

**Azerbaijan
Demographic
and Health
Survey
2006**

**Preliminary
Report**

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 financial and technical assistance for the survey through the USAID-funded MEASURE DHS project (contract no. GPO-C-00-03-00002-00), which is designed to assist developing countries to collect data on fertility, reproductive health, and maternal and child health. Additional support for the AzDHS was received from the United Nations Children's Fund (UNICEF). The views expressed in this report are those of the authors and do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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AZERBAIJAN DEMOGRAPHIC AND HEALTH SURVEY 2006

PRELIMINARY REPORT

**State Statistical Committee
Baku, Azerbaijan**

**Ministry of Health
Baku, Azerbaijan**

**MEASURE DHS
Macro International Inc.
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CONTENTS

	Page
ACKNOWLEDGMENTS	v
I. INTRODUCTION	1
II. SURVEY IMPLEMENTATION	2
A. Sample Design and Implementation	2
B. Questionnaires	2
C. Training of Field Staff	3
D. Fieldwork and Data Processing	4
E. Coverage of the Sample	4
III. PRELIMINARY FINDINGS	5
A. Characteristics of Respondents	5
B. Reproduction	6
C. Contraception	8
D. Fertility Preferences	10
E. Maternal Care	10
F. Child Health	12
G. Child Nutrition	15
H. HIV/AIDS	18
I. Adult Health and Life Style	23
REFERENCES	32

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I. Introduction

The 2006 Azerbaijan Demographic and Health Survey (AzDHS) is a nationally representative sample survey designed to provide information on population and health issues in Azerbaijan. The AzDHS was conducted by the State Statistical Committee (SSC) of the Republic of Azerbaijan August-November 2006. Macro International Inc. provided technical support for the survey through the MEASURE DHS project. USAID Caucasus, Azerbaijan provided funding and technical support 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 also supported the survey.

The purpose of the 2006 AzDHS is to collect national- and regional-level data on fertility and contraceptive use, maternal and child health, adult health, and HIV/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.

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

This preliminary report presents initial findings on the principal topics in the survey. The figures in this report are not expected to differ markedly from the findings presented in the final report; nevertheless, the results presented here are considered provisional and are subject to modification.

II. Survey Implementation

A. 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. Many indicators can also be estimated for each of the economic regions in Azerbaijan, except for the Autonomous Republic of Nahichevan where local authorities decided not to participate in the survey.

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 in the master sample frame that was designed for the 1999 Population Census. 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.

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.

B. Questionnaires

Three questionnaires were used in the AzDHS: the Household Questionnaire, the Women's Questionnaire, and the Men's Questionnaire. The household and individual questionnaires were based on model survey instruments developed in the MEASURE DHS project. 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 the selected households as well as visitors to collect information on the socioeconomic status of the household. The first part of the Household Questionnaire collected information on age, sex, educational attainment, and the relationship of each household member or visitor to the household head. This information provided basic demographic data on Azerbaijanian households, and 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), ownership of a variety of consumer goods, and questions relating to the socioeconomic status of the household. In addition, the Household Questionnaire was used to obtain information on child's discipline, education and development, and to record height and weight measurements of women, men, and children under age five; and 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 TB
- Hypertension and other adult health issues
- Domestic violence

The Men's Questionnaire, administered to men age 15-59, focused on 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 TB
- Hypertension and other adult health issues
- Smoking and alcohol consumption

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

C. Training of Field Staff

The main survey training, which was conducted by the State Statistical Committee during a three-week period in late June-July 2006, was attended by all supervisors, field editors, interviewers, and quality control personnel. The training included lectures, demonstrations, practice interviewing in small groups, examinations and practicing blood pressure measurement. Fourteen health technicians, people with medical background 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.

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 all eligible respondents 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. A drop of blood was collected in a HemoCue microcuvette, which also serves as a measuring device, and placed in a HemoCue photometer where the results are displayed. An informative brochure was given to each household explaining what anemia is, the symptoms, and measures people can take 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.

D. 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 because the survey technical staff was able to advise field teams of problems detected during the data entry. Tables generated to check various data quality parameters were used for this purpose. As a result, specific feedback was given to the teams to improve performance. The data entry and editing phase of the survey was completed in late January 2007.

E. Coverage of the Sample

Table 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 residents were 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 these women. Of the 2,717 eligible men identified, 94 percent were successfully interviewed.

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	97.2	98.6	97.8
Individual interviews: women			
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	97.9	97.3	97.6
Individual interviews: men			
Number of eligible men	1,430	1,287	2,717
Number of eligible men interviewed	1,357	1,201	2,558
Eligible men response rate	94.9	93.3	94.1

III. Preliminary Findings from the 2006 AzDHS

A. Characteristics of Respondents

Table 2 shows the distribution of women age 15-49 and men age 15-59 who were interviewed in the 2006 AzDHS by selected background characteristics. For the most part, the male and female populations represented in the sample are fairly evenly distributed by age, however, there are somewhat greater proportions of women and men in their teens and early twenties, than in older age groups.

Background characteristic	Women			Men		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age						
15-19	18.1	1,531	1,509	14.9	382	388
20-24	15.9	1,344	1,329	13.9	356	363
25-29	13.0	1,100	1,108	11.4	293	296
30-34	11.9	1,008	1,003	10.9	279	272
35-39	13.7	1,160	1,168	12.1	309	308
40-44	15.6	1,319	1,309	12.2	312	317
45-49	11.6	982	1,018	12.3	315	309
50-54	na	0	na	8.2	210	203
55-59	na	0	na	4.0	103	102
Marital status						
Never married	30.9	2,608	2,645	33.3	853	855
Married/living together	62.4	5,269	5,260	65.5	1,676	1,673
Divorced/separated/widowed	6.7	567	539	1.1	29	30
Residence						
Urban	56.5	4,772	4,478	57.5	1,470	1,357
Rural	43.5	3,672	3,966	42.5	1,088	1,201
Region						
Baku	30.3	2,560	1,312	31.4	803	422
Absheron	6.9	582	875	7.4	189	283
Ganja/Gazakh	13.6	1,148	831	12.6	323	238
Shaki/Zaqatala	7.0	589	828	6.7	171	244
Lankaran	8.4	706	989	8.3	211	287
Guba/Khachmaz	4.5	380	735	5.2	133	249
Aran	23.9	2,019	1,332	22.8	583	391
Yulhari/Karabakh	2.4	204	701	2.5	64	208
Dakhlik/Shirvan	3.0	255	841	3.2	81	236
Education						
Basic secondary or less	21.5	1,815	1,933	14.5	371	439
Complete secondary	51.9	4,382	4,412	54.6	1,398	1,411
Tekhnicum	13.5	1,138	1,141	10.4	266	262
Higher	13.1	1,110	958	20.5	524	446
Religion						
Muslim	99.2	8,379	8,381	99.2	2,537	2,543
Christians/no religion/others	0.7	61	59	0.8	20	14
Missing	0.0	3	4	0.0	1	1
Ethnic group						
Azerbaijani	94.0	7,939	7,761	95.5	2,443	2,402
Talish/Lesgin/Russian/other	5.9	501	678	4.5	114	155
Total	100.0	8,444	8,444	100.0	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 include Basic secondary (5-9) and Primary (1-4) or less. Complete secondary level include Complete secondary (10-11) and PTU (1-3).
na = Not applicable

A majority of both women and men are married or living together, with a slightly lower proportion of married women (62 percent) versus married men (66 percent). This can be explained in part by the larger cohorts of the youngest women (age 15-19 and 20-24). Four percent of women are divorced or separated and 3 percent are widowed compared with less than 1 percent of men in the combined categories. Thirty-one percent of women and 33 percent of men have never been married.

Slightly more than half of the population lives in urban areas, the majority in Baku. There is considerable variation by region.

Over 70 percent of respondents have at least some basic secondary education,¹ while only 2 percent have primary or less education (data not shown). Fourteen percent of women have attended a tekhnicum,² as have 10 percent of men. However, more men (21 percent) than women (13 percent) have higher education.

At least 94 percent of respondents are Azerbaijani. About 6 percent of the population are Russians, Talish, Lesgins and other minorities. Almost all Azerbaijanis (99 percent) report Islam as their religion.

B. Reproduction

All women who were interviewed in the 2006 AZDHS were asked to give a complete reproductive history. In collecting these histories, each woman first was asked about the total numbers of pregnancies that had ended in live births, stillbirths, miscarriages and induced abortions.³ After obtaining these aggregate data, an event-by-event pregnancy history was collected. For each pregnancy, the duration, the month and year the pregnancy ended, and the outcome 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 living children) or age at death (for dead children).

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. The TFR is interpreted as the number of children the average 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 (i.e., approximately from August-November 2003 to August-November 2006).

¹ Education categories refer to the highest level of education attended, whether or not that level was completed. "Basic secondary or less" level include Basic secondary (5-9 grades) and Primary (1-4 grades) or less; "Complete secondary" level include Complete Secondary (10-11grades) and PTU (1-3 grades). PTU or Professional Technical Uchilishe is a vocational school accepting students who have completed grades 8 or 9 of basic secondary school and combines secondary education with additional training on manual or basic skill occupations, such as metal worker, locksmith, plumber, cobbler, hairdresser, cook, etc.

² "Tekhnicum" or "secondary special" education is specialized technical training in a specific field such as nursing, agriculture, construction, etc.

³ A detailed abortion history was recorded for all pregnancies terminated in the past 5 years (since 2002).

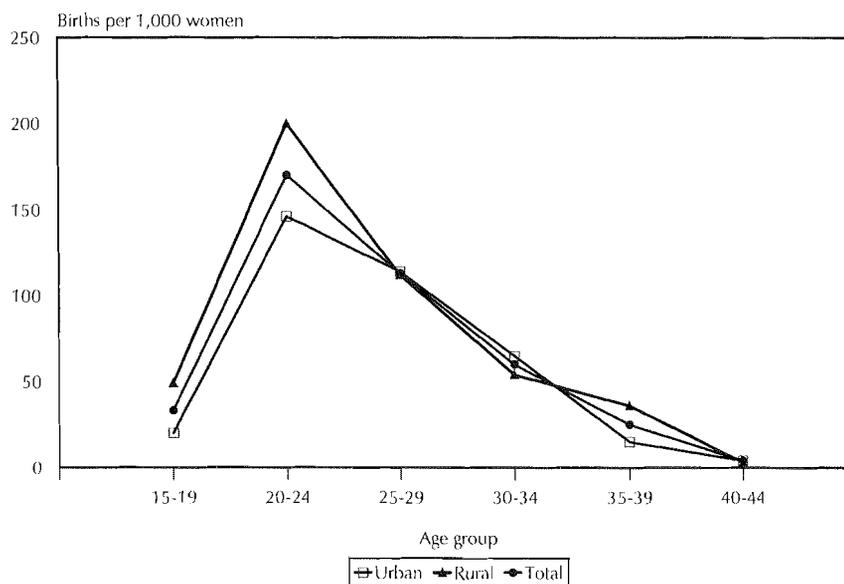
According to the results of the 2006 AzDHS, the TFR is 2 children per woman (Table 3). This means that, on average, a woman in Azerbaijan who is at the beginning of her childbearing years will give birth to 2 children by the end of her reproductive period if fertility levels remain constant at the level observed in the three-year period. This is below replacement level fertility (which is slightly more than 2.0). The survey results indicate that the crude birth rate is 17.2 births per 1,000 women, which is the same as the rate reported by the SSC (17.2 per thousand) for the year 2005 (<http://www.azstat.org/statinfo/demographic/en/019.shtml>).

The TFR for rural areas (2.3 births per woman) is higher than that for urban areas (1.8 births). Figure 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.

Compared with recent fertility estimates from Reproductive Health Surveys and Demographic and Health Surveys conducted in other countries, fertility in Azerbaijan in 2006 is higher than in Moldova (1.7 births per woman in 2005) and Armenia (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; NSS, MoH [Armenia], and ORC Macro, 2006; HUIOPS, 2004).

Age group	Residence		Total
	Urban	Rural	
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	1.8	2.3	2.0
CFR	59	75	66
CBR	15.6	19.3	17.2

Figure 1 Age-Specific Fertility Rates by Urban-Rural Residence



AzDHS 2006

Rates of Induced Abortion

Table 4 shows age-specific abortion rates and total abortion rates (TAR) from the 2006 AzDHS. These rates are calculated in a manner analogous to the calculation of fertility rates. The reported rates refer to the three-year period prior to the survey (i.e., approximately August-November 2003 to August-November 2006). 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.

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 age-specific rates of induced abortion peak at age 25-29 and decline in the older ages.

C. Contraception

The 2006 AzDHS collected information on knowledge and use of contraception. To obtain these data, respondents were first asked to name all of the methods that they had heard about. For methods not mentioned spontaneously, a description of the method was read and the respondents were asked if they had heard of the method. For each method named or recognized, respondents were asked if they had ever used the method. Finally, women were asked if they (or their partner) were currently using a method. For analytical purposes, contraceptive methods are grouped into two types in the table: modern and traditional. Modern methods include female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, female condom, foam/jelly, and lactational amenorrhea method (LAM). Traditional methods include periodic abstinence, withdrawal, and folk methods.

Table 5 shows the level and key differentials in the current use of contraception by method among currently married women age 15-49. The 2006 AzDHS found that over half (51 percent) of currently married women are using some method of contraception. The majority of contraceptive users rely on a traditional method (37 percent). The most commonly used method is withdrawal (33 percent), followed by the IUD (9 percent), periodic abstinence (4 percent), and male condom (2 percent).

Contraceptive use levels rise rapidly with age, peaking at 68 percent among women in the 30-34 age group and then falling to 28 percent among women age 45-49. In general, women do not begin to use contraception until they have had at least one child.

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 in Lankaran and Yukhari-Karabakh were the least likely to use a modern method of contraception (10 percent and 7 percent, respectively) and were among the most likely to rely on withdrawal. Guba Kachmaz, Baku, and Absheron had the highest rates of use of modern methods (19 percent, 19 percent and 18 percent, respectively).

Table 4. Current abortion rates

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

Age group	Residence		Total
	Urban	Rural	
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
TAR	2.3	2.3	2.3
GAR	71.0	70.0	71.0

Note: Rates for age group 45-49 may be slightly biased due to truncation.

TAR: Total abortion rate for ages 15-49, expressed per woman

GAR: General abortion rate (abortions divided by the number of women age 15-44), expressed per 1,000 women

Table 5. Current use of contraception

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

Background characteristic	Modern method									Traditional method				Not currently using	Total	Number of women
	Any method	Any modern method	Female sterilization	Pill	IUD	Injectables	Male condom	Spermicides/foam/jelly	LAM	Any traditional method	Periodic abstinence	Withdrawal	Folk method			
Age																
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
Number of living children																
0	0.8	0.6	0.0	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	0.0	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	0.0	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	0.7	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	0.0	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	0.0	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	0.0	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	0.0	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	0.0	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	0.0	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	0.2	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	0.0	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	0.0	0.9	0.6	0.8	38.0	1.4	36.1	0.5	51.0	100.0	1,288
Yukhari Karabakh	52.3	7.0	0.0	1.2	4.0	0.0	1.5	0.0	0.3	45.3	3.1	42.1	0.2	47.7	100.0	129
Dakhlik Shirvan	47.6	12.5	0.1	1.3	8.4	0.0	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	0.1	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	0.0	1.4	0.2	0.8	40.5	3.8	36.3	0.3	47.0	100.0	2,873
Tekhnicum	48.7	14.3	0.7	1.2	9.1	0.0	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	0.0	7.5	0.3	1.0	32.5	9.2	23.1	0.2	42.9	100.0	646
Total 15-44	55.0	15.6	0.3	1.3	9.9	0.0	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	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.

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).

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. However, compared with the RHSA findings, the AzDHS results indicate a decrease in the use of traditional methods (44 percent in 2001 compared with 40 percent in 2006), particularly for withdrawal (41 percent in 2001 and 35 percent in 2006). On the other hand, the proportion of married women who use modern contraceptive methods increased from 12 percent in 2001 to 16 percent in 2006. In particular, the percentage of IUD users increased from 6 percent in 2001 to 10 percent in 2006 (CDC, 2003).

D. Fertility Preferences

Insight into the childbearing intentions of Azerbaijani women was obtained by asking respondents whether they wanted to have another child and if so, how soon. Table 6 shows that the majority of married Azerbaijani women express a desire to control their future fertility. Seven in ten respondents (72 percent) do not want to have any more children or are sterilized. The desire to limit fertility increases significantly by number of living children. For example, 67 percent of married women with no children want to have a child and almost all say that they want to have a child within two years. On the other hand, almost eight in ten women with two children say they want no more, as do nine in ten women with three or more children.

Desire for children	Number of living children ¹						Total
	0	1	2	3	4	5+	
Have another soon ²	63.9	25.6	3.6	0.7	0.3	0.0	10.1
Have another later ³	1.1	29.5	3.2	0.5	0.0	0.0	6.3
Have another, undecided when	2.2	8.3	1.5	0.7	0.0	0.0	2.3
Undecided	2.0	5.8	3.1	1.9	1.5	0.8	2.9
Want no more	2.9	21.9	83.5	92.0	92.6	94.3	71.3
Sterilized ⁴	0.0	0.0	0.5	0.5	0.3	2.7	0.4
Declare infecund	27.5	7.6	3.5	3.7	4.1	2.1	5.8
Missing	0.4	1.3	1.0	0.1	1.2	0.0	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	349	861	2,139	1,402	370	147	5,269

¹ Includes current pregnancy. For pregnant women the desire for children refers to a subsequent child, not the child currently being expected

² Wants next birth within 2 years

³ Wants to delay next birth for 2 or more years

⁴ Includes both male and female sterilization

E. Maternal Care

Proper care during pregnancy and childbirth is important for the health of both the mother and her child. The 2006 AzDHS included questions on maternal health care for births that occurred during the five years preceding the survey.

Antenatal Care

Antenatal care from a trained provider is important to monitor the pregnancy and to reduce risks for the mother and infant during pregnancy and at delivery. Table 7 shows that 77 percent of mothers reported seeing a health professional for antenatal care at least once for the most recent birth in the five-year period before the survey. There are significant variations by level of education and residence. Coverage is markedly higher among mothers living in urban areas, mothers from Baku and Absheron regions, and mothers with more than completed secondary school than among mothers in other groups. The least educated mothers, as well as mothers in Dakhlik-Shirvan, Aran, and Guba-Khachmaz are much less likely to receive professional antenatal care than other women.

Overall, the antenatal care coverage in 2006 is higher than that in the 2001 ARHS (70 percent) and the 2000 MICS (69 percent).

Compared with estimates from recent Demographic and Health Surveys conducted in other countries, coverage of antenatal care by a trained provider in Azerbaijan is low. Coverage was 98 percent in Moldova in 2005, 93 percent in Armenia in 2005, and 81 percent in Turkey in 2003 (NCPM [Moldova] and ORC Macro, 2006; NSS, MOH [Armenia], and ORC Macro, 2006; HUIOPS, 2004).

Table 7. Maternal care indicators					
Percentage of women who had a live birth in the five years preceding the survey who received antenatal care from a health professional for the last live birth and among all live births in the five years before the survey, percentage delivered by a health professional and percentage delivered in a health facility, by background characteristics, Azerbaijan 2006					
Background characteristic	Percentage with antenatal care from a health professional ¹	Number of women	Percentage delivered by a health professional ²	Percentage delivered in a health facility	Number of births
Age at birth					
<20	69.1	126	86.8	70.6	263
20-34	78.2	1,426	88.9	78.7	1,881
35+	69.3	133	87.9	76.8	144
Residence					
Urban	89.7	866	96.6	91.2	1,139
Rural	63.3	819	80.7	64.2	1,149
Region					
Baku	95.6	416	98.3	93.5	530
Absheron	91.3	120	95.0	91.8	159
Ganja Gazakh	78.1	257	90.8	77.5	370
Shaki Zaqatala	75.4	117	93.4	90.5	143
Lankaran	66.6	152	78.3	57.5	216
Guba Khachmaz	64.3	69	95.8	92.7	95
Aran	63.2	452	80.4	63.9	637
Yukhari Karabakh	75.5	45	89.9	73.8	65
Dakhlik Shirvan	58.5	57	76.0	71.4	74
Education					
Basic secondary or less	63.8	420	80.5	67.8	625
Complete secondary	75.7	831	88.6	75.1	1,109
Tekhnicum	89.5	205	95.6	90.9	263
Higher	93.5	230	99.6	96.5	292
Total	76.9	1,686	88.6	77.7	2,289

¹ Doctor, nurse, midwife, or feldsher (a feldsher is a health professional trained in nursing and midwifery with extended training in diagnosis and pharmacology. They are authorized to provide basic treatment and to prescribe a restricted number of drugs in feldsher-accoucher post (FAP) with no assigned doctor).

Delivery Care

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 7 shows that the majority of births (89 percent) in Azerbaijan are delivered by a health professional and 78 percent of deliveries take place in a health facility.

There are significant variations by residence. Women living in urban areas are more likely to deliver in a health facility and with the help of a health professional 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. Health professionals attended the delivery of 97 percent of urban births compared with 81 percent of rural births. More than nine in ten births in Baku, Guba Kachmaz, 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 proportion of births delivered with the assistance of a health professional ranges from 76 percent in Dakhlik Shirvan to 98 percent in Baku.

Mother's level of education is directly related to the likelihood that a birth is delivered with the assistance of a health professional and that the delivery takes place in a health facility. Eight in ten births to women with a basic education or less are delivered by a health professional compared with almost all births to women with higher education. Around two-thirds of births to mothers with a basic education or less take place in a health facility compared with 97 percent of births to women with higher education.

Overall, there has been a slight increase in facility deliveries from 74 percent in the 2001 ARHS to 78 percent in the 2006 AzDHS.

Estimates from recent Demographic and Health Surveys conducted in Moldova and Armenia show that coverage of delivery care by a health professional and delivery in a health facility is higher in the two countries than in Azerbaijan. The proportion of women who were assisted by a health professional at delivery in Azerbaijan (89 percent) and the proportion who gave birth in a health facility (78 percent) are similar to those found in 2003 in Turkey (83 percent and 78 percent, respectively). (NCPM [Moldova] and ORC Macro, 2006; NSS, MOH [Armenia] and ORC Macro, 2006; HUIOPS, 2004).

F. Child Health

Vaccinations

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 is given at 12 months of age in the form of an MMR vaccination to protect against measles, mumps, and rubella. In addition, since 2003 the Ministry of Health has recommended that children receive three doses of hepatitis B vaccine.

The information on vaccination coverage was obtained for all children under five years. In Azerbaijan, although some parents may have a vaccination record for their young child, child health records are routinely maintained in the local health facilities. In the 2006 AzDHS, women with children under five years 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 into 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. Information was also collected on the health facility where the child's vaccination record was kept. After completing the interview in the household and collecting information about the address of the local health facility where the child's immunization record is kept, supervisors visited the health facilities that the mothers identified to obtain the child's immunization information from that source.

Vaccination cards were seen in the home for 1 percent of children (data not shown) and at the health facility for 68 percent of children. In total, vaccination cards were seen by the AzDHS interviewers for 68 percent of children. In some cases, both sources of information were seen for a child.

Table 8 shows rates of vaccination coverage for children 12-23 months of age (i.e., the age by which children should be fully vaccinated). The results are based on a combination of sources: the vaccination card at home, the child's record at the health facility, and information recalled by the mother.

Table 8. Vaccinations by background characteristics

Percentage of children age 12-23 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 seen, by background characteristics, Azerbaijan 2006

Background characteristic	BCG	DPT			Polio ¹			Measles	MMR	All basic ²	No vaccinations	Hepatitis B			All ² plus Hep. B	Percentage with vaccination card seen	Number of children	
		1	2	3	0 ¹	1	2					3	1	2				3
Sex																		
Male	79.9	83.4	79.0	67.1	74.1	82.6	77.0	67.2	57.6	62.3	50.3	9.8	77.3	65.9	46.0	33.5	72.1	259
Female	80.4	76.3	70.2	63.6	71.3	77.8	69.9	61.0	54.0	57.7	47.8	13.9	65.9	59.3	45.6	37.4	63.6	204
Residence																		
Urban	88.0	85.7	80.6	68.6	83.9	85.6	76.8	65.0	57.0	65.5	50.8	7.5	81.5	71.6	58.1	40.5	69.3	239
Rural	71.7	74.5	69.2	62.2	61.1	75.0	70.8	63.9	54.9	54.7	47.4	15.9	62.5	53.7	32.8	29.6	67.3	224
Region																		
Baku	96.0	91.2	85.7	76.3	94.6	93.8	89.0	76.3	69.6	80.4	61.3	3.1	89.2	86.6	80.1	59.1	77.9	121
Other regions	74.5	76.4	71.3	61.7	65.2	75.7	68.5	60.3	51.2	53.1	44.9	14.6	66.3	54.6	33.7	26.7	65.0	342
Education																		
Basic secondary or less	69.8	81.9	77.5	64.4	61.6	78.8	75.2	65.3	51.5	58.2	44.6	10.0	65.0	55.9	40.4	33.9	66.6	129
Complete secondary	79.9	76.5	74.1	71.0	71.6	79.6	73.1	67.7	55.1	60.1	54.8	15.3	70.2	64.5	46.0	35.4	69.0	228
Tekhnicum	92.3	84.2	73.4	52.6	81.8	84.4	68.6	54.8	53.2	50.1	40.8	7.7	81.5	66.0	49.0	33.7	58.0	49
Higher	(93.9)	(88.5)	(75.0)	(57.3)	(96.3)	(84.3)	(78.7)	(57.8)	(72.6)	(74.5)	(44.4)	(3.7)	(89.6)	(70.5)	(55.0)	(38.8)	(78.6)	57
Total 12-23	80.1	80.3	75.1	65.5	72.9	80.5	73.9	64.5	56.0	60.3	49.2	11.6	72.3	63.0	45.9	35.2	68.4	463

Note: 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)

The majority of children (about 80 percent) have 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 proportion who received the first doses of these vaccines. For example, 80 percent of children received the first dose of DPT compared with 66 percent who received the third dose. The dropout rate⁴ between the first and third doses of DPT and polio is 14 percent and 16 percent, respectively. The proportion of children who received MMR and measles vaccines is 56 percent and 60 percent, respectively. The drop out rate for hepatitis B vaccination is higher than that for DPT and polio (35 percent).

Overall, the data show that just 49 percent⁵ of children age 12-23 months have received all the basic WHO-recommended vaccinations by the date of the interview. The proportion of children who received the entire course of MOH-recommended vaccinations, which includes hepatitis B, was 35 percent. Boys are only slightly more likely than girls to have received all basic vaccines (50 percent and

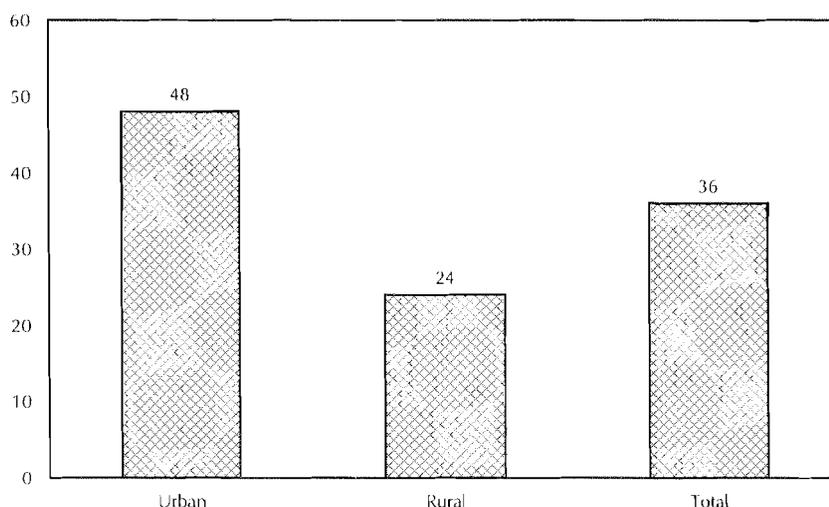
⁴ Dropout rate = (Dose 1 – Dose 3) * 100 / Dose 1

⁵From the card 46.3 percent and 2.9 percent from maternal recall.

48 percent, respectively). Urban children are slightly more likely than rural children to have received all basic vaccinations (51 and 47 percent, respectively). As expected, children living in Baku are more likely than children in other regions to be fully immunized (61 percent and 45 percent, respectively). Children born to mothers with complete secondary education are more likely to be fully immunized (55 percent) than children of mothers with other levels of education (44-45 percent).

Thirty-six percent of children age 12-23 months received vitamin A at some time before the survey, according to vaccination records or mothers' reports (Figure 2).

Figure 2 Percentage of Children Age 12-23 Months Who Received Vitamin A at Any Time Before the Survey



AzDHS 2006

Treatment of Childhood Diseases

Acute respiratory illness, fever, and dehydration from severe diarrhea are major causes of childhood morbidity and mortality. Prompt treatment for children experiencing the symptoms of these illnesses is, therefore, crucial in improving child well-being and reducing child deaths. To obtain information on how childhood illnesses are treated, mothers were asked (for each child under five years) whether in the two weeks before the survey the child had experienced cough with short, rapid breathing (symptoms of an acute respiratory infection), fever, or diarrhea.

Among children under five years, 10 percent were reported to have fever, 3 percent had a cough with short, rapid breathing, and 11 percent had diarrhea in the two-week period preceding the survey (data not shown). Table 9 shows treatment sought for children with diarrhea.

Thirty-four percent of children with diarrhea were taken to a health facility and 21 percent were given a solution prepared from oral rehydration salts (ORS). Similarly, about a third of children with diarrhea (31 percent) were treated with some form of oral rehydration therapy (ORT): a solution prepared from ORS packets, a home-prepared solution, or simply extra fluids. There is some variation in diarrhea treatment by residence; urban children are more likely than rural children to be given ORS or any ORT, but slightly less likely to be taken to a health facility for treatment. Boys are significantly more likely to receive ORT than girls.

Table 9 Treatment for diarrhea

Among children under five years who were sick with diarrhea during the two weeks preceding the survey, percentage for whom treatment was sought from a health facility or provider, percentage given a solution made from oral rehydration salt (ORS) packets or given prepackaged ORS liquids, and percentage given any oral rehydration therapy (ORT), by background characteristics, Azerbaijan 2006

Background characteristic	Children with diarrhea			
	Percentage for whom treatment was sought from a health facility/provider ¹	Percentage given solution from ORS packet ²	Percentage given any ORT ³	Number with diarrhea
Sex				
Male	36.6	26.9	38.2	135
Female	29.3	13.0	21.8	96
Residence				
Urban	31.8	26.9	37.1	110
Rural	35.2	15.8	26.1	121
Education				
Basic secondary or less	21.1	21.5	28.9	70
Complete secondary	41.4	18.1	27.8	102
Tekhnicum	(28.8)	(26.2)	(43.3)	29
Higher	*	*	*	31
Total	33.6	21.1	31.3	231

Note: 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.

¹ Excludes pharmacy, shop, and traditional practitioner

² Includes ORS from packets and prepackaged ORS liquids

³ Includes ORS from packets, prepackaged ORS liquids, and recommended home fluid

G. Child Nutrition

Infant Feeding Practices

Breastfeeding enhances the early bonding and socialization experience of an infant. Breast milk is uncontaminated and contains all the nutrients needed by children in the first six months of life. Exclusive breastfeeding is recommended during the first six months of a child's life because it limits exposure to disease agents as well as providing all of the nutrients that are required for a baby. Children who are exclusively breastfed receive only breast milk. As an infant grows, breast milk alone no longer provides sufficient nourishment and other liquids and foods need to be added to the child's diet.

Table 10 describes the infant feeding practices of Azerbaijani mothers of children under three years of age. Eighty-two percent of children under six months in Azerbaijan are breastfed. The duration of breastfeeding however is not long; at age 12-15 months, two-thirds of children (67 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 other (non-breast) milk, 17 percent are given water or other liquids, and 21 percent are given complementary food in the form of solid or mushy food. By age 6-9 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 the youngest infants (0 to 1 month) are fed with a bottle with a nipple. This proportion increases to 81 percent for children age 4 to 5 months before beginning to decline.

Table 10. Breastfeeding status by age

Among youngest children under three years living with their mother, percent distribution by breastfeeding status and the percentage currently breastfeeding; and among all children under three years, percentage using a bottle with a nipple, according to age in months, Azerbaijan 2006

Age in months	Percent distribution of youngest children under three living with their mother by breastfeeding status							Percentage currently breastfeeding	Number of youngest children under three years	Percentage using a bottle with a nipple ¹	Number of all children under three years
	Not breast-feeding	Exclusively breastfed	Breastfeeding and consuming:				Total				
			Plain water only	Non-milk liquids/juice	Other milk	Complementary food					
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
0-3	12.6	16.0	21.9	18.4	14.5	16.5	100.0	87.4	166	63.2	166
0-5	17.5	11.8	18.3	17.0	14.5	20.9	100.0	82.5	241	68.6	241
6-9	44.6	2.2	2.5	5.1	1.5	44.1	100.0	55.4	157	76.1	158
12-15	66.8	0.0	0.0	0.0	1.0	32.1	100.0	33.2	153	59.8	164
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. Any children who get complementary food are classified in that category as long as they are breastfeeding as well. A breastfeeding child who receives other milk but not complementary foods is classified in the Other Milk category. Children who receive breast milk and non-milk liquids and who do not receive other milk and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water.

¹Based on all children under three years

Nutritional Status of Children

Anthropometry provides one of the most important indicators of children's nutritional status. Height and weight measurements were obtained for children under five in the household.⁶ The data on height and weight are used to compute three summary indices of nutritional status: height-for-age, weight-for-height, and weight-for-age. These three indices indicate children's susceptibility to diseases and their chances of survival.

The nutritional indices are expressed as percentages that fall between standard deviation units from the median for the international reference population adopted by WHO in April 2006.⁷ Children who fall more than two standard deviations below the reference median are regarded as undernourished, while those who fall more than three standard deviations below the reference median are considered severely undernourished.

In the survey, all children under five years (i.e., age 0-59 months at the time of the survey) are eligible for height and weight measurements. Of the 2,240 children eligible for measurement, 96 percent were measured and almost all of these children had valid measurements recorded (i.e., not implausibly high or low). Table 11 shows nutritional status for all children with valid measurements by selected demographic and background characteristics.

Children whose height-for-age is below minus two standard deviations from the median of the reference population are considered stunted or short for their age. Stunting is the outcome of failure to receive adequate nutrition over an extended period and is also affected by recurrent or chronic illness. Overall, 25 percent of children under age five are stunted and 12 percent are severely stunted. There is significant regional variation in the prevalence of stunted children, ranging from 15 percent in Baku to 54 percent in Guba Khachmaz.

Children whose weight-for-height is below minus two standard deviations from the median of the reference population are considered wasted (or thin). 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 a rapid deterioration in food supplies. In Azerbaijan, 7 percent of children are wasted and 1 percent are severely wasted. Although the overall prevalence is low, there is considerable variation by background characteristics. Prevalence of wasting ranges from 2 percent in Absheron to 12 percent in Aran.

Children whose weight-for-age is below minus two standard deviations from the median of the reference population are considered underweight. This measure reflects the effects of both acute and chronic undernutrition. Overall, 8 percent of children are underweight and 2 percent are severely underweight. The proportion of underweight children ranges from 2 percent in Baku, Absheron, and Shaki Zaqatala to 15 percent in Guba Khachmaz.

⁶ 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.

⁷ The new WHO Child Growth Standards replace the NCHS/CDC/WHO international reference population.

Table 11. 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

Background characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	
Age in months							
<6	7.3	15.5	5.1	17.8	2.4	7.6	219
6-8	6.9	17.2	3.1	9.3	2.4	11.3	121
9-11	4.3	8.2	2.5	22.7	2.3	11.3	87
12-17	6.9	15.3	1.1	4.1	0.4	3.3	217
18-23	6.6	17.5	3.6	7.2	1.7	6.9	191
24-35	14.3	31.6	1.0	4.0	1.4	7.1	408
36-47	18.6	37.3	1.2	3.7	1.7	8.4	394
48-59	12.8	27.3	2.0	3.3	2.5	8.7	344
Sex							
Male	12.7	26.7	3.1	7.7	1.8	8.1	1,051
Female	10.6	23.4	1.0	5.8	1.7	7.2	929
Residence							
Urban	7.1	20.3	1.2	5.8	0.5	3.7	966
Rural	16.0	29.8	3.0	7.7	3.0	11.5	1,013
Region							
Baku	1.5	15.0	0.8	4.3	0.0	2.2	487
Absheron	10.7	24.2	0.0	1.5	0.0	2.3	92
Ganja Gazakh	7.1	19.6	1.2	7.9	2.2	6.6	304
Shaki Zaqatala	3.6	21.3	1.3	5.1	0.8	2.4	140
Lankaran	8.4	22.0	1.1	4.3	1.1	11.0	202
Guba Khachmaz	31.5	54.1	1.2	4.4	3.5	14.7	90
Aran	22.3	33.0	5.0	11.8	3.2	13.1	544
Yukhari Karabakh	23.4	42.0	0.1	3.5	0.7	4.1	58
Dakhlik Shirvan	11.1	25.6	3.0	4.3	6.3	11.3	62
Total ² (based on the previous NCHS/CDC/WHO standards)	9.0	21.0	1.3	5.4	1.5	9.5	1,964 ³
Total (based on the new WHO child growth standards)	11.7	25.1	2.1	6.8	1.8	7.7	1,979 ³

Note: Table is based on children who stayed in the household the night before the interview. 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. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes children who are below -3 standard deviations (SD) from the international reference population median

² Total is 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.

³ The difference in total number of children is due to the different age definition used to calculate the age (age is based on the days of life in the new growth standards versus months of life used in the previous NCHS/CDC/WHO standards).

H. HIV/AIDS

Knowledge of HIV/AIDS

The 2006 AzDHS included a series of questions that addressed women's and men's awareness of the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). Respondents who have heard of HIV/AIDS were asked about ways to avoid the disease. Table 12 presents the results of these questions.

Table 12. Knowledge of AIDS

Percentage of women and men age 15-49 who have heard of AIDS, by background characteristics, Azerbaijan 2006

Background characteristic	Women		Men	
	Has heard of AIDS	Number	Has heard of AIDS	Number
Age				
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
Married or 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 Karabakh	55.2	204	64.2	56
Dakhlik 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
Tekhnicum	87.6	1,138	90.6	200
Higher	95.9	1,110	97.5	428
Total 15-49	65.3	8,444	76.5	2,245
Men 50-59	na	0	86.0	313
Total 15-59	na	0	77.6	2,558

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

Overall, men are somewhat more aware of AIDS than women (77 percent and 65 percent, respectively). Among women, knowledge of AIDS exceeds 90 percent only among those with higher education and those living in Baku. Women age 15-19 are less likely than older women to have heard about AIDS. Rural women are significantly less aware of AIDS than urban women (48 percent and 79 percent, respectively). Women living in Lankaran have the least knowledge of AIDS (37 percent).

As with women, the youngest, rural, and least educated men are less likely than other men to have heard of AIDS. Lankaran has the lowest proportion of men who have heard of AIDS (48 percent).

Methods of HIV Prevention

AIDS prevention programs focus their messages and efforts on three important aspects of behavior: condom use, limiting the number of sexual partners or staying faithful to one partner, and delaying first sexual intercourse in young persons (i.e., abstinence). Table 13 shows the percentage of women and men who, in response to prompted questions, give positive responses to specific ways to avoid AIDS.

Table 13. 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 uninfected sex partner who has no other partners, and by abstaining from sexual intercourse, by background characteristics, Azerbaijan 2006

Background characteristic	Women					Men				
	Percentage who say HIV can be prevented by:					Percentage who say HIV can be prevented by:				
	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
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
Married or 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 Kazakh	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 Karabakh	23.8	33.9	18.1	23.1	204	60.6	53.0	50.3	8.8	56
Dakhlik 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
Tekhnicum	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
Total 15-49	36.2	35.3	25.0	32.8	8,444	56.0	64.0	49.6	48.3	2,245
Men 50-59	na	na	na	na	0	64.1	75.1	58.4	57.1	313
Total 15-59	na	na	na	na	0	57.0	65.4	50.7	49.4	2,558

Note: Figures in parentheses are based on 25-49 unweighted cases.

na = Not applicable

¹ Using condoms every time they have sexual intercourse

² Partner who has no other partners

Using condoms, limiting sex to one partner who has not been infected with AIDS, and abstaining from sex were each recognized as ways of avoiding AIDS by approximately three in ten women. One in four women mentioned using condoms *and* limiting sex to one uninfected partner.

Younger and never-married women are less likely than older and ever-married women to know ways to avoid getting the AIDS virus. Urban women and women living in Baku and Absheron are more likely to be aware of safe sexual practices than other women. There is a strong positive relationship between respondent's education and her knowledge of ways to prevent HIV. For example, 10 percent of women with basic or less education say that the risk of getting the AIDS virus can be reduced by using condom *and* limiting sex to one uninfected partner, compared with 48 percent of women with higher education.

Men are more aware than women of ways to avoid AIDS. Among men, the most frequently recognized way of avoiding AIDS is by limiting sex to one partner who has not been infected with AIDS (64 percent). The three other ways of AIDS prevention, abstaining from sex, use of condoms, and using condoms *and* limiting sex to one uninfected partner, are each recognized by approximately half of men.

As is the pattern among women, younger, never-married, and the least educated men are less likely than other men to know ways to avoid getting the AIDS virus. There are noticeable variations by residence. Urban men and men from Baku are more likely to be aware of safe sexual practices than rural men or men from other regions. Only 9 percent of men from Yukhari Karabakh cited abstaining from sex as a way to avoid contracting HIV compared with 72 percent of men from Absheron.

Use of Condoms

Condom use is one aspect of AIDS prevention initiatives. Table 14 presents information on condom use among women and men. The data are based on respondents who were sexually active during the year preceding the survey, regardless of the type of sexual partner. Overall, 2 percent of women and 9 percent of men reported that a condom was used during their last sexual intercourse.

Men living in urban areas are more likely as those living in rural areas to have used a condom during their last intercourse. There are considerable variations in the use of condoms by region, ranging from 2 percent of men from Guba Khachmaz to 11-13 percent of men in Baku and Absheron. Condom use during the most recent sexual intercourse is similar across all education groups (about 9 percent), with the exception of men with basic secondary or less education (5 percent).

Table 14. Use of condom at last sexual intercourse

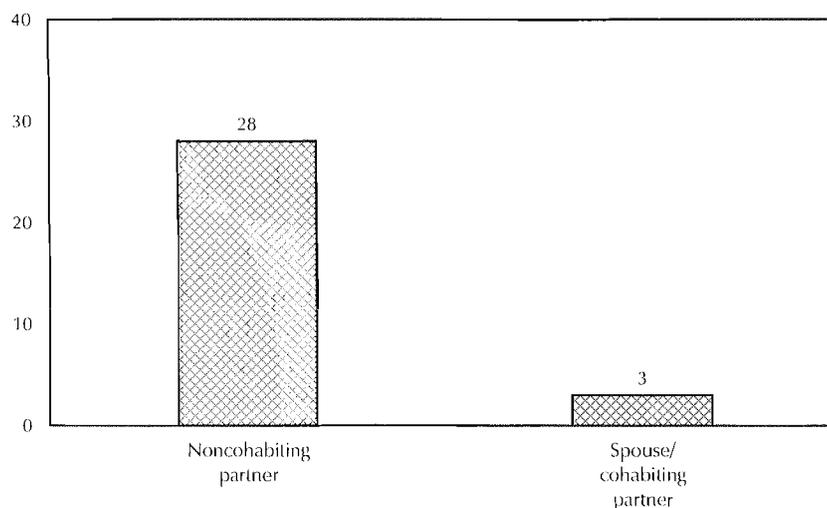
Among women and men who have had sexual intercourse in the past year, percentage who used a condom during last sexual intercourse with any partner by background characteristics, Azerbaijan 2006

Background characteristic	Women who had sexual intercourse in the past year		Men who had sexual intercourse in the past year	
	Percentage who used a condom at last sexual intercourse	Number	Percentage who used a condom at last sexual intercourse	Number
Age				
15-19	0.0	153	(31.4)	44
20-24	1.7	688	23.2	222
25-29	4.0	794	11.4	268
30-39	2.5	1,716	6.0	571
40-49	1.3	1,788	3.6	614
Marital status				
Never married	na	0	28.2	344
Married or living together	2.1	5,099	4.0	1,354
Divorced/separated/widowed	(10.0)	39	*	22
Type of partner				
Spouse/cohabiting partner	2.1	5,123	3.2	1,610
Noncohabiting partner	*	15	27.7	393
Residence				
Urban	2.6	2,829	10.2	1,007
Rural	1.6	2,309	7.0	712
Region				
Baku	3.1	1,486	12.7	572
Absheron	1.7	336	10.9	128
Ganja Gazakh	1.5	754	4.1	225
Shaki Zaqatala	2.7	380	7.2	97
Lankaran	1.7	435	8.6	128
Cuba Khachmaz	0.7	216	2.2	88
Aran	1.8	1,249	8.7	394
Yukhari Karabakh	1.9	126	2.7	39
Dakhlik Shirvan	1.6	157	3.3	48
Education				
Basic secondary or less	1.6	964	4.7	181
Complete secondary	1.6	2,804	9.6	967
Tekhnicum	2.0	724	8.4	185
Higher	5.5	645	9.4	387
Total 15-49	2.1	5,138	8.9	1,720
Men 50-59	na	0	2.5	284
Total men 15-59	na	0	8.0	2,003

Note: 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.

Figure 3 shows the percentage of men who used a condom at last sexual intercourse. Men are much less likely to use a condom with a spouse or cohabiting partner than with a noncohabiting partner (3 percent and 28 percent, respectively).

Figure 3 Condom Use by Men at Last Sexual Encounter by Type of Sexual Partner



AzDHS 2006

I. Adult Health and Life Style

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 2004 diseases of the circulatory system were the main causes of death in all age groups of the adult population. The mortality rate for males age 15-44 is higher than the rate for females in the same age group (47 and 20 deaths per 100 000 population) (SSC, 2005).

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.

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. Of the 8,652 women eligible for individual interview, blood pressure measurements were taken for 8,374 women (97 percent). Among the 2,717 eligible men, measurements were taken for 2,538 men (93 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 ri-champion, 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, 1999). Individuals were classified as hypertensive if their systolic blood pressure exceeds 140 mm Hg or if their diastolic blood pressure exceeds 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). When an individual's systolic and diastolic blood pressure fell in different categories, the higher category was taken as the subject's status.

<u>Level of hypertension</u>	<u>Systolic</u>	<u>Diastolic</u>
Stage 1, mildly elevated	140-159	90-99
Stage 2, moderately elevated	160-179	100-109
Stage 3, severely elevated	180+	110+

Following internationally recommended guidelines, individuals were considered hypertensive if they had a normal average blood pressure reading but were taking antihypertensive medication.

Tables 15.1 and 15.2 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 their 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 (severely elevated).

Table 15.1 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 hypertension ¹	Classification of blood pressure (BP)							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	1,515
20-24	6.2	58.7	27.2	7.8	3.6	0.6	0.4	1.6	100.0	1,333
25-29	10.7	49.7	28.4	11.1	7.3	0.4	0.0	3.0	100.0	1,097
30-34	15.6	44.7	28.2	11.5	8.8	1.2	1.1	4.5	100.0	1,004
35-39	21.1	34.1	27.9	16.8	13.2	2.7	0.7	4.5	100.0	1,151
40-44	28.8	28.4	24.7	18.2	17.9	3.1	1.8	6.0	100.0	1,305
45-49	36.0	19.4	24.1	20.5	21.8	4.2	3.4	6.7	100.0	968
BMI²										
<18.5 (thin)	5.9	69.8	16.4	7.9	3.7	0.3	0.0	1.9	100.0	381
18.5-24.9 (normal)	9.3	52.7	27.3	10.6	6.4	0.7	0.4	1.8	100.0	3,887
≥25	25.0	33.5	25.8	15.8	14.8	2.8	1.7	5.7	100.0	3,834
Missing	10.0	45.1	28.2	16.7	5.8	1.0	1.2	2.0	100.0	272
Residence										
Urban	14.9	47.7	25.8	11.6	9.4	1.2	0.8	3.6	100.0	4,732
Rural	18.2	40.3	26.6	14.9	11.1	2.3	1.3	3.6	100.0	3,642
Region										
Baku	14.6	47.2	27.4	10.8	8.9	0.9	0.8	3.9	100.0	2,554
Absheron	11.1	47.6	28.4	12.9	6.8	0.8	0.6	2.8	100.0	562
Ganja Gazakh	19.6	45.1	23.7	11.6	11.9	2.1	1.9	3.8	100.0	1,141
Shaki Zaqatala	13.6	50.1	23.9	12.4	7.6	1.2	1.5	3.2	100.0	586
Lankaran	24.5	41.3	19.3	14.8	13.4	4.1	2.0	5.0	100.0	702
Guba Khachmaz	13.3	32.7	30.0	23.9	10.6	1.4	0.1	1.3	100.0	379
Aran	16.9	40.6	28.2	14.2	10.8	2.0	0.6	3.5	100.0	1,999
Yukhari Karabakh	16.0	46.5	24.8	12.6	11.4	1.9	0.6	2.1	100.0	203
Dakhlik Shirvan	15.5	48.9	22.2	13.3	10.4	1.0	0.7	3.4	100.0	248
Education										
Basic secondary or less	14.2	47.3	26.6	12.0	9.9	1.4	0.8	2.0	100.0	1,798
Complete secondary	17.3	42.6	27.1	13.0	10.0	1.9	1.2	4.2	100.0	4,350
Tekhnicum	17.6	44.1	23.4	15.0	10.5	2.2	1.0	3.9	100.0	1,129
Higher	15.0	47.4	24.5	13.1	10.5	0.4	0.6	3.4	100.0	1,097
Total	16.4	44.5	26.1	13.0	10.1	1.7	1.0	3.6	100.0	8,374

Note: When systolic and diastolic blood pressures fall into different categories, the higher category determines the individual's status.

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).

Table 15.2 Levels of hypertension: Men

Prevalence of hypertension among men and percent distribution of women by blood pressure status, according to background characteristics, Azerbaijan 2006

Background characteristic	Prevalence of hypertension ¹	Classification of blood pressure (BP)							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	50.5	32.5	10.4	6.0	0.6	0.0	0.0	100.0	378
20-24	8.7	29.8	47.1	14.3	8.1	0.5	0.0	0.1	100.0	354
25-29	11.0	21.8	48.1	19.1	9.4	0.3	0.3	1.1	100.0	291
30-34	12.0	14.9	49.2	23.9	9.1	1.9	0.3	0.8	100.0	277
35-39	20.0	14.3	36.6	29.1	16.4	2.7	0.0	0.9	100.0	307
40-44	31.0	11.1	24.2	33.7	24.1	5.0	1.1	0.8	100.0	306
45-49	28.6	8.1	27.4	35.9	21.9	4.0	1.3	1.5	100.0	315
Smoking										
Yes	19.1	17.3	37.4	26.2	15.6	2.2	0.4	0.9	100.0	1,094
No	14.0	27.8	37.9	20.3	11.1	2.0	0.4	0.5	100.0	1,133
BMI²										
< 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)	12.4	30.4	38.5	18.7	10.3	1.3	0.2	0.5	100.0	1,198
≥ 25	22.8	11.2	36.1	29.9	17.9	3.2	0.6	1.1	100.0	829
Missing	17.8	15.7	43.8	22.7	14.5	2.5	0.8	0.0	100.0	154
Residence										
Urban	14.1	23.0	40.7	22.2	11.3	2.0	0.4	0.4	100.0	1,262
Rural	19.6	22.2	33.7	24.5	16.0	2.1	0.5	1.0	100.0	965
Region										
Baku	13.3	28.1	34.4	24.2	11.1	1.7	0.3	0.2	100.0	690
Absheron	3.3	14.2	69.9	12.5	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	22.7	29.8	30.1	13.8	2.2	0.0	1.4	100.0	153
Lankaran	21.8	34.5	27.9	15.8	15.7	2.7	0.7	2.6	100.0	184
Guba Khachmaz	22.7	11.6	33.9	31.8	21.6	1.2	0.0	0.0	100.0	119
Aran	22.2	18.3	36.0	23.5	18.2	2.7	0.0	1.3	100.0	505
Yukhari Karabakh	7.5	32.7	45.2	14.7	5.9	1.6	0.0	0.0	100.0	56
Dakhlik Shirvan	16.0	26.1	35.0	22.9	11.5	3.7	0.0	0.8	100.0	71
Education										
Basic secondary or less	16.7	33.7	29.8	19.8	14.8	1.6	0.0	0.4	100.0	344
Complete secondary	16.0	22.6	37.8	23.6	13.0	2.5	0.3	0.3	100.0	1,264
Tekhnicum	21.1	12.1	41.7	25.2	15.0	1.7	0.9	3.4	100.0	198
Higher	15.4	18.8	41.8	23.9	12.3	1.4	0.8	0.9	100.0	420
Total 15-49	16.5	22.7	37.6	23.2	13.3	2.1	0.4	0.7	100.0	2,227
Total 50-59	43.0	10.7	19.3	27.0	31.7	7.9	2.2	1.2	100.0	310
Total 15-59	19.7	21.2	35.4	23.7	15.6	2.8	0.6	0.8	100.0	2,538

Note: When systolic and diastolic blood pressures fall into different categories, the higher category determines the individual's status.

¹ Blood pressure ≥ 140/90 mmHg or currently taking antihypertensive medication² The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).

Compared with estimates from recent demographic and health surveys conducted in other countries, the hypertensive rates among women and men in Azerbaijan (about 16 percent each) are lower than in Armenia in 2005 (22 percent for women and 27 percent for men) and higher than in Uzbekistan in 2002 (8 percent for women and 7 percent for men) (MOH, SDS [Uzbekistan] and ORC Macro, 2004, 2006; NSS, MOH [Armenia] and ORC Macro, 2006).

Epidemiological studies have shown that hypertension is positively associated with age, a finding confirmed by the 2006 AzDHS. Among women, hypertension levels increase from 3 percent at age 15-19 to 29 percent and 36 percent at age 40-44 and 45-49, respectively. The same is true 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 form of hypertension, indicating that hypertension is a serious health problem in Azerbaijan. It is most serious for men age 50-59, four in ten of whom have high blood pressure.

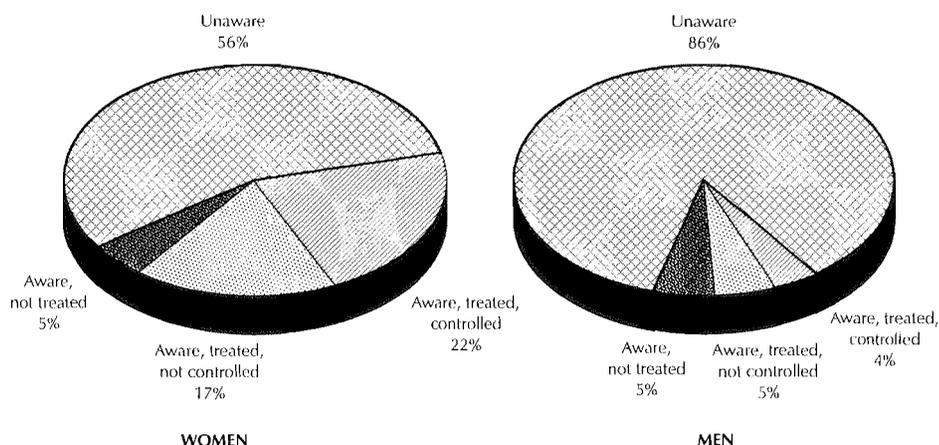
Significant differences in the prevalence of hypertension are found when respondents are classified by Body Mass Index (BMI). As expected, hypertension levels are higher among overweight/obese persons compared with those of normal weight. The hypertensive rate among overweight or obese women (BMI \geq 25) is 25 percent, compared with 6 percent among thin women (BMI $<$ 18.5) and 9 percent among women of normal weight (BMI 18.5-24.9). The same pattern is found in 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.

Hypertension is slightly higher among men who smoke than men who do not smoke (19 percent and 14 percent, respectively).

Differentials in hypertension rates by urban-rural residence are similar for men and women. The highest prevalence of hypertension is found in Lankaran: 25 percent for women and 22 percent for men.

Figure 4 shows 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 4 Awareness of Hypertension and Treatment Status among Hypertensive Women and Men Age 15-49



AzDHS 2006

Hypertensive men are much less aware of their condition than women. A total of 86 percent of men compared with 56 percent of women are unaware of their hypertensive status. Relatively few hypertensive men are being treated and have brought their blood pressure under control (4 percent); another 5 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 significant was the finding that the majority of hypertensive men (86 percent) are unaware of their condition.

These findings are similar to those of the 2002 Uzbekistan Health Examination Survey in which 38 percent of women and 63 percent of men were not aware of their hypertensive status (MOH, SDS [Uzbekistan], and ORC Macro, 2004). Findings in Azerbaijan are similar to those for men in Armenia, but not for women, where over 80 percent of women and men were not aware about their hypertensive status (NSS, MOH [Armenia], and ORC Macro, 2006).

Use of Smoking Tobacco

Smoking is a known risk factor for cardiovascular disease, causes lung 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 (WHO), about 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 16 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 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 Karabakh (38 percent and 39 percent, respectively) and highest in Aran and Shaki Zaqatala (54 percent and 55 percent, respectively). 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 tekhnicum education smoke more frequently than other men (60 percent).

Compared with estimates from recent Demographic and Health Surveys conducted in other countries, the cigarette smoking rate among men in Azerbaijan is about the same as that for men in Moldova in 2005 (51 percent), lower than in Armenia in 2005 (61 percent), and higher than the rate in Uzbekistan in 2002 (21 percent for men age 15-59) (NCPM [Moldova] and ORC Macro, 2006; National Statistical Service [Armenia], Ministry of Health [Armenia], and ORC Macro, 2006; Ministry of Health [Uzbekistan], State Department of Statistics [Uzbekistan], and ORC Macro, 2004).

Table 16 Use of tobacco: Men

Percentage of men who smoke cigarettes or tobacco or use other tobacco products and percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics, Azerbaijan 2006

Background characteristic	Uses tobacco				Number of men	Number of cigarettes						Total	Number of cigarette smokers
	Cigarettes	Pipe	Other tobacco	Does not use 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 Karabakh	38.6	0.0	0.0	61.4	56	0.0	12.5	2.0	0.4	85.1	0.0	100.0	22
Dakhlik 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
Tekhnicum	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
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.

Alcohol Consumption among Men

Alcohol abuse is a serious problem in many countries in 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, damages brought about by alcohol abuse rank the highest 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 past 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), a glass of liqueur, and vodka or whiskey (50 ml) are considered standard beverages. Results in Table 17 show that 40 percent of men age 15-59 consumed at least one alcoholic beverage in the month prior to the interview. Men in Moldova are twice as likely as men in Azerbaijan to have had at least one alcoholic drink in the past month (NCPM) [Moldova] and ORC Macro, 2006).

The level 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 at age 15-19 to 48 percent at age 25-29. Men with higher education and those in urban areas are more likely than men with less education and those in rural areas to consume alcohol. For example, 45 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 the Baku (57 percent) and in Ganja Gazakh (52 percent).

In general, men do not consume alcohol frequently; 60 percent of men consume alcohol less than once a month, 15 percent drink two or three times per month, 9 percent consume alcohol 1-2 times per week, and less than 2 percent drink alcohol daily or almost daily.

Alcohol consumption varies by age and residence. Men age 25-29 are the most likely to report consumption of alcohol once or twice a week (18 percent). At least eight in ten men age 15-19 and those living in Absheron, Lankaran, and Guba Khachmaz have an alcoholic drink less than once a month.

Table 17. Use of alcohol: Men

Percentage of men who have had at least one alcoholic drink in the month preceding the survey, 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 in a month							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
50-54	50.9	1.6	1.2	10.5	21.3	14.8	49.1	1.5	210
55-59	45.6	5.3	0.0	5.2	12.2	22.8	54.4	0.1	103
Residence									
Urban	44.6	0.6	0.9	9.9	17.2	15.7	55.4	0.4	1,470
Rural	33.7	0.7	1.2	8.8	12.6	10.1	65.8	0.9	1,088
Region									
Baku	57.0	0.3	0.2	12.2	22.8	21.4	43.0	0.0	803
Absheron	11.9	1.5	2.2	4.6	3.5	0.0	88.1	0.0	189
Ganja Gazakh	51.9	0.0	0.0	11.2	20.9	17.9	48.1	1.9	323
Shaki Zaqatala	40.7	0.6	8.2	12.8	15.1	3.6	59.3	0.4	171
Lankaran	15.8	1.4	0.4	5.2	5.3	3.4	81.9	2.4	211
Guba Khachmaz	11.1	0.9	0.6	5.0	3.3	0.8	88.9	0.4	133
Aran	34.9	0.8	0.4	8.8	12.2	12.4	65.1	0.5	583
Yukhari Karabakh	35.2	0.8	0.1	5.5	9.7	18.8	64.4	0.7	64
Dakhlik Shirvan	38.1	0.0	2.1	4.8	16.4	14.8	61.9	0.0	81
Education									
Basic secondary or less	25.9	0.3	0.9	7.1	10.4	6.8	73.8	0.7	371
Complete secondary	38.7	0.8	1.2	11.0	14.1	11.0	61.0	0.9	1,398
Tekhnicum	45.4	0.0	1.0	8.3	19.0	17.1	54.6	0.0	266
Higher	50.5	0.6	0.5	7.6	19.7	22.2	49.3	0.2	524
Total 15-59	40.0	0.6	1.0	9.4	15.2	13.3	59.8	0.6	2,558

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MEASURE DHS Preliminary Reports

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Zimbabwe 1999	March	2000	English
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Indonesia 2003	August	2003	English
Nigeria 2003	October	2003	English
Kenya 2003	December	2003	English
Indonesia (young adult) 2002	December	2003	English
Jayapura City, Indonesia (young adult) 2002	December	2003	English
Philippines 2003	January	2004	English
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Bangladesh 2004	September	2004	English
Cameroon 2004	October	2004	French
Madagascar 2003-04	October	2004	French
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Tanzania 2004-05	May	2006	English
Uganda (AIS) 2004-05	June	2006	English
Malawi 2004	August	2006	English
Senegal 2006	August	2006	French
Guinea 2006	August	2006	French
Lesotho 2004	September	2006	English
Egypt 2006	September	2006	English
Rwanda 2006	November	2006	French
Ethiopia 2006	November	2006	English
Moldova 2006	November	2006	English/Romanian
Vietnam (AIS) 2006	February	2006	English/Vietnamese
Armenia 2005	March	2006	English
Congo (Brazzaville) 2005	March	2006	French
Côte d'Ivoire (AIS) 2005	June	2006	French
Cambodia 2005	July	2006	English
Haiti 2005-06	July	2006	French
Zimbabwe 2005-06	August	2006	English
Niger 2006	August	2006	French
Niger (Intervention zones) 2006	October	2006	French
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