.29	0.0386	1.34	0.13	0.2999	1.14
Wood frame of durable use, leaf roof	0.05	0.8757	1.05	0.29	0.1971	1.34	0.28	0.1123	1.32
Simple house	-0.01	0.9716	0.99	0.46	0.0355	1.59	0.34	0.0414	1.41
Drinking water resource									
Separated faucet water									
Shared faucet water	-0.81	0.4373	0.44	0.86	0.0293	2.37	0.45	0.1858	1.57
Well water	0.23	0.4421	1.26	0.12	0.4269	1.13	0.14	0.2896	1.15
Lake. pond water	0.05	0.9242	1.05	-0.37	0.3140	0.69	-0.24	0.3942	0.78
Others	0.67	0.1163	1.95	0.43	0.2472	1.54	0.43	0.1055	1.53
Kind of toilet facility in household									
Flush toilet own	ĐC	ĐC	ĐC	ĐC	ĐC	ĐC	ĐC	ĐC	ĐC
Flush toilet shared	0.23	0.2539	1.26	-0.51	0.0539	0.60	-0.04	0.7956	0.96
Ventilated improoved pit toilet	-1.01	0.0168	0.37	0.01	0.9490	1.01	-0.26	0.1486	0.77
Traditional pit toilet	0.13	0.6912	1.14	0.36	0.0987	1.44	0.26	0.1378	1.30
No facility/bush/field	0.38	0.2784	1.46	0.11	0.6727	1.12	0.24	0.2308	1.28

<i>Independent variable</i>	<i>Migrants</i>			<i>Non-migrants</i>			<i>Total</i>		
	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>
Monthly spending per capita									
Less than 150,000 VND	CG	CG	CG	CG	CG	CG	CG	CG	CG
150,000-233,333 VND	-0.34	0.0696	0.71	-0.35	0.0180	0.70	-0.34	0.0031	0.71
233,334-291,666 VND	-0.61	0.0142	0.54	-0.71	0.0002	0.49	-0.68	0.0000	0.51
291,667-373,333 VND	-0.74	0.0018	0.48	-0.74	0.0001	0.48	-0.76	0.0000	0.47
373,334 VND and over	-0.39	0.1258	0.68	-0.69	0.0001	0.50	-0.63	0.0000	0.53
Household assets									
Have 0-2 properties	CG	CG	CG	CG	CG	CG	CG	CG	CG
Have 3-4 properties	-0.06	0.7196	0.94	-0.55	0.0001	0.58	-0.38	0.0003	0.69
Have 5 properties and over	-1.16	0.0003	0.31	-0.64	0.0001	0.53	-0.63	0.0000	0.53
Region									
Hanoi	CG	CG	CG	CG	CG	CG	CG	CG	CG
Northeast Economic Zone	-0.27	0.4325	0.77	0.00	0.9787	1.00	0.00	0.9809	1.00
Central Highlands	0.79	0.0450	2.20	0.24	0.3540	1.27	0.45	0.0307	1.57
Ho Chi Minh City	0.77	0.0134	2.17	-0.11	0.5542	0.89	0.19	0.2371	1.21
Southeast Industrial Zone	0.54	0.0886	1.72	0.00	0.9896	1.00	0.24	0.1527	1.27
Constant	-3.68	0.0000	0.03	-2.80	0.0000	0.06	-3.05	0.0000	0.05
Nagelkerke R Square		0.2150			0.1820			0.1930	

Note – CG refers to comparison group

Summary

In general, respondents provide a positive assessment of their health, with 93.8 reporting that their health is above average. Moreover, there are no major differences between migrants and non-migrants in self-reported health status. However, there is a difference by age, with younger people assessing their health to be better than older persons. Respondents in Hanoi are most likely to report their health to be good while respondents in the Central Highlands are least likely to report good health. Compared with migrants of the same age and sex, migrants think that they are healthier than do non-migrants, and there are variations by age, gender and current residence.

Overall, based on a comparison for self-assessed health before and after moving, migration seems to contribute to better health, although the gains in health are smallest for the more vulnerable groups (women, the old, and Central Highlands residents).

The prevalence of sickness is low with only small differences between migrants and non-migrants. The percent of respondents who were too sick to work for a day increases with age and is highest in the Central Highlands.

Only 15.8 percent of migrants report sending remittance to their families to pay for health costs. There are limited variation by age and sex, however there are variations by region, with a higher percentage of migrants to Hanoi and a lower percentage of migrants to the Central Highlands remitting money for health-related purposes.

Only a small proportion of females are smokers. Among males, a lower percent of migrants than non-migrants are smokers. The prevalence of smoking is highest at ages 30-44. The prevalence of smoking, and the frequency of smoking, is highest in the Central Highlands. The majority of male smokers are at “heavy” and “normal” levels. The reason for smoking relates to their being bored and working pressure, especially in Ho Chi Minh City.

The prevalence of alcohol consumption is higher than that of smoking. Migrants are less likely than non migrants to consume alcohol, with the difference between these two groups being greatest in the Central Highlands. The two regions with the highest prevalence of alcohol consumption are the Northeast Economic Zone and the Central Highlands. The prevalence of alcohol consumption declines with age. The majority of respondents report that they only drink at parties. The prevalence of alcohol consumption after migration is higher than before migration.

Results of logistic regression show that after controlling for all other variables, there is a significant difference in self- reported health status between migrants and non-migrants, with migrants much less likely than non-migrants to report that they are in poor health. While the analysis cannot differentiate between an explanation for this difference that is related to migrants being positively selected for health or an explanation that links the better health of migrants to migration processes, it is likely that both explanations are valid. What does appear clear, however, is that migration is not likely to place extra burdens on health care systems at destination areas. Also, a significant proportion of migrants contribute to health care needs of their origin families by remitting money to be used for health-related purposes.

Chapter 3

MIGRATION AND REPRODUCTIVE AND SEXUAL HEALTH

According to the Ministry of Health, by 16/4/2005, the number of HIV infected persons in Vietnam was 93,927. The cumulative number with AIDS was 15,015, and 8,812 had died from AIDS (Website of Vietnamese Communist Party, on 13/11/2005). These numbers suggest that the HIV/AIDS epidemic is a major problem in Vietnam. The data provided above comes from registered cases, however, many of those who have HIV are not registered, which makes the epidemic more dangerous. There have been numerous studies on the knowledge of sexually transmitted infections (STI) and HIV/AIDS in Vietnam. Some studies have examined the knowledge of women in child bearing ages (DHS, 2002) and the understanding, attitude and behavior of adolescents (STI and HIV/AIDS National Survey of the Adolescent Reproductive Health, 2004; Basic Survey of the RHIYA program, 2005)⁴, but there has been limited research into the understanding of migrants toward these issues. In this chapter we examine the relationship between migration and knowledge, attitude and behaviors related to reproductive and sexual health.

3.1. Knowledge of STI/HIV/AIDS

3.1.1. Knowledge of Sexually Transmitted Infections (STIs)

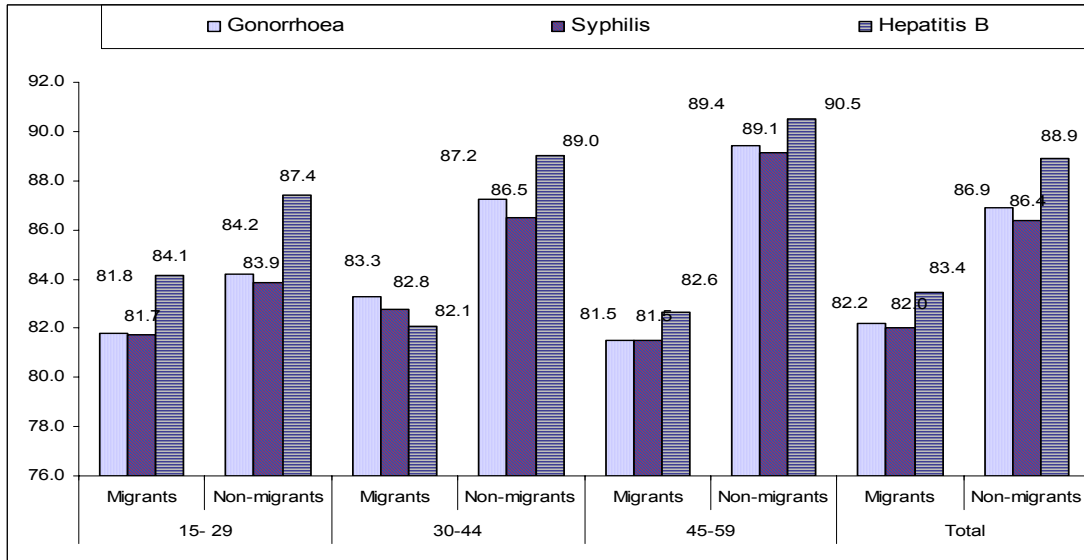
Having heard of names of STIs

The data in Figure 3.1 show that the percent having heard of the names of specified STIs is relatively high. Hepatitis B was the most familiar (from 82.1 percent to 90.5 percent) among the STI. Although respondents are different, results of some other research on STI also demonstrated that Hepatitis B is the most well-known STI (Ministry of Health, 2005)⁵. At all ages, migrants are less likely than non-migrants to have heard of each of the specified STIs.

⁴ The Centre of Population, the National Economic University, United Nations Fund for Population (UNFPA) and European Union (EU). *The Basic Survey of Program RHIYA Vietnam*. Hanoi, Vietnam.

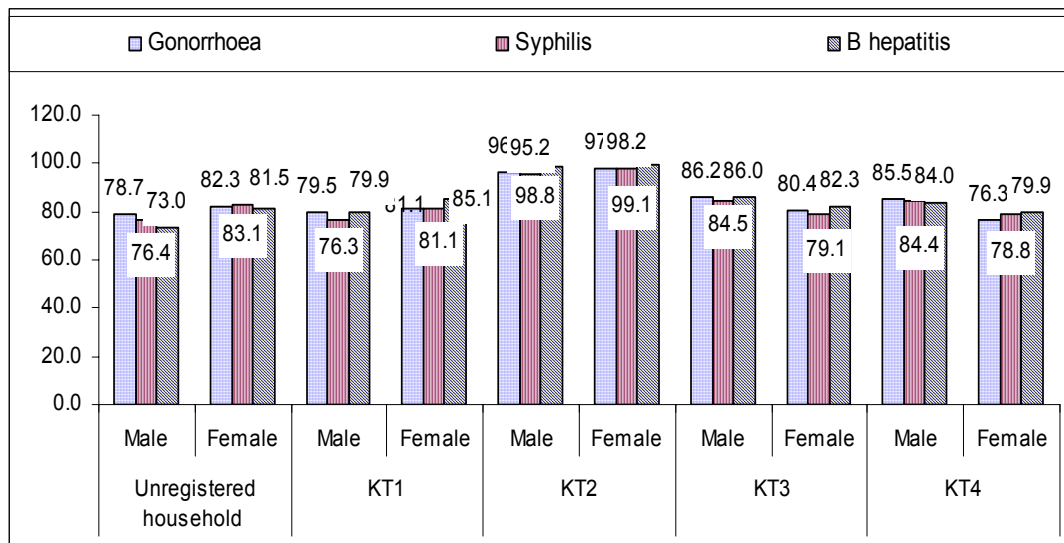
⁵ Ministry of Health, General Statisticals Office, UNICEF, WHO, 2005, *Natonal Survey of the Adolescent Reproductive Health*, P.54.

Figure 3.1: Percent knowing names of STIs by age and migration status



For migrants, the knowledge of STI names is greater for males than for females. However, there is no clear pattern by household registration status (Figure 3.2). The highest level of awareness is for migrants with KT2 household registration. For unregistered migrants and those with KT1 household registration, females have higher levels of name recognition of STIs than do men, while the opposite is found for those with KT3 and KT4 household registration. Females with KT4 registration are the least likely to have heard of the names of the three specified STI.

Figure 3.2: Percent of migrants knowing names of STIs, by household registration and sex



In general, those persons with a longer period of residence in their current place of residence are more likely to know the names of the specified STIs. However, among females, those with residence less than one year are more knowledgeable about STI names than are those who have lived in their current place of residence for 1-4 years. This may be because of the high level of information about HIV that has become available in rural areas in recent times.

Table 3.1: Percent of migrants knowing names of STIs, by duration of residence in place of destination and sex

<i>Residence period</i>	<i>Less than 1 year</i>	<i>1-2 years</i>	<i>3-4 years</i>	<i>5 years and over</i>	<i>From birth</i>	<i>Total</i>
<i>Male</i>						
Gonorrhea	84.2	84.5	86.4	87.9	90.5	87.1
Syphilis	84.2	83.2	83.7	86.7	90.4	85.8
B hepatitis	85.6	83.6	84.2	89.3	90.4	87.1
Number	360	748	907	1855	603	4473
<i>Female</i>						
Gonorrhea	82.0	78.5	79.0	83.9	88.1	82.5
Syphilis	82.2	80.1	79.6	83.8	88.4	82.9
B hepatitis	82.6	81.6	81.4	87.9	89.6	85.4
Number	466	941	1061	2261	805	5534

Knowledge of causes of STI

To assess the awareness of migrants of the causes of STI, respondents were asked: “what are the main causes of STI infection?” The responses are presented in Table 3.2.

Overall, 41.9 percent of male and 45.3 percent of female migrants and 47.3 percent of male and 46.0 percent of female non-migrants agreed that Unhygienic genitals is the main cause of STI infection. The percent increases as age increases. Correct understanding of the causes of STI is relatively high, with non-migrants more likely than migrants to agree that having sex many people without a condom and having sex with an infected person without using a condom could lead to the transmission of infection. Incorrect responses were reported by one-third or more respondents.

Table 3.2: Percent reporting specified causes of STI infection, by age group, migration status and sex

	15-29		30-44		45-59		Total	
	Migrant	Non-migrant	Migrant	Non-migrant	Migrant	Non-migrant	Migrant	Non-migrant
Male								
Unhygienic genitals	40.6	42.0	44.4	48.2	42.1	51.4	41.9	47.3
Having sex with multiple partners without using condom	76.7	79.6	79.6	84.3	80.1	84.7	77.9	83.2
Having sex with infected people without using condom	79.0	81.3	82.1	85.2	79.5	90.2	80.1	85.3
Other	31.4	33.2	30.9	32.1	40.4	37.6	32.0	33.6
Number	1298	588	682	1232	171	502	2151	2322
Female								
Unhygienic genitals	44.6	43.7	46.7	46.5	46.2	47.9	45.3	46.0
Having sex with multiple partners without using condom	74.7	74.3	72.8	77.3	75.3	80.4	74.3	77.2
Having sex with infected people without using condom	77.5	81.2	74.9	82.7	74.7	83.1	76.6	82.3
Other	35.6	37.0	32.8	36.0	30.6	33.0	34.5	35.5
Number	1903	787	758	1251	186	649	2847	2687
Total								
Unhygienic genitals	43.0	43.0	45.6	47.4	44.3	49.4	43.8	46.6
Having sex with multiple partners without using condom	75.5	76.6	76.0	80.8	77.6	82.3	75.8	80.0
Having sex with infected people without using condom	78.1	81.2	78.3	83.9	77.0	86.2	78.1	83.7
Other	33.9	35.3	31.9	34.1	35.3	35.0	33.4	34.6
Number	3201	1375	1440	2483	357	1151	4998	5009

**Other reasons including: hand shaking, kissing, using the same towel.*

Levels of knowledge of causes of STI are analyzed based on the number of correct methods identified. The results are shown in Table 3.3.

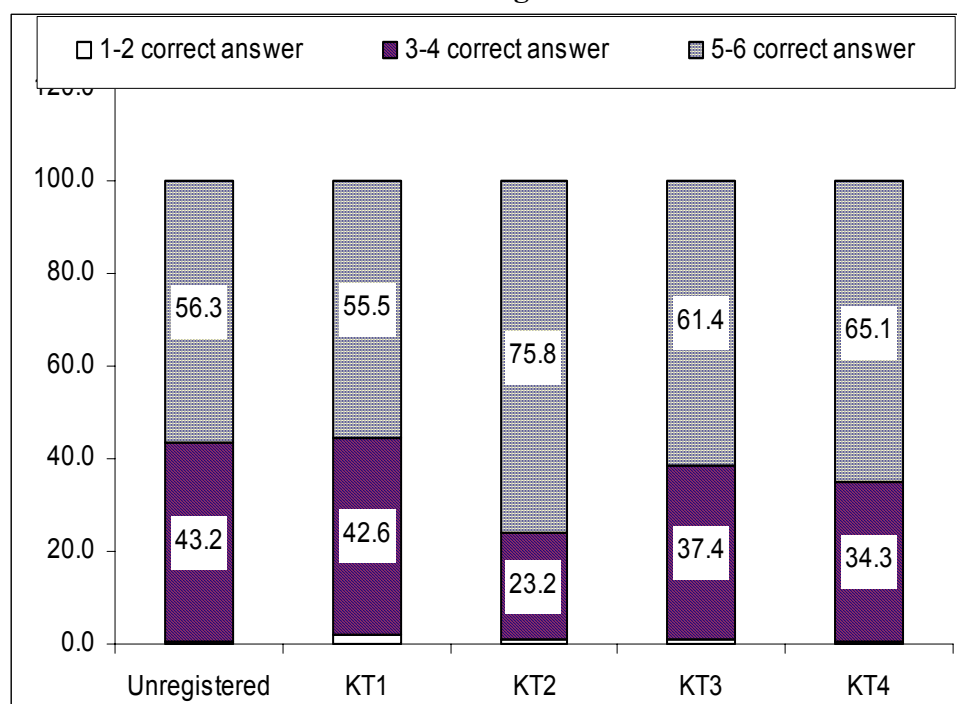
Table 3.3: Percentage distribution of number of correct answers to questions relating causes of STIs, by current area of residence, migration status and sex

<i>Number of correct answers</i>	<i>Hanoi</i>		<i>Northeast Economic Zone</i>		<i>Central Highlands</i>		<i>Ho Chi Minh City</i>		<i>Southeast Industrial Zone</i>		<i>Total</i>	
	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>
Male												
1-2	0.5	0.7	0.5	0.7	2.1	2.8	0.2	0.2	0.3	1.5	0.7	1.3
3-4	23.4	23.1	31.9	28.0	52.5	47.6	35.6	27.4	25.4	20.5	34.4	30.7
5-6	76.1	76.3	67.7	71.4	45.4	49.6	64.2	72.4	74.4	78.0	64.9	68.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	419	438	439	447	480	601	419	431	394	405	2151	2322
Female												
1-2	0.0	0.7	1.1	1.3	2.7	1.5	0.7	1.0	1.3	0.8	1.1	1.0
3-4	23.4	25.0	30.6	34.1	53.8	58.1	44.0	30.2	35.6	35.6	37.2	35.2
5-6	76.6	74.3	68.3	64.7	43.5	40.4	55.3	68.8	63.0	63.5	61.7	63.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	580	565	559	555	520	399	582	573	606	595	2847	2687
Total												
1-2	0.2	0.7	0.8	1.0	2.4	2.3	0.5	0.7	0.9	1.1	1.0	1.2
3-4	23.4	24.1	31.2	31.3	53.2	51.8	40.5	29.0	31.6	29.5	36.0	33.1
5-6	76.4	75.2	68.0	67.7	44.4	45.9	59.0	70.3	67.5	69.4	63.1	65.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	999	1003	998	1002	1000	1000	1001	1004	1000	1000	4998	5009

Non-migrants have higher levels of knowledge of causes of STI than do migrants, with the lowest levels of knowledge found for female migrants. For both migrants and non-migrants levels of knowledge are highest in Hanoi and lowest in the Central Highlands. It is important to note that among migrants, levels of knowledge in Ho Chi Minh City are relatively low. Reasons for these low levels of knowledge of migrants to Ho Chi Minh City may relate to poor access to information.

For household registration of migrants, there is a clear difference in levels of knowledge of causes of STIs (Figure 3.3). Although it might appear as a surprise that knowledge levels are lowest among those with KT1 household registration, the explanation is that the majority of KT1 migrants in the sample live in the Central Highlands. Unregistered migrants also have relatively low knowledge levels, perhaps as a result of a lack of access to information.

Figure 3.3: Percentage distribution of people having correct answers of STI causes, by household registration



Knowledge of STI treatment.

To evaluate knowledge of STI treatment measures, respondents were asked : “in a family, if the wife or the husband has symptoms or signs of an STI, who needs to be examined?” Responses are displayed in Table 3.4.

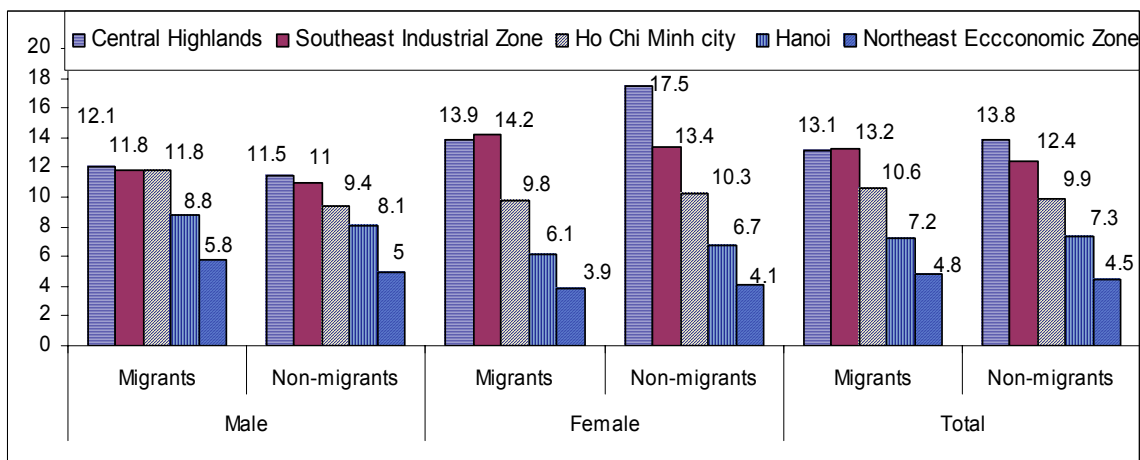
Over 80 percent stated that both husband and wife need to be examined. A further 8.8 percent thought all people having sex with infected people need to be examined. There is almost no difference between males and females, age groups and migrant and non-migrant groups in the pattern of responses. However, as age increases the proportion reporting that only one spouse needs to be examined decreases.

In Figure 3.4 the proportion of respondents who stated that they did not know who should be examined, or who said that only one spouse needs to be examined, is shown by region. The region where misunderstanding of treatment of STIs appears to be the greatest is the Southeast Industrial Zone, followed by the Central Highlands. The results suggest more attention needs to be place in these areas to provide information about the need to treat all people having sex with person who being affected.

Table 3.4: Percentage distribution of responses to what partners should be treated for STIs, by migration status, age and sex

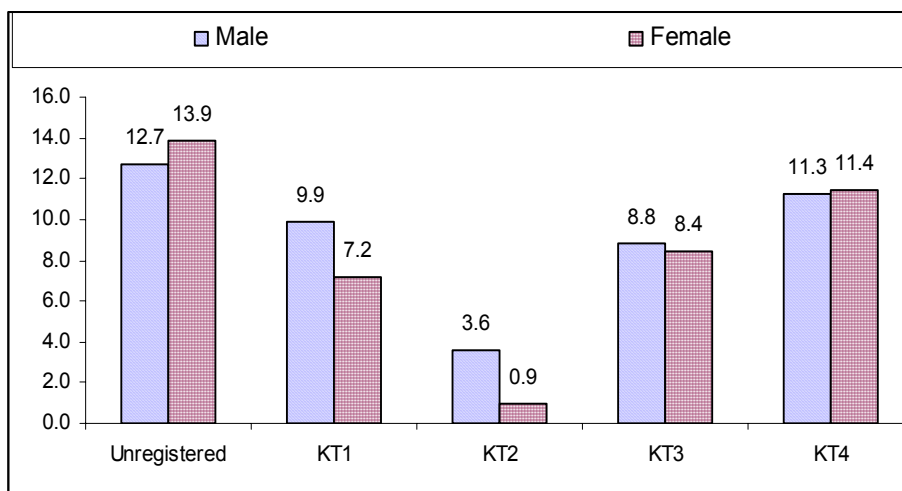
	15- 29		30-44		45-59		Total	
	Migrants	Non-migrants	Migrants	Non-migrants	Migrants	Non-migrants	Migrants	Non-migrants
Male								
Only one spouse who being affected	8.3	8.7	7.2	7.6	4.7	6.5	7.7	7.6
Both wife and husband	79.8	76.7	83.3	82.6	84.5	84.3	81.3	81.5
All people having sex with person who being affected	9.1	12.5	7.5	8.7	10.8	7.8	8.7	9.4
Don't know	2.8	1.7	1.8	1.1	0.0	1.5	2.3	1.4
No response	0.0	0.4	0.2	0.0	0.0	0.0	0.1	0.1
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Number	1144	529	612	1142	148	477	1904	2148
Female								
Only one spouse who being affected	6.9	7.8	6.5	7.9	7.8	6.6	6.8	7.5
Both wife and husband	79.5	79.8	83.7	82.5	81.8	84.1	80.7	82.1
All people having sex with person who being affected	11.2	9.8	7.1	7.2	7.8	8.1	9.9	8.2
Don't know	2.4	2.6	2.6	2.3	1.9	1.2	2.4	2.1
No response	0.1	0.0	0.0	0.1	0.6	0.0	0.1	0.0
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Number	1686	717	644	1146	154	592	2484	2455
Total								
Only one spouse who being affected	7.5	8.2	6.8	7.7	6.3	6.5	7.2	7.6
Both wife and husband	79.6	78.5	83.5	82.6	83.1	84.2	81.0	81.8
All people having sex with person who being affected	10.4	10.9	7.3	8.0	9.3	8.0	9.4	8.8
Don't know	2.5	2.2	2.2	1.7	1.0	1.3	2.3	1.8
No response	0.0	0.2	0.1	0.0	0.3	0.0	0.1	0.1
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Number	2830	1246	1256	2288	302	1069	4388	4603

Figure 3.4: Percent having poor knowledge of STI treatment by current area of residence, migration status and sex



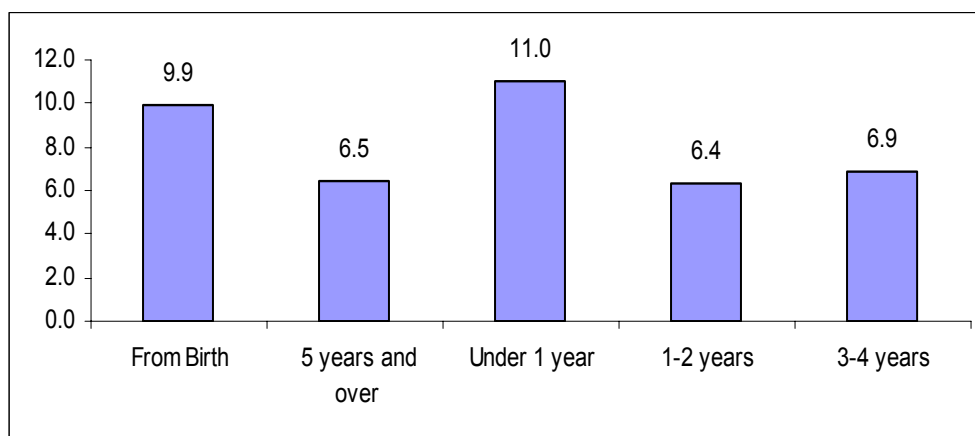
Poor knowledge of STI treatment is highest among those with no household registration and those with KT4 household registration. The results suggest that persons who having household registration KT3 and KT4 or who have no household registration in the place of destination may not be able to access information about STIs. Hence, information, education and communication (IEC) to reach these types of migrants are required.

Figure 3.5: Percent migrants having poor knowledge of STI treatment by household registration and sex



The highest proportion of those with poor knowledge was found for those persons who had been living at their place of residence for less than one year (11 percent). Surprisingly, however, the next highest level was found of those who had lived in their current place of residence since their birth (9.9 percent). This suggests that non-migrants also remain a target group for information about STI. (Figure 3.6)

Figure 3.6: Percent with poor knowledge of STI treatment, by length of residence



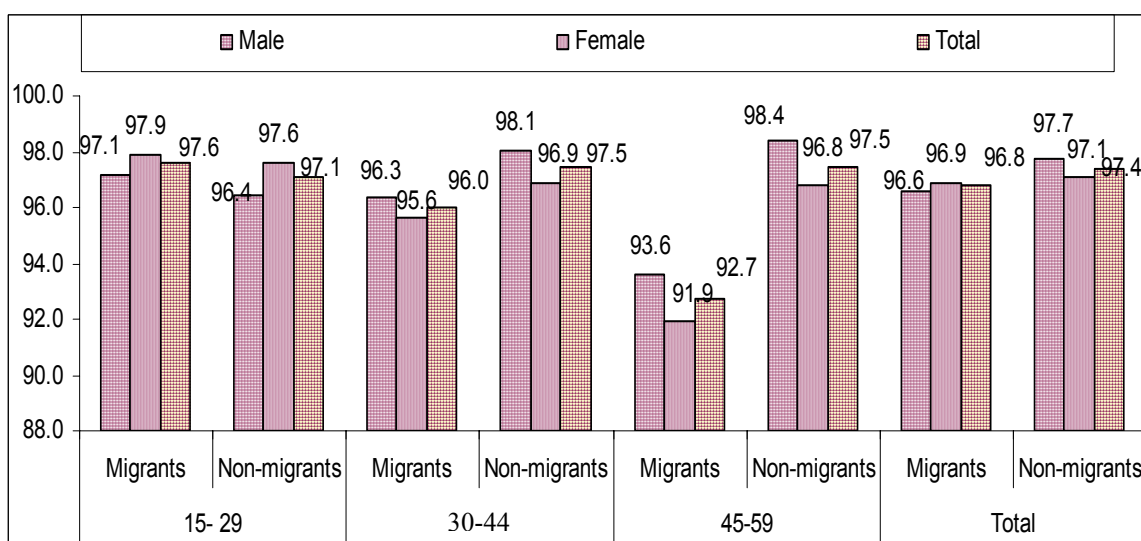
3.1.2. Knowledge of HIV/AIDS

The understanding HIV/AIDS of migrants is assessed by: (1). Knowing the term HIV; (2). Knowing prevention methods; (3). Attitudes to infected persons; (4). Having proper behaviour with HIV/AIDS infected people.

Heard of HIV/ AIDS

As can be seen from Figure 3.7 the proportion of both migrants and non-migrants who have ever heard of HIV/AIDS is very high (96.8 percent of migrants and 97.4 percent of non-migrants).

Figure 3.7: Percent having heard of HIV/AIDS, by age group, migration status and sex



Only in the Central Highlands does the percent who have heard of HIV fall below 90 percent (86.5 percent). Most migrants heard of HIV/AIDS before moving (95.5 percent), only 3.3 percent heard after moving and 1.2 percent of migrants provided no answer (General Statistics Office, 2005)⁶. The high level of recognition of HIV/AIDS suggests that the IEC campaigns on HIV/ AIDS in Vietnam have been successful at a general level.

Main sources of hearing about HIV/AIDS

Table 3.5 indicates that migrants and non-migrants received information about HIV/AIDS from a variety of sources. The most frequently cited source of information is television followed by the radio.

Table 3.5: Percent reporting receiving information about HIV/AIDS from specified sources, by age and migration status

<i>Sources</i>	<i>15- 29</i>		<i>30-44</i>		<i>45-59</i>		<i>Total</i>	
	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>
Television	96.6	97.1	96.3	96.5	96.1	97.5	96.5	96.9
Radio	69.6	60.3	65.5	60.0	71.0	66.3	68.5	61.5
Newspaper/magazine	65.6	67.0	51.5	57.7	58.3	58.6	61.1	60.5
Friend/relative	52.2	53.3	49.3	46.9	45.6	40.5	50.9	47.2
Pamphlets/, poster	34.6	40.1	31.3	34.8	32.6	34.8	33.5	36.3
Working place	27.2	30.0	23.0	23.6	23.0	21.4	25.7	24.8
Schools/Teachers	28.4	21.3	4.9	4.2	2.4	3.1	19.9	8.6
Health worker	15.8	21.3	21.6	23.1	23.6	27.3	18.0	23.6
Community meeting	10.5	17.5	17.9	23.0	19.0	28.7	13.2	22.8
Others	0.8	1.7	1.2	1.5	0.6	0.8	0.9	0.8
Churchs/Temples	0.8	1.5	0.9	0.7	1.2	0.4	0.9	1.4
Number	3124	1335	1382	2420	331	1122	4837	4877

Note: One person can be received information from more than one source.

Migrants are more likely than non-migrants to obtain information about HIV/AIDS from sources such as radio, newspapers/magazines friends/relatives, and teachers. Non-migrants are more likely than migrants to receive information through flyers/posters; medical workers, and community meetings.

The results suggest that a mixture of both formal and informal communication networks should be used to provide information about HIV/AIDS. While television reaches the widest audience, informal networks of friends and relatives are also important, especially for migrants. More formal networks, such as health workers and community meetings are more likely to be accessed by non-migrants than migrants.

⁶ General Statistics Office, UNFPA: Vietnam Migration Survey 2004: Major finding. Statistic Publishing House. Page 129.

In Table 3.6 the percent of migrants accessing information about HIV/AIDS is shown by source of information for each of the five regions.

Table 3.6: Percent of migrants citing specified source of information of HIV/AIDS by current region of residence

<i>Sources</i>	<i>Hanoi</i>	<i>Northeast Economic Zone</i>	<i>Central Highlands</i>	<i>Ho Chi Minh City</i>	<i>Southeast Industrial Zone</i>	<i>Total</i>
Television	98.6	99.9	93.7	94.8	95.0	96.5
Radio	76.0	67.8	74.2	61.2	64.2	68.5
Newspapers/magazines	74.3	64.4	40.1	74.1	49.6	61.1
Friends/relatives	55.6	49.0	36.4	56.8	54.7	50.9
Pamphlets/ posters	39.9	35.9	20.3	37.1	32.6	33.5
Work places	36.5	35.6	2.7	27.4	23.3	25.7
Schools/ teachers	25.6	18.3	7.3	27.2	19.6	19.9
Health workers	30.1	14.9	19.1	19.2	6.9	18.0
Community meetings	10.3	16.2	19.5	15.5	5.2	13.2
Churches/ Temples	0.5	0.7	1.6	1.5	0.3	0.9
Others	0.8	0.5	0.8	2.1	0.1	0.9

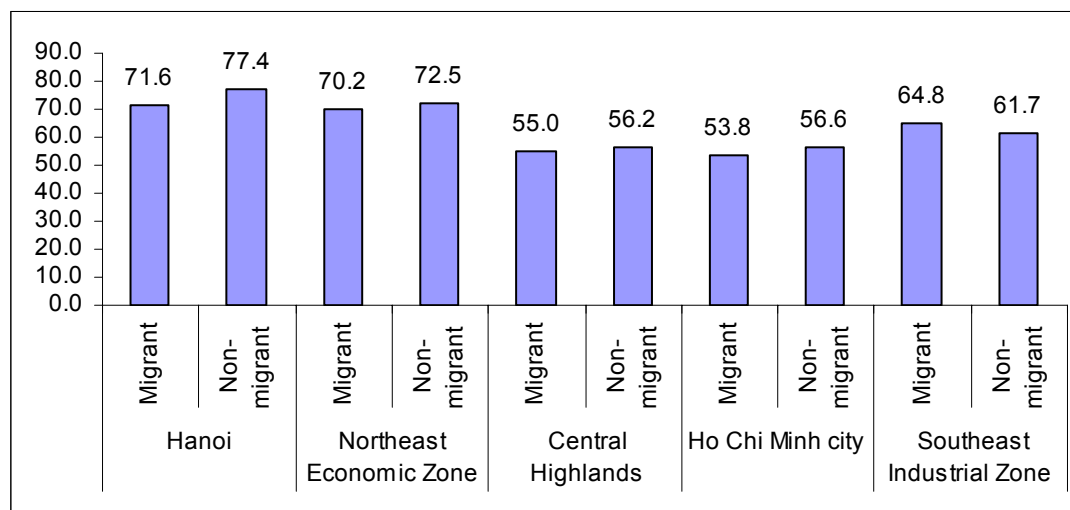
In Hanoi, Northeast Economic Zone and Central Highlands, television, radio, newspapers/magazines and friends/relatives are each cited as sources of information by over 50 percent of respondents. These sources are also important in Ho Chi Minh City and the Southeast Industrial Zone, although the ordering differ somewhat. The workplace seems to be an important source of information in urban areas but not in the Central Highlands.

Knowledge of causes of HIV/ AIDS

As explained in Chapter 1, an additive index of knowledge of awareness of causes of HIV/AIDS was constructed. Values on this index can range from a low of zero to a high of seven. Those with scores of 6-7 were grouped as having high levels of awareness.

Overall, non-migrants have slightly higher levels of awareness of causes of HIV/AIDS than do migrants (63.1 percent of migrants and 64.9 percent of non-migrants). There are differences by region (Figure 3.8). Regions with the lowest level of awareness of causes of HIV/AIDS are the Central Highlands (55.0 percent of migrants and 56.2 percent of non-migrants) and Ho Chi Minh City (53.0 percent of migrants and 56.6 percent of non-migrants). The highest levels of awareness are found in Hanoi and Northeast Economic Zone. In all areas except the Southeast Industrial Zone, migrants have lower levels of awareness of HIV/AIDS than do non-migrants.

Figure 3.8: Percent of respondents with high level of awareness of causes of HIV/AIDS by current region of residence and migration status



Knowledge of HIV/AIDS risk.

One question in the survey that addresses the extent to which people are aware of the risk of contracting HIV is: “Is a man who has a healthy appearance able to infect other with the HIV virus?”

Most respondents provided the correct response to this questions (84.9 percent of migrants compared to 86.6 percent of non-migrants). Males were more likely than females to respond correctly. According to the results of the demographic and health survey in 2002 (VNDHS, 2002) conducted among married women 15-49 years-old, only 78 percent provided the correct answer compared to 84 percent for this survey⁷. This could be considered as a positive sign of the success of the HIV/ AIDS campaigns.

Table 3.7: Percent providing correct answers regarding HIV/AIDS risk, by current area of residence, migration status and sex

<i>Current area of residence</i>	<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Ranking</i>
	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	
Northeast Economic Zone	95.0	96.4	92.7	93.2	93.7	94.6	1
Hanoi	92.1	93.4	87.7	92.7	89.5	93.0	2
Southeast Industrial Zone	86.2	90.3	84.4	80.7	85.1	84.4	3
Ho Chi Minh City	81.1	85.8	78.4	76.8	79.8	80.7	4
Central Highlands	73.3	82.1	77.0	75.4	75.2	79.6	5

⁷ Vietnam: Demography and Health Survey, 2002. Hanoi, 9/2003.

However, levels of knowledge varied considerably among regions, with the percent providing correct responses very high in the Northeast Economic Zone and Hanoi but low in the Central Highlands and, especially for females, in Ho Chi Minh City.

Knowledge of HIV/AIDS prevention

The individual questionnaire of the 2004 survey asked two questions about HIV/AIDS prevention measures. The first question was: “In your opinion, can we avoid AIDS or avoid the HIV/AIDS virus?”. For those who provided a positive response, an additional question was asked: “What should we do to avoid the HIV/AIDS virus?”

a. Prevention of HIV

The percent of respondent answering “there are measures to prevent HIV/AIDS” is very high (95.1 percent of migrants and 95.8 percent of non-migrants) (General Statistics Office)⁸. It all age groups, non-migrants were slightly more likely than migrants to state that it was possible to avoid contracting the virus, while males were slightly more likely than females to state that it was possible to avoid contracting HIV (Table 3.8). Only in the Central Highlands do a significant proportion of respondents (14.0 percent of migrants and 16.5 percent of non-migrants) not know that it is possible to prevent contracting HIV.⁹

Table 3.8: Percentage distribution of responses about whether it is possible to prevent contracting HIV/AIDS, by migration status, age and sex

	15- 29		30-44		45-59		Total	
	Migrants	Non-migrants	Migrants	Non-migrants	Migrants	Non-migrants	Migrants	Non-migrants
Male								
Yes	96.8	97.4	94.8	97.2	96.9	95.5	96.2	96.9
No	0.9	1.4	1.5	0.8	0.6	1.8	1.1	1.2
Don't know	2.3	1.2	3.7	2.0	2.5	2.6	2.7	1.9
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Number	1261	567	657	1208	160	494	2078	2269
Female								
Yes	95.1	95.8	92.4	94.6	93.0	94.1	94.3	94.8
No	1.8	0.8	1.9	1.9	4.1	2.1	2.0	1.6
Don't know	3.1	3.4	5.7	3.5	2.9	3.8	3.8	3.6
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Number	1863	768	725	1212	171	628	2759	2608

⁸ General Statistic Office, UNFPA: Vietnam Migration Survey 2004: The Major Findings. Statistics Publishing House. Hanoi, 2005. Page 133.

⁹ These data were calculated from table 7.8. Percentage distribution of people informing the HIV/AIDS preventive measures, by current area of residence, migration status, sex. Vietnam Migration Survey, 2004: The Major Findings. Statistics Publishing House, Hanoi, 2005. Page 133.

Based on responses to 10 questionnaire items that gauged knowledge of HIV prevention, an additive index varying from 0 to 10 was constructed. This index was categorized into the following categories: High knowledge (9-10 on the index); Good (7-8); Medium (5-6) and; Poor (0-4). The mean score of the index was 6.5 for migrants and 6.6 for non-migrants. The mean score for males was 6.5 and for females was 6.4.

The difference among age groups is not large (Table 3.9). For all age groups, scores of knowledge on HIV prevention measures of migrants are lower than non-migrants. However, the difference is not large (a mean value of 6.5 for migrants compared to 6.6 for non-migrants). Among migrants, males and females generally have the same levels of knowledge, although for non-migrants knowledge is generally higher for males than for females..

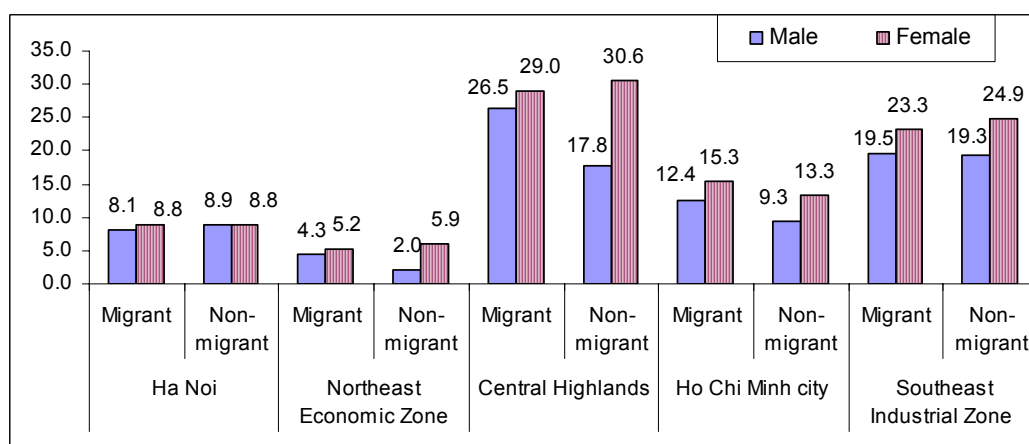
Table 3.9: Percentage distribution and mean value of index of knowledge of HIV prevention measures by migration status, age group and sex

<i>Knowledge</i>	<i>15- 29</i>		<i>30-44</i>		<i>45-59</i>		<i>Total</i>	
	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>	<i>Migrants</i>	<i>Non-migrants</i>
Male								
0-4 score	14.6	13.4	14.2	10.9	13.5	12.0	14.4	11.8
5-6 score	36.4	34.2	36.4	36.2	33.9	37.5	36.2	36.0
7-8 score	32.7	34.2	35.2	35.4	38.0	34.3	33.9	34.8
9-10 score	16.3	18.2	14.2	17.5	14.6	16.3	15.5	17.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean	6.5	6.6	6.5	6.7	6.5	6.6	6.5	6.7
Number	1298	588	682	1232	171	502	2151	2322
Female								
0-4 score	14.8	14.4	18.9	16.5	19.9	16.8	16.2	16.0
5-6 score	35.2	35.1	32.1	33.4	30.6	34.1	34.1	34.1
7-8 score	34.0	36.5	31.4	33.7	34.9	34.8	33.4	34.8
9-10 score	16.0	14.1	17.7	16.3	14.5	14.3	16.4	15.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean	6.5	6.5	6.4	6.5	6.3	6.4	6.5	6.5
Number	1903	787	758	1251	186	649	2847	2687
Total								
0-4 score	14.7	14.0	16.7	13.7	16.8	14.7	15.4	14.0
5-6 score	35.7	34.7	34.1	34.8	32.2	35.5	35.0	34.9
7-8 score	33.5	35.5	33.2	34.6	36.4	34.6	33.6	34.8
9-10 score	16.1	15.9	16.0	16.9	14.6	15.2	16.0	16.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean	6.5	6.6	6.4	6.6	6.4	6.5	6.5	6.6
Number	3201	1375	1440	2483	357	1151	4998	5009

There is considerable variation among regions in levels of knowledge of HIV prevention. The proportion with low levels of knowledge are lowest in Hanoi and the Northeast Economic Zone. The proportion in the low knowledge category is by far the highest among respondents in the Central Highlands, with 26.5 percent of migrant males, 17.8 percent of non-migrant males, 29 percent of migrant females and 30.6 percent of non-migrant females in this category). The proportion with low levels of knowledge is

also high among both migrants and non-migrants in the Southeast Industrial Zone (Figure 3.9).

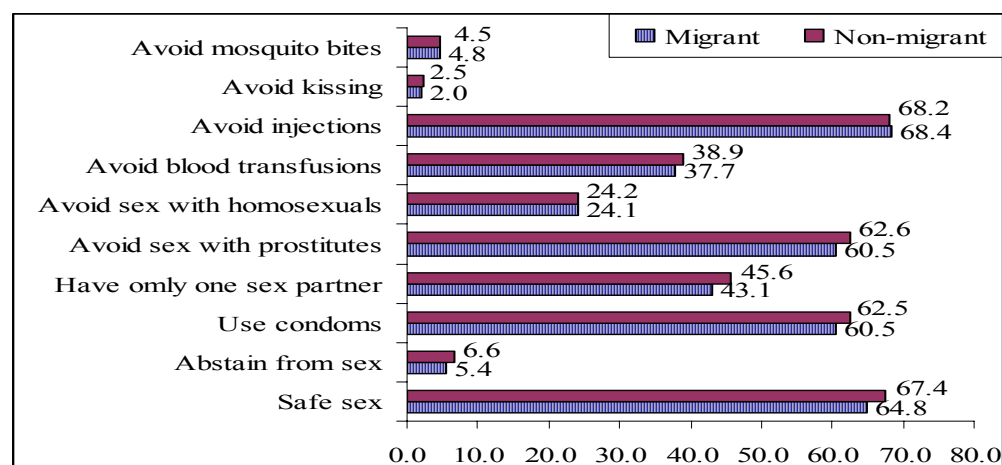
Figure 3.9: Percent of respondents with low scores on the index of knowledge of prevention measures by migrant status, area of current residence and sex



The prevention activities most likely to be cited were “safe sexual activities” and “no drug injection” (68.4 percent of migrants and 68.2 percent of non-migrant reported “no drug injection” and 64.8 percent of migrants and 67.4 percent of non-migrants reported “safe sexual activities”). Overall, there are only small differences between migrants and non-migrants in the percent reporting different prevention activities (Figure 3.10).

It appears that awareness of HIV prevention is not high, with only about 60 percent of respondents stating that using condoms while having sex can help them to prevent HIV. There needs to be much more IEC provided in this area.

Figure 3.10: Percent responding ‘yes’ to questions related to HIV prevention measures, by migration status



3.2. Attitudes to HIV/AIDS infected persons

About 60 percent of respondents reported that it is necessary to help HIV/AIDS infected persons, and about 70 percent said that while they would keep contact with an infected person they would try to protect themselves. Although it appears that discrimination towards infected people is not strong, it is expressed more strongly by migrants than non-migrants. While 55.2 percent of migrants think that HIV infected persons need help the corresponding percent among non-migrants is 58 percent, and although 67.1 percent of migrants stated that they would keep contact with a HIV positive person but try to protect themselves, 71.8 percent of non-migrants provided this response.

Table 3.10: Percentage of responses on how they would deal with HIV positive persons, by migrant status and current area of residence

<i>Current area of residence</i>	<i>Helping people living with HIV/AIDS</i>			<i>Still keep contact and using preventive measures</i>			<i>Avoiding people living with HIV/AIDS</i>		
	<i>Non-</i>		<i>Ranking</i>	<i>Non-</i>		<i>Ranking</i>	<i>Non-</i>		<i>Ranking</i>
	<i>Migrant</i>	<i>migrant</i>		<i>Migrant</i>	<i>migrant</i>		<i>Migrant</i>	<i>migrant</i>	
Ha Noi	36.6	43.9	5	73.3	79.9	1	8.7	5.8	3
Northeast Economic Zone	65.7	71.4	1	70.6	77.1	3	5.3	5.2	4
Central Highlands	61.8	61.6	2	61	63.7	4	8.1	9.3	2
Ho Chi Minh City	50.7	52.6	4	72.4	73.3	2	9.5	7.8	1
Southeast Industrial Zone	61.0	61.9	3	58.1	61.9	5	5.7	4.6	5

HIV/AIDS infected people would appear to suffer less discrimination in the Northeast Economic Zone (Table 3.10), with 65.7 percent of migrants and 71.4 percent of non-migrants stating that they would help a HIV positive person. The proportion who stated that they would avoid HIV positive persons is highest in Ho Chi Minh City and the Central Highlands.

3.3. Assessing HIV/ AIDS risks of migrants

As can be seen from Figure 3.11, 51.5 percent of non-migrants think that migrants have a higher risk of HIV/ AIDS infection while only 41.2 percent of migrants agree with the statement. The Northeast Economic Zone and Hanoi are the two areas having the highest percent of people who believe that the risks of HIV/AIDS infection of migrants is higher than non-migrants. Central Highlands is the area that has the lowest percent of people who agree to this statement. (Table 3.11)

Figure 3.11: Percent who believe that migrants have higher risks of HIV/AIDS infection than non-migrants, by age, migration status and sex

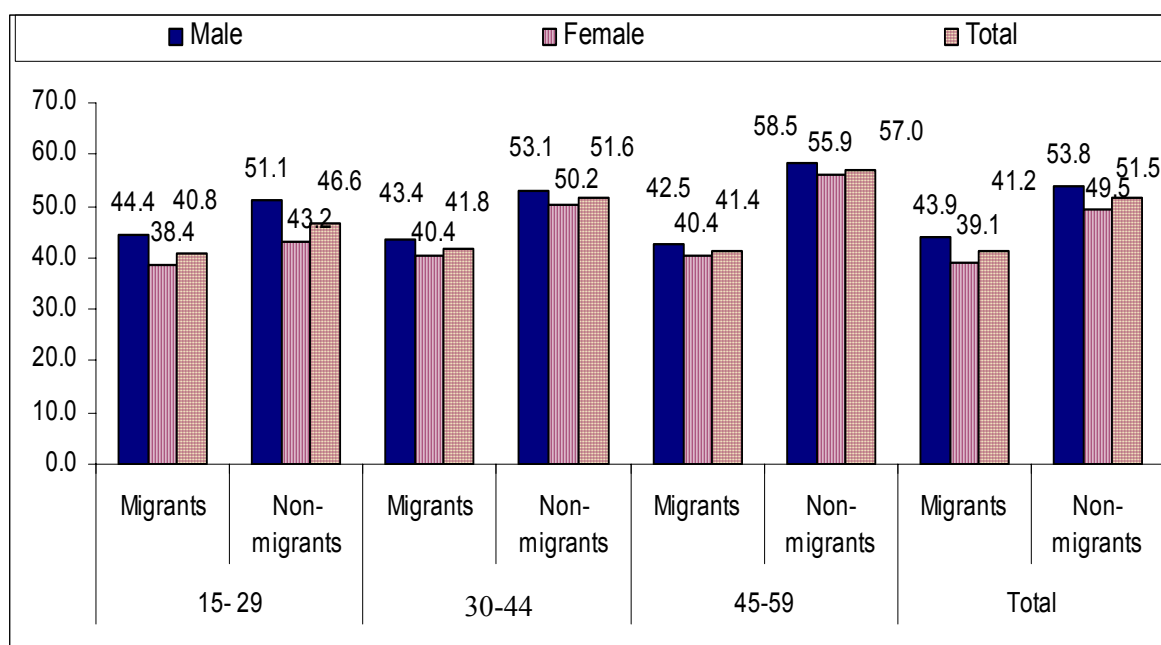
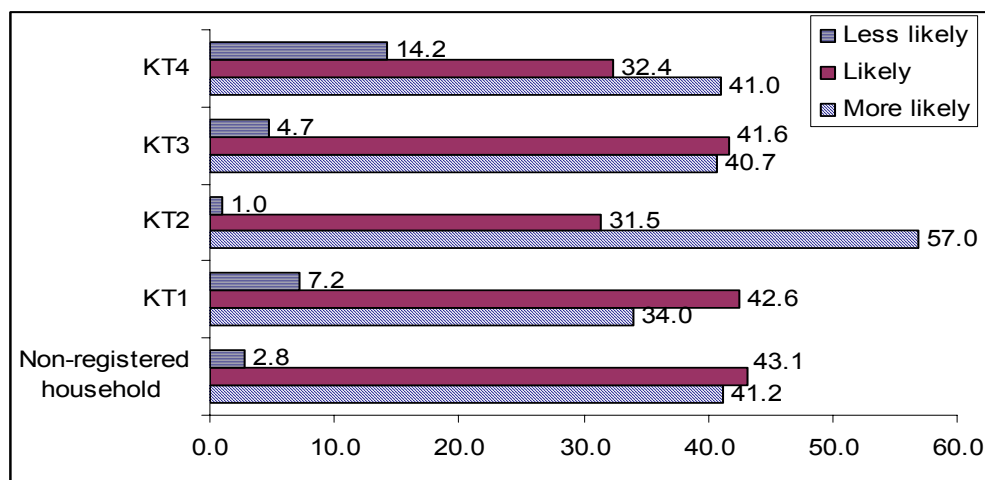


Table 3.11: Percent who believe that the risk of HIV/ AIDS infection of migrants is higher than non-migrants by current region of residence and migration status

Current area of residence	Male			Female			Total		
	Migrants	Non-migrant	Ranking	Migrants	Non-migrant	Ranking	Migrants	Non-migrant	Ranking
Hanoi	46.9	66.2	2	44.1	61.4	1	45.3	63.5	1
Northeast Economic Zone	54.2	63.9	1	44.6	43.5	2	48.8	58.1	2
Central Highlands	30.8	39.8	5	32.0	32.0	5	31.4	36.8	5
Ho Chi Minh City	41.2	46.6	4	32.4	42.3	4	36.1	44.2	4
Southeast Industrial Zone	46.0	55.9	3	40.7	51.4	3	42.8	53.2	3

In general, non-migrants in every area consider the risk of contracting HIV/AIDS of migrants higher than the percent of migrants who hold that belief.

Figure 3.12. Percent of beliefs about the relative risk of HIV infection of migrants compared to non-migrants, by household registration status



Analyses based on household registration status, shows that KT2 migrants have the highest percent who think that the highest risks of HIV/ AIDS infection fall on migrants (Figure 3.12). However, 14.2 percent of KT4 migrants believe that migrants have a lower probability of HIV infection compared to non-migrants. In fact, many researches have indicated a higher infection rate for migrants than non-migrants (Xiushi Yang et al, 2005; Archana K.Roy, 2005). This is a message that should be considered in IEC.

3.4. Multivariate analysis of knowledge of sexually transmitted infections and HIV/AIDS

In order to analyze the determinants of knowledge of sexually transmitted infections and HIV/AIDS, ordinary least squares regression models were estimated. The results are shown in Table 3.12. The dependent variable is an additive index of knowledge of STIs and HIV.

Table 3.12 shows that there is a clear discrepancy in the knowledge on STIs and HIV between migrants and non-migrants. Migrants are less knowledgeable than non-migrants. That gap is 0.512 units on the additive index.

Among non-migrants, females have significantly lower knowledge of STIs and HIV than do males, although the difference is only 0.339 units. There is no significant difference by sex for migrants. Stratifying by age, the discrepancy in the knowledge on STIs and HIV between migrants and non-migrants does not have statistical significance. This result is similar to that described earlier in the Chapter 3.

Compared to the Kinh, members of ethnic minorities have much lower knowledge on STIs and HIV. This effect occurs for both migrants and non-migrants and suggests the need to urgently build knowledge in these areas for ethnic minorities. Differentials in knowledge are also associated with religion for both migrants and non-migrants. The never-married persons have significantly lower levels of STI/HIV knowledge than the ever-married persons, with the differences being slightly greater for non-migrants than migrants.

The variable of educational level used in the model is the average number of schooling years attained by the respondents. The result shows that education is positively and significantly related to levels of STI/HIV knowledge. Each increase in one year of schooling is associated with a 0.229 unit increase on the knowledge index for migrants and a 0.115 increase for non-migrants. These increases occur even after controlling for exposure to media, suggesting that formal education is a very efficient means of transferring knowledge of these diseases. Exposure to newspapers, radio and television are also powerful determinants of knowledge, with the effects of exposure to television being particularly large.

Household expenditures, one of the categories reflecting living standard, has a large impact to the knowledge on STIs and HIV of both migrants and non-migrants. The mean knowledge scores are directly proportional to the level of expenditures per month. This reveals that the higher living standards is associated with better knowledge of STIs and HIV.

Among migrants, holders of all forms of household registration are significantly more likely than those with no registration in the place of destination to have better knowledge of STIs/HIV. Those with KT1 and KT2 registration have the highest levels of knowledge. As these results hold after controlling for individual characteristics and exposure to media, this suggests that registration status can impact upon the amount of knowledge a migrant receives about STI/HIV.

Among migrants, compared to those persons living in Hanoi, migrants to Ho Chi Minh City and the Southeast Industrial Zone have significantly lower levels of knowledge while those migrants to the Northeast Economic Zone have significantly higher levels of knowledge. These results are similar for non-migrants, suggesting that the effects are probably an outcome of regional differences in the strength of IEC campaigns.

Table 3.12: Results of the regression model of knowledge on STIs and HIV/ AIDS

<i>Independent variables</i>	<i>Migrants</i>		<i>Non-migrants</i>		<i>Total</i>	
	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>
Migration status						
Migrants	-	-	-	-	CG	CG
Non-migrants	-	-	-	-	0.512	0.001
Sex						
Male	CG	CG	CG	CG	CG	CG
Female	-0.214	0.3141	-0.417	0.0339	-0.297	0.039
Religion						
No religion	CG	CG	CG	CG	CG	CG
Buddhist	-0.643	0.1574	-0.872	0.0276	-0.796	0.008
Catholic	0.175	0.7172	-0.204	0.6060	-0.040	0.897
Other	-4.136	0.0000	-4.790	0.0000	-4.048	0.000
Ethnicity						
Kinh	CG	CG	CG	CG	CG	CG
Others	-4.937	0.0000	-5.160	0.0000	-5.018	0.000
Marital status						
Single	CG	CG	CG	CG	CG	CG
Married	0.513	0.0785	1.052	0.0375	0.659	0.004
Separated/ Divorced/ Widowed	0.775	0.2061	1.496	0.0130	1.015	0.006
Employment status						
Having job. with labour contract	CG	CG	CG	CG	CG	CG
Having job. without labour contract	-1.209	0.0000	-1.176	0.0000	-1.287	0.000
Unemployed	-1.039	0.0036	-0.978	0.0020	-1.068	0.000
Access to media						
Reading newspaper or magazine at least once a week	CG	CG	CG	CG	CG	CG
Not reading newspaper or magazine at least once a week	-1.303	0.0000	-1.830	0.0000	-1.624	0.000
Listen to a radio at least once a week	CG	CG	CG	CG	CG	CG
Not Listen to a radio at least once a week	-0.586	0.0064	-0.667	0.0007	-0.629	0.000
Watch television at least once a week	CG	CG	CG	CG	CG	CG
Not watch television at least once a week	-1.920	0.0000	-3.653	0.0000	-2.365	0.000
Go to Cinema at cinema house last 6 months	CG	CG	CG	CG	CG	CG
Not Go to Cinema at cinema house last 6 months	-0.097	0.8379	-0.301	0.4882	-0.208	0.518
Go to Opera/concert at theatre house last 6 months	CG	CG	CG	CG	CG	CG
Go to Opera/concert at theatre house last 6 months	-0.342	0.3591	0.422	0.2244	0.052	0.838
Go to festival/gymnastics/sport/games last 6 months	CG	CG	CG	CG	CG	CG
Not Go to festival/gymnastics/sport/games last 6 months	-0.878	0.0100	-0.241	0.3917	-0.552	0.012
Go to tourism/sightseeing last 6 months	CG	CG	CG	CG	CG	CG
Not go to tourism/sightseeing last 6 months	0.148	0.6084	-0.050	0.8427	-0.014	0.941
Expenditure per capita per month	0.249	0.0045	0.385	0.0000	0.312	0.000
Education	0.229	0.0000	0.115	0.0003	0.173	0.000
Age	-0.004	0.7298	-0.005	0.5544	-0.002	0.804
Region						
Hanoi	CG	CG	CG	CG	CG	CG
Northeast Economic Zone	0.625	0.0731	0.676	0.0264	0.830	0.000
Central Highlands	-0.590	0.1967	0.444	0.2852	0.141	0.639
Ho Chi Minh City	-1.230	0.0010	-0.682	0.0405	-1.023	0.000
Southeast Industrial Zone	-1.668	0.0000	-2.107	0.0000	-1.891	0.000

<i>Independent variables</i>	<i>Migrants</i>		<i>Non-migrants</i>		<i>Total</i>	
	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>
Household registration						
Household non-registration	CG	CG				
KT1	2.731	0.0000	-	-	-	-
KT2	2.617	0.0001	-	-	-	-
KT3	1.423	0.0071	-	-	-	-
KT4	1.155	0.0305	-	-	-	-
Constant	14.327	0.0000	15.989	0.0000	16.240	0.000
R Square	0.172		1.88		1.740	
N	4998		5009		10007	

Note: CG is comparison group

3.5. Vaccination

The percent of children aged less than five years of age who have been vaccinated is very high (97 percent of children of migrants and 98 percent of children of non-migrants).

Table 3.13: Percentage distribution of people reporting that their under 5 year-olds children had been vaccinated, by migrants status and region of current residence

	<i>Hanoi</i>		<i>Northeast Economic Zone</i>		<i>Central Highlands</i>		<i>Ho Chi Minh City</i>		<i>Southeast Industrial Zone</i>		<i>Total</i>	
	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-Migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>
Vaccination												
Vaccinated	100.0	99.6	99.4	99.3	94.8	96.7	99.3	99.6	95.6	98.3	97.0	98.5
Not vaccinated	0.0	0.0	0.6	0.7	4.8	3.3	0.7	0.4	4.4	1.4	2.9	1.4
Don't Know	0.0	0.4	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.3	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	203	259	172	275	459	424	139	277	248	293	1221	1528
Vaccination certificate												
Have	93.6	96.1	97.7	97.8	94.3	96.8	91.3	94.6	97.5	99.3	94.9	96.9
Not have	6.4	3.9	2.3	2.2	5.7	3.2	8.7	5.4	2.5	0.7	5.1	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	203	258	171	273	435	410	138	276	237	288	1184	1505

The Central Highlands is the area that has the lowest percent of children of migrants who have been vaccinated (94.8 percent) compare to children of non-migrants (96.7 percent). In the Southeast Industrial Zone, 95.6 percent of children of migrants and 98.3 percent of the children of non-migrants have been vaccinated.

Overall, 94.9 percent of migrants and 96.9 percent of non-migrants with children aged under five years-olds were able to show their children's vaccination cards.

3.6. Family planning

3.6.1. Contraceptive prevalence

The percent of currently married migrants who are using contraception is lower than that of non-migrants (65.8 percent compared to 71.7 percent). However, if we analyze by age group we can see the highest percent using contraception belongs to group of 25–39 years of age, and this group also shows the smallest difference between migrants and non-migrants (75.4 percent for migrants compared to 76.9 percent for non-migrants). For ages 15–24, 59.5 percent of migrants and 70.3 percent of non-migrants are current users and for age group 40–49, 50.5 percent of migrants and 49.7 percent of non-migrants are users of contraception.¹⁰

Regional differences are pronounced. In the Northeast Economic Zone over 70 percent of eligible migrant couples were using contraception at the time of the survey. This compares to less than 70 percent for eligible migrant couples in the Central Highlands, the Southeast Industrial Zone, Hanoi and Ho Chi Minh City. Among non-migrants, the respective percent of couples using contraception are Southeast Industrial Zone (74.1 percent); Northeast Economic Zone (73.0 percent); Ho Chi Minh City (72.6 percent), Central Highlands (71.6 percent) and Hanoi (63.5 percent)¹¹.

3.6.2. Type of contraceptives used

The most commonly used contraceptive is the IUD, which is used by 31.2 percent of migrants and 30.7 percent of non-migrants. Migrants are more likely to use the IUD than are non-migrants (38.1 percent of migrants compared to 32.6 percent of non-migrants at ages 25-39; 28 percent of migrants compared to 21.7 percent of non-migrants at ages 40-49).

The percent using modern contraceptive methods such as the pill and diaphragm/foam declines with age. For example, the percent of migrants using the pill is 10.7 percent at ages 15–24; 7.1 percent at ages 25–39; and 1.1 percent at ages 40–49. For both migrants and non migrant, the highest percent using the diaphragm/foam is at ages 15-24 (10.4 percent for migrants and 13.6 percent for non migrants).¹²

¹⁰ These data were calculated from table 7.10 and 7.11 of "Vietnam migration survey 2004: The major findings". Statistical Publishing House, Hanoi, 2005. Page 143-144.

¹¹ These data were calculated from table 7.10 of "Vietnam migration survey 2004: The major findings". Statistic Publishing House, Hanoi, 2005. Page 143.

¹² General Statistics Office; United Nation Population Fund; Vietnam Migrant Research 2004; Main conclusions. Statistical Publishing House. Hanoi 2005. Page 144.

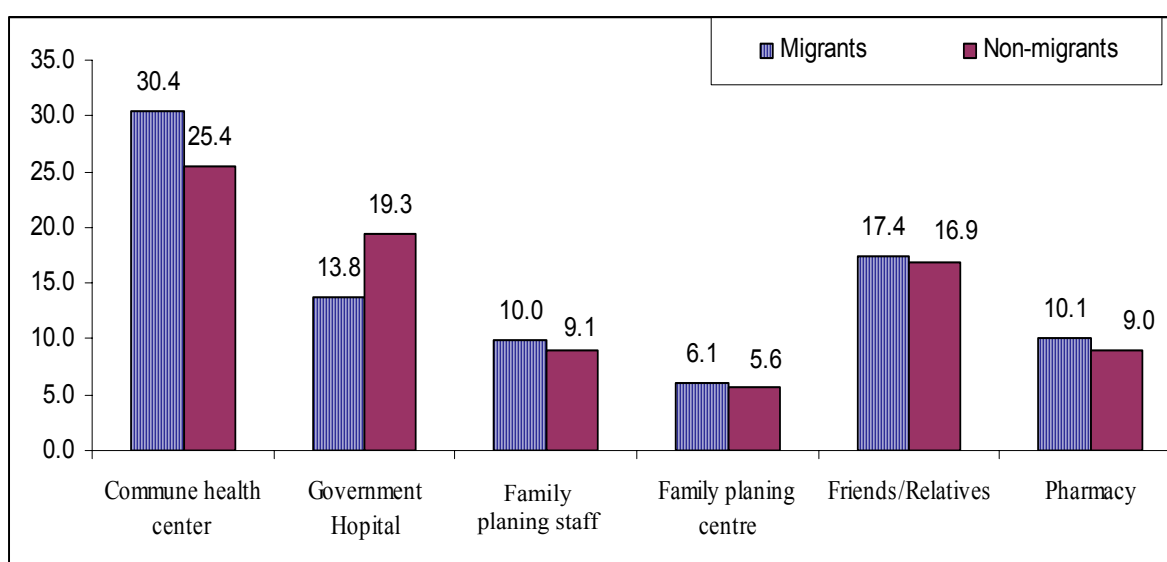
In Hanoi, the Northeast Economic Zone and the Central Highlands, the percent of migrants using the IUD is higher than that of non-migrants. Only in the Southeast Industrial Zone is the opposite situation found, with non-migrants more likely to be using the IUD than migrants (31.9 percent compared with 27.6 percent). Surprisingly, Ho Chi Minh City is the place that both migrants and non-migrants reported the highest proportion using the IUD percent (34.1 percent of migrants and 40.5 percent of non-migrants). (General Statistics Office, 2005).

Hanoi (17.6 percent of migrants and 18.7 percent of non-migrants) has the highest percent of migrants using the diaphragm. Ho Chi Minh City (11.5 percent of migrants and 10.9 percent of non-migrants) and the Southeast Economic Zone (12.2 percent of migrants and 8.3 percent of non-migrants) has the highest percent of migrants using the pill. The Central Highlands has the highest percent using male sterilization (12.3 percent of migrants and 13.1 percent of non-migrants), followed by the Southeast Industrial Zone (10.1 percent of migrants and 19.8 percent of non-migrants) and the Northeast Economic Zone (10.4 percent of migrants and 14.0 percent of non-migrants) (General Statistical Office, 2005).

In conclusion: the percent of migrants using contraceptive methods is lower than that of non-migrants. The IUD is the most popular contraceptive method, especially for young women.

3.6.3. Source of contraceptives

Figure 3.13: Percent obtaining contraceptives from specified source, by migration status



Although it is often assumed that it is difficult for migrants to access family planning services at local medical services, in fact the proportion of migrants who obtain

contraceptives from local medical services is higher than that of non-migrants. Non-migrants are more likely than migrants to use Government hospitals to buy/or obtain contraceptive methods because of their higher income, but migrants are also able to obtain contraceptives at local medical services (Figure 3.13).

The older migrants are more likely to use Government hospitals to obtain their contraceptives (7.9 percent for age group 15–24; 14.2 percent for age group 25–39; and 18.8 percent for age group 40–49). The percentage of migrants and non-migrants obtaining contraceptives from Commune health center is equivalent. For all age groups, the percentage of migrants obtaining contraceptive methods from Commune health center is higher than that of non-migrants.

The percentage of women obtaining contraceptives from field workers decrease with age. For example: females at the ages 15–24 who obtain contraceptives from a field worker make up 7.3 percent of migrant women and 12.9 percent of non-migrant women; with women aged 40–49, the respective percent are 9.1 percent and 9.0 percent.

For those who prefer the pharmacy for their contraceptive supplies, the percent declines by age: 13.1 percent of migrant in age group 15–24, and 11.2 percent of migrants in age group 25–39. It is only 2.3 percent of migrants for age group 40–49

Table 3.14: Percentage distribution of source of supply of contraceptive currently used by currently married women aged 15–49, by age and migration status

	15- 24		25-39		40-59		Total	
	Migrant	Non-migrant	Migrant	Non-migrant	Migrant	Non-migrant	Migrant	Non-migrant
Government Hospital	7.9	10.0	14.2	19.7	18.8	20.3	13.8	19.3
Commune health center	28.8	27.1	30.9	24.5	30.1	27.2	30.4	25.4
Family planning center	6.3	7.1	5.8	5.5	6.8	5.7	6.1	5.6
Field worker	7.3	12.9	10.9	8.8	9.1	9.0	10.0	9.1
Pharmacy	13.1	5.7	11.2	10.5	2.3	6.2	10.1	9.0
Friend/relatives	21.5	20.0	15.6	16.6	19.9	17.0	17.4	16.9
Other source	15.1	17.2	11.4	14.4	13	14.6	12.2	14.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	191	70	667	875	176	389	1034	1334

In all regions, migrants are less likely than non-migrants to obtain their contraceptives at Government hospitals (Table 3.15). The percent is highest in the Southeast Industrial Zone followed by Ho Chi Minh City, Hanoi, the Northeast Economic Zone, and the Central Highlands.

Table 3.15: Percentage distribution of source of contraceptives, by current area of residence and migration status

<i>Source</i>	<i>Hanoi</i>		<i>Northeast Economic zone</i>		<i>Central Highlands</i>		<i>Ho Chi Minh city</i>		<i>Southeast industrial zone</i>	
	<i>Migrants</i>	<i>Non- migrants</i>	<i>Migrants</i>	<i>Non- migrants</i>	<i>Migrants</i>	<i>Non- migrants</i>	<i>Migrants</i>	<i>Non- migrants</i>	<i>Migrants</i>	<i>Non- migrants</i>
Government hospitals	15.9	15.6	11.2	17.1	10.1	21.9	16.9	23.2	17.4	18.6
Copmmune health center	38.3	33.5	31.2	21.6	35.5	25.8	28.3	27.7	14.7	20.7
Pharmacy	17.9	16.1	5.3	10.6	2.6	2.0	10.2	7.1	17.9	9.8
Friends/ relatives	6.5	4.9	27.1	25.0	19.9	23.8	18.1	12.0	15.8	16.3
Other source	21.4	29.9	25.2	25.7	31.9	26.5	26.5	30.0	34.2	34.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	201	224	170	292	307	256	166	267	190	295

In all regions, the percent of migrants who obtain their contraceptives from Copmmune health center is higher than that of non-migrants. Only in the Southeast Industrial Zone is the situation different. This might be explained by the restriction of working hours that migrants face, as they mainly work for factories. That prevents them from accessing services from Copmmune health center. This results in the percent of migrants who buy contraceptives at the pharmacy being higher than for non-migrants (17.9 percent compared to 9.8 percent).

It is interesting to note that migrants of less than one year of residence who obtain contraceptives from Copmmune health center account for the highest proportion (39 percent). However, the longer the period of residence of migrants the lower the proportion (33.3 percent of migrants of 1- 2 years residence; 29.4 percent of migrants of 3-4 years residence and 23 percent of migrants with residence of 5 years and over) (Table 3.16)

Among migrants, women with under one year of residence who obtain contraceptives from pharmacies comprise the highest percent (10.5 percent of women with under one year of residence; 9.8 percent of female migrants with 1-2 years of residence; 9.5 percent with 3-4 years of residence and 7.4 percent with 5 years and over of residence)

Table 3.16: Percentage distribution of source of contraceptives for migrants, by time in place of residence

<i>Source</i>	<i>Less than 1 year</i>	<i>1-2 years</i>	<i>3-4 years</i>	<i>5 years and over</i>	<i>From birth</i>	<i>Total</i>
Commune health center	39.0	33.3	29.4	23.0	31.1	27.6
Friends/ relatives	14.3	17.8	15.2	18.8	14.8	17.1
Government hospitals	13.3	11.2	15.6	19.6	16.0	16.9
Pharmacy	10.5	9.8	9.5	7.4	14.5	9.5
Field Workers	7.6	8.0	11.8	9.2	8.8	9.5
Family planning centre	4.8	8.3	5.5	6.0	4.3	5.8
Other	10.5	11.6	13.0	16.0	10.5	13.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	105	276	473	1115	399	2368

Conclusion

Migrants have a relatively high level of awareness of the names of STIs. Hepatitis B is the most well-known STI. However, in all of these regions, the percent with awareness of STIs is higher for non-migrants than for migrants.

The percent with the lowest level of knowledge of STIs was found in the Central Highlands and in the new industrial zones. Migrants have lower level of knowledge than non-migrants in all areas.

Migrants have fairly high level of awareness of HIV/AIDS and knowledge of transmission paths, but they have more limited knowledge of prevention measures. At each age, and in each region, migrants have a lower level of knowledge than do non-migrants. The level of knowledge is lowest in the Central Highlands, however, a lower level of knowledge can be found in Ho Chi Minh City, the Southeast Industrial Zone and Hanoi. Therefore, IEC must expand in both remote areas and in large cities.

There are differences among migrants in the levels of understanding of STIs and HIV/AIDS. Migrants with KT3 or KT4 household registration, and who are not registered, have lower levels of knowledge than other migrants. Period of residence is also related to level of knowledge. It may be that newer migrants do not communicate with residents and hence do not receive information.

The results came from multivariate analysis also confirmed that the knowledge level of migrants is lower than that of non-migrants. Of the factors influencing the knowledge level of migrants, education and household expenditures are positively and significantly related to levels of STI/HIV knowledge. Compared to the Kinh, members of ethnic minorities have much lower knowledge. This effect occurs for both migrants and

non-migrants and suggests the need to urgently build knowledge in these areas for ethnic minorities.

Most respondents did not express discrimination against those with HIV/AIDS (PLHA), but the percentage of respondents stating that they are willing to help PLHA is low. Hanoi and Ho Chi Minh City are the two largest cities of Vietnam, but residents of these cities have the most discriminatory attitudes. Migrants have more discriminatory attitudes than do non-migrants. Migrants are less likely than non-migrants to think that migrants are at higher risk of contracting HIV.

There is little difference between the proportion of children aged under five of migrants and non-migrants who are vaccinated. The vaccination program needs to concentrate on increasing the percent of children of new migrants who are vaccinated.

Most migrants come to local medical services to buy/or obtain contraceptives. For that reason, local medical services must improve their technical ability and contraceptive distribution system to help migrants prevent themselves from contracting HIV and help them plan their family size.

Chapter 4

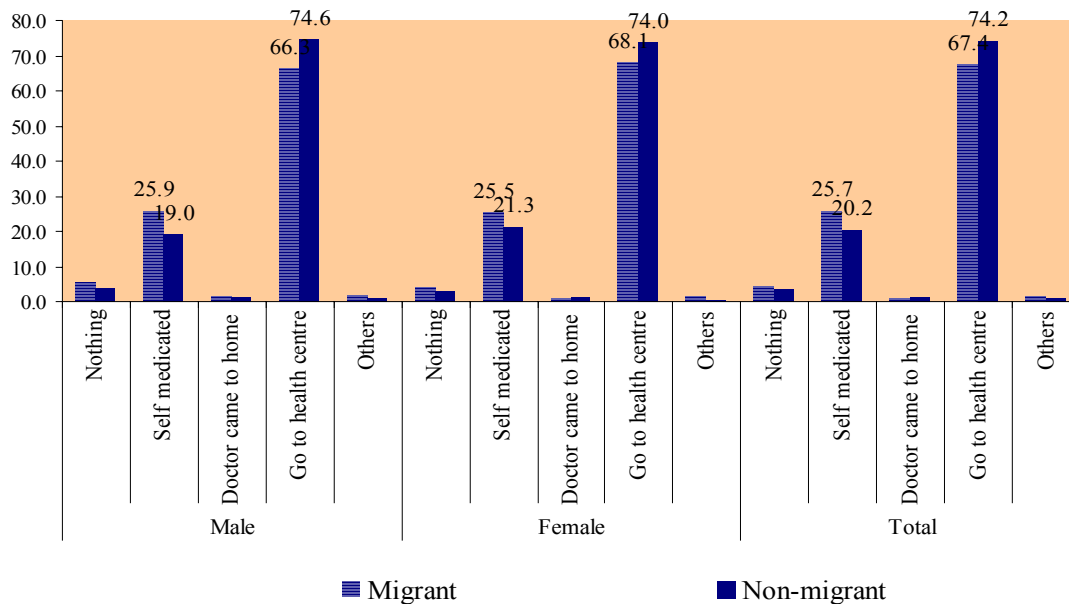
MIGRATION AND HEALTH CARE PRACTICES

The decision on choosing the models of health care or the type of health services is influenced by many elements such as knowledge; viewpoint on diseases and treatments; health service accessibility; service quality, and price (Mogensen et al, 2004). These elements may vary according to the social environment, living conditions and social relationships, all of which can change with migration. However, whether health practices change positively or negatively depends on characteristics of migration flows.

In this chapter, health practices of migrants will be analyzed in terms of the form of treatment for the last illness; method of treatment payment; health examination and health insurance. In the analysis migrants and non-migrants are compared on these outcomes.

4.1. Form of treatment for illness

Figure 4.1: Percentage distribution of form of treatment for the last illnesses, by migration status and sex



In Figure 4.1 it can be seen that migrants typically seek treatment at health clinics when they are ill. This is similar to the patterns for non-migrants. The percent who have no treatment is very small. Also very few are visited by doctors at their home. The comparison between migrants and non-migrants shows that the percentage of migrants who go to health clinics is lower than that of non-migrants (67.4 percent compared to

74.2 percent). Conversely, the percentage of migrants self-treating is higher than that of non-migrants (25.7 compared to 20.2 percent).

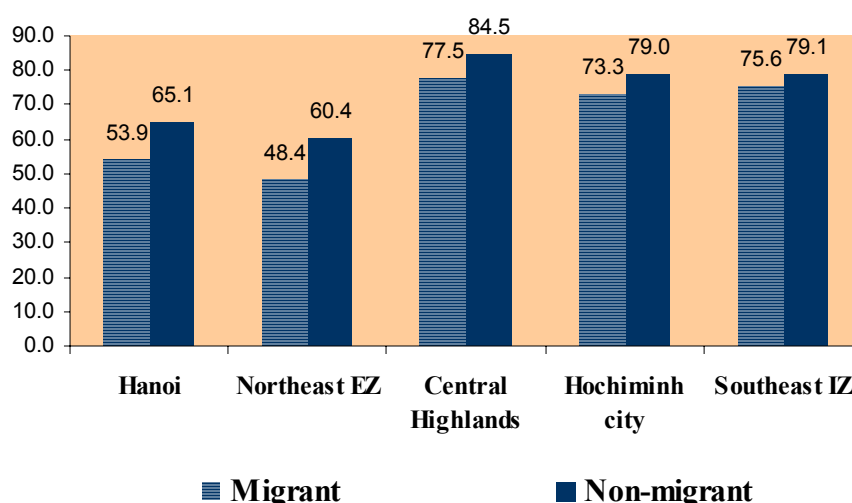
Table 4.1: Percentage distribution of primary form of treatment for the last illness, by area of current residence, migration status and sex

<i>Form of treatment</i>	<i>Hanoi</i>		<i>Northeast Economic Zone</i>		<i>Central Highlands</i>		<i>Ho Chi Minh City</i>		<i>Southeast Industrial Zone</i>	
	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>
Total										
Nothing	9.1	7.3	8.7	4.7	3.2	2.8	0.7	0.7	2.2	1.9
Self-medicated	36.1	25.9	39.4	30.9	16.7	11.2	23.9	19.2	19.2	17.3
Doctor came to home	0.5	1.2	3.2	3.5	1.2	0.9	0.5	0.7	0.0	0.4
Go to health centre	53.9	65.1	48.4	60.4	77.5	84.5	73.3	79.0	75.6	79.1
Others	0.5	0.4	0.3	0.6	1.4	0.7	1.6	0.5	3.0	1.3
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Number	427	505	378	492	654	690	427	433	464	473
Male										
Nothing	10.5	8.6	13.1	7.2	3.4	2.5	0.6	1.1	2.3	1.1
Self-medicated	39.1	20.8	36.9	29.0	17.7	11.4	24.8	18.3	22.4	22.8
Doctor came to home	0.0	1.0	3.8	4.3	1.4	0.8	0.6	0.6	0.0	0.6
Go to health centre	50.4	69.0	45.4	58.5	76.9	84.0	72.7	78.9	70.1	74.4
Others	0.0	0.5	0.8	1.0	0.7	1.3	1.2	1.1	5.2	1.1
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Number	133	197	130	207	294	394	161	175	174	180
Female										
Nothing	8.5	6.5	6.5	2.8	3.1	3.0	0.8	0.4	2.1	2.4
Self-medicated	34.7	29.2	40.7	32.3	15.8	10.8	23.3	19.8	17.2	14.0
Doctor came to home	0.7	1.3	2.8	2.8	1.1	1.0	0.4	0.8	0.0	0.3
Go to health centre	55.4	62.7	50.0	61.8	78.1	85.1	73.7	79.1	79.0	81.9
others	0.7	0.3	0.0	0.4	1.9	0.0	1.9	0.0	1.7	1.4
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Number	294	308	248	285	360	296	266	258	290	293

The form of treatment for the last illness varies among regions (Table 4.1). Generally, the proportion of female migrants coming to health clinics is higher than that of male migrants, especially in the Southeast Industrial Zone. The proportion of migrants in Hanoi and the Northeast Economic Zone coming to health facilities (53.9 percent and 48.4 percent respectively) is lower than that of migrants in the Central Highlands (77.5 percent), Ho Chi Minh City (73.3 percent) and the Southeast Industrial Zone (75.6 percent). In contrast, the proportion of migrants in Hanoi and the Northeast Economic Zone self-treating is more than that of migrants in other regions. Currently in Vietnam, basic health care accessibility is fairly good in all regions and it is not the key factor that affects the use of health services (World Bank, 2001). Therefore, the main reason for the above pattern might be that different regional attitudes about health may affect health care behaviors of migrants.

In all regions, the proportion of migrants who come to health facilities when they are ill is less than that of non-migrants, but the discrepancy between the percent of migrants and non-migrants coming to health facilities is comparatively large in Hanoi (53.9 percent compared to 65.1 percent respectively for migrants and non-migrants) and the Northeast Economic Zone (48.4 percent compared to 60.4 percent). However, this gap is narrower in the Central Highlands, Ho Chi Minh City and the Southeast Industrial Zone (77.5 percent compared to 84.5 percent; 73.3 percent compared to 79 percent; and 75.6 percent compared to 79.1 percent, respectively) (Figure 4.2). It can be surmised that health fees and health facilities availability cannot be the cause of the above pattern since the income of migrants in Hanoi and the Northeast Industrial Zone is lower than in Ho Chi Minh City and the Southeast Industrial Zone, and it rarely takes more than 20 minutes to get to the nearest health facility in all regions, except for Central Highlands which takes little longer time (General Statistics Office, 2005). A possible explanation may be the higher educational levels of migrants to Hanoi and the Northeast Economic Zone compared to the non-migrants (General Statistics Office, 2005) so they are confident on their health diagnosis self-assessment and self- treatment so that they do not see the need to come to a health facility.

Figure 4.2: Percent visiting health facilities for treatment for their last illness by area of current residence and migration status



The main reason for not visiting health facilities is “not seriously ill” which accounts for 89.8 percent of the migrant and 85.5 percent of the non-migrant responses. The two other frequently cited reasons are “medicine available at home” (12.4 percent of migrants and 18.2 percent of non-migrants) and “expensive treatment fee” (11.7 percent of migrants and 10.2 percent of non-migrants). A total of 7.1 percent of migrants state “difficult access to health facilities such as long way...” as the reason for not coming to health facilities while 4.8 percent of non-migrants provide this reason (Figure 4.3). These results suggest that migrants share the same viewpoint as non-migrants with respect to

“treatment fee”, however, they have to overcome some difficulties such as lack of medicine available at home or difficult geographical access to health facilities. However, difficulties of migrants compared to non-migrants vary among regions.

Figure 4.3: Percent citing specified reasons for not visiting health facility for treatment for their last illness, by migrant status

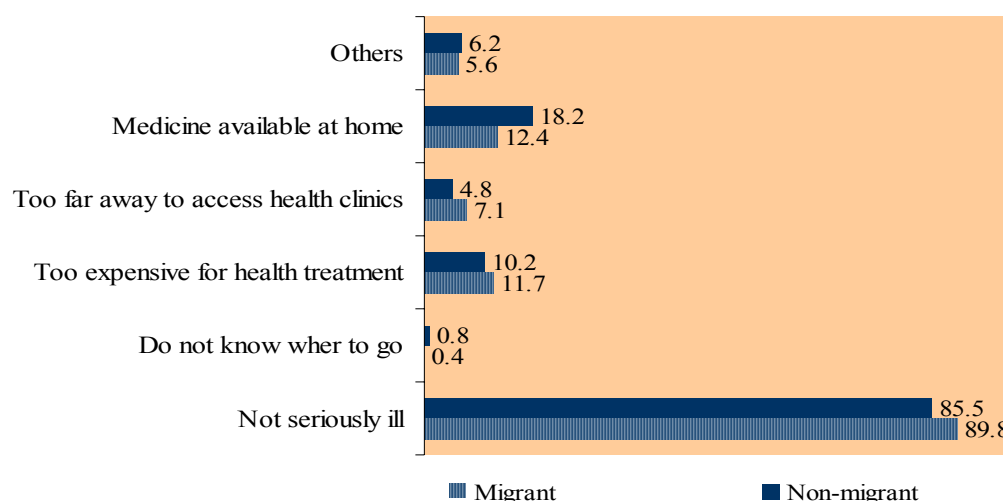


Table 4.2 shows the differences in reasons respondents gave for not coming to health facilities by region and migrant status. In all regions, the proportion of migrants who stated that their illness was not serious and there was no need to come to health facilities is higher than that of non-migrants. Migrants to Hanoi and the Northeast Economic Zone were more likely to provide this reason than were migrants to the Central Highlands, Ho Chi Minh City and the Southeast Industrial Zone. Migrants in the large cities of Hanoi or Ho Chi Minh City or developed industrial zones (the Northeast Economic Zone, the Southeast Industrial Zone) are more likely to provide this reason than were migrants to the Central Highlands. In all regions, male migrants were more likely than female migrants to report that their illness was not serious enough to warrant a visit to a health facility.

In terms of “too expensive treatment fee”, the percentage of migrants in Hanoi and Ho Chi Minh City reporting this reason is higher than that of non-migrants (7.7 percent compared to 1.1 percent in Hanoi; 12.1 percent compared to 6.7 percent in Ho Chi Minh City). In contrast, in the Southeast Industrial Zone and in the Central Highlands the proportion of migrants providing this reason is lower than that of non-migrants (1.0 percent compared to 4.3 in the Southeast Industrial Zone and 15.9 percent compared to 22.5 percent in the Central Highlands). The discrepancy between migrants and non-migrants may relate to income of migrants and health service costs (including fixed fees and extra- fees) in different regions.

Table 4.2: Percent citing specified reasons for not visiting health facilities for treatment in their last illness, by area of current residence, migration status and sex

<i>The reasons for not visiting health clinics</i>	<i>Hanoi</i>		<i>Northeast Economic Zone</i>		<i>Central Highlands</i>		<i>Ho Chi Minh City</i>		<i>Southeast Industrial Zone</i>	
	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>
Total										
Not too serious	96.9	92.0	95.4	89.6	71.0	66.7	87.9	79.8	92.9	91.4
Do not know where to go	0.0	0.6	0.0	0.5	0.0	1.0	1.9	2.2	1.0	0.0
Too expensive	7.7	1.1	18.0	16.1	15.9	22.5	12.1	6.7	1.0	4.3
Too far way	0.0	0.0	1.0	0.0	31.2	26.5	1.9	2.2	5.1	2.2
Medicine available at home	11.3	27.6	18.6	23.4	11.6	7.8	6.5	12.4	10.1	6.5
Other	2.1	2.3	5.2	5.2	13.8	11.8	4.7	7.9	3.0	7.5
Number	195	174	194	192	138	102	107	89	99	93
Male										
Not too serious	98.5	95.0	97.1	91.7	74.2	69.0	88.1	85.7	95.3	90.9
Do not know where to go	0.0	0.0	0.0	1.2	0.0	1.7	4.8	2.9	0.0	0.0
Too expensive	4.5	3.3	18.6	16.7	12.1	17.2	9.5	5.7	2.3	4.5
Too far way	0.0	0.0	1.4	0.0	31.8	27.6	4.8	2.9	2.3	4.5
Medicine available at home	9.1	21.7	15.7	23.8	15.2	8.6	2.4	14.3	14.0	4.5
Other	1.5	1.7	2.9	4.8	10.6	12.1	2.4	5.7	2.3	11.4
Number	66	60	70	84	66	58	42	35	43	44
Female										
Not too serious	96.1	90.4	94.4	88.0	68.1	63.6	87.7	75.9	91.1	91.8
Do not know where to go	0.0	0.9	0.0	0.0	0.0	0.0	0.0	1.9	1.8	0.0
Too expensive	9.3	0.0	17.7	15.7	19.4	29.5	13.8	7.4	0.0	4.1
Too far way	0.0	0.0	0.8	0.0	30.6	25.0	0.0	1.9	7.1	0.0
Medicine available at home	12.4	30.7	20.2	23.1	8.3	6.8	9.2	11.1	7.1	8.2
Other	2.3	2.6	6.5	5.6	16.7	11.4	6.2	9.3	3.6	4.1
Number	129	114	124	108	72	44	65	54	56	49

(*Note: The respondents could provide multiple reasons for not visiting health facilities for their last illness*)

Approximately 31 percent of migrants to the Central Highlands did not access a health facility during their last illness because of “long distance”, a reason provided by only 26.5 percent of non-migrants. This is easy to understand since the density of population and health services in the Central Highlands remains low (the Ministry of Health, 2003). In all other regions, the proportion citing problems of distance to facilities is small.

In large cities like Hanoi and Ho Chi Minh City, the proportion of migrants who did not come to health facilities because they reported having “medicine available at home” is half than that of non-migrants (11.3 percent compared to 27.6 percent in Hanoi; and 6.5 percent compared to 12.4 percent in Ho Chi Minh City). In the Northeast Economic Zone, this discrepancy is narrower (18.6 percent compared to 23.4 percent) but the situation is the opposite in the Southeast Industrial Zone (10.1 percent compared to 6.5 percent) and in the Central Highlands (11.6 percent compared to 7.8 percent).

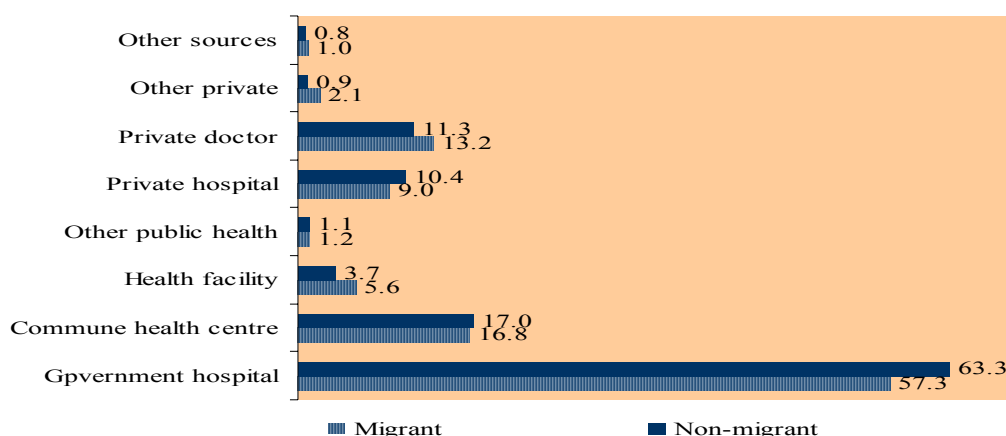
In conclusion, analyses of the form of treatment for the last illness show that the selection of treatment method of migrants is influenced by the general pattern in the area to which they migrate. However, in all regions, migrants are less likely than non-migrants to seek treatment at health facilities. In part this is because more migrants than non-migrants report that their illness was not serious. In the Central Highlands and the Southeast Industrial Zone distance provides a barrier, especially to migrants, for accessing health facilities. Migrants and non-migrants in different regions differ in terms of the proportions who report that treatment fees and having medicine at home as factors in why they did not access health facilities. Treatment fees seem to be a larger concern of migrants than non-migrants.

4.2. Selection of health facility

In general, there is little difference between migrants and non-migrants selection of health facility for their last illness (Figure 4.4). Public health services, especially Government hospitals, are selected as the main source of health care by both groups. There is almost no gap between migrants and non-migrants in the proportion who come to Government health facilities. This result indicate that the use by migrants of public health services in destination areas potentially increase the pressure placed on services. The proportions of migrants and non-migrants utilizing private doctors or private hospitals are similar.

Table 4.3 indicates differences in health facility selection by age, with 66.7 percent of migrants aged 45-59 using Government hospital, compared to 56.7 percent aged 15-29 and 56 percent of migrants aged 30-44. In contrast, young and middle-aged migrants are more likely to choose private doctors for treatment (14 percent and 13.8 percent respectively) than are older migrants (6.4 percent) and the non-migrant group of the same age. Young migrants also receive more health services at the commune/ward level than do older migrants.

Figure 4.4: Percent of people coming to health facilities for their last illness, by type of facility and migration status



Private clinics/hospitals are selected more by older migrant persons than by migrant people in other age groups. Older migrants seem to have a tendency of selecting large health care units such as Government hospitals or private clinics/ hospitals while the selection of young and middle- aged migrants varies from large hospitals to commune/ ward clinics or private doctors.

Table 4.3: Percent visiting specified health facilities for treatment of last illness, by type of health facility, age, sex and migration status

<i>Health facilities</i>	<i>15-29</i>		<i>30-44</i>		<i>45-59</i>		<i>Total</i>	
	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>
Total								
Government hospital	56.7	58.7	56.0	62.1	66.7	69.5	57.3	63.3
Commune health center	16.5	19.0	18.4	17.4	12.8	14.5	16.8	17.0
Health facility	5.5	3.2	4.7	3.1	9.9	5.1	5.6	3.7
Other public health	1.6	1.1	1.0	1.2	0.0	1.0	1.2	1.1
Private hospital	8.2	10.4	9.5	11.5	12.1	8.6	9.0	10.4
Private doctor	14.0	13.4	13.8	11.6	6.4	9.0	13.2	11.3
Other private	1.9	0.4	2.9	1.1	0.7	1.0	2.1	0.9
Other source	1.1	1.1	0.8	0.6	0.7	0.8	1.0	0.8
Number	960	463	516	969	141	511	1617	1943
Male								
Government hospital	50.0	62.0	56.0	66.6	70.3	71.2	54.2	66.9
Commune health center	21.0	17.3	20.8	14.1	12.5	14.6	20.0	14.9
Health facility	6.3	3.9	4.3	1.9	9.4	4.9	6.0	3.1
Other public health	2.1	1.1	0.0	0.9	0.0	0.9	1.2	0.9
Private hospital	8.4	9.5	8.7	10.7	9.4	5.3	8.6	9.1
Private doctor	13.8	11.2	14.5	10.3	4.7	6.6	13.1	9.5
Other private	1.8	0.6	2.9	1.5	1.6	0.9	2.1	1.1
Other source	1.2	0.6	0.5	0.9	1.6	1.3	1.0	0.9
Number	334	179	207	467	64	226	605	872
Female								
Government hospital	60.2	56.7	56.0	58.0	63.6	68.1	59.2	60.3
Commune health center	14.1	20.1	16.8	20.5	13.0	14.4	14.8	18.8
Health facility	5.1	2.8	4.9	4.2	10.4	5.3	5.4	4.1
Other public health	1.3	1.1	1.6	1.6	0.0	1.1	1.3	1.3
Private hospital	8.1	10.9	10.0	12.2	14.3	11.2	9.2	11.6
Private doctor	14.1	14.8	13.3	12.7	7.8	10.9	13.3	12.8
Other private	1.9	0.4	2.9	0.8	0.0	1.1	2.1	0.7
Other source	1.1	1.4	1.0	0.4	0.0	0.4	1.0	0.7
Number	626	284	309	502	77	285	1012	1071

Note: For the last illness respondents could have treatment at more than one facility.

Female migrants are more likely than male migrants to seek treatment in Government hospitals (59.2 percent of females compared to 54.2 percent of males), especially for migrants in the age group 15- 29. This may be because the age structure of the migrant population is younger than that of non-migrants. Pregnancy may also be a common reason for visiting health facilities by young females. Female migrants are also more likely than male migrants to have health insurance (The General Statistics Office, 2005) and this probably contributes to a higher level of utilization of public health centers by female migrants.

Table 4.4: Percent visiting specified health facilities for treatment of last illness, by health facility, area of current residence and migration status

Health facilities	Hanoi		Northeast Economic Zone		Central Highlands		Ho Chi Minh City		Southeast Industrial Zone	
	Migrant	Non-migrant	Migrant	Non-migrant	Migrant	Non-migrant	Migrant	Non-migrant	Migrant	Non-migrant
Total										
Government hospital	62.9	68.3	61.4	75.7	52.1	52.4	64.1	66.3	53.2	63.2
Commune health center	10.8	9.4	8.2	6.7	33.1	36.6	12.2	14.2	5.8	4.2
Health facilities	22.8	10.3	5.4	3.7	1.2	1.4	2.8	3.2	3.6	1.8
Other public services	1.7	3.0	3.3	1.3	0.2	0.2	1.6	1.7	1.1	0.3
Private hospital	8.2	13.0	6.0	4.3	5.0	5.8	14.4	18.0	11.8	13.4
Private doctor	3.0	5.7	17.9	9.7	9.7	8.2	11.6	10.5	23.8	23.2
Other private	1.3	0.6	0.0	0.3	1.6	1.0	2.2	0.3	4.4	2.1
Other source	0.4	0.6	0.0	1.0	1.4	0.7	1.3	1.2	1.1	0.5
Number	232	331	184	300	516	588	320	344	365	380

Note: For the last illness respondents could have treatment at more than one facility.

The selection of health facility differs among regions (Table 4.4). Government hospitals are more likely to be utilized by migrants to Hanoi, when compared to the Central Highlands, the Northeast Economic Zone and the Southeast Industrial Zone. Approximately 52.1 percent of migrants in the Central Highlands and 64.1 percent in Ho Chi Minh City come to Government hospitals for treatment, while the percentage of migrants coming to commune health centre is around 10 percent, with the lowest percentage found in the Southeast Industrial Zone (5.8 percent). In the Central Highlands, probably due to low income and long distances from home to hospital, 33.1 percent of migrants and 36.6 percent of non-migrants visited commune health centre for treatment of their last illness. The pattern of choice of medical facility is similar for migrants and non-migrants in all regions. Most migrants and non-migrants chose Government hospitals for treatment, which is consistent with the tendency to prefer larger public facilities rather than smaller local facilities. This leads to an overloading of the central medical centers.

Respondents in the Southeast Industrial Zone are more likely than those in other areas to use private medical care. Use of private facilities is also relatively high in Ho Chi Minh City and the Northeast Economic Zone. In Hanoi, the development of private

medical cares is at a high level, but because of the tradition of going to Government hospitals for medical care only a small proportion of respondents use private medical care.

Table 4.5: Percent visiting health facilities for treatment of last illness, by type of health facility and household registration status

<i>Health facilities</i>	<i>Unregistered</i>	<i>KT1</i>	<i>KT2</i>	<i>KT3</i>	<i>KT4</i>
Total					
Government hospital	50.0	51.1	56.9	61.8	56.9
Commune health center	14.1	35.8	12.5	15.6	10.7
Health facilities	6.3	1.9	2.8	9.2	4.4
Other public services	0.0	0.4	0.0	1.3	1.8
Private hospital	4.7	4.5	8.3	9.2	11.1
Private doctor	21.9	8.6	22.2	9.3	16.6
Other private	4.7	1.9	0.0	0.9	3.2
Other source	0.0	0.7	0.0	1.4	0.9
Number	64	268	72	557	656

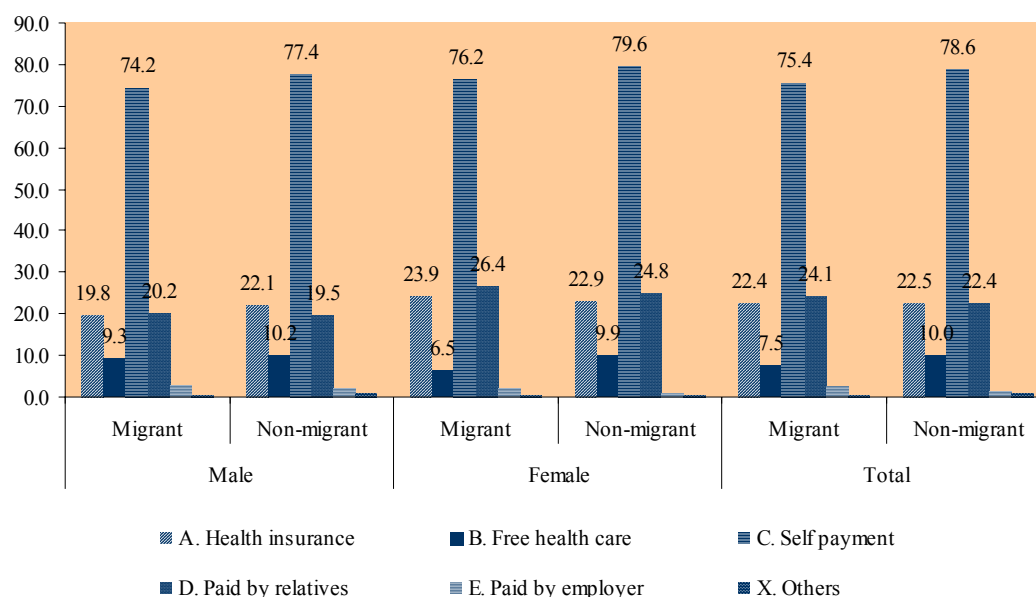
Note: For the last illness respondents could have treatment at more than one facility.

Data presented in Table 4.5 indicates that migrants with KT1 household registration are more likely to use commune health centers (35.8 percent). Private doctors are more likely to be chosen by migrants with temporary household registration than by the migrants with permanent registration (21.9 percent unregistered migrants, 16.6 percent of KT4 compared to 8.6 percent of KT1).

4.3. Cost of medical care

The ways in which migrants and non-migrants paid for their last episode of medical care are similar. In Figure 4.5, it can be seen that 75.4 percent of migrants paid by themselves, 22.4 percent used their health insurance, and 24.1 percent were supported by relatives. The percent of migrants obtaining medical care free of charge is low (7.5 percent), and is lower than for non-migrants (10.0 percent). The percent of migrants who had medical care paid by the employer is only 2.2 percent.

Figure 4.5: Percent citing specific source of payment for most recent medical care payment, by migration status and sex



Generally, the proportion of female migrants using health insurance (23.9 percent) and getting support from their relatives to pay for medical care (26.4 percent) is slightly higher than for male migrants (19.8 percent and 20.2 percent). Surprisingly, the proportion of migrant males who received free medical care (9.3 percent) is 1.5 times that of female migrants (6.5 percent) while these proportions for non-migrants is similar (10.2 percent male and 9.9 percent female).

For Table 4.6 it can be seen that migrants in Hanoi were more likely to use medical insurance (47.0 percent) compared to the Northeast Economic Zone (25.0 percent), Ho Chi Minh City (24.4 percent), the Southeast Industrial Zone (27.1 percent), and the Central Highlands (5.8 percent). Migrants are less likely than non-migrants to get free medical care, with the largest proportion of migrants receiving free care found in the Central Highlands (20.2 percent), but this proportion is still lower than for non-migrants (29.1 percent). The highest proportion of migrants receiving support from their relatives for payment of medical costs is for the Northeast Economic Zone (46.7 percent), which is even higher than for non-migrants in this area (36 percent); the lowest percent is for migrants to the Central Highlands (17.1 percent).

The most frequently cited method of paying for medical care by migrants is self-payment (70 percent), but this percent is lower for migrants than non-migrants in all regions except the Central Highlands (77.5 for migrants compared to 72.6 percent for non-migrant). In the Northeast Economic Zone, the percent of migrants paying for medical care by themselves is higher than in other areas, but this percent is still much lower than for non-migrants (79.3 percent compared to 90.3 percent).

Table 4.6: Percent citing specific source of payment for most recent medical care, by area of current residence, migration status, sex

<i>Medical services</i>	<i>Hanoi</i>		<i>Northeast Economic Zone</i>		<i>Central Highlands</i>		<i>Ho Chi Minh City</i>		<i>Southeast Industrial Zone</i>	
	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>
Total										
Health insurance	47.0	33.8	25.0	37.0	5.8	9.2	24.4	18.3	27.1	25.8
Health check without free	1.3	1.2	4.9	2.0	20.2	29.1	0.9	1.7	0.8	2.1
Paid by oneself	73.3	78.5	79.3	90.3	77.5	72.6	70.6	77.9	76.2	79.5
Relative paid	25.4	26.9	46.7	36.0	17.1	13.1	26.9	24.4	19.2	20.5
From business/office/owner	2.6	1.2	4.9	2.3	0.0	0.0	2.8	2.0	3.3	2.4
Other	0.4	0.6	0.5	0.7	0.2	0.5	0.6	0.3	0.3	1.3
Number	232	331	184	300	516	588	320	344	365	380
Male										
Health insurance	59.7	34.3	28.3	40.7	6.1	8.6	21.0	20.0	18.3	28.7
Health check without free	1.5	1.5	6.7	2.4	21.9	24.1	0.8	1.4	0.0	0.7
Paid by oneself	77.6	76.6	73.3	88.6	74.6	74.7	67.2	73.6	78.6	78.7
Relative paid	14.9	21.9	40.0	35.0	14.9	12.2	26.9	21.4	16.8	19.1
From business/office/owner	3.0	1.5	10.0	4.1	0.0	0.0	2.5	4.3	3.8	2.9
Other	0.0	1.5	1.7	0.0	0.4	0.9	0.8	0.0	0.0	2.2
Number	67	137	60	123	228	336	119	140	131	136
Female										
Health insurance	41.8	33.5	23.4	34.5	5.6	9.9	26.4	17.2	32.1	24.2
Health check without free	1.2	1.0	4.0	1.7	18.8	35.7	1.0	2.0	1.3	2.9
Paid by oneself	71.5	79.9	82.3	91.5	79.9	69.8	72.6	80.9	74.8	79.9
Relative paid	29.7	30.4	50.0	36.7	18.8	14.3	26.9	26.5	20.5	21.3
From business/office/owner	2.4	1.0	2.4	1.1	0.0	0.0	3.0	0.5	3.0	2.0
Other	0.6	0.0	0.0	1.1	0.0	0.0	0.5	0.5	0.4	0.8
Number	165	194	124	177	288	252	201	204	234	244

Note: respondents could cite more than one source of payment

Male migrants in Hanoi and the Northeast Economic Zone are more likely than female migrants to have paid medical expenses with health insurance (59.7 percent and 28.3 percent compared to 41.8 percent and 23.4 percent respectively). In contrast, female migrants are more likely than male migrants in Ho Chi Minh City and the Southeast Industrial Zone to have paid for medical treatment using medical insurance (26.4 percent and 32.1 percent compared to 21.0 percent and 18.3 percent respectively). This situation is relevant to the different way of holding health insurance between Northern and Southern migrants. With “self-payment”, male migrants pay more than female migrants in Hanoi and the Southeast Industrial Zone, while the situation in Ho Chi Minh City, the Northeast Economic Zone and Central Highlands is the opposite. The percent of female migrants paying medical care through the support of relatives is similar or higher than for male migrants in each region. The largest difference is found in Hanoi, followed by the Northeast Economic Zone (Figure 4.6).

Figure 4.6: Percent of migrants paying medical care with support from relative, by area of current residence, sex

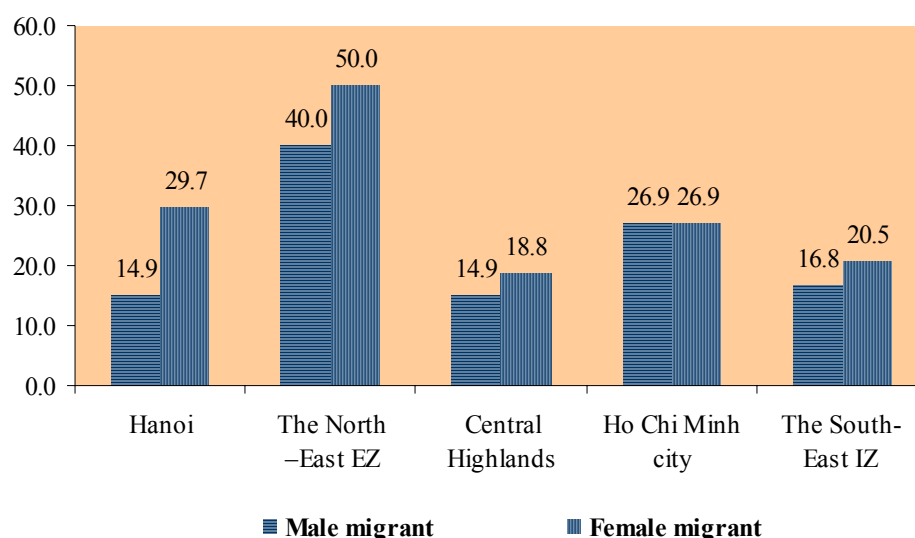


Table 4.7 shows large a large difference in source of payment for the last medical treatment between those with KT2 household registration and those with other forms of household registration. The percent of KT2 migrants paying medical care by themselves is 84.7 percent, getting support from relatives is 55.6 percent, or using the insurance system is 40.3 percent. These percent are both much higher than for other groups of household registration. People with temporary registration used health insurance more than those with KT1 registration or those who did not have household registration in their destination. KT1 migrants, most of who live in the Central Highlands, are the most likely to have received free medical care (22.4 percent). The highest proportion receiving free medical care from their employers is found for unregistered migrants (4.7 percent).

Table 4.7: Percent of migrants citing specific source of payment for most recent medical care, by household registration status

<i>Method of payment of medical care</i>	<i>Unregistered</i>	<i>KT1</i>	<i>KT2</i>	<i>KT3</i>	<i>KT4</i>
Total					
Health insurance	7.8	16.8	40.3	22.6	23.9
Health check without free	4.7	22.4	1.4	9.0	1.2
Paid by oneself	76.6	73.5	84.7	75.4	75.2
Relative paid	31.3	21.3	55.6	20.8	23.8
From business/office/owner	4.7	0.7	0.0	2.3	2.7
Other	3.1	0.7	0.0	0.0	0.3
Number	64	268	72	557	656

Note: respondents could cite more than one source of payment

4.4. Preventive health care

Only 25.5 percent of migrants had received a health examination in the three months before the survey. This is similar to the 26.6 percent reported by non-migrants. Females were more likely than males to have received a health examination (Figure 4.7).

Figure 4.7: Percent who had a health examination in the three months before survey, by migration status and sex

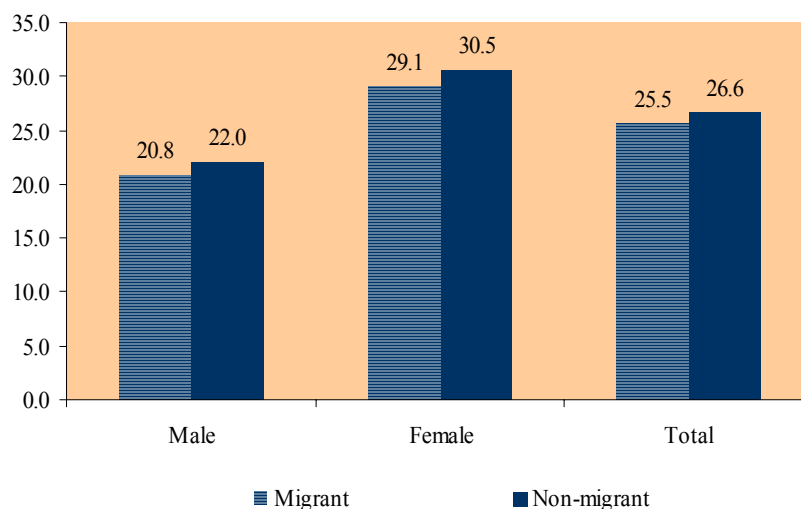
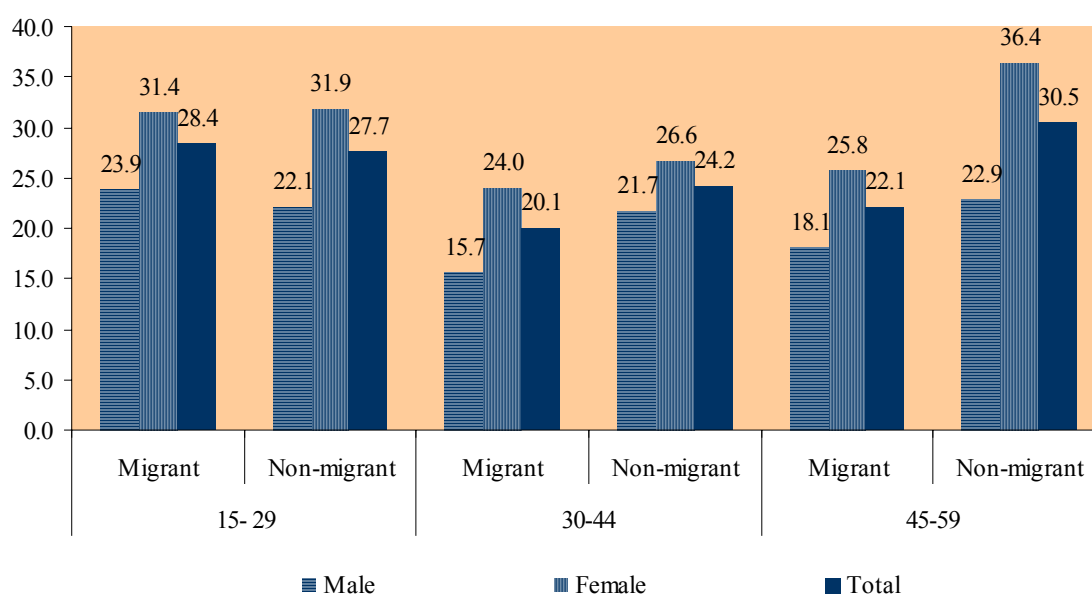
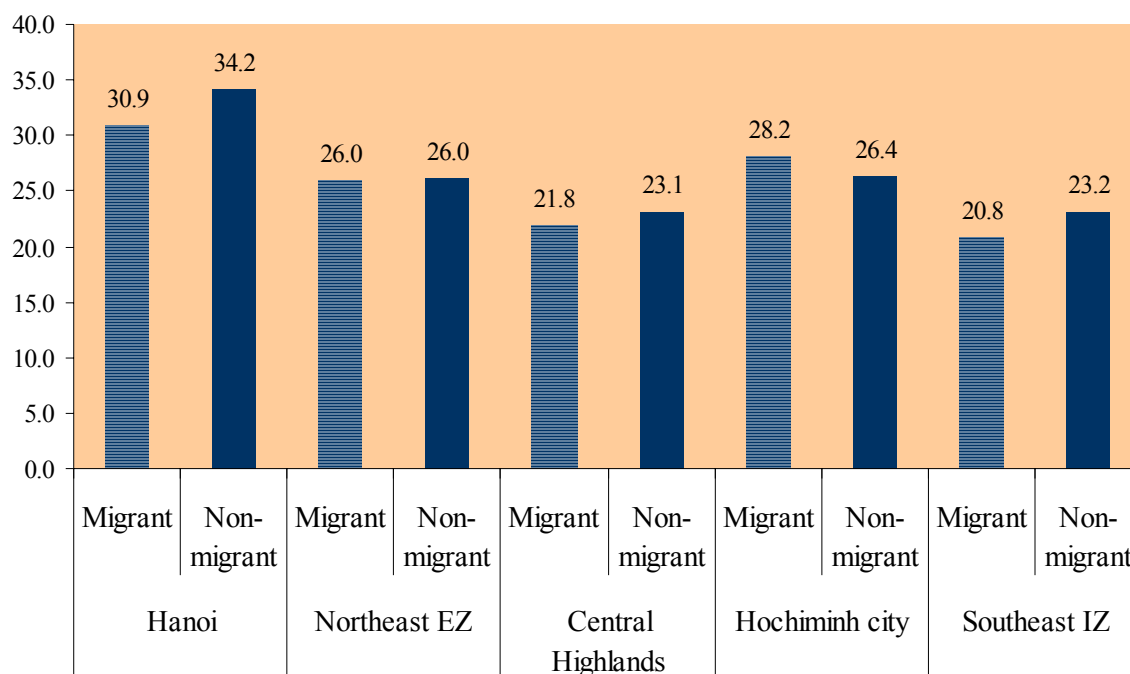


Figure 4.8: Percent who had a health examination in the three months before the survey, by migration status, sex and age



Those aged 15-29 were the most likely to have had a health examination, followed by those aged 45-59 and finally those aged 30-44. This pattern is similar for migrants and non-migrants (Figure 4.8). Females aged 15-29 and 45-59 are much more likely to have had a health examination in the last three months before the survey compared to females aged 30-44.

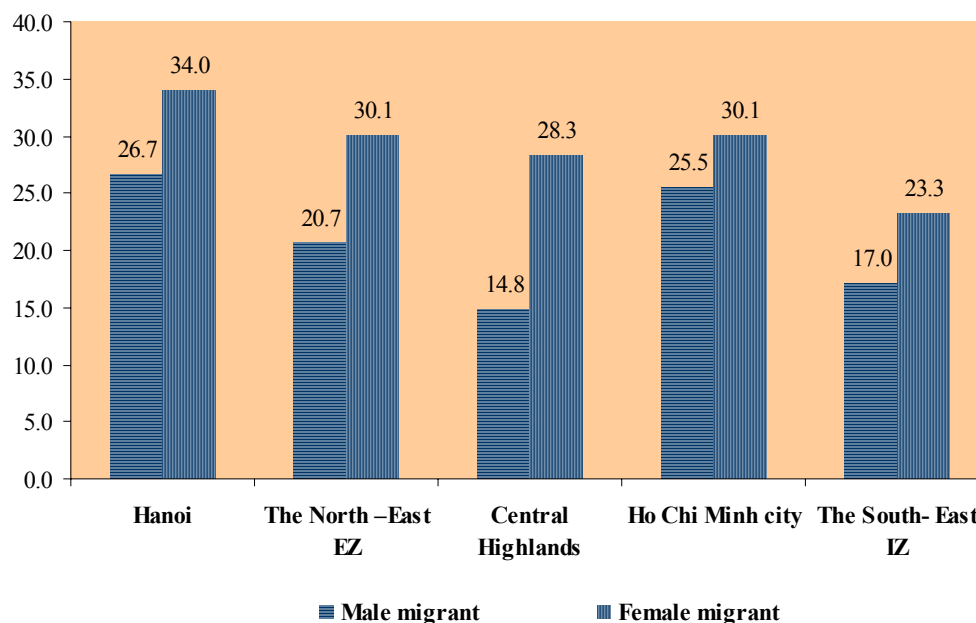
Figure 4.9: Percent who had a health examination in the three months before survey, by area of residence and migration status



Migrants to Hanoi and Ho Chi Minh City were more likely to have experienced a health examination than were migrants to other regions (Figure 4.9). The proportion of migrants in the Southeast Industrial Zone and the Central Highlands receiving a health examination are similar. Although use of health services by migrants in Northern regions is low, a higher proportion had health examinations than in Southern areas.

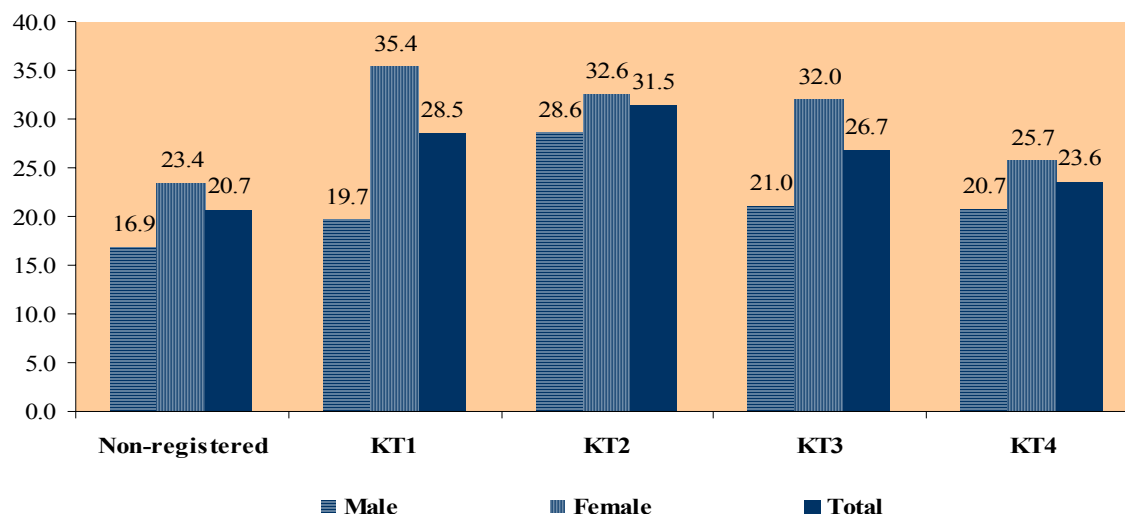
Figure 4.10 shows that the percent of female migrants in the Southeast Industrial Zone who had a health examination is 23.3 percent, much lower than in other areas. This is unexpected since most of them are employees, and they have easy access to the Health Insurance (58.4 percent-Figure 4.14). The results suggest that migrants have a health examination only when they feel in poor health. Male migrants in the Central Highlands had the lowest proportion who had a health examination (14.8 percent). In every region, the proportion of females who had a health examination is higher than that of males, but the largest difference is found for the Central Highlands.

Figure 4.10: Percent of migrants who had a health examination in the three months before survey, by area of current residence and sex



Generally, those with permanent household registration were more likely to have a health examination compared to those with temporary household registration. KT2 migrants were the most likely to have had a health examination (31.5 percent), followed by KT1 (28.5 percent), KT3 (26.7 percent), and KT4 (23.6 percent) migrants. Only 20.7 percent of unregistered migrants had a health examination in the three months before the survey (Figure 4.11).

Figure 4.11: Percent of migrants who had a health examination in the three months before survey, by household registration status and sex

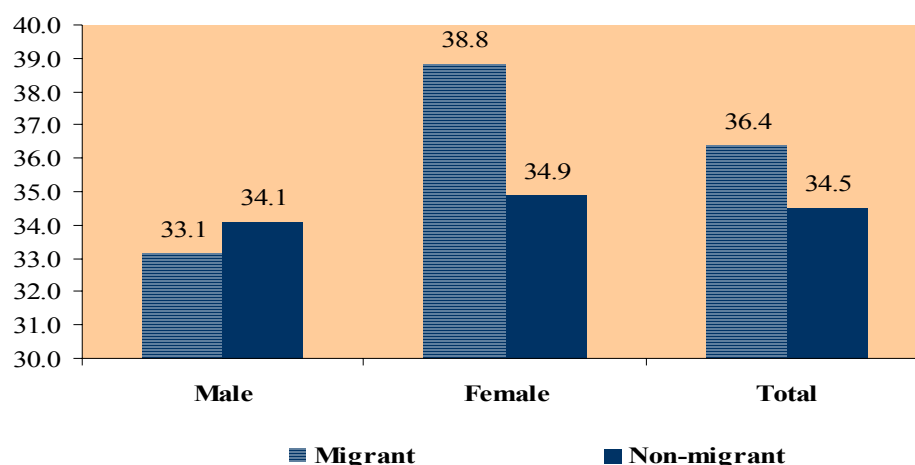


4.5. Health insurance

Due to low living standards and high cost of health care services, health insurance plays an important role in people's health care practice. It affects health care behaviors, and selection of health care services. It is also important for migrants who may face disadvantages in accessing health care because of a lack of social networks in the destination.

Overall, 36.4 percent of migrants had health insurance at the time of the survey. While the percent of males with health insurance was equal for both migrant and non-migrant group (33.1 percent compared to 34.1 percent), for females a higher percent of migrants than non-migrants had health insurance (38.8 percent compared to 34.9 percent). Within the migration flow from rural to urban area, women exit agricultural work to join the non-agricultural economic sector where that can receive social insurance, including health insurance.

Figure 4.12: Percent possessing health insurance at the time of survey, by migration status and sex



Migrants to the Southeast Industrial Zone have the highest proportion with health insurance (52.8 percent) because most of them work in industries. Hanoi ranks second with 48.8 percent, followed by Ho Chi Minh City (40.8 percent) and the Northeast Industrial Zone (31.4 percent). Migrants in Ho Chi Minh City and the Southeast Industrial Zone are more likely to have health insurance than non-migrants, while migrants in Hanoi, the Northeast Economic Zone and Central Highlands are less likely than non-migrants to have health insurance (Figure 4.13).

Figure 4.13: Percent possessing health insurance at the time of the survey, by migration status and area of residence

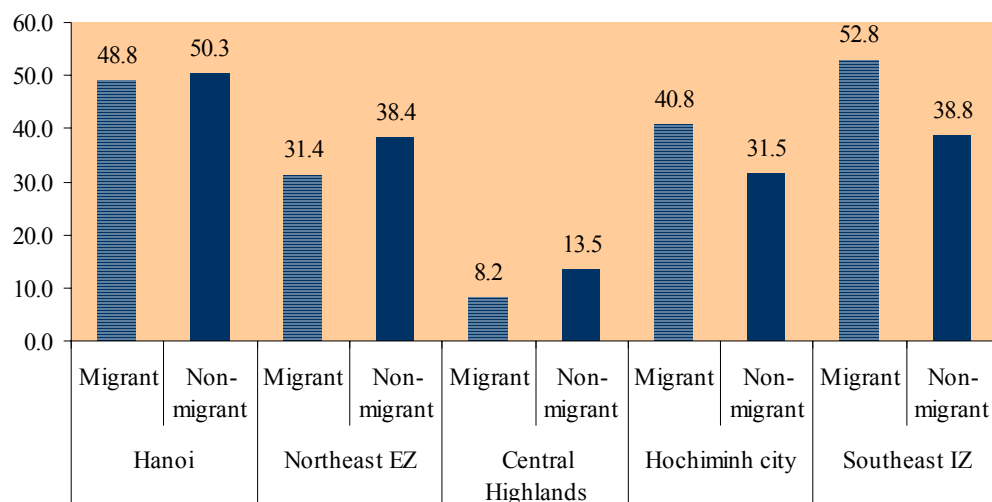
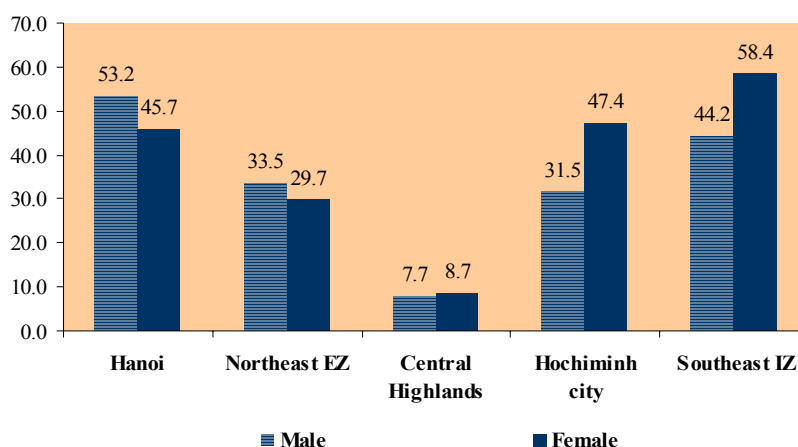


Figure 4.14 reveals that female migrants in Hanoi and the Northeast Economic Zone are less likely than male migrants to have health insurance but the opposite patterns hold in Ho Chi Minh City and the Southeast Industrial Zone. There is almost no difference between males and females in the proportion possessing health insurance in the Central Highlands. One reasonable explanation for this difference is that female migrants in Hanoi and the Northeast Economic Zone work mostly in small companies or are self-employed while female migrants in Ho Chi Minh City and the Southeast Industrial Zone work mainly in large industrial companies, many foreign owned, which tend to employ females and provides them with social insurance (General Statistics Office, 2005)¹³.

Figure 4.14: Percent of migrants possessing health insurance at the time of survey, by area of current residence and sex



¹³ General Statistics Office, 2005. *Vietnam Migration Survey 2004: The Major Finding*. Statistic Publishing House. page 78.

There are variations in the proportion of migrants with health insurance by household registration status. KT2 migrants are the most likely to have health insurance (49.3 percent), with males more likely than females to have health insurance (57.1 and 46.3 percent respectively). In contrast, a high proportion of female KT4 migrants have health insurance compared to male KT4 migrants (46.9 percent compared to 35.2 percent). For people in the categories of KT1, KT3 or not registered, there are a similar proportion of male and female migrants with health insurance. The lowest proportion with health insurance is for unregistered migrants (Figure 4.15).

Figure 4.15: Percent of migrants with health insurance at the time of survey, by household registration status and sex

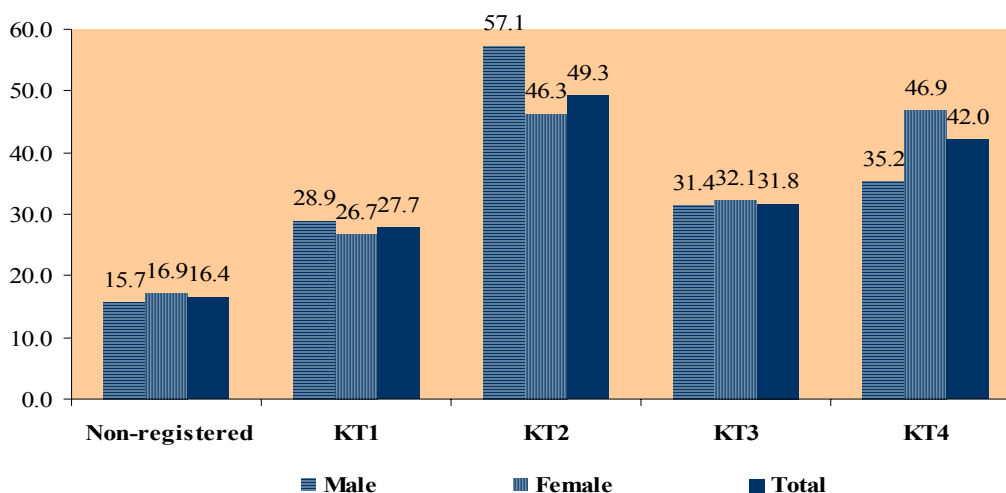
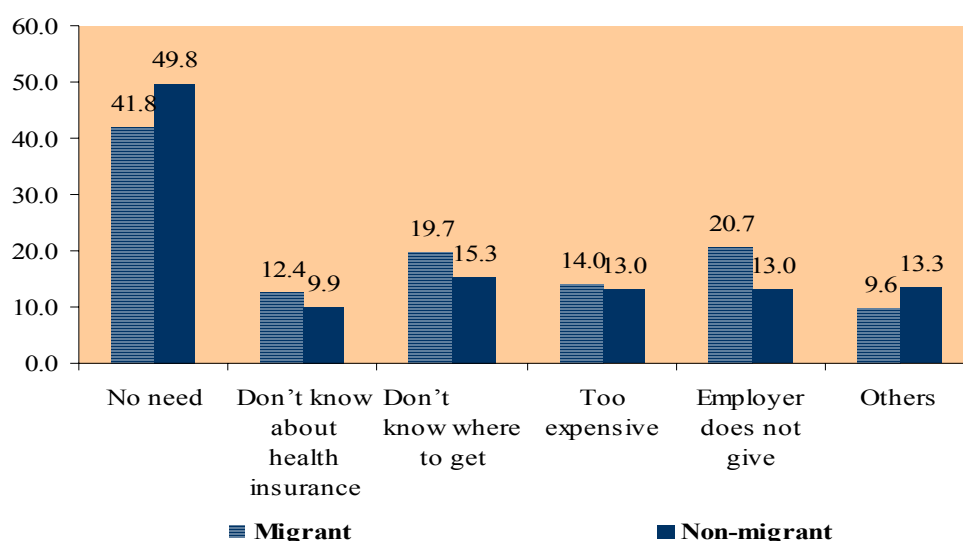


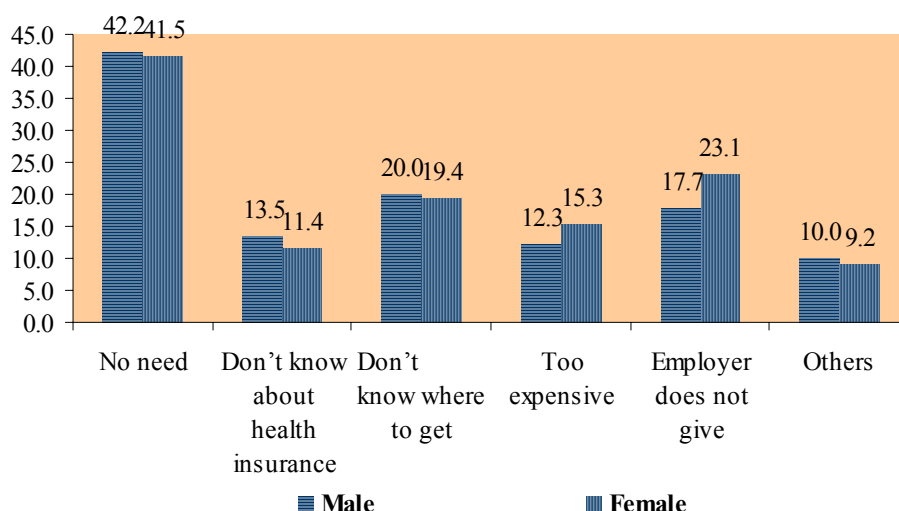
Figure 4.16: Percent citing specified reason for not possessing health insurance, by migration status



From Figure 4.16 it can be seen that 41.8 percent of migrants and 49.8 percent of non-migrants report that the reasons for not having health insurance is that it is “not necessary”. Only 20.7 percent of migrants reported that they couldn’t buy health insurance whereas this proportion for non-migrants is nearly half that of migrants. Overall, 19.7 percent of migrants did not know where they could buy health insurance and 12.4 percent of migrants said that they did not know anything about health insurance. Similar proportions of migrants and non-migrants gave the response of “high cost” as the reason for not buying health insurance (14 percent and 13 percent).

Although the proportion of female migrants not having health insurance is lower than that of male migrants, a higher proportion of female than male migrants gave the reasons that “could not buy” or “too expensive” as the reason for not having health insurance (Figure 4.17). The reasons of “unnecessary”, “having no information about health insurance card” or “having no idea where to buy” was reported by similar proportions of male and female migrants.

Figure 4.17: Percent citing specified reason for not having health insurance, by sex



The reasons of not having health insurance of migrants vary by region. Table 4.8 shows that in the Northeast Economic Zone and Ho Chi Minh City, the highest proportion of migrants think that health insurance is not necessary (58 and 55.3 percent respectively). Migrants in the Central Highlands were most likely to report the two reasons of “Do not know about health insurance” (23.5 percent) and “Do not know where to get” (32.8 percent). A high proportion of migrants in Hanoi and the Northeast Economic Zone reported that they “couldn’t buy” health insurance (38 percent and 35 percent respectively). In all regions, the proportion of migrants reporting this reason is higher than for non-migrants. One remarkable thing is that more migrants in Hanoi and Ho Chi Minh City reported that health insurance is “too expensive” for them to afford (17.6 percent and 18.7 percent) which is higher than the Northeast Economic Zone (5.4 percent) and the Southeast Industrial Zone (8.5 percent).

Table 4.8: Percent providing specified reasons for not having health insurance, by area of current residence, migration status and sex

<i>Reasons for not having Health Insurance</i>	<i>Hanoi</i>		<i>Northeast Economic Zone</i>		<i>Central Highlands</i>		<i>Ho Chi Minh City</i>		<i>Southeast Industrial Zone</i>	
	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>	<i>Non-migrant</i>	<i>Migrant</i>
Total										
No need	46.4	53.0	58.0	60.1	19.3	23.8	55.3	62.5	40.5	59.2
Don't know about health insurance	5.5	2.2	4.8	2.6	23.5	17.7	14.2	12.5	6.8	9.8
Don't know where to get	15.7	14.9	11.1	11.5	32.8	21.5	12.1	11.0	20.3	15.4
Too expensive	17.6	17.3	5.4	8.3	18.1	16.0	18.7	16.0	8.5	6.9
Employer does not give	38.0	36.5	35.0	22.5	4.8	2.3	11.6	4.1	23.3	9.3
Others	6.3	5.6	5.5	7.8	19.2	31.4	4.6	7.1	6.6	6.5
Number	511	498	685	617	918	865	593	688	472	612
Male										
No need	45.4	61.6	60.6	62.9	20.1	24.6	53.0	62.5	45.5	61.4
Don't know about health insurance	4.1	1.4	6.8	2.2	24.8	20.2	14.6	10.1	6.4	7.7
Don't know where to get	9.7	11.1	12.0	9.1	34.3	20.3	14.3	10.5	18.2	15.9
Too expensive	13.8	18.1	5.5	10.9	15.3	15.7	17.4	15.2	7.3	4.5
Employer does not give	41.8	32.4	27.1	17.5	4.3	2.3	9.4	4.7	21.4	9.8
Others	9.2	4.6	5.1	8.0	18.7	29.8	4.9	6.9	6.4	7.3
Number	196	216	292	275	443	516	287	277	220	246
Female										
No need	47.0	46.5	56.0	57.9	18.5	22.6	57.5	62.5	36.1	57.7
Don't know about health insurance	6.3	2.8	3.3	2.9	22.3	14.0	13.7	14.1	7.1	11.2
Don't know where to get	19.4	17.7	10.4	13.5	31.4	23.2	10.1	11.4	22.2	15.0
Too expensive	20.0	16.7	5.3	6.1	20.6	16.3	19.9	16.5	9.5	8.5
Employer does not give	35.6	39.7	41.0	26.6	5.3	2.3	13.7	3.6	25.0	9.0
Others	4.4	6.4	5.9	7.6	19.6	33.8	4.2	7.3	6.7	6.0
Number	315	282	393	342	475	349	306	411	252	366

From Figure 4.18 it can be seen that 75 percent of migrants had no change in possession of health insurance before and after migration, with 59.1 percent not possessing health insurance before or after migration, and 14.8 percent having health insurance before and after migration. A small proportion of migrants (4.5 percent) had health insurance before migration but not after migration. However, the fact that 21.6 percent of migrants (17.7 percent of male and 24.6 percent of female) did not have health insurance before migration but had health insurance after migration reveals that the migration has brought a positive impact to migrants in term of possession of health insurance.

Figure 4.18: Percentage distribution of migrants with health insurance before and after migration by sex

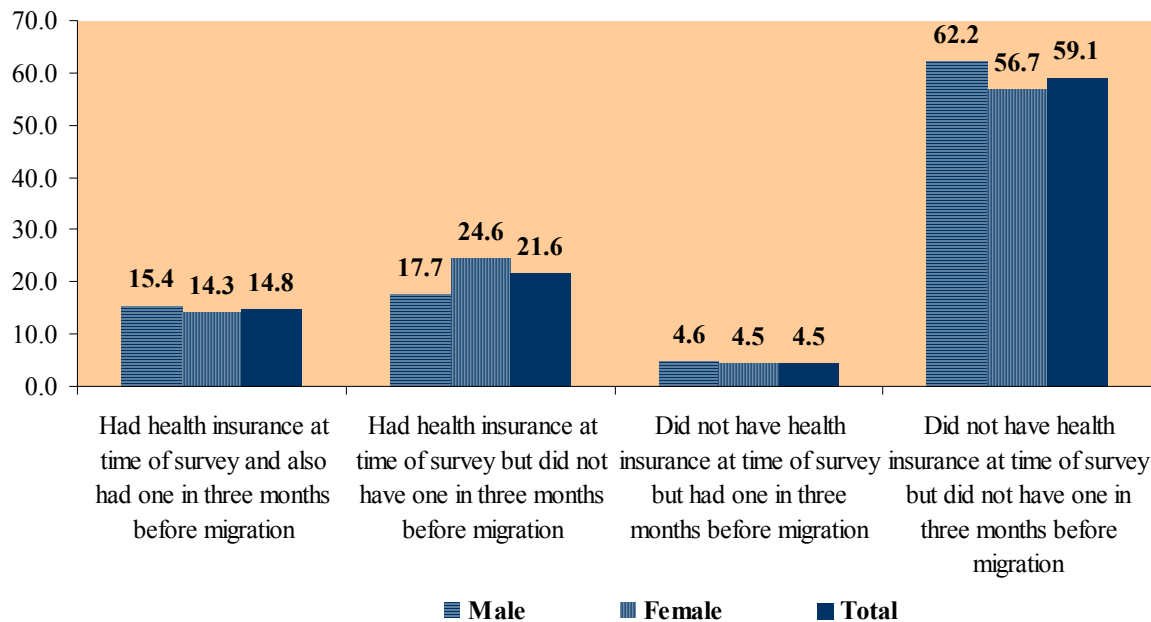
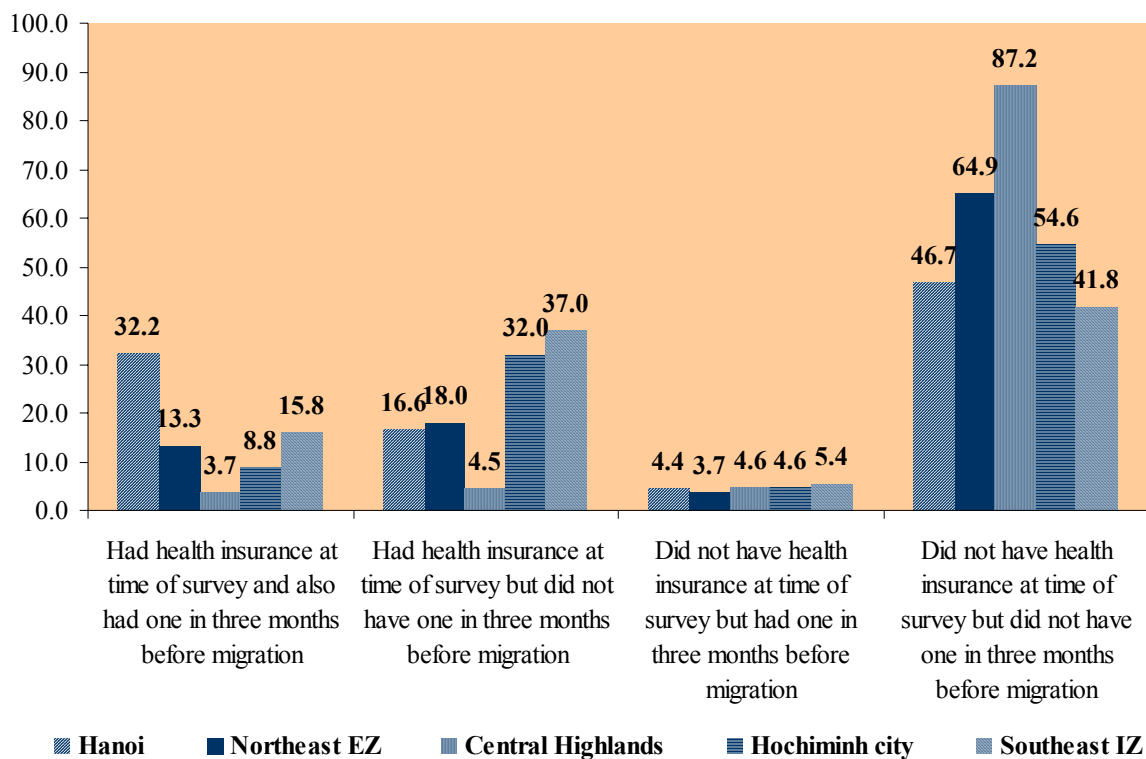


Figure 4.19: Percentage distribution of migrants with health insurance before and after migration by area of current residence



It can be seen that migration flows into the large cities and developing industrial zones is most associated with moving from a situation of not have health insurance to having health insurance (Figure 4.19). This change was most likely to occur in Ho Chi Minh City and the Southeast Industrial Zone where 32 and 37 percent respectively moved from a situation of not having health insurance before migration to having health insurance after migration. The proportion of migrants in Hanoi who had health insurance before and after migration is much higher than in other regions. This is evidence of the more positive selection of migrants to Hanoi than in other regions.

4.6. Multivariate analysis of factors influencing health care practices

The analysis of determinants of on health care practices is divided into several sections, with each section focusing on a different dependent variable. In the first section the dependent variable is whether or not the respondent utilized a health facility the last time they were ill. In the second section, multinomial logistic regression is used to analyze the choice of type of health facility used by the respondent, while in the last section the dependent variable is whether or not the respondent had a health check in the three months before the survey.

4.6.1. Utilization of health facilities at last illness

The bivariate analysis presented earlier suggests that migrants are less likely than non-migrants to go to a health facility when they are sick. The results of the multivariate analysis reported in Table 4.9 support this finding. The odds of a migrant using a health facility the last time they were ill are 19 percent less than that of a non-migrant. This clearly shows that even after controlling for the characteristics of respondents, the difference in levels of health facility utilization between migrants and non-migrants remain. This suggests that there are barriers to migrants using health facilities. These barriers do not appear to be economic, since living conditions are controlled in the analysis.

Differentials exist for both migrants and non-migrants in their utilization of health facilities. Females are significantly more likely than males to utilize health facilities, older persons are more likely than younger persons to use health facilities, and the ever-married are more likely than the never married to use health facilities.

The differences in use of health facilities among education categories are small for migrants but larger, and in some instances statistically significant, for non-migrants. Similarly, while employment status has no significant impact on utilization for migrants, there are significant differences for non-migrants. Having health insurance is an important factor in increasing utilization of health services for both migrants and non-migrants.

The findings for region are somewhat surprising. Compared to Hanoi, migrants to the Central Highlands are also four times more likely to have utilized a health facility during their last illness. Similarly, migrants to Ho Chi Minh City and the Southeast Industrial Zone are more likely to use health facilities than are migrants to Hanoi. As these results are also observed for non-migrants an explanation probably lies in regional differences in health seeking culture – with residents of the North being more likely to self-treat than residents of the South.

In summary, the results of the analysis presented in Table 4.9 indicate that migrants have lower levels of use of health facilities than non-migrants. To increase utilization, the results also suggest that greater efforts be made to provide health insurance to migrants.

Table 4.9: Results of logistic regression model predicting the utilization of health facilities during last illness

<i>Independent variable</i>	<i>Migrants</i>			<i>Non-migrants</i>			<i>Total</i>		
	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>
Migration status									
Non-migrant	-	-	-	-	-	-	CG	CG	CG
Migrant	-	-	-	-	-	-	-0.21	0.0001	0.81
Sex									
Male	CG	CG	CG	CG	CG	CG	CG	CG	CG
Female	0.43	0.0000	1.54	0.23	0.0003	1.26	0.33	0.0000	1.39
Age group									
15-29	CG	CG	CG	CG	CG	CG	CG	CG	CG
30-44	0.09	0.2732	1.09	0.22	0.0039	1.25	0.16	0.0033	1.17
45-59	0.32	0.0137	1.37	0.52	0.0000	1.68	0.45	0.0000	1.57
Marital status									
Single	CG	CG	CG	CG	CG	CG	CG	CG	CG
Married	0.17	0.0677	1.18	0.54	0.0025	1.71	0.24	0.0013	1.28
Widowed/Divorced/Separated	0.05	0.7977	1.05	0.37	0.0641	1.45	0.09	0.4440	1.09
Ethnicity									
Kinh	CG	CG	CG	CG	CG	CG	CG	CG	CG
Other	-0.07	0.5967	0.94	0.17	0.1834	1.19	0.07	0.4417	1.07
Education level									
Do not know how to read and write	0.02	0.9048	1.02	-0.05	0.7874	0.95	-0.04	0.7903	0.96
Not finish primary school	0.03	0.8247	1.03	0.21	0.0788	1.23	0.13	0.1391	1.14
Graduated primary school									
Graduated secondary school	-0.02	0.7815	0.98	-0.03	0.7239	0.97	-0.02	0.7597	0.98
Graduated high secondary school	0.00	0.9625	1.00	0.20	0.0329	1.22	0.11	0.1000	1.12
Graduated college/university and over	0.06	0.6962	1.06	0.30	0.0281	1.35	0.19	0.0604	1.21
Employment status									
Employed with labor contract	CG	CG	CG	CG	CG	CG	CG	CG	CG
Employed. without labor contract	-0.22	0.1033	0.81	0.25	0.1008	1.28	-0.01	0.9223	0.99
Unemployed	-0.10	0.5038	0.91	0.40	0.0013	1.49	0.19	0.0413	1.21
Health insurance									
Have health insurance	CG	CG	CG	CG	CG	CG	CG	CG	CG
Not have health insurance	-0.30	0.0032	0.74	-0.28	0.0019	0.75	-0.31	0.0000	0.73

Independent variable	Migrants			Non-migrants			Total		
	B	Sig.	Exp(B)	B	Sig.	Exp(B)	B	Sig.	Exp(B)
Economic sector of employment									
State organizations + Collective organizations	CG	CG	CG	CG	CG	CG	CG	CG	CG
Small companies	-0.02	0.9057	0.98	0.16	0.3202	1.17	0.15	0.1548	1.16
Private companies	-0.06	0.6491	0.94	0.13	0.3865	1.14	0.10	0.3251	1.10
Foreign companies	-0.35	0.0104	0.70	0.15	0.3229	1.17	-0.04	0.6775	0.96
Expenditure per capital per month									
Under 150,000 VND	CG	CG	CG	CG	CG	CG	CG	CG	CG
150,000-233,333 VND	-0.20	0.0653	0.82	-0.09	0.4107	0.91	-0.13	0.0808	0.88
233,334-291,666 VND	0.06	0.5926	1.07	-0.43	0.0004	0.65	-0.20	0.0183	0.82
291,667-373,333 VND	-0.24	0.0428	0.79	-0.34	0.0047	0.71	-0.30	0.0002	0.74
373,334 VND and over	0.17	0.1614	1.19	-0.03	0.7902	0.97	0.06	0.4778	1.06
Living standard (number of household assets)									
0-2 assets	CG	CG	CG	CG	CG	CG	CG	CG	CG
3-4 assets	-0.05	0.5515	0.95	-0.17	0.0790	0.84	-0.08	0.2132	0.93
5 assets and over	-0.19	0.1133	0.83	-0.23	0.0281	0.79	-0.16	0.0243	0.85
Region									
Hanoi	CG	CG	CG	CG	CG	CG	CG	CG	CG
Northeast Economic Zone	-0.18	0.1532	0.83	-0.17	0.1011	0.85	-0.12	0.1120	0.89
Central Highlands	1.34	0.0000	3.82	0.83	0.0000	2.29	1.12	0.0000	3.08
Ho Chi Minh City	0.78	0.0000	2.18	0.15	0.1325	1.17	0.37	0.0000	1.45
Southeast Industrial Zone	0.89	0.0000	2.45	0.26	0.0101	1.30	0.51	0.0000	1.66
Household registration									
Non-registered	CG	CG	CG	-	-	-	-	-	-
KT1	0.19	0.3065	1.21	-	-	-	-	-	-
KT2	0.14	0.5251	1.15	-	-	-	-	-	-
KT3	0.00	0.9818	1.00	-	-	-	-	-	-
KT4	-0.24	0.1752	0.79	-	-	-	-	-	-
Constant	-1.23	0.0000	0.29	-1.45	0.0000	0.24	-1.20	0.0000	0.30
Nagelkerke R Square		0.1140			0.0920			0.0980	
N		4998			5009			10007	

Note: CG is comparison group

4.6.2. Multivariate analysis of choice of health services during the last illness

In order to analyze the factors affecting the choice of health service for treatment at the time of last illness, the dependent variable is classified into the categories of choice of state hospitals, commune health centre, other public facilities and private health clinics.

When implementing the logistic regression analyses, likelihood ratio tests were utilized in order to determine the statistical significance of the independent variables. The variables not having statistical significance at a confidence of 95 percent ($p > 0.005$) were rejected from the regression model.

Of the six possible comparisons of choices of health facility, the migration status variable was statistically significant in three of the choices. Migrants were more likely than non-migrants to choose other public facilities compared to private health facilities. Migrants were less likely than non-migrants to choose Government hospitals than other public health facilities and less likely to choose commune health centers than other public facilities. These results clearly indicate that migrants tend to prefer public facilities over private facilities, but their choice of public facilities is very much focused on other public facilities rather than Government hospitals and commune health centers.

When comparing migrants and non-migrants in terms of choice of facilities we find that most of the predictors are very similar. As expected, having health insurance is an important determinant of choice of public facilities. Ethnic minorities are more likely than the Kinh majority to utilize commune health centers compared to other facilities. Part of this reason is that the commune health center may be the nearest facility for many persons belonging to an ethnic minority.

Household registration status was a factor in choice of health facility by migrants. Compared to those with KT4 migrants, KT1 migrants were significantly more likely to choose Government hospitals over commune health centers and private health facilities and commune health centers over private health facilities or other public health facilities. Part of the explanation for these patterns is that KT1 migrants are concentrated in the Central Highlands and hence they have more access to commune health centers and less access to private health facilities. But it also appears that those migrants with more permanent household registration (both KT1 and KT2 migrants) compared to migrants with KT4 registration, have a preference for Government hospitals and commune health centers rather than private facilities or other public facilities. It may be that the access to commune health centers and Government hospitals may be restricted for those migrants with temporary household registration.

Table 4.10: Predictors of choice of health facility at last illness from multinomial logistic regression analysis

<i>Independent variables</i>	<i>Migrant</i>		<i>Non-migrant</i>		<i>Total</i>	
	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>
<u>State hospital vs. Private health facilities</u>						
Intercept	-0.466	0.2623	-0.404	0.3279	-0.322	0.2720
Migration status						
Migrant	-	-	-	-	-0.085	0.4060
Non-migrant	-	-	-	-	CG	.
Sex						
Male	-	-	0.445	0.0006	0.238	0.0119
Female	-	-	CG	.	CG	.
Ethnicity						
Kinh	-0.068	0.7974	0.136	0.5580	0.043	0.8043
Other	CG	.	CG	.	CG	.
Health insurance						
Have health insurance	1.004	0.0000	0.909	0.0000	1.005	0.0000
Not have health insurance	CG	.	CG	.	CG	.
Economic sector of employment						
State organizations + Collective organizations	0.489	0.0927	1.269	0.0000	1.062	0.0000
Small companies	0.494	0.0411	0.707	0.0117	0.770	0.0000
Private companies	0.074	0.7552	0.392	0.2287	0.280	0.1377
Foreign companies	CG	.	CG	.	CG	.
Living standard (number of assets)						
0-2 assets	0.252	0.2656	-	-	0.060	0.6777
3-4 assets	0.350	0.1297	-	-	-0.021	0.8687
5 assets and over	CG	.	-	-	CG	.
Region						
Central cities	0.309	0.0824	-0.292	0.0875	-0.078	0.5246
Provincial cities	-0.150	0.4313	-0.190	0.3300	-0.176	0.2012
Towns of district + rural	CG	.	CG	.	CG	.
Household registration						
Non-registered	0.036	0.9117	-	-	-	-
KT1	0.749	0.0026	-	-	-	-
KT2	0.131	0.6805	-	-	-	-
KT3	0.582	0.0014	-	-	-	-
KT4	CG	.	-	-	-	-
Expenditure per capita per month						
Under 150,000 VND	-	-	0.086	0.6938	0.137	0.4080
150,000-233,333 VND	-	-	0.104	0.5985	0.096	0.5191
233,334-291,666 VND	-	-	0.303	0.1726	0.240	0.1340
291,667-373,333 VND	-	-	0.368	0.0697	0.322	0.0309
373,334 VND and over	-	-	CG	.	CG	.

<i>Independent variables</i>	<i>Migrant</i>		<i>Non-migrant</i>		<i>Total</i>	
	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>
<i>Commune health centre vs. Private health facilities</i>						
Intercept	-2.351	0.0003	-1.5914	0.0002	-1.597	0.0004
Migration status						
Migrants	-	-	-	-	-0.026	0.8517
Non-migrants	-	-	-	-	CG	.
Sex						
Male	-	-	-0.401	0.0257	-0.197	0.1325
Female	-	-	CG	.	CG	.
Ethnicity						
Kinh	-1.954	0.0000	-1.900	0.0000	-1.844	0.0000
Other	CG	.	CG	.	CG	.
Health insurance						
Have health insurance	0.883	0.0017	0.474	0.0737	0.756	0.0001
Not have health insurance	CG	.	CG	.	CG	.
Economic sector of employment						
State organizations + Collective organizations	1.065	0.0275	2.247	0.0011	1.728	0.0000
Small companies	1.310	0.0010	2.079	0.0016	1.791	0.0000
Private companies	0.733	0.0625	1.685	0.0189	1.157	0.0005
Foreign companies	CG	.	CG	.	CG	.
Living standard (number of assets)						
0-2 assets	1.670	0.0001	-	-	0.615	0.0047
3-4 assets	1.159	0.0070	-	-	0.190	0.3542
5 assets and over	CG	.	-	-	CG	.
Region						
Central cities	0.924	0.0009	0.044	0.8650	0.337	0.0730
Provincial cities	-0.623	0.0994	-0.253	0.4425	-0.359	0.1450
Towns of district + rural	CG	.	CG	.	CG	.
Household registration						
Non-registered	0.325	0.4891	-	-	-	-
KT1	1.642	0.0000	-	-	-	-
KT2	0.990	0.0371	-	-	-	-
KT3	0.654	0.0226	-	-	-	-
KT4	CG	.	-	-	-	-
Expenditure per capita per month						
Under 150,000 VND	-	-	1.140	008	0.868	008
150,000-233,333 VND	-	-	0.826	0.0120	0.471	0.0604
233,334-291,666 VND	-	-	0.551	0.1442	0.427	0.1207
291,667-373,333 VND	-	-	0.456	0.2106	0.533	0.0377
373,334 VND and over	-	-	CG	.	CG	.

<i>Independent variables</i>	<i>Migrant</i>		<i>Non-migrant</i>		<i>Total</i>	
	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>
<u>Other public facilities vs. private health facilities</u>						
Intercept	-3.515	000	-3.4170	000	-3.070	000
Migration status						
Migrant	-	-	-	-	0.458	0.0291
Non-migrant	-	-	-	-	CG	.
Sex						
Male	-	-	-0.093	0.7438	-0.120	0.5377
Female	-	-	CG	.	CG	.
Ethnicity						
Kinh	-0.563	0.3206	-0.912	0.0983	-0.828	0.0360
Other	CG	.	CG	.	CG	.
Health insurance						
Have health insurance	1.505	CG1	1.705	000	1.607	000
Not have health insurance	CG	.	CG	.	CG	.
Economic sector of employment						
State organizations + Collective organizations	2.413	0000	2.199	0.0013	2.362	0000
Small companies	0.756	0.1631	1.738	0.0144	1.370	0005
Private companies	0.198	0.6998	0.833	0.2985	0.367	0.3845
Foreign companies	CG	.	CG	.	CG	.
Living standard (number of assets)						
0-2 assets	0.451	0.2616	-	-	0.327	0.2566
3-4 assets	-0.313	0.4786	-	-	-0.165	0.5417
5 assets and over	CG	.	-	-	CG	.
Region						
Central cities	1.260	0.0004	1.036	0.0142	0.949	0.0003
Provincial cities	0.145	0.7374	-0.373	0.4939	-0.333	0.3228
Towns of district + rural	CG	.	CG	.	CG	.
Household registration						
Non-registered	0.259	0.6870	-	-	-	-
KT1	0.103	0.8579	-	-	-	-
KT2	-1.871	0.0847	-	-	-	-
KT3	0.772	0.0340	-	-	-	-
KT4	CG	.	-	-	-	-
Expenditure per capita per month						
Under 150,000 VND	-	-	-0.447	0.4075	-0.757	0.0396
150,000-233,333 VND	-	-	-0.790	0.1196	-1.052	0.0028
233,334-291,666 VND	-	-	-0.724	0.1744	-0.484	0.1306
291,667-373,333 VND	-	-	0.454	0.2047	0.107	0.6778
373,334 VND and over	-	-	CG	.	CG	.

<i>Independent variables</i>	<i>Migrant</i>		<i>Non-migrant</i>		<i>Total</i>	
	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>
<u>State hospital vs. other public facilities</u>						
Intercept	3.05	0.0002	3.013	0.0019	2.748	0.0000
Migration status						
Migrants	-	-	-	-	-0.543	0.0057
Non-migrant	-	-	-	-	CG	.
Sex						
Male	-	-	-0.308	0.3012	0.358	0.0503
Female	-	-	CG	.	CG	.
Ethnicity						
Kinh	0.495	0.3600	1.048	0.0490	0.872	0.0214
Other	CG	.	CG	.	CG	.
Health insurance						
Have health insurance	-0.501	0.1679	-0.796	0.0223	-0.602	0.0174
Not have health insurance	CG	.	CG	.	CG	.
Economic sector of employment						
State organizations + Collective organizations	-1.923	0.0000	-0.930	0.1529	-1.300	0.0000
Small companies	-0.262	0.6149	-1.031	0.1331	-0.600	0.1119
Private companies	-0.124	0.8001	-0.441	0.5691	-0.088	0.8288
Foreign companies	CG	.	CG	.	CG	.
Living standard (number of assets)						
0-2 assets	-0.199	0.5899	-	-	-0.267	0.3221
3-4 assets	0.663	0.1062	-	-	0.144	0.5724
5 assets and over	CG	.	-	-	CG	.
Region						
Central cities	-0.951	0.0040	-1.329	0.0011	-1.026	0.0000
Provincial cities	-0.295	0.4771	0.183	0.7288	0.157	0.6253
Towns of district + rural	CG	.	CG	.	CG	.
Household registration						
Non-registered	-0.223	0.7177	-	-	-	-
KT1	0.646	0.2379	-	-	-	-
KT2	2.002	0.0601	-	-	-	-
KT3	-0.190	0.5791	-	-	-	-
KT4	CG	.	-	-	-	-
Expenditure per capita per month						
Under 150,000 VND	-	-	0.533	0.3056	0.893	0.0108
150,000-233,333 VND	-	-	0.895	0.0681	1.149	0.0000
233,334-291,666 VND	-	-	1.026	0.0436	0.724	0.0155
291,667-373,333 VND	-	-	-0.086	0.7929	0.215	0.3570
373,334 VND and over	-	-	CG	.	CG	.

<i>Independent variables</i>	<i>Migrant</i>		<i>Non-migrant</i>		<i>Total</i>	
	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>
<u>Commune health centre vs. other public facilities</u>						
Intercept	1.163	0.2200	1.825	0.1200	1.473	0.0369
Migration status						
Migrant	-	-	-	-	-0.484	0.0280
Non-migrant	-	-	-	-	CG	.
Sex						
Male	-	-	-0.308	0.3012	-0.077	0.7090
Female	-	-	CG	.	CG	.
Ethnicity						
Kinh	-1.391	0.0112	-0.988	0.0676	-1.016	0.0082
Other	CG	.	CG	.	CG	.
Health insurance						
Have health insurance	-0.622	0.1319	-1.231	0.0015	-0.851	0.0026
Not have health insurance	CG	.	CG	.	CG	.
Economic sector of employment						
State organizations + Collective organizations	-1.348	0.0165	0.048	0.9577	-0.633	0.1515
Small companies	0.554	0.3602	0.341	0.7069	0.421	0.3508
Private companies	0.535	0.3580	0.852	0.3979	0.790	0.1062
Foreign companies	CG	.	CG	.	CG	.
Living standard (number of assets)						
0-2 assets	1.219	0.0160	-	-	0.288	0.3618
3-4 assets	1.472	0.0070	-	-	0.355	0.2398
5 assets and over	CG	.	-	-	CG	.
Region						
Central cities	-0.335	0.3988	-0.992	0.0286	-0.612	0.0323
Provincial cities	-0.768	0.1462	0.120	0.8391	-0.026	0.9467
Towns of district + rural	CG	.	CG	.	CG	.
Household registration						
Non-registered	0.066	0.9251	-	-	-	-
KT1	1.539	0.0096	-	-	-	-
KT2	2.861	0.0108	-	-	-	-
KT3	-0.118	0.7722	-	-	-	-
KT4	CG	.	-	-	-	-
Expenditure per capita per month						
Under 150,000 VND	-	-	1.586	0.0064	1.625	0.0001
150,000-233,333 VND	-	-	1.617	0.0037	1.524	0.0001
233,334-291,666 VND	-	-	1.275	0.0318	0.911	0.0147
291,667-373,333 VND	-	-	0.002	0.9973	0.426	0.1731
373,334 VND and over	-	-	CG	.	CG	.

<i>Independent variables</i>	<i>Migrant</i>		<i>Non-migrant</i>		<i>Total</i>	
	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>	<i>B</i>	<i>Sig.</i>
<u>State hospital vs. Commune health centers</u>						
Intercept	1.885	0.0016	1.187	0.1100	1.275	0.0021
Migration status						
Migrant					-0.059	0.6319
Non-migrant					CG	.
Sex						
Male	-	-	0.846	0.0000	0.435	0.0002
Female	-	-	CG	.	CG	.
Ethnicity						
Kinh	1.887	0.0000	2.037	0.0000	1.888	0.0000
Other	CG	.	CG	.	CG	.
Health insurance						
Have health insurance	0.121	0.6236	0.435	0.0493	0.249	0.1242
Not have health insurance	CG	.	CG	.	CG	.
Economic sector of employment						
State organizations + Collective organizations	-0.576	0.1883	-0.978	0.1365	-0.667	0.0386
Small companies	-0.816	0.0276	-1.372	0.0311	-1.021	0.0004
Private companies	-0.660	0.0738	-1.293	0.0630	-0.878	0.0053
Foreign companies	CG	.	CG	.	CG	.
Living standard (number of assets)						
0-2 assets	-1.419	0.0003	-	-	-0.555	0.0050
3-4 assets	-0.809	0.0441	-	-	-0.211	0.2637
5 assets and over	CG	.	-	-	CG	.
Region						
Central cities	-0.616	0.0168	-0.337	0.1631	-0.414	0.0162
Provincial cities	0.473	0.1906	0.062	0.8387	0.183	0.4287
Towns of district + rural	CG	.	CG	.	CG	.
Household registration						
Non-registered	-0.289	0.5141	-	-	-	-
KT1	-0.893	0.0024	-	-	-	-
KT2	-0.859	0.0508	-	-	-	-
KT3	-0.072	0.7866	-	-	-	-
KT4	CG	.	-	-	-	-
Expenditure per capita per month						
Under 150,000 VND	-	-	-1.054	0.0009	-0.731	0.0021
150,000-233,333 VND	-	-	-0.722	0.0192	-0.375	0.1101
233,334-291,666 VND	-	-	-0.249	0.4781	-0.187	0.4649
291,667-373,333 VND	-	-	-0.087	0.7975	-0.212	0.3743
373,334 VND and over	-	-	CG	.	CG	.
Cox and Snell	0.2751		0.2512		0.245	
Nagelkerke	0.3053		0.2829		0.274	
McFadden	0.1391		0.1323		0.125	
N		1429		1633		3062

Note: CG is comparison group

4.6.3. Factors affecting likelihood of no health examination in the three months before the survey

In Table 4.11 the results of the analysis of the determinants of having a health examination in the three months before the time of the survey is shown. There is no significant difference in the odds of a migrant compared to a non-migrant having a health examination. This is an interesting result as it shows that while migrants are less likely than non-migrants to access health facilities when they are sick (see Table 4.9), they are just as likely as non-migrants to undergo a health examination. It may be possible that many migrants undergo health examinations as part of their employment, for example, those who work in factories.

The predictors of not having a health examination are similar for migrants and non-migrants. Females are more like that males to have had a health examination, and the likelihood of a health examination decreases with age. This may due to young migrants wish to be employed in the formal sector, they are required a health certificate for recruitment. Older migrants have less chance to find a job in this sector, so they do not need to have a health examination.

Highly education level, and health insurance increases the likelihood of a health examination. Its is surprising that people living in Central Highlands are more likely than people living in Hanoi to have had a health examination. This relationship occurs for both migrants and non-migrants.

On two variables, the predictors vary substantially for migrants and non-migrants. Migrants who are unemployed or who are employed but without a labor contract are significantly less likely to have had a health examination than migrants who are employed with a contract. The differences are not significant for non-migrants. These results suggest that for migrants, a health examination may often be undertaken as part of formal employment, while for non-migrants preventive health examinations may occur as a more regular feature of life.

However, while there are significant differences in the likelihood of a health examination for non-migrants in different economic sectors, these differences are not significant for migrants. For non-migrants, those persons working in small companies and private companies are less likely than those working in state enterprises to have a health examination.

Household registration status has an impact on the likelihood of a migrant undergoing a health examination, with KT1 migrants significantly more likely than migrants with other types of household registration to have a health examination.

Table 4.11: Multivariate analysis of predictors of no health examination in the three months before the survey

<i>Independent variable</i>	<i>Migrant</i>			<i>Non-migrant</i>			<i>Total</i>		
	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>B</i>	<i>Sig.</i>	<i>Exp(B)</i>
Migration status									
Non-migration	-	-	-	-	-	-	CG	CG	CG
Migration	-	-	-	-	-	-	-0.099	0.0803	0.906
Sex									
Male	CG	CG	CG	CG	CG	CG	CG	CG	CG
Female	0.390	0.0000	1.477	0.452	0.0000	1.572	0.431	0.0000	1.539
Age group									
15-29	CG	CG	CG	CG	CG	CG	CG	CG	CG
30-44	-0.313	0.0004	0.731	0.097	0.2494	1.102	-0.108	0.0689	0.897
45-59	-0.327	0.0268	0.721	0.244	0.0128	1.276	0.036	0.6363	1.037
Marital status									
Single	CG	CG	CG	CG	CG	CG	CG	CG	CG
Married	-0.045	0.6301	0.956	-0.098	0.5789	0.907	-0.050	0.5210	0.951
Widowed/Divorced/ Separated	0.096	0.6182	1.100	-0.279	0.1747	0.757	-0.124	0.3018	0.883
Ethnicity									
Kinh	CG	CG	CG	CG	CG	CG	CG	CG	CG
Other	-0.067	0.6502	0.935	-0.088	0.5638	0.916	-0.084	0.4221	0.919
Education level									
Do not know to read and write	-0.412	0.1365	0.662	-0.110	0.6248	0.896	-0.202	0.2419	0.817
Not finish primary school	-0.233	0.1934	0.792	-0.190	0.1875	0.827	-0.183	0.1016	0.833
Graduated primary school	CG	CG	CG	CG	CG	CG	CG	CG	CG
Graduated secondary school	0.126	0.2103	1.134	-0.021	0.8223	0.979	0.062	0.3699	1.064
Graduated high secondary school	0.158	0.1516	1.171	0.234	0.0248	1.263	0.196	0.0088	1.216
Graduated college/university and over	0.236	0.1403	1.266	-0.072	0.6239	0.931	0.072	0.4995	1.075
Employment status									
Employed. contracted	CG	CG	CG	CG	CG	CG	CG	CG	CG
Employed. not being contracted	-0.329	0.0158	0.720	0.235	0.1534	1.264	-0.096	0.3527	0.908
Unemployed	-0.254	0.0734	0.776	0.049	0.6929	1.051	-0.102	0.2703	0.903
Health insurance									
Have health insurance	CG	CG	CG	CG	CG	CG	CG	CG	CG
Not have health insurance	-0.504	0.0000	0.604	-0.887	0.0000	0.412	-0.714	0.0000	0.490
Economic sector of employment									
State organizations+ Collective organizations	CG	CG	CG	CG	CG	CG	CG	CG	CG
Small companies	-0.333	0.0368	0.716	-0.539	0.0014	0.584	-0.373	0.0009	0.688
Private companies	-0.133	0.3151	0.876	-0.283	0.0711	0.754	-0.177	0.0704	0.838
Foreign investment organization	0.013	0.9209	1.013	0.176	0.2534	1.193	0.022	0.8191	1.023

Independent variable	Migrant			Non-migrant			Total		
	B	Sig.	Exp(B)	B	Sig.	Exp(B)	B	Sig.	Exp(B)
Expenditure per capita per month									
Under 150,000 VND	CG	CG	CG	CG	CG	CG	CG	CG	CG
150,000-233,333 VND	-0.074	0.5301	0.929	-0.117	0.3511	0.890	-0.088	0.3014	0.916
233,334-291,666 VND	-0.200	0.1366	0.818	-0.355	0.0118	0.701	-0.277	0.0041	0.758
291,667-373,333 VND	0.061	0.6228	1.063	0.028	0.8368	1.028	0.028	0.7518	1.029
373,334 VND and over	0.017	0.8981	1.017	-0.130	0.3369	0.878	-0.067	0.4775	0.936
Living standard (number of household assets)									
0-2 assets	CG	CG	CG	CG	CG	CG	CG	CG	CG
3-4 assets	0.114	0.1895	1.121	0.076	0.5027	1.079	0.147	0.0293	1.158
5 assets and over	0.103	0.3986	1.108	0.195	0.1080	1.216	0.249	0.0018	1.282
Region									
Hanoi	CG	CG	CG	CG	CG	CG	CG	CG	CG
Northeast Economic Zone	-0.118	0.3216	0.889	-0.254	0.0156	0.775	-0.123	0.1028	0.885
Central Highlands	0.234	0.1397	1.264	0.186	0.2093	1.204	0.303	0.0035	1.354
Ho Chi Minh City	0.160	0.1892	1.174	-0.143	0.1952	0.867	-0.058	0.4643	0.944
Southeast Industrial Zone	-0.465	0.0004	0.628	-0.382	0.0008	0.683	-0.451	0.0000	0.637
Household registration									
Non-registered	CG	CG	CG	CG	CG	CG	CG	CG	CG
KT1	0.434	0.0367	1.544	-	-	-	-	-	-
KT2	0.114	0.6079	1.121	-	-	-	-	-	-
KT3	0.267	0.1530	1.306	-	-	-	-	-	-
KT4	-0.103	0.5855	0.902	-	-	-	-	-	-
Constant	-0.230	0.4149	0.795	0.373	0.1509	1.452	0.158	0.3278	1.171
Nagelkerke R Square	0.102			0.110			0.097		
N		4998			5009			10007	

Note: CG –if reference category

Conclusion

Although most migrants attended health facilities for treatment for their last illness the proportion was less than for non-migrants. The proportion of migrants who self-treated at home was 20 percent and the percent of migrants who did not do anything is very small. Inviting a doctor to come to the home to treat illness is uncommon. The results from the multivariate analyses suggest that there are barriers to migrants using health facilities. These barriers do not appear to be economic. Females are significantly more likely than males to utilize health facilities, older persons are more likely than younger persons to use health facilities, and the ever-married are more likely than the never married to use health facilities.

The form of treatment of migrants varies among regions. The proportion of migrants in Hanoi and the Northeast Economics Zone coming to health facilities for treatment is lower than that of migrants in the Central Highlands and other Southern areas.

As these results are also observed for non-migrants an explanation probably lies in regional differences in health seeking culture.

The main reason for not visiting health facilities for treatment is “not seriously ill”. The two most other frequently cited reasons are “medicine available at home” and “expensive treatment fee”, while 7.1 percent of migrants report “difficult access to health clinics such as long way...”. In general, migrants share the same viewpoint as non-migrants on “treatment fee”, however, they have to overcome some difficulties such as lacking medicine at home or a long way to access to health facilities. Difficulties of migrants compared to non-migrants vary among regions.

In general, there is little difference between migrants and non-migrants selection of a health facility for their last illness. Public health services, such as government hospitals and commune/ward health centers, are selected as the main source of health care by both groups. Older migrants seem to have a tendency of selecting higher level health care units such as government hospitals or private clinics/ hospitals while the selection of young and middle-aged migrants varies from large hospitals to commune/ward clinics or private doctors. Female migrants are more likely to seek treatment in government hospitals than are male migrants. As expected, having health insurance is an important determinant of choice of public facilities. Ethnic minorities are more likely than the Kinh majority to utilize commune health centers compared to other facilities since those may be the nearest available facility for them.

Private medical care is used mostly by the migrants in areas having a high rate of industrialization. The group of migrants using more private health services is also the group most likely to have health insurance. Private doctors are most likely to be chosen by migrants with temporary household registration. It may be that the access to commune health centers and government hospitals is restricted for those migrants with temporary household registration

The ways in which migrants and non-migrants paid for their last episode of medical care is similar. Most migrants paid by themselves, while 22.4 percent use their health insurance, and 24.1 percent were supported by relatives. The percent of migrants obtaining medical care free of charge is low and is lower than for non-migrants. The percent of female migrants using health insurance or getting support from their relatives to pay for medical care is slightly higher than for male migrants. Surprisingly, the number of migrant males that obtain free medical care is 1.5 times that of female migrants.

Migrants in Hanoi use health insurance more than migrants in other areas. Migrants are less likely than non-migrants to obtain free medical care, with the largest proportion in the Central Highlands. The highest proportion of migrants receiving support from their relatives is for the Northeast Economic Zone.

The percent of migrants with KT2 registration paying medical care themselves, getting support from relatives or using the insurance system is higher than for other household registration groups. People with temporary registration used insurance more than did those with KT1 registration or those who did not have household registration in their place of destination.

Around one-quarter of migrants had received a health examination within the three months before the survey. This is similar to the percent reported by non-migrants. Females were more likely than males to have received a health examination. The likelihood of a health examination decreases with age. Highly education and health insurance increases the likelihood of a health examination. Generally, those with permanent household registration were more likely to have a health examination compared to those with temporary household registration. It is surprising that people living in Central Highlands are more likely than people living in Hanoi to have had a health examination. Migrants who are unemployed or who are employed but without a labor contract are significantly less likely to have had a health examination than migrants who are employed with a contract. The results from the multinomial analyses suggest that for migrants a health examination may often be undertaken as part of formal employment, while for non-migrants preventive health examinations may occur as a more regular feature of life.

A total of 36.4 percent of migrants had health insurance at the time of the survey. While the percent of males with health insurance was equal for both migrants and non-migrants, for females a much higher percent of migrants than non-migrants had health insurance. Migrants in the Southeast Industrial Zone have the highest proportion with health insurance. Hanoi ranks second followed by Ho Chi Minh City and the Northeast Economic Zone.

One-half of respondents report that the reason for not having health insurance is that it is “not necessary”. However, around 20 percent of migrants reported that they could not buy health insurance whereas this proportion among non-migrants is half that of migrants. Almost 20 percent of migrants did not know where they could buy health insurance and 12.4 percent of migrants said that they didn’t know anything about health insurance.

Three-quarters of migrants had no change in possession of health insurance before and after migration. A small proportion of migrants (4.5 percent) had health insurance before migration but not after migration. However, the fact that 21.6 percent of migrants did not have health insurance before migration but had insurance after migration reveals that the migration have brought positive impact to migrants in term of possession of health insurance.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusion 1

Migration is selective in terms of health. Migrants have better health status than non-migrants, although the differences are not great. The differential between migrants and non-migrants is observed at different ages, for males and females and for different regions. The health of older women (44-59) and people migrating to the Central Highlands appears to decline after migration.

Recommendation 1

Health care for migrants should pay special attention to females, particularly those aged 44-59 years and those migrating to the Central Highlands.

Conclusion 2

After migration, the health of the family of migrants improves, especially migrants to Hanoi and Ho Chi Minh City. Migrants help their family members in two ways: spiritually and physically. Only a small proportion of migrants assist their family members with information about health care (around 15.8 percent).

Recommendation 2

Information about health care needs to be better communicated to both migrants and their family members. It is also necessary to encourage families to pay more attention to health care for migrants in working ages, particularly those who are the main income earners of their family, and to encourage migrants to help their relatives with information about health care.

Conclusion 3

More than 50 percent of male migrants smoke. Smoking is more common in the South than in the North. Around 75 percent are average or heavy smokers. The proportion of male migrants smoking after migration increases rapidly in the 15-29 years old age group, but decreases in the middle-aged and elderly groups. Smoking is one of the factors negatively influencing the health of people, particularly migrants.

Recommendation 3

The Government should have a strategy for a non-smoking environment. It is necessary to strengthen IEC activities in order to encourage people, especially young men (15-29), not to start smoking and to reduce and eventually give up smoking. In the areas that attract migrant labor, it is necessary to develop models such as "Non-smoking factory" or "Non-smoking enterprise" or "Non-smoking school".

Conclusion 4

Around 80 percent of male migrants drink beer or wine. The proportion of female migrants that consume beer/wine is lower than male migrants. The proportion of migrants to two regions in the North who drink beer/wine is higher than the South, but the proportion of migrants being drunk after drinking beer/wine in the South is higher than in the North. Among male migrants currently drinks beer/wine, about 30 percent of them get drunk at least once in a month before the survey, 5 percent higher than non-migrants. In Ho Chi Minh City this figure is 38 percent and 48 percent in the Southeast Industrial Zone.

Recommendation 4

Needs to have a system of measures in terms of IEC, economic development, administration, and entertainment in order to reduce the problems of drunkenness.

Conclusion 5:

There are many factors affecting migrants health. They include: age, employment status, water sources, sanitation, education level, smoking, housing condition and region of residence.

Recommendation 5

In order to protect the health of migrants, it is necessary to formulate comprehensive measures, not just the development of medical systems. In particular, special attention should be paid to water sources, sanitation and housing for migrants.

Conclusion 6

Almost all migrants know of HIV/AIDS, while around 82 to 83 percent of migrants know the names of sexually transmitted infections. The proportion of migrants who know the causes of infections, prevention and treatment measures are much lower. In particular, around 40 percent agree that “unhygienic sex organs” is a cause of sexually

transmitted diseases. Around 63.1 percent migrants know of 5-6 causes of sexually transmitted infections. Only 8.8 percent understand that it is necessary to test both partners if one partner has a sexually transmitted infection. The majority think that it is only necessary to test the married partner. Two-thirds of migrants know 6-7 causes of HIV transmission. The knowledge mean scores on HIV/AIDS are only at average levels.

Recommendation 6

It is necessary to promote IEC about sexually transmitted infections, including HIV/AIDS. Particular emphasis should be placed on the causes of transmission, prevention and treatment methods. Organizations responsible for this work should focus on both migrant destination and origin areas.

Conclusion 7

The proportion reporting discriminatory attitudes towards PLWHA persons is low. However, the proportion who would sympathize, share with, and help PLWHA is not high.

Recommendation 7

It is necessary to change the IEC strategy about HIV/AIDS from threatening to listening, sympathizing, sharing and helping PLWHA. Special attention should be paid to awareness education in order to increase the proportion of migrants that are willing to help PLWHA and reduce discrimination against PLWHA in the whole country in general and in highly developed urban areas in particular.

Conclusion 8

The information that migrants receive about sexually transmitted infections and HIV/AIDS comes mainly from mass media such as television, radio, newspapers and magazines, in which television plays an important role. Direct communication is mostly through friends and relatives (50 percent) and through health officers (less than 20 percent).

Recommendation 8

The capacity of mass media needs to improve, with a special emphasis on television and radio. Favorable conditions need to be created for health experts to disseminate knowledge about reproductive health protection and care through television. Groups of peers that help each other on reproductive health protection should be established in the migrant community. Capacity building of group leaders in reproductive health education should be strengthened.

Conclusion 9

People appear to have limited interest in health insurance. The proportion of respondents with health insurance is low. Migration has a positive impact on increasing the proportion of workers who are provided with health insurance. The proportion of migrants who are provided with health insurance is higher than that of non-migrants.

Recommendation 9

It is necessary to promote education on responsibilities and benefits of buying health insurance. The legal framework on health insurance and inspection and supervision of compliance of state health insurance regulations should be strengthened. Violations should be strictly handled. It is necessary to create favorable conditions to encourage employers and employees to buy health insurance. Migrants need to be supported to obtain, as well as consulted about health insurance at both departure and destination areas.

Conclusion 10

The proportion of respondents who sought treatment at health facilities for their most recent illness is relatively high: 67 percent for migrants and 73 percent for non-migrants. Government hospitals and commune/ward health facilities are the first choice for treatment (74.1 percent for migrants and 80.3 percent for non-migrants). The selection of treatment facilities depends on many factors, including household registration.

Recommendation 10

Medical examination and treatment should not discriminate against person with temporary household registration status. It is necessary to encourage people to select commune/ward health facilities when they have mild illnesses in order to reduce pressure on central hospitals.

Conclusion 11

The proportion of migrants using contraceptive methods is lower than that of non-migrants: 65.8 percent and 71.7 percent respectively. Migrants use many kinds of contraceptive methods. The most common methods are IUD, diaphragm, male sterilization, and contraceptive tablets. They rarely use condoms, particularly the youth. The proportion of 15 to 29 year olds that use condoms for contraception is only 0.2 percent. The proportion of children of migrants and non-migrants under 5 year-olds that are vaccinated is very high (97 percent and 98 percent respectively). However, for children migrating recently, this proportion is lower (90 percent).

Recommendation 11

Agencies in charge of reproductive health care and family planning need to encourage migrants, particularly the youth, to use condoms for family planning and prevention of sexually transmitted diseases.

When vaccination programs are implemented, special attention should be placed on newcomers in destination areas, particularly parents with children under 5 year-olds.

Conclusion 12

Migrants are more likely than non-migrants to use public health facilities, drugstores and their relatives to obtain their contraceptives.

Recommendation 12

In the plan to provide facilities and services of family planning in public health facilities, it is necessary to consider the needs of migrants. Private health facilities should continuously improve the quality of their services and marketing.

Conclusion 13

Only 25 percent of migrants had gone for a medical examination in the three months before the survey, while only 36.4 percent had health insurance. The proportion of women with health insurance is lower than that of men. However, the proportion of women going for a medical examination is higher than that of men. The number of migrants to the Southeast Industrial Zones that have health insurance is 6.5 times higher than that of migrants to the Central Highlands. However, the proportion going for medical examination is similar in the two regions. These results suggest that migrants usually only go for medical examinations when they feel that they have a health problem. It does not depend on economic status. Factors affecting going for a medical examination include household registration status, work status, current residence area, economic sector of employment and living conditions

Recommendation 13

It is necessary to communicate that “disease prevention is better than disease cure” as well as the right to obtain health insurance. The barrier of household registration in access to basic social services in general, and health care in particular, should be eliminated.

Conclusion 14

Awareness, attitudes and behavior in terms of health care in general and reproductive health in particular, differ among regions. In particular, health care in the Central Highlands is weak compared to other regions.

Recommendation 14

Policies on health care in general and reproductive health in particular should be based on regional characteristics. Attention should be paid to support the Central Highlands in developing health care services.

Conclusion 15

Factors influencing the non use health care services when getting sick include: region of residence, sex, marital status, health insurance, household registration, and standard of living.

Recommendation 15

It is necessary to improve information, education and communication campaigns about health care and prevention, with a particular focus on single male migrants. It is also necessary to improve policies on health insurance, household registration (regarding KT2, KT3, KT4), and social policy with the aim of increasing the proportion of the people who receive health care services. The proportion of the poor who receive health care services is no lower than that of people who have an average income level. However, this could not be analyzed fully in the report, thus it is necessary to pay attention to the quality of health care services for the poor.

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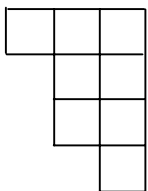
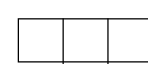
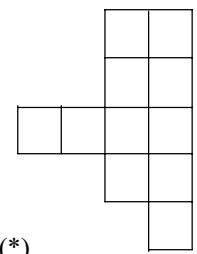
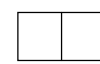
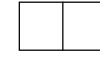
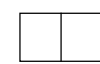
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Appendix

QUESTIONNAIRES

HOUSEHOLD SCHEDULE

IDENTIFICATION				
PROVINCE/CITY: _____ DISTRICT/QUARTER: _____ COMMUNE/WARD: _____ NAME OF ENUMERATION AREA: _____ NAME OF HOUSEHOLD HEAD: _____ HOUSEHOLD NUMBER: ADDRESS OF HOUSEHOLD _____ URBAN/RURAL (large city = 1, small city = 2, town = 3, countryside = 4):				  
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR NAME RESULTS (*)
NAME OF INTERVIEWER	_____	_____	_____	
RESULTS (*)	_____	_____	_____	RESULTS (*)
NEXT VISIT				
- DATE	_____	_____		TOTAL NUMBER OF VISITS 
- HOUR	_____	_____		
(*) RESULT CODES: 1 = COMPLETED 2 = POSTPONED 8 = OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD  TOTAL ELIGIBLE SELECTED 
CODES FOR TYPE OF HOUSEHOLD SELECTED FOR INTERVIEW: 1 = HOUSEHOLD SELECTED FOR MIGRANT INTERVIEW 2 = HOUSEHOLD SELECTED FOR NON-MIGRANT INTERVIEW				HOUSEHOLD TYPE 
SUPERVISOR NAME _____  DATE _____		FIELD EDITOR NAME _____  DATE _____		OFFICE EDITOR 
				KEYED BY 

LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	MONTH AND YEAR OF BIRTH	AGE	EDUCATION (FOR PERSONS AGED 5 AND OVER)	MARITAL STATUS (FOR PERSONS AGED 13 AND OVER)	DURATION OF RESIDENCE	ELIGIBILITY																					
	Please give me the names of the persons who usually live in your households, starting with the head of the household.	What is the relationship of [NAME] to the head of the household?	Is [NAME] male or female?	In what month and year was [NAME] born?	How old is [NAME] ? IF AGE 85 OR ABOVE, WRITE '85'	What is the highest grade of education [NAME] COMPLETED?	What is [NAME]'s current marital status ?	How long has [NAME] been living in present district/quarter?	MIGRANT	NON-MIGRANT																				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)																				
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LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	MONTH AND YEAR OF BIRTH	AGE	EDUCATION (FOR PERSONS AGED 5 AND OVER)	MARITAL STATUS (FOR PERSONS AGED 13 AND OVER)	DURATION OF RESIDENCE	ELIGIBILITY																						
	Please give me the names of the persons who usually live in your households, starting with the head of the household.	What is the relationship of [NAME] to the head of the household?	Is [NAME] male or female?	In what month and year was [NAME] born?	How old is [NAME] ? IF AGE 85 OR ABOVE, WRITE '85'	What is the highest grade of education [NAME] COMPLETED?	What is [NAME]'s current marital status ?	How long has [NAME] been living in present district/quarter?	MIGRANT	NON-MIGRANT																					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)																					
08		☐	MALE 1 FEMALE.. 2	MONTH <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>													<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			SINGLE 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5	FROM BIRTH..... 199 5 YEAR AND OVER 299 MONTHS 3 YEARS 4	<table border="1"><tr><td></td><td></td></tr><tr><td>0</td><td></td></tr></table>			0		08	08
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TICK HERE IF CONTINUATION SHEET USED ☐																															
CODES FOR Q3 (RELATIONSHIP TO HOUSEHOLD HEAD): 1 = HEAD 2 = WIFE/HUSBAND 3 = SON/DAUGHTER 4 = SON/DAUGHTER-IN-LAW/ADOPTED/STEP CHILD 5 = GRAND CHILD 6 = PARENT 7 = OTHER RELATIVES 8 = NOT RELATED 9 = DON'T KNOW				CODES FOR Q7 (EDUCATION): 01-12 = GRADE 13 = COLLEGE 14 = UNIVERSITY OR HIGHER 15 = ILLITERATE		ELIGIBILITY: - MIGRANTS: INCLUDING THOSE WHO ARE IN THE AGE GROUP 15-59 AND MOVED FROM ONE DISTRICT TO ANOTHER WITHIN THE FIVE YEARS BEFORE THE SURVEY. <u>FOR CITIES: HANOI, HAI PHONG AND HO CHI MINH,</u> THOSE WHO MOVED FROM ONE QUARTER TO ANOTHER WITHIN A CITY ARE NOT COVERED BY THIS DEFINITION. - NON-MIGRANTS: INCLUDING THOSE WHO ARE IN THE AGE GROUP 15-59 AND NOT DETERMINED AS MIGRANTS.																									

NO.	QUESTIONS	CODING CATEGORIES	SKIP
12	What type of dwelling does your household live in? COMBINE WITH OBSERVATION TO RECORD	PERMANENT 1 SEMI-PERMANENT 2 WOOD FRAME OF DURABLE USE, LEAF ROOF..... 3 SIMPLE HOUSE 4	
13	Type of ownership?	SELF-OWNED 1 HIRED FROM GOVERNMENT 2 HIRED/BORROWED FROM PRIVATE..... 3 COLLECTIVE/RELIGION 4 JOINT STATE AND INDIVIDUAL 5 NOT CLEAR ABOUT THE OWNERSHIP 8	
14	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A sewing machine? A washing machine? A bicycle? A motorcycle? A car? A boat? A plough machine? A motor scooter?	YES NO ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 TELEPHONE 1 2 REFRIGERATOR 1 2 SEWING MACHINE 1 2 WASHING MACHINE 1 2 BICYCLE 1 2 MOTORCYCLE 1 2 CAR 1 2 BOAT 1 2 PLOUGH MACHINE 1 2 MOTOR SCOOTER 1 2	
15	What is the main source of water that your household uses for drinking?	PIPED INTO RESIDENCE 11 PIPED TO PUBLIC TAP 12 PRIVATE WELL/WATER FROM GROUND SURFACE 21 PUBLIC WELL/WATER FROM GROUND SURFACE 22 SPRING/RIVER/POND/LAKE 31 RAIN WATER..... 41 TANKER TRUCK 51 BOTTLED WATER 61 OTHERS 96 _____ (SPECIFY)	
16	What kind of energy does your household use for cooking? Any more? CIRCLE ALL THAT APPLY	ELECTRICITY A GAS B KARESEEN C COAL D WOOD E STRAW F OTHERS X _____ (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	SKIP								
17	What kind of toilet facility does your household use?	FLUSH TOILET OWN 11 SHARED 12 VENTILATED IMPROVED PIT TOILET 21 TRADITIONAL PIT TOILET 22 NO FACILITY/BUSH/FIELD 31 OTHERS 96 _____ (SPECIFY)									
18	How much does your household spend on food per month?	DONG <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td> </tr> </table>					0	0	0		
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19	How long does it take to go from your household to the nearest primary school? LESS THAN 1 HOUR, RECORD MINUTES. OTHERS, RECORD HOURS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES 2 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
20	How long does it take to go from your household to the nearest lower secondary school? LESS THAN 1 HOUR, RECORD MINUTES. OTHERS, RECORD HOURS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES 2 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
21	How long does it take to go from your household to the nearest medical facility? LESS THAN 1 HOUR, RECORD MINUTES. OTHERS, RECORD HOURS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES 2 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

**THE ANSWERS TO
THE QUESTIONS
WILL BE KEPT
CONFIDENTIAL**

GENERAL STATISTICAL OFFICE
VIET NAM MIGRATION SURVEY 2004



MIGRANT QUESTIONNAIRE – FORM B

IDENTIFICATION	
province/city: _____	
district/quarter: _____	
commune/ward: _____	
name of enumeration area: _____	
name of household head: _____	
household number:	
address of household _____	
URBAN/RURAL (large city = 1, small city = 2, town = 3, countryside = 4):	
name and line number of respondent: _____ (TO HOUSEHOLD SCHEDULE)	

SUPERVISOR NAME _____ DATE _____		FIELD EDITOR NAME _____ DATE _____		OFFICE EDITOR		KEYED BY	
---	--	---	--	--	--	---	--

SECTION 1. RESPONDENTS' BACKGROUND

NO.	QUESTIONS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTING INTERVIEW	HOUR MINUTES	
102	Sex?	MALE 1 FEMALE..... 2	
103	In what month and year were you born?	MONTH..... DON'T KNOW MONTH 98 YEAR..... DON'T KNOW YEAR 9998	
104	How old were you at your last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT	AGE IN COMPLETED YEAR	
105	ENTER AGE IN COLUMN 1 OF CALENDAR. START WITH CURRENT AGE (IN 2004) AND MOVE BACK TO THE YEAR THAT THE RESPONDENT REACHED THE AGE OF 15.		
106	What is your religion?	NO RELIGION 01 BUDDHIST 02 CATHOLIC 03 PROTESTANT 04 CAO ĐAI 05 HOA HAO 06 ISLAM 07 OTHERS 96 _____ (SPECIFY)	
107	What is your ethnic group?	KINH 01 TAY 02 THAI..... 03 HOA..... 04 KHO ME..... 05 MUONG 06 NUNG..... 07 H'MONG 08 DAO..... 09 GIA-RAI 10 OTHERS..... 96 _____ (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	SKIP	
108	At present, are you living in your own house, shared, hired house/hotel/inn?	OWN HOUSE..... 1 SHARING WITH PARENTS..... 2 SHARING WITH RELATIVES 3 HIRED HOUSE /HOTEL/INN 4 OTHERS..... 6 _____ (SPECIFY)		
109	What is your current marital status?	SINGLE 1 MARRIED 2 WIDOWED..... 3 DIVORCED 4 SEPARATED..... 5		
110	ENTER THE APPROPRIATE CODE FOR MARITAL STATUS IN COLUMN 2 OF CALENDAR. START WITH THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT RESPONDENT REACHED THE AGE OF 15. INCASE OF 'SINGLE', ENTER '1' IN THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT THE RESPONDENT REACHED THE AGE OF 15. IN CASE OF EVER-MARRIED, ENTER CODE FOR CURRENT MARITAL STATUS IN QUESTION 109 IN THE YEAR 2004 AND ASK THE RESPONDENT ABOUT CHANGES IN MARITAL STATUS TO ADD THOSE CHANGES IN CALENDAR. IF MORE THAN ONE EVENTS OCCURRED IN A YEAR, RECORD THE LATTER EVENT INTO THAT YEAR, AND THE FORMER INTO PREVIOUS YEAR. ILLUSTRATIVE QUESTIONS: + In what year [HAVE YOU GOT MARRIED/WIDOWED/DIVORCED/SEPARATED]? + What was your previous marital status? In what year that status occurred to you?			
111	What is the highest level of education?	GRADE COMPLETED/CURRENTLY ATTENDING IN 12-YEAR SYSTEM..... COLLEGE 13 UNIVERSITY OR HIGHER 14 ILLITERATE..... 15		
112	ENTER THE APPROPRIATE CODE FOR EDUCATION LEVEL IN COLUMN 3 OF CALENDAR. START WITH THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT RESPONDENT REACHED THE AGE OF 15. ENTER CODE FOR EDUCATION LEVEL IN QUESTION 111 IN THE YEAR 2004 AND ASK THE RESPONDENT ABOUT CHANGES IN EDUCATION LEVEL TO ADD THOSE CHANGES IN CALENDAR. ILLUSTRATIVE QUESTIONS: + In what year did you complete the education level of? + What was your previous education level? In what year had you reached that level?			
113	CHECK Q111: GRADE 5 OR LESS ☐ GRADE 6 OR HIGHER ☐ ILLITERATE ☐			<pre> GRADE 5 OR LESS [] → 115 GRADE 6 OR HIGHER [] → 115 ILLITERATE [] → 116 </pre>

NO.	QUESTIONS	CODING CATEGORIES	SKIP
114	Can you read and understand a letter or newspaper easily, difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→ 116
115	Do you usually read a newspaper or magazine at least once a week?	YES..... 1 NO..... 2	
116	Do you usually listen to a radio at least once a week?	YES..... 1 NO..... 2	
117	Do you usually watch television at least once a week?	YES..... 1 NO..... 2	
118	During the last 6 months, did you go to: Cinema at cinema house/yard? Opera/concert at theatre house? Festival/gymnastics/sport/games? Tourism/sightseeing?	C K KB CINEMA..... 1 2 8 OPERA/CONCERT 1 2 8 FESTIVAL/GYMNASTICS 1 2 8 TOURISM/SIGHTSEEING 1 2 8	

SECTION 2. MIGRATION HISTORY

NO.	QUESTIONS	CODING CATEGORIES	SKIP
201	Where did your mother usually live at the time of your birth?	PROVINCE/CITY (NAME OF PROVINCE/CITY) DISTRICT/QUARTER..... (NAME OF DISTRICT/QUARTER)	
202	By then, was that place a large city, a small city, a town or in the countryside?	LARGE CITY 1 SMALL CITY 2 TOWN 3 COUNTRYSIDE 4 OVERSEAS 5	
203	What were the names of province and district that you usually lived when you were 15 years old?	PROVINCE/CITY (NAME OF PROVINCE/CITY) DISTRICT/QUARTER..... (NAME OF DISTRICT/QUARTER)	
204	By then, was that place a large city, a small city, a town or in the countryside?	LARGE CITY 1 SMALL CITY 2 TOWN 3 COUNTRYSIDE 4 OVERSEAS 5	
205	ENTER APPROPRIATE CODES OF THE PLACE OF USUAL RESIDENCE INTO COLUMN 4 OF THE CALENDAR. BEGIN IN THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT THE RESPONDENT REACHED THE AGE OF 15. ENTER THE CODE FOR CURRENT PLACE OF USUAL RESIDENCE IN THE YEAR 2004 AND ASK THE RESPONDENT ABOUT CHANGES IN PLACE OF USUAL RESIDENCE TO ADD THOSE CHANGES IN CALENDAR. IF THERE ARE MORE THAN 1 EVENTS OCCURRED IN A YEAR, RECORD THE LAST EVENT. ILLUSTRATIVE QUESTIONS: + In what year did you move to [NAME OF CURRENT COMMUNE/WARD]? IN COLUMN 4 OF CALENDAR, ENTER 'X' IN THE YEAR OF THE MOVE. MARK 'X' IN CALENDAR IN YEARS YOU MOVED. IN SUBSEQUENT YEARS ENTER THE APPROPRIATE CODE FOR THE TYPE OF RESIDENCE. CONTINUE PROBING FOR PREVIOUS RESIDENCES, AND RECORD MOVES AND TYPE OF RESIDENCE, ACCORDINGLY. ILLUSTRATIVE QUESTIONS: + Where did you live before? + In what year did you arrive there? + Is that place a large city, a small city, a town or in the countryside?		

SECTION 3. DETAILS OF LAST MOVE

NO	QUESTIONS	CODING CATEGORIES	SKIP
301	Where did you last move from?	PROVINCE/CITY _____ (SPECIFY) DISTRICT..... _____ (SPECIFY)	
301b	In what year did you move here?	YEAR.....	
302	Location?	LARGE CITY 1 SMALL CITY 2 TOWN 3 COUNTRYSIDE 4	
303	What was your main activity in the last 6 months before coming here?	EMPLOYED..... 1 HOUSEHOLD WORK 2 STUDENT 3 UNABLE TO WORK..... 4 UNEMPLOYED: HAVE DEMAND FOR WORK 5 NO DEMAND FOR WORK..... 6	
304	Before you moved here, had you been here before?	YES..... 1 NO..... 2	
305	What were the reasons of moving to the present place? CIRCLE ALL THAT APPLY	DID'T FIND ANY JOB AT THE OLD PLACE A FINDING A JOB AT THE PRESENT PLACE..... B FINISHED SCHOOLING..... C STUDENT D MARRIAGE E TO JOIN RELATIVES F HAVE NO RELATIVES AT THE OLD PLACE... G HAVE NO HEALTH CENTER AT THE OLD PLACE..... H FOR TREATMENT..... I BETER ENVIORNMENT J TO IMPROVE LIVING CONDITION..... K TO IMPROVE SOCIAL AND INTELLECTUAL NEEDS..... L TO DO BUSINESS..... M EXPIRATION OF THE LABOUR CON TRACT . N RESETTLE..... O FOR CHILDREN'S FUTURE..... P OTHERS..... X _____ (SPECIFY) DON'T KNOW Y	

NO	QUESTIONS	CODING CATEGORIES	SKIP				
306	Among the above circled reasons, which was the main one?	_____ ☐ (THE MAIN REASON)					
307	Who took decision to move for your moving here? CIRCLE ALL THAT APPLY	MYSELF..... A SPOUSE..... B CHILD(REN)..... C PARENTS..... D OTHER BLOOD RELATIVES..... E RELATIVES..... F FRIENDS..... G COUNTRYMEN..... H OTHERS..... X _____ (SPECIFY)					
308	During this last move did anybody accompany you to the present place?	YES..... 1 NO..... 2	→ 310				
309	Who were they? Any more? CIRCLE ALL THAT APPLY	SPOUSE..... A CHILD(REN)..... B PARENTS..... C OTHER BLOOD RELATIVES..... D RELATIVES..... E FRIENDS..... F COUNTRYMEN..... G OTHERS..... X _____ (SPECIFY)					
310	After this last move, did anybody move to the present place?	YES..... 1 NO..... 2	→ 313				
311	Who were they? Any more? CIRCLE ALL THAT APPLY	SPOUSE..... A CHILD(REN)..... B PARENTS..... C OTHER BLOOD RELATIVES..... D RELATIVES..... E FRIENDS..... F COUNTRYMEN..... G OTHERS..... X _____ (SPECIFY)					
312	How many men and women did come after this last move?	MEN..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WOMEN.....					
313	Do you expect any migrant(s) coming to the present place?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 315				

NO	QUESTIONS	CODING CATEGORIES	SKIP
314	Are they staying here temporary or permanent?	TEMPORARY 1 PERMANENT 2 DON'T KNOW 8	
315	How did you come to know about the present place? Any more? CIRCLE ALL THAT APPLY	LIVE HERE BEFORE..... A PREVIOUS VISIT B FROM RELATIVES..... C FROM FRIENDS..... D FROM MASS MEDIA..... E FROM GOVERNMENT EMPLOYMENT F FROM PRIVATE EMPLOYMENT OFFICE..... G FROM BUSINESS/OFFICE/OWNER H OTHERS..... X _____ (SPECIFY)	
316	Were there any relatives or friends already living here at the time of your arrival?	YES..... 1 NO..... 2	→ 320
317	Who they were? CIRCLE ALL THAT APPLY	SPOUSE..... A CHILD(REN)..... B PARENTS..... C OTHER BLOOD RELATIVES D RELATIVES..... E FRIENDS F COUNTRYMEN G OTHERS..... X _____ (SPECIFY)	
318	Did any of your relatives or friends assist you in setting down here when you arrived?	YES..... 1 NO..... 2	→ 320
319	What were they assisting you? Any more? CIRCLE ALL THAT APPLY	HELP FOR DWELLING A MONEY HELP B MATERIAL HELP C ENCOURAGEMENT D HELP TO FIND A JOB E HELP TO GET ADMISSION TO SCHOOL..... F TO GET INFORMATION..... G OTHERS..... X _____ (SPECIFY)	
320	Do you know the Government Employment Agencies?	YES..... 1 NO..... 2	→ 323
321	Did you use their services?	YES..... 1 NO..... 2	→ 323

NO	QUESTIONS	CODING CATEGORIES	SKIP						
322	Why not?	HAVING A JOB..... 1 LONG TIME TO WAIT 2 EXPENSIVE..... 3 HAS NO GOOD JOB THERE..... 4 OTHERS 6 _____ SPECIFY)							
323	Do you know the Private Employment Agencies?	YES..... 1 NO..... 2	→ 326						
324	Did you use their services?	YES..... 1 NO..... 2	→ 326						
325	Why not?	HAVING A JOB..... 1 LONG TIME TO WAIT 2 EXPENSIVE..... 3 HAS NO GOOD JOB THERE..... 4 OTHERS 6 _____ (SPECIFY)							
326	Did you start working after you arrived?	YES..... 1 NO..... 2	→ 330						
327	How long after you started work on arrival?	WEEKS..... 1 MONTHS..... 2 YEARS 3	<table border="1"><tr><td>0</td><td></td></tr><tr><td></td><td></td></tr><tr><td>0</td><td></td></tr></table>	0				0	
0									
0									
328	Where did you work? PLEASE TELL YOUR FIRST WORK PLACE.	GOVERNMENT ORGANIZATION..... 1 COLECTIVE ORGANIZATION 2 PRIVATE ORGANIZATION..... 3 PRIVATE CAPITAL ORGANIZATION 4 GOVERNMENT CAPITAL ORGANIZATION 5 FOREIGN INVESTNMENT ORGARNIZATION. 6 DON'T KNOW 8							
329	Did you change the place of work mentioned above?	YES..... 1 NO..... 2							
330	After your arrival here did you face difficulties?	YES..... 1 NO..... 2	→ 337						

NO	QUESTIONS	CODING CATEGORIES	SKIP
331	What difficulties did you face? Any more? CIRCLE ALL THAT APPLY	NO ADMINISTRATIVE PERMISSION A COULDN'T FIND LAND PERMISSION..... B DWELLING PROBLEMS..... C ELETRICITY PROBLEMS..... D WATER PROBLEMS E COULDN'T FIND A JOB F COULDN'T COVERED BY THE HEALTH SERVICES..... G COULDN'T COVERED BY THE SOCIAL PROTECTION SERVICES H COULDN'T FIND SCHOOL FOR CHILDREN.... I COULDN'T ADAPT TO THE NEW PLACE..... J NO INCOME SOURCES K OTHERS X _____ (SPECIFY)	
332	Among the above circled difficulties, which is the main one?	_____ ☐ (MAIN DIFFICULTY)	
333	Did you know about these difficulties before you moved?	YES..... 1 NO..... 2	→ 335
334	If you had known about these difficulties before you moved here, would you still have decided to move?	YES..... 1 NO..... 2	
335	Did you go for help when you faced these difficulties?	YES..... 1 NO..... 2	→ 337
336	Whom did you go for help? Any more? CIRCLE ALL THAT APPLY	BLOOD RELATIVES A RELATIVES..... B FRIENDS..... C COUNTRYMEN D TRADE-UNION E LABOUR REGULATION OFFICE F PROJECT AND/OR PROGRAMME IMPLEMENTING ORGANIZATION G ADMINISTRATION H OTHERS X _____ (SPECIFY)	
337	Could you get any assistance?	YES..... 1 NO..... 2	→ 339

NO	QUESTIONS	CODING CATEGORIES	SKIP
338	What kind of help did you get? CIRCLE ALL THAT APPLY	HELP FOR DWELLING A MONEY HELP B MATERIAL HELP C ENCOURAGEMENT D HELP TO FIND A JOB E HELP TO GET ADMISSION TO SCHOOL..... F TO GET INFORMATION..... G OTHERS X _____ (SPECIFY)	
339	Do you have household registration out of previous place?	YES..... 1 NO..... 2	→ 341
340	Why not?	NOT NECESSARY 1 EXPENSIVE..... 2 TAKE LONG TIME 3 COMPLECATED PEOCEDURE..... 4 OTHERS 6 _____ (SPECIFY)	
341	Do you have household registration into current place?	YES..... 1 NO..... 2	→ 343
342	That household registration is KT1, or KT2 or KT3 or KT4?	KT1 1 KT2 2 KT3 3 KT4..... 4	→ 345
343	Why not? Any more? CIRCLE ALL THAT APPLY	NOT NECESSARY A EXPENSIVE..... B TAKE LONG TIME C COMPLECATED PROCEDURE..... D NO PERMISSION TO REGISTRATION E NO OUT REGISTRATION..... F DON'T KNOW HOW TO REGISTRATION G REGISTERED BUT NOT COMPLETED H OTHERS X _____ (SPECIFY)	
344	What difficulties have you faced as a result of not registration? Any more? CIRCLE ALL THAT APPLY	FINDING JOB A RENTING HOUSE..... B CHILDREN EDUCATION C ACCESS PUBLIC SECTOR HEALTH D HEALTH INSURANCE..... E ACCESS TO LOAN F ACQUIRING LAND G MOTOR REGISTRATION H BUSINESS REGISTER..... I OTHERS X _____ (SPECIFY) HAVE NOT ANY DIFFICULTY V	

NO	QUESTIONS	CODING CATEGORIES	SKIP
345	How long do you intend to stay in this district/quarter?	PERMANENTLY 199 TEMPORARILY: MONTHS..... 2 YEARS 3 DON'T KNOW 899	
346	How did your situation change compare to the last place of residence with the present one? READ EACH ISSUE IN CODING COLUMN ENTER FOLLOWING CODES: 1 = MUCH BETTER 2 = BETTER 3 = SAME 4 = WORSE 5 = MUCH WORSE 7 = NOT APPLICABLE 8 = DK	YOUR WORK INCOME..... EDUCATION PROFESSIONAL SKILL CHILDREN'S STUDIES..... HOUSING CONDITION..... HEALTH CARE ENVIRONMENT AND LIFE SATISFACTION ...	
347	Have you sent money/goods to your relatives during last 12 months?	YES..... 1 NO..... 2	
348	Have you visited your relatives during last 12 months?	YES..... 1 NO..... 2	→ 351
349	How many times have you visited your relatives during last 12 months? IF NOT REMEMBER, WRITE '99', IF 12 TIMES AND OVER, WRITE '12'	NUMBER OF TIMES.....	
350	Have you brought money/goods with when visiting your relatives during last 12 months?	YES..... 1 NO..... 2	
351	CHECK 347 AND 350: AT LEAST ONE 'YES' ☐	NOT A SINGLE 'YES' ☐	→ 401
352	Number of times has you sent or given money or goods to your relatives during last 12 months?	NUMBER OF TIMES.....	
353	How much money have you sent or given your relatives during last 12 months? IN THE CASE OF GOODS, CONVERT TO VND	VND..... (DONG)	

NO	QUESTIONS	CODING CATEGORIES	SKIP
354	How did your relatives use the money which you sent or given to? Any more? CIRCLE ALL THAT APPLY	FARMING A CRAFT INDUSTRIES..... B BUSINESS..... C EDUCATION D HEALTH..... E FUNERAL FEAST/FUNERALS/WEDDINGS F BUYING LAND G REPARING/BUILDING THE HOUSE..... H BUYING VALUABLE THINGS I SPENDING EVERYDAY J PAYING A DEBT K LENDING/SAVING..... L OTHERS..... X _____ (SPECIFY) DON'T KNOW Y	

SECTION 4. ACTIVITIES AND CURRENT LIVING CONDITION

NO	QUESTIONS	CODING CATEGORIES	SKIP
401	What type of activity have you spent most of the time during last 6 months?	EMPLOYED..... 1 HOUSEHOLD WORK 2 STUDENT 3 UNABLE TO WORK..... 4 UNEMPLOYED: HAVE DEMAND FOR WORK..... 5 NO DEMAND FOR WORK..... 6	→ 411
402	What type of work have you spent most of the time during last 6 months?	_____ _____ _____ ☐ (SPECIFY)	
403	Where did you work?	GOVERNMENT ORGANIZATION..... 1 COLECTIVE ORGANIZATION 2 PRIVATE ORGANIZATION..... 3 PRIVATE CAPITAL ORGANIZATION..... 4 GOVERNMENT CAPITAL ORGANIZATION..... 5 FOREIGN INVESTNMENT ORGARNIZATION..... 6	
404	On average, how much do you earn per month? IN CASE OF GOODS, CONVERT IN VND	VND..... (DONG)	
405	Compare to the old place, your salary/pay at the present place is much higher, higher, the same, lower or much lower?	MUCH HIGHER..... 1 HIGHER 2 THE SAME..... 3 LOWER 4 MUCH LOWER 5	
405b	In your work place, have you been signed a labor contract?	YES..... 1 NO..... 2	
406	In your work place, do you get benefits?	YES..... 1 NO..... 2 DON'T KNOW 8	→ 408
407	What kind of benefits do you get? CIRCLE ALL THAT APPLY	BONUS..... A OVER TIME..... B TRANSPORTATION C CLOTHES..... D FOOD..... E HOUSING..... F OTHERS X _____ (SPECIFY)	

NO	QUESTIONS	CODING CATEGORIES	SKIP
408	Do you intend to change your job?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 410 → 411
409	Why do you want to change your job? Any more? CIRCLE ALL THAT APPLY	WANT TO HAVE HIGHER INCOME..... A UNSATISFY WITH SALARY/WAGE..... B HARD/HEAVY WORKING CONDITION C UNSUITABLE TO MY SKILL..... D UNSUITABLE TO MY HEALTH..... E FAMILY REASON F OTHERS..... X _____ (SPECIFY)	→ 411
410	Why do you not want to change your job?	HAS GOOD INCOMEA JOB SUITABLE TO MY SKILL.....B JOB SUITABLE TO MY HEALTH..... C ENJOYS THIS JOB.....D GOOD WORK CONDITIONS.....E LACK OF ALTERNATIVE JOBS.....F OTHERS..... X _____ (SPECIFY)	
411	WRITE DOWN SUITABLE CODE OF THE CURRENT OCCUPATION IN QUESTIONS 401 AND 402 ON THE CALENDAR, BEGINNING AT THE YEAR OF 2004, AND MOVING BACK UNTIL THE YEAR THAT RESPONDENT WAS 15 YEAR OLD. IF THERE WERE MORE THAN 1 EVENT OCCURRED IN A YEAR, ONLY RECORD THE LAST ONE. ILLUSTRATIVE QUESTIONS: + From what year did you start work? FILL 'X' IN THE YEAR THAT RESPONDENT CHANGED HIS/HER OCCUPATION CONTINUE TO ASK ABOUT JOBS THAT RESPONDENT HAD WORKED, AND FILL IN 'X' FOR CHANGES IN OCCUPATION, ACCORDINGLY FORE EXAMPLE: + Before which job did you work? + From what year did you start working that job?		
412	Did you buy any kind of goods, which cost 500.000VND or more in the last month?	YES..... 1 NO..... 2	
413	Do you have savings now?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 415
414	How do you keep your saving? Any more? CIRCLE ALL THAT APPLY CIRCLE ALL THAT APPLY	KEEP IN CASH..... A KEEP BY RELATIVES B SAVING C INTEREST-FREE LOAN..... D GROUP GATHERING LOAN..... E BUY GOLD/FOREIGN CURRENCIES F OTHERS..... X _____ (SPECIFY)	

NO	QUESTIONS	CODING CATEGORIES	SKIP									
415	Do you have loan of someone now?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 418									
416	Who they are? Any more? CIRCLE ALL THAT APPLY	BLOOD RELATIVES A RELATIVES..... B NON RELATIVES C CREDIT, BANK..... D OTHERS..... X _____ (SPECIFY)										
417	How much is that loan? IF LOAN IN GOLD/FOREIGN CURRENCY/GOOD, CONVERT TO VND	VND..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></tr></table> (DONG)							0	0	0	
						0	0	0				
418	From what resources can you get a large amount of money when you need? Any more? CIRCLE ALL THAT APPLY	SAVING A LOAN B FROM BLOOD RELATIVES C SELL OWN PROPERTIES D PAWN THINGS E OTHERS..... X _____ (SPECIFY) DON'T KNOW Y										
419	At present, do you have any children living with you who were in schooling ages (5 to 18 years old)?	NO CHILDREN..... 1 YES, BUT NOT 5-18 YEAR OLD..... 2 YES, HAS CHILD(REN) 5-18 YEAR OLD 3	→ 422									
420	At present, do you have any child(ren) in schooling ages (5 to 18 years old) living with you who are not going to school ?	HAS CHILD(REN) NOT GOING TO SCHOOL ... 1 HAS CHILD(REN) GOING TO SCHOOLING 2	→ 422									
421	Why do your child(ren) not go to school? Any more? CIRCLE ALL THAT APPLY	TOO FAR..... A TOO POOR..... B MANY CHILDREN C HAVING TO WORK D NOT PASS EXAMINATION..... E TOO EXPENSIVE..... F NOT HAVE RESIDENT REGISTRATION G NO BIRTH CERTIFICATE..... H OTHERS..... X _____ (SPECIFY) DON'T KNOW Y										
422	At present, do you want to get help?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 424									

NO	QUESTIONS	CODING CATEGORIES	SKIP
423	What kind of help do you want? Any more? CIRCLE ALL THAT APPLY	RESIDENT REGISTRATION A LAND B HOUSING C CAPITAL..... D TO FIND JOB..... E SEED/TECHNIQUE..... F SCHOOLING/STUDYING G TO IMPROVE PROFESSION LEVEL H HEALTH CARE I ENVIRONMENT J OTHERS X _____ (SPECIFY)	
424	Do you attend any union activities at this place during the last 3 months?	YES..... 1 NO..... 2	→ 426
425	Why not? Any more? CIRCLE ALL THAT APPLY	NOT NECESSARY A DON'T KNOW HOW TO ATTEND B DON'T PERMISSION TO ATTEND..... C COMPLEX PROCEDURE..... D OTHERS X _____ (SPECIFY)	
426	Do you attend any union activities at the old place during 3 months before moving here?	YES..... 1 NO..... 2	
427	Do you feel safe living in this city/district?	YES..... 1 NO..... 2	→ 501
428	What are you afraid of? Any more? CIRCLE ALL THAT APPLY	VIOLENCE..... A STEELING B DRUG ADDICTED GANGSTERS..... C PROSTITUTION D GAMBLING E POOR INFRASTRUCTURE..... F ENVIRONMENTAL POLLUTION..... G OTHERS X _____ (SPECIFY) DON'T KNOW Y	

SECTION 5: HEALTH

NO.	QUESTIONS	CODING CATEGORIES	SKIP
501	How would you rate your own health: very good, good, normal, poor or very poor?	VERY GOOD 1 GOOD 2 NORMAL 3 POOR 4 VERY POOR 5 DON'T KNOW 8	
502	How would you rate your own health in the last three months before you arrived here: very good, good, normal, poor or very poor?	VERY GOOD 1 GOOD 2 NORMAL 3 POOR 4 VERY POOR 5 DON'T KNOW 8	
503	How would you compare your health to others of your age: much better, better, about the same, worse, much worse?	MUCH BETTER 1 BETTER 2 ABOUT THE SAME 3 WORSE 4 MUCH WORSE 5 DON'T KNOW 8	
504	Thinking about your health now, how does it compare to your health before you moved to this place: much better, better, about the same, worse, much worse?	MUCH BETTER 1 BETTER 2 ABOUT THE SAME 3 WORSE 4 MUCH WORSE 5 DON'T KNOW 8	
505	Do you have the health insurance card now?	YES 1 NO 2	→ 507
506	Why do you not have health card? Any more? CIRCLE ALL THAT APPLY	NO NEED A DON'T KNOW ABOUT HEALTH CARD B DO NOT KNOW WHERE TO GET C TOO EXPENSIVE D EMPLOYER DOES NOT GIVE E OTHER X _____ (SPECIFY)	
507	Did you have health card for three months before you arrived here?	YES 1 NO 2	
508	Have you got any health check during the last three months?	YES 1 NO 2	
509	When was the last time you were sick enough that you had to stay home?	LESS THAN 3 MONTHS AGO 1 3 MONTHS TO A YEAR AGO 2 MORE THAN 1 YEAR 3 NEVER SICK ENOUGH 4 DO NOT REMEMBER 8	→ 514

NO.	QUESTIONS	CODING CATEGORIES	SKIP
510	What did you do about the sickness?	NOTHING 1 SELF MEDICATED..... 2 DOCTOR CAME TO HOME..... 3 GO TO HEALTH CENTER 4 OTHER 5 _____ (SPECIFY)	→ 513
511	Where did you go to treat illness? Any more? CIRCLE ALL THAT APPLY	PUBLIC SECTOR GOVERNMENT HOSPITAL A COMMUNE HEALTH CENTER B HEALTH FACILITY C OTHER PUBLIC HEALTH..... D _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL E PRIVATE DOCTOR F OTHER PRIVATE G _____ (SPECIFY) OTHER SOURCE..... X _____ (SPECIFY)	
512	Who paid for your health check and medicine for that treatment? Any more? CIRCLE ALL THAT APPLY	HEALTH INSURANCE..... A HEALTH CHECK WITHOUT FREE B PAID BY ONESELF C RELATIVE PAID..... D FROM BUSINESS/OFFICE/OWNER E OTHER X _____ (SPECIFY)	→ 514
513	Why did you not go to health center? Any more? CIRCLE ALL THAT APPLY	NOT TOO SERIOUS..... A DON'T KNOW WHERE TO GO B TOO EXPENSIVE..... C TOO FAR AWAY D MEDICINE AVAILABLE AT HOME..... E OTHER X _____ (SPECIFY)	
514	How about your relative's health since you moved here?	MUCH BETTER..... 1 BETTER 2 ABOUT THE SAME 3 WORSE 4 MUCH WORSE..... 5 DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	SKIP
515	Did you do something to help your relatives to improve their health and how did you do to help them?	NOTHING A MONEY/GOODS B SPIRIT C INFORMATION/KNOWLEDGE D OTHERS X _____ (SPECIFY)	
516	Do you smoke cigarette or tobacco?	YES 1 NO 2 → 518	
517	How would you rate your own smoking: heavy, normal or weak?	HEAVY 1 NORMAL 2 WEAK 3 DON'T KNOW 8	
518	Before moving here, did you smoke cigarette or tobacco?	YES 1 NO 2	
519	CHECK 516 AND 518: DID NOT SMOKE BEFORE MOVING BUT SMOKES NOW ☐ OTHERS ☐ → 521		
520	What are the main reasons that you did not smoke before moving here, but smoke now? Any more? CIRCLE ALL THAT APPLY	WORK PRESSURE A TENSENESS B FAMILY CONTRADICT C DIFFICULTY IN ECONOMICS D BEING BORED E OTHERS X _____ (SPECIFY) DON'T KNOW Y	
521	Do you drink beer or wine?	YES 1 NO 2 → 525	
522	How often do you drink beer or wine?	ONE TIME PER DAY 1 SEVERAL TIMES PER WEEK 2 ONE TIME PER WEEK 3 ONE TIME PER MONTH 4 AT PARTY ONLY 5 DON'T KNOW 8	
523	Have you ever been feeling drunk after drinking beer or wine?	YES 1 NO 2 DON'T KNOW 8 → 525	
524	How many times have you been drunk in last month?	ONE TIME 1 2-3 TIMES 2 4 TIMES AND OVER 3 NOT DRUNK 4	

NO.	QUESTIONS	CODING CATEGORIES	SKIP
525	Before moving here, did you drink beer or wine?	YES..... 1 NO..... 2	→ 601
526	CHECK 521 AND 525: BOTH SAY 'YES' ☐	OTHERS ☐	→ 601
527	Do you drink much more, more, the same, less or much less compared to before moving here?	MUCH MORE..... 1 MORE..... 2 ABOUT THE SAME..... 3 LESS 4 MUCH LESS 5	

SECTION 6: STDS, AIDS AND FAMILY PLANNING

NO.	QUESTIONS	CODING CATEGORIES	SKIP
601	Have you heard of the following diseases? READ OUT EACH	YES NO DK GONORRHEA..... 1 2 8 SYPHILIS..... 1 2 8 HEPATIC B..... 1 2 8	
602	CHECK 601: HEARD OF AT LEAST ONE ☐ (AT LEAST ONE 'YES') NO 'YES' ☐ → 605		
603	What are the main reasons that make people getting the above diseases? Any more? CIRCLE ALL THAT APPLY	UNHYGIENIC GENITALS A HAVING SEX WITH MULTIPLE PARTNERS WITHOUT USING CONDOMS B HAVE SEX WITH THE INFECTED PEOPLE WITHOUT USING CONDOMS C HANDSHAKE..... D KISHING E COMMON USE OF TOOTH BRUSH/TOWEL F DON'T KNOW Y	
604	In your opinion, if one of spouses is affected by these infections/diseases, who should go to see doctor?	ONLY ONE SPOUSE WHO BEING AFFECTED..... 1 BOTH WIFE AND HUSBAND 2 ALL PEOPLE HAVING SEX WITH PERSON WHO BEING AFFECTED 3 DON'T KNOW 8	
605	Have you ever heard of HIV/AIDS (or SIDA)?	YES..... 1 NO..... 2 DON'T KNOW 8	→ 613
606	Do you hear of HIV/AIDS (or SIDA) before or after you moving here?	BEFORE MOVING HERE..... 1 AFTER MOVING HERE 2	
607	From which sources of information have you heard of HIV/AIDS (or SIDA)? Any more? CIRCLE ALL THAT APPLY	RADIO..... A TELEVISION B NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS D HEALTH WORKER E CHURCHES/TEMPLES..... F SCHOOLS/TEACHERS..... G COMMUNITY MEETINGS..... H FRIENDS/RELATIVES I WORK PLACE..... J OTHERS..... X _____ (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	SKIP
608	How is HIV transmitted? Any more? READ OUT EACH, CIRCLE ALL THAT APPLY	INDIVIDUAL CONTRACT (PETTING, KISSING, HANDSHAKE, SHARING TOILET)..... A FROM MOTHER TO NEW BORN B HAVE SEX WITH INFECTED PERSON C MOSQUITOES/INSECTS BITE..... D DIRECT CONTACT WITH BLOOD, FLUID OF THE INFECTED..... E SHARING SYRINGE..... F BLOOD TRANSFUSION..... G OTHERS..... X _____ (SPECIFY) DON'T KNOW Y	
609	In your opinion, is it possible for a healthy-looking person to be affected by HIV?	YES..... 1 NO..... 2 DON'T KNOW 8	
610	In your opinion, is it possible for people to avoid getting AIDS or virus that cause AIDS?	YES..... 1 NO..... 2 DON'T KNOW 8	→ 612
611	What can people do to avoid getting AIDS, or HIV? Any more? CIRCLE ALL THAT APPLY	SAFE SEX..... A ABSTAIN FROM SEX..... B USE CONDOMS C HAVE ONLY ONE SEX PARTNER..... D AVOID SEX WITH PROSTITUTES..... E AVOID SEX WITH HOMOSEXUALS..... F AVOID BLOOD TRANSFUSIONS..... G AVOID INJECTIONS H AVOID KISSING I AVOID MOSQUITO BITES..... K OTHERS..... X _____ (SPECIFY) DON'T KNOW Y	
612	If one person in this location is affected by HIV/AIDS, what would you give him/her a hand, contact with but try to find way to protect yourself, keep away from him/her, or do nothing? Any more? CIRCLE ALL THAT APPLY	GIVE A HAND..... A CONTACT WITH BUT PROTECT YOURSELF..... B KEEP AWAY FORM HIM/HER C DO NOTHING D DON'T KNOW Y	
612b	In your opinion, migrants are much more likely, more likely, likely, less likely, much less likely suffering from HIV/AIDS compared to non- migrants?	MUCH MORE LIKELY..... 1 MORE LIKELY..... 2 LIKELY 3 LESS LIKELY 4 MUCH LESS LIKELY 5 DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	SKIP								
613	CHECK 109: EVER-MARRIED ☐	NEVER-MARRIED ☐	→ 630								
614	Have you ever given birth to a child?	YES..... 1 NO..... 2	→ 624								
615	Please let me know: a) Number of children living with you? b) Number of children living elsewhere? c) Number of children died? d) Total?	CHILDREN LIVING WITH CHILDREN LIVING ELSEWHERE CHILDREN DIED TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
616	Now I would like to ask you some questions about all child(ren) that you have had in your lifetime. ILLUSTRATIVE QUESTIONS, COLUMN 6: Can you tell me the birth year of each child, starting with the last child? IN COLUMN 6, ENTER CODE '1' IN THE YEAR THAT THE CHILD WAS BORN. ASK AND RECORD FOR EACH DELIVERY, STARTING WITH THE LAST DELIVERY TO THE FIRST ONE. TWIN/TRIPLE IS TREATED AS A DELIVERY. IN CASE THAT MORE THAN ONE DELIVERIES OCCURRED IN A YEAR IS TREATED AS ONE DELIVERY FOR THAT YEAR. SUM OF CODES '1' IN COLUMN 6 ≤ NUMBER IN LINE D) IN QUESTION 615. ILLUSTRATIVE QUESTIONS, COLUMN 7: IF NUMBER IN C) IN QUESTION 615 IS '00' (NO CHILDREN DIED), SKIP TO QUESTION 617. IF NUMBER IN C) IN QUESTION 615 IS NOT '00' (AT LEAST ONE CHILD DIED), ASK: Can you tell me in what years those children died? IN COLUMN 7, ENTER CODE '1' IN YEARS THAT CHILDREN DIED. ASK AND RECORD FOR EACH CHILD WHO WAS DIED. IN CASE THAT MORE THAN ONE CHILDREN DIED IN A YEAR IS TREATED AS ONE CHILD DIED IN THAT YEAR. SUM OF CODES '1' IN COLUMN 7 ≤ NUMBER IN C) IN QUESTION 615.										
617	CHECK COLUMN 7 OF THE CALENDAR: HAS CHILD(REN) DIED FROM 1999 TO 2004 ☐	NO CHILD(REN) DIED FROM 1999 TO 2004 ☐	→ 619								
618	That child(ren) were died before or after moving here?	BEFORE MOVING HERE..... 1 AFTER MOVING HERE 2									
619	At present, do you have any children in age 0 to 5 years old living with you?	NO CHILDREN..... 1 YES, BUT NOT 0-5 YEARS OLD..... 2 HAVE CHILD(REN) 0-5 LIVING WITH..... 3	→ 624								
620	Those child(ren) were born before or after moving here?	BEFORE MOVING HERE..... 1 AFTER MOVING HERE 2									

NO.	QUESTIONS	CODING CATEGORIES	SKIP
621	Has the youngest child vaccinated?	VACCINATED..... 1 NOT VACCINATED..... 2 DON'T KNOW 8	→ 623 → 624
622	Do you have vaccination certificate for that vaccination?	HAVE VACCINATION CERTIFICATE..... 1 NOT HAVE VACCINATION CERTIFICATE.... 2	→ 624
623	Why do you not get the child vaccinated? Any more? CIRCLE ALL THAT APPLY	DON'T KNOW WHERE TO GO..... A HAVE NO INFORMATION B TOO FAR..... C TOO BUSY WITH WORK D TOO MANY CHILDREN E TOO EXPENSIVE..... F NO RESIDENT REGISTRATION G NO BIRTH CERTIFICATE H OTHER X _____ (SPECIFY) DON'T KNOW Y	
624	CHECK 102: FEMALE ☐ ↓	MALE ☐	→ 630
625	CHECK 104: FROM 15 TO 49 YEARS ☐ ↓	50 YEARS AND OVER ☐	→ 630
626	CHECK 109: CURRENTLY MARRIED ☐ ↓	WIDOWED/DIVORCED/SEPARATED ☐	→ 630
627	Are you/your husband) currently doing or using any method to delay or avoid getting pregnant?	YES..... 1 NO..... 2	→ 630
628	What method are you using?	PILL..... 01 IUD 02 INJECTIONS 03 IMPLANTS..... 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM..... 06 FEMALE STERILIZATION 07 MALE STERILIZATION..... 08 PERIODIC ABSTINENCE..... 09 WITHDRAWAL 10 OTHER 96 _____ (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	SKIP								
629	Where did you/your husband obtain [METHOD] for the last time?	PUBLIC SECTOR GOVERNMENT HOSPITAL 10 DELIVERY HOUSE 11 COMMUNE HEALTH CENTER 12 FAMILY PLANNING CENTER 13 MOBILE CLINIC 14 FIELD WORKER 15 OTHER PUBLIC 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE DOCTOR 22 PHARMACY 23 OTHER PRIVATE 24 _____ (SPECIFY) OTHER SOURCE FRIENDS/RELATIVES 31 OTHER 32 _____ (SPECIFY)									
630	RECODE THE TIME	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

Calenda

THE ANSWERS TO
THE QUESTIONS
WILL BE KEPT
CONFIDENTIAL

GENERAL STATISTICAL OFFICE
VIET NAM MIGRATION SURVEY 2004



NON-MIGRANT QUESTIONNAIRE – FORM C

IDENTIFICATION	
province/city: _____	
district/quarter: _____	
commune/ward: _____	
name of enumeration area: _____	
name of household head: _____	
household number:	
address of household _____	
URBAN/RURAL (large city = 1, small city = 2, town = 3, countryside = 4):	
name and line number of respondent: _____ (TO HOUSEHOLD SCHEDULE)	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENTS' BACKGROUND

NO.	QUESTIONS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTING INTERVIEW	HOUR MINUTES	
102	Sex?	MALE 1 FEMALE..... 2	
103	In what month and year were you born?	MONTH..... DON'T KNOW MONTH 98 YEAR..... DON'T KNOW YEAR 9998	
104	How old were you at your last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT	AGE IN COMPLETED YEAR	
105	ENTER AGE IN COLUMN 1 OF CALENDAR. START WITH CURRENT AGE (IN 2004) AND MOVE BACK TO THE YEAR THAT THE RESPONDENT REACHED THE AGE OF 15.		
106	What is your religion?	NO RELIGION 01 BUDDHIST 02 CATHOLIC 03 PROTESTANT 04 CAO ĐAI 05 HOA HAO 06 ISLAM 07 OTHER 96 _____ (SPECIFY)	
107	What is your ethnic group?	KINH 01 TAY 02 THAI..... 03 HOA..... 04 KHO ME..... 05 MUONG 06 NUNG..... 07 H'MONG 08 DAO..... 09 GIA-RAI 10 OTHER 96 _____ (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	SKIP	
108	At present, are you living in your own house, shared, hired house/hotel/inn?	OWN HOUSE..... 1 SHARING WITH PARENTS..... 2 SHARING WITH RELATIVES 3 HIRED HOUSE /HOTEL/INN 4 OTHER 6 _____ (SPECIFY)		
109	What is your current marital status?	SINGLE 1 MARRIED 2 WIDOWED..... 3 DIVORCED 4 SEPARATED..... 5		
110	ENTER THE APPROPRIATE CODE FOR MARITAL STATUS IN COLUMN 2 OF CALENDAR. START WITH THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT RESPONDENT REACHED THE AGE OF 15. INCASE OF 'SINGLE', ENTER '1' IN THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT THE RESPONDENT REACHED THE AGE OF 15. IN CASE OF EVER-MARRIED, ENTER CODE FOR CURRENT MARITAL STATUS IN QUESTION 109 IN THE YEAR 2004 AND ASK THE RESPONDENT ABOUT CHANGES IN MARITAL STATUS TO ADD THOSE CHANGES IN CALENDAR. IF TWO EVENTS OCCURRED IN A YEAR, RECORD THE LATTER EVENT INTO THAT YEAR, AND THE FORMER INTO PREVIOUS YEAR. ILLUSTRATIVE QUESTIONS: + In what year [HAVE YOU GOT MARRIED/WIDOWED/DIVORCED/SEPARATED]? + What was your previous marital status? In what year that status occurred to you?			
111	What is the highest level of education?	GRADE COMPLETED/CURRENTLY ATTENDING IN 12-YEAR SYSTEM..... COLLEGE 13 UNIVERSITY OR HIGHER 14 ILLITERATE..... 15		
112	ENTER THE APPROPRIATE CODE FOR EDUCATION LEVEL IN COLUMN 3 OF CALENDAR. START WITH THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT RESPONDENT REACHED THE AGE OF 15. ENTER CODE FOR EDUCATION LEVEL IN QUESTION 111 IN THE YEAR 2004 AND ASK THE RESPONDENT ABOUT CHANGES IN EDUCATION LEVEL TO ADD THOSE CHANGES IN CALENDAR. ILLUSTRATIVE QUESTIONS: + In what year did you complete the education level of? + What was your previous education level? In what year had you reached that level?			
113	CHECK Q111: GRADE 5 OR LESS ☐ GRADE 6 OR HIGHER ☐ ILLITERATE ☐			<pre> GRADE 5 OR LESS [] --> 115 GRADE 6 OR HIGHER [] --> 115 ILLITERATE [] --> 116 </pre>

NO.	QUESTIONS	CODING CATEGORIES	SKIP
114	Can you read and understand a letter or newspaper easily, difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→ 116
115	Do you usually read a newspaper or magazine at least once a week?	YES..... 1 NO..... 2	
116	Do you usually listen to a radio at least once a week?	YES..... 1 NO..... 2	
117	Do you usually watch television at least once a week?	YES..... 1 NO..... 2	
118	During the last 6 months, did you go to: Cinema at cinema house/yard? Opera/concert at theatre house? Festival/gymnastics/sport/games? Tourism/sightseeing?	C K KB CINEMA..... 1 2 8 OPERA/CONCERT 1 2 8 FESTIVAL/GYMNASTICS 1 2 8 TOURISM/SIGHTSEEING 1 2 8	

SECTION 2. MIGRATION HISTORY

NO.	QUESTIONS	CODING CATEGORIES	SKIP
201	Where did your mother usually live at the time of your birth?	PROVINCE/CITY (NAME OF PROVINCE/CITY) DISTRICT/QUARTER..... (NAME OF DISTRICT/QUARTER)	
202	By then, was that place a large city, a small city, a town or in the countryside?	LARGE CITY 1 SMALL CITY 2 TOWN 3 COUNTRYSIDE 4 OVERSEAS 5	
203	What were the names of province and district that you usually lived when you were 15 years old?	PROVINCE/CITY (NAME OF PROVINCE/CITY) DISTRICT/QUARTER..... (NAME OF DISTRICT/QUARTER)	
204	By then, was that place a large city, a small city, a town or in the countryside?	LARGE CITY 1 SMALL CITY 2 TOWN 3 COUNTRYSIDE 4 OVERSEAS 5	
205	ENTER APPROPRIATE CODES OF THE PLACE OF USUAL RESIDENCE INTO COLUMN 4 OF THE CALENDAR. BEGIN IN THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT THE RESPONDENT REACHED THE AGE OF 15. ENTER THE CODE FOR CURRENT PLACE OF USUAL RESIDENCE IN THE YEAR 2004 AND ASK THE RESPONDENT ABOUT CHANGES IN PLACE OF USUAL RESIDENCE TO ADD THOSE CHANGES IN CALENDAR. IF THERE ARE MORE THAN 1 EVENTS OCCURRED IN A YEAR, RECORD THE LAST EVENT. ILLUSTRATIVE QUESTIONS: + In what year did you move to [NAME OF CURRENT COMMUNE/WARD]? IN COLUMN 4 OF CALENDAR, ENTER 'X' IN THE YEAR OF THE MOVE. IN SUBSEQUENT YEARS ENTER THE APPROPRIATE CODE FOR THE TYPE OF RESIDENCE. CONTINUE PROBING FOR PREVIOUS RESIDENCES, AND RECORD MOVES AND TYPE OF RESIDENCE, ACCORDINGLY. ILLUSTRATIVE QUESTIONS: + Where did you live before? + In what year did you arrive there? + Is that place a large city, a small city, a town or in the countryside?		

SECTION 4. ACTIVITIES AND CURRENT LIVING CONDITION

NO	QUESTIONS	CODING CATEGORIES	SKIP								
401	What type of activity have you spent most of the time during last 6 months?	EMPLOYED..... 1 HOUSEHOLD WORK 2 STUDENT 3 UNABLE TO WORK..... 4 UNEMPLOYED: HAVE DEMAND FOR WORK..... 5 NO DEMAND FOR WORK..... 6	→ 411								
402	What type of work have you spent most of the time during last 6 months?	_____ _____ _____ ☐ (SPECIFY)									
403	Where did you work?	GOVERNMENT ORGANIZATION..... 1 COLECTIVE ORGANIZATION 2 PRIVATE ORGANIZATION..... 3 PRIVATE CAPITAL ORGANIZATION 4 GOVERNMENT CAPITAL ORGANIZATION 5 FOREIGN INVESTNMENT ORGARNIZATION..... 6									
404	On average, how much do you earn per month? IN CASE OF GOODS, CONVERT IN VND	VND..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> </tr> </table> (DONG)						0	0	0	
					0	0	0				
405	Compare to the old place, your salary/pay at the present place is much higher, higher, the same, lower or much lower?	MUCH HIGHER..... 1 HIGHER 2 THE SAME..... 3 LOWER 4 MUCH LOWER 5									
405b	In your work place, have you been signed a labor contract?	YES..... 1 NO..... 2									
406	In your work place, do you get benefits?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 408								
407	What kind of benefits do you get? CIRCLE ALL THAT APPLY	BONUS A OVER TIME B TRANSPORTATION C CLOTHES..... D FOOD..... E HOUSING..... F OTHERS X _____ (SPECIFY)									

NO	QUESTIONS	CODING CATEGORIES	SKIP
408	Do you intend to change your job?	YES..... 1 NO..... 2 DON'T KNOW 8	 → 410 → 411
409	Why do you want to change your job? Any more? CIRCLE ALL THAT APPLY	WANT TO HAVE HIGHER INCOME..... A UNSATISFY WITH SALARY/WAGE..... B HARD/HEAVY WORKING CONDITION C UNSUITABLE TO MY SKILL..... D UNSUITABLE TO MY HEALTH E FAMILY REASON F OTHERS..... X (SPECIFY)	 → 411
410	Why do you not want to change your job?	HAS GOOD INCOMEA JOB SUITABLE TO MY SKILL.....B JOB SUITABLE TO MY HEALTH..... C ENJOYS THIS JOB.....D GOOD WORK CONDITIONS.....E LACK OF ALTERNATIVE JOBS.....F OTHERS..... X (SPECIFY)	
411	WRITE DOWN SUITABLE CODE OF THE CURRENT OCCUPATION IN THE QUESTION 401 AND 402 ON THE CALENDAR, BEGINNING AT THE YEAR OF 2004, AND MOVING BACK UNTIL THE YEAR THAT RESPONDENT WAS 15 YEARS OLD. IF THERE WERE MORE THAN 1 EVENT OCCURRED IN A YEAR, ONLY RECORD THE LAST ONE. ILLUSTRATIVE QUESTIONS: + From what year did you start work? FILL 'X' IN THE YEAR THAT RESPONDENT CHANGES HIS/HER OCCUPATION CONTINUE TO ASK ABOUT JOBS THAT RESPONDENT HAD WORKED, AND FILL IN 'X' FOR CHANGES IN OCCUPATION, ACCORDINGLY FORE EXAMPLE: + Before which job did you work? + From what year did you start working that job?		
412	Did you buy any kind of goods which cost 500.000VND or more in the last month?	YES..... 1 NO..... 2	
413	Do you have savings now?	YES..... 1 NO..... 2 DON'T KNOW 8	 → 415
414	How do you keep your saving? CIRCLE ALL THAT APPLY CIRCLE ALL THAT APPLY	KEEP IN CASH..... A KEEP BY RELATIVES B SAVING C INTEREST-FREE LOAN..... D GROUP GATHERING LOAN E BUY GOLD/FOREIGN CURRENCIES F OTHERS..... X (SPECIFY)	

NO	QUESTIONS	CODING CATEGORIES	SKIP									
415	Do you have loan of someone now?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 418									
416	Who they are? Any more? CIRCLE ALL THAT APPLY	BLOOD RELATIVES A RELATIVES..... B NON RELATIVES C CREDIT, BANK..... D OTHERS..... X _____ (SPECIFY)										
417	How much is that loan? IF LOAN IN GOLD/FOREIGN CURRENCY/GOOD, CONVERT TO VND	VND..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td> </tr> </table> (DONG)							0	0	0	
						0	0	0				
418	From what resources can you get a large amount of money when you need? Any more CIRCLE ALL THAT APPLY	SAVING A LOAN B FROM BLOOD RELATIVES C SELL OWN PROPERTIES D PAWN THINGS E OTHERS..... X _____ (SPECIFY) DON'T KNOW Y										
419	At present, do you have any children living with you who were in schooling ages (5 to 18 years old)?	NO CHILDREN..... 1 YES, BUT NOT 5-18 YEARS OLD..... 2 YES, HAS CHILD(REN) 5-18 YEARS OLD..... 3	→ 422									
420	At present, do you have any child(ren) in schooling ages (5 to 18 years old) living with you who are not going to school ?	HAS CHILD(REN) NOT GOING TO SCHOOL ... 1 HAS CHILD(REN) GOING TO SCHOOL 2	→ 422									
421	Why do your child(ren) not go to school? Any more? CIRCLE ALL THAT APPLY	TOO FAR..... A TOO POOR..... B MANY CHILDREN C HAVING TO WORK D NOT PASS EXAMINATION..... E TOO EXPENSIVE..... F NOT HAVE RESIDENT REGISTRATION G NO BIRTH CERTIFICATE..... H OTHERS..... X _____ (SPECIFY) DON'T KNOW Y										

NO	QUESTIONS	CODING CATEGORIES	SKIP
422	At present, do you want to get help?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 424
423	What kind of help do you want? Any more? CIRCLE ALL THAT APPLY	RESIDENT REGISTRATION A LAND B HOUSING C CAPITAL..... D TO FIND JOB..... E SEED/TECHNIQUE..... F SCHOOLING/STUDYING G TO IMPROVE PROFESSION LEVEL H HEALTH CARE I ENVIRONMENT J OTHERS..... X _____ (SPECIFY)	
424	Do you attend any union activities at this place during the last 3 months?	YES..... 1 NO..... 2	→ 427
425	Why not? Any more? CIRCLE ALL THAT APPLY	NOT NECESSARY A DON'T KNOW HOW TO ATTEND B DON'T PERMISSION TO ATTEND..... C COMPLEX PROCEDURE..... D OTHERS..... X _____ (SPECIFY)	
427	Do you feel safe living in this city/district?	YES..... 1 NO..... 2	→ 501
428	What are you afraid of? CIRCLE ALL THAT APPLY	VIOLENCE..... A STEELING B DRUG ADDICTED GANGSTERS..... C PROSTITUTION D GAMBLING..... E POOR INFRASTRUCTURE..... F ENVIRONMENTAL POLLUTION G OTHERS..... X _____ (SPECIFY) DON'T KNOW Y	

SECTION 5: HEALTH

NO.	QUESTIONS	CODING CATEGORIES	SKIP
501	How would you rate your own health: very good, good, normal, poor or very poor?	VERY GOOD 1 GOOD 2 NORMAL 3 POOR 4 VERY POOR 5 DON'T KNOW 8	
503	How would you compare your health to others of your age: much better, better, about the same, worse, much worse?	MUCH BETTER 1 BETTER 2 ABOUT THE SAME 3 WORSE 4 MUCH WORSE 5 DON'T KNOW 8	
505	Do you have the health insurance card now?	YES 1 NO 2	→ 508
506	Why do you not have health card? Any more? CIRCLE ALL THAT APPLY	NO NEED A DON'T KNOW ABOUT HEALTH CARD B DO NOT KNOW WHERE TO GET C TOO EXPENSIVE D EMPLOYER DOES NOT GIVE E OTHERS X _____ (SPECIFY)	
508	Have you got any health check during the last three months?	YES 1 NO 2	
509	When was the last time you were sick enough that you had to stay home?	LESS THAN 3 MONTHS AGO 1 3 MONTHS TO A YEAR AGO 2 MORE THAN 1 YEAR 3 NEVER SICK ENOUGH 4 DO NOT REMEMBER 8	→ 515
510	What did you do about the sickness?	NOTHING 1 SELF MEDICATED 2 DOCTOR CAME TO HOME 3 GO TO HEALTH CENTER 4 OTHERS 5 _____ (SPECIFY)	→ 513

NO.	QUESTIONS	CODING CATEGORIES	SKIP
511	Where did you go to treat illness? Any more? CIRCLE ALL THAT APPLY	PUBLIC SECTOR GOVERNMENT HOSPITAL A COMMUNE HEALTH CENTER B HEALTH FACILITY C OTHER PUBLIC HEALTH D _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL E PRIVATE DOCTOR F OTHER PRIVATE G _____ (SPECIFY) OTHER SOURCE X _____ (SPECIFY)	
512	Who paid for health check and medicine for that treatment? CIRCLE ALL THAT APPLY	HEALTH INSURANCE A HEALTH CHECK WITHOUT FREE B PAID BY ONESELF C RELATIVE PAID D FROM BUSINESS/OFFICE/OWNER E OTHERS X _____ (SPECIFY)	→ 515
513	Why did you not go to health center? Any more? CIRCLE ALL THAT APPLY	NOT TOO SERIOUS A DON'T KNOW WHERE TO GO B TOO EXPENSIVE C TOO FAR AWAY D MEDICINE AVAILABLE AT HOME E OTHERS X _____ (SPECIFY)	
515	Did you do something to help your relatives to improve their health and how did you do to help them?	NOTHING A MONEY/GOODS B SPIRIT C INFORMATION/KNOWLEDGE D OTHERS X _____ (SPECIFY)	
516	Do you smoke cigarette or tobacco?	YES 1 NO 2	→ 521
517	How would you rate your own smoking: heavy, normal or weak?	HEAVY 1 NORMAL 2 WEAK 3 DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	SKIP
521	Do you drink beer or wine?	YES..... 1 NO..... 2	→ 601
522	How often do you drink beer or wine?	ONE TIME PER DAY 1 SEVERAL TIMES PER WEEK 2 ONE TIME PER WEEK 3 ONE TIME PER MONTH..... 4 AT PARTY ONLY 5 DON'T KNOW 8	
523	Have you ever been feeling drunk after drinking beer or wine?	YES..... 1 NO..... 2 DON'T KNOW 8	→ 601
524	How many times have you been drunk in last month?	ONE TIME..... 1 2-3 TIMES 2 4 TIMES AND OVER 3 NOT DRUNK 4	

SECTION 6: STDS, AIDS AND FAMILY PLANNING

NO.	QUESTIONS	CODING CATEGORIES	SKIP																								
601	Have you heard of the following diseases? READ OUT EACH	<table style="margin: auto;"> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> <tr> <td>GONORRHEA.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SYPHILIS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HEPATIC B.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	GONORRHEA.....	1	2	8	SYPHILIS.....	1	2	8	HEPATIC B.....	1	2	8									
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602	CHECK 601: HEARD OF AT LEAST ONE ☐ NO 'YES' ☐ (AT LEAST ONE 'YES') ↓		→ 605																								
603	What are the main reasons that make people getting the above diseases? Any more? CIRCLE ALL THAT APPLY	<table style="margin: auto;"> <tr> <td>UNHYGIENIC GENITALS</td> <td>A</td> </tr> <tr> <td>HAVING SEX WITH MULTIPLE PARTNERS WITHOUT USING CONDOMS</td> <td>B</td> </tr> <tr> <td>HAVE SEX WITH THE INFECTED PEOPLE WITHOUT USING CONDOMS</td> <td>C</td> </tr> <tr> <td>HANDSHAKE.....</td> <td>D</td> </tr> <tr> <td>KISSING.....</td> <td>E</td> </tr> <tr> <td>COMMON USE OF TOOTH BRUSH/TOWEL</td> <td>F</td> </tr> <tr> <td>DON'T KNOW</td> <td>Y</td> </tr> </table>	UNHYGIENIC GENITALS	A	HAVING SEX WITH MULTIPLE PARTNERS WITHOUT USING CONDOMS	B	HAVE SEX WITH THE INFECTED PEOPLE WITHOUT USING CONDOMS	C	HANDSHAKE.....	D	KISSING.....	E	COMMON USE OF TOOTH BRUSH/TOWEL	F	DON'T KNOW	Y											
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COMMON USE OF TOOTH BRUSH/TOWEL	F																										
DON'T KNOW	Y																										
604	In your opinion, if one of spouses is affected by these infections/diseases, who should go to see doctor?	<table style="margin: auto;"> <tr> <td>ONLY ONE SPOUSE WHO BEING AFFECTED.....</td> <td>1</td> </tr> <tr> <td>BOTH WIFE AND HUSBAND</td> <td>2</td> </tr> <tr> <td>ALL PEOPLE HAVING SEX WITH PERSON WHO BEING AFFECTED</td> <td>3</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	ONLY ONE SPOUSE WHO BEING AFFECTED.....	1	BOTH WIFE AND HUSBAND	2	ALL PEOPLE HAVING SEX WITH PERSON WHO BEING AFFECTED	3	DON'T KNOW	8																	
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ALL PEOPLE HAVING SEX WITH PERSON WHO BEING AFFECTED	3																										
DON'T KNOW	8																										
605	Have you ever heard of HIV/AIDS (or SIDA)?	<table style="margin: auto;"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES.....	1	NO.....	2	DON'T KNOW	8	→ 613																		
YES.....	1																										
NO.....	2																										
DON'T KNOW	8																										
607	From which sources of information have you heard of HIV/AIDS (or SIDA)? Any more? CIRCLE ALL THAT APPLY	<table style="margin: auto;"> <tr> <td>RADIO.....</td> <td>A</td> </tr> <tr> <td>TELEVISION</td> <td>B</td> </tr> <tr> <td>NEWSPAPERS/MAGAZINES</td> <td>C</td> </tr> <tr> <td>PAMPHLETS/POSTERS</td> <td>D</td> </tr> <tr> <td>HEALTH WORKER</td> <td>E</td> </tr> <tr> <td>CHURCHES/TEMPLES.....</td> <td>F</td> </tr> <tr> <td>SCHOOLS/TEACHERS.....</td> <td>G</td> </tr> <tr> <td>COMMUNITY MEETINGS.....</td> <td>H</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td>I</td> </tr> <tr> <td>WORK PLACE.....</td> <td>J</td> </tr> <tr> <td>OTHERS.....</td> <td>X</td> </tr> <tr> <td colspan="2" style="text-align: center; margin-top: 10px;"> (SPECIFY) </td> </tr> </table>	RADIO.....	A	TELEVISION	B	NEWSPAPERS/MAGAZINES	C	PAMPHLETS/POSTERS	D	HEALTH WORKER	E	CHURCHES/TEMPLES.....	F	SCHOOLS/TEACHERS.....	G	COMMUNITY MEETINGS.....	H	FRIENDS/RELATIVES	I	WORK PLACE.....	J	OTHERS.....	X	(SPECIFY)		
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(SPECIFY)																											

NO.	QUESTIONS	CODING CATEGORIES	SKIP
608	How is HIV transmitted? Any more? READ OUT EACH, CIRCLE ALL THAT APPLY	INDIVIDUAL CONTRACT (PETTING, KISSING, HANDSHAKE, SHARING TOILET)..... A FROM MOTHER TO NEW BORN B HAVE SEX WITH INFECTED PERSON C MOSQUITOES/INSECTS BITE..... D DIRECT CONTACT WITH BLOOD, FLUID OF THE INFECTED..... E SHARING SYRINGE..... F BLOOD TRANSFUSION..... G OTHERS..... X _____ (SPECIFY) DON'T KNOW Y	
609	In your opinion, is it possible for a healthy-looking person to be effected by HIV?	YES..... 1 NO..... 2 DON'T KNOW 8	
610	In your opinion, is it possible for people to avoid getting AIDS or virus that cause AIDS?	YES..... 1 NO..... 2 DON'T KNOW 8	→ 612
611	What can people do to avoid getting AIDS, or HIV? Any more? CIRCLE ALL THAT APPLY	SAFE SEX A ABSTAIN FROM SEX..... B USE CONDOMS C HAVE ONLY ONE SEX PARTNER..... D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F AVOID BLOOD TRANSFUSIONS..... G AVOID INJECTIONS H AVOID KISSING I AVOID MOSQUITO BITES..... K OTHERS..... X _____ (SPECIFY) DON'T KNOW Y	
612	If one person in this location is affected by HIV/AIDS, what would you give him/her a hand, contact with but try to find way to protect yourself, keep away from him/her, or do nothing? Any more? CIRCLE ALL THAT APPLY	GIVE A HAND..... A CONTRACT WITH BUT PROTECT YOURSELF..... B KEEP AWAY FORM HIM/HER C DO NOTHING..... D DON'T KNOW Y	
613	CHECK 109: EVER-MARRIED ☐ NEVER-MARRIED ☐		→ 630
614	Have you ever given birth to a child?	YES..... 1 NO..... 2	→ 624

NO.	QUESTIONS	CODING CATEGORIES	SKIP								
615	Please let me know: a) Number of children living with you? b) Number of children living elsewhere? c) Number of children died? d) Total?	CHILDREN LIVING WITH CHILDREN LIVING ELSEWHERE CHILDREN DIED TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
616	Now I would like to ask you some questions about all child(ren) that you have had in your lifetime. ILLUSTRATIVE QUESTIONS, COLUMN 6: Can you tell me the birth year of each child, starting with the last child? IN COLUMN 6, ENTER CODE '1' IN THE YEAR THAT THE CHILD WAS BORN. ASK AND RECORD FOR EACH DELIVERY, STARTING WITH THE LAST DELIVERY TO THE FIRST ONE. TWIN/TRIPLE IS TREATED AS A DELIVERY. IN CASE THAT MORE THAN ONE DELIVERIES OCCURRED IN A YEAR IS TREATED AS A ONE DELIVERY FOR THAT YEAR. SUM OF CODES '1' IN COLUMN 6 ≤ NUMBER IN LINE D) IN QUESTION 615. ILLUSTRATIVE QUESTIONS, COLUMN 7: IF NUMBER IN C) IN QUESTION 615 IS '00' (NO CHILDREN DIED), SKIP TO QUESTION 617. IF NUMBER IN C) IN QUESTION 615 IS NOT '00' (AT LEAST ONE CHILD DIED), ASK: Can you tell me in what years those children died? IN COLUMN 7, ENTER CODE '1' FOR DIED CHILD IN YEARS THAT CHILDREN DIED. ASK AND RECORD FOR EACH CHILD WHO WAS DIED. IN CASE THAT MORE THAN ONE CHILDREN DIED IN A YEAR IS TREATED AS ONE CHILD DIED IN THAT YEAR. SUM OF CODES '1' IN COLUMN 7 ≤ NUMBER IN C) IN QUESTION 615.										
619	At present, have you got any children who were 0 to 5 years old living with you ?	NO CHILDREN..... 1 YES, BUT NOT 0-5 YEARS OLD..... 2 HAS CHILD(REN) 0-5 LIVING WITH..... 3	→ 624								
621	Has youngest child vaccinated ?	VACCINATED..... 1 NOT VACCINATED..... 2 DON'T KNOW..... 8	→ 623 → 624								
622	Do you have vaccination certificate for that vaccination?	HAVE VACCINATION CERTIFICATE..... 1 NOT HAVE VACCINATION CERTIFICATE.... 2	→ 624								
623	Why do you not get the child vaccinated? Any more? CIRCLE ALL THAT APPLY	DON'T KNOW WHERE TO GO..... A HAVE NO INFORMATION B TOO FAR..... C TOO BUSY WITH WORK D TOO MANY CHILDREN E TOO EXPENSIVE..... F NO RESIDENT REGISTRATION G NO BIRTH CERTIFICATE H OTHERS..... X _____ (SPECIFY) DON'T KNOW Y									

NO.	QUESTIONS	CODING CATEGORIES	SKIP								
624	CHECK 102: FEMALE ☐ MALE ☐	☐ → 630									
625	CHECK 104: FROM 15 TO 49 YEARS ☐ 50 YEARS AND OVER ☐	☐ → 630									
626	CHECK 109: CURRENT MARRIED ☐ WIDOWED/DIVORCED/SEPARATED ☐	☐ → 630									
627	Are you/your husband currently doing or using any method to delay or avoid getting pregnant?	YES..... 1 NO..... 2 → 630									
628	Which method are you using?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS..... 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM..... 06 FEMALE STERILIZATION 07 MALE STERILIZATION..... 08 PERIODIC ABSTINENCE..... 09 WITHDRAWAL 10 OTHERS 96 _____ (SPECIFY)									
629	Where did you/your husband obtain [METHOD] for the last time?	PUBLIC SECTOR GOVERNMENT HOSPITAL 10 DELIVERY HOUSE 11 COMMUNE HEALTH CENTER 12 FAMILY PLANNING CENTER 13 MOBILE CLINIC..... 14 FIELD WORKER..... 15 OTHER PUBLIC 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE DOCTOR 22 PHARMACY..... 23 OTHER PRIVATE 24 _____ (SPECIFY) OTHER SOURCE FRIENDS/RELATIVES 31 OTHER 32 _____ (SPECIFY)									
630	RECODE THE TIME	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

Thank you for cooperation!
RETURN TO COVER SHEET OF HOUSEHOLD SCHEDULE

THE 2004 VIET NAM MIGRATION SURVEY

Migration and Health

Chịu trách nhiệm xuất bản

NGUYỄN ĐÌNH THIÊM

Chịu trách nhiệm bản thảo

VỤ THỐNG KÊ DÂN SỐ VÀ LAO ĐỘNG

TỔNG CỤC THỐNG KÊ

Chế bản:

Xí nghiệp In SAVINA

In 1000 cuốn, khổ 21,5x28cm tại Xí nghiệp In SAVINA.

Giấy phép xuất bản số: 880-2006/CXB/17-221/LĐXH cấp ngày 24 tháng 11 năm 2006.

In xong và nộp lưu chiểu quý IV năm 2006.

CALENDAR

INSTRUCTIONS:

- + ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
- + START WITH THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT RESPONDENT REACHED THE AGE OF 15.
- + FOR COLUMN 1 TO 5, ALL YEARS SHOULD BE FILLED IN. FOR COLUMN 6 AND 7, ENTER CODE '1' FOR A DELIVERY OR CHILDREN DIED.

CODES FOR EACH COLUMN:

COLUMN 1: Age

COLUMN 2: Marital status

- 1 = SINGLE
- 2 = MARRIED
- 3 = WIDOWED
- 4 = DIVORCED
- 5 = SEPARATED

COLUMN 3: Education level

- 01-12 = GRADE
- 13 = COLLEGE
- 14 = UNIVERSITY OR HIGHER
- 15 = ILLITERATE

COLUMN 4: Moves and types of communities

- X = CHANGE OF COMMUNITY
- 1 = LARGE CITY
- 2 = SMALL CITY
- 3 = TOWN
- 4 = COUNTRYSIDE
- 8 = DON'T KNOW

COLUMN 5: Occupation

- X = CHANGE OCCUPATION
- 01 = LEADER OF THE BRANCHES, ADMINISTRATIVE LEVELS AND UNITS
- 02 = PROFESSIONALS
- 03 = TECHNICIANS AND ASSOCIATE PROFESSIONALS
- 04 = CLERKS
- 05 = SERVICES WORKERS AND SHOP AND MARKET SALES WORKERS
- 06 = SKILLED AGRICULTURAL AND FISHERY WORKERS
- 07 = CRAFT AND RELATED TRADES WORKERS
- 08 = PLANT AND MACHINE OPERATORS AND ASSEMBLERS
- 09 = ELEMENTARY OCCUPATIONS
- 10 = ARMED FORCES
- 11 = HOUSEHOLD WORK
- 12 = STUDENT
- 13 = INVALID
- 14 = UNEMPLOYED
- 15 = NO DEMAND FOR WORK
- 98 = DON'T KNOW

COLUMN 6: Delivery

- 1 = BIRTH TO A CHILD

COLUMN 7: Children died

- 1 = CHILDREN DIED

YEAR	NUMBER	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	NUMBER	YEAR
		AGE	MARITAL STATUS	EDUCATION LEVEL	MOVES AND TYPES OF COMMUNITIES	OCCUPATION	DELIVERY	CHILDREN DIED		
2004	01								01	2004
2003	02								02	2003
2002	03								03	2002
2001	04								04	2001
2000	05								05	2000
1999	06								06	1999
1998	07								07	1998
1997	08								08	1997
1996	09								09	1996
1995	10								10	1995
1994	11								11	1994
1993	12								12	1993
1992	13								13	1992
1991	14								14	1991
1990	15								15	1990
1989	16								16	1989
1988	17								17	1988
1987	18								18	1987
1986	19								19	1986
1985	20								20	1985
1984	21								21	1984
1983	22								22	1983
1982	23								23	1982
1981	24								24	1981
1980	25								25	1980
1979	26								26	1979
1978	27								27	1978
1977	28								28	1977
1976	29								29	1976
1975	30								30	1975
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1971	34								34	1971
1970	35								35	1970
1969	36								36	1969
1968	37								37	1968
1967	38								38	1967
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1965	40								40	1965
1964	41								41	1964
1963	42								42	1963
1962	43								43	1962
1961	44								44	1961
1960	45								45	1960