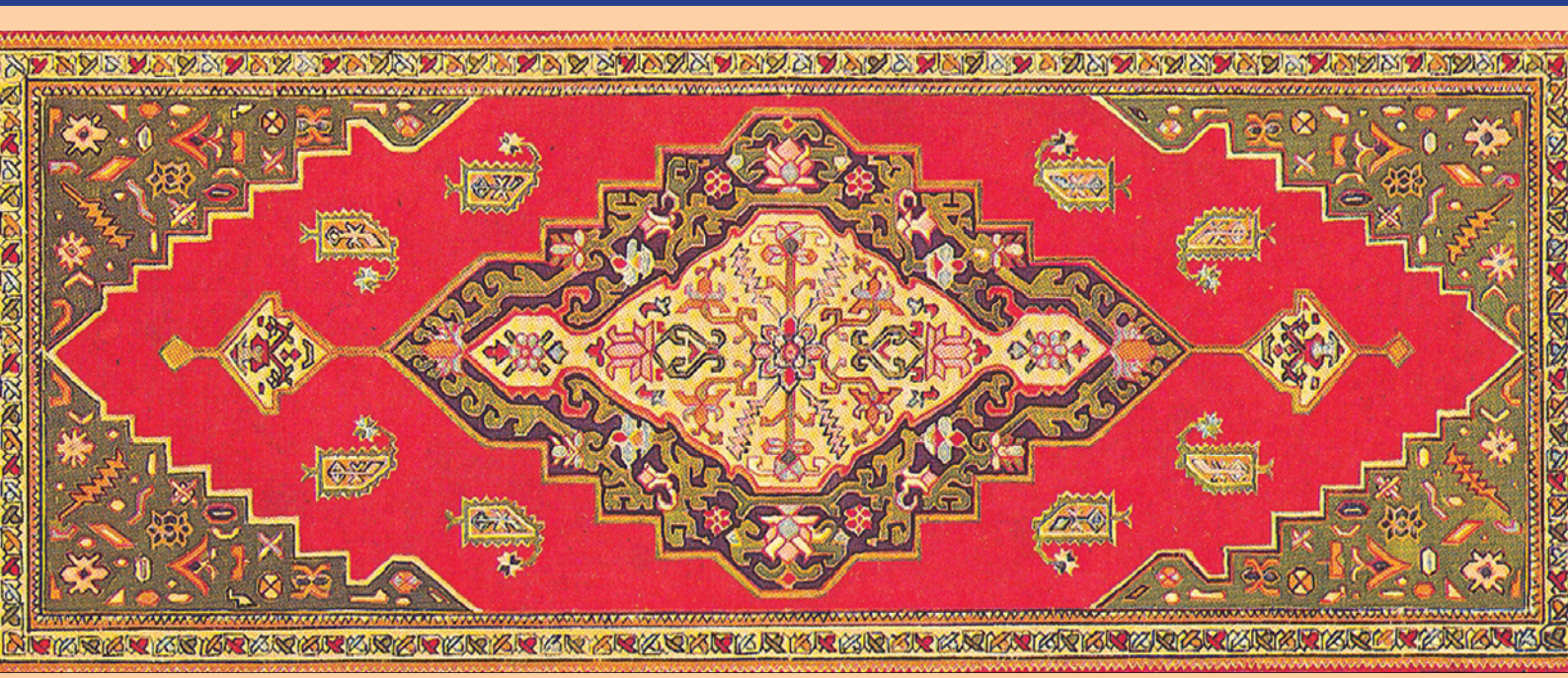
Azerbaijan



Demographic and Health Survey

2006

Azerbaijan
Demographic and Health Survey
2006

State Statistical Committee of the Republic of Azerbaijan
Baku, Republic of Azerbaijan

Macro International Inc.
Calverton, Maryland, USA

May 2008

USAID FROM THE AMERICAN PEOPLE

unicef

State Statistical Committee
of Azerbaijan Republic

This report summarizes the findings of the 2006 Azerbaijan Demographic and Health Survey (AzDHS) carried out by the State Statistical Committee of the Republic of Azerbaijan. Macro International Inc. provided technical assistance through the MEASURE DHS project and the United States Agency for International Development (USAID) provided funding under the terms of contract number GPO-C-00-03-00002-00. Additional support for the AzDHS was provided by the United Nations Children's Fund (UNICEF). The opinions expressed in this report are those of the authors and do not necessarily reflect the views of USAID or the Republic of Azerbaijan.

The 2006 AzDHS is part of the worldwide Demographic and Health Surveys program, which is designed to assist developing countries to collect data on fertility, reproductive health, maternal and child health, nutrition, and HIV/AIDS.

Additional information about the survey may be obtained from: State Statistical Committee of the Republic of Azerbaijan, AZ 1136 Baku, Inshaatchilar Ave, Azerbaijan (Telephone: 994-12-438-5143; Fax: 994-12-438-2139; E-mail: rza@azstat.org).

Additional information about the MEASURE DHS project may be obtained from: Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (Telephone: 1-301-572-0200; Fax: 1-301-572-0999; E-mail: reports@macrointernational.com; Internet: www.measuredhs.com).

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PREFACE

Data on infant and child mortality from the 2000 MICS and the 2001 RHSA were used by the UNDP for calculating the "Human Development Index" for Azerbaijan. These indicators, which resulted in a low rating for Azerbaijan in the UN Human Development Report, no longer reflect the actual current situation in the country.

Following discussions with USAID and UNICEF regarding support for a new survey to obtain precise data on infant and child mortality, the 2006 Azerbaijan Demographic and Health Survey (AzDHS) was carried out from July to November 2006. The survey was implemented by the State Statistical Committee of the Republic of Azerbaijan with support from the United States Agency for International Development (USAID) and UNICEF, with Macro International Inc. providing technical assistance, and participation by the Ministry of Health.

The 2006 Azerbaijan Demographic and Health Survey provides recent estimates of infant and child mortality, and these estimates are about half those of the 2000 MICS and the 2001 RHSA.

In addition to mortality data, the objectives of the 2006 AzDHS were to collect national- and regional-level data on fertility and contraceptive use, maternal and child health, adult health, and AIDS and other sexually transmitted diseases. The survey obtained detailed information on these topics from women of reproductive age and, for certain topics, from men as well. Data are presented by region when sample size permits.

The survey findings provide estimates for a variety of demographic indicators. The 2006 AzDHS results are intended to provide the information needed to evaluate existing social programs and to design new strategies for improving the health of and health services for the people of Azerbaijan. The 2006 AzDHS also contributes to the growing international database of demographic and health indicators.

Rza Allahverdiyev
Director of the Project

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State Statistical Committee of the Republic of Azerbaijan

CONTRIBUTORS TO THE REPORT

Specialists Who Contributed to the AzDHS Final Report

Azerbaijan Staff:

Mehdi Amrahov – Deputy Chief, Department of Informatics and Statistics, Ministry of Health

Sevinj Abdullayeva – Department Head, Scientific-Research Institute on Pediatrics

Elminaz Khaliyeva – Scientist, Scientific-Research Institute on Obstetric-Gynecology

Rafiq Bakhshi – Department Head, Republic Center for Response to AIDS

Zokhra Ismayilova – Department Assistant, Medical University

Djalil Guliyev – Department Head, Institute on Economics, National Academy of Sciences of the Republic of Azerbaijan

Rasmiya Ashrafova – Researcher, Institute on Economics, National Academy of Sciences of the Republic of Azerbaijan

Allahyar Muradov – Researcher, Institute on Economics, National Academy of Sciences of the Republic of Azerbaijan

Zohrab Kalbaliyev – Leading Adviser, Department of Strategic Analysis, Planning, and Management of Personnel, Ministry of Education

Macro International Inc. Staff and Consultants:

Ann Way – Director

Gulnara Semenov – Health Specialist

Zhuzhi Moore – Demographer

Gul Ergor – Consultant

Turgay Unalan – Consultant

Saida Ismayilova – Consultant

Alexander Izmukhambetov – Data Processing Specialist

Sidney Moore – Editor

Chris Gramer – Graphics/Document Production Specialist

SUMMARY OF FINDINGS

The Azerbaijan Demographic and Health Survey (AzDHS) is a nationally representative survey of 8,444 women age 15-49 and 2,558 men age 15-59. Survey fieldwork was conducted during the period of July to November 2006.

The AzDHS was conducted by the State Statistical Committee and the Ministry of Health of the Republic of Azerbaijan. The MEASURE DHS Project provided technical support for the survey. The U.S. Agency for International Development (USAID)/Azerbaijan provided funding, and the United Nations Children's Fund (UNICEF)/Azerbaijan supported the survey through in-kind contributions.

CHARACTERISTICS OF RESPONDENTS

Azerbaijan is an ethnically homogeneous country; virtually all respondents are Azerbaijani. The majority, approximately 57 percent, live in urban areas. Baku accounts for more than one-third of all respondents. All households in Azerbaijan have electricity and a majority of households have water piped into the residence, a finished floor, and a color television; two-thirds have a flush toilet.

All but a handful of women and men in the sample have attended school. Over half have reached complete secondary school, 14 percent of women and 9 percent of men have reached secondary specialized, and 13 percent of women and 19 percent of men have attended university. Twenty percent of women and 65 percent of men were employed in the 12 months prior to the survey.

FERTILITY

Fertility rates. A useful index of the level of fertility is the total fertility rate (TFR), which indicates the number of children a woman would have if she passed through the childbearing ages at the current age-specific fertility rates. For the three years preceding the survey, the survey estimate of the TFR was 2.0 children per woman. This is below replacement level.

The survey found that the TFR is lower in urban areas (1.8 children per woman) than in rural areas (2.3 children per woman). This urban-rural difference in childbearing rates can be attributed almost exclusively to younger age groups. Although peak fertility occurs at age 20-24 in both urban and rural areas, the greatest absolute urban-rural difference in ASFR (54 births per woman) is in the 20-24 age group.

Time trends. The total fertility rate of 2.0 children per woman measured the three years preceding the survey, suggesting a small decrease from the level (2.1) observed in the 2001 Reproductive Health Survey of Azerbaijan, but indicating no recent change in overall fertility levels.

Age at first birth. Research has shown that childbearing in the teenage years is associated with increased social and health problems for both the mother and her child. The survey found that only 4 percent of women age 15-19 had given birth. Moreover, almost all births to teenage women occurred at ages 18 and 19. Thus, the median age at initiation of childbearing in Azerbaijan is about 23 years (23.4 years among women age 25-29 and 23.5 years among women age 25-49).

Birth intervals. Research has shown that children born soon after a previous birth, especially those born within two years of the previous birth, have an increased risk of morbidity and mortality. In Azerbaijan, 36 percent of second and higher order births occur after a birth interval of less than two years. The proportion of closely spaced births declines as wealth quintile of the mother increases.

Fertility preferences. Among currently married women, 72 percent reported that they either wanted no more children or were sterilized. Another 19 percent wanted another child, and 9 percent were infecund (unable to conceive) or undecided about having another child.

CONTRACEPTION

Knowledge and ever use. Knowledge of contraception is widespread in Azerbaijan. Among married women, knowledge of at least one method is universal (97 percent). On average, married women reported knowing of four methods of contraception. Seventy percent of married women have used a method of contraception at some time.

Current use. Over half (51 percent) of married women reported that they were currently using a contraceptive method: 14 percent using modern methods and 37 percent using traditional methods. By far, the most commonly used method is withdrawal; more than half of all users (33 out of 51 percent) are using withdrawal. The second most common method—the IUD—is used by only 9 percent of married women.

Overall levels of contraceptive use are similar for women in urban and rural areas and across educational categories and wealth quintile (between 41 and 57 percent). Nevertheless, urban women and women with more education show distinctive behavior patterns by relying more on modern methods (the IUD and condom) and less on traditional methods (in particular, withdrawal).

Trends in current use. Overall, use of contraception has not changed in the past five years, with 55 percent of married women age 15-44 reporting use of a method in both the 2001 Reproductive Health Survey of Azerbaijan (RHSA) and the 2006 AzDHS[1]. Compared with the RHSA findings, the AzDHS results, however, indicate a decrease in the use of traditional methods, particularly for withdrawal. On the other hand, the proportion of married women who use modern contraceptive methods increased, in particular the IUD.

Method failure. A woman may discontinue use of contraception for many reasons, including the desire to have more children, health concerns, or lack of exposure to the risk of pregnancy. In Azerbaijan, the single most prevalent reason for discontinuation is method failure, i.e., becoming pregnant while using a method. The method most commonly used in Azerbaijan, withdrawal, has the second highest failure rate after periodic abstinence (rhythm). Nineteen percent of women practicing withdrawal experience a contraceptive failure within 12 months of starting use (data not shown separately).

Future use. Among married women who were not using contraception, 17 percent reported that they intended to use in the future. When asked which method they would prefer to use, almost half (45 percent) of non-users said the IUD, followed by withdrawal (21 percent) and the pill (12 percent). Just 4 percent of women report male condoms as their preferred method.

Source of supply. Most modern method users reported that they obtained their methods through the public sector (72 percent), primarily hospitals and polyclinics/woman's consultations. Two percent obtained their contraceptives from the private sector, and 25 percent from other sources, primarily shops.

Induced Abortion

In Azerbaijan, as in all of the former Soviet Union, induced abortion has been a primary means of fertility control for many years.

Abortion rates. The use of abortion can be measured by the total abortion rate (TAR), which indicates the number of abortions a woman would have in her lifetime if she passed through her childbearing years at the current age-specific abortion rates. The survey estimate of the TAR indicates that a woman in Azerbaijan will have an average of 2.3 abortions during her lifetime. This rate is considerably lower than the comparable rate in the 2001 Reproductive Health Survey of Azerbaijan (RHSA) of 3.2. Despite this decline, almost half (49 percent) of pregnancies end in an induced abortion.

Abortion differentials. The TAR in rural and in urban areas is similar (2.3 abortions per woman). There are significant differentials by region. The total abortion rates vary from a low of 1.0 in Guba-Khachmaz to a high of 3.5 in Ganja-Gazakh. Baku has a TAR of 2.1, a figure close to the national total. The women with the highest education have the lowest TAR.

Contraceptive failure and abortion. When formulating policies designed to improve the reproductive health of women, it is useful to know the contraceptive behavior of women who resort to abortion as a means of fertility control. Over half (42 percent) of all abortions were to women who were using contraception and experienced method failure, a large proportion of whom were using withdrawal (32 percent). Greater access to and use of more reliable methods would reduce the incidence of abortion.

Childhood Mortality

Trends in childhood mortality. Data from the 2006 AzDHS indicate that there has been a decline in childhood mortality over the five years preced-

[1] The base female population in the AzDHS is women age 15-49, and in the 2001RHSA is women age 15-44. To make statistics in use of contraceptives comparable between the two surveys, the use of contraceptives among married women in the AzDHS was computed for women age 15-44.

ing the survey. For example, infant mortality has declined from 55 deaths per 1,000 live births for the approximate period 1997-2001 to 43 for the period 2002-2006. There has been a similar decline in under-five mortality from 66 to 50 deaths per 1,000 births.

Differentials in infant mortality. The survey found levels of infant mortality to be slightly higher in rural areas than in urban areas. Infant mortality levels are also much higher among children of poorer women than among children of women in the higher wealth quintiles.

Maternal and Child Health and Nutrition

Antenatal care. Azerbaijan has a well-developed health system with an extensive infrastructure of facilities that provide maternal care services. Overall, the levels of antenatal care and delivery assistance are high. Seventy-seven percent of mothers receive antenatal care from professional health providers (doctors, nurses, and midwives). In urban areas, 90 percent of care is provided by a trained provider, as opposed to 63 percent in rural areas. Less than half (45 percent) of pregnant women make four or more antenatal care visits. The percentage of women who made four or more antenatal care visits is much lower in rural areas than in urban areas (30 percent compared with 60 percent).

In terms of content of care, two-thirds of women said they were weighed, and almost all women had their blood pressure tested and gave blood and urine specimens (87-80 percent); however, less than half say that they were informed about pregnancy complications (43 percent).

Delivery care. Overall, a majority of births are delivered under the supervision of a trained medical professional (89 percent) and occur at health facilities (78 percent). Twenty-two percent of births occur at home. Home deliveries are more common in Lankaran (41 percent), Aran (35 percent), Daghligh Shirvan (28 percent), Yukhari Garabakh (26 percent), and Ganja-Gazakh (23 percent) regions. Ten percent of all deliveries are assisted by *mamachi*, a traditional birth attendant. As expected, the role of traditional birth attendants in assisting deliveries is more prominent in Daghligh Shirvan and Lankaran (20 percent each) and Aran (18 percent), regions with the highest home delivery rates.

Childhood vaccinations. The health cards maintained at the health facilities are the primary source of vaccination data. Almost all children age 18-29 months have received vaccinations for BCG, DPT1 and polio 1. Coverage is also high for the second and third doses of both DPT and polio. Sixty-seven percent of children age 18-29 months had received the MMR (measles, mumps, rubella) vaccination before the survey and 63 received measles vaccine. Only 60 percent of children age 18-29 months had received all the basic vaccinations (BCG, MMR or measles, and three doses each of DPT and polio) at any time before the survey.

Treatment of diarrhea. The AzDHS asked about the treatment of children who suffered from diarrhea during the two weeks preceding the survey. Overall, 11 percent of children under five reported an episode of diarrhea in the two weeks before the survey, and among them, over half (54 percent) were given either oral rehydration salts or increased fluids (oral rehydration therapy). For 18 percent of children with diarrhea, mothers reported that they engaged in the hazardous practice of curtailing fluid intake. Less than one-third (27 percent) of mothers who had a birth in the five years preceding the survey know about oral rehydration salts (ORS). About one-third of children with diarrhea (33 percent) were taken to a health provider.

Breastfeeding. Eighty-five percent of children born in the five years preceding the survey were breastfed at some time. Although the median duration of breastfeeding is 8 months, the durations of exclusive and predominant breastfeeding (breastfeeding plus plain water) are short: less than one month and two months, respectively.

Bottle-feeding. Bottle-feeding is fairly widespread in Azerbaijan. Among children under 2 months of age living with their mother, more than half (53 percent) of infants are fed with a bottle with a nipple. This proportion increases to 81 percent for children age 4-5 months before beginning to decline.

Infant and Young Child Feeding (IYCF). Appropriate infant and young child feeding (IYCF) practices include timely initiation of feeding solid/semi-solid foods from age six months and increasing the amount of foods and frequency of feeding as the child gets older while maintaining frequent breastfeeding.

Breastfed children are considered appropriately fed if they consume foods from at least three food groups and are given food or liquids other than breast milk at least twice a day in the case of infants age 6-8 months, and at least three times a day in the case of children age 9-23 months. Nonbreastfed children age 6-23 months are considered to be appropriately fed if they consumed foods from four food groups, including milk products, and are fed at least four times a day.

The majority of young children in Azerbaijan are not being fed appropriately. Overall, feeding practices meet the minimum standards for only 33 percent of children age 6-23 months. Eighty-six percent of children age 6-23 months received breast milk or milk products and 81 percent received foods from the recommended number of food groups for their age; however, only 40 percent were fed the minimum number of times. Appropriate feeding practices are somewhat more common for breastfeeding children than nonbreastfeeding children (37 percent and 30 percent, respectively). Children born to mothers with a secondary specialized or higher education are somewhat more likely to be fed appropriately than children born to less educated mothers.

Nutritional status. In the AzDHS, the height and weight of children under five years of age were measured. These data are used to determine the nutritional status of children, i.e., the percentage of children who are stunted (measured in terms of height-for-age), wasted (weight-for-height), or underweight (weight-for-age). Stunting is a sign of chronic, long-term undernutrition; wasting is a sign of acute, short-term undernutrition; and underweight is a composite measure that takes into account both chronic and acute undernutrition.

In a well-nourished population of children, it is expected that slightly more than 2 percent of children will be stunted or wasted. Stunting based on the new WHO Child Growth Standards is expected to be greater throughout childhood. In general, underweight will increase in the first half of infancy, especially in breastfed infants. Wasting will be higher in infancy, then decrease. In Azerbaijan, 25 percent of children under age five are stunted and 7 percent are wasted. Thirteen percent are overweight. Overall, 8 percent of children are underweight.

Anthropometric data were also collected from all women age 15-49. According to the findings of the AzDHS, nearly half of Azerbaijani women weigh more than they should: 30 percent are overweight and 18 percent are obese. The prevalence of obesity increases from 2 percent among women age 15-19 to over one-third of women age 40-49. Nearly two-thirds of women age 30 and older are either overweight or obese, a serious public health challenge for Azerbaijan. The 2006 AzDHS also collected anthropometric data on men age 15-49. The mean BMI for men age 15-49 in Azerbaijan is 24. More than half of men (58 percent) are in the normal range of BMI. Only 2 percent of men are considered thin, while 40 percent are overweight or obese. Most of the men in the latter category are overweight rather than obese; only 5 percent of men are considered to be obese compared to 18 percent of women.

Anemia. Determining anemia levels among women and their children under five was one component of the AzDHS. Overall, 39 percent of children age 6-59 months have anemia: 21 percent have mild anemia, but 17 percent have moderate anemia, and less than 1 percent have severe anemia. Prevalence of anemia in children decreases with increasing level of the mother's education and wealth index. Urban children were somewhat less likely to be anemic than rural children. Children in Aran region (50 percent) were the most likely to be anemic.

Thirty-seven percent of women in Azerbaijan have some level of anemia. The great majority of women are mildly anemic (29 percent), while 7 percent are moderately anemic, and less than one percent were found to be severely anemic. Prevalence of any anemia in women varies among the regions, with the lowest level found in Lankaran and Guba-Khachmaz (27 percent each) and the highest in Daghligh Shirvan (52 percent).

Micronutrient Intake

In the 2006 AzDHS, information was obtained about the foods children consumed during the 24 hours preceding the survey, whether or not children under age 6-59 months had received vitamin A or iron supplements, and whether or not they had been given deworming medication during the six-month period prior the survey. Seventy-seven percent of children age 6-35 months consumed fruits and vegetables rich in vitamin A in the 24 hours preceding the interview, and 73 percent consumed iron-rich foods. Children from wealthier households were generally more likely to consume foods rich in iron and vitamin A than children from the poorest households. Only 4 percent of children age 6-59 months had been given a vitamin A supplement during the six-month period prior to the sur-

vey, 3 percent had received iron supplements in the seven days before the interview, and 5 percent of children had been given deworming medication in the six months preceding the survey. About half of children age 6-59 months live in households using adequately iodized salt.

In the AzDHS, data were collected on the number of days that pregnant women in Azerbaijan took iron supplementation in the form of tablets or syrup during the pregnancy leading to the most recent birth in the five years preceding the survey. Nineteen percent of women took some form of iron supplements during their most recent pregnancy ending in birth and, among them, 17 percent reported taking supplements for less than 60 days. Only 2 percent of pregnant women take iron supplements for more than 90 days. Urban women, women living in Baku and Absheron, and women in the two highest wealth quintiles were most likely to use iron supplements.

HIV/AIDS and Other Sexually Transmitted Infections

The currently low level of HIV infection in Azerbaijan provides a unique window of opportunity for early targeted interventions to prevent further spread of the disease. However, the increases in the cumulative incidence of HIV infection suggest that this window of opportunity is rapidly closing.

Knowledge and attitudes. Sixty-five percent of women and 77 percent of men reported that they have heard of HIV/AIDS and roughly 30-50 percent of women and men know about the three main ways to reduce its transmission, namely, abstinence, being faithful to one uninfected partner, and using condoms. Seventeen percent of women and 13 percent of men in Azerbaijan have comprehensive knowledge of HIV/AIDS prevention and transmission, i.e., they know that using condoms consistently and having one faithful partner can reduce the chance of getting HIV, that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions—that a person can become infected with the AIDS virus by kissing someone who is infected, and by mosquito bites.

Stigma surrounding AIDS is widespread in Azerbaijan. Although sixty-one percent of women and 60 percent of men say that they would not want to keep secret that a family member was infected with the AIDS virus, and 52 percent of women and 24 percent of men say they would be willing to care for a family member with the AIDS virus in their home, only 18 percent of women and 9 percent of men say that an HIV-positive teacher should be allowed to continue teaching and only 20 percent of women and 8 percent of men would buy fresh food from a shopkeeper with AIDS. The percentage expressing accepting attitudes on all four measures is low: 4 percent among women and less than 1 percent among men.

Sexual behavior. Among respondents who had sexual intercourse in the past 12 months, only 8 percent of men and a negligible fraction of women reported having had more than one sexual partner in the 12 months before the survey and one-quarter of men reported having sex outside of a marital or cohabiting relationship (higher-risk sex).

Condom use. Less than one-third of men (30 percent) reported using a condom at the most recent higher-risk sexual encounter. Only about two-thirds of male youth (60 percent) and one-third (33 percent) of female youth age 15-24 said they knew a place where they could obtain a condom.

Adult Health

The major causes of death in Azerbaijan are similar to those in industrialized countries (cardiovascular diseases, cancer, and accidents), but there is also a rising incidence of certain infectious diseases, such as tuberculosis.

Tuberculosis. Awareness about tuberculosis is virtually universal; almost all men and women have heard of tuberculosis. Seventy-eight percent of female respondents and 70 percent of male respondents correctly identified the mode of tuberculosis transmission (through the air when coughing).

Hypertension. The 2006 AzDHS included blood pressure measurement for consenting adults age 15-49. Results indicate that about 16-17 percent of adults in Azerbaijan are classified as hypertensive. Nearly one-third of men and women age 40 and older are suffering from some degree of hypertension, confirming that hypertension is a serious health problem in Azerbaijan. Fifty-six percent of women and 86 percent of men with high blood pressure are unaware that they are hypertensive.

Smoking. Survey data show that smoking is common among men age 15-49, with about half reporting that they are smokers. Among current smokers, over 90 percent reported that they smoked 10 or more cigarettes during the past 24

hours. The likelihood that a man smokes increases with age.

Alcohol intake. Thirty-nine percent of men age 15-49 consumed at least one alcoholic beverage in the month prior to the interview. Ten percent of men consume alcohol 1-2 times per week, and less than 2 percent of men drink alcohol daily or almost daily. The highest consumption of at least one alcoholic beverage in the month prior to the interview is in Baku (54 percent), followed by Ganja-Gazakh (50 percent).

Women's Status

Twenty percent of married women make decisions on their own about their own health care, more than half (52 percent) decide jointly with their husband/partner, while 28 percent say that their husband or someone else is the primary decision-maker about the woman's own health care.

The 2006 AzDHS gathered information on women's and men's attitudes toward wife beating, a proxy for women's perception of their status. Women and men were asked whether a husband is justified in beating his wife under a series of circumstances: if the wife burns the food, argues with him, goes out without telling him, neglects the children, or refuses sexual relations. Men are more likely than women to agree with at least one of the reasons justifying a husband's beating of his wife (58 percent of men compared with 49 percent of women).

The 2006 AzDHS survey included questions on whether respondents think that a wife is justified in refusing to have sexual intercourse with her husband under three circumstances: she knows her husband has a sexually transmitted disease (STD); she knows her husband has sexual intercourse with other women; or she is tired or not in the mood. Overall, 64 percent of women agree that a woman is justified in refusing to have sex with her husband for all three of the selected reasons, and only 15 percent of women do not agree that a wife is justified in refusing sex for any of the given reasons. Men are less likely than women to agree with all three of the selected reasons for a wife to withhold sex from her husband (55 percent compared with 64 percent).

Domestic Violence

Overall, 13 percent of all women age 15-49 experienced physical violence since age 15. Somewhat more than half of these women—8 percent of all women—had experienced at least one episode of violence in the 12 months preceding the survey. Two percent of the women said they had been subjected to violent physical acts often during the year before the survey. Overall, the data show that husbands are the main perpetrators of violence. Women whose husbands do not drink are the least likely to report emotional, physical, and/or sexual violence (9 percent), while women whose husbands frequently get drunk are the most likely to report violence (48 percent).

MILLENNIUM DEVELOPMENT GOAL INDICATORS

Goal	Indicator	Value		
		Male	Female	Total
1. Eradicate extreme poverty and hunger	• Prevalence of underweight in children under five years of age[1]	8.1	7.2	7.7
2. Achieve universal primary education	• Net attendance ratio in primary school[2]	73.7	71.9	72.8
	• Percent of pupils starting grade 1 who reach grade 4[3]	100.0	100.0	100.0
	• Primary completion rate[4]	98.3	97.8	98.1
3. Promote gender equality and empower women	• Ratio of girls to boys in primary school[5]	na	na	81.7
	• Ratio of girls to boys in secondary school[5]	na	na	95.4
	• Ratio of girls to boys in tertiary education[5]	na	na	110.2
	• Share of women in wage employment in the nonagricultural sector[6]	na	na	48.3
4. Reduce child mortality	• Under-five mortality rate[7]	56	42	50
	• Infant mortality rate[7]	48	38	43
	• Percent of children age 18-29 months immunized against measles[8]	79.0	69.1	74.4
5. Improve maternal health	• Percent of births attended by skilled health personnel[9]	88.8	88.4	88.6
6. Combat HIV/AIDS, malaria, and other diseases	• Percentage of current users of contraception who are using condoms (all women)	3.9	4.3	na
	• Condom use at last higher-risk sex[10]	31.1	na	na
	• Percentage of population age 15-24 years with comprehensive correct knowledge about HIV/AIDS[11]	5.3	4.8	na
	• Contraceptive prevalence rate (all women)	na	32.0	na
	• Contraceptive prevalence rate (married women and women in union)	na	51.1	na
	• Ratio of school attendance of orphans to school attendance of nonorphans age 10-14 years[12]	0.2	0.1	0.1
		Urban	Rural	Total
7. Ensure environmental sustainability	• Percent of population using solid fuels for cooking, urban and rural[13]	1.0	22.5	10.7
	• Percent of population with sustainable access to an improved water source, urban and rural[14]	86.4	68.7	78.4
	• Percent of population with access to improved sanitation, urban and rural[15]	83.0	70.4	77.3

na = Not applicable

[1] Based on children born in the 5 years preceding the survey. For children without a reported birth weight, the proportion with low birth weight is assumed to be the same as the proportion with low birth weight in each birth size category among children who have a reported birth weight.

[2] Based on de jure members. Numerator is children age 6-9 currently attending school; denominator is children 6-9 years old.

[3] Based on de jure members. This indicator is calculated using rates of promotion, dropout, and repetition for a given school year. These rates are used to project an estimate for the percentage of students attending grade 1 who are expected to reach grade 5, with or without repetition.

[4] Based on de jure members. Numerator is children completed grade 4 or higher; denominator is children 12-14 years old.

[5] The ratio of girls to boys for primary/secondary/tertiary education is the ratio of the primary/secondary/tertiary education GAR for females to the GAR for males. (The GAR is the total number of primary/secondary/ tertiary education students, expressed as a percentage of the official level of education-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.)

[6] Numerator is all women working in the non-agricultural sector who received payment in cash or kind; denominator is all women.

[7] Mortality rates refer to a 5-year period before the survey.

[8] In Azerbaijan, the measles and MMR vaccinations are given at the age of 12 months (unlike the standard 9 months in many countries). The values presented in the table are for children 18-29 months who have been vaccinated at any time against measles or MMR.

[9] Skilled health personnel includes: doctor, nurse, midwife, and feldsher.

[10] Higher-risk sex is sexual intercourse with a nonmarital, noncohabiting partner.

[11] Respondents with "comprehensive correct knowledge" of AIDS are those who say that using a condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, and furthermore say that a healthy-looking person can have the AIDS virus, and who reject the common misconception that HIV can be spread by mosquito bites and by kissing someone with AIDS.

[12] Note that these indicators do not take into account children who live outside of households, e.g., in institutions or on the street, because the AzDHS includes only households in its sample.

[13] Solid fuel includes: wood, straw, crops and other.

[14] Improved drinking water sources includes: water from pipe/tap and from protected well.

[15] Improved sanitary means of excreta disposal includes: flush toilet, improved pit latrine, and latrine with a slab.

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[1] The survey covered only parts of Yukhari Garabakh—the Agdam and Terter regions, and part of the Fizuli region.
[2] Lachin and Kalbajar are not included in the survey, as they are under occupation.
[3] Nakhichevan is not included in the survey.

INTRODUCTION 1

1.1 GEOGRAPHY AND POPULATION

Azerbaijan is located in the Asian part of the Eurasian continent and has a favorable geographic position between the Black Sea and the Caspian Sea. Historically, Azerbaijan extended 210,000 square kilometers from the Caucasus Mountains in Asia to the mountainous area south and southeast of Lake Urmiya. The land area occupied by Azerbaijan has long been subject to invasion. The 19th and 20th centuries were particularly difficult for Azerbaijan and its people. The Gulistan Agreement of 1813 and the Turkmenchay Agreement of 1828 ended Azerbaijan's independence. Azerbaijan was divided into two parts: southern Azerbaijan, which became part of Iran, and northern Azerbaijan, which became part of Russia.

The first democratic republic in the east was founded in Azerbaijan on May 28, 1918. Its territory extended 114,000 square kilometers and the borders were 3,504 kilometers in length. On April 28, 1920, this territory was occupied by Soviet Russia. In 1924, the regions of Goyca and Zangazur became part of Armenia, and the Autonomous region was established in mountainous Garabagh. The Republic of Azerbaijan regained its independence on October 18, 1991. At present, the area of the Republic of Azerbaijan is 86.6 thousand square kilometers (in the framework of the borders adopted by the United Nations). It is situated between 38°25' and 41°55' north latitude and 44°50' and 50°51' east longitude.

The Republic of Azerbaijan has land borders with five countries. It is bordered on the north by Russia (390 kilometers), on the northwest by Georgia (470 kilometers), on the west by Armenia (1,007 kilometers), and on the south by Iran (765 kilometers) and Turkey (15 kilometers). Azerbaijan has sea borders with four countries: Russia, Kazakhstan, Turkmenistan, and Iran.

The capital of Azerbaijan is the ancient city of Baku, which is located on a harbor leading to the Caspian Sea, at the 40th parallel. Baku lies 5,550 kilometers below the North Pole and 4,440 kilometers above the equator.

Twelve percent of the country is covered by forest and about 2 percent is water. Fifty-five percent of Azerbaijan is used for agriculture. Nine of the world's 11 climate zones are represented in Azerbaijan; these include dry and semi-arid steppes in the east, subtropical climate in the southeast, cold climate in the mountains of the north, and temperate climate along the shores of the Caspian Sea. The country is rich in oil and gas, iron ore, bauxite, molybdenum, mineral water, and other natural resources.

The country consists of 66 administrative regions (rayons), 13 urban districts, and the Autonomous Republic of Nakhichevan. There are 70 towns, 239 settlements, and 4,272 rural settlements (State Statistical Committee, 2007b). Since the early 1990s, as a result of the conflict with Armenia over Dagligh Garabakh, about 20 percent of the land area of the country has been occupied and controlled by Armenia.

Azerbaijan has a population in excess of 8.6 million, with approximately 48 percent residing in rural areas. The country is characterized by a moderate rate of population growth, mainly a result of the declining birth rate—from 27 per 1,000 in 1991 to 14 per 1,000 in 2002 and 18 per thousand in 2006—and the relatively low death rate. Due to the conflict with Armenia, the death rate reached 7.3 per 1,000 in the early 1990s; it stabilized after the cease-fire and then decreased to 6.2 per 1,000 in 2006. Twenty-five percent of the population is under 15 years of age, while 7 percent are over 65 (State Statistical Committee, 2007a).

According to official data, there were nearly one million people refugees and internally displaced persons (IDPs) as a result of Armenia's occupation of Dagligh Garabakh. This represents 12 percent of the country's population. Of these refugees and IDPs, about 687 thousand are internally displaced persons from Dagligh Garabakh and nearby territories, 250 thousand are Azerbaijanis from Armenia, 50 thousand are Meskhetian Turks from Central Asia, and 3 thousand are persons seeking asylum and refugee status (State Committee on Problems of Refugees and Internal Displaced Persons, 2007).

Azerbaijanis constitute more than 91 percent of the country's population. In 2005, life expectancy for men was 70 years and, for women, 75 years.

1.2 Health Care System

1.2.1 Facilities, Finance, and Human Resources

The health care system in Azerbaijan was developed as part of the Soviet system with the objective of providing adequate access to health services to all citizens. After the collapse of the Soviet Union, the health system deteriorated because of economic problems, lack of management capacity (previously all decisions were made in Moscow), failure to prioritize the expenditure of limited resources, disruption of the existing health network including the distribution of medical supplies, disappearance of health programs, weakness of the primary health care system, and low population coverage (WHO, 1996).

Government policy on protection of the population's health is reflected in the Constitution of the Republic of Azerbaijan on "Protection of the Health of the Population" and other appropriate legislation. Relations between citizens and state bodies, as well as state and private medical institutions and organizations, are regulated by the Law of the Republic of Azerbaijan on "Protection of the Health of the Population" adopted on June 26, 1997, and provision of the population with medical aid and their health protection was guaranteed by article 41 of the Constitution accepted in 1995.

In 2005, a nationwide network of more than 3,000 primary, secondary, and tertiary health care facilities was operated under the control of the Ministry of Health (MOH). The health care system is still centralized and almost all facilities are state-owned. Throughout the country, health services are provided free of charge. These services include antenatal care, delivery assistance, neonatal and pediatric services, immunizations, family planning, and specialized health care.

In addition, the health departments under the Ministries of Oil, Railways, Defense, Internal Affairs, and Justice, and the Caspian Steamship line provide health care for their employees. From an operational and a financial perspective, these health facilities are governed by their own set of rules and regulations, have separate budgets, and exercise more autonomy in daily operations. However, the MOH has a controlling share of the decision-making in parastatal organizations, at least in regards to health care protocols and standards of care used in these facilities.

There is a small but growing private sector in Azerbaijan, and almost all pharmacies and dental clinics are privately owned.

The state budget, derived from taxes and other government revenues, is the main official financial source for health care. Funds from the budget are allocated directly to local authorities and the Ministry of Health. According to official data, 162 million AZN were allocated for the health sector in the 2006 state budget (MOF, 2006). Additional state funding for health care is channeled through the State Oil Company; Ministries of Railways, Defense, Internal Affairs, and Justice; and the Caspian Steamship line, for their respective health facilities.

In Azerbaijan, almost all health professionals—32,000 physicians and 62,300 mid-level professionals at the beginning of 2006—are government employees. There are 38 doctors and 74 mid-level professionals per 10,000 population. The distribution is uneven, with a higher proportion in urban areas than in rural areas (MOF, 2006).

1.2.2 Health Care Reforms

In 2006, the Azerbaijani Ministry of Health commenced Azerbaijan's Health Sector Reform Project (HSRP) with a considerable amount of its own resources (US$28.25 million), supported by a World Bank loan (US$50 million) and grant funding from USAID (US$8 million), UNICEF (US$470,000) and the WHO (US$40,000). The project aims to improve overall health system stewardship and financing, and enhance equitable access to, and technical and perceived quality of, essential health care services in the selected districts in a fiscally responsible and sustainable manner, with a view to improving health outcomes.

1.2.3 Primary, Secondary, and Tertiary Health Care

Primary health care in Azerbaijan is delivered on a geographical basis through a network of health faculties established in close proximity to residential areas. Primary health care is provided by outpatient polyclinics, feldsher accoucher posts (FAPs), rural ambulatory clinics, primary health facilities at large enterprises, women's consulting centers (a primary source of family planning services in urban areas), and delivery hospitals. The main focus of these institutions is disease prevention, antenatal care services, delivery assistance, and family planning services.

The Sanitary Epidemiological Stations (SESs) are directly subordinate to the MOH and are responsible for organization, logistical support, and monitoring of immunization services. However, SESs do not actually vaccinate the public; vaccinations are administered through the network of primary health care institutions. SESs are also responsible for control and regulation of water and food safety, and control of infectious and parasitic diseases.

Secondary health services are provided by specialized dispensaries, departments of polyclinics, and hospitals in which screening programs are carried out to identify individuals with early manifestations of disease and to prevent disease progression.

Tertiary health services in Azerbaijan are provided within the departments of regional, municipal, and district general hospitals, specialized referral hospitals, dispensaries, and clinical research institutes. The clinical treatment offered at these facilities is aimed at minimizing the effect of disease and disability.

1.2.4 Maternal and Child Health Care

Maternal and child health services in Azerbaijan are mostly provided through primary and secondary health care institutions. Almost all deliveries occur at delivery hospitals and, in rare cases, at regular hospitals or at peripheral hospitals, village ambulatories or feldsher accoucher posts (FAPs) in rural areas. Antenatal care is provided mainly by doctors at women's consulting centers, rural hospitals and ambulatories, and FAPs. Antenatal care starts early in pregnancy (usually during the first trimester) and continues on a monthly basis throughout the pregnancy.

Child health care is initially provided during the first week following delivery, while a woman and her newborn stay in the delivery hospital. After discharge from the delivery hospital, a child is visited at home by a pediatrician who conducts a physical examination of the child and provides counseling on child care to the mother. Each child receives at least one visit from a pediatrician/physician that can be followed by a nurse's visit. Additional pediatric services are mainly provided by primary health care facilities. A mother is required to take her child for regular checkups and

vaccination at the polyclinic or outpatient clinic several times during the child's first two years. Doctors at the polyclinic can refer children to a specialized pediatrician and for hospitalization, as necessary.

The child vaccination schedule in Azerbaijan requires that BCG and oral polio vaccines be given at birth. Revaccination with oral polio vaccine is usually done at 2, 3, 4, and 18 months and 6-7 years of age. The vaccination schedule for diphtheria, pertussis, and tetanus toxoid (DPT) is similar to the schedule for the polio vaccination, except that the first DPT vaccine is given at 2 months of age. Measles vaccinations are given at 12 months of age as part of the measles, mumps, and rubella (MMR) vaccination. In 2001, the hepatitis B vaccination was introduced throughout the country. The first dose is given at birth; the second and third doses are given at 2 and 4 months.

UNICEF has played a crucial role in the re-establishment of proper vaccination practices according to the World Health Organization (WHO) standards through procurement and distribution of vaccines and supplies for children, a cold chain equipment to health care facilities offering vaccination for children, development of training manuals and national trainers with following training for health care providers on proper vaccination practices and cold chain maintenance. National policy on vitamin A supplementation was adopted and introduced within the EPI national program. Currently the Government of Azerbaijan has taken over procurement of all the vaccines with a gradually reducing share from GAVI for Hepatitis B vaccines. UNICEF is involved in the MOH capacity building on proper vaccination monitoring.

USAID and UNICEF provided financial and technical assistance in adoption of the Integrated Management of Childhood Illnesses (IMCI) package for Azerbaijan, and financed the training of trainers (TOT) for national master trainers, and the IMCI training for health care staff in the pilot regions. Yet the IMCI is not prioritized by MOH as a major approach to care for children under five in primary health care facilities.

UNICEF is protecting, promoting, and supporting breastfeeding by advocating principles of the International code of marketing of breast milk substitutes, promoting exclusive breastfeeding of infants from birth until 6 months of age, and through implementation of The Baby Friendly Hospital Initiative. Baby-friendly health initiatives started in Azerbaijan with a joint MOH/WHO/UNICEF introduction in 1995. The national BF/BFHI program was adopted in 1998. A national assessor group was nominated by the MOH and went through training provided by international experts in 2000. By 2002, 19 out of 77 maternity hospitals in the country were certified as baby-friendly. By 2003, the number had risen to 38 out of 77 maternity hospitals, and, by 2004, 67 out of 77 maternity hospitals had been certified. Along with supporting each component of the program, UNICEF continued to support training for health professionals until 2005.

"The Law of Azerbaijan Republic on Infant and Young Child Feeding" adopted on August 4, 2003 has a special chapter covering provisions suggested by the International Code of Marketing of Breastmilk substitutes.

1.2.5 Family Planning Services

The Ministry of Health is responsible for providing family planning services throughout the country. The main goal of the family planning policy is to ensure low-risk pregnancy and safe motherhood, and to reduce complications due to closely spaced pregnancies and pathological conditions among women of reproductive age.

The Ministry of Health manages a broad spectrum of activities throughout the country, including educating the population on family planning and providing contraceptive supplies. The private sector is also involved in marketing contraceptives, mainly through the network of privately owned pharmacies. The Ministry of Health considers family planning part of maternal health care and requires counseling on the selection and use of contraceptive methods be done by health professionals

with skills in obstetrics and gynecology. For the past decade, women in Azerbaijan have relied primarily on traditional methods of contraception, particularly withdrawal, almost to the exclusion of other methods.

Induced abortion is legal in Azerbaijan if carried out during the first 12 weeks of pregnancy.[1] These procedures are typically performed at the outpatient departments of general hospitals or delivery hospitals.

Family planning services became available in Azerbaijan in 1996 with the support of UNFPA and the international NGO Pathfinder. On June 13, 2000, the Ministry of Health's Decree No. 54 created the National Reproductive Health Office (NRHO), which strengthens family planning policy in the country. The National Reproductive Health Office, with financial and technical support provided by UNFPA and Pathfinder, played a leading role in the organization of the 27 Family Planning Centers (FPCs) in the districts of the country.

Between 2000 and 2004, modern contraceptive methods, such as condoms, pills, IUDs, spermicides, and injectables (Depo-Provera), were distributed free of charge through FPCs. UNFPA coordinated the distribution of the contraceptives. Distribution was stopped in 2004. FPCs are supplied with computers, other office equipment, training, and health education materials developed by the National Reproductive Health Office, UNFPA, Pathfinder, and other organizations approved by MOH. Consultations and services are free of charge.

With technical and financial support from USAID (partners—International Medical Corps and Johns Hopkins University), and in collaboration with the National Reproductive Health and Family Planning Office (NRHO), 27 Family Planning and Reproductive Health Master Trainers were prepared and four training modules were developed. The trainers continue to conduct training for gynecologists, midwives, pharmacists, and other health professionals using the aforementioned training materials.

In 2004, USAID (partners—EngenderHealth, Meridian, and ADRA), with support from the Azerbaijani Ministry of Health, launched another Reproductive Health and Family Planning Project, aiming to create a more favorable policy environment for RH/FP at the local and regional level.

1.2.6 Tuberculosis DOTS Program

Tuberculosis is high on the political agenda of the Government of Azerbaijan. The law on the "Fight against tuberculosis in the Republic of Azerbaijan" that was adopted on May 2, 2000, is a legal base for protection from tuberculosis, as well as for rights and duties of persons with tuberculosis.

The World Health Organization recommends a tuberculosis control strategy known as DOTS (directly observed treatment, short-course) that combines: 1) case detection by sputum smear microscopy among symptomatic patients who self-report to health services; 2) standardized short-course chemotherapy with directly observed treatment; and 3) a standardized recording and reporting system that tracks the treatment of each patient and in turn provides data to the tuberculosis control program (WHO, 1999b).

In Azerbaijan, the DOTS strategy was introduced in 2002. Tuberculosis remains one of the main health problems in the country. In 2006, the Ministry of Health received about US$4,000,000 (of a total of about US$10,000,000) in grants from the Global Fund for AIDS, Tuberculosis, and Malaria, as funding for implementation of a five-year program on Strengthening and Expanding DOTS Framework by Improving Management and Coordination of the National TB Control Program, In-

[1] In some cases induced abortion can be performed after 12 weeks if certain medical or social conditions exist. These cases require strict supervision of qualified medical personnel in a hospital setting.

volving Primary Health Care in TB Control, Managing Drug Resistance and Reducing the Burden of TB in Vulnerable Population Groups.

1.2.7 HIV/AIDS Program

Azerbaijan is considered a low HIV/AIDS prevalence country. To sustain this low prevalence while recognizing the devastating health and socioeconomic consequences of HIV/AIDS epidemics, the government of Azerbaijan undertook steps to control and prevent the spread of HIV/AIDS in Azerbaijan. A law aimed at preventing the spread of HIV/AIDS by strengthening the logistical basis of AIDS prevention services, accepting the National Program, and providing social support for HIV-infected citizens, was adopted in 1996. In 1997, the Cabinet of Ministries of Azerbaijan approved the National Program on HIV/AIDS Prevention.

In 1990, the Republican HIV/AIDS Prevention Center opened in Baku, with other branches throughout the country. The center has an immunodiagnostic laboratory and treatment facilities. The center's primary aim is prevention, monitoring, and treatment, and it offers anonymous voluntary testing and counseling. A mandatory HIV testing policy no longer exists in Azerbaijan and, as of 2003, about 2.3 percent of the population had been tested.

During the past decade, the number of new cases of HIV increased from 3 cases in 1996 to 210 cases in 2005. By the end of 2005, Azerbaijan reported 870 HIV cases. Among those with a known mode of transmission, over half were injecting drug users. The acceleration of the epidemic has been especially noticeable during the past two years, as the number of new HIV cases has doubled (122 cases in 2004 versus 210 cases in 2005), according to the World Health Organization's centralized information system for infectious diseases (CISID) (WHO/ROE, 2006).

The Ministry of Health recently received about US$10,000,000 in grants for the next five years from the Global Fund for AIDS, Tuberculosis, and Malaria to implement the program called "Scaling-up the Response to HIV/AIDS in Azerbaijan." The program started in 2005, when 210 HIV/AIDS patients received medical care for their condition. In November 2006, the first 5 HIV patients initiated highly active anti-retroviral therapy (HAART).

1.3 Systems for Collecting Demographic and Health Data

The State Statistical Committee (SSC) of the Republic of Azerbaijan is responsible for maintaining the national registration system and conducting censuses. Births, deaths, marriages, and divorces are registered at the local administrative level, and aggregated statistics are forwarded through the regional and urban level statistical offices to the Main Accounting Center of the SSC. The last census in Azerbaijan was conducted in 1999. The next census has been approved by order of the President and is scheduled for 2009.

The collection of health data is primarily the responsibility of the Statistical Department of the Ministry of Health. Health information is generated by staff at the facilities delivering services and then sent to the Statistical Department through the region level health departments. The Statistical Department of the MOH compiles and analyzes these data, and issues annual reports on the "Health of the Population of the Republic of Azerbaijan and Health Services."

The health data published annually by the Statistical Department of the MOH consist of the following major categories: 1) morbidity specified by type of disease; 2) mortality specified by causes of death; 3) infant deaths, including perinatal and early neonatal deaths; 4) maternal mortality specified by cause of death; 5) data on maternal and child health services; and 6) the number of health facilities, medical personnel, hospital beds, and length of the average hospital stay. These data are tabulated at the national and region levels. The national level data are also available at the WHO web site, in the Health for All DataBase.

1.4 Objectives and Organization of the Survey

The 2006 Azerbaijan Demographic and Health Survey (2006 AzDHS) is a nationally representative sample survey designed to provide information on population and health issues in Azerbaijan. The primary goal of the survey was to develop a single integrated set of demographic and health data pertaining to the population of the Republic of Azerbaijan.

The 2006 AzDHS was conducted from August to November by the State Statistical Committee (SSC) of the Republic of Azerbaijan. Macro International Inc. provided technical support for the survey through the MEASURE DHS project. USAID Caucasus, Azerbaijan provided funding for the survey through the MEASURE DHS project. MEASURE DHS is sponsored by the United States Agency for International Development (USAID) to assist countries worldwide in obtaining information on key population and health indicators. The UNICEF/Azerbaijan country office was instrumental for political mobilization during the early stages of the 2006 AzDHS negotiation with the Government of Azerbaijan and also supported the survey through in-kind contributions.

The 2006 AzDHS collected national- and regional-level data on fertility and contraceptive use, maternal and child health, adult health, tuberculosis, and HIV/AIDS and other sexually transmitted diseases. The survey obtained detailed information on these issues from women of reproductive age and, on certain topics, from men as well.

The 2006 AzDHS results are intended to provide the information needed to evaluate existing social programs and to design new strategies for improving the health of Azerbaijanis and health services for the people of Azerbaijan. The 2006 AzDHS also contributes to the growing international database on demographic and health-related variables.

1.4.1 Sample Design and Implementation

The sample was designed to permit detailed analysis, including the estimation of rates of fertility, infant/child mortality, and abortion, for the national level, for Baku, and for urban and rural areas separately. Many indicators are available separately for each of the economic regions in Azerbaijan except the Autonomous Republic of Nakhichevan (conducting the survey in Nakhichevan was complicated, since this region is in the blockade).

A representative probability sample of households was selected for the 2006 AzDHS sample. The sample was selected in two stages. In the first stage, 318 clusters in Baku and 8 other economic regions were selected from a list of enumeration areas from the master sample frame that was designed for the 1999 Population Census.[2] In the second stage, a complete listing of households was carried out in each selected cluster. Households were then systematically selected from each cluster for participation in the survey. This design resulted in a final sample of 7,619 households.

Because of the non-proportional allocation of the sample to the different economic regions, sampling weights will be required in all analysis using the DHS data to ensure the actual representativity of the sample at both the national and regional levels. The sampling weight for each household is the inverse of its overall selection probability with correction for household non-response; the individual weight is the household weight with correction of individual non-response. Sampling weights

[2] A representative probability sample of the 2006 AzDHS yielding 8,400 households was originally selected from 10 economic regions of Azerbaijan, including the Autonomous Republic of Nakhichevan. In the first stage, 350 clusters, with probability proportional to the cluster size, were selected from the sampling frame based on the 1999 population census. Since the Autonomous Republic of Nakhichevan is in the blockade, a total of 318 clusters in Baku and 8 economic regions were selected for the AzDHS implementation. The total population of the Autonomous Republic of Nakhichevan is approximately 4.5 percent of the total population of Azerbaijan. See Appendix A for details of the original sample design.

are further normalized in order to give the total number of unweighted cases equal to the total number of weighted cases at the national level, for both household weights and individual weights.

All women age 15-49 who were either permanent residents of the households in the 2006 AzDHS sample or visitors present in the household on the night before the survey were eligible to be interviewed. In addition, all men age 15-59 in one-third of the households selected for the survey were eligible to be interviewed if they were either permanent residents or visitors present in the household on the night before the survey. Interviews were completed with 8,444 women and 2,558 men.

1.4.2 Questionnaires

Three questionnaires were used in the AzDHS: Household Questionnaire, Women's Questionnaire, and Men's Questionnaire. The household and individual questionnaires were based on model survey instruments developed in the MEASURE DHS program. The model questionnaires were adapted for use by experts from the SSC and Ministry of Health (MOH). Input was also sought from a number of nongovernmental organizations. Additionally, at the request of UNICEF, the Multiple Indicator Cluster Survey (MICS) modules on early child education and development, birth registration, and child discipline were adapted for the 2006 AzDHS instrument. The questionnaires were prepared in English and translated into Azerbaijani and Russian. The household and individual questionnaires were pretested in May 2006.

The Household Questionnaire was used to list all usual members of and visitors to the selected households and to collect information on the socioeconomic status of the household. The first part of the Household Questionnaire collected information on the age, sex, educational attainment, and relationship of each household member or visitor to the household. This information provides basic demographic data for Azerbaijan households. It also was used to identify the women and men who were eligible for the individual interview (i.e., women age 15-49 and men age 15-59). In the second part of the Household Questionnaire, there were questions on housing characteristics (e.g., the flooring material, the source of water, and the type of toilet facilities), on ownership of a variety of consumer goods, and other questions relating to the socioeconomic status of the household. In addition, the Household Questionnaire was used to obtain information on child discipline, education, and development; to record height and weight measurements of women, men, and children under age five; and to record hemoglobin measurements of women and children under age five.

The Women's Questionnaire obtained information from women age 15-49 on the following topics:

- Background characteristics
- Pregnancy history
- Abortion history
- Antenatal, delivery, and postnatal care
- Knowledge, attitudes, and use of contraception
- Reproductive and adult health
- Vaccinations, birth registration, and childhood illness and treatment
- Breastfeeding and weaning practices
- Marriage and recent sexual activity
- Fertility preferences
- Knowledge of and attitudes toward AIDS and other sexually transmitted diseases
- Knowledge of and attitudes toward tuberculosis
- Hypertension and other adult health issues
- Domestic violence

The Men's Questionnaire, administered to men age 15-59, covered the following topics:

- Background characteristics
- Reproductive health
- Marriage and recent sexual activity
- Attitudes toward and use of condoms
- Fertility preferences
- Employment and gender roles
- Attitudes toward women's status
- Knowledge of and attitudes toward AIDS and other sexually transmitted diseases
- Knowledge of and attitudes toward tuberculosis
- Hypertension and other adult health issues
- Smoking and alcohol consumption

Blood pressure measurements of women and men were recorded in their individual questionnaires.

1.4.3 Training of Field Staff

All supervisors, field editors, interviewers, and quality control personnel attended the main survey training, which was conducted by the State Statistical Committee and Macro during a three-week period from late June through July 2006. The training included lectures, demonstrations, practice interviewing in small groups, examinations, and practice in blood pressure measurement. Fourteen health technicians, people with medical backgrounds who were recruited by the Ministry of Health, were trained separately during the same period in the procedures for anthropometric measurement and anemia testing. All field staff participated in three days of field practice.

1.4.4 Hemoglobin Testing

Hemoglobin testing is the primary method of anemia diagnosis. Reliable measures are obtained using the HemoCue system. In all households selected for the 2006 AzDHS survey, women age 15-49 and children age 6 to 59 months were tested for anemia. A consent statement was read to the eligible respondent or to the parent or responsible adult for children and young women age 15-17. This statement explained the purpose of the test, informed them that the results would be made available as soon as the test was completed, and requested permission for the test to be carried out.

Before taking any blood, the finger was wiped with an alcohol swab and allowed to air dry. Then, the palm side of the end of a finger was punctured with a sterile, nonreusable, self-retractable lancet and a drop of blood was collected in a HemoCue microcuvette, which serves as a measuring device, and placed in a HemoCue photometer which displays the result. An informative brochure was given to each household explaining what anemia is, its symptoms, and measures to prevent anemia. Each person whose hemoglobin level was lower than the recommended cut-off point was given a written referral recommending immediate follow-up with a health professional.

1.4.5 Fieldwork and Data Processing

Eleven teams collected the survey data; each team consisted of four female interviewers, a male interviewer, a field editor, and a team supervisor. A health technician was also assigned to each team. Fieldwork began in late July 2006 and was completed by early November 2006. Senior DHS technical staff visited teams regularly to review the work and monitor data quality.

The processing of the AzDHS results began shortly after the fieldwork commenced. Completed questionnaires were returned regularly from the field to SSC headquarters in Baku, where they

were entered and edited by data processing personnel who were specially trained for this task. The data processing personnel included a supervisor, a questionnaire administrator, several office editors, 10 data entry operators, and a secondary editor. The concurrent processing of the data was an advantage since the survey technical staff was able to advise field teams of problems detected during the data entry using tables generated to check various data quality parameters. As a result, specific feedback was given to the teams to improve their performance. The data entry and editing phase of the survey was completed in late January 2007.

1.5 RESPONSE RATES

Table 1.1 presents household and individual response rates for the survey. A total of 7,619 households were selected for the sample, of which 7,341 were found at the time of fieldwork. The main reason for the difference is that some of the dwelling units that were occupied during the household listing operation were either vacant or the household was away for an extended period at the time of interview. Of the households that were found, 98 percent were successfully interviewed.

In these households, 8,652 women were identified as eligible for the individual interview. Interviews were completed with 98 percent of the women. Of the 2,717 eligible men identified, 94 percent were successfully interviewed.

Table 1.1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence, Azerbaijan 2006

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	4,279	3,340	7,619
Households occupied	4,110	3,231	7,341
Households interviewed	3,993	3,187	7,180
Household response rate[1]	97.2	98.6	97.8
Interviews with women age 15-49			
Number of eligible women	4,576	4,076	8,652
Number of eligible women interviewed	4,478	3,966	8,444
Eligible women response rate[2]	97.9	97.3	97.6
Interviews with men age 15-59			
Number of eligible men	1,430	1,287	2,717
Number of eligible men interviewed[2]	1,357	1,201	2,558
Eligible men response rate	94.9	93.3	94.1

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents

HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS 2

This chapter provides a summary of the demographic and socioeconomic characteristics of the household population in the 2006 AzDHS, including age, sex, place of residence, educational status, and household characteristics. Information collected on the characteristics of the households and respondents is important in understanding and interpreting the findings of the survey and also provides some indication of the representativeness of the survey.

A household is defined as a person or group of related and unrelated persons who live together in the same dwelling unit(s) or in connected premises, who acknowledge one adult member as head of the household, and who have common arrangements for cooking and eating their food. The questionnaire for the 2006 AzDHS distinguishes between the de jure population (persons who usually live in a selected household) and the de facto population (persons who stayed the night before the interview in the household). According to the 2006 AzDHS data, the differences between these populations are small. Tabulations for the household data presented in this chapter are primarily based on the de facto population.

Due to the way the sample was designed, the number of cases in some regions may appear small since they are weighted to make the regional distribution nationally representative. Throughout this report, numbers in the tables reflect weighted numbers. To ensure statistical reliability, percentages based on 25 to 49 unweighted cases are shown within parentheses, and percentages based on fewer than 25 unweighted cases are suppressed.

2.1 CHARACTERISTICS OF THE POPULATION

2.1.1 Age-Sex Structure

Age and sex are important demographic variables and form the primary basis of demographic classification in vital statistics, censuses, and surveys. They are also important variables in the study of mortality, fertility, and nuptiality. Table 2.1 presents the percent distribution of the de facto population by five-year age groups, according to urban-rural residence and sex. The information is used to construct the population pyramid shown in Figure 2.1.

The total de facto population was 29,506. The data show that 52 percent of the population is female. Among the youngest age groups, however, there are more males than females. It is not until the 15-19 age cohort that women outnumber men (Figure 2.1).

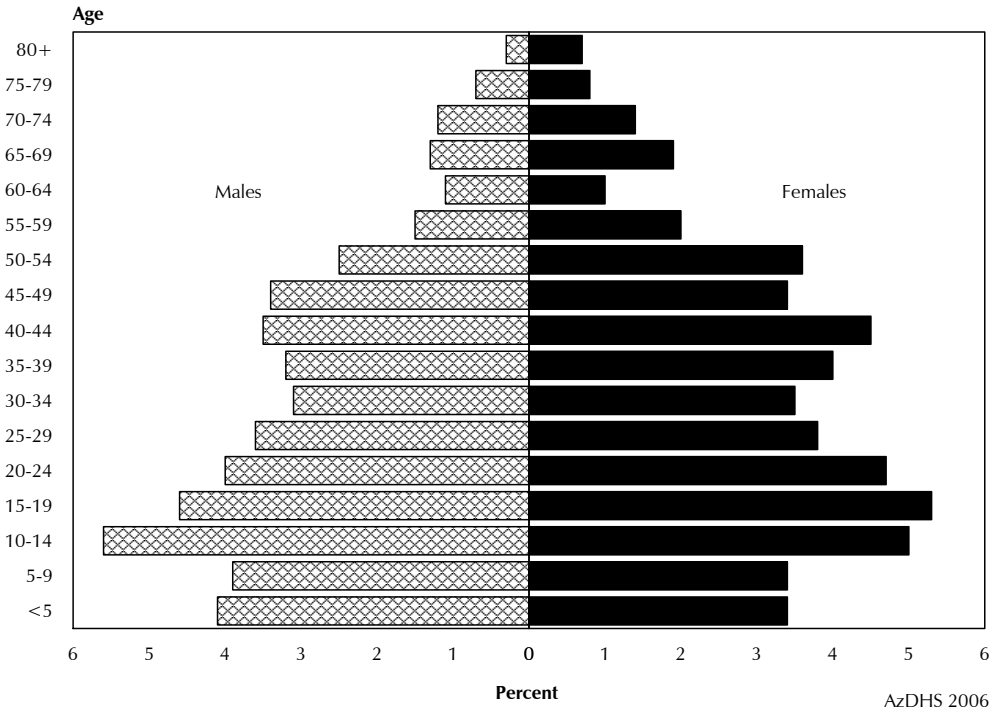
About two-thirds of the population is in the 15-64 age group. The proportion of the population falling within this age group is higher in urban areas (69 percent) than in rural areas (63 percent). This difference may be attributed in part to high levels of rural-urban migration, especially among the young in search of jobs and higher education.

Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Azerbaijan 2006

	Urban			Rural			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	7.9	5.9	6.9	9.6	7.4	8.4	8.6	6.6	7.6
5-9	7.4	6.2	6.8	9.1	6.9	7.9	8.2	6.5	7.3
10-14	10.9	9.0	9.9	12.7	10.3	11.5	11.7	9.6	10.6
15-19	9.5	10.5	10.0	9.7	9.9	9.8	9.6	10.2	9.9
15-17	6.7	6.4	6.6	7.5	5.5	6.4	7.0	6.0	6.5
18-19	2.9	4.0	3.5	2.2	4.4	3.4	2.6	4.2	3.4
20-24	8.5	8.9	8.7	8.2	9.0	8.6	8.4	8.9	8.7
25-29	8.0	7.6	7.8	6.9	6.6	6.8	7.5	7.2	7.3
30-34	6.7	6.8	6.7	6.3	6.6	6.5	6.5	6.7	6.6
35-39	6.9	7.7	7.3	6.6	7.6	7.1	6.7	7.6	7.2
40-44	7.8	8.8	8.3	7.0	8.3	7.7	7.4	8.6	8.0
45-49	7.8	7.1	7.4	6.2	5.8	6.0	7.1	6.5	6.8
50-54	5.7	7.1	6.5	4.5	6.4	5.5	5.2	6.8	6.0
55-59	3.3	3.9	3.7	3.0	3.5	3.3	3.2	3.8	3.5
60-64	2.6	1.9	2.2	2.0	1.7	1.9	2.3	1.8	2.0
65-69	2.5	3.5	3.0	2.9	3.7	3.3	2.7	3.6	3.1
70-74	2.5	2.3	2.4	2.7	3.2	3.0	2.6	2.7	2.7
75-79	1.2	1.6	1.4	2.0	1.5	1.7	1.6	1.6	1.6
80 +	0.8	1.1	0.9	0.6	1.5	1.1	0.7	1.3	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	7,751	8,489	16,240	6,300	6,966	13,266	14,051	15,455	29,506

Figure 2.1 **Population pyramid**



The data further indicate that 26 percent of the population is less than 15 years of age. The proportion under 15 years of age is larger in the rural areas than in the urban areas (28 percent and 24 percent, respectively). This is evidence of higher fertility in the rural areas (see Chapter 4). The percentages in the 0-4 and 5-9 age cohorts are smaller than those observed in the 10-14 and 15-19 age cohorts, reflecting the effect of recent declines in fertility. Elderly people age 65 and older make up 8 percent of the population.

2.1.2 Household Composition

Table 2.2 presents the percent distribution of households in the 2006 AzDHS sample by sex of the head of the household and by household size for urban and rural areas and mean size of household. These characteristics are important because they are often associated with differences in household socioeconomic levels. For example, female-headed households are frequently poorer than households headed by males. In addition, the size and composition of the household affects the allocation of financial and other resources among household members, which in turn influences the overall well-being of these individuals. Household size is also associated with crowding in the dwelling, which can lead to unfavorable health conditions.

In general, heads of household in Azerbaijan are male (75 percent). Women head 25 percent of Azerbaijani households, with no difference between rural and urban areas. The average household size in Azerbaijan is 4.1 persons. The average household size in rural areas is larger than in urban areas (4.5 compared with 3.9 members).

Table 2.2 Household composition

Percent distribution of households by sex of head of household, household size, and mean size of household, according to residence, Azerbaijan 2006

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	75.1	75.6	75.3
Female	24.9	24.4	24.7
Total	100.0	100.0	100.0
Number of usual members			
0	0.5	0.2	0.4
1	8.2	4.0	6.5
2	13.8	10.7	12.6
3	17.7	12.4	15.5
4	28.9	24.6	27.1
5	16.7	21.4	18.6
6	8.2	13.7	10.4
7	3.2	7.0	4.8
8	1.0	2.9	1.8
9+	1.8	3.1	2.3
Total	100.0	100.0	100.0
Mean size of households	3.9	4.5	4.1

Note: Table is based on the de jure members, i.e., usual residents.

2.1.3 Children's Living Arrangements and Orphanhood

Detailed information on living arrangements and orphanhood for children under 18 years of age is presented in Table 2.3. Of the 9,420 children under age 18 recorded in the 2006 AzDHS, four in five live with both parents, 13 percent live with their mother only, 1 percent live with their father only, and 2 percent live with neither of their natural parents.

The table also provides data on the extent of orphanhood, that is, the proportion of children who have lost one or both parents. Three percent of children under 18 years of age have lost their fathers. Very few children have lost their mothers or both parents.

Table 2.3 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by living arrangements and survival status of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, Azerbaijan, 2006

Background characteristic	Living with both parents	Living with mother but not with father		Living with father but not with mother		Not living with either parent				No information on father or mother	Total	Percentage not living with a biological parent	Percentage with one or both parents dead	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead					
Age														
0-4	86.8	10.5	0.7	0.2	0.1	0.7	0.0	0.0	0.1	1.0	100.0	0.8	0.9	2,210
<2	89.0	9.0	0.3	0.2	0.1	0.3	0.0	0.0	0.0	1.2	100.0	0.3	0.4	966
2-4	85.1	11.7	1.0	0.1	0.0	1.0	0.0	0.0	0.2	0.9	100.0	1.2	1.2	1,244
5-9	86.5	9.4	1.4	0.8	0.0	0.8	0.1	0.1	0.3	0.5	100.0	1.3	1.9	2,157
10-14	82.8	11.3	2.8	0.4	0.9	0.8	0.3	0.1	0.1	0.4	100.0	1.3	4.2	3,131
15-17	78.8	9.2	5.2	0.3	0.7	2.6	0.1	0.4	1.0	1.7	100.0	4.2	7.4	1,923
Sex														
Male	83.6	10.2	3.0	0.4	0.5	0.8	0.2	0.1	0.3	0.8	100.0	1.4	4.1	4,999
Female	83.9	10.3	1.9	0.4	0.4	1.5	0.1	0.2	0.4	0.8	100.0	2.2	3.0	4,421
Residence														
Urban	85.0	8.6	2.8	0.5	0.6	1.0	0.2	0.2	0.4	0.7	100.0	1.8	4.2	4,906
Rural	82.4	12.1	2.1	0.3	0.4	1.4	0.1	0.1	0.2	1.0	100.0	1.8	2.9	4,514
Region														
Baku	87.0	8.0	2.4	0.4	0.4	0.6	0.2	0.2	0.3	0.5	100.0	1.2	3.5	2,487
Absheron	88.4	5.6	2.6	0.3	1.0	0.8	0.1	0.0	0.4	0.7	100.0	1.4	4.1	577
Ganja-Gazakh	80.2	11.6	2.4	1.0	0.3	2.0	0.1	0.3	0.3	1.7	100.0	2.8	3.5	1,316
Shaki-Zaqatala	83.3	11.1	2.7	0.2	0.4	1.1	0.1	0.0	0.1	1.1	100.0	1.3	3.3	677
Lankaran	78.9	15.5	2.4	0.5	0.5	1.2	0.1	0.2	0.2	0.4	100.0	1.8	3.4	905
Guba-Khachmaz	89.1	4.0	3.1	0.5	1.2	1.0	0.0	0.0	0.6	0.6	100.0	1.6	5.0	488
Aran	81.7	12.5	2.4	0.3	0.3	1.3	0.2	0.0	0.5	0.8	100.0	1.9	3.4	2,413
Yukhari Garabakh	85.5	8.2	1.8	0.2	0.6	2.0	0.4	0.2	0.5	0.5	100.0	3.1	3.6	233
Daghligh Shirvan	85.0	8.9	2.7	0.0	0.6	1.7	0.0	0.3	0.0	0.8	100.0	1.9	3.6	323
Wealth quintile														
Lowest	83.7	10.8	2.3	0.3	0.4	1.2	0.1	0.0	0.4	0.9	100.0	1.6	3.2	2,182
Second	82.5	10.6	2.7	0.7	0.2	1.9	0.1	0.1	0.3	0.9	100.0	2.5	3.4	1,916
Middle	80.8	11.7	3.0	0.4	0.7	1.1	0.3	0.2	0.4	1.4	100.0	1.9	4.6	1,917
Fourth	85.8	9.6	1.7	0.3	0.5	1.0	0.2	0.4	0.1	0.4	100.0	1.6	2.9	1,738
Highest	86.5	8.4	2.7	0.5	0.4	0.6	0.1	0.0	0.5	0.3	100.0	1.2	3.7	1,667
Total <15	85.0	10.5	1.8	0.5	0.4	0.8	0.2	0.1	0.2	0.6	100.0	1.2	2.6	7,498
Total <18	83.7	10.3	2.5	0.4	0.5	1.2	0.1	0.1	0.3	0.8	100.0	1.8	3.6	9,420

Note: Table is based on de jure household members, i.e., usual residents.

Differentials in the proportion of children not living with a biological parent and the proportion orphaned by background characteristics are not large. As expected, older children are less likely than younger children to live with both parents, and more likely than younger children to have lost one or both parents. Small differences in living arrangements are found between rural and urban children. However, Guba-Khachmaz and Absheron have the highest proportion of children living with both parents (89 percent and 88 percent, respectively), while Lankaran has the lowest (79 percent). Table 2.3 shows that children's living arrangements have no specific pattern according to the household wealth index[1].

Table 2.3 also presents the extent of orphanhood among children under age 15 to allow comparison with children under age 18. Negligible differences in living arrangements are found between children under age 15 and under age 18.

2.1.4 Education

The educational attainment of household members is an important determinant of their opportunities and behaviors. Many phenomena such as use of health facilities, reproductive behavior,

[1] For the definition of the wealth index, see section 2.3.

health of children, and proper hygienic habits are associated with the educational level of household members, especially women.

The education system in Azerbaijan, until independence in 1991, mostly followed the same structure as the Soviet educational system[2]. In the past 17 years, however, the system has undergone several reforms, making the analysis of education data across a wide range of ages challenging. The current school system in Azerbaijan, which has three levels, has been in place since 1989. The first level, primary school, consists of grades one through four for students age 6-9[3]. The second level, or middle school, consists of grades five through nine for students age 10-14. The first two levels together constitute what is referred to as basic secondary education. The third level, or upper school, comprises grades ten and eleven. The three levels together (primary school plus middle school plus upper school) constitute what is referred to as a complete secondary education. The constitution of the Azerbaijan Republic declared complete secondary education mandatory.

Students who have completed a minimum of nine grades may enroll in specialized secondary education. There are two tracks within specialized secondary education. The first track consists of professional-technical institutions, also known as "PTU," that train students in a variety of manual or basic skills occupations. Upon graduation students receive a degree of primary professional (vocational) education equivalent to a complete secondary education.

The second track is called "tekhnicum" or secondary specialized education, and it prepares specialists with mid-level qualifications, such as nurses, midwives, musicians, technicians, and others. This track can be completed in two years by students who have completed the eleventh grade or can be completed in four years by students who completed the ninth grade. Upon graduation students receive a secondary-special education degree, a level that is somewhat higher than complete secondary education, but lower than high education.

University and postgraduate education prepares higher level specialists. Students who have complete secondary education or equivalent or secondary specialized education may enroll in university.

Tables 2.4.1 and 2.4.2 present information on the educational attainment of the Azerbaijan population age six and over. Virtually all Azerbaijanis have gone to school. The median number of years of schooling is 9.6 years for men and 9.4 years for women. The proportion of the population with no education is low (5 percent or less), with the highest levels being among those age 6-9 (reflecting some who have not yet started school) and those 65 years and older. Individuals residing in urban areas have significantly higher levels of university education than those in rural areas. Nearly one in three men and one in five women living in the capital city of Baku have attended university.

Wealth status has a strong positive relationship with education; 38 percent of men in the highest wealth quintile have at least some university education, compared with 3 percent of men in the lowest quintile. The corresponding proportions for women are 29 percent and 1 percent, respectively.

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[2] An education system that was common for the USSR existed in Azerbaijan until 1989 and consisted of primary school (grades 1-4, age 7-10), middle school (grades 5-8, age 11-14) and upper school (grades 9-10, age 15-16). Students who had completed at least 7 or 8 grades were eligible for PTU. Students who had completed at least 8 grades were eligible for secondary specialized. There were few previous educational reforms in the USSR. Initially, primary school consisted of grades 1-7, which had changed to grades 1-4, and later on to grades 1-3. Compulsory education of at least 8 grades was changed to 10 grades.

[3] Since 1995, according to law, age 6 is the mandatory age of enrollment of children to enter school. Before 1995, children were allowed to enter school at age 6 or 7; the majority of children would start school at age 7.

Table 2.4.1 Educational attainment of household population: Female

Percent distribution of the de facto female household populations age six and over by highest level of schooling attended or completed and median grade completed, according to background characteristics, Azerbaijan 2006

Background characteristic	Highest level of schooling							Total education	Basic secondary[1] education or higher	Complete secondary[2] education or higher	Number	Median number of years
	No education	Primary school (1-4)	Middle school (5-9)	Upper school (10-11)	PTU	Secondary specialized	Higher					
Age												
6-9	25.1	74.2	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	842	1.0
10-14	2.0	20.0	77.8	0.2	0.0	0.0	0.0	100.0	3.2	0.3	1,487	5.5
15-19	2.2	2.7	31.4	50.7	0.6	5.1	7.2	100.0	86.3	63.7	1,577	9.9
15-16	3.4	1.5	58.0	33.8	0.0	2.4	0.9	100.0	80.7	37.1	583	8.7
17-19	1.5	3.4	15.7	60.7	1.0	6.7	10.9	100.0	89.6	79.3	994	10.4
20-24	1.6	2.9	20.0	38.2	1.2	16.4	19.7	100.0	86.7	75.5	1,382	10.6
25-29	0.6	0.4	23.2	43.4	2.4	14.1	15.9	100.0	86.4	75.7	1,110	10.4
30-34	1.0	1.2	15.3	52.1	4.4	14.5	10.9	100.0	85.4	82.0	1,035	9.8
35-39	1.2	0.9	11.8	53.6	5.0	15.7	11.8	100.0	87.4	86.2	1,182	9.7
40-44	1.3	0.5	10.4	53.1	6.0	15.9	12.4	100.0	88.2	87.5	1,326	9.7
45-49	2.0	1.2	14.3	47.9	4.9	14.7	15.0	100.0	83.9	82.5	1,006	9.7
50-54	1.0	3.8	22.9	37.8	3.5	16.7	14.3	100.0	74.4	72.3	1,049	9.6
55-59	2.5	7.6	25.4	27.4	2.9	18.5	15.7	100.0	68.0	64.5	582	9.6
60-64	8.0	13.0	28.5	23.7	1.2	13.4	11.9	100.0	54.7	50.2	281	9.0
65+	18.9	23.5	34.0	13.0	0.8	4.7	4.9	100.0	25.7	23.4	1,413	5.8
Residence												
Urban	3.5	8.6	23.1	32.7	2.7	13.6	15.7	100.0	69.9	64.7	7,903	9.6
Rural	6.4	12.9	29.7	37.6	2.2	7.5	3.6	100.0	57.5	50.9	6,373	9.0
Region												
Baku	2.8	7.6	20.2	32.2	2.9	13.4	20.8	100.0	74.3	69.3	4,137	9.9
Absheron	3.3	8.8	23.1	34.0	2.1	16.8	11.8	100.0	70.5	64.7	898	9.6
Ganja-Gazakh	4.5	9.4	26.8	36.7	1.5	11.4	9.5	100.0	64.3	59.1	1,986	9.4
Shaki-Zaqatala	3.6	10.9	25.5	32.9	4.5	16.2	6.4	100.0	68.8	60.0	1,029	9.5
Lankaran	5.0	12.9	34.6	38.3	2.0	5.0	2.2	100.0	54.0	47.4	1,226	8.6
Guba-Khachmaz	2.9	11.0	41.9	34.3	1.0	5.3	3.6	100.0	56.6	44.3	717	8.5
Aran	7.5	13.7	27.2	36.5	2.4	7.8	4.8	100.0	56.6	51.6	3,474	9.1
Yukhari Garabakh	10.3	10.5	22.5	36.6	4.3	10.6	5.1	100.0	60.7	56.5	366	9.3
Daghligh Shirvan	7.8	13.8	28.4	35.1	1.9	9.2	3.7	100.0	55.2	50.0	443	9.0
Wealth quintile												
Lowest	8.6	15.1	34.5	33.6	2.5	4.3	1.3	100.0	49.2	41.7	2,840	8.0
Second	6.1	11.9	30.5	38.1	2.8	7.4	3.1	100.0	59.1	51.5	2,830	9.1
Middle	4.5	11.0	26.9	38.2	2.1	11.3	5.9	100.0	62.9	57.6	2,875	9.3
Fourth	2.9	8.3	21.6	35.4	2.3	16.9	12.6	100.0	72.1	67.2	2,868	9.7
Highest	1.9	6.5	16.7	29.1	2.8	14.1	28.6	100.0	78.4	74.5	2,864	10.4
Total	4.8	10.5	26.0	34.9	2.5	10.8	10.3	100.0	64.4	58.5	14,276	9.4

Note: Total includes women with missing data that are not shown separately.
[1] Attending or completed grade 9 or higher
[2] Attending or completed grade 10 or higher

Table 2.4.2 Educational attainment of household population: Male

Percent distribution of the de facto male household populations age six and over by highest level of schooling attended or completed and median grade completed, according to background characteristics, Azerbaijan 2006

Background characteristic	Highest level of schooling: No education	Primary school (1-4)	Middle school (5-9)	Upper school (10-11)	PTU	Secondary specialized	Higher	Total education	Basic secondary[1] education or higher	Complete secondary[2] education or higher	Number	Median number of years
Age												
6-9	24.4	75.4	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	980	1.0
10-14	0.8	21.6	77.1	0.4	0.0	0.0	0.0	100.0	2.8	0.4	1,646	5.4
15-19	1.1	1.2	38.0	47.9	1.9	2.4	7.6	100.0	85.5	59.8	1,346	9.4
15-16	1.3	1.0	63.3	32.5	0.7	1.1	0.2	100.0	76.0	34.4	678	8.6
17-19	0.8	1.4	12.3	63.6	3.0	3.8	15.2	100.0	95.1	85.5	668	10.3
20-24	0.5	1.5	15.1	51.9	3.9	4.4	22.7	100.0	91.3	82.9	1,174	10.5
25-29	0.6	0.4	18.1	47.4	4.2	5.6	23.6	100.0	90.7	80.9	1,053	10.5
30-34	0.6	0.4	10.8	50.2	9.4	9.7	18.9	100.0	89.9	88.2	911	10.2
35-39	1.0	0.3	7.7	47.0	14.4	12.4	17.2	100.0	91.3	91.0	948	9.9
40-44	0.5	0.5	9.3	43.5	14.1	15.6	16.6	100.0	91.5	89.8	1,046	9.9
45-49	0.6	1.1	8.2	37.0	13.3	17.5	22.5	100.0	91.3	90.2	1,000	10.2
50-54	0.8	1.4	9.2	32.4	9.7	20.5	26.1	100.0	90.4	88.6	725	11.1
55-59	1.0	1.3	8.4	23.0	7.3	24.0	35.0	100.0	90.4	89.2	447	13.0
60-64	1.1	2.9	15.7	29.4	6.5	12.7	31.7	100.0	82.6	80.3	323	10.4
65+	7.2	12.4	26.4	21.3	5.2	13.8	13.7	100.0	55.9	53.9	1,062	9.2
Residence												
Urban	2.6	8.9	21.4	30.2	5.7	9.6	21.6	100.0	72.3	67.1	7,058	9.8
Rural	3.8	12.2	25.4	35.9	7.1	8.0	7.6	100.0	64.1	58.5	5,609	9.4
Region												
Baku	2.2	7.5	19.8	29.2	4.7	9.6	27.1	100.0	75.4	70.6	3,807	10.1
Absheron	2.7	8.6	22.4	29.4	5.3	12.1	19.5	100.0	72.0	66.3	807	9.8
Ganja-Gazakh	2.6	11.3	26.2	34.7	6.0	6.0	13.0	100.0	65.4	59.8	1,746	9.4
Shaki-Zaqatala	2.6	12.0	24.0	31.7	8.9	12.1	8.7	100.0	69.7	61.4	940	9.5
Lankaran	3.8	12.3	23.9	37.0	7.1	6.6	9.1	100.0	64.1	59.8	1,067	9.4
Guba-Khachmaz	2.4	10.1	34.2	37.8	3.8	5.3	6.4	100.0	64.2	53.3	691	9.1
Aran	4.4	12.5	23.2	34.0	8.1	9.5	8.3	100.0	63.9	59.9	2,911	9.4
Yukhari Garabakh	5.5	10.2	18.8	35.8	9.5	10.0	10.0	100.0	68.8	65.4	314	9.6
Daghligh Shirvan	5.5	13.6	23.5	34.7	4.8	8.9	8.9	100.0	64.0	57.4	383	9.3
Wealth quintile												
Lowest	4.9	14.8	30.4	33.9	7.5	5.1	3.3	100.0	55.9	49.8	2,452	9.0
Second	3.8	10.9	25.7	36.1	7.9	8.5	7.1	100.0	66.1	59.6	2,492	9.4
Middle	2.7	10.8	24.2	35.2	7.2	10.0	9.8	100.0	67.3	62.2	2,511	9.5
Fourth	2.7	7.7	20.0	36.3	5.8	10.0	17.5	100.0	74.4	69.5	2,566	9.8
Highest	1.7	7.9	16.1	22.5	3.3	10.9	37.5	100.0	78.6	74.2	2,646	10.9
Total	3.1	10.4	23.2	32.7	6.3	8.9	15.4	100.0	68.7	63.3	12,667	9.6

Note: Total includes 5 men with missing data that are not shown separately.
[1] Attending or completed grade 9 or higher
[2] Attending or completed grade 10 or higher

Data on net attendance ratios (NARs) and gross attendance ratios (GARs) by school level, sex, residence, region, and wealth quintile are shown in Table 2.5. The NAR indicates participation in primary school for the population age 6-9 and complete secondary school (middle and upper-school and PTU) for the population age 10-16. The GAR measures participation at each level of schooling among those of any age from 6 to 24. The GAR is nearly always higher than the NAR for the same level because the GAR includes participation by those who may be older or younger than the official age range for that level[4]. A NAR of 100 percent would indicate that all children in the official age range for the level are attending education at that level. The GAR can exceed 100 percent if there is significant over age or under age participation at a given level of schooling.

In Azerbaijan, school attendance among school-age household members is high. The overall NAR for primary school education is 73 and the GAR is 108. A comparison of the NAR and GAR indicates that approximately 35 percent of students are either under age or over age. The NAR and GAR in Lankaran are substantially lower than in the other regions. The highest net primary school attendance in Azerbaijan is among children living in the wealthiest households. There is little difference according to other background characteristics.

[4] Students who are over age for a given level of schooling may have started school over age, may have repeated one or more grades in school, or may have dropped out of school and later returned.

Table 2.5 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the gender parity index (GPI), according to background characteristics, Azerbaijan 2006

Background characteristic	Net attendance ratio[1]				Gross attendance ratio[2]			
	Male	Female	Total	Gender Parity Index[3]	Male	Female	Total	Gender Parity Index[3]
PRIMARY SCHOOL								
Residence								
Urban	74.5	72.6	73.6	0.98	108.7	104.9	106.9	0.97
Rural	72.9	71.0	72.0	0.97	110.4	106.8	108.8	0.97
Region								
Baku	75.3	72.1	73.7	0.96	112.5	96.0	104.0	0.85
Absheron	71.4	77.9	74.4	1.09	104.2	101.7	103.0	0.98
Ganja-Gazakh	82.2	75.3	79.2	0.92	122.8	108.9	116.8	0.89
Shaki-Zaqatala	77.0	76.6	76.8	1.00	130.9	108.4	119.9	0.83
Lankaran	70.5	60.9	66.8	0.86	99.6	98.7	99.2	0.99
Guba-Khachmaz	69.5	71.5	70.5	1.03	116.8	102.1	109.5	0.87
Aran	71.1	70.6	70.9	0.99	101.8	118.2	108.9	1.16
Yukhari Garabakh	68.5	71.4	69.9	1.04	103.6	102.1	102.9	0.99
Daghligh Shirvan	68.6	71.8	70.0	1.05	96.7	110.5	102.7	1.14
Wealth quintile								
Lowest	73.1	70.6	71.9	0.97	110.7	107.4	109.2	0.97
Second	71.0	70.1	70.6	0.99	106.1	102.0	104.2	0.96
Middle	78.1	71.1	74.8	0.91	115.1	110.3	112.9	0.96
Fourth	66.3	74.1	70.0	1.12	100.5	104.5	102.4	1.04
Highest	80.2	74.2	77.5	0.92	114.7	104.0	109.9	0.91
Total	73.7	71.9	72.8	0.98	109.5	105.8	107.8	0.97
COMPLETE SECONDARY SCHOOL AND PTU								
Residence								
Urban	83.5	81.6	82.6	0.98	101.8	104.5	103.1	1.03
Rural	80.2	78.2	79.3	0.97	93.1	94.2	93.6	1.01
Region								
Baku	84.9	85.5	85.2	1.01	106.2	112.0	108.9	1.05
Absheron	82.9	85.5	84.1	1.03	102.3	120.8	111.0	1.18
Ganja-Gazakh	80.4	77.9	79.3	0.97	95.0	100.1	97.3	1.05
Shaki-Zaqatala	78.1	80.8	79.2	1.03	88.1	102.1	93.9	1.16
Lankaran	82.4	80.3	81.4	0.97	96.3	89.1	92.8	0.93
Guba-Khachmaz	82.5	87.2	84.8	1.06	91.4	97.6	94.4	1.07
Aran	79.8	73.4	76.7	0.92	93.9	89.0	91.5	0.95
Yukhari Garabakh	82.7	80.8	81.8	0.98	92.3	97.6	94.8	1.06
Daghligh Shirvan	82.6	68.9	76.1	0.83	97.8	81.7	90.1	0.83
Wealth quintile								
Lowest	76.4	73.9	75.2	0.97	88.4	83.9	86.3	0.95
Second	82.0	81.0	81.5	0.99	97.8	100.0	98.8	1.02
Middle	83.4	78.7	81.2	0.94	96.0	99.3	97.6	1.03
Fourth	84.8	81.0	83.0	0.96	104.5	105.6	105.1	1.01
Highest	84.1	86.9	85.4	1.03	103.5	113.1	108.2	1.09
Total	81.9	80.0	81.0	0.98	97.5	99.7	98.6	1.02

[1] The NAR for primary school is the percentage of the primary-school age (6-9 years) population that is attending primary school. The NAR for complete secondary school is the percentage of the middle and upper-school/PTU age (10-16 years) population that is attending middle and upper secondary school and PTU. By definition the NAR cannot exceed 100 percent.
[2] The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official complete secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.
[3] The Gender Parity Index for primary school is the ratio of the primary school NAR(GAR) for females to the NAR(GAR) for males. The Gender Parity Index for complete secondary school is the ratio of the complete secondary school NAR(GAR) for females to the NAR(GAR) for males.

The NAR of 81 for the complete secondary school level is higher than that for the primary school. The GAR of 99 is, however, lower than that for the primary school. This suggests that there has been a decrease in over age or under age participation in complete secondary school level. Indeed, a comparison of the NAR and GAR indicates that approximately 18 percent of students are either under age or over age. The NAR and GAR in Daghligh Shirvan and Aran are lower than in the other regions. As with the primary school level, the highest complete secondary school attendance in Azerbaijan is among children living in the wealthiest households.

The gender parity index (GPI), or the ratio of the female to the male NAR/GAR at the primary and complete secondary school levels, indicates the magnitude of the gender gap in attendance ratios. If there is no gender difference, the GPI will be equal to one. GPI will be closer to zero if the disparity is in favor of males. If the gender gap favors females, the GPI will exceed one. Table 2.5 shows the GPI for NAR is 0.98 in the primary school and the same in the complete

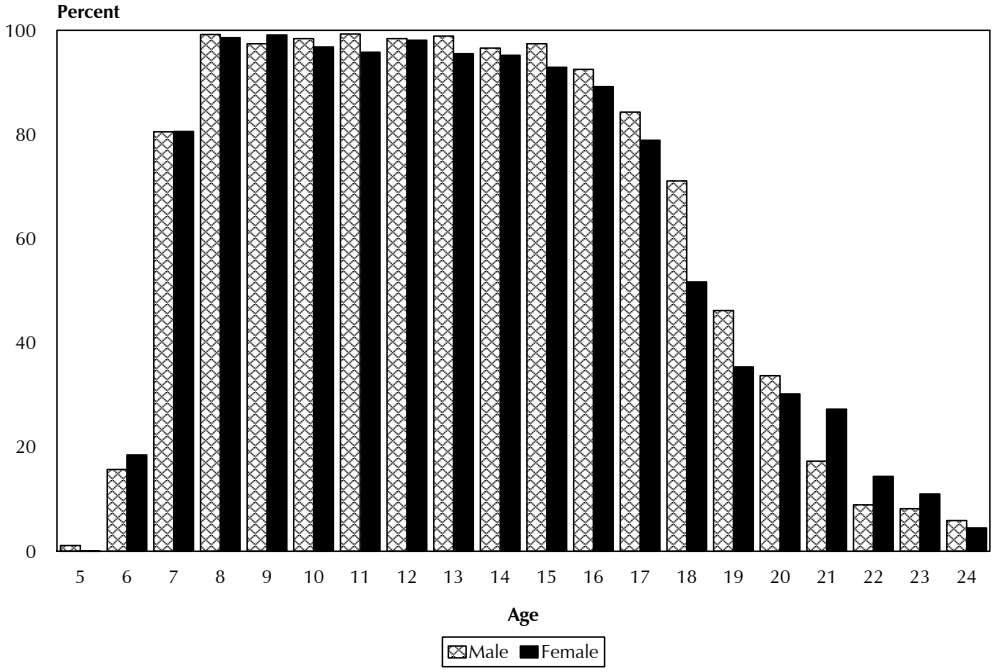
secondary school levels. The GPIs for primary schools is lowest in Lankaran and the highest in Daghligh Shirvan. The GPI of 1.12 among children living in the fourth wealth quintile is highest and indicates that there is a substantial gender gap in favor of females at the primary school level in this group.

Figure 2.2 presents the age-specific attendance ratios (ASAR) for the population age 6-24 years by sex. The ASAR indicates participation in schooling at any level, from primary through higher education. The closer the ASAR is to 100 percent, the higher the proportion of a given age attending school.

In Azerbaijan, almost all youths of basic secondary age (6-14) attend school and there are no significant differences by gender. Among the high-school age population (15-16), attendance ratios begin to decline, particularly among females. It should be noted that among 18 to 19 year olds, a significantly higher proportion of males than females is attending school. At age 21, the ratio is reversed and the proportion of females attending school exceeds the proportion of males.

In Azerbaijan, virtually all primary school students in grades 2 through 4 are promoted every year and nearly all stay in school (estimates not shown).

Figure 2.2 **Age-specific school attendance rates, by sex**



AzDHS 2006

2.2 HOUSING CHARACTERISTICS

To assess the socioeconomic conditions under which the population lives, respondents were asked to give specific information about their household environment. A number of the characteristics for which information was collected (e.g., type of water source, sanitation facilities, and flooring material) also affect the health status of household members and particularly of children. Tables 2.6 to 2.9 present major housing characteristics by urban-rural residence both for the households interviewed in the survey and for the de jure population living in the households.

All households in Azerbaijan have electricity (Table 2.6). The majority of households have wooden plank floors in both urban (74 percent) and rural areas (85 percent). Parquet or polished wood floors are most common in urban areas (16 percent). Five percent of households in rural areas have an earth or sand floor.

The majority of households have at least two rooms for sleeping. However, urban households (39 percent) are more likely to have only one room for sleeping than rural households (27 percent). Most households also have a specific place within the dwelling for cooking, with only about one-third of rural households and one-tenth of urban households cooking in a separate building or outdoors.

Table 2.6 Household characteristics

Percent distribution of households and de jure population by housing characteristics, according to residence, Azerbaijan 2006

	Households			Population		
Housing characteristic	Urban	Rural	Total	Urban	Rural	Total
Electricity						
Yes	99.8	99.0	99.5	99.7	99.1	99.4
No	0.2	0.9	0.5	0.2	0.8	0.5
Missing	0.1	0.1	0.1	0.1	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material						
Earth, sand	1.0	4.6	2.5	1.1	4.3	2.6
Wood planks	73.8	84.6	78.2	75.6	85.2	79.9
Parquet, polished wood	16.4	3.4	11.1	14.4	3.4	9.4
Vinyl, asphalt strips	0.0	0.0	0.0	0.1	0.0	0.0
Cement	1.0	1.5	1.2	1.2	1.8	1.4
Linoleum	5.2	1.7	3.8	5.0	1.4	3.3
Carpet, laminate, stone, other, missing	2.6	4.1	3.2	2.7	4.0	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping						
One	38.8	26.9	33.9	29.9	20.3	25.6
Two	49.4	55.1	51.7	53.3	56.3	54.7
Three or more	11.2	17.3	13.7	16.3	22.7	19.2
Missing	0.5	0.8	0.6	0.5	0.7	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Place for cooking						
In the house	88.5	65.7	79.2	86.9	64.7	76.9
In a separate building	6.5	16.4	10.5	7.5	16.5	11.5
Outdoors	4.9	17.7	10.1	5.5	18.7	11.4
Other	0.0	0.0	0.0	0.0	0.0	0.0
Missing	0.1	0.2	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel						
Electricity	14.9	28.2	20.4	16.2	29.0	22.0
Natural gas/ compressed gas	84.0	48.5	69.5	82.7	47.7	67.0
Wood/straw	0.8	20.1	8.7	0.9	19.9	9.4
No food cooked in HH	0.0	0.1	0.0	0.0	0.0	0.0
Other/ missing	0.2	3.2	1.5	0.2	3.4	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking[1]	0.9	22.6	9.8	1.0	22.5	10.7
Number of households/population	4,240	2,940	7,180	16,333	13,340	29,674
Type of fire/stove among households using solid fuels[1]						
Closed stove with chimney	64.5	61.5	61.6	59.9	58.1	58.2
Open fire/stove with chimney	13.0	5.6	6.0	15.3	6.1	6.5
Open fire/stove with hood	2.4	9.2	8.8	2.0	10.1	9.7
Open fire/stove without chimney or hood	20.0	23.2	23.0	22.7	25.3	25.1
Other/missing	0.0	0.6	0.5	0.0	0.4	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population using solid fuel	36	666	702	159	3,003	3,162

[1] Includes coal/lignite, charcoal, wood/straw and animal dung.

Gas is the main cooking fuel followed by electricity. Only 10 percent of households in Azerbaijan use biomass fuel for cooking, with rural households being much more likely to use solid fuel (23 percent) than urban households (1 percent). Table 2.6 shows that, among households cooking with biomass fuels, around two-thirds (62 percent) have a closed stove with chimney, 15 percent cook

on an open fire or stove with either a chimney or hood, and 23 percent cook on an open fire or stove without a chimney or hood.

2.2.1 Drinking Water

Table 2.7 provides information on the source of drinking water, time to obtain the water, the age and sex of the person who usually collects the drinking water and the method used (if any) for treating drinking water. The table presents the percentage of households as well as the percentage of the de jure population living in those households.

Table 2.7 Household drinking water

Percent distribution of households and de jure population by source, time to collect, and person who usually collects drinking water; and percentage of households by treatment of drinking water, according to residence, Azerbaijan 2006

	Households			Population		
Characteristic	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	87.6	69.5	80.2	86.2	68.7	78.3
Piped water into dwelling/yard/plot	77.7	19.1	53.7	75.6	19.0	50.2
Public tap/standpipe	1.9	5.8	3.5	2.0	5.9	3.8
Tubewell/borehole	2.5	19.1	9.3	2.6	19.2	10.1
Protected dug well	3.3	10.4	6.2	3.5	10.1	6.5
Protected spring	2.2	15.0	7.5	2.4	14.4	7.8
Non-improved source	11.8	28.2	18.5	13.2	29.3	20.4
Unprotected dug well/unprotected spring	0.4	2.6	1.3	0.5	2.4	1.3
Tanker truck/cart with small tank	10.1	10.4	10.3	11.0	10.8	10.9
Surface water	1.3	15.2	7.0	1.8	16.1	8.2
Bottled water, improved source for cooking/washing[1]	0.2	0.0	0.1	0.2	0.0	0.1
Bottled water, non-improved source for cooking/washing[1]	0.0	0.0	0.0	0.0	0.0	0.0
Other sources/missing	0.4	2.3	1.1	0.3	2.1	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using any improved source of drinking water	87.8	69.5	80.3	86.4	68.7	78.4
Time to obtain drinking water (round trip)						
Water on premises	90.5	54.9	75.9	90.1	55.6	74.6
Less than 30 minutes	6.5	26.5	14.7	6.4	26.3	15.3
30 minutes or longer	2.4	17.2	8.4	2.9	16.8	9.2
Don't know/missing	0.6	1.4	0.9	0.7	1.3	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Person who usually collects drinking water						
Adult female 15+	5.8	35.0	17.7	5.9	34.1	18.6
Adult male 15+	2.9	7.2	4.6	3.1	7.3	5.0
Female child under age 15	0.3	1.2	0.6	0.3	1.2	0.7
Male child under age 15	0.3	1.1	0.6	0.4	1.0	0.6
Other/missing	0.2	0.7	0.4	0.3	0.7	0.5
Water on premises	90.5	54.9	75.9	90.1	55.6	74.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking[2]						
Boiled	78.4	56.3	69.3	78.3	57.7	69.0
Other (bleaching, strained through cloth, ceramic, or sand filters, solar disinfection)	23.7	14.3	19.8	24.1	14.3	19.7
No treatment	18.7	40.3	27.5	18.8	38.9	27.8
Percentage using an appropriate treatment method[3]	79.4	56.7	70.1	79.3	58.2	69.8
Number	4,240	2,940	7,180	16,333	13,340	29,674

[1] Because the quality of bottled water is not known, households using bottled water for drinking are classified as using an improved or non-improved source according to their water source for cooking and washing.
[2] Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.
[3] Appropriate water treatment methods include boiling, bleaching, straining, filtering, and solar disinfecting.

The source of drinking water is an indicator of whether or not it is suitable for drinking. Half of households in Azerbaijan have their drinking water piped directly into the house, yard, or plot. Urban households (78 percent) are much more likely than rural households (19 percent) to have piped water in their house, yard, or plot. In rural areas, about 30 percent of households have a tubewell or protected well and 15 percent obtain water from a protected spring.

Almost all of urban households (91 percent) and half of rural households (55 percent) have drinking water available on premises. Seventeen percent of rural households spent 30 minutes or longer to fetch water in households with no water in the house, yard, or plot. Water is collected most frequently by an adult woman (age 15 or older). This is particularly true in rural areas (35 percent). Seventeen percent of rural households spent 30 minutes or longer to fetch the water.

Twenty-eight percent of households do nothing to treat the water. The most frequently used treatment for water is boiling (69 percent).

2.2.2 Sanitation Facility

Table 2.8 shows the proportion of households and of the de jure population with access to hygienic sanitation facilities. A household's toilet/latrine facility is classified as hygienic if it is used only by household members (i.e., not shared) and the type of facility effectively separates human waste from human contact. The types of facilities that are most likely to accomplish this are flush or pour flush into a piped sewer system/septic tank/somewhere else, or a ventilated and improved pit latrine with a slab.

Table 2.8 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence, Azerbaijan,2006

	Households			Population		
Type of toilet/latrine facility	Urban	Rural	Total	Urban	Rural	Total
Improved, not shared facility						
Flush/pour flush to piped sewer system	64.7	1.6	38.9	62.4	1.7	35.1
Flush/pour flush to septic tank	1.0	0.8	0.9	1.0	0.8	0.9
Flush/pour to somewhere else	1.1	0.3	0.8	1.1	0.3	0.7
Pit latrine with slab	16.5	67.9	37.5	18.5	67.6	40.6
Non-improved facility						
Any facility shared with other households	10.8	2.6	7.4	10.2	2.4	6.7
Flush/pour flush not to sewer/septic tank/pit latrine	0.1	0.0	0.1	0.1	0.0	0.1
Open pit/hole in the ground	5.1	25.9	13.6	6.0	26.4	15.2
No facility/bush/field	0.1	0.5	0.3	0.1	0.5	0.3
Other/missing	0.6	0.3	0.5	0.5	0.3	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	4,240	2,940	7,180	16,333	13,340	29,674

Seventy-eight percent of households in Azerbaijan use improved sanitation facilities which are not shared with another household (Table 2.8). Two in five households in Azerbaijan use a flush toilet connected to piped sewer system and a similar proportion uses improved pit latrine with slab. Flush toilets are widespread in urban areas (67 percent), while improved latrines are the most common type of facility in rural areas (68 percent). One in five households use a non-improved toilet and 7 percent of households share the facility with another household.

2.2.3 Household Possessions

The availability of durable goods is a proximate measure of household socioeconomic status. Moreover, particular goods have specific benefits. Having access to a radio or a television exposes household members to innovative ideas; a refrigerator prolongs the wholesomeness of foods; and a means of transport allows greater access to many services away from the local area. Table 2.9 provides information on household ownership of durable goods and modes of transportation.

Table 2.9 Household durable goods

Percentage of households and de jure population possessing various household effects, means of transportation, agricultural land, and livestock/farm animals by residence, Azerbaijan 2006

	Households			Population		
Possession	Urban	Rural	Total	Urban	Rural	Total
Household effects						
Clock	99.2	97.0	98.3	99.3	97.5	98.5
Radio	56.9	32.1	46.7	56.9	32.4	45.9
Photo-camera	25.5	9.2	18.8	26.0	9.5	18.6
Video camera	9.1	2.8	6.5	8.5	2.7	5.9
Audio tape player	54.2	36.4	46.9	55.3	37.1	47.1
Sofa	85.1	75.6	81.2	85.8	77.0	81.8
Stenka (multiple set storage unit)	52.8	40.5	47.8	55.1	43.0	49.7
Gorka (living room hutch)	13.6	10.6	12.3	12.9	10.2	11.7
Computer	8.7	1.5	5.8	8.2	1.5	5.2
Black and white TV	12.7	32.7	20.9	12.6	32.9	21.7
Color TV	86.2	62.0	76.3	86.7	63.6	76.3
Satellite dish	14.6	16.2	15.3	14.9	16.5	15.6
DVD player	14.9	4.9	10.8	14.6	5.2	10.4
Mobile telephone	64.2	42.0	55.1	67.2	44.6	57.1
Non-mobile telephone	75.9	37.0	60.0	75.7	36.7	58.2
Refrigerator	88.5	59.2	76.5	88.4	59.8	75.6
Freezer	2.6	1.5	2.2	2.6	1.5	2.1
Washing machine	30.0	9.4	21.6	30.4	9.6	21.0
Electric generator	1.5	5.6	3.2	1.8	5.5	3.5
Fan or air conditioner	46.6	14.0	33.3	46.6	14.9	32.4
Water heater	49.3	12.2	34.1	48.6	12.5	32.4
Means of transport						
Bicycle	8.8	4.3	6.9	11.0	4.8	8.2
Animal-drawn cart	0.7	6.9	3.3	0.8	7.4	3.8
Motorcycle/scooter	0.7	1.7	1.1	0.8	1.8	1.3
Car/truck	21.8	18.3	20.4	23.6	20.3	22.1
Boat with a motor	0.1	0.1	0.1	0.2	0.0	0.1
Tractor	0.2	2.8	1.2	0.2	3.1	1.5
Ownership of agricultural land	8.5	80.1	37.8	10.2	81.8	42.3
Ownership of farm animals[1]	12.5	81.0	40.6	15.1	83.2	45.7
Number	4,240	2,940	7,180	16,333	13,340	29,674

[1] Cattle, cows, bulls, horses, donkeys, goats, sheep, pigs, rabbits, or chickens

Overall, the majority of Azerbaijani households have a clock (98 percent), sofa (81 percent), refrigerator (77 percent), color television (76 percent), and landline telephone (60 percent) or mobile telephone (55 percent). Urban households are more likely than rural households to possess most of the durable goods shown in Table 2.9. For example, both mobile and non-mobile telephones are much more common in urban areas than in rural areas and urban households are much more likely than rural households to have a refrigerator (89 percent and 59 percent, respectively).

One in five households in Azerbaijan has a car or truck. Bicycles are more common in urban areas than in rural areas (9 percent and 4 percent, respectively). Rural households are more likely than urban households to own an animal-drawn cart or a tractor.

Thirty-eight percent of Azerbaijan households own agricultural land; the proportion is understandably higher in rural than urban areas (80 percent and 9 percent, respectively). Forty-one percent of Azerbaijan households own farm animals.

2.3 WEALTH QUINTILES

The wealth index is a recently developed measure that has been tested in a number of countries in relation to inequities in household income, use of health services, and health outcomes (Rutstein, 2004; Rutstein et al., 2000). The wealth index is constructed by assigning a weight or factor score to each household asset through principal components analysis. These scores are summed by household, and individuals are ranked according to the total score of the household in which they

Table 2.10 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, according to residence and region, Azerbaijan 2006

Residence/region	Wealth quintile					Total	Number in de jure population
	Lowest	Second	Middle	Fourth	Highest		
Residence							
Urban	3.8	9.0	19.6	31.8	35.8	100.0	16,333
Rural	39.8	33.4	20.6	5.5	0.6	100.0	13,340
Region							
Baku	0.3	2.9	13.4	30.7	52.7	100.0	8,598
Absheron	1.9	5.2	17.4	41.1	34.4	100.0	1,901
Ganja-Gazakh	27.2	22.0	23.6	20.6	6.6	100.0	4,181
Shaki-Zaqatala	38.5	25.4	24.5	10.0	1.7	100.0	2,153
Lankaran	27.7	36.8	25.5	8.6	1.4	100.0	2,509
Guba-Khachmaz	31.7	29.6	22.4	13.0	3.2	100.0	1,522
Aran	29.3	30.8	23.3	12.2	4.5	100.0	7,151
Yukhari Garabakh	36.5	39.1	17.7	6.3	0.4	100.0	742
Daghligh Shirvan	40.2	27.0	19.7	10.3	2.7	100.0	917
Total	20.0	20.0	20.0	20.0	20.0	100.0	29,674

resided. The sample is then divided into population quintiles—five groups with the same number of individuals in each. At the national level, approximately 20 percent of the population is in each wealth quintile.

Table 2.10 shows the distribution of the population across the five wealth quintiles, by urban and rural areas and region. These distributions indicate the degree to which wealth is evenly (or unevenly) distributed by geographic areas. For example, over three-fourths of the rural population (73 percent) is in the lowest and second-lowest wealth quintiles. This compares to approximately seven in ten urban residents who are in the two highest wealth quintiles (68 percent). Looking at the regional variation, Baku has the largest proportions of population in the two highest wealth quintiles, while Daghligh Shirvan has the largest proportions of population in the lowest two wealth quintiles.

2.4 BIRTH REGISTRATION

According to Article 7 of the Convention on the Rights of the Child, to which Azerbaijan is a party, the child shall be registered immediately after birth. Registration is the State's first official acknowledgement of the child's existence; it represents recognition of each child's individual importance to the State and of the child's status under the law. The registration of births is the inscription of the facts of the birth into an official log kept at the registrar's office. A birth certificate is issued at the time of registration or later as proof of the registration of the birth. In the 2006 AzDHS, for all children born since January 2001, mothers were asked if their child had been registered. Table 2.11 gives the percentage of children under five years of age whose births were officially registered and the percentage who had a birth certificate at the time of the survey. Not all children who are reported as registered may have a birth certificate since some certificates may have been lost or were never issued. However, all children with a certificate have been registered.

Birth registration is almost universal in Azerbaijan, with 94 percent of births in the 5 years preceding the survey registered and 88 percent having a birth certificate. Small variations are found across subgroups of children. The proportion of births that are registered ranges from 98 percent in Yukhari Garabakh to 90 percent in Aran and Daghligh Shirvan. Children from urban and more well off households are more likely to have their birth registered than children with other backgrounds.

Table 2.11 Birth registration of children under age five

Percentage of de jure children under five years of age whose births are registered with the civil authorities, according to background characteristics, Azerbaijan 2006

Background characteristic	Percentage of children whose births are registered: Had a birth certificate[1]	Did not have a birth certificate[2]	Total registered	Number of children
Age in months				
0-23	82.2	7.9	90.1	966
0-11	75.2	12.7	87.9	490
12-23	89.4	3.0	92.5	476
24-59	93.0	3.3	96.3	1,244
24-35	94.6	3.4	98.0	414
36-47	91.5	3.9	95.4	431
48-59	93.0	2.6	95.6	399
Sex				
Male	88.9	4.5	93.4	1,202
Female	87.6	6.3	93.9	1,008
Residence				
Urban	92.0	3.6	95.5	1,103
Rural	84.7	7.0	91.7	1,106
Region				
Baku	92.9	4.4	97.3	514
Absheron	93.4	2.4	95.8	155
Ganja-Gazakh	87.6	4.6	92.2	351
Shaki-Zaqatala	90.3	4.6	94.8	145
Lankaran	90.8	2.0	92.9	210
Guba-Khachmaz	94.2	2.4	96.5	95
Aran	81.2	9.1	90.3	612
Yukhari Garabakh	95.6	2.8	98.4	59
Daghligh Shirvan	83.9	6.3	90.2	70
Wealth quintile				
Lowest	84.4	7.2	91.6	500
Second	83.7	8.1	91.8	505
Middle	88.1	6.9	95.0	454
Fourth	92.3	1.6	93.9	398
Highest	96.2	0.8	97.0	352
Total	88.3	5.3	93.6	2,210

[1] Includes children, 0-59 months of age, whose birth certificate was seen by the interviewer or whose mother or caretaker says the child has the birth certificate.
[2] Includes children, 0-59 months of age, who have no birth certificate, but whose mother or caretaker says the birth has been registered with the civil authority.

If the child's birth was not registered the child's caregiver was asked to give a reason. Among the small group of children aged 0-59 months whose birth is not registered, the main reason given for non-registration is a high cost of registration (data now shown separately).

2.5 Child Discipline and Early Development

2.5.1 Children Left Alone

Cognitive, physical, and emotional stimulation of the child beginning right after the birth, combined with positive encouragement and affection, are paramount for ensuring development of a child's brain to its full intellectual potential and fostering effective interaction of the child with the outside world. Children who are often left alone and deprived of adult stimulation are often delayed in their emotional and intellectual development.

To obtain information on this issue, for each child born since January 2001, the mother (or the most knowledgeable adult) was asked how many times during the week preceding the survey the child had been left alone or in the care of another child under 10 years of age for one hour or longer. As Table 2.12 shows, at the national level, children under age 5 are rarely left alone (3 percent). The proportions left alone or in the care of a young child are highest in Guba-Khachmaz (9 percent) and Lankaran (7 percent).

Table 2.12 Children left alone or with other children

Percentage of children age 0-59 months left in the care of other children under the age of 10 years or left alone in the past week, Azerbaijan 2006

Background characteristic	Left in the care of children under the age of 10 years in the past week	Left alone in the past week	Left with inadequate care in past week[1]	Number of children age 0-59 months
Age in months				
0-23	1.1	0.8	1.5	987
24-59	3.7	1.9	4.0	1,270
Sex				
Male	3.3	1.8	3.6	1,228
Female	1.6	0.9	2.1	1,028
Residence				
Urban	2.1	1.0	2.3	1,131
Rural	3.0	1.9	3.5	1,125
Region				
Baku	1.3	0.8	1.3	525
Absheron	3.6	1.8	4.1	162
Ganja-Gazakh	0.7	0.7	1.0	361
Shaki-Zaqatala	1.1	0.5	1.1	146
Lankaran	5.3	2.6	6.7	212
Guba-Khachmaz	8.5	0.6	8.5	95
Aran	3.0	2.2	3.3	619
Yukhari Garabakh	1.5	0.5	1.5	62
Daghligh Shirvan	2.6	2.3	3.9	75
Mother's education				
Basic secondary or less	2.2	1.9	3.2	595
Complete secondary	3.0	1.2	3.0	1,093
Secondary specialized	1.3	0.6	1.7	263
Higher	2.9	2.1	3.0	279
Mother not in household	(2.9)	(0.0)	(2.9)	26
Wealth quintile				
Lowest	3.6	1.9	4.2	511
Second	1.8	0.8	2.1	512
Middle	2.5	1.7	2.9	463
Fourth	1.6	1.1	1.9	405
Highest	3.2	1.6	3.2	364
Total	2.6	1.4	2.9	2,257

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] MICS indicator 51. Inadequate care is defined as children left in the care of other children under the age of 10 years or left alone in the past week for one hour or longer.

2.5.2 Family Support in Early Learning

Family support and a positive learning environment at home in early childhood years provide a good foundation for further development and schooling. In the 2006 AzDHS, for each child born since January 2001, mothers or the most knowledgeable adult was asked if, in the 3 days prior the survey, any household member over 15 years of age had engaged the child in any of the following activities: read books or look at picture books with the child; told stories, sang a song with the child; took the child outside the home; played with the child; or spent time with the child naming, counting, and drawing things. For each activity for which the answer was "yes," the mother (caretaker) was asked who had engaged in the activity with the child: the mother, the father, or another adult member of the household including caretaker/respondent.

Table 2.13 presents the percentage of children under five years of age with whom household members in general and specifically fathers had engaged in activities that promote learning and school readiness in the three days preceding the survey.

The results indicate that the majority of children under age five (87 percent) had recently been engaged by an adult in their household in at least one activity that promotes early learning and school readiness. Around two-thirds of children had been engaged in four and more activities. The mean number of activities in which adult members of the household had engaged with the child is four.

Table 2.13 Family support for learning

Percentage of children age 0-59 months for whom household members are engaged in activities that promote learning and school readiness, Azerbaijan 2006

Background characteristic	For whom household members engaged in one or more activities that promote learning and school readiness	For whom household members engaged in four or more activities that promote learning and school readiness[1]	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness[2]	Mean number of activities the father engaged in with the child	Living in a household without their natural father	Number of children age 0-59 months
Age in months							
0-23	86.5	54.1	3.3	18.5	0.3	12.1	987
24-59	87.5	73.4	3.8	27.5	0.5	16.1	1,270
Sex							
Male	86.9	66.5	3.6	23.3	0.4	13.8	1,228
Female	87.2	63.1	3.5	24.0	0.4	15.0	1,028
Residence							
Urban	92.2	77.1	4.1	27.2	0.5	10.5	1,131
Rural	81.9	52.7	3.1	20.0	0.3	18.3	1,125
Region							
Baku	98.0	88.8	4.6	30.8	0.6	6.4	525
Absheron	90.3	79.0	4.1	14.5	0.4	13.3	162
Ganja-Gazakh	77.0	53.9	3.0	23.8	0.4	17.5	361
Shaki-Zaqatala	93.4	53.7	3.3	32.1	0.5	17.4	146
Lankaran	79.4	39.8	2.6	25.0	0.3	20.0	212
Guba-Khachmaz	97.4	88.5	4.5	42.9	0.6	4.2	95
Aran	83.8	59.7	3.4	15.5	0.3	18.4	619
Yukhari Garabakh	82.1	63.1	3.5	21.2	0.4	13.6	62
Daghligh Shirvan	79.1	28.3	2.3	15.5	0.3	14.8	75
Mother's education							
Basic secondary or less	80.0	56.8	3.2	16.7	0.3	15.5	595
Complete secondary	87.7	64.0	3.6	26.4	0.5	13.5	1,093
Secondary specialized	95.1	72.1	4.0	24.1	0.4	11.6	263
Higher	92.1	79.3	4.1	28.5	0.6	11.9	279
Mother not in household	(87.0)	(64.3)	(3.6)	(8.9)	(0.2)	(79.4)	26
Father's education							
Basic secondary or less	80.2	58.3	3.2	23.5	0.4	na	269
Complete secondary	87.0	61.5	3.5	24.0	0.4	na	1,100
Secondary specialized	92.9	79.1	4.2	29.9	0.5	na	191
Higher	94.4	78.9	4.2	34.9	0.7	na	372
Father not in household	81.1	57.8	3.3	na	na	na	324
Wealth quintile							
Lowest	77.8	46.4	2.8	17.0	0.3	14.4	511
Second	86.3	58.6	3.3	22.4	0.3	16.5	512
Middle	86.7	69.4	3.7	25.0	0.5	13.6	463
Fourth	91.8	73.5	4.0	21.9	0.4	16.9	405
Highest	96.3	84.7	4.4	34.7	0.7	9.4	364
Total	87.1	64.9	3.6	23.6	0.4	14.4	2,257

Note: Figures in parentheses are based on 25-49 unweighted cases.
na: Not applicable.
[1] MICS indicator 46. Any adult has engaged in 4 or more activities to promote learning and school readiness in the past 3 days.
[2] MICS Indicator 47. Father has provided one or more activities to promote learning and school readiness.

Overall, with exception of child's sex, the likelihood that at least one household member engaged a young child in at least four activities promoting early learning and school readiness varies significantly according to the child's age and residence. Adults were more likely to engage in such activities with older children (73 percent) than with infants and toddlers younger than 2 years old (54 percent). Similarly, 77 percent of urban children compared with 53 percent of rural children participated in at least four learning activities with an adult in the household.

Looking at the variation with other background characteristics, the proportion of children who were engaged in four or more activities promoting early learning and school readiness ranges from nearly 90 percent in Baku and Guba-Khachmaz to less than 30 percent among children from Daghligh Shirvan (28 percent).

As expected, the likelihood that the child is engaged in four or more learning activities rises with parental educational level and caregiver's wealth quintile. Six in ten children whose parents had the lowest level of education were engaged in at least four activities compared with 8 in 10 children

whose parents had university education. Twice as many children (85 percent) from the highest wealth quintile engaged in at least four activities with the adult compared with 46 percent of children in the lowest wealth quintile.

Fathers clearly were less likely than mothers or other household members to be involved in early learning activities; about one quarter of children engaged in one or more activities that promote early learning with their fathers compared with 87 percent with any adult members of household. As expected, fathers were more likely to engage in such activities with older children (28 percent) than with infants and toddlers younger than 2 years old (19 percent). In Guba-Khachmaz, 43 percent of children benefited from engaging in at least one learning activity with their fathers, compared with 16 percent or less in Absheron, Aran, and Daghligh Shirvan.

2.5.3 Early Childhood Education

Children attending specially designed pre-school education classes learn how to interact with peers in a structured learning environment. In the 2006 AzDHS, for all children age 36-59 months, mothers or the most knowledgeable adult was asked if the child attend any organized learning or early childhood education program, including kindergarten or community child care, conducted in a private or government facility.

Table 2.14 Early childhood education

Percentage of children age 36-59 months who are attending some form of organized early childhood program, Azerbaijan 2006

Background characteristic	Percentage of children age 36-59 months currently attending early childhood education[1]	Number of children age 36-59 months
Age in months		
36-47	8.1	436
48-59	11.7	408
Sex		
Male	8.0	434
Female	11.8	410
Residence		
Urban	17.3	435
Rural	2.0	409
Region		
Baku	12.7	188
Absheron	28.5	64
Ganja-Gazakh	10.4	144
Shaki-Zaqatala	13.4	58
Lankaran	2.6	80
Guba-Khachmaz	2.7	40
Aran	4.9	215
Yukhari Garabakh	2.8	23
Daghligh Shirvan	*	32
Mother's education		
Basic secondary or less	4.0	231
Complete secondary	9.7	419
Secondary specialized	17.2	93
Higher	16.7	88
Mother not in household	*	12
Wealth quintile		
Lowest	3.8	219
Second	3.6	172
Middle	8.9	157
Fourth	14.6	156
Highest	22.9	140
Total	9.9	844

Note: An asterisk indicates that a figure based on fewer than 25 unweighted cases and has been suppressed.
[1] MICS indicator 52

Table 2.14 indicates that only 10 percent of children age 3-4 years are currently attending early childhood education programs. Urban children are significantly more likely to be enrolled in such programs, compared with rural children (17 percent and 2 percent, respectively). Absheron region has the highest proportion of children in the country attending pre-school classes (29 percent). Children living in Lankaran, Guba-Khachmaz, and Yukhari Garabakh are the least likely to benefit from such programs (3 percent in each region).

Maternal education and household wealth tend to be positively associated with a child's participation in organized pre-school learning activities. For example, 23 percent of children from households in the highest wealth quintile are involved in some form of organized early childhood learning program outside the home compared with 4 percent of children from the poorest households.

2.5.4 Child Discipline

Some parents believe that it is acceptable to punish children both verbally or physically in order to make them understand their parent's expectations and what behavior is acceptable and what is not. Although often unrecognized by parents or other community members, child disciplinary practices that involve physical or verbal violence and abuse are detrimental for children's health and physical and cognitive development. These actions also represent a violation of children's rights.

In the 2006 AzDHS, questions on child discipline were administered to mothers/caretakers or the most knowledgeable adult about one child age 2-14 years who was randomly selected during the household interview[5]. The questions asked referred to practices that may have been used to discipline the child during the month prior to the interview. Specifically, questions were asked about whether anyone in the household had: taken away privileges, forbade something this child liked, or did not allow this child to leave the house; explained why some behavior was wrong; shook this child; shouted, yelled, or screamed at the child; given the child something else to do; spanked, hit, or slapped on the bottom with bare hand; hit on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other; called the child dumb, lazy, or similar name; hit or slapped on the face, head, or ears; hit or slapped on the hand, arm, or leg; beaten the child up with an implement. And finally, caretakers were directly asked if they believe that in order to bring up this child properly, they need to physically punish him/her.

Table 2.15 shows that three in four children age 2-14 experienced some form of psychological or physical punishment during the past 30 days preceding the survey. Seventeen percent experienced only non-violent discipline while only 4 percent of children were not disciplined during the period.

Boys tend to experience violence more often than girls. Rural children are slightly more likely than urban children to be punished physically. Twenty-two percent of mothers or the most knowledgeable adult believe that in order to bring up the child properly, the child needs to be physically punished. This percentage is similar among all the population, with a striking exception of caretakers from Yukhari Garabakh and Guba-Khachmaz where only 7 percent and 9 percent, respectively, of mothers believe in physical punishment, and 14 percent of mothers in Shaki-Zaqatala. Interestingly, children from Yukhari Garabakh and Shaki-Zaqatala are also among the least likely to have experienced severe physical punishment (7 percent each), but not the children from Guba-Khachmaz (19 percent). At the national level 17 percent of children have experienced severe physical punishment. Poverty and lack of education are positively associated with severe physical punishment; thus about a quarter of the children whose parents have the least education (24 percent) and from the poorest households (25 percent) were severely punished. The highest proportion of children that experienced severe physical punishment is from Daghligh Shirvan (27 percent).

[5] If several children in the age 2-14 range were listed in the household schedule, only one child per household was randomly selected about whom the questions on child discipline were administered. If one child age 2-14 was listed in the household schedule, the questions on child discipline were administered about this child. If none of the children listed in the household schedule were age 2-14, the questions on child discipline were not administered.

Table 2.15 Child discipline

Percentage of children age 2-14 years according to method of disciplining the child, Azerbaijan 2006

Background characteristic	Percentage of children 2-14 years of age who experience: Only non-violent discipline	Psychological punishment	Minor physical punish-ment	Severe physical punish-ment[1]	Any psycho-logical or physical punishment[2]	No discipline or punish-ment	Mother/caretaker believes that the child needs to be physically punished	Number of children[3]
Age								
2-4	16.2	71.7	48.8	20.0	74.1	5.9	23.6	706
5-9	14.6	77.5	53.0	19.3	78.8	3.8	22.9	1,264
10-14	19.8	70.2	41.2	14.3	73.1	3.5	20.4	1,783
Sex								
Male	15.1	76.2	49.8	18.6	78.8	3.3	20.8	1,938
Female	19.9	69.4	43.1	15.3	71.4	4.9	22.9	1,815
Residence								
Urban	17.8	72.4	42.4	14.6	74.0	4.6	22.7	1,931
Rural	17.0	73.4	51.0	19.7	76.5	3.5	20.8	1,822
Region								
Baku	21.3	65.9	32.1	12.2	66.8	6.1	27.7	946
Absheron	6.7	87.6	59.5	20.7	88.3	4.2	23.7	225
Ganja-Gazakh	21.6	71.7	51.6	23.3	74.9	2.0	17.9	516
Shaki-Zaqatala	20.1	68.2	46.2	7.0	71.6	3.5	14.3	275
Lankaran	8.9	82.0	52.5	18.2	83.3	1.8	25.1	366
Guba-Khachmaz	8.3	84.8	51.3	19.3	86.5	4.8	9.2	215
Aran	19.0	71.4	49.6	19.1	75.2	3.8	22.7	983
Yukhari Garabakh	14.5	68.0	46.8	7.4	70.5	11.1	6.9	93
Daghligh Shirvan	13.9	82.3	62.1	26.6	84.6	1.4	22.8	133
Mother's education								
Basic secondary or less	15.5	75.6	53.0	23.8	78.5	3.1	23.7	730
Complete secondary	17.2	73.4	47.7	17.6	75.7	3.8	22.7	2,036
Secondary specialized	15.7	76.0	43.6	13.0	78.1	5.1	16.7	503
Higher	22.6	65.1	35.8	8.2	66.8	4.6	22.2	384
Mother not in household	23.2	58.1	33.2	9.6	58.7	9.4	14.5	99
Wealth quintile								
Lowest	15.8	76.4	55.1	25.2	79.5	2.0	22.9	921
Second	16.9	74.4	48.3	15.8	75.7	4.3	19.2	725
Middle	17.3	70.7	46.1	15.3	74.2	4.5	23.5	776
Fourth	19.5	72.0	45.6	15.5	73.5	3.9	20.5	689
Highest	17.9	69.9	34.1	10.4	71.6	6.4	22.6	642
Total	17.4	72.9	46.6	17.0	75.2	4.1	21.8	3,753

[1] Hit or slapped on the face, head, or ears or beaten with an implement during the past 30 days
[2] MICS indicator 74
[3] Table is based on children aged 2-14 years randomly selected during fieldwork (one child selected per household, if any children in the age range) about whom the questions on child discipline were administered.

BACKGROUND CHARACTERISTICS OF RESPONDENTS

3

The purpose of this chapter is to provide a demographic and socioeconomic profile of the 2006 AzDHS sample. Information on the basic characteristics of women and men interviewed in the survey is essential for the interpretation of findings presented later in the report and also can provide an indication of the representativeness of the survey. For tables in this report that relate to the general adult population, the base population includes women and men age 15-49. For the male tables, an additional row has been added to provide information for all men age 15-59.

3.1 BACKGROUND CHARACTERISTICS OF RESPONDENTS

Table 3.1 presents the percent distribution of interviewed women and men age 15-49 by background characteristics including age, marital status, educational level, place of residence, and region. As noted in Chapter 1, all women age 15-49 who were usual residents or present in the household on the night before the interviewer's visit were eligible to be interviewed in the 2006 AzDHS. Men age 15-49 meeting the same criteria were interviewed in every third household. In order not to double count respondents, the tables in this report are based on the de facto population, that is, those who stayed in the household the previous night.

For the most part, the male and female populations represented in the sample are fairly evenly distributed by age. However, there is a somewhat greater differential between women and men in their teens and early twenties than in older age groups.

Two-thirds of respondents are married or living together (62 percent of women and 61 percent of men). Four percent of women are divorced or separated and 3 percent are widowed, as opposed to one percent or less of men. Thirty-one percent of women and 38 percent of men have never been married.

Slightly over half of women and men are from urban areas, with the majority living in Baku. Looking at the distribution by region, two-thirds of the 2006 AzDHS respondents are from Baku, Aran, and Ganja-Gazakh, the country's three most populous regions.

Woman and men in Azerbaijan are universally well educated. About 70 percent of women and men have at least basic secondary education or complete secondary.[1] Fourteen percent of women have attended a secondary specialized,[2] as have 9 percent of men. More men (19 percent) than women (13 percent) have higher education.

At least 94 percent of respondents are Azerbaijani. Almost all Azerbaijanis (99 percent) report Islam as their religion.

[1] Education categories refer to the highest level of education attended, whether or not that level was completed. Basic secondary or less is defined as having completed middle school (grades 5-9) and primary school (grades 1-4) or less. Complete secondary level is defined as having completed high school at grade 10 (old system) or grade 11 (new system) or having attained primary professional (vocational) education (PTU). See chapter 2 for more details on definitions of the educational categories.

[2] "Secondary specialized" education is specialized technical training in a specific field such as nursing, agriculture, construction, etc.

Table 3.1 Background characteristics of respondents

Percent distribution of women and men age 15-49 by selected background characteristics, Azerbaijan,2006

Background characteristic	Women			Men		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age						
15-19	18.1	1,531	1,509	17.0	382	388
20-24	15.9	1,344	1,329	15.8	356	363
25-29	13.0	1,100	1,108	13.0	293	296
30-34	11.9	1,008	1,003	12.4	279	272
35-39	13.7	1,160	1,168	13.8	309	308
40-44	15.6	1,319	1,309	13.9	312	317
45-49	11.6	982	1,018	14.0	315	309
Marital status						
Never married	30.9	2,608	2,645	37.8	848	852
Married	62.2	5,251	5,236	60.5	1,358	1,357
Living together	0.2	18	24	0.6	13	17
Divorced/separated	4.0	339	308	1.0	23	23
Widowed	2.7	228	231	0.1	3	4
Residence						
Urban	56.5	4,772	4,478	56.8	1,274	1,181
Rural	43.5	3,672	3,966	43.2	971	1,072
Region						
Baku	30.3	2,560	1,312	31.1	699	368
Absheron	6.9	582	875	7.4	167	250
Ganja-Gazakh	13.6	1,148	831	12.5	281	206
Shaki-Zaqatala	7.0	589	828	6.8	153	219
Lankaran	8.4	706	989	8.4	188	251
Guba-Khachmaz	4.5	380	735	5.3	119	223
Aran	23.9	2,019	1,332	22.6	508	339
Yukhari Garabakh	2.4	204	701	2.5	56	180
Daghligh Shirvan	3.0	255	841	3.3	73	217
Education						
Basic secondary or less	21.5	1,815	1,933	15.4	345	406
Complete secondary	51.9	4,382	4,412	56.7	1,272	1,284
Secondary specialized	13.5	1,138	1,141	8.9	200	203
Higher	13.1	1,110	958	19.1	428	360
Wealth quintile						
Lowest	18.4	1,550	1,757	18.3	410	473
Second	19.5	1,649	1,825	19.3	433	464
Middle	20.2	1,707	1,873	20.1	452	510
Fourth	20.4	1,719	1,635	20.1	451	446
Highest	21.5	1,819	1,354	22.2	499	360
Religion[1]						
Muslim	99.2	8,379	8,381	99.4	2,232	2,241
Christian/no religion/other	0.7	61	59	0.6	13	11
Ethnic group[2]						
Azerbaijani	94.0	7,939	7,761	95.5	2,145	2,117
Talish/Russian/Lesgin/other	5.9	501	678	4.4	99	135
Total 15-49	100.0	8,444	8,444	100.0	2,245	2,253
50-59	na	na	na	0.0	313	305
Total 15-59	na	na	na	0.0	2,558	2,558

Note: Education categories refer to the highest level of education attended, whether or not that level was completed. Basic secondary or less defined as having completed middle school (grades 5-9) and primary school (grades 1-4) or less. Complete secondary level defined as having completed high school at grade 10 (old system) or grade 11 (new system) or having attained primary professional (vocational) education (PTU).
na = Not applicable
[1] Total includes 3 women and 1 man with information on religion missing.
[2] Total includes 4 women and 1 man with information on ethnicity missing.

3.2 EDUCATIONAL LEVEL OF RESPONDENTS

Tables 3.2.1 and 3.2.2 show the educational level of female and male respondents by selected background characteristics. The results reflect the fact that education has been almost universal in Azerbaijan for some time. Overall, only 1 percent of respondents have never attended school, and the majority have attained at least a basic secondary or higher education. The median years of schooling for women is 9.9 years and for men is 10.2 years.

Table 3.2.1 Educational attainment: Women

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median number of years of schooling, according to background characteristics, Azerbaijan 2006

Background characteristic	Highest level of schooling							Total	Basic secondary[3]	Complete secondary[4]	Number of women	Median number of years of schooling
	No education	Primary school (1-4)	Middle school (5-9)	Upper school (10-11)	PTU[1]	Secondary specialized[2]	Higher					
Age												
15-24	1.4	2.8	25.8	46.4	0.9	10.0	12.7	100.0	87.0	69.9	2,875	10.2
15-19	1.6	2.8	30.9	52.0	0.7	5.0	6.9	100.0	86.9	64.3	1,531	9.9
20-24	1.0	2.8	19.9	40.1	1.2	15.8	19.3	100.0	87.2	76.1	1,344	10.6
25-29	1.1	1.0	23.2	41.6	2.2	14.9	15.9	100.0	85.4	74.4	1,100	10.4
30-34	0.7	0.7	15.3	53.0	3.8	14.8	11.7	100.0	86.9	83.4	1,008	9.9
35-39	0.5	1.0	11.9	53.9	5.0	15.7	12.0	100.0	88.0	86.6	1,160	9.7
40-44	1.3	0.8	10.6	53.1	5.9	15.9	12.4	100.0	88.2	87.3	1,319	9.7
45-49	1.4	1.5	15.5	47.6	4.3	14.6	15.1	100.0	83.2	81.6	982	9.7
Residence												
Urban	0.6	1.2	15.6	43.2	3.1	16.8	19.5	100.0	89.3	82.5	4,772	10.3
Rural	1.8	2.2	22.8	56.0	3.2	9.1	4.9	100.0	83.2	73.2	3,672	9.7
Region												
Baku	0.4	0.9	12.5	41.9	3.1	16.1	25.1	100.0	91.8	86.0	2,560	10.5
Absheron	0.9	0.5	17.3	42.4	2.9	21.0	15.1	100.0	89.6	81.3	582	10.3
Ganja-Gazakh	0.4	0.9	18.6	52.5	2.3	13.3	12.1	100.0	87.9	80.0	1,148	9.9
Shaki-Zaqatala	1.0	1.4	16.9	44.9	6.8	19.5	9.4	100.0	92.7	80.6	589	10.2
Lankaran	1.5	3.1	26.4	57.9	2.6	5.7	2.7	100.0	78.4	68.9	706	9.5
Guba-Khachmaz	0.2	1.0	32.5	53.0	1.5	7.5	4.3	100.0	83.9	66.3	380	9.5
Aran	2.1	2.7	22.5	53.4	3.1	10.3	6.0	100.0	81.1	72.7	2,019	9.7
Yukhari Garabakh	2.5	1.3	15.9	53.8	5.9	13.0	7.6	100.0	86.4	80.3	204	9.9
Daghligh Shirvan	4.4	2.9	19.7	52.4	2.8	13.6	4.3	100.0	80.5	73.1	255	9.7
Wealth quintile												
Lowest	3.0	3.2	29.5	53.4	4.0	5.6	1.4	100.0	76.0	64.2	1,550	9.4
Second	1.4	2.3	25.2	54.9	3.8	8.4	3.9	100.0	82.3	71.0	1,649	9.6
Middle	0.7	1.4	19.2	53.6	2.7	14.2	8.2	100.0	86.2	78.7	1,707	9.8
Fourth	0.2	0.7	13.3	45.7	2.5	22.0	15.6	100.0	91.7	85.4	1,719	10.4
Highest	0.5	0.6	8.3	37.7	3.0	16.1	33.8	100.0	95.3	90.5	1,819	11.0
Total	1.1	1.6	18.7	48.8	3.2	13.5	13.1	100.0	86.7	78.5	8,444	9.9

[1] PTU is a primary professional (vocational) education institution that trains students in a variety of manual or basic skills occupations.
[2] Secondary specialized provides secondary-special education and prepares specialists with mid-level qualifications, such as nurses, midwives, musicians, technicians, and others. This level is somewhat higher than complete secondary education, but lower than high education.
[3] Completed grade 9 or higher
[4] Completed grade 10 or higher

Although virtually all female respondents had attended secondary school, there are marked differences across subgroups of the population in the proportions who have gone beyond that level. For example, Table 3.2.1 shows that 20 percent of urban women have university education compared with only 5 percent of rural women. There also is considerable variation by region, with the largest proportion of university-educated women living in Baku (25 percent) and the smallest proportions in Lankaran (3 percent) and in Guba-Khachmaz and Daghligh Shirvan (4 percent). Attainment of a higher education is closely related to wealth status; 34 percent of women in the highest wealth quintile have at least some university education, compared with 1 percent of women in the lowest quintile. Overall, the median number of years of schooling varies from 9.4 years among women in the lowest wealth quintile to 11.0 years among those in the highest quintile.

Table 3.2.2 Educational attainment: Men

Percent distribution of men age 15-49 by highest level of schooling attended or completed, and median number of years of schooling, according to background characteristics, Azerbaijan 2006

Background characteristic	Highest level of schooling: No education	Primary school (1-4)	Middle school (5-9)	Upper school (10-11)	PTU[1]	Secondary specialized[2]	Higher	Total	Basic secondary[3]	Complete secondary[4]	Number of men	Median number of years of schooling
Age												
15-24	0.6	0.8	24.5	52.3	2.8	2.6	16.3	100.0	91.0	74.1	738	10.2
15-19	0.5	0.1	35.3	52.3	2.5	1.7	7.6	100.0	88.4	64.1	382	9.6
20-24	0.8	1.5	12.9	52.4	3.2	3.6	25.7	100.0	93.8	84.8	356	10.6
25-29	0.0	0.0	15.1	53.1	6.5	7.8	17.5	100.0	92.1	84.9	293	10.5
30-34	0.6	0.3	9.2	48.5	7.8	8.5	25.1	100.0	91.3	89.9	279	10.3
35-39	0.0	0.3	8.5	52.7	12.7	10.8	15.0	100.0	91.9	90.9	309	9.8
40-44	0.2	0.0	9.1	40.2	11.3	16.6	22.5	100.0	91.2	90.5	312	10.2
45-49	0.1	1.0	7.2	41.1	12.9	15.5	22.2	100.0	92.1	91.7	315	9.9
Residence												
Urban	0.2	0.1	12.3	42.5	7.7	10.7	26.6	100.0	93.1	87.4	1,274	10.6
Rural	0.5	1.0	17.7	57.0	8.1	6.6	9.1	100.0	89.3	80.7	971	9.9
Region												
Baku	0.0	0.0	7.4	41.3	5.7	9.3	36.4	100.0	96.5	92.5	699	10.9
Absheron	1.0	0.1	15.1	44.1	9.6	10.5	19.5	100.0	91.8	83.7	167	10.4
Ganja-Gazakh	0.0	0.4	18.3	48.1	10.2	8.7	14.2	100.0	86.6	81.2	281	10.1
Shaki-Zaqatala	0.0	0.5	23.2	40.6	11.6	12.5	11.5	100.0	92.3	76.3	153	9.9
Lankaran	0.4	1.3	15.2	65.9	5.5	4.1	7.5	100.0	86.2	82.7	188	10.0
Guba-Khachmaz	0.3	0.0	27.1	55.2	6.3	7.8	3.2	100.0	88.8	72.5	119	9.7
Aran	0.7	1.0	15.5	55.4	8.2	8.7	10.5	100.0	90.9	82.8	508	10.0
Yukhari Garabakh	1.9	1.0	13.6	48.3	15.9	10.2	9.1	100.0	86.5	83.6	56	10.3
Daghligh Shirvan	0.0	0.6	23.4	49.5	8.2	8.7	9.7	100.0	85.8	76.0	73	10.0
Wealth quintile												
Lowest	0.6	0.7	27.0	54.4	9.0	5.6	2.7	100.0	83.4	71.7	410	9.6
Second	0.7	1.4	17.8	53.3	11.9	7.2	7.6	100.0	87.7	80.0	433	9.9
Middle	0.1	0.4	17.7	51.5	7.8	11.2	11.4	100.0	89.7	81.7	452	10.1
Fourth	0.1	0.0	7.3	58.5	8.3	7.7	18.1	100.0	97.2	92.3	451	10.3
Highest	0.2	0.0	5.5	28.9	3.1	12.1	50.3	100.0	97.8	94.4	499	13.1
Total 15-49	0.3	0.5	14.6	48.7	7.9	8.9	19.1	100.0	91.5	84.5	2,245	10.2
50-59	0.4	0.2	8.5	30.3	8.9	21.1	30.5	100.0	91.3	90.8	313	12.2
Total 15-59	0.3	0.4	13.9	46.5	8.0	10.4	20.5	100.0	91.5	85.3	2,558	10.3

[1] PTU is a primary professional (vocational) education institution that trains students in a variety of manual or basic skills occupations.
[2] Secondary specialized provides secondary-special education and prepares specialists with mid-level qualifications, such as nurses, midwives, musicians, technicians and others. This level is somewhat higher than complete secondary education, but lower than high education.
[3] Completed grade 9 or higher
[4] Completed grade 10 or higher

As Table 3.2.2 shows, the pattern of educational attainment among men is similar to that of women. Twenty-seven percent of urban men have some university-level education, compared with 9 percent of rural men. Baku residents have a clear educational advantage over the rest of the country: 36 percent of men in Baku are university-educated compared with only 3 percent in Guba-Khachmaz. Wealth status is positively associated with education; while 3 percent of men in the lowest wealth quintile have higher education, the corresponding proportion for men in the highest wealth quintile is 50 percent. Men from the wealthiest households have, on average, an additional 3.5 years of schooling compared to men in the poorest households. This is an even larger difference than that observed among women.

3.3 Exposure to Mass Media

The 2006 AzDHS collected information on the exposure of women and men to both broadcast and print media. This information is important because it can help program managers plan the dissemination of information on health, family planning, nutrition, and other programs. The results are presented in Tables 3.3.1 and 3.3.2.

At least once a week, 92 percent of Azerbaijani women watch television, 25 percent read a newspaper, and 28 percent listen to the radio (Table 3.3.1). Only 7 percent do not regularly have exposure to any of the three media, while 15 percent are exposed to all three media on a weekly basis.

Women under age 25 were more likely than older women to report exposure to all three types of media. Exposure to all forms of media also is strongly associated with residence, education, and

wealth. Urban women were more than three times as likely to be exposed to television, radio, and newspapers as their rural counterparts. Similarly, women from Baku and Absheron were markedly more likely have been exposed to all of the media than women from other regions. Forty-four percent of women with a higher education were exposed to all three media compared with 6 percent of women with basic secondary or less education. Thirty-four percent of women in the highest wealth quintile were exposed to all three media, while the corresponding proportion for women in the lowest wealth quintile was only 3 percent.

Table 3.3.1 Exposure to mass media: Women

Percentage of women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Azerbaijan 2006

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number of women
Age						
15-19	33.8	94.1	36.7	20.2	5.3	1,531
20-24	26.0	92.1	35.4	18.3	7.0	1,344
25-29	22.1	93.0	29.2	14.0	6.1	1,100
30-34	19.6	92.8	25.4	10.4	6.0	1,008
35-39	22.6	90.9	23.1	12.6	8.5	1,160
40-44	23.7	90.0	22.4	12.8	9.3	1,319
45-49	22.3	89.5	20.8	11.2	10.0	982
Residence						
Urban	33.7	95.5	39.4	21.6	3.7	4,772
Rural	13.4	87.1	13.7	5.7	12.2	3,672
Region						
Baku	39.3	97.2	51.3	28.2	2.0	2,560
Absheron	39.3	93.5	39.3	25.1	6.2	582
Ganja-Gazakh	16.9	87.9	13.8	6.2	10.9	1,148
Shaki-Zaqatala	22.1	91.9	14.0	8.0	6.6	589
Lankaran	12.7	87.6	18.4	8.8	11.5	706
Guba-Khachmaz	11.6	93.1	12.2	3.8	6.6	380
Aran	15.9	87.9	16.7	6.9	11.8	2,019
Yukhari Garabakh	19.3	94.4	10.3	4.4	4.3	204
Daghligh Shirvan	18.6	91.4	25.7	10.6	7.6	255
Education						
Basic secondary or less	10.9	84.7	20.5	5.8	14.5	1,815
Complete secondary	18.1	92.0	22.5	9.7	7.4	4,382
Secondary specialized	33.9	96.1	34.7	19.4	2.7	1,138
Higher	65.1	98.6	56.6	44.2	0.5	1,110
Wealth quintile						
Lowest	8.8	79.0	7.3	3.1	20.1	1,550
Second	12.3	89.8	14.5	4.2	9.6	1,649
Middle	20.6	93.6	21.4	9.4	6.0	1,707
Fourth	32.4	96.9	37.4	20.0	1.9	1,719
Highest	46.9	98.3	56.2	34.0	1.1	1,819
Total	24.9	91.9	28.2	14.7	7.4	8,444

In general, men report a higher level of exposure to all types of media than women (Table 3.3.2). Almost all men watch television, half of men (48 percent) listen to the radio, and 33 percent read a newspaper at least once a week. Only 4 percent are not regularly exposed to mass media. Around a quarter are exposed to all three types of media on a weekly basis.

Table 3.3.2 shows that, for men, the relationships between exposure to mass media and background characteristics are generally similar to those observed among women. However, interestingly, men have a somewhat different pattern of media exposure by age than women. While younger women are more likely than older women to report exposure to all three types of media on a weekly basis, younger men are generally less likely than older men to be exposed to all three media, partly because they are less likely to read a newspaper on a weekly basis.

Table 3.3.2 Exposure to mass media: Men

Percentage of men age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Azerbaijan 2006

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number of men
Age						
15-19	30.5	94.8	53.1	22.3	3.1	382
20-24	28.0	94.4	52.2	22.3	4.4	356
25-29	35.9	97.9	52.8	28.3	2.1	293
30-34	34.0	95.7	43.6	22.7	2.8	279
35-39	28.7	92.5	42.3	20.1	5.2	309
40-44	35.8	93.4	47.1	24.7	4.4	312
45-49	39.8	94.0	41.6	24.7	4.6	315
Residence						
Urban	42.7	97.5	55.5	32.0	1.5	1,274
Rural	20.4	90.9	37.7	12.3	6.9	971
Region						
Baku	57.4	99.5	64.6	44.4	0.5	699
Absheron	31.8	95.6	68.6	27.1	1.6	167
Ganja-Gazakh	9.4	83.5	13.9	5.8	15.1	281
Shaki-Zaqatala	22.9	97.6	55.3	15.8	1.5	153
Lankaran	20.5	93.4	46.8	13.4	4.9	188
Guba-Khachmaz	7.5	97.9	20.1	4.4	2.1	119
Aran	29.4	92.1	41.2	15.8	4.0	508
Yukhari Garabakh	17.8	98.5	34.7	7.0	0.0	56
Daghligh Shirvan	26.4	96.0	58.8	22.2	3.5	73
Education						
Basic secondary or less	13.9	89.5	37.1	9.6	7.9	345
Complete secondary	22.8	94.2	42.8	15.8	4.3	1,272
Secondary specialized	46.3	97.8	47.0	27.9	1.2	200
Higher	72.8	98.6	71.8	55.5	0.5	428
Wealth quintile						
Lowest	13.6	86.6	31.0	7.7	10.3	410
Second	21.9	92.2	35.1	13.3	5.2	433
Middle	23.2	97.4	39.5	12.2	1.8	452
Fourth	39.0	97.4	58.1	30.3	1.7	451
Highest	62.2	98.4	70.9	49.4	1.0	499
Total 15-49	33.0	94.6	47.8	23.5	3.8	2,245
50-59	50.6	97.2	46.0	29.6	1.5	313
Total 15-59	35.2	95.0	47.6	24.2	3.5	2,558

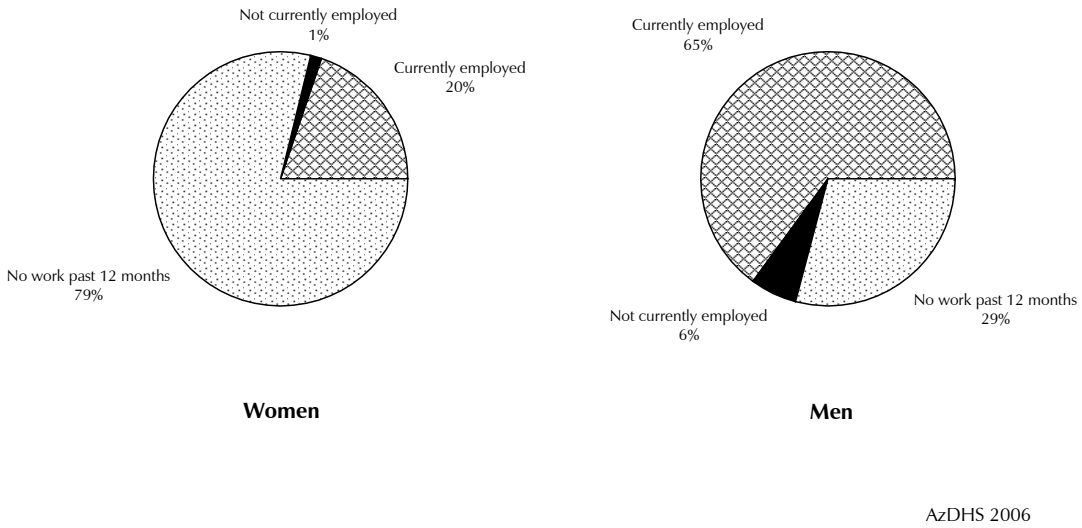
3.4 EMPLOYMENT

In the 2006 AzDHS, respondents were asked about their employment status at the time of the survey and, if they were not currently employed, about any work they may have done in the 12 months prior to the survey.[3] All employed respondents were asked additional questions about their occupation; whether they were paid in cash, in kind, or not at all; and for whom they worked.

Tables 3.4.1 and 3.4.2 show the percent distribution of female and male respondents by employment status according to background characteristics. Twenty percent of women reported being currently employed, 1 percent was employed in the 12 months preceding the survey but not working at the time of the survey, and 79 percent were not employed in the 12 months preceding the survey (Figure 3.1).

[3] The measurement of women's employment can be especially difficult because some of the activities that women do, especially work on family farms, family businesses, or in the informal sector, are often not perceived by women themselves as employment and hence are not reported as such. To avoid underestimating women's employment, therefore, the questions relating to employment in the woman's questionnaire encouraged women to report such activities. First, women were asked, "Aside from your own housework, have you done any work in the last seven days?" Women who answered "No" to this question were then asked, "As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business, or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?"

Figure 3.1 **Percent distribution of women and men age 15-49, by employment status**



Three times as many men as women reported being currently employed (65 percent versus 20 percent). Nonetheless, nearly one-third of men reported that they were not employed during the 12 months preceding the survey (29 percent).

Looking at the differentials in employment status, women who are formerly married are more likely than other women to be employed at the time of the survey (Table 3.4.1). For men, those who are currently married are most likely to be employed.

Employment among women and men generally increases with age. Women and men living in urban areas are slightly more likely to report they are currently employed than their rural counterparts. Employment among women is highest in Yukhari Garabakh (28 percent), followed by Baku and Shaki-Zaqatala (24 percent each), while in Lankaran the proportion of currently employed is only 7 percent. For men, the current employment rate ranges from 54 percent in Ganja-Gazakh and Daghligh Shirvan to 73 percent in Baku. The likelihood that a woman is currently employed rises with both her education level and wealth quintile. Among men, the employment rate also tends to increase with education and wealth, although the relationships are not as uniform as among women.

Table 3.4.1 Employment status: Women

Percent distribution of women age 15-49 by employment status, according to background characteristics, Azerbaijan 2006

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of women
	Currently employed[1]	Not currently employed			
Age					
15-19	2.5	0.2	97.1	100.0	1,531
20-24	10.1	1.8	88.0	100.0	1,344
25-29	19.2	1.6	79.2	100.0	1,100
30-34	20.6	1.6	77.8	100.0	1,008
35-39	26.2	2.2	71.6	100.0	1,160
40-44	31.6	1.5	66.9	100.0	1,319
45-49	34.2	1.2	64.6	100.0	982
Marital status					
Never married	14.4	1.1	84.4	100.0	2,608
Married or living together	19.3	1.6	79.1	100.0	5,269
Divorced/separated/widowed	45.5	1.3	53.2	100.0	567
Number of living children					
0	14.3	1.3	84.3	100.0	3,208
1-2	23.0	1.6	75.4	100.0	3,254
3-4	22.8	1.2	76.0	100.0	1,827
5+	17.1	1.6	81.3	100.0	154
Residence					
Urban	21.6	1.3	77.0	100.0	4,772
Rural	16.8	1.5	81.7	100.0	3,672
Region					
Baku	23.6	0.6	75.8	100.0	2,560
Absheron	17.7	4.1	78.1	100.0	582
Ganja-Gazakh	19.6	1.9	78.5	100.0	1,148
Shaki-Zaqatala	23.6	1.7	74.7	100.0	589
Lankaran	6.5	0.0	93.5	100.0	706
Guba-Khachmaz	15.9	0.9	83.1	100.0	380
Aran	19.0	1.5	79.4	100.0	2,019
Yukhari Garabakh	27.7	1.8	70.5	100.0	204
Daghligh Shirvan	12.8	3.3	83.9	100.0	255
Education					
Basic secondary or less	10.2	0.6	89.1	100.0	1,815
Complete secondary	14.3	0.9	84.8	100.0	4,382
Secondary specialized	34.8	2.3	62.9	100.0	1,138
Higher	39.9	4.0	56.2	100.0	1,110
Wealth quintile					
Lowest	16.9	1.3	81.7	100.0	1,550
Second	15.9	1.0	83.1	100.0	1,649
Middle	19.4	1.6	79.0	100.0	1,707
Fourth	20.2	1.4	78.4	100.0	1,719
Highest	24.6	1.7	73.7	100.0	1,819
Total	19.5	1.4	79.0	100.0	8,444

[1] "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Table 3.4.2 Employment status: Men

Percent distribution of men age 15-49 by employment status, according to background characteristics, Azerbaijan 2006

Background characteristic	Employed in the 12 months preceding the survey: Currently employed[1]	Employed in the 12 months preceding the survey: Not currently employed	Not employed in the 12 months preceding the survey	Total	Number of men
Age					
15-19	13.1	2.5	84.2	100.0	382
20-24	49.8	4.7	45.3	100.0	356
25-29	80.5	4.3	15.0	100.0	293
30-34	79.3	9.3	10.0	100.0	279
35-39	84.2	6.9	9.0	100.0	309
40-44	79.6	10.2	10.2	100.0	312
45-49	83.9	7.9	8.1	100.0	315
Marital status					
Never married	35.7	3.7	60.5	100.0	848
Married or living together	82.9	7.9	8.9	100.0	1,371
Divorced/separated/widowed	(69.3)	(13.8)	(16.9)	100.0	26
Number of living children					
0	41.5	4.5	53.9	100.0	996
1-2	84.3	7.8	7.4	100.0	748
3-4	82.2	8.4	9.4	100.0	470
5+	(86.2)	(0.7)	(13.0)	100.0	31
Residence					
Urban	67.7	4.4	27.8	100.0	1,274
Rural	61.1	8.9	29.5	100.0	971
Region					
Baku	73.3	2.6	24.1	100.0	699
Absheron	55.5	2.0	42.2	100.0	167
Ganja-Gazakh	53.9	17.4	27.3	100.0	281
Shaki-Zaqatala	57.6	8.3	34.1	100.0	153
Lankaran	65.0	5.1	29.2	100.0	188
Guba-Khachmaz	69.6	2.2	28.2	100.0	119
Aran	66.3	6.5	27.2	100.0	508
Yukhari Garabakh	54.8	6.4	38.8	100.0	56
Daghligh Shirvan	53.9	14.5	31.7	100.0	73
Education					
Basic Secondary or less	47.9	6.2	45.6	100.0	345
Complete secondary	64.5	7.3	27.9	100.0	1,272
Secondary specialized	76.9	8.0	15.1	100.0	200
Higher	74.0	3.1	22.9	100.0	428
Wealth quintile					
Lowest	63.8	11.7	24.3	100.0	410
Second	55.3	8.4	36.0	100.0	433
Middle	64.7	6.5	28.3	100.0	452
Fourth	69.6	3.4	26.8	100.0	451
Highest	69.9	2.8	27.3	100.0	499
Total 15-49	64.9	6.4	28.5	100.0	2,245
50-59	77.5	3.7	18.5	100.0	313
Total 15-59	66.4	6.0	27.3	100.0	2,558

Note: Figures in parentheses are based on 25 to 49 unweighted cases.
[1] "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

3.5 OCCUPATION

Information on a woman's occupation not only allows an evaluation of the woman's source of income but also has implications for her empowerment. In the survey, respondents who indicated that they were currently working or had been employed in the 12-month period prior to the survey were asked about the kind of work that they did. Their responses were recorded verbatim and served as the basis for the coding of occupation that occurred in the central office. Table 3.5.1 shows the percent distribution of women employed in the 12 months preceding the survey by occupation, according to background characteristics.

Table 3.5.1 Occupation: Women

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation[1], according to background characteristics, Azerbaijan 2006

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agriculture	Missing	Total	Number of women
Age									
15-19	(14.1)	(3.9)	(26.8)	(5.3)	(1.6)	(47.1)	(1.2)	100.0	42
20-24	52.8	4.2	12.8	8.3	1.6	15.6	3.1	100.0	161
25-29	60.9	3.1	12.1	5.0	3.1	15.8	0.0	100.0	229
30-34	53.0	4.5	8.7	4.7	10.4	17.6	1.1	100.0	224
35-39	46.0	6.4	11.9	6.8	9.0	19.3	0.7	100.0	329
40-44	49.9	3.4	13.6	5.6	11.4	14.9	1.1	100.0	436
45-49	47.5	3.9	14.9	7.1	14.1	12.1	0.4	100.0	348
Marital status									
Never married	48.0	6.4	17.2	6.9	2.9	17.2	1.2	100.0	404
Married or living together	53.6	3.3	8.1	4.3	10.5	18.9	1.1	100.0	1,100
Divorced/separated/widowed	37.8	4.9	26.6	12.6	13.0	5.1	0.0	100.0	265
Number of living children									
0	50.3	5.3	17.7	6.3	3.0	16.1	1.4	100.0	502
1-2	55.7	3.6	12.8	5.4	10.5	10.8	0.8	100.0	799
3-4	41.8	4.1	7.1	7.8	12.4	26.5	0.4	100.0	439
5+	(6.2)	(5.1)	(26.7)	(0.0)	(29.1)	(28.3)	(4.6)	100.0	29
Residence									
Urban	57.7	5.4	17.1	8.4	9.6	1.1	0.7	100.0	1,097
Rural	37.3	2.4	6.2	2.6	8.5	41.5	1.3	100.0	672
Region									
Baku	59.6	6.0	17.3	6.4	10.3	0.0	0.4	100.0	619
Absheron	48.3	5.3	25.7	13.6	6.5	0.1	0.5	100.0	127
Ganja-Gazakh	47.1	1.8	11.7	8.6	6.3	24.5	0.0	100.0	247
Shaki-Zaqatala	55.9	2.1	7.6	3.9	9.9	17.7	2.8	100.0	149
Lankaran	53.1	0.0	18.0	10.3	9.3	9.3	0.0	100.0	46
Guba-Khachmaz	26.6	0.5	13.0	4.5	11.9	42.5	0.9	100.0	64
Aran	41.0	4.5	6.8	3.1	6.7	35.8	1.4	100.0	415
Yukhari Garabakh	39.0	4.2	4.3	0.3	15.5	33.7	3.1	100.0	60
Daghligh Shirvan	43.1	5.5	4.5	9.0	26.1	9.8	2.1	100.0	41
Education									
Basic secondary or less	10.6	1.7	21.5	4.7	17.9	41.3	0.9	100.0	196
Complete secondary	16.5	4.8	18.7	12.3	17.5	29.3	0.8	100.0	665
Secondary specialized	71.4	6.5	11.1	3.9	2.4	3.6	1.0	100.0	422
Higher	92.7	2.6	3.3	0.3	0.0	0.0	1.1	100.0	486
Wealth quintile									
Lowest	19.8	2.5	9.0	3.7	12.3	51.1	1.2	100.0	282
Second	39.8	1.2	9.3	6.1	10.0	32.6	1.1	100.0	278
Middle	49.4	4.6	10.8	7.4	12.6	13.7	1.1	100.0	359
Fourth	54.8	6.7	18.5	9.8	7.9	2.0	0.2	100.0	371
Highest	70.2	4.9	14.8	3.8	5.2	0.0	1.1	100.0	478
Total	49.9	4.2	13.0	6.2	9.2	16.5	0.9	100.0	1,769

Note: Figures in parentheses are based on 25 to 49 unweighted cases.
[1] The occupational categories are according to the National Occupational Classification, which is based on and similar to ISCO-88 (International Standard Classification of Occupations). For the definitions of the occupational categories and for more detailed information and examples, please visit http://www.ilo.org/public/english/bureau/stat/isco/isco88/index.htm.

Half of employed women are in professional, technical, or managerial positions, and 13 percent are employed in sales and services. Approximately two in ten women work in agriculture.

More than half of urban women, eight in ten women with secondary specialized or higher education, and seven in ten women living in households in the highest wealth quintile hold professional, technical, or managerial jobs. Six in ten employed women in Baku work in professional positions while only around one in four women in Guba-Khachmaz works in these occupations. On the other hand, over 40 percent of women in Guba-Khachmaz were engaged in agricultural jobs.

Table 3.5.2 shows that among employed men, 19 percent hold professional, technical, or managerial jobs, 16 percent are in sales and services, 42 percent work as skilled manual laborers, and 15 percent work in agriculture. The variations across subgroups in the occupational profile among employed men are generally similar to those observed among women.

Table 3.5.2 Occupation: Men

Percent distribution of men age 15-49 employed in the 12 months preceding the survey by occupation[1], according to background characteristics, Azerbaijan 2006

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agriculture	Missing	Total	Number of men
Age									
15-19	0.0	0.0	14.3	34.2	17.6	25.4	8.6	100.0	60
20-24	11.8	0.6	25.0	43.7	4.8	12.5	1.6	100.0	194
25-29	16.7	0.9	19.0	42.3	4.6	15.6	1.0	100.0	248
30-34	20.4	2.4	17.5	38.9	4.9	13.1	2.7	100.0	247
35-39	16.5	0.0	13.2	42.7	8.5	17.5	1.6	100.0	281
40-44	21.8	0.9	13.5	42.9	5.1	14.2	1.5	100.0	280
45-49	25.7	0.9	10.4	45.0	3.2	14.1	0.7	100.0	289
Marital status									
Never married	12.8	0.3	23.2	40.1	7.8	13.0	2.9	100.0	334
Married or living together	20.2	1.1	13.5	43.1	4.9	15.7	1.5	100.0	1,244
Divorced/separated/widowed	*	*	*	*	*	*	*	100.0	21
Number of living children									
0	14.5	0.2	21.1	41.3	7.1	13.5	2.4	100.0	457
1-2	22.1	1.3	13.9	41.2	5.8	13.8	2.0	100.0	689
3-4	17.8	1.1	13.8	44.6	4.1	17.5	0.9	100.0	425
5+	(9.9)	(0.0)	(4.7)	(51.8)	(0.0)	(33.6)	(0.0)	100.0	27
Residence									
Urban	23.0	0.9	18.3	48.4	6.0	2.2	1.1	100.0	920
Rural	12.5	0.9	12.3	34.0	5.2	32.4	2.6	100.0	680
Region									
Baku	28.0	0.5	18.1	45.3	6.7	0.7	0.7	100.0	530
Absheron	19.5	0.9	19.5	52.8	5.5	0.1	1.7	100.0	96
Ganja-Gazakh	15.6	1.6	8.6	44.2	3.9	24.1	2.0	100.0	201
Shaki-Zaqatala	17.0	0.0	17.6	34.1	5.8	22.4	3.1	100.0	101
Lankaran	12.4	2.3	19.9	49.8	5.1	6.1	4.4	100.0	132
Guba-Khachmaz	6.2	0.5	17.4	34.5	3.1	36.2	2.1	100.0	86
Aran	13.3	0.8	13.6	36.6	5.7	28.0	2.0	100.0	370
Yukhari Garabakh	15.8	4.4	7.8	29.4	9.2	33.4	0.0	100.0	34
Daghligh Shirvan	9.7	0.5	16.9	44.1	4.2	22.8	1.8	100.0	50
Education									
Basic secondary or less	0.5	0.4	13.9	50.1	6.8	26.3	2.0	100.0	187
Complete secondary	4.9	1.0	16.2	50.8	6.7	18.6	1.8	100.0	913
Secondary specialized	26.6	0.5	16.3	41.1	4.3	9.5	1.7	100.0	169
Higher	62.5	1.1	15.3	14.9	2.9	1.6	1.7	100.0	330
Wealth quintile									
Lowest	6.2	0.6	11.2	30.9	8.3	41.4	1.4	100.0	310
Second	10.5	1.5	10.8	45.1	3.9	25.3	2.9	100.0	275
Middle	16.2	1.2	17.9	45.2	5.2	11.4	3.0	100.0	322
Fourth	15.0	0.4	18.8	57.2	6.2	1.8	0.5	100.0	329
Highest	40.5	0.9	18.9	33.8	4.7	0.0	1.3	100.0	363
Total 15-49	18.5	0.9	15.8	42.3	5.7	15.0	1.8	100.0	1,599
50-59	28.2	2.5	7.8	37.6	5.2	14.8	3.9	100.0	254
Total 15-59	19.9	1.1	14.7	41.7	5.6	15.0	2.1	100.0	1,853

Note: Figures in parentheses are based on 25 to 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases.

[1] The occupational categories are according to the National Occupational Classification, which is based on and similar to ISCO-88 (International Standard Classification of Occupations). For the definitions of the occupational categories and for more detailed information and examples, please visit http://www.ilo.org/public/english/bureau/stat/isco/isco88/index.htm.

3.6 EMPLOYMENT CHARACTERISTICS

Women who were employed in the 12 months preceding the survey were asked about the type of earnings they received, i.e., whether they were paid in cash, in kind, or not at all. They were also asked about whether they were employed by a relative, a nonrelative, or were self-employed. Additionally, women were asked whether they worked continuously throughout the year or seasonally. Table 3.6 presents the results of these questions.

Table 3.6 Type of employment

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Azerbaijan 2006

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	26.9	97.2	85.5
Cash and in-kind	21.0	1.8	5.0
In-kind only	15.4	0.5	3.0
Not paid	36.7	0.5	6.6
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	71.5	14.2	23.7
Employed by nonfamily member	13.3	79.9	68.9
Self-employed	15.2	5.9	7.4
Total	100.0	100.0	100.0
Continuity of employment			
All year	11.4	92.4	79.0
Seasonal	87.7	5.1	18.8
Occasional	0.8	2.0	1.8
Missing	0.0	0.5	0.4
Total	100.0	100.0	100.0
Number of women employed during the past 12 months	291	1,461	1,769

Note: Total includes 17 women with information missing on type of employment, who are not shown separately.

Overall, 86 percent of employed women earn cash only, 5 percent are paid in cash and in kind, 3 percent get in-kind payments only, and 7 percent receive no payment. Four in ten women who work in agriculture did not receive payment while only 27 percent are paid in cash only. Ninety-seven percent who work in nonagricultural jobs were paid in cash only.

Table 3.6 shows that 69 percent of women who work are employed by a nonrelative, 24 percent are employed by a family member, and 7 percent are self-employed. As expected, most women who work in agriculture are employed by a family member (72 percent), while most of those who hold a position in nonagricultural jobs were employed by nonfamily members (80 percent).

With regard to continuity of employment, the data show that eight in ten employed women work all year (79 percent). As expected, most women who work in agriculture work seasonally (88 percent), while most of those who work in nonagricultural jobs typically work all year (92 percent).

FERTILITY 4

Fertility is one of the three principal components of population dynamics, the others being mortality and migration. This chapter looks at a number of fertility indicators including levels, patterns, and trends in current and cumulative fertility; the length of birth intervals; the age at which women initiate childbearing; and teenage fertility.

All women who were interviewed in the 2006 AzDHS were asked to give a complete reproductive history. In collecting these histories, each woman was first asked about the total numbers of pregnancies that had ended in live births, stillbirths, miscarriages, and induced abortions. After obtaining these aggregate data, an event-by-event pregnancy history was collected. For each pregnancy, the duration, the month and year of termination, and the result of the pregnancy were recorded. Information was collected about the most recent completed pregnancy, then the next-to-last, etc. For each live birth, information was collected on the sex of the child, survival status, and age (for surviving children) or age at death (for deceased children).

4.1 CURRENT FERTILITY

The data collected in the reproductive history were used to calculate two of the most widely used measures of current fertility: the total fertility rate (TFR) and its component age-specific fertility rates (ASFR). The TFR is interpreted as the average number of children a woman would bear in her lifetime if she experienced the currently observed age-specific rates throughout her reproductive years. The fertility rates refer to the three-year period before the survey. Rather than a longer or a shorter period, the three-year period was chosen for calculating these rates to provide the most current information, to reduce sampling error, and to avoid problems of the displacement of births. ASFRs are expressed by the number of births to women of a given age interval per 1,000 women in that age interval. In this survey, the ASFR for any specific five-year age interval is calculated by dividing the number of births of women in the age interval during the period 1 to 36 months preceding the survey by the number of years lived by women in that age interval during the same period of 1 to 36 months.

Table 4.1 Current fertility

Age-specific and cumulative fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Azerbaijan 2006

	Residence		
Age group	Urban	Rural	Total
15-19	20	49	33
20-24	146	200	170
25-29	114	112	113
30-34	65	54	60
35-39	15	36	25
40-44	4	3	4
45-49	0	0	0
TFR (15-49)	1.8	2.3	2.0
GFR	59	75	66
CBR	15.6	19.3	17.2

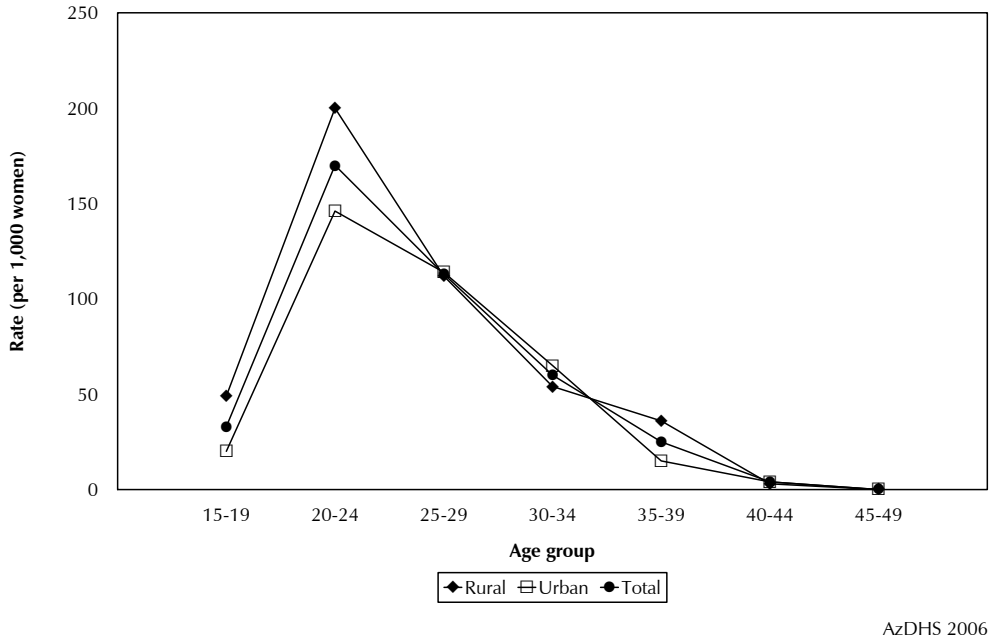
Note: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation.
TFR: Total fertility rate expressed per woman
GFR: General fertility rate expressed per 1,000 women
CBR: Crude birth rate expressed per 1,000 population

According to the results of the 2006 AzDHS, the TFR is 2 children per woman (Table 4.1), suggesting a small decrease from the level (2.1) observed in the 2001 Reproductive Health Survey of Azerbaijan. This means that, on average, a woman in Azerbaijan who is at the beginning of her childbearing years will give birth to 2 children by the end of her reproductive period if fertility levels remain constant at the level observed in the three-year period. This is very close to replacement level fertility, which is slightly more than 2.0. Table 4.1 also presents two other summary measures of fertility: the crude birth rate (CBR) and the general fertility rate (GFR). The survey results indicate that the CBR is 17.2 births per 1,000 women and the GFR of 66 indicates that 1,000 women age 15-49

would have 66 births per year. The survey estimates for the TFR and the CBR are very close to the rates reported by the State Statistical Committee: a TFR of 2.3 and a CBR of 17.8 per 1,000 for the year 2006 (SSC, 2007a).

The TFR for rural areas (2.3 births per woman) is higher than for urban areas (1.8 births). Figure 4.1 shows that this urban-rural difference in childbearing rates can be attributed almost exclusively to younger age groups. Although peak fertility occurs at age 20-24 in both urban and rural areas, the greatest absolute urban-rural difference in ASFR (54 births per woman) is in the 20-24 age group. The CBR and the GFR also indicate a significant urban-rural difference (Table 4.1).

Figure 4.1 **Age-specific fertility rates for the three-year period preceding the survey, by residence**



Compared with recent fertility estimates from Demographic and Health Surveys conducted in the region, fertility in Azerbaijan in 2006 is higher than in Moldova (1.7 births per woman in 2005) and similar to the rate for Turkey (2.2 births per woman in 2003) (NCPM [Moldova] and ORC Macro, 2006; HUIPS, 2004).

4.2 Fertility Differentials by Background Characteristics

Table 4.2 shows the total fertility rate by background characteristics. As expected, fertility is lowest in Baku (1.7 births per woman). There appears to be marked variation between regions, ranging from 1.7 births per woman in Baku and Guba-Khachmaz to 2.4 in Aran. Undoubtedly, some of these differences are due to sampling variability, which is quite large due to the small number of respondents in each region (see Appendix B).

Overall, a negative association between fertility and education is observed (Figure 4.2). The TFR decreases from 2.4 for women with basic secondary education or less to 1.7 for women with secondary specialized education. However, TFR increases to 2 children for women with higher education. There is also a negative association between wealth quintile and fertility; women living in poorer households have higher fertility.

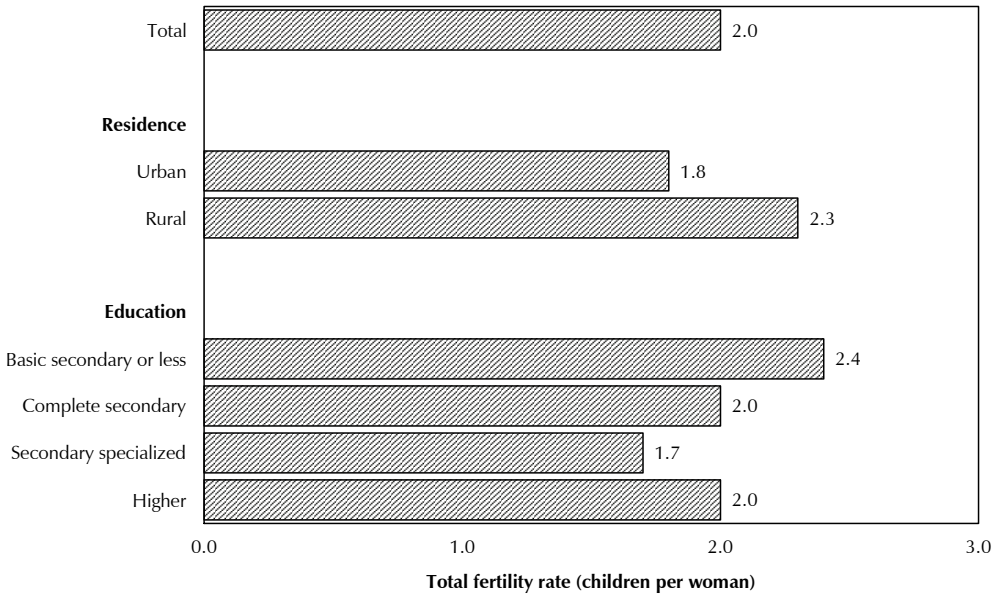
Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Azerbaijan 2006

Background characteristic	Total fertility rate	Percentage currently pregnant[1]	Mean number of children ever born to women age 40-49
Residence			
Urban	1.8	3.3	2.5
Rural	2.3	3.8	3.0
Region			
Baku	1.7	2.8	2.3
Absheron	1.9	4.4	2.7
Ganja-Gazakh	2.2	4.6	2.9
Shaki-Zaqatala	1.9	2.9	2.8
Lankaran	2.1	3.5	3.2
Guba-Khachmaz	1.7	2.7	2.6
Aran	2.4	3.9	2.8
Yukhari Garabakh	2.3	4.4	2.8
Daghligh Shirvan	1.9	3.3	3.4
Education			
Basic secondary or less	2.4	4.3	3.2
Complete secondary	2.0	3.0	2.8
Secondary specialized	1.7	4.8	2.5
Higher	2.0	3.1	2.2
Wealth quintile			
Lowest	2.3	3.4	3.1
Second	2.4	3.3	2.9
Middle	2.2	3.6	2.8
Fourth	1.7	4.6	2.5
Highest	1.6	2.7	2.3
Total	2.0	3.5	2.7

[1] Women age 15-49 years

Figure 4.2 **Total fertility rates for three years preceding the survey, by residence and education**



AzDHS 2006

The percentage of women who reported being pregnant at the time of the survey is 3.5. This is likely to be an underestimate, as women in the early stages of pregnancy may be unaware or unsure that they are pregnant, while some may be reluctant to declare that they are pregnant. Small differences are found in this percentage across subgroups of women.

The last column in Table 4.2 shows the mean number of children ever born to women age 40-49. This is an indicator of cumulative fertility; it reflects the fertility performance of older women who are nearing the end of their reproductive period and thus represents completed fertility. If fertility had remained stable over time, the two fertility measures, TFR and children ever born, would be equal or similar. The findings show that the mean number of children ever born to women age 40-49 (2.7 children per woman) is higher than the TFR for the three years preceding the survey (2.0 children per woman), indicating a decline in fertility over the past 30 years. The decline in fertility implied by a comparison of the TFR with completed fertility has been very similar in rural and urban areas. The largest implied decline in fertility by region is observed in Lankaran and Daghligh Shirvan, where mean numbers of children ever born to women age 40-49 are above 3 children.

4.3 Fertility Trends

The 2006 AzDHS data allow for a direct examination of fertility trends over the 20 years preceding the survey. One method of understanding fertility trends is to examine the age-specific fertility rates over time. Table 4.3 presents age-specific fertility rates for five-year periods preceding the survey using data on live births from respondents' pregnancy histories. Because women age 50 and older were not interviewed in the survey, the rates are successively truncated as the number of years before the survey increases. For example, rates cannot be calculated for women age 45-49 for the period 5-9 years and more prior to the survey, because women in that age group would have been 50 years or older at the time of the survey.

Table 4.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Azerbaijan 2006

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	37	50	71	35
20-24	166	164	214	212
25-29	108	118	171	197
30-34	56	53	84	[125]
35-39	20	21	[36]	
40-44	4	[3]		
45-49	[0]			

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated.

Data in this table indicate that fertility has declined in the past 20 years, with most of the decline during the 1990s, 5-14 years before the survey. The decline is particularly evident among women in the age groups 20-24 and 25-29. For example, age-specific fertility among women age 20-24 declined from 214 births per 1,000 women in the period 10-14 years before the survey to 164 births per 1,000 women in the period 5-9 years before the survey, a decrease of 30 percent. However, from 5-9 years before the survey to 0-4 years, fertility remained virtually unchanged in this age group.

4.4 Children Ever Born and Living

Table 4.4 shows the distribution of all women and of currently married women by the total number of children ever born and by mean number of living children. Data on the number of children ever born reflect the accumulation of births to women over their entire reproductive years and therefore have limited reference to current fertility levels, particularly when the country has experienced a decline in fertility. However, the information is useful in looking at how average family size varies across age groups and for looking at the level of primary infertility.

Table 4.4 Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, mean number of children ever born and mean number of living children, according to age group, Azerbaijan 2006

Age	Number of children ever born							Total	Number of women	Mean number of children ever born	Mean number of children living
	0	1	2	3	4	5	6+				
ALL WOMEN											
15-19	96.2	3.1	0.7	0.1	0.0	0.0	0.0	100.0	1,531	0.05	0.04
20-24	60.6	20.3	16.1	3.0	0.1	0.0	0.0	100.0	1,344	0.62	0.60
25-29	29.9	20.7	33.1	13.9	1.6	0.4	0.4	100.0	1,100	1.39	1.31
30-34	15.7	10.5	42.1	22.8	7.3	1.2	0.5	100.0	1,008	2.01	1.87
35-39	15.7	9.4	33.2	28.0	8.5	3.9	1.3	100.0	1,160	2.22	2.06
40-44	9.6	8.2	30.7	29.9	13.5	5.5	2.5	100.0	1,319	2.58	2.34
45-49	9.2	6.3	26.2	28.1	16.0	8.0	6.2	100.0	982	2.89	2.59
Total	37.6	11.0	24.4	16.8	6.3	2.5	1.4	100.0	8,444	1.57	1.45
CURRENTLY MARRIED WOMEN											
15-19	64.3	27.8	7.0	0.9	0.0	0.0	0.0	100.0	151	0.45	0.38
20-24	26.0	37.1	30.9	5.7	0.3	0.0	0.0	100.0	697	1.17	1.14
25-29	10.2	23.6	44.6	18.4	2.2	0.5	0.5	100.0	806	1.82	1.72
30-34	3.2	9.5	49.3	27.5	8.6	1.4	0.6	100.0	829	2.35	2.20
35-39	3.9	8.6	37.4	33.4	10.3	4.7	1.6	100.0	925	2.59	2.41
40-44	2.9	5.4	32.7	33.9	15.7	6.4	3.0	100.0	1,091	2.87	2.61
45-49	3.1	5.0	26.4	31.2	17.4	9.4	7.5	100.0	769	3.18	2.84
Total	9.1	14.2	36.1	25.4	9.3	3.8	2.2	100.0	5,269	2.33	2.15

Table 4.4 shows that, on average, a woman in Azerbaijan has given birth to 1.6 children. Out of that number, 1.5 children are still alive. The number of children that women have had increases with age, reflecting the natural family-building process. On average, women in Azerbaijan have given birth to 1.4 children by their late twenties. However, even in the oldest age groups, the mean number of children ever born is less than 3. Almost all women age 15-19 (96 percent) have never given birth. This proportion declines rapidly to 16 percent among women in their thirties and to less than 10 percent among those in their forties. On average, women in Azerbaijan nearing the end of their childbearing have given birth to 2.9 children per woman.

As expected, currently married women have had more births than all women in all age groups. Nevertheless, the mean number of children ever born reaches slightly above 3 children for currently married women age 45-49. The largest difference between the data on children ever born for currently married women and all women is in the young age groups, because a large number of unmarried young women are not exposed to the risk of pregnancy. Differences at older ages reflect the impact of marital dissolution (divorce or widowhood).

Among currently married women, 14 percent have had only one live-born child, 36 percent have had two children, and 25 percent have had three children. Fifteen percent of women have had four or more children. In total, only 3 percent of currently married women age 45-49 have never had a live birth. This is an indirect indicator of primary infertility. Voluntary childlessness is rare in Azerbaijan, and most women tend to have at least one child.

4.5 Birth Intervals

A birth interval is defined as the length of time between two live births. Research has shown that short birth intervals may adversely affect maternal health and children's chances of survival. Children born too close to a previous birth, especially if the interval between the births is less than two years, are at increased risk of health problems and dying at an early age. The occurrence of closely spaced births gives the mother insufficient time to restore her health, which may limit her ability to take care of her children. The duration of breastfeeding for the older child may also be shortened if the mother becomes pregnant. Longer birth intervals, on the other hand, contribute to the improved health status of both mother and child.

Table 4.5 shows the percent distribution of second and higher-order births in the five years prior to the survey by the number of months since the previous birth. The overall median birth interval is nearly 30 months. Nonetheless, more than one-third of non-first births (36 percent) occur within 24 months of the previous birth, an interval perceived to be too short. This proportion increases to as high as 47 percent among women in their twenties and to 38 percent among women living in rural areas.

Table 4.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, Azerbaijan 2006

Background characteristic	Months since preceding birth							Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-54	55-59	60+			
Age										
15-19	*	*	*	*	*	*	*	*	13	*
20-29	23.2	23.4	28.3	13.5	4.2	1.6	5.9	100.0	739	24.9
30-39	9.9	10.8	19.2	11.2	5.8	4.9	38.2	100.0	477	46.5
40-49	8.6	0.3	10.7	3.3	8.1	4.0	64.9	100.0	52	90.2
Sex of preceding birth										
Male	17.3	17.3	24.9	12.8	5.3	2.4	19.9	100.0	619	30.0
Female	19.0	18.1	23.1	11.3	4.5	3.3	20.7	100.0	663	29.8
Survival of preceding birth										
Living	17.8	17.8	23.9	12.1	5.2	3.0	20.2	100.0	1,193	30.0
Dead	22.9	17.0	24.7	12.1	1.1	1.0	21.2	100.0	89	26.6
Birth order										
2-3	19.5	18.8	24.2	12.3	5.0	2.6	17.5	100.0	1,113	28.5
4-6	9.8	10.6	22.6	10.7	4.2	4.8	37.2	100.0	163	41.4
7+	*	*	*	*	*	*	*	*	6	*
Residence										
Urban	16.6	16.6	21.6	12.8	5.8	2.5	24.1	100.0	606	32.6
Rural	19.6	18.7	26.0	11.4	4.1	3.2	16.9	100.0	677	28.2
Region										
Baku	11.7	16.1	19.7	15.8	5.9	2.3	28.6	100.0	267	37.7
Absheron	15.4	12.1	22.8	16.6	4.8	4.6	23.7	100.0	93	34.7
Ganja-Gazakh	21.1	22.3	25.6	7.5	5.3	4.2	14.0	100.0	195	25.9
Shaki-Zaqatala	12.0	16.7	20.9	14.0	6.1	1.0	29.4	100.0	86	36.1
Lankaran	17.6	17.7	31.0	11.1	3.3	2.0	17.3	100.0	134	28.6
Guba-Khachmaz	17.3	10.6	30.4	13.9	11.6	2.5	13.7	100.0	60	31.2
Aran	22.8	18.7	25.3	9.7	2.8	3.2	17.5	100.0	363	28.0
Yukhari Garabakh	27.8	18.7	21.2	11.6	5.6	1.4	13.5	100.0	36	25.5
Daghligh Shirvan	19.4	21.5	13.6	16.3	7.7	2.5	18.9	100.0	48	28.4
Education										
Basic secondary or less	24.0	17.4	25.2	15.7	3.7	3.7	10.4	100.0	368	28.3
Complete secondary	17.1	16.2	24.9	9.9	4.2	2.4	25.3	100.0	655	30.5
Secondary specialized	10.6	18.4	24.8	12.9	8.1	2.5	22.7	100.0	134	31.0
Higher	15.1	25.4	14.7	12.0	8.8	3.3	20.7	100.0	126	29.4
Wealth quintile										
Lowest	21.9	18.7	26.0	9.7	3.4	3.7	16.7	100.0	348	27.9
Second	20.3	20.4	25.1	11.1	5.8	1.9	15.3	100.0	286	26.8
Middle	17.5	16.0	23.9	13.5	3.4	3.1	22.6	100.0	258	31.6
Fourth	10.0	17.2	24.7	18.7	7.0	2.9	19.5	100.0	209	34.6
Highest	18.1	14.7	17.6	8.3	6.2	2.5	32.6	100.0	182	34.5
Total	18.2	17.7	24.0	12.1	4.9	2.9	20.3	100.0	1,282	29.9

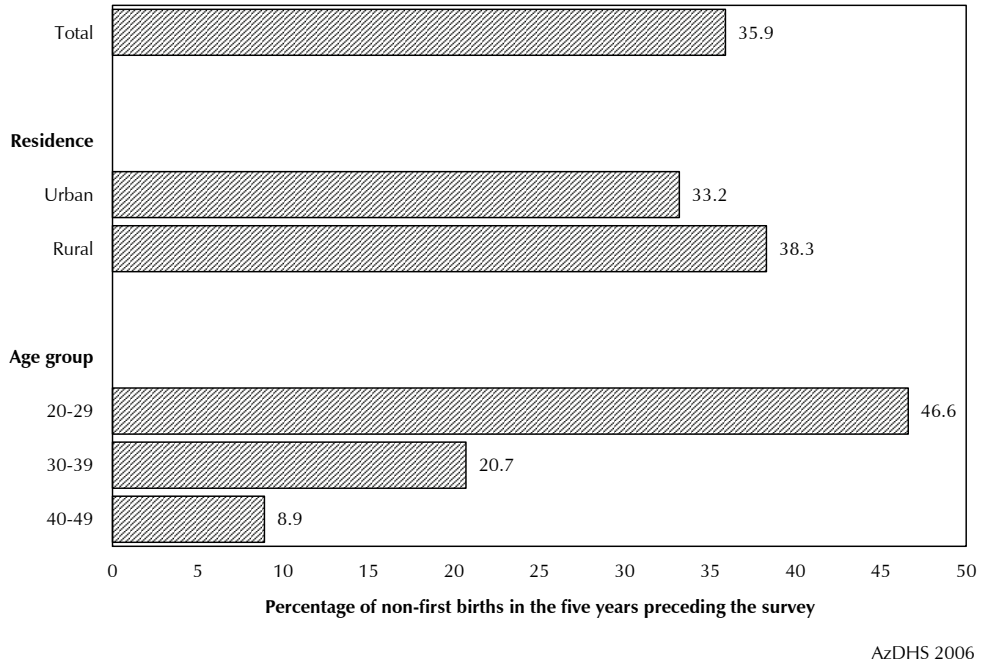
Note: First-order births are excluded from this table. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. An asterisk indicates that a figure is based on fewer than 25 unweighted cases.

In general, younger women have shorter birth intervals than older women. While 47 percent of women age 20-29 space their births less than 24 months apart, the corresponding statistic is 21 percent for women age 30-39 and 9 percent for women age 40-49 (Figure 4.3). Birth interval is also related to survival of preceding birth and birth order. Birth interval is shorter if preceding birth died. Similarly, the median birth interval for second and third order births is 29 months compared with 41 months for fourth to sixth order births.

The interval is shorter for children born to mothers in rural areas (28.2 months) compared with urban areas (32.6 months). Among regions, children born to mothers living in the Yukhari Gara-

bakh region have the shortest interval (25.5 months) while those born to mothers in Baku have the longest birth interval (37.7 months). There is no clear relationship between birth interval and education. With regard to wealth quintiles, births to mothers in the lower wealth quintiles appear to have slightly shorter intervals compared with births to mothers in the higher wealth quintiles.

Figure 4.3 **Percentage of births occurring less than 24 months after a prior birth, by residence and age group**



4.6 AGE AT FIRST BIRTH

Age at first birth is an important determinant of fertility. It has significant demographic consequences for society as a whole, as well as for the health and welfare of mothers and children. Early initiation into childbearing lengthens the reproductive period and subsequently increases fertility. Conversely, a late start in childbearing shortens the reproductive period and thus decreases fertility. Table 4.6 shows the percentage of women age 15-49 who have given birth by specific exact ages, according to current age. For women age 25 and older, the median age at first birth is presented in the last column of the table.

The 2006 AzDHS findings indicate that childbearing among women begins relatively late. The majority of women age 20-24 (61 percent) have never given birth. The median age at first birth among women age 25 and older is between 23 and 24 years with little variation between age groups. However, median age at first birth may be increasing among younger women: the median age for women age 25-29 is 23.4 years while for women age 30-34 it is 22.6.

Table 4.6 Age at first birth

Percentage of women who gave birth by specific exact ages, and median age at first birth, by current age, Azerbaijan 2006

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	0.0	na	na	na	na	96.2	1,531	a
20-24	0.2	4.3	15.9	na	na	60.6	1,344	a
25-29	0.0	7.2	21.6	40.1	59.7	29.9	1,100	23.4
30-34	0.1	4.2	22.9	44.3	66.2	15.7	1,008	22.6
35-39	0.0	1.1	15.2	36.4	61.9	15.7	1,160	23.5
40-44	0.2	1.2	12.1	31.0	59.8	9.6	1,319	23.9
45-49	0.1	1.6	15.4	36.7	61.5	9.2	982	23.6
20-49	0.1	3.2	na	na	57.4	24.6	6,913	23.8
25-49	0.1	3.0	17.2	37.3	61.7	15.9	5,569	23.5

na = Not applicable due to censoring
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

Table 4.7 shows the differential patterns in the median age at first birth among women age 25-49 by current age, according to background characteristics. The measures are presented for women age 25-49 to ensure that half of the women have already had a birth. The median age at first birth increases with the education level of women, with the difference particularly marked between the secondary specialized and lower levels. The median age at first birth varies only slightly by region, ranging from 22.5 years in Ganja-Gazakh to 24.4 years in Yukhari Garabakh. Looking at the patterns for the five-year age groups, women in urban areas generally have higher median age at first birth than women in rural areas.

Table 4.7 Median age at first birth by background characteristics

Median age at first birth among women age 25-49 years, by current age and background characteristics, Azerbaijan 2006

Background characteristic	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	24.0	22.9	23.5	24.1	23.7	23.7
Rural	22.3	22.2	23.6	23.6	23.5	23.1
Region						
Baku	23.9	23.0	23.4	24.0	23.2	23.5
Absheron	a	23.2	24.1	23.6	23.9	24.0
Ganja-Gazakh	21.8	21.6	22.5	23.1	23.4	22.5
Shaki-Zaqatala	23.4	21.7	22.7	23.9	23.0	23.0
Lankaran	23.5	23.0	23.5	24.2	23.9	23.7
Guba-Khachmaz	23.3	22.0	23.9	23.8	24.4	23.7
Aran	22.6	22.9	24.4	24.2	24.0	23.7
Yukhari Garabakh	23.0	25.0	25.5	24.7	24.7	24.4
Daghligh Shirvan	21.3	22.0	23.2	23.3	24.4	23.0
Education						
Basic secondary or less	21.8	21.8	22.2	24.1	22.2	22.4
Complete secondary	22.5	22.0	22.8	23.2	23.1	22.8
Secondary specialized	24.7	23.3	25.3	23.9	25.1	24.3
Higher	a	25.2	24.8	26.0	25.4	a
Wealth quintile						
Lowest	22.0	21.6	24.0	25.0	24.4	23.7
Second	22.1	23.4	24.2	23.6	23.9	23.6
Middle	23.7	21.8	23.3	23.4	23.0	23.0
Fourth	24.2	23.5	23.4	23.3	23.8	23.6
Highest	23.9	22.7	23.3	24.0	23.3	23.5
Total	23.4	22.6	23.5	23.9	23.6	23.5

a = Omitted because less than 50 percent of the women had a birth before reaching the beginning of the age group

4.7 TEENAGE PREGNANCY AND MOTHERHOOD

It is well known that adolescent pregnancy, early childbearing, and motherhood have negative socioeconomic and health consequences. Adolescent mothers are more likely to have complications during labor, which result in higher morbidity and mortality for themselves and their children. Moreover, childbearing during the teenage years frequently has adverse social consequences, particularly on female educational attainment, because women who become mothers in their teens are more likely to curtail education.[1]

Table 4.8 shows the percentage of women age 15-19 (teenagers) who are mothers or pregnant with their first child, by background characteristics. Overall, 6 percent of teenagers in Azerbaijan have begun childbearing. As expected, the proportion of young women who have begun childbearing increases rapidly with age, from less than 1 percent among women age 15 to 13 percent of women age 19.

Teenage fertility varies by residence. The proportion of teenagers who have begun childbearing is 4 percent in urban areas compared with 10 percent in rural areas. Teenage childbearing varies significantly across regions, ranging from 3 percent in Absheron and Baku to 12 percent in Lankaran. The proportion of early childbearing is higher among women with basic secondary education or less compared with women with more education. The variation in early childbearing by wealth quintile is not uniform, although there is a tendency for the proportion to decline as the wealth quintile increases.

Table 4.8 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Azerbaijan 2006

Background characteristic	Percentage who: Have had a live birth	Percentage who: Are pregnant with first child	Percentage who have begun child-bearing	Number of women
Age				
15	0.0	0.3	0.3	241
16	0.9	1.1	2.0	316
17	0.3	2.3	2.6	330
18	7.9	4.1	12.0	355
19	9.2	4.0	13.2	290
Residence				
Urban	1.9	1.7	3.6	863
Rural	6.3	3.4	9.7	669
Region				
Baku	0.8	2.1	2.9	493
Absheron	2.5	0.0	2.5	103
Ganja-Gazakh	6.9	2.0	8.9	211
Shaki-Zaqatala	1.8	3.8	5.7	115
Lankaran	6.1	6.2	12.3	129
Guba-Khachmaz	2.3	3.1	5.4	61
Aran	6.4	2.3	8.7	332
Yukhari Garabakh	6.3	1.4	7.7	36
Daghligh Shirvan	5.2	1.5	6.8	52
Education				
Basic secondary or less	6.4	2.1	8.5	541
Complete secondary	3.0	2.6	5.6	808
Secondary specialized	0.0	7.1	7.1	77
Higher	0.0	0.0	0.0	105
Wealth quintile				
Lowest	3.4	2.5	5.9	264
Second	8.6	3.1	11.7	320
Middle	4.0	2.5	6.5	291
Fourth	2.8	2.1	4.9	317
Highest	0.5	2.2	2.7	339
Total	3.8	2.5	6.3	1,531

[1] The legal age at marriage in Azerbaijan is 18 for men and 17 for women.

FAMILY PLANNING 5

Family planning topics addressed in this chapter include knowledge of contraceptive methods, use of methods in the past and present, source of supply, reasons for nonuse, desire to use in the future, exposure to family planning messages, and attitudes toward family planning. Although the focus of this chapter is on women, some results from the men's survey will also be presented because men play an important role in the realization of reproductive goals.

5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

One major objective of the 2006 AzDHS was to assess the level of knowledge about family planning methods. Individuals who have adequate information about the available methods of contraception are better able to develop a rational approach to planning their families. Information on knowledge of contraception was collected during the survey by asking respondents to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent recognized it. In this manner, information was collected about twelve modern methods (female sterilization, male sterilization, the pill, intrauterine device (IUD), injectables, implants, male condoms, spermicides/foam/jelly, diaphragm/cap, ring, lactational amenorrhea method (LAM), and emergency contraception) and two traditional methods (rhythm/temperature/calendar method/cycle beads, and withdrawal). Provision was also made in the questionnaire to record any other methods named spontaneously by the respondent.

Table 5.1 shows that knowledge of contraception is high among both women and men. Although knowledge of at least one family planning method is quite high among currently married women and men (97 percent and 95 percent, respectively), the proportions are lower among all women and men (86 percent and 87 percent, respectively). Sexually active unmarried men also have a higher level of knowledge than all men. These patterns are not surprising since the total population of women and men includes many young, never-married individuals.

Modern methods are more widely known than traditional methods. For example, 85 percent of all women have heard of at least one modern method, while only 63 percent know of a traditional method. The most widely known modern contraceptive method among women is the IUD (80 percent for all women and 92 percent for currently married women), followed by the pill and male condom. Withdrawal is the most widely known traditional method among women.

Although the three most widely known modern methods are the same for men as for women, the most widely known method among men is the male condom (83 percent for all men and 89 percent for currently married men), followed by the IUD and the pill. Eighty-three percent of married men have heard of withdrawal.

The mean number of methods known is a rough indicator of the breadth of knowledge of family planning methods. On average, currently married women and men, who have the greatest exposure to the risk of pregnancy, know at least four methods.

Table 5.1 Knowledge of contraceptive methods

Percentage of all respondents and currently married respondents and sexually active unmarried respondents age 15-49 who know any contraceptive method, by specific method, Azerbaijan 2006

	Women		Men		
Method	All women	Currently married women	All men	Currently married men	Sexually active unmarried men[1]
Any method	86.2	97.1	87.2	95.2	97.8
Any modern method	84.5	94.7	84.6	91.2	97.8
Female sterilization	9.4	11.6	12.9	16.3	17.9
Male sterilization	1.9	2.2	5.2	6.6	6.2
Pill	62.6	72.4	40.8	47.7	60.4
IUD	79.8	91.8	43.3	54.2	58.7
Injectables	18.0	21.6	10.5	12.6	20.3
Implants	1.9	2.1	3.4	4.3	3.5
Male condom	54.1	60.9	82.9	88.8	96.9
Ring	1.8	2.0	3.1	4.2	5.3
Diaphragm	2.1	2.3	4.5	5.1	8.6
Spermicides/foam/jelly	7.3	9.0	10.1	12.0	18.9
Lactational amenorrhea method (LAM)	26.6	34.5	18.9	22.4	28.0
Emergency contraception	4.6	5.5	18.3	20.7	37.5
Any traditional method	62.5	83.3	69.9	84.4	86.7
Rhythm	28.9	36.6	31.3	36.4	55.8
Withdrawal	58.2	79.9	68.9	83.4	85.7
Other	0.9	1.3	0.1	0.2	0.0
Mean number of methods known by respondents 15-49	3.6	4.3	3.5	4.1	5.0
Number of respondents	8,444	5,269	2,245	1,371	194
Mean number of methods known by respondents 15-59	na	na	3.6	4.2	5.1
Number of respondents	na	na	2,558	1,676	197

na = Not applicable
[1] Had last sexual intercourse within the past 30 days

Table 5.2 shows the percentage of currently married women and men who know any method of contraception and any modern method by background characteristics. Overall, knowledge of any method is high and does not vary significantly by background characteristics, with the exception of married men in Lankaran. As expected, contraceptive knowledge among both women and men increases with educational attainment and wealth quintile.

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women and currently married men age 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method by background characteristics, Azerbaijan 2006

	Women			Men		
Background characteristic	Heard of any method	Heard of any modern method[1]	Number of women	Heard of any method	Heard of any modern method[1]	Number of men
Age						
15-19	88.6	86.4	151	*	*	0
20-24	95.1	92.7	697	86.3	86.3	52
25-29	98.1	96.2	806	96.5	93.7	185
30-34	98.7	96.0	829	95.1	93.4	234
35-39	98.0	96.5	925	97.9	93.1	292
40-44	98.1	95.7	1,091	93.2	87.4	305
45-49	95.3	91.3	769	95.5	90.8	302
Residence						
Urban	97.9	96.3	2,895	98.3	96.9	774
Rural	96.1	92.7	2,374	91.2	83.8	597
Region						
Baku	98.8	98.6	1,520	99.7	99.3	420
Absheron	94.1	91.6	343	100.0	100.0	101
Ganja-Gazakh	97.4	93.5	776	100.0	87.1	190
Shaki-Zaqatala	99.4	98.7	382	98.9	98.9	93
Lankaran	93.0	88.1	453	71.4	61.8	104
Guba-Khachmaz	94.0	84.7	219	97.1	96.3	67
Aran	96.7	93.7	1,288	90.8	87.0	320
Yukhari Garabakh	98.4	95.7	129	96.3	90.6	35
Daghligh Shirvan	99.4	99.2	159	97.2	87.8	42
Education						
Basic secondary or less	95.6	92.2	996	92.6	80.6	147
Complete secondary	96.7	93.8	2,873	93.9	90.1	783
Secondary specialized	98.5	96.8	753	98.4	95.0	170
Higher	99.7	99.5	646	98.5	97.7	271
Wealth quintile						
Lowest	95.9	90.7	978	91.7	79.5	271
Second	96.7	93.9	1,040	90.2	85.6	250
Middle	96.8	94.3	1,101	94.4	91.5	270
Fourth	96.9	95.4	1,062	99.2	98.2	282
Highest	99.2	98.6	1,087	99.6	99.6	297
Total 15-49	97.1	94.7	5,269	95.2	91.2	1,371
50-59	na	na	na	89.7	83.3	305
Total 15-59	na	na	na	94.2	89.8	1,676

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases.
na = Not applicable
[1] Female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, ring, diaphragm, foam or jelly, lactational amenorrhea method (LAM), and emergency contraception and other modern methods

5.2 EVER USE OF CONTRACEPTION

All respondents who had heard of a specific method of contraception were asked whether they (or a partner with them) had ever used that method. The questionnaire contained an additional probe to be asked of those who reported no contraceptive use. Results are presented in Table 5.3.1 for all women and for currently married women by five-year age groups.

The data show that 70 percent of currently married women have ever used a contraceptive method, 35 percent have used a modern method, and 57 percent have used a traditional method. The most common method by far is withdrawal. Ever use of withdrawal (53 percent) exceeds, by a factor of more than two, ever use of the IUD (19 percent) and, by a factor of five or more, ever use of the rhythm method (11 percent), the male condom (9 percent), or the pill (8 percent). Reported ever use of the lactational amenorrhea method among all women and currently married women seems to be high. It is possible that a question used in the 2006 AzDHS could have led women to confuse "breastfeeding" with LAM.

Table 5.3.1 Ever use of contraception: Women

Percentage of all women and currently married women age 15-49 who have ever used any contraceptive method by method, according to age, Azerbaijan 2006

			Modern method									Traditional method			
Age	Any method	Any modern method	Female sterilization	Pill	IUD	Injectables	Male condom	Spermicides/ foam/ jelly	LAM	Emergency contraception	Any traditional method	Rhythm	Withdrawal	Other method	Number of women
ALL WOMEN															
15-19	1.6	0.5	0.0	0.1	0.1	0.0	0.2	0.0	0.2	0.0	1.2	0.3	1.1	0.0	1,531
20-24	23.9	8.4	0.0	1.8	3.1	0.0	2.0	0.6	3.0	0.0	19.0	1.2	18.5	0.3	1,344
25-29	52.1	27.7	0.0	6.8	11.6	0.2	10.1	0.7	7.9	0.2	39.5	5.3	37.0	0.9	1,100
30-34	69.3	34.9	0.0	8.8	18.8	0.7	9.7	2.0	6.4	0.4	56.0	9.9	53.3	0.6	1,008
35-39	66.5	34.0	0.1	7.0	19.8	0.7	9.8	0.3	7.2	0.6	55.0	11.7	50.7	0.6	1,160
40-44	68.1	34.2	1.1	6.3	19.4	1.3	9.0	1.0	7.9	0.5	57.0	14.1	51.2	0.7	1,319
45-49	64.2	33.5	0.7	7.1	21.0	0.8	5.6	0.3	7.2	1.3	52.6	12.8	47.9	0.8	982
Total	46.4	23.1	0.3	5.0	12.4	0.5	6.2	0.7	5.4	0.4	37.7	7.4	34.9	0.5	8,444
CURRENTLY MARRIED WOMEN															
15-19	14.6	4.6	0.0	0.0	0.2	0.0	1.9	0.0	2.5	0.0	12.1	3.4	10.4	0.5	151
20-24	45.5	15.7	0.0	3.5	5.9	0.0	3.8	0.7	5.9	0.0	36.6	2.3	35.6	0.6	697
25-29	68.7	36.5	0.0	8.9	15.8	0.2	12.6	1.0	10.7	0.2	51.9	7.3	48.5	1.3	806
30-34	80.8	39.9	0.1	9.8	22.3	0.9	10.6	1.9	7.3	0.5	66.1	11.6	62.9	0.8	829
35-39	79.3	40.5	0.1	7.9	24.1	0.8	11.2	0.4	8.9	0.7	66.3	13.7	61.5	0.7	925
40-44	75.7	38.0	1.2	7.2	22.1	1.5	9.6	1.2	8.7	0.6	63.4	14.5	57.3	0.8	1,091
45-49	71.8	37.4	0.8	8.5	24.3	1.1	6.6	0.3	7.5	0.6	59.8	14.2	54.9	0.9	769
Total	69.8	34.5	0.4	7.5	19.1	0.8	9.1	0.9	8.1	0.4	57.0	10.8	53.0	0.8	5,269

LAM = Lactational amenorrhea method

Levels of ever use among all women are significantly lower than the levels among currently married women (46 percent versus 70 percent) because the former includes women who have never been or are not currently sexually active and therefore are not in need of contraception.

In the 2006 AzDHS, men were asked only about ever use of male-specific contraceptive methods, so the data are not comparable to women's data (Table 5.3.2). About three-quarters of currently married men age 15-49 have used a contraceptive method at some time in their lives. More married men have tried a traditional method (67 percent) than a modern method (38 percent). The most common method among currently married men is withdrawal (66 percent).

Ever use of contraception among all men age 15-49 is lower than among currently married men (58 percent versus 73 percent). On the other hand, sexually active unmarried men are more likely to have ever used family planning than currently married men (88 percent versus 73 percent). The male condom is the most commonly ever used method by sexually active unmarried men (81 percent), and this proportion is as high as 86 percent among sexually active unmarried men age 20-24.

Table 5.3.2 Ever use of contraception: Men

Percentage of all men, currently married men, and sexually active unmarried men age 15-49 who have ever used any male-specific contraceptive method by method, according to age, Azerbaijan 2006

Age	Any male-specific method	Any modern male-specific method	Modern method		Any traditional male-specific method	Traditional method		Number of men
			Male sterilization	Male condom		Rhythm	Withdrawal	
ALL MEN								
15-19	10.3	9.4	0.5	8.9	5.0	0.7	4.6	382
20-24	48.6	41.9	0.5	41.9	37.1	7.2	37.1	356
25-29	63.7	44.4	0.0	44.4	53.0	11.4	53.0	293
30-34	76.2	52.4	3.0	51.0	69.0	18.3	68.4	279
35-39	77.9	37.7	0.7	37.7	68.2	15.3	65.3	309
40-44	68.6	31.3	0.9	30.8	65.0	24.4	62.4	312
45-49	77.2	37.9	2.3	36.0	73.7	26.2	72.6	315
25+	72.8	40.5	1.4	39.7	65.9	19.3	64.4	1,507
Total 15-49	58.3	35.4	1.1	34.8	51.0	14.2	49.9	2,245
50-59	70.9	34.7	1.5	33.5	68.4	24.1	67.0	313
Total 15-59	59.9	35.3	1.1	34.6	53.1	15.4	52.0	2,558
CURRENTLY MARRIED MEN								
15-19	*	*	*	*	*	*	*	0
20-24	51.0	35.6	0.0	35.6	41.3	3.1	41.3	52
25-29	62.3	36.5	0.0	36.5	53.7	7.8	53.7	185
30-34	77.0	48.7	3.1	47.1	71.6	19.6	71.0	234
35-39	80.3	37.7	0.4	37.7	71.4	15.8	68.3	292
40-44	69.1	31.1	0.9	30.6	65.4	24.5	62.7	305
45-49	76.7	36.3	2.4	34.3	73.7	26.0	72.6	302
25+	73.8	37.7	1.4	36.8	68.1	19.7	66.4	1,319
Total 15-49	72.9	37.6	1.3	36.7	67.1	19.1	65.5	1,371
50-59	71.2	35.1	1.5	33.9	68.6	23.4	67.1	305
Total 15-59	72.6	37.1	1.4	36.2	67.3	19.8	65.8	1,676
SEXUALLY ACTIVE UNMARRIED MEN[1]								
15-19	*	*	*	*	*	*	*	11
20-24	91.1	86.1	1.8	86.1	74.7	23.5	74.7	93
25+	85.4	76.9	2.4	76.9	73.4	26.2	73.4	90
Total 15-49	88.0	81.0	2.0	81.0	72.4	23.4	72.4	194
50-59	*	*	*	*	*	*	*	2
Total 15-59	87.7	80.8	2.0	80.8	72.3	23.9	72.3	197

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases.
[1] Men who had sexual intercourse within the past 30 days

5.3 CURRENT USE OF CONTRACEPTIVE METHODS

Table 5.4 shows levels of current use of contraception for all women and for currently married women age 15-49. Approximately one-third of all women of reproductive age are using a method of contraception; almost all users are currently married women. Overall, the 2006 AzDHS found that over half (51 percent) of married women are currently using a contraceptive method. The majority of married contraceptive users rely on a traditional method (37 percent), exceeding by a factor of more than two current use of modern methods (14 percent). Among married women in Azerbaijan, the most commonly used method is withdrawal (33 percent), followed by the IUD (9 percent), rhythm (4 percent), and the male condom (2 percent) (Figure 5.1).

Contraceptive use levels rise rapidly with age, peaking at 68 percent among currently married women age 30-34 and then falling to 28 percent among those age 45-49. As expected, contraceptive use is lower among all women (32 percent) than among married women (51 percent) since the former includes women who are not married and therefore are not in need of family planning.

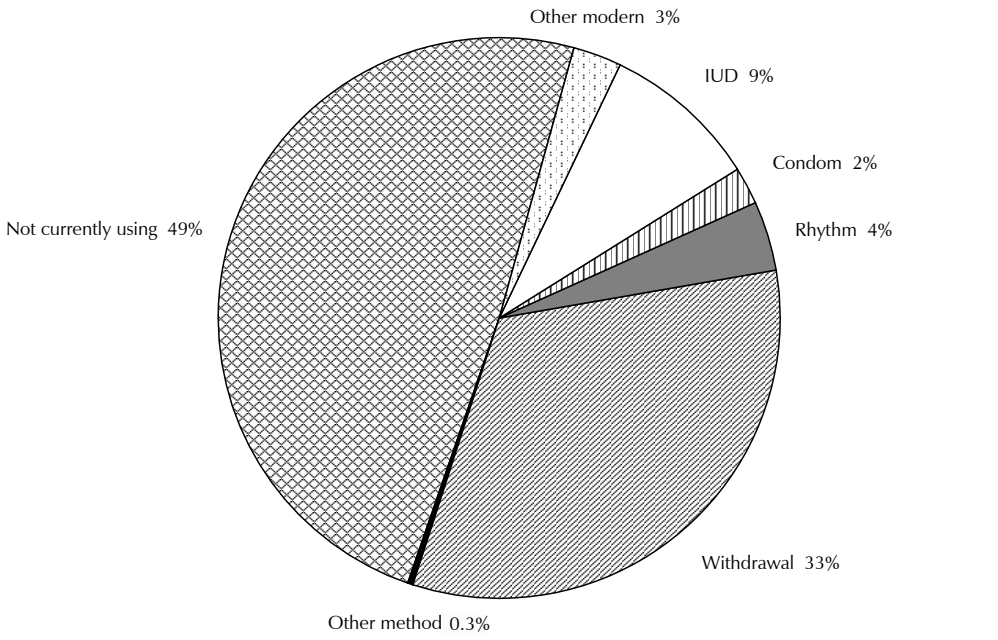
Table 5.4 Current use of contraception by age

Percent distribution of all women and currently married women age 15-49 by contraceptive method currently used, according to age, Azerbaijan 2006

			Modern method								Traditional method					
Age	Any method	Any modern method	Female sterili-zation	Pill	IUD	Inject-ables	Male condom	Spermi-cides/ foam/ jelly	LAM	Any tradi-tional method	Rhythm	With-drawal	Other method	Not currently using	Total	Number of women
ALL WOMEN																
15-19	0.6	0.3	0.0	0.0	0.0	0.0	0.2	0.0	0.1	0.3	0.0	0.3	0.0	99.4	100.0	1,531
20-24	19.7	4.8	0.0	0.2	2.4	0.0	0.7	0.3	1.3	14.8	0.7	14.1	0.1	80.3	100.0	1,344
25-29	41.3	14.7	0.0	1.4	8.3	0.0	3.2	0.0	1.7	26.6	2.3	24.1	0.2	58.7	100.0	1,100
30-34	56.0	17.3	0.0	1.9	12.3	0.0	1.4	0.3	1.4	38.7	4.0	34.7	0.0	44.0	100.0	1,008
35-39	51.6	14.5	0.1	1.1	10.0	0.0	2.7	0.1	0.5	37.1	4.9	31.7	0.5	48.4	100.0	1,160
40-44	44.5	9.8	1.1	0.8	6.2	0.0	1.3	0.3	0.1	34.8	5.0	29.3	0.5	55.5	100.0	1,319
45-49	22.5	5.6	0.7	0.0	4.2	0.1	0.7	0.0	0.0	16.8	1.5	15.2	0.1	77.5	100.0	982
Total	32.0	9.0	0.3	0.7	5.8	0.0	1.4	0.1	0.7	23.0	2.5	20.3	0.2	68.0	100.0	8,444
CURRENTLY MARRIED WOMEN																
15-19	6.4	3.0	0.0	0.0	0.2	0.0	1.7	0.0	1.2	3.3	0.0	3.3	0.0	93.6	100.0	151
20-24	37.9	9.3	0.0	0.4	4.6	0.0	1.3	0.5	2.5	28.6	1.3	27.1	0.2	62.1	100.0	697
25-29	56.3	20.0	0.0	1.9	11.3	0.0	4.4	0.0	2.3	36.3	3.2	32.9	0.2	43.7	100.0	806
30-34	68.0	21.0	0.1	2.3	14.8	0.0	1.7	0.3	1.7	47.1	4.9	42.2	0.0	32.0	100.0	829
35-39	64.6	18.1	0.1	1.4	12.5	0.0	3.4	0.1	0.6	46.5	6.1	39.7	0.7	35.4	100.0	925
40-44	53.8	11.7	1.2	0.9	7.5	0.0	1.5	0.3	0.2	42.0	6.0	35.4	0.6	46.2	100.0	1,091
45-49	28.3	6.8	0.8	0.0	5.0	0.1	0.8	0.0	0.0	21.5	1.9	19.4	0.2	71.7	100.0	769
Total	51.1	14.3	0.4	1.1	9.2	0.0	2.2	0.2	1.1	36.8	4.0	32.5	0.3	48.9	100.0	5,269

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhea method

Figure 5.1 **Contraceptive use among married women**



AzDHS 2006

5.4 DIFFERENTIALS IN CONTRACEPTIVE USE

As shown in Table 5.5, there is only a slight difference in the overall use of contraception among married women in urban and rural areas (52 percent and 50 percent, respectively); however, urban women are markedly more likely to be using a modern method than rural women (18 percent

and 10 percent, respectively). There is considerable variation in contraceptive use by region. Women from Lankaran and Yukhari Garabakh are the least likely to use any modern methods of contraception (10 percent and 7 percent, respectively) and are among the most likely to rely on withdrawal. Guba-Khachmaz, Baku, and Absheron have the highest rates of use of modern methods (19 percent, 19 percent, and 18 percent, respectively).

As expected, contraceptive use, particularly the use of modern methods, increases with educational attainment. Women with higher education are twice as likely to use a modern method as women with complete secondary or less education (25 percent compared with 13 percent).

Table 5.5 Current use of contraception by background characteristics

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, Azerbaijan 2006

			Modern method							Traditional method					
Background characteristic	Any method	Any modern method	Female sterilization	Pill	IUD	Male condom	Spermicides/ foam/ jelly	LAM	Any traditional method	Rhythm	Withdrawal	Folk method	Not currently using	Total	Number of women
Number of living children															
0	0.8	0.6	0.0	0.0	0.0	0.6	0.0	0.0	0.3	0.0	0.3	0.0	99.2	100.0	501
1-2	56.4	17.0	0.3	1.4	10.8	2.9	0.2	1.4	39.4	4.5	34.6	0.3	43.6	100.0	2,892
3-4	57.1	13.5	0.4	1.2	8.9	1.7	0.3	1.0	43.6	4.7	38.5	0.4	42.9	100.0	1,729
5+	48.6	16.4	2.7	0.0	11.1	0.4	0.0	1.5	32.2	1.7	30.5	0.0	51.4	100.0	147
Residence															
Urban	51.8	17.5	0.4	1.6	10.9	3.3	0.2	1.1	34.3	6.2	27.8	0.2	48.2	100.0	2,895
Rural	50.3	10.4	0.5	0.6	7.1	0.9	0.2	1.1	39.9	1.3	38.2	0.4	49.7	100.0	2,374
Region															
Baku	55.9	18.7	0.3	2.0	10.5	4.4	0.1	1.4	37.2	10.0	27.1	0.1	44.1	100.0	1,520
Absheron	41.2	18.4	0.0	0.5	14.4	2.2	0.0	1.3	22.9	1.8	20.5	0.6	58.8	100.0	343
Ganja-Gazakh	49.7	12.7	1.5	0.9	6.7	1.8	0.1	1.7	37.0	1.5	34.6	0.8	50.3	100.0	776
Shaki-Zaqatala	53.6	13.1	0.8	0.6	9.1	1.9	0.4	0.2	40.5	1.9	38.6	0.0	46.4	100.0	382
Lankaran	47.2	9.8	0.0	1.0	5.9	1.0	0.0	1.6	37.4	0.6	36.8	0.0	52.8	100.0	453
Guba-Khachmaz	57.0	19.4	0.0	0.2	18.7	0.4	0.0	0.1	37.6	2.9	34.7	0.0	43.0	100.0	219
Aran	49.0	11.0	0.1	0.8	7.8	0.9	0.6	0.8	38.0	1.4	36.1	0.5	51.0	100.0	1,288
Yukhari Garabakh	52.3	7.0	0.0	1.2	4.0	1.5	0.0	0.3	45.3	3.1	42.1	0.2	47.7	100.0	129
Daghligh Shirvan	47.6	12.5	0.1	1.3	8.4	1.4	0.1	1.2	35.1	3.0	32.1	0.0	52.4	100.0	159
Education															
Basic secondary or less	43.7	12.7	0.1	0.9	7.8	1.4	0.4	2.0	31.1	1.3	29.8	0.0	56.3	100.0	996
Complete secondary	53.0	12.5	0.5	1.1	8.6	1.4	0.2	0.8	40.5	3.8	36.3	0.3	47.0	100.0	2,873
Secondary specialized	48.7	14.3	0.7	1.2	9.1	1.8	0.2	1.4	34.4	4.1	29.5	0.9	51.3	100.0	753
Higher	57.1	24.5	0.3	1.7	13.8	7.5	0.3	1.0	32.5	9.2	23.1	0.2	42.9	100.0	646
Wealth quintile															
Lowest	55.2	11.1	0.3	0.2	7.4	1.2	0.4	1.6	44.1	1.0	42.8	0.3	44.8	100.0	978
Second	48.0	10.7	0.2	0.6	7.7	0.7	0.0	1.5	37.3	2.0	34.9	0.5	52.0	100.0	1,040
Middle	47.0	10.1	0.6	0.7	6.6	1.4	0.2	0.7	36.9	2.5	34.3	0.1	53.0	100.0	1,101
Fourth	48.4	18.2	0.8	2.0	12.3	2.0	0.4	0.8	30.2	4.3	25.5	0.4	51.6	100.0	1,062
Highest	57.2	20.9	0.1	2.1	11.8	5.6	0.2	1.2	36.3	10.0	25.9	0.3	42.8	100.0	1,087
Total 15-44	55.0	15.6	0.3	1.3	9.9	2.4	0.3	1.3	39.5	4.4	34.7	0.3	45.0	100.0	4,500
Total 15-49	51.1	14.3	0.4	1.1	9.2	2.2	0.2	1.1	36.8	4.0	32.5	0.3	48.9	100.0	5,269

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhea method

The base female population in the AzDHS is women age 15-49, and in the 2001 Reproductive Health Survey of Azerbaijan (RHSA) it is women age 15-44. To make statistics in use of contraceptives comparable between the two surveys, the use of contraceptives among married women in the AzDHS was re-run for women age 15-44 (Table 5.5, Total 15-44). Overall, use of contraception has not changed in the past five years, with 55 percent of married women age 15-44 reporting use of a method in both the 2001 RHSA and the 2006 AzDHS. Compared with the RHSA findings, the AzDHS results, however, indicate a decrease in the use of traditional methods (44 percent among married women age 15-44 in 2001 compared with 40 percent among married women age 15-44 in 2006), particularly for withdrawal (41 percent among married women age 15-44 in 2001 and 35 percent among married women age 15-44 in 2006). On the other hand, the proportion of married women who use modern contraceptive methods increased from 12 percent among married women age 15-44 in 2001 to 16 percent among married women age 15-44 in 2006. In particular, the percentage of IUD users increased from 6 percent among married women age 15-44 in 2001 to 10 percent among married women age 15-44 in 2006 (CDC, 2003).

Compared with data from recent Demographic and Health Surveys conducted in other countries of the former Soviet Union and Turkey (Table 5.6), Azerbaijan is among countries with the highest use of a traditional method (37 percent) and the lowest use of a modern method (14 percent). Corresponding percentages for modern method use were 43 percent in the 2003 Turkey DHS and 44 percent in the 2006 Moldova DHS (HUIPS, 2004; NCPM [Moldova] and ORC Macro, 2006).

Table 5.6 Survey based current use of contraception in selected countries

Percentage of currently married women age 15-49 currently using any method, any modern method, or any traditional method of contraception, based on recent Demographic and Health Surveys

Country/DHS survey year	Any method	Any modern method	Any traditional method	Number of women
Azerbaijan 2006	51.1	14.3	36.8	5,269
Moldova 2005	67.8	43.8	23.9	4,937
Turkey 2003	71.0	42.5	28.5	7,672
Turkmenistan 2000	61.8	53.1	8.7	4,892
Kazakhstan 19991	66.1	52.7	13.4	3,018

[1] Lactational amenorrhea method (1.6 percent) was considered as a traditional method in the 1999 Kazakhstan DHS

5.5 Number of Children at First Use

To make an assessment of the motivations for using family planning methods, women were asked how many living children they had at the time they first used a method of family planning. Women who first use a method before having a child presumably want to delay their childbearing to some time in the future. Women who first employ a method after having one or two children may either want to delay the next child or limit their childbearing. Women who use a method for the first time after having several children are more likely to be using family planning to stop childbearing than to space their births.

Table 5.7 shows the percent distribution of women by number of living children at the time of first use of contraception, according to current age. The data show that it is most common to begin using a method after the birth of at least one child. Less than 1 percent of all women age 15-49 report that they started using contraception before they began having children, compared with 13 percent of women who began using a method after having one child and 21 percent who began using a method after two children.

Table 5.7 Number of children at first use of contraception

Percent distribution of women age 15-49 by number of living children at the time of first use of contraception, by age, Azerbaijan 2006

Current age	Never used	Number of living children at time of first use of contraception					Total	Number of women
		0	1	2	3	4+		
Age								
15-19	98.4	0.3	1.0	0.3	0.0	0.0	100.0	1,531
20-24	76.1	1.0	14.1	7.5	1.1	0.1	100.0	1,344
25-29	47.9	1.5	21.2	24.5	4.1	0.8	100.0	1,100
30-34	30.7	0.4	21.4	35.5	10.1	2.0	100.0	1,008
35-39	33.5	0.5	14.2	32.2	14.8	4.8	100.0	1,160
40-44	31.9	0.4	11.9	31.7	16.5	7.4	100.0	1,319
45-49	35.8	0.2	11.3	28.7	13.2	10.4	100.0	982
Total	53.6	0.6	12.9	21.4	8.1	3.4	100.0	8,444

5.6 KNOWLEDGE OF THE FERTILE PERIOD

A basic knowledge of the physiology of reproduction is necessary for the successful practice of coitus-related methods of family planning such as periodic abstinence. The use of such methods depends in part on an understanding of when, during the ovulatory cycle, a woman is most likely to conceive. All women in the 2006 AzDHS were asked, "From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?" If the answer was "yes," they were further asked whether that time was just before her period begins, during her period, right after her period has ended, or halfway between two periods. Table 5.8 shows that nearly one-third of all women correctly identify the fertile period as occurring halfway between periods. Approximately four in ten women say that they do not know when the fertile period falls, 12 percent wrongly believe that the fertile period is right after a woman's period has ended, and 17 percent believe that there is no specific fertile time. However, among users of periodic abstinence (rhythm method), 83 percent were able to correctly identify the fertile period.

Table 5.8 Knowledge of fertile period

Percent distribution of women age 15-49 by knowledge of the fertile period during the ovulatory cycle, according to current use of the rhythm method, Azerbaijan 2006

Perceived fertile period	Users of rhythm method	Nonusers of rhythm method	All women
Just before her menstrual period begins	1.9	1.6	1.6
During her menstrual period	0.0	0.4	0.4
Right after her menstrual period has ended	9.7	11.6	11.6
Halfway between two menstrual periods	82.9	29.8	31.2
No specific time	1.8	16.9	16.6
Don't know	3.7	39.4	38.5
Missing	0.0	0.2	0.2
Total	100.0	100.0	100.0
Number of women	212	8,232	8,444

The same questions were asked of men and the results indicate that they are less knowledgeable than women about the ovulatory cycle. Only 20 percent of men know that a woman is most likely to conceive if she has sex halfway between her menstrual periods. Fifty-three percent of men do not know when the fertile period is, while 20 percent say there is no specific fertile time. As with women, men who say they are using periodic abstinence are far more likely to know about women's ovulatory cycle (77 percent) than those who are not using the method (19 percent) (data not shown).

5.7 SOURCE OF CONTRACEPTION

Information on sources of modern contraceptives is useful for family planning managers and implementers. Women who reported they were currently using a modern method of contraception were asked where they obtained the method the last time. Because the distinction between different types of clinics and between public and private sources may not always be clear, the information on the source of supply must be interpreted with caution.

Table 5.9 shows that 72 percent of modern method users received their method from the public sector. This is primarily due to the fact that the public sector is the source for almost all users (95 percent) of the IUD, the most popular modern method. It might be possible that some users reported the source of the services instead of the method itself. For example, some IUD users purchase an IUD in one place and go to another place to have it inserted. The private medical sector serves only 2 percent of modern methods users. Among condom and pill users, the majority (73 percent for the pill and 87 percent for the male condom) reported obtaining their most recent supply from a shop.

Table 5.9 Source of modern contraception methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Azerbaijan 2006

Source	Pill	IUD	Male condom	All modern methods[1]
Public sector	22.4	95.1	5.6	72.1
Govt. hospital/maternity home	17.4	49.2	1.0	38.9
Gov. polyclinic/woman's consultation	3.6	41.3	3.7	29.7
FAP/DC/PH	0.0	4.4	0.0	3.1
Gov. family planning center/cabinet	1.4	0.2	0.9	0.4
Private medical sector	0.0	1.9	0.0	1.6
Private hospital/maternity home	0.0	0.4	0.0	0.4
Private clinic/woman's consultation	0.0	0.1	0.0	0.2
Private doctor	0.0	1.4	0.0	1.0
Other source	77.6	2.8	89.7	25.3
Shop	72.7	2.8	87.3	24.5
Friend/relative	4.6	0.0	0.7	0.5
Peer educator	0.0	0.0	0.6	0.1
NGO	0.4	0.0	1.2	0.2
Other	0.0	0.2	1.0	0.3
Missing	0.0	0.1	3.6	0.7
Total	100.0	100.0	100.0	100.0
Number of women	60	487	116	698

Note: Table excludes lactational amenorrhea method (LAM).
FAP = Feldsher accoucher post
DC = Doctors ambulatory clinic
PH = Peripheral hospital
NGO = Non governmental organization
[1] Total includes 11 users of spermicides/foam/jelly, 23 users of female sterilization, and 1 user of injectables.

5.8 Cost of Contraception

One goal of the 2006 AzDHS was to obtain information about expenditures on modern contraceptives. The number of observations allows a comparison of most frequently used modern methods: the IUD, the male condom, and the pill (Table 5.10). The IUD is the most expensive method but, once inserted, it can be used for many years. For IUD users who paid and were able to provide information on cost, the median cost was 69,171 old manats. This means that approximately half of women paid about 70,000 old manats to have an IUD inserted and approximately half paid less than 70,000 old manats. Sixty-eight percent of condom users and 22 percent of pill users stated that they did not know the cost.

Table 5.10 Cost of modern contraceptive methods

Percentage of current users of contraception age 15-49 who did not pay for the method and who do not know the cost of the method and the median cost of the method by current method, according to source of current method, Azerbaijan 2006

Cost	Pill	IUD	Male condom	All modern methods[1]
Percentage free	2.7	2.9	4.2	3.2
Do not know cost	22.1	5.8	67.5	18.0
Cost known	75.2	91.3	28.3	78.8
Total[1]	100.0	100.0	100.0	100.0
Median cost in old manat[2]	19,340	69,171	9,016	49,968
Number of women	60	487	116	698

Note: Table excludes lactational amenorrhea method (LAM). Costs are based on the last time current users obtained method. Costs include consultation costs, if any. For condom, costs are per package; for pills, per cycle. For sterilization, data are based on women who had the operation in the 5 years before the survey.
[1] Total includes 11 users of spermicides/foam/jelly, 23 users of female sterilization, and 1 user of injectables.
[2] Median cost is based only on those women who reported a cost.

5.9 INFORMED CHOICE

Current users who are well informed about the side effects and problems associated with contraceptive methods and who know of a range of method options are better able to make an informed choice about the method they would like to use. Current users of various modern contraceptive methods were asked whether at the time they started using the method, they were informed about side effects or problems that they might have with the method. Table 5.11 shows the percentage of users who were informed about side effects of or problems with their method and about different methods available by a health or family planning worker at the time they accepted their current method.

Almost two-thirds of modern contraceptive users were informed about side effects (66 percent) and were told what to do if they did experience side effects (65 percent). Furthermore, 37 percent were informed about other methods of contraception that they can use.

Table 5.11 Informed choice

Among current users of modern contraceptive methods age 15-49 who started the last episode of use within the past five years, percentage who were informed about possible side effects of or problems with that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods they could use, by method, Azerbaijan 2006

Method	Percentage informed about side effects of or problems with method	Percentage informed about what to do if experienced side effects	Percentage informed by a health or family planning worker of other methods that could be used	Number of women
Pill	(19.4)	(21.2)	(44.9)	49
IUD	73.1	70.7	41.9	307
Other	na	na	6.4	66
Total[1]	66.3	64.5	36.6	433

Note: Table excludes users who obtained their method from friends/relatives. Figures in parentheses are based on 25 to 49 unweighted cases.
na = Not applicable
[1] Also includes users of female condom, diaphragm, and foam or jelly for column on percentage who were informed of other methods.

5.10 CONTRACEPTIVE DISCONTINUATION

A prominent concern for managers of family planning programs is the discontinuation of methods. In the 2006 AzDHS "calendar" section, all segments of contraceptive use between January 2001 and the date of interview were recorded, along with reasons for any discontinuation. One-year contraceptive discontinuation rates based on the calendar data are presented in Table 5.12.

Overall, nearly one-third of all users of a contraceptive method discontinued use within 12 months of adopting the method. Fourteen percent of users stop using as a result of method failure (i.e., unintended pregnancy), while 4 percent discontinue because of a desire to become pregnant, and 13 percent because of other reasons (data not shown separately). The first-year discontinuation rate is lowest among users of the IUD (7 percent) and highest among users of the lactational amenorrhea method (LAM) (79 percent). Approximately half of users of condoms and 29 percent of users of withdrawal discontinued using the method during the first year of use.

Table 5.12 First-year contraceptive discontinuation rates

Percentage of contraceptive users who discontinued use of a method within 12 months after beginning its use, by specific method, Azerbaijan 2006

Method	Percentage of users who discontinued method
IUD	6.7
Male condom	48.2
Lactational amenorrhea	79.3
Rhythm	23.5
Withdrawal	29.2
All methods	30.7
Number of episodes of use	802

Note: Table is based on episodes of contraceptive use that began 3-59 months prior to the survey.

Table 5.13 shows the distribution of discontinuations of all contraceptive methods during the five years preceding the survey by reason for discontinuation. More than four in ten (44 percent) of all discontinuations were attributed to method failure, i.e., accidental pregnancy (became pregnant while using). The low efficacy of rhythm and withdrawal is evidenced by the high proportion of discontinuations attributed to failure during use (63 percent for rhythm and 55 percent for withdrawal).

Although method failure is the most commonly cited reason for discontinuations, 14 percent of discontinuations were due to husband's disapproval and 12 percent were the result of the woman's desire to become pregnant. For IUD users, more than one-third of discontinuations were attributed to health concerns.

Table 5.13 Reasons for discontinuation

Among all discontinuations of methods in the five years preceding the survey, the percent distribution by main reason for discontinuation, according to method, Azerbaijan 2006

	Modern method				Traditional method		
Reason	Pill	IUD	Condom	Lactational amenorrhea	Rhythm	Withdrawal	All[2] methods
Became pregnant while using	37.4	3.9	18.4	4.7	63.3	55.4	43.9
Wanted to become pregnant	9.6	11.9	24.9	20.3	5.6	10.0	11.5
Husband disapproved	6.7	5.9	21.7	18.6	7.7	16.2	14.3
Side effects	9.0	17.2	0.0	0.0	0.0	0.4	2.5
Health concerns	14.6	36.0	0.3	1.1	1.2	0.5	4.9
Access/availability	2.1	0.0	1.6	0.0	0.0	0.0	0.3
Wanted a more effective method	3.9	5.6	11.3	21.0	7.9	4.5	6.4
Inconvenient to use	0.0	3.4	8.4	0.1	1.6	0.4	1.5
Infrequent sex/husband away	5.6	1.2	6.0	0.7	5.3	5.5	4.8
Cost too much	2.7	0.0	2.0	0.0	0.0	0.0	0.3
Fatalistic	0.0	0.0	0.0	0.0	0.0	0.2	0.1
Difficult to get pregnant/menopausal[1]	2.4	2.3	0.9	0.0	3.1	3.4	2.8
Marital dissolution/separation	0.8	0.4	1.4	0.0	1.4	0.2	0.6
Other	4.4	11.9	0.9	28.8	2.3	1.2	4.4
Don't know	0.0	0.0	0.0	0.6	0.0	0.0	0.0
Missing	0.9	0.4	2.2	4.0	0.4	2.2	1.9
Total[2]	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	130	219	144	144	169	1,406	2,245

[1] Includes women who discontinued because they considered themselves at low risk of becoming pregnant, principally because they are in or are close to menopause.
[2] Total includes 25 discontinuations of foam/jelly and 8 discontinuations of other methods.

5.11 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which non-users of contraception plan to use family planning in the future. In the 2006 AzDHS, all women who were not currently using a method of contraception were asked about their intention to use family planning in the future. The results are presented in Table 5.14.

Table 5.14 Future use of contraception by background characteristics

Percent distribution of currently married women age 15-49 who are not using a contraceptive method by intention to use in the future, according to age and number of living children, Azerbaijan 2006

	Intention					
Background characteristic	Intends to use	Unsure	Does not intend to use	Missing	Total	Number of women
Age						
15-19	38.3	55.1	4.7	1.9	100.0	142
20-24	38.1	49.4	12.4	0.0	100.0	433
25-29	33.5	44.4	20.3	1.8	100.0	352
30-34	17.8	42.1	36.0	4.1	100.0	265
35-39	9.5	27.5	60.5	2.4	100.0	327
40-44	2.9	17.3	78.8	1.1	100.0	505
45-49	0.4	5.1	93.4	1.0	100.0	551
Number of living children[1]						
0	18.7	45.5	35.5	0.2	100.0	345
1	25.2	43.9	29.4	1.5	100.0	544
2	15.6	29.1	53.3	2.1	100.0	824
3	14.4	15.8	68.4	1.4	100.0	622
4+	5.5	13.3	79.5	1.6	100.0	239
Total	16.8	29.7	51.9	1.5	100.0	2,575

[1] Includes current pregnancy

Only 17 percent of currently married nonusers say that they intend to use family planning in the future, while 52 percent do not intend to use and 30 percent are unsure. Surprisingly, the proportion of those intending to use generally decreases as the number of living children increases and the proportion who say they do not intend to use is highest among those with four or more children. This pattern is mainly due to the fact that nonusers with more children are also more likely to be older and infertile (see next section).

5.12 Reasons for Not Intending to Use

An understanding of the reasons that people do not like to use family planning methods is critical in designing programs that could improve the quality of services. Table 5.15 shows the main reasons for not intending to use family planning cited by currently married nonusers who do not intend to use a method in the future.

Fertility-related reasons (71 percent), especially being subfecund/infecund (38 percent) or menopausal (21 percent), are by far the most common reasons for not intending to use contraception, followed by method-related reasons (14 percent). Only 7 percent of nonusers said they do not intend to use because they or their husbands or others are opposed to using family planning or because of religious prohibitions.

Table 5.15 Reason for not intending to use contraception in the future

Percent distribution of currently married women age 15-49 who are not using contraception and who do not intend to use contraception in the future by main reason for not intending to use contraception, Azerbaijan 2006

Reason for not using contraception	Percentage of women
Fertility-related reasons	
Infrequent sex/no sex	10.1
Menopausal/had hysterectomy	20.9
Subfecund/infecund	38.3
Wants as many children as possible	1.9
Opposition to use	
Respondent opposed	3.6
Husband/partner opposed	2.2
Others opposed	0.4
Religious prohibition	0.5
Lack of knowledge	
Knows no method	1.3
Method-related reasons	
Health concerns	10.4
Fear of side effects	1.6
Cost too much	0.8
Inconvenient to use	0.3
Interfere with body's normal process	0.8
Other	5.9
Don't know	1.1
Total	100.0
Number of women	1,337

5.13 PREFERRED METHOD FOR FUTURE USE

Future demand for specific methods of family planning can be assessed by asking nonusers who intend to use in the future which methods they prefer to use. Table 5.16 presents information on method preference among currently married nonusers who say they intend to use in the future. The IUD is the most popular method among women who intend to use in the future (45 percent), followed by withdrawal (21 percent) and the pill (12 percent). Just 4 percent of women report male condoms as their preferred method.

Table 5.16 Preferred method of contraception for future use

Percent distribution of currently married women age 15-49 who are not using a contraceptive method but who intend to use in the future by preferred method, Azerbaijan 2006

Preferred method	Percentage of women
Modern	
Female sterilization	0.6
Pill	11.5
IUD	45.3
Injectables	1.0
Male condom	3.5
Spermicides/foam/jelly	0.3
Lactational amenorrhea	0.3
Traditional	
Rhythm	0.9
Withdrawal	20.9
Other	0.3
Unsure	15.5
Total	100.0
Number of women	433

5.14 EXPOSURE TO FAMILY PLANNING MESSAGES

The mass media provide an opportunity to communicate family planning information to a broad spectrum of the population. Information on the level of exposure to such media is important for program planners to effectively target population subgroups for information, education, and communication campaigns. To assess the effectiveness of such media on the dissemination of family planning information, the 2006 AzDHS asked all female and male respondents whether they had heard about family planning on the radio or television, or read about it in a newspaper, magazine, pamphlet, or brochure in the past few months.

Table 5.17 shows that only one-quarter of women say they have seen a family planning message on the television, while about 10 percent or less say they heard about family planning on the radio or read about it in a newspaper or magazine in the past few months. A high proportion of women (71 percent) were not exposed to family planning messages in any of these media.

Table 5.17 Exposure to family planning messages

Percentage of women and men age 15-49 who heard or saw a family planning message on the radio or television or in a newspaper in the past few months, by background characteristics, Azerbaijan 2006

	Women					Men				
Background characteristic	Radio	Tele-vision	News-paper/ magazine	None of the three media sources	Number of women	Radio	Tele-vision	News-paper/ magazine	None of the three media sources	Number of men
Age										
15-19	7.9	17.6	7.2	79.3	1,531	3.3	8.0	3.0	90.1	382
20-24	11.2	26.2	11.6	68.3	1,344	5.8	14.2	4.7	82.4	356
25-29	12.4	28.6	12.7	66.4	1,100	8.6	20.9	5.2	76.0	293
30-34	6.5	29.7	11.3	66.2	1,008	4.7	30.2	11.0	66.7	279
35-39	7.9	26.9	12.3	69.1	1,160	6.4	22.4	6.8	74.4	309
40-44	8.1	27.4	12.7	68.7	1,319	9.1	21.8	8.4	71.5	312
45-49	9.0	24.5	9.6	73.7	982	1.8	18.5	6.0	79.2	315
Residence										
Urban	13.0	32.2	15.6	62.6	4,772	7.2	21.2	7.1	74.5	1,274
Rural	3.8	16.6	4.9	81.1	3,672	3.5	15.6	5.2	82.3	971
Region										
Baku	18.9	41.9	21.0	51.3	2,560	11.1	27.4	10.1	66.5	699
Absheron	11.4	22.0	15.0	72.3	582	0.1	5.3	0.5	94.2	167
Ganja-Gazakh	3.4	14.1	4.6	85.0	1,148	0.0	1.0	0.8	98.7	281
Shaki-Zaqatala	1.1	19.8	9.3	76.7	589	7.2	23.4	8.7	72.9	153
Lankaran	9.8	11.9	2.6	85.9	706	6.0	19.3	5.8	77.3	188
Guba-Khachmaz	8.4	38.7	9.4	59.3	380	4.8	26.7	2.7	71.9	119
Aran	1.9	17.1	4.7	79.9	2,019	2.1	16.7	6.3	80.9	508
Yukhari Garabakh	5.7	29.4	12.9	67.6	204	2.1	22.0	6.6	75.3	56
Daghligh Shirvan	3.9	14.1	6.0	84.6	255	10.4	24.0	4.1	71.0	73
Education										
Basic secondary or less	4.7	14.9	3.2	83.4	1,815	2.3	12.2	3.5	85.5	345
Complete secondary	6.3	22.4	6.4	75.1	4,382	4.6	17.0	2.8	80.4	1,272
Secondary specialized	11.8	35.9	17.9	58.7	1,138	7.0	20.8	7.4	75.9	200
Higher	23.9	44.3	34.3	43.9	1,110	10.5	28.5	18.1	65.1	428
Wealth quintile										
Lowest	1.5	10.7	2.3	88.2	1,550	2.9	11.9	2.3	86.7	410
Second	4.2	15.4	4.4	82.1	1,649	3.3	13.7	3.9	84.0	433
Middle	5.2	25.0	8.1	72.1	1,707	4.5	25.3	7.5	71.8	452
Fourth	10.2	31.4	12.5	64.1	1,719	7.6	20.3	7.0	74.8	451
Highest	22.2	42.0	25.4	49.9	1,819	9.0	21.7	9.7	73.7	499
Total 15-49	9.0	25.5	10.9	70.6	8,444	5.6	18.8	6.2	77.9	2,245
50-59	na	na	na	na	0	4.1	21.0	7.0	76.0	313
Total 15-59	na	na	na	na	0	5.4	19.1	6.3	77.6	2,588

na = Not applicable

Men are slightly less likely than women to say they have been exposed to family planning information. Television, reported by 19 percent of men, is the most likely source of a message, while only 6 percent were exposed to information through the radio, and another 6 percent through a newspaper or magazine. More than three-quarters of men said they had not heard anything about family planning through any of these sources in the past few months. Differentials by residence, education, and wealth index were similar to those observed for women.

Generally, for both women and men, older respondents and in some cases the youngest respondents are less likely to have heard or seen family planning messages than those in the middle age groups. Exposure to family planning messages is closely related to place of residence, level of education, and household wealth. Women and men living in rural areas, those with lower levels of education, and those living in the poorer households are less likely to have been exposed to family planning messages than urban dwellers, those with higher levels of education, and those living in economically advantaged households.

5.15 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

Table 5.18 shows the percentage of female nonusers who were exposed to a family planning provider. The vast majority of women who were not using a method of contraception had no discussions about family planning with a health professional during the 12 months preceding the survey. Very few nonusers discussed family planning with a health worker either inside or outside a health facility (2 percent and 3 percent, respectively). Twenty percent of nonusers visited a health facility in the past 12 months but did not discuss family planning. The differentials by background characteristics are not significant.

Table 5.18 Contact of nonusers with family planning providers

Among women age 15-49 who did not use contraception in the 12 months preceding the survey, the percentage visited by a healthworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who neither discussed family planning with a healthworker nor with staff at a health facility, by background characteristics, Azerbaijan 2006

Background characteristic	Percentage of women who were visited by a healthworker who discussed family planning	Among women who visited a health facility in the past 12 months:		Percentage of women who neither discussed family planning with a healthworker nor at a health facility	Number of women
		Percentage who discussed family planning	Percentage who did not discuss family planning		
Age					
15-19	1.8	1.4	11.2	97.4	1,522
20-24	3.4	3.1	21.3	94.5	1,080
25-29	6.1	4.2	23.1	90.9	646
30-34	6.4	4.9	22.5	90.7	443
35-39	2.3	1.4	23.0	96.4	562
40-44	2.9	2.4	24.0	95.4	732
45-49	2.1	1.4	24.7	96.6	761
Residence					
Urban	3.3	2.5	20.7	95.0	3,268
Rural	3.0	2.4	18.9	95.4	2,477
Region					
Baku	4.3	2.9	21.3	94.0	1,711
Absheron	1.9	0.7	8.1	97.6	440
Ganja-Gazakh	4.1	3.3	36.8	92.9	761
Shaki-Zaqatala	1.7	6.2	12.6	93.2	384
Lankaran	2.1	3.1	7.0	96.6	492
Guba-Khachmaz	0.2	0.8	9.6	99.0	255
Aran	2.4	0.9	18.9	97.1	1,385
Yukhari Garabakh	3.8	3.4	18.8	93.5	137
Daghligh Shirvan	8.1	2.1	37.7	90.5	180
Education					
Basic secondary or less	2.7	1.8	17.2	95.9	1,377
Complete secondary	2.8	2.1	19.5	95.7	2,859
Secondary specialized	5.8	3.5	24.6	92.6	770
Higher	2.9	3.7	21.4	94.3	739
Wealth quintile					
Lowest	2.4	2.3	16.0	96.0	1,009
Second	2.8	2.4	21.5	95.6	1,149
Middle	4.5	1.6	19.7	94.6	1,185
Fourth	3.5	3.3	18.6	94.2	1,205
Highest	2.6	2.5	23.0	95.5	1,196
Total	3.2	2.4	19.9	95.1	5,745

5.16 HUSBAND/PARTNER'S KNOWLEDGE OF WOMEN'S USE OF CONTRACEPTION

In the 2006 AzDHS all currently married women who were using a method were asked whether their husband/partner knew about their use. Nearly all women (97 percent) stated that their husband/partner knew about the contraceptive method used (data not shown).

ABORTION 6

6.1 PREGNANCIES ENDING IN INDUCED ABORTION

In Azerbaijan, as in all former Soviet countries, induced abortion was the primary means of fertility control for many years. Induced abortion was first legalized in the Soviet Union in 1920 but was banned in 1936 as part of a pronatalist policy. This decision was reversed in 1955 when abortion for nonmedical reasons was again legalized throughout the former Soviet Union. Like other countries in East and Central Europe and the former Soviet Union, Azerbaijan's abortion laws are among the most liberal in the world. They allow women to obtain an abortion upon request up to the 12th week of pregnancy, and up to 28 weeks for life threatening reasons.

Information about induced abortion was collected through a detailed reproductive history section in the Women's Questionnaire. In collecting the histories, each woman was first asked about the total number of pregnancies that had ended in live births, stillbirths, miscarriages, and induced abortions. After obtaining these aggregate data, an event-by-event pregnancy history was recorded. For each pregnancy, the duration, the month and year of termination, and the outcome of the pregnancy was recorded[1]. The 2006 AzDHS also included an abortion history where data were collected about all the abortions since January 2001.

Table 6.1 shows the percent distribution of the outcome of all pregnancies that ended during the three-year period preceding the survey (approximately August-November 2003 to August-November 2006). In Azerbaijan, less than half of pregnancies end in a live birth (46 percent). The majority of pregnancy losses are due to induced abortions (49 percent of pregnancies), followed by miscarriages (5 percent) and stillbirths (less than 1 percent).

The proportion of pregnancies that end in induced abortion rises dramatically with age of the woman and with pregnancy order. Thirteen percent of pregnancies to teenagers end in abortion, compared with 28 percent of pregnancies among women age 20-24, 58 percent of those to women age 25-34, and three-quarters of pregnancies among women age 35-44. There is an even steeper increase by pregnancy order, from less than 2 percent of first pregnancies to 83 percent of fifth or higher pregnancies.

There is substantial variation in pregnancy outcomes by region, ranging from a low of 35 percent of pregnancies resulting in induced abortion in Lankaran and Guba-Khachmaz to a high of 55 percent in Ganja-Gazakh. There is little difference in pregnancy outcome by urban-rural residence, although urban women are slightly more likely than rural women to have had a recent pregnancy end in an induced abortion (52 percent versus 45 percent). It is interesting to note that there is a curvilinear relationship between induced abortion and education. Women with basic secondary or less education have 45 percent of pregnancies resulting in induced abortion, and women with complete secondary and secondary specialized education have more than half of pregnancies resulting in induced abortion (52 percent and 53 percent, respectively). Among women with higher education, the percentage of pregnancies ending in abortion decreases to 37 percent.

[1] The pregnancy history was structured to ensure as complete reporting of abortions as possible, especially for the period immediately before the survey. Data were collected in reverse chronological order (i.e., information was first collected about the most recent pregnancy, then about the next-to-last, and so on). This procedure was designed to yield a more complete reporting of events for the years immediately before the survey than collecting information in chronological order. At the end of the pregnancy history, interviewers were required to check the consistency between the aggregate data collected and the number of specific events reported in the pregnancy history.

Table 6.1 Pregnancy outcome by background characteristics

Percent distribution of pregnancies ending in the three years preceding the survey by type of outcome, according to background characteristics, Azerbaijan 2006

Background characteristic	Pregnancy outcome				Total	Number of pregnancies
	Live birth	Stillbirth	Miscarriage	Abortion		
Age at pregnancy outcome						
<20	72.7	1.3	12.6	13.4	100.0	203
20-24	66.1	0.7	4.7	28.4	100.0	1,006
25-34	37.2	0.8	3.6	58.3	100.0	1,434
35-44	19.0	0.2	5.3	75.5	100.0	513
45-49	*	*	*	*	100.0	18
Pregnancy order						
First	88.2	2.4	8.0	1.4	100.0	651
Second	75.4	1.0	7.0	16.7	100.0	539
Third	40.6	0.2	4.0	55.1	100.0	518
Fourth	24.5	0.0	3.3	72.1	100.0	473
Fifth or higher	13.9	0.1	2.7	83.3	100.0	994
Residence						
Urban	42.6	1.1	4.2	52.2	100.0	1,674
Rural	48.8	0.3	5.5	45.3	100.0	1,501
Region						
Baku	43.5	1.5	3.9	51.1	100.0	817
Absheron	42.6	0.7	2.8	53.9	100.0	225
Ganja-Gazakh	40.4	0.4	4.1	55.2	100.0	552
Shaki-Zaqatala	43.1	1.0	6.1	49.8	100.0	199
Lankaran	61.7	0.6	3.1	34.6	100.0	218
Guba-Khachmaz	62.2	0.0	2.8	35.1	100.0	93
Aran	46.8	0.2	7.1	45.9	100.0	884
Yukhari Garabakh	44.0	1.3	2.8	52.0	100.0	86
Daghligh Shirvan	40.9	0.4	5.9	52.8	100.0	99
Education						
Basic secondary or less	49.8	0.3	4.7	45.1	100.0	764
Complete secondary	41.6	0.7	5.4	52.3	100.0	1,665
Secondary specialized	42.1	1.3	4.0	52.6	100.0	406
Higher	59.0	0.9	3.1	36.9	100.0	340
Wealth quintile						
Lowest	41.2	0.3	4.5	54.0	100.0	729
Second	53.1	0.7	8.4	37.8	100.0	649
Middle	45.7	0.1	3.9	50.3	100.0	705
Fourth	44.7	1.6	5.4	48.2	100.0	575
Highest	42.7	1.2	1.5	54.6	100.0	517
Total	45.5	0.7	4.8	48.9	100.0	3,174

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

6.2 LIFETIME EXPERIENCE WITH INDUCED ABORTION

Table 6.2 shows women's lifetime experience with abortion. The statistics on the proportion of women who have ever had an abortion are based on all women 15-49 irrespective of their exposure to the risk of pregnancy.

Overall, more than a third of women (38 percent) of reproductive age have had at least one abortion. As expected, the percentage that have had an abortion increases rapidly with age, which is also associated with increased exposure to pregnancy, since some women under age 20 have not even had sexual intercourse. Sixty-six percent of women age 40-44 and 61 percent of women age 45-49 have had at least one abortion. There is also a positive relationship between having had an induced abortion and number of living children. Less than 1 percent of women with no living children have had an abortion, compared with 24 percent of women with one child, 69 percent of women with two to three children, and 71 percent of women with four or more children.

Table 6.2 Lifetime experience with induced abortion

Percentage of women who have had at least one induced abortion, and percent distribution of these women by number of abortions, and the mean number of abortions, according to background characteristics, Azerbaijan 2006

Background characteristic	Percentage of women who ever had an induced abortion	Number of women	Percent distribution of women who ever had an abortion by number of abortions					Mean number of abortions	Number of women with abortions
			1	2-3	4-5	6+	Total		
Age									
15-19	0.4	1,531	*	*	*	*	100.0	*	6
20-24	9.8	1,344	62.1	31.3	4.3	2.2	100.0	1.6	131
25-29	33.8	1,100	36.0	52.9	10.0	1.0	100.0	2.1	372
30-34	54.7	1,008	32.1	51.1	11.9	4.9	100.0	2.4	552
35-39	58.1	1,160	27.2	51.8	15.0	5.9	100.0	2.6	673
40-44	65.5	1,319	25.5	56.9	14.5	3.0	100.0	2.5	864
45-49	61.3	982	21.7	59.0	14.2	5.1	100.0	2.6	602
Number of living children									
0	0.5	3,208	*	*	*	*	100.0	*	17
1	23.8	992	43.2	50.2	5.4	1.3	100.0	1.9	236
2-3	69.2	3,698	27.9	54.2	13.5	4.4	100.0	2.5	2,560
4+	70.9	546	25.7	54.5	15.9	3.8	100.0	2.5	387
Marital status									
Never married	0.2	2,608	*	*	*	*	100.0	*	5
Currently married	56.3	5,269	28.6	53.9	13.4	4.1	100.0	2.4	2,966
Formerly married	40.4	567	36.5	50.8	9.1	3.5	100.0	2.2	229
Residence									
Urban	39.2	4,772	29.4	54.0	12.3	4.3	100.0	2.4	1,870
Rural	36.2	3,672	28.6	53.2	14.4	3.8	100.0	2.5	1,331
Region									
Baku	38.2	2,560	29.4	56.9	10.4	3.3	100.0	2.3	978
Absheron	36.2	582	29.8	52.2	15.0	3.0	100.0	2.4	211
Ganja-Gazakh	44.9	1,148	25.5	51.1	17.0	6.4	100.0	2.7	516
Shaki-Zaqatala	39.3	589	34.7	56.6	7.1	1.6	100.0	2.1	232
Lankaran	31.5	706	30.8	58.1	8.7	2.4	100.0	2.1	222
Guba-Khachmaz	26.9	380	33.6	63.4	3.1	0.0	100.0	1.9	102
Aran	37.8	2,019	28.6	49.7	16.9	4.8	100.0	2.6	763
Yukhari Garabakh	38.1	204	29.5	36.0	21.1	13.4	100.0	3.3	78
Daghligh Shirvan	38.9	255	25.7	56.2	16.3	1.8	100.0	2.4	99
Education									
Basic secondary or less	30.0	1,815	29.7	49.4	16.9	3.9	100.0	2.5	544
Complete secondary	41.0	4,382	27.4	56.1	11.7	4.7	100.0	2.5	1,797
Secondary specialized	42.0	1,138	27.9	51.4	17.4	3.3	100.0	2.5	478
Higher	34.4	1,110	37.6	51.0	9.3	2.2	100.0	2.1	382
Wealth quintile									
Lowest	39.4	1,550	31.0	52.6	13.4	3.0	100.0	2.4	610
Second	33.1	1,649	28.0	53.5	15.5	3.0	100.0	2.5	546
Middle	39.6	1,707	30.4	52.6	12.5	4.5	100.0	2.4	676
Fourth	39.3	1,719	30.2	51.6	13.3	4.9	100.0	2.4	675
Highest	38.1	1,819	26.0	57.8	11.6	4.6	100.0	2.5	694
Total	37.9	8,444	29.1	53.7	13.2	4.1	100.0	2.4	3,201

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced, separated, and widowed respondents. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

There are no pronounced differentials in lifetime prevalence of induced abortions by urban-rural residence. There is significant variation in lifetime experience of induced abortion by region, ranging from a low of 27 percent in Guba-Khachmaz to a high of 45 percent in Ganja-Gazakh.

There is a curvilinear relationship between level of education and induced abortion with both the least educated women and the most educated women less likely to have an induced abortion than other women. It is possible that reduced access to abortion services among less educated women accounts for the low recourse to abortion (i.e., when a woman gets pregnant, she is more likely to give birth); at the same time, it is possible that women with higher education, who use more reliable methods of birth control, are less likely to become accidentally pregnant in the first place.

Table 6.2 also presents information on repeated use of induced abortion. Among women who have ever had an abortion, 71 percent have had more than one. Fifty-four percent of women who have

had an abortion reported having 2-3 abortions, and 17 percent had 4 or more. As expected, the number of abortions rises with age and the number of living children. There is considerable variation by region. The mean number of abortions among women who have had at least one abortion is 2.4.

6.3 RATES OF INDUCED ABORTION

Table 6.3 shows rates of induced abortion from the 2006 AzDHS. Three types of rates are presented: age-specific abortion rates, the total abortion rate, and the general abortion rate. The rates refer to the three-year period prior to the survey (i.e., approximately August-November 2003 to August-November 2006). These rates are calculated in a manner analogous to the calculation of fertility rates. Age-specific abortion rates (ASARs) express the number of abortions among women in the age group per 1,000 women in the age group. The total abortion rate (TAR), which is expressed per woman, is a summary measure of the age-specific rates. The TAR is interpreted as the number of abortions a woman would have in her lifetime if she experienced the currently observed age-specific abortion rates during her childbearing years.

Table 6.3 Induced abortion rates

Age-specific induced abortion rates (per 1,000 women), total abortion rates (TAR), and general abortion rate (GAR) for the three-year period preceding the survey, Azerbaijan 2006

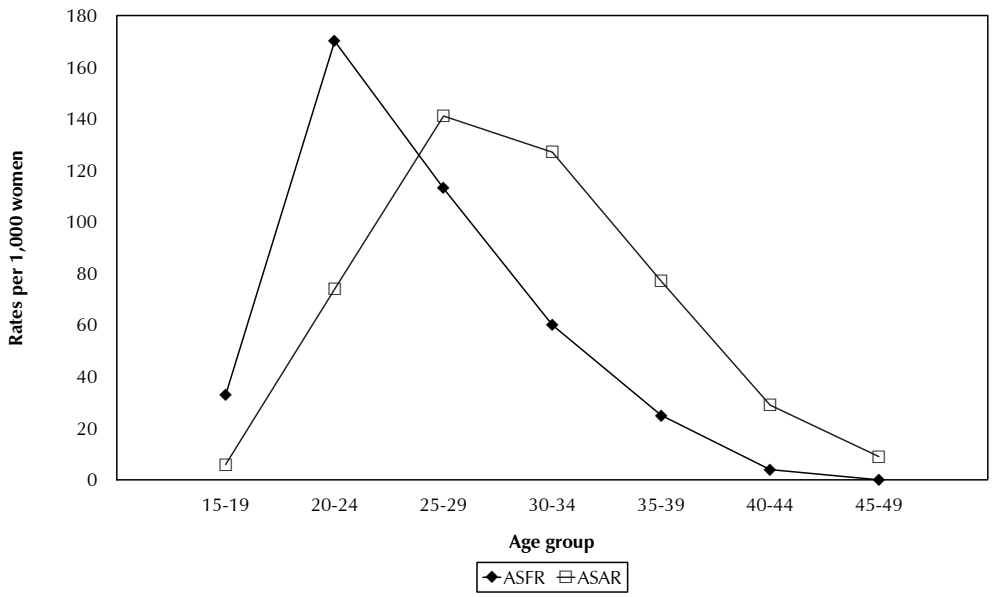
	Place of residence		
Age group	Urban	Rural	Total
15-19	7	6	6
20-24	71	78	74
25-29	145	137	141
30-34	130	123	127
35-39	79	76	77
40-44	26	32	29
45-49	7	11	9
Rate[1]			
TAR 15-49	2.3	2.3	2.3
TAR 15-44	2.3	2.3	2.3
GAR	71	70	71

[1] Total abortion rate (TAR) expressed per woman. General abortion rate (GAR) (abortions divided by number of women 15-49) expressed per 1,000 women.

The total abortion rate for Azerbaijan is 2.3 abortions per woman. This means that the average number of abortions an Azerbaijani woman will have according to current abortion rates is slightly higher than the number of births she will have (2.0 births per woman). The abortion rates do not differ by residence.

At the national level, the age-specific rates for induced abortion increase in the first few age groups of women, peak among women age 25-29 (141 per 1,000 women), and decline in the older age group. Age-specific abortion rates are lower than the fertility rates of women under age 25 but are higher than the fertility rates for older women (Figure 6.1).

Figure 6.1 **Age-specific fertility rates (ASFR) and age-specific abortion rates (ASAR)**



AzDHS 2006

Table 6.4 shows induced abortion rates by background characteristics. There are significant differentials by region. The total abortion rates vary from a low of 1.0 in Guba-Khachmaz to a high of 3.5 in Ganja-Gazakh. Baku has a TAR of 2.1, a figure close to the national total. The women with the highest education have the lowest TAR.

Table 6.4 Induced abortion rates by background characteristics

Total induced abortion rates for the three years preceding the survey and mean number of abortions among women age 40-49, by background characteristics, Azerbaijan 2006

Background characteristic	Total abortion rate among women age 15-49	Mean number of abortions among women age 40-49
Residence		
Urban	2.3	1.6
Rural	2.3	1.7
Region		
Baku	2.1	1.5
Absheron	2.7	1.5
Ganja-Gazakh	3.5	2.0
Shaki-Zaqatala	2.2	1.4
Lankaran	1.3	1.2
Guba-Khachmaz	1.0	0.9
Aran	2.4	1.8
Yukhari Garabakh	2.8	2.7
Daghligh Shirvan	2.8	1.7
Education		
Basic secondary or less	2.5	1.6
Complete secondary	2.5	1.6
Secondary specialized	2.1	1.9
Higher	1.4	1.6
Wealth quintile		
Lowest	3.1	1.6
Second	1.9	1.5
Middle	2.5	1.6
Fourth	2.1	1.6
Highest	2.1	1.7
Total	2.3	1.6

6.3.1 Recent Trends in the Total Abortion Rates

The 2001 Reproductive Health Survey Azerbaijan (RHSA) estimated the TAR among women age 15-44 for the three-year period prior to the survey to be 3.2 (2.8 in urban areas and 3.4 in rural areas) (CDC and MOH, 2001). The 2006 AzDHS TAR of 2.3 is substantially lower than the 2001 RHSA rate. The reason for such a difference is not clear, as there has been no decline in the overall use of contraceptives among married women age 15-44 during the past five years, with 55 percent of married women age 15-44 reporting use of a method in both the 2001 RHSA and the 2006 AzDHS. The decline in the TAR may be attributed in part to an increase in use of modern methods of contraception in the last five years (12 percent in the 2001 RHSA versus 16 percent in the 2006 AzDHS among women age 15-44), especially the marked increase in IUD use (from six percent in 2001 to ten percent in 2006 among women age 15-44).

Although it is possible that a decline in sexual activity could have contributed to a lower TAR, approximately the same proportion of women age 15-44 are currently married (59 percent in 2001 and 60 percent in 2006 among women age 15-44), and more women age 15-44 in 2006 reported being sexually active during the month preceding the survey (44 percent in 2001 and 52 percent in 2006). Thus, the data do not suggest a decline in sexual activity. The age at first intercourse, the age at first marriage and the age at first birth have also remained the same since 2001 for women age 25-29.

Several of other factors could also contribute to the reported decline in the TAR. First, the apparent trend could be due to underreporting of abortions in 2006 compared with 2001. If social norms are beginning to change due to the anti-abortion campaigns in recent years, then it is possible that women feel an increased reluctance to openly answer questions about abortion. Use of menstrual regulation procedures performed by the woman at home could also be a factor. Anecdotal evidence suggests that in Eastern Europe and in some countries in the Caucasus, medications with abortive effects such as Misoprostol (marketed as Cytotec), have become increasingly available over-the-counter and could be administered at home at the fist signs of a delayed menstrual period without prescription or a pregnancy test. In the case of using Cytotec or similar medications at home, the woman may not consider herself to be pregnant and may not report this event, contrary to a more advanced pregnancy terminated in a health facility.

Table 6.5 Total abortion rates in selected countries

Total abortion rates (TAR)[1] for the three-year period preceding the survey among women age 15-49 from the recent Demographic and Health Surveys.

Country/year	Place of residence		Total
	Urban	Rural	
Azerbaijan 2006	2.3	2.3	2.3
Moldova 2005	1.3	1.0	1.1
Turkey 2003[2]	0.4	0.3	0.4
Uzbekistan 2002	1.1	0.9	1.0
Turkmenistan 2000	1.0	0.7	0.9
Kazakhstan 1999	1.6	1.2	1.4

[1] Total abortion rate (TAR) expressed per woman.
[2] Total abortion rates (TAR) for the five-year period preceding the survey among women age 15-49

Compared with the total abortion rates from recent Demographic and Health Surveys conducted in other countries of the region, the total abortion rate in Azerbaijan (2.3 abortions per women in 2006), is by far the highest among selected countries of the newly independent states and Turkey (Table 6.5).

6.4 USE OF CONTRACEPTIVE METHODS BEFORE ABORTION

Information on contraceptive behavior before abortion is of particular interest to both family planning counselors and abortion providers because a woman who has an abortion either was not using a method of contraception at the time of conception or was using (perhaps incorrectly) a method that failed. To obtain these data, for each pregnancy that terminated in the three years preceding the survey, AzDHS respondents were asked whether they were using a method of contraception at the time they became pregnant, and if so, which method.

Table 6.6 shows use of contraception at the time of conception. Forty-two percent of the respondents who had an induced abortion were using a method of contraception at the time they became pregnant. Thus, these abortions were the result of contraceptive failure. The majority of these contraceptive failures (37 percent overall) occurred after failure of a traditional contraceptive method—32 percent while using withdrawal and 5 percent while using periodic abstinence.

In addition to a high level of contraceptive failure, it is important to note that more than half of pregnancies resulting in induced abortion occurred to women not using any method of

Table 6.6 Use of contraception before pregnancy

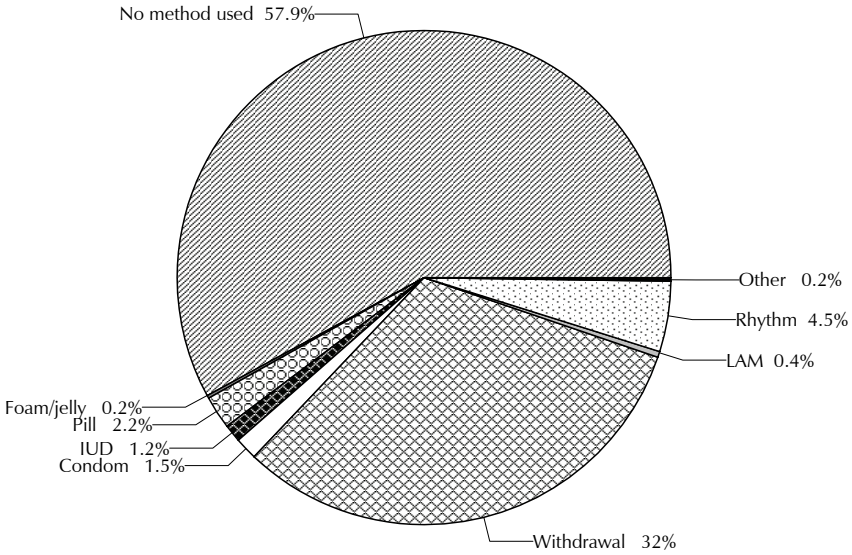
Percent distribution of pregnancy outcomes in the three years preceding the survey, by contraceptive method used at the time of conception, Azerbaijan 2006

Contraceptive method	Pregnancy outcome			All pregnancies
	Live birth	Abortion	Miscarriage	
No method used	89.0	57.9	84.0	73.5
Any method	11.0	42.1	16.0	26.5
Any modern method	1.5	5.4	1.8	3.4
Pill	0.4	2.2	0.5	1.3
IUD	0.0	1.2	0.0	0.6
Male condom	0.7	1.5	1.0	1.1
Spermicides/foam/jelly	0.2	0.2	0.0	0.2
LAM	0.2	0.4	0.3	0.3
Any traditional method	9.5	36.7	14.2	23.0
Rhythm	1.0	4.5	0.8	2.7
Withdrawal	8.6	32.0	13.3	20.3
Other	0.0	0.2	0.0	0.1
Total	100.0	100.0	100.0	100.0
Number of pregnancies	1,444	1,554	153	3,174

Note: Total includes 23 stillbirths that are not shown separately.
LAM = Lactational amenorrhea method

contraception to prevent the pregnancy (58 percent) (Figure 6.2). It seems clear that access to and use of more reliable methods of contraception would reduce the incidence of induced abortion, thus improving the reproductive health of the women of Azerbaijan.

Figure 6.2 Use of contraception before abortion, Azerbaijan 2006

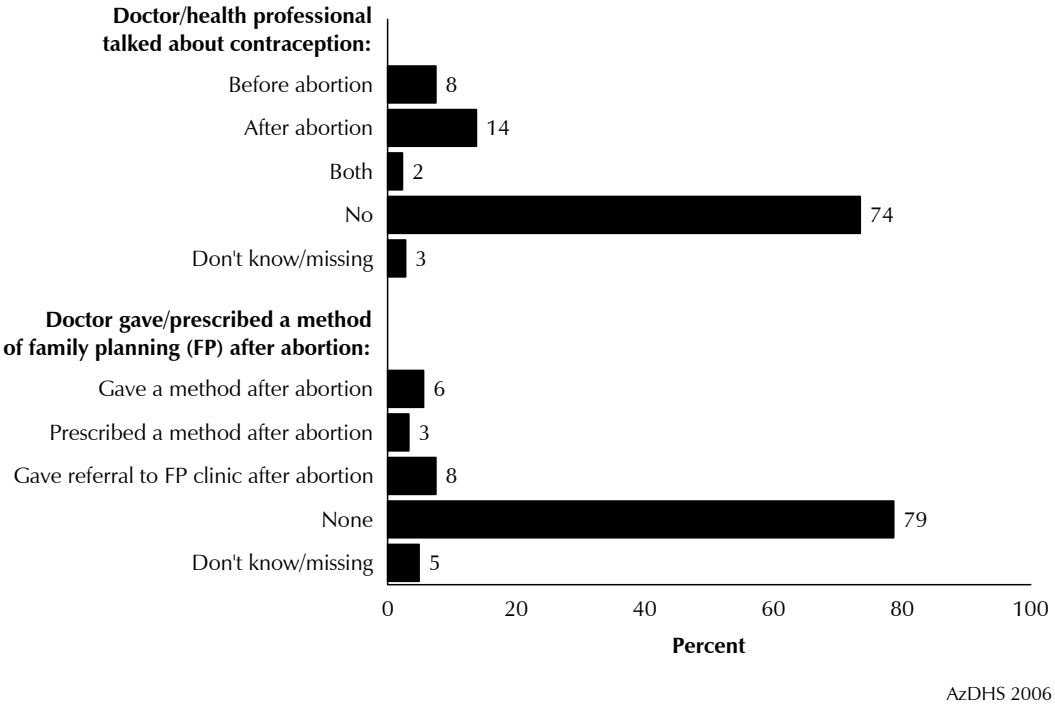


AzDHS 2006

6.4.1 Advice on Family Planning Methods Before or After the Last Abortion

In the 2006 AzDHS women who had an abortion in the three years prior to the survey were also asked if, before or after the last abortion, any health professional had talked to her about contraception and if, after the last abortion, any health professional had given her a method, prescribed a method or referred to a family planning clinic. Figure 6.3 shows that in about one-quarter of cases, women reported having been counseled about family planning methods (24 percent), and an even smaller proportion was given any practical advice on or a method to use to prevent unwanted pregnancy in the future (16 percent).

Figure 6.3 **Family planning counseling before or after the last abortion in the past 3 years**



6.5 INDUCED ABORTIONS IN THE THREE YEARS PRECEDING THE SURVEY

As mentioned previously, the 2006 AzDHS also included a detailed abortion history for all the abortions since January 2001. Table 6.7 presents information on the percentage of women who reported having had at least one abortion during the three years prior to the survey and on repeated use of induced abortion.

6.5.1 Number of Abortions

Overall, 12 percent of women reported having had at least one abortion during the three years prior to the survey. A majority of these women had only one abortion (66 percent), one-third reported having 2-3 abortions, and two percent had 4 or more. There is considerable variation by region, with the highest proportion of women in Ganja-Gazakh (18 percent) and the least in Guba-Khachmaz (six percent). The mean number of abortions among women who have had at least one abortion in the three years prior to the survey is 1.5.

6.5.2 Reason for Abortion

All women who had an abortion in the three years prior to the survey also were asked about the main reason for deciding to have the abortion. As shown in Table 6.8, most of the abortions were performed because women did to not want to have more children (62 percent). Older women, better educated, rural dwellers and those living in Shaki-Zaqatala are more likely to terminate pregnancy because of a desire not to have more children. There is no conclusive pattern between this reason and wealth index. In addition, approximately one in ten pregnancies was terminated because of each of the following reasons: concern about maternal health, socio-economic reasons or a partner's objection to having another child. The desire to space the next birth was a reason for only three percent of abortions and sex selection was cited as a reason for a similar proportion of abortions. All other reasons constitute less than two percent of terminations.

Table 6.7 Experience with induced abortions

Percentage of women who had at least one induced abortion in the three years before the survey, and among these women, percent distribution by number of abortions, and the mean number of abortions, according to background characteristics, Azerbaijan 2006

Background characteristic	Percentage of women who had an induced abortion in the past three years	Number of women	Percent distribution of women who had an abortion in the past 3 years by the number of abortions					Mean number of abortions in the past three years	Number of women with abortions in the past three years
			1	2-3	4-5	6+	Total		
Age									
15-19	0.4	1,531	*	*	*	*	100.0	*	6
20-24	9.3	1,344	71.4	26.3	0.0	2.3	100.0	1.4	125
25-29	24.8	1,100	54.7	42.3	3.0	0.1	100.0	1.7	272
30-34	28.1	1,008	67.3	31.6	0.3	0.8	100.0	1.5	284
35-39	19.3	1,160	64.8	32.1	2.4	0.7	100.0	1.5	224
40-44	7.9	1,319	80.2	19.8	0.0	0.0	100.0	1.3	104
45-49	3.5	982	(80.1)	(19.9)	(0.0)	(0.0)	100.0	(1.2)	35
Marital status									
Never married	0.0	2,608	-	-	-	-	-	-	0
Married or living together	19.5	5,269	65.5	32.4	1.4	0.7	100.0	1.5	1,029
Divorced/separated/widowed	3.9	567	*	*	*	*	100.0	*	22
Number of living children									
0	0.3	3,208	*	*	*	*	100.0	*	9
1	11.6	992	69.3	30.6	0.1	0.0	100.0	1.4	115
2-3	23.3	3,698	64.8	32.7	1.6	0.8	100.0	1.5	863
4+	11.6	546	67.8	31.2	1.1	0.0	100.0	1.4	63
Residence									
Urban	12.3	4,772	66.1	31.5	1.7	0.8	100.0	1.5	589
Rural	12.6	3,672	65.2	33.2	1.0	0.6	100.0	1.5	462
Region									
Baku	11.6	2,560	67.4	32.0	0.0	0.5	100.0	1.4	297
Absheron	13.4	582	61.2	36.2	2.6	0.0	100.0	1.6	78
Ganja-Gazakh	17.7	1,148	68.8	27.4	1.8	2.1	100.0	1.5	203
Shaki-Zaqatala	11.4	589	65.2	33.8	0.0	1.0	100.0	1.5	67
Lankaran	7.5	706	64.0	34.8	1.2	0.0	100.0	1.4	53
Guba-Khachmaz	6.2	380	69.2	30.8	0.0	0.0	100.0	1.4	23
Aran	12.9	2,019	61.2	35.8	2.9	0.0	100.0	1.6	261
Yukhari Garabakh	14.1	204	63.3	34.4	1.6	0.8	100.0	1.5	29
Daghligh Shirvan	15.5	255	78.0	20.6	0.4	1.0	100.0	1.3	40
Education									
Basic secondary or less	11.8	1,815	61.9	33.9	2.5	1.7	100.0	1.6	214
Complete secondary	13.6	4,382	66.2	32.4	0.9	0.6	100.0	1.5	596
Secondary specialized	12.8	1,138	63.5	35.6	1.0	0.0	100.0	1.5	146
Higher	8.5	1,110	74.6	22.5	2.8	0.0	100.0	1.3	94
Wealth quintile									
Lowest	15.8	1,550	60.6	36.4	0.9	2.2	100.0	1.6	245
Second	10.9	1,649	69.8	29.3	0.9	0.0	100.0	1.4	179
Middle	14.3	1,707	64.8	33.9	1.3	0.1	100.0	1.5	243
Fourth	11.4	1,719	68.9	28.6	2.5	0.0	100.0	1.4	197
Highest	10.3	1,819	66.4	31.3	1.4	0.9	100.0	1.5	187
Total	12.4	8,444	65.7	32.2	1.4	0.7	100.0	1.5	1,051

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25 to 49 unweighted cases.

The base female population in the AzDHS is women age 15-49, and in the 2001RHSA is women age 15-44. In order to analyze trends in reasons for abortions in Azerbaijan between the 2001 RHSA and the 2006 AzDHS, the data were computed for all abortions performed in the five years prior to the survey among women age 15-44 to be comparable with the 2001 RHSA data. Desire not to have more children is the main reason for abortions in both surveys (64 percent in 2001 and 62 percent in 2006 among women age 15-44). Other reasons, such as socio-economic and a desire to space the next birth declined, while a partner's objection to having another child and concerns about maternal health increased (data not shown separately).

Table 6.8 Reason for abortion

Percent distribution of induced abortions in the three years prior to the survey by the most important reason for the abortion, according to background characteristics, Azerbaijan 2006

Background characteristic	Reason for abortion									Total	Number of cases
	Health of mother	Risk of birth defects	Socio-economic reasons	Did not want children	Spacing next pregnancy	Partner did not want the child	Child's sex selections	Other	Missing		
Age											
15-19	*	*	*	*	*	*	*	*	*	*	8
20-24	10.7	0.8	18.3	41.5	10.0	11.1	5.6	1.7	0.3	100.0	177
25-29	6.9	1.6	8.9	65.9	3.8	7.8	3.8	1.2	0.0	100.0	451
30-34	8.0	0.6	17.3	58.9	1.2	10.1	3.0	0.0	0.9	100.0	412
35-39	9.0	1.3	13.0	61.1	0.5	11.7	2.4	0.8	0.4	100.0	331
40-44	3.6	0.0	6.8	79.0	0.0	6.2	2.5	1.4	0.5	100.0	133
45-49	(3.6)	(0.0)	(0.9)	(86.3)	(0.0)	(9.2)	(0.0)	(0.0)	(0.0)	100.0	42
Marital status											
Married or living together	7.8	0.8	12.7	61.7	3.0	9.6	3.3	0.8	0.4	100.0	1,525
Divorced/separated/widowed	(3.7)	(13.3)	(9.5)	(65.8)	(0.0)	(4.1)	(0.0)	(1.4)	(2.3)	100.0	29
Residence											
Urban	9.1	1.5	13.0	57.7	2.9	11.7	3.4	0.0	0.7	100.0	873
Rural	5.9	0.5	12.2	67.0	2.9	6.6	3.1	1.9	0.0	100.0	680
Region											
Baku	8.5	1.6	6.9	60.6	2.1	15.7	4.1	0.0	0.4	100.0	417
Absheron	6.5	2.5	17.1	56.4	1.3	10.6	5.0	0.0	0.5	100.0	121
Ganja-Gazakh	6.1	0.0	20.2	57.5	6.7	7.7	1.4	0.4	0.0	100.0	305
Shaki-Zaqatala	1.7	0.0	15.0	71.1	1.4	6.4	3.2	0.6	0.5	100.0	99
Lankaran	7.3	2.8	1.3	54.1	3.1	22.8	8.5	0.0	0.0	100.0	76
Guba-Khachmaz	7.1	0.0	22.7	55.3	2.9	5.8	6.2	0.0	0.0	100.0	33
Aran	9.8	0.7	12.2	66.3	2.1	3.9	1.7	2.5	0.8	100.0	406
Yukhari Garabakh	9.2	0.6	18.6	61.9	0.3	2.8	5.8	0.8	0.0	100.0	45
Daghligh Shirvan	7.5	2.8	7.2	69.7	2.1	5.3	4.1	1.3	0.0	100.0	52
Education											
Basic secondary or less	6.5	1.7	12.4	62.6	5.5	9.2	1.3	0.8	0.0	100.0	344
Complete secondary	8.0	0.6	13.9	61.9	1.4	9.1	3.7	1.2	0.3	100.0	870
Secondary specialized	6.7	0.2	12.2	56.5	3.2	14.8	4.6	0.0	1.7	100.0	214
Higher	10.4	3.7	5.2	67.0	6.2	4.0	3.5	0.0	0.0	100.0	125
Wealth quintile											
Lowest	5.4	0.2	20.2	59.3	2.9	7.2	2.8	1.9	0.0	100.0	394
Second	8.6	1.6	12.8	65.0	0.5	6.8	2.7	2.2	0.0	100.0	245
Middle	7.4	1.4	13.0	59.5	3.9	11.1	3.3	0.0	0.3	100.0	355
Fourth	9.1	1.0	7.9	64.4	4.3	8.8	4.3	0.1	0.2	100.0	277
Highest	9.1	1.2	6.1	62.5	2.5	13.8	3.3	0.0	1.5	100.0	283
Total	7.7	1.0	12.6	61.7	2.9	9.5	3.3	0.8	0.4	100.0	1,554

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25 to 49 unweighted cases.

6.5.3 Place of Abortion

Proper medical attention and hygienic conditions during pregnancy termination can reduce the risk of complications and infections that can cause the death or serious illness of the woman. Table 6.9 shows that virtually all induced abortions in Azerbaijan are performed in government health facilities, with maternity homes and hospitals taking three-fifths of cases, while one-third of abortions are performed in government polyclinics/woman's consultation, and five percent are performed in rural health facilities (FAP/DC/PH). Similarly, virtually all terminations are performed by a trained health provider (data not shown separately), with only less than one percent of all terminations performed by a traditional healer or a *mamachi* (traditional birth attendant). Type of place of abortion varies significantly by background characteristics of the woman.

Table 6.9 Place of abortion

Percent distribution of induced abortions in the three years prior to the survey by the place of pregnancy termination, according to background characteristics, Azerbaijan 2006.

Background characteristic	Place of abortion											Total	Number of cases
	Govt. hospital/ maternity home	Govt. poly-clinic/ woman's consultation	FAP/ DC/PH	Govt. family planning center/ cabinet	Other govt.	Private hospital/ maternity home	Private clinic/ woman's consultation	Doctor's home	Respon-dent's home	Other	Missing		
Age													
15-19	*	*	*	*	*	*	*	*	*	*	*	*	8
20-24	69.0	25.7	2.5	0.0	0.0	0.6	1.4	0.0	0.4	0.0	0.3	100.0	177
25-29	57.6	30.3	5.1	0.9	4.3	1.0	0.0	0.0	0.2	0.0	0.6	100.0	451
30-34	60.3	27.2	6.2	0.7	3.3	0.4	0.2	0.7	0.2	0.0	0.7	100.0	412
35-39	55.6	34.8	5.4	0.0	3.2	0.0	0.0	0.3	0.0	0.4	0.4	100.0	331
40-44	68.0	25.8	2.2	0.4	1.7	0.8	0.0	0.0	0.0	0.7	0.5	100.0	133
45-49	(78.6)	(20.5)	(0.9)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	42
Pregnancy order													
First	62.2	27.9	5.2	0.5	2.4	0.4	0.1	0.3	0.2	0.2	0.7	100.0	963
Second	58.2	30.8	5.2	0.7	3.5	0.6	0.2	0.3	0.3	0.0	0.2	100.0	415
Third	56.8	33.2	1.5	0.0	6.6	1.3	0.7	0.0	0.0	0.0	0.0	100.0	122
Fourth or higher	59.8	35.9	2.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	100.0	53
Marital status													
Married or living together	60.7	29.1	4.9	0.5	3.0	0.6	0.2	0.3	0.2	0.2	0.5	100.0	1,525
Divorced/separated/widowed	(56.2)	(41.5)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(2.3)	100.0	29
Residence													
Urban	54.1	40.1	0.9	0.7	2.6	0.4	0.0	0.0	0.1	0.1	0.9	100.0	873
Rural	68.9	15.6	9.8	0.1	3.3	0.8	0.5	0.5	0.3	0.2	0.0	100.0	680
Region													
Baku	52.8	44.3	0.5	1.3	0.5	0.3	0.0	0.0	0.0	0.0	0.4	100.0	417
Absheron	37.6	56.7	1.2	0.5	0.7	2.1	0.0	0.0	0.0	0.8	0.5	100.0	121
Ganja-Gazakh	73.9	18.3	5.4	0.0	0.0	0.2	0.0	0.9	0.0	0.4	0.9	100.0	305
Shaki-Zaqatala	69.0	24.4	2.5	0.0	0.0	0.0	2.5	1.0	0.0	0.0	0.5	100.0	99
Lankaran	48.4	28.2	18.1	1.3	1.9	0.0	0.0	0.0	2.1	0.0	0.0	100.0	76
Guba-Khachmaz	20.0	24.7	43.8	1.3	3.8	0.0	1.9	1.3	3.1	0.0	0.0	100.0	33
Aran	63.1	21.1	4.3	0.0	9.8	1.0	0.0	0.0	0.0	0.0	0.6	100.0	406
Yukhari Garabakh	75.3	13.5	10.6	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	100.0	45
Daghligh Shirvan	93.6	3.5	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	52
Education													
Basic secondary or less	65.3	23.9	5.5	0.3	3.4	0.1	0.0	0.1	0.5	0.0	0.8	100.0	344
Complete secondary	62.2	27.0	5.7	0.1	3.1	0.9	0.0	0.4	0.1	0.3	0.2	100.0	870
Secondary specialized	54.1	39.1	2.5	0.2	1.0	0.0	1.4	0.0	0.0	0.0	1.7	100.0	214
Higher	47.6	44.0	0.0	4.2	3.8	0.4	0.0	0.0	0.0	0.0	0.0	100.0	125
Wealth quintile													
Lowest	69.2	15.7	11.0	0.0	3.2	0.0	0.0	0.7	0.0	0.3	0.0	100.0	394
Second	70.1	16.9	7.7	0.0	4.9	0.0	0.0	0.0	0.3	0.0	0.0	100.0	245
Middle	60.9	28.5	2.4	0.4	3.5	1.8	0.9	0.4	0.1	0.3	1.0	100.0	355
Fourth	52.3	41.5	1.0	0.6	3.0	0.6	0.0	0.0	0.7	0.0	0.2	100.0	277
Highest	48.1	48.5	0.2	1.5	0.0	0.2	0.0	0.0	0.0	0.0	1.5	100.0	283
Total	60.6	29.4	4.8	0.5	2.9	0.6	0.2	0.3	0.2	0.1	0.5	100.0	1,554

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25 to 49 unweighted cases.

When data are computed for abortions performed in the five years prior to the survey among women age 15-44 to be comparable with the data from the 2001 RHSA, virtually all abortions in both surveys were performed in health facilities, with three percent of abortions performed outside medical facility in 2001 and less than one percent in 2006 (data not shown separately).

6.5.4 Method of Abortions

Table 6.10 shows that vacuum aspiration is the most commonly used method of pregnancy termination, reported in over half of cases (54 percent). Women age 25 and older, urban dwellers, better educated women and women from the wealthiest households are more likely to use vacuum aspiration as a method of abortion than women from other backgrounds. There are strong regional variations; for example, the majority of Baku residents (80 percent) reported using vacuum aspiration to terminate unwanted pregnancies, while women in Yukhari Garabakh (81 percent) and in Lankaran (73 percent) mostly rely on D&C (dilation and curettage).

Table 6.10 Method of abortion

Percent distribution of induced abortions in the three years prior to the survey by method of termination, according to background characteristics, Azerbaijan 2006.

Background characteristic	Method of abortion						Total	Number of cases
	D & C	Vacuum aspiration	Oxytocin	Catheter	Don't know	Missing		
Age								
15-19	*	*	*	*	*	*	*	8
20-24	53.8	40.5	0.0	1.1	4.3	0.3	100.0	177
25-29	37.7	59.3	0.0	2.1	0.4	0.5	100.0	451
30-34	44.5	47.8	1.1	4.7	0.5	1.3	100.0	412
35-39	38.8	58.4	1.8	0.2	0.2	0.6	100.0	331
40-44	37.9	59.7	0.0	1.0	0.9	0.5	100.0	133
45-49	(31.9)	(68.1)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	42
Pregnancy order								
First	41.3	54.7	0.5	1.9	1.0	0.7	100.0	963
Second	43.2	52.7	0.8	1.7	0.8	0.8	100.0	415
Third	40.5	51.8	1.0	5.0	0.7	1.0	100.0	122
Fourth or higher	36.5	57.7	2.2	3.6	0.0	0.0	100.0	53
Marital status								
Married or living together	41.6	54.0	0.7	2.2	0.9	0.7	100.0	1,525
Divorced/separated/widowed	(41.6)	(56.1)	(0.0)	(0.0)	(0.0)	(2.3)	100.0	29
Residence								
Urban	32.6	63.6	0.5	2.0	0.3	0.9	100.0	873
Rural	53.1	41.7	0.9	2.2	1.6	0.5	100.0	680
Region								
Baku	18.1	79.5	1.1	0.0	0.3	1.0	100.0	417
Absheron	33.7	65.7	0.0	0.0	0.0	0.5	100.0	121
Ganja-Gazakh	47.3	50.8	0.0	1.1	0.0	0.8	100.0	305
Shaki-Zaqatala	28.4	69.4	0.0	0.0	0.8	1.3	100.0	99
Lankaran	72.6	27.4	0.0	0.0	0.0	0.0	100.0	76
Guba-Khachmaz	54.2	45.8	0.0	0.0	0.0	0.0	100.0	33
Aran	56.6	33.3	1.2	6.0	2.4	0.6	100.0	406
Yukhari Garabakh	80.8	18.0	0.0	0.0	1.2	0.0	100.0	45
Daghligh Shirvan	35.9	49.1	2.0	10.4	2.2	0.4	100.0	52
Education								
Basic secondary or less	44.2	50.0	0.0	3.4	2.4	0.0	100.0	344
Complete secondary	44.9	51.3	1.2	1.4	0.4	0.9	100.0	870
Secondary specialized	28.3	65.5	0.0	4.4	0.1	1.8	100.0	214
Higher	34.3	64.8	0.0	0.0	1.0	0.0	100.0	125
Wealth quintile								
Lowest	50.8	39.8	1.2	5.3	2.2	0.6	100.0	394
Second	57.4	38.9	1.9	0.7	0.8	0.4	100.0	245
Middle	43.1	54.2	0.3	2.1	0.1	0.1	100.0	355
Fourth	29.3	68.8	0.0	0.3	0.5	1.1	100.0	277
Highest	25.1	72.2	0.0	0.8	0.4	1.5	100.0	283
Total	41.6	54.0	0.7	2.1	0.9	0.7	100.0	1,554

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25 to 49 unweighted cases.

6.5.5 Use of Anesthesia during Abortion

About two-thirds of abortions in the three years prior to the survey were performed under anesthesia (Table 6.11). The most disturbing finding is that over one-third of cases reportedly did not have any anesthesia used in abortions performed in the three years prior to the survey. Older women, those living in urban areas, better educated women and those from the wealthiest households are more likely to report having an abortion performed under anesthesia.

Table 6.11 Anesthesia used for abortion

Percent distribution of induced abortions in the three years prior to the survey by the type of anesthesia provided during the abortion, according to background characteristics, Azerbaijan 2006.

Background characteristic	Anesthesia used for abortion					Total	Number of cases
	Local	Intravenous	Neither	Don't know	Missing		
Age							
15-19	*	*	*	*	*	100.0	8
20-24	43.7	12.4	42.0	1.1	0.8	100.0	177
25-29	44.4	16.7	33.6	4.7	0.5	100.0	451
30-34	52.5	12.3	30.7	3.7	0.8	100.0	412
35-39	43.3	11.9	41.4	2.6	0.7	100.0	331
40-44	50.1	20.4	27.3	1.1	1.1	100.0	133
45-49	(31.5)	(12.9)	(55.6)	(0.0)	(0.0)	100.0	42
Pregnancy order							
First	47.7	14.4	34.6	2.7	0.6	100.0	963
Second	42.9	14.8	38.2	2.9	1.2	100.0	415
Third	43.7	12.3	37.3	6.7	0.0	100.0	122
Fourth or higher	56.6	12.1	26.9	4.1	0.3	100.0	53
Marital status							
Married or living together	45.8	14.4	35.9	3.2	0.7	100.0	1,525
Divorced/separated/widowed	(75.5)	(9.8)	(12.5)	(0.0)	(2.3)	100.0	29
Residence							
Urban	50.8	15.0	30.9	2.7	0.6	100.0	873
Rural	40.8	13.4	41.4	3.7	0.7	100.0	680
Region							
Baku	58.3	20.7	19.2	1.3	0.4	100.0	417
Absheron	36.4	15.7	43.0	4.3	0.5	100.0	121
Ganja-Gazakh	40.3	10.9	47.4	1.3	0.0	100.0	305
Shaki-Zaqatala	63.3	22.8	8.8	1.9	3.3	100.0	99
Lankaran	47.3	11.4	37.6	3.6	0.0	100.0	76
Guba-Khachmaz	75.4	10.5	5.6	8.5	0.0	100.0	33
Aran	36.4	9.1	47.1	6.3	1.1	100.0	406
Yukhari Garabakh	55.3	9.2	33.6	1.9	0.0	100.0	45
Daghligh Shirvan	28.5	14.5	55.8	0.6	0.5	100.0	52
Education							
Basic secondary or less	41.1	11.7	40.9	6.2	0.1	100.0	344
Complete secondary	45.2	14.8	37.2	2.3	0.6	100.0	870
Secondary specialized	53.2	15.3	27.0	1.9	2.6	100.0	214
Higher	57.4	16.5	23.3	2.8	0.0	100.0	125
Wealth quintile							
Lowest	43.9	11.5	42.0	2.7	0.0	100.0	394
Second	43.5	13.9	37.7	4.1	0.8	100.0	245
Middle	44.3	11.4	39.8	3.5	1.0	100.0	355
Fourth	48.6	18.4	27.5	5.3	0.2	100.0	277
Highest	53.0	18.2	27.0	0.4	1.5	100.0	283
Total	46.4	14.3	35.5	3.1	0.7	100.0	1,554

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25 to 49 unweighted cases.

Overall, the proportion of the abortions performed under any form of anesthesia during the past five years increased from 39 percent in 2001 to 60 percent in 2006 (for women age 15-44 for the abortions performed in the five years prior to the survey). The proportion of cases that reportedly did not have any anesthesia used in abortions declined from 59 percent in 2001 to 35 percent in 2006 (data not shown separately).

6.5.6 Post-Abortion Complications and Antibiotic Treatment

The majority of women did not report any complications as a result of the abortion, which is understandable as most terminations are performed by highly skilled health providers in well-equipped health facilities. Nonetheless, within 30 days of the abortion, 11 percent of women developed health problems as a result of the abortion and four percent reported having an abortion-related problem in the six months following the abortion (Table 6.12).

Figures 6.4 and 6.5 show that belly pain is a prevalent complaint among these with early and late abortion complications. Figure 6.4 also shows that among 11 percent of cases with early

complications, half complained about severe bleeding and fever, and 12 percent reported having the very serious problem of perforation.

Figure 6.4 **Early post-abortion complications (N=177)**

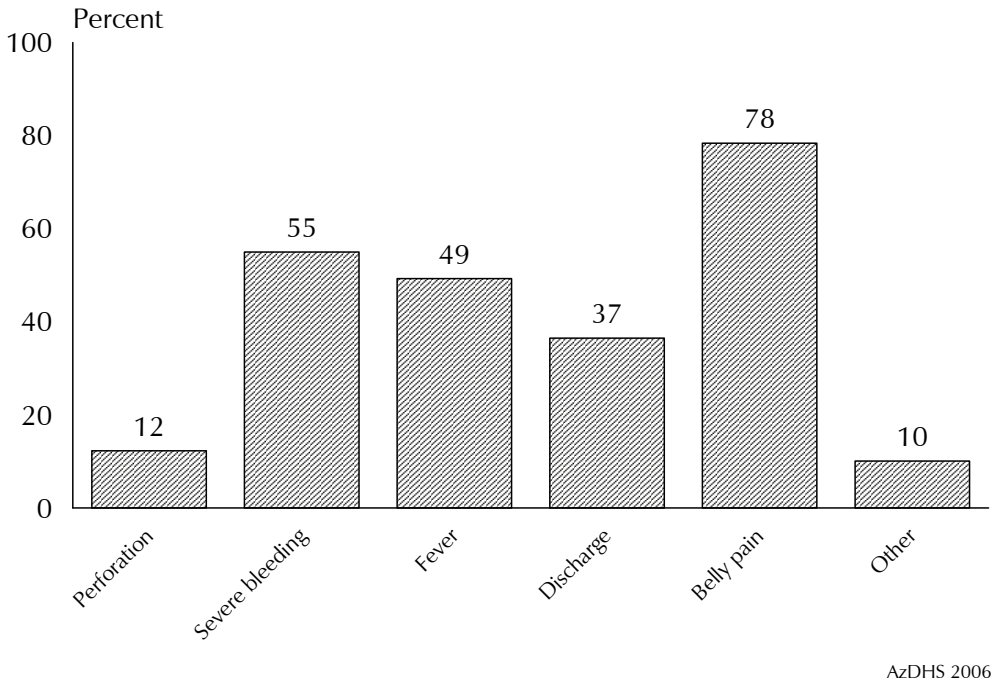


Figure 6.5 **Late abortion complications (N=56)**

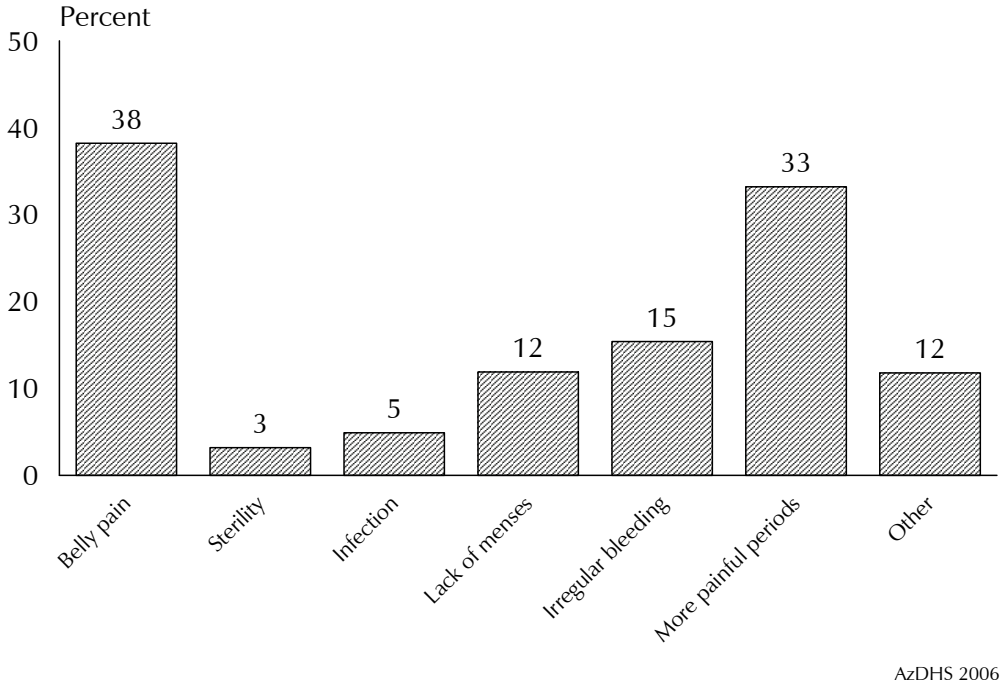


Table 6.12 Health issues related to abortions

Percent distribution of induced abortions in the three years prior to the survey by whether or not the mother received antibiotics, had abortion-related health problems within 30 days following the abortion, and had abortion-related health problems in the 6 months following the abortion, according to background characteristics, Azerbaijan 2006.

Background characteristic	Took antibiotics after abortion				Had health problems as a result of the abortion in the 30 days after the abortion			Had related health problems later than 6 months after the abortion					Number of cases
	Yes	No	Don't know	Missing	Yes	No	Missing	Yes	No	Not yet 6 months	Don't know	Missing	
Age													
15-19	*	*	*	*	*	*	*	*	*	*	*	*	8
20-24	29.9	67.6	0.0	2.5	18.4	80.9	0.8	8.4	85.0	5.4	0.5	0.8	177
25-29	20.8	76.9	1.4	0.9	8.2	91.3	0.5	2.5	91.7	4.4	0.8	0.5	451
30-34	21.7	76.0	1.1	1.2	13.2	86.0	0.8	2.9	88.7	5.5	2.1	0.8	412
35-39	25.2	71.2	2.9	0.7	11.5	87.8	0.7	2.5	93.3	3.5	0.0	0.7	331
40-44	20.9	78.1	0.0	1.1	8.1	90.8	1.1	6.2	90.7	2.1	0.0	1.1	133
45-49	(21.5)	(76.1)	(2.3)	(0.0)	(5.9)	(94.1)	(0.0)	(3.2)	(95.9)	(0.9)	(0.0)	(0.0)	42
Pregnancy order													
First	25.3	73.1	0.8	0.9	12.3	87.1	0.6	4.4	87.4	6.9	0.7	0.6	963
Second	17.5	77.7	2.6	2.1	8.7	90.1	1.2	1.8	94.6	1.1	1.2	1.2	415
Third	18.7	78.8	2.5	0.0	12.1	87.9	0.0	2.8	96.1	0.0	1.1	0.0	122
Fourth or higher	32.8	66.9	0.0	0.3	14.3	85.4	0.3	5.6	93.7	0.5	0.0	0.3	53
Marital status													
Married or living together	23.1	74.4	1.4	1.1	11.6	87.7	0.7	3.7	90.1	4.7	0.9	0.7	1,525
Divorced/separated/widowed	(13.1)	(84.7)	(0.0)	(2.3)	(0.3)	(97.5)	(2.3)	(0.0)	(97.7)	(0.0)	(0.0)	(2.3)	29
Residence													
Urban	24.9	72.7	1.5	0.9	9.2	90.2	0.6	3.9	90.7	3.9	0.8	0.6	873
Rural	20.5	76.9	1.2	1.4	14.2	85.1	0.7	3.2	89.6	5.5	0.9	0.8	680
Region													
Baku	26.7	70.2	2.6	0.4	4.3	95.3	0.4	2.4	93.7	2.3	1.2	0.4	417
Absheron	22.5	76.2	0.8	0.5	13.4	86.1	0.5	4.4	84.1	10.8	0.0	0.6	121
Ganja-Gazakh	27.7	72.3	0.0	0.0	16.0	84.0	0.0	6.5	88.7	4.1	0.7	0.0	305
Shaki-Zaqatala	21.5	71.3	3.9	3.3	16.2	80.5	3.3	1.3	81.4	13.2	0.8	3.3	99
Lankaran	13.5	82.6	1.3	2.6	6.9	93.1	0.0	3.0	96.2	0.7	0.0	0.0	76
Guba-Khachmaz	9.0	89.3	1.7	0.0	11.6	88.4	0.0	5.4	89.9	4.7	0.0	0.0	33
Aran	19.2	78.1	0.7	2.0	12.9	85.9	1.1	3.1	91.6	3.0	1.2	1.1	406
Yukhari Garabakh	21.1	78.2	0.7	0.0	11.0	89.0	0.0	1.3	91.7	6.9	0.0	0.0	45
Daghligh Shirvan	22.4	73.0	2.0	2.5	22.5	77.0	0.5	4.7	82.8	11.6	0.4	0.5	52
Education													
Basic secondary or less	20.7	77.0	1.1	1.2	13.3	86.6	0.1	5.9	85.9	6.3	1.9	0.1	344
Complete secondary	21.6	75.7	1.8	0.9	12.2	87.2	0.6	2.9	91.4	4.4	0.7	0.6	870
Secondary specialized	30.7	65.9	0.8	2.6	8.9	88.5	2.6	3.9	89.6	3.7	0.1	2.6	214
Higher	25.5	74.5	0.0	0.0	4.7	95.3	0.0	1.3	95.7	3.0	0.0	0.0	125
Wealth quintile													
Lowest	19.8	78.9	0.8	0.5	15.5	84.5	0.0	6.0	89.3	4.1	0.7	0.0	394
Second	19.3	77.8	0.8	2.0	11.8	87.4	0.8	1.6	90.4	6.7	0.4	0.8	245
Middle	21.5	74.9	2.0	1.6	13.0	86.0	1.0	2.9	90.2	5.2	0.6	1.1	355
Fourth	21.7	76.1	2.0	0.2	7.9	91.9	0.2	4.2	87.7	5.2	2.6	0.2	277
Highest	33.5	63.8	1.2	1.5	6.8	91.7	1.5	2.3	94.1	2.2	0.0	1.5	283
Total	23.0	74.6	1.4	1.1	11.4	87.9	0.7	3.6	90.3	4.6	0.9	0.7	1,554

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25 to 49 unweighted cases.

Antibiotics were used in approximately one in five cases (Table 6.12). Women age 20-24, those living in urban areas, those with secondary specialized or higher education, and those from the highest wealth quintile are more likely to report post-abortion treatment with antibiotics and, except for those age 20-24, also among the least likely to have complications. Whether the latter relationship is related to use of antibiotics or because more educated and wealthy women are able to obtain better care needs further investigation.

When the 2006 AzDHS data are computed among women age 15-44 for the abortions performed in the five years prior to the survey to be comparable with the data from the 2001 RHSA, a smaller proportion of women age 15-44 in 2006 reported early complications as a result of the abortion (17 percent in 2001 and 11 percent in 2006), while the proportion of cases with late complications and use of antibiotics did not change. Prevalence of abdominal pain remains high among early post abortion health problems (78 percent in 2001 and 77 percent in 2006), but complaints about severe bleeding (42 percent in 2001 and 55 percent in 2006) and fever (38 percent in 2001 and 46 percent in 2006) increased. Such serious health problem as perforation markedly increased during the past five years- from less than one percent in 2001 to 15 percent in 2006 among women age 15-44. This finding is somewhat surprising since virtually all terminations are performed

in medical facilities by skilled health providers, however, due to a very small number of cases this finding should be considered with caution (data not shown separately).

OTHER PROXIMATE DETERMINANTS OF FERTILITY 7

Given the biological capacity to reproduce, the social environment in which people live largely determines whether couples will have children and, if so, how many and with what kind of spacing. This chapter addresses the principal factors other than contraception and abortion that influence fertility. These factors include marriage (including consensual unions), sexual activity, postpartum amenorrhea and abstinence from sexual relations, and menopause.

Marriage is a principal indicator of women's exposure to risk of pregnancy. Early age at marriage in a population is usually associated with a longer period of exposure to the risk of pregnancy and higher fertility levels. Sometimes, the early initiation of childbearing associated with early marriage may also adversely affect women's and children's health. The durations of postpartum amenorrhea and postpartum abstinence, both of which affect the length of time a woman is insusceptible to pregnancy, help determine the interval between births, as does the frequency of intercourse. The onset of menopause marks the end of a woman's reproductive life cycle. Taken together, these factors in large measure determine the length and pace of reproduction; hence they are important in understanding fertility levels and differences.

7.1 MARITAL STATUS

The distribution of all women age 15-49 and all men age 15-49 by current marital status at the time of survey is presented in Table 7.1. The term "married" refers to legal or formal marriages (civil or religious), while "living together" refers to informal unions. In subsequent tables, these two categories are merged and referred to collectively as "currently married." Persons who are widowed, divorced, or separated are considered to be "formerly married." According to the 2006 AzDHS, a majority of women (62 percent) are formally married or cohabiting, 4 percent are divorced or separated, and 3 percent are widowed. Thirty-one percent of women have never been married.

Table 7.1 Current marital status

Percent distribution of women and men age 15-49 by current marital status, according to age, Azerbaijan 2006

	Marital status								
Age	Never married	Married	Living together	Divorced	Separated	Widowed	Total	Percentage currently in union	Number of respondents
WOMEN									
15-19	89.1	9.9	0.0	1.0	0.0	0.0	100.0	9.9	1,531
20-24	46.7	51.7	0.1	0.6	0.2	0.6	100.0	51.9	1,344
25-29	21.1	73.0	0.3	4.2	0.8	0.6	100.0	73.3	1,100
30-34	11.6	81.8	0.4	4.0	0.7	1.5	100.0	82.2	1,008
35-39	11.0	79.5	0.3	5.6	0.9	2.7	100.0	79.8	1,160
40-44	6.5	82.5	0.2	4.2	1.2	5.3	100.0	82.7	1,319
45-49	5.6	78.1	0.1	6.2	0.4	9.6	100.0	78.3	982
Total 15-49	30.9	62.2	0.2	3.4	0.6	2.7	100.0	62.4	8,444
MEN									
15-19	99.8	0.1	0.0	0.0	0.1	0.0	100.0	0.1	382
20-24	84.8	13.5	1.1	0.0	0.6	0.0	100.0	14.6	356
25-29	36.1	62.1	1.0	0.0	0.8	0.0	100.0	63.1	293
30-34	13.7	83.1	1.0	0.8	1.1	0.3	100.0	84.1	279
35-39	4.4	94.3	0.2	0.8	0.2	0.0	100.0	94.6	309
40-44	0.5	97.1	0.7	1.6	0.1	0.0	100.0	97.8	312
45-49	2.0	95.8	0.1	1.5	0.0	0.6	100.0	95.9	315
Total 15-49	37.8	60.5	0.6	0.6	0.4	0.1	100.0	61.1	2,245
50-59	1.4	96.4	1.1	0.3	0.0	0.9	100.0	97.5	313
Total 15-59	33.3	64.9	0.6	0.6	0.3	0.2	100.0	65.5	2,558

These data confirm the near universality of marriage in Azerbaijan. The proportion of women currently married rapidly increases with age up to age 30-34 and then fluctuates around 80 percent among women age 35 and older. As age increases the proportions of women widowed and divorced or separated also increase. Among women age 45-49, only 6 percent have never married, 78 percent are married or cohabiting with a man, and 16 percent are formerly married. The main reason for marital disruption among this age group is widowhood (10 percent).

Table 7.1 shows that compared with women, men are more likely to have never married (38 percent of men and 31 percent of women). This difference is largely explained by the tendency of men to marry at later ages. For example, 52 percent of women between the ages of 20 and 24 are in union compared with 15 percent of men of the same age.

7.2 AGE AT FIRST MARRIAGE

Marriage in most societies defines the onset of the socially acceptable time for childbearing. Women who marry early will have, on average, a longer period of exposure to pregnancy, often leading to a higher number of children ever born. Information on age at first marriage was obtained by asking all ever-married respondents the month and year they started living together with their first spouse. Table 7.2 shows the percentage of women and men who have married by specific ages, according to current age group.

Table 7.2 Age at first marriage

Percentage of women and men age 15-49 who were first married by specific exact ages and median age at first marriage, according to current age, Azerbaijan 2006

	Percentage first married by exact age:					Percentage never	Number of	Median age at first
Current age	15	18	20	22	25	married	respondents	marriage
				WOMEN				
15-19	0.4	na	na	na	na	89.1	1,531	a
20-24	0.7	12.2	30.6	na	na	46.7	1,344	na
25-29	0.8	16.3	34.7	51.9	70.2	21.1	1,100	21.8
30-34	0.3	14.4	38.8	57.3	74.5	11.6	1,008	21.0
35-39	0.4	7.9	30.9	49.6	71.9	11.0	1,160	22.0
40-44	0.3	7.0	25.6	46.0	71.7	6.5	1,319	22.4
45-49	0.4	9.2	29.9	50.0	72.5	5.6	982	22.0
20-49	0.5	11.0	31.4	na	na	18.0	6,913	na
25-49	0.5	10.8	31.6	50.6	72.1	11.1	5,569	21.9
				MEN				
15-19	0.1	na	na	na	na	99.8	382	a
20-24	0.0	0.4	2.3	na	na	84.8	356	a
25-29	0.0	1.7	3.5	12.7	39.4	36.1	293	na
30-34	0.0	0.3	5.5	20.8	41.5	13.7	279	26.2
35-39	0.8	1.2	2.7	16.9	48.0	4.4	309	25.2
40-44	0.0	0.3	2.7	14.9	44.8	0.5	312	25.5
45-49	0.0	0.0	0.7	12.0	45.5	2.0	315	25.4
20-49	0.1	0.6	2.8	na	na	25.1	1,863	na
25-49	0.2	0.7	2.9	15.4	43.9	11.0	1,507	na
30-49	0.2	0.5	2.8	16.0	45.0	4.9	1,215	25.5
20-59	0.1	0.6	2.6	na	na	21.7	2,176	na
25-59	0.1	0.6	2.7	14.4	42.3	9.3	1,820	na

Note: Age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner. The median is the midpoint of the distribution of respondents by exact age at first marriage.
na = Not applicable due to censoring
a = Omitted because less than 50 percent of the women or men began living with their husbands, wives, or partners for the first time before reaching the beginning of the age group

More than 30 percent of women enter marriage before their 20th birthday. Among women age 25-49, the median age at first marriage is 21.9 years, indicating that half of the women in those age groups married before that age. An examination of the variation in the median age at first marriage by age group indicates that changes in the age at which women marry over time have been small.

Interestingly, the median age at marriage among women age 25-29 (21.8 years) is about one year higher than that for women age 30-34 (21.0 years), suggesting that age at marriage may be increasing in the younger cohorts.

The lower panel of Table 7.2 shows age at first marriage for men. Only 3 percent of men marry before their 20th birthday. As among women, the median age at first marriage for men is largely constant across the age cohorts. The median age at marriage among men age 30-34 (26.2 years) is one year higher than among men age 35-39 (25.2 years).

Table 7.3.1 and Table 7.3.2 present the median age at first marriage for women age 25-49 and for men age 30-49, respectively, by background characteristics. Urban women and men tend to marry slightly later than their rural counterparts. Women and men in Yukhari Garabakh and men in Baku and Absheron regions marry later than those in the other regions. The median age at first marriage increases with educational level for women and men. Among men, age at marriage increases as wealth increases, but this relationship is not clear for women.

Table 7.3.1 Median age at first marriage: Women

Median age at first marriage among women age 25-49, by current age, according to background characteristics, Azerbaijan 2006

Background characteristic	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	22.4	21.4	22.1	22.5	22.1	22.2
Rural	20.7	20.6	21.9	22.2	21.8	21.5
Region						
Baku	22.3	21.5	22.1	22.3	21.6	22.0
Absheron	23.8	21.3	22.5	22.6	22.0	22.5
Ganja-Gazakh	20.2	20.1	20.8	21.7	22.0	20.9
Shaki-Zaqatala	21.8	20.6	21.6	22.4	21.0	21.5
Lankaran	22.2	21.3	21.8	22.5	22.2	22.0
Guba-Khachmaz	21.8	20.4	22.2	22.5	22.7	22.1
Aran	21.0	21.0	22.5	22.7	22.5	22.1
Yukhari Garabakh	21.7	23.7	24.2	23.4	23.3	23.2
Daghligh Shirvan	19.8	20.5	21.7	22.3	22.3	21.4
Education						
Basic secondary or less	20.2	20.2	20.8	22.2	20.4	20.7
Complete secondary	20.9	20.4	21.1	21.8	21.3	21.2
Secondary specialized	22.9	22.2	23.6	22.5	23.3	22.8
Higher	23.7	23.7	23.5	24.3	24.0	23.9
Wealth quintile						
Lowest	20.7	20.1	22.5	23.4	22.4	22.0
Second	20.6	21.7	22.0	22.3	22.0	21.9
Middle	21.9	20.2	21.8	22.0	21.3	21.5
Fourth	22.3	22.2	22.0	21.8	22.4	22.1
Highest	22.8	21.3	21.9	22.4	21.8	22.1
Total	21.8	21.0	22.0	22.4	22.0	21.9

Note: Age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner.

Table 7.3.2 Median age at first marriage: Men

Median age at first marriage among men age 30-49, by current age, according to background characteristics, Azerbaijan 2006

Background characteristic	Current age				Men age 30-49
	30-34	35-39	40-44	45-49	
Residence					
Urban	26.7	24.9	26.2	25.8	25.9
Rural	25.4	25.9	24.6	24.4	24.9
Region					
Baku	26.6	25.1	26.4	25.6	25.9
Absheron	27.7	25.5	24.4	26.1	26.0
Ganja-Gazakh	24.5	25.8	25.2	25.4	25.4
Shaki-Zaqatala	25.9	24.8	25.6	25.4	25.5
Lankaran	24.4	25.7	24.5	24.3	24.6
Guba-Khachmaz	26.5	24.3	25.9	24.8	24.9
Aran	26.1	25.7	25.1	24.9	25.3
Yukhari Garabakh	26.2	28.5	24.0	24.9	25.7
Daghligh Shirvan	25.7	25.3	23.9	25.3	24.9
Education					
Basic secondary or less	24.5	25.3	25.6	24.2	24.9
Complete secondary	26.0	24.8	25.1	24.9	25.2
Secondary specialized	27.1	24.8	25.4	24.1	25.1
Higher	26.8	26.2	26.7	26.3	26.5
Wealth quintile					
Lowest	23.7	24.5	25.1	25.0	24.7
Second	26.6	26.6	24.1	24.0	25.1
Middle	25.2	25.2	26.7	25.5	25.7
Fourth	26.9	24.8	25.6	26.1	25.6
Highest	26.8	25.5	26.2	25.6	26.0
Total	26.2	25.2	25.5	25.4	25.5

Note: Age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner.

7.3 AGE AT FIRST SEXUAL INTERCOURSE

Although age at marriage is often used as a proxy measure for the beginning of exposure to the risk of pregnancy, some women engage in sexual activity before marriage. The 2006 AzDHS asked women and men to state the age at which they first had sexual intercourse. The percentage of women and men who had had sexual intercourse by exact ages is given in Table 7.4.

Overall, the 2006 AzDHS results indicate that among women age 25-49, age at first marriage and age at first intercourse correspond to a great extent. Only a small fraction (less than 1 percent) of women and men report that they had sex before they were 15, while about 31 percent of women and half of men first had sex by the time they turned 20. Women age 30-34 reported an earlier debut of their sexual activity than younger and older women. This is reflected in the median age at first sex, which is above 22 years for those in their forties and 21.1 years for women age 30-34. As with median age at first marriage, age at first sexual intercourse is higher among women age 25-29 (21.9 years) than among those age 30-34 (21.1 years).

The data for the male respondents show an earlier age at first sex at most age groups, compared with female respondents. Although very few men are married by age 20 (just 3 percent), half (52 percent) have had sexual intercourse by the same age. The median age at first intercourse among men age 30-34 is nearly seven years younger than median age at first marriage (19.5 versus 26.2), and about 5-6 years younger in other age groups.

Table 7.4 Age at first sexual intercourse

Percentage of women and men age 15-49 who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, by current age, Azerbaijan 2006

Current age	Percentage who had first sexual intercourse by exact age: 15	18	20	22	25	Percentage who never had intercourse	Number of respondents	Median age at first intercourse
WOMEN								
15-19	0.4	na	na	na	na	88.7	1,531	a
20-24	0.7	11.5	30.2	na	na	46.6	1,344	a
25-29	0.8	16.3	33.9	50.8	68.9	21.1	1,100	21.9
30-34	0.2	14.2	38.2	56.2	73.4	11.6	1,008	21.1
35-39	0.2	8.1	30.4	49.1	71.3	11.0	1,160	22.1
40-44	0.3	6.8	24.9	45.2	70.3	6.1	1,319	22.5
45-49	0.4	9.1	29.5	48.6	71.4	5.2	982	22.2
20-49	0.4	10.8	30.9	na	na	17.9	6,913	na
25-49	0.4	10.7	31.1	49.7	71.0	10.9	5,569	22.0
MEN								
15-19	0.6	na	na	na	na	86.9	382	a
20-24	0.6	22.1	46.4	na	na	29.0	356	a
25-29	1.2	18.3	51.9	78.8	88.8	5.5	293	19.9
30-34	0.0	16.7	58.2	83.9	92.6	0.8	279	19.5
35-39	0.0	18.5	46.9	77.0	90.9	0.3	309	20.2
40-44	0.0	16.3	54.3	75.6	91.4	0.5	312	19.8
45-49	0.5	12.6	47.5	75.8	91.9	0.0	315	20.2
20-49	0.4	17.5	50.6	na	na	6.6	1,863	20.0
25-49	0.3	16.4	51.6	78.1	91.1	1.4	1,507	19.9
20-59	0.4	17.3	49.2	na	na	5.7	2,176	na
25-59	0.4	16.4	49.8	77.1	90.5	1.1	1,820	20.0

na = Not applicable due to censoring
a = Omitted because less than 50 percent of the respondents had intercourse for the first time before reaching the beginning of the age group

Table 7.5.1 and Table 7.5.2 show the median age at first sex by background characteristics for women and men age 25-49. Women in rural areas start sexual activity slightly earlier than their urban counterparts. With respect to education, women with higher education begin sexual activity about three years later than those with secondary education. The highest median age is in Yukhari Garabakh (23.2 years) and the lowest is in Ganja-Gazakh (21.0 years).

Table 7.5.1 Median age at first intercourse: Women

Median age at first sexual intercourse among women age 25-49, by current age, according to background characteristics, Azerbaijan 2006

Background characteristic	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	22.4	21.5	22.2	22.7	22.2	22.3
Rural	20.7	20.7	21.9	22.1	22.0	21.6
Region						
Baku	22.3	21.6	22.1	22.4	21.8	22.1
Absheron	23.8	21.3	22.5	22.6	22.2	22.6
Ganja-Gazakh	20.3	20.3	20.9	21.8	22.2	21.0
Shaki-Zaqatala	22.0	20.5	21.5	22.5	21.3	21.5
Lankaran	22.5	21.6	21.6	22.5	22.3	22.1
Guba-Khachmaz	22.0	20.4	22.2	22.5	22.7	22.1
Aran	21.0	21.2	22.6	22.8	22.6	22.2
Yukhari Garabakh	21.7	23.9	24.0	23.4	23.4	23.2
Daghligh Shirvan	19.8	20.5	21.6	22.3	21.7	21.4
Education						
Basic secondary or less	20.4	20.1	20.9	22.6	20.4	20.8
Complete secondary	21.0	20.5	21.2	21.8	21.6	21.3
Secondary specialized	22.8	22.2	23.6	22.5	23.4	22.8
Higher	23.9	23.7	23.7	24.3	23.8	23.9
Wealth quintile						
Lowest	20.8	20.4	22.6	23.6	22.4	22.2
Second	20.6	22.0	22.0	22.3	22.1	21.9
Middle	21.9	20.2	21.8	22.1	21.5	21.6
Fourth	22.5	22.3	22.1	21.9	22.5	22.2
Highest	22.8	21.2	22.0	22.4	22.0	22.2
Total	21.9	21.1	22.1	22.5	22.2	22.0

Table 7.5.2 Median age at first intercourse: Men

Median age at first sexual intercourse among men age 25-49, by current age, according to background characteristics, Azerbaijan 2006

Background characteristic	Current age					Men age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	19.2	18.9	19.9	19.2	19.7	19.3
Rural	20.5	20.1	20.4	20.4	20.7	20.4
Region						
Baku	18.4	18.4	18.6	18.5	18.6	18.5
Absheron	21.5	21.4	22.2	21.7	22.3	21.8
Ganja-Gazakh	20.4	19.5	20.1	20.0	20.0	20.0
Shaki-Zaqatala	22.3	21.6	22.8	21.8	23.7	22.8
Lankaran	20.5	19.4	20.7	19.5	22.1	20.4
Guba-Khachmaz	20.7	20.7	20.2	20.3	20.6	20.5
Aran	19.7	20.0	20.5	20.1	20.5	20.2
Yukhari Garabakh	22.0	19.1	19.9	20.4	20.4	20.4
Daghligh Shirvan	18.7	22.8	18.5	22.7	21.7	21.0
Education						
Basic secondary or less	20.3	20.3	20.5	22.3	21.4	20.7
Complete secondary	19.9	20.0	20.3	19.9	20.3	20.1
Secondary specialized	20.5	18.7	20.4	19.4	20.0	19.9
Higher	18.7	18.7	18.9	19.1	19.3	18.9
Wealth quintile						
Lowest	20.8	20.3	20.6	20.5	20.6	20.6
Second	19.8	20.2	20.1	19.9	21.0	20.2
Middle	20.6	19.6	20.2	20.4	20.3	20.2
Fourth	19.1	20.3	19.6	19.2	20.3	19.6
Highest	18.7	18.4	19.5	18.7	18.9	18.7
Total	19.9	19.5	20.2	19.8	20.2	19.9

Interestingly, the data on men by background characteristics show different patterns compared with the women's data. For example, rural men start sexual activity one year later than urban men, while rural women start sexual activity earlier. Median age at first sex for men varies substantially by region, from 18.5 years in Baku to 22.8 years in Shaki-Zaqatala. The range for women is smaller

(21.0 years in Ganja-Gazakh to 23.2 years in Yukhari Garabakh). Median age at first sex among men decreases as the level of education and wealth quintile increase. The pattern is the opposite for women.

7.4 RECENT SEXUAL ACTIVITY

In the absence of contraception, the chance of becoming pregnant is related to the frequency of sexual intercourse; therefore, knowledge of frequency is a useful indicator of exposure to pregnancy. In the 2006 AzDHS women and men were asked how long ago their last sexual activity occurred. Respondents were considered to be sexually active if they had sexual intercourse at least once in the four weeks prior to the survey. Tables 7.6.1 and 7.6.2 show the distribution of women and men, respectively, according to the timing of last sexual activity, by background characteristics.

Table 7.6.1 Recent sexual activity: Women

Percent distribution of women age 15-49 by timing of last sexual intercourse, according to background characteristics, Azerbaijan 2006

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years	Missing	Never had sexual intercourse	Total	Number of women
Age							
15-19	8.2	1.7	0.9	0.5	88.7	100.0	1,531
20-24	42.8	7.8	1.7	1.1	46.6	100.0	1,344
25-29	64.1	7.5	5.8	1.6	21.1	100.0	1,100
30-34	73.0	7.5	5.4	2.5	11.6	100.0	1,008
35-39	68.2	8.8	10.6	1.4	11.0	100.0	1,160
40-44	71.7	7.8	12.9	1.6	6.1	100.0	1,319
45-49	64.3	10.5	17.6	2.4	5.2	100.0	982
Marital status							
Never married	0.0	0.0	0.3	0.3	99.4	100.0	2,608
Married or living together	85.5	10.8	2.6	1.2	0.0	100.0	5,269
Divorced/separated/widowed	1.0	5.3	84.1	9.6	0.0	100.0	567
Marital duration[2]							
0-4 years	82.2	15.1	0.8	1.9	0.0	100.0	1,067
5-9 years	89.7	7.3	1.7	1.3	0.0	100.0	831
10-14 years	88.2	8.3	2.1	1.4	0.0	100.0	925
15-19 years	85.4	10.0	3.8	0.8	0.0	100.0	1,036
20-24 years	85.8	10.3	3.2	0.7	0.0	100.0	841
25+ years	80.4	14.1	4.5	1.0	0.0	100.0	495
Married more than once	80.3	10.5	7.5	1.6	0.0	100.0	74
Residence							
Urban	53.3	5.7	8.7	1.5	30.9	100.0	4,772
Rural	53.5	8.9	5.6	1.5	30.5	100.0	3,672
Region							
Baku	53.5	4.1	9.3	1.1	32.0	100.0	2,560
Absheron	52.5	5.4	7.2	0.8	34.1	100.0	582
Ganja-Gazakh	56.1	9.2	7.9	1.3	25.5	100.0	1,148
Shaki-Zaqatala	56.4	8.0	3.8	1.0	30.8	100.0	589
Lankaran	51.7	9.1	6.4	2.0	30.9	100.0	706
Guba-Khachmaz	53.8	3.0	5.3	0.7	37.3	100.0	380
Aran	51.3	9.9	6.8	2.5	29.5	100.0	2,019
Yukhari Garabakh	55.6	6.2	4.9	1.0	32.3	100.0	204
Daghligh Shirvan	54.0	7.4	5.9	0.6	32.1	100.0	255
Education							
Basic secondary or less	45.5	7.0	7.4	2.1	37.9	100.0	1,815
Complete secondary	56.5	7.3	7.0	1.4	27.9	100.0	4,382
Secondary specialized	55.9	7.5	8.3	1.4	26.9	100.0	1,138
Higher	51.6	6.0	7.6	0.9	33.9	100.0	1,110
Wealth quintile							
Lowest	54.1	6.2	7.6	1.6	30.5	100.0	1,550
Second	52.6	9.2	6.3	1.2	30.7	100.0	1,649
Middle	53.3	8.9	7.0	1.8	29.0	100.0	1,707
Fourth	52.9	7.3	6.9	1.7	31.2	100.0	1,719
Highest	54.0	4.1	8.7	1.1	32.1	100.0	1,819
Total	53.4	7.1	7.3	1.5	30.7	100.0	8,444

[1] Excludes women who had sexual intercourse within the past 4 weeks
[2] Excludes women who are not currently married

Table 7.6.2 Recent sexual activity: Men

Percent distribution of men age 15-49 by timing of last sexual intercourse, according to background characteristics, Azerbaijan 2006

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years	Missing	Never had sexual intercourse	Total	Number of men
Age							
15-19	3.1	8.5	1.1	0.4	86.9	100.0	382
20-24	38.8	23.7	8.4	0.2	29.0	100.0	356
25-29	76.2	15.5	2.1	0.8	5.5	100.0	293
30-34	84.6	12.2	1.5	0.9	0.8	100.0	279
35-39	93.5	3.8	1.1	1.3	0.3	100.0	309
40-44	90.9	5.8	1.1	1.7	0.5	100.0	312
45-49	91.5	6.7	1.5	0.2	0.0	100.0	315
Marital status							
Never married	21.8	18.7	5.5	0.3	53.6	100.0	848
Married or living together	93.0	5.6	0.4	1.0	0.1	100.0	1,371
Divorced/separated/widowed	(37.2)	(46.4)	(16.3)	(0.0)	(0.0)	100.0	26
Marital duration[2]							
0-4 years	89.7	9.5	0.0	0.4	0.4	100.0	275
5-9 years	94.3	3.6	0.0	2.1	0.0	100.0	240
10-14 years	94.1	5.2	0.3	0.5	0.0	100.0	271
15-19 years	96.1	1.8	0.0	2.1	0.0	100.0	270
20-24 years	91.6	6.3	1.5	0.6	0.0	100.0	225
25+ years	92.5	5.8	1.7	0.0	0.0	100.0	50
Married more than once	(87.5)	(12.5)	(0.0)	(0.0)	(0.0)	100.0	40
Residence							
Urban	67.8	11.1	1.6	0.4	19.0	100.0	1,274
Rural	62.3	10.8	3.7	1.2	22.0	100.0	971
Region							
Baku	70.9	11.0	0.4	0.0	17.7	100.0	699
Absheron	67.1	9.1	1.3	1.8	20.6	100.0	167
Ganja-Gazakh	67.5	12.5	4.5	0.4	15.1	100.0	281
Shaki-Zaqatala	57.9	5.0	3.8	1.4	31.9	100.0	153
Lankaran	56.4	10.5	4.0	2.5	26.6	100.0	188
Guba-Khachmaz	60.8	13.4	5.0	1.9	18.9	100.0	119
Aran	64.1	13.4	2.1	0.6	19.7	100.0	508
Yukhari Garabakh	65.9	3.4	0.1	1.1	29.4	100.0	56
Daghligh Shirvan	56.3	9.3	11.0	0.3	23.1	100.0	73
Education							
Basic secondary or less	44.0	8.2	2.7	0.7	44.4	100.0	345
Complete secondary	65.1	10.8	2.5	0.9	20.7	100.0	1,272
Secondary specialized	84.6	8.1	1.2	1.0	5.1	100.0	200
Higher	74.8	15.1	3.0	0.4	6.7	100.0	428
Wealth quintile							
Lowest	65.4	7.5	3.2	1.6	22.2	100.0	410
Second	58.2	14.3	4.3	0.6	22.7	100.0	433
Middle	62.5	12.8	2.3	1.0	21.4	100.0	452
Fourth	67.2	10.1	1.2	0.7	20.8	100.0	451
Highest	72.8	10.2	1.6	0.1	15.2	100.0	499
Total 15-49	65.4	11.0	2.5	0.8	20.3	100.0	2,245
50-59	76.2	14.4	8.7	0.7	0.0	100.0	313
Total 15-59	66.8	11.4	3.3	0.8	17.8	100.0	2,558

Note: Figures in parentheses are based on 25 to 49 unweighted cases.
[1] Excludes men who had sexual intercourse within the past 4 weeks
[2] Excludes men who are not currently married

In the four weeks preceding the survey, more than half of women were sexually active (53 percent). Seven percent of women had sexual intercourse in the year preceding the survey, but not in the month before the survey, and another 7 percent reported that their last sexual intercourse was more than a year before the survey. At the time of the survey, 31 percent of all female respondents had never had sexual intercourse.

The proportion of women who were recently sexually active increases with age to peak at 73 percent among women age 30-34 and then declines to 64 percent among women age 45-49. As expected, recent sexual activity is less common among the youngest age group, thus only 8 percent of women age 15-19 reported recent sexual activity; the majority (89 percent) had never had sexual intercourse. Sexual activity is virtually non-existent (or largely underreported) among never-married women. Looking at other characteristics, women with a basic secondary education or less are

somewhat less likely to have been sexually active in the recent period (46 percent) than women with more education. Otherwise, the proportions reporting recent sexual activity do not differ very much.

Overall, men are more likely to have had recent sexual intercourse than women. Sixty-five percent of men age 15-49 had sexual intercourse in the four weeks before the survey, 11 percent had sexual intercourse in the past year but not in the previous four weeks, 3 percent had sex one or more years ago, and 20 percent had never had sexual intercourse. As expected, men's sexual activity increases with age. Among men age 30 and older, about nine in ten had sex in the month preceding the interview, compared with 3 percent of men age 15-19 and 39 percent of men age 20-24. Unlike never-married women who did not report any sexual activity, 22 percent of never-married men stated that they had had sexual relations within the last 4 weeks and an additional 19 percent had had intercourse within the last year (but not in the last month). The proportion of men reporting recent sexual activity is higher among urban men, men living in Baku, men with secondary specialized education, and men living in the wealthiest households.

7.5 POSTPARTUM AMENORRHEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhea refers to the interval between childbirth and the return of menstruation. During this period, the risk of pregnancy is reduced. The duration of reduced risk of conception largely depends on two factors: the length and intensity of breastfeeding, which tends to suppress the resumption of ovulation, and the length of time before the resumption of sexual intercourse. Women who are either amenorrheic or abstaining (or both) are considered insusceptible to the risk of pregnancy.

Women who gave birth during the five years preceding the survey were asked about the duration of their periods of amenorrhea and sexual abstinence following each birth. The results are presented in Table 7.7 for the 36-month period before the survey. At the time of the survey, 15 percent of women who had given birth during the three years preceding the survey were amenorrheic and 10 percent were abstaining. Overall, 19 percent of these women were insusceptible to the risk of pregnancy.

Table 7.7 Postpartum amenorrhea, abstinence, and insusceptibility

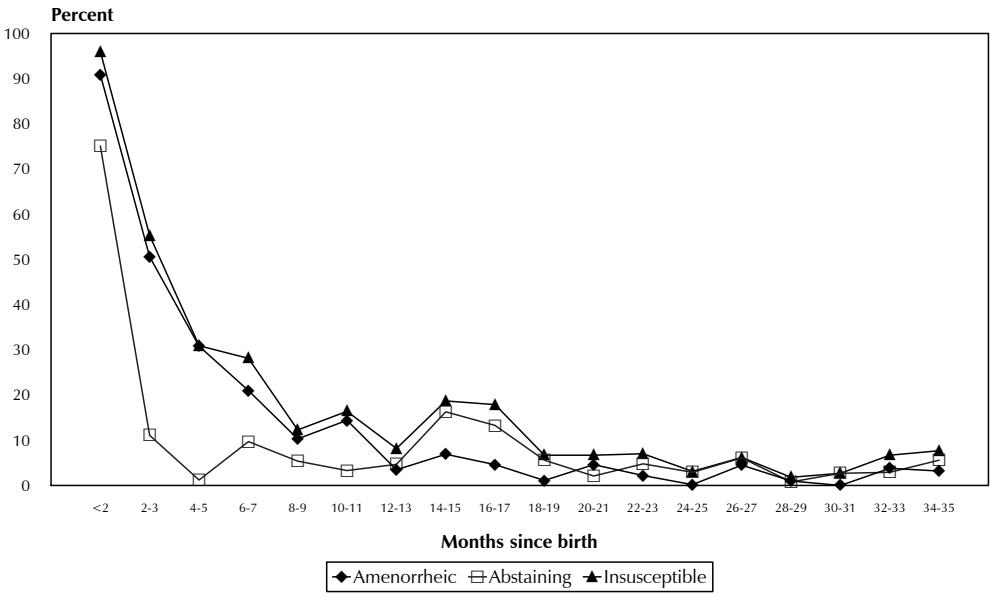
Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Azerbaijan 2006

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrheic	Abstaining	Insusceptible[1]	
< 2	90.9	75.1	96.0	82
2-3	50.6	11.1	55.3	88
4-5	30.8	1.2	30.9	78
6-7	21.0	9.7	28.1	92
8-9	10.3	5.4	12.3	74
10-11	14.4	3.3	16.4	76
12-13	3.5	4.7	8.2	83
14-15	6.9	16.3	18.7	77
16-17	4.6	13.3	17.9	88
18-19	1.1	5.6	6.7	80
20-21	4.6	2.1	6.7	79
22-23	2.2	4.8	7.0	74
24-25	0.2	2.9	3.1	108
26-27	4.5	6.1	6.2	80
28-29	1.0	0.8	1.8	75
30-31	0.0	2.7	2.7	54
32-33	3.8	2.9	6.7	51
34-35	3.2	5.6	7.7	91
Total	14.6	10.0	19.1	1,430
Median	3.2	1.7	3.5	na
Mean	5.4	3.8	6.9	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable
[1] Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth

During the first year after birth, there is a rapid decline in postpartum amenorrhea from 91 percent during the first two months after birth to 14 percent of women 10 to 11 months after giving birth (Figure 7.1). Postpartum abstinence declines rapidly after birth from 75 percent of women in the first two months to 11 percent of women after 2-3 months.

Figure 7.1 **Percentage of births in the three years preceding the survey for which the mother reported postpartum amenorrhea, abstinence, and insusceptibility, by number of months since birth**



AzDHS 2006

Overall, the median duration of insusceptibility after birth is 3.5 months. The principal determinant of the length of the period of insusceptibility is postpartum amenorrhea. The median duration of amenorrhea is 3.2 months and abstinence is 1.7 months. The median duration of postpartum insusceptibility is higher among women age 15-29 than those age 30-49 and higher among women in urban areas than those in rural areas (Table 7.8).

Table 7.8 Median duration of amenorrhea, postpartum abstinence and postpartum insusceptibility

Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Azerbaijan 2006

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility[1]	Number of births
Mother's age				
15-29	3.2	1.8	3.5	1,055
30-49	2.9	(1.6)	3.0	376
Residence				
Urban	3.6	1.9	4.1	705
Rural	2.7	1.6	2.8	725
Mother's education				
Basic secondary or less	3.7	1.7	3.9	376
Complete secondary	2.7	1.5	2.9	685
Secondary specialized/ higher	3.2	2.1	3.8	369
Total	3.2	1.7	3.5	1,430

Note: Medians are based on current status. Figures in parentheses are based on 25 to 49 unweighted cases.
[1] Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth

7.6 TERMINATION OF EXPOSURE TO PREGNANCY

One indicator of infecundity is the onset of menopause. Menopausal women are defined here as women who are neither pregnant nor postpartum amenorrheic, but who have not had a menstrual period in the six months before the survey. The prevalence of menopause increases with age, typically from around age 30. Table 7.9 presents the indicator for women age 30-49, which ranges from less than 1 percent for women in their early thirties to 47 percent for women age 48-49.

Table 7.9 Menopause

Percentage of women age 30-49 who are menopausal, by age, Azerbaijan 2006

Age	Percentage menopausal[1]	Number of women
30-34	0.4	1,008
35-39	3.2	1,160
40-41	5.9	509
42-43	9.0	527
44-45	16.2	528
46-47	32.1	426
48-49	46.6	312
Total	10.9	4,469

[1] Percentage of all women who are not pregnant and not postpartum amenorrheic whose last menstrual period occurred six or more months preceding the survey

FERTILITY PREFERENCES 8

Insight into the fertility desires of a population is important both for predicting future fertility and for estimating the potential unmet need for family planning. This chapter presents data from the 2006 AzDHS on the fertility intentions of women and men in Azerbaijan: whether or not the respondent wants another child and, if so, the preferred interval between children, the need for family planning services, the number of children considered to be ideal, and the level of unwanted and mistimed fertility.

Analysis and interpretation of these issues reveal important implications for the planning and implementation of family planning programs. The underlying rationale of most family planning programs is to give couples the freedom and ability to bear the number of children they want and to achieve the spacing of births they want. The data are used to quantify fertility preferences and, in combination with information on contraceptive use, allow estimation of unmet need for family planning.

8.1 DESIRE FOR MORE CHILDREN

Women and men in the 2006 AzDHS were asked, "Would you like to have (a/another) child or would you prefer not to have any (more) children?" Respondents who said that they would like to have more children were asked, "How long would you like to wait from now before the birth of (a/another) child?"

Table 8.1 Fertility preferences by number of living children

Percent distribution of currently married women and currently married men age 15-49 by desire for children, according to number of living children, Azerbaijan 2006

Desire for children	Number of living children[1] 0	1	2	3	4+	Total 15-49	Total 15-59
WOMEN[1]							
Have another soon[2]	63.9	25.6	3.6	0.7	0.2	10.1	na
Have another later[3]	1.1	29.5	3.2	0.5	0.0	6.3	na
Have another, undecided when	2.2	8.3	1.5	0.7	0.0	2.3	na
Undecided	2.0	5.8	3.1	1.9	1.3	2.9	na
Want no more	2.9	21.9	83.5	92.0	93.1	71.3	na
Sterilized[4]	0.0	0.0	0.5	0.5	1.0	0.4	na
Declared infecund	27.5	7.6	3.5	3.7	3.5	5.8	na
Missing	0.4	1.3	1.0	0.1	0.8	0.8	na
Total	100.0	100.0	100.0	100.0	100.0	100.0	na
Number of women	349	861	2,139	1,402	517	5,269	na
MEN[5]							
Have another soon[2]	76.9	35.2	4.9	2.9	0.7	14.1	11.8
Have another later[3]	1.4	20.1	2.8	0.6	0.0	4.7	3.9
Have another, undecided when	9.0	9.5	2.7	2.3	1.3	4.0	3.4
Undecided	2.6	13.5	15.4	9.8	7.7	11.9	10.4
Want no more	3.5	17.8	70.7	80.5	88.6	61.5	66.7
Sterilized[4]	0.8	0.6	2.9	1.0	0.0	1.6	1.6
Declared infecund	5.1	2.5	0.4	1.0	1.5	1.4	1.6
Missing	0.7	0.7	0.2	1.8	0.3	0.8	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	97	229	534	383	128	1,371	1,676

na = Not applicable
[1] The number of living children includes current pregnancy
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilization
[5] The number of living children includes one additional child if respondent's wife is currently pregnant

Table 8.1 presents the percent distribution of currently married women and men (age 15-49) by desire for more children according to the number of living children (including any current pregnancy). The majority of married Azerbaijani women express a desire to control their future fertility. Overall, 72 percent of married women either do not want another child or are sterilized, 10 percent want another child soon, 9 percent want another child, but want to wait two or more years before having their next birth or are uncertain when to have the next birth, and the remaining 9 percent are either undecided or say they are unable to have another child. Therefore, a large majority of currently married women in Azerbaijan are potentially in need of contraception, for the purpose of either limiting their family size or spacing births.

The desire to limit fertility increases with number of living children. For example, 67 percent of married women with no children want to have a child, and almost all of these women say that they want to have a child within two years. Among women with one living child, 63 percent want to have another child in the future. This percentage decreases rapidly to 8 percent among women with two children, 2 percent with three children, and less than 1 percent with four or more children.

Overall, men's fertility preferences are similar to those of women. However, a smaller proportion of men than women report that they want no more children or are sterilized (63 percent versus 72 percent) (Figure 8.1). Men are slightly more likely than women to want another child (23 percent) and more likely to be undecided (12 percent). Similar to women, the desire to have another child decreases from 65 percent among men with one living child to 10 percent with two children and 6 percent with three children. Overall, although there are higher proportions of men who are undecided, a strong desire to stop childbearing is evident among both women and men who have had two living children and remains at high levels at higher order parities. A large majority of those with two children (84 percent of women and 74 percent of men) do not want any more, and 93 percent of women and 82 percent of men with three children do not want any more children.

Figure 8.1 **Desire for more children among currently married women and men**

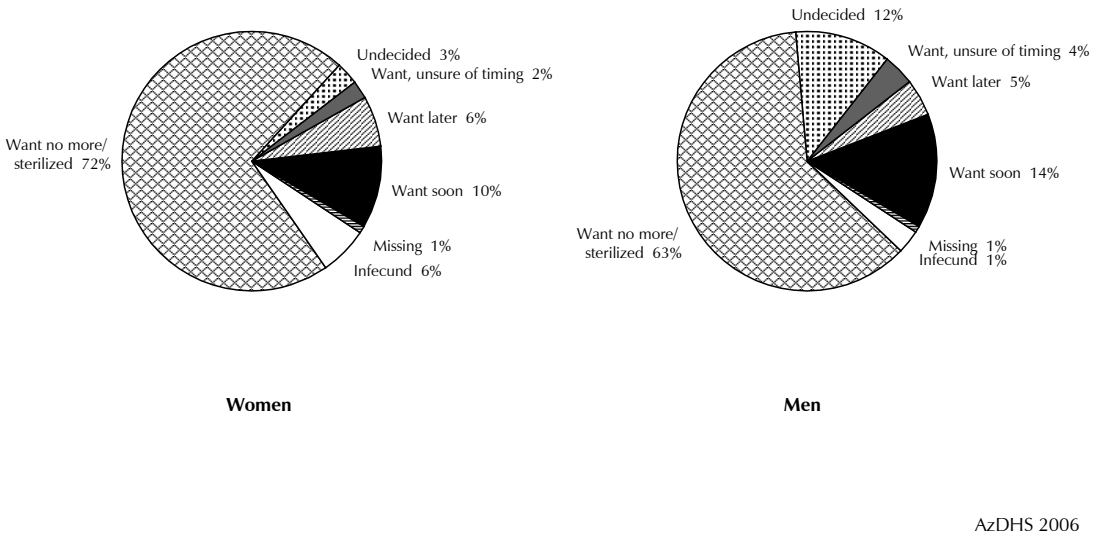


Table 8.2.1 and 8.2.2 show the percentage of currently married women and men who want no more children, by number of living children and background characteristics.

Table 8.2.1 Desire to limit childbearing: Women

Percentage of currently married women age 15-49 who want no more children, by number of living children and background characteristics, Azerbaijan 2006

Background characteristic	Number of living children[1]					Total
	0	1	2	3	4+	
Residence						
Urban	3.9	26.0	84.3	93.0	96.2	71.1
Rural	1.7	15.3	83.6	91.8	93.0	72.5
Region						
Baku	0.0	27.9	85.5	94.9	100.0	70.4
Absheron	2.9	23.4	78.8	96.1	100.0	71.7
Ganja-Gazakh	6.5	23.8	87.4	95.9	100.0	75.7
Shaki-Zaqatala	0.0	15.6	81.6	89.5	89.0	71.9
Lankaran	0.0	10.5	84.8	84.5	87.6	69.4
Guba-Khachmaz	0.0	15.7	77.1	89.2	88.6	70.5
Aran	5.9	17.8	84.3	92.4	95.2	73.0
Yukhari Garabakh	2.6	5.1	76.2	81.1	76.9	60.9
Daghligh Shirvan	1.2	20.9	77.6	90.4	96.2	71.5
Education						
Basic secondary or less	0.8	19.2	79.5	90.6	90.7	67.2
Complete secondary	2.4	22.6	84.4	92.8	95.2	74.4
Secondary specialized	7.7	23.0	84.7	94.3	94.8	72.9
Higher	5.3	21.6	86.9	90.1	97.4	65.1
Wealth quintile						
Lowest	1.0	23.2	82.4	91.3	91.1	76.4
Second	0.2	16.8	83.7	91.9	94.6	69.5
Middle	7.6	17.9	84.4	94.1	93.3	71.2
Fourth	1.1	28.1	84.6	92.7	98.9	72.8
Highest	3.1	22.9	84.3	92.1	100.0	69.1
Total	2.9	21.9	84.0	92.4	94.1	71.7

Note: Women who have been sterilized are considered to want no more children.
[1] The number of living children includes the current pregnancy.

Table 8.2.2 Desire to limit childbearing: Men

Percentage of currently married men age 15-49 who want no more children, by number of living children and background characteristics, Azerbaijan 2006

Background characteristic	Number of living children[1]					Total
	0	1	2	3	4+	
Residence						
Urban	7.0	25.2	75.9	88.6	93.2	65.9
Rural	0.0	8.8	69.4	74.6	86.0	59.5
Region						
Baku	3.5	25.9	81.2	91.3	100.0	67.6
Absheron	28.8	26.4	82.4	95.7	100.0	70.9
Ganja-Gazakh	0.0	6.3	81.5	81.1	81.8	59.5
Shaki-Zaqatala	0.0	23.4	65.3	61.3	93.0	61.0
Lankaran	0.0	8.5	78.0	74.5	95.2	64.2
Guba-Khachmaz	0.0	8.3	53.4	87.0	83.6	55.9
Aran	0.0	16.4	61.0	76.1	82.5	59.1
Yukhari Garabakh	0.0	0.0	48.6	87.3	87.8	57.6
Daghligh Shirvan	0.0	34.5	70.4	79.9	80.3	63.8
Education						
Basic secondary or less	0.0	8.4	61.2	94.6	88.2	56.5
Complete secondary	3.2	15.6	68.7	76.3	88.4	59.0
Secondary specialized	20.7	33.1	82.6	85.9	92.1	75.3
Higher	10.1	23.3	83.3	89.3	85.9	71.0
Wealth quintile						
Lowest	0.0	8.2	69.0	74.5	84.9	62.3
Second	0.0	19.8	70.1	77.2	82.3	61.8
Middle	6.9	13.4	62.5	87.2	90.3	58.5
Fourth	0.0	17.8	76.0	87.4	99.6	61.8
Highest	13.7	27.4	83.2	84.9	100.0	70.3
Total 15-49	4.3	18.5	73.6	81.6	88.6	63.1
50-59	14.1	73.5	94.8	96.7	93.4	91.4
Total 15-59	4.7	25.5	76.1	84.9	90.5	68.2

Note: Men who have been sterilized or who state in response to the question about desire for children that their wife has been sterilized are considered to want no more children.
[1] The number of living children includes one additional child if respondent's wife is currently pregnant.

Overall, a similar proportion of urban and rural women want to terminate childbearing. Women living in Ganja-Gazakh region (76 percent) are the most likely to want to stop childbearing while those living in Yukhari Garabakh region are the least likely (61 percent). The desire to stop childbearing peaks among women with complete secondary education (74 percent) and is lowest among those with higher education (65 percent). Women in the lowest wealth quintile are most likely to want no more children.

Differentials in the proportion of men who want no more children differ somewhat from those of women. Men in urban areas (66 percent) are more likely to want to limit childbearing than men in rural areas (60 percent), and the highest proportion is in Absheron region (71 percent) while the lowest is in Guba-Khachmaz region (56 percent). The proportion of men who want no more children increases with level of education. The proportion of men who want to limit childbearing peaks in the highest wealth quintile.

8.2 Need for Family Planning Services

Women who are potentially in need of family planning are those who either want to wait two or more years before their next birth (need for spacing), or want to stop childbearing altogether (need for limiting). Currently married fecund women who either want no more children or want to wait at least two years before having another child, but who are not using contraception, are considered to have an *unmet need* for family planning. Women who are currently using family planning methods are said to have a *met need* for family planning. The sum of unmet need and met need constitute the *total demand* for family planning. Table 8.3 presents information for currently married women on unmet need, met need, and total demand for family planning, according to whether the need is for spacing births or limiting family size.

The total demand for family planning among currently married women age 15-49 is 74 percent, and 69 percent of the demand is satisfied. The demand for limiting purposes is nearly six times as high as the demand for spacing purposes (63 percent and 11 percent, respectively). Overall, 23 percent of currently married women in Azerbaijan have an unmet need for family planning, mainly for limiting. Unmet need for family planning was 6 percent in the 2003 Turkey DHS and 7 percent in the 2005 Moldova DHS (HUIPS, 2004; NCPM and ORC Macro, 2006). As expected, unmet need for spacing declines with age, while the unmet need for limiting increases with age. The proportion of currently married women with unmet need is somewhat higher in rural areas (24 percent) than in urban areas (22 percent). Unmet need for family planning ranges from a low of 15 percent in Yukhari Garabakh to a high of 33 percent in Absheron. Unmet need is lowest among currently married women living in more economically advantaged households, and women with university-level education.

Table 8.3 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage for the demand for contraception that is satisfied, by background characteristics, Azerbaijan 2006

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	13.1	3.4	16.5	6.2	0.2	6.4	19.3	3.6	22.9	27.9	151
20-24	9.4	6.5	15.9	20.2	17.7	37.9	30.0	24.3	54.3	70.7	697
25-29	5.5	11.3	16.9	17.2	39.1	56.3	23.1	50.4	73.5	77.0	806
30-34	3.7	16.9	20.6	9.1	58.9	68.0	12.8	75.9	88.7	76.8	829
35-39	0.8	19.0	19.8	2.9	61.7	64.6	3.7	80.8	84.5	76.5	925
40-44	0.3	29.2	29.4	0.5	53.3	53.8	0.8	82.4	83.2	64.6	1,091
45-49	0.5	31.6	32.1	0.2	28.1	28.3	0.7	59.6	60.4	46.9	769
Residence											
Urban	3.0	18.7	21.7	8.8	43.0	51.8	11.9	61.8	73.7	70.5	2,895
Rural	3.7	20.1	23.8	6.1	44.3	50.3	9.9	64.3	74.2	68.0	2,374
Region											
Baku	1.9	14.9	16.8	10.4	45.5	55.9	12.4	60.4	72.7	77.0	1,520
Absheron	3.4	29.4	32.7	9.0	32.2	41.2	12.7	61.9	74.6	56.1	343
Ganja-Gazakh	4.1	23.3	27.4	6.1	43.6	49.7	10.2	66.8	77.1	64.5	776
Shaki-Zaqatala	4.6	18.1	22.7	7.0	46.7	53.6	11.7	64.7	76.4	70.3	382
Lankaran	1.8	21.4	23.3	6.1	41.1	47.2	8.1	62.5	70.6	67.1	453
Guba-Khachmaz	3.9	14.0	18.0	4.0	53.0	57.0	7.9	67.0	75.0	76.1	219
Aran	4.5	20.6	25.0	6.2	42.8	49.0	10.8	63.5	74.3	66.3	1,288
Yukhari Garabakh	3.5	11.7	15.3	8.3	44.1	52.3	11.8	55.8	67.6	77.4	129
Daghligh Shirvan	3.6	21.7	25.4	5.8	41.8	47.6	9.6	63.5	73.1	65.3	159
Education											
Basic secondary or less	4.4	20.7	25.1	6.4	37.4	43.7	10.9	58.1	69.1	63.6	996
Complete secondary	2.9	19.4	22.3	5.9	47.1	53.0	8.8	66.5	75.3	70.4	2,873
Secondary specialized	3.4	20.1	23.5	7.9	40.9	48.7	11.8	60.9	72.7	67.7	753
Higher	3.4	16.2	19.6	16.3	40.7	57.1	19.8	56.9	76.6	74.4	646
Wealth quintile											
Lowest	3.6	18.6	22.3	4.8	50.4	55.2	8.4	69.1	77.6	71.3	978
Second	4.3	21.1	25.4	6.5	41.5	48.0	11.0	62.6	73.6	65.5	1,040
Middle	3.1	21.4	24.5	7.2	39.9	47.0	10.5	61.4	71.8	65.9	1,101
Fourth	3.5	22.0	25.5	7.4	41.0	48.4	11.0	63.1	74.1	65.6	1,062
Highest	2.2	13.6	15.7	11.6	45.6	57.2	13.8	59.2	72.9	78.4	1,087
Total	3.3	19.3	22.7	7.6	43.6	51.1	11.0	62.9	73.9	69.4	5,269

[1] *Unmet need for spacing* includes pregnant women whose pregnancy was mistimed; amenorrheic women who are not using family planning and whose last birth was mistimed, or whose last births was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child.
Unmet need for limiting refers to pregnant women whose pregnancy was unwanted; amenorrheic women who are not using family planning, whose last child was unwanted and who do not want any more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children.
[2] *Using for spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another.
Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

8.3 IDEAL NUMBER OF CHILDREN

In the 2006 AzDHS, respondents were asked what they considered the ideal family size. This information was obtained by asking the respondents two questions. Respondents who had no children were asked, "If you could choose exactly the number of children to have in your whole life, how many would that be?" For respondents who had children, the question was, "If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?" Responses to these questions are meant to be independent of the number of children that a respondent already has. However, there is typically a correlation between the actual number of children that respondents have and their reported ideal. This correlation may be because respondents who want larger families have more children or because respondents adjust their ideal family size to match their actual family size or because of a combination of these factors.

The percent distribution of women and men age 15-49 by ideal number of children is detailed in Table 8.4 according to the number of living children. The table indicates that most women and men want small families. More than half of women (56 percent) stated two children as the ideal number while about 20 percent consider three as ideal. Only around one in six women (16 percent) states that she prefers to have four or more children. The overall mean ideal number of children is 2.5 for all women and 2.6 for currently married women. There is a positive relationship between the number of children women have and the number they consider ideal, with the mean ideal number of children increasing from 2.2 among women with no children to 3.3 for women with four or more children.

Table 8.4 Ideal number of children

Percent distribution of women and men age 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to number of living children, Azerbaijan 2006

	Number of living children					
Ideal number of children	0	1	2	3	4+	Total
WOMEN[1]						
0	2.4	0.3	0.9	0.6	1.0	1.3
1	8.4	10.1	1.6	1.9	2.2	5.2
2	64.0	65.2	65.9	29.8	29.3	56.4
3	15.4	15.8	16.8	38.8	10.6	19.6
4+	7.0	7.5	14.2	27.7	54.4	15.7
Non-numeric responses	2.8	1.1	0.5	1.1	2.5	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	3,054	1,051	2,314	1,476	549	8,444
Mean ideal number of children for:[2]						
All women	2.2	2.2	2.4	3.0	3.3	2.5
Number	2,967	1,040	2,301	1,460	535	8,304
Currently married women	2.2	2.3	2.5	3.0	3.3	2.6
Number	345	853	2,127	1,389	504	5,217
MEN[3]						
0	5.0	0.1	0.5	0.6	1.5	2.4
1	7.6	7.6	0.8	3.0	0.4	4.8
2	51.6	44.7	55.4	25.8	25.2	45.8
3	20.0	31.1	22.4	30.2	11.1	23.0
4+	13.5	15.7	20.5	38.8	61.0	22.5
Non-numeric responses	2.3	0.8	0.4	1.6	0.8	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	956	239	536	384	130	2,245
Mean ideal number of children for men 15-49:[2]						
All	2.3	2.6	2.7	3.2	3.9	2.7
Number	934	237	534	377	129	2,212
Currently married men	2.3	2.6	2.7	3.2	3.9	2.9
Number	97	227	532	377	127	1,360
Mean ideal number of children for men 15-59:[2]						
All men	2.3	2.6	2.7	3.4	3.9	2.8
Number	939	268	605	486	215	2,520
Currently married men	2.3	2.6	2.7	3.4	3.9	3.0
Number	102	258	602	485	214	1,660

[1] The number of living children includes current pregnancy for women.
[2] Means are calculated excluding respondents who gave non-numeric responses.
[3] The number of living children includes one additional child if respondent's wife is currently pregnant.

In general, men want a slightly larger number of children than women. Forty-six percent of men say that two children are ideal, 23 percent say that three children are ideal, and 23 percent say that four or more children are ideal. Overall, the mean ideal number of children among all men age 15-49 is 2.7 children and among married men is 2.9 children. When all men age 15-59 are considered, the mean ideal number of children slightly increases to 2.8 for all men and to 3 for currently married men. As in the case of women, there is a positive correlation between the actual and ideal number of children among men.

Table 8.5 shows the mean ideal number of children by background characteristics for all women and men age 15-49. The mean ideal number of children among both women and men increases with age. For example, women age 15-19 want 2.2 children and women age 45-49 want 2.8 children. Among men, the differential is slightly greater. The mean ideal number of children increases from 2.3 among men age 15-19 to 3.1 among men age 45-49. In general, among women, there are no significant variations in the mean ideal number of children by other background characteristics. Among men, the variations by other background characteristics are generally comparatively minor, except by region. The mean ideal number of children among men ranges from a low of 2.1 in Absheron to 3.1 in Ganja-Gazakh, a difference of one child.

Table 8.5 Mean ideal number of children by background characteristics

Mean ideal number of children for all women and men age 15-49 by background characteristics, Azerbaijan 2006

Background characteristic	Women		Men	
	Mean	Number[1]	Mean	Number[1]
Age				
15-19	2.2	1,487	2.3	370
20-24	2.3	1,332	2.3	351
25-29	2.3	1,083	2.6	286
30-34	2.5	991	2.8	276
35-39	2.6	1,145	2.9	306
40-44	2.7	1,297	2.9	308
45-49	2.8	970	3.1	314
Residence				
Urban	2.5	4,725	2.7	1,252
Rural	2.5	3,579	2.8	959
Region				
Baku	2.4	2,559	2.7	692
Absheron	2.5	565	2.1	166
Ganja-Gazakh	2.5	1,114	3.1	268
Shaki-Zaqatala	2.2	581	2.5	153
Lankaran	2.6	695	2.8	187
Guba-Khachmaz	2.6	364	2.7	112
Aran	2.6	1,978	2.6	508
Yukhari Garabakh	2.3	203	2.8	56
Daghligh Shirvan	2.4	245	3.0	69
Education				
Basic secondary or less	2.4	1,779	2.6	330
Complete secondary	2.5	4,299	2.7	1,257
Secondary specialized	2.4	1,125	3.0	199
Higher	2.4	1,101	2.6	426
Wealth quintile				
Lowest	2.5	1,505	2.9	402
Second	2.5	1,604	2.7	422
Middle	2.5	1,689	2.7	447
Fourth	2.4	1,692	2.6	446
Highest	2.5	1,814	2.7	495
Total 15-49	2.5	8,304	2.7	2,212
50-59	na	na	3.4	309
Total 15-59	na	na	2.8	2,520

na = Not applicable
[1] Respondents who gave a numeric response only

8.4 WANTED AND UNWANTED FERTILITY

In the 2006 AzDHS, women were asked a series of questions about each of their children born in the five years preceding the survey—and, if pregnant, their current pregnancy—to determine whether the pregnancy was wanted *then* (planned), wanted *later* (mistimed), or not wanted (unplanned).

These data may lead to underestimates of unplanned childbearing, since women may retrospectively declare unwanted pregnancies as planned once the children are born. Another way of

measuring unwanted fertility utilizes the data on ideal family size to calculate what the total fertility rate would be if all unwanted births were avoided. This measure may also suffer from underestimation to the extent that women are unwilling to report an ideal family size lower than their actual family size. Estimates using these two approaches indicate at least the minimum levels of unwanted fertility.

8.4.1 Planning Status of Births

Table 8.6 presents the percent distribution of births in the five years preceding the survey (and current pregnancies) by whether the birth was wanted then, wanted later, or not wanted at all. Overall, 8 percent of births in the five-year period were reported unplanned, and an additional 9 percent were wanted but at a later time. Thus, about five in six births are declared as wanted at the time of conception.

The proportion of births wanted later is highest among second-order births (17 percent) and births to women age 20-24 (11 percent). The proportion of births that were not wanted generally increases with birth order and the mother's age; more than one-fifth of four-order births and 24 percent of births to women age 35-39 were not wanted at the time of conception.

Table 8.6 Fertility planning status

Percent distribution of births to women 15-49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, Azerbaijan 2006

Birth order and mother's age at birth	Planning status of birth: Wanted then	Wanted later	Not wanted	Total	Number of births
Birth order					
1	92.7	5.1	1.7	100.0	1,149
2	76.3	16.5	6.8	100.0	861
3	71.2	8.8	19.5	100.0	402
4+	75.1	2.4	22.0	100.0	174
Mother's age at birth					
<20	88.5	9.3	1.7	100.0	305
20-24	83.2	11.0	5.2	100.0	1,171
25-29	82.6	8.7	8.4	100.0	629
30-34	80.4	7.3	11.8	100.0	327
35-39	72.8	3.5	23.7	100.0	128
40-44	(75.2)	(0.2)	(23.3)	100.0	25
45-49	*	*	*	100.0	1
Total	82.7	9.3	7.5	100.0	2,586

Note: Figures in parentheses are based on 25 to 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases.

Table 8.7 presents wanted fertility rates, which represent the theoretical level of fertility that would result if all unwanted births were prevented. Unwanted births are those that exceed the respondent's ideal number. The comparison of observed total fertility rates and wanted fertility rates indicates the extent to which couples in a population successfully control their fertility in a given period.

According to the results presented in Table 8.7, if all unwanted births were prevented, the total wanted fertility rate would be 1.8 children per woman, or about 10 percent (0.2 children) less than the actual total fertility rate. The differences between actual and wanted fertility rates are greatest (0.3 births) among rural women; women living in Aran, Yukhari Garabakh, and Daghligh Shirvan regions; women who are less educated; and women in the lowest and middle wealth quintiles.

Table 8.7 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Azerbaijan 2006

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	1.7	1.8
Rural	2.0	2.3
Region		
Baku	1.6	1.7
Absheron	1.8	1.9
Ganja-Gazakh	2.0	2.2
Shaki-Zaqatala	1.7	1.9
Lankaran	1.9	2.1
Guba-Khachmaz	1.5	1.7
Aran	2.1	2.4
Yukhari Garabakh	2.0	2.3
Daghligh Shirvan	1.6	1.9
Education		
Basic secondary or less	2.1	2.4
Complete secondary	1.8	2.0
Secondary specialized	1.6	1.7
Higher	1.9	2.0
Wealth quintile		
Lowest	2.0	2.3
Second	2.2	2.4
Middle	1.9	2.2
Fourth	1.7	1.7
Highest	1.5	1.6
Total	1.8	2.0

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 4.2.

INFANT AND CHILD MORTALITY 9

One important objective of the 2006 AzDHS was to measure the level and trend of mortality among children, since infant and child mortality rates are basic indicators of a country's socioeconomic situation and quality of life. Mortality statistics are useful in identifying segments of the population where children are at high risk so that programs can be designed to increase their chances of survival. This chapter reports information on levels, trends, and differentials in mortality among children under five years of age.

9.1 DEFINITIONS AND METHODOLOGY

The reproductive history collected in the AzDHS included questions about the outcome of each of the respondent's pregnancies, i.e., whether the pregnancy ended in a live birth, a stillbirth, a miscarriage, or an induced abortion. Using the standard international definition, a live birth was any birth, irrespective of the duration of pregnancy, that, after separation from the mother, showed any sign of life (for example, breathing, beating of the heart, or movement of voluntary muscles) (WHO, 1993). For each live birth reported in the pregnancy history, information was collected on the date of birth (month and year), sex, survivorship, and current age (for surviving children) or age at death (for deceased children).

The information on survivorship of live births is used to derive direct estimates[1] of the following five mortality rates:

Neonatal mortality (NN):	the probability of dying within the first month of life
Postneonatal mortality (PNN):	the probability of dying after the first month of life but before the first birthday
Infant mortality ($_1q_0$):	the probability of dying before the first birthday
Child mortality ($_4q_1$):	the probability of dying between the first and fifth birthday
Under-five mortality ($_5q_0$):	the probability of dying between birth and the fifth birthday.

All rates are expressed as deaths per 1,000 live births, except for child mortality, which is expressed as deaths per 1,000 children surviving to age one.

9.2 ASSESSMENT OF DATA QUALITY

The accuracy of mortality estimates from the 2006 AzDHS is mainly influenced by two factors: sampling error (i.e., variability) and non-sampling error. Sampling variability is a factor because the sample of women interviewed during the 2006 AzDHS is only one of many samples that could potentially have been selected for the survey from the Azerbaijan population. While representative of the population, each of the potential samples would have had a somewhat different experience of child mortality and would, thus, have produced measurably different mortality rates.

[1]The rates are calculated using a synthetic cohort approach in which probabilities of dying are first calculated for small age segments and the component probabilities are then combined to obtain the rate for the full age segment of interest. The advantage of this approach is that mortality rates can be calculated for time periods close to the survey date while still respecting the principle of correspondence; that is, if a child is included in the exposed-to-risk in the denominator, and he/she dies during the relevant time period, then his/her death must be included in the numerator corresponding to that period of risk. A more detailed explanation of this approach can be found in the Guide to DHS Statistics (Rutstein and Rojas, 2003).

Although the degree of variability between the mortality rates estimated from the 2006 AzDHS and the actual rates for the population as a whole is not known, statistical procedures are available that allow calculation of the intervals within which it can be assumed with known degrees of confidence the actual mortality rates lie. Appendix B includes information on the intervals in which there is 95 percent confidence that the true values lie for the national, urban-rural, and regional mortality rate estimates shown in this chapter.

Non-sampling errors primarily arise because of problems in the completeness and accuracy with which births and deaths are reported by respondents and recorded by interviewers during data collection. The most common source of non-sampling error is the underreporting of deceased children. Underreporting of events may be due to forgetfulness or to conscious avoidance of recalling the death of a child. It is well established that underreporting of deceased children by survey respondents is most likely 1) for time periods more remote from the survey date and 2) for deaths that occurred in early infancy (i.e., in the neonatal period, before a child becomes fully integrated into the family).

Appendix C includes a number of tables which allow an assessment of the extent of underreporting of childhood deaths in the 2006 AzDHS. First, when omission of childhood deaths occurs, the impact is usually most severe for deaths in the neonatal period, i.e., during the first month of life. If neonatal deaths are selectively underreported, the result is an unusually low ratio of neonatal deaths to all infant deaths. Table C.4 shows that the proportions of neonatal to infant deaths range from 69 percent in the period 0-4 years prior to the AzDHS to 42 percent during the period 15-19 years before the survey. This pattern conforms well with the expectation that, as mortality levels declined in Azerbaijan, deaths became more concentrated at younger ages.

The possibility of underreporting of early neonatal deaths can be further investigated by looking at the ratios of deaths reported during the first week of life to all deaths during the neonatal period. Table C.5 shows a high proportion of neonatal deaths occurring in the first week of life: 79 percent in the period 0-4 years preceding the survey. Furthermore, it appears that early infant deaths among births that occurred longer before the survey have not been severely underreported. Nearly seven in ten neonatal deaths in the 15 years preceding the survey were early neonatal deaths. The proportion is lower (62 percent) for deaths occurring 15-19 years before the survey, which is not surprising given the greater likelihood of recall errors in this period.

Another factor that may adversely affect childhood mortality estimates is the quality of reporting of age at death. To minimize errors in reporting of age at death, interviewers were instructed to record age at death in days if the death took place in the month following the birth, in months if the child died before age two, and in years if the child was at least two years of age. They also were asked to probe for deaths reported at one year to determine a more precise age at death in terms of months. The results presented in Table C.4 show little evidence of heaping of deaths at age 12 months.

Finally, another potential problem involves displacement of birth dates, which may cause a distortion of mortality trends. This can occur if an interviewer knowingly records a birth as occurring in a different year, which would happen if an interviewer was trying to cut down on his or her overall work, because live births occurring in 2001 or later are the subject of a lengthy set of additional questions. Appendix Table C.6 shows substantial year-of-birth transference for deceased children from 2001 to earlier years. While this has some implication for the estimated mortality rates for the 0-4 years and 5-9 years before the survey, the calculation of DHS mortality estimates, unlike the questionnaire, does not conform to calendar years. Because the survey fieldwork began in late July 2006, the start of the rolling cut-off for the five-year period preceding the survey is late July 2001. Thus, only part of the transference that occurred between the calendar years 2001 and 2000 influenced the mortality rate estimates for the periods 0-4 years and 5-9 years before the survey.

9.3 LEVELS AND TRENDS IN INFANT AND CHILD MORTALITY

Table 9.1 presents early childhood mortality rates in Azerbaijan for three five-year periods preceding the 2006 AzDHS[2]. For the five years preceding the survey, the under-five mortality estimate is 50 per 1,000 live births. Thus, one in 20 Azerbaijani children is dying before reaching his or her fifth birthday. Most of those children die during infancy; the infant mortality rate is 43 per 1,000 (with a 95% confidence interval ranging from 32 to 54 per 1,000). The child mortality rate (age one to four) is much lower, 7 per 1,000 (with a 95% confidence interval ranging from 2 to 11 per 1,000). Looking at the pattern of mortality during the first year or life, babies are nearly twice as likely to die during the first month of life as later in infancy; the neonatal and postneonatal rates are 28 and 15 per 1,000, respectively. Overall, more than half of children who die before their fifth birthday in Azerbaijan die during the first 30 days of life.

Table 9.1 Early childhood mortality rates

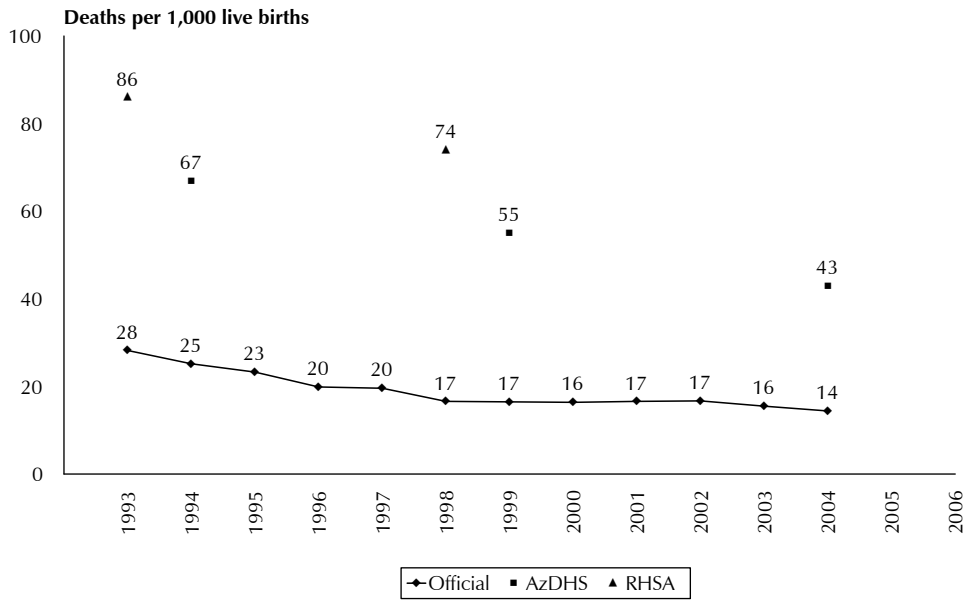
Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Azerbaijan 2006

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
0-4	28	15	43	7	50
5-9	30	26	55	12	66
10-14	31	36	67	13	79

[1] Computed as the difference between the infant and neonatal mortality rates

The infant mortality rate estimated from the 2006 AzDHS is higher than the official government rate[3] based on death registration (Figure 9.1). This pattern is similar to that observed in many other countries of the region, where estimates of infant mortality rates calculated from survey data also are considerably higher than the official rates. The differences are particularly notable in Kazakhstan, Turkmenistan, Kyrgyzstan, Tajikistan, and Uzbekistan (UNICEF, 2003).

Figure 9.1 **Trend in infant mortality rate based on estimates from State Statistical Committee, 2001 RHSA, and 2006 AzDHS**



[2] Because fieldwork was conducted between July and November 2006, the exact periods to which rates correspond are July-November 2002 to July-November 2006, July-November 1997 to July-November 2001, and July-November 1991 to July-November 1996.
[3] SSC, 2008

The difference between the AzDHS and the official mortality figures appears to be in part due to differences in the definition of live births used in the two data collection approaches. The AzDHS employs the WHO definition of a live birth, i.e., any fetus which showing signs of life at birth is considered to be a live birth. In contrast, the official statistics in Azerbaijan continue to be based on the definition of live births employed in the Soviet-era, which exclude from the calculation of the infant mortality rate infants who were born after less than 28 weeks gestation, weighed less than 1,000 grams, or were less than 35 centimeters in length and who died during the first seven days of life.[4]

The trend in mortality over the fifteen-year period prior to the survey is also presented in Table 9.1. The data suggest that mortality has decreased significantly over the last 15 years. For example, the infant mortality rate was 67 per 1,000 during the early 1990s (the period 10-14 years before the survey) and 55 per 1,000 during the late 1990s (the period 5-9 years before the survey) compared with the estimate of the early 2000s of 43 per 1,000. Estimates from the 2001 Reproductive Health Survey of Azerbaijan (RHSA) (74 per 1,000 for the infant mortality rate and 92 per 1,000 for the under-five mortality rate during the period 1996-2000) also suggest a decline in the mortality rate.[5]

However, if the confidence intervals of the estimates from the surveys are considered, the decline observed in mortality can be attributable to sampling errors.

It should be noted that the 2006 AzDHS infant mortality estimate of 55 per 1,000 (1997-2001) is lower than the estimates from the 2001 RHSA for the similar time period (74 per 1,000 (1996-2000). The difference between the 2001 RHSA and the 2006 AzDHS in the IMR estimates for 1997-2001 is not statistically significant as indicated by the fact that the 95 percent confidence intervals of the rates for the same time period overlap. For the period 1996-2000, the IMR estimate from the 2001 RHSA is 74, with a 95 percent confidence interval from 62 to 87, and the IMR estimate from the 2006 AzDHS is 55 with a 95 percent confidence interval from 42 to 68, which means that the confidence intervals overlap. The large confidence intervals associated with each estimated rate is due to the relatively small number of observed births on which the estimates are based (between 1,500 and 2,500 for the various time periods; see Appendix B, Estimates of Sampling Errors, for the number of births on which specific estimates are based). Indeed, the large confidence intervals associated with infant and childhood mortality rates in most surveys can only be substantially narrowed by considerable increases in sample size, especially in low-fertility countries such as Azerbaijan.

Although the estimates are not coming from similar time periods, compared with estimates from recent Demographic and Health Surveys conducted in other countries in the region, children's survival probabilities in Azerbaijan are relatively low (Table 9.2).

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[4] Using DHS data, it is not possible to exactly calculate the infant mortality rate according to the Soviet-era definition. However, it is likely that, in practice, many if not all infants who died during the first week of life are excluded from the calculation of official infant mortality rate, either because the information on the weight and/or length of the baby or gestational age is missing or the definition is not correctly understood. Considering the AzDHS results, if all infants who died during the period 0-7 days following birth are excluded from the calculation of the infant mortality rate, the rate is 21 deaths per thousand for the five-year period prior to the survey (with a 95 percent confidence interval from 13 to 28), which is closer but still higher than the rates reported in official statistics for the period.

[5] The difference between the 2001 RHSA and the 2006 AzDHS in mortality estimates for 1996-2000 cannot be considered statistically significant because the 95 percent confidence intervals for the rates overlap.

Table 9.2 Regional infant mortality rates based on recent Demographic and Health Surveys that correspond closely with the 5-9-year period prior to the 2006 AzDHS

Country	Time period of estimate	Infant mortality rate (per 1,000 live births)
Moldova DHS (2005)	1995-1999	29
Turkey DHS (2003)	1995-1999	47
Azerbaijan DHS (2006)	1997-2001	55
Uzbekistan HES (2002)	1998-2002	62
Kazakhstan DHS (1999)	1994-1999	62
Kyrgyz Republic DHS (1997)	1992-1997	61
Turkmenistan DHS (2000)	1995-2000	74

Source: www.measuredhs.com (See also References section for individual references)

9.4 DIFFERENTIALS IN CHILDHOOD MORTALITY

Mortality differentials by place of residence and sex of child are presented in Table 9.3. The rates are for the five-year period preceding the survey. Caution must be exercised in interpreting the differentials as the rates are in some cases based on comparatively small numbers of deaths and/or births.

As is the case in most countries, the mortality rate in early childhood is higher in rural Azerbaijan than in urban areas in the country (54 per 1,000 rural versus 45 per 1,000 urban). The differences are largely attributable to a significantly higher postneonatal mortality in rural (24 per 1,000) than in urban areas (6 per 1,000). The rural infant mortality rate, i.e., the rate at which children die before the first birthday, is also higher than the urban rate (47 per 1,000 rural versus 40 per 1,000 urban).

Table 9.3 Early childhood mortality rates by background characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 5-year period preceding the survey, by background characteristics, Azerbaijan 2006

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Sex of child					
Male	33	15	48	9	56
Female	21	16	38	5	42
Residence					
Urban	33	6	40	6	45
Rural	22	24	47	8	54

[1] Computed as the difference between the infant and neonatal mortality rates

As expected, mortality rates are generally higher for boys than for girls. The infant mortality rate for infant boys is 48 per 1,000, and for infant girls, 38 per 1,000. Similarly, for under-five mortality, the mortality rate for boys is 56 per 1,000 and for girls, 42 per 1,000.

9.5 PERINATAL MORTALITY

Perinatal mortality refers to the level of mortality from the time of prenatal viability (i.e., the late fetal period beginning at 28 weeks of gestation) through labor, delivery, and the early neonatal period (i.e., the first seven days of life). Pregnancies that terminate without signs of life after the 28th week are referred to as stillbirths. Stillbirths and early neonatal deaths share many of the same underlying causes leading to mortality (e.g., congenital malformations), and for this reason, these events are aggregated into the perinatal mortality rate.

Perinatal mortality rates are reported for the five-year period preceding the survey in Table 9.4. It should be noted that data quality is an issue when considering perinatal mortality rates, because both stillbirths and early neonatal deaths are susceptible to underreporting. In many cases, the perinatal mortality also is based on small numbers of cases, making the results difficult to interpret.

The overall perinatal mortality rate is 37 per 1,000. The perinatal mortality rate is higher in urban areas (52 per 1,000) than in rural areas (23 per 1,000). Baku with a rate of 66 per 1,000 has the highest perinatal mortality among all subgroups. Looking at the differentials by education and wealth, the highest rates are found in the secondary specialized category and in the fourth wealth quintile. These patterns are unexpected and may reflect underreporting of both stillbirths and early neonatal deaths among rural, less educated, and poorer women.

Table 9.4 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Azerbaijan 2006

Background characteristic	Number of stillbirths[1]	Number of early neonatal deaths[2]	Perinatal mortality rate[3]	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	3	7	(36)	266
20-29	24	30	34	1,603
30-39	7	16	(53)	430
40-49	0	0	*	24
Previous pregnancy interval in months				
First pregnancy	19	19	40	956
<15	6	10	(52)	308
15-26	0	7	(15)	488
27-38	2	5	*	217
39+	6	12	(52)	353
Residence				
Urban	25	36	52	1,164
Rural	9	17	23	1,158
Region				
Baku	19	17	(66)	550
Absheron	2	2	*	160
Ganja-Gazakh	3	8	(29)	373
Shaki-Zaqatala	3	2	*	146
Lankaran	1	4	(25)	217
Guba-Khachmaz	0	2	*	95
Aran	3	14	(26)	640
Yukhari Garabakh	1	3	*	66
Daghligh Shirvan	1	2	(40)	75
Education				
Basic secondary or less	3	18	33	629
Complete secondary	15	22	33	1,123
Secondary specialized	11	6	(63)	274
Higher	4	8	*	296
Wealth quintile				
Lowest	3	5	15	537
Second	4	19	45	522
Middle	6	11	34	484
Fourth	13	13	(62)	418
Highest	8	5	(36)	361
Total[4]	34	53	37	2,322

Note: Figures in parentheses are based on 250 to 499 unweighted pregnancies of 7+ months duration. An asterisk indicates that a figure is based on fewer than 250 unweighted pregnancies of 7+ months duration and has been suppressed.
[1] Stillbirths are fetal deaths in pregnancies lasting seven or more months.
[2] Early neonatal deaths are deaths at age 0-6 days among live-born children.
[3] The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration
[4] Total includes 2 cases of miscarriages at 7+ months

9.6 HIGH-RISK FERTILITY BEHAVIOR

Previous research has shown a strong relationship between the fertility patterns of women and the mortality risks of their children. Typically, mortality risks are greater for children who are born to mothers who are too young or too old, who are born after a short birth interval, or who have a high birth order. In this analysis, a mother is classified as *too young* if she is younger than 18 years of age and *too old* if she is older than 34 years of age. A *short birth interval* is defined as a birth occurring within 24 months of the previous birth, and a child is of *high birth order* if the mother had already given birth to three or more children. First births are also typically associated with higher mortality risks; however, for purposes of this analysis, first births to mothers age 18-34 years are considered an unavoidable risk and are shown as a separate risk category.

Recent research has shown that children born to 24-35 months after a preceding birth are also at increased risk of dying compared with children born after 36 or more months after a preceding survey (Rutstein, 2005; WHO, 2006c; Conde-Agudelo et al., 2006), however, to be comparable with tabulations with other countries in the region, in this analysis, children who are not considered to be at risk are second and third births to women age 18-35 (24 months or more after the previous birth).

The first column of Table 9.5 shows the distribution of children born in the five years preceding the survey by risk category. Twenty-seven percent of births were in a single high-risk category while 5 percent were subject to two or more of the risk factors (Figure 9.2). By far the most common avoidable risk is a too-short birth interval.

The second column of Table 9.5 compares the proportion dead among children in each of the risk categories with the proportion dead among children not in any risk category. Overall, the risk ratio for children in any high-risk category is about 30 percent higher than for children who are not in any high-risk category. The risk ratio was higher for children in two or more high-risk categories (1.87) than for children in any single high-risk category (1.19).

Finally, the third column of Table 9.5 looks to the future and addresses the question of how many currently married women have the potential for having a high-risk birth. The results were obtained by simulating the risk category into which a birth to a currently married woman would fall if she were to become pregnant at the time of the survey. For example, a woman who was 37 years old at the time of the survey and had three previous births, the last of which occurred three years earlier, would be classified in the multiple high-risk category for being too old (35 or older) and at risk of having a high order birth (greater than three). It must be noted that the percentages in column 3 represent the hypothetical maximum proportions of women who could potentially have various categories of high-risk births. However, because some of the potentially at-risk women are practicing contraception and some have passed menopause and are infecund, it is unlikely that all of these women will actually have high-risk births.

Table 9.5 High-risk fertility behavior

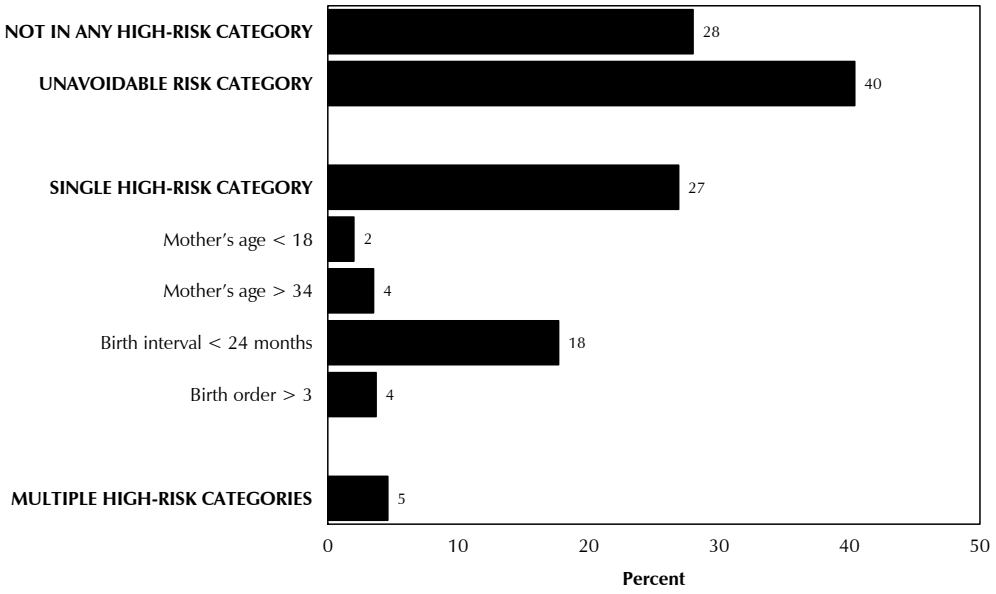
Percent distribution of children born in the five years preceding the survey by category of elevated risk of dying and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Azerbaijan 2006

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women[1]
	Percentage of births	Risk ratio	
Not in any high-risk category	28.0	1.00	20.7[a]
Unavoidable risk category			
First order births between ages 18 and 34 years	40.4	0.71	7.0
Single high-risk category			
Mother's age <18	2.0	(2.90)	0.2
Mother's age >34	3.5	0.70	22.9
Birth interval <24 months	17.7	1.02	8.1
Birth order >3	3.7	1.50	7.0
Subtotal	26.9	1.19	38.2
Multiple high-risk category			
Age <18 & birth interval <24 months[2]	0.5	*	0.1
Age >34 & birth interval <24 months	0.5	*	0.6
Age >34 & birth order >3	2.2	2.38	30.8
Age >34 & birth interval <24 months & birth order >3	0.1	*	0.6
Birth interval <24 months & birth order >3	1.3	(1.30)	2.1
Subtotal	4.6	1.87	34.1
In any avoidable high-risk category	31.6	1.29	72.3
Total	100.0	na	100.0
Number of births	2,289	na	5,269

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births *not in any high-risk category*. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.
[2] Includes the category age *<18* and *birth order >3*
[a] Includes sterilized women

Overall, 72 percent of married women have the potential to give birth to a child with an elevated risk of dying. Four in ten women have the potential of having a birth that would fall into a single high-risk category (mainly older maternal age). Just under one-third of women have the potential for having a birth in a multiple high-risk category (mainly older maternal age and higher birth order).

Figure 9.2 **Births in the past five years in categories of high-risk fertility behavior**



AzDHS 2006

REPRODUCTIVE HEALTH 10

Reproductive and maternal health care in Azerbaijan is implemented through an extensive system of ambulatory polyclinic and maternity hospitals. The network of ambulatory health care is organized around geographical regions and is offered through women's consultation polyclinics and rural health facilities. Obstetric care is offered at obstetric-gynecological departments in hospitals, regional maternity hospitals located in urban areas, and national centers for specialized (tertiary) care.

This chapter presents findings on several areas of importance to reproductive and maternal health: antenatal, delivery, and postnatal care. These data are of great value in identifying subgroups of women who do not utilize or receive specific health services and is useful in planning for improvements in service delivery.

10.1 ANTENATAL CARE

The health care that a mother receives from a trained health provider during pregnancy is important for the survival and well-being of both the mother and the child. The 2006 AzDHS obtained information on a number of aspects of antenatal care (ANC) including the type of provider, number of ANC visits, stage of pregnancy at the time of the first visits, and number of visits, as well as the services and information provided during ANC.

10.1.1 Antenatal Care Provider

Table 10.1 presents data on the utilization of different types of antenatal care providers. Overall, 77 percent of women who had a live birth in the five years preceding the survey received antenatal care from a trained health provider prior to the most recent birth. Almost all women (75 percent) saw a doctor for care at least once during their pregnancy.

Women age 20-34 were more likely than younger or older women to receive antenatal care from a trained medical provider. Birth order is another factor that affects seeking antenatal care. The antenatal care coverage is 88 percent among women who had their first birth and decreases to 57 percent among women with higher order births.

There are substantial differences by urban-rural residence in ANC utilization: 90 percent of urban women received ANC from a trained provider compared with 63 percent of rural women.

The proportion of women who received antenatal care varies by region, educational attainment, and wealth quintile. Mothers in Daghligh Shirvan, Aran, Guba-Khachmaz, and Lankaran are much less likely to receive professional antenatal care than women in the other regions. ANC increases from 64 percent among women in the lowest education level to 94 percent among those in the highest education level. Almost all women (95 percent) in households in the highest wealth quintile receive ANC, compared with 53 percent of women in households in the lowest wealth quintile.

Data from recent Demographic and Health Surveys conducted in other countries in the region indicate that coverage of antenatal care by a trained provider in Azerbaijan is low by comparison. Coverage in Moldova in 2005 was 98 percent, for example, and in Turkey in 2003 it was 81 percent (NCPM and ORC Macro, 2006; HUIPS, 2004).

Table 10.1 Antenatal care

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, and the percentage receiving antenatal care from a skilled provider, according to background characteristics, Azerbaijan 2006

Background characteristic	Doctor	Nurse/ midwife	Feldsher	Traditional birth attendant	Other	No one	Missing	Total	Percentage receiving antenatal care from a skilled provider[1]	Number of women
Mother's age at birth										
<20	67.6	1.4	0.0	0.0	0.0	30.9	0.0	100.0	69.1	126
20-34	76.2	1.8	0.2	1.0	0.1	20.5	0.1	100.0	78.2	1,426
35-49	67.8	0.9	0.6	0.1	0.0	30.5	0.0	100.0	69.3	133
Birth order										
1	86.8	0.5	0.3	0.6	0.0	11.9	0.0	100.0	87.6	579
2-3	71.1	2.5	0.2	1.0	0.1	25.0	0.0	100.0	73.8	957
4-5	55.8	1.4	0.0	1.3	0.0	40.7	0.7	100.0	57.2	130
6+	*	*	*	*	*	*	*	100.0	*	20
Residence										
Urban	89.3	0.4	0.0	0.1	0.1	9.8	0.2	100.0	89.7	866
Rural	59.6	3.1	0.5	1.6	0.0	35.1	0.0	100.0	63.3	819
Region										
Baku	95.3	0.3	0.0	0.0	0.0	4.4	0.0	100.0	95.6	416
Absheron	90.3	1.0	0.0	0.9	0.0	7.7	0.0	100.0	91.3	120
Ganja-Gazakh	77.5	0.6	0.0	1.7	0.0	20.2	0.0	100.0	78.1	257
Shaki-Zaqatala	73.0	2.5	0.0	0.6	0.0	23.7	0.3	100.0	75.4	117
Lankaran	60.9	3.1	2.6	3.4	0.0	30.0	0.0	100.0	66.6	152
Guba-Khachmaz	59.1	5.2	0.0	2.0	0.0	32.9	0.0	100.0	64.3	69
Aran	60.7	2.6	0.0	0.4	0.3	35.9	0.2	100.0	63.2	452
Yukhari Garabakh	71.2	4.3	0.0	0.0	0.0	24.5	0.0	100.0	75.5	45
Daghligh Shirvan	58.3	0.3	0.0	0.0	0.0	41.2	0.3	100.0	58.5	57
Mother's education										
Basic secondary or less	61.2	2.6	0.0	2.6	0.3	32.9	0.2	100.0	63.8	420
Complete secondary	73.1	2.1	0.5	0.4	0.0	23.8	0.1	100.0	75.7	831
Secondary specialized	89.3	0.2	0.0	0.0	0.0	10.5	0.0	100.0	89.5	205
Higher	93.5	0.0	0.0	0.0	0.0	6.5	0.0	100.0	93.5	230
Wealth quintile										
Lowest	50.2	3.0	0.0	2.5	0.0	44.3	0.0	100.0	53.2	368
Second	64.8	4.0	1.1	1.1	0.0	28.8	0.0	100.0	69.9	371
Middle	80.9	0.6	0.0	0.0	0.0	18.4	0.0	100.0	81.5	355
Fourth	91.0	0.3	0.0	0.2	0.4	7.7	0.4	100.0	91.3	319
Highest	95.3	0.0	0.0	0.0	0.0	4.7	0.0	100.0	95.3	273
Total	74.9	1.7	0.2	0.8	0.1	22.1	0.1	100.0	76.9	1,686

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.
[1] Skilled provider includes doctor, nurse, midwife, and feldsher.

10.1.2 Number and Timing of ANC Visits

Early examination of pregnant women and the use of educational and preventive measures to avoid possible complications during pregnancy and delivery are elements of quality antenatal care. A successful pregnancy and delivery is most likely when a pregnant woman has her first antenatal care visit within the first trimester, and thereafter has the recommended number of antenatal care visits. For a normal pregnancy, i.e., one which is not considered at high risk for antenatal complications, the Ministry of Health of Azerbaijan recommends monthly visits until the third trimester and twice-monthly visits in the third trimester. WHO guidelines recommend at least four antenatal care visits for a normal pregnancy.

Table 10.2 shows the number of antenatal care visits and the timing of the first visit during the most recent pregnancy for women with a live birth in the five years preceding the survey. Comparatively few women have an adequate number of visits (4 or more) to a health provider during pregnancy (45 percent). The percentage of women who made four or more antenatal care visits is much lower in rural areas than in urban areas (30 percent compared with 60 percent). Almost half of women (54 percent) had their first antenatal visit in the first trimester, with a higher level in urban (67 percent) than in rural areas (40 percent). The median gestation age at the first antenatal visit was 3.5 months.

Table 10.2 Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to residence, Azerbaijan 2006

Number and timing of ANC visits	Urban	Rural	Total
Number of ANC visits			
None	9.8	35.1	22.1
1	4.6	11.0	7.7
2-3	20.7	21.8	21.2
4+	59.9	29.7	45.2
Don't know/missing	5.0	2.4	3.7
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	9.8	35.1	22.1
<4	66.8	40.0	53.8
4-5	13.5	13.2	13.4
6-7	6.0	7.0	6.5
8+	3.2	2.7	3.0
Don't know/missing	0.6	1.9	1.2
Total	100.0	100.0	100.0
Number of women	866	819	1,686
Median months pregnant at first visit (for those with ANC)	3.4	3.6	3.5
Number of women with ANC	781	532	1,313

10.1.3 Antenatal Care Content

The content of the care provided to pregnant women serves as an indicator of the quality of antenatal services. In Azerbaijan, specific services that a woman should receive during antenatal care include the taking of anthropometric and blood pressure measurements and urine and blood samples. Pregnant women suffering certain pathologies or who are exposed to higher risks of adverse pregnancy complications undergo additional tests and examinations. In addition to the basic tests, it is recommended that women receive iron supplements during pregnancy. Another important component of antenatal care services is the provision of educational information to the pregnant woman about normal changes during pregnancy and signs of complications.

Table 10.3 shows the extent to which women who had a live birth in the five years preceding the survey received iron supplements. The table also shows the extent to which women who had antenatal care for a birth in the five years before the survey were informed about signs of pregnancy complications and had basic tests performed.

Maternal anemia, especially iron deficiency anemia, is one cause of both maternal complications and neonatal complications. Taking iron supplements during pregnancy is an efficient way to prevent iron deficiency anemia. Iron tablet supplementation is very low in Azerbaijan; less than one-quarter of mothers (23 percent) received iron supplements during the pregnancy for their last birth. As Table 10.3 shows, the oldest and youngest mothers were least likely to have received iron supplements during pregnancy and the proportion receiving supplements declined with the child's birth order. Mothers who live in urban areas were more likely to receive iron supplements than women in rural areas (32 percent and 13 percent, respectively). The rate also increases significantly with educational attainment; 40 percent of women with higher education take iron supplements during pregnancy, compared with only 14 percent with basic secondary or less education. Similarly, 45 percent of women from the highest wealth quintile take iron supplements, compared with 8 percent of women from the lowest wealth quintile.

Table 10.3 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup during the pregnancy for the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal care services, according to background characteristics, Azerbaijan 2006

Background characteristic	Among women with a live birth in the past five years, the percentage who during the pregnancy for their last birth took iron tablets or syrup	Number of women with a live birth in the past five years	Among women who received antenatal care for their most recent birth in the past five years, the percentage receiving specific services					Number of women who received ANC for their most recent birth
			Informed of signs of pregnancy complications	Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	
Mother's age at birth								
<20	12.4	126	36.8	51.5	83.9	73.6	70.5	87
20-34	24.3	1,426	42.4	65.4	86.8	78.1	81.7	1,132
35-49	14.2	133	48.9	62.2	87.5	79.6	83.8	92
Birth order								
1	27.6	579	43.6	71.5	91.1	84.5	87.9	511
2-3	21.3	957	43.0	62.6	84.6	74.5	77.4	717
4-5	11.6	130	31.1	35.0	77.3	66.4	69.7	76
6+	*	20	*	*	*	*	*	8
Residence								
Urban	31.7	866	50.1	79.8	93.5	89.1	90.7	780
Rural	13.0	819	31.4	41.6	76.8	61.4	67.1	532
Region								
Baku	39.0	416	65.8	92.4	95.7	95.1	96.7	397
Absheron	32.3	120	38.9	88.2	93.9	88.9	90.4	111
Ganja-Gazakh	18.9	257	17.0	48.9	83.9	73.9	76.8	205
Shaki-Zaqatala	22.0	117	40.8	65.3	91.5	89.2	89.2	89
Lankaran	12.8	152	18.4	31.1	77.1	66.1	71.6	106
Guba-Khachmaz	9.8	69	22.3	77.7	88.4	52.4	51.4	46
Aran	14.9	452	46.0	45.1	79.2	65.7	71.7	289
Yukhari Garabakh	7.5	45	10.4	25.3	70.1	40.0	51.9	34
Daghligh Shirvan	15.9	57	46.5	34.8	69.7	47.9	52.2	33
Education								
Basic secondary or less	14.1	420	38.2	46.4	73.4	66.9	69.4	281
Complete secondary	19.1	831	37.1	60.2	86.8	73.9	78.6	632
Secondary specialized	35.6	205	49.9	77.3	95.2	90.7	90.8	184
Higher	39.5	230	57.7	88.3	96.7	93.2	95.5	215
Wealth quintile								
Lowest	7.7	368	33.9	35.3	70.5	53.9	61.5	205
Second	12.9	371	27.8	43.4	77.4	62.7	68.7	264
Middle	16.7	355	40.7	60.6	86.7	79.4	83.0	289
Fourth	38.7	319	50.0	81.1	95.1	89.0	89.2	293
Highest	44.9	273	57.9	93.4	99.5	98.0	98.0	260
Total	22.6	1,686	42.5	64.3	86.7	77.9	81.1	1,312

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

The proportion of women who underwent basic tests during pregnancy is relatively high: 87 percent of women had their blood pressure measured, 81 percent of women had their blood sample taken, and 78 percent had their urine tested. However, only two-thirds were weighed and less than half (43 percent) of these women were informed of the signs of pregnancy complications.

There are variations in the likelihood of receiving the various components of care according to background characteristics. Women under age 20 are less likely than older women to receive all of the specified antenatal care services. The level of care tends to decrease with birth order. Urban-rural differences are marked. For example, women in rural areas are less likely to be informed of the signs of complications (31 percent) and less likely to be weighed (42 percent) compared with urban women (50 percent and 80 percent, respectively). The proportion of women receiving various ANC services is generally higher in Baku and Absheron than in other regions. Better educated women and women living in more economically advantaged households are slightly more likely to receive all of the specified antenatal care services than women with less education or those who live in households in the lowest wealth quintile.

10.2 ASSISTANCE AND MEDICAL CARE AT DELIVERY

10.2.1 Place of Delivery

Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that can cause the death or serious illness of the mother and/or the infant. Table 10.4 shows that 78 percent of deliveries that occurred in the five years preceding the survey took place in health facilities.

Table 10.4 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery, and percentage delivered in a health facility, according to background characteristics, Azerbaijan 2006

Background characteristic	Health facility		Home	Other	Missing	Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector						
Mother's age at birth								
<20	69.5	1.1	28.3	0.8	0.3	100.0	70.6	263
20-34	78.0	0.7	20.5	0.3	0.4	100.0	78.7	1,881
35-49	76.8	0.0	23.0	0.0	0.2	100.0	76.8	144
Birth order								
1	83.1	0.7	15.4	0.3	0.4	100.0	83.8	1,000
2-3	74.1	0.9	24.2	0.5	0.3	100.0	74.9	1,120
4-5	60.6	0.0	38.8	0.0	0.6	100.0	60.6	150
6+	*	*	*	*	*	100.0	*	20
Antenatal care visits[1]								
None	53.6	0.0	45.8	0.6	0.0	100.0	53.6	373
1-3	77.7	0.7	21.4	0.2	0.0	100.0	78.4	488
4+	90.3	1.4	7.8	0.4	0.0	100.0	91.8	763
Don't know/missing	77.6	1.9	18.8	0.0	1.8	100.0	79.4	63
Residence								
Urban	90.2	1.0	8.4	0.1	0.3	100.0	91.2	1,139
Rural	63.9	0.4	34.6	0.6	0.5	100.0	64.2	1,149
Region								
Baku	91.7	1.8	6.5	0.0	0.0	100.0	93.5	530
Absheron	91.4	0.4	7.6	0.0	0.7	100.0	91.8	159
Ganja-Gazakh	76.8	0.7	22.5	0.0	0.0	100.0	77.5	370
Shaki-Zaqatala	90.5	0.0	8.6	0.0	0.9	100.0	90.5	143
Lankaran	56.6	1.0	40.6	0.4	1.5	100.0	57.5	216
Guba-Khachmaz	92.7	0.0	6.7	0.0	0.7	100.0	92.7	95
Aran	63.7	0.2	34.5	1.2	0.4	100.0	63.9	637
Yukhari Garabakh	73.3	0.5	26.2	0.0	0.0	100.0	73.8	65
Daghligh Shirvan	71.4	0.0	28.4	0.0	0.2	100.0	71.4	74
Mother's education								
Basic secondary or less	67.5	0.3	31.4	0.0	0.8	100.0	67.8	625
Complete secondary	74.2	1.0	24.0	0.7	0.2	100.0	75.1	1,109
Secondary specialized	90.1	0.9	8.2	0.4	0.4	100.0	90.9	263
Higher	96.0	0.5	3.5	0.0	0.0	100.0	96.5	292
Wealth quintile								
Lowest	60.8	0.3	38.5	0.2	0.3	100.0	61.0	534
Second	69.1	0.3	29.2	0.9	0.5	100.0	69.4	518
Middle	79.2	0.4	19.6	0.6	0.2	100.0	79.6	478
Fourth	88.6	2.2	8.2	0.0	0.9	100.0	90.8	405
Highest	96.3	0.8	2.9	0.0	0.0	100.0	97.1	354
Total	77.0	0.7	21.6	0.4	0.4	100.0	77.7	2,289

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes only the most recent birth in the past five years

Women under age 20 are somewhat less likely to deliver in a health facility than older women. Health facility deliveries are the highest among women having their first birth (84 percent). The percentage of health facility deliveries is lowest among women who received no antenatal care (54 percent).

There are significant variations by residence in the percentage of births taking place in a health facility. Women living in urban areas are more likely to deliver in a health facility compared with their rural counterparts; less than two-thirds of births in rural areas are delivered in a health facility compared with 91 percent of births in urban areas. More than nine in ten births in Baku, Guba-Khachmaz, Absheron, and Shaki-Zaqatala take place in a health facility. In contrast, only 58 percent of births in Lankaran and 64 percent in Aran take place in a health facility. The large proportion of home deliveries in the latter regions is, according to the women who live there, the result of a variety of factors: greater distance to health facilities, financial constraints, lack of transportation, and poor access to health care in general (Table 10.7).

Both the mother's education level and the wealth quintile are directly related to the likelihood that the delivery takes place in a health facility. Around two-thirds of births to mothers with a basic secondary education or less take place in a health facility compared to 97 percent of births to women with higher education. The proportion of births taking place in health facilities increases from 61 percent in the lowest wealth quintile to 97 percent in the highest quintile.

10.2.2 Attended Deliveries

Table 10.5 shows that the majority of births (89 percent) in Azerbaijan are delivered by a trained health professional. Most of these deliveries are attended by a doctor, with nurse-midwives or *feldshers* delivering 6 percent of births. Ten percent of births are delivered by traditional birth attendants called *mamachi*.

Table 10.5 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of births assisted by a skilled provider, and the percentage delivered by caesarean section, according to background characteristics, Azerbaijan 2006

Background characteristic	Person providing assistance during delivery							Total	Percentage delivered by a skilled provider[1]	Percentage delivered by C-section	Number of births
	Doctor	Nurse/ midwife	Feldsher	Traditional birth attendant	Relative/ other	No one	Don't know/ missing				
Mother's age at birth											
<20	79.3	6.6	0.9	12.7	0.3	0.0	0.3	100.0	86.8	1.9	263
20-34	83.5	4.9	0.5	9.5	0.8	0.3	0.6	100.0	88.9	4.5	1,881
35-49	82.6	4.4	0.9	10.9	0.3	0.0	0.8	100.0	87.9	11.8	144
Birth order											
1	88.6	3.6	0.4	6.9	0.2	0.0	0.4	100.0	92.6	6.3	1,000
2-3	80.5	6.3	0.6	10.4	1.1	0.4	0.7	100.0	87.4	3.9	1,120
4-5	65.7	7.1	2.0	23.4	0.7	0.4	0.6	100.0	74.8	0.3	150
6+	*	*	*	*	*	*	*	100.0	*	*	20
Place of delivery											
Health facility	98.1	1.2	0.1	0.3	0.0	0.0	0.2	100.0	99.4	6.1	1,777
Elsewhere	30.6	18.8	2.5	44.0	3.1	1.0	0.0	100.0	51.9	0.0	502
Residence											
Urban	94.9	1.7	0.1	2.0	0.4	0.3	0.6	100.0	96.6	5.1	1,139
Rural	71.1	8.5	1.2	17.7	1.0	0.1	0.5	100.0	80.7	4.3	1,149
Region											
Baku	97.3	1.0	0.0	0.3	0.7	0.7	0.0	100.0	98.3	3.5	530
Absheron	94.5	0.5	0.0	4.3	0.0	0.0	0.7	100.0	95.0	8.5	159
Ganja-Gazakh	84.1	6.4	0.3	8.0	1.2	0.0	0.0	100.0	90.8	7.0	370
Shaki-Zaqatala	90.2	3.2	0.0	5.3	0.0	0.4	0.9	100.0	93.4	2.5	143
Lankaran	64.8	7.6	6.0	19.7	0.4	0.5	1.2	100.0	78.3	1.6	216
Guba-Khachmaz	92.4	3.4	0.0	3.5	0.0	0.0	0.7	100.0	95.8	0.8	95
Aran	72.4	8.0	0.0	17.9	0.7	0.0	1.0	100.0	80.4	4.9	637
Yukhari Garabakh	76.5	13.4	0.0	10.0	0.1	0.0	0.0	100.0	89.9	15.5	65
Daghligh Shirvan	72.0	4.0	0.0	20.4	2.8	0.0	0.9	100.0	76.0	0.6	74
Mother's education											
Basic secondary or less	73.7	5.8	1.0	16.6	1.9	0.0	1.0	100.0	80.5	2.0	625
Complete secondary	81.7	6.2	0.7	10.4	0.4	0.1	0.4	100.0	88.6	5.6	1,109
Secondary specialized	92.6	3.1	0.0	2.5	0.0	1.5	0.4	100.0	95.6	3.4	263
Higher	98.5	1.1	0.0	0.4	0.0	0.0	0.0	100.0	99.6	8.2	292
Wealth quintile											
Lowest	67.3	8.8	1.6	20.7	0.9	0.1	0.5	100.0	77.8	2.8	534
Second	74.0	9.7	0.8	13.8	0.6	0.2	1.0	100.0	84.4	5.6	518
Middle	86.2	3.3	0.3	7.6	1.6	0.8	0.2	100.0	89.8	4.9	478
Fourth	96.5	0.8	0.0	1.8	0.0	0.0	1.0	100.0	97.3	6.4	405
Highest	99.6	0.0	0.0	0.4	0.0	0.0	0.0	100.0	99.6	4.1	354
Total	82.9	5.1	0.6	9.9	0.7	0.2	0.5	100.0	88.6	4.7	2,289

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. Total includes 9 births with missing information on place of delivery. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed

[1] Skilled provider includes doctor, nurse, midwife, and feldsher.

Almost all (97 percent) urban births were attended by a trained health professional compared with 81 percent of rural births. The proportion of births delivered with the assistance of a skilled health professional ranges from 76 percent in Daghligh Shirvan to 98 percent in Baku. The majority of deliveries were attended by a doctor; however, 8 percent of deliveries in Lankaran and Aran, and 13 percent in Yukhari Garabakh were assisted by nurses and midwives. As expected, the role of traditional birth attendants in assisting deliveries is more prominent in Daghligh Shirvan and Lankaran (20 percent each) and Aran (18 percent), regions with the highest home delivery rates.

Eight in ten births to women with a basic secondary education or less were delivered by a health professional compared with almost all births to women with higher education. Seventeen percent of women with basic secondary or less education were assisted by a mamachi as opposed to less than 1 percent of women with university education. Similarly, one in five women in the lowest wealth quintile delivers with the help of a mamachi, compared with less than 1 percent of women in the highest wealth quintile.

10.2.3 Caesarean Section Delivery

According to the World Health Organization, the caesarean section delivery rate should not exceed 10 percent. In Azerbaijan, caesarean section deliveries are performed in only 5 percent of births. Caesarean deliveries increase with the woman's age and educational attainment. First births are more likely to be delivered by caesarean section than higher order births.

10.3 Postnatal Care

The postnatal period is defined as the time between the delivery of the placenta and 42 days after delivery. Postnatal care obtained from a trained medical provider represents a basic component of safe maternity. The postnatal examination plays an important role in assessing mother and child health status, diagnosis and treatment of postnatal complications, and counseling and support regarding early baby care.

Since research has shown that most maternal and infant deaths occur within the first two days after delivery, postnatal care should be provided as soon as possible after birth, within this critical period. To evaluate the extent to which postnatal care is utilized, the 2006 AzDHS asked women who had live births in the five years preceding the survey whether a health professional examined her after her last birth and about the timing of the checkup given.

Table 10.6 presents information on the timing of postnatal care after the most recent birth for women who gave birth in the five years preceding the survey. The data show that 72 percent of women received an examination after delivery. Postnatal care is provided mainly by a skilled health care provider (70 percent); only 2 percent of women receive postnatal care from a mamachi, a traditional birth attendant (data not shown). With regard to the timing of the first postnatal checkup, 54 percent of women who had a live birth in the past five years received a medical checkup within the first day of delivery of their last birth, and two-thirds were examined within the first two days of the delivery. Another 17 percent saw a health professional for a postnatal checkup within six weeks of giving birth. Twenty-eight percent of women reported not having had any sort of checkup in the postnatal period.

Younger women, women with higher parity, and rural women are less likely than other women to receive postnatal care; about 40 percent of women in each of these categories do not have a postnatal examination. Looking at regional patterns, nearly 60 percent of women (59 percent) in Lankaran and more than 40 percent of women in Aran and Daghligh Shirvan regions had no postnatal care. These three regions also have high rates of home deliveries and low antenatal care coverage (Table 10.4 and Table 10.1, respectively).

The likelihood of receiving postnatal care increases with the woman's education and wealth status. For example, the proportion of women who do not receive a postnatal checkup is 42 percent in the basic secondary education or less group and 9 percent in the higher education group.

Table 10.6 Timing of first postnatal checkup

Among women giving birth in the five years preceding the survey, the percent distribution of mothers by timing of first postnatal checkup for last live birth, according to background characteristics, Azerbaijan 2006

Background characteristic	Time after delivery when first postnatal checkup occurred					No checkup	Total	Number of women
	Less than 4 hours	4-23 hours	1-2 days	3-41 days	Other/ don't know/ missing			
Mother's age at birth								
<20	42.8	4.1	9.4	2.1	1.2	40.5	100.0	126
20-34	46.3	7.7	13.1	4.5	2.1	26.4	100.0	1,426
35-49	47.9	9.6	11.1	1.9	0.6	28.9	100.0	133
Birth order								
1	50.6	6.5	16.8	3.8	1.8	20.5	100.0	579
2-3	45.5	8.3	9.8	4.2	1.9	30.3	100.0	957
4-5	34.0	6.6	13.1	4.5	3.0	39.0	100.0	130
6+	*	*	*	*	*	*	*	20
Residence								
Urban	54.1	9.5	13.5	4.4	2.2	16.3	100.0	866
Rural	37.7	5.5	11.7	3.8	1.6	39.6	100.0	819
Region								
Baku	62.5	12.4	13.3	3.6	2.5	5.7	100.0	416
Absheron	40.9	9.1	20.9	1.3	0.9	26.8	100.0	120
Ganja-Gazakh	67.7	2.9	4.6	2.1	2.0	20.7	100.0	257
Shaki-Zaqatala	50.2	9.8	28.3	3.3	1.5	6.9	100.0	117
Lankaran	22.2	1.6	10.7	5.2	1.5	58.8	100.0	152
Guba-Khachmaz	13.0	21.3	27.2	3.6	8.6	26.3	100.0	69
Aran	32.0	5.9	10.6	6.4	1.0	44.1	100.0	452
Yukhari Garabakh	50.1	1.6	5.8	5.0	1.0	36.5	100.0	45
Daghligh Shirvan	44.6	3.5	3.6	2.5	1.4	44.3	100.0	57
Education								
Basic secondary or less	33.6	5.2	10.8	5.8	2.6	41.9	100.0	420
Complete secondary	46.4	7.5	12.1	3.6	1.8	28.6	100.0	831
Secondary specialized	50.3	7.8	18.2	6.7	1.6	15.4	100.0	205
Higher	64.3	11.9	13.0	0.4	1.5	8.8	100.0	230
Wealth quintile								
Lowest	32.4	4.7	12.9	4.3	2.3	43.4	100.0	368
Second	38.6	4.5	11.4	5.1	1.2	39.1	100.0	371
Middle	46.8	9.1	10.9	4.6	2.4	26.2	100.0	355
Fourth	56.3	8.6	11.2	4.2	2.5	17.3	100.0	319
Highest	62.0	12.6	18.0	1.6	1.1	4.7	100.0	273
Total	46.1	7.6	12.6	4.1	1.9	27.6	100.0	1,686

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

10.4 WOMEN'S PERCEPTION OF ACCESS TO HEALTH CARE

The 2006 AzDHS included a series of questions aimed at assessing what barriers women perceive they face in accessing health care. To collect this information, women were asked whether particular situations represented a big problem in obtaining health care. These situations included getting permission to go to a doctor; obtaining money to pay for the treatment; long distance to a medical facility; the need for transport; concerns with having to go alone; not having a female provider available; and not having any provider available.

Table 10.7 shows information on the proportions of women who indicated that they considered each of these specific situations as serious barriers to obtaining care when they are sick. A very high proportion of women cited at least one of the situations as a major barrier to accessing health care (85 percent). Sixty-three percent of women mentioned obtaining sufficient money to pay for health care as a big problem. The second most important problem (52 percent) was concern for having no provider available. Not wanting to go alone and not having a female medical provider to consult were also major problems for the women. Furthermore, somewhat more than one-third of women identified the need to take transport and the distance to a health facility as big problems. Getting permission to go to a doctor was a problem cited by 15 percent of women.

Table 10.7 Problems in accessing health care

Percentage of women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Azerbaijan 2006

Background characteristic	Problems in accessing health care								Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no provider available	At least one problem accessing health care	
Age									
15-19	17.9	55.5	35.6	34.3	56.5	47.8	51.5	83.4	1,531
20-34	17.2	62.5	37.0	36.2	49.0	46.4	51.9	86.2	3,452
35-49	11.3	66.1	37.0	35.6	35.3	38.3	52.5	84.1	3,461
Number of living children									
0	15.6	57.3	35.8	35.1	51.1	44.2	50.9	84.0	3,208
1-2	14.9	63.9	33.2	32.5	40.0	42.1	50.9	84.5	3,254
3-4	13.4	68.2	43.8	40.8	41.9	43.6	55.4	86.5	1,827
5+	20.5	84.4	48.1	51.8	46.5	49.0	62.9	91.6	154
Marital status									
Never married	14.7	57.0	35.2	34.5	49.9	43.4	50.0	83.7	2,608
Married or living together	15.5	64.6	38.1	36.7	43.9	44.2	52.8	85.4	5,269
Divorced/separated/widowed	10.5	71.2	30.7	31.0	28.8	34.8	54.9	84.9	567
Employed last 12 months									
Not employed	16.5	63.8	38.0	37.0	47.9	45.0	52.6	86.1	6,675
Employed for cash	8.0	56.7	29.5	28.2	31.1	35.9	49.5	79.5	1,599
Employed not for cash	17.8	74.2	53.1	52.6	49.1	47.4	57.6	88.0	169
Residence									
Urban	11.0	57.0	24.3	24.4	37.6	39.1	48.5	81.2	4,772
Rural	20.0	70.1	52.9	50.2	54.1	48.8	56.7	89.6	3,672
Region									
Baku	6.8	51.3	18.1	20.5	39.3	44.5	50.7	81.6	2,560
Absheron	9.5	65.6	29.1	21.1	18.4	16.6	46.9	74.3	582
Ganja-Gazakh	15.6	59.8	43.4	40.5	42.9	29.9	40.3	81.8	1,148
Shaki-Zaqatala	6.8	68.7	50.2	39.1	44.2	39.3	33.8	84.3	589
Lankaran	37.1	69.5	60.1	64.2	66.0	62.0	65.2	92.0	706
Guba-Khachmaz	19.2	71.8	33.6	32.7	35.0	47.9	59.3	84.6	380
Aran	18.3	72.6	44.0	42.7	51.0	50.0	57.8	90.8	2,019
Yukhari Garabakh	6.6	41.6	35.6	36.8	44.3	23.8	44.8	76.4	204
Daghligh Shirvan	36.1	75.6	63.6	59.1	76.5	66.4	86.6	97.4	255
Education									
Basic secondary or less	22.6	73.2	46.1	45.1	54.9	50.4	58.0	89.5	1,815
Complete secondary	15.2	65.5	39.8	38.6	47.0	44.8	53.9	87.4	4,382
Secondary specialized	10.6	56.4	29.0	28.4	35.9	35.5	44.3	80.3	1,138
Higher	5.7	40.8	17.3	15.7	28.4	33.8	43.3	71.9	1,110
Wealth quintile									
Lowest	23.5	85.0	67.0	63.6	60.6	54.5	61.7	94.7	1,550
Second	20.5	73.4	49.1	48.4	54.9	49.6	58.0	91.9	1,649
Middle	15.8	62.5	35.9	34.6	44.2	43.1	52.4	87.1	1,707
Fourth	11.0	56.1	22.8	23.4	38.2	38.8	50.5	81.8	1,719
Highest	5.5	40.4	13.7	12.6	28.8	32.6	39.7	70.8	1,819
Total	14.9	62.7	36.7	35.6	44.8	43.3	52.1	84.9	8,444

The majority of women in Azerbaijan face serious barriers to accessing health care, regardless of their backgrounds. However, women from Daghligh Shirvan, Lankaran, and Aran are particularly disadvantaged; more than 90 percent of women in these three regions identified at least one of the situations as a major problem in accessing health care. Significantly, women in Daghligh Shirvan, Lankaran, Guba-Khachmaz, and Aran were among the most likely to say that not having any provider available poses a serious problem for them in getting health care when they are sick (87 percent, 65 percent, 59 percent, and 58 percent, respectively).

Rural women are somewhat more likely than urban women to face serious barriers to accessing health care; nevertheless, even in urban areas, the majority of women (81 percent) identify at least one of the potential barriers as a serious problem when they are seeking care. The likelihood that women report any situations as posing a serious barrier to accessing health care decreases with education level and wealth quintile. However, even in the highest educational category and wealth quintile, seven in ten women face barriers they consider serious to accessing health care.

CHILD HEALTH 11

This chapter presents the 2006 AzDHS findings on child health in Azerbaijan. Topics discussed include birth weight, immunizations, and common childhood illnesses and their treatment. Combined with information on childhood mortality, these data can be used to plan interventions to improve child health.

11.1 Child's Weight and Size at Birth

Infants with a low birth weight have a higher mortality risk. In the 2006 AzDHS, all mothers were asked for their assessment of the size of the newborn baby, i.e., whether the baby was very large, larger than average, average, or smaller than average at birth. In addition, women who had live births in the five years preceding the survey were asked whether their baby was weighed at birth. For babies who were weighed at birth, information on birth weight was obtained from either maternal recall or, when available, from health cards found in the home. Birth weight data is obtained for 73 percent of all live births during the five-year period prior to the 2006 AzDHS (Table 11.1).

Newborns with a weight of 2,500 grams or less are considered small or underweight. Of those babies weighed, Table 11.1 shows that 9 percent were low birth weight. Looking at the differences across population subgroups, low birth weight babies were most common among mothers age 35 and older at the time of the birth (15 percent) followed closely by mothers who were under age 20 (13 percent). Daghligh Shirvan had the highest proportion of low birth weight babies (19 percent), while the proportion of underweight newborns was lowest in Guba-Khachmaz (3 percent) and Baku (5 percent). The proportion of low birth weight newborns decreased with both educational attainment and wealth quintile.

Looking at the information on the perceived size at birth, 2 percent of mothers reported their babies to have been very small at birth while 10 percent thought their newborn was smaller than average at birth. The proportion considering their babies to have been very small was less than 3 percent in most population subgroups. There was, however, much greater variability, particularly by region, in the proportions considering their newborn to have been smaller than average.

Table 11.1 Child's weight and size at birth

Percent distribution of live births in the five years preceding the survey with a reported birth weight by birth weight; percent distribution of all live births in the five years preceding the survey by mother's estimate of baby's size at birth and percentage of all births with a reported birth weight, according to background characteristics, Azerbaijan 2006

	Percent distribution of births with a reported birth weight[1]				Percentage of all births with a reported birth weight	Percent distribution of all live births by size of child at birth					
Background characteristic	Less than 2.5 kg	2.5 kg or more	Total	Number of births		Very small	Smaller than average	Average or larger	Don't know/ missing	Total	Number of all births
Mother's age at birth											
<20	12.8	87.2	100.0	188	71.6	3.2	8.5	63.2	25.2	100.0	263
20-34	8.2	91.8	100.0	1,382	73.5	2.1	9.9	69.0	19.0	100.0	1,881
35-49	15.1	84.9	100.0	104	71.9	1.9	15.4	64.3	18.4	100.0	144
Birth order											
1	9.6	90.4	100.0	796	79.6	2.5	9.4	73.7	14.4	100.0	1,000
2-3	8.8	91.2	100.0	791	70.7	1.6	10.8	65.4	22.3	100.0	1,120
4-5	9.3	90.7	100.0	80	53.5	4.3	10.4	54.3	31.0	100.0	150
6+	*	*	100.0	7	*	*	*	*	*	100.0	20
Residence											
Urban	8.0	92.0	100.0	1,023	89.8	1.7	12.0	80.3	5.9	100.0	1,139
Rural	11.0	89.0	100.0	651	56.6	2.6	8.1	55.9	33.4	100.0	1,149
Region											
Baku	4.9	95.1	100.0	488	92.0	1.3	8.9	86.3	3.5	100.0	530
Absheron	6.5	93.5	100.0	148	93.0	2.9	19.8	72.9	4.5	100.0	159
Ganja-Gazakh	13.1	86.9	100.0	289	78.2	1.1	9.3	70.6	19.1	100.0	370
Shaki-Zaqatala	10.0	90.0	100.0	123	86.4	3.2	9.4	81.0	6.4	100.0	143
Lankaran	12.6	87.4	100.0	112	52.0	6.8	10.3	54.6	28.3	100.0	216
Guba-Khachmaz	2.6	97.4	100.0	81	84.4	0.0	27.8	68.6	3.6	100.0	95
Aran	11.8	88.2	100.0	345	54.2	1.9	5.8	54.8	37.5	100.0	637
Yukhari Garabakh	10.2	89.8	100.0	40	62.4	1.2	17.7	52.0	29.0	100.0	65
Daghligh Shirvan	18.9	81.1	100.0	49	65.7	3.4	9.4	55.5	31.7	100.0	74
Mother's education											
Basic secondary or less	12.6	87.4	100.0	387	61.8	2.9	9.5	57.7	29.9	100.0	625
Complete secondary	10.5	89.5	100.0	778	70.2	2.5	10.6	65.4	21.5	100.0	1,109
Secondary specialized	6.5	93.5	100.0	236	89.7	1.1	11.8	79.7	7.4	100.0	263
Higher	2.9	97.1	100.0	274	93.9	0.3	7.6	89.8	2.3	100.0	292
Wealth quintile											
Lowest	12.9	87.1	100.0	275	51.5	2.1	10.0	49.5	38.4	100.0	534
Second	11.3	88.7	100.0	321	61.9	2.6	8.5	59.6	29.2	100.0	518
Middle	9.3	90.7	100.0	372	77.8	2.6	12.1	70.7	14.6	100.0	478
Fourth	7.0	93.0	100.0	376	92.7	1.6	8.8	84.2	5.4	100.0	405
Highest	6.4	93.6	100.0	331	93.6	2.0	11.0	86.3	0.7	100.0	354
Total	9.2	90.8	100.0	1,674	73.2	2.2	10.1	68.0	19.7	100.0	2,289

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.
[1] Based on either a written record or the mother's recall.

11.2 VACCINATION COVERAGE

In 1994, Azerbaijan's Ministry of Health adopted the World Health Organization (WHO) guidelines for childhood immunizations. These call for all children to receive a BCG vaccination against tuberculosis; three doses of DPT to prevent diphtheria, pertussis, and tetanus; three doses of polio vaccine; and a measles vaccine during the first year of life. Since 2003, measles immunization has been given at 12 months of age in the form of an MMR vaccination to protect against measles, mumps, and rubella. In addition, since 2001, the Ministry of Health has recommended that children receive three doses of hepatitis B vaccine.

In the 2006 AzDHS, women who had children less than five years of age were asked to show the interviewer the vaccination card or other card used to record the child's immunizations. If the immunization card or health card was available, the interviewer copied the dates of each immunization received onto the questionnaire and asked the mother about vaccinations not recorded on the card. For children without a vaccination (or health) card, the interviewer asked the mother if the child had received BCG, polio, DPT, hepatitis B, measles, mumps and/or rubella vaccines, and how many doses were received. Since child health records are routinely maintained at the local health facilities in Azerbaijan, information was also collected at the health facility where the child's vaccination record was kept. After the interview in the household was completed, supervisors visited

the health facilities identified by the mothers to obtain the child's immunization information from that source.

Vaccination cards were seen in the home for 1 percent of children and at the health facility for 72 percent of children (data not shown). In some cases, both sources of information were seen for a child. Thus, in total, vaccination cards were seen by the 2006 AzDHS interviewers for 72 percent of children age 18-29 months.

Table 11.2 shows vaccination coverage for children age 18-29 months. The first three rows of the table present information on children vaccinated at any time prior to the survey, by the source of information (i.e., the child's health card seen either at home or in a health facility, or the mother's report). The fourth row shows the proportions who were vaccinated by age 18 months.[1]

Overall, the data show that 60 percent[2] of children age 18-29 months had received all of the basic WHO-recommended vaccinations by the date of the interview; however, only 41 percent of children received the entire course of MOH-recommended vaccinations, including hepatitis B. Thirteen percent of children age 18-29 months had not received any vaccinations (Table 11.2).

Table 11.2 Vaccinations by source of information

Percentage of children age 18-29 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 18 months of age, Azerbaijan 2006

Source of information	BCG	DPT 1	DPT 2	DPT 3	Polio[1] 0[1]	Polio[1] 1	Polio[1] 2	Polio[1] 3	Measles	MMR	All basic[2]	No vacci-nations	Hepatitis B 1	Hepatitis B 2	Hepatitis B 3	All[2] + Hep B	Number of children
Vaccinated at any time before survey																	
Health card	67.9	70.8	69.3	65.9	63.5	71.4	70.2	68.1	53.7	58.2	57.7	0.0	64.1	57.8	44.4	40.8	338
Mother's report	13.7	10.5	8.4	4.8	10.4	10.7	8.4	4.3	9.1	9.1	2.0	13.1	7.2	4.2	1.3	0.7	129
Either source	81.6	81.3	77.8	70.7	73.9	82.1	78.6	72.4	62.9	67.3	59.7	13.1	71.3	62.0	45.7	41.4	467
Vaccinated by 18 months of age[3]	80.3	80.5	74.5	65.2	72.7	81.3	77.4	68.2	58.5	61.1	50.1	13.4	71.3	62.0	44.0	33.0	467

[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles (or MMR), and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).
[3] For children whose information was based on the mother's report, the proportion of vaccinations given during the first 18 months of life was assumed to be the same as for children with a written record of vaccination.

The majority of children (80-82 percent) received vaccinations for BCG and the first doses of DPT and polio. However, the proportions of children receiving the second and third doses of polio and DPT are substantially lower than the proportions receiving the first doses of these vaccines. For example, 81 percent of children received the first dose of DPT compared with 71 percent who received the third dose. The dropout rate[3] between the first and third doses of DPT and polio is 10 percent for each vaccine. The proportion of children who received MMR and measles vaccines is 67 percent and 63 percent, respectively. The dropout rate for hepatitis B vaccination is higher than that for DPT and polio (25.6 percent).

The proportion of children receiving all WHO-recommended vaccinations by 18 months of age is 50 percent, and 33 percent of children have received all vaccinations including hepatitis B. There is a clear tendency to delay vaccinations in Azerbaijan, which may be at least partly due to the broad definitions of contraindications applied by the physicians.

Table 11.3 and Figure 11.1 show vaccination rates among all children age 18-29 months according to background characteristics. Boys are more likely than girls to have received all basic

[1] For children with health cards, the percentage immunized by age 18 months was calculated based on the child's birth date and the dates when specific vaccines were received, as recorded on the card. For children whose information was based on the mother's recall, the proportion of vaccinations received by age 18 months was assumed to be the same as that for children with cards.
[2] Includes 57.7 percent from health cards and 2.0 percent from maternal recall
[3] Dropout rate = (Dose 1 – Dose 3) * 100 / Dose 1

vaccines (65 percent and 53 percent, respectively). Urban children are more likely than rural children to have received all basic vaccinations (68 percent and 52 percent, respectively). As expected, children living in Baku are more likely than children in other regions to be fully immunized (78 percent and 54 percent, respectively). Children born to mothers with complete secondary and higher levels of education are more likely to be fully immunized (62-61 percent) than children to mothers with basic secondary or less education (55 percent). The immunization proportions differ substantially according to wealth quintiles, thus 74 percent of children in the highest wealth quintile are fully vaccinated compared to 49 percent in the lowest quintile.

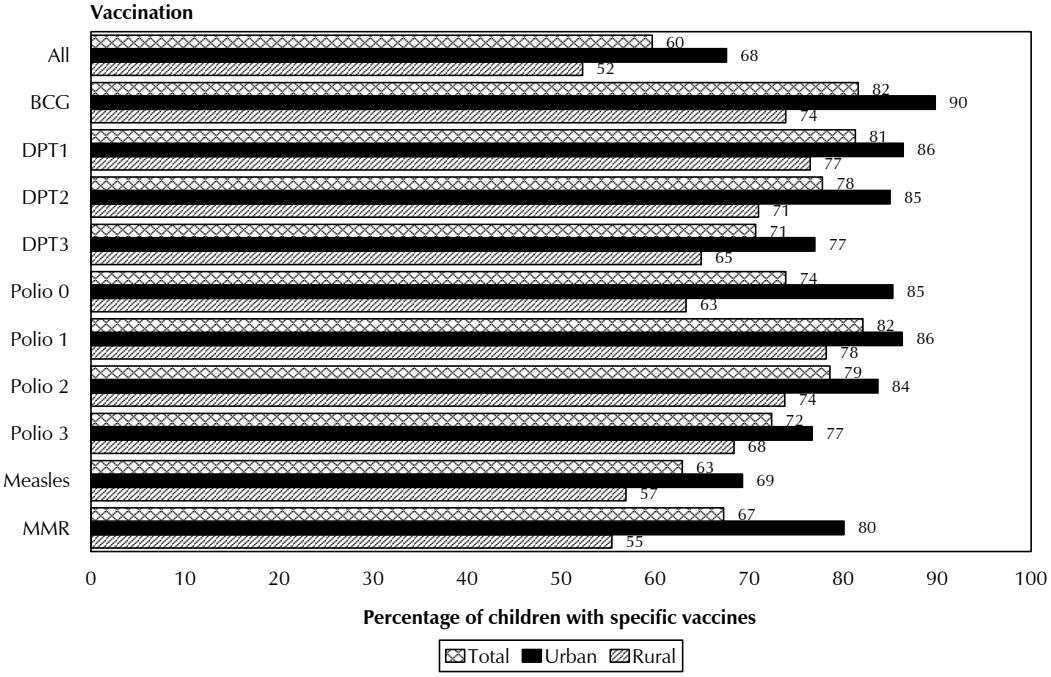
Table 11.3 Vaccinations by background characteristics

Percentage of children age 18-29 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Azerbaijan 2006

Background characteristic	BCG	DPT			Polio[1]				Measles	MMR	All basic[2]	No vaccinations	Hepatitis B			All[2] + HepB	Percentage with a vaccination card seen	Number of children
		1	2	3	0[1]	1	2	3					1	2	3			
Sex																		
Male	87.8	86.9	83.0	75.7	79.3	87.7	85.0	78.0	68.7	71.8	65.2	8.8	76.4	66.9	50.8	44.8	78.9	251
Female	74.4	74.8	71.7	65.0	67.6	75.7	71.1	65.9	56.1	62.2	53.3	18.2	65.4	56.2	39.8	37.5	64.7	216
Birth order																		
1	82.5	81.3	77.3	71.2	77.9	82.1	77.0	71.8	63.5	69.4	62.5	12.5	74.2	67.5	56.1	50.7	74.1	222
2-3	80.8	81.9	78.4	70.8	70.8	82.4	80.0	72.9	62.8	66.9	58.3	13.3	68.7	55.8	37.7	34.2	71.6	217
4-5	(79.0)	(74.9)	(74.9)	(64.6)	(64.2)	(79.0)	(79.0)	(72.5)	(55.2)	(51.1)	(45.2)	(17.8)	(67.2)	(64.1)	(26.2)	(23.8)	(60.8)	26
6+	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2
Residence																		
Urban	89.8	86.4	85.0	77.0	85.3	86.3	83.7	76.7	69.3	80.1	67.6	7.5	83.7	74.2	61.5	55.1	75.0	226
Rural	73.9	76.5	71.0	64.9	63.3	78.2	73.8	68.4	56.9	55.4	52.3	18.4	59.8	50.6	30.9	28.6	69.8	241
Region																		
Baku	96.5	92.3	92.3	82.7	96.5	96.5	96.5	86.0	79.7	92.8	77.6	3.5	93.7	90.8	86.5	76.5	87.4	107
Other	77.1	78.0	73.4	67.2	67.2	77.8	73.2	68.4	57.9	59.7	54.4	16.0	64.7	53.4	33.5	30.9	67.8	360
Mother's education																		
Basic secondary or less	75.5	79.4	74.0	69.7	64.1	77.1	74.2	72.5	56.5	62.6	55.2	15.1	65.5	58.5	44.0	42.2	68.9	136
Complete secondary	78.2	78.5	75.9	71.5	70.7	81.2	78.2	73.3	60.2	64.1	62.0	16.3	65.7	57.3	38.1	34.9	70.7	219
Secondary specialized/ higher	95.5	89.1	85.9	70.6	91.9	90.0	84.6	70.6	75.7	79.2	60.6	4.5	89.4	75.3	62.4	53.0	79.5	113
Wealth quintile																		
Lowest	70.5	68.6	65.5	59.8	63.7	71.4	64.7	61.5	49.7	53.5	48.9	20.9	51.3	44.1	28.1	26.9	57.4	112
Second	79.4	82.8	77.8	70.2	65.2	83.6	81.1	75.1	63.9	65.4	56.1	13.5	71.7	59.8	35.2	31.2	72.4	108
Middle	84.1	85.4	82.4	76.1	74.5	85.3	83.5	78.1	60.4	64.8	67.1	9.5	71.1	63.6	52.9	49.9	81.8	101
Fourth	79.6	77.4	71.6	66.5	75.0	76.0	70.4	66.8	62.4	63.1	55.1	18.9	72.3	55.6	42.6	40.0	66.5	66
Highest	98.5	95.0	94.2	83.4	98.5	96.3	95.1	81.6	83.4	95.9	74.0	1.5	98.5	93.0	78.1	66.0	85.9	80
Total	81.6	81.3	77.8	70.7	73.9	82.1	78.6	72.4	62.9	67.3	59.7	13.1	71.3	62.0	45.7	41.4	72.3	467

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles (or MMR), and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

Figure 11.1 **Vaccination coverage among children 18-29 months at any time preceding the survey**



AzDHS 2006

11.3 ACUTE RESPIRATORY INFECTION

Acute respiratory infections (ARI) are one of the main causes of infant mortality. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. In the 2006 AzDHS, the prevalence of ARI was estimated by asking mothers whether their children under age five had been ill with a cough accompanied by short, rapid breathing that was chest-related in the two weeks preceding the survey. These symptoms are consistent with ARI. It should be noted that the morbidity data collected are subjective in the sense that they are based on a mother's perception of illness without validation by medical personnel. Furthermore, the prevalence of ARI is subject to seasonality; the fieldwork for the 2006 AzDHS took place in August through November, when ARI rates tend to be low.

Table 11.4 shows that an extremely low overall proportion of children experienced symptoms of ARI in the two weeks preceding the survey (3 percent). The rate increases with age, peaking at 5 percent among children age 48-59 months. Four percent of boys had ARI symptoms compared with 2 percent of girls. Daghligh Shirvan had the highest proportion of children with ARI symptoms (9 percent), whereas ARI symptoms were seen in only 1 percent of children in Yukhari Garabakh, Guba-Khachmaz, and Baku. Children born to mothers with higher education and those living in the wealthiest households are the least likely to have ARI.

Table 11.4 Prevalence of symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey, according to background characteristics, Azerbaijan 2006

Background characteristic	Children under age five: Percentage with symptoms of ARI[1]	Children under age five: Number of children
Age in months		
<6	1.0	241
6-11	2.2	229
12-23	2.5	463
24-35	3.3	436
36-47	3.1	422
48-59	4.6	390
Sex		
Male	3.7	1,190
Female	2.0	992
Residence		
Urban	2.7	1,088
Rural	3.2	1,094
Region		
Baku	1.1	506
Absheron	5.7	151
Ganja-Gazakh	3.3	353
Shaki-Zaqatala	5.7	140
Lankaran	2.1	209
Guba-Khachmaz	1.2	91
Aran	3.2	602
Yukhari Garabakh	0.6	61
Daghligh Shirvan	8.5	70
Mother's education		
Basic secondary or less	3.8	586
Complete secondary	2.9	1,065
Secondary specialized	2.7	253
Higher	1.5	279
Wealth quintile		
Lowest	4.3	505
Second	2.2	490
Middle	4.4	454
Fourth	1.8	386
Highest	1.5	347
Total	3.0	2,182

[1] Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related) is considered a proxy for pneumonia.

11.4 DIARRHEA

Dehydration caused by severe diarrhea is a major cause of morbidity among young children and an important cause of infant and child death. In the 2006 AzDHS, the prevalence of diarrhea was estimated by asking mothers if their child under age 5 had diarrhea (more than three runny stools per day) in the two weeks prior to the survey. If the answer was "yes," the mother was subsequently asked if there was any blood in the stool. Table 11.5 indicates that 11 percent of children under age five had diarrhea in the two weeks preceding the survey. One percent of young children had diarrhea with blood, a symptom associated with more serious dysentery.

The age pattern of diarrhea shows an increase at 6-11 months of age (i.e., around the time when a child begins to crawl and experience more exposure to the environment). Morbidity by region ranges from a high of 28 percent in Daghligh Shirvan to a low of 2 percent in Guba-Khachmaz. The prevalence of diarrhea is 15 percent in children living in houses where the source of drinking water is not improved, compared with 10 percent in the houses with an improved drinking water source. There are no significant differentials by other background characteristics; nevertheless, children living in the poorest households were more likely to have diarrhea at the time of the survey.

Table 11.5 Prevalence of diarrhea

Percentage of children under age five who had diarrhea in the two weeks preceding the survey, by background characteristics, Azerbaijan 2006

Background characteristic	Diarrhea in the two weeks preceding the survey: All diarrhea	Diarrhea with blood	Number of children
Age in months			
<6	10.8	1.1	241
6-11	14.1	0.6	229
12-23	12.8	1.0	463
24-35	11.6	0.0	436
36-47	6.5	0.4	422
48-59	8.9	1.8	390
Sex			
Male	11.3	0.7	1,190
Female	9.7	0.9	992
Source of drinking water[1]			
Improved	9.7	0.7	1,672
Not improved	15.4	0.8	295
Other/missing	11.0	1.2	216
Toilet facility[2]			
Improved, not shared	11.0	0.6	1,564
Non-improved	9.6	1.2	618
Residence			
Urban	10.1	0.7	1,088
Rural	11.0	0.9	1,094
Region			
Baku	9.3	0.0	506
Absheron	6.9	0.0	151
Ganja-Gazakh	14.5	2.8	353
Shaki-Zaqatala	5.7	0.0	140
Lankaran	5.0	0.7	209
Guba-Khachmaz	2.0	0.0	91
Aran	12.5	0.7	602
Yukhari Garabakh	11.0	0.4	61
Daghligh Shirvan	28.3	2.3	70
Mother's education			
Basic secondary or less	11.9	1.9	586
Complete secondary	9.5	0.5	1,065
Secondary specialized	11.4	0.0	253
Higher	11.1	0.0	279
Wealth quintile			
Lowest	13.4	2.5	505
Second	10.5	0.2	490
Middle	9.6	0.6	454
Fourth	9.2	0.3	386
Highest	9.5	0.0	347
Total	10.6	0.8	2,182

Note: Total includes one child with missing information on toilet facility.
[1] See Table 2.6 for definition of categories.
[2] See Table 2.7 for definition of categories.

Table 11.6 presents information about various actions that mothers reported taking when their children under age five were sick with diarrhea. Thirty-four percent of children with diarrhea were taken to a health provider.

A prompt increase in a child's fluid intake is a simple and effective procedure to prevent diarrhea from developing into a life-threatening illness. Table 11.6 shows that actions were taken to increase fluid intake in just under half of the children with diarrhea during the two-week period before the survey. About a third of the children with diarrhea (31 percent) were treated with some form of oral rehydration therapy (ORT). Those receiving ORT were more likely to have been given a solution prepared from ORS packets (21 percent) than a home-prepared solution (14 percent).

Increasing the overall amount of fluids given to a child is another means of preventing dehydration during a diarrheal episode. Forty-five percent of the children received increased fluids.

The table indicates that other treatments were given to some sick children, the most common being antibiotics (39 percent) and antimotility drugs (13 percent). Eighteen percent of the children with diarrhea were not taken to a provider, or treated with oral rehydration therapy, or given any other kind of treatment.

Besides being asked about what was done to treat children with diarrhea, mothers were specifically asked whether they gave the child more or less liquids and foods than usual. Feeding practices among children under five who had diarrhea in the two weeks before the survey are not optimal for the majority of children with diarrhea. First, to prevent dehydration, fluids should be increased during diarrheal episodes. As shown in Table 11.7, however, only 45 percent of all sick children were given more liquids than usual. About one-third of children received the same amount of fluids as when they were well. Fluid intake was curtailed in the case of 18 percent of the children with diarrhea, a practice which increases the risk of dehydration.

Table 11.6 Treatment practices during diarrhea

Among children under age five who had diarrhea in the two weeks preceding the survey, the percentage who were taken for treatment to a health provider, the percentage given ORT or increased fluids, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, and the percentage who were given other treatments, Azerbaijan 2006

Treatment practices	Percentage of children with diarrhea
Taken to health provider	33.6
Given any ORT or increased fluids	54.1
Given ORT	31.3
Oral rehydration salt packets/ prepackaged liquid	21.1
Recommended home fluids (RHF)	13.9
Given increased fluids	45.3
Given other treatments	
Antibiotic drugs	39.0
Antimotility drugs	12.8
Intravenus solution	1.1
Home remedy/other	22.1
Not given any treatment/drug	17.7
Number of children	231

Note: Percents do not add to 100 because more than one response was possible.

It is important that children who have diarrhea receive adequate nutrients. Thus, it is recommended that children continue to receive solid foods when they have diarrhea. Table 11.7 shows that the majority of children with diarrhea continued to be fed either the same (22 percent) or only somewhat less food (45 percent) than they received prior to becoming ill, and a small percentage were given more food (2 percent). However, three in ten of the children either were given much less or nothing to eat.

Table 11.7 Feeding practices during diarrhea

Percent distribution of children under five years who had diarrhea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhea, Azerbaijan 2006

Feeding practices	Total
Amount of liquids given	
More	45.3
Same as usual	32.3
Somewhat less	15.0
Much less	2.7
None	2.4
Don't know/missing	2.2
Total	100.0
Amount of food given	
More	1.6
Same as usual	22.1
Somewhat less	44.7
Much less	29.0
None[a]	1.1
Don't know/missing	1.5
Total	100.0
Percentage given increased fluids and continued feeding[1,2]	25.7
Percentage given ORT or increased fluids and continued feeding[1]	44.7
Number of children	231

[a] Included children may not have begun receiving solid food
[1] Equivalent to the UNICEF/WHO indicator "Home management of diarrhea."
[2] Continued feeding includes children who were given more, same as usual, or somewhat less food during the diarrhea episode.

To ascertain how widespread knowledge of ORS is in Azerbaijan, female respondents were asked if they knew about ORS packets. Table 11.8 shows that a very small group of women who gave birth in the five years before the survey (27 percent) know about ORS packets. As expected, mothers living in rural areas are less likely to know about ORS than urban mothers (19 percent versus 33 percent). Among regions, the highest knowledge is reported in Shaki-Zaqatala (54 percent) and the lowest in Yukhari Garabakh (10 percent). Knowledge of ORS packets increases as the educational and wealth levels of the mother increase; however, even in the highest education group only half the mothers know about ORS.

Table 11.8 Knowledge of ORS packets

Percentage of mothers age 15-49 who gave birth in the five years preceding the survey who know about ORS packets or prepackaged liquids for treatment of diarrhea, by background characteristics, Azerbaijan 2006

Background characteristic	Percentage of women who know about ORS packets or ORS prepackaged liquids	Number of women
Age		
15-19	15.1	59
20-24	23.2	516
25-34	28.8	877
35-49	28.3	234
Residence		
Urban	33.3	866
Rural	19.3	819
Region		
Baku	41.3	416
Absheron	22.6	120
Ganja-Gazakh	20.1	257
Shaki-Zaqatala	53.7	117
Lankaran	12.9	152
Guba-Khachmaz	24.5	69
Aran	17.4	452
Yukhari Garabakh	10.2	45
Daghligh Shirvan	25.2	57
Education		
Basic secondary or less	17.2	420
Complete secondary	22.2	831
Secondary specialized	36.6	205
Higher	50.3	230
Wealth quintile		
Lowest	14.7	368
Second	23.7	371
Middle	22.9	355
Fourth	31.7	319
Highest	45.0	273
Total	26.5	1,686

ORS = Oral rehydration salts

NUTRITION 12

Nutrition is a critical component in laying a solid foundation for good health and development. Good nutrition builds up the immune system, strengthens the body, and plays an essential role in a healthy and productive lifestyle. This chapter looks at several aspects of the nutritional status of children and women in Azerbaijan. It covers the following topics: infant feeding practices, including breastfeeding and complementary feeding patterns and the prevalence of bottle-feeding; iodization of salt used in the household; children's levels of consumption of foods rich in vitamin A; micronutrient intake among mothers; prevalence of anemia in women and children; and the nutritional status of women, men, and children under age five based on anthropometric data (height and weight) collected during the survey.

12.1 NUTRITIONAL STATUS OF CHILDREN

Anthropometry provides one of the most important indicators of children's nutritional status. In the AzDHS, the height and weight of children under age five were measured in order to estimate their nutritional status[1]. In the 2006 AzDHS, all children under five years of age (i.e., age 0-59 months at the time of the survey) were eligible for height and weight measurements. Of the 2,240 children eligible for measurement, 96 percent were measured, and almost all of these children have valid measurements recorded (i.e., not implausibly high or low).

To obtain standardized measurements of nutritional status over time and in different settings, height and weight data are routinely compared to a reference population. The nutritional status of the children for whom anthropometric data were obtained in the 2006 AzDHS is compared to the Child Growth Standards adopted by the World Health Organization in April 2006[2]. Three standard indicators of growth are employed in the assessment of the children's nutritional status: height-for-age; weight-for-height; and weight-for-age. The height-for-age measure provides information on stunting. The weight-for-height data assesses whether or not the child is wasted. This indicator can also be used to assess the extent to which children are overweight or obese, which is an increasing problem among children worldwide. Finally, the weight-for-age indicator provides an assessment of whether a child weighs too little for his/her age.

The status of a child with regard to stunting, wasting, and underweight is determined by how many statistical units—standard deviations—the child's measurements are below the median of the reference population. If a child is between 2 and 3 standard deviations below the median, the child is considered moderately malnourished (stunted, wasted, or underweight); if the child is 3 or more standard deviations below the median, the child is considered severely malnourished.

Table 12.1 shows the nutritional status of children under five years by selected background characteristics[3]. Overall, 25 percent of children under age five are stunted and 12 percent are severely stunted. Stunting is the outcome of failure to receive adequate nutrition over an extended period and is also affected by recurrent or chronic illness.

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[1] Height was measured standing up for children age two years and above and lying down for children under two years using Shorr boards. Weight was measured using electronic Seca scales.

[2] WHO has recently developed the Child Growth Standards based on an international reference population (from Brazil, Ghana, India, Norway, Oman, and the United States) of ethnically, culturally, and genetically diverse healthy children living under the optimum conditions required to achieve a child's full growth potential. Previously, the NCHS/CDC/WHO reference population served as the international standard.

[3] Stunting based on the new WHO Child Growth Standards is expected to be greater throughout childhood. In general, underweight will increase in the first half of infancy, especially in breastfed infants. Wasting will be higher in infancy, then decrease. For the purposes of comparison with previous surveys, Table C.7 includes indices expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO international reference population that was in use prior to the new WHO Child Growth Standards.

Table 12.1 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Azerbaijan 2006

	Height-for-age			Weight-for-height				Weight-for-age				
Background characterisitic	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage above +2 SD	Mean Z-score (SD)	Number of children
Age in months												
<12	6.6	14.5	-0.3	4.0	16.4	10.5	-0.2	2.4	9.4	1.3	-0.4	426
12-23	6.8	16.3	-0.8	2.3	5.5	7.8	0.3	1.0	5.0	0.7	-0.2	408
24-35	14.3	31.6	-1.3	1.0	4.0	12.4	0.4	1.4	7.1	0.6	-0.4	408
36-47	18.6	37.3	-1.6	1.2	3.7	19.5	0.7	1.7	8.4	0.0	-0.5	394
48-59	12.8	27.3	-1.3	2.0	3.3	15.1	0.4	2.5	8.7	1.8	-0.5	344
Sex												
Male	12.7	26.7	-1.1	3.1	7.7	13.7	0.3	1.8	8.1	0.9	-0.4	1,051
Female	10.6	23.4	-1.0	1.0	5.8	12.1	0.3	1.7	7.2	0.8	-0.4	929
Birth interval in months[2]												
First birth[3]	11.4	24.6	-1.0	2.2	6.9	13.5	0.3	1.5	7.0	1.0	-0.4	1,500
<24	11.3	27.1	-1.2	0.5	5.4	3.9	0.1	0.0	11.3	0.0	-0.6	101
24-47	17.1	29.8	-1.5	2.9	8.0	11.3	0.1	5.4	14.9	0.7	-0.8	147
48+	10.5	24.3	-0.9	2.2	6.9	13.9	0.3	1.4	5.7	0.0	-0.4	201
Size at birth[2]												
Very small/small	14.9	34.2	-1.5	1.6	8.5	12.1	0.1	3.2	12.6	1.2	-0.8	234
Average or larger	8.3	21.7	-0.9	1.6	5.9	12.9	0.4	0.9	4.9	0.8	-0.2	1,346
Missing	23.0	32.4	-1.5	4.8	9.8	13.7	0.2	3.9	14.8	0.6	-0.8	357
Residence												
Urban	7.1	20.3	-0.8	1.2	5.8	14.2	0.4	0.5	3.7	1.3	-0.2	966
Rural	16.0	29.8	-1.3	3.0	7.7	11.7	0.2	3.0	11.5	0.4	-0.6	1,013
Region												
Baku	1.5	15.0	-0.6	0.8	4.3	14.6	0.5	0.0	2.2	1.3	-0.0	487
Absheron	10.7	24.2	-0.9	0.0	1.5	23.6	0.8	0.0	2.3	6.7	0.0	92
Ganja-Gazakh	7.1	19.6	-0.8	1.2	7.9	7.0	0.1	2.2	6.6	0.4	-0.4	304
Shaki-Zaqatala	3.6	21.3	-0.8	1.3	5.1	13.0	0.5	0.8	2.4	0.8	-0.1	140
Lankaran	8.4	22.0	-1.2	1.1	4.3	6.9	0.1	1.1	11.0	0.3	-0.6	202
Guba-Khachmaz	31.5	54.1	-2.2	1.2	4.4	16.6	0.8	3.5	14.7	0.0	-0.7	90
Aran	22.3	33.0	-1.4	5.0	11.8	14.6	0.1	3.2	13.1	0.0	-0.8	544
Yukhari Garabakh	23.4	42.0	-1.6	0.1	3.5	19.7	0.7	0.7	4.1	0.0	-0.5	58
Daghligh Shirvan	11.1	25.6	-1.4	3.0	4.3	6.1	0.2	6.3	11.3	1.7	-0.7	62
Mother's education												
Basic secondary or less	14.7	28.8	-1.2	3.2	10.0	11.5	0.2	2.3	11.9	0.0	-0.6	514
Complete secondary	13.9	28.8	-1.2	1.8	5.5	13.7	0.4	2.3	8.0	1.0	-0.4	952
Secondary specialized	5.5	16.2	-0.7	2.9	9.8	11.4	0.1	0.5	3.4	2.0	-0.4	233
Higher	3.7	13.2	-0.7	0.7	3.2	15.2	0.6	0.0	2.4	0.8	0.0	262
Wealth quintile												
Lowest	18.6	33.2	-1.4	4.0	10.0	11.4	0.1	3.5	15.4	0.2	-0.8	460
Second	13.8	30.5	-1.2	2.6	8.0	13.2	0.3	2.8	8.7	0.4	-0.5	461
Middle	13.2	25.7	-1.1	1.4	5.3	11.6	0.3	0.7	6.0	1.3	-0.4	419
Fourth	4.1	14.9	-0.6	0.6	5.5	11.4	0.3	0.7	2.8	0.9	-0.1	337
Highest	4.2	15.2	-0.6	1.2	3.8	18.5	0.6	0.0	2.2	1.7	0.0	302
Total	11.7	25.1	-1.1	2.1	6.8	12.9	0.3	1.8	7.7	0.8	-0.4	1,979

Note: Table is based on children who stayed in the household the night before the interview. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Each of the indices is expressed in standard deviation units (SD) from the median of the international reference population based on the new WHO Child Growth Standards adopted in April 2006. For the purposes of comparison with previous surveys, Table C.7 includes indices expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO international reference population that was in use prior to the new WHO Child Growth Standards.

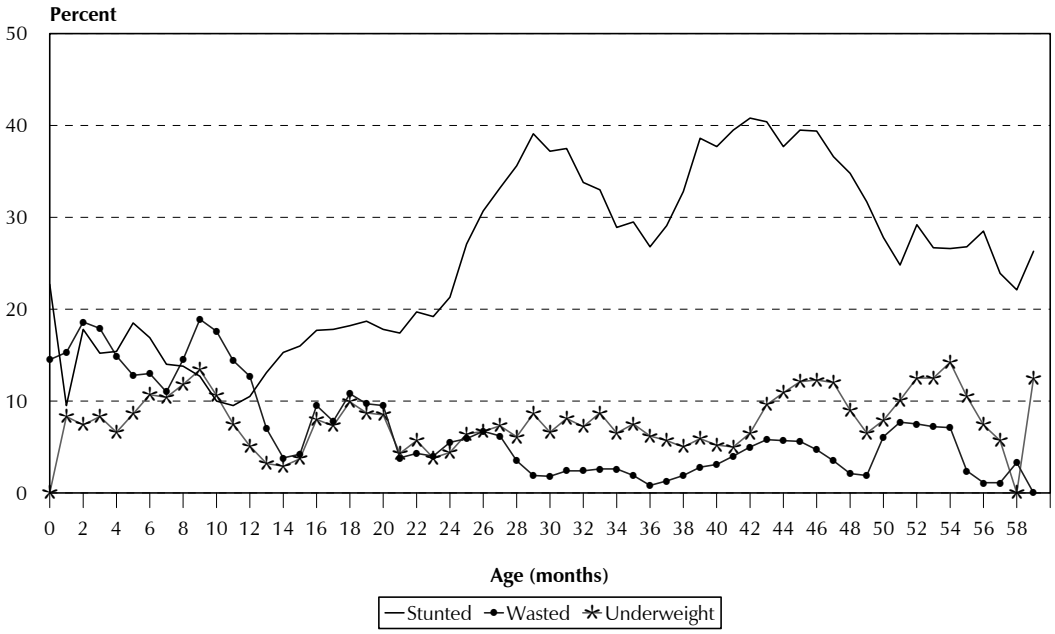
[1] Includes children who are below -3 standard deviations (SD) from the International Reference Population median

[2] Excludes children whose mothers were not interviewed

[3] First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

An examination of age patterns indicates that during the first two years, stunting affects 16 percent of children. Stunting becomes more widespread among older children; one in three children age 24 months and older is stunted, and stunting peaks at 37 percent among children age 36-47 months (Figure 12.1). Rural children are more likely to be stunted than urban children (30 percent and 20 percent, respectively). There is substantial regional variation in the prevalence of stunted children, with the level ranging from 15 percent in Baku to 54 percent in Guba-Khachmaz. Children born to mothers with less education and living in the poorest households are more likely to be stunted.

Figure 12.1 **Nutritional status of children by age**



Note: *Stunting* reflects chronic malnutrition; *wasting* reflects acute malnutrition; *underweight* reflects chronic or acute malnutrition or a combination of both. Plotted values are smoothed by a 5-month moving average.

AzDHS 2006

Wasting represents the failure to receive adequate nutrition in the period immediately before the survey, and often is a result of recent illness, especially diarrhea, or of a rapid deterioration in food supplies. In Azerbaijan, 7 percent of children are wasted and 2 percent are severely wasted. There is considerable variation in these figures by background characteristics. The prevalence of wasting is highest in children less than 12 months of age (16 percent). After their first birthday the proportion of wasted children declines sharply to 6 percent in the age group 12-23 months and to 3 percent in the age group 48-59 months. Although the difference in wasting levels between urban and rural children is not very large, there are notable differences between regions. The prevalence of wasting ranges from 2 percent in Absheron to 12 percent in Aran. The highest proportion for wasting is seen in children born to mothers with the lowest education and among children in the lowest wealth quintile (10 percent each).

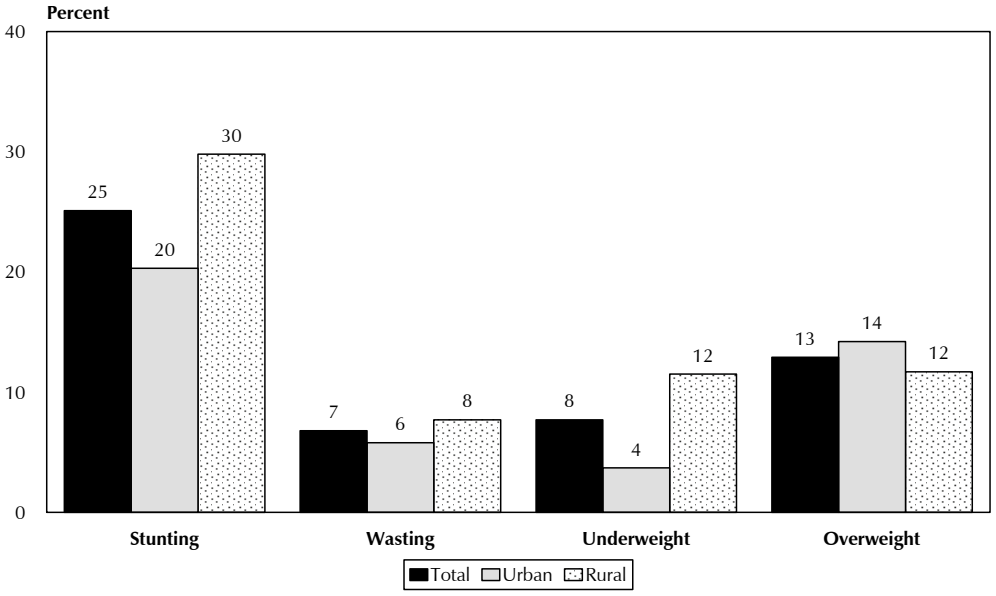
Table 12.1 highlights another major problem among young children in Azerbaijan: 13 percent are overweight. The highest proportion of overweight children is in age group 36-47 months; every fifth child in that age group is overweight. Looking at regional patterns, the prevalence of overweight children ranges from 6 percent in Daghligh Shirvan to 20 percent in Yukhari Garabakh and 24 percent in Absheron. Although variation by mother's education and household wealth status is not uniform, the highest proportions of overweight children are found among those whose mothers have a university education or are in the highest wealth quintile (15 percent and 19 percent, respectively).

The weight-for-age measure reflects the effects of both acute and chronic undernutrition. The weight-for-age index does not distinguish between chronic malnutrition (stunting) and acute malnutrition (wasting). A child can be underweight for his or her age because of stunting, because of wasting, or because of both stunting and wasting. Weight-for-age is a good overall indicator of a population's general health and nutritional status.

Overall, 8 percent of children are underweight and 2 percent are severely underweight. Children living in rural areas are more likely to be underweight than urban children (12 percent and 4 percent, respectively), as shown in Figure 12.2. The proportion of underweight children ranges from 2 percent in Baku, Absheron, and Shaki-Zaqatala to 15 percent in Guba-Khachmaz. Children born to

mothers with the lowest level of education and living in the poorest households are significantly more likely to be underweight. For example, the proportion of underweight children born to women with basic secondary or less education is 12 percent compared with 2 percent of underweight children born to women with university degree education. Similarly, the proportion of underweight children decreases from 15 percent to 2 percent as the wealth quintile increases. Children less than 12 months of age, children born very small and small, and those with a birth interval of 24-47 months are more likely to be underweight.

Figure 12.2 **Nutritional status of children under five years, by residence**



Note: *Stunting* reflects chronic malnutrition; *Wasting* reflects acute malnutrition; *Underweight* reflects chronic or acute malnutrition or a combination of both.

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12.2 BREASTFEEDING AND SUPPLEMENTATION

Early feeding practices play an important role in the physical development of infants. Optimal infant feeding is defined by WHO and UNICEF as follows:

- Initiation of breastfeeding within the first hour of birth;
- Exclusive breastfeeding for the first six months, that is, the infant receives breast milk only, without additional food or drink (not even plain water);
- Breastfeeding day and night on demand, and increased breastfeeding during illness and recovery; and
- Complementary feeding with adequate and safe foods starting at six months, with continued breastfeeding up to two years of age or beyond (UNICEF, 1990).

12.2.1 Initiation of Breastfeeding

The early initiation of breastfeeding is important for a number of reasons. First, it takes advantage of the newborn's suckling reflex and alertness immediately after birth. Early suckling also benefits mothers because it stimulates breast milk production and releases a hormone that helps the uterus to contract and reduce postpartum blood loss. The first breast milk contains colostrum, which is

Table 12.2 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and among the last-born children ever breastfed, the percentage who started breastfeeding within one hour and within one day of birth and the percentage who received a prelacteal feed, by background characteristics, Azerbaijan 2006

Background characteristic	Among children under five:		Among last-born children ever breastfed			
	Percentage ever breastfed	Number of children	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth[1]	Percentage who received a prelacteal feed[2]	Number of children
Sex						
Male	84.1	1,255	32.0	66.9	37.2	818
Female	86.4	1,033	31.7	68.6	40.2	636
Residence						
Urban	83.7	1,139	23.3	54.7	42.8	730
Rural	86.6	1,149	40.5	80.6	34.1	724
Region						
Baku	81.9	530	15.1	51.9	44.9	341
Absheron	80.5	159	22.7	43.7	44.7	99
Ganja-Gazakh	85.8	370	33.6	57.0	44.3	221
Shaki-Zaqatala	95.2	143	5.4	77.3	45.4	111
Lankaran	86.3	216	34.4	88.1	20.6	133
Guba-Khachmaz	92.4	95	9.7	69.4	30.7	63
Aran	83.7	637	58.2	81.9	28.8	392
Yukhari Garabakh	88.6	65	43.7	86.0	45.7	40
Daghligh Shirvan	92.8	74	21.7	64.3	67.9	53
Mother's education						
Basic secondary or less	84.2	625	36.8	73.0	30.7	367
Complete secondary	85.2	1,109	33.0	69.1	38.8	712
Secondary specialized	87.3	263	28.4	62.5	39.2	178
Higher	85.2	292	21.6	57.1	51.5	197
Wealth quintile						
Lowest	85.9	534	42.2	83.7	32.5	324
Second	89.6	518	37.0	74.2	36.4	335
Middle	81.7	478	30.2	63.7	32.9	298
Fourth	85.2	405	28.2	56.8	45.6	271
Highest	82.3	354	16.4	53.1	49.1	227
Assistance at delivery						
Health professional[3]	84.5	2,028	29.3	65.5	40.1	1,297
Traditional birth attendant	92.6	227	51.8	86.6	27.1	143
Place of delivery						
Health facility	84.6	1,777	27.1	63.3	41.3	1,145
At home	87.8	494	49.3	83.7	28.0	304
Total	85.2	2,289	31.9	67.6	38.5	1,454

Note: Table is based on births in the past five years whether the children are living or dead at the time of interview. Total includes 15 children with information missing on assistance at delivery and 5 children with no information on place of delivery.
[1] Includes children who started breastfeeding within one hour of birth
[2] Children given something other than breast milk during the first three days of life
[3] Doctor, nurse/midwife, or feldsher

highly nutritious and has antibodies that protect the newborn from diseases. Early breastfeeding also fosters mother and child bonding and enhances the socialization experience of an infant.

Table 12.2 shows that 85 percent of children born in the five years preceding the survey were breastfed. There is generally little variation between background characteristics, with the largest differences observed by region and by the type of provider assisting at the child's delivery. Shaki-Zaqatala (95 percent) had the highest proportion of children ever breastfed and Absheron had the lowest (81 percent). Children who were born with the assistance of a health professional had a lower percentage of breastfeeding compared with those born with a traditional birth attendant (85 percent and 93 percent, respectively).

Overall, among last-born children who were ever breastfed, the majority were taken to the breast within the first day of life (68 percent), and about one-third started breastfeeding within one hour of birth. These percentages are substantially lower for urban than rural infants. Infants from

Shaki-Zaqatala (5 percent), Guba-Khachmaz (10 percent), and Baku (15 percent) are much less likely than infants in the other regions to have begun breastfeeding within an hour of delivery. The proportion breastfed shortly after birth (i.e., within one day of birth) are also comparatively low among infants whose mothers are the most highly educated or who live in households in the highest wealth quintile. Women assisted at delivery by a traditional birth attendant and those delivering at home are more likely to report initiating breastfeeding within a day of their child's birth than other women.

Prelacteal feeding is the practice of giving other liquids to an infant during the period after birth before the mother's milk is flowing freely. Overall, 39 percent of breastfed children were given a prelacteal feed. This practice varies by residence and region. About one-third of rural infants received a prelacteal feed compared with 43 percent of urban infants. Daghligh Shirvan has the highest percentage of prelacteal feeding (68 percent) while Lankaran has the lowest percentage (21 percent). Infants with the most highly educated mothers and those from wealthy households were among the most likely to have been given prelacteal feeds. Around 40 percent of infants delivered with the assistance of a health professional and of infants born in a health facility received a prelacteal feed compared with just over one-quarter of infants whose mothers were assisted by a traditional birth attendant or whose mothers delivered at home.

12.2.2 Breastfeeding Patterns by Age

Breast milk is the optimal source of nutrients for infants. Children who are exclusively breastfed receive only breast milk. Exclusive breastfeeding is recommended during the first six months of a child's life because it limits exposure to disease agents and provides all of the nutrients that are required for a baby. As the infant grows, breast milk alone no longer provides sufficient nourishment and other liquids and foods need to be added to a child's diet.

Table 12.3 Breastfeeding status by age

Percent distribution of youngest children under three years living with their mother by breastfeeding status and the percentage currently breastfeeding, and the percentage of all children under three years using a bottle with a nipple, according to age in months, Azerbaijan 2006

	Percent distribution of youngest children under three living with their mother by breastfeeding status:										
		Breastfeeding and consuming:									
Age in months	Not breast-feeding	Exclusively breastfed	Plain water only	Non-milk liquids/ juice	Other milk	Comple-mentary foods	Total	Percentage currently breast-feeding	Number of youngest children under three years	Percentage using a bottle with a nipple[1]	Number of all children under three years
0-1	10.3	22.6	26.0	13.9	17.9	9.3	100.0	89.7	78	53.0	78
2-3	14.7	10.2	18.2	22.4	11.5	22.9	100.0	85.3	88	72.1	88
4-5	28.3	2.4	10.4	14.0	14.5	30.4	100.0	71.7	75	80.7	75
6-8	43.4	2.7	1.8	6.2	1.8	44.1	100.0	56.6	129	79.3	129
9-11	59.6	0.0	4.5	0.3	1.5	34.2	100.0	40.4	97	71.3	100
12-17	64.6	0.7	0.0	0.1	0.7	33.9	100.0	35.4	226	56.6	242
18-23	84.9	0.0	0.0	0.6	0.0	14.6	100.0	15.1	180	30.7	221
24-35	91.9	0.0	0.0	0.0	0.0	8.1	100.0	8.1	320	16.9	436
0-5	17.5	11.8	18.3	17.0	14.5	20.9	100.0	82.5	241	68.6	241
6-11	50.3	1.5	3.0	3.7	1.6	39.9	100.0	49.7	225	75.8	229
12-23	73.6	0.4	0.0	0.3	0.4	25.3	100.0	26.4	406	44.2	463
20-23	83.8	0.0	0.0	0.0	0.0	16.2	100.0	16.2	105	34.5	142

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as *breastfeeding and consuming plain water only* consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

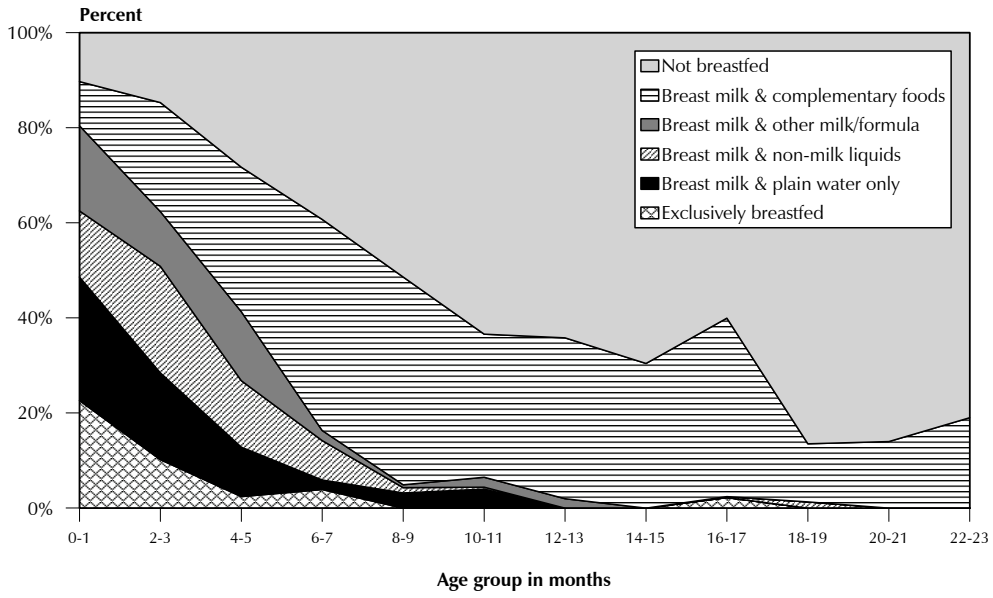
[1] Based on all children under three years

Table 12.3 and Figure 12.3 describe breastfeeding practices by age in Azerbaijan. Eighty-three percent of children under six months of age in Azerbaijan are breastfed. The duration of breastfeeding, however, is not long; at age 12-17 months, two-thirds of children (65 percent) are no longer breastfed. By age 20-23 months, 84 percent of children have been weaned.

Exclusive breastfeeding is not common, and supplementary feeding begins early. Only 12 percent of children under 6 months are exclusively breastfed. In addition to breast milk, 15 percent are given non-breast milk, 18 percent are given plain water, 17 percent receive other liquids or juice, and 21 percent are given complementary food in the form of solid or mushy food. By age 6-8 months, more than four in ten Azerbaijani children are no longer being breastfed, and most breastfeeding children are receiving complementary foods in addition to breast milk.

Bottle-feeding is fairly widespread in Azerbaijan; more than half (53 percent) of infants under 2 months of age are fed with a bottle with a nipple. This proportion increases to 81 percent for children age 4-5 months before beginning to decline.

Figure 12.3 **Infant feeding practices by age**



AzDHS 2006

Table 12.4 shows that the median duration of any breastfeeding is 8 months. However, the durations of exclusive breastfeeding (child receives only breast milk) and predominant breastfeeding (child is exclusively breastfed or receives breast milk plus plain water, water-based liquids, or juice only) are short (less than one month and two months, respectively).

There is substantial variation in the median duration of breastfeeding by background characteristics. The median duration of breastfeeding is 6 months in urban areas and 10 months in rural areas. Breastfeeding duration varies by region, from a low of 6 months in Baku to 13 months in Daghligh Shirvan. Children born to women with complete secondary education have the longest median duration of breastfeeding (9 months), one month longer than children born to women with basic secondary or less education and 2 months longer than children born to women with tekhnicum or higher education.

Table 12.4 Median duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, by background characteristics, Azerbaijan 2006

Background characteristic	Median duration (months) of breastfeeding among last-born children in the past three years[1]			Number of children
	Any breast-feeding	Exclusive breast-feeding	Predomi-nant breast-feeding[2]	
Sex				
Male	8.0	0.5	1.5	815
Female	7.3	0.5	2.8	630
Residence				
Urban	6.4	0.5	0.7	712
Rural	9.9	0.5	2.3	732
Region				
Baku	6.3	0.5	2.2	356
Absheron	7.2	0.4	0.7	96
Ganja-Gazakh	9.1	0.5	1.7	223
Shaki-Zaqatala	6.8	0.4	0.7	86
Lankaran	8.0	0.5	2.6	135
Guba-Khachmaz	9.3	0.5	4.2	58
Aran	9.1	0.6	2.0	413
Yukhari Garabakh	7.5	0.4	1.3	38
Daghligh Shirvan	13.1	0.6	5.0	41
Mother's education				
Basic secondary or less	7.8	0.5	1.2	381
Complete secondary	8.9	0.5	1.5	693
Secondary specialized/ higher	7.1	0.5	2.3	371
Wealth quintile				
Lowest	10.1	0.6	2.2	300
Second	9.4	0.5	3.6	345
Middle	7.5	0.5	1.8	322
Fourth	5.2	0.4	0.9	257
Highest	7.3	0.5	0.6	221
Total	7.8	0.5	1.9	1,444
Mean for all children	10.9	1.4	3.6	na

Note: Median and mean durations are based on current status. Includes children living and deceased at the time of the survey.
na = Not applicable
[1] It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding
[2] Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only

More than nine in ten (94 percent) breastfeeding children under 6 months of age were breastfed at least six times in the 24 hours preceding the survey. The mean number of daytime feeds is six and the mean number of nighttime feeds is four; the resulting average of ten feeds is considered sufficient for a 24-hour period (data not shown separately).

12.2.3 Supplemental Foods

The nutritional requirements of young children are more likely to be met if they are fed a variety of foods from six months of age. To obtain information on this topic, interviewers read a list of specific foods to women with a child under age three living with them and asked the mother to report whether or not the child received each food in the 24 hours before the interview. The foods given to a child are not mutually exclusive; therefore, a child could be reported as receiving several types of food.

Although it is recommended that breastfeeding children under six months of age not receive supplemental foods, Table 12.5 shows that, during the 24 hours preceding the interview, 14 percent of breastfeeding children under six months received infant formula, 21 percent received other milk, 52 percent received other liquids, 11 percent received fortified baby foods, and 10 percent received food

Table 12.5 Foods and liquids consumed by children in the day and night preceding the interview

Percentage of youngest children under three years of age living with the mother who consumed specific foods in the day and night preceding the interview, by breastfeeding status and age, Azerbaijan 2006

	Liquids			Solid or semi-solid foods											
Age in months	Infant formula	Other milk[1]	Other liquids[2]	Fortified baby foods	Food made from grains[3]	Fruits and vegetables rich in vitamin A[4]	Other fruits and vege-tables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry, and eggs	Cheese, yogurt, other milk product	Any other solid or semi-solid food	Food made with oil, fat and butter	Sugary foods	Number of children
BREASTFEEDING CHILDREN															
0-5	14.2	20.5	51.5	10.7	10.4	1.2	2.4	3.4	1.1	2.9	2.5	4.8	1.4	5.0	199
6-11	20.5	36.2	84.0	29.8	65.4	21.4	28.0	56.1	1.6	39.4	34.6	29.6	20.1	53.0	112
12-23	9.0	52.0	94.9	16.9	80.4	26.4	63.4	69.1	7.7	66.5	61.8	48.3	34.2	74.2	107
24-35	(7.9)	(41.3)	(100.0)	(27.2)	(90.1)	(25.8)	(77.8)	(87.7)	(6.3)	(89.5)	(90.3)	(57.5)	(37.3)	(74.5)	26
6-23	14.9	43.9	89.3	23.5	72.7	23.8	45.3	62.5	4.6	52.6	47.9	38.8	27.0	63.3	219
Total	14.2	33.3	73.0	18.0	45.8	13.8	28.0	37.5	3.1	32.5	30.0	24.6	16.1	37.9	444
NONBREASTFEEDING CHILDREN															
0-5	(68.4)	(46.1)	(63.3)	(48.6)	(22.1)	(8.8)	(1.0)	(15.5)	(0.0)	(12.3)	(1.3)	(7.0)	(0.6)	(10.3)	42
6-11	39.9	59.8	90.2	58.3	83.4	23.4	44.2	59.5	1.5	56.0	42.3	43.1	30.8	57.8	113
12-23	12.0	45.9	96.2	25.9	91.9	30.7	64.7	82.8	12.4	78.7	63.8	56.9	37.5	69.8	299
24-35	5.0	51.1	99.0	13.9	98.4	39.7	83.5	84.3	16.7	87.3	73.4	55.4	49.4	75.3	295
6-23	19.7	49.8	94.6	34.8	89.5	28.7	59.0	76.4	9.4	72.5	57.9	53.1	35.6	66.5	412
Total	16.7	50.1	94.5	27.4	89.2	31.9	65.4	76.0	11.7	74.9	60.8	51.4	39.1	66.8	749

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and the past night). Figures in parentheses are based on 25-49 unweighted cases.
[1] Other milk includes fresh, tinned, and powdered cow or other animal milk
[2] Does not include plain water
[3] Includes fortified baby food
[4] Includes pumpkin, carrots, squash, red sweet potatoes, dark green leafy vegetables, cantaloupes, dried peaches, apricots, and other locally grown fruits and vegetables that are rich in vitamin A.

made from grains. Among breastfeeding children age six months and older, the percentage receiving complementary foods steadily increases. Among those age 6-11 months, for example, 65 percent consumed food made from grains, and this proportion increases to 80 percent among breastfeeding children age 12-23 months. Overall, the most common foods among breastfeeding children age 6-23 months are foods made from grains, followed by food made from roots or tubers and sugary foods. More than half of children age 6-23 months consume meat, fish, poultry, and eggs. Only one in four children age 6-23 months ate fruits and vegetables rich in vitamin A.

Table 12.5 also shows that, among nonbreastfeeding children age 6-23 months, the proportions consuming various foods are generally higher than among breastfeeding children. Nine in ten children received foods made from grains, more than seven in ten ate foods made from roots or tubers, and almost three-quarters ate meat, fish, shellfish, poultry, or eggs. Approximately one in three (29 percent) of nonbreastfeeding children age 6-23 months consumed fruits and vegetables rich in vitamin A.

12.2.4 Appropriate Infant and Child Feeding

Guidelines have been established with respect to appropriate infant and young child feeding (IYCF) practices for children age 6-23 months (PAHO/WHO, 2003; WHO, 2005). Appropriate infant and young child feeding (IYCF) practices include timely initiation of feeding solid/semi-solid foods from age six months and increasing the amount of foods and frequency of feeding as the child gets older while maintaining frequent breastfeeding.

Table 12.6 presents a summary indicator of appropriate feeding practices that describes the quality of infant and young child (age 6-23 months) feeding practices (IYCF). The indicator takes into account the percentage of children for whom feeding practices met minimum standards with respect to both food diversity (i.e., the number of food groups consumed) and frequency (i.e., the number of times the child was fed) as well as the consumption of breast milk or breast milk substitutes. Breastfed children are considered appropriately fed if they consume foods from at least three food groups, and are given food or liquids other than breast milk at least twice a day in the case of infants 6-8 months and at least three times a day in the case of children age 9-23 months. Nonbreastfed children age 6-23

months are considered to be appropriately fed if they consumed foods from four food groups including milk products, and are fed at least four times a day.

Table 12.6 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based upon number of food groups and times they are fed during the day or night preceding the survey, by breastfeeding status and background characteristics, Azerbaijan 2006

	Among breastfed children 6-23 months, percentage fed:				Among nonbreastfed children 6-23 months, percentage fed:					Among all children 6-23 months, percentage fed:				
Background characteristic	3+ food groups[1]	Minimum times or more[2]	Both 3+ food groups and minimum times or more	Number of children	Milk or milk products[3]	4+ food groups	4+ times or more	With 3 IYCF practices[4]	Number of children	Breast milk or milk products[3]	3+ or 4+ food groups[5]	Minimum times or more[6]	With all 3 IYCF practices	Number of children
Age in months														
6-11	63.2	41.0	31.3	112	86.5	79.5	29.7	24.8	113	93.2	71.4	35.3	28.1	225
12-23	80.2	47.1	42.0	107	75.9	87.7	41.4	32.5	299	82.3	85.7	42.9	35.0	406
Sex														
Male	70.5	43.6	36.0	120	78.1	84.5	44.1	32.6	226	85.7	79.7	43.9	33.8	346
Female	72.8	44.4	37.2	99	79.8	86.5	31.0	27.6	186	86.8	81.8	35.7	30.9	285
Residence														
Urban	72.5	48.0	37.6	100	83.0	85.4	36.2	28.7	232	88.1	81.5	39.7	31.4	332
Rural	70.7	40.6	35.6	119	73.5	85.5	40.8	32.5	180	84.0	79.6	40.7	33.8	299
Mother's education														
Basic secondary or less	78.5	30.6	29.2	57	70.9	77.6	29.4	19.6	111	80.8	77.9	29.8	22.9	168
Complete secondary	66.0	43.8	33.3	115	77.3	87.0	37.8	29.9	183	86.1	78.9	40.1	31.2	299
Secondary specialized/ higher	(76.8)	(60.7)	(53.4)	47	88.6	90.3	47.0	41.2	118	91.9	86.5	50.9	44.6	165
Wealth quintile														
Lowest	73.6	44.8	40.8	51	71.3	77.3	38.6	28.4	89	81.7	75.9	40.9	32.9	140
Second	59.9	37.6	28.2	52	69.5	84.3	42.1	28.2	78	81.8	74.5	40.3	28.2	130
Middle	(73.0)	(46.6)	(40.6)	52	87.9	89.3	41.7	40.4	93	92.2	83.5	43.4	40.5	145
Fourth	(78.7)	(68.6)	(52.4)	38	79.4	87.7	32.6	22.9	73	86.5	84.6	45.1	33.2	111
Highest	*	*	*	26	(85.2)	(89.1)	(35.0)	(29.7)	80	88.8	86.2	29.8	25.7	106
Total	71.5	44.0	36.5	219	78.8	85.4	38.2	30.4	412	86.2	80.6	40.2	32.5	631

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

[1] Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts; h. foods made with oil, fat, or butter.

[2] At least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months

[3] Includes commercial infant formula; fresh, tinned, and powdered animal milk; and cheese, yogurt, and other milk products

[4] Nonbreastfed children ages 6-23 months are considered to be fed with three appropriate feeding practices if they receive other milk or milk products and are fed at least the minimum number of times per day with at least the minimum number of food groups

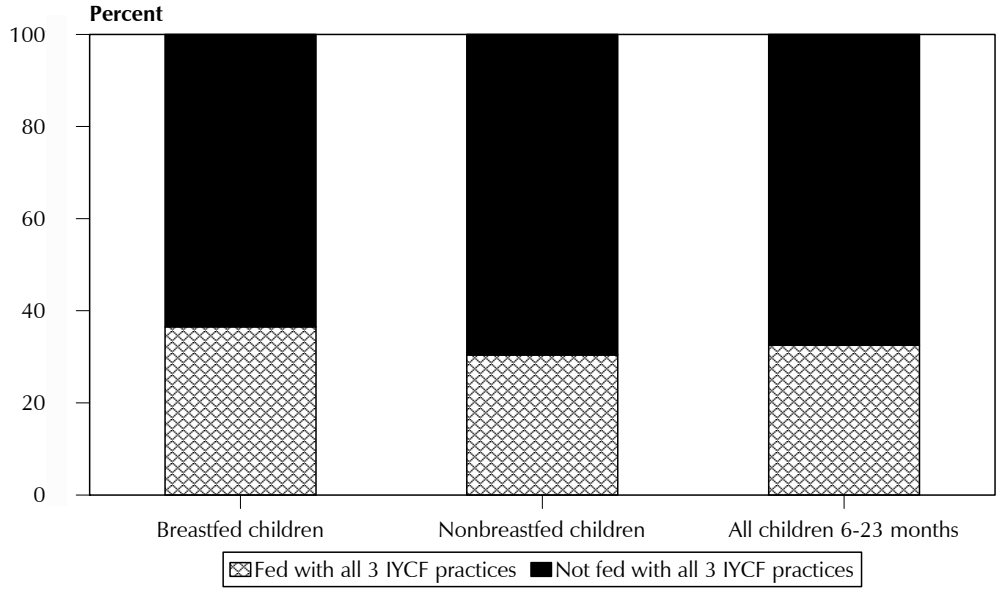
[5] 3+ food groups for breastfed children and 4+ food groups for nonbreastfed children

[6] Fed solid or semi-solid food at least twice a day for infants 6-8 months, 3+ times for other breastfed children, and 4+ times for nonbreastfed children

The results in Table 12.6 indicate that the majority of young children in Azerbaijan are not being fed appropriately. Overall, feeding practices meet the minimum standards for only 33 percent of children age 6-23 months. The most common problem with feeding practices is an inadequate number of feedings. Eighty-six percent of children age 6-23 months received breast milk or milk products and 81 percent received foods from the recommended number of food groups for their age; however, only 40 percent were fed the minimum number of times. Appropriate feeding practices are somewhat more common for breastfeeding children than nonbreastfeeding children (37 percent and 30 percent, respectively).

Children 6-11 months are somewhat less likely to be appropriately fed compared with children 12-23 months (28 percent versus 35 percent). There is very little difference in feeding practices for girls and boys or between those living in urban areas and those living in rural areas. Children born to mothers with a secondary specialized or higher education are somewhat more likely to be fed appropriately than children born to less educated mothers.

Figure 12.4 **Infant and young child feeding (IYCF) practices**



AzDHS 2006

12.3 ANEMIA IN CHILDREN

Anemia is a condition characterized by a reduction in the red blood cell volume and a decrease in the concentration of hemoglobin in the blood. Hemoglobin is necessary for transporting oxygen to tissues and organs in the body. About half of the global burden of anemia is due solely to iron deficiency. Iron deficiency, in turn, is largely due to an inadequate dietary intake of bioavailable iron, increased iron requirements during rapid growth periods, such as pregnancy and infancy, and increased blood loss due to hookworm or schistosome infestation. Nutritional anemia includes the anemic burden due to deficiency in iron plus deficiencies in folate, vitamins B and B_{12}, and certain trace elements involved with red blood cell production. Anemia in children is associated with impaired mental and physical development and with increased mortality and morbidity. Anemia can be a particularly serious problem for pregnant women, leading to premature delivery and low birth weight.

The 2006 AzDHS included anemia testing of children 6-59 months old and women age 15-49. Anemia levels were determined by measuring the level of hemoglobin in the blood, with a decreased concentration characterizing anemia. For hemoglobin measurements, a drop of capillary blood was taken with a finger prick (using sterile, disposable instruments). Hemoglobin concentration was measured using the HemoCue photometer system. As described in Chapter 1, medically trained personnel on each 2006 AzDHS interviewing team performed the testing procedures on eligible, consenting respondents.

Table 12.7 presents anemia prevalence for children age 6-59 months. The results are based on tests of 1,840 children who were present at the time of testing, whose parents consented to their being tested, and whose hemoglobin results represented plausible data. In Table 12.7, children are classified into three groups according to the level of hemoglobin in their blood[4]:

[4] The classification is based on criteria developed by WHO (DeMaeyer et al., 1989). Because hemoglobin levels vary by altitude, each child's result was adjusted based on altitude measurements taken in the sample cluster in which they were measured.

- Mild: hemoglobin concentration 10.0-10.9 g/dl
- Moderate: hemoglobin concentration 7.0-9.9 g/dl
- Severe: hemoglobin concentration less than 7.0 g/dl

Table 12.7 Prevalence of anemia in children

Percentage of children age 6-59 months classified as having anemia, by background characteristics, Azerbaijan 2006

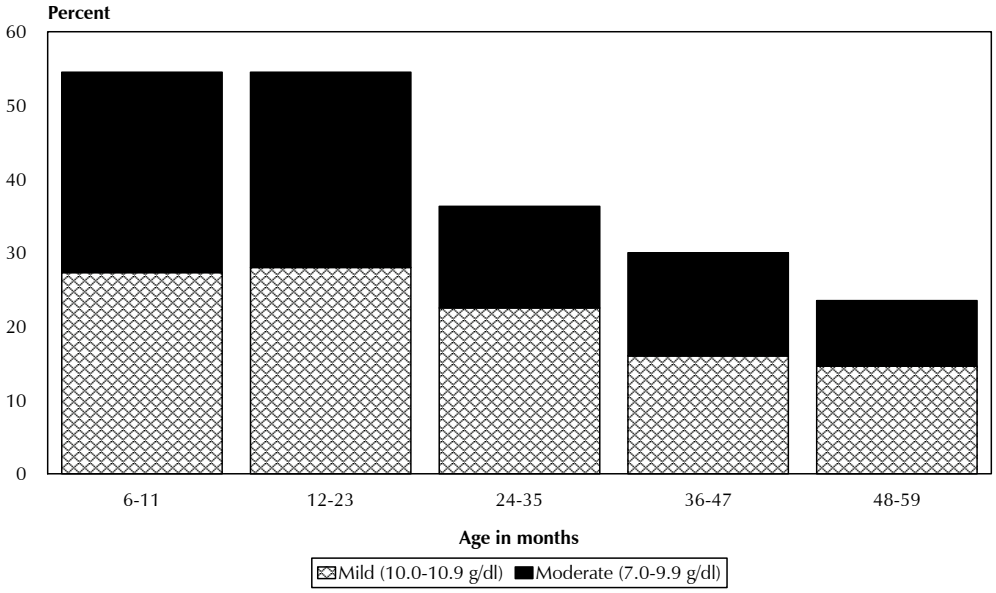
Background characteristic	Anemia status by hemoglobin level: Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (< 7.0 g/dl)	Any anemia (<11.0 g/dl)	Number of children
Age in months					
6-11	27.3	27.2	0.0	54.5	206
12-23	28.0	26.5	0.3	54.8	438
24-35	22.5	13.8	0.1	36.4	421
36-47	16.0	14.0	0.2	30.2	402
48-59	14.6	8.9	1.4	24.8	373
12-59	20.6	16.1	0.5	37.2	1,634
Sex					
Male	23.7	18.2	0.4	42.3	987
Female	18.6	16.4	0.5	35.4	854
Residence					
Urban	17.8	18.6	0.1	36.5	924
Rural	24.8	16.1	0.8	41.8	916
Region					
Baku	14.5	21.6	0.0	36.1	444
Absheron	28.8	8.0	0.1	36.9	121
Ganja-Gazakh	24.0	16.9	0.0	40.9	268
Shaki-Zaqatala	12.6	6.3	1.6	20.5	126
Lankaran	14.9	9.8	0.5	25.2	176
Guba-Khachmaz	27.6	9.3	0.0	36.8	81
Aran	26.3	23.2	0.9	50.4	524
Yukhari Garabakh	25.8	18.4	0.0	44.2	46
Daghligh Shirvan	26.9	10.9	0.5	38.2	54
Mother's education[1]					
Basic secondary or less	20.4	20.9	1.1	42.4	500
Complete secondary	24.3	15.5	0.2	40.0	884
Secondary specialized	15.5	19.8	0.3	35.6	210
Higher	17.7	14.9	0.0	32.6	231
Wealth quintile					
Lowest	25.1	19.4	0.9	45.3	437
Second	22.1	18.2	0.6	40.8	410
Middle	20.5	20.7	0.3	41.6	393
Fourth	21.9	13.6	0.1	35.6	308
Highest	15.0	12.7	0.0	27.7	291
Total	21.3	17.4	0.4	39.1	1,840

Note: Table is based on children who stayed in the household the night before the interview. Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude using CDC formulas (CDC, 1998). Hemoglobin in grams per deciliter (g/dl).
[1] For women who were not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers were not listed in the Household Questionnaire.

Overall, 39 percent of children age 6-59 months in Azerbaijan have some level of anemia, including 21 percent of children who are mildly anemic, 17 percent who are moderately anemic, and less than one percent of children with severe anemia. Anemia prevalence declines with age; children age 48-59 months are only half as likely to be anemic as those age 6-23 months (Figure 12.5).

Anemia is slightly more common in boys than in girls (42 percent and 35 percent, respectively). Children living in rural areas (42 percent) also were somewhat more likely than urban children (37 percent) to be anemic. Looking at the regional patterns, children in Aran (50 percent) were the most likely to be anemic and children in Shaki-Zaqatala the least likely (21 percent). Children in households in the lowest wealth quintile are substantially more likely to be anemic than children in households in the wealthiest quintile (45 percent and 28 percent, respectively). Similarly, the prevalence of anemia in children decreases with increasing level of the mother's education, from 42 percent among children whose mothers have a basic secondary education to 33 percent among children whose mothers have higher education.

Figure 12.5 **Percentage of children with anemia, by severity of anemia and age**



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A comparison of the data from the 2001 RHSA and the 2006 AzDHS would suggest that any anemia rates among children age 12-59 months have increased by 15 percent over the last 5 years (from 32 percent in 2001 to 37 percent in 2006).

The World Health Organization considers the level of anemia observed among young children in Azerbaijan to be a medium-level public health concern[5]. Compared with estimates from recent Demographic and Health Surveys conducted in the region and compiled in Table 12.8, the prevalence of any anemia among children in Azerbaijan (39 percent) is higher than that in Moldova (32 percent in 2005), and similar to the prevalence in Kazakhstan (38 percent in 1999) or Turkmenistan (36 percent in 2000) (NCPM and ORC Macro 2006; APM and Macro International Inc. 2000; GECRCMCH and ORC Macro 2001).

Table 12.8 Anemia in children in various countries

Percentage of children age 6-59 months with moderate anemia and any anemia by selected characteristics, recent DHS surveys

	Azerbaijan DHS 2006		Moldova DHS2005		Turkmenistan DHS 2000		Kazakhstan DHS 1999	
Characteristic	Moderate anemia[1]	Any anemia[2]	Moderate anemia[1]	Any anemia[2]	Moderate anemia[1]	Any anemia[2]	Moderate anemia[1]	Any anemia[2]
Total	17	39	10	32	16	36	18	38
Sex								
Boys	18	42	11	35	18	37	19	37
Girls	16	35	9	29	14	35	17	38
Residence								
Urban	19	37	8	27	18	41	12	30
Rural	16	42	11	35	14	33	23	43

Note: Table is based on children who stayed in the household the night before the interview. Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude using CDC formulas (CDC, 1998).
[1] Moderate anemia: hemoglobin level 7.0-9.9 g/dl
[2] Any anemia: hemoglobin level <11 g/dl

[5] WHO considers anemia prevalence of over 40 percent in a population as a major public health problem, from 20-40 percent is considered a medium-level public health problem, and 5-19.9 percent is a mild public health problem (World Health Organization, 2001).

12.4 IODIZATION OF HOUSEHOLD SALT

Dietary deficiency of iodine constitutes a major global public health concern. A lack of sufficient iodine is known to cause goiter, cretinism (a severe form of neurological defect), spontaneous abortion, premature birth, infertility, stillbirth, and increased child mortality. Iodine deficiency disorder (IDD) is the single most common cause of preventable mental retardation and brain damage. Since iodine cannot be stored for long periods by the body, tiny amounts are needed regularly. Where soil and therefore crops and grazing animals do not provide sufficient dietary iodine to the population, and where seafood is not regularly consumed, food fortification has proven to be a highly successful and sustainable intervention. The fortification of salt with iodine is the most common method of preventing IDD.

Starting in 1999, when a survey revealed high prevalence of IDD in Azerbaijan, UNICEF has done significant advocacy and social mobilization activities to mobilize the Government of Azerbaijan to tackle the issue. In 2001 the Parliament of Azerbaijan passed the law on Prevention of Iodine Deficiency Disorders. This law provided the legal basis for the introduction of a nationwide system of IDD elimination through USI. Articles of this Law (effective as of January 2003) stipulate that import, sale and production of non-iodized salt for nutrition and fodder purposes to the territory of the Republic of Azerbaijan shall be prohibited. Over this period, Azerbaijan made very significant progress in IDD elimination and has a real chance to reach the goal of IDD elimination.

In the 2006 AzDHS, cooking salt in households was tested for the presence of iodine[6]. Fortified salt that contains 15 parts per million (ppm) of iodine is considered adequate for the prevention of IDD. Table 12.9 shows that, among households with tested salt, over half (54 percent) have adequately iodized salt. In 5 percent of the households the iodine content of salts was 0 ppm, while the remaining households were using salt that was not adequately iodized.

A larger percentage of urban households have adequately iodized salt than rural households (62 percent versus 42 percent) (Figure 12.6). The Guba-Khachmaz region has an exceptionally low percentage of households with adequately iodized salt—4 percent. In the other regions, the proportion of households using adequately iodized salt ranges from 27 percent in Shaki-Zaqatala to 80 percent in Lankaran. The percentage of households using adequately iodized salt rises with the increase of the wealth quintile. Aside from the price of iodized salt, other factors such as uncontrolled humidity, packaging materials, and storage (longer than 6 months) may have an effect on the iodine content of the salt (WHO, 2001).

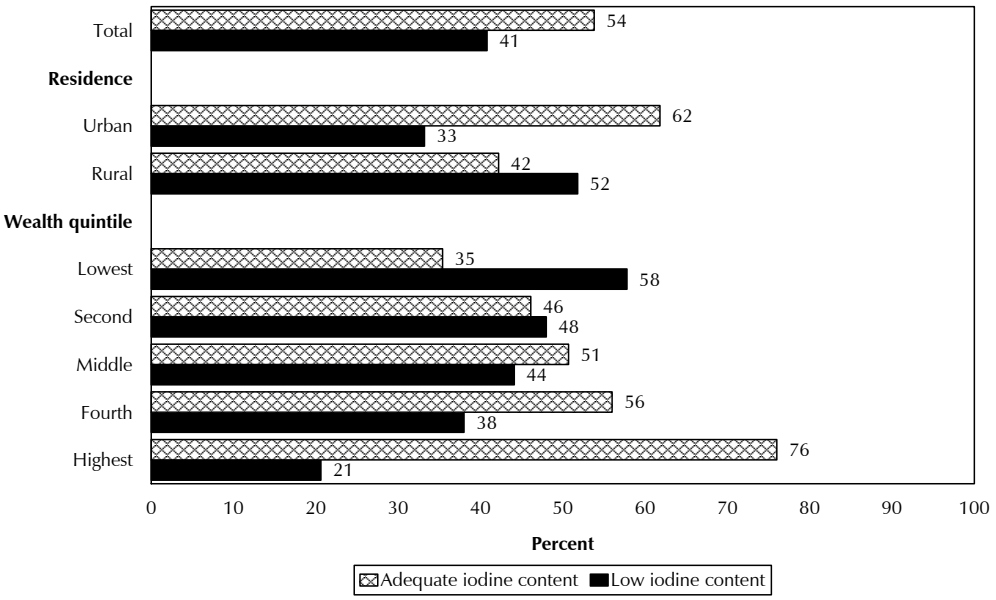
[6] Salt testing kits supplied by UNICEF were used to measure the level of iodine.

Table 12.9 Presence of iodized salt in household

Among all households, percentage of households tested for iodine content and percentage of households with no salt; and among households with salt tested, the percent distribution by level of iodine in salt (parts per million or ppm), according to background characteristics, Azerbaijan 2006

Background characteristic	Among all households, the percentage: With salt tested	Among all households, the percentage: With no salt	Number of households	Among households with tested salt, percent distribution by iodine content of salt: None (0 ppm)	Inadequate (<15 ppm)	Adequate (15+ ppm)	Total	Number of households
Residence								
Urban	98.9	1.1	4,240	5.0	33.2	61.8	100.0	4,194
Rural	99.4	0.6	2,940	6.0	51.8	42.2	100.0	2,924
Region								
Baku	99.0	1.0	2,311	4.2	18.6	77.2	100.0	2,288
Absheron	98.7	1.3	455	10.1	61.0	28.9	100.0	449
Ganja-Gazakh	99.1	0.9	1,028	7.8	29.7	62.5	100.0	1,019
Shaki-Zaqatala	99.6	0.4	534	0.6	72.5	26.9	100.0	532
Lankaran	98.8	1.2	554	2.8	17.8	79.5	100.0	547
Guba-Khachmaz	99.7	0.3	358	13.0	83.1	4.0	100.0	357
Aran	99.5	0.5	1,582	4.8	63.6	31.6	100.0	1,573
Yukhari Garabakh	98.7	1.3	166	6.7	46.1	47.2	100.0	163
Daghligh Shirvan	98.4	1.6	192	5.9	26.3	67.8	100.0	189
Wealth quintile								
Lowest	99.4	0.6	1,330	6.8	57.8	35.4	100.0	1,322
Second	99.3	0.7	1,351	5.9	48.0	46.1	100.0	1,342
Middle	99.1	0.9	1,418	5.2	44.1	50.7	100.0	1,405
Fourth	98.8	1.2	1,458	6.0	38.0	56.0	100.0	1,440
Highest	99.1	0.9	1,622	3.4	20.6	76.0	100.0	1,608
Total	99.1	0.9	7,180	5.4	40.8	53.8	100.0	7,118

Figure 12.6 **Percentage of households with adequately iodized salt**



AzDHS 2006

12. 5 MICRONUTRIENT INTAKE IN CHILDREN

Micronutrient deficiencies are major contributors to childhood morbidity and mortality. Table 12.10 shows information on several important micronutrients including vitamin A, iron, and iodine.

Vitamin A deficiency increases the risk of severe illness and can cause visual impairment. As noted earlier, iron deficiency anemia also adversely affects a child's physical and mental development and is associated with both increased mortality and morbidity. Consuming fruits and vegetables rich in vitamin A and iron are important in preventing deficiencies of these necessary micronutrients.

Table 12.10 Micronutrient intake among children

Percentage of youngest children age 6-35 months living with their mother who consumed vitamin A-rich and iron-rich foods fruits and vegetables rich in vitamin A in the day and night preceding the survey, and percentage of children age 6-59 months who were given vitamin A supplements in the six months preceding the survey, who were given iron supplements in the past seven days, given deworming medication in the six months preceding the survey, and who live in households using adequately iodized salt, by background characteristics, Azerbaijan 2006

	Last-born children age 6-35 months			Children age 6-59 months				Children age 6-59 months in households with salt tested	
Background characteristic	Percentage consumed foods rich in vitamin A in past 24 hours[1]	Percentage consumed foods rich in iron in past 24 hours[2]	Number of children	Percentage given vitamin A supplements in past 6 months	Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months[3]	Number of children	Percentage living in households using adequately iodized salt[4]	Number of children
Age in months									
6-8	43.6	37.5	129	3.8	3.0	0.0	129	44.4	125
9-11	65.5	61.3	97	8.7	6.0	5.4	100	53.1	100
12-17	79.0	73.8	226	7.8	6.0	2.9	242	59.6	242
18-23	82.1	77.7	180	3.3	2.3	2.6	221	53.9	219
24-35	90.0	87.4	320	3.2	5.1	5.4	436	45.1	430
36-47	na	na	0	4.2	2.1	7.7	422	55.6	420
48-59	na	na	0	2.9	1.0	7.8	390	55.6	388
Sex									
Male	77.4	72.8	542	3.6	3.2	5.8	1,050	52.3	1,043
Female	76.7	73.1	410	5.0	3.5	4.9	891	53.1	881
Breastfeeding status									
Breastfeeding	62.6	56.5	245	2.6	3.6	4.2	250	45.9	250
Not breastfeeding	82.5	79.1	696	4.3	3.2	5.6	1,646	54.2	1,629
Missing	*	*	11	10.8	7.8	5.9	45	35.0	45
Residence									
Urban	78.9	75.2	502	6.0	4.6	7.5	985	62.1	974
Rural	75.1	70.4	450	2.5	2.0	3.2	956	43.0	950
Region									
Baku	76.9	72.6	257	8.4	6.5	7.9	455	80.2	447
Absheron	80.2	73.9	55	1.9	7.7	9.0	129	32.1	127
Ganja-Gazakh	71.5	65.9	152	1.8	0.9	6.3	319	64.1	317
Shaki-Zaqatala	79.4	74.0	67	7.2	0.5	8.5	126	20.8	126
Lankaran	77.5	77.5	82	3.6	3.2	4.2	180	78.5	178
Guba-Khachmaz	84.9	84.9	38	1.3	0.7	1.2	82	4.4	82
Aran	77.4	73.6	258	2.7	2.3	1.9	537	33.3	537
Yukhari Garabakh	85.6	75.2	22	3.1	2.0	5.6	51	42.0	50
Daghligh Shirvan	77.1	72.0	20	5.9	2.6	6.9	60	71.4	58
Mother's education									
Basic secondary or less	81.2	75.7	244	1.2	1.4	4.6	528	43.6	528
Complete secondary	73.7	70.7	454	3.6	1.8	4.5	947	56.1	942
Secondary specialized	72.6	71.5	110	4.3	4.2	8.3	218	48.3	207
Higher	84.3	76.3	143	13.2	12.6	7.9	247	62.8	247
Mother's age									
15-19	82.6	78.2	73	1.8	2.3	3.1	222	57.1	221
20-29	76.4	72.0	681	5.0	3.3	6.4	1,348	52.4	1,341
30-39	77.1	73.9	188	2.8	4.2	3.2	350	50.2	343
40-49	*	*	10	(8.4)	(0.0)	(0.6)	20	*	20
Wealth quintile									
Lowest	72.8	66.7	198	1.7	0.5	3.7	462	43.3	459
Second	77.7	75.5	208	2.4	0.6	3.9	420	47.7	419
Middle	74.7	68.2	222	2.3	2.8	6.0	411	52.6	401
Fourth	79.1	78.0	171	5.7	6.9	5.7	340	52.8	338
Highest	83.2	78.8	152	11.5	8.2	8.7	308	73.6	308
Total	77.1	72.9	952	4.3	3.3	5.4	1,941	52.7	1,924

Note: Information on vitamin A and iron supplements and deworming medication is based on the mother's recall. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable
[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, squash, carrots, red sweet potatoes, dark green leafy vegetables, and other locally grown fruits and vegetables that are rich in vitamin A.
[2] Includes meat (including organ meat)
[3] Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.
[4] Salt containing 15 parts per million of iodine or more.

Table 12.10 shows that 77 percent of children age 6-35 months consumed fruits and vegetables rich in vitamin A in the 24 hours preceding the interview and 73 percent consumed iron-rich foods. The likelihood of consuming foods rich in vitamin A and iron increased with a child's age and was higher for nonbreastfeeding than breastfeeding children. Urban children were only slightly more likely than rural children to be consuming foods that were rich sources of vitamin A and iron. The survey results indicate that, among the regions, Ganja-Gazakh had the lowest proportion of children age 6-35 consuming foods rich in vitamin A and iron, while Guba-Khachmaz had the highest proportion. The likelihood that a child was consuming foods that are rich sources of vitamin A or iron

was not strongly related to the mother's education level. However, children from wealthier households were generally more likely to consume foods rich in iron and vitamin A than children from the poorest households.

In addition to obtaining information about the foods children consumed, information was obtained in the 2006 AzDHS as to whether or not children under age 6-59 months had received vitamin A or iron supplements and whether or not they had been given deworming medication. The latter question was included since intestinal worms can contribute to both anemia and vitamin A deficiency. Table 12.10, which presents the results of these questions, shows that only 4 percent of children age 6-59 months had been given a vitamin A supplement during the six-month period prior to the survey, 3 percent had received iron supplements in the seven days before the interview, and 5 percent of children had been given deworming medication in the past six months preceding the survey.

As discussed earlier, insufficient iodine in the diet can lead to mental retardation and other negative health outcomes in children. Table 12.10 shows that 53 percent of children age 6-59 months live in households using adequately iodized salt. Urban children are more likely to live in households with adequately iodized salt than rural children (62 percent versus 43 percent). There are substantial regional differences, with the proportion of children living in households with adequately iodized salt ranging from 4 percent in Guba-Khachmaz to 80 percent in Baku.

12.6 Nutritional Status of Women

Women's nutritional status is important both as an indicator of overall health and as a predictor of pregnancy outcome for both mother and child. To assess nutritional status, the 2006 AzDHS collected anthropometric data on all eligible women age 15-49. These data are used to derive two measures of nutritional status: height and body mass index (BMI). A woman's height can be used to predict the risk of having difficulty in pregnancy, given the relationship between height and pelvis size. The cut-off point at which mothers can be considered at risk because of short stature is normally taken to be between 140 and 150 centimeters. The BMI or Quetelet index is used to measure thinness or obesity. It is defined as weight in kilograms divided by height in meters squared (kg/m^2). A BMI of less than 18.5 is considered an indication of chronic energy deficiency among nonpregnant women, based on cutoffs set by the World Health Organization (WHO, 1995). Values of 25.0 to 29.9 indicate that a person is overweight, while values of 30.0 and higher indicate obesity.

Table 12.11 shows nutritional indicators for women in Azerbaijan by various background characteristics. At the national level, less than 1 percent of women fall below the height cutoff of 145 cm. With regard to the weight indicators, only 5 percent of women were found to be thin (BMI <18.5) while 48 percent of women fell into the normal range. Thirty percent of women age 15-49 were overweight and 18 percent were obese. The mean BMI for women age 15-49 is 25.4.

The proportion of overweight or obese women is positively correlated with the woman's age. Thus, women age 40-49 have the highest proportion (75 percent) of overweight or obese women, while those age 15-19 have the lowest proportion (10 percent). Similarly, the mean BMI for women increases with age. In the youngest age group, the mean BMI is 21 and in the oldest age group, the mean BMI is 29.

Table 12.11 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, mean Body Mass Index (BMI), and the percentage with specific BMI levels, by background characteristics, Azerbaijan 2006

	Height		Body Mass Index[1]								
				Normal	Thin			Overweight/obese			
Background characteristic	Percentage below 145 cm	Number of women	Mean Body Mass Index (BMI)	18.5-24.9 (Total normal)	<18.5 (Total thin)	17.0-18.4 (Mildly thin)	<17.0 (Moderately and severely thin)	≥ 25.0 (Total overweight/ obese)	25.0-29.9 (Overweight)	≥ 30.0 (Obese)	Number of women
Age											
15-19	1.1	1,453	21.4	78.1	12.3	9.6	2.7	9.7	8.0	1.6	1,398
20-29	0.3	2,375	23.4	64.1	7.0	5.5	1.5	28.9	23.0	5.9	2,105
30-39	0.8	2,115	26.8	36.0	1.6	0.9	0.7	62.4	40.4	22.0	2,079
40-49	0.9	2,213	28.6	24.0	1.1	0.6	0.6	74.8	39.0	35.8	2,211
Residence											
Urban	0.5	4,576	25.9	42.7	4.7	3.5	1.2	52.6	31.5	21.1	4,389
Rural	1.1	3,580	24.8	54.2	5.0	3.7	1.3	40.8	26.9	13.8	3,404
Region											
Baku	0.5	2,483	26.0	41.6	4.4	3.4	1.1	53.9	32.6	21.4	2,394
Absheron	0.7	543	25.9	41.0	5.4	4.3	1.1	53.6	33.0	20.6	511
Ganja-Gazakh	1.1	1,054	26.8	41.0	4.3	3.3	1.0	54.6	27.5	27.2	996
Shaki-Zaqatala	1.0	586	24.2	61.3	3.4	3.1	0.3	35.3	24.5	10.8	565
Lankaran	1.5	699	24.8	54.9	5.8	4.8	0.9	39.4	23.7	15.7	666
Guba-Khachmaz	0.3	376	23.9	58.3	2.7	2.1	0.6	39.0	34.6	4.4	363
Aran	0.5	1,979	24.9	51.6	5.8	3.8	2.0	42.6	28.5	14.1	1,881
Yukhari Garabakh	0.8	189	25.6	42.7	3.2	2.3	1.0	54.0	37.5	16.5	179
Daghligh Shirvan	1.4	249	24.2	56.8	7.9	6.0	1.9	35.4	22.3	13.1	239
Education											
Basic secondary or less	1.5	1,753	24.4	54.9	7.6	5.6	2.0	37.5	24.9	12.7	1,660
Complete secondary	0.5	4,224	25.6	47.1	4.2	3.2	1.0	48.7	29.4	19.2	4,069
Secondary specialized	0.9	1,105	26.2	40.7	3.9	2.5	1.4	55.4	32.4	23.0	1,035
Higher	0.4	1,075	25.5	45.9	3.8	3.3	0.5	50.3	34.3	16.0	1,028
Wealth quintile											
Lowest	1.4	1,508	24.4	56.3	5.6	4.6	1.0	38.1	26.3	11.8	1,444
Second	0.9	1,613	25.0	53.4	5.0	3.3	1.8	41.6	26.2	15.4	1,536
Middle	1.0	1,656	25.5	47.1	4.8	3.5	1.2	48.1	30.1	18.0	1,581
Fourth	0.4	1,649	26.0	41.5	4.7	3.5	1.3	53.7	31.7	22.0	1,556
Highest	0.2	1,731	26.1	41.5	4.2	3.3	0.9	54.3	32.7	21.6	1,677
Total	0.7	8,156	25.4	47.7	4.8	3.6	1.2	47.4	29.5	17.9	7,793

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2).
[1] Excludes pregnant women and women with a birth in the preceding 2 months

More than half of the women living in urban areas are overweight or obese, compared with 41 percent of women living in rural areas. Obesity (BMI 30+) in women ranges from 4 percent in Guba-Khachmaz to 27 percent in Ganja-Gazakh. The proportion of women who are overweight and obese also generally increases with the woman's education level and with the wealth quintile.

12.7 NUTRITIONAL STATUS OF MEN

The 2006 AzDHS also collected anthropometric data on men age 15-49. The data are used to derive a BMI as a measure of nutritional status of men. The same cutoff points are used for men as for women. As shown in Table 12.12, the mean BMI for men age 15-49 in Azerbaijan is 24. More than half of men (58 percent) are in the normal range of BMI. Only 2 percent of men are considered thin, while 40 percent are overweight or obese. Most of the men in the latter category are overweight rather than obese; only 5 percent of men are considered to be obese compared to 18 percent of women.

Age is closely associated with BMI status. In the youngest age group, the mean BMI is 22 and, in the oldest age group, the mean BMI is 26. There are regional variations in the prevalence of obesity, with Shaki-Zaqatala and Daghligh Shirvan having the lowest proportions of overweight and obese men (32 percent each) and Aran the highest (51 percent). Unlike the pattern among women, BMI level in men is not directly related to educational level or household wealth status.

Table 12.12 Nutritional status of men

Among men age 15-49, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Azerbaijan 2006

	Body Mass Index								
		Normal	Thin			Overweight/obese			
Background characteristic	Mean Body Mass Index (BMI)	18.5-24.9 (Total normal)	<18.5 (Total thin)	17.0-18.4 (Mildly thin)	<17.0 (Moderately and severely thin)	≥ 25.0 (Total overweight/ obese)	25.0-29.9 (Overweight)	≥ 30.0 (Obese)	Number of men
Age									
15-19	22.1	78.4	10.1	5.7	4.4	11.5	10.6	0.9	362
20-24	23.3	78.5	0.6	0.5	0.1	20.9	20.4	0.5	341
25-29	24.2	65.1	0.0	0.0	0.0	34.9	31.9	3.0	270
30-34	25.0	56.2	1.2	0.2	1.1	42.6	35.1	7.5	248
35-39	25.3	42.6	0.5	0.5	0.0	56.9	52.0	4.9	289
40-44	25.8	39.8	0.1	0.1	0.0	60.0	52.0	8.0	280
45-49	26.1	35.3	0.7	0.2	0.4	64.1	57.0	7.0	298
Residence									
Urban	24.5	57.5	1.5	1.0	0.5	41.0	36.9	4.1	1,165
Rural	24.3	58.1	3.0	1.5	1.6	38.9	34.4	4.5	923
Region									
Baku	24.2	64.2	1.8	1.2	0.6	34.0	28.8	5.2	625
Absheron	25.2	49.4	0.7	0.7	0.0	49.9	46.6	3.3	162
Ganja-Gazakh	24.3	61.0	1.0	0.5	0.5	38.0	37.1	0.9	262
Shaki-Zaqatala	23.6	65.5	2.7	1.9	0.8	31.8	28.7	3.1	142
Lankaran	24.2	58.6	5.1	3.3	1.8	36.3	28.8	7.6	183
Guba-Khachmaz	24.4	60.0	0.0	0.0	0.0	40.0	40.0	0.0	100
Aran	24.9	46.7	2.5	0.8	1.7	50.8	46.4	4.3	487
Yukhari Garabakh	24.7	58.0	2.5	1.8	0.7	39.5	27.8	11.7	54
Daghligh Shirvan	23.7	63.4	5.1	2.4	2.7	31.5	27.3	4.2	73
Education									
Basic secondary or less	23.3	65.5	5.9	3.8	2.1	28.6	27.5	1.1	317
Complete secondary	24.4	56.7	2.3	1.1	1.2	41.0	36.6	4.5	1,182
Secondary specialized	25.3	49.8	0.0	0.0	0.0	50.2	43.4	6.8	182
Higher	24.9	58.5	0.0	0.0	0.0	41.5	36.6	4.9	407
Wealth quintile									
Lowest	24.2	62.1	2.8	1.3	1.4	35.1	31.8	3.3	389
Second	24.2	55.2	4.9	2.0	2.9	40.0	36.0	4.0	404
Middle	24.5	52.3	2.1	1.6	0.5	45.6	42.0	3.5	418
Fourth	24.7	57.8	0.6	0.4	0.2	41.5	36.2	5.3	412
Highest	24.5	61.2	0.8	0.8	0.0	38.0	33.0	5.0	465
Total 15-49	24.4	57.8	2.2	1.2	1.0	40.0	35.8	4.3	2,088
50-59	26.0	33.6	1.3	1.1	0.2	65.1	55.9	9.2	294
Total 15-59	24.6	54.8	2.1	1.2	0.9	43.1	38.3	4.9	2,382

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2).

12.8 ANEMIA IN WOMEN

Table 12.13 presents the prevalence of anemia in women age 15-49. Among 8,767 women who were eligible for anemia testing, 8,141 were present at the time of testing, consented to having the test, and had test results that were plausible.

Thirty-seven percent of women in Azerbaijan have some level of anemia. The great majority of women are mildly anemic (29 percent), while 7 percent are moderately anemic, and 1 percent were found to be severely anemic. As expected, prevalence of anemia is higher among breastfeeding (53 percent) and pregnant (45 percent) women than among those who are neither pregnant nor breastfeeding. Somewhat surprisingly, only 32 percent of women using an IUD are anemic compared to 37 percent with any anemia among women not using an IUD. Prevalence of any anemia in women varies among the regions, with the lowest level found in Lankaran (27 percent) and the highest in Daghligh Shirvan (52 percent).

Table 12.13 Prevalence of anemia in women

Percentage of women age 15-49 with anemia, by background characteristics, Azerbaijan 2006

Background characteristic		Anemia status by hemoglobin level: Mild anemia	Moderate anemia	Severe anemia	Any anemia (<11.0 g/dl)	Number of women
	Not pregnant	10.0-11.9 g/dl	7.0-9.9 g/dl	<7.0 g/dl	< 12.0 g/dl	
	Pregnant	10.0-10.9 g/dl	7.0-9.9 g/dl	< 7.0 g/dl	<11.0 g/dl	
Age						
15-19		24.7	5.4	0.4	30.5	1,442
20-29		30.0	6.7	0.4	37.1	2,362
30-39		30.9	7.1	0.2	38.3	2,106
40-49		28.8	9.2	1.8	39.8	2,202
15-44[1]		32.6	9.1	0.4	42.1	1,504
Number of children ever born						
0		26.4	5.0	0.6	32.0	3,032
1		29.9	7.5	0.4	37.8	887
2-3		30.2	8.3	1.0	39.5	3,363
4-5		33.2	11.3	1.2	45.7	715
6+		25.8	7.3	1.0	34.0	115
Maternity status						
Pregnant		28.8	15.6	0.2	44.7	289
Breastfeeding		40.6	12.0	0.8	53.4	431
Neither		28.3	6.6	0.8	35.7	7,392
Using IUD						
Yes		28.8	2.8	0.8	32.3	471
No		29.0	7.5	0.8	37.3	7,640
Residence						
Urban		27.0	7.7	0.8	35.5	4,546
Rural		31.5	6.6	0.7	38.9	3,566
Region						
Baku		25.9	8.8	0.6	35.3	2,467
Absheron		22.6	4.1	0.8	27.5	543
Ganja-Gazakh		27.8	7.8	1.3	36.9	1,036
Shaki-Zaqatala		44.4	3.3	0.1	47.7	581
Lankaran		19.2	6.1	1.4	26.7	695
Guba-Khachmaz		24.9	2.1	0.1	27.1	375
Aran		34.2	7.7	0.6	42.5	1,981
Yukhari Garabakh		24.9	7.4	0.7	33.0	187
Daghligh Shirvan		36.8	13.4	1.9	52.0	247
Education						
Basic secondary or less		29.6	8.5	1.0	39.1	1,741
Complete secondary		28.6	7.8	0.9	37.3	4,210
Secondary specialized		32.7	5.2	0.4	38.3	1,095
Higher		25.4	5.1	0.1	30.7	1,066
Wealth quintile						
Lowest		31.8	7.7	1.1	40.6	1,506
Second		33.0	7.9	0.9	41.8	1,602
Middle		27.6	7.6	0.9	36.1	1,646
Fourth		26.1	7.7	0.8	34.7	1,633
Highest		26.6	5.5	0.2	32.3	1,725
Total		29.0	7.2	0.8	37.0	8,112

Note: Table is based on women who stayed in the household the night before the interview. Prevalence is adjusted for altitude using CDC formulas (CDC, 1998).
[1] For women age 15-44 with living children age 3-59 months to compare with the 2001 RHSA data on anemia in women.

A comparison of the data from the 2001 RHSA and 2006 AzDHS would suggest that any anemia rates among women age 15-44 who had children age 3-59 months have increased by 5 percent over the past 5 years (from 40 percent in 2001 to 42 percent in 2006).

Table 12.14 Anemia in women in various countries

Percentage of women aged 15-49 with moderate anemia and any anemia by selected characteristics, recent DHS surveys.

	Azerbaijan DHS 2006		Moldova DHS 2005		Turkmenistan DHS 2000		Kazakhstan DHS 1999	
Residence	Moderate anemia[1]	Any anemia[2]	Moderate anemia[1]	Any anemia[2]	Moderate anemia[1]	Any anemia[2]	Moderate anemia[1]	Any anemia[2]
Urban	8	36	3	25	8	46	7	34
Rural	7	39	5	30	9	49	8	37
Total	7	37	4	28	8	47	8	36

Note: Table is based on women who stayed in the household the night before the interview. Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude using CDC formulas (CDC, 1998).
[1] Moderate anemia: hemoglobin level 7.0-9.9 g/dl
[2] Any anemia: Non-pregnant women hemoglobin level <12.0 g/dl; Pregnant women hemoglobin level <11 g/dl

Compared with estimates from recent Demographic and Health Surveys compiled in Table 12.14, the prevalence of any anemia among women age 15-49 in Azerbaijan (37 percent) is higher than that in Moldova (28 percent), similar to the prevalence in Kazakhstan (36 percent in 1999), but lower than in Turkmenistan (47 percent in 2000).

12.9 Micronutrient Intake in Women

Table 12.15 presents several indicators relating to the intake of vitamin A, iron, and iodine among women.

Breastfeeding children benefit from micronutrients that a mother consumes. In Azerbaijan, the great majority of mothers with young children appear to be consuming on a daily basis foods that are rich in vitamin A (90 percent) and iron (86 percent). Breastfeeding children may also benefit if the mother receives supplementation of micronutrients, especially vitamin A. Comparatively few women with a birth in the five-year period before the survey reported receiving a vitamin A dose in the postpartum period (9 percent).

A mother's nutritional status during pregnancy is important both for the child's intrauterine development and for protection against maternal morbidity and mortality. Night blindness is an indicator of vitamin A deficiency that pregnant women are especially prone to experience. Table 12.15 shows that 3 percent of women with a recent birth reported that they experienced night blindness during the pregnancy. After adjusting for women who also reported vision problems during the day, an estimated 1 percent of women have night blindness during pregnancy.

Pregnant women are among the groups in greatest need of iron, and are most likely to benefit from iron supplements. Iron requirements for pregnant women are approximately double that of nonpregnant women because of increased blood volume during pregnancy and blood loss during delivery. Table 12.15 presents data on the number of days that pregnant women in Azerbaijan took iron supplementation in the form of tablets or syrup during the pregnancy leading to the most recent birth in the five years preceding the survey. Nineteen percent of women took some form of iron supplements during their most recent pregnancy ending in birth, and among them, 17 percent reported taking supplements for less than 60 days. Only 2 percent of pregnant women take iron supplements for more than 90 days. Urban women, women living in Baku and Absheron, and women in the two highest wealth quintiles were most likely to use iron supplements.

Table 12.15 Micronutrient intake among mothers

Percentage of women age 15-49 with a child under three years of age living with her who consumed vitamin A-rich and iron-rich foods in the 24 hours preceding the survey; the percentage of women with a child born in the last 5 years who received a vitamin A dose in the first two months after the birth of the last child; the percentage of mothers who during the pregnancy of the last child born in the five years prior to the survey suffered from night blindness, the percentage who took iron tablets or syrup for specific numbers of days, and the percentage who took deworming medication; and the percentage of women with a child born in the last five years who live in households using adequately iodized salt, by background characteristics, Azerbaijan 2006

Background characteristic	Consumption of vitamin A-rich and iron-rich food in the 24 hours preceding the survey among women with a child under three years			Percentage of women who received vitamin A dose postpartum[3]	For the last child born in the past five years:										
					Percentage of women who had night blindness during pregnancy		Number of days women took iron tablets or syrup during pregnancy					Percentage of women who took deworming medication during pregnancy[5]	Number of women	Percentage of women living in households using adequately iodized salt[6]	Number of women with a child born in the past 5 years
	Percentage consumed vitamin A-rich foods[1]	Percentage consumed iron-rich foods[2]	Number of women with a child under 3 years		Reported	Adjusted[4]	None	<60	60-89	90+	Don't know/ missing				
Age															
15-19	94.3	86.5	52	2.3	4.3	1.6	85.0	9.0	4.5	0.0	1.4	2.7	59	56.0	1,515
20-29	89.2	84.6	823	9.1	3.3	0.6	70.8	19.1	0.7	1.8	7.6	3.7	1,065	55.0	2,437
30-39	90.3	87.8	291	8.5	3.2	0.8	77.2	12.7	0.0	1.6	8.4	1.8	500	51.0	2,148
40-49	(99.5)	(94.0)	26	4.4	1.4	0.0	79.6	9.6	1.8	0.0	9.0	2.9	62	54.0	2,278
Residence															
Urban	91.9	89.5	605	10.1	2.4	1.0	63.3	22.3	1.0	3.0	10.4	2.8	866	62.2	4,728
Rural	87.9	81.7	587	6.8	4.1	0.4	84.3	10.4	0.3	0.2	4.8	3.4	819	43.2	3,650
Region															
Baku	93.5	91.5	308	12.8	0.9	0.6	53.5	26.7	1.3	3.3	15.3	2.2	416	78.7	2,536
Absheron	90.0	84.4	77	11.9	3.6	1.5	64.9	30.0	0.0	0.0	5.1	4.1	120	27.3	577
Ganja-Gazakh	84.2	79.4	186	3.4	2.9	0.4	79.3	14.1	0.7	1.8	4.1	1.5	257	64.0	1,140
Shaki-Zaqatala	93.0	82.0	81	13.0	3.9	1.2	76.6	20.4	1.6	0.0	1.4	5.0	117	22.5	586
Lankaran	90.2	86.7	110	6.2	2.0	0.0	86.1	6.8	0.0	0.5	6.6	4.4	152	79.9	697
Guba-Khachmaz	95.4	95.4	46	5.9	3.9	2.3	89.8	7.1	1.9	0.0	1.2	0.0	69	4.7	378
Aran	89.3	84.8	323	7.2	5.9	0.5	81.3	10.5	0.0	1.6	6.7	4.3	452	32.8	2,011
Yukhari Garabakh	93.1	87.3	31	3.5	3.2	1.1	86.5	4.4	1.4	0.6	7.1	1.0	45	50.5	202
Daghligh Shirvan	74.2	67.8	30	7.9	1.2	0.3	79.8	12.8	0.6	1.8	5.1	3.4	57	65.7	251
Education															
Basic secondary or less	87.3	81.7	302	3.5	4.7	0.6	81.7	10.3	0.1	1.3	6.6	1.5	420	46.9	1,804
Complete secondary	88.2	83.3	572	7.2	2.7	0.4	77.6	14.6	0.7	0.8	6.2	3.7	831	53.5	4,349
Secondary specialized	94.0	91.7	144	17.4	3.6	1.2	60.1	27.1	0.8	1.1	11.0	4.8	205	54.1	1,127
Higher	96.8	95.3	174	14.4	2.3	1.4	55.7	25.4	1.6	5.5	11.8	2.2	230	66.7	1,096
Wealth quintile															
Lowest	83.5	76.0	241	3.0	3.6	0.3	88.2	6.9	0.0	0.1	4.8	2.0	368	35.6	1,537
Second	88.8	83.4	278	7.1	3.7	0.6	85.4	8.9	0.4	1.5	3.8	4.0	371	48.5	1,642
Middle	91.3	87.5	266	6.6	3.8	0.8	80.4	12.3	0.0	0.9	6.4	2.9	355	50.4	1,693
Fourth	92.7	91.9	218	13.7	3.2	1.6	55.8	27.7	2.1	3.1	11.2	3.0	319	56.4	1,698
Highest	94.4	91.6	191	14.2	1.6	0.0	49.3	32.2	1.0	3.1	14.3	3.6	273	75.3	1,807
Total	89.9	85.7	1,193	8.5	3.2	0.7	73.5	16.5	0.7	1.6	7.7	3.1	1,686	53.9	8,377

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, squash, carrots, red sweet potatoes, dark green leafy vegetables, and other locally grown fruits and vegetables that are rich in vitamin A.
[2] Includes meat (and organ meat), fish, poultry, and eggs
[3] In the first two months after delivery
[4] Women who reported night blindness but did not report difficulty with vision during the day
[5] Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis
[6] Salt containing 15 ppm of iodine or more. Excludes women in households where salt was not tested.

HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOR

13

This chapter presents current levels of HIV/AIDS knowledge, attitudes, and related behaviors for the general adult population. The chapter then focuses on HIV/AIDS knowledge and patterns of sexual activity among young people, as youth are the main target of many HIV prevention efforts. The findings in this chapter will assist the AIDS control program in Azerbaijan to identify particular groups of people most in need of information and services and most vulnerable to the risk of HIV infection.

13.1 KNOWLEDGE OF HIV/AIDS AND OF TRANSMISSION AND PREVENTION METHODS

13.1.1 Awareness of AIDS

In Azerbaijan, 65 percent of women age 15-49 and 77 percent of men age 15-49 have heard of AIDS (Table 13.1).[1] The level of awareness of AIDS usually increases with age among both women and men. Never-married women and men have a lower level of AIDS awareness when compared with ever-married respondents. Urban respondents (79 percent of women and 88 percent of men) are much more likely to have heard about AIDS than rural respondents (48 percent of women and 62 percent of men). Knowledge of AIDS is lowest in Lankaran region and highest in Baku. In Lankaran, only 37 percent of women and 48 percent of men know about AIDS, while in Baku, 91 percent of women and 98 percent of men have heard about AIDS. Knowledge of AIDS increases steadily with increasing level of education and wealth.

Table 13.1 Knowledge of AIDS

Percentage of women and men age 15-49 who have heard of AIDS, by background characteristics, Azerbaijan 2006

Background characteristic	Women: Has heard of AIDS	Women: Number of women	Men: Has heard of AIDS	Men: Number of men
Age				
15-24	54.0	2,875	55.8	738
15-19	47.3	1,531	38.8	382
20-24	61.7	1,344	74.1	356
25-29	70.4	1,100	86.1	293
30-39	70.6	2,168	87.5	588
40-49	71.9	2,301	85.9	627
Marital status				
Never married	57.4	2,608	61.5	848
Ever had sex	56.7	15	84.1	394
Never had sex	57.4	2,593	41.9	455
Married/living together	68.5	5,269	85.6	1,371
Divorced/separated/widowed	72.1	567	(85.8)	26
Residence				
Urban	78.9	4,772	87.8	1,274
Rural	47.6	3,672	61.6	971
Region				
Baku	90.6	2,560	98.1	699
Absheron	63.5	582	76.3	167
Ganja-Gazakh	57.1	1,148	67.7	281
Shaki-Zaqatala	74.0	589	80.6	153
Lankaran	37.0	706	48.2	188
Guba-Khachmaz	57.1	380	72.2	119
Aran	49.7	2,019	65.0	508
Yukhari Garabakh	55.2	204	64.2	56
Daghligh Shirvan	52.9	255	63.7	73
Education				
Basic secondary or less	43.2	1,815	46.2	345
Complete secondary	60.9	4,382	75.4	1,272
Secondary specialized	87.6	1,138	90.6	200
Higher	95.9	1,110	97.5	428
Wealth quintile				
Lowest	38.6	1,550	56.0	410
Second	51.6	1,649	64.7	433
Middle	63.8	1,707	73.2	452
Fourth	78.3	1,719	86.7	451
Highest	89.5	1,819	97.2	499
Total 15-49	65.3	8,444	76.5	2,245
50-59	na	na	86.0	313
Total 15-59	na	na	77.6	2,558

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

13.1.2 Knowledge of Ways to Reduce HIV/AIDS Transmission

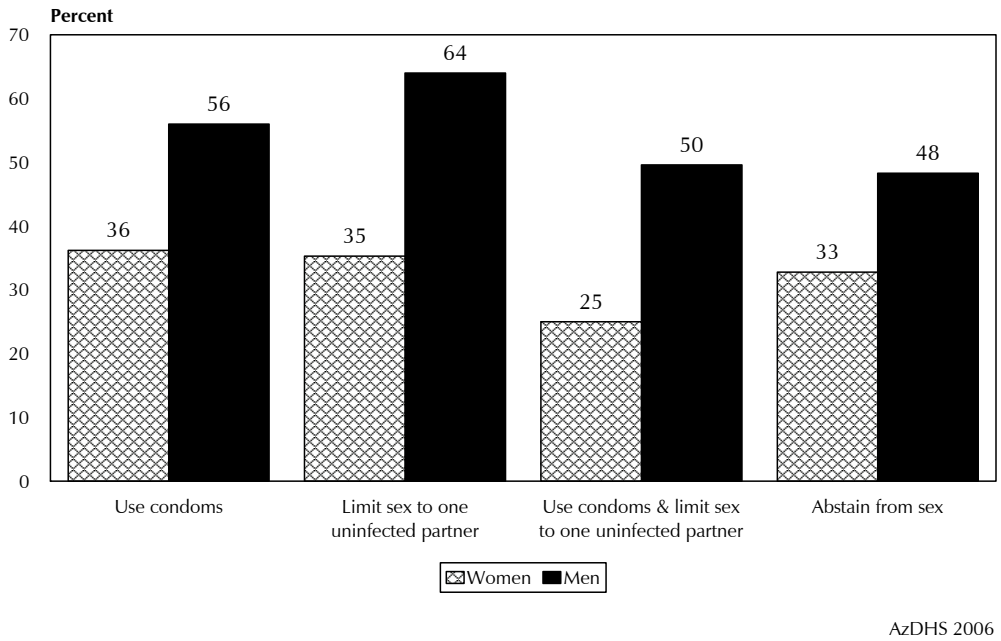
HIV/AIDS prevention programs focus their messages and efforts on three important aspects of behavior, called the ABC message: delaying sexual debut in young persons (abstinence), limiting the number of sexual partners/staying faithful to one partner, and promoting use of condoms. To ascertain whether programs have effectively communicated these messages, the 2006 AzDHS respondents were prompted with specific questions about whether it is possible to reduce the chances of getting the

[1] For tables in this chapter that relate to the general adult population, the base population includes women and men age 15-49. For the male tables, an additional row has been added to provide information for all men ages 15-59.

AIDS virus by having just one faithful sexual partner, using a condom at every sexual encounter, and abstaining from sex.

Table 13.2 presents levels of knowledge for the various HIV prevention methods by background characteristics. Women and men are most aware that the chances of getting the AIDS virus can be reduced by using condoms every time one has sexual intercourse (36 percent and 56 percent, respectively) and limiting sex to one uninfected partner who has no other partners (35 percent and 64 percent, respectively). Knowledge of abstinence from sexual intercourse and the role it can play in preventing transmission of the AIDS virus is somewhat less common, particularly among women (33 percent of women and 48 percent of men). Only one in four women and half of men are aware that using condoms and limiting sex to one uninfected partner can reduce the risk of getting the AIDS virus (Figure 13.1).

Figure 13.1 **Knowledge of specific ways to avoid AIDS among women and men age 15-49**



As Table 13.2 shows, young women and men age 15-24 are somewhat less knowledgeable about the various modes of prevention than older respondents. Considering the relationship with marital status, knowledge of HIV prevention methods is lower among never-married respondents than among those who are either currently married or who are divorced, separated, or widowed. Never-married women who never had sex are among the least likely to report knowledge of the various modes of prevention.

Table 13.2 Knowledge of HIV prevention methods

Percentage of women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having one sex partner who is not infected and has no other partners, and by abstaining from sexual intercourse, by background characteristics, Azerbaijan 2006.

	Women					Men				
	Percentage who say HIV can be prevented by					Percentage who say HIV can be prevented by				
Background characteristic	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms, and limiting sexual intercourse to one uninfected partner[1,2]	Abstaining from sexual intercourse	Number of women	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms, and limiting sexual intercourse to one uninfected partner[1,2]	Abstaining from sexual intercourse	Number of men
Age										
15-24	27.4	25.5	17.3	22.8	2,875	40.4	45.8	36.5	36.2	738
15-19	21.8	20.2	13.2	18.2	1,531	29.8	32.8	27.7	24.6	382
20-24	33.8	31.5	21.9	28.0	1,344	51.7	59.8	46.0	48.7	356
25-29	42.8	40.4	29.6	36.9	1,100	61.6	69.1	52.2	54.6	293
30-39	40.2	40.8	28.9	38.0	2,168	64.3	73.7	56.6	53.6	588
40-49	40.4	40.0	28.9	38.6	2,301	64.0	74.1	57.4	54.8	627
Marital status										
Never married	28.3	29.4	19.3	24.6	2,608	47.1	49.8	41.3	37.8	848
Ever had sex	*	*	*	*	15	67.3	70.1	58.6	53.7	394
Never had sex	28.4	29.3	19.3	24.7	2,593	29.6	32.3	26.4	24.1	455
Married/living together	39.2	37.9	27.3	36.6	5,269	61.2	72.7	54.5	54.9	1,371
Divorced/separated/widowed	45.0	38.2	30.9	35.6	567	(74.8)	(72.6)	(64.3)	(45.7)	26
Residence										
Urban	48.0	41.7	31.6	39.9	4,772	67.0	78.1	62.5	53.4	1,274
Rural	20.9	27.0	16.5	23.6	3,672	41.6	45.6	32.8	41.6	971
Region										
Baku	59.5	42.6	35.4	45.1	2,560	87.3	92.6	84.5	49.8	699
Absheron	45.4	52.7	40.2	38.6	582	19.0	68.5	15.0	71.9	167
Ganja-Gazakh	21.4	24.2	13.5	15.8	1,148	52.8	66.8	52.8	66.7	281
Shaki-Zaqatala	43.0	47.6	34.1	32.2	589	62.8	53.5	44.6	34.5	153
Lankaran	23.4	25.6	20.1	21.4	706	40.0	39.9	35.6	42.3	188
Guba-Khachmaz	18.4	28.4	13.0	24.0	380	41.2	47.6	33.4	32.5	119
Aran	21.4	29.0	17.0	31.7	2,019	35.1	40.3	22.5	42.9	508
Yukhari Garabakh	23.8	33.9	18.1	23.1	204	60.6	53.0	50.3	8.8	56
Daghligh Shirvan	22.7	33.0	18.3	35.3	255	47.5	55.5	44.2	48.0	73
Education										
Basic secondary or less	16.5	19.3	10.4	19.7	1,815	25.3	35.6	21.9	27.0	345
Complete secondary	31.4	31.4	21.4	29.5	4,382	54.4	61.1	46.2	49.7	1,272
Secondary specialized	56.4	53.7	40.3	50.4	1,138	63.5	78.5	60.1	61.3	200
Higher	67.0	58.2	47.5	49.6	1,110	82.1	89.0	77.2	55.3	428
Wealth quintile										
Lowest	14.6	19.3	11.2	19.6	1,550	37.5	42.1	29.4	37.1	410
Second	20.7	27.1	14.7	24.6	1,649	42.9	46.8	33.6	43.1	433
Middle	33.1	34.7	23.7	30.5	1,707	48.6	60.2	41.6	54.1	452
Fourth	48.9	44.3	33.3	40.8	1,719	63.4	74.0	57.5	54.1	451
Highest	59.7	48.4	39.6	46.2	1,819	82.7	91.5	80.3	51.7	499
Total 15-49	36.2	35.3	25.0	32.8	8,444	56.0	64.0	49.6	48.3	2,245
50-59	na	na	na	na	na	64.1	75.1	58.4	57.1	313
Total 15-59	na	na	na	na	na	57.0	65.4	50.7	49.4	2,558

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable
[1] Use condom every time they have sexual intercourse
[2] Partner who has no other partners

Among both women and men, levels of knowledge of preventive methods are higher in urban areas than in rural areas. Knowledge of prevention methods varies considerably across regions. Among women, knowledge levels for the various methods are highest in Baku and Absheron and lowest in Ganja-Gazakh, Lankaran, Guba-Khachmaz, and Aran. Among men, knowledge levels tend to be higher in Baku and lower in Aran, Guba-Khachmaz, and Lankaran. Knowledge about abstinence from sex as a method of HIV prevention among men follows a different pattern; it is highest among men in Absheron (72 percent) and lowest in Yukhari Garabakh (9 percent).

Women and men with higher levels of schooling are more likely than those with less schooling to be aware of various preventive methods. Similarly, women and men in higher wealth quintiles are more likely than those in lower wealth quintiles to be aware of ways to prevent the transmission of the AIDS virus.

13.1.3 Knowledge about Transmission

The 2006 AzDHS included questions to assess the prevalence of common misconceptions about AIDS and HIV transmission. Respondents were asked whether they think it is possible for a healthy-looking person to have the AIDS virus. They were asked whether a person can get AIDS from mosquito bites, by kissing, or by eating from the same plate as a person who has AIDS.

Table 13.3.1 Comprehensive knowledge about AIDS: Women

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with comprehensive knowledge about AIDS, by background characteristics, Azerbaijan 2006

Background characteristic	Percentage of respondents who say that: A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by kissing	A person cannot become infected by sharing food with a person who has AIDS	Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Percentage with comprehensive knowledge about AIDS[2]	Number of women
Age							
15-24	38.0	28.0	23.6	29.8	13.0	4.8	2,875
15-19	32.3	24.7	19.4	26.1	10.2	3.1	1,531
20-24	44.4	31.7	28.3	34.0	16.2	6.7	1,344
25-29	51.8	36.7	32.4	39.3	19.8	9.1	1,100
30-39	52.1	31.6	29.4	36.2	16.2	9.1	2,168
40-49	52.3	32.0	29.8	35.7	15.6	9.0	2,301
Marital status							
Never married	41.7	31.2	25.4	33.1	15.1	6.2	2,608
Ever had sex	51.2	37.9	48.8	48.8	37.9	7.0	15
Never had sex	41.6	31.2	25.3	33.0	15.0	6.2	2,593
Married/living together	49.5	31.1	28.8	34.3	15.5	8.2	5,269
Divorced/separated/widowed	53.3	31.2	31.1	39.0	15.7	8.9	567
Residence							
Urban	60.9	40.8	37.3	45.7	22.1	10.3	4,772
Rural	29.7	18.6	15.7	19.4	6.7	4.1	3,672
Region							
Baku	74.3	51.2	49.7	59.4	30.4	12.6	2,560
Absheron	48.4	31.5	29.7	32.6	17.9	12.6	582
Ganja-Gazakh	34.8	19.5	13.8	21.1	6.0	3.4	1,148
Shaki-Zaqatala	44.2	33.3	19.9	29.7	12.8	10.5	589
Lankaran	18.3	15.5	12.1	17.4	4.6	3.4	706
Guba-Khachmaz	37.3	39.0	45.1	47.3	21.8	5.5	380
Aran	35.5	18.6	14.8	18.5	6.1	4.1	2,019
Yukhari Garabakh	40.7	21.9	22.9	24.2	10.7	4.8	204
Daghligh Shirvan	31.7	15.0	12.5	16.1	5.4	3.4	255
Education							
Basic secondary or less	26.2	17.0	14.5	17.5	5.5	1.5	1,815
Complete secondary	42.0	25.2	22.0	28.0	10.9	4.9	4,382
Secondary specialized	69.3	47.7	41.5	50.8	24.9	13.2	1,138
Higher	80.2	60.7	59.4	69.6	39.6	22.7	1,110
Wealth quintile							
Lowest	23.1	12.4	11.7	14.3	4.5	2.4	1,550
Second	32.1	20.1	14.2	18.8	5.8	2.5	1,649
Middle	41.1	29.2	24.4	30.0	12.5	6.0	1,707
Fourth	59.3	37.3	35.0	42.5	18.5	9.4	1,719
Highest	76.3	53.2	50.7	61.6	33.2	16.4	1,819
Total 15-49	47.3	31.1	27.9	34.3	15.4	7.6	8,444

[1] The two most common local misconceptions involve transmission by mosquito bites and by kissing someone with AIDS.
[2] Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS (transmission by mosquito bites and by kissing someone with AIDS).

Table 13.3.2 Comprehensive knowledge about AIDS: Men

Percentage of men age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with comprehensive knowledge about AIDS, by background characteristics, Azerbaijan 2006

Background characteristic	Percentage of respondents who say that: A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by kissing	A person cannot become infected by sharing food with a person who has AIDS	Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Percentage with comprehensive knowledge about AIDS[2]	Number of men
Age							
15-24	43.3	25.1	16.4	24.8	6.6	5.3	738
15-19	30.7	12.5	9.6	16.7	2.7	2.1	382
20-24	56.7	38.6	23.8	33.6	10.8	8.8	356
25-29	68.5	42.8	29.2	36.3	14.1	10.5	293
30-39	66.2	45.9	30.1	40.0	16.0	13.3	588
40-49	69.2	43.8	30.8	43.8	16.2	13.1	627
Marital status							
Never married	46.9	27.2	18.4	28.7	7.7	6.4	848
Ever had sex	66.4	41.4	26.5	40.4	13.5	12.1	394
Never had sex	30.0	14.9	11.5	18.6	2.7	1.5	455
Married/living together	67.6	44.2	29.9	39.6	15.5	12.4	1,371
Divorced/separated/widowed	(70.3)	(66.9)	(42.9)	(52.1)	(30.4)	(26.0)	26
Residence							
Urban	71.4	42.4	30.5	45.7	15.2	13.2	1,274
Rural	44.6	32.3	19.4	22.3	9.4	6.4	971
Region							
Baku	82.3	38.5	39.1	60.5	19.8	18.5	699
Absheron	71.7	64.2	7.9	21.1	4.4	3.9	167
Ganja-Gazakh	61.6	57.3	13.6	18.2	11.2	11.2	281
Shaki-Zaqatala	51.7	44.1	20.4	43.4	12.7	8.3	153
Lankaran	37.3	20.7	21.6	16.8	6.0	4.9	188
Guba-Khachmaz	37.2	57.4	50.8	51.5	29.6	13.0	119
Aran	45.1	18.8	13.5	17.1	4.1	1.3	508
Yukhari Garabakh	44.4	49.4	43.3	38.6	24.2	21.7	56
Daghligh Shirvan	35.9	25.7	37.4	30.2	10.7	8.6	73
Education							
Basic secondary or less	30.4	19.5	16.4	16.4	5.4	2.4	345
Complete secondary	55.7	34.0	19.4	29.6	7.5	5.7	1,272
Secondary specialized	74.8	47.8	33.2	48.5	17.9	12.7	200
Higher	88.7	60.5	48.5	62.9	31.8	28.9	428
Wealth quintile							
Lowest	39.8	27.3	13.8	17.0	6.4	3.8	410
Second	45.1	31.5	21.8	23.2	9.1	6.3	433
Middle	51.1	38.9	23.4	30.4	11.4	8.1	452
Fourth	70.4	41.5	24.0	42.2	10.4	8.9	451
Highest	87.3	48.7	42.5	60.4	24.3	22.2	499
Total 15-49	59.8	38.1	25.7	35.6	12.7	10.3	2,245
50-59	71.0	41.8	30.2	42.4	15.9	12.9	313
Total 15-59	61.2	38.5	26.2	36.4	13.1	10.6	2,558

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] The two most common local misconceptions involve transmission by mosquito bites and by kissing someone with AIDS.
[2] Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS (transmission by mosquito bites and by kissing someone with AIDS).

The results in Tables 13.3.1 and 13.3.2 indicate that many Azerbaijani adults lack accurate knowledge about the ways in which the AIDS virus can and cannot be transmitted. Particularly critical is the fact that only 47 percent of women and 60 percent of men know that a healthy-looking person can have (and thus transmit) the virus that causes AIDS. Many women and men also erroneously believe that AIDS can be transmitted by kissing; only 28 percent of women and 26 percent of men reject this common misconception. Furthermore, relatively small proportions of women and men are aware that the AIDS virus cannot be transmitted by mosquito bites (31 percent and 38 percent, respectively) and by sharing food with a person who has AIDS (34 percent and 36 percent, respectively). Overall, only a small proportion of women (15 percent) and men (13 percent) both reject two of the more common misconceptions in Azerbaijan—namely, that AIDS can be transmitted by mosquito bites and by kissing—and believe that a healthy-looking person can have the AIDS virus.

Tables 13.3.1 and 13.3.2 provide an assessment of the level of comprehensive knowledge of HIV/AIDS prevention and transmission. Comprehensive knowledge is defined as: 1) knowing that both condom use and limiting sex partners to one uninfected person are HIV/AIDS prevention methods, 2) being aware that a healthy-looking person can have HIV, and 3) rejecting the two most common local misconceptions, namely, that AIDS can be transmitted by mosquito bites and by kissing someone who is infected with the AIDS virus. According to the 2006 AzDHS results, only about one in ten women and men in Azerbaijan have comprehensive knowledge of HIV/AIDS prevention and transmission.

Finally, Tables 13.3.1 and 13.3.2 document considerable variation in knowledge about AIDS. Among both women and men, the proportions of women and men who reject the most common misconceptions, who know that a healthy-looking person can have the AIDS virus, or who have comprehensive knowledge about AIDS generally increase with age. Currently and previously married respondents tend to be more knowledgeable than those who never married.

For all indicators, the proportion of women and men with correct knowledge about HIV/AIDS prevention and transmission is higher in urban areas than in rural areas. Variations in knowledge levels by region are marked among both women and men. Women living in Baku (13 percent) and Absheron (13 percent) have the highest level of comprehensive knowledge about AIDS, while women in Ganja-Gazakh (3 percent) and Daghligh Shirvan (3 percent) have the lowest. Among men, the proportion with comprehensive knowledge ranges from 1 percent in Aran to 22 percent in Yukhari Garabakh.

Education and wealth are directly related to both correct knowledge concerning common misconceptions and comprehensive knowledge of HIV/AIDS prevention and transmission. Among women, for example, 23 percent of women with a higher than secondary specialized education have comprehensive knowledge about prevention and transmission modes compared with 2 percent of women with basic secondary or less education. Similarly, among men, the level of comprehensive knowledge varies from 2 percent among those with basic secondary or less education to 29 percent of those with a higher than secondary specialized education. Looking at wealth, 2 percent of women in the lowest quintile have a comprehensive knowledge about AIDS compared with 16 percent of women in the highest. Among men, the level of comprehensive knowledge about AIDS also rises with the wealth quintile, peaking at 22 percent in the highest quintile.

13.2 Stigma Associated with AIDS and Attitudes Related to HIV/AIDS

Knowledge and beliefs about AIDS can affect how people treat those they know to be living with HIV. In the 2006 AzDHS, a number of questions were posed to respondents to measure their attitudes towards HIV-infected people including questions about their willingness to buy vegetables from an infected vegetable seller, to let others know the HIV status of family members, and to take care of relatives who have the AIDS virus in their own household. They were also asked whether an HIV-positive female who is not sick should be allowed to continue teaching. Tables 13.4.1 and 13.4.2 show the percentages who express positive attitudes towards people with HIV among women and men who have heard about HIV/AIDS by background characteristics.

Both women and men tend to express more positive attitudes in response to the questions concerning behavior towards HIV-infected relatives than to the questions about shopkeepers or teachers. Sixty-one percent of women and 60 percent of men say that they would not want to keep secret that a family member was infected with the AIDS virus and 52 percent of women and 24 percent of men say they would be willing to care for a family member with the AIDS virus in their home. In contrast, only 18 percent of women and 9 percent of men say that an HIV-positive teacher should be allowed to continue teaching and only 20 percent of women and 8 percent of men would buy fresh food from a shopkeeper with AIDS. The percentage expressing accepting attitudes on all four measures is low, 4 percent among women and less than 1 percent among men.

Higher education, wealth, and urban residence are generally related to more accepting attitudes towards nonrelatives who are HIV positive, but not for relatives. Among women, for example, the percentage expressing accepting attitudes towards a female teacher who is infected with AIDS but is not sick is 21 percent among urban women compared with 13 percent among rural women, and it ranges from 10 percent among women who have basic secondary or less education to 35 percent among those with a higher than secondary specialized education. The opposite patterns are observed among both women and men concerning behavior towards HIV-infected relatives. Rural residents and those in the lower wealth quintiles are generally more likely to say that they would not want to keep secret that a family member was infected with the AIDS virus and that they would be willing to care for a family member with the AIDS virus in their home.

Table 13.4.1 Accepting attitudes toward those living with HIV/AIDS: Women

Among women age 15-49 who have heard of HIV/AIDS, percentage expressing accepting attitudes toward people with AIDS based on four specific indicators, by background characteristics, Azerbaijan 2006

Background characteristic	Percentage of women who: Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Percentage expressing accepting attitudes on all four indicators	Number of women who have heard of AIDS
Age						
15-24	51.5	20.7	19.5	54.9	4.6	1,554
15-19	46.8	21.0	19.3	51.8	4.8	724
20-24	55.5	20.4	19.6	57.6	4.4	829
25-29	52.5	22.7	21.9	61.2	5.3	774
30-39	49.8	19.3	17.1	61.5	3.6	1,531
40-49	52.5	18.9	16.0	66.4	4.0	1,654
Marital status						
Never married	49.0	23.5	21.2	53.5	5.4	1,497
Ever had sex	*	*	*	*	*	9
Never had sex	49.1	23.3	21.0	53.3	5.4	1,489
Married/living together	52.8	18.9	17.0	63.5	3.8	3,607
Divorced/separated/widowed	49.2	17.9	16.9	66.7	4.0	409
Residence						
Urban	50.6	23.9	20.6	56.3	4.8	3,764
Rural	53.3	11.7	12.8	71.4	3.1	1,748
Region						
Baku	50.2	29.1	23.5	50.0	5.1	2,321
Absheron	42.7	24.7	12.8	63.6	3.9	370
Ganja-Gazakh	71.2	11.6	17.5	82.2	5.4	656
Shaki-Zaqatala	34.2	15.0	17.9	82.3	3.7	436
Lankaran	52.5	9.1	9.4	53.6	1.4	261
Guba-Khachmaz	50.5	9.3	8.0	46.8	0.7	217
Aran	50.8	12.7	14.8	67.9	4.0	1,004
Yukhari Garabakh	69.3	14.4	11.7	60.6	3.0	113
Daghligh Shirvan	45.8	7.2	5.4	59.2	0.1	135
Education						
Basic secondary or less	49.5	12.6	10.0	64.5	2.0	784
Complete secondary	49.8	14.6	12.5	61.8	2.9	2,669
Secondary specialized	51.7	21.9	21.8	62.1	5.2	996
Higher	56.7	37.4	34.5	55.7	8.4	1,064
Wealth quintile						
Lowest	52.0	10.1	9.6	76.7	1.6	599
Second	49.7	9.8	11.1	69.2	2.6	850
Middle	51.1	16.4	16.0	60.9	4.1	1,089
Fourth	52.9	23.3	20.9	57.7	4.3	1,347
Highest	51.3	28.8	24.0	54.0	6.1	1,628
Total	51.5	20.1	18.1	61.1	4.2	5,513

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

Table 13.4.2 Accepting attitudes toward those living with HIV/AIDS: Men

Among men age 15-49 who have heard of HIV/AIDS, percentage expressing accepting attitudes toward people with AIDS based on four specific indicators, by background characteristics, Azerbaijan 2006

Background characteristic	Percentage of men who: Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Percentage expressing accepting attitudes on all four indicators	Number of men who have heard of AIDS
Age						
15-24	22.7	9.3	10.6	55.4	0.1	412
15-19	21.9	9.0	11.9	58.0	0.1	148
20-24	23.1	9.4	9.8	53.9	0.1	264
25-29	28.9	6.9	7.8	65.6	0.8	252
30-39	24.2	5.1	7.7	61.3	0.4	514
40-49	23.8	9.6	10.3	59.7	1.0	539
Marital status						
Never married	22.3	8.7	9.9	57.3	0.5	522
Ever had sex	23.6	9.6	9.7	56.7	0.7	331
Never had sex	20.0	7.2	10.2	58.3	0.0	190
Married/living together	25.2	7.3	8.8	61.4	0.7	1,173
Divorced/separated/widowed	*	*	*	*	*	22
Residence						
Urban	20.5	8.4	10.1	54.8	0.4	1,119
Rural	31.7	6.6	7.5	69.7	0.8	598
Region						
Baku	13.1	9.1	13.0	46.9	0.0	685
Absheron	6.4	1.0	1.0	97.6	0.0	127
Ganja-Gazakh	66.0	10.5	8.4	16.8	2.5	190
Shaki-Zaqatala	24.7	14.9	17.8	50.9	1.7	124
Lankaran	12.7	6.5	7.8	86.7	0.8	91
Guba-Khachmaz	20.5	9.4	7.2	56.3	1.1	86
Aran	34.9	2.9	1.8	89.5	0.0	331
Yukhari Garabakh	22.7	2.9	10.2	84.8	0.6	36
Daghligh Shirvan	25.0	14.8	14.6	77.9	2.5	47
Education						
Basic secondary or less	27.4	8.8	6.4	55.6	0.7	159
Complete secondary	23.4	3.6	5.3	62.1	0.3	959
Secondary specialized	30.8	9.8	11.0	58.5	2.0	181
Higher	22.9	16.0	18.5	57.5	0.6	417
Wealth quintile						
Lowest	30.2	4.6	6.2	63.4	0.7	230
Second	32.1	4.6	5.4	70.1	0.5	280
Middle	31.8	8.2	6.6	57.7	0.7	331
Fourth	19.7	5.7	6.5	59.6	1.2	391
Highest	16.0	12.5	16.8	54.5	0.0	485
Total 15-49	24.4	7.8	9.2	60.0	0.6	1,717
50-59	28.4	9.2	10.8	63.4	0.3	269
Total 15-59	24.9	8.0	9.4	60.5	0.5	1,986

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

13.3 ATTITUDES TOWARDS NEGOTIATING SAFER SEX

Knowledge about HIV transmission and ways to prevent it are of little use if people feel powerless to negotiate safer sex practices with their partner. In an effort to assess the ability of women to negotiate safer sex with a spouse who has a sexually transmitted disease (STD), the 2006 AzDHS respondents were asked whether a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact.

Table 13.5 shows that 78 percent of women and 81 percent of men believe that a woman is justified in refusing to have sex with her husband if she knows he has an STD. The majority of respondents in all groups support a woman's right to refuse sex with a spouse who has an STD. However, there are differences by background characteristics. Older respondents, those who have ever married, and respondents with higher education are more likely to say that a woman can refuse sex

when her husband has an STD. Urban respondents also are more likely to be supportive of a woman's right to refuse sex with her husband when he has an STD. The proportion supporting a woman's right to negotiate safer sex varies considerably across regions. Among women, the percentage saying that a woman is justified in refusing sex with her husband when he has an STD ranges from a low of 66 percent in Lankaran to 84 percent in Shaki-Zaqatala and Daghligh Shirvan, while among men it ranges from 23 percent in Guba-Khachmaz to 99 percent in Yukhari Garabakh.

Table 13.5 Attitudes toward negotiating safer sexual intercourse with husband

Percentage of women and men age 15-49 who believe that if a husband has a sexually transmitted disease his wife is justified in refusing to have sexual intercourse with him, by background characteristics, Azerbaijan 2006

	Women		Men	
Background characteristic	Woman is justified in refusing to have sexual intercourse with husband	Number of women	Woman is justified in refusing to have sexual intercourse with husband	Number of men
Age				
15-24	63.5	2,875	64.8	738
15-19	54.3	1,531	52.4	382
20-24	73.9	1,344	78.1	356
25-29	83.2	1,100	88.7	293
30-39	85.8	2,168	89.4	588
40-49	84.7	2,301	89.7	627
Marital status				
Never married	60.2	2,608	67.2	848
Ever had sex	*	15	83.1	394
Never had sex	60.2	2,593	53.5	455
Married/living together	85.3	5,269	90.1	1,371
Divorced/separated/widowed	85.3	567	(73.4)	26
Residence				
Urban	80.5	4,772	87.4	1,274
Rural	73.7	3,672	73.3	971
Region				
Baku	82.7	2,560	96.6	699
Absheron	77.5	582	80.4	167
Ganja-Gazakh	70.3	1,148	84.2	281
Shaki-Zaqatala	84.1	589	83.4	153
Lankaran	65.5	706	65.9	188
Guba-Khachmaz	69.5	380	23.2	119
Aran	78.6	2,019	75.7	508
Yukhari Garabakh	74.4	204	98.5	56
Daghligh Shirvan	83.5	255	81.6	73
Education				
Basic secondary or less	67.6	1,815	61.1	345
Complete secondary	77.1	4,382	80.7	1,272
Secondary specialized	87.8	1,138	90.7	200
Higher	85.1	1,110	94.9	428
Total 15-49	77.6	8,444	81.3	2,245
50-59	na	na	92.3	313
Total 15-59	na	na	82.6	2,558

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

13.4 HIGHER-RISK SEX

Given that most HIV infections are contracted through heterosexual contact, information on sexual behavior is important in designing and monitoring intervention programs to control the spread of the epidemic. In the context of HIV/AIDS prevention, limiting the number of sexual partners and having protected sex are crucial to combating the epidemic.

The 2006 AzDHS included questions on respondents' sexual partners during the 12 months preceding the survey. For male respondents, an additional question was asked on whether they paid

for sex during the 12 months preceding the interview. Information on the use of condoms at the last sexual encounter with each type of partner was collected from both women and men. Finally, sexually active women and men were asked about the total number of partners they had during their lifetime. These questions are of course sensitive, and in interpreting the results in this section it is important to remember that respondents' answers are likely subject to at least some reporting bias.

13.4.1 Multiple Sexual Partners and Higher-Risk Sex

Table 13.6 presents several indicators based on information collected from men about their sexual partners during the 12-month period before the survey and over their lifetime. Data for women are not shown because of the small number of women involved in high-risk sexual intercourse or who had intercourse with more than one partner.

The first three indicators in Table 13.6 assess the prevalence of multiple partners among all men, and the prevalence of multiple partners and of higher-risk sexual intercourse among men who reported having intercourse during the 12 months prior to the survey. Higher-risk sex involves sexual intercourse with a partner who is neither a spouse nor a cohabiting partner. The fourth and fifth indicators relate to condom use during the last intercourse and during the last higher-risk sexual encounter, respectively. The sixth indicator, the mean number of sexual partners that a man has had during his lifetime, provides an assessment of lifetime exposure to one of the elements of higher-risk sex: multiple partners.

The table shows that, overall, 6 percent of men age 15-49 reported having had two or more sexual partners during the past 12 months. Among men age 15-49 who had sex in the previous 12 months, 8 percent report having had two or more sexual partners during the period. Sex with a nonmarital, noncohabiting partner is more common; almost a quarter of men who had sex in the 12 months before the survey report having had higher-risk intercourse.

The differentials presented in Table 13.6 suggest that higher-risk sex among men is concentrated in a limited number of population subgroups. First, the prevalence of higher-risk sex is virtually universal among never-married men. Looking at the other marital status categories, very few men who were currently in union (4 percent) reported higher-risk sexual encounters during the 12 months prior to the survey.

Because many respondents in the 15-24 age group are likely to be never-married, it is expected that higher-risk sex would be more prevalent in these cohorts than among older men. Indeed, 81 percent of men age 15-24 who had sexual intercourse during the 12-month period prior to the survey reported that they had engaged in higher-risk sex compared with 4 percent of men age 40-49. Considering the other variables in Table 13.6, higher-risk sex among men is most prevalent among those living in urban areas, those living in Guba-Khachmaz and Baku, those with a higher than secondary specialized education, and those in the highest wealth quintile.

As mentioned above, condom use is an important tool in the fight to curtail the spread of HIV/AIDS. Although truly effective protection would require condom use at every sexual encounter, the most important sexual encounters to cover are those considered to be "higher risk," i.e., sex with a nonmarital, noncohabitating partner in the 12 months preceding the survey. Table 13.6 shows that, among men reporting they engaged in higher-risk sex during the 12-month period prior to the survey, three in ten said that a condom was used during their last higher-risk sexual encounter. Among men who engaged in higher-risk sex, condom use is highest among urban residents and those in the highest wealth quintile.

Finally, Table 13.6 shows that men who have ever been sexually active report having an average (mean number) of 4.5 lifetime sexual partners, about five times the average reported by women who have ever been sexually active (1.0 partners) (data not shown). The mean number of sexual partners for men increases with age and is higher among urban than rural residents. The mean number of lifetime partners among men is highest in Baku (7.3) and Lankaran (6.2) and lowest in Ganja-Gazakh and Yukhari Garabakh (2.1 each).

Table 13.6 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Men

Among all men age 15-49, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months; and among men age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months, and among those who had more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse; and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, and among men who ever had sexual intercourse, the mean number of sexual partners during their lifetime, by background characteristics, Azerbaijan 2006

	Among all men		Among men who had sexual intercourse in the past 12 months:			Among men who had 2+ partners in the past 12 months:		Among men who had higher risk intercourse in the past 12 months:		Among men who ever had sexual intercourse and who reported the number of sexual partners in lifetime	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Number of men	Percentage who had 2+ partners in the past 12 months	Percentage who had higher-risk intercourse in the past 12 months[1]	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Percentage who reported using a condom at last higher-risk intercourse[1]	Number of men	Mean number of sexual partners in lifetime	Number of men
Age											
15-24	9.0	738	25.0	80.6	266	28.6	67	31.1	215	3.6	179
15-19	2.9	382	(25.2)	(96.2)	44	*	11	(32.7)	43	(3.3)	33
20-24	15.6	356	25.0	77.5	222	25.9	56	30.7	172	3.6	146
25-29	9.5	293	10.4	36.3	268	(24.5)	28	25.5	97	5.7	130
30-39	5.6	588	5.7	14.5	571	(18.4)	33	30.9	83	4.8	221
40-49	1.5	627	1.5	3.5	614	*	9	*	22	4.4	218
25-49	4.6	1,507	4.8	13.9	1,453	23.5	70	28.4	202	4.8	569
Marital status											
Never married	10.0	848	24.7	98.4	344	32.2	85	29.8	338	5.4	189
Married/living together	3.3	1,371	3.4	4.4	1,354	(14.6)	46	35.6	60	4.3	549
Divorced/separated/widowed	(23.9)	26	*	*	22	*	6	*	19	*	9
Residence											
Urban	6.9	1,274	8.7	26.8	1,007	21.2	87	33.3	270	5.4	330
Rural	5.1	971	6.9	20.6	712	(34.6)	49	23.4	147	3.8	418
Region											
Baku	8.7	699	10.6	29.9	572	17.5	61	38.3	171	(7.3)	53
Absheron	0.3	167	0.5	23.5	128	*	1	(35.6)	30	5.0	127
Ganja-Gazakh	6.3	281	7.9	17.1	225	*	18	(0.0)	39	(2.1)	51
Shaki-Zaqatala	1.3	153	2.1	7.5	97	*	2	*	7	2.7	92
Lankaran	4.2	188	6.1	24.1	128	*	8	(35.8)	31	6.2	45
Guba-Khachmaz	3.1	119	4.1	30.5	88	*	4	7.8	27	3.5	59
Aran	8.1	508	10.4	25.2	394	(41.7)	41	28.6	99	5.2	263
Yukhari Garabakh	2.1	56	3.0	13.2	39	*	1	*	5	(2.1)	10
Daghligh Shirvan	2.6	73	3.9	14.9	48	*	2	*	7	2.7	47
Education											
Basic secondary or less	6.0	345	11.5	26.8	181	*	21	19.3	49	3.4	116
Complete secondary	6.1	1,272	8.1	23.1	967	31.7	78	35.4	223	4.6	428
Secondary specialized	2.5	200	2.7	13.8	185	*	5	*	26	5.6	83
Higher	7.6	428	8.4	30.9	387	(18.2)	33	24.4	120	4.6	121
Wealth quintile											
Lowest	4.4	410	6.0	14.6	301	*	18	(16.1)	44	4.5	178
Second	6.7	433	9.2	24.4	314	*	29	24.7	77	3.8	155
Middle	6.0	452	8.0	25.0	340	(31.2)	27	23.7	85	4.1	185
Fourth	5.5	451	7.1	22.2	350	*	25	35.8	78	4.7	147
Highest	7.5	499	9.0	32.2	415	(20.2)	37	37.5	134	6.9	83
Total 15-49	6.1	2,245	7.9	24.2	1,720	26.0	137	29.8	417	4.5	748
50-59	1.5	313	1.7	4.2	284	*	5	*	12	5.6	112
Total 15-59	5.5	2,558	7.1	21.4	2,003	25.1	141	29.9	428	4.7	860

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
[1] Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

13.4.2 Paid Sex

Paid sex is considered a special category of higher-risk sex. Male respondents in the 2006 AzDHS were asked whether they had paid money in exchange for sex in the past 12 months or if any of their last three partners in the past 12 months was a commercial sex worker.

Seven percent of men had engaged in paid sex in the year before the survey (Table 13.7). The highest percentages of men reporting that they had engaged in paid sex are observed among men age 20-24 (20 percent), those who never married (15 percent), men residing in Baku (9 percent) and Lankaran (8 percent), and men in the highest wealth quintile (9 percent).

Nearly half of men who engaged in paid sex used a condom the last time they paid for sex (data not shown).

Table 13.7 Payment for sexual intercourse: Men

Percentage of men age 15-49 reporting payment for sexual intercourse in the past 12 months, by background characteristics, Azerbaijan 2006

Background characteristic	Percentage of men who paid for sexual intercourse in the past 12 months	Number of men
Age		
15-24	11.6	738
15-19	4.0	382
20-24	19.7	356
25-29	8.3	293
30-39	5.0	588
40-49	1.0	627
Marital status		
Never married	14.5	848
Married/living together	1.2	1,371
Divorced/separated/widowed	(24.5)	26
Residence		
Urban	7.0	1,274
Rural	5.7	971
Region		
Baku	8.7	699
Absheron	2.7	167
Ganja-Gazakh	4.2	281
Shaki-Zaqatala	0.7	153
Lankaran	8.3	188
Guba-Khachmaz	4.1	119
Aran	7.8	508
Yukhari Garabakh	3.3	56
Daghligh Shirvan	6.0	73
Education		
Basic secondary or less	7.8	345
Complete secondary	6.1	1,272
Secondary specialized	4.6	200
Higher	7.2	428
Wealth quintile		
Lowest	4.1	410
Second	6.0	433
Middle	6.0	452
Fourth	6.2	451
Highest	9.3	499
Total 15-49	6.5	2,245
50-59	2.0	313
Total 15-59	5.9	2,558

Note: Figures in parentheses are based on 25-49 unweighted cases.

13.5 TESTING FOR HIV

Knowledge of HIV status helps HIV-negative individuals make specific decisions to reduce the risk of contracting HIV and increase the use of safer sex practices to remain disease free. For those who are HIV positive, knowledge of their status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future. In the 2006 AzDHS, respondents were asked whether they knew of a place to get tested for HIV.

Table 13.8 shows that 35 percent of women and 40 percent of men said that they knew of a place where one can get an HIV test. Among both women and men, the proportions who know of a place to get tested are higher than the national average among those age 25 and above, among those who are currently married or living together, among respondents with secondary specialized and higher education, and among those in the fourth and highest wealth quintiles. Considering residence, urban women and men are more likely to know where a person can get an HIV test than rural respondents. Furthermore, women living in Baku (54 percent) and men living in Absheron (69 percent) are most likely to know where to get an HIV test, while women in Lankaran (9 percent) and

men in Ganja-Gazakh and Lankaran (23 percent each) are least likely to know where to get an HIV test.

Table 13.8 Knowledge of where to get an HIV test

Percentage of women and men age 15-49 who know where to get an HIV test, by background characteristics, Azerbaijan 2006

Background characteristic	Women: Percentage reporting knowing where to get an HIV test	Women: Number of women	Men: Percentage reporting knowing where to get an HIV test	Men: Number of men
Age				
15-24	27.7	2,875	22.4	738
15-19	22.3	1,531	11.9	382
20-24	33.9	1,344	33.7	356
25-29	40.2	1,100	44.9	293
30-39	37.0	2,168	47.6	588
40-49	39.4	2,301	49.4	627
Marital status				
Never married	31.3	2,608	27.6	848
Ever had sex	*	15	43.5	394
Never had sex	31.2	2,593	13.7	455
Married/living together	36.4	5,269	46.7	1,371
Divorced/separated/widowed	37.4	567	(50.4)	26
Residence				
Urban	43.9	4,772	47.1	1,274
Rural	23.2	3,672	29.5	971
Region				
Baku	54.2	2,560	49.7	699
Absheron	26.8	582	68.8	167
Ganja-Gazakh	23.8	1,148	22.6	281
Shaki-Zaqatala	43.0	589	46.0	153
Lankaran	8.9	706	23.3	188
Guba-Khachmaz	30.5	380	46.6	119
Aran	27.7	2,019	26.5	508
Yukhari Garabakh	34.3	204	56.1	56
Daghligh Shirvan	26.7	255	33.5	73
Education				
Basic secondary or less	17.0	1,815	21.8	345
Complete secondary	29.8	4,382	31.7	1,272
Secondary specialized	53.5	1,138	47.4	200
Higher	65.2	1,110	73.3	428
Wealth quintile				
Lowest	18.2	1,550	23.5	410
Second	23.9	1,649	30.6	433
Middle	31.4	1,707	35.0	452
Fourth	44.5	1,719	46.1	451
Highest	53.4	1,819	58.4	499
Total 15-49	34.9	8,444	39.5	2,245
50-59	na	na	46.7	313
Total 15-59	na	na	40.4	2,558

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

13.6 Reports of Recent Sexually Transmitted Infections

Information about the incidence of sexually transmitted infections (STIs) is not only useful as a marker of unprotected sexual intercourse but also as a cofactor for HIV transmission. The 2006 AzDHS asked respondents who had ever had sex whether they had had an STI in the past 12 months. They were also asked whether, in the past year, they had experienced a genital sore or ulcer, and whether they had any genital discharge. These symptoms have been shown to be useful in identifying STIs in men. They are less easily interpreted in women because women are likely to experience more non-STI conditions of the reproductive tract that produce a discharge.

Only 5 percent of women and 1 percent of men who have ever been sexually active had reported an STI and/or STI symptoms in the 12 months prior to the survey. It is likely that these figures, which are quite low, underestimate the actual prevalence of STIs among the sexually active population in Azerbaijan (data not shown).

13.7 INJECTIONS

Injection overuse in a health care setting can contribute to the transmission of blood-borne pathogens because it amplifies the effect of unsafe practices such as reuse of injection equipment. Thus, the proportion of injections given with reused injection equipment is an important prevention indicator in an initiative to control the spread of HIV/AIDS.

Table 13.9 presents data on the prevalence of injections among respondents. Respondents were asked if they had had any injections given by a health worker in the 12 months preceding the survey, and if so, the number of injections they had received and whether their last injection was given with a syringe from a new, unopened package. It should be noted that medical injections can be self-administered (e.g., insulin for diabetes). These injections were not included in the calculation.

Women are more likely than men to report receiving at least one injection in the past year (26 percent and 12 percent, respectively). The average number of injections received from a health provider was 7.3 among women and 2.4 among men.

Table 13.9 shows that the largest variations in the injection prevalence indicator are across regions. Among women, for example, the percentage reporting they had received at least one injection from a health worker during the past 12 months varies from 7 percent in Guba-Khachmaz to 40 percent in Daghligh Shirvan. Urban residents are somewhat more likely than rural residents to have received at least one injection from a health provider, although the differential is greater for women than for men. Among women, the percentage receiving at least one injection from a health provider increases steadily with level of education; among men the pattern is unclear. Similarly, among women, the proportion who received a medical injection in the past year generally increases with wealth. Among men, however, the association between wealth and receipt of an injection is not consistent.

The majority of recent injections (94 percent among women and 93 percent among men) were given with a needle and syringe taken from a newly opened package. Women living in Shaki-Zaqatala (68 percent) are the least likely to report that the injection was given using a needle and syringe from a previously unopened package.

Table 13.9 Prevalence of medical injections

Percentage of women and men age 15-49 who received at least one medical injection in the past 12 months, the average number of medical injections per person in the past 12 months, and among those who received a medical injection, the percentage for whom the syringe and needle used for the last medical injection were taken from a new, unopened package, by background characteristics, Azerbaijan 2006

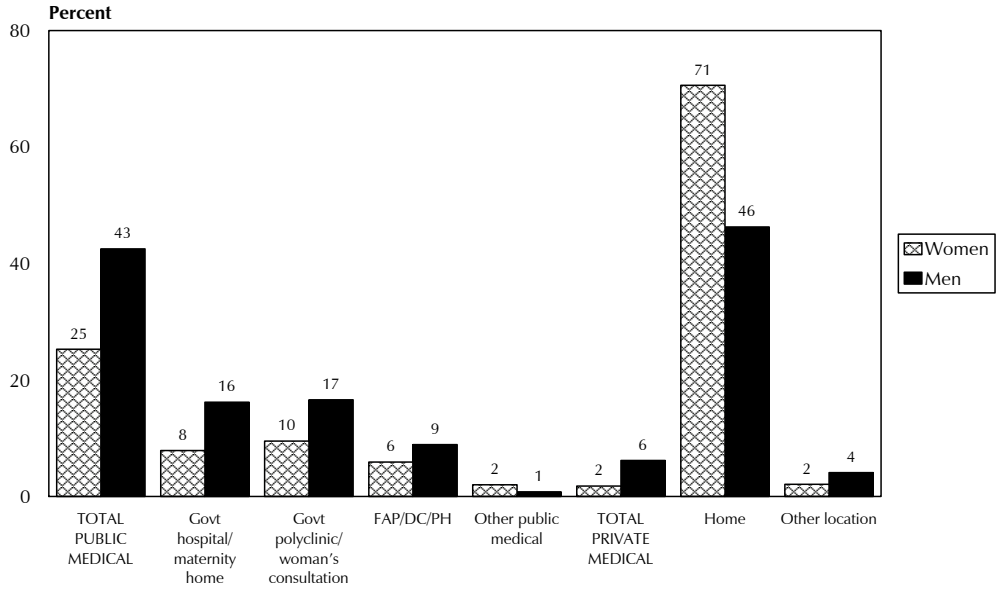
	Women					Men				
Background characteristic	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the past 12 months	Number of women	For last injection, syringe and needle taken from a new, unopened package	Number of women receiving medical injections in the past 12 months	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the past 12 months	Number of men	For last injection, syringe and needle taken from a new, unopened package	Number of men receiving medical injections in the past 12 months
Age										
15-24	22.9	5.2	2,875	95.8	657	8.6	1.4	738	84.1	63
15-19	18.1	3.0	1,531	96.1	277	8.8	1.5	382	(78.4)	34
20-24	28.3	7.6	1,344	95.7	380	8.3	1.4	356	(90.6)	29
25-29	26.0	7.3	1,100	93.7	286	9.8	1.2	293	(100.0)	29
30-39	26.1	7.1	2,168	93.5	567	15.4	2.9	588	94.0	90
40-49	28.9	10.0	2,301	93.5	666	13.6	3.5	627	94.9	85
Residence										
Urban	27.6	7.5	4,772	95.2	1,317	10.8	1.8	1,274	96.5	138
Rural	23.4	7.0	3,672	92.8	858	13.3	3.2	971	88.4	130
Region										
Baku	28.1	6.7	2,560	97.6	718	8.6	1.2	699	(100.0)	60
Absheron	24.0	7.6	582	91.7	140	18.4	3.2	167	(100.0)	31
Ganja-Gazakh	37.1	10.6	1,148	96.6	426	7.8	1.7	281	*	22
Shaki-Zaqatala	23.5	5.3	589	68.3	138	16.3	2.7	153	(91.0)	25
Lankaran	15.5	5.3	706	86.9	109	16.9	4.8	188	(90.9)	32
Guba-Khachmaz	7.1	1.4	380	85.7	27	0.0	0.0	119	*	0
Aran	22.8	7.8	2,019	96.9	461	15.4	3.3	508	88.1	78
Yukhari Garabakh	25.7	8.0	204	95.9	52	14.9	3.6	56	(89.1)	8
Daghligh Shirvan	40.4	10.3	255	97.2	103	15.5	4.0	73	(88.8)	11
Education										
Basic secondary or less	22.7	6.6	1,815	94.2	411	11.4	2.6	345	(78.1)	39
Complete secondary	24.8	7.2	4,382	93.9	1,085	12.9	2.6	1,272	94.1	164
Secondary specialized	29.7	8.3	1,138	92.7	337	12.8	3.1	200	(95.8)	26
Higher	30.8	7.3	1,110	96.9	342	9.0	1.1	428	(98.7)	38
Wealth quintile										
Lowest	22.2	7.1	1,550	91.0	344	13.2	4.0	410	88.7	54
Second	24.8	7.4	1,649	95.7	408	12.6	2.4	433	87.6	55
Middle	23.7	6.5	1,707	91.3	405	15.1	3.3	452	94.5	68
Fourth	29.4	8.1	1,719	95.3	505	11.4	1.4	451	93.8	52
Highest	28.2	7.2	1,819	96.6	514	7.8	1.1	499	(100.0)	39
Total 15-49	25.8	7.3	8,444	94.3	2,176	11.9	2.4	2,245	92.6	268
Total 15-59	na	na	na	na	na	12.4	2.5	2,558	92.2	318

Note: Medical injections are those given by a doctor, nurse, pharmacist, dentist, or other health worker. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

Figure 13.2 shows that a large proportion of respondents (71 percent of women and 46 percent of men) received their last injection at home, while 25 percent of women and 43 percent of men received their last injection at a public sector facility, mostly at a government hospital or maternity home, at a government polyclinic or a woman's consultation facility, or at an FAP/DC/PH facility.[2]

[2] FAP = Feldsher Accoucher Post; DC = Doctors Ambulatory Clinic; PH = Peripheral Hospital

Figure 13.2 **Type of facility where last medical injection was received**



AzDHS 2006

More than nine in ten women (95 percent) and men (91 percent) who received their last injection in a public facility reported that the injection was given with a syringe and needle taken from a new, unopened package. A somewhat lower proportion of women (85 percent) and men (90 percent) who received their last injection in a private facility reported that the injection was given with a syringe and needle taken from a new, unopened package (data not shown).

The 2006 AzDHS results suggest that the great majority of medical injections comply with safe injection practices, which confirms that they are not a major factor in the transmission of HIV. Indeed, the most common mode of transmission of HIV in Azerbaijan is through IV drug use (MOH, 2006).

13.8 HIV/AIDS-Related Knowledge and Behavior among Youth

Knowledge of HIV/AIDS issues and related sexual behavior among youth age 15-24 is of particular interest because the period between sexual initiation and marriage is for many young people a time of sexual experimentation that may involve high-risk behaviors. This section considers a number of issues that relate to both transmission and prevention of HIV/AIDS among youth, including the extent to which youth have comprehensive knowledge of HIV/AIDS transmission and prevention modes and knowledge of a source where they can obtain condoms. Issues such as abstinence, age at sexual debut, age differences between partners, and condom use are also covered in this section.

13.8.1 Knowledge about HIV/AIDS and Source for Condoms

Knowledge of how HIV is transmitted is crucial to enabling young people to avoid AIDS. Young people are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviors. As discussed earlier, comprehensive knowledge is defined as knowing that: 1) people can reduce their chances of getting the AIDS virus by having sex with only one uninfected, faithful partner and by using condoms consistently; 2) a healthy-looking person can have the AIDS virus; and 3) HIV cannot be transmitted by mosquito bites and by kissing someone who is infected with the AIDS virus.

Table 13.10 shows that only 5 percent of women and men age 15-24 know all of these facts about HIV/AIDS. The level of comprehensive knowledge about HIV/AIDS increases with age in the youth population. Among young men, comprehensive knowledge is substantially higher among those who have never married and those who have ever had sex, compared with other groups.

As expected, comprehensive HIV/AIDS knowledge is much more common among urban than rural youth. Among young women, the level of comprehensive knowledge ranges from a low of 1 percent in Lankaran and Daghligh Shirvan to a high of 9 percent in Baku. Among young men, comprehensive knowledge is lowest in Aran (less than 1 percent) and highest in Guba-Khachmaz (11 percent). Young women and men with a higher than secondary specialized education are substantially more likely to have comprehensive knowledge of HIV/AIDS, compared with those with basic secondary or less education. Comprehensive knowledge of HIV/AIDS increases steadily with wealth quintile for both young women and men.

Table 13.10 Comprehensive knowledge about AIDS and of a source of condoms among youth

Percentage of young women and young men age 15-24 with comprehensive knowledge about AIDS and percentage who know a source of condoms, by background characteristics, Azerbaijan 2006

	Women 15-24			Men 15-24		
Background characteristic	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a condom source[2]	Number of women	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a condom source[2]	Number of men
Age						
15-19	3.1	24.0	1,531	2.1	43.6	382
15-17	1.8	20.4	887	1.3	37.1	291
18-19	4.9	29.0	645	4.8	64.3	91
20-24	6.7	44.0	1,344	8.8	77.0	356
20-22	7.0	41.4	809	6.2	76.5	230
23-24	6.4	48.0	535	13.4	78.0	126
Marital status						
Never married	5.5	30.6	1,992	5.3	59.0	683
Ever had sex	*	*	6	12.3	83.3	248
Never had sex	5.5	30.7	1,986	1.3	45.1	435
Ever married	3.3	39.5	883	5.5	69.0	55
Residence						
Urban	7.0	47.4	1,590	6.8	73.7	405
Rural	2.1	16.1	1,285	3.5	42.6	332
Region						
Baku	8.5	61.0	870	8.8	91.2	223
Absheron	8.2	37.5	197	2.2	74.8	56
Ganja-Gazakh	2.1	21.4	425	7.0	36.4	85
Shaki-Zaqatala	7.0	52.3	194	5.6	50.0	50
Lankaran	1.1	10.9	244	2.0	35.0	81
Guba-Khachmaz	3.1	28.2	124	10.7	55.4	35
Aran	2.4	9.8	660	0.8	39.4	161
Yukhari Garabakh	3.1	28.7	66	8.8	86.0	19
Daghligh Shirvan	1.3	18.5	94	4.5	44.0	29
Education						
Basic secondary or less	0.9	17.7	859	2.0	36.6	191
Complete secondary	2.6	28.0	1,363	3.0	59.9	407
Secondary specialized	6.1	60.5	289	*	*	19
Higher	21.1	69.2	364	19.5	93.9	120
Wealth quintile						
Lowest	1.2	12.2	486	2.3	35.4	135
Second	2.3	16.0	606	2.3	44.6	151
Middle	2.6	26.6	561	4.9	42.8	145
Fourth	4.3	45.3	596	2.0	81.3	150
Highest	12.4	61.4	627	14.4	90.1	157
Total	4.8	33.4	2,875	5.3	59.7	738

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

[1] Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention. The components of comprehensive knowledge are presented in Tables 13.2, 13.3.1, and 13.3.2.

[2] Friends, family members, and home are not considered sources for condoms.

Because of the important role that condoms play in combating the transmission of HIV, respondents were asked whether they knew where condoms could be obtained. Only responses about "formal" sources were counted, so friends and family and other similar sources were not included.

As shown in Table 13.10, young men are more likely than young women to know where to obtain a condom (60 percent and 33 percent, respectively). Among either sex, knowledge of a condom source increases significantly with age. Similarly with comprehensive knowledge about HIV/AIDS, young men who never married and who have ever had sex are much more knowledgeable about a condom source than other young men. Among young women, the knowledge of a condom source is higher among those who ever married than among the never-married group. Among both young women and men, those in urban areas are much more likely than those in rural areas to know of a condom source. Among young women, knowledge of a condom source is lowest in Aran (10 percent) and highest in Baku (61 percent), while for men it is lowest in Lankaran (35 percent) and highest in Baku (91 percent). Consistent with the patterns observed for other indicators, youth who are better educated and live in wealthier households are more likely than other youth to know a source of condoms.

13.8.2 Age at First Sex and Condom Use at First Sexual Intercourse

Information from the 2006 AzDHS can be used to look at several important issues relating to the initiation of sexual activity among youth, including age at first sex and condom use at first sexual intercourse.

Table 13.11 shows the proportions of women and men in the 15-24 age cohort who had sex before age 15 and before age 18. About 1 percent of young women and young men had sex before age 15 while 12 percent of young women and 24 percent of young men had sex before age 18.

There is little variation in the proportion of young people reporting that they had sex before age 15 by background characteristics. All women who had sex before age 15 and age 18 were married at the time of the survey (although they may have initiated sex before marriage). Among young women, the proportion who had sexual intercourse before age 18 is higher among those women who do not know of a condom source, and rural women. Furthermore, the percentage of young women who had sex before age 18 decreases with increasing level of education and wealth. The opposite patterns are generally observed among young men. By region, young women residing in Guba-Khachmaz (4 percent) are the least likely to have had sex before age 18, while young women residing in Lankaran (18 percent) are the most likely to do so. Regional variation among men is not meaningful because of the small number of young men age 15-24 who initiated sexual activity at an early age in each region.

To assess the extent of condom use from the beginning of sexual exposure, respondents age 15-24 were asked whether they had used condoms the first time they had sex. Only 1 percent of young women and 27 percent of young men used condoms during their first sexual encounter (data not shown).

Table 13.11 Age at first sexual intercourse among youth

Percentage of young women and young men age 15-24 who had sexual intercourse before age 15 and percentage of young women and of young men age 18-24 who had sexual intercourse before age 18, by background characteristics, Azerbaijan 2006

Background characteristic	Women 15-24		Women 18-24		Men 15-24		Men 18-24	
	Percentage who had sexual intercourse before age 15	Number of women	Percentage who had sexual intercourse before age 18	Number of women	Percentage who had sexual intercourse before age 15	Number of men	Percentage who had sexual intercourse before age 18	Number of men
Age								
15-19	0.4	1,531	na	na	0.6	382	na	na
15-17	0.2	887	na	na	0.5	291	na	na
18-19	0.6	645	12.0	645	1.1	91	28.9	91
20-24	0.7	1,344	11.5	1,344	0.6	356	22.1	356
20-22	0.9	809	11.5	809	0.9	230	17.7	230
23-24	0.3	535	11.4	535	0.0	126	30.1	126
Marital status								
Never married	0.0	1,992	0.0	1,138	0.6	683	25.4	392
Ever married	1.7	883	27.2	850	0.0	55	9.4	54
Knows condom source[1]								
Yes	0.2	960	8.9	779	0.5	440	29.4	333
No	0.7	1,916	13.4	1,210	0.8	297	6.2	114
Residence								
Urban	0.4	1,590	8.9	1,065	0.7	405	30.7	251
Rural	0.6	1,285	14.8	923	0.4	332	14.1	196
Region								
Baku	0.3	870	8.2	557	0.9	223	45.7	141
Absheron	0.0	197	10.5	138	0.0	56	4.4	34
Ganja-Gazakh	0.9	425	16.2	307	0.0	85	(10.8)	52
Shaki-Zaqatala	0.0	194	7.0	132	0.0	50	(5.9)	22
Lankaran	0.6	244	18.4	165	0.0	81	12.6	46
Guba-Khachmaz	0.0	124	4.2	95	0.0	35	(9.7)	25
Aran	0.8	660	12.6	488	1.5	161	20.0	98
Yukhari Garabakh	0.6	66	13.3	43	0.0	19	(19.2)	11
Daghligh Shirvan	1.0	94	16.5	63	0.0	29	(11.2)	15
Education								
Basic secondary or less	1.4	859	24.1	448	1.2	191	13.1	61
Complete secondary	0.2	1,363	12.1	924	0.0	407	15.4	253
Secondary specialized	0.0	289	3.4	265	*	19	*	16
Higher	0.0	364	0.7	351	1.7	120	43.9	116
Wealth quintile								
Lowest	1.5	486	16.4	329	1.0	135	12.4	79
Second	0.3	606	15.3	429	0.0	151	17.7	76
Middle	0.6	561	11.9	388	0.7	145	8.7	88
Fourth	0.4	596	9.6	416	0.0	150	20.5	101
Highest	0.0	627	6.0	426	1.3	157	52.3	102
Total 15-24	0.5	2,875	11.6	1,988	0.6	738	23.5	447

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
na = Not available
[1] Friends, family members, and home are not considered sources for condoms.

13.8.3 Recent Sexual Activity

The period between age at first sex and age at marriage is often a time of sexual experimentation. Unfortunately, in the era of HIV/AIDS, it can also be a risky time.

Almost all never-married young women and more than six in ten young men reported that they had never had sex. On the other hand, 31 percent of young men reported recent sexual activity, i.e., in the 12 months preceding the survey. Three in ten never-married young men who reported recent sexual activity, reported using a condom the last time they had sex (data not shown).

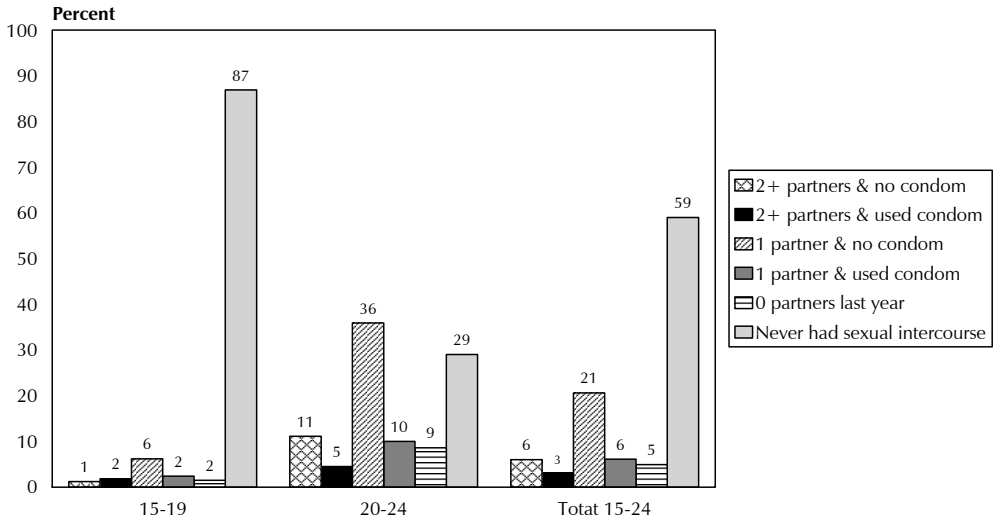
13.8.4 Higher-Risk Sex

To prevent HIV/AIDS transmission, it is important that young people practice safe sex through the much-advocated ABC method (abstinence, being faithful to one uninfected partner, and condom use). Among sexually active men age 15-24, 81 percent engaged in higher-risk sexual activity in the past 12 months—that is, having had sex with a nonmarital, noncohabiting partner.

About a third (31 percent) of these men reported condom use in their last higher-risk encounter (data not shown).

Figure 13.3 shows the proportion of young men who practice abstinence, being faithful and condom use (ABC) in Azerbaijan. Overall, six in ten (59 percent) young men age 15-24 have never had sex. Another 5 percent of young men did not have sex in the past 12 months. About one in five young men (21 percent) had sex with only one partner in the past year but did not use a condom the last time they had sex. It must be noted that 6 percent of young men had sex with more than one partner in the past 12 months and did not use a condom. Data on young women are not shown due to the low number of cases of women engaged in sex in the last 12 months.

Figure 13.3 **Abstinence, being faithful, and condom use (ABC) among young men**



AzDHS 2006

ADULT HEALTH 14

Azerbaijan, like other countries in epidemiological transition, is facing an increase in non-communicable diseases, obesity, and other conditions connected with a sedentary lifestyle and rapid urbanization, combined with new and re-emerging infectious diseases such as HIV/AIDS, avian influenza, tuberculosis, and malaria. This imposes upon Azerbaijan a double burden of diseases typical for both developed and developing societies. The average life expectancy of a person born in Azerbaijan in 2005 was 75 years for women and 70 years for men[1] (SSC, 2006a). The major causes of death are similar to those of industrialized countries: cardiovascular disease, cancer, and accidents. This chapter presents information on various aspects of adult health in Azerbaijan.

14.1 HEALTH INSURANCE

The government of Azerbaijan is currently undertaking health sector reforms and is committed to decreasing out-of-pocket payments and to increasing motivation of health care providers to offer better quality of care. One of the options the government is considering is establishing a health insurance fund. At present, health insurance is not mandatory; however, in some cases, health insurance is provided through an employer, or it may be purchased independently. Those individuals belonging to health insurance plans have specific health facilities where they receive services. Thus, any services these individuals receive through public sector facilities are not covered by insurance plans.

The 2006 AzDHS obtained information from all respondents regarding whether or not they were covered by an insurance plan. As expected, the results confirm that the level of health insurance coverage is very low: almost all women and the great majority of men reported they were not covered by health insurance. Less than 1 percent of women and 5 percent of men have any type of health insurance. Most insurance is provided by an employer (data not shown).

14.2 TUBERCULOSIS

Tuberculosis is caused by bacteria called *Mycobacterium tuberculosis.* The disease usually affects the lungs, although other organs are involved in up to one-third of cases. If properly treated, tuberculosis caused by drug-susceptible strains is curable in virtually all cases. If untreated, more than half the cases may be fatal within five years. Transmission is usually airborne through the spread of droplets produced when patients with infectious pulmonary tuberculosis cough.

Tuberculosis is a major global health problem and is currently responsible for the deaths of about two million people each year. Of great public health concern in countries of the former Soviet Union is the increasing prevalence of tuberculosis caused by strains of bacteria that are resistant to all major antituberculosis drugs.

Tuberculosis is a significant public health problem in Azerbaijan. According to official country statistics, the registered number of cases of active tuberculosis was 11,999 (159 per 100,000 population) in 1995, compared with 5,320 cases (64 per 100,000 population) in 2005. However, the number of new cases of tuberculosis in 1995 was 2,986 (40 per 100,000 population) and in 2005 it had risen to 3,666 new cases (44 per 100,000 population) (SSC, 2006b).

[1] These statistics on life expectancy are based on data from the national registration system provided by the State Statistical Committee. The figures may be overestimated because the infant mortality rate—which is a primary determinant of life expectancy at birth—that was obtained from the 2006 Azerbaijan Demographic and Health Survey is significantly higher than the official infant mortality rate obtained from the registration system (see Chapter 9).

In the AzDHS, women and men were asked a series of questions about their knowledge of tuberculosis, its mode of transmission, and treatment. This section summarizes the information at the national level and for geographic and socioeconomic subgroups of the population.

14.2.1 Knowledge of Tuberculosis

As shown in Tables 14.1.1 and 14.1.2, there is a high degree of awareness of tuberculosis among the Azerbaijani population: 97 percent of women and 96 percent of men have heard of tuberculosis. Among both women and men, the level of awareness of tuberculosis exceeds 90 percent in most subgroups. The lowest awareness rates are observed among men in Lankaran (81 percent) and Absheron (87 percent).

Table 14.1.1 Knowledge of and attitudes toward tuberculosis: Women

Percentage of women age 15-49 who have heard of tuberculosis (TB), and among women who have heard of TB, the percentage who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would not want to keep secret that a family member has TB, by background characteristics, Azerbaijan 2006

	All women		Women who have heard of TB			
Background characteristic	Percentage who have heard of TB	Number of women	Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would not want a family member's TB kept secret	Number of women
Age						
15-19	94.1	1,531	72.0	63.3	56.3	1,440
20-24	96.0	1,344	75.8	72.4	61.8	1,291
25-29	98.3	1,100	80.6	73.4	65.4	1,082
30-34	98.7	1,008	79.2	76.8	62.0	995
35-39	98.4	1,160	80.5	76.8	71.4	1,142
40-44	98.6	1,319	82.3	78.4	67.2	1,300
45-49	99.0	982	79.8	82.4	71.6	972
Residence						
Urban	98.4	4,772	81.6	79.9	59.7	4,695
Rural	96.0	3,672	74.0	66.6	71.4	3,526
Region						
Baku	99.0	2,560	82.7	84.1	51.7	2,536
Absheron	96.9	582	85.6	86.6	58.9	564
Ganja-Gazakh	96.2	1,148	76.6	58.2	83.4	1,105
Shaki-Zaqatala	98.9	589	72.4	77.6	85.3	582
Lankaran	95.3	706	78.6	73.7	79.4	673
Guba-Khachmaz	94.9	380	78.4	81.7	46.2	361
Aran	96.6	2,019	77.1	64.5	65.2	1,950
Yukhari Garabakh	98.3	204	67.5	76.3	64.1	201
Daghligh Shirvan	97.7	255	56.8	73.3	61.7	249
Education						
Basic secondary or less	93.4	1,815	68.1	60.0	64.2	1,694
Complete secondary	98.1	4,382	77.8	73.0	65.6	4,299
Secondary specialized	98.6	1,138	82.9	85.1	64.4	1,122
Higher	99.7	1,110	91.3	89.5	62.2	1,107
Wealth quintile						
Lowest	94.6	1,550	69.2	58.9	70.2	1,466
Second	96.6	1,649	73.8	69.4	71.2	1,593
Middle	97.4	1,707	80.4	73.6	67.6	1,663
Fourth	98.5	1,719	81.9	80.7	59.3	1,694
Highest	99.2	1,819	84.5	85.2	56.9	1,805
Total	97.4	8,444	78.3	74.2	64.7	8,221

Table 14.1.2 Knowledge and attitudes concerning tuberculosis: Men

Percentage of men age 15-49 who have heard of tuberculosis (TB), and among men who have heard of TB, the percentage who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would not want to keep secret that a family member has TB, by background characteristics, Azerbaijan 2006

	All men		Men who have heard of TB			
Background characteristic	Percentage who have heard of TB	Number of men	Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would not want a family member's TB kept secret	Number of men
Age						
15-19	87.5	382	60.5	58.7	58.4	334
20-24	94.0	356	65.2	71.5	59.0	334
25-29	95.9	293	74.1	76.6	66.3	281
30-34	99.3	279	72.9	73.5	64.3	277
35-39	98.7	309	72.4	70.3	58.1	305
40-44	98.3	312	71.8	74.3	60.1	307
45-49	99.7	315	77.9	82.3	63.3	314
Residence						
Urban	96.6	1,274	77.2	73.4	63.7	1,231
Rural	94.9	971	61.4	70.7	57.9	921
Region						
Baku	99.3	699	83.7	76.5	66.3	694
Absheron	86.7	167	93.6	81.4	92.1	145
Ganja-Gazakh	97.8	281	43.4	39.7	2.8	275
Shaki-Zaqatala	97.8	153	92.6	87.8	84.6	150
Lankaran	81.1	188	59.6	76.6	93.7	152
Guba-Khachmaz	97.0	119	82.3	83.3	34.2	116
Aran	97.6	508	53.1	70.3	64.0	496
Yukhari Garabakh	97.4	56	95.6	98.2	88.5	55
Daghligh Shirvan	94.6	73	56.8	71.0	59.2	69
Education						
Basic secondary or less	90.8	345	57.0	62.9	52.3	313
Complete secondary	95.8	1,272	67.4	68.8	60.5	1,219
Secondary specialized	98.3	200	76.0	78.8	64.6	196
Higher	98.8	428	86.5	85.9	68.4	423
Wealth quintile						
Lowest	95.0	410	57.8	64.2	53.8	390
Second	95.0	433	63.5	74.9	59.8	411
Middle	94.3	452	64.3	67.2	58.6	426
Fourth	95.9	451	78.5	73.9	65.3	432
Highest	98.7	499	84.5	79.4	66.9	492
Total 15-49	95.8	2,245	70.4	72.2	61.2	2,152
50-59	98.9	313	82.8	85.1	64.7	309
Total 15-59	96.2	2,558	72.0	73.9	61.6	2,461

14.2.2 Knowledge That Tuberculosis is Curable and Willingness to Keep Secret a Family Member's Tuberculosis Status

Respondents were also asked if they knew that tuberculosis can be completely cured. Tables 14.1.1 and 14.1.2 show that 74 percent of women and 72 percent of men who have heard of tuberculosis are aware that it can be cured completely. Urban dwellers, more educated respondents, and those from the highest wealth index are more likely to know that tuberculosis is curable. The percentage who are aware that tuberculosis can be cured varies widely by region. Almost all men in Yukhari Garabakh (98 percent) and 87 percent of women in Absheron are aware that tuberculosis is treatable. At the opposite extreme, both female (58 percent) and male (40 percent) respondents from Ganja-Gazakh are significantly less likely to be aware that tuberculosis is curable compared with respondents from other regions.

Respondents were also asked if a member of their family got tuberculosis, whether they would want it to remain a secret. Sixty-five percent of women and 62 percent of men said they would not want a family member's tuberculosis status kept secret, indicating that tuberculosis is stigmatized by a substantial minority of the population.

Women living in urban settings, better educated women, and those from the higher wealth quintiles are more likely than their counterparts to say they would not want to keep secret the fact that a relative has tuberculosis. Unlike women, men in these same categories are somewhat less likely than other men to express willingness to be open about a family member's tuberculosis status. Responses vary significantly across the regions, with men and women in the same region often reporting dissimilar attitudes. For example, stigma is most acute among men in Ganja-Gazakh, where only 3 percent of men would not want to keep secret that a member of their family is infected.[2] In contrast, more than eight in ten women say they would be open about a family member's tuberculosis status. Guba-Khachmaz is another region with a comparatively low level of perceived stigma, particularly among men. At the other extreme, Shaki-Zaqatala and Lankaran have comparatively low proportions of women and men who appear to stigmatize tuberculosis; for example, in Lankaran only 8 percent of women and 4 percent of men say they would want to keep a family member's tuberculosis status secret. Low stigma in men in Lankaran might also be due to the low awareness among men (81 percent aware of TB) and among those men who are aware, only 60 percent know that TB spreads through the air by coughing.

14.2.3 Knowledge and Misconceptions about the Ways Tuberculosis Spreads

Table 14.2 and Figure 14.1 show the percentage of women and men who have heard of tuberculosis by their knowledge of the ways of contracting tuberculosis, including misconceptions about the ways it spreads. Despite the virtually universal degree of awareness, only 78 percent of female respondents and 70 percent of male respondents who have heard of tuberculosis were able to correctly identify the mode of tuberculosis transmission (through the air when coughing).

While the majority of women and men are able to correctly identify that tuberculosis is spread through the air by coughing, misconceptions about tuberculosis transmission are widespread among the population. For example, over 40 percent of respondents said that tuberculosis spreads through sharing utensils and nearly one-third said it can be contracted through touching a person with tuberculosis. Close to half of respondents believe that tuberculosis can be contracted through food.

Among women, awareness of the correct mode of transmission (through the air by coughing) increases with age, education, and wealth index. Urban residents are significantly more likely than rural residents to identify the correct mode of transmission; on the other hand, misconceptions about the way tuberculosis spreads tend to be equally shared by urban and rural women (with a few exceptions). For example, 43 percent of urban women and 45 percent of rural women believe that tuberculosis can be contracted through sharing utensils; 31 percent of urban women and 30 percent of rural women say through touching a person with tuberculosis; 46 percent of urban women and 47 percent of rural women say through food; and 12 percent of urban women and 16 percent of rural women say through sexual contact.

The percentage of women who are aware of the correct mode of transmission varies widely by region, from 57 percent in Daghligh Shirvan to a high of 86 percent in Absheron. Similarly, there are considerable regional variations regarding misconceptions about tuberculosis transmission. Sixty-five percent of women from Lankaran believe that sharing food spreads tuberculosis, compared with 26 percent of women from Daghligh Shirvan. About 60 percent of women from Ganja-Gazakh and Guba-Khachmaz and over half of women from Lankaran say that tuberculosis can be transmitted through sharing utensils, compared with 31 percent of women from Daghligh Shirvan.

[2] The Ganga Gazakh region has the lowest proportions of male respondents who identified correct mode of transmission of tuberculosis (43 percent) and who are aware that tuberculosis can be cured (40 percent) compared with the other regions. There is also a high proportion of men who are unsure or wanted to keep secret that a member of their family is infected with tuberculosis.

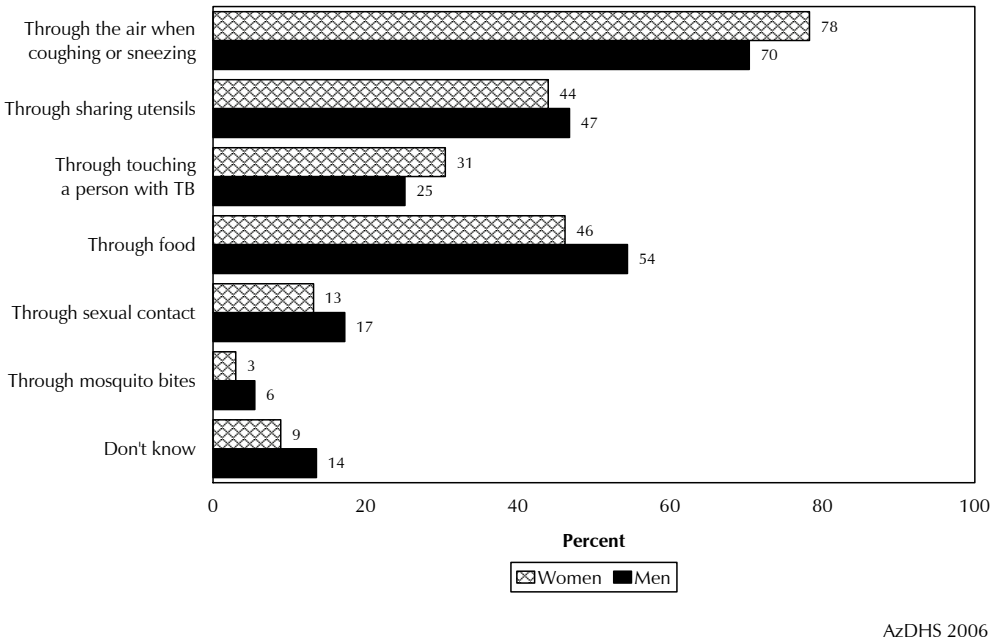
Table 14.2 Knowledge and misconceptions about the ways tuberculosis spreads

Among women and men age 15-49 who have heard of tuberculosis (TB), percentage who cite specific ways that TB is spread by background characteristics, Azerbaijan 2006

	Knowledge of ways TB spreads																
	Women									Men							
Background characteristic	Through the air when coughing or sneezing	Through sharing utensils	Through touching a person with TB	Through food	Through sexual contact	Through mosquito bites	Other	Don't know	Number who heard of TB	Through the air when coughing or sneezing	Through sharing utensils	Through touching a person with TB	Through food	Through sexual contact	Through mosquito bites	Don't know	Number who heard of TB
Age																	
15-19	72.0	38.7	27.3	42.6	8.5	3.1	0.9	14.3	1,440	60.5	38.1	16.8	45.2	8.9	4.9	24.0	334
20-24	75.8	42.6	32.4	43.5	13.2	1.8	1.1	10.7	1,291	65.2	43.3	26.2	51.5	19.4	4.4	15.1	334
25-29	80.6	44.9	29.5	44.0	12.5	2.9	0.7	7.8	1,082	74.1	50.9	24.4	52.7	19.9	9.8	11.8	281
30-34	79.2	43.5	32.7	47.0	14.5	4.1	0.9	6.6	995	72.9	49.4	25.8	58.0	16.2	6.2	9.2	277
35-39	80.5	49.5	30.2	50.9	16.3	3.1	0.9	7.1	1,142	72.4	44.4	26.0	53.9	17.1	4.5	14.3	305
40-44	82.3	44.0	32.7	48.9	14.3	3.9	1.0	5.9	1,300	71.8	48.7	27.6	59.6	18.3	4.9	12.4	307
45-49	79.8	47.2	29.1	47.7	14.8	2.4	0.9	8.4	972	77.9	54.0	30.3	60.8	21.5	4.5	7.0	314
Residence																	
Urban	81.6	43.2	31.2	46.0	11.5	3.4	0.7	6.6	4,695	77.2	55.5	27.7	60.9	19.0	3.8	11.2	1,231
Rural	74.0	45.2	29.5	46.5	15.5	2.6	1.2	12.0	3,526	61.4	35.2	21.9	45.6	14.9	7.8	16.8	921
Region																	
Baku	82.7	38.8	32.6	44.9	8.8	4.3	0.7	4.5	2,536	83.7	55.7	22.0	63.3	16.2	0.2	11.2	694
Absheron	85.6	43.1	15.8	49.4	5.7	1.9	0.1	7.7	564	93.6	88.3	81.6	81.1	58.6	15.1	1.7	145
Ganja-Gazakh	76.6	59.8	44.5	37.7	9.1	1.8	0.6	15.7	1,105	43.4	50.1	0.4	51.1	0.8	0.4	38.3	275
Shaki-Zaqatala	72.4	43.8	30.1	47.9	19.3	1.5	0.4	6.4	582	92.6	85.7	16.1	69.4	40.8	16.3	0.5	150
Lankaran	78.6	52.6	31.3	65.1	20.2	3.3	0.3	7.5	673	59.6	17.6	15.8	71.0	27.4	1.9	2.6	152
Guba-Khachmaz	78.4	62.0	39.0	43.0	12.4	1.7	0.0	2.8	361	82.3	74.6	59.7	48.0	11.8	1.2	2.1	116
Aran	77.1	37.6	26.7	47.0	19.6	3.4	1.8	12.2	1,950	53.1	19.2	25.6	27.9	8.1	10.7	17.2	496
Yukhari Garabakh	67.5	43.8	15.6	55.0	14.8	1.8	0.5	9.0	201	95.6	4.7	7.2	75.9	1.1	1.2	0.0	55
Daghligh Shirvan	56.8	31.4	8.5	26.2	10.1	0.4	4.2	19.9	249	56.8	21.2	32.3	37.0	21.0	17.5	22.0	69
Education																	
Basic secondary or less	68.1	37.5	26.1	42.5	10.3	2.3	1.4	15.7	1,694	57.0	39.3	24.9	44.4	12.9	5.1	22.2	313
Complete secondary	77.8	44.5	30.1	45.9	14.7	3.0	0.8	9.3	4,299	67.4	43.0	23.6	52.9	15.2	5.6	14.3	1,219
Secondary specialized	82.9	48.8	32.4	52.0	15.3	2.5	0.8	4.1	1,122	76.0	50.8	27.4	60.0	21.7	7.7	13.0	196
Higher	91.3	47.2	36.9	47.1	10.0	4.6	0.8	2.2	1,107	86.5	61.3	29.1	63.4	24.3	4.6	5.5	423
Wealth quintile																	
Lowest	69.2	43.0	26.3	40.5	13.8	3.3	1.5	15.7	1,466	57.8	37.7	20.1	46.5	14.5	6.3	20.3	390
Second	73.8	44.3	30.5	46.0	15.4	1.8	0.9	11.2	1,593	63.5	34.0	24.5	48.5	14.6	8.4	11.1	411
Middle	80.4	46.0	30.4	46.8	15.2	2.9	0.5	8.5	1,663	64.3	44.1	23.1	50.5	17.4	7.2	17.3	426
Fourth	81.9	41.7	27.9	51.4	12.6	2.5	1.1	6.0	1,694	78.5	53.6	32.9	60.3	19.1	4.9	11.3	432
Highest	84.5	45.0	36.5	45.7	9.7	4.6	0.7	4.6	1,805	84.5	60.9	25.0	63.7	20.0	1.5	9.4	492
Total 15-49	78.3	44.0	30.5	46.2	13.2	3.0	0.9	8.9	8,221	70.4	46.8	25.2	54.4	17.3	5.5	13.6	2,152
50-59	na	na	na	na	na	na	na	na	na	82.8	54.3	26.2	62.7	17.8	4.1	3.8	309
Total 15-59	na	na	na	na	na	na	na	na	na	72.0	47.7	25.3	55.4	17.3	5.3	12.4	2,461

na=Not applicable

Figure 14.1 **Knowledge and misconceptions about tuberculosis transmission among women and men age 15-49**



Higher proportions of urban men, better educated men, and men living in the wealthiest households are aware of the correct mode of transmission compared with rural, poorer, and less educated men. At the same time, urban men, better educated men, and men in the wealthiest households are also more likely to report misconceptions about mode of transmission. For example, 56 percent of urban men believe that tuberculosis can be contracted through sharing utensils, compared with 35 percent of rural men; 28 percent of urban men an 22 percent of rural men say through touching a person with tuberculosis; 61 percent of urban men and 46 percent of rural men say through food; and 19 percent of urban men and 15 percent of rural men say through sexual contact.

There is substantial regional variation regarding knowledge of the correct mode of transmission. Interestingly, almost all men in Absheron correctly identified that tuberculosis is spread by coughing (94 percent), yet 88 percent of men in Absheron report that tuberculosis can be contracted through sharing utensils, over 81 percent say that it can be contracted through food or touching a person with tuberculosis, and 59 percent of men believe it can be spread through sexual contact. Half of men in Ganja-Gazakh who heard of tuberculosis believe that it can be contracted through sharing utensils or through food and only 43 percent say it can be contracted through the air when coughing or sneezing. Although almost all men (96 percent) in Yukhari Garabakh correctly stated that tuberculosis spreads through coughing, 76 percent of men there also believe that tuberculosis can be spread through food.

14.3 HYPERTENSION

14.3.1 Cardiovascular Risk Factors

As in most countries of the world, cardiovascular diseases are the leading cause of death in Azerbaijan. The most recent data indicate that in 2005, diseases of the circulatory system were the main cause of death in the adult population (including all age groups). The mortality rate for males age 15-44 was higher than the rate for females in the same age group (45 deaths and 19 deaths per 100,000 population, respectively) (SSC, 2006c).

One of the objectives of the 2006 AzDHS was to provide population-based data on cardiovascular risk factors, e.g., hypertension and smoking, to complement data available from other sources.

14.3.2 Hypertension

High blood pressure (hypertension) has been known to be a contributing factor to heart disease, stroke, and kidney disease. In the 2006 AzDHS, blood pressure measurements were taken during the administration of the Women's and Men's Questionnaires. These measurements in this survey are not intended to provide a medical diagnosis of the disease, and should be considered only as a statistical description of the survey population. Of the 8,444 women interviewed, blood pressure measurements were taken for 8,398 women (99 percent). Among the 2,717 interviewed men, measurements were taken for 2,551 men (94 percent).

Female and male interviewers were provided with equipment for measuring blood pressure. The device used was a fully automatic digital blood pressure measuring device with upper-arm automatic inflation and automatic pressure release and automatic pressure pre-selection (Riester Model richampion, digital upper-arm measuring device, fully automatic, 1 tube, No.1715). Interviewers were trained in the use of this device according to the manufacturer's recommended protocol. Three measurements of systolic and diastolic blood pressure (measured in millimeters of mercury, mmHg) were taken during the survey interview, with an interval of at least 10 minutes between measurements. The average of the second and third measurements was used to classify individuals with respect to hypertension, following internationally recommended categories (WHO, 1999a). Individuals were classified as hypertensive if their systolic blood pressure exceeded 140 mm Hg or if their diastolic blood pressure exceeded 90 mm Hg. Elevated blood pressure was classified as mild, moderate, or severe according to the cut-off points recommended by the National Institutes of Health (1997).

Level of hypertension	Systolic	Diastolic
Stage 1, mildly elevated	140-159	90-99
Stage 2, moderately elevated	160-179	100-109
Stage 3, severely elevated	180+	110+

In addition, following internationally recommended guidelines, individuals were also considered as hypertensive if they had a normal average blood pressure reading but were taking antihypertensive medication.

Tables 14.3.1 and 14.3.2 show hypertension prevalence rates. Sixteen percent of women age 15-49 are classified as hypertensive: 4 percent with hypertension controlled by medication (blood pressure <140/90), 10 percent with stage 1 hypertension (mildly elevated blood pressure), 2 percent with stage 2 hypertension (moderately elevated), and 1 percent with stage 3 hypertension (severely elevated).

Seventeen percent of men age 15-49 are classified as hypertensive: 1 percent with hypertension controlled by medication, 13 percent with stage 1 hypertension, 2 percent with stage 2 hypertension, and less than 1 percent with stage 3 hypertension.

Compared with information from the 2002 Demographic and Health Survey in Uzbekistan, the hypertensive rates among women (16 percent) and men (17 percent) in Azerbaijan are high compared with those of men and women in Uzbekistan (8 percent for women and 7 percent for men) (AIC/MOH and ORC Macro, 2004).

Epidemiological studies have shown that hypertension is positively associated with age, a finding reflected in the 2006 AzDHS results. Among women, hypertension levels increase from 3 percent at age 15-19 to 29 percent at age 40-44 and 36 percent at age 45-49. The pattern is similar for men. The prevalence of hypertension is six times higher among men age 50-59 (43 percent) than among men age 15-19 (7 percent). Nearly one-third of men and women age 40 and older are suffering from some degree of hypertension, confirming that hypertension is a serious health problem in Azerbaijan.

Table 14.3.1 Levels of hypertension: Women

Prevalence of hypertension among women and percent distribution of women by blood pressure status, according to background characteristics, Azerbaijan 2006

Background characteristic	Prevalence of hyper-tension[1]	Classification of blood pressure							Total	Number of women
		Optimal	Normal	High normal	Mildly elevated (stage 1)	Moderately elevated (stage 2)	Severely elevated (stage 3)	Normal BP and taking medications		
Age										
15-19	3.0	65.6	23.4	8.0	2.3	0.2	0.2	0.3	100.0	1,520
20-24	6.4	58.7	27.1	7.8	3.8	0.6	0.4	1.6	100.0	1,339
25-29	10.7	49.7	28.5	11.1	7.3	0.4	0.0	3.0	100.0	1,098
30-34	15.6	44.7	28.2	11.5	8.8	1.2	1.1	4.5	100.0	1,005
35-39	21.0	34.2	27.9	16.9	13.1	2.7	0.7	4.5	100.0	1,153
40-44	28.7	28.3	24.6	18.4	17.8	3.1	1.8	6.0	100.0	1,310
45-49	36.0	19.4	24.3	20.4	21.8	4.1	3.4	6.7	100.0	972
BMI[2]										
<18.5 (thin)	5.9	70.0	16.4	7.8	3.7	0.3	0.0	1.9	100.0	383
18.5-24.9 (normal)	9.4	52.7	27.3	10.6	6.4	0.7	0.4	1.8	100.0	3,898
>= 25	24.9	33.5	25.8	15.8	14.8	2.8	1.7	5.7	100.0	3,844
Missing	10.4	44.9	28.1	16.6	6.2	1.0	1.2	2.0	100.0	273
Residence										
Urban	14.9	47.6	25.8	11.6	9.4	1.2	0.8	3.6	100.0	4,743
Rural	18.2	40.3	26.5	14.9	11.1	2.3	1.2	3.6	100.0	3,655
Region										
Baku	14.5	47.1	27.5	10.9	8.9	0.9	0.8	3.9	100.0	2,558
Absheron	11.0	47.6	28.3	13.0	6.8	0.8	0.6	2.8	100.0	564
Ganja-Gazakh	19.7	45.1	23.6	11.6	12.0	2.1	1.9	3.8	100.0	1,142
Shaki-Zaqatala	13.5	49.9	24.1	12.5	7.6	1.2	1.5	3.2	100.0	588
Lankaran	24.6	41.4	19.2	14.8	13.5	4.1	2.0	5.0	100.0	705
Guba-Khachmaz	13.3	32.7	30.1	23.9	10.5	1.4	0.1	1.3	100.0	380
Aran	17.0	40.6	28.1	14.3	10.9	1.9	0.6	3.5	100.0	2,008
Yukhari Garabakh	16.0	46.5	24.9	12.6	11.4	1.9	0.6	2.0	100.0	204
Daghligh Shirvan	15.5	49.0	22.3	13.2	10.3	1.0	0.7	3.4	100.0	250
Education										
Basic secondary or less	14.2	47.3	26.5	12.1	9.9	1.4	0.8	2.0	100.0	1,809
Complete secondary	17.3	42.6	27.1	12.9	10.0	1.9	1.2	4.2	100.0	4,359
Secondary specialized	17.6	44.1	23.4	14.9	10.4	2.2	1.0	3.9	100.0	1,131
Higher	15.0	47.3	24.4	13.3	10.5	0.4	0.6	3.4	100.0	1,100
Wealth quintile										
Lowest	19.0	37.5	28.0	15.5	12.6	2.7	1.0	2.6	100.0	1,542
Second	17.9	42.4	25.7	14.1	10.6	1.6	1.6	4.0	100.0	1,643
Middle	17.3	43.9	25.3	13.5	10.2	2.1	1.1	3.9	100.0	1,699
Fourth	15.2	49.5	23.5	11.8	9.7	0.9	0.9	3.6	100.0	1,707
Highest	13.0	47.9	28.2	10.9	7.9	1.1	0.4	3.6	100.0	1,806
Total	16.4	44.4	26.1	13.1	10.1	1.6	1.0	3.6	100.0	8,398

Note: These measurements should not be considered a medical diagnosis of disease, but only as a statistical description of the survey population.
[1] Blood pressure ≥140/90 mmHg or currently taking antihypertensive medication
[2] The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m2).

Significant differences in the prevalence of hypertension are found among respondents classified by their body mass index (BMI). As expected, hypertension levels are higher among overweight/obese persons compared with those of normal weight. The hypertensive rate among overweight or obese women (BMI ≥ 25) is 25 percent, compared with 6 percent of women who are thin (BMI < 18.5) and 9 percent of women who have a normal weight (BMI 18.5-24.9). Among men, the hypertensive rate for overweight or obese men is 23 percent, compared with 6 percent and 12 percent, respectively, for men who are thin or normal weight.

Table 14.3.2 Levels of hypertension: Men

Prevalence of hypertension among men age 15-49 and percent distribution of men by blood pressure status, according to background characteristics, Azerbaijan 2006

Background characteristic	Prevalence of hypertension[1]	Classification of blood pressure							Total	Number of men
		Optimal	Normal	High normal	Mildly elevated (stage 1)	Moderately elevated (stage 2)	Severely elevated (stage 3)	Normal BP and taking medications		
Age										
15-19	6.5	50.9	32.2	10.4	5.9	0.6	0.0	0.0	100.0	382
20-24	8.7	29.7	47.3	14.2	8.0	0.5	0.0	0.1	100.0	356
25-29	11.4	21.8	47.8	19.0	9.9	0.3	0.3	1.0	100.0	293
30-34	12.4	15.0	48.8	23.8	9.4	1.8	0.3	0.8	100.0	278
35-39	20.3	14.2	36.5	29.0	16.8	2.7	0.0	0.9	100.0	308
40-44	31.0	11.0	24.5	33.5	24.1	5.0	1.1	0.8	100.0	308
45-49	28.6	8.1	27.3	35.9	21.8	4.0	1.3	1.5	100.0	315
Smoking										
Yes	19.2	17.5	37.2	26.1	15.8	2.2	0.4	0.9	100.0	1,101
No	14.1	27.8	37.8	20.3	11.2	2.0	0.4	0.5	100.0	1,138
BMI[2]										
<18.5 (thin)	5.5	50.8	22.8	20.9	5.5	0.0	0.0	0.0	100.0	46
18.5-24.9 (normal)	12.3	30.7	38.3	18.7	10.2	1.3	0.2	0.5	100.0	1,202
≥ 25	23.1	11.1	36.1	29.8	18.2	3.2	0.6	1.1	100.0	834
Missing	18.3	15.7	43.8	22.3	15.0	2.4	0.8	0.0	100.0	157
Residence										
Urban	14.2	23.1	40.6	22.1	11.4	2.0	0.4	0.4	100.0	1,271
Rural	19.7	22.2	33.6	24.5	16.1	2.1	0.5	1.0	100.0	968
Region										
Baku	13.5	28.1	34.4	23.9	11.3	1.7	0.3	0.2	100.0	699
Absheron	3.3	14.2	69.9	12.6	2.1	0.0	1.2	0.0	100.0	167
Ganja-Gazakh	17.1	16.2	40.8	25.8	13.3	2.5	1.3	0.0	100.0	281
Shaki-Zaqatala	17.4	23.0	29.5	30.1	13.8	2.2	0.0	1.4	100.0	153
Lankaran	21.9	34.6	27.7	15.8	15.9	2.7	0.7	2.6	100.0	185
Guba-Khachmaz	22.7	11.6	33.9	31.8	21.6	1.2	0.0	0.0	100.0	119
Aran	22.4	18.2	35.9	23.4	18.4	2.7	0.0	1.3	100.0	506
Yukhari Garabakh	7.5	32.7	45.2	14.7	5.9	1.6	0.0	0.0	100.0	56
Daghligh Shirvan	15.7	27.1	34.2	23.0	11.2	3.6	0.0	0.8	100.0	72
Education										
Basic secondary or less	16.7	33.9	29.7	19.7	14.7	1.6	0.0	0.4	100.0	345
Complete secondary	16.1	22.7	37.6	23.6	13.1	2.5	0.3	0.3	100.0	1,269
Secondary specialized	21.5	12.0	41.4	25.0	15.6	1.7	0.9	3.4	100.0	200
Higher	15.6	18.9	42.0	23.6	12.5	1.4	0.8	0.8	100.0	426
Wealth quintile										
Lowest	19.8	21.5	31.9	26.8	15.7	3.1	0.3	0.7	100.0	408
Second	20.0	23.0	38.6	18.5	16.5	2.7	0.6	0.2	100.0	430
Middle	19.4	19.3	38.3	23.0	14.9	2.1	0.6	1.8	100.0	452
Fourth	11.6	23.7	40.8	23.9	9.8	1.3	0.0	0.4	100.0	450
Highest	13.0	25.7	37.6	23.6	10.9	1.3	0.6	0.3	100.0	499
Total 15-49	16.6	22.7	37.6	23.1	13.4	2.1	0.4	0.7	100.0	2,239
50-59	42.8	11.1	19.2	26.9	31.5	7.9	2.2	1.2	100.0	312
Total men 15-59	19.8	21.3	35.3	23.6	15.7	2.8	0.6	0.8	100.0	2,551

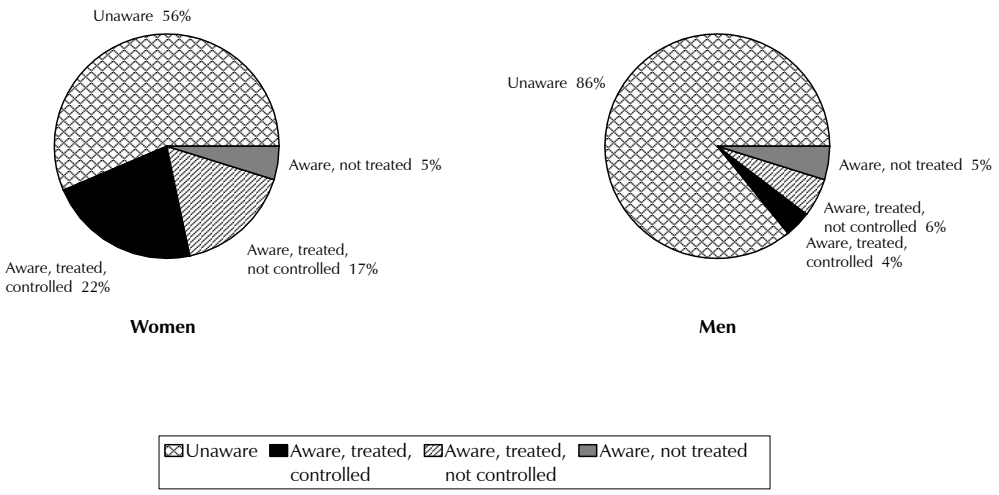
Note: These measurements should not be considered a medical diagnosis of disease, but only as a statistical description of the survey population.
[1] Blood pressure ≥140/90 mmHg or currently taking antihypertensive medication
[2] The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m2).

Hypertension is slightly higher among men who smoke than men who do not smoke (19 percent and 14 percent, respectively).

Among both women and men, hypertension rates are somewhat higher among rural than urban residents. Looking at the regional patterns, the highest prevalence of hypertension in women is found in Lankaran (25 percent) and, among men, the highest rates are in Lankaran, Aran (22 percent each), and Guba-Khachmaz (23 percent). The hypertension rate among women and men is peaking among those with a secondary specialized education. Hypertension rates tend to be negatively associated with wealth quintile among both women and men, although the pattern is more definitive among women than men.

Figure 14.2 shows the level of awareness and treatment status of hypertensive women and men. Less than half of hypertensive women reported that they are aware of their condition (44 percent). A substantial proportion of hypertensive women are being treated and have brought their blood pressure under control (22 percent); another group is being treated but still has elevated blood pressure (17 percent). Five percent of hypertensive women are aware that they have elevated blood pressure, but are not being treated, and 56 percent are unaware of their condition.

Figure 14.2 **Awareness of hypertension and treatment status among hypertensive women and men age 15-49**



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Hypertensive men are much less aware of their condition than women. Relatively few hypertensive men are being treated and have brought their blood pressure under control (4 percent); another 6 percent are being treated for hypertension but still have elevated blood pressure. Similar to women, 5 percent of hypertensive men are aware that they have elevated blood pressure but are not being treated. Most important was the finding that the majority of hypertensive men (86 percent) are unaware of their condition.

14.4 USE OF TOBACCO

Smoking is a known risk factor for cardiovascular disease, causes lung cancer and other forms of cancer, and contributes to the severity of pneumonia, emphysema, and chronic bronchitis. It may also have an impact on individuals who are exposed to the smoke secondhand. For example, inhaling secondhand smoke may adversely affect children's growth and cause childhood illness, especially respiratory diseases. According to the World Health Organization, as many as 20 percent of all deaths among middle-aged men in Azerbaijan in the early 1990s were attributable to tobacco use (WHO, 1997; Peto et al., 1994).

Table 14.4 shows the rates of current use of cigarettes and other forms of tobacco among Azerbaijani men. Smoking is common among men age 15-49, with about half reporting that they are smokers. Among current smokers, over 90 percent reported that they smoked 10 or more cigarettes during the past 24 hours. The likelihood that a man smokes increases with age.

There is no significant difference in smoking patterns between urban and rural men. The proportion of men who are current smokers is lowest in Lankaran and Yukhari Garabakh (38 percent and 39 percent, respectively) and highest in Aran and Shaki-Zaqatala (54 percent and 53 percent, respec-

tively). An interesting pattern (inverted-U) is observed between smoking and the level of education. Smoking is less prevalent among males with higher and basic secondary education (about 41 percent), while men with a secondary specialized education smoke more frequently than other men (60 percent).

Table 14.4 Use of tobacco: Men

Percentage of men age 15-49 who smoke cigarettes or a pipe or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics, Azerbaijan 2006

Background characteristic	Uses tobacco			Does not use tobacco	Number of men	Number of cigarettes						Total	Number of cigarette smokers
	Cigarettes	Pipe	Other tobacco			0	1-2	3-5	6-9	10+	Don't know/ missing		
Age													
15-19	10.0	0.0	0.0	90.0	382	(0.0)	(8.4)	(24.3)	(1.9)	(65.4)	(0.0)	100.0	38
20-24	35.5	0.2	0.0	64.5	356	0.0	2.3	5.0	3.4	89.3	0.0	100.0	126
25-29	60.0	0.3	0.2	40.0	293	0.0	0.5	2.0	3.6	93.1	0.8	100.0	176
30-39	62.3	0.9	0.3	37.6	588	0.1	0.3	1.1	1.9	94.0	2.5	100.0	366
40-49	62.8	0.7	0.8	37.1	627	0.0	0.3	0.2	1.3	96.0	2.2	100.0	393
Residence													
Urban	49.2	0.4	0.2	50.8	1,274	0.0	0.5	1.4	1.1	94.6	2.2	100.0	627
Rural	48.6	0.7	0.5	51.2	971	0.0	1.2	3.1	3.5	91.0	1.2	100.0	472
Region													
Baku	48.8	0.0	0.0	51.2	699	0.0	0.8	0.8	0.4	94.4	3.5	100.0	341
Absheron	51.1	2.2	0.3	48.9	167	0.0	0.0	0.8	2.9	96.2	0.0	100.0	85
Ganja-Gazakh	51.0	0.0	0.0	49.0	281	0.0	0.0	1.5	1.9	95.8	0.8	100.0	143
Shaki-Zaqatala	53.2	2.2	0.0	45.4	153	0.0	0.0	3.8	1.7	89.4	5.1	100.0	82
Lankaran	37.9	1.9	1.7	62.1	188	0.0	1.4	5.4	5.0	88.1	0.0	100.0	71
Guba-Khachmaz	42.2	0.5	3.2	57.8	119	0.0	0.0	0.0	3.5	92.0	4.5	100.0	50
Aran	54.1	0.0	0.0	45.9	508	0.0	0.9	3.1	3.4	92.7	0.0	100.0	275
Yukhari Garabakh	38.6	0.0	0.0	61.4	56	0.0	12.5	2.0	0.4	85.1	0.0	100.0	22
Daghligh Shirvan	41.7	0.0	0.0	58.3	73	1.1	1.5	7.2	1.9	88.4	0.0	100.0	30
Education													
Basic secondary or less	41.3	0.2	0.2	58.7	345	0.0	0.0	3.5	6.0	89.0	1.5	100.0	142
Complete secondary	51.9	0.6	0.4	48.0	1,272	0.1	1.3	1.8	1.2	94.7	1.0	100.0	660
Secondary specialized	59.6	1.0	0.2	39.9	200	0.0	0.0	3.0	2.5	88.8	5.7	100.0	119
Higher	41.5	0.3	0.3	58.5	428	0.0	0.2	2.0	2.3	93.1	2.3	100.0	178
Wealth quintile													
Lowest	57.1	0.9	0.4	42.7	410	0.1	0.4	3.4	3.3	91.5	1.3	100.0	234
Second	44.6	0.3	0.3	55.4	433	0.0	1.0	1.8	2.9	92.7	1.6	100.0	193
Middle	50.7	0.4	0.7	49.3	452	0.1	1.5	2.8	1.1	92.5	2.0	100.0	229
Fourth	47.5	0.8	0.4	52.3	451	0.0	1.3	0.7	1.2	96.4	0.4	100.0	214
Highest	45.8	0.2	0.0	54.2	499	0.0	0.0	2.0	2.2	92.4	3.4	100.0	229
Total 15-49	49.0	0.5	0.3	50.9	2,245	0.0	0.8	2.2	2.1	93.1	1.8	100.0	1,099
Total 50-59	54.5	0.0	0.0	45.5	313	0.2	0.3	2.7	0.1	94.8	1.8	100.0	171
Total 15-59	49.6	0.4	0.3	50.3	2,558	0.1	0.8	2.2	1.9	93.3	1.8	100.0	1,270

Note: Figures in parentheses are based on 25-49 unweighted cases.

14.5 ALCOHOL CONSUMPTION AMONG MEN

Alcohol abuse is a serious problem in many countries in eastern Europe. This region registers the highest alcohol consumption in the world. Alcohol consumption is considered to be the third highest risk factor for death and disability. Potential consequences of alcohol abuse include increased risk of accidents, cirrhosis, hypertension, psychological illnesses, and congenital malformations. Moreover, alcohol consumption aggravates the risk of family problems as well as other social and employment issues such as alcohol addiction, accidents, criminal behavior, inadvertent injuries, violence, homicide and suicide, road traffic problems, etc. In particular, adverse health consequences brought about by alcohol abuse rank among the most serious issues in the eastern European region, accounting for the increased rate of cardiovascular diseases and shortened life expectancy. In these societies, the total cost related to alcohol abuse is estimated to be 1-3 percent of the gross national product (WHO, 2001).

In the 2006 AzDHS, respondents were asked how many alcoholic beverages they had consumed during the previous month, on the days when they had consumed alcohol. A bottle or a can of beer (330-500 ml), a glass of wine (50-200 ml), or a glass of liqueur, vodka, or whiskey (50 ml) are

considered standard beverages. Results in Table 14.5 show that 39 percent of men age 15-49 consumed at least one alcoholic beverage in the month prior to the interview, 15 percent drink two or three times per month, 10 percent of men consume alcohol 1-2 times per week, and less than 2 percent of men drink alcohol daily or almost daily.

The likelihood of alcohol consumption increases with age. The proportion of men consuming at least one alcoholic drink in the month before the survey increases rapidly from 12 percent in the 15-19 age group to 48 percent in the 25-29 age group. Men with higher education and in urban areas are more likely to consume alcohol than men with less education and in rural areas. For example, 43 percent of urban men drank alcohol in the month preceding the survey, compared with 34 percent of rural men. The highest consumption of alcohol is in Baku (54 percent), followed by Ganja-Gazakh (50 percent).

Table 14.5 Use of alcohol: Men

Percentage of men age 15-49 who have had at least one alcoholic drink in the past month, and the average frequency of drinking, according to background characteristics, Azerbaijan 2006

Background characteristic	Has had at least one drink in the past month	Frequency of drinking							Number of men
		Every day	Almost every day	1-2 times per week	2-3 times per month	Once a month	Less than once a month	Missing	
Age									
15-19	12.1	0.0	0.0	0.5	3.6	8.0	87.9	0.0	382
20-24	24.5	0.5	0.6	6.3	6.6	10.5	75.5	0.0	356
25-29	47.7	0.2	0.8	18.0	14.4	13.1	51.5	2.0	293
30-34	47.6	0.4	1.4	10.5	21.3	12.6	52.1	1.6	279
35-39	49.7	0.3	1.8	9.6	24.2	13.7	50.2	0.1	309
40-44	45.1	0.4	1.3	11.1	17.7	14.6	54.7	0.2	312
45-49	53.7	0.3	1.6	13.7	20.1	18.0	46.1	0.3	315
Residence									
Urban	42.6	0.2	0.9	9.9	16.9	14.4	57.4	0.2	1,274
Rural	33.6	0.5	1.2	9.1	12.0	10.5	65.8	1.0	971
Region									
Baku	54.4	0.0	0.2	11.7	22.4	20.0	45.6	0.0	699
Absheron	11.4	1.0	2.0	5.3	3.1	0.0	88.6	0.0	167
Ganja-Gazakh	50.0	0.0	0.0	10.8	19.6	18.5	50.0	1.1	281
Shaki-Zaqatala	40.3	0.7	8.2	13.0	14.1	4.0	59.7	0.4	153
Lankaran	15.3	1.3	0.5	5.9	4.6	3.1	82.0	2.7	188
Guba-Khachmaz	11.9	1.0	0.7	5.1	3.7	0.9	88.1	0.5	119
Aran	34.6	0.0	0.4	9.7	12.1	11.8	65.4	0.6	508
Yukhari Garabakh	34.3	0.9	0.1	4.8	10.4	17.9	65.2	0.6	56
Daghligh Shirvan	39.1	0.0	2.1	5.0	17.2	14.7	60.9	0.0	73
Education									
Basic secondary or less	25.3	0.0	0.7	6.8	10.3	7.0	74.4	0.7	345
Complete secondary	38.4	0.4	1.3	11.0	14.1	11.1	61.4	0.7	1,272
Secondary specialized	42.6	0.0	1.3	7.9	17.0	16.4	57.4	0.0	200
Higher	48.7	0.3	0.4	8.2	19.3	20.5	51.2	0.2	428
Wealth quintile									
Lowest	35.9	0.3	1.4	8.0	15.0	11.0	64.1	0.2	410
Second	30.5	0.5	0.9	9.9	8.9	10.2	68.7	1.0	433
Middle	33.9	0.3	1.6	7.8	13.6	9.3	65.7	1.7	452
Fourth	44.0	0.4	1.2	13.0	17.2	12.2	56.0	0.0	451
Highest	47.6	0.1	0.1	8.8	18.5	19.9	52.4	0.0	499
Total 15-49	38.7	0.3	1.0	9.5	14.8	12.7	61.1	0.6	2,245
50-59	49.2	2.8	0.8	8.8	18.3	17.5	50.8	1.0	313
Total 15-59	40.0	0.6	1.0	9.4	15.2	13.3	59.8	0.6	2,558

WOMEN'S EMPOWERMENT AND DEMOGRAPHIC AND HEALTH OUTCOMES

15

The study of women's status and empowerment is important on its own, but takes on a special significance in conjunction with the study of demographic and health outcomes. As caretakers for their children, women are the targets directly or indirectly of a number of population, health, and nutrition programs. The constraints that women face in learning about, accessing, and utilizing these and other developmental programs are inherently tied to their status in society, as well as the home.

The 2006 AzDHS Women's Questionnaire collected data on the general background characteristics of female respondents (e.g., age, education, wealth quintile, employment status) and also data more specific to women's empowerment, such as receipt of cash earnings, the magnitude of a woman's earnings relative to those of her husband/partner,[1] and control over the use of her own earnings and those of her husband/partner. This chapter tabulates and presents these indicators of women's empowerment according to the general background characteristics of female respondents. The 2006 AzDHS Women's Questionnaire also collected data on a woman's participation in household decisionmaking, on the circumstances under which she feels that a woman is justified in refusing to have sexual intercourse with her husband/partner, and on her attitude toward wife beating. Three separate indices of empowerment are developed based on the number of household decisions in which the respondent participates, her opinion on the number of circumstances for which a woman is justified in refusing to have sexual intercourse with her husband/partner, and her opinion on the number of reasons that justify wife beating. The ranking of women on these three indices is then related to selected demographic and health outcomes including contraceptive use, ideal family size, and unmet need for contraception.

15.1 EMPLOYMENT AND CASH EARNINGS

In the 2006 AzDHS, respondents were asked a number of questions to determine their employment status at the time of the survey and continuity of employment in the 12 months prior to the survey. They were also asked about the form of payment for their work. Table 15.1 shows the percentage of currently married women who were employed at any time during the 12 months preceding the survey and the percent distribution of those employed during that time by the type of earnings they received (cash, in-kind, or both).

According to the 2006 AzDHS data, 21 percent of currently married women were employed in the 12 months preceding the survey. Younger women, especially those age 15-19 and 20-24, were less likely to be employed than women in other age groups, possibly due to their being in school or in training rather than in the job market. As women get older, their likelihood of being employed increases from 2 percent among women 15-19 years old to 32 percent among those age 45-49. Of women who were employed in the past 12 months, the majority (83 percent) received only cash for their work, while 7 percent did not receive any payment at all. Six percent of women received cash and in-kind earnings for their work in the past 12 months, while 4 percent received payment in-kind only.

The proportion of currently married men age 15-49 employed in the past 12 months is substantially higher than that for women, with more than nine in ten men having been employed in the past year. Men age 20-24 were somewhat less likely to have worked in the 12 months preceding the survey than older men; otherwise, recent employment does not vary much by age. Almost nine in ten

[1] For the rest of this chapter the term "husband" refers to both the current/most recent husband (for currently/formerly legally married women) and to the current/most recent partner (for women currently living or who formerly lived together with their partners in informal union).

Table 15.1 Employment and cash earnings of currently married women and men

Percentage of currently married women and men age 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women and men employed in the past 12 months by type of earnings, according to age, Azerbaijan 2006

Age	Currently married respondents		Percent distribution of currently married respondents employed in the past 12 months, by type of earnings					
	Percentage employed	Number of respondents	Cash only	Cash and in-kind	In-kind only	Not paid	Total	Number of respondents
				WOMEN				
15-19	2.4	151	*	*	*	*	*	4
20-24	9.0	697	74.9	4.5	2.5	18.0	100.0	63
25-29	13.6	806	79.7	5.9	9.0	5.5	100.0	109
30-34	17.6	829	80.0	7.8	3.2	9.0	100.0	146
35-39	23.4	925	78.5	9.1	2.9	9.5	100.0	217
40-44	28.7	1,091	85.4	6.3	4.0	4.2	100.0	313
45-49	32.3	769	90.1	3.2	1.2	5.4	100.0	248
Total 15-49	20.9	5,269	83.0	6.2	3.6	7.2	100.0	1,100
				MEN				
15-19	*	0	*	*	*	*	*	0
20-24	81.1	52	85.3	6.7	0.0	8.0	100.0	42
25-29	91.6	185	87.1	2.7	3.4	6.8	100.0	169
30-34	89.1	234	89.4	4.5	2.4	3.7	100.0	209
35-39	92.4	292	85.9	6.8	3.1	4.1	100.0	270
40-44	90.7	305	86.5	5.1	4.9	3.5	100.0	277
45-49	91.5	302	89.9	3.6	3.3	3.2	100.0	276
Total 15-49	90.7	1,371	87.7	4.8	3.4	4.2	100.0	1,244
50-59	80.7	305	89.6	4.2	0.8	5.2	100.0	246
Total 15-59	88.9	1,676	88.0	4.7	3.0	4.3	100.0	1,490

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

men (88 percent) who were employed in the past 12 months received only cash for their work. Four percent did not receive any payment at all, 5 percent received cash and in-kind earnings, and 3 percent received in-kind payment only for their work.

15.2 Use of Earnings

The 2006 AzDHS included a number of questions that were intended to assess the magnitude of women's earnings relative to those of their husbands, women's control over the use of their earnings, and women's participation in decisions on how their husband's earnings are used. This information has implications for the empowerment of women. Employment and earnings are more likely to empower women if their earnings are perceived as significant relative to those of their husband and if women themselves control their own earnings. Women also are clearly empowered if they have a voice in how their husbands' earnings are spent.

Table 15.2.1 shows how women's control over their own earnings and their perception of the magnitude of their earnings relative to those of their husband/partner varies by background characteristics. Among married women receiving cash earnings, more than one in four (27 percent) decide mainly themselves how to use the money, while more than six in ten (65 percent) decide jointly with their husband/partner. Seven percent say that mainly their husband decides on the allocation of the woman's earnings. More educated women, those with fewer children, urban women, and women in the higher wealth quintiles are more likely to decide mainly themselves on how their earnings are used when compared with other groups. Among regions, women's independence in decisionmaking on use of their earnings ranges from a low of 7 percent in Yukhari Garabakh to a high of 39 percent in Baku.

Table 15.2.1 also shows that more than half of married women (56 percent) reported that they earn less than their husband/partner for their work, while more than one in four (22 percent) earn the same amount. Twelve percent of women reported earning more cash than their husband/partner for their work.

Table 15.2.1 Control over women's cash earnings and relative magnitude of women's earnings: Women

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how cash earnings are used and by whether she earned more or less than her husband/partner, according to background characteristics, Azerbaijan 2006

	Person who decides how the woman's cash earnings are used:						Women's cash earnings compared with husband/partner's cash earnings:						
Background characteristic	Mainly respondent	Respondent and husband/partner jointly	Mainly husband/partner	Other	Missing	Total	More	Less	About the same	Husband/partner has no earnings	Don't know/Missing	Total	Number of women
Age													
15-19	*	*	*	*	*	*	*	*	*	*	*	*	1
20-24	(17.0)	(67.3)	(12.8)	(2.9)	(0.0)	(100.0)	(11.2)	(58.3)	(23.4)	(6.3)	(0.8)	(100.0)	50
25-29	27.2	63.0	9.4	0.3	0.0	100.0	9.9	66.0	19.3	4.8	0.0	100.0	94
30-34	27.8	66.7	2.5	1.2	1.8	100.0	13.0	52.3	23.5	6.7	4.5	100.0	128
35-39	33.1	59.4	4.6	1.3	1.7	100.0	13.4	54.0	24.6	5.2	2.8	100.0	190
40-44	23.6	68.7	6.4	0.3	1.1	100.0	7.5	59.0	20.2	9.0	4.2	100.0	287
45-49	25.7	64.0	8.0	0.0	2.4	100.0	16.3	50.2	21.2	7.8	4.5	100.0	232
Number of living children													
0	40.0	38.0	20.4	1.7	0.0	100.0	8.4	70.7	15.1	3.5	2.3	100.0	58
1-2	28.7	63.4	5.5	0.6	1.8	100.0	11.1	56.7	22.3	6.7	3.2	100.0	557
3-4	20.1	72.1	6.2	0.6	1.0	100.0	13.3	53.1	21.9	8.0	3.7	100.0	345
5+	(34.0)	(63.0)	(1.5)	(0.0)	(1.5)	(100.0)	(17.9)	(33.0)	(26.2)	(15.4)	(7.5)	(100.0)	22
Residence													
Urban	32.2	60.1	5.4	0.8	1.5	100.0	10.3	58.4	20.0	7.4	3.8	100.0	626
Rural	16.4	73.4	8.5	0.5	1.3	100.0	14.6	51.0	25.0	6.7	2.7	100.0	355
Region													
Baku	38.9	54.6	5.3	0.3	0.8	100.0	8.4	62.7	20.9	6.5	1.6	100.0	355
Absheron	28.2	66.6	2.5	2.6	0.0	100.0	12.1	62.9	13.5	9.7	1.8	100.0	63
Ganja-Gazakh	15.3	74.7	6.4	1.3	2.3	100.0	12.7	56.5	20.6	6.0	4.2	100.0	144
Shaki-Zaqatala	15.4	81.8	2.3	0.0	0.5	100.0	14.5	50.1	27.6	6.7	1.1	100.0	90
Lankaran	(21.5)	(54.2)	(13.1)	(0.0)	(11.2)	(100.0)	(18.0)	(34.8)	(17.0)	(2.8)	(27.4)	(100.0)	24
Guba-Khachmaz	(29.0)	(62.9)	(8.1)	(0.0)	(0.0)	(100.0)	(15.4)	(49.0)	(25.0)	(8.1)	(2.5)	(100.0)	23
Aran	20.9	65.8	10.7	0.6	2.0	100.0	15.0	46.9	26.1	6.5	5.4	100.0	221
Yukhari Garabakh	(6.9)	(87.7)	(3.7)	(1.7)	(0.0)	(100.0)	(8.9)	(61.0)	(18.6)	(10.3)	(1.2)	(100.0)	33
Daghligh Shirvan	(26.0)	(64.7)	(8.2)	(0.0)	(1.1)	(100.0)	(12.5)	(52.6)	(11.6)	(20.3)	(3.0)	(100.0)	29
Education													
Basic secondary or less	20.8	69.2	9.1	0.0	0.9	100.0	9.1	42.8	28.8	15.0	4.3	100.0	78
Complete secondary	20.6	68.7	7.8	0.9	2.0	100.0	11.3	55.4	21.7	7.7	3.9	100.0	324
Secondary specialized	29.4	61.3	8.1	1.0	0.3	100.0	16.7	60.8	14.1	6.0	2.5	100.0	263
Higher	31.4	63.1	3.2	0.3	2.0	100.0	9.2	55.1	26.6	5.6	3.5	100.0	316
Wealth quintile													
Lowest	19.7	70.9	8.5	0.6	0.3	100.0	13.9	44.0	31.1	9.0	2.0	100.0	120
Second	17.9	71.3	9.5	0.2	1.1	100.0	16.7	47.9	21.9	11.6	1.9	100.0	143
Middle	21.3	68.7	7.9	0.8	1.3	100.0	14.0	50.4	23.6	6.2	5.7	100.0	212
Fourth	18.9	67.7	8.8	1.7	2.9	100.0	10.6	60.8	18.3	5.5	4.7	100.0	222
Highest	43.4	54.2	1.4	0.0	1.1	100.0	7.9	64.7	19.2	6.0	2.2	100.0	284
Total	26.5	64.9	6.5	0.7	1.4	100.0	11.9	55.7	21.8	7.1	3.4	100.0	981

Note: Figures in parentheses are based on 25 to 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 15.2.2 looks at the issue of who controls men's cash earnings from the perspective of the woman and the man. Among married women who themselves had cash earnings and whose husbands earned cash in the past year, 15 percent report that mainly the husband decides how his cash earnings are be used, while 7 percent report that mainly the wife makes that decision. The majority (76 percent) report that the husband and wife decide jointly how the husband's earnings are used. In general, there are only minor differences across subgroups in the women's responses with respect to the person who controls the husband's earnings.

Among married men receiving cash earnings, only 5 percent decide mainly themselves how to use the money, while about six in ten (58 percent) decide jointly with their wife. Interestingly, more than one in three (36 percent) say that mainly their wife controls how the man's cash earnings are used. Men living in urban areas, those with higher than secondary specialized education, and men in the higher wealth quintiles are more likely to decide jointly with their wife on how their earnings are used when compared with other groups. Looking at regional variations, the highest proportion of husbands who decide jointly with their wives how their cash earnings are used is found in Ganja-Gazakh (92 percent) while the lowest is in Lankaran and Absheron (6 percent each).

Table 15.2.2 Control over men's cash earnings

Percent distributions of currently married men age 15-49 who receive cash earnings and of currently married women age 15-49 whose husbands receive cash earnings, by person who decides how men's cash earnings are used, according to background characteristics, Azerbaijan 2006

	Men							Women						
	Person who decides how men's cash earnings are used:							Person who decides how men's cash earnings are used:						
Background characteristic	Mainly husband	Husband and wife jointly	Mainly wife	Other	Don't know/ Missing	Total	Number of men who receive cash earnings	Mainly wife	Wife and husband jointly	Mainly husband	Other	Don't know/ Missing	Total	Number of women with cash earnings and whose husbands have cash earnings
Age														
15-19	*	*	*	*	*	*	0	*	*	*	*	*	*	1
20-24	(4.2)	(32.8)	(54.6)	(8.4)	(0.0)	(100.0)	39	(0.0)	(69.3)	(18.7)	(11.3)	(0.7)	(100.0)	47
25-29	5.3	55.9	36.3	2.6	0.0	100.0	152	0.0	84.2	15.3	0.4	0.2	100.0	89
30-34	4.1	62.8	30.6	2.2	0.3	100.0	196	6.2	69.9	19.3	2.2	2.4	100.0	119
35-39	4.8	51.5	43.7	0.0	0.0	100.0	251	8.5	70.1	17.0	0.7	3.7	100.0	180
40-44	5.3	59.9	34.5	0.2	0.0	100.0	254	6.0	84.3	9.0	0.1	0.6	100.0	261
45-49	5.2	63.1	31.7	0.0	0.0	100.0	259	12.3	71.1	15.9	0.0	0.7	100.0	214
Number of living children														
0	4.8	49.3	39.8	5.5	0.5	100.0	105	0.5	73.5	22.9	1.6	1.6	100.0	56
1-2	4.6	62.5	32.2	0.7	0.0	100.0	630	6.3	74.3	16.6	1.6	1.2	100.0	520
3-4	5.1	54.1	40.4	0.4	0.0	100.0	390	8.5	79.0	10.5	0.1	1.8	100.0	317
5+	(9.6)	(35.8)	(52.1)	(2.4)	(0.0)	(100.0)	25	*	*	*	*	*	*	18
Residence														
Urban	2.3	65.9	30.4	1.3	0.1	100.0	708	7.5	74.8	15.1	1.3	1.3	100.0	580
Rural	9.1	44.9	45.3	0.7	0.0	100.0	442	6.5	77.3	13.8	0.6	1.8	100.0	331
Region														
Baku	1.3	81.1	15.9	1.7	0.0	100.0	407	3.9	75.6	17.7	1.5	1.3	100.0	332
Absheron	2.2	6.2	89.8	1.1	0.7	100.0	83	11.6	71.6	13.5	2.9	0.3	100.0	57
Ganja-Gazakh	0.0	91.5	6.0	2.5	0.0	100.0	109	5.4	80.2	12.8	0.8	0.7	100.0	135
Shaki-Zaqatala	0.0	63.3	36.7	0.0	0.0	100.0	70	3.8	82.6	9.8	0.0	3.8	100.0	84
Lankaran	14.9	6.4	78.8	0.0	0.0	100.0	94	(9.9)	(74.8)	(11.4)	(0.0)	(3.9)	(100.0)	23
Guba-Khachmaz	2.3	19.6	78.1	0.0	0.0	100.0	53	(2.5)	(65.1)	(28.2)	(0.0)	(4.2)	(100.0)	21
Aran	6.7	58.9	34.5	0.0	0.0	100.0	273	13.3	70.9	14.4	0.6	0.8	100.0	206
Yukhari Garabakh	35.7	8.5	53.9	1.9	0.0	100.0	26	4.8	88.7	4.4	1.0	1.2	100.0	29
Daghligh Shirvan	18.6	19.1	59.4	2.9	0.0	100.0	36	12.2	73.5	8.6	2.1	3.6	100.0	23
Education														
Basic secondary or less	5.8	41.0	50.7	2.5	0.0	100.0	107	11.2	77.1	8.8	0.0	2.9	100.0	66
Complete secondary	5.7	53.2	40.1	1.0	0.1	100.0	639	7.7	79.3	10.7	0.9	1.4	100.0	299
Secondary specialized	4.5	67.8	27.6	0.0	0.0	100.0	147	10.1	69.4	16.8	2.1	1.6	100.0	248
Higher	2.9	70.8	25.1	1.2	0.0	100.0	258	3.1	77.1	18.0	0.7	1.1	100.0	299
Wealth quintile														
Lowest	7.9	44.5	46.6	0.9	0.0	100.0	179	6.8	78.4	12.8	0.8	1.1	100.0	110
Second	10.2	42.3	46.6	0.9	0.0	100.0	193	11.5	73.7	13.7	0.2	0.8	100.0	127
Middle	6.1	53.6	39.3	1.0	0.0	100.0	236	8.6	76.0	10.6	2.5	2.4	100.0	199
Fourth	2.4	63.2	33.9	0.4	0.2	100.0	254	4.7	78.2	14.6	1.8	0.7	100.0	210
Highest	0.8	75.3	22.0	1.9	0.0	100.0	288	5.9	73.5	18.9	0.0	1.8	100.0	267
Total 15-49	4.9	57.9	36.1	1.0	0.0	100.0	1,150	7.1	75.7	14.6	1.1	1.4	100.0	911
50-59	6.9	63.2	29.7	0.0	0.2	100.0	231	na	na	na	na	na	na	na
Total 15-59	5.2	58.7	35.1	0.9	0.1	100.0	1,381	na	na	na	na	na	na	na

Note: Figures in parentheses are based on 25 to 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases.
na = Not applicable

Table 15.3 shows, for currently married women who earned cash in the past 12 months, the person who decides how their cash earnings are used, and for all currently married women whose husbands earned cash in the past 12 months, the person who decides how their husband's cash earnings are used, according to the relative magnitude of the earnings of women and their husband or partner. In all situations, the majority of women report that decisions about how their or their husband's earnings are used are made jointly. As expected, however, women are more likely to decide mainly themselves how their cash earnings are used if they earn more than their husband/partner for their work. Women making more money than their husbands are also more likely than other women to say they mainly decide how the husband's earnings are used.

Table 15.3 Women's control over their own earnings and over those of their husband/partner

Percent distributions of currently married women age 15-49 with cash earnings in the past 12 months by person who decides how the woman's cash earnings are used and percent distribution of currently married women age 15-49 whose husbands have cash earnings by person who decides how the husband/partner's cash earnings are used, according to the relative size of the woman's and husband's cash earnings, Azerbaijan 2006

	Person who decides how woman's cash earnings are used:							Person who decides how husband/partner's cash earnings are used:						
Women's earnings relative to husband/partner's earnings	Mainly respondent	Respondent and husband/partner jointly	Mainly husband/partner	Other	Missing	Total	Number of women with cash earnings	Mainly respondent	Respondent and husband/partner jointly	Mainly husband/partner	Other	Missing	Total	Number of women whose husbands have cash earnings
More than husband/partner	36.4	54.3	9.3	0.0	0.0	100.0	117	18.0	60.7	21.2	0.1	0.0	100.0	108
Less than husband/partner	27.7	65.1	6.5	0.7	0.0	100.0	547	5.3	77.5	15.9	1.3	0.0	100.0	547
Same as husband partner	15.7	78.3	5.2	0.7	0.1	100.0	214	3.2	86.7	9.1	0.7	0.3	100.0	214
Husband/partner has no cash earnings/did not work	28.4	61.4	8.3	1.9	0.0	100.0	70	na	na	na	na	na	na	0
Woman has no cash earnings	na	na	na	na	na	na	0	1.8	69.3	23.2	5.7	0.0	100.0	107
Woman did not work in past 12 months	na	na	na	na	na	na	0	6.6	60.9	28.3	3.8	0.4	100.0	3,935
Don't know/Missing	(35.8)	(22.1)	(1.4)	(0.0)	(40.7)	(100.0)	34	(28.1)	(45.5)	(12.7)	(3.4)	(10.3)	(100.0)	33
Total[1]	26.5	64.9	6.5	0.7	1.4	100.0	981	6.6	63.9	25.7	3.4	0.4	100.0	4,945

Note: Figures in parentheses are based on 25 to 49 unweighted cases.
na = Not applicable
[1] Excludes cases where a woman or her husband/partner has no earnings and includes cases where a woman does not know whether she earned more or less than her husband/partner

15.3 HOUSEHOLD DECISIONMAKING

In order to assess women's decisionmaking autonomy, information was collected in the 2006 AzDHS survey on women's participation in four different types of decisions: on the respondent's own health care, on making major household purchases, on making household purchases for daily needs, and on visits to family friends or relatives. The ability of women to make decisions that affect the circumstances of their own lives is an essential aspect of empowerment.

Table 15.4 shows the percent distribution of currently married women according to the person in the household who usually makes decisions concerning these matters. Twenty percent of married women make decisions on their own about their own health care, more than half (52 percent) decide jointly with their husband/partner, while more than one in four (28 percent) say that their husband or someone else is the primary decisionmaker about the woman's own health care. Twelve percent of currently married women decide mainly themselves about the purchase of large household items, more than four in ten (41 percent) decide jointly with their husband, while less than half (47 percent) say the husband or someone else has the main say in these matters. Around half of married women make decisions about daily household purchases and two-thirds decide about visits to family or relatives on their own or jointly with their husbands.

Table 15.4 Women's participation in decisionmaking

Percent distribution of currently married women age 15-49 by person who usually makes decisions about four issues, Azerbaijan 2006

Issue	Mainly respondent	Respondent and husband/partner jointly	Mainly husband/partner	Someone else	Other	Missing	Total	Number of women
Own health care	20.1	52.0	21.7	4.6	1.4	0.2	100.0	5,269
Major household purchases	11.6	40.9	37.6	8.1	1.7	0.2	100.0	5,269
Purchases of daily household needs	16.7	35.1	37.8	8.3	2.0	0.2	100.0	5,269
Visits to her family or relatives	10.8	56.5	26.3	4.8	1.2	0.3	100.0	5,269

Women may have a say in some decisions but not others. To assess a woman's overall decisionmaking autonomy, the decisions in which she participates—that is, in which she alone has the final say or does so jointly with her husband or partner—are added together. The total number of decisions in which a woman participates is one simple measure of her empowerment. The number of decisions in which a woman jointly with her husband or partner has the final say is positively related to women's empowerment and reflects the degree of decisionmaking control women are able to exer-

cise in areas that affect their lives and environments. Figure 15.1 shows the distribution of currently married women according to the number of decisions in which they participate. About four in ten (41 percent) married women participate in all four specified household decisions, while about one in five (19 percent) reports having no say in any household decisions.

Figure 15.1 **Number of decisions in which currently married women participate**

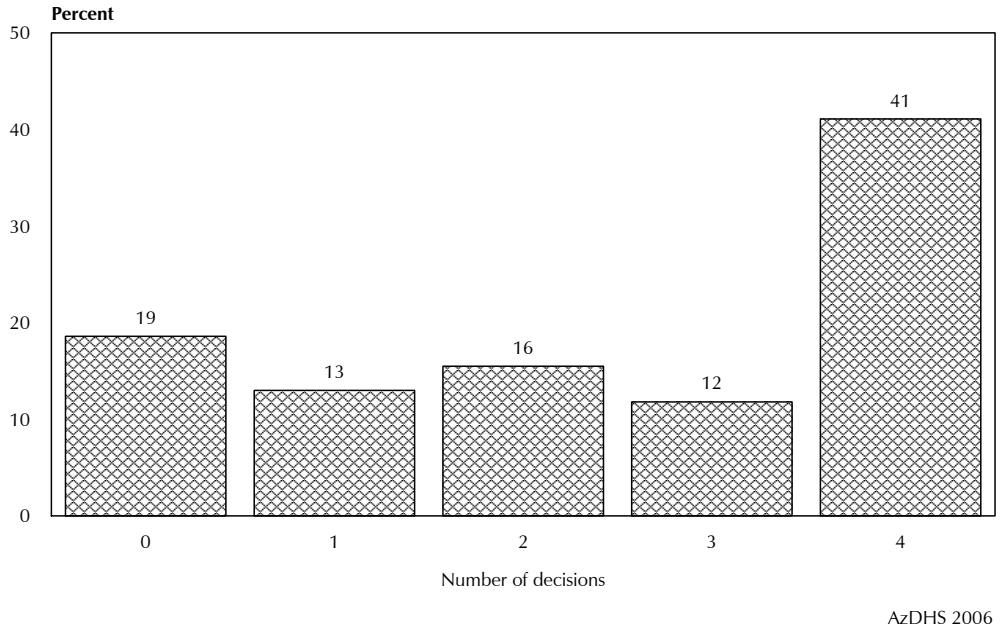

Table 15.5 shows how women's participation in decisionmaking varies by background characteristics. There is a strong correlation between age and decisionmaking. For example, the percentage of women participating in all four decisions increases from 21 percent among women age 15-19 to 53 percent among women age 45-49. Women who are employed for cash are the most likely to participate in all four decisions. Urban woman are more likely than rural women to have a say in all of the decisions. Looking at regional variations, the proportion of currently married women participating in all decisions ranges from 20 percent in Daghligh Shirvan to 50 percent in Baku. The proportion of women participating in decisionmaking increases with women's education. Thirty-two percent of women with basic secondary or less education participate in all specified decisions, compared with 50 percent of women with higher than secondary specialized education. The proportion of currently married women who participate in all four decisions also increases with wealth quintile.

Table 15.5 Women's participation in decisionmaking by background characteristics

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband/partner, by background characteristics, Azerbaijan 2006

Background characteristic	Specific decisions: Own health care	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	Percentage who participate in all four decisions	Percentage who participate in none of the four decisions	Number of women
Age							
15-19	48.8	29.1	29.4	42.1	21.3	41.2	151
20-24	45.9	29.7	27.5	45.5	22.5	43.3	697
25-29	66.4	44.0	41.7	59.7	31.7	23.2	806
30-34	75.6	52.7	52.7	67.4	40.2	15.0	829
35-39	77.6	58.8	59.6	73.4	47.3	12.6	925
40-44	81.0	61.0	61.1	77.6	49.7	10.6	1,091
45-49	83.2	66.8	64.8	78.0	52.7	9.5	769
Employment (last 12 months)							
Not employed	68.6	48.9	48.4	63.9	37.9	21.0	4,169
Employed for cash	87.6	68.9	67.1	82.5	55.9	7.7	981
Employed not for cash	66.0	42.1	42.8	59.8	27.5	23.8	119
Number of living children							
0	54.6	37.7	35.3	53.5	29.8	33.9	501
1-2	72.5	51.7	50.3	67.2	40.0	18.6	2,892
3-4	76.3	57.4	58.4	71.5	45.7	14.2	1,729
5+	73.3	59.8	58.3	67.3	45.6	18.6	147
Residence							
Urban	78.0	56.9	55.8	72.5	44.8	13.3	2,895
Rural	64.9	47.1	46.8	61.0	36.5	25.0	2,374
Region							
Baku	84.6	60.8	59.2	79.8	49.7	7.4	1,520
Absheron	65.6	57.1	58.2	61.0	45.2	23.5	343
Ganja-Gazakh	69.0	46.9	46.5	65.3	37.3	23.1	776
Shaki-Zaqatala	84.6	56.2	62.9	81.7	49.4	6.9	382
Lankaran	47.6	34.6	33.6	55.5	25.2	33.4	453
Guba-Khachmaz	74.5	42.6	58.4	72.6	40.1	15.1	219
Aran	68.1	52.7	48.3	59.8	37.8	23.5	1,288
Yukhari Garabakh	64.2	48.9	46.8	59.4	41.0	27.2	129
Daghligh Shirvan	56.9	47.2	40.8	30.1	20.4	37.3	159
Education							
Basic secondary or less	60.9	43.6	45.1	52.8	32.4	29.4	996
Complete secondary	70.3	52.5	51.5	67.1	40.7	19.3	2,873
Secondary specialized	81.8	55.2	54.3	75.8	45.7	11.1	753
Higher	86.1	63.1	60.1	80.5	50.4	7.9	646
Wealth quintile							
Lowest	64.2	49.3	48.6	58.3	39.1	27.2	978
Second	64.5	44.5	45.6	60.0	34.5	24.7	1,040
Middle	71.9	53.4	53.1	67.5	39.8	17.2	1,101
Fourth	74.4	54.6	53.2	68.6	43.0	17.1	1,062
Highest	84.3	60.0	57.7	81.0	48.5	7.9	1,087
Total	72.1	52.5	51.8	67.3	41.1	18.6	5,269

15.4 MEN'S ATTITUDES ABOUT HOUSEHOLD DECISIONMAKING

The 2006 AzDHS survey also asked currently married men who they think should have a greater say in making decisions about five different issues: making major household purchases, making household purchases for daily needs, visits to the wife's family or relatives, what to do with the money the wife earns, and how many children to have. Table 15.6 presents the results. Eighty-four percent of men think that the wife should participate in the decision about how many children to have, 80 percent think that the wife should decide alone or equally with her husband on what to do with her cash earnings, and 69 percent believe that she should participate in the decision about visits to her family or relatives. Furthermore, about half of currently married men think that a wife should decide alone or jointly with her husband about making daily purchases, while one in three believes that the wife should be involved in the decisionmaking about major household purchases.

Table 15.6 Men's attitudes about decisionmaking roles

Percent distribution of currently married men age 15-49 by person whom they say should have a greater say in making decisions about five issues, Azerbaijan 2006

Issue	Mainly husband	Mainly wife	Husband and wife jointly	Don't know/ depends	Total	Number of men
Major household purchases	65.1	2.6	31.5	0.8	100.0	1,371
Purchases of daily household needs	47.8	29.3	22.0	0.9	100.0	1,371
Visits to wife's family or relatives	30.4	15.3	53.6	0.6	100.0	1,371
What to do with the money wife earns	15.6	29.8	50.0	4.6	100.0	1,371
How many children to have	14.7	2.2	81.8	1.3	100.0	1,371

Table 15.7 shows how men's attitudes towards women's participation in various kinds of decisions varies by background characteristics. The table shows that only somewhat more than one in five men believe that women should participate in all five decisions. Eleven percent of men think that women should not participate in any of the decisions.

Table 15.7 Men's attitudes toward wives' participation in decisionmaking

Percentage of currently married men age 15-49 who say that a wife should have greater say or equal say with her husband on five specific kinds of decisions, by background characteristics, Azerbaijan 2006

Background characteristic	Wife should have greater say or equal say with husband regarding: Making major household purchases	Making purchases for daily house-hold needs	Visits to her family or relatives	What to do with the money the wife earns	How many children to have	All five decisions	None of the five decisions	Number of men
Age								
15-19	*	*	*	*	*	*	*	0
20-24	31.1	36.5	63.7	64.4	68.5	17.6	16.4	52
25-29	33.2	48.2	72.6	79.0	80.1	20.9	13.0	185
30-34	30.5	45.0	63.6	76.1	83.1	20.6	11.8	234
35-39	29.6	50.2	64.9	76.8	84.5	21.2	11.5	292
40-44	36.9	61.4	74.2	82.2	84.6	27.8	7.8	305
45-49	39.6	51.8	70.4	86.4	88.8	25.7	8.5	302
Employment (last 12 months)								
Not employed	33.5	53.1	66.0	79.9	81.3	25.5	12.1	123
Employed for cash	31.1	50.8	68.0	78.8	83.4	21.3	10.9	1,150
Employed not for cash	69.2	55.7	82.5	91.3	94.4	44.1	3.2	94
Number of living children								
0	33.3	56.6	70.8	73.5	72.4	22.1	12.8	137
1-2	36.7	52.4	69.3	80.5	86.1	25.4	9.6	736
3-4	30.9	48.5	68.2	80.7	83.9	21.0	11.1	467
5+	(24.8)	(47.2)	(61.7)	(77.2)	(88.6)	(18.2)	(11.4)	31
Residence								
Urban	36.7	57.7	68.9	79.9	84.9	25.6	9.5	774
Rural	30.8	43.1	69.0	79.8	82.9	20.6	11.7	597
Region								
Baku	30.9	58.2	64.8	80.1	86.6	15.8	6.2	420
Absheron	45.8	52.9	59.1	60.9	62.0	44.7	36.6	101
Ganja-Gazakh	93.3	72.2	94.2	98.6	96.9	64.8	0.0	190
Shaki-Zaqatala	32.6	71.4	80.3	86.7	91.4	24.6	3.3	93
Lankaran	21.9	20.3	49.4	64.5	70.9	14.9	19.2	104
Guba-Khachmaz	11.4	39.7	40.4	52.8	75.2	9.9	20.9	67
Aran	14.1	39.8	74.9	82.7	83.5	10.8	11.2	320
Yukhari Garabakh	8.3	19.9	44.3	89.1	96.4	4.5	3.3	35
Daghligh Shirvan	15.5	50.4	64.0	74.1	77.3	12.4	15.9	42
Education								
Basic secondary or less	41.0	53.6	69.4	80.0	80.0	28.1	12.8	147
Complete secondary	32.4	49.6	69.1	78.5	83.9	23.4	11.0	783
Secondary specialized	35.8	52.0	70.0	80.2	81.2	26.8	12.2	170
Higher	34.5	54.9	67.7	83.2	88.4	18.7	6.7	271
Wealth quintile								
Lowest	35.6	46.5	74.3	82.5	85.4	21.7	9.8	271
Second	27.6	38.0	65.3	78.1	80.1	19.0	12.8	250
Middle	33.0	51.1	66.7	76.5	81.2	26.5	13.2	270
Fourth	35.8	65.1	74.2	81.1	84.7	26.4	9.7	282
Highest	37.7	54.3	64.2	80.6	88.0	23.0	7.4	297
Total 15-49	34.1	51.4	68.9	79.8	84.0	23.4	10.5	1,371
50-59	41.5	62.3	75.5	85.1	88.6	34.5	7.8	305
Total men 15-59	35.5	53.4	70.1	80.8	84.9	25.4	10.0	1,676

Note: Total includes 4 men with information missing on employment. Figures in parentheses are based on 25 to 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Older men, those who are employed not for cash, and urban men are more likely than other groups to think that the wife should participate in decisionmaking for all five issues. The proportion of currently married men who think that a wife alone or jointly with her husband should have a say in deciding about all five issues ranges from a low of 5 percent in Yukhari Garabakh to a high of 65 percent in Ganja-Gazakh. The relationship between education or wealth quintile and men's beliefs on wives' participation in decisionmaking is not clear.

15.5 Attitudes towards Wife Beating

The 2006 AzDHS gathered information on women's and men's attitudes toward wife beating, a proxy for women's perception of their status. Women and men were asked whether a husband is justified in beating his wife under a series of circumstances: if the wife burns the food, argues with him, goes out without telling him, neglects the children, or refuses sexual relations. Women who believe that a husband is justified in hitting or beating his wife for any of the specified reasons may believe themselves to be low in status both absolutely and relative to men. Such perceptions could act as a barrier to women's accessing health care for themselves and their children, affect their attitude toward contraceptive use, and impact their general wellbeing.

Table 15.8.1 presents women's attitudes toward wife beating in five specific circumstances. The table also shows the percentage of women who agree that wife beating is justified in at least one of the circumstances. Forty-three percent agree that a husband is justified in beating his wife if she goes out without telling him, 35 percent agree if she neglects their children, 31 percent agree if she argues with him, 14 percent agree if she refuses sexual relations with him, and 12 percent agree if she burns the food. About half (49 percent) of all women agree with at least one of the specified reasons justifying a husband beating his wife.

Looking at the differentials, women age 15-19 are less likely than older women to agree that a husband is justified in beating a wife in any of the specified circumstances. Fifty-five percent of women who are currently married agree with at least one reason justifying a man beating his wife; this is a higher percentage than for never-married or formerly married women (39 percent and 42 percent, respectively). The proportion agreeing that wife beating is justified in at least some circumstances increases with the number of children. More than six in ten rural women (61 percent) agree with at least one reason justifying a wife's beating, compared with four in ten (40 percent) urban women. The proportion of women agreeing with at least one of the given reasons varies by region, from 25 percent in Absheron to 74 percent in Lankaran. Women employed for cash in the past 12 months are less likely than women not working for cash or women who have not been employed recently to see wife beating as sometimes justified. The likelihood that a woman perceives wife beating as justified in some circumstances decreases markedly with level of education. Women in the highest wealth quintile are much less likely to agree with one of the specified reasons than women in the lowest quintile (30 percent versus 66 percent).

Table 15.8.1 Attitudes toward wife beating: Women

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Azerbaijan 2006

Background characteristic	Husband is justified in hitting or beating his wife if she: Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Percentage who agree with at least one specified reason	Number of women
Age							
15-19	9.6	24.7	30.9	27.1	9.0	39.0	1,531
20-24	12.0	31.5	43.8	35.2	14.7	49.1	1,344
25-29	11.8	32.2	43.9	35.8	13.7	50.3	1,100
30-34	13.9	34.4	48.5	35.9	17.1	53.9	1,008
35-39	13.9	31.8	46.3	37.7	15.6	52.0	1,160
40-44	12.8	34.8	45.9	38.5	16.2	52.9	1,319
45-49	11.9	31.8	42.0	33.8	14.7	49.0	982
Employment (past 12 months)							
Not employed	12.6	32.4	43.9	35.8	14.8	50.2	6,673
Employed for cash	9.1	25.2	35.0	27.7	10.8	42.2	1,599
Employed not for cash	21.9	43.1	59.2	50.0	23.4	63.9	169
Marital status							
Never married	9.9	24.6	31.4	27.3	8.9	39.0	2,608
Married or living together	13.6	35.1	48.7	38.8	17.1	54.7	5,269
Divorced/separated/widowed	8.9	26.6	36.2	29.0	11.3	41.6	567
Number of living children							
0	10.5	26.3	34.7	29.6	10.5	42.0	3,208
1-2	10.8	30.6	43.5	33.5	14.3	49.6	3,254
3-4	16.6	40.1	52.8	43.9	19.7	58.7	1,827
5+	21.1	45.4	62.5	50.9	22.6	66.4	154
Residence							
Urban	5.8	22.8	33.4	24.8	8.6	40.0	4,772
Rural	20.3	42.4	54.3	47.3	21.5	60.6	3,672
Region							
Baku	1.6	19.5	29.1	18.5	5.1	36.0	2,560
Absheron	4.6	12.9	19.3	15.7	6.8	24.7	582
Ganja-Gazakh	8.6	29.3	40.2	35.2	7.2	46.9	1,148
Shaki-Zaqatala	7.9	24.6	43.9	27.3	6.6	49.3	589
Lankaran	19.0	53.1	68.1	58.8	28.5	74.1	706
Guba-Khachmaz	1.3	19.1	26.0	16.7	2.3	30.3	380
Aran	28.2	46.6	58.0	53.0	29.8	64.6	2,019
Yukhari Garabakh	15.1	33.6	51.5	49.4	20.0	59.1	204
Daghligh Shirvan	29.2	50.3	60.5	55.3	22.0	70.2	255
Education							
Basic secondary or less	18.3	38.8	51.1	44.5	19.5	58.0	1,815
Complete secondary	13.7	35.2	46.9	38.2	16.5	53.5	4,382
Secondary specialized	6.8	23.9	36.3	27.3	7.8	42.8	1,138
Higher	1.5	11.2	17.2	11.6	2.8	22.5	1,110
Wealth quintile							
Lowest	24.6	47.3	58.3	52.2	24.7	65.7	1,550
Second	18.9	43.4	57.2	47.1	21.8	62.5	1,649
Middle	12.2	30.3	45.5	37.5	14.0	52.1	1,707
Fourth	5.5	22.4	32.0	23.4	8.6	38.6	1,719
Highest	1.6	15.9	22.7	16.0	3.8	29.5	1,819
Total	12.1	31.3	42.5	34.6	14.2	49.0	8,444

Note: Total includes 2 women with information missing on employment

As shown in Table 15.8.2, men are more likely than women to agree with at least one of the reasons justifying a husband's beating of his wife (58 percent of men compared with 49 percent of women). More than half of men (52 percent) agree that a husband has the right to beat his wife if she argues with him, four in ten (40 percent) agree if she goes out without telling him, and one in three (35 percent) agree if she neglects the children. Twelve percent of men agree that a man is justified in hitting or beating his wife if she refuses to have sex with him, while 7 percent believe he may beat her if she burns the food.

The likelihood that a man agrees that wife beating is justified in at least one of the specified situations declines with age and is lower among currently married men than other men. Men in rural

areas are more likely than those from urban areas to agree with at least one reason justifying a man beating his wife (62 percent versus 55 percent). The percentage of men agreeing with at least one of these reasons is highest in Lankaran (88 percent) and lowest in Ganja-Gazakh (14 percent). Men who are employed not for cash, have a higher level of education, or are in a higher wealth quintile are less likely to agree with any of the stated reasons.

Table 15.8.2 Attitudes toward wife beating: Men

Percentage of all men age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Azerbaijan 2006

Background characteristic	Husband is justified in hitting or beating his wife if she: Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Percentage who agree with at least one specified reason	Number of men
Age							
15-19	8.2	56.6	45.2	39.4	14.7	63.1	382
20-24	10.7	54.9	46.3	39.4	15.7	63.9	356
25-29	5.4	54.4	44.3	37.8	8.1	59.7	293
30-34	5.6	51.6	40.2	32.9	12.6	58.1	279
35-39	7.1	49.4	37.7	36.2	8.2	56.8	309
40-44	5.7	48.0	32.6	30.3	12.6	55.0	312
45-49	5.2	45.5	32.3	24.6	8.2	50.0	315
Employment (last 12 months)							
Not employed	8.6	49.5	39.2	33.7	12.8	58.5	640
Employed for cash	6.6	53.4	41.3	35.2	11.7	59.4	1,481
Employed not for cash	3.7	42.5	29.5	32.0	4.6	45.3	116
Marital status							
Never married	9.3	56.2	45.5	39.3	14.1	63.9	848
Married or living together	5.6	48.7	36.8	31.7	10.1	54.8	1,371
Divorced/separated/widowed	(3.8)	(59.2)	(32.6)	(34.0)	(10.9)	(62.5)	26
Number of living children							
0	8.8	55.8	45.2	38.9	13.8	63.2	996
1-2	3.9	48.8	36.6	30.9	9.0	54.2	748
3-4	8.1	49.0	34.8	32.3	11.3	55.5	470
5+	(5.1)	(31.9)	(33.4)	(23.7)	(7.8)	(46.8)	31
Residence							
Urban	3.3	51.1	37.1	26.4	7.4	55.4	1,274
Rural	11.8	52.5	43.9	45.4	17.2	62.2	971
Region							
Baku	1.1	65.3	45.1	28.8	5.7	68.4	699
Absheron	5.0	18.9	21.8	19.3	6.9	23.8	167
Ganja-Gazakh	0.3	12.2	3.5	7.5	0.3	13.5	281
Shaki-Zaqatala	13.6	59.7	42.5	35.4	6.8	63.4	153
Lankaran	15.0	84.6	80.8	72.2	31.5	88.3	188
Guba-Khachmaz	7.9	55.7	54.1	24.7	9.1	59.5	119
Aran	12.3	47.7	35.5	45.9	20.2	63.8	508
Yukhari Garabakh	3.9	61.0	38.0	39.8	4.7	63.0	56
Daghligh Shirvan	23.1	61.1	73.1	65.1	31.1	82.7	73
Education							
Basic secondary or less	9.6	51.9	45.7	41.1	18.1	57.3	345
Complete secondary	8.2	54.3	42.4	40.0	12.7	61.9	1,272
Secondary specialized	2.1	43.5	34.4	26.9	7.1	49.9	200
Higher	3.5	47.5	31.1	17.0	5.2	52.5	428
Wealth quintile							
Lowest	12.0	54.3	45.6	46.6	15.2	63.0	410
Second	12.5	48.9	37.9	41.4	16.1	58.0	433
Middle	6.3	48.4	41.6	36.6	13.3	56.0	452
Fourth	3.6	53.4	44.0	35.0	9.9	59.2	451
Highest	1.7	53.4	32.3	16.8	4.9	56.1	499
Total 15-49	7.0	51.7	40.0	34.6	11.6	58.3	2,245
50-59	4.9	41.4	26.7	28.3	7.5	47.0	313
Total 15-59	6.7	50.4	38.4	33.8	11.1	56.9	2,558

Note: Total includes 8 men with information missing on employment. Figures in parentheses are based on 25 to 49 unweighted cases.

15.6 Attitudes towards Refusing Sexual Relations

The extent of control women have over when they have sexual intercourse has important implications for demographic and health outcomes. It is also an indicator of women's empowerment because it measures women's degree of acceptance of norms in certain societies that socialize women to believe that a woman does not have the right to refuse to have sexual intercourse with her husband for any reason.

The 2006 AzDHS survey included questions on whether respondents think that a wife is justified in refusing to have sexual intercourse with her husband under three circumstances: she knows her husband has a sexually transmitted disease (STD); she knows her husband has sexual intercourse with other women; or she is tired or not in the mood. These three circumstances for which opinions are sought have been chosen because they are effective in combining issues of women's rights and consequences for women's health. Table 15.9.1 shows the percentages of women who say that a wife is justified in refusing to have sexual intercourse with her husband for these reasons.

Overall, 64 percent of women agree that a woman is justified in refusing to have sex with her husband for all three of the selected reasons. Specifically, 78 percent of women said that a woman can refuse to have sex with her husband if she knows the husband has an STD, 79 percent said she can refuse if she knows that the husband is having sexual relations with another woman, and 70 percent said she can refuse if she is not in the mood or is tired. Overall, only 15 percent of women do not agree that a wife is justified in refusing sex for any of the given reasons.

Younger women are less likely to agree that a woman is justified in refusing sex for all of the reasons than older women: 43 percent of women age 15-19 compared to 60-70 percent of women age 20-29 and 70 percent or more of women in other age groups. Women who have never been married or have no children are also less likely to agree that refusal is justified in all of the circumstances than other women. Urban women tend to agree somewhat more often that a woman is justified in refusing sex for all of the reasons than rural women (68 percent versus 59 percent). Looking at regional variations, 72 percent of women living in Daghligh Shirvan agree with all of the specified reasons for a wife to refuse sex with her husband compared with 37 percent of women living in Lankaran. Women employed for cash (75 percent) are more likely to agree with all of the specified reasons for refusing sex than those employed not for cash (68 percent) and the unemployed (62 percent). More educated women and those in the higher wealth quintiles are more likely to agree with all of the specified reasons for a wife to refuse sex with her husband than women who are less educated. For example, 75 percent of women with a secondary specialized education and 77 percent of women with higher education agree with all of the scenarios, as opposed to 52 percent of women with basic secondary or less education.

Table 15.9.1 Attitude toward refusing sexual intercourse with husband: Women

Percentage of all women age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Azerbaijan 2006

Background characteristic	Wife is justified in refusing intercourse with her husband if she: Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Is tired or not in the mood	Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of women
Age						
15-19	54.3	58.0	47.9	42.6	36.5	1,531
20-24	73.9	77.6	66.9	60.9	16.8	1,344
25-29	83.2	85.6	75.2	69.2	8.6	1,100
30-34	85.7	83.3	76.8	70.4	8.8	1,008
35-39	85.9	84.4	77.7	72.0	7.8	1,160
40-44	85.2	83.2	78.2	70.9	8.5	1,319
45-49	84.1	85.2	79.1	72.7	8.2	982
Employment (past 12 months)						
Not employed	75.4	76.1	68.0	61.5	16.6	6,673
Employed for cash	86.8	88.7	80.1	75.3	6.9	1,599
Employed not for cash	77.3	76.7	72.8	67.7	18.9	169
Marital status						
Never married	60.2	63.2	53.5	48.4	31.4	2,608
Married or living together	85.3	85.2	77.8	71.0	7.3	5,269
Divorced/separated/widowed	85.3	86.3	78.8	74.5	8.6	567
Number of living children						
0	64.5	67.0	57.6	52.3	27.1	3,208
1-2	85.5	86.3	78.9	72.1	7.0	3,254
3-4	86.2	84.7	77.9	71.4	7.3	1,827
5+	79.2	77.1	68.6	62.8	12.2	154
Residence						
Urban	80.5	82.4	73.8	68.1	11.9	4,772
Rural	73.7	73.4	65.9	59.3	18.6	3,672
Region						
Baku	82.7	85.7	76.0	71.2	10.2	2,560
Absheron	77.5	76.9	72.1	65.7	15.9	582
Ganja-Gazakh	70.3	80.1	65.8	59.8	16.5	1,148
Shaki-Zaqatala	84.1	82.8	75.3	70.9	11.4	589
Lankaran	65.5	45.5	48.6	37.4	29.1	706
Guba-Khachmaz	69.5	68.4	58.3	51.9	24.0	380
Aran	78.6	79.2	72.2	66.2	14.8	2,019
Yukhari Garabakh	74.4	84.6	77.5	65.4	10.1	204
Daghligh Shirvan	83.5	87.4	77.3	71.7	9.4	255
Education						
Basic secondary or less	67.6	67.2	58.8	52.4	23.9	1,815
Complete secondary	77.1	78.0	69.6	63.2	14.8	4,382
Secondary specialized	87.8	87.7	80.6	75.0	7.1	1,138
Higher	85.1	89.1	82.0	76.8	7.7	1,110
Wealth quintile						
Lowest	68.6	71.4	60.9	53.4	21.2	1,550
Second	75.2	73.7	66.8	60.9	18.2	1,649
Middle	80.3	78.3	72.4	65.7	13.1	1,707
Fourth	77.0	80.1	71.7	65.8	14.6	1,719
Highest	85.3	87.4	78.7	73.7	8.1	1,819
Total	77.6	78.5	70.4	64.2	14.8	8,444

Note: Total includes 2 women with information missing on employment.

Table 15.9.2 shows the percentage of men who say that women are justified in refusing sex with their husbands in the various circumstances. Men are less likely than women to agree with all three of the selected reasons for a wife to withhold sex from her husband (55 percent compared with 64 percent). Specifically, 81 percent of men said that she can refuse if she knows that her husband has an STD, 61 percent said she can refuse if she knows that her husband is having sexual relations with another woman, and 72 percent agree that a woman can refuse to have sex with her husband if she is not in the mood or is tired.

Younger men age 15-19 (32 percent), never-married men (43 percent), men with no children (45 percent), men in rural areas (50 percent), and unemployed men (42 percent) all have a lower than average likelihood of agreeing with any reason given for a wife to withhold sex from her husband. The proportion of men who agree with all of the given reasons for a wife to refuse sex with her husband ranges from 7 percent among men in Guba Kachmaz to a high of 93 percent among men in Yukhari Garabakh. As with women, the proportion of men who agree with all of the given reasons for a wife to refuse sex with her husband is directly related to education and wealth.

Table 15.9.2 Attitude toward refusing sexual intercourse with husband: Men

Percentage of all men age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Azerbaijan 2006

Background characteristic	Wife is justified in refusing intercourse with her husband if she: Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Is tired or not in the mood	Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of men
Age						
15-19	52.4	36.3	46.6	32.0	41.7	382
20-24	78.1	54.1	68.6	46.7	15.3	356
25-29	88.7	64.0	77.8	60.2	8.6	293
30-34	89.3	67.1	82.5	60.8	5.8	279
35-39	89.4	66.7	78.0	61.2	8.1	309
40-44	88.0	72.3	80.4	64.4	7.6	312
45-49	91.4	73.8	80.7	66.9	6.3	315
Employment (past 12 months)						
Not employed	65.7	47.7	60.7	42.2	28.8	640
Employed for cash	88.0	68.1	77.2	61.5	8.2	1,481
Employed not for cash	81.8	47.5	77.1	45.6	13.9	116
Marital status						
Never married	67.2	47.9	59.7	42.6	26.8	848
Married or living together	90.1	69.3	80.4	63.0	6.7	1,371
Divorced/separated/widowed	(73.4)	(51.6)	(63.1)	(36.5)	(18.2)	26
Number of living children						
0	70.3	49.9	62.1	44.5	24.4	996
1-2	90.4	68.3	80.1	61.4	5.9	748
3-4	90.2	72.9	82.0	66.5	6.5	470
5+	(80.7)	(63.6)	(71.1)	(63.6)	(19.3)	31
Residence						
Urban	87.4	64.7	76.2	59.0	10.0	1,274
Rural	73.3	56.2	67.4	49.8	20.3	971
Region						
Baku	96.6	65.9	80.1	61.2	2.5	699
Absheron	80.4	76.2	78.0	73.7	16.8	167
Ganja-Gazakh	84.2	46.9	79.7	46.0	15.8	281
Shaki-Zaqatala	83.4	40.8	58.6	38.3	15.0	153
Lankaran	65.9	56.9	67.9	50.5	24.9	188
Guba-Khachmaz	23.2	16.6	15.7	7.0	70.6	119
Aran	75.7	69.2	71.5	56.3	13.4	508
Yukhari Garabakh	98.5	93.5	96.1	92.5	0.0	56
Daghligh Shirvan	81.6	77.3	78.9	74.6	16.2	73
Education						
Basic secondary or less	61.1	37.1	45.3	31.7	35.3	345
Complete secondary	80.7	61.5	72.9	55.4	14.3	1,272
Secondary specialized	90.7	71.9	80.3	65.8	6.8	200
Higher	94.9	73.8	89.2	67.8	1.4	428
Wealth quintile						
Lowest	73.9	56.0	66.2	49.4	19.9	410
Second	72.6	55.0	66.9	48.2	21.1	433
Middle	76.5	56.8	69.2	50.1	18.3	452
Fourth	86.3	64.0	74.0	59.2	10.6	451
Highest	94.7	71.5	83.7	66.3	4.1	499
Total 15-49	81.3	61.0	72.4	55.0	14.4	2,245
50-59	92.3	75.8	87.3	72.5	5.2	313
Total 15-59	82.6	62.8	74.2	57.2	13.3	2,558

Note: Total includes 8 men with information missing on employment. Figures in parentheses are based on 25 to 49 unweighted cases.

Table 15.9.3 shows the percentage of men who believe that a husband has a right to take the following actions when his wife refuses to have sex with him when he wants her to: get angry and reprimand her, refuse her financial support, use force to have sex, or have sex with another woman. Overall, less than 1 percent of men agree that a man has a right to all the specified actions if his wife refuses to have sex with him and 64 percent believe a man does not have the right to take any of the actions. Looking at specific actions, 29 percent of men believe that a man has a right to have sex with another woman, 14 percent of men think that a husband has a right to get angry and reprimand his wife, 11 percent think that he has a right to refuse her financial support, and 3 percent think that he has a right to use force to have sex.

Table 15.9.3 Men's attitudes toward a husband's rights when his wife refuses to have sexual intercourse

Percentage of men age 15-49 who say that a husband has the right to take specific actions when a woman refuses to have sex with him when he wants her to, by background characteristics, Azerbaijan 2006

Background characteristic	When a woman refuses to have sex with her husband, he has the right to:				Percentage who agree with all of the specified behaviors	Percentage who agree with none of the specified behaviors	Number of men
	Get angry and reprimand her	Refuse her financial support	Use force to have sex	Have sex with another woman			
Age							
15-19	20.0	17.9	5.1	23.7	2.6	67.6	382
20-24	19.4	13.7	4.2	35.8	0.9	54.5	356
25-29	9.0	9.3	4.5	28.8	0.7	65.4	293
30-34	13.0	10.6	2.7	33.6	1.0	60.8	279
35-39	14.8	10.2	1.2	24.9	0.2	68.9	309
40-44	12.9	7.9	2.6	31.4	0.2	62.4	312
45-49	9.0	7.8	2.4	27.2	0.2	66.3	315
Employment (last 12 months)							
Not employed	18.2	13.6	5.1	27.4	1.8	63.3	640
Employed for cash	13.6	10.5	2.8	28.5	0.5	64.9	1,481
Employed not for cash	3.7	9.3	1.4	47.6	1.4	50.9	116
Marital status							
Never married	19.0	15.1	4.4	28.1	1.8	63.2	848
Married or living together	11.5	9.1	2.7	29.3	0.3	64.5	1,371
Divorced/separated/widowed	(17.1)	(7.4)	(0.7)	(59.5)	(0.0)	(39.3)	26
Number of living children							
0	17.6	14.6	4.3	29.1	1.5	62.6	996
1-2	12.6	9.9	2.6	29.5	0.6	64.0	748
3-4	10.4	6.9	2.5	29.4	0.0	65.1	470
5+	(12.2)	(8.8)	(0.0)	(24.0)	(0.0)	(69.0)	31
Residence							
Urban	17.5	13.1	2.1	30.9	1.0	63.2	1,274
Rural	10.2	9.0	4.9	27.1	0.8	64.4	971
Region							
Baku	26.2	19.1	1.1	36.3	1.1	58.1	699
Absheron	10.5	7.1	2.0	4.8	0.7	87.0	167
Ganja-Gazakh	1.2	5.0	0.4	67.4	0.0	32.3	281
Shaki-Zaqatala	4.9	6.0	1.3	23.3	0.7	76.0	153
Lankaran	15.1	12.3	0.0	7.2	0.0	78.6	188
Guba-Khachmaz	11.8	11.2	4.1	26.4	4.1	68.5	119
Aran	11.9	9.5	10.5	22.8	0.7	64.4	508
Yukhari Garabakh	1.5	0.0	2.0	5.3	0.0	93.3	56
Daghligh Shirvan	9.5	2.6	1.9	7.6	1.2	84.4	73
Education							
Basic secondary or less	14.5	12.2	4.3	31.0	1.2	61.4	345
Complete secondary	14.7	12.1	4.1	29.4	0.9	62.7	1,272
Secondary specialized	12.8	8.1	2.4	19.8	0.8	72.8	200
Higher	14.1	10.1	0.8	31.8	0.6	64.1	428
Wealth quintile							
Lowest	11.2	8.7	3.4	29.0	0.7	61.7	410
Second	11.0	8.7	6.1	26.2	0.6	65.3	433
Middle	8.8	9.6	4.7	27.1	1.6	67.3	452
Fourth	19.0	13.4	1.7	32.7	0.7	61.5	451
Highest	20.7	15.6	1.0	30.8	0.8	62.6	499
Total 15-49	14.4	11.4	3.3	29.2	0.9	63.7	2,245
50-59	6.8	6.9	1.7	18.8	0.0	75.4	313
Total 15-59	13.4	10.8	3.1	28.0	0.8	65.1	2,558

Note: Total includes 8 men with information missing on employment. Figures in parentheses are based on 25 to 49 unweighted cases.

The largest variations in the proportion of men who disagree with all of the specified actions are observed by region. Only about a third (32 percent) of men living in Ganja-Gazakh think that a man does not have the right to take any of the actions when his wife refuses sex, while in Yukhari Garabakh more than nine in ten (93 percent) of men feel that a man should not take any of the actions.

15.7 INDICATORS OF WOMEN'S EMPOWERMENT

The empowerment indicators, namely women's participation in making household decisions, their attitudes toward women's ability to refuse sexual intercourse with their husband/partner, and their attitudes toward wife beating, can be summarized into three separate indices. The first index shows the number of decisions (see Table 15.5 for the list of decisions) in which women participate alone or jointly with their husband/partner. This decisionmaking index ranges in value from 0 to 4 and is positively related to women's empowerment. It reflects the degree of decisionmaking control that women are able to exercise in areas that affect their own lives and environments. The second index, which ranges in value from 0 to 3, is the number of circumstances (see Table 15.9.1 for the list of the circumstances) in which the respondent feels that a woman is justified in refusing sexual intercourse with her husband or partner. This sexual role index reflects perceptions of women's rights over their bodies and relates positively to women's sense of self and empowerment. The final index, which ranges in value from 0 to 5, is the total number of reasons (see Table 15.8.1 for the list of reasons) for which the respondent feels that a husband is justified in beating his wife. A lower score on this indicator is interpreted as reflecting a greater sense of entitlement and self-esteem and a higher status of women.

Table 15.10 shows how these three indicators relate to each other for female respondents. In general, the expectation is that women who participate in making household decisions are also more likely to have gender-egalitarian beliefs. The data show that there is a direct relationship between woman's participation in decisionmaking and number of reasons to refuse sex with husband. For example, the proportion of women who participate in the household decisionmaking increases from 35 percent among those who do not agree with any of the reasons for a wife to refuse sex with her husband to 44 percent among women who agree with all three reasons.

Table 15.10 Indicators of women's empowerment

Percentage of women age 15-49 who participate in all decisionmaking, percentage who disagree with all reasons for justifying wife beating, and percentage who agree with all reasons for refusing sexual intercourse with husband/ partner, by value on each of the indicators of women's empowerment, Azerbaijan 2006

Empowerment indicator	Percentage who participate in all decision-making[1]	Percentage who agree with all the reasons for refusing sexual intercourse with husband	Percentage who disagree with all the reasons justifying wife beating	Number of women
Number of decisions in which women participate[1]				
0	na	57.7	31.9	981
1-2	na	72.7	42.1	1,505
3-4	na	74.7	51.6	2,784
Number of reasons for which wife beating is justified[2]				
0	48.9	69.1	na	4,308
1-2	37.7	60.7	na	1,945
3-4	31.2	59.5	na	1,577
5	33.7	53.6	na	613
Number of reasons given for refusing to have sexual intercourse with husband[3]				
0	35.3	na	57.9	1,250
1-2	34.9	na	34.4	1,769
3	43.5	na	54.9	5,424

[1] Restricted to currently married women. See Table 15.5 for the list of decisions.
[2] See Table 15.8.1 for the list of reasons
[3] See Table 15.9.1 for the list of reasons
na = Not applicable

Furthermore, there is a positive relationship between number of decisions in which the woman participates and the proportion who agree with none of the given reasons for a husband to beat his wife. Thirty-two percent of women who do not participate in any of the household decisions disagree with all of the given reasons for a husband to beat his wife compared with 52 percent among those who participate in three to four decisions.

15.8 Current Use of Contraception by Women's Status

A woman's ability to control her fertility and the contraceptive method she chooses are likely to be affected by her status, self-image, and sense of empowerment. A woman who feels that she is unable to control other aspects of her life may be less likely to feel she can make and carry out decisions on her fertility. She may also feel the need to choose methods that are less evident or which do not depend on her husband's cooperation.

Table 15.11 shows the relationship of each of the three indicators of women's empowerment—number of decisions in which the respondent has the final say, number of reasons for which the respondent feels a husband is justified in beating his wife, and number of reasons for which a woman can refuse to have sexual intercourse with her husband—with the level of current use of contraceptive methods among currently married women age 15-49. The data indicate that there is a positive relationship between women's status and use of contraception. Contraceptive use is highest among women who participate in one or more household decisions, who agree that a woman can refuse sexual intercourse with her partner for all three specified reasons, and who believe that wife beating is not justified for all of the five specified reasons. For example, 45 percent of women who do not participate in any of the household decisions are using a contraceptive method, as opposed to 52 percent of women who participate in three or four of the specified decisions. Contraceptive use of any modern methods is highest among women who participate in 3-4 household decisions. Results with respect to the second indicator (number of reasons to refuse sexual intercourse with husband) are

Table 15.11 Current use of contraception by women's status

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, Azerbaijan 2006

		Modern methods							
Empowerment indicator	Any method	Any modern method	Female sterilization	Temporary modern female methods[1]	Male condom	Any traditional method	Not currently using	Total	Number of women
Number of decisions in which women participate[2]									
0	44.7	12.4	0.1	11.4	0.8	32.3	55.3	100.0	981
1-2	53.8	13.3	0.5	10.3	2.5	40.6	46.2	100.0	1,505
3-4	51.9	15.5	0.5	12.5	2.5	36.4	48.1	100.0	2,784
Number of reasons for which wife beating is justified[3]									
0	52.7	17.2	0.3	13.6	3.2	35.5	47.3	100.0	2,385
1-2	50.1	12.5	0.3	10.1	2.1	37.5	49.9	100.0	1,312
3-4	50.0	12.4	0.8	10.7	0.8	37.6	50.0	100.0	1,106
5	48.7	8.8	0.0	8.3	0.5	39.9	51.3	100.0	466
Number of reasons given for refusing to have sexual intercourse with husband[4]									
0	45.9	10.1	0.0	8.8	1.3	35.8	54.1	100.0	383
1-2	47.9	12.8	0.6	10.7	1.5	35.1	52.1	100.0	1,147
3	52.7	15.2	0.4	12.3	2.5	37.5	47.3	100.0	3,738
Total	51.1	14.3	0.4	11.7	2.2	36.8	48.9	100.0	5,269

Note: If more than one method is used, only the most effective method is considered in this tabulation.
[1] Pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly, and lactational amenorrhea method
[2] Restricted to currently married women. See Table 15.5 for the list of decisions.
[3] See Table 15.8.1 for the list of reasons
[4] See Table 15.9.1 for the list of reasons

similar; current use of any contraceptive method rises from 46 percent among women who believe there is no justifiable reason for a woman to refuse sexual intercourse with a husband to 53 percent among women who believe in three reasons for refusing to have sexual intercourse with a husband. Finally, 53 percent of women who do not feel that a husband is justified in beating his wife for any reason are using a contraceptive method compared with 49 percent of those who believe in all five reasons.

15.9 Women's Status and Ideal Family Size and Unmet Need

An increase in women's status and empowerment is recognized as important for efforts to reduce fertility through at least two main pathways: 1) desired family size decreases as women become more empowered and 2) empowerment increases a woman's ability to meet family-size goals through the effective use of contraception. Table 15.12 shows how women's ideal family size and their unmet need for family planning vary by the three indicators of women's empowerment.

The data show that there is no clear pattern in the relationship of women's empowerment indicators and the mean ideal number of children. Two indicators of women's empowerment (number of decisions in which the respondent participates and reasons for which wife beating is justified) also are not consistently related to the level of unmet need. However, unmet need for family planning, both for spacing and limiting, is related to the number of reasons given for refusing sex with husband. For example, the total unmet need for family planning is lower for women who agree on all reasons given for a woman to refuse sex with her husband when compared with those who disagree with all reasons given (22 percent versus 26 percent).

Table 15.12 Women's empowerment and ideal number of children and unmet need for family planning

Mean ideal number of children for women age 15-49 and the percentage of women age 15-49 with an unmet need for family planning, by indicators of women's empowerment, Azerbaijan 2006

Empowerment indicator	Mean ideal number of children[1]	Number of women	Percentage of women with an unmet need for family planning[2]			Number of women
			For spacing	For limiting	Total	
Number of decisions in which women participate[3]						
0	2.6	966	5.6	14.7	20.3	981
1-2	2.7	1,495	3.6	17.8	21.4	1,505
3-4	2.6	2,756	2.4	21.8	24.2	2,784
Number of reasons for which wife beating is justified[4]						
0	2.4	4,228	3.2	19.4	22.6	2,385
1-2	2.5	1,911	3.1	18.0	21.1	1,312
3-4	2.5	1,560	3.8	19.1	22.9	1,106
5	2.6	605	3.3	23.1	26.4	466
Number of reasons given for refusing to have sexual intercourse with husband[5]						
0	2.3	1,196	5.2	20.8	26.1	383
1-2	2.5	1,740	3.3	20.9	24.2	1,147
3	2.5	5,367	3.1	18.7	21.8	3,738
Total	2.5	8,304	3.3	19.3	22.7	5,269

[1] Mean excludes respondents who gave non-numeric responses.
[2] See Table 8.3 for the definition of unmet need for family planning
[3] Restricted to currently married women. See Table 15.5 for the list of decisions.
[4] See Table 15.8.1 for the list of reasons
[5] See Table 15.9.1 for the list of reasons

15.10 Women's Status and Reproductive Health Care

A woman's status and level of self-respect can be major determinants of a woman's ability to obtain adequate health care for herself. In societies where health care is widespread, women's empowerment may not affect their access to reproductive health services; in other societies, however, in-

creased empowerment of women is likely to increase their ability to seek out and use health services to better meet their own reproductive health goals, including the goal of safe motherhood. Table 15.13 examines whether women's use of antenatal, delivery, and postnatal care services from health workers varies by their level of empowerment as measured by the three indicators of empowerment.

Table 15.13 Reproductive health care by women's empowerment

Percentage of women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance, and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Azerbaijan 2006

Empowerment indicator	Received antenatal care from health personnel	Received delivery assistance from health personnel	Received postnatal care from health personnel within the first two days after delivery[1]	Number of women with a child born in the past five years
Number of decisions in which women participate[2]				
0	69.3	85.2	53.0	461
1-2	79.5	91.2	67.1	519
3-4	80.6	90.5	70.0	643
Number of reasons for which wife beating is justified[3]				
0	85.3	94.8	77.1	733
1-2	80.0	89.9	66.4	420
3-4	70.6	85.6	50.1	367
5	45.5	72.5	32.5	166
Number of reasons given for refusing to have sexual intercourse with husband[4]				
0	64.3	82.9	46.6	134
1-2	70.1	86.9	56.4	390
3	80.6	91.0	68.8	1,161
Total	76.9	89.4	64.2	1,686

Note: "Health personnel" includes doctor, nurse, midwife, or feldsher.
[1] Pertains to all recent deliveries including those delivered in a health facility
[2] Restricted to currently married women. See Table 15.5 for the list of decisions.
[3] See Table 15.8.1 for the list of reasons
[4] See Table 15.9.1 for the list of reasons

The data indicate that there is a relationship between each of the selected indicators of women's status and women's utilization of antenatal care, suggesting that in Azerbaijan, as women's status increases, so does their access to reproductive health care from a professional. For example, among women who participate in all of the specified household decisions, 81 percent received antenatal care from a trained health professional, compared with 69 percent of women who do not participate in any decisions. Ninety-one percent of women who participate in three or four decisions received delivery assistance from a health professional and 70 percent utilized postnatal care from a health professional within two days since delivery compared with 85 percent and 53 percent, respectively, of women who had no say in any decisionmaking.

The data also show a steady increase in utilization of health services as the number of reasons wife beating is believed to be justified decreases. For example, 95 percent of women who say wife beating is not justified in any of the situations described were assisted by a health professional during delivery compared with 73 percent of women who say that wife beating is justified in all five of the specified circumstances.

Finally, the number of reasons for which women feel that a wife is justified in refusing to have sexual intercourse with her husband has a strong positive relationship with all three variables. For example, the proportion of women who receive antenatal care increases from 64 percent among women who think a wife is not justified in refusing to have sex with her husband for any of the specified reasons to 81 percent among those who said that all three reasons cited were justifiable. A similar relationship is observed between the number of reasons given for refusing sexual intercourse with husband/partner and receiving postnatal and delivery care.

DOMESTIC VIOLENCE 16

In recent years, there has been increasing concern about violence against women in general, and domestic violence in particular, in both developed and developing countries (United Nations General Assembly, 1996). Not only has domestic violence against women been acknowledged worldwide as a violation of the basic human rights of women, but an increasing amount of research highlights the health burdens, intergenerational effects, and demographic consequences of such violence (e.g., Kishor and Johnson, 2006). Gender-based violence is defined as any act of violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, where occurring in public or private life (United Nations, 1993 and 1996). Domestic violence includes physical, sexual, emotional, psychological, or economic abuse committed by a person against a spouse, child, and any other person who is a member of the household, dependent, or parent of a child of that household.

The 2006 AzDHS included a special module designed to obtain information on the extent to which women in Azerbaijan experience domestic violence. The domestic violence module was administered to one randomly selected woman in each household.

Questions were included in the module to obtain information from ever-married women as to whether or not they had ever experienced various forms of emotional, physical, or sexual violence at the hands of their current (most recent) husband/partner[1]. Marital emotional violence was assessed by asking the woman whether or not her husband had ever said or done something to humiliate her in front of others; threatened to hurt or harm her or someone close to her; or insulted her or made her feel bad about herself. To assess the extent of marital physical violence, women were asked if the husband/partner had ever done any of the following: (1) pushed her, shaken her, thrown something at her, twisted her arm, or pulled her hair; (2) slapped her; (3) punched her with his fist or with something that could hurt her, kicked her, dragged her, or beaten her up; (4) tried to choke her or burn her; or (5) threatened or attacked her with a knife, gun, or other type of weapon. The extent of marital sexual violence was assessed by asking whether or not the husband or partner had ever physically forced her to have sexual intercourse or forced her to perform any other sexual acts. Women who reported that they had ever experienced any form of violence were asked about the frequency with which each of the specific acts had occurred during the 12 months prior to the survey.

Although the module focused on the extent of marital violence, information also was obtained from all women on any physical violence that the woman may have experienced since her fifteenth birthday. This allowed married women who reported violence at the hands of their current (last) husband the opportunity to report violence involving perpetrators other than their spouse. The module also obtained information from all women who were ever sexually active about whether or not their first sexual experience had been forced against their will and whether or not they had experienced sexual violence at any other time. If a woman reported she had been subjected to physical or sexual violence, she was asked about assistance, if any, she may have sought at the time the most recent episode of violence occurred.

The collection of data on domestic violence is challenging because women may not disclose issues of domestic violence. Collection of such sensitive information requires the establishment of a rapport between the interviewer and the respondent. To prepare field staff in collecting data on domestic violence, they received special training on gender-based violence, focusing on domestic

[1] Subsequently, in this chapter the term husband refers to both the current/most recent husband for currently/formerly legally married women and the current/most recent partner for women currently living or who formerly lived together with their partners in informal union.

violence. Interviewers were instructed that interviews could only proceed when maximum privacy had been ensured. If privacy was not assured, the questions in the domestic violence module were not to be asked.

16.1 WOMEN EXPERIENCING PHYSICAL VIOLENCE

Table 16.1 shows the percent distribution of all women who report experiencing physical violence since age 15 and in the 12 months prior to the survey. The data show that 13 percent of all women age 15-49 experienced physical violence since age 15. Somewhat more than half of these women—8 percent of all women—had experienced at least one episode of violence in the 12 months preceding the survey. Two percent of the women said they had been subjected to violent physical acts often during the year before the survey.

Table 16.1 Experience of physical violence

Percentage of women age 15-49 who have ever experienced physical violence since age 15 and percentage who have experienced violence during the 12 months preceding the survey, by background characteristics, Azerbaijan 2006

Background characteristics	Percentage who have ever experienced physical violence since age 15				Number of women
		In the past 12 months			
	Ever[1]	Often	Sometimes	Any	
Age					
15-19	8.6	0.9	3.7	4.7	1,101
20-24	10.8	1.0	6.3	7.4	837
25-29	14.9	2.5	6.5	9.0	759
30-39	15.1	1.7	7.9	9.5	1,414
40-49	15.4	2.0	5.6	7.6	1,506
Employment (last 12 months)					
Employed for cash	16.7	2.0	5.6	7.5	1,035
Employed not for cash	20.7	6.4	3.4	9.9	114
Not employed	12.3	1.4	6.2	7.6	4,468
Marital status					
Never married	7.0	0.4	2.7	3.1	1,770
Married or living together	13.8	1.4	7.4	8.9	3,452
Divorced/separated/widowed	36.4	8.8	8.8	17.6	395
Number of living children					
0	8.3	0.6	3.5	4.1	2,157
1-2	16.8	2.6	8.0	10.6	2,166
3-4	16.1	1.8	7.3	9.1	1,208
5+	7.3	0.0	4.0	4.0	85
Residence					
Urban	12.3	1.8	5.2	7.1	3,175
Rural	14.5	1.4	7.1	8.5	2,442
Region					
Baku	8.4	1.9	2.6	4.5	1,683
Absheron	21.1	2.9	9.7	12.5	403
Ganja-Gazakh	15.0	0.6	6.4	7.0	776
Shaki-Zaqatala	11.8	2.3	3.0	5.3	385
Lankaran	13.2	0.9	11.3	12.3	466
Guba-Khachmaz	9.4	2.1	5.6	7.7	250
Aran	15.2	1.6	7.8	9.4	1,347
Yukhari Garabakh	14.6	0.9	4.5	5.4	135
Daghligh Shirvan	27.2	1.3	10.0	11.3	171
Education					
Basic secondary or less	18.4	3.4	9.1	12.5	1,190
Complete secondary	12.8	1.3	5.9	7.2	2,945
Secondary specialized	11.2	1.0	5.1	6.1	736
Higher	8.9	0.5	2.7	3.2	746
Wealth quintile					
Lowest	15.5	2.0	6.5	8.5	1,018
Second	16.3	2.3	7.9	10.2	1,106
Middle	12.9	1.3	7.5	8.8	1,129
Fourth	12.7	1.5	4.5	5.9	1,153
Highest	9.5	1.1	4.1	5.2	1,211
Total	13.3	1.6	6.0	7.7	5,617

[1] Includes the past 12 months

Women age 15-19 are least likely to have experienced violence both since they were 15 and in the past 12 months. Table 16.1 also shows that a woman's marital status is associated with her experience of domestic violence; while 36 percent of women who are divorced, separated, or widowed report experiencing physical violence since the age of 15, the proportions for never married and currently married women are 7 percent and 14 percent, respectively. Rural women are somewhat more likely than urban women to have experienced physical violence since age 15 (15 percent versus 12 percent) and in the 12 months prior to the survey (9 percent versus 7 percent). The experience of physical violence among women since age 15 is highest in Daghligh Shirvan (27 percent) and lowest in Baku (8 percent), while recent experience is highest in Absheron (13 percent) and lowest in Baku, Shaki-Zaqatala, and Yukhari Garabakh (5 percent each).

Other social and economic background characteristics also are related to a woman's chances of experiencing physical violence. Women who are employed not for cash are somewhat more likely to report physical violence since age 15 and in the past year than employed women who earn cash and, especially, women who are not employed. The likelihood that a woman has experienced violence tends to decrease with education. For example, 18 percent of women with basic secondary or less education have experienced physical violence since age 15 compared with 9 percent of those with higher than secondary specialized education. Experience with violence is generally more common among women in the lower wealth quintiles than among women in higher wealth categories.

16.2 Perpetrators of Physical Violence

Table 16.2 shows the percentage of women who have ever experienced physical violence by the person or persons who subjected them to physical violence, according to their marital status. Overall, the data show that husbands are the main perpetrators of violence. Among ever-married women who have experienced physical violence, 60 percent name a current husband or partner as the perpetrator, while 22 percent cite a former husband or partner.

Table 16.2 Persons committing physical violence

Among women age 15-49 who have experienced physical violence since age 15, percentage who reported that specific persons committed the violence, by marital status, Azerbaijan 2006

Person who committed physical violence	Ever-married women	Never-married women	All women
Current husband/partner	60.1	na	50.2
Former husband/partner	22.2	na	18.5
Father/stepfather	7.0	28.7	10.6
Mother/stepmother	16.1	62.7	23.8
Sister/brother	4.8	31.8	9.2
Daughter/son	0.1	0.2	0.1
Other relative	0.6	6.0	1.5
Mother-in-law	1.9	na	1.6
Father-in-law	0.0	na	0.0
Other in-law	0.2	na	0.2
Teacher	0.3	0.0	0.3
Other	0.4	0.7	0.5
Number of women	622	123	745

na = Not applicable

Mothers and stepmothers are common perpetrators of physical violence. Sixteen percent of ever-married women who had been subjected to at least one episode of physical violence since age 15 name their mother or stepmother as a perpetrator. Among never-married women who experienced physical violence since age 15, a large majority (63 percent) reported their mother or stepmother as the perpetrator. Among never-married women, 32 percent suffered violence committed by a sibling and 29 percent by their father or stepfather.

16.3 FORCE AT SEXUAL INITIATION

Table 16.3 looks at the issue of the extent that force is used at the time of sexual initiation. Among women who have ever had sexual intercourse, 3 percent reported that their first sexual intercourse was forced against their will. There was only minor variation in this percentage by age at first sexual intercourse, and the percentage did not vary at all with the timing of sexual initiation (i.e., before or at the time of first marriage or cohabitation).

Table 16.3 Force at sexual initiation

Among women age 15-49 who have ever had sexual intercourse, percentage who say that their first experience of sexual intercourse was forced against their will, by age at first sexual intercourse and whether the first sexual intercourse was at the time of marriage or before first marriage, Azerbaijan 2006

Background characteristic	Percentage whose first sexual intercourse was forced against their will	Number of women who have ever had sexual intercourse
Age at first sexual intercourse		
<15	(0.0)	25
15-19	3.5	1,460
20-24	2.6	1,705
25-29	1.3	452
30-49	2.6	137
Missing	0.8	70
First sexual intercourse was:		
At the time of first marriage/first cohabitation	2.8	3,621
Before first marriage/first cohabitation[1]	2.8	157
Missing	0.8	69
Total	2.8	3,849

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes never-married women

16.4 EXPERIENCE OF SEXUAL VIOLENCE

Overall, 4 percent of women in Azerbaijan have experienced sexual violence at some point in their lives (Table 16.4). Data show that younger women age 15-19 are less likely to report having ever experienced sexual violence (less than 1 percent) when compared to older women (3-5 percent). Women who are employed for cash (5 percent) are somewhat more likely than unemployed women (3 percent) or those who are employed not for cash (2 percent) to report experience of sexual violence. Divorced, separated, and widowed women are much more likely to have experienced sexual violence (14 percent) than currently married women (5 percent) and never-married women (0 percent). Women residing in Daghligh Shirvan (8 percent) are more likely to report sexual violence than women in Baku, Ganja-Gazakh, Shaki-Zaqatala, and Guba-Khachmaz (3 percent each).

Table 16.4 Experience of sexual violence

Percentage of women age 15-49 who have ever experienced sexual violence, by background characteristics, Azerbaijan 2006

Background characteristic	Percentage who have ever experienced sexual violence[1]	Number of women
Age		
15-19	0.4	1,101
20-24	3.0	837
25-29	4.7	759
30-39	5.1	1,414
40-49	4.8	1,506
Employment (past 12 months)		
Employed for cash	5.4	1,035
Employed not for cash	2.2	114
Not employed	3.4	4,468
Marital status		
Never married	0.0	1,770
Married or living together	4.5	3,452
Divorced/separated/widowed	13.7	395
Number of living children		
0	1.2	2,157
1-2	5.4	2,166
3-4	5.3	1,208
5+	3.4	85
Residence		
Urban	3.6	3,175
Rural	3.8	2,442
Region		
Baku	2.7	1,683
Absheron	5.7	403
Ganja-Gazakh	2.8	776
Shaki-Zaqatala	3.0	385
Lankaran	2.8	466
Guba-Khachmaz	3.0	250
Aran	4.9	1,347
Yukhari Garabakh	4.5	135
Daghligh Shirvan	8.3	171
Education		
Basic secondary or less	5.5	1,190
Complete secondary	2.9	2,945
Secondary specialized	5.1	736
Higher	2.7	746
Wealth quintile		
Lowest	4.3	1,018
Second	3.3	1,106
Middle	4.1	1,129
Fourth	4.6	1,153
Highest	2.5	1,211
Total	3.7	5,617

[1] Includes those whose sexual initiation was forced against their will

16.5 Experience of Different Forms of Violence

Table 16.5 shows the percentage of all women age 15-49 who reported experiencing various forms of physical violence, sexual violence, or both, by current age. Overall, 15 percent of women reported that they have experienced a form of physical or sexual violence, whether it was physical abuse only, sexual abuse only, or both physical and sexual abuse. The experience of physical or sexual violence increases with age from 9 percent among women age 15-19 to 18 percent among those age 30-49.

Table 16.5 Experience of different forms of violence

Percentage of women age 15-49 who have experienced different forms of violence by current age, Azerbaijan 2006

Current age	Physical violence only	Sexual violence only[1]	Physical and sexual violence[1]	Physical or sexual violence[1]	Number of women
15-19	8.4	0.1	0.3	8.7	1,101
20-24	9.4	1.7	1.4	12.4	837
25-29	12.1	1.8	2.9	16.8	759
30-39	12.5	2.4	2.7	17.6	1,414
40-49	12.9	2.3	2.5	17.7	1,506
Total	11.3	1.7	2.0	15.0	5,617

[1] Includes forced sexual initiation

16.6 VIOLENCE DURING PREGNANCY

Women can experience violence at any stage of their life. In the 2006 AzDHS, women who had ever had a pregnancy (whether it resulted in a live birth or not) and those who were pregnant for the first time at the time of the survey were asked whether they experienced any type of physical violence during any of their pregnancies and who perpetrated that violence. Table 16.6 presents these findings according to selected background characteristics.

Overall, 4 percent of ever-pregnant women reported that they experienced violence when they were pregnant. Looking at the age pattern, women in the 25-29 age group report the highest prevalence of experiencing violence while pregnant (6 percent). Divorced, separated, or widowed women are much more likely than currently married women to have experienced violence during pregnancy (19 percent versus 3 percent). Urban women are only slightly more likely than rural women to have been exposed to physical violence during pregnancy. Women in Absheron (7 percent) report the highest prevalence of violence during pregnancy, while women in Lankaran reported the lowest (2 percent). Experience of violence during pregnancy generally decreases with increasing level of education and wealth.

16.7 MARITAL CONTROL BY HUSBAND OR PARTNER

Marital violence refers to violence perpetuated by partners in a marital union. Attempts by male spouses/partners to closely control and monitor their female counterparts have been found to be among the most important early warning signs, as well as correlates of violence in

Table 16.6 Violence during pregnancy

Among women age 15-49 who have ever been pregnant, percentage who have ever experienced physical violence during pregnancy, by background characteristics, Azerbaijan 2006

Background characteristic	Percentage who have ever experienced physical violence during pregnancy	Number of women who have ever been pregnant
Age		
15-19	2.7	55
20-24	5.4	385
25-29	6.4	565
30-39	3.7	1,209
40-49	3.6	1,360
Marital status		
Never married	*	2
Married or living together	2.7	3,237
Divorced/separated/widowed	19.2	334
Number of living children		
0	0.6	113
1-2	5.0	2,166
3-4	3.2	1,208
5+	3.6	85
Residence		
Urban	4.6	2,019
Rural	3.8	1,554
Region		
Baku	3.4	1,027
Absheron	7.1	246
Ganja-Gazakh	5.6	538
Shaki-Zaqatala	3.8	251
Lankaran	2.1	302
Guba-Khachmaz	5.7	148
Aran	4.2	877
Yukhari Garabakh	2.9	83
Daghligh Shirvan	5.4	101
Education		
Basic secondary or less	7.2	655
Complete secondary	3.7	1,961
Secondary specialized	3.8	496
Higher	2.8	461
Wealth quintile		
Lowest	6.3	658
Second	4.1	696
Middle	3.0	757
Fourth	4.5	701
Highest	3.5	760
Total	4.2	3,573

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

a relationship. Controlling behaviors most often manifest themselves in terms of extreme possessiveness, jealousy, and attempts to isolate the woman from her family and friends.

In order to determine the degree of marital control by husbands of their wives, ever-married women were asked in the AzDHS whether or not their current (last) husband exhibits(ed) each of the following controlling behaviors: (1) becomes jealous or gets angry if she talks to other men; (2) accuses her of being unfaithful; (3) does not permit meetings with female friends; (4) tries to limit contact with her family; (5) insists on knowing where she is at all times; and (6) does not trust her with any money. Table 16.7 presents the percentage of ever-married women whose husbands or partners displayed each of the listed behaviors, by selected background characteristics. Because the accumulation of such behaviors is more significant than the display of any single behavior, the proportion of women whose husbands display at least three of the specified behaviors is highlighted.

Table 16.7 Degree of marital control exercised by husbands

Percentage of ever-married women age 15-49 whose current or most recent husband/partner has ever demonstrated specific types of controlling behavior, by background characteristics, Azerbaijan 2006

	Percentage of women whose husband:								
Background characteristic	Is jealous or angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists on knowing where she is at all times	Does not trust her with any money	Displays 3 or more of the specific behaviors	Displays none of the specific behaviors	Number of women
Age									
15-19	74.5	8.7	25.3	13.9	89.4	52.8	53.0	4.2	101
20-24	59.4	8.0	18.2	9.8	78.8	55.1	44.8	12.4	459
25-29	56.6	8.8	16.6	11.8	79.1	49.7	37.2	12.0	607
30-39	48.2	7.4	12.5	9.9	75.4	50.6	33.2	14.3	1,257
40-49	37.3	5.6	9.5	8.1	69.0	50.0	26.1	19.5	1,424
Employment (past 12 months)									
Employed for cash	42.8	8.0	10.8	7.3	72.5	48.2	29.5	18.3	813
Employed not for cash	40.8	3.4	9.2	6.7	68.8	45.2	22.3	17.8	84
Not employed	49.0	6.9	13.8	10.4	75.1	51.7	34.4	14.5	2,950
Number of living children									
0	56.1	11.6	19.3	13.9	80.5	54.7	41.9	9.4	389
1-2	48.8	6.7	13.8	10.0	72.9	48.6	34.0	16.9	2,164
3-4	43.0	6.5	9.9	7.7	74.4	53.0	28.7	14.9	1,208
5+	39.7	1.2	10.5	9.6	84.5	56.8	33.3	10.2	85
Marital status and duration									
Currently married women	46.8	5.6	11.3	7.9	74.6	51.5	31.7	15.4	3,452
Married only once	47.0	5.5	11.3	7.9	74.7	51.3	31.6	15.5	3,178
0-4 years	60.2	5.5	15.3	8.1	78.2	51.1	40.2	13.2	640
5-9 years	52.9	7.3	16.6	11.7	78.8	48.9	35.0	11.7	530
10+ years	41.2	5.0	8.6	6.8	72.5	52.0	28.0	17.3	2,008
Married more than once	45.2	6.9	11.6	8.2	73.9	53.3	31.9	13.7	274
Divorced/separated/widowed	53.6	19.5	27.9	24.9	72.3	45.0	45.8	15.2	395
Residence									
Urban	47.8	7.0	12.3	7.9	72.7	45.2	31.5	18.0	2,161
Rural	47.2	7.1	14.0	11.9	76.5	58.0	35.2	12.0	1,686
Region									
Baku	46.6	7.5	9.4	5.3	75.7	41.4	29.6	19.6	1,103
Absheron	52.1	8.8	17.6	11.4	44.9	16.8	20.7	27.4	258
Ganja-Gazakh	38.1	3.0	19.2	11.2	81.1	81.7	37.5	9.6	578
Shaki-Zaqatala	44.9	3.6	5.6	4.3	72.9	48.5	28.2	18.6	264
Lankaran	62.9	14.4	16.6	15.8	81.9	65.1	49.1	5.0	326
Guba-Khachmaz	68.6	12.4	4.9	7.7	64.1	52.6	40.4	13.2	156
Aran	45.2	6.5	14.0	12.9	74.7	50.1	33.9	15.2	956
Yukhari Garabakh	46.7	8.3	13.6	8.5	76.7	80.3	39.3	9.0	92
Daghligh Shirvan	47.1	2.0	16.0	11.1	85.5	5.7	16.7	7.5	114
Education									
Basic secondary or less	52.0	10.3	17.0	14.5	76.8	56.8	41.5	10.8	742
Complete secondary	47.3	6.6	12.6	9.2	74.4	51.1	32.3	15.2	2,094
Secondary specialized	48.4	5.8	13.1	7.5	76.9	45.4	30.4	15.3	525
Higher	40.7	5.2	8.9	6.2	68.0	46.4	26.7	22.9	486
Wealth quintile									
Lowest	45.5	6.4	14.2	11.4	74.3	57.3	34.9	12.8	699
Second	49.1	8.6	15.6	13.5	76.2	56.7	38.2	13.6	771
Middle	48.6	7.5	13.5	11.1	74.3	52.2	35.2	14.8	811
Fourth	48.2	5.6	12.6	6.4	72.4	46.2	29.7	16.4	751
Highest	46.2	6.9	9.6	6.0	74.6	42.6	27.8	18.8	815
Total	47.5	7.0	13.0	9.6	74.4	50.8	33.1	15.4	3,847

Note: Women not currently married were asked questions about the behavior of their most recent husband/partner using the past tense.

Table 16.7 shows that the main controlling behaviors women experienced are that their husbands insist on knowing where they are at all times (74 percent), that they do not trust the wives with money (51 percent), and that they become jealous or angry if their wives talk to other men (48 percent). Furthermore, 13 percent of women said their husbands do not permit them to meet their female friends, 10 percent report that their husbands try to limit their contact with their families, and 7 percent mention that the husband frequently accuses them of being unfaithful. One-third of ever-married women reported that their spouses display three or more of the specific behaviors, while about one-sixth of women reported that their spouses do not display any of the behaviors.

The proportion of women who report that their spouses display three or more of the specific behaviors decreases with age, from 53 percent among women 15-19 to 26 percent among those 40-49. Unemployed women; those with no children; divorced, separated, or widowed women; those residing in rural areas; women with basic secondary or less education; and women in the lowest wealth quintile are more likely than other groups to report 3 or more controlling behaviors displayed by their husbands. The extent to which husbands display controlling behaviors also varies by region; the proportion who reported that their husbands display 3 or more of the specific behaviors ranges from 17 percent in Daghligh Shirvan to 49 percent in Lankaran.

16.8 FORMS OF SPOUSAL VIOLENCE

Research suggests that physical violence in intimate relationships is often accompanied by psychological abuse and, in one-third to over half of cases, by sexual abuse (Krug et al., 2002).

Table 16.8 Forms of spousal violence

Percentage of ever-married women age 15-49 who have ever experienced spousal violence (by husband/partner), and the percentage who experienced spousal violence in the past 12 months, according to type of violence, Azerbaijan 2006

		In the past 12 months[1]		
Type of violence	Ever	Often	Sometimes	Often or sometimes
Physical violence				
Any	12.8	2.3	7.4	9.7
Pushed her, shook her, or threw something at her	9.0	2.1	4.9	6.9
Slapped her	10.5	2.0	5.5	7.5
Twisted her arm or pulled her hair	5.7	1.3	2.8	4.1
Punched her with his fist or with something that could hurt her	3.8	1.0	1.7	2.7
Kicked her, dragged her, or beat her up	3.4	1.1	1.3	2.4
Tried to choke her or burn her on purpose	0.8	0.2	0.3	0.5
Threatened her or attacked her with a knife, gun, or any other weapon	0.6	0.2	0.1	0.3
Sexual violence				
Any	2.9	0.6	1.3	2.0
Physically forced her to have sexual intercourse with him even when she did not want to	2.5	0.6	1.3	1.9
Forced her to perform any sexual acts she did not want to	1.0	0.3	0.4	0.7
Sexual initiation was with current or most recent husband and was forced	0.5	-	-	-
Emotional violence				
Any	6.8	2.9	3.0	5.9
Said or did something to humiliate her in front of others	6.2	2.6	2.5	5.1
Threatened to hurt or harm her or someone close to her	1.8	0.6	0.6	1.2
Insulted her or made her feel bad about herself	3.7	1.9	1.3	3.2
Any form of physical and/or sexual violence	13.5	2.5	7.7	10.2
Any form of physical and sexual violence	2.2	0.8	0.8	1.6
Any form of emotional, physical, and/or sexual violence	14.8	3.6	8.4	12.0
Any form of emotional, physical, and sexual violence	1.3	0.7	0.3	1.0
Number of ever-married women	3,847	3,691	3,691	3,691

[1] Excludes widows
na = Not applicable

Figure 16.1 shows the proportion of ever-married women who have ever experienced various forms of violence by their current or most recent husbands. Table 16.8 presents additional information on the specific forms of spousal violence ever-married women have experienced ever and in the 12-month period before the survey. The table also provides information on the frequency with which women experienced violence in the 12-month period before the survey and the proportion of women who have experienced multiple forms of spousal violence.

The 2006 AzDHS found that married women were most likely to have experienced physical violence. Overall, 13 percent of women reported that they had been subjected at some time to an act of physical violence by their current (last) husband or partner. The majority of women who ever experienced physical violence reported that they had been subjected to at least one episode of violent behavior in the year before the survey, with 2 percent saying that such episodes had occurred frequently during that period. The most common form of spousal physical violence reported was being slapped (11 percent ever), followed by being pushed, shaken, or having something thrown at them (9 percent ever). Less than 1 percent reported that their spouse had tried to choke or burn them on purpose, and attacked or threatened them with a knife, gun, or other weapon.

With respect to spousal sexual violence, 3 percent of ever-married women reported some form of sexual violence. Two percent reported at least one an episode of sexual violence during the year before the survey, with less than 1 percent indicating that the episodes had taken place often during that time. Most of the women who experienced spousal sexual violence said their husband or partner had forced them to have sexual intercourse. One percent reported being made to perform other sexual acts against their will.

Seven percent of ever-married women said that their husbands/partners had subjected them to emotional violence at some time, with 6 percent saying they had been subjected to such violence within the 12-month period before the survey. Among those subjected to spousal emotional violence recently, about half indicated that this behavior had taken place often. The most common form of emotional spousal violence involved a spouse humiliating his wife in front of others (6 percent), followed by insulting her or making her feel bad about herself (4 percent).

Fifteen percent of ever-married women reported experiencing at least one form of violence (physical/sexual/emotional) at some point in their lives. One percent of women were subjected to all three forms of violence at some point in their lives.

Figure 16.1 **Percentage of ever-married women who have ever experienced specific forms of physical or sexual violence committed by their current or most recent husband/partner**

AzDHS 2006

Table 16.9 shows the proportion of ever-married women who have experienced emotional, physical, or sexual spousal violence, by selected background characteristics. Divorced, separated, and widowed women are the most likely to have experienced some form of spousal violence. There is considerable variation by region in the extent to which women have experienced some form of violence, with women in Daghligh Shirvan and Absheron reporting the highest percentages experiencing some form of spousal abuse (36 percent and 27 percent, respectively) and women in Baku reporting the lowest percentage (9 percent). Overall, women with a higher than secondary specialized education are less likely to have been subjected to spousal violence compared with other women, as are women in the highest wealth quintile.

Table 16.9 Spousal violence by background characteristics

Percentage of ever-married women age 15-49 by whether they have ever experienced emotional, physical, or sexual violence committed by their husband/partner, by background characteristics, Azerbaijan 2006

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and/or sexual violence	Physical and sexual violence	Emotional, physical, and/or sexual violence	Emotional, physical, and sexual violence	Number of women
Age								
15-19	5.6	13.3	2.8	13.6	2.5	14.4	2.0	101
20-24	6.6	11.1	2.2	11.3	2.0	12.1	1.3	459
25-29	6.9	13.3	4.4	14.5	3.3	15.6	2.2	607
30-39	7.0	13.3	3.1	13.8	2.5	15.3	1.7	1,257
40-49	6.8	12.7	2.3	13.5	1.6	14.9	0.6	1,424
Employment (past 12 months)								
Employed for cash	9.1	14.8	4.1	15.8	3.0	16.9	1.9	813
Employed not for cash	13.8	13.5	1.7	13.5	1.7	19.8	1.5	84
Not employed	6.0	12.2	2.6	12.9	2.0	14.1	1.2	2,950
Number of living children								
0	5.3	11.0	2.6	11.6	2.1	12.2	1.3	389
1-2	7.6	13.4	3.4	13.9	2.9	15.2	1.8	2,164
3-4	6.1	12.7	2.3	13.9	1.2	15.3	0.6	1,208
5+	3.5	6.9	0.8	6.9	0.8	8.9	0.8	85
Marital status and duration								
Currently married women	5.0	10.4	2.0	11.1	1.4	12.4	0.7	3,452
Married only once	4.8	10.1	2.0	10.9	1.3	12.1	0.7	3,178
0-4 years	3.8	8.0	1.1	8.2	0.9	8.6	0.6	640
5-9 years	6.0	12.4	3.3	13.2	2.4	14.6	1.6	530
10+ years	4.8	10.2	2.0	11.1	1.1	12.6	0.5	2,008
Married more than once	6.8	13.6	2.0	13.6	2.0	16.2	0.7	274
Divorced/separated/widowed	23.3	33.9	10.5	34.6	9.8	35.4	6.6	395
Residence								
Urban	6.5	12.4	3.1	13.0	2.5	14.1	1.3	2,161
Rural	7.3	13.3	2.7	14.1	1.9	15.8	1.4	1,686
Region								
Baku	4.0	8.1	2.6	8.7	2.1	9.1	0.8	1,103
Absheron	16.1	24.7	5.7	25.4	5.0	27.1	3.8	258
Ganja-Gazakh	3.1	10.7	1.6	11.6	0.7	12.4	0.6	578
Shaki-Zaqatala	7.3	10.2	1.5	10.5	1.2	13.5	1.1	264
Lankaran	7.7	16.3	1.0	16.3	1.0	17.1	1.0	326
Guba-Khachmaz	16.5	11.5	2.6	11.9	2.2	18.0	2.2	156
Aran	7.5	13.6	3.7	14.5	2.8	15.8	1.6	956
Yukhari Garabakh	5.9	15.1	5.3	15.5	4.9	16.7	3.2	92
Daghligh Shirvan	10.0	31.3	6.4	33.9	3.8	36.4	1.6	114
Education								
Basic secondary or less	11.4	19.8	4.6	20.6	3.8	22.2	2.5	742
Complete secondary	6.0	12.0	1.9	12.3	1.6	13.6	1.0	2,094
Secondary specialized	6.4	11.1	5.0	13.2	3.0	14.5	1.6	525
Higher	3.8	7.2	2.4	7.9	1.7	9.1	0.6	486
Wealth quintile								
Lowest	8.5	15.0	3.4	15.3	3.1	16.9	2.7	699
Second	7.8	16.5	2.1	17.0	1.5	18.4	0.7	771
Middle	7.7	12.7	2.3	13.6	1.4	15.3	0.7	811
Fourth	5.4	11.6	5.2	12.5	4.2	13.5	2.3	751
Highest	5.0	8.7	1.8	9.4	1.1	10.3	0.6	815
Respondent's father beat her mother								
Yes	14.2	24.0	3.8	25.0	2.7	28.0	1.6	619
No	5.0	10.5	3.0	11.2	2.3	12.0	1.3	2,739
Don't know	7.7	11.6	1.6	11.8	1.3	14.1	1.2	486
Total	6.8	12.8	2.9	13.5	2.2	14.8	1.3	3,847

Note: Women not currently married were asked questions about the behavior of their most recent husband/partner using the past tense.

Finally, it is important to note that Table 16.9 shows that women with a family history of violence are markedly more likely than other women to have experienced some form of spousal violence. About three in ten (28 percent) ever-married women who reported their father beat their mother had experienced some form of spousal violence themselves compared with 12-14 percent of women who said their father had never beaten their mother or that they were not aware that such beatings had ever occurred.

16.9 VIOLENCE BY SPOUSAL CHARACTERISTICS AND WOMEN'S INDICATORS

Table 16.10 looks at the relationship between ever-married women's experience with spousal violence by several social and demographic characteristics of the husband. The results show that the husband's level of education is inversely related to wife's experience of any form of spousal violence.

Table 16.10 Spousal violence by husband's characteristics and empowerment indicators

Percentage of ever-married women age15-49 who have ever suffered emotional, physical or sexual violence committed by their husband/partner, according to his characteristics, marital characteristics, and empowerment indicators, Azerbaijan 2006

	Emotional violence	Physical violence	Sexual violence	Physical and/or sexual violence	Physical and sexual violence	Emotional, physical and/or sexual violence	Emotional, physical and sexual violence	Number of women
Husband's/partner's education								
Basic secondary or less	11.2	18.7	3.9	19.3	3.3	20.9	2.5	451
Complete secondary	6.7	13.6	2.9	14.2	2.2	15.3	1.2	2,153
Secondary specialized	6.0	11.0	2.6	12.4	1.1	14.8	0.6	473
Higher	5.0	8.3	2.4	8.7	2.1	9.9	1.4	757
Don't know	14.0	14.0	14.0	14.0	14.0	14.0	14.0	10
Missing	21.3	21.3	0.0	21.3	0.0	21.3	0.0	3
Husband's/partner's alcohol consumption								
Does not drink	3.9	7.7	1.8	8.2	1.4	9.0	0.8	1,674
Drinks/never gets drunk	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1
Gets drunk sometimes	5.4	12.2	2.3	13.1	1.4	14.5	0.7	1,867
Gets drunk very often	31.8	44.4	12.8	45.2	12.1	48.4	8.2	304
Don't know/missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1
Spousal age difference[1]								
Wife is older	5.4	13.8	1.6	13.8	1.6	15.0	0.2	257
Wife is same age	3.6	11.4	1.9	11.5	1.8	11.7	0.4	286
Wife's 0-4 years younger	5.8	9.7	2.1	10.6	1.1	12.3	1.0	1,330
Wife's 5-9 years younger	4.5	10.6	2.1	11.1	1.6	12.3	0.9	1,176
Wife's 10+ years younger	4.2	8.5	2.1	9.7	0.8	11.6	0.1	392
Missing	0.0	38.5	0.0	38.5	0.0	38.5	0.0	10
Spousal education difference								
Husband has more education	7.4	14.2	2.9	14.6	2.5	16.0	1.4	1,388
Wife has more education	7.5	13.4	3.7	14.5	2.6	16.3	1.5	856
Both have equal education	5.8	10.9	2.5	11.7	1.7	12.7	1.2	1,546
Neither has any education	52.7	62.2	0.0	62.2	0.0	62.2	0.0	3
Don't know/missing	9.2	18.3	3.1	18.3	3.1	18.3	2.9	55
Number of marital control behaviors displayed by husband/partner								
0	2.7	6.3	1.2	6.6	0.9	7.0	0.3	591
1-2	2.4	8.2	1.9	9.0	1.1	9.7	0.3	1,982
3-4	11.2	18.5	3.5	19.2	2.9	21.6	2.3	1,073
5-6	39.4	46.4	14.8	47.7	13.5	52.2	9.4	200
Number of decisions in which women participate								
0	8.6	14.5	2.5	14.7	2.3	16.1	1.6	640
1-2	4.7	11.0	2.0	11.9	1.0	13.7	0.8	966
3-4	3.8	8.7	1.9	9.4	1.2	10.5	0.4	1,846
Number of reasons given for refusing to have sexual intercourse with husband								
0	9.0	14.4	3.0	14.4	3.0	17.0	1.4	293
1-2	6.5	17.5	3.9	18.3	3.1	19.3	2.0	802
3	6.7	11.3	2.6	12.0	1.9	13.3	1.1	2,751
Number of reasons for which wife beating is justified								
0	6.0	8.7	2.4	9.2	1.9	10.0	1.3	1,828
1-2	7.2	15.3	4.1	16.7	2.7	18.0	1.7	937
3-4	7.7	16.5	2.6	16.9	2.2	18.5	1.3	772
5	8.2	20.4	3.3	20.7	2.9	23.9	0.8	309
Total	6.8	12.8	2.9	13.5	2.2	14.8	1.3	3,847

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women.
[1] Includes only currently married women

For example, 21 percent of women whose husbands have basic secondary or less education report emotional, physical, and/or sexual violence compared with 10 percent among those whose husbands have higher than secondary specialized education. As expected, alcohol consumption is highly associated with spousal violence. Women whose husbands do not drink are the least likely to report violence, while women whose husbands frequently get drunk are the most likely to report violence.

Wives who are older than their husbands report slightly higher levels of violence by their husbands (15 percent) when compared with those who are the same age or younger than their husbands (12 percent each). There is a strong direct relationship between the number of marital control behaviors displayed by the husband and the experience of any form of spousal violence by women; 7 percent of women whose husbands display none of the specific behaviors report having experienced violence compared with 52 percent of women whose husbands display five or six behaviors.

Table 16.10 also examines how spousal violence varies with indicators of women's status. Women's status is measured by the number of household decisions in which the women participate, the number of reasons considered acceptable for refusing to have sexual intercourse with their husband, and the number of reasons for which wife beating is justified. Table 16.10 shows that there a clear relationship between women's empowerment status and their experience in spousal violence. Women who participate in 3-4 decisions, those who give 3 acceptable reasons for refusing sex, and women who believe there are no reasons for which wife beating is justified are the least likely to experience spousal violence when compared with other groups.

16.10 Onset of Spousal Violence

To study the timing of the onset of marital violence, the 2006 AzDHS asked ever-married women who experienced physical or sexual spousal violence when the first episode of violence took place after marriage. The results indicate that, for around half of those women who experienced spousal violence (6 percent of all women), violence began to occur one to two years after marriage. For around one-quarter of the women who experienced violence (3 percent of all women), the violence was initiated less than a year into the marriage, while a similar proportion said that violence did not begin until three to five years after marriage (data not shown).

16.11 Types of Injuries to Women due to Spousal Violence

Table 16.11 presents information on the types of injuries ever-married women have experienced as a result of spousal violence. Among the women ever experiencing physical violence, about four in ten women had cuts, bruises, or aches; one-sixth had eye injuries, sprains, dislocations, or burns; and 6 percent had deep wounds, broken bones or teeth, or other serious injuries. Overall, 41 percent of women experienced some type of injury as a result of spousal violence. Most of those women reported that they had been injured in the 12 months prior to the survey.

Table 16.11 Injuries to women caused by spousal violence

Percentage of ever-married women age 15-49 who have experienced spousal violence by their current or most recent husband/partner, by specific injuries received, according to type of violence and whether the violence was experienced ever and in the 12 months preceding the survey, Azerbaijan 2006

Type of spousal violence and timing of violence	Percentage of women who have received: Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any of these injuries	Number of women
Experienced physical violence					
Ever[1]	41.1	16.6	6.1	41.4	493
In the past 12 months[2]	39.3	14.1	4.2	39.7	358
Experienced sexual violence					
Ever[1]	55.3	35.2	11.9	56.0	99
In the past 12 months[2]	45.4	26.6	6.6	46.3	73
Experienced physical or sexual violence					
Ever[1]	39.6	16.0	5.9	39.9	511
In the past 12 months[2]	37.7	13.4	3.9	38.0	378

[1] Includes in the past 12 months
[2] Excludes widows

Women who ever experienced sexual violence were more likely than women who had experienced physical violence to report they had been injured as a result of the violence. Fifty-five percent of women who ever experienced sexual violence had cuts, bruises, or aches during at least one episode of violence; 35 percent received from eye injuries, sprains, dislocations, or burns as a result of sexual violence; and 12 percent reported receiving deep wounds, broken bones, broken teeth, or any other serious injury due to sexual violence. More than half of the women who experienced sexual violence suffered an injury during at least one episode of violence; most of these women were injured during the 12-month period before the survey.

16.12 Violence by Women against Their Spouse

In cases of domestic violence, either person can be the instigator of violent behavior. Ever-married women who reported that they experienced some form of spousal violence were also asked about instances when they said or did something to physically or emotionally harm their spouse at times when he was not already emotionally or physically hurting them. Less than 1 percent of ever-married women reported that they had committed physical violence against their current or most recent husband. Violence by women against their spouses does not vary substantially by background characteristics.

16.13 Women Who Experienced Violence and Sought Help

Table 16.12 presents information on women who reported they have ever experienced violence and whether they have sought help to stop the violence, by selected characteristics. Overall, 43 percent of women who have ever experienced physical or sexual violence never told anyone that they were victims of violence, and 58 percent never sought help. Twelve percent of women who sought help did so from a family member, while 6 percent sought assistance from their in-laws.

Younger women age 15-19, those who are employed for cash, women with no children, and divorced, separated, or widowed women are more likely to seek help than other groups. With regard to residence, urban women reported being slightly less likely to seek help (60 percent never sought help) than their rural counterparts (56 percent never sought help). Forty-three percent of women living in Shaki-Zaqatala never sought help for the violence they experienced compared with 71 percent of women living in Daghligh Shirvan.

Table 16.12 Help seeking to stop violence

Percent distribution of women age 15-49 who have ever experienced physical or sexual violence by whether they told anyone about the violence and whether they sought help from any source to end the violence, according to type of violence and background characteristics, Azerbaijan 2006

Type of violence/ Background characteristic	Never told anyone	Never sought help	Percentage who sought help from: Own family	In-laws	Husband/ partner boyfriend	Friend/ neighbor	Doctor/ medical personnel	Police	Lawyer	Social service organization	Other	Number of women
Type of violence												
Physical only	46.9	62.9	11.6	4.3	0.1	0.6	0.6	1.9	0.2	0.2	0.0	633
Sexual only	14.9	16.9	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	97
Both physical and sexual	44.5	62.6	25.1	23.3	0.0	7.3	0.4	5.1	0.0	1.6	0.8	112
Current age												
15-19	39.2	49.0	13.5	1.6	0.0	0.0	0.0	1.5	0.0	0.0	0.0	96
20-24	43.5	56.6	10.9	6.8	0.0	0.1	0.1	2.7	0.0	0.0	0.0	104
25-29	50.5	63.3	13.6	10.1	0.0	2.0	0.1	0.5	0.0	0.8	0.0	127
30-39	41.1	57.0	13.3	6.1	0.4	1.9	0.6	2.0	0.0	0.7	0.3	248
40-49	42.0	58.7	10.7	6.2	0.0	1.7	0.8	2.8	0.4	0.0	0.0	266
Employed past 12 months												
Not employed	43.4	58.0	11.3	6.0	0.1	1.6	0.6	1.3	0.0	0.0	0.0	621
Employed for cash	42.3	55.3	15.7	7.9	0.0	0.9	0.1	4.3	0.6	1.4	0.4	197
Employed not for cash	(34.0)	(63.2)	(8.7)	(1.4)	(0.0)	(1.0)	(0.0)	(3.7)	(0.0)	(0.0)	(0.0)	25
Number of living children												
0	37.9	47.9	10.3	2.0	0.0	1.0	0.0	1.3	0.6	0.0	0.0	194
1-2	43.5	57.4	16.2	10.2	0.0	1.8	0.5	2.3	0.0	0.5	0.2	408
3-4	45.3	65.6	7.1	3.1	0.4	1.1	0.9	2.4	0.0	0.4	0.0	231
5+	*	*	*	*	*	*	*	*	*	*	*	8
Marital status and duration												
Never married	39.5	50.2	8.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	123
Currently married women	48.3	62.5	7.5	4.3	0.2	1.5	0.4	0.7	0.0	0.2	0.0	563
Married only once	50.8	64.0	7.6	4.4	0.2	1.2	0.5	0.8	0.0	0.2	0.0	504
0-4 years	53.2	60.9	7.4	5.3	0.0	0.0	0.2	1.1	0.0	0.0	0.0	77
5-9 years	55.0	70.2	8.1	7.9	0.0	1.3	0.0	0.5	0.0	0.0	0.0	102
10+ years	48.9	62.9	7.5	3.1	0.3	1.5	0.7	0.8	0.0	0.3	0.0	325
Married more than once	26.8	49.1	6.2	3.6	0.0	4.2	0.0	0.0	0.0	0.0	0.0	59
Divorced/separated/widowed	25.9	45.5	32.7	18.6	0.0	2.2	1.0	8.6	0.8	1.2	0.6	155
Residence												
Urban	45.8	59.5	14.6	8.0	0.0	1.1	0.5	2.9	0.3	0.2	0.2	435
Rural	39.7	55.5	9.7	4.5	0.2	1.7	0.5	1.2	0.0	0.5	0.0	407
Region												
Baku	44.7	62.7	17.6	7.0	0.0	0.6	0.0	0.7	0.7	0.0	0.0	159
Absheron	58.7	67.9	22.6	11.5	0.0	1.0	0.0	5.7	0.0	1.0	1.0	87
Ganja-Gazakh	34.1	46.7	8.3	0.0	0.7	1.1	0.0	1.8	0.0	0.0	0.0	134
Shaki-Zaqatala	25.2	42.8	17.7	13.8	0.0	3.7	0.0	0.7	0.0	1.9	0.0	52
Lankaran	49.7	69.5	3.1	3.7	0.0	1.7	0.4	1.5	0.0	0.0	0.0	69
Guba-Khachmaz	44.2	59.2	18.6	16.8	0.0	2.6	0.0	0.0	0.0	0.0	0.0	26
Aran	39.1	53.0	8.0	5.8	0.0	1.4	1.5	2.1	0.0	0.4	0.0	241
Yukhari Garabakh	47.3	59.1	22.8	3.6	0.0	1.5	0.3	1.2	0.0	0.0	0.0	21
Daghligh Shirvan	57.3	70.9	7.7	6.2	0.0	2.1	0.4	4.1	0.0	0.0	0.0	53
Education												
Basic secondary or less	37.7	54.7	15.3	7.3	0.0	2.5	0.6	1.2	0.0	0.4	0.0	252
Complete secondary	44.1	58.7	10.8	6.1	0.2	1.2	0.6	2.1	0.0	0.4	0.2	414
Secondary specialized	54.8	64.6	10.8	6.4	0.0	0.8	0.0	3.0	0.0	0.0	0.0	100
Higher	37.9	51.2	12.0	4.0	0.0	0.0	0.1	3.5	1.5	0.0	0.0	77
Wealth quintile												
Lowest	33.7	52.9	13.9	7.8	0.5	4.2	0.0	1.9	0.0	1.1	0.0	175
Second	40.7	55.8	10.6	6.3	0.0	1.6	2.0	1.9	0.0	0.4	0.4	200
Middle	52.1	64.1	7.9	1.9	0.0	0.2	0.0	1.9	0.0	0.0	0.0	175
Fourth	40.9	54.3	11.1	6.0	0.0	0.5	0.0	2.7	0.0	0.0	0.0	160
Highest	48.5	61.5	19.6	10.5	0.0	0.0	0.1	2.1	0.9	0.0	0.0	132
Total	42.9	57.5	12.2	6.3	0.1	1.4	0.5	2.1	0.1	0.3	0.1	842

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

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SAMPLE DESIGN FOR THE 2006 AzDHS *Appendix A*

A.1 INTRODUCTION

The 2006 Demographic and Health Survey in Azerbaijan Republic (2006 AzDHS) is based on a representative probability sample of households. In the selected household, all women age 15-49 were eligible for interview. In one in every three selected households, all men age 15-59 were eligible for interview.

There are 11 economic regions in Azerbaijan. Among the 11 economic regions, Kalbajar-Lachin region and four out of the seven districts in Yukhari Garabakh region were occupied territories and were not censused in the 1999 population census and therefore were not in the sampling frame. As a result, Kalbajar-Lachin region and the four districts in Yukhari Garabakh region were not included in this survey because of lack of information for the sampling frame. They represent 5 percent of the total population according to the 2005 population projection.

The sample of 8,400 households was originally selected from 10 economic regions of Azerbaijan, including the Autonomous Republic of Nakhichevan. The Autonomous Republic of Nakhichevan did not participate in the survey due to the blockade, which resulted in a final sample of 7,619 households. The Autonomous Republic of Nakhichevan represents 4.5 percent of the total population according to 2005 population projection.

The sample was designed to provide estimates with an acceptable level of precision for population, health, and nutrition indicators such as fertility, contraception prevalence, selected maternal and child indicators including anthropometric measurements, anemia prevalence, and mortality rates for children under five.

Data collected in the AzDHS 2006 are reported for the country as a whole, for urban and rural areas, and for nine domains. Each region corresponds to a domain, except for Kalbajar-Lachin region. Yukhari Garabakh region has only three districts. The capital city, Baku, is a special domain composed only of urban areas. Data were not collected in the Autonomous Republic of Nakhichevan, since this region is in the blockade.

A.2 SAMPLING FRAME

The sampling frame used for the AzDHS 2006 is from the Population Census of the Azerbaijan Republic conducted in 1999 (PCAZ 1999), which was provided by the State Statistical Committee (SSC). The sampling frame consists of 14,439 enumeration units (EU) created for the 1999 census. An EU is a list of addresses in a neighborhood that serves as the counting unit for the census, with an average size of 104 households or 510 people. An EU contains information about the location, the type of residence, the number of households and the number of male and female population. A total of 66 EUs were excluded from the sampling frame because they consisted of different types of residence. They represent 0.6% of the sampling frame population.

The census maps were not available for most of the EUs, but a complete list of the census addresses was available for every EU in the sampling frame. Because a list of addresses usually does not form a closed geographical area, the sampling required special treatment in the household listing operation to identify changes in the population, especially the construction of new buildings in urban areas. Table A.1 shows the population distribution of the Azerbaijan Republic by economic region and type of residence, based on 2005 population projections (State Statistical Committee, 2006a). In

the Azerbaijan Republic, 51.5% of the population lives in cities and towns; 22.2% of the total population lives in the capital city, Baku.

Table A.1 Population distribution in Azerbaijan based on 2005 population projections

Economic region	Urban	Rural	Total	Percent urban	Percent region
Baku	1,855,315		1,855,315	1.000	0.222
Absheron	375,036	22,915	397,951	0.942	0.048
Ganja-Gazakh	519,493	604,528	1,124,021	0.462	0.135
Shaki-Zaqatala	132,658	411,429	544,087	0.244	0.065
Lankaran	178,163	601,598	779,761	0.228	0.093
Guba-Khachmaz	153,501	311,935	465,436	0.330	0.056
Aran	650,709	1,060,845	1,711,554	0.380	0.205
Yukhari Garabakh	205,528	411,848	617,376	0.333	0.074
Kalbajar-Lachin	43,139	169,361	212,500	0.203	0.025
Daghligh Shirvan	74,482	191,945	266,427	0.280	0.032
Nakhichevan	110,347	262,572	372,919	0.296	0.045
Azerbaijan	4,298,371	4,048,976	8,347,347	0.515	1.000

Source: State Statistical Committee, 2006a

A.3 SAMPLE DESIGN AND THE SAMPLING PROCEDURE

The sample for the AzDHS 2006 is a stratified sample that was selected in two stages from the 1999 census frame. Stratification was achieved by separating each economic region into urban and rural areas. The 10 regions were stratified into 19 sampling strata because Baku has only urban areas. Samples were selected independently in each stratum using a two-stage selection. Implicit stratification and proportional allocation were achieved at each of the lower geographical/ administrative regions by sorting the sampling frame according to the geographical/administrative order and by using probability proportional to size for selection at the first stage of sampling.

In the first stage, 350 EUs were selected with probability proportional to the EU size.[1] The EU size is the number of households in the EU. A household listing operation was carried out in all of the selected EUs. The resulting lists of households served as the sampling frame for the second-stage selection of households. Some of the selected EUs were large in size. To minimize the task of household listing, EUs with more than 300 households were segmented and one segment in each of these large EUs was selected for the survey (with probability proportional to the segment size). The household listing for that EU was conducted only in the selected segment. Therefore, all clusters in the AzDHS 2006 were either an EU or a segment of an EU. In the second-stage selection process, 24 households were selected in each cluster, using equal probability systematic sampling. A spreadsheet indicating the selected household numbers for each cluster was prepared. The survey interviewer interviewed only the preselected households. To prevent bias, no replacements or changes to the preselected households were allowed during implementation of the selection stages.

All women age 15-49 were interviewed in the selected households using the Women's Questionnaire. A subsample of these households (one in three) was selected for interviewing men. All men age 15-59 were interviewed in the selected households using the Men's Questionnaire.

Table A.2 shows the sample allocation of clusters and households by economic region and type of residence. Table A.3 shows the sample allocation of eligible women and completed interviews by economic region and type of residence. Table A.4 shows the sample allocation of eligible men and completed interviews by economic region and type of residence. As a result of the tight budget restrictions, the sample was not a proportional allocation because, if that were done, some of the small

[1] Since the Autonomous Republic of Nakhichevan is in the blockade, a total of 318 clusters in Baku and the eight economic regions were selected for the AzDHS implementation, resulting in a final sample of 7,619 households.

regions would have samples that were too small for statistical analysis. To make the data comparable across regions, the sample sizes were targeted to be about equal, except for Baku and Aran, which have larger sample sizes because they are the two most populous regions, and Yukhari Garabakh, which has a smaller sample size because it is the smallest region (only three of the seven rayons were included); it is located in the occupied territory. Of the 350 clusters initially selected, 192 were in urban areas and 158 were in rural areas. In the final sample of 318 clusters (without the Autonomous Republic of Nakhichevan), there were 178 urban clusters and 140 rural clusters (Table A.2).

The sample allocations were calculated based on the information from the 2001 Reproductive Health Survey in Azerbaijan and the 1999 population census. According to the census, the average number of women age 15-49 per household is 1.29 in urban areas and 1.34 in rural areas; and the average number of men age 15-59 per household is 1.31 in urban areas and 1.39 in rural areas. According to the 2001 Reproductive Health Survey Azerbaijan, the household gross response rate is 91 percent in urban areas and 96 percent in rural areas; women's response rate is 90 percent in urban areas and 94 percent in rural areas (CDC, 2003). Men's response rate is assumed to be 5 percent lower than that of women in both urban and rural areas. These calculations indicate that the men's response rate is 85.5 percent in urban areas and 89.3 percent in rural areas. The number of households selected in each cluster was fixed at 24.

Table A.2 Sample allocation of clusters and households by economic region and type of residence, AzDHS 2006

Economic region	Allocation of clusters			Allocation of households		
	Urban	Rural	Total	Urban	Rural	Total
Baku	51	0	51	1,224	0	1,224
Absheron	24	7	31	576	168	744
Ganja-Gazakh	17	18	35	408	432	840
Shaki-Zaqatala	13	19	32	312	456	768
Lankaran	13	21	34	312	504	816
Guba-Khachmaz	14	17	31	336	408	744
Aran	22	25	47	528	600	1,128
Yukhari Garabakh	11	15	26	264	360	624
Daghligh Shirvan	13	18	31	312	432	744
Nakhichevan	14	18	32	336	432	768
Azerbaijan	192	158	350	4,608	3,792	8,400

Table A.3 Sample allocation of eligible women and completed women's interviews by economic region and type of residence, AzDHS 2006

Economic region	Eligible women 15-49			Complete women's interviews		
	Urban	Rural	Total	Urban	Rural	Total
Baku	1,437	0	1,437	1,293	0	1,293
Absheron	676	216	892	608	203	811
Ganja-Gazakh	479	556	1,035	431	522	953
Shaki-Zaqatala	366	587	953	329	551	880
Lankaran	366	649	1,015	329	610	939
Guba-Khachmaz	395	525	920	356	493	849
Aran	619	772	1,391	557	725	1,282
Yukhari Garabakh	310	464	774	279	436	715
Daghligh Shirvan	366	556	922	329	522	851
Nakhichevan	395	556	951	356	522	878
Azerbaijan	5,409	4,881	10,290	4,867	4,584	9,450

Table A.4 Sample allocation of eligible men and completed men's interviews by economic region and type of residence, AzDHS 2006

Economic region	Eligible men 15-59			Complete men's interviews		
	Urban	Rural	Total	Urban	Rural	Total
Baku	486	0	486	416	0	416
Absheron	229	75	304	196	67	263
Ganja-Gazakh	162	192	354	139	171	310
Shaki-Zaqatala	124	203	327	106	181	287
Lankaran	124	224	348	106	200	306
Guba-Khachmaz	134	182	316	114	163	277
Aran	210	267	476	179	238	417
Yukhari Garabakh	105	160	265	90	143	233
Daghligh Shirvan	124	192	316	106	171	277
Nakhichevan	134	192	325	114	171	285
Azerbaijan	1,833	1,686	3,519	1,566	1,505	3,070

Note: The subsample of men was taken from one in every three households selected for the women's interview.

A.4 SAMPLING PROBABILITIES

Sampling probabilities were calculated separately for each sampling stage and for each cluster. The following notations were used:

P_{1hi}: first-stage sampling probability of the ith cluster in stratum h
P_{2hi}: second-stage sampling probability within the ith cluster (households)

Let a_h be the number of EUs selected in stratum h, M_{hi} the number of households according to the sampling frame in the ith EU, and ΣM_{hi} the total number of households in the stratum. The probability of selecting the ith EU in the AzDHS 2006 sample is calculated as follows:

$$\frac{a_h \, M_{hi}}{\sum M_{hi}}$$

Let b_{hi} be the proportion of households in the selected cluster compared with the total number of households in the EU i in stratum h if the EU is segmented, otherwise $b_{hi} = 1$. Then the probability of selecting cluster i in the sample is:

$$P_{1hi} = \frac{a_h \, M_{hi}}{\sum M_{hi}} \times b_{hi}$$

Let L_{hi} be the number of households listed in the household listing operation in cluster i in stratum h, let g_{hi} be the number of households selected in the cluster. The second-stage selection probability for each household in the cluster is calculated as follows:

$$P_{2hi} = \frac{g_{hi}}{L_{hi}}$$

The overall selection probability of each household in cluster i of stratum h is therefore the production of the two-stage selection probabilities:

$$P_{hi} = P_{1hi} \times P_{2hi}$$

Because of the nonproportional allocation of the sample to the different economic regions, sampling weights were required to ensure the actual representativity of the sample at the national level. The sampling weight for each household in cluster *i* of stratum *h* is the inverse of its overall selection probability:

$$W_{hi} = 1 / P_{hi}$$

A spreadsheet containing all the sampling parameters and selection probabilities was constructed to facilitate the calculation of weights. Sampling weights may be adjusted for household nonresponse and for individual nonresponse. Two sets of weights were calculated, one for households and one for individuals. The final weights were normalized to make the total number of unweighted cases equal to the total number of weighted cases at national level, for both household weights and individual weights.

A.5 Sample Implementation

Tables A.5.1 and A.5.2 present detailed information on the results of the household and individual interviews. Household interviews were completed for 97.8 percent of the occupied households. A total of 8,652 eligible women were found in these households, and 97.6 percent of them were successfully interviewed. The overall response rate for women was 95.5 percent. A total of 2,717 eligible men from every third household were identified for the individual interview; 94.1 percent were successfully interviewed. The overall response rate for men was 92.2 percent.

Table A.5.1 Sample implementation: Women

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban-rural residence and region (unweighted), Azerbaijan 2006

	Residence		Region									
Result	Urban	Rural	Baku	Absheron	Ganja-Gazakh	Shaki-Zaqatala	Lankaran	Guba-Khachmaz	Aran	Yukhari Garabakh	Daghligh Shirvan	Total
Selected households												
Completed (C)	93.3	95.4	97.4	92.5	91.2	97.1	95.2	96.7	93.4	90.5	92.0	94.2
Household present but no competent respondent at home (HP)	0.8	0.4	0.1	2.9	0.5	0.1	0.0	0.0	0.1	1.3	1.4	0.6
Postponed (P)	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.0
Refused (R)	1.8	0.8	0.2	2.4	3.1	0.0	1.0	1.6	2.4	0.5	1.1	1.4
Dwelling not found (DNF)	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.6	0.0	0.1
Household absent (HA)	2.3	1.9	0.7	1.9	3.8	2.1	0.7	0.7	3.7	2.7	3.1	2.1
Dwelling vacant/address not a dwelling (DV)	1.6	1.2	1.5	0.1	1.3	0.6	2.8	0.7	0.4	4.0	2.2	1.4
Dwelling destroyed (DD)	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.0
Other (O)	0.1	0.0	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.2	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	4,279	3,340	1,227	746	841	770	818	729	1,129	624	735	7,619
Household response rate (HRR)[1]	97.2	98.6	99.6	94.5	96.2	99.9	98.9	98.1	97.4	97.4	97.3	97.8
Eligible women												
Completed (EWC)	97.9	97.3	99.5	96.6	96.4	99.6	98.5	96.6	97.7	97.1	95.2	97.6
Not at home (EWNH)	0.5	0.6	0.0	1.2	0.9	0.0	0.2	0.4	0.4	0.6	1.9	0.6
Refused (EWR)	0.7	0.8	0.1	1.4	1.2	0.0	0.1	1.7	0.8	1.0	1.1	0.8
Partly completed (EWPC)	0.2	0.1	0.0	0.2	0.6	0.0	0.1	0.0	0.0	0.0	0.2	0.1
Incapacitated (EWI)	0.7	1.2	0.5	0.4	0.9	0.4	1.1	1.3	1.2	1.4	1.5	0.9
Other (EWO)	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	4,576	4,076	1,319	906	862	831	1,004	761	1,364	722	883	8,652
Eligible women response rate (EWRR)[2]	97.9	97.3	99.5	96.6	96.4	99.6	98.5	96.6	97.7	97.1	95.2	97.6
Overall response rate (ORR)[3]	95.1	96.0	99.1	91.3	92.8	99.5	97.4	94.7	95.1	94.6	92.6	95.5

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWR + EWPC + EWI + EWO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR / 100$$

Table A.5.2 Sample implementation: Men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to urban-rural residence and region (unweighted), Azerbaijan 2006

	Residence		Region									
Result	Urban	Rural	Baku	Absheron	Ganja-Gazakh	Shaki-Zaqatala	Lankaran	Guba-Khachmaz	Aran	Yukhari Garabakh	Daghligh Shirvan	Total
Selected households												
Completed (C)	93.5	95.9	99.0	92.7	89.3	96.5	97.8	95.9	93.4	90.4	93.5	94.6
Household present but no competent respondent at home (HP)	1.0	0.3	0.0	2.8	1.1	0.4	0.0	0.0	0.0	1.9	0.8	0.7
Refused (R)	1.9	0.6	0.0	2.8	3.6	0.0	0.0	2.5	2.1	0.5	0.8	1.3
Household absent (HA)	2.2	2.0	0.2	1.6	3.9	1.9	0.4	0.8	4.5	1.9	3.3	2.1
Dwelling vacant/address not a dwelling (DV)	1.4	1.1	0.7	0.0	1.8	1.2	1.8	0.8	0.0	4.8	1.6	1.3
Dwelling destroyed (DD)	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0
Other (O)	0.0	0.1	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	1,425	1,112	408	248	280	257	272	243	376	208	245	2,537
Household response rate (HRR)[1]	97.0	99.1	100.0	94.3	95.1	99.6	100.0	97.5	97.8	97.4	98.3	97.9
Eligible men												
Completed (EMC)	94.9	93.3	98.4	95.3	94.4	96.4	92.6	94.7	96.3	93.7	82.8	94.1
Not at home (EMNH)	0.8	1.9	0.2	0.3	1.2	0.4	2.6	0.4	0.2	0.9	6.7	1.4
Postponed (EMP)	0.2	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.2	0.0	0.0	0.1
Refused (EMR)	1.9	2.3	0.7	3.4	2.0	0.8	0.6	3.4	1.0	2.3	6.0	2.1
Partly completed (EMPC)	0.3	0.3	0.0	0.0	0.0	0.0	1.0	0.0	0.2	0.0	1.8	0.3
Incapacitated (EMI)	1.6	1.8	0.7	0.0	2.4	1.6	3.2	1.5	2.0	1.4	2.8	1.7
Other (EMO)	0.2	0.3	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.8	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	1,430	1,287	429	297	252	253	310	263	406	222	285	2,717
Eligible men response rate (EMRR)[2]	94.9	93.3	98.4	95.3	94.4	96.4	92.6	94.7	96.3	93.7	82.8	94.1
Overall response rate (ORR)[3]	92.1	92.5	98.4	89.8	89.8	96.1	92.6	92.3	94.2	91.3	81.4	92.2

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + R}$$

[2] Using the number of eligible men falling into specific response categories, the eligible man response rate (EMRR) is calculated as:

$$\frac{100 * EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EMRR / 100$$

ESTIMATES OF SAMPLING ERRORS

Appendix B

The estimates from a sample survey are affected by two types of errors: nonsampling errors and sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2006 Azerbaijan Demographic and Health Survey (AzDHS 2006) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2006 AzDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2006 AzDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2006 AzDHS is a Macro SAS procedure. This procedure used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2}\sum_{h=1}^{H}\left[\frac{m_h}{m_h-1}\left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h}\right)\right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}\text{, and } z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of clusters selected in the hth stratum,
y_{hi} is the sum of the weighted values of variable y in the ith cluster in the hth stratum,

x_{hi} is the sum of the weighted number of cases in the ith cluster in the hth stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2006 AzDHS, there were 318 non-empty clusters. Hence, 318 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 318 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 317 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, the design effect (DEFT) for each estimate is calculated, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. The relative standard error and confidence limits for the estimates are also calculated.

Sampling errors for the 2006 AzDHS are calculated for selected variables considered to be of primary interest for the women's survey and for the men's surveys, respectively. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the 9 economic regions where surveys were conducted. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.13 present the value of the statistic (R), its standard error (SE), the number of unweighted (N-UNWE) and weighted (N-WEIG) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate and total abortion rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to child-bearing.

The confidence interval (e.g., as calculated for *children ever born to women aged 40-49*) can be interpreted as follows: the overall average from the national sample is 2.709 and its standard error is 0.043. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., 2.709±2×0.043. There is a high probability (95 percent) that the *true* average number of children ever born to all women aged 40 to 49 is between 2.622 and 2.795.

For the total sample, the value of the DEFT, averaged over all variables, is 1.5. This means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.5 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Azerbaijan, 2006

Variable	Estimate	Base Population
WOMEN		
Urban	Proportion	All women
No education	Proportion	All women
Complete secondary education or higher	Proportion	All women
Never married/in union	Proportion	All women
Currently married/in union	Proportion	All women
Married before age 20	Proportion	Women age 20-49
Had sexual intercourse before age 18	Proportion	All women
Currently pregnant	Proportion	All women
Induced abortions	Proportion	All women
Children ever born	Mean	All women
Children surviving	Mean	All women
Children ever born to women age 40-49	Mean	Women age 40-49
Know any contraceptive method	Proportion	Currently married women
Ever used any contraceptive method	Proportion	Currently married women
Currently using any contraceptive method	Proportion	Currently married women
Currently using a modern method	Proportion	Currently married women
Currently using pill	Proportion	Currently married women
Currently using IUD	Proportion	Currently married women
Currently using female sterilization	Proportion	Currently married women
Currently using periodic abstinence (rhythm)	Proportion	Currently married women
Obtained method from public sector source	Proportion	Current users of modern methods
Want no more children	Proportion	Currently married women
Want to delay birth at least 2 years	Proportion	Currently married women
Ideal number of children	Mean	All women
Mothers received medical assistance at delivery	Proportion	Births occurring 1-59 months before interview
Having diarrhea in two weeks before survey	Proportion	Children age 0-59 months
Treated with oral rehydration salts (ORS)	Proportion	Children with diarrhea in two weeks before interview
Taken to a health provider	Proportion	Children with diarrhea in two weeks before interview
Vaccination card seen	Proportion	Children age 18-29 months
Received BCG	Proportion	Children age 18-29months
Received DPT (3 doses)	Proportion	Children age 18-29months
Received Polio (3 doses)	Proportion	Children age 18-29 months
Received measles	Proportion	Children age 18-29months
Received MMR	Proportion	Children age 18-29 months
Fully immunized	Proportion	Children age 18-29 months
Height-for-age (-2SD)	Proportion	Children age 0-59 months
Weight-for-height (-2SD)	Proportion	Children age 0-59 months
Weight-for-age (-2SD)	Proportion	Children age 0-59 months
Anemia in children	Proportion	Children age 6-59 months
Anemia in women	Proportion	All women
Body Mass Index (BMI) <18.5	Proportion	All women
BMI >25	Proportion	All women
Prevalence of hypertension	Proportion	All women
Had an injection in past 12 months	Proportion	All women
Accepting attitudes towards people with HIV	Proportion	All women who have heard of HIV/AIDS
Has heard about HIV/AIDS	Proportion	All women
Knows about condoms	Proportion	All women
Knows about limiting partners	Proportion	All women
Total fertility rate (last 3 years)	Rate	All women
Total abortion rate (last 3 years)	Rate	All women
Neonatal mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Post-neonatal mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Infant mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Child mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Under-five mortality (0-4 years)	Rate	Children exposed to the risk of mortality
MEN		
Urban	Proportion	All men age 15-49
No education	Proportion	All men age 15-49
Complete secondary education or higher	Proportion	All men age 15-49
Never married/in union	Proportion	All men age 15-49
Currently married/in union	Proportion	All men age 15-49
Married before age 20	Proportion	Men age 20-59
Had sexual intercourse before age 18	Proportion	All men age 15-49
Know any contraceptive method	Proportion	Currently married men age 15-49
Ever used any contraceptive method	Proportion	Currently married men age 15-49
Want no more children	Proportion	Currently married men age 15-49
Want to delay birth at least 2 years	Proportion	Currently married men age 15-49
Ideal number of children	Mean	All men age 15-49
Has heard about HIV/AIDS (15-49)	Proportion	All men age 15-49
Knows about condoms (15-49)	Proportion	All men age15-49
Knows about limiting partners (15-49)	Proportion	All men age 15-49
Had an injection in past 12 months (15-49)	Proportion	All men age 15-49
Accepting attitudes towards people with HIV (15-49)	Proportion	All men age 15-49 who have heard of HIV/AIDS
Prevalence of hypertension	Proportion	All men age 15-49
Had 2+ sexual partners in past 12 months (15-49)	Proportion	All men age 15-49
Had higher-risk intercourse in past 12 months (15-49)	Proportion	All men age 15-49 who had sexual intercourse in past 12 months
Paid for sexual intercourse in past 12 months (15-49)	Proportion	All men age 15-49
Condom use at last higher-risk intercourse (15-49)	Proportion	All men age 15-49 who had higher-risk intercourse in past 12 months
Condom use at last higher-risk intercourse (youth age 15-24)	Proportion	All men age 15-24 who had higher-risk intercourse in past 12 months

Table B.2 Sampling errors: Total sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.565	0.016	8444	8444	2.890	0.028	0.534	0.596
No education	0.011	0.002	8444	8444	1.546	0.158	0.008	0.015
Complete secondary education or higher	0.785	0.009	8444	8444	1.995	0.011	0.767	0.802
Never married/in union	0.309	0.006	8444	8444	1.194	0.019	0.297	0.321
Currently married/in union	0.624	0.007	8444	8444	1.401	0.012	0.609	0.639
Married before age 20	0.314	0.008	6935	6913	1.456	0.026	0.298	0.331
Had sexual intercourse before age 18	0.108	0.005	6935	6913	1.370	0.047	0.098	0.119
Currently pregnant	0.035	0.003	8444	8444	1.295	0.074	0.030	0.040
Induced abortions	0.379	0.007	8444	8444	1.287	0.018	0.365	0.392
Children ever born	1.571	0.020	8444	8444	1.175	0.013	1.531	1.610
Children surviving	1.447	0.016	8444	8444	1.089	0.011	1.414	1.480
Children ever born to women age 40-49	2.709	0.043	2327	2301	1.370	0.016	2.622	2.795
Knowing any contraceptive method	0.971	0.004	5260	5269	1.553	0.004	0.964	0.978
Ever used any contraceptive method	0.698	0.010	5260	5269	1.566	0.014	0.678	0.717
Currently using any method	0.511	0.012	5260	5269	1.711	0.023	0.488	0.535
Currently using a modern method	0.143	0.007	5260	5269	1.438	0.049	0.129	0.157
Currently using pill	0.011	0.002	5260	5269	1.363	0.175	0.007	0.015
Currently using IUD	0.092	0.006	5260	5269	1.451	0.063	0.080	0.103
Currently using female sterilization	0.004	0.001	5260	5269	1.582	0.341	0.001	0.007
Currently using periodic abstinence	0.040	0.004	5260	5269	1.634	0.110	0.031	0.049
Obtained method from public sector source	0.721	0.022	676	698	1.295	0.031	0.676	0.766
Want no more children	0.717	0.008	5260	5269	1.310	0.011	0.701	0.733
Want to delay at least 2 years	0.063	0.006	5260	5269	1.672	0.089	0.052	0.075
Ideal number of children	2.472	0.016	8276	8304	1.456	0.006	2.441	2.503
Mothers received medical assistance at delivery	0.886	0.016	2297	2289	1.931	0.018	0.854	0.918
Had diarrhea in the past 2 weeks	0.106	0.012	2196	2182	1.649	0.112	0.082	0.130
Treated with ORS packets	0.211	0.038	231	231	1.218	0.180	0.135	0.287
Taken to health provider	0.336	0.044	231	231	1.376	0.132	0.247	0.424
Having health card, seen	0.723	0.029	455	467	1.422	0.041	0.664	0.782
Received BCG vaccination	0.816	0.027	455	467	1.494	0.033	0.762	0.870
Received DPT vaccination (3 doses)	0.707	0.029	455	467	1.360	0.041	0.650	0.765
Received polio vaccination (3 doses)	0.724	0.028	455	467	1.368	0.039	0.668	0.781
Received measles vaccination	0.629	0.029	455	467	1.294	0.046	0.571	0.687
Fully immunized	0.597	0.030	455	467	1.312	0.050	0.537	0.657
Height-for-age (below -2SD)	0.251	0.017	1974	1979	1.581	0.066	0.218	0.285
Weight-for-height (below -2SD)	0.068	0.008	1974	1979	1.370	0.118	0.052	0.084
Weight-for-age (below -2SD)	0.077	0.009	1974	1979	1.420	0.117	0.059	0.095
Anemia children	0.391	0.019	1839	1840	1.552	0.048	0.354	0.428
Anemia women	0.370	0.011	8101	8112	2.053	0.030	0.348	0.392
BMI < 18.5	0.048	0.004	7794	7793	1.555	0.078	0.041	0.056
BMI >=25	0.474	0.009	7794	7793	1.535	0.018	0.457	0.492
Prevalence of hypertension	0.163	0.006	8353	8380	1.470	0.036	0.151	0.175
Had an injection in past 12 months	0.258	0.009	8444	8444	1.994	0.037	0.239	0.277
Accepting attitudes towards people with HIV	0.042	0.004	5256	5513	1.466	0.096	0.034	0.050
Has heard about HIV/AIDS	0.653	0.012	8444	8444	2.323	0.018	0.629	0.677
Knows about condoms	0.362	0.010	8444	8444	1.990	0.029	0.342	0.383
Knows about limiting partners	0.353	0.010	8444	8444	1.984	0.029	0.332	0.374
Total fertility rate (last 3 years)	2.023	0.065	na	24044	1.248	0.032	1.893	2.154
Total abortion rate (last 3 years)	2.320	0.104	na	24044	1.305	0.045	2.112	2.527
Neonatal mortality (0-4 years)	27.592	4.874	2322	2311	1.371	0.177	17.843	37.340
Post-neonatal mortality (0-4 years)	15.410	3.303	2297	2285	1.161	0.214	8.804	22.017
Infant mortality (0-4 years)	43.002	5.510	2323	2312	1.253	0.128	31.982	54.022
Child mortality (0-4 years)	6.802	2.201	2173	2151	1.245	0.324	2.400	11.204
Under-five mortality (0-4 years)	49.512	5.923	2330	2317	1.228	0.120	37.665	61.359
MEN								
Urban residence	0.568	0.017	2253	2245	1.593	0.029	0.534	0.601
No education	0.003	0.001	2253	2245	0.948	0.350	0.001	0.006
Complete secondary education or higher	0.845	0.011	2253	2245	1.393	0.013	0.824	0.866
Never married (in union)	0.378	0.014	2253	2245	1.338	0.036	0.350	0.405
Currently married (in union)	0.611	0.014	2253	2245	1.343	0.023	0.583	0.638
Married before age of 20	0.028	0.005	1865	1863	1.181	0.161	0.019	0.037
Had sexual intercourse before age 18	0.175	0.014	1862	1861	1.603	0.081	0.147	0.203
Knowing any contraceptive method	0.952	0.007	1374	1371	1.135	0.007	0.939	0.965
Ever used any contraceptive method	0.729	0.022	1374	1371	1.794	0.030	0.686	0.772
Want no more children	0.631	0.017	1374	1371	1.320	0.027	0.597	0.665
Want to delay at least 2 years	0.047	0.007	1374	1371	1.220	0.148	0.033	0.061
Ideal number of children	2.702	0.048	2210	2212	1.788	0.018	2.607	2.797
Has heard of HIV/AIDS	0.765	0.012	2253	2245	1.349	0.016	0.741	0.789
Knows condom use to prevent HIV/AIDS	0.560	0.016	2253	2245	1.499	0.028	0.529	0.592
Knows limiting partners to prevent HIV/AIDS	0.640	0.014	2253	2245	1.413	0.022	0.612	0.669
Had an injection in past 12 months	0.119	0.008	2253	2245	1.243	0.071	0.102	0.136
Accepting attitudes towards people with HIV	0.006	0.002	1648	1717	0.989	0.318	0.002	0.010
Prevalence of hypertension	0.165	0.011	2234	2231	1.421	0.068	0.142	0.187
Had 2+ sexual partners in past 12 months	0.079	0.011	1679	1720	1.677	0.139	0.057	0.102
Had higher-risk intercourse in past 12 month	0.242	0.016	1679	1720	1.526	0.066	0.210	0.274
Paid for sexual intercourse in past 12 months	0.065	0.007	2253	2245	1.380	0.111	0.050	0.079
Condom use at last higher-risk intercourse	0.298	0.037	381	417	1.594	0.126	0.223	0.373
Condom use at last higher-risk intercourse (youth)	0.311	0.051	191	215	1.501	0.163	0.210	0.412

Table B.3 Sampling errors: Urban sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	4478	4772	na	0.000	1.000	1.000
No education	0.006	0.002	4478	4772	1.593	0.305	0.002	0.010
Complete secondary education or higher	0.825	0.011	4478	4772	2.021	0.014	0.802	0.848
Never married/in union	0.310	0.009	4478	4772	1.285	0.029	0.292	0.328
Currently married/in union	0.607	0.011	4478	4772	1.535	0.018	0.584	0.629
Married before age 20	0.278	0.011	3679	3910	1.517	0.040	0.255	0.300
Had sexual intercourse before age 18	0.098	0.008	3679	3910	1.541	0.077	0.083	0.113
Currently pregnant	0.033	0.003	4478	4772	1.264	0.102	0.026	0.040
Induced abortions	0.391	0.010	4478	4772	1.399	0.026	0.371	0.412
Children ever born	1.450	0.024	4478	4772	1.157	0.017	1.402	1.499
Children surviving	1.351	0.019	4478	4772	0.989	0.014	1.313	1.388
Children ever born to women age 40-49	2.464	0.048	1273	1333	1.364	0.020	2.367	2.561
Knowing any contraceptive method	0.979	0.004	2705	2895	1.583	0.004	0.970	0.988
Ever used any contraceptive method	0.714	0.014	2705	2895	1.651	0.020	0.685	0.743
Currently using any method	0.518	0.016	2705	2895	1.648	0.031	0.486	0.550
Currently using a modern method	0.175	0.010	2705	2895	1.415	0.059	0.154	0.196
Currently using pill	0.016	0.003	2705	2895	1.367	0.205	0.010	0.023
Currently using IUD	0.109	0.008	2705	2895	1.337	0.074	0.093	0.125
Currently using female sterilization	0.004	0.002	2705	2895	1.384	0.440	0.000	0.007
Currently using periodic abstinence	0.062	0.008	2705	2895	1.624	0.121	0.047	0.077
Obtained method from public sector source	0.696	0.027	431	479	1.238	0.039	0.641	0.751
Want no more children	0.711	0.011	2705	2895	1.222	0.015	0.689	0.732
Want to delay at least 2 years	0.069	0.009	2705	2895	1.758	0.124	0.052	0.086
Ideal number of children	2.460	0.018	4411	4725	1.289	0.008	2.423	2.497
Mothers received medical assistance at delivery	0.966	0.008	1096	1139	1.213	0.008	0.951	0.981
Had diarrhea in the past 2 weeks	0.101	0.020	1051	1088	1.908	0.197	0.061	0.141
Treated with ORS packets	0.269	0.056	104	110	1.061	0.208	0.157	0.381
Taken to health provider	0.318	0.070	104	110	1.426	0.221	0.177	0.458
Having health card, seen	0.750	0.041	207	226	1.390	0.055	0.667	0.833
Received BCG vaccination	0.898	0.024	207	226	1.161	0.027	0.849	0.946
Received DPT vaccination (3 doses)	0.770	0.041	207	226	1.427	0.054	0.687	0.853
Received polio vaccination (3 doses)	0.767	0.037	207	226	1.252	0.048	0.694	0.840
Received measles vaccination	0.693	0.038	207	226	1.196	0.055	0.617	0.769
Fully immunized	0.676	0.044	207	226	1.359	0.065	0.588	0.764
Height-for-age (below -2SD)	0.203	0.022	906	966	1.522	0.109	0.159	0.247
Weight-for-height (below -2SD)	0.058	0.011	906	966	1.364	0.183	0.037	0.080
Weight-for-age (below -2SD)	0.037	0.007	906	966	1.073	0.185	0.023	0.051
Anemia children	0.365	0.025	882	924	1.498	0.069	0.314	0.415
Anemia women	0.355	0.016	4263	4546	2.218	0.046	0.322	0.387
BMI < 18.5	0.047	0.005	4124	4389	1.373	0.096	0.038	0.056
BMI >=25	0.526	0.011	4124	4389	1.395	0.021	0.504	0.548
Prevalence of hypertension	0.149	0.007	4428	4738	1.375	0.049	0.134	0.164
Had an injection in past 12 months	0.276	0.014	4478	4772	2.082	0.050	0.248	0.304
Accepting attitudes towards people with HIV	0.048	0.005	3303	3764	1.447	0.113	0.037	0.058
Has heard about HIV/AIDS	0.789	0.014	4478	4772	2.339	0.018	0.760	0.817
Knows about condoms	0.480	0.015	4478	4772	1.998	0.031	0.450	0.510
Knows about limiting partners	0.417	0.016	4478	4772	2.200	0.039	0.385	0.450
Total fertility rate (last 3 years)	1.826	0.069	na	13562	1.087	0.038	1.688	1.965
Total abortion rate (last 3 years)	2.325	0.134	na	13562	1.236	0.058	2.056	2.593
Neonatal mortality (0-4 years)	33.058	7.778	1107	1152	1.354	0.235	17.502	48.613
Post-neonatal mortality (0-4 years)	6.471	3.105	1094	1141	1.120	0.480	0.261	12.681
Infant mortality (0-4 years)	39.529	8.375	1107	1152	1.298	0.212	22.778	56.279
Child mortality (0-4 years)	5.931	3.293	1033	1085	1.312	0.555	0.000	12.517
Under-five mortality (0-4 years)	45.226	9.289	1109	1155	1.266	0.205	26.647	63.804
MEN								
Urban residence	1.000	0.000	1181	1274	0.000	0.000	1.000	1.000
No education	0.002	0.001	1181	1274	0.778	0.510	0.000	0.004
Complete secondary education or higher	0.874	0.013	1181	1274	1.383	0.015	0.847	0.900
Never married (in union)	0.377	0.020	1181	1274	1.391	0.052	0.338	0.417
Currently married (in union)	0.608	0.020	1181	1274	1.402	0.033	0.568	0.647
Married before age of 20	0.017	0.004	988	1063	1.056	0.257	0.008	0.025
Had sexual intercourse before age 18	0.222	0.022	985	1061	1.627	0.097	0.179	0.265
Knowing any contraceptive method	0.983	0.005	711	774	0.960	0.005	0.973	0.992
Ever used any contraceptive method	0.804	0.031	711	774	2.082	0.039	0.742	0.866
Want no more children	0.659	0.020	711	774	1.133	0.031	0.619	0.699
Want to delay at least 2 years	0.054	0.010	711	774	1.206	0.189	0.034	0.075
Ideal number of children	2.653	0.072	1162	1252	2.127	0.027	2.508	2.797
Has heard of HIV/AIDS	0.878	0.012	1181	1274	1.224	0.013	0.855	0.901
Knows condom use to prevent HIV/AIDS	0.670	0.019	1181	1274	1.375	0.028	0.632	0.708
Knows limiting partners to prevent HIV/AIDS	0.781	0.016	1181	1274	1.367	0.021	0.748	0.814
Had an injection in past 12 months	0.108	0.011	1181	1274	1.214	0.101	0.086	0.130
Accepting attitudes towards people with HIV	0.004	0.002	974	1119	1.029	0.491	0.000	0.009
Prevalence of hypertension	0.141	0.015	1171	1265	1.485	0.107	0.111	0.171
Had 2+ sexual partners in past 12 months	0.087	0.015	907	1007	1.625	0.175	0.056	0.117
Had higher-risk intercourse in past 12 month	0.268	0.023	907	1007	1.583	0.087	0.221	0.314
Paid for sexual intercourse in past 12 months	0.070	0.010	1181	1274	1.352	0.143	0.050	0.091
Condom use at last higher-risk intercourse	0.333	0.053	234	270	1.706	0.159	0.227	0.438
Condom use at last higher-risk intercourse (youth)	0.352	0.068	118	143	1.523	0.192	0.216	0.487

Table B.4 Sampling errors: Rural sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.000	0.000	3966	3672	na	na	0.000	0.000
No education	0.018	0.003	3966	3672	1.557	0.183	0.011	0.024
Complete secondary education or higher	0.732	0.014	3966	3672	2.018	0.019	0.703	0.760
Never married/in union	0.308	0.008	3966	3672	1.036	0.025	0.293	0.323
Currently married/in union	0.647	0.009	3966	3672	1.166	0.014	0.629	0.664
Married before age 20	0.362	0.012	3256	3003	1.408	0.033	0.338	0.385
Had sexual intercourse before age 18	0.122	0.007	3256	3003	1.162	0.055	0.109	0.135
Currently pregnant	0.038	0.004	3966	3672	1.343	0.107	0.030	0.046
Induced abortions	0.362	0.008	3966	3672	1.079	0.023	0.346	0.379
Children ever born	1.727	0.032	3966	3672	1.180	0.018	1.664	1.791
Children surviving	1.572	0.028	3966	3672	1.180	0.018	1.516	1.629
Children ever born to women age 40-49	3.045	0.077	1054	968	1.417	0.025	2.890	3.199
Knowing any contraceptive method	0.961	0.006	2555	2374	1.521	0.006	0.950	0.973
Ever used any contraceptive method	0.677	0.014	2555	2374	1.465	0.020	0.650	0.704
Currently using any method	0.503	0.018	2555	2374	1.784	0.035	0.468	0.539
Currently using a modern method	0.104	0.008	2555	2374	1.375	0.080	0.087	0.120
Currently using pill	0.006	0.002	2555	2374	1.076	0.283	0.002	0.009
Currently using IUD	0.071	0.008	2555	2374	1.590	0.114	0.055	0.087
Currently using female sterilization	0.005	0.002	2555	2374	1.780	0.518	0.000	0.009
Currently using periodic abstinence	0.013	0.003	2555	2374	1.219	0.206	0.008	0.019
Obtained method from public sector source	0.774	0.037	245	220	1.387	0.048	0.700	0.848
Want no more children	0.725	0.013	2555	2374	1.427	0.017	0.700	0.750
Want to delay at least 2 years	0.056	0.007	2555	2374	1.453	0.118	0.043	0.070
Ideal number of children	2.488	0.026	3865	3579	1.638	0.011	2.435	2.541
Mothers received medical assistance at delivery	0.807	0.030	1201	1149	2.124	0.037	0.747	0.867
Had diarrhea in the past 2 weeks	0.110	0.013	1145	1094	1.315	0.117	0.085	0.136
Treated with ORS packets	0.158	0.045	127	121	1.331	0.287	0.067	0.249
Taken to health provider	0.352	0.054	127	121	1.300	0.153	0.244	0.460
Having health card, seen	0.698	0.041	248	241	1.451	0.059	0.615	0.780
Received BCG vaccination	0.739	0.044	248	241	1.612	0.059	0.652	0.827
Received DPT vaccination (3 doses)	0.649	0.038	248	241	1.294	0.059	0.573	0.725
Received polio vaccination (3 doses)	0.684	0.042	248	241	1.473	0.062	0.599	0.769
Received measles vaccination	0.569	0.041	248	241	1.338	0.072	0.487	0.651
Fully immunized	0.523	0.038	248	241	1.222	0.072	0.448	0.599
Height-for-age (below -2SD)	0.298	0.024	1068	1013	1.631	0.081	0.249	0.346
Weight-for-height (below -2SD)	0.077	0.012	1068	1013	1.426	0.158	0.053	0.102
Weight-for-age (below -2SD)	0.115	0.016	1068	1013	1.539	0.137	0.084	0.147
Anemia children	0.418	0.028	957	916	1.658	0.067	0.362	0.474
Anemia women	0.389	0.014	3838	3566	1.819	0.037	0.360	0.417
BMI < 18.5	0.050	0.006	3670	3404	1.774	0.127	0.037	0.063
BMI >=25	0.408	0.014	3670	3404	1.755	0.035	0.379	0.436
Prevalence of hypertension	0.182	0.010	3925	3642	1.575	0.053	0.162	0.201
Had an injection in past 12 months	0.234	0.011	3966	3672	1.690	0.049	0.211	0.257
Accepting attitudes towards people with HIV	0.031	0.006	1953	1748	1.434	0.182	0.020	0.042
Has heard about HIV/AIDS	0.476	0.017	3966	3672	2.106	0.035	0.443	0.510
Knows about condoms	0.209	0.011	3966	3672	1.686	0.052	0.187	0.231
Knows about limiting partners	0.270	0.013	3966	3672	1.883	0.049	0.243	0.296
Total fertility rate (last 3 years)	2.268	0.112	na	10483	1.424	0.050	2.043	2.492
Total abortion rate (last 3 years)	2.317	0.168	na	10483	1.394	0.073	1.980	2.653
Neonatal mortality (0-4 years)	22.145	6.042	1215	1158	1.392	0.273	10.061	34.228
Post-neonatal mortality (0-4 years)	24.477	5.701	1203	1144	1.211	0.233	13.075	35.878
Infant mortality (0-4 years)	46.621	7.287	1216	1159	1.195	0.156	32.047	61.195
Child mortality (0-4 years)	7.693	2.984	1140	1066	1.188	0.388	1.726	13.660
Under-five mortality (0-4 years)	53.955	7.506	1221	1163	1.170	0.139	38.943	68.968
MEN								
Urban residence	0.000	0.000	1072	971	na	na	0.000	0.000
No education	0.005	0.002	1072	971	1.062	0.461	0.000	0.009
Complete secondary education or higher	0.807	0.016	1072	971	1.355	0.020	0.775	0.840
Never married (in union)	0.378	0.018	1072	971	1.236	0.048	0.342	0.415
Currently married (in union)	0.615	0.018	1072	971	1.233	0.030	0.578	0.651
Married before age of 20	0.043	0.009	877	800	1.266	0.201	0.026	0.061
Had sexual intercourse before age 18	0.113	0.015	877	800	1.426	0.135	0.083	0.144
Knowing any contraceptive method	0.912	0.013	663	597	1.225	0.015	0.885	0.939
Ever used any contraceptive method	0.632	0.029	663	597	1.547	0.046	0.574	0.690
Want no more children	0.595	0.030	663	597	1.568	0.050	0.535	0.654
Want to delay at least 2 years	0.038	0.009	663	597	1.167	0.227	0.021	0.056
Ideal number of children	2.766	0.058	1048	959	1.389	0.021	2.649	2.882
Has heard of HIV/AIDS	0.616	0.019	1072	971	1.297	0.031	0.577	0.654
Knows condom use to prevent HIV/AIDS	0.416	0.022	1072	971	1.450	0.052	0.373	0.460
Knows limiting partners to prevent HIV/AIDS	0.456	0.020	1072	971	1.291	0.043	0.417	0.496
Had an injection in past 12 months	0.133	0.014	1072	971	1.310	0.102	0.106	0.161
Accepting attitudes towards people with HIV	0.008	0.003	674	598	0.957	0.401	0.002	0.015
Prevalence of hypertension	0.196	0.016	1063	965	1.317	0.082	0.164	0.228
Had 2+ sexual partners in past 12 months	0.069	0.016	772	712	1.766	0.234	0.037	0.101
Had higher-risk intercourse in past 12 month	0.206	0.021	772	712	1.424	0.101	0.165	0.248
Paid for sexual intercourse in past 12 months	0.057	0.010	1072	971	1.421	0.177	0.037	0.077
Condom use at last higher-risk intercourse	0.234	0.041	147	147	1.182	0.177	0.151	0.317
Condom use at last higher-risk intercourse (youth)	0.230	0.061	73	72	1.218	0.264	0.109	0.351

Table B.5 Sampling errors: Baku sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	1312	2560	0.000	0.000	1.000	1.000
No education	0.004	0.002	1312	2560	1.369	0.621	0.000	0.008
Complete secondary education or higher	0.860	0.016	1312	2560	1.677	0.019	0.827	0.892
Never married/in union	0.321	0.014	1312	2560	1.076	0.043	0.294	0.349
Currently married/in union	0.594	0.018	1312	2560	1.358	0.031	0.557	0.631
Married before age 20	0.278	0.016	1060	2068	1.168	0.058	0.246	0.310
Had sexual intercourse before age 18	0.099	0.011	1060	2068	1.180	0.109	0.078	0.121
Currently pregnant	0.028	0.005	1312	2560	1.093	0.179	0.018	0.038
Induced abortions	0.381	0.016	1312	2560	1.196	0.042	0.349	0.413
Children ever born	1.351	0.038	1312	2560	1.032	0.028	1.276	1.426
Children surviving	1.276	0.029	1312	2560	0.857	0.022	1.219	1.333
Children ever born to women age 40-49	2.322	0.068	370	701	1.220	0.029	2.186	2.459
Knowing any contraceptive method	0.988	0.007	770	1520	1.734	0.007	0.975	1.002
Ever used any contraceptive method	0.738	0.025	770	1520	1.593	0.034	0.688	0.789
Currently using any method	0.559	0.028	770	1520	1.555	0.050	0.503	0.614
Currently using a modern method	0.187	0.014	770	1520	0.999	0.075	0.158	0.215
Currently using pill	0.020	0.005	770	1520	1.041	0.263	0.010	0.031
Currently using IUD	0.105	0.010	770	1520	0.928	0.098	0.084	0.125
Currently using female sterilization	0.003	0.003	770	1520	1.221	0.745	0.000	0.009
Currently using periodic abstinence	0.100	0.014	770	1520	1.291	0.140	0.072	0.127
Obtained method from public sector source	0.665	0.043	135	263	1.066	0.065	0.578	0.752
Want no more children	0.704	0.017	770	1520	1.017	0.024	0.670	0.737
Want to delay at least 2 years	0.078	0.015	770	1520	1.511	0.187	0.049	0.108
Ideal number of children	2.419	0.028	1311	2559	1.098	0.011	2.363	2.475
Mothers received medical assistance at delivery	0.983	0.010	251	530	1.236	0.010	0.963	1.002
Had diarrhea in the past 2 weeks	0.093	0.023	240	506	1.208	0.242	0.048	0.138
Treated with ORS packets	0.267	0.094	25	47	1.075	0.354	0.078	0.456
Taken to health provider	0.394	0.123	25	47	1.184	0.312	0.148	0.639
Having health card, seen	0.874	0.049	47	107	1.097	0.056	0.775	0.972
Received BCG vaccination	0.965	0.025	47	107	0.996	0.025	0.916	1.015
Received DPT vaccination (3 doses)	0.827	0.065	47	107	1.267	0.078	0.697	0.957
Received polio vaccination (3 doses)	0.860	0.046	47	107	0.984	0.054	0.767	0.952
Received measles vaccination	0.797	0.054	47	107	0.985	0.067	0.689	0.904
Fully immunized	0.776	0.067	47	107	1.189	0.086	0.642	0.910
Height-for-age (below -2SD)	0.150	0.032	228	487	1.318	0.213	0.086	0.214
Weight-for-height (below -2SD)	0.043	0.014	228	487	1.142	0.339	0.014	0.072
Weight-for-age (below -2SD)	0.022	0.009	228	487	0.961	0.395	0.005	0.040
Anemia children	0.361	0.039	207	444	1.227	0.108	0.283	0.439
Anemia women	0.353	0.025	1260	2467	1.843	0.070	0.303	0.402
BMI < 18.5	0.044	0.006	1227	2394	1.082	0.144	0.031	0.057
BMI >=25	0.539	0.018	1227	2394	1.270	0.034	0.503	0.576
Prevalence of hypertension	0.145	0.011	1310	2558	1.128	0.076	0.123	0.167
Had an injection in past 12 months	0.281	0.020	1312	2560	1.640	0.073	0.240	0.321
Accepting attitudes towards people with HIV	0.051	0.008	1191	2321	1.280	0.160	0.035	0.067
Has heard about HIV/AIDS	0.906	0.013	1312	2560	1.603	0.014	0.881	0.932
Knows about condoms	0.595	0.021	1312	2560	1.550	0.035	0.553	0.637
Knows about limiting partners	0.426	0.026	1312	2560	1.914	0.061	0.374	0.478
Total fertility rate (last 3 years)	1.705	0.112	na	7222	1.035	0.066	1.481	1.928
Total abortion rate (last 3 years)	2.107	0.190	na	7222	1.083	0.090	1.727	2.488
MEN								
Urban residence	1.000	0.000	368	699	0.000	0.000	1.000	1.000
No education	0.000	0.000	368	699	na	na	0.000	0.000
Complete secondary education or higher	0.925	0.017	368	699	1.200	0.018	0.892	0.958
Never married (in union)	0.386	0.031	368	699	1.207	0.080	0.324	0.447
Currently married (in union)	0.601	0.032	368	699	1.243	0.053	0.537	0.664
Married before age of 20	0.012	0.006	306	584	0.971	0.515	0.000	0.023
Had sexual intercourse before age 18	0.345	0.036	305	583	1.332	0.105	0.273	0.418
Knowing any contraceptive method	0.997	0.003	217	420	0.746	0.003	0.992	1.003
Ever used any contraceptive method	0.851	0.050	217	420	2.039	0.058	0.752	0.951
Want no more children	0.676	0.031	217	420	0.980	0.046	0.613	0.738
Want to delay at least 2 years	0.059	0.016	217	420	0.973	0.265	0.028	0.090
Ideal number of children	2.726	0.118	364	692	1.957	0.043	2.490	2.961
Has heard of HIV/AIDS	0.981	0.007	368	699	1.007	0.007	0.967	0.995
Knows condom use to prevent HIV/AIDS	0.873	0.022	368	699	1.260	0.025	0.829	0.916
Knows limiting partners to prevent HIV/AIDS	0.926	0.014	368	699	1.055	0.016	0.897	0.955
Had an injection in past 12 months	0.086	0.017	368	699	1.162	0.198	0.052	0.120
Accepting attitudes towards people with HIV	0.000	0.000	361	685	na	na	0.000	0.000
Prevalence of hypertension	0.132	0.023	364	693	1.297	0.174	0.086	0.179
Had 2+ sexual partners in past 12 months	0.106	0.025	302	572	1.402	0.235	0.056	0.156
Had higher-risk intercourse in past 12 months	0.299	0.038	302	572	1.440	0.127	0.223	0.375
Paid for sexual intercourse in past 12 months	0.087	0.017	368	699	1.186	0.201	0.052	0.122
Condom use at last higher-risk intercourse	0.383	0.080	99	171	1.608	0.208	0.223	0.542
Condom use at last higher-risk intercourse (youth)	0.385	0.096	52	95	1.395	0.249	0.193	0.577

Table B.6 Sampling errors: Absheron sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.955	0.008	875	582	1.156	0.009	0.938	0.971
No education	0.009	0.005	875	582	1.463	0.534	0.000	0.018
Complete secondary education or higher	0.813	0.023	875	582	1.767	0.029	0.767	0.860
Never married/in union	0.341	0.013	875	582	0.819	0.039	0.315	0.368
Currently married/in union	0.589	0.017	875	582	1.034	0.029	0.555	0.624
Married before age 20	0.258	0.021	728	479	1.283	0.081	0.217	0.300
Had sexual intercourse before age 18	0.073	0.013	728	479	1.301	0.173	0.047	0.098
Currently pregnant	0.044	0.008	875	582	1.119	0.177	0.028	0.059
Induced abortions	0.362	0.022	875	582	1.350	0.061	0.318	0.406
Children ever born	1.447	0.037	875	582	0.772	0.026	1.372	1.522
Children surviving	1.347	0.033	875	582	0.742	0.024	1.282	1.413
Children ever born to women age 40-49	2.662	0.113	240	158	1.293	0.042	2.437	2.888
Knowing any contraceptive method	0.941	0.014	535	343	1.410	0.015	0.912	0.969
Ever used any contraceptive method	0.632	0.026	535	343	1.244	0.041	0.580	0.684
Currently using any method	0.412	0.022	535	343	1.020	0.053	0.369	0.456
Currently using a modern method	0.184	0.018	535	343	1.076	0.098	0.147	0.220
Currently using pill	0.005	0.003	535	343	0.989	0.631	0.000	0.010
Currently using IUD	0.144	0.016	535	343	1.059	0.112	0.112	0.177
Currently using female sterilization	0.000	0.000	535	343	na	na	0.000	0.000
Currently using periodic abstinence	0.018	0.007	535	343	1.171	0.373	0.005	0.032
Obtained method from public sector source	0.863	0.052	89	59	1.422	0.061	0.758	0.968
Want no more children	0.717	0.026	535	343	1.313	0.036	0.665	0.768
Want to delay at least 2 years	0.084	0.016	535	343	1.310	0.187	0.053	0.115
Ideal number of children	2.525	0.031	852	565	0.935	0.012	2.463	2.587
Mothers received medical assistance at delivery	0.950	0.023	238	159	1.398	0.024	0.904	0.995
Had diarrhea in the past 2 weeks	0.069	0.021	231	151	1.163	0.309	0.026	0.111
Treated with ORS packets	0.150	0.109	15	10	1.197	0.727	0.000	0.368
Taken to health provider	0.155	0.110	15	10	1.188	0.710	0.000	0.374
Having health card, seen	0.711	0.070	47	31	1.062	0.099	0.570	0.851
Received BCG vaccination	0.952	0.034	47	31	1.101	0.036	0.883	1.021
Received DPT vaccination (3 doses)	0.724	0.078	47	31	1.201	0.108	0.567	0.881
Received polio vaccination (3 doses)	0.614	0.067	47	31	0.938	0.108	0.481	0.747
Received measles vaccination	0.837	0.075	47	31	1.393	0.090	0.686	0.987
Fully immunized	0.610	0.067	47	31	0.940	0.110	0.476	0.744
Height-for-age (below -2SD)	0.242	0.059	148	92	1.565	0.244	0.124	0.360
Weight-for-height (below -2SD)	0.015	0.010	148	92	0.999	0.676	0.000	0.036
Weight-for-age (below -2SD)	0.023	0.016	148	92	1.279	0.703	0.000	0.055
Anemia children	0.369	0.036	190	121	0.934	0.097	0.298	0.440
Anemia women	0.275	0.024	808	543	1.515	0.086	0.228	0.322
BMI < 18.5	0.054	0.009	763	511	1.120	0.169	0.036	0.072
BMI >=25	0.536	0.018	763	511	1.001	0.034	0.500	0.572
Prevalence of hypertension	0.111	0.013	846	562	1.249	0.122	0.084	0.138
Had an injection in past 12 months	0.240	0.019	875	582	1.342	0.081	0.202	0.279
Accepting attitudes towards people with HIV	0.039	0.010	558	370	1.277	0.269	0.018	0.060
Has heard about HIV/AIDS	0.635	0.026	875	582	1.591	0.041	0.583	0.687
Knows about condoms	0.454	0.022	875	582	1.301	0.048	0.410	0.498
Knows about limiting partners	0.527	0.025	875	582	1.494	0.048	0.477	0.578
Total fertility rate (last 3 years)	1.938	0.167	na	1663	0.979	0.086	1.604	2.272
Total abortion rate (last 3 years)	2.722	0.300	na	1663	1.319	0.110	2.122	3.321
MEN								
Urban residence	0.956	0.008	250	167	0.649	0.009	0.939	0.973
No education	0.010	0.006	250	167	0.981	0.614	0.000	0.023
Complete secondary education or higher	0.837	0.042	250	167	1.782	0.050	0.754	0.921
Never married (in union)	0.383	0.031	250	167	1.015	0.082	0.321	0.446
Currently married (in union)	0.605	0.032	250	167	1.039	0.053	0.540	0.669
Married before age of 20	0.013	0.007	204	136	0.882	0.536	0.000	0.027
Had sexual intercourse before age 18	0.018	0.010	203	135	1.093	0.570	0.000	0.038
Knowing any contraceptive method	1.000	0.000	157	101	na	0.000	1.000	1.000
Ever used any contraceptive method	0.970	0.018	157	101	1.286	0.018	0.935	1.005
Want no more children	0.709	0.045	157	101	1.225	0.063	0.620	0.798
Want to delay at least 2 years	0.061	0.024	157	101	1.249	0.392	0.013	0.109
Ideal number of children	2.132	0.049	246	166	1.052	0.023	2.033	2.231
Has heard of HIV/AIDS	0.763	0.032	250	167	1.168	0.041	0.700	0.826
Knows condom use to prevent HIV/AIDS	0.190	0.035	250	167	1.426	0.187	0.119	0.261
Knows limiting partners to prevent HIV/AIDS	0.685	0.045	250	167	1.539	0.066	0.594	0.776
Had an injection in past 12 months	0.184	0.021	250	167	0.869	0.116	0.141	0.226
Accepting attitudes towards people with HIV	0.000	0.000	192	127	na	na	0.000	0.000
Prevalence of hypertension	0.033	0.014	248	167	1.192	0.408	0.006	0.061
Had 2+ sexual partners in past 12 months	0.005	0.005	191	128	0.946	1.017	0.000	0.014
Had higher-risk intercourse in past 12 months	0.235	0.042	191	128	1.364	0.179	0.151	0.319
Paid for sexual intercourse in past 12 months	0.027	0.011	250	167	1.037	0.398	0.005	0.048
Condom use at last higher-risk intercourse	0.356	0.076	45	30	1.056	0.214	0.203	0.508
Condom use at last higher-risk intercourse (youth)	0.451	0.085	24	17	0.823	0.188	0.281	0.621

Table B.7 Sampling errors: Ganja-Gazakh sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.446	0.052	831	1148	2.978	0.116	0.343	0.550
No education	0.004	0.002	831	1148	0.958	0.529	0.000	0.008
Complete secondary education or higher	0.800	0.021	831	1148	1.524	0.026	0.757	0.842
Never married/in union	0.255	0.016	831	1148	1.078	0.064	0.222	0.288
Currently married/in union	0.676	0.018	831	1148	1.091	0.026	0.640	0.711
Married before age 20	0.392	0.027	675	937	1.441	0.069	0.338	0.446
Had sexual intercourse before age 18	0.138	0.018	675	937	1.357	0.131	0.102	0.174
Currently pregnant	0.046	0.008	831	1148	1.068	0.169	0.031	0.062
Induced abortions	0.449	0.018	831	1148	1.068	0.041	0.412	0.486
Children ever born	1.726	0.067	831	1148	1.246	0.039	1.592	1.860
Children surviving	1.551	0.055	831	1148	1.179	0.036	1.440	1.661
Children ever born to women age 40-49	2.870	0.136	238	323	1.457	0.047	2.598	3.142
Knowing any contraceptive method	0.974	0.006	559	776	0.948	0.007	0.961	0.987
Ever used any contraceptive method	0.683	0.019	559	776	0.975	0.028	0.644	0.721
Currently using any method	0.497	0.023	559	776	1.083	0.046	0.451	0.543
Currently using a modern method	0.127	0.023	559	776	1.606	0.178	0.082	0.172
Currently using pill	0.009	0.006	559	776	1.419	0.632	0.000	0.020
Currently using IUD	0.067	0.019	559	776	1.796	0.285	0.029	0.105
Currently using female sterilization	0.015	0.007	559	776	1.423	0.492	0.000	0.029
Currently using periodic abstinence	0.015	0.005	559	776	1.044	0.358	0.004	0.026
Obtained method from public sector source	0.695	0.063	58	87	1.035	0.091	0.569	0.821
Want no more children	0.757	0.019	559	776	1.058	0.025	0.718	0.795
Want to delay at least 2 years	0.071	0.013	559	776	1.221	0.187	0.045	0.098
Ideal number of children	2.484	0.035	805	1114	1.013	0.014	2.414	2.555
Mothers received medical assistance at delivery	0.908	0.037	248	370	1.704	0.041	0.833	0.983
Had diarrhea in the past 2 weeks	0.145	0.047	236	353	1.761	0.321	0.052	0.239
Treated with ORS packets	0.323	0.076	28	51	0.747	0.235	0.171	0.475
Taken to health provider	0.256	0.077	28	51	1.032	0.301	0.102	0.411
Having health card, seen	0.651	0.082	50	82	1.319	0.126	0.487	0.815
Received BCG vaccination	0.849	0.066	50	82	1.418	0.078	0.716	0.981
Received DPT vaccination (3 doses)	0.605	0.060	50	82	0.935	0.099	0.486	0.724
Received polio vaccination (3 doses)	0.645	0.072	50	82	1.147	0.111	0.502	0.788
Received measles vaccination	0.539	0.054	50	82	0.828	0.100	0.431	0.646
Fully immunized	0.541	0.066	50	82	1.021	0.123	0.409	0.674
Height-for-age (below -2SD)	0.196	0.042	209	304	1.422	0.214	0.112	0.279
Weight-for-height (below -2SD)	0.079	0.018	209	304	0.985	0.223	0.044	0.115
Weight-for-age (below -2SD)	0.066	0.015	209	304	0.922	0.225	0.036	0.095
Anemia children	0.409	0.040	182	268	1.109	0.098	0.329	0.490
Anemia women	0.369	0.028	755	1036	1.591	0.076	0.313	0.426
BMI < 18.5	0.043	0.010	724	996	1.261	0.220	0.024	0.063
BMI >=25	0.546	0.022	724	996	1.203	0.041	0.502	0.591
Prevalence of hypertension	0.196	0.017	826	1141	1.210	0.085	0.163	0.230
Had an injection in past 12 months	0.371	0.026	831	1148	1.536	0.069	0.320	0.423
Accepting attitudes towards people with HIV	0.054	0.009	471	656	0.817	0.157	0.037	0.072
Has heard about HIV/AIDS	0.571	0.039	831	1148	2.266	0.068	0.493	0.649
Knows about condoms	0.214	0.023	831	1148	1.586	0.106	0.169	0.259
Knows about limiting partners	0.242	0.020	831	1148	1.338	0.082	0.202	0.282
Total fertility rate (last 3 years)	2.209	0.207	na	3289	0.997	0.094	1.795	2.624
Total abortion rate (last 3 years)	3.466	0.312	na	3289	0.901	0.090	2.843	4.089
MEN								
Urban residence	0.459	0.047	206	281	1.340	0.102	0.365	0.552
No education	0.000	0.000	206	281	na	na	0.000	0.000
Complete secondary education or higher	0.812	0.030	206	281	1.089	0.037	0.753	0.872
Never married (in union)	0.313	0.039	206	281	1.198	0.124	0.236	0.391
Currently married (in union)	0.674	0.037	206	281	1.137	0.055	0.600	0.749
Married before age of 20	0.040	0.014	175	241	0.932	0.345	0.012	0.068
Had sexual intercourse before age 18	0.020	0.011	175	241	1.051	0.561	0.000	0.042
Knowing any contraceptive method	1.000	0.000	135	190	0.000	0.000	1.000	1.000
Ever used any contraceptive method	0.917	0.032	135	190	1.361	0.035	0.852	0.982
Want no more children	0.595	0.042	135	190	0.980	0.070	0.512	0.679
Want to delay at least 2 years	0.094	0.027	135	190	1.053	0.282	0.041	0.147
Ideal number of children	3.127	0.124	198	268	1.273	0.040	2.879	3.374
Has heard of HIV/AIDS	0.677	0.031	206	281	0.961	0.046	0.614	0.740
Knows condom use to prevent HIV/AIDS	0.528	0.037	206	281	1.066	0.070	0.454	0.603
Knows limiting partners to prevent HIV/AIDS	0.668	0.033	206	281	0.992	0.049	0.603	0.733
Had an injection in past 12 months	0.078	0.021	206	281	1.106	0.266	0.036	0.119
Accepting attitudes towards people with HIV	0.025	0.014	137	190	1.058	0.565	0.000	0.054
Prevalence of hypertension	0.171	0.024	206	281	0.922	0.142	0.123	0.220
Had 2+ sexual partners in past 12 months	0.079	0.030	164	225	1.400	0.376	0.020	0.138
Had higher-risk intercourse in past 12 months	0.171	0.034	164	225	1.140	0.196	0.104	0.239
Paid for sexual intercourse in past 12 months	0.042	0.015	206	281	1.032	0.343	0.013	0.071
Condom use at last higher-risk intercourse	0.000	0.000	30	39	na	na	0.000	0.000
Condom use at last higher-risk intercourse (youth)	0.000	0.000	20	24	na	na	0.000	0.000

Table B.8 Sampling errors: Shaki-Zaqatala sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.250	0.021	828	589	1.402	0.085	0.207	0.292
No education	0.010	0.005	828	589	1.341	0.462	0.001	0.019
Complete secondary education or higher	0.806	0.038	828	589	2.720	0.047	0.731	0.881
Never married/in union	0.309	0.022	828	589	1.364	0.071	0.265	0.353
Currently married/in union	0.649	0.020	828	589	1.199	0.031	0.609	0.689
Married before age 20	0.343	0.025	671	474	1.363	0.073	0.293	0.393
Had sexual intercourse before age 18	0.100	0.016	671	474	1.339	0.155	0.069	0.131
Currently pregnant	0.029	0.008	828	589	1.300	0.262	0.014	0.044
Induced abortions	0.393	0.015	828	589	0.856	0.037	0.364	0.422
Children ever born	1.633	0.039	828	589	0.736	0.024	1.556	1.710
Children surviving	1.538	0.034	828	589	0.704	0.022	1.470	1.606
Children ever born to women age 40-49	2.790	0.120	238	166	1.303	0.043	2.550	3.030
Knowing any contraceptive method	0.994	0.003	538	382	0.992	0.003	0.988	1.001
Ever used any contraceptive method	0.747	0.024	538	382	1.255	0.032	0.700	0.794
Currently using any method	0.536	0.025	538	382	1.162	0.047	0.486	0.586
Currently using a modern method	0.131	0.015	538	382	1.040	0.116	0.101	0.161
Currently using pill	0.006	0.004	538	382	1.068	0.577	0.000	0.014
Currently using IUD	0.091	0.013	538	382	1.035	0.141	0.066	0.117
Currently using female sterilization	0.008	0.004	538	382	1.154	0.549	0.000	0.017
Currently using periodic abstinence	0.019	0.005	538	382	0.939	0.293	0.008	0.030
Obtained method from public sector source	0.727	0.052	80	49	1.045	0.072	0.622	0.832
Want no more children	0.719	0.019	538	382	0.979	0.026	0.681	0.757
Want to delay at least 2 years	0.056	0.006	538	382	0.632	0.112	0.043	0.069
Ideal number of children	2.230	0.048	818	581	1.346	0.021	2.134	2.325
Mothers received medical assistance at delivery	0.934	0.036	211	143	1.819	0.038	0.862	1.006
Had diarrhea in the past 2 weeks	0.057	0.017	206	140	0.995	0.299	0.023	0.091
Treated with ORS packets	0.200	0.114	12	8	0.817	0.570	0.000	0.428
Taken to health provider	0.281	0.179	12	8	1.317	0.638	0.000	0.638
Having health card, seen	0.893	0.061	52	35	1.393	0.068	0.771	1.015
Received BCG vaccination	0.961	0.025	52	35	0.907	0.026	0.911	1.011
Received DPT vaccination (3 doses)	0.799	0.050	52	35	0.884	0.063	0.699	0.899
Received polio vaccination (3 doses)	0.853	0.053	52	35	1.049	0.062	0.747	0.958
Received measles vaccination	0.703	0.067	52	35	1.033	0.095	0.569	0.836
Fully immunized	0.799	0.050	52	35	0.884	0.063	0.699	0.899
Height-for-age (below -2SD)	0.213	0.037	201	140	1.219	0.172	0.140	0.287
Weight-for-height (below -2SD)	0.051	0.019	201	140	1.127	0.370	0.013	0.089
Weight-for-age (below -2SD)	0.024	0.010	201	140	0.878	0.435	0.003	0.045
Anemia children	0.205	0.030	185	126	0.951	0.146	0.145	0.265
Anemia women	0.477	0.033	817	581	1.892	0.069	0.411	0.544
BMI < 18.5	0.034	0.008	801	565	1.312	0.249	0.017	0.051
BMI >=25	0.353	0.030	801	565	1.763	0.085	0.293	0.413
Prevalence of hypertension	0.136	0.012	824	586	1.037	0.091	0.111	0.160
Had an injection in past 12 months	0.235	0.021	828	589	1.415	0.089	0.193	0.277
Accepting attitudes towards people with HIV	0.037	0.007	622	436	0.986	0.201	0.022	0.052
Has heard about HIV/AIDS	0.740	0.037	828	589	2.404	0.050	0.666	0.813
Knows about condoms	0.430	0.036	828	589	2.104	0.084	0.358	0.503
Knows about limiting partners	0.476	0.031	828	589	1.767	0.065	0.415	0.538
Total fertility rate (last 3 years)	1.923	0.136	na	1674	1.029	0.071	1.652	2.195
Total abortion rate (last 3 years)	2.185	0.267	na	1674	1.025	0.122	1.651	2.719
MEN								
Urban residence	0.263	0.033	219	153	1.090	0.124	0.198	0.328
No education	0.000	0.000	219	153	na	na	0.000	0.000
Complete secondary education or higher	0.763	0.035	219	153	1.221	0.046	0.693	0.833
Never married (in union)	0.392	0.034	219	153	1.033	0.087	0.324	0.461
Currently married (in union)	0.604	0.034	219	153	1.033	0.057	0.536	0.673
Married before age of 20	0.022	0.011	177	122	0.964	0.488	0.001	0.043
Had sexual intercourse before age 18	0.053	0.019	177	122	1.116	0.354	0.016	0.091
Knowing any contraceptive method	0.989	0.008	134	93	0.919	0.009	0.972	1.006
Ever used any contraceptive method	0.736	0.041	134	93	1.069	0.056	0.654	0.818
Want no more children	0.610	0.053	134	93	1.250	0.087	0.504	0.716
Want to delay at least 2 years	0.036	0.019	134	93	1.176	0.526	0.000	0.075
Ideal number of children	2.485	0.147	218	153	1.511	0.059	2.190	2.779
Has heard of HIV/AIDS	0.806	0.028	219	153	1.052	0.035	0.750	0.862
Knows condom use to prevent HIV/AIDS	0.628	0.049	219	153	1.481	0.077	0.530	0.725
Knows limiting partners to prevent HIV/AIDS	0.535	0.034	219	153	1.006	0.064	0.467	0.603
Had an injection in past 12 months	0.163	0.026	219	153	1.029	0.158	0.112	0.215
Accepting attitudes towards people with HIV	0.017	0.009	179	124	0.933	0.525	0.000	0.036
Prevalence of hypertension	0.174	0.030	218	153	1.149	0.170	0.115	0.234
Had 2+ sexual partners in past 12 months	0.021	0.017	141	97	1.382	0.797	0.000	0.055
Had higher-risk intercourse in past 12 months	0.075	0.028	141	97	1.274	0.379	0.018	0.132
Paid for sexual intercourse in past 12 months	0.007	0.006	219	153	0.974	0.765	0.000	0.019
Condom use at last higher-risk intercourse	0.586	0.200	11	7	1.247	0.341	0.186	0.986
Condom use at last higher-risk intercourse (youth)	0.442	0.255	5	3	1.021	0.577	0.000	0.951

Table B.9 Sampling errors: Lankaran sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.211	0.017	989	706	1.329	0.082	0.176	0.245
No education	0.015	0.005	989	706	1.253	0.318	0.006	0.025
Complete secondary education or higher	0.689	0.034	989	706	2.291	0.049	0.621	0.757
Never married/in union	0.315	0.017	989	706	1.157	0.054	0.280	0.349
Currently married/in union	0.642	0.017	989	706	1.144	0.027	0.607	0.676
Married before age 20	0.341	0.017	810	578	1.045	0.051	0.306	0.376
Had sexual intercourse before age 18	0.141	0.014	810	578	1.141	0.099	0.113	0.169
Currently pregnant	0.035	0.006	989	706	1.022	0.170	0.023	0.047
Induced abortions	0.315	0.025	989	706	1.702	0.080	0.264	0.365
Children ever born	1.763	0.055	989	706	0.967	0.031	1.652	1.873
Children surviving	1.628	0.047	989	706	0.909	0.029	1.534	1.722
Children ever born to women age 40-49	3.248	0.198	269	186	1.645	0.061	2.852	3.644
Knowing any contraceptive method	0.930	0.016	628	453	1.553	0.017	0.898	0.962
Ever used any contraceptive method	0.655	0.026	628	453	1.371	0.040	0.602	0.707
Currently using any method	0.472	0.027	628	453	1.341	0.057	0.418	0.525
Currently using a modern method	0.098	0.020	628	453	1.649	0.200	0.059	0.137
Currently using pill	0.010	0.004	628	453	1.006	0.395	0.002	0.018
Currently using IUD	0.059	0.015	628	453	1.578	0.251	0.030	0.089
Currently using female sterilization	0.000	0.000	628	453	na	na	0.000	0.000
Currently using periodic abstinence	0.006	0.003	628	453	0.952	0.502	0.000	0.011
Obtained method from public sector source	0.764	0.079	49	37	1.286	0.104	0.605	0.922
Want no more children	0.694	0.022	628	453	1.190	0.032	0.651	0.738
Want to delay at least 2 years	0.029	0.007	628	453	1.063	0.244	0.015	0.044
Ideal number of children	2.561	0.035	972	695	1.107	0.014	2.491	2.631
Mothers received medical assistance at delivery	0.783	0.076	292	216	2.457	0.097	0.631	0.936
Had diarrhea in the past 2 weeks	0.050	0.011	282	209	0.852	0.215	0.029	0.072
Treated with ORS packets	0.169	0.101	14	11	1.029	0.595	0.000	0.370
Taken to health provider	0.534	0.142	14	11	1.090	0.266	0.250	0.818
Having health card, seen	0.656	0.086	50	39	1.328	0.130	0.485	0.827
Received BCG vaccination	0.802	0.066	50	39	1.226	0.083	0.669	0.934
Received DPT vaccination (3 doses)	0.678	0.087	50	39	1.367	0.128	0.505	0.851
Received polio vaccination (3 doses)	0.725	0.087	50	39	1.438	0.120	0.551	0.899
Received measles vaccination	0.714	0.066	50	39	1.070	0.092	0.583	0.845
Fully immunized	0.516	0.069	50	39	1.024	0.134	0.377	0.655
Height-for-age (below -2SD)	0.220	0.033	267	202	1.329	0.150	0.154	0.287
Weight-for-height (below -2SD)	0.043	0.015	267	202	1.254	0.353	0.013	0.073
Weight-for-age (below -2SD)	0.110	0.021	267	202	1.158	0.192	0.068	0.152
Anemia children	0.252	0.027	242	176	1.007	0.109	0.197	0.307
Anemia women	0.267	0.025	969	695	1.783	0.095	0.216	0.317
BMI < 18.5	0.058	0.010	928	666	1.250	0.166	0.039	0.077
BMI >=25	0.394	0.029	928	666	1.781	0.073	0.337	0.451
Prevalence of hypertension	0.245	0.023	984	703	1.657	0.093	0.199	0.290
Had an injection in past 12 months	0.155	0.019	989	706	1.610	0.120	0.117	0.192
Accepting attitudes towards people with HIV	0.014	0.005	395	261	0.912	0.391	0.003	0.024
Has heard about HIV/AIDS	0.370	0.031	989	706	2.007	0.083	0.308	0.432
Knows about condoms	0.234	0.023	989	706	1.701	0.098	0.188	0.280
Knows about limiting partners	0.256	0.025	989	706	1.811	0.098	0.205	0.306
Total fertility rate (last 3 years)	2.135	0.180	na	2000	1.314	0.084	1.775	2.495
Total abortion rate (last 3 years)	1.315	0.210	na	2000	1.310	0.160	0.895	1.735
MEN								
Urban residence	0.214	0.033	251	188	1.284	0.156	0.147	0.281
No education	0.004	0.004	251	188	0.997	0.997	0.000	0.012
Complete secondary education or higher	0.827	0.029	251	188	1.198	0.035	0.770	0.884
Never married (in union)	0.446	0.031	251	188	1.001	0.071	0.383	0.509
Currently married (in union)	0.554	0.031	251	188	1.001	0.057	0.491	0.617
Married before age of 20	0.037	0.018	194	144	1.339	0.495	0.000	0.073
Had sexual intercourse before age 18	0.145	0.041	194	144	1.603	0.281	0.063	0.227
Knowing any contraceptive method	0.714	0.054	136	104	1.382	0.076	0.606	0.822
Ever used any contraceptive method	0.372	0.060	136	104	1.427	0.160	0.253	0.492
Want no more children	0.642	0.063	136	104	1.518	0.098	0.516	0.768
Want to delay at least 2 years	0.030	0.015	136	104	1.010	0.493	0.000	0.060
Ideal number of children	2.823	0.115	249	187	1.323	0.041	2.593	3.052
Has heard of HIV/AIDS	0.482	0.042	251	188	1.314	0.086	0.399	0.565
Knows condom use to prevent HIV/AIDS	0.400	0.042	251	188	1.362	0.106	0.315	0.485
Knows limiting partners to prevent HIV/AIDS	0.399	0.042	251	188	1.350	0.105	0.315	0.482
Had an injection in past 12 months	0.169	0.028	251	188	1.199	0.168	0.112	0.226
Accepting attitudes towards people with HIV	0.008	0.008	124	91	1.011	1.033	0.000	0.024
Prevalence of hypertension	0.219	0.035	248	185	1.315	0.158	0.150	0.289
Had 2+ sexual partners in past 12 months	0.061	0.019	169	128	1.008	0.304	0.024	0.099
Had higher-risk intercourse in past 12 months	0.241	0.034	169	128	1.039	0.142	0.172	0.310
Paid for sexual intercourse in past 12 months	0.083	0.015	251	188	0.881	0.185	0.052	0.114
Condom use at last higher-risk intercourse	0.358	0.082	42	31	1.093	0.229	0.194	0.522
Condom use at last higher-risk intercourse (youth)	0.478	0.115	22	17	1.049	0.240	0.249	0.707

Table B.10 Sampling errors: Guba-Khachmaz sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.334	0.027	735	380	1.570	0.082	0.279	0.388
No education	0.002	0.002	735	380	0.903	0.703	0.000	0.005
Complete secondary education or higher	0.663	0.031	735	380	1.765	0.046	0.602	0.725
Never married/in union	0.375	0.026	735	380	1.480	0.071	0.322	0.428
Currently married/in union	0.577	0.027	735	380	1.467	0.046	0.523	0.631
Married before age 20	0.290	0.023	616	319	1.240	0.078	0.244	0.335
Had sexual intercourse before age 18	0.098	0.014	616	319	1.161	0.142	0.070	0.126
Currently pregnant	0.027	0.006	735	380	0.929	0.204	0.016	0.039
Induced abortions	0.269	0.021	735	380	1.291	0.079	0.227	0.311
Children ever born	1.493	0.074	735	380	1.322	0.050	1.344	1.642
Children surviving	1.432	0.066	735	380	1.238	0.046	1.300	1.564
Children ever born to women age 40-49	2.588	0.114	174	91	1.013	0.044	2.361	2.816
Knowing any contraceptive method	0.940	0.016	418	219	1.360	0.017	0.908	0.972
Ever used any contraceptive method	0.676	0.031	418	219	1.359	0.046	0.613	0.738
Currently using any method	0.570	0.034	418	219	1.388	0.059	0.503	0.637
Currently using a modern method	0.194	0.025	418	219	1.314	0.131	0.143	0.245
Currently using pill	0.002	0.002	418	219	0.998	0.989	0.000	0.007
Currently using IUD	0.187	0.026	418	219	1.351	0.138	0.135	0.238
Currently using female sterilization	0.000	0.000	418	219	na	na	0.000	0.000
Currently using periodic abstinence	0.029	0.010	418	219	1.255	0.358	0.008	0.049
Obtained method from public sector source	0.938	0.040	80	42	1.471	0.043	0.858	1.019
Want no more children	0.705	0.033	418	219	1.465	0.046	0.639	0.770
Want to delay at least 2 years	0.054	0.011	418	219	0.997	0.203	0.032	0.077
Ideal number of children	2.643	0.041	706	364	1.148	0.015	2.561	2.724
Mothers received medical assistance at delivery	0.958	0.017	179	95	1.135	0.018	0.924	0.992
Had diarrhea in the past 2 weeks	0.020	0.013	171	91	1.264	0.662	0.000	0.047
Treated with ORS packets	1.000	0.000	3	2	na	0.000	1.000	1.000
Taken to health provider	1.000	0.000	3	2	na	0.000	1.000	1.000
Having health card, seen	0.881	0.056	35	20	1.064	0.063	0.769	0.992
Received BCG vaccination	0.982	0.018	35	20	0.842	0.018	0.947	1.018
Received DPT vaccination (3 doses)	0.961	0.027	35	20	0.857	0.028	0.907	1.015
Received polio vaccination (3 doses)	0.902	0.052	35	20	1.088	0.058	0.797	1.007
Received measles vaccination	0.773	0.080	35	20	1.172	0.103	0.614	0.932
Fully immunized	0.881	0.056	35	20	1.064	0.063	0.769	0.992
Height-for-age (below -2SD)	0.541	0.051	173	90	1.289	0.094	0.440	0.643
Weight-for-height (below -2SD)	0.044	0.021	173	90	1.189	0.472	0.002	0.086
Weight-for-age (below -2SD)	0.147	0.049	173	90	1.750	0.335	0.048	0.245
Anemia children	0.368	0.060	151	81	1.595	0.163	0.248	0.489
Anemia women	0.271	0.022	726	375	1.357	0.083	0.226	0.316
BMI < 18.5	0.027	0.007	702	363	1.073	0.241	0.014	0.041
BMI >=25	0.390	0.019	702	363	1.007	0.048	0.353	0.427
Prevalence of hypertension	0.133	0.022	735	380	1.722	0.162	0.090	0.176
Had an injection in past 12 months	0.071	0.010	735	380	1.082	0.145	0.050	0.091
Accepting attitudes towards people with HIV	0.007	0.004	421	217	1.039	0.599	0.000	0.016
Has heard about HIV/AIDS	0.571	0.019	735	380	1.017	0.033	0.534	0.609
Knows about condoms	0.184	0.022	735	380	1.559	0.122	0.139	0.228
Knows about limiting partners	0.284	0.014	735	380	0.837	0.049	0.256	0.311
Total fertility rate (last 3 years)	1.741	0.256	na	1094	1.553	0.147	1.228	2.253
Total abortion rate (last 3 years)	1.035	0.229	na	1094	1.387	0.221	0.577	1.493
MEN								
Urban residence	0.323	0.037	223	119	1.178	0.114	0.249	0.398
No education	0.003	0.003	223	119	0.873	1.004	0.000	0.010
Complete secondary education or higher	0.725	0.031	223	119	1.046	0.043	0.662	0.788
Never married (in union)	0.391	0.034	223	119	1.047	0.088	0.323	0.460
Currently married (in union)	0.561	0.032	223	119	0.966	0.057	0.497	0.626
Married before age of 20	0.061	0.021	201	106	1.211	0.336	0.020	0.102
Had sexual intercourse before age 18	0.114	0.024	201	106	1.085	0.214	0.065	0.163
Knowing any contraceptive method	0.971	0.017	127	67	1.122	0.017	0.937	1.004
Ever used any contraceptive method	0.786	0.043	127	67	1.180	0.055	0.700	0.873
Want no more children	0.559	0.059	127	67	1.319	0.105	0.442	0.676
Want to delay at least 2 years	0.036	0.015	127	67	0.904	0.416	0.006	0.066
Ideal number of children	2.653	0.098	211	112	1.193	0.037	2.458	2.848
Has heard of HIV/AIDS	0.722	0.035	223	119	1.153	0.048	0.653	0.791
Knows condom use to prevent HIV/AIDS	0.412	0.062	223	119	1.858	0.150	0.289	0.536
Knows limiting partners to prevent HIV/AIDS	0.476	0.047	223	119	1.398	0.099	0.382	0.570
Had an injection in past 12 months	0.000	0.000	223	119	na	na	0.000	0.000
Accepting attitudes towards people with HIV	0.011	0.009	164	86	1.024	0.746	0.000	0.029
Prevalence of hypertension	0.227	0.034	223	119	1.205	0.149	0.159	0.295
Had 2+ sexual partners in past 12 months	0.041	0.015	167	88	0.960	0.359	0.012	0.071
Had higher-risk intercourse in past 12 months	0.305	0.042	167	88	1.185	0.139	0.221	0.390
Paid for sexual intercourse in past 12 months	0.041	0.015	223	119	1.093	0.353	0.012	0.071
Condom use at last higher-risk intercourse	0.078	0.038	50	27	0.990	0.486	0.002	0.154
Condom use at last higher-risk intercourse (youth)	0.000	0.000	18	10	na	na	0.000	0.000

Table B.11 Sampling errors: Aran sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.316	0.026	1332	2019	2.067	0.083	0.263	0.369
No education	0.021	0.006	1332	2019	1.424	0.269	0.010	0.032
Complete secondary education or higher	0.727	0.021	1332	2019	1.741	0.029	0.685	0.770
Never married/in union	0.297	0.011	1332	2019	0.856	0.036	0.275	0.318
Currently married/in union	0.638	0.014	1332	2019	1.034	0.021	0.611	0.665
Married before age 20	0.320	0.018	1116	1687	1.267	0.055	0.284	0.355
Had sexual intercourse before age 18	0.107	0.010	1116	1687	1.035	0.089	0.088	0.126
Currently pregnant	0.039	0.006	1332	2019	1.219	0.166	0.026	0.052
Induced abortions	0.378	0.011	1332	2019	0.801	0.028	0.356	0.399
Children ever born	1.683	0.043	1332	2019	0.947	0.025	1.598	1.768
Children surviving	1.518	0.039	1332	2019	0.984	0.026	1.440	1.595
Children ever born to women age 40-49	2.829	0.105	370	551	1.152	0.037	2.618	3.039
Knowing any contraceptive method	0.967	0.008	854	1288	1.369	0.009	0.950	0.983
Ever used any contraceptive method	0.676	0.021	854	1288	1.326	0.031	0.634	0.719
Currently using any method	0.490	0.029	854	1288	1.690	0.059	0.432	0.548
Currently using a modern method	0.110	0.015	854	1288	1.359	0.132	0.081	0.139
Currently using pill	0.008	0.003	854	1288	0.952	0.369	0.002	0.013
Currently using IUD	0.078	0.014	854	1288	1.490	0.175	0.051	0.106
Currently using female sterilization	0.001	0.001	854	1288	0.968	1.002	0.000	0.003
Currently using periodic abstinence	0.014	0.004	854	1288	1.085	0.310	0.005	0.023
Obtained method from public sector source	0.702	0.055	95	134	1.157	0.078	0.593	0.811
Want no more children	0.730	0.020	854	1288	1.321	0.028	0.689	0.770
Want to delay at least 2 years	0.053	0.010	854	1288	1.361	0.198	0.032	0.074
Ideal number of children	2.559	0.041	1306	1978	1.445	0.016	2.478	2.641
Mothers received medical assistance at delivery	0.804	0.039	409	637	1.618	0.049	0.725	0.883
Had diarrhea in the past 2 weeks	0.125	0.022	389	602	1.262	0.177	0.081	0.169
Treated with ORS packets	0.150	0.063	48	75	1.153	0.419	0.024	0.275
Taken to health provider	0.383	0.079	48	75	1.158	0.206	0.225	0.541
Having health card, seen	0.633	0.064	79	124	1.213	0.101	0.505	0.761
Received BCG vaccination	0.583	0.071	79	124	1.304	0.121	0.441	0.724
Received DPT vaccination (3 doses)	0.645	0.064	79	124	1.211	0.099	0.517	0.772
Received polio vaccination (3 doses)	0.666	0.070	79	124	1.345	0.105	0.527	0.806
Received measles vaccination	0.421	0.075	79	124	1.380	0.178	0.272	0.571
Fully immunized	0.430	0.063	79	124	1.153	0.146	0.305	0.555
Height-for-age (below -2SD)	0.330	0.040	350	544	1.481	0.121	0.250	0.410
Weight-for-height (below -2SD)	0.118	0.023	350	544	1.295	0.196	0.071	0.164
Weight-for-age (below -2SD)	0.131	0.027	350	544	1.371	0.204	0.077	0.184
Anemia children	0.504	0.049	341	524	1.618	0.096	0.407	0.601
Anemia women	0.425	0.024	1304	1981	1.727	0.056	0.378	0.473
BMI < 18.5	0.058	0.011	1241	1881	1.666	0.191	0.036	0.080
BMI >=25	0.426	0.019	1241	1881	1.344	0.044	0.388	0.464
Prevalence of hypertension	0.169	0.014	1319	1999	1.309	0.080	0.142	0.196
Had an injection in past 12 months	0.228	0.019	1332	2019	1.689	0.085	0.190	0.267
Accepting attitudes towards people with HIV	0.040	0.009	694	1004	1.214	0.226	0.022	0.058
Has heard about HIV/AIDS	0.497	0.024	1332	2019	1.733	0.048	0.450	0.545
Knows about condoms	0.214	0.015	1332	2019	1.360	0.071	0.183	0.245
Knows about limiting partners	0.290	0.021	1332	2019	1.717	0.074	0.247	0.332
Total fertility rate (last 3 years)	2.375	0.159	na	5805	1.161	0.067	2.057	2.693
Total abortion rate (last 3 years)	2.422	0.244	na	5805	1.237	0.101	1.934	2.909
MEN								
Urban residence	0.290	0.031	339	508	1.261	0.108	0.227	0.352
No education	0.007	0.004	339	508	0.903	0.598	0.000	0.015
Complete secondary education or higher	0.828	0.025	339	508	1.239	0.031	0.777	0.879
Never married (in union)	0.366	0.031	339	508	1.177	0.084	0.305	0.428
Currently married (in union)	0.629	0.031	339	508	1.176	0.049	0.568	0.691
Married before age of 20	0.036	0.013	285	427	1.192	0.369	0.009	0.062
Had sexual intercourse before age 18	0.149	0.026	285	427	1.216	0.172	0.098	0.201
Knowing any contraceptive method	0.908	0.019	221	320	0.987	0.021	0.869	0.946
Ever used any contraceptive method	0.473	0.053	221	320	1.561	0.111	0.368	0.578
Want no more children	0.591	0.047	221	320	1.410	0.079	0.498	0.685
Want to delay at least 2 years	0.016	0.008	221	320	0.925	0.496	0.000	0.031
Ideal number of children	2.615	0.079	339	508	1.204	0.030	2.457	2.774
Has heard of HIV/AIDS	0.650	0.032	339	508	1.224	0.049	0.587	0.714
Knows condom use to prevent HIV/AIDS	0.351	0.032	339	508	1.230	0.091	0.287	0.415
Knows limiting partners to prevent HIV/AIDS	0.403	0.033	339	508	1.218	0.081	0.338	0.468
Had an injection in past 12 months	0.154	0.023	339	508	1.177	0.150	0.108	0.201
Accepting attitudes towards people with HIV	0.000	0.000	227	331	na	na	0.000	0.000
Prevalence of hypertension	0.222	0.028	337	505	1.222	0.125	0.166	0.277
Had 2+ sexual partners in past 12 months	0.104	0.027	264	394	1.439	0.261	0.050	0.158
Had higher-risk intercourse in past 12 months	0.252	0.033	264	394	1.235	0.131	0.186	0.318
Paid for sexual intercourse in past 12 months	0.078	0.018	339	508	1.233	0.230	0.042	0.115
Condom use at last higher-risk intercourse	0.286	0.059	62	99	1.019	0.206	0.168	0.403
Condom use at last higher-risk intercourse (youth)	0.294	0.107	26	43	1.167	0.364	0.080	0.509

Table B.12 Sampling errors: Yukhari Garabakh sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.108	0.012	701	204	1.020	0.111	0.084	0.132
No education	0.025	0.005	701	204	0.880	0.209	0.014	0.035
Complete secondary education or higher	0.803	0.024	701	204	1.625	0.030	0.755	0.852
Never married/in union	0.326	0.022	701	204	1.232	0.067	0.283	0.370
Currently married/in union	0.630	0.025	701	204	1.369	0.040	0.580	0.680
Married before age 20	0.267	0.024	579	168	1.289	0.089	0.219	0.314
Had sexual intercourse before age 18	0.100	0.017	579	168	1.353	0.169	0.066	0.134
Currently pregnant	0.044	0.013	701	204	1.651	0.293	0.018	0.069
Induced abortions	0.381	0.021	701	204	1.137	0.055	0.340	0.423
Children ever born	1.628	0.071	701	204	1.126	0.044	1.485	1.771
Children surviving	1.453	0.052	701	204	0.947	0.036	1.348	1.558
Children ever born to women age 40-49	2.816	0.164	195	53	1.300	0.058	2.488	3.144
Knowing any contraceptive method	0.984	0.007	432	129	1.081	0.007	0.971	0.997
Ever used any contraceptive method	0.709	0.019	432	129	0.867	0.027	0.671	0.747
Currently using any method	0.523	0.022	432	129	0.934	0.043	0.478	0.568
Currently using a modern method	0.070	0.013	432	129	1.083	0.190	0.044	0.097
Currently using pill	0.012	0.006	432	129	1.060	0.465	0.001	0.023
Currently using IUD	0.040	0.009	432	129	0.924	0.218	0.023	0.057
Currently using female sterilization	0.000	0.000	432	129	na	na	0.000	0.000
Currently using periodic abstinence	0.031	0.010	432	129	1.147	0.311	0.012	0.050
Obtained method from public sector source	0.691	0.090	36	9	1.146	0.130	0.512	0.871
Want no more children	0.609	0.022	432	129	0.943	0.036	0.565	0.654
Want to delay at least 2 years	0.059	0.012	432	129	1.068	0.206	0.035	0.083
Ideal number of children	2.285	0.049	696	203	1.469	0.021	2.187	2.383
Mothers received medical assistance at delivery	0.899	0.034	218	65	1.344	0.038	0.830	0.968
Had diarrhea in the past 2 weeks	0.110	0.039	203	61	1.657	0.351	0.033	0.188
Treated with ORS packets	0.053	0.046	24	7	0.998	0.878	0.000	0.146
Taken to health provider	0.158	0.064	24	7	0.831	0.405	0.030	0.286
Having health card, seen	0.601	0.070	47	15	1.049	0.117	0.460	0.741
Received BCG vaccination	0.739	0.093	47	15	1.539	0.125	0.554	0.924
Received DPT vaccination (3 doses)	0.618	0.095	47	15	1.433	0.154	0.427	0.809
Received polio vaccination (3 doses)	0.617	0.068	47	15	1.027	0.111	0.480	0.753
Received measles vaccination	0.585	0.140	47	15	2.066	0.239	0.306	0.865
Fully immunized	0.501	0.098	47	15	1.436	0.196	0.304	0.697
Height-for-age (below -2SD)	0.420	0.084	190	58	2.140	0.199	0.252	0.587
Weight-for-height (below -2SD)	0.035	0.015	190	58	1.133	0.424	0.005	0.065
Weight-for-age (below -2SD)	0.041	0.017	190	58	1.182	0.405	0.008	0.074
Anemia children	0.442	0.052	156	46	1.287	0.118	0.338	0.547
Anemia women	0.330	0.033	652	187	1.792	0.101	0.263	0.397
BMI < 18.5	0.032	0.007	628	179	1.006	0.222	0.018	0.047
BMI >=25	0.540	0.019	628	179	0.936	0.035	0.502	0.578
Prevalence of hypertension	0.160	0.019	698	203	1.371	0.119	0.122	0.198
Had an injection in past 12 months	0.257	0.029	701	204	1.776	0.114	0.198	0.316
Accepting attitudes towards people with HIV	0.030	0.016	402	113	1.913	0.546	0.000	0.063
Has heard about HIV/AIDS	0.552	0.022	701	204	1.195	0.041	0.507	0.597
Knows about condoms	0.238	0.024	701	204	1.518	0.103	0.189	0.287
Knows about limiting partners	0.339	0.025	701	204	1.410	0.075	0.288	0.389
Total fertility rate (last 3 years)	2.310	0.258	na	577	1.369	0.112	1.795	2.826
Total abortion rate (last 3 years)	2.758	0.311	na	577	1.137	0.113	2.137	3.380
MEN								
Urban residence	0.090	0.016	180	56	0.744	0.177	0.058	0.121
No education	0.019	0.014	180	56	1.376	0.745	0.000	0.047
Complete secondary education or higher	0.836	0.037	180	56	1.347	0.045	0.761	0.910
Never married (in union)	0.361	0.025	180	56	0.685	0.068	0.312	0.410
Currently married (in union)	0.618	0.031	180	56	0.852	0.050	0.556	0.679
Married before age of 20	0.031	0.015	154	47	1.070	0.487	0.001	0.061
Had sexual intercourse before age 18	0.107	0.024	154	47	0.947	0.222	0.059	0.154
Knowing any contraceptive method	0.963	0.021	114	35	1.203	0.022	0.920	1.006
Ever used any contraceptive method	0.814	0.045	114	35	1.237	0.056	0.723	0.905
Want no more children	0.576	0.059	114	35	1.273	0.103	0.458	0.695
Want to delay at least 2 years	0.015	0.015	114	35	1.294	1.006	0.000	0.044
Ideal number of children	2.780	0.100	180	56	0.876	0.036	2.581	2.979
Has heard of HIV/AIDS	0.642	0.037	180	56	1.026	0.057	0.568	0.715
Knows condom use to prevent HIV/AIDS	0.606	0.038	180	56	1.047	0.063	0.530	0.683
Knows limiting partners to prevent HIV/AIDS	0.530	0.038	180	56	1.025	0.072	0.454	0.607
Had an injection in past 12 months	0.149	0.037	180	56	1.385	0.248	0.075	0.223
Accepting attitudes towards people with HIV	0.006	0.003	121	36	0.485	0.559	0.000	0.013
Prevalence of hypertension	0.075	0.026	180	56	1.332	0.351	0.022	0.127
Had 2+ sexual partners in past 12 months	0.030	0.014	131	39	0.909	0.453	0.003	0.057
Had higher-risk intercourse in past 12 months	0.132	0.030	131	39	1.005	0.226	0.072	0.192
Paid for sexual intercourse in past 12 months	0.033	0.014	180	56	1.036	0.418	0.005	0.061
Condom use at last higher-risk intercourse	0.110	0.097	20	5	1.329	0.887	0.000	0.304
Condom use at last higher-risk intercourse (youth)	0.236	0.159	12	2	1.212	0.672	0.000	0.553

Table B.13 Sampling errors: Daghligh Shirvan sample, AzDHS 2006

Variable Label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
WOMEN								
Urban residence	0.238	0.043	841	255	2.924	0.181	0.152	0.325
No education	0.044	0.017	841	255	2.324	0.374	0.011	0.077
Complete secondary education or higher	0.731	0.024	841	255	1.560	0.033	0.683	0.778
Never married/in union	0.321	0.017	841	255	1.030	0.052	0.288	0.354
Currently married/in union	0.622	0.016	841	255	0.976	0.026	0.589	0.655
Married before age 20	0.344	0.031	680	204	1.696	0.090	0.282	0.406
Had sexual intercourse before age 18	0.108	0.022	680	204	1.876	0.207	0.063	0.153
Currently pregnant	0.033	0.006	841	255	0.931	0.174	0.021	0.044
Induced abortions	0.388	0.022	841	255	1.294	0.056	0.345	0.432
Children ever born	1.865	0.096	841	255	1.449	0.052	1.672	2.058
Children surviving	1.672	0.082	841	255	1.412	0.049	1.508	1.837
Children ever born to women age 40-49	3.419	0.221	233	72	1.721	0.065	2.977	3.861
Knowing any contraceptive method	0.994	0.003	526	159	0.935	0.003	0.988	1.000
Ever used any contraceptive method	0.719	0.024	526	159	1.235	0.034	0.670	0.767
Currently using any method	0.476	0.027	526	159	1.223	0.056	0.423	0.530
Currently using a modern method	0.125	0.029	526	159	2.035	0.235	0.066	0.184
Currently using pill	0.013	0.005	526	159	1.016	0.389	0.003	0.023
Currently using IUD	0.084	0.026	526	159	2.151	0.311	0.032	0.136
Currently using female sterilization	0.001	0.001	526	159	0.806	1.013	0.000	0.004
Currently using periodic abstinence	0.030	0.007	526	159	0.985	0.244	0.015	0.045
Obtained method from public sector source	0.733	0.089	54	18	1.441	0.121	0.556	0.910
Want no more children	0.715	0.020	526	159	1.023	0.028	0.675	0.756
Want to delay at least 2 years	0.055	0.015	526	159	1.495	0.272	0.025	0.084
Ideal number of children	2.369	0.080	810	245	2.223	0.034	2.208	2.530
Mothers received medical assistance at delivery	0.760	0.117	251	74	3.505	0.155	0.525	0.994
Had diarrhea in the past 2 weeks	0.283	0.055	238	70	1.734	0.193	0.173	0.392
Treated with ORS packets	0.057	0.031	62	20	1.080	0.539	0.000	0.119
Taken to health provider	0.234	0.060	62	20	1.185	0.258	0.113	0.354
Having health card, seen	0.496	0.091	48	14	1.273	0.184	0.313	0.679
Received BCG vaccination	0.771	0.091	48	14	1.510	0.118	0.588	0.953
Received DPT vaccination (3 doses)	0.501	0.093	48	14	1.290	0.185	0.316	0.687
Received polio vaccination (3 doses)	0.449	0.085	48	14	1.194	0.190	0.278	0.620
Received measles vaccination	0.664	0.072	48	14	1.056	0.108	0.521	0.807
Fully immunized	0.425	0.082	48	14	1.158	0.194	0.260	0.589
Height-for-age (below -2SD)	0.256	0.039	208	62	1.289	0.152	0.179	0.334
Weight-for-height (below -2SD)	0.043	0.014	208	62	1.040	0.328	0.015	0.071
Weight-for-age (below -2SD)	0.113	0.034	208	62	1.394	0.299	0.045	0.181
Anemia children	0.382	0.040	185	54	1.174	0.105	0.302	0.463
Anemia women	0.520	0.027	810	247	1.555	0.052	0.466	0.575
BMI < 18.5	0.079	0.013	780	239	1.347	0.165	0.053	0.104
BMI >=25	0.354	0.032	780	239	1.867	0.090	0.290	0.418
Prevalence of hypertension	0.156	0.026	811	248	2.051	0.168	0.103	0.208
Had an injection in past 12 months	0.404	0.023	841	255	1.387	0.058	0.357	0.451
Accepting attitudes towards people with HIV	0.001	0.001	502	135	0.696	1.031	0.000	0.003
Has heard about HIV/AIDS	0.529	0.052	841	255	3.006	0.098	0.425	0.633
Knows about condoms	0.227	0.035	841	255	2.391	0.153	0.158	0.297
Knows about limiting partners	0.330	0.033	841	255	2.044	0.101	0.264	0.397
Total fertility rate (last 3 years)	1.907	0.190	na	720	1.277	0.100	1.526	2.288
Total abortion rate (last 3 years)	2.841	0.201	na	720	0.800	0.071	2.440	3.242
MEN								
Urban residence	0.218	0.038	217	73	1.337	0.173	0.142	0.293
No education	0.000	0.000	217	73	na	na	0.000	0.000
Complete secondary education or higher	0.760	0.052	217	73	1.783	0.069	0.656	0.864
Never married (in union)	0.403	0.034	217	73	1.018	0.084	0.335	0.471
Currently married (in union)	0.581	0.034	217	73	1.011	0.058	0.513	0.649
Married before age of 20	0.056	0.018	169	57	1.012	0.320	0.020	0.092
Had sexual intercourse before age 18	0.169	0.031	168	57	1.079	0.185	0.106	0.231
Knowing any contraceptive method	0.972	0.016	133	42	1.126	0.017	0.939	1.004
Ever used any contraceptive method	0.736	0.047	133	42	1.222	0.064	0.642	0.830
Want no more children	0.638	0.056	133	42	1.342	0.088	0.525	0.750
Want to delay at least 2 years	0.041	0.015	133	42	0.890	0.376	0.010	0.071
Ideal number of children	2.989	0.141	205	69	1.349	0.047	2.707	3.271
Has heard of HIV/AIDS	0.637	0.035	217	73	1.073	0.055	0.567	0.707
Knows condom use to prevent HIV/AIDS	0.475	0.034	217	73	0.990	0.071	0.408	0.542
Knows limiting partners to prevent HIV/AIDS	0.555	0.043	217	73	1.265	0.077	0.469	0.640
Had an injection in past 12 months	0.155	0.026	217	73	1.043	0.166	0.104	0.206
Accepting attitudes towards people with HIV	0.025	0.014	143	47	1.050	0.546	0.000	0.053
Prevalence of hypertension	0.160	0.022	210	71	0.887	0.140	0.115	0.205
Had 2+ sexual partners in past 12 months	0.039	0.018	150	48	1.153	0.468	0.002	0.076
Had higher-risk intercourse in past 12 months	0.149	0.025	150	48	0.872	0.170	0.098	0.200
Paid for sexual intercourse in past 12 months	0.060	0.017	217	73	1.040	0.281	0.026	0.093
Condom use at last higher-risk intercourse	0.215	0.122	22	7	1.334	0.566	0.000	0.459
Condom use at last higher-risk intercourse (youth)	0.021	0.023	12	4	0.538	1.068	0.000	0.067

DATA QUALITY TABLES

Appendix **C**

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Azerbaijan 2006

	Females		Males	
Age	Number	Percentage	Number	Percentage
0	216	1.4	275	2.0
1	213	1.4	271	1.9
2	182	1.2	240	1.7
3	198	1.3	233	1.7
4	205	1.3	196	1.4
5	164	1.1	168	1.2
6	233	1.5	242	1.7
7	194	1.3	230	1.6
8	197	1.3	251	1.8
9	218	1.4	257	1.8
10	239	1.5	276	2.0
11	255	1.7	325	2.3
12	330	2.1	321	2.3
13	307	2.0	339	2.4
14	355	2.3	385	2.7
15	260	1.7	336	2.4
16	323	2.1	341	2.4
17	344	2.2	309	2.2
18	360	2.3	198	1.4
19	289	1.9	161	1.1
20	281	1.8	255	1.8
21	229	1.5	223	1.6
22	321	2.1	254	1.8
23	286	1.9	218	1.6
24	265	1.7	224	1.6
25	248	1.6	225	1.6
26	249	1.6	207	1.5
27	191	1.2	225	1.6
28	219	1.4	201	1.4
29	204	1.3	195	1.4
30	208	1.3	208	1.5
31	200	1.3	199	1.4
32	217	1.4	178	1.3
33	203	1.3	159	1.1
34	207	1.3	167	1.2
35	240	1.6	201	1.4
36	259	1.7	201	1.4
37	209	1.4	158	1.1
38	238	1.5	211	1.5
39	235	1.5	177	1.3
40	253	1.6	193	1.4
41	259	1.7	211	1.5
42	263	1.7	236	1.7
43	264	1.7	224	1.6
44	287	1.9	183	1.3
45	258	1.7	230	1.6
46	226	1.5	208	1.5
47	211	1.4	219	1.6
48	178	1.2	172	1.2
49	133	0.9	171	1.2
50	319	2.1	188	1.3
51	215	1.4	146	1.0
52	191	1.2	136	1.0
53	178	1.1	121	0.9
54	145	0.9	134	1.0
55	161	1.0	113	0.8
56	138	0.9	109	0.8
57	115	0.7	86	0.6
58	92	0.6	77	0.5
59	75	0.5	61	0.4
60	92	0.6	107	0.8
61	35	0.2	52	0.4
62	44	0.3	66	0.5
63	36	0.2	38	0.3
64	75	0.5	60	0.4
65	127	0.8	80	0.6
66	95	0.6	80	0.6
67	98	0.6	69	0.5
68	133	0.9	78	0.6
69	99	0.6	68	0.5
70+	860	5.6	687	4.9
Don't know/missing	7	0.0	5	0.0
Total	15,455	100.0	14,051	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before interview.

Table C.2.1 Age distribution of eligible and interviewed women

De facto household population of women age 10-54 and percent distribution of interviewed women age 15-49; and percent distribution and percentage of eligible women who were interviewed (weighted), by five-year age groups, Azerbaijan 2006

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percentage	
10-14	1,487	na	na	na
15-19	1,577	1,542	18.2	97.8
20-24	1,382	1,355	16.0	98.1
25-29	1,110	1,097	13.0	98.9
30-34	1,035	1,014	12.0	98.0
25-39	1,182	1,162	13.7	98.3
40-44	1,326	1,312	15.5	99.0
45-49	1,006	982	11.6	97.7
50-54	1,049	na	na	na
15-49	8,616	8,464	100.0	98.2

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the Household Questionnaire.
na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-64 and interviewed men age 15-59; and percent distribution and percentage of eligible men who were interviewed (weighted), by five-year age groups, Azerbaijan 2006

Age group	Household population of men age 10-64	Interviewed men age 15-59		Percentage of eligible men interviewed
		Number	Percentage	
10-14	596	na	na	na
15-19	396	381	14.9	96.4
20-24	376	357	13.9	94.9
25-29	310	294	11.5	94.9
30-34	287	279	10.9	97.1
25-39	331	317	12.3	95.7
40-44	317	305	11.9	96.2
45-49	330	320	12.4	97.0
50-54	220	208	8.1	94.7
55-59	113	107	4.2	94.2
60-64	169	na	na	na
15-59	2,680	2,568	100.0	95.8

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of men and interviewed men are household weights. Age is based on the Household Questionnaire.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing for selected demographic and health questions (weighted), Azerbaijan 2006

Subject	Reference group	Percentage with missing information	Number of cases
Birth date	Births in the 15 years preceding the survey		
Month only		0.14	7,698
Month and year		0.00	7,698
Age at death	Deceased children born in the 15 years preceding the survey	0.00	506
Age/date at first union[1]	Ever-married women age 15-49	0.01	5,836
	Ever-married men age 15-59	0.00	1,705
Respondent's education	All women age 15-49	0.10	8,444
	All men age 15-59	0.07	2,558
Diarrhea in past 2 weeks	Living children age 0-59 months	0.56	2,182
Anthropometry	Living children age 0-59 months (from the Household Questionnaire)		
Height		3.93	2,214
Weight		3.80	2,214
Height or weight		3.93	2,214
Anemia			
Anemia children	Living children age 6-59 months (from the Household Questionnaire)	6.70	1,967
Anemia women	All women (from the Household Questionnaire)	5.17	8,616

[1] Both year and age missing

Table C.4 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month of age, for five-year periods of birth preceding the survey (weighted), Azerbaijan 2006

Age at death (months)	Number of years preceding the survey				Total
	0-4	5-9	10-14	15-19	0-19
<1[a]	67	64	98	79	309
1	3	4	17	15	39
2	2	13	19	17	52
3	4	7	11	15	37
4	3	5	15	14	37
5	4	3	1	6	15
6	5	7	16	17	44
7	1	5	5	8	19
8	1	2	10	8	20
9	7	1	10	4	23
10	1	1	4	3	9
11	0	4	3	1	9
12	0	1	2	1	4
13	0	1	6	0	7
14	0	1	0	1	3
15	0	1	0	0	1
16	0	0	1	0	1
18	2	5	4	6	18
19	0	0	3	0	3
20	0	2	0	0	2
1 Year	1	4	13	5	22
Total 0-11	98	117	211	187	613
Percentage neonatal[1]	68.7	55.1	46.7	42.2	50.4

[a] Includes deaths under one month reported in days
[1] Under one month/under one year

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Azerbaijan 2006

Age at death (days)	Number of years preceding the survey				Total
	0-4	5-9	10-14	15-19	0-19
<1	18	15	12	14	59
1	20	12	18	17	66
2	6	6	8	5	25
3	5	4	20	3	31
4	2	2	0	3	7
5	2	6	9	4	21
6	1	0	4	4	9
7	3	3	8	7	20
8	0	1	3	1	5
9	0	0	0	1	1
10	4	0	3	7	14
11	0	0	0	3	3
12	1	0	1	0	3
13	0	0	0	2	2
15	0	0	1	1	2
16	1	4	0	0	5
17	0	0	0	2	2
18	0	0	5	0	5
20	3	3	6	5	17
21	0	0	0	1	1
22	0	1	0	0	2
23	2	0	0	0	2
24	0	0	0	1	1
25	0	3	0	0	3
27	0	2	0	0	2
31+	0	0	2	0	2
Total 0-30	67	64	98	79	309
Percentage early neonatal[1]	79.4	71.9	71.2	61.6	70.7

[1] ≤ 6 days/≤ 30 days

Table C.6 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Azerbaijan 2006

Calendar year[1]	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
	L	D	T	L	D	T	L	D	T	L	D	T
2006	348	12	361	100.0	100.0	100.0	136.7	144.6	137.0	na	na	na
2005	466	26	492	100.0	100.0	100.0	123.1	73.4	119.8	na	na	na
2004	427	31	458	100.0	100.0	100.0	125.2	245.6	130.7	94.3	140.3	96.5
2003	439	19	458	100.0	100.0	100.0	120.1	230.2	123.2	107.5	81.7	106.1
2002	389	15	404	100.0	100.0	100.0	100.4	213.3	103.2	96.5	102.3	96.7
2001	368	11	379	100.0	100.0	100.0	103.3	99.2	103.2	90.1	54.0	88.4
2000	427	26	453	100.0	100.0	100.0	97.3	511.6	105.2	106.9	121.0	107.6
1999	431	31	463	99.7	100.0	99.7	122.4	212.4	126.9	103.5	111.5	104.0
1998	406	31	437	100.0	100.0	100.0	122.4	108.4	121.4	87.6	95.4	88.1
1997	496	33	529	99.9	100.0	99.9	132.6	115.8	131.5	111.3	88.1	109.5
2002-2006	2,069	104	2,173	100.0	100.0	100.0	120.3	162.3	122.0	na	na	na
1997-2001	2,129	131	2,260	99.9	100.0	99.9	115.6	164.8	118.0	na	na	na
1992-1996	2,851	248	3,099	99.8	99.3	99.7	108.8	134.8	110.7	na	na	na
1987-1991	2,747	248	2,994	99.9	98.4	99.8	104.9	152.3	108.1	na	na	na
< 1987	2,424	313	2,737	99.8	98.4	99.7	113.3	106.4	112.5	na	na	na
All	12,219	1,044	13,263	99.9	99.0	99.8	111.8	134.7	113.5	na	na	na

na = Not applicable
[1] Both year and month of birth given
[2] $(B_m/B_f)\times100$, where B_m and B_f are the numbers of male and female births, respectively
[3] $[2B_x/(B_{x-1}+B_{x+1})]\times100$, where B_x is the number of births in calendar year x

Table C.7 Nutritional status of children based on NCHS/CDC/WHO International Reference Population

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, based on the NCHS/CDC/WHO International Reference Population, Azerbaijan 2006

	Height-for-age			Weight-for-height				Weight-for-age				
Background characteristic	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage above +2 SD	Mean Z-score (SD)	Number of children
Age in months												
<12	2.5	8.0	-0.2	1.9	8.8	7.9	-0.1	0.5	8.1	2.8	-0.2	412
12-23	4.9	14.8	-0.8	2.1	7.0	6.0	-0.1	1.4	11.4	0.7	-0.6	403
24-35	10.0	24.3	-1.0	0.7	4.6	5.8	0.1	1.7	9.5	1.8	-0.6	412
36-47	16.9	34.0	-1.4	0.8	2.8	10.7	0.3	1.7	9.3	0.0	-0.6	394
48-59	11.3	25.1	-1.2	1.0	3.2	8.1	0.2	2.3	9.2	2.2	-0.6	342
Sex												
Male	9.5	21.7	-0.9	1.8	5.7	7.2	0.1	1.4	9.1	1.2	-0.5	1,050
Female	8.4	20.2	-0.8	0.8	4.9	8.2	0.1	1.6	10.0	1.8	-0.5	914
Birth interval in months[2]												
First birth[3]	8.9	20.4	-0.9	1.2	5.5	7.8	0.1	1.3	9.1	1.6	-0.5	1,487
<24	7.0	22.8	-1.0	0.0	3.9	4.2	-0.0	0.0	10.0	0.6	-0.7	102
24-47	14.3	28.0	-1.3	2.2	5.2	5.8	-0.1	4.1	12.4	1.0	-0.9	146
48+	7.1	19.0	-0.8	2.2	5.7	9.9	-0.0	1.5	10.4	1.0	-0.5	199
Size at birth[2]												
Very small/small	9.8	30.2	-1.3	1.0	8.6	7.3	-0.1	2.2	19.6	2.9	-0.9	234
Average or larger	6.3	17.2	-0.7	0.8	3.7	8.0	0.1	0.7	6.1	1.3	-0.4	1,342
Missing	19.4	29.3	-1.2	3.7	9.8	6.8	-0.2	4.2	15.8	1.1	-0.9	347
Residence												
Urban	6.1	15.6	-0.7	0.2	4.0	8.2	0.2	0.4	5.7	2.1	-0.3	965
Rural	11.8	26.2	-1.1	2.4	6.6	7.2	-0.1	2.5	13.2	0.9	-0.7	999
Region												
Baku	1.1	8.8	-0.5	0.0	2.3	7.8	0.3	0.0	4.0	1.9	-0.1	484
Absheron	10.3	21.6	-0.8	0.0	0.7	19.7	0.7	0.0	4.5	9.6	0.0	95
Ganja-Gazakh	5.3	17.6	-0.7	1.6	6.5	4.8	-0.1	2.0	8.0	0.8	-0.5	304
Shaki-Zaqatala	2.2	16.7	-0.6	0.2	4.4	7.0	0.2	0.0	3.4	2.2	-0.2	141
Lankaran	4.9	17.5	-0.9	0.0	4.6	4.5	-0.2	0.7	11.8	1.4	-0.7	198
Guba-Khachmaz	24.1	48.7	-1.9	0.6	1.8	8.9	0.4	2.3	15.6	0.6	-0.8	91
Aran	17.7	29.8	-1.2	3.5	10.1	7.9	-0.2	3.2	16.1	0.0	-0.9	531
Yukhari Garabakh	21.1	36.9	-1.4	0.0	1.3	11.2	0.4	0.7	5.9	0.5	-0.6	57
Daghligh Shirvan	6.2	22.1	-1.2	2.3	3.6	7.3	0.0	3.8	12.8	2.6	-0.8	62
Mother's education												
Basic secondary or less	11.6	25.2	-1.1	2.6	8.0	7.4	-0.1	2.3	13.2	0.6	-0.7	510
Complete secondary	10.3	24.2	-1.0	1.0	4.6	7.8	0.1	1.9	10.3	1.4	-0.6	944
Secondary specialized	5.0	11.3	-0.6	1.1	5.4	7.7	-0.1	0.0	5.9	2.6	-0.5	230
Higher	2.8	9.8	-0.5	0.3	3.3	8.1	0.3	0.0	3.1	1.9	-0.1	261
Wealth quintile												
Lowest	15.1	31.3	-1.3	3.6	8.9	7.6	-0.1	3.5	17.2	0.7	-0.9	462
Second	9.8	26.1	-1.0	1.3	6.7	7.5	0.0	1.8	10.9	1.0	-0.6	451
Middle	10.9	18.5	-0.9	0.3	5.1	6.7	0.0	1.1	9.0	1.8	-0.5	413
Fourth	3.1	12.8	-0.5	0.4	1.9	8.3	0.2	0.1	2.8	1.2	-0.3	338
Highest	2.2	10.1	-0.5	0.2	2.1	8.6	0.3	0.0	4.0	3.3	-0.1	300
Total	9.0	21.0	-0.9	1.3	5.4	7.7	0.1	1.5	9.5	1.5	-0.5	1,964

Note: Table is based on children who slept in the household the night before the interview. Data are for children with valid dates of birth (month and year) and valid measurements for both height and weight. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population.

[1] Includes children who are below -3 standard deviations (SD) from the median of the International Reference Population

[2] Excludes children whose mothers were not interviewed

[3] First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

AZERBAIJAN DHS 2006 FIELD STAFF

Appendix ***D***

Project Director

Rza Allahverdiyev – Deputy Head, Department of Demographic and Social Statistics, State Statistical Committee

AzDHS Working Group Members

Tahir Budaqov – Deputy Minister, Ministry of Labor and Social Protection of Population, Republic of Azerbaijan

Vahab Mammadov – Head, Department on Employment Policy and Demography, Ministry of Labor and Social Protection of Population, Republic of Azerbaijan

Oktay Akhundov – Head, Department of Informatics and Statistics, Ministry of Health, Republic of Azerbaijan

Farzail Gadirov – Director, Department of Strategic Analysis, Planning, and Management of Personnel, Ministry of Education, Republic of Azerbaijan

Kamal Imanverdiyev – Department Director, Head Office on Security, Ministry of Internal Affairs, Republic of Azerbaijan

Shahin Jafarov – Director, Financing of Out-of-Budget Funds Sector, Department of Social Spheres Financing, Ministry of Finance, Republic of Azerbaijan

Jamaladdin Guliyev – Director of the Social Policy Sector, Ministry of Economic Development, Republic of Azerbaijan

Indira Hajiyeva – Director, Sector on Working with Children, Ministry of Youth and Sports, Republic of Azerbaijan

Aga Karim Samadzadeh – Chief Consultant, Notary Department, Ministry of Justice, Republic of Azerbaijan

Leyla Maharramova – Employee, Department of Human Rights, Democratization, and Humanitarian Problems, Ministry of International Affairs, Republic of Azerbaijan

Jovdat Mehdixanli – Employee, Department of Settling, Migration and Employment, State Committee for Refugees and IDP's Issues

James Goggin – Head, USAID Caucasus – Azerbaijan

Nargiz Shamilova – Project Management Specialist Health, USAID Caucasus – Azerbaijan

Hanaa Singer – Representative, UNICEF, Azerbaijan Country Office

Siraj Mahmudov – Program Planning Officer, UNICEF, Azerbaijan Country Office

Trainers of Listers and Mappers

Saleh Movlanov
Mehman Ibrahimov

Coordinators of Lister and Mapper Coordinators

Samadzadeh Sevindik
Musayev Allahverdi
Abbasov Shirkhan
Maharramov Elshan
Abbasov Hidayat

Listers and Mappers

İsmayilov Ulvi
Jafarov Azer
Abbasaliyev Rashad
Akhundov Nail
Veliyev Zaur
Samedov Ayyub
Asadov Bahruz
Abdulkhasanov Etibar
Mahmudov Seymur
Akberov Famil
Suleymanzadeh Tural
Nasibov Rauf
Mammadov Elmir
Mammedalizadeh Orkhan
Gabilov Shahriyar
Babayev Gabil
Mammadov Malik
Mammadov Faig
Ramazanov Azad
Bagirov Mammad
Zamanov Elsever
Shirinli Azay
Aliyev Elkhan
Talibov Emil
Rzayev Ajdar
Safaraliyev Vugar
Iskenderov Elchin
Guliyev Nadir
Mammadov Senan
Agayev Shahin
Zeynalov Rovshan
Alizade Ahdiman
Samedov Elbrus
Allahverdiyev Babek
Suleymanzade Mahammad
Aliyev Ramiz
Mammadov Elchin
Ahmedov Mehman
Rafiyev Fuad
Balayev Vugar
Khajiyev Oqtay
Ganjaliyev Zaur
Valiyev Arif
Asgerov Yashar
Abdullayev Bakir
Suleymanzadeh Ali
Babayev Intigam
Guliyev Jomerd

Data Collection Fieldwork Coordinator

Abbasov Shirkhan
Haciyev Oktay
Musayev Allahverdi
Samadzadeh Sevindik

Data Collection Quality Control Coordinator

Valiyeva Matanat
Mammadova Naile

Data Collection Team Supervisors

Nesibov Rauf
Afendiyev Chingiz
Veliyev Zaur
Ahmedov Mehman
Mammadov Elchin
Aslanov Kenan
Mammadalizadeh Orkhan
Suleymanzadeh Tural
Allahverdiyev Babek
Mammadli Behruz
Maharramov Elshan

Data Collection Team Editors

Asadova Zohra
Kerimova Shalala
Mehdiyeva Zulfiyya
Abdullayeva Sevinj
Safarli Fargane
Hasanova Ilaha
Agayeva Guler
Gardashkhanova Natavan
Shahverdiyeva Lala
Allahverdiyeva Gunay
Bayramova Nazile

Data Collection Interviewers

Mammadov Aftandil
Alqayeva Shafiqa
Mahmudova Kifayat
Sariyeva Gulnara
Seferova Nurana
Suleymanzadeh Sevinj
Alekberli Rauf
Atakishiyeva Ulviyya
Farzaliyeva Ophelya
Aliyeva Afag
Aliyeva Ulker
Abbasaliyev Rashad
Sukhandani Parvana
Gulahmadova Malahat
Aliyarova Nazakat
Jafarova Gunay
Mirzayeva Camila
Aliyev Ramiz
Garayeva Vusala
Aliyeva Arifa
Mehdiyeva Sevda
Zamanova Solmaz
İsmayilova Xayala
Ramazanov Azad (Quliyev Nadir)
Hushanova Tamilla
Karimova Shafa
Isayeva Natalya
Gurbanova Intizar
Mahmudov Seymur
Hasanova Mehriban
Ashrafova Natella
Zeynalova Saltanatkhanim
Salimova Ulker
Rahimli Vusala
Suleymanzadeh Ali
Suleymanova Saida
Guliyeva Rita
Agamaliyeva Jamila
Jabbarova Nargiz
İsmayılova Matanat
Zeynalov Rovshan
Rafizadeh Sadiga
Azammadova Aygun
Agayeva Nazaket
Abdullayev Bakir
Bakirova Aynur
Mukhtarova Khuraman
Sadiyeva Arzu
Asadova Aytan (Mirzayeva İlhama)
Zamanov Elsever
Guliyeva Naiba
Huseynova Jamila
Kamilova Puste
Shirinli Bature
Gabilov Shahriyar
Maharramova Safaya
Mehtiyeva Yegana
Orucova Elmira
Safarova Tarana

Data Collection Health Technicians

Panakhova Zakiya
Huseynquliyeva Eliza
Agalarova Nazila
Mansurova Sarabeyim
Abbasova Ofelya
Zamanova Elnara
Agayev Ilqar
Novruzova Aygun
Agazadeh Aytaj
Guliyeva Maryam
Huseynli Server

Data Processing Operators

Allahverdiyev Vusal
Agayev Ramil
Gurbanova Chinara
Ashrafova Vafa
Rustamova Jamila
Agayeva Xatire
Sadigova Gulnara
Shirinova Saltanat
Gurbanova Ziba
Kashenko Marina

Programmer and Data Entry Coder

Ibrahimov Mehman

Data Processing Office Editor

Guliyev Jomerd

Data Processing Secondary Editor/Coder

Mesimov Azad Aliyeva Jeyran

Accountant and Assistant

Olga Gurbanova Leyla Damirova

Persons who participated in/or assisted with implementation of the AzDHS

Azerbaijan Staff
Agadadash Mammadov – SSC, Department on Demographic and Social Statistics
Rza Allahverdiyev – SSC, Department of Demographic and Social Statistics
Mehdi Amrahov – Ministry of Health
Nargiz Shamilova – USAID, Azerbaijan
Siraj Mahmudov – UNICEF, Azerbaijan
Vuqar Mammadalizadeh – SSC, Department on Demographic and Social Statistics
Gulnar Ahmedova – SSC, Department on Demographic and Social Statistics
Zabiha Mammadova – SSC, Department on Demographic and Social Statistics
Svetlana Antyukhina – SSC, Department on Demographic and Social Statistics
Rena Lazimova – SSC, Department on Demographic and Social Statistics
Matanat Gurbanova – SSC, Department on Demographic and Social Statistics
AzDHS Working Group
Farid Babayev – UNFPA, Azerbaijan
Narmina Melikova – UNFPA, Azerbaijan
Statistical Committee, local offices
Local health care departments
Local executive bodies

Macro International staff and consultants for the AzDHS
Gulnara Semenov
Ann Way
Zhuzhi Moore
Ruilin Ren
Alexander Izmukhambetov
Svetlana Negroustoueva
Sidney Moore
Christopher Gramer
Gul Ergor
Turgay Unalan
Saida Ismayilova
Linda Hayes Fardi

Organizations participating in the adaptation and design of the AzDHS questionnaire

State Statistical Committee
Ministry of Health
Ministry of Economic Development
Ministry of Labor and Social Protection of Population
Macro International Inc.
USAID, Azerbaijan
UNICEF, Azerbaijan
UNFPA, Azerbaijan

SURVEY INSTRUMENTS

Appendix ***E***

AZERBAIJAN DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

STATE STATISTICAL COMMITTEE OF REPUBLIC OF AZERBAIJAN | REPUBLIC OF AZERBAIJAN

IDENTIFICATION

LOCATION _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ]

ECONOMIC REGION . . . . . [ ][ ]

RAYON . . . . . [ ][ ]

BAKU/CITY/TOWN/RURAL . . . . . [ ]
(BAKU=1, OTHER CITY (50,000-1 MLN)=2, TOWN (LESS THAN 50,000)=3, RURAL=4)

IS THIS HOUSEHOLD SELECTED FOR THE MALE INTERVIEWS ……(YES = 1, NO = 2) [ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ]
				MONTH [ ][ ]
				YEAR [ ][ ][ ][ ]
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER [ ][ ][ ]
RESULT*	_____	_____	_____	RESULT [ ]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS [ ]
TIME	_____	_____		

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____
(SPECIFY)

TOTAL PERSONS IN HOUSEHOLD [ ][ ]

TOTAL ELIGIBLE WOMEN [ ][ ]

TOTAL ELIGIBLE MEN [ ][ ]

QUESTIONNAIRE LANGUAGE: [ ] LANGUAGE OF INTERVIEW: [ ] NATIVE LANGUAGE OF RESPONDENT [ ]

CODES: AZERBAIJANIAN-1; RUSSIAN-2 ; OTHER-6 (SPECIFY_____)

TRANSLATOR USED: …… (YES = 1, NO = 2) [ ]

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE [ ][ ]

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

Introduction and Consent

Hello. My name is _____ and I am working with The State Statistical Committee of the Republic of Azerbaijan. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 20 and 25 minutes to complete.

As part of the survey we would first like to ask some questions about your household. In accordance with the law of the Republic of Azerbaijan "About Statistics", all of the answers you give will be confidential and will be used only for obtaining the cumulative data on regional and country levels. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer:_____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

							IF AGE 16 OR OLDER				IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IDP/REFUGEE STATUS				MARITAL STATUS	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C ON PAGE 4 TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-28 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF LESS THAN 12 MONTHS, RECORD '00'	Is (NAME) a refugee?	Where did (NAME) live before 1988? SEE CODES BELOW.	Is (NAME) an internally displaced person?	Where did (NAME) live before 1988? SEE CODES BELOW.	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(7B)	(7C)	(7D)	(8)	(9)	(10)	(11)
			M F	Y N	Y N	IN YEARS	Y N DK		Y N DK					
01			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			01	01	01
02			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			02	02	02
03			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			03	03	03
04			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			04	04	04
05			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			05	05	05
06			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			06	06	06
07			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			07	07	07
08			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			08	08	08
09			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			09	09	09
10			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/ STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

CODES FOR Q7B REFUGEES FROM:

1 ARMENIA
2 KAZAKHSTAN
3 UZBEKISTAN
6 OTHER

CODES FOR Q7D IDP FROM:

01 AGDAM
02 AGDERE
03 FUZULI
04 GUBADLI
05 DJEBRAIL
06 KELBADJAR
07 HODJAVEND
08 HODJALI
09 LACHIN
10 SHUSHA
11 ZANGILAN
12 HANKENDI
96 OTHER

			IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
LINE NO.	INJURIES IN THE LAST MONTH		SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Did (NAME) have any injury that was treated by a doctor or a nurse during the last 30 days?	What type of injury did (NAME) have? SEE CODES BELOW	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2005 - 2006) school year?	During this/that school year, what level and grade was/is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.
(1)	(12A)	(12B)	(13)	(14)	(16)	(17)	(23)	(24)	(25)	(26)	(27)	(28)
	Y N DK		Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE
01	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
02	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
03	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
04	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
05	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
06	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
07	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
08	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
09	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
10	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	

CODES FOR Q. 12B: INJURIES

11= ASSAULT AT HOME
12= ASSAULT OUTSIDE HOME
13 =ACCIDENT AT HOME
14= ACCIDENT AT WORK
15= TRAFFIC COLLISION
16= SPORT INJURY
96= OTHER UNINTENTIONAL INJURY

CODES FOR Qs. 24, 26, AND 28: EDUCATION

	LEVEL	GRADE
1 = PRIMARY		1-4
2 = BASIC SECONDARY		5-9
3 = COMPLETE SECONDARY		10-11
4 = PTU		1-3
5 = TEKHNICUM		1-3
6 = HIGHER		1+ (RECORD 1-7 FOR INSTITUTE AND IF IN ASPIRANTURA ADD 1-3 OR MORE YEARS)
8 = DON'T KNOW		

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR QS. 26 AND 28)
98 = DON'T KNOW

							IF AGE 16 OR OLDER				IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IDP/REFUGEE STATUS				MARITAL STATUS	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C ON PAGE 4 TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-28 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF LESS THAN 12 MONTHS, RECORD '00'	Is (NAME) a refugee?	Where did (NAME) live before 1988? SEE CODES BELOW.	Is (NAME) an internally displaced person?	Where did (NAME) live before 1988? SEE CODES BELOW.	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(7B)	(7C)	(7D)	(8)	(9)	(10)	(11)
			M F	Y N	Y N	IN YEARS	Y N DK		Y N DK					
11			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			11	11	11
12			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			12	12	12
13			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			13	13	13
14			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			14	14	14
15			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			15	15	15
16			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			16	16	16
17			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			17	17	17
18			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			18	18	18
19			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			19	19	19
20			1 2	1 2	1 2		1 2 8 GO TO 7C		1 2 8 GO TO 8			20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/ STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

CODES FOR Q7B REFUGEES FROM:

1 ARMENIA
2 KAZAKHSTAN
3 UZBEKISTAN
6 OTHER

CODES FOR Q7D IDP FROM:

01 AGDAM
02 AGDERE
03 FUZULI
04 GUBADLI
05 DJEBRAIL
06 KELBADJAR
07 HODJAVEND
08 HODJALI
09 LACHIN
10 SHUSHA
11 ZANGILAN
12 HANKENDI
96 OTHER

			IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
LINE NO.	INJURIES IN THE LAST MONTH		SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Did (NAME) have any injury that was treated by a doctor or a nurse during the last 30 days?	What type of injury did (NAME) have? SEE CODES BELOW	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2005 - 2006) school year?	During this/that school year, what level and grade was/is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.
(1)	(12A)	(12B)	(13)	(14)	(16)	(17)	(23)	(24)	(25)	(26)	(27)	(28)
	Y N DK		Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE
11	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
12	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
13	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
14	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
15	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
16	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
17	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
18	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
19	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	
20	1 2 8 GO TO 13		1 2 8 GO TO 16		1 2 8 GO TO 23		1 2 GO TO 33		1 2 GO TO 27		1 2 GO TO 33	

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11= ASSAULT AT HOME
12= ASSAULT OUTSIDE HOME
13 =ACCIDENT AT HOME
14= ACCIDENT AT WORK
15= TRAFFIC COLLISION
16= SPORT INJURY
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CODES FOR Qs. 24, 26, AND 28: EDUCATION

	LEVEL	GRADE
1 = PRIMARY		1-4
2 = BASIC SECONDARY		5-9
3 = COMPLETE SECONDARY		10-11
4 = PTU		1-3
5 = TEKHNICUM		1-3
6 = HIGHER		1+ (RECORD 1-7 FOR INSTITUTE AND IF IN ASPIRANTURA ADD 1-3 OR MORE YEARS)
8 = DON'T KNOW		

00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 24 ONLY.
THIS CODE IS NOT ALLOWED
FOR QS. 26 AND 28)
98 = DON'T KNOW

EARLY LEARNING AND BIRTH REGISTRATION

33	CHECK COLUMN CHILDREN AGE 0-14	☐	NO CHILDREN AGE 0-14 ☐	SKIP TO 91

The following questions are to be administered only to the most knowledgeable adult (mother, father, other primary caretaker or guardian of each child).

	CHILDREN AGE 0-14 YEARS				CHILDREN AGE 0 -4					
NO.	LINE NUMBER	NAME OF CHILD	CHILD'S AGE	PARENT'S OR CARETAKER'S LINE NUMBER AND NAME	EARLY LEARNING					
	WRITE CHILD'S LINE NUMBER FROM COLUMN 1 IN THE HOUSEHOLD SCHEDULE ONLY INCLUDE CHILDREN AGED 0-14	WRITE CHILD'S NAME FROM COLUMN 2 IN THE HOUSEHOLD SCHEDULE. ONLY INCLUDE CHILDREN AGED 0-14	WRITE CHILD'S AGE FROM COLUMN 7 IN THE HOUSEHOLD SCHEDULE	WRITE PARENT'S OR CARETAKER'S LINE NUMBER FROM COLUMNS 14, 17 OR 1 IN THE HOUSEHOLD SCHEDULE: IF NOT AVAILABLE, RECORD '00' AND CONTINUE TO NEXT CHILD IN COLUMN 34.	In the past 3 days, did you or any other household member over 15 years of age engage in any of the following activities with (NAME)? IF YES: Who engaged in this activity with (NAME): the mother, the father or another adult member of household (including the caretaker/respondent)? CIRCLE ALL THAT APPLY					
					Read books or look at picture books with (NAME) ?	Tell stories to (NAME)?	Sing songs with (NAME)?	Take (NAME) outside the home, compound, yard or enclosure?	Play with (NAME) ?	Spend time with (NAME) naming, counting, and/or drawing things?
	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
1	☐☐	_____	☐☐	☐☐ _____	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y
2	☐☐	_____	☐☐	☐☐ _____	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y
3	☐☐	_____	☐☐	☐☐ _____	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y
4	☐☐	_____	☐☐	☐☐ _____	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y
5	☐☐	_____	☐☐	☐☐ _____	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y
6	☐☐	_____	☐☐	☐☐ _____	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y
7	☐☐	_____	☐☐	☐☐ _____	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y	MOTHER. . . . . .A FATHER. . . . . .B OTHER ADULT. . . . . .X NO ADULT. . . . . .Y

EARLY LEARNING AND BIRTH REGISTRATION

			CHILDREN AGE 0-4 YEARS				CHILDREN AGE 3-4	
				BIRTH REGISTRATION			EARLY LEARNING	
NO	Sometimes adults taking care of the children, have to leave the house to go shopping, wash clothes or for other reasons and have to leave young children with another child. Since last (DAY OF THE WEEK) how many times was (NAME) left in the care of another child, that is, someone less than 10 years old? IF NONE, RECORD '00'	In the past week, how many times was (NAME) left alone? IF NONE, RECORD '00'	Does (NAME) have a birth certificate?	May I see (NAME) the birth certificate?	Has (NAME)'s birth been registered with the civil authority?	Why was not (NAME)'s birth registered? SEE CODES BELOW	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government, facility including kindergarten or community child care?	Within the last 7 days, how many hours did (NAME) attend the programme?
	(44)	(44A)	(44B)	(44C)	(44D)	(44E)	(45)	(46)
1	NUMBER OF TIMES	NUMBER OF TIMES	Y N DK 1 2 8 GO TO 44D	SEEN NOT SEEN 1 2 GO TO 45	Y N DK 1 2 8 GO TO 45		Y N DK 1 2 8 GO TO 54	HOURS
2	NUMBER OF TIMES	NUMBER OF TIMES	Y N DK 1 2 8 GO TO 44D	SEEN NOT SEEN 1 2 GO TO 45	Y N DK 1 2 8 GO TO 45		Y N DK 1 2 8 GO TO 54	HOURS
3	NUMBER OF TIMES	NUMBER OF TIMES	Y N DK 1 2 8 GO TO 44D	SEEN NOT SEEN 1 2 GO TO 45	Y N DK 1 2 8 GO TO 45		Y N DK 1 2 8 GO TO 54	HOURS
4	NUMBER OF TIMES	NUMBER OF TIMES	Y N DK 1 2 8 GO TO 44D	SEEN NOT SEEN 1 2 GO TO 45	Y N DK 1 2 8 GO TO 45		Y N DK 1 2 8 GO TO 54	HOURS
5	NUMBER OF TIMES	NUMBER OF TIMES	Y N DK 1 2 8 GO TO 44D	SEEN NOT SEEN 1 2 GO TO 45	Y N DK 1 2 8 GO TO 45		Y N DK 1 2 8 GO TO 54	HOURS
6	NUMBER OF TIMES	NUMBER OF TIMES	Y N DK 1 2 8 GO TO 44D	SEEN NOT SEEN 1 2 GO TO 45	Y N DK 1 2 8 GO TO 45		Y N DK 1 2 8 GO TO 54	HOURS
7	NUMBER OF TIMES	NUMBER OF TIMES	Y N DK 1 2 8 GO TO 44D	SEEN NOT SEEN 1 2 GO TO 45	Y N DK 1 2 8 GO TO 45		Y N DK 1 2 8 GO TO 54	HOURS

CODES FOR Qs. 44T: BIRTH REGISTRATION

1 = COSTS TOO MUCH
2 = MUST TRAVEL FAR
3 = UNAWARE IT WAS NECESSARY
4 = UNAWARE OF PLACE TO REGISTER
5 = UNAWARE OF HOW TO REGISTER
6 = OTHER SPECIFY

CHILD DISCIPLINE FOR SELECTED CHILD AGE 2-14

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
57	LINE NUMBER AND NAME OF THE SELECTED CHILD AGE 2-14 YEARS FROM COLUMNS 34 AND 35:	LINE NUMBER . . . . . [ ][ ] NAME _____	
58	LINE NUMBER AND NAME OF CHILD'S MOTHER, FATHER OR OTHER CARETAKER FROM COLUMN 37: IF "00" IN COLUMNT 37 SKIP TO 91	LINE NUMBER . . . . . [ ][ ] NAME _____ IF "00" IN COLUMNT 37 SKIP TO 91	

REMIND RESPONDENT FROM TIME TO TIME THAT YOU ARE ASKING ABOUT THE LAST MONTH (30 DAYS)

	All adults use certain ways to teach or to address a behavior problem. I will read varous methods that are used. I want you to tell me if you or anyone else in the household has used this method with (NAME) in the past month.		
59	Took away privileges, forbade smething (NAME) liked or did not allow him/her ot leave the house (in the past month)?	YES . . . . . 1 NO 2	
60	Explained why some behavior was wrong (in the past month)?	YES . . . . . 1 NO 2	
61	Shook him/her (in the past month)?	YES . . . . . 2 NO	
62	Shouted, yelled or screamed at (NAME) in the past month?	YES . . . . . 1 NO 2	
63	Gave him/her something else to do (in the past month)?	YES . . . . . 1 NO 2	
64	Spanked, hit or slapped him/her on the bottom with bare hand (in the past month)?	YES . . . . . 1 NO 2	
65	Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other (in the past month)	YES . . . . . 1 NO 2	
66	Called him/her dumb, lazy, or a similar name (in the past month)?	YES . . . . . 1 NO 2	
67	Hit or slapped him/her on the face, head or ears (in the past month)?	YES . . . . . 1 NO 2	
68	Hit or slapped him/her on the hand, arm or leg (in the past month)?	YES . . . . . 1 NO 2	
69	Beat her/him up with an implement (hit over and over as hard as one could) (in the past month)?	YES . . . . . 1 NO 2	
70	Do you believe that in order to bring up (raise, educate) (NAME) properly, you need to physically punish him/her?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

TABLE FOR SELECTION OF CHILDREN FOR THE CHILD DISCIPLINE QUESTIONS

54	CHECK COLUMN 36:	MORE THAN ONE CHILD AGE 2-14: ENTER TOTAL NUMBER IN BOX AND GO TO INSTRUCTIONS	ONLY ONE CHILD AGE 2-14	→ 57
			NO CHILDREN AGE 2-14	→ 91

INSTRUCTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. RECORD THE TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 2-14 IN COLIMN (36). THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE CHILD WHOSE PARENT OR CARETAKER WILL BE ASKED THE QUESTIONS ON CHILD DISCIPLINE. THEN, GO TO COLUMN (34) AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED CHILD AND RECORD CHILD'S HOUSEHOLD LINE NUMBER IN Q.57 AND RECORD CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT'S NAME AND LINE NUMBER IN Q.58.

FOR EXAMPLE , IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS ‘3716’, GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE CHILDREN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT (‘2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE CHILD. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE CHILDREN ARE ‘02', ‘03', AND ‘07'; THEN THE ELIGIBLE CHILD FOR THE QUESTIONS ON CHILD DISCIPLINE IS THE SECOND ELIGIBLE CHILD, I.E., THE CHILD WITH HOUSEHOLD LINE NUMBER ‘03'. PUT A * NEXT TO THIS CHILD'S LINE NUMBER IN COLUMN (34) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER AND CHILD'S NAME IN Q.57. THEN, RECORD THE LINE NUMBER AND A NAME OF CHILD'S PARENT OT OTHER MOST, OR OTHER MOST KNOWLEDGEABLE ADULT IN Q.58.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF CHILDREN AGE 2-14 IN THE HOUSEHOLD/WOMEN 15-49							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
91	In the last 12 months, has anyone in the household died?	YES . . . . . 1 NO 2	 → 95
92	In the last 12 months, how many people in your household died?	NUMBER OF PERSONS . . . . . [ ][ ]	
93	In the last 12 months, how many people in your household died from an injury sustained as a result of violence either between them and other people or from violence inflicted upon themselves?	NUMBER OF PERSONS . . . . . [ ][ ]	
94	In the last 12 months, how many people in your household died from an unintentional injury they sustained as from a traffic collision, or an injury (such as falls, burns or cuts) that happened at home/work/school/etc?	NUMBER OF PERSONS . . . . . [ ][ ]	
95	Has anyone in the HH smoked cigarettes inside of the house yesterday?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
96	Has anyone in the HH smoked cigarettes inside of the house during the last 30 days?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PUBLIC TAP/STANDPIPE . . . . . 13 TUBE WELL OR BOREHOLE . . . . . 21 DUG WELL PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 BOTTLED WATER . . . . . 91 OTHER _____ 96 (SPECIFY)	 → 106 → 103 → 106 → 103 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PUBLIC TAP/STANDPIPE . . . . . 13 TUBE WELL OR BOREHOLE . . . . . 21 DUG WELL PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 OTHER _____ 96 (SPECIFY)	 → 106 → 106

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
103	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES . . . . . [ ][ ][ ] DON'T KNOW 998	
105	Who usually goes to this source to fetch the water for your household?	WOMAN 15 YEARS AND OLDER . . . . 1 MAN 15 YEARS AND OLDER . . . . . 2 FEMALE CHILD UNDER 15 YEARS OLD . . . . . 3 MALE CHILD UNDER 15 YEARS OLD . . . . . 4 OTHER _____ 6 (SPECIFY)	
106	Do you do anything to the water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 108
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD BLEACH/CHLORINE . . . . . B STRAIN THROUGH A CLOTH/COTTON . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F SPECIAL STONE FILTER . . . . . G OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO SOMEWHERE ELSE . . . . . 14 PIT LATRINE WITH SLAB . . . . . 22 OPEN PIT/HOLE IN THE GROUND . . . . 23 NO FACILITY/BUSH/FIELD . . . . . 61 OTHER _____ 96 (SPECIFY)	→ 111
109	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 111
110	How many households use this toilet facility? ASK ABOUT NUMBER OF HOUSEHOLDS AND NOT INDIVIDUAL HOUSEHOLD MEMBERS	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
111	Does your household have:		YES	NO	
	Electricity?	ELECTRICITY	1	2	
	A clock?	CLOCK	1	2	
	A radio?	RADIO	1	2	
	A roll photo-camera?	PHOTO CAMERA	1	2	
	A video-camera?	VIDEO CAMERA	1	2	
	An audio tape player?	AUDIO TAPE PLAYER	1	2	
	Divan/sofa?	DIVAN/SOFA	1	2	
	Stenka?	MEBELNAYA STENKA	1	2	
	Gorka (for living room)	GORKA	1	2	
	A computer?	COMPUTER	1	2	
	A black and white television?	B/W TELEVISION	1	2	
	A colour television?	COLOR TELEVISION	1	2	
	A satelite dish?	SATELITE DISH	1	2	
	A DVD player?	DVD PLAYER	1	2	
	A mobile telephone?	MOBILE TELEPHONE	1	2	
	A land line?	NON-MOBILE TELEPHONE	1	2	
	A refrigerator?	REFRIGERATOR	1	2	
	A freezer?	FREEZER	1	2	
	A washing machine?	WASHING MACHINE	1	2	
	An electric generator?	ELECTR. GENERATOR	1	2	
	A ventilator or an air conditioner?	VENTILATOR/AIR CONDITION.	1	2	
	A water heater?	WATER HEATER	1	2	
112	What type of fuel does your household mainly use ?	ELECTRICITY		01	→ 115
		NATURAL GAS		03	
		COMPRESSED GAS		04	
		KEROSENE/SOLYARKA		05	
		COAL, LIGNITE		06	
		CHARCOAL		07	
		FIREWOOD/STRAW		08	
		ANIMAL DUNG		09	
		NO FOOD COOKED IN HOUSEHOLD		95	→ 117
		OTHER _____ (SPECIFY)		96	
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE		1	
		OPEN STOVE		2	
		CLOSED STOVE WITH CHIMNEY		3	→ 115
		OTHER _____ (SPECIFY)		6	
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY		1	
		HOOD		2	
		NEITHER		3	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE		1	
		IN A SEPARATE BUILDING		2	
		OUTDOORS		3	→ 117
		OTHER _____ (SPECIFY)		6	
116	Do you have a separate room which is used as a kitchen?	YES		1	
		NO		2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/ADOBE . . . . . 11 RUDIMENTARY FLOOR WOOD PLANKS . . . . . 21 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . . 31 VINYL OR ASPHALT STRIPS . . . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET COVERING . . . . . 35 LAMINATE . . . . . 36 LINOLEUM . . . . . 37 STONE . . . . . 38 OTHER _____ 96 (SPECIFY)	
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF . . . . . 11 THATCH . . . . . 12 RUDIMENTARY ROOFING RUSTIC MAT . . . . . 21 WOOD PLANKS . . . . . 22 CARDBOARD . . . . . 23 FINISHED ROOFING METAL . . . . . 31 WOOD . . . . . 32 CALAMINE/CEMENT FIBER . . . . . 33 CERAMIC TILES . . . . . 34 CEMENT . . . . . 35 BETON PANELS . . . . . 36 SLATE . . . . . 37 ADOBE . . . . . 38 TOL/KIR . . . . . 39 RUBEROID/ASBEST . . . . . 40 OTHER _____ 96 (SPECIFY)	
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS . . . . . 11 TRUNKS . . . . . 12 DIRT . . . . . 13 RUDIMENTARY WALLS STONE WITH MUD . . . . . 21 UNCOVERED ADOBE . . . . . 22 PLYWOOD/REUSED WOOD . . . . . 23 CARDBOARD . . . . . 24 FINISHED WALLS CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 COVERED ADOBE . . . . . 35 WOOD PLANKS/SHINGLES . . . . . 36 PILLARED STONES . . . . . 37 ADOBE WITH SOD . . . . . 38 BETON PANELS . . . . . 39 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	How many rooms in this household are used for sleeping?	ROOMS . . . . . [ ][ ]	
121	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat? Tractor?	YES NO BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK . . . . . 1 2 BOAT . . . . . 1 2 TRACTOR 1 2	
122	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 124
123	How many hectares of agricultural land do members of this household own?	IF >= 1 HECTARE, HECTARES . . 1 [ ][ ] IF < 1 HECTARE, ARI . . . . 2 [ ][ ] DON'T KNOW 998	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO 2	→ 126
125	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cattle/milk cows/bulls? Horses, donkeys, or mules? Goats? Sheep? Fowl (ex. Chickens, geese, ducks, turkey)? Pigs? Rabbits?	CATTLE/COWS/BULLS . . . . . [ ][ ] HORSES/DONKEYS/MULES . . . [ ][ ] GOATS? . . . . . [ ][ ] SHEEP? . . . . . [ ][ ] FOWL . . . . . [ ][ ] PIGS . . . . . [ ][ ] RABBITS . . . . . [ ][ ]	
126	Does any member of this household have a bank account?	YES . . . . . 1 NO 2	
126A	If you consider your current income, are you and this household able to make ends meet with: great difficulty, some difficulty, a little difficulty, fairly easily, easily, or very easily?	GREAT DIFFICULTY . . . . . 1 SOME DIFFICULTY . . . . . 2 A LITTLE DIFFICULTY . . . . . 3 FAIRLY EASILY . . . . . 4 EASILY . . . . . 5 VERY EASILY . . . . . 6 DON'T KNOW 8	
126B	Has this household had problems paying bills for rent, electricity, or gas during the last 12 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
126C	If you were in a situation where you had to get 350.000 manat (around $80) in one week, would you manage to do that?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 138 → 138
126D	If you could raise 350.000 manats in one week, how would you do it? RECORD ALL RESPONSES.	OWN SAVINGS . . . . . A BORROW FROM FAMILY . . . . . B BORROW FROM FRIENDS/ RELATIVES . . . . . C BORROW FROM BANK/ CREDITORS . . . . . D OTHER _____ X SPECIFY	
138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) . . . . . 1 BELOW 15 PPM . . . . . 2 15 PPM AND ABOVE . . . . . 3 NO SALT IN HH . . . . . 4 SALT NOT TESTED _____ 6 (SPECIFY REASON)	

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

INSTRUCTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN WHO WILL BE ASKED THE HOUSEHOLD RELATIONS QUESTIONS. THEN, GO TO COLUMN (9) IN THE HOUSEHOLD SCHEDULE AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN.

FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS ‘3716’, GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT (‘2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE ‘02', ‘03', AND ‘07’; THEN THE ELIGIBLE WOMAN FOR THE HOUSEHOLD RELATIONS QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER ‘03'. PUT A * NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508 AND FOR THE ANEMIA TEST PROCEDURE IN 513.			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ..... [ ][ ] NAME _____	LINE NUMBER ..... [ ][ ] NAME _____	LINE NUMBER ..... [ ][ ] NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... [ ][ ] MONTH ..... [ ][ ] YEAR [ ][ ][ ][ ]	DAY ..... [ ][ ] MONTH ..... [ ][ ] YEAR [ ][ ][ ][ ]	DAY ..... [ ][ ] MONTH ..... [ ][ ] YEAR [ ][ ][ ][ ]
504	CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. ... [ ][ ] . [ ]	KG. ... [ ][ ] . [ ]	KG. ... [ ][ ] . [ ]
506	HEIGHT IN CENTIMETERS	CM. [ ][ ][ ] . [ ]	CM. [ ][ ][ ] . [ ]	CM. [ ][ ][ ] . [ ]
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP 2	LYING DOWN ..... 1 STANDING UP 2	LYING DOWN ..... 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER 6
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... [ ][ ]	LINE NUMBER ... [ ][ ]	LINE NUMBER ... [ ][ ]
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) REFUSED ..... 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) REFUSED ..... 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) REFUSED ..... 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET **(9)**.	G/DL . [ ][ ] . [ ]	G/DL . [ ][ ] . [ ]	G/DL . [ ][ ] . [ ]
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		
514A	_____ HEALTH TECHNICIAN'S NAME AND NUMBER [ ][ ][ ]		DATE OF THE VISIT _____	

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2001 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . [ ][ ] NAME _____	LINE NUMBER . . . [ ][ ] NAME _____	LINE NUMBER . . . [ ][ ] NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]
504	CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. . . . [ ][ ] . [ ]	KG. . . . [ ][ ] . [ ]	KG. . . . [ ][ ] . [ ]
506	HEIGHT IN CENTIMETERS	CM. [ ][ ][ ] . [ ]	CM. [ ][ ][ ] . [ ]	CM. [ ][ ][ ] . [ ]
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER . . . [ ][ ]	LINE NUMBER . . . [ ][ ]	LINE NUMBER . . . [ ][ ]
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED . . . . . 1 _____ (SIGN) REFUSED . . . . . 2 (IF REFUSED, GO TO 513)	GRANTED . . . . . 1 _____ (SIGN) REFUSED . . . . . 2 (IF REFUSED, GO TO 513)	GRANTED . . . . . 1 _____ (SIGN) REFUSED . . . . . 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET .	G/DL . [ ][ ] . [ ]	G/DL . [ ][ ] . [ ]	G/DL . [ ][ ] . [ ]
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		
514A	_____ HEALTH TECHNICIAN'S NAME AND NUMBER [ ][ ][ ]		DATE OF THE VISIT _____	

CHECK 502,503,509 FOR ELIGIBILITY OF HEIGHT, WEIGHT AND ANEMIA.

TOTAL ELIGIBLE FOR HEIGHT AND WEIGHT (CHECK 502, 503) → [ ][ ]

HEIGHT AND WEIGHT MEASURED (CHECK 505, 506, 508) → [ ][ ]

TOTAL ELIGIBLE FOR ANEMIA TESTING (CHECK 502, 503, 509) → [ ][ ]

TOTAL TESTED FOR ANEMIA (CHECK 512,513) → [ ][ ]

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

515	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDER FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 519, AND FOR THE ANEMIA TEST PROCEDURE IN 528.			
		WOMAN 1	WOMAN 2	WOMAN 3
516	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
517	WEIGHT IN KILOGRAMS	KG. . . . . [ ][ ][ ].[ ]	KG. . . . . [ ][ ][ ].[ ]	KG. . . . . [ ][ ][ ].[ ]
518	HEIGHT IN CENTIMETERS	CM. . . . . [ ][ ][ ].[ ]	CM. . . . . [ ][ ][ ].[ ]	CM. . . . . [ ][ ][ ].[ ]
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
520	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 523)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 523)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 523)
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 523)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 523)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 523)
522	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . [ ][ ]	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . [ ][ ]	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . [ ][ ]
523	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN) (IF REFUSED, GO TO 528).	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN) (IF REFUSED, GO TO 528).	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN) (IF REFUSED, GO TO 528).

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 523 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 523 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you (allow NAME OF ADOLESCENT to) take the anemia test?

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
524	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8 2
526	CHECK 523 AND 525 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
527	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL . . . . . [ ][ ].[ ]	G/DL . . . . . [ ][ ].[ ]	G/DL . . . . . [ ][ ].[ ]
528	RECORD RESULT CODE OF HEMO-GLOBIN MEASURE-MENT.	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
529	_____ HEALTH TECHNICIAN'S NAME AND NUMBER [ ][ ][ ]	DATE OF THE VISIT _____		
	CHECK 516 FOR ELIGIBILITY OF HEIGHT, WEIGHT AND ANEMIA. TOTAL ELIGIBLE FOR HEIGHT AND WEIGHT (CHECK 516) → [ ][ ] HEIGHT AND WEIGHT MEASURED (CHECK 517, 518, 519) → [ ][ ] TOTAL ELIGIBLE FOR ANEMIA TESTING (CHECK 516) → [ ][ ] TOTAL TESTED FOR ANEMIA (CHECK 527, 528) → [ ][ ]			

WEIGHT AND HEIGHT MEASUREMENT FOR MEN AGE 15-59

531	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
532	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER . . . . . . NAME _____	LINE NUMBER . . . . . . NAME _____	LINE NUMBER . . . . . . NAME _____
533	WEIGHT IN KILOGRAMS	KG.	KG.	KG. . . . . . .
534	HEIGHT IN CENTIMETERS	CM.	CM.	CM. . . . . . .
535	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
536	_____ MALE INTERVIEWER'S NAME AND NUMBER		DATE OF THE VISIT_____	
	CHECK 532 FOR ELIGIBILITY OF HEIGHT AND WEIGHT. TOTAL ELIGIBLE FOR HEIGHT AND WEIGHT (CHECK 532) →		HEIGHT AND WEIGHT MEASURED (CHECK 533, 534, 535) →	

AZERBAIJAN DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

STATE STATISTICAL COMMITTEE OF REPUBLIC OF AZERBAIJAN — REPUBLIC OF AZERBAIJAN

IDENTIFICATION

LOCATION NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ]

ECONOMIC REGION . . . . . [ ][ ]

RAYON . . . . . [ ][ ]

BAKU/CITY/TOWN/RURAL . . . . . [ ]
(BAKU=1, OTHER CITY (50,000-1 MLN)=2, TOWN (LESS THAN 50,000)=3, RURAL=4)

NAME AND LINE NUMBER OF WOMAN _____ [ ][ ]

CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. IS THIS WOMAN SELECTED FOR QUESTIONS ON "DOMESTIC VIOLENCE" (SECTION 11 WOMAN'S Q.)? . . . . . (YES = 1, NO=2) [ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ]
				MONTH [ ][ ]
				YEAR [ ][ ][ ][ ]
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER [ ][ ][ ]
RESULT*	_____	_____	_____	RESULT [ ]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS [ ]
TIME	_____	_____		

*RESULT CODES:

1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER _____ (SPECIFY)

QUESTIONNAIRE LANGUAGE: [ ]
LANGUAGE OF INTERVIEW: [ ]
NATIVE LANGUAGE OF RESPONDENT [ ]

CODES: AZERBAIJANIAN-1; RUSSIAN-2 ; OTHER-6 (SPECIFY_____)

TRANSLATOR USED (YES = 1, NO = 2) [ ]

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with The State Statistical Committee of the Republic of Azerbaijan. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.
During the interview I would like to measure your blood pressure and pulse. This will be done three times during the interview.
This is a harmless procedure. The results of this blood pressute and pulse measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure and pulse numbers. Although we will give you the results, we will not be able to provide you with any further counselling, testing or treatment if you have elevated blood pressure.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
101A	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC . . . . . 1 [ ][ ][ ] DIASTOLIC . . . . . 2 [ ][ ][ ] PULSE . . . . . 3 [ ][ ][ ] REFUSED 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS . . . . . 9995 OTHER _____ . . . . . 9996 SPECIFY	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . [ ][ ] ALWAYS . . . . . 95 VISITOR 96	→ 106
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . . 1 TOWN . . . . . 2 COUNTRYSIDE 3	
106	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Have you ever attended school?	YES . . . . . 1 NO 2	→ 115
109	What is the highest level of school you attended: primary, basic secondary or complete secondary, or PTU, Technicum, Institut or Unversitet?	PRIMARY . . . . . 1 BASIC SECONDARY . . . . . 2 COMPLETE SECONDARY . . . . . 3 PTU . . . . . 4 TECHNICUM . . . . . 5 HIGHER 6	
110	What is the highest (grade/form/class) you completed at that level?	GRADE/FORM . . . . . [ ][ ]	
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
118	What is your religion?	MUSLIM . . . . . 1 CHRISTIAN . . . . . 2 NO RELIGION . . . . . 3 OTHER _____ 6 (SPECIFY)	
119	What is your ethnicity?	AZERBAIJANI . . . . . 1 TALISH . . . . . 2 RUSSIAN . . . . . 3 LESGIN . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . . . [ ][ ]	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . [ ][ ]	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES [ ] ↓ NO [ ] → PROBE AND CORRECT 201-208 AS NECESSARY.		
209A	Women sometimes have pregnancies which do not end in a live born child. That is, a pregnancy can be ended early by an abortion, a miscarriage, or a stillbirth. I will now ask you about each of them separately. How many abortions have you had? IF NONE, RECORD '00'	TOTAL ABORTIONS [ ][ ]	
209B	How many miscarriages? IF NONE, RECORD '00'	TOTAL MISCARRIAGES [ ][ ]	
209C	How many stillbirths? IF NONE, RECORD '00'	TOTAL STILLBIRTHS [ ][ ]	
209D	SUM ANSWERS TO 208, 209A, 209B, 209C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'.	TOTAL . . . . . [ ][ ]	
210	CHECK 209D: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? ONE OR MORE PREGNANCIES [ ] ↓ NO PREGNANCIES [ ] →		226

211 PREGNANCY HISTORY. Now I want to talk about each of your pregnancies, including those which ended in a live birth, an induced abortion, a miscarriage, and a stillbirth. Starting with your last pregnancy, please tell me the following information:
RECORD ALL PREGANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE MORE THAN 10 PREGANCIES USE AN ADDITIONAL QUESTIONNAIRE

212 Did your (last/next to last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	213 Was this a single or a multiple birth?	214 In what month and year (was this child born / did this pregnancy end?)	215 Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE	216 CHECK 212: RECORD SAME RESPONSE	217 What name was given to this child? WRITE 'BABY 1' BABY 2' , ETC. IF NO NAME WAS GIVEN TO A CHILD	218 Is (NAME) a boy or girl?	219 Is (NAME) still alive?	220 IF ALIVE: How old was (NAME) on his/her last birthday? **RECORD AGE IN COMPLETE YEARS**	221 IF ALIVE: Is (NAME) living with you?	222 IF ALIVE: **RECORD HOUSEHOLD LINE N0. OF CHILD.** **RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD**	222A IF DIED: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01 LIVE BIRTH . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]		LIVE BIRTH . . . . . 1 STILL BIRTH . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . 1 NO 2 222A	AGE IN YEARS [ ][ ]	YES . . 1 NO . . . 2	LINE NO.: [ ][ ] NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]
02 LIVE BIRTH . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 STILL BIRTH . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO 2 222A	AGE IN YEARS [ ][ ]	YES . . 1 NO . . . 2	LINE NO.: [ ][ ] NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]
03 LIVE BIRTH . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 STILL BIRTH . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO 2 222A	AGE IN YEARS [ ][ ]	YES . . 1 NO . . . 2	LINE NO.: [ ][ ] NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]
04 LIVE BIRTH . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 STILL BIRTH . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO 2 222A	AGE IN YEARS [ ][ ]	YES . . 1 NO . . . 2	LINE NO.: [ ][ ] NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]
05 LIVE BIRTH . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 STILL BIRTH . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO 2 222A	AGE IN YEARS [ ][ ]	YES . . 1 NO . . . 2	LINE NO.: [ ][ ] NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3 [ ][ ]

212 Did your (last/next to last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	213 Was this a single or a multiple birth?	214 In what month and year (was this child born / did this pregnancy end?)	215 Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE	216 CHECK 212: RECORD SAME RESPONSE	217 What name was given to this child? WRITE 'BABY 1' BABY 2' , ETC. IF NO NAME WAS GIVEN TO A CHILD	218 Is (NAME) a boy or girl?	219 Is (NAME) still alive?	220 IF ALIVE: How old was (NAME) on his/her last birthday? **RECORD AGE IN COMPLETE YEARS**	221 IF ALIVE: Is (NAME) living with you?	222 IF ALIVE: **RECORD HOUSEHOLD LINE N0. OF CHILD.** **RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD**	222A IF DIED: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
06 LIVE BIRTH . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . 1 NO 2 222A	AGE IN YEARS	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
07 LIVE BIRTH . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO 2 222A	AGE IN YEARS	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
08 LIVE BIRTH . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO 2 222A	AGE IN YEARS	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
09 LIVE BIRTH . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO 2 222A	AGE IN YEARS	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
10 LIVE BIRTH . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO 2 222A	AGE IN YEARS	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3

222B	Have you had any pregnancies since the the last birth/abortion/miscarriage/still birth? IF YES, RECORD PREGNANCIES IN TABLE ABOVE.	YES . . . . . 1 NO 2
222B1	RECORD AND COMPARE NUMBER OF EVENTS RECORDED IN PREGNANCY HISTORY WITH EARLIER RESPONSES TOTAL NUMBER OF PREGANCIES ☐☐ TOTAL NUMBER OF PREGANCIES SAME AS NUMBER IN 209D ☐ DIFFERENT ☐ → (PROBE AND RECONCILE) ↓ TOTAL NUMBER OF LIVE BIRTH ☐☐ TOTAL NUMBER OF LIVE BIRTH SAME AS NUMBER IN 208 ☐ DIFFERENT ☐ → (PROBE AND RECONCILE) ↓ TOTAL NUMBER OF ABORTIONS ☐☐ TOTAL NUMBER OF ABORTIONS SAME AS NUMBER IN 209A ☐ DIFFERENT ☐ → (PROBE AND RECONCILE) ↓	
222B2	COMPARE 209D WITH TOTAL NUMBER OF PREGNANCIES IN PREGNANCY HISTORY AND MARK: NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE) NUMBERS ARE SAME ☐ ↓ CHECK: FOR EACH PREGNANCY: YEAR WHEN PREGNANCY ENDED IS RECORDED (Q.214) ☐ FOR EACH LIVE BIRTH SINCE JANUARY 2001, MONTH AND YEAR OF BIRTH IS RECORDED (Q.214) ☐ FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Qs. 219, 220) ☐ FOR EACH CHILD THAT DIED: AGE AT DEATH IS RECORDED (Qs. 219, 222A). ☐ FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q. 222A). ☐	

222C	CHECK 212 AND 214: ONE OR MORE ABORTIONS SINCE JANUARY 2001 OR LATER ☐ ↓	NO ABORTIONS IN 2001 OR LATER ☐ → 224		
NO.	QUESTIONS AND FILTER	LAST ABORTION	NEXT-TO-LAST ABORTION	SECOND-TO-LAST ABORTION	THIRD-TO-LAST ABORTION
222D	PREGNANCY № FROM 212	PREGNANCY № ☐☐	PREGNANCY № ☐☐	PREGNANCY № ☐☐	PREGNANCY № ☐☐
222E	What was the main reason you decided to have this (last, next-to-last, second-from-last, third-from-last) abortion (mini-abortion)?	HEALTH OF MOTHER . . . . . 01 RISK OF BIRTH DEFECTS . . . . . 02 SOCIOECONOMIC REASONS . . 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN . . . 04 SPACING NEXT PREGNANCY. . 05 PARTNER DID NOT WANT THE CHILD . . . . . 06 CHILD'S SEX SELECTION . . . . 07 OTHER _____ 96 (SPECIFY)	HEALTH OF MOTHER . . . . . 01 RISK OF BIRTH DEFECTS . . . . . 02 SOCIOECONOMIC REASONS . . 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN . . . 04 SPACING NEXT PREGNANCY. . 05 PARTNER DID NOT WANT THE CHILD . . . . . 06 CHILD'S SEX SELECTION . . . . 07 OTHER _____ 96 (SPECIFY)	HEALTH OF MOTHER . . . . . 01 RISK OF BIRTH DEFECTS . . . . . 02 SOCIOECONOMIC REASONS . . 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN . . . 04 SPACING NEXT PREGNANCY. . 05 PARTNER DID NOT WANT THE CHILD . . . . . 06 CHILD'S SEX SELECTION . . . . 07 OTHER _____ 96 (SPECIFY)	HEALTH OF MOTHER . . . . . 01 RISK OF BIRTH DEFECTS . . . . . 02 SOCIOECONOMIC REASONS . . 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN . . . 04 SPACING NEXT PREGNANCY. . 05 PARTNER DID NOT WANT THE CHILD . . . . . 06 CHILD'S SEX SELECTION . . . . 07 OTHER _____ 96 (SPECIFY)
222F	What was the attitude of the child's father toward you having that abortion?	FAVORED . . . . . 1 OPPOSED . . . . . 2 NEUTRAL . . . . . 3 FATHER DID NOT KNOW . . . . 4 DON'T KNOW/REMEMBER . . 8	FAVORED . . . . . 1 OPPOSED . . . . . 2 NEUTRAL . . . . . 3 DID NOT KNOW . . . . . 4 DON'T KNOW/REMEMBER . . 8	FAVORED . . . . . 1 OPPOSED . . . . . 2 NEUTRAL . . . . . 3 DID NOT KNOW . . . . . 4 DON'T KNOW/REMEMBER . . 8	FAVORED . . . . . 1 OPPOSED . . . . . 2 NEUTRAL . . . . . 3 DID NOT KNOW . . . . . 4 DON'T KNOW/REMEMBER . . 8
222G	When you got pregnant with this baby, were you using any method of contraception? IF YES, ASK: What method of contraception was that?	NO METHOD . . . . . 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 SPERMICIDES/FOAM/JELLY . . 08 DIAPHRAGM/CAP . . . . . 09 RING . . . . . 10 LACT. AMEN. METHOD . . . 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS . . 12 WITHDRAWAL . . . . . 13 OTHER _____ 96 (SPECIFY)	NO METHOD . . . . . 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 SPERMICIDES/FOAM/JELLY . . 08 DIAPHRAGM/CAP . . . . . 09 RING . . . . . 10 LACT. AMEN. METHOD . . . 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS . . 12 WITHDRAWAL . . . . . 13 OTHER _____ 96 (SPECIFY)	NO METHOD . . . . . 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 SPERMICIDES/FOAM/JELLY . . 08 DIAPHRAGM/CAP . . . . . 09 RING . . . . . 10 LACT. AMEN. METHOD . . . 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS . . 12 WITHDRAWAL . . . . . 13 OTHER _____ 96 (SPECIFY)	NO METHOD . . . . . 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 SPERMICIDES/FOAM/JELLY . . 08 DIAPHRAGM/CAP . . . . . 09 RING . . . . . 10 LACT. AMEN. METHOD . . . 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS . . 12 WITHDRAWAL . . . . . 13 OTHER _____ 96 (SPECIFY)
222H	Where was that this (last, next-to-last, second-from-last, third-from-last) abortion performed?	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME/ . . . . . 11 GOV.POLIKLINICA/WOMAN'S CONSULTATION . . . . . 12 FAP/DAC/PH . . . . . 13 GOV.FAMILY PLANNING CENTER/CABINET . . . . 14 OTHER GOV._____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRV. HOSPITAL/MATERNITY HOME . . . . . 21 PRV. CLINICA/WOMAN'S CONSULATION . . . . . 22 DOCTOR'S HOME . . . . . 23 PRV.FAMILY PLANNING CENTER/CABINET . . . . 24 NGO . . . . . 25 OTHER PRIVATE _____ 26 (SPECIFY) RESPONDENT'S HOME . . . . 31 OTHER _____ 96 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME/ . . . . . 11 GOV.POLIKLINICA/WOMAN'S CONSULTATION . . . . . 12 FAP/DAC/PH . . . . . 13 GOV.FAMILY PLANNING CENTER/CABINET . . . . 14 OTHER GOV._____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRV. HOSPITAL/MATERNITY HOME . . . . . 21 PRV. CLINICA/WOMAN'S CONSULATION . . . . . 22 DOCTOR'S HOME . . . . . 23 PRV.FAMILY PLANNING CENTER/CABINET . . . . 24 NGO . . . . . 25 OTHER PRIVATE _____ 26 (SPECIFY) RESPONDENT'S HOME . . . . 31 OTHER _____ 96 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME/ . . . . . 11 GOV.POLIKLINICA/WOMAN'S CONSULTATION . . . . . 12 FAP/DAC/PH . . . . . 13 GOV.FAMILY PLANNING CENTER/CABINET . . . . 14 OTHER GOV._____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRV. HOSPITAL/MATERNITY HOME . . . . . 21 PRV. CLINICA/WOMAN'S CONSULATION . . . . . 22 DOCTOR'S HOME . . . . . 23 PRV.FAMILY PLANNING CENTER/CABINET . . . . 24 NGO . . . . . 25 OTHER PRIVATE _____ 26 (SPECIFY) RESPONDENT'S HOME . . . . 31 OTHER _____ 96 (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME/ . . . . . 11 GOV.POLIKLINICA/WOMAN'S CONSULTATION . . . . . 12 FAP/DAC/PH . . . . . 13 GOV.FAMILY PLANNING CENTER/CABINET . . . . 14 OTHER GOV._____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRV. HOSPITAL/MATERNITY HOME . . . . . 21 PRV. CLINICA/WOMAN'S CONSULATION . . . . . 22 DOCTOR'S HOME . . . . . 23 PRV.FAMILY PLANNING CENTER/CABINET . . . . 24 NGO . . . . . 25 OTHER PRIVATE _____ 26 (SPECIFY) RESPONDENT'S HOME . . . . 31 OTHER _____ 96 (SPECIFY)
222I	Who performed this (last, next-to-last, second-from-last, third-from-last) abortion?	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B FELDSHER/OTHER . . . . . C OTHER PERSON MAMACHI/TRADITIONAL HEALER . . . . . D SELF . . . . . F OTHER _____ X (SPECIFY)	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B FELDSHER/OTHER . . . . . C OTHER PERSON MAMACHI/TRADITIONAL HEALER . . . . . D SELF . . . . . F OTHER _____ X (SPECIFY)	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIF. . . . . B FELDSHER/OTHER . . . . . C OTHER PERSON MAMACHI/TRADITIONAL HEALER . . . . . D SELF . . . . . F OTHER _____ X (SPECIFY)	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B FELDSHER/OTHER . . . . . C OTHER PERSON MAMACHI/TRADITIONAL HEALER . . . . . D SELF . . . . . F OTHER _____ X (SPECIFY)
222J	What method was used for this (last, next-to-last, second-from-last, third-from-last) abortion?	D & C . . . . . 1 VACUUM ASPIRATION . . . . 2 RU 486/PROSTAGLANDINS . . 3 OXYTOCIN . . . . . 4 CATHETER . . . . . 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	D & C . . . . . 1 VACUUM ASPIRATION . . . . 2 RU 486/PROSTAGLANDINS . . 3 OXYTOCIN . . . . . 4 CATHETER . . . . . 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	D & C . . . . . 1 VACUUM ASPIRATION . . . . 2 RU 486/PROSTAGLANDINS . . 3 OXYTOCIN . . . . . 4 CATHETER . . . . . 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	D & C . . . . . 1 VACUUM ASPIRATION . . . . 2 RU 486/PROSTAGLANDINS . . 3 OXYTOCIN . . . . . 4 CATHETER . . . . . 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8

NO.	QUESTIONS AND FILTER	LAST ABORTION	NEXT-TO-LAST ABORTION	SECOND-TO-LAST ABORTION	THIRD-TO-LAST ABORTION
222K	How much did you pay for this abortion, including gifts or money given to the doctor (person, who performed the abortion)?	ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE ..... 99999994 DON'T KNOW 99999998			
222L	Did you have any local or intravenous anesthesia for this abortion? By local we mean an injection in the uterus opening.	LOCAL (UTERINE CERVIX) .. 1 INTRAVENOUS ..... 2 NEITHER ..... 3 DON'T KNOW 8	LOCAL (UTERINE CERVIX) .. 1 INTRAVENOUS ..... 2 NEITHER ..... 3 DON'T KNOW 8	LOCAL (UTERINE CERVIX) .. 1 INTRAVENOUS ..... 2 NEITHER ..... 3 DON'T KNOW 8	LOCAL (UTERINE CERVIX) .. 1 INTRAVENOUS ..... 2 NEITHER ..... 3 DON'T KNOW 8
222M	Did you take antibiotics after this abortion?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
222N	Within 30 days after that abortion did you have any health problems as a result of the abortion?	YES ..... 1 NO ..... 2 (SKIP TO 222P)	YES ..... 1 NO ..... 2 (SKIP TO 222P)	YES ..... 1 NO ..... 2 (SKIP TO 222P)	YES ..... 1 NO ..... 2 (SKIP TO 222P)
222O	Did you have any of the following problems? Perforation? Sever bleeding? Fever >38 C? Purulent discharge? Belly pain?	YES NO PERFORATION ... 1 2 SEVERE BLEEDING .. 1 2 FEVER ..... 1 2 DISCHARGE ..... 1 2 BELLY PAIN ..... 1 2 OTHER _____ 1 2 (SPECIFY)	YES NO PERFORATION ... 1 2 SEVERE BLEEDING .. 1 2 FEVER ..... 1 2 DISCHARGE ..... 1 2 BELLY PAIN ..... 1 2 OTHER _____ 1 2 (SPECIFY)	YES NO PERFORATION ... 1 2 SEVERE BLEEDING .. 1 2 FEVER ..... 1 2 DISCHARGE ..... 1 2 BELLY PAIN ..... 1 2 OTHER _____ 1 2 (SPECIFY)	YES NO PERFORATION ... 1 2 SEVERE BLEEDING .. 1 2 FEVER ..... 1 2 DISCHARGE ..... 1 2 BELLY PAIN ..... 1 2 OTHER _____ 1 2 (SPECIFY)
222P	During the first 1 month after this abortion how many nights did you spend in the hospital (including readmissions)?	NIGHTS ..... [ ][ ] DON'T KNOW 98	NIGHTS ..... [ ][ ] DON'T KNOW 98	NIGHTS ..... [ ][ ] DON'T KNOW 98	NIGHTS ..... [ ][ ] DON'T KNOW 98
222Q	Did you have any related health problems more than 6 months later as a result of that abortion?	YES ..... 1 NO ..... 2 NOT YET 6 MONTHS .... 3 DON'T KNOW ..... 8 (SKIP TO 222S)	YES ..... 1 NO ..... 2 NOT YET 6 MONTHS .... 3 DON'T KNOW ..... 8 (SKIP TO 222U)	YES ..... 1 NO ..... 2 NOT YET 6 MONTHS .... 3 DON'T KNOW ..... 8 (SKIP TO 222U)	YES ..... 1 NO ..... 2 NOT YET 6 MONTHS .... 3 DON'T KNOW ..... 8 (SKIP TO 222U)
222R	What was the important health problem?	BELLY PAIN ..... A STERILITY ..... B INFECTION ..... C LACK OF MENSES ..... D IRREGULAR BLEEDING .... E MORE PAINFUL PERIODS .. F OTHER _____ X (SPECIFY)	BELLY PAIN ..... A STERILITY ..... B INFECTION ..... C LACK OF MENSES ..... D IRREGULAR BLEEDING .... E MORE PAINFUL PERIODS .. F OTHER _____ X (SPECIFY)	BELLY PAIN ..... A STERILITY ..... B INFECTION ..... C LACK OF MENSES ..... D IRREGULAR BLEEDING .... E MORE PAINFUL PERIODS .. F OTHER _____ X (SPECIFY)	BELLY PAIN ..... A STERILITY ..... B INFECTION ..... C LACK OF MENSES ..... D IRREGULAR BLEEDING .... E MORE PAINFUL PERIODS .. F OTHER _____ X (SPECIFY)
222S	Either before or after the abortion did a doctor or other health professional talk to you about contraception?	YES, BEFORE ABORTION .. 1 YES, AFTER ABORTION .... 2 BOTH ..... 3 NO ..... 4 DON'T' KNOW/REMEMBER .. 8			
222T	After this abortion did a doctor or other health professional give you a method, prescibed a method or refered to a family planning clinic/cabinet?	GAVE A METHOD ..... 1 PRESCRIBED A METHOD .. 2 GAVE REFERAL ..... 3 NONE ..... 4 DON'T' KNOW/REMEMBER .. 8			
222U		GO BACK TO 222D IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 224.	GO BACK TO 222D IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 224.	GO BACK TO 222D IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 224.	GO BACK TO 222D IN NEXT-TO-LAST-ABORTION COLUMN IN THE NEW QUESTIONNAIRE; OR, IF NO MORE ABORTIONS, GO TO 224.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
224	CHECK 212 AND 214: ENTER THE NUMBER OF LIVE BIRTHS BORN IN 2001 OR LATER. IF NONE, RECORD '0'	[ ]	
225	FOR EACH PREGNANCY SI NCE JANUARY 2001 OR LATER, IN THE CALENDAR COLUMN ENTER THE CODE OF PREGNANCY OUTCOME IN THE MONTH OF WHEN PREGNANCY ENDED: WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: IF PREGNANY ENDED IN LIVE BIRTH, THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) FOR EACH PREGNANCY TERMINATION (ABORTION, MISCARRIAGE OR STILLBIRTH), ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. AS ABOVE, THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.		
226	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 237
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . . [ ][ ]	
228	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . . 1 LATER . . . . . 2 NOT AT ALL 3	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ] IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
04	IUD Women can have a spiral, loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08	SPERMICIDES/FOAM/JELLY Can be be inserted into the woman's vagina immediately before sexual intercourse	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
09	DIAPHRAGM/CAP A rubber cap can be put in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
10	RING Is a flexible, colorless ring that can be inserted in the vagina for 3 weeks each month, when it will slowly release a low dose of hormones that are needed to prevent pregnancy.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Women can use a specially taught method of pregnancy avoidance to delay the return of the menstrual period by feeding their child nothing but breast milk for up to six months after birth.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
12	RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
14	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) NO . . . . . 2 _____ (SPECIFY)	YES . . . . . 1 NO . . . . . 2 YES . . . . . 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) ☐ ↓ AT LEAST ONE "YES" (EVER USED) ☐ → 307		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 333
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . . [ ][ ]	
308	CHECK 302 (01): WOMAN NOT STERILIZED [ ] ↓ WOMAN STERILIZED [ ]		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE [ ] ↓ PREGNANT [ ]		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 322
311 311A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD iN LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B PILL . . . . . C IUD . . . . . D INJECTABLES . . . . . E IMPLANTS . . . . . F CONDOM . . . . . G SPERMICIDIES/FOAM/JELLY . . . . . H DIAPHRAGM/CAP . . . . . I RING . . . . . J LACTATIONAL AMEN. METHOD . . . . . K RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS . . . . . L WITHDRAWAL . . . . . M OTHER _____ X (SPECIFY)	→ 316 → 315 315 → → 319A
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311. YES (USING PILL) [ ] ↓ May I see the package of pills you are using? NO (USING CONDOM BUT NOT PILL) [ ] ↓ May I see the package of condoms you are using? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN . . . . . 1 BRAND NAME _____ [ ][ ] (SPECIFY) PACKAGE NOT SEEN 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ [ ][ ] (SPECIFY) DON'T KNOW 98	
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS . . [ ][ ][ ] DON'T KNOW 998	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total? Please include the cost of the method, any consultation you may have had and the cost of any gifts you may have given the provider.	[ ][ ][ ][ ][ ][ ][ ][ ] ENTER TOTAL NUMERIC VALUE IN OLD MANATS FREE . . . . . 99999994 DON'T KNOW 99999998	→ 319A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME . . . . . 11 GOV.POLICLINICS/WOMAN'S CONSULTATION . . . . . 12 FAP/DAC/PH . . . . . 13 GOV.FAMILY PLANNING CENTER/ CABINET . . . . . 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME . . . . . 21 PRV.CLINIC/WOMAN'S CONSULTATION . . . . . 22 PRIVATE DOCTOR . . . . . 23 PRV.FAMILY PLANNING CENTER/ CABINET . . . . . 24 NGO . . . . . 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
317	CHECK 311/311A: CODE 'A' CIRCLED → Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE 'A' NOT CIRCLED → Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
318	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had and the cost of any gifts that were given to the provider?	[ ][ ][ ][ ][ ][ ][ ][ ] ENTER TOTAL NUMERIC VALUE IN OLD MANATS FREE . . . . . 99999994 DON'T KNOW 99999998	
319 319A	In what month and year was the sterilization performed? Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
320	CHECK 319/319A, AND 214: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES → NO ↓	
321	CHECK 319/319A : YEAR IS 2001 OR LATER → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. YEAR IS 2000 OR EARLIER → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 THE CALENDAR AND EACH MONTH BACK TO JANUARY 2001 . THEN SKIP TO → 331		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2001. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. **IN COLUMN 1,** ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? **IN COLUMN 3**, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1. ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: * How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
323	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 SPERMICIDIES/FOAM/JELLY . . . . . 08 DIAPHRAGM/CAP . . . . . 09 RING . . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS . . . . . 12 WITHDRAWAL . . . . . 13 OTHER METHOD 96	→ 333 → 326 → 335 → 324A → 324A → 335 → 335
324	Where did you obtain (CURRENT METHOD) when you started using it?	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME . . . . . 11 GOV.POLICLINICS/WOMAN'S CONSULTATION . . . . . 12 FAP/DAC/PH . . . . . 13 GOV.FAMILY PLANNING CENTER/ CABINET . . . . . 14 OTHER PUBLIC _____ (SPECIFY) 16	
324A	Where did you learn to use the lactational amenorrhea/rhythn method? IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME . . . . . 21 PRV.CLINIC/WOMAN'S CONSULTATION . . . . . 22 PRIVATE DOCTOR . . . . . 23 PRV.FAMILY PLANNING CENTER/ CABINET . . . . . 24 NGO . . . . . 25 OTHER PRIVATE MEDICAL _____ (SPECIFY) 26 OTHER SHOP/MARKET . . . . . 31 APTEKA . . . . . 32 FRIEND/RELATIVE . . . . . 33 PEER-EDUCATOR . . . . . 35 OTHER _____ (SPECIFY) 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 SPERMICIDIES/FOAM/JELLY . . . . . 08 DIAPHRAGM/CAP . . . . . 09 RING . . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS 12	 → 332 → 329 → 329 → 335 → 335
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	 → 329
328	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	
329	CHECK 326: CODE '1' CIRCLED → At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED → When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?	YES . . . . . 1 NO 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . . 1 NO 2	
331	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 SPERMICIDIES/FOAM/JELLY . . . . . 08 DIAPHRAGM/CAP . . . . . 09 RING . . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS . . . . . 12 WITHDRAWAL . . . . . 13 OTHER METHOD 96	→ 335 → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME . . . . . 11 GOV.POLICLINICS/WOMAN'S CONSULTATION . . . . . 12 FAP/DAC/PH . . . . . 13 GOV.FAMILY PLANNING CENTER/ CABINET . . . . . 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME . . . . . 21 PRV.CLINIC/WOMAN'S CONSULTATION . . . . . 22 PRIVATE DOCTOR . . . . . 23 PRV.FAMILY PLANNING CENTER/ CABINET . . . . . 24 NGO . . . . . 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE SHOP/MARKET . . . . . 31 APTEKA . . . . . 32 FRIEND/RELATIVE . . . . . 33 PEER-EDUCATOR . . . . . 35 OTHER _____ 96 (SPECIFY)	→ 335
333	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 335
334	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME . . . . . A GOV.POLICLINICS/WOMAN'S CONSULTATION . . . . . B FAP/DAC/PH . . . . . C GOV.FAMILY PLANNING CENTER/ CABINET . . . . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME . . . . . F PRV.CLINIC/WOMAN'S CONSULTATION . . . . . G PRIVATE DOCTOR . . . . . H PRV.FAMILY PLANNING CENTER/ CABINET . . . . . I NGO . . . . . J OTHER PRIVATE MEDICAL _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET . . . . . L APTEKA . . . . . M FRIEND/RELATIVE . . . . . N PEER-EDUCATOR . . . . . O OTHER _____ X (SPECIFY)	
335	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES . . . . . 1 NO 2	
336	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES . . . . . 1 NO 2	→ 401
337	Did any staff member at that health facility speak to you about family planning methods?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2001 OR LATER ☐		NO BIRTHS IN 2001 OR LATER ☐ → 581A	
402	CHECK 214,216,217,219: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	PREGNANCY LINE NUMBER FROM 212	LAST BIRTH PREGNANCY LINE NUMBER ☐☐	NEXT-TO-LAST BIRTH PREGNANCY LINE NUMBER ☐☐	SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER ☐☐
404	FROM 217 AND 219	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . . 1 (SKIP TO 407) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 407)	THEN . . . . . 1 (SKIP TO 432) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 432)	THEN . . . . . 1 (SKIP TO 432) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 432)
406	How much longer would you have liked to wait?	MONTHS . . . . 1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW 998	MONTHS . . 1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . . 1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE B FELDSHER/OTHER . . . . C OTHER PERSON MAMACHI/TRADITIO-NAL HEALER . . . . D COMMUNITY/VILLAGE HEALTH WORKER . . . . E OTHER _____ X (SPECIFY) NO ONE . . . . . Y (SKIP TO 421)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	HOME YOUR HOME . . . . . A OTHER HOME . . . . . B PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME . . . . . C POLIKLINICA/WOMAN'S CONSULTATION D FAP/DAC/PH . . . . . E GOV.FAMILY PLANNING CENTER/CABINET . .. F OTHER GOV. MED. _____ G (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATER HOME . . . . . H PRV. CLINICA/WOMAN'S CONSULATION . . . . . I PRV. DOCTOR . . . . . J PRV.FAMILY PLANNING CENTER/CABINET . . . K NGO . . . . . L OTHER PRV. MED. _____ M (SPECIFY) OTHER _____ X (SPECIFY)		
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . . . [ ][ ] DON'T KNOW 98		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . . [ ][ ] DON'T KNOW 98		
410A	How much did you pay in total for the last antenatal visit, including any consultation you may have had and the cost of any gifts that were given to the provider?	[ ][ ][ ][ ][ ][ ][ ][ ] ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE . . . . . 99999994 DON'T KNOW 99999998		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT . . . . . 1 2 BP . . . . . 1 2 URINE . . . . . 1 2 BLOOD 1 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 421) ←┤ DON'T KNOW 8		
413	Were you told where to go if you had any of the complications?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 423) ←┤ DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . [ ][ ][ ] DON'T KNOW 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
425	During this pregnancy, did you suffer from night blindness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8
433	Was (NAME) weighed at birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 435) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 435) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 435) ←┤ DON'T KNOW 8
434	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW . . 99.998	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW . 99.998	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW . 99.998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
435	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B FELDSHER/OTHER . . . . . C OTHER PERSON MAMACHI/TRADI-TIONAL HEALER D RELATIVE/FRIEND . G OTHER _____ X (SPECIFY) NO ONE . . . . . Y	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . B FELDSHER/OTHER . . C OTHER PERSON MAMACHI/TRADI-TIONAL HEALER D RELATIVE/FRIEND . G OTHER _____ X (SPECIFY) NO ONE . . . . . Y	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . B FELDSHER/OTHER . . C OTHER PERSON MAMACHI/TRADI-TIONAL HEALER D RELATIVE/FRIEND . G OTHER _____ X (SPECIFY) NO ONE . . . . . Y
436	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . . 11 (SKIP TO 443) ←┤ OTHER HOME . . . . . 12 PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME . . . . . 21 POLIKLINICA/WOMAN'S CONSULTATION 22 FAP/DAC/PH . . . . . 23 GOV.FAMILY PLANNING CENTER/CABINET . . . 24 OTHER GOV. MED. _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATER HOME . . . . . 31 PRV. CLINICA/WOMAN'S CONSULTATION 32 PRV. DOCTOR . . . 33 PRV.FAMILY PLANNING CENTER/CABINET 34 NGO . . . . . 35 OTHER PRV. MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 443) ←┘	HOME YOUR HOME . . . 11 (SKIP TO 444) ←┤ OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME . . . . . 21 POLIKLINICA/WOMAN'S CONSULTATION 22 FAP/DAC/PH . . . . . 23 GOV.FAMILY PLANNING CENTER/CABINET 24 OTHER GOV. MED. _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATER HOME . . . . . 31 PRV. CLINICA/WOMAN'S CONSULTATION 32 PRV. DOCTOR . . 33 PRV.FAMILY PLANNING CENTER/CABINET 34 NGO . . . . . 35 OTHER PRV. MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←┘	HOME YOUR HOME . . . 11 (SKIP TO 444) ←┤ OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME . . . . . 21 POLIKLINICA/WOMAN'S CONSULTATION 22 FAP/DAC/PH . . . . . 23 GOV.FAMILY PLANNING CENTER/CABINET 24 OTHER GOV. MED. _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATER HOME . . . . . 31 PRV. CLINICA/WOMAN'S CONSULTATION 32 PRV. DOCTOR . . 33 PRV.FAMILY PLANNING CENTER/CABINET 34 NGO . . . . . 35 OTHER PRV. MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←┘
436A	How much did you pay in total for delivery of (NAME), including any consultation you may have had and the cost of any gifts that were given to the provider?	ENTER TOTAL NUMERIC VALUE IN OLD MANATS [ ][ ][ ][ ][ ][ ][ ][ ] FREE . . . . . 99999994 DON'T KNOW 99999998		
437	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 [ ][ ] DAYS 2 [ ][ ] WEEKS 3 [ ][ ] DON'T KNOW . 998	HOURS 1 [ ][ ] DAYS 2 [ ][ ] WEEKS 3 [ ][ ] DON'T KNOW . . . 998	HOURS 1 [ ][ ] DAYS 2 [ ][ ] WEEKS 3 [ ][ ] DON'T KNOW . . . 998
438	Was (NAME) delivered by caesarean section?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
439	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 442) ←┘	YES . . . . . 1 (SKIP TO 455) ←┘ NO 2	YES . . . . . 1 (SKIP TO 455) ←┘ NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 [ ][ ] DAYS 2 [ ][ ] WEEKS 3 [ ][ ] DON'T KNOW 998		
441	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12 FELDSHER .... 13 OTHER PERSON MAMACHI/TRADI-TIONAL HEALER 21 COMMUNITY/VILLAGE HEALTH WORKER .... 22 OTHER _____ 96 (SPECIFY) (SKIP TO 453)		
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES ..... 1 (SKIP TO 445) NO ..... 2 (SKIP TO 453)	YES ..... 1 (SKIP TO 455) NO 2	YES ..... 1 (SKIP TO 455) NO 2
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH .... A FACILITY NOT OPEN ..... B TOO FAR/ NO TRANS-PORTATION ..... C DON'T TRUST FACILITY/ POOR QUALITY SERVICE .....D NO FEMALE PROVID-ER AT FACILITY ..... E HUSBAND/FAMILY DID NOT ALLOW ..... F NOT NECESSARY ..... G NOT CUSTOMARY ..... H OTHER _____ (SPECIFY) X		
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 449)	YES ..... 1 NO 2	YES ..... 1 NO 2
445	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 [ ][ ] DAYS 2 [ ][ ] WEEKS 3 [ ][ ] DON'T KNOW 998		
446	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12 FELDSHER ..... 13 OTHER PERSON MAMACHI/TRADI-TIONAL HEALER ..... 21 COMMUNITY/VILLAGE HEALTH WORKER ..... 22 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
447	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . . 11 OTHER HOME . . . . 12 PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME . . . . . 21 POLIKLINICA/WOMAN'S CONSULTATION . . . . . 22 FAP/DAC/PH . . . . . 23 GOV.FAMILY PLANNING CENTER/CABINET . . . 24 OTHER GOV. MED. _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATER HOME . . . . . 31 PRV. CLINICA/WOMAN'S CONSULTATION . . . . . 32 PRV. DOCTOR . . . . . 33 PRV.FAMILY PLANNING CENTER/CABINET . . . 34 NGO . . . . . 35 OTHER PRV. MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		
448	CHECK 442:	YES → (SKIP TO 453) NOT ASKED →		
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 453) ← DON'T KNOW 8		
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 DAYS AFTER BIRTH . . 2 WKS AFTER BIRTH . . 3 DON'T KNOW 998		
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE 12 FELDSHER . . . . 13 OTHER PERSON MAMACHI/TRADI-TIONAL HEALER . . 21 COMMUNITY/VILLAGE HEALTH WORKER . . . . 22 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME .... 11 OTHER HOME .... 12 PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME .... 21 POLIKLINICA/WOMAN'S CONSULTATION 22 FAP/DAC/PH ..... 23 GOV.FAMILY PLANNING CENTER/CABINET ... 24 OTHER GOV. MED. _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATER HOME ..... 31 PRV. CLINICA/WOMAN'S CONSULTATION .... 32 PRV. DOCTOR ..... 33 PRV.FAMILY PLANNING CENTER/CABINET ... 34 NGO ..... 35 OTHER PRV. MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		
453	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1 NO ..... 2 DON'T KNOW 8		
454	Has your menstrual period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 456) NO ..... 2 (SKIP TO 457)		
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 459)	YES ..... 1 NO ..... 2 (SKIP TO 459)
456	For how many months after the birth of (NAME) did you not have a period?	MONTHS ..... [ ][ ] DON'T KNOW 98	MONTHS .... [ ][ ] DON'T KNOW 98	MONTHS .... [ ][ ] DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT [ ] PREGNANT OR UNSURE [ ] (SKIP TO 459)		
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 460)		
459	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ..... [ ][ ] DON'T KNOW 98	MONTHS .... [ ][ ] DON'T KNOW 98	MONTHS .... [ ][ ] DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 467)	YES ..... 1 NO ..... 2 (SKIP TO 467)	YES ..... 1 NO ..... 2 (SKIP TO 467)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . . . 000 HOURS 1 [ ][ ] DAYS 2 [ ][ ]		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 464)		
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . . . . A PLAIN WATER . . . . B SUGAR OR GLU-COSE WATER . . . . . C DILL WATER . . . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . . . . . G TEA/INFUSIONS . . . . . H HONEY . . . . . I OTHER _____ X (SPECIFY)		
464	CHECK 404: IS CHILD LIVING?	LIVING [ ] DEAD [ ] (SKIP TO 466)		
465	Are you still breastfeeding (NAME)?	YES . . . . . 1 (SKIP TO 468) NO 2		
466	For how many months did you breastfeed (NAME)?	MONTHS . . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . . [ ][ ] STILL BF . . . . . 95 DON'T KNOW . . . 98	MONTHS . . . . [ ][ ] STILL BF . . . . . 95 DON'T KNOW . . . 98
467	CHECK 404: IS CHILD LIVING?	LIVING [ ] DEAD [ ] (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING [ ] DEAD [ ] (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING [ ] DEAD [ ] (SKIP TO 470) (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . . . . [ ][ ]		
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . . . . [ ][ ]		
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	PREGNANCY LINE NUMBER FROM 212	LAST BIRTH PREGNANCY LINE NUMBER	NEXT-TO-LAST BIRTH PREGNANCY LINE NUMBER	SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER . . . . .
503	FROM 217 AND 219	NAME_____ LIVING DEAD (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME_____ LIVING DEAD (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME_____ LIVING DEAD (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 508) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 508) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 508) NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 (SKIP TO 508) NO 2	YES . . . . . 1 (SKIP TO 508) NO 2	YES . . . . . 1 (SKIP TO 508) NO 2

506 (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH DAY	LAST BIRTH MONTH	LAST BIRTH YEAR	NEXT-TO-LAST BIRTH	NEXT-TO-LAST BIRTH DAY	NEXT-TO-LAST BIRTH MONTH	NEXT-TO-LAST BIRTH YEAR	SECOND-FROM-LAST BIRTH	SECOND-FROM-LAST BIRTH DAY	SECOND-FROM-LAST BIRTH MONTH	SECOND-FROM-LAST BIRTH YEAR
BCG				BCG				BCG			
POLIO 0				P0				P0			
POLIO 1				P1				P1			
POLIO 2				P2				P2			
POLIO 3				P3				P3			
POLIO 4				P4				P4			
DPT 1				DPT 1				DPT 1			
DPT 2				DTP 2				DTP 2			
DPT 3				DTP 3				DTP 3			
DPT 4				DPT 4				DPT 4			
MEASLES				MEASLES				MEASLES			
MMR				MMR				MMR			
HepB 1				HepB 1				HepB 1			
HepB 2				HepB 2				HepB 2			
HepB 3				HepB 3				HepB 3			
VITAMIN A (MOST RECENT)				VIT A				VIT A			
VITAMIN A (2nd (MOST RECENT)				VIT A				VIT A			
VITAMIN A (3rd MOST RECENT)				VIT A				VIT A			

NOTE: Since 2003 the MMR vaccine has been given as a combined vaccine.

506A	CHECK 506:	BCG TO MEASLES ALL RECORDED (GO TO 512) OTHER	BCG TO MEASLES ALL RECORDED (GO TO 512) OTHER	BCG TO MEASLES ALL RECORDED (GO TO 512) OTHER

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
509B	Polio vaccine, that is, drops in the mouth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509E) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509E) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509E) DON'T KNOW 8
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
509D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
509E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509G) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509G) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 509G) DON'T KNOW 8
509F	How many times was a DPT vaccination received?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
509G	A measles injection or an MMR injection - that is, a shot in the arm at the age of 12 months or older - to prevent him/her from getting measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
509H	A Hepatitis vaccine, which is an injection in the thigh?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512) DON'T KNOW 8
509 I	How many times was the Hepatitis vaccine received?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE [ ] NO CARD/ BLANK/ CODE '44' FOR MOST RECENT VITAMIN A DOSE [ ] (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE [ ] NO CARD/ BLANK/ CODE '44' FOR MOST RECENT VITAMIN A DOSE [ ] (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE [ ] NO CARD/ BLANK/ CODE '44' FOR MOST RECENT VITAMIN A DOSE [ ] (SKIP TO 514)
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 (SKIP TO 515) NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . . 1 (SKIP TO 515) NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . . 1 (SKIP TO 515) NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 516) DON'T KNOW 8
515	Did (NAME) receive a vitamin A dose within the last six months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
516	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/ SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
518	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8
519	Was there any blood in the stools?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
520	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
521	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
522	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527)
523	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME . . . . A POLIKLINICA/WOMAN'S CONSULTATION B FAP/DAC/PH . . . . C GOV.FAMILY PLANNING CENTER/CABINE D OTHER GOV. MED. _____ E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATERNITY HOME . . F PRV. CLINICA/WOMAN'S CONSULATION . . G PRV. DOCTOR . . H PRV.FAMILY PLANNING CENTER/CABINE I NGO J OTHER PRV. MED. _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET . . L APTEKA . . . . . M TRADITIONAL HEALER . . . . . N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME . . . . A POLIKLINICA/WOMAN'S CONSULTATION B FAP/DAC/PH . . . . C GOV.FAMILY PLANNING CENTER/CABINE D OTHER GOV. MED. _____ E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATERNITY HOME . . F PRV. CLINICA/WOMAN'S CONSULATION . . G PRV. DOCTOR . . H PRV.FAMILY PLANNING CENTER/CABINE I NGO J OTHER PRV. MED. _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET . . L APTEKA . . . . . M TRADITIONAL HEALER . . . . . N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME . . . . A POLIKLINICA/WOMAN'S CONSULTATION B FAP/DAC/PH . . . . C GOV.FAMILY PLANNING CENTER/CABINE D OTHER GOV. MED. _____ E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATERNITY HOME . . F PRV. CLINICA/WOMAN'S CONSULATION . . G PRV. DOCTOR . . H PRV.FAMILY PLANNING CENTER/CABINE I NGO J OTHER PRV. MED. _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET . . L APTEKA . . . . . M TRADITIONAL HEALER . . . . . N OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523A	Last time you sought advice for (NAME) diarrhea, how much did you pay in total, including any consultations (NAME) may have had and the cost of any gifts that were given to the provider?	ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE . . . . . 99999994 DON'T KNOW 99999998	ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE . . . . . 99999994 DON'T KNOW 99999998	ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE . . . . . 99999994 DON'T KNOW 99999998
524	CHECK 523:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 526)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 526)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 526)
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE . . .	FIRST PLACE . . .	FIRST PLACE . . .
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS	DAYS	DAYS . . . . .
527	Does (NAME) still have diarrhea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called Regidron or Regidrin? b) A pre-packaged ORS liquid? c) A government-recommended homemade fluid?	YES NO DK REGIDRON REGIDRIN . 1 2 8 PREPACK. ORS LIQUID 1 2 8 HOMEMADE FLUID . . . 1 2 8	YES NO DK REGIDRON REGIDRIN . 1 2 8 PREPACK. ORS LIQUID 1 2 8 HOMEMADE FLUID . . . 1 2 8	YES NO DK REGIDRON REGIDRIN . 1 2 8 PREPACK. ORS LIQUID 1 2 8 HOMEMADE FLUID . . . 1 2 8
529	Was anything (else) given to treat the diarrhea?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 533) DON'T KNOW 8
530	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC . . . . . A BACTISUBTIL/ LINEX . . . . . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) . . . . C UNKNOWN PILL OR SYRUP . . . D INJECTION ANTIBIOTIC . . . . . E NON-ANTIBIOTIC . F UNKNOWN INJECTION . . . G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MED-ICINE . . . . . I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A BACTISUBTIL/ LINEX . . . . . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) . . . . C UNKNOWN PILL OR SYRUP . . . D INJECTION ANTIBIOTIC . . . . . E NON-ANTIBIOTIC . F UNKNOWN INJECTION . . . G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MED-ICINE . . . . . I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A BACTISUBTIL/ LINEX . . . . . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) . . . . C UNKNOWN PILL OR SYRUP . . . D INJECTION ANTIBIOTIC . . . . . E NON-ANTIBIOTIC . F UNKNOWN INJECTION . . . G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MED-ICINE . . . . . I OTHER _____ X (SPECIFY)
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 538) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 538) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 538) DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 538)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 538)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 538)
537	CHECK 533: HAD FEVER?	YES NO OR DK (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES NO OR DK (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES NO OR DK (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, TO 572A)
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
540	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 545)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 545)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 545)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME . . . . A POLIKLINICA/WOMAN'S CONSULTATION B FAP/DAC/PH . . . . C GOV.FAMILY PLANNING CENTER/CABINE D OTHER GOV. MED. _____ E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATERNITY HOME . . F PRV. CLINICA/WOMAN'S CONSULATION . . G PRV. DOCTOR . . H PRV.FAMILY PLANNING CENTER/CABINE I NGO . . . . . J OTHER PRV. MED. _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET . . L APTEKA . . . . . M TRADITIONAL HEALER . . . . . N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME . . . . A POLIKLINICA/WOMAN'S CONSULTATION B FAP/DAC/PH . . . . C GOV.FAMILY PLANNING CENTER/CABINE D OTHER GOV. MED. _____ E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATERNITY HOME . . F PRV. CLINICA/WOMAN'S CONSULATION . . G PRV. DOCTOR . . H PRV.FAMILY PLANNING CENTER/CABINE I NGO . . . . . J OTHER PRV. MED. _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET . . L APTEKA . . . . . M TRADITIONAL HEALER . . . . . N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME . . . . A POLIKLINICA/WOMAN'S CONSULTATION B FAP/DAC/PH . . . . C GOV.FAMILY PLANNING CENTER/CABINE D OTHER GOV. MED. _____ E (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/MATERNITY HOME . . F PRV. CLINICA/WOMAN'S CONSULATION . . G PRV. DOCTOR . . H PRV.FAMILY PLANNING CENTER/CABINE I NGO . . . . . J OTHER PRV. MED. _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET . . L APTEKA . . . . . M TRADITIONAL HEALER . . . . . N OTHER _____ X (SPECIFY)
541A	Last time you sought advice for (NAME) fever/cough, how much did you pay in total, including any consultations (NAME) may have had and the cost of any gifts that were given to the provider?	[ ][ ][ ][ ][ ][ ][ ][ ] ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE . . . . . 99999994 DON'T KNOW 99999998	[ ][ ][ ][ ][ ][ ][ ][ ] ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE . . . . . 99999994 DON'T KNOW 99999998	[ ][ ][ ][ ][ ][ ][ ][ ] ENTER TOTAL NUMERIC VALUE IN OLD MANAT FREE . . . . . 99999994 DON'T KNOW 99999998
542	CHECK 541:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 544)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 544)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 544)
543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE . . . [ ]	FIRST PLACE . . . [ ]	FIRST PLACE . . . [ ]
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . [ ][ ]	DAYS . . . . . [ ][ ]	DAYS . . . . . [ ][ ]
545	Is (NAME) still sick with a (fever/ cough)?	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS DELAGIL . . . A CHLOROQUINE . B PREMAKHIN . . . C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E INJECTION . . . F OTHER DRUGS ASPIRIN . . . . . G PARACETAMOL . . H IBUPROFEN . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS DELAGIL . . . A CHLOROQUINE . B PREMAKHIN . . . C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E INJECTION . . . F OTHER DRUGS ASPIRIN . . . . . G PARACETAMOL . . H IBUPROFEN . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS DELAGIL . . . A CHLOROQUINE . B PREMAKHIN . . . C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E INJECTION . . . F OTHER DRUGS ASPIRIN . . . . . G PARACETAMOL . . H IBUPROFEN . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
548	CHECK 547: ANY CODE A-E CIRCLED?	YES ☐ ↓ NO ☐ → (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES ☐ ↓ NO ☐ → (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES ☐ ↓ NO ☐ → (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A)
549	Did you already have (NAME OF DRUG FROM 547) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'E' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS DELAGIL . . . A CHLOROQUINE . B PREMAKHIN . C OTHER ANTI-MALARIAL _____ . . . D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS DELAGIL . . . A CHLOROQUINE . B PREMAKHIN . C OTHER ANTI-MALARIAL _____ . . . D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS DELAGIL . . . A CHLOROQUINE . B PREMAKHIN . C OTHER ANTI-MALARIAL _____ . . . D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . E NO DRUG AT HOME . Y
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A.

572A PLEASE RECORD MOTHER'S AND CHILD'S FULL NAME,CHILD'S BIRTH DATE, CHILD'S HOME ADDRESS AND NAME AND ADDRESS OF THE MEDICAL FACILITY WHERE CHILD'S IMMUNIZATION RECORDS ARE KEPT

	MOTHER'S FULL NAME	CHILD'S FULL NAME	CHILD DATE OF BIRTH	CHILD'S HOME ADDRESS	NAME AND ADDRESS OF MEDICAL FACILITY
LAST BIRTH	_____ FIRST NAME _____ LAST NAME	_____ FIRST NAME _____ LAST NAME	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	_____ _____ _____	_____ _____ _____
NEXT-TO LAST BIRTH	_____ FIRST NAME _____ LAST NAME	_____ FIRST NAME _____ LAST NAME	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	_____ _____	_____ _____
SECOND-TO LAST BIRTH	_____ FIRST NAME _____ LAST NAME	_____ FIRST NAME _____ LAST NAME	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	_____ _____	_____ _____ → 573

AFTER COMPLETING ALL INTERVIEWS IN THIS HOUSEHOLD, PLEASE GO TO A MEDICAL FACILITY AND RECORD DATES OF VACCINES IN SECTION 12.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	CHECK 214 AND 221, ALL ROWS: NUMBER OF CHILDREN BORN IN 2001 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓	NONE ☐ →	576
573B	When a child is sick, which signs of illness would tell you that he/she should be taken immediately to a health facility? CIRCLE ALL MENTIONED	VOMITING EVERYTHING . . . . . A DIARRHEA WITH BLOOD IN STOOL B UNABLE TO DRINK . . . . . C COUGH OR COLD WITH DIFFICULT/ RAPID BREATHING . . . . . D HIGH TEMPERATURE . . . . . E LOW TEMPERATURE . . . . . F POOR BREASTFEEDING OR UNABLE TO BREASTFEED G CHILD CONTINUING TO GET SICKER H CONVULSIONS . . . . . I UNCONSCIOUSNESS . . . . . J OTHER _____ X (SPECIFY)	
575	CHECK 528(a) AND 528(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID ☐ ↓ ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID ☐ →		577
576	Have you ever heard of a special product called Regidron or Regidrin or a pre-packaged ORS liquid you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	
577	CHECK 214 AND 221, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2003 OR LATER AND LIVING WITH HER ☐ ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)	DOES NOT HAVE ANY CHILDREN BORN IN 2003 OR LATER AND LIVING WITH HER ☐ →	581A
578	Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night. Did (NAME FROM 577) (drink/eat): Plain water? Commercially produced infant formula(Nan, Nestle, Malysh, including s detskoy kukhni)? Any commercially fortified baby food, cereal (kasha, ne fruktovoye pyure)? Any (other) porridge or gruel?	YES NO DK PLAIN WATER . . . . . 1 2 8 FORMULA . . . . . 1 2 8 BABY CEREAL . . . . . 1 2 8 OTHER PORRIDGE/GRUEL. . 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

579 Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.

Did (NAME FROM 577)/you drink (eat):		CHILD			MOTHER		
		YES	NO	DK	YES	NO	DK
a) Milk such as tinned, powdered, or fresh animal milk?	a	1	2	8	1	2	8
b) Tea or coffee?	b	1	2	8	1	2	8
c) Any other liquids?	c	1	2	8	1	2	8
d) Bread, rice, noodles, or other foods made from grains?	d	1	2	8	1	2	8
e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	e	1	2	8	1	2	8
f) Potatoes, beets, radishes or any other foods made from roots?	f	1	2	8	1	2	8
g) Any dark green, leafy vegetables (spinach)? (Do not include lettuce or cabbage)	g	1	2	8	1	2	8
h) Cantaloupes, dried peaches or apricots?	h	1	2	8	1	2	8
i) Any other fruits or vegetables, such as apples, pears, eggplants, tomatoes, onions or cabbage?	i	1	2	8	1	2	8
j) Liver, kidney, heart or other organ meats?	j	1	2	8	1	2	8
k) Any meat, such as beef, lamb, goat, chicken, turkey, rabbit or duck?	k	1	2	8	1	2	8
l) Eggs?	l	1	2	8	1	2	8
m) Fresh or dried fish or shellfish?	m	1	2	8	1	2	8
n) Any foods made from beans, peas, lentils, or nuts?	n	1	2	8	1	2	8
o) Cheese, yogurt, kefir, ice-cream or other milk products?	o	1	2	8	1	2	8
p) Any oil, fats, or butter, or foods made with any of these?	p	1	2	8	1	2	8
q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	q	1	2	8	1	2	8
r) Any other solid or semi-solid food?	r	1	2	8	1	2	8

580 CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579 (CATEGORIES d THROUGH r FOR CHILD):

AT LEAST ONE "YES' ☐ ↓

NOT A SINGLE "YES" ☐ → 581A

581 How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?

IF 7 OR MORE TIMES, RECORD '7'.

NUMBER OF TIMES . . . . . ☐

DON'T KNOW 8

581A May I measure your blood pressure and pulse at this time?

MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.

BLOOD PRESSURE

SYSTOLIC . . . . . 1 ☐☐☐

DIASTOLIC . . . . . 2 ☐☐☐

PULSE . . . . . 3 ☐☐☐

REFUSED 9994

BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO:

TECHNICAL PROBLEMS 9995

OTHER _____ 9996

SPECIFY

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A MAN . . . . . 2 NO, NOT IN UNION 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN . . . . . 2 NO 3	→ 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. . . . . [ ][ ]	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	
615	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE → In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 617
616	How old were you when you first started living with him?	AGE . . . . . [ ][ ]	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . [ ][ ] FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 621 → 621
619	CHECK 107: AGE 15-24 → AGE 25-49	[ ]	→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 641
621	CHECK 107: AGE 15-24 → AGE 25-49	[ ]	→ 626
622	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
623	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . . [ ][ ] DON'T KNOW 98	→ 626
624	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . . 1 YOUNGER . . . . . 2 ABOUT THE SAME AGE . . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 626
625	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
626	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ]	→ 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 628			
627	When was the last time you had sexual intercourse with this other person?		DAYS . 1 WEEKS 2 MONTHS 3	DAYS . 1 WEEKS 2 MONTHS 3
628	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 630)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 630)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 630)
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
630	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND . . . . . 1 (SKIP TO 636) LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 MALE PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY)	HUSBAND . . . . . 1 (SKIP TO 636) LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 MALE PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY)	HUSBAND . . . . . 1 (SKIP TO 636) LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 MALE PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY)
631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3
632	CHECK 107:	AGE 15-24 AGE 25-49 (SKIP TO 636)	AGE 15-24 AGE 25-49 (SKIP TO 636)	AGE 15-24 AGE 25-49 (SKIP TO 636)
633	How old is this person?	AGE OF PARTNER (SKIP TO 636) DON'T KNOW 98	AGE OF PARTNER (SKIP TO 636) DON'T KNOW 98	AGE OF PARTNER (SKIP TO 636) DON'T KNOW 98
634	Is this person older than you, younger than you, or about the same age?	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)
635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 638)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 638)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 639)
637	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 627 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 640)	YES . . . . . 1 (GO BACK TO 627 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 640)	
639	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	
641	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 701
642	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME . . . . . A GOV.POLICLINICS/WOMAN'S CONSULTATION . . . . . B FAP/DAC/PH . . . . . C GOV.FAMILY PLANNING CENTER/ CABINET . . . . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME . . . . . F PRV.CLINIC/WOMAN'S CONSULTATION . . . . . G PRIVATE DOCTOR . . . . . H PRV.FAMILY PLANNING CENTER/ CABINET . . . . . I NGO . . . . . J OTHER PRIVATE MEDICAL _____ K (SPECIFY) SHOP/MARKET . . . . . L APTEKA . . . . . M FRIEND/RELATIVE . . . . . N SAN-PROSVET RABOTNIK . . . . . O OTHER _____ X (SPECIFY)	
643	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐		→ 713
702	CHECK 226: NOT PREGNANT OR UNSURE ☐ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT ☐ Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT . . . . . 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	 → 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT OR UNSURE ☐ How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → 708 → 713 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→ 713
706	CHECK 703: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 00-23 MONTHS OR 00-01 YEAR ☐		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	CHECK 702: WANTS TO HAVE A/ANOTHER CHILD You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? WANTS NO MORE/ NONE You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . . . . A FERTILITY-RELATED REASONS NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY . D INFERTILITY . . . . . E POSTPARTUM AMENORRHEIC . . . F BREASTFEEDING . . . . . G FATALISTIC H OPPOSITION TO USE RESPONDENT OPPOSED . . . . . I HUSBAND/PARTNER OPPOSED . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N METHOD-RELATED REASONS HEALTH CONCERNS . . . . . O FEAR OF SIDE EFFECTS . . . . . P LACK OF ACCESS/TOO FAR . . . . . Q COSTS TOO MUCH . . . . . R INCONVENIENT TO USE . . . . . S INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . T OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
708	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED NO, NOT CURRENTLY USING YES, CURRENTLY USING → 713		
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 711 → 713
710	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 SPERMICIDIES/FOAM/JELLY . . . . . 08 DIAPHRAGM/CAP . . . . . 09 RING . . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS . . . . . 12 WITHDRAWAL . . . . . 13 OTHER _____ 96 (SPECIFY) UNSURE 98	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED . . . . . 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX . . . 22 MENOPAUSAL/HYSTERECTOMY 23 INFERTILITY . . . . . 24 WANTS AS MANY CHILDREN AS POSSIBLE . . . . . 26 OPPOSITION TO USE RESPONDENT OPPOSED . . . . . 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED . . . . . 33 RELIGIOUS PROHIBITION . . . . . 34 LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . 41 KNOWS NO SOURCE . . . . . 42 METHOD-RELATED REASONS HEALTH CONCERNS . . . . . 51 FEAR OF SIDE EFFECTS . . . . . 52 LACK OF ACCESS/TOO FAR . . . 53 COSTS TOO MUCH . . . . . 54 INCONVENIENT TO USE . . . . . 55 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 713
712	Would you ever use a contraceptive method if you were married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
713	CHECK 219: HAS LIVING CHILDREN ☐ → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ → If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 715 → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
715	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a brochure?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 BROCHURE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: YES, CURRENTLY MARRIED ☐ YES, LIVING WITH A MAN ☐ NO, NOT IN UNION ☐ → 801		
718	CHECK 311/311A: CODE B, G, OR M CIRCLED ☐ → 720 NO CODE CIRCLED ☐ → 722 OTHER ☐		
719	Does your husband/partner know that you are using a method of family planning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY HUSBAND/PARTNER . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 6 (SPECIFY)	
721	CHECK 311/311A: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐ → 801		
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		803 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband/partner ever attend school?	YES . . . . . 1 NO 2	 806
804	What was the highest level of school he attended: primary, basic secondary or other secondary, or PTU, Technicum, Institut or Unversitet?	PRIMARY . . . . . 1 BASIC SECONDARY . . . . . 2 COMPLETE SECONDARY . . . . . 3 PTU . . . . . 4 TECHNICUM . . . . . 5 HIGHER . . . . . 6 DON'T KNOW 8	 806
805	What was the highest (grade/form/year) he completed at that level?	GRADE . . . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	_____ ☐☐ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES . . . . . 1 NO 2	 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . . 1 NO 2	 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES . . . . . 1 NO 2	 811
810	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	 818
811	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
812	CHECK 811: WORKS IN AGRICULTURE ☐ DOES NOT WORK IN AGRICULTURE ☐		 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 1 FAMILY LAND . . . . . 2 RENTED LAND . . . . . 3 SOMEONE ELSE'S LAND 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME . . . . . 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN ☐ ↓ NOT IN UNION ☐ →		827
819	CHECK 817: CODE 1 OR 2 CIRCLED ☐ ↓ OTHER ☐ →		822
820	Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER _____ 6 (SPECIFY)	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM . . . . . 1 LESS THAN HIM . . . . . 2 ABOUT THE SAME . . . . . 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY . . . . . 4 DON'T KNOW 8	→ 823
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 OTHER _____ 6 (SPECIFY)	
823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major household purchases?	1 2 3 4 6	
825	Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
826	Who usually makes decisions about visits to your family or relatives?	1 2 3 4 6	
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . . . . . 1 2 3 HUSBAND . . . . . 1 2 3 OTHER MALES . . . . . 1 2 3 OTHER FEMALES . . . 1 2 3	
828	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES / NO / DK GOES OUT . . . . . 1 2 8 NEGL. CHILDREN . . . 1 2 8 ARGUES . . . . . 1 2 8 REFUSES SEX . . . . . 1 2 8 BURNS FOOD 1 2 8	

SECTION 9. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 942
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food and utensils with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905A	Can people get HIV/AIDS by getting injections with a needle that was already used by someone else?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	Can people get the AIDS virus because of kissing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
927	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO 2	→ 929
928	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY H . . HOME . . . . . A GOV.POLICLINICS/WOMAN'S CONSULTATION . . . . . B FAP/DAC/PH . . . . . C GOV.FAMILY PLANNING CENTER/ CABINET . . . . . D NATIONAL AIDS CENTER(NAC) . . E NAC REGIONAL LABS . . . . . F KOZHNO-VENEROLOGICHESK. DISPANSER . . . . . G OTHER PUBLIC MEDICAL _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME . . . . . I PRV.CLINIC/WOMAN'S CONSULTATION . . . . . J PRIVATE DOCTOR . . . . . K PRV.FAMILY PLANNING CENTER/ CABINET . . . . . L NGO . . . . . M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE SHOP . . . . . O APTEKA . . . . . P OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
929	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
930	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
931	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
932	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
942	CHECK 901: HEARD ABOUT AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE → HAS NOT HAD SEXUAL INTERCOURSE →		951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES → NO →		946
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
946	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
947	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') → HAS NOT HAD AN INFECTION OR DOES NOT KNOW →		951
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 951

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
950	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME . . . . . A GOV.POLICLINICS/WOMAN'S CONSULTATION . . . . . B FAP/DAC/PH C GOV.FAMILY PLANNING CENTER/ CABINET . . . . . D NATIONAL AIDS CENTER(NAC) . . E NAC REGIONAL LABS . . . . . F KOZHNO-VENEROLOGICHESK. DISPANSER . . . . . G OTHER PUBLIC MEDICAL _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME . . . . . I PRV.CLINIC/WOMAN'S CONSULTATION . . . . . J PRIVATE DOCTOR . . . . . K PRV.FAMILY PLANNING CENTER/ CABINET . . . . . L NGO . . . . . M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE SHOP . . . . . O APTEKA . . . . . P OTHER _____ X (SPECIFY)	
951	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
953	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
954	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
1003	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1004A	If a member of your family got tuberculosis and completed the hospital treatment for TB, would you be willing to take care of him or her at home during further treatment?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 1013
1006	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 1013
1007	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/MATERNITY HOME . . . . . 11 GOV.POLICLINICS/WOMAN'S CONSULTATION . . . . . 12 FAP/DAC/PH . . . . . 13 GOV.FAMILY PLANNING CENTER/ CABINET . . . . . 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME . . . . . 21 PRV.CLINIC/WOMAN'S CONSULTATION . . . . . 22 PRIVATE DOCTOR . . . . . 23 PRV.FAMILY PLANNING CENTER/ CABINET . . . . . 24 NGO . . . . . 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME . . . . . 31 APTEKA . . . . . 32 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1008	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1013	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BIG PROB-LEM / NOT A BIG PROB-LEM	
	Getting permission to go?	PERMISSION TO GO . . . 1 2	
	Getting money needed for treatment?	GETTING MONEY 1 2	
	The distance to the health facility?	DISTANCE 1 2	
	Having to take transport?	TAKING TRANSPORT . . . 1 2	
	Not wanting to go alone?	GO ALONE 1 2	
	Concern that there may not be a female health provider?	NO FEMALE PROV. . . . 1 2	
	Concern that there may not be any health provider?	NO PROVIDER . . . 1 2	
	Concern that there may be no drugs available?	NO DRUGS . . . 1 2	
1014	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ 1017
1015	What type of health insurance? RECORD ALL MENTIONED.	GOVERNMENT HEALTH INSURANCE . . . . . A HEALTH INSURANCE THROUGH EMPLOYER . . . . . B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER _____ X (SPECIFY)	
1017	These next questions are about blood pressure. Has your blood pressure ever been checked?	YES . . . . . 1 NO 2	→ 1026
1018	Who took your blood pressure?	DOCTOR . . . . . 1 FELDSHER . . . . . 2 NURSE . . . . . 3 TRADITIONAL HEALER . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
1019	When was the last time you had your blood pressure checked?	LESS THAN 6 MONTHS AGO . . . . . 1 6 - 11 MONTHS AGO . . . . . 2 1 - 5 YEARS AGO . . . . . 3 MORE THAN 5 YEARS AGO . . . . . 4 DON'T KNOW 8	
1020	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1026

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1021	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1022	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES . . . . . 1 NO 2	→ 1026
1023	Who told you this?	DOCTOR . . . . . 1 FELDSHER . . . . . 2 NURSE . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
1024	Did the doctor or the other health professional tell you to: a. take prescribed medicine? b. control your weight or lose weight? c. cut down on salt in your diet? d. exercise more? e. cut down on alcohol? f. stop smoking? g. do other things? PROBE: What other things?	YES NO TAKE MEDICINE 1 2 CONTROL WEIGHT 1 2 CUT DOWN SALT 1 2 EXERCISE 1 2 CUT DOWN ALCOHOL 1 2 STOP SMOKING 1 2 DO OTHER THINGS _____ 1 2 (SPECIFY)	
1025	To lower your hypertension or high blood pressure, are you now: a. taking prescribed medicine? b. controlling your weight or losing weight? c. cutting down on salt in your diet? d. exercising? e. cutting down on alcohol consumption? f. stopping smoking?	YES NO N/A TAKE MEDICINE 1 2 3 CONTROL WEIGHT 1 2 3 CUT DOWN SALT 1 2 3 EXERCISE 1 2 3 CUT DOWN ALCOHOL 1 2 3 STOP SMOKING 1 2 3	
1026	Have you ever heard of an illness called anemia, or "thin blood"?	YES . . . . . 1 NO 2	→ 1029
1027	Other than during pregnancy, has a doctor or other health professional ever told you that you had anemia, or "thin blood"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE 8	→ 1029
1028	Did a doctor or other health professional recommend that you take iron tablets or eat iron rich foods?	RECOMMENDED TABLETS . . . . . 1 RECOMMENDED FOODS . . . . . 2 BOTH . . . . . 3 NO RECOMMENDATION . . . . . 4 OTHER _____ 6 (SPECIFY)	
1029	Have you ever heard of an ilness called diabetes or high sugar?	YES . . . . . 1 NO 2	→ 1035
1030	Other than during pregnancy, has a doctor or other health professional ever told you that you had diabetes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1035	Have you ever heard of an ilness called goiter?	YES . . . . . 1 NO 2	→ 1037
1036	Have you ever been disagnosed by a doctor or other health professional with goiter?	YES . . . . . 1 NO 2	
1037	Check Q106 and Q107 to see if respondent was born in 1965 or earlier or 40 years old or older Yes, born in 1965 or ealier or is 40 years old or older ☐ ↓	No ☐ →	1100
1038	Have you ever been disagnosed by a doctor or other health professional with heart attack or myocardial infarction?	YES . . . . . 1 NO 2	
1039	Have you ever been disagnosed by a doctor or other health professional with a stroke?	YES . . . . . 1 NO 2	

SECTION 11: DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1100	CHECK COVER PAGE OF THE QUESTIONNAIRE: WOMAN SELECTED FOR THIS SECTION	WOMAN NOT SELECTED	GO TO 1134A
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.	PRIVACY OBTAINED . . . . . 1 PRIVACY NOT POSSIBLE 2	1134
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Azerbaijan. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
1102	CHECK 601 AND 602:	CURRENTLY MARRIED/ LIVING WITH A MAN FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE) NEVER MARRIED/ NEVER LIVED WITH A MAN	1114

1103 First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?

		YES	NO	DK
a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS	1	2	8
b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES	1	2	8
c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS	1	2	8
d) He (tries/tried) to limit your contact with your family?	NO FAMILY	1	2	8
e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE . . .	1	2	8
f) He (does/did) not trust you with any money?	MONEY	1	2	8

1104 Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.

A (Does/did) your (last) husband/partner ever:

B CHECK 604: ASK ONLY **IF RESPONDENT IS NOT A WIDOW**
How often did this happen during the last 12 months: often, only sometimes, or not at all?

	1104A	**1104B** OFTEN	SOME-TIMES	NOT AT ALL
a) say or do something to humiliate you in front of others?	YES 1 NO 2	1	2	3
b) threaten to hurt or harm you or someone close to you?	YES 1 NO 2	1	2	3
c) insult you or make you feel bad about yourself?	YES 1 NO 2	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1105	A (Does/did) your (last) husband/partner ever do any of the following things to you:	B CHECK 604: ASK ONLY **IF RESPONDENT IS NOT A WIDOW** How often did this happen during the last 12 months: often, only sometimes, or not at all?	

		1105A	1105B OFTEN	SOME-TIMES	NOT AT ALL
a)	push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3
b)	slap you?	YES 1 → NO 2 ↓	1	2	3
c)	twist your arm or pull your hair?	YES 1 → NO 2 ↓	1	2	3
d)	punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3
e)	kick you, drag you or beat you up?	YES 1 → NO 2 ↓	1	2	3
f)	try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3
g)	threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	1	2	3
h)	physically force you to have sexual intercourse with him even when you did not want to?	YES 1 → NO 2 ↓	1	2	3
i)	force you to perform any sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3

1106	CHECK 1105A (a-i): AT LEAST ONE 'YES' ↓ / NOT A SINGLE 'YES' →		1109
1107	How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS . . . . . [ ][ ] BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	
1108	Did the following ever happen as a result of what your (last) husband/partner did to you:		
	a) You had cuts, bruises or aches?	YES . . . . . 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . . 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . . 1 NO 2	
1109	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?	YES . . . . . 1 NO 2	→ 1112
1110	CHECK 603: RESPONDENT IS **NOT** A WIDOW ↓ / RESPONDENT IS A WIDOW →		1112
1111	In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1112	Does (did) your husband/partner drink alcohol?	YES . . . . . 1 NO 2	→ 1114
1113	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1114	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN: From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically? NEVER MARRIED/ NEVER LIVED WITH A MAN: From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1117
1115	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C DAUGHTER/SON . . . . . D OTHER RELATIVE . . . . . E FORMER HUSBAND/PARTNER . . F CURRENT BOYFRIEND . . . . . G FORMER BOYFRIEND . . . . . H MOTHER-IN-LAW . . . . . I FATHER-IN-LAW . . . . . J OTHER IN-LAW . . . . . K MALE TEACHER . . . . . L MALE EMPLOYER/SOMEONE . AT WORK . . . . . M MALE POLICE/SOLDII . . . . . N OTHER _____ (SPECIFY) X	
1116	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1117	CHECK 209D and 226: HAS SHE EVER BEEN PREGNANT OR IS SHE NOW PREGNANT NEVER BEEN PREGNANT		→ 1120
1118	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . . 1 NO 2	→ 1120
1119	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER . A MOTHER/STEP-MOTHER . . . . . B FATHER/STEP-FATHER . . . . . C SISTER/BROTHER . . . . . D DAUGHTER/SON . . . . . E OTHER RELATIVE . . . . . F FORMER HUSBAND/PARTNER . . G CURRENT BOYFRIEND . . . . . H FORMER BOYFRIEND . . . . . I MOTHER-IN-LAW . . . . . J FATHER-IN-LAW . . . . . K MALE OTHER IN-LAW L MALE TEACHER . . . . . M MALE EMPLOYER/SOMEONE . AT WORK . . . . . N MALE POLICE/SOLDII . . . . . O OTHER _____ (SPECIFY) X	
1120	CHECK 618: EVER HAD SEX? HAS EVER HAD SEX NEVER HAD SEX		→ 1125
1121	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO . . . . . 1 FORCED TO . . . . . 2 REFUSED TO ANSWER/ NO RESPONSE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1122	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN: In the last 12 months, has anyone other than your (current/last) husband/ partner forced you to have sexual intercourse against your will? NEVER MARRIED/ NEVER LIVED WITH A MAN: In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	
1123	CHECK 1121 AND 1122: 1121 ='1' OR '3' **AND** 1122 ='2' OR '3' ☐ OTHER ☐		1126
1124	CHECK 1105(h) and 1105(i): 1105(h) IS NOT '1' **AND** 1105(i) IS NOT '1' ☐ OTHER ☐		1125A
1125	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	1128
1125A	At any time in your life, as a child or as an adult, has anyone else (other than your current/last husband) forced you in any way to have sexual intercourse or perform any other sexual acts?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	1128
1126	Now I would like to talk to you about the first time you ever were forced to have sexual intercourse or perform other sexual acts. How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . . . ☐☐ DON'T KNOW 98	
1127	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/PARTNER . . 02 CURRENT/FORMER BOYFRIEND . 03 FATHER . . . . . 04 STEP FATHER . . . . . 05 OTHER MALE RELATIVE..... 06 MALE IN-LAW. . . . . 07 MALE OWN FRIEND/ACQUAINTAN . . 08 MALE FAMILY FRIEND. . . . . 09 MALE TEACHER. . . . . 10 MALE EMPLOYER/SOMEONE AT WORK . . . . . 11 MALE POLICE/SOLDI . . . . . 12 MALE PRIEST/RELIGIOUS LEA . . . . . 13 MALE STRANGER. . . . . 14 OTHER _____ . 96 (SPECIFY)	
1128	CHECK 1105A (a-i), 1114, 1118, 1122 AND 1125: AT LEAST ONE 'YES' ☐ NOT A SINGLE 'YES' ☐		1132
1129	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES . . . . . 1 NO 2	1131

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1130	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A HUSBAND/PARTNER'S FAMILY . . . . B CURRENT/LAST/LATE HUSBAND/PARTNER . . . . . C CURRENT/FORMER BOYFRIEND . D FRIEND . . . . . E NEIGHBOR . . . . . F RELIGIOUS LEADER . . . . . G DOCTOR/MEDICAL PERSONNEL . H POLICE . . . . . I LAWYER . . . . . J SOCIAL SERVICE ORGANIZATION . K OTHER _____ X (SPECIFY)	→ 1132
1131	Have you ever told any one else about this?	YES . . . . . 1 NO 2	
1132	As far as you know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

			YES ONCE	YES, MORE THAN ONCE	NO
1133	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	HUSBAND	1	2	3
		OTHER MALE ADULT	1	2	3
		FEMALE ADULT	1	2	3

1134 INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE

_____

_____

_____

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1134A	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC . . . . . 1 [ ][ ][ ] DIASTOLIC . . . . . 2 [ ][ ][ ] PULSE . . . . . 3 [ ][ ][ ] REFUSED 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS . . . . . 9995 OTHER _____ . . . . . 9996 SPECIFY	

1134B

AVERAGE THE SYSTOLIC AND AVERAGE THE DIASTOLIC BLOOD PRESSURE FROM MEASUREMENTS, RECORDED IN QUESTIONS 581A AND 1134A.

Q581A BLOOD PRESSURE		Q1134A BLOOD PRESSURE		AVERAGE OF TWO BLOOD PRESSURE MEASUREMENTS	
SYSTOLIC	[ ][ ][ ]	SYSTOLIC	[ ][ ][ ]	SYSTOLIC	[ ][ ][ ]
DIASTOLIC	[ ][ ][ ]	DIASTOLIC	[ ][ ][ ]	DIASTOLIC	[ ][ ][ ]

USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL.

ADULT BLOOD PRESSURE VALUE BOX:

	DIASTOLIC					
	<84	85-89	90-99	100-109	110-119	>=120
SYSTOLIC						
<129	1	1	1	1	1	1
130-139	2	2	2	2	2	2
140-159	3	3	3	3	3	3
160-179	4	4	4	4	4	4
180-209	5	5	5	5	5	5
>=210	6	6	6	6	6	6

COMPLETE THE BLOOD PRESSURE REPORTING FORM ACCORDING TO THE BLOOD PRESSURE TRAINING PROTOCOL. AND GIVE IT TO THE RESPONDENT

1135	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

SECTION 12. VISIT TO A HEALTH FACILITY TO COLLECT INFORMATION ABOUT IMMUNIZATION.

1201A	ENTER IN THE TABLE LINE NUMBER, NAME AND INFORMATION ABOUT THE SURVIVAL STATUS OF EACH CHILD, BORN IN 2001 OR LATER, EXACTLY AS IN QUES.502 AND 503. (IF 3 OR MORE BIRTHS, USE THE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
1201	CHECK 502:	LAST BIRTH PREGNANCY LINE NUMBER .	NEXT-TO-LAST-BIRTH PREGNANCY LINE NUMBER .	SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER .
1202	CHECK 503:	NAME LIVING DEAD (GO TO 1201 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1207)	NAME LIVING DEAD (GO TO 1201 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1207)	NAME LIVING DEAD (GO TO 1201 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 1207)
1203	CHECK 572A ANY INFORMATION ABOUT MEDICAL INSTITUTION KEEPING IMMUNIZATION DATA?	YES . . . . . 1 NO . . . . . 2 NEXT CHILD	YES . . . . . 1 NO . . . . . 2 NEXT CHILD	YES . . . . . 1 NO . . . . . 2 (SKIP TO 1207)
1204	WAS THE MEDICAL CENTER VISITED?	YES . . . . . 1 NO . . . . . 2 NEXT CHILD	YES . . . . . 1 NO . . . . . 2 NEXT CHILD	YES . . . . . 1 NO . . . . . 2 (SKIP TO 1207)
1205	ARE THERE IMMUNIZATION RECORDS IN THE MEDICAL CENTER (NAME)?	YES, SEEN . . . . . 1 YES, HAVEN'T SEEN . . . 2 NEXT CHILD NO RECORD 3	YES, SEEN . . . . . 1 YES, HAVEN'T SEEN . . . 2 NEXT CHILD NO RECORD 3	YES, SEEN . . . . . 1 YES, HAVEN'T SEEI . . . 2 (SKIP TO 1207) NO RECORD 3

1206 (1) COPY DATA ABOUT EACH VACCINE FROM IMMUNIZATION RECORDS

(2) ENTER '44' IN THE COLUMN 'DAY' IF THE CARD READS THAT VACCINATION TOOK PLACE BUT NO DATE IS PROVIDED

	LAST BIRTH			NEXT-TO-LAST-BIRTH			SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
BCG									
POLIO 0									
POLIO 1									
POLIO 2									
POLIO 3									
POLIO 4									
DPT 1									
DPT 2									
DPT 3									
DPT 4									
MEASLES				MEAS-LES					
MMR				MMR					
HepB 1				HepB 1					
HepB 2				HepB 2					
HepB 3				HepB 3					
VITAMIN A (MOST RECENT)				VIT.A			VIT.A		
VITAMIN A (2nd MOST RECENT)				VIT.A			VIT.A		
VITAMIN A (3rd MOST RECENT)				VIT.A			VIT.A		

NOTE: Since 2003 the MMR vaccine has been given as a combined vaccine.

1207 END

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 SPERMICIDIES/FOAM/JELLY
- J DIAPHRAGM/CAP
- K RING
- L LACTATIONAL AMENORRHEA METHOD
- M RHYTHM/CALENDAR/TEMPERATURE METHOD/ CYCLE BEADS
- N WITHDRAWAL
- X OTHER _____ (SPECIFY)

NOTE: In case of a multiple birth which ended with live and non-live birth outcomes record BIRTH to the calendar

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

				1	3	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
2	08	AUG	05			2
0	07	JUL	06			0
0	06	JUN	07			0
6	05	MAY	08			6
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
2	08	AUG	17			2
0	07	JUL	18			0
0	06	JUN	19			0
5	05	MAY	20			5
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
2	08	AUG	29			2
0	07	JUL	30			0
0	06	JUN	31			0
4	05	MAY	32			4
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
2	08	AUG	41			2
0	07	JUL	42			0
0	06	JUN	43			0
3	05	MAY	44			3
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
2	08	AUG	53			2
0	07	JUL	54			0
0	06	JUN	55			0
2	05	MAY	56			2
	04	APR	57			
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
2	08	AUG	65			2
0	07	JUL	66			0
0	06	JUN	67			0
1	05	MAY	68			1
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

AZERBAIJAN DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

STATE STATISTICAL COMMITTEE OF REPUBLIC OF AZERBAIJAN | REPUBLIC OF AZERBAIJAN

IDENTIFICATION

LOCATION NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . .

HOUSEHOLD NUMBER . . . . . .

ECONOMIC REGION . . . . . .

RAYON . . . . . .

BAKU/CITY/TOWN/RURAL . . . . . .
(BAKU=1, OTHER CITY (50,000-1 MLN)=2, TOWN (LESS THAN 50,000)=3, RURAL=4)

NAME AND LINE NUMBER OF MAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

QUESTIONNAIRE LANGUAGE: ☐ LANGUAGE OF INTERVIEW: ☐ NATIVE LANGUAGE OF RESPONDENT ☐

CODES: AZERBAIJANIAN-1; RUSSIAN-2 ; OTHER-6 (SPECIFY_____)

TRANSLATOR USED (YES = 1, NO = 2) ☐

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with The State Statistical Committee of the Republic of Azerbaijan. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate participation in this survey. This information will help the government to plan health services. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

During the interview I would like to measure your blood pressure and pulse. This will be done three times during the interview. This is a harmless procedure. The results of this blood pressure and pulse measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure and pulse numbers. Although we will give you the results, we will not be able to provide you with any further counselling, testing or treatment if you have elevated blood pressure.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
101A	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC . . . . . 1 [ ][ ][ ] DIASTOLIC . . . . . 2 [ ][ ][ ] PULSE . . . . . 3 [ ][ ][ ] REFUSED . . . . . 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO TECHNICAL PROBLEMS 9995 OTHER_____ 9996 SPECIFY	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . [ ][ ] ALWAYS . . . . . 95 VISITOR 96	→ 106
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . . 1 TOWN . . . . . 2 COUNTRYSIDE 3	
106	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Have you ever attended school?	YES . . . . . 1 NO 2	 → 115
109	What is the highest level of school you attended: primary, basic secondary or complete secondary, or PTU, Technicum, Institut or Unversitet?	PRIMARY . . . . . 1 BASIC SECONDARY . . . . . 2 COMPLETE SECONDARY . . . . . 3 PTU . . . . . 4 TECHNICUM . . . . . 5 HIGHER 6	
110	What is the highest (grade/form) you completed at that level?	GRADE/FORM/CLASS . . . . . [ ][ ]	
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . 2 LESS THAN ONCE A WEEK . . . 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
118	What is your religion?	MUSLIM . . . . . 1 CHRISTIAN . . . . . 2 NO RELIGION . . . . . 3 OTHER _____ 6 (SPECIFY)	
119	What is your ethnicity?	AZERBAIJANIAN . . . . 1 TALISH . . . . . 2 RUSSIAN . . . . . 3 LESGIN . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . . . . [ ][ ]	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN . . . . . [ ][ ]	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD [ ] ↓ HAS HAD ONLY ONE CHILD [ ] → 212 HAS NOT HAD ANY CHILDREN [ ] → 301		
210	Did all of the children you have fathered have the same biological mother?	YES . . . . . 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN . . . . . [ ][ ]	
212	How old were you when your (first) child was born?	AGE IN YEARS . . . . . [ ][ ]	
213	CHECK 203 AND 205: Just to make sure that I have this right: you have had in TOTAL _____ children during your life. Is that correct? AT LEAST ONE LIVING CHILD [ ] ↓ NO LIVING CHILDREN [ ] → 301		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	How many years old is your (youngest) child?	AGE IN YEARS . . . . . [ ][ ]	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-3 YEARS [ ] OTHER [ ]		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT . . . . . 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY . . . . . 1 OTHER 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH . . . . . 01 FACILITY CLOSED . . . . . 02 TOO FAR/NO TRANSPORTATION . 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE . . . . . 04 NO FEMALE PROVIDER . . . . . 05 NOT THE FIRST CHILD . . . . . 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY . . . . . 07 HE DID NOT THINK IT WAS NECESSARY . . . . . 08 FAMILY DID NOT THINK IT WAS NECESSARY . . . . . 09 OTHER _____ 96 (SPECIFY) DON"T KNOW 98	
221	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL . . . . . 1 ABOUT THE SAME . . . . . 2 LESS THAN USUAL . . . . . 3 NOTHING TO DRINK . . . . . 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 07, 12, AND 13, ASK 302 IF 301 HAS CODE 1 CIRCLED.		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
05	INJECTABLES Women can have an injection by a health their upper provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
06	IMPLANTS Women can have several small rods placed in arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08	SPERMICIDES/FOAM/JELLY Can be inserted into the woman's vagina immediately before sexual intercourse	YES . . . . . 1 NO 2	
09	DIAPHRAGM/CAP A rubber cap can be put in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
10	RING Is a flexible, colorless ring that can be inserted in the vagina for 3 weeks each month, when it will slowly release a low dose of hormones that are needed to prevent pregnancy.	YES . . . . . 1 NO 2	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Women can use a specially taught method of pregnancy avoidance to delay the return of the menstrual period by feeding their child nothing but breast milk for up to six months after birth.	YES . . . . . 1 NO 2	
12	RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
14	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.	YES . . . . . 1 NO 2	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) NO . . . . . 2 _____ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a brochure?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE 1 2 BROCHURE 1 2	
304	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES . . . . . 1 NO 2	
305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES . . . . . 1 NO . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	AGREE DIS-AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS . . . 1 2 8	

309	CHECK 301 (07) KNOWS MALE CONDOM YES ☐ NO ☐		→ 401
310	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 401
311	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL/ MATERNITY HOME . . . . . A GOVERNMENT POLICLINICS/ WOMAN'S CONSULTATION . . . . B FAP/DAC/PH . . . . . C GOVERNMENT FAMILY PLANNING CENTER/CABINET . . . . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME F PRIVATE CLINIC/WOMAN'S CONSULTATION . . . . . G PRIVATE DOCTOR . . . . . H PRIVATE FAMILY PLANNING CENTER/CABINET I NGO . . . . . J OTHER PRIVATE MEDICAL _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET L APTEKA . . . . . M FRIEND/RELATIVE . . . . . N PEER EDUCATOR . . . . . O OTHER _____ X (SPECIFY)	
312	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A WOMAN . . . . . 2 NO, NOT IN UNION 3	→ 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A WOMAN . . . . . 2 NO 3	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 410
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM . . . . . 1 STAYING ELSEWHERE 2	
407	Please tell me the name of your wife (the woman you are living with as if married). RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER [ ][ ]	
408	How old was (NAME) on her last birthday?	AGE IN COMPLETED YEARS [ ][ ]	
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	→ 411A
411 411A	In what month and year did you start living with your wife (partner)? Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/ partner?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issue. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . [ ][ ] FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 417 → 417
415	CHECK 107: AGE 15-24 [ ] ↓ AGE 25-59 [ ]		→ 501
416	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 501
417	CHECK 107: AGE 15-24 [ ] ↓ AGE 25-59 [ ]		→ 419
418	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
419	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ]	→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
420	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.			→ SKIP TO 422
421	When was the last time you had sexual intercourse with this other person?		DAYS . 1 WEEKS 2 MONTHS 3	DAYS . 1 WEEKS 2 MONTHS 3
422	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 424)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 424)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 424)
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
424	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02'. IF NO, CIRCLE '03'.	WIFE . . . . . 1 (SKIP TO 426) LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)	WIFE . . . . . 1 (SKIP TO 426) LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)	WIFE . . . . . 1 (SKIP TO 426) LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY)
425	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 428)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 428)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 429)
427	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 421 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 430)	YES . . . . . 1 (GO BACK TO 421 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 430)	
429	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE ☐ NO PARTNERS ARE PROSTITUTES ☐		432
431	CHECK 424 AND 422 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE ☐ OTHER ☐		434 435
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	435
433	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES . . . . . 1 NO . . . . . 2 DK 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . . ☐☐ DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED ☐ NO CONDOM USED ☐		442
437	You told me that a condom was used the last time you had sex. May I see the package of condoms you were using at that time? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN . . . . . 1 BRAND NAME _____ (SPECIFY) ☐☐ DOES NOT HAVE/NOT SEEN 2	439
438	Do you know the brand name of the condom used at that time? RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) ☐☐ DON'T KNOW 98	
439	How many condoms did you get the last time?	NUMBER OF CONDOMS . . . . . ☐☐☐ DON'T KNOW 998	
440	The last time you obtained the condoms, how much did you pay in total? Please include the cost of the condom(s), any consultation you may have had and the cost of any gifts you may given to the provider.	☐☐☐☐☐☐☐☐ ENTER TOTAL NUMERIC VALUE IN OLD MANATS FREE . . . . . 99999994 DON'T KNOW 99999998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/ MATERNITY HOME ..... 11 GOVERNMENT POLICLINICS/ WOMAN'S CONSULTATION ..... 12 FAP/DAC/PH ..... 13 GOVERNMENT FAMILY PLANNING CENTER/CABINET ..... 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME ..... 21 PRIVATE CLINIC/WOMAN'S CONSULTATION ..... 22 PRIVATE DOCTOR ..... 23 PRVIVATE FAMILY PLANNING CENTER/ CABINET ..... 24 NGO ..... 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SHOP/MARKET ..... 31 APTEKA ..... 32 FRIEND/RELATIVE ..... 33 PEER-EDUCATOR ..... 35 OTHER _____ 96 (SPECIFY)	
442	CHECK 302 (02): RESPONDENT EVER STERILIZED NO ☐ YES ☐ → 501		
443	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 501
444	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G SPERMICIDIES/FOAM/JELLY ..... H DIAPHRAGM/CAP ..... I RING ..... J LACTATIONAL AMEN. METHOD ..... K RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS ..... L WITHDRAWAL ..... M OTHER _____ X (SPECIFY)	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: HAS A WIFE/PARTNER ↓ QUESTION NOT ASKED →		508
502	CHECK 302: MAN NOT STERILIZED ↓ MAN STERILIZED →		508
503	Is your wife (partner) currently pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? WIFE/PARTNER PREGNANT ↓ Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 COUPLE INFECUND . . . . . 3 WIFE/PARTNER STERILIZED . . . . . 4 UNDECIDED/DON'T KNOW 8	508
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW ↓ How long would you like to wait from now before the birth of (a/another) child? WIFE/PARTNER PREGNANT ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 [ ][ ] YEARS . . . . . 2 [ ][ ] SOON/NOW . . . . . 993 COUPLE INFECUND . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	508
508	CHECK 203 AND 205: HAS LIVING CHILDREN ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ↓ If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . [ ][ ] OTHER _____ 96 (SPECIFY)	509A 509A
509	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER [ ][ ] [ ][ ] [ ][ ] OTHER _____ 96 (SPECIFY)	
509A	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC . . . . . 1 [ ][ ][ ] DIASTOLIC . . . . . 2 [ ][ ][ ] PULSE 3 [ ][ ][ ] REFUSED . . . . . 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS 9995 OTHER_____ 9996 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES . . . . . 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES . . . . . 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
605	CHECK 604: WORKS IN AGRICULTURE ☐ ↓ DOES NOT WORK IN AGRICULTURE ☐		→ 607
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 1 FAMILY LAND . . . . . 2 RENTED LAND . . . . . 3 SOMEONE ELSE'S LAND 4	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
610	CHECK 407: HAS A WIFE/PARTNER ☐ ↓ QUESTION NOT ASKED ☐		→ 613
611	CHECK 609: CODE 1 OR 2 CIRCLED ☐ ↓ OTHER ☐		→ 613
612	Who decides how the money you earn will be used: mainly you, mainly your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/ PARTNER JOINTLY . . . . . 3 OTHER _____ 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:	HUSBAND / WIFE / BOTH EQUALLY / DON'T KNOW/ DEPENDS	
	a) making large household purchases?	a) 1 2 3 8	
	b) making small daily household purchases?	b) 1 2 3 8	
	c) deciding when to visit the wife's family or relatives?	c) 1 2 3 8	
	d) deciding what to do with the money she earns for her work?	d) 1 2 3 8	
	e) deciding how many children to have?	e) 1 2 3 8	
614	I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.	AGREE / DISAGREE / DK	
	a) Childbearing is a woman's concern and there is no need for the father to get involved.	CHILDBEARING WOMAN'S CONCERN 1 2 8	
	b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.	DOCTOR/NURSE'S ASSISTANCE CRUCIAL 1 2 8	
615	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES / NO / DK	
	If she goes out without telling him?	GOES OUT 1 2 8	
	If she neglects the children?	NEGL. CHILDREN . . . 1 2 8	
	If she argues with him?	ARGUES 1 2 8	
	If she refuses to have sex with him?	REFUSES SEX 1 2 8	
	If she burns the food?	BURNS FOOD 1 2 8	
616	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to…	YES / NO / DON'T KNOW/ DEPENDS	
	a) Get angry and reprimand her?	a) 1 2 8	
	b) Refuse to give her money or other means of support?	b) 1 2 8	
	c) Use force and have sex with her even if she doesn't want to?	c) 1 2 8	
	d) Go ahead and have sex with another woman?	d) 1 2 8	

SECTION 7. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 733
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food and utensils with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
705A	Can people get HIV/AIDS by getting injections with a needle that was already used by someone else?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707	Can people get the AIDS virus because of kissing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
718	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO 2	→ 720
719	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/ MATERNITY HOME ..... A GOVERNMENT POLICLINICS/ WOMAN'S CONSULTATION/ARMY RECRUITMENT CENTER . . . . . B FAP/DAC/PH . . . . . C GOVERNMENT FAMILY PLANNING CENTER/CABINET ..... D NATIONAL AIDS CENTER(NAC) . . E NAC REGIONAL LABS . . . . . F KOZHNO-VENEROLOGICHESK. DISPANSER . . . . . G OTHER PUBLIC MEDICAL _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME . . . . . I PRIVATE CLINIC/WOMAN'S CONSULTATION . . . . . J PRIVATE DOCTOR . . . . . K PRIVATE FAMILY PLANNING CENTER/ CABINET . . . . . L NGO . . . . . M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE SHOP . . . . . O APTEKA . . . . . P OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
721	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
722	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
723	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
733	CHECK 701: HEARD ABOUT AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE HAS NOT HAD SEXUAL INTERCOURSE		→ 742
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES NO		→ 737
736	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
737	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
738	Sometimes men have a sore or ulcer on their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW		→ 742

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	 → 742
741	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL/ MATERNITY HOME ..... A GOVERNMENT POLICLINICS/ WOMAN'S CONSULTATION/ARMY RECRUITMENT CENTER . . . . . B FAP/DAC/PH . . . . . C GOVERNMENT FAMILY PLANNING CENTER/CABINET ..... D NATIONAL AIDS CENTER(NAC) . . E NAC REGIONAL LABS . . . . . F KOZHNO-VENEROLOGICHESK. DISPANSER . . . . . G OTHER PUBLIC MEDICAL _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME . . . . . I PRIVATECLINIC/WOMAN'S CONSULTATION . . . . . J PRIVATE DOCTOR . . . . . K PRIVATE FAMILY PLANNING CENTER/ CABINET ..... L NGO . . . . . M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE SHOP . . . . . O APTEKA . . . . . P OTHER _____ X (SPECIFY)	
742	Husband and wives do not always agree in everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
744	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
745	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 805
802	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
803	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
804A	If a member of your family got tuberculosis and completed the hospital treatment for TB, would you be willing to take care of him or her at home during further treatment?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
805	Some men are circumcised. Are you circumcised?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
806	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 810
807	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 810
808	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/MATERNITY HOME . . . . . 11 GOVERNMENT POLICLINICS/WOMAN'S CONSULTATION . . . . . 12 FAP/DAC/PH . . . . . 13 GOVERNMENT FAMILY PLANNING CENTER/CABINET ..... 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/MATERNITY HOME . . . . . 21 PRIVATE CLINIC/WOMAN'S CONSULTATION . . . . . 22 PRIVATE DOCTOR . . . . . 23 PRIVATE FAMILY PLANNING CENTER/ CABINET . . . . . 24 NGO . . . . . 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SHOP/MARKET . . . . . 31 APTEKA . . . . . 32 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
810	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ 812
811	What type of health insurance? RECORD ALL MENTIONED.	GOVERNMENT HEALTH INSURANCE . . . . . A HEALTH INSURANCE THROUGH EMPLOYER . . . . . B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. . . C OTHER _____ X (SPECIFY)	
812	Do you currently smoke cigarettes?	YES . . . . . 1 NO 2	→ 814
813	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . . [ ][ ]	
814	Do you currently smoke or use any other type of tobacco?	YES . . . . . 1 NO 2	→ 816
815	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . . A CHEWING TOBACCO . . . . . B SNUFF . . . . . C OTHER _____ X (SPECIFY)	
816	Now I have some questions to ask you about drinking alcohol. We count one drink as one can or bottle of beer, one glass of wine, or one shot of liquor, vodka or whiskey. (BOTTLE OF BEER=330-500ML, GLASS OF WINE=50-200ML, SHOT OF LIQUOR=50ML.) In the past month, on the days that you drank alcohol, how many drinks did you usually have?	NUMBER OF DRINKS . . . . . [ ][ ] NO DRINKS 0 0	→ 821
817	How often did you drink that amount? PROBE: How many times in a month?	EVERY DAY . . . . . 1 ALMOST EVERY DAY . . . . . 2 1-2 TIMES A WEEK . . . . . 3 2-3 TIMES A MONTH . . . . . 4 ONCE A MONTH 5	
818	In the past 3 months, have there been days when you had more than usual? (RELATIVE TO THE NUMBER IN 816)	YES . . . . . 1 NO 2	→ 821
819	In the past 3 months, how many drinks did you have on the days that you drank more than usual? (RELATIVE TO NUMBER IN 816)	NUMBER OF DRINKS . . . . . [ ][ ]	
820	How often did you drink that amount?	EVERY DAY . . . . . 1 ALMOST EVERY DAY . . . . . 2 1-2 TIMES A WEEK . . . . . 3 2-3 TIMES A MONTH . . . . . 4 ONCE A MONTH . . . . . 5 1-2 TIMES IN THREE MONTHS 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	These next questions are about blood pressure. Has your blood pressure ever been checked?	YES . . . . . 1 NO 2	→ 828
821A	Who took your blood pressure?	DOCTOR . . . . . 1 FELDSHER . . . . . 2 NURSE . . . . . 3 TRADITIONAL HEALER . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
821B	When was the last time you had your blood pressure checked ?	LESS THAN . . . . . 1 6 - 11 MONT . . . . . 2 1 - 5 YEARS AGO . . . . . 3 MORE THAN 5 YEARS AGO . . . . . 4 DON'T KNOW 8	
822	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 3	→ 828
823	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 3	
824	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES . . . . . 1 NO 2	→ 828
825	Who told you this?	DOCTOR . . . . . 1 FELDSHER . . . . . 2 NURSE . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
826	Did the doctor or the other health professional tell you to: a. take prescribed medicine? . . . . . . b. control your weight or lose weight? . . . . . . c. cut down on salt in your diet? . . . . . . d. exercise more? . . . . . . e. cut down on alcohol? . . . . . . f. stop smoking? . . . . . . g. do other things? . . . . . . PROBE: What other things?	YES NO TAKE MEDICINE . . . . . 1 2 CONTROL WEIGHT . . . . . 1 2 CUT DOWN SALT . . . . . 1 2 EXERCISE . . . . . 1 2 CUT DOWN ALCOHOL . . . . . 1 2 STOP SMOKING . . . . . 1 2 DO OTHER THINGS . . . . . 1 2 _____ (SPECIFY)	
827	To lower your hypertension or high blood pressure, are you now: a. taking prescribed medicine? . . . . . . b. controlling your weight or losing weight? . . . . . . c. cutting down on salt in your diet? . . . . . . d. exercising? . . . . . . e. cutting down on alcohol consumption? . . . . . . f. stopping smoking?	YES NO NA TAKE MEDICINE . . . . . 1 2 3 CONTROL WEIGHT . . . . . 1 2 3 CUT DOWN SALT . . . . . 1 2 3 EXERCISE . . . . . 1 2 3 CUT DOWN ALCOHOL 1 2 3 STOP SMOKING 1 2 3	
828	Have you ever heard of an illness called diabetes or "high sugar"?	YES . . . . . 1 NO 2	→ 834
829	Has a doctor or other health professional ever told you that you had diabetes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
834	Have you ever heard of an ilness called goiter?	YES . . . . . 1 NO 2	→ 836
835	Have you ever been disagnosed by a doctor or other health professional with goiter?	YES . . . . . 1 NO 2	
836	Check Q106 and Q107: Respondent was born in 1965 or earlier or 40 years old or older Yes, born in 1965 or ealier or is 40 years old or older ☐ ↓	No ☐ →	839
837	Have you ever been disagnosed by a doctor or other health professional with heart attack or myocardial infarction?	YES . . . . . 1 NO 2	
838	Have you ever been disagnosed by a doctor or other health professional with a stroke?	YES . . . . . 1 NO 2	
839	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC . . . . . 1 ☐☐☐ DIASTOLIC . . . . . 2 ☐☐☐ PULSE 3 ☐☐☐ REFUSED . . . . . 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS 9995 OTHER_____ 9996 (SPECIFY)	

840 AVERAGE THE DIASTOLIC AND AVERAGE THE SYSTOLIC BLOOD PRESSURE FROM MEASUREMENTS, RECORDED IN QUESTIONS 509A AND 839.

Q509A BLOOD PRESSURE		Q839 BLOOD PRESSURE		AVERAGE OF TWO BLOOD PRESSURE MEASUREMENTS	
SYSTOLIC	☐☐☐	SYSTOLIC	☐☐☐	SYSTOLIC	☐☐☐
DIASTOLIC	☐☐☐	DIASTOLIC	☐☐☐	DIASTOLIC	☐☐☐

USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL.

ADULT BLOOD PRESSURE VALUE BOX:

	DIASTOLIC					
	<84	85-89	90-99	100-109	110-119	>=120
SYSTOLIC						
<129	1	1	1	1	1	1
130-139	2	2	2	2	2	2
140-159	3	3	3	3	3	3
160-179	4	4	4	4	4	4
180-209	5	5	5	5	5	5
>=210	6	6	6	6	6	6

COMPLETE THE BLOOD PRESSURE REPORTING FORM ACCORDING TO THE BLOOD PRESSURE TRAINING PROTOCOL AND GIVE IT TO THE RESPONDENT .

841	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____