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REPRODUCTIVE HEALTH SURVEY GEORGIA, 1999-2000

PRELIMINARY REPORT

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I. INTRODUCTION

Georgia is located on the southern side of the Caucasus Mountains between the Black and Caspian seas in the Trans-Caucasian region. Most of the 70,000 sq km area of the country is mountainous. Georgia is bordered on the north and northeast by Russia, on the southeast by Azerbaijan, on the south by Armenia and Turkey, and on the west by the Black Sea. In earlier times, Georgia was an important part of "the Great Silk Road" and in many ways continues to be a bridge between East and West. The people of Georgia have a long and rich cultural history. Georgia was among the first countries to convert to Christianity (in 330 A.D.). The Georgian language, with its unique alphabet (one of fourteen different alphabets in the world), is one of the oldest living languages. The majority of the population is constituted of ethnic Georgians, but, as a reflection of the country's geopolitical location, 94 ethnic groups contribute to various proportions of the total population. According to data from the last census in 1989, the population of Georgia was 5.4 million including 70% Georgians, 8% Armenians, 6% Russians, 6% Azerbaijanis, 3% Ossetians, 2% Greeks, 2% Abkhazians, 1% Ukrainians, 1% Kurds, and 1% others (*The Population of Georgia*, All-Georgian World Congress, Tbilisi, 1993). The 1999 population estimate for Georgia was recently reported to be 4.6 million inhabitants (not including Abkhazia and South Ossetia), after recent reassessment of migration and resettlements (State Department of Statistics, unpublished data, April 2000). Slightly more than a half of population resides in urban areas.

At the national level, the health system is directed by the Ministry of Health (recently fused with the Ministry of Social Affairs into an unique Ministry of Health and Social Affairs), which sets the budget for health care programs, coordinates services and is responsible for health policy. Local health care is administered by local authorities and the Ministry of Health through regional public health centers. They monitor all local health services, report communicable diseases, supervise immunization and other preventive activities, and regulate environmental hazards. Health services are provided through three types of health care facilities: a) primary health care network, represented by various ambulatories (e.g. Feldsher Ambulatory Posts and Doctor Ambulatory Centers) in rural areas and public polyclinics and women's consultation clinics in urban areas; b) secondary health care network, consisting of rural, central district, and municipal hospitals; and c) tertiary health care, delivered by specialized municipal and republican level hospitals, polyclinics, and research institutes. Within the context of the transition to a market economy, the medical institutions are gradually switching over to self-financing (Resolution 269, July 1995).

A series of decrees, resolutions and laws issued since August 1995 are aimed at the decentralization of health care and the development of a health insurance system. The newly created insurance system has a compulsory component, implemented through the MOH State Medical

Insurance Company (SMIC), and a voluntary component, implemented through voluntary health insurance programs registered through MOH and supported exclusively by employees and employers. The compulsory medical insurance covers all citizens of Georgia and is based on mandatory payroll taxes (3% from employer and 1% from employee), specific earmarked taxes (e.g. taxes on tobacco and alcohol) and funds (e.g. for military personnel and veterans), governmental and municipal subsidies (*Health Care Reforms in Georgia*, UNICEF, 1997). The SMIC is responsible of implementing several state health care programs, including pre-, intra-, and post-natal care and the care for children under one year of age (Kalandadze et al., 1999). So far, the health care reforms have been met with mixed results and the health sector has not received adequate resources to provide basic standards of care. Between 1995-1998, less than 2% of the GDP was allocated for health expenditures and actually less than this amount was disbursed. In 1999, the health expenditures from the Central Budget (including a recent World Bank loan for the rehabilitation of the health system) increased to 3.7% of the GDP (*Human Development Report*, UNDP, 1999). A recent study of health care financing in Georgia suggested that the real national spending on health is approximately ten times higher than the amount allocated from the central budget; thus, almost 90% of health care expenditures are supported as out-of-pocket expenses (*A Study of Georgian Health Care Financing: Impacts of Alternative Options*, Actuarial Research Group, 1998).

The status of women's health in Georgia has suffered greatly during the last decade. Georgia declared its independence from the Soviet Union in April 1991. After the break-up from the Soviet Union, Georgia entered a time of major socio-economic crisis associated with the transition from the framework inherited from the previous regime to a new political and legislative system. Two of the autonomous regions of the former Soviet Republic of Georgia— South Ossetia and Abkhazia—in disagreement with legislative and political reforms in the newly independent Georgia, declared their sovereignty (in 1991 and 1992, respectively). The conflict escalated quickly into war and ethnic cleansing with a cease-fire status monitored by the UN reached soon after (in 1991 in South Ossetia and in 1993 in Abkhazia). It is estimated that 264,000 Georgians have fled the conflict affected area and reside currently in other parts of Georgia. Presently, the status of both South Ossetia and Abkhazia remains the subject of negotiations and they do not recognize the Georgian central government. In the aftermath of these politically and ethnically-based conflicts, forced migration, prolonged displacement, disruption of the infrastructure, environmental degradation and the deterioration of foreign trade have had catastrophic economic consequences and a major negative impact on the entire health care system, particularly on maternal and infant health services, and have altered many aspects of life, including the patterns and consequences of early childbearing.

In Caucasian societies, women mostly marry and start their childbearing at young ages. A child is considered to be a symbol of family wealth. Young wives and mothers in these settings

generally have the economic and social support of their families. Premarital intercourse is culturally unacceptable. Although in Georgia women have a higher level of education than men, most women do not have jobs appropriate to the education they have received. After marriage many women stop working or they do not have time to improve their qualifications. Working women have little free time, most of it taken up with household duties. Subsequently, women are much less active than men in the political sphere, partly because of cultural and economic constraints but also because of negative stereotypes associated with the public image of female supporters of the government in the first years after independence. Even today, when there is more exposure to mass media and western life style, changes in the status of women are lagging far behind other countries in the region. Sex education in school is largely nonexistent. Regardless of their education, most women hold no jobs or have poverty-level incomes. Poor women are less informed about lifestyle options, have less control over their lives, less understanding of their bodies, and less knowledge about and access to family planning.

Recently, the rate of childbearing has fallen below the replacement level of slightly more than two births per woman. The main method of fertility regulation is legal abortion. Despite a substantial supply of contraceptives delivered to the country (condoms, IUDs, pills and barrier devices), the contraceptive prevalence for modern methods remains low. Sexually transmitted diseases (STDs) and AIDS/HIV rates are reportedly increasing. Pregnancy related morbidity and mortality are higher than in most countries in Europe. For example, in 1997, 5,945 of cases of complications during pregnancy, delivery and postpartum were reported to the MOH (112 per 1000 live births). In the same year, maternal mortality was also very high (70.8 deaths per 100,000 live births) but declined to 51.3 per 100,000 in 1999. Infant mortality has slightly decreased from 24.9/1000 in 1997 to 23.4/1000 in 1999 but is still higher than of most countries in the region. As part of its health care reform, the government plans to generalize family planning services throughout the country, to reverse the increasing levels of STDs and to improve reproductive health care services. In November 1999 the Minister of Health of Georgia ratified its new national program entitled "Development of Reproductive Services in Georgia". The new program has several components: a) family planning; b) STD-AIDS/HIV; c) antenatal and perinatal surveillance; d) sexual education; and e) training for health professionals.

In conclusion, Georgia has undergone major socio-economic and political changes: civil war, forced migration and population displacement, economic hardships, deterioration of social services, which have affected practically all aspects of life for it's people. About 279,000 Internally Displaced Persons (IDPs) are distributed throughout the country. About a half of this population continue to live in government facilities. More information is needed to assess the reproductive health status of the population during this transition period, a period of profound changes in health needs and access to health services. The national reproductive health survey conducted in Georgia at the end

of 1999 and early 2000 (99GERHS) is the first nationwide survey aimed at providing a wide array of information about the current status of health of women in Georgia, including the internally displaced population. The 99GERHS was specifically designed to meet the following objectives:

-to assess fertility, abortion, contraception and various other reproductive health issues in Georgia;

-to enable policy makers, program managers, and researchers to evaluate existing reproductive health programs and develop new strategies;
-to study factors that affect fertility, contraceptive use, and maternal and infant health, such as geographic and socio-demographic factors, breast-feeding patterns, use of induced abortion, and availability of family planning services;

-to identify characteristics of women at risk of unintended pregnancy;

-to obtain data about knowledge, attitudes, and behavior of young adults 15–24 years of age;

-to provide data on the level of STDs symptoms and knowledge about transmission and prevention of AIDS;

-to identify high-risk groups and focus additional reproductive health studies toward them.

-to provide data on women living in prolonged displacement.

The Division of Reproductive Health (DRH), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia, was responsible for coordinating survey activities and provided technical assistance to the Georgian counterpart, the National Center for Disease Control (NCDC), Tbilisi, Republic of Georgia.

II. METHODOLOGY

2.1 Sampling Design

The 1999 GERHS is based on in-person, face-to-face interviews with 6,143 women at their homes. The survey was designed to collect information from a representative sample of women of

reproductive age throughout Georgia. The universe from which the respondents were selected included all females between the ages of 15 and 44, regardless of marital status, who were living in households in Georgia (excluding South Ossetia and Abkhazia) when the survey was carried out. In addition to the household sample, a separate sample of 1,655 internally displaced (IDP) women, who formerly resided in Abkhasia and South Ossetia and currently are living in state facilities, was performed in parallel with the household survey. Field work was conducted between November 7, 1999 and March 31, 2000. The desired sample for the household survey was 6,000, including an oversample of women in the Imereti region. The desired sample size for the women living in IDP facilities was 1,500 women. This strata was added to provide a complete picture of reproductive health and women's needs in Georgia. Although about half of the IDPs in Georgia live in private dwellings (either alone or with relatives), an important segment continues to live in improvised households in communal centers (located in hotels, schools, kindergartens, farms, factories and other official buildings). Currently, it is estimated that over 100,000 IDP are living in collective centers (UNHCR, 1999). The IDP sample of the 99GERHS was selected from the universe of IDP families living in collective centers; these women would have otherwise been omitted from the household survey, which used as a sample frame the universe of household dwellings. The 1,655 women selected in the IDP sample are representative for all IDP women living in state facilities in Georgia (see Annex A).

The questionnaire included information of each woman's education, employment, living arrangements, and other background characteristics as well as histories of marriage, divorce, cohabitation, sexual activity, pregnancy and contraceptive use. Additional questions investigated health risk behaviors which may affect reproductive health (smoking and drinking habits), women's health screening practices, and intimate partner violence (IPV).

The household survey utilized a multistage sampling design using an updated sampling frame maintained by the State Department of Statistics for labor force and other ad hoc surveys. Five independent strata were sampled, including Tbilisi, urban and rural areas of Imereti region and all other urban and rural areas. Imereti region was oversampled for programmatic reasons. As in several other recent national reproductive health surveys in eastern Europe conducted with CDC technical assistance (the 1996 and 1999 surveys in Russia, the 1999 survey in Romania and the 1999 Ukraine survey), the oversampling in Imereti region illustrates how surveys may be designed and integrated in the development, monitoring, and evaluation of new reproductive health programs. The oversampling of Imereti region was specifically designed to measure the impact of a region wide Women's Reproductive Health Project, a multi-faceted effort involving national and international cooperating agencies (USAID and American International Health Alliance). The project aims at reducing the reliance on induced abortion by increasing access and availability to effective contraceptive methods and promoting healthy behaviors among women, such as routine gynecologic

exams, cervical and breast cancer screening. The project encompasses various interventions, such as the establishment of modern women's health clinics, training of health professionals, development of IEC messages, social marketing, and provision of high-quality contraceptive supplies.

The first stage of the three-stage sample design was a selection of census sectors with probability proportional to the number of households. This was accomplished by using a systematic sample with a random start in each strata; this first stage election included 300 sectors as follows: Tbilisi (73), Imereti-Urban (28), Other-Urban (59), Imereti-Rural (27) and Other-Rural (113). In the second stage of sampling, clusters of households were randomly selected in each census sector chosen in the first stage. Cluster size determination was based on the number of households required to obtain an average of 20 completed interviews per cluster. The total number of households in each cluster took into account estimates of unoccupied households, average number of women aged 15–44 per household, the interview of only one respondent per household, and an estimated response rate of 90% in urban areas and 92% in rural areas. Finally, in each of the households selected, one woman between the ages of 15 and 44 was selected at random for interview (if there was more than one woman in the household).

The IDP sample has also used a three-stage design. The first stage constituted a selection of 74 collective centers throughout Georgia, proportional to the number of IDP living in these centers. Most centers were located in Samegrelo, Zemo Svaneti, and Guria regions (23), Tbilisi (20), and Imereti region (19). Because information on unoccupied IDP households and the average number of women aged 15–44 per IDP household were not available, cluster size was inferred from the household sample in urban areas, since most IDP collective centers were in urban areas. Similar to the household sample, in each of the IDP households selected, only one woman between the ages of 15 and 44 was selected at random for interview. The IDP sample was labeled as the sixth strata of the 99GERHS. In this report, however, data for the IDP women are presented separately for programmatic reasons (see Annex A). In the final report, data for all women in Georgia will be presented and the IDP status will be used for stratified analyses.

The weights used for this preliminary report by strata are as follows: Tbilisi 1.036; Imereti-Urban 0.929; Other-Urban 1.079; Imereti-Rural 0.763; Other-Rural 1.011. These weights include a component to adjust for oversampling of households in the Imereti region (urban and rural) and another component to compensate for the fact that some households included more than one eligible respondent. The IDP survey results presented in Annex A include only an adjustment factor to compensate for interviewing one IDP woman in households where there was more than one eligible respondent. This was the only weight used to adjust for sample design in the IDP sample. Except for Table 2.1 (and Table 1 in Annex A), all tables in this report present weighted results. The unweighted number of cases, used for variance estimation, are also shown in each table. The survey

can be used to make national estimates because of the elaborate and careful process used to "weight" the data—that is, to determine how many women in the population were represented by each woman in the sample.

In the final report, the IDP sample, with proper statistical weighting, will be combined with the household sample to allow for the survey results to represent all women of reproductive age residing in Georgia. Thus, national results in the final report may differ slightly compared with results presented here for the two separate samples. However, most results in the final report will be presented by the IDP status, among other characteristics, to allow the study of similarities and differences between IDP and non-IDP women.

2.2 Data Collection

The interviews were performed by 30 female interviewers specially trained in interview techniques and survey procedures prior to the beginning of field work. They were divided in 6 teams, each team composed of a supervisor and four interviewers, and traveled by car throughout the country. Fieldwork was managed by staff of the NCDC and MOH. Interviewer training was managed by the NCDC and MOH, with the involvement of Dr. Nick Nutsubidze, survey director, Paata Imnadze, assistant survey director, Nelly Chakvetadze, project manager, and the CDC team (Dr. Anna Shakarishvili, medical epidemiologist, Dr. Florina Serbanescu, medical epidemiologist and Dr. Natalia Melnikova). Interviewer training took place at the NCDC headquarters just before data collection began and consisted of one week of classroom training in fieldwork procedures and proper administration of the questionnaire and one week of practical training in the field with close monitoring by the trainers. At the end of the training period, six female teams were selected, each consisting of four interviewers and one supervisor. The overall fieldwork implementation was supervised by two fieldwork coordinators (Marina Shaknazarova and Hatuna Zakhashvili). Fieldwork lasted from November 1999 through March 2000. Each team was assigned to visit a number of primary sampling units in all regions of the country. Interviews were conducted at the homes of respondents and lasted, on average, about 38 minutes (excludes 95 interviews with missing information of the beginning or end of the interview). Although most interviews were conducted in Georgian, a Russian language questionnaire was also available . All interviewers were bi-lingual. Completed questionnaires were first reviewed in the field by team supervisors and then were taken by the fieldwork coordinators to the MOH National Center for Medical Statistics and Information (CMSI) headquarters for data processing.

2.3 Response Rates

Of the 11,698 households selected in the household sample, 6,219 included at least one eligible respondent (15 to 44 year-old women). Of these identified respondents, 6,143 women were successfully interviewed, yielding a response rate of 98.8% (Table 2.1). Virtually all respondents who were selected to participate and who could be reached agreed to be interviewed and were very cooperative. Response rates were not significantly different by urban or rural residence or by region, ranging from 97.9% in Tbilisi to 99.4% in the Western regions (including Achara, Guria, Samegrelo and Zemo Svaneti). Potential participants in urban areas were slightly more likely to refuse an interview than in rural areas.

Compared to a cohort projection from the 1989 Census, the regional distribution of women in the sample (once adjusted for interviewing only one respondent per household and the over-sampling of Imereti region) closely resembles the official estimate of the population distribution. Only Guria and Samegrelo appear to be slightly over-represented, presumably because a more active influx of IDPs living with relatives (and captured in the household sample) in these regions (Table 2.2). Since sample size does not permit individual regional estimates (with the exception of Tbilisi, residence for 26% of the Georgian population, and Imereti, which was oversampled to allow independent estimates), all other regions have been grouped geographically. The geographical grouping allows for broad regional analyses but do not imply any cultural grouping. Thus, throughout the report the North-East region includes Kakheti, Shida Kartli, Mtskheta-Mtianeti and Racha Lechkhumi, the South region includes Kvemo Kartli and Samtskhe-Javakheti, and the West region includes Achara, Guria, Samegrelo and Zemo Svaneti.

The percent distribution of women in the sample by five-year age groups is compared with the 1997 official estimates (the most recent estimates by age group) in the bottom panel of Table 2.2. Compared with these estimates, the survey sample has slightly over-represented adolescent women (15-19 year-olds) and under-represented women aged 40-44 by two and one percentage point, respectively, once confidence intervals are taken into account. Several factors may have contributed to the differences observed: first, there is a three-year difference between the time the official estimates were calculated and the survey was implemented; second, the official estimates are projections of the age composition recorded by the 1989 census and thus dependent on assumptions used in projecting the aging of a cohort; finally, official estimates cannot rigorously account for the ethnic displacement and migration triggered by the 1991-1993 armed conflicts.

III. CHARACTERISTICS OF THE SAMPLE

3.1 Characteristics of Eligible Women

General characteristics of respondents with completed interviews, by residence, are shown in Tables 3.1 and 3.2. All results presented in these tables and all the following tables in this report are weighted to adjust for sampling design, as described in the preceding section.

Overall, 37% of the respondents are young adults from 15 to 24 years of age. The age distribution does not vary significantly by the place of residence. However, a significantly higher proportion of Azeri women were between the ages of 15 and 24 than in any other ethnic group (data not shown). A slight majority of women were legally married (60%) and less than one percent were in consensual (unregistered) marriages or living with a partner but not married. These two categories constitute the universe of currently married or in union respondents. Women residing in rural areas were somewhat more likely to be in a legal or consensual marriage (65%) than women living in Tbilisi (56%) or other urban areas (59%). Divorce and separation appear to be uncommon in Georgia, which is reflected by the fact that only 6% of women reported that they were previously married (slightly higher in Tbilisi). One of three women (33%) had never been married or lived with a partner.

Consistent with the pattern of a rapid decline in birth rates, which characterizes all countries of the region, Georgia is also a low-fertility country, with a total fertility rate under the replacement level of two children per woman. Overall, 40% of women in the sample were childless, 15% had only one child, 31% had two children and only 14% had three or more children. Fertility is higher in rural areas, where 37% of women were childless (compared with 42% in Tbilisi and 40% in other urban areas) and 20% reported three or more children, three times as many as in Tbilisi (7%) and twice as many as in other urban areas (11%).

Georgians are well educated, as evidenced by the fact that only 17% of women did not complete secondary education. Most of the respondents who did not complete secondary education were older respondents or very young respondents, who were still in secondary school (data not shown). Respondents residing in Tbilisi and other urban areas were more likely to be better educated than those in rural areas. The urban-rural difference is most pronounced at the postgraduate level, where women of reproductive age living in Tbilisi or other urban areas were approximately three and two times more likely, respectively, to have completed university training than their rural counterparts (43% and 28%, respectively, vs. 15%).

Almost one-third of respondents live in households classified as low socio-economic status (SES); more than half live in middle socio-economic households and only one of seven lives in an upper socio-economic household. The percentage of respondents living in lower SES households is four times and two times higher, respectively, among rural residents than among Tbilisi or other urban residents. At the same time, only 4% of rural women were classified as living in upper SES households, compared with 31% and 15%, respectively, of those living in Tbilisi or other urban areas. Most women (77%) reported that they do not work outside the house (even part time). Because of lower job availability, rural women were less likely to work outside the house (16% vs. 31% in Tbilisi and 26% in other urban areas), which contributes further to the urban-rural differences in SES.

The dominant religion among survey respondents was Georgian Orthodox; 79% of respondents overall (only 68% in rural areas) stated they belong to this religious denomination. Most respondents who were not Georgian Orthodox said they were either Muslims (14%) or Armenian Apostolics (3%) and Russian Orthodox (1%). The majority of Muslims live in rural areas where they constitute a fourth of the population; in Tbilisi and other urban areas they represent only 1% and 8%, respectively, of the total population. Small numbers of respondents said they had no religious affiliation (1%).

Variation in ethnic background and main language spoken in the household by residence and region are shown in Table 3.2. About four of five women reported themselves to be Georgian, 9% Azeri an, 5% Armenian, 1% Russian, and 3% of other ethnic backgrounds. Georgian was the principal language spoken in the household for the majority of respondents (83%), followed by Azeri (9%) and, to a lesser extent, by Armenian (4%) and Russian (3%). Women of Azeri background were more likely to live in rural areas (17%) than in Tbilisi (1%) or other urban areas (5%). They constitute almost half of the population of the southern part of the country. The Armenian population was concentrated either in Tbilisi, where they represent 7% of the population, or in the Southern region, in rural settlements close to the Georgian-Armenian border (13%).

IV. FERTILITY AND PREGNANCY EXPERIENCE

One of the objectives of the 99GERHS was to assess the current levels and trends of reproductive behaviors, and to identify factors that might change behaviors. The findings presented here are particularly useful in assisting policy makers and program managers design programs that respond to the reproductive behavior of the population and to tailor programs to meet the needs of key subgroups. To obtain information about reproductive patterns, the questionnaire included a

series of questions about marriage, divorce, sexual activity, contraceptive use, childbearing and the use of induced abortion, infertility, desired family size, planning status of all pregnancies in the last five years, and information about prenatal care for all births during the past five years. Information about pregnancies (births, abortions, and fetal losses) was collected through a complete pregnancy history for each woman up to the time of the interview. This information represents an important addition to vital statistics routinely compiled at the local and state level, because it allows examination of fertility and abortion differentials by background characteristics and behaviors. In addition, the survey explores in depth the circumstances surrounding each abortion or birth within the past five years, documenting utilization of abortion services and prenatal care and the prevalence of pregnancy-related morbidity (to be included in the final report).

4.1 Fertility Levels and Differentials

Current levels of fertility were estimated using age-specific fertility rates. The total fertility rate (TFR) was computed by accumulating the age-specific fertility rates and multiplying the sum by five. The TFR is thus defined as the average number of births a woman would have during her reproductive lifetime (15–44) if she experienced the currently observed age-specific fertility rates. Numerators for the age-specific fertility rates were calculated by selecting births that occurred during the 36-month period preceding the survey and grouping them (in five-year age groups) by the age of the mother at the time of pregnancy outcome (calculated from the mothers' reported date of birth). The denominators for the rates represent the number of woman-years lived in each specified five-year age group by those mothers during the three-year period preceding the survey.

The total fertility rate for the three years preceding the survey (July 1996–June 1999) was 1.7 births per woman (see Table 4.1.1) slightly higher than the most recent vital statistics estimates (the reported general fertility rate for women aged 15–44 was 47 births per 1,000 women in 1997-1999, corresponding to a TFR of 1.4 birth per woman). The general fertility rate is defined as the number of births per 1,000 women of reproductive age (15-44). The general fertility rate calculated with survey data was 61 births per 1,000 women aged 15-44.

Similar to other countries in eastern Europe, Georgian women initiate childbearing early. The highest fertility levels are among 20–24 year-old women, accounting for a third of the TFR, and among 25–29 year-olds, accounting for 27% of the TFR (Table 4.1.1). Notably, fertility among adolescent women is the third highest (65 births per 1,000 women aged 15–19), or 19% of the TFR. As a result, 51% of the TFR is contributed by women aged 15–24 years old. Women aged 35–39 and 40–44 make minimal contributions to total fertility; their age-specific fertility rates account for

only 6% and 2%, respectively, of overall fertility. Young married women (15–24) have much higher age-specific fertility rates than all young adult women (377 vs. 65 births per 1,000 women aged 15–19 and 199 vs. 113 births per 1,000 women aged 20–24); likewise, total fertility among married women was more than twice as high as for all women (3.9 vs. 1.7), which implies that extramarital fertility plays a minor role in overall fertility. After age 30 there is no significant difference between marital fertility and fertility of all women, since almost all women have marital experience by that age.

Table 4.1.2 shows the cumulative past fertility of women interviewed in the 99GERHS (calculated as the percent distribution of women by number of live births and stratified by current age of each woman at the time of the interview). Overall, 39% of all women aged 15–44 were childless at the time of the interview, but only 8% of women currently in union had not had their first child. Very few women reported births before age 20 (9%) whereas 69% of all women had given birth to at least one child by age 29. About one in ten women remains childless at the end of her reproductive-age years. Among currently married women, one of two 15-19 year-old women has already had her first child, 85% of 20–24 year-olds have given birth, and over 90% of women 30 years of age have had their first child. Only 3% remained childless by 40–44 years of age. Table 4.1.2 also shows an obvious two-child family size pattern with only a minority of women having three or more children (13% of all women and 20% of currently married women).

Table 4.1.3 shows the age-specific fertility rates and total fertility rates among different subgroups. Fertility among women living in Tbilisi or other urban areas is, on average, 30% less than among rural women in the three-year period preceding the interview. With the exception of age group 40-44, all age-specific fertility rates were higher among rural residents than among urban residents; the differences are particularly important among younger women (15–19 and 20–24 years of age). By region, women living in Tbilisi had the lowest level of fertility (1.6 births per woman) whereas women living in North-East and South regions —where a higher a percentage of Muslims reside— had the highest fertility rate (1.9 births per woman). Again, most differences in age-specific fertility rates by region are among young adults.

There is little variation in the TFR by education level. Fertility differences according to education are slightly more notable among younger women and diminish among older women. Generally, women with the highest educational attainment have the peak of their fertility at ages 25-29 whereas women with lower education reach their highest fertility at 20-24 years of age. Women with low SES had, on average, two births per woman, compared with 1.5 and 1.7 births per woman, respectively, among women with middle and high SES. The age-specific fertility rate among Azeri women aged 15-19 was the highest in the country.

4.2 Induced Abortion Levels and Differentials

It is widely believed that in Georgia induced abortion is often used more than contraception to prevent unwanted births. The total abortion rate (similar to the total fertility rate describing the number of abortions a woman would have in her lifetime under the current age-specific abortion rates) is more than two times higher than the TFR (3.7 vs. 1.7). The ratio of induced abortions to live births was two abortions for each live birth, according to the survey estimates, for the past three-year period. Survey estimates are considerably higher than the official ratios; survey estimates for the most recent years showed at least two abortions for each live birth (2.1:1 in 1997, 2.0:1 in 1998, and 2.2:1 in 1999). For the same period of time (1997-1999), official statistics showed one abortion for more than two live births or 0.4 abortions for each live birth (MOH, unpublished statistical data, 1999). Similar to the age specific fertility rates, age-specific abortion rates in Table 4.2.1 represent the proportion of women in a specific age group who terminated pregnancy by induced abortion instead of giving birth within the three-year period preceding the survey. These rates were calculated by using the age of the woman at the time of pregnancy termination.

Unlike fertility, the age pattern of abortions in Georgia is concentrated at 25-29 years of age (192 induced abortions per 1,000 women) and 30-34 years of age (180 per 1,000), accounting for 50% of the TIAR. The third highest age-specific abortion rate occurred among women 20–24 years of age. A comparison of age-specific marital induced abortion rates reveals that induced abortion rates for married women were higher than those for all women and, by implication, higher than those for unmarried women. Since Georgian women marry early and attain their desired family size soon after, marital abortion rates differ little from abortion rates for all women aged 30 and above.

Excepting the youngest age group, age-specific abortion rates are significantly higher than age-specific fertility rates. These findings suggest that Georgian women complete their desired family size at young ages, after which most pregnancies are unintended and are intentionally terminated. The benefit of permanent methods of contraception for these women is obvious, but fewer than two percent of women in union were using contraceptive sterilization, indicating that an information campaign is needed to explain the advantages of permanent methods.

As shown in Table 4.2.2, the abortion rates are equally high and vary little by background characteristics. There were basically no differences in abortion rates between Tbilisi, other urban and rural residents. Women residing in the south and the northeastern part of the country report at least one lifetime abortion more than women living in the western part of the country. The TIAR was lowest for women with a university education; on average, women with a secondary or technical education have one abortion more than women with postgraduate education. Recourse to abortion

is the highest among Azeri women (TIAR=4.8), particularly for age groups 20-39.

Table 4.2.3 shows that almost one of two women of reproductive age (43%) reported having had at least one induced abortion. Among currently married women , this proportion rises to 66%. The likelihood of having an abortion is positively associated with age–as exposure to pregnancy, particularly unintended pregnancy, increases with age–and with the number of living children, which is also a strong predictor of unintendedness, because Georgian women achieve their desired family size of one or two children fairly rapidly. Although very few adolescents reported any abortions (2%), by ages 20–24 the percentage rises to 21% and it increases to over 60% among women aged 30 and older. The likelihood of having at least one abortion does not vary greatly by residence and education

Because not all women were exposed to the risk of an unintended pregnancy and a subsequent abortion, in the right panel of Table 4.2.3 we restricted the denominator to include only women who have ever had an abortion. Almost one of four women (23%) reported they had only one abortion, 21% had two abortions, 17% had three abortions, and 40% four or more abortions, including eight percent who had ten or more lifetime abortions. Women who reported multiple abortions were more likely to be older, less educated and of higher parity.

4.3 Recent Sexual Activity

Current sexual activity is an essential indicator for estimating the proportion of women who are at risk of having an unintended pregnancy and therefore in need of contraceptive services. It also has major implications in the selection of a contraceptive method that best suits the reproductive behavior and fertility preferences of each individual. Detailed information about the proportion of women in need of family planning services and their contraceptive choices is presented in Section V.

As shown in Table 4.3, 67% of all women aged 15–44 who were interviewed in the 99GERHS reported they had previously had sexual intercourse but only 49% were currently sexually active (within the month preceding the interview). If we exclude respondents who have never had intercourse, 77% of sexually experienced women were currently sexually active. Almost 4% of all women were pregnant and 4% reported postpartum abstinence at the time of the interview.

In Table 4.3 information on sexual activity status is presented by marital status and by current age. Among women who were married or living with a partner, 80% reported having intercourse at

least once within the past month and 5% had intercourse two or three months previously. Conversely, only 3% of previously married women were in a current sexual relationship. They majority of previously married women (77%) reported that their last sexual intercourse was one or more years ago. Less than one percent of never-married women reported that they have ever had sexual experience and none of them reported current sexual activity.

Only one of three young adult women (15-24 years of age) reported sexual intercourse and only 62% of those who were sexually experienced reported their last sexual encounter within the past 30 days. Almost 10% were currently pregnant or nursing. Among sexually active women aged 25 years or older, over 80% reported sexual experience. Of those, three-fourth had had intercourse within the past month. About 7% of sexually experienced women aged 25 years or older had had their last intercourse one or more year ago.

4.4 Planning Status of the Last Pregnancy

For each pregnancy ended since January 1994, all respondents were asked about the planning status of their pregnancies at the time of conception. Each pregnancy was classified as either planned (wanted at the time it occurred), mistimed (occurring earlier than intended), unwanted (the respondent wanted no more children), or unsure. Mistimed and unwanted pregnancies together constitute unintended pregnancies. This report includes only estimates of the planning status for the last pregnancy in this time period. One common problem in collecting data about planning status of pregnancies is that self-reported induced abortions, especially those performed outside medical facilities, are often under-estimated. Consequently, unintended pregnancies are under-reported to the extent that abortions are under-reported. However, abortion underreporting does not appear to be a major concern in this survey, because abortion rates calculated from the survey exceed officially reported levels. Another problem that might occur for pregnancies that end in live births is postpartum rationalization. Some women may change their opinion about pregnancy intendedness after the child is born or may be reluctant to admit that it was an unintended pregnancy. Therefore, the planning status of the last pregnancy almost certainly represents an underestimate of mistimed and, particularly, unwanted conceptions, for pregnancies ended either in abortions or in live births.

Despite the potential under-reporting of unintended conceptions, the figures in Table 4.4 show some important differences in the level of pregnancy intendedness according to pregnancy outcome and background characteristics. These data may underscore the need to address the risk of unintended pregnancy differently for various subgroups.

Less than one of two women of childbearing age (40%), regardless of their marital status, said their most recent pregnancy was intended at the time of conception; 10% reported it as mistimed (wanted at a later time) and 49% reported it as unwanted. Thus, 59% of women reported their last pregnancy as unintended and the majority of them (83%) reported it was unwanted rather than mistimed. Almost all women whose last pregnancies resulted in live births said those births were intended (94%). Very few women reported that their last births were either mistimed (3%) or unwanted (3%). Conversely, all but a small percentage of women whose last pregnancy ended in induced abortion reported their conceptions were unintended. It should be noted that a relatively high proportion (25%) of women whose last pregnancy ended in miscarriage or stillbirth reported it was an unwanted conception; this is eight times the proportion of women with live births who reported an unwanted pregnancy. Although some of this difference may underscore the negative influence of unintendedness on pregnancy outcome, it is also plausible that some of these outcomes may have been induced abortions that were reported as spontaneous abortions or stillbirths.

Planning status of the last pregnancy did not vary by residence but unintended pregnancies increased with age and parity. Young adults were less likely to report unintended pregnancies (38%) than women aged 25–34 (65%) or 35–44 years of age (81%). Among 15–24 year olds, many unintended pregnancies were mistimed rather than unwanted. The unwanted-to-mistimed ratio for these women was 1.6:1 compared to a ratio of 5.4:1 among 25–34 year old women and 24:1 among women aged 35 years or older. Thus, mistimed pregnancies are rapidly replaced by unwanted pregnancies with the increase in maternal age, primarily because spacing failure is replaced by the desire to terminate childbearing; as a result, virtually all unintended pregnancies were unwanted at older ages. A similar pattern can be seen when the planning status of the last pregnancy is examined by the number of living children. Women who had never had a live birth and women with one child were less likely to report that their last pregnancies were unwanted than were women with two or more live births. Although young women reported slightly more mistimed pregnancies, the relatively high proportion of unwanted pregnancies among this subgroup may reflect poor understanding of the survey question, conflicting or ambivalent feelings about the last pregnancy, or indecision about childbearing. The level of unintended pregnancy did not vary significantly with education.

4.5 Future Fertility Preferences

Table 4.5.1 shows the distribution of women currently in union by their fertility preferences according to the number of living children and their current age. Knowledge about fertility expectations in a population is essential for helping couples to avoid unintended pregnancies and attain their desired family size. Public health officials and health care providers should always

consider fertility preferences in their efforts to lower the rates of unintended pregnancy and induced abortion. The figures presented in Table 4.5.1 add more proof to the already described pattern of the two-child family size. Among women currently married or in consensual union more than half (52%) do not want any more children. An additional 5% were unsure if they wanted to have more. A substantial proportion (17%) reported that either they or their partners are infecund. Those women were not asked about their future fertility preferences. Only 23% of women said they would like to have a (another) child in the future, including 10% who want a child soon (within a year) and 8% who want to wait one or two years before having a (another) child.

The intention to have any (more) children decreases rapidly with increasing number of living children after a two-child family size is achieved. Among those with no living children (the top panel of the table) almost two of three women (63%) would want a child in the future; virtually all of them reported they would want to get pregnant right away (within one year). Likewise, the proportion of one-child women who want a (another) child is 61%, but the majority of them would want to wait at least one year before having another child.

The desire for additional children drops abruptly after having two children. Only 12% of women who have already attained the two-child family size and only 3% of those with three or more children want to have another child. The primary conclusion to be drawn from these figures is that most women, regardless of demographic or socioeconomic characteristics, have no more than one or two children (see Section III) and there appears to be little desire to have more.

As expected, younger women were much more likely than older women to want more children (bottom panel of the table). The intention to have more children decreased from 74% among the youngest age group to 54% for women aged 20–24, 34% among 25–29 year-olds, 19% among women aged 30–34, 7% among women aged 35-39 and only 2% for women aged 40 and older. Of those who desire additional children, very young women were the most likely to want a child within one year (42% of 74%=57%). The desire to have a child soon is lower among 20-29 year olds (35%), presumably because they want to space the next pregnancy, and increases again 50% among women aged 30 or older. These findings are very important for the family planning program, which should consider spacing methods for younger women and long-term or permanent methods for older women.

Table 4.5.2 presents the proportion of fecund women in union who do not want any more children, by number of living children and selected background characteristics. Overall, 63% of Georgian women who can conceive reported that they do not want to have more children. Only 17% of those with one living child wanted no more children, contrasting with 77% among two-child women and 90% among women with three or more children. The desire to terminate childbearing

does not vary significantly by residence and education at any parity but is directly correlated with age. Women younger than 35 years of age were less likely to report that they wanted to terminate childbearing at any parity.

V. CONTRACEPTIVE KNOWLEDGE AND USE

Data from the survey provide for the first time nationally representative information about family planning awareness and use. These data will constitute the baseline for evaluating the information-education-communication (IEC) efforts launched recently as a component of the national reproductive health program. In addition, they will help assess the contraceptive need among various subgroups.

Data on contraceptive knowledge and use in Georgia were scarce and often conflicting. The few KAP surveys conducted since 1991 were either limited in geographic scope or not intended to be representative of the country as a whole. Among recent efforts, it is worth mentioning a family planning and reproductive health survey conducted in 1996 by the Curatio International Foundation (CIF) with UNDP funding. The survey, conducted in 9 regions, consisted of 1,455 interviews among women and men of childbearing age (14-49 years). The questionnaire included a series of questions on use of contraception, knowledge and opinions about family planning, utilization of reproductive health and family planning services, and other reproductive health topics. The survey found relatively high levels of contraceptive awareness (best known methods being the condom, the IUD, and the pill) but did not include data on current contraceptive prevalence.

A study of reproductive health needs in Gerogia performed by Save the Children in 1994 documented relatively low contraceptive prevalence (highest reported was 55% in Tbilisi by Zhordania Institute of Human Reproduction) and relatively high usage of traditional methods (Zayan A. And Campbell M. *Reproductive Health in Georgia: Issues and Program Options*. Save the Children, 1994) Reproductive health surveys conducted in other eastern European countries showed that a major contributor to the high levels of unintended pregnancy and high rates of abortion has been the widespread use of less effective contraceptive methods (Reproductive Health Survey, Romania 1993, Final Report, RHS, Final Report Czech Republic, 1993, Reproductive Health Survey, Moldova, 1997).

5.1 Contraceptive Awareness and Knowledge of Use

One of the main objectives of the 99GERHS was to explore the level of knowledge of family-planning methods and their source of supply among women of reproductive age. In reference to 10 modern and traditional contraceptive methods, respondents were asked, if they had ever heard about each, from whom, if they knew to use them and if they knew where they could be obtained.

Table 5.1.1 summarize the findings on contraceptive awareness by residence and region. The majority of Georgian Women (95%) have heard of at least one modern method of contraception and over two-thirds (69%) a traditional method. Awareness of intrauterine devices (IUD) and condoms was very high (93% and 88%, respectively), followed by awareness of pills (67%), periodic abstinence (65%) and withdrawal (50%). Contraceptive female sterilization (tubal ligation) was known by only 43% of women. The least-known methods were spermicides (12%), vasectomy (11%), and injectables. Awareness of injectables and emergency contraception was the lowest (4%).

The level of awareness of either modern or traditional methods was lower among rural residents than among urban women. Awareness of IUDs was 8 percentage points higher among urban residents than among rural residents; awareness of pills was 44% higher and of female sterilization was 32% higher, awareness of spermicides, vasectomy and injectables is more than two times higher, and awareness of emergency contraception was three times higher. Contraceptive awareness was the lowest among women living in the southern region, who were the least likely to have heard of either modern or traditional methods. Compared to other regions, their overall awareness of both modern and traditional methods was at least 15% and 25%, respectively, lower than in any other region.

Table 5.1.2 shows women's level of contraceptive awareness by marital status and by age. Virtually all currently married or cohabitating women (women in union) as well as previously married women have heard of at least one modern method (97% and 96%, respectively) but their awareness of traditional methods was substantially lower (85% and 79%, respectively). There was no significant difference in awareness of specific methods between currently and previously married women. Never married women had much lower contraceptive awareness and their awareness of traditional methods was less than half that of modern methods (90% vs. 39%). Compared to ever married women, never-married women have lower awareness of all contraceptive methods, particularly contraceptive sterilization, spermicides, emergency contraception and withdrawal.

The overall contraceptive awareness was lower among the youngest women, particularly for traditional methods (44% vs. 83% and 86%, respectively). Since age and marital status are directly

correlated and never-married women are more likely to be young, the pattern of knowledge of specific methods among young women is similar with that for never-married women, with higher awareness of IUD and condom and lower awareness of other modern methods. Similarly, their awareness of withdrawal is significantly lower when compared with older women (26% vs. 63% and 67%, respectively). Contraceptive awareness does not vary significantly for women aged 25 or more.

Table 5.1.3 shows that women's level of awareness of both modern and traditional methods is directly correlated with their education level. Among women with secondary incomplete or lower levels of education, awareness of specific methods was the lowest. Particularly notable is the much lower awareness of tubal ligation, vasectomy, spermicides, injectables, and emergency contraception among less-educated women. The same pattern is observed for awareness of traditional methods, which is also substantially lower among less educated women.

Awareness of contraceptive methods, often used interchangeably with knowledge of methods, is typically higher than contraceptive knowledge. When the level of contraceptive knowledge is explored further to assess the extent of the information possessed by those who can identify contraceptive methods (e.g. by asking how each method or procedure is used), the level of knowledge of use is significantly lower than contraceptive awareness (Table 5.1.4). Knowledge of use of any modern or traditional method was lower than the corresponding awareness (74% vs. 95% and 52% vs. 69%, respectively). Although awareness of both IUD and condoms was very high (93% and 88%, respectively), less than two-thirds of women (62%) said they actually knew how condoms were used. Additionally, although 67% have heard of the pill, only 30% knew how the method is used. A similar gap in knowledge is obvious for tubal ligation, spermicides, and injectables, further narrowing the proportion of women who potentially may be able to start using these methods. The gap between awareness and knowledge of use is also present for the calendar method (65% vs. 43%) and, to a lesser extent, for withdrawal (50% vs. 38%).

The difference between awareness and knowledge of use does not vary greatly by marital status or age group. Never-married women and the youngest women were the least likely to know how any method of contraception it is used. Particularly worrying is their lack of knowledge about condoms and pills, traditionally the most suitable methods for young women. Although their knowledge of condom's use surpassed knowledge of any other method, almost one in two of these women do not know how the condom is used. Similarly, their knowledge of pill use is very low.

Another indicator commonly used to evaluate IEC efforts is knowledge about source(s) of contraception. The GERHS found that about three-fourths (77%) of women could name at least one source for supplied methods of contraception (Table 5.1.5). Respondents were more likely to know

a source for condoms (68%) and IUD (66%) than for other modern methods. Less than one in two women (46%) could tell where pills can be obtained and only one in three women knew where tubal ligations are performed. Very few knew where vasectomies are performed or where to get spermicides, injectables or emergency contraception.

Correct information about contraceptive effectiveness can also greatly influence a couple's decision about how to protect against unintended pregnancies. It is not realistic to expect individuals to make the correct decision if they have gaps in their knowledge about all possible contraceptives available and if adequate access to comprehensive family-planning services is lacking. Women's lack of knowledge about contraceptive effectiveness is an indirect indicator of the failure of adequate counseling and information/education programs.

The survey included a series of questions in which each respondent was asked to indicate whether specific contraceptive methods (shown on a card) have high, medium, or low effectiveness in preventing pregnancy when used consistently and correctly (Table 5.1.6). The methods in Table 5.1.6 are listed in descending order of effectiveness (Hatcher et al., 1998). This ranking is based on studies of unintended pregnancies among users of various family-planning methods in the first 12 months of using that method (method failure), with the exception of emergency contraception for which such analysis does not apply. According to these studies, vasectomy and Norplant (whose specific effectiveness was not explored in the survey because it is largely unavailable in Georgia) are the most effective methods, with a rate of failure at one year of use of only 0.1 pregnancy per 100 women. They are followed by injectables, female sterilization, and IUDs, with rates of failure between 0.3 and 0.6 pregnancy per 100 women. Combined oral contraceptives have failure rates comparable to Norplant and vasectomy (0.1 pregnancy per 100 women) when used correctly and consistently, but their actual failure rate, as commonly used, is much higher (6–8 pregnancies per 100 women). For this reason we listed oral contraceptives after the IUD, although its effectiveness during ideal use is somewhat higher than for the IUD. Condoms and other barrier methods are considered to be of moderate effectiveness, with failure rates of 3–6% during correct use and 14–26% as commonly used. The calendar method can be moderately effective if used correctly. Finally, withdrawal was listed as less effective than all other methods.

Overall, no modern method was recognized as very effective by a majority of women, partly because substantial numbers of women lack awareness of modern methods. In addition, a substantial proportion of women who were aware of specific methods could not say how effective they are. Even when women who had never heard of a specific method were excluded, only the IUD was correctly recognized as highly effective. About two-thirds of women who were aware of IUDs considered the method very effective or effective. However, almost one in four women could not assess its effectiveness. Only half of women who have heard of pills considered the method very

effective or effective whereas almost one in three did not know if the method was reliable. Periodic abstinence and withdrawal were qualified as very effective or effective by less than a half of those who had heard of these methods, whereas at least one in four respondents did not know how effective they are.

5.2 Current Contraceptive Use

This section focuses mostly on women in legal and consensual marriages because they represent 87% of sexually experienced women (the majority of which are currently sexually active), have greater frequency of intercourse, have higher fertility and risk of unintended pregnancies (see also Section 4), and constitute the common denominator for most national and international studies of contraceptive prevalence. However, in order to present a complete picture of the contraceptive prevalence in Georgia, the survey asked all women who have ever had sexual relations a series of questions about their current and past contraceptive use.

As can be seen in Table 5.2.1, the overall contraceptive prevalence is very low (25%). The majority of previously married women were not currently sexually active and virtually all never-married women reported that they have never had sexual intercourse; therefore, very few of these women are currently in need of contraception (see Section 5.6). Less than 3% of previously married women and none of never-married women reported they are currently using contraception (Table 5.2.1). All previously married women currently using contraception reported using modern methods, approximately equally split between IUDs, condoms, and female sterilization.

As shown in Table 5.2.2, prevalence of contraceptive use among women currently in legal or formal unions was 41% and fewer than a half (20%) used modern methods. The proportion of women in union currently using any form of contraception ranged from 5%, among childless women, to 49%, among women with university education. For the entire country, the proportion of all contraceptive users who use a modern method is 20%, ranging between 4% for those who have no children and 28% for those with the highest levels of educational attainment. The proportion using any contraceptive method was slightly higher in Tbilisi (45%) and other urban areas (42%) than in rural areas (37%), among 30–39 year-olds (47%), and among those with two children (49%); the proportion increased directly with educational and socio-economic levels. Modern contraceptive use follows a similar pattern. It was significantly lower in rural areas than in Tbilisi and other urban areas (16% vs. 25% and 22%, respectively), among the youngest women (10%) and women aged 40 or over (15%), among childless women (4%), among women who had not completed a secondary education (8%), among women living in households with low socioeconomic level (13%),and among

women of Azeri descent (11%). Among only very few subgroups did the use of modern methods surpass the use of traditional methods by a considerable margin (women aged 15-29 years of age, the most educated women, and women with high SES).

As shown in Table 5.2.3, the most prevalent methods in use among women in union were withdrawal (11%), which accounts for 26% of contraceptive prevalence, periodic abstinence (10%), and the IUD (10%). Condoms, which are used by 6% of women in union is the next most used method. Thus, with the exception of IUD, which accounts for 24% of contraceptive prevalence, and condom (16% of total prevalence), the other modern methods are only seldom used. Tubal ligation, despite an overwhelming desire by most women to have no more children (see Section IV), is used by only 2% of women currently in union. The pill and Postinor, a postcoital progesterone- only method, were used by only 1% of women in union.

The choice of a specific method by background characteristics sometimes differs by a considerable margin. The use of condoms is more than two times as high as the average in Tbilisi (15%), among those with a high level of education (13%) or with high socioeconomic status (15%). Condom use is very low in rural areas (3%), among childless women (3%), among less educated women (1%), among those with low SES (3%) and women of Azeri descent (2%). Pill use is so low that there are no significant variations. The use of other modern methods varies less by background characteristics. The use of withdrawal was significantly higher among rural residents (14%), among women with three or more children (15%), among women who did not complete high school (15%) and women of Armenian descent (24%). The use of periodic abstinence (the calendar method) was higher among urban women and generally increased with age, number of living children, educational attainment, and SES.

5.3 Source of Contraception

To assess sources of contraceptive methods for women currently in union, the GERHS included questions about where current users of supplied contraceptive methods obtain their contraceptives. As shown in Table 5.3, the public medical sector was the most important source of suppling contraceptives in the country (54%). Hospitals supplied 30% of women currently in union with their current method of contraception—hospitals with gynecologic wards supplied 21% and maternity hospitals supplied 9% of their women clients. Additionally, women's consultation clinics supplied 21% of women whereas polyclinics and rural dispensaries supplied only 3% of women. Commercial sales in general are the second largest source of contraception. Pharmacies, in particular, are the most important source of contraception for women in union, supplying 36% of

current users. Because pharmacies are the subject of a rapid process of privatization, it is very difficult to differentiate between public, private, and mixed ownership status. Other commercial sales outlets (stores or street markets) were the source of contraception for only 1% of women. Private medical clinics or doctors constitute an emerging source of contraception, particularly for IUDs, but currently they supply only 1% of users. Other sources, such as partners, friends, and relatives, supplied 8% of female users, principally condom users.

Sources varied greatly according to the contraceptive method used. Public hospitals (gynecologic wards and maternities) and women's consultation clinics were the primary source of IUDs suppling practically almost all users (46% and 42%, respectively). Pharmacies were the principal provider of condoms, pills, and spermicides, supplying more than 75% of condoms, pills, and Postinor (emergency contraception). Pharmacies also supplied 3% of the IUDs (with a prescription issued by the OB/Gyn), but the IUD must be inserted at a medical facility. Gynecologic wards were the second source of pills, supplying almost 10% of women in union. Not surprisingly, partners constituted the second source for condoms for women (21% of users). Very few women reported obtaining condoms in a women's consultation clinic. Virtually all contraceptive sterilization procedures took place in maternity hospitals.

5.4 Reasons for Not Using Contraception

As shown in Table 5.4, women currently in union mention a broad variety of reasons for not currently using contraception. The most common reasons given are related to pregnancy (i.e., currently pregnant or breastfeeding or desired pregnancy), which accounts for 19% and 13%, respectively. The second most important reason was related to fertility impairment, of either respondent—7% reported PID and 17% other medical reasons which prevent them getting pregnant— or of her partner (1%). Negligence was mentioned by about one of seven women as the most important reason to not use contraception. Almost one in ten women reported lack of current sexual activity (within the last month) as the most important reason for not using a method. It is noteworthy that very few women reported personal or program-related reasons as contributing to their decision not to use a method: personal or partner opposition to contraceptive methods (5%), fear of side effects (4%), and lack of access to family-planning services (2%).

Reasons for not using a method differed sharply by current age. Younger women in union were more likely to be either pregnant or in the postpartum period (41%) or were seeking to become pregnant (28%), whereas women aged 40–44 years were more likely to not be able to get pregnant (40%), to neglect using a method (14%) or to not be sexually active (11%).

5.5 Potential Demand and Unmet Need for Contraception

A standard approach to assess the potential demand for family-planning services, other than analysis of contraceptive behaviors among women in union, is to define the contraceptive needs of women in relation to their fecundity and stated reproductive preferences, regardless of their marital status. The total potential demand for contraception is generally defined as the sum of current contraceptive use (met need) and the additional contraceptive use that would be required to eliminate the risk of unwanted or mistimed births (unmet need). The unmet need for contraception includes women who are sexually active, fecund but not pregnant, who do not want to become pregnant right away and are not using any form of pregnancy prevention. In countries with high use of non-supplied methods (withdrawal, periodic abstinence, and traditional/folk methods), the standard definition of unmet need masks the real need for contraception because these methods tend to have much higher levels of failure than modern methods. Thus, for these countries it is more useful to estimate the unmet need for any or more effective contraception by adding users of less-effective methods to those who are not using any contraception.

As shown in Table 5.5.1, the survey found that overall, slightly more than one of three women (38%) represents a potential demand for contraception, including 12% of current users of modern methods, 13% of current users of traditional methods and 13% of women in need of any contraception (defined according to the conventional definition mentioned above). According to the modified definition, the unmet need for any or more effective contraception among all women increases to 26%. According to the most recent census data, this proportion translates into an estimate of almost 300,000 women aged 15–44 years with unmet need for any or more effective contraception. In addition, 100,000 women aged 15–44 years are currently receiving contraceptive services, yielding a total potential demand for family-planning services of 400,000 women of reproductive age.

As expected, the potential demand for family-planning methods increases with age, from 14% among 15–24 year old young adult women to 51% and 52%, respectively, among women aged 25–34 and 35–44 years. The need for any or more effective contraception among women also increases markedly with age, from 9% among women aged 15–24, to 33% among women 25–34 years of age, and to 38% among those aged 35–44.

Table 5.5.2 presents comparative data on women in need of any contraception and women in need of any or more effective contraception by selected characteristics. Both definitions were used to define proportions of women in need of family-planning services. Generally, women in rural areas and women residing outside Tbilisi or Imereti region have higher unmet need of contraception.

The unmet need is much higher among those currently married or in consensual unions—21% have an unmet need of any contraceptive methods and 42% have unmet need for any or more effective methods. The unmet need for previously married or never-married women is negligible. The unmet for any or more effective contraception increases with age (as shown previously) and with number of living children, from almost none among childless women to 46% and 49%, respectively, among women with at least two children. Women with low socioeconomic index have slightly higher levels of contraceptive unmet need than other women.

5.6 Communication with Family Planning Providers

Women who have used at least one modern contraceptive method in the previous five years were asked who advised them to use their last modern method. If the advice came from a health care provider (physician, nurse, or midwife), they were asked if they received any information about other methods, including method-effectiveness and what side effects may be associated with its use. As shown in Table 5.6, about 60% of women were advised by a heath care provider to use her current or last modern method (58% by a gynecologist and 1% by a nurse or midwife). A substantial proportion of women started using their last method at the partner's suggestion (17%) or at their own counsel (10%), missing the opportunity to receive any potential medical advice. In 8% of cases the choice of the method was made at the suggestion of a friend. In the remaining cases, the choice was suggested by mother a other relative (5%), a pharmacist (1%) or an acquaintance.

The source of advice varied widely by last method used. Almost all IUD users and women with tubal ligation had chosen their method at the advice of a heath care provider (88% and 91%, respectively), but only 10% of condom users were advised by a physician or a nurse or a midwife. Most women who had used condoms did so because their partners suggested it (54%) or because they decided to do so themselves (18%). About one of two women (56%) were advised by a health care provider to use the pill or emergency contraception; the second most important source of advice for hormonal methods was a friend (20%).

It is also important to know what type of advice these women received from health care providers, as the providers' interactions with their clients and the messages conveyed during these interactions can affect client satisfaction with services and continued utilization of services in the future, as well as correct method use. As shown in the bottom panel of Table 5.6, during provider-client interaction, only one of three women (34%) received general information about other contraceptive methods. Fewer women (31%) were counseled about the effectiveness of the method they were using compared with other methods. However, most women (70%) reported that the

provider had explained possible side effects of the method chosen. IUD users were more likely to be counseled about potential side-effects than other users. Condom users were more likely to be counseled about other contraceptive methods and their effectiveness, although the proportion who received medical advice was very small. Users of hormonal methods were more likely to make an informed choice, since 54% also received information about other methods, 51% were told about the method effectiveness, and 63% received information about possible side effects. Women who have been contraceptively sterilized were the least likely to have made an informed choice because substantially few of them received information about other methods, about contraceptive effectiveness of tubal ligation, and about possible side effects.

VI. PREGNANCY, DELIVERY AND BREASTFEEDING

6.1 Prenatal Care

This section describes the use of prenatal care for all pregnancies carried to term (either live births or still births) since January 1994. Women were asked in what week or month of gestation did they have their first visit for prenatal care and the number of prenatal care visits during pregnancy. They were told not to count a visit that was just for a pregnancy test or just for the delivery. Of the 2,575 pregnancies carried to term during the five years prior to the survey, the majority of women (91%) had received some prenatal care but less than two-thirds (63%) had received their first prenatal care visit in the first trimester (Table 6.1.1). Approximately 25% of them had their first visit during the 2nd trimester and 3% during the third trimester.

The level of any prenatal care within different subgroups varied sometimes by a considerable margin (between 70% and 99%). Rural women, residents of the South region, those who did not complete secondary education and those with low SES, were more likely to not have any prenatal care. Similarly, the percentage of infants whose mothers entered prenatal care in the first trimester varied widely, from a low of 43% to a high of 76%. Women living in urban areas were more likely to start prenatal care earlier than women in rural areas (68% vs. 58%). Early entry into prenatal care was lowest among women living in the South and North-East regions (49% and 59%, respectively) and highest among women in Tbilisi (70%). The likelihood of early prenatal care was slightly higher among young adults (67%) than among older women. Early entry into prenatal care was highly correlated with mother's education; women who had not completed high school had a 50% lower likelihood of initiating prenatal care early compared with women with highest education level (43% vs. 74%). In addition, 30% of these women had reported no prenatal care, whereas only 2% of

women with a university education had no prenatal care. Similarly, women with low SES had much lower likelihood of initiating prenatal care early. Among various ethnic groups, Georgian women had the highest rates of early prenatal care (67%) while Azeri women had the lowest rate (41%). Births preceded by one or two previous births (birth order three or higher) had the lowest rate of early prenatal care (47%). Although the number of pregnancies ended in still births was rather small, those pregnancies were more likely than pregnancies ended in live births to be associated with no prenatal care. Low birth weight, however, was inversely correlated with prenatal care, probably because these pregnancies were more likely to be associated with complications during pregnancy which required close medical supervision.

Prenatal care should not only start early but also should continue throughout pregnancy according to recommended standards of periodicity. Therefore, in order to assess the adequacy of prenatal care it is necessary to monitor not only the time of first visit but also the number of prenatal care visits once the care has begun (see the right panel of Table 6.1.1). Until 1995, pregnant women in Georgia were suppose to make monthly prenatal care visits within the first five months of pregnancy and bi-monthly visits during the remaining four months of pregnancy; thus, for a woman who had her first prenatal care visit in the first trimester, the adequate number of visits would be 11 or more visits. Under the state subsidized prenatal care program implemented in 1995, the State Medical Insurance Company covers only 4 free prenatal care visits (at 13, 20, 30, and 36 weeks of gestation). Two more visits are allowed under a co-payment plan. Additional visits, if needed, are entirely supported as out-of-pocket expenses.

Overall, pregnancies ending in the five years prior to the survey averaged 6 prenatal visits, and ranged from no visits to 40 visits (data not shown). Among women with any prenatal care, the average number of prenatal care visits was 6.6 visits. Thus, the average number of prenatal care visits is actually slightly higher than the number of visits covered by the state health insurance (four free visits), either because women decide to cover extra-visits at their own expense or because some women, who gave birth prior to 1995, had benefited of the previous MOH recommendations. As shown in Table 6.1.1, about one in four women had only 1-4 visits (27%), the majority of women had 5-8 visits (44%), 11% had 9-10 visits and only 8% of women had 11 or more prenatal care visits. Less than 1% of respondents stated they "don't remember" the number of prenatal care visits. Women who had an adequate number of prenatal visits are generally the same women who started prenatal care early, since the number of visits is correlated with the month of initiation of care.

However, if we compare the prenatal care utilization with international standards, the majority of women do not meet the criteria of adequate prenatal care. A new way to assess the adequacy of prenatal care is to use the Adequacy of Prenatal Care Utilization Index (APNCU), also known as the Kotelchuck index. This index assesses the adequacy of initiation of prenatal care

(month when prenatal care begins) combined with the adequacy of utilization of services (percentage of recommended visits received) once the care has begun; this last component of the index is calculated by comparing actual utilization with the recommended number of visits (based on the American College of Obstetricians and Gynecologists recommendations), adjusted for the length of gestational period and the gestational age at initiation of care. These two dimensions are combined into a single utilization index with four levels: inadequate, intermediate, adequate or adequate plus. Inadequate utilization is defined as either late prenatal care or less than 50% of recommended visits. The three remaining levels require early initiation of care (by the fourth month of gestation). Intermediate care requires 50%-79% of the recommended number of visits, adequate care requires 80%-109% and adequate plus requires 110% or more of the recommended visits (Kotelchuck M, 1994).

By applying this index to data from the 99GERHS we found that less than a fourth of births (21%) within the past five years had received adequate or adequate plus care (Table 6.1.2). Almost one in two women (42%) had received inadequate prenatal care. Inadequate prenatal care was more prevalent in rural areas (54%) than in urban areas (31%), in the North-East or the South regions (54% and 50%, respectively), among women who did not complete a secondary education (50%), those with a low socio-economic index(54%), among Azeri women (59%) and those who had two or more other births (52%). Targeting the groups that did not receive prenatal care in the first trimester or who had fewer than recommended visits can help improve both pregnancy and infant outcomes and help Georgia lower perinatal mortality and morbidity.

The principal source of prenatal care is shown in Table 6.1.3. Overall, for most pregnancies the principal source of prenatal care was the women's consultation clinic (73%). The second source of most prenatal visits was a hospital (14%), followed by an ambulatory, either a "medical circumscription" (6%) or a rural ambulatory (5%). Very few women sought prenatal care in a private clinic. Generally, in ambulatories, primary care providers and midwives cover most of prenatal care, whereas in women's consultation clinics and hospitals most care is provided by obstetricians.

Women's consultation clinics were the principal source for prenatal care for all pregnancies, regardless mothers' background characteristics. However, rural residents, those with less than complete secondary education, and those of Azeri background, were less likely to use these facilities.

6.2 Intrapartum Care

All births should occur in medical facilities where adequately trained personnel can monitor

the progress of labor and delivery. According to vital records data, the majority of deliveries in Georgia take place in maternities or hospitals with inpatient obstetrical care. Births delivered outside medical facilities are rare (in 1997 less than 5% of all births reported to the official statistics took place at home).

Survey data confirmed that very few deliveries occur outside the hospital (Table 6.2). The majority of women gave birth in a maternity or a hospital obstetrical ward (92%). Almost all other women delivered at home and less than 1% delivered in a private clinic or hospital. Although home deliveries were rare, they reached a significant proportion among some subgroups. Women living in rural areas were six times more likely to deliver at home than women in urban areas (13% vs. 2%). Home deliveries were higher than average among residents of the South (16%), those with low levels of education or low SES (14% and 16% respectively), those of Azeri ethnic background, those with two or more other births (17%), and those with no prenatal care (54%). Eleven percent of low birth weight babies were delivered at home.

6.3 Breastfeeding

The 99GERHS included questions about breastfeeding patterns and duration. As shown in Table 6.3.1, the majority of babies (89%) born during the past five years were breastfed at least for short periods of time. The percentage of babies ever breastfed varies little by selected characteristics. Rates of breastfeeding were slightly lower among women living in Tbilisi, older than 34 years of age at the time of delivery (87%), and women with university or postgraduate education (86%).

Early initiation of breastfeeding is beneficial for the health of both the infant and the mother. If the mother initiates breastfeeding immediately after she gives birth, the nipple stimulation during suckling triggers the release of oxytocin and uterine contractions that help reduce postpartum bleeding. Sedatives and analgesics given during labor alter the behavior of newborns and can compromise the essential role of the baby in the initiation of lactation. Not surprisingly, children who were delivered by Caesarean section had a lower rate of breastfeeding than those delivered vaginally (79% vs. 90%). Babies with low birth weight were also less likely to be breastfed than those with weight at birth of 2,500 grams or more (81% vs. 89%).

According to WHO recommendations, early suckling (within the first hour post-delivery) should be promoted following all spontaneous deliveries. Table 6.3.1 (right panel) also shows the time passed between delivery and initiation of breastfeeding. Of infants who were breastfed, only 5% began breastfeeding during the first hour after birth. The majority of children began

breastfeeding within the first or second day of life (28% and 37%, respectively). However, almost one of three babies (30%) began breastfeeding only after 48 hours.

Breastfeeding initiation within the first hour was slightly more prevalent among women living in the South region (8%) and ethnic Azeris (8%). In terms of babies' characteristics, low birth weight and Caesarean delivery substantially reduced the likelihood of early breastfeeding. For these infants, breastfeeding is more likely to be initiated after two days, if ever. Indeed, 41% of low birth weight babies and 60% of babies delivered by Caesarean section had initiated breastfeeding after 48 hours of life.

The mean duration of breastfeeding was 7.9 months (Table 6.3.2). For most of this time, however, breastfeeding was only partial. An infant is considered to be exclusively breastfed if he/she receives only breast milk. The infant is considered almost exclusively or predominantly breastfed if he/she receives water or other liquids (excepting non-breast milk) in addition to breast milk. Children with exclusive or almost exclusive breastfeeding are considered to be fully breastfed (Labbok MH and Krasovec K., 1990). For all births, the mean duration of full breastfeeding was 2.8 months. The duration of full breastfeeding did not vary greatly by maternal characteristics.

6.4 Poor Birth Outcomes

Poor birth outcomes during the five years preceding the survey are reported in Table 6.4. Of all births, 17.1 per 1,000 were stillbirths. This figure is similar to official statistics, which report rates of 20 per 1,000 births in 1997. The stillbirth rate was higher among women living in Tbilisi or the Imereti region (24 stillbirths per 1,000 births), among women of other ethnic backgrounds (38 per 1,000 births), and among first births (22 per 1,000). As expected, complicated pregnancies that required hospitalization were more likely to have poor birth outcomes, including a higher stillbirth rate (37/1,000). Home deliveries were associated with slightly higher than average prevalence of stillborns (22%).

The incidence of low birth weight (under 2,500 grams) was 5.4% among all births in the same period of time. Higher rates of low birth weight (LBW) were reported by women living in Tbilisi (8%), women of other ethnic backgrounds (14%), and women who were hospitalized for pregnancy complications (12%). Since a major cause of LBW is prematurity, the same groups of women were more likely to report preterm births.

VII. WOMEN'S HEALTH

Prior to the dissolution of the Soviet Union, Georgia had the lowest all-site cancer incidence rates (for either male or female population) among all 15 Soviet republics, according to incidence data reported through cancer registries (Morabia A. and Levshin V., 1992). Although still low, the incidence of gynecologic cancers is on the rise: the incidence of breast cancer has increased from 24.9/100,000 in 1993 to 30.4/100,000 in 1998; the incidence of cervical cancer, although low, has increased from 8/100,000 to 9.4/100,000 during the same period (Health Care in Georgia, Center for Medical Statistics and Information, Tbilisi, 1998 and MOH, 1999). Data on gynecologic cancer incidence are thought to be seriously under-reported because most of women are registered in cancer registries only in the advanced stages of the disease.

The 99GERHS included a series of questions aimed at exploring preventive reproductive health practices among women of child-bearing age. Important factors which can limit access to preventive health care visits include limited resources within the health system, inadequate and/or maldistribution of health providers, and physician barriers (knowledge, attitudes and beliefs regarding routine screening, lack of time or expertise, restrictive hours of service availability, miscommunication between provider and patient). In addition, patient attitudes and behaviors regarding health care visits are important determinants of whether they receive routine screening, including cervical and breast cancer screening. Lack of knowledge of health-related issues, perceived lack of susceptibility to disease, perceived discomfort of screening, fear of positive results, fatalistic attitudes toward illness and fear of potential treatment, noncompliance with doctor's recommendations, and socio-economic and geographic factors are some of the most important patient-related barriers to adequate screening.

7.1 Prevalence of Routine Gynecologic Visits

In the US and western Europe it is recommended that women of reproductive age have a routine gynecologic examination every year. The 1999 survey (Table 7.1) shows that almost three-fourths (72%) of sexually experienced women had ever been examined by a gynecologist during a routine exam but only 30% were examined in the previous 12 months. Such a low prevalence of routine exams can have a substantial negative impact on screening, counseling, and health education. Most of the women who had not undergone an exam within the past year reported an exam within the past three years (23%). Thus, about one of two sexually experienced women had seen a gynecologist within the last three years; 19% reported the last routine examination more than three

years ago while 28% have never had a gynecologic exam. Rural residents, women living in the South, younger women, women with lower levels of education, and those of Azeri ethnicity were more likely to have never received preventive gynecologic exams.

7.2 Breast Self-Exam

Methods for early detection which can reduce breast cancer mortality include breast self-examination (BSE), breast physical exam performed by physicians, and mammography (Last et. al., 1986). In populations where mammography is not readily available or is too expensive (and thus unsuitable for to be used in screening), BSE and medical exams can reduce breast cancer mortality if they are performed correctly and consistently. BSE is a very simple self-care procedure that can detect early modifications of the breast and can be performed by women in the privacy of their homes after minimal instruction. Appropriate follow-up by a physician should be available and accessible for women who detect breast changes through self examination.

The 99GERHS explored only the level of awareness about BSE and its prevalence, without any indication of proficiency in BSE performance. Overall, less than one of two sexually experienced women of childbearing age have ever heard about this technique and less than one of four women (23%) have ever performed BSE (Table 8.2). Awareness of BSE was higher among urban than among rural residents (56% vs. 36%), among women residing in Tbilisi (60%), those aged 35 years or older (55%), and among women with a university education (64%) or high SES (65%). Less than one in ten Azeri women have ever heard of such an exam. Awareness of BSE was significantly higher among those who underwent routine gynecological exams compared to those who have never had such visits (50% vs. 38%).

Table 8.2 also shows the frequency of performing BSE among sexually experienced women. Overall less than one of four women practices BSE and only one in eight performs BSE every month. Both prevalence of BSE and monthly practice of the exam were higher among those who underwent routine gynecologic exams, compared with women without routine visits to a gynecologist (25% vs. 16% and 14% vs. 8%). However, the fact that three-fourths of women who had at least one routine gynecological visit did not report routine BSE suggests that this preventive practice is not properly covered by health care providers.

Women who never practiced BSE were more likely to live in rural areas than in urban areas (84% vs. 71%), to reside in the South (88%) to be young adults (93%), to have less than complete or complete secondary education (94% and 86%, respectively), to have low SES (86%), or to be of

Azeri or Armenian descent (97% and 89%, respectively).

7.3 Cervical Cancer Screening

In developed countries the incidence of *in situ* cervical cancer is increasing, whereas invasive cancer and cervical cancer mortality are declining. Much of the decline in mortality has been attributed to widespread use of cervical cancer screening (Papanicolau smear test). The decrease in mortality results from detection of cancer at an earlier and therefore more curable stage and the detection and treatment of premalignant lesions. Data from large screening programs have shown that annual Pap smear screening reduces the probability of developing invasive cancer by 93.3%, whereas screening every three years reduces the probability by 91.2%, and screening every five years reduces it by 83.6% (Miller AB, 1986). Based on these estimates, most experts recommend that women who are sexually active or at least 18 years old should have a Pap test annually or every three years, followed by the option of reducing the frequency of screening in women over age 65 who have been regularly screened with normal results.

Risk factors for cervical cancer include a history of multiple sexual partners, early onset of sexual intercourse, smoking, infection with the human immunodeficiency virus and infection with a certain serotype of the human papilloma virus.

Although the validity of self-reported rates of Pap testing cannot be established without examining medical records, survey results are often used to estimate the extent of cervical screening in the general population. The 99GERHS included a series of questions for female respondents regarding Pap test history: "Have you ever had a cervical smear test (Papanicolau screening test)?", "When did you have your last cervical smear test?", and, for those who have never had a test, "What is the main reason you have never had a Pap smear?"

Overall, only 4% of sexually experienced women reported that they had ever had a Pap smear (Table 7.3.1) and only 2% had their last test within the past three years. The prevalence of cervical cancer screening was generally very low and does not allow the study of potential determinants of preventive practices. It is worth noting, however, that 5% of women seeking routine gynecologic exams were screened for cervical cancer. Gynecologic routine visits should be viewed as opportunities to educate patients about healthy lifestyle choices and to promote appropriate screening for preventable diseases such as cervical cancer.

Table 7.3.2 presents the most important reasons for not having a cervical cancer screening

test. For 42% of respondents the most important reason was the lack of a recommendation of the test by a health provider. The second most common reason was lack of knowledge of such a screening (35%). Almost one in five respondents reported that the most important reason they have not had screening was that they do not need such a test. These findings reiterate the lack of awareness of gynecologic screening procedures among reproductive age women in Georgia and the need for sustained educational campaigns for the public and changes in the practice of health care providers.

7.4 Prevalence of Selected Health Problems

All respondents were asked "Has a doctor ever told you that you have had (selected health problems)?" These problems were: anemia, urinary infection, pelvic inflammatory disease (translated as infections of the tubes or the uterus), high blood pressure, heart disease, hepatitis B, asthma, and diabetes. Table 7.4 shows the percentage of women who have ever been told by a doctor that they have had these specific health problems.

Obviously, these results are minimum estimates of the true prevalence of these health problems in the population of women of childbearing age. They probably under-represent the real prevalence since self-reporting of health conditions implies that women had access to health care facilities, had visited these facilities, and had been told by physicians about their health. Although Georgia has a high physician-to-population ratio (421 physicians per 100,000 people in 1997), the distribution of personnel and health resources is uneven and communication with health providers are minimal. Thus, the self-reported occurrence of health problems among different subgroups should be interpreted with caution because background characteristics may affect both the access to health care system and reporting. Furthermore, these are lifetime estimates, do not reflect current health status and cannot be temporally associated with other events. For example, a direct link between anemia and pregnancy cannot be established since is impossible to determine if anemia was a prior condition or had developed during the pregnancy. For all these reasons, the survey data about health problems among women may serve only as proxy estimates in the absence of official statistics based on medical records or hospital discharge data.

Generally, the level of self-reporting of medical conditions was very low. The most common condition reported was a genital tract infection. The prevalence of genital tract infection or pelvic inflammatory disease (PID) was determined by asking women if they had ever been told that they had an infection of the fallopian tubes (salpingitis) or infection of the uterus (endometritis). Overall, 19% of all women reported PID. Those most likely to report PID were women aged 35-44 years

(29%), women with two or more children (28% and 25%, respectively) and women with post-secondary education (24% and 21%, respectively). PID was almost non-existent among virgins and increased with the number of lifetime sexual partners, from 25% among monogamous women to 33% among those with two or more sexual partners.

Other health conditions were reported by various proportions of women: one in ten women reported she had been told by a doctor that she had a heart disease; 9% reported high blood pressure; 7% reported urinary tract infection; 6% reported anemia, 2% had been diagnosed with hepatitis B, and very few women had been told that they have asthma or diabetes (1%).

VIII. KNOWLEDGE AND EXPERIENCE OF SEXUALLY TRANSMITTED DISEASES

Worldwide, sexually transmitted diseases (STDs) continue to be a major and growing public health problem with both immediate and long term health, social and economic consequences for millions of people. From a public health perspective, several rationales make the prevention, early diagnostic and treatment of STDs a high priority: STDs particularly affect the well-being of women and men of reproductive age and their offsprings; they can result in acute illness, disability, including infertility and other long term complications, and increased risk for premature delivery for infected women who are pregnant; and several STDs have been identified to potentially facilitate the spread of HIV infection.

Many Newly Independent States of the former Soviet Union have recently experienced major epidemics of STDs, particularly of syphilis. Recently, Georgia has experienced an alarming increase in STDs, especially primary and secondary syphilis, although the magnitude of the STD epidemic is much lower than in other former Soviet Union countries (Russia, Kazakhstan, Moldova, and Ukraine). The reported syphilis rate (new cases) increased by almost 4 times between 1993 and 1998, from 12.1/100,000 population to 46.6/100,000 population (Ministry of Health and the National Research Institute of Dermato-venerology, 1999). For the first time, an alarming number of babies born with congenital syphilis was reported in 1998 (21 cases or 42/100,000 live births), reflecting an increase in the prevalence of untreated syphilis among pregnant women. Under the newly enacted health care reforms, fewer women are seeking prenatal care early and only four prenatal care visits are offered free of charge, reducing the chance of active case-finding and early treatment of syphilis among pregnant women.

Most of the increase in syphilis rates was notable in 1997-1998 and coincided with the implementation of the new governamental program on STD prevention. Under the new peogram,

the case ascertainment has remained basically unchanged but the mass-screening and active case finding have increased, suggesting that the increase in syphilis incidence in 1997-1998 is likely to be the result of better reporting. In 1999 however, the program budget has substantially decreased and mass-screening was discontinued. Consequently, the syphilis rate has declined to 27.5 new cases per 100,000. The incidence of gonorrhea has basically remained unchanged (29 new cases/100,000 in 1993 vs. 31.4/100,000 in 1998). Although very few cases of HIV/AIDS have been reported in Georgia, it is worth noting the rapid increase in positivity rate in the past years. The cumulative number of HIV-infected individuals had increased more than sixfold between 1995 and 1999 (from 19 in 1995, to 27 in 1996, 48 in 1997, 73 in 1998, and 124 in 1999). According to the UNAIDS estimates, the cumulative HIV infection rate in 1997 was 0.9/100,000 population (Dehne. K. et. all, 1999). About one-half of the cumulative total was related to injecting drug use (IDU).

Much of what is known about STDs in Georgia has been learned from data reported to the STD surveillance system. Reporting of HIV, syphilis, gonorrhea, chlamidiosis, and trichomoniasis is mandatory by law and is based on cases registered by physicians. At the break-up of the Soviet Union, Georgia, along with all newly independent states, have inherited a centrally controlled STD surveillance system based on active case-finding and screening among both low risk-groups (clinical patients, pregnant women, blood donors, occupational groups) and high-risk population (STD patients, prison inmates, commercial sex workers, injecting drug users, contacts of STD infected individuals). The system is centered around regional dermato-venerology centers ("dispensaries"), raional cabinets, and national research institutes. It provides diagnosis, treatment, and partner notification but lacked confidentiality and volunteerism (until 1999 when new cases stopped to be nominally reported). When the governamental program was launched in 1997, free diagnostic and sometimes treatment of STDs were offered throughout the system and in gynecologic wards but currently the entire program is challenged by financial constrains, lack of equipment and supplies, and lack or inadequate training for laboratory personnel.

The statistics reported by the STD surveillance reflect only patients who seek medical care and under-report those who avoid visiting a medical care provider and use self-treatment, those with asymptomatic STDs, and those with limited access to medical care. Furthermore, not all STDs are reported and laboratory facilities are limited and often lack the ability to perform basic tests (e.g. chlamydia is diagnosed only in a few laboratories).

The HIV surveillance is similar with that for other STDs but is centered around the National Center for HIV/AIDS prevention. Under the new health care reforms, HIV testing became voluntary (with the exception of blood donors) and is offered free of charge to some high risk groups. The HIV/AIDS prevention and control program, initiated in 1994 and supervised by the state AIDS Committee, consists of a national AIDS Center, more than 60 diagnostic laboratories and an AIDS

research department (Nutsubidze N., 1999).

In the wake of the rapid increase in STD cases in recent years, the governamental program on STD prevention should make more programmatic effort in educating the general public about the threat of STDs, including HIV/AIDS, including dissemination of information on means of transmission, promotion of safer sex and risk reduction practices. However, it is also critical that information does not convey needless threats to those having a very low risk of becoming infected.

In order to effectively target these educational efforts, it is important to periodically examine STD knowledge among various population groups and define population subgroups in greater need of primary prevention messages, to identify factors that influence correct knowledge, and to better understand misconceptions surrounding HIV transmission. The 99GERHS included a module designed to assess women's level of awareness of most common STDs, their exposure to STD testing, their self-reported lifetime prevalence, the level and accuracy of knowledge about HIV transmission and prevention of HIV infection, and their self-perceived risk of HIV infection.

8.1 Knowledge of AIDS and Other STDs

All reproductive-age women were asked if they had ever heard of eight specific STDs (see Table 8.1.1); those who have heard of specific STDs were asked if they have ever been tested; women who have been tested were asked if they have been told they have tested positive and those with positive testing if and where they received treatment.

Survey findings showed that awareness of HIV/AIDS is generally high in Georgia, but the ability to identify some other STDs is limited. The majority of women said they were aware of AIDS (93%), syphilis (81%), and yeast infection (80%), but fewer were aware of other common STDs (Table 8.1.1). Respondents demonstrated moderate levels of awareness of gonorrhea (60%) and trichomonas (57%) and low levels of knowledge about the names of several other diseases which are transmitted through sexual contact; only 16% of women have heard of chlamydia, 15% have recognized that genital warts are transmitted sexually and 11% have heard of genital herpes.

The level of awareness about AIDS and syphilis was virtually universal across various population subgroups. However, for other STDs, the level of awareness varied substantially by some respondent characteristics. Generally, urban residence, older age, higher educational attainment, and sexual experience were associated with higher levels of awareness of specific STDs. Awareness was also much higher in Tbilisi than in any other areas of the country. Lower levels of awareness was

notable among residents of the southern region.

The questionnaire did explore HIV/AIDS knowledge in greater depth. Table 8.1.2 illustrates the level of knowledge about the places where HIV testing is provided and the level of correct knowledge about HIV/AIDS among those who have heard of HIV/AIDS (the left panel of the table). Overall, very few women have knowledge of places which provide HIV testing (19%). Awareness of HIV testing, although generally low, dropped significantly among rural residents (13%), residents outside of Tbilisi (10-18%), young women (14%), women who did not complete high school or have a low SES (11%) and among ethnic Azeri (4%).

As shown in Table 8.1.2, awareness of AIDS, and by implication of other STDs, appears to be weakly associated with correct knowledge in some cases. For example, only 56% of women who had heard of AIDS knew that HIV infection could be asymptomatic and a person could be infected without being sick. This finding is particularly alarming for at least two reasons: a) the number of HIV-positive individuals is much higher than the number of individuals with AIDS symptoms; and b) the consistent use of condoms in Georgia is very low. Furthermore, although awareness of AIDS was almost universal among various subgroups, there are variations in the levels of knowledge that HIV/AIDS can be asymptomatic by sociodemographic characteristics. Only 45% of women in rural areas knew that HIV infection could be asymptomatic, compared with 64% of women in urban areas. AIDS knowledge was highest in Tbilisi (67%) and lowest in the South region (40%). Only 43% of women who did not finish high school knew that someone could be infected and have no symptoms, compared with 72% of women with a university education. Knowledge that the infection could be asymptomatic was slightly higher among women with two or more lifetime partners (61%) than among those with no sexual experience or one lifetime partner (56%). These findings underscore that simple awareness is not always an indication of knowing basic facts concerning HIV/AIDS.

8.2 Self-Reported STD Testing and Diagnostic

Population-based surveys represent an important addition to traditional STD surveillance data because they help produce estimates that represent the general population; however, they may have the disadvantage of under-reporting related to self-reporting. In addition, surveys produce prevalence estimates but are less useful in examining incidence levels. Despite their limitations, surveys allow examination of the STD experience by respondents characteristics and correlates of STDs with reproductive-related information and health risk behaviors.

Tables 8.2.1 and 8.2.2 show the reported levels of testing and diagnosis for the eight most

common STDs in Georgia. Respondents were not asked about HIV diagnosis or treatment. In interpreting these results it should be kept in mind that differences in awareness of specific STDs may affect the level of reporting of both testing and confirmed diagnosis. Some STDs are better known than others and may be reported more accurately. Also, some STDs require mandatory notifications to the dermato-venerology network (e.g. syphilis, gonorrhea) and respondents may be reluctant to acknowledge such infections, despite the assured confidentiality of the interviews.

As shown in Table 8.2.1, the most often diagnosed STD was yeast infection. Overall, 8% of all respondents report having had a yeast infection. The prevalence of ever having a yeast infection was higher among urban residents, women living in Tbilisi, and women with a postgraduate education. Yeast infections were more common among currently and previously married than never married women and among women 25 and older compared with younger women. The lifetime prevalence increased from 11% among women who have had only one lifetime partner to 25% among those with two or more lifetime partners.

Almost 10% of sexually experienced women aged 15-44 have reported being tested for syphilis and one percent of them had been diagnosed with the disease, yielding a prevalence of 0.1% (Table 8.2.2). The most frequently tested and reported STDs among sexually experienced women were yeast infection and trichomoniasis. About one in five women has been tested for these conditions. For both infections, the positivity rate was about 50% among those tested. The prevalence among sexually experienced women was 12% and 10%, respectively. Chlamydia and gonorrhea were reported by 0.6% and 0.4% of women, respectively. The positivity rates for chlamydia and gonorrhea testing were lower, 11% and 6%, respectively. Viral STDs like genital warts and genital herpes are very seldom tested in Georgia (0.3% and 0.1%, respectively). Presumably, testing is performed only when strong clinical symptoms occur, because most of those tested were confirmed as having the disease.

Prevalence data on STDs are not available in many countries, including Georgia. In a recent paper, WHO estimated the regional prevalence and incidence of syphilis, gonorrhea, chlamydia, and trichomoniasis in 1995 (Gerbase A.C. et all., 1998). The prevalence figures were based on WHO country files and an extensive review of studies conducted in low risk populations, such as pregnant women, blood donors, and women attending family planning clinics. In the Eastern Europe and Central Asia region, the estimated prevalence for syphilis, gonorrhea, and trichomoniasis among 15-49 year old women was .1%, 0.5%, and 7.4%, respectively, very similar with data reported in the survey. Prevalence of chlamydia infection was much lower in the survey compared to the WHO estimates, presumably because a very low level of awareness of this disease in general population (0.6% vs. 3.7%).

8.3 Self-Reported STD Symptoms

In an attempt to assess the prevalence of STD symptoms among the general population, the survey included a series of questions about recent history of the vaginal discharge syndrome and the presence or absence of any genital sores or ulcers. Table 8.3 shows the reported prevalence of vaginal discharge and genital sores/ulcers among sexually experienced women aged 15-44 during the 12 months prior to the interview. This information will help the national STD programme to help decide if a syndromic approach for the case management of STDs among female population is warranted. Syndromic case reports do not require laboratory diagnostic tests and are based on the identification of a combination of symptoms and signs (syndromes) suggestive of selected STDs. Syndromic case management combines the identified syndromes with the knowledge about the most common causative organisms and their antibiotic susceptibility. Several important limitations make the syndromic approach not suitable for assessment of STDs incidence and prevalence or to measure the impact of STDs prevention programmes. First, a high proportion of vaginal discharge cases are not caused by STDs; genital ulcers are often an indication of recurrent HSV infection which was acquired years before. Second, a high proportion of STDs in women are asymptomatic. Third, syndromic case definitions are not pathogen-specific (Guidelines for Sexually Transmitted Diseases Surveillance, WHO, 1999). Finally, treatment based on syndromic case definitions leads inevitably to over-treatment, promotion of antimicrobial resistance, and social costs related to mislabelling individuals as infected with a STDs. These drawbacks should be carefully balanced against the costs associated with STDs complications, continued transmission and potential increased transmission of HIV infection, and medical costs such as laboratory testings and clinician diagnosis (Johannes van Dam et al., 1998).

As shown in Table 8.3, one in four sexually experienced women reported abnormal vaginal discharge and 5% reported "sores, warts, or ulcers in the genital area". Reports were slightly higher among the same women who showed higher levels of awareness, suggesting that STD syndrome reporting may be correlated with STD awareness. Similarly, reports of STD signs and symptoms were higher among women who have ever been tested for or diagnosed with a STD. Among women who have recently experienced vaginal discharge, 60% reported also low abdominal pain, 31% reported dyspareunia (pain during sexual intercourse), 26% reported vaginal itching, and 16 % reported painful urination (dysuria).

TABLE 2.1

Results of Household Visits and Interview Status of Eligible Women By Region

Reproductive Health Survey: Georgia, 1999/2000

(Percent Distribution)

		Residence		Region*				
Households	**Total**	**Urban**	**Rural**	**Tbilisi**	**Imereti**	**North East†**	**South‡**	**West§**
Identified Eligible Women¶	53.3	53.5	52.9	54.4	49.9	49.4	55.6	57.0
No eligible women	36.2	33.8	38.9	34.0	39.0	40.1	31.3	35.6
Unoccupied Household	10.0	11.7	8.0	10.2	10.6	10.0	12.6	7.2
Resident(s) Not At Home	0.2	0.4	0.0	0.3	0.2	0.4	0.2	0.1
Household Refusal	0.4	0.7	0.1	1.1	0.3	0.1	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Households	**11,698**	**6,242**	**5,456**	**2,864**	**2,365**	**2,329**	**1,775**	**2,365**
Eligible Women								
Completed Interviews	98.8	98.6	98.9	97.9	98.9	99.1	98.7	99.4
Selected Respondent Absent	0.2	0.2	0.2	0.5	0.2	0.0	0.3	0.1
Selected Respondent Refusal	0.4	0.6	0.2	0.8	0.3	0.4	0.3	0.1
Other¥	0.6	0.5	0.7	0.8	0.6	0.4	0.7	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Eligible Women	**6,219**	**3,331**	**2,888**	**1,553**	**1,181**	**1,150**	**987**	**1,348**
Eligible Women with Complete Interviews	**6,143**	**3,286**	**2,857**	**1,521**	**1,168**	**1,140**	**974**	**1,340**

* Except for Imereti region, which was oversampled, and Tbilisi, sample size does not permit individual regional estimates. Other regions have been grouped geographically and do not imply any cultural grouping.

† Includes Kakheti, Shida Kartli, Mtskheta-Mtianeti and Racha Lechkhumi.

‡ Includes Kvemo Kartli and Samtskhe-Javakheti.

§ Includes Achara, Guria, Samegrelo and Zemo Svaneti.

¶ Includes Women of Fertile Age (WFA) Aged 15-44 with completed interviews, incomplete interviews, women who were absent, who where handicapped, or who refused to be interviewed.

¥ Includes 37 women with handicap preventing them to be interviewed.

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TABLE 2.2

Percent Distribution of Women with Complete Interviews* Compared with Official Estimates by Region and Age Group

Reproductive Health Survey: Georgia, 1999/2000

	Sample	±CI†	Official Estimates (1998)‡
Region¶			
Kakheti	7.5	0.8	8.7
Shida Kartli; Mtskheta-Mtianeti	10.0	0.9	10.0
Kvemo Kartli; Samtskhe-Javakheti	16.3	1.2	16.5
Achara	7.4	0.8	7.9
Guria; Samegrelo; Zemo Svaneti	15.4	1.1	13.8
Racha-Lechkhumi	1.4	0.4	1.1
Tbilisi	25.9	1.4	25.7
Imereti	16.1	1.1	16.2
Total	**100.0**		**100.0**

	Sample	±CI†	Official Estimates (1997)‡
Age Group			
15-19	20.0	1.2	16.8
20-24	16.8	1.2	16.0
25-29	15.6	1.1	15.2
30-34	15.9	1.1	17.3
35-39	17.5	1.2	18.6
40-44	14.2	1.1	16.1
Total	**100.0**		**100.0**

* Adjusted for oversampling in one region (sample design) and for interviewing only one eligible respondent per household

† Plus or minus 95% Confidence Interval (CI)

‡ Official estimates provided by Center for Medical Statistics and Information (CMSI), MOH.

¶ Regions are for identification purposes only to be consistent with sampling frame codes at the State Department of Statistics (SDS).

TABLE 3.1
Characteristics of Women with Completed Interviews by Residence
Reproductive Health Survey: Georgia, 1999/2000
(Percent Distribution)

Characteristics	Total	Residence		
		Tbilisi	Other Urban	Rural
Age Group				
15-19	20.0	17.3	19.4	22.0
20-24	16.8	17.9	18.1	15.2
25-29	15.6	16.6	13.9	16.1
30-34	15.9	16.6	16.5	15.2
35-39	17.5	18.2	16.8	17.5
40-44	14.2	13.4	15.3	13.9
Marital Status				
Married	60.2	54.4	58.4	64.7
Consensual Union	0.8	1.4	0.6	0.5
Previously Married	5.9	8.4	5.8	4.5
Never Married	33.1	35.8	35.2	30.3
No. of Living Children				
None	39.5	42.2	40.2	37.3
One	14.8	19.3	16.0	11.4
Two	31.4	31.1	32.6	30.8
Three	11.5	6.5	8.8	16.2
Four+	2.8	0.9	2.3	4.2
Education				
Secondary Incomplete	16.9	9.4	13.4	23.5
Secondary Complete	33.2	26.7	30.0	39.1
Technical College	23.7	20.7	28.1	22.5
University	26.2	43.2	28.4	14.8
Socioeconomic Index				
Low	31.7	11.2	25.8	47.5
Middle	54.1	58.2	59.6	48.2
High	14.1	30.7	14.6	4.3
Church Affiliation				
Georgian Orthodox	78.5	87.0	87.2	67.8
Muslim	13.6	1.0	7.6	24.8
Armenian Orthodox	3.2	5.3	0.5	3.7
Russian Orthodox	1.3	2.5	1.3	0.6
Other	2.2	3.2	1.7	1.8
None	1.4	1.1	1.7	1.3
Employment				
Working	22.6	30.7	26.0	15.8
Not Working	77.4	69.3	74.0	84.2
Total	100.0	100.0	100.0	100.0
No. of Cases	**6,143**	**1,521**	**1,765**	**2,857**

TABLE 3.2

Ethnicity and Main Language Spoken in the Household by Residence and by Region

Women Aged 15-44 Years

Reproductive Health Survey: Georgia, 1999/2000

(Percent Distribution)

Characteristics	Total	Residence		
		Tbilisi	Other Urban	Rural
Ethnicity				
Georgian	82.6	85.7	91.8	74.7
Azerian	9.1	0.8	4.9	16.6
Armenian	4.7	7.3	1.2	5.4
Russian	1.0	2.1	1.0	0.4
Ossetian	0.5	0.5	0.3	0.6
Other*	2.2	3.7	0.8	2.3
Language				
Georgian	83.0	87.9	91.8	74.3
Azeri	8.5	0.4	4.8	15.7
Armenian	3.5	3.5	0.8	5.4
Russian	2.9	7.4	2.2	0.7
Mengrelian (Georgian dialect)	1.0	0.0	0.4	2.0
Other	1.1	0.9	0.2	1.9
Number of Cases	**6,143**	**1,521**	**1,765**	**2,857**

	Total	Region				
		Tbilisi	Imereti	North East	South	West
Ethnicity						
Georgian	82.6	85.7	98.9	83.1	39.4	97.9
Azeri	9.1	0.8	0.1	7.3	45.7	0.1
Armenian	4.7	7.3	0.3	2.8	12.9	0.4
Russian	1.0	2.1	0.3	0.5	0.4	1.2
Ossetian	0.5	0.5	0.0	1.6	0.2	0.0
Other*	2.2	3.7	0.5	4.6	1.4	0.4
Language						
Georgian	83.0	87.9	98.8	86.6	40.6	93.4
Azeri	8.5	0.4	0.1	6.1	44.7	0.0
Armenian	3.5	3.5	0.0	2.6	12.8	0.2
Russian	2.9	7.4	0.9	0.6	1.5	1.9
Mengrelian (Georgian dialect)	1.0	0.0	0.0	0.0	0.0	4.4
Other	1.1	0.9	0.2	4.1	0.4	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	**6,143**	**1,521**	**1,168**	**1,140**	**974**	**1,340**

* Includes Kurds (Iezidi), Kistians, Avarkans, Chechnians, Greeks, Ukrainians and other ethnic groups.

TABLE 4.1.1

Three-Year Period Age-specific Fertility Rates and Age-specific Marital Fertility Rates

Per 1,000 Women Aged 15-44

Reproductive Health Survey: Georgia, 1999/2000

Age at Pregnancy Outcome*	Age-specific Fertility Rates	Age-specific Marital Fertility Rates†
15-19	65	377
20-24	113	199
25-29	92	118
30-34	48	55
35-39	22	24
40-44	7	8
Total (per woman)	**1.7**	**3.9**

* Live births occurring between December 1996-November 1999

† Excludes births occurring before the date of first union for ever married women

TABLE 4.1.2

Number of Children Born Alive by Current Age of Respondents

Among All Women and Among Women Currently in Union Aged 15–44

Reproductive Health Survey: Georgia, 1999/2000

(Percent Distribution)

	All Women						
		Age Group (Current Age)					
Number of Children Born Alive	**Total**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40–44**
0	39.2	91.5	56.3	30.9	17.3	13.0	11.3
1	18.9	6.9	24.2	25.2	21.9	17.3	20.9
2	29.2	1.6	17.4	35.0	43.3	44.5	40.7
3	10.4	0.0	2.0	7.7	14.3	20.5	20.9
4 or more	2.4	0.0	0.1	1.2	3.1	4.7	6.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**6,143**	**894**	**982**	**1,061**	**1,150**	**1,183**	**873**

	Women in Union						
		Age Group (Current Age)					
Number of Children Born Alive	**Total**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40–44**
0	8.2	45.9	15.0	8.5	3.6	3.9	3.1
1	27.0	44.0	46.8	31.7	23.4	17.5	19.4
2	44.8	10.1	33.9	47.5	51.3	50.0	45.7
3	16.3	0.0	4.1	10.7	17.8	23.1	24.5
4	3.8	0.0	0.2	1.6	3.9	5.5	7.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**4,190**	**191**	**546**	**815**	**936**	**984**	**718**

TABLE 4.1.3

Three-year Period* Age-specific Fertility Rates and Total Fertility Rates Among All Women Aged 15-44, by Selected Characteristics

Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Age Group†						Total Fertility Rate
	15-19	20-24	25-29	30-34	35-39	40-44	
Total	**65**	**113**	**92**	**48**	**22**	**7**	**1.7**
Residence							
Tbilisi	48	97	91	49	16	10	**1.6**
Other Urban	51	89	93	38	21	6	**1.5**
Rural	84	143	92	55	25	6	**2.0**
Region							
Tbilisi	48	97	91	49	16	10	**1.6**
Imereti	40	106	102	48	33	6	**1.7**
North-East	96	113	83	57	27	7	**1.9**
South	102	127	103	40	12	3	**1.9**
West	49	132	87	47	22	8	**1.7**
Education							
Secondary or Less	67	121	78	40	17	2	**1.6**
Technicum	65	120	95	48	27	9	**1.8**
University/Postgraduate	45	100	104	58	21	11	**1.7**
Socioeconomic Status							
Low	80	141	103	59	37	7	**2.1**
Middle	60	99	86	42	14	8	**1.5**
High	52	121	89	49	16	6	**1.7**
Ethnicity							
Georgian	47	109	93	50	22	7	**1.6**
Azeri	190	142	81	41	19	0	**2.4**
Armenian	46	123	73	38	0	0	**1.4**
Other‡	137	130	113	56	37	20	**2.5**

* Live births occurring between December 1996-November 1999
† Age at Pregnancy Outcome
‡ Includes Russians, Ossetians, Kurds (Iezidi), Kistians, Avarkans, Chechnians, Greeks, Ukrainians and other ethnic groups.

TABLE 4.2.1

Three-year Period Age-specific Induced Abortion (IA)† Rates and Age-specific Marital IA Rates Per 1,000 Women Aged 15-44

Reproductive Health Survey: Georgia, 1999/2000

Age at Pregnancy Outcome*	Age-specific IA Rates	Age-specific Marital IA Rates†
15-19	30	172
20-24	164	286
25-29	192	247
30-34	180	205
35-39	123	136
40-44	50	54
Total (per woman)	**3.7**	**5.5**

* Induced abortions occurring between December 1996- November 1999
† Excludes induced abortions occurring before the date of first union for ever married women

TABLE 4.2.2
Three-year Period* Age-specific Induced Abortion (IA)† Rates and Total IA Rates Among All Women Aged 15-44, by Selected Characteristics Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Age Group‡						Total IA Rate
	15-19	20-24	25-29	30-34	35-39	40-44	
Total	**30**	**164**	**192**	**180**	**123**	**50**	**3.7**
Residence							
Urban	26	157	182	183	130	51	**3.6**
Rural	34	173	203	176	114	48	**3.7**
Region							
Tbilisi	26	163	161	206	135	48	**3.7**
Imereti	23	140	238	157	114	82	**3.8**
North-East	49	223	184	235	137	50	**4.4**
South	20	200	258	170	139	27	**4.1**
West	30	108	162	137	92	48	**2.9**
Education							
Secondary or Less	26	192	222	196	124	43	**4.0**
Technicum	46	185	225	198	110	52	**4.1**
University/Postgraduate	51	119	137	142	137	55	**3.2**
Socioeconomic Status							
Low	31	188	189	162	104	47	**3.6**
Middle	30	153	210	192	130	50	**3.8**
High	24	157	130	176	139	52	**3.4**
Ethnicity							
Georgian	27	153	190	172	122	54	**3.6**
Azeri	28	250	251	218	167	37	**4.8**
Armenian	25	199	200	257	140	43	**4.3**
Other‡	102	170	104	175	52	0	**3.0**

* Induced abortions occurring between December 1996- November 1999
† Age at Pregnancy Outcome
‡ Includes Russians, Ossetians, Kurds (Iezidi), Kistians, Avarkans, Chechnians, Greeks, Ukrainians and other ethnic groups.

TABLE 4.2.3
Percentage of Women Who Have Had at Least One Abortion and Percent Distribution of Women Who Have Ever Had an Abortion By Number of Lifetime Abortions and by Selected Characteristics Reproductive Health Survey: Georgia, 1999/2000

	Ever Had an Abortion		Number of Lifetime Induced Abortions Among Women Who Have Ever Had An Abortion								
Characteristics	**%**	**No. of Cases**	**1**	**2**	**3**	**4**	**5-6**	**7-9**	**10+**	**Total**	**No. of Cases**
Total	**43.1**	**6,143**	**22.5**	**21.2**	**16.6**	**11.5**	**10.7**	**9.2**	**8.4**	**100.0**	**2,946**
Residence											
Urban	43.6	3,286	21.0	21.7	17.5	12.4	9.6	9.9	7.9	100.0	1,587
Rural	42.5	2,857	24.4	20.6	15.4	10.3	12.1	8.3	8.9	100.0	1,359
Region											
Tbilisi	43.1	1,521	20.6	22.0	18.1	12.9	10.2	8.4	7.7	100.0	722
Imereti	42.5	1,168	23.1	22.1	15.4	11.0	9.6	10.1	8.7	100.0	573
North-East	48.6	1,140	20.5	21.2	15.7	10.4	13.4	9.1	9.8	100.0	609
South	42.8	974	22.3	16.9	17.8	11.9	12.4	10.0	8.8	100.0	458
West	39.4	1,340	26.5	22.9	15.6	10.8	8.0	9.0	7.2	100.0	584
Age Group											
15-19	1.7	831	*	*	*	*	*	*	*	*	17
20-24	20.8	970	41.7	27.8	13.8	10.1	4.4	2.1	0.0	100.0	238
25-29	41.8	1,069	30.7	28.2	16.9	9.7	6.5	5.5	2.5	100.0	488
30-34	60.7	1,124	24.3	22.6	19.5	9.8	10.3	8.7	5.0	100.0	705
35-39	71.1	1,193	16.0	21.4	15.2	13.4	12.3	11.4	10.3	100.0	846
40-44	69.5	956	16.1	13.6	16.2	12.4	14.0	11.9	15.7	100.0	652
Marital Status											
Currently Married/In Union	65.8	4,190	21.7	21.1	16.5	11.6	10.8	9.7	8.6	100.0	2,762
Previously Married	50.0	369	32.3	22.8	17.7	10.2	9.3	2.1	5.7	100.0	182
Never Married	0.1	1,584	*	*	*	*	*	*	*	*	2
No. of Living Children											
None	0.8	1,986	*	*	*	*	*	*	*	*	20
One	47.3	1,025	37.2	23.9	18.5	8.0	6.8	3.9	1.7	100.0	486
Two	77.4	2,202	20.2	22.8	15.8	12.4	11.0	9.7	8.1	100.0	1,702
Three or More	80.2	930	16.6	16.7	17.4	11.8	12.6	11.5	13.3	100.0	738
Education Level											
Seconary Incomplete or Less	21.4	855	24.8	22.3	13.8	11.7	9.8	7.7	9.8	100.0	240
Secondary Complete	43.0	2,025	22.7	20.3	15.5	11.6	11.1	9.7	9.2	100.0	978
Technicum	57.1	1,568	19.4	19.7	17.1	13.3	10.7	10.5	9.3	100.0	923
University/Postgraduate	44.6	1,695	25.0	23.9	18.2	9.1	10.4	7.6	5.8	100.0	805

* Fewer than 25 cases in that category.

TABLE 4.3
Sexual Activity Status by Current Marital Status and by Current Age
Women Aged 15-44 Years
Reproductive Health Survey: Georgia, 1999/2000

		Marital Status		
Sexual Activity Status	**Total**	**Married/ In Union**	**Previously Married**	**Never Married**
Never Had Intercourse	33.0	0.0	0.0	99.6
Currently Pregnant	3.6	5.9	0.0	0.0
Postpartum	3.7	5.6	5.0	0.0
Ever Had Intercourse				
• Within the Last Month	49.1	80.3	2.9	0.0
• 1-3 Months Ago	3.0	4.5	4.6	0.0
• Over 3 Month Ago but Within Last Year	1.8	2.2	6.9	0.0
• One Year or Longer	5.5	1.4	76.6	0.2
• One Month or Longer-Unknown Interval	0.4	0.2	4.0	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**6,143**	**4,190**	**369**	**1,584**

		Age Group		
Sexual Activity Status	**Total**	**15-24**	**25-34**	**35-44**
Never Had Intercourse	33.0	67.2	17.9	8.4
Currently Pregnant	3.6	4.9	4.8	0.9
Postpartum	3.7	4.6	4.9	1.5
Ever Had Intercourse				
• Within the Last Month	49.1	20.6	61.1	70.3
• 1-3 Months Ago	3.0	0.9	3.5	4.9
• Over 3 Month Ago but Within Last Year	1.8	0.7	1.8	2.9
• One Year or Longer	5.5	1.1	5.6	10.4
• One Month or Longer-Unknown Interval	0.4	0.1	0.4	0.7
Total	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**6,143**	**1,876**	**2,211**	**2,056**

TABLE 4.4
Planning Status of the Last Pregnancy Among Women 15-44 Years of Age With at Least One Pregnancy Since January 1994 by Selected Characteristics Reproductive Health Survey: Georgia, 1999/2000

	Planning Status of the Last Pregnancy					
Characteristics	**Intended**	**Mistimed**	**Unwanted**	**Not Sure**	**Total**	**No. of Cases**
Total	**40.3**	**10.1**	**48.9**	**0.7**	**100.0**	**2,817**
Pregnancy Outcome						
Current Pregnancy	75.6	13.2	9.4	1.8	100.0	246
Live Birth	94.0	2.8	3.0	0.2	100.0	882
Induced Abortion	2.0	14.2	83.1	0.8	100.0	1,562
Other Pregnancy Outcomes*	68.2	6.3	24.9	0.7	100.0	127
Residence						
Urban	38.9	11.2	49.3	0.5	100.0	1,436
Rural	41.9	8.9	48.4	0.9	100.0	1,381
Age Group†						
15-24	61.8	14.5	22.9	0.8	100.0	881
25-34	34.9	10.2	54.2	0.8	100.0	1,389
35-44	19.1	3.2	77.4	0.3	100.0	547
Marital Status						
Currently Married/In Union	39.8	10.1	49.4	0.7	100.0	2,725
Previously Married	54.1	10.7	34.5	0.7	100.0	87
Never Married	‡	‡	‡	‡	‡	3
No. of Living Children						
None	90.7	4.5	3.0	1.7	100.0	146
One	58.5	21.1	19.4	1.0	100.0	739
Two	28.3	8.0	63.3	0.4	100.0	1,368
Three or More	30.5	2.5	66.4	0.6	100.0	564
Education Level						
Secondary Incomplete or Less	50.4	6.7	41.4	1.5	100.0	288
Secondary Complete	38.6	10.1	50.6	0.7	100.0	934
Technicum	34.9	9.6	55.1	0.4	100.0	773
University/Postgraduate	43.7	12.0	43.8	0.5	100.0	822
Ethnic Group						
Georgian	39.6	10.7	49.1	0.6	100.0	2,297
Azeri	46.3	7.1	46.0	0.6	100.0	280
Armenian	29.9	8.1	60.6	1.3	100.0	137
Other	51.3	9.3	38.6	0.8	100.0	103

* Includes pregnancies resulted in stillbirth, miscarriage or ectopic pregnancy
† Age of the woman at the time of pregnancy outcome
‡ Fewer than 25 cases in that category

TABLE 4.5.1

Fertility Preferences by Number of Living Children and By Age Group

Women Currently In Legal or Consensual Marriage Aged 15-44 Years

Reproductive Health Survey: Georgia, 1999/2000

	Total	Number of Living Children*			
Desire For Children		**None**	**One**	**Two**	**Three or More**
Want a Child Within an Year	**10.3**	61.3	20.7	3.5	1.3
Want a Child After 1-2 Years	**8.3**	1.7	26.5	4.8	1.4
Want a Child After 3-5 Years	**4.1**	0.0	12.8	2.8	0.4
Want a Child Later than Five Years	**0.4**	0.0	1.3	0.3	0.0
Undecided	**7.2**	1.3	9.9	8.2	4.7
Want No More Children	**52.3**	0.3	15.0	65.0	72.3
Subfecund/Infecund	**17.4**	35.3	13.7	15.4	19.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**4,190**	**250**	**878**	**2,120**	**942**

		Age Group					
Desire For Children	**Total**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40-44**
Want a Child Within an Year	**10.3**	41.7	19.4	12.2	9.5	4.0	1.9
Want a Child After 1-2 Years	**8.3**	19.7	18.7	14.2	7.3	2.6	0.2
Want a Child After 3-5 Years	**4.1**	10.7	14.7	6.8	1.5	0.2	0.1
Want a Child Later than Five Years	**0.4**	1.5	1.3	0.6	0.2	0.0	0.0
Undecided	**7.2**	9.9	12.5	13.0	8.4	3.1	1.2
Want No More Children	**52.3**	13.6	28.2	43.6	62.8	66.5	59.0
Subfecund/Infecund	**17.4**	2.9	5.1	9.7	10.3	23.5	37.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**4,190**	**191**	**546**	**815**	**936**	**984**	**718**

* Women currently pregnant at the time of the interview were classified as having one more living child than the actual number

TABLE 4.5.2

Percentage of Fecund Women in Union Reporting They Want No More Children by Number of Living Children and Selected Characteristics

Fecund Women 15–44 Years of Age

Reproductive Health Survey: Georgia, 1999/2000

	Total	Number of Living Children*			
Characteristics		**None**	**One**	**Two**	**Three or More**
Total	**63.3**	**0.5**	**17.4**	**76.8**	**90.3**
Unweighted No. of Cases	**3,485**	**150**	**757**	**1,803**	**775**
Residence					
Urban	61.7	1.1	19.9	79.6	90.2
Rural	64.9	0.0	12.9	73.4	90.4
Age Group†					
15–24	25.3	0.0	7.6	54.7	71.2
25–34	59.8	0.0	15.2	69.3	84.8
35–44	90.0	†	53.7	93.4	96.0
Education Level					
Secondary or Less	62.8	0.0	16.1	75.0	90.5
Technicum	69.7	3.4	21.3	79.6	91.3
University/Postgraduate	57.7	0.0	16.4	76.1	87.7

* Women who were pregnant at the time of the interview are classified as having one more child than the actual number.
† Fewer than 25 cases in that category.

TABLE 5.1.1

Percentage of Women 15-44 Years of Age Who Have Heard of Specific Contraceptive Methods by Residence and By Region

Reproductive Health Survey: Georgia, 1999/2000

		Residence		Region				
Contraceptive Method	**Total**	**Urban**	**Rural**	**Tbilisi**	**Imereti**	**North East**	**South**	**West**
Any Method	**95.1**	98.1	91.3	97.8	98.3	94.3	84.6	97.8
Any Modern Method	**94.8**	98.0	90.8	97.6	98.0	94.0	83.9	97.7
IUD	**92.5**	95.9	88.3	94.3	96.9	92.7	80.3	95.8
Condom	**88.3**	95.5	79.3	96.2	93.7	87.9	68.1	90.3
Pills	**67.4**	77.9	54.4	83.3	71.4	68.3	39.3	65.7
Tubal Ligation	**43.4**	48.7	37.0	46.2	51.2	43.3	22.2	50.0
Vasectomy	**12.5**	17.2	6.6	23.5	10.8	9.6	5.0	9.0
Spermicides	**11.3**	14.8	6.9	16.1	11.8	9.3	5.2	11.5
Injectables (Depo-Provera)	**4.4**	5.9	2.5	8.8	2.9	2.2	1.7	4.1
Emergency Contraception	**4.1**	6.1	1.6	9.9	2.0	1.8	1.4	2.8
Any Traditional Method	**69.4**	74.2	63.5	75.3	73.1	71.5	52.9	70.1
Calendar (Rhythm Met.)	**64.9**	71.2	57.0	72.0	70.5	68.0	44.5	64.7
Withdrawal	**50.4**	54.0	46.1	54.3	52.7	50.7	42.4	49.9
Unweighted No. of Cases	**6,143**	**3,286**	**2,857**	**1,521**	**1,168**	**1,140**	**974**	**1,340**

TABLE 5.1.2

Percentage of Women Aged 15-44 Who Have Heard of Specific Contraceptive Methods By Marital Status and by Age Group

Reproductive Health Survey: Georgia, 1999/2000

	Total	Marital Status			Age Group		
Contraceptive Method		**Currently Married**	**Previously Married**	**Never Married**	**15-24**	**25-34**	**35-44**
Any Method	**95.1**	**97.8**	**95.5**	**89.9**	**90.2**	**97.8**	**98.0**
Any Modern Method	**94.8**	97.4	95.5	89.9	89.9	97.3	98.0
IUD	**92.5**	96.4	94.6	84.9	85.3	96.5	96.9
Condom	**88.3**	90.7	88.6	83.8	83.2	92.3	90.3
Pills	**67.4**	72.9	69.8	56.9	55.6	76.3	72.2
Tubal Ligation	**43.4**	51.2	48.5	28.2	26.2	52.4	54.5
Vasectomy	**12.5**	14.4	17.0	8.1	7.1	15.6	15.6
Spermicides	**11.3**	13.5	13.1	6.8	6.3	13.7	14.6
Injectables (Depo-Provera)	**4.4**	4.6	6.3	3.6	2.5	5.9	5.1
Emergency Contraception	**4.1**	4.5	7.8	2.7	1.4	5.9	5.5
Any Traditional Method	**69.4**	84.9	78.9	39.1	43.6	83.0	85.7
Calendar (Rhythm Met.)	**64.9**	79.6	74.8	36.0	39.1	78.4	81.3
Withdrawal	**50.4**	66.4	60.4	19.4	25.6	63.0	66.8
Unweighted No. of Cases	**6,143**	**4,190**	**369**	**1,584**	**1,876**	**2,211**	**2,056**

TABLE 5.1.3

Percentage of Women Aged 15-44 Who Have Heard of Specific Contraceptive Methods By Education

Reproductive Health Survey: Georgia, 1999/2000

Contraceptive Method	Total	Education Level			
		Secondary Incomplete or Less	Secondary Complete	Technicum	University/ Postgraduate
Any Method	**95.1**	**81.5**	**95.3**	**99.6**	**99.5**
Any Modern Method	**94.8**	81.0	94.9	99.5	99.3
IUD	**92.5**	74.3	92.2	99.0	98.6
Condom	**88.3**	64.4	87.3	95.9	98.1
Pills	**67.4**	33.0	60.4	78.9	88.0
Tubal Ligation	**43.4**	11.3	36.3	58.6	59.3
Vasectomy	**12.5**	1.6	8.2	13.3	24.1
Spermicides	**11.3**	2.3	7.0	14.4	19.8
Injectables (Depo-Provera)	**4.4**	0.6	2.3	5.1	8.8
Emergency Contraception	**4.1**	0.1	2.1	4.0	9.3
Any Traditional Method	**69.4**	30.0	65.6	84.7	85.7
Calendar (Rhythm Met.)	**64.9**	24.1	59.1	81.6	83.2
Withdrawal	**50.4**	21.7	44.6	62.6	65.3
Unweighted No. of Cases	**6,143**	**855**	**2,025**	**1,568**	**1,695**

TABLE 5.1.4

Percentage of Women 15-44 Years of Age Who Say They Know How Specific Contraceptive Methods are Used By Marital Status and by Age Group

Reproductive Health Survey: Georgia, 1999/2000

	Total	Marital Status			Age Group		
Contraceptive Method		**Currently Married**	**Previously Married**	**Never Married**	**15-24**	**25-34**	**35-44**
Any Method	**77.8**	**88.8**	**77.9**	**57.6**	**63.3**	**86.5**	**86.1**
Any Modern Method	**73.4**	82.3	73.4	57.1	61.1	81.9	79.2
Condom	**62.1**	68.1	61.4	51.0	54.7	68.6	64.1
IUD	**61.7**	71.2	64.6	43.8	47.7	70.8	69.0
Pills	**30.2**	37.1	32.7	17.0	20.6	36.8	34.7
Tubal Ligation	**30.0**	36.2	35.3	17.8	17.4	36.6	38.2
Vasectomy	**8.9**	10.2	13.7	5.8	5.0	11.0	11.5
Spermicides	**7.0**	8.3	8.8	4.3	3.5	8.3	9.8
Emergency Contraception	**2.7**	2.9	5.5	2.0	1.0	3.7	3.8
Injectables (Depo-Provera)	**2.6**	2.6	5.3	2.2	1.5	3.5	2.9
Any Traditional Method	**52.2**	69.3	57.8	19.8	27.4	64.1	69.1
Calendar (Rhythm Met.)	**43.1**	56.8	49.2	16.9	21.4	53.2	58.1
Withdrawal	**38.0**	52.0	45.1	10.8	17.5	48.0	51.8
Unweighted No. of Cases	**6,143**	**4,190**	**369**	**1,584**	**1,876**	**2,211**	**2,056**

TABLE 5.1.5
Percentage of Women 15-44 Years of Age Who Know Where to Get Specific Contraceptive Methods By Marital Status and by Age Group
Reproductive Health Survey: Georgia, 1999/2000

	Total	Marital Status			Age Group		
Contraceptive Method		**Currently Married**	**Previously Married**	**Never Married**	**15-24**	**25-34**	**35-44**
Any Modern Method	**77.4**	84.1	77.3	65.0	67.0	84.8	82.1
Condom	**67.8**	75.8	70.1	52.6	54.7	76.7	74.0
IUD	**65.6**	69.5	67.9	58.0	58.7	72.5	66.9
Pills	**45.7**	52.1	48.3	33.4	34.5	54.5	49.9
Tubal Ligation	**33.9**	40.5	38.6	20.9	19.4	41.5	43.2
Vasectomy	**9.5**	10.8	13.1	6.3	5.0	11.6	12.5
Spermicides	**8.4**	10.1	9.8	5.0	4.5	10.0	11.3
Emergency Contraception	**2.9**	3.3	5.3	1.8	1.1	3.9	4.0
Injectables (Depo-Provera)	**2.6**	2.6	4.7	2.2	1.6	3.2	3.1
Unweighted No. of Cases	**6,143**	**4,190**	**369**	**1,584**	**1,876**	**2,211**	**2,056**

TABLE 5.1.6

Percent Distribution of Women 15-44 Years of Age By Their Opinion About Contraceptive Effectiveness If the Method is Used Correctly and Consistently

Reproductive Health Survey: Georgia, 1999/2000

	Contraceptive Effectiveness						
Contraceptive Method*	Very Effective	Effective	Less or Not Effective	Do Not Know	Never Heard of the Method	Total	No. of Cases
Vasectomy	8.6	1.3	0.2	2.5	**87.5**	100.0	1,655
Injectables	0.6	1.5	0.8	1.5	**95.6**	100.0	1,655
Tubal Ligation	28.1	3.8	0.5	11.1	**56.6**	100.0	1,655
IUD	31.4	28.3	7.8	25.0	**7.5**	100.0	1,655
Pill	8.5	27.1	11.4	20.3	**32.6**	100.0	1,655
Emergency Contraception†	0.2	1.7	0.9	1.3	**95.9**	100.0	1,655
Condom	28.0	28.7	4.9	26.7	**11.7**	100.0	1,655
Spermicides	0.7	4.8	2.5	3.3	**88.7**	100.0	1,655
Calendar	8.0	18.2	23.1	15.6	**35.1**	100.0	1,655
Withdrawal	7.0	16.8	13.4	13.1	**49.6**	100.0	1,655

* Listed in the descending order of contraceptive effectiveness when the method is used correctly and consistently, excepting emergency contraception (Hatcher et al., 1998)

† Effectiveness cannot be assessed through the same lifetable technique used for the other methods

TABLE 5.2.1

Current Use of Contraception Among All Women By Marital Status

(Percent Distribution)

Reproductive Health Survey: Georgia, 1999/2000

Use of Contraception	Total	Marital Status		
		Currently Married&In Union	Previously Married	Never Married
Currently Using	**24.7**	**40.5**	**2.7**	**0.0**
Modern Methods	12.1	19.8	2.7	0.0
IUD	5.9	9.7	0.7	0.0
Condom	3.9	6.4	1.1	0.0
Female Sterilization	1.0	1.6	0.9	0.0
Pill	0.6	1.0	0.0	0.0
Postinor (Emergency Contaception)	0.6	1.0	0.0	0.0
Other Modern Methods	0.1	0.1	0.0	0.0
Traditional Methods	12.6	20.7	0.0	0.0
Withdrawal	6.4	10.5	0.0	0.0
Calendar (Rhythm Met.)	6.2	10.2	0.0	0.0
Not Currently Using	**75.2**	**59.5**	**97.3**	**100.0**
Total	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	**6,143**	**4,190**	**369**	**1,584**

TABLE 5.2.2

Current Use of Modern and Traditional Methods by Selected Characteristics

Women in Union Aged 15-44 Years

Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Any Method	Modern Methods	Traditional Methods	Percent Using a Modern Method	No. of Cases
Total	**40.5**	**19.8**	**20.7**	**49**	**4,190**
Residence					
Tbilisi	44.9	25.2	19.7	**56**	948
Urban	42.4	22.1	20.3	**52**	1,166
Rural	37.2	15.7	21.5	**42**	2,076
Age Group					
15-19	15.2	9.9	5.3	**65**	191
20-24	33.4	19.8	13.7	**59**	546
25-29	42.8	23.2	19.6	**54**	815
30-34	47.1	24.3	22.8	**52**	936
35-39	46.6	18.9	27.7	**41**	984
40-44	35.2	15.1	20.1	**43**	718
No. of Living Children					
None	5.1	4.0	1.0	**78**	337
One	34.4	20.1	14.2	**58**	887
Two	49.3	23.9	25.5	**48**	2,071
Three or More	40.7	16.6	24.1	**41**	895
Education Level					
Sec. Incomplete or Less	24.8	8.4	16.4	**34**	407
Secondary Complete	37.1	16.6	20.4	**45**	1,411
Technicum	41.8	19.4	22.4	**46**	1,227
University/Postgraduate	49.4	28.4	21.0	**57**	1,145
Socioeconomic Index					
Low	33.8	13.4	20.4	**40**	1,362
Middle	43.4	20.8	22.6	**48**	2,248
High	44.3	30.1	14.3	**68**	580
Ethnic Group					
Georgian	42.1	21.0	21.1	**50**	3,419
Azeri	24.1	11.3	12.8	**47**	403
Armenian	45.3	14.5	30.8	**32**	215
Other	44.3	22.6	21.6	**51**	153

TABLE 5.2.3

Current Use of Specific Contraceptive Methods by Selected Characteristics

Women in Union Aged 15-44 Years

Reproductive Health Survey: Georgia, 1999/2000

		Specific Contraceptive Method Use								
		Supplied Methods						Traditional Methods		
Characteristics	Any Method	IUD	Condom	Tubal Ligation	Pills	Postinor	Other Modern	Withdrawal	Calendar	No. of Cases
Total	**40.5**	**9.6**	**6.4**	**1.6**	**1.0**	**1.0**	**0.1**	**10.5**	**10.2**	**4,190**
Residence										
Tbilisi	44.9	7.3	14.6	0.2	1.7	1.2	0.2	4.5	15.2	948
Urban	42.4	12.3	5.8	1.7	0.9	1.2	0.2	10.2	10.2	1,166
Rural	37.2	9.2	2.6	2.2	0.8	0.8	0.0	13.7	7.8	2,076
Age Group										
15-19	15.2	4.1	3.0	0.0	0.9	2.0	0.0	4.6	0.7	191
20-24	33.4	8.7	6.5	0.3	2.6	1.7	0.0	9.8	3.9	546
25-29	42.8	11.5	9.0	0.5	1.4	0.7	0.0	11.1	8.4	815
30-34	47.1	12.3	8.7	1.2	0.9	1.0	0.1	12.1	10.7	936
35-39	46.6	9.0	5.1	3.0	0.6	1.0	0.2	12.5	15.2	984
40-44	35.2	8.0	3.6	2.6	0.3	0.4	0.1	7.8	12.3	718
No. of Living Children										
None	5.1	0.2	2.5	0.0	1.3	0.0	0.0	0.5	0.5	337
One	34.4	8.7	8.6	0.6	1.1	1.1	0.0	7.6	6.7	887
Two	49.3	12.3	7.2	1.9	1.2	1.1	0.2	11.7	13.8	2,071
Three or More	40.7	8.4	3.9	2.6	0.7	0.9	0.0	14.5	9.6	895
Education Level										
Sec. Incomplete or Less	24.8	5.5	0.8	1.0	0.6	0.4	0.0	14.5	1.8	407
Secondary Complete	37.1	8.6	4.4	1.5	0.8	1.2	0.0	12.8	7.6	1,411
Technicum	41.8	10.7	4.7	1.9	1.1	1.1	0.0	9.7	12.6	1,227
University/Postgraduate	49.4	11.3	12.9	1.6	1.5	0.8	0.3	6.8	14.2	1,145
Socioeconomic Index										
Low	33.8	7.7	2.4	1.9	0.5	0.8	0.0	13.9	6.5	1,362
Middle	43.4	10.5	6.4	1.5	1.2	1.1	0.1	10.2	12.4	2,248
High	44.3	10.6	15.0	1.2	2.0	1.0	0.3	3.8	10.4	580
Ethnic Group										
Georgian	42.1	10.0	6.9	1.7	1.2	1.1	0.1	9.7	11.3	3,419
Azeri	24.1	8.1	1.7	1.1	0.4	0.0	0.0	10.5	2.3	403
Armenian	45.3	8.1	3.8	0.8	0.4	1.3	0.0	24.0	6.8	215
Other	44.3	8.5	10.5	1.6	0.5	1.6	0.0	9.3	12.3	153

TABLE 5.3

Source of Supply for Modern Contraceptive Methods
Among Women Currently Using a Modern Method By Specific Methods
(Percent Distribution)
Women Currently in Union Age 15-44 -- Reproductive Health Survey: Georgia, 1999/2000

Source (Modern Methods)	Total*	IUD	Condom	Tubal Ligation	Pills	Postinor	Other Modern*
Public Medical Sector	**53.5**	**93.8**	**2.6**	**100.0**	**18.3**	**7.9**	**25.0**
Hospital (Ob/Gyn Ward)	21.1	34.3	0.7	61.9	9.8	0.0	8.0
Women's Consultation Clinic	20.9	42.1	0.7	0.0	6.1	2.1	6.3
Maternity	8.5	12.0	1.0	38.1	0.0	3.7	8.6
Polyclinic	1.8	3.1	0.2	0.0	1.6	2.1	2.1
Rural Dispensary ("FAP")	1.2	2.3	0.0	0.0	0.8	0.0	0.0
Private Clinic/Office	**1.1**	**2.3**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Commercial Sales	**37.4**	**3.2**	**75.8**	**0.0**	**79.4**	**79.4**	**68.5**
Pharmacy	36.4	2.8	74.2	0.0	78.6	79.4	61.0
Store/Kiosk	1.0	0.4	1.6	0.0	0.8	0.0	7.5
Other	**7.9**	**0.7**	**21.5**	**0.0**	**2.4**	**12.7**	**6.5**
Partner	6.8	0.0	20.6	0.0	1.6	4.2	4.3
Friend or Relative	1.1	0.7	0.9	0.0	0.8	8.5	2.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**1,234**	**598**	**371**	**70**	**113**	**43**	**39**

* Includes women using spermicides and injectables
† Prescription to buy the IUD at pharmacy and bring it to clinic/maternity for insertion

TABLE 5.4

Most Common Cited Reasons for Not Currently Using Contraception by Age Group
Women In Union Aged 15-44 Years
Reproductive Health Survey: Georgia, 1999/2000
(Percent Distribution)

		Age Group		
Reasons	**Total**	**15-24**	**25-34**	**35-44**
Currently Pregnant or Postpartum	**18.7**	41.2	21.7	4.0
Female Infecundity/Subfecundity	**16.5**	3.7	10.8	28.3
Neglected to use	**14.3**	10.6	16.9	13.9
Wants to Get Pregnant Soon	**12.8**	27.6	13.3	4.3
No Sexual Intercourse Within the Last Month	**8.6**	2.7	9.0	11.4
Pelvic Inflamatory Disease (PID)	**7.4**	1.4	5.8	12.0
Personal or Partner Opposition to Family Planning	**4.6**	3.2	5.4	4.6
Fear of Side Effects	**4.1**	1.6	6.5	3.4
Respondent doubts that she can get pregnant	**3.3**	0.6	2.4	5.5
Approaching Menopause	**2.6**	0.0	0.0	6.2
Lack of Access to or Knowledge of FP Services	**2.0**	2.4	2.7	1.1
Male Infertility	**0.9**	1.6	1.1	0.4
Other reasons	**2.1**	1.6	1.6	2.9
Does not Know	**2.1**	1.7	2.6	1.9
Total	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**2,463**	**523**	**951**	**989**

TABLE 5.5.1
Potential Demand For Family Planning (FP) Services by Age Group
Women Aged 15-44 Years
Reproductive Health Survey: Georgia, 1999/2000

Potential Demand For Family Planning (FP) Services	Total	Age Group 15-24	25-34	35-44
Women Not Currently in Need of FP Services	**62.2**	**85.5**	**49.3**	**48.1**
Never Had Sexual Intercourse	33.0	67.2	17.9	8.4
Not Currently Sexually Active*	8.4	2.3	9.6	14.2
Currently Pregnant or Postpartum	7.3	9.5	9.7	2.4
Seeking to Get Pregnant	4.1	5.3	4.9	2.0
Infecund/Subfecund**	9.4	1.2	7.2	21.1
Potential Demand for Family Planning Services	**37.8**	**14.4**	**50.7**	**51.9**
Current Users of a Modern Contraceptive Method	12.0	5.2	17.8	14.1
Current Users of a Traditional Contraceptive Method	12.5	3.5	15.7	19.7
Non-Users at Risk of Unintended Pregnancy	13.3	5.7	17.2	18.1
Total	100.0	100.0	100.0	100.0
Unmet Need for Any or More Effective Contraception‡	**25.8**	**9.2**	**32.9**	**37.8**
Unweighted No. of Cases	**6,143**	**1,876**	**2,211**	**2,056**

* Within the last month
† Women with sterilization surgery for noncontraceptive reasons, medical conditions that preclude pregnancy, infertility, or menopause
‡ Include Non-users at Risk of Unintended Pregnancy and Current Users of Traditional Contraceptive Methods

TABLE 5.5.2
Women Aged 15-44 Years In Need of Any or More Effective Contraceptive Methods
By Selected Characteristics
Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Any Method	Any or More Effective Method	No. of Cases
Total	**13.3**	**25.7**	**6,143**
Residence			
Urban	11.4	**22.8**	3,286
Rural	15.6	**29.4**	2,857
Region			
Tbilisi	11.4	**22.3**	1,521
Imereti	11.0	**23.2**	1,168
North-East	16.0	**28.9**	1,140
South	15.7	**29.0**	974
West	12.9	**26.5**	1,340
Age Group			
15-24	5.7	**9.2**	1,876
25-34	17.2	**32.9**	2,211
35-49	18.1	**37.8**	2,056
Marital Status			
Married / Common Law	21.3	**41.8**	4,190
Previously Married	4.4	**4.4**	369
Never Married	0.1	**0.1**	1,584
No. of Living Children			
None	0.8	**0.9**	1,986
One	14.4	**26.2**	1,025
Two	22.4	**46.0**	2,202
Three or More	26.5	**49.3**	930
Education Level			
Secondary or Less	13.6	**24.0**	2,880
Technicum	15.0	**31.5**	1,568
University/Postgraduate	11.0	**23.8**	1,695
Socioeconomic Index			
Low	16.6	**29.0**	1,969
Middle	12.1	**25.6**	3,325
High	10.3	**19.1**	849
Ethnic Group			
Georgian	12.4	**24.8**	5,089
Azeri	20.4	**29.0**	539
Armenian	15.8	**35.9**	294
Other	12.6	**26.9**	221

TABLE 5.6
Percent of Women Who Have Used a Modern Contraceptive Method Within the Past Five Years by Who Advised Them to Use the Specific Method and Type of Counseling Received from a Heath Care Provider
Reproductive Health Survey: Georgia, 1999/2000

		Last Used Contraceptive Method			
Who Advised User	**Total***	**IUD**	**Condom**	**Hormonal Contraception†**	**Tubal Ligation**
Ob/Gyn‡	**57.9**	87.5	10.1	55.1	91.3
Partner	**16.9**	0.5	53.7	0.6	0.0
Nobody	**9.9**	6.5	17.7	8.3	3.5
Friend	**8.3**	2.3	13.0	20.3	2.6
Mother or Other Relative	**5.1**	2.8	4.6	11.7	0.0
Pharmacist	**1.1**	0.0	0.5	2.8	0.0
Nurse/Midwife	**0.5**	0.5	0.0	1.2	2.7
Other	**0.3**	0.0	0.5	0.0	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**1,234**	**598**	**371**	**156**	**70**
Type of Counseling	**Total§**	**IUD**	**Condom**	**Hormonal Contraception**	**Tubal Ligation**
General Information About Other Methods	**33.9**	30.7	45.7	54.0	18.1
Information About Method's Effectiveness	**30.5**	27.4	38.9	51.4	15.5
Information About Possible Side Effects	**70.3**	79.2	36.3	62.9	32.1
Unweighted No. of Cases	**733**	**531**	**37**	**89**	**65**

* Includes 39 women who said they have used spermicides at the last intercourse.
† Includes women whose last method was either the pill, Postinor, or injectables.
‡ Includes also 5 women advised by general practitioners.
§ Includes only women who were advised by a health professional (an Ob/gyn, general practitioner, nurse or midwife).

TABLE 6.1.1
Trimester of Pregnancy at the First Prenatal Care Visit and Number of Prenatal Visits
Births in the Five Years Prior to the Survey Among Women
Reproductive Health Survey: Georgia, 1999/2000

	Trimester of First Visit				Number of Prenatal Visits							
Characteristics	No Visits	1st	2nd	3rd	No Visits	1-4	5-8	9-10	11+	Don't Know	Total	No. of Cases
Total	**9.3**	**62.6**	**24.6**	**3.5**	**9.3**	**27.2**	**43.6**	**11.3**	**8.1**	**0.5**	**100.0**	**2,575**
Residence												
Urban	4.2	67.7	24.8	3.3	4.2	18.7	48.7	15.1	12.9	0.4	100.0	1,159
Rural	14.0	57.9	24.5	3.7	14.0	34.9	38.9	7.9	3.8	0.5	100.0	1,416
Region												
Tbilisi	5.0	70.0	21.0	4.0	5.0	17.2	41.6	18.6	17.2	0.5	100.0	518
Imereti	4.9	67.7	25.3	2.1	4.9	23.5	49.0	14.1	8.5	0.0	100.0	496
North-East	9.3	59.0	27.6	4.1	9.3	35.5	43.4	7.4	4.2	0.2	100.0	516
South	19.1	48.6	29.0	3.3	19.1	30.3	38.8	6.7	4.1	1.0	100.0	466
West	8.9	66.2	21.4	3.5	8.9	29.8	45.7	9.4	5.6	0.6	100.0	579
Age Group (at Birth)												
15-24	7.3	67.2	21.4	4.0	7.3	24.4	47.6	11.3	9.1	0.3	100.0	611
25-34	9.8	61.1	26.1	2.9	9.8	27.9	42.5	11.6	7.7	0.6	100.0	1,814
35-44	11.7	62.4	18.4	7.5	11.7	29.8	41.3	7.9	9.3	0.0	100.0	150
Education Level												
Sec. Incomplete or Less	30.2	42.9	23.3	3.5	30.2	26.0	34.5	3.9	3.4	2.0	100.0	318
Secondary Complete	11.7	56.4	28.0	3.8	11.7	35.6	38.0	9.4	5.1	0.2	100.0	859
Technicum	3.9	67.3	24.9	3.8	3.9	28.2	47.1	12.1	8.1	0.6	100.0	656
University/Postgraduate	2.1	74.2	20.9	2.7	2.1	17.0	50.9	16.2	13.8	0.0	100.0	742
Socio-Economic Status												
Low	17.5	49.8	28.4	4.2	17.5	34.8	36.0	7.0	3.9	0.8	100.0	1,022
Medium	4.9	69.3	22.7	3.1	4.9	23.9	49.0	13.2	8.8	0.3	100.0	1,262
High	1.2	76.3	19.8	2.7	1.2	16.3	45.8	17.8	18.9	0.0	100.0	291
Ethnic Group												
Georgian	5.8	67.2	23.9	3.1	5.8	24.9	47.3	12.6	9.0	0.4	100.0	2,061
Azeri	26.1	40.7	28.4	4.8	26.1	37.8	29.4	3.4	2.2	1.2	100.0	298
Armenian	9.5	47.4	38.7	4.3	9.5	36.8	37.2	10.5	6.0	0.0	100.0	112
Other	24.3	57.4	13.1	5.3	24.3	28.9	24.4	11.6	10.8	0.0	100.0	104
Birth Order												
First	5.7	70.2	21.4	2.7	5.7	23.1	45.1	14.9	10.7	0.5	100.0	1,083
Second	8.2	61.9	26.7	3.3	8.2	29.9	44.9	9.7	6.8	0.5	100.0	954
Third or Higher	19.3	47.2	27.8	5.7	19.3	31.3	37.8	6.5	4.7	0.3	100.0	538
Baby Weight at Birth												
<2,500 grams	8.9	62.9	25.0	3.3	8.9	27.2	43.9	11.4	8.1	0.5	100.0	2,439
2,500 grams or More	17.3	57.1	18.6	7.0	17.3	27.4	37.0	10.5	7.8	0.0	100.0	136
Birth Outcome												
Live Birth	9.2	62.5	24.8	3.4	9.2	27.2	43.6	11.4	8.1	0.5	100.0	2,531
Still Birth	15.0	65.0	13.9	6.1	15.0	28.6	41.9	5.7	8.7	0.0	100.0	44

TABLE 6.1.2
Adequacy of Prenatal Care Utilization Index (Kotelchuck Index)* by Selected Characteristics
Births to Women in the Five Years Prior to the Survey
Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Adequacy of Prenatal Care Utilization Index					Total	No. of Cases
	Inadequate†	Intermediate	Adequate	Adequate +	Unknown		
Total	**42.1**	**35.1**	**14.8**	**7.4**	**0.5**	**100.0**	**2,346**
Residence							
Urban	30.5	39.6	18.8	10.7	0.4	100.0	1,108
Rural	53.8	30.6	10.9	4.0	0.6	100.0	1,238
Region							
Tbilisi	30.2	34.1	20.3	14.9	0.5	100.0	492
Imereti	34.6	39.5	19.0	6.9	0.0	100.0	477
North-East	53.5	31.3	10.9	4.1	0.2	100.0	474
South	49.6	33.8	10.8	4.6	1.2	100.0	378
West	44.3	37.4	12.5	5.1	0.7	100.0	525
Age Group (at Birth)							
15-24	40.4	35.8	15.3	8.0	0.3	100.0	567
25-34	42.4	35.0	14.9	7.0	0.6	100.0	1,646
35-44	45.4	33.9	11.6	9.1	0.0	100.0	133
Education Level							
Secondary or Less	49.6	31.9	12.3	5.4	0.8	100.0	992
Technicum	43.3	34.5	15.9	5.7	0.6	100.0	629
University/Postgraduate	30.9	40.1	17.4	11.6	0.0	100.0	725
Socio-Economic Status							
Low	54.4	29.1	12.1	3.4	1.0	100.0	855
Medium	37.5	38.1	16.5	7.6	0.3	100.0	1,204
High	27.3	39.8	15.5	17.3	0.0	100.0	287
Ethnic Group							
Georgian	39.5	36.2	16.0	7.8	0.4	100.0	1,943
Azeri	59.4	31.1	5.8	2.3	1.6	100.0	218
Armenian	48.3	32.5	13.5	5.8	0.0	100.0	101
Other	45.3	25.4	16.1	13.3	0.0	100.0	84
Birth Order							
First	34.8	38.1	17.0	9.6	0.5	100.0	1,024
Second	46.5	33.0	14.4	5.6	0.5	100.0	882
Third or Higher	51.8	32.0	10.3	5.5	0.4	100.0	440
Place of Most Prenatal Care‡							
WCC	39.6	36.1	16.7	7.1	0.5	100.0	1,719
Hospital	45.4	31.3	12.6	10.5	0.3	100.0	336
Rural Ambulatory	52.3	36.7	7.3	1.8	1.8	100.0	143
Medical Circumscription	51.2	33.0	6.9	8.8	0.0	100.0	114
Private	60.6	23.3	2.8	13.3	0.0	100.0	27

* Assesses the adequacy of prenatal care based on the initiation of prenatal care combined with the number of required visits adjusted for the length of gestational period and the gestational age at first visit.
† Includes 12 births without any prenatal care
‡ Exclude seven pregnancies for which most of prenatal care took place at home

TABLE 6.1.3
Use of Prenatal Care Among Women and Place of Most Prenatal Visits
By Selected Characteristics
Births in the Five Years Prior to the Survey
Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Prenatal Care		Place of Most Prenatal Visits						
	%	No. of Cases	Women's Consultation Clinic (WCC)	Hospital	Medical Circum-scription	Rural Ambulatory	Private Clinic	Total*	No. of Cases
Total	**90.7**	**2,575**	**73.0**	**14.2**	**6.3**	**4.7**	**1.4**	**100.0**	**2,346**
Residence									
Urban	95.8	1,159	82.2	12.4	0.3	2.5	2.0	100.0	1,108
Rural	86.0	1,416	63.8	16.0	12.3	7.0	0.8	100.0	1,238
Region									
Tbilisi	95.0	518	77.0	15.9	0.2	2.5	3.9	100.0	492
Imereti	95.1	496	81.9	10.4	2.5	4.5	0.8	100.0	477
North-East	90.7	516	68.0	12.3	7.6	10.8	1.1	100.0	474
South	80.9	466	70.9	11.4	12.9	4.5	0.2	100.0	378
West	91.1	579	68.4	19.1	9.5	1.9	0.5	100.0	525
Age Group (at Birth)									
15-24	92.7	611	74.5	13.7	6.5	3.6	1.5	100.0	567
25-34	90.2	1,814	72.5	14.6	6.2	5.0	1.3	100.0	1,646
35-44	88.3	150	73.3	11.2	6.1	5.9	2.8	100.0	133
Education Level									
Sec. Incomplete or Less	69.8	318	66.8	13.4	10.2	8.3	0.0	100.0	229
Secondary Complete	88.3	859	72.1	13.9	9.2	4.1	0.6	100.0	763
Technicum	96.1	656	75.0	13.1	4.2	5.5	2.1	100.0	629
University/Postgraduate	97.9	742	74.2	15.8	3.8	3.7	2.2	100.0	725
Socio-Economic Status									
Low	82.5	1,022	69.8	14.9	7.4	7.1	0.7	100.0	855
Medium	95.1	1,262	75.1	12.7	6.8	3.3	1.7	100.0	1,204
High	98.8	291	73.5	18.3	1.5	3.9	2.1	100.0	287
Ethnic Group									
Georgian	94.2	2,061	74.3	15.1	4.7	4.4	1.1	100.0	1,943
Azeri	73.9	298	58.7	9.5	19.2	7.6	5.0	100.0	218
Armenian	90.5	112	83.8	5.8	8.5	1.9	0.0	100.0	101
Other	75.7	104	72.9	16.3	3.7	7.0	0.0	100.0	84
Birth Order									
First	94.3	1,083	73.7	15.1	4.8	4.7	1.4	100.0	1,024
Second	91.8	954	74.6	12.0	6.4	5.0	1.7	100.0	882
Third or Higher	80.7	538	68.0	16.5	10.0	4.2	0.9	100.0	440
Baby Weight at Birth									
<2,500 grams	91.1	2,439	73.6	13.7	6.1	4.8	1.5	100.0	2,233
2,500 grams or More	82.7	136	62.5	23.9	9.9	3.7	0.0	100.0	113

* Includes seven pregnancies for which most of the prenatal care visits took place at home

TABLE 6.2
Place of Delivery for Women By Selected Characteristics
Births in the Five Years Prior to the Survey
Reproductive Health Survey: Georgia, 1999/2000

	Place of Delivery				
	Hospital/Maternity	Private Clinic	Home*	Total	No. of Cases
Total	**92.0**	**0.2**	**7.8**	**100.0**	**2,575**
Residence					
Urban	98.0	0.2	1.9	100.0	1,159
Rural	86.5	0.3	13.3	100.0	1,416
Region					
Tbilisi	99.0	0.2	0.8	100.0	518
Imereti	95.6	0.2	4.2	100.0	496
North-East	90.8	0.5	8.6	100.0	516
South	83.8	0.0	16.2	100.0	466
West	90.0	0.2	9.8	100.0	579
Age Group (at Birth)					
15-24	93.0	0.6	6.4	100.0	611
25-34	91.9	0.1	8.1	100.0	1,814
35-44	89.1	0.0	10.9	100.0	150
Education Level					
Secondary or Less	85.6	0.0	14.4	100.0	1,177
Technicum	97.7	0.1	2.1	100.0	656
University/Postgraduate	97.2	0.6	2.2	100.0	742
Socio-Economic Status					
Low	84.1	0.3	15.5	100.0	1,022
Medium	96.4	0.1	3.5	100.0	1,262
High	99.1	0.3	0.6	100.0	291
Ethnic Group					
Georgian	95.1	0.3	4.6	100.0	2,061
Azeri	76.2	0.0	23.8	100.0	298
Armenian	90.5	0.0	9.5	100.0	112
Other	82.6	0.0	17.4	100.0	104
Birth Order					
First	96.1	0.1	3.7	100.0	1,083
Second	92.1	0.2	7.7	100.0	954
Third or Higher	82.8	0.4	16.9	100.0	538
Adequacy of Prenatal Care†					
No Prenatal Care	46.5	0.0	53.5	100.0	229
Inadequate	94.9	0.3	4.8	100.0	998
Intermediate	97.3	0.2	2.5	100.0	821
Adequate and Adequate+	99.0	0.2	0.8	100.0	515
Baby Weight at Birth					
<2,500 grams	88.8	0.6	10.5	100.0	136
2,500 grams or More	92.1	0.2	7.7	100.0	2,439

* Includes three births delivered on the way to hospital.
† Excludes 12 births with missing information about the number of prenatal care visits.

TABLE 6.3.1
Percentage of Children Ever Breastfed And Their Initiation of Breastfeeding Within the By Selected Characteristics Live Births Among Women in the Five Years Prior to the Survey Reproductive Health Survey: Georgia, 1999/2000

	Children Ever Breastfed		Innitiation of Breastfeeding						
Characteristics	%	No. of Cases*	Within 1 Hour	1-23 Hours	24-47 Hours	48 Hours or More	Unknown	Total	No. of Cases†
Total	**89.1**	**2,468**	**4.6**	**27.8**	**37.2**	**29.6**	**0.9**	**100.0**	**2,202**
Residence									
Urban	86.8	1,103	4.6	29.5	34.2	30.3	1.4	100.0	961
Rural	91.2	1,365	4.6	26.3	39.7	28.9	0.5	100.0	1,241
Region									
Tbilisi	86.1	481	4.0	36.7	26.8	29.6	2.8	100.0	415
Imereti	87.9	471	2.3	19.7	36.8	41.3	0.0	100.0	414
North-East	91.2	495	5.5	27.1	34.0	33.0	0.4	100.0	448
South	92.1	458	7.7	26.1	43.5	21.6	1.1	100.0	423
West	88.6	563	3.2	27.3	44.4	25.1	0.0	100.0	502
Age Group (at Birth)									
15-24	89.3	600	4.4	29.6	30.8	32.5	2.7	100.0	538
25-34	89.3	1,727	4.6	27.3	39.6	28.2	0.4	100.0	1,544
35-44	86.5	141	5.7	26.6	33.4	34.3	0.0	100.0	120
Education Level									
Secondary or Less	91.6	1,129	5.2	27.8	40.0	26.2	0.8	100.0	1,033
Technicum	87.8	627	3.3	26.4	37.2	32.5	0.7	100.0	550
University/Postgraduate	86.3	712	4.8	29.0	32.4	32.6	1.2	100.0	619
Ethnic Group									
Georgian	87.8	1,967	4.0	27.7	34.6	32.8	0.8	100.0	1,733
Azeri	96.3	295	8.3	25.3	44.3	20.7	1.5	100.0	283
Armenian	90.4	111	1.0	29.1	52.5	16.5	1.0	100.0	102
Other	90.8	95	6.6	35.1	44.1	14.2	0.0	100.0	84
Birth Order									
First	87.5	1,033	5.1	25.5	36.7	31.9	0.9	100.0	906
Second	89.3	920	4.1	28.2	38.7	27.9	1.2	100.0	823
Third or Higher	92.2	515	4.6	31.8	35.6	27.6	0.4	100.0	473
Type of Delivery									
Vaginal	89.7	2,326	4.8	28.6	37.7	27.9	0.9	100.0	2,089
Caesarian Section	79.3	142	0.7	12.2	27.1	59.9	0.0	100.0	113
Weight at Birth									
<2,500 grams	81.0	87	2.6	22.6	30.7	41.4	2.7	100.0	72
2,500 grams or more	89.4	2,381	4.7	28.0	37.4	29.2	0.8	100.0	2,130

* Excludes 44 pregnancies ended in stillbirth and 63 babies who died within the first week of life.
† Excludes 266 children who were never breastfed

TABLE 6.3.2
Mean Duration of Breastfeeding In Months, By Type of Breastfeeding, By Characteristics
Live Births Among Women in the Five Years Prior to the Survey Who Were Breastfed
Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Full Breastfeeding*	Any Breastfeeding	Unweighted No. of Cases
Total	**2.8**	**7.9**	**2,202**
Residence			
Urban	2.5	7.3	961
Rural	3.0	8.3	1,241
Region			
Tbilisi	2.7	7.3	415
Imereti	2.2	6.4	414
North-East	2.8	8.6	448
South	3.4	8.9	423
West	2.7	7.8	502
Age Group (at Birth)			
15-24	2.8	7.4	538
25-34	2.8	7.9	1,544
35-44	2.4	9.2	120
Education Level			
Secondary or Less	3.0	8.3	1,033
Technicum	2.6	7.9	550
University/Postgraduate	2.6	7.0	619
Ethnic Group			
Georgian	2.6	7.5	1,733
Azeri	3.9	9.6	283
Armenian	2.8	8.1	102
Other	3.4	8.7	84
Birth Order			
First	2.7	7.1	906
Second	2.7	8.0	823
Third or Higher	2.9	9.2	473
Type of Delivery			
Vaginal	2.8	7.9	2,089
Caesarian Section	2.2	7.1	113
Innitiation of Breastfeeding			
<24 hours			
24-47 hours	3.0	8.2	826
48+ hours	2.2	6.9	657
Unknown			
Weight at Birth			
<2,500 grams	2.7	9.1	2,130
2,500 grams or more	2.8	7.8	72

* Children with exclusive (only breast milk) or almost exclusive (breast milk and other liquids excepting formula or other milk) breastfeeding.

TABLE 6.4
Poor Birth Outcomes By Selected Characteristics
Births to Women in the Five Years Prior to the Survey
Reproductive Health Survey: Georgia, 1999/2000

Characteristics	%o Stillbirths*	% Low Birth Weight Births (<2,500 grams)	% Preterm Birth (<37 weeks)	Unweighted No. of Cases
Total	**17.1**	**5.4**	**6.2**	**2,575**
Residence				
Urban	19.8	6.0	7.7	1,159
Rural	14.7	4.9	4.8	1,416
Region				
Tbilisi	24.1	7.9	8.8	518
Imereti	23.8	5.6	5.8	496
North-East	15.8	5.3	6.9	516
South	9.9	5.0	5.1	466
West	12.7	3.5	4.1	579
Age Group (at Birth)				
15-24	6.9	4.4	4.9	611
25-29	20.8	5.7	6.5	1,814
30-44	12.2	5.7	7.6	150
Education Level				
Secondary or Less	18.3	6.0	6.2	1,177
Technicum	15.1	3.9	4.5	656
University/Postgraduate	17.1	5.8	7.6	742
Socio-Economic Status				
Low	14.2	5.2	3.9	1,022
Medium	18.5	5.1	7.0	1,262
High	21.2	7.4	10.2	291
Ethnic Group				
Georgian	18.2	5.1	6.5	2,061
Azeri	8.4	3.9	2.2	298
Armenian	0.0	6.1	4.4	112
Other	38.3	14.3	13.6	104
Birth Order				
First	22.0	6.4	7.3	1,083
Second	14.2	4.4	5.3	954
Third or Higher	11.9	5.1	5.2	538
Complications during Preg.				
No Complications	14.3	4.6	4.6	2,262
Any Complications	36.7	11.5	17.2	313
Place of Delivery				
Medical Facility	16.8	5.3	6.3	2,381
Home	21.6	7.3	5.3	194

* Babies born after 28 weeks of gestation who showed no signs of life (includes two babies with gestational age of 22 weeks, nine babies with gestational age of 26 weeks, and one baby with gestational age of 27 weeks).

TABLE 7.1
Time of Last Routine Gynecologic Exams by Selected Characteristics
Women 15-44 Years of Age Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Georgia, 1999/2000

	Time of Last Routine Gynecologic Exam					
	Within Past Year	Within 1-3 Years	More Than 3 Years Ago	Never Had	Total	Unweighted No. of Cases
Total	**29.5**	**23.4**	**18.9**	**28.2**	**100.0**	**4,567**
Residence						
Urban	32.9	24.3	18.9	23.9	100.0	2,362
Rural	25.6	22.3	18.9	33.3	100.0	2,205
Region						
Tbilisi	36.2	24.4	17.8	21.6	100.0	1,079
Imereti	28.6	24.4	18.3	28.6	100.0	845
North-East	30.4	21.4	22.0	26.1	100.0	882
South	24.6	24.2	16.5	34.6	100.0	780
West	25.7	22.6	19.5	32.1	100.0	981
Age Group						
15-24	41.8	15.4	2.3	40.4	100.0	778
25-34	33.1	26.8	12.6	27.4	100.0	1,895
35-44	21.1	23.6	31.4	23.9	100.0	1,894
Education Level						
Secondary Incomplete or Less	22.0	15.6	16.5	45.9	100.0	442
Secondary Complete	27.7	21.6	20.2	30.5	100.0	1,538
Technicum	27.9	25.1	21.0	25.9	100.0	1,333
University/Postgraduate	36.3	26.7	15.8	21.2	100.0	1,254
Socio-Economic Status						
Low	21.8	21.8	19.3	37.1	100.0	1,500
Medium	30.8	24.5	19.0	25.7	100.0	2,447
High	42.3	22.8	17.5	17.3	100.0	620
Ethnic Group						
Georgian	30.0	23.7	19.4	26.9	100.0	3,700
Azeri	24.4	19.2	14.4	42.0	100.0	442
Armenian	24.6	28.5	21.8	25.1	100.0	241
Other	39.3	20.8	16.0	23.9	100.0	184
Current Contraceptive Use						
Any Modern Method	35.7	26.3	18.3	19.7	100.0	849
Any Traditional Method	25.6	26.9	18.8	28.8	100.0	886
No Method	17.5	12.1	13.8	56.6	100.0	1,254

Table 7.2
Awareness of Breast Self-Exams (BSE) and Freqency of BSE by Selected Characteristics
Women 15-44 Years of Age Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Georgia, 1999/2000

	Awareness	Frequency of Breast Self-Exam					
	Total	Every Month	Every 3-5 Months	1-2 Times per Year or Less	Never	Total	No. of Cases
Total	**46.8**	**12.3**	**4.7**	**5.6**	**77.3**	**100.0**	**4,567**
Residence							
Urban	56.3	15.4	6.1	7.0	71.3	100.0	2,362
Rural	35.8	8.8	3.2	4.0	84.0	100.0	2,205
Region							
Tbilisi	59.5	16.2	6.2	10.5	67.1	100.0	1,079
Imereti	50.9	13.2	6.2	4.2	76.5	100.0	845
North-East	44.8	12.1	4.9	4.9	78.1	100.0	882
South	27.4	6.0	2.7	3.1	88.2	100.0	780
West	47.1	12.7	3.7	3.8	79.8	100.0	981
Age Group							
15-24	27.4	3.8	1.7	1.5	93.1	100.0	778
25-34	47.0	11.1	4.3	5.8	78.8	100.0	1,895
35-44	54.7	16.9	6.4	7.2	69.4	100.0	1,894
Education Level							
Secondary Incomplete or Less	15.7	2.4	1.5	2.5	93.6	100.0	442
Secondary Complete	36.8	7.6	2.8	3.4	86.2	100.0	1,538
Technicum	53.5	14.4	5.8	6.0	73.7	100.0	1,333
University/Postgraduate	63.8	19.7	7.2	9.2	63.9	100.0	1,254
Socio-Economic Status							
Low	33.7	8.1	3.2	2.7	86.0	100.0	1,500
Medium	50.0	12.7	5.2	6.1	76.0	100.0	2,447
High	64.5	20.7	6.4	10.7	62.2	100.0	620
Ethnic Group							
Georgian	52.4	13.9	5.5	6.4	74.2	100.0	3,700
Azeri	9.0	1.9	0.8	0.8	96.6	100.0	442
Armenian	31.9	6.3	2.2	2.2	89.3	100.0	241
Other	50.8	14.5	3.6	7.6	74.3	100.0	184
Current Contraceptive Use							
Any Modern Method	54.4	15.6	5.4	7.6	71.3	100.0	849
Traditional Methods	51.0	14.5	5.4	6.7	73.3	100.0	886
None	43.3	10.7	4.4	4.7	80.2	100.0	2,832
Ever Had Gynecologic Exam							
Ever Had	50.0	14.1	4.9	6.5	74.5	100.0	3,285
Never Had	38.6	7.9	4.5	3.3	84.4	100.0	1,282

TABLE 7.3.1
Cervical Cancer Screening History by Selected Characteristics
Women 15-44 Years of Age Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Georgia, 1999/2000

	Cervical Cancer Screening Test					
Characteristics	Within Last Year	1-3 YearsAgo	More than 3 Years Ago	Never Had	Total	No. of Cases
Total	**1.2**	**1.0**	**1.5**	**96.3**	**100.0**	**4,567**
Residence						
Urban	1.7	1.2	1.8	95.3	100.0	2,362
Rural	0.7	0.7	1.2	97.4	100.0	2,205
Region						
Tbilisi	2.4	1.5	2.2	93.9	100.0	1,079
Imereti	0.6	0.9	1.4	97.1	100.0	845
North-East	0.6	1.0	0.8	97.7	100.0	882
South	0.4	0.3	1.0	98.2	100.0	780
West	1.5	0.9	1.9	95.7	100.0	981
Age Group						
15-24	0.5	1.0	0.0	98.5	100.0	778
25-34	1.3	0.8	1.0	97.0	100.0	1,895
35-44	1.5	1.1	2.6	94.8	100.0	1,894
Education Level						
Secondary Incomplete or Less	0.0	0.2	0.0	99.8	100.0	442
Secondary Complete	0.7	0.8	1.3	97.2	100.0	1,538
Technicum	1.4	0.9	1.7	96.1	100.0	1,333
University/Postgraduate	2.2	1.6	2.2	94.1	100.0	1,254
Socio-Economic Status						
Low	0.4	0.6	0.8	98.1	100.0	1,500
Medium	1.1	1.0	1.8	96.1	100.0	2,447
High	3.3	1.5	2.3	92.9	100.0	620
Ethnic Group						
Georgian	1.4	1.0	1.6	96.0	100.0	3,700
Azeri	0.4	0.4	0.4	98.9	100.0	442
Armenian	0.7	0.8	1.8	96.7	100.0	241
Other	0.9	1.8	1.3	95.9	100.0	184
Current Contraceptive Use						
Any Modern Method	1.1	1.6	1.1	96.2	100.0	849
Traditional Methods	1.0	0.5	0.8	97.7	100.0	886
None	1.3	0.9	1.9	95.9	100.0	2,832
Ever Had Gynecologic Exam						
Ever Had	1.7	1.3	2.1	95.0	100.0	3,285
Never Had	0.0	0.2	0.1	99.7	100.0	1,282

TABLE 7.3.2
Most Common Cited Reasons for Never Having a Pap Smear by Age Group
Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Georgia, 1999/2000
(Percent Distribution)

		Age Group		
Reasons	**Total**	**15-24**	**25-34**	**35-44**
Doctor Never Recommended	**42.3**	34.3	43.7	44.6
Never Heard of Cervical Cancer Screening	**34.6**	40.4	34.9	31.9
No Need to Have Cervical Cancer Screening	**18.8**	22.9	17.9	18.0
Neglected to Have Cervical Cancer Screening	**2.7**	1.8	2.4	3.1
Not Currently Sexually Active	**0.2**	0.0	0.2	0.3
Other reasons	**1.4**	0.6	0.9	2.1
Total	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**4,400**	**765**	**1,840**	**1,795**

TABLE 7.5
Percentage of Women Who Have Been Told By a Doctor That They Have Selected Health Problems by Selected Characteristics Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Pelvic Inflam. Disease	Heart Disease	High Blood Pressure	Urinary Infection	Anemia	Hepatitis B	Asthma	Diabetes	No. of Cases
Total	**18.6**	**10.4**	**8.6**	**6.9**	**5.9**	**1.8**	**1.3**	**0.5**	**6,143**
Residence									
Urban	19.4	10.4	9.0	7.8	6.6	1.9	1.9	0.6	3,286
Rural	17.7	10.5	8.1	5.7	5.1	1.6	0.7	0.3	2,857
Region									
Tbilisi	18.1	11.7	9.6	9.0	9.0	2.0	2.1	0.8	1,521
Imereti	20.5	7.7	7.1	7.9	4.4	1.7	1.4	0.3	1,168
North-East	18.3	12.2	8.9	7.3	5.7	1.7	0.8	0.3	1,140
South	16.3	9.0	7.6	4.9	3.8	1.3	0.2	0.2	974
West	19.9	10.5	9.0	4.7	5.1	1.9	1.6	0.5	1,340
Age Group									
15-24	7.8	4.6	3.0	2.6	3.5	1.4	1.1	0.2	1,876
25-34	21.0	9.6	7.8	7.4	7.6	1.9	1.1	0.6	2,211
35-44	28.9	18.1	15.9	11.2	7.1	2.1	1.8	0.7	2,056
No. of Living Children									
None	7.6	5.5	3.4	3.5	3.2	1.8	1.4	0.2	1,986
One	21.9	9.0	9.7	8.0	8.7	1.4	1.3	0.5	1,025
Two	27.9	14.6	12.1	10.0	7.9	1.9	1.6	0.8	2,202
Three or More	25.4	16.3	14.1	8.2	6.2	1.8	0.5	0.5	930
Education Level									
Secondary or Less	14.9	9.3	6.3	4.6	4.2	1.3	1.1	0.5	2,880
Technicum	24.3	14.0	12.7	9.5	6.6	2.0	1.5	0.6	1,568
University/Postgraduate	20.6	9.4	9.3	8.7	8.6	2.5	1.5	0.3	1,695
Socio-Economic Index									
Low	16.7	9.8	7.0	5.3	5.8	1.4	1.0	0.3	1,969
Medium	19.5	11.5	9.6	7.3	5.4	2.0	1.3	0.6	3,325
High	19.5	7.8	8.3	8.5	8.1	1.9	2.1	0.2	849
Ethnic Group									
Georgian	19.4	10.3	8.7	7.2	6.2	2.0	1.5	0.5	5,089
Azeri	12.3	8.9	8.2	4.9	3.7	0.6	0.1	0.3	539
Armenian	17.2	9.2	5.8	3.6	3.9	1.1	0.6	0.8	294
Other	19.0	19.3	10.6	8.1	6.4	0.7	1.1	0.7	221
No. of Lifetime Partners									
Never Had Intercourse	5.1	5.1	3.0	3.0	2.7	1.8	1.4	0.1	1,576
1	25.0	12.7	11.3	8.5	7.3	1.7	1.2	0.6	4,423
2+	32.8	23.1	13.4	16.1	13.2	3.5	3.5	2.1	144

TABLE 8.1.1
Percent of Women Aged 15-44 Who Have Heard of Specified Sexually Transmitted Diseases by Selected Characteristics
Reproductive Health Survey: Georgia, 1999/2000

Characteristics	AIDS	Syphilis	Yeast Infection	Gonorrhea	Tricho-monas	Chlamydia	Genital Warts	Genital Herpes	No. of Cases
Total	**93.3**	**81.4**	**79.6**	**59.9**	**56.8**	**16.3**	**14.8**	**10.5**	**6,143**
Residence									
Urban	98.6	90.0	86.6	70.4	68.3	23.4	19.2	15.6	3,286
Rural	86.8	70.7	71.1	47.0	42.6	7.5	9.4	4.2	2,857
Region									
Tbilisi	99.1	91.3	86.7	75.1	74.6	32.6	22.8	21.6	1,521
Imereti	98.1	87.0	87.2	66.5	59.8	12.8	16.7	7.9	1,168
North-East	91.8	79.2	79.6	56.0	54.9	10.8	11.5	5.5	1,140
South	77.9	64.7	53.1	40.5	37.3	6.8	7.7	4.8	974
West	95.6	79.9	85.2	55.2	49.9	11.4	12.1	8.0	1,340
Age Group									
15-24	89.9	64.2	69.2	38.3	34.9	9.5	11.0	7.5	1,876
25-34	95.6	90.7	86.5	70.3	67.8	19.3	17.0	12.6	2,211
35-44	94.9	92.1	84.9	74.6	71.3	21.0	16.9	11.8	2,056
Marital Status									
Currently Married/In Union	94.0	88.5	83.6	68.6	66.7	18.5	14.9	10.1	4,190
Previously Married	91.1	89.7	84.6	72.5	70.2	22.0	20.1	14.6	369
Never Married	92.4	66.9	71.5	41.6	36.1	11.2	13.6	10.5	1,584
No. of Living Children									
None	92.0	68.8	72.4	44.9	39.7	13.4	13.7	10.7	1,986
One	95.1	90.7	86.4	73.9	71.2	24.9	18.9	15.7	1,025
Two	94.8	90.4	85.8	70.7	69.8	18.5	16.6	10.2	2,202
Three or More	91.9	86.9	79.3	62.9	60.5	10.4	9.5	5.2	930
Education Level									
Secondary or Less	87.3	67.6	67.5	40.6	38.2	7.0	8.2	4.4	2,880
Technicum	98.8	94.4	91.2	76.5	72.3	18.3	19.3	11.5	1,568
University/Postgraduate	99.8	96.1	92.5	81.7	78.3	32.1	23.1	21.3	1,695
Ethnic Group									
Georgian	97.6	85.1	85.9	63.7	61.1	17.5	16.4	11.6	5,089
Azeri	56.2	45.2	32.0	23.0	18.6	1.8	1.8	1.0	539
Armenian	91.5	83.5	67.0	58.6	52.3	13.2	11.1	5.9	294
Other	91.1	84.2	73.0	67.1	60.1	27.8	15.1	14.8	221
No. of Lifetime Partners									
Never Had Intercourse	92.4	66.8	71.4	41.5	36.0	11.1	13.6	10.5	1,576
1	93.6	88.3	83.4	68.5	66.5	18.3	15.1	10.2	4,423
2+	97.3	96.8	92.1	83.0	83.1	31.9	23.6	19.6	144

TABLE 8.1.2
Percent of Women Aged 15-44 Who Have Heard of HIV/AIDS, Percent Who Know Where HIV Testing Can be Provided and Percent Who Believe HIV/AIDS Infection Can Be Asymptomatic by Selected Characteristics
Reproductive Health Survey: Georgia, 1999/2000

	Have Heard of HIV/AIDS		Know Where HIV Tests are Provided		Believe That HIV/AIDS Infection Can Be Asymptomatic	
Characteristics	%	N	%	N	%	N
Total	**93.3**	**6,143**	**19.2**	**6,143**	**55.7**	**5,776**
Residence						
Urban	98.6	3,286	24.6	3,286	63.5	3,246
Rural	86.8	2,857	12.5	2,857	44.9	2,530
Region						
Tbilisi	99.1	1,521	30.6	1,521	66.5	1,511
Imereti	98.1	1,168	18.3	1,168	58.2	1,148
North-East	91.8	1,140	14.9	1,140	52.2	1,053
South	77.9	974	10.3	974	40.3	775
West	95.6	1,340	16.8	1,340	53.0	1,289
Age Group						
15-24	89.9	1,876	14.2	1,876	51.3	1,696
25-34	95.6	2,211	21.4	2,211	58.7	2,118
35-44	94.9	2,056	22.7	2,056	57.7	1,962
No. of Living Children						
None	92.0	1,986	18.8	1,986	55.8	1,847
One	95.1	1,025	22.4	1,025	61.9	978
Two	94.8	2,202	21.1	2,202	56.1	2,098
Three or More	91.9	930	12.7	930	48.1	853
Education Level						
Secondary or Less	87.3	2,880	11.3	2,880	43.4	2,530
Technicum	98.8	1,568	22.5	1,568	60.5	1,554
University/Postgraduate	99.8	1,695	31.2	1,695	72.1	1,692
Socio-Economic Index						
Low	86.4	1,969	10.7	1,969	43.1	1,726
Medium	95.9	3,325	21.1	3,325	58.4	3,211
High	98.6	849	31.0	849	70.6	839
Ethnic Group						
Georgian	97.6	5,089	21.2	5,089	58.4	4,989
Azeri	56.2	539	4.2	539	23.1	314
Armenian	91.5	294	14.2	294	41.5	270
Other	91.1	221	18.0	221	59.8	203
No. of Lifetime Partners						
Never Had Intercourse	92.4	1,576	18.7	1,576	56.0	1,473
1	93.6	4,423	19.2	4,423	55.4	4,164
2+	97.3	144	26.0	144	61.1	139

TABLE 8.2.1
Percent of Women Aged 15-44 Who Have Been Diagnosed with Specified Sexually Transmitted Diseases by Selected Characteristics Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Yeast Infection	Trichomonas	Chlamydia	Gonorrhea	Genital Warts	Syphilis	Genital Herpes	No.of Cases
Total	**7.9**	**6.6**	**0.4**	**0.2**	**0.2**	**0.1**	**0.1**	**6,143**
Residence								
Urban	11.0	9.2	0.6	0.3	0.3	0.1	0.1	3,286
Rural	4.1	3.4	0.1	0.2	0.1	0.0	0.0	2,857
Region								
Tbilisi	16.0	13.0	0.9	0.4	0.4	0.0	0.3	1,521
Imereti	5.8	5.2	0.1	0.7	0.4	0.1	0.0	1,168
North-East	6.1	5.5	0.5	0.2	0.0	0.2	0.1	1,140
South	4.4	4.0	0.2	0.0	0.0	0.1	0.0	974
West	4.3	3.2	0.1	0.0	0.2	0.0	0.1	1,340
Age Group								
15-24	3.4	2.1	0.1	0.0	0.1	0.1	0.0	1,876
25-34	11.4	9.1	0.8	0.3	0.2	0.1	0.2	2,211
35-44	9.9	9.4	0.3	0.4	0.3	0.1	0.1	2,056
Marital Status								
Currently Married/In Union	11.3	9.7	0.6	0.3	0.3	0.1	0.2	4,190
Previously Married	13.2	8.2	0.7	0.8	0.0	0.2	0.0	369
Never Married	0.8	0.6	0.0	0.0	0.0	0.0	0.0	1,584
No. of Living Children								
None	2.5	2.1	0.5	0.1	0.1	0.0	0.1	1,986
One	15.9	9.3	0.4	0.3	0.0	0.0	0.2	1,025
Two	11.3	10.1	0.3	0.3	0.5	0.2	0.1	2,202
Three or More	7.3	8.7	0.1	0.3	0.3	0.0	0.0	930
Education Level								
Secondary or Less	3.7	3.5	0.1	0.1	0.1	0.1	0.0	2,880
Technicum	8.4	7.8	0.2	0.5	0.2	0.2	0.1	1,568
University/Postgraduate	15.6	11.5	1.0	0.3	0.3	0.0	0.2	1,695
Ethnic Group								
Georgian	8.6	7.3	0.4	0.3	0.2	0.1	0.1	5,089
Azeri	2.3	1.7	0.0	0.0	0.0	0.0	0.0	539
Armenian	4.5	4.2	0.3	0.0	0.0	0.0	0.0	294
Other	11.4	7.5	0.7	0.7	0.7	0.0	0.4	221
No. of Lifetime Partners								
Never Had Intercourse	0.8	0.5	0.0	0.0	0.0	0.0	0.0	1,576
1	11.0	9.1	0.5	0.3	0.3	0.1	0.1	4,423
2+	24.9	24.4	1.7	0.6	1.2	0.0	0.6	144

TABLE 8.2.2
Level of Awareness, Testing, Diagnostic, and Treatment for STDs
Among Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse
By Specified Sexually Transmitted Diseases
Reproductive Health Survey: Georgia, 1999/2000

Specific STDs	Awareness of STD	Testing for STDs	Diagnostic of STDs	Treatment for STDs	Unweighted Number of Cases
HIV/AIDS	93.7	6.5	*	*	4,567
Syphilis	88.6	9.6	0.1	0.1	4,567
Yeast Infection	83.7	22.6	11.5	11.2	4,567
Gonorrhea	69.0	6.5	0.4	0.4	4,567
Trichomonas	67.1	18.0	9.6	9.4	4,567
Chlamydia	18.8	2.8	0.6	0.5	4,567
Genital Warts	15.4	0.4	0.3	0.3	4,567
Genital Herpes	10.5	0.3	0.1	0.1	4,567
Any STDs	**95.9**	**30.3**	**16.1**	**15.8**	**4,567**

* Respondents were not asked about the results of HIV testing

TABLE 8.3
Percent of Sexually Experienced Women 15-44 Who Have Ever HadVaginal Discharge and Percent Who Reported Other Symptoms Associated with Vaginal Discharge by Selected Characteristics
Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Vaginal Discharge or Genital Ulcer			Symptoms Associated with Vaginal Discharge				
	Vaginal Discharge	Genital Ulcer/Sores	N	Abdominal Pains	Pain During Intercourse	Vaginal Prurit	Dysuria	N
Total	**24.0**	**4.7**	**4,567**	**59.3**	**30.7**	**26.2**	**16.0**	**1,105**
Residence								
Urban	25.1	4.8	2,362	55.2	29.0	27.1	16.3	609
Rural	22.7	4.5	2,205	64.5	32.7	25.0	15.7	496
Region								
Tbilisi	29.1	3.9	1,079	50.9	29.4	28.3	15.9	329
Imereti	23.0	5.8	845	59.8	31.6	24.9	19.4	193
North-East	26.7	5.6	882	62.8	31.3	23.8	14.2	232
South	18.6	4.5	780	68.7	31.8	27.9	14.7	146
West	20.9	4.2	981	61.2	30.3	25.3	16.6	205
Age Group								
15-24	23.0	5.4	778	51.6	37.4	26.4	14.5	189
25-34	26.3	4.7	1,895	58.1	31.0	26.5	14.5	498
35-44	22.4	4.4	1,894	63.8	27.4	25.7	18.3	418
Education Level								
Secondary or Less	22.2	4.3	1,980	65.3	33.0	22.5	15.4	450
Technicum	24.9	5.4	1,333	62.5	28.2	29.3	20.4	331
University/Postgraduate	25.9	4.5	1,254	47.6	29.9	28.1	12.5	324
Ethnic Group								
Georgian	25.5	5.1	3,700	62.0	27.9	24.3	15.7	312
Azeri	13.4	2.2	442	60.6	32.7	26.3	16.6	611
Armenian	20.4	2.9	241	50.0	28.3	28.7	14.7	182
Other	26.7	4.9	184					
No. of Lifetime				58.4	30.0	27.0	16.2	948
1	23.9	4.8	4,423	69.5	36.6	25.2	25.4	61
2+	26.9	1.7	144	59.6	21.6	18.2	7.2	47
STDs Testing								
Never tested	18.8	3.4	3,176	61.9	26.3	19.3	14.6	593
Ever tested	35.9	7.6	1,391	56.1	35.9	34.5	17.8	512
STDs Diagnostic								
Never tested	20.0	3.8	3,825	59.7	26.8	20.1	14.5	764
Ever tested	44.6	9.3	742	58.2	39.6	40.3	19.7	341

ANNEX A

SURVEY OF IDP WOMEN LIVING IN GOVERNMENT FACILITIES Georgia, 1999-2000

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Executive Summary

As mentioned in the main body of this report an independent sample of women 15-44 years of age living in government facilities for Internally Displaced Persons (IDPs) was conducted to supplement the national household reproductive health survey. A listing of facilities throughout Georgia was supplied by the United Nations High Commission for Refugees (UNHCR) which served as the sampling frame. A systematic sample with a random start was utilized to select facilities as primary sampling units, and as in the household survey, one woman was randomly selected for interview in households with women between the ages of 15 and 44 years of age.

A new approach to IDP assistance has been launched by the government of Georgia supported by the World Bank, UNDP, and UNHCR (UNDP: *A Centre for Sustainable Human Development*, Tbilisi, 2000). The new approach recognizes the inviolable right of all refugees and IDPs to return to their homes in a secure and dignified manner and without preconditions. Lacking such an environment, the new approach also recognizes the inviolable right of all IDPs to be treated equally and in the same manner as all Georgian citizens.

The IDP survey was carried out simultaneously with the household survey by the same trained interviewers using the same questionnaire. As Table A.1 shows, 60% of IDP households had an identified woman of reproductive age yielding 1,677 women as potential respondents. Successful interviews were conducted with 1,655 for an excellent response rate of 98.7%. Most IDP women were in Tbilisi, Samegrelo and Imereti regions and 89% lived in urban areas (Table 2). Over 90% spoke Georgian language in the household and 97% reported themselves to be Georgian. About half were currently in a marital union and half had more than secondary education. Most women with children had two children.

The total fertility rate (TFR) among IDP women is estimated at 1.4 births per woman; somewhat lower than found in the household survey (1.7 birth per woman). The age-specific fertility rate for women aged 15-19 is 42 per 1,000, but is as high as 361/1,000 for married women who are 15-19 years of age. The total induced abortion rate (TIAR) is 2.5 per woman, almost twice the TFR; the 25-34 year age group contributes 57% of the total abortion rate. Four out of 10 women report having had an abortion; of women who have had an abortion, 75% report having had two or more abortions. Fifty-six percent of last pregnancies in the five years prior to the survey were reported to be unintended (8% mistimed and 47% unwanted). The planning status of the most recent pregnancy is strongly correlated with pregnancy outcome. Almost all pregnancies resulting in an induced

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abortion were unintended and 94% of live births were reported to be intended. Of all women in legal or consensual union, 56% do not want any more children and 19% report that they or their partner are subfecund. More than 80% (82%) of fecund women do not want any more children if they have two children and more than 95% do not want any more children if they have three or more children.

Almost all women (99%) have heard of at least one modern contraceptive method, principally the IUD and the condom. However, only 73% have heard about birth-control pills and only 45% have heard about tubal ligation and less than 10% have heard of injectables or vasectomy. Knowledge levels are lower among unmarried women and among young adults. Two-thirds of women know or have heard about periodic abstinence and only 46% have heard about withdrawal. Although IUDs and condoms are well known, only two-thirds of women know how they are used. Except for the condom, most women do not know where to obtain modern contraceptive methods. With the exception of IUD's and the condom, more than 50% of women do not know anything about the effectiveness of contraceptive methods in preventing pregnancy. Even though most women have heard of the IUD only 35% think it is "very effective" in preventing pregnancy.

Contraceptive prevalence among IDP women in union is only 41%, with slightly over one-half using modern methods, principally the IUD (13%). The second most common method used is withdrawal (10%). There are minimal differences in prevalence by geographic area although the proportion of women using modern methods is significantly higher in urban areas (54%) and among women with no children or one child (67%). Only 7% of married women with no children are using contraception, which may reflect the pressure to have a child soon after marriage. Although more than 90% of women with three or more children do not want any more children, only 2% have had a surgical contraception. Sixty-nine percent of modern method users obtain or obtained their method in public sector clinics or maternities and 24% in pharmacies or stores. Because pharmacies are in a process of privatization, it is difficult to differentiate among public, private, and mixed ownership pharmacies.

One third of IDP women represent the potential demand for family planning services, that is, they are at risk of an unintended pregnancy. Only 21% are using a contraceptive method. However, as 10% of all women and 19% of women in union are using traditional methods, unmet demand (women using less effective methods or non-users) is estimated at 21% of all women and 40% of women in union. These percentages represent approximately 26,000 and 25,000 IDP women living in facilities, respectively, who are at risk of an unintended pregnancy.

Almost all women (97%) who gave birth in the past five years had prenatal care, mainly at women's consultation clinics. The mean number of prenatal care visits was 7.5. About one in four women had ten or more visits (data not shown). Under the state subsidized prenatal care program, the State Medical Insurance Company covers only 4 free prenatal care visits (at 13, 20, 30, and 36 weeks of gestation). Two more visits are allowed under a co-payment plan. Additional visits, if needed, are entirely supported as out-of-pocket expenses. Thus, the average number of prenatal care visits is actually slightly higher than the recommended number covered by the state health insurance, either because women decide to cover extra-visits at their own expense or because some women, who gave birth prior to 1995, had benefited of the previous MOH recommendations. However, if we compare the prenatal care utilization with international standards, the majority of women do not meet the criteria of adequate prenatal care.

According to the Kotelchuck Index, which assesses the adequacy of prenatal care based on recommendations issued by the American College of Obstetricians and Gynecologists (ACOG) and takes into account when care begins and the duration of gestation, only 27% of women had adequate or more than adequate care. Women with less than adequate care were more likely to live in Samegrelo, or be in the 35-44 year age range.

Virtually all deliveries (97%) take place in maternities or hospitals. In the five years prior to the survey 15% of pregnancies resulted in still births and 14% were either low birth weight or a preterm birth. For live births, the average duration of breastfeeding was only 7.8 months with the mean duration of full breastfeeding a minimal 2.0 months.

Health behaviors were also investigated in the survey. Of women who have had sexual intercourse, only 33% had a routine gynecologic exam in the past year; 22% had not had one in more than three years, and 23% reported never having had an exam. Overall, 74% of sexually experienced women have never done a breast self examination (BSE) and only 16% of women aged 35-44 reported doing a BSE every month. Only one percent of sexually experienced women said they had a cervical cancer screening in the past year. Most women had never had cervical cancer screening. The prevalence of smoking and drinking alcoholic beverages will be reported in the final report. One-fifth (22%) of women have been diagnosed with pelvic inflammatory disease (PID) and high blood pressure has been diagnosed in 12% of reproductive-age IDP women.

Although awareness of HIV/AIDS is generally high among IDP women, the ability to identify some other STDs is limited. The majority of women said they were aware of AIDS (97%), yeast infection (88%) and syphilis (86%), but fewer were aware of other common STDs (Table A.31).

Respondents demonstrated moderate levels of awareness of gonorrhea (63%) and trichomonas (56%) and low levels of knowledge about the names of several other diseases which are transmitted through sexual contact; only 13% of women have heard of chlamydia, 13% have recognized that genital warts are transmitted sexually and 9% have heard of genital herpes. Only very few women have knowledge of places which provide HIV testing (14%) and only 59% of women who had heard of AIDS knew that HIV infection could be asymptomatic and a person could be infected without being sick (Table A.32).

The most often diagnosed STDs were candidiasis (yeast infection) and trichomonas. Overall, 5% of all respondents report having had a yeast infection and 3% reported trichomoniasis. Less than one percent reported gonorrhea or syphilis (Table A.33). The most frequently tested and reported STDs among sexually experienced women were yeast infection and trichomoniasis (Table A.34). About one in five women has been tested for these conditions. For both infections, the positivity rate was about 50% among those tested.

Over one in four sexually experienced women reported abnormal vaginal discharge (27%) and 6% reported "sores, warts, or ulcers in the genital area" within the past 12 months. Reports of STD signs and symptoms were higher among women who have ever been tested for or diagnosed with a STD. Among women who have recently experienced vaginal discharge, 66% reported also low abdominal pain, 30% reported dyspareunia (pain during sexual intercourse), 24% reported vaginal prurit, and 18 % reported painful urination (dysuria).

TABLE A.1

Results of Household Visits and Interview Status of Eligible Women By Region

Internally Displaced Persons (IDPs) Living in Government Facilities

Reproductive Health Survey: Georgia, 1999/2000

(Percent Distribution)

		Region			
Households in Gov. Facilities	**Total**	**Tbilisi**	**Samegrelo**	**Imereti**	**Other Regions***
Identified Eligible Women†	60.0	67.4	56.6	58.7	56.0
No eligible women	34.7	31.4	33.8	37.6	37.0
Unoccupied Household	2.5	0.1	6.2	0.6	2.4
Resident(s) Not At Home	0.1	0.0	0.1	0.1	0.0
Household Refusal	2.8	1.1	3.3	3.1	4.6
Total	100.0	100.0	100.0	100.0	100.0
No. of IDP Households	**2,797**	**760**	**857**	**721**	**459**
Eligible Women					
Completed Interviews	98.7	99.2	97.1	99.5	99.2
Selected Respondent Absent	0.5	0.4	1.2	0.0	0.0
Selected Respondent Refusal	0.3	0.4	0.4	0.2	0.0
Other‡	0.5	0.0	1.2	0.2	0.8
Total	100.0	100.0	100.0	100.0	100.0
No. of IDP Eligible Women	**1,677**	**512**	**485**	**423**	**257**
Eligible IDP Women with Complete Interviews	**1,655**	**508**	**472**	**422**	**253**

* Includes Achara, Kakheti, Shida Kartli, Kvemo Kartli, Mtskheta-Mtianeti, and Samtskhe-Javakheti.

† Includes Women of Fertile Age (WFA) Aged 15-44 with completed interviews, incomplete interviews, women who were absent, who where handicapped, or who refused to be interviewed.

‡ Includes 9 women with handicap preventing them to be interviewed.

TABLE A.2
Characteristics of IDP Women with Completed Interviews by Region
Reproductive Health Survey: Georgia, 1999/2000
(Percent Distribution)

Characteristics	Total	Region			
		Tbilisi	Samegrelo	Imereti	Other Regions
Residence					
Urban	88.9	100.0	65.6	100.0	92.3
Rural	11.1	0.0	34.4	0.0	7.7
Age Group					
15-24	36.6	41.0	37.9	31.7	32.8
25-34	27.2	30.5	23.1	28.5	25.8
35-44	36.2	28.5	39.0	39.8	41.4
Education					
Secondary or Less	49.3	40.6	54.2	55.7	47.9
Technicum	27.7	23.0	29.4	31.3	28.5
University/Postgraduate	23.0	36.4	16.4	12.9	23.6
Marital Status					
Married	51.8	43.2	56.4	56.5	53.4
Consensual Union	0.7	0.9	0.8	0.2	0.9
Previously Married	8.5	8.6	6.3	8.6	12.6
Never Married	39.0	47.3	36.5	34.7	33.1
No. of Living Children					
None	43.7	52.8	42.0	38.1	37.1
One	14.5	15.5	12.3	13.1	18.7
Two	28.0	23.6	28.3	33.2	28.5
Three	10.7	6.6	13.2	12.6	11.3
Four or more	3.1	1.4	4.2	3.0	4.3
Ethnicity					
Georgian	97.4	97.8	96.2	99.2	96.0
Armenian	0.3	0.1	0.5	0.0	0.6
Other	2.3	2.0	3.3	0.8	3.4
Language					
Georgian	92.8	96.1	83.5	97.2	96.6
Russian	2.6	2.3	4.7	0.8	2.5
Mengrelian-Georgian	4.5	1.6	11.5	2.1	0.9
Other	0.1	0.0	0.3	0.0	0.0
Socioeconomic Index					
Low	79.0	58.4	89.9	87.8	87.4
Middle	20.0	39.1	10.1	11.6	12.3
High	1.0	2.4	0.0	0.6	0.3
Employment					
Working	15.1	20.4	12.6	10.1	16.6
Not Working	84.9	79.6	87.4	89.9	83.4
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	**1,655**	**508**	**472**	**422**	**253**

TABLE A.3

Three-Year Period Age-specific Fertility Rates and Age-specific Marital Fertility Rates

Per 1,000 IDP Women Aged 15-44

Reproductive Health Survey: Georgia, 1999/2000

Age at Pregnancy Outcome*	Age-specific Fertility Rates	Age-specific Marital Fertility Rates†
15-19	42	361
20-24	110	267
25-29	74	107
30-34	38	45
35-39	21	23
40-44	1	2
Total (per woman)	**1.4**	**4.0**

* Live births occurring between December 1996-November 1999

† Excludes births occurring before the date of first union for ever married women

TABLE A.4

Three-year Period Age-specific Induced Abortion (IA)† Rates and Age-specific Marital IA Rates Per 1,000 IDP Women Aged 15-44

Reproductive Health Survey: Georgia, 1999/2000

Age at Pregnancy Outcome*	Age-specific IA Rates	Age-specific Marital IA Rates†
15-19	22	191
20-24	90	220
25-29	148	216
30-34	134	159
35-39	75	86
40-44	24	27
Total (per woman)	**2.5**	**4.5**

* Induced abortions occurring between December 1996- November 1999
† Excludes induced abortions occurring before the date of first union for ever married women

TABLE A.5
Percentage of IDP Women Who Have Had at Least One Abortion and Percent Distribution of Women Who Have Ever Had an Abortion By Number of Lifetime Abortions by Selected Characteristics
Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Ever Had an Abortion		Number of Lifetime Induced Abortions Among Women Who Have Ever Had An Abortion								
	%	No. of Cases	1	2	3	4	5-6	7-9	10+	Total	No. of Cases
Total	**39.2**	**1,655**	**24.8**	**23.0**	**15.7**	**10.5**	**10.0**	**8.0**	**7.9**	**100.0**	**712**
Residence											
Urban	38.1	1,473	23.9	22.9	16.7	11.2	10.0	7.7	7.6	100.0	624
Rural	48.0	182	30.8	23.1	9.4	6.0	10.3	10.3	10.3	100.0	88
Region											
Tbilisi	31.9	508	27.5	26.1	12.6	10.8	10.4	8.6	4.1	100.0	188
Samegrelo	40.6	472	27.5	21.7	13.6	10.1	10.9	8.1	8.1	100.0	204
Imereti	44.7	422	22.7	21.8	18.1	12.6	8.8	5.9	10.1	100.0	203
Other Regions	42.9	253	19.3	22.1	20.7	7.1	10.0	10.7	10.0	100.0	117
Age Group											
15-24	6.4	512	49.1	30.2	5.7	3.8	7.5	3.8	0.0	100.0	48
25-34	46.2	520	30.2	21.1	14.5	12.7	12.0	6.2	3.3	100.0	259
35-44	66.8	623	19.6	23.2	17.4	10.0	9.2	9.4	11.1	100.0	405
Marital Status											
Currently Married/In Union	67.0	987	23.8	23.5	15.5	10.3	10.5	8.4	8.1	100.0	641
Previously Married	47.1	148	34.1	18.2	18.2	12.5	5.7	4.5	6.8	100.0	71
Never Married	0.0	520	*	*	*	*	*	*	*	*	0
No. of Living Children											
None	0.7	612	*	*	*	*	*	*	*	*	5
One	41.3	291	38.2	30.5	7.6	12.2	6.1	3.8	1.5	100.0	121
Two	76.1	535	22.9	21.2	16.9	11.6	13.1	5.8	8.6	100.0	406
Three or More	84.1	217	19.4	22.9	18.2	7.9	6.7	14.6	10.3	100.0	180
Education Level											
Secondary or Less	36.4	775	23.9	18.3	14.0	12.5	12.5	7.9	10.9	100.0	317
Technicum	51.2	490	23.8	24.4	17.0	8.7	9.3	10.0	6.8	100.0	262
University/Postgraduate	30.6	390	29.2	31.8	17.5	9.1	5.2	4.5	2.6	100.0	133

TABLE A.6
Planning Status of the Last Pregnancy Among IDP Women 15-44 Years of Age With at Least One Pregnancy Since January 1994 by Selected Characteristics Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Planning Status of the Last Pregnancy					
	Intended	Mistimed	Unwanted	Not Sure	Total	No. of Cases
Total	**43.8**	**8.2**	**47.3**	**0.8**	**100.0**	**589**
Pregnancy Outcome						
Current Pregnancy	91.8	3.3	4.9	0.0	100.0	59
Live Birth	94.1	3.2	2.7	0.0	100.0	197
Induced Abortion	2.3	12.1	84.1	1.4	100.0	302
Other Pregnancy Outcomes*	53.1	9.4	37.5	0.0	100.0	31
Age Group†						
15-24	68.1	13.5	17.9	0.5	100.0	184
25-34	37.9	8.2	52.9	1.0	100.0	287
35-44	21.8	0.7	76.9	0.7	100.0	118
Marital Status						
Currently Married/In Union	43.2	8.0	48.0	0.8	100.0	570
Previously Married	‡	‡	‡	‡	100.0	19
No. of Living Children						
None	90.0	2.5	7.5	0.0		38
One	65.7	19.1	13.7	1.5	100.0	187
Two	29.7	4.7	65.0	0.7	100.0	271
Three or More	25.9	0.0	74.1	0.0	100.0	93
Education Level						
Secondary or Less	42.9	8.1	48.3	0.7	100.0	261
Technicum	39.7	6.4	52.5	1.4	100.0	196
University/Postgraduate	51.7	11.0	37.2	0.0	100.0	132
Index						
Low	43.5	7.3	48.2	1.0	100.0	455
Middle&High	44.7	11.3	44.0	0.0	100.0	134

* Includes pregnancies resulted in stillbirth, miscarriage or ectopic pregnancy
† Age of the woman at the time of pregnancy outcome
‡ Fewer than 25 cases in that category

TABLE A.7

Fertility Preferences by Number of Living Children and By Age Group

IDP Women Currently In Legal or Consensual Marriage Aged 15-44 Years

Reproductive Health Survey: Georgia, 1999/2000

	Total	Number of Living Children*			
Desire For Children		**None**	**One**	**Two**	**Three or More**
Want a Child Within an Year	**6.5**	48.2	13.2	2.0	1.1
Want a Child After 1-2 Years	**7.5**	7.4	23.9	3.4	0.0
Want a Child After 3-5 Years	**4.7**	1.9	17.0	1.3	0.4
Want a Child Later than Five Years	**0.6**	0.0	2.7	0.0	0.0
Undecided	**6.1**	3.7	9.1	7.0	1.8
Want No More Children	**55.7**	0.0	18.9	66.8	79.5
Subfecund/Infecund	**18.9**	38.9	15.2	19.5	17.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**987**	**48**	**247**	**494**	**198**

		Age Group		
Desire For Children	**Total**	**15-24**	**25-34**	**35-44**
Want a Child Within an Year	**6.5**	12.6	8.8	3.2
Want a Child After 1-2 Years	**7.5**	21.9	11.1	0.7
Want a Child After 3-5 Years	**4.7**	19.1	4.5	0.3
Want a Child Later than Five Years	**0.6**	3.3	0.3	0.0
Undecided	**6.1**	10.9	11.9	0.8
Want No More Children	**55.7**	27.9	50.1	67.9
Subfecund/Infecund	**18.9**	4.4	13.3	27.0
Total	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**987**	**163**	**358**	**466**

* Women currently pregnant at the time of the interview were classified as having one more living child than the actual number

TABLE A.8
Percentage of IDP Women 15-44 Years of Age
Who Have Heard of Specific Contraceptive Methods
by Residence and By Region
Reproductive Health Survey: Georgia, 1999/2000

		Residence		Region			
Contraceptive Method	**Total**	**Urban**	**Rural**	**Tbilisi**	**Samegrelo**	**Imereti**	**Other Regions**
Any Method	**98.8**	99.0	97.1	99.6	97.6	98.9	99.1
Any Modern Method	**98.8**	99.0	97.1	99.6	97.6	98.9	99.1
IUD	**97.4**	97.6	95.9	98.6	95.1	98.3	97.9
Condom	**95.6**	96.4	89.3	99.1	90.1	96.4	97.5
Pills	**73.3**	74.0	67.6	82.2	70.6	67.4	69.6
Tubal Ligation	**45.4**	46.9	33.6	43.3	39.3	56.7	43.3
Spermicides	**9.6**	10.1	5.3	12.2	6.6	8.3	12.0
Vasectomy	**9.0**	9.4	6.1	14.4	6.1	8.4	4.0
Injectables (Depo-Provera)	**3.0**	3.0	2.9	5.9	2.5	1.3	0.3
Emergency Contraception	**2.4**	2.4	2.9	4.6	2.5	0.8	0.3
Any Traditional Method	**68.7**	69.5	62.3	70.2	62.3	73.0	71.2
Calendar (Rhythm Met.)	**65.7**	66.8	57.0	67.5	57.4	70.2	70.6
Withdrawal	**45.6**	45.5	46.3	41.6	40.9	52.9	51.5
Unweighted No. of Cases	**1,655**	**1,473**	**182**	**508**	**472**	**422**	**253**

TABLE A.9

Percentage of IDP Women Aged 15-44 Who Have Heard of Specific Contraceptive Methods By Marital Status and by Age Group

Reproductive Health Survey: Georgia, 1999/2000

	Total	Marital Status		Age Group		
Contraceptive Method		Currently In Union	Not Currently in Union	15-24	25-34	35-44
Any Method	**98.8**	**100.0**	**97.4**	**97.5**	**100.0**	**99.1**
Any Modern Method	**98.8**	100.0	97.4	97.5	100.0	99.1
IUD	**97.4**	99.7	94.8	94.6	98.8	99.1
Condom	**95.6**	97.2	93.9	93.0	98.8	95.8
Pills	**73.3**	77.4	68.9	66.3	80.0	75.4
Tubal Ligation	**45.4**	55.9	33.8	29.4	55.0	54.4
Spermicides	**9.6**	11.3	7.7	6.0	10.4	12.6
Vasectomy	**9.0**	9.8	8.1	4.9	15.8	8.1
Injectables (Depo-Provera)	**3.0**	3.8	2.0	1.6	5.4	2.5
Emergency Contraception	**2.4**	3.1	1.6	1.2	4.4	2.1
Any Traditional Method	**68.7**	87.3	48.2	41.3	83.2	85.6
Calendar (Rhythm Met.)	**65.7**	83.6	45.8	37.5	80.2	83.2
Withdrawal	**45.6**	65.9	23.2	19.5	56.0	64.3
Unweighted No. of Cases	**1,655**	**987**	**668**	**512**	**520**	**623**

TABLE A.10
Percentage of IDP Women 15-44 Years of Age Who Say They Know How Specific Contraceptive Methods are Used By Marital Status and by Age Group Reproductive Health Survey: Georgia, 1999/2000

	Total	Marital Status		Age Group		
Contraceptive Method		**Currently In Union**	**Not Currently in Union**	**15-24**	**25-34**	**35-44**
Any Method	**80.5**	**89.8**	**70.1**	**70.9**	**85.5**	**86.3**
Any Modern Method	**77.9**	86.2	68.9	69.7	83.4	82.2
IUD	**67.4**	74.2	60.0	62.0	73.9	68.1
Condom	**66.7**	78.0	54.3	54.7	73.1	74.0
Pills	**33.3**	42.1	23.6	21.1	41.2	39.8
Tubal Ligation	**28.2**	36.6	18.9	20.0	32.8	33.2
Spermicides	**6.3**	7.5	5.0	3.1	11.4	5.7
Vasectomy	**5.5**	6.8	4.0	3.4	6.4	6.9
Injectables (Depo-Provera)	**2.2**	2.9	1.5	1.0	4.5	1.8
Emergency Contraception	**1.3**	1.8	0.8	0.5	2.4	1.4
Any Traditional Method	**46.6**	67.0	24.1	22.7	57.5	62.7
Calendar (Rhythm Met.)	**38.9**	55.4	20.7	17.7	47.7	53.7
Withdrawal	**33.1**	51.2	13.1	14.2	40.8	46.3
Unweighted No. of Cases	**1,655**	**987**	**668**	**512**	**520**	**623**

TABLE A.11

Percentage of IDP Women 15-44 Years of Age Who Know Where to Get Specific Contraceptive Methods By Marital Status and by Age Group Reproductive Health Survey: Georgia, 1999/2000

	Total	Marital Status		Age Group		
Contraceptive Method		**Currently In Union**	**Not Currently in Union**	**15-24**	**25-34**	**35-44**
Any Method	**83.1**	**88.1**	**77.6**	**77.7**	**86.4**	**86.1**
Any Modern Method	**74.5**	82.6	65.5	64.3	80.3	80.3
Condom	**73.7**	77.0	70.1	70.4	77.8	74.0
IUD	**49.1**	55.6	42.0	41.6	54.8	52.5
Tubal Ligation	**38.4**	47.1	28.9	24.7	45.5	47.0
Pills	**7.7**	9.7	5.4	4.2	7.9	11.0
Vasectomy	**7.1**	8.2	6.0	3.4	12.4	6.9
Spermicides	**2.4**	3.0	1.7	1.1	4.4	2.1
Injectables (Depo-Provera)	**1.6**	2.3	0.8	0.5	2.9	1.8
Emergency Contraception	**1.3**	1.8	0.8	0.5	2.4	1.4
Unweighted No. of Cases	**1,655**	**987**	**668**	**512**	**520**	**623**

TABLE A.12

Percent Distribution of Women 15-44 Years of Age By Their Opinion About Contraceptive Effectiveness If the Method is Used Correctly and Consistently

Reproductive Health Survey: Georgia, 1999/2000

	Contraceptive Effectiveness						
Contraceptive Method*	**Very Effective**	**Effective**	**Less or Not Effective**	**Do Not Know**	**Never Heard of the Method**	**Total**	**No. of Cases**
Vasectomy	5.6	0.9	0.1	2.4	**91.0**	100.0	1,655
Injectables	0.6	1.3	0.5	0.6	**97.0**	100.0	1,655
Tubal Ligation	26.4	5.4	0.3	13.3	**54.6**	100.0	1,655
IUD	35.0	27.9	5.6	28.9	**2.6**	100.0	1,655
Pill	9.6	29.1	9.9	24.7	**26.7**	100.0	1,655
Emergency Contraception†	0.4	1.0	0.3	0.7	**97.6**	100.0	1,655
Condom	27.0	34.0	3.6	31.0	**4.4**	100.0	1,655
Spermicides	0.5	4.3	2.1	2.7	**90.4**	100.0	1,655
Calendar	6.4	18.1	23.3	17.9	**34.3**	100.0	1,655
Withdrawal	6.9	14.6	12.1	12.0	**54.4**	100.0	1,655

* Listed in the descending order of contraceptive effectiveness when the method is used correctly and consistently, excepting emergency contraception (Hatcher et al., 1998)

† Effectiveness cannot be assessed through the same lifetable technique used for the other methods

TABLE A.13

Current Use of Contraception Among All IDP Women By Marital Status

(Percent Distribution)

Reproductive Health Survey: Georgia, 1999/2000

Use of Contraception	Total	Marital Status		
		Currently Married&In Union	Previously Married	Never Married
Currently Using	21.5	40.8	1.0	0.0
Modern Methods	11.3	21.4	1.0	0.0
IUD	6.8	13.0	0.5	0.0
Condom	2.5	4.7	0.0	0.0
Female Sterilization	1.1	2.1	0.5	0.0
Postinor (Emergency Co.)	0.6	1.0	0.0	0.0
Pill	0.3	0.6	0.0	0.0
Traditional Methods	10.2	19.4	0.0	0.0
Withdrawal	5.5	10.5	0.0	0.0
Calendar (Rhythm Met.)	4.7	8.9	0.0	0.0
Not Currently Using	78.5	59.2	99.0	100.0
Total	100.0	100.0	100.0	100.0
No. of Cases	1,655	987	148	520

TABLE A.14

Current Use of Modern and Traditional Methods by Selected Characteristics

IDP Women in Union Aged 15-44 Years

Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Any Method	Modern Methods	Traditional Methods	Percent Using a Modern Method	No. of Cases
Total	**40.8**	**21.4**	**19.4**	**53**	**987**
Residence					
Urban	40.8	22.2	18.7	**54.4**	866
Rural	40.1	15.8	24.3	**39.4**	121
Region					
Tbilisi	40.5	25.2	15.4	**62.2**	266
Samegrelo	41.5	19.0	22.5	**45.8**	302
Imereti	39.7	21.5	18.2	**54.2**	264
Other	41.2	19.2	22.0	**46.6**	155
Age Group					
15-24	31.1	18.0	13.1	**57.9**	163
25-34	42.7	27.6	15.1	**64.6**	358
35-44	42.4	18.3	24.1	**43.2**	466
No. of Living Children					
None	7.1	4.8	2.4	**67.6**	78
One	34.8	23.4	11.3	**67.2**	238
Two	45.6	23.2	22.4	**50.9**	480
Three or More	47.2	20.8	26.4	**44.1**	191
Education Level					
Secondary or Less	36.9	18.5	18.5	**50.1**	435
Technicum	39.5	19.4	20.2	**49.1**	340
University/Postgraduate	51.1	30.8	20.3	**60.3**	212
Socioeconomic Index					
Low	39.3	19.2	20.1	**48.9**	775
Middle	46.1	29.2	16.9	**63.3**	212

TABLE A.15
Current Use of Specific Contraceptive Methods by Selected Characteristics
IDP Women in Union Aged 15-44 Years
Reproductive Health Survey: Georgia, 1999/2000

		Specific Contraceptive Method Use							
		Supplied Methods					Traditional Methods		
Characteristics	Any Method	IUD	Condom	Tubal Ligation	Postinor	Pill	Withdrawal	Calendar	No. of Cases
Total	**40.8**	**13.0**	**4.7**	**2.1**	**1.0**	**0.6**	**10.5**	**8.9**	**987**
Residence									
Urban	40.8	13.6	4.9	2.1	0.8	0.7	9.6	9.0	866
Rural	40.1	8.6	3.3	2.0	2.0	0.0	16.4	7.9	121
Region									
Tbilisi	40.5	12.1	9.8	2.0	0.7	0.7	7.2	8.2	266
Samegrelo	41.5	10.4	3.6	2.7	1.9	0.3	12.6	9.9	302
Imereti	39.7	16.9	1.7	2.3	0.3	0.3	9.9	8.3	264
Other	41.2	13.0	3.4	0.6	0.6	1.7	13.0	9.0	155
Age Group									
15-24	31.1	9.3	6.0	0.0	1.6	1.1	8.7	4.4	163
25-34	42.7	15.9	6.4	2.9	1.9	0.5	10.1	5.0	358
35-44	42.4	12.2	3.2	2.2	0.2	0.5	11.4	12.7	466
No. of Living Children									
None	7.1	2.4	2.4	0.0	0.0	0.0	1.2	1.2	78
One	34.8	13.3	7.8	0.4	1.2	0.8	9.0	2.3	238
Two	45.6	13.4	4.8	3.1	1.1	0.7	11.9	10.5	480
Three or More	47.2	15.1	2.3	2.3	0.8	0.4	12.1	14.3	191
Education Level									
Secondary or Less	36.9	12.7	3.1	1.2	0.8	0.8	10.4	8.1	435
Technicum	39.5	11.7	3.6	2.6	1.0	0.5	11.0	9.2	340
University/Postgraduate	51.1	15.6	10.1	3.4	1.3	0.4	10.1	10.1	212
Socioeconomic Index									
Low	39.3	12.3	3.4	2.4	0.7	0.4	11.6	8.5	775
Middle & High	46.1	15.6	9.5	0.8	2.1	1.2	6.6	10.3	212

TABLE A.16

Source of Supply for Modern Contraceptive Methods
Among IDP Women Currently Using a Modern Method By Specific Methods
(Percent Distribution)
Women Currently in Union Age 15-44 -- Reproductive Health Survey: Georgia, 1999/2000

Source (Modern Methods)	Total*	IUD	Condom	Pills
Public Medical Sector	**68.6**	**95.0**	**1.4**	**30.3**
Hospital (Ob/Gyn Ward)	26.4	37.4	0.0	9.1
Women's Consultation Clinic	25.9	39.2	0.0	15.2
Maternity	11.0	11.0	0.0	3.0
Polyclinic	4.7	7.0	1.4	0.0
Rural Dispensary ("FAP")	0.6	0.4	0.0	3.0
Private Clinic/Office	**2.2**	**1.8**	**0.0**	**3.0**
Commercial Sales	**23.5**	**1.8†**	**75.0**	**66.7**
Pharmacy	22.9	1.8	72.2	66.7
Store/Kiosk	0.6	0.0	2.8	0.0
Other	**5.8**	**1.3**	**23.6**	**0.0**
Partner	4.7	0.0	23.6	0.0
Friend or Relative	1.1	1.3	0.0	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**319**	**196**	**65**	**30**

* Includes 22 women using tubal ligation and six women using other modern methods
† Prescription to buy the IUD at pharmacy and bring it to clinic/maternity for insertion

TABLE A.17

Most Common Cited Reasons for Not Currently Using Contraception by Age Group
IDP Women In Union Aged 15-44 Years
Reproductive Health Survey: Georgia, 1999/2000
(Percent Distribution)

		Age Group		
Reasons	**Total**	**15-24**	**25-34**	**35-44**
Female Infecundity/Subfecundity	**18.9**	5.6	13.9	27.1
Currently Pregnant or Postpartum	**16.9**	50.0	18.5	3.6
Neglected to use	**15.4**	10.3	15.7	17.1
No Sexual Intercourse Within the Last Month	**11.0**	2.4	13.9	12.4
Pelvic Inflammatory Disease (PID)	**8.5**	0.8	7.9	11.8
Wants to Get Pregnant Soon	**7.9**	15.1	10.6	3.5
Respondent doubts that she can get pregnant	**4.8**	0.0	3.2	7.7
Lack of Access to or Knowledge of FP Services	**4.3**	5.6	6.0	2.7
Personal or Partner Opposition to Family Planning	**3.4**	1.6	3.7	3.8
Fear of Side Effects	**2.5**	4.0	2.8	1.8
Approaching Menopause	**2.2**	0.0	0.0	4.4
Other reasons	**3.2**	1.6	2.8	4.1
Does not Know	**1.0**	3.2	0.9	0.3
Total	**100.0**	**100.0**	**100.0**	**100.0**
Unweighted No. of Cases	**588**	**113**	**207**	**268**

TABLE A.18
Potential Demand For Family Planning (FP) Services by Age Group
IDP Women Aged 15-44 Years
Reproductive Health Survey: Georgia, 1999/2000

Potential Demand For Family Planning (FP) Services	Total	Age Group 15-24	25-34	35-44
Women Not Currently in Need of FP Services	**67.7**	**88.7**	**60.4**	**52.3**
Never Had Sexual Intercourse	38.9	75.3	27.1	11.1
Not Currently Sexually Active*	11.6	1.6	13.6	20.4
Currently Pregnant or Postpartum	5.9	8.2	8.4	1.6
Seeking to Get Pregnant	2.3	2.6	3.2	1.3
Infecund/Subfecund**	9.0	1.0	8.1	17.9
Potential Demand for Family Planning Services	**32.3**	**11.3**	**39.6**	**47.7**
Current Users of a Modern Contraceptive Method	11.2	3.9	17.5	13.7
Current Users of a Traditional Contraceptive Method	10.1	3.0	9.2	17.9
Non-Users at Risk of Unintended Pregnancy	11.0	4.4	12.9	16.1
Total	100.0	100.0	100.0	100.0
Unmet Need for Any or More Effective Contraception‡	**21.1**	**7.4**	**22.1**	**34.0**
Unweighted No. of Cases	**1,655**	**512**	**520**	**623**

* Within the last month
† Women with sterilization surgery for noncontraceptive reasons, medical conditions that preclude pregnancy, infertility, or menopause
‡ Include Non-users at Risk of Unintended Pregnancy and Current Users of Traditional Contraceptive Methods

TABLE A.19
IDP Women Aged 15-44 Years In Need of Any or More Effective Contraceptive Methods
By Selected Characteristics
Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Any Method	Any or More Effective Method	No. of Cases
Total	**11.0**	**21.1**	**1,655**
Residence			
Urban	10.3	**19.8**	1,473
Rural	16.4	**31.1**	182
Region			
Tbilisi	8.8	**15.5**	508
Samegrelo	11.8	**24.4**	472
Imereti	10.9	**21.2**	422
Other	14.1	**26.1**	253
Age Group			
15-24	4.4	**7.4**	512
25-34	12.9	**22.2**	520
35-49	16.1	**34.0**	623
Marital Status			
Married / Common Law	20.5	**39.8**	987
Previously Married	2.1	**2.1**	148
Never Married	0.0	**0.0**	520
No. of Living Children			
None	0.5	**0.7**	612
One	15.8	**24.6**	291
Two	20.0	**39.7**	535
Three or More	20.6	**43.9**	217
Education Level			
Secondary or Less	10.7	**19.6**	775
Technicum	14.7	**27.5**	490
University/Postgraduate	7.0	**16.3**	390
Socioeconomic Index			
Low	10.6	**21.0**	1,307
Middle & High	12.2	**21.1**	348

TABLE A.20

Trimester of Pregnancy at the First Prenatal Care Visit and Number of Prenatal Visits Births in the Five Years Prior to the Survey Among IDP Women Reproductive Health Survey: Georgia, 1999/2000

	Trimester of First Visit				Number of Prenatal Visits							
Characteristics	No Visits	1st	2nd	3rd	No Visits	1-4	5-8	9-10	11+	Don't Know	Total	No. of Cases
Total	**2.7**	**67.6**	**26.2**	**3.6**	**2.7**	**24.1**	**44.6**	**18.2**	**9.9**	**0.6**	**100.0**	**475**
Residence												
Urban	2.5	67.0	26.8	3.6	2.5	24.3	43.8	19.0	9.7	0.6	100.0	425
Rural	3.7	72.2	20.4	3.7	3.7	22.2	51.9	11.1	11.1	0.0	100.0	50
Region												
Tbilisi	4.5	74.7	14.3	6.5	2.6	30.3	43.2	14.8	7.1	1.9	100.0	128
Samegrelo	2.6	61.9	33.5	1.9	4.5	22.1	37.0	25.3	11.0	0.0	100.0	142
Imereti	0.0	61.5	35.2	3.3	0.0	22.1	54.1	13.9	9.8	0.0	100.0	116
Other	3.1	72.9	21.9	2.1	3.1	19.8	46.9	17.7	12.5	0.0	100.0	89
Age Group (at Birth)												
15-24	4.4	68.1	27.4	0.0	4.4	21.2	47.8	16.8	9.7	0.0	100.0	110
25-34	2.1	69.5	23.8	4.5	2.1	23.0	45.2	18.7	10.2	0.8	100.0	330
35-44	2.5	47.5	45.0	5.0	2.5	42.5	30.0	17.5	7.5	0.0	100.0	35
Education Level												
Secondary or Less	2.1	65.1	27.8	5.0	2.1	24.9	46.9	19.1	7.1	0.0	100.0	217
Technicum	4.9	67.9	26.5	0.6	4.9	24.7	41.4	14.8	14.2	0.0	100.0	149
University/Postgraduate	0.8	71.8	22.6	4.8	0.8	21.8	44.4	21.0	9.7	2.4	100.0	109
Socio-Economic Status												
Low	3.1	64.9	28.1	3.9	3.1	25.9	44.1	16.9	9.2	0.7	100.0	370
Medium&High	0.9	77.2	19.3	2.6	0.9	17.5	46.5	22.8	12.3	0.0	100.0	105
Birth Order												
First	1.5	74.9	19.6	4.1	1.5	18.5	48.3	19.9	11.4	0.4	100.0	243
Second	3.3	64.6	28.2	3.9	3.3	29.3	43.6	14.9	8.3	0.6	100.0	168
Third or Higher	5.3	48.0	45.3	1.3	5.3	32.0	33.3	20.0	8.0	1.3	100.0	64

TABLE A.21
Use of Prenatal Care Among IDP Women and Place of Most Prenatal Visits
By Selected Characteristics
Births in the Five Years Prior to the Survey
Reproductive Health Survey: Georgia, 1999/2000

	Prenatal Care		Place of Most Prenatal Visits						
Characteristics	%	No. of Cases	Women's Consultation Clinic	Hospital	Medical Ambulatory	Private Clinic	Home	Total	No. of Cases
Total	**97.3**	**475**	**79.3**	**9.9**	**9.2**	**1.4**	**0.2**	**100.0**	**463**
Residence									
Urban	97.5	425	78.7	10.4	9.1	1.5	0.2	100.0	415
Rural	96.3	50	84.6	5.8	9.6	0.0	0.0	100.0	48
Region									
Tbilisi	95.5	128	79.6	12.2	7.4	0.7	0.0	100.0	123
Samegrelo	97.4	142	65.6	12.6	17.2	4.0	0.7	100.0	138
Imereti	100	116	89.3	3.3	7.4	0.0	0.0	100.0	116
Other	96.9	89	88.2	10.8	1.1	0.0	0.0	100.0	86
Age Group (at Birth)									
15-24	95.6	110	82.4	4.6	12.0	0.0	0.9	100.0	105
25-34	97.9	330	77.9	12.0	8.5	1.6	0.0	100.0	324
35-44	97.5	35	84.6	5.1	7.7	2.6	0.0	100.0	34
Education Level									
Secondary or Less	97.9	217	79.2	10.6	8.9	1.3	0.0	100.0	213
Technicum	95.1	149	79.9	9.7	9.7	0.0	0.6	100.0	142
University/Postgraduate	99.2	109	78.9	8.9	8.9	3.3	0.0	100.0	108
Socio-Economic Status									
Low	96.9	370	77.8	10.8	9.8	1.5	0.3	100.0	359
Medium&High	99.1	105	85.0	7.1	7.1	0.9	0.0	100.0	104
Birth Order									
First	98.5	243	79.8	8.6	10.1	1.1	0.4	100.0	240
Second	96.7	168	78.3	10.3	10.3	1.1	0.0	100.0	163
Third or Higher	94.7	64	80.3	14.1	2.8	2.8	0.0	100.0	60

TABLE A.22
Adequacy of Prenatal Care Utilization Index (Kotelchuck Index)* by Selected Characteristics
Births to IDP Women in the Five Years Prior to the Survey
Reproductive Health Survey: Georgia, 1999/2000

	Adequacy of Prenatal Care Utilization Index						
Characteristics	Inadequate†	Intermediate	Adequate	Adequate +	Unknown	Total	No. of Cases
Total	**40.8**	**31.9**	**19.7**	**7.0**	**0.6**	**100.0**	**475**
Region							
Tbilisi	38.9	32.5	20.1	8.4	0.0	100.0	128
Samegrelo	49.7	27.1	15.5	5.8	1.9	100.0	142
Imereti	34.4	36.9	22.1	6.6	0.0	100.0	116
Other	37.5	32.3	22.9	7.3	0.0	100.0	89
Age Group (at Birth)							
15-24	38.0	38.1	18.6	5.3	0.0	100.0	110
25-34	39.3	31.0	21.4	7.5	0.8	100.0	330
35-44	62.5	22.5	7.5	7.5	0.0	100.0	35
Education Level							
Secondary or Less	40.7	33.6	22.8	2.9	0.0	100.0	217
Technicum	41.3	29.0	18.5	11.1	0.0	100.0	149
University/Postgraduate	40.3	32.3	15.3	9.7	2.4	100.0	109
Socio-Economic Status							
Low	43.1	30.5	18.9	6.8	0.7	100.0	370
Medium or High	32.5	36.8	22.8	7.9	0.0	100.0	105
Birth Order							
First	35.1	36.5	21.0	7.0	0.4	100.0	243
Second	47.0	28.7	16.0	7.7	0.6	100.0	168
Third or Higher	46.7	22.7	24.0	5.3	1.3	100.0	64

* Assesses the adequacy of prenatal care based on the initiation of prenatal care combined with the number of required visits adjusted for the length of gestational period and the gestational age at first visit.
† Includes 12 births without any prenatal care

TABLE A.23
Place of Delivery for IDP Women By Selected Characteristics
Births in the Five Years Prior to the Survey
Reproductive Health Survey: Georgia, 1999/2000

	Place of Delivery				
	Hospital/Maternity	Private Clinic	Home*	Total	No. of Cases
Total	**96.8**	**2.1**	**1.1**	**100.0**	**475**
Residence					
Urban	96.6	2.1	1.3	100.0	425
Rural	98.1	1.9	0.0	100.0	50
Region					
Tbilisi	96.1	3.9	0.0	100.0	128
Samegrelo	95.5	3.2	1.3	100.0	142
Imereti	98.4	0.0	1.6	100.0	116
Other	97.9	0.0	2.1	100.0	89
Age Group (at Birth)					
15-24	98.2	0.9	0.9	100.0	110
25-34	96.8	2.4	0.8	100.0	330
35-44	92.5	2.5	5.0	100.0	35
Education Level					
Secondary or Less	95.4	2.9	1.7	100.0	217
Technicum	98.8	0.6	0.6	100.0	149
University/Postgraduate	96.8	2.4	0.8	100.0	109
Socio-Economic Status					
Low	96.6	1.9	1.5	100.0	370
Medium&High	97.4	2.6	0.0	100.0	105
Birth Order					
First	96.7	3.3	0.0	100.0	243
Second	96.1	0.6	3.3	100.0	168
Third or Higher	98.7	1.3	0.0	100.0	64

* Includes one birth which was delivered on the way to hospital

TABLE A.24
Percentage of Children Ever Breastfed And Their Initiation of Breastfeeding Within the By Selected Characteristics
Live Births Among IDP Women in the Five Years Prior to the Survey
Reproductive Health Survey: Georgia, 1999/2000

	Children Ever Breastfed		Initiation of Breastfeeding					
Characteristics	%	No. of Cases*	Within 1 Hour	1-23 Hours	24-47 Hours	48 Hours or More	Total	No. of Cases†
Total	**90.8**	**449**	**5.7**	**28.4**	**35.5**	**30.4**	**100.0**	**406**
Region								
Tbilisi	93.3	124	4.7	22.7	39.8	32.8	100.0	116
Samegrelo	87.1	134	7.9	31.7	29.5	30.9	100.0	114
Imereti	94.6	106	3.8	27.4	34.9	34.0	100.0	100
Other	88.0	85	6.2	33.3	39.5	21.0	100.0	76
Age Group (at Birth)								
15-24	88.7	103	3.2	28.7	40.4	27.7	100.0	91
25-34	91.6	313	6.4	28.5	34.4	30.7	100.0	286
35-44	89.5	33	5.9	26.5	32.4	35.3	100.0	29
Education Level								
Secondary or Less	92.6	205	5.2	27.4	37.3	30.2	100.0	189
Technicum	87.7	142	5.2	31.1	39.3	24.4	100.0	125
University/Postgraduate	91.5	102	7.5	27.1	27.1	38.3	100.0	92
Socio-Economic Status								
Low	90.4	353	5.0	26.1	38.1	30.8	100.0	318
Medium&High	92.4	96	8.2	37.1	25.8	28.9	100.0	88
Birth Order								
First	91.6	235	5.8	29.2	34.2	30.8	100.0	214
Second	91.2	157	4.5	29.0	36.1	30.3	100.0	142
Third or Higher	86.8	57	8.5	23.7	39.0	28.8	100.0	50
Type of Delivery								
Vaginal	91.1	306	6.2	29.4	37.7	26.7	100.0	376
Caesarian Section	90.1	143	0.0	17.1	8.6	74.3	100.0	30

*Excludes seven pregnancies ended in stillbirth and 19 babies who died within the first week of life
†Excludes 43 children who were never breastfed

TABLE A.25

Mean Duration of Breastfeeding In Months, By Type of Breastfeeding, By Characteristics Live Births Among IDP Women in the Five Years Prior to the Survey Who Were Breastfed Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Full Breastfeeding*	Any Breastfeeding	Unweighted No. of Cases
Total	**2.2**	**7.9**	**406**
Region			
Tbilisi	2.0	7.8	116
Samegrelo	2.3	7.9	114
Imereti	2.4	8.2	100
Other	2.3	7.5	76
Age Group (at Birth)			
15-24	2.3	8.1	91
25-34	2.2	7.8	286
35-44	1.9	8.3	29
Education Level			
Secondary or Less	2.1	7.2	189
Technicum	2.1	8.5	125
University/Postgraduate	2.7	8.3	92
Socio-Economic Status			
Low	2.3	8.0	318
Medium&High	2.1	7.5	88
Birth Order			
First	2.0	7.2	214
Second	2.5	8.8	142
Third or Higher	2.5	8.1	50
Type of Delivery			
Vaginal	2.3	7.9	376
Caesarian Section	1.8	8.0	30
Initiation of Breastfeeding			
<24 Hours	2.5	8.3	142
24-47 Hours	1.9	8.1	140
48+ Hours	2.3	7.1	124

* Children with exclusive (only breast milk) or almost exclusive (breast milk and other liquids excepting formula or other milk) breastfeeding

TABLE A.26
Poor Birth Outcomes By Selected Characteristics
Births to IDP Women in the Five Years Prior to the Survey
Reproductive Health Survey: Georgia, 1999/2000

Characteristics	%o Stillbirths*	% Low Birth Weight Births (<2,500 grams)	% Preterm Birth (<37 weeks)	Unweighted No. of Cases
Total	**15.2**	**7.2**	**6.8**	**475**
Region				
Tbilisi	13.0	7.8	7.1	128
Samegrelo	6.5	7.7	5.8	142
Imereti	24.6	7.4	9.8	116
Other	20.8	5.2	4.2	89
Age Group (at Birth)				
15-24	17.7	5.3	5.3	110
25-34	13.4	8.0	7.2	330
35-44	25.0	5.0	7.5	35
Education Level				
Secondary or Less	20.7	7.5	5.8	217
Technicum	12.3	8.0	6.2	149
University/Postgraduate	8.1	5.6	9.7	109
Socio-Economic Status				
Low	16.9	7.7	6.1	370
Medium&High	8.8	5.3	9.6	105
Birth Order				
First	7.4	7.4	6.6	243
Second	16.6	8.3	6.6	168
Third or Higher	40.0	4.0	8.0	64

* babies born after 28 weeks of gestation who showed no signs of life (includes two babies with gestational age of 24 and 26 weeks, respectively)

TABLE A.27
Time of Last Routine Gynecologic Exams by Selected Characteristics
IDP Women 15-44 Years of Age Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Georgia, 1999/2000

	Time of Last Routine Gynecologic Exam					
	Within Past Year	Within 1-3 Years	More Than 3 Years Ago	Never Had	Total	Unweighted No. of Cases
Total	**32.8**	**22.0**	**22.3**	**22.9**	**100.0**	**1,136**
Residence						
Urban	32.0	23.6	21.2	23.2	100.0	1,000
Rural	38.9	10.8	29.9	20.4	100.0	136
Region						
Tbilisi	37.4	23.5	17.8	21.3	100.0	308
Samegrelo	30.2	18.6	20.0	31.2	100.0	338
Imereti	30.4	24.9	26.9	17.8	100.0	302
Other	33.9	21.1	26.6	18.3	100.0	188
Age Group						
15-24	49.5	14.1	3.0	33.3	100.0	173
25-34	37.6	22.8	17.1	22.6	100.0	405
35-44	25.2	23.7	30.9	20.1	100.0	558
No. of Living Children						
0	46.7	9.5	8.6	35.2	100.0	93
1	38.5	17.4	21.5	22.7	100.0	291
2	27.7	28.2	22.6	21.5	100.0	535
3+	32.6	18.6	27.2	21.6	100.0	217
Education Level						
Secondary or Less	30.7	21.6	23.6	24.1	100.0	505
Technicum	30.9	23.5	22.7	22.9	100.0	393
University/Postgraduate	40.8	20.2	18.8	20.2	100.0	238
Socio-Economic Status						
Low	29.9	21.8	23.9	24.4	100.0	902
Medium&High	44.2	22.8	15.9	17.0	100.0	234
Current Contraceptive Use						
Any Modern Method	40.1	25.5	20.2	14.2	100.0	218
Any Traditional Method	30.9	25.1	18.4	25.6	100.0	183
No Method	31.3	20.2	23.9	24.7	100.0	735

Table A.28
Frequency of Breast Self-Exams by Selected Characteristics
IDP Women 15-44 Years of Age
Reproductive Health Survey: Georgia, 1999/2000

	Frequency of Breast Self-Exam					
	Every Month	Every 3-5 Months	1-2 Times per Year or Less	Never	Total	Unweighted No. of Cases
Total	**16.2**	**5.5**	**4.7**	**73.5**	**100.0**	**1,136**
Residence						
Urban	16.4	6.1	4.7	72.8	100.0	1,000
Rural	15.0	1.8	4.8	78.4	100.0	136
Region						
Tbilisi	19.7	7.7	6.6	66.1	100.0	308
Samegrelo	16.3	3.5	5.0	75.2	100.0	338
Imereti	15.2	6.3	4.0	74.5	100.0	302
Other	11.9	4.6	2.3	81.2	100.0	188
Age Group						
15-24	4.5	1.0	4.5	89.9	100.0	173
25-34	13.8	4.8	4.8	76.5	100.0	405
35-44	21.0	7.2	4.7	67.1	100.0	558
No. of Living Children						
0	5.7	4.8	1.9	87.6	100.0	93
1	16.1	1.9	5.0	77.0	100.0	291
2	16.9	5.9	4.4	72.8	100.0	535
3+	18.6	9.0	6.0	66.4	100.0	217
Education Level						
Secondary or Less	14.0	3.3	4.5	78.2	100.0	505
Technicum	15.0	6.8	4.4	73.9	100.0	393
University/Postgraduate	23.2	8.5	5.9	62.5	100.0	238
Socio-Economic Status						
Low	13.8	5.4	4.2	76.6	100.0	902
Medium&High	25.7	6.2	6.5	61.6	100.0	234
Current Contraceptive Use						
Any Modern Method	21.9	5.7	6.1	66.4	100.0	218
Any Traditional Method	24.2	9.9	4.0	61.9	100.0	183
No Method	12.6	4.4	4.5	78.5	100.0	735
Routine Gynecologic Exam						
Ever Had	15.4	6.2	3.3	75.2	100.0	263
Never Had	16.5	5.3	5.1	73.0	100.0	873

TABLE A.29
Cervical Cancer Screening History by Selected Characteristics
IDP Women 15-44 Years of Age Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Georgia, 1999/2000

	Cervical Cancer Screening Test					
Characteristics	**Within Last Year**	**1-3 Years Ago**	**More than 3 Years Ago**	**Never Had**	**Total**	**No. of Cases**
Total	**1.0**	**1.6**	**1.1**	**96.3**	**100.0**	**1,136**
Residence						
Urban	1.1	1.7	0.9	96.3	100.0	1,000
Rural	0.0	1.2	2.4	96.4	100.0	136
Region						
Tbilisi	2.2	2.5	0.8	94.5	100.0	308
Samegrelo	0.5	1.7	1.0	96.8	100.0	338
Imereti	0.0	1.4	2.0	96.6	100.0	302
Other	1.4	0.5	0.0	98.2	100.0	188
Age Group						
15-24	1.0	0.5	0.0	98.5	100.0	173
25-34	1.6	0.5	0.2	97.7	100.0	405
35-44	0.6	2.7	1.8	94.9	100.0	558
No. of Living Children						
0	1.9	0.0	1.0	97.1	100.0	93
1	1.9	0.9	0.3	96.8	100.0	291
2	0.8	1.6	0.7	96.9	100.0	535
3+	0.0	3.0	2.7	94.4	100.0	217
Education Level						
Secondary or Less	0.3	0.8	1.0	97.9	100.0	505
Technicum	1.5	2.6	1.5	94.3	100.0	393
University/Postgraduate	1.5	1.8	0.4	96.3	100.0	238
Current Contraceptive Use						
Any Modern Method	0.8	1.2	0.0	98.0	100.0	218
Any Traditional Method	0.0	1.8	1.3	96.9	100.0	183
No Method	1.3	1.7	1.3	95.7	100.0	735
Routine Gynecologic Exam						
Ever Had	1.3	2.1	1.3	95.3	100.0	873
Never Had	0.0	0.0	0.3	99.7	100.0	263

TABLE A.30
Percentage of IDP Women Who Have Been Told By a Doctor That They Have Selected Health Problems by Selected Characteristics Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Pelvic Inflam. Disease	Heart Disease	High Blood Pressure	Urinary Infection	Anemia	Hepatitis B	Asthma	Diabetes	No. of Cases
Total	**21.7**	**12.6**	**12.1**	**7.1**	**6.4**	**1.1**	**1.1**	**0.7**	**1,655**
Residence									
Urban	21.9	12.2	11.5	6.9	6.9	1.1	0.9	0.7	1,473
Rural	20.5	15.2	16.8	8.2	2.5	0.4	2.5	0.8	182
Region									
Tbilisi	21.2	9.6	8.1	6.3	8.3	1.0	1.2	0.9	508
Samegrelo	22.8	15.6	13.4	6.8	6.0	1.1	1.3	1.1	472
Imereti	25.5	12.8	12.9	8.3	5.3	1.1	1.1	0.0	422
Other	14.7	12.6	16.9	7.4	4.9	0.9	0.6	0.6	253
Age Group									
15-24	9.2	3.7	3.9	4.2	4.7	1.2	1.0	1.2	512
25-34	27.4	12.1	10.4	5.9	8.9	1.2	0.5	0.0	520
35-44	30.1	21.8	21.7	10.8	6.2	0.8	1.6	0.6	623
No. of Living Children									
0	8.4	4.7	5.0	3.5	3.5	1.3	0.8	0.7	612
1	28.4	12.6	16.7	7.6	8.5	1.6	0.9	1.6	291
2	32.4	18.1	14.3	10.1	8.8	1.0	1.0	0.2	535
3+	35.5	26.2	25.2	11.6	8.3	0.0	2.3	0.7	217
Education Level									
Secondary or Less	20.7	12.9	11.9	5.8	5.8	1.3	1.4	0.8	775
Technicum	26.2	14.7	14.5	7.7	6.6	0.8	1.3	0.3	490
University/Postgraduate	18.5	9.3	9.5	8.9	7.4	0.8	0.2	0.8	390
Socio-Economic Index									
Low	21.8	13.3	12.8	7.1	5.9	1.2	1.2	0.5	1,307
Middle or High	21.6	9.8	9.4	7.0	8.3	0.4	0.9	1.5	348
No. of Lifetime Partners									
Never Had Intercourse	5.9	4.7	4.8	3.4	2.9	1.4	0.8	0.8	519
1	31.8	17.4	16.6	9.4	8.5	0.8	1.2	0.6	1,110
2+	34.6	26.9	26.9	11.5	11.5	0.0	3.8	0.0	26

TABLE A.31
Percent of IDP Women Aged 15-44 Who Have Heard of Specified Sexually Transmitted Diseases by Selected Characteristics
Reproductive Health Survey: Georgia, 1999/2000

Characteristics	AIDS	Yeast Infection	Syphilis	Gonorrhea	Trichomonas	Genital Warts	Chlamydia	Genital Herpes	No. of Cases
Total	**97.2**	**87.8**	**86.0**	**63.0**	**56.3**	**13.1**	**12.6**	**9.4**	**1,655**
Residence									
Urban	97.6	88.4	86.9	63.3	57.1	12.6	12.9	9.3	1,473
Rural	93.9	82.8	78.7	60.7	50.4	16.8	9.8	10.2	182
Region									
Tbilisi	99.6	84.1	91.5	66.5	65.6	13.5	16.4	12.4	508
Samegrelo	93.2	89.9	78.6	58.5	47.6	11.5	9.3	7.9	472
Imereti	97.9	91.0	86.5	64.5	58.5	15.9	13.1	10.1	422
Other	98.8	85.0	88.0	61.7	50.0	10.4	10.1	4.9	253
Age Group									
15-24	94.4	81.8	69.6	41.3	34.8	8.6	7.7	7.4	512
25-34	99.2	91.4	94.6	71.8	66.7	15.1	16.0	11.4	520
35-44	98.6	91.0	96.2	78.3	70.4	16.0	15.0	10.0	623
Marital Status									
Currently Married/In Union	98.4	92.5	94.1	75.2	68.9	15.2	15.6	10.1	987
Previously Married	97.9	89.3	93.6	72.7	67.9	12.3	16.0	10.7	148
Never Married	95.4	81.0	73.5	44.4	36.9	10.3	7.8	8.2	520
Education Level									
Secondary Incomplete	94.8	83.2	78.1	51.7	42.3	9.4	7.4	6.2	775
Secondary Complete	99.3	91.9	92.3	73.5	68.7	18.3	15.5	11.5	490
Technical College	99.8	92.4	95.4	74.6	71.6	14.7	20.3	13.7	390
Socio-Economic Index									
Low	96.6	86.9	84.9	62.4	53.7	11.9	11.0	8.4	1,307
Medium&High	99.3	91.1	90.4	65.1	66.2	17.4	18.7	13.3	348
Routine Gynec. Exams									
Ever Had	97.9	83.2	94.2	75.5	69.4	16.2	16.4	11.4	939
Never Had	96.5	92.1	77.4	49.8	42.5	9.8	8.5	7.3	716
No. of Lifetime Partners									
Never Had Intercourse	95.4	81.0	73.5	44.4	36.9	10.3	7.9	8.2	519
1	98.3	91.9	94.0	74.6	68.7	14.7	15.6	10.2	1,110
2+	100.0	100.0	96.2	84.6	69.2	19.2	15.4	7.7	26

TABLE A. 32
Percent of IDP Women Aged 15-44 Who Have Heard of HIV/AIDS, Percent Who Know Where HIV Testing Can be Provided and Percent Who Believe HIV/AIDS Infection Can Be Asymptomatic by Selected Characteristics
Reproductive Health Survey: Georgia, 1999/2000

	Have Heard of HIV/AIDS		Know Where HIV Tests are Provided		Believe That HIV/AIDS Infection Can Be Asymptomatic	
Characteristics	**%**	**N**	**%**	**N**	**%**	**N**
Total	**97.2**	**1,655**	**14.2**	**1,655**	**59.1**	**1,614**
Residence						
Urban	97.6	1,473	14.2	1,473	59.9	1,442
Rural	93.9	182	13.9	182	52.8	172
Region						
Tbilisi	99.6	508	16.3	508	67.3	505
Imereti	93.2	472	11.3	472	54.6	444
North-East	97.9	422	14.3	422	56.7	415
South	98.8	253	15.3	253	53.7	250
Age Group						
15-24	94.4	512	13.2	512	57.6	485
25-34	99.2	520	16.5	520	64.7	515
35-44	98.6	623	13.5	623	56.4	614
No. of Living Children						
None	95.6	612	14.7	612	61.0	588
One	97.5	291	18.0	291	65.4	284
Two	99.0	535	11.9	535	57.9	529
Three or More	98.3	217	13.3	217	49.3	213
Education Level						
Secondary or Less	94.8	775	9.3	775	51.4	737
Technicum	99.3	490	18.1	490	63.0	488
University/Postgraduate	99.8	390	20.1	390	70.3	389
Socio-Economic Index						
Low	96.6	1,307	13.1	1,307	57.4	1269
Medium&High	99.3	348	18.5	348	65.4	345
No. of Lifetime Partners						
Never Had Intercourse	95.4	519	14.9	519	59.7	498
1	98.3	1,110	13.7	1,110	58.7	1090
2+	100.0	26	19.2	26	65.4	26

TABLE A.33
Percent of IDP Women Aged 15-44 Who Have Been Diagnosed with Specified Sexually Transmitted Diseases by Selected Characteristics Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Yeast Infection	Trichomonas	Gonorrhea	Genital Warts	Chlamydia	Syphilis	Genital Herpes	No.of Cases
Total	**4.6**	**3.2**	**0.5**	**0.3**	**0.2**	**0.1**	**0.0**	**1,655**
Residence								
Urban	4.8	3.4	0.5	0.2	0.2	0.2	0.0	1,473
Rural	2.9	1.6	0.4	0.8	0.0	0.0	0.0	182
Region								
Tbilisi	7.5	4.6	0.3	0.3	0.3	0.3	0.0	508
Samegrelo	2.5	1.4	0.3	0.5	0.0	0.2	0.0	472
Imereti	4.3	3.2	0.4	0.2	0.0	0.0	0.0	422
Other	3.1	4.0	1.2	0.0	0.6	0.0	0.0	253
Age Group								
15-24	3.4	0.9	0.0	0.1	0.0	0.0	0.0	512
25-34	4.9	4.7	0.5	0.3	0.2	0.5	0.0	520
35-44	5.7	4.5	0.9	0.4	0.4	0.0	0.0	623
Marital Status								
Currently Married/In Union	7.5	5.3	0.7	0.4	0.3	0.3	0.0	987
Previously Married	4.8	4.3	1.1	0.5	0.0	0.0	0.0	148
Never Married	0.7	0.2	0.0	0.0	0.0	0.0	0.0	520
No. of Living Children								
None	1.4	0.5	0.1	0.1	0.1	0.0	0.0	612
One	8.8	6.0	1.3	0.3	0.0	0.6	0.0	291
Two	6.5	4.1	0.7	0.3	0.5	0.2	0.0	535
Three or More	6.6	7.3	0.3	0.7	0.0	0.0	0.0	217
Education Level								
Secondary or Less	3.3	2.2	0.3	0.3	0.0	0.0	0.0	775
Technicum	4.6	3.5	0.3	0.3	0.0	0.3	0.0	490
University/Postgraduate	7.4	5.2	1.0	0.2	0.8	0.2	0.0	390
Socio-Economic Index								
Low	3.4	2.4	0.3	0.2	0.2	0.1	0.0	1307
Medium&High	9.2	6.3	1.1	0.4	0.2	0.2	0.0	348
No. of Lifetime Partners								
Never Had Intercourse	0.7	0.2	0.0	0.0	0.0	0.0	0.0	519
1	7.2	5.1	0.7	0.5	0.3	0.2	0.0	1110
2+	3.8	7.7	3.8	0.0	0.0	0.0	0.0	26

TABLE A.34
Level of Awareness, Testing, Diagnostic, and Treatment for STDs
Among IDP Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse
By Specified Sexually Transmitted Diseases
Reproductive Health Survey: Georgia, 1999/2000

Specific STDs	Awareness of STD	Testing for STDs	Diagnostic of STDs	Treatment for STDs	Unweighted Number of Cases
HIV/AIDS	98.4	4.6	*	*	1,136
Syphilis	94.0	7.8	0.2	0.2	1,136
Yeast Infection	92.1	16.9	7.1	6.8	1,136
Gonorrhea	74.8	5.5	0.7	0.7	1,136
Trichomonas	68.7	12.2	5.2	4.9	1,136
Chlamydia	15.6	1.7	0.3	0.3	1,136
Genital Warts	14.8	0.7	0.4	0.4	1,136
Genital Herpes	10.2	0.1	0.0	0.0	1,136
Any STDs	**99.4**	**22.9**	**10.1**	**9.6**	**1,136**

* Respondents were not asked about the results of HIV testing

TABLE A.35

Percent of Women Who Have Had Vaginal Discharge or Genital Ulcers, Sores or Warts within the Last 12 Months and Percent Who Reported Other Symptoms Associated with Vaginal Discharge by Selected Characteristics

Women Aged 15-44 with Sexual Experience

Reproductive Health Survey: Georgia, 1999/2000

Characteristics	Vaginal Discharge or Genital Ulcer			Symptoms Associated with Vaginal Discharge				
	Vaginal Discharge	Genital Ulcer/Sores	N	Abdominal Pains	Pain During Intercourse	Vaginal Prurit	Dysuria	N
Total	**26.8**	**5.9**	**1,136**	**66.2**	**30.2**	**23.7**	**18.2**	**302**
Residence								
Urban	28.3	6.2	1,000	65.3	30.8	23.6	18.1	280
Rural	16.2	3.6	136	*	*	*	*	22
Region								
Tbilisi	30.3	7.4	308	66.7	34.2	27.9	12.6	93
Samegrelo	28.0	6.4	338	69.0	37.2	24.8	23.0	92
Imereti	28.4	6.0	302	58.6	18.2	20.2	18.2	83
Other	16.1	2.3	188	77.1	28.6	17.1	20.0	34
Age Group								
15-24	33.8	7.1	173	62.7	35.8	38.8	20.9	54
25-34	29.7	6.7	405	69.0	35.7	20.9	22.5	120
35-44	23.0	5.1	558	65.4	23.5	19.8	13.6	128
No. of Living Children								
None	26.7	6.7	93	*	*	*	*	21
One	25.6	5.7	291	60.5	28.4	22.2	16.0	74
Two	25.9	5.9	535	71.1	34.0	23.9	19.5	141
Three or More	29.9	6.0	217	61.1	25.6	18.9	15.6	66
Education Level								
Secondary or Less	28.4	5.1	505	58.1	29.1	24.4	18.6	139
Technicum	24.0	7.6	393	77.3	32.7	20.0	20.9	97
University/Postgraduate	27.9	4.8	238	68.4	28.9	27.6	13.2	66
No. of Lifetime Partners								
1	27.0	6.0	1,110	66.4	29.9	23.7	18.4	298
2+	15.4	0.0	26	*	*	*	*	4
STDs Testing								
Never tested	23.9	4.9	875	63.4	24.4	17.5	14.2	203
Ever tested	36.6	9.2	261	72.3	42.9	37.5	26.8	99
STDs Diagnosis								
Never diagnosed	23.9	4.6	1,022	64.8	26.5	18.5	17.1	242
Ever diagnosed	52.6	17.8	114	71.8	45.1	45.1	22.5	60

* Fewer than 25 cases in that category