1996 RUSSIA WOMEN'S REPRODUCTIVE HEALTH SURVEY: A Study of Three Sites

Final Report

All-Russian Centre for Public Opinion and Market Research

**Centers for Disease Control and Prevention,
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This report describes the 1996 Russia Women's Reproductive Health Survey, a study of three sites in Russia, and its major findings. This undertaking could not have taken place successfully without the involvement, support, and cooperation of a number of individuals and organizations, both in Russia and in the United States. Funding for the survey was provided by the United States Agency for International Development in Moscow, which was also the primary motivating force behind the activity. The survey was capably directed by Dr. Valentina Bodrova, chief of women, families, and population programs at the All-Russian Centre for Public Opinion and Market Research (VCIOM), who was responsible for coordination of all in-country survey activities. In addition, VCIOM staff members, both in Moscow and in local offices, made important contributions. Dr. Howard Goldberg coordinated technical assistance by the United States Centers for Disease Control and Prevention's Division of Reproductive Health, which provided consultation in survey design, planning, questionnaire content, implementation, analysis, and report preparation. The survey could not have been a success without the efforts and high quality work of VCIOM's field staff, including those in local offices in Yekaterinburg, Perm, and Vladimir, as well as the survey interviewers and supervisors. Finally, thanks go to the many individuals, both in Russian and American governmental and non-governmental organizations who contributed in so many ways to the development and completion of this survey.

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Background

From February through May of 1996, a reproductive health survey was carried out among women in three locations in Russia. USAID sponsored the survey as part of its Russia Women's Reproductive Health Project. This project consists of a variety of components intended to expand and improve the use of effective contraception, reduce the reliance on abortion as a means of birth prevention, and generally to improve the reproductive health of Russian women.

The 1996 Russia Women's Reproductive Health Survey (RWRHS), along with a follow-up survey planned for two and a half to three years later, is designed to measure the impact of the Russia Women's Reproductive Health Project. Thus, the 1996 survey served as a baseline, while the follow-up effort will gauge changes in topics of interest during the intervening years. The general approach used in these surveys is a quasi-experimental one. The surveys are taking place in three sites, two of them included in the project (Ivanovo Oblast and Yekaterinburg city) and a third that is not part of the project's initial efforts (Perm city). The 1996 baseline survey data compare these sites with regard to many aspects of reproductive health. They will be compared again using the results of the follow-up survey to determine whether greater improvement has occurred in the project sites than in Perm. A second principal objective of the 1996 survey is to examine current aspects of reproductive health status and needs in the cities examined. Because no nationwide reproductive health surveys have been conducted in Russia, these data may be of considerable value in describing reproductive health in much of Russia.

The survey addressed a number of issues. One of the most prominent of these involves abortion, which has been well above western levels. The Women's Reproductive Health Project seeks to bring about a reduction in abortion through increased availability and improved use of modern contraceptive methods. Another important topic examined by the survey is the use of contraception, including levels and trends in contraceptive prevalence, method selection, and the extent to which methods are being used effectively. The survey also included questions on women's opinions and attitudes regarding specific contraceptive methods and abortion, and their knowledge of reproductive health. Th findings indicate how well informed the population is, in order provide inputs for the development of information, education, and communication (IEC) messages.

A number of organizations and individuals collaborated in this effort. The United States Agency for International Development (USAID) was the source of all funding for the survey. The All-Russian Centre for Public Opinion and Market research (VCIOM), a large nationwide organization with a national office in Moscow and local offices across Russia conducted the

survey. Under the direction of Dr. Valentina Bodrova, VCIOM selected the sample of households and individuals, recruited and trained interviewers, conducted the field work, processed the data, and performed part of the data analysis. The Division of Reproductive Health of the U.S. Centers for Disease Control and Prevention (DRH/CDC) provided technical assistance for all phases of the survey. DRH/CDC served as the lead agency in devising the overall survey design, developing the questionnaire, coordinating all survey activities, and performing data analysis. The Center for Communication Programs of Johns Hopkins University played an important role in questionnaire development and data analysis. Other cooperating agencies and individuals involved in the Russia Women's Reproductive Health Project, both American and Russian, contributed significantly to questionnaire development, survey design, and analysis.

Methodology

The 1996 RWRHS collected information from representative samples of all women between the ages of 15 and 44 living in each of the three survey sites, excluding those living in institutional settings. The survey was designed to obtain completed interviews with about 2,000 women of childbearing age at each of the three sites. The survey's primary sampling units (PSU) were recently updated electoral districts. Staff of the VCIOM central office selected the PSU and dwellings within selected PSU.
The survey used a stratified multistage cluster design in order to select representative samples of respondents. The sampling procedures were the same in all three urban areas (the cities of Ivanovo, Yekaterinburg, and Perm), but it was necessary to use a somewhat different technique in Ivanovo Oblast outside the major city.

Characteristics of Respondents

There was great similarity between the age distributions of the survey respondents and of the official statistics for all 15-44 year-old women living in the survey sites. In Ivanovo and Perm the difference between the official and survey percentages was less than one percentage point in every five-year age group. The greatest difference between the survey and official statistics for any age group was only 1.6 percentage points.

Russian women tend to be well educated, as evidenced by the fact that only 14% to 18% of respondents had not completed secondary school. The proportion who had received any formal education beyond the secondary level ranged from 16% in Ivanovo to 25% in Yekaterinburg and Perm.

The percentage of women currently employed was in a narrow range between 60% in Ivanovo and 64% in Perm. Although about one of every three women did not currently have paid employment, a much smaller proportion met the definition of being unemployed. The proportion unemployed was highest in Ivanovo (16%), but much lower in the other sites (5% in Yekaterinburg and 8% in Perm).

A slight majority of respondents in all three sites were in registered marriages. Additionally, a small proportion, from 7% to 12%, were in unregistered marriages or living with a man, but not married. Divorce is not uncommon in Russia, which is reflected by the fact that 11% to 13% of women reported that they were currently divorced or separated. About one of every four women had never been married or lived with a man. Marriage tends to take place quite young for most women. Only 25% to 32% of 20-24 year-olds had never been in either a registered or unregistered marriage. Few women in older cohorts had never married. Over half of 20-24 year-old women in Perm and Yekaterinburg were in union before their twenty-first birthday and in Ivanovo half were in union before reaching age 20. By age 25, the proportion remaining single is relatively small at each site, but most notably in Ivanovo.

Childbearing and Abortion

The total fertility rates based on reported births in the two years preceding the date of interview were 1.17 births per woman in Yekaterinburg, 1.23 in Perm, and 1.45 in Ivanovo, compared with the official national TFR of about 1.3 births per woman for the same period. Fertility begins at an early age, but also terminates at an early age. In the survey sites, between 82 and 88 percent of recent births took place before age 30 and almost all occurred before age 35. The ages between 20 and 24 years are where births are most heavily concentrated, with more than 40 percent of all childbearing occurring then. Age at first birth in Russia is among the lowest in Europe. For the survey populations the median age at first birth for the 20-24 year-olds was between 20.8 and 21.7 years. However, only 5% to 7% of 20-24 year-olds had given birth before age 18.

Just over half of the respondents in each of the three sites reported having had at least one induced abortion (including miniabortions) during their lifetime. Although few teenagers reported any abortions, by ages 20-24, the percentage with any abortions rises to 34% for all three sites. More than half of 25-29 year-olds reported having at least one abortion. For women in their thirties or forties, the figure is over 70 percent. Overall, from 27% to 34% of respondents reported having two or more abortions.

The peak ages for abortions occur between 20-24 and 30-34. Between 12% and 18% of women in their twenties have an abortion each year. The overall annual abortion rates for the two years before the survey were .077 in Ivanovo, .079 in Yekaterinburg, and .099 in Perm. Abortion rates calculated from survey data were slightly higher than officially reported rates. The total abortion rates for the three sites ranged from 2.3 abortions per woman in Ivanovo Oblast to 3.0 in Perm. The ratio of induced abortions to live births ranged from 1.6 to 2.5.

The proportion of recent pregnancies ending in a live birth ranged from 29% in Perm to 35% in Ivanovo. The percentage that reportedly ended in abortion varied between 56% and 61%. The proportion resulting in a live birth decreased relatively sharply after ages 20-24, since most women have all the children they desire before reaching age 30 and the likelihood that an unwanted pregnancy will be terminated by induced abortion is very high. There is a strong

correlation between both the intendedness of a pregnancy and the number of previous live births with the likelihood that the pregnancy will result in a live birth. Only 8-13% of mistimed pregnancies and 0-2% of unwanted pregnancies resulted in a live birth.

Not only were actual fertility rates in the surveyed sites extremely low, but the proportion of women who wanted to have any more children was also quite low. Between 62% and 70% of fecund women currently in union said they want to have no more children. Among those with no living children, the vast majority of women who knew how many children they wanted preferred to have either one or two. Substantial numbers of respondents, from 15% to 18%, claimed to want no children. Relatively few women with two or fewer children wanted ultimately to have more than two children. Most women, regardless of demographic or socioeconomic characteristics, have no more than one or two children and little desire existed to have more than that.

Women classified only 33% to 42% of recent pregnancies as planned. From 49% to 56% were either mistimed or unwanted, with another 8% to 11% in the unsure category. Of the unplanned pregnancies, about twice as many were unwanted as mistimed at each site. For women with no living children at the time of pregnancy, the percentage planned ranged from 61% to 76%. For women with two or more children, the percentage planned fell to only between 8% and 14%.

There was an extremely high correlation between the outcome and planning status of pregnancies. All but a small proportion of live births were said to have resulted from planned pregnancies. There was no consistent relationship apparent between the educational level of respondents and the planning status of their pregnancies.

Overall, between 13% and 17% of abortions in the five years prior to the survey reportedly resulted in short-term complications for which medical care was sought. Although miniabortions are usually said to be safer than the conventional procedures, there was virtually no difference in the prevalence of short-term complications between the two procedures.

Maternal and Child Health

Between 4% and 6% of respondents with recent live births received no prenatal care. About four of every five women initiated prenatal care during the first trimester of their pregnancy, with only about 1% waiting until their final trimester to begin prenatal care. About half of women received the care principally from a physician, with one-fourth receiving it from a nurse/midwife or both a physician and nurse/midwife. The overwhelming majority of women went to women's consultation centers for most of their prenatal care.

Hospitalization during pregnancy is common and there was there no indication of a decrease in hospitalizations in recent years. Overall, in Yekaterinburg and Perm about half of women said that they had been hospitalized, compared with 38% in Ivanovo. Hospitalizations tended to be lengthy as well, with a majority lasting for at least one week. About nine of every ten recent

births took place at a maternity house, with most of the remainder occurring in MCH centers in Ivanovo and Yekaterinburg, and in hospitals in Perm. Overall, about one of every ten deliveries in each of the surveyed sites was by cesarean section, being more likely at ages 30-44 in the survey sites.

A relatively small proportion of women, between 13% and 27%, stated that they were allowed to hold their babies with one hour of delivery. 'Rooming in", i.e., the practice of having newborns sleep with and spend most of their time in the birth facility with the new mother, was infrequent in Ivanovo and Perm (3% and 15%, respectively), but was much more common in Yekaterinburg (47%).

Breastfeeding was very widespread among respondents in the areas surveyed, with about nine of every ten children born since the beginning of 1991 reported to have been breastfed. There was little or no difference in the proportion breastfed according to women's ages or socioeconomic characteristics. Mean durations of breastfeeding ranged between four months and seven months in the survey sites. In each of the sites at least half of children under six months of age were currently being breastfed. In all sites the percentage who did not begin nursing until at least 24 hours after delivery was very high, ranging from 44% to 64%. Exclusive breastfeeding lasted an average of 3.3 months.

Contraception

Knowledge of the most readily available methods of contraception (condoms, the IUD, and oral contraceptives) was nearly universal in all three sites. In the case of every contraceptive method listed, almost as many women reported that they knew where the method could be obtained as knew about the existence of the method (Table C.1, second panel).

A very high proportion of women in union reported currently using some type of contraception, ranging from 69% in Yekaterinburg and Perm to 77% in Ivanovo. Not only was overall prevalence found to be high, but the vast majority of reported use was of modern, supplied methods of contraception. The percentage of women in union using supplied methods ranged from 51% in Perm to 59% in Ivanovo, while 14% to 18% of women were using non-supplied methods. IUD prevalence ranged from 28% of women in union in Yekaterinburg and Perm to 35% in Ivanovo. Among modern supplied methods, condoms and oral contraceptives followed the IUD. Substantial numbers of couples also were using periodic abstinence (9% to 14%) and withdrawal (2% to 9%).

From 1991 to 1996 there was a steady, but relatively slow, rise in overall contraceptive prevalence among 15-39 year-olds in Ivanovo and Perm. There was an increase in modern method use of between six and eight percentage points in the three sites during that time. The proportional increase in oral contraceptive use was particularly rapid in the years before the survey.

This analysis used two definitions to define whether women needed family planning services. The conventional definition of unmet need for family planning shows that 11% to 15% of women were in need. A second definition, which includes women using methods that are typically not very effective, approximately doubles these percentages. to 23% to 29%.

Overall, in each site, about 10% of contraceptive users became pregnant while on a method within one year of beginning use. After three years this rose to 22% to 25%. The failure rate for the IUD was 1% in Ivanovo, but about 4% at the other two sites. Oral contraceptive failure rates after one year ranged between 8% and an extremely high 14% (in Ivanovo). One-year failure rates for condoms were similar across sites, ranging from 10% to 13%. For all methods combined, between 39% and 45% of episodes of contraceptive use lasted no more than one year. Of the most widely used methods, all except the IUD exhibited extremely high rates of discontinuation, roughly 50% or more in the first year.

With the exception of the IUD, very high proportions of women disliked every contraceptive method. A nearly universally strong dislike existed for both conventional abortion and miniabortion. With regard to safety and health concerns, women also rated abortion far lower than any other method of birth prevention.

In all three sites, a minority of non-users (28% to 38%) had had discussions with their partner about whether to use contraception. It appears that many couples are still not discussing the issue of family planning. There also appears to be a considerable number of couples not using contraception, despite the man's feeling that they should be.

From 20% to 32% of women with an IUD inserted since January 1991 reported that they experienced physical problems associated with the device. In each of the sites, about two-thirds of women who reported problems visited a clinic as a result. By far, the most common type of problem reported in each site (40% to 43%) was heavy bleeding. Substantial numbers of women also reported that they experienced cramping, infection/discharge, or assorted other problems.

Although Russian law requires that OCs only be dispensed with a prescription from a physician, most recent or current OC users (69% to 87%) stated that they had at some time received them without a prescription. From 30% to 35% of recent and current OC users reported having had physical problems related to their use of this contraceptive. Just under half of these women had problems severe enough for them to visit a clinic. Slightly over half of all respondents at each site said they had heard of "morning-after pills". In Yekaterinburg and Perm, about one of every five respondents claimed to have used "morning-after pills" at least once in their life.

Despite the fact that most women want to have no more children, contraceptive sterilization (neither tubal ligation nor vasectomy) is not widely performed in Russia. The RWRHS found that only 3% to 4% of women with two or more children had been sterilized and that there were virtually no vasectomies being done. Overall, among fecund respondents who wanted to have no more children, only 7% in Ivanovo, 9% in Yekaterinburg, and 11% in Perm claimed to be

interested in sterilization. Women with higher levels of education were less likely than others to be interested in the procedure. In all three survey sites, the most commonly stated reason for not being interested in sterilization was that women simply "had not thought about it", indicating that most women never consider sterilization as a contraceptive option.

Contraceptive Counseling

Only about half of women who had an induced abortion within five years of being interviewed said that a health professional had spoken to them about ways of preventing pregnancy following their most recent abortion. About one-third with recent abortions were referred for contraceptive services or counseling, and about one-fourth left the abortion facility with a contraceptive method or a prescription. The proportion of women with recent deliveries who left the delivery facility with a contraceptive method or a prescription for one was very low, only 3% to 5%.

From 42% to 49% of respondents said that their family planning provider had discussed the various family planning options available to them. Only a little more than half of contracepting respondents recalled their provider giving them information on potential side effects of their method. About two-thirds said that their provider told them when they should come back for follow-up. About six of every ten women in each site said that they alone had made the decision regarding what contraceptive method to use. Only small percentages of users said they were either not at all satisfied (5% to 8%) or only a little satisfied (15% to 20%) overall with the family planning services they had received.

Sexual Experience

Relatively few 15 year-olds (7% to 9%) reported being sexually experienced, but the percentages rose sharply from age 16 to age 19. Roughly one-fourth of 16 year-olds were sexually experienced; more than half of 18 year-olds reported having had intercourse. By age 21, only about one woman in ten was not sexually experienced.

Among 15-24 year-old sexually experienced respondents, only 7% to 17% said they did not have premarital sex. Not surprisingly, the first experience of those who had sex before age 18 was more likely to have been non-marital. A large majority of women said their first sexual partner was either a boyfriend or simply a "friend", especially among women who first had intercourse before age 18.

Between 39% and 48% of sexually experienced young respondents reported that they used some form of contraception the first time they had intercourse. Condoms and withdrawal accounted for most of this contraception. Respondents who first had sex at age 18 or older were slightly more likely to have used contraception than those who started younger. The most frequently given reasons for not using were that respondents thought that they couldn't become pregnant (23% to 36%) or that they did not expect to have sex (26% to 39%).

RWRHS results indicate that age at first intercourse has been decreasing. Growing proportions of women have had sex by the time they turn 16, 18, and 20 years old. About two-thirds of all respondents had had sexual intercourse in the previous 30 days. Among women in union this figure was more than 80 percent. About half of sexually experienced women reported having only one lifetime partner. Most other women said that they had had between two and four partners. The proportion reportedly with 10 or more lifetime partners was quite low (3% to 5%). During the 12 months prior to interview, only about one in ten sexually active women reported that they had more than one sexual partner. Only about 1% in each site reported five or more recent partners.

Sexually transmitted diseases (STD)

Between 19% and 28% of respondents reported that a health care provider had ever talked with them about how to prevent the spread of STDs. Among sexually experienced respondents, between 54% and 71% said that they were not tested for STDs at their most recent gynecologic examination, with syphilis and gonorrhea the STDs that were most often tested for.

Only negligible percentages of women had never heard of syphilis and gonorrhea. The only other STD known by a majority of women was trichomoniasis. Of the conditions asked about, by far the largest numbers of respondents reported ever experiencing PID (30% to 37%) or vaginal discharge (28% to 44%). From 4% to 9% reported being diagnosed with genital ulcers and from 5% to 12% had at some time been diagnosed with trichomoniasis.

Between 16% and 25% of respondents did not know that someone could be infected with HIV and exhibit no symptoms. Awareness that people with STDs could have no symptoms was lower, between 34% and 45%. Slightly more sexually active women knew about this aspect of both HIV and STDs. Only 5% to 7% of women thought condoms provided excellent protection against STDs.

Between 17% and 30% of respondents felt that they were at risk of contracting an STD. Women with more than one sexual partner in the previous 12 months were more likely to consider themselves at risk than those with no or one partner. Most women who felt they were at risk thought that their chance of infection was low.

Conclusions

Among the most significant conclusions that can be drawn from the results of the 1996 Russian Women's Reproductive Health Survey are the following:

- The survey appears to be highly representative of the populations examined in the three sites where it was conducted.

- Although the survey had a limited geographic scope and was not intended to be

representative of Russia as a whole, much of what has been found is likely generalizable to much of the country, particularly to urban, ethnically Russian populations.

- Not only were actual levels of childbearing extremely low in the populations surveyed, but there was no indication that large numbers of women want to have larger families.

- Rates of induced abortion were clearly still very high, probably among the highest in the world, but not as high as some anecdotal reports indicated in past years.

- Overall contraceptive prevalence rates among sexually active women were high, on a par with other developed countries in the world. In addition, most contraception consists of methods of high effectiveness when used properly and consistently. The "conventional wisdom" that Russian women rely almost exclusively or even primarily on a combination of non-supplied methods of contraception and induced abortion is clearly not accurate.

- There has been some question of the compatibility of high rates of contraception and abortion simultaneously. Given that there are high contraceptive failure rates, low desired childbearing, and that most unintended pregnancies end in abortion, these rates do, in fact, appear compatible.

- Because of the typically early end of desired childbearing among women in these populations, there is a need for expanded use of effective, long-term contraceptive methods.

- In regard to prenatal and post partum practices, there are some areas that are quite encouraging and others where substantial changes would be beneficial. The vast majority of women receive early prenatal care and about 90% of babies are reportedly breastfed. However, there looks to be considerable room for improvement of practices within delivery facilities. The practices of allowing mothers to hold their newborns, to begin nursing them soon after delivery and "rooming in" are still not very prevalent.

- Survey results show a clear need for increasing the awareness of women about STDs. Many respondents were not aware of such important facts as the ability of a person to be infected with an STD or HIV and show no outward signs of infection.

Implications of contraceptive findings for the Russia Women's Reproductive Health Project

The fact that contraceptive use rates are already high among sexually active women in the populations studied does not mean that the activities comprising the Russia Women's Reproductive Health Project are unnecessary or of limited potential value. Even with widespread reported use of contraception, rates of induced abortion remain very high. Three factors appear to work together to keep these rates high: overall poor or inconsistent use of contraception;

extremely low levels of desired childbearing; and, nearly universal abortion of unwanted pregnancies. The reproductive health project will provide the greatest benefit by continuing to focus its efforts on the first of these factors, in order to reduce levels of unintended pregnancy. Activities should be aimed at ensuring that women receive: 1) contraception appropriate for their needs; 2) counseling in effective and consistent use of the method they choose; 3) and adequate access to effective, long-term contraceptive methods. The problem appears to be mainly one of helping Russian women to use contraception well, rather than getting them to use at all.

CHAPTER I

INTRODUCTION

Background

From February through May of 1996, a reproductive health survey was carried out in three locations in Russia. The United States Agency for International Development (USAID) sponsored the survey, the 1996 Russia Women's Reproductive Health Survey, as part of the Russia Women's Reproductive Health Project. The project consisted of a variety of components intended to expand and improve the use of effective contraception, reduce the reliance on abortion as a means of birth prevention, and generally to improve the reproductive health of Russian women.

Russia, like most other places in eastern Europe and the former Soviet Union, has been characterized in recent decades by an extremely high reliance on induced abortion as a means of birth prevention. Rates of modern contraceptive use have reputedly been quite low, at least until the last few years. Outside of the statistics the Russian government keeps on such topics as fertility, mortality, and induced abortion, relatively few reliable statistics are known to exist in the area of reproductive health. Other than some localized survey data, little representative information on issues related to contraceptive use and family planning in Russia have been published. Population-based information providing reliable, representative reproductive health data is necessary in order to assess the effectiveness of programs intended to improve women's reproductive health and to determine the status and needs of the population. It was necessary to design a set of surveys that would provide such information for areas covered by the reproductive health project to determine the impact of its interventions.

The 1996 RWRHS, and a follow-up survey planned for two and a half to three years later, is to help measure the impact of the Russian Women's Reproductive Health Project. Thus, the 1996 survey served as a baseline, while the follow-up effort will be used to gauge changes in topics of interest during the intervening years. The general approach used in these surveys is a quasi-experimental one. The baseline and follow-up surveys take place in three sites, two of them included in the project and a third that is not part of the initial project effort. The two project sites are Ivanovo Oblast (province) and the city of Yekaterinburg (formerly known as Sverdlovsk). The non-project site is the city of Perm, selected because of its proximity and similarity in many respects (size, location, economy, demographic characteristics) to Yekaterinburg. Using the 1996 baseline survey data we have compared these sites with regard to many aspects of reproductive health. The sites will be compared again using the results of the follow-up survey to determine whether changes will have occurred in the project sites that did not occur in Perm or if there has been a difference in the degree of change. Project components making a positive impact might then be implemented in other places in Russia and perhaps

elsewhere.

The 1996 survey was also designed to examine current aspects of reproductive health status and needs in the areas surveyed. The information collected can help direct or modify project interventions during early stages of the project. Since no nationwide reproductive health surveys have been conducted in Russia, these data may be of considerable value in describing reproductive health in much of the country. Because Russia had highly standardized health services and resource levels throughout the country during the Soviet period, the data collected in the survey are likely to be quite generalizable to much of the country, particularly to urban areas of European Russia.

The survey addressed several principal issues. One involves the use of abortion, which is well above western levels and has been for many years. The WRH project seeks to reduce abortion through increased availability and improved use of modern contraceptive methods. Another important topic examined in the survey is the use of contraception, including levels and trends in contraceptive prevalence, method selection and the extent to which such methods are used effectively. The survey also included questions on women's opinions and attitudes regarding specific contraceptive methods and abortion, and their knowledge of reproductive health. This information indicates how well informed the population is and assists in the development of information, education, and communication (IEC) messages. Questions covering reproductive health services women are using and their opinions about those services appear as well. These represent just a few of the many topics into which the survey will provide insight.

Since about the beginning of this decade, Russia has undergone major declines in various aspects of the health status of its population. Life expectancy by the mid-1990s had fallen substantially, especially among males, for whom it decreased to less than 60 years (Shkolnikov and Mesle, 1996; Shkolnikov, Mesle, and Vallin, 1996). Among the changes observed have been: the re-emergence of certain infectious diseases, such as tuberculosis and diphtheria, which had previously been rare; sharp increases in rates of HIV infection and sexually transmitted diseases; and substantial rises in mortality and morbidity related to alcohol use. Since the break-up of the Soviet Union, Russia has also been undergoing dramatic reforms in health care provision and funding (Barr and Field, 1996; Rozenfeld, 1996). These changes in health care have had a substantial impact on reproductive health services and costs.

The Russia Women's Reproductive Health Project

During various extended periods following 1917, the former Soviet Union kept certain demographic information confidential and unpublished. The post-Stalin government did report abortion statistics, but starting in 1970, such information was collected and kept "for official use only" and was not available again until 1988. Following publication of these statistics, it became clear that while the West experienced a demographic transition related to economic and social development, as well as medical and scientific developments in modern contraceptives, the USSR achieved its demographic transition through different means. In general, the situation by

the end of the 1980s can be characterized as:

- *A health care system that favored abortion over contraception:* The Soviet system provided a widespread network of clinics that offered free abortions. Because health centers' budgets were determined by the number of hospital beds occupied during the year, medical care focused on curative rather preventive treatments. In the area of fertility control, this practice resulted in use of abortions rather than provision of contraceptives.

- *High abortion rates:* The statistics published in 1988 indicated that the number of abortions per 1000 women aged 15-49 peaked in 1964 at 169, but the rate in 1988 of 127 was still well above that in the West. Surveys conducted at the time estimated the average number of abortions per woman as between three and five.

- *High maternal morbidity and mortality related to high abortion rates:* Maternal mortality related to abortions peaked in 1984 at 40.6% of all maternal deaths, but was still at 25% in 1994.

- *A lack of information on contraception*: In a survey conducted in 1991, 87% of the respondents replied that their parents had not talked to them about human reproduction. It was simply not discussed at home, in the school, or even among physicians. The USSR did not introduce a course on sex education in the public schools until 1983. The recommended curriculum, however, did not provide the information needed for an effective sex education program. While the schools failed to provide essential information, little information was forthcoming from family members as well.

- *A skewed method-mix, favoring IUDs*: The USSR produced two contraceptive methods: condoms and IUDs. These were both considered of poor quality and limited effectiveness. Studies completed in the late 1980s indicated that most couples relied on traditional family planning methods rather than modern techniques. By the end of the 1980s, the Ministry of Health estimated the use of IUDs at 12% of fecund women.

- *General skepticism concerning hormonal contraception*: Although not produced in the USSR, the first generation of oral contraceptives was imported. These high-dose pills were associated with various negative side effects, and the Ministry of Health issued strict regulations concerning contraindications. As a result of such restrictions, a poor image of the pill in both the medical community and the public at large developed, and still exists today.

In late 1994, an assessment team visited Russia and developed a strategy and action plan to address the situation as it was understood at that point. The plan identified the project's overall

goal as reducing the high levels of maternal morbidity and mortality through reducing women's dependence on abortion for fertility control by increasing their knowledge and use of modern contraceptives. The strategy involved five major components:

- **creation and support of six model family planning centers**, to provide high quality services to the local community and serve as training sites for health care providers. The demonstration sites selected included Ivanovo, Tver, Yekaterinburg, St. Petersburg, Novosibirsk and Vladivostok. In the last two sites, the project also included a maternity hospital component that introduced rooming-in, exclusive breast-feeding, and lactation amenorrhea method as postpartum contraception.

- **information/education/communication for the general public** about the safety, efficacy and health benefits of modern contraceptive methods, through pamphlets, brochures, videos, and news articles, and the training of health care providers in the appropriate use of these materials; the final component involved a national mass-media campaign to publicize the safety and effectiveness of various modern methods and their role in maintaining women's health.

- **collaboration with the commercial sector** to improve the availability of contraceptive methods in private sector pharmacies, training of pharmacists in modern contraceptive technology, and work with a continuing education institute for pharmacists to provide contraceptive training for those renewing their licenses.

- **dialogues with oblast and local policy makers** in the health, commercial, education, and social sectors to build commitment to family planning and strengthen skills in strategic planning at the local level.

- **data collection activities** that include the completion of a baseline, interim, and final survey to monitor and evaluate project impact on women's contraceptive knowledge, attitudes and practices.

The program was designed to have a region-wide impact beyond the demonstration sites by establishing linkages with local non-governmental organizations (NGOs) and governmental agencies and through the training of trainers at local medical institutions. USAID works closely with other international donors and the Ministry of Health to ensure that their projects are consistent with other efforts in this area.

During the first component of the project, physicians and other health care workers received training and implemented new practices in model family planning clinics. Later components, in 1997 and beyond, have focused on expanding activities into other oblasts using the master trainers developed under the program. At the national level, efforts are focused on institutionalizing the new practices through standardized curricula for pre-service and in-service

health care providers and guidelines that expand the use of modern contraceptives.

Several agencies have implemented various project activities that comprise the project. These include both American and Russian organizations. The American organizations consist of: AVSC International, Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO), Johns Hopkins University's Center for Communication Programs (CCP), Mothercare (John Snow, Inc.), Service Expansion and Technical Support Project (SEATS II--John Snow, Inc.), The Futures Group, U.S. Centers for Disease Control and Prevention (CDC), and Planned Parenthood of Northern New England. The Russian organizations include public health services delivery organizations and local NGOs, including the Russian Family Planning Association and the Russian Ministry of Health.

The outputs of the project to this point have included:

- Fourteen model family planning centers have been established in six oblasts with a total catchment area of over 2.7 million women of reproductive age.

- Approximately 2,000 health care workers received training in the demonstration sites. Altogether they see more than 90,000 women each month.

- Twenty-seven "master" trainers have received advanced training skills and are able to train other trainers.

- In Leningradsky, Ivanovo, and Yekaterinburg oblasts, 120 administrators participated in seminars on the economic and health advantages of family planning. Oblast administrators have used the information presented at the seminars to strengthen local support for family planning programs.

- More than 170 pharmacists have received training in modern contraceptive technology, over-the-counter family planning counseling, and marketing and customer service techniques.

- More than 1.2 million pieces of educational and informational materials (brochures, pamphlets, counseling materials, and posters) have been produced and distributed. A mass-media campaign has been implemented on television and radio, featuring messages designed to encourage women to "care for their health" by using modern contraception.

As of late in 1997, the project had identified the following results:

- At least 2000 health care workers received some form of "roll-out" training from either master trainers or from individuals who took the initiative to share information on contraceptive methods or clinical and counseling skills to others.

- Five of the six demonstration sites reported a decrease in the abortion rate for the first half of 1996 compared with the first half of 1997--with one site reporting a 36% decrease in rates from one year earlier.

- In demonstration maternity hospitals in Novosibirsk and Vladivostok, at least 70% of the new mothers in each site choose to have their newborns with them in their rooms, so that they could breastfeed them at any time. Many of them selected the lactational amenorrhea method (LAM) for postpartum birth control. Prior to the USAID project, mothers could breastfeed their children in the hospitals, but were separated from the babies (sometimes for several days following the birth) and nurses fed the babies glucose, water, or donated breast milk--eliminating LAM as a fertility control option for postpartum women and introducing potential for infection.

- The health benefits of immediate and exclusive breastfeeding for 4-6 months was demonstrated in a study conducted by Primorsky Krai (Vladivostok) physicians. A group of 116 newborns were tracked after discharge, half of whom had been exclusively breastfed and roomed-in with their mothers and half of whom were breastfed for only 1-3 months, received other liquids, and did not room-in. The exclusively breastfed infants were far more likely to rank as "above average" according to physical development indices and experienced half as many illness episodes as the comparison group.

Organizational structure

The United States Agency for International Development (USAID) served as the motivating force behind the survey, as well as the source of all funding. The All-Russian Centre for Public Opinion and Market Research (VCIOM), a large nationwide organization with a national office in Moscow and many local offices across Russia, conducted the survey. Under the coordination of Dr. Valentina Bodrova, VCIOM selected the sample of households and individuals, recruited and trained interviewers, conducted the field work, processed the data, and performed part of the data analysis. The Division of Reproductive Health of the U.S. Centers for Disease Control and Prevention (DRH/CDC) provided technical assistance for all phases of the survey. DRH/CDC served as the lead agency in development of the overall survey design, questionnaire construction, coordination of all survey activities, and much of the data analysis. USAID/ Moscow funded the participation of CDC/DRH through a Participating Agency Service Agreement (PASA) between USAID's Office of Population and CDC/DRH. The Center for Communication Programs of Johns Hopkins University played an important role in questionnaire development and data analysis. Other cooperating agencies and individuals involved in the Russian Women's Reproductive Health Project, both American and Russian, contributed significantly to questionnaire development, survey design, and analysis.

Questionnaire Content

The 1996 RWRHS included two questionnaires. The first was a short household questionnaire that was used to collect a small amount of information on all women between the ages of 15 and 44 in the selected household and to select one woman as a respondent. The individual questionnaire was much longer and covered a wide range of topics related to reproductive health status and needs in the Russian Federation. An English language version of the questionnaire is included as an appendix to this report. There were eight broad topic areas addressed in the survey. These areas were:

- Demographic, social, and economic characteristics of respondents
  (age, education, marital status, religion, employment, household possessions)
- Childbearing and abortion
  (a complete pregnancy history, infant/child mortality, pregnancy intendedness, detailed information on recent abortions, desire for more children)
- Maternal and child health issues
  (prenatal care, hospitalization during pregnancy, labor and delivery, opinions about birth facilities, infant feeding, contraceptive counseling after delivery)
- Contraception
  (knowledge and ever-use of methods, current method and source, special questions for current and recent users of the IUD or oral contraceptives, reasons for use of traditional methods, satisfaction with current method, reasons for non-use, contraception discussions with partner, interest in contraceptive sterilization, a five-year contraceptive calendar)
- Information, education, and communication concerning family planning
  (opinions about specific contraceptive methods, radio/television/newspaper habits, opinions about oral contraceptives/abortion)
- Young adult sexuality
  (age, relationship to partner, and contraception at first sexual intercourse)
- Women's health
  (age at first intercourse, frequency of intercourse, number of sexual partners, gynecologic exams, cigarette smoking)
- Sexually transmitted diseases
  (knowledge and diagnosis of specific STDs, testing for STDs, perceived risk of acquiring STDs).

CHAPTER II

SURVEY METHODOLOGY

The 1996 Russian Women's Reproductive Health Survey represents the first of two surveys designed to examine an assortment of reproductive health issues in three sites in Russia. This baseline survey is scheduled to be followed after two and a half to three years by a similar survey conducted at the same sites. The design is quasi-experimental, whereby the surveys are to be conducted in two areas where the Russian Women's Reproductive Health Project is in place and a similar area without the project. After the follow-up surveys, comparisons will be made between the project and non-project areas to determine the apparent impact of project activities on contraception use, abortion, use of reproductive health services, and an assortment of other reproductive health topics.

The 1996 RWRHS was designed to collect information from representative samples of all women between the ages of 15 and 44 living in each of the three survey sites, excluding those living in institutional settings. Although, of course, some pregnancy, childbearing, and abortion occurs outside the ages 15 to 44, the relative rarity of these events at those ages in Russia suggested that it would be most efficient to limit the sample to women in this age range. This issue of efficiency becomes even more important in light of the relatively small sample sizes for each of the survey sites.

As mentioned previously, the RWRHS took place in three separate sites. The two project sites were Ivanovo Oblast (Province) and the city of Yekaterinburg (formerly Sverdlovsk). The city of Perm served as the control site. Ivanovo is an industrial area approximately 250 kilometers northeast of Moscow. At the time of the survey Ivanovo Oblast had an estimated population of 1,316,000, about 486,000 (37%) in the city of Ivanovo and 830,000 (63%) in the remainder of the oblast. Economically this area has been hard hit in recent years by the closing of factories, particularly in the textile industry. Yekaterinburg and Perm are somewhat larger cities in the Ural Mountains, approximately 1500 kilometers east of Moscow. Both are industrial cities with economies that have been more successful than in most other parts of Russia. The city of Yekaterinburg has an estimated 1.3 million inhabitants. The city of Perm, with about 1.1 million residents, was selected as a control site principally because of its similarities to Yekaterinburg.

Sample selection

The survey obtained completed interviews with about 2,000 women of childbearing age at each of the three sites. Selection of the primary sampling units (PSU) and dwellings within selected PSU was done by staff of the VCIOM central office, led by Dr. Sergei Novikov. The survey used a stratified multistage cluster sampling design to select representative samples of respondents. The sampling procedures were the same in all three urban areas (the cities of Ivanovo, Yekaterinburg, and Perm), but it was necessary to use a somewhat different technique in Ivanovo

Oblast outside the city of Ivanovo.

Sample selection in large cities: In the survey's three large urban areas, the districts into which each city is divided (seven districts each in Yekaterinburg and Perm and four in Ivanovo city) formed the strata. The first stage of sampling after stratification consisted of the selection of electoral districts as primary sampling units (PSU). The number of PSU selected in each of the districts within the three cities was proportional to the district's population. Within each urban district, PSU were selected systematically from the published list of electoral districts. Because some selected PSU contained only small numbers of households and eligible respondents, the sample included additional PSU in some districts. In Yekaterinburg and Perm 98 PSU were selected. In Ivanovo city 44 were selected. The projected average number of interviews per PSU was about 20.

The second stage of sampling consisted of the selection of residences within the chosen PSU, using a "random route" methodology often employed by VCIOM. In each selected PSU, the regional supervisor constructed these routes according to a very specific process, by alphabetizing the names of streets located within the electoral district, systematically selecting two or more of those streets, and randomly selecting a starting household, using a random number table. Interviewers would visit an equal number of households on each street. They visited no more than two dwellings in each building along the route, with the floor and flat selected in buildings rotated in a systematic manner. Within each PSU, interviewers went to a predetermined number of dwellings containing eligible women. The number of dwellings visited per PSU differed slightly for the three cities. If no one was home after three visits or if a housing unit contained no 15-44 year-old females, the next one was selected.

In the third and final stage of selection, only applicable where more than one eligible female lived, interviewers randomly selected one woman between the ages of 15 and 44 to be interviewed.

Sample selection in Ivanovo Oblast: In Ivanovo Oblast, outside of the city of Ivanovo, the sampling procedure was somewhat different. The strata consisted of size-of-place categories, rather than administrative or geographic districts. The oblast was divided into four categories: cities over 100,000 population (only one such city); cities of 20,000-100,000 population (eight cities); townships of under 20,000 population; and rural settlements. Each strata was represented by a number of PSU proportional to its share of the oblast population. (For example, if 25 percent of the population lived in rural settlements, 25% of the sample would come from those settlements.) A total of 47 PSU were selected (6 in the first stratum, 16 in the second, 11 in the third, and 14 in the last). The sample included all places in the first and second strata. Within the remaining strata, towns/settlements were selected with probability proportional to their population. In the one large city with over 100,000 people PSU selection was done as in Ivanovo city. In the other strata, PSU were selected using a randomized procedure. The procedures for selecting a random route within a PSU and selection of households in selected PSU were the same as in larger cities. Likewise, interviewers selected respondents within households in the

same manner as in larger cities.

The survey required weighting in order to make the samples representative of the populations surveyed. Four factors were taken into consideration in developing the survey weights. In Ivanovo, weighting took into account the oversampling in the city of Ivanovo relative to the surrounding oblast. In each of the survey sites, the weighting procedure took into account differences between the official and survey distributions of age and education. Finally, since only one randomly selected woman of childbearing age in each household was interviewed, weights (inverse to the probability of selection within dwellings) compensated for the number of women between the ages of 15 and 44 in the household.

Data Collection

Data collection for the 1996 RWRHS was done by about 150 female interviewers living in the three surveyed areas, most of whom were highly experienced in conducting interviews. Staffs from local VCIOM offices managed the field work. There were local offices in Perm and Yekaterinburg and in the city of Vladimir, a short distance from Ivanovo. Interviewer training was also managed by the local offices, with involvement by Dr. Bodrova, the survey director, and Dr. Anna Shakarishvili, a Russian-speaking CDC epidemiologist. Interviewer training sessions, consisting of intensive training in field procedures and the proper administration of the questionnaire, occurred in each of the three areas just before data collection.

Field work lasted from February through May of 1996. Each interviewer was assigned to visit a small number of PSU in the area in which she lived. Interviews took place at respondents' homes and typically lasted from 60 to 90 minutes. Each interviewer forwarded her completed questionnaires to her regional supervisor, who reviewed each questionnaire and, if satisfactorily completed, sent it to VCIOM's Moscow office for data entry.

Response rates

As can be seen in Table II.1, the number of interviews completed in each of the three survey sites was very close to the goal of 2,000 interviews, ranging from 1,974 to 2,016. Statistics were not reported on the proportion of households that contained an eligible woman. However, response rates in selected dwellings that were known to contain a woman of childbearing age were 82% in Ivanovo (in all likelihood, the highest rate because much of the population lives in rural areas), 76% in Perm, and 64% in Yekaterinburg. The percentages of selected respondents not found at home after repeated visits was similar everywhere, between 7% and 11%. Considerable variation, however, appeared between sites in individual refusal rates, ranging from a low of 10% in Ivanovo to a high of 25% in Yekaterinburg. These rates exceed those typically found in reproductive health or similar surveys carried out in developing countries. Russian survey researchers felt that these refusal rates were not unusually high for current-day Russia, because of a tremendous fear of crime and the urban nature of the sample.

TABLE II.1
Final Interview Status of Women Selected for Interview
(Percentage Distribution)
1996 Russian Women's Reproductive Health Survey

Final Interview Status	Ivanovo	Yekaterinburg	Perm
Completed Interview	81.8	63.7	76.3
Selected Woman Not at Home	8.3	10.8	7.0
Refusal	9.5	24.9	16.0
Other	0.4	0.6	0.7
Total	100.0	100.0	100.0
Number of Completed Interviews	*2016*	*1974*	*2007*

CHAPTER III

CHARACTERISTICS OF RESPONDENTS

This chapter presents selected basic social, demographic, and economic characteristics of the survey respondents in the three RWRHS sites. Where official figures are available for the populations of those places, comparisons between the respondents and women of childbearing age as a whole are also presented. The RWRHS questionnaire included modules that covered such topics as demographic characteristics, marriage, education, religion, ethnicity, employment, housing, and other economic topics.

Demographic and social characteristics

Table III.1 displays percentage distributions of RWRHS respondent characteristics for selected demographic and social characteristics. In both the survey and official statistics there is a slight increase in percentages with increasing age. The most encouraging result in this table is the extreme similarity between the age distributions of the survey respondents and of the official statistics for all 15-44 year-old women living in the survey sites. In Ivanovo and Perm the difference between the official and survey percentages is less than one percentage point for each of the five-year age groups. In Yekaterinburg, the greatest difference is only 1.6 percentage points, among 15-19 year-olds, seen in Figure III.1. The two data sources differed consistently only in that the survey tended to have larger proportions of 15-19 year-olds than the official statistics show. This is somewhat unexpected because younger women are typically the most difficult to locate and interview.

A slight majority of respondents in all three sites were in registered marriages. Additionally, a small proportion, from 7% to 12%, were in unregistered marriages or living with a man, but not married. Divorce is not uncommon in Russia, reflected by the fact that 11% to 13% of women reported that they were currently divorced or separated and that about one-fifth of ever-married women had been married more than once. About one of every five women had never been married or lived with a man.

Russian women tend to be well educated, as evidenced by the fact that only 14% to 18% of respondents had not completed secondary schooling. About half of these women were 15-19 year-old respondents, many of whom, no doubt, were still in secondary school, as shown in Figure III.2 for Yekaterinburg. Thus, the proportion of women who eventually complete their secondary education is even higher than the figures in Table III.1 indicate. The proportion who had received any formal education beyond the secondary level ranged from 16% in Ivanovo, where educational attainment tended to be lowest, to 25% in Yekaterinburg and Perm. Within the "completed secondary" category there is considerable variation in the Russian educational system. In all three sites, a majority of women in this category completed secondary school, but also attended technicums or received some kind of professional technical training.

When asked their nationality, from 89% (Yekaterinburg) to 95% (Ivanovo) identified themselves as Russian. Those reporting that they were not ethnic Russians gave a wide range of responses. As expected, Russian Orthodox was the dominant religion among survey respondents, with from 59% (Yekaterinburg) to 78% (Ivanovo) describing themselves as Orthodox. Most women who were not Orthodox said that they had no religion. Small numbers of respondents identified themselves as either Muslim or believers in some other religion. Among women who said they had a religion, a majority (59% in Yekaterinburg to 78% in Ivanovo) said that they usually attended church at least once per week. At the other extreme, between 27% and 37% said that they rarely or never attended church.

Economic characteristics

Since the break-up of the Soviet Union and the end of communism, Russia has been undergoing dramatic economic changes. The fall of communism and the accompanying introduction of privatization led to economic freedoms that did not previously exist. The transition to a market economy, however, has also had some serious negative consequences for many individuals, at least in the short run. Economic protections, such as employment security and controlled prices, no longer exist. The RWRHS included questions related to women's employment and housing situations.

According to Table III.2, the percentage of currently employed women fell in a narrow range from 60% in Ivanovo to 64% in Perm. In Yekaterinburg and Perm, 7% of respondents worked at more than one job. Although about one of every three women did not currently have paid employment, a much smaller proportion met the definition of being unemployed. The proportion unemployed (i.e., not working and unable to find employment) was highest, 16%, in Ivanovo (an area that has experienced severe economic problems owing to the closing of many factories). The percentage unemployed was much lower in the other sites: 5% in Yekaterinburg and 8% in Perm.

The vast majority of respondents lived in cooperative housing. These are apartments in buildings still owned and operated by the state. Outright home ownership rarely occurred except in areas of Ivanovo Oblast outside the city of Ivanovo, where individual homes are found. A small proportion of women in each site either lived in a communal apartment or rented their home.

The bottom panel of Table III.2 shows the proportion of households that contained or owned selected items. Of those listed, only a bathroom or shower and a color television were found in most households. From 30% (Ivanovo) to 42% (Perm) had a telephone, while from 22% (Ivanovo and Perm) to 25% (Yekaterinburg) had a working automobile. Few women reported a personal computer in their home.

Marriage

Table III.3 and Figure III.3 (Yekaterinburg only) show percentage distributions of marital status

for five-year age groups of respondents. These results indicate that marriage tends to take place quite young. Among 20-24 year-old respondents, only 25% to 32% had never been in either a registered or unregistered marriage. By ages 25-29 only about one in every 10 women or less had never been in union. We can also see that, at least for older cohorts, few women remained unmarried. Among women 40-44 years of age, only 1% to 4% had never been in union. We can also infer that the rate of divorce has probably been rising, since the proportion of women currently divorced or separated at ages 25-29 is as high or higher than among the oldest cohorts of respondents at each site. The proportion of women in unregistered marriages is highest among the youngest cohorts, but it is not possible to tell whether unregistered marriages are becoming more prevalent or if women in informal unions tend to become formalized after a number of years.

The results in Table III.4 support the finding in the previous table that Russian women, as in most other eastern European countries, tend to marry at a much earlier age than women in other developed countries. The median age at first union not only is quite young at all three sites, but appears to be getting even younger. Over half of 20-24 year-old women in Perm and Yekaterinburg were in union before their twenty-first birthday and in Ivanovo half were in union before reaching age 20. The percentage married before age 18 has increased substantially, if reporting is equally reliable across cohorts. By age 25, the proportion remaining single is relatively small at each site, but most notable in Ivanovo.

Figure III.1
Five-Year Age Distributions,
Survey Respondents and Official Statistics
Yekaterinburg Only

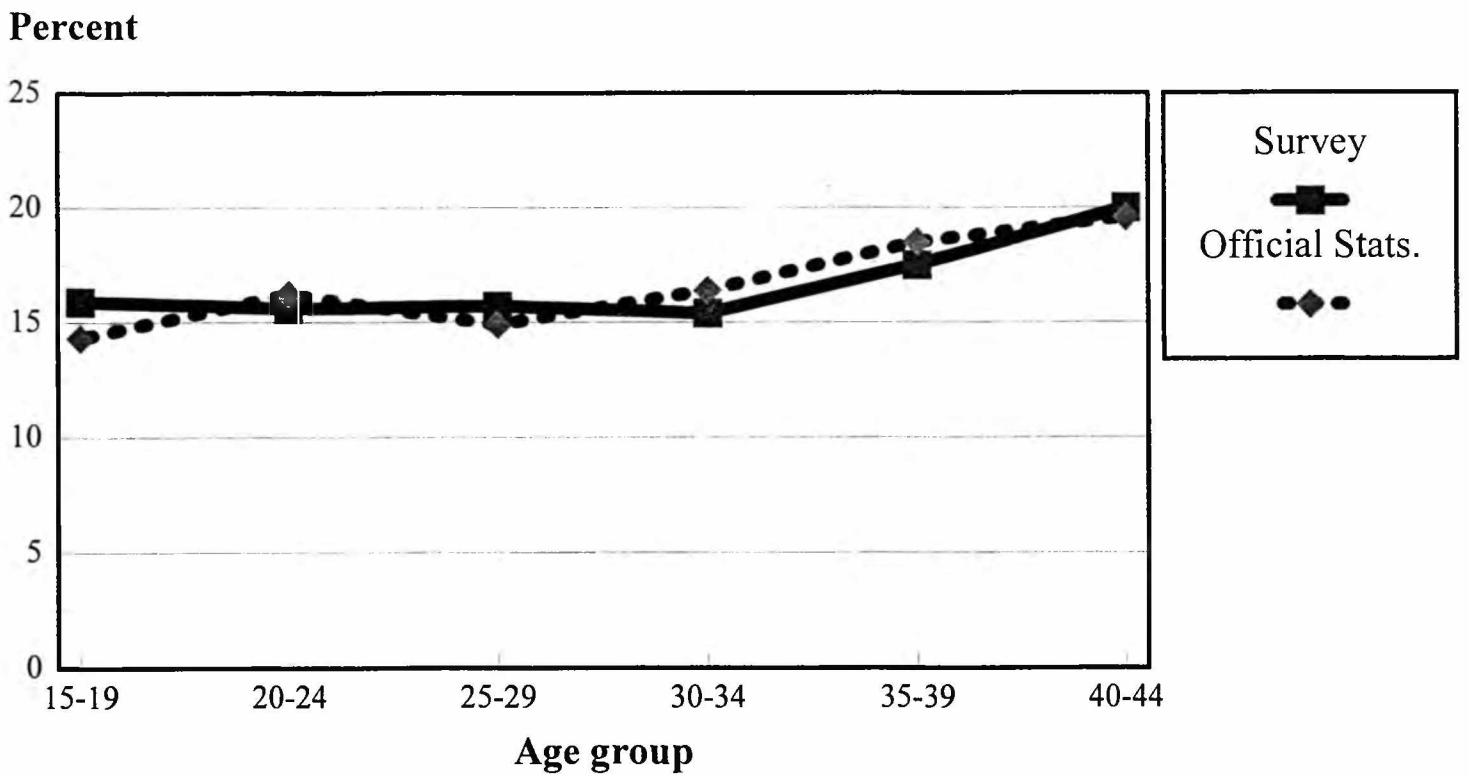


Figure III.2
Percentage Distributions of Educational Attainment, by Age of Respondent Yekaterinburg Only

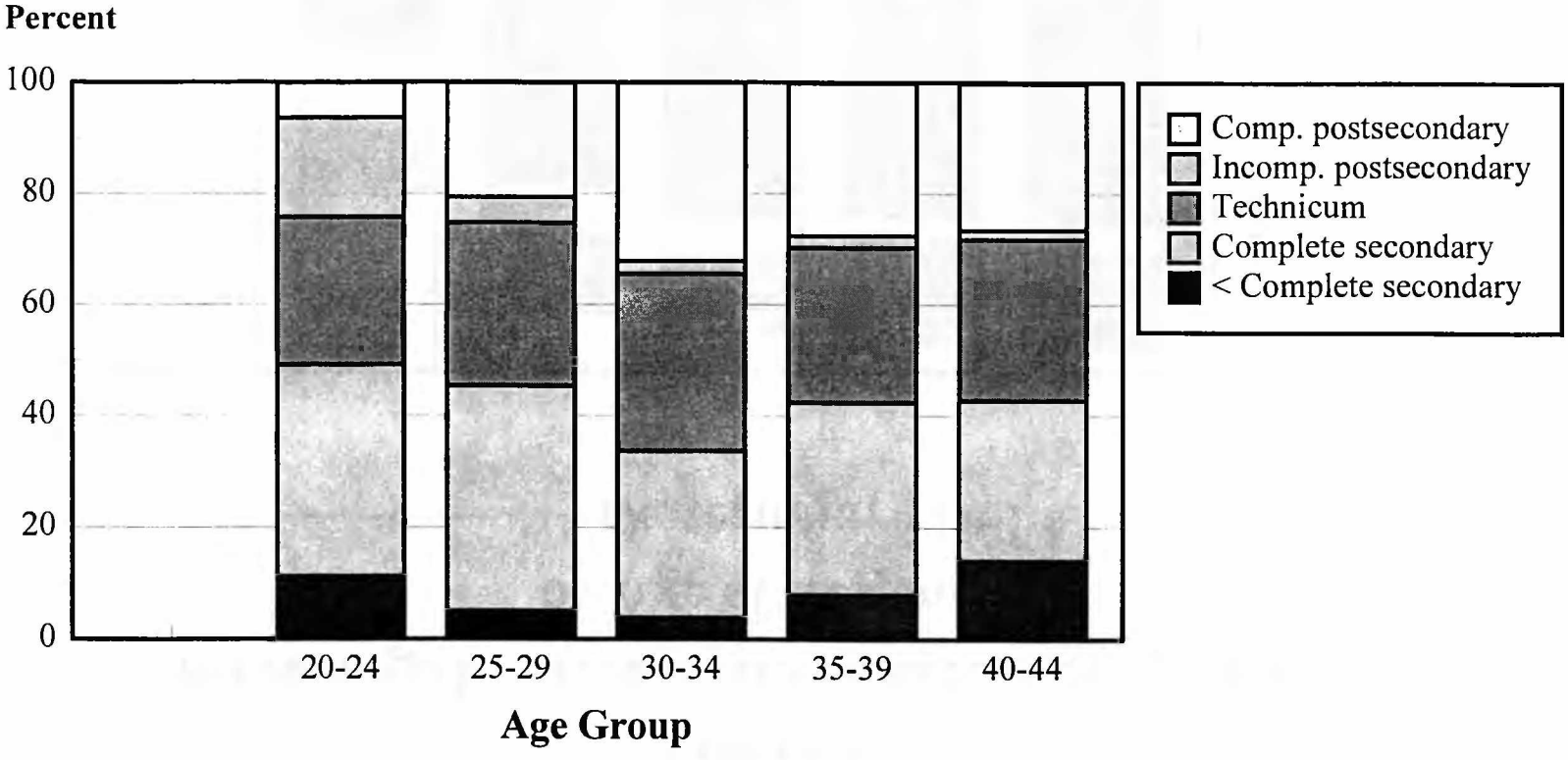


Figure III.3
Percentage Distributions of Current Marital Status, by Age of Respondent Yekaterinburg Only

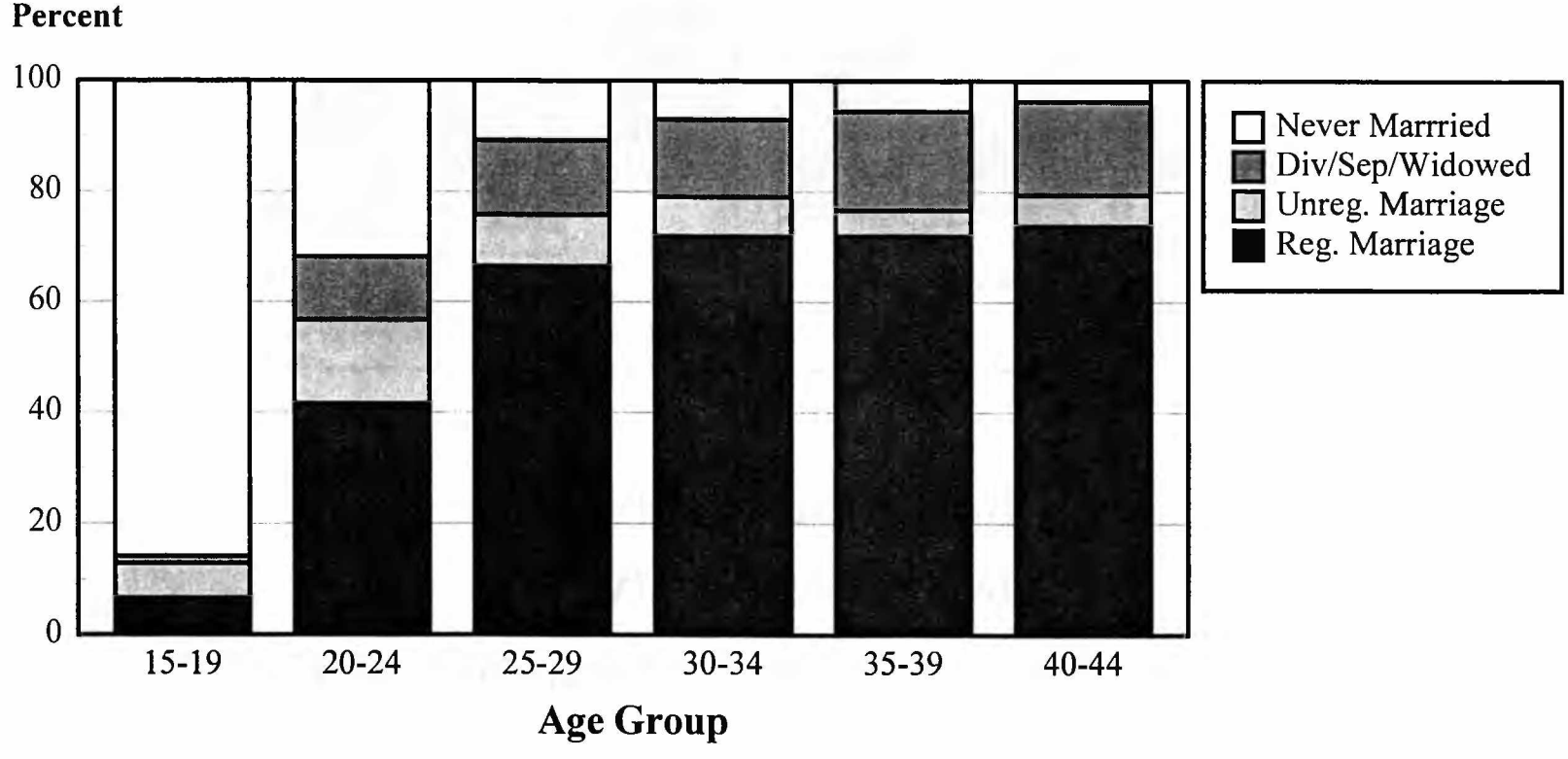


TABLE III.1
Socio-Demographic Characteristics of Respondents
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey and
Official Statistics (for Age)

Characteristics	Ivanovo		Yekaterinburg		Perm	
	Survey	Official Statistics	Survey	Official Statistics	Survey	Official Statistics
Age						
15-19	14.3	13.8	15.9	14.3	14.8	14.3
20-24	15.3	15.6	15.6	16.2	16.4	16.8
25-29	15.4	15.4	15.7	14.9	15.6	15.1
30-34	18.7	18.5	15.4	16.4	15.5	16.0
35-39	17.0	17.5	17.5	18.5	19.2	19.9
40-44	19.3	19.2	20.0	19.6	18.6	17.9
Marital Status						
Registered Marriage	60.8		56.4		53.1	
Unregistered Marriage	6.5		7.8		11.7	
Divorced/Separated	13.0		11.0		13.3	
Widowed	2.2		1.9		1.7	
Never Married	17.5		23.0		20.2	
Education						
< Complete Secondary	18.1		13.8		13.8	
Complete Secondary	65.5		61.3		61.2	
> Complete Secondary	16.4		24.8		25.0	
Nationality						
Russian	94.7		88.7		90.6	
Non-Russian	5.3		11.3		9.4	
Religion						
Orthodox	77.7		58.7		69.5	
Muslim	1.1		3.1		2.8	
Other	0.5		1.6		1.1	
None	26.8		36.6		26.7	
Church Attendance*						
At Least Once/Week	77.7		58.7		69.5	
At Least Once/Month	1.1		3.1		2.8	
Less Than Once/Month	0.5		1.6		1.1	
Rarely/Never	26.8		36.6		26.7	
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of Respondents	*2016*		*1974*		*2007*	

*Includes only respondents who have a religion.

TABLE III.2
Percentage Distributions of Current Employment Status and Home Ownership
and Percent of Women Who Live in Homes with Selected Possessions
1996 Russian Women's Reproductive Health Survey

Characteristics	Ivanovo	Yekaterinburg	Perm
Current Employment			
Employed	60.0	62.6	64.4
>1 Job	2.3	7.1	7.2
On Maternity Leave	6.7	6.4	6.8
Not Employed*	33.4	31.8	29.6
Unemployed**	16.3	5.2	7.9
Home Ownership			
Cooperative	64.2	83.8	78.2
Own Home	26.4	0.9	1.0
Communal	3.8	4.2	7.9
Rent	3.6	2.9	4.3
Other	2.0	8.2	8.5
Possessions in Home			
Bathroom/Shower	60.6	94.5	95.3
Color Television	78.9	87.8	82.3
VCR	33.1	36.9	38.3
Telephone	29.9	40.8	42.2
Automatic Washing Machine	31.5	29.6	40.0
Automobile	21.6	25.2	21.9
Personal Computer	3.7	6.8	4.2
Number of Respondents	*2016*	*1974*	*2007*

*Does not currently have a job, regardless of reason.
**Does not have a job due to inability to find a job.

TABLE III.3
Current Marital Status by Age of Respondent
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Marital Status	Age of respondent						
	15-19	20-24	25-29	30-34	35-39	40-44	15-44
Ivanovo							
Married, Registered	11.7	58.5	65.8	74.0	75.8	69.1	60.8
Married, Unregistered	5.8	8.2	10.1	5.3	4.1	5.9	6.5
Divorced/Sep.	1.0	7.7	16.0	16.4	17.5	16.6	13.0
Widowed	0.0	1.0	0.5	2.3	0.9	7.0	2.2
Never married	81.5	24.6	7.5	2.2	1.7	1.4	17.5
Number of women	*266*	*346*	*328*	*385*	*341*	*350*	*2016*
Yekaterinburg							
Married, Registered	6.7	41.6	66.5	71.9	72.0	73.8	56.4
Married, Unregistered	6.2	15.1	9.3	7.1	4.6	5.6	7.8
Divorced/Sep.	1.3	11.2	11.5	11.6	14.5	14.5	11.0
Widowed	0.0	0.3	1.9	2.5	3.4	2.6	1.9
Never married	85.6	31.8	10.7	6.9	5.4	3.6	23.0
Number of women	*256*	*334*	*324*	*368*	*344*	*348*	*1974*
Perm							
Married, Registered	6.2	46.6	56.2	65.3	65.8	70.3	53.1
Married, Unregistered	13.5	18.3	12.2	12.0	8.8	6.7	11.7
Divorced/Sep.	2.5	7.3	20.6	15.4	16.3	16.2	13.3
Widowed	0.0	0.5	1.0	1.9	2.7	3.6	1.7
Never married	77.9	27.3	10.0	5.4	6.5	3.2	20.2
Number of women	*264*	*372*	*314*	*335*	*391*	*331*	*2007*
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

TABLE III.4
Median Age at First Union* and Percent Ever in Union Before Selected Ages
by Current Age of Respondent
1996 Russian Women's Reproductive Health Survey

Site and Current Age	Median Age at First Union	Percent Married Before Age:			
		16	18	20	25
Ivanovo					
20-24	19.4	2.7	20.9	60.6	---
25-34	20.4	3.5	14.8	44.8	91.4
35-44	20.7	1.3	7.8	36.0	88.3
Yekaterinburg					
20-24	20.4	2.7	22.1	46.2	---
25-34	20.8	1.9	8.6	38.2	80.3
35-44	20.8	1.0	5.4	30.3	75.5
Perm					
20-24	20.3	1.8	15.7	45.7	---
25-34	20.9	0.4	12.0	37.1	81.5
35-44	21.3	0.9	5.9	30.0	81.3

*Registered or unregistered marriage

CHAPTER IV

CHILDBEARING AND INDUCED ABORTION

The 1996 RWRHS collected extensive information from interviewed women on pregnancy, childbearing, and abortion. The questionnaire included a complete pregnancy history for every respondent, as well as more detailed questions regarding births and induced abortions taking place since the beginning of 1991. These topics represent areas of great interest in Russia now. Fertility rates have fallen so dramatically in recent years, that Russia now has one of the lowest levels of fertility in the world (Avdeev and Monnier, 1995; Vishnevsky, 1996; Zakharov and Ivanova, 1996; Population Reference Bureau, 1997).

As in most of eastern Europe and the former Soviet Union, induced abortion has played a leading role in the limitation of fertility and the prevention of unintended births (Blayo, 1993). Russian induced abortion rates have been extremely high since at least 1950. Avdeev, Blum, and Troitskaya (1995) describe Russian abortion statistics from 1900 to 1991. Popov (1996) detailed the levels and role of abortion in the early 1990s in Russia. Abortion rates and ratios there continue to be among the highest in the world, even though there is some disagreement about the exact level and recent trends in induced abortion.

The primary objective of the RWRHS involved more accurately documenting actual and intended fertility and abortion and its complications in the three survey sites. The 1996 survey provides single-point estimates of these phenomena. It also provides baseline data with which to compare the follow-up survey findings, allowing for documentation of trends in these phenomena.

Fertility

Table IV.1 provides estimates of mean numbers of live births according to women's ages at the time of interview. For the oldest cohorts, those who have virtually finished their childbearing, mean number of births is at or slightly below two births per woman. Except among 15-19 year-olds, the mean number of children ever born was slightly higher in Ivanovo than the other two sites.

The officially reported total fertility rate (TFR) for Russia as a whole had fallen to a very low level of 1.3 births per woman by 1996, similar to most of the former communist countries of eastern Europe (Figure IV.1). The TFRs for the three survey sites, based on reported births in the two years preceding the date of interview ranged from 1.17 births per woman in Yekaterinburg, to 1.23 in Perm, to 1.45 in Ivanovo (Table IV.2). Within Ivanovo Oblast, the TFRs in Ivanovo city and the remainder of the oblast were virtually indistinguishable. These rates seem reasonable, given the officially reported national TFR for that time period. Childbearing is very heavily concentrated at the youngest ages. Fertility begins at an early age, but also terminates at

an early age, very typical for the populations of eastern Europe. In the survey sites, between 82 and 88 percent of recent births took place before age 30 and almost all occurred before age 35. By far, the most births occur between the ages of 20 and 24 years, with more than 40 percent of all childbearing occurring in this age group. Figure IV.2 demonstrates the high level of early fertility in Russia in particular and eastern Europe in general, compared to the rest of Europe. Fertility rates at ages 20-24 in the former are universally at or above about 90 births per 1,000 women per year, while rates elsewhere in Europe tend to be about half as high. Figure IV.3 reveals that the situation is almost completely reversed among 30-34 year-old women, with rates in eastern Europe consistently below 50 births per 1,000 women. Elsewhere in Europe childbearing is far more prevalent at these ages.

Table IV.3 displays percentage distributions of numbers of live births by current age for the survey sites. It should be noted that both childlessness and large families rarely occur among these women. Childlessness for the oldest cohorts was somewhat more common in Ivanovo than the other sites.

It appears that the age at first pregnancy and the age at first birth have been decreasing in recent years, despite the substantial fall in levels of childbearing. In each of the three sites, the median ages at both end of first pregnancy and first live birth occurred at least one year earlier for the 20-24 year-old cohort than for the 35-44 year-olds (Table IV.4). Age at first birth in Russia ranks among the lowest in Europe. For the survey populations the median age at first birth for the 20-24 year-olds ranged between 20.8 and 21.7 years. In spite of this tendency to begin childbearing at early ages, the percentages of women who have very early births remains low. Only 5% to 7% of 20-24 year-olds had given birth before age 18. Even though these proportions are not very large, they represent substantial increases in recent years. Among 35-44 year-olds, only 2% in each site had given birth by their eighteenth birthday. By age 25, though, the proportion who had any live births was very high, from 76% to 86% for 25-34 year-olds.

Induced Abortion

Table IV.5 presents mean numbers of lifetime induced abortions (including miniabortions) according to age at interview. Based on the reported numbers of abortions to the oldest cohorts in the sample, a range of 1.4 to 2.3 abortions per woman, mean numbers of abortions per woman were considerably lower than anecdotal reports have indicated, or else many older women underreported their numbers of abortions. By age 20-24, women already have had an average of 0.5 abortions apiece.

Table IV.6 shows that just over half of the respondents in each of the three sites reported having had at least one induced abortion. Although few teenagers reported any abortions, by ages 20-24, the percentage rises to 34% for all three sites. More than half of 25-29 year-olds reported having at least one abortion. For women in their thirties or forties, the figure is over 70 percent.

The results in Table IV.7 show the proportions of women who reported having two or more

abortions during their lives. Overall the figures range from 27% to 34%. Among the oldest cohorts in Yekaterinburg and Perm, more than half of all women had had multiple abortions. For women in their thirties or forties, more than half of women with any abortions had had multiple abortions.

Age-specific induced abortion rates from the survey data (Table IV.8) indicate that the peak ages for abortions occur between 20-24 and 30-34. Between 12% and 18% of women in their twenties have an abortion each year. Survey abortion rates were much lower among teenagers, 3% to 6% per year, and among women 35-44. The overall annual abortion rates for the two years before the survey ranged from .077 in Ivanovo, to .079 in Yekaterinburg, to .099 in Perm. The total abortion rates (a rate analogous to the total fertility rate, which describes the number of abortions a woman would have in her lifetime under the current age-specific abortion rates) for the three sites varied from 2.3 abortions per woman in Ivanovo Oblast to 3.0 in Perm. The ratio of induced abortions to live births was 1.6 in Ivanovo, 2.2 in Yekaterinburg, and 2.5 in Perm (bottom row, Table IV.8). There was a substantial difference in abortion levels within Ivanovo Oblast between the city of Ivanovo and the remainder of the oblast, with rates about 50% higher in the former than the latter. The abortion rate in Ivanovo city, .099, were the same as that recorded in Perm. Figure IV.4 shows, for Yekaterinburg only (although the pattern holds for the other survey sites as well), that age-specific fertility and abortion rates closely parallel each other, both peaking at ages 20-24 and declining steadily at older ages.

Table IV.9 shows both the official rates of induced abortion for the years 1994-1996, according to Goscomstat (1996), the Russian state statistical agency, and rates from the RWRHS. Since the survey rates displayed are for a two-year period before interview, in order to compare them with official rates, the latter must be averaged over 1994 and 1995. The official rates for Russia as a whole and for the surveyed areas portray a steady decline in the incidence of abortion in recent years. For two the two project sites, induced abortion rates based on survey reports were extremely similar to those from official sources. In the case of Perm, the survey rate was considerably higher than the official rate. This finding is very encouraging, indicating that it is unlikely that many women failed to report all of their recent abortions. With regard to generalizability of results from the survey to other places in Russia, it is noteworthy that the national rates for each year listed are similar to those for each of the survey sites.

Until recently, almost all induced abortions in Russia involved procedures that would be considered "conventional abortions" in the West. Many abortions now performed are what is commonly referred to in Russia as "miniabortions". This procedure, often referred to as "menstrual regulation" is performed using vacuum aspiration early in a pregnancy. It tends to be a simpler, more easily performed procedure than conventional abortion. Of all abortions undergone by survey respondents since the beginning of 1990, from 29% to 34% were reported to be miniabortions (Table IV.10). However, this proportion is very different according to how recently an abortion was performed. For abortions taking place since 1992, approximately one-third at each site were miniabortions, compared with only 7% to 15% in the latter half of the 1980s. Since 1990, there has been no apparent relationship between the type of abortion

procedure undergone and the age at which it occurred. However, there is a strong relationship with educational attainment, whereby, in all sites, the better educated the respondent, the more likely an abortion was to be a miniabortion.

Outcomes of pregnancies

Table IV.11 and Figure IV.5 (Yekaterinburg only) present percentage distributions of the outcomes of all reported pregnancies to respondents ending since the beginning of 1994. The overall proportion resulting in a live birth ranged from 27% in Perm to 35% in Ivanovo. The percentage that reportedly ended in abortion was 57% in Ivanovo, 60% in Yekaterinburg, and 63% in Perm. The percentages ending in miscarriage or stillbirth varied little across survey sites. (The proportion of pregnancies reported to have ended in miscarriage was not particularly high--8 to 10%, meaning that few women tried to conceal abortions by claiming they were miscarriages). The proportion resulting in a live birth decreased relatively sharply after ages 15-24, since most women had all the children they desire before age 30. Among women ages 35 or older at the time a pregnancy ended, only about one in every ten pregnancies ended in a live birth. Thus, the later in life a pregnancy occurs the more likely it is to be unintended. Figure IV.5 shows clearly the steady decrease in the proportion of live births and increase in abortions with increasing age. As this report will demonstrate shortly, the likelihood that an unintended pregnancy will be terminated by induced abortion is very high. The percentages of miscarriages and stillbirths remains relatively constant across age groups.

As Table IV.12 indicates, both whether a pregnancy was intended and the number of previous live births correlated strongly with the likelihood that the pregnancy would result in a live birth. About three of every four reportedly intended pregnancies ended with a live birth. The proportions fell to 8% to 13% for mistimed pregnancies (i.e., those occurring earlier than desired) and to only 0% to 2% for unwanted pregnancies (i.e., those occurring to women who wanted no more children). The proportion of pregnancies of unsure planning status resulting in a live birth was more similar to unplanned than to planned pregnancies, indicating that a large percentage of such pregnancies in actuality were probably unintended. As parity increased, the likelihood of an intended pregnancy decreased, resulting in a sharp decrease in the proportion of pregnancies ending in a live birth. No apparent relationship existed between outcomes and a respondent's level of education.

Table IV.13 parallels Table IV.12 and shows the proportion of recent pregnancies reportedly terminated by abortion. The findings, as might be expected, closely follow those in Table IV.12. Most unintended pregnancies resulted in abortion, while the likelihood of abortion increased with respondent parity.

Number of children desired

Few published studies in recent years have examined levels of intended or desired fertility (Bodrova, 1996). Among RWRHS respondents, not only were actual fertility rates extremely

low, but relatively few women reported wanting to have any more children. As seen in Table IV.14, between 62% (Perm) and 70% (Ivanovo) of fecund women currently in union said they wanted to have no more children. An additional 11% to 13% were unsure if they wanted to have more. Figure IV.6 shows graphically the rapid increase in proportions wanting no more children as the number of living children rose, such that women with two or more children rarely want more. Table IV. 14 indicates how many additional children women said they wanted, according to the number of living children they already had. Among those with no living children (the top row in each panel) the vast majority of women who knew how many they wanted preferred to have either one or two children. Substantial numbers of respondents (from 15% to 18%), however, claimed to want no children. Based on fertility histories of older respondents, this seems to represent a major increase in voluntary childlessness. Among women with one child, except for those who have not made up their minds about future childbearing, almost all women wanted fewer than two additional children. Likewise, for those respondents with two children or more children, very small proportions claimed to want any more children. The primary conclusion we can draw from these figures is that no evidence exists to suggest that women want to have more children than they currently are bearing. Most women, regardless of demographic or socioeconomic characteristics, have no more than one or two children and have little desire to have more than that. Although voluntary childlessness has been rare, women are much more likely to want to remain childless than to have more than two children.

Table IV.15 consists of a comparison of the number of children women said that they desired at the time they first married or lived with a man and the number they currently planned to have at the time of interview (i.e., the number of living children plus the number of additional children planned). Results are shown for Yekaterinburg only; patterns were virtually identical in the other two sites. Of those who stated that they originally wanted to have only one child, almost half adjusted their desires upward, but few wanted more than two children. About three of every four women who originally wanted two children continued to want the same number. Of the relatively small number of women who originally desired large families (three or more children), about 60 percent decided that they wanted fewer, mostly two children. These results provide further evidence for the very narrow range of pregnancy intentions found in Russia: there is a strong two-child norm, with most others wanting only one child. Relatively few women wanted to remain childless or have a large family.

Planning status of pregnancies

Respondents categorized the planning status of every pregnancy ending since the beginning of 1991. They classified each pregnancy as either planned (wanted at the time it occurred), mistimed (occurring earlier than intended), unwanted (the respondent wanted no more children), or unsure. Given the very high level of induced abortion in the survey sites, it was expected that a large proportion of pregnancies would be reported as either mistimed or unwanted.

In fact, women classified only from 33% (Perm) to 42% (Ivanovo) of recent pregnancies as planned (Table IV.16). From 49% to 56% were either mistimed or unwanted, with another 8% to

11% in the unsure category. Of the unplanned pregnancies, just about twice as many were unwanted as mistimed at each site. The likelihood of a pregnancy being planned decreased with increasing numbers of living children. For women with no living children at the time of pregnancy, the percentage planned ranged from 61% to 76%. For women with two or more children, only between 8% and 14% of pregnancies were planned. In fact, those women categorized the vast majority of their recent pregnancies (73% to 78%) as unwanted.

The outcome of pregnancies and their planning status correlated very highly. Women reported that all but a small proportion of live births resulted from planned pregnancies. This confirms that very few unplanned pregnancies (particularly unwanted ones) result in live births. Of course, all but a small number of induced abortions were for unplanned pregnancies. There was no consistent relationship apparent between the educational level of respondents and the planning status of their pregnancies.

Complications of abortions

One of the principle reasons for seeking to reduce reliance on induced abortion as a primary means of preventing unintended births is that abortion entails a greater risk to the health of women than the use of modern contraceptive methods. Because medical records do not always provide a reliable indication of the occurrence of abortion complications, the RWRHS collected information from women regarding complications resulting from recent abortions.

We found that the proportion of all abortions since the beginning of 1992 that women said required additional medical treatment "shortly after the procedure" was between 13% and 17% (Table IV.17, first column). Although miniabortions are generally considered to be safer than conventional procedures, virtually no difference was noted between the two types of procedures in the incidence of short-term complications. Between 3% and 10% of respondents with recent abortions experienced long-term (at least six months after the procedure) complications.

Women who reported medical problems associated with their last abortion were asked what their most significant problem was. In each of the three sites, the most common short-term complication consisted of bleeding or hemorrhage, followed by pelvic pain (Table IV.18). Many women reported problems that did not fit into any of the major categories listed. By far, the most common long-term problem mentioned by women in Ivanovo and Perm was pelvic pain. Other problems that women often mentioned were irregular bleeding and infection. Again, many of the problems cited did fit into the listed categories.

Hospitalization for/Cost of induced abortions

In each of the three survey sites, just under half of women with an abortion since the beginning of 1991 said that they spent at least one night in the hospital for their most recent abortion (Table IV.19). In about 8% of instances, hospitalization lasted for at least four nights, with about half of these for more than one week. Only minor differences appeared according to respondents' ages

or socioeconomic status, but length of hospital stay did vary slightly according to the recency of the procedure and sharply according to the type of procedure. Relatively small proportions of women undergoing miniabortion (10% to 22%) were hospitalized, with most stays lasting only one to three nights. Hospitalization appears to have been more common in Perm than in the other two sites. Hospitalization following miniabortion decreased slightly between 1991-93 and 1994-96. On the other hand, hospital stays remained common for women who had a conventional abortion, with from 51% to 70% spending one or more nights in a hospital. The proportion spending four or more nights in a hospital was much higher than for miniabortions, ranging from 9% to 13% for the 1994 to 1996 period. Most of these longer stays were probably due to complications associated with the procedure done. The likelihood of hospitalization following abortion remained relatively constant in Ivanovo and Perm, but decreased considerably in Yekaterinburg from 1991-93 to 1994-96.

Table IV.20 presents the distribution of the amount of money women/couples paid for their most recent abortion since the January 1991. Because of the tremendous price increases generally in Russia and the dramatic fall in the value of the ruble since the break-up of the Soviet Union, figures are presented for 1991-93 and 1994-96 separately. Even in the latter period, many abortions, both conventional and miniabortions, reportedly were done at no charge. This was particularly true in Ivanovo, where women did not pay for at least 64% of miniabortions and 82% of conventional abortions. In Ivanovo and Perm, miniabortions were less likely than conventional abortions to require payment. One should keep in mind that Table IV.21 demonstrates more the dramatic decline in the value of the ruble than increasing costs for abortion. It can be seen that in 1991, abortions cost, on average, less than 1,000 rubles. A tremendous disparity in the cost of abortions between survey sites is apparent, with the average payments ranging from 26,000 rubles in Ivanovo to 122,000 rubles in Yekaterinburg. In Ivanovo, far more abortions were done for free than elsewhere, but even those for which women paid tended to be less expensive than in other places.

Figure IV.1
Total Fertility Rates, Most Recent Available
Selected Countries

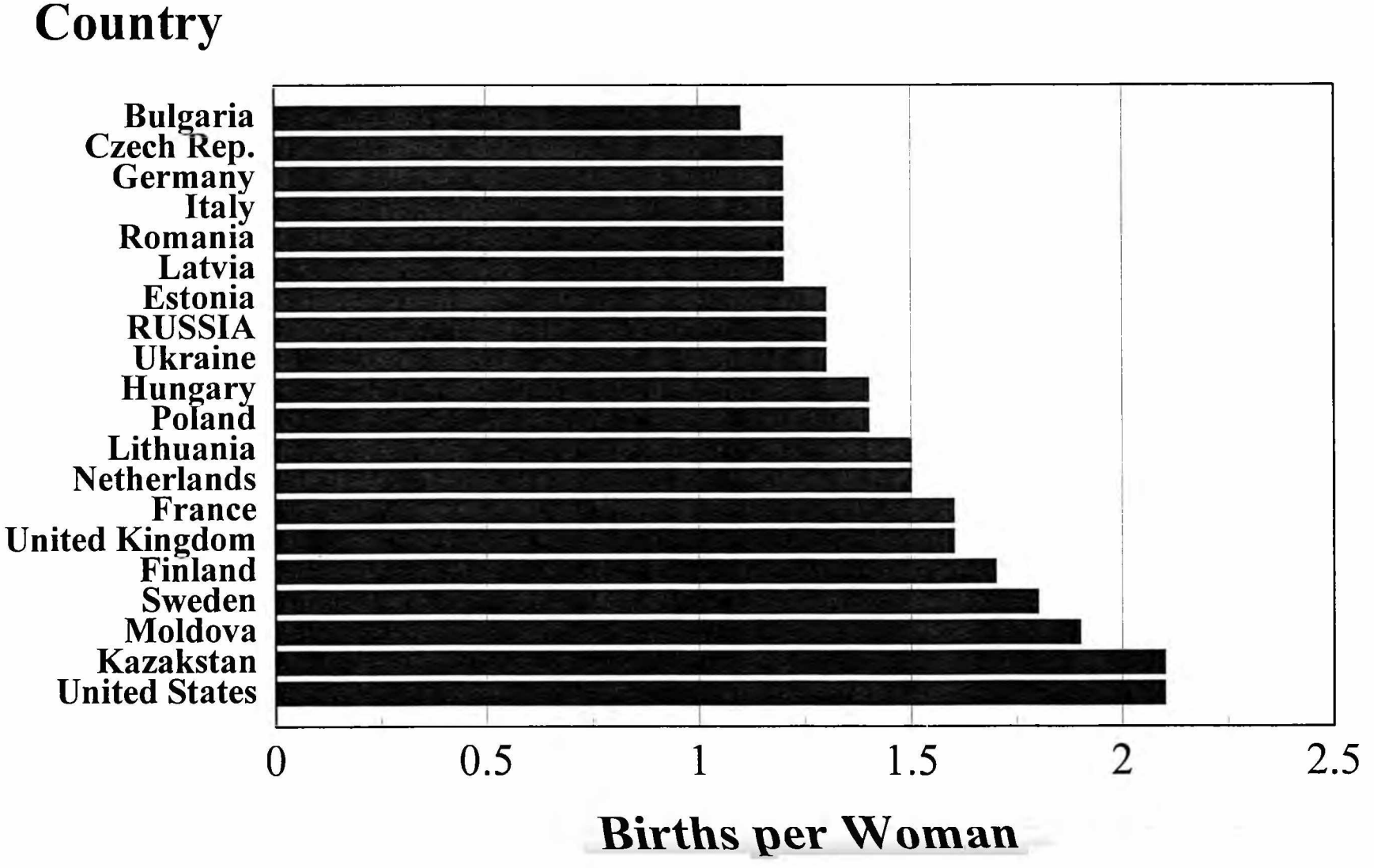


Figure IV.2

Fertility Rates, 20-24 Year-Old Women, Most Recent Available

Selected Countries

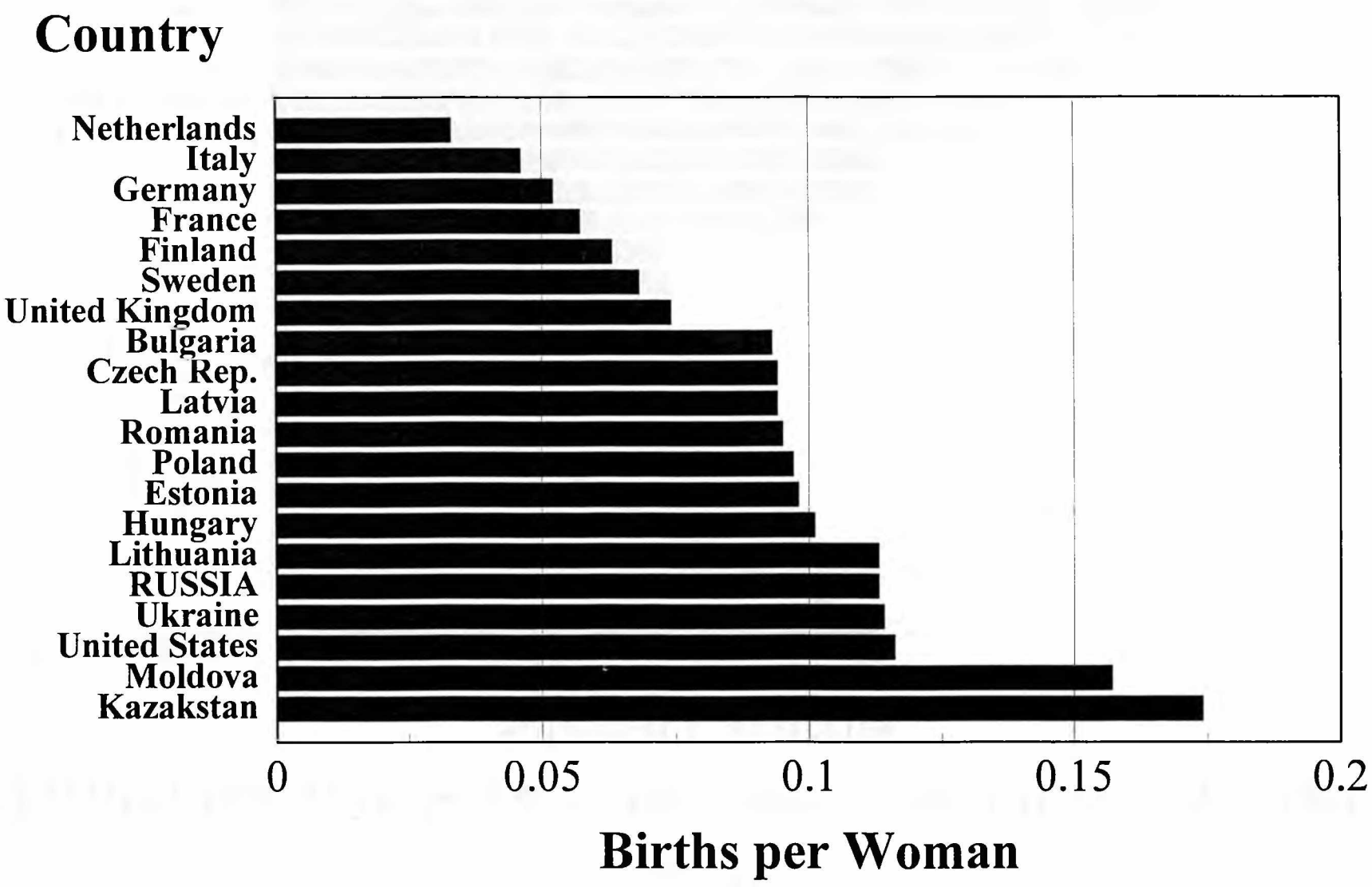


Figure IV.3

Fertility Rates, 30-34 Year-Old Women, Most Recent Available

Selected Countries

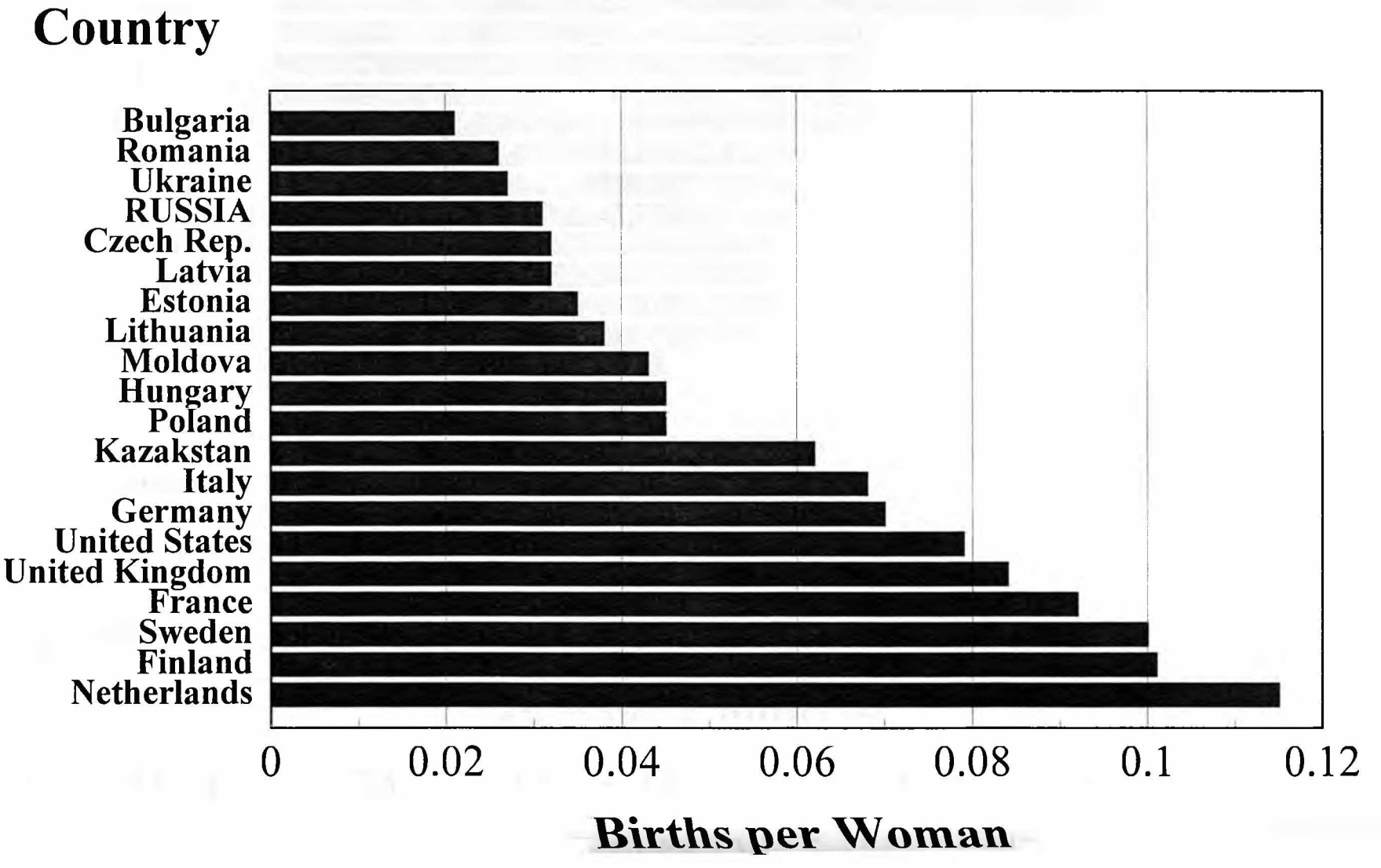


Figure IV.4
Age-Specific Fertility and Abortion Rates
Yekaterinburg Only

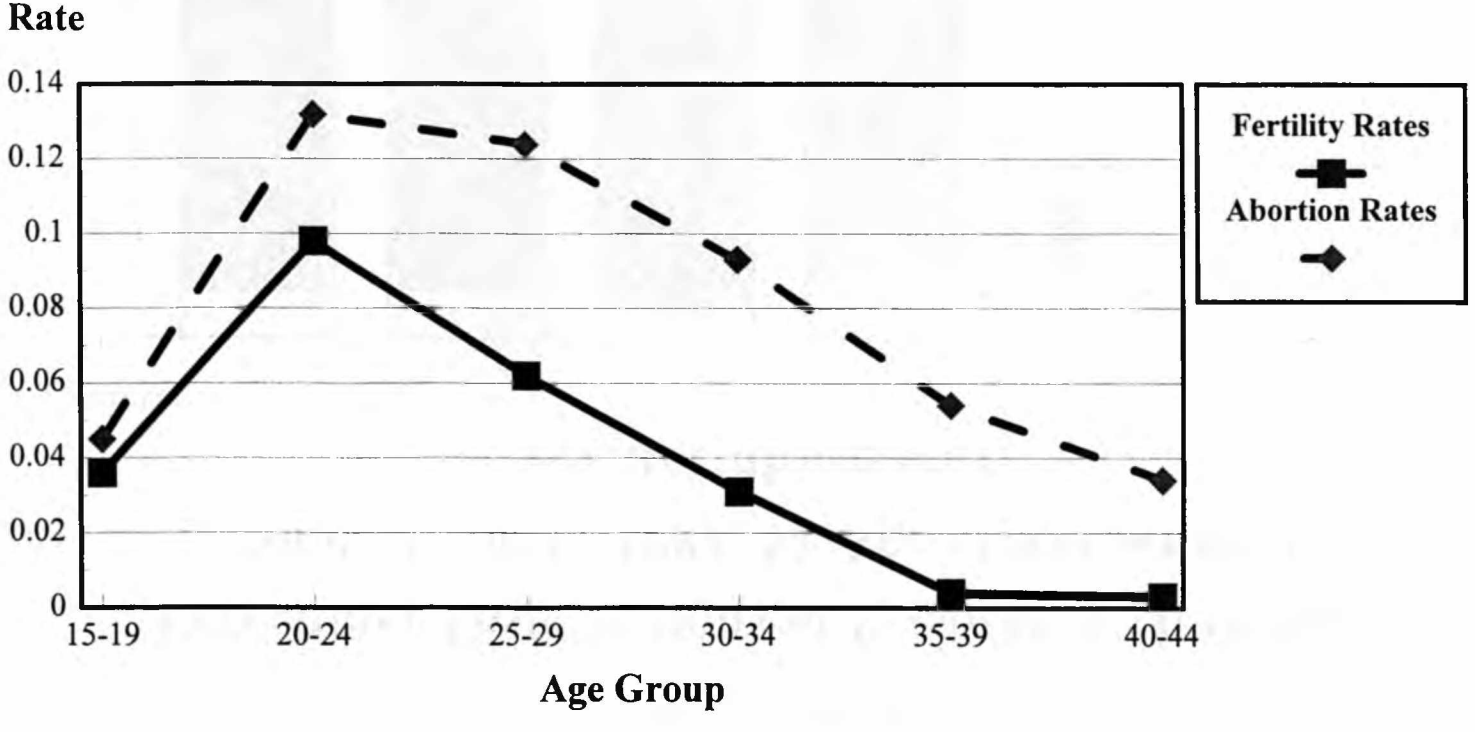


Figure IV.5
Percentage Distributions of Pregnancy Outcomes Since January 1994, by Age of Respondent Yekaterinburg Only

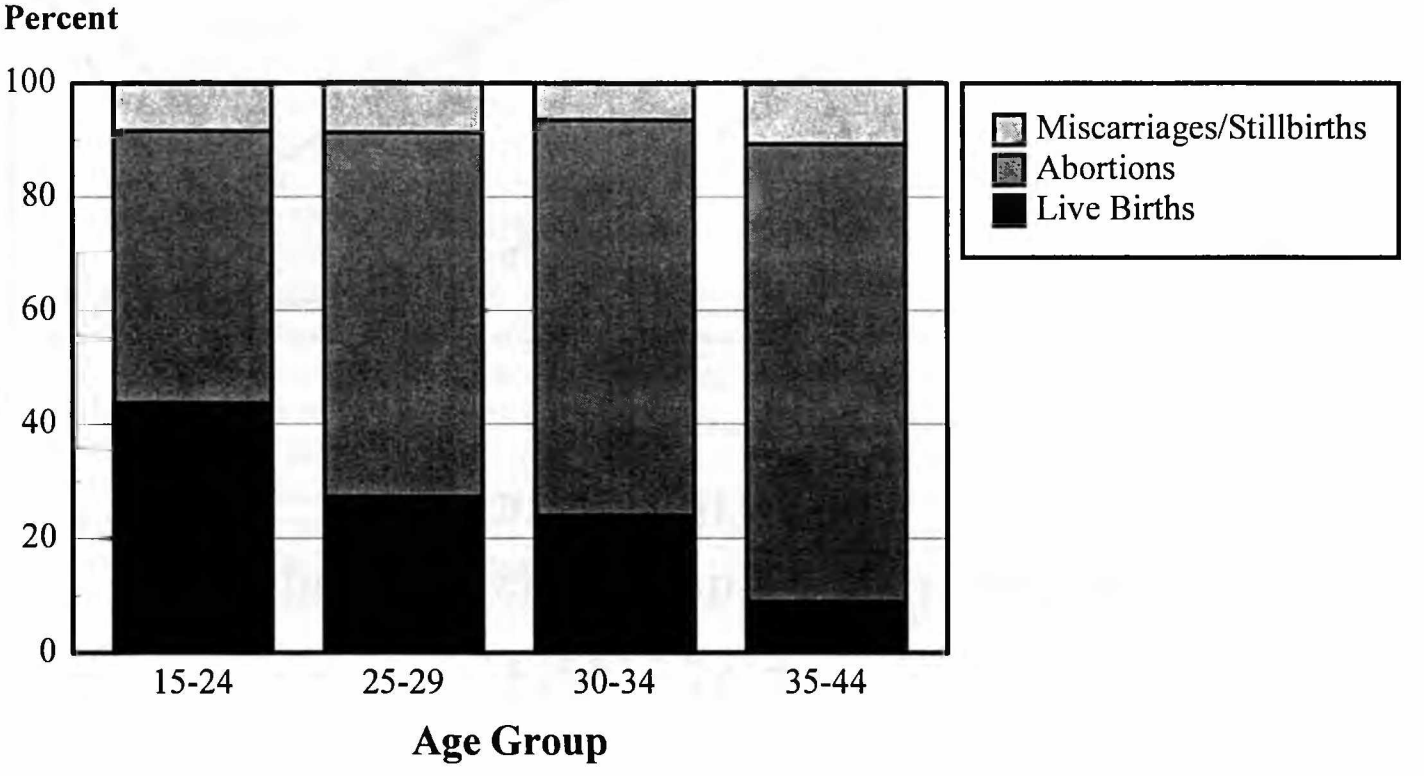


Figure IV.6

Percent of Fecund Women in Union Who Want No More Children, According to Number of Living Children

TABLE IV.1
Mean Number of Live Births by Age of Respondent
1996 Russian Women's Reproductive Health Survey

Age of Respondent	Ivanovo	Yekaterinburg	Perm
15-19	0.1	0.1	0.1
20-24	0.7	0.5	0.5
25-29	1.2	1.1	1.1
30-34	1.7	1.4	1.5
35-39	1.9	1.7	1.7
40-44	2.0	1.8	1.8
15-44	1.3	1.1	1.1

TABLE IV.2
*Age-Specific and Total Fertility Rates**
1996 Russian Women's Reproductive Health Survey

Age of Respondent	Ivanovo			Yekaterinburg	Perm
	Total	Ivanovo City	Rest of Oblast		
15-19	.060	.054	.064	.036	.036
20-24	.140	.145	.136	.098	.108
25-29	.055	.058	.053	.062	.056
30-34	.030	.022	.034	.031	.031
35-39	.005	.009	.002	.004	.011
40-44	.000	.000	.000	.003	.003
Total Fertility Rate	1.45	1.44	1.45	1.17	1.23

*Rates are for the 2-year period preceding date of interview.

TABLE IV.3
Number of Live Births by Age of Respondent
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Number of Live Births	Age of respondent						
	15-19	20-24	25-29	30-34	35-39	40-44	15-44
Ivanovo							
0	89.8	37.8	12.7	4.5	5.3	3.9	23.0
1	9.8	56.1	62.3	35.8	24.3	23.9	34.9
2	0.5	5.1	21.6	49.2	57.9	56.1	34.2
3+	0.0	1.0	3.4	10.6	12.5	16.1	7.9
Yekaterinburg							
0	90.9	53.2	19.2	12.6	8.1	7.2	30.7
1	9.1	43.8	58.1	41.1	32.6	26.8	34.6
2	0.0	2.8	19.2	41.0	43.3	53.5	28.0
3+	0.0	0.2	3.5	5.2	15.9	12.6	6.7
Perm							
0	89.9	53.5	19.0	8.6	9.9	6.7	29.5
1	9.9	41.8	55.9	44.2	32.1	26.5	34.8
2	0.0	3.5	23.0	42.1	45.6	51.3	29.0
3+	0.3	1.2	2.2	5.2	12.4	15.6	6.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

TABLE IV.4
Median Age at the End of First Pregnancy and at First Birth,
and Percent Who Ever Had a Live Birth by Selected Ages
by Current Age of Respondent
1996 Russian Women's Reproductive Health Survey

Current Age	Median Age at End of First Pregnancy	Median Age at First Birth	Percent with a Live Birth Before Age:		
			18	20	25
Ivanovo					
20-24	20.3	20.8	6.7	32.0	---
25-34	21.4	21.8	5.8	23.8	86.0
35-44	22.1	22.3	1.6	17.4	76.5
Yekaterinburg					
20-24	19.7	21.7	5.1	28.6	---
25-34	21.4	21.9	4.4	23.4	77.2
35-44	22.4	22.8	1.5	11.3	68.5
Perm					
20-24	20.0	21.6	4.5	24.5	---
25-34	21.4	22.0	5.2	22.7	76.0
35-44	22.4	22.8	1.8	16.9	73.7

TABLE IV.5
Mean Number of Induced Abortions (Including Miniabortions) by Age of Respondent
1996 Russian Women's Reproductive Health Survey

Age of Respondent	Ivanovo	Yekaterinburg	Perm
15-19	0.1	0.1	0.1
20-24	0.5	0.5	0.6
25-29	1.0	1.3	1.4
30-34	1.4	1.6	1.7
35-39	1.4	1.9	2.0
40-44	1.5	2.1	2.3
15-44	1.0	1.3	1.4

TABLE IV.6
Percent of Women Who Had at Least One Induced Abortion (Including Miniabortions), by Age of Respondent
1996 Russian Women's Reproductive Health Survey

Age of Respondent	Ivanovo	Yekaterinburg	Perm
15-19	4.7	6.5	8.0
20-24	33.5	33.8	34.4
25-29	57.4	58.9	64.2
30-34	72.0	70.7	70.9
35-39	71.1	76.7	75.8
40-44	70.5	81.1	77.9
15-44	53.8	56.0	56.8

TABLE IV.7
Percent of Women Who Had at Least Two Induced Abortions (Including Miniabortions), by Age of Respondent
1996 Russian Women's Reproductive Health Survey

Age of Respondent	Ivanovo	Yekaterinburg	Perm
15-19	0.0	0.7	2.1
20-24	10.4	8.6	13.0
25-29	23.4	28.4	33.1
30-34	38.6	41.8	40.9
35-39	37.2	50.1	50.9
40-44	40.6	54.6	57.4
15-44	26.6	32.1	34.3

TABLE IV.8
Age-Specific Induced Abortion Rates and Other Selected Measures of Induced Abortion Incidence*
1996 Russian Women's Reproductive Health Survey

Age of Respondent	Ivanovo			Yekaterinburg	Perm
	Total	Ivanovo City	Rest of Oblast		
15-19	.030	.049	.016	.045	.057
20-24	.148	.172	.132	.132	.153
25-29	.129	.175	.098	.124	.181
30-34	.081	.118	.060	.093	.108
35-39	.049	.060	.042	.054	.062
40-44	.020	.020	.019	.034	.039
Total Abortion Rate	2.28	2.97	1.84	2.41	3.00
Abortion Rate**	.077	.099	.063	.079	.099
Abortion Ratio***	1.62	2.10	1.31	2.22	2.45

*All rates are for the two-year period preceding the date of interview.
**Proportion of women 15-44 years of age having induced abortions in one year.
***Ratio of induced abortions to live births

TABLE IV.9
Annual Induced Abortion Rates Per 1,000 Women of Childbearing Age
According to Official Statistics* and the 1996 Russian Women's Reproductive Health Survey

Location	Official Statistics				RWRHS
	1994	1995	1996	1994-1995 (Average)	1994-1995
Ivanovo Oblast	78.8	71.7	67.9	75.3	77.1
Yekaterinburg City	85.7	75.1	66.1	80.4	79.4
Perm City	91.7	77.2	73.8	84.5	99.3
Russia, Total	82.4	73.9	70.1	78.2	NA

*Source of data: GOSCOMSTAT, 1997

TABLE IV.10
Percent of Induced Abortions Reported to Be Miniabortions
by Year of Occurrence and Age and Education of Respondent
1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
	Percent	*Number of Abortions*	Percent	*Number of Abortions*	Percent	*Number of Abortions*
Total*	29.0	*855*	33.8	*943*	28.5	*1119*
Year of Abortion						
1985-89	7.3	*544*	14.8	*703*	11.4	*646*
1990-91	19.3	*244*	29.4	*318*	27.6	*345*
1992-93	29.9	*267*	34.2	*301*	31.6	*363*
1994-96	35.7	*344*	37.6	*324*	26.6	*411*
Age at Abortion*						
Under 20	31.3	*45*	33.5	*69*	20.6	*83*
20-24	29.9	*257*	34.2	*232*	30.0	*300*
25-34	30.6	*414*	34.3	*465*	29.5	*554*
35-44	23.1	*139*	31.9	*177*	26.6	*182*
Education*						
< Comp. Sec.	16.4	*59*	8.4	*36*	19.9	*58*
Comp. Sec.	30.0	*596*	34.5	*667*	25.9	*781*
> Comp. Sec.	33.8	*200*	40.4	*240*	39.6	*280*

*Only includes abortions occurring in 1990 or later.

TABLE IV.11
Outcomes of Pregnancies Ending since the Beginning of 1994,
by Age of Respondent at the End of Pregnancy
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Age of Respondent				
Pregnancy Outcome	15-24	25-29	30-34	35-44	15-44
Ivanovo					
Live Birth	46.8	31.6	26.3	9.2	34.7
Stillbirth	0.4	0.0	1.0	0.0	0.4
Miscarriage	8.8	7.4	2.4	10.1	7.5
Miniabortion	15.4	22.5	28.8	22.0	20.4
Regular Abortion	28.7	38.5	41.5	58.8	37.1
Number of Pregnancies	*268*	*154*	*104*	*74*	*600*
Yekaterinburg					
Live Birth	43.7	27.3	24.0	8.9	29.5
Stillbirth	0.0	0.6	0.0	1.0	0.4
Miscarriage	8.4	8.1	6.5	9.7	8.2
Miniabortion	15.8	25.6	23.0	33.6	23.0
Regular Abortion	32.0	38.5	46.5	46.7	38.9
Number of Pregnancies	*182*	*155*	*101*	*88*	*526*
Perm					
Live Birth	39.3	23.0	20.4	11.8	27.0
Stillbirth	0.3	0.8	0.8	0.0	0.5
Miscarriage	9.4	11.1	5.1	14.1	9.9
Miniabortion	14.8	14.2	20.7	22.2	16.8
Regular Abortion	36.2	50.9	53.0	51.9	45.8
Number of Pregnancies	*263*	*180*	*118*	*100*	*661*
Total	100.0	100.0	100.0	100.0	100.0

TABLE IV.12
Percent of Pregnancies Resulting in a Live Birth Since the Beginning of 1994
by Planning Status of Pregnancy, Live Births at Time of Pregnancy, and Respondent's Education
1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
	Percent	*Number of Pregs.*	Percent	*Number of Pregs.*	Percent	*Number of Pregs.*
Planning Status						
Planned	77.0	*242*	76.3	*187*	73.3	*224*
Mistimed	7.8	*109*	10.6	*116*	12.8	*146*
Unwanted	2.2	*196*	1.8	*179*	0.0	*225*
Unsure	21.2	*53*	15.6	*44*	19.5	*65*
Live Births						
0	67.6	*209*	61.4	*182*	56.8	*232*
1	22.1	*256*	19.8	*209*	17.9	*270*
2 or more	12.2	*135*	5.8	*135*	4.6	*153*
Education						
LE Comp. Sec.	35.2	*460*	28.3	*382*	26.5	*501*
GT Comp. Sec.	32.2	*140*	34.8	*144*	29.2	*160*
All Pregnancies	34.7	*600*	29.5	*526*	27.1	*661*

TABLE IV.13
Percent of Pregnancies Resulting in an Induced Abortion Since the Beginning of 1994
by Planning Status of Pregnancy, Live Births at Time of Pregnancy, and Respondent's Education
1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
	Percent	*Number of Pregs.*	Percent	*Number of Pregs.*	Percent	*Number of Pregs.*
Planning Status						
Planned	9.4	*242*	10.0	*187*	8.8	*224*
Mistimed	88.2	*109*	83.3	*116*	78.8	*146*
Unwanted	93.7	*196*	93.3	*179*	97.0	*225*
Unsure	75.6	*53*	73.8	*44*	65.2	*65*
Live Births						
0	20.4	*209*	28.5	*182*	30.7	*232*
1	71.7	*256*	71.2	*209*	75.2	*270*
2 or more	82.8	*135*	87.9	*135*	82.8	*153*
Education						
LE Comp. Sec.	57.9	*460*	63.1	*382*	62.5	*501*
GT Comp. Sec.	55.5	*140*	56.9	*144*	63.0	*160*
All Pregnancies	57.5	*600*	61.9	*526*	62.6	*661*

TABLE IV.14
Number of Additional Children Desired by Number of Living Children
Among Fecund Women Currently in Union
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Additional Children Desired						
Living Children	0	1	2	3+	Unsure	Total	*N*
Ivanovo							
0	17.6	26.6	28.7	3.4	23.7	100.0	*97*
1	50.6	27.7	2.7	0.4	18.6	100.0	*537*
2	90.6	4.6	0.0	0.0	4.9	100.0	*519*
3+	95.4	3.6	0.0	0.0	1.0	100.0	*103*
Total	70.3	15.1	3.0	0.4	11.2	100.0	*1256*
Yekaterinburg							
0	14.8	27.0	37.6	1.7	18.8	100.0	*135*
1	50.5	27.6	2.5	0.1	19.3	100.0	*467*
2	92.9	3.2	0.2	0.2	3.6	100.0	*472*
3+	86.2	7.2	0.0	0.0	6.6	100.0	*70*
Total	67.6	13.4	5.2	0.3	11.5	100.0	*1144*
Perm							
0	16.0	23.5	32.6	3.8	24.1	100.0	*162*
1	43.5	32.3	2.6	0.6	21.0	100.0	*492*
2	88.3	5.9	0.0	0.0	5.8	100.0	*465*
3+	92.4	2.7	0.0	0.0	4.8	100.0	*79*
Total	61.9	18.2	5.2	0.7	14.0	100.0	*1198*

NOTE: Currently pregnant women were classified as having one more living child than they did at the time of interview.

TABLE IV.15
Number of Children Currently Intended*,
by Number of Children Planned at Time of First Marriage,
Fecund Women Currently in Union, Yekaterinburg Only
(Percentage Distribution)
1996 Russian Women's Reproductive Health Survey

Children Desired When First Married/in Union	Number of Children Currently Intended						
	0	1	2	3+	Unsure	Total	*N*
0	**	**	**	**	**	100.0	*7*
1	2.0	50.9	41.9	4.7	0.6	100.0	*175*
2	0.6	14.4	76.8	7.1	1.2	100.0	*493*
3+	0.0	10.7	50.7	35.2	3.4	100.0	*86*
Not Sure	3.8	29.7	45.3	16.2	5.1	100.0	*280*
Total	1.8	24.3	60.0	11.6	2.3	100.0	*1041*

*Number of children currently intended is defined as the number of living children plus the number of additional children intended.

**Fewer than 25 respondents intended no children at the beginning of their first marriage/union.

TABLE IV.16
Planning Status of Pregnancies Ending since January 1991
by Number of Living Children at the Time of Pregnancy and Pregnancy Outcome
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Planning Status of Pregnancy					
Characteristics	Planned	Mistimed	Unwanted	Unsure	Total	*(N)*
Ivanovo						
Total	42.1	17.3	32.3	8.3	100.0	*1339*
Living Children						
0	76.1	17.0	1.8	5.1	100.0	*461*
1	30.2	24.4	33.1	12.4	100.0	*559*
2+	13.7	6.3	73.8	6.2	100.0	*319*
Preg. Outcome*						
Live Birth	85.8	5.8	4.0	4.4	100.0	*535*
Miscarriage	67.7	9.2	14.7	6.4	100.0	*85*
Induced Abortion	4.9	26.4	57.0	11.7	100.0	*699*
Education						
< Complete Sec.	44.3	22.7	31.6	1.5	100.0	*112*
Complete Sec.	41.2	16.1	32.9	9.8	100.0	*912*
> Complete Sec.	44.4	18.2	30.5	6.8	100.0	*315*
Yekaterinburg						
Total	34.7	19.3	36.9	9.0	100.0	*1322*
Living Children						
0	64.0	24.6	3.5	8.0	100.0	*436*
1	25.2	24.0	39.6	11.2	100.0	*551*
2+	9.8	5.2	77.9	7.2	100.0	*335*
Preg. Outcome*						
Live Birth	87.4	5.5	2.7	4.4	100.0	*418*
Miscarriage	51.1	20.0	21.3	11.6	100.0	*116*
Induced Abortion	5.6	25.4	57.8	11.2	100.0	*745*
Education						
< Complete Sec.	32.0	14.5	47.9	5.7	100.0	*49*
Complete Sec.	32.1	19.8	38.4	9.8	100.0	*886*
> Complete Sec.	44.1	19.2	29.0	7.7	100.0	*377*

TABLE IV.16 (Continued)
Planning Status of Pregnancies Ending since January 1991
by Number of Living Children at the Time of Pregnancy and Pregnancy Outcome
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Characteristics	Planning Status of Pregnancy					
	Planned	Mistimed	Unwanted	Unsure	Total	*(N)*
Perm						
Total	32.5	19.9	36.6	11.1	100.0	*1516*
Living Children						
0	60.8	24.8	3.7	10.7	100.0	*580*
1	22.4	22.2	43.0	12.5	100.0	*588*
2+	7.5	9.6	73.4	9.6	100.0	*348*
Preg. Outcome*						
Live Birth	83.5	7.2	2.1	7.2	100.0	*457*
Miscarriage	52.9	16.2	18.4	12.4	100.0	*118*
Induced Abortion	4.8	25.5	57.3	12.5	100.0	*898*
Education						
< Complete Sec.	37.6	17.1	29.8	15.5	100.0	*108*
Complete Sec.	30.1	19.9	39.6	10.5	100.0	*1021*
> Complete Sec.	37.4	21.1	30.9	10.6	100.0	*387*

*Current pregnancies excluded from tabulations for pregnancy outcome.

TABLE IV.17
Percent of Induced Abortions Since January 1991 with Complications Requiring Medical Treatment, Percent of Those with Complications That Required Additional Hospitalization and Percent of Abortions Resulting in Health Problems at Least Six Months Later, by Type of Abortion
1996 Russian Women's Reproductive Health Survey

Type of Abortion	% with Complications Requiring Medical Treatment "Soon After Abortion"	% of Those with Complications Who Received Additional Hospitalization	% of All Abortions with Related Long-Term Health Problems*	*N*
Ivanovo				
All Abortions	13.3	51.7	3.2	*714*
Regular Abortions	12.7	57.3	4.7	*480*
Miniabortions	14.4	35.9	4.3	*234*
Yekaterinburg				
All Abortions	16.0	51.8	7.9	*775*
Regular Abortions	18.2	59.5	9.1	*499*
Miniabortions	11.9	37.3	5.7	*276*
Perm				
All Abortions	16.6	42.5	10.1	*923*
Regular Abortions	16.8	39.8	11.4	*632*
Miniabortions	16.0	49.1	7.0	*291*

*Problems occurring at least six months after abortion.

TABLE IV.18
Percent of Abortions with Complications Requiring Medical Treatment
and Percentage Distributions of the Types of Reported Complications
Associated with Induced Abortions since January 1991
1996 Russian Women's Reproductive Health Survey

Abortion Complications*	Ivanovo	Yekaterinburg	Perm
Percent with Any Short-Term Complications	13.3	16.0	16.6
Bleeding/Hemorrhage	30.8	42.8	41.6
Pelvic Pain	17.3	12.7	16.3
Fever	10.8	8.9	10.9
Discharge	6.9	6.9	8.8
Other/Don't Remember	34.3	28.8	22.4
Total	100.0	100.0	100.0
Number of Abortions with Short-Term Complications	*98*	*124*	*161*
Percent with Any Long-Term Complications	3.2	7.9	10.1
Pelvic Pain	46.6	16.4	43.5
Irregular Bleeding	12.3	17.0	14.2
Infection	9.4	5.6	10.0
Sterility	4.6	3.6	7.7
Lack of Menstruation	3.2	3.2	4.5
Other/Don't Remember	23.9	54.2	20.1
Total	100.0	100.0	100.0
Number of Abortions with Long-Term Complications	*29*	*56*	*75*

*Respondents experiencing more than one type of complication were asked to report only the most severe one.

TABLE IV.19
Length of Hospitalization for Most Recent Abortion since January 1991
According to Type of Abortion and Year of Procedure
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Nights Hospitalized						
	None	1-3 Nights	4-7 Nights	8+ Nights	Don't Rem.	Total	*Number of Abortions*
Ivanovo							
Total, 1991-96	53.3	37.7	3.4	5.3	0.3	100.0	*513*
Miniabortion							
1991-1993	87.1	6.5	0.0	5.1	1.3	100.0	*71*
1994-1996	89.5	7.0	1.0	2.5	0.0	100.0	*110*
Regular Abort.							
1991-1993	35.0	56.4	4.9	3.7	0.0	100.0	*149*
1994-1996	35.8	50.9	4.8	8.3	0.3	100.0	*183*
Yekaterinburg							
Total, 1991-96	55.3	33.5	4.3	4.0	2.8	100.0	*535*
Miniabortion							
1991-1993	80.2	13.6	0.0	3.4	2.8	100.0	*105*
1994-1996	86.2	6.9	0.0	2.7	4.2	100.0	*98*
Regular Abort.							
1991-1993	30.3	53.3	7.8	6.0	2.7	100.0	*164*
1994-1996	48.7	40.5	5.6	3.0	2.2	100.0	*168*
Perm							
Total, 1991-96	58.5	29.6	3.1	5.2	3.6	100.0	*600*
Miniabortion							
1991-1993	78.1	17.7	0.8	0.9	2.6	100.0	*97*
1994-1996	81.8	12.9	3.5	0.9	0.9	100.0	*100*
Regular Abort.							
1991-1993	47.0	42.6	3.4	5.6	1.4	100.0	*184*
1994-1996	48.9	31.9	3.8	8.6	6.8	100.0	*219*

TABLE IV.20
Cost of Most Recent Abortion since January 1991
According to Type of Abortion and Year of Procedure
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Cost of Abortion (in Thousands of Rubles)						
	None	<50	50-99	100+	Don't Rem.	Total	*Number of Abortions*
Ivanovo							
Miniabortion							
1991-1993	56.0	19.8	0.7	0.0	23.5	100.0	*71*
1994-1996	64.0	12.0	14.4	6.2	3.4	100.0	*110*
Regular Abort.							
1991-1993	84.4	8.3	2.8	0.0	4.6	100.0	*149*
1994-1996	81.9	5.7	6.9	3.2	2.4	100.0	*183*
Yekaterinburg							
Miniabortion							
1991-1993	52.7	13.9	1.8	0.0	31.6	100.0	*105*
1994-1996	35.7	21.8	23.0	5.1	14.4	100.0	*98*
Regular Abort.							
1991-1993	46.4	20.2	8.8	0.5	24.1	100.0	*164*
1994-1996	36.0	17.7	11.9	22.9	11.5	100.0	*168*
Perm							
Miniabortion							
1991-1993	38.7	14.2	6.9	0.0	40.3	100.0	*97*
1994-1996	23.0	27.2	33.0	12.2	4.5	100.0	*100*
Regular Abort.							
1991-1993	50.4	21.9	4.8	4.5	22.4	100.0	*184*
1994-1996	35.3	19.2	21.7	15.2	8.7	100.0	*219*

TABLE IV.21
Mean Cost* of Most Recent Abortion since January 1991
According to Year of Procedure
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
Year of Abortion	Mean Cost	*Number of Abortions*	Mean Cost	*Number of Abortions*	Mean Cost	*Number of Abortions*
1991	0.1	*48*	0.7	*56*	0.7	*56*
1992	0.3	*63*	1.2	*71*	1.5	*56*
1993	2.8	*79*	18.1	*64*	10.1	*77*
1994	9.4	*108*	24.5	*109*	23.6	*88*
1995	12.2	*134*	61.5	*111*	48.1	*145*
1996	26.0	*27*	122.4	*15*	57.3	*38*

NOTE: Excludes abortions for which women did not remember the amount paid or when payment was not monetary.

*Cost is in thousands of rubles.

CHAPTER V

MATERNAL AND CHILD HEALTH/WOMEN'S HEALTH

The questionnaire included a considerable amount of information regarding the health of mothers and infants and behaviors and practices during pregnancy and delivery, as well as during infancy. With regard to health, great interest exists not only in the outcomes of pregnancies and complications associated with induced abortion, as discussed in the previous chapters, but also with attitudes and practices of women and health care providers, as well as facility practices that can have an impact on pregnancy outcomes and infant health and well-being. While there is no shortage of anecdotal information on these topics, there is a lack of systematically collected data on women's knowledge and behavior, as well as on the practices of health care providers and the facilities in which women deliver.

Each respondent who had given birth since the beginning of 1991 answered a series of questions regarding her most recent pregnancy and delivery, as well as infant feeding practices. The specific topics addressed in the 1996 RWRHS in the area of maternal and child health included: prenatal care; hospitalization during pregnancy; tobacco use during pregnancy; details surrounding the delivery; facility practices and permitted behaviors during labor and delivery; satisfaction with the facility; and infant feeding, both at the hospital and at the time of interview.

Prenatal care

The upper panel of Table V.1 reveals that relatively few women with deliveries since 1991, (4% to 6%), did not receive any prenatal care during their most recent pregnancy. About four of every five women initiated prenatal care during the first trimester of their pregnancy, with this figure varying little across the three sites. Only about 1% of women waited until their final trimester of pregnancy to begin prenatal care. The lower panel of Table V.1 indicates that few of the women who received prenatal care made an inadequate number of visits. Between 93% and 95% made at least 10 prenatal visits, while most of the remainder could not remember how many visits they made.

As seen in the upper panel of Table V.2, about half of women received their prenatal care primarily from a physician and another one-fifth saw a nurse-midwife or both a physician and a nurse-midwife. The source of prenatal care remains somewhat unclear for the remainder of respondents. Sixteen percent of women in Ivanovo and 28% in Yekaterinburg and Perm reported that they used a friend, relative, or acquaintance as their major prenatal care provider. However, the vast majority of those women also said they received most of their care at a women's consultation, where care is given by trained professionals. Two possible explanations include that they received care from acquaintances who were medical professionals or they did go to health facilities, but not for the majority of their care, which they received more informally outside those facilities. Even most of the women who explicitly said they got their prenatal care

from non-medical people said they went to women's consultations for care. The lower panel of Table V.2 shows that the overwhelming majority of women went to women's consultations for most of their prenatal care. Other sources of care were rare except in Ivanovo, where about one woman in ten went to a maternity house. No consistent differences appear according to women's ages or other characteristics with regard to where they obtained their care.

Hospitalization during pregnancy

Russian physicians, like their eastern European counterparts, hospitalize women for pregnancy complications more readily than physicians in other industrialized countries. Furthermore, hospital stays tend to be for longer periods of time than elsewhere for delivery and many medical procedures. Because of the changing economic situation in Russia and increasing influence of medical practice from other areas it would not be surprising to see decreases in the likelihood and length of hospitalization associated with pregnancy complications. To determine whether such changes have been occurring, RWRHS respondents reported whether they were hospitalized at any time during their pregnancy prior to delivery because of pregnancy-associated problems.

Table V.3 and Figure V.1 show that hospitalization during pregnancy has been indeed very common and that durations of hospital stays tend to be very long. Not only was there no indication of a decrease in hospitalizations occurring in recent years, in all three survey sites women reported *more* (by 8 to 11 percentage points) hospitalizations in 1994-1996 than in the three prior years. Overall, in Yekaterinburg and Perm about half of women said that they had been hospitalized, compared with 38% in Ivanovo. Physicians hospitalized more women between the ages of 15 and 24 than older women, especially in Yekaterinburg and Perm. Hospitalizations tended to be very lengthy as well. In all three sites, more than 70% of hospitalizations lasted for two weeks or more. No strong correlation appears between women's ages and length of hospital stay. However, there does appear to be a slight but noteworthy increase in two sites in the duration of hospitalizations. In Ivanovo and Perm, more short (under one week) stays and fewer very long stays occurred in the more recent period. Yekaterinburg exhibited no such trend.

Cigarette smoking during pregnancy

It has been conclusively demonstrated that smoking during pregnancy increases the risk of low birth weight babies, adverse pregnancy outcomes, and an assortment of infant health conditions. Over 90 percent of respondents in each of the survey sites knew that smoking has negative effects on infants. Approximately half of women who had a baby since 1991 who smoked at the time they became pregnant reported that they stopped smoking after they found out that they were pregnant (Table V.4). Thus the proportion of women who continued to smoke during pregnancy was relatively low, between 6% and 9%, but there is still room for continued reductions.

Labor and delivery

The top panel of Table V.5 shows that about nine of every ten recent births took place at a maternity house. Most of the remainder occurred in MCH centers in Ivanovo and Yekaterinburg, and in hospitals in Perm. In all three survey sites, most women shared a room with other respondents during labor (Table V.5, second panel). About 40% of women reported there were at least four other women present.

Respondents with live births since 1991 described restrictions imposed upon them during their most recent labor. Although restrictions on women being allowed to walk, sit up, and use the bathroom during labor were common, a majority of women reported that such activities were permitted. Table V.5 shows that women most commonly mentioned restrictions on sitting up (37% to 42%), with fewer reporting restrictions on walking (21% to 28%). Differences between responses for the three sites were extremely small.

Overall, about one of every ten deliveries in each of the surveyed sites was by cesarean section (Table V.5). Little difference in the incidence of cesarean sections appears according to respondent characteristics except for age. The proportion tended to be highest among the oldest women, those delivering at ages 30 to 44 in two of the sites. In Perm, women 15-24 and 30-44 years of age at delivery had the highest incidence of cesarean sections..

Postpartum Practices

While, as best we could determine, no systematic data exist, anecdotal reports suggest that few Russian facilities practice "rooming in" or allow a mother to be with her newborn baby almost immediately after birth. The findings shown in Table V.6 support these reports. A relatively small proportion of women stated that they held their babies within one hour of delivery, with the proportion ranging from about 13% in Perm to 27% in Yekaterinburg. In those two sites about one-half of mothers did not hold their baby until at least the following day. In Ivanovo, the proportion rose to about two-thirds of mothers. "Rooming in", i.e., the practice of having the newborn sleep with and spend most of his or her time in the birth facility with the new mother, occurred infrequently in Ivanovo and Perm, but was much more common in Yekaterinburg. In Ivanovo, only three percent of newborns always or usually slept with the mother. This proportion rose to 15% in Perm and to 47% in Yekaterinburg. The proportion of women who said they never slept with their new baby ranged from 33% in Yekaterinburg to 74% in Ivanovo.

Opinions about delivery facilities

Table V.7 presents data regarding selected aspects of the facilities where women delivered. In general, the facilities fared best in regard to staff helpfulness and competence and poorest in regard to physical characteristics. However, even for the qualities rated most positively, a majority or large minority of women rated the facilities as less than "good".

Infant feeding

According to the results of the 1996 RWRHS, breastfeeding is a widespread practice in the areas surveyed. About nine of every ten children born since the beginning of 1991 were reported to have been breastfed, at least for some period of time, with little difference between sites (Table V.8). The likelihood of a child being breastfed appears to be affected very little by women's ages or their socioeconomic characteristics (data not shown).

Breastfeeding does not tend to last as long as is typically seen in developing countries, but the average duration is long enough for most children to gain substantial health and nutritional benefits from the practice. As seen at the bottom of Table V.8, mean durations (based on current breastfeeding status) for those ever breastfed varied between 4 months in Ivanovo and 7 months in Perm. In each of the sites at least half of children under six months of age were currently being breastfed, with the numbers dropping off sharply after that. For children from 12 to 23 months the percents ranged from 5 to 15. Once again, no appreciable differences appear according to demographic or socioeconomic variables.

Current practice in most western countries favors allowing women to begin nursing their infants very soon after birth, mainly because it contributes to the mother's ability to breastfeed successfully. While most respondents did breastfeed, relatively few began in the hours immediately following birth. The highest figures appeared in Yekaterinburg, where about 40% of breastfed babies were put to the breast within six hours. This finding almost certainly relates to the fact that rooming in occurred much more frequently in Yekaterinburg than elsewhere. In the other two sites only 21-25% started in the first 6 hours (Table V.9). In all sites the percentage who did not begin nursing until at least 24 hours after delivery was very high, from 44% to 64%. There appears to have been virtually no change in the distributions of age at the start of breastfeeding between 1991-1993 and 1994-1996.

This analysis defined infants as exclusively breastfed if they received no nourishment other than breast milk on the previous day. According to the figures presented in Table V.10 (which combines data for the three sites because of small numbers of children in each age group), exclusive breastfeeding was very rare among respondents, despite the fact that most mothers breastfed their infants. Only 2% of the youngest children (under three months of age) were exclusively breastfed, despite the fact that exclusive breastfeeding is usually considered the optimum way to provide nutrition for infants of that age. No children who were at least three months of age reportedly were receiving only breast milk.

Table V.11, which again combines data for all sites, shows the percent of currently breastfed children, by age, who received various types of nourishment the previous day. Few mothers of the youngest infants gave them fresh milk or solid foods. About four of every five received water and almost half received juice. The practice of giving sugar water, although not done by the majority of mothers, occurred frequently, even among the mothers of the youngest infants.

Women's health behaviors

Between 20% and 30% of survey respondents said they currently smoked cigarettes (Table V.12). This percentage is quite high, but is much lower than estimates of smoking prevalence among Russian men, estimated at 63% in October 1995 by the Russia Longitudinal Monitoring Survey (RLMS) (Zohoori, 1996). The RLMS reported that nationally only 10% of adult females (ages 18 and over) said that they currently smoked. We do not know whether the difference between the results of the two surveys stem from differences in reliability or definition or from an extremely large difference between the national population and the predominantly urban populations interviewed in the RWRHS. According to the RWRHS, smoking prevalence peaks among women in their twenties. The fact that the proportions decline in the thirties and forties and that even the rates for teenagers exceed those for the oldest respondents probably indicates that the prevalence of smoking has been increasing in recent years.

A relatively large proportion of the current smokers in the RWRHS were classified as light smokers. From 33% to 41% of smokers said they typically used five or fewer cigarettes per day (Table V.13). The mean consumption, among smokers, was 6-7 per day. Only about one in every 20 smokers reported that they smoked at least a pack of cigarettes per day.

It is recommended that women of childbearing age undergo a routine (i.e., not pregnancy related) gynecologic examination every year. Table V.14 shows that, in fact, a majority of respondents at each site (62% to 69%) had an exam during the previous 12 months. It also reveals, however, that substantial numbers of women, from 13% to 24%, had never undergone such an exam. This proportion was especially high in Ivanovo. Most of the women who ever had exams did so within the previous 12 months and very few said it had been three years or more since their last exam. Not surprisingly, the youngest women (15-24) were the most likely never to have undergone an examination, having had the fewest years to do so and being less likely to have been pregnant or experienced gynecologic problems. In Yekaterinburg and Perm, the differences across ages in proportions with recent exams were very small.

Respondents gave a wide range of answers as to why they had not had a gynecologic exam in the previous 12 months. The two most common responses in each of the three sites were that women had no gynecologic problems or did not have enough time to go for an exam. Other common answers were that women did not like gynecologic exams and that it was not necessary to receive one as often as every year. Responses relating to quality of care and access, such as dislike of the clinic staff, long waiting times, and difficulty in getting an appointment, were uncommon.

Figure V.2 presents an assortment of indicators, both behaviors and circumstances that are related to infant and/or maternal health: the proportions of women with live births since January 1991 who had no prenatal care during their first trimester, had (or may have had) fewer than 10 prenatal visits, were hospitalized during pregnancy, smoked during pregnancy, and did not breastfeed their baby.

Figure V.1
Percentage Distribution of Length of Hospitalization During Last Pregnancy Since January 1991

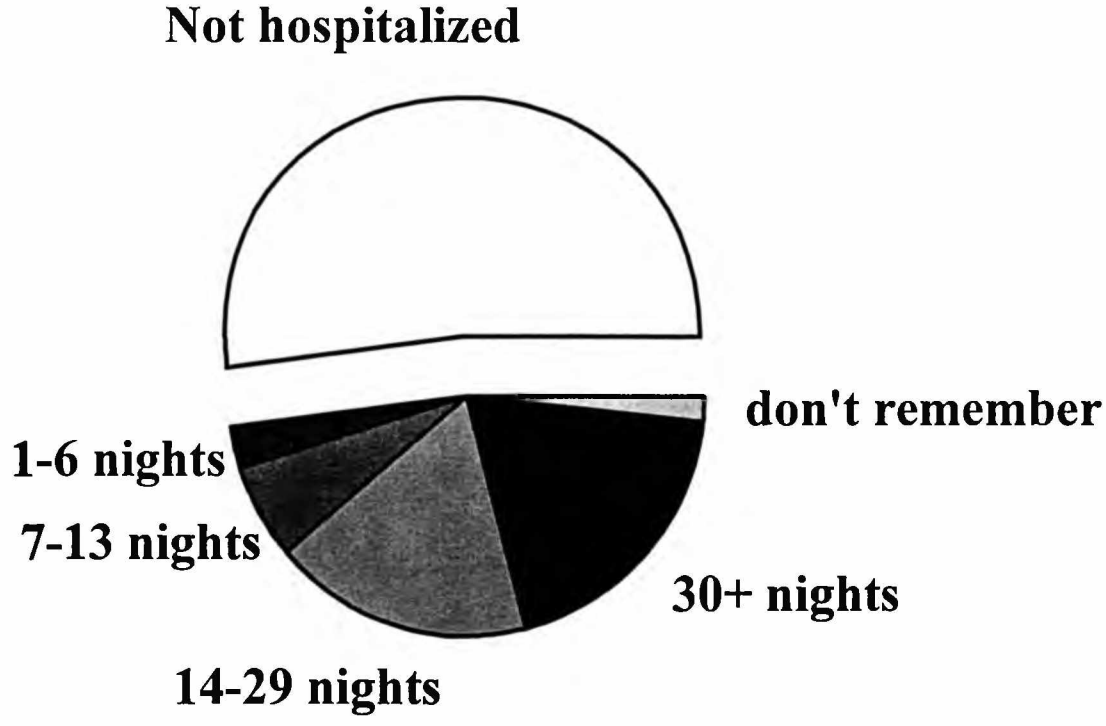


Table V.2

Percent of Respondents Reporting Selected Behaviors/Circumstances Related to the Health of Infants/Mothers for Last Pregnancies Leading to Live Births Since January 1991 Yekaterinburg Only

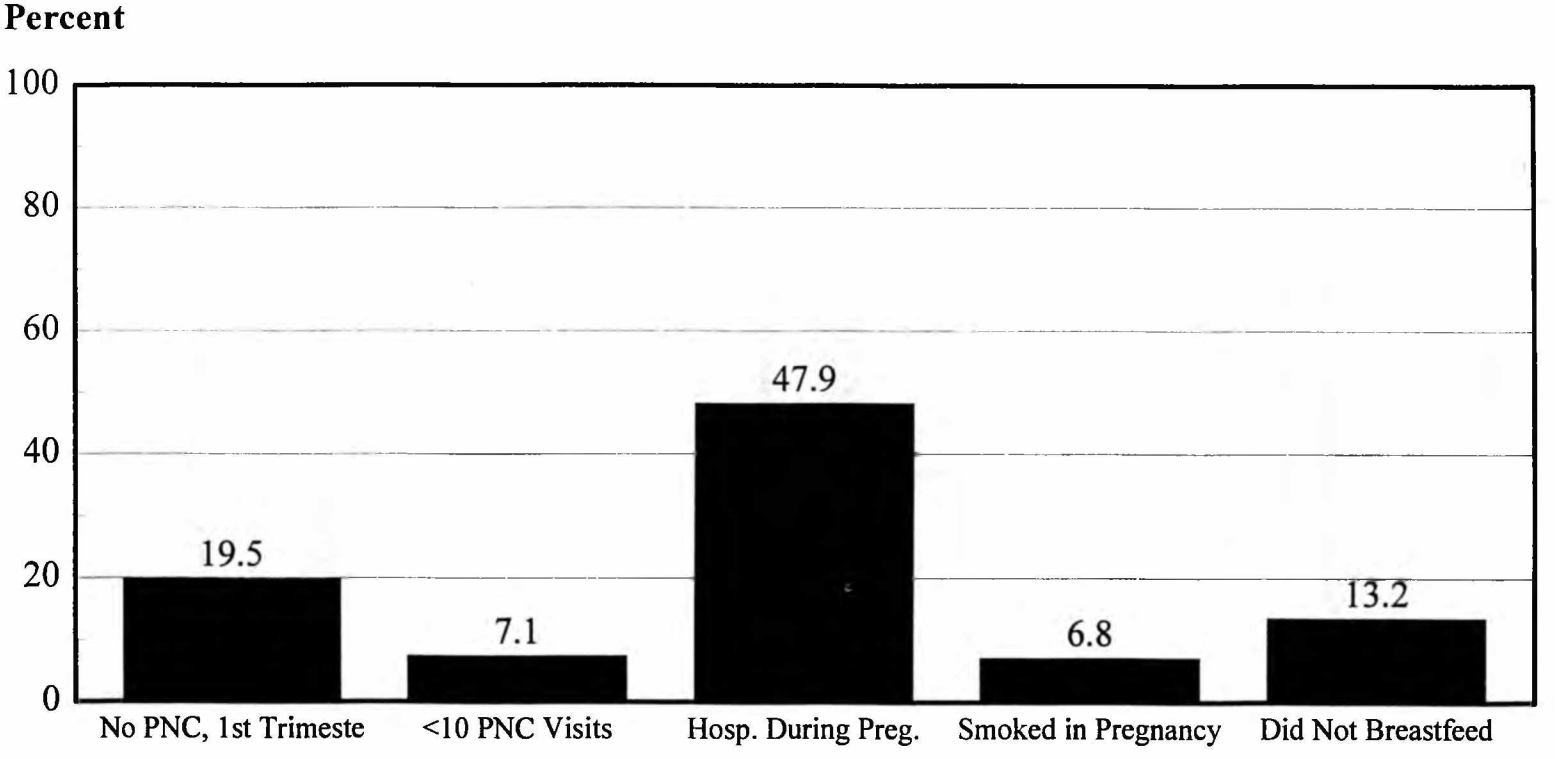


TABLE V.1
Trimester That Prenatal Care Began and Number of Prenatal Care Visits
for the Most Recent Pregnancy Resulting in a Live Birth Since January 1991
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Ivanovo	Yekaterinburg	Perm
When Prenatal Care Began			
First Trimester	81.2	80.5	78.9
Second Trimester	14.1	13.7	14.6
Third Trimester	1.1	1.0	0.7
No Prenatal Care	3.6	4.8	5.8
Total	100.0	100.0	100.0
Number of Pregnancies	*500*	*393*	*442*
Number of Prenatal Visits			
1-4	1.1	1.2	1.6
5-9	1.7	1.7	0.8
10 or more	94.2	92.9	94.8
Don't Remember	3.0	4.2	2.8
Total	100.0	100.0	100.0
*Number of Pregnancies**	*481*	*378*	*419*

*Excludes pregnancies with no prenatal care.

TABLE V.2
Main Provider and Main Source of Prenatal Care (PNC)
for the Most Recent Pregnancy Resulting in a Live Birth Since January 1991
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Ivanovo	Yekaterinburg	Perm
Main Provider of PNC			
Physician	53.1	49.8	47.6
Midwife/Nurse	11.1	6.9	6.8
Physician and Midwife Equally	13.9	10.5	13.3
Friend/Relative/Other	16.1	27.8	27.8
Non-Medical Person	4.5	2.3	2.9
Don't Remember	1.3	2.7	1.6
Total	100.0	100.0	100.0
Main Place of PNC			
Women's Consultation	83.3	89.4	92.8
MCH Center	3.6	3.1	0.2
Maternity House	9.7	2.8	3.3
Private Clinic	0.3	2.8	1.0
Other	3.1	1.9	2.7
Total	100.0	100.0	100.0
Number of Pregnancies	*481*	*378*	*419*

TABLE V.3
Percentage of Women Who Were Hospitalized During Their Most Recent Pregnancy Leading to a Live Birth since January 1991 and Percentage Distribution of Length of Hospitalization, According to Age at Delivery and Year of Delivery
1996 Russian Women's Reproductive Health Survey

		Length of Hospitalization						
	Pct. Hosp.	1-6 Nights	7-13 Nights	14-29 Nights	GE 30 Nights	Don't Remem.	Total	*No. of Hosps.*
Ivanovo								
Total	37.9	5.9	19.3	31.1	39.1	4.6	100.0	*195*
Age								
15-24	42.3	3.7	23.4	25.6	40.2	7.1	100.0	*87*
25-29	40.0	8.5	13.8	34.6	38.8	4.3	100.0	*65*
30-44	29.1	6.0	20.2	36.8	37.1	0.0	100.0	*43*
Year								
1991-93	34.6	2.5	19.5	32.8	40.9	4.3	100.0	*108*
1994-96	42.7	10.0	19.1	29.2	36.8	5.0	100.0	*87*
Yekaterinburg								
Total	47.9	5.9	13.3	36.9	40.3	3.6	100.0	*186*
Age								
15-24	56.4	4.7	8.7	41.5	41.4	3.7	100.0	*69*
25-29	46.2	9.4	21.7	28.9	34.7	5.4	100.0	*58*
30-44	40.4	3.8	10.1	39.3	45.3	1.4	100.0	*59*
Year								
1991-93	44.4	6.4	14.5	38.0	37.0	4.1	100.0	*100*
1994-96	53.6	5.4	11.7	35.6	44.3	3.0	100.0	*86*
Perm								
Total	50.0	4.3	23.3	25.9	44.3	2.2	100.0	*223*
Age								
15-24	55.2	5.7	25.6	28.4	37.9	2.4	100.0	*93*
25-29	46.8	4.8	16.0	30.7	46.2	2.4	100.0	*73*
30-44	47.1	1.5	28.5	16.5	52.0	1.5	100.0	*57*
Year								
1991-93	45.1	3.0	19.2	27.2	47.1	3.5	100.0	*115*
1994-96	56.5	4.8	27.7	24.8	41.9	0.8	100.0	*107*

TABLE V.4
Cigarette Smoking During the Most Recent Pregnancy Leading to a Live Birth Since January 1991
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Smoking Status	**Ivanovo**	**Yekaterinburg**	**Perm**
Didn't Smoke Before Pregnancy	87.8	82.6	82.2
Stopped During Pregnancy	6.0	10.6	8.9
Continued During Pregnancy	5.7	6.8	8.9
No Response	0.5	0.0	0.0
Total	100.0	100.0	100.0
Number of Respondents	*500*	*392*	*441*

TABLE V.5

Percentage Distributions of Place of Delivery and Number of Other Women in the Same Room During Labor, Percent of Women Allowed to Do Selected Activities During Labor, and Percent of Deliveries by Cesarean Section, by Age at Delivery for the Most Recent Delivery Resulting in a Live Birth Since January 1991

1996 Russian Women's Reproductive Health Survey

	Ivanovo	Yekaterinburg	Perm
Place of Delivery			
Maternity House	90.4	86.0	93.9
MCH Center	7.4	9.4	0.2
Hospital	2.1	3.6	5.5
Other	0.1	1.1	0.5
Total	100.0	100.0	100.0
Number of Other Women in Room			
0	0.0	14.5	2.9
1	26.5	29.2	36.7
2-3	30.8	17.2	18.3
4+	41.5	38.0	41.5
Don't Remember	1.2	1.2	0.6
Total	100.0	100.0	100.0
Not Allowed to:			
Walk	27.6	21.2	26.9
Sit Up	41.8	36.6	39.6
Use Bathroom	36.7	25.4	28.5
% Cesarean Section:			
Total	8.7	10.5	11.4
15-24 Years Old	7.6	5.2	14.0
25-29 Years Old	5.4	9.9	7.3
30-44 Years Old	12.3	17.0	13.1
Number of Deliveries	*481*	*378*	*419*

TABLE V.6
How Long After Birth Respondent Was First Allowed to Hold Her Baby and
Where the Baby Usually Slept While in the Hospital Following Birth
for the Most Recent Delivery Resulting in a Live Birth Since January 1991
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Ivanovo	Yekaterinburg	Perm
How Long Until Held Baby			
A Few Minutes	12.7	17.7	8.8
Up to One Hour	3.7	9.7	4.1
More Than One Hour	13.4	23.1	32.8
Next Day	68.2	48.3	51.8
Child Ill, etc.	1.3	0.8	1.0
Don't Remember	0.6	0.4	1.5
Total	100.0	100.0	100.0
Where Baby Slept			
Always with Mother	1.8	37.4	10.4
Usually with Mother	0.9	9.7	4.2
Usually not with Mother	22.9	19.9	23.5
Never with Mother	74.4	33.0	61.9
Total	100.0	100.0	100.0
Number of Deliveries	*499*	*389*	*441*

TABLE V.7
Opinions about Selected Aspects of the Facility Where Respondents
Most Recently Delivered a Live Birth Since January 1991
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Facility Characteristics	Ivanovo	Yekaterinburg	Perm
Physical Characteristics			
Good	21.8	30.8	34.6
Fair	50.2	44.0	47.0
Poor	27.4	24.4	17.8
No Opinion	0.6	0.9	0.6
Crowdedness			
Good	36.9	42.2	46.0
Fair	46.5	39.3	34.1
Poor	14.4	16.4	15.8
No Opinion	2.2	2.1	4.1
Helpfulness of Staff			
Good	40.0	45.8	54.9
Fair	43.0	31.7	32.2
Poor	16.6	21.6	12.3
No Opinion	0.4	0.9	0.6
Competence of Staff			
Good	41.4	44.0	60.6
Fair	43.5	35.9	29.8
Poor	9.1	15.3	6.6
No Opinion	6.0	4.9	3.0
Total	100.0	100.0	100.0
Number of Deliveries	*500*	*390*	*441*

TABLE V.8
Percent of Most Recently Born Children, Born Since January 1991, Who Were Ever Breastfed, by Age of Mother,
Percent of Babies Under Two Years of Age Still Being Breastfed by Current Age, and Mean Duration of Breastfeeding
1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
	%	*(N)*	%	*(N)*	%	*(N)*
% Ever Breastfed	86.8	*500*	90.9	*392*	90.6	*439*
Age of Mother						
15-24 Years	89.1	*202*	89.2	*123*	91.2	*167*
25-29 Years	84.4	*168*	92.2	*131*	91.7	*142*
30-44 Years	86.6	*130*	91.3	*138*	88.7	*130*
% Currently Breastfed*						
<6 Months Old	68.9	*32*	51.0	*32*	56.8	*49*
6-11 Months Old	16.6	*50*	19.4	*43*	27.7	*24*
12-23 Months Old	7.0	*108*	4.7	*73*	15.2	*92*
Total (<24 Months Old)	18.8	*190*	19.7	*142*	29.8	*165*
Mean Duration (Months)**	4.4		4.6		7.0	

*Percent of all living children currently breastfed.
**Mean duration only for children who were ever breastfed, calculated using current status data.

TABLE V.9
Age (in Hours) When Babies Who Were Breastfed Were First Put to the Breast, by Year of Birth for the Most Recent Live Birth Since January 1991
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Age at First Breastfeed (Hours)						
	<1	1-5	6-11	12-23	24+	Total	*Number of Births*
Ivanovo							
Total	9.1	12.2	8.4	5.9	64.4	100.0	*408*
Year of Birth							
1991-93	10.6	11.5	7.7	5.4	64.9	100.0	*233*
1994-96	6.9	13.3	9.6	6.5	63.7	100.0	*175*
Yekaterinburg							
Total	19.0	21.3	5.9	6.1	47.6	100.0	*342*
Year							
1991-93	14.8	24.6	5.7	7.3	47.7	100.0	*200*
1994-96	25.1	16.7	6.1	4.5	47.6	100.0	*142*
Perm							
Total	9.5	15.5	18.8	12.7	43.6	100.0	*388*
Year							
1991-93	7.6	17.7	21.1	12.7	40.9	100.0	*221*
1994-96	12.2	12.3	15.5	12.6	47.4	100.0	*167*

TABLE V.10
Percentage Distribution of Current Breastfeeding Status of Most Recently Born Children,
Born Since January 1991, by Current Age (in Months),
and Mean Duration of Breastfeeding and Exclusive Breastfeeding
All Three Survey Sites Combined
1996 Russian Women's Reproductive Health Survey

Current Age of Child	Breastfeeding Status: Exclusively Breastfed	Partially Breastfed	Not Breastfed	Total	*No. of Children*
<3 Months	2.4	63.5	34.1	100.0	*45*
3-5 Months	0.0	52.3	47.7	100.0	*68*
6-11 Months	0.0	19.6	80.5	100.0	*117*
12-23 Months	0.0	80.5	91.4	100.0	*267*
Less Than 12 Months	0.5	36.9	62.6	100.0	*230*
Less Than 24 Months	0.2	22.0	77.8	100.0	*497*

TABLE V.11
Percentage of Currently Breastfed Children Who Received Selected Foods
During the Previous Day, by Current Age
All Three Survey Sites Combined
1996 Russian Women's Reproductive Health Survey

	Age in Months		
Food/Liquid	0-2	3-5	6-23
Plain Water	81.7	87.1	79.0
Sugar Water	17.7	23.8	49.3
Juice	46.6	73.8	58.9
Infant Formula	27.0	45.9	50.2
Fresh Milk	4.4	22.1	54.0
Other Liquids	21.1	35.8	47.0
Cereal/Bread	2.8	36.1	92.4
Other Solids	2.9	17.0	68.0
Number of Children	*34*	*39*	*50*

TABLE V.12
Percent of Respondents Who Currently Smoke Cigarettes, by Selected Characteristics
1996 Russian Women's Reproductive Health Survey

Characteristics	Ivanovo	Yekaterinburg	Perm
All Respondents	19.6	30.4	28.2
Age			
15-19	22.5	29.9	30.2
20-24	26.1	42.1	35.5
25-29	25.3	39.9	33.5
30-34	20.0	26.3	33.1
35-39	15.6	24.6	22.3
40-44	10.8	22.2	17.9
Union Status			
Currently in Union	16.5	27.4	27.0
Previously in Union	29.6	45.4	39.1
Never in Union	22.8	30.3	24.1
Education			
LT Complete Secondary	18.5	31.0	39.9
Complete Secondary	20.8	34.2	29.3
GT Complete Secondary	15.9	20.7	19.3

TABLE V.13
Percentage Distribution and Mean Number of Cigarettes Typically Smoked in One Day
Among Current Smokers
1996 Russian Women's Reproductive Health Survey

Cigarettes Smoked Per Day	Ivanovo	Yekaterinburg	Perm
Rarely Smoke (<1)	12.0	10.1	10.0
1-4	29.2	22.8	30.1
5-9	26.1	27.5	25.7
10-19	21.5	24.8	22.3
20+	5.7	7.4	4.4
Varies/Hard to Say	5.5	7.5	7.6
Total	100.0	100.0	100.0
Mean Number of Cigarettes	6.2	7.0	6.1
Number of Women	*407*	*583*	*559*

TABLE V.14
Number of Years Since Most Recent Routine Gynecologic Examination, by Current Age
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Current Age											
	Ivanovo				Yekaterinburg				Perm			
Time Since Last Gyn. Exam	Total	15-24	25-34	35-44	Total	15-24	25-34	35-44	Total	15-24	25-34	35-44
Never Had an Exam	23.9	38.8	20.8	14.7	14.1	15.3	15.8	11.8	13.1	18.6	13.3	8.3
Have Had Exam, Total	76.1	61.2	79.2	85.3	85.9	84.7	84.2	88.2	86.9	81.4	86.7	91.7
Less Than One Year	62.1	52.3	63.1	69.0	64.2	69.2	61.6	62.5	68.5	66.4	70.0	68.7
1-2 Years	4.3	2.0	4.4	5.3	8.6	5.5	9.0	10.9	7.7	7.4	6.0	9.3
3-5 Years	1.2	0.4	1.4	1.6	2.6	2.0	2.8	2.9	2.0	0.8	1.8	3.2
More Than 5 Years	0.3	0.0	0.4	0.4	0.7	0.0	0.6	1.4	0.3	0.0	0.0	0.7
Unspecified, but >1 Year	6.7	4.3	7.7	7.8	9.1	7.5	9.4	10.3	8.0	6.5	8.6	8.7
Unspecified	1.6	1.3	2.3	1.3	0.6	0.6	0.9	0.5	0.5	0.4	0.3	0.9
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 Respondents	*2016*	*612*	*713*	*691*	*1974*	*590*	*692*	*692*	*2007*	*636*	*649*	*722*

TABLE V.15
Principal Reason for Not Having a Routine Gynecologic Examination in the Previous 12 Months
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Reason for No Recent Exam	Ivanovo	Yekaterinburg	Perm
No gynecologic problems	40.4	26.0	27.6
Lack of time	14.2	27.4	21.6
Doesn't like gynecologic exams	10.7	11.1	14.5
Haven't thought about it	11.5	7.5	9.0
Not necessary to go more often	9.5	8.4	6.9
Forgets about it	4.1	4.1	8.5
Dislikes clinic staff	3.6	2.3	2.6
Dislikes facility	2.4	3.2	1.7
Long waiting time at clinic	1.0	3.3	0.9
Hard to get an appointment	0.6	1.5	0.7
Other	1.8	5.2	6.1
Total	100.0	100.0	100.0
Number of Women	*777*	*705*	*613*

CHAPTER VI

CONTRACEPTION

The Russian Women's Reproductive Health Project seeks to improve and expand the use of effective contraceptive methods. Each respondent answered an extensive series of questions on the topic of contraception/family planning. These included information on knowledge and use of contraceptive methods; source of methods; specific modules for users of the IUD, oral contraceptives, and non-supplied methods; preferred methods; reasons for not using contraception; a five-year contraceptive history, describing method failure and discontinuation; discussions with her partner concerning contraception; and interest in contraceptive sterilization. This chapter presents many of the findings on these topics.

Contraceptive knowledge and ever use

Knowledge of the most readily available methods of contraception was extremely widespread in all three sites. Knowledge of condoms, the IUD, and oral contraceptives was almost universal, at 97% or higher (Table VI.1, first panel). The best known of the remaining supplied methods was the diaphragm (73% to 83%), followed by tubal ligation (63% to 78%). Relatively few women were familiar with Norplant (9% to 16%) or contraceptive injections (35% to 49%), methods not widely available in most of Russia. At least 90% of respondents reported knowing about the major non-supplied methods of contraception (periodic abstinence and withdrawal). Almost without exception, the percentage of women who knew about each method was lower in Ivanovo than in the other two sites. In the case of every contraceptive method listed, almost as many women reported that they knew where the method could be obtained as knew about the existence of the method (Table VI.1, second panel).

Table VI.2 displays the percentages of women currently in union and sexually experienced women who reported that they had ever used each of the contraceptive methods listed. The differences between these two groups of women were inconsequential for the most part. Most women in union (i.e., their partners) had at some time used condoms (58% to 65%) followed closely by the IUD (53% to 56%). With the exception of oral contraceptives (27% to 37%) only a small proportion of women had used the other supplied methods listed. Between 48% and 67% of respondents had ever employed periodic abstinence, followed closely by withdrawal (49% to 54%).

Current contraceptive use

While little representative survey data on contraceptive use in Russia has existed until recently, conventional wisdom has suggested that the use of effective, modern contraception in Russia was not very widespread before the 1990s (see for example, Popov, 1991; Popov, Visser, and Ketting, 1993; and Barkalov and Darsky, 1994). A recent series of national surveys conducted by the

Russian Institute of Sociology, however, that 63% of married women aged 20-49 were using contraception, with 49% of them using modern, supplied methods (Entwistle, 1996). Results of several smaller studies of contraceptive use in Russia have been published, including those by Katkova et al, 1995, Oddens (1997), and Savelyeva, 1997.

The results of the 1996 RWRHS support the finding that contraceptive prevalence in Russia exceeds earlier expectations (Table VI.3). The proportion of women in union currently using any form of contraception ranged from 69% in Yekaterinburg and Perm to 77% in Ivanovo. These are comparable to contraceptive prevalence levels found in most of the rest of the developed world. Not only was overall prevalence found to be high, but the vast majority of reported use was of modern, supplied contraceptive methods. The percentage of women in union using such methods ranged from 51% in Perm to 59% in Ivanovo. From 14% to 18% of women were using non-supplied methods. Contraceptive prevalence did not differ appreciably according to numbers of living children, except that women with no children have much lower prevalence. Women with no living children who were using contraception were much more likely than others to use non-supplied methods, i.e., periodic abstinence or withdrawal. (Because douching has not been proven to be effective in preventing pregnancy, the small percentages of women employing douching were not considered to be users of contraception in this analysis.)

Table VI.4 shows the contraceptive method-mix for the survey sites. (Figure VI.1 presents method mix graphically for the two project sites.) Far and away the most widely used method in all sites was the IUD, accounting for over half of supplied method use. IUD prevalence ranged from 28% of women in union in Yekaterinburg and Perm to 35% in Ivanovo. Condoms and oral contraceptives followed the IUD in popularity among modern, supplied methods. Substantial numbers of couples employed periodic abstinence (9% to 14%) and withdrawal (2% to 9%). Withdrawal was particularly popular in Ivanovo. No more than 2% of couples at any of the sites were using any other method.

In Table VI.5 contraceptive method mix is shown according to numbers of living children for each site. Not surprisingly, use of the IUD, the only long-term method widely available, increased substantially with numbers of living children. Condom use did not strongly relate to fertility, but made up a much greater proportion of current method use among the childless in two of the sites. Oral contraceptive use generally decreased with increasing numbers of children. Even though periodic abstinence is not usually viewed as a highly effective method, its use increased with the number of living children. In Figure VI.2, which presents data only for Yekaterinburg, one can readily see the increase in IUD use and supplied method use overall as the number of living children rose.

Contraceptive prevalence among women in union increased with educational attainment in all three sites (Table VI.6). The use of condoms and periodic abstinence increased substantially with education everywhere, while oral contraceptive use did so in two sites (Ivanovo and Yekaterinburg). Female sterilization, on the other hand, appears to be inversely related to education.

As expected, the prevalence of contraceptive use was highest among women in union and lowest among those never in union (Table VI.7). Among women who had never been in union, the vast majority of users employed condoms, oral contraceptives, or non-supplied methods. The mix of contraceptive methods among women currently in union and those divorced or widowed were quite similar.

Recent trends in contraceptive prevalence

Using data from the five-year contraceptive calendar, it was possible to track the prevalence of contraceptive use from the beginning of 1991 to the date of the survey. Because the survey questionnaire included no marriage/union history, these calculations included all interviewed women, rather than just women in union or sexually active women. Overall contraceptive prevalence looks to have risen slowly but steadily among 15-39 year-old women in Ivanovo and Perm (Table VI.8). In Ivanovo, prevalence rose from 52% to 60% in five years. Figure VI.3 charts the percentage point increase in overall contraceptive prevalence for the three sites at six month intervals. Supplied method use increased by between six and eight percentage points in the three sites during that time. In Ivanovo, the increase has been especially rapid since January 1994.

Table VI.9 tracks changes in IUD and oral contraceptive use since January 1991. Only Ivanovo experienced net growth in IUD use over the five-year period. In the other sites, IUD use increased only temporarily. Oral contraceptive use, although not great in absolute percentages, grew at a relatively greater rate, resulting in an approximate doubling of prevalence. In all three sites, the prevalence of oral contraceptive use increased most rapidly since the beginning of 1994, coinciding with a decline or stagnation in IUD use. This raises the possibility that pill use substituted for IUD use to some extent during this time and extensive method switching took place.

Source of contraception

The top panel of Table VI.10 presents distributions of sources of the three most commonly used supplied methods of contraception: oral contraceptives, IUDs, and condoms. Women purchased the vast majority of their orals from pharmacies. Women's consultations served as the only other significant source. Approximately half of IUD users received their method from women's consultations, with substantial numbers obtaining them from pharmacies (then inserted by health care providers) or from hospitals. All but a small proportion of condom users obtained their supplies from pharmacies, drug kiosks, or other commercial sources.

The percentage of current users who paid for their contraceptive method varied according to the method used and survey site. Women purchased their pills 68% to 93% of the time. Far fewer women paid for their IUDs, 45% to 71%. Respondents/Couples paid for their condoms from 80% to 96% of the time. With the exception of condoms, women in Ivanovo were much less likely to pay for methods than women in the other sites.

Reasons for non-use of contraception/Unmet need for contraception

Sexually active women gave a broad variety of reasons for not being current users of contraception (Table VI.11). In each site, about half of non-users (a slightly higher proportion among women in union) gave reasons related to pregnancy or fecundity (i.e., current or desired pregnancy or inability to become pregnant). Among the rest, the most commonly cited reasons were infrequent sex and difficulty in becoming pregnant. Fear of health effects and "haven't bothered" to get contraception followed these reasons. Women rarely mentioned reasons related to the availability or cost of methods, a preference for abortion, or religious beliefs.

This analysis used two definitions to determine whether women were in need of family planning services. The first, more conventional definition considered a woman to be in need if she was sexually active, not pregnant, fecund, not using any form of pregnancy prevention, and did not want to become pregnant. The second definition adds to this women/couples who were using methods of contraception considered to be typically not very effective, i.e., withdrawal, periodic abstinence, and non-supplied/folk methods. According to the first definition, from 11% to 15% of respondents were in need of family planning (Table VI.12). The second definition approximately doubles these percentages to 23% to 29%. The percentages in need were lowest for women with no living children. As expected, women currently in union were the most likely to be in need (14% to 19% by definition I, 31% to 36% by definition II), but even among those never in union appreciable numbers were in need.

Contraceptive failure/discontinuation

Data from the questionnaire's contraceptive/pregnancy calendar were used to calculate rates of contraceptive failure (the probability of becoming pregnant while using a particular method) and discontinuation (the probability of stopping use of a particular method for any reason) for the most widely used methods. Table VI.13 presents rates of failure after one, two, and three years for all methods combined and for five specific methods. Overall, in each site, about 10% of contraceptive users became pregnant on a method within one year of beginning use. After three years this rose to 22% to 25%. Of course, substantial differences occur between methods. In addition, there were surprisingly large differences in failure rates between sites. The left-hand graph in Figure VI.4 charts one-year failure rates for Yekaterinburg for the most commonly used methods.

The failure rates for the IUD, based on calendar data, were considerably higher than typically found. The failure rates after one year were 1.3% in Ivanovo (in line with typical rates), but in the other two sites, about 4% failed. Failure rates after two years varied little between the three sites, 4.1% to 4.7%. Sites did, however, vary tremendously in failure of oral contraceptives, with the rates in all sites higher than usually associated with pills (Hatcher et al., 1994). The one-year rate ranges from 3.2% in Perm, to 7.6% in Yekaterinburg, to an extremely high 13.8% in Ivanovo. Condom failure was similar across sites and was not unlike levels usually cited, with one-year rates ranging from 10% to 13%. The highest failure rates for widely used methods in

the three sites, but not by a large margin, were found for periodic abstinence and withdrawal. For periodic abstinence from 14% to 18% of users became pregnant in the first year; for withdrawal rates ranged 13% to 21%. Three-year rates for these two methods, however, was around 40%.

Anecdotal reports suggest that there is a considerable amount of method switching, as well as frequent starting and stopping of contraception in Russia. The RWRHS data support this belief. In general, contraceptive discontinuation rates were very high across methods and sites. For all methods combined, between 39% and 45% of contraceptive segments continued for no more than one year (Table VI.14). The right-hand graph in Figure VI.4 shows one-year discontinuation rates for Yekaterinburg for the five most commonly used methods. After three years, about two of every three women had discontinued use. Ivanovo women had slightly lower rates of stopping use than those in the other two. Of the five methods most widely used, all except the IUD exhibited extremely high rates of discontinuation, generally on the order of 50% or more in the first year and about 80% after three years. Only from 10% to 16% of IUD segments ended within one year. More than half of all oral contraceptive segments ended after less than one year in all sites, and more than 80% ended within three years.

For oral contraceptives (OCs), average duration of use appears to have increased in recent years (data not shown). Women who discontinued OCs during the first 32 months of the calendar (1/91 to 8/93) were likely to discontinue at a shorter duration than women who discontinued in the latter 32 month period (9/93 to 4/96). This suggests that attitudes toward hormonal contraceptive methods may be becoming more positive. Pill availability may also have become more consistent, leading to longer periods of sustained use. Finally, low-dose pills may also have become more widely available and used, leading to a reduction in side effects associated with pills and, thus, a decline in discontinuation.

Table VI.15 displays some reason-specific discontinuation rates for oral contraceptives and IUDs. Between 11% and 16% of pill users discontinued within one year because of side effects that women attributed to their method. Two-year rates were only slightly higher. From 5% to 17% of segments ended within one year because of women's concerns that OCs would harm their health. Between 2% and 5% of segments ended in the first year based on a physician's decision, with an additional 1% of women stopping to give their body a rest. Discontinuation for most of these reasons was lower in Ivanovo than elsewhere. Side effects were somewhat of a problem for IUD users, causing from 1% to 6% of them to discontinue within one year. Concerns about health, however, were not a significant problem.

Table VI.16 shows percentage distributions of reasons for discontinuing oral contraceptives and IUDs. It should be kept in mind that these are not the same as discontinuation rates and that numbers should only be compared within methods, not between methods. Oral contraceptive users gave a wide assortment of reasons for stopping. The most commonly given reasons tended to be pregnancy (i.e., failure), side effects, health concerns, "giving her body a rest", and no longer having sex or unable to get pregnant. (The order varied for different sites.) Problems of cost or supply were not major reasons, but they were cited as reasons for stopping in 3% to 7% of

segments. Among IUD users the principal reasons for discontinuation were pregnancy, side effects, health concerns, physician recommendations, (surprisingly) to give the body a rest, and desire to get pregnant. Women rarely mentioned other reasons.

Preference for other methods/Problems with current methods

The percentages of women who reported having problems or concerns with their current method of contraception were considerably lower than the percentages who wanted to switch to a different method. Overall, about one of every five current users said they had problems or concerns (Table VI.17). Despite women's fears about the side/health effects of oral contraceptives, only 13% to 21% of pill users said they were having problems or concerns, a level very similar to IUDs and slightly lower than for condoms. Women were the most likely to report concerns/problems with periodic abstinence (20% to 30%) and withdrawal (27% to 37%).

Every current contraceptive user was asked if there were another method she would prefer to be using. Overall, from 32% to 39% of users answers positively, with the lowest percentage in Ivanovo (Table VI.18). The only methods with low proportions preferring other methods were the IUD (15% to 22%) and female sterilization (few users, though). Withdrawal was the method with which respondents were the least satisfied (57% to 71%). Approximately half of condom and oral contraceptive users preferred other methods.

Table VI.19 displays the reasons that preferred methods were not being used, according to what that method was. A majority of women preferring the IUD, the method most likely to be preferred, said they weren't using it either because of fear of side effects or because a physician wouldn't prescribe it. Cost, access, and lack of information were not major concerns. For those preferring pills, fear of side effects was the most commonly cited reason, followed by an assortment of others. For these respondents, both cost/access and lack of information were important impediments to switching methods. Injections were frequently mentioned as a preferred method in Yekaterinburg and Perm, where lack of information was by far the most common reason for not using them. Tubal ligation was mentioned by a number of women, for whom the most frequently given reasons for non-use were lack of information, cost/access, and physician not prescribing it.

Opinions about birth prevention methods

The survey included a series of questions in which each respondent was asked to rate each of several birth prevention methods with regard to safety, cost, effectiveness, and overall opinion. For each characteristic respondents could rate each method on a scale from one (least preferable) to ten (most preferable). Table VI.20 presents the proportions of respondents (excluding those with no opinion) who gave a low rating for a particular method's listed characteristics. A low score was considered to be a rating of three or lower.

Two highly noteworthy findings appear in this table and figure. First, with the exception of the IUD, a very high percentage of women gave every method a low overall rating in all sites. The IUD was rated poorly by 26% to 35% of respondents. Condoms were the only other birth prevention method disliked by fewer than half of women. About half of women gave oral contraceptives a low rating. A large majority of respondents with an opinion disliked injectables and tubal ligation.

Secondly, nearly universal dislike existed for both conventional abortion and miniabortion. The former was given a low rating by 97% to 98% of women (and most of these women gave the procedure a rating of only 1 or 2, indicating very strong dislike). Miniabortion fared only slightly better. This finding strongly contradicts those who would claim that Russian women resort to abortion so frequently because they prefer it to effective contraception. This is in concurrence with a survey of Russian gynecologists, who overwhelmingly felt that Russian women preferred using contraception rather than abortion (Visser, Bruyniks, and Remennick, 1993). These physicians also expressed strong support for a national family planning program, improved counseling, and sex education.

With regard to safety and health concerns, respondents rated abortion far lower than any other birth prevention method. About one-half considered injectables and tubal ligation to be unsafe. Not surprisingly, few respondents gave condoms a low rating.

All of the methods rated fared well with regard to opinions about effectiveness at preventing pregnancy. Only 2% to 3% of respondents rated tubal ligation poor with regard to effectiveness. Injectables received the most low ratings, between 7% and 10%.

Even in the area of cost, women rated abortion poorly compared with other methods. Well over half of women gave each type of abortion a low rating. Respondents viewed only tubal ligation as more expensive, and only by a slight margin. The methods with the lowest percentage of poor ratings with regard to cost included condoms (8% to 17%) and the IUD (15% to 28%).

The proportion of respondents with no opinions regarding the various characteristics of contraceptive methods indicates the extent of lack of information regarding particular methods. That very few women felt they knew about, for instance, the effectiveness or cost of a particular method, provides as much insight as knowing how many women with an opinion thought a method was not effective or costs too much. Table VI.21 shows the percentages of women who reported they did not know about various characteristics of the methods asked about. The most important finding here is that most cells of the table are high, indicating that there was much information that women admitted that they did not know about birth prevention methods.

The methods about which the fewest respondents had no overall opinion were conventional induced abortion (17% to 26%), miniabortion (20% to 28%), condoms (24% to 32%), and the IUD (26% to 34%). At the other extreme, most women had no opinion regarding injectables (66% to 73%) and female sterilization (57% to 66%). In general, a slightly lower percentage of

respondents had no opinion about safety and effectiveness than about the methods overall. Relatively few women, however, had opinions about cost. Even for the best known methods, the proportion with little knowledge about cost approached one-half. For female sterilization and injectables, most women had no opinion about cost. This should not come as a surprise, since few women have ever used these methods.

Contraceptive decision-making of couples

The first column of Table VI.22 shows the percentage of fecund respondents in union and not using contraception who had discussed contraception with their partner. In all three sites, a minority of these women had had such discussions, ranging from 28% in Ivanovo to 38% in Perm. In the two places with sizable numbers of respondents in both the lower and higher education categories, the probability of discussions with a partner were much higher for better educated women. The right-hand column shows the percent of those who had discussions whose partner felt that they should be using some kind of contraception. For all three sites, these percentages were just under half. Clearly, many couples are still not discussing the issue of family planning. Additionally, there appear to be a considerable number of couples who were not using contraception, despite the man's feeling that they should be.

Users of non-supplied methods

Because non-supplied methods of contraception tend to have higher levels of failure than modern, supplied methods, the analysis examined the reasons that women and couples chose methods such as periodic abstinence and withdrawal. The survey asked every respondent who was currently using any non-supplied method whether a number of factors were at least "somewhat important" in their method selection. These factors included: health/side effects of supplied methods; the naturalness of the method; partner preference; lack of knowledge of other methods; cost of other methods; availability of other methods; and religious beliefs. All but the last two of these factors were cited by an appreciable number of women as influencing their method choice (Table VI.23). The possible health and side effects of supplied methods (79% to 86%) and the naturalness of non-supplied methods (72% to 90%) were by far the most important factors in choosing withdrawal and periodic abstinence. About half of respondents at each site (46% to 55%) said that their partner's preference played a role in method selection. Factors that family planning/reproductive health programs could affect, although not as important as those already mentioned, seem to play a significant part in decision-making. From 35% to 50% of non-supplied method users said that lack of knowledge of other methods influenced their choice and 23% to 45% said that the cost of other methods did so. In addition, another 12% to 24% cited the access to/availability of other methods.

Table VI.24 reveals non-supplied method users' opinions about the effectiveness of their current method relative to "methods received from a doctor or pharmacy, like the IUD". Only about one of every five such women in each site knew that methods such as the IUD prevented pregnancy better than the method they were using. From 26% to 33% of them felt that their current method

was actually more effective. A large proportion (28% to 42%) admitted that they did not know the relative effectiveness of the methods.

By publicizing the relative effectiveness of various types of contraception, disseminating accurate information on health effects, and improving knowledge of and access to other methods, the Russia Women's Reproductive Health Project should contribute to increased use of highly effective methods.

IUD use

The survey included a series of questions for respondents who had an IUD inserted since the beginning of 1991, relating to the timing of insertions, information given by the IUD provider, and problems encountered related to the IUD. Tables VI.25 and VI.26 provide some findings from these questions.

Most IUD insertions took place neither following a delivery nor an abortion (top panel, Table VI.25). There were, however, substantial numbers of insertions after induced abortions in all three sites (22% to 29%). Current World Health Organization (WHO) guidelines now consider IUDs to be effective for at least 10 years. In Ivanovo and Yekaterinburg, only about one in ten IUD users, and in Perm only 3%, were told that their IUD could be left in place for six or more years. About half of recent IUD users reported that their provider told them that their IUD could be left in place for 4-5 years. The remaining half had been given a wide variety of information. From 10% to 21% of users were told that the IUD could only be left in place for less than three years. Of the greatest concern is that 13% to 20% of IUD users reported that their provider did not give them any information regarding how long the device could be left in place.

From 20% (Ivanovo) to 32% (Yekaterinburg) of women with an IUD inserted since January 1991 reported that they experienced physical problems associated with the device (top panel, Table VI.26). In each of the sites about two-thirds of women who reported problems visited a clinic as a result. Because having physical problems caused by (or perceived as being caused by) the IUD often results in a woman discontinuing use, it is not surprising that past users were more likely to have experienced problems than current users. Slightly over half of past users in each site stated that they had problems associated with their IUD, with the vast majority having gone to a clinic for treatment. About one in five current users had such problems and about half of them visited a clinic as a result. By far, the most common type of problem reported in each site was heavy bleeding (40% to 43%) (bottom panel, Table VI.26). Substantial numbers of women also reported that they experienced cramping, infection/discharge, or assorted other problems. There were no substantial differences in the distribution of types of problems between current and past users of IUDs.

Oral contraceptive use

The questionnaire included a module on oral contraceptive (OC) use for respondents who

reported any segments of OC use beginning since January 1991. This module was similar to the one used for IUDs, including information on information given by providers, problems related to pill use, and related topics.

In Table VI.27 it can be seen that, despite the relatively small numbers of current and recent OC users interviewed, there were a considerable number of brands of OCs being used, with great variation between the three survey sites. The two most widely used brands among current users were Triqvilar and Marvelon. Many women, particularly in the city of Perm, reported that they were using Postinor, a very high dose pill also used as a morning-after pill. Women also mentioned Regividon with some frequency in all three sites.

Although Russian law requires that OCs be dispensed with a prescription from a physician, most recent or current OC users (69% to 87%) stated that they had at some time received them without a prescription (Table VI.28). Just about half of these users said that they had changed their brand of pills at least once in their lifetime. Between 29% and 34% of those who changed brands said they did so principally because their previous brand had become unavailable. The other two reasons frequently mentioned included the provider changing brands and the woman experiencing side effects while on OCs. Women rarely cited the cost of pills as a reason for switching, except in Ivanovo, where 13% of switchers mentioned it.

A slight majority of recent OC users in each of the three survey sites reported that their physician did not tell them how long they could continue to take OCs (Table VI.29). Unlike for the IUD, however, this is not of great concern, since for most women OCs can be taken for many years with no ill effects. Physicians told about one of every ten users that they should only take pills for one year or less and another 4% to 10% that they could take them for between two years and six years.

From 30% to 35% of recent and current OC users reported having had physical problems related to their use of this contraceptive, with little difference between survey sites (Table VI.30). In each case, slightly fewer than half of these women had problems severe enough for them to visit a clinic. As with IUDs, those who were no longer using oral contraceptives were much more likely than current users to have experienced problems that they attributed to OCs. About half of past users reported problems, compared with only about 15% of current users.

Large doses of oral contraceptives taken within 72 hours after unprotected intercourse generally provide an effective form of emergency contraception (Hatcher, et al., 1994). This regimen is often referred to as "morning-after pills". Slightly over half of all respondents at each site (54% to 62%) said they had heard of "morning-after pills" (Table VI.31). Familiarity with it was substantially lower among the oldest and youngest respondents than among 20-34 year-old women. Knowledge was higher among sexually active women than among non-active women, but only by a relatively small margin. In Yekaterinburg and Perm, about one of every five respondents claimed to have used "morning-after pills" at least once in their life. In Ivanovo the figure was 13%. (These figures include the small number of women who said they were using

"morning-after pills" as their current form of contraception.) The percentage of respondents who said they had used "morning-after pills" in the previous 12 months ranged from 10% in Ivanovo and Yekaterinburg to 13% in Perm. The lowest percentages appeared for the youngest women (who are less likely to be sexually active) and those women who were not sexually active at the time of interview.

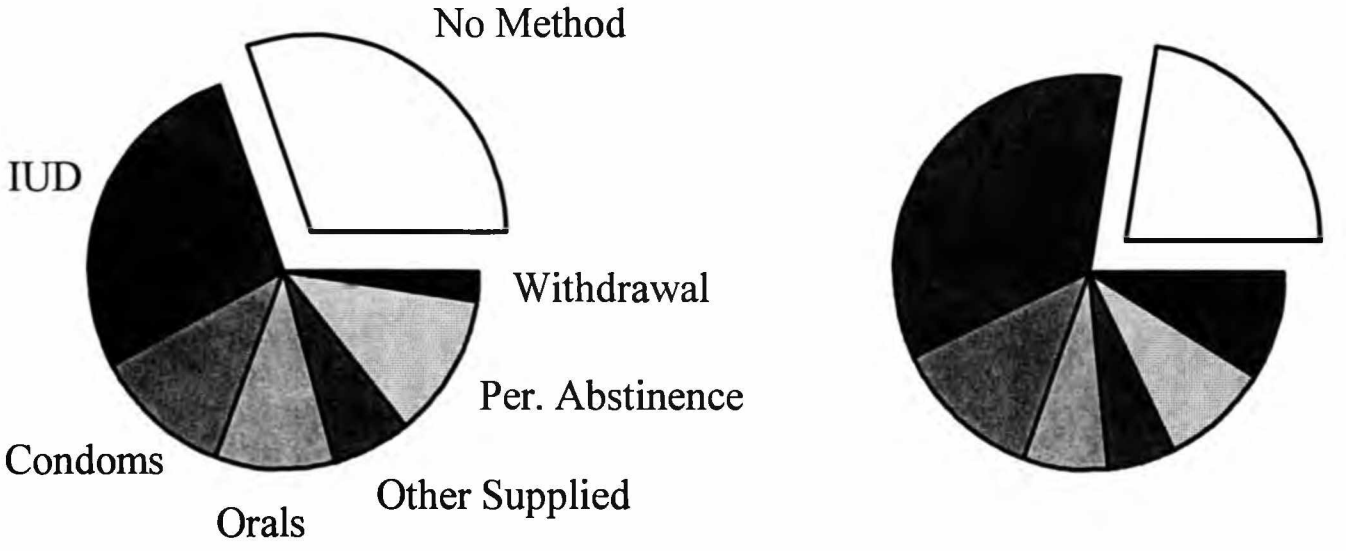
Contraceptive sterilization

Despite the fact that most women want to have no more children, contraceptive sterilization (neither tubal ligation nor vasectomy) is not a widely used method of pregnancy prevention in Russia. The RWRHS found that only 3% to 4% of women with two or more children had been sterilized and that virtually no men had had a vasectomy performed on them. Recent surveys in the Czech Republic and Romania also revealed similarly low prevalence of sterilization (Czech Statistical Office et al. 1995, Romanian Ministry of Health 1995), as does anecdotal information from much of eastern Europe. A number of factors probably contribute to the low prevalence of sterilization in Russia, one of which is legal restrictions. Tubal ligation was illegal in Russia until 1993. Except for medical reasons, it is still only legally permissible for women with three or more children or, if a woman is over 30 years of age, with two children (Popov, 1994). This law, however, actually represents a liberalization of sterilization practices. Prior to 1993, only women with a medical condition could legally be sterilized.

Regardless of the regulations on when sterilizations are permitted, the survey results show that few women claimed to be interested in tubal ligation. Overall, among fecund respondents who wanted to have no more children, only 7% in Ivanovo, 9% in Yekaterinburg, and 11% in Perm claimed to be interested in sterilization (Table VI.32). No consistent pattern of interest was observed according to current age or type of contraception being used. Women with higher levels of education, however, were less likely to express interest than others.

In all three survey sites, the most commonly stated reason (respondents could only give one reason) for not being interested in sterilization was that women simply "had not thought about it", ranging from 29% to 36% (Table VI.33). This indicates that sterilization is not even a contraceptive option that many women ever consider. Following "not thought about it" was a broad assortment of reasons for lack of interest, led by fear of health risks (16% to 21%) and that women may decide they want another child (8% to 15%). Other reasons that were not uncommonly given were fear of operation, no current sex partner, and lack of information about sterilization. Women rarely mentioned religion, cost or inconvenience of the procedure as major factors.

Figure VI.1
Percentage Distributions of Current Contraceptive Method Among Women in Union
Yekaterinburg and Ivanovo



Yekaterinburg **Ivanovo**

Figure VI.2
Percentage Distributions of Current Contraceptive Use Among Women in Union, by Number of Living Children
Yekaterinburg Only

Figure VI.3

Percentage Point Change Since January 1991 in Percent of All 15-39 Year-Old Women Currently Using Contraception

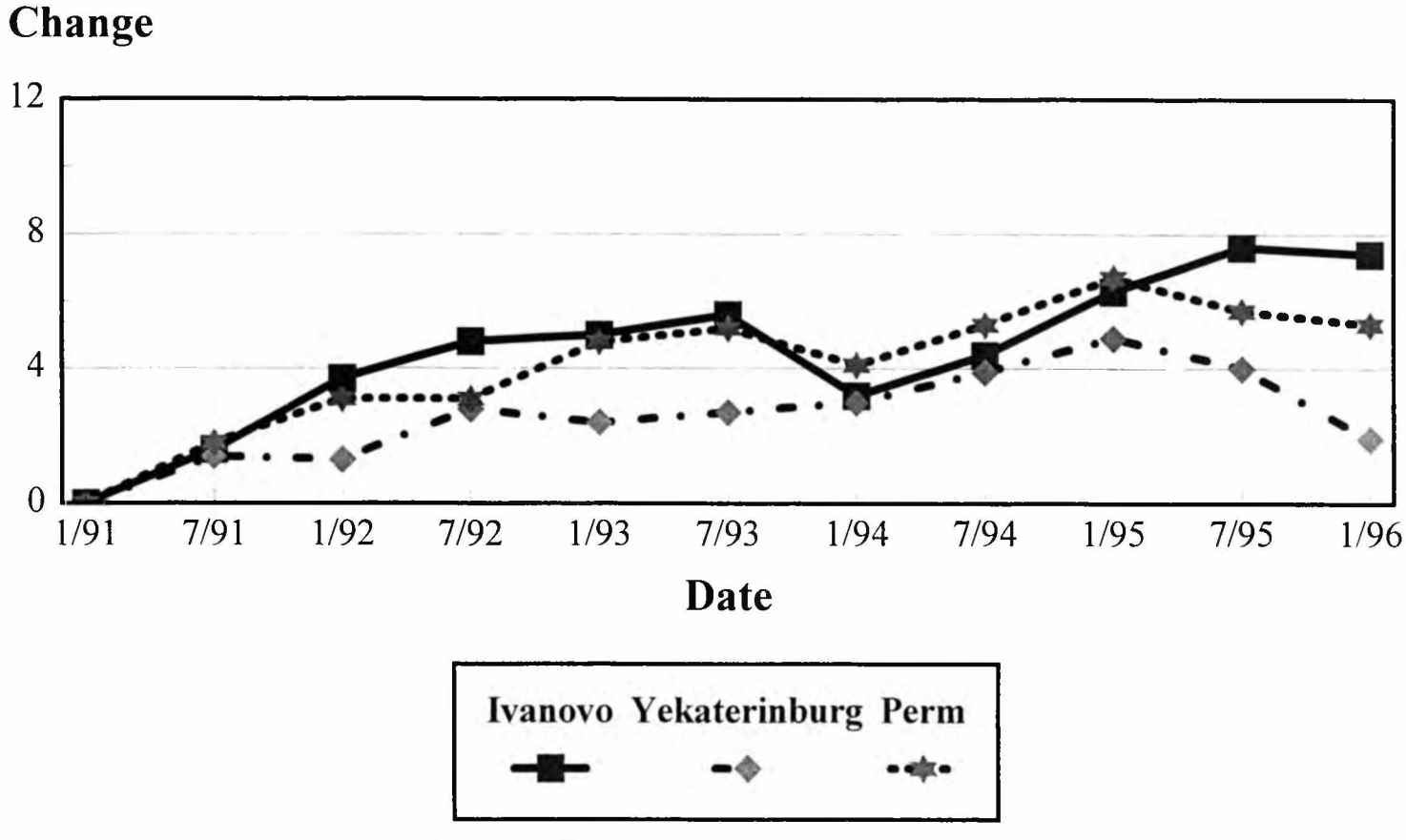


Figure VI.4
One-Year Failure and Discontinuation Rates for Selected Contraceptive Methods, 1991-1996
Yekaterinburg Only

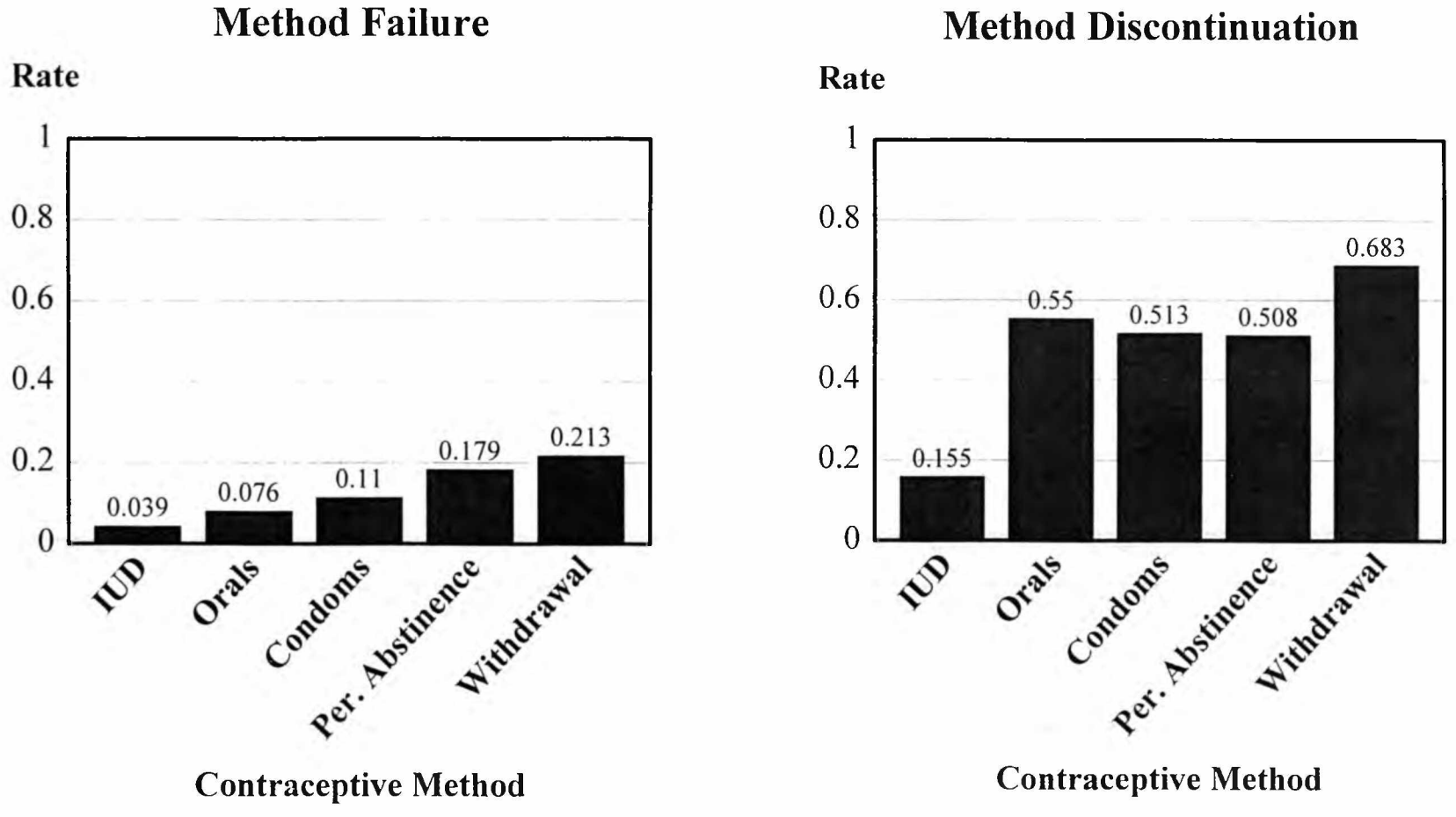


TABLE VI.1
Percent of Sexually Experienced Respondents Who Know of Specific Contraceptive Methods and Percent Who Know Where to Obtain Those Methods
1996 Russian Women's Reproductive Health Survey

	Percent Who Know of Method			Percent Who Know Where to Obtain Method		
Contraceptive Method	Ivanovo	Yekaterinburg	Perm	Ivanovo	Yekaterinburg	Perm
Condoms	99.3	99.3	99.1	98.5	98.2	98.6
IUD	98.4	98.6	99.0	95.1	96.3	97.2
Oral Contraceptives	97.2	98.6	98.2	94.1	96.1	96.2
Diaphragm	73.0	82.8	80.9	67.0	78.9	73.3
Female Sterilization	63.4	78.0	74.5	52.0	65.2	57.9
Vasectomy	50.3	66.6	61.2	40.0	53.6	45.1
Spermicide	41.2	63.1	66.1	36.2	58.0	60.0
Injections	35.2	49.1	45.8	30.9	41.3	37.1
Norplant	8.9	15.8	12.7	7.1	12.1	9.1
Periodic Abstinence	89.9	95.7	95.9	83.6*	91.0*	92.7*
Withdrawal	89.5	90.7	90.3	NA	NA	NA
Number of Women	*1817*	*1770*	*1824*	*1817*	*1770*	*1824*

*Percent who know where to get information on natural family planing methods

TABLE VI.2
Percent of Respondents Who Have Ever Used Specific Contraceptive Methods
Women Currently in Union and All Sexually Experienced Women
1996 Russian Women's Reproductive Health Survey

	Percent of Women Currently in Union			Percent of Sexually Experienced Women		
Contraceptive Method	Ivanovo	Yekaterinburg	Perm	Ivanovo	Yekaterinburg	Perm
Condoms	57.5	63.9	65.2	53.8	62.1	62.8
IUD	52.6	53.3	56.0	53.8	62.1	62.8
Oral Contraceptives	27.1	37.3	29.7	27.5	38.0	30.5
Diaphragm	3.9	2.5	1.2	3.1	2.0	1.2
Female Sterilization	2.1	2.2	1.7	1.9	1.7	1.3
Vasectomy	0.0	0.1	0.0	0.0	0.0	0.0
Spermicide	3.1	8.5	9.8	2.9	8.0	9.0
Injections	1.7	3.1	2.5	1.9	3.1	2.1
Norplant	0.4	0.2	0.4	0.3	0.2	0.3
Periodic Abstinence	48.4	64.0	66.6	46.7	62.6	65.9
Withdrawal	54.4	49.4	53.3	52.2	49.2	52.3
Number of Women	*1383*	*1300*	*1344*	*1817*	*1770*	*1824*

TABLE VI.3
Percent Using Any Contraception, Supplied Contraception, or Non-Supplied Contraception*
by the Number of Living Children, Women in Union
1996 Russian Women's Reproductive Health Survey

	Current Contraceptive Use				
Living Children	No Method*	Any Method	Supplied Meth.	NonSupp Meth	*No. of Women*
Ivanovo					
0	57.4	42.6	27.1	15.5	*145*
1	23.9	76.1	58.3	17.9	*579*
2+	15.9	84.1	65.1	19.0	*657*
Total	22.8	77.2	58.9	18.3	*1381*
Yekaterinburg					
0	63.9	36.1	24.4	11.6	*202*
1	30.0	70.0	58.0	12.0	*521*
2+	19.9	70.1	63.1	16.9	*575*
Total	30.3	69.7	55.4	14.3	*1298*
Perm					
0	54.7	45.3	33.5	11.8	*221*
1	31.7	68.3	51.1	17.3	*545*
2+	23.4	76.6	56.1	20.5	*578*
Total	31.4	68.6	50.7	18.1	*1344*

*Includes users of douche and folk methods, who constituted 0.9% in Ivanovo, 3.1% in Yekaterinburg and 2.4% in Perm.

TABLE VI.4
Current Contraceptive Method for Women in Union and Sexually Active Women
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
Current Contraceptive Method	In Union	Sex. Active	In Union	Sex. Active	In Union	Sex. Active
Using Any Method	77.2	77.7	69.7	70.8	68.6	72.1
Using Supplied Method	58.9	60.3	55.4	56.5	50.7	52.6
IUD	35.4	35.2	27.6	27.0	28.0	27.8
Condoms	12.6	12.8	11.4	12.4	12.9	13.4
Oral Contraceptives	7.2	8.6	10.0	11.2	5.2	6.4
Female Sterilization	2.1	2.2	2.2	1.7	1.7	1.6
Vaginal Methods	1.3	1.3	0.6	0.6	1.0	1.4
Morning-After Pills	0.7	0.2	0.1	0.4	0.7	0.8
Combinations of Methods	1.5	0.1	2.4	2.0	0.7	0.7
Other Methods	0.1	0.2	1.2	1.2	0.6	0.5
Using Non-Supplied Method	18.3	17.4	14.3	14.3	17.9	19.5
Periodic abstinence	9.2	8.2	11.9	11.6	14.4	15.4
Withdrawal	9.0	9.2	2.4	2.8	3.5	4.2
Using No Method*	22.8	22.3	30.3	29.2	31.4	27.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of Respondents	*1381*	*1438*	*1298*	*1385*	*1344*	*1390*

*Includes users of douche and folk methods

TABLE VI.5
Current Contraceptive Method by Number of Living Children, Women in Union
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Number of Living Children								
	Ivanovo			Yekaterinburg			Perm		
Current Contraceptive Method	0	1	2+	0	1	2+	0	1	2+
Using Any Method	42.6	76.1	84.1	36.1	70.0	80.1	45.3	68.3	76.6
Using Supplied Method	27.1	58.3	65.1	24.4	58.0	63.1	37.5	51.1	56.1
IUD	6.6	31.3	43.7	4.6	28.1	34.4	9.3	27.6	34.5
Condoms	8.9	15.9	10.8	4.3	13.6	11.9	15.7	13.6	11.5
Oral Contraceptives	11.6	8.2	5.6	14.2	10.0	8.7	3.4	7.0	4.3
Female Sterilization	0.0	0.5	3.7	0.5	1.2	3.5	0.7	0.7	2.9
Vaginal Methods	0.0	1.8	1.2	0.0	1.2	0.3	0.7	1.0	1.0
Morning-After Pills	0.0	0.1	0.0	0.0	0.2	0.2	1.4	0.2	0.8
Combinations of Methods	0.0	0.3	0.0	0.9	2.5	2.7	1.9	0.2	0.8
Other Methods	0.0	0.2	0.1	0.0	1.3	1.5	0.4	0.8	0.4
Using Non-SuppliedMethod	15.5	17.9	19.0	11.6	12.0	17.0	11.8	17.3	20.5
Periodic abstinence	5.0	9.1	10.1	7.4	9.2	15.4	6.7	12.9	18.2
Withdrawal	10.5	8.8	8.9	4.2	2.8	1.6	5.0	4.4	2.3
Using No Method*	57.4	23.9	15.9	63.9	30.0	19.9	54.7	31.7	23.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Respondents	*145*	*579*	*657*	*202*	*521*	*575*	*221*	*545*	*578*

*Includes users of douche and folk methods

TABLE VI.6
Current Contraceptive Method by Educational Level, Women in Union
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Current Contraceptive Method	Educational Level								
	Ivanovo			Yekaterinburg			Perm		
	<Comp. Sec.	Comp. Sec.	>Comp. Sec.	<Comp. Sec.	Comp. Sec.	>Comp. Sec.	<Comp. Sec.	Comp. Sec.	>Comp. Sec.
Using Any Method	69.6	76.2	86.1	58.9	68.2	77.6	54.1	66.1	79.9
Using SuppliedMethod	54.5	58.2	64.8	46.9	55.1	59.3	32.1	51.5	55.8
IUD	37.0	34.9	36.1	31.7	27.9	25.1	8.5	30.5	29.2
Condoms	9.2	11.9	18.0	1.8	11.8	14.1	11.7	11.2	17.5
Oral Contraceptives	1.1	7.9	8.5	6.2	9.4	13.0	6.2	5.0	5.4
Female Sterilization	4.1	2.2	0.4	5.6	2.0	1.4	3.4	2.1	0.2
Vaginal Methods	3.1	1.0	1.3	0.0	0.7	0.5	1.1	0.7	1.4
Morning-After Pills	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.9	0.4
Combinations of Methods	0.0	0.1	0.2	1.6	1.8	4.0	1.2	0.4	1.2
Other Methods	0.0	0.1	0.2	0.0	1.4	1.2	0.0	0.6	0.7
Using Non-Supplied Method	15.1	18.0	21.3	12.0	13.1	18.3	22.0	14.6	24.1
Periodic abstinence	5.1	9.1	12.5	8.4	11.2	14.8	17.9	11.2	20.4
Withdrawal	10.1	8.9	8.9	3.7	1.8	3.5	4.1	3.4	3.7
Using No Method*	30.4	23.8	13.9	41.1	31.8	22.4	45.9	33.9	20.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Respondents	*94*	*945*	*342*	*53*	*837*	*408*	*81*	*862*	*401*

*Includes users of douche and folk methods

TABLE VI.7
Current Contraceptive Method by Marital Status, All Women
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Marital Status								
	Ivanovo			Yekaterinburg			Perm		
Current Contraceptive Method	In Union	Div./ Wid.	Never Marr.	In Union	Div./ Wid.	Never Marr.	In Union	Div./ Wid.	Never Marr.
Using Any Method	77.2	39.3	17.2	69.7	49.3	20.8	68.6	48.8	24.4
Using Supplied Method	58.9	35.4	12.6	55.4	39.3	16.5	50.7	33.9	17.8
IUD	35.4	24.9	0.7	27.6	24.2	2.2	28.0	19.3	1.8
Condoms	12.6	3.4	5.7	11.4	7.2	6.3	12.9	5.9	9.2
Oral Contraceptives	7.2	5.1	5.3	10.0	5.2	6.8	5.2	4.8	4.1
Female Sterilization	2.1	1.6	0.2	2.2	0.7	0.0	1.7	0.6	0.0
Vaginal Methods	1.3	0.0	0.0	0.6	0.3	0.3	1.0	1.0	1.8
Morning-After Pills	0.7	0.2	0.6	0.1	0.3	0.8	0.7	1.8	0.7
Combinations of Methods	1.5	0.0	0.0	2.4	0.4	0.0	0.7	0.0	0.3
Other Methods	0.1	0.1	0.2	1.2	0.6	0.2	0.6	0.5	0.0
Using Non-Supplied Method	18.3	3.9	4.6	14.3	10.0	4.3	17.9	14.9	6.6
Periodic abstinence	9.2	2.1	1.3	11.9	9.4	3.1	14.4	11.4	4.2
Withdrawal	9.0	1.9	3.2	2.4	0.6	1.2	3.5	3.5	2.5
Using No Method*	22.8	60.7	82.8	30.3	50.7	79.2	31.4	51.2	75.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Respondents	*1381*	*285*	*348*	*1298*	*259*	*415*	*1344*	*288*	*375*

*Includes users of douche and folk methods

TABLE VI.8

Percent of All 15-39 Year-Old Respondents Reporting Current Use of Any Contraception*
or Supplied Contraception at Six Month Intervals from January 1991 to January 1996
1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
Date	% Using Any Method	% Using Supplied Methods	% Using Any Method	% Using Supplied Methods	% Using Any Method	% Using Supplied Methods
1/1991	52.2	38.3	48.9	35.7	48.7	34.5
7/1991	53.8	39.5	50.3	37.7	50.5	36.0
1/1992	55.9	41.0	50.2	37.9	51.8	36.8
7/1992	57.0	42.4	51.7	39.5	51.8	36.7
1/1993	57.2	41.7	51.3	39.3	53.5	38.4
7/1993	57.8	42.5	51.6	39.4	53.9	38.8
1/1994	55.4	41.1	51.9	39.8	52.8	38.3
7/1994	56.6	41.9	52.8	40.6	54.0	39.0
1/1995	58.5	43.8	53.8	42.0	55.4	39.4
7/1995	59.8	44.8	52.9	41.7	54.4	39.8
1/1996	59.6	46.5	50.8	41.4	54.0	40.5

*Excludes users of douche and folk methods

TABLE VI.9
Percent of All 15-39 Year-Old Respondents Reporting Current Use of the IUD
or of Oral Contraceptives at Six Month Intervals from January 1991 to January 1996
1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
Date	% Using IUD	% Using Pills	% Using IUD	% Using Pills	% Using IUD	% Using Pills
1/1991	22.4	3.3	21.6	4.3	22.5	3.5
7/1991	23.7	3.4	22.7	4.8	23.6	3.5
1/1992	24.6	3.6	23.0	5.3	24.5	3.6
7/1992	25.4	3.5	24.6	5.0	24.8	3.1
1/1993	25.6	3.8	23.9	5.6	25.7	2.8
7/1993	26.4	3.4	23.3	5.5	25.2	2.6
1/1994	26.4	3.4	22.7	6.1	24.7	3.2
7/1994	26.1	4.1	23.0	6.8	24.2	4.0
1/1995	27.7	4.6	22.7	7.4	23.1	4.5
7/1995	27.7	5.4	22.2	7.7	22.8	5.0
1/1996	27.6	6.6	20.5	8.3	21.5	5.5

TABLE VI.10
Percentage Distributions of Source of Contraception for
Current Users of Oral Contraceptives, IUD, and Condoms and
Percent of Users of Those Methods Who Paid for Them According to Source
1996 Russian Women's Reproductive Health Survey

	Contraceptive Method								
	Ivanovo			Yekaterinburg			Perm		
	OCs	IUD	Condom	OCs	IUD	Condom	OCs	IUD	Condom
Source of Method									
Pharmacy	60.5	23.1	88.7	84.0	27.9	78.9	85.2	9.2	75.3
Women's Consultation	25.7	48.6	2.2	9.5	53.7	0.5	8.0	59.9	1.4
MCH Center	4.9	2.0	0.9	0.4	0.0	0.0	0.0	0.2	0.0
Hospital	3.5	19.4	1.2	1.1	15.2	0.0	3.4	25.4	0.0
Drug Kiosk	2.8	0.7	2.3	3.8	0.4	4.7	1.7	0.0	7.3
Private Clinic/Physician	0.4	1.0	0.0	0.0	0.4	0.5	0.8	1.1	0.0
Maternity House	0.0	2.3	0.0	0.0	1.2	0.0	0.0	2.1	0.0
Other Source	2.3	3.0	4.8	1.3	1.8	15.5	0.8	2.1	16.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
% Who Paid for Method from:									
Pharmacy	100.0	96.5	98.7	99.5	91.1	93.2	97.5	93.6	84.9
Women's Consultation	0.0	32.1	*	*	63.9	*	*	54.7	*
Hospital	*	12.6	*	*	59.1	*	*	38.5	*
All Sources	*67.8*	*45.1*	*96.0*	*92.5*	*71.2*	*88.6*	*91.1*	*53.5*	*80.4*
Number of Respondents	*152*	*568*	*216*	*189*	*428*	*203*	*108*	*449*	*239*

*Fewer than 25 current users of method who obtained it from that particular source.

TABLE VI.11
Primary Reason for Not Using Contraception by Marital Status, Sexually Active Women*,
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Reason For Not Using Contraception	Ivanovo			Yekaterinburg			Perm		
	All Women	In Union	Not in Union	All Women	In Union	Not in Union	All Women	In Union	Not in Union
Reasons Related to Pregnancy or Fecundity									
Pregnant	12.8	15.1	3.0	14.4	12.1	4.7	11.1	12.8	3.8
Subfecund	23.8	26.3	13.3	25.8	28.8	14.7	28.9	30.2	23.2
Want Pregnancy	13.5	12.3	18.7	16.5	17.8	11.6	14.4	15.5	10.1
Other Reasons									
Occasional Sex Only	16.6	8.0	52.8	7.3	2.2	26.1	10.0	4.9	31.9
Difficult to Get Preg.	12.4	14.5	3.8	13.0	14.1	9.1	10.5	10.5	10.4
Fear of Health Effects	5.1	5.7	2.6	6.1	4.3	12.8	5.7	7.1	0.0
Haven't Bothered	6.2	7.3	1.3	7.2	5.7	12.4	5.4	4.7	8.6
Breastf'ding/Postpart.	1.1	1.3	0.0	0.9	1.2	0.0	2.1	2.6	0.0
Cost/Availability	3.8	4.4	1.3	0.7	0.4	2.1	1.8	1.2	4.1
Previous Side Effects	0.7	0.4	1.9	1.6	2.0	0.0	1.3	1.3	1.4
Partner Objections	1.1	1.1	1.3	1.1	0.7	2.7	1.1	1.1	1.1
Dr. Will Not Prescribe	1.2	1.5	0.0	0.9	1.2	0.0	1.1	1.3	0.0
Prefer Abortion	1.2	1.5	0.0	0.5	0.7	0.0	0.3	0.3	0.0
Religion	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.0
Other	0.6	0.8	0.0	3.9	3.9	3.9	6.1	6.3	5.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Respondents	*280*	*224*	*56*	*335*	*264*	*71*	*340*	*277*	*63*

*Respondents who reported having sexual intercourse in the previous 30 days.

TABLE VI.12
Percent of Women in Need of Family Planning Services, According to Two Definitions*
1996 Russian Women's Reproductive Health Survey

Unmet Need Definition and Characteristics	Ivanovo	Yekaterinburg	Perm
Definition I			
Total	11.2	15.2	15.2
Living Children			
0	8.5	12.8	10.5
1	14.2	17.7	18.0
2+	10.2	14.9	16.8
Marital Status			
Currently in Union	14.0	18.0	18.8
Previously in Union	7.1	14.6	12.3
Never in Union	3.9	7.5	6.0
Definition II			
Total	23.4	25.4	28.6
Living Children			
0	14.9	19.1	16.4
1	27.5	26.8	33.0
2+	25.0	30.2	35.2
Marital Status			
Currently in Union	30.6	31.3	35.5
Previously in Union	9.9	22.1	24.7
Never in Union	7.5	10.9	9.3

*Definition I: Women are considered to be in need if they are sexually active or in union, not pregnant, fecund, did not want to get pregnant at the time of interview, and are not using any type of contraception. Definition II is the same as definition I, except that it also includes women using typically less effective methods of contraception (withdrawal, periodic abstinence, douche, and folk methods).

TABLE VI.13
Contraceptive Failure Rates After One, Two, and Three Years
for Selected Methods of Contraception
1996 Russian Women's Reproductive Health Survey

	Contraceptive Method					
Duration	All Methods	IUD	Oral Contracep	Condoms	Periodic Abstinence	Withdrawal
Ivanovo						
1 year	.100	.013	.138	.132	.142	.126
2 years	.177	.041	.239	.199	.279	.271
3 years	.246	.095	.311	.271	.368	.370
No. of Users	*1975*	*439*	*342*	*440*	*324*	*346*
Yekaterinburg						
1 year	.108	.039	.076	.110	.179	.213
2 years	.194	.043	.194	.159	.401	.331
3 years	.229	.063	.218	.219	.463	.331
No. of Users	*2025*	*404*	*449*	*479*	*333*	*127*
Perm						
1 year	.098	.038	.032	.095	.155	.156
2 years	.170	.047	.094	.172	.274	.267
3 years	.218	.047	.094	.239	.380	.435
No. Of Users	*2228*	*451*	*323*	*536*	*461*	*194*

TABLE VI.14
Contraceptive Discontinuation Rates for All Reasons After One, Two, and Three years
for Selected Methods of Contraception
1996 Russian Women's Reproductive Health Survey

	Contraceptive Method					
Duration	All Methods	IUD	Oral Contracep	Condoms	Periodic Abstinence	Withdrawal
Ivanovo						
1 year	.389	.099	.555	.481	.457	.499
2 years	.551	.182	.715	.669	.717	.683
3 years	.633	.250	.815	.756	.800	.795
No. of Users	*1975*	*439*	*342*	*440*	*324*	*346*
Yekaterinburg						
1 year	.444	.155	.550	.513	.508	.683
2 years	.591	.229	.709	.672	.712	.784
3 years	.666	.295	.806	.770	.776	.784
No. of Users	*2025*	*404*	*449*	*479*	*333*	*127*
Perm						
1 year	.450	.148	.600	.539	.469	.655
2 years	.600	.237	.785	.701	.655	.770
3 years	.675	.327	.854	.768	.747	.888
No. Of Users	*2228*	*451*	*323*	*536*	*461*	*194*

TABLE VI.15
Contraceptive Discontinuation Rates for Selected Reasons After One and Two Years
for Oral Contraceptives and the IUD
1996 Russian Women's Reproductive Health Survey

	Oral Contraceptives				IUD	
Duration	Side Effects	Health Concerns	Physician's Decision	Give Body a Rest	Side Effects	Health Concerns
Ivanovo						
1 year	.112	.079	.022	.014	.012	.021
2 years	.112	.179	.022	.025	.040	.029
Yekaterinburg						
1 year	.151	.054	.040	.010	.059	.010
2 years	.176	.074	.050	.018	.080	.026
Perm						
1 year	.160	.168	.049	.009	.044	.011
2 years	.237	.224	.065	.026	.055	.034

TABLE VI.16
Primary Reason for Discontinuing Oral Contraceptives and the IUD,
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
Reason For Discontinuing Method	Oral Cont.	IUD	Oral Cont.	IUD	Oral Cont.	IUD
Pregnant While Using	21.0	27.6	13.2	18.3	5.2	13.0
No Sex/Can't Get Preg.	11.8	1.2	13.7	1.6	8.7	1.3
Wanted Better Method	4.8	0.0	8.1	0.0	5.9	1.3
Wanted to Get Preg.	8.9	9.8	10.7	12.8	8.8	9.1
Inconvenient Method	2.6	0.0	2.8	2.2	3.2	1.9
Side Effects	14.2	17.5	18.8	26.2	22.2	22.4
Physician Recommended	4.0	10.3	5.2	9.1	5.4	14.0
Health Concerns	13.7	14.2	8.5	11.0	20.5	15.6
Partner Objected	0.0	0.0	0.0	1.0	0.5	0.6
Supply/Cost	6.9	0.0	7.3	0.0	3.1	0.0
Give Body a Rest	10.6	13.4	8.6	6.7	14.6	12.3
Other	1.6	5.9	3.2	11.2	2.1	8.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Respondents	*196*	*90*	*262*	*110*	*209*	*149*

TABLE VI.17
Percent of Contraceptive Users Who Report Problems or Concerns
with Their Current Method of Contraception According to Current Method of Contraception
1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
Current Contraceptive Method	%	*(N)*	%	*(N)*	%	*(N)*
IUD	16.0	*567*	19.5	*428*	20.5	*449*
Condoms	18.1	*216*	25.2	*202*	19.7	*239*
Oral Contraceptives	21.2	*152*	13.1	*189*	16.4	*108*
Periodic Abstinence	30.0	*139*	20.3	*188*	27.1	*235*
Withdrawal	31.4	*145*	27.2	*41*	36.5	*65*
All Methods	20.0	*1294*	20.7	*1185*	22.4	*272*

TABLE VI.18
Percent of Contraceptive Users Who Would Prefer Using a Different Method of Contraception
According to Current Method of Contraception
1996 Russian Women's Reproductive Health Survey

Current Contraceptive Method	Ivanovo		Yekaterinburg		Perm	
	%	*(N)*	%	*(N)*	%	*(N)*
Withdrawal	57.1	*145*	71.1	*41*	68.3	*65*
Condoms	51.7	*216*	57.9	*203*	56.4	*239*
Oral Contraceptives	44.3	*152*	42.9	*189*	58.7	*108*
Periodic Abstinence	45.0	*139*	33.1	*188*	41.2	*235*
IUD	15.7	*568*	21.9	*428*	20.8	*449*
Female Sterilization	0.0	*31*	*	*23*	*	*19*
All Methods	32.3	*1,296*	36.1	*1,188*	38.7	*1,208*

*Fewer than 25 cases.

TABLE VI.19

Principal Reason for Not Using Preferred Method of Contraception According to Method Preferred, Current Contraceptive Users

1996 Russian Women's Reproductive Health Survey

	Ivanovo				Yekaterinburg				Perm			
	Preferred Method				Preferred Method				Preferred Method			
Reason Not Using	Pills	IUD	Injection	Fem Ster	Pills	IUD	Injection	Fem Ster	Pills	IUD	Injection	Fem Ster
Fear health/Side Effects	25.7	35.6	*	3.5	30.0	36.0	18.3	4.0	33.1	29.0	20.5	7.5
Lack of Information	11.3	4.6	*	43.6	24.9	5.3	50.8	44.5	20.5	3.2	33.4	16.8
Physician Won't Prescribe	14.3	30.1	*	25.9	1.4	22.5	2.0	5.6	11.5	27.2	3.8	15.2
Cost/Access	26.3	5.2	*	9.9	13.2	3.9	10.3	17.0	9.9	3.1	6.7	24.3
Current Method is Long-Term	8.0	1.4	*	0.0	7.4	0.0	7.6	3.8	8.0	1.1	20.5	2.7
Other	5.7	13.8	*	5.8	21.8	30.2	11.1	21.9	13.7	30.2	6.6	28.4
Not Sure	6.2	3.1	*	11.3	1.2	2.1	0.0	3.3	3.3	5.1	8.6	2.5
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	*71*	*172*	*15*	*25*	*68*	*98*	*61*	*25*	*83*	*152*	*27*	*29*

*Fewer than 25 women who prefer to use the method.

TABLE VI.20
Percent of Respondents Giving Various Birth Prevention Methods Low Ratings*
Overall and with Regard to Selected Characteristics of Method
1996 Russian Women's Reproductive Health Survey

Characteristic	Method of Birth Prevention						
	Oral Contracept.	IUD	Injectables	Condoms	Female Sterilization	Induced Abortion	Mini-Abortion
Overall							
Ivanovo	53.0	26.3	67.9	41.9	69.4	97.4	96.3
Yekaterinburg	49.2	35.4	68.2	45.5	80.8	98.1	96.5
Perm	50.6	31.4	69.1	42.7	73.2	97.2	95.7
Safety/Health							
Ivanovo	32.3	17.7	49.1	2.7	52.0	92.0	88.5
Yekaterinburg	26.9	22.0	50.9	2.3	54.8	93.5	87.0
Perm	27.4	20.8	49.1	2.9	42.9	89.9	83.3
Effectiveness							
Ivanovo	8.9	4.4	9.5	5.0	3.1	NA	NA
Yekaterinburg	6.2	4.7	7.1	3.9	2.4	NA	NA
Perm	8.1	4.7	9.0	3.6	2.5	NA	NA
Cost							
Ivanovo	52.1	28.3	62.3	16.8	74.8	68.4	71.2
Yekaterinburg	36.4	15.2	51.8	8.2	74.2	71.8	64.4
Perm	36.0	17.6	47.3	11.4	70.6	56.8	54.8

*A rating of 3 or lower on a scale of 1 to 10 was considered a "low" rating.
NOTE: Respondents with no opinion have been deleted from the estimates for the corresponding cells.

TABLE VI.21
Percent of Respondents with No Opinions About Various Birth Prevention Methods
Overall and with Regard to Selected Characteristics of Method
1996 Russian Women's Reproductive Health Survey

Characteristic	Method of Birth Prevention						
	Oral Contracept.	IUD	Injectables	Condoms	Female Sterilization	Induced Abortion	Mini-Abortion
Overall							
Ivanovo	42.1	33.6	72.7	31.5	65.6	26.3	28.0
Yekaterinburg	35.5	30.4	68.8	24.4	57.4	17.2	19.5
Perm	33.9	25.5	65.8	23.3	57.7	17.6	20.2
Safety/Health							
Ivanovo	29.2	22.9	64.2	18.3	58.3	12.9	15.4
Yekaterinburg	24.9	22.0	60.1	13.5	54.0	7.1	11.4
Perm	24.2	16.8	56.6	11.8	53.4	7.1	11.3
Effectiveness							
Ivanovo	39.8	22.8	75.2	21.5	51.2	NA	NA
Yekaterinburg	36.7	23.2	74.8	15.9	42.8	NA	NA
Perm	31.5	17.2	69.9	13.4	45.0	NA	NA
Cost							
Ivanovo	50.8	53.0	78.9	40.0	83.2	53.5	54.8
Yekaterinburg	47.0	48.5	79.5	33.2	81.9	46.4	50.1
Perm	47.0	48.5	73.3	31.5	75.1	41.9	45.7

TABLE VI.22

Percent of Non-Pregnant, Fecund, Respondents Currently in Union, and Not Using Contraception Who Have Discussed with Their Partner Whether to Use Contraception and Percent of Those Having Discussions Whose Partner Thinks That They Should Be Using Contraception, by Education

1996 Russian Women's Reproductive Health Survey

	Had Discussions About Contraception with Partner		Partner Thinks She Should Be Using	
Education of Respondent	**Percent**	***N***	**Percent**	***N***
Ivanovo, Total	27.6	*169*	45.3	*53*
LE Complete Secondary	27.6	*148*	45.4	*46*
GT Complete Secondary	*	*21*	*	*7*
Yekaterinburg, Total	31.4	*201*	42.9	*71*
LE Complete Secondary	28.3	*154*	36.6	*49*
GT Complete Secondary	45.8	*47*	*	*22*
Perm, Total	38.0	*244*	45.8	*104*
LE Complete Secondary	33.9	*198*	47.9	*75*
GT Complete Secondary	60.7	*46*	39.7	*29*

*Fewer than 25 respondents in cell

TABLE VI.23
Percent of Users of Non-Supplied Methods of Contraception
Who State That Selected Factors Were Important* in Their Decision Not to Use
1996 Russian Women's Reproductive Health Survey

Factor	Ivanovo	Yekaterinburg	Perm
Health/Side Effects of Other Methods	80.6	86.3	78.9
Naturalness of Method	71.6	90.1	78.0
Partner Preference	54.7	48.9	45.6
Lack of Knowledge of Other Methods	49.7	36.4	35.2
Cost of Other Methods	45.1	29.7	23.1
Access/Availability of Other Methods	24.4	12.0	14.4
Religious Beliefs	5.9	5.1	7.1
Number of Respondents	*304*	*271*	*338*

*Percent who said the factor was somewhat or very important in the decision.

TABLE VI.24
Perceived Effectiveness of Current Method Compared to Modern Contraceptive Methods
Among Users of Non-Supplied Methods of Contraception
(Percent Distributions)
1996 Russian Women's Reproductive Health Survey

Perceived Effectiveness	**Ivanovo**	**Yekaterinburg**	**Perm**
Current Method More Effective	27.2	33.3	25.6
Current Method Equally Effective	12.4	20.3	21.2
Current Method Less Effective	18.1	18.1	22.2
Don't Know	42.4	28.4	31.0
Total	100.0	100.0	100.0
Number of Respondents	*304*	*271*	*338*

TABLE VI.25
Time of Most Recent IUD Insertion for Women Who Have Had an IUD Inserted Since January 1991
and Length of Time IUD Provider Said the IUD Could Be Left in Place
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Ivanovo	Yekaterinburg	Perm
When IUD Was Inserted			
Post Partum	4.6	7.1	5.2
Post Abortion	21.7	26.6	28.6
Neither	73.8	66.3	66.2
How Long Provider Said IUD Could Be Left in			
1-3 Years	10.2	15.3	21.1
4-5 Years	50.5	54.0	55.7
6 or More Years	7.8	10.4	2.7
As Long As She Wanted	3.9	0.8	1.4
Did Not Say	20.4	13.2	13.9
Don't Know/Remember	7.3	6.3	5.2
Total	100.0	100.0	100.0
Number of Women	*568*	*428*	*449*

TABLE VI.26
Whether Women Have Had Any Health Problems Related to Their IUD and
the Principal Type of Problem They Have Had
for Women with an IUD Inserted Since January 1991
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Whether Currently Using IUD								
	Ivanovo			Yekaterinburg			Perm		
	Total	Using	Not Using	Total	Using	Not Using	Total	Using	Not Using
Whether Problems with IUD									
Problem, Visited Clinic	14.0	9.5	49.0	20.9	10.8	48.0	21.0	10.9	44.8
Problem, No Clinic Visit	6.3	6.6	4.5	11.5	10.7	13.8	9.6	9.1	10.8
No Problems	79.7	83.9	46.5	67.6	78.6	38.2	69.4	80.1	44.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Women	*646*	*568*	*78*	*603*	*428*	*175*	*646*	*448*	*198*
Type of Problem									
Heavy Bleeding	42.8	39.4	50.8	40.0	39.4	40.5	42.9	35.5	49.0
Cramping	25.4	26.0	24.0	26.3	26.8	25.7	22.9	22.7	23.1
Infection/Discharge	14.4	15.0	12.8	13.4	17.2	9.8	16.3	20.2	13.1
Other	17.5	19.6	12.4	20.4	16.6	24.0	17.9	21.7	14.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Women	*144*	*98*	*46*	*207*	*101*	*106*	*208*	*93*	*115*

TABLE VI.27
Current Brand of Oral Contraceptives, All Current Users
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Pill Brand	Ivanovo	Yekaterinburg	Perm
Triqvilar	36.2	32.3	16.1
Marvelon	13.0	32.2	27.4
Postinor	10.6	8.6	23.4
Regividon	11.7	4.9	10.0
Tri-Regol	3.9	1.9	6.8
Micronor	1.2	6.3	0.0
Ovidon	3.1	3.1	3.4
Bicecurin	7.4	0.4	0.0
Antiovin	5.3	1.4	0.8
Triziston	2.4	2.0	1.5
Ovidur-Richter	0.0	1.0	1.7
Diana-35	0.0	1.0	0.0
Other	1.9	4.0	8.1
Don't Know	3.3	1.0	0.9
Total	100.0	100.0	100.0
Number of OC Users	*152*	*189*	*108*

TABLE VI.28
Percent of Current Oral Contraceptive Users Who Have Ever Gotten Oral Contraceptives Without a Doctor's Prescription, Percent Who Have Ever Changed Pill Brands, and Percentage Distributions of Reported Reasons for Changing
1996 Russian Women's Reproductive Health Survey

	Ivanovo	Yekaterinburg	Perm
Percent Who Ever Got OCs Without a Prescription	68.7	86.7	86.5
Percent Who Ever Changed Brands	54.2	52.7	50.2
Reason for Changing			
Brand Became Unavailable	33.7	31.7	28.8
Provider Changed Brand	29.7	23.3	21.9
Side Effects	17.7	20.0	29.4
Cost	12.9	2.0	2.4
Other	6.0	23.0	17.4
Total	100.0	100.0	100.0
Number of Women Changing Brands	*80*	*99*	*57*

TABLE VI.29
Length of Time Oral Contraceptive Provider Said Pills Could Be Taken
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

How Long Provider Said Oral Contraceptives Could Be Used	**Ivanovo**	**Yekaterinburg**	**Perm**
1 Year	9.5	9.3	10.6
2-6 Years	4.0	5.0	9.2
Indefinitely	11.1	10.4	12.2
Other	7.4	8.9	14.7
Did Not Say	60.1	58.1	52.6
Don't Know/Remember	7.9	8.2	0.9
Total	100.0	100.0	100.0
Number of Women	*152*	*189*	*108*

TABLE VI.30
Whether Women Have Had Any Health Problems Related to Oral Contraceptives and
the Most Serious Type of Problem They Have Had
for Women Who Started Using Oral Contraceptives Since January 1991
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Whether Currently Using Oral Contraceptives								
	Ivanovo			Yekaterinburg			Perm		
	Total	Using	Not Using	Total	Using	Not Using	Total	Using	Not Using
Whether Problems with OCs									
Problem, Visited Clinic	15.1	6.7	21.6	11.2	7.8	15.2	15.1	6.7	21.6
Problem, No Clinic Visit	19.6	8.9	27.9	18.7	9.1	29.9	19.6	8.9	27.9
No Problems	65.3	84.4	50.6	70.1	83.1	54.9	65.3	84.4	50.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Women	*266*	*151*	*115*	*351*	*189*	*162*	*252*	*108*	*144*

TABLE VI.31
Percentage of Respondents Who Report Knowing About Morning-After Pills
and Percent of Those Knowing About It Who Have Used It
by Current Age and Whether Sexually Active
1996 Russian Women's Reproductive Health Survey

Age and Whether Sexually Active	Ivanovo			Yekaterinburg			Perm		
	% Who Know Method	% Ever Used Method	% Used in Past Year	% Who Know Method	% Ever Used Method	% Used in Past Year	% Who Know Method	% Ever Used Method	% Used in Past Year
Age									
15-19	45.5	6.9	5.2	48.7	7.2	6.3	51.1	9.9	9.3
20-24	66.5	14.0	11.5	71.8	18.6	10.2	68.7	24.7	16.7
25-29	64.0	16.1	11.3	70.6	29.8	10.9	66.4	26.7	16.7
30-34	59.4	12.1	8.8	65.7	22.6	12.5	74.1	22.4	14.1
35-39	46.4	10.8	7.2	60.2	17.2	10.9	56.1	13.8	7.9
40-44	41.6	13.3	12.7	54.7	14.9	7.6	49.8	15.7	13.0
Sexual Activity*									
Active	56.1	14.5	10.9	64.5	22.5	11.7	63.6	21.1	14.2
Not Active	48.7	7.7	6.4	56.0	10.6	5.3	55.8	16.5	11.2
Total	53.9	12.5	9.6	61.7	19.0	9.9	61.0	19.6	13.2

*Sexually active is defined as reporting having had sexual intercourse in the last 30 days.

TABLE VI.32
Percent of Fecund Respondents Wanting No More Children
Who Report Being Interested in Contraceptive Sterilization, by Age and Current Contraception
1996 Russian Women's Reproductive Health Survey

Characteristics	Ivanovo	Yekaterinburg	Perm
Total	6.9	9.2	10.9
Current Age			
15-24	7.1	5.3	7.4
25-34	10.0	11.8	9.9
35-44	4.8	8.3	11.8
Current Contraception			
Supplied Method	6.2	11.4	12.4
Non-Supplied Method	12.2	6.5	12.5
No Method	4.3	6.1	6.1
Education			
LE Comp. Secondary	7.1	10.5	12.4
GT Comp. Secondary	5.8	5.3	7.2

TABLE VI.33
Reasons Not Interested in Contraceptive Sterilization
Fecund Respondents Wanting No More Children
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Reason Not Interested in Sterilization	**Ivanovo**	**Yekaterinburg**	**Perm**
Not Thought About It	35.9	28.6	34.1
Fear of Health Risks	17.5	21.3	16.4
May Want Another Child	8.3	10.9	14.6
Fear of Operation	7.2	6.7	7.1
No Current Partner	9.1	6.2	5.0
Lack of Information	6.0	4.7	4.6
Social Acceptability	1.2	4.2	1.6
Partner Objects	5.3	3.5	3.3
Cost/Inconvenience	0.5	0.4	0.7
Religion	0.1	0.3	0.9
Other	1.6	9.6	5.7
Don't Know	7.4	3.5	6.2
Total	100.0	100.0	100.0
No. of Respondents	*844*	*748*	*723*

CHAPTER VII

CONTRACEPTIVE COUNSELING

An important component of the Russian Women's Reproductive Health Project is interventions to intended to improve health care workers' counseling regarding contraceptive services. The project has trained physicians and other health professionals to provide client-based services. The RWRHS questionnaire included a series of questions designed to determine the kinds of interaction women in the survey sites typically have with family planning providers regarding issues such as whether to use contraception, the information given to women about contraceptive methods, method selection, and satisfaction with the services received.

Post-abortion/Post-partum counseling

The top panel of Table VII.1 presents results regarding post-abortion contraceptive counseling. Only about half of women who had an induced abortion since the beginning of 1991 (49% to 56%) said that a health professional had spoken with them about ways of preventing pregnancy following their most recent abortion. The percentage referred for contraceptive services or counseling was considerably lower, from 29% to 34%. Only 21% to 25% left the facility where the abortion was performed with a contraceptive method or a prescription for one. Yekaterinburg had the highest proportions of women receiving some contraceptive service following abortion.

The bottom panel of Table VII.1 show information on contraceptive counseling after deliveries. Only 28% to 40% percent of women with recent live births reported that a doctor or nurse offered to talk to them about contraception following their delivery, considerably lower than after abortions. The proportion who actually left the delivery facility with a contraceptive method or a prescription for one was only 3% to 5%.

Content of Counseling/Method selection

Although a survey like the RWRHS could not capture all the important interactions between family planning providers and clients, women were asked a number of questions to try to determine the extent to which health care workers provided some basic information and services. Table VII.2 describes information from women who had used oral contraceptives, the IUD, or injectable contraceptives since January, 1991 and refers to the last time they started using any of these methods.

The Women's Reproductive Health Project stresses that women/couples should ultimately select their own contraceptive method, rather than the provider making the decision unilaterally. The provider should discuss the various available methods, giving the client as much useful information as possible, in order that she/they can make a well informed decision. Each

respondent first reported whether her family planning provider had discussed the various family planning options available to her. Forty-nine percent of women in Ivanovo and 42% in Yekaterinburg and Perm responded positively (Table VII.2).

Following method selection, the provider should give information on how to use the method, possible side effects associated with the method, and when she should return for follow-up. Only a little more than half of respondents (50% to 60%) recalled their provider giving information on potential side effects and what to do about them. A slightly higher percentage (61% to 68%) said that their provider explained to them about when they should come back for follow-up. The percentage who reported receiving a pelvic exam at the time of their visit was somewhat higher, ranging from 73% to 81%. Women from Ivanovo were more likely than others to receive each of the services listed in the top panel of Table VII.2.

About six of every ten women in each site said that they alone had made the decision regarding what contraceptive method to use (bottom panel, Table VII.2). About one of every ten said that the decision was made jointly with the provider. The remainder said that the family planning provider alone made the choice.

Satisfaction with counseling services

Most respondents reported at least some satisfaction with the family planning services they had received. Relatively small proportions of respondents described themselves as not all satisfied (5% to 8%) or only a little satisfied (15% to 20%)(Table VII.3). More women in Yekaterinburg expressed dissatisfaction than in the other two sites. The largest group in each site (35% to 45%) described themselves as very satisfied.

Among users of oral contraceptives, characteristics of the counseling session related significantly to client satisfaction with family planning counseling services. More women expressed satisfaction with those services when the health provider had discussed a variety of methods and the most appropriate method for her (Table VII.4). Clients reported higher levels of satisfaction when the provider discussed possible side effects and when to return for pill refills. Clients were more satisfied when the provider had a say in their method selection, whether it was alone or jointly with the woman. Respondents expressed less satisfaction when they felt they alone selected the method. (Table VII.4 combines the data from all three survey sites, in order to provide adequate sample size for analysis.)

Some indirect evidence exists that providers are still presenting some biased information to clients regarding oral contraceptives. Women with whom providers discussed potential side effects of pills, on average, discontinued OC use sooner than women who had not had such discussions (data not shown). Also, women with whom providers discussed when to return for refills discontinued earlier than women without these discussions. These findings suggest that many providers may be giving negative, rather than supportive, information regarding OC side effects and that women delay obtaining refills until their body has been adequately "rested".

TABLE VII.1
Percent of Women Who Received Various Family Planning Services
After Their Most Recent Delivery or Abortion
Among Women Who Had A Delivery or Abortion Since January 1991
1996 Russian Women's Reproductive Health Survey

Type of Service	Ivanovo	Yekaterinburg	Perm
Post-Abortion			
Talked to About Ways to Prevent Pregnancy	48.8	56.3	48.9
Referred for Contraceptive Services or Counseling	28.9	33.7	31.0
Left Facility with Contraceptive Method or Prescription	22.1	25.9	20.9
Number of Women	*519*	*535*	*598*
Post-Delivery			
Doctor or Nurse Offered to Discuss Contraception	28.0	35.2	39.8
Left Facility with Contraceptive Method or Prescription	4.8	3.9	3.3
Number of Women	*500*	*390*	*441*

TABLE VII.2
Percent of Women Who Received Various Types of Counseling or Services* Among Women Who Have Used Oral Contraceptives, the IUD, or Injectable Contraceptives Since January 1991
1996 Russian Women's Reproductive Health Baseline Survey

	Ivanovo	Yekaterinburg	Perm
Percent with whom health provider discussed various methods of FP	49.2	41.8	41.5
Percent to whom provider explained possible side effects of the selected method	59.5	50.1	53.8
Percent to whom provider explained when to return for removal, refill, follow-up	68.2	61.1	67.4
Percent who received a pelvic examination from provider	81.0	73.1	76.1
Number of Respondents	*961*	*936*	*913*
Percentage distribution of the person selecting respondent's most recent contraceptive method:			
Respondent	60.1	61.1	61.9
Provider	30.6	27.2	27.5
Both	9.3	11.7	10.6
Total	100.0	100.0	100.0
Number of Respondents	*960*	*932*	*910*

*During the most recent visit concerning family planning.

TABLE VII.3

Overall Satisfaction with the Most Recent Family Planning Services Received Among Women Who Have Used Oral Contraceptives, the IUD, or Injectable Contraceptives Since January 1991

(Percent Distributions)

1996 Russian Women's Reproductive Health Survey

Level of Satisfaction	**Ivanovo**	**Yekaterinburg**	**Perm**
Very Satisfied	44.3	34.9	45.1
Somewhat Satisfied	32.4	33.7	27.7
A Little Satisfied	14.6	20.2	17.1
Not at All Satisfied	5.4	7.5	5.4
Don't Remember	3.3	3.7	4.8
Total	100.0	100.0	100.0
Number of Respondents	*905*	*861*	*853*

TABLE VII.4

Satisfaction with the Most Recent Family Planning Counseling Services
Among Women Who Received Oral Contraceptives Since January 1991
All Survey Sites Combined
(Percent Distributions)
1996 Russian Women's Reproductive Health Survey

Characteristics of Session	Level of Satisfaction: Very Satisfied	Somewhat Satisfied	A Little Satisfied	Not Satisfied	Total	*Number of Women*
Whether Talked About Various Methods						
Yes	38.6	38.9	17.3	5.2	100.0	*422*
No	24.7	27.9	29.5	18.0	100.0	*373*
Who Selected Method						
Respondent	27.3	30.0	27.1	15.6	100.0	*310*
Provider	39.0	34.1	20.3	6.6	100.0	*305*
Both	28.6	49.5	15.4	6.6	100.0	*91*
Whether Discussed Possible Side Effects						
Yes	39.1	37.3	17.7	6.0	100.0	*453*
No	22.3	29.1	30.0	18.7	100.0	*337*
Whether Explained When to Get Refill						
Yes	40.7	36.2	17.5	5.6	100.0	*428*
No	22.9	29.6	29.6	17.9	100.0	*358*

CHAPTER VIII

INFORMATION, EDUCATION, AND COMMUNICATION (IEC)

The 1996 RWRHS included a series of questions regarding respondents' mass media habits, preferences, and attitudes. This included information on television viewing, radio listening, and newspaper reading. In addition, the survey assessed exposure to reproductive health information on television and in print in the six months prior to the interview, as well as opinions about the acceptability of placing family planning and sexually transmitted disease (STD) prevention information on television and radio. Finally, questions covered women's communication with health care providers. These findings have programmatic implications for the development and placement of IEC messages in future interventions to improve reproductive health and the utilization of services.

Television viewing habits

Between 89% and 95 % of respondents said that they watch some television virtually every day (Table VIII.1). Few respondents (2% to 3%) said they generally watched television less than once per week were quite rare. Ivanovo had higher levels of daily viewing than the other two sites. Such widespread viewership indicates that television is a promising means for reaching women with health information.

As can be seen in the lower panel of Table VIII.1, national channels provide the most appropriate means for airing health messages in order to reach the largest numbers of women in the survey sites. Large majorities of women in each of the three sites regularly watched two of the national channels, ORT and the All-Russia Channel, with ORT being the most widely viewed. Another popular national television station, St Petersburg TV, was watched by a majority of women in Perm and Ivanovo, but only by 35% in Yekaterinburg. Each of the survey sites had several local television channels. Local channels appear to be much more popular in Yekaterinburg and Perm than in Ivanovo, where only 31% of respondents viewed the most popular such channel.

The top panel of Table VIII.2 shows that the two most popular types of television programs in all three sites were entertainment programs, watched by 73% to 78% of viewers, and soap operas (70% to 83%). Soap operas were especially popular in Ivanovo. These were followed by music programs/videos (64% to 66%) and news (55% to 63%), the only other types of programs regularly watched by a majority of respondents. About one-fourth to one-half of regular viewers watched women's programs and children's programs. Few respondents said that they regularly watched religious programs, business programs, or sports.

The heaviest viewing times for television were in the evening, with between 62% and 73% of viewers reporting that they watched television between 8 pm and 10 pm (Table VIII.2, middle

panel). The only other times of high viewership were between 6 pm and 8 pm and after 10 pm. Television viewing after 8 pm was appreciably lower in Ivanovo than in the other two sites, although still heavier than at other times of the day. In all three sites, few respondents watched television before 4 pm. With one exception, viewership was under 10%, indicating this would not be a good time to disseminate health messages widely on television. On weekends, not surprisingly, viewership in the evenings was lower than on weekdays (43% to 46% between 8 pm and 10 pm), but still far surpassed daytime viewing (Table VIII.2, bottom panel).

Radio listening habits

Between 56% and 60% of women said that they generally listened to the radio daily (Table VIII.3). Another 7% to 10% listened to the radio at least once a week. Just under one-third of respondents said that they rarely or never listen to the radio. The radio station listened to by the most women in all three sites was Radio Russia, varying from 38% in Perm to 74% in Ivanovo. Among national stations, many also listened to Radio Mayk, especially in Yekaterinburg and Ivanovo. The bottom of Table VIII.3 lists the proportion of listeners who reported listening to various local stations, with listenership typically split among several stations.

Most respondents listened to music and news programs in all three sites (Table VIII.4). Between 77% and 81% of female radio listeners said they listened to music programs, followed by between 68% and 75% who said they listened to radio news. From 24% to 33% of listeners reported listening to women's programs, with slightly fewer listening to health programs. More women listened to health programs in Ivanovo than elsewhere.

Radio listening times were spread fairly evenly throughout the day, although more women said they listened to the radio from 6-8 a.m. and from 6-8 p.m. that at other times of the day.

Newspaper readership

Only about one-fourth of women in each site said they never or almost never read newspapers (Table VIII.5). Daily newspaper reading was most common in Ivanovo, where 31% of the women said they read a newspaper every day, compared with about half as many in Yekaterinburg and Perm. The two national newspapers that were most frequently read included *Arguments & Facts* (read by 21% to 42% of women, highest in Yekaterinburg) and *Komsommol Pravda* (read by 19% to 35% of women, highest in Perm). Between 72% and 81% of women who read newspapers at all said they regularly read at least one local newspaper.

Exposure to and attitudes about health messages in the media

Few women reported exposure to family planning and STD information in the media within the six months prior to the survey. Only 22% to 23% of respondents reported seeing anything about family planning on television during that time (Table VIII.6). Exposure to STD information was somewhat higher: from 41% to 49% of women said they had seen something on television about

STDs in the previous six months.

Exposure to such information in print was also fairly low. Between 15% and 32% of women said they had seen a pamphlet, poster, or medical brochure on family planning in the past six months. More women reported exposure in Perm than in the other two sites. Between 27% and 36% (significantly lower in Ivanovo) said they had seen something about family planning in a newspaper or magazine in the past six moths.

Despite few women recalling exposure to mass information on family planning and STDs, the vast majority of women felt that such information should be available through the media. Slightly wider support for STD prevention information existed than for contraceptive information. Between 86% and 88% of women said that information on contraception should be broadcast on radio and television, while 89% to 94% said that STD prevention information should be broadcast.

Reproductive health knowledge and attitudes

The remainder of this chapter examines respondents' knowledge, attitudes, and opinions regarding selected topics in reproductive health. Even though abortion is a common event in Russia, one that is ultimately experienced by most women in the population, there is an on-going debate, as in many parts of the world, over its acceptability and whether it should continue to remain available to women with virtually no restrictions. Table VIII.7 shows that from 69% to 74% of respondents felt that women should continue to be have access to abortion regardless of the reason. There were only small differences among the three sites. Within sites, minor differences tended to exist between women with differing characteristics. Consistent differences of opinion between age, marital status, and education categories were almost non-existent. More surprising, however, was the lack of appreciable differences in attitudes according to other characteristics examined: religiosity and a woman's own abortion history. Only in one site, Perm, did women who regularly attended church favor restricting abortions more than others. Women who had at least one abortion during their lifetime were only marginally more likely to favor unrestricted abortion than women with no abortions.

The roughly 30% of women who did not think abortion should be permissible under all circumstances identified the circumstances under which they considered abortion to be acceptable. Table VIII.8 shows that only a very small proportion of women felt that abortion should not be allowed if there was a high risk of a birth defect (2% to 5%) or if the pregnancy and/or delivery would endanger the woman's life (5% to 7%). (It should be remembered that these are not overall percentages, but the proportions among women who thought abortion should be restricted). Slightly higher percentages (8% to 13%) felt that abortion was not justified if the pregnancy resulted from rape. The smallest percentages of respondents thought that abortion was not justified because a woman was unmarried (29% to 37%) or the woman/couple could not afford a child (29% to 35%). Even these percentages were quite low, however.

The questionnaire included a series of items about respondents' beliefs regarding side effects of oral contraceptives. Table VIII.9 displays the percentage distributions of answers to these questions. Just over half of respondents agreed with the statement that OCs cause weight gain. Most of the remainder said they did not know if they led to weight gain. Only about one of every ten respondents disagreed with the statement. Only about one-third of women knew of the menstrual regulating effects of OCs, whereby periods become more regular (with reduced menstrual cramps and pain). About one-half of respondents said they did not know if pills had an effect on menstrual regulation. Between 26% and 33% of women erroneously thought that pills can lead to infertility. Only a small proportion of women (9% to 13%) disagreed with the statement, while a majority had no opinion. Between 22% and 27% felt that oral contraceptives increased the risk of cancer, while 57% to 69% were not sure. Finally, a large majority of women did not know whether OCs were bad for a woman's circulation. More women agreed than disagreed that there were such effects. In summary, Russian women tend to have limited knowledge about the side effects and health problems associated with pills. Large percentages of women had no opinion about each of the statements and substantial numbers also were misinformed about OCs effects. A prerequisite for increasing pill use to its optimal level requires effectively disseminating correct information to women, as well as to many health care providers.

About one-half of women (49% to 57%) correctly stated that the most likely time for a woman to become pregnant occurs approximately midway between menstrual periods (Table VIII.10). Fewer women in Ivanovo were aware of this than in the other survey sites. Only about one of every three respondents knew that breastfeeding reduces the likelihood of a woman becoming pregnant. Between 22% and 30% thought it had no effect and an additional 29% to 40% said they did not know how or if breastfeeding affected pregnancy chances. Finally, there was widespread recognition (93% to 94%) that smoking during pregnancy can harm the fetus. Only 1% to 3% said that smoking during pregnancy did no harm.

TABLE VIII.1

Percentage Distributions of Television Viewing Frequency and Percent Who Regularly Watch Various Channels
1996 Russian Women's Reproductive Health Baseline Survey

	Yekaterinburg	Perm	Ivanovo
Frequency of television viewing			
Every day	89.4	90.1	95.4
At least once a week	7.0	7.8	2.2
At least once a month	0.6	0.2	0.2
Less than once a month/Never	2.9	1.9	2.2
Number of Respondents	*1972*	*2006*	*2013*
Percent who watch specific TV channels*			
National channels			
ORT	87.7	84.9	95.0
All-Russia Channel	72.8	61.4	79.6
St. Petersburg TV	35.0	53.1	66.3
NTV	30.5	29.1	37.2
Local channels			
Yekaterinburg			
Channel 4	53.9	--	--
ASV	53.8	--	--
Channel 51	41.1	--	--
Channel 10	22.8	--	--
URT	22.5	--	--
SPRK	17.1	--	--
STK-24	15.7	--	--
Ehra-TV	10.1	--	--
Perm			
Rifad	--	64.4	--
Yepa	--	36.3	--
TV-Maksima	--	29.3	--
Perm oblast TV "P"	--	26.8	--
Ivanovo			
Bars	--	--	31.4
IPRK	--	--	22.7
Diart	--	--	21.8
Channel 37	--	--	14.3
Number of Respondents	*1928*	*1978*	*1983*

*Of respondents who watch television at least once per month.

TABLE VIII.2

Types of Television Programs Preferred and Most Frequent Viewing Times

1996 Russian Women's Reproductive Health Baseline Survey

	Yekaterinburg	Perm	Ivanovo
Programs Frequently Watched			
Entertainment	73.7	73.3	77.8
Soap operas	70.0	78.0	83.4
Music programs/Videos	65.5	63.9	65.6
News	63.1	55.3	61.4
Women's programs	46.2	44.7	37.7
Health programs	32.7	25.0	36.3
Children's programs	31.0	26.6	38.3
Political events	28.9	25.5	25.5
Plays/Dramas	15.9	11.6	15.8
Sports	12.4	9.1	17.3
Business programs	7.8	6.2	11.2
Church/Religious programs	7.2	4.6	10.3
Other	15.6	12.2	5.2
Weekday times most often watch TV			
6-8 am	4.4	5.2	5.1
8-10 am	7.0	7.7	11.3
10 am-noon	7.5	9.5	9.8
Noon-2 pm	4.3	5.4	8.7
2-4 pm	5.7	6.4	9.0
4-6 pm	12.7	13.1	16.1
6-8 pm	52.9	52.9	55.3
8-10 pm	72.2	72.7	61.5
After 10 pm	46.9	48.7	36.7
No regular times	18.3	15.4	28.3
Weekend times most often watch TV			
6-8 am	2.0	1.1	1.9
8-10 am	7.7	6.0	9.2
10 am-noon	21.7	23.3	25.2
Noon-2 pm	19.8	20.1	21.2
2-4 pm	19.6	17.9	19.6
4-6 pm	22.8	21.3	22.4
6-8 pm	38.1	38.8	40.1
8-10 pm	43.2	45.7	44.8
After 10 pm	31.9	33.9	30.7
No regular times	47.2	46.1	47.3
Number of Respondents	*1928*	*1978*	*1983*

TABLE VIII.3

Percentage Distributions of Radio Listening Frequency and Percent Who Regularly Listen to Various Stations

1996 Russian Women's Reproductive Health Baseline Survey

	Yekaterinburg	Perm	Ivanovo
Frequency of radio listening			
Every day	56.1	59.9	59.3
At least once a week	8.5	9.9	7.3
At least once a month	2.2	2.2	1.6
Less than once a month/Never	33.2	28.1	31.8
Number of Respondents	*1967*	*2002*	*2016*
% who listen to specific stations			
National stations			
Radio Russia	49.0	38.0	73.6
Radio Mayk	39.3	14.4	32.8
Europa Plus	25.2	9.5	18.8
Radio-1	8.3	3.0	15.5
Local stations			
Yekaterinburg			
Sverdlovsk Oblast Radio	30.2	--	--
Radio Siity	26.4	--	--
Studio City	19.4	--	--
Radio Daytime	17.6	--	--
Radio "Style FM"	3.6	--	--
Perm			
Artoradio	--	43.9	--
Perm Oblast Radio	--	37.4	--
Radio Maksima	--	37.1	--
Music Radio	--	14.9	--
Radio Mediana	--	7.7	--
Radiodom-City Radio	--	3.6	--
Ivanovo			
Ivanovo Oblast Radio	--	--	48.0
Radio Reks	--	--	21.1
Radio Uzel	--	--	14.9
Number of Respondents	*1320*	*1467*	*1489*

*Of respondents who listen to the radio at least once per month.

TABLE VIII.4

Types of Radio Programs Preferred and Most Frequent Listening Times

1996 Russian Women's Reproductive Health Baseline Survey

	Yekaterinburg	Perm	Ivanovo
Programs Listened to Most			
Music	80.9	78.0	76.5
News	73.4	67.5	74.7
Health programs	29.2	20.4	34.5
Women's programs	28.7	23.6	33.3
Personal announcements	27.8	24.4	37.3
Political events	27.3	20.5	26.1
Commercials	27.0	27.0	29.3
Plays/Dramas	20.9	18.3	25.0
Church/Religious programs	9.2	4.7	10.5
Business programs	9.3	6.3	9.3
Sports	8.0	7.2	13.8
Other	8.7	8.4	4.5
Times most often listen to radio			
6-8 am	27.4	26.3	32.1
8-10 am	19.7	19.1	18.4
10 am-noon	15.1	17.1	9.3
Noon-2 pm	16.3	16.8	12.0
2-4 pm	15.7	17.3	10.6
4-6 pm	16.9	17.7	11.0
6-8 pm	24.5	26.4	22.5
8-10 pm	20.4	22.7	16.8
After 10 pm	12.2	15.2	8.7
No regular times	28.3	29.5	38.5
Number of Respondents	*1320*	*1467*	*1489*

TABLE VIII.5

Percentage Distribution of Frequency of Reading Newspapers and Percent of Women Who Read Specific Newspapers*

1996 Russian Women's Reproductive Health Baseline Survey

	Yekaterinburg	Perm	Ivanovo
Frequency of reading newspapers			
Every day	18.0	15.0	31.2
3-4 times per week	12.0	14.8	12.1
1-2 times per week	29.8	35.4	21.2
Less than once per week	14.6	10.7	10.1
Never/almost never	25.6	24.1	25.4
Number of Respondents	*1974*	*2008*	*2016*
% who read specific newspapers			
Arguments & Facts	41.5	31.2	20.7
Komsommol Pravda	21.0	34.9	19.3
Izvestia	5.2	2.2	1.9
Russian Newspaper	4.7	8.0	4.1
Labor	3.4	4.4	5.1
Commercant	3.0	1.5	2.1
Independent	1.2	1.1	1.7
Pravda	1.1	0.6	0.6
Soviet Russia	0.6	1.2	1.9
Today	0.3	0.3	1.2
Red Star	0.1	1.5	0.6
Other national newspapers	25.0	19.1	8.7
Local newspapers	71.9	73.8	80.9
Number of Respondents	*1488*	*1540*	*1566*

*Of respondents who read newspapers

TABLE VIII.6

Women's Exposure to Family Planning and STD Messages and
Attitudes about Broadcast Information on Family Planning and STDs
1996 Russian Women's Reproductive Health Baseline Survey

	Yekaterinburg	Perm	Ivanovo
Percent who had seen anything on television within the previous six months about*:			
Family planning	21.5	21.5	23.7
Sexually transmitted diseases	47.5	48.7	41.0
Percent who had seen FP information within the previous six months in:			
Pamphlets/Posters/Brochures	24.7	32.3	15.0
Newspapers/Magazines	35.5	35.0	26.6
Percent who think information should be broadcast on radio and television about:*			
Contraception	85.9	88.2	85.6
Ways to prevent STDs	92.3	93.6	89.0
Number of Respondents	*1974*	*2007*	*2016*

*There was missing information for 15 women regarding whether they had seen information on television about family planning or STDs.

TABLE VIII.7

Percent of Respondents Who Feel A Woman Should Have the Right to Choose Whether to Have an Abortion in Any Pregnancy, by Selected Characteristics 1996 Russian Women's Reproductive Health Survey

Characteristics	Ivanovo	Yekaterinburg	Perm
All Respondents	68.9	73.1	73.8
Age			
15-24	70.3	72.1	74.7
25-34	66.5	73.4	73.0
35-44	70.1	73.6	73.6
Union Status			
Currently in Union	67.4	71.7	72.9
Previously in Union	69.3	76.7	73.4
Never in Union	74.2	74.9	76.4
Education			
LT Complete Secondary	67.4	73.8	74.1
Complete Secondary	67.8	71.3	73.6
GT Complete Secondary	75.1	77.0	73.9
Religiosity			
Attends GE Once/Month	71.5	70.0	61.9
Attends LT Once/Month	69.0	71.9	73.2
No Religion	68.3	75.3	77.5
Abortion History			
At Least 1 Abortion	*70.0*	*74.0*	*74.6*
No Abortions	*67.6*	*71.9*	*72.6*

TABLE VIII.8

Percent of Respondents Who Think Abortion is not Acceptable in Selected Circumstances
Among Women Who Think That Women Should not Be Free to Choose Abortion in All Circumstances
1996 Russian Women's Reproductive Health Survey

Circumstances	**Ivanovo**	**Yekaterinburg**	**Perm**
High risk of birth defect	3.6	2.3	4.7
Birth/Pregnancy endangers woman's life	6.2	5.1	6.7
Pregnancy resulted from rape	13.4	8.1	7.7
Pregnancy endangers woman's health	14.9	8.6	16.7
Cannot afford a child	28.8	34.6	31.3
Woman is unmarried	36.7	34.4	28.5
Number of Respondents	*544*	*500*	*498*

TABLE VIII.9

Percentage Distributions of Respondents' Opinions About
Selected Statements Regarding Oral Contraceptives (OCs)
1996 Russian Women's Reproductive Health Survey

Statement	Ivanovo	Yekaterinburg	Perm
OCs cause weight gain			
Agree	50.9	54.5	57.8
Disagree	6.6	12.2	10.1
Not Sure	42.5	33.3	32.1
OCs make periods more regular			
Agree	32.0	38.0	35.1
Disagree	9.7	12.3	14.3
Not Sure	57.4	49.7	50.6
OCs can cause infertility			
Agree	27.3	25.9	32.7
Disagree	9.4	13.3	12.5
Not Sure	63.3	60.8	54.9
OCs Increase cancer risk			
Agree	21.8	22.3	27.1
Disagree	9.3	15.2	15.6
Not Sure	68.9	62.5	57.3
OCs are bad for circulation			
Agree	15.3	17.0	21.7
Disagree	6.9	11.8	12.3
Not sure	77.8	71.2	66.1
Number of Respondents	*2016*	*1974*	*2007*

TABLE VIII.10

Respondents Opinions Regarding:

1) When During a Woman's Cycle Is She the Most Likely to Become Pregnant;

2) How Breastfeeding Affects a Woman's Chance of Becoming Pregnant; and

3) Whether Smoking During Pregnancy Is Harmful to the Baby

(Percentage Distributions)

1996 Russian Women's Reproductive Health Survey

	Ivanovo	Yekaterinburg	Perm
When Most Likely to Become Pregnant:			
The week before her period	4.7	6.9	5.7
During her period	1.4	0.9	0.8
The week after her period	15.4	11.9	13.3
Midway between periods	48.7	53.1	56.9
All times are the same	13.5	10.7	10.5
Other	0.3	1.9	2.3
Don't know	16.0	14.6	10.4
Breastfeeding Effect on Pregnancy Risk			
Increases risk	8.0	4.8	5.0
Decreases risk	31.0	30.9	37.9
Has no effect	21.5	29.8	28.2
Don't know	39.6	34.5	28.9
Whether Smoking in Pregnancy Is Harmful			
Harmful	92.8	94.1	94.2
Not harmful	2.7	2.3	1.4
It depends	3.1	2.7	2.9
Don't know	1.4	1.0	1.5
Total	100.0	100.0	100.0
Number of Respondents	*2016*	*1974*	*2007*

CHAPTER IX

SEXUAL EXPERIENCE

The 1996 RWRHS included a module directed at 15 to 24 year-old respondents, designed to obtain information on the first time they had sexual intercourse, including age, relationship to first partner, and contraceptive use. In addition, all women were asked the age at which they first had sexual intercourse, and the number of recent and lifetime sexual partners. Although teen pregnancy has not generally been viewed as a major concern in Russia, sexual relations are beginning at an earlier age than in the recent past (Bodrova, 1995). This change, along with recent dramatic social and economic changes in Russia may affect the ability of women/families to support children born to unmarried teen mothers. The rapid rise in sexually transmitted infections (see Chapter X), especially among young adults, is another cause for concern and a reason to examine sexual activity. These data provide valuable information on recent changes and future directions in initiation of sexual activity and related topics.

First sexual experience of young adults

Table IX.1 presents the percentage of 15-24 year-old respondents who reported ever having sexual intercourse according to their current age. These data are presented graphically in Figure IX.1 for Yekaterinburg. Relatively few 15 year-olds (7%-9%) reported being sexually experienced, but the percentages rose sharply between ages 16 and 19. Roughly one-fourth of 16 year-olds reported being sexually experienced. In all three sites, more than half of 18 year-olds reported having had intercourse. By age 21, only about one woman in ten was not sexually experienced and by age 23-24, experience was almost universal. Differences between sites in sexual experience were not great. However, within Ivanovo Oblast, younger women were much more likely to be sexually experienced in Ivanovo city than in the rest of the oblast. This differential disappears by about ages 19-20.

Among 15-24 year-old respondents who were sexually experienced only a small percentage did not have premarital sex. Overall, from 7% to 17% first had sexual intercourse after marriage (Table IX.2). Not surprisingly, little initial sexual intercourse before the age of 18 occurred within marriage. In Ivanovo, more women reported that their first sexual experience was after marriage than in the other two sites. Roughly equal numbers of women in the survey sites said their first partner was a fiancé as said it was their husband. The vast majority of women said their first sexual partner was either a boyfriend or simply a "friend", especially when first intercourse was reported to be before age 18.

Between 39% and 48% of sexually experienced young respondents reported that they used some form of contraception the first time they had intercourse (Table IX.3). In Yekaterinburg and Perm, the largest proportion of women who employed contraception used condoms, accounting for more than half of use. Relatively small proportions of couples used withdrawal, oral

contraceptives, or safe period methods. In Ivanovo, approximately equal numbers used condoms and withdrawal. Women who first had sex at age 18 or older were more likely to have used contraception than those who started younger, but the difference was not large in any of the sites. The contraceptive method mix was very similar for those first having sex before or after their eighteenth birthday.

Those who did not use a contraceptive method gave a wide range of answers for not using, with the most frequent by far being that respondents thought that they could not become pregnant (23%-36%) or that they did not expect to have sex (26%-39%) (Table IX.4). Between 10% and 13% said that they either lacked access or knowledge about contraceptives or simply didn't have any contraceptives. These women present a clear target group for programs trying to improve reproductive health. The results regarding sexual knowledge and behavior of young adults has implications for the need for sexuality education in Russia, a controversial topic in recent years (Chervyakov, 1997).

Sexual experience of all respondents

Table IX.5 displays the proportion of respondents in each five-year cohort who reported that they had had sexual intercourse before selected ages. The results indicate that growing proportions of women have had sex by the time they turn 16, 18, and 20 years old in all three survey sites. Among respondents in the oldest cohorts, sexual intercourse before age 16 was reported to be very rare (less than 0%-2%), but it has become more common: 6%-11% for 20-24 year-olds. Likewise, in each site there has been a four-fold to five-fold increase in the proportion of women who were sexually active before age 18 and a doubling in activity by age 20. The proportions who became sexually experienced by given ages are similar across sites. The increase in sexual experience by ages 16, 18, and 20 can be seen graphically for Yekaterinburg in Figure IX.5.

There has been some speculation that at least some of the decline in fertility, abortion, and pregnancy rates in recent years in Russia has been due to a decline in sexual activity rates. The RWRHS did not collect information on trends in sexual activity, but based on the proportion of women who said they were currently active, this hypothesis seems unfounded. About two-thirds of all respondents reported having sexual intercourse in the previous 30 days. Among women in union this figure was more than 80 percent (Table IX.6). Table IX.7 presents distributions of the number of times women reported having sexual intercourse in the previous 30 days. The overall median is about three times in each site. The median among women in union is around five to six times. Even without a comparison to earlier years, it seems unlikely that the reported frequency of sexual intercourse is low enough to be responsible for significant declines in the pregnancy rate observed recently.

Knowing how many recent and lifetime sexual partners women have had provides useful information with regard to health. This information is particularly useful in examining risks for sexually transmitted diseases. About half of sexually experienced women reported having only one lifetime partner, with a range from 44% to 55% (Table IX.8). Most other women had

between two and four partners. Few women reported that they had had 10 or more sex partners during their lifetime (3% to 5%). Only about one of every ten sexually active women reported that they had more than one sexual partner during the 12 months preceding interview. Most of these reported having two partners in that time period. Just 1% of respondents at each site reported having five or more recent partners. Unfortunately, the survey provides no means of verifying the reliability of reports on numbers of partners.

Figure IX.1
Percent of Respondents Who Have Ever Had Sexual Intercourse, by Current Age
Yekaterinburg Only

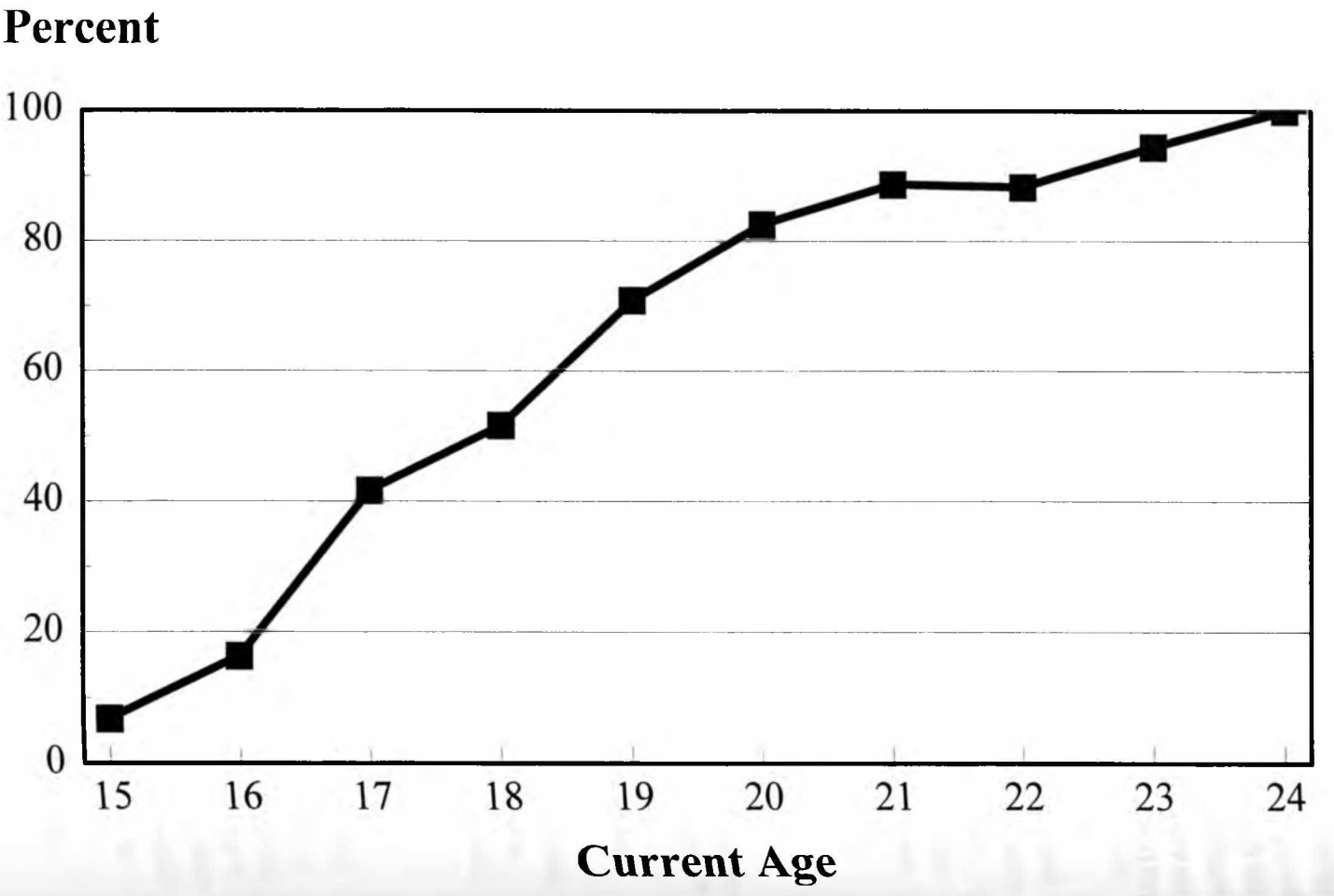


Figure IX.2
Percent of Respondents Who Have Ever Had Sexual Intercourse Before Selected Ages, by Current Age
Yekaterinburg Only

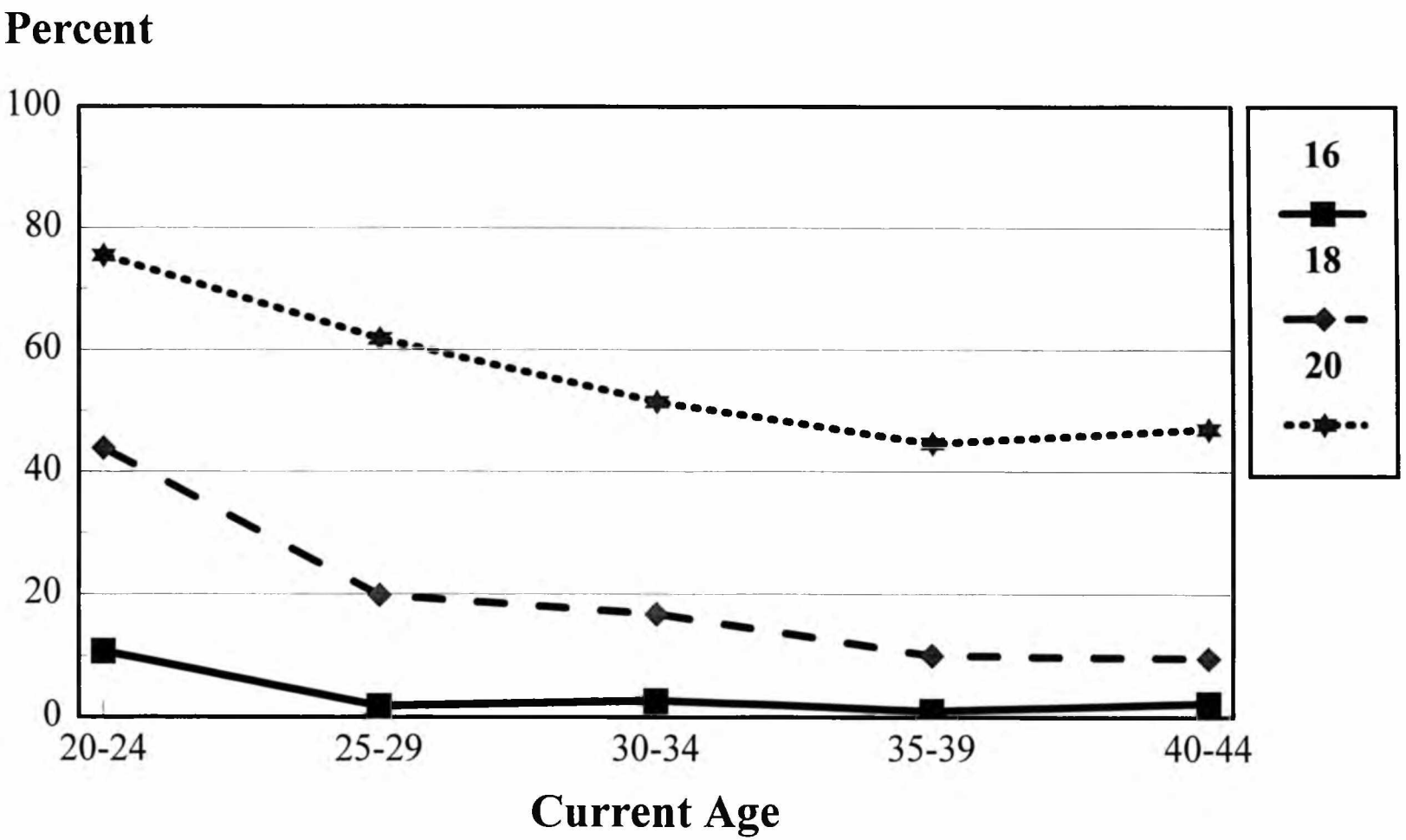


TABLE IX.1

Percent of Respondents Between the Ages of 15 and 24 Years
Who Have Ever Had Sexual Intercourse, by Current Age
1996 Russian Women's Reproductive Health Survey

	Ivanovo				
Current Age	**Total**	**Ivanovo City**	**Rest of Oblast**	**Yekaterinburg**	**Perm**
15	7.9			6.8	8.6
16	26.0			16.3	28.2
17	19.5			41.6	43.6
18	63.0			51.6	68.1
19	68.5			70.8	72.6
20	76.2			82.5	78.1
21	93.1			88.7	93.7
22	89.3			88.3	82.7
23	92.2			94.5	94.6
24	95.5			100.0	98.4
15-16	16.3	29.3	7.8	11.4	18.0
17-18	40.4	44.8	37.1	46.9	55.8
19-20	71.9	73.8	70.6	76.9	75.4
21-22	90.4	90.9	91.4	88.5	88.3
23-24	94.0	93.3	94.4	97.0	96.3
15-24	65.2	68.7	62.8	63.8	68.4

TABLE IX.2
Relationship to First Sexual Partner by Age at First Intercourse
Among Respondents Between the Ages of 15 and 24 Years
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Ivanovo			Yekaterinburg			Perm		
	Age at First Sex			Age at First Sex			Age at First Sex		
Relationship to First Sexual Partner	Total	<18	18+	Total	<18	18+	Total	<18	18+
Husband	16.8	6.9	28.3	8.8	6.5	12.0	7.0	2.1	13.4
Fiance	11.6	7.2	16.7	7.4	5.3	10.3	9.5	7.4	12.2
Boyfriend	42.0	49.2	33.8	52.4	59.7	42.4	42.4	42.2	42.8
Friend, Other	29.6	36.8	21.3	31.4	28.5	35.4	41.1	48.3	31.6
% Whose First Sex Was Premarital									
Total	83.2			91.1			92.8		
15-19 Year-Olds	90.6			95.5			97.9		
20-24 Year-Olds	80.3			89.3			90.5		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Respondents	*399*	*201*	*198*	*369*	*196*	*173*	*422*	*224*	*198*

TABLE IX.3

Contraceptive Method Used at First Sexual Intercourse

Among Respondents Between the Ages of 15 and 24 with Premarital Sexual Experience

(Percentage Distributions)

1996 Russian Women's Reproductive Health Survey

	Ivanovo			Yekaterinburg			Perm		
	Age at First Sex			Age at First Sex			Age at First Sex		
Contraception at 1st Sexual Intercourse	Total	<18	18+	Total	<18	18+	Total	<18	18+
Any Method	38.9	35.8	43.6	48.0	43.8	54.1	45.3	41.9	50.5
Condoms	15.8	15.3	16.5	28.2	25.7	31.9	27.0	26.9	27.2
Withdrawal	13.7	13.0	14.8	7.2	6.3	8.5	8.0	7.3	9.0
Pills	5.1	4.5	6.0	6.9	5.7	8.8	5.0	3.6	7.1
Safe Period	4.3	3.0	6.3	4.8	5.5	3.8	4.7	3.8	6.2
Other	0.0	0.0	0.0	0.9	0.7	1.2	0.7	0.4	1.1
No Method	61.1	64.2	56.4	52.0	56.2	45.9	54.7	58.1	49.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Respondents	*323*	*181*	*142*	*330*	*180*	*150*	*382*	*215*	*167*

TABLE IX.4

Primary Reason for Not Using a Contraceptive Method at First Sexual Intercourse
Among Respondents Between the Ages of 15 and 24 Who Had Premarital Intercourse
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Reason for Not Using Contraception	**Ivanovo**	**Yekaterinburg**	**Perm**
Didn't Think Could Become Pregnant	24.0	32.1	35.2
Didn't Expect to Have Sex	39.3	26.4	32.6
Wanted Pregnancy	11.0	7.6	6.8
Lack of Knowledge/Access	7.0	5.7	6.5
Didn't Have Contraceptives	3.2	7.1	6.4
Other Reasons	8.2	12.8	2.1
Don't Know/Don't Remember	7.4	8.3	10.4
Total	100.0	100.0	100.0
Number of Respondents	*197*	*154*	*204*

TABLE IX.5

Percentage of Respondents Who Reported That They Had Sexual Intercourse Before Age 16, 18, and 20 by Current Age

1996 Russian Women's Reproductive Health Survey

	Percent with Sexual Intercourse by Age:								
	Ivanovo			Yekaterinburg			Perm		
Current Age	16	18	20	16	18	20	16	18	20
20-24	9.1	37.2	72.6	10.7	43.9	75.5	5.6	40.0	74.6
25-29	4.5	21.3	57.5	1.8	19.8	61.8	1.7	28.3	62.2
30-34	7.0	20.6	53.6	2.7	16.7	51.4	0.6	18.9	52.7
35-39	1.0	11.4	46.9	1.0	10.0	44.6	0.3	9.5	47.0
40-44	1.9	8.2	36.5	2.2	9.5	46.9	0.3	8.9	39.2

TABLE IX.6

Percentage of Sexually Experienced Respondents
Who Have Had Sexual Intercourse in the Previous 30 Days
According to Current Age and Union Status
1996 Russian Women's Reproductive Health Survey

Age/Union Status	Ivanovo	Yekaterinburg	Perm
Total	67.1	69.1	66.9
Current Age			
15-19	58.0	51.9	46.9
20-24	69.2	61.8	64.8
25-29	77.1	78.2	68.1
30-34	69.6	75.1	71.9
35-39	68.4	71.1	71.7
40-44	59.1	66.9	66.4
Marital Status			
Currently in Union	83.9	84.1	82.1
Previously in Union	24.4	38.6	36.8
Never in Union	50.6	37.2	34.3

TABLE IX.7

Number of Times Reported to Have Had Sexual Intercourse in the Last 30 Days
According to Union Status
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Union Status	Number of Times Had Sex in Last 30 Days							*Number of Women*
	None	1-2	3-4	5-9	10-19	20+	Total	
Ivanovo								
Total	32.9	14.7	11.0	13.4	18.6	9.5	100.0	*1106*
Curr. In Union	16.1	15.2	13.5	18.2	24.7	12.4	100.0	*762*
Prev. In Union	24.3	6.8	4.4	2.5	6.7	3.9	100.0	*224*
Never in Union	49.4	30.2	9.2	5.2	3.7	2.3	100.0	*120*
Yekaterinburg								
Total	30.9	14.3	14.7	14.1	19.5	6.5	100.0	*1121*
Curr. In Union	15.9	15.0	17.3	17.5	26.2	8.1	100.0	*755*
Prev. In Union	61.4	14.1	8.2	7.5	6.5	2.3	100.0	*203*
Never in Union	62.8	11.4	10.4	6.4	4.6	4.5	100.0	*163*
Perm								
Total	33.1	13.5	14.4	18.6	13.1	7.3	100.0	*1212*
Curr. In Union	17.9	13.6	16.6	23.6	18.0	10.4	100.0	*828*
Prev. In Union	63.2	11.9	11.8	9.5	2.7	1.0	100.0	*245*
Never in Union	65.7	16.0	6.7	6.6	3.6	1.4	100.0	*139*

NOTE: Excludes 202 women who refused to respond and 1,688 who said they could not remember.

TABLE IX.8

Number of Lifetime Sexual Partners and Partners in the Previous 12 Months
Among Sexually Experienced Respondents
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

	Ivanovo	Yekaterinburg	Perm
Lifetime Partners			
1	55.4	43.6	43.8
2	19.0	18.5	20.9
3-4	17.2	23.1	20.1
5-9	5.5	10.5	10.8
10 or more	2.9	4.4	4.5
Total	100.0	100.0	100.0
*No. sexually experienced**	*1526*	*1410*	*1441*
Partners in Last 12 Months			
1	91.8	90.3	88.7
2	5.5	5.9	7.3
3-4	2.2	2.8	3.1
5 or more	0.5	1.0	0.8
Total	100.0	100.0	100.0
*No. Active Last 12 Months***	*1545*	*1448*	*1500*

*621 women did not respond to the question on lifetime sexual partners.

**396 women did not respond to the question on sexual partners in the past 12 months.

CHAPTER X

SEXUALLY TRANSMITTED DISEASES (STD)

In the Russian Federation, surveillance-defined rates of STDs, especially of syphilis and gonorrhea, have been rapidly increasing during the 1990s, following a continuous decline throughout the 1980s (see, for example, Linglof, 1995). Rates of syphilis have increased approximately 45-fold in the 1990s in both men and women, with the increase occurring principally among young people. Currently about one-half of all reported syphilis cases each year occur among 20-29 year-olds. The reasons for this epidemic are unclear, but it may be a result of changes in both sexual behavior and in the provision, use, and effectiveness of diagnostic, treatment, contact tracing, and prevention services. A high incidence of STDs leads to correspondingly high levels of morbidity, suffering, need for health care, and economic costs. In addition, it is widely felt that Russia is now experiencing the early stages of an epidemic of HIV/AIDS (see, for example, Ingram, 1996).

The STD module of the RWRHS allowed estimation of the following: rates of self-reported STDs; awareness, knowledge and perceptions about STDs; behavioral and other risk factors associated with STDs; and health care practices related to diagnosis and treatment of STDs among interviewed women. In this chapter we are present some of these findings.

In Chapter IX, we presented findings on the reported numbers of respondents' recent and lifetime sexual partners. Having multiple sexual partners increases the risk for contracting and transmitting STDs. If respondents reported accurately on the numbers of sexual partners, relatively low proportions of women were at risk of acquiring STDs through exposure to multiple sexual partners. The RWRHS, however, does not provide information on sexual practices of the partners of survey respondents or the degree to which their behavior places these women at risk of acquiring STDs.

Awareness of STDs and lifetime history of STD diagnosis

As shown in Table X.1, very few interviewed women had not heard of syphilis (1%-2%) or gonorrhea (3%-6%). Only about one in ten women were not familiar with pelvic inflammatory disease (PID), and 14% to 30% were not aware of trichomoniasis. At the same time, large numbers of respondents had not heard of human papilloma virus (HPV) (81% to 89%), genital herpes infections, and genital ulcer disease (GUD). There were substantial differences in lack of awareness of certain STDs between survey sites. For example, unfamiliarity with genital herpes infections ranged from 74% to 86%, for GUD from 53% to 65%, and for chlamydia, 51% to 74%. Vaginal discharge (which should be considered as a condition rather than an STD) and almost all STDs were less widely known among women in Ivanovo than women in Yekaterinburg or Perm.

Table X.1 also shows that of the conditions/STDs about which women were asked, the highest proportion of respondents reported ever having or ever being diagnosed with PID (30%-37%) or vaginal discharge (not necessarily the result of a sexually transmitted infection) (28%-44%). From 4% to 9% of Russian women interviewed reported having had or being diagnosed with GUD, with the highest proportion in Ivanovo. From 5% to 12% of women reported having been diagnosed with trichomoniasis. Other STDs were reported by much smaller proportions of women, but this does not mean that those STDs, such as chlamydia and syphilis, are not important health problems, especially given the rapid surge in the incidence of STDs in Russia, especially of syphilis. It is important to note that there were substantial differences between the survey sites in proportions of almost all reported STDs. Ivanovo women tended to have the lowest rates of STDs, except for GUD.

Table X.2 displays data on awareness of the listed conditions/STDs according to current age and education of respondents, shown for Yekaterinburg only. (Patterns for Ivanovo and Perm were very similar.) For every condition/STD listed, awareness was lowest among 15-24 year-olds, sometimes by a wide margin. Not surprisingly, knowledge increased significantly with respondents' education, most markedly for the conditions that were the least widely known.

Knowledge about prevention/Perceived risk of acquiring STDs

It is important to recognize that a person can have a sexually transmitted infection (STI) or HIV, but manifest no signs or symptoms of that infection. The results in Table X.3 reveal a considerable lack of knowledge about STDs and their prevention among Russian women. Between 16% and 25% of respondents did not know that someone could be infected with HIV and exhibit no symptoms. Lack of awareness that people with STDs could have no symptoms was even higher (between 35% and 45%). Sexually active women were only marginally more knowledgeable about this aspect of HIV and STDs. Differences between age groups were small. Lack of knowledge, however, decreased markedly as the level of education increased.

Condoms, when used properly and consistently, provide excellent protection against the transmission of STDs, including HIV. Women were asked their opinion about the effectiveness of condoms in preventing STDs (Table X.4). Only a small proportion of women (5% to 7%) thought condoms provided excellent protection. The vast majority of women thought that condoms were only good or fair at preventing STD transmission. Between 18% and 26% said they did not know about the effectiveness of condoms in preventing STDs. Clearly, there is a great need to inform the population better that condoms do, in fact, confer excellent protection against the spread of infection, when used properly.

Between 17% (Ivanovo) and 30% (Perm) of respondents perceived that they were at risk of getting an STD (Table X.5). Many women may have overestimated their risk of acquiring an STD (or misunderstood the question), because between 12% and 18% of sexually inexperienced respondents said they considered themselves at risk of getting an STD (data not shown). Women with more than one sexual partner in the previous 12 months were more likely to consider

themselves at risk than those with no or one partner. About half of women in each site with multiple partners reported that they were at some risk of getting an STD. Most women who felt they were at risk of getting STDs considered their chances of infection low, ranging from 12% to 15% overall. Among those reporting themselves at any risk of becoming infected, in two of the sites women with multiple recent partners were substantially more likely to perceive themselves as being at high risk.

Reported health care provider practices related to STD diagnosis and treatment

A considerable proportion of women interviewed had never had a regular (not pregnancy-related) gynecologic examination (12% to 23%). It is important that health care providers give their patients information on how to prevent STDs, especially those patients who are likely to be at risk of acquiring and transmitting STDs. Each RWRHS respondent was asked whether any health care provider had ever discussed with her ways to prevent STDs at any gynecological (not pregnancy-related) visit. The proportions of women who reported such discussions were relatively low, ranging from 19% in Ivanovo to 28% in Perm (Table X.6). These proportions varied little according to whether women were sexually experienced, current sexual activity, or current age.

Among sexually experienced respondents, between 54% (Perm) and 71% (Ivanovo) reported that they had not been tested for STDs at their most recent gynecological examination (Table X.7). The proportion on whom tests were performed was only slightly higher among sexually active women then among those who were not active. The likelihood of testing for STDs varied little with age and increased slightly with education.

Table X.8 shows that syphilis and gonorrhea were the STDs for which women were most often tested. More than one-half of women who had been tested were tested for each of these STDs. These were followed by trichomoniasis, for which 39% to 53% of women were tested. Chlamydia tests were done fairly frequently in Yekaterinburg and Perm, but not in Ivanovo. Only 9% of women in Perm were tested for chlamydia at the last gynecological visit. Genital herpes and HPV were rarely tested for at any of the sites. It is also important to note that between 10% and 14% of respondents who reported being tested for STDs, either did not remember or were not aware what diseases they were tested for.

TABLE X.1

Percent of Respondents Who Are Not Aware of Selected Conditions and
Percent Who Report Ever Having Been Diagnosed With Those Conditions
1996 Russian Women's Reproductive Health Survey

	Ivanovo		**Yekaterinburg**		**Perm**	
Condition	Not Aware of	Diagnosed With	Not Aware of	Diagnosed With	Not Aware of	Diagnosed With
Syphilis	2.1	0 5	1.1	0.8	1.8	1.0
Gonorrhea	6.2	1.0	3.0	2.0	3.4	3.1
Pelvic Inflammatory Disease	9.7	30.6	8.5	30.3	9.0	36.6
Vaginal Discharge	12.7	27.6	11.1	40.2	8.7	44.1
Trichomoniasis	29.7	5.2	22.8	7.3	14.4	12.1
Genital Ulcers	52.8	9.0	64.2	5.0	64.7	4.4
Chlamydia	73.5	0.7	51.3	2.5	56.5	3.5
Genital Herpes	85.6	0.6	73.6	0.9	74.1	1.0
Human Papilloma Virus	89.2	0.5	81.4	0.7	80.7	1.1
Number of Respondents	*2016*		*1974*		*2007*	

TABLE X.2

Percent of Respondents Who Are Not Aware of Selected Conditions by Age and Education

Yekaterinburg Only

1996 Russian Women's Reproductive Health Survey

	Age			Education		
Condition	15-24	25-34	35-44	<Comp Sec	Comp Sec	>Comp Sec
Syphilis	1.4	0.8	1.2	0.9	1.4	0.7
Gonorrhea	6.5	1.3	1.4	9.1	2.5	1.0
Pelvic Inflammatory Disease	12.9	5.9	6.9	21.4	7.4	3.8
Vaginal Discharge	19.3	6.3	8.3	30.8	9.1	5.2
Trichomoniasis	37.0	16.5	16.1	44.0	21.4	14.6
Genital Ulcers	70.8	60.6	61.5	77.0	63.9	57.6
Chlamydia	59.5	44.0	50.4	79.9	52.5	32.4
Genital Herpes	79.5	68.4	72.8	90.8	76.2	57.6
Human Papilloma Virus	86.5	77.8	80.2	94.3	81.8	73.4
Number of Respondents	*590*	*692*	*692*	*154*	*1196*	*624*

TABLE X.3

Percentage of Respondents Who Are Not Aware That Individuals Can Be Infected With 1) HIV and 2) STD Without Any Signs or Symptoms of the Infection, by Selected Characteristics

1996 Russian Women's Reproductive Health Survey

	HIV (AIDS Virus)			STD		
Characteristics	Ivanovo	Yekaterin.	Perm	Ivanovo	Yekaterin.	Perm
All Respondents	24.7	15.7	16.4	44.9	34.5	36.1
Sexually Active						
Yes	22.7	14.0	15.7	43.9	31.5	33.6
No	71.0	82.2	83.3	53.0	60.4	59.1
Current Age						
15-24	21.6	12.7	14.3	43.4	37.8	38.4
25-34	22.9	14.9	15.3	43.4	31.6	32.7
35-44	29.0	18.8	19.1	47.6	34.2	36.9
Education						
<Comp. Secondary	37.2	24.6	24.7	53.9	44.3	47.0
Comp. Secondary	24.5	16.6	17.8	34.0	34.7	38.2
>Comp. Secondary	11.8	7.4	8.5	34.7	28.6	24.7

TABLE X.4

Respondents' Opinions of the Protection That Condoms Provide Against HIV and STD Infection

(Percentage Distribution)

1996 Russian Women's Reproductive Health Survey

Level of Protection	Ivanovo	Yekaterinburg	Perm
Excellent	5.1	6.4	7.2
Good	27.6	35.8	31.9
Fair	30.6	33.4	31.9
Poor	10.3	6.1	7.7
Do Not Know	26.4	18.3	18.3
Total	100.0	100.0	100.0
*Number of Respondents**	*2002*	*1969*	*1990*

*Excludes a small number of respondents who said they had never heard of HIV or AIDS.

TABLE X.5

Whether Respondents Perceive Themselves at Risk of STD Infection and,
Among Those at Risk, Whether They View the Risk as High or Low
(Percentage Distributions)
1996 Russian Women's Reproductive Health Survey

Perceived Risk of Infection	Ivanovo	Yekaterinburg	Perm
Any Risk			
Yes	17.3	29.1	29.7
No	67.3	56.9	58.6
Not Sure	15.4	14.0	11.7
Total	100.0	100.0	100.0
Number of Respondents	*2002*	*1969*	*1990*
Degree of Risk			
High	12.2	14.5	11.9
Low	60.2	63.0	67.7
Not Sure	27.6	22.5	20.4
Total	100.0	100.0	100.0
Number of Respondents	*371*	*593*	*613*

TABLE X.6

Percent of Respondents Who Reported That a Health Care Provider
Had Ever Talked With Her About Prevention of Sexually Transmitted Diseases (STDs),
by Whether Sexually Experienced, Whether Sexually Active, and Current Age
1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
	%	*(N)*	%	*(N)*	%	*(N)*
All Respondents	18.8	*2016*	24.3	*1974*	28.0	*2007*
Sexual Experience						
Yes	20.3	*1817*	24.8	*1770*	27.9	*1824*
No	7.3	*199*	20.5	*204*	28.8	*183*
Sexually Active						
Yes	21.0	*1439*	25.4	*1387*	27.3	*1390*
No	13.9	*555*	22.4	*563*	29.8	*607*
Current Age						
15-24	17.0	*612*	28.3	*590*	30.9	*636*
25-34	18.5	*713*	22.3	*692*	31.6	*649*
35-44	20.7	*691*	22.5	*692*	22.6	*722*

TABLE X.7

Percent of Sexually Experienced Respondents Who Reported That a Health Care Provider Tested Her for STD(s) at Her Most Recent Gynecologic Examination, by Whether Sexually Active, Current Age, and Education

1996 Russian Women's Reproductive Health Survey

	Ivanovo		Yekaterinburg		Perm	
	%	*(N)*	%	*(N)*	%	*(N)*
All Respondents	29.4	*1817*	40.1	*1770*	46.1	*1824*
Sexually Active						
Yes	30.1	*1439*	42.6	*1387*	47.9	*1390*
No	26.7	*356*	37.5	*359*	40.9	*424*
Current Age						
15-24	32.8	*427*	43.2	*404*	45.4	*470*
25-34	28.2	*704*	40.7	*677*	47.3	*638*
35-44	28.8	*686*	38.0	*689*	45.6	*716*
Education						
< Complete Secondary	21.7	*150*	38.8	*83*	40.6	*121*
Complete Secondary	29.8	*1236*	39.9	*1110*	45.4	*1170*
> Complete Secondary	34.6	*431*	41.2	*577*	50.1	*533*

NOTE: Denominator includes respondents who said that they had never had a gynecologic examination (28.4% of sexually experienced women in Ivanovo, 18.6% in Yekaterinburg, and 14.7% in Perm).

TABLE X.8
Of Respondents Tested for STDs at Their Most Recent Gynecologic Exam
the Percent Who Say They Were Tested for Specific STDs
1996 Russian Women's Reproductive Health Survey

Sexually Transmitted Disease	**Ivanovo**	**Yekaterinburg**	**Perm**
Syphilis	78.6	66.4	63.5
Gonorrhea	58.0	62.2	66.9
Trichomoniasis	38.9	48.3	53.2
Chlamydia	8.8	25.4	30.1
Genital Herpes	2.6	6.4	6.3
Human Papilloma Virus	2.1	4.8	4.7
Number of Respondents	*380*	*454*	*624*

NOTE: Denominators do not include respondents who reported being tested for STDs, but did not know the specific disease(s) for which they were tested (10.1% of all women in Ivanovo, 14.6% in Yekaterinburg, and 13.4% in Perm).

CHAPTER XI

CONCLUSIONS

Analysis of the 1996 Russian Women's Reproductive Health Survey allows us to draw a number of major conclusions. Of the greatest significance are the following:

- The 1996 RWRHS appears to be highly representative of the population of women of childbearing age in the three sites where it was conducted. Age distributions of respondents closely matched official statistics.

- In key areas, the data collected in the survey appear to be quite reliable and complete. Survey fertility rates closely match those expected and survey abortion rates are slightly higher than those obtained from vital statistics. Few respondents were unwilling to answer sensitive questions on topics such as abortion, contraception, sexuality, and health problems.

- Site selection supports the quasi-experimental design used for assessing project impact. All three sites were relatively similar with regard to most of the major areas of interest. The non-project (control) site (i.e., Perm) and the nearby project site (i.e., Yekaterinburg) were extremely similar in almost all important areas in which comparisons will be done, such as fertility rates, abortion levels, contraceptive prevalence and method mix, unintended pregnancy, and many others. Therefore, it will be possible to do meaningful comparisons of the degree of change in project and control sites after the completion of the follow-up survey.

- Although the survey had limited geographic scope and was not intended to be representative of Russia as a whole, much of what has been found is likely generalizable to much of the country, particularly to urban, ethnically Russian populations. Given relatively little difference between sites in most areas of reproductive health, the similarity of certain key indicators to those at the national level, and relatively uniform policies, practices, and facilities throughout most of Russia in recent times, much of what has been found can be applied to other parts of Russia.

- Not only did the surveyed populations have extremely low actual levels of childbearing, but little indication exists of a desire to have larger families. Few women with more than one child desired more children and large numbers of women with no children or one child said they wanted no more. Such low levels of desired childbearing, especially with limited availability of effective long-term contraception and a typically early start (and finish) of childbearing enhances the probability of unintended pregnancies and abortions.

- Rates of induced abortion are clearly still very high, probably among the highest in the

world, but not as high as some anecdotal reports indicated in past years. Although other data sources have shown a rapid recent decline in levels, data from the RWRHS do not show such a decrease, either because rates have not fallen in the sites surveyed or, more likely, because of increasingly incomplete reporting of abortions as one goes back in time. The key question should not focus so much on whether abortion rates are higher than indicated by the survey, but why such high levels continue in the presence of very high contraceptive prevalence.

- Overall contraceptive prevalence rates among sexually active women are high, on a par with other developed countries in the world. Not only is prevalence high, but most contraception consists of methods of high effectiveness when used properly and consistently. The survey does not support the "conventional wisdom" that Russian women rely almost exclusively or even primarily on a combination of non-supplied methods of contraception and induced abortion. Much remains to be learned, however, regarding how well women use these methods and why failure rates for most methods are higher than found in many other places.

- Some questions have been raised regarding the compatibility of such high rates of contraception and abortion simultaneously. Given the factors mentioned above (high failure rates, low desired childbearing, and abortion ending most unintended pregnancies), these rates do, in fact, appear compatible, as shown in another analysis of RWRHS data (Goldberg, Sherwood-Fabre, and Bodrova 1997).

- Because of the typically early end of desired childbearing among women in these populations, a great need for expanded use of long-term contraceptive methods exists. Clearly there are major barriers (legal, social, resource-related) to rapid expansion of tubal ligation or vasectomy in Russia, but steps can be taken to improve and increase the acceptability and availability of these safe and effective procedures. Another relatively long-term method, Norplant, is only now becoming available in Russia. Many women discontinue the IUD (theoretically a long-term method) after a relatively short time.

- In regard to prenatal and post partum practices, some quite encouraging findings have been noted, while there are other areas where substantial changes would be beneficial. Adequate availability and utilization of services occur, with the vast majority of women receiving early prenatal care. In addition, about 90% of babies were reportedly breastfed. However, considerable room for improvement exists within delivery facilities. Many women still have unnecessary and outdated restrictions placed on their activities during labor. Many women also portrayed the physical facilities and their crowdedness negatively. The beneficial practices of allowing mothers to hold their newborns, to begin nursing them soon after delivery and "rooming in", still occur relatively infrequently, except in one of the sites.

- In recent years, there have been dramatic increases in the incidence of some sexually

transmitted disease. Survey results show a clear need for increasing women's awareness (and, we assume, men's as well) about STDs. Relatively small percentages of respondents reported that their health care providers had talked to them about disease prevention and many did not know such basic facts as that a person can be infected with an STD or HIV and show no outward signs of infection.

Implications of contraceptive findings for the Russia Women's Reproductive Health Project

The fact that contraceptive use rates are already high among sexually active women in the populations studied does not mean that the activities comprising the Russia Women's Reproductive Health Project are unnecessary or of limited potential value. Even with widespread reported use of contraception, induced abortion remain extremely widespread. This seems to be principally a function of three factors: poor or inconsistent use of contraception leading to high rates of contraceptive failure and, thus, unintended pregnancy; extremely low levels of desired childbearing, such that by an early age most women/couples have all the children they want and are at risk of unintended pregnancy for many years; and, nearly universal abortion of unwanted pregnancies. The reproductive health project will provide the greatest benefit by continuing to focus its efforts on the first of these factors, in order to reduce levels of unintended pregnancy. Activities should be aimed at ensuring that women receive: 1) contraception appropriate for their needs; 2) counseling in effective and consistent use of the method they choose, and 3) adequate access to effective, long-term contraceptive methods. The problem appears to be mainly one of helping Russian women to use contraception well, rather than getting them to use at all.

REFERENCES

Anderson BA. 1991. The role of abortion in fertility decisions in the Soviet Union: Results from analysis of data from Soviet emigres.

Avdeev A, Monnier M. 1995. A survey of modern Russian fertility. *Population,* 7:1-38.

Avdeev A, Blum A, Troitskaya I. 1995. The history of abortion statistics in Russia from 1900 to 1991, *Population*, 7:39-66.

Barr DA, Field MG. 1996. The current state of health care in the former Soviet Union: Implications for health care policy and reform. *American Journal of Public Health*, 86(3):304-320.

Barkalov NB, Darsky LE. 1994. Russia: Fertility, contraception, induced abortion, infant and maternal mortality. The Futures Group International.

Blayo C. 1993. The role of abortion in the countries of central and eastern Europe. In: *International Population Conference*, Montreal Canada, 24 August-1 September, 1993. Compiled by International Union for the Scientific Study of Population, Liege, Belgium, IUSSP, p. 235-252.

Bodrova V. 1996. Features of reproductive behaviour in Russia in the transition period. *Voprosy Statistiki*, (2):73-78.

Bodrova V. 1995. Society's attitudes about sexual behaviour and sex education in Russia. Unpublished.

Chervyakov V. 1997. Survey supports arguments to start sexuality education in Russia. *Siecus Report,* 25(2):8-9.

Czech Statistical Office et al. 1995. 1993 Czech Republic Reproductive Health Survey Final Report.

Entwistle B. 1996. Family planning and abortion in the Russian Federation: Recent trends. The Russia Longitudinal Monitoring Survey 1992-95.

Goldberg HI, Sherwood-Fabre L, Bodrova V. 1996. Abortion and contraception in three Russian cities. Presented at the Annual Meeting of the Population Association of America, March 27-29, 1997, Washington DC.

Goscomstat (Russian State Committee for Statistics). 1996. Induced abortion and births in the Russian Federation (in Russian). *Vestnik Statistiki*, 4:210-211.

Hatcher RA, Trussell T, Stewart F, et al. 1994. *Contraceptive Technology, Sixteenth Revised Edition*, Irvington Publishers, New York.

Ingram M. 1996. Russia is on the brink of an AIDS epidemic. *British Medical Journal*, 313(7052):252.

Katkova IP, Gavrilova LV, Zubkova NZ, Krasnenkov VL, Michalskaya EV. 1995. Contraceptive behavior of certain groups of the population of the Tver region. *Problemy Sotsialnoi Gigieny I Istoriia Meditsiny,* (6):14-20.

Katkova IP, Zubkova NZ, Andrushina EV. 1994. Family planning as a medico-social problem. *Family in Russia*, 2:69-80.

Linglof T. 1995. Rapid increase of syphilis and Gonorrhea in parts of the former USSR, *Sexually Transmitted Diseases,* 22(3):160-161.

Oddens BJ. 1997. Acceptance and acceptability of modern family planning in eastern Europe, in "Assessment of Research and Service Needs in Reproductive Health in Eastern Europe--Concerns and Commitments". Proceedings of a workshop organized by the ICRR and WHO in Szeged, Hungary, 25-27 October 1993, edited by E. Johannisson et al. New York, Parthenon Publishing Group, pp. 149-164.

Popov AA. 1994. Family planning and induced abortion in the post-Soviet Russia of the early 1990s: the unmet needs in information supply. Academy of Science of the Russian Federation, Center of Demography and Human Ecology, working paper, volume 16.

Popov AA. 1994. Sterilization in post-Soviet Russia. *Planned Parenthood in Europe.* 23(3):25-6.

Popov AA, Visser AP. Ketting E. 1993. Contraceptive knowledge, attitudes, and practice in Russia during the 1980s. *Studies in Family Planning*, 24(4):227-235.

Popov AA. 1991. Family planning and induced abortion in the USSR: Basic health and demographic characteristics. *Studies in Family Planning*, 22(6):368-377.

Population Reference Bureau. 1997. World Population Data Sheet.

Romania Ministry of Health Institute of Mother and Child Care et al. 1995. Romania Reproductive Health Survey 1993 Final Report.

Rozenfeld BA. 1996. The crisis of Russian health care and attempts at reform. In: RAND Conference Proceedings. Russia's Demographic Crisis, edited by J. DaVanzo and G. Farnsworth. Santa Monica, California, RAND Center for Russian and Eurasian Studies, p. 163-174.

Savelyeva GM. 1997. Family planning in Russia. *International Journal of Gynecology and Obstetrics,* 58(1):51-57.

Shkolnikov V, Mesle F, Vallin J. 1996. Health crisis in Russia: I. Recent trends in life expectancy and causes of death from 1970 to 1993. *Population,* 8, 123-124.

Shkolnikov V, Mesle F. 1996. The Russian epidemiological crisis as mirrored by mortality trends. In: RAND Conference Proceedings. Russia's Demographic Crisis, edited by J. DaVanzo and G. Farnsworth. Santa Monica, California, RAND Center for Russian and Eurasian Studies, p. 113-162.

Sherwood-Fabre L, Goldberg HI. Fertility and family planning in Russia: Results of a baseline survey. Presented at the Annual Meeting of the Population Association of America, March 27-29, 1997, Washington DC.

Vishnevsky AG. 1996. Family, fertility and demographic dynamics in Russia: analysis and forecast. In: RAND Conference Proceedings. Russia's Demographic Crisis, edited by J. DaVanzo and G. Farnsworth. Santa Monica, California, RAND Center for Russian and Eurasian Studies, p. 1-35.

Visser AP, Bruyniks N, Remennick L. 1993. Family planning in Russia: Experience and attitudes of gynecologists. *Advances in Contraception,* 9(2):93-104.

Zakharov SV, Ivanova E. 1996. Fertility decline and recent changes in Russia: on the threshold of the second demographic transition. In: RAND Conference Proceedings. Russia's Demographic Crisis, edited by J. DaVanzo and G. Farnsworth. Santa Monica, California, RAND Center for Russian and Eurasian Studies, p. 36-83.

Zohoori N. 1996. Monitoring health conditions in the Russian Federation. The Russia Longitudinal Monitoring Survey 1992-95.

APPENDIX: SURVEY QUESTIONNAIRES

1996 RUSSIAN WOMEN'S REPRODUCTIVE HEALTH SURVEYS
Household questionnaire

ID NUMBER __/__/_____/___/_____

IDENTIFICATION/LOCATION INFORMATION

A. OBLAST
1 YEKATERINBURG
2 PERM
3 IVANOVO

B. CITY/TOWN/ VILLAGE_____ ___ ___

C. ELECTORAL DISTRICT ___ ___ ___

D. INTERVIEWER NUMBER ___ ___

E. QUESTIONNAIRE ID ___ ___ ___ ___

ADDRESS INFORMATION

VISIT RECORD

Visit number	1	2	3	4
	Day Month	Day Month	Day Month	Day Month
Date of visit	___ ___	___ ___	___ ___	___ ___
Result*	___	___	___	___
Interviewer	___ ___	___ ___	___ ___	___ ___
Supervisor	___ ___	___ ___	___ ___	___ ___

*RESULT CODES
1 Completed interview
2 No eligible females
3 Nobody at home
4 Selected respondent not home
5 Total refusal
6 Refusal by selected respondent
7 Unoccupied house
8 Respondent incompetent_____
9 Other_____
10 Incomplete interview

INTERVIEWER'S NAME _____

1. How many families live in this flat/house?

   __ families

2. How many people normally live in this flat/house?

   __ __ people

3. How many females between the ages of 15 and 44 live in this flat/house?

   __ females

4. For each of these women could you give me the following information:

LIST FROM OLDEST TO YOUNGEST

Line	First name	Age	Marital status	Education
		__ __	__	__ __ __
1	_____	__ __	__	__
2	_____	__ __	__	__
3	_____	__ __	__	__
4	_____	__ __	__	__
5	_____	__ __	__	__
6	_____	__ __	__	__
			CODES: 1 Married 2 Unregistered marriage 3 Divorced 4 Separated 5 Widowed 6 Single (Never married)	CODES: 1 No secondary 2 Incomp. Secondary 3 Complete Secondary 4 Prof. Technical Ed. 5 Comp Sec + Tech Ed 6 Technicum 7 Incomp. Postsec. 8 Complete Postsec. 9 Don't know

SELECTION OF INDIVIDUAL RESPONDENT:

	LAST DIGIT OF QUESTIONNAIRE NUMBER									
Eligible Respondents	0	1	2	3	4	5	6	7	8	9
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3
4	3	4	1	2	3	4	1	2	3	4
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	6	1	2	3

1996 RUSSIA WOMEN'S REPRODUCTIVE HEALTH SURVEYS
Individual questionnaire

TIME STARTED: __ __ : __ __ ID NUMBER __ __ __ __

Background characteristics

100. In what month and year were you born?

Month __ __ Year 19 __ __

101. How old are you?

__ __ years old

(MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND)

102. What is the highest level of education you completed?

1 No secondary education
2 Less than complete secondary
3 Incomplete secondary + technical education
4 Complete secondary (10-11 years)
5 Professional technical education
6 Complete secondary + technical education
7 Technicum
8 Incomplete postsecondary
9 Complete postsecondary

103. Are you currently married, living with a man as if married, separated, divorced, widowed, or single?

1 Married----------|
2 In unregistered marriage|
3 Separated |------>GO TO Q105
4 Divorced |
5 Widowed----------|
6 Single---------->GO TO Q104

104. Have you ever been in a registered or unregistered marriage?

1 Yes--->CORRECT Q103 AND GO TO Q105
2 No--->GO TO Q200

105. How many times have you been in registered or unregistered marriages?

__ times

106. In what month and year did you begin living with your (first) husband/partner?

Month __ __
Year 19 __ __

107. What was the highest level of education that your (first) husband/partner completed?

1 No secondary education
2 Less than complete secondary
3 Incomplete secondary + technical education
4 Complete secondary (10-11 years)
5 Professional technical education
6 Complete secondary + technical education
7 Technicum
8 Incomplete postsecondary
9 Complete postsecondary
88 Don't know/Don't remember

108. When you first got married how many children did you desire to have?

____ children
55 As many as we could afford
66 As many as possible
77 Up to God, fate, etc.
88 Were not sure

Fertility/Pregnancy

200. Are you currently pregnant?

1 Yes
2 No-------->GO TO Q204
3 Not sure---->GO TO Q204

201. In what month of pregnancy are you?

__ month

202. At the time you became pregnant, did you want to become pregnant then?

1 Yes---->GO TO Q205
2 No
3 Not sure

203. Was it that you wanted to wait longer to become pregnant or that you wanted no more children?

1 Wanted to wait longer
2 Wanted no more children
3 Not sure

GO TO Q205

204. Have you ever been pregnant? (Including pregnancies that did not result in a live birth, such as miscarriages, abortions, and miniabortions)

1 Yes
2 No---------->GO TO Q300
3 Not sure------->GO TO Q300

205. Have you ever had any live-born children, regardless of how long they lived?

1 Yes
2 No--->GO Q211

206. How many living children do you have, including those who do not live with you?

__ __ children

207. Have you ever had any children who later died, including any who lived only a very short time after birth?

1 Yes
2 No--->GO TO Q209

208. How many children have died?

__ children

209. In what month and year was your last baby born?

Month __ __
Year 19 __ __

210. Since that birth have you been pregnant again?

1 Yes
2 No---->GO TO Q212
3 Not sure---->GO TO Q212

211. How did your most recent pregnacy end?

1 Stillbirth
2 Miscarriage
3 Induced abortion
4 Miniabortion
5 Currently pregnant

212. Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can be ended by abortion, miscarriage, or stillbirth. Have you ever had a miniabortion, an induced abortion or done anything to terminate a pregnancy?

1 Yes
2 No

PREGNANCY HISTORY

Now I would like to talk to you about your past pregnancies. Please make sure you include all pregnancies, regardless of when they occurred and how they ended, whether in a live birth, an abortion, a miscarriage, or a stillbirth. Starting with your most recent pregnancy, please give me the following information:

213	214	215	216	217	218	219	220
LINE	When did this pregnancy end? (Month & year)	How many months did this pregnancy last?	How did this pregnancy end?	Was it a multiple pregnancy?	Was this child a boy or a girl?	Is this child still alive?	At what age did he/ she die?
1	Month __ __ Year 19 __ __ 99=Current pregn.	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Miniabortion->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG. 6 Current pregnnacy-->NEXT PREGNANCY	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->NEXT PREG 2 Dead	__ __ Years __ __ Months
2	Month __ __ Year 19 __ __	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Miniabortion->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->NEXT PREG 2 Dead	__ __ Years __ __ Months
3	Month __ __ Year 19 __ __	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Miniabortion->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->NEXT PREG 2 Dead	__ __ Years __ __ Months
4	Month __ __ Year 19 __ __	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Miniabortion->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->NEXT PREG 2 Dead	__ __ Years __ __ Months
5	Month __ __ Year 19 __ __	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Miniabortion->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->NEXT PREG 2 Dead	__ __ Years __ __ Months
6	Month __ __ Year 19 __ __	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Miniabortion->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->NEXT PREG 2 Dead	__ __ Years __ __ Months

213	214	215	216	217	218	219	220
LINE	When did this pregnancy end? (Month & year)	How many months did this pregnancy last?	How did this pregnancy end?	Was it a multiple pregnancy?	Was this child a boy or a girl?	Is this child still alive?	At what age did he/ she die?
7	Month __ __ Year 19 __ __	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Miniabortion->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG.	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->NEXT PREG 2 Dead	__ __ Years __ __ Months
8	Month __ __ Year 19 __ __	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Miniabortion->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->NEXT PREG 2 Dead	__ __ Years __ __ Months
9	Month __ __ Year 19 __ __	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Miniabortion->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->NEXT PREG 2 Dead	__ __ Years __ __ Months
10	Month __ __ Year 19 __ __	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Miniabortion->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->NEXT PREG 2 Dead	__ __ Years __ __ Months
11	Month __ __ Year 19 __ __	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Miniabortion->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->NEXT PREG 2 Dead	__ __ Years __ __ Months
12	Month __ __ Year 19 __ __	__ months 88=Don't know 9=9+	1 Live birth--->Q218 2 Stillbirth--->BOOTOM OF PAGE 3 Miscarriage-->BOTTOM OF PAGE 4 Miniabortion->BOTTOM OF PAGE 5 Induced abortion-->BOTTOM OF PAGE	1=Single 2=Twins 3=3+ 8=DK	1 Boy 2 Girl	1 Alive->BOTTOM OF PAGE 2 Dead	__ __ Years __ __ Months

AFTER FILLING IN ALL PREGNANCIES:

- **IF NO PREGNANCIES ENDED SINCE THE BEGINNING OF 1991 GO TO 300 SERIES.**
- **IF ANY PREGNANCIES ENDED SINCE THE BEGINNING OF 1991 GO TO Q221**

QUESTIONS 221-227 ARE ONLY FOR PREGNANCIES THAT ENDED IN 1991 OR LATER

	221	222	223	224	225	226	227
COPY LINE # FROM Q213	Thinking back to when you became pregnant that time, did you want to become pregnant?	Was it that you wanted to wait longer to become pregnant or that you wanted no more children?	**TAKE INFORMATION FROM Q216**	Did you breastfeed him/her?	Are you still breastfeeding?	How old was he/she when you stopped breasatfeeding?	At what age did he/she start receiving foods or liquids other than breast milk?
__ __	1 Yes----->Q223 2 No----->Q222 3 Not sure----->Q223	1 Wait longer 2 Wanted no more 3 Not sure	**IF LIVE BIRTH--->Q224** **IF NOT A LIVE BIRTH--->NEXT LINE**	1 Yes 2 No-->NEXT LINE	1 Yes--->Q227 2 No	__ __ months	__ __ months
__ __	1 Yes----->Q223 2 No----->Q222 3 Not sure----->Q223	1 Wait longer 2 Wanted no more 3 Not sure	**IF LIVE BIRTH--->Q224** **IF NOT A LIVE BIRTH--->NEXT LINE**	1 Yes 2 No-->NEXT LINE	1 Yes--->Q227 2 No	__ __ months	__ __ months
__ __	1 Yes----->Q223 2 No----->Q222 3 Not sure----->Q223	1 Wait longer 2 Wanted no more 3 Not sure	**IF LIVE BIRTH--->Q224** **IF NOT A LIVE BIRTH--->NEXT LINE**	1 Yes 2 No-->NEXT LINE	1 Yes--->Q227 2 No	__ __ months	__ __ months
__ __	1 Yes----->Q223 2 No----->Q222 3 Not sure----->Q223	1 Wait longer 2 Wanted no more 3 Not sure	**IF LIVE BIRTH--->Q224** **IF NOT A LIVE BIRTH--->NEXT LINE**	1 Yes 2 No-->NEXT LINE	1 Yes--->Q227 2 No	__ __ months	__ __ months
__ __	1 Yes----->Q223 2 No----->Q222 3 Not sure----->Q223	1 Wait longer 2 Wanted no more 3 Not sure	**IF LIVE BIRTH--->Q224** **IF NOT A LIVE BIRTH--->NEXT LINE**	1 Yes 2 No-->NEXT LINE	1 Yes--->Q227 2 No	__ __ months	__ __ months
__ __	1 Yes----->Q223 2 No----->Q222 3 Not sure----->Q223	1 Wait longer 2 Wanted no more 3 Not sure	**IF LIVE BIRTH--->Q224** **IF NOT A LIVE-->INSTRUCTIONS BELOW**	1 Yes 2 No-->NEXT PAGE	1 Yes--->Q227 2 No	__ __ months	__ __ months
						99 Under 1 month 88 Don't remember	99 Under 1 month 77 Not yet 88 Don't remember

- **IF NO ABORTIONS OR MINIABORTIONS SINCE 1/91 GO TO INSTRUCTIONS BEFORE Q243**
- **IF ANY ABORTIONS OR MINIABORTIONS SINCE 1/91 GO TO NEXT PAGE**

QUESTIONS 228-236 ONLY FOR ABORTIONS THAT OCCURRED IN 1991 OR LATER

228	229	230	231	232	233	234	235	236
COPY LINE # FROM Q213	TYPE OF ABORTION (FROM Q216)	What was the principal reason that you decided to have this abortion? (CODES BELOW)	Where was that abortion performed? (CODES BELOW)	Soon after this abortion did you have any complications that required treatment?	What kind of complication was that? (CODES BELOW)	Did you stay in the hospital longer than expected or were you readmitted for this complication?	Did you have any related health problems more than 6 months later?	What was the most important problem? (CODES BELOW)
__ __	1 MINIABORTION 2 REGULAR ABORTION	__	__	1 Yes--->Q233 2 No---->Q235 8 Dont know->Q235	__	1 Stayed longer 2 Readmitted 3 Both 4 No	1 Yes 2 No>NEXT LINE 8 Don't know--> NEXT LINE	__
__ __	1 MINIABORTION 2 REGULAR ABORTION	__	__	1 Yes--->Q233 2 No---->Q235 8 Dont know->Q235	__	1 Stayed longer 2 Readmitted 3 Both 4 No	1 Yes 2 No->NEXT LINE 8 Don't know--> NEXT LINE	__
__ __	1 MINIABORTION 2 REGULAR ABORTION	__	__	1 Yes--->Q233 2 No---->Q235 8 Dont know->Q235	__	1 Stayed longer 2 Readmitted 3 Both 4 No	1 Yes 2 No->NEXT LINE 8 Don't know--> NEXT LINE	__
__ __	1 MINIABORTION 2 REGULAR ABORTION	__	__	1 Yes--->Q233 2 No---->Q235 8 Dont know->Q235	__	1 Stayed longer 2 Readmitted 3 Both 4 No	1 Yes 2 No->NEXT LINE 8 Don't know--> NEXT LINE	__
__ __	1 MINIABORTION 2 REGULAR ABORTION	__	__	1 Yes--->Q233 2 No---->Q233 8 Dont know->Q235	__	1 Stayed longer 2 Readmitted 3 Both 4 No	1 Yes 2 No-->Q237 8 Don't know->Q237	__

<u>CODES FOR Q230</u>
1 Dangerous to her life/health
2 Risk of/Diagnosed fetal defect
3 Social/Econ./Preference reasons
4 Not married/No partner
5 Partner wanted abortion
6 Other (specify)______________
8 Don't know

<u>CODES FOR Q231</u>
1 Hospital
2 Maternity house
3 Private clinic/physician
4 Other______________

<u>CODES FOR Q233</u>
1 Perforation
2 Hemorrhage
3 Fever
4 Discharge
5 Pelvic pain
6 Other________________
8 Don't know

<u>CODES FOR Q236</u>
1 Pelvic pain
2 Sterility
3 Infection
4 Lack of menses
5 Irregular bleeding
6 Other________
8 Don't know

237. TOTAL NUMBER OF ABORTIONS AND MINIABORTIONS SINCE THE BEGINNING OF 1991.

__ **ABORTIONS**

__ **MINIABORTIONS**

238. How much did you pay (in thousands of rubles) for all costs associated with your (most recent) abortion or miniabortion? This should include such costs as anesthesia, doctors' fees, blood tests and analysis, and any others.

__ __ __ rubles
9 9 9 No charge
7 7 7 Nonmonetary payments, gifts, etc.
8 8 8 Don't remember

239. How many days did you spend in the place where you had your (most recent) abortion or minabortion?

__ __ days
99 Less than a day
88 Don't remember

240. Either before or after your (most recent) abortion or miniabortion, did a doctor or nurse talk to you about ways to avoid another unplanned pregnancy?

1 Yes
2 No
8 Don't remember

241. Did a doctor or nurse refer you to another clinic or consultation for contraceptive counselling or services?

1 Yes
2 No
8 Don't remember

242. After your (most recent) abortion or miniabortion, did you leave the clinic/hospital with a contraceptive method or a prescription for a contraceptive method?

1 Contraceptive method
2 Prescription for a contraceptive method
3 Neither
8 Don't remember

- **THE FOLLOWING QUESTIONS DEAL WITH THE MOST RECENT PREGNANCY THAT LED TO A LIVE BIRTH SINCE 1/91.**

- **IF NO LIVE BIRTHS SINCE 1/91, GO TO NEXT SECTION, Q300.**

243. Did you receive any prenatal care from a doctor, nurse, or midwife during the pregnancy for your last birth?

1 Yes
2 No--->GO TO Q251

244. During what month of your pregnancy did you make your first prenatal visit?

__ month

245. How many prenatal visits did you make during that pregnancy?

__ __ visits
66=As many as doctor/midwife/nurse said to have
77=Don't remember, but was definitely at least 10
88=Don't remember

246. Who provided the most care? **(READ LIST)**

1 Physician
2 Midwife/Nurse
3 Physician and midwife/nurse equally
4 No medical person
5 Friend, relative, etc.
6 Other_____
8 Don't remember

247. Where did you receive most of your prenatal care? **(CIRCLE ONLY ONE ITEM)**

1 Maternity house
2 Woman's consultation
3 MCH Center
4 Private clinic/office
5 Other_____

248. On average, how long did you have to wait to be seen?

__ __ __ minutes
888=Don't remember

249. During your last pregnancy were you ever hospitalized before delivery because of any problem related to the pregnancy?

1 Yes
2 No--->GO TO Q251

250. Altogether, how many days were you hospitalized because of problems during that pregnancy?

__ __ __ days
888=Don't remember

251. Did you smoke cigarettes at the time you found out you were pregnant?

1 Yes
2 No--->GO TO Q253

252. Did you continue to smoke cigarettes during that pregnancy?
1 Yes
2 No

253. How many times per week did you drink alcoholic beverages during that pregnancy?
1 At least 4 times per week
2 1-3 times per week
3 Less than once per week
4 Never
9 No response

254. How much did your last baby weigh when he/she was born?
__ __ __ __ grams--->GO TO Q256
8888=Don't know/Don't remember--->GO TO Q255 *(NOT IN RUSSIAN QUESTIONNAIRE)*

255. Do you remember if he/she weighed under 2000 grams or was considered to be low birth weight?
1 Yes (<2000 grams/low birth weight)
2 No
8 Don't remember/Don't know

256. Was your last delivery by cesarean section?

1 Yes
2 No

257. Where did your last delivery take place?

1 Maternity house
2 MCH center
3 Hospital
4 Home---------->GO TO Q265
5 On the way to hospital--->GO TO Q260
6 Other_____

258. During the labor before your last delivery, while in the hospital

	Yes	No	DK	NA
A. Were you allowed to walk	1	2	8	9
B. Were you allowed to sit up	1	2	8	9
C. Were you allowed to use the bathroom	1	2	8	9

259. How many other women were in the room with you when you were in labor?

___
4 = 4+
8 = Don't remember

260. When were you allowed to hold the baby for the first time?

1 Within a few minutes
2 15-30 minutes
3 30 minutes to 1 hour
4 More than 1 hour
5 The next day
6 Child died or was too ill for mother to hold--->GO TO Q261
8 Don't remember

261. Where did the baby sleep during the time you were in the hospital?
(READ CHOICES)

1 Always in the same room as the mother
2 Usually in the same room as the mother
3 Usually in a dfferent room from the mother
4 Always in a different room from the mother

262. Would you rate the place in which you had your last delivery as good, fair, or poor in the following areas?

	GOOD	FAIR	POOR	DK/DR
A. Physical facilities/Conditions	1	2	3	8
B. Crowdedness	1	2	3	8
C. Helpfulness/Attentiveness of staff	1	2	3	8
D. Competence of staff	1	2	3	8

263. Following your most recent birth did a doctor or nurse talk to you about or offer to talk to you about contraception?

1 Yes
2 No
8 Don't remember

264. Before you left the hospital , did you receive a contraceptive method or a prescription for a contraceptive method?

1 Contraceptive method
2 Prescription for a contraceptive method
3 Neither
8 Don't remember

265. **LAST CHILD EVER BREASTFED (SEE Q224)**

1 YES-->GO TO Q266
2 NO--->GO TO Q270

266. How long after birth was the baby first put to the breast?

Hours __ __
Days __ __
99 Immediately, Less than 1 hour
88 Don't remember

267. Did your baby receive supplemental feeding (i.e., water, sugar water, formula) in the hospital?

1 Yes
2 No
8 Don't remember

IF CHILD IS AT LEAST 2 YEARS OLD OR IS NO LONGER ALIVE GO TO NEXT PAGE

268. **LAST CHILD STILL BREASTFEEDING (SEE Q225)**

1 YES-->GO TO Q269
2 NO--->GO TO Q270

269. How many times have you breastfed him/her since this time yesterday?

__ __ times
77=Nursing on demand

270. Was he/she given the following at any time yesterday?:

	Yes	No	DK
A. Water (plain)	1	2	8
B. Sugar water	1	2	8
C. Juice	1	2	8
D. Infant formula	1	2	8
E. Fresh milk	1	2	8
F. Any other liquids	1	2	8
G. Cereal, bread	1	2	8
H. Other solid food	1	2	8

CONTRACEPTION

For each of the following methods of preventing pregnancy, please tell me:

METHOD	300. Have you ever heard of it?	301. Have you/ partner ever used it?	302. Do you know where to get it?
A. Pills	1 Yes-->Q301 2 No--->B	1 Yes-->B 2 No--->Q302	1 Yes 2 No
B. IUD	1 Yes-->Q301 2 No--->C	1 Yes-->C 2 No--->Q302	1 Yes 2 No
C. Depo-Provera/ Injections	1 Yes-->Q301 2 No--->D	1 Yes-->D 2 No--->Q302	1 Yes 2 No
D. Implants/ Norplant	1 Yes-->Q301 2 No--->E	1 Yes-->E 2 No--->Q302	1 Yes 2 No
E. Condoms	1 Yes-->Q301 2 No--->F	1 Yes-->F 2 No--->Q302	1 Yes 2 No
F. Spermicides/Cream	1 Yes-->Q301 2 No--->G	1 Yes-->G 2 No--->Q302	1 Yes 2 No
G. Diaphragm/Cervical cap	1 Yes-->Q301 2 No--->H	1 Yes-->H 2 No--->Q302	1 Yes 2 No
H. Female Sterilization	1 Yes-->Q301 2 No--->I	1 Yes-->I 2 No--->Q302	1 Yes 2 No
I. Male Sterilization (Vasectomy)	1 Yes-->Q301 2 No--->J	1 Yes-->J 2 No--->Q302	1 Yes 2 No
			302. Do you know where to get information on it?
J. Safe period methods (Rhythm, etc.)	1 Yes-->Q301 2 No--->K	1 Yes-->K 2 No--->Q302	1 Yes 2 No
K. Lactational amenorrhea method	1 Yes-->Q301 2 No--->L	1 Yes-->L 2 No--->Q302	1 Yes 2 No
L. Withdrawal	1 Yes-->Q301 2 No--->M	1 Yes 2 No	
M. Other_____	1 Yes-->Q301 2 No--->Q303	1 Yes 2 No	

303. RECORD WHETHER RESPONDENT HAS USED ANY METHOD (ANY 1 FOR Q301)

1 Never used--->GO TO Q304
2 Ever used---->GO TO Q305

304. So, you have never used any method or done anything to prevent pregnancy with any partner?

1 Never used----->GO TO Q343 (CALENDAR)
2 Ever used--->CORRECT Q301 AND GO TO Q305

305. Are you (or your partner) currently using any method or doing anything to prevent pregnancy?

1 Yes
2 No--->GO TO Q342A

306. What method or methods are you using?

1 Pills----------->GO TO Q309
2 IUD----------->GO TO Q309
3 DepoProvera/Injections----->GO TO Q309
4 Implants/Norplant----------->GO TO Q309
5 Condoms----------->GO TO Q309
6 Spermicide/Cream/Jelly---->GO TO Q309
7 Diaphragm/Cervical cap---->GO TO Q309
8 Morning-after pill---------->GO TO Q309
9 Tubal ligation---------->GO TO Q307
10 Vasectomy---------->GO TO Q307
11 Lact. Amenorrhea Meth---->GO TO Q334
12 Safe period method--------->GO TO Q332
13 Withdrawal---------->GO TO Q332
14 Douching---------->GO TO Q332
15 Other_____---->GO TO Q332
16 Condoms + Spermicide----->GO TO Q309
17 Other combination_____---->GO TO Q309

307. In what month and year was this operation performed?

Month __ __
Year 19 __ __

IF PARTNER HAS HAD A VASECTOMY (Q306=9) GO TO Q343 (CALENDAR)

308. Was this operation done during hospitalization for a delivery or abortion?

1 Yes, after delivery
2 Yes, after abortion
3 No

GO TO Q334

309. Where do/did you get your family planning method? (MOST RECENT SOURCE OF SUPPLY)

1 Women's consultation
2 Maternity house
3 MCH center
4 Hospital
5 Pharmacy
6 Drug kiosk
7 Private clinic/Physician
8 Commercial kiosk/Store
88 Other_____

310. Did you pay for this method the last time?

1 Yes
2 No----->GO TO INSTRUCTIONS AFTER Q311

311. How much did you pay (the last time)? (in thousands of rubles)

__ __ __ RUBLES
8 8 8 Don't remember

- **IF NOW USING AN IUD (Q306=2) CONTINUE WITH Q312.**
- **IF NOW USING ORAL CONTRACEPTIVES (Q306=1) GO TO Q320.**
- **IF NOT NOW USING IUD, PILLS, WITHDRAWAL, A SAFE PERIOD METHOD, OR DOUCHE (Q306 NOT EQUAL TO 1, 2, 10, 12 14) GO TO Q334.**

312. In what month and year was your current IUD inserted?

Month __ __ Year 19 __ __
98 = Don't remember

313. Was it inserted immediately after a delivery, abortion, or miniabortion?

1 Yes, after delivery
2 Yes, after abortion
3 No

314. Since it was inserted, has the IUD been checked by a physician or health worker to make sure it was in place?

1 Yes
2 No--->GO TO Q316
8 Don't know--->GO TO Q316

315. How long ago was the last such check?

__ __ Months ago
66 More than 2 years ago
88 Don't remember

316. When your IUD was inserted, how long did the physician tell you it could be left in?

__ __ years
55 As long as I wanted
66 Other (specify)_____
77 Did not say how long
88 Don't remember

317. During the past six months have you had any health problems or side effects that you think are related to your IUD?

1 Yes
2 No--->GO TO Q334

318. What kind of problem or side effect did you have? (IF MORE THAN ONE CODE THE MOST SERIOUS)

1 Cramping
2 Heavy bleeding during menstrual periods
3 Infection/Discharge
4 Other (specify)_____

319. Was the problem serious enough that you went to a doctor or clinic about it?

1 Yes
2 No

GO TO Q334

QUESTIONS 320 TO 331 ARE FOR CURRENT USERS OF ORAL CONTRACEPTIVES

320. For how many months have you been taking pills?

__ __ Months
99 Less than 1 month
77 More than 5 years
88 Don't remember

321. When was the last time you took a pill?

1 Today---->GO TO Q323
2 Yesterday---->GO TO Q323
3 Day before yesterday
4 More than 2 days ago

322. Why didn't you take a pill yesterday or today?

1 Between cycles/Having menstrual period
2 Forgot
3 Ran out of pills
4 Giving body a rest
5 Take only on certain days
6 Other (specify)_____

323. What brand of pills do you currently use? (ASK TO SEE PACKAGE, IF AVAILABLE)

1 Marvelon
2 Cilest
3 Micronor
4 Trinovum
5 Triqvilar
6 Femoden
7 Milvanar
8 Ovrette
9 Tri-Regol
10 Regividon
11 Antiovin
12 Ovidur-Richter
13 Triziston
14 Diana-35
15 Ovidon
16 Postinor
17 Bicecurin
18 Other_____
88 Don't know

324. Have you ever used a different brand of pills?

1 Yes
2 No---->GO TO Q326
8 Don't remember---->GO TO Q326

325. Why did you change your pill brand?

1 Last brand not available
2 Problems/Side effects with previous brand
3 Physician told her to change brand
4 Cost increase/Too expensive
5 Became pregnant
6 Other (specify)_____
8 Don't remember

326. What would you do if you realized you had forgotten to take a pill the previous day?

1 Nothing (continue taking pills as usual)
2 Take one extra pill
3 Take two extra pills
4 Other (specify)_____
7 Would not happen to me
8 Don't know

327. When you started taking pills, how long did your physician tell you that you could take them?

__ __ Years
55 As long as I wanted/Indefinitely
66 Other (specify)_____
77 Did not say how long
88 Don't remember
99 Never talked to doctor about it

328. Have you ever gotten pills from a pharmacy or other source without a prescription from a physician?

1 Yes
2 No

329. During the last six months have you had any health problems or side effects that you think are related to using pills?

1 Yes
2 No--->GO TO Q334

330. What kind of problem or side effect have you had? (IF MORE THAN ONE PROBLEM, CODE THE MOST SERIOUS ONE.)

1 Headaches
2 Blurred vision
3 Bloating/Weight gain
4 Nausea
5 Bleeding between menstrual periods
6 Other (specify)_____

331. Was this problem serious enough that you went to a doctor or clinic about it?

1 Yes
2 No

GO TO Q334

332. Q332 TO Q333 FOR WOMEN NOW USING WITHDRAWAL, A SAFE PERIOD METHOD, OR DOUCHING TO AVOID PREGNANCY

You said that you are now using _____ to avoid becoming pregnant, rather than a method you might obtain from a doctor, health facility, or pharmacy. Please tell me whether each of the following was very important, somewhat important, or not important at all in your decision to use this method:

	Very Important	Somewhat Important	Not Important	Not Sure
A. Difficulty of getting other methods	1	2	3	8
B. Cost of other methods	1	2	3	8
C. Little knowledge of other methods	1	2	3	8
D. Health/Side effects of other methods	1	2	3	8
E. Husband/Partner preference	1	2	3	8
F. Religious beliefs	1	2	3	8
G. Naturalness of the method	1	2	3	8

333. How good at preventing pregnancies do you think _____ (method currently used) is compared to methods received from a doctor or pharmacy, like the IUD?

(READ CHOICES)
1 Current method more effective
2 About equally effective
3 Current method less effective
8 Don't know/Not sure

334. Do you currently have any problems or concerns with using _____ (current method)?

1 Yes
2 No--->GO TO Q336

335. What is the most important problem or concern?

1 Side effects
2 Health concerns
3 Access/Availability
4 Cost
5 Effectiveness of method for preventing pregnnacy
6 Sometimes forget to use
7 Sometimes difficult/inconvenient to use
8 Husband/partner disapproves
9 Irreversible/Doctor needed to discontinue
77 Other (specify)_____

336. Would you prefer to use a different method of preventing pregnancy from the one you are currently using?

1 Yes
2 No--->GO TO INSTRUCTIONS PRECEDING Q339

337. What method would you prefer to use?

1 Pills
2 IUD
3 DepoProvera/Injectables
4 Implants/Norplant
5 Condoms
6 Spermicide/Cream/Jelly
7 Diaphragm
8 Female sterilization
9 Male sterilization (Vasectomy)
10 Safe period method
11 Lactational amenorrhea method (LAM)
12 Withdrawal
13 Douching
20 Other_____
77 Any method-------->GO TO Q339
88 Not sure---------->GO TO Q339

338. What is the most important reason that you do not use that method now?

1 Doctor will not prescribe it
2 Cost
3 Difficult to get/Must go too far to get it
4 Don't know enough about method
5 Do not know how to obtain it
6 Husband objects to it
7 Religious reasons
8 Fear of health/side effects
9 Poor effectiveness
10 Current method is permanent/long-term
20 Other_____
88 Don't know

IF CURRENTLY USING CONDOMS GO TO Q340

339. In the past three months have you and your partner used a condom in addition to the method you are normally using?

1 Yes
2 No

IF RESPONDENT HAS BEEN STERILIZED, GO TO Q343 (CALENDAR)

340. Do you plan to have any (more) children?

1 Yes
2 No----->GO TO Q343
8 Not sure----->GO TO Q343

341. How many more do you plan to have?

__ __ children
66 As many as possible
77 Up to God/Fate, etc.
88 Not sure

342. When do you think you would like to become pregnant?

1 Within 1 year
2 In 1-2 years
3 In 3-5 years
4 In more than 5 years
7 When I get married
8 Not sure/Don't know

342A. **IF EITHER OF THE FOLLOWING ARE TRUE, GO TO Q355:**

1 HAS NEVER HAD SEXUAL INTERCOURSE
2 NEVER BEEN PREGNANT OR USED CONTRACEPTION IN THE SINCE 1/91

343. **CONTRACEPTIVE USE/PREGNANCY CALENDAR:**

Starting at the beginning of 1991, please try to remember in which months you started and stopped use of contraceptive methods.

(INTERVIEWER: FILL IN ALL PREGNANCIES AND BIRTHS FROM PREGNANCY HISTORY BEFORE COLLECTING CONTRACEPTIVE HISTORY).

COLUMN 1

PREGNANCY

0 Not pregnant
1 Pregnant
2 Live birth
3 Stillbirth
4 Miscarriage/Tubal pregnancy
5 Miniabortion
6 Regular abortion

COLUMN 2

CONTRACEPTION

0 No method
1 Pills
2 IUD
3 Condoms
4 Vaginal method(spermicide,diaphrm)
5 Safe period methods
6 Withdrawal
7 Sterilization
8 Other_____
9 Don't remember

COLUMN 3

REASON STOPPED USING

1 Pregnant while using method
2 Wanted to get pregnant
3 Husband objected
4 Side effects
5 Health concerns
6 Physician decision
7 Supply/Availability/Cost
8 Inconvenient method
9 Want better/more effective method
10 To give body a rest
11 Infrequent/No sex
12 Marriage/Relationship ended
13 Could no longer get pregnant
77 Other_____
88 Don't remember

DATE	1	2	3	DATE	1	2	3
1991				**1994**			
Jan 1				Jan 1			
Feb 2				Feb 2			
Mar 3				Mar 3			
Apr 4				Apr 4			
May 5				May 5			
Jun 6				Jun 6			
Jul 7				Jul 7			
Aug 8				Aug 8			
Sep 9				Sep 9			
Oct 10				Oct 10			
Nov 11				Nov 11			
Dec 12				Dec 12			
1992				**1995**			
Jan 1				Jan 1			
Feb 2				Feb 2			
Mar 3				Mar 3			
Apr 4				Apr 4			
May 5				May 5			
Jun 6				Jun 6			
Jul 7				Jul 7			
Aug 8				Aug 8			
Sep 9				Sep 9			
Oct 10				Oct 10			
Nov 11				Nov 11			
Dec 12				Dec 12			
1993				**1996**			
Jan 1				Jan 1			
Feb 2				Feb 2			
Mar 3				Mar 3			
Apr 4				Apr 4			
May 5				May 5			
Jun 6				Jun 6			
Jul 7				Jul 7			
Aug 8				Aug 8			
Sep 9				Sep 9			
Oct 10				Oct 10			
Nov 11				Nov 11			
Dec 12				Dec 12			

IF NOT USING A METHOD IN JANUARY 1991 GO TO NEXT PAGE

344. You said you were using _____ in January of 1991. When did you start using that method?

Month ___ Year 19___

- **IF HAD AN IUD INSERTED AFTER 1990, BUT NOT USING ONE NOW GO TO Q345.**
- **IF STARTED TAKING ORAL CONTRACEPTIVES AFTER 1990, BUT NOT TAKING THEM NOW GO TO Q349.**
- **ALL OTHERS GO TO Q353.**

345. You said you had an IUD inserted in (CHECK CALENDAR):

Month __ __ Year 19 __ __
Is that correct?

346. Did you ever have any health problems or side effects that you think were related to your IUD?

1 Yes
2 No--->GO TO INSTRUCTIONS AFTER Q348
88 Don't remember--->GO TO INSTRUCTIONS AFTER Q348

347. What kind of problem or side effect did you have? (IF MORE THAN ONE PROBLEM, CODE THE MOST SERIOUS ONE.)

1 Cramping
2 Heavy bleeding during menstrual periods
3 Infection/Discharge
4 Other (specify)_____

348. Was the problem serious enough that you went to a doctor or clinic about it?

1 Yes
2 No
88 Don't remember

- **IF STARTED TAKING ORAL CONTRACEPTIVES AFTER 1990, BUT NOT TAKING THEM NOW GO TO Q349.**
- **ALL OTHERS GO TO Q353.**

349. You said you started taking oral contraceptives in (CHECK CALENDAR):

Month __ __ Year 19 __ __
Is that correct?
98 Don't remember

350. During the time you took pills did you have any health problems or side effects that you think are related to using your pills?

1 Yes
2 No--->GO TO Q353
88 Don't remember--->GO TO Q353

351. What was the worst problem or side effect you had?

1 Headache
2 Blurred vision
3 Bloating/Weight gain
4 Nausea
5 Bleeding between menstrual periods
6 Other (specify)_____

352. Was this problem serious enough that you went to a doctor or clinic about it?

1 Yes
2 No
88 Don't remember

353. CURRENTLY USING ANY CONTRACEPTIVE METHOD?

1 YES-->GO TO Q364
2 NO

354. CURRENTLY PREGNANT?

1 YES--->GO TO Q364
2 NO/NOT SURE--->GO TO Q355

355. Do you think you are able to get pregnant at the present time?

1 Yes--->GO TO Q357
2 No---->GO TO Q356
3 Not sure---->GO TO Q357

356. Why not?

1 Menopause/No menstrual periods \
2 Has had an operation for medical reasons \
that makes pregnancy impossible \
3 Husband/partner has had a medical operation \
4 Has not gotten pregnant despite |------>GO TO INSTRUCTIONS BEFORE Q370
At least 2 years not contracepting /
5 Doctor says she or partner is infertile /
6 Not sexually active---------->GO TO Q357
7 Postpartum/Breastfeeding---------->GO TO Q357
8 Other (specify)_____---->GO TO Q357

357. Do you plan to have any (more) children?

1 Yes
2 No----->GO TO Q361
3 Not sure----->GO TO Q361

358. How many more children do you plan to have?

__ __ children
66=As many as possible
77=Up to God/Fate, etc.
88=Not sure

359. Are you trying to become pregnant now?

1 Yes--->GO TO Q364
2 No

360. When do you think you would like to become pregnant?

1 Within 1 year
2 In 1-2 years
3 In 3-5 years
4 In more than 5 years
7 When I get married
8 Not sure

361. What is the most important reason you are not using a method to avoid pregnancy now?

1 Want to become pregnant
2 Not sexually active/No partner----GO TO Q364
3 Only occasionally sexually active
4 Breastfeeding/Postpartum
5 Fear of side effects/health effects
6 Previously had side effects/health problems
7 Husband/Partner objects
8 Religious reasons
9 Doctor's recommendation/Doctor won't prescribe method
10 Desired method not available/difficult to get
11 Too expensive
12 Don't know where to get method
13 Methods difficult to use
14 Prefer abortion
15 Haven't bothered, but would like to use method
16 Too old
17 Difficulty getting pregnant
20 Other (specify)_____

362. Have you and your husband/partner discussed contraception?

1 Yes
2 No---->GO TO Q364
8 Don't remember ---->GO TO Q364
9 No husband/partner

363. Does your husband/partner think that you should be using a method to prevent you from becoming pregnant?

1 Yes
2 No
8 Don't know

364. PLANS TO HAVE MORE CHILDREN

1 YES (Q340=1 OR Q357=1)-------->GO TO Q367
2 NO (Q340=2 OR Q357=2)-------->GO TO Q365
3 NOT SURE (Q340=8 OR Q357=3)--->GO TO Q367
4 STERILIZED (Q306=8 OR 9)------>GO TO INSTRUCTIONS BEFORE Q370

365. Are you or your partner interested in having an operation to prevent you from having any more children (after this pregnancy)?

1 Yes---->GO TO Q367
2 No
3 Not sure---->GO TO Q367

366 What is the most important reason you would not be/are not interested?

1 Health risks
2 Fear of operation
3 Husband would object
4 Religious reasons
5 Not culturally/socially acceptable
6 Cost/inconvenience of an operation
7 Might want another child
8 Don't know enough about sterilization
9 Haven't thought about it
10 No partner/Not sexually active
20 Other_____
88 Don't know

367. Are you familiar with the use of "the morning-after pill" to prevent pregnancy?

1 Yes
2 No--->GO TO INSTRUCTIONS BEFORE Q370

368. Have you ever taken "morning-after pills" to try to prevent becoming pregnant?

1 Yes
2 No--->GO TO INSTRUCTIONS BEFORE Q370

369. About how many times have you taken "morning-after pills" during the past 12 months?

__ __ times
77=Don't remember, but at least 10 times
88=Don't remember

CONTRACEPTIVE COUNSELLING

IF RESPONDENT HAS NOT USED ORALS, IUD OR INJECTABLES SINCE 1/91 (SEE CALENDAR) GO TO NEXT SECTION

370. The last time you started using oral contraceptives, an IUD, or injections, did a health provider talk to you about various methods of family planning and the most appropriate method for you?

1 Yes
2 No---->GO TO Q372
9 Don't remember

371. Who provided this counselling?

1 Physician
2 Feldsher
3 Nurse
4 Midwife
5 Other_____
8 Don't remember

372. Did you select the method you received, was it selected by the provider, or was it selected by both of you?

1 Respondent
2 Provider
3 Both

373. Did the provider explain the possible side effects of the method?

1 Yes
2 No
8 Don't remember

374. Were you easily able to understand the information given by the provider concerning use of the method and its possible side effects?

1 Yes
2 No
3 No information given
8 Don't remember

375. Did the provider explain to you when to return for removal, refill, or follow-up?

1 Yes
2 No
8 Don't remember

376. Did the provider give you a pelvic examination before providing the method?

1 Yes
2 No
8 Don't remember

377. Overall, would you say you have been very satisfied, somewhat satisfied, a little satisfied or not satisfied with the family planning services you have received?

1 Very satisfied
2 Somewhat satisfied
3 A little satisfied
4 Not at all satisfied
5 No services received
6 Not sure/Don't remember

INFORMATION, EDUCATION, AND COMMUNICATION

400. How often do you watch television?

1 Every day or almost every day
2 At least once per week
3 At least once per month
4 Less than once per month----->GO TO Q405
5 Hardly ever--------->GO TO Q405
6 Other (specify)_____

401. What channels do you most often watch? (CIRCLE 1 FOR ALL MENTIONED, DO NOT READ LIST)

	Mentioned	Not mentioned
A. ORT	1	2
B. All-Russia Channel	1	2
C. NTV	1	2
D. St. Petersburg TV	1	2

CODES E...L ARE LOCAL CHANNELS, SEE LISTS FOR EACH OF THE 3 SITES

402. What types of programs do you most often watch? (CIRCLE 1 FOR ALL MENTIONED, DO NOT READ LIST))

	Mentioned	Not mentioned
News	1	2
Entertainment programs	1	2
Soap operas	1	2
Sports	1	2
Children's programs	1	2
Plays/Dramas	1	2
Church/Religious progs	1	2
Women's programs	1	2
Health programs	1	2
Political events	1	2
Business programs	1	2
Music programs, videos	1	2
Other (specify)_____	1	2

403. What times do you most often watch television on weekdays? (DO NOT READ LIST)

	Mentioned	Not mentioned
6-8 AM	1	2
8-10 AM	1	2
10AM-Noon	1	2
Noon-2 PM	1	2
2-4 PM	1	2
4-6 PM	1	2
6-8 PM	1	2
8-10 PM	1	2
After 10 PM	1	2
No regular times	1	2

404. What times do you most often watch television on weekends? (DO NOT READ LIST)

	Mentioned	Not mentioned
6-8 AM	1	2
8-10 AM	1	2
10AM-Noon	1	2
Noon-2 PM	1	2
2-4 PM	1	2
4-6 PM	1	2
6-8 PM	1	2
8-10 PM	1	2
After 10 PM	1	2
No regular times	1	2

405. Within the past 6 months have you seen anything on television about family planning?

1 Yes
2 No
8 Not sure

406. Within the past 6 months have you seen anything on television about sexually transmitted diseases?

1 Yes
2 No
8 Not sure

407. How often do you listen to the radio?

1 Every day or almost every day
2 At least once per week
3 At least once per month
4 Less than once per month----->GO TO Q410
5 Hardly ever--------->GO TO Q410
6 Other (specify)_____

408. What stations do you most often listen to? (CIRCLE 1 FOR ALL MENTIONED. DO NOT READ LIST.)

	Mentioned	Not mentioned
A. Radio Russia	1	2
B. Radio Mayk	1	2
C. Radio - 1	1	2
D. Europa Plus	1	2
E. Oblast Radio	1	2

CODES F...J ARE LOCAL STATIONS, SEE LISTS FOR EACH OF THE 3 SITES

409. What types of programs do you most often listen to? (CIRCLE 1 FOR ALL MENTIONED. DO NOT READ LIST.)

	Mentioned	Not mentioned
News	1	2
Personal announcmnts	1	2
Commercials	1	2
Sports	1	2
Music	1	2
Plays/Dramas	1	2
Church/Religious progs	1	2
Women's programs	1	2
Health programs	1	2
Political events	1	2
Business programs	1	2
Other (specify)_____	1	2

410. What times do you most often listen to the radio? (DO NOT READ LIST.)

	Mentioned	Not mentioned
6-8 AM	1	2
8-10 AM	1	2
10AM-Noon	1	2
Noon-2 PM	1	2
2-4 PM	1	2
4-6 PM	1	2
6-8 PM	1	2
8-10 PM	1	2
After 10 PM	1	2
No regular times	1	2

411. Do you think information about contraception should be broadcast on radio and television?

1 Yes
2 No
8 Not sure

412. Do you think information about ways to prevent sexually transmitted diseases should be broadcast on radio and television?

1 Yes
2 No
8 Not sure

413. How often do you read a daily newspaper?

1 Daily/Nearly every day
2 About 3-4 times per week
3 Once or twice per week
4 Less than once per week
5 Never/Almost never

414. Which newspaper(s) do you read most often? (CIRCLE ALL MENTIONED)

1 Arguments and Facts
2 Izvestia
3 Commercant
4 Komsommol Pravda
5 Red Star
6 Independent
7 Pravda
8 Russian Newspaper
9 Today
10 Soviet Russia
11 Labor
12 Other national paper_____
13 Other local paper_____
14 Rarely/Never read newspaper

415. Within the past six months have you seen any of the following materials that contained family planning information?

	Yes	No	DK
A. Pamphlets/Posters/Medical brochures	1	2	8
B. Newspapers/Magazines	1	2	8

416. *Questions 416 A & B on whether seen materials with information deleted from Russian questionnaire.*

On a scale from 1 to 10, please rate each of the following contraceptive methods according to each of the characteristics I will mention:

417. First, how would you rate each of the following with regard to safety and health effects? (10=completely safe, 1=extremely unsafe)

Oral contraceptives	1	2	3	4	5.....10	88=DK
IUD	1	2	3	4	5.....10	88
Injections			"			
Condoms			"			
Female sterilization			"			
Spermicides			"			
Morning-after pill			"			
Induced abortion			"			
Miniabortion			"			

418. How would you rate each of the following with regard to effectiveness at preventing pregnancy? (10=competely effective, 1=completely ineffective)

Oral contraceptives	1	2	3	4	5.....10	88=DK
IUD	1	2	3	4	5.....10	88
Injections			"			
Condoms			"			
Female sterilization			"			
Spermicides			"			
Morning-after pill			"			
Induced abortion			"			
Miniabortion			"			

419. How would you rate each of the following with regard to cost? (1=very expensive, 10=very inexpensive)

Oral contraceptives	__ __
IUD	__ __
Injections	__ __
Condoms	__ __
Spermicides	__ __
Morning-after pill	__ __
Female sterilization	__ __
Induced abortion	__ __
Miniabortion	__ __

420. Overall, how much do you like each of the methods of preventing births? (10=like very much, 1=dislike very much)

Oral contraceptives	__ __
IUD	__ __
Injections	__ __
Condoms	__ __
Female sterilization	__ __
Spermicides	__ __
Morning-after pill	__ __
Induced abortion	__ __
Miniabortion	__ __

421. How would you rate each of the following methods with regard to effectiveness at preventing sexually transmitted diseases? (10=completely effective, 1=not at all effective)

Oral contraceptives	__ __
IUD	__ __
Injections	__ __
Condoms	__ __
Withdrawal	__ __
Douching	__ __

88=Don't know

422. Do you think that in any situation a woman should always have the right to decide about her own pregnancy, including whether to have an abortion?

1 Yes--->GO TO Q424 *This skip deleted from Russian questionnaire*
2 No

423. Under which of the following conditions is it all right for a woman to have an abortion?

	YES	NO	DEPENDS	DK
A. Her life is in danger from the pregnancy	1	2	3	4
B. The fetus has a physical deformity	1	2	3	4
C. The pregnancy has resulted from rape	1	2	3	4
D. Her health may be hurt by the pregnancy	1	2	3	4
E. She is unmarried	1	2	3	4
F. The couple cannot afford to have a child	1	2	3	4

424. Please indicate whether you agree or disagree with the following statements about birth control pills:

	AGREE	DISAGREE	DK
A. They make women gain weight	1	2	8
B. They make women's periods more regular	1	2	8
C. Taking them too long can cause infertility	1	2	8
D. Women who take them pill have a higher risk of getting cancer	1	2	8
E. They are bad for blood circulation	1	2	8

425. When is it most likely for a woman to become pregnant? (READ LIST)

1 In the week before menstruation starts
2 During menstruation
3 In the week after menstruation ends
4 Halfway between her periods
5 It doesn't matter, all times are alike
7 Other (specify)_____
8 Don't know

426. Do you think it is harmful to the baby if a woman smokes while she is pregnant?

1 Yes
2 No
3 Depends on how much she smokes
8 Don't know

427. How do you think that breastfeeding affects a woman's chances of becoming pregnant? (READ CHOICES)

1 Increases her chance of pregnacy
2 Decreases her chance of pregnacy
3 Does not affect her chance of pregnacy
8 Don't know

YOUNG ADULT MODULE

500. AGE OF RESPONDENT

1 15-24---->CONTINUE WITH Q501
2 25-44---->GO TO Q600

501. In what month and year did you first have sexual intercourse, if ever?

Month: __ __ Year 19 __ __
22=Never had sexual intercourse--->GO TO Q607
98=Don't remember
99=No response--->GO TO Q607

502. How old were you at that time?

__ __ years
88=Don't remember

503. At that time what was your relationship to your first sexual partner?

1 Husband--->GO TO Q602
2 Engaged to be married
3 Boyfriend
4 Friend
5 Rape------>GO TO Q602
6 Incest---->GO TO Q602
7 Other_____
9 No response

504. Did you or your partner use a contraceptive method or do anything to prevent pregnancy at that time?

1 Yes
2 No---->GO TO Q507
8 Don't remember/Don't know---->GO TO Q507

505. What method?

1 Pills
2 IUD
3 Condoms
4 Spermicide/Jelly/Cream
5 Diaphragm
6 Safe period method
7 Withdrawal
8 Douching
77 Other_____

506. Who took the initiative to use this method?

1 Respondent
2 Partner
3 Both
8 Don't remember

- **IF USED CONDOMS (CHECK Q505) GO TO Q602**

- **ALL OTHERS GO TO Q508**

507. Why didn't you or your partner use a contraceptive method?

1 Did not expect to have sex
2 Did not know any methods
3 Hard for young people to get contraception
4 Did not know how/where to get contraception
5 Wanted to get pregnant
6 Health concerns about contraception
7 Wanted to use, but didn't have any
8 Did not think she could get pregnant
9 Partner refused to use contraception
77 Other_____
88 Don't know/Don't remember

508. Did your partner use a condom to prevent STDs at that time?

1 Yes
2 No
8 Don't remember

GO TO Q602

WOMEN'S HEALTH

600. In what month and year did you first have sexual intercourse?

Month: __ __ Year 19 __ __
22=Never had sexual imtercourse--->GO TO Q607
98=Don't remember
99=No response--->GO TO Q607

601. How old were you at that time?

__ __ years
88=Don't remember

602. Have you had sexual intercourse in the last 30 days?

1 Yes
2 No---->GO TO Q604
9 No response---->GO TO Q607

603. How many times?

__ __ times
88 Don't remember
99 No response

604. How long has it been since you last had sexual intercourse?

1 __ __ days
2 __ __ weeks
3 __ __ months
4 __ __ years--->GO TO Q607
888 Don't remember
999 No response

605. During your whole life, with how many men have you had sexual intercourse?

__ __ men
88 Don't remember
99 No response---->GO TO Q607

606. During the past 12 months, with how many men have you had sexual intercourse?

__ __ men
88 Don't remember
99 No response

607. Have you ever had a regular (not pregnancy related) gynecologic exam?

1 Yes
2 No---->GO TO Q608
8 Don't know---->GO TO Q608

608. When was the last time you had a gynecologic exam?

__ __ years ago
99 Less than 1 year ago--->GO TO Q609
77 Don't remember, but more than one year ago--->GO TO Q608
88 Don't remember--->GO TO Q609

609. What is the main reason you have not had an exam more recently than that?

1 Doesn't feel it is necessary to go that often
2 She is healthy/doesn't have gynecologic problem
3 Doesn't have the time
4 She forgets about it
5 Doesn't like gyn. exams
6 Hard to get appointments
7 Doesn't like facilities
8 Doesn't like staff
9 Waiting time is too long
10 Other (specify)_____
88 Don't know/Haven't thought about it

610. Has a health care provider ever discussed with you how to prevent getting sexually transmitted diseases?

1 Yes
2 No
3 Never had gynecologic exam
8 Don't remember

611. The last time you went for a regular gynecologic examination, were you tested for sexually transmitted diseases (STDs)?

1 Yes
2 No--->GO TO Q614
3 Never had gynecologic exam---->GO TO Q614
8 Don't know--->GO TO Q614

612. Do you know which STD you were tested for?

1 Yes
2 No--->GO TO Q614

613. Which STDs were they? (DO NOT READ LIST.)

	Mentioned	Not mentioned
Syphilis	1	2
Gonorrhea	1	2
Chlamydia	1	2
Genital herpes	1	2
Trichomoniasis	1	2
Human papilloma virus	1	2
Other_____	1	2

614. Do you currently smoke?

1 Yes
2 No---->GO TO Q700

615. How many cigarettes do you smoke per day, on average?

__ __ cigarettes
77 = Rarely smoke
88 = Hard to say

KNOWLEDGE OF AIDS/STD

700. Have you ever heard of the disease called AIDS?

1 Yes
2 No---->GO TO Q703

701. Do you think a person can be infected with the AIDS virus and not have any symptoms or signs of the disease?

1 Yes
2 No
8 Don't know

702. What kind of protection do you think condoms provide against infection with the AIDS virus and sxually transmitted diseases (STDs)?
(READ CHOICES)

1 Excellent
2 Good
3 Fair
4 Poor
8 Don't know/Not sure

703. Do you think a person can be infected with an STD and not have any symptoms or signs of the disease?

1 Yes
2 No
8 Don't know

704. Do you think that you have any risk of getting STDs?

1 Yes
2 No---------->GO TO Q706
8 Don't know----->GO TO Q706

705. Would you say that you have a low risk or a high risk?

1 Low risk
2 High risk
8 Don't know

For each of the following conditions, please tell me:

CONDITION	706. Have you ever heard of it?	707. Have you ever had it or been diagnosed with it?	708. Do you know where to get treatment for this condition?	709. Where? (SEE CODES BELOW)
A. Vaginal discharge	1 Yes-->Q707 2 No--->B	1 Yes 2 No	1 Yes 2 No--->B	_____
B. Genital ulcer	1 Yes-->Q707 2 No--->C	1 Yes 2 No	1 Yes 2 No--->C	_____
C. Syphilis	1 Yes-->Q707 2 No--->D	1 Yes 2 No	1 Yes 2 No--->D	_____
D. Gonorrhea	1 Yes-->Q707 2 No--->E	1 Yes 2 No	1 Yes 2 No--->E	_____
E. Chlamydia	1 Yes-->Q707 2 No--->F	1 Yes 2 No	1 Yes 2 No--->F	_____
F. Pelvic inflammatory Disease	1 Yes-->Q707 2 No--->G	1 Yes 2 No	1 Yes 2 No--->G	_____
G. Genital Herpes	1 Yes-->Q707 2 No--->H	1 Yes 2 No	1 Yes 2 No--->H	_____
H. Human papilloma virus	1 Yes-->Q707 2 No--->I	1 Yes 2 No	1 Yes 2 No--->I	_____
I. Trichomoniasis	1 Yes-->Q707 2 No--->Q800	1 Yes 2 No	1 Yes 2 No--->Q800	_____

Codes for Q709:
1 Women's consltation
2 Dermato/Veneral Clinic
3 Gyn. Office at Polyclinic
4 Dermato/Veneral Office at Polyclinic
5 Private Office/Clinic
8 Other_____

SOCIOECONOMIC CHARACTERISTICS

800. What is your nationality?

_____
9 No response

801. What is your religion?

0 No religion---->GO TO Q803
1 Orthodox
2 Catholic
3 Muslim
8 Other (specify)_____
9 Refused/Not stated--->GO TO Q803

802. About how often do you usually attend religious services?
(READ ANSWERS 1-5)

1 At least once a week
2 At least once a month, but less than once a week
3 Less than once a month
4 Only on holidays
5 Never/Almost never

803. Are you currently employed?

1 Yes--->GO TO Q805
2 Yes, but on maternity/pregnancy leave--->GO TO Q807
3 No--->GO TO Q804

804. Which of the following best describes your situation?

1 Looking for work/Unemployed
2 Factory/Former place of employment closed
3 Don't want to work/Can't work
4 Student
5 Other_____

GO TO Q807

805. Do you currently work one job or more than one job?

1 One job
2 More than one job

806. How many hours per week do you usually work, in total?

__ __ hours
88 = Varies/Hard to say

807. Please tell me whether this household or any member of it has the following items:

	Yes	No
A. Bathroom/Shower	1	2
B. Central heating	1	2
C. Color television	1	2
D. VCR	1	2
E. Automobile	1	2
F. Auto Washing machine	1	2
G. Telephone	1	2
H. Personal computer	1	2

807A. Which of these best describes this house/flat?
(READ CHOICES)

1 Own home
2 Cooperative apartment/flat
3 Rent flat
4 Rent room in flat
5 Communal arrangement
6 Other_____

808. HOW WOULD YOU RATE THE RESPONDENT'S REACTION TO QUESTIONS ABOUT STDs? (CIRCLE ONE NUMBER.)

1	2	3	4	5
Normal, relaxed				Very negative

809. HOW WOULD YOU RATE THE RESPONDENT'S REACTION TO QUESTIONS ABOUT NUMBERS OF SEXUAL PARTNERS? (CIRCLE ONE NUMBER.)

1	2	3	4	5
Normal, relaxed				Very negative

END OF INTERVIEW

TIME INTERVIEW ENDED __ __ : __ __

INTERVIEWED BY:_____

QUESTIONNAIRE REVIEWED BY:_____

DATA ENTRY OPERATOR # ___