



FINAL REPORT

DEMOGRAPHIC AND HEALTH SURVEY

AZERBAIJAN

2011



MINISTRY OF HEALTH
AZERBAIJAN REPUBLIC

**THE DEMOGRAPHIC
AND HEALTH SURVEY,
AZERBAIJAN, 2011**

Final Report



Baku-2013



The implementation of the Demographic and Health Survey in Azerbaijan in 2011 (DHS-2011) was assigned by the Action Plan (2008-2010) for the “State Program on Poverty Reduction and Sustainable Development in the Republic of Azerbaijan for 2008-2015” approved by the Presidential Decree №3043 dated of September 15, 2008. The Action Plan designated the Ministry of Health of the Republic of Azerbaijan responsible for the survey implementation. According to the Ministry of Health Decree №70 dated of September 8, 2010, the Public Health and Reforms Center was appointed as an institution to conduct the survey. The funding for the survey was provided by the Ministry of Health.

The DHS-2011 is based on models and standards adapted from Measure DHS, a worldwide Demographic and Health Surveys program.

Additional information about the survey can be obtained from the Public Health and Reforms Center of the Ministry of Health of the Republic of Azerbaijan, 96 Zardabi Street, Baku, AZ1122, Azerbaijan (Telephone: +994 12-431-6088, Fax: +994 12-430-5285; E-mail: office@isim.az).

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PREFACE

The Demographic and Health Survey 2011 (DHS-2011) is the representative sample survey providing the national level data on population and health issues in Azerbaijan. Regular surveys of this kind are important to ensure the sustainability of achievements made to improve the well-being of the population and eliminate poverty, as well as for the implementation of the UN Millennium Development Goals.

The objectives of the DHS-2011 derive from the Action Plan for the “State Program on Poverty Reduction and Sustainable Development in the Republic of Azerbaijan for 2008-2015” approved by the Presidential Decree №3043 dated of September 15, 2008. According to the Action Plan, the responsibility to conduct the survey in 2011 was delegated to the Ministry of Health. For this purpose, the Ministry of Health established the working group consisting of representatives of various stakeholders and assigned the Public Health and Reforms Center of the Ministry of Health responsible for the overall coordination and implementation of the DHS-2011.

The DHS-2011 is based on the methodology of the Demographic and Health Survey conducted for the first time in Azerbaijan in 2006 by the State Statistical Committee of the Republic of Azerbaijan with the support from USAID, UNICEF and Macro International Inc. This approach ensures the compatibility of data collected in both surveys.

The DHS-2011 allowed to collect data on infant and under-five mortality, total fertility rate and trends at national and regional levels, use of contraceptives, maternal and child health, as well as adult health, nutrition, HIV/AIDS and other important areas. The DHS-2011 report also provides important data on childbirth and marriage, including the ideal and wanted number of children in the family disaggregated by different women population groups, demand for family planning services with regards to limitation of or determination of intervals between the childbirths. The information on these topics was obtained from women of reproductive age (15-49).

As a result, the survey findings present the up-to-date information on main health and demographic indicators, thus reflecting the current situation in the country and enabling for evaluation of implemented programs and activities. The comparison of the DHS-2011 results with the data from previous surveys shows a positive changes in all main indicators. This, in turn, can be perceived as the result of a socially oriented policy pursued by the country's leadership and implementation of relevant State Programs, including the “Program of Actions for Protection of Maternal and Child Health” derived from this policy.

The comparative analysis of DHS-2011 results is of great importance for development of new strategies to improve the health of the population of Azerbaijan. At the same time, survey findings may contribute to the international database on demographic and health indicators.

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- the Members of the Working Group, consisting of representatives of relevant organizations for their participation in organization of the survey activities;
- the Public Health and Reforms Center of the Ministry of Health for overall management of the survey process, including the distribution of responsibilities between the engaged parties, as well as the design of the survey plan, development of the questionnaires, conduction of trainings, organization and implementation of the field work, collection and analyzes of the information and for drafting the Final Report;
- the Macro International Inc. for making available the DHS methodology and software, as well as lessons learned and reports from the previous experiences;
- the State Statistical Committee of the Republic of Azerbaijan for support in defining the sample and the household pools for the survey;
- the Local Executive and Local Self-Governance bodies for supporting the logistics for the survey;
- the UNICEF Country Office for cooperation on technical issues;
- Prof. S.L.Plavinsky for his valuable recommendations on development of survey database, data processing and analysis of the results;
- the DHS-2011 technical staff and field teams as well as all collaborating experts and organizations, for ensuring the effective implementation of the survey. Also, to the members of households whose participation made it possible to obtain the reliable information collected during the survey.

SUMMARY OF FINDINGS

The Demographic and Health Survey (DHS-2011) was conducted during the period of August-October 2011 and involved 9381 women age 15-49 in 7704 households.

DHS-2011 was conducted by the Public Health and Reforms Center of the Ministry of Health of the Republic of Azerbaijan.

CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Virtually all respondents (91.5%) are Azerbaijanis. The majority of respondents (60.2%) live in urban areas, including 28.4% who reside in Baku.

All households in Azerbaijan have electricity (99.9%) and a majority of households have water piped into the residence (82.9%), finished floor (89.5%), and 40.1 percent have a flush toilet. In regards to the household possessions, 96.4 percent of households have color television, 62 percent have a satellite dish, 21.7 percent have a computer, 93.7 percent have a mobile phone and 62.9 percent have a landline phone.

All but a handful of women in the sample have attended school. Half of them (47.3%) completed a secondary school, 17.8 percent received secondary specialized education, and 14.6 percent attended a university. 22.2 percent of women were employed within the period of 12 months prior to the survey. A majority (58.6%) of women are married (58.3%) or living together (0.3%), 3.9 percent – divorced or separated and 2.8 percent – widowed. 34.8 percent of women have never been married.

FERTILITY

Fertility rates. A useful index of the level of fertility is the total fertility rate (TFR), which indicates the number of children a woman would have if she passed through the childbearing ages at the current age-specific fertility rates. For the three years preceding the survey, the survey estimate of the TFR was 2.1 children per woman. This is almost equal to replacement level of fertility. TFR is higher in rural areas than in urban areas (2.2 and 1.9 children per woman respectively). This urban-rural difference in childbearing rates can be attributed almost exclusively to younger age groups. Peak fertility occurs at age 20-24 in both urban and rural areas. There are significant differences between economic regions, in that the rate varies from 1.8 in Baku to 2.6 in Yukhari Garabagh.

Fertility trends. Findings of DHS-2011 and AzDHS-2006 show decline in fertility during the last 20 years. The decrease is mainly observed among women age 15-19 and 20-24 during the period of 10-19 years prior to the survey, i.e. in 1990s.

Age at first birth. Childbearing in the teenage years is associated with increased social and health problems for both the mother and her child. The survey found that only 4 percent of women age 15-19 had given birth. Moreover, almost all births to teenage women occurred at ages of 18 and 19. The median age at initiation of childbearing in Azerbaijan is 23.5 years among women age 25-49 (23.9 years among women age 20-49).

Birth intervals. The median birth interval is 26 months. 42.3 percent of second and higher order births occur after a birth interval of less than 24 months which indicates too short interval. This proportion rises up to 52.2 percent among those in twenties, and up to 46.4 percent among women living in rural areas. Overall, birth intervals among younger women are shorter than among older women.

Fertility preferences. The majority of married Azerbaijani women express a desire to control their future fertility. Overall, 68.1 percent of married women either do not want another child (67.2%) or are sterilized (0.9%). Among currently married women, 14.9 percent wanted another child soon, 6.5 percent wanted another child in two or more years or are uncertain when to have a next birth. The rest 10.5 percent were undecided about having another child or reported to be infertile (unable to conceive).

FAMILY PLANNING

Knowledge and ever use. Knowledge contraception is widespread among women in Azerbaijan. Among married women, knowledge of at least one method is 97.2 percent, among all women – 87.1 percent. Compared with traditional methods, knowledge of modern methods is more widespread: 85.5 percent of women know at least one modern methods, and only 64.7 percent have heard about any traditional method. On average, married women reported knowing of five methods of contraception. 73.4 percent of married women have used a method of contraception at some time.

Current use. One-third (32.1%) of all women of reproductive age currently use contraception, for married women this figure is 54.9 percent. 41 percent of married women currently using contraception prefer traditional methods, 13.9 percent employs modern methods. By far, the most commonly used method is withdrawal (36.6%), followed by IUD (7.7%), rhythm (3.9%) and male condom (2.6%). Overall levels of contraceptive use have little differences among women in urban and rural areas (55.3 percent and 54.2 percent, respectively). However urban women are more likely to use modern methods than rural women (16.1 percent and 11.4 percent, respectively).

Need for contraception. The total current demand for contraception among married women age 15-49 is 73.8 percent and 92.8 percent of the demand is satisfied. The demand for purposes of limiting a birth is 6 times as much as demand for spacing purposes (62.6 percent and 11.2 percent, respectively). Overall, 5.5 percent of currently married women in Azerbaijan have an unmet need for family planning, mainly for limiting a birth (4.5%).

Reasons for contraceptive discontinuation. Overall, 18.6 percent of all users of a contraceptive method discontinued its use within 12 months of adopting the method. About half (47.3%) of all discontinuations were attributed to method failure. The high proportion of discontinuations attributed to failure during use is the evidence of low efficacy of rhythm (49.2%) and withdrawal (62.3%) methods. Although, failure of a method is the most commonly cited reason for discontinuations, 2.4 percent of

discontinuations were due to husband's disapproval and 11.6 percent were the result of the woman's desire to become pregnant.

Future use. One in four (23.9%) of currently married nonusers of contraception say that they intend to use family planning in the future, while 46.7 percent do not intend to use and 29.4 percent are unsure. The IUD is the most popular method among women who intend to use a contraception in the future (44.2%), followed by withdrawal (19.1%) and the pill (13.6%). Only 4.4 percent of women report male condoms as their preferred method.

Source of contraception. Data shows that 62.8 percent of modern method users received their method from the public sector. This is primarily due to the fact that the public sector is the source for almost all users (90.9%) of the IUD, which is the most popular modern method. The private medical sector serves only 2.9 percent of users of modern contraception methods. Among condom and pill users, the majority (73.6 percent for the pill and 85 percent for the male condom) reported obtaining their most recent supply from a shop.

ABORTION

Abortion rates. According to respondents' reports, in Azerbaijan 52.7 percent of pregnancies end in a live birth, 40.9 percent – in induced abortions, 6.0 percent – in miscarriages and 0.4 percent end in stillbirths. The use of abortion can be measured by the total abortion rate (TAR). The survey estimate of the TAR indicates that a woman in Azerbaijan will have an average of 2 abortions during her lifetime. This rate is slightly higher in urban areas than in rural. There are

significant differences between regions. The total abortion rates vary from as low as 0.9 in Daghigh Shirvan, 1.3 in Guba-Khachmaz and Shaki-Zagatala to as high as 2.8 in Yukhari Garabakh. There is a negative relationship between abortion rates and education: the women with the highest education have the lowest TAR.

Abortion trends. The 2001 Reproductive Health Survey Azerbaijan (RHSA-2001) estimated the TAR among women age 15-44 to be 3.2, The AzDHS-2006 estimated TAR to be 2.3. For the women of the same age group, TAR of 1.9 from DHS-2011 shows substantial decrease in TAR during the last 10 years.

Contraceptive failure and abortion. 46.7 percent of all abortions were to women who despite the use of contraception became pregnant. A large proportion of these contraception failures (41.6 percent out of 46.7 percent) were the result of using traditional methods, particularly withdrawal (38%).

CHILDHOOD MORTALITY

Levels and trends in infant and child mortality. Data from the DHS-2011 indicate that for the five years preceding the survey, the under-five mortality estimate is 39.6 per 1000 live births. Most of those children (32.4) die during infancy (with a 95% confidence interval ranging from 25.1 to 39.8 per 1000). The child mortality rate (age one to four) is much lower, 7.4 per 1000 children surviving to age one (with a 95% confidence interval ranging from 3.5 to 11.2 per 1000). Compared with the results of AzDHS-2006, the decrease in all indicators of early childhood mortality has been observed in DHS 2011. In 2006 under-

five mortality rate was 50, while infant mortality rate was equal to 43.

The under five mortality (5q0) rate in Azerbaijan is higher in rural than in urban areas (43.1 per 1000 rural versus 36.9 per 1000 urban). The differences are largely attributable to a significantly higher child mortality (4q1) in rural (9.7 per 1000 children surviving to age one) than in urban areas (5.6 per 1000 children surviving to age one). The rural infant mortality rate, i.e., the rate at which children die before the first birthday, is also higher than the urban rate (33.8 per 1000 live birth in rural areas versus 31.4 per 1000 live birth in urban areas).

REPRODUCTIVE HEALTH

Antenatal care. Overall, 91.7 percent of women who had a live birth in the five years preceding the survey received antenatal care (ANC) from a trained healthcare provider during the most recent pregnancy. Almost all women (90.3%) saw a doctor for care at least once during their pregnancy. 94.6 percent of urban women received ANC from a trained provider compared with 86.9 percent of rural women. 66.1 percent of women had four or more ANC visits during a pregnancy. The percentage of women who had four or more ANC visits is much higher in urban areas than in rural areas (77.2 percent and 48.3 percent, respectively).

The proportion of women who underwent basic tests during pregnancy is relatively high: 92 percent of women had their blood pressure measured, 90.7 percent of women had their blood sample taken, and 90.2 percent had their urine tested. Two-thirds of women were

weighed (66.6%) and quarter (26.5%) of women were informed of the signs of pregnancy complications.

Delivery care. Overall, a majority of births during five years preceding the survey were delivered under the supervision of a trained medical professional (97.2%) and occurred at healthcare facilities (93.1%). 6.7 percent of births occurred at home. Women living in urban areas are more likely to deliver in a healthcare facility compared with their rural counterparts (95.9% vs. 88.7%). In most regions more than nine in ten births (from 92 to 96.4%) take place in a healthcare facility. Only in Lankaran this figure is slightly lower – 80.9 percent.

Two percent of births are delivered by traditional birth attendants called “mamachi”. Almost all (98.6%) urban births were attended by a trained health professional compared with 95.1 percent of rural births. The proportion of births delivered with the assistance of a skilled health professional ranges from 90 percent in Lankaran to 99.7 percent in Ganja-Gazakh and 100 percent in Yukhari Garabakh.

Postnatal care. 84 percent of women reported to be examined after delivery. Postnatal care is provided mainly by a skilled health care provider (92.9%); in 6.9 percent of women – by midwives and only 0.2 percent receive postnatal care from traditional birth attendant called “mamachi”.

CHILD HEALTH

Vaccination. 74 percent of children age 18-29 months had received all of the basic WHO-recommended vaccinations (BCG, Polio 3 doses, DPT 3 doses, MMR) by the date of the interview. 97.9 percent of children received

vaccinations for BCG, 95.3 percent for Hepatitis B, 93.5 percent and 97 percent received the first doses of DPT and Polio vaccines respectively. The dropout rate between the first and third doses of DPT is 13.7 percent, for Polio this rate is 10.5 percent. The dropout rate for hepatitis B vaccination (15.8%) is higher than that for DPT and polio. 88.6 percent of children received MMR vaccine.

Treatment of diarrhea. In the DHS-2011, the prevalence of diarrhea was estimated by asking mothers if their child under age of five had diarrhea (more than three runny stools per day) in the two weeks prior to the survey. 6.9 percent of children under age of five had diarrhea in the two weeks preceding the survey. 41.5 percent of children with diarrhea were taken to a healthcare provider.

In just over half of the children (53.7%) actions were taken to increase fluid intake. About a third of the children with diarrhea (29.4%) were treated with some form of oral rehydration therapy (ORT). Those receiving ORT were more likely to have been given a home-prepared solution (23.2%) than a solution prepared from ORS packets (11.1%). To some sick children other treatments were given: antibiotics (26.3%) and antimotility drugs (17.9%).

NUTRITION

Breastfeeding. 86.4 percent of children born in the five years preceding the survey were breastfed. Guba-Khachmaz (94.7%) had the highest proportion of children ever breastfed and Absheron had the lowest (82.3%). The median duration of any breastfeeding is 7.8

months. However, the durations of exclusive breastfeeding (child receives only breast milk) and predominant breastfeeding (child is exclusively breastfed or receives breast milk plus plain water, water-based liquids, or juice only) are short (0.4 and 1.6 month, respectively).

Bottle-feeding. Bottle-feeding is fairly widespread in Azerbaijan; among children under 2 months of age, two-thirds are fed with a bottle with a nipple. This proportion increases to 86.2 percent for children age 4-5 months.

Infant and Young Child Feeding (IYCF). Appropriate infant and young child feeding (IYCF) practices include timely initiation of feeding with solid/semi-solid foods from age of six months and increasing the amount of foods and frequency of feeding as the child gets older, while maintaining frequent breastfeeding. Breastfed children age 6-8 months are considered appropriately fed if they consume solid and semi-solid food at least three times a day. Children age 9-23 months are considered appropriately fed if they consume solid and semi-solid food at least 3-4 times a day. Non-breastfed children are considered to be appropriately fed if they consume food at least from four food groups and receive a solid and semi-solid food four-five times a day. Only 33.5 percent of children age 6-23 months received appropriate nutrients in Azerbaijan. Appropriate feeding practices are somewhat more common for breastfed children than non-breastfed children (57.7% and 32.1% respectively). The most common problem with feeding practices is an inadequate number of feedings. Children born to mothers with a secondary specialized or

higher education are somewhat more likely to be fed appropriately than children born to less educated mothers.

Nutritional status. In the DHS-2011, the height and weight of children under five years of age were measured to determine their nutritional status. Three standard indicators are employed in the assessment of the children's nutritional status: height-for-age; weight-for-height and weight-for-age. The height-for-age measure provides information on stunting. The weight-for-height data assesses whether or not the child is wasted. This indicator can also be used to assess the extent to which children are overweight or obese, which is an increasing problem among children worldwide. Finally, the weight-for-age indicator provides an assessment of whether a child weighs too little for his/her age.

Stunting is the result of an inadequate nutrition received for a long time. This also can be affected by recurrent or chronic illness. Overall, 16.4 percent of children under the age of five are stunted and 7.6 percent are severely stunted. Wasting represents the failure to receive adequate nutrition in the period immediately before the survey, and often is a result of recent illness, especially diarrhea, or of a rapid deterioration in food supplies. In Azerbaijan, 6.6 percent of children are wasted and 2.9 percent are severely wasted. Data highlights another major problem among young children in Azerbaijan: 10.4 percent are overweight. The weight-for-age measure reflects the effects of both acute and chronic undernutrition. Overall, 6.5 percent of children are underweight, and 1.9 percent is severely underweight.

DHS-2011 collected anthropometric data on all eligible women age 15-49. These data are used to derive two measures of nutritional status: height and body mass index (BMI). Less than 1 percent of women in Azerbaijan fall below the height cutoff of 145 cm. With regard to the weight indicators, only 6.6 percent of women were found to be thin (BMI <18.5) while 48.8 percent of women fell into the normal range. 25.9 percent of women age 15-49 were overweight and 18.6 percent were obese. The mean BMI for women age 15-49 was 25.2. The proportion of overweight or obese women is positively correlated with the woman's age. Thus, women age 40-49 have the highest proportion (78%) of overweight or obese women, while those age 15-19 have the lowest proportion (12.4%). Overweight and obesity are more prevalent in urban than rural areas: for urban areas their prevalence are 27.3 and 20.8 percent respectively, for rural areas 24.2 and 15.8 percent respectively. Among economic regions, Absheron has the highest proportion of overweight and obese women, while Daghigh Shirvan has the lowest.

Anemia. The 2011-DHS included anemia testing of children 6-59 months old and women age 15-49. Overall, 44.6 percent of children age 6-59 months in Azerbaijan have some level of anemia, including 23.6 percent of children who are mildly anemic, 20.4 percent who are moderately anemic, and only 0.5 percent of children with severe anemia. Anemia is slightly more common among boys than girls (46 and 42.9 percent, respectively). Children living in rural areas (47.8%) also were somewhat more likely than urban children (41.5%) to be anemic.

44.4 percent of women age 15-49 years in Azerbaijan have some level of anemia. The great majority of women are mildly anemic (33.4 percent), while 10.2 percent are moderately anemic, and 0.8 percent were found to be severely anemic. As expected, the prevalence of anemia is lower among women who are neither pregnant nor breastfeeding (43.9 percent) than among breastfeeding (53.8 percent) and pregnant (45.3 percent) women.

Micronutrient intake. 85.6 percent of children age 6-35 months consumed fruits and vegetables rich in vitamin A in the 24 hours preceding the interview and 66.7 percent consumed iron-rich foods. The likelihood of consumption of foods rich in vitamin A and iron increases with a child's age and was higher for non-breastfed than breastfed children. Urban children were only slightly more likely than rural children to be consuming foods that were rich in vitamin A and iron.

In the DHS-2011 information was obtained as to whether or not children under age of 6-59 months had received vitamin A or iron supplements and whether or not they had been given deworming medication. Only 8.8 percent of children age 6-59 months had been given a vitamin A supplement during the the six-month period prior to the survey, 6.6 percent had received iron supplements in the seven days before the interview, and 7.6 percent of children had been given the deworming medication in the past six months preceding the survey. 79.5 percent of children age 6-59 months lives in households utilizing adequately iodized salt.

In Azerbaijan, the great majority of mothers with young children appear to be consuming on a daily basis foods that are rich in vitamin A (99.3%) and iron (90.6%). Some women with a birth in the five-year period preceding the survey reported receiving a vitamin A dose in the postpartum period (12.7%). 29.7 percent of pregnant women in Azerbaijan took iron supplementation at least 60 days during the pregnancy in the five years preceding the survey. Only 0.9 percent of pregnant women took iron supplements for more than 90 days. Urban women, women living in Baku and Absheron, women with high education level and women in the two highest wealth quintiles were most likely to use iron supplements.

HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

Knowledge and attitudes. In Azerbaijan, 71 percent of women age 15-49 have heard of AIDS. Urban female respondents (78%) are much more likely to have heard about AIDS than rural respondents (60.3%). About half of women (48.6%) are aware that using condoms every time one has sexual intercourse is effective way of HIV prevention. More than half of women (52.2%) are aware that the chances of getting AIDS can be reduced by limiting sex to one uninfected partner who has no other partners. Approximately 41 percent of women are aware that using condoms and limiting sex to one uninfected partner can reduce the risk of getting the HIV.

According to the DHS-2011 results, about one in five women (19.3%) in Azerbaijan have

comprehensive knowledge of HIV/AIDS prevention and transmission. Comprehensive knowledge is defined as: 1) knowing that both, condom use and limiting sex partners to one uninfected person, are HIV/AIDS prevention methods, 2) being aware that a healthy-looking person can have HIV, and 3) rejecting the two most common local misconceptions, namely, that HIV can be transmitted by mosquito bites and by kissing someone who is infected with the HIV virus. 59.2 percent of women say that they would not want to keep a secret that a family member was infected with the HIV virus and 44.6 percent of women say they would be willing to care for a family member with the HIV virus at home. In contrast, only 21.8 percent of women say that an HIV-positive teacher should be allowed to continue teaching and only 21.3 percent of women would buy fresh food from a shopkeeper with HIV. The percentage of women respondents expressing accepting attitudes on all four measures was only 4.5 percent.

ADULT HEALTH

Tuberculosis. 96.9 percent of women in Azerbaijan have heard of tuberculosis. 72.5 percent of women who have heard of tuberculosis are aware that it can be cured completely. The majority of women (79.8%) who have heard of tuberculosis were able to correctly identify the mode of tuberculosis transmission (through the air when coughing).

Hypertension. According to DHS-2011 findings, hypertension was observed in 13 percent of women age 15-49: 2.5 percent had hypertension controlled by medication (blood pressure <140/90), 7.9 percent had stage 1

hypertension (mildly elevated blood pressure), 1.9 percent had stage 2 hypertension (moderately elevated), and less than 1 percent had stage 3 hypertension (severely elevated blood pressure). Hypertension rates are somewhat higher among urban than rural residents. Among women, hypertension levels increase from 2.8 percent at age 15-19 to 24.9 percent at age 40-44 and 34.1 percent at age 45-49. The hypertension rate among overweight or obese women (BMI \geq 25) is 23 percent, compared with 4.1 percent of women who are thin (BMI < 18.5) and 8.9 percent of women who have a normal weight (BMI 18.5-24.9).

WOMEN EMPOWERMENT

15.6 percent of married women make decisions on their own about their own health care, more than half (52.7%) decide jointly with their husband/partner, while almost one in three (29.9%) say that their husband or someone else is the primary decision-maker about the woman's own health care. 24.3 percent of women agree that a husband is justified in beating his wife if she goes out without telling him, 18.9 percent agree if she neglects their children, 13.6 percent agree if she argues with him, 8 percent agree if she refuses sexual relations with him, and 5 percent agree if she burns the food. About 28 percent of all women agree with at least one of the specified reasons justifying a husband beating his wife.

The DHS-2011 survey included questions on whether respondents think that a wife is justified in refusing to have sexual intercourse with her husband under three circumstances: she knows her husband has a sexually transmitted disease (STD); her husband has

Summary of findings

sexual intercourse with other women; or she is tired or not in the mood. Overall, 88.4 percent of women agree that a woman is justified in refusing to have sex with her husband for any one of the three of the selected reasons. Specifically, 81.8 percent of women said that a woman can refuse to have sex with her husband if she knows the husband has an STD,

84 percent said she can refuse if she knows that the husband is having sexual relations with another woman, and 76.3 percent said she can refuse if she is not in the mood or is tired. Overall, only 2.5 percent of women do not agree that a wife is justified in refusing sex for any of the given reasons.

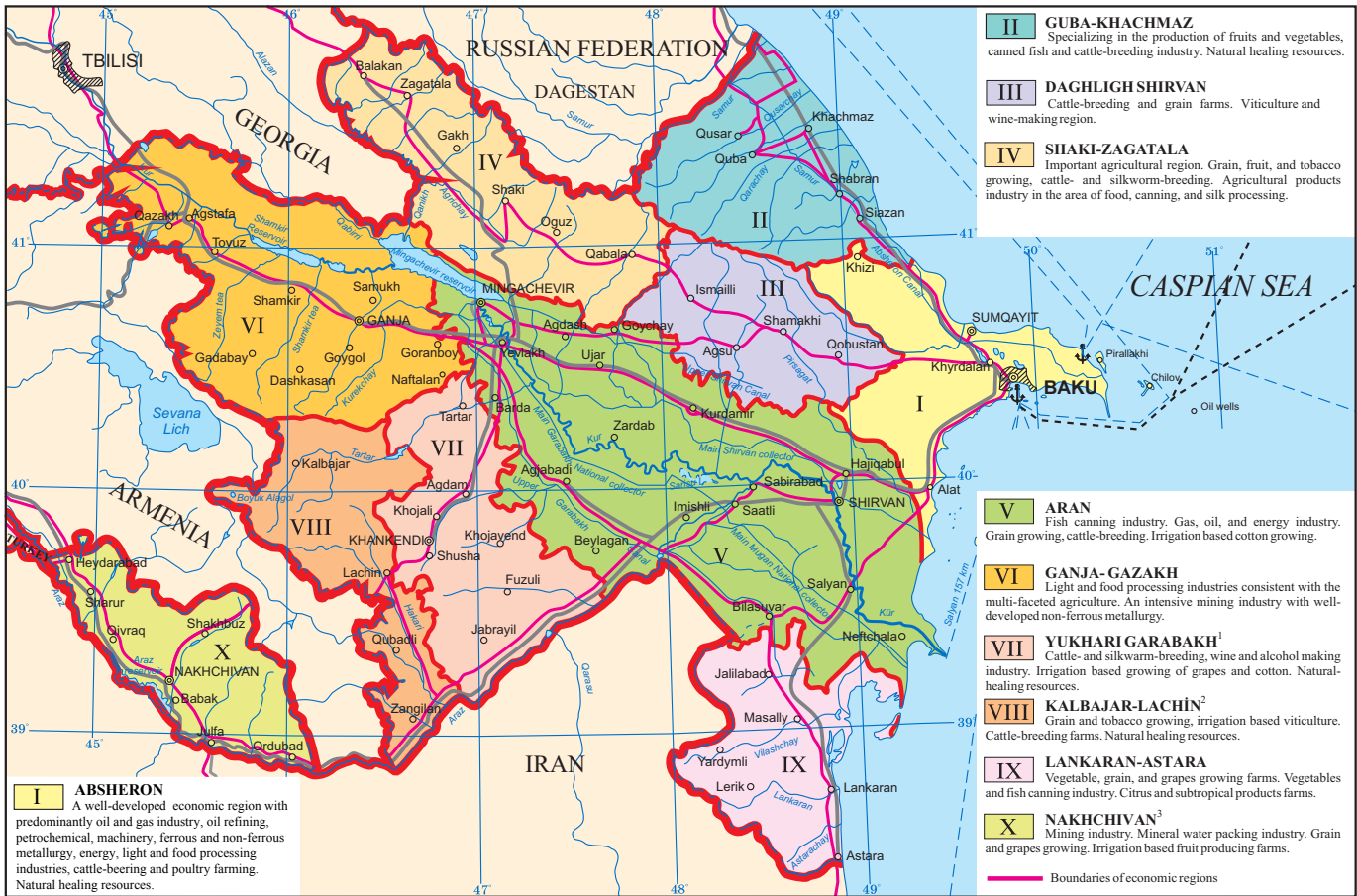
MILLENIUM DEVELOPMENT GOALS INDICATORS

Goal	Indicator	Value		
		Male	Female	Total
1. Eradicate extreme poverty and hunger	<ul style="list-style-type: none"> Prevalence of underweight in children under five years of age¹ 	7.6	5.4	6.5
2. Achieve universal primary education	<ul style="list-style-type: none"> Net attendance ratio in primary school² Primary completion rate³ 	68.6 100.0	66.7 100.0	67.7 100.0
3. Promote gender equality and empower women	<ul style="list-style-type: none"> Ratio of girls to boys in primary school⁴ Ratio of girls to boys in secondary and tertiary education⁴ Share of woman in wage employment in the nonagricultural sector⁵ 	na na na	na na na	1.00 1.01 44.4
4. Reduce child mortality	<ul style="list-style-type: none"> Under-five mortality rate⁶ Infant mortality rate⁶ Percent of children age 18-29 months immunized against measles, mumps and rubella⁷ 	35.9 31.5 87.2	43.8 33.6 90.3	39.6 32.4 88.6
5. Improve maternal health	<ul style="list-style-type: none"> Percent of births attended by skilled health personnel⁸ 	na	na	97.2
6. Combat HIV/AIDS, malaria, and other diseases	<ul style="list-style-type: none"> Percentage of current users of contraception who are using condoms (all women) Percentage of population age 15-24 years with comprehensive correct knowledge about HIV/AIDS⁹ Contraceptive prevalence rate (all women) Contraceptive prevalence rate (married women and women in union) 	na na na na	4.7 14.9 32.1 54.9	na na na na
7. Ensure environmental sustainability	<ul style="list-style-type: none"> Percent of population using solid fuels for cooking¹⁰ Percent of population with sustainable access to an improved water source¹¹ Percent of population with access to improved sanitation¹² 	Urban 0.6 90.1 90.8	Rural 13.9 72.6 83.1	Total 16.4 82.4 87.5
na =Not applicable.				
¹ Based on children born in the 5 years preceding the survey. For children without a reported birth weight, the proportion with low birth weight is assumed to be the same as the proportion with low birth weight in each birth size category among children who have a reported birth weight.				
² Based on de jure members. Numerator is children age 6-9 currently attending school; denominator is children 6-9 years old.				
³ Based on de jure members. Numerator is children completed grade 4 or higher; denominator is children 12-14 years old.				
⁴ The ratio of girls to boys for primary/secondary/tertiary education is the ratio of the primary/secondary/tertiary education GAR for females to the GAR for males (from 6 to 24 years old). The GAR is the total number of primary/secondary/tertiary education students, expressed as a percentage of the official level of education – school-age-population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.				
⁵ Numerator is all women working in the non-agricultural sector who received payment in cash or kind; denominator is all women.				
⁶ Mortality rates refer to a 5-year period before the survey.				
⁷ The values presented in the table are for children 18-29 months who have been vaccinated at any time against MMR.				
⁸ Skilled health personnel includes: doctor, nurse, midwife, and feldsher.				
⁹ Respondents with “comprehensive correct knowledge” of HIV/AIDS are those who say that using a condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, and furthermore say that a healthy-looking person can have the AIDS virus, and who reject the common misconception that HIV can be spread by mosquito bites and by kissing someone with AIDS.				
¹⁰ Solid fuel includes: wood, straw, crops and other.				
¹¹ Improved drinking water sources includes: water from pipe/tap and from protected well.				
¹² Improved sanitary means of excreta disposal includes: flush toilet, improved pit latrine, and latrine with slab.				

MAP OF AZERBAIJAN

ECONOMIC DISTRICTS

Scale 1:2 200 000



¹In Yukhari Garabakh, the survey covers only Tartar and those territories of Aghdam and Fuzuli, which are not under occupation.

²Lachin and Kalbajar are not included in the survey, as they are under occupation.

³Like in 2006, Nakhchivan Autonomous Republic is not included in the survey.



1.1 GEOGRAPHY AND POPULATION

Historically, Azerbaijan extended 210,000 square kilometers from the Caucasus Mountains in Asia to the mountainous area south and southeast of Lake Urmiya. Azerbaijan was located in the Asian part of the Eurasian continent and had a favorable geographic position between the Black Sea and the Caspian Sea. The Gulistan Agreement of 1813 and the Turkmenchay Agreement of 1828 divided Azerbaijan into two parts: southern Azerbaijan, which became part of Iran, and northern Azerbaijan, which became part of Russian Empire.

On May 28, 1918, the Azerbaijan Democratic Republic was established in the North Azerbaijan. Its territory extended 114,000 square kilometers and the borders were 3,504 kilometers in length. On April 28, 1920, this territory was occupied by the Soviet Russia.

The Republic of Azerbaijan regained its independence on October 18, 1991. At present, the area of the Republic of Azerbaijan is 86.6 thousand square kilometers (in the framework of the borders adopted by the United Nations). It is situated between 38⁰ and 42⁰ north latitude and 44⁰ and 52⁰ east longitude.

The Republic of Azerbaijan has land borders with five countries. It is bordered on the north by Russia (390 kilometers), on the northwest by Georgia (480 kilometers), on the west by Armenia (1007 kilometers), and on the south by Iran (765 kilometers) and Turkey (15 kilometers). On the east Azerbaijan has 825 kilometers of sea borders with four countries: Russia, Kazakhstan, Turkmenistan, and Iran. The capital of Azerbaijan is the city of Baku, which is located on a harbor leading to the Caspian Sea, at the 40th parallel. Baku lies 5,550 kilometers below the North Pole and 4,440 kilometers above the equator. There are ferry-boats between Baku and harbors of Aktau, Kazakhstan, and Turkmenbashi and Bektash, Turkmenistan. These ferry-boats provide favorable conditions for an increase in trade and economic relations between the countries of Europe and Asia.

Forested area covers about twelve percent and water covers two percent of country's land. 54.9 percent of total land is used for agriculture. The geographical location of the country, the complexity of the terrain, the proximity of the Caspian Sea, the abundance of solar radiation throughout the year, exposure to the influence of air masses of different origin and other factors created the diversity of local climate. Dry and semi-arid steppes, subtropical, temperate and cold climates are found here. Eight of the world's 11 climate zones are represented in Azerbaijan (by V.V. Keppen). The country is rich in oil and gas, iron ore, aluminum, molybdenum, mineral water, and other natural resources.

At the beginning of the 20th century, half of the oil produced in the world came from Azerbaijan. Currently oil and gas extraction plays an important role in the economy of the republic.

The country consists of 66 administrative districts, 13 urban districts, and the Nakhchivan Autonomous Republic. By the beginning of 2011, there have been 77 towns, 257 settlements and 4,261 rural settlements in Azerbaijan (State Statistical Committee, 2012).

According to Census-2009, Azerbaijan has a population in excess of 8.922 million with approximately 47 percent residing in rural areas. Azerbaijan is characterized by a moderate rate of population growth. Since 1991 till 2002 there was a decline in the birth rate in the country - from 26.6 per 1,000 in 1991 to 13.7 per 1,000 in 2002. Since 2002 the trend changed and a gradual increase in birth rate has been observed. The birth rate was 13.9 in 2003, 17.5 in 2006, and 18.5 in 2010. The death rate in Azerbaijan remains relatively low and stable over the years. But, due to the Armenia's military aggression, which resulted in numerous human losses, the death rate reached 7.3 in 1990-1994. Only after the ceasefire in 1994 the death rate stabilized again and then decreased to 6.2 per 1,000 in 2006 and 6.0 in 2010. 22.3 percent of the population is under 15 years of age, while 5.7 percent are over 65 (State Statistical Committee, 2011).

Due to the military aggression of the armed forces of Armenia against Azerbaijan in 1988-1992 years, the 20 percent of country's territory – Daghigh Garabakh and seven nearby districts to it – were occupied, about 700 thousand of citizens who were deprived of their permanent residential places and became internally displaced from Daghigh Garabakh and surrounding regions, as well as from areas bordering with Armenia and Daghigh Garabakh were temporarily settled in over 1600 residential facilities in 62 cities and districts of the republic. In addition to Daghigh Garabakh and nearby territories, one of two invaded villages of the Nakhchivan Autonomous Republic, 80 out of 81 invaded villages of Aghdam district, 62 out of 84 invaded villages of Fuzuli district, 13 villages of Tartar district and six out of twelve invaded villages of Qazakh district are still under the occupation. Thus, there are currently nearly one million of refugees and internally displaced persons in Azerbaijan, which represents 12 percent of the country's population (State Committee on Problems of Refugees and Internally Displaced Persons, 2012, <http://www.refugees-idps-committee.gov.az/en/pages/2.html>).

Azerbaijanis constitute 91.6 percent of the country's population. In 2006, life expectancy for men was 69.6 years and 75 years for women. In 2010, these figures were 70.9 and 76.2 years for men and women respectively (SSC, 2012).

<i>Table 1.1 Main demographic indicators</i>	
Main indicators	Census of 2009
Number of population, million	8.897
Increase of population among censuses (percent)	18.7
Density of population, people per km ²	107
Urban population, percent	53
Life expectancy, years:	
Female	76.2
Male	70.9

1.2 HEALTH CARE SYSTEM

1.2.1 FACILITIES, FINANCE AND HUMAN RESOURCES

During the Soviet period the health care system in Azerbaijan was developed according to Semashko model and after the collapse of the Soviet Union the health care system maintained most of features of extensive and centralized Semashko system. During the economic transition health system was characterized by economic problems, lack of management capacity, failure to prioritize utilisation of limited resources, disruption of the existing health care network, disappearance of health care related programs and weakness of the primary health care system.

Health services related issues between government and civil society organizations as well as between public and private health care facilities and organizations are regulated by the Law of the Republic of Azerbaijan on “Protection of the Health of the Population” adopted on June 26, 1997. The provision of the population with medical aid and protection of its health is guaranteed by Article 41 of the Constitution of Azerbaijan Republic adopted in 1995.

Structure

The health care system is centralized and main decisions in this area are adopted at the national level. The management of health care system is carried out by Ministry of Health (MOH). Local authorities and managers of health facilities and institutions bear managerial responsibility for provision of medical services in subordinated areas.

In 2011, a nationwide network of 2676 primary, secondary, and tertiary health care facilities was operated under the control of the Ministry of Health (MOH). In 2010 this figure was 3355 – this decrease happened due to implemented reforms and centralization of health care services. All buildings of health care facilities and almost all equipments are state-owned. Throughout the country, health care services are provided free of charge in these facilities. These services include antenatal care, delivery assistance, neonatal and pediatric services, immunizations, family planning and specialized health care.

In addition, several state agencies, including Ministries of Transportation, Defense, National Security, Internal Affairs, Justice, Emergency Situations, Customs Committee and State Caspian Sea Shipping company provide healthcare for their employees in their subordinated medical facilities. These health facilities have separate budgets in terms of their utilization and finance.

Private healthcare sector, which is currently under the development, is being licensed by the MOH, but its activity is independent. Almost all pharmacies and dental clinics are privately owned. Some medical specialists offer their individual healthcare services.

Financing

The state budget is the main official financial source for health care provision. During the last years as a result of economic development of the Republic of Azerbaijan, the amount of state funds allocated to healthcare has been significantly increased. In spite of this, share of Gross Domestic Product (GDP) of these funds still remains low. According to official data of State Statistical Committee (SSC), 493.2 million AZN were allocated from the state budget to the health sector in 2011. This amount makes 3.2 percent of total government expenditures and about 1 percent of the GDP. The State budget is allocated directly to local authorities and the Ministry of Health. A large share of state funds allocated to healthcare are under the control of local executive authorities, which then finance the medical facilities of primary and secondary levels in their subordinated areas. By management of the central budget for healthcare, MOH finances the tertiary level medical facilities, vertical State Programs (for example, provision of medicines and equipment in a centralized form to patients with diabetes, hereditary blood disorders, cancer) and Sanitary-epidemiological Service. Also, all healthcare facilities in Baku are funded from this source.

Additional state funding for healthcare is provided through the State Oil Company (SOCAR), Ministries of Transportation, Defense, National Security, Emergency Situations, Internal Affairs, Justice, as well as the State Customs Committee and the State Caspian Sea Shipping company, which provide healthcare services for their employees.

The funding of health care facilities is carried out on the basis of number of staff and hospital beds. Ministries of Health and Finance are intended to reform healthcare financing mechanisms as the existing one does not provide incentives for efficient utilization of financial resources. Also, the new financing mechanisms (per capita payment for primary health facilities, case-based payments for secondary level facilities) are to form a basis for implementation of mandatory health insurance scheme.

Regulation and planning

The norms and standards associated with the volume and quality of healthcare services provided in health facilities are regulated by the Ministry of Health. In addition to these norms and standards, the work on the development and implementation of national clinical protocols on various diseases and cases has been initiated since 2007. The clinical protocols are produced based on evidence-based medicine and aimed at improvement of quality and efficiency of provided healthcare services. In addition to the development of protocols, the trainings for healthcare specialists on utilization of these protocols as well as monitoring of their implementation were carried out.

The safety and infection control is carried out by Sanitary-epidemiological service of the Ministry of Health. The planning of healthcare is carried out by ministries of Health and Finance.

Human resources

In 2011, the population was served by 33 thousand doctors and 60 thousand nurses in state and non-governmental healthcare facilities of the country. Their numbers per 10.000 of population was 36.8 and 66.8 people respectively.

1.2.2. HEALTH CARE REFORMS

In 2006 the Ministry of Health of the Republic of Azerbaijan commenced Azerbaijan's Health Sector Reform Project with a considerable amount of its own resources (US\$28.25 million) and supported by the World Bank loan (US\$50 million), USAID (US\$8 million), UNICEF (US\$470 thousand) and the WHO (US\$40 thousand). The project aims to improve overall health care system stewardship and financing, enhance equitable access to and the quality of basic healthcare services in selected districts by guaranteeing the financial provision and sustainability with a view to improve the health indicators of the population.

The project consists of five components: (I) *strengthening the stewardship capacity of the Ministry of Health*, (II) *improving the delivery of health care services*, (III) *sustainable financing of health care and ensure effective distribution of resources*, (IV) *the development of human resources* and (V) *the project management, monitoring and evaluation*.

In 2007 the President of the Republic of Azerbaijan signed the Decree on the establishment of State Agency for Mandatory Health Insurance under the Cabinet of Ministers. In 2008 the President of the Republic of Azerbaijan approved the "Concept of reforms of healthcare financing and implementation of mandatory health insurance in Azerbaijan". For the implementation of this Concept, the Action Plan for 2008-2012 was developed and intended actions have been initiated.

1.2.3. HEALTH SERVICES PROVISION

Primary health care in Azerbaijan is delivered through a network of health facilities established in close proximity to residential areas. Primary health care for children and adults in rural and urban areas are provided by outpatient polyclinics, while reproductive services are provided by women's consulting centers. Primary health care in rural areas are provided by medical points (MP) (they have been called FAPs till 2009), doctor points (DP) (they have been called rural doctor ambulatories till 2009) and ambulatory departments of rural hospitals. Primary health care delivered in these facilities includes disease prevention, antenatal care services and family planning services. It should be noted, that the reforms carried on primary healthcare services were first of all focused on formation and implementation of the principles of family medicine. The implementation of family medicine model is primarily planned in rural areas.

Secondary health services in urban areas are provided by urban hospitals through numerous specialized services. In rural areas, these services are provided by rural hospitals and central district hospitals. Also, in each district, there are specialized health facilities, which are part of a national vertical system functioning under the methodological guidance of the various scientific research institutions located in Baku, the capital. Most of the rural hospitals were closed and transformed into

the primary healthcare facilities according to the rationalization plan. Most of the specialized dispensers were also combined with central district hospitals for a creation of unique multi-specialized secondary level facilities in order to increase the effectiveness of distribution of resources.

Tertiary health services in Azerbaijan are mainly provided by scientific research institutes and hospitals of the republican importance. The Sanitary Epidemiological Stations (SESs) directly report to the MOH and are responsible for organization, provision and control of vaccination services. However, SESs do not actually vaccinate the public; vaccinations are administered through the network of primary health care institutions. SESs are also responsible for control and regulation of water and food safety, and control of infectious diseases.

1.2.4. MATERNAL AND CHILD HEALTH CARE

Maternal and child health services in Azerbaijan are mostly provided through primary and secondary health care institutions. Antenatal care is provided mainly by doctors at women's consulting centers, rural hospitals and ambulatories, and medical points. Almost all deliveries occur in the maternity hospitals and, in rare cases, in regular or private hospitals, village ambulatories or in MPs in rural areas.

Child health care is initially provided during the first three days following the delivery, during which the woman and her newborn stay in the hospital where the delivery took place ("The clinical protocol on health care of newborn" approved by the MOH). After discharge from the hospital, a child is visited at home by a pediatrician who conducts a physical examination of a child and provides counseling to the mother on child care. Every child receives at least one visit from a pediatrician/physician that can be then followed by a nurse visit. Additional pediatric services are mainly provided by the primary health care facilities. A mother is required to take her child for regular checkups at the polyclinic and ensure the vaccination is provided several times during the child's first two years. Doctors in the polyclinic can refer children to a specialized pediatrician or for hospitalization if necessary.

In Azerbaijan, according to the National Vaccination Program, the child is vaccinated against hepatitis B at delivery hospital during the first 12 hours of life. On the 4-7th day of life, a child receives BCG (against tuberculosis) and oral polio (against poliomyelitis) vaccines. Oral polio revaccination is usually given at 2, 3, 4 and 18 months of life. Since July 2011, the DPTHibHepB vaccination (combined vaccine against diphtheria, pertussis, tetanus, Haemophilus infection type B and hepatitis B) is provided for children at 2, 3 and 4 months of life. Also, a combined vaccination against diphtheria, pertussis and tetanus (DPT) is provided at 18 months, while DT (vaccination against diphtheria and tetanus) is provided separately at 6 years. Measles vaccinations are given for children at 12 months of age and at 6 years as part of the measles, mumps and rubella (MMR) vaccination. Also, the National Vaccination Program recommends giving Vitamin A to children at age 12 and 18 months.

Following the World Health Organization (WHO) recommendation, proper vaccination procedures were established in the country through purchase and distribution of vaccines and vaccination of

children, ensuring the cold chain at health care facilities that provide the vaccination to children, development of educational manuals for training national trainers on proper use of provided equipment and vaccination practices with the follow-up training for health care providers. National policy on vitamin A supplementation was adopted and introduced within the Expanded Immunization Program (EPI), a national program. Currently the Government of Azerbaijan has taken over procurement of all the vaccines (except DPTHibHepB) by means of the budget of the Ministry of Health. The DPTHibHepB vaccine is purchased partly with the support of Global Alliance on Vaccination and Immunization (GAVI). Pneumococcal vaccination is expected to be introduced in Azerbaijan from 2013.

In 2006 the “Program of Actions for Protection of Maternal and Child Health” (2006-2010) was approved to improve the services provided for children and pregnant women during perinatal, neonatal and postneonatal periods. The main objectives of the program are the strengthening of maternal and child health, protection of reproductive health of the population, providing necessary conditions for the birth of healthy and desired children, reduction of maternal and child morbidity and mortality. Based on the Program, the National Reproductive Health Strategy for 2008-2015 was also developed.

According to the “Program of Actions for Protection of Maternal and Child Health” approved by the Cabinet of Ministers, seven perinatal centers were established in the country. Six of them are active, while one will be put into the operation soon. In order to ensure an effective functioning of perinatal centers, a reform of perinatal services in the country was proposed within the “Concept of regionalization of perinatal services (2010-2014)” developed by Public Health and Reforms Center of the Ministry of Health (PHRC) with the support from UNICEF and participating international experts, and approved by MOH.

In 1995 WHO and UNICEF put forward the strategy of the “Integrated Management of Childhood Illnesses” (IMCI) to improve children's physical and mental development, to reduce morbidity, disability and mortality among children under age of five years. The IMCI encompasses the wide array of intervention programs to be carried out within communities and healthcare facilities. The initial phase of the IMCI program was implemented in south regions of Azerbaijan in 2002-2004. A national strategy was then developed on wide range of application of “Integrated Management of Childhood Illnesses” for 2009-2015 years.

In addition, from February 2011 to February 2012, MOH with the support from UNICEF implemented a project on “Improvement of the quality of delivery services and neonatal care by integrating the supporting supervision principles into monitoring system of quality of health services in Azerbaijan”. The purpose of the project was to pilot the supporting monitoring initiative for improvement of quality of delivery and neonatal services. This project offered implementation of supportive supervision within the framework of current monitoring system by instructing the relevant staff, assigning clear defined responsibilities for them and providing the instructed facilitators with the necessary means of monitoring. As a result of the project the leading staff of selected health facilities was instructed on supporting supervision for improvement of quality of perinatal care.

Reduction of under-five mortality among children was included into the Action Plan of “State Program on Poverty Reduction and Sustainable Development in the Republic of Azerbaijan for 2008-2015” in order to protect the health of children population.

1.2.5 FAMILY PLANNING SERVICES

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

The Ministry of Health manages a broad spectrum of activities throughout the country, including education of the population on family planning and providing contraceptive supplies. At the same time the network of private pharmacies is also involved in marketing contraceptives. The Ministry of Health considers family planning as part of maternal health care and requires counseling on the selection and use of contraceptive methods to be done by obstetricians and gynecologists.

According to the results of AzDHS-2006, the 37.7 percent of women in Azerbaijan have primarily relied on traditional methods of contraception, especially (34.9 percent) on withdrawal. Demographic and Health Survey 2011 provides basis to analyze trends in these indicators and thus assess changes in knowledge and practices regarding contraception within the recent five years.

Induced abortion is legal in the Republic of Azerbaijan, only if it is carried out during the first 12 weeks of pregnancy. These procedures are typically performed at the outpatient departments of general hospitals or maternity hospitals.

Family planning services became available in Azerbaijan in 1996 with the support of UNFPA and Pathfinder International, an international NGO. In 2000, the National Reproductive Health Office (NRHO) was established with the decree of MOH aimed at strengthening of family planning policy in the country. The NRHO, with the financial and technical support provided by UNFPA and Pathfinder International, played a leading role in the organization of the 27 Family Planning Centers (FPCs) in the districts of the country. Between 2000 and 2004, modern contraceptive methods, such as condoms, intrauterine devices (IUDs), spermicides and injectables were distributed free of charge through FPCs with the financial support of USAID.

In 2008 the National Strategy on Reproductive Health as well as clinical protocols on family planning were developed in Azerbaijan. These projects were funded by WHO, UNFPA and USAID and provided broader support to ongoing initiatives. The issues related to improvement of quality of reproductive services and patients’ rights were included in the draft Law on Protection of Reproductive Health.

As mentioned above, the National Reproductive Health Strategy was prepared for 2008-2015 years. In 2010 a conference dedicated to the review and evaluation of activities implemented during the first two years in accordance with the Action Plan of this Strategy was organized with the participation of

international experts from WHO. The recommendations for future activities were put forward during that conference.

1.3 SYSTEMS FOR COLLECTING DEMOGRAPHIC AND HEALTH DATA

The State Statistical Committee (SSC) is responsible for maintaining the official statistics in the country. The data on births, deaths, marriages and divorces reflecting information on population growth are registered at residential areas by the relevant local institutions of the Ministry of Justice and aggregated statistics forwarded through the regional and urban level statistical offices to the Main Accounting Center of SSC. The last census in Azerbaijan was conducted in 2009.

The collection of health data is primarily the responsibility of the Department of Statistics and Informatics of the Ministry of Health (DSI). Health information is generated by staff at the health facilities and provided to DSI. This Department compiles and analyzes these data, and presents them at national and regional level to SSC in the form of statistical reports. The DSI also issues the annual reports on the “Health of the Population and Health Services in the Republic of Azerbaijan.”

The health data published annually by DSI consists of the following major categories: 1) morbidity specified by the type of disease; 2) mortality specified by the causes of death; 3) infant deaths, including perinatal and early neonatal deaths; 4) maternal mortality specified by the cause of death; 5) data on maternal and child health services; and 6) the number of health facilities, medical personnel, hospital beds and length of the average hospital stay.

The Health Informatization Center (HIC) of the Ministry of Health was established in 2010 by the order of the Ministry of Health as part of ongoing reforms in health sector with the purpose of broad implementation of information technologies in healthcare, monitoring of population health, formation and application of single health information environment and providing links between various information systems and databases. HIC carries out a wide scope of activities including set up of such systems as electronic health cards for population, exemplary system of medical information, medical examination card, dispatching service of ambulance station and electronic surveillance system for infectious diseases.

1.4 OBJECTIVES AND ORGANIZATION OF THE SURVEY

Demographic and Health Survey is a nationally representative sample survey designed to provide information on population and health issues. According to the “State Program on Poverty Reduction and Sustainable Development in the Republic of Azerbaijan for 2008-2015” this survey is to be conducted in Azerbaijan at least once every five years. The first such survey in Azerbaijan was conducted in 2006 by the State Statistical Committee, while in 2011 the Demographic and Health Survey (DHS-2011) was conducted by the Ministry of Health.

Coordination and implementation of DHS-2011 activities were delegated to the Public Health and Reforms Center of the Ministry of Health by the Decree#70 of the MOH from September 8, 2010. A Working Group with the participation of representatives of relevant government agencies was established for the purpose of proper organization and coordination of the survey. Based on the tasks arising from the Action Plan of above-mentioned State Program (2008-2010) and from Millennium Development Goals, especially on reduction of under-five child mortality, the Working Group identified the main goal of DHS-2011 as a collection of a data necessary for analysis and evaluation of health and demographic status of population.

The DHS-2011 is based on methodology developed by Macro International and applied in AzDHS-2006. This fact made possible to further improve databases on demographic and health indicators and to compare current results with findings of AzDHS-2006. At the same time, the results of DHS-2011 provide the foundation for evaluation of existing socially oriented interventions and elaboration of new strategies aimed to improve the population health in Azerbaijan.

The DHS-2011 fieldwork was conducted in August-October 2011, during which the national and regional level data on birth, infant and child mortality, fertility and contraceptive use, maternal and child health, nutrition, characteristics of households, knowledge and attitudes to HIV/AIDS and other sexually transmitted diseases, well-being of families and other health-related variables were collected. The survey obtained detailed information on these issues from women of reproductive age, while information on other topics were obtained from heads of households.

1.4.1 SAMPLE DESIGN AND IMPLEMENTATION

The Republic of Azerbaijan consists of one Autonomous Republic, 66 administrative districts and 13 urban districts and is divided into 11 economic regions. Among these economic regions, five out of eight districts of Yukhari Garabakh economic region and the whole economic region of Kalbajar-Lachin are under the occupation of Armenia. For this reason these regions were not included in the sample plan and the survey was not conducted in these areas. According to the Census-2009 the population of these regions makes five percent of the total population of country. Like in 2006, in 2011 the survey was not conducted in Nakhchivan Autonomous Republic.

The survey covers the following economic regions of the Republic of Azerbaijan:

- Baku
- Absheron
- Ganja-Gazakh
- Shaki-Zagatala
- Lankaran
- Guba-Khachmaz
- Aran
- Yukhari Garabakh (Aghdam, Fuzuli and Tartar)
- Daghigh Shirvan

The sample was designed to permit detailed analysis, including the estimation of rates of fertility, infant/child mortality and abortion at the national level, as well as for Baku, and for urban and rural areas separately.

The sample design used for DHS-2011 was developed on the basis of data of the Census-2009 conducted by SSC. The basis of sample consists of the counting points (enumeration units) created for the Census-2009. Information on households' addresses, places of residency, number of households, and number of women was used from the census data. The data had been stratified and the representative enumeration units were selected before the selection of households.

A representative probability sample of households was conducted by SSC for DHS-2011. The sample was selected in two stages. During the first stage, the counting offices were stratified according to the households and each economic region was divided on rural and urban settlements. During the second stage, the sample was carried out independently in each stratum. As part of the first stage, 321 clusters (counting office) were selected proportional to the number of households. 179 of them were in urban areas, while 142 of them were in rural areas. The size of enumeration unit (clusters) was determined by the number of households included in enumeration unit (Table 1.2).

Economic regions	Number of clusters			Number of households		
	Urban	Rural	Total	Urban	Rural	Total
Baku	90	-	90	2160	-	2160
Absheron	17	3	20	408	72	480
Ganja-Gazakh	23	25	48	552	600	1152
Shaki-Zagatala	4	18	22	96	432	528
Lankaran	7	22	29	168	528	696
Quba-Khachmaz	6	14	20	144	336	480
Aran	26	46	72	624	1104	1728
Yuxari Garabakh	3	6	9	72	144	216
Daghigh Shirvan	3	8	11	72	192	264
Azerbaijan	179	142	321	4296	3408	7704

During the second stage, a complete listing of households was carried out in each selected cluster and 24 households were randomly selected from each cluster for participation in the survey. Total 7704 households were selected for the final sample of this project.

All women age 15-49 who were either permanent residents of the households in the DHS-2011 sample or visitors present in the household on the night before the survey were eligible to be interviewed.

1.4.2 QUESTIONNAIRES

Two questionnaires were used in the DHS-2011: Household Questionnaire and Women's Questionnaire. The questionnaires were based on those used in AzDHS-2006 and on model survey tools developed by MEASURE DHS. The questionnaires were revised by the experts of the Working Group, SSC and the Ministry of Health and approved after the appropriate adjustments consistent with the objectives of the survey. The questionnaires were prepared in Azerbaijani and afterwards translated into English and Russian languages.

The Household Questionnaire was used to list all usual members of and visitors to the selected households and to collect information on the socio-economic status of the households. The first part of the Household Questionnaire collected information on the age, sex, educational attainment, and relationship of each household member or visitor to the household. This information provides basic demographic data on Azerbaijani households. It was also used to identify the women who were eligible for the individual interview (women age 15-49). In the second part of the Household Questionnaire, there were questions on housing characteristics (e.g., the flooring material, the source of water, and type of toilet facilities), on ownership of a variety of consumer goods, and other questions related to the socio-economic status of the household. In addition, the Household Questionnaire was used to record height and weight measurements of women, as well as hemoglobin level of women and children under age of five. The Women's Questionnaire obtained information from women age 15-49 on the following topics:

- Background characteristics
- Pregnancy history
- Abortion history
- Antenatal, delivery and postnatal care
- Knowledge, attitudes and use of contraception
- Reproductive health
- Child health and immunization
- Women and child nutrition (breastfeeding and weaning practices)
- Marriage and recent sexual activity
- Information on spouse and women's employment
- Fertility preferences
- Knowledge of and attitudes toward HIV/AIDS and other sexually transmitted diseases
- Knowledge of and attitudes toward tuberculosis
- Hypertension and other adult health issues
- Anemia

Blood pressure measurements of women were recorded in their individual questionnaires. The Household and Women Questionnaires were pretested on May 2011. Ten interviewers were trained during one week for conduction of pretest. After the trainings, those interviewers tested the questionnaires during three days in two urban and two rural clusters. Consequently the shortcomings identified during the pretest were eliminated.

1.4.3 BIOMARKERS

During the DHS the following three biomarkers were collected: 1) anthropometric measurements; 2) capillary blood samples for anemia test and 3) blood pressure measurements. Laboratory technicians were trained according to the guidelines recommended by MEASURE DHS for the collection of biomarkers. Thus, anthropometric measurements and determination of hemoglobin level were implemented by the laboratory technicians.

Anthropometric measurements

It has been intended to record height and weight measurements of women age 15-49 and children under age of five during the survey. The stadiometer of Shor-type (lying) and electronic scale were used for children under two years of age. Electronic scale and stadiometer for adults (in a vertical position) were used for older children and women.

The measurement of blood pressure

The blood pressure of women participated in the survey was measured three times by means of electronic tonometer and was recorded in the individual questionnaire. The mean of three measurements was calculated and recorded in the appropriate box.

Hemoglobin testing

All women age 15-49 and children at 6-59 months in all households selected for the DHS-2011 were tested for anemia using the HemoCue system. A consent statement was read to the eligible woman or in the case of children and young women age 15-17 to the parent or responsible adult. This statement explained the purpose of the test, informed them that the results would be made available as soon as the test was completed, and requested permission for the test to be carried out. The booklets containing information on anemia (anemia definition, its symptoms, measures for prevention, description of test results) were distributed in every household. The booklet also contained an information for persons whose hemoglobin level was lower than recommended cut-off point to ensure an immediate follow-up with a healthcare professional.

1.4.4 TRAINING OF FIELD STAFF

PHRC conducted a three-week training for fieldwork force during the period of June-July 2011. 105 participants (all women) were involved in the training for fieldwork staff through announcement. Selection of participants was based on their education, work experience, participation in AzDHS-2006 or in other large-scale surveys, availability to be involved in a fieldwork during four months

and other relevant criteria. Trainers selected by Macro International in AzDHS2006 were invited to conduct the training.

The following materials were prepared for training:

- DHS Interviewer's Manual
- DHS Supervisor's and Editor's Manual
- Training Field Staff for DHS Surveys
- DHS Biomarker Field Manual

The training was conducted according to the standard training methodology of the MEASURE DHS. The training included the lectures, demonstrations, practice interviewing in small groups, examinations, practice in blood pressure measurement, and the examination of psychological status of staff (the ability to communicate with people and skills to resolve conflicts). At the same time laboratory technicians (who had medical education, specialists who were practicing medicine) were trained on anemia testing and anthropometric measurements in a separate group. All field staff participated in four days of field practice. All participants learned the rules for filling the Household and Women Questionnaires, and mastered skills required to measure blood pressure and determine of the content of iodine in the salt.

68 people out of all training participants were selected on the basis of results of training. The most skilled participants who participated in the pretest and showed the best results during the training were appointed as supervisors. The participants with medical education who showed the best result related to determination of hemoglobin level and anthropometric measurements were appointed as laboratory technicians, while others were assigned as interviewers. The field staff was divided into 10 teams. Each team consisted of one supervisor, one laboratory technician and four women interviewers.

1.4.5. FIELDWORK AND DATA PROCESSING

The fieldwork started on August 1, 2011, and continued till October 23, 2011. All teams before starting fieldwork were provided with the necessary stationery materials, medical and technical equipments. Each team was provided with an individual vehicle and a driver. Individual work plan and route were elaborated and the stopping places during the survey were determined for each team. For better organization of fieldwork in selected urban and rural areas, necessary letters of support were obtained in advance by the PHRC from relevant local authorities, urban health departments, urban and rural central hospitals.

The local authorities and health departments provided survey staff with necessary information and assistance, including prompt location of addresses and ensuring public confidence in the survey. In Baku administrative districts, sample selected addresses were cross-checked at district housing offices to determine current residency in these places, including the determination of a fact whether a person registered at certain address was actually living there or not, and if not, then who was in fact currently residing at that address.

Two quality coordinators and two field coordinators from PHRC monitored the progress of the fieldwork. The coordinators were regularly visiting the areas of fieldwork to directly observe the data collection process, assist with problem solving, and check the work in groups as well as quality of collected data. At the same time, they were collecting completed questionnaires from teams and transmitting them to the PHRC. Those questionnaires were afterwards checked yet again by the office editors at the PHRC. Also, questionnaires were checked for errors at the time of entering data into the database. Thus, the questionnaires passed the quality control three times: 1) by supervisor; 2) by quality coordinator and 3) by the office editor.

1.4.6 DATA PROCESSING

The data entry process was initiated in the PHRC right after the fieldwork was started. The MEASURE DHS recommended CSPro v4.1 program was used for database. On the basis of CSPro v4.1 program a special software was developed to operate database for data entry. Data entry staff consisted of a programmer who was responsible for the development and support of database, two office editors, one archive worker, one supervisor and 10 operators. The manuals on data entry and database software were developed and operators and supervisors were trained to use them.

After the first data entry by operators, those data were checked again and re-entered.

After the double-entry of data, those data were checked again, and the discrepancies between the first and the second entries were compared. Simultaneous collection and processing of data provided an opportunity to inform the groups about the insufficiencies in the questionnaires in time and to improve quality of fieldwork.

During data entry, the operators were immediately informing editors and coordinators about the errors detected by the program, and the editors and coordinators were subsequently informing the teams to take appropriate measures to eliminate revealed shortcomings. Thus, the data had been checked several times before being entered in to the mentioned electronic database. The process of data entry was completed in June 2012.

1.5 RESPONSE RATE

Table 1.3 presents household and individual response rates for the survey. A total of 7704 households were selected for the survey, and 7471 of them were identified at the time of fieldwork. The main reason for the difference is that some of the dwelling units that were occupied during Census-2009 were either vacant or the household was away for an extended period during the time of the interview. 94.3 percent of the households identified were successfully interviewed.

In these households, 9804 women were identified as eligible for the survey and 95.7 percent of them were interviewed.

Table 1.3 Results of the household and individual interviews			
Number of households, number of interviews, and response rates, according to residence, Azerbaijan 2011			
Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	4296	3408	7704
Households occupied	4252	3219	7471
Households interviewed	4002	3039	7041
Household response rate ¹	94.2	94.4	94.3
Interviews with women age 15-49			
Number of eligible women	5177	4627	9804
Number of eligible women interviewed	4970	4411	9381
Eligible women response rate ²	96.0	95.3	95.7
¹ Households interviewed/households occupied			
² Eligible women interviewed/eligible women			

This chapter provides a summary of the demographic and socioeconomic characteristics of the household population in the DHS-2011, including age, sex, place of residence, educational status, and household characteristics. Information collected on the characteristics of the households and respondents is important in understanding and interpreting the findings of the survey and also provides some indication of the representativeness of the survey.

A household is defined as a person or group of related and unrelated persons who live together in the same dwelling unit(s) or in connected premises, who acknowledge one adult member as head of the household, and who have common arrangements for cooking and eating their food.

The questionnaire for the DHS-2011 distinguishes between the de jure population (persons who usually live in a selected household) and the de facto population (persons who stayed the night before the interview in the household). According to the DHS-2011 data, the differences between these populations are small. Tabulations for the household data presented in this chapter are primarily based on the de facto population.

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

2.1 CHARACTERISTICS OF THE POPULATION

2.1.1 AGE-SEX STRUCTURE

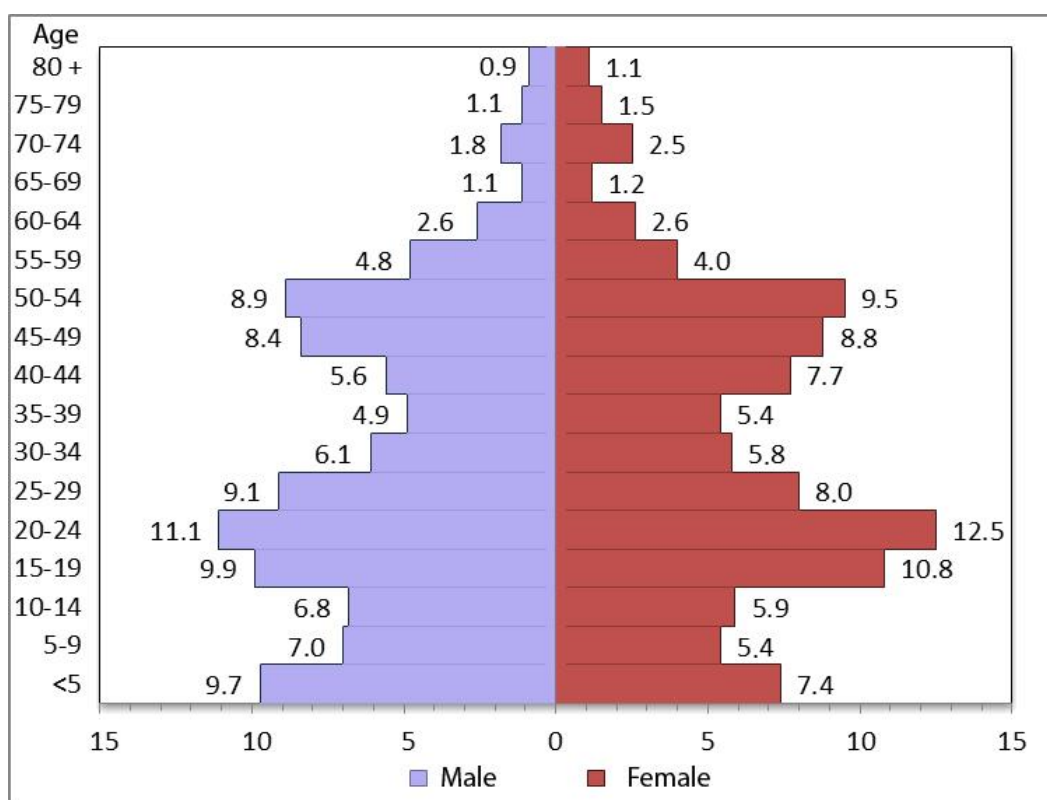
Age and sex are important demographic variables and form the primary basis of demographic classification in vital statistics, censuses, and surveys. They are also important variables in the study of mortality, fertility, and nuptiality. Table 2.1 presents the percent distribution of the de facto population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

Table 2.1 Household population by age, sex, and residence
 Percent distribution of the de facto household population, according to sex and residence, Azerbaijan 2011

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	9.0	7.0	8.0	10.6	7.8	9.1	9.7	7.4	8.5
5-9	6.8	5.2	6.0	7.2	5.7	6.4	7.0	5.4	6.2
10-14	6.5	5.9	6.2	7.2	5.9	6.5	6.8	5.9	6.3
15-19	9.9	9.9	9.9	10.0	11.8	10.9	9.9	10.8	10.4
20-24	11.0	12.5	11.8	11.3	12.5	11.9	11.1	12.5	11.9
25-29	9.8	8.6	9.1	8.2	7.3	7.7	9.1	8.0	8.5
30-34	6.3	6.2	6.2	5.9	5.3	5.6	6.1	5.8	5.9
35-39	5.1	5.7	5.4	4.7	5.1	4.9	4.9	5.4	5.2
40-44	5.5	7.5	6.6	5.8	8.0	6.9	5.6	7.7	6.7
45-49	8.3	8.8	8.6	8.5	8.7	8.6	8.4	8.8	8.6
50-54	9.4	10.0	9.7	8.4	8.7	8.6	8.9	9.5	9.2
55-59	5.3	4.2	4.7	4.3	3.8	4.0	4.8	4.0	4.4
60-64	2.6	2.8	2.7	2.6	2.3	2.4	2.6	2.6	2.6
65-69	1.3	1.3	1.3	0.9	1.1	1.0	1.1	1.2	1.2
70-74	1.7	2.3	2.0	2.0	2.8	2.4	1.8	2.5	2.2
75-79	0.9	1.2	1.1	1.5	1.8	1.6	1.1	1.5	1.3
80+	0.6	0.8	0.7	1.2	1.4	1.3	0.9	1.1	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	8361	9246	17607	6566	7251	13817	14927	16497	31424

The total de facto population was 31424. The data show that 52.5 percent of the population is female, as it was in AzDHS-2006 (Figure 2.1).

Figure 2.1 Population pyramid



About 73 percent of the population is in the 15-64 age group. The proportion of the population falling within this age group is higher in urban areas (75%) than in rural areas (71.5%). This difference may be attributed in part to high levels of rural-urban migration, especially among the young in search of jobs and higher education.

The data further indicate that 21 percent of the population is less than 15 years of age. The proportion under 15 years of age is slightly larger in the rural areas than in urban areas (22 percent and 20.2 percent, respectively). This is evidence of higher fertility in the rural areas (see Chapter 5). The percentages in the 5-9 and 10-14 age cohorts are smaller than those observed in the 15-19 age cohort, reflecting the effect of recent declines in fertility. However, the percentage of 0-4 age cohort is larger than those in the 5-9 and 10-14 age cohorts, which indicates increase in birth rates during last 5 years (see Chapter 5 - increased general fertility rate (GFR)). Elderly people age 65 and older make up 5.7 percent of the population.

2.1.2 HOUSEHOLD COMPOSITION

Table 2.2 presents the percent distribution of households in the DHS-2011 sample by sex of the head of the household and by household size for urban and rural areas and mean size of household. These characteristics are important because they are often associated with differences in household socioeconomic levels. For example, female-headed households are frequently poorer than households headed by males. In addition, the size and composition of the household affects the allocation of financial and other resources among household members, which in turn influences the overall well-being of these individuals. Household size is also associated with crowding in the dwelling, which can lead to unfavorable health conditions.

In general, heads of households in Azerbaijan are male (76.8%). Women head 23.2 percent of Azerbaijani households, with a little difference between rural and urban areas (21.4 and 24.4 percent respectively). The average household size in Azerbaijan is 4.5 persons compared with 4.1 persons in 2006. The average household size in rural areas (4.9) is larger than in urban areas (4.2).

Table 2.2 Household composition			
Percent distribution of households by sex of head of household, household size, and mean size of household, according to residence, Azerbaijan 2011			
Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	75.6	78.6	76.8
Female	24.4	21.4	23.2
Total	100.0	100.0	100.0
Number of usual members			
1	4.7	2.0	3.6
2	11.2	6.7	9.4
3	18.3	12.7	16.1
4	28.4	23.1	26.3
5	19.2	22.6	20.6
6	9.9	15.4	12.1
7	4.9	7.9	6.1
8	1.9	4.8	3.0
9+	1.5	4.7	2.8
Total	100.0	100.0	100.0
Mean size of households			
	4.2	4.9	4.5
Note: Table is based on the de jure members, i.e., usual residents.			

2.1.3 CHILDREN'S LIVING ARRANGEMENTS AND ORPHANHOOD

Detailed information on living arrangements and orphanhood for children under 18 years of age is presented in Table 2.3. 90.6 percent of the 8055 children under age 18 recorded in the DHS-2011 live with both parents, 6.5 percent live with their mother only, 0.6 percent live with their father only, and 2.2 percent live with neither of their natural parents.

The table also provides data on the extent of orphanhood among children, that is, the proportion of children who have lost one or both parents. 3.6 percent of children under 18 years of age have lost one or both their parents.

Differentials between children not living with biological parents and orphans by background characteristics are not large. As expected, older children are less likely than younger children to live with both parents, and more likely than younger children to have lost one or both parents. Girls are more likely to not live with their biological parents than boys (2.9 and 1.7 percent respectively).

Small differences in living arrangements exist between rural and urban children. However, Aran and Absheron have the highest proportion of children living with both parents (93.2 percent and 92.2 percent, respectively), while Yukhari Garabakh has the lowest (83.5%).

Table 2.3 Children's living arrangements and orphanhood									
Percent distribution of de jure children under age 18 by living arrangements and survival status of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, Azerbaijan, 2011									
Background characteristic	Living with both parents	Living with mother but not with father. Father alive	Living with father but not with mother. Mother alive	Not living with either parent. Both alive	No information on father or mother	Total	Percentage not living with a biological parent	Percentage with one or both parents dead	Number of children
Age									
0-4	90.4	8.3	0.1	1.1	0.0	100.0	1.1	0.8	2646
<2	90.9	8.2	0.1	0.9	0.0	100.0	0.9	0.7	1144
2-4	90.1	8.5	0.1	1.3	0.0	100.0	1.3	0.9	1501
5-9	90.4	6.6	0.4	2.6	0.1	100.0	2.5	2.1	1892
10-14	91.4	5.2	1.1	2.2	0.1	100.0	2.1	4.3	1906
15-17	90.2	5.1	0.9	3.7	0.1	100.0	3.4	8.6	1612
Sex									
Male	91.3	6.4	0.5	1.7	0.1	100.0	1.6	3.4	4267
Female	89.8	6.7	0.6	2.9	0.0	100.0	2.8	3.8	3788
Residence									
Urban	90.0	7.5	0.6	1.9	0.1	100.0	1.9	3.6	4264
Rural	91.3	5.4	0.6	2.6	0.1	100.0	2.5	3.5	3791
Region									
Baku	89.9	7.7	0.6	1.8	0.0	100.0	1.8	2.9	1900
Absheron	92.2	5.6	0.2	1.7	0.3	100.0	1.7	2.9	519
Ganja-Gazakh	90.5	6.7	0.6	2.2	0.0	100.0	2.1	3.4	1181
Shaki-Zagatala	88.8	7.2	0.4	3.6	0.0	100.0	3.6	2.0	575
Lankaran	90.9	5.4	0.7	2.9	0.1	100.0	2.7	4.6	842
Guba-Khachmaz	86.8	10.5	0.6	1.8	0.3	100.0	1.7	4.4	565
Aran	93.2	4.2	0.5	2.1	0.1	100.0	2.0	4.2	1944
Yukhari Garabakh	83.5	10.7	1.8	4.0	0.0	100.0	3.8	5.7	235
Daghigh Shirvan	91.4	6.1	0.0	2.5	0.0	100.0	2.4	2.8	294
Wealth quintile									
Lowest	88.5	8.6	1.0	1.9	0.0	100.0	1.9	1.8	1375
Second	91.5	6.4	0.1	1.8	0.1	100.0	1.7	3.5	1522
Middle	91.4	5.6	0.5	2.5	0.0	100.0	2.4	3.6	1670
Fourth	91.6	5.8	0.5	1.9	0.2	100.0	1.9	3.9	1689
Highest	89.7	6.6	0.7	2.9	0.1	100.0	2.8	4.7	1799
Total <15	90.7	6.9	0.5	1.9	0.1	100.0	1.8	2.2	6443
Total <18	90.6	6.5	0.6	2.2	0.1	100.0	2.2	3.6	8055

2.1.4 EDUCATION

The educational attainment of household members is an important determinant of their competencies and behaviors. Many phenomena such as use of health facilities, reproductive behavior, health of children, and proper hygienic habits are associated with the educational level of household members, especially women.

The education system in Azerbaijan, until independence in 1991, mostly followed the same structure as the Soviet educational system¹. In the past 20 years, however, the system has undergone several reforms, making the analysis of education data across a wide range of ages challenging. The current school system in Azerbaijan, which has three levels, has been in place since 1989. The first level, primary school, consists of grades one through four for students age 6-9. The second level, or middle school, consists of grades five through nine for students age 10-14. The first two levels together constitute what is referred to as basic secondary education. The third level, or upper school, comprises grades ten and eleven. The three levels together (primary school plus middle school plus upper school) constitute what is referred to as a complete secondary education. The Constitution of the Azerbaijan Republic declared complete secondary education mandatory.

Students who have completed a minimum of nine grades may enroll in specialized secondary education. There are two tracks within specialized secondary education. The first track consists of professional-technical institutions (PTI), that train students in a variety of manual and basic skills occupations. Upon graduation students receive a degree of primary professional (vocational) education equivalent to a complete secondary education. The second track is called “tekhnicum” or secondary specialized education, and it prepares specialists with mid-level qualifications, such as nurses, midwives, musicians, technicians, and others. This track can be completed in two years by students who have completed the eleventh grade or can be completed in four years by students who completed the ninth grade. Upon graduation students receive a secondary-special education degree, a level that is somewhat higher than complete secondary education, but lower than high education.

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

Table 2.4 presents information on the educational level of female population age six and over in Azerbaijan. Virtually all women have gone to school. The median number of years of schooling for women is 10 years. The proportion of women with no education is low (4.4%), with the highest levels being among those age 6-9 (reflecting some who have not yet started school) and those 65 years and older. Individuals residing in urban areas have significantly higher levels of university education than those in rural areas. One in four women living in Baku have attended university.

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

Wealth status has a strong positive relationship with education; 30.2 percent of women in the highest wealth quintile have at least some university education, compared with 1.7 percent of women in the lowest quintile.

Overall, 88.3 percent of women have basic secondary or higher education and 66.2 of them have complete secondary or higher education.

Table 2.4. Educational attainment of household population: Female
Percent distribution of the de facto female household populations age six and over by highest level of schooling attended or completed and median grade completed, according to background characteristics, Azerbaijan 2011

Background characteristic	Highest level of schooling							Total education	Basic secondary education or higher ¹	Complete secondary education or higher ²	Number	Median number of years
	No education	Primary school (1-4)	Middle school (5-9)	Upper school (10-11)	PTI	Secondary specialized	Higher					
Age												
6-9	32.6	66.7	0.4	0.1	0.1	0.0	0.0	100.0	0.7	0.2	767	1.0
10-14	1.4	18.6	79.9	0.1	0.0	0.0	0.0	100.0	80.0	0.1	972	6.0
15-19	1.7	2.0	30.9	49.0	2.4	6.2	7.8	100.0	96.3	65.4	1774	11.0
15-16	1.4	1.4	63.1	32.1	0.2	1.9	0.0	100.0	97.3	34.2	450	9.0
17-19	1.8	2.2	20.0	54.7	3.1	7.7	10.4	100.0	96.0	76.0	1324	11.0
20-24	2.1	2.2	15.8	44.7	2.9	13.6	18.6	100.0	95.7	79.9	2064	11.0
25-29	1.6	1.8	16.6	40.1	2.1	16.1	21.7	100.0	96.6	80.1	1323	11.0
30-34	1.5	0.8	20.0	42.4	2.6	16.1	16.6	100.0	97.6	77.6	954	11.0
35-39	1.6	0.8	15.8	52.7	4.3	13.7	11.0	100.0	97.5	81.8	897	10.0
40-44	1.4	0.6	11.2	56.4	7.0	14.9	8.6	100.0	98.0	86.8	1276	10.0
45-49	1.1	1.3	13.6	51.0	5.3	16.0	11.8	100.0	97.6	84.1	1447	10.0
50-54	2.1	1.1	12.7	50.3	5.7	15.8	12.3	100.0	96.8	84.1	1561	10.0
55-59	3.1	2.8	20.3	41.2	3.1	15.1	14.5	100.0	94.1	73.8	659	10.0
60-64	5.9	7.8	26.7	27.0	1.8	15.6	15.2	100.0	86.2	59.5	424	10.0
65+	15.5	19.4	35.0	16.1	1.2	5.9	6.9	100.0	65.0	30.0	1037	7.0
Residence												
Urban	3.2	6.3	18.7	36.6	3.6	14.9	16.7	100.0	90.5	71.8	8525	11.0
Rural	5.9	8.6	26.5	43.4	2.7	7.7	5.3	100.0	85.5	59.0	6630	10.0
Region												
Baku	2.4	5.4	16.2	33.2	3.6	16.1	23.2	100.0	92.2	76.1	3942	11.0
Absheron	3.0	7.9	22.7	33.1	3.3	15.1	14.8	100.0	89.1	66.4	991	10.0
Ganja-Gazakh	4.0	7.0	21.8	41.9	3.0	11.7	10.6	100.0	89.0	67.3	2175	10.0
Shaki-Zagatala	3.1	7.8	24.5	39.7	4.8	11.7	8.4	100.0	89.1	64.6	1114	10.0
Lankaran	6.4	8.9	28.0	43.9	2.5	7.3	3.0	100.0	84.7	56.7	1521	10.0
Guba-Khachmaz	2.8	6.9	27.8	46.1	3.5	6.5	6.4	100.0	90.3	62.5	1011	10.0
Aran	6.0	7.7	22.5	43.9	2.6	10.4	6.9	100.0	86.2	63.7	3447	10.0
Yukhari Garabakh	5.9	9.5	28.2	33.6	5.6	11.9	5.4	100.0	84.6	56.4	441	10.0
Daghigh Shirvan	10.7	13.2	26.6	40.9	1.7	4.3	2.6	100.0	76.1	49.5	513	9.0
Wealth quintile												
Lowest	7.5	10.7	32.8	40.9	2.6	3.8	1.7	100.0	81.8	49.0	3090	9.0
Second	2.5	5.8	17.6	39.1	4.0	17.2	13.8	100.0	91.7	74.1	2994	11.0
Middle	4.7	7.7	21.3	42.1	3.1	12.4	8.7	100.0	87.5	66.3	2997	10.0
Fourth	5.7	7.9	27.1	44.1	3.4	7.7	4.1	100.0	86.4	59.3	3034	10.0
Highest	1.3	4.4	11.6	31.6	3.0	17.8	30.2	100.0	94.2	82.6	3039	12.0
Total	4.4	7.3	22.1	39.6	3.2	11.7	11.7	100.0	88.3	66.2	15154	10.0

Note: Total includes women with missing data that are not shown separately.

¹Attending or completed grade 9 or higher

²Attending or completed grade 10 or higher

Data on net attendance ratios (NARs) and gross attendance ratios (GARs) by education level, sex, residence, region, and wealth quintile are shown in the Table 2.5. The NAR indicates participation in primary school for the population age 6-9 and complete secondary school (middle and upper-school and PTI) for the population age 10-16. The GAR measures participation at each level of schooling among those of any age from 6 to 24. The GAR is nearly always higher than the NAR for the same level because the GAR includes participation by those who may be older or younger than the official age range for that level². A NAR of 100 percent would indicate that all children in the

² Students who are over age for a given level of schooling may have started school over age, may have repeated one or more grades in school, or may have dropped out of school and later returned.

official age range for the level are attending education at that level. The GAR can exceed 100 percent if there is significant over age or under age participation at a given level of schooling.

Table 2.5 School attendance ratios								
Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the gender parity index (GPI), according to background characteristics, Azerbaijan 2011								
Background characteristic	Net attendance ratio ¹				Gross attendance ratio ²			Gender Parity Index ³
	Male	Female	Total	Gender Parity Index ³	Male	Female	Total	
PRIMARY SCHOOL								
Residence								
Urban	68.2	68.5	68.3	1.01	107.5	108.5	108.0	1.01
Rural	69.2	64.6	67.0	0.93	106.1	104.9	105.5	0.99
Region								
Baku	67.0	67.8	67.3	1.01	105.7	108.7	107.0	1.03
Absheron	66.9	73.3	70.0	1.10	110.7	114.8	112.7	1.04
Ganja-Gazakh	69.6	70.4	70.0	1.01	107.4	102.0	104.6	0.95
Shaki-Zagatala	65.7	64.8	65.3	0.99	101.2	106.2	103.6	1.05
Lankaran	74.7	61.2	68.3	0.82	106.5	105.8	106.2	0.99
Guba-Khachmaz	70.7	57.8	65.5	0.82	107.8	111.8	109.2	1.04
Aran	66.2	65.1	65.6	0.98	106.5	105.0	105.8	0.99
Yukhari Garabakh	76.7	73.0	75.0	0.95	110.0	102.9	107.1	0.94
Daghigh Shirvan	75.3	71.1	73.1	0.94	115.1	109.7	112.2	0.95
Wealth quintile								
Lowest	66.3	67.2	66.7	1.01	108.2	105.9	107.1	0.98
Second	69.0	58.2	63.7	0.84	109.9	103.5	107.0	0.94
Middle	68.4	66.3	67.4	0.97	106.8	109.8	108.2	1.03
Fourth	71.9	70.7	71.4	0.98	104.8	109.2	106.6	1.04
Highest	67.8	73.1	70.0	1.08	104.1	105.7	104.8	1.02
Total	68.6	66.7	67.7	0.97	106.8	106.8	106.8	1.00
COMPLETE SECONDARY SCHOOL AND PTI								
Residence								
Urban	87.8	86.5	87.2	0.98	106.4	107.1	106.7	1.01
Rural	86.2	83.1	84.7	0.96	105.5	106.1	105.8	1.01
Region								
Baku	88.2	86.2	87.2	0.98	108.0	109.0	108.4	1.01
Absheron	84.3	78.7	81.6	0.93	114.3	103.9	109.1	0.91
Ganja-Gazakh	91.0	88.2	89.8	0.97	109.6	109.0	109.4	0.99
Shaki-Zagatala	87.3	88.8	88.1	1.02	101.6	107.7	105.0	1.06
Lankaran	85.4	78.9	82.0	0.92	102.5	103.0	102.7	1.00
Guba-Khachmaz	85.5	87.1	86.1	1.02	102.5	109.5	105.5	1.07
Aran	87.1	86.6	86.9	0.99	103.9	104.2	104.0	1.00
Yukhari Garabakh	76.7	84.5	79.9	1.10	106.4	112.5	109.2	1.06
Daghigh Shirvan	83.1	70.4	77.0	0.85	102.4	101.7	102.1	0.99
Wealth quintile								
Lowest	81.6	78.9	81.6	0.97	103.7	105.4	104.5	1.02
Second	86.1	88.0	86.1	1.02	105.4	108.9	107.1	1.03
Middle	86.4	84.1	86.4	0.97	107.5	106.0	106.9	0.99
Fourth	88.9	86.8	88.9	0.98	105.6	103.6	104.6	0.98
Highest	89.1	88.6	89.1	0.99	108.5	109.4	109.0	1.01
Total	87.1	84.9	86.0	0.97	106.0	106.6	106.3	1.01

¹The NAR for primary school is the percentage of the primary-school age (6-9 years) population that is attending primary school. The NAR for complete secondary school is the percentage of the middle and upper-school/PTI age (10-16 years) population that is attending middle and upper secondary school and PTI. By definition the NAR cannot exceed 100 percent.

²The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official complete secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

³The Gender Parity Index for primary school is the ratio of the primary school NAR(GAR) for females to the NAR(GAR) for males. The Gender Parity Index for complete secondary school is the ratio of the complete secondary school NAR(GAR) for females to the NAR(GAR) for males.

In Azerbaijan, school attendance among school-age household members is high. The overall NAR for primary school education is 67.7 and the GAR is 106.8. A comparison of the NAR and GAR indicates that approximately 40 percent of students are either under age or over age. The NAR and GAR in Shaki-Zagatala are substantially lower than in the other regions. The GAR is highest in Absheron and Daghigh Shirvan, while NAR is highest in Yukhari Garabakh. The highest net

primary school attendance in Azerbaijan is among children living in the wealthiest households. There is a little difference according to other background characteristics. The NAR of 86 for the complete secondary school level is higher than that for the primary school. The GAR of 106.3 is, however, similar to that for the primary school. This suggests that there has been a decrease in over age or under age participation in complete secondary school level. Indeed, a comparison of the NAR and GAR indicates that approximately 20 percent of students are either under age or over age. The NAR and GAR in Daghigh Shirvan are lower than in the other regions. As with the primary school level, the highest complete secondary school attendance in Azerbaijan is among children living in the wealthiest households.

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

Table 2.5 shows the GPI for NAR is 0.97 in the primary school and the same in the complete secondary school levels. The GPIs for primary schools is lowest in Lankaran and Guba-Khachmaz, and the highest in Baku and Ganja-Gazakh. The variability of GPI for primary schools across wealth quintiles is not consistent. The GAR for primary school is 1 and for complete secondary school is equal to 1.01.

2.2 HOUSING CHARACTERISTICS

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

All households in Azerbaijan have electricity (Table 2.6). The majority of households have wooden plank floors in both urban (60%) and rural areas (75.8%). Parquet or polished wood floors are most common in urban areas (27.8%). 2.3 percent of rural households have an earth or sand floor.

The majority of households have at least two rooms for sleeping. However, urban households (31%) are more likely to have only one room for sleeping than rural households (18.9%).

Most households (85.9%) also have a specific place within the dwelling for cooking, with only about one-fourth of rural households and 7.1 percent of urban households cooking in a separate building or outdoors.

Gas is the main cooking fuel followed by electricity. Only 4.8 percent of households in Azerbaijan use biomass fuel for cooking (compared with 10 percent in AzDHS-2006), with rural households being much more likely to use solid fuel (12.6%) than urban households (0.5%). Table 2.6 shows

Household population and housing characteristics

that, among households cooking with solid fuels, around 72.7 percent (compared with 62 percent in 2006) have a closed stove with chimney, 20.2 percent cook on an open fire or stove with either a chimney or hood, and 7.1 percent cook on an open fire or stove without a chimney or hood.

Table 2.6 Household characteristics

Percent distribution of households and de jure population by housing characteristics, according to residence, Azerbaijan 2011

Housing characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Electricity						
Yes	99.9	99.9	99.9	99.9	99.9	99.9
No	0.1	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	31424
Flooring material						
Earth, sand	1.4	2.3	1.7	1.4	2.2	1.8
Wood planks	60.0	75.8	66.3	60.5	75.9	67.3
Parquet, polished wood	27.8	16.3	23.2	27.4	16.6	22.7
Vinyl, asphalt strips	0.0	0.1	0.1	0.1	0.1	0.1
Cement	1.2	1.3	1.2	1.2	1.3	1.3
Linoleum	4.1	1.9	3.3	4.0	1.7	3.0
Carpet, laminate, stone, other, missing	5.4	2.3	4.2	5.2	2.2	3.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping						
One	31.0	18.9	26.2	23.4	14.2	19.4
Two	52.3	53.7	52.8	54.8	51.5	53.3
Three or more	16.7	27.4	21.0	21.8	34.2	27.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Place for cooking						
In the house	92.6	75.9	85.9	92.4	75.6	85.0
In a separate building	4.2	8.6	5.9	4.3	8.7	6.2
Outdoors	2.9	15.6	8.0	3.2	15.7	8.7
Other	0.2	0.0	0.1	0.2	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel						
Electricity	6.4	7.0	6.6	6.3	6.8	6.5
Natural gas	84.7	35.7	65.2	84.3	34.4	62.4
Compressed gas	8.4	44.5	22.8	8.8	44.8	24.7
Wood/straw	0.4	11.5	4.8	0.4	12.8	5.9
No food cooked in HH	0.0	0.0	0.0	0.0	0.0	0.0
Other/ missing	0.1	1.3	0.6	0.2	1.2	0.5
Total	100.0	100.0	100.0	100.0	100.0	31424
Percentage using solid fuel for cooking ¹	0.5	12.6	5.3	0.6	13.9	6.4
Number of households/population	4236	2804	7041	17607	13817	31424
Type of fire/stove among households using solid fuels¹						
Closed stove with chimney	78.2	72.3	72.7	71.5	73.3	73.2
Open fire/stove with chimney	17.9	16.4	16.5	23.8	15.3	15.7
Open fire/stove with hood	0.0	4.0	3.7	0.0	4.3	4.1
Open fire/stove without chimney or hood	3.9	7.3	7.1	4.7	7.1	7.0
Other/missing						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population using solid fuel	21	357	378	102	1927	2029

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

2.2.1 DRINKING WATER

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

The source of drinking water is an indicator of whether or not it is suitable for drinking. Six of ten households in Azerbaijan (59.2%) have their drinking water piped directly into the house, yard, or plot. Urban households (79.1%) are much more likely than rural households (29%) to have piped water in their house, yard, or plot. At the same time, proportion of rural households having piped drinking water has increased since AzDHS-2006 from 19.1 to 29.4 percent.

In rural areas, 25.7 percent of households have a tubewell or protected well and 11.2 percent obtain water from a protected spring. Almost all of urban households (90.4%) and half of rural households (65%) have drinking water available on premises. 14.4 percent of rural households spent 30 minutes or longer to fetch water in households with no water in the house, yard, or plot. Water is collected most frequently by an adult woman (age 15 or older). This is particularly true in rural areas (22.6%). 39.4 percent of households do nothing to treat the water. The most frequently used treatment for water is boiling (64.8%).

Household population and housing characteristics

Table 2.7 Household drinking water
Percent distribution of households and de jure population by source, time to collect, and person who usually collects drinking water; and percentage of households by treatment of drinking water, according to residence, Azerbaijan 2011

Household characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
<i>Improved source</i>						
Piped water into dwelling/yard/plot	90.1	72.2	82.9	89.3	72.1	81.7
Public tap/standpipe	79.1	29.4	59.2	77.6	29.0	56.2
Tubewell/borehole	2.7	5.8	3.9	3.0	5.8	4.2
Protected dug well	4.0	15.1	8.4	4.2	15.4	9.1
Protected spring	2.0	10.6	5.4	2.1	10.5	5.8
Protected spring	2.3	11.2	5.9	2.4	11.5	6.4
<i>Non-improved source</i>						
Unprotected dug well/unprotected spring	8.7	27.3	16.1	9.7	27.3	17.4
Tanker truck/cart with small tank	1.0	3.4	1.9	1.1	4.2	2.4
Surface water	6.9	10.2	8.2	7.6	10.0	8.6
Bottled water, improved source for cooking/washing ¹	0.9	13.7	6.0	1.0	13.1	6.3
Bottled water, non-improved source for cooking/washing ¹	1.0	0.5	0.8	0.8	0.5	0.7
Other sources/missing	0.2	0.1	0.2	0.2	0.1	0.1
Total	90.1	72.2	82.9	89.3	72.1	81.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
<i>Percentage using any improved source of drinking water</i>						
Total	91.1	72.7	83.7	90.1	72.6	82.4
Time to obtain drinking water (round trip)						
Water on premises	90.4	65.0	80.3	89.4	64.7	78.5
Less than 30 minutes	5.0	18.4	10.3	5.4	18.5	11.1
30 minutes or longer	3.6	14.4	7.9	4.2	14.7	8.8
Don't know/missing	1.0	2.1	1.5	1.1	2.2	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Person who usually collects drinking water						
Adult female 15+	4.3	22.6	11.6	4.8	22.6	12.6
Adult male 15+	4.3	10.3	6.7	4.6	10.5	7.2
Female child under age 15	0.1	0.2	0.1	0.1	0.2	0.1
Male child under age 15	0.2	0.5	0.3	0.3	0.5	0.4
Other/missing	0.7	1.4	1.0	0.9	1.5	1.1
Water on premises	90.4	65.0	80.3	89.4	64.7	78.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking²						
Boiled	65.9	62.4	64.8	65.8	62.2	64.6
Other (bleaching, strained through cloth, ceramic, or sand filters, solar disinfection)	13.5	3.3	10.5	13.2	3.5	10.0
No treatment	29.4	54.6	39.4	30.2	55.2	41.2
Percentage using an appropriate treatment method ³	67.1	40.1	56.3	95.0	88.2	92.7
Number	4236	2804	7041	17607	13817	31424

¹ Because the quality of bottled water is not known, households using bottled water for drinking are classified as using an improved or non-improved source according to their water source for cooking and washing.

² Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.

³ Appropriate water treatment methods include boiling, bleaching, straining, filtering, and solar disinfecting.

2.2.2 SANITATION FACILITY

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

Eighty-seven percent of households in Azerbaijan use improved sanitation facilities which are not shared with another households (Table 2.8). In AzDHS-2006 this figure was 78 percent. Two in five households in Azerbaijan use a flush toilet connected to piped sewer system and a similar proportion uses improved pit latrine with slab. Flush toilets are widespread in urban areas (64.4%), while improved latrines are the most common type of facility in rural areas (77.1%). Thirteen

percent of households use a non-improved toilet and 4.6 percent of households share the facility with another household.

Table 2.8 Household sanitation facilities
Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence, Azerbaijan 2011

Type of toilet/latrine facility	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Improved, not shared facility						
Flush/pour flush to piped sewer system	64.4	3.2	40.1	62.9	3.0	36.6
Flush/pour flush to septic tank	0.7	1.2	0.9	0.8	1.1	1.0
Flush/pour to somewhere else	1.3	0.9	1.1	1.4	1.0	1.2
Pit latrine with slab	23.4	77.1	44.8	25.7	78.0	48.7
Non-improved facility						
Any facility shared with other households	6.4	2.1	4.6	5.5	1.8	3.9
Flush/pour flush not to sewer/septic tank/pit latrine	0.0	0.0	0.0	0.0	0.0	0.0
Open pit/hole in the ground	3.5	15.4	8.2	3.6	14.8	8.5
No facility/bush/field	0.2	0.3	0.2	0.2	0.2	0.2
Other/missing	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	4236	2804	7041	17607	13817	31424

2.2.3 HOUSEHOLD POSSESSIONS

The availability of durable goods is a proximate measure of household socioeconomic status. Moreover, particular goods have specific benefits. Having access to a radio or a television enables household members to be better-informed; a refrigerator prolongs the wholesomeness of foods; and a means of transport allows greater access to many services away from the habitation. Table 2.9 provides information on household ownership of durable goods and modes of transportation. Overall, 98.4 percent of Azerbaijani households have a clock, 88.2 percent have a sofa, 90.6 percent have a refrigerator, 96.4 percent have a color television, 62.9 percent have a landline telephone and 93.7 percent have mobile telephone (in AzDHS-2006 this figure was 55 percent). Table 2.9 shows that urban households possess more durable goods compared to rural households. For example, both mobile and non-mobile telephones are much more common in urban areas than in rural areas (for non-mobile phones proportions are 76 and 43.1 percent respectively for urban and rural residences) and urban households are much more likely than rural households to use a refrigerator (95.4 percent and 83.4 percent, respectively).

One in three households in Azerbaijan has a car or truck. Bicycles are owned by approximately 11 percent of households both in urban and rural areas (10.6 percent and 11.2 percent, respectively). Rural households are more likely than urban households to own an animal-drawn cart or a tractor. Thirty-six percent of Azerbaijan households own agricultural land; the proportion is understandably higher in rural than urban areas (72.8 percent and 11.7 percent, respectively). 41.5 percent of Azerbaijan households own farm animals.

Possession	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Household effects						
Clock	98.7	98.0	98.4	98.8	98.3	98.6
Radio	30.3	21.1	26.6	30.3	21.2	26.3
Photo-camera	20.8	9.0	16.1	21.3	9.2	16.0
Video-camera	12.7	4.2	9.3	13.2	4.4	9.3
Audio tape player	40.7	25.6	34.7	41.7	26.8	35.1
Sofa	91.1	83.7	88.2	91.4	84.7	88.4
“Stenka” (multiple set storage unit)	61.7	57.5	60.0	63.6	60.8	62.4
“Gorka” (living room hutch)	22.8	12.2	18.6	24.1	13.8	19.6
Computer	32.0	6.2	21.7	33.0	6.4	21.3
Internet	25.2	3.0	16.4	25.3	3.0	15.5
Black and white TV	2.3	5.1	3.4	2.2	5.0	3.4
Color TV	97.6	94.6	96.4	97.9	95.1	96.7
Satellite dish	69.6	50.5	62.0	71.3	51.5	62.6
DVD player	66.5	43.3	57.2	68.4	45.6	58.4
Mobil telephone	95.3	91.2	93.7	96.4	93.0	94.9
Non-mobile telephone	76.0	43.1	62.9	76.4	43.9	62.1
Refrigerator	95.4	83.4	90.6	95.9	83.8	90.6
Freezer	2.0	1.6	1.8	2.0	1.6	1.9
Washing machine	52.8	30.2	43.8	54.9	31.8	44.7
Dishwasher	2.0	0.3	1.3	1.9	0.3	1.2
Electric generator	2.5	5.3	3.6	2.8	5.4	4.0
Fan or air conditioner	62.6	34.3	51.3	62.9	34.6	50.5
Water heater	54.3	24.4	42.4	54.4	24.6	41.3
Means of transport						
Bicycle	10.6	11.2	10.9	12.8	12.8	12.8
Animal-drawn cart	0.6	6.2	2.8	0.7	7.0	3.5
Motorcycle/scooter	0.3	1.7	0.8	0.3	1.6	0.9
Car/truck	33.0	33.6	33.3	36.2	36.5	36.3
Boat with a motor	0.1	0.1	0.1	0.1	0.1	0.1
Tractor	0.2	3.3	1.4	0.2	3.7	1.7
Ownership of agricultural land	11.7	72.8	36.0	13.1	74.1	39.9
Ownership of farm animals¹	17.5	77.8	41.5	20.1	80.6	46.7
Number	4236	2804	7041	17607	13817	31424

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

2.3 WEALTH QUINTILES

The wealth index is used to measure inequities in household income, use of health services, and health outcomes. The wealth index is constructed by assigning a weight or factor score to each household possession through principal components analysis. These scores are summed by household, and individuals are ranked according to the total score of the household in which they resided. The sample is then divided into population quintiles - five groups with the same number of individuals in each. At the national level, approximately 20 percent of the population is in each wealth quintile.

Table 2.10 shows the distribution of the population across the five wealth quintiles, by urban and rural areas and region. These distributions indicate the degree to which wealth is evenly (or unevenly) distributed by geographic areas. For example, 70.9 of the rural population is in the lowest and second-lowest wealth quintiles. This compares to approximately 66 percent of urban residents who are in the two highest wealth quintiles. Looking at the regional variation, Baku has the largest proportions of population in the two highest wealth quintiles, while Daghigh Shirvan has the largest proportions of population in the lowest two wealth quintiles.

Table 2.10 Wealth quintiles							
Percent distribution of the de jure population by wealth quintiles, according to residence and region, Azerbaijan 2011							
Residence/region	Wealth quintile					Total	Number in de jure population
	Lowest	Second	Middle	Fourth	Highest		
Residence							
Urban	5.3	10.4	18.3	30.9	35.1	100.0	17607
Rural	38.7	32.2	22.1	6.1	0.8	100.0	13817
Region							
Baku	1.3	2.4	8.0	27.5	60.7	100.0	8213
Absheron	0.4	6.4	14.3	52.1	26.8	100.0	2054
Ganja-Gazakh	24.6	27.6	26.5	15.9	5.4	100.0	4538
Shaki-Zagatala	46.8	23.8	17.2	9.4	2.8	100.0	2199
Lankaran	33.0	28.7	23.7	12.7	1.9	100.0	3160
Guba-Khachmaz	30.8	30.7	24.1	12.3	2.1	100.0	2108
Aran	19.1	29.5	29.5	17.3	4.6	100.0	7163
Yukhari Garabakh	25.5	33.8	30.2	10.0	0.5	100.0	918
Daghliq Shirvan	68.4	18.5	10.0	2.6	0.5	100.0	1070
Total	20.0	20.0	20.0	20.0	20.0	100.0	31424

BACKGROUND CHARACTERISTICS OF RESPONDENTS **3**

This chapter provides a demographic and socioeconomic profile of the DHS-2011 sample. Information on the basic characteristics of women interviewed in the survey is essential for the interpretation of findings presented later in the report and also can provide an indication of the representativeness of the survey. For tables in this report the base population includes women age 15-49.

3.1 BACKGROUND CHARACTERISTICS OF RESPONDENTS

Table 3.1 presents the percent distribution of interviewed women age 15-49 by background characteristics including age, marital status, educational level, place of residence, and region. As noted in Chapter 1, all women age 15-49 who were usual residents or present in the household on the night before the interview were eligible to be interviewed in the DHS-2011.

In order not to double count respondents, the tables in this report are based on the de-facto population, that is, those who stayed in the household the night before the interview.

For the most part, the female population represented in the sample are fairly evenly distributed by age.

58.3 percent of respondents are married and 0.3 percent are living together. 3.9 percent of women are divorced or separated and 2.8 percent are widowed. 34.8 percent of women have never been married. Over half of women are from urban areas, with the majority living in Baku. Looking at the distribution by region, almost two-thirds of the DHS-2011 respondents are from Baku, Aran, and Ganja-Gazakh, the country's three most populous regions.

67.6 percent of woman in Azerbaijan have at least basic secondary education or complete secondary. 17.8 percent of women have attended a secondary specialized and 14.6 percent have higher education. 91.5 percent of respondents are Azerbaijani. Almost all Azerbaijanis (99.7%) report Islam as their religion.

Table 3.1 Background characteristics of respondents
Percent distribution of women and men age 15-49 by selected background characteristics, Azerbaijan 2011

Background characteristic	Weighted percent	Weighted	Unweighted
Age			
15-19	17.6	1655	1733
20-24	20.7	1944	1950
25-29	13.9	1303	1304
30-34	10.2	952	920
35-39	9.5	891	868
40-44	13.1	1232	1227
45-49	15.0	1404	1379
Marital status			
Never married	34.8	3296	3331
Married	58.3	5469	5421
Living together	0.3	32	26
Divorced/separated	3.9	337	349
Widowed	2.8	247	253
Residence			
Urban	60.2	5645	4970
Rural	39.8	3736	4411
Region			
Baku	28.4	2666	2338
Absheron	7.4	697	491
Ganja-Gazakh	13.8	1297	1390
Shaki-Zagatala	7.0	653	725
Lankaran	9.0	842	917
Guba-Khachmaz	5.9	551	718
Aran	22.6	2118	2189
Yukhari Garabakh	2.9	269	289
Daghligh Shirvan	3.1	289	324
Education			
Basic secondary or less	20.3	1900	1946
Complete secondary	47.3	4437	4649
Secondary specialized	17.8	1672	1575
Higher	14.6	1371	1211
Wealth quintile			
Lowest	18.0	1688	1991
Second	19.0	1785	1935
Middle	19.5	1825	1872
Fourth	21.0	1968	1788
Highest	22.5	2115	1795
Religion			
Muslim	99.7	9353	9361
Christian/no religion/other	0.3	28	20
Ethnic group			
Azerbaijani	91.5	8585	8445
Talish/Russian/Lesgin/other	8.5	796	936
Total 15-49	100.0	9381	9381

Note: Education categories refer to the highest level of education attended, whether or not that level was completed. Basic secondary or less defined as having completed middle school (grades 5-9) and primary school (grades 1-4) or less. Complete secondary level defined as having completed high school at grade 10 (old system) or grade 11 (new system) or having attained primary professional (vocational) education (PTI).

3.2 EDUCATIONAL LEVEL OF RESPONDENTS

Table 3.2 shows the educational level of female respondents by selected background characteristics. The results reflect the fact that education has been almost universal in Azerbaijan for some time. Overall, only 1.1 percent of respondents have never attended school, and the rest have at least a basic secondary or higher education. The median years of schooling for women are 10 years.

Although virtually all female respondents had attended secondary school, there are marked differences across subgroups of the population in the proportions who have gone beyond that level. For example, 19.9 percent of urban women have university education compared with only 6.6 percent of rural women. There also is considerable variation by region, with the largest proportion

of university-educated women living in Baku (27.9%) and the smallest proportions in Daghigh Shirvan (2.1%), Lankaran (3.9%) and Yukhari-Garabakh (6.3%).

Attainment of a higher education is closely related to wealth status; 35.5 percent of women in the highest wealth quintile have at least some university education, compared with 2 percent of women in the lowest quintile. Overall, the median number of years of schooling is the highest in the highest wealth quintile (13.0).

Table 3.2 Educational attainment

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median number of years of schooling, according to background characteristics, Azerbaijan 2011

Background characteristic	Highest level of schooling										Number of women	Median number of years of schooling
	No education	Primary school (1-4)	Middle school (5-9)	Upper school (10-11)	PTI ¹	Secondary specialized ²	Higher	Total	Basic secondary ³	Complete secondary ⁴		
Age												
15-24	1.5	2.0	22.7	46.6	2.7	10.3	14.3	100.0	95.2	84.4	3599	10.0
15-19	1.4	2.0	30.4	49.2	2.6	6.3	8.1	100.0	95.2	84.8	1655	10.0
20-24	1.5	2.0	16.0	44.4	2.9	13.7	19.5	100.0	95.2	84.1	1944	10.0
25-29	0.6	1.6	16.0	39.7	2.3	17.2	22.6	100.0	95.6	82.6	1303	11.0
30-34	0.8	0.7	19.3	42.1	2.9	16.5	17.8	100.0	92.9	78.7	952	10.0
35-39	1.0	0.7	15.7	51.6	4.4	14.5	12.1	100.0	92.9	79.7	891	10.0
40-44	1.2	0.6	10.9	55.1	7.1	15.8	9.4	100.0	94.2	81.5	1232	10.0
45-49	0.8	1.2	13.3	50.1	5.3	17.0	12.2	100.0	95.4	85.2	1404	10.0
Residence												
Urban	0.8	1.1	13.8	42.9	4.4	17.1	19.9	100.0	96.7	86.9	5645	11.0
Rural	1.6	1.8	23.7	53.9	3.0	9.4	6.6	100.0	91.7	76.8	3736	10.0
Region												
Baku	0.3	0.7	11.7	37.3	4.4	17.6	27.9	100.0	98.1	91.1	2666	12.0
Absheron	1.2	0.8	17.4	41.0	3.5	19.2	17.0	100.0	94.9	77.7	697	10.0
Ganja-Gazakh	0.9	0.6	16.0	52.9	3.8	12.6	13.3	100.0	94.2	79.8	1297	10.0
Shaki-Zagatala	0.0	0.5	21.0	49.0	5.4	14.7	9.5	100.0	93.4	78.5	653	10.0
Lankaran	1.2	2.7	24.5	54.2	3.2	10.4	3.9	100.0	92.2	78.1	842	10.0
Guba-Khachmaz	0.1	2.4	26.5	53.5	3.0	7.1	7.3	100.0	95.9	81.3	551	10.0
Aran	1.8	1.6	19.4	53.0	3.0	12.9	8.5	100.0	92.9	82.3	2118	10.0
Yukhari-Garabakh	1.8	2.5	24.5	42.0	7.7	15.2	6.3	100.0	93.3	79.1	269	10.0
Daghigh Shirvan	8.0	5.8	21.3	56.8	1.8	4.2	2.1	100.0	87.9	67.5	289	10.0
Wealth quintile												
Lowest	3.4	3.0	31.1	53.1	3.2	4.1	2.0	100.0	90.8	71.5	1688	10.0
Second	1.1	1.9	24.1	55.2	3.7	9.2	4.7	100.0	91.5	76.9	1785	10.0
Middle	1.1	1.3	17.7	50.8	3.8	14.7	10.6	100.0	94.6	81.7	1825	10.0
Fourth	0.3	0.6	12.9	45.4	4.7	20.2	15.8	100.0	97.0	86.8	1968	10.0
Highest	0.0	0.3	6.3	34.7	3.5	19.6	35.5	100.0	98.5	94.4	2115	13.0
Total	1.1	1.4	17.8	47.3	3.8	14.0	14.6	100.0	94.7	82.9	9381	10.0

¹PTI is a primary professional (vocational) education institution that trains students in a variety of manual or basic skills occupations.

²Secondary specialized provides secondary-special education and prepares specialists with mid-level qualifications, such as nurses, midwives, musicians, technicians, and others. This level is somewhat higher than complete secondary education, but lower than high education.

³Completed grade 9 or higher

⁴Completed grade 10 or higher

3.3 EXPOSURE TO MASS MEDIA

The DHS-2011 collected information on the exposure of women to both broadcast and print mass media. This information is important because it can help program managers plan the dissemination of information on health, family planning, nutrition, and other programs. The results are presented in Table 3.3.

At least once a week, 95.9 percent of Azerbaijani women watch television, 21.7 percent listen to the radio and 18.5 percent read a newspaper. Only 3.6 percent of women do not have an exposure to any of the mass media for at least once a week, while 9.8 percent are exposed to all three media on a weekly basis.

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

Urban women were more than three times as likely to be exposed to television, radio, and newspapers as their rural counterparts. Similarly, women from Baku and Absheron were markedly more likely have been exposed to all of the media than women from other regions. Twenty-eight percent of women with a higher education were exposed to all three media compared with 3 percent of women with basic secondary or less education (this information is not presented in the table). 21.8 percent of women in the highest wealth quintile were exposed to all three media, while the corresponding proportion for women in the lowest wealth quintile was only 3.1 percent.

Table 3.3 Exposure to mass media

Percentage of women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Azerbaijan 2011

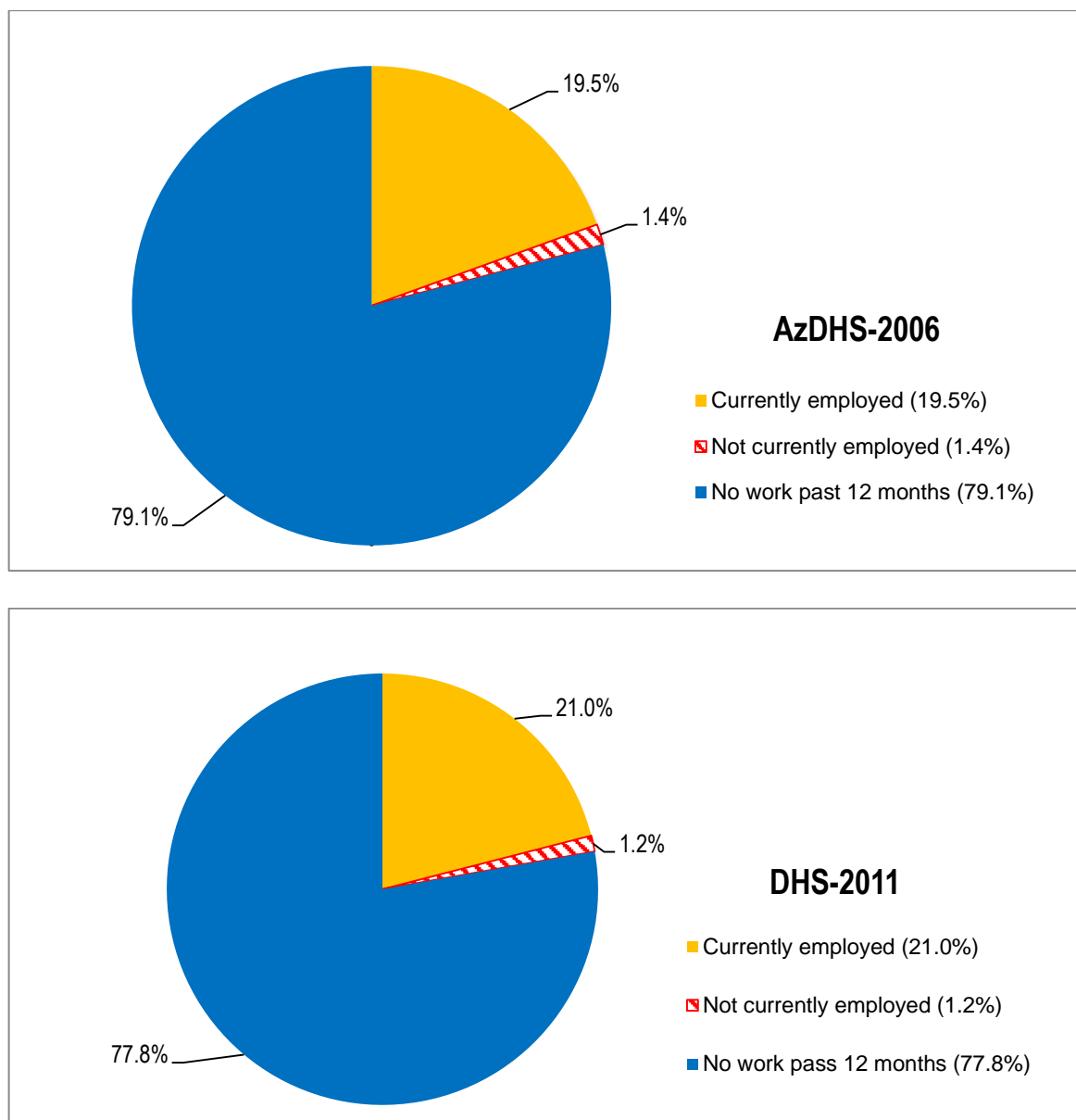
Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number of women
Age						
15-19	22.5	97.4	28.0	12.6	1.9	1655
20-24	20.4	96.7	25.1	11.2	2.6	1944
25-29	19.8	96.2	23.3	10.3	3.3	1303
30-34	14.8	95.7	19.1	8.1	3.6	952
35-39	18.2	95.6	18.2	9.3	4.3	891
40-44	14.5	94.0	16.0	7.3	5.8	1232
45-49	15.8	94.6	16.7	7.9	5.2	1404
Residence						
Urban	23.3	97.1	27.9	13.3	2.3	5645
Rural	11.1	94.0	12.2	4.5	5.6	3736
Region						
Baku	26.4	97.7	37.5	17.9	1.7	2666
Absheron	34.4	97.3	34.0	18.6	1.5	697
Ganja-Gazakh	13.2	93.9	8.5	4.0	5.8	1297
Shaki-Zagatala	24.8	94.5	16.1	9.8	4.9	653
Lankaran	5.8	88.4	15.6	3.7	11.4	842
Guba-Khachmaz	16.0	97.7	22.2	8.5	2.1	551
Aran	12.0	98.2	12.2	4.3	1.5	2118
Yukhari Garabakh	12.4	91.9	12.7	3.0	6.4	269
Daghigh Shirvan	10.8	92.4	11.6	7.2	7.6	289
Wealth quintile						
Lowest	7.4	89.6	7.3	3.1	10.2	1688
Second	10.3	95.4	11.2	4.3	4.3	1785
Middle	14.8	96.8	16.4	5.3	2.7	1825
Fourth	23.3	97.9	27.6	12.1	1.4	1968
Highest	32.9	98.6	41.0	21.8	0.8	2115
Total	18.5	95.9	21.7	9.8	3.6	9381

3.4 EMPLOYMENT

In the DHS-2011, respondents were asked about their employment status at the time of the survey and, if they were not currently employed, about any work they may have done in the 12 months prior to the survey. All respondents who responded positively were asked additional questions about their occupation; whether they were paid in cash, in kind, or not at all; and for whom they worked.

Table 3.4 shows the percent distribution of female respondents by employment status according to background characteristics. Twenty-one percent of women reported being currently employed, 1.2 percent was employed in the 12 months preceding the survey but not working at the time of the survey, and 77.9 percent were not employed in the 12 months preceding the survey (Figure 3.1).

Figure 3.1 Percent distribution of women age 15-49 by employment status, AzDHS-2006 vs. DHS-2011



Looking at the differentials in employment status, women who are formerly married are more likely than other women to be employed at the time of the survey (Table 3.4). Employment among women generally increases with age. Women living in urban areas are slightly more likely to report they are currently employed than their rural counterparts (24 percent vs. 16.3 percent).

Background characteristics of respondents

Employment among women is highest in Yukhari Garabakh (28.8%), followed by Shaki-Zagatala (28.2%), Absheron (25.3%) and Baku (24.5%), while in Daghigh Shirvan the proportion of currently employed is only 8.6 percent. The likelihood that women are currently employed rises with both their education level and wealth quintile.

Background characteristic	Employed in the 12 months preceding the survey			Total	Number of women
	Currently employed ¹	Not currently employed	No work past 12 months		
Age					
15-19	4.6	0.2	95.2	100.0	1655
20-24	15.0	1.1	84.0	100.0	1944
25-29	22.9	1.9	75.2	100.0	1303
30-34	25.1	1.0	73.9	100.0	952
35-39	27.1	1.6	71.3	100.0	891
40-44	29.6	1.1	69.2	100.0	1232
45-49	32.4	1.7	65.9	100.0	1404
Marital status					
Never married	18.7	1.0	80.3	100.0	3296
Married or living together	20.0	1.1	78.9	100.0	5501
Divorced/separated/widowed	41.5	2.1	56.4	100.0	584
Number of living children					
0	18.3	1.2	80.5	100.0	3894
1-2	23.1	1.1	75.8	100.0	3590
3-4	23.0	1.4	75.7	100.0	1789
5+	11.4	0.9	87.7	100.0	108
Residence					
Urban	24.0	1.1	74.9	100.0	5645
Rural	16.3	1.3	82.4	100.0	3736
Region					
Baku	24.5	1.5	74.0	100.0	2666
Absheron	25.3	1.1	73.6	100.0	697
Ganja-Gazakh	16.7	0.6	82.7	100.0	1297
Shaki-Zagatala	28.2	2.5	69.3	100.0	653
Lankaran	15.2	0.3	84.5	100.0	842
Guba-Khachmaz	18.0	1.5	80.6	100.0	551
Aran	19.3	1.0	79.7	100.0	2118
Yukhari Garabakh	28.8	0.7	70.5	100.0	269
Daghigh Shirvan	8.6	0.9	90.5	100.0	289
Education					
Basic secondary or less	11.6	0.5	87.9	100.0	1900
Complete secondary	12.2	1.0	86.8	100.0	4437
Secondary specialized	36.8	1.4	61.8	100.0	1672
Higher	43.1	2.4	54.5	100.0	1371
Wealth quintile					
Lowest	15.4	1.4	83.2	100.0	1688
Second	15.3	1.2	83.5	100.0	1785
Middle	20.0	0.7	79.3	100.0	1825
Fourth	23.9	0.7	75.4	100.0	1968
Highest	28.2	1.9	69.9	100.0	2115
Total	21.0	1.2	77.8	100.0	9381

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

3.5 OCCUPATION

Information on women's occupation not only allows an evaluation of the women's source of income but also has implications for their empowerment. Respondents who indicated that they were currently working or had been employed in the 12-month period prior to the survey were asked about the kind of work that they did. Their responses were recorded verbatim and served as the basis for the further coding of occupation. Table 3.5 shows the percent distribution of women employed in the 12 months preceding the survey by occupation, according to background characteristics.

Table 3.5 Occupation							
Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation ¹ , according to background characteristics, Azerbaijan 2011							
Background characteristic	Professional/ technical/managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agriculture	Number of women
Age							
15-19	14.7	2.5	43.2	10.5	6.0	23.0	79
20-24	51.5	7.3	26.7	3.3	2.8	8.5	311
25-29	68.3	2.9	18.3	0.9	3.3	6.3	322
30-34	64.5	1.2	20.7	0.8	2.5	10.3	248
35-39	51.4	5.1	21.1	2.8	5.0	14.6	255
40-44	47.2	1.7	27.8	2.8	5.4	15.1	380
45-49	45.9	2.9	30.3	2.0	5.5	13.4	477
Marital status							
Never married	47.9	5.2	27.9	4.1	3.6	11.4	641
Married or living together	56.7	2.8	21.4	1.5	4.1	13.3	1161
Divorced/separated/widowed	42.9	1.6	38.3	2.8	6.9	7.6	270
Number of living children							
0	50.0	4.9	27.7	3.6	3.5	10.4	755
1-2	62.3	2.3	20.2	1.7	3.9	9.4	867
3-4	36.9	3.0	33.4	2.1	6.1	18.5	436
5+	(19.1)	(0)	(8.7)	(0)	(14.6)	(57.6)	14
Residence							
Urban	60.9	3.8	28.9	2.5	3.2	0.5	1224
Rural	39.6	2.8	20.9	2.4	5.8	28.5	848
Region							
Baku	57.3	4.1	32.1	2.6	3.1	0.7	689
Absheron	60.0	3.6	23.0	8.6	3.9	0.9	184
Ganja-Gazakh	55.5	2.0	20.5	2.0	3.2	16.9	225
Shaki-Zagatala	46.5	2.3	11.6	0.0	3.1	36.5	200
Lankaran	43.5	5.3	36.1	1.6	10.6	2.9	133
Guba-Khachmaz	43.6	5.1	29.3	2.7	7.8	11.6	106
Aran	49.1	3.0	20.3	1.6	5.6	20.4	428
Yukhari Garabakh	40.7	1.4	35.4	0.0	0.8	21.7	79
Daghigh Shirvan	41.5	0.0	18.1	0.0	0.0	40.3	27
Education							
Basic secondary or less	2.5	0.5	41.7	8.1	12.2	35.0	228
Complete secondary	13.5	5.3	46.5	3.4	7.8	23.5	583
Secondary specialized	67.4	4.1	19.9	1.5	2.1	4.8	640
Higher	91.1	1.9	6.1	0.4	0.4	0.1	621
Wealth quintile							
Lowest	18.8	2.2	21.5	2.0	9.9	45.6	283
Second	34.7	3.1	26.9	3.7	5.7	25.9	294
Middle	56.3	3.4	24.3	2.2	4.3	9.5	377
Fourth	57.4	3.7	30.8	3.0	3.9	1.2	484
Highest	68.6	3.9	23.9	1.8	1.4	0.2	634
Total	52.2	3.4	25.6	2.4	4.3	12.1	2072

Note: Figures in parentheses are based on 25 to 29 unweighted cases.
¹The occupational categories are according to the National Occupational Classification, which is based on and similar to ISCO-88 (International Standard Classification of Occupations). For the definitions of the occupational categories and for more detailed information and examples, please visit <http://www.ilo.org/public/english/bureau/stat/isco/isco88/index.htm>.

Half of employed women (52.2%) are in professional, technical, or managerial positions and quarter are employed in sales and services. About 12 percent of women work in agriculture. 60.9 percent of urban women, seven in ten women with secondary specialized or higher education, nine in ten women with higher education and seven in ten women living in households in the highest wealth quintile hold professional, technical, or managerial jobs. Six in ten employed women in Baku, Absheron and Ganja-Gazakh work in professional positions while only around four in ten women in Yukhari Garabakh and Daghligh Shirvan works in these occupations. On the other hand, over 40 percent of women in Daghligh Shirvan were engaged in agricultural jobs.

3.6 EMPLOYMENT CHARACTERISTICS

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

Overall, 93 percent of employed women earn cash only, 3.9 percent are paid in cash and in kind, 0.3 percent get in-kind payments only, and 2.8 percent receive no payment. Fifty-nine percent who work in agriculture were paid in cash only, whereas 18.5 percent of them did not receive any payment. 97.6 percent of women who work in nonagricultural jobs are paid in cash only while only 0.6 percent did not receive payment.

Table 3.6 shows that 81.4 percent of women who work are employed by a nonrelative, 13.6 percent are employed by a family member, and 5.1 percent are self-employed. As expected, most women who work in agriculture are employed by a family member (70.6%), while most of those who hold a position in nonagricultural jobs were employed by nonfamily members (89.4%).

With regard to continuity of employment, the data show that eight in ten employed women work all year (83.3%). As expected, most women who work in agriculture work seasonally (90.3%), while most of those who work in nonagricultural jobs typically work all year (93.4%).

Table 3.6 Type of employment			
Percent distribution of women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Azerbaijan 2011			
Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	59.0	97.6	93.0
Cash and in-kind	19.7	1.7	3.9
In-kind only	2.8	0.1	0.3
Not paid	18.5	0.6	2.8
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	70.6	5.8	13.6
Employed by nonfamily member	22.6	89.4	81.4
Self-employed	6.9	4.8	5.1
Total	100.0	100.0	100.0
Continuity of employment			
All year	8.9	93.4	83.3
Seasonal	90.3	3.9	14.2
Occasional	0.8	2.7	2.5
Total	100.0	100.0	100.0
Number of women employed during the past 12 months	248	1824	2072
Note: Total includes 17 women with information missing on type of employment, who are not shown separately.			

MARRIAGE AND SEXUAL ACTIVITY

Given the biological capacity to reproduce, the social environment in which people live largely determines whether couples will have children and, if so, how many and with what kind of spacing. This chapter addresses age at first marriage, age at sexual initiation, and recent sexual activity. Marriage is a principal indication of the exposure of women to the risk of pregnancy and, therefore, is important for the understanding of fertility. Early age at marriage is usually associated with a longer period of exposure to the risk of pregnancy and higher fertility levels. Sometimes, the early initiation of childbearing associated with early marriage may also adversely affect woman's and child's health. For this reason, there is an interest to learn trends in age at marriage. The chapter also includes information on age at first sexual intercourse and the frequency of intercourse, which sometimes are more direct measures of the beginning of exposure to pregnancy and the level of exposure.

4.1 MARITAL STATUS

The distribution of all women age 15-49 by current marital status at the time of survey is presented in Table 4.1. The term "married" refers to legal/formal marriages, while "living together" term refers to informal unions. In subsequent tables, these two categories are merged and referred to collectively as "currently married". Persons who are widowed, divorced, or separated are considered to be "formerly married." According to the DHS-2011, a majority of women (58.6%) are formally married (58.3%) or cohabiting (0.3%), 3.9 percent are divorced or separated, 2.8 percent are widowed. 34.8 percent of women have never been married.

The proportion of women currently married rapidly increases with age up to age 30-34 and then fluctuates around 80 percent among women age 35 and older. Among women age 45-49, only 5.2 percent have never married, 81.9 percent are married or cohabiting and 12.8 percent are formerly married. The main reason for marital disruption among this age group is widowhood (8.6%).

Table 4.1 Current marital status

Percent distribution of women age 15-49 by current marital status, according to age, Azerbaijan 2011

Age	Marital status						Total	Percentage of respondents currently	Number of respondents
	Never married	Married	Living together	Divorced	Separated	Widowed			
15-19	90.7	8.8	0.1	0.4	0.0	0.0	100.0	8.9	1655
20-24	55.2	41.7	0.2	2.0	0.4	0.4	100.0	41.9	1944
25-29	22.1	72.4	0.3	4.1	0.3	0.8	100.0	72.7	1303
30-34	16.0	74.4	1.3	6.3	0.2	1.8	100.0	75.7	952
35-39	10.0	79.7	0.3	5.9	0.3	3.7	100.0	80.0	891
40-44	6.9	81.1	0.5	5.7	0.2	5.6	100.0	81.6	1232
45-49	5.2	81.9	0.1	4.0	0.2	8.6	100.0	82.0	1404
Total	34.8	58.3	0.3	3.7	0.2	2.8	100.0	58.6	9381

4.2 AGE AT FIRST MARRIAGE

Marriage in most societies defines the onset of the socially acceptable time for childbearing. Women who marry early will have, on average, a longer period of exposure to pregnancy, often leading to a higher number of children ever born. Information on age at first marriage was obtained by asking all ever-married respondents the month and year they started living together with their first spouse. Table 4.2 shows the percentage of women who have married by specific ages, according to current age group. In Azerbaijan, marriage among women occurs relatively late, with more than 90 percent of women age 15-19 and more than half of women age 20-24 not yet married. However, examination of the variation in the median age at first marriage by age group indicates that median age at marriage across the age cohorts varies and among women age 45-49 is highest - 21.3 years.

Among women age 25-49, the median age at first marriage is 20.3 years, indicating that half of the women in those age groups married before that age (in AzDHS-2006 it was 21.9 years).

Table 4.2 Age at first marriage								
Percentage of women age 15-49 who were first married by specific exact ages and median age at first marriage, according to current age, Azerbaijan 2011								
Current age	Percentage					Percentage never married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
15-19	0.9	na	na	na	na	90.7	1654	a
20-24	1.9	11.0	28.3	na	na	55.4	1945	na
25-29	2.0	10.5	26.5	46.8	69.0	22.4	1303	19.5
30-34	3.5	14.6	29.7	44.0	63.8	16.5	953	20.0
35-39	2.2	18.0	42.2	59.6	72.1	10.9	890	19.3
40-44	0.4	7.7	31.9	54.6	75.8	7.8	1232	20.4
45-49	0.7	5.9	22.9	45.4	71.3	5.5	1405	21.3
20-49	1.7	10.7	29.4	na	na	23.3	7728	na
25-49	1.6	10.6	29.7	49.6	70.6	12.5	5783	20.3

Note: The age at first marriage is defined as the age at which the respondent began living with her first spouse or partner
na = Not applicable due to censoring
a = Omitted because less than 50 percent of the women began living with their spouse or partner for the first time before reaching the beginning of the age group

Table 4.3 presents the median age at first marriage for women age 25-49 by background characteristics. Urban women tend to marry slightly later than their rural counterparts. Women in Baku and Absheron marry later than those in the other regions. The median age at first marriage increases with educational level of women. Relationship of age at first marriage and wealth is not clear.

Table 4.3 Median age at first marriage by background characteristics						
Median age at first marriage among women age 25-49, by current age, according to background characteristics, Azerbaijan 2011						
Background characteristics	Current Age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	19.8	20.1	19.6	20.8	21.6	20.5
Rural	19.3	19.9	18.8	20.0	21.1	19.9
Region						
Baku	19.9	19.9	19.8	21.0	21.2	20.6
Absheron	20.0	21.8	21.0	20.8	20.7	20.8
Ganja-Gazakh	19.3	18.7	18.6	20.5	21.5	19.9
Shaki-Zagatala	20.1	19.5	18.3	20.0	21.5	20.1
Lankaran	18.5	20.5	19.4	20.2	21.0	20.2
Guba-Gusar	19.9	20.0	18.4	19.1	21.3	19.8
Aran	19.3	20.3	19.3	20.3	21.9	20.4
Yukhari Garabakh	20.6	19.7	18.5	20.4	22.3	20.6
Daghli Shirvan	18.4	18.6	17.8	19.9	20.2	19.2
Education						
Basic secondary or less	18.8	18.3	18.2	19.6	21.0	19.1
Complete secondary	19.3	19.8	19.0	20.2	20.5	19.9
Secondary specialized	20.2	20.7	20.4	20.7	22.2	21.0
Higher	21.1	22.2	20.6	22.6	23.4	22.0
Wealth quintile						
Lowest	18.9	19.0	18.8	20.5	21.3	19.9
Second	18.8	20.0	18.9	19.8	21.2	19.8
Middle	19.8	20.2	19.2	20.4	21.3	20.2
Fourth	20.3	20.7	20.1	20.6	21.8	21.8
Highest	20.0	20.1	19.6	21.0	21.4	20.6
Total	19.6	20.0	19.3	20.4	21.4	20.3
Note: Age at first marriage is defined as the age at which the respondent began living with her first spouse/partner.						

4.3 AGE AT FIRST SEXUAL INTERCOURSE

Although age at marriage is often used as a proxy measure for the beginning of exposure to the risk of pregnancy, it should be noted that some women engage in sexual activity before marriage. The DHS-2011 asked women to state the age at which they first had sexual intercourse. The percentage of women who had had sexual intercourse by exact ages is given in Table 4.4.

Table 4.4 Age at first sexual intercourse								
Percentage of women age 15-49 who had first sexual intercourse by specific exact ages, percentage who never had sexual intercourse, and median age at first sexual intercourse, according to current age, Azerbaijan 2011								
Current age	Percentage who had first sexual intercourse by exact age					Percentage who never had sexual intercourse	Number of respondents	Median age at first sexual intercourse
	15	18	20	22	25			
15-19	0.9	na	na	na	na	90.7	1654	a
20-24	1.9	11.1	28.6	na	na	55.2	1945	a
25-29	2.0	10.5	26.6	47.1	69.1	22.1	1303	19.6
30-34	3.5	14.8	30.2	45.1	65.1	16.0	953	20.0
35-39	2.2	18.4	42.9	60.2	72.3	10.0	890	19.3
40-44	0.4	8.0	32.9	55.3	76.3	6.9	1232	20.5
45-49	0.7	6.1	23.3	46.0	72.0	5.2	1405	21.4
20-49	1.7	10.9	29.8	na	na	22.8	7728	na
25-49	1.6	10.8	30.3	50.3	71.2	11.9	5783	20.3
na = Not applicable due to censoring								
a = Omitted because less than 50 percent of the respondents had sexual intercourse for the first time before reaching the beginning of the age group								

Overall, the DHS-2011 results indicate that among women age 25-49, age at first marriage and age at first intercourse are almost similar. Only a small fraction (1.6%) of women report that they had sex before they were 15, while about 30 percent of women first time had sex by the time they turned 20. Women age 35-39 reported an earlier debut of their sexual activity than women in younger and older age groups (this pattern was observed in AzDHS-2006 findings for women age 30-34). This is reflected in the median age at first sex, which is 20, 19.3 and 20.5 years for women age 30-34, 35-39, 40-44 respectively.

Table 4.5 shows the median age at first sex by background characteristics for women age 25-49. Women in rural areas start sexual activity slightly earlier than their urban counterparts (19.9 and 20.5 years respectively). With respect to education, women with higher education begin sexual activity about three years later than those with secondary education (22 and 19.1 years respectively). The highest median age is observed in Absheron (20.8 years), Yukhari Garabakh (20.6 years) and Baku (20.5 years) and the lowest in Daghlihigh Shirvan (19.2) and Ganja-Gazakh (19.9 years).

Table 4.5 Median age at first intercourse by background characteristics						
Median age at first intercourse among women age 25-49, by current age according to background characteristics, Azerbaijan, 2011						
Background characteristic	Currency age					Woman age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	19.8	20.1	19.7	20.8	21.6	20.5
Rural	19.3	19.9	18.8	20.0	21.1	19.9
Region						
Baku	19.9	20.0	19.9	21.0	21.3	20.5
Absheron	20.0	21.9	21.0	20.9	20.7	20.8
Ganja-Gazakh	19.3	18.7	18.6	20.5	21.5	19.9
Shaki-Zagatala	20.1	19.5	18.4	20.0	21.5	20.1
Lankaran	18.5	20.5	19.4	20.2	21.1	20.2
Guba-Gusar	20.1	20.2	18.5	19.2	21.5	20.0
Aran	19.3	20.3	19.3	20.3	21.9	20.4
Yukhari Garabakh	20.6	19.7	18.5	20.0	22.3	20.6
Daghlihigh Shirvan	18.4	18.6	17.8	19.9	20.2	19.2
Education						
Basic secondary or less	18.0	18.4	18.2	19.6	21.0	19.1
Complete secondary	19.3	19.8	19.0	20.2	20.5	19.9
Secondary specialized	20.2	20.7	20.4	20.7	22.3	21.0
Higher	21.1	22.2	20.8	22.6	23.4	22.0
Wealth quintile						
Lowest	18.9	19.1	18.8	20.5	21.3	19.9
Second	18.8	20.0	18.9	19.8	21.2	19.8
Middle	19.8	20.2	19.2	20.4	21.3	20.2
Fourth	20.4	20.7	20.2	20.7	21.9	20.9
Highest	20.0	20.1	19.7	21.0	21.4	20.6
Total	19.6	20.0	19.3	20.5	21.4	20.3

4.4 THE MOST RECENT SEXUAL ACTIVITY PREVIOUS TO INTERVIEW

In the absence of contraception, the chance of becoming pregnant is related to the frequency of sexual intercourse; therefore, knowledge of frequency is a useful indicator of exposure to pregnancy. In the DHS-2011 women were asked how long ago their last sexual activity occurred. Respondents were considered to be sexually active if they had sexual intercourse at least once in the

four weeks prior to the survey. Table 4.6 shows the distribution of women according to the timing of last sexual activity, by background characteristics.

Table 4.6 Recent sexual activity							
Percent distribution of women age 15-49 by timing of last sexual intercourse, according to background characteristics, Azerbaijan 2011							
Background characteristic	Timing of last sexual intercourse			Missing	Never had sexual intercourse	Total	Number of women
	Within the past 4 weeks	Within 1 year ¹	One or more years				
Age							
15-19	8.2	1.0	0.2	0.0	90.7	100.0	1655
20-24	36.3	6.6	1.9	0.0	55.2	100.0	1944
25-29	63.9	8.4	5.6	0.0	22.1	100.0	1303
30-34	67.1	8.5	8.3	0.0	16.0	100.0	952
35-39	70.9	8.0	11.1	0.0	10.0	100.0	891
40-44	67.6	11.8	13.7	0.0	6.9	100.0	1232
45-49	62.9	15.0	16.9	0.0	5.2	100.0	1404
Marital status							
Never married	0.0	0.0	0.0	0.0	100.0	100.0	3296
Married or living together	84.7	13.0	2.3	0.0	0.0	100.0	5501
Divorced/separated/widowed	0.4	7.8	91.7	0.0	0.0	100.0	584
Marital duration ²							
0-4 years	86.0	13.4	0.7	0.0	0.0	100.0	1274
5-9 years	88.7	9.5	1.8	0.0	0.0	100.0	954
10-14 years	89.2	9.9	0.9	0.0	0.0	100.0	622
15-19 years	85.9	11.7	2.4	0.0	0.0	100.0	739
20-24 years	81.4	15.4	3.2	0.0	0.0	100.0	1086
25+ years	77.0	17.1	5.9	0.0	0.0	100.0	734
Married more than once	84.1	12.2	3.7	0.0	0.0	100.0	92
Residence							
Urban	49.6	7.5	8.3	0.0	34.6	100.0	5646
Rural	49.8	9.1	6.0	0.0	35.0	100.0	3736
Region							
Baku	49.4	6.1	7.5	0.0	37.0	100.0	2666
Absheron	54.8	5.6	7.1	0.0	32.5	100.0	697
Ganja-Gazakh	46.9	12.1	8.6	0.0	32.4	100.0	1297
Shaki-Zagatala	47.9	10.0	5.7	0.0	36.5	100.0	653
Lankaran	45.9	10.6	7.0	0.0	36.4	100.0	842
Guba-Gusar	51.3	5.4	7.7	0.0	35.6	100.0	551
Aran	50.9	9.0	6.6	0.0	33.5	100.0	2118
Yukhari Garabakh	53.4	5.2	14.5	0.0	26.8	100.0	269
Daghigh Shirvan	52.0	5.3	6.6	0.0	36.2	100.0	289
Education							
Basic secondary or less	46.6	6.4	7.2	0.0	39.8	100.0	1900
Complete secondary	51.5	9.4	7.2	0.0	31.9	100.0	4437
Secondary specialized	53.0	8.5	9.5	0.0	29.0	100.0	1672
Higher	43.9	6.1	6.1	0.0	43.9	100.0	1371
Wealth quintile							
Lowest	46.7	8.2	8.4	0.0	36.7	100.0	1688
Second	49.7	8.1	7.1	0.0	35.1	100.0	1785
Middle	53.7	9.2	6.7	0.0	30.4	100.0	1825
Fourth	49.6	8.8	8.0	0.0	33.5	100.0	1968
Highest	48.6	6.6	6.9	0.0	37.9	100.0	2115
Total	49.7	8.1	7.4	0.0	34.8	100.0	9381
¹ Excludes women who had sexual intercourse within the past 4 weeks							
² Excludes women who are not currently married							

In the four weeks preceding the survey, about half of women were sexually active (49.7%), 8.1 percent of women had sexual intercourse in the year preceding the survey, but not in the month before the survey, and another 7.4 percent reported that their last sexual intercourse was more than a year before the survey. At the time of the survey, 34.8 percent of all female respondents had never had sexual intercourse.

The proportion of women who were recently sexually active increases with age to peak at 70.9 percent among women age 35-39 and then declines to 62.9 percent among women age 45-49. As expected, recent sexual activity is less common among the youngest age group, thus only 8.2

percent of women age 15-19 reported recent sexual activity; the majority (90.7%) had never had sexual intercourse. Sexual activity is virtually non-existent (or largely underreported) among never-married women. Looking at other characteristics, women with higher education are somewhat less likely to have been sexually active in the recent period than women with lower education. The proportions reporting recent sexual activity do not differ very much for other indicators.

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

Complete reproductive history was collected from all women who were interviewed in the DHS-2011. In collecting these histories, each woman was first asked about the total numbers of pregnancies that had ended in live births, stillbirths, miscarriages, and induced abortions. After obtaining these aggregate data, an event-by-event pregnancy history was collected. For each pregnancy, the duration, the month and year of termination, and the result of the pregnancy were recorded. Information was collected about the most recent completed pregnancy, then the next-to-last, etc. For each live birth, information was collected on the sex of the child, survival status, and age (for surviving children) or age at death (for deceased children).

5.1 CURRENT FERTILITY

The data collected in the reproductive history were used to calculate two of the most widely used measures of current fertility: the total fertility rate (TFR) and its component age-specific fertility rates (ASFR). The TFR is interpreted as the average number of children a woman would bear in her lifetime if she experienced the currently observed age-specific rates throughout her reproductive years. The TFR can be used as an estimate of the fertility growth factor in a population, e.g., whether the childbearing population is replacing itself or not. A TFR of 2.0 or above indicates that, on the average, couples are replacing themselves by producing at least two children.

The fertility rates refer to the three year period before the survey. Rather than a longer or a shorter period, the three-year period was chosen for calculating fertility rates to provide the most current information, to reduce sampling error, and to avoid problems of the statistic displacement of births. ASFRs are expressed by the number of births to women of a given age interval per 1,000 women in that age interval. In this survey, the ASFR for any specific five-year age interval is calculated by dividing the number of births of women in the age interval during the period of 1 to 36 months preceding the survey by the number of years lived by women in that age interval during the same period of 1 to 36 months.

According to the results of the DHS-2011, the TFR is 2.1 children per woman (Table 5.1), suggesting a slight increase from the level (2.0) observed in the AzDHS-2006. This means that, on average, a woman in Azerbaijan who is at the beginning of her childbearing years will give birth to 2.1 children by the end of her reproductive period if fertility levels remain constant at the level observed in the three-year period. This is almost equal to replacement level fertility, which is

slightly more than 2.0. The TFR for rural areas as expected is higher than for urban areas (2.2 and 1.9 births respectively).

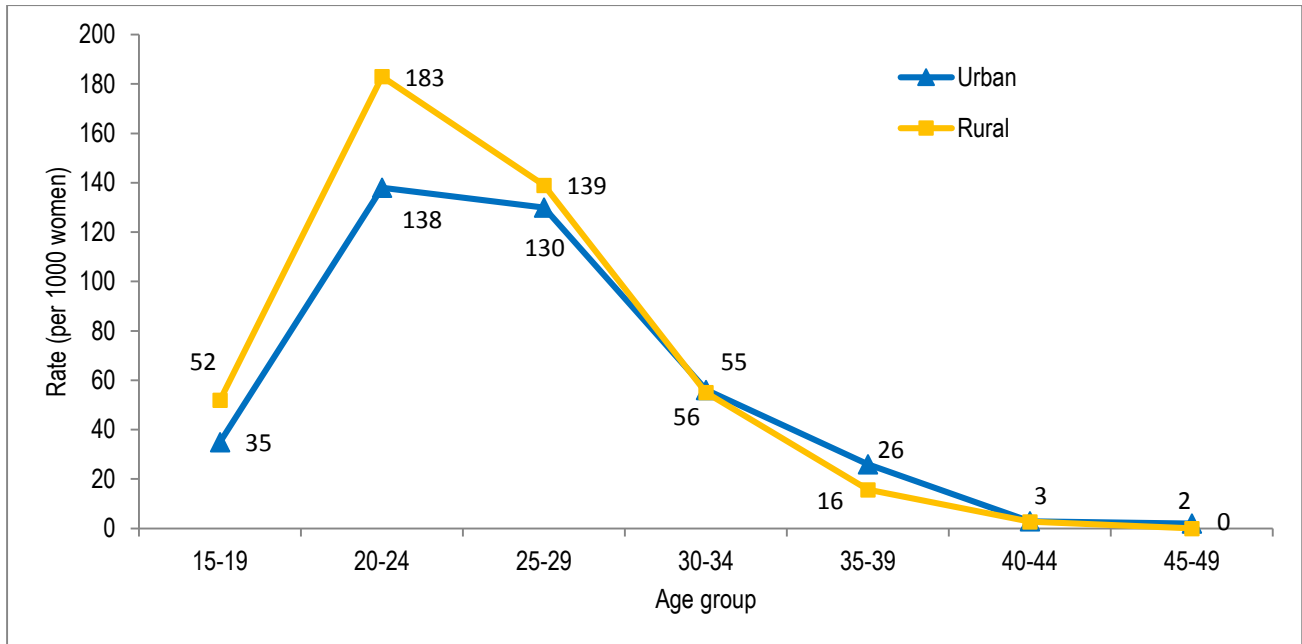
Official statistics show that Azerbaijan has a fertility rate slightly above the replacement level of two children per woman (2.4 births per woman in 2011, according to the State Committee of Statistics of the Azerbaijan Republic (SCS). Table 5.1 also presents two other summary measures of fertility: the crude birth rate (CBR) and the general fertility rate (GFR). The GFR represents the annual number of births per 1,000 women age 15-49. The CBR is the annual number of births per 1,000 population. These measures were calculated from the birth history data for the three-year period preceding the survey. The survey results indicate that the CBR is 20.7 births per 1,000 population and the GFR indicates 73 births per year per 1,000 women age 15-49.

Table 5.1 Current fertility			
Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Azerbaijan 2011			
Age group	Residence		Total
	Urban	Rural	
15-19	35	52	42
20-24	138	183	156
25-29	130	139	133
30-34	56	55	56
35-39	26	16	22
40-44	3	3	3
45-49	2	0	1
TFR (15-49)	1.9	2.2	2.1
GFR	69	80	73
CBR	19.6	22.8	20.7

Notes: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to interview.
TFR: Total fertility rate expressed per woman
GFR: General fertility rate expressed per 1,000 women
CBR: Crude birth rate expressed per 1,000 population

Compared with data from AzDHS-2006, GFR has increased by approximately 10 percent (from 66 to 73 births per 1000 women), which shows that generally women of reproductive age have more births per year. The CBR also has increased from 17.2 to 20.7.

Figure 5.1 shows fertility rates for age groups in urban and rural areas. Fertility rates in urban areas are lower than in rural in age groups 15-19, 20-24 and 25-29. The peak childbearing years for both rural and urban women are during the early twenties (age 20-24).

Figure 5.1 Current fertility rates, by residence and age groups

Compared with recent fertility estimates from Demographic and Health Surveys conducted in the region, fertility in Azerbaijan in 2011 is higher than in Ukraine (1.2 births per woman in 2007), Albania (1.6 births per woman in 2008-2009) and Moldova (1.7 births per woman in 2005).

5.2 FERTILITY DIFFERENTIALS BY BACKGROUND CHARACTERISTICS

Table 5.2 shows the TFR by background characteristics. There appears to be a marked variation between regions, ranging from 1.8 births per woman in Baku, to 2.6 in Yukhari Garabakh. Undoubtedly, some of these differences are due to sampling variability reasoned by the small number of respondents in each region (see Appendix B).

The association of fertility with education and wealth was not observed.

The percentage of women who reported being pregnant at the time of the survey was 3.7 (almost the same proportion was observed in 2006 - 3.5 percent). The percentage of pregnant women varies notably across the regions (from 1.8 in Daghigh Shirvan to 5.7 in Lankaran) and this indicator was substantially higher in rural areas than in urban (4.2 and 3.4 percent respectively).

The last column in Table 5.2 shows the mean number of children ever born to women age 40-49. This is an indicator of cumulative fertility and it reflects the fertility performance of older women who are nearing the end of their reproductive period and thus represents completed fertility. If fertility had remained stable over time, the two fertility measures, TFR and children ever born, would be equal or similar. The findings show that the mean number of children ever born to women age 40-49 (2.7 children per woman) is higher than the TFR for the three years preceding the survey (2.1 children per woman) and TFR of 2.0 according to AzDHS-2006. This is indicating a decline in fertility over the past 30 years. It was determined that the decline in fertility implied by a comparison of the TFR with completed fertility has been slightly higher in rural than in urban areas.

Table 5.2 Fertility by background characteristics
 Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Azerbaijan 2011

Background characteristics	Total fertility rate	Percentage of women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Residence			
Urban	1.9	3.4	2.5
Rural	2.2	4.2	2.9
Region			
Baku	1.8	3.8	2.4
Absheron	2.2	3.8	2.6
Ganja-Gazakh	2.1	3.4	2.7
Shaki-Zagatala	1.9	3.4	2.6
Lankaran	2.1	5.7	2.7
Guba-Khachmaz	2.3	3.1	3.0
Aran	2.2	3.5	2.8
Yukhari Garabakh	2.6	4.6	2.6
Daghigh Shirvan	2.3	1.8	3.2
Education			
Basic Secondary or less	2.1	4.7	3.0
Complete Secondary	2.1	3.3	2.8
Secondary specialized	2.0	3.5	2.3
Higher	2.0	4.0	2.2
Wealth quintile			
Lowest	2.0	3.3	2.9
Second	2.2	3.7	2.8
Middle	2.2	4.3	2.9
Fourth	2.1	3.6	2.4
Highest	1.9	3.8	2.4
Total	2.1	3.7	2.7

Note: Total fertility rates are for the period 1-36 months preceding the interview.

5.3 FERTILITY TRENDS

The DHS-2011 data allow for a direct examination of fertility trends over the 20 years preceding the survey. One method of understanding fertility trends is to examine the ASFR over time. Table 5.3 presents ASFR for five-year periods preceding the survey using data on live births from respondents' pregnancy histories. Because women age 50 and older were not interviewed in the survey, the rates were successively truncated as the number of years before the survey increases. For example, rates cannot be calculated for women age 45-49 for the period 5-9 years and more prior to the survey, because women in that age group would have been 50 years or older at the time of the survey.

Data in this table indicate that fertility has declined in the past 20 years, with most of the decline during the 1990s, 10-19 years before the survey. The similar pattern was observed in AzDHS-2006. In the DHS-2011 the decline was particularly evident among women in the age groups 15-19 and 20-24. For example, age-specific fertility among women age 20-24 declined from 245 births per 1,000 women in the period 15-19 years before the survey to 154 births per 1,000 women in the period 10-14 years before the survey, a

Table 5.3. Trends in age-specific fertility rates
Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Azerbaijan 2011

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	38	36	40	68
20-24	156	148	154	245
25-29	129	111	114	175
30-34	53	56	59	[87]
35-39	21	19	[28]	
40-44	3	[11]		
45-49	[1]			

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview.

decrease of 37 percent. This decrease is similar to decrease observed during AzDHS-2006 for the same period of time. However, from 10-14 years before the survey to 0-4 years, fertility remained virtually unchanged in this age group with slight increase (5%) from 148 births per 1000 women in the period 5-9 years before survey to 156 births in the period 0-4 years before survey.

Another age group that has shown substantial decrease in fertility rates during 1990s, is group of 15-19 age. Similar pattern has been observed here as in age group 20-24. Fertility declined from 68 births per 1,000 women in the period 15-19 years before the survey to 40 births per 1,000 women in the period 10-14 years before the survey (a decrease of 40 percent). Further, fertility has not changed noticeably.

Fertility rates in the age group of 25-29 also have shown decrease by 35 percent in period of 15-19 years before the survey. However, afterwards fertility has increased (to 16%) in this age group from 111 births per 1000 women in the period of 5-9 years before survey to 129 births in the period 0-4 years.

5.4 CHILDREN EVER BORN AND LIVING

Table 5.4 shows the distribution of all women and of currently married women by the total number of children ever born and by mean number of living children. Data on the number of children ever born reflect the accumulation of births to women over their entire reproductive years and therefore have limited reference to current fertility levels, particularly when the country has experienced a decline in fertility. However, the information is useful in looking at how average family size varies across age groups and for looking at the level of primary infertility.

Table 5.4 shows that, on average, a woman in Azerbaijan has given birth to 1.43 children. Out of that number, 1.32 children are still alive. The number of children that women have had increases with age, reflecting the natural family-building process. On average, women age 25-29 in Azerbaijan have 1.3 children. Almost all women age 15-19 (95.9%) have never given birth. This proportion declines to 21.6 percent among women age 30-34 and to 10.2 percent among women age 40-44. On average, women in Azerbaijan nearing the end of their childbearing have given birth to 2.8 children per woman.

As expected, currently married women have had more births than all women in all age groups. Nevertheless, the mean number of children ever born reaches slightly above 3 children for currently married women age 45-49. The largest difference between the data on children ever born for currently married women and all women is in the young age groups and it can be explained by a large number of unmarried young women who are less likely to be exposed to the risk of pregnancy.

Among currently married women, 15.6 percent have had only one live-born child, 37.7 percent have had two children, and 24.1 percent have had three children. Fourteen percent of women have had four or more children. In total, 3.2 percent of currently married women age 45-49 have never had a live birth. Voluntary childlessness is rare in Azerbaijan, and most women tend to have at least one child.

Table 5.4 Children ever born and living

Percent distribution of all women and currently married women age by number of children ever born, mean number of children ever born and mean number of living children, according to age group, Azerbaijan, 2011

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	95.9	3.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1655	0.05	0.05
20-24	66.1	17.5	14.0	2.4	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1944	0.53	0.51
25-29	31.3	19.7	38.7	8.6	1.2	0.5	0.0	0.0	0.0	0.0	0.0	100.0	1303	1.30	1.25
30-34	21.6	15.2	37.9	20.4	4.0	0.8	0.0	0.0	0.0	0.0	0.0	100.0	952	1.73	1.63
35-39	13.0	11.8	33.0	29.4	8.6	2.4	1.3	0.4	0.0	0.0	0.0	100.0	891	2.23	2.02
40-44	10.2	7.0	33.2	30.1	12.8	4.7	1.1	0.7	0.2	0.0	0.0	100.0	1232	2.51	2.29
45-49	9.3	6.1	26.7	30.7	17.5	5.8	2.4	0.6	0.7	0.1	0.1	100.0	1404	2.77	2.46
Total	41.4	11.4	23.8	15.1	5.7	1.9	0.6	0.2	0.1	0.0	0.0	100.0	9381	1.43	1.32
CURRENTLY MARRIED WOMEN															
15-19	58.5	30.3	11.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	147	0.54	0.51
20-24	22.4	39.1	32.9	5.3	0.2	0.0	0.0	0.0	0.0	0.0	0.0	100.0	814	1.22	1.18
25-29	10.4	23.7	51.7	11.9	1.7	0.6	0.0	0.0	0.0	0.0	0.0	100.0	950	1.73	1.66
30-34	3.9	15.3	48.5	25.8	5.3	1.1	0.0	0.0	0.0	0.0	0.0	100.0	721	2.17	2.05
35-39	3.1	8.6	37.5	35.2	10.5	3.0	1.6	0.6	0.0	0.0	0.0	100.0	714	2.60	2.34
40-44	2.2	4.7	36.4	34.5	14.6	5.2	1.4	0.8	0.2	0.0	0.0	100.0	1005	2.81	2.55
45-49	3.2	4.7	27.5	33.6	20.0	6.6	2.6	0.8	0.8	0.1	0.2	100.0	1150	3.04	2.70
Total	8.6	15.6	37.7	24.1	9.2	3.0	1.0	0.4	0.2	0.0	0.0	100.0	5501	2.26	2.08

5.5 BIRTH INTERVALS

A birth interval is defined as the length of time between two live births. Research has shown that short birth intervals may adversely affect maternal health and children’s chances of survival. Children born too close to a previous birth, especially if the interval between the births is less than two years, are at increased risk of health problems and dying at an early age. The occurrence of closely spaced births gives the mother insufficient time to restore her health, which may limit her ability to take care of her children. The duration of breastfeeding for the older child may also be shortened if the mother becomes pregnant. Having 3 to 5 year birth intervals, on the other hand, contribute to the improved health status of both mother and child.

Table 5.5 shows the percent distribution of second and higher-order births in the five years prior to the survey by the number of months since the previous birth.

Fertility

Table 5.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Azerbaijan 2011

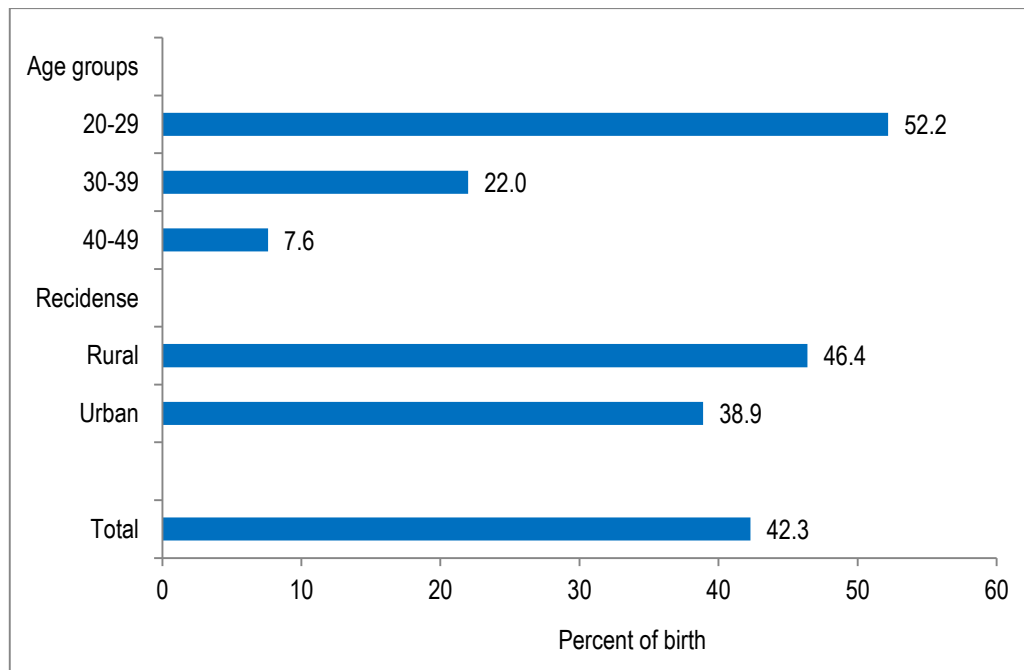
Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	*	*	*	*	*	*	100.0	18	*
20-29	26.1	26.1	26.0	12.9	4.4	4.7	100.0	917	23.0
30-39	11.1	10.9	24.0	11.4	13.4	29.2	100.0	404	40.0
40-49	1.9	5.7	9.4	15.1	13.2	54.7	100.0	53	67.7
Sex of preceding birth									
Male	21.2	20.1	22.7	12.8	7.5	15.6	100.0	678	27.0
Female	21.3	21.8	26.2	12.0	7.0	11.6	100.0	714	26.0
Survival of preceding birth									
Living	20.4	21.3	24.2	12.8	7.4	13.9	100.0	1292	26.0
Dead	33.3	17.2	27.3	7.1	5.1	10.1	100.0	99	23.2
Birth order									
2-3	22.0	22.4	25.2	12.5	6.3	11.7	100.0	1279	25.0
4-6	13.6	5.5	17.3	11.8	16.4	35.5	100.0	110	48.0
7+	*	*	*	*	*	*	100.0	2	*
Residence									
Urban	20.6	18.3	26.0	12.5	8.3	14.3	100.0	770	27.0
Rural	22.2	24.2	22.6	12.4	5.9	12.7	100.0	623	24.0
Region									
Baku	17.8	18.4	25.7	14.0	8.5	15.5	100.0	342	29.0
Absheron	20.0	13.1	26.2	14.6	9.2	16.9	100.0	130	29.0
Ganja-Gazakh	21.1	25.8	21.6	11.3	7.5	12.7	100.0	213	24.0
Shaki-Zagatala	20.7	20.7	30.4	6.5	6.5	15.2	100.0	92	26.0
Lankaran	19.3	27.7	17.6	11.8	9.2	14.3	100.0	119	25.0
Guba-Khachmaz	14.9	24.3	32.4	14.9	5.4	8.1	100.0	74	26.2
Aran	26.5	20.4	23.2	12.2	4.9	12.8	100.0	328	24.0
Yukhari Garabakh	26.2	31.0	16.7	7.1	4.8	14.3	100.0	42	23.0
Daghigh Shirvan	28.0	14.0	32.0	14.0	8.0	4.0	100.0	50	26.8
Education¹									
Basic Secondary or less	28.2	21.3	24.9	9.3	4.7	11.6	100.0	301	24.0
Complete Secondary	19.4	22.6	23.1	12.2	6.9	15.7	100.0	654	27.0
Secondary specialized	17.8	17.8	26.7	15.6	9.8	12.4	100.0	225	29.0
Higher	20.6	19.6	25.1	14.1	9.0	11.6	100.0	199	28.0
Wealth quintile									
Lowest	23.6	21.7	24.0	12.6	7.5	10.6	100.0	254	25.0
Second	23.2	25.0	22.1	10.3	7.4	12.1	100.0	272	24.0
Middle	23.9	21.5	23.9	8.9	5.5	16.4	100.0	293	25.0
Fourth	18.5	21.1	27.2	13.8	8.1	11.4	100.0	298	27.0
Highest	17.9	15.3	24.8	16.8	8.0	17.2	100.0	274	31.0
Total	21.3	21.0	24.5	12.4	7.3	13.6	100.0	1392	26.0

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

¹Excludes women who were not interviewed

The overall median birth interval is 26 months. Nonetheless, 42.3 percent of non-first births occur within 24 months of the previous birth, which shows that an interval is too short. This proportion increases to as high as 52.2 percent among women in their twenties and to 46.4 percent among women living in rural areas. In general, younger women have shorter birth intervals than older women. While 52.2 percent of women age 20-29 space their births less than 24 months apart, the corresponding statistic is 22 percent for women age 30-39 and 7.6 percent for women age 40-49 (Figure 5.2).

Figure 5.2 Percentage of births occurring less than 24 months after a prior birth, by residence and age groups



Birth interval is also related to survival of preceding birth and birth order. Birth interval is shorter if preceding birth died. Similarly, the median birth interval for second and third order births is 25 months compared with 48 months for fourth to sixth order births.

Among regions, children born to mothers living in the Yukhari Garabakh region have the shortest interval (23 months) while those born to mothers in Baku and Absheron have the longest birth interval (29 months).

Birth interval has positive relationship with education of mother. With regard to wealth quintiles, births to mothers in the lower wealth quintiles appear to have considerably shorter intervals compared with births to mothers in the higher wealth quintiles (with range from 24 to 31 months).

5.6 AGE AT FIRST BIRTH

Age at first birth is an important determinant of fertility. It has significant demographic consequences for society as a whole, as well as for the health and welfare of mothers and children. Early initiation into childbearing lengthens the reproductive period and subsequently increases fertility. Conversely, a late start in childbearing shortens the reproductive period and thus decreases fertility.

Table 5.6 shows the percentage of women age 15-49 who have given birth by specific exact ages, according to current age. For women age 25 and older, the median age at first birth is presented in the last column of the table.

The DHS-2011 findings indicate that childbearing among women begins relatively late. The majority of women age 20-24 (65%) have never given birth. The median age at first birth among

women age 20 and older is between 22 and 24 years (on average - 23.9) with little variation between age groups. However, median age at first birth may be increasing among younger women: the median age for women age 25-29 is 24.2 years while for women age 35-39 it is 22.3. This pattern of increase in age of initiation of childbearing among new generation of women of reproductive age determines decrease in fertility level.

Table 5.6 Age at first birth
Percentage of women who gave birth by specific exact ages, and median age at first birth, by current age, Azerbaijan 2011

Current age	Percentage who gave birth by exact age					Never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	0.0	na	na	na	na	96.0	1655	a
20-24	0.0	4.0	16.0	na	na	64.9	1944	a
25-29	0.1	4.1	15.3	32.5	58.8	30.9	1303	24.2
30-34	0.6	5.4	19.5	34.6	55.1	21.8	952	24.4
35-39	0.1	5.1	28.1	51.1	66.0	13.0	891	22.3
40-44	0.0	1.6	16.5	42.3	69.8	10.0	1232	23.0
45-49	0.2	1.3	12.4	31.1	63.2	9.3	1404	23.8
20-49	0.1	3.4	na	na	55.5	29.0	7726	23.9
25-49	0.2	3.3	17.6	37.5	62.7	16.9	5782	23.5

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

Table 5.7 shows the differential patterns in the median age at first birth among women age 25-49 by current age, according to background characteristics. The measures are presented for women age 25-49 and over half of women have already had a birth. The median age at first birth increases with the education level of women. This figure varies slightly by region, ranging from 22.7 years in Ganja-Gazakh to 24.3 years in Lankaran. Women in urban areas generally have higher median age at first birth than women in rural areas (on average 23.5 and 23.2 years respectively).

Table 5.7 Median age at first birth by background characteristics
Median age at first birth among women age 25-49 years, by current age and background characteristics, Azerbaijan 2011

Background characteristic	Current age					Woman age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	24.2	24.6	22.2	22.8	23.7	23.5
Rural	23.2	24.1	21.3	22.8	23.7	23.2
Region						
Baku	24.5	25.3	22.3	23.4	23.2	23.7
Absheron	24.7	24.7	22.6	22.7	23.0	23.4
Ganja-Gazakh	22.6	22.3	20.6	22.7	23.7	22.7
Shaki-Zagatala	23.3	22.6	22.8	22.6	23.7	23.1
Lankaran	24.4	26.6	23.9	23.7	24.2	24.3
Guba-Gusar	23.8	23.7	20.6	21.8	23.6	22.9
Aran	23.5	24.8	21.8	22.5	24.2	23.4
Yukhari Garabakh	25.3	22.5	19.8	22.6	25.0	23.6
Daghliq Shirvan	24.4	24.0	23.3	22.0	23.7	22.9
Education						
Basic secondary or less	22.2	23.4	20.7	22.7	23.8	22.7
Complete secondary	22.9	23.6	21.4	22.2	22.8	22.5
Secondary specialized	24.7	25.0	22.3	23.2	24.9	24.0
Higher	25.4	26.4	25.1	25.4	25.1	25.5
Wealth quintile						
Lowest	23.3	24.1	21.9	23.6	24.2	23.7
Second	22.9	24.6	21.6	22.2	24.0	22.9
Middle	23.3	23.5	21.3	22.5	23.6	22.9
Fourth	24.4	24.9	22.9	23.0	23.9	23.8
Highest	24.7	25.3	22.2	22.9	23.1	23.5
Total	23.9	24.4	21.9	22.8	23.7	23.5

5.7 TEENAGE PREGNANCY AND MOTHERHOOD

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

Table 5.8 shows the percentage of women age 15-19 (teenagers) who have first child or pregnant with their first child, by background characteristics. Overall, 5.9 percent of teenagers in Azerbaijan have begun childbearing. As expected, the proportion of young women who have had live birth or pregnant with their first child increases rapidly with age, from less than 1 percent among women age 15 to 13.4 percent of women age 19. The same situation was observed in AzDHS-2006.

Table 5.8 Teenage pregnancy and motherhood				
Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Azerbaijan 2011				
Background characteristic	Percentage			Number of woman
	Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	
Age				
15	0.0	0.7	0.7	194
16	1.0	1.0	1.9	233
17	0.8	1.4	2.2	395
18	4.7	1.9	6.6	436
19	10.0	3.3	13.4	411
Residence				
Urban	3.5	1.7	5.2	941
Rural	4.6	2.1	6.8	728
Region				
Baku	2.9	1.7	4.6	406
Absheron	1.0	0.0	1.0	109
Ganja-Gazakh	4.9	1.3	6.2	233
Shaki-Zagatala	2.1	0.9	3.0	122
Lankaran	5.2	4.0	9.2	154
Guba-Gusar	5.7	0.7	6.4	118
Aran	5.1	2.5	7.6	422
Yukhari Garabakh	1.4	0.0	1.4	47
Daghliq Shirvan	6.1	4.6	10.7	58
Education				
Basic secondary or less	6.6	3.1	9.7	553
Complete secondary	3.3	1.1	4.4	826
Secondary specialized	2.2	3.3	5.5	150
Higher	0.0	0.0	0.0	140
Wealth quintile				
Lowest	5.2	1.4	6.6	323
Second	4.0	2.4	6.5	340
Middle	5.7	1.9	7.6	318
Fourth	3.6	1.7	5.4	354
Highest	1.6	1.9	3.5	334
Total	4.0	1.9	5.9	1669

Teenage fertility varies by residence. The proportion of teenagers who have begun childbearing is 5.2 percent in urban areas compared with 6.8 percent in rural areas. Teenage childbearing varies significantly across regions, ranging from 1 percent in Absheron to 10.7 percent in Daghigh Shirvan.

The proportion of early childbearing is higher among women with basic secondary education or less compared with women with more education. The variation in early childbearing by wealth quintile is not uniform.

5.8 POSTPARTUM AMENORRHEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhea refers to the interval between childbirth and the return of menstruation. During this period, the risk of pregnancy is reduced. The duration of reduced risk of conception largely depends on two factors: the length and intensity of breastfeeding which can prevent insemination, which tends to suppress the resumption of ovulation, and the length of time before the resumption of sexual intercourse. Women who are either amenorrheic or abstaining (or both) are considered insusceptible to the risk of pregnancy. Women who gave birth during the five years preceding the survey were asked about the duration of their periods of amenorrhea and sexual abstinence following each birth. The results are presented in Table 5.9 for the 36-month period before the survey. It was determined that at the time of the survey, 11.4 percent of women who had given birth during the three years preceding the survey were amenorrheic and 4.3 percent were abstaining. Overall, 12.7 percent of these women were insusceptible to the risk of pregnancy.

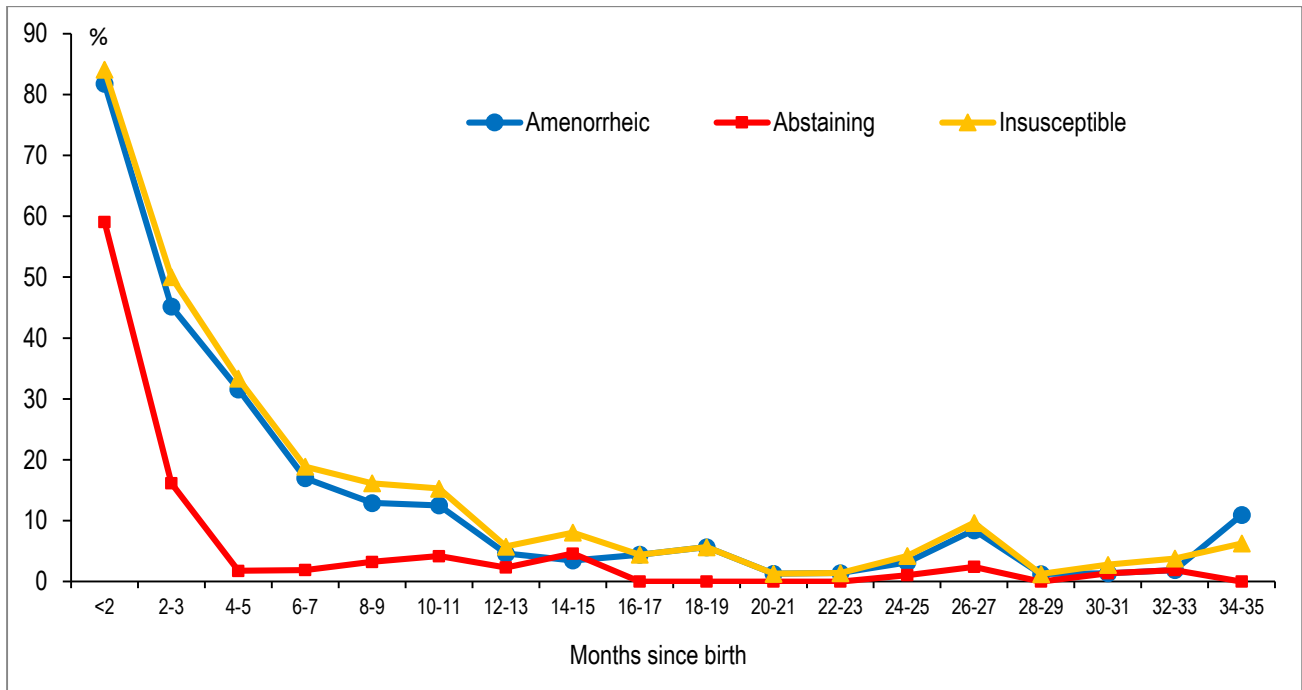
<i>Table 5.9 Postpartum amenorrhea, abstinence, and insusceptibility</i>				
Percentage of births in the three years preceding the survey for which abstaining, and insusceptible, by number of months since birth, and median and mean durations, Azerbaijan 2011				
Months since birth	Percentage of births for which the mother is:			Number of birth
	Amenorrheic	Abstaining	Insusceptible ¹	
< 2	81.8	59.1	84.1	41
2-3	45.2	16.1	50.0	61
4-5	31.6	1.8	33.3	55
6-7	17.0	1.9	18.9	54
8-9	12.9	3.2	16.1	64
10-11	12.5	4.2	15.3	67
12-13	4.6	2.3	5.7	76
14-15	3.4	4.6	8.0	90
16-17	4.4	0.0	4.4	65
18-19	5.6	0.0	5.6	70
20-21	1.3	0.0	1.3	77
22-23	1.4	0.0	1.4	76
24-25	3.2	1.1	4.2	87
26-27	8.4	2.4	9.6	81
28-29	1.2	0.0	1.2	77
30-31	1.4	1.4	2.7	66
32-33	1.9	1.9	3.8	53
34-35	10.9	0.0	6.3	63
Total	11.4	4.3	12.7	1223
Median	4.2	1.3	4.4	na
Mean	8.1	5.9	8.7	na

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

During the first year after birth, there was a rapid decline in postpartum amenorrhea from 81.8 percent during the first two months after birth to 12.5 percent of women 10 to 11 months after

giving birth (Figure 5.3). Postpartum abstinence declines rapidly after birth from 59.1 percent of women in the first two months to 16.1 percent of women after 2-3 months.

Figure 5.3 Percentage of births in the three years preceding the survey for which the mother reported postpartum amenorrhea, abstinence, and insusceptibility, by number of months since birth



Overall, the median duration of insusceptibility after birth is 4.4 months. The principal determinant of the length of the period of insusceptibility is postpartum amenorrhea. The median duration of amenorrhea is 4.2 months and abstinence is 1.3 months. Table 5.10 shows that the median duration of postpartum insusceptibility is substantially higher among women age 30-49 than those age 15-29. This indicator is significantly higher among women in urban areas than those in rural areas. Across the regions postpartum insusceptibility is highest in Baku (7.5 months) and lowest in Yukhari Garabakh (0.7 months). Correlation of insusceptibility with education and wealth is not observed.

Table 5.10 Median duration of amenorrhea, postpartum abstinence, and postpartum insusceptibility				
Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Azerbaijan 2011				
Background characteristics	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility ¹	Number of birth
Age				
15-29	3.2	1.1	4.0	953
30-49	7.3	2.5	7.5	268
Residence				
Urban	4.2	1.2	6.1	744
Rural	3.3	1.1	3.8	478
Mother's education				
Basic secondary or less	8.2	2.2	9.1	248
Complete secondary	3.2	0.8	3.5	545
Secondary specialized	3.1	1	3.3	209
Higher	2.5	1.5	5.5	221
Region				
Baku	6.0	1.0	7.5	341
Absheron	3.3	1.0	3.5	108
Ganja-Gazakh	5.0	2.0	5.0	158
Shaki-Zagatala	2.4	0.9	2.4	69
Lankaran	3.1	1.5	5.0	107
Guba-Gusar	2.6	0.5	2.8	69
Aran	1.9	1.4	2.6	303
Yukhari Garabakh	na	1.0	0.7	35
Daghigh Shirvan	na	na	2.3	37
Wealth quintile				
Lowest	4.9	1.4	5.0	211
Second	4.6	1.9	5.0	266
Middle	4.7	0.6	1.8	262
Fourth	4.0	0.7	4.6	251
Highest	5.7	1.5	6.6	236
Total	4.2	1.3	4.4	1223
Note: Medians are based on the status at the time of the survey (current status).				
na = not applicable				
¹ Includes births for which mothers are either still amenorrheic or still abstaining (or both) following birth				

5.9 TERMINATION OF EXPOSURE TO PREGNANCY

One indicator of infecundity is the onset of menopause. Menopausal women are defined in this survey as women who are neither pregnant nor postpartum amenorrheic, but who have not had a menstrual period in the six months before the survey. The prevalence of menopause increases with age, typically from around age 30. Table 5.11 presents the prevalence of menopause for women age 30-49, which ranges from 1.4 percent for women age 30-34 to 40 percent for women age 48-49.

Table 5.11 Menopauza		
Percentage of women age 30-49 who are menopausal, by age, Azerbaijan 2011		
Age	Percentage menopausal ¹	Number of women
30-34	1.4	953
35-39	2.4	890
40-41	5.1	415
42-43	9.7	519
44-45	15.5	578
46-47	28.8	590
48-49	40.0	535
Total	12.9	4479
¹ Percentage of all women who are not pregnant and not postpartum amenorrheic whose last menstrual period occurred six or more months preceding the survey		

Insight into the fertility desires of a population is important both for predicting future fertility and for estimating the potential unmet need for family planning. This chapter presents data from the DHS-2011 on the fertility intentions of women in Azerbaijan: whether or not the respondent wants another child and, if so, the preferred interval between children, the number of children considered to be ideal, and the level of unwanted and mistimed fertility.

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

6.1 DESIRE FOR MORE CHILDREN

Women in the DHS-2011 were asked, “Would you like to have (a/another) child or would you prefer not to have any (more) children?” Respondents who said that they would like to have more children were asked, “How long would you like to wait from now before the birth of (a/another) child?”

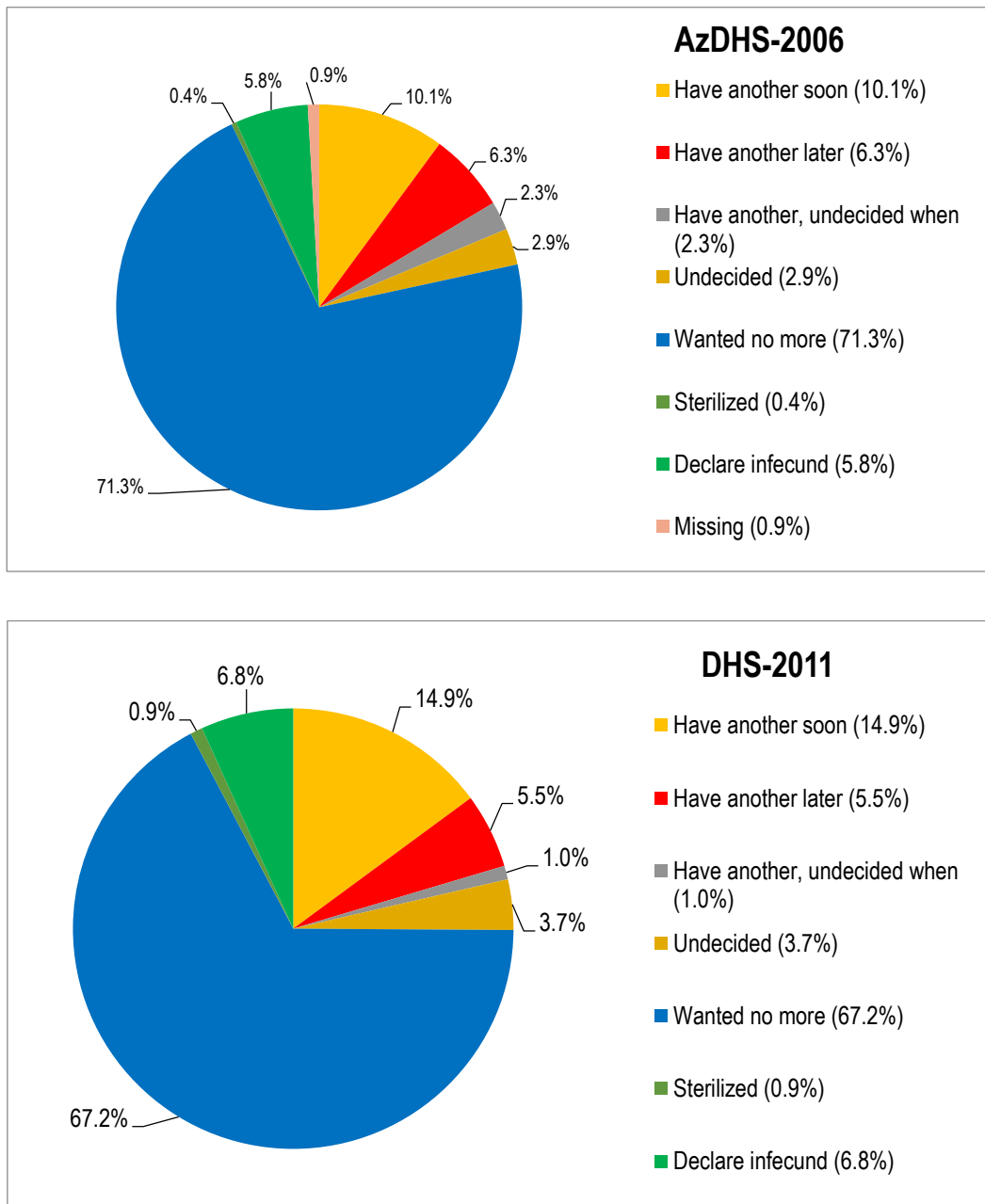
Table 6.1 presents the percent distribution of currently married women age 15-49 by desire for more children according to the number of living children (including any current pregnancy). The majority of married Azerbaijani women express a desire to control their future fertility. Overall, 68.1 percent of married women either do not want another child (67.2%) or are sterilized (0.9%). 14.9 percent of married women want another child soon, 6.5 percent want to wait two or more years before having their next birth or are uncertain when to have the next birth. The remaining 10.5 percent of married women are either undecided or say they are unable to have another child (Figure 6.1). Therefore, a large majority of currently married women in Azerbaijan are potentially in need of contraception, for the purpose of either limiting their family size or spacing births.

Fertility preferences

Table 6.1 Fertility preferences by number of living children						
Percent distribution of currently married women age 15-49 by desire for children, according to number of living children, Azerbaijan 2011						
Desire for children	Number of living children ¹					Total 15-49
	0	1	2	3	4+	
Have another soon ²	71.4	40.6	7.0	1.1	0.0	14.9
Have another later ³	0.0	17.7	5.3	0.9	0.3	5.5
Have another, undecided when	1.5	4.1	0.5	0.2	0.0	1.0
Undecided	0.6	8.8	4.1	1.1	0.5	3.7
Wanted no more	1.9	20.6	79.0	87.9	90.4	67.2
Sterilized ⁴	0.1	0.1	0.9	1.5	1.7	0.9
Declare infecund	24.4	8.1	3.3	7.3	7.1	6.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	361	938	2367	1371	466	5501

¹The number of living children includes current pregnancy
²Wants next birth within 2 years
³Wants to delay next birth for 2 or more years
⁴Includes male and female sterilization

Figure 6.1 Fertility preferences of currently married women, AzDHS-2006 vs. DHS-2011



The desire to limit fertility and stop childbearing increases with the number of living children. For example, 72.9 percent of married women with no children want to have a child, and almost all of these women say that they want to have a child within two years. Among women with one living child, 62.4 percent want to have another child in the future. This percentage decreases rapidly to 12.8 percent among women with two children, 2.2 percent with three children, and less than 1 percent with four or more children.

Conversely, large majority of women with two children (79.9%) do not want any more children; for those with three children this proportion is higher – 89.4 percent, for those with four and more children – 92.1 percent (Figure 6.2).

Figure 6.2 Desire of women to have more children or limit childbearing, by number of living children

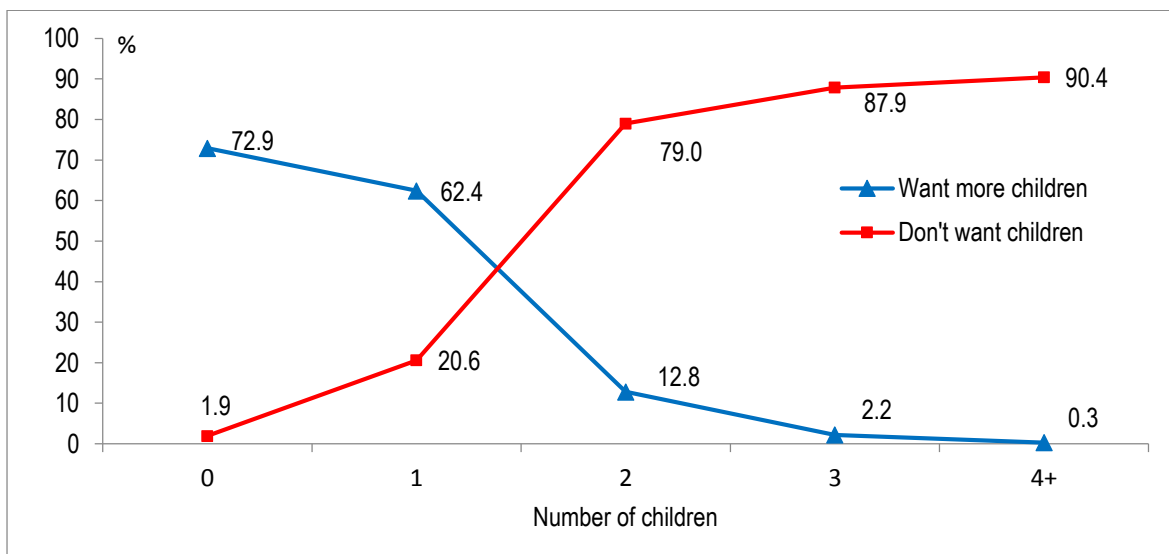


Table 6.2 shows the percentage of currently married women who want no more children, by number of living children and background characteristics.

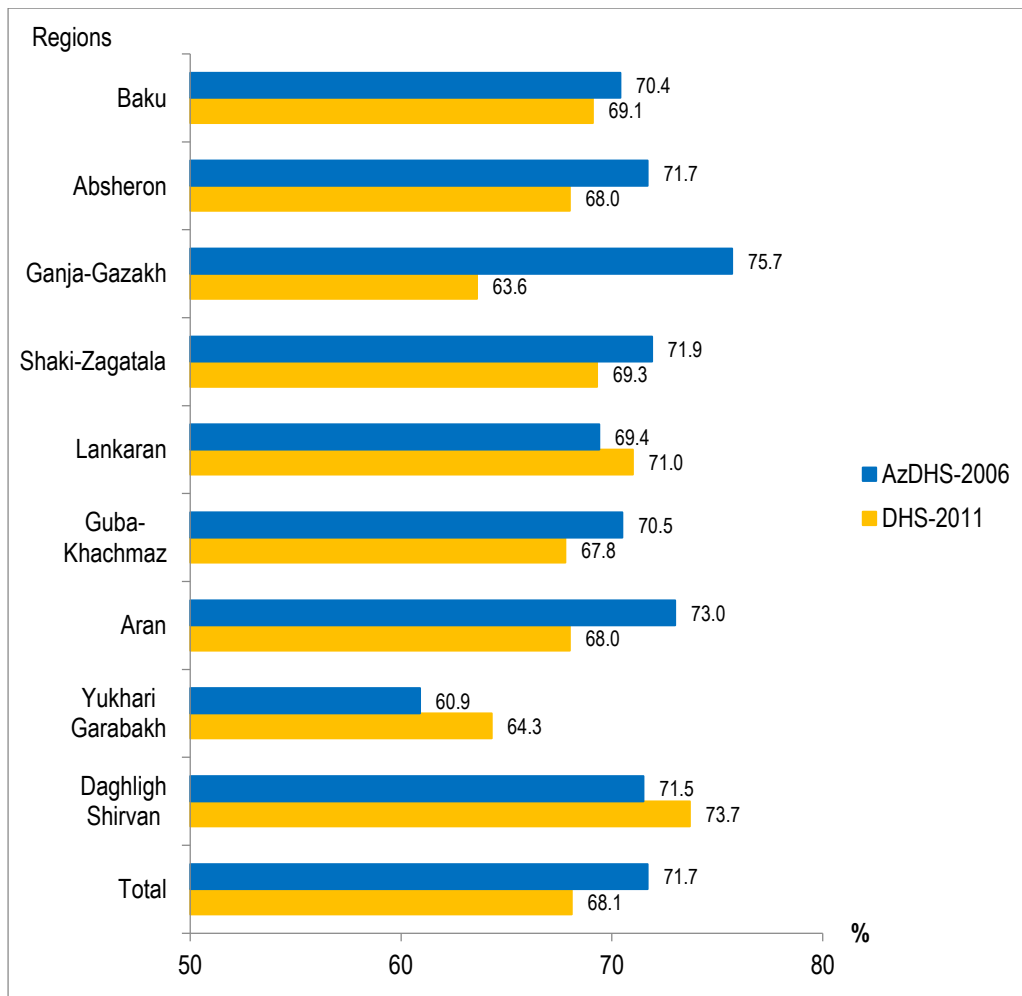
Overall, a similar proportion of urban and rural women want to terminate childbearing (67.5 and 68.9% respectively). Women living in Daghigh Shirvan region (73.7%) are the most likely to want to stop childbearing while those living in Ganja-Gazakh region are the least likely (63.6%).

The desire to stop childbearing peaks among women with complete secondary education (71.3%) and is lowest among those with higher education (60.6%).

Table 6.2 Desire to limit childbearing						
Percentage of currently married women age 15-49 who want no more children, by number of living children and background characteristics, Azerbaijan 2011						
Background characteristics	Number of living children ¹					Total
	0	1	2	3	4+	
Residence						
Urban	1.4	20.7	82.3	90.5	93.0	67.5
Rural	3.3	20.9	75.4	88.1	91.5	68.9
Region						
Baku	3.2	20.6	84.7	93.8	99.2	69.1
Absheron	0.0	4.5	80.5	97.7	90.2	68.0
Ganja-Gazakh	1.6	20.0	73.3	76.4	80.8	63.6
Shaki-Zagatala	2.8	29.0	78.5	91.4	92.3	69.3
Lankaran	8.4	34.6	73.9	93.6	99.3	71.0
Guba-Gusar	0.0	14.4	79.7	98.0	92.7	67.8
Aran	0.0	20.1	80.7	87.0	88.4	68.0
Yukhari Garabakh	0.0	9.5	75.4	81.6	93.1	64.3
Daghli Shirvan	0.0	17.0	71.8	95.4	100.0	73.7
Education						
Basic secondary or less	2.7	20.6	75.3	86.2	90.8	64.5
Complete secondary	0.7	20.9	81.2	91.3	94.2	71.3
Secondary specialized	5.6	25.2	82.5	87.2	84.7	68.6
Higher	0.0	15.6	77.5	89.2	91.4	60.6
Wealth quintile						
Lowest	2.9	29.9	76.8	90.2	90.6	71.8
Second	4.4	15.6	75.8	85.4	94.3	68.7
Middle	0.0	24.3	79.1	89.7	87.6	66.5
Fourth	0.0	17.8	80.1	90.1	94.7	66.6
Highest	4.2	18.3	84.6	92.7	98.9	67.8
Total	2.0	20.7	79.8	89.4	92.1	68.1
Note: Women who have been sterilized are considered to want no more children.						
¹ The number of living children includes the current pregnancy.						

Overall, there has been observed small decrease in proportion of women desired to stop childbearing compared to AzDHS-2006 results (from 71.7% to 68.1%) (see Figure 6.3).

Figure 6.3 Desire to limit childbearing among women, in total and by regions, AzDHS-2006 vs. DHS-2011



6.2 IDEAL NUMBER OF CHILDREN IN A FAMILY

In the DHS-2011, respondents were asked what they considered the ideal family size. This information was obtained by asking the respondents two questions. Respondents who had no children were asked, “If you could choose exactly the number of children to have in your whole life, how many would that be?” For respondents who had children, the question was, “If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?” Responses to these questions are meant to be independent of the number of children that a respondent already has. However, there is typically a correlation between the actual number of children that respondents have and their reported ideal. This correlation may be because respondents who want larger families have more children or because ethical values impel respondents adjust their ideal family size to match their actual family size or because of a combination of these two factors.

The percent distribution of women age 15-49 by ideal number of children is detailed in Table 6.3 according to the number of living children. The table indicates that most women want small families. More than half of women (56.8%) stated two children as the ideal number while about

17.9 percent consider three as ideal. Only around one in six women (16%) states that she prefers to have four or more children. The overall mean ideal number of children is 2.5 for all women and 2.6 for currently married women. There is a positive relationship between the number of children women have and the number they consider ideal, with the mean ideal number of children increasing from 2.2 among women with no children to 3.3 for women with four or more children. Almost the same patterns and proportions were observed in AzDHS-2006.

Table 6.3. Ideal number of children						
Percent distribution of women and men age 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to number of living children, Azerbaijan 2011						
Ideal number of children	Number of living children ¹					Total
	0	1	2	3	4+	
0	1.6	0.2	0.3	0.6	0.2	0.9
1	9.9	8.4	2.3	2.5	2.1	6.1
2	63.5	62.7	62.3	33.9	32.3	56.8
3	12.7	18.2	17.2	35.0	9.8	17.9
4+	7.9	9.0	17.3	26.9	54.2	16.0
Non-numeric responses	4.3	1.6	0.6	1.2	1.4	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of woman	3744	1142	2548	1448	499	9381
Mean ideal number of children for²						
All women	2.2	2.3	2.5	2.9	3.3	2.5
Number	3582	1122	2531	1431	491	9157
Currently married women	2.3	2.3	2.5	2.9	3.4	2.6
Number	352	919	2352	1353	458	5433

¹The number of living children includes current pregnancy for women.
²Means are calculated excluding respondents who gave non-numeric responses.

Table 6.4 shows the mean ideal number of children by background characteristics for all women age 15-49. The mean ideal number of children increases with age of respondents. For example, women age 15-19 want 2.2 children and women age 45-49 want 2.8 children. In general, there are no significant variations in the mean ideal number of children by other background characteristics. The same pattern was observed in AzDHS-2006.

Table 6.4 Mean ideal number of children by background characteristic		
Mean ideal number of children for all women age 15-49 by background characteristics, Azerbaijan 2011		
Background characteristic	Mean	Number ¹
Age		
15-19	2.2	1608
20-24	2.3	1889
25-29	2.4	1282
30-34	2.4	908
35-39	2.6	880
40-44	2.7	1210
45-49	2.8	1371
Residence		
Urban	2.5	3699
Rural	2.4	5458
Region		
Baku	2.5	2506
Absheron	2.5	680
Ganja-Gazakh	2.5	1295
Shaki-Zagatala	2.4	643
Lankaran	2.5	833
Guba-Gusar	2.4	539
Aran	2.4	2104
Yukhari Garabakh	2.5	269
Daghligh Shirvan	2.6	287
Education		
Basic secondary or less	2.4	1857
Complete secondary	2.5	4350
Secondary specialized	2.5	1627
Higher	2.4	1322
Wealth quintile		
Lowest	2.5	1677
Second	2.5	1770
Middle	2.5	1786
Fourth	2.4	1926
Highest	2.5	1997
Total 15-49	2.5	9157
¹ Age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner		

6.3 WANTED AND UNWANTED FERTILITY

In the DHS-2011, women were asked a series of questions about each of their children born in the five years preceding the survey—and, if pregnant, their current pregnancy—to determine whether the pregnancy was wanted then (planned), wanted later (mistimed), or not wanted (unplanned).

These data may lead to underestimates of unplanned childbearing, since women may retrospectively declare unwanted/unplanned pregnancies as planned once the children are born. Another way of measuring unwanted fertility utilizes the data on ideal family size. This measure may also suffer from underestimation to the extent that women are unwilling to report an ideal family size lower

than their actual family size. Estimates using these two approaches indicate the minimum levels of unwanted fertility.

Table 6.5 presents the percent distribution of births in the five years preceding the survey (and current pregnancies) by whether the birth was wanted then, wanted later, or not wanted at all. Overall, 4.8 percent of births in the five-year period were reported unplanned, and an additional 7.2 percent were wanted but at a later time. Thus, about 87.9 percent births are declared as wanted at the time of conception.

Table 6.5 Fertility planning status					
Percent distribution of births to women 15-49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, Azerbaijan 2011					
Birth order and mother's age at birth	Fertility planning status			Total	Number of births
	Wanted then	Wanted later	Not wanted		
Birth order					
1	96.7	2.9	0.4	100.0	1283
2	82.3	13.3	4.4	100.0	974
3	76.3	7.7	16.0	100.0	309
4+	68.5	2.4	29.1	100.0	110
Mother's age at birth					
<20	92.8	6.3	0.9	100.0	372
20-24	88.2	8.3	3.4	100.0	1253
25-29	87.8	7.5	4.6	100.0	691
30-34	83.3	5.0	11.8	100.0	230
35-39	80.6	1.9	17.6	100.0	104
40-44	*	*	*	100.0	23
45-49	*	*	*	100.0	3
Total	87.9	7.2	4.8	100.0	2677
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases.					

The proportion of births wanted later is highest among second-order births (13.3%) and births to women age 20-24 (8.3%). The proportion of births that were not wanted generally increases with birth order and the mother's age; 29.1 percent of fourth and higher order births and 17.6 percent of births to women age 35-39 were not wanted at the time of conception. The same patterns were observed in AzDHS-2006. However, compared to DHS-2011 the total proportion of births wanted later or not wanted at all were higher according to AzDHS-2006 (9.3 and 7.5 percent respectively). That indicates broader use of family planning methods during the last 5 years.

Table 6.6 presents wanted fertility rates, which represent the theoretical level of fertility that would result if all unwanted births were prevented. Unwanted births are those that exceed the respondent's ideal number. The comparison of observed total fertility rates and wanted fertility rates indicates the extent to which couples in a population successfully control their fertility in a given period.

Table 6.6 Wanted fertility rates		
Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Azerbaijan 2011		
Background characteristics	Total wanted fertility rate	Total fertility rate
Residence		
Urban	1.8	1.9
Rural	2.0	2.2
Region		
Baku	1.6	1.8
Absheron	1.9	2.2
Ganja-Gazakh	1.8	2.1
Shaki-Zagatala	1.7	1.9
Lankaran	1.9	2.1
Guba-Gusar	2.0	2.3
Aran	2.0	2.2
Yukhari Garabakh	2.3	2.6
Daghligh Shirvan	2.2	2.3
Education		
Basic secondary or less	1.9	2.1
Complete secondary	1.9	2.1
Secondary specialized	1.8	2.0
Higher	1.8	2.0
Wealth quintile		
Lowest	1.7	2.0
Second	2.0	2.2
Middle	2.0	2.2
Fourth	1.8	2.1
Highest	1.7	1.9
Total	1.9	2.1

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 5.2

According to the results presented in Table 6.6, if all unwanted births were prevented, the total wanted fertility rate would be 1.9 children or about 10 percent (0.2 children) less than the actual total fertility rate. The differences between actual and wanted fertility rates are greatest (0.3 births) among women living in Absheron, Ganja-Gazakh, Guba-Khachmaz and Yukhari Garabakh regions; and women in the lowest and fourth wealth quintiles (0.3 birth).

Family planning topics addressed in this chapter include knowledge of contraceptive methods, use of methods in the past and present, source of supply, reasons for nonuse, met and unmet need for contraception among married women, desire to use in the future, and exposure to family planning messages, and attitudes toward family planning.

7.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

One major objective of the DHS-2011 was to assess the level of knowledge about family planning methods. Individuals who have adequate information about the available methods of contraception are better able to develop a rational approach to planning their families. Information on knowledge of contraception was collected during the survey by asking respondents to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent recognized it. In this manner, information was collected about twelve modern methods (female sterilization, male sterilization, the pill, intrauterine device (IUD), injectables, implants, male condoms, spermicides/foam/jelly, diaphragm/cap, ring, lactational amenorrhea method (LAM), and emergency contraception) and two traditional methods (rhythm/temperature/calendar method/cycle beads, and withdrawal).

Table 7.1 shows that knowledge of contraception among women is high. Although knowledge of at least one family planning method is quite high among currently married women (97.2%), the proportion is lower among all women (87.1%). This pattern is not surprising since the total population of women includes many young, never-married individuals.

Modern methods are more widely known than traditional methods. For example, 85.5 percent of all women have heard of at least one modern method, while only 64.7 percent know of a traditional method. The most widely known modern contraceptive method among women is the IUD (77 percent for all women and 91.9 percent for currently married women), followed by the pill and male condom. Withdrawal is the

Table 7.1 Knowledge of contraceptive methods
Percentage of all respondents and currently married respondents and sexually active unmarried respondents age 15-49 who know any contraceptive method, by specific method, Azerbaijan 2011

Method	All women	Currently married women
Any method	87.1	97.2
Any modern method	85.5	94.6
Female sterilization	18.0	24.5
Male sterilization	2.0	3.0
Pill	66.5	79.0
IUD	77.0	91.9
Injectables	14.2	18.2
Implants	2.0	2.0
Male condom	58.0	72.0
Ring	2.1	2.7
Diaphragm	2.7	3.2
Spermicides/foam/jelly	16.7	23.2
Lactational amenorrhea method (LAM)	33.5	48.8
Emergency contraception	7.0	9.4
Any traditional method	64.7	88.1
Rhythm	34.5	48.5
Withdrawal	55.9	83.6
Other	4.2	6.5
Mean number of methods known by respondents 15-49	4.0	5.0
Number of respondents	9381	5501

most widely known traditional method among women (55.9 percent of all women and 83.6 percent of currently married women).

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

Table 7.2 shows the percentage of currently married women who know any method of contraception and any modern method by background characteristics. Overall, knowledge of any method is high and does not vary significantly by background characteristics. As expected, contraceptive knowledge among women increases with educational attainment and wealth quintile.

Table 7.2 Knowledge of contraceptive methods by background characteristics			
Percentage of currently married women age 15-49 who have heard of at least one modern method by background characteristics, Azerbaijan 2011			
Background characteristic	Heard of any method	Heard of any modern method ¹	Number of women
Age			
15-19	89.1	88.4	147
20-24	95.0	93.1	814
25-29	97.9	95.5	950
30-34	98.6	96.4	721
35-39	98.6	96.6	714
40-44	97.5	94.6	1005
45-49	96.7	93.5	1150
Residence			
Urban	96.9	94.7	3290
Rural	97.5	94.4	2211
Region			
Baku	99.2	98.2	1506
Absheron	99.6	99.2	427
Ganja-Gazakh	94.4	87.1	767
Shaki-Zagatala	99.0	98.6	391
Lankaran	99.4	98.6	488
Guba-Khachmaz	97.4	95.5	310
Aran	93.5	89.3	1285
Yukhari Garabakh	98.3	98.3	161
Daghligh Shirvan	99.0	99.0	166
Education			
Basic secondary or less	96.0	92.8	1006
Complete secondary	96.9	93.9	2743
Secondary specialized	97.6	96.4	1055
Higher	99.0	97.1	697
Wealth quintile			
Lowest	96.0	91.5	930
Second	96.8	94.2	1045
Middle	97.5	94.9	1164
Fourth	96.7	94.5	1169
Highest	98.2	97.1	1193
Total 15-49	97.1	94.6	5501
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases. na = Not applicable ¹ Female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, ring, diaphragm, foam or jelly, lactational amenorrhea method (LAM), and emergency contraception and other modern methods			

7.2 EVER USE OF CONTRACEPTION

All respondents who had heard of a specific method of contraception were asked whether they (or a partner with them) had ever used that method. The questionnaire contained an additional probe to

be asked of those who reported no contraceptive use. Results are presented in Table 7.3 for all women and for currently married women by five-year age groups.

The data show that 73.4 percent of currently married women have ever used a contraceptive method, 37 percent have used a modern method, and 60.7 percent have used a traditional method. The most common method by far is withdrawal. Ever use of withdrawal (57.4%) exceeds, by a factor of more than three, ever use of the IUD (17.3%) and, by a factor of five or more, ever use of the rhythm method (10.3%), the male condom (11%), or the pill (7.7%). Reported ever use of the lactational amenorrhea method among all women and currently married women seems to be high (6.8 percent and 10.8 percent, respectively). It is possible that a question used in the DHS-2011 could have led women to confuse “breastfeeding” with LAM. Levels of ever use among all women are significantly lower than the levels among currently married women (45.7 percent versus 73.4 percent) because the former includes women who have never been or are not currently sexually active and therefore are not in need of contraception.

Table 7.3 Ever use of contraception
Percentage of all women and currently married women age 15-49 who have ever used any contraceptive method by method, according to age, Azerbaijan 2011

Age	Modern method										Traditional method			Number of women	
	Any modern method	Female sterilization	Pill	IUD	Injectables	Male condom	Spermicides/foam/jelly	LAM	Emergency contraception	Any traditional method	Rhythm	Withdrawal	Other method		
ALL WOMEN															
15-19	2.4	0.8	0.1	0.1	0.2	0.0	0.2	0.0	0.4	0.0	1.9	0.1	1.9	0.1	1655
20-24	25.7	11.8	0.1	1.2	3.3	0.0	3.6	0.5	5.0	0.2	20.0	1.4	19.5	0.2	1944
25-29	54.0	28.5	0.1	4.8	10.5	0.1	9.8	2.5	9.2	0.3	42.7	5.8	40.3	0.6	1303
30-34	62.2	35.3	0.5	9.1	15.5	0.4	12.9	4.0	9.3	0.6	48.9	10.1	45.9	0.7	952
35-39	71.2	38.5	1.0	9.8	20.7	0.6	13.4	2.7	9.4	0.1	60.9	11.6	58.6	1.6	891
40-44	70.2	36.0	2.1	8.5	18.7	0.1	10.0	2.1	8.5	0.4	59.2	10.6	55.6	2.2	1232
45-49	68.0	30.4	0.6	6.6	17.3	0.3	5.7	1.0	9.6	0.1	58.2	10.6	54.9	1.9	1404
Total	45.7	23.1	0.5	4.9	10.8	0.2	6.9	1.5	6.8	0.2	37.7	6.2	35.7	0.9	9381
CURRENTLY MARRIED WOMEN															
15-19	25.2	8.2	0.0	0.7	1.4	0.0	2.0	0.0	4.8	0.0	21.1	1.4	21.1	0.7	147
20-24	58.9	26.6	0.1	2.5	7.8	0.0	8.0	1.2	11.8	0.2	46.4	3.2	45.1	0.5	814
25-29	72.5	38.5	0.1	6.6	14.1	0.0	13.5	3.4	12.3	0.4	57.5	8.0	54.2	0.8	950
30-34	78.1	44.5	0.7	11.7	19.8	0.0	16.2	5.3	11.9	0.7	61.7	13.2	57.8	1.0	721
35-39	83.3	44.7	1.3	10.7	24.4	0.0	15.2	3.2	11.1	0.0	71.5	13.8	68.7	1.7	714
40-44	80.1	40.9	2.5	9.8	21.5	8.7	11.3	2.5	9.2	0.5	67.8	12.5	63.4	2.7	1005
45-49	75.7	33.7	0.7	7.0	19.1	0.0	6.3	1.0	10.3	0.1	64.9	12.3	61.0	2.0	1150
Total	73.4	37.0	0.9	7.7	17.3	1.6	11.0	2.5	10.8	0.3	60.7	10.3	57.4	1.5	5501

7.3 CURRENT USE OF CONTRACEPTIVE METHODS

Table 7.4 shows levels of current use of contraception for all women and for currently married women age 15-49. Approximately one-third of all women of reproductive age are using a method of contraception (32.1%). Overall, the DHS-2011 found that over half (54.9%) of married women are currently using a contraceptive method. The majority of married contraceptive users rely on a traditional method (41%), which is about three times as much as current use of modern methods (13.9%). Among married women in Azerbaijan, the most commonly used method is withdrawal (36.6%), followed by the IUD (7.7%), rhythm (3.9%), and the male condom (2.6%) (Figure 7.1).

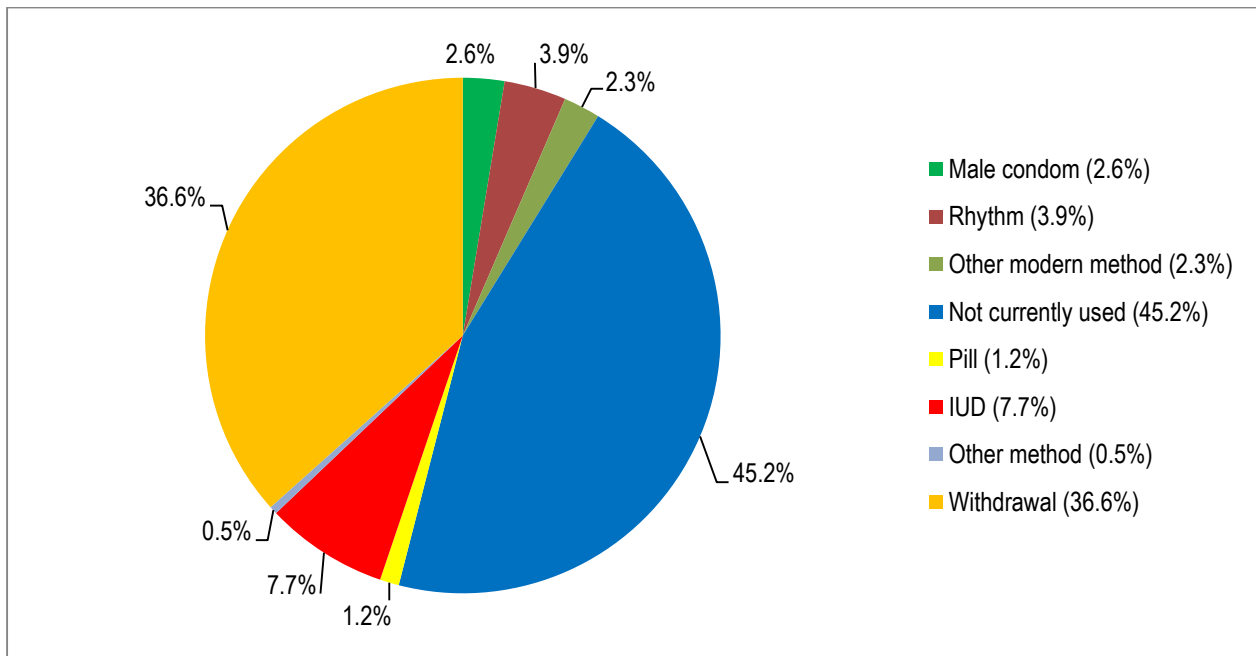
Contraceptive use levels rise rapidly with age, peaking at 72 percent among currently married women age 35-39 and then falling to 35.6 percent among those age 45-49.

Table 7.4 Current use of contraception by age
Percent distribution of all women and currently married women age 15-49 by contraceptive method currently used, according to age, Azerbaijan 2011

Age	Modern method								Traditional method				Number of women		
	Any method	Any modern method	Female sterilization	Pill	IUD	Male condom	Spermicides/foam/jelly	LAM	Any traditional method	Rhythm	Withdrawal	Other method		Not currently using	
ALL WOMEN															
15-19	1.7	0.4	0.0	0.1	0.0	0.1	0.0	0.2	1.3	0.0	1.2	0.1	98.3	100.0	1655
20-24	20.3	5.9	0.0	0.6	2.5	1.6	0.2	1.0	14.4	0.7	13.6	0.1	79.7	100.0	1944
25-29	44.7	13.1	0.1	0.9	7.5	3.2	0.5	0.9	31.6	2.6	28.8	0.2	55.3	100.0	1303
30-34	51.5	15.3	0.5	2.5	7.7	2.6	1.2	0.8	36.2	4.3	31.5	0.4	48.5	100.0	952
35-39	57.4	13.9	1.0	1.2	9.2	1.9	0.4	0.2	43.5	4.0	38.7	0.8	42.6	100.0	891
40-44	48.1	11.4	2.1	0.4	7.0	1.5	0.4	0.0	36.7	4.4	31.9	0.4	51.9	100.0	1232
45-49	29.2	3.4	0.4	0.1	2.4	0.5	0.0	0.0	25.8	2.6	22.7	0.5	70.8	100.0	1404
Total	32.1	8.0	0.5	0.7	4.5	1.5	0.3	0.5	24.1	2.3	21.5	0.3	67.9	100.0	9381
CURRENTLY MARRIED WOMEN															
15-19	18.4	4.1	0.0	0.7	0.0	0.7	0.0	2.7	14.3	0.0	13.6	0.7	81.6	100.0	147
20-24	48.5	14.3	0.0	1.4	6.0	3.8	0.5	2.6	34.2	1.6	32.4	0.2	51.5	100.0	814
25-29	61.1	17.7	0.1	1.3	10.0	4.3	0.7	1.3	43.4	3.6	39.6	0.2	38.9	100.0	950
30-34	68.0	20.1	0.7	3.3	10.1	3.5	1.5	1.0	47.9	5.7	41.6	0.6	32.0	100.0	721
35-39	72.0	17.6	1.3	1.5	11.5	2.4	0.6	0.3	54.4	5.1	48.3	1.0	28.0	100.0	714
40-44	58.9	14.0	2.5	0.5	8.6	1.9	0.5	0.0	44.9	5.4	39.0	0.5	41.1	100.0	1005
45-49	35.6	4.2	0.5	0.1	3.0	0.6	0.0	0.0	31.4	3.1	27.7	0.6	64.4	100.0	1150
Total	54.9	13.9	0.9	1.2	7.7	2.6	0.6	0.9	41.0	3.9	36.6	0.5	45.1	100.0	5501

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

Figure 7.1 Contraceptive use among married women



7.4 DIFFERENTIALS IN CONTRACEPTIVE USE

As shown in Table 7.5, there is only a slight difference in the overall use of contraception among married women in urban and rural areas (55.3 percent and 54.2 percent, respectively); however,

urban women are markedly more likely to be using a modern method than rural women (16.1 percent and 11.4 percent, respectively). There is considerable variation in contraceptive use by region. Women from Aran and Yukhari Garabakh are the least likely to use any modern methods of contraception (both 9.3%) and those from Daghigh Shirvan are the most likely to rely on traditional methods, especially withdrawal (50.6 and 48.2 percent, respectively). Baku, Absheron and Shaki-Zagatala have the highest rates of use of modern methods (19.4 percent, 15.9 percent, and 12.9 percent, respectively). As expected, contraceptive use, particularly the use of modern methods increases with educational attainment. Women with higher education are twice as likely to use a modern method as women with basic secondary or less education (21.4 percent compared with 11.7 percent).

Table 7.5 Current use of contraception by background characteristics
 Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, Azerbaijan 2011

Background characteristic	Any method	Any modern method	Female sterilization	Modern method					Any traditional method	Traditional method			Not currently using	Total	Number of women
				Pill	IUD	Male condom	Spermicides/foam/jelly	LAM		Rhythm	Withdrawal	Other method			
Number of living children															
0	1.4	0.8	0	0	0	0.8	0	0	0.6	0	0.6	0	98.6	100	510
1-2	61.3	15.8	0.6	1.7	8.3	3.3	0.7	1.2	45.5	4.4	40.5	0.6	38.7	100	3199
3-4	58.6	13.7	1.7	0.6	8.7	1.7	0.5	0.5	44.9	4.3	40.2	0.4	41.4	100	1683
5+	43.3	9.6	0	0	6.7	2.9	0	0	33.7	0	32.7	1	56.7	100	109
Residence															
Urban	55.3	16.1	1	1.2	8.8	3.3	0.9	0.9	39.2	5.2	33.2	0.8	44.7	100	3290
Rural	54.2	11.4	0.8	1.1	6.6	1.8	0.3	0.8	42.8	2.7	39.9	0.2	45.8	100	2211
Region															
Baku	57.5	19.4	1.2	2.1	9.4	4.4	1.2	1.1	38.1	6.7	30.6	0.8	42.5	100	1506
Absheron	51.4	15.9	0.6	0.9	7.7	4.9	0.2	1.6	35.5	3.5	31.8	0.2	48.6	100	427
Ganja-Gazakh	57.5	12.6	0.5	0.8	8.9	1.0	0.1	1.3	44.9	1.8	43.0	0.1	42.5	100	767
Shaki-Zagatala	54.3	12.9	1.3	0.5	9.8	1.3	0.0	0.0	41.4	1.5	39.1	0.8	45.7	100	391
Lankaran	49.4	10.8	1.0	0.8	6.0	2.0	0.6	0.4	38.6	4.9	33.5	0.2	50.6	100	488
Guba-Khachmaz	57.0	11.8	0.3	1.9	7.4	1.9	0.0	0.3	45.2	3.2	41.4	0.6	43.0	100	310
Aran	52.5	9.3	0.4	0.7	5.7	1.7	0.4	0.4	43.2	2.9	39.8	0.5	47.5	100	1285
Yukhari Garabakh	44.9	9.3	0.6	0.6	3.1	1.9	0.0	3.1	35.6	2.5	32.5	0.6	55.1	100	161
Daghigh Shirvan	60.2	9.6	0.6	1.2	6.6	1.2	0.0	0.0	50.6	1.8	48.2	0.6	39.8	100	166
Education															
Basic secondary or less	47.6	11.7	1.0	1.5	5.5	2.6	0.3	0.8	35.9	1.7	34.0	0.2	52.4	100	1006
Complete secondary	55.0	11.9	0.8	0.9	7.2	1.8	0.4	0.8	43.1	2.8	39.7	0.6	45.0	100	2743
Secondary specialized	54.5	15.3	0.9	0.8	9.7	2.0	1.1	0.8	39.2	5.6	33.1	0.5	45.5	100	1055
Higher	64.3	21.4	0.7	2.2	9.5	6.5	1.2	1.3	42.9	8.6	33.7	0.6	35.7	100	697
Wealth quintile															
Lowest	54.6	9.3	0.6	0.6	6.2	1.1	0.0	0.8	45.3	1.3	43.5	0.5	45.4	100	930
Second	54.8	8.4	0.6	0.6	5.3	1.2	0.1	0.6	46.4	2.3	44.0	0.1	45.2	100	1045
Middle	53.1	13.4	1.5	1.5	6.5	2.7	0.3	0.9	39.7	3.5	35.5	0.7	46.9	100	1164
Fourth	54.4	15.6	1.5	1.5	8.8	2.3	0.7	0.8	38.8	4.1	34.1	0.6	45.6	100	1169
Highest	58.6	21.9	1.6	1.5	10.9	5.1	1.5	1.3	36.7	7.5	28.6	0.6	41.4	100	1193
Total 15-44	59.7	16.1	0.9	1.4	8.9	3.1	0.7	1.1	43.6	4.1	39.0	0.5	40.3	100	4351
Total 15-49	54.9	13.9	0.9	1.2	7.7	2.6	0.6	0.9	41.0	3.9	36.6	0.5	45.1	100	5501

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

The base female population in the DHS-2011 is women age 15-49, as well as in the AzDHS-2006. However, in the 2001 Reproductive Health Survey of Azerbaijan (RHSA-2001) it is women age 15-44. To make statistics in use of contraceptives comparable between the three surveys, the use of contraceptives among married women in the DHS-2011 was re-run for women age 15-44 (Table 7.5, Total 15-44). Trends in the current use of contraception are presented in Tables 7.6.1 and 7.6.2.

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Table 7.6.1 Trends in the current use of contraception (15-44)
Percent distribution of currently married women age 15-44 by contraceptive method currently used, according to several surveys

Method	RHSA-2001	AzDHS-2006	DHS-2011
Any method	55.4	55.0	59.7
Any modern method	11.9	15.6	16.1
Female sterilization	1.2	0.3	0.9
Pill	1.0	1.3	1.4
IUD	6.1	9.9	8.9
Male condom	3.2	2.4	3.1
Other modern method	0.4	1.7	4.9
Any traditional method	43.5	39.5	43.6
Rhythm	3.0	4.4	4.1
Withdrawal	40.5	34.7	39.0
Other	0.0	0.3	0.5
Not currently using	44.7	45.0	40.3
Total	100.0	100.0	100.0
Number of women	5146	4500	4351

Table 7.6.2 Trends in the current use of contraception (15-49)
Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to DHS surveys

Method	AzDHS-2006	DHS-2011
Any method	51.1	54.9
Any modern method	14.3	13.9
Female sterilization	0.4	0.9
Pill	1.1	1.2
IUD	9.2	7.7
Male condom	2.2	2.6
Other modern method	1.3	1.5
Any traditional method	36.8	41.0
Rhythm	4.0	3.9
Withdrawal	32.5	36.6
Other	0.3	0.5
Not currently using	48.9	45.1
Total	100.0	100.0
Number of women	4500	5501

Figures show that overall use of any method of contraception by women age 15-44 has not changed between 2001 and 2006. However, at that period there has been significant increase in use of modern methods (from 11.9 to 15.6 percent). These trends can be explained by wide range of public awareness activities on family planning and use of contraception among population in selected pilot regions within different projects, for example projects supported by UNFPA and USAID.

Compared with AzDHS-2006 findings, DHS-2011 results show significant increase in current use of any method of contraception between 2006 and 2011 (from 55 to 59.7 percent among women age 15-44 and from 51 to 54.9 percent among women age 15-49) largely occurred because of increase in use of traditional methods, especially withdrawal.

Table 7.7 shows comparison of recent Demographic and Health Surveys conducted in other countries of the region.

Country/DHS survey year	Any method	Any modern method	Any traditional method	Number of women
Azerbaijan, 2011	54.9	13.9	41.0	5501
Azerbaijan, 2006	51.1	14.3	36.0	5269
Ukraine, 2007	66.7	47.5	19.0	4116
Albania, 2009	69.3	10.6	58.7	5001
Moldova, 2005	67.8	43.8	23.9	4937
Turkey, 2003	71.0	42.5	28.5	7672

7.5 NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

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

Table 7.8 shows the percent distribution of women by number of living children at the time of first use of contraception, according to current age. The data show that it is most common to begin using a method after the birth of at least one child. Less than 1 percent of all women age 15-49 report that they started using contraception before they began having children compared with 14.6 percent of women who began using a method after having one child and 19.2 percent who began using a method after two children.

Age	Never used	Number of living children at time of first use of contraception					Total	Number of women
		0	1	2	3	4+		
15-19	97.6	0.4	1.6	0.2	0.0	0.0	100	1655
20-24	74.3	1.1	16.4	7.2	0.9	0.0	100	1944
25-29	46.1	0.9	25.3	24.0	3.5	0.2	100	1303
30-34	37.8	0.8	22.7	28.2	9.0	1.5	100	952
35-39	28.7	0.9	16.2	34.0	16.0	4.2	100	891
40-44	30.0	0.4	14.3	30.5	17.7	7.3	100	1232
45-49	32.0	0.4	11.0	28.5	19.1	9.1	100	1404
Total	54.3	0.7	14.6	19.2	8.3	2.9	100	9381

7.6 KNOWLEDGE OF THE FERTILE PERIOD

A basic knowledge of the physiology of reproduction is necessary for the successful practice of coitus-related methods of family planning such as periodic abstinence. The use of such methods depends in part on an understanding of when, during the ovulatory cycle, a woman is most likely to conceive. All women in the DHS-2011 were asked, "From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?" If the

answer was “yes,” they were further asked whether that time was just before her period begins, during her period, right after her period has ended, or halfway between two periods. Table 7.9 shows that a quarter of all women correctly identify the fertile period as occurring halfway between periods.

3 percent of women say that they do not know when the fertile period falls, 17.8 percent wrongly believe that the fertile period is right after a menstrual period has ended. Among users of periodic abstinence (rhythm method), 83.3 percent were able to correctly identify the fertile period.

Table 7.9 Knowledge of fertile period			
Percent distribution of women age 15-49 by knowledge of the fertile period during the ovulatory cycle, according to current use of the rhythm method, Azerbaijan 2011			
Perceived fertile period	Users of rhythm method	Nonusers of rhythm method	All women
Just before menstrual period begins	3.2	1.6	1.7
During menstrual period	0.0	0.8	0.8
Right after menstrual period has ended	10.2	18.0	17.8
Halfway between two menstrual periods	83.3	23.1	24.5
Don't know	0.5	3.1	3.0
Missing	2.8	53.4	52.2
Total	100	100	100
Number of women	216	9165	9381

7.7 NEED FOR FAMILY PLANNING METHODS

Women who are potentially in need of family planning are those who either want to wait two or more years before their next birth (need for spacing), or want to stop childbearing altogether (need for limiting).

Currently married fecund women who either want no more children or want to wait at least two years before having another child, but who are not using contraception, are considered to have an unmet need for family planning. Women who are currently using family planning methods are said to have a met need for family planning. The sum of unmet need and met need constitute the total demand for family planning. Table 7.10 presents information for currently married women on unmet need, met need, and total demand for family planning, according to whether the need is for spacing births or limiting family size. The total demand for family planning among currently married women age 15-49 is 73.8 percent and 92.8 percent of the demand is satisfied. The demand for limiting purposes is nearly six times as high as the demand for spacing purposes (62.6 percent and 11.2 percent, respectively).

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Table 7.10 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage for the demand for contraception that is satisfied, by background characteristics, Azerbaijan 2011

Background characteristics	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	1.0	1.8	2.8	15.0	3.9	18.9	16.0	5.7	21.7	86.9	147
20-24	2.7	3.1	5.9	25.0	21.3	46.3	27.5	24.3	51.8	89.4	814
25-29	1.9	3.7	5.5	22.1	39.3	61.4	24.0	42.6	66.6	92.2	950
30-34	1.2	6.1	7.3	12.3	56.3	68.6	13.5	62.3	75.8	90.5	721
35-39	0.1	3.9	4.0	3.5	75.8	79.3	3.6	79.7	83.3	95.2	714
40-44	0.1	5.5	5.5	0.8	79.0	79.8	0.9	84.4	85.3	93.5	1005
45-49	0.0	5.2	5.2	0.5	79.5	80.0	0.5	84.7	85.1	93.9	1150
Residence											
Urban	1.0	3.8	4.8	10.5	58.3	68.8	11.4	62.2	73.6	93.5	3290
Rural	0.9	5.5	6.5	9.9	58.0	67.9	10.8	63.3	74.1	91.6	2211
Region											
Baku	1.1	3.8	4.8	11.4	60.3	71.7	12.5	64.1	76.5	93.7	1506
Absheron	0.8	1.8	2.6	9.9	60.8	70.7	10.7	62.6	73.3	96.5	427
Ganja-Gazakh	0.5	3.2	3.7	11.5	56.1	67.6	12.1	59.2	71.3	94.8	767
Shaki-Zagatala	1.5	5.9	7.4	11.5	58.6	70.1	13.0	64.5	77.6	90.4	391
Lankaran	0.9	12.6	13.5	9.0	50.2	59.2	9.7	62.6	72.3	81.9	488
Guba-Khachmaz	0.7	3.8	4.5	11.7	60.7	72.3	12.4	64.5	76.9	94.1	310
Aran	0.8	4.0	4.8	8.5	58.0	66.5	9.3	61.8	71.1	93.5	1285
Yukhari Garabakh	1.3	4.6	5.9	8.5	52.1	60.7	9.9	55.9	65.7	92.3	161
Daghigh Shirvan	1.7	3.3	5.0	8.6	67.5	76.1	10.3	70.1	80.4	94.6	166
Education											
Basic secondary or less	1.2	5.2	6.4	8.2	52.2	60.4	9.4	57.3	66.7	90.6	1006
Complete secondary	0.9	4.7	5.6	8.9	61.4	70.3	9.7	66.0	75.8	92.8	2743
Secondary specialized	0.9	4.3	5.2	10.9	58.8	69.7	11.9	63.1	74.9	93.1	1055
Higher	0.8	3.1	4.0	17.9	53.5	71.3	18.7	56.3	75.1	95.0	697
Wealth quintile											
Lowest	1.0	5.7	6.8	7.4	60.5	67.9	8.4	66.1	74.5	91.2	1193
Second	0.7	4.6	5.3	9.5	59.1	68.6	10.2	63.6	73.9	92.8	1169
Middle	1.2	5.4	6.5	10.3	55.2	65.5	11.3	60.3	71.6	91.4	1164
Fourth	0.7	3.4	4.2	11.7	57.9	69.6	12.5	61.3	73.8	94.4	1045
Highest	1.1	3.8	4.8	11.7	58.8	70.5	12.8	62.5	75.3	93.6	930
Total	0.9	4.5	5.5	10.3	58.2	68.5	11.2	62.6	73.8	92.8	5501

¹Unmet need for spacing includes pregnant women whose pregnancy was mistimed; amenorrheic women who are not using family planning and whose last birth was mistimed, or whose last births was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child.

Unmet need for limiting refers to pregnant women whose pregnancy was unwanted; amenorrheic, women who are not using family planning, whose last child was unwanted and who do not want any more children; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children.

²Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another.

Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

Overall, 5.5 percent of currently married women in Azerbaijan have an unmet need for family planning, mainly for limiting (4.5%). Unmet need for family planning was 23 percent and satisfied demand was 51 percent in the AzDHS-2006. Overall, DHS-2011 findings compared with AzDHS-2006 results show increase in proportion of satisfied demand and decrease in unmet need for family planning, however the total demand for family planning among currently married women of reproductive age has not changed (in 2006 - 74 percent).

As expected, unmet need for spacing declines with age, while the unmet need for limiting increases with age. The proportion of currently married women with unmet need is somewhat higher in rural areas (6.5%) than in urban areas (4.8%). Unmet need for family planning ranges from a low of 2.6 percent in Absheron to a high of 13.5 percent in Lankaran. According to AzDHS-2006 results Absheron had the highest level of unmet need (33%). The decrease in this region can be explained

by conduction of project on family planning and use of contraception sponsored by USAID. Unmet need is lowest among currently married women living in more economically advantaged households, and women with university-level education.

7.8 SOURCE OF CONTRACEPTION

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

Table 7.11 shows that 62.8 percent of modern method users received their method from the public sector. This is primarily due to the fact that the public sector is the source for almost all users (90.9%) of the IUD, the most popular modern method. It might be possible that some users reported the source of the services instead of the method itself. For example, some IUD users purchase an IUD in one place and go to another place to have it inserted. The private medical sector serves only 2.9 percent of modern methods users. Among condom and pill users, the majority (73.6 percent for the pill and 85 percent for the male condom) reported obtaining their most recent supply from a shop.

Table 7.11 Source of modern contraception methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Azerbaijan 2011

Source	Pill	IUD	Male condom	All modern methods ¹
Public sector	21.2	90.9	8.5	62.8
Hospital/maternity home	9.8	52.0	5.4	35.2
Polyclinic/woman's consultation	11.4	36.4	3.1	25.0
FAP/DC/PH	0.0	2.1	0.0	1.3
Family planning center/cabinet	0.0	0.4	0.0	0.2
Private medical sector	0.0	4.5	0.4	2.9
Private hospital/maternity home	0.0	1.9	0.0	1.2
Private clinic/woman's consultation	0.0	0.8	0.4	0.6
Private doctor	0.0	1.8	0.0	1.1
Other source	77.3	4.3	89.7	33.8
Shop/pharmacy	73.6	4.1	85.0	31.1
Friend/relative	3.7	0.2	4.2	2.6
Peer educator	0.0	0.0	0.5	0.1
NGO	0.0	0.0	0.0	0.0
Other	1.5	0.3	1.4	0.6
Total	100.0	100.0	100.0	100.0
Number of women	64	422	139	656

Note: Table excludes lactational amenorrhea method (LAM).

FAP = Feldsher accoucher post

DC = Doctors ambulatory clinic

PH = Peripheral hospital

NGO = Non governmental organization

¹Total includes 32 users of spermicides/foam/jelly

7.9 COST OF CONTRACEPTION

One goal of the DHS-2011 was to obtain information about expenditures on modern contraceptives. The number of observations allows a comparison of most frequently used modern methods: the

IUD, the male condom, and the pill (Table 7.12). The IUD is the most expensive method but, once inserted, it can be used for many years. For IUD users who paid and were able to provide information on cost (89.6%), the median cost was 30 AZN. 4.5 percent of women using IUD received them for free and about 6 percent of women don't remember the cost. Median cost for pills was calculated at 5 AZN and for male condoms at 3 AZN. However, 66.5 percent of condom users and 27.3 percent of pill users stated that they did not know the cost.

Table 7.12 Cost of modern contraceptive methods
Percentage of current users of contraception age 15-49 who did not pay for the method and who do not know the cost of the method and the median cost of the method by current method, Azerbaijan 2011

Cost	Pill	IUD	Male condom	All modern methods ¹
Free	3.3	4.5	2.3	3.6
Do not know cost	27.3	5.9	66.5	21.8
Cost known	69.4	89.6	31.3	74.6
Total ¹	100.0	100.0	100.0	100.0
Median cost in manat ²	5.0	30.0	3.0	25.0
Number of women	64	421	140	658

Note: Table excludes lactational amenorrhea method (LAM). Costs are based on the last time current users obtained method. Costs include consultation costs, if any. For condom, costs are per package; for pills, per cycle.
¹Total includes 33 users of spermicides/foam/jelly.
²Median cost is based only on those women who reported a cost.

7.10 INFORMED CHOICE

Current users who are well informed about the side effects and problems associated with contraceptive methods and who know of a range of method options are better able to make an informed choice about the method they would like to use. Current users of various modern contraceptive methods were asked whether at the time they started using the method, they were informed about side effects or problems that they might have with the method. Table 7.13 shows the percentage of users who were informed about side effects of or problems with their method and about different methods available by a health or family planning worker at the time they accepted their current method. 55.9 percent of modern contraceptive users were informed about side effects; however, 53.7 percent were told what to do if they did experience side effects. Furthermore, 51.3 percent were informed about other methods of contraception that they can use.

Table 7.13 Informed choice
Among current users of modern contraceptive methods age 15-49 percentage who were informed about possible side effects of or problems with that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods they could use by family planning or health worker, by method, Azerbaijan 2011

Method	Percentage informed about side effects of or problems with method	Percentage informed about what to do if experienced side effects	Percentage informed by a health or family planning worker of other methods that could be used	Number of women
Pill	(43.3)	(27.4)	(46.3)	14
UDV	74.3	72.1	52.0	270
Other	na	na	na	85
Total ¹	55.9	53.7	51.3	369

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

7.11 CONTRACEPTIVE DISCONTINUATION

A prominent concern for managers of family planning programs is the discontinuation of methods. In the DHS-2011 “calendar” section, all segments of contraceptive use between January 2006 and the date of interview were recorded, along with reasons for any discontinuation. One-year contraceptive discontinuation rates based on the calendar data are presented in Table 7.14.

Overall, nearly one-fifth (18.6%) of all users of a contraceptive method discontinued use within 12 months of adopting the method. The first-year discontinuation rate is lowest among users of the rhythm method (14.6%) and highest among users of the lactational amenorrhea method (LAM) (21%).

Table 7.15 shows the distribution of discontinuations of all contraceptive methods during the five years preceding the survey by reason for discontinuation. About five in ten (47.3%) of all discontinuations were attributed to method failure, i.e., accidental pregnancy (became pregnant while using). The low efficacy of rhythm and withdrawal is evidenced by the high proportion of discontinuations attributed to failure during use (49.2 percent for rhythm and 62.3 percent for withdrawal). Although method failure is the most commonly cited reason for discontinuations, 2.4 percent of discontinuations were due to husband’s disapproval and 11.6 percent were the result of the woman’s desire to become pregnant. For IUD users, more than one-third of discontinuations (41%) were attributed to health concerns.

Table 7.14 First-year contraceptive discontinuation rates

Percentage of contraceptive users who discontinued use of a method within 12 months after beginning its use, by specific method, Azerbaijan 2011

Method	Percentage of users who discontinued method
IUD	19.6
Male condom	17.0
Lactational amenorrhea method (LAM)	21.0
Rhythm	14.6
Withdrawal	18.0
All methods	18.6
Number of episodes of use	438

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

Table 7.15 Reasons for contraceptive discontinuation

Among all discontinuations of methods in the five years preceding the survey, the percent distribution by main reason for discontinuation, according to method, Azerbaijan 2011

Reason	Modern method				Traditional method		All ¹ methods
	Pill	IUD	Condom	Lactational amenorrhea	Rhythm	Withdrawal	
Became pregnant while using	35.5	6.4	20.2	3.4	49.2	62.3	47.3
Wanted to become pregnant	3.6	14.5	26.2	1.7	15.9	11.0	11.6
Husband disapproved	2.7	0.6	9.3	0.0	0.8	2.3	2.4
Side effects	10.0	12.7	0.0	0.0	0.0	0.1	1.5
Health concerns	18.2	41.0	0.5	0.0	0.8	0.7	4.5
Access/availability	0.9	0.0	6.6	0.0	0.0	0.1	0.6
Wanted a more effective method	7.3	5.2	6.0	12.3	17.4	7.8	8.4
Inconvenient to use	1.8	1.7	22.4	0.6	6.1	1.7	3.7
Infrequent sex/husband away	6.4	2.3	1.6	0.0	3.0	6.1	5.4
Cost too much	10.9	0.0	2.2	0.0	0.0	0.0	1.1
Fatalistic	0.0	0.0	0.5	0.0	0.0	0.0	0.1
Difficult to get pregnant/menopausal	2.7	2.9	1.1	0.0	4.5	5.3	4.2
Marital dissolution/separation	0.0	0.6	2.7	0.0	0.0	0.5	0.6
Other	0.0	12.1	0.5	82.1	2.3	2.1	8.7
Total ¹	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	110	173	183	179	132	1494	2330

¹Total includes 36 discontinuations of foam/jelly and 23 discontinuations of other methods

7.12 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which non-users of contraception plan to use family planning in the future. In the DHS-2011, all women who were not currently using a method of contraception were asked about their intention to use family planning in the future. The results are presented in Table 7.16.

One in four (23.9%) of currently married nonusers say that they intend to use family planning in the future, while 46.7 percent do not intend to use and 29.4 percent are unsure. Surprisingly, the proportion of those intending to use generally decreases as the number of living children increases and the proportion who say they do not intend to use is highest among those with four or more children. The same trend

Age	Intention			Total	Number of women
	Intends to use	Unsure	Does not intend to use		
15-19	43.5	55.7	0.9	100	115
20-24	48.6	44.2	7.2	100	414
25-29	46.0	46.8	7.2	100	348
30-34	35.6	42.9	21.5	100	219
34-39	14.2	27.9	57.9	100	190
40-44	4.0	15.3	80.5	100	339
45-49	1.0	8.0	91.1	100	615
Number of living children ¹					
0	35.0	53.6	11.2	100	261
1	36.5	44.5	19.0	100	463
2	23.8	26.7	49.5	100	806
3	13.0	13.8	73.2	100	508
4+	8.4	12.9	78.7	100	202
Total	23.9	29.4	46.7	100	2240

¹Includes current pregnancy

was observed in AzDHS-2006. This pattern is mainly due to the fact that nonusers with more children are also more likely to be older and infertile.

7.13 REASONS FOR NOT INTENDING TO USE

An understanding of the reasons that people do not like to use family planning methods is critical in designing programs that could improve the quality of services. Table 7.17 shows the main reasons for not intending to use family planning cited by currently married nonusers who do not intend to use a method in the future.

Fertility-related reasons (71%), especially infrequent or no sex (23.9%) or being menopausal (23.1%), are by far the most common reasons for not intending to use contraception, followed by method-related reasons (15%). Only 7.1 percent of nonusers said they do not intend to use because they or their husbands are opposed to using family planning or because of religious prohibitions.

Reason	Percentage
Fertility-related reasons	
Infrequent sex/no sex	23.9
Menopausal/had hysterectomy	23.1
Subfecund/infecund	18.5
Afterbirth amenorrhea	1.6
Lactation	3.6
Fatalistic	0.6
Opposition to use	
Respondent opposed	3.1
Husband/partner opposed	3.5
Others opposed	0.1
Religious prohibition	0.4
Lack of knowledge	
Knows no method	1.9
Knows no source	1.1
Method-related reasons	
Health concerns	9.6
Fear of side effects	2.6
Cost too much	1.5
Inconvenient to use	0.5
Interfere with body's normal process	0.8
Other	3.0
Don't know	0.7
Total	100.0
Number of women	1727

7.14 PREFERRED METHOD FOR FUTURE USE

Future demand for specific methods of family planning can be assessed by asking nonusers who intend to use in the future which methods they prefer to use.

Table 7.18 presents information on method preference among currently married nonusers who say they intend to use in the future. The IUD is the most popular method among women who intend to use in the future (44%), followed by withdrawal (19%) and the pill (13.6%). Just 4.4 percent of women report male condoms as their preferred method.

Preferred method	Percentage of women
Modern	
Female sterilization	0.4
Pill	13.6
IUD	44.2
Injectables	0.1
Male condom	4.4
Spermicides/foam/jelly	1.5
Lactational amenorrhea	0.2
Traditional	
Rhythm	0.9
Withdrawal	19.1
Other	0.6
Unsure	15.0
Total	100.0
Number of women	541

7.15 EXPOSURE TO FAMILY PLANNING MESSAGES

The mass media provide an opportunity to communicate family planning information to a broad spectrum of the population. Information on the level of exposure to such media is important for program planners to effectively target population subgroups for information, education, and communication campaigns. To assess the effectiveness of such media on the dissemination of family planning information, the DHS-2011 asked all female respondents whether they had heard about family planning on the radio or television, or read about it in a newspaper, magazine, pamphlet, or brochure in the past few months.

Table 7.19 shows that more than one-quarter of women (27%) say they have seen a family planning message on the television, while about 11 percent say they heard about family planning on the radio or read about it in a newspaper or magazine in the past few months. A high proportion of women (71.3%) were not exposed to family planning messages in any of these media.

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

Background characteristic	Radio	Television	Newspaper/ Magazine	None of the three media sources	Number of women
Age					
15-19	1.6	15.0	3.6	83.9	1655
20-24	3.2	26.1	7.0	72.4	1944
25-29	3.8	32.6	9.8	64.8	1303
30-34	4.1	32.7	9.9	65.1	952
35-39	6.5	30.9	10.4	66.8	891
40-44	3.3	29.0	8.4	69.8	1232
45-49	4.2	29.3	7.6	69.3	1404
Residence					
Urban	4.3	28.9	9.4	69.0	5645
Rural	2.4	24.2	5.2	74.8	3736
Region					
Baku	5.4	33.3	12.2	64.1	2666
Absheron	1.4	17.1	5.0	79.9	697
Ganja-Gazakh	1.3	23.1	4.6	76.2	1297
Shaki-Zagatala	7.0	44.4	13	55.1	654
Lankaran	0.7	12.1	3.6	86.7	841
Guba-Khachmaz	1.8	4.0	3.1	93.5	550
Aran	3.7	30.2	6.8	68.8	2118
Yukhari Garabakh	4.8	32.7	3.3	66.5	269
Daghigh Shirvan	3.5	30.4	6.6	67.5	289
Education					
Basic secondary or less	1.2	16.5	2.1	82.6	1900
Complete secondary	2.0	23.8	4.7	75.5	4437
Secondary specialized	6.4	35.5	12.0	61.7	1672
Higher	8.6	41.8	20.1	53.9	1371
Wealth quintile					
Lowest	0.9	18.5	3.0	80.7	1688
Second	1.5	22.1	4.1	77.2	1785
Middle	4.0	28.2	6.5	70.3	1825
Fourth	4.6	30.3	10.5	67.1	1968
Highest	6.1	34.0	13.0	63.5	2115
Total 15-49	3.6	27.0	7.7	71.3	9381

7.16 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

Table 7.20 shows the percentage of female nonusers who were exposed to a family planning provider. The vast majority (85.5%) of women who were not using a method of contraception had no discussions about family planning with a health professional during the 12 months preceding the survey. Very few nonusers discussed family planning with a health worker either inside or outside a health facility (6.5 percent and 3.8 percent, respectively). 36.1 percent of nonusers visited a health facility in the past 12 months but did not discuss family planning. The differentials by background characteristics are not significant.

Background characteristic	Percentage of women who during the past 12 months were visited by a healthworker who discussed family planning	Among women who visited a health facility in the past 12 months:		Percentage of women who neither discussed family planning with a healthworker nor at a health facility	Number of women
		Percentage who discussed family planning	Percentage who did not discuss family planning		
Table 7.20 Contact of nonusers with healthworkers					
Among women age 15-49 who are not using contraception, the percentage who during the past 12 months were visited by a healthworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who did not discuss family planning either with a healthworker or at a health facility, by background characteristics, Azerbaijan 2011					
Age					
15-19	0.0	0.0	0.0	100.0	1512
20-24	1.3	15.4	44.0	82.1	1205
25-29	4.4	17.1	37.4	72.7	446
30-34	2.7	5.6	46.4	89.3	341
35-39	5.7	15.0	36.4	78.3	318
40-44	3.1	2.1	32.8	91.2	518
45-49	4.1	2.0	34.6	87.1	817
Residence					
Urban	3.1	6.9	35.2	86.8	3160
Rural	4.9	5.8	37.8	84.0	1997
Region					
Baku	0.6	8.5	30.5	90.0	1511
Absheron	3.3	5.0	42.2	88.1	361
Ganja-Gazakh	2.5	8.6	20.0	81.6	690
Shaki-Zagatala	5.2	8.0	24.0	75.0	361
Lankaran	2.2	5.2	52.1	90.0	493
Guba-Khachmaz	6.8	8.7	35.6	79.2	300
Aran	5.1	3.5	46.8	87.3	1127
Yukhari Garabakh	14.3	11.1	42.9	71.9	165
Daghliigh Shirvan	11.5	0.0	15.4	50.0	149
Education					
Basic secondary or less	3.1	6.6	37.6	85.6	1121
Complete secondary	3.9	6.4	33.4	85.2	2310
Secondary specialized	3.7	7.6	40.4	86.0	889
Higher	3.7	4.8	37.3	87.0	837
Wealth quintile					
Lowest	2.3	9.2	37.1	88.5	974
Second	6.7	3.2	37.5	82.0	978
Middle	4.0	5.0	38.0	86.9	911
Fourth	4.7	5.3	38.5	85.1	1079
Highest	1.4	10.1	30.4	86.4	1215
Total 15-49	3.8	6.5	36.1	85.5	5157

8.1 PREGNANCIES ENDING IN INDUCED ABORTION

In Azerbaijan, as in all former Soviet countries, induced abortion was the primary means of fertility control for many years. Induced abortion was first legalized in the Soviet Union in 1920 but was banned in 1936 as part of a pronatalist policy. This decision was reversed in 1955 when abortion for nonmedical reasons was again legalized throughout the former Soviet Union. Like other countries in East and Central Europe and the former Soviet Union, Azerbaijan's abortion laws are among the most liberal in the world. They allow women to obtain an abortion upon request up to the 12th week of pregnancy, upon social reasons up to 22 weeks, and at any time for life threatening reasons (because of medical instructions).

Information about induced abortion was collected through a detailed reproductive history section in the Women's Questionnaire. In collecting the histories, each woman was first asked about the total number of pregnancies that had ended in live births, stillbirths, miscarriages, and induced abortions. After obtaining these aggregate data, an event-by-event pregnancy history was recorded.

For each pregnancy, the duration, the month and year of termination, and the outcome of the pregnancy was recorded¹. The DHS-2011 also included an abortion history where data were collected about all the abortions since January 2006.

Table 8.1 shows the percent distribution of the outcome of all pregnancies that ended during the three-year period preceding the survey (approximately August-October 2008 to August-October 2011). In Azerbaijan, over half of pregnancies end in a live birth (52.7%), which is slightly more than in 2006 (45.5%). The majority of pregnancy losses are due to induced abortions (40.9%), followed by miscarriages (6%) and stillbirths (0.4%). However, proportion of pregnancy losses due to induced abortions has significantly decreased since 2006 from 48.9 percent to 40.9 percent.

The proportion of pregnancies that end in induced abortion rises dramatically with age of the woman and with pregnancy order. 8.7 percent of pregnancies among women aged less than 20 end in abortion, compared with 21.4 percent of pregnancies among women age 20-24, 44.3 percent of those to women age 25-34, and almost three-quarters (73.4%) of pregnancies among women age 35-44. There is an even steeper increase by pregnancy order, from less than 2 percent of first pregnancies to 80.4 percent of fifth or higher pregnancies.

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

Table 8.1. Pregnancy outcome by background characteristics						
Percent distribution of pregnancies ending in the three years preceding the survey by type of outcome, according to background characteristics, Azerbaijan 2011						
Background characteristic	Pregnancy outcome				Total	Number of pregnancies
	Live birth	Stillbirth	Miscarriage	Abortion		
Age at pregnancy outcome						
<20	77.9	0.0	13.5	8.7	100.0	104
20-24	71.2	0.8	6.7	21.4	100.0	1007
25-34	50.5	0.2	5.0	44.3	100.0	1737
35-44	20.0	0.4	6.2	73.4	100.0	482
45-49	(8.6)	(0.0)	(5.7)	(85.7)	100.0	35
Pregnancy order						
First	90.5	0.9	6.7	1.9	100.0	840
Second	75.2	0.1	6.8	17.9	100.0	745
Third	42.9	0.4	5.5	51.2	100.0	541
Fourth	24.4	0.5	5.2	70.0	100.0	425
Fifth or higher	14.4	0.1	5.0	80.4	100.0	814
Residence						
Urban	50.5	0.4	6.1	43.1	100.0	1998
Rural	56.0	0.5	5.7	37.8	100.0	1367
Region						
Baku	49.2	0.3	7.0	43.5	100.0	921
Absheron	53.5	0.0	4.1	42.4	100.0	269
Ganja-Gazakh	54.9	0.0	4.0	41.1	100.0	471
Shaki-Zagatala	62.0	0.0	6.5	31.5	100.0	185
Lankaran	54.8	0.3	6.9	37.9	100.0	291
Guba-Khachmaz	65.9	0.0	3.3	30.8	100.0	182
Aran	48.3	0.8	7.2	43.7	100.0	851
Yukhari Garabakh	50.5	0.9	3.6	45.0	100.0	110
Daghigh Shirvan	67.1	2.4	3.5	27.1	100.0	85
Education						
Basic secondary or less	51.2	0.5	6.3	42.0	100.0	763
Complete secondary	50.4	0.5	6.2	42.8	100.0	1588
Secondary specialized	53.5	0.2	5.8	40.5	100.0	552
Higher	62.1	0.2	4.3	33.3	100.0	462
Wealth quintile						
Lowest	52.3	0.4	7.2	40.1	100.0	558
Second	54.5	0.6	4.9	40.0	100.0	657
Middle	50.7	0.5	7.2	41.5	100.0	749
Fourth	52.4	0.4	4.9	42.3	100.0	716
Highest	53.6	0.1	5.8	40.4	100.0	686
Total	52.7	0.4	6.0	40.9	100.0	3365
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.						

There is substantial variation in pregnancy outcomes by region, ranging from a low of 27.1 percent of pregnancies resulting in induced abortion in Daghigh Shirvan to a high of 45 percent in Yukhari Garabakh. Urban women are slightly more likely than rural women to have had a recent pregnancy end in an induced abortion (43.1 percent versus 37.8 percent). Data shows negative relationship between induced abortion and education. Women with basic secondary or less education have 42 percent of pregnancies resulting in induced abortion, and women with secondary specialized or higher education have respectively 40.5 and 33.3 percent of pregnancies resulting in induced abortion.

8.2 LIFETIME EXPERIENCE WITH INDUCED ABORTION

Table 8.2 shows women's lifetime experience with abortion. The statistics on the proportion of women who have ever had an abortion are based on all women 15-49 irrespective of their exposure to the risk of pregnancy.

Table 8.2 Lifetime experience with induced abortion									
Percentage of women who have had at least one induced abortion, and percent distribution of these women by number of abortions, and the mean number of abortions, according to background characteristics, Azerbaijan 2011									
Background characteristics	Percentage of women who ever had an induced abortion	Number of women	Percent distribution of women who ever had an abortion by number of abortions				Total	Mean number of abortions	Number of women with abortions
			1	2-3	4-5	6+			
Age									
15-19	0.5	1637	*	*	*	*	100.0	*	9
20-24	8.9	1954	60.0	36.9	2.7	0.4	100.0	1.6	173
25-29	30.6	1307	45.2	40.7	11.2	2.8	100.0	2.1	400
30-34	47.0	954	36.4	45.2	14.6	3.8	100.0	2.4	448
35-39	58.2	890	22.9	56.2	15.7	5.1	100.0	2.8	518
40-44	64.4	1228	23.7	49.7	20.7	6.0	100.0	2.9	791
45-49	63.9	1411	21.4	52.9	17.8	7.9	100.0	2.9	902
Number of living children									
0	0.6	3893	[76.6]	[4.1]	[13.3]	[6.0]	100.0	[3.6]	26
1	25.0	1141	52.6	34.6	10.8	2.0	100.0	2.0	285
2-3	66.6	3861	27.3	51.0	15.9	5.9	100.0	2.7	2573
4+	73.2	486	23.3	50.3	22.0	4.4	100.0	2.7	356
Marital status									
Never married	0.0	3259	*	*	*	*	100.0	*	0
Currently married	54.8	5497	28.7	49.7	16.3	5.4	100.0	2.6	3014
Formerly married	36.3	621	40.6	41.4	12.7	5.3	100.0	2.4	226
Residence									
Urban	35.6	5647	27.8	49.9	16.7	5.6	100.0	2.6	2010
Rural	33.0	3734	32.3	47.9	14.9	4.9	100.0	2.6	1230
Region									
Baku	33.9	2665	26.6	52.8	14.8	5.9	100.0	2.6	903
Absheron	39.0	696	29.1	47.5	18.6	4.8	100.0	2.5	272
Ganja-Gazakh	35.5	1296	31.7	49.6	15.7	3.0	100.0	2.5	460
Shaki-Zagatala	33.2	655	32.0	53.3	11.0	3.7	100.0	2.3	217
Lankaran	31.5	841	40.5	37.2	18.5	3.9	100.0	2.4	265
Guba-Khachmaz	30.6	553	32.9	49.2	15.1	2.8	100.0	2.4	169
Aran	35.5	2117	28.8	49.5	15.9	5.9	100.0	2.8	751
Yukhari Garabakh	41.6	269	22.2	42.0	20.7	15.1	100.0	3.3	112
Daghlig Shirvan	31.7	289	18.8	45.3	25.3	10.7	100.0	3.3	92
Education									
Basic secondary or less	30.4	1898	30.3	49.9	13.6	6.2	100.0	2.6	576
Complete secondary	37.3	4437	27.5	49.9	17.5	5.1	100.0	2.7	1653
Secondary specialized	37.6	1673	29.1	47.4	18.2	5.2	100.0	2.6	629
Higher	27.8	1373	37.5	47.3	9.9	5.3	100.0	2.3	381
Wealth quintile									
Lowest	31.5	1693	30.8	47.8	16.1	5.3	100.0	2.6	534
Second	33.8	1792	30.8	47.7	16.6	4.9	100.0	2.6	606
Middle	37.5	1803	31.5	50.0	14.4	4.1	100.0	2.5	676
Fourth	35.5	1976	28.3	48.0	18.4	5.3	100.0	2.6	701
Highest	34.1	2116	26.6	51.5	14.8	7.1	100.0	2.7	722
Total	34.5	9380	29.5	49.1	16.1	5.4	100.0	2.6	3240

Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced, separated, and widowed respondents. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25 to 49 unweighted cases.

Overall, more than a third of women (34.5%) of reproductive age have had at least one abortion. This figure shows that recourse to abortion has slightly decreased since 2006 from 37.9 to 34.5 percent. As expected, the percentage that have had an abortion increases rapidly with age, which is also associated with increased exposure to pregnancy, since some women under age 20 have not

even had sexual intercourse. 64.4 percent of women age 40-44 and almost the same percent (63.9%) of women age 45-49 have had at least one abortion. There is also a positive relationship between having had an induced abortion and number of living children. Less than 1 percent of women with no living children have had an abortion, compared with 25 percent of women with one child, two thirds of women with two to three children, and 73.2 percent of women with four or more children.

There are no pronounced differentials in lifetime prevalence of induced abortions by urban/rural residence. But there is significant variation in lifetime experience of induced abortion by region, ranging from a low of 30.6 percent in Guba-Khachmaz (in 2006 was at 27 percent) to a high of 41.6 percent in Yukhari Garabakh.

There is a curvilinear relationship between level of education and induced abortion with both the least educated women and the most educated women less likely to have an induced abortion than other women. The same pattern was observed in AzDHS-2006. It is possible that reduced access to abortion services among less educated women accounts for the low recourse to abortion (i.e., when a woman gets pregnant, she is more likely to give birth); at the same time, it is possible that women with higher education, who use more reliable methods of birth control, are less likely to become accidentally pregnant in the first place.

Table 8.2 also presents information on repeated use of induced abortion. Among women who have ever had an abortion, 70.6 percent have had more than one, as it was in 2006. 49.1 percent of women who have had an abortion reported having 2-3 abortions, and 21.5 percent had 4 or more. As expected, the number of abortions rises with age and the number of living children. There is considerable variation by region, with Yukhari Garabakh having highest proportion of women with 6 or more abortions (15.1 percent versus 2.8 percent in Guba-Khachmaz). The mean number of abortions among women who have had at least one abortion is 2.6.

8.3 RATES OF INDUCED ABORTION

Table 8.3 shows rates of induced abortion from the DHS-2011. Three types of rates are presented: age-specific abortion rates, the total abortion rate, and the general abortion rate. The rates refer to the three-year period prior to the survey (i.e., approximately August-October 2008 to August-October 2011). These rates are calculated in a manner analogous to the calculation of fertility rates. Age-specific abortion rates (ASARs) express the number of abortions among women in the age group per 1,000 women in the age group. The total abortion rate (TAR), which is expressed per woman, is a summary measure of the age-specific rates. The TAR is

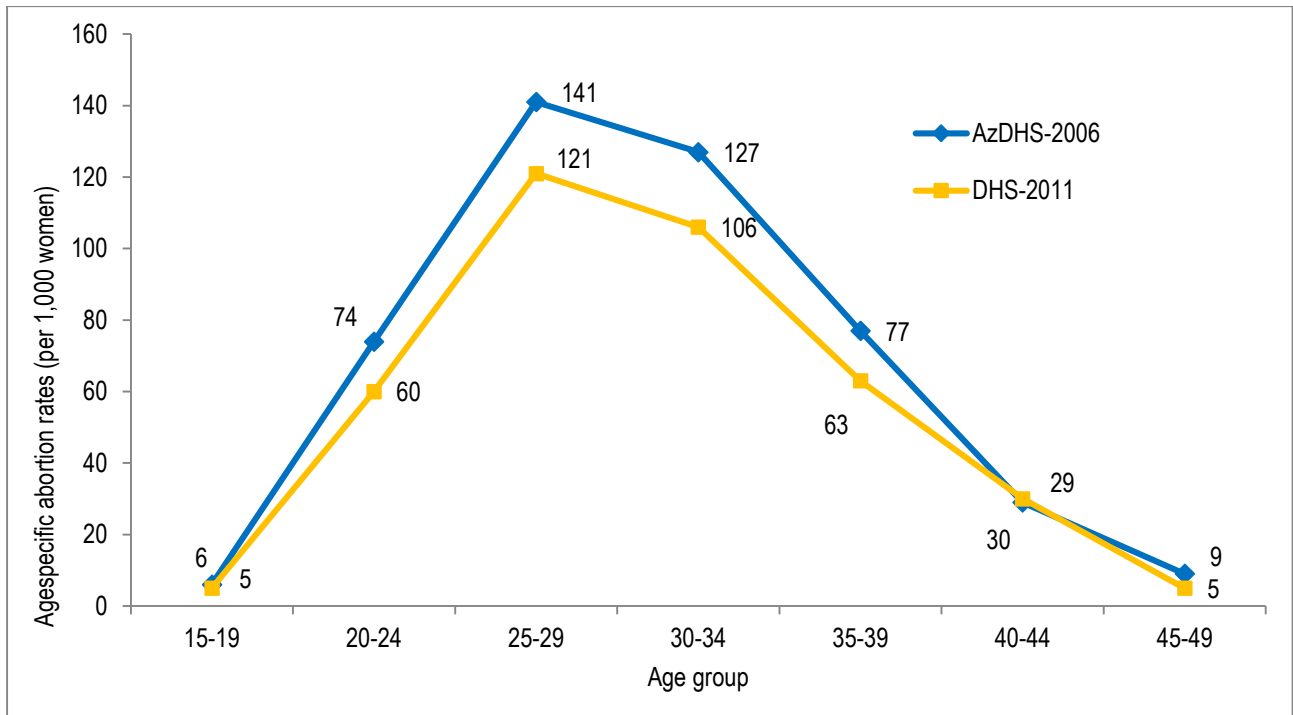
<i>Table 8.3 Induced abortion rates</i>			
Age-specific induced abortion rates (per 1,000 women), total abortion rates (TAR), and general abortion rate (GAR) for the three-year period preceding the survey, Azerbaijan 2011			
Age group	Residence		Total
	Urban	Rural	
15-19	6	4	5
20-24	51	75	60
25-29	128	110	121
30-34	111	96	106
35-39	64	60	63
40-44	33	26	30
45-49	4	5	5
Rate¹			
TAR 15-49	2.0	1.9	2.0
TAR 15-44	2.0	1.9	1.9
GAR	52	48	50

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

interpreted as the number of abortions a woman would have in her lifetime if she experienced the currently observed age-specific abortion rates during her childbearing years.

The total abortion rate for Azerbaijan is 2.0 abortions per woman, which is lower than TAR of 2.3 observed in AzDHS-2006 (Figure 8.1). This means that the average number of abortions an Azerbaijani woman will have according to current abortion rates is slightly lower than the number of births she will have (2.1 births per woman).

Figure 8.1. Age-specific abortion rates, AzDHS-2006 vs. DHS-2011



The abortion rates differ slightly by residence: for urban areas it is slightly higher than for rural. At the national level, the age-specific rates for induced abortion increase in the first few age groups of women, peak among women age 25-29 (121 per 1000 women), and decline in the older age group. Age-specific abortion rates are lower than the fertility rates of women under age 30 but are higher than the fertility rates for older women (Figure 8.2).

Figure 8.2 Age-specific fertility rates (ASFR) and age-specific abortion rates (ASAR), Azerbaijan 2011

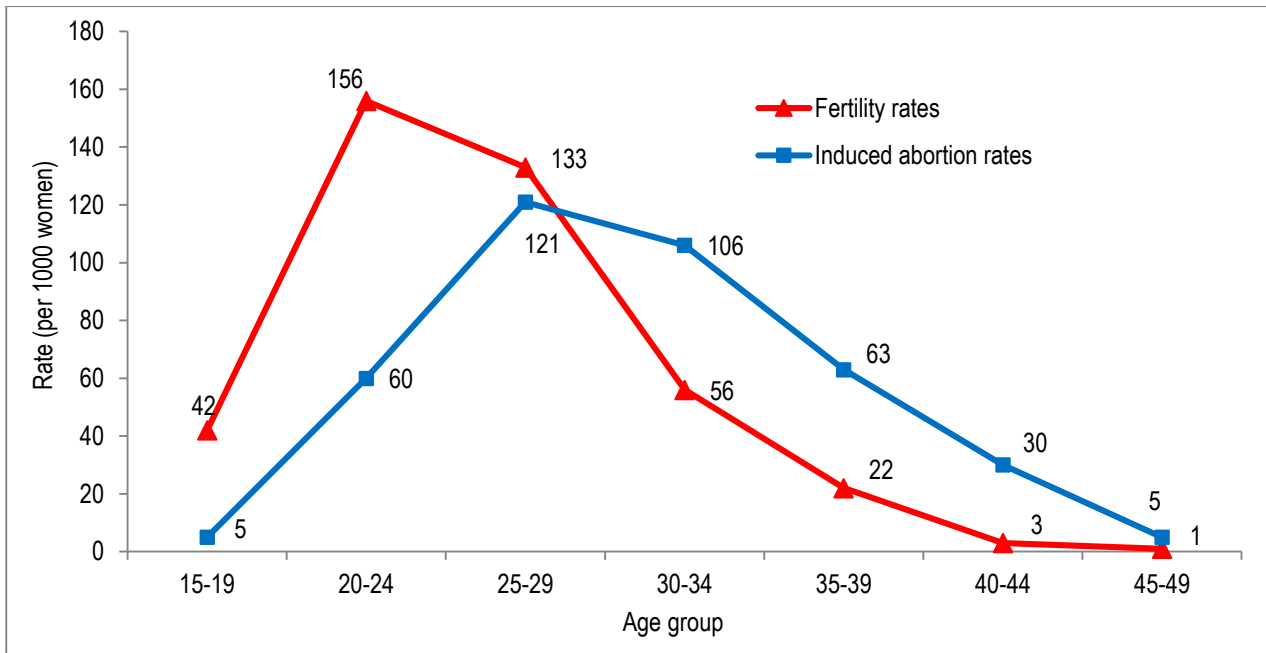


Table 8.4 shows induced abortion rates by background characteristics. There are significant differentials by region. The total abortion rates vary from a low of 0.9 in Daghligh Shirvan, 1.3 in Guba-Khachmaz and Shaki-Zagatala to a high of 2.8 in Yukhari Garabakh. There is negative relationship between abortion rates and education: the women with the highest education have the lowest TAR. There is a curvilinear relationship between wealth and total abortion rates with lowest level in lowest and highest wealth quintiles (1.9 and 1.6, respectively).

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

8.3.1 RECENT TRENDS IN THE TOTAL ABORTION RATES

The 2001 Reproductive Health Survey Azerbaijan (RHSA-2001) estimated the TAR among women age 15-44 for the three-year period prior to the survey to be 3.2 (2.8 in urban areas and 3.4 in rural areas) (CDC and MOH, 2001). The AzDHS-2006 TAR of 2.3 is substantially lower than the 2001 RHSA rate. The TAR of 2.0 from DHS-2011 is also lower than previous findings.

The decline in the TAR may be attributed in part to an increase in use of modern methods of contraception in the last ten years (12 percent in the RHSA-2001, 15.6 percent in the AzDHS-2006 and 16.1 in DHS-2011 among women age 15-44), especially the marked increase in IUD use (from 6 percent in 2001 to 8.9 percent in 2011 among women age 15-44) and other modern methods (from 0.4 percent in 2001, to 1.7 percent in 2006 and 4.9 percent in 2011; see table 7.6.1).

Compared with the total abortion rates from recent Demographic and Health Surveys conducted in other countries of the region, the total abortion rate in Azerbaijan (2.0 abortions per women in 2011), is by far the highest among selected post-Soviet countries and Turkey (Table 8.5).

Table 8.5 Total abortion rates in selected countries

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

Country/year	Residence		Total
	Urban	Rural	
Azerbaijan 2011	2.0	1.9	2.0
Azerbaijan 2006	2.3	2.3	2.3
Tajikistan 2012	0.6	0.4	0.5
Moldova 2005	1.3	1.0	1.1
Turkey 2003 ²	0.4	0.3	0.4
Uzbekistan 2002	1.1	0.9	1.0

¹Total abortion rate (TAR) expressed per woman.

²Total abortion rates (TAR) for the five-year period preceding the survey among women age 15-49

8.4 USE OF CONTRACEPTIVE METHODS BEFORE ABORTION

Information on contraceptive behavior before abortion is of particular interest to both family planning counselors and abortion providers because a woman who has an abortion either was not using a method of contraception at the time of conception or was using (perhaps incorrectly) a method that failed. To obtain these data, for each pregnancy that terminated in the three years preceding the survey, DHS-2011 respondents were asked whether they were using a method of contraception at the time they became pregnant, and if so, which method.

Table 8.6 shows use of contraception at the time of conception. 46.7 percent of the respondents who had an induced abortion were using a method of contraception at the time they became pregnant. Thus, these abortions were the result of contraceptive failure. The majority of these contraceptive failures (41.6 percent out of 46.7 percent) occurred after failure of a traditional contraceptive method.

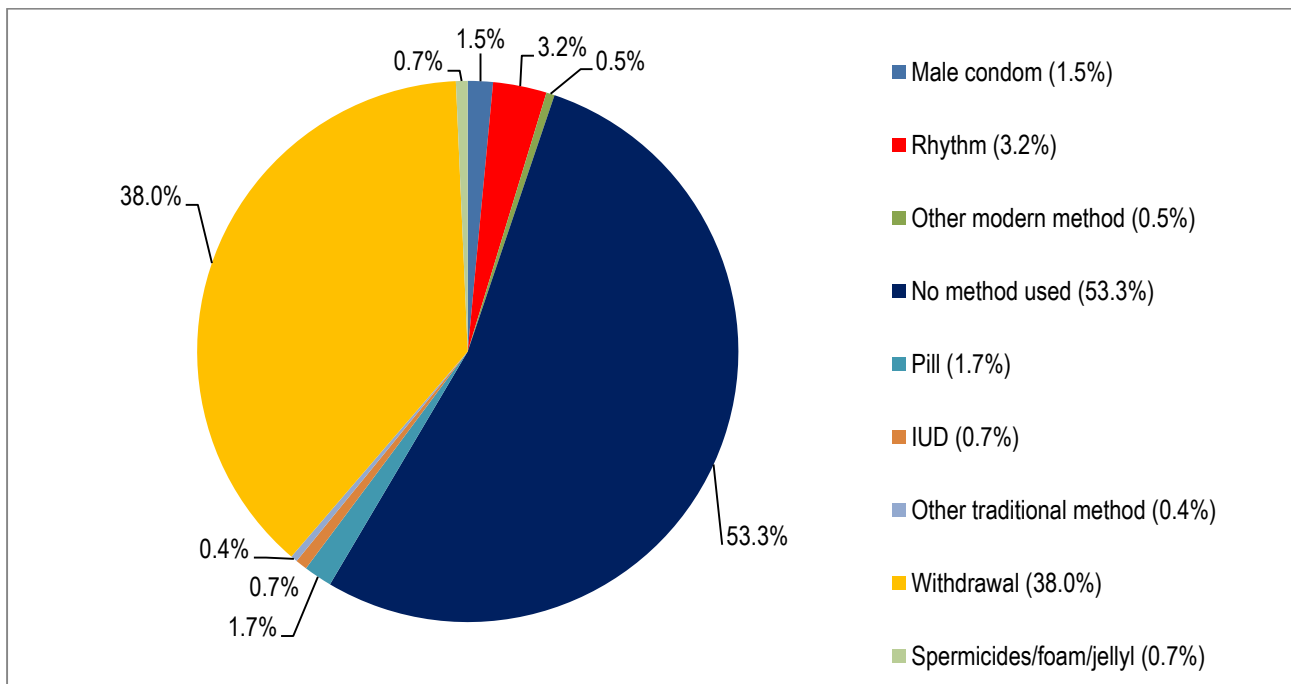
Table 8.6 Use of contraception before pregnancy
Percent distribution of pregnancy outcomes in the three years preceding the survey, by contraceptive method used at the time of conception, Azerbaijan 2011

Contraceptive method	Pregnancy outcome			All pregnancies
	Live birth	Abortion	Miscarriage	
No method used	91.0	53.3	82.6	74.7
Any method	9.0	46.7	17.4	25.3
Any modern method	1.1	5.1	2.9	2.9
Pill	0.5	1.7	0.4	1.0
IUD	0.2	0.7	0.0	0.4
Male condom	0.3	1.5	2.2	0.9
Spermicides/foam/jelly	0.0	0.7	0.0	0.3
LAM ¹	0.1	0.4	0.3	0.3
Any traditional method	7.9	41.6	14.5	22.4
Rhythm	0.4	3.2	1.2	1.6
Withdrawal	7.4	38.0	12.9	20.5
Other	0.1	0.4	0.4	0.2
Total	100.0	100.0	100.0	100.0
Number of pregnancies	1773	1378	199	3365

Note: Total includes 14 stillbirths that are not shown separately.
¹LAM = Lactational amenorrhea method

In addition to a high level of contraceptive failure, it is important to note that more than half (53.3%) of pregnancies resulting in induced abortion occurred to women not using any method of contraception to prevent the pregnancy (Figure 8.3). It seems clear that access to and use of more reliable methods of contraception would reduce the incidence of induced abortion, thus improving the reproductive health of the women of Azerbaijan.

Figure 8.3 Use of contraception before abortion, Azerbaijan 2011

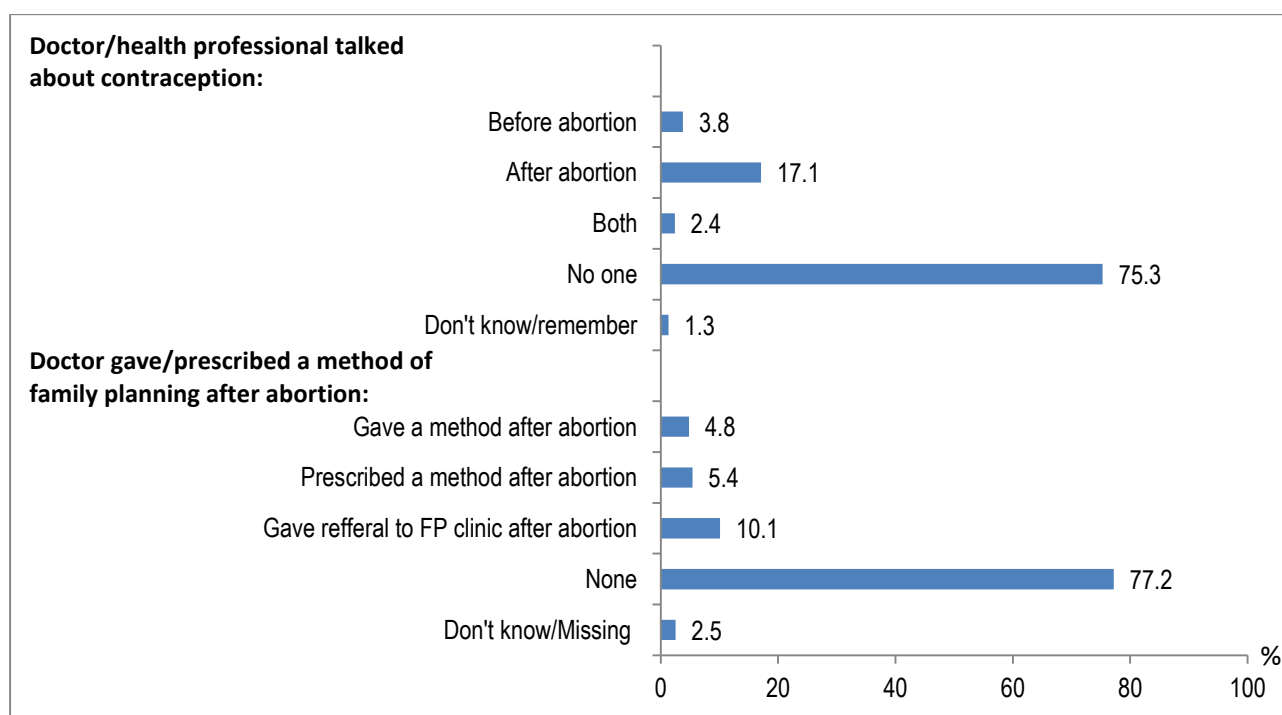


8.4.1 ADVICE ON FAMILY PLANNING METHODS BEFORE OR AFTER THE LAST ABORTION

In the DHS-2011 women who had an abortion in the three years prior to the survey were also asked if, before or after the last abortion, any health professional had talked to her about contraception and if, after the last abortion, any health professional had given her a method, prescribed a method or referred to a Family Planning Center.

Figure 8.4 shows that in about one-quarter of cases (23.3%), women reported having been counseled about certain methods at the Family Planning Centers, and an even smaller proportion (20.3%) was given any practical advice on or a method to use to prevent unwanted pregnancy in the future.

Figure 8.4 Family planning counseling before or after the last abortion in the past 3 years



8.5 INDUCED ABORTIONS IN THE THREE YEARS PRECEDING THE SURVEY

As mentioned previously, the DHS-2011 also included a detailed abortion history for all the abortions since January 2006. Table 8.7 presents information on the percentage of women who reported having had at least one abortion during the three years prior to the survey and on repeated use of induced abortion.

Table 8.7 Experience with induced abortions									
Percentage of women who had at least one induced abortion in the three years before the survey, and among these women, percent distribution by number of abortions, and the mean number of abortions, according to background characteristics, Azerbaijan 2011									
Background characteristic	Percentage of women who had an induced abortion in the past three years	Number of women	Percent distribution of women who had an abortion in the past 3 years by the number of abortions					Mean number of abortions in the past three years	Number of women with abortions in the past three years
			1	2-3	4-5	6+	Total		
Age									
15-19	0.5	1637	*	*	*	*	100.0	*	9
20-24	7.5	1954	66.3	31.5	1.8	0.5	100.0	1.5	146
25-29	21.6	1307	62.1	33.3	4.3	0.3	100.0	1.6	282
30-34	22.2	954	60.8	37.4	1.7	0.0	100.0	1.5	212
35-39	15.8	890	69.6	27.3	1.4	1.7	100.0	1.4	141
40-44	9.2	1228	75.9	21.5	2.7	0.0	100.0	1.4	113
45-49	1.7	1411	*	*	*	*	100.0	*	24
Marital status									
Never married	0.0	3259	*	*	*	*	100.0	*	0
Married or living together	16.4	5497	65.6	31.5	2.5	0.5	100.0	1.5	901
Divorced/separated/widowed	4.1	621	*	*	*	*	100.0	*	25
Number of living children									
0	0.3	3893	*	*	*	*	100.0	*	12
1	13.9	1141	68.6	28.7	2.7	0.0	100.0	1.5	159
2-3	18.8	3861	64.7	32.2	2.6	0.6	100.0	1.5	724
4+	6.6	486	71.2	28.8	0.0	0.0	100.0	1.4	32
Residence									
Urban	9.9	5647	62.6	34.6	2.2	0.6	100.0	1.6	561
Rural	9.8	3734	71.0	25.7	3.0	0.3	100.0	1.4	366
Region									
Baku	9.6	2665	62.8	34.4	2.5	0.3	100.0	1.6	256
Absheron	11.3	696	62.8	37.2	0.0	0.0	100.0	1.4	79
Ganja-Gazakh	10.2	1296	67.6	29.5	2.9	0.0	100.0	1.5	133
Shaki-Zagatala	7.3	655	(82.0)	(16.8)	(1.2)	(0.0)	100.0	(1.2)	48
Lankaran	8.9	841	69.8	24.5	5.7	0.0	100.0	1.5	74
Guba-Khachmaz	7.8	553	78.0	19.5	2.5	0.0	100.0	1.4	43
Aran	11.6	2117	64.0	33.1	1.6	1.3	100.0	1.5	246
Yukhari Garabakh	12.4	269	(61.4)	(34.5)	(4.1)	(0.0)	100.0	(1.5)	33
Daghigh Shirvan	4.7	289	*	*	*	*	100.0	*	14
Education									
Basic secondary or less	11.2	1898	65.0	30.8	3.9	0.4	100.0	1.5	213
Complete secondary	9.8	4437	61.8	34.8	2.7	0.8	100.0	1.5	433
Secondary specialized	9.8	1673	73.7	25.2	1.1	0.0	100.0	1.4	164
Higher	8.5	1373	72.1	26.4	1.5	0.0	100.0	1.4	116
Wealth quintile									
Lowest	9.2	1693	68.9	27.9	3.3	0.0	100.0	1.4	156
Second	10.1	1792	68.3	28.2	2.2	1.3	100.0	1.5	181
Middle	11.4	1803	64.5	31.2	3.8	0.5	100.0	1.5	205
Fourth	10.1	1976	62.9	34.9	1.8	0.4	100.0	1.5	200
Highest	8.7	2116	66.0	32.5	1.6	0.0	100.0	1.5	184
Total	9.9	9381	65.9	31.1	2.5	0.4	100.0	1.5	927
Note: Currently married includes respondents in consensual union (living together). Formerly married includes divorced, separated, and widowed respondents. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25 to 49 unweighted cases.									

8.5.1 NUMBER OF ABORTIONS

Overall, 9.9 percent of women reported having had at least one abortion during the three years prior to the survey. A majority of these women had only one abortion (65.9%), 31.1 percent reported having 2-3 abortions, and 2.9 percent had 4 or more. There is considerable variation by region, with the highest proportion of women in Yukhari Garabakh (12.4%) and the least in Daghliq Shirvan (4.7%). The mean number of abortions among women who have had at least one abortion in the three years prior to the survey is 1.5.

8.5.2 REASONS FOR ABORTION

All women who had an abortion in the three years prior to the survey also were asked about the main reason for deciding to have the abortion. As shown in Table 8.8, most of the abortions were performed because women did not want to have more children (64.6%). Older women (particularly age 40-44), married or living together, urban dwellers and those living in Lankaran, Aran and Baku are more likely to terminate pregnancy because of a desire not to have more children. There is no conclusive pattern between this reason and wealth index and education. In addition, 9.9 percent of pregnancies were terminated because of concern about maternal health, 1.4 percent – concern about birth defects in child, 5.7 percent because of socio-economic reasons, and 9.7 percent because of partner's objection to having another child. The desire to space the next birth was a reason for only 4.2 percent of abortions and sex selection was cited as a reason for a similar proportion of abortions.

Abortion

Table 8.8 Reason for abortion

Percent distribution of induced abortions in the three years prior to the survey by the most important reason for the abortion, according to background characteristics, Azerbaijan 2011

Background characteristic	Reason for abortion									Total	Number of cases
	Health of mother	Risk of birth defects	Socio-economic reasons	Do not want children	Spacing next pregnancy	Partner did not want the child	Child's sex selections	Other	Missing		
Age											
15-19	(18.8)	(0.0)	(6.2)	(40.6)	(21.9)	(0.0)	12.5	(0.0)	(0.0)	100.0	32
20-24	15.3	1.9	5.9	53.3	7.5	12.5	3.1	0.3	0.3	100.0	322
25-29	8.4	2.2	3.6	64.8	4.5	10.3	6.2	0.0	0.0	100.0	418
30-34	9.3	0.7	7.6	66.8	2.8	8.0	4.8	0.0	0.0	100.0	289
35-39	7.3	1.1	6.1	73.2	0.0	10.1	1.7	0.6	0.0	100.0	179
40-44	5.0	0.0	7.4	80.2	0.0	5.8	1.7	0.0	0.0	100.0	122
45-49	*	*	*	*	*	*	*	*	*	100.0	16
Marital status											
Married or living together	10.0	1.4	5.4	65.0	4.2	9.7	4.2	0.1	0.1	100.0	1345
Divorced/separated/ widowed	(9.4)	(0.0)	(21.9)	(46.9)	(6.2)	(9.4)	(6.2)	(0.0)	(0.0)	100.0	33
Residence											
Urban	8.8	1.6	5.0	66.9	4.1	9.7	3.6	0.2	0.0	100.0	862
Rural	11.6	1.2	7.0	60.5	4.7	9.7	5.2	0.0	0.2	100.0	516
Region											
Baku	7.5	2.7	3.5	70.1	4.5	8.2	3.2	0.2	0.2	100.0	401
Absheron	12.5	1.8	0.0	50.9	4.5	27.7	2.7	0.0	0.0	100.0	112
Ganja-Gazakh	15.4	0.5	1.5	53.8	5.1	14.9	8.7	0.0	0.0	100.0	196
Shaki-Zagatala	15.3	0.0	11.9	57.6	3.4	10.2	0.0	0.0	1.7	100.0	58
Lankaran	5.6	0.9	6.5	71.3	4.6	6.5	4.6	0.0	0.0	100.0	109
Guba-Khachmaz	9.1	0.0	0.0	58.2	7.3	25.5	0.0	0.0	0.0	100.0	56
Aran	9.4	1.1	7.2	72.1	2.7	2.1	5.1	0.3	0.3	100.0	373
Yukhari Garabakh	10.2	0.0	20.4	57.1	6.1	2.0	4.1	0.0	0.0	100.0	50
Daghigh Shirvan	(8.7)	(0.0)	(43.5)	(21.7)	(4.3)	(21.7)	(0.0)	(0.0)	(0.0)	100.0	23
Education											
Basic secondary or less	11.5	1.6	7.2	61.4	3.7	10.9	3.4	0.0	0.3	100.0	320
Complete secondary	8.7	1.2	5.7	67.5	4.4	8.7	3.7	0.1	0.0	100.0	679
Secondary specialized	7.6	0.0	4.9	68.2	3.6	9.4	6.3	0.0	0.0	100.0	224
Higher	14.9	3.9	3.9	53.2	5.2	12.3	5.8	0.6	0.6	100.0	155
Wealth quintile											
Lowest	7.6	0.9	7.6	65.8	1.8	9.8	5.8	0.4	0.4	100.0	225
Second	12.9	1.1	9.5	58.2	3.8	11.4	3.0	0.0	0.0	100.0	262
Middle	10.0	0.3	7.4	64.5	3.5	8.1	6.1	0.0	0.0	100.0	311
Fourth	12.2	1.0	1.0	67.0	7.3	8.9	2.3	0.3	0.0	100.0	303
Highest	6.5	3.6	4.0	66.8	4.3	10.8	4.0	0.0	0.0	100.0	277
Total	9.9	1.4	5.7	64.6	4.2	9.7	4.3	0.1	0.1	100.0	1378

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

8.5.3 PLACE OF ABORTION

Proper medical attention and hygienic conditions during pregnancy termination can reduce the risk of complications and infections that can cause the death or serious illness of the woman. Table 8.9 shows that virtually all induced abortions in Azerbaijan are performed in government health facilities, with maternity homes and hospitals taking 72.2 percent of cases, while 19.5 percent of abortions are performed in government polyclinics/woman's consultation, and 2.5 percent are performed in rural health facilities (FAP/DC/PH). Similarly, virtually all terminations are performed by a trained health provider (data not shown separately), with only less than one percent of all terminations performed by a traditional healer or a mamachi (traditional birth attendant). Type of place of abortion varies significantly by some background characteristics of the woman, particularly region.

Table 8.9 Place of abortion

Percent distribution of induced abortions in the three years prior to the survey by the place of pregnancy termination, according to background characteristics, Azerbaijan 2011

Background characteristic	Place of abortion												Total	Number of cases
	Govt. hospital/ maternity home	Govt. polyclinic/ woman's consultation.	FAP/ DC/PH	Govt. family planning center/ cabinet	Other govt.	Private hospital/ maternity home	Private clinic/ woman's consultation	Doctor's home	Private Family Planning Center	Respondent's home	Other	Missing		
Age														
15-19	(90.6)	(0.0)	(3.1)	(0.0)	(0.0)	(0.0)	(0.0)	(3.1)	(0.0)	(3.1)	(0.0)	(0.0)	100.0	32
20-24	68.9	22.0	3.7	1.2	1.2	0.0	0.0	0.6	0.0	1.2	0.9	0.3	100.0	322
25-29	70.8	17.2	3.6	1.4	0.0	3.6	0.2	0.5	0.0	2.6	0.0	0.0	100.0	418
30-34	76.3	18.6	1.4	0.7	0.7	0.3	0.3	0.7	0.3	0.7	0.0	0.0	100.0	289
35-39	68.9	26.7	0.6	0.0	0.0	0.6	0.0	2.2	0.0	1.1	0.0	0.0	100.0	179
40-44	73.8	17.2	2.5	2.5	0.0	1.6	0.0	0.0	0.0	2.5	0.0	0.0	100.0	122
45-49	*	*	*	*	*	*	*	*	*	*	*	*	100.0	16
Pregnancy order														
First	*	*	*	*	*	*	*	*	*	*	*	*	*	16
Second	68.1	22.0	3.8	1.1	1.2	1.8	0.6	0.5	0.0	0.9	0.0	0.0	100.0	133
Third	74.0	16.3	3.1	1.7	0.0	1.9	0.3	0.8	0.0	1.5	0.0	0.4	100.0	277
Fourth or higher	71.8	20.4	2.2	0.9	0.0	1.6	0.1	0.7	0.1	1.9	0.0	0.3	100.0	952
Marital status														
Married or living together	72.4	19.5	2.6	1.0	0.1	1.6	0.1	0.7	0.1	1.5	0.2	0.1	100.0	1345
Divorced/separated/ widowed	(63.6)	(21.2)	(0.0)	(0.0)	(0.0)	(3.0)	(0.0)	(0.0)	(0.0)	(12.1)	(0.0)	(0.0)	100.0	33
Residence														
Urban	70.6	22.9	0.5	0.9	0.2	2.3	0.1	0.3	0.1	1.7	0.2	0.0	100.0	862
Rural	75.0	14.0	6.0	1.2	0.0	0.4	0.2	1.2	0.0	1.7	0.2	0.2	100.0	516
Region														
Baku	72.8	19.0	0.0	2.0	0.0	4.0	0.0	0.0	0.2	2.0	0.0	0.0	100.0	401
Absheron	69.4	27.9	0.0	0.0	1.8	0.9	0.0	0.0	0.0	0.0	0.0	0.0	100.0	112
Ganja-Gazakh	67.9	26.5	2.0	2.0	0.0	1.0	0.0	0.5	0.0	0.0	0.0	0.0	100.0	196
Shaki-Zagatala	58.6	39.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	100.0	58
Lankaran	54.1	19.8	8.1	0.0	0.0	0.9	0.9	2.7	0.0	12.6	0.9	0.0	100.0	109
Guba-Khachmaz	73.7	21.1	1.8	0.0	0.0	1.8	1.8	0.0	0.0	0.0	0.0	0.0	100.0	56
Aran	81.4	11.1	4.0	0.5	0.0	0.3	0.0	1.6	0.0	0.5	0.5	0.0	100.0	373
Yukhari Garabakh	85.7	2.0	12.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	50
Daghlig Shirvan	(56.5)	(43.5)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	23
Education														
Basic secondary or less	73.1	18.8	2.8	0.6	0.0	0.3	0.0	1.6	0.0	2.5	0.0	0.3	100.0	320
Complete secondary	73.3	17.5	3.5	0.4	0.0	2.2	0.3	0.4	0.1	1.6	0.4	0.0	100.0	679
Secondary specialized	67.4	24.6	0.4	1.3	0.9	2.7	0.0	0.4	0.4	1.8	0.0	0.0	100.0	224
Higher	72.3	21.9	0.0	4.5	0.0	0.6	0.0	0.0	0.0	0.6	0.0	0.0	100.0	155
Wealth quintile														
Lowest	73.8	16.0	3.6	0.9	0.0	0.0	0.4	0.9	0.0	3.6	0.4	0.4	100.0	225
Second	78.2	14.5	1.9	0.4	0.0	0.8	0.0	1.5	0.0	2.7	0.0	0.0	100.0	262
Middle	70.7	19.0	6.8	1.0	0.0	1.0	0.0	0.3	0.0	1.3	0.0	0.0	100.0	311
Fourth	65.7	29.4	0.3	0.3	0.7	2.3	0.3	0.3	0.3	0.3	0.0	0.0	100.0	303
Highest	74.0	17.0	0.0	2.5	0.0	4.0	0.0	0.4	0.4	1.1	0.7	0.0	100.0	277
Total	72.2	19.5	2.5	1.0	0.1	1.6	0.1	0.7	0.1	1.7	0.2	0.1	100.0	1378

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

8.5.4 METHOD OF ABORTIONS

Table 8.10 shows that vacuum aspiration is the most commonly used method of pregnancy termination, reported in over half of cases (59.1%). Urban dwellers, better educated women and women from the wealthiest households are more likely to use vacuum aspiration as a method of abortion than women from other backgrounds. There are strong regional variations; for example, the majority of Guba-Khachmaz (76.8%), Ganja-Gazakh (72.8%), and Baku residents (65.6%) reported using vacuum aspiration to terminate unwanted pregnancies, while women in Yukhari Garabakh (82%) mostly rely on D&C (dilation and curettage).

Table 8.10 Method of abortion								
Percent distribution of induced abortions in the three years prior to the survey by method of termination, according to background characteristics, Azerbaijan 2011								
Background characteristic	Method of abortion						Missing	Number of cases
	D&C	Vacuum aspiration	Oxytocin	Catheter	Don't know	Other		
Age								
15-19	(41.9)	(51.6)	(0.0)	(3.2)	(0.0)	(3.2)	(0.0)	32
20-24	33.3	63.6	0.0	1.2	0.3	1.2	0.3	322
25-29	31.4	64.3	0.0	0.7	0.7	2.9	0.0	418
30-34	45.5	51.7	0.7	1.0	0.0	1.0	0.0	289
35-39	35.0	62.8	0.6	0.6	0.0	1.1	0.0	179
40-44	46.3	48.8	0.8	1.7	0.0	2.5	0.0	122
45-49	*	*	*	*	*	*	*	16
Pregnancy order								
First	*	*	*	*	*	*	*	16
Second	39.3	58.8	0.0	0.0	1.0	0.9	0.0	133
Third	37.0	58.7	0.0	1.4	0.3	2.1	0.4	277
Fourth or higher	36.7	59.3	0.4	1.4	0.2	1.9	0.0	952
Marital status								
Married or living together	37.2	59.3	0.3	1.3	0.3	1.6	0.1	1345
Divorced/separated/widowed	(33.3)	(54.5)	(0.0)	(0.0)	(0.0)	(12.1)	(0.0)	33
Residence								
Urban	33.4	62.5	0.5	1.6	0.3	1.6	0.0	862
Rural	43.1	53.4	0.0	0.8	0.4	2.1	0.2	516
Region								
Baku	28.9	65.6	1.0	2.2	0.0	2.2	0.0	401
Absheron	36.0	64.0	0.0	0.0	0.0	0.0	0.0	112
Ganja-Gazakh	27.2	72.8	0.0	0.0	0.0	0.0	0.0	196
Shaki-Zagatala	35.6	62.7	0.0	0.0	0.0	0.0	1.7	58
Lankaran	39.1	40.0	0.0	5.5	0.9	14.5	0.0	109
Guba-Khachmaz	23.2	76.8	0.0	0.0	0.0	0.0	0.0	56
Aran	47.0	51.1	0.0	0.8	0.8	0.3	0.0	373
Yukhari Garabakh	82.0	18.0	0.0	0.0	0.0	0.0	0.0	50
Daghigh Shirvan	(34.8)	(65.2)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	23
Education								
Basic secondary or less	41.9	53.8	0.0	1.6	0.3	2.2	0.3	320
Complete secondary	35.6	60.3	0.1	1.6	0.4	1.9	0.0	679
Secondary specialized	38.4	58.5	0.4	0.9	0.0	1.8	0.0	224
Higher	31.6	65.8	1.3	0.0	0.0	1.3	0.0	155
Wealth quintile								
Lowest	48.7	46.9	0.0	0.0	0.0	4.0	0.4	225
Second	42.9	54.8	0.0	0.0	0.4	1.9	0.0	262
Middle	35.0	59.2	0.0	2.6	1.3	1.9	0.0	311
Fourth	34.4	63.9	0.7	0.7	0.0	0.3	0.0	303
Highest	27.4	67.9	0.7	2.9	0.0	1.1	0.0	277
Total	37.0	59.1	0.3	1.3	0.3	1.9	0.1	1378

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

8.5.5 USE OF ANESTHESIA DURING ABORTION

About two-thirds of abortions in the three years prior to the survey were performed under anesthesia (Table 8.11). Data shows that 31.1 percent cases reportedly did not have any anesthesia used in abortions performed in the three years prior to the survey. Women living in urban areas, those with lower pregnancy order, better educated women and those from the wealthiest households are more likely to report having an abortion performed under anesthesia.

Table 8.11 Anesthesia used for abortion
Percent distribution of induced abortions in the three years prior to the survey by the type of anesthesia provided during the abortion, according to background characteristics, Azerbaijan 2011

Background characteristic	Anesthesia used for abortion					Total	Number of cases
	Local	Intravenous	Neither	Don't Know	Missing		
Age							
15-19	50.0	12.5	28.1	9.4	0.0	100.0	32
20-24	46.3	13.7	37.0	2.8	0.3	100.0	322
25-29	52.8	15.8	29.3	2.3	0.0	100.0	418
30-34	54.0	17.0	24.9	4.2	0.0	100.0	289
35-39	48.0	16.8	34.1	1.1	0.0	100.0	179
40-44	53.3	11.7	33.3	1.7	0.0	100.0	122
45-49	*	*	*	*	*	*	16
Pregnancy order							
First	*	*	*	*	*	*	16
Second	48.0	17.7	31.0	3.3	0.0	100.0	133
Third	50.6	14.6	31.0	3.4	0.4	100.0	277
Fourth or higher	51.6	14.8	31.4	2.2	0.0	100.0	952
Marital status							
Married or living together	50.9	15.2	31.3	2.6	0.1	100.0	1345
Divorced/separated/widowed	(50.0)	(21.9)	(21.9)	(6.2)	(0.0)	100.0	33
Residence							
Urban	53.5	16.1	28.2	2.2	0.0	100.0	862
Rural	46.1	14.1	35.9	3.7	0.2	100.0	516
Region							
Baku	63.3	17.5	17.2	2.0	0.0	100.0	401
Absheron	35.7	20.5	40.2	3.6	0.0	100.0	112
Ganja-Gazakh	44.9	16.3	36.2	2.6	0.0	100.0	196
Shaki-Zagatala	50.0	31.0	15.5	1.7	1.7	100.0	58
Lankaran	41.3	4.6	54.1	0.0	0.0	100.0	109
Guba-Khachmaz	23.2	5.4	71.4	0.0	0.0	100.0	56
Aran	52.0	10.2	32.7	5.1	0.0	100.0	373
Yukhari Garabakh	62.0	22.0	16.0	0.0	0.0	100.0	50
Daghigh Shirvan	(26.1)	(52.2)	(21.7)	(0.0)	(0.0)	100.0	23
Education							
Basic secondary or less	44.4	17.2	36.2	1.9	0.3	100.0	320
Complete secondary	50.0	12.8	33.5	3.6	0.0	100.0	679
Secondary specialized	50.2	20.6	26.9	2.2	0.0	100.0	224
Higher	68.2	14.9	16.2	0.6	0.0	100.0	155
Wealth quintile							
Lowest	41.1	21.0	33.5	4.0	0.4	100.0	225
Second	45.0	9.2	41.6	4.2	0.0	100.0	262
Middle	47.7	13.2	35.5	3.5	0.0	100.0	311
Fourth	54.8	16.2	27.1	2.0	0.0	100.0	303
Highest	63.2	18.1	18.8	0.0	0.0	100.0	277
Total	50.8	15.3	31.1	2.7	0.1	100.0	1378

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

Overall, the proportion of the abortions performed under any form of anesthesia during the past five years increased from 39 percent in 2001 to 60.7 percent in 2006 and to 66.1 percent in 2011. The proportion of cases that reportedly did not have any anesthesia used in abortions declined from 59 percent in 2001 to 35.5 percent in 2006 and 31.1 percent in 2011.

8.5.6 POST-ABORTION COMPLICATIONS AND ANTIBIOTIC TREATMENT

The majority of women did not report any complications as a result of the abortion, which is understandable as most terminations are performed by highly skilled health providers in well equipped health facilities. Nonetheless, in 6.9 percent of cases women developed health problems as a result of the abortion within 30 days after the abortion, and in 2.3 percent cases women reported having an abortion related problem in the six months following the abortion (Table 8.12).

Abortion

Table 8.12 Health issues related to abortions

Percent distribution of induced abortions in the three years prior to the survey by whether or not the mother received antibiotics, had abortion-related health problems within 30 days following the abortion, and had abortion-related health problems in the 6 months following the abortion, according to background characteristics, Azerbaijan 2011

Background characteristic	Took antibiotics after abortion				Had health problems as a result of the abortion in the 30 days after the abortion			Had related health problems later than 6 months after the abortion					Total	Number of cases
	Yes	No	Don't Know	Missing	Yes	No	Missing	Yes	No	Not yet 6 months	Don't Know	Missing		
Age														
15-19	(35.5)	(58.1)	(6.5)	(0.0)	(6.5)	(93.5)	(0.0)	(3.1)	(90.6)	(6.2)	(0.0)	(0.0)	100.0	32
20-24	31.7	67.4	0.6	0.3	6.5	93.1	0.3	0.9	83.5	15.2	0.0	0.3	100.0	322
25-29	35.2	63.4	1.4	0.0	5.0	95.0	0.0	1.9	89.7	8.4	0.0	0.0	100.0	418
30-34	39.4	60.2	0.3	0.0	5.9	94.1	0.0	4.5	84.5	11.0	0.0	0.0	100.0	289
35-39	35.2	63.7	1.1	0.0	9.4	90.6	0.0	1.7	90.0	8.3	0.0	0.0	100.0	179
40-44	28.9	66.9	4.1	0.0	10.7	89.3	0.0	1.7	87.6	9.9	0.8	0.0	100.0	122
45-49	*	*	*	*	*	*	*	*	*	*	*	*	100.0	16
Pregnancy order														
First	*	*	*	*	*	*	*	*	*	*	*	*	100.0	16
Second	37.8	60.7	1.4	0.0	6.7	93.3	0.0	0.0	92.5	7.5	0.0	0.0	100.0	133
Third	34.8	63.4	1.4	0.4	6.5	93.1	0.4	1.8	87.6	10.2	0.0	0.4	100.0	277
Fourth or higher	33.7	65.0	1.3	0.0	7.1	92.9	0.0	2.8	86.0	11.2	0.1	0.0	100.0	952
Marital status														
Married or living together	34.9	63.7	1.3	0.1	6.8	93.2	0.1	2.2	86.8	10.9	0.1	0.1	100.0	1345
Divorced/separated/widowed	(28.1)	(68.8)	(3.1)	(0.0)	(9.4)	(90.6)	(0.0)	(3.1)	(96.9)	(0.0)	(0.0)	(0.0)	100.0	33
Residence														
Urban	39.1	60.1	0.8	0.0	5.0	95.0	0.0	1.7	88.5	9.8	0.0	0.0	100.0	862
Rural	27.7	70.0	2.1	0.2	10.1	89.7	0.2	3.1	84.5	12.0	0.2	0.2	100.0	516
Region														
Baku	45.6	53.1	1.3	0.0	5.2	94.8	0.0	2.5	91.3	6.2	0.0	0.0	100.0	401
Absheron	43.8	56.2	0.0	0.0	3.6	96.4	0.0	0.0	92.0	8.0	0.0	0.0	100.0	112
Ganja-Gazakh	25.5	74.0	0.5	0.0	2.6	97.4	0.0	1.5	88.2	10.3	0.0	0.0	100.0	196
Shaki-Zagatala	20.7	75.9	1.7	1.7	3.4	94.8	1.7	1.7	93.2	1.7	1.7	1.7	100.0	58
Lankaran	14.5	81.8	2.7	0.0	15.5	84.5	0.0	4.5	78.2	17.3	0.0	0.0	100.0	109
Guba-Khachmaz	33.9	58.9	7.1	0.0	8.8	91.2	0.0	0.0	92.9	7.1	0.0	0.0	100.0	56
Aran	34.4	64.2	1.3	0.0	7.0	93.0	0.0	1.9	82.8	15.3	0.0	0.0	100.0	373
Yukhari Garabakh	40.8	59.2	0.0	0.0	20.0	80.0	0.0	8.0	70.0	22.0	0.0	0.0	100.0	50
Daghigh Shirvan	*	*	*	*	*	*	*	*	*	*	*	*	*	23
Education														
Basic secondary or less	19.7	78.3	1.6	0.3	5.6	94.1	0.3	1.9	82.5	15.3	0.0	0.3	100.0	320
Complete secondary	35.7	62.8	1.5	0.0	7.8	92.2	0.0	2.7	87.5	9.9	0.0	0.0	100.0	679
Secondary specialized	41.3	57.4	1.3	0.0	5.4	94.6	0.0	0.0	91.5	8.1	0.4	0.0	100.0	224
Higher	52.6	47.4	0.0	0.0	7.8	92.2	0.0	4.5	87.7	7.7	0.0	0.0	100.0	155
Wealth quintile														
Lowest	22.8	74.1	2.7	0.4	9.9	89.7	0.4	3.6	81.2	14.3	0.4	0.4	100.0	225
Second	25.6	71.8	2.7	0.0	8.8	91.2	0.0	1.9	86.6	11.5	0.0	0.0	100.0	262
Middle	34.4	65.3	0.3	0.0	8.4	91.6	0.0	2.6	86.2	11.3	0.0	0.0	100.0	311
Fourth	41.9	57.4	0.7	0.0	2.6	97.4	0.0	1.3	89.8	8.9	0.0	0.0	100.0	303
Highest	45.7	53.2	1.1	0.0	5.1	94.9	0.0	2.5	89.5	7.9	0.0	0.0	100.0	277
Total	34.8	63.8	1.3	0.1	6.9	93.0	0.1	2.3	87.0	10.6	0.1	0.1	100.0	1378

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

Figures 8.5 and 8.6 show that belly pain is a prevalent complaint among these with early and late abortion complications. Figure 8.5 also shows that among 6.9 percent of cases with early complications, more than half complained about severe bleeding, 42 percent had fever, and none of them reported having the very serious problem of perforation (in AzDHS-2006 proportion of perforation among those who had early complications was 12 percent).

Figure 8.5 Early post-abortion complications (N=91)

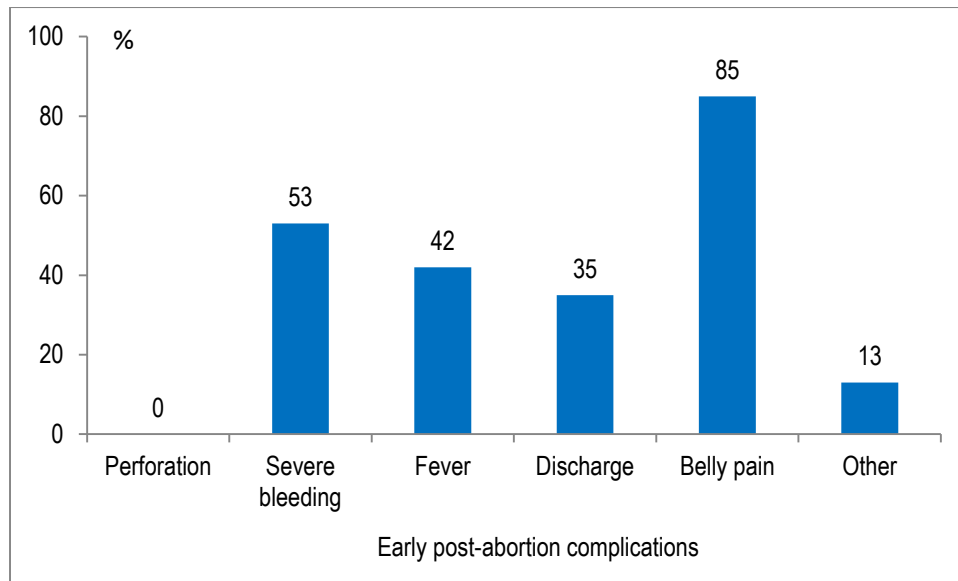
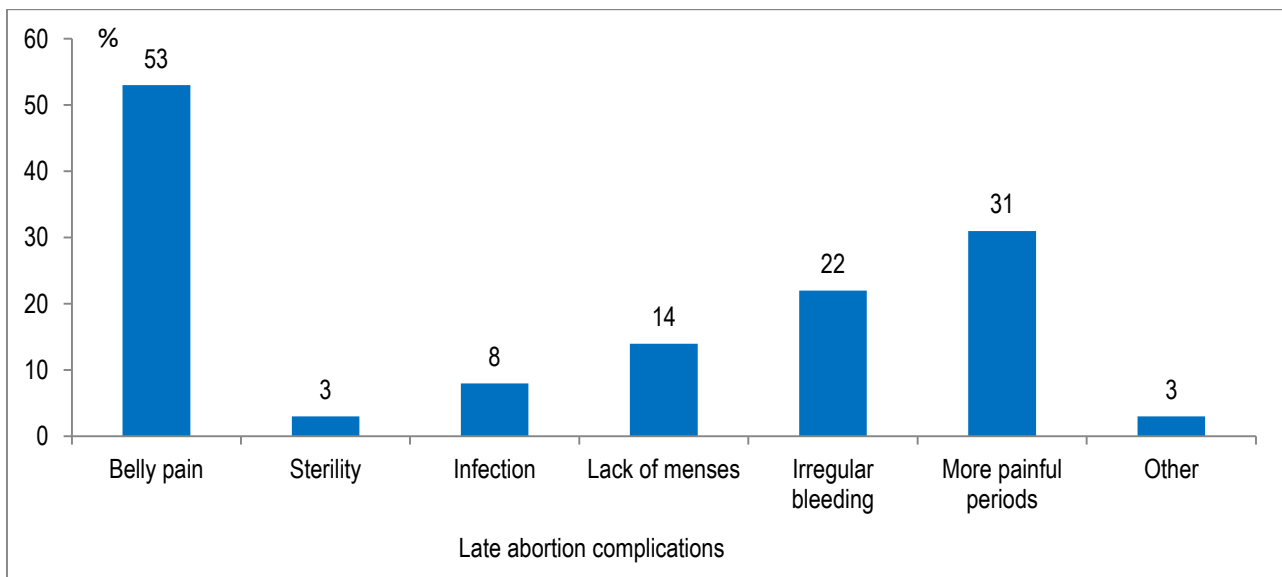


Figure 8.6 Late abortion complications (N=36)



Antibiotics were used in approximately one-third of cases (Table 8.12). Women age 30-34, those living in urban areas, those with higher education, and those from the highest wealth quintile are more likely to report post-abortion treatment with antibiotics. Use of antibiotics varies across the regions from low at 14.5 percent in Lankaran to high of 45.6 percent in Baku. Conversely proportion of early post-abortion complications was highest in Daghlig Shirvan. Whether the observed relationships are related to use of antibiotics or because more educated and wealthy women are able to obtain better care needs further investigation.

INFANT AND CHILD MORTALITY

One important objective of the DHS-2011 was to measure the level and trend of mortality among children, since infant and child mortality rates are basic indicators of a country's socioeconomic situation and quality of life. Mortality statistics are useful in identifying segments of the population where children are at high risk so that programs can be designed to increase their chances of survival. This chapter reports information on levels, trends, and differentials in mortality among children under five years of age.

9.1 DEFINITIONS AND METHODOLOGY

The reproductive history collected in the DHS-2011 included questions about the outcome of each of the respondent's pregnancies, i.e., whether the pregnancy ended in a live birth, a stillbirth, a miscarriage, or an induced abortion. Using the standard international definition, a live birth was any birth, irrespective of the duration of pregnancy that after separation from the mother, showed any sign of life (for example, breathing, beating of the heart, or movement of voluntary muscles) (WHO, 1993). For each live birth reported in the pregnancy history, information was collected on the date of birth (month and year), sex, survivorship, and current age (for surviving children) or age at death (for deceased children).

The information on survivorship of live births is used to derive direct estimates¹ of the following five mortality rates:

- *Neonatal mortality (NN): the probability of dying within the first month of life*
- *Postneonatal mortality (PNN): the probability of dying after the first month of life but before the first birthday*
- *Infant mortality (1q0): the probability of dying before the first birthday*
- *Child mortality (4q1): the probability of dying between the first and fifth birthday*
- *Under-five mortality (5q0): the probability of dying between birth and the fifth birthday.*

All rates are expressed as deaths per 1000 live births, except for child mortality, which is expressed as deaths per 1000 children surviving to age one.

¹ The rates are calculated using a synthetic cohort approach in which probabilities of dying are first calculated for small age segments and the component probabilities are then combined to obtain the rate for the full age segment of interest. The advantage of this approach is that mortality rates can be calculated for time periods close to the survey date while still respecting the principle of correspondence; that is, if a child is included in the exposed-to-risk in the denominator, and he/she dies during the relevant time period, then his/her death must be included in the numerator corresponding to that period of risk. A more detailed explanation of this approach can be found in the Guide to DHS Statistics (Rutstein and Rojas, 2006).

9.2 ASSESSMENT OF DATA QUALITY

The accuracy of mortality estimates from the DHS-2011 is mainly influenced by two factors: sampling error (i.e., variability) and non-sampling error. Sampling variability is a factor because the sample of women interviewed during the DHS-2011 is only one of many samples that could potentially have been selected for the survey from the Azerbaijan population. While representative of the population, each of the potential samples would have had a somewhat different experience of child mortality and would, thus, have produced measurably different mortality rates. Although the degree of variability between the mortality rates estimated from the DHS-2011 and the actual rates for the population as a whole is not known, statistical procedures are available that allow calculation of the intervals within which it can be assumed with known degrees of confidence the actual mortality rates lie. Appendix B includes information on the intervals in which there is 95 percent confidence that the true values lie for the national, urban-rural, and regional mortality rate estimates shown in this chapter.

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

Appendix C includes a number of tables which allow an assessment of the extent of underreporting of childhood deaths in the DHS-2011. First, when omission of childhood deaths occurs, the impact is usually most severe for deaths in the neonatal period, i.e., during the first month of life. If neonatal deaths are selectively underreported, the result is an unusually low ratio of neonatal deaths to all infant deaths. Table C.4 shows that the proportions of neonatal to infant deaths range from 68.9 percent in the period 0-4 years prior to the DHS-2011 to 59.1 percent in the period 5-9 years. This pattern conforms well with the expectation that, as mortality levels declined in Azerbaijan, deaths became more concentrated at younger ages. The same pattern was observed during AzDHS-2006.

The possibility of underreporting of early neonatal deaths can be further investigated by looking at the ratios of deaths reported during the first week of life to all deaths during the neonatal period. Table C.5 shows a high proportion of neonatal deaths occurring in the first week of life: 84.1 percent in the period 0-4 years preceding the survey. Furthermore, it appears that mortality among children under five years of age that occurred longer before the survey have not been severely underreported.

Another factor that may adversely affect childhood mortality estimates is the quality of reporting of age at death. To minimize errors in reporting of age at death, interviewers were instructed to record

age at death in days if the death took place in the month following the birth, in months if the child died before age two, and in years if the child was at least two years of age. They also were asked to probe for deaths reported at one year to determine a more precise age at death in terms of months.

Finally, another potential problem involves displacement of birth dates, which may cause a distortion of mortality trends. This can occur if an interviewer knowingly records a birth as occurring in a different year, which would happen if an interviewer was trying to cut down on his or her overall work, because live births occurring in 2006 or later are the subject of a lengthy set of additional questions.

Appendix Table C.6 shows substantial year-of-birth transference for deceased children from 2006 to earlier year. While this has some implication for the estimated mortality rates for the 0-4 years and 5-9 years before the survey, the calculation of DHS mortality estimates, unlike the questionnaire, does not conform to calendar years. Because the survey fieldwork began in August 2011, the start of the rolling cut-off for the five-year period preceding the survey is August 2006.

Thus, only part of the transference that occurred between the calendar years 2006 and 2005 influenced the mortality rate estimates for the periods 0-4 years and 5-9 years before the survey.

9.3 LEVELS AND TRENDS IN INFANT AND CHILD MORTALITY

Table 9.1 presents early childhood mortality rates in Azerbaijan for three five-year periods preceding the DHS-2011². For the five years preceding the survey, the under-five mortality estimate is 39.6 per 1000 live births (with a 95% confidence interval ranging from 31.5 to 47.6 per 1000). Most of those children (32.4) die during infancy (with a 95% confidence interval ranging from 25.1 to 39.8 per 1000); the child mortality rate (age one to four) is much lower, 7.4 per 1000 (with a 95% confidence interval ranging from 3.5 to 11.2 per 1000).

Table 9.1 Early childhood mortality rates					
Neonatal, postneonatal, infant, child, and under-five mortality rates* for five-year periods preceding the survey, Azerbaijan 2011					
Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under five mortality (5q0)
0-4	22	10	32	7	40
5-9	31	25	57	12	68
10-14	42	32	74	14	86
*Rates are truncated.					

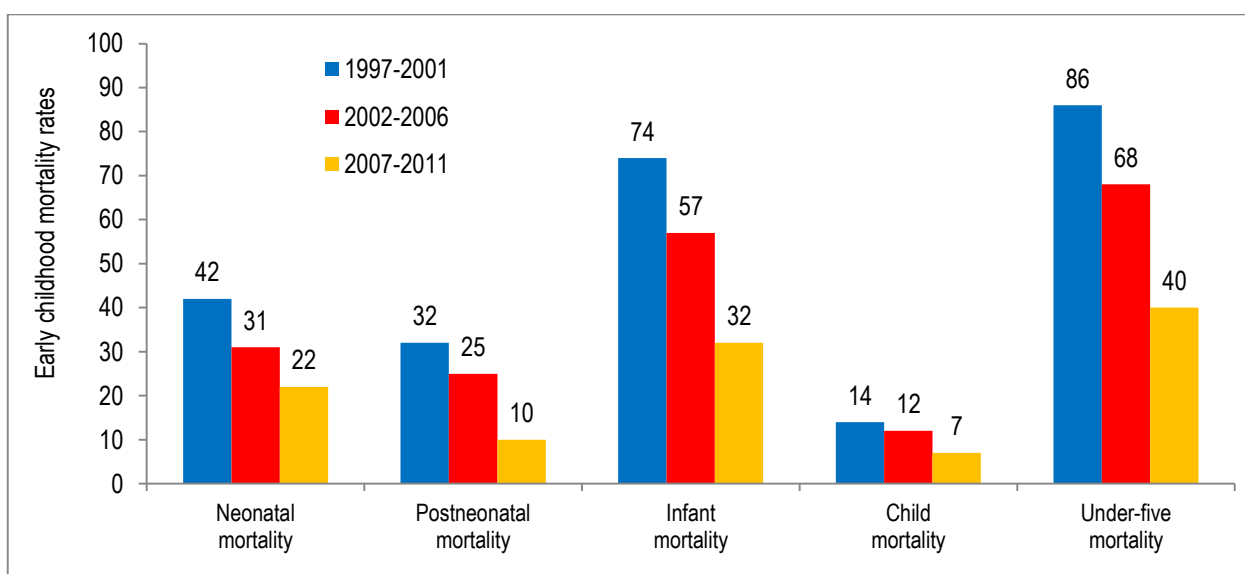
Looking at the pattern of mortality during the first year of life, babies are nearly twice as likely to die during the first month of life as later in infancy; the neonatal and postneonatal rates are 22.3 and 10.3 per 1000, respectively. Overall, more than half (56.3%) of children who die before their fifth birthday in Azerbaijan die during the first 30 days of life.

² Because fieldwork was conducted from August to October 2011, the exact periods to which rates correspond are from August-October 2007 to August-October 2011, from August-October 2002 to August-October 2006, and from August-October 1997 to August-October 2001.

In DHS-2011 compared with the results of AzDHS-2006, there has been observed a decrease in all indicators of early childhood mortality.

Neonatal mortality is generally determined by the health of the mother and the adequacy of services available at the time of birth. Postneonatal mortality is mostly due to infections and undernourishment since birth. Therefore, decrease in neonatal mortality might be explained by country efforts in the area of maternal and child health, including activities implemented within the frame of the "State Program on protection of maternal and child health". Substantial decrease in postneonatal mortality rates compared with previous periods indicate success of activities regarding reduction of infectious diseases and improvement of child care, including strengthening of perinatal care by establishment of 7 perinatal centers in Republic (Figure 9.1).

Figure 9.1 Trends in early childhood mortality rates, according to DHS-2011



The infant mortality rate estimated from the DHS-2011 is higher than the official government rate based on death registration³ (Figure 9.2). This pattern is similar to that observed in AzDHS-2006 and many other countries of the region, where estimates of infant mortality rates calculated from survey data also are considerably higher than the official rates.

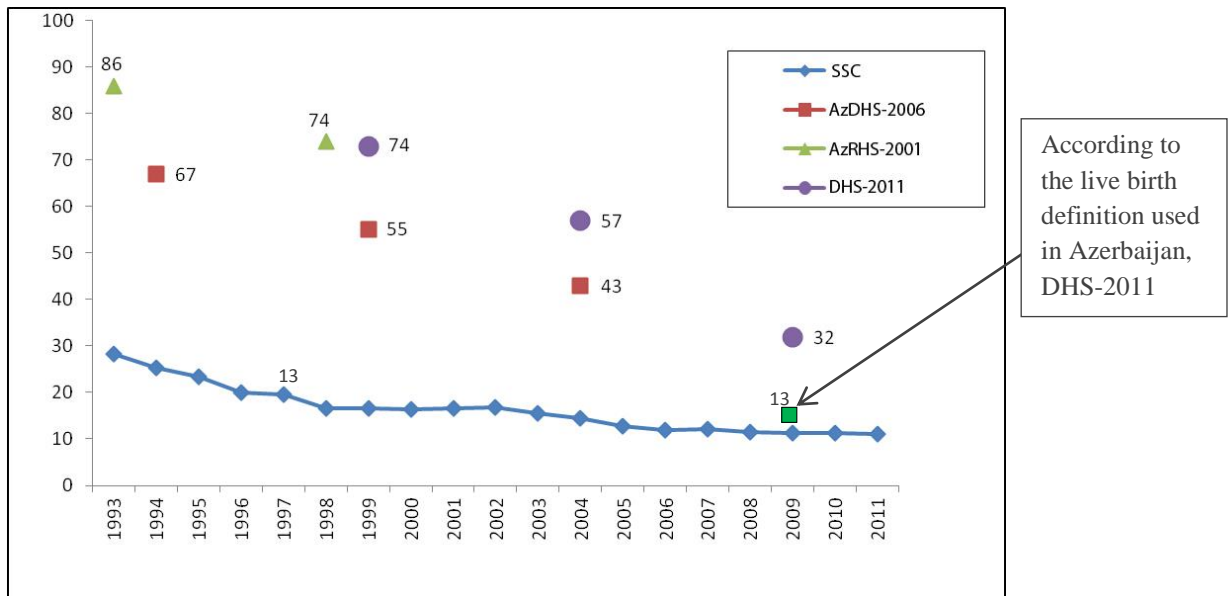
The difference between the DHS-2011 and the official mortality figures appears to be in part due to differences in the definition of live births used in the two data collection approaches. The DHS-2011, as well as AzDHS-2006, employs the WHO definition of a live birth, i.e., any fetus which showing signs of life at birth is considered to be a live birth. In contrast, the official statistics in Azerbaijan continue to be based on the definition of live births employed in the Soviet-era, which exclude from the calculation of the infant mortality rate infants who were born after less than 28 weeks gestation, weighed less than 1000 grams, or were less than 35 centimeters in length and who died during the first seven days of life.

³ SSC, 2012.

It is not possible to precisely calculate the infant mortality rate according to the definition of live births employed in the Soviet-era on the basis of DHS-2011 data. However, experience shows that if not all, then majority of children who died during the first week of life are excluded from the calculation of the official infant mortality rate. Therefore, by having a look at the DHS-2011 results it can be stated that if children who died 0-7 days after pregnancy are ignored in calculating the infant mortality, this indicator will be 13 per 1000 live birth (with a 95% confidence interval ranging from 8.7 to 17.3 per 1000 live birth). Thus, estimate from SSC (11.3 for 2009) overlaps with the 95% confidence interval of the DHS-2011 results which means that there is no statistically significantly difference between these estimates.

At the same time, official statistics as well as DHS-2011 findings show substantial decrease in infant mortality rates. According to DHS-2011 infant mortality has decreased by 57 percent during the last 10 years.

Figure 9.2 Trend in infant mortality rate based on estimates from State Statistical Committee, AzRHS-2001, AzDHS-2006 and DHS-2011



The trend in infant mortality over the eighteen-year period prior to the survey is also presented in Table 9.2. The data suggest that mortality has decreased significantly over the last 18 years. For example, the infant mortality rate was 67 per 1000 during the early 1990s (the period 10-14 years before the survey) and 55 per 1000 during the late 1990s (the period 5-9 years before the survey) compared with the estimate of the early 2000s of 43 per 1000. Estimates from the 2001 Reproductive Health Survey of Azerbaijan (RHSA-2001) (74 per 1000 for the infant mortality rate and 92 per 1000 for the under-five mortality rate during the period 1996-2000) also suggest a decline in the mortality rate⁴.

If the confidence intervals of the estimates from both surveys (AzDHS-2006 and DHS-2011) are considered, they are found to overlap for the same time period. For example, difference between

⁴ The difference between the 2001 RHSA and the AzDHS-2006 in mortality estimates for 1996-2000 cannot be considered statistically significant because the 95 percent confidence intervals for the rates overlap.

AzDHS-2006 and DHS-2011 in infant mortality rate for the 1997-2001 is not statistically significant as indicated by the fact that the 95 percent confidence intervals of the rates for the same time period overlap (IMR estimate from AzDHS-2006 is 55 with a 95% confidence interval from 42 to 68, the IMR estimate from DHS-2011 is 74 with a 95% confidence interval from 59 to 88, which means that the confidence intervals overlap). The same pattern is observed for the 2002-2006 period.

In contrast to that, confidence interval for the IMR estimate from DHS-2011 for the 2007-2011 doesn't overlap with confidence interval of the previous rates which indicates significant changes in IMR during the last 5 year period.

9.4 DIFFERENTIALS IN CHILDHOOD MORTALITY

Child mortality differentials by sex of child and place of residence are presented in Table 9.2. The rates are for the five-year period preceding the survey. Caution must be exercised in interpreting the differentials as the rates are in some cases based on comparatively small numbers of deaths and/or births. The under five mortality (5q0) rate is higher in rural Azerbaijan than in urban areas in the country (43.1 per 1000 rural versus 36.9 per 1000 urban). The differences are largely attributable to a significantly higher child mortality (4q1) in rural (9.7 per 1000 children surviving to age one) than in urban areas (5.6 per 1000 children surviving to age one). The rural infant mortality rate, i.e., the rate at which children die before the first birthday, is also higher than the urban rate (33.8 per 1000 live birth in rural areas versus 31.4 per 1000 live birth in urban areas).

The infant mortality rate for infant boys is 31.5 per 1000, and for infant girls, 33.6 per 1000. Similarly, for under-five mortality, the mortality rate for boys is 35.9 per 1000 and for girls, 43.8 per 1000.

Table 9.2 Early childhood mortality rates by background characteristics					
Neonatal, postneonatal, infant, child, and under-five mortality rates* for the 5-year period preceding the survey, by background characteristics, Azerbaijan 2011					
Background characteristics	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under five mortality (5q0)
Sex of a child					
Male	22	10	32	5	36
Female	23	11	34	11	44
Residence					
Urban	22	10	31	6	37
Rural	23	11	34	10	43

*Rates are truncated.

9.5 PERINATAL MORTALITY

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

Perinatal mortality rates are reported for the five-year period preceding the survey in Table 9.3. It should be noted that data quality is an issue when considering perinatal mortality rates, because both stillbirths and early neonatal deaths are susceptible to underreporting. In many cases, the perinatal mortality also is based on small numbers of cases, making the results difficult to interpret.

Table 9.3 Perinatal mortality				
Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Azerbaijan 2011				
Background characteristics	Number of stillbirths ¹	Number of early neonatal deaths ²	Perinatal mortality rate ³	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	3	8	(28)	374
20-29	15	30	23	1927
30-39	2	14	(49)	337
40-49	0	0	*	25
Previous pregnancy interval in months				
First pregnancy	10	21	24	1304
<15	1	8	*	164
15-26	3	7	(19)	526
27-38	4	5	*	268
39+	2	12	(35)	401
Residence				
Urban	13	27	27	1513
Rural	7	25	27	1150
Region				
Baku	1	8	(24)	396
Absheron	6	8	21	687
Ganja-Gazakh	2	6	(34)	238
Shaki-Zagatala	1	4	*	92
Lankaran	7	18	41	613
Guba-Gusar	1	1	*	169
Aran	0	1	*	211
Yukhari Garabakh	1	3	*	181
Daghigh Shirvan	0	3	*	76
Education				
Basic secondary or less	3	15	32	579
Complete secondary	11	25	30	1214
Secondary specialized	3	6	(20)	445
Higher	3	5	(19)	425
Wealth quintile				
Lowest	5	6	(21)	543
Second	6	8	25	584
Middle	2	16	33	552
Fourth	3	8	23	514
Highest	3	14	34	471
Total	20	52	27	2663
Note: Figures in parentheses are based on 250 to 499 unweighted pregnancies of 7+ months duration. An asterisk indicates that a figure is based on fewer than 250 unweighted pregnancies of 7+ months duration and has been suppressed.				
¹ Stillbirths are fetal deaths in pregnancies lasting seven or more months.				
² Early neonatal deaths are deaths at age 0-6 days among live-born children.				
³ The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration.				

The overall perinatal mortality rate is 27 per 1000 pregnancy. The perinatal mortality rate does not differ by the place of residence. Among all subgroups women age 30-39 with a rate of 49 per 1000 pregnancy and Lankaran with a rate of 41 per 1000 pregnancy has the highest perinatal mortality. Looking at the differentials by education and wealth, the highest rates are found in the basic secondary or less education category (33 per 1000 pregnancy) and in the highest wealth quintile (34 per 1000 pregnancy). This last pattern is unexpected and may reflect underreporting of both stillbirths and early neonatal deaths among poorer women.

9.6 HIGH-RISK FERTILITY BEHAVIOR

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

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

The first column of Table 9.4 shows the distribution of children born in the five years preceding the survey by risk category. 29.4 percent of births were in a single high-risk category while 2.7 percent were subject to two or more of the risk factors. By far the most common avoidable risk is a too short birth interval.

The second column of Table 9.4 compares the proportion dead among children in each of the risk categories with the proportion dead among children not in any risk category. Overall, the risk ratio for children in any high-risk category is about 33 percent higher than for children who are not in any high-risk category. The risk ratio was higher for children in two or more high-risk categories (1.74) than for children in any single high-risk category (1.3).

Finally, the third column of Table 9.4 looks to the future and addresses the question of how many currently married women have the potential for having a high-risk birth. The results were obtained by simulating the risk category into which a birth to a currently married woman would fall if she were to become pregnant at the time of the survey. For example, a woman who was 37 years old

at the time of the survey and had three previous births, the last of which occurred three years earlier, would be classified in the multiple high-risk category for being too old (35 or older) and at risk of having a high order birth (greater than three). It must be noted that the percentages in column 3 represent the hypothetical maximum proportions of women who could potentially have various categories of high-risk births. However, because some of the potentially at-risk women are practicing contraception and some have passed menopause or are infecund, it is unlikely that all of these women will actually have high-risk births.

Overall, 70 percent of married women have the potential to give birth to a child with an elevated risk of dying. Four in ten women have the potential of having a birth that would fall into a single high-risk category (mainly older maternal age). Three in ten women have the potential for having a birth in a multiple high-risk category (mainly older maternal age and higher birth order).

Table 9.4 High-risk fertility behavior			
Percent distribution of children born in the five years preceding the survey by category of elevated risk of dying and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Azerbaijan 2011			
Risk category	Births in the 5 years preceding the survey		Percentage of currently married women ¹
	Percentage of births	Risk ratio	
Not in any high-risk category	24.7	1.0	22.0
Unavoidable risk category			
First order births between ages 18 and 34 years	43.2	0.51	7.0
Single high-risk category			
Mother's age <18	2.6	1.71	0.1
Mother's age >34	3.2	2.17	22.5
Birth interval <24 months	20.5	1.09	9.0
Birth order >3	3.1	1.41	5.5
Subtotal	29.4	1.30	37.2
Multiple high-risk category			
Age <18 & birth interval <24 months ²	0.2	*	0.0
Age >34 & birth interval <24 months	0.4	*	0.4
Age >34 & birth order >3	1.4	(0.52)	30.5
Age >34 & birth interval <24 months & birth order >3	0.1	*	0.4
Birth interval <24 months & birth order >3	0.6	*	1.5
Subtotal	2.7	1.74	32.8
In any avoidable high-risk category	32.1	1.33	70.0
Total	100.0	na	100.0
Number of births	2663	na	5501
Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Stillbirths are included in risk calculations na = Not applicable. ¹ Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher. ² Includes the category age <18 and birth order>			

Reproductive and maternal health care in Azerbaijan is implemented through an extensive system of ambulatory polyclinic and maternity hospitals. The network of ambulatory health care is organized around geographical regions and is offered through women's consultation polyclinics and rural health facilities. Obstetric care is offered at obstetric-gynecological departments in hospitals, maternity hospitals, National Scientific Research Institute of Obstetrics and Gynecology care and regional perinatal centers.

Also according to the "Concept of Regionalization of Perinatal Care" aimed to provide all over the country an appropriate care for pregnant women and newborns depending on their risk level, seven perinatal centers were established (Lankaran, Quba, Shaki, Ganja, Sabirabad and Nakhchivan Perinatal Centers and Republican Perinatal Center in Baku) in order to provide qualified care for high risk pregnancies and newborns. These perinatal centers serve as tertiary level facilities.

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

10.1 ANTENATAL CARE

The health care that a mother receives from a trained health provider during pregnancy is important for the survival and well-being of both the mother and the child. The DHS-2011 obtained information on a number of aspects of antenatal care (ANC) including the type of provider, number of ANC visits, and stage of pregnancy at the time of the first visits, as well as the services and information provided during ANC.

10.1.1 ANTENATAL CARE BY TRAINED PROVIDER

Table 10.1 presents data on the utilization of different types of antenatal care providers. Overall, 91.7 percent of women who had a live birth in the five years preceding the survey received antenatal care from a trained health provider prior to the most recent birth. Almost all women (90.3%) saw a doctor for care at least once during their pregnancy. Data shows significant increase in women's access to antenatal care by professional providers in comparison with AzDHS-2006 (Figure 10.1).

Reproductive health

Table 10.1 Antenatal care

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, and the percentage receiving antenatal care from a skilled provider, according to background characteristics, Azerbaijan 2011

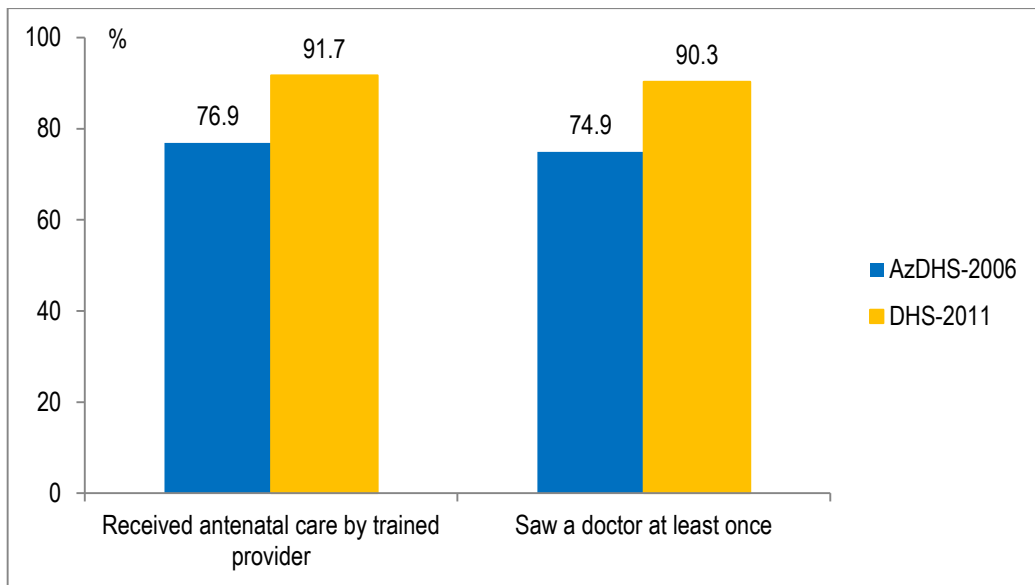
Background characteristics	Doctor	Nurse/ midwife	Feldsher	Traditional birth attendant	Other	No one	Total	Percentage receiving antenatal care from a skilled provider ¹	Number of women
Mother's age at birth									
<20	91.7	3.0	0.0	0.0	0.5	4.8	100.0	94.7	138
20-34	91.0	0.8	0.1	0.2	0.1	7.7	100.0	91.9	1362
35-49	81.5	3.8	0.0	0.6	0.0	14.1	100.0	85.4	123
Birth order									
1	93.4	1.5	0.0	0.4	0.4	4.3	100.0	94.9	526
2-3	89.5	1.2	0.1	0.2	0.0	9.1	100.0	90.7	1000
4-5	84.4	0.8	0.9	0.0	0.0	13.9	100.0	86.1	86
6+	*	*	*	*	*	*	100.0	*	11
Residence									
Urban	94.0	0.6	0.1	0.2	0.0	5.1	100.0	94.6	997
Rural	84.5	2.3	0.1	0.4	0.2	12.6	100.0	86.9	626
Region									
Baku	97.0	0.2	0.0	0.3	0.0	2.5	100.0	97.2	475
Absheron	94.6	1.1	0.0	0.0	0.0	4.3	100.0	95.7	141
Ganja-Gazakh	78.7	0.9	0.0	0.0	0.3	20.1	100.0	79.6	222
Shaki-Zagatala	92.9	0.0	0.0	0.9	0.8	5.3	100.0	92.9	101
Lankaran	82.7	3.3	0.4	0.5	0.0	13.1	100.0	86.4	144
Guba-Khachmaz	89.7	0.9	0.0	0.0	0.0	9.4	100.0	90.6	81
Aran	91.6	1.9	0.2	0.2	0.4	5.7	100.0	93.7	380
Yukhari Garabakh	76.4	8.9	0.0	0.0	0.0	14.7	100.0	85.3	36
Daghigh Shirvan	83.3	0.0	0.0	0.0	0.0	16.7	100.0	83.3	43
Mother's education									
Basic secondary or less	85.0	0.2	0.0	0.3	0.3	14.2	100.0	85.2	322
Complete secondary	87.9	2.6	0.2	0.2	0.1	8.9	100.0	90.7	727
Secondary specialized	95.2	0.3	0.0	0.2	0.2	4.0	100.0	95.5	282
Higher	97.9	0.0	0.0	0.0	0.0	2.0	100.0	97.9	292
Wealth quintile									
Lowest	76.2	2.2	0.0	0.9	0.9	20.0	100.0	78.4	262
Second	84.8	2.0	0.2	0.2	0.0	12.8	100.0	87.0	294
Middle	91.1	1.3	0.2	0.2	0.0	7.1	100.0	92.6	317
Fourth	95.3	1.2	0.0	0.0	0.0	3.5	100.0	96.5	387
Highest	99.2	0.0	0.0	0.0	0.3	0.5	100.0	99.2	362
Total	90.3	1.3	0.1	0.2	0.2	8.0	100.0	91.7	1623

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

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

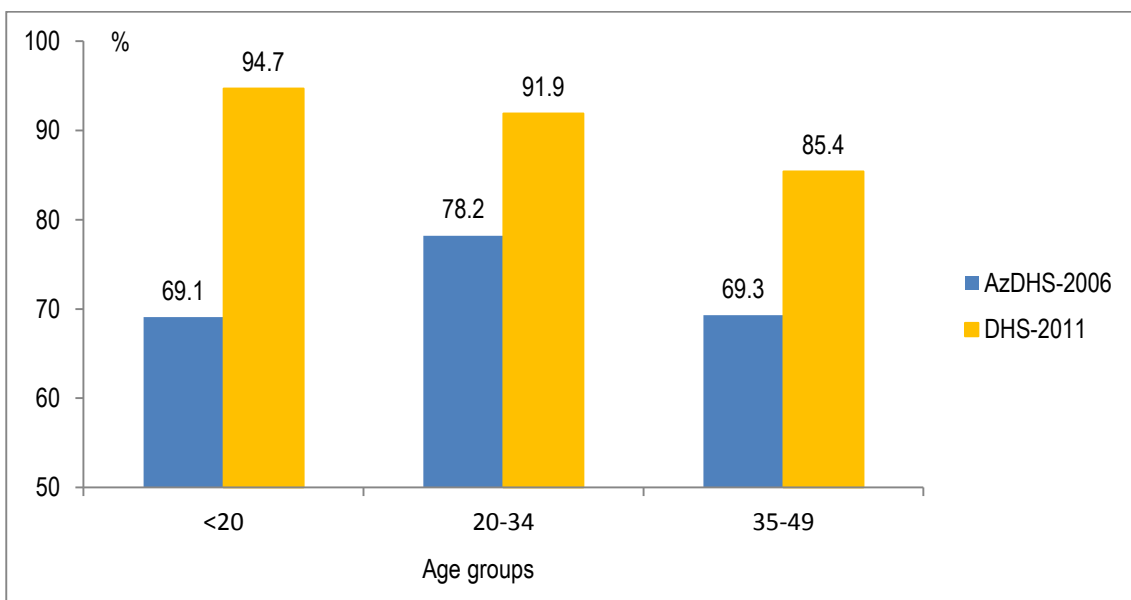
¹Skilled provider includes doctor, nurse, midwife, and feldsher.

Figure 10.1 Women's access to antenatal care, by professional providers, AzDHS-2006 vs. DHS-2011



Women under age 20 were more likely than women in older age groups to receive antenatal care from a trained medical provider (94.7 percent vs. 91.9 and 85.4 percent). Birth order is another factor that affects seeking antenatal care (Figure 10.2). The antenatal care coverage is 94.9% among women who had their first birth and decreases to 86.1% among women with births order 4-5.

Figure 10.2 Percentage receiving antenatal care from skilled provider, by age groups, AzDHS-2006 vs. DHS-2011



There are differences by urban-rural residence in ANC utilization: 94.6 percent of urban women received ANC from a trained provider compared with 86.9 percent of rural women. The proportion of women who received antenatal care varies by region, educational attainment, and wealth quintile. Mothers in Ganja-Gazakh, Daghlig Shirvan, Yukhari Garabakh, and Lankaran are less likely to receive professional antenatal care than women in the other regions. ANC increases from 85.2 percent among women in the lowest education level to 97.9 percent among those in the highest

education level. Almost all women (99.2%) in households in the highest wealth quintile receive ANC, compared with 78.4 percent of women in households in the lowest wealth quintile. These patterns are similar to those observed in AzDHS-2006.

10.1.2 NUMBER AND TIMING OF ANC VISITS

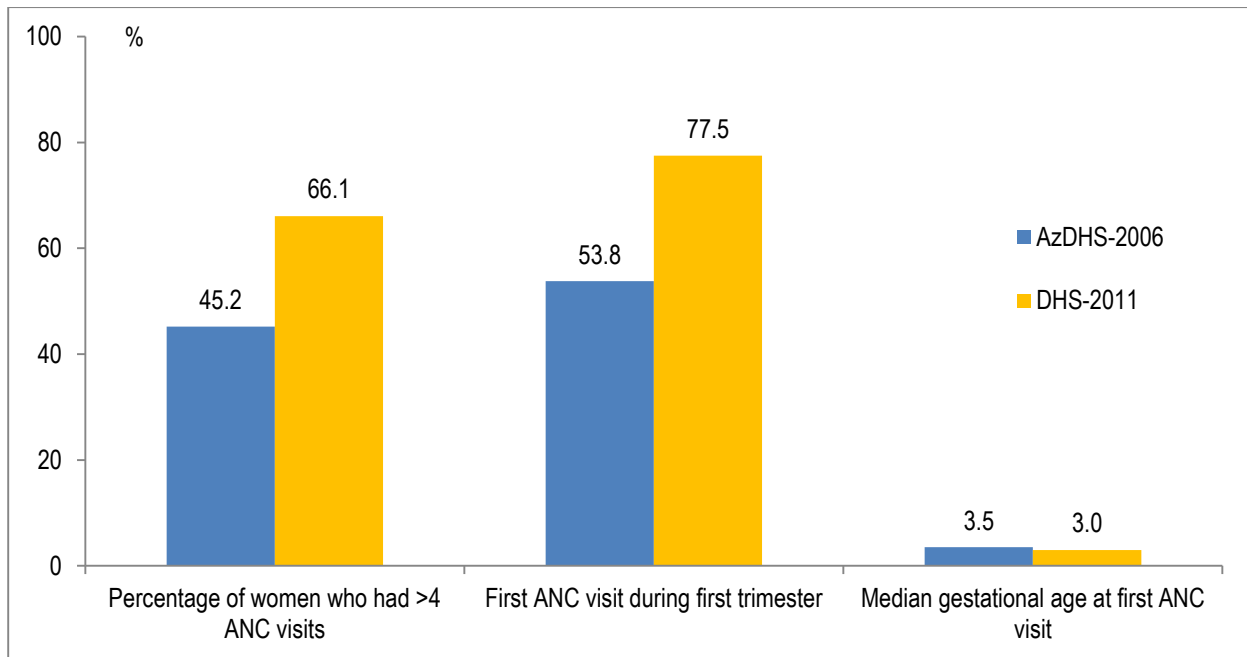
Early examination of pregnant women and the use of educational and preventive measures to avoid possible complications during pregnancy and delivery are elements of quality antenatal care. A successful pregnancy and delivery is most likely when a pregnant woman has her first antenatal care visit within the first trimester, and thereafter has the recommended number of antenatal care visits. For a normal pregnancy, i.e., one which is not considered at high risk for antenatal complications, according to the clinical protocol approved by the Ministry of Health pregnant women are recommended to have 7 antenatal care visits (before 12 weeks, between 18-20 weeks, between 26-28 weeks, between 30-32 weeks, between 34-36 weeks, at 38th weeks and at 40th weeks). WHO guidelines recommend at least four antenatal care visits for a normal pregnancy. In order to enable comparison between the results of AzDHS-2006 and the results of this survey WHO recommendations were taken as a basis.

Table 10.2 shows the number of ANC visits and the timing of the first visit during the most recent pregnancy for women with a live birth in the five years preceding the survey.

66.1 percent of women had the WHO recommended number of ANC visits (4 or more) during pregnancy. The percentage of women who had four or more ANC visits is much lower in rural areas than in urban areas (48.3 percent compared with 77.2 percent). Almost eight in ten women (77.5%) had their first ANC visit during the first trimester; the proportion is substantially higher in urban areas (84.1%) than in rural areas (67%). The median gestational age at the time of the first ANC visit was 3 months (Figure 10.3).

Table 10.2 Number of antenatal care visits and timing of first visit			
Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to residence, Azerbaijan 2011			
Number and timing of ANC visits	Urban	Rural	Total
Number of ANC visits			
None	5.0	12.6	8.0
1	3.2	10.8	6.2
2-3	13.0	27.8	18.7
4+	77.2	48.3	66.1
Don't know/missing	1.5	0.5	1.1
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	5.1	12.7	8.0
<4	84.1	67.0	77.5
4-5	6.7	11.4	8.5
6-7	2.6	6.7	4.2
8+	0.9	1.5	1.1
Don't know/missing	0.6	0.7	0.6
Total	100.0	100.0	100.0
Number of women	999	623	1623
Median months pregnant at first visit (for those with ANC)	3.0	2.0	3.0
Number of women with ANC	950	545	1493

Figure 10.3 Comparison of data regarding ANC visits, AzDHS-2006 vs. DHS-2011



10.1.3 ANTENATAL CARE CONTENT

The content of the care provided to pregnant women serves as an indicator of the quality of antenatal services. In Azerbaijan, specific services that a woman should receive during antenatal care include the taking of anthropometric and blood pressure measurements and urine and blood samples.

Pregnant women suffering certain pathologies or who are exposed to higher risks of adverse pregnancy complications undergo additional tests and examinations. In addition to the basic tests, it is recommended that women receive iron and folic acid supplements during pregnancy. Another important component of antenatal care services is the provision of educational information to the pregnant woman about normal changes during pregnancy and signs of complications.

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

Maternal anemia, especially iron deficiency anemia, is one cause of both maternal complications and neonatal complications. Taking iron supplements during pregnancy is an efficient way to prevent iron deficiency anemia. About one third of mothers (36.7%) received iron supplements during the pregnancy for their last birth. As Table 10.3 shows, the younger mothers were more likely to have received iron supplements during pregnancy than those age 35-49 and the proportion receiving supplements declined with the child’s birth order. Mothers who live in urban areas were more likely to receive iron supplements than women in rural areas (41.1 percent and 29.6 percent, respectively). The rate also increases significantly with educational attainment; 47.4 percent of women with higher education take iron supplements during pregnancy, compared with 29 percent

with basic secondary or less education. Similarly, 53.7 percent of women from the highest wealth quintile take iron supplements, compared with 23.7 percent of women from the lowest wealth quintile. All these patterns were observed in AzDHS-2006 but with lower levels (Figures 10.4, 10.5 and 10.6).

Table 10.3 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup during the pregnancy for the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal care services, according to background characteristics, Azerbaijan 2011

Background characteristic	Among women with a live birth in the past five years, the percentage who during the pregnancy for their last birth took iron tablets or syrup	Number of women with a live birth in the past five years	Among women who received antenatal care for their most recent birth in the past five years, the percentage receiving specific services					Number of women who received ANC for their most recent birth
			Informed of signs of pregnancy complications	Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	
Mother's age at birth								
<20	35.3	138	31.9	62.3	89.4	88.1	89.4	131
20-34	37.8	1362	25.5	67.4	92.2	90.6	90.9	1256
35-49	25.8	123	31.3	62.7	93.2	87.8	90.9	106
Birth order								
1	43.3	526	30.4	68.1	93.5	93.0	94.8	503
2-3	33.1	1000	23.9	66.4	91.3	89.0	88.7	909
4-5	36.0	86	29.6	58.5	93.3	86.7	90.0	74
6+	*	11	*	*	*	*	*	7
Residence								
Urban	41.1	997	26.1	79.6	96.1	95.3	95.1	947
Rural	29.6	626	27.2	44.2	85.0	81.3	83.1	547
Region								
Baku	48.5	475	27.3	94.7	98.0	97.8	97.7	463
Absheron	36.9	141	28.5	89.1	100.0	100.0	100.0	135
Ganja-Gazakh	28.6	222	15.3	58.1	88.4	86.9	87.0	177
Shaki-Zagatala	32.5	101	19.6	55.4	87.9	85.9	84.7	94
Lankaran	32.2	144	44.3	26.1	82.9	69.6	78.6	125
Guba-Khachmaz	37.6	81	44.6	92.5	94.5	94.5	93.5	73
Aran	31.5	380	23.1	46.0	89.8	89.5	89.4	359
Yukhari Garabakh	39.5	36	31.8	26.5	75.0	68.9	67.0	31
Daghigh Shirvan	13.3	43	12.3	21.4	77.3	71.2	71.8	35
Education								
Basic secondary or less	29.0	322	25.6	59.0	89.9	87.1	88.3	274
Complete secondary	31.2	727	25.6	59.4	89.5	87.2	87.7	662
Secondary specialized	48.3	282	28.0	74.5	95.7	93.7	94.5	271
Higher	47.4	292	28.1	83.1	96.6	96.6	96.6	286
Wealth quintile								
Lowest	23.7	262	24.5	35.5	79.7	73.6	72.7	209
Second	27.9	294	31.5	53.0	85.8	85.1	87.1	257
Middle	33.6	317	21.7	55.3	90.8	89.5	90.5	295
Fourth	38.7	387	24.8	75.4	96.5	94.7	95.1	373
Highest	53.7	362	29.8	94.5	100.0	99.2	99.6	361
Total	36.7	1623	26.5	66.6	92.0	90.2	90.7	1494

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

Figure 10.4 Percentage of women taking iron supplements during pregnancy, AzDHS-2006 vs. DHS-2011

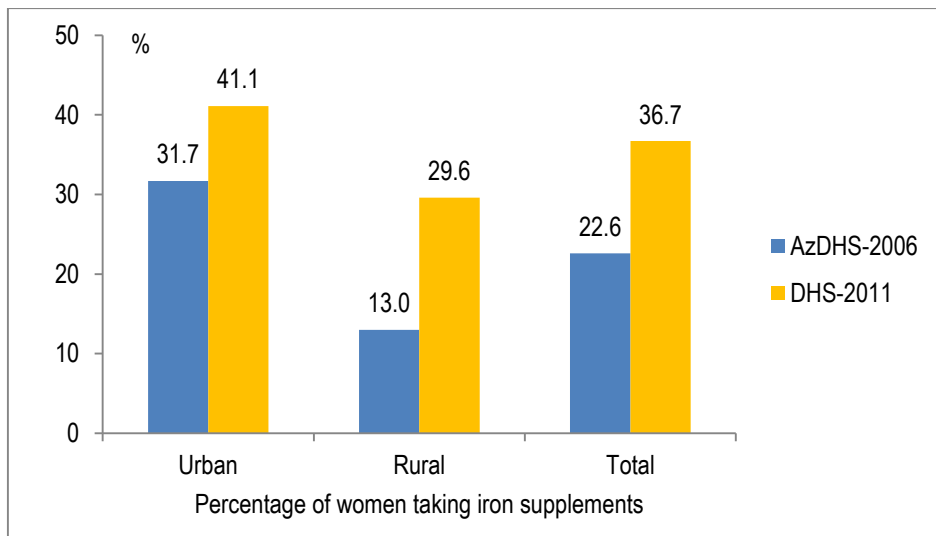


Figure 10.5 Percentage of women taking iron supplements during pregnancy, by educational attainment, AzDHS-2006 vs. DHS-2011

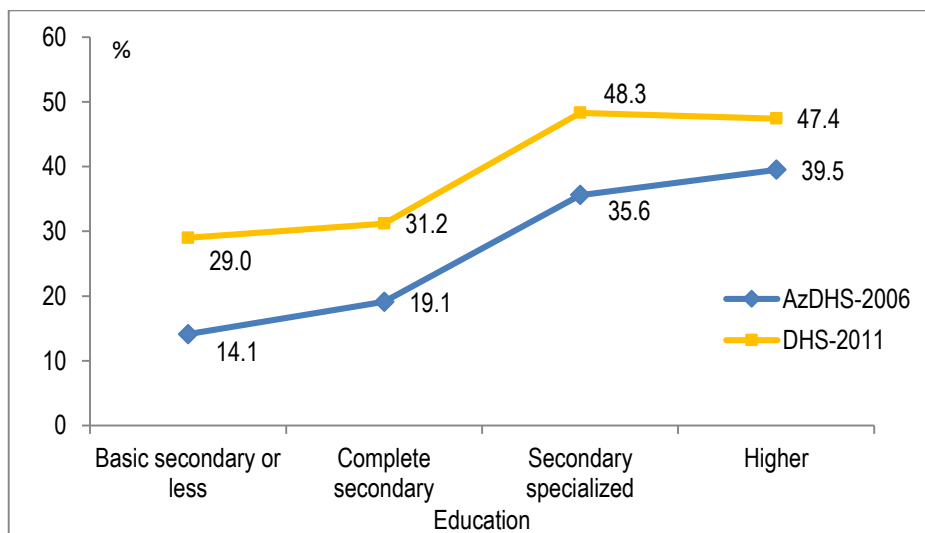
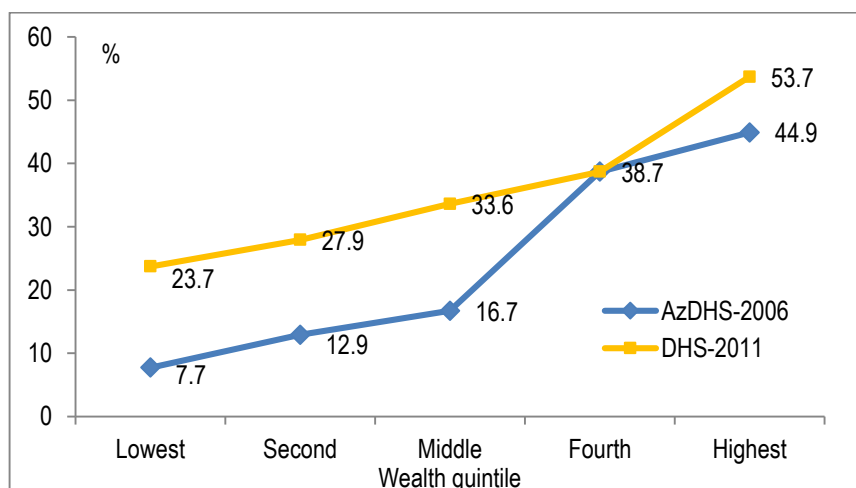
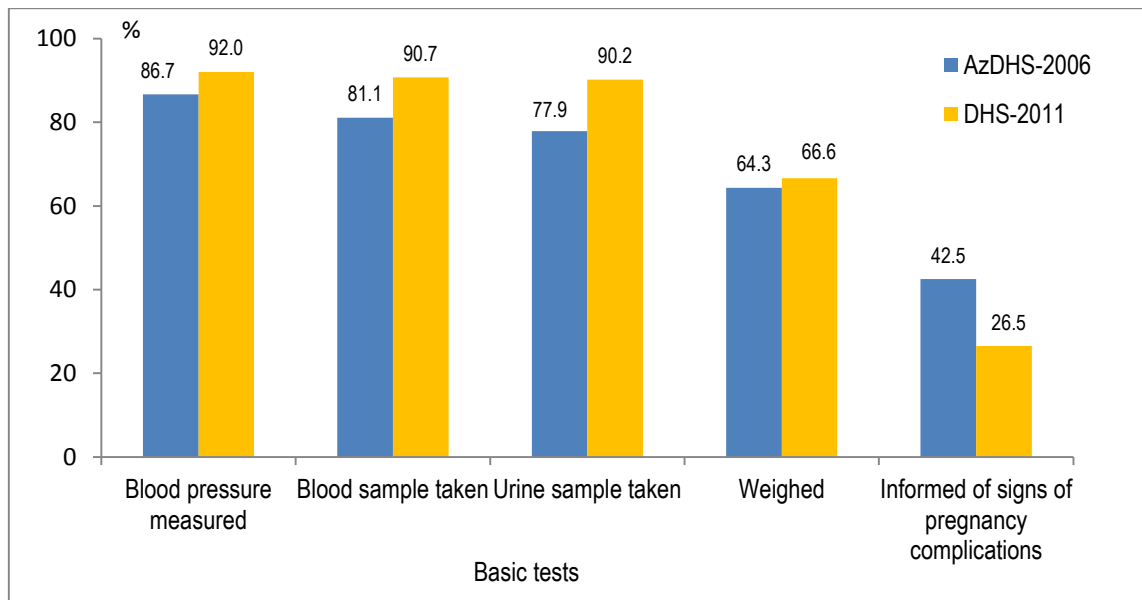


Figure 10.6 Percentage of women taking iron supplements during pregnancy, by wealth quintile, AzDHS-2006 vs. DHS-2011



The proportion of women who underwent basic tests during pregnancy is relatively high: 92 percent of women had their blood pressure measured, 90.7 percent of women had their blood sample taken, and 90.2 percent had their urine tested. However, only two-thirds were weighed (66.6%) and only quarter (26.5%) of these women were informed of the signs of pregnancy complications. Figure 10.7 shows this data compared with data from AzDHS-2006.

Figure 10.7 Percentage of women who underwent basic tests during pregnancy, AzDHS-2006 vs. DHS-2011



There are variations in the likelihood of receiving the various components of care according to background characteristics. Women age 20-34 are more likely than younger and older women to receive all of the specified antenatal care services, except information about the signs of pregnancy complications. For taking urine sample and weighting the level of care tends to decrease with birth order. Urban-rural differences are marked. For example, women in rural areas are less likely to be weighed (44.2%) and less likely to have their blood pressure measured (85%) compared with urban women (79.6 percent and 96.1 percent respectively). The proportion of women receiving various ANC services is generally higher in Baku, Absheron and Guba-Khachmaz than in other regions. Better educated women and women living in more economically advantaged households are more likely to receive all of the specified antenatal care services than women with less education or those who live in households in the lowest wealth quintile.

10.2 ASSISTANCE AND MEDICAL CARE AT DELIVERY

10.2.1 PLACE OF DELIVERY

Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that can cause the death or serious illness of the mother and/or the infant. Table 10.4 shows that 93.1 percent of deliveries that occurred in the five years preceding the

survey took place in health facilities. This figure shows significant increase in comparison with AzDHS-2006 findings (77.7%).

Table 10.4 Place of delivery
Percent distribution of live births in the five years preceding the survey by place of delivery, and percentage delivered in a health facility, according to background characteristics, Azerbaijan 2011

Background characteristics	Health facility				Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector	Home	Other			
Mother's age at birth							
<20	96.0	0.4	3.6	0.0	100.0	96.4	386
20-34	90.5	2.3	7.0	0.2	100.0	92.8	2152
35-49	91.9	1.9	6.2	0.0	100.0	93.8	130
Birth order							
1	93.3	3.9	2.8	0.0	100.0	97.2	1202
2-3	90.9	0.9	7.9	0.3	100.0	91.8	1338
4-5	80.5	5.8	13.7	0.0	100.0	86.3	114
6+	*	*	*	*	100.0	*	14
Residence							
Urban	93.0	2.9	3.8	0.2	100.0	95.9	1513
Rural	87.8	0.9	11.1	0.2	100.0	88.7	1155
Region							
Baku	93.1	2.1	4.8	0.0	100.0	95.2	683
Absheron	83.6	9.6	5.9	0.8	100.0	93.2	214
Ganja-Gazakh	94.0	2.0	3.9	0.0	100.0	96.1	404
Shaki-Zagatala	92.0	0.0	6.9	1.1	100.0	92.0	181
Lankaran	79.1	1.8	18.4	0.7	100.0	80.9	240
Guba-Khachmaz	94.0	0.0	6.0	0.0	100.0	94.0	169
Aran	92.3	0.8	7.0	0.0	100.0	93.0	611
Yukhari Garabakh	94.6	1.8	3.6	0.0	100.0	96.4	77
Daghigh Shirvan	95.7	0.0	4.3	0.0	100.0	95.7	91
Education							
Basic secondary or less	85.1	0.4	14.5	0.0	100.0	85.5	585
Complete secondary	90.4	2.2	6.9	0.5	100.0	92.6	1208
Secondary specialized	95.4	1.7	2.9	0.0	100.0	97.1	449
Higher	94.9	4.2	1.0	0.0	100.0	99.0	427
Antenatal care visits¹							
None	*	*	*	*	100.0	*	7
1-3	86.8	1.0	11.6	0.5	100.0	87.8	458
4+	94.5	2.8	2.7	0.0	100.0	97.3	1235
Don't know/missing	*	*	*	*	100.0	*	20
Wealth quintile							
Lowest	81.2	0.0	18.4	0.4	100.0	81.2	545
Second	90.0	1.7	8.3	0.0	100.0	91.7	582
Middle	92.3	1.3	6.4	0.0	100.0	93.6	555
Fourth	95.1	1.1	3.2	0.6	100.0	96.2	513
Highest	93.5	5.7	0.7	0.0	100.0	99.3	474
Total	91.0	2.1	6.7	0.2	100.0	93.1	2669

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

Women under age 20 are somewhat more likely (96.4%) to deliver in a health facility than older women. Health facility deliveries are the highest among women having their first birth (97.2%). The percentage of health facility deliveries is highest (97.3%) among women who received adequate antenatal care (more than 4 ANC visits).

There are significant variations by residence in the percentage of births taking place in a health facility. Women living in urban areas are more likely to deliver in a health facility compared with their rural counterparts (95.9% vs. 88.7%). In most regions more than nine in ten births (from 92 to 96.4%) take place in a health facility. Only in Lankaran this figure is slightly lower – 80.9 percent.

Both the mother's education level and the wealth quintile are directly related to the likelihood that the delivery takes place in a health facility. 85.5 percent of births to mothers with a basic secondary education or less take place in a health facility compared to 99 percent of births to women with

higher education. The proportion of births taking place in health facilities increases from 81.2 percent in the lowest wealth quintile to 99.3 percent in the highest quintile.

10.2.2 ATTENDED DELIVERIES

Table 10.5 shows that the majority of births (97.2%) in Azerbaijan are delivered by a trained health professional. Most of deliveries (93.4%) are attended by a doctor, while nurse-midwives or fieldshers delivering 3.7 percent of births. Two percent of births are delivered by traditional birth attendants called mamachi. Almost all (98.6%) urban births were attended by a trained health professional compared with 95.1 percent of rural births. The proportion of births delivered with the assistance of a skilled health professional ranges from 90 percent in Lankaran to 99.7 percent in Ganja-Gazakh and 100 percent in Yukhari Garabakh. 11.9 percent of deliveries in Lankaran and 5.8 percent in Yukhari Garabakh were assisted by nurses and midwives. As expected, the role of traditional birth attendants in assisting deliveries is more prominent in Lankaran (6.7%), Shaki-Zagatala (6.6%) and Guba-Khachmaz (4.5%) regions with the highest home delivery rates.

Eight in ten births to women with a basic secondary education or less were delivered by a health professional compared with almost all births to women with higher education. 5.6 percent of women with basic secondary or less education were assisted by a mamachi as opposed to 0.3 percent of women with university education. Similarly, 7 percent of women in the lowest wealth quintile deliver with the help of a mamachi, compared with less than 1 percent of women in the highest wealth quintile.

Reproductive health

Table 10.5 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of births assisted by a skilled provider, and the percentage delivered by caesarean section, according to background characteristics, Azerbaijan 2011

Background characteristics	Person providing assistance during delivery						Total	Percentage delivered by a skilled provider ¹	Percentage delivered by C-section	Number of birth
	Doctor	Nurse/ midwife	Feldsher	Traditional birth attendant	Relative/ other	No one				
Mother's age at birth										
<20	95.6	3.2	0.0	1.2	0.0	0.0	100.0	98.8	13.0	386
20-34	93.2	3.4	0.3	2.4	0.7	0.0	100.0	97	19.5	2152
35-49	93.6	3.6	0.9	1.2	0.0	0.7	100.0	98.1	38.4	130
Birth order										
1	95.8	2.7	0.2	0.8	0.5	0.0	100.0	98.7	27.2	1202
2-3	92.9	3.4	0.2	2.7	0.7	0.1	100.0	96.6	16.0	1338
4-5	87.7	7.4	1.3	3.6	0.0	0.0	100.0	96.4	21.5	114
6+	*	*	*	*	*	*	*	*	*	14
Place of delivery										
Health facility	98.4	1.5	0.0	0.0	0.0	0.0	100.0	99.9	20.0	2201
Elsewhere	25.3	30.1	4.5	31	8.1	0.8	100.0	59.9	0.0	468
Residence										
Urban	96.5	2.1	0.0	1.0	0.4	0.0	100.0	98.6	24.9	1513
Rural	88.7	5.6	0.8	4.0	0.8	0.1	100.0	95.1	12.6	1155
Region										
Baku	96.3	2.6	0.0	0.7	0.4	0.0	100.0	98.9	30.3	683
Absheron	96.3	0.8	0.0	2.8	0.0	0.0	100.0	97.2	30.1	214
Ganja-Gazakh	96.7	3.0	0.0	0.0	0.3	0.0	100.0	99.7	19.0	404
Shaki-Zagatala	92.3	0.0	0.0	6.6	1.0	0.0	100.0	92.3	7.1	181
Lankaran	77.4	9.7	2.9	6.7	2.7	0.6	100.0	90.0	15.3	240
Guba-Khachmaz	94.6	0.9	0.0	4.5	0.0	0.0	100.0	95.5	12.3	169
Aran	92.9	4.9	0.2	1.7	0.5	0.0	100.0	98.0	14.0	611
Yukhari Garabakh	94.2	5.8	0.0	0.0	0.0	0.0	100.0	100.0	7.2	77
Daghliigh Shirvan	95.9	0.0	0.0	4.0	0.0	0.0	100.0	95.9	7.2	91
Mother's education										
Basic secondary or less	87.3	5.6	0.0	4.9	1.9	0.3	100.0	92.9	12.7	585
Complete secondary	92.7	3.8	0.7	2.3	0.5	0.0	100.0	97.3	18.0	1208
Secondary specialized	96.0	3.0	0.0	0.9	0.0	0.0	100.0	99.1	22.1	449
Higher	99.7	0.3	0.0	0.0	0.0	0.0	100.0	100.0	29.5	427
Wealth quintile										
Lowest	81.8	7.0	1.2	7.3	2.3	0.3	100.0	90.0	12.1	545
Second	90.3	5.8	0.6	2.7	0.6	0.0	100.0	96.7	11.0	582
Middle	94.1	3.8	0.0	1.8	0.3	0.0	100.0	97.9	16.8	555
Fourth	97.9	1.4	0.0	0.7	0.0	0.0	100.0	99.3	25.6	513
Highest	99.3	0.7	0.0	0.0	0.0	0.0	100.0	100.0	29.8	474
Total 15-49	93.4	3.4	0.3	2.0	0.6	0.1	100.0	97.2	20.0	2669

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

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

10.2.3 CAESAREAN SECTION DELIVERY

World Health Organization has recommended that the caesarean sections rate not exceed 15% as a proportion of all births. Another important point is that all pregnant women who need caesarean sections actually receive them.

In Azerbaijan, caesarean section deliveries are performed in 20 percent of births. Caesarean deliveries increase with the woman's age, educational attainment and wealth. First births are more likely to be delivered by caesarean section than higher order births. The prevalence of caesarean section in urban areas is two times as much as in rural areas (24.9% versus 12.6%).

10.3 POSTNATAL CARE

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

Since research has shown that most maternal and infant deaths occur within the first two days after delivery, postnatal care should be provided as soon as possible after birth, within this critical period. To evaluate the extent to which postnatal care is utilized, the DHS-2011 asked women who had live births in the five years preceding the survey whether a health professional examined her after her last birth and about the timing of the checkup given.

Table 10.6 presents information on the timing of postnatal care after the most recent birth for women who gave birth in the five years preceding the survey. The data show that 84 percent of women received an examination after delivery. This is higher than data (72.3%) obtained in AzDHS-2006. Postnatal care is provided mainly by a skilled health care provider (92.9%); 6.9 percent of women receive postnatal care from midwives and only 0.2 percent receive from traditional birth attendant called mamachi (data not shown). With regard to the timing of the first postnatal checkup, 72.1 percent of women who had a live birth in the past five years received a medical checkup within the first day of delivery of their last birth, and 83.3 percent were examined within the first two days of the delivery. Another 0.4 percent saw a health professional for a postnatal checkup within six weeks of giving birth. Sixteen percent of women reported not having had any sort of checkup in the postnatal period.

Table 10.6 Timing of first postnatal checkup
Among women giving birth in the five years preceding the survey, the percent distribution of mothers by timing of first postnatal checkup for last live birth, according to background characteristics, Azerbaijan 2011

Background characteristic	Time after delivery when first postnatal checkup occurred					No checkup	Number of women
	Less than 4 hours	4-23 hours	1-2 days	3-41 days	Other/ don't know/ missing		
Mother's age at birth							
<20	65.9	8.5	6.2	0.0	1.6	17.8	138
20-34	66.3	5.1	12.0	0.5	0.1	16.0	1362
35-49	73.7	4.4	7.9	0.0	0.0	14.0	123
Birth order							
1	67.3	6.4	12.2	0.4	0.2	13.4	519
2-3	65.5	5.1	11.0	0.4	0.2	17.8	1002
4-5	82.1	1.3	5.1	0.0	0.0	11.5	90
6+	0.0	0.0	0.0	0.0	0.0	0.0	12
Residence							
Urban	64.4	6.1	14.5	0.2	0.0	14.7	997
Rural	71.0	3.8	5.7	0.7	0.5	18.2	626
Region							
Baku	56.4	6.0	21.1	0.2	0.0	16.2	475
Absheron	64.6	6.3	19.7	0.0	0.8	8.7	141
Ganja-Gazakh	65.9	2.8	4.3	1.4	0.5	25.1	222
Shaki-Zagatala	67.7	6.5	10.8	1.1	0.0	14.0	101
Lankaran	87.1	1.7	2.6	0.0	0.0	8.6	144
Guba-Khachmaz	55.6	18.1	13.9	0.0	0.0	12.5	81
Aran	77.8	4.3	3.1	0.3	0.0	14.5	380
Yukhari Garabakh	76.5	8.8	2.9	2.9	0.0	8.8	36
Daghligh Shirvan	46.3	0.0	12.2	0.0	4.9	36.6	43
Education							
Basic secondary or less	67.4	4.8	7.8	0.7	0.0	19.3	322
Complete secondary	66.6	6.6	8.6	0.3	0.3	17.5	727
Secondary specialized	70.4	2.2	13.9	0.4	0.0	13.1	282
Higher	63.5	5.4	18.1	0.7	0.4	11.9	292
Wealth quintile							
Lowest	66.4	2.8	6.2	0.5	0.9	23.2	262
Second	68.7	6.4	6.8	0.4	0.0	17.7	294
Middle	69.0	5.4	6.1	1.0	0.3	18.0	317
Fourth	66.8	5.7	13.6	0.0	0.3	13.6	387
Highest	63.6	5.3	19.6	0.3	0.0	11.1	362
Total 15-49	66.8	5.3	11.2	0.4	0.3	16.0	1623

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

Younger women and rural women are less likely than other women to receive postnatal care; about 18 percent of women in each of these categories do not have a postnatal examination. Looking at regional patterns, 36.6 percent of women in Daghigh Shirvan and 25.1 percent of women in Ganja-Gazakh regions had no postnatal care. These two regions also have low antenatal care coverage (Table 10.1).

The likelihood of receiving postnatal care increases with the woman's education and wealth status. For example, the proportion of women who do not receive a postnatal checkup is 19.3 percent in the basic secondary education or less group and 11.9 percent in the higher education group.

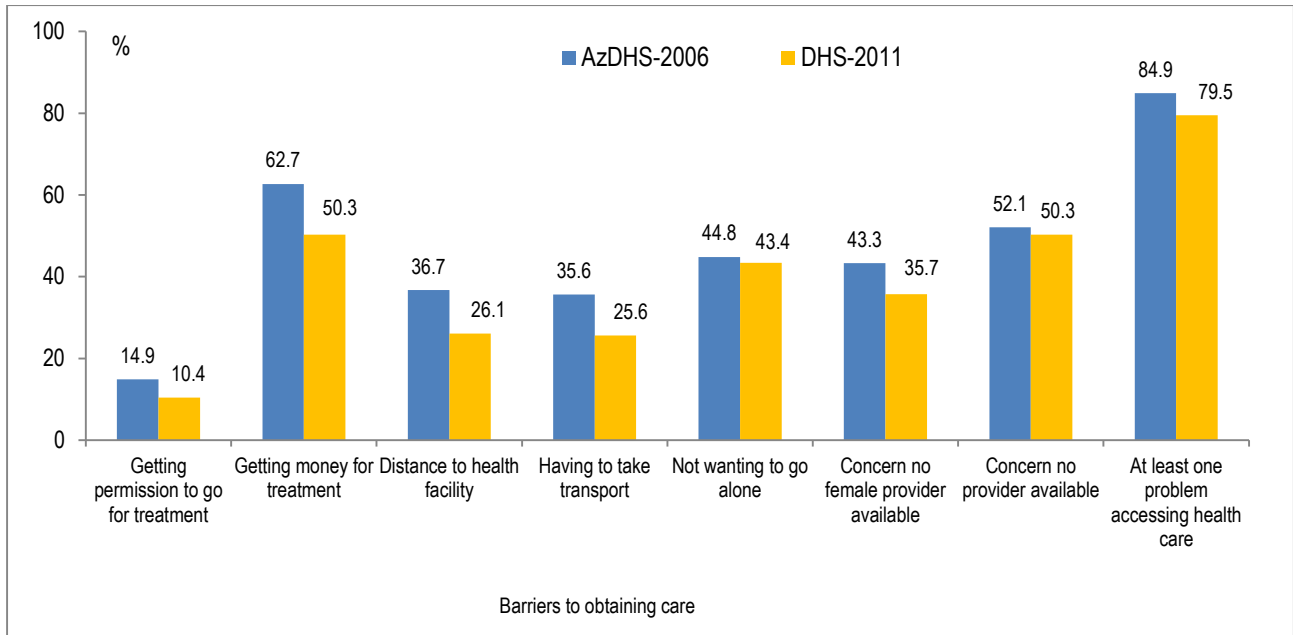
10.4 WOMEN'S PERCEPTION OF ACCESS TO HEALTH CARE

The DHS-2011 included a series of questions aimed at assessing what barriers women perceive they face in accessing health care. To collect this information, women were asked whether particular situations represented a big problem in obtaining health care. These situations included getting permission to go to a doctor; obtaining money to pay for the treatment; long distance to a medical facility; concerns with having to go alone; the need for transport; not having a female provider available; and not having any provider available.

Table 10.7 shows information on the proportions of women who indicated that they considered each of these specific situations as serious barriers to obtaining care when they are sick. A very high proportion of women cited at least one of the situations as a major barrier to accessing health care (79.5%). 50.3 percent of women mentioned obtaining sufficient money to pay for health care as a big problem. The same proportion of women mentioned concern for having no provider available. Not wanting to go alone and not having a female medical provider to consult were also major problems for the women (43.4% and 35.7% respectively). Furthermore, somewhat about one-fourth of women identified the need to take transport and the distance to a health facility as big problems (25.6% and 26.1% respectively). Getting permission to go to a doctor was a problem cited by 10.4 percent of women. While comparing this data with AzDHS-2006 findings significant improvement is noted regarding all cited barriers (Figure 10.8).

Table 10.7 Problems in accessing health care									
Percentage of women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Azerbaijan 2011									
Background characteristic	Problems in accessing health care								Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no provider available	At least one problem accessing health care	
Age									
15-19	12.9	44.7	24.9	24.2	56	38.4	50.2	80.4	1652
20-34	11.9	48.3	26.0	25.8	47.5	38	51.2	79.7	4201
35-49	7.5	55.2	26.7	26.1	32.7	31.7	49.2	79.5	3528
Number of living children									
0	11.0	46.0	24.7	24.5	49.1	36.2	50.5	79.1	3894
1-2	10.8	51.0	25.1	24.9	40.5	35.1	48.7	78.0	3593
3-4	8.6	57.3	30.1	28.6	37.2	35.8	52.4	82.7	1787
5+	7.4	63.0	44.4	41.7	41.7	38.0	60.7	87.9	108
Marital status									
Never married	10.2	45.0	24.3	23.8	48.2	35.3	49.6	78.2	3296
Married or living together	11.0	52.1	27.2	26.5	42.2	36.7	50.9	80.2	5501
Divorced/separated/widowed	6.3	61.5	25.5	27.3	29.6	29.1	48.5	79.4	584
Employed last 12 months									
Not employed	11.9	52.2	28.4	27.8	47.8	38.7	51.3	81.1	7305
Employed for cash	5.2	43.0	17.3	17.3	27.5	25.4	47.4	73.4	2011
Employed not for cash	3.1	53.1	38.5	38.5	44.6	23.1	26.2	84.4	65
Residence									
Urban	9.0	42.5	13.4	13.1	33.8	28.5	39.0	71.1	5645
Rural	11.9	58.2	39.0	38.5	53.3	43.0	61.8	88.0	3736
Region									
Baku	7.1	39.7	11.9	11.4	30.4	26.4	35.3	67.8	2666
Absheron	11.9	21.7	14.5	15.8	32.2	27.6	44.5	58.8	697
Ganja-Gazakh	14.2	68.2	38.6	38.4	50.0	42.6	65.0	91.1	1297
Shaki-Zagatala	8.9	68.7	41.7	38.8	48.2	45.6	57.2	90.2	653
Lankaran	5.4	54.6	28.4	26.0	39.7	35.6	69.8	86.7	842
Guba-Khachmaz	11.8	22.0	20.0	22.4	38.2	27.5	46.1	65.6	551
Aran	14.8	54.2	28.3	28.5	54.2	40.9	48.5	86.5	2118
Yukhari Garabakh	6.3	68.0	33.8	35.7	68.0	48.3	71.4	98.5	269
Daghigh Shirvan	8.0	90.6	76.2	69.2	70.3	54.2	65.0	97.2	289
Education									
Basic secondary or less	16.7	61.5	40.1	38.5	58.9	45.9	57.8	87.1	1900
Complete secondary	10.7	52.9	27.9	28.1	45.3	37.6	51.8	81.7	4437
Secondary specialized	7.3	45.5	18.9	18.6	33.8	29.0	46.1	75.1	1672
Higher	4.7	31.9	9.6	8.7	27.7	23.5	40.1	67.2	1372
Wealth quintile									
Lowest	14.0	75.7	55.2	54.1	57.9	48.5	61.3	92.3	1688
Second	12.0	62.2	35.1	34.1	53.1	42.8	60.1	88.8	1784
Middle	12.1	49.2	23.7	23.6	46.8	36.2	54.2	83.2	1825
Fourth	9.4	36.9	14.4	14.7	38.0	31.7	46.2	74.2	1969
Highest	5.7	31.3	8.3	7.8	25.9	23.1	33.7	63.1	2115
Total	10.4	50.3	26.1	25.6	43.4	35.7	50.3	79.5	9381

Figure 10.8 Barriers to obtaining care, AzDHS-2006 vs. DHS-2011



The majority of women in Azerbaijan face serious barriers to accessing health care, regardless of their backgrounds. However, women from Yukhari Garabakh, Daghligh Shirvan, and Ganja-Gazakh are particularly disadvantaged; more than 90 percent of women in these three regions identified at least one of the situations as a major problem in accessing health care. Significantly, women in Yukhari Garabakh, Lankaran, Daghligh Shirvan and Ganja-Gazakh were among the most likely to say that not having any provider available poses a serious problem for them in getting health care when they are sick (71.4 percent, 69.8 percent, 65 percent and 65 percent, respectively).

Rural women are more likely than urban women to face serious barriers to accessing health care; nevertheless, even in urban areas, the majority of women (71.1%) identify at least one of the potential barriers as a serious problem when they are seeking care. The likelihood that women report any situations as posing a serious barrier to accessing health care decreases with education level and wealth quintile. However, even in the highest educational category and wealth quintile, more than six in ten women face barriers they consider serious to accessing health care.

This chapter presents the DHS-2011 findings on child health in Azerbaijan. Topics discussed include birth weight, immunizations, and common childhood illnesses and their treatment. Combined with information on childhood mortality, these data can be used to plan interventions to improve child health.

11.1 CHILD'S WEIGHT AND SIZE AT BIRTH

Infants with a low birth weight have a higher mortality risk. In the DHS-2011, all mothers were asked for their assessment of the size of the newborn baby, i.e., whether the baby was very large, larger than average, average, or smaller than average at birth. In addition, women who had live births in the five years preceding the survey were asked whether their baby was weighed at birth. For babies weighed at birth, information on birth weight was obtained from either maternal recall or, when available, from health cards found in the home. Birth weight data is obtained for 92.2 percent of all live births during the five-year period prior to the DHS-2011, which is substantially higher than 73.2 percent in AzDHS-2006 (Table 11.1).

Newborns with a weight of 2500 grams or less are considered small or underweight. Of those babies weighed, Table 11.1 shows that 10.2 percent were low birth weight (9.2% in 2006). Looking at the differences across population subgroups, low birth weight babies were most common among mothers who were under age 20 (12%). The proportion of low birth weight was higher in rural than urban areas (13.2 percent vs. 8.1 percent). Lankaran had the highest proportion of low birth weight babies (21.6%), while the proportion of underweight newborns was lowest in Absheron (5.6%), Yukhari Garabakh (7.7%) and Baku (6.9%). The proportion of low birth weight newborns decreased with both educational attainment and wealth quintile.

Looking at the information on the perceived size at birth, 4.4 percent of mothers reported their babies to have been very small at birth while 15.1 percent thought their newborn was smaller than average at birth. The proportion considering their babies to have been very small varies across population subgroups. In particular, it was lowest in Yukhari Garabakh (1.7%) and highest in Lankaran (6.9%). There was also a great variability, particularly by region and birth order, in the proportions considering their newborn to have been smaller than average.

Table 11.1 Child's size and weight at birth

Percent distribution of live births in the five years preceding the survey by mother's estimate of baby's size at birth, percentage of live births in the five years preceding the survey that have a reported birth weight, and among live births in the five years preceding the survey with a reported birth weight, according to background characteristics, Azerbaijan 2011

Background characteristic	Percent distribution of all live births by size of child at birth					Total	Percentage of all births that have a reported birth weight ¹	Number of births	Births with a reported birth weight ¹	
	Very small	Smaller than average	Average or larger	Don't know/missing	Percentage less than 2.5 kg				Number of births	
Mother's age at birth										
<20	5.3	16.2	76.4	2.1	100.0	91.2	388	12.0	353	
20-34	4.1	14.9	79.3	1.7	100.0	92.9	2164	9.9	2011	
35-49	7.6	14.4	72.5	5.5	100.0	84.4	131	10.2	110	
Birth order										
1	4.6	17.0	77.0	1.4	100.0	94.4	1285	10.8	1212	
2-3	3.9	13.5	80.3	2.4	100.0	90.9	1288	9.5	1171	
4-5	8.9	9.5	79.2	2.4	100.0	84.2	99	11.4	83	
6+	0.0	26.2	58.8	15.0	100.0	72.1	12	12.9	8	
Residence										
Urban	4.6	16.2	78.0	1.2	100.0	96.1	1520	8.1	1461	
Rural	4.2	13.6	79.3	3.0	100.0	87.2	1162	13.2	1013	
Region										
Baku	6.0	17.6	75.0	1.4	100.0	97.6	690	6.9	673	
Absheron	3.7	15.6	80.8	0.0	100.0	98.9	214	5.6	212	
Ganja-Gazakh	2.2	12.9	83.0	2.0	100.0	94.9	404	11.9	383	
Shaki-Zagatala	5.5	18.7	71.0	4.7	100.0	92.4	182	13.9	168	
Lankaran	6.9	15.8	77.3	0.0	100.0	77.1	241	21.6	186	
Guba-Khachmaz	3.7	13.5	80.8	2.0	100.0	97.1	171	7.8	166	
Aran	3.7	12.9	81.3	2.2	100.0	89.0	614	10.5	547	
Yukhari Garabakh	1.7	11.4	84.4	2.5	100.0	80.6	77	7.7	62	
Daghigh Shirvan	3.9	16.0	72.2	7.9	100.0	86.2	91	12.1	79	
Mother's education										
Basic secondary or less	5.8	14.7	76.2	3.3	100.0	85.4	587	12.7	501	
Complete secondary	4.0	15.4	78.7	1.9	100.0	91.9	1215	11.0	1117	
Secondary specialized	3.4	16.0	79.3	1.2	100.0	96.7	451	5.6	436	
Higher	4.8	13.6	80.5	1.2	100.0	97.9	430	9.8	421	
Wealth quintile										
Lowest	4.6	14.7	75.3	5.4	100.0	81.7	476	15.7	389	
Second	4.4	13.7	80.5	1.4	100.0	89.0	516	11.1	459	
Middle	4.9	14.8	78.4	1.9	100.0	91.6	557	13.6	511	
Fourth	4.6	15.9	78.8	0.7	100.0	97.2	587	6.0	571	
Highest	3.5	16.0	79.6	0.9	100.0	99.8	546	6.8	545	
Total	4.4	15.1	78.6	2.0	100.0	92.2	2682	10.2	2474	

¹Based on either a written record or the mother's recall

11.2 VACCINATION COVERAGE

There is a national immunization program in Azerbaijan supported by Government which aims reduction of infectious diseases that can be prevented by vaccination. In 1994, Azerbaijan's Ministry of Health adopted the World Health Organization (WHO) guidelines for childhood immunizations. Based on these guidelines, "Calendar of Prophylactic Vaccination" was approved by the Ministry of Health. This calendar include a BCG, OPV vaccination during the 4-7th day of life of new born children, DPT and OPV in their 2nd, 3rd and 4th month; a measles vaccine in their 12th month, DPT and OPV in 18th month and DT when they are 6 year old. In addition, since 1st March 2001 the "Calendar of Prophylactic Vaccination" included vaccination against measles for 6 year old children, since 1st October 2001 three doses of hepatitis B vaccine (1st dose during the 12 hours after birth, 2nd dose in their 2nd month, 3rd dose in their 4th month). Since 1st December 2003, in all cities and regions of the Republic MMR vaccination against measles, mumps, and rubella has been given at 12 months and 6 year old children instead of just measles immunization. Since July

2011, 5-in-1 Hib Vaccine (against *Haemophilus influenzae* type b, Hepatitis B, diphtheria, pertussis, and tetanus) was introduced in Azerbaijan for children at 2, 3 and 4 months of age.

In the DHS-2011, women who had children less than five years of age were asked to show the interviewer the vaccination card or other card used to record the child's immunizations. If the immunization card or health card was available, the interviewer copied the dates of each immunization received onto the questionnaire. For children without a vaccination (or health) card, the interviewer collected verbal information from mothers about vaccination of their children and wrote in the relevant section of the questionnaire. Since child health records are routinely maintained at the local health facilities in Azerbaijan, information was also collected at the health facility where the child's vaccination record was kept. After the interview in the household was completed, supervisors visited the health facilities identified by the mothers to obtain the child's immunization information from that source.

Thus, written information about vaccination of 480 children age 18-29 months was obtained, which means that their vaccination card was examined at home or at health facility. 25 cases were based on vaccination cards found in the homes, 468 were based on health card found in the health facility and in some cases, information was obtained from both sources and used for the analysis. Information about vaccination of 421 children out of total 480 was also collected verbally from their mothers.

Table 11.2 shows vaccination coverage for 480 children age 18-29 months at any time before the survey by source of information.

Overall, the data show that 74 percent of children had received all of the basic WHO-recommended vaccinations by the date of the interview (Table 11.2). Information on receiving vaccination was not available for 1.1 percent of children. The majority of children received vaccinations for BCG (97.9%) and the first doses of DPT (93.5%) and Polio (97%). However, the proportions of children receiving the second and third doses of Polio and DPT are lower than the proportions receiving the first doses of these vaccines. For example, 93.5 percent of children received the first dose of DPT compared with 80.7 percent who received the third dose. The dropout rate¹ between the first and third doses of DPT is 13.7 percent. The dropout rate for hepatitis B vaccination is higher than that for DPT and Polio. The proportion of children who received MMR vaccine is 88.6 percent.

¹ The dropout rate= (Dose 1- Dose 3) *100/ Dose 1

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Table 11.2 Vaccinations by source of information
Percentage of children age 18-29 months who received specific vaccines at any time before the survey, by source of information, Azerbaijan 2011

Source of information	BCG	DPT			Polio			MMR	All basic vaccinations ²	No vaccinations	Hepatitis B			Number of children	
		1	2	3	0 ¹	1	2				3	1	2		3
Facility record	95.8	91.3	85.5	80.0	94.7	93.4	90.7	84.4	87.4	73.6	0.5	93.1	89.1	79.5	468
Vaccination card	4.3	4.5	4.0	2.3	4.6	3.7	3.5	2.4	3.2	0.9	0.0	4.8	4.0	2.1	25
Mother's report	83.3	44.8	32.9	20.9	73.9	51.3	41.8	23.8	60.8	12.1	1.7	34.2	24.2	14.6	421
Any source	97.9	93.5	87.3	80.7	97.0	95.2	92.7	85.2	88.6	74.0	1.1	95.3	90.7	80.2	480

¹Polio 0 is the Polio vaccination given at birth
²BCG, measles, and three doses each of DPT and Polio vaccine (excluding Polio vaccine given at birth)

Table 11.3 shows vaccination rates among all children age 18-29 months according to background characteristics. There are no differences by sex of child in vaccination patterns. There are no differences between urban and rural children in receiving all basic vaccinations (73.3 percent and 75 percent, respectively).

Table 11.3 Vaccinations by background characteristics
Percentage of children age 18-29 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Azerbaijan 2011

Background characteristic	BCG	DPT			Polio ¹			MMR	All basic ²	No vaccinations	Hepatitis B			Percentage with a vaccination card seen	Number of children	
		1	2	3	0 ¹	1	2				3	1	2			3
Sex																
Male	97.2	92.6	86.9	80.8	97.1	96.6	91.8	84.5	87.2	72.6	1.4	95.5	89.4	79.6	97.7	263
Female	98.7	94.5	87.8	80.6	96.8	93.5	93.8	86.1	90.3	75.7	0.6	95.2	92.2	81.0	97.4	217
Birth order																
1	97.3	92.3	85.0	77.9	96.4	95.4	92.1	82.8	88.4	72.6	1.2	93.5	89.5	78.3	96.8	240
2-3	98.4	94.7	89.2	83.3	97.3	94.6	92.6	86.9	88.8	75.8	0.8	97.9	91.1	81.2	98.1	220
4-5	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	18
6+	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2
Residence																
Urban	99.5	94.3	87.1	80.4	98.6	98.5	96.6	89.9	91.8	73.3	0.2	98.5	93.9	87.0	98.7	270
Rural	95.8	92.4	87.6	81.1	94.9	91.1	87.7	79.3	84.5	75.0	1.8	91.2	86.5	71.4	96.1	210
Region																
Baku	100.0	92.9	83.6	76.3	100.0	100.0	100.0	94.3	96.2	70.4	0.2	100.0	98.6	92.8	99.5	112
Other	97.2	93.7	88.5	82.0	96.0	93.8	90.5	82.5	86.3	75.1	1.6	93.9	88.2	76.4	97.0	368
Mother's education																
Basic secondary or less	96.9	96.4	89.3	84.7	94.5	92.7	88.8	83.4	86.6	75.0	0.2	92.6	89.4	79.5	95.2	100
Complete secondary	97.3	93.4	89.4	79.9	97.2	94.3	92.5	82.9	88.2	73.7	1.4	95.4	88.5	78.0	97.4	240
Secondary specialized	99.5	91.5	82.4	79.2	98.2	98.6	95.8	90.5	90.7	73.9	0.9	97.3	95.3	84.4	99.4	140
Wealth quintile																
Lowest	98.3	93.0	86.1	80.0	94.8	90.1	85.3	78.5	86.3	74.6	0.2	95.4	87.4	73.5	96.0	77
Second	95.9	92.1	89.4	85.7	93.6	94.1	89.3	85.2	82.5	79.5	3.0	91.4	87.0	76.9	97.1	113
Middle	97.3	96.7	89.0	77.7	97.6	92.2	91.4	77.9	85.8	68.7	1.4	94.8	89.0	72.6	95.5	109
Fourth	98.8	95.3	90.9	85.0	99.3	100.0	97.9	91.8	93.0	78.6	0.4	97.9	94.6	87.9	99.5	106
Highest	100.0	88.8	77.9	72.3	100.0	100.0	100.0	93.6	98.0	66.5	0.3	98.6	96.5	92.3	99.9	75
Total	97.9	93.5	87.3	80.7	97.0	95.2	92.7	85.2	88.6	74.0	1.1	95.3	90.7	80.2	97.6	480

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
¹Polio 0 is the Polio vaccination given at birth.
²BCG, measles (or MMR), and three doses each of DPT and Polio vaccine (excluding Polio vaccine given at birth).

11.3 ACUTE RESPIRATORY INFECTIONS

Acute respiratory infections (ARI) are one of the main causes of infant mortality. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. In the DHS-2011, the prevalence of ARI was estimated by asking mothers whether their children under age five had been ill with a cough accompanied by short, rapid breathing that was chest-related in the two weeks preceding the survey. These symptoms are consistent with ARI. It should be noted that the morbidity data collected are subjective in the sense that they are based on a mother's perception of illness without validation by medical personnel. Furthermore, the prevalence of ARI is subject to seasonality; the fieldwork for the DHS-2011 took place in August through October, when ARI rates tend to be low.

Table 11.4 shows that an extremely low overall proportion of children experienced symptoms of ARI in the two weeks preceding the survey (1.4%). The rate doesn't have consistent relationship with age of children. More percent of boys had ARI symptoms compared with girls (1.8 and 0.9 percent, respectively). Yukhari Garabakh had the highest proportion of children with ARI symptoms (9.8%), whereas ARI symptoms were seen in only less than 1 percent of children in Daghigh Shirvan, Shaki-Zagatala, Ganja-Gazakh, Baku and Absheron. Children born to mothers with higher education are the least likely to have ARI.

11.4 DIARRHEA

Dehydration caused by severe diarrhea is a major cause of morbidity among young children and an important cause of infant and child death. In the DHS-

2011, the prevalence of diarrhea was estimated by asking mothers if their child under age 5 had diarrhea (more than three runny stools per day) in the two weeks prior to the survey. If the answer was "yes," the mother was subsequently asked if there was any blood in the stool. Table 11.5 indicates that 6.9 percent of children under age five had diarrhea in the two weeks preceding the

Table 11.4 Prevalence of symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infections (ARI) in the two weeks preceding the survey, according to background characteristics, Azerbaijan 2011

Background characteristic	Children under age five	
	Percentage with symptoms of ARI ¹	Number of children
Age in months		
<6	2.0	229
6-11	1.3	257
12-23	1.0	605
24-35	1.1	554
36-47	1.7	523
48-59	1.7	423
Sex		
Male	1.8	1414
Female	0.9	1176
Residence		
Urban	1.4	1469
Rural	1.4	1121
Region		
Baku	0.8	672
Absheron	0.8	207
Ganja-Gazakh	0.7	390
Shaki-Zagatala	0.4	171
Lankaran	1.1	233
Guba-Khachmaz	1.0	166
Aran	2.5	591
Yukhari Garabakh	9.8	72
Daghigh Shirvan	0.0	87
Mother's education		
Basic secondary or less	1.5	564
Complete secondary	1.3	1172
Secondary specialized	2.2	433
Higher	0.8	421
Wealth quintile		
Lowest	0.7	454
Second	2.2	503
Middle	2.7	537
Fourth	0.7	567
Highest	0.7	529
Total	1.4	2590

¹Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related) is considered a proxy for pneumonia.

survey. Less than one percent of young children had diarrhea with blood, a symptom associated with more serious dysentery.

The age pattern of diarrhea shows an increase at 12-23 months of age (i.e., around the time when a child begins to crawl and experience more exposure to the environment). Morbidity by region ranges from a high of 17.4 percent in Yukhari Garabakh to a low of 0.4 percent in Guba-Khachmaz. The prevalence of diarrhea is associated with the quality of the source of drinking water. The prevalence of diarrhea is 10.5 percent in children living in houses where the source of drinking water is not improved, compared with 6.2 percent in the houses with an improved drinking water source. There were no significant differentials by sex, besides that, no association was observed between diarrhea and mothers' education and wealth quintile.

Table 11.5 Prevalence of diarrhea			
Percentage of children under age five who had diarrhea in the two weeks preceding the survey, by background characteristics, Azerbaijan 2011			
Background characteristic	Diarrhea in the two weeks preceding the survey		Number of children
	All diarrhea	Diarrhea with blood	
Age in months			
<6	6.1	0.5	229
6-11	5.9	0.2	257
12-23	10.7	0.9	605
24-35	6.5	0.6	554
36-47	5.7	0.4	523
48-59	4.7	0.0	423
Sex			
Male	6.9	0.4	1414
Female	6.9	0.5	1176
Source of drinking water¹			
Improved	6.2	0.5	2157
Not improved	10.5	0.6	433
Toilet facility²			
Improved, not shared	7.1	0.5	2218
Shared	3.9	0.0	111
Not improved	6.9	0.9	261
Residence			
Urban	6.5	0.4	1469
Rural	7.5	0.7	1121
Region			
Baku	4.5	0.1	672
Absheron	4.7	1.5	207
Ganja-Gazakh	6.3	0.3	390
Shaki-Zagatala	10.2	0.0	171
Lankaran	8.4	0.0	233
Guba-Khachmaz	0.4	0.0	166
Aran	10.3	0.5	591
Yukhari Garabakh	17.4	4.9	72
Daghhigh Shirvan	4.6	1.3	87
Mother's education			
Basic secondary or less	8.4	0.2	564
Complete secondary	6.4	0.6	1172
Secondary specialized	9.1	1.1	433
Higher	4.1	0.0	421
Wealth quintile			
Lowest	5.7	0.2	454
Second	8.9	1.0	503
Middle	9.6	0.4	537
Fourth	6.8	0.8	567
Highest	3.4	0.0	529
Total	6.9	0.5	2590

Note: Total includes one child with missing information on toilet facility.
¹See Table 2.7 for definition of categories.
²See Table 2.8 for definition of categories.

Table 11.6 presents information about various actions that mothers reported taking when their children under age five were sick with diarrhea. 41.5 percent of children with diarrhea were taken to a health provider.

A prompt increase in a child’s fluid intake is a simple and effective procedure to prevent diarrhea from developing into a life-threatening illness. Table 11.6 shows that actions were taken to increase fluid intake in just over half of the children (53.7%) with diarrhea during the two-week period before the survey. About a third of the children with diarrhea (29.4%) were treated with some form of oral rehydration therapy (ORT). Those receiving ORT were more likely to have been given a home-prepared solution (23.2%) than a solution prepared from ORS packets (11.1%).

Increasing the overall amount of fluids given to a child is another means of preventing dehydration during a diarrheal episode. 66.1 percent of the children received increased fluids or ORS. The table indicates that other treatments were given to some sick children, the most common being antibiotics (26.3%) and antimotility drugs (17.9%).

Table 11.6 Diarrhea treatment
Among children under age five who had diarrhea in the two weeks preceding the survey, the percentage who were taken for treatment to a health provider, the percentage given ORT or increased fluids, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, and the percentage who were given other treatments, Azerbaijan 2011

Background characteristic	Percentage of children with diarrhea for whom advice or treatment was sought from a health facility or provider ¹	Oral rehydration therapy (ORT)			Other treatments								Number of children with diarrhea
		Fluid from ORS packet or pre-packaged ORS fluid	Recommended home fluids (RHF)	Either ORS or RHF	Increased fluids	ORT or increased fluids	Anti-biotic drugs	Anti-motility drugs	Intra-venous solution	Home remedy /other	Other home treatment	No treatment	
Sex													
Male	48.3	11.4	22.4	31.3	45.9	60.9	28.6	17.0	2.1	48.3	8.6	26.6	98
Female	33.2	10.7	24.2	27.2	63.2	72.4	23.6	19.1	1.9	33.2	11.5	33.0	81
Type of diarrhea													
Non-bloody	39.0	9.7	23.1	28.6	54.2	65.6	24.6	18.5	1.7	39.0	9.4	30.5	167
Bloody	74.2	30.0	25.1	40.0	47.8	73.2	49.0	10.4	6.6	74.2	16.8	15.8	13
Residence													
Urban	44.4	11.1	30.5	36.0	53.1	68.1	24.1	18.6	1.6	44.4	7.3	30.9	95
Rural	38.1	11.1	15.0	21.9	54.4	63.9	28.8	17.2	2.5	38.1	12.9	27.9	84
Total	41.5	11.1	23.2	29.4	53.7	66.1	26.3	17.9	2.0	41.5	9.9	29.5	179

Note: ORT includes fluid prepared from oral rehydration salt (ORS) packets, pre-packaged ORS fluid, and recommended home fluids (RHF).
¹Excludes pharmacy, shop, and traditional practitioner

29.5 percent of the children with diarrhea were not taken to a provider, or treated with oral rehydration therapy, or given any other kind of treatment. Besides being asked about what was done to treat children with diarrhea, mothers were specifically asked whether they gave the child more or less liquids and foods than usual. Feeding practices among children under five who had diarrhea in the two weeks before the survey are not optimal for the majority of children with diarrhea.

First, to prevent dehydration, fluids should be increased during diarrheal episodes. As shown in Table 11.7, however, only 53.7 percent of all sick children were given more liquids than usual. About one-third of children (30.6%) received the same amount of fluids as when they were well.

Fluid intake was curtailed in the case of 15.4 percent of the children with diarrhea, a practice which increases the risk of dehydration.

It is important that children who have diarrhea receive adequate nutrients. Thus, it is recommended that children continue to receive solid foods when they have diarrhea. Table 11.7 shows that the majority of children with diarrhea continued to be fed either the same (23.7%) or only somewhat less food (31.6%) than they received prior to becoming ill, and a small percentage were given more food (3.1%). However, four in ten of the children either were given much less or nothing to eat.

Table 11.7 Feeding practices during diarrhea

Percent distribution of children under age five who had diarrhea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhea, by background characteristics, Azerbaijan 2011

Background characteristic	Amount of liquids given							Amount of food given							Percentage given increased fluids and continued feeding ¹	Percentage who continued feeding and were given ORT and/or increased fluids ¹	Number of children with diarrhea	
	More	Same as usual	Somewhat less	Much less	None	Don't know	Total	More	Same as usual	Somewhat less	Much less	None	Don't know	Total				
Sex																		
Male	45.9	35.3	10.1	8.1	0.7	0.0	100.0	3.0	27.6	33.0	33.0	2.3	1.1	100.0	42.2	57.2	98	
Female	63.2	25.0	7.7	3.5	0.0	0.6	100.0	3.2	19.0	29.8	44.5	3.5	0.0	100.0	59.6	67.7	81	
Type of diarrhea																		
Non-bloody	54.2	30.9	8.5	5.8	0.4	0.3	100.0	3.3	24.7	31.6	37.2	2.6	0.6	100.0	50.2	61.6	167	
Bloody	47.8	26.8	16.6	8.9	0.0	0.0	100.0	0.0	10.7	31.3	51.5	6.6	0.0	100.0	47.8	66.7	13	
Residence																		
Urban	53.1	32.0	9.3	4.3	0.7	0.5	100.0	3.2	19.7	25.9	46.3	3.9	1.1	100.0	47.1	61.2	95	
Rural	54.4	29.0	8.7	7.9	0.0	0.0	100.0	3.0	28.3	38.0	29.0	1.7	0.0	100.0	53.5	62.9	84	
Total	53.7	30.6	9.0	6.0	0.4	0.3	100.0	3.1	23.7	31.6	38.2	2.8	0.6	100.0	50.1	62.0	179	

Note: It is recommended to give more fluids and continue feeding of children during diarrhea.
¹Continued feeding includes children who were given more, same as usual, or somewhat less food during the diarrhea episode

To ascertain how widespread knowledge of ORS is in Azerbaijan, female respondents were asked if they knew about ORS packets. Table 11.8 shows that a very small group of women who gave birth in the five years before the survey (21.5%) know about ORS packets. As expected, mothers living in rural areas are less likely to know about ORS than urban mothers (16.3 percent versus 25.3 percent). Among regions, the highest knowledge is reported in Shaki-Zagatala (37.2%) and the lowest in Ganja-Gazakh (8.2%). Knowledge of ORS packets increases as the educational and wealth levels of the mother increase; however, even in the highest education group only third of mothers know about ORS.

Table 11.8 Knowledge of ORS packets		
Percentage of mothers age 15-49 who gave birth in the five years preceding the survey who know about ORS packets or prepackaged liquids for treatment of diarrhea, by background characteristics, Azerbaijan 2011		
Background characteristic	Percentage of women who know about ORS packets or ORS prepackaged liquids	Number of women
Age		
15-19	2.1	66
20-24	16.5	649
25-34	26.0	1037
35-49	20.7	185
Residence		
Urban	25.3	1122
Rural	16.3	815
Region		
Baku	34.7	515
Absheron	17.4	150
Ganja-Gazakh	8.2	286
Shaki-Zagatala	37.2	129
Lankaran	11.7	180
Guba-Khachmaz	13.2	127
Aran	18.3	441
Yukhari Garabakh	31.8	50
Daghligh Shirvan	8.7	58
Mother's education		
Basic secondary or less	13.4	402
Complete secondary	16.9	883
Secondary specialized	32.4	337
Higher	32.9	316
Wealth quintile		
Lowest	14.6	341
Second	15.4	370
Middle	17.2	396
Fourth	20.6	425
Highest	37.9	405
Total	21.5	1937
ORS = Oral rehydration salts		

This chapter looks at several aspects of the nutritional status of children and women in Azerbaijan. It covers the following topics: infant feeding practices, including breastfeeding and complementary feeding patterns, iodization of salt used in the household, children's levels of consumption of foods rich in vitamin A, micronutrient intake among mothers and children, prevalence of anemia in women and children, and the nutritional status of women and children under age five based on anthropometric data (height and weight) collected during the survey.

12.1 NUTRITIONAL STATUS OF CHILDREN

Anthropometry provides one of the most important indicators of children's nutritional status. In the DHS-2011 the height and weight of children under age five were measured in order to estimate their nutritional status¹. In the DHS-2011, all children under five years of age (i.e., age 0-59 months at the time of the survey) were eligible for measurement. 2505 of children eligible for measurement were measured.

To obtain standardized measurements of nutritional status, height and weight data are routinely compared to a reference population. The nutritional status of the children for whom anthropometric data were obtained in the DHS-2011 is compared to the Child Growth Standards adopted by the World Health Organization (WHO) in 2007². Three standard indicators are employed in the assessment of the children's nutritional status: height-for-age; weight-for-height; and weight-for-age. The height-for-age measure provides information on stunting. The weight-for-height data assesses whether or not the child is wasted. This indicator can also be used to assess the extent to which children are overweight or obese, which is an increasing problem among children worldwide. Finally, the weight-for-age indicator provides an assessment of whether a child weighs too little for his/her age.

The status of a child with regard to stunting, wasting or underweight is determined by how many statistical units - standard deviations - the child's measurements are below the median of the reference population. If a child is between 2 and 3 standard deviations below the median, the child is considered moderately malnourished; if the child is 3 or more standard deviations below the median, the child is considered severely malnourished.

¹Height was measured standing up for children age two years and above and lying down for children under two years using Shorr boards. Weight was measured using electronic scales.

²WHO has developed the Child Growth Standards based on an international reference population (from Brazil, Ghana, India, Norway, Oman, and the United States) of ethnically, culturally, and genetically diverse healthy children living under the optimum conditions required to achieve a child's full growth potential.

Table 12.1 shows the nutritional status of children under age five by selected background characteristics³.

Table 12.1 Nutritional status of children
Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Azerbaijan 2011.

Background characteristic	Height-for-age			Weight-for-height			Weight-for-age			Mean Z-score (SD)	Number of children	
	Percentage below -3SD	Percentage below -2SD ¹	Mean Z-score (SD)	Percentage below -3SD	Percentage below -2SD ¹	Percentage above +2SD	Percentage below -3SD	Percentage below -2SD ¹	Percentage above +2SD			
Age in months²												
<12	7.0	13.1	-0.3	5.4	11.2	10.8	0.0	3.7	10.7	4.2	-0.2	520
12-23	6.5	15.4	-0.6	2.3	5.4	11.6	0.4	1.3	4.4	5.5	0.1	550
24-35	9.1	17.7	-0.8	2.7	5.3	10.5	0.3	1.8	5.4	2.3	-0.2	527
36-47	9.5	21.7	-1.0	1.9	5.1	10.7	0.3	1.3	5.6	1.4	-0.4	471
48-59	5.9	14.3	-0.8	2.0	5.7	7.8	0.1	1.2	6.6	2.1	-0.4	444
Sex												
Male	8.1	17.1	-0.7	3.1	7.6	11.2	0.2	2.3	7.6	3.3	-0.3	1364
Female	7.0	15.5	-0.7	2.7	5.5	9.3	0.2	1.4	5.4	3.0	-0.2	1142
Birth interval in months²												
First birth ³	7.6	16.7	-0.7	2.7	6.3	11.8	0.3	1.8	6.0	3.3	-0.2	1205
<24	9.3	18.3	-0.9	3.9	7.3	8.4	0.1	2.6	8.2	0.9	-0.4	446
24-47	6.7	14.6	-0.6	2.6	5.4	11.4	0.4	1.4	5.8	7.4	0.0	283
48+	5.6	14.3	-0.6	3.0	7.7	7.9	0.1	2.6	7.0	2.1	-0.3	397
Size at birth²												
Very small/small	6.9	20.6	-0.9	1.8	7.0	8.6	0.1	2.5	9.5	2.5	-0.4	415
Average or larger	7.6	15.2	-0.6	3.1	6.4	10.9	0.3	1.8	5.7	1.8	-0.2	1872
Missing	8.3	22.9	-0.9	6.5	10.2	8.2	-0.2	5.0	15.7	5.0	-0.7	44
Residence												
Urban	5.9	13.2	-0.5	2.2	6.0	10.1	0.3	1.5	4.9	3.9	-0.1	1315
Rural	9.5	19.9	-0.9	3.7	7.3	10.7	0.2	2.3	8.3	2.4	-0.4	1190
Region												
Baku	3.2	8.7	-0.2	1.8	6.7	8.6	0.2	1.4	3.9	6.0	0.1	577
Absheron	2.2	8.1	-0.5	0.6	4.2	8.2	0.4	0.0	2.5	1.4	0.0	153
Ganja-Gazakh	16.7	25.2	-0.9	4.5	8.6	15.4	0.3	2.2	9.1	4.4	-0.4	390
Shaki-Zagatala	3.7	13.6	-0.7	2.8	4.7	13.5	0.2	0.8	8.5	1.7	-0.3	184
Lankaran	9.2	22.0	-1.0	4.7	7.2	10.4	0.2	1.0	6.3	1.1	-0.4	246
Guba-Khachmaz	4.5	11.5	-0.6	1.9	4.1	7.2	0.2	2.6	5.2	3.3	-0.2	193
Aran	9.3	20.2	-0.9	3.3	6.8	9.4	0.2	2.7	7.7	1.6	-0.4	588
Yukhari Garabakh	8.5	19.3	-0.9	4.3	8.4	11.8	0.2	4.8	10.8	2.0	-0.4	78
Daghigh Shirvan	2.6	14.5	-1.0	1.3	6.4	8.4	0.3	2.2	7.2	2.9	-0.4	96
Mother's education²												
Basic secondary or less	7.7	17.0	-0.9	2.6	5.7	7.4	0.1	2.5	8.4	1.2	-0.4	537
Complete secondary	8.6	18.2	-0.8	3.4	6.5	12.0	0.3	1.9	6.4	4.1	-0.2	1145
Secondary specialized	6.7	14.3	-0.6	3.0	5.8	9.8	0.3	2.2	6.5	1.6	-0.1	387
Higher	3.9	11.1	-0.3	1.6	8.4	9.3	0.2	1.3	4.4	4.8	0.0	362
Wealth quintile												
Lowest	9.8	20.2	-1.0	4.3	7.4	11.8	0.2	2.3	8.8	2.0	-0.5	495
Second	12.4	22.3	-1.0	3.3	6.8	11.8	0.3	3.1	7.7	2.2	-0.4	526
Middle	7.8	18.7	-0.8	2.9	6.8	7.1	0.1	1.7	8.1	2.9	-0.4	545
Fourth	4.1	11.9	-0.5	2.4	5.7	10.3	0.3	0.7	3.6	3.3	0.0	491
Highest	3.0	7.1	-0.1	1.5	6.3	11.1	0.3	1.5	3.9	5.8	0.1	448
Total	7.6	16.4	-0.7	2.9	6.6	10.4	0.2	1.9	6.5	3.2	-0.2	2505

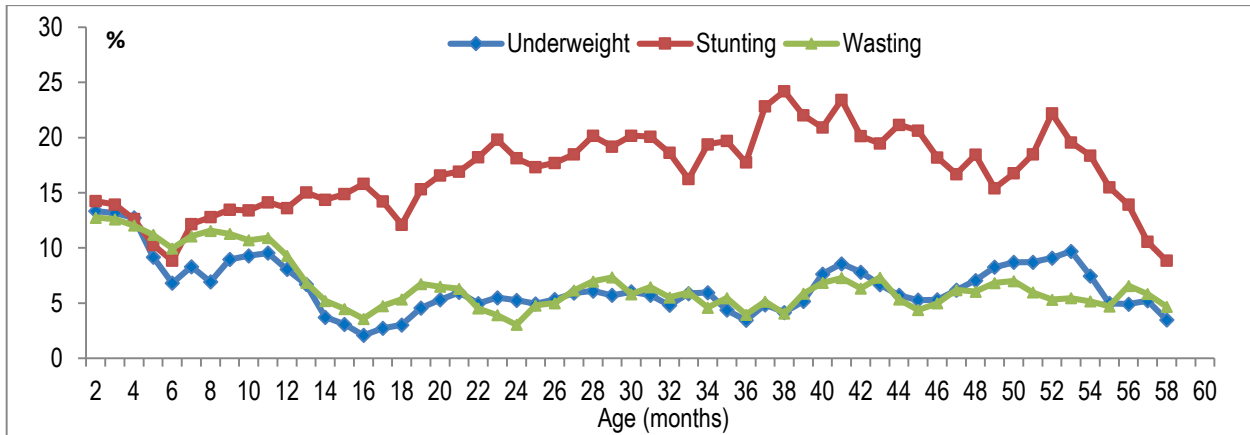
¹Includes children who are below -3 standard deviations (SD) from the International Reference Population median
²Excludes children whose mothers were not interviewed
³First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

Stunting is a result of inadequate nutrition received for a long time, also the flaw affected by recurrent or chronic illness. Overall, 16.4 percent of children under age five are stunted and 7.6 percent are severely stunted. An examination of age patterns indicates that during the first two years, stunting affects 15.4 percent of children. Stunting becomes more widespread among older

³ Stunting based on the new WHO Child Growth Standards is expected to be greater throughout childhood. In general, underweight will increase in the first half of infancy, especially in breastfed infants. Wasting will be higher in infancy, then decrease. For the purposes of comparison with previous surveys, Table C.7 includes indices expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO international reference population that was in use prior to the new WHO Child Growth Standards.

children; this figure is 17.7 percent for children age 24-35 months, and stunting peaks at 21.7 percent among children age 36-47 months (Table 12.1).

Figure 12.1 Children’s nutritional status, by age



Children living in rural areas are more likely to be stunted than urban children (respectively 13.2 percent and 19.9 percent). There is considerable variation on stunting between regions: from 8.1 percent in Absheron to 25.2 percent in Ganja-Kazakh. The highest proportion is seen in children born to mothers with the lowest education and among children in the lowest wealth quintile.

Wasting represents the failure to receive adequate nutrition in the period immediately before the survey, and often is a result of recent illness, especially diarrhea, or of a rapid deterioration in food supplies. In Azerbaijan, 6.6 percent of children are wasted and 2.9 percent are severely wasted. There is considerable variation in these figures by background characteristics. The prevalence of wasting is highest in children less than 12 months of age (11.2%), this figure is approximately 5 percent in other age groups. The severely wasting is 5.4 percent in children less than 12 months of age, 2.3 percent in the age group 12-23 months and 1.9 percent in the age group 36-47 months. Although the difference in wasting levels between urban and rural children is not very large, there are notable differences between regions. The highest proportion for wasting is (8.6%) in Ganja-Kazakh, and the lowest proportion is (4.1%) in Guba-Khachmaz. The severely wasting was 0.6 percent in Absheron, and 4.7 percent in Lankaran. This proportion decreases with the enhancement of children’s welfare level in a given households. The relation of wasting between children and the educational level of women is ambiguous.

Table 12.1 highlights another major problem among young children in Azerbaijan: 10.4 percent are overweight. The highest proportion of overweight children is in Ganja-Kazakh and the lowest is in Guba-Khachmaz. Overweight has not any relation with other background characteristics.

The weight-for-age is a good overall indicator of a population’s general health and nutritional status. The weight-for-age measure reflects the effects of both acute and chronic undernutrition. The weight-for-age index does not distinguish between chronic malnutrition (stunting) and acute malnutrition (wasting). A child can be underweight for his or her age because of stunting, because of wasting, or because of both stunting and wasting. Overall, 6.5 percent of children are underweight, and 1.9 percent is severely underweight. Children living in rural areas are more likely

to be underweight than urban children (respectively 8.3 percent and 4.9 percent), as shown in Figure 12.2. The proportion of underweight children is 2.5 percent in Absheron, 3.9 percent in Baku, and 10.8 percent in Yukhari Garabakh. Children born to mothers with the lowest level of education and living in the poorest households are significantly more likely to be underweight. For example, the proportion of underweight children born to women with basic secondary or less education is 8.5 percent compared with 4.1 percent of underweight children born to women with university degree education. Similarly, the proportion of underweight children decreases from 8.8 percent to 3.9 percent as the wealth quintile increases. Children less than 12 months of age are more likely to be underweight.

Figure 12.2.1 Nutritional status of children under five, by residence (DHS-2011)

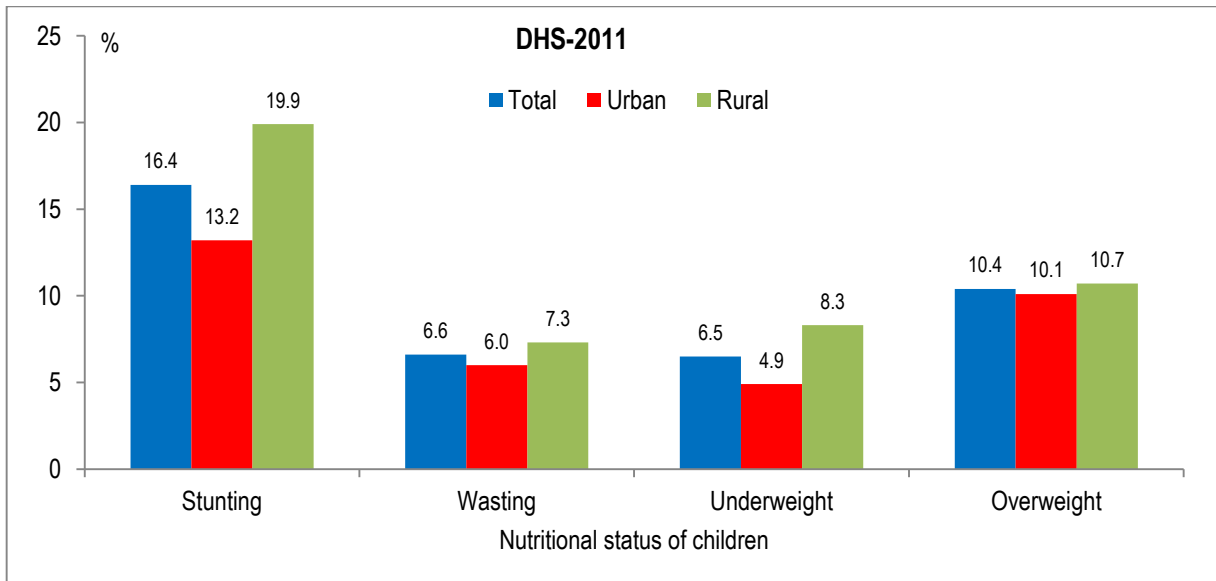
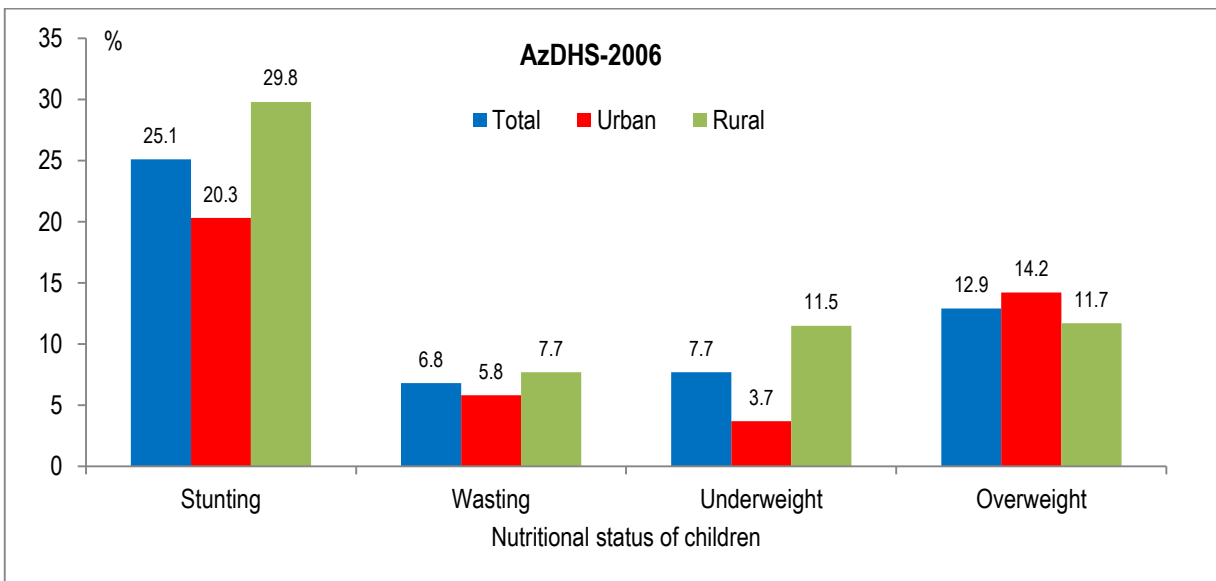


Figure 12.2.2 Nutritional status of children under five, by residence (AzDHS-2006)



The comparison of results of DHS-2011 and AzDHS-2006 shows that the prevalence of stunting has significantly decreased (8.7%). Overweight and underweight decreased by 2.5% and 1.2% respectively.

12.2 BREASTFEEDING AND SUPPLEMENTATION

Early feeding plays an important role in the physical development of infants. Optimal infant feeding is defined by WHO and UNICEF as follows:

- Initiation of breastfeeding within the first hour of birth;
- Exclusive breastfeeding for the first six months, that is, the infant receives breast milk only, without additional food or drink (not even plain water).
- Breastfeeding day and night on demand, and increased breastfeeding during illness and recovery;
- Complementary feeding with adequate and safe foods starting at six months, with continued breastfeeding up to two years of age or beyond (UNICEF, 1990).

12.2.1 INITIATION OF BREASTFEEDING

The early initiation of breastfeeding is important for a number of reasons. First, it takes advantage of the newborn's suckling reflex. The first breast milk contains colostrum, which is highly nutritious and has antibodies that protect the newborn from diseases. Early suckling also benefits mothers because it stimulates breast milk production and releases a hormone that helps the uterus to contract and reduce postpartum blood loss. Early breastfeeding also fosters mother and child bonding and enhances the socialization experience of an infant.

Table 12.2 shows that 86.4 percent of children born in the five years preceding the survey were breastfed. There is generally little variation on this proportion according to the background characteristics, with the largest differences observed by region. Guba-Khachmaz (94.7%) had the highest proportion of children ever breastfed and Absheron had the lowest (82.3%).

Table 12.2 Initial breastfeeding
 Percentage of children born in the five years preceding the survey who were ever breastfed, and among the last-born children ever breastfed, the percentage who started breastfeeding within one hour and within one day of birth and the percentage who received a prelacteal feed, by background characteristics, Azerbaijan 2011

Background characteristic	Among children under five:		Among last-born children ever breastfed:			
	Percentage ever breastfed	Number of children	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹	Percentage who received a prelacteal feed ²	Number of children
Sex						
Male	87.3	1465	26.5	64.5	56.5	984
Female	85.4	1223	31.9	67.8	54.0	731
Residence						
Urban	88.0	1166	29.0	72.7	52.6	744
Rural	85.3	1522	28.7	60.8	57.7	971
Region						
Baku	84.7	691	29.5	54.6	52.9	446
Absheron	82.3	212	26.5	48.7	48.6	124
Ganja-Gazakh	83.7	406	50.2	77.7	56.0	246
Shaki-Zagatala	90.8	180	25.4	69.6	61.1	121
Lankaran	87.1	241	21.9	76.4	61.1	161
Guba-Khachmaz	94.7	171	17.9	66.8	46.7	121
Aran	87.5	619	24.0	68.3	57.8	393
Yukhari Garabakh	84.8	77	17.5	71.6	87.2	47
Daghigh Shirvan	90.6	91	29.2	82.1	36.8	56
Education						
Basic secondary or less	83.6	586	28.6	67.9	51.9	344
Complete secondary	86.9	1219	30.9	70.1	53.0	788
Secondary specialized	87.0	451	24.7	58.3	63.1	299
Higher	88.4	432	27.5	59.9	58.6	284
Wealth quintile						
Lowest	86.1	465	30.6	75.3	45.2	296
Second	86.5	522	29.7	68.7	59.9	328
Middle	87.8	567	30.5	70.9	59.6	363
Fourth	86.6	583	24.8	59.3	60.3	374
Highest	85.1	550	29.1	57.5	50.6	354
Assistance at delivery						
Health professional ³	86.9	2556	28.1	65.4	56.7	1637
Traditional birth attendant	86.4	105	43.1	74.2	31.2	70
Place of delivery						
Health facility	86.5	2513	28.3	64.9	56.4	1606
At home	91.7	157	37.2	80.0	43.1	105
Total	86.4	2688	28.8	65.9	55.5	1715

Note: Table is based on births in the past five years whether the children are living or dead at the time of interview. Total includes 15 children with information missing on assistance at delivery and 5 children with no information on place of delivery.
¹Includes children who started breastfeeding within one hour of birth
²Children given something other than breast milk during the first three days of life
³Doctor, nurse/midwife, or feldsher

Overall, among last-born children who were ever breastfed, the majority were taken to the breast within the first day of life (65.9%), and about one-third (28.8%) started breastfeeding within one hour of birth. The proportion of children breastfed within the first day of life is substantially lower in urban than in rural areas (72.7% and 60.8%). Infants from Guba-Khachmaz (17.9%) and Yukhari Garabakh (17.5%) are much less likely than infants in the other regions to have begun breastfeeding within one hour of delivery. This proportion was the highest in Daghigh Shirvan (82.1%). The proportion breastfed shortly after birth (i.e., within one day of birth) are also comparatively low among infants whose mothers are the most highly educated or who live in households in the highest wealth quintile. Women assisted at delivery by a traditional birth attendant and those delivering at

home are more likely to report initiating breastfeeding within a day of their child’s birth than other women.

Prelacteal feeding is the practice of giving other liquids to an infant during the period after birth before the mother’s milk is flowing freely. Overall, 55.5 percent of breastfed children were given a prelacteal feed. This practice varies by residence and region. A large percentage of urban infants received a prelacteal feed compared with rural infants. Daghigh Shirvan has the lowest percentage of prelacteal feeding (36.8%), while Yukhari Garabakh has the highest percentage (87.2%). A large percentage of infants delivered with the assistance of a health professional and of infants born in a health facility received a prelacteal feed compared with other infants whose mothers were assisted by a traditional birth attendant or whose mothers delivered at home.

12.2.2 BREASTFEEDING PATTERNS BY AGE

Breast milk is the optimal source of nutrients for infant. Children who are exclusively breastfed receive only breast milk. Exclusive breastfeeding is recommended during the first six months of a child’s life because it limits exposure to disease agents and provides all of the nutrients that are required for a baby. As the infant grows, breast milk alone no longer provides sufficient nourishment and other liquids and foods need to be added to a child’s diet.

Table 12.3 and Figure 12.3 describe breastfeeding practices by age in Azerbaijan. 84.9 percent of children under age six months of age in Azerbaijan are breastfed. This proportion is 55.4% from 6 months to 1 year. At age 12-17 months, two-thirds of children (66.3%) are no longer breastfed. By age 18-23 months, 79 percent of children have been weaned.

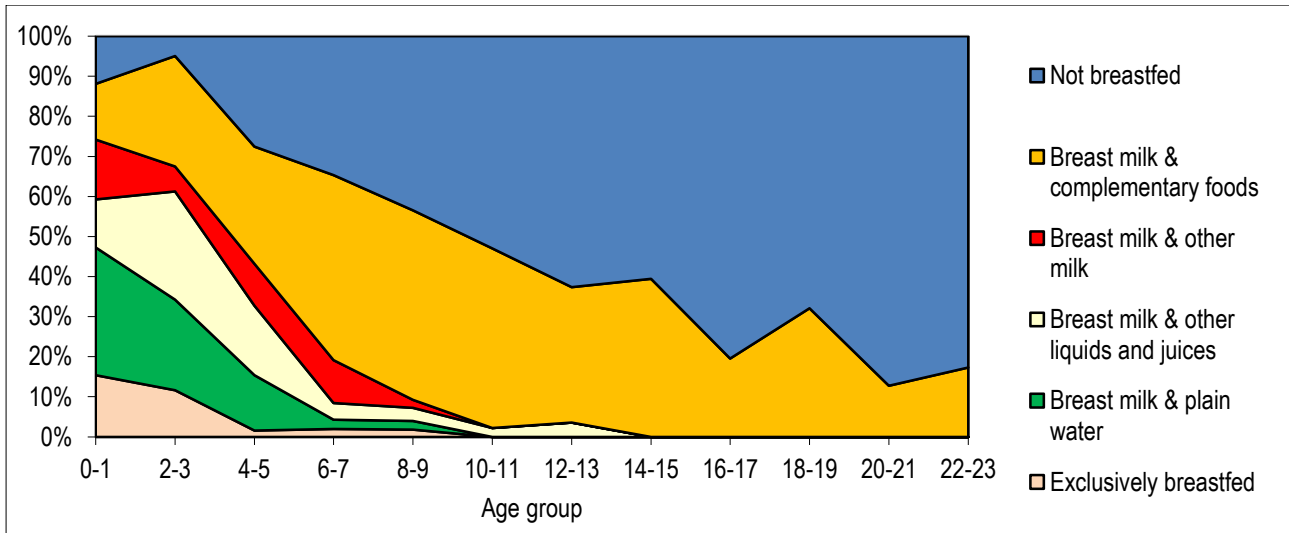
Table 12.3 Breastfeeding status by age
 Percent distribution of youngest children under three years living with their mother by breastfeeding status and the percentage currently breastfeeding, and the percentage of all children under three years using a bottle with a nipple, according to age in months, Azerbaijan 2011

Age in months	Percent distribution of youngest children under three living with their mother by breastfeeding status:							Percentage currently breast-feeding	Number of youngest children under three years	Percentage using a bottle with a nipple ¹	Number of all children under three years
	Breastfeeding and consuming:						Total				
	Not breast-feeding	Exclusively breastfed	Plain water only	Non-milk liquids/juice	Other milk	Complementary foods					
0-1	11.9	15.4	31.9	11.9	15.0	13.9	100.0	88.1	56	66.3	57
2-3	4.9	11.6	22.6	27.0	6.3	27.6	100.0	95.1	76	66.4	89
4-5	27.6	1.6	13.8	17.3	10.5	29.2	100.0	72.4	75	86.2	85
6-8	37.6	1.6	2.9	4.0	8.0	45.9	100.0	62.4	107	78.2	121
9-11	50.7	0.8	0.0	2.4	0.0	46.1	100.0	49.3	120	69.5	136
12-17	66.3	0.0	0.0	1.2	0.0	32.6	100.0	33.7	257	58.0	306
18-23	79.3	0.0	0.0	0.0	0.0	20.7	100.0	20.7	226	43.8	300
24-35	91.1	0.0	0.0	0.0	0.0	8.9	100.0	8.9	344	23.5	552
0-5	15.1	9.0	21.9	19.4	10.1	24.5	100.0	84.9	207	73.7	231
6-11	44.6	1.2	1.4	3.2	3.8	46.0	100.0	55.4	226	73.6	257
12-23	72.4	0.0	0.0	0.6	0.0	27.0	100.0	27.6	482	51.0	606
20-23	85.1	0.0	0.0	0.0	0.0	14.9	100.0	14.9	150	42.2	201

Note: Breastfeeding status refers to a “24-hour” period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

¹Based on all children under three years

Figure 12.3 Infant feeding practices, by age groups



Exclusive breastfeeding is not common; and supplementary feeding begins early. Only 9 percent of children under age 6 months are exclusively breastfed. In addition to breast milk, 10.1 percent of children are given non-breast milk, 21.9 percent are given plain water, 19.4 percent receive other liquids, and 24.5 percent are given complementary food in the form of solid or mushy food.

Bottle-feeding is fairly widespread in Azerbaijan; two-third of infants under 2 months of age is fed with a bottle with a nipple. This proportion increases to 86.2 percent for children age 4-5 months before beginning to decline.

Table 12.4 shows that the median duration of any breastfeeding is 7.8 months. However, the durations of exclusive breastfeeding (child receives only breast milk) and predominant breastfeeding (child is exclusively breastfed or receives plus plain water, water-based liquids, or juice only) are short (0.4 and 1.6 month, respectively).

Table 12.4 Median duration of breastfeeding
 Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, by background characteristics, Azerbaijan 2011

Background characteristic	Median duration (months) of any breastfeeding among last-born children in the past three years ¹			Number of children
	Any breastfeeding	Exclusive breastfeeding	Predominant breastfeeding ²	
Sex				
Male	6.7	0.5	1.6	945
Female	9.9	0.4	2.7	759
Residence				
Urban	7.4	0.4	0.7	969
Rural	8.3	0.5	2.0	735
Region				
Baku	6.0	0.4	1.5	440
Absheron	5.9	0.4	1.5	135
Ganja-Gazakh	7.5	0.5	0.5	247
Shaki-Zagatala	6.3	0.4	0.7	110
Lankaran	15.1	0.4	0.8	154
Guba-Khachmaz	10.7	0.5	2.2	117
Aran	6.5	0.4	1.8	391
Yukhari Garabakh	0.4	0.4	0.4	54
Daghigh Shirvan	13.3	1.8	5.4	56
Education				
Basic secondary or less	7.6	0.7	0.7	367
Complete secondary	9.2	0.4	2.0	779
Secondary specialized	12.1	0.4	0.6	287
Higher	5.2	0.4	2.1	272
Wealth quintile				
Lowest	9.1	0.4	2.5	275
Second	7.0	0.5	0.7	353
Middle	8.2	0.7	2.4	361
Fourth	11.1	0.4	3.1	361
Highest	5.8	0.4	0.7	355
Total	7.8	0.4	1.6	1705
Mean for all children	9.2	0.4	2.3	na

Note: Median and mean durations are based on current status. Includes children living and deceased at the time of the survey.
 na = Not applicable
¹It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding
²Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only

There is substantial variation in the median duration of breastfeeding by background characteristics. The median duration of breastfeeding is 7.4 months in urban areas and 8.3 months in rural areas. Breastfeeding duration varies by region, from a low of 0.4 months in Yukhari Garabakh to 15.1 months in Lankaran. Children born to women with secondary specialized education have the longest median duration of breastfeeding – 12.1 months, with basic secondary education – 7.6 months, with complete secondary education – 9.2 months, and with higher education – 5.2 months.

Nine in ten breastfeeding children (91 percent) under 6 months of age were breastfed at least six times in the 24 hours preceding the survey. The mean number of daytime feeds is 5.6 and the mean number of nighttime feeds is 3.1; consequently it is 8.6 for a 24-hour period (data not shown separately).

12.2.3 SUPPLEMENTAL FOODS

The nutritional requirements of young children are more likely to be met if they are fed a variety of foods from six months of age. To obtain information on this topic, interviewers read a list of specific foods to women with a child under age three living with them and asked the mother to report whether or not the child received each food in the 24 hours before the interview. The foods given to a child are not mutually exclusive; therefore, a child could be reported as receiving several types of food.

Although it is recommended that breastfeeding children under six months of age not receive supplemental foods, Table 12.5 shows that, during the 24 hours preceding the interview, 20.4 percent of breastfeeding children under six months received infant formula, 33.7 percent received other milk, 55.8 percent received other liquids, 16.9 percent received fortified baby foods, and 30.1 percent received food made from grains. Among breastfeeding children age six months and older, the percentage receiving complementary foods steadily increases. Among those age 6-11 months, for example, 84.7 percent consumed food made from grains, and this proportion increases to 96.9 percent among breastfeeding children age 12-23 months. Overall, the most common foods among breastfeeding children age 6-23 months are foods made from grains, fruits and vegetables. Majority of children age 6-23 months consume (72.2%) meat, fish, poultry, and eggs. Only one in four children age 6-23 months ate fruits and vegetables rich in vitamin A.

Table 12.5 also shows that, among nonbreastfeeding children age 6-23 months, the proportions consuming various foods are generally higher than among breastfeeding children. 97.5 percent of children received foods made from grains, and eight in ten ate foods made from vegetables, meat, fish, poultry or eggs. Approximately one in three (36.4%) of nonbreastfeeding children age 6-23 months consumed fruits and vegetables rich in vitamin A.

Table 12.5 Foods and liquids consumed by children in the day and night preceding the interview
 Percentage of youngest children under three years of age living with the mother who consumed specific foods in the day and night preceding the interview, by breastfeeding status and age, Azerbaijan 2011

Age in months	Liquids				Solid or semisolid food										Number of children	
	Infant formula	Other milk ¹	Other liquids ²	Fortified baby foods	Food made from grains ³	Fruits and vegetables rich in vitamin A ⁴	Other fruits and vegetables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry and eggs	Cheese, yogurt, other milk products	Any other solid or semi-solid food	Food made with oil, fat and butter	Sugary food		
BREASTFEEDING CHILDREN																
0-5	20.4	33.7	55.8	16.9	30.1	0.6	4.2	6.9	0.0	5.1	3.6	3.9	1.7	10.0	172	
6-11	10.6	44.6	89.8	27.5	84.7	20.3	46.6	61.4	4.9	59.3	50.8	40.0	35.8	57.1	115	
12-23	7.5	57.8	94.7	23.1	96.9	28.3	75.5	76.4	15.0	84.4	62.3	53.0	50.1	75.5	122	
24-35	(4.7)	(56.7)	(100.0)	(38.2)	(97.0)	(22.8)	(81.1)	(84.0)	(17.0)	(91.8)	(66.7)	(69.4)	(66.4)	(78.0)	27	
6-23	9.0	51.4	92.3	25.2	91.0	24.5	61.5	69.1	10.1	72.2	56.7	46.7	43.1	66.6	237	
Total	13.2	44.7	78.4	22.7	67.3	14.9	40.1	45.5	6.5	46.9	36.3	31.2	28.2	44.9	435	
NONBREASTFEEDING CHILDREN																
0-5	(65.4)	(75.6)	(76.5)	(60.3)	(72.1)	(10.4)	(7.8)	(13.9)	(0.0)	(19.0)	(10.6)	(4.5)	(4.7)	(24.3)	33	
6-11	45.8	83.1	93.3	55.7	94.5	30.6	54.8	76.6	10.5	64.7	62.9	56.6	47.7	65.6	102	
12-23	15.5	57.6	96.7	30.5	98.4	38.2	78.0	82.0	13.5	88.1	76.0	60.5	57.3	84.1	321	
24-35	6.8	55.4	97.8	22.2	99.7	40.3	85.3	83.3	20.2	87.7	79.9	71.5	55.9	86.5	290	
6-23	22.8	63.7	95.9	36.6	97.5	36.4	72.4	80.7	12.8	82.4	72.9	59.6	55.0	79.7	423	
Total	18.5	61.0	95.7	32.0	97.2	36.8	74.6	78.7	15.1	81.6	72.8	61.8	53.1	79.8	746	

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and the past night). Figures in parentheses are based on 25-49 unweighted cases.
¹Other milk includes fresh, tinned, and powdered cow or other animal milk
²Does not include plain water
³Includes fortified baby food
⁴Includes pumpkin, carrots, squash, red sweet potatoes, dark green leafy vegetables, cantaloupes, dried peaches, apricots and other locally grown fruits and vegetables that are rich in vitamin A.

12.2.4 APPROPRIATE INFANT AND CHILD FEEDING

Guidelines have been established with respect to appropriate infant and young child feeding practices for children age 6-23 months (PAHO/WHO, 2003; WHO, 2005). Appropriate infant and young child feeding (IYCF) practices include timely initiation of feeding solid/semi-solid foods from age six months and increasing the amount of foods and frequency of feeding as the child gets older while maintaining frequent breastfeeding.

Table 12.6 presents a summary indicator of appropriate feeding practices that describes the quality of infant and young child (6-23 months) feeding practices. The indicator takes into account the percentage of children for whom feeding practices met minimum standards with respect to both food diversity (i.e., the number of food groups consumed) and frequency (i.e., the number of times the child was fed). Appropriately feeding practices vary according to the age of a child and whether the child's breastfeeding.

Breastfed children are considered appropriately fed if they consume foods from more food groups and at least three times a day in order to get all necessary nutritional microelements according to the recommendation of WHO. Breastfed children age 6-8 months are considered appropriately fed if they consume solid and semi-solid food at least three times a day. Children age 9-23 months are considered appropriately fed at least 3-4 times. Non-breastfed children are considered to be appropriately fed if they consumed foods at least from four food groups and received a solid and semi-solid food four-five times a day.

Table 12.6 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based upon number of food groups and times they are fed during the day or night preceding the survey, by breastfeeding status and background characteristics, Azerbaijan 2011

Background characteristics	Among breastfed children 6-23 months, percentage fed				Among non breastfed children 6-23 months, percentage fed				Among all children 6-23 months, percentage fed					
	3+ food groups ¹	Mini-mum times or more ²	Both 3+ food groups and minimum times or more	Num-ber of children	Milk or milk products ³	4+ food groups	4+ times or more	With 3 IYCF prac-tices ⁴	Num-ber of children	Breast milk or milk products ³	3+ or 4+ food groups ⁵	Mini-mum times or more ⁶	With all 3 IYCF prac-tices	Num-ber of children
Age in months														
6-11	68.2	60.8	46.1	115	92.6	64.5	50.3	24.5	102	95.6	58.2	48.9	31.5	247
12-23	89.2	71.3	68.6	122	91.2	85.1	49.2	34.5	321	89.7	67.6	43.4	34.4	565
Sex														
Male	77.8	68.7	59.2	122	93.0	80.7	49.0	34.0	249	92.5	65.5	45.6	34.8	451
Female	80.3	63.6	56.1	115	89.5	79.4	50.2	29.4	174	90.2	63.8	44.4	32.0	361
Residence														
Urban	80.6	67.6	61.4	106	94.0	82.3	52.8	32.1	188	92.6	67.1	47.7	35.1	358
Rural	77.7	65.1	54.7	130	89.6	78.5	46.8	32.2	235	90.6	62.9	42.9	32.3	454
Education														
Basic secondary or less	75.5	56.9	44.8	54	90.3	72.5	53.4	28.5	91	90.4	56.7	42.1	26.6	188
Complete secondary	77.0	61.7	55.1	104	93.8	82.2	48.1	32.3	172	92.2	63.9	42.4	32.6	347
Secondary specialized/higher	84.2	78.6	70.0	78	89.5	82.4	48.7	48.7	160	91.4	71.4	50.4	50.4	277
Wealth quintile	(68.7)	(57.1)	(45.7)	42	89.4	80.3	48.3	25.0	61	89.4	60.3	41.4	26.6	129
Lowest	79.2	63.4	55.6	54	91.7	82.7	53.9	30.6	88	92.4	65.8	46.5	32.4	176
Second	(80.3)	(67.6)	(63.4)	44	90.9	81.1	48.3	30.3	88	90.6	63.7	43.1	32.5	167
Middle	80.2	65.2	55.0	59	95.3	76.6	45.3	31.6	86	95.1	66.7	45.7	35.2	169
Fourth	(86.9)	(80.0)	(71.2)	39	90.1	80.1	50.8	40.0	99	89.5	66.2	47.6	39.3	171
Total	79.0	66.2	57.7	237	91.5	80.2	49.5	32.1	423	91.5	64.8	45.0	33.5	812

Note: An asterisk indicates that an estimate is based on fewer than 25 un-weighted cases and has been suppressed. Figures in parentheses are based on 25-29 unweighted cases.

¹Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish and selfish (and organ meats); g. legumes and nuts; h. foods made with oil, fat or butter

²At least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months

³Includes commercial infant formula; fresh, tinned and powdered animal milk; and cheese, yogurt and other milk products

⁴Non-breastfed children ages 6-23 months are considered to be fed with three appropriate feeding practices if they receive other milk or milk products and are fed at least the minimum number of times per day (4) with at least the minimum number of food groups

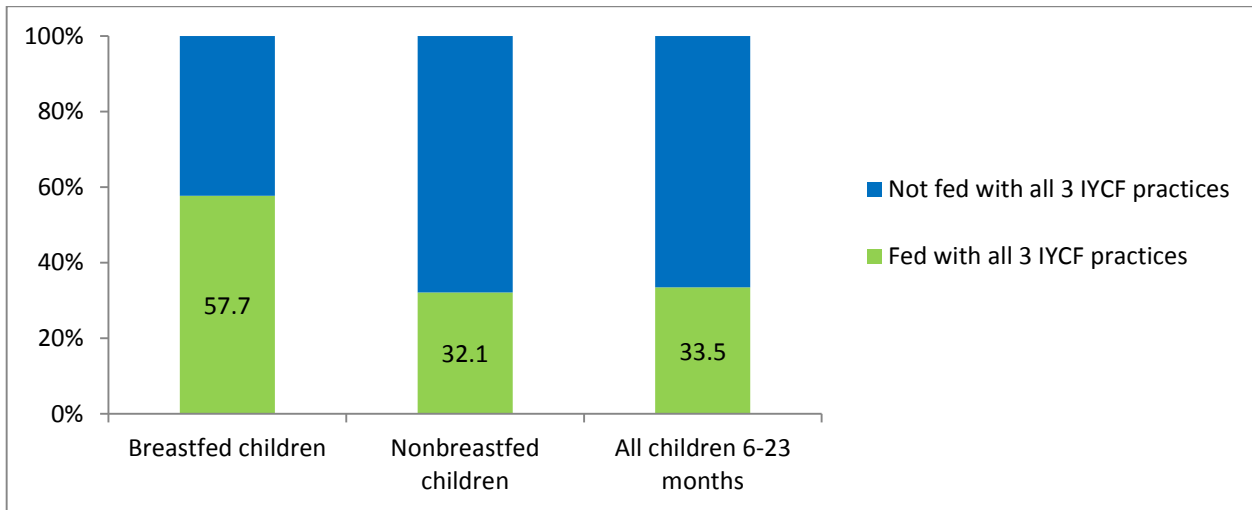
⁵3+ food groups for breastfed children and 4+ food groups for non-breastfed children

⁶Fed solid or semi-solid food at least twice a day for infants 6-8 months, 3+ times for other breastfed children, and 4+ times for non-breastfed children

Table 12.6 shows that only 33.5 percent of children age 6-23 months received appropriate nutrients in Azerbaijan. Appropriate feeding practices are somewhat more common for breastfeeding children than nonbreastfeeding children (32.1% and 57.7% respectively) (table 12.4). The most common problem with feeding practices is an inadequate number of feedings. 91.5 percent of children age 6-23 months received breast milk or milk products, and 64.8 percent received foods from the recommended number of food groups for their age; however, only 45 percent were fed the minimum number of times.

Children 6-11 months are somewhat less likely to be appropriately fed compared with children 12-23 months (31.5% versus 34.4% respectively). There is very little difference in feeding practices for girls and boys or between those living in urban areas and those living in rural areas. Children born to mothers with a secondary specialized or higher education are somewhat more likely to be fed appropriately than children born to less educated mothers. Also, children born to mothers with the highest wealth quintile are more likely to be fed than children born to mothers with the lowest wealth quintile.

Figure 12.4 Infant and young child feeding (IYCF) practices



12.3 ANEMIA IN CHILDREN

Anemia is a condition characterized by a reduction in the red blood cell volume and decrease in the concentration of hemoglobin in the blood. Hemoglobin is necessary for transporting oxygen to tissues and organs in the body. About half of the global burden of anemia is due solely to iron deficiency. Iron deficiency, in turn, is largely due to an inadequate dietary intake of bioavailable iron, increased iron requirements during rapid growth periods, such as pregnancy and infancy, and increased blood loss due to hookworm or schistosome infestation. Nutritional anemia includes the anemic burden due to deficiency in iron plus deficiencies in folate, vitamins B and B12, and certain trace elements involved with red blood cell production. Anemia in children is associated with impaired mental and physical development and with increased mortality and morbidity. Anemia can be a particularly serious problem for pregnant women, leading to premature delivery and low birth weight.

The DHS-2011 included anemia testing of children 6-59 months old and women age 15-49. Anemia levels were determined by measuring the level of hemoglobin in the blood. For hemoglobin measurements, a drop of capillary blood was taken with a finger prick (using sterile, disposable instruments). Hemoglobin concentration was measured using the HemoCue photometer system. As described in Chapter 1, medically trained personnel on each DHS-2011 interviewing team performed the testing procedures on eligible, consenting respondents.

Table 12.7 presents anemia prevalence for children age 6-59 months. The results are based on tests of 2,107 children who were present at the time of testing, and whose parents consented to their being tested. In Table 12.7, children are classified into three groups according to the level of hemoglobin in their blood:

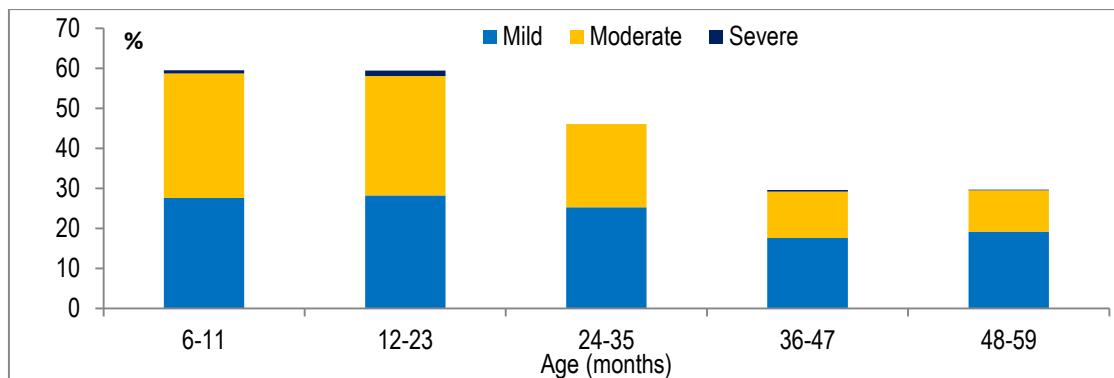
- Mild: hemoglobin concentration 10.0-10.9 g/dl
- Moderate: hemoglobin concentration 7.0-9.9 g/dl
- Severe: hemoglobin concentration less than 7.0 g/dl

Table 12.7 Prevalence of anemia in children					
Percentage of children age 6-59 months classified as having anemia, by background characteristics, Azerbaijan 2011					
Background characteristic	Anemia status by hemoglobin level			Any anemia (<11.0 g/dl)	Number of children
	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/dl)		
Age in months					
6-11	27.6	31.1	0.8	59.5	217
12-23	28.2	29.9	1.3	59.4	563
24-35	25.3	20.8	0.0	46.1	504
36-47	17.6	11.6	0.4	29.6	456
48-59	19.2	10.3	0.2	29.7	367
12-59	23.1	19.2	0.5	57.1	1890
Sex					
Male	23.0	22.4	0.6	46.0	1134
Female	24.2	18.2	0.4	42.9	973
Residence					
Urban	23.2	18.2	0.2	41.5	1078
Rural	24.0	22.8	0.9	47.8	1029
Region					
Baku	23.4	15.4	0.1	38.9	472
Absheron	36.0	16.2	0.0	52.3	129
Ganja-Gazakh	21.3	7.2	0.2	28.7	347
Shaki-Zagatala	22.0	16.5	0.0	38.5	153
Lankaran	22.3	27.1	1.8	51.3	214
Guba-Khachmaz	20.1	27.1	1.7	48.9	160
Aran	23.7	27.8	0.5	52.0	496
Yukhari Garabakh	28.3	43.9	1.4	73.7	55
Daghigh Shirvan	23.9	29.1	0.0	53.0	79
Education					
Basic secondary or less	23.9	22.8	0.8	47.5	474
Complete secondary	23.8	22.3	0.7	46.8	995
Secondary specialized	23.0	17.0	0.0	40.0	334
Higher	22.9	14.6	0.3	37.8	303
Wealth quintile					
Lowest	20.4	20.7	0.9	42.0	411
Second	25.6	23.9	0.8	50.3	453
Middle	23.1	23.2	0.7	46.9	456
Fourth	24.0	19.6	0.2	43.8	424
Highest	24.9	13.3	0.0	38.2	363
Total	23.6	20.4	0.5	44.6	2107

Note: Table is based on children who stayed in the household the night before the interview. Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude using CDC formulas (CDC, 1998). Hemoglobin in grams per deciliter (g/dl).
For women who were not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers were not listed in the Household Questionnaire.

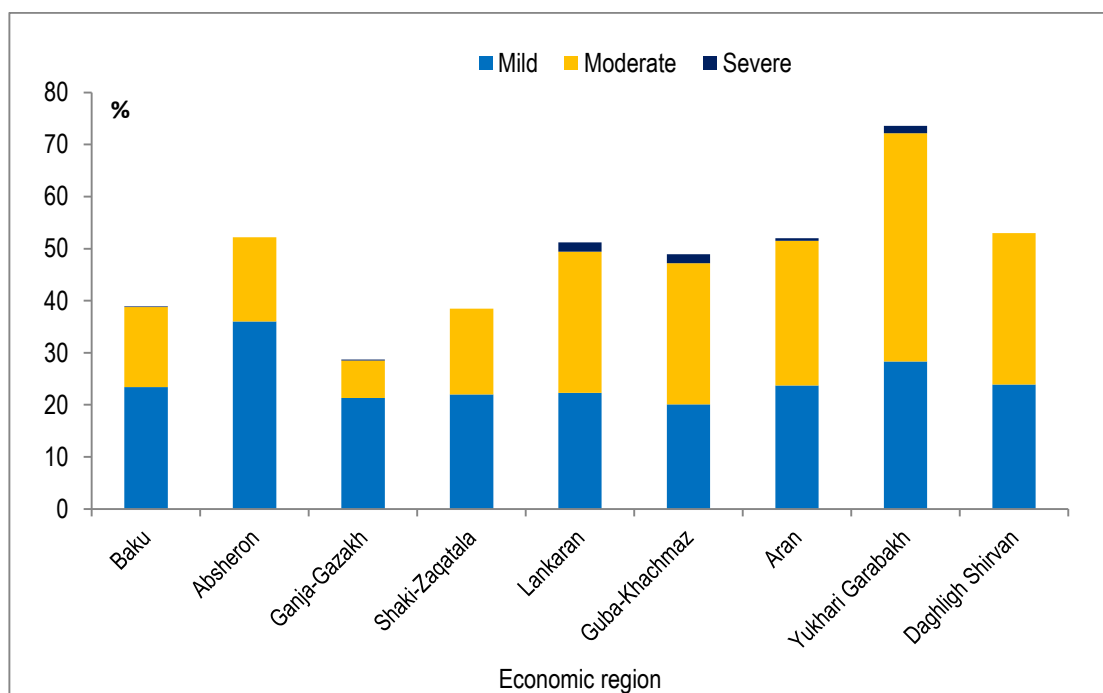
Overall, 44.6 percent of children age 6-59 months in Azerbaijan have some level of anemia, including 23.6 percent of children who are mildly anemic, 20.4 percent who are moderately anemic, and less than one percent of children with severe anemia. Anemia prevalence declines with age; children age 48-59 months are 29.7percent, while it is 59.5 percent for children age 6-11 months (Table 12.5).

Figure 12.5 Percentage of children with anemia, by severity of anemia and age



Anemia is slightly more common in boys than among girls (46 and 42.9 percent, respectively). Children living in rural areas (47.8%) also were somewhat more likely than urban children (41.5%) to be anemic. Looking at the regional patterns, children in Yukhari Garabakh (73.7%) were the most likely to be anemic and children in Ganja-Gazakh the least likely (28.7%). The prevalence of anemia in children decreases with increasing level of the mother’s education, from 48.3 percent to 37.8 percent.

Figure 12.6 Prevalence of various levels of anemia, by economic regions



A comparison of the data from the DHS-2011, AzDHS-2006 and DHS-2001 would suggest that any anemia rates among children age 12-59 months have increased over the recent years (from 32% in 2001 to 37% in 2006 and 42.9% in 2011 to 42.9%).

Compared with estimates from recent Demographic Health Survey and Reproductive Health Survey conducted in the region, the prevalence of any anemia among children in Azerbaijan (44.6%) is higher than that in Moldova (32%, 2005) and in Albania (17.4%, 2009). Obtained results prove the importance of discussed in the Parliament amendments on flour fortification (enrichment with iron) to the Law of Azerbaijan Republic on “Protection of Population Health”.

12.4 IODIZATION OF HOUSEHOLD SALT

Dietary deficiency of iodine constitutes a major global public health concern. A lack of sufficient iodine is known to cause goiter, cretinism (a severe form of neurological defect), spontaneous abortion, premature birth, infertility, stillbirth, and child mortality. Iodine deficiency disorder (IDD) is the single most common cause of preventable mental retardation and brain damage. Since iodine cannot be stored for long periods by the body, tiny amounts are needed regularly. Where soil and therefore crops and grazing animals do not provide sufficient dietary iodine to the population, and where seafood is not regularly consumed, food fortification has proven to be a highly successful and sustainable intervention. The fortification of salt with iodine is the most common method of preventing IDD.

Starting in 1999, when a survey revealed high prevalence of IDD in Azerbaijan, the Government of Azerbaijan has done social activities to tackle the issue. In 2001 the Parliament of Azerbaijan passed the law on Prevention of Iodine Deficiency Disorders. Articles of this Law (effective as of January 2003) stipulate the import, sale and production of non-iodized salt for nutrition and fodder purposes to the territory of the Republic of Azerbaijan shall be prohibited. Over this period, Azerbaijan made very significant progress in IDD elimination and has a real chance to reach the goal of IDD elimination.

In the DHS-2011, cooking salt in households was tested for the presence of iodine. Fortified salt that contains 15 parts per million of iodine is considered adequate for the prevention of IDD. Table 12.8 shows that the majority of households with tested salt (79.4%) have adequately iodized salt. In 5 percent of the households the iodine content of salts was 0 ppm, while the remaining households (15.6%) were using salt that was not adequately iodized.

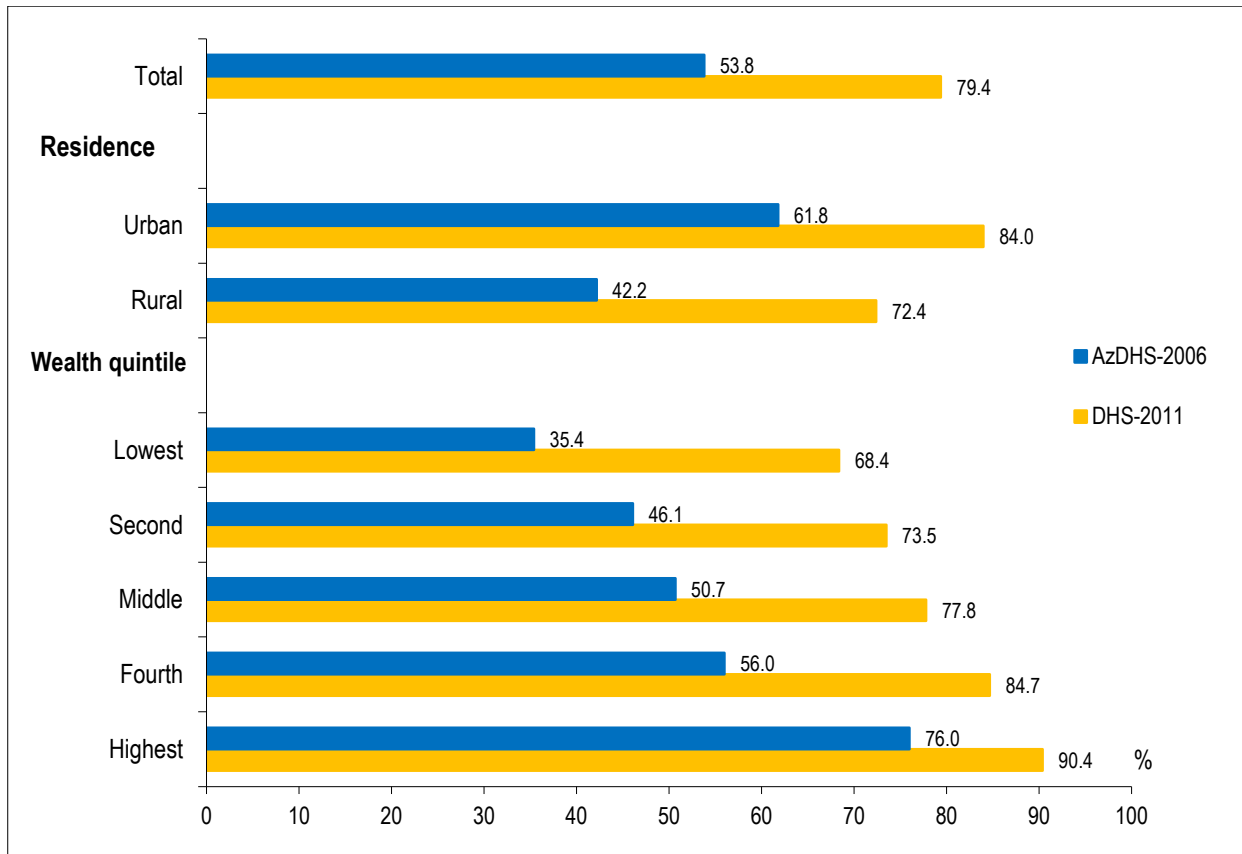
Table 12.8 Existence of iodized salt in households

Percentage distribution on the level of iodine in salt among households tested the salt and the percent of households where was not a salt, percentage of households tested iodine among households according to background characteristics, Azerbaijan 2011

Background characteristics	Among households, percent			Percentage distribution on the content of iodized salt among households conducted salt testing				Number of households
	Salt was tested	Was not a salt	Number of households	Neither (0 ppm)	Not in the proper amount (<15 ppm)	Appropriate amount (15+ppm)	Total	
Residence								
Urban	99.7	0.3	4236	3.7	12.3	84.0	100.0	4225
Rural	99.6	0.4	2805	6.9	20.7	72.4	100.0	2795
Region								
Baku	99.5	0.5	2032	2.6	8.8	88.6	100.0	2022
Absheron	100.0	0.0	486	2.8	9.3	87.9	100.0	486
Ganja-Gazakh	100.0	0.0	988	3.3	40.2	56.5	100.0	988
Shaki-Zagatala	99.7	0.3	492	5.0	14.9	80.1	100.0	490
Lankaran	99.9	0.1	624	7.9	5.6	86.5	100.0	623
Guba-Khachmaz	99.8	0.2	415	1.3	12.4	86.3	100.0	414
Aran	99.5	0.5	1589	6.9	14.7	78.4	100.0	1582
Yukhari Garabakh	100.0	0.0	195	30.0	15.9	54.1	100.0	195
Daghigh Shirvan	99.6	0.4	221	1.6	24.7	73.8	100.0	220
Wealth quintile								
Lowest	99.5	0.5	1345	7.6	24.0	68.4	100.0	1339
Second	99.6	0.4	1320	6.4	20.1	73.5	100.0	1315
Middle	99.9	0.1	1361	6.2	16.0	77.8	100.0	1360
Fourth	99.9	0.1	1502	3.6	11.8	84.7	100.0	1501
Highest	99.5	0.5	1513	1.7	7.9	90.4	100.0	1506
Total	99.7	0.3	7041	5.0	15.6	79.4	100.0	7020

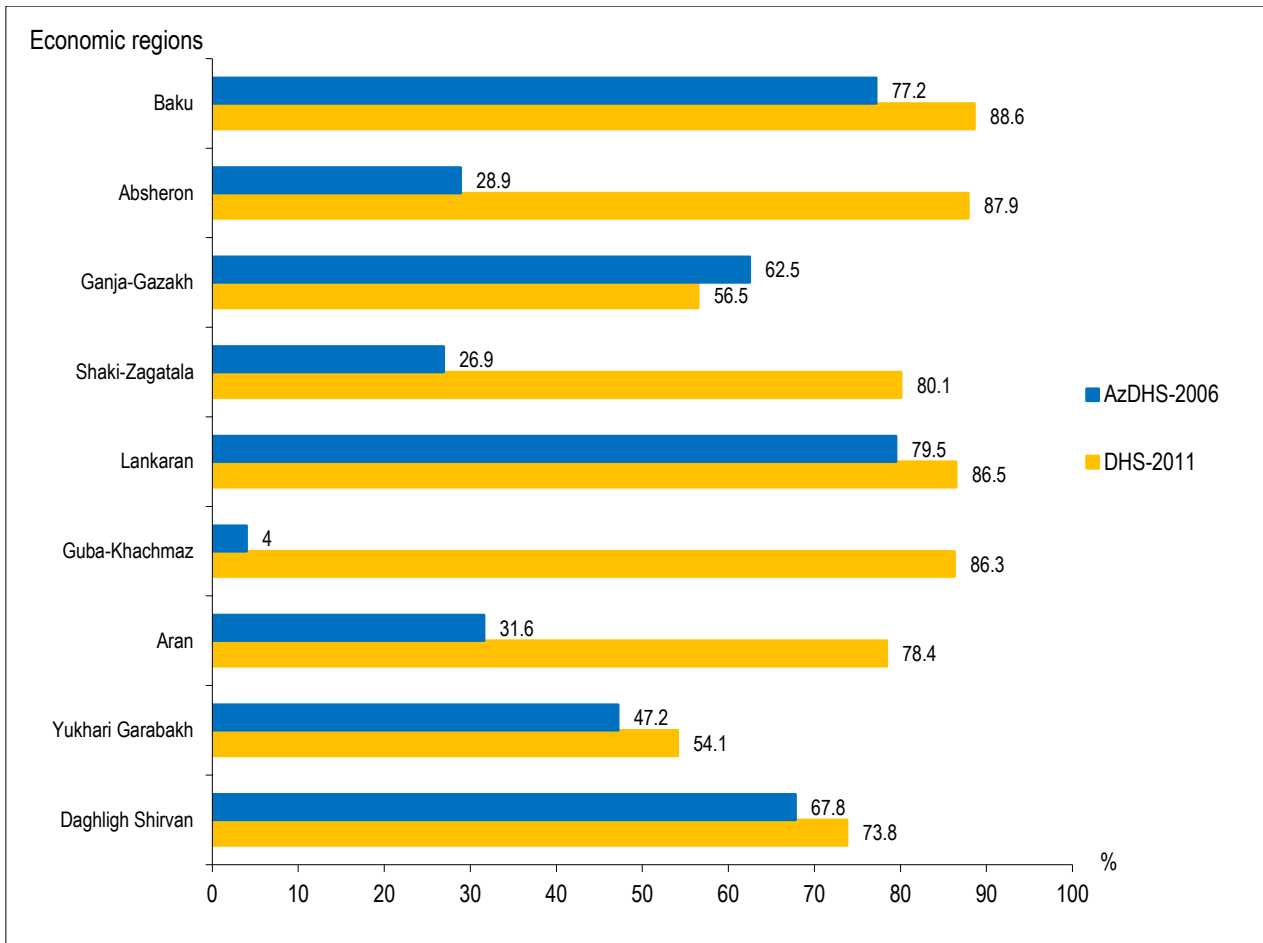
A larger percentage of urban households have adequately iodized salt than rural households (84 percent versus 72.4 percent) (Figure 12.7). The percentage of households using adequately iodized salt rises with the increase of the wealth quintile.

Figure 12.7 Total score of households with adequately iodized salt, by wealth quintile and residence, AzDHS-2006 vs. DHS-2011



The Yukhari Garabakh region has an exceptionally low percentage of households using with adequately iodized salt (54.1%), and Baku has the highest percentage of households using with adequately iodized salt (88.6%).

Figure 12.8 Percentage of households with adequately iodized salt, by economic regions, AzDHS-2006 vs. DHS-2011



Comparing with results of 2006 a significant increase is observed in using of adequately iodized salt (Figure 12.7 and 12.8). Over the country this figure has increased from 53.8 percent to 79.4 percent.

12.5 MICRONUTRIENT INTAKE IN CHILDREN

Micronutrient deficiencies are major contributors to childhood morbidity and mortality. Table 12.19 shows information on several important micronutrients including vitamin A, iron, and iodine.

Table 12.9 Micronutrient intake among children

Percentage of youngest children age 6-35 months living with their mother who consumed vitamin A-rich and iron-rich foods fruits and vegetables rich in vitamin A in the day and night preceding the survey, and percentage of children age 6-59 months who were given vitamin A supplements in the six months preceding the survey, who were given iron supplements in the past seven days, given de-worming medication in the six months preceding the survey, and who live in households using adequately iodized salt, by background characteristics, Azerbaijan 2011

Background characteristics	Last-born children age 6-35 months			Children age 6-59 months				Children age 6-59 months in households with salt tested	
	Percentage consumed foods rich in vitamin A in past 24 hours ¹	Percentage consumed foods rich in iron in past 24 hours ²	Number of children	Percentage given vitamin A supplements in past 6 months	Percentage given iron supplements in past 7 days	Percentage given de-worming medication in past 6 months ³	Number of children	Percentage living in households using adequately iodized salt ⁴	Number of children
Age in months									
6-8	55.5	34.0	109	9.5	14.8	3.6	114	75.8	114
9-11	72.9	56.8	133	7.7	9.9	1.4	133	80.2	133
12-17	90.2	72.5	261	15.5	8.8	4.6	277	84.6	277
18-23	91.8	72.2	236	8.1	6.5	4.3	287	76.2	287
24-35	92.0	72.6	353	7.7	5.0	7.7	508	80.8	508
36-47	na	na	0	7.5	5.4	9.9	465	78.2	465
48-59	na	na	0	7.7	5.3	12.6	401	78.9	401
Sex									
Male	84.2	66.5	619	8.5	6.1	7.9	1182	78.0	1181
Female	87.3	67.0	473	9.1	7.2	7.3	1004	81.3	1004
Breastfeeding status									
Breastfeeding	76.8	58.2	262	9.3	7.7	2.5	269	80.2	269
Not breastfeeding	88.8	69.9	821	8.8	6.5	8.4	1900	79.3	1899
Missing	*	*	9	*	*	*	17	*	17
Residence									
Urban	86.7	67.4	642	10.9	8.3	7.6	1229	84.3	1229
Rural	84.0	65.7	450	6.1	4.5	7.7	956	73.4	955
Region									
Baku	86.5	67.1	304	11.0	8.3	8.6	573	89.6	573
Absheron	89.0	70.9	98	28.9	13.2	9.9	178	86.2	178
Ganja-Gazakh	81.8	63.2	150	3.2	7.4	7.4	331	56.8	331
Shaki-Zagatala	88.1	65.4	69	4.4	8.9	16.2	143	81.7	143
Lankaran	82.2	64.8	104	1.1	7.2	8.9	203	85.2	203
Guba-Khachmaz	94.6	67.2	69	21.5	3.8	7.5	131	84.9	131
Aran	84.2	69.0	238	5.6	3.5	3.8	501	80.0	500
Yukhari Garabakh	(82.7)	(72.1)	30	0.0	0.0	5.8	53	53.9	53
Daghlihigh Shirvan	(81.7)	(49.6)	29	2.9	0.0	3.4	73	71.6	73
Mother's education									
Basic secondary or less	81.2	62.3	239	5.3	5.1	7.8	485	75.7	485
Complete secondary	86.0	64.4	474	7.9	4.4	6.0	989	77.1	988
Secondary specialized	87.3	69.2	204	9.0	9.6	11.2	372	85.6	372
Higher	88.3	76.0	175	16.2	12.2	8.3	340	85.1	340
Mother's age									
15-19	78.9	57.5	36	6.2	2.7	8.4	50	82.7	50
20-29	86.1	66.8	821	8.0	6.4	7.3	1583	78.8	1583
30-39	84.9	67.2	206	11.4	8.2	7.9	483	82.2	483
40-49	(83.7)	(70.5)	29	9.6	4.4	13.5	69	73.0	69
Wealth quintile									
Lowest	77.5	56.2	170	3.9	2.4	6.7	381	67.3	381
Second	81.1	60.3	218	6.4	4.4	5.8	426	74.8	426
Middle	86.3	66.9	211	5.8	6.8	8.3	450	78.0	450
Fourth	90.0	75.4	253	13.1	6.5	7.6	491	85.0	491
Highest	90.1	70.5	239	13.7	12.6	9.7	436	90.0	436
Total	85.6	66.7	1092	8.8	6.6	7.6	2185	79.5	2185

Note: Information on vitamin A and iron supplements and de-worming medication is based on the mother's recall. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

na = Not applicable

¹includes meat and meat products, fish, poultry, eggs, pumpkin, squash, carrots, dark green leafy vegetables, and other locally grown fruits and vegetables that are rich in vitamin A

²includes meat (meat products)

³deworming for intestinal parasitosis is commonly done for helminthes and for schistosomiasis

⁴salt containing 15 parts per million of iodine or more

Vitamin A deficiency increases the risk of severe illness and can cause visual impairment. Anemia adversely affects a child's physical and mental development and is associated with both increased mortality and morbidity. Consuming fruits and vegetables rich in vitamin A and iron are important in preventing deficiencies of these necessary micronutrients.

Table 12.9 shows that 85.6 percent of children age 6-35 months consumed fruits and vegetables rich in vitamin A in the 24 hours preceding the interview and 66.7 percent consumed iron-rich foods. The likelihood of consuming of foods rich in vitamin A and iron increasing with a child's age and was higher for non-breastfeeding than breastfeeding children. Urban children were only slightly more likely than rural children to be consuming foods that were rich sources of vitamin A and iron. The survey results indicate that, among the regions, Daghlig Shirvan had the lowest proportion of children consuming foods rich in vitamin A and iron, (81.7% and 49.6%, respectively). Guba-Khachmaz had the highest proportion of children consuming foods rich in vitamin A, while the Yukhari Garabakh had the highest proportion of children consuming foods rich in iron.

The likelihood that a child was consuming foods that are rich sources of vitamin A or iron was related to the mother's education level, however, children born to mothers with higher education 88.3 percent were generally more likely to consume foods rich in iron and vitamin A than children born to mothers with the basic secondary and the lowest education 81.2 percent. Similarly, consuming foods that are rich sources of vitamin A and iron was related to the mother's wealth quintile: this percentage was 77.5 percent and 56.2 percent, respectively in the lowest wealth quintile, and 90.1 percent and 70.5 percent in the highest wealth quintile.

In the DHS-2011 information was obtained as to whether or not children under age 6-59 months had received vitamin A or iron supplements and whether or not they had been given deworming medication.

This question was included since intestinal worms can contribute to both anemia and vitamin A deficiency. Table 12.9 shows that only 8.8 percent of children age 6-59 months had been given a vitamin A supplement during the six-month period prior to the survey, 6.6 percent had received iron supplements in the seven days before the interview, and 7.6 percent of children had been given the deworming medication in the past six months preceding the survey. For comparison these indicators were respectively 4.3, 3.3 and 5.4 percent in the AzDHS-2006.

Table 12.9 also shows that 79.5 percent of children age 6-59 months lives in households using adequately iodized salt. Urban children are more likely to live in households with adequately iodized salt than rural children (84.3 percent versus 73.4 percent, respectively). There are substantial regional differences, with the proportion of children living in households with adequately iodized salt ranging from 53.9 percent in Yukhari Garabakh to 89.6 percent in Baku.

12.6 NUTRITIONAL STATUS OF WOMEN

Women's nutritional status is important both as an indicator of overall health and as a predictor of pregnancy outcome for both mother and child. To assess nutritional status, the DHS-2011 collected anthropometric data on all eligible women age 15-49. These data are used to derive two measures of nutritional status: height and body mass index (BMI).

A woman's height can be used to predict the risk of having difficulty in pregnancy, given the relationship between height and pelvis size. The cut-off point at which mothers can be considered at risk because of short stature is normally taken to be between 140 and 150 centimeters. The BMI or Quetelet index (kg/m^2) is used to measure thinness or obesity. A BMI of less than 18.5 is considered an indication of chronic energy deficiency among nonpregnant women, based on cutoffs set by the World Health Organization (WHO, 1995). Values of 25.0 to 29.9 indicate that a person is overweight, while values of 30.0 and higher indicate obesity.

Table 12.10 shows the nutritional indicators for women by background characteristics. Less than 1 percent of women in Azerbaijan fall below the height cutoff of 145 cm. With regard to the weight indicators, only 6.6 percent of women were found to be thin (BMI <18.5) while 48.8 percent of women fell into the normal range. 25.9 percent of women age 15-49 were overweight and 18.6 percent were obese. The mean BMI for women age 15-49 is 25.2.

Table 12.10 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, mean Body Mass Index (BMI), and the percentage with specific BMI levels, by background characteristics, Azerbaijan 2011

Background characteristic	Height		Body Mass Index ¹								Number of women
	Percentage below 145 cm	Number of women	Mean BMI	Normal		Thin		Overweight/obese			
				18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17.0 (moderately and severely thin)	≥ 25.0 (total overweight/obese)	25.0-29.9 (overweight)	≥ 30.0 (obese)	
Age²											
15-19	0.9	1591	21.5	72.9	14.7	10.1	4.7	12.4	10.7	1.6	1591
20-29	0.9	2764	23.0	66.5	9.2	5.9	3.4	24.3	18.1	6.2	2764
30-39	1.0	1675	26.6	38.7	2.9	1.9	1.0	58.4	36.2	22.2	1675
40-49	1.1	2522	29.2	20.7	1.2	0.8	0.4	78.0	37.3	40.7	2522
Residence											
Urban	1.0	4797	25.7	46.3	5.5	3.7	1.9	48.1	27.3	20.8	4797
Rural	1.0	3798	24.7	52.0	8.0	5.2	2.8	40.0	24.2	15.8	3798
Region											
Baku	0.8	2155	25.6	47.0	5.1	3.7	1.4	47.9	27.7	20.2	2155
Absheron	0.7	512	26.5	44.0	4.9	2.8	2.1	51.1	26.4	24.7	512
Ganja-Gazakh	0.7	1270	25.6	48.2	4.6	2.2	2.4	47.2	28.1	19.1	1270
Shaki-Zagatala	1.1	646	24.3	55.5	8.6	5.9	2.7	35.9	21.2	14.7	646
Lankaran	0.8	826	24.4	51.8	10.5	7.6	2.9	37.8	21.4	16.3	826
Guba-Khachmaz	0.4	639	24.8	48.6	8.7	6.6	2.1	42.7	26.3	16.4	639
Aran	1.3	2016	25.2	48.4	6.8	4.0	2.8	44.8	26.5	18.3	2016
Yukhari Garabakh	2.6	242	26.0	47.2	4.2	3.0	1.2	48.6	24.5	24.2	242
Daghigh Shirvan	1.5	288	23.9	55.8	10.0	7.2	2.9	34.2	22.7	11.5	288
Education²											
Basic secondary or less	1.4	1687	24.5	53.6	8.8	6.5	2.2	37.6	22.7	14.9	1781
Complete secondary	1.0	4184	25.4	47.4	6.8	4.2	2.6	45.8	25.9	20.0	4184
Secondary specialized	0.9	1467	26.2	41.9	4.2	2.5	1.7	53.9	31.5	22.5	1466
Higher	0.1	1118	24.8	54.9	5.7	4.0	1.7	39.4	24.3	15.1	1118
Wealth quintile											
Lowest	1.8	1742	24.2	55.1	8.7	5.8	2.9	36.2	21.8	14.4	1742
Second	0.9	1793	25.0	50.9	6.7	4.7	2.0	42.4	25.8	16.6	1793
Middle	0.8	1683	25.5	46.2	7.2	4.0	3.2	46.6	26.1	20.5	1683
Fourth	0.8	1674	25.9	44.7	5.6	3.9	1.7	49.7	28.3	21.4	1674
Highest	0.6	1703	25.7	46.9	4.7	3.2	1.5	48.4	27.9	20.5	1703
Total	1.0	8595	25.2	48.8	6.6	4.4	2.3	44.6	25.9	18.6	8595

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).

¹Excludes pregnant women and women with a birth in the preceding 2 months

²Excludes the women who not interviewed

The proportion of overweight or obese women is positively correlated with the woman's age. Thus, women age 40-49 have the highest proportion (78%) of overweight or obese women, while those age 15-19 have the lowest proportion (12.4%). Similarly, the mean BMI for women increases with age: in the age group 15-19 the mean BMI is 21.5, and in the age group 40-49 the mean BMI is 29.2. Women living in urban areas are more overweight or obese 27.3 and 20.8 percent, compared with 24.2 and 15.8 percent of women living in rural areas. Absheron has the highest proportion of overweight and obese women, while Daghigh Shirvan has the lowest. The proportion of women who are overweight and obese generally increases with the woman's wealth quintile. The data on

BMI were derived measuring the height and weight of population age over 18 years in the focus of exploring of risk factors of NID held in 2011.

According to those results 31.4 percent of women in Azerbaijan are overweight, and 27.2 percent are obese. The mean BMI for women was 27.6; this proportion increases to 22.6 for women age 18-24 years, and to 29.8 for women age 45-54 years. These proportions were the highest in urban areas than in rural areas. Thus, the results of both researches tend to overlap and prove that the overweight and obesity are essential problems for women in Azerbaijan.

12.7 ANEMIA IN WOMEN

Table 12.11 presents the prevalence of anemia in women age 15-49. Results were obtained from 9035 women eligible for anemia testing.

Table 12.11 Prevalence of anemia in women						
Percentage of women age 15-49 with anemia, by background characteristics, Azerbaijan 2011						
Background characteristics	Pregnant	Anemia status by hemoglobin level				Number of women
		Mild anemia	Moderate anemia	Severe anemia	Any anemia	
		10.0-11.9 g/dl	7.0-9.9 g/dl	<7.0 g/dl	< 12.0 g/dl	
		10.0-10.9 g/dl	7.0-9.9 g/dl	< 7.0 g/dl	<11.0 g/dl	
Age²						
15-19		29.1	6.2	0.7	36.0	1636
20-29		34.1	9.4	0.4	43.9	3104
30-39		36.7	10.8	0.8	48.3	1724
40-49		33.3	13.3	1.5	48.1	2524
15-44 ¹		34.8	12.2	0.6	47.5	1722
Number of children ever born²						
0		32.0	6.8	0.6	39.4	3705
1		33.7	12.8	0.6	47.1	1004
2-3		34.8	11.7	0.9	47.4	3466
4-5		34.8	15.4	1.6	51.9	712
6+		26.3	18.4	4.1	48.8	101
Maternity status						
Pregnant		21.3	23.4	0.5	45.3	337
Breastfeeding		40.8	12.4	0.6	53.8	469
Neither		33.5	9.5	0.8	43.9	8229
Using IUD						
Yes		32.3	11.6	0.5	44.4	395
No		33.5	10.1	0.8	44.4	8640
Residence						
Urban		34.4	10.1	0.6	45.1	4999
Rural		32.2	10.2	1.1	43.5	4036
Region						
Baku		40.3	9.0	0.5	49.8	2245
Absheron		35.1	13.1	0.9	49.0	537
Ganja-Gazakh		16.3	2.1	0.2	18.7	1330
Shaki-Zagatala		33.0	10.7	1.5	45.3	681
Lankaran		36.7	11.9	1.1	49.7	892
Guba-Khachmaz		26.4	9.2	0.9	36.6	669
Aran		36.9	14.1	1.0	52.1	2125
Yukhari Garabakh		35.3	16.2	1.1	52.6	258
Daghigh Shirvan		35.5	12.3	1.5	49.3	300
Education²						
Basic secondary or less		33.7	10.6	0.7	45.0	1792
Complete secondary		32.3	10.8	1.0	44.1	4393
Secondary specialized		33.2	9.5	0.6	43.2	1531
Higher		37.3	8.4	0.7	46.4	1170
Wealth quintile						
Lowest		32.2	9.3	1.4	42.9	1831
Second		33.4	10.6	0.8	44.8	1887
Middle		30.8	11.6	0.9	43.3	1789
Fourth		33.6	10.8	0.7	45.0	1757
Highest		37.2	8.6	0.3	46.2	1771
Total		33.4	10.2	0.8	44.4	9035

Note: Table is based on women who stayed in the household the night before the interview. Prevalence is adjusted for altitude using CDC formulas (CDC, 1998).

¹For women age 15-44 with living children age 3-59 months to compare with the RHSA-2001 data on anemia in women

²Excludes women who not interviewed

44.4 percent of women in Azerbaijan age 15-49 years have some level of anemia. The great majority of women are mildly anemic (33.4 percent), while 10.2 percent are moderately anemic, and 0.8 percent were found to be severely anemic. As expected, prevalence of anemia is higher among breastfeeding (53.8 percent) and pregnant (45.3 percent) women than among those who are neither pregnant nor breastfeeding (43.9 percent). Prevalence of any anemia in women varies

among the regions: with the lowest level in Ganja-Gazakh 18.7 percent, and the highest in Yukhari Garabakh 52.6 percent.

A comparison of the data from the DHS-2011 and AzDHS-2006 would suggest that any anemia rates among women age 15-49 have increased by 7.4 percent over the past 5 years; the growth was observed especially on mild and moderate anemia.

12.8 MICRONUTRIENT INTAKE IN WOMEN

Table 12.12 presents several indicators relating to the intake of vitamin A, iron, and iodine among women.

Table 12.12 Micronutrient intake among mothers

Among women age 15-49 with a child born in the last five years who received a vitamin A dose in the first two months after the birth of the last child, the percentage who took iron tablets or syrup for specific numbers of days, the percentage of mothers who during the pregnancy of the last child born in the five years prior to the survey suffered from night blindness, and the percentage who took de-worming medication during the pregnancy of the last child; and among women age 15-49 with a child born in the last five years and the percentage who live in households with iodized salt, by background characteristics, Azerbaijan 2011

Background characteristics	Consumption of vitamin A-rich and iron-rich food in the 24 hours preceding the survey among women with a child under three years				For the last child born in the past five years:										
	Percentage consumed vitamin A-rich foods ¹		Number of women with a child under 3 years	Percentage who received vitamin A dose post-partum ³	Percentage of women who had night blindness during pregnancy		Number of days women took iron tablets or syrup during pregnancy			Percentage of women who took deworming medication during pregnancy ⁵	Percentage of women living in households using adequately iodized salt ⁶	Number of women born in the past 5 years			
	Percentage consumed vitamin A-rich foods ¹	Percentage consumed iron-rich foods ²			Reported	Adjusted ⁴	None	<60	60-89				90+	Don't know/missing	
Age															
15-19	97.6	86.6	34	5.8	5.6	1.0	52.7	36.7	0.0	1.9	8.7	3.0	38	95.3	1576
20-29	99.2	90.2	934	12.8	2.3	0.9	58.9	30.7	1.3	0.9	8.3	2.7	1039	95.0	3084
30-39	100.0	93.2	254	13.1	4.5	1.0	62.1	27.5	2.0	0.7	7.7	1.7	464	95.1	1752
40-49	100.0	86.4	56	14.1	1.0	0.0	68.4	23.1	0.0	0.6	7.9	0.0	83	94.7	2497
Residence															
Urban	99.7	93.0	729	16.1	2.6	0.4	54.2	33.3	1.9	1.0	9.5	2.3	997	96.4	5438
Rural	98.8	87.3	548	7.9	3.3	1.5	67.8	24.7	0.6	0.7	6.2	2.4	626	92.9	3472
Region															
Baku	99.3	91.7	344	22.2	1.7	0.3	48.3	36.9	2.2	0.7	11.9	1.2	475	97.1	2589
Absheron	100.0	99.0	107	16.3	1.8	0.0	56.6	32.2	1.9	0.0	9.3	5.6	141	97.6	681
Ganja-Gazakh	98.7	84.7	178	7.3	2.4	0.9	67.4	24.7	0.9	0.5	6.5	2.1	222	96.6	1252
Shaki-Zagatala	100.0	83.9	86	9.9	2.0	0.8	68.0	24.4	2.4	3.5	1.8	3.1	101	95.5	624
Lankaran	100.0	89.1	117	3.3	5.2	1.0	65.7	27.4	1.0	0.6	5.2	1.7	144	91.8	772
Guba-Khachmaz	100.0	97.9	62	11.9	2.8	0.0	60.2	31.0	0.9	0.0	7.9	0.9	81	98.8	544
Aran	98.9	92.1	304	8.9	4.4	1.3	62.8	27.3	0.8	0.7	8.4	3.4	380	93.3	1976
Yukhari															
Garabakh	100.0	89.1	35	12.6	2.3	6.0	59.2	30.7	0.0	1.2	8.9	1.0	36	71.1	191
Daghigh															
Shirvan	97.1	78.0	45	7.8	3.3	1.6	80.0	15.7	0.0	4.3	0.0	1.2	43	97.2	281
Education															
Basic secondary or less	98.8	86.8	263	8.6	4.5	1.8	68.6	22.6	0.7	0.8	7.3	2.6	322	93.4	1775
Complete secondary	99.1	89.8	573	12.5	2.3	0.5	63.7	27.1	0.9	0.6	7.6	2.4	727	94.8	4209
Secondary specialized	99.6	92.1	227	16.5	2.2	0.7	50.2	36.7	3.9	1.5	7.7	2.3	282	95.1	1590
Higher	100.0	95.7	215	14.5	3.0	0.8	48.3	38.7	0.9	1.0	11.2	1.9	292	97.5	1337
Wealth quintile															
Lowest	98.7	79.3	225	7.4	3.6	1.0	74.0	18.9	0.6	1.5	4.9	1.5	262	91.6	1547
Second	98.8	89.2	244	9.1	1.3	2.7	68.7	23.9	0.6	0.1	6.7	2.1	294	93.5	1668
Middle	99.0	93.6	251	6.5	3.6	0.6	60.4	28.1	1.0	1.0	9.6	2.7	317	94.6	1726
Fourth	100.0	94.7	281	15.3	3.1	0.2	56.5	34.9	1.9	1.2	5.5	2.9	387	96.7	1903
Highest	99.7	93.9	276	23.7	2.8	0.0	43.4	40.1	2.4	0.6	13.4	2.2	362	97.7	2066
Total	99.3	90.6	1278	12.7	2.9	0.7	59.9	29.7	1.4	0.9	8.1	2.3	1623	95.0	8910

¹includes meat (organ meat), fish, poultry, eggs, pumpkin, squash, carrots, red sweet potatoes, dark green leafy vegetables and other locally grown fruits and vegetables that are rich in vitamin A

²includes meat (organ meat), fish, poultry and eggs

³in the first two months after delivery

⁴women who reported night blindness but did not report difficulty with vision during the day

⁵deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis

⁶salt containing 15 ppm of iodine or more. Excludes women in households where salt was not tested.

Breastfeeding children benefit from micronutrients that a mother consumes. In Azerbaijan, the great majority of mothers with young children appear to be consuming on a daily basis foods that are rich in vitamin A (99.3%) and iron (90.6%). Breastfeeding children may also benefit if the mother receives supplementation of micronutrients, especially vitamin A. Comparatively few women with a birth in the five-year period before the survey reported receiving a vitamin A dose in the postpartum period (12.7%).

A mother's nutritional status during pregnancy is important both for the child's intrauterine development and for protection against maternal morbidity and mortality. Night blindness is an indicator of vitamin A deficiency that pregnant women are especially prone to experience. Table 12.12 shows, that 2.9 percent of women with a recent birth reported that they experienced night blindness during the pregnancy. After adjusting for women who also reported vision problems during the day, an estimated 0.7 percent of women have night blindness during pregnancy.

Pregnant women are among the groups in greatest need of iron, and are most likely to benefit from iron supplements. Iron requirements for pregnant women are approximately double that of nonpregnant women because of increased blood volume during pregnancy and blood loss during delivery. Table 12.12 presents data on the number of days that pregnant women in Azerbaijan took iron supplementation in the form of tablets or syrup during the pregnancy leading to the most recent birth in the five years preceding the survey. 29.7 percent of women reported that they took some form of iron supplements at least 60 days. Only 0.9 percent of pregnant women took iron supplements for more than 90 days. Urban women, women living in Baku and Absheron, women with high education level and women in the two highest wealth quintiles were most likely to use iron supplements.

This chapter presents current levels of HIV/AIDS knowledge, attitudes, and related behaviors for the general adult population. The chapter then focuses on HIV/AIDS knowledge and patterns of sexual activity among young people, as youth are the main target of many HIV prevention efforts.

The findings in this chapter will assist the AIDS control program in Azerbaijan to identify particular groups of people most in need of information and services and most vulnerable to the risk of HIV infection.

13.1 KNOWLEDGE OF HIV/AIDS AND OF TRANSMISSION AND PREVENTION METHODS

13.1.1 AWARENESS OF AIDS

In Azerbaijan, 71 percent of women age 15-49 have heard of AIDS (Table 13.1). The level of awareness of AIDS usually increases with age. Never-married women have a lower level of AIDS awareness when compared with ever-married respondents. Urban female respondents (78%) are much more likely to have heard about AIDS than rural respondents (60.3%). Knowledge of AIDS is lowest in Daghigh Shirvan region and highest in Baku. In Daghigh Shirvan, only 49.1 percent of women know about AIDS, while in Baku, 84 percent of women have heard about AIDS. Knowledge of AIDS increases steadily with increasing level of education and wealth.

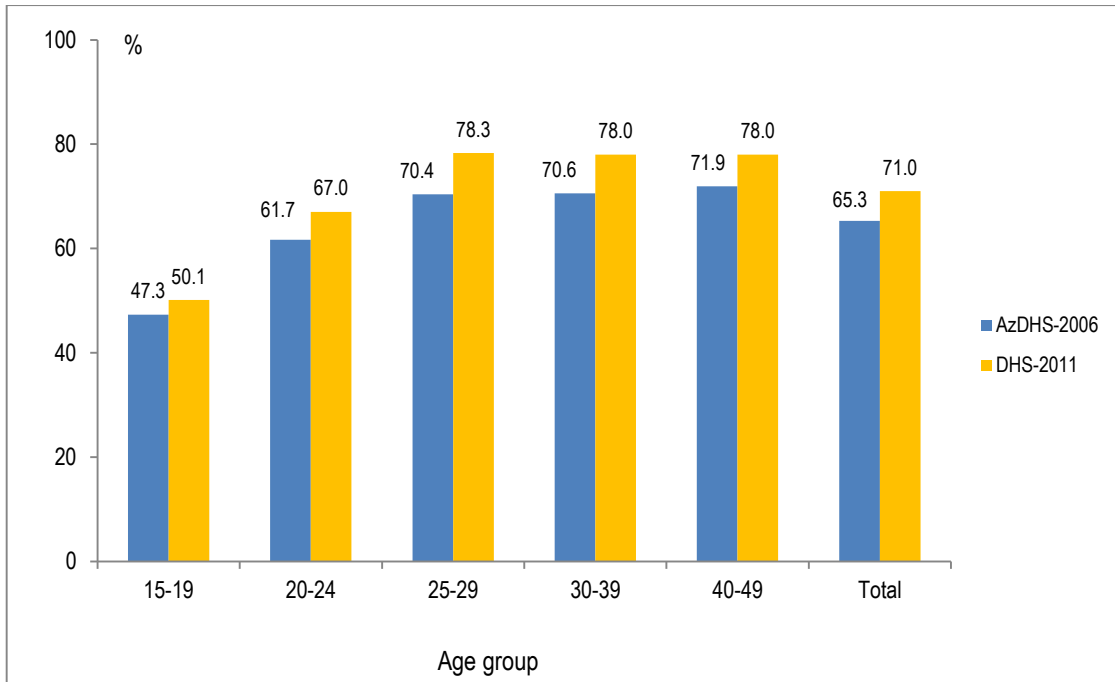
In comparison with DHS-2006 data there was significant increase in women AIDS awareness (from 65.3 percent in 2006 to 71 percent in 2011) (see Figure 13.1). The big leap was observed among rural respondents (from 47.6 to 60.3 percent). Among regions the biggest changes were observed in Guba-Khachmaz (from 57.1 to 79.5 percent), Lankaran (from 37 to 60.5 percent) and Absheron (from 63.5 to 83.2 percent).

Table 13.1 Knowledge of AIDS

Percentage of women and men age 15-49 who have heard of AIDS, by background characteristics, Azerbaijan 2011

Background characteristic	Has heard of AIDS	Number of women
Age		
15-24	59.3	3599
15-19	50.1	1655
20-24	67.0	1944
25-29	78.3	1303
30-39	78.0	1843
40-49	78.0	2636
Marital status		
Never married	62.6	3296
Ever had sex	77.8	36
Never had sex	62.5	3260
Married/living together	75.0	5501
Divorced/separated/ widowed	72.8	584
Residence		
Urban	78.0	5645
Rural	60.3	3736
Region		
Baku	84.0	2666
Absheron	83.2	697
Ganja-Gazakh	61.1	1297
Shaki-Zagatala	67.0	653
Lankaran	60.5	842
Guba-Khachmaz	79.5	551
Aran	64.2	2118
Yukhari Garabakh	59.1	269
Daghigh Shirvan	49.1	289
Education		
Basic secondary or less	48.4	1900
Complete secondary	67.3	4437
Secondary specialized	88.3	1672
Higher	93.2	1371
Wealth quintile		
Lowest	49.9	1688
Second	61.5	1785
Middle	70.8	1825
Fourth	80.5	1968
Highest	87.4	2115
Total 15-49	71.0	9381

Figure 13.1 Knowledge of AIDS, by age groups, AzDHS-2006 vs. DHS-2011



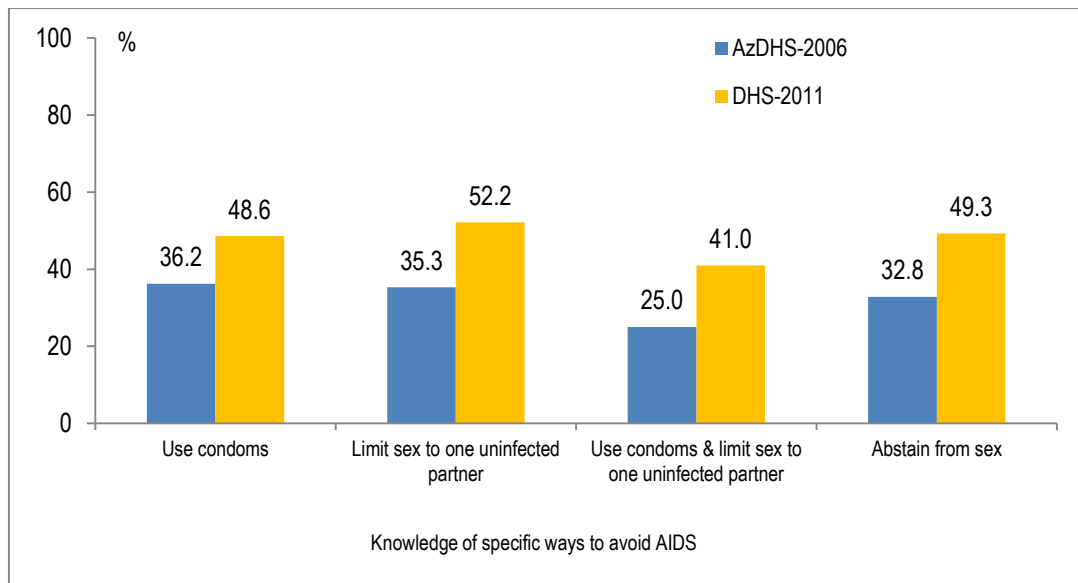
13.1.2 KNOWLEDGE OF WAYS TO REDUCE HIV/AIDS TRANSMISSION

HIV/AIDS prevention programs focus their messages and efforts on three important aspects of behavior, called the ABC message: delaying sexual debut in young persons (abstinence), limiting the number of sexual partners/ staying faithful to one partner, and promoting use of condoms. To ascertain whether programs have effectively communicated these messages, the DHS-2011 respondents were prompted with specific questions about whether it is possible to reduce the chances of getting the AIDS virus by having just one faithful sexual partner, using a condom at every sexual encounter, and abstaining from sex.

Table 13.2 presents levels of knowledge for the various HIV prevention methods by background characteristics. About half of women (48.6%) are aware that using condoms every time one has sexual intercourse is effective way of HIV prevention. More than half of women are aware that the chances of getting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners (52.2%). Forty-one percent of women are aware that using condoms and limiting sex to one uninfected partner can reduce the risk of getting the AIDS virus (Figure 13.2). As it is shown, awareness on different methods of HIV prevention has increased significantly since 2006.

Table 13.2 Knowledge of HIV prevention methods					
Percentage of women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having one sex partner who is not infected and has no other partners, and by abstaining from sexual intercourse, by background characteristics, Azerbaijan2011					
Percentage who say HIV can be prevented by:					
	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms, and limiting sexual intercourse to one uninfected partner ^{1,2}	Abstaining from sexual intercourse	Number of women
Age					
15-24	34.9	40.3	29.5	37.9	3599
15-19	25.7	31.1	20.7	29.5	1655
20-24	42.7	49.0	37.0	45.0	1944
25-29	60.0	62.0	51.2	57.8	1303
30-39	57.2	60.6	49.7	57.4	1843
40-49	55.9	57.8	45.6	54.8	2636
Marital status					
Never married	41.9	44.0	27.3	41.85	3296
Ever had sex	48.0	46.9	24.5	44.4	36
Never had sex	35.8	41.1	30.1	39.3	3260
Married/living together	55.7	58.6	47.2	55.0	5501
Divorced/separated/ widowed	54.4	55.3	45.3	51.6	584
Residence					
Urban	36.1	44.9	30.6	39.6	5645
Rural	57.0	57.1	48.0	55.7	3736
Region					
Baku	68.1	53.4	46.9	58.0	2666
Absheron	40.2	44.8	33.5	43.8	697
Ganja-Gazakh	62.2	61.9	54.8	60.0	1297
Shaki-Zagatala	34.2	40.1	25.1	31.7	653
Lankaran	46.6	53.2	42.4	49.2	842
Guba-Khachmaz	52.7	41.5	33.7	46.5	551
Aran	25.7	46.0	23.5	32.7	2118
Yukhari Garabakh	32.1	45.5	30.4	36.2	269
Daghlihigh Shirvan	43.5	58.9	40.1	50.5	289
Education					
Basic secondary or less	27.8	32.8	22.6	29.8	1900
Complete secondary	43.7	47.8	36.0	45.8	4437
Secondary specialized	64.5	70.1	56.8	64.2	1672
Higher	74.0	71.7	63.5	69.2	1372
Wealth quintile					
Lowest	27.0	36.7	23.2	31.7	1688
Second	37.1	44.1	31.4	40.7	1784
Middle	48.1	53.2	39.6	50.0	1825
Fourth	58.4	60.4	49.2	56.3	1969
Highest	67.0	63.1	57.0	63.3	2115
Total 15-49	48.6	52.2	41.0	49.3	9381
¹ Use condom every time they have sexual intercourse					
² Partner who has no other partners					

Figure 13.2 Knowledge of specific ways to avoid AIDS among female population, AzDHS- 2006 vs. DHS-2011



As Table 13.2 shows, women age 15-24 are somewhat less knowledgeable about the various modes of prevention than older respondents. Considering the relationship with marital status, knowledge of HIV prevention methods is lower among never-married respondents than among those who are either currently married or who are divorced, separated, or widowed.

Levels of knowledge of preventive methods are higher in urban areas than in rural areas. Knowledge of prevention methods varies considerably across regions. Knowledge levels for the various methods are highest among women living in Baku and Ganja-Gazakh, and lowest in Shaki-Zagatala, Yukhari Garabakh and Aran. Knowledge about limiting sex to only one uninfected partner as a method of HIV prevention varies across regions, the highest in Daghigh Shirvan (58.9%) and the lowest in Shaki-Zagatala (40.1%).

Women with higher levels of schooling are more likely than those with less schooling to be aware of various preventive methods. Similarly, women in higher wealth quintiles are more likely than those in lower wealth quintiles to be aware of ways to prevent the transmission of the AIDS virus.

13.1.3 KNOWLEDGE ABOUT TRANSMISSION OF HIV/AIDS

The DHS-2011 included questions to assess the prevalence of common misconceptions about AIDS and HIV transmission. Respondents were asked whether they think it is possible for a healthy-looking person to have the AIDS virus. They were asked whether a person can get AIDS from mosquito bites, by kissing, or by eating from the same plate as a person who has AIDS.

Table 13.3 provides an assessment of the level of comprehensive knowledge of HIV/AIDS prevention and transmission. Comprehensive knowledge is defined as: 1) knowing that both condom use and limiting sex partners to one uninfected person are HIV/AIDS prevention methods, 2) being aware that a healthy-looking person can have AIDS, and 3) rejecting the two most

common local misconceptions, namely, that HIV can be transmitted by mosquito bites and by kissing someone who is infected with the AIDS virus.

Table 13.3 Comprehensive knowledge about AIDS

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with comprehensive knowledge about AIDS, by background characteristics, Azerbaijan 2011

Background characteristic	Percentage of respondents who say that:				Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions ¹	Percentage with comprehensive knowledge about AIDS ²	Number of women
	A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by kissing	A person cannot become infected by sharing food with a person who has AIDS			
Age							
15-24	44.5	44.7	40.2	42.6	25.9	14.9	3599
15-19	36.2	38.2	33.3	35.7	20.2	10.7	1655
20-24	51.5	50.2	46.1	48.5	30.7	18.5	1944
25-29	61.3	57.1	52.7	58.3	36.6	25.8	1303
30-39	61.1	55.3	49.5	53.7	33.8	23.7	1843
40-49	59.7	53.7	46.6	51.6	29.2	19.0	2636
Marital status							
Never married	47.2	47.5	44.9	46.3	28.1	16.3	3296
Ever had sex	70.0	47.3	47.0	45.3	22.1	4.9	36
Never had sex	46.4	46.9	43.4	45.9	28.0	15.9	3260
Married/living together	59.0	53.5	46.7	51.6	31.2	21.6	5501
Divorced/separated/ widowed	54.6	51.5	47.7	50.2	28.7	18.4	584
Residence							
Urban	59.5	63.6	57.6	61.1	38.1	24.6	5645
Rural	49.0	38.1	33.2	37.6	21.6	13.9	3736
Region							
Baku	57.3	75.4	70.2	72.6	47.9	30.8	2666
Absheron	71.0	58.4	59.3	58.6	38.0	27.2	697
Ganja-Gazakh	53.0	34.7	34.6	39.9	21.9	15.5	1297
Shaki-Zagatala	59.9	39.3	41.9	42.1	24.7	16.8	653
Lankaran	47.8	39.0	22.6	30.7	16.1	7.1	842
Guba-Khachmaz	61.0	60.1	56.0	55.5	35.2	21.4	551
Aran	47.8	38.3	28.8	37.1	18.5	12.2	2118
Yukhari Garabakh	44.1	41.6	28.6	33.1	20.1	9.9	269
Daghigh Shirvan	43.0	25.7	26.4	21.2	12.8	8.5	289
Education							
Basic secondary or less	34.5	32.6	28.2	30.7	16.5	9.5	1900
Complete secondary	50.2	46.5	39.8	43.6	24.2	15.3	4437
Secondary specialized	72.4	64.9	58.8	63.4	42.6	29.0	1672
Higher	73.5	74.4	72.1	77.8	51.3	34.1	1372
Wealth quintile							
Lowest	38.5	28.8	25.2	27.5	13.4	7.8	1688
Second	47.6	37.9	31.8	35.9	19.1	12.5	1784
Middle	57.3	46.2	40.4	45.8	27.2	17.7	1825
Fourth	62.7	59.4	52.6	58.0	36.3	24.6	1969
Highest	62.0	75.9	71.0	73.3	48.3	30.6	2115
Total 15-49	54.4	51.0	45.6	49.5	29.9	19.3	9381

¹The two most common local misconceptions involve transmission by mosquito bites and by kissing someone with AIDS.
²Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS (transmission by mosquito bites and by kissing someone with AIDS).

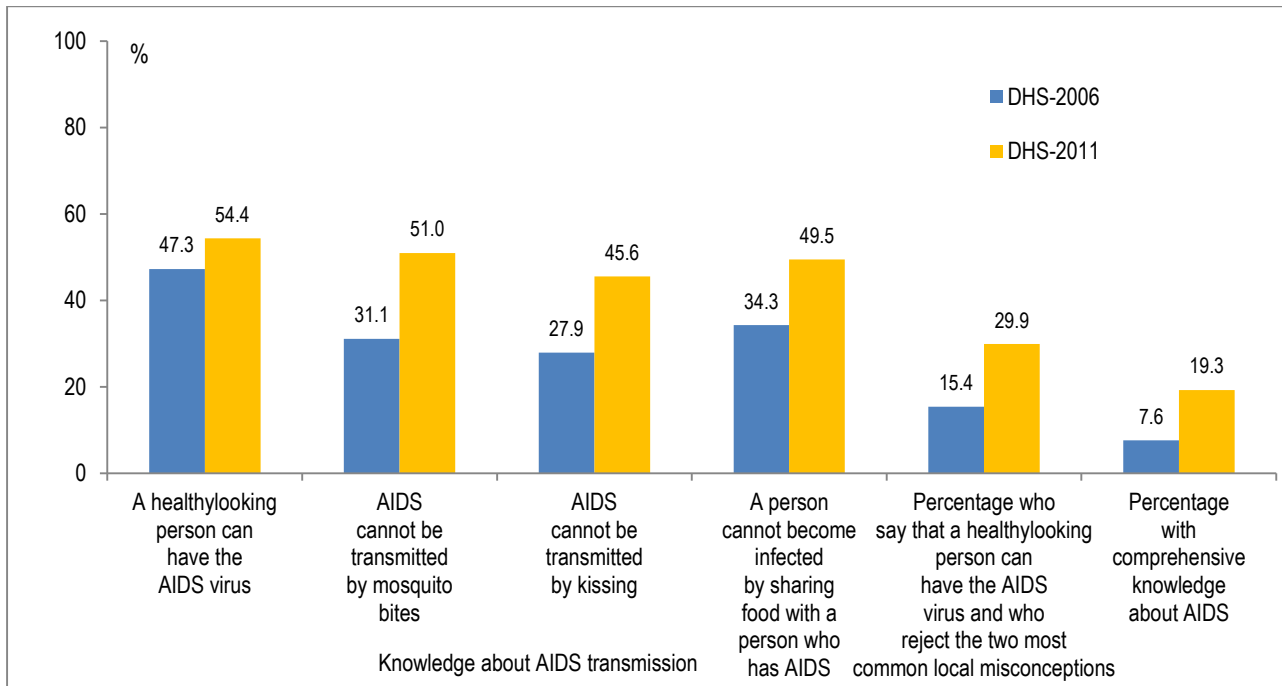
According to the DHS-2011 results, only about one in five women in Azerbaijan have comprehensive knowledge of HIV/AIDS prevention and transmission. However, the results in Table 13.3 indicate a significant progress in population awareness on HIV/AIDS transmission and prevention. About 54.4 percent of 15-49 age women know that a healthy-looking person can have (and thus transmit) the virus that causes AIDS. 45.6 percent of women reject the common misconception that HIV can be transmitted by kissing.

Furthermore, 51 percent of women are aware that the AIDS virus cannot be transmitted by mosquito bites, and 49.5 percent – by sharing food with a person who has AIDS. Overall, only

29.9% of women both reject two common misconceptions in Azerbaijan - namely, that AIDS can be transmitted by mosquito bites and by kissing - and believe that a healthy-looking person can have HIV.

However, while comparing with AzDHS-2006 results it becomes clear that the level of awareness has increased significantly during the last 5 year period (comprehensive knowledge has increased approximately 3 times) (Figure 13.3).

Figure 13.3 Knowledge about HIV/AIDS transmission, AzDHS-2006 vs. DHS-2011



Finally, Table 13.3 shows considerable variation in knowledge about AIDS. 25-29 age group is more informed than others. Variations in knowledge levels by region are marked. Women living in Baku (30.8%), Absheron (27.2%) and Guba-Khachmaz (21.4%) have the highest level of comprehensive knowledge about AIDS, while women in Lankaran (7.1%), Yukhari Garabakh (9.9%) and Aran (12.2%) have the lowest. Education and wealth are directly related to both correct knowledge concerning common misconceptions and comprehensive knowledge of HIV/AIDS prevention and transmission. For example, 29 percent of women with a higher than secondary specialized education have comprehensive knowledge about prevention and transmission modes compared with 9.5 percent of women with basic secondary or less education. Looking at wealth, 7.8 percent of women in the lowest quintile have a comprehensive knowledge about AIDS compared with 30.6 percent of women in the highest.

13.2 STIGMA ASSOCIATED WITH AIDS AND ATTITUDES RELATED TO HIV/AIDS

Knowledge and beliefs about AIDS can affect how people treat those they know to be living with HIV. In the DHS-2011, a number of questions were posed to respondents to measure their attitudes towards HIV-infected people including questions about their willingness to buy vegetables from an infected vegetable seller, to let others know the HIV status of family members, and to take care of relatives who have HIV in their own household. They were also asked whether an HIV-positive female who is not sick should be allowed to continue teaching.

Table 13.4 shows the percentages who express positive attitudes towards people with HIV among women who have heard about main characteristics of HIV/AIDS.

Respondents tend to express more positive attitudes in response to the questions concerning behavior towards HIV-infected relatives than to the questions about shopkeepers or teachers. 59.2 percent of women say that they would not want to keep secret that a family member was infected with the AIDS virus and 44.6 percent of women say they would be willing to care for a family member with the AIDS virus in their home. In contrast, only 21.8 percent of women say that an HIV-positive teacher should be allowed to continue teaching and only 21.3 percent of women would buy fresh food from a shopkeeper with HIV. The percentage expressing accepting attitudes on all four measures is only 4.5 percent. All these patterns are similar to patterns observed in AzDHS-2006.

Higher education, highest wealth, and urban residence are generally related to more accepting attitudes towards nonrelatives who are HIV positive, but not for relatives. The percentage expressing accepting attitudes towards a female teacher who is infected with AIDS but is not sick is 25 percent among urban women compared with 15.5 percent among rural women, and it ranges from 14.3 percent among women who have basic secondary or less education to 34.9 percent among those with a higher than secondary specialized education. The opposite patterns are observed concerning behavior towards HIV-infected relatives. Rural residents and those in the lower wealth quintiles are generally more likely to say that they would not want to keep secret that a family member was infected with the AIDS virus and that they would be willing to care for a family member with the AIDS virus in their home. The same patterns were observed in AzDHS-2006.

Table 13.4 Accepting attitudes toward those living with HIV/AIDS

Among women age 15-49 who have heard of HIV/AIDS, percentage expressing accepting attitudes toward people with AIDS based on four specific indicators, by background characteristics, Azerbaijan 2011

	Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Percentage expressing accepting attitudes on all four indicators	Number of women who have heard of AIDS
Age						
15-24	44.3	22.3	23.2	56.0	4.0	2134
15-19	39.0	18.8	19.0	54.3	3.7	829
20-24	47.7	24.5	25.8	57.1	5.2	1305
25-29	47.1	25.7	26.4	57.1	4.0	1021
30-39	44.5	19.0	20.5	58.5	4.0	1437
40-49	43.8	19.0	18.8	61.0	4.0	2071
Marital status						
Never married	44.4	23.8	22.0	54.9	5.0	2064
Ever had sex	43.6	23.6	18.0	56.3	4.8	27
Never had sex	45.2	24	25.1	53.5	5.2	2037
Married/living together	44.1	19.8	20.0	61.8	4.0	4173
Divorced/separated/ widowed	47.2	23	23.1	60.7	6.1	426
Residence						
Urban	44.1	23.8	25.0	55.4	5.0	4411
Rural	45.7	16.3	15.5	66.0	3.7	2252
Region						
Baku	44.4	27.1	28.6	46.9	4.2	2239
Absheron	52.5	26.1	33.5	62.5	8.9	581
Ganja-Gazakh	41.8	28.3	22.5	76.0	7.9	792
Shaki-Zagatala	49.5	18.8	19.5	75.0	3.7	442
Lankaran	51.5	5.4	7.8	53.2	0.2	509
Guba-Khachmaz	45.9	22.1	17.3	65.0	5.8	437
Aran	39.0	13.1	13.4	61.9	5.8	1360
Yukhari Garabakh	26.9	13.5	13.7	68.0	3.1	159
Daghigh Shirvan	53.2	18.0	21.2	61.2	5.6	143
Education						
Basic secondary or less	41.2	12.8	14.3	59.2	2.9	920
Complete secondary	42.5	17.0	17.0	59.9	3.2	2987
Secondary specialized	44.7	22.5	23.9	62.2	5.0	1476
Higher	52.1	35.9	34.9	54.0	8.0	1280
Wealth quintile						
Lowest	44.4	11.8	12.0	63.5	2.4	843
Second	44.3	17.2	14.6	68.7	4.3	1096
Middle	43.6	18.7	20.5	64.0	4.0	1291
Fourth	42.0	21.6	23.9	56.9	5.2	1586
Highest	47.9	29.6	29.6	49.9	5.5	1847
Total 15-49	44.6	21.3	21.8	59.2	4.5	6663

13.3 ATTITUDES TOWARDS NEGOTIATING SAFER SEX

Knowledge about HIV transmission and ways to prevent it are of little use if people feel powerless to negotiate safer sex practices with their partner. In an effort to assess the ability of women to negotiate safer sex with a spouse who has a sexually transmitted disease (STD), the DHS-2011 respondents were asked whether a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact.

Table 13.5 shows that 81.8 percent of women believe that a woman is justified in refusing to have sex with her husband if she knows he has an STD (for comparison in 2006 this figure was 77.6 percent).

The majority of respondents in all groups support a woman's right to refuse sex with a spouse who has an STD. However, there are differences by background characteristics. Currently or ever married respondents, older respondents, and respondents with higher education are more likely to say that a woman can refuse sex when her husband has an STD. Urban respondents also are more likely to be supportive of a woman's right to refuse sex with her husband when he has an STD. The proportion supporting woman's right to negotiate safer sex varies considerably across regions. Among respondents, the percentage saying that a woman is justified in refusing sex with her husband when he has an STD ranges from a low of 73.5 percent in Aran to 91.3 percent in Absheron.

Table 13.5 Attitudes toward negotiating safer sexual intercourse with husband
 Percentage of women age 15-49 who believe that if a husband has a sexually transmitted disease his wife is justified in refusing to have sexual intercourse with him, by background characteristics, Azerbaijan 2011

	Woman is justified in refusing to have sexual intercourse with husband	Number of women
Age		
15-24	69.0	3599
15-19	60.2	1655
20-24	77.0	1944
25-29	88.7	1303
30-39	89.3	1843
40-49	89.9	2636
Marital status		
Never married		
Ever had sex	82.6	36
Never had sex	66.2	3260
Married/living together	90.3	5501
Divorced/separated/ widowed	89.1	584
Residence		
Urban	84.7	5645
Rural	77.0	3736
Region		
Baku	87.3	2666
Absheron	91.3	697
Ganja-Gazakh	78.8	1297
Shaki-Zagatala	80.0	654
Lankaran	79.2	841
Guba-Khachmaz	83.6	550
Aran	73.5	2118
Yukhari Garabakh	85.3	269
Daghligh Shirvan	85.2	289
Education		
Basic secondary or less	71.8	1900
Complete secondary	80.0	4437
Secondary specialized	89.0	1672
Higher	89.7	1372
Wealth quintile		
Lowest	74.0	1688
Second	78.3	1784
Middle	80.5	1825
Fourth	85.5	1969
Highest	87.9	2115
Total 15-49	81.8	9381

13.4 TESTING FOR HIV

Knowledge of HIV status helps HIV-negative individuals make specific decisions to reduce the risk of contracting HIV and increase the use of safer sex practices to remain disease free. For those who are HIV positive, knowledge of their status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future. In the DHS-2011, respondents were asked whether they knew of a place to get tested for HIV.

Table 13.6 shows that 35.9 percent of women said that they knew of a place where one can get an HIV test. Almost the same figure was observed in AzDHS-2006 (35%).

Table 13.6 Knowledge of where to get an HIV test		
Percentage of women age 15-49 who know where to get an HIV test, by background characteristics, Azerbaijan 2011		
Background characteristic	Percentage reporting knowing where to get an HIV test	Number of women
Age		
15-24	35.0	3599
15-19	33.4	1655
20-24	37.4	1944
25-29	34.0	1303
30-39	39.5	1843
40-49	34.0	2636
Marital status		
Never married		
Ever had sex	24.7	36
Never had sex	37.0	3260
Married/living together	35.1	5501
Divorced/separated/ widowed	34.5	584
Residence		
Urban	36.0	5645
Rural	35.0	3736
Region		
Baku	36.4	2666
Absheron	34.1	697
Ganja-Gazakh	28.7	1297
Shaki-Zagatala	42.9	654
Lankaran	35.0	841
Guba-Khachmaz	26.4	550
Aran	40.1	2118
Yukhari Garabakh	56.8	269
Daghigh Shirvan	24.2	289
Education		
Basic secondary or less	27.8	1900
Complete secondary	31.5	4437
Secondary specialized	42.2	1672
Higher	46.4	1372
Wealth quintile		
Lowest	31.6	1688
Second	33.5	1784
Middle	38.5	1825
Fourth	34.1	1969
Highest	39.5	2115
Total 15-49	35.9	9381

The proportions who know of a place to get HIV tested are higher than the national average among those age 20-24 and 30-39, among those who had never been married and never had sex, among respondents with secondary specialized and higher education, and among those in the middle and highest wealth quintiles. Considering residence, urban women are more likely to know where a person can get an HIV test than rural respondents. Furthermore, women living in Yukhari Garabakh (56.8%), Shaki-Zagatala (42.9%) and Aran (40.1%) are most likely to know where to get an HIV test, while women in Daghigh Shirvan (24.2%) and Guba-Khachmaz (26.4%) are least likely to know where to get an HIV test.

13.5 REPORTS OF RECENT SEXUALLY TRANSMITTED INFECTIONS

Information about the incidence of sexually transmitted infections (STIs) is not only useful as a marker of unprotected sexual intercourse but also as a cofactor for HIV transmission. In DHS-2011, respondents who had ever had sex were asked whether they had had an STI in the past 12 months.

Only 3 percent of women (in 2006 – 5 percent) who have ever been sexually active had reported an STI and/or STI symptoms in the 12 months prior to the survey. It is likely that this figure, which is quite low, underestimate the actual prevalence of STIs among the sexually active women in Azerbaijan because of cultural sensitivity of the issue.

13.6 INJECTIONS

Injection overuse in a health care setting can contribute to the transmission of blood-borne pathogens because it amplifies the effect of unsafe practices such as reuse of injection equipment. Thus, the proportion of injections given with reused injection equipment is an important prevention indicator in an initiative to control the spread of HIV/AIDS.

Table 13.7 presents data on the prevalence of injections among respondents. Respondents were asked if they had had any injections given by a health worker in the 12 months preceding the survey, and if so, the number of injections they had received and whether their last injection was given with a syringe from a new, unopened package. It should be noted that medical injections can be self-administered (e.g., insulin for diabetes). These injections were not included in the calculation.

Overall 31.1 percent of women 15-49 age received at least one injection in the past year. The average number of injections received from a health provider was 6.7. Both percentage received injection and average number of injections per person increases with age.

Table 13.7 shows that the largest variations in the injection prevalence indicator are across regions. For example, the percentage reporting they had received at least one injection from a health worker during the past 12 months varies from 23 percent in Guba-Khachmaz and 24.1 percent in Baku to 52 percent in Yukhari Garabakh. Rural residents are somewhat less likely than urban residents to have received at least one injection from a health provider (28.3 and 34 percent, respectively). The association between education level, wealth and receipt of an injection is not consistent.

Table 13.7 Prevalence of medical injections						
Percentage of women age 15-49 who received at least one medical injection in the past 12 months, the average number of medical injections per person in the past 12 months, and among those who received a medical injection, the percentage for whom the syringe and needle used for the last medical injection were taken from a new, unopened package, by background characteristics, Azerbaijan 2011						
Background characteristic	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the past 12 months	Number of women	For last injection, syringe and needle taken from a new, unopened package	Number of women receiving medical injections in the past 12 months	
Age						
15-24	27.2	4.0	3599	98.8	976	
15-19	18.0	3.1	1655	98.1	297	
20-24	29.4	6.5	1944	99.1	572	
25-29	36.1	6.7	1303	99.5	438	
30-39	33.3	7.0	1843	99.0	559	
40-49	32.6	8.0	2636	99.6	777	
Marital status						
Never married						
Ever had sex	40.0	3.1	36	100.0	10	
Never had sex	21.1	6.2	3261	98.3	598	
Married/living together	37.1	8.0	5501	99.5	1868	
Divorced/separated/ widowed	30.4	8.0	584	98.8	167	
Residence						
Urban	34.0	6.0	5645	99.4	1492	
Rural	28.3	7.4	3736	99.0	1152	
Region						
Baku	24.1	4.0	2666	99.8	568	
Absheron	31.3	6.6	697	99.1	209	
Ganja-Gazakh	29.8	6.4	1297	99.3	362	
Shaki-Zagatala	30.7	7.1	653	98.1	190	
Lankaran	41.1	8.0	842	99.1	312	
Guba-Khachmaz	23.0	4.5	551	96.4	122	
Aran	37.2	8.0	2118	99.5	693	
Yukhari Garabakh	52.0	13.1	269	99.5	124	
Daghigh Shirvan	24.4	6.0	289	98.4	63	
Education						
Basic secondary or less	30.6	6.7	1900	98.9	520	
Complete secondary	30.5	6.8	4437	99.2	1245	
Secondary specialized	33.4	7.1	1672	99.2	506	
Higher	30.8	5.0	1371	99.7	372	
Wealth quintile						
Lowest	27.5	6.4	1688	98.5	423	
Second	32.8	7.1	1785	98.6	533	
Middle	37.9	8.1	1825	99.4	636	
Fourth	32.0	6.3	1968	99.4	569	
Highest	25.9	5.0	2115	100.0	483	
Total 15-49	31.1	6.7	9381	99.2	2644	

Note: Medical injections are those given by a doctor, nurse, pharmacist, dentist, or other health worker.

The majority of recent injections (99.2%) were given with a needle and syringe taken from a newly opened package (in 2006 this proportion was 94.3 percent). Women living in Baku are most likely to report that the injection was given using a needle and syringe from a previously unopened package (99.8%), in Guba-Khachmaz (96.4%) are the least likely. In 2006, Guba-Khachmaz region showed the same pattern but with lower figure (85.7%) (see figure 13.4).

Figure 13.4. Percentage of injections given with a needle and syringe taken from a newly opened package, by regions, AzDHS-2006 vs. DHS-2011

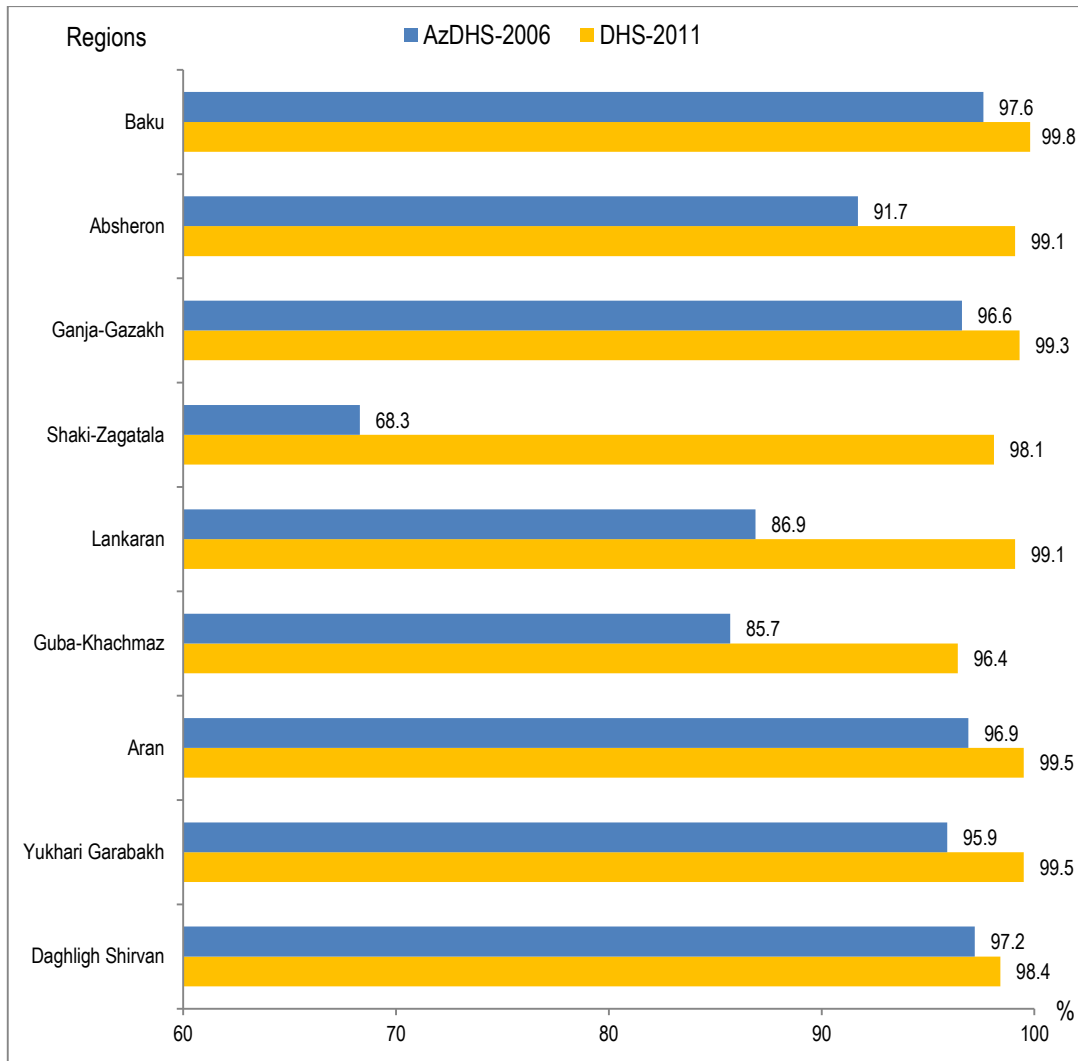
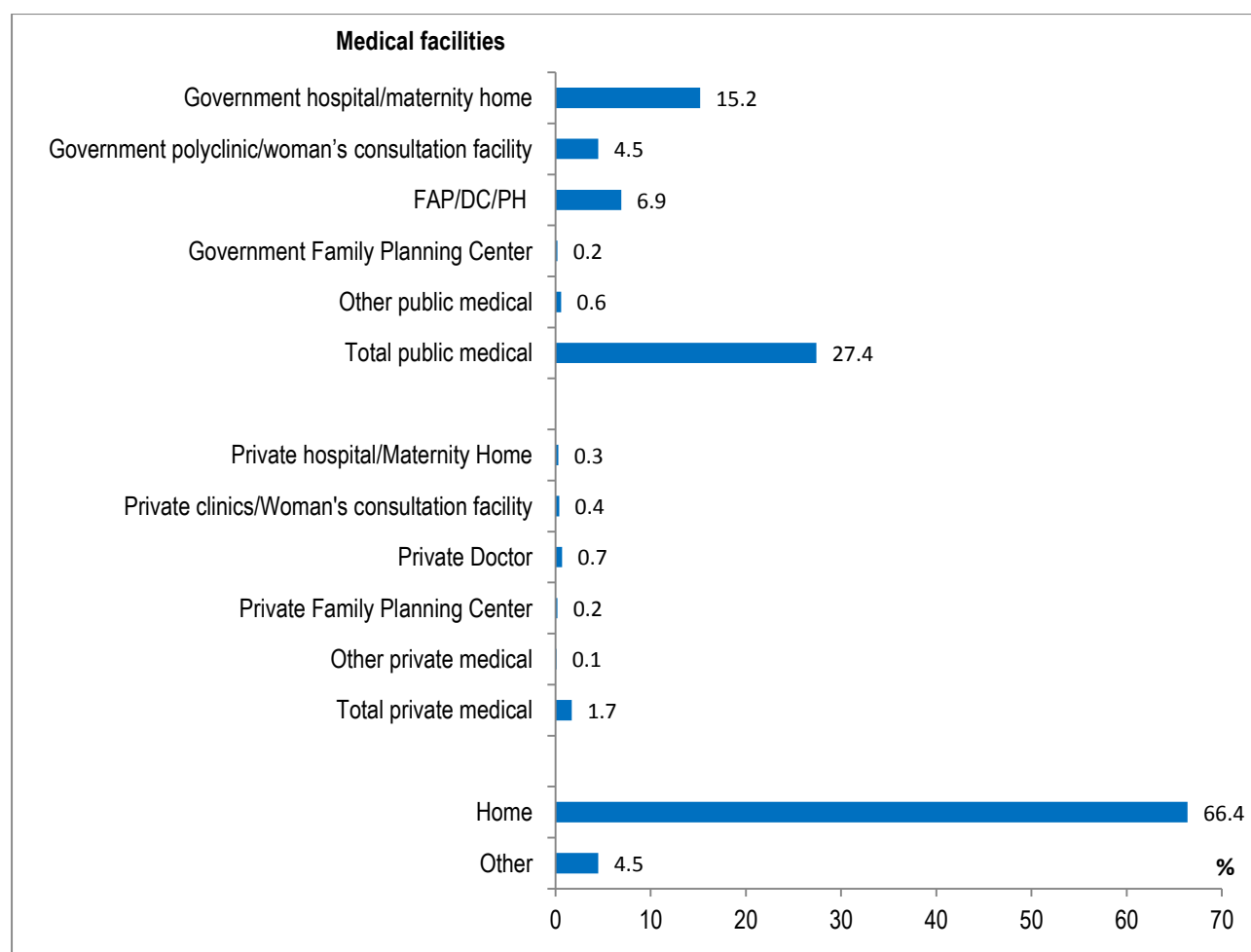


Figure 13.5 shows that a large proportion of respondents (66.4%) received their last injection at home, while 27.4 percent of women received their last injection at a public sector facility, mostly at a government hospital or maternity home, at a government polyclinic or a woman’s consultation facility, or at an FAP/DC/PH facility. Overall, proportion of women received an injection at home decreased since AzDHS-2006 from 71 percent to 66.4 percent, while the proportion of women received last injection at public health facility increased by 2.4 percent.

Figure 13.5 Type of facility where last medical injection was received

13.7 HIV/AIDS-RELATED KNOWLEDGE AND BEHAVIOR AMONG YOUTH

Knowledge of HIV/AIDS issues and related sexual behavior among youth age 15-24 is of particular interest because the period between sexual initiation and marriage is for many young people a time of sexual experimentation that may involve high-risk behaviors. This section considers a number of issues that relate to both transmission and prevention of HIV/AIDS among youth, including the extent to which youth have comprehensive knowledge of HIV/AIDS transmission and prevention modes and knowledge of a source where they can obtain condoms.

Knowledge of how HIV is transmitted is crucial to enabling young people to avoid AIDS. Young people are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviors. As discussed earlier, comprehensive knowledge is defined as knowing that: 1) people can reduce their chances of getting the AIDS virus by having sex with only one uninfected, faithful partner and by using condoms consistently; 2) a healthy-looking person can have the AIDS virus; and 3) HIV cannot be transmitted by mosquito bites and by kissing someone who is infected with the AIDS virus.

Table 13.8 shows that only 18 percent of women age 15-24 know all of these facts about HIV/AIDS. It has increased more than 3 times since 2006 (in AzDHS-2006 this proportion was 4.8 percent). The level of comprehensive knowledge about HIV/AIDS increases with age in the youth population.

As expected, comprehensive HIV/AIDS knowledge is much more common among urban than rural youth and differs across regions. For example, the level of comprehensive knowledge ranges from a low of 2.7 percent in Lankaran to a high of 29.3 percent in Absheron. Young women with a higher than secondary specialized education, are substantially more likely to have comprehensive knowledge of HIV/AIDS, compared with those with basic secondary or less education. Comprehensive knowledge of HIV/AIDS increases steadily with wealth quintile.

Because of the important role that condoms play in combating the transmission of HIV, respondents were asked whether they knew where condoms could be obtained. Only responses about “formal” sources were counted, so friends and family and other similar sources were not included.

As shown in Table 13.8, about 38.5 percent of young women know where to obtain a condom (compared with 33.4 percent in 2006). Knowledge of a condom source increases significantly with age. Ever married women are much more knowledgeable about a condom source than never married young women (52 and 31.9 percent, respectively). Similarly with comprehensive knowledge about HIV/AIDS, those in urban areas are much more likely than those in rural areas to know of a condom source. Knowledge of a condom source is lowest in Lankaran (22.5%) and highest in Baku (53.8%). Consistent with the patterns observed for other indicators, youth who are better educated and live in wealthier households are more likely than other youth to know a source of condoms.

Table 13.8 Comprehensive knowledge about AIDS and of a source of condoms among youth			
Percentage of young women age 15-24 with comprehensive knowledge about AIDS and percentage who know a source of condoms, by background characteristics, Azerbaijan 2011			
Background characteristic	Percentage with comprehensive knowledge of AIDS ¹	Percentage who know a condom source ²	Number of women
Age			
15-19	15.8	25.8	1654
15-17	14.6	17.0	810
18-19	16.0	33.0	844
20-24	20.8	49.3	1944
20-22	20.8	46.4	1245
23-24	20.8	54.4	699
Marital status			
Never married			
Ever had sex	*	*	2
Never had sex	18.0	31.9	2573
Ever married	18.7	52.0	1023
Residence			
Urban	21.7	45.2	2085
Rural	13.2	29.3	1513
Region			
Baku	24.1	53.8	959
Absheron	29.3	52.1	243
Ganja-Gazakh	17.0	31.3	538
Shaki-Zagatala	9.9	28.7	260
Lankaran	2.7	22.5	315
Guba-Khachmaz	24.8	52.3	237
Aran	12.5	28.8	835
Yukhari Garabakh	11.6	38.0	93
Daghigh Shirvan	25.2	24.7	118
Education			
Basic secondary or less	12.6	26.7	939
Complete secondary	16.0	35.6	1677
Secondary specialized	24.5	52.1	470
Higher	25.5	57.3	512
Wealth quintile			
Lowest	13.6	22.5	672
Second	12.7	28.0	711
Middle	17.8	39.0	713
Fourth	19.0	43.6	717
Highest	25.0	55.8	785
Total	18.0	38.5	3598

¹Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention. The components of comprehensive knowledge are presented in Tables 13.2 and 13.3

²Friends, family members, and home are not considered sources for condoms.

Azerbaijan is facing an increase in noncommunicable diseases, obesity, and other conditions connected with a sedentary lifestyle and rapid urbanization, combined with new and re-emerging infectious diseases such as HIV/AIDS, avian influenza, tuberculosis, and malaria. This imposes upon Azerbaijan a double burden of diseases typical for both developed and developing societies. The average life expectancy of a person born in Azerbaijan in 2011 was 76.5 years for women and 71.2 years for men¹ (SSC, 2012). The major causes of death are similar to those of industrialized countries: cardiovascular disease, cancer, and accidents.

This chapter presents information on various aspects of adult health in Azerbaijan.

14.1 HEALTH INSURANCE

The government of Azerbaijan is currently undertaking health sector reforms and is committed to decreasing out-of-pocket payments and to increasing motivation of health care providers to offer better quality of care. One of the options the government is considering is establishing a health insurance fund. At present, health insurance is not mandatory; however, in some cases, health insurance is provided through an employer, or it may be purchased independently. Those individuals belonging to health insurance plans have specific health facilities where they receive services.

The DHS-2011 obtained information from all respondents regarding whether or not they were covered by an insurance plan. As expected, the results confirm that the level of health insurance coverage is very low. Only 2.5 percent of women have any type of health insurance (compared with less than 1 percent of women in 2006). 80.5 percent of those who have insurance get it through employer.

14.2 TUBERCULOSIS

Tuberculosis (TB) is second only to HIV/AIDS as the greatest killer worldwide due to a single infectious agent. In 2011, 8.7 million people fell ill with TB and 1.4 million died from TB. Of great public health concern in countries of the former Soviet Union is the increasing prevalence of tuberculosis caused by strains of bacteria that are resistant to all major anti-tuberculosis drugs.

TB is a significant public health problem in Azerbaijan. According to official country statistics, the registered number of registered cases of active tuberculosis was 5320 (64 per 100000 population) in

¹ These statistics on life expectancy are based on data from the national registration system provided by the State Statistical Committee. The figures may be overestimated because the infant mortality rate—which is a primary determinant of life expectancy at birth—that was obtained from the 2011 Azerbaijan Demographic and Health Survey is significantly higher than the official infant mortality rate obtained from the registration system (see Chapter 9).

2005, compared with 11505 cases (126 per 100000 population) in 2011. The number of new cases of tuberculosis in 2005 was 3666 (44 per 100000 population) and in 2011 it had risen to 4836 new cases (53 per 100000 population) (SSC, 2012).

In the DHS-2011, women were asked a series of questions about their knowledge of tuberculosis, its mode of transmission, and treatment. This section summarizes the information at the national level and for geographic and socioeconomic subgroups of the population.

14.2.1 KNOWLEDGE OF TUBERCULOSIS

As shown in Table 14.1 there is a high degree of awareness of tuberculosis among the Azerbaijani women: 96.9 percent of them have heard of tuberculosis. The similar figure was observed in AzDHS-2006.

Table 14.1 Knowledge of and attitudes toward tuberculosis						
Percentage of women age 15-49 who have heard of tuberculosis (TB), and among women who have heard of TB, the percentage who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would not want to keep secret that a family member has TB, by background characteristics, Azerbaijan 2011						
Background characteristics	All women		Women who have heard of TB			
	Percentage who have heard of TB	Number of women	Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would not want a family member's TB kept secret	Number of women
Age						
15-19	93.2	1655	70.8	58.3	60.8	1542
20-24	95.4	1944	78.6	69.5	61.8	1854
25-29	98.1	1303	83.4	73.4	62.9	1279
30-34	98.1	952	82.6	74.2	59.3	935
35-39	98.2	891	83.2	79.7	69.8	876
40-44	98.8	1232	82.1	80.3	68.7	1217
45-49	98.7	1404	81.8	79.0	68.7	1387
Residence						
Urban	97.9	5645	85.6	75.6	59.4	5528
Rural	95.4	3736	70.7	67.7	71.9	3563
Region						
Baku	99.4	2666	90.8	77.9	46.8	2650
Absheron	96.6	697	88.1	76.3	69.3	674
Ganja-Gazakh	94.1	1297	82.9	72.3	76.5	1220
Shaki-Zagatala	96.3	653	74.9	75.8	81.0	631
Lankaran	96.6	842	56.3	64.0	54.9	813
Guba-Gusar	97.9	551	73.6	68.7	81.4	539
Aran	95.6	2118	76.1	68.5	70.0	2026
Yukhari Garabakh	97.9	269	74.2	76.2	76.4	263
Daghigh Shirvan	94.8	289	64.4	63.7	68.1	274
Education						
Basic secondary or less	93.3	1900	67.1	62.2	65.5	1773
Complete secondary	96.8	4437	77.2	70.5	65.5	4297
Secondary specialized	98.9	1672	89.2	80.4	65.4	1654
Higher	99.6	1371	92.8	82.8	57.5	1367
Wealth quintile						
Lowest	93.8	1688	67.5	63.2	69.8	1585
Second	95.6	1785	72.5	67.4	72.7	1705
Middle	97.3	1825	79.0	72.9	70.0	1775
Fourth	97.9	1968	86.0	77.6	63.0	1929
Highest	99.1	2115	91.1	78.7	49.5	2096
Total	96.9	9381	79.8	72.5	64.3	9090

The level of awareness of tuberculosis exceeds 90 percent in all subgroups. The lowest awareness rates are observed among women age 15-19 (93.2%), with basic secondary or less education (93.3%) and in lowest wealth quintile (93.8%).

14.2.2 KNOWLEDGE THAT TUBERCULOSIS IS CURABLE AND WILLINGNESS TO KEEP SECRET A FAMILY MEMBER'S TUBERCULOSIS STATUS

Respondents were also asked if they knew that tuberculosis can be completely cured. Table 14.1 shows that 72.5 percent of women who have heard of tuberculosis are aware that it can be cured completely. Urban dwellers, more educated respondents, and those from the highest wealth index are more likely to know that tuberculosis is curable. The percentage of women who are aware that tuberculosis can be cured varies widely by region: from 63.7 percent among women in Daghigh Shirvan to 77.9 percent in Baku.

Respondents were also asked if a member of their family got tuberculosis, whether they would want it to remain a secret. 64.3 percent of women said they would not want a family member's tuberculosis status kept secret, indicating that tuberculosis is stigmatized by a substantial minority of the women population (35.7%). Unlike other groups women living in urban settings, with higher education, and those from the highest wealth quintiles are more likely than their counterparts to say they would want to keep secret the fact that a relative has tuberculosis. Responses vary significantly across the regions from 46.8 percent in Baku to 81.4 in Guba-Khachmaz. Ganja-Gazakh, Yukhari Garabakh and Shaki-Zagatala are other regions with a comparatively low level of perceived stigma (respectively, 76.5 percent, 76.4 and 81.0 percent of women say they would be open about a family member's tuberculosis status).

14.2.3 KNOWLEDGE AND MISCONCEPTIONS ABOUT THE WAYS TUBERCULOSIS SPREADS

Table 14.2 and Figure 14.1 show the percentage of women who have heard of tuberculosis by their knowledge of the ways of contracting tuberculosis, including misconceptions about the ways it spreads. The majority of women (79.8%) who have heard of tuberculosis were able to correctly identify the mode of tuberculosis transmission (through the air when coughing). However, misconceptions about tuberculosis transmission are widespread among the female population. For example, over 37 percent of respondents said that tuberculosis spreads through sharing utensils, 29.1 percent of women said it can be contracted through food and nearly one-fourth believe that disease spreads through touching a person with tuberculosis.

Table 14.2 Knowledge and misconceptions about the ways tuberculosis spreads

Among women 15-49 who have heard of tuberculosis (TB), percentage who cite specific ways that TB is spread by background characteristics, Azerbaijan 2011

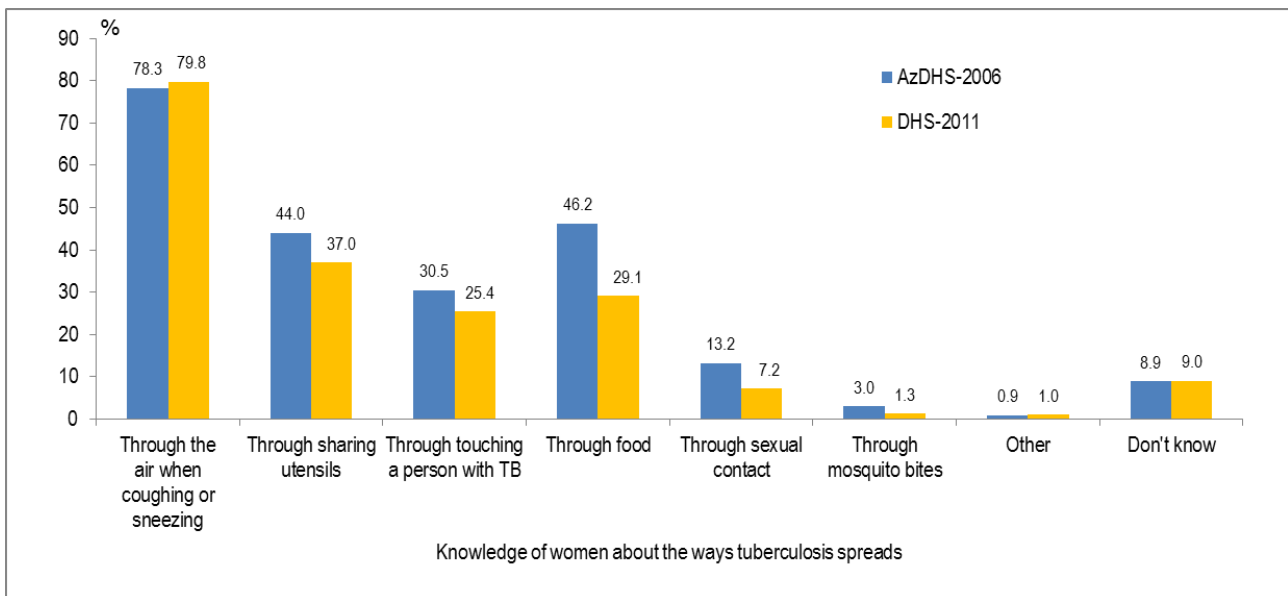
Background characteristics	Knowledge of ways TB spreads								Number of women who heard about TB
	Through the air when coughing or sneezing	Through sharing utensils	Through touching a person with TB	Through food	Through sexual contact	Through mosquito bites	Other	Don't know	
Age									
15-19	70.8	31.4	19.5	24.1	4.0	1.3	1.0	16.0	1542
20-24	78.0	37.1	26.2	28.8	6.9	1.7	0.9	9.0	1854
25-29	83.4	37.9	26.4	30.9	7.4	1.0	0.6	6.8	1279
30-34	82.6	38.0	24.5	26.1	7.6	1.7	1.7	8.0	935
35-39	83.2	40.9	26.0	30.4	8.0	0.7	1.3	6.7	876
40-44	82.1	40.5	29.0	30.7	8.0	1.3	1.0	6.6	1217
45-49	81.8	41.0	27.1	33.1	8.0	1.3	1.0	7.3	1387
Residence									
Urban	85.6	37.9	22.5	27.4	5.8	1.2	1.0	7.0	5528
Rural	70.7	37.0	30.0	31.7	9.0	1.5	1.2	12.5	3563
Region									
Baku	90.8	33.6	15.4	22.9	3.0	1.0	1.2	5.2	2650
Absheron	88.1	42.7	32.4	20.6	3.5	2.1	0.8	7.7	674
Ganja-Gazakh	82.9	38.1	20.0	32.4	13.7	2.6	0.4	2.8	1220
Shaki-Zagatala	74.0	35.0	29.5	43.9	4.0	0.4	0.1	4.0	631
Lankaran	56.3	35.1	36.9	29.7	6.3	0.0	2.1	24.3	813
Guba-Gusar	73.0	49.4	60.7	26.6	3.4	2.5	1.0	14.2	539
Aran	76.0	40.0	22.1	32.0	12.2	1.5	1.4	13.3	2026
Yukhari Garabakh	74.2	30.8	24.0	25.6	11.1	0.8	0.4	11.3	263
Daghigh Shirvan	64.0	42.6	40.9	39.5	3.8	0.4	0.2	5.6	274
Education									
Basic secondary or less	67.0	30.6	22.5	24.5	6.4	1.3	1.5	17.5	1773
Complete secondary	77.2	38.9	27.2	30.6	7.7	1.2	1.0	9.6	4297
Secondary specialized	89.2	41.2	25.2	29.7	7.1	1.5	0.7	4.5	1654
Higher	92.8	39.0	23.7	29.5	6.5	1.5	0.6	3.1	1367
Wealth quintile									
Lowest	67.5	37.0	30.2	28.0	8.0	1.4	0.8	14.4	1585
Second	72.5	38.9	27.7	31.3	7.7	1.3	1.5	13.0	1705
Middle	79.0	38.0	26.3	32.5	9.0	1.2	1.0	9.1	1775
Fourth	86.0	37.0	23.9	28.5	7.3	1.5	1.0	6.7	1929
Highest	91.1	36.6	20.7	25.7	3.8	1.2	0.8	4.7	2096
Total 15-49	79.8	37.0	25.4	29.1	7.2	1.3	1.0	9.0	9090

Among women, awareness of the correct mode of transmission (through the air by coughing) increases with age, education, and wealth index. Urban residents are significantly more likely than rural residents to identify the correct mode of transmission (85.6 and 70.7 percent, respectively); on the other hand, misconceptions about the way tuberculosis spreads tend to be equally shared by urban and rural women (with a few exceptions). For example, 37.9 percent of urban women and 37 percent of rural women believe that tuberculosis can be contracted through sharing utensils; 22.5 percent of urban women and 30.0 percent of rural women say through touching a person with tuberculosis; 27.4 percent of urban women and 31.7 percent of rural women say through food; and 5.8 percent of urban women and 9.0 percent of rural women say through sexual contact.

The percentage of women who are aware of the correct mode of transmission varies widely by region, from 56.3 percent in Lankaran to a high of 90.8 percent in Baku. Similarly, there are considerable regional variations regarding misconceptions about tuberculosis transmission. In Guba-Khachmaz region almost half of women believe that sharing utensils spreads tuberculosis, about 60 percent of women report that touching a person with TB can spread the disease. Same indicators in Baku are 33.6 and 15.4 percent, respectively.

Overall, there is an increase in correct identification of the transmission mode a tuberculosis and decrease in misconceptions among women population since AzDHS-2006 (see Figure 14.1). Thus, misconception regarding contracting tuberculosis through sharing utensils has decreased from 44 percent to 37 percent, through touching person with TB - from 30.5 to 25.4 percent, through food - from 46.2 to 29.1 percent, through sexual contact from 13.2 to 7.2 percent.

Figure 14.1 Knowledge and misconceptions about the ways tuberculosis spread, AzDHS-2006 vs. DHS-2011



14.3 HYPERTENSION

As in most countries of the world, cardiovascular diseases are the leading cause of death in Azerbaijan. The most recent data indicate that in 2011, mortality rate due to diseases of circulatory system was 362.7 per 100000 population, with rates higher for males than for females (respectively 377.7 and 348.4 per 100000 population) (SSC, 2012).

In the DHS-2011, blood pressure measurements were taken during the administration of the Women’s Questionnaires. These measurements in this survey are not intended to provide a medical diagnosis of the disease, and should be considered only as a statistical description of the survey population. Of the 9804 women interviewed, blood pressure measurements were taken for 9301 women (95%).

The device used was a fully automatic digital blood pressure measuring device with upper-arm automatic inflation and automatic pressure release and automatic pressure pre-selection (Riester Model richampion, digital upper-arm measuring device, fully automatic, 1 tube, No.1715). Interviewers were trained in the use of this device according to the manufacturer’s recommended protocol. Three measurements of systolic and diastolic blood pressure (measured in millimeters of mercury, mmHg) were taken during the survey interview, with an interval of at least 10 minutes between measurements.

The average of the second and third measurements was used to classify individuals with respect to hypertension, following internationally recommended categories (WHO, 1999a). Individuals were classified as hypertensive if their systolic blood pressure exceeded 140 mm Hg or if their diastolic blood pressure exceeded 90 mm Hg. Elevated blood pressure was classified as mild, moderate, or severe according to the cut-off points recommended by the U.S. National Institutes of Health (1997).

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

In addition, following internationally recommended guidelines, individuals were also considered as hypertensive if they had a normal average blood pressure reading but were taking antihypertensive medication.

Table 14.3 shows hypertension prevalence rates among women population. Thirteen percent of women age 15-49 are classified as hypertensive: 2.5 percent with hypertension controlled by medication (blood pressure <140/90), 7.9 percent with stage 1 hypertension (mildly elevated blood pressure), 1.9 percent with stage 2 hypertension (moderately elevated), and less than 1 percent with stage 3 hypertension (severely elevated).

Background characteristics	Prevalence of hypertension ¹	Classification of blood pressure							Total	Number of women
		Optimal	Normal	High normal	Mildly elevated (stage1)	Moderately elevated (stage2)	Severely elevated (stage3)	Normal BP and taking medications		
Age										
15-19	2.8	69.3	21.8	6.2	2.3	0.1	0.1	0.3	100.0	1642
20-24	3.4	72.2	18.2	6.1	2.3	0.3	0.2	0.6	100.0	1928
25-29	6.0	64.3	21.3	8.3	4.0	0.2	0.2	1.6	100.0	1293
30-34	9.3	55.8	23.8	11.1	6.7	0.7	0.3	1.6	100.0	943
35-39	16.9	46.1	23.0	14.1	10.9	2.5	0.4	3.1	100.0	881
40-44	24.9	31.3	27.7	16.1	14.0	4.0	1.5	5.4	100.0	1231
45-49	34.1	26.4	23.5	16.0	19.5	6.1	2.2	6.3	100.0	1383
BMI²										
<18.5	4.1	91.3	4.5	0.0	2.1	0.0	0.0	2.0	100.0	328
18.5-24.9	8.9	62.8	19.1	9.1	6.3	0.4	0.0	2.2	100.0	3173
≥25	23.0	38.8	22.9	15.2	14.4	2.8	0.4	5.4	100.0	5466
Missing	14.0	35.9	31.3	18.8	5.6	7.5	0.0	0.9	100.0	332
Residence										
Urban	14.0	51.6	23.2	11.2	8.9	1.9	0.6	2.6	14.0	3726
Rural	12.2	56.0	21.7	10.0	7.2	1.8	0.8	2.4	100.0	5575
Region										
Baku	12.3	53.3	23.5	10.9	7.5	1.4	0.6	2.8	100.0	2609
Absheron	8.4	65.5	18.7	7.4	5.8	0.5	0.2	1.9	100.0	685
Ganja-Gazakh	12.3	50.0	25.5	12.3	8.2	1.6	0.5	2.0	100.0	1296
Shaki-Zagatala	12.6	54.1	23.6	9.7	8.0	1.7	0.0	2.9	100.0	653
Lankaran	15.8	52.6	18.8	12.8	10.2	2.6	1.2	1.8	100.0	842
Guba-Gusar	10.3	58.4	23.2	8.1	6.5	1.9	0.4	1.5	100.0	544
Aran	15.1	54.9	19.7	10.2	8.6	2.5	1.1	2.9	100.0	2113
Yukhari Garabakh	10.9	57.3	26.2	5.5	4.2	2.3	0.5	3.9	100.0	270
Daghigh Shirvan	16.0	44.2	27.9	12.0	9.3	3.6	0.6	2.5	100.0	289
Education										
Basic secondary or less	11.7	57.6	21.5	9.3	7.6	1.7	0.6	1.8	100.0	1890
Complete secondary	14.0	52.2	23.4	10.5	8.2	2.4	0.7	2.7	100.0	4406
Secondary specialized	13.7	52.4	21.9	11.9	8.7	1.8	0.7	2.5	100.0	1662
Higher	10.5	58.7	20.5	10.3	6.5	0.4	0.6	3.0	100.0	1343
Wealth quintile										
Lowest	14.8	48.2	25.0	11.9	9.5	2.2	0.8	2.3	100.0	1689
Second	14.1	52.6	22.8	10.4	9.1	2.1	0.9	2.0	100.0	1785
Middle	12.2	55.9	21.8	10.1	6.7	2.2	0.7	2.6	100.0	1798
Fourth	12.4	58.3	20.7	8.7	7.8	1.6	0.4	2.6	100.0	1949
Highest	11.5	55.3	21.8	11.4	6.7	1.3	0.5	3.0	100.0	2080
Total	13.0	54.2	22.3	10.5	7.9	1.9	0.7	2.5	100.0	9301

Note: These measurements should not be considered a medical diagnosis of disease, but only as a statistical description of the survey population.
¹Blood pressure ≥140/90 mmHg or currently taking antihypertensive medication
²The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).

Compared with information from AzDHS-2006 the hypertensive rates decreased by 3 percent. Comparison with the results of Noncommunicable Disease Risk Factors Survey (NCDRFS 2011) which was conducted in Azerbaijan in 2011 is difficult because of differences in target population: for NCDRFS target population was above 18 years old.

Compared with information from the 2007 Demographic and Health Survey in Ukraine, the hypertensive rates among women (13%) in Azerbaijan are low compared with those women in

Ukraine (25%). Albanian Demographic and Health Survey in 2008-2009 revealed prevalence of hypertension among women at 20 percent level, which is also higher than in Azerbaijan.

Epidemiological studies have shown that hypertension is positively associated with age, a finding reflected in the DHS-2011 results. Among women, hypertension levels increase from 2.8 percent at age 15-19 to 24.9 percent at age 40-44 and 34.1 percent at age 45-49. Nearly one-fourth of women age 40 and older are suffering from some degree of hypertension, confirming that hypertension is a serious health problem in Azerbaijan.

Significant differences in the prevalence of hypertension are found among respondents classified by their body mass index (BMI). As expected, hypertension levels are higher among overweight/obese persons compared with those of normal weight. The hypertensive rate among overweight or obese women (BMI \geq 25) is 23 percent, compared with 4.1 percent of women who are thin (BMI $<$ 18.5) and 8.9 percent of women who have a normal weight (BMI 18.5-24.9). All patterns described above are similar to AzDHS-2006 results.

Hypertension rates are somewhat higher among urban than rural residents. Looking at the regional patterns, the highest prevalence of hypertension in women is found in Daghigh Shirvan (16%) and Lankaran (15.8%), and it is the lowest in Absheron (8.4%). The hypertension rate is peaking among women with a complete secondary or secondary specialized education. Hypertension rates tend to be negatively associated with wealth quintile ranging from 14.8 percent in lowest wealth quintile to 11.5 percent in the highest.

The study of women's status and empowerment is important on its own, but takes on a special significance in conjunction with the study of demographic and health outcomes. As caretakers for their children, women are the targets directly or indirectly of a number of population, health, and nutrition programs. The constraints that women face in learning about, accessing, and utilizing these and other developmental programs are inherently tied to their status in society, as well as the home. The DHS-2011 Women's Questionnaire collected data on the general background characteristics of female respondents (e.g., age, education, wealth quintile, employment status) and also data more specific to women's empowerment, such as receipt of cash earnings, the magnitude of a woman's earnings relative to those of her husband/partner¹, and control over the use of her own earnings and those of her husband/partner. This chapter tabulates and presents these indicators of women's empowerment according to the general background characteristics of female respondents. The DHS-2011 Women's Questionnaire also collected data on a woman's participation in household decision-making, on the circumstances under which she feels that a woman is justified in refusing to have sexual intercourse with her husband/partner, and on her attitude toward wife beating. Three separate indices of empowerment are developed based on the number of household decisions in which the respondent participates, her opinion on the number of circumstances for which a woman is justified in refusing to have sexual intercourse with her husband/partner, and her opinion on the number of reasons that justify wife beating. The ranking of women on these three indices is then related to the selected demographic and health outcomes including contraceptive use, ideal family size, and unmet need for contraception.

15.1 EMPLOYMENT AND CASH EARNINGS

In the DHS-2011, respondents were asked a number of questions to determine their employment status at the time of the survey and continuity of employment in the 12 months prior to the survey. They were also asked about the form of payment for their work. Table 15.1 shows the percentage of currently married women who were employed at any time during the 12 months preceding the survey and the percent distribution of those employed during that time by the type of earnings they received (cash, in-kind, or both).

According to the DHS-2011 data, 18.5 percent of currently married women were employed in the 12 months preceding the survey. Younger women, especially those age 15-19 and 20-24, were less likely to be employed than women in other age groups, possibly due to their being in school or in training rather than in the job market. As women get older, their likelihood of being employed

¹For the rest of this chapter the term "husband" refers to both the current/most recent husband (for currently/formerly legally married women) and to the current/most recent partner (for women currently living or who formerly lived together with their partners in informal union).

increases from 0.7 percent among women 15-19 years old to 29.7 percent among those age 45-49. Of women who were employed in the past 12 months, the majority (91.8%) received only cash for their work, while 3.8 percent did not receive any payment at all. 3.9 percent of women received cash and in-kind earnings for their work in the past 12 months, while 0.6 percent received payment in-kind only.

Table 15.1 Employment and cash earnings of currently married women
 Percentage of currently married women age 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women age 15-49 employed in the past 12 months by type of earnings, according to age, Azerbaijan 2011

Age	Currently married respondents age 15-49		Percent distribution of currently married women age 15-49 employed in the past 12 months, by type of earnings				Total	Number of women
	Percentage employed	Number of women	Cash only	Cash and in-kind	In-kind only	Not paid		
15-19	0.7	147	*	*	*	*	*	1
20-24	5.7	814	96.6	3.4	0.0	0.0	100.0	59
25-29	13.2	950	93.5	3.5	1.2	1.8	100.0	170
30-34	16.4	721	91.7	4.8	0.7	2.8	100.0	145
35-39	21.1	714	89.5	4.1	0.0	6.4	100.0	172
40-44	23.1	1,005	92.2	3.1	0.4	4.3	100.0	255
45-49	29.7	1,150	90.9	4.1	0.8	4.1	100.0	363
Total 15-49	18.5	5,501	91.8	3.9	0.6	3.8	100.0	1165

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

15.2 USE OF EARNINGS

The DHS-2011 included a number of questions that were intended to assess the magnitude of women's earnings relative to those of their husbands, women's control over the use of their earnings, and women's participation in decisions on how their husband's earnings are used. This information has implications for the empowerment of women. Employment and earnings are more likely to empower women if their earnings are perceived as significant relative to those of their husband and if women themselves control their own earnings. Women also are clearly empowered if they have a voice in how their husbands' earnings are spent.

Table 15.2 shows how women's control over their own earnings and their perception of the magnitude of their earnings relative to those of their husband/partner varies by background characteristics. Among married women receiving cash earnings, one in four (25.3%) decide mainly themselves how to use the money, while two-thirds (66%) decide jointly with their husband/partner. 8.1 percent say that mainly their husband decides on the allocation of the woman's earnings. More educated women, those with fewer children, urban women, and women in the higher wealth quintiles are more likely to decide mainly themselves on how their earnings are used when compared with other groups. Among regions, women's independence in decision-making on use of their earnings ranges from a low of 10.3 percent in Yukhari Garabakh to a high of 44.7 percent in Absheron, surprisingly Baku has lower proportion of women independent in their decision-making - 26.4 percent.

Table 15.2 also shows that more than half of married women (60.5%) reported that they earn less than their husband/partner for their work, while about one in five (20.4%) earn the same amount. 13.4 percent of women reported earning more cash than their husband/partner for their work.

Table 15.2 Control over women's cash earnings and relative magnitude of women's earnings

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how cash earnings are used and by whether she earned more or less than her husband/partner, according to background characteristics, Azerbaijan 2011

Background characteristic	Person who decides how the woman's cash earnings are used:					Women's cash earnings compared with husband/ partner's cash earnings:						Number of women
	Respondent and					Husband/ partner has no earnings:						
	Mainly respondent	husband/ partner jointly	Mainly husband/ partner	Other	Total	More	Less	About the same	Don't know/ Missing	Total		
Age												
15-19	*	*	*	*	*	*	*	*	*	*	*	1
20-24	26.5	6.2	65.6	1.6	100.0	12.6	52.7	28.2	3.7	2.8	100.0	58
25-29	25.3	8.4	64.4	1.8	100.0	9.1	72.1	13.8	4.5	0.4	100.0	165
30-34	30.0	5.5	64.0	0.5	100.0	17.8	54.4	20.0	5.5	2.4	100.0	140
35-39	22.5	8.8	68.1	0.6	100.0	9.0	62.1	24.2	4.6	0.0	100.0	160
40-44	31.3	6.2	62.1	0.3	100.0	13.1	60.0	21.1	2.6	3.2	100.0	243
45-49	20.4	10.3	69.3	0.0	100.0	15.7	58.6	20.3	5.0	0.4	100.0	345
Number of living children												
0	31.4	10.0	57.1	1.5	100.0	11.8	57.9	19.9	7.9	2.4	100.0	66
1-2	26.9	7.0	65.5	0.7	100.0	12.1	62.2	21.1	3.6	0.9	100.0	683
3-4	21.8	9.3	68.6	0.2	100.0	16.4	57.6	19.3	4.7	1.9	100.0	354
5+	(0)	(27.6)	(72.4)	(0)	(100.0)	(0)	(64.4)	(16.8)	(18.8)	(0.0)	(100.0)	9
Residence												
Urban	28.8	6.9	64.2	0.1	100.0	12.5	61.1	20.7	4.8	0.9	100.0	736
Rural	18.6	10.4	69.5	1.5	100.0	15.1	59.5	19.8	3.5	2.1	100.0	377
Region												
Baku	26.4	2.6	70.9	0.0	100.0	8.8	57.3	27.3	5.6	1.1	100.0	308
Absheron	44.7	10.2	45.1	0.0	100.0	15.8	69.4	9.1	5.7	0.0	100.0	103
Ganja-Gazakh	12.0	8.2	79.2	0.5	100.0	14.6	53.9	27.7	2.7	1.1	100.0	149
Shaki-Zagatala	21.2	7.5	71.3	0.0	100.0	14.9	68.1	13.5	2.7	0.7	100.0	120
Lankaran	38.8	1.2	60.0	0.0	100.0	15.4	63.1	11.7	9.8	0.0	100.0	74
Guba-Khachmaz	24.3	18.8	56.9	0.0	100.0	27.9	53.7	15.5	0.0	3.0	100.0	50
Aran	25.5	13.1	59.4	2.0	100.0	14.6	61.8	18.2	4.2	1.2	100.0	250
Yukhari Garabakh	10.3	14.3	74.0	1.4	100.0	6.1	58.0	30.0	0.0	5.9	100.0	45
Daghigh Shirvan	11.7	5.2	83.1	0.0	100.0	9.5	70.8	7.2	0.0	12.5	100.0	14
Education												
Basic secondary or less	23.7	17.0	59.3	0.0	100.0	18.1	48.0	25.5	3.9	4.6	100.0	87
Complete secondary	24.0	8.7	66.6	0.6	100.0	11.9	57.9	21.8	6.2	2.2	100.0	303
Secondary specialized	27.6	6.8	65.1	0.5	100.0	13.6	66.5	16.7	2.7	0.6	100.0	364
Higher	24.4	6.7	68.1	0.8	100.0	13.3	59.8	21.8	4.5	0.6	100.0	359
Wealth quintile												
Lowest	12.3	16.7	71.0	0.0	100.0	17.3	52.5	21.5	4.7	4.0	100.0	132
Second	17.6	9.9	71.3	1.2	100.0	18.4	57.9	16.7	3.9	3.1	100.0	159
Middle	27.2	9.9	61.0	1.9	100.0	14.3	61.5	20.5	3.4	0.3	100.0	234
Fourth	28.6	6.3	65.1	0.0	100.0	15.3	63.1	17.9	3.6	0.2	100.0	268
Highest	30.4	3.9	65.7	0.0	100.0	7.1	62.3	23.9	5.7	1.0	100.0	321
Total	25.3	8.1	66.0	0.6	100.0	13.4	60.5	20.4	4.3	1.3	100.0	1113

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

Table 15.3 shows, for currently married women who earned cash in the past 12 months, the person who decides how their cash earnings are used, and for all currently married women whose husbands earned cash in the past 12 months, the person who decides how their husband's cash earnings are used, according to the relative magnitude of the earnings of women and their husband or partner. In all situations, the majority of women report that decisions about how their or their husband's earnings are used are made jointly. As expected, however, women are more likely to decide mainly themselves how their cash earnings are used if they earn more than their husband/partner for their

work. Women making more money than their husbands are also more likely than other women to say they mainly decide how the husband's earnings are used.

Table 15.3 Women's control over their own earnings and over those of their husband/partner

Percent distributions of currently married women age 15-49 with cash earnings in the past 12 months by person who decides how the woman's cash earnings are used and percent distribution of currently married women age 15-49 whose husbands have cash earnings by person who decides how the husband/partner's cash earnings are used, according to the relative size of the woman's and husband's cash earnings, Azerbaijan 2011

Women's earnings relative to husband/partner's earnings	Person who decides how woman's cash earnings are used:						Number of women with cash earnings	Person who decides how husband/partner's cash earnings are used:						Number of women with cash earnings and whose husbands have cash earnings	
	Mainly respondent	Respondent and husband/partner jointly	Mainly husband/partner	Other	Mis-sing	Total		Mainly respondent	Respondent and husband/partner jointly	Mainly husband/partner	Husband/partner has no earnings	Other	Mis-sing		Total
More than husband/partner	33.9	57.7	7.8	0.6	0.0	100.0	149	15.1	65.3	12.4	6.0	1.2	0.0	100.0	149
Less than husband/partner	26.5	64.2	8.8	0.6	0.0	100.0	674	8.7	75.9	13.7	0.2	1.6	0.0	100.0	674
Same as husband partner	10.1	83.1	6.1	0.7	0.0	100.0	227	3.8	84.9	10.6	0.0	0.7	0.0	100.0	227
Husband/partner has no cash earnings/did not work	50.0	38.6	11.3	0.0	0.0	100.0	49	na	na	na	na	na	na	na	na
Woman has no cash earnings	na	na	na	na	na	na	0	4.7	70.2	20.3	3.2	1.6	0.0	100.0	44
Woman did not work in past 12 months	na	na	na	na	na	na	0	7.0	56.9	29.5	3.7	3.1	0.0	100.0	4335
Don't know/Missing	39.0	61.0	0.0	0.0	0.0	100.0	16	16.9	55.7	22.1	5.3	0.0	0.0	100.0	15
Total	25.3	66.0	8.1	0.6	0.0	100.0	1114	8.6	76.0	13.0	1.0	1.3	0.0	100.0	5443

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

15.3 HOUSEHOLD DECISIONMAKING

In order to assess women's decision-making autonomy, information was collected in the DHS-2011 survey on women's participation in four different types of decisions: on the respondent's own health care, on making major household purchases, on making household purchases for daily needs, and on visits to family friends or relatives. The ability of women to make decisions that affect the circumstances of their own lives is an essential aspect of empowerment.

Table 15.4 shows the percent distribution of currently married women according to the person in the household who usually makes decisions concerning these matters. 15.6 percent of married women make decisions on their own about their own health care, more than half (52.7%) decide jointly with their husband/partner, while almost one in three (29.9%) say that their husband or someone else is the primary decision-maker about the woman's own health care. 14.6 percent of currently married women decide mainly themselves about the purchase of large household items, more than four in ten (41%) decide jointly with their husband, while approximately the same proportion (41.9%) say the husband or someone else has the main say in these matters. 19.2 percent of married women make decisions independently about daily household purchases, while 34.5 percent decide jointly

with their husband/partner; 11.1 percent of women decide about visits to family or relatives on their own and 57.7 percent decide jointly with their husband/partner.

Issue	Mainly respondent	Respondent and husband/partner jointly	Mainly husband/partner	Someone else	Other	Total	Number of women
Own health care	15.6	52.7	24.4	5.5	1.8	100.0	5501
Major household purchases	14.6	41.0	33.3	8.6	2.5	100.0	5501
Purchases of daily household needs	19.2	34.5	34.5	9.1	2.6	100.0	5501
Visits to her family or relatives	11.0	57.7	25.4	4.1	1.8	100.0	5501

Women may have a say in some decisions but not others. To assess a woman's overall decision-making autonomy, the decisions in which she participates - that is, in which she alone has the final say or does so jointly with her husband or partner - are added together. The total number of decisions in which a woman participates is one simple measure of her empowerment. The number of decisions in which a woman jointly with her husband or partner has the final say is positively related to women's empowerment and reflects the degree of decision-making control women are able to exercise in areas that affect their lives and environments. Figure 15.1 shows the distribution of currently married women according to the number of decisions in which they participate. About four in ten (44.3%) married women participate in all four specified household decisions, while about one in five (20.4%) reports having no say in any household decisions. The same proportions were observed in AzDHS-2006.

Figure 15.1 Number of decisions in which currently married women participate

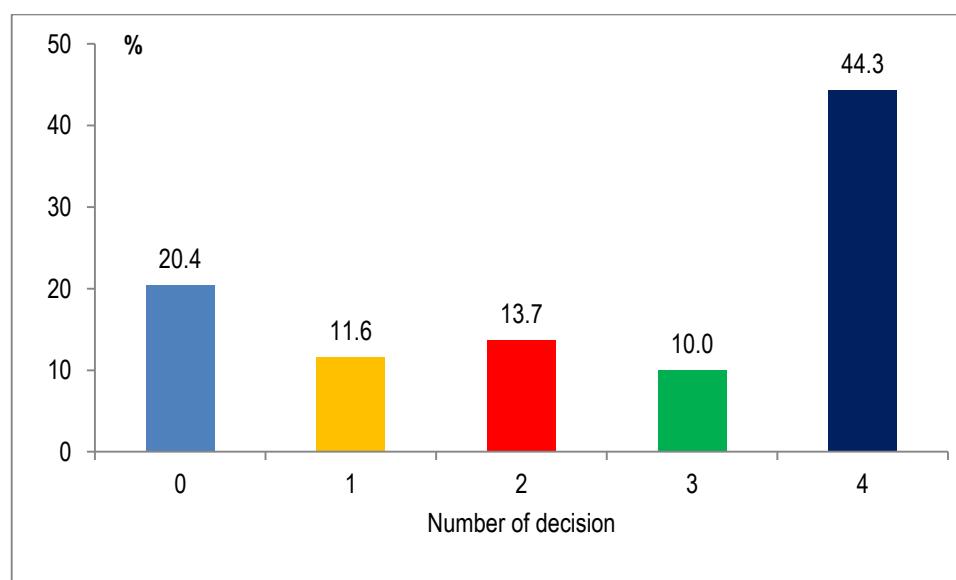


Table 15.5 shows how women's participation in decision-making varies by background characteristics. There is a strong correlation between age and decision-making. For example, the percentage of women participating in all four decisions increases from 17.5 percent among women age 15-19 to 54.6 percent among women age 45-49. Women who are employed for cash are the most likely to participate in all four decisions. Urban women are more likely than rural women to have a say in all of the decisions. Looking at regional variations, the proportion of currently married

women participating in all decisions ranges from 26.4 percent in Lankaran to 66.2 percent in Baku. The proportion of women participating in decision-making increases with women's education. 32.1 percent of women with basic secondary or less education participate in all specified decisions, compared with 60.1 percent of women with higher than secondary specialized education. The proportion of currently married women who participate in all four decisions also increases with wealth quintile. All these patterns are similar to those observed in AzDHS-2006.

Table 15.5 Women's participation in decisionmaking by background characteristics
 Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband/partner, by background characteristics, Azerbaijan 2011

Background characteristic	Specific decisions				Percentage who participate in all four decisions	Percentage who participate in none of the four decisions	Number of women
	Own healthcare	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives			
Age							
15-19	37.9	22.0	20.0	41.9	17.5	48.8	147
20-24	51.1	33.8	31.5	52.3	24.5	33.9	814
25-29	63.2	48.3	46.0	62.8	40.1	27.2	950
30-34	72.7	59.2	56.5	68.6	46.8	18.0	721
35-39	71.2	58.9	57.2	74.1	47.8	16.9	714
40-44	74.5	67.0	64.8	76.2	52.3	13.4	1005
45-49	78.5	67.1	66.8	79.0	54.6	11.2	1150
Employment (last 12 months)							
Not employed	64.1	50.9	48.9	65.2	40.2	23.9	4336
Employed for cash	84.1	73.7	72.7	82.3	60.5	7.3	1115
Employed not for cash	74.1	57.7	51.4	75.0	37.4	7.2	50
Number of living children							
0	54.6	39.9	39.1	56.5	33.5	34.7	510
1-2	68.1	56.1	54.1	68.6	45.2	20.4	3199
3-4	72.3	59.2	57.7	72.5	46.1	16.3	1683
5+	75.3	59.5	53.8	74.5	41.8	15.1	109
Residence							
Urban	73.9	63.2	61.6	73.6	53.0	17.0	3290
Rural	59.9	44.2	42.1	61.5	31.4	25.3	2211
Region							
Baku	82.3	75.0	72.4	79.9	66.2	13.0	1506
Absheron	76.5	60.9	65.6	77.2	55.4	15.4	427
Ganja-Gazakh	63.0	50.8	52.9	52.5	34.2	26.4	767
Shaki-Zagatala	69.6	50.5	51.8	77.4	40.9	12.0	391
Lankaran	57.7	37.2	35.6	57.4	26.4	27.6	488
Guba-Khachmaz	58.6	51.8	47.5	63.3	44.2	31.9	310
Aran	59.2	45.1	38.4	64.5	30.7	25.9	1285
Yukhari Garabakh	64.5	48.2	49.3	57.5	36.2	20.6	161
Daghlihigh Shirvan	64.3	49.3	51.4	88.4	38.1	5.9	166
Education							
Basic secondary or less	56.3	42.3	40.9	58.6	32.1	29.8	1006
Complete secondary	65.6	54.5	52.1	67.6	42.3	21.6	2743
Secondary specialized	77.6	61.5	61.0	73.9	50.6	13.8	1055
Higher	81.7	69.9	68.0	80.5	60.1	11.6	697
Wealth quintile							
Lowest	59.3	44.9	44.5	64.8	33.5	23.5	930
Second	61.0	47.3	43.9	61.7	34.1	25.9	1045
Middle	63.0	49.0	47.1	63.9	36.9	24.2	1164
Fourth	73.6	59.6	59.2	73.1	50.2	17.3	1169
Highest	81.6	73.5	70.9	78.5	63.1	12.3	1193
Total	68.3	55.6	53.8	68.8	44.3	20.4	5501

15.4 ATTITUDES TOWARDS WIFE BEATING

The DHS-2011 gathered information on women's attitudes toward wife beating, a proxy for women's perception of their status. Women were asked whether a husband is justified in beating his wife under a series of circumstances: if the wife burns the food, argues with him, goes out without telling him, neglects the children, or refuses sexual relations. Women who believe that a husband is justified in hitting or beating his wife for any of the specified reasons may believe themselves to be low in status both absolutely and relative to men. Such perceptions could act as a barrier to women's accessing health care for themselves and their children, affect their attitude toward contraceptive use, and impact their general wellbeing.

Table 15.6 presents women's attitudes toward wife beating in five specific circumstances. The table also shows the percentage of women who agree that wife beating is justified in at least one of the circumstances. 24.3 percent agree that a husband is justified in beating his wife if she goes out without telling him, 18.9 percent agree if she neglects their children, 13.6 percent agree if she argues with him, 8 percent agree if she refuses sexual relations with him, and 5 percent agree if she burns the food. About 28 percent of all women agree with at least one of the specified reasons justifying a husband beating his wife.

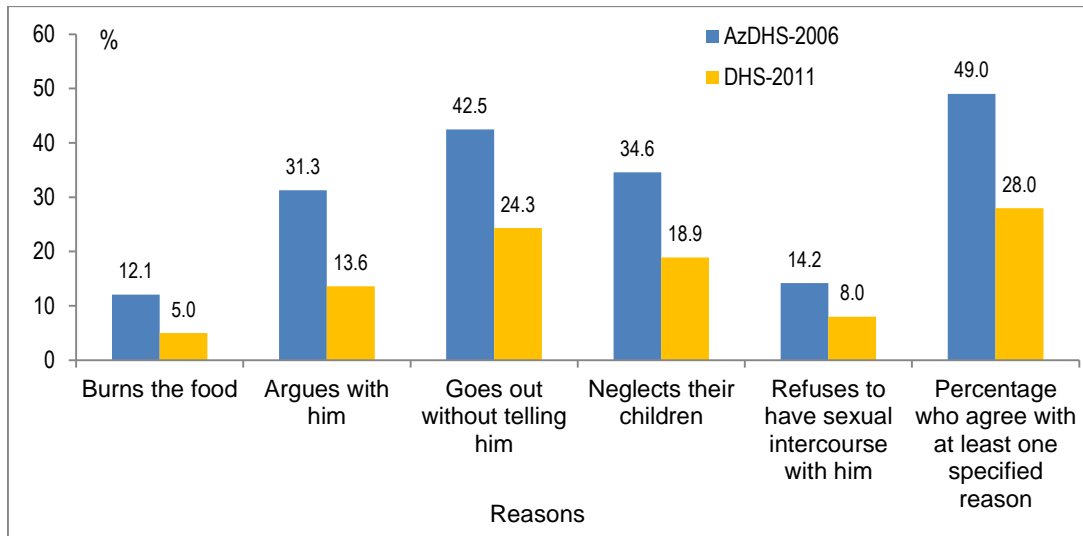
Table 15.6 Attitudes toward wife beating
Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Azerbaijan 2011

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15-19	4.0	10.8	19.0	15.8	5.2	23.8	1655
20-24	4.9	13.1	23.1	18.3	7.9	27.1	1944
25-29	4.2	12.5	22.7	16.7	7.0	26.3	1303
30-34	5.5	14.4	24.5	19.8	6.9	28.0	952
35-39	4.1	12.5	26.3	19.9	8.0	28.7	891
40-44	6.5	17.4	29.0	22.8	10.6	32.3	1232
45-49	5.9	15.2	28.3	21.1	10.7	31.3	1404
Employment (past 12 months)							
Not employed	5.4	14.4	25.9	20.3	8.4	29.6	7305
Employed for cash	3.3	10.1	18.1	13.8	6.0	21.4	2011
Employed not for cash	7.7	26.0	41.3	30.8	22.2	48.0	65
Marital status							
Never married	3.7	9.3	17.1	14.2	4.7	21.3	3296
Married or living together	5.5	16.1	28.5	21.5	9.9	31.9	5501
Divorced/separated/widowed	6.6	13.4	25.7	21.1	8.7	28.4	584
Number of living children							
0	4.3	10.5	18.8	15.2	5.5	22.8	3894
1-2	4.8	13.7	24.5	19.0	8.2	27.8	3593
3-4	6.5	18.8	34.5	25.8	12.0	38.1	1788
5+	10.3	32.5	49.4	38.7	23.7	51.5	108
Residence							
Urban	3.1	8.4	15.8	11.9	5.0	19.0	5645
Rural	7.8	21.4	37.2	29.6	12.5	41.5	3736
Region							
Baku	1.5	5.1	10.0	6.7	2.8	12.6	2666
Absheron	3.0	5.8	10.4	6.8	4.3	11.9	697
Ganja-Gazakh	7.4	22.5	44.0	32.1	11.7	47.7	1297
Shaki-Zagatala	4.1	19.8	29.3	19.1	15.2	32.5	653
Lankaran	8.8	24.9	40.1	34.5	13.1	44.8	842
Guba-Khachmaz	3.9	7.1	10.2	6.2	3.6	13.1	551
Aran	7.0	14.3	27.6	25.0	8.2	33.2	2118
Yukhari Garabakh	8.6	17.7	33.5	29.6	10.2	39.5	269
Daghigh Shirvan	5.7	26.3	38.7	26.8	21.2	39.9	289
Education							
Basic secondary or less	9.5	22.1	36.6	29.3	13.7	40.6	1900
Complete secondary	5.3	15.1	27.2	21.7	8.6	31.4	4437
Secondary specialized	2.4	8.7	17.0	12.0	5.4	19.9	1672
Higher	0.8	2.8	7.1	4.3	1.3	9.3	1371
Wealth quintile							
Lowest	10.2	27.2	44.8	34.1	17.7	48.9	1688
Second	7.5	20.2	34.3	29.2	11.4	39.3	1785
Middle	5.6	13.6	26.3	21.3	7.2	30.2	1825
Fourth	2.3	6.5	13.9	10.5	4.2	17.7	1968
Highest	0.6	3.6	7.6	4.0	1.5	9.4	2115
Total	5.0	13.6	24.3	18.9	8.0	28.0	9381

DHS-2011 findings compared with AzDHS-2006 results show significant increase of women's self-appraisal and their beliefs about their status became more self-confident. The percentage of women who agree that wife beating is justified has significantly decreased for all specified reasons as much

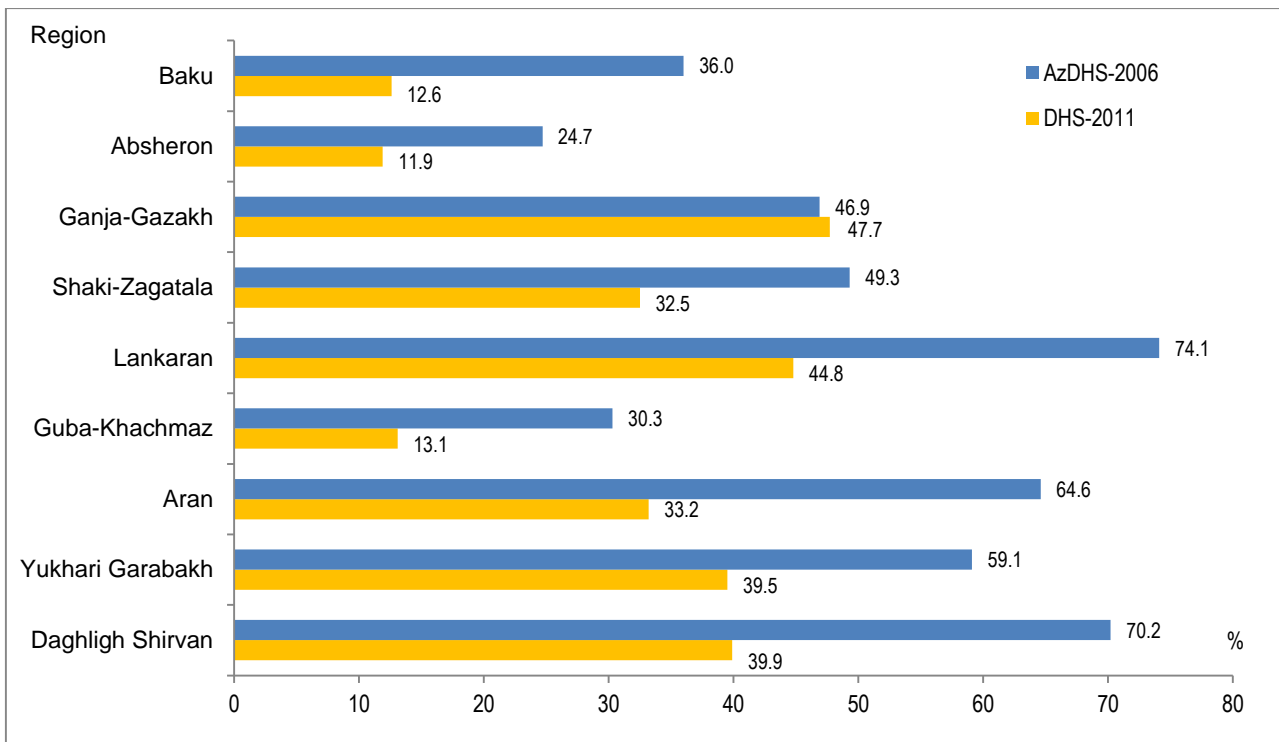
as twice from 2006 level. For example, percentage who agreed with at least one specified reason decreased from 49 to 28 percent.

Figure 15.2 Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, AzDHS-2006 vs. DHS-2011



Looking at the differentials, women age 15-19 are less likely than older women to agree that a husband is justified in beating a wife in any of the specified circumstances. Currently married women are more likely to justify wife beating because of at least one specified reason (31.9%) than those never married or divorced/separated (21.3 and 28.4 percent, respectively). The proportion agreeing that wife beating is justified in at least some circumstances increases with the number of children. About four in ten rural women (41.5%) agree with at least one reason justifying a wife's beating, compared with two in ten (19%) urban women. The proportion of women agreeing with at least one of the given reasons varies by region, from 11.9 percent in Absheron to 47.7 percent in Ganja-Gazakh. Almost in all regions these proportion has decreased from 2006 to 2011, except Ganja-Gazakh, where it remains at the same level.

Figure 15.3 Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by regions, AzDHS-2006 vs. DHS-2011



Women employed for cash in the past 12 months are less likely than women not working for cash or women who have not been employed recently to see wife beating as sometimes justified. The likelihood that a woman perceives wife beating as justified in some circumstances decreases markedly with level of education. Women in the highest wealth quintile are much less likely to agree with one of the specified reasons than women in the lowest quintile (9.4 percent versus 48.9 percent).

15.5 ATTITUDES TOWARDS REFUSING SEXUAL RELATIONS

The extent of control women have over when they have sexual intercourse has important implications for demographic and health outcomes. It is also an indicator of women's empowerment because it measures women's degree of acceptance of norms in certain societies that socialize women to believe that a woman does not have the right to refuse to have sexual intercourse with her husband for any reason.

The DHS-2011 survey included questions on whether respondents think that a wife is justified in refusing to have sexual intercourse with her husband under three circumstances: she knows her husband has a sexually transmitted disease (STD); she knows her husband has sexual intercourse with other women; or she is tired or not in the mood. These three circumstances for which opinions are sought have been chosen because they are effective in combining issues of women's rights and consequences for women's health. Table 15.7 shows the percentages of women who say that a wife is justified in refusing to have sexual intercourse with her husband for these reasons.

Table 15.7 Attitude toward refusing sexual intercourse with husband
 Percentage of all women age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Azerbaijan 2011

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of women
	Wife is justified in refusing intercourse with her husband if she:	Knows husband has intercourse with other women	Is tired or not in the mood			
Age						
15-19	60.2	65.9	55.6	70.8	2.5	1655
20-24	77.6	79.8	71.5	85.0	2.9	1944
25-29	88.6	91.4	82.1	94.1	1.6	1303
30-34	90.6	91.8	86.4	95.0	1.5	952
35-39	88.1	88.9	82.7	94.2	2.7	891
40-44	89.8	90.8	83.8	95.6	2.3	1232
45-49	89.9	90.0	84.5	94.0	3.3	1404
Employment (past 12 months)						
Not employed	79.3	82.1	73.9	86.7	2.6	7305
Employed for cash	90.5	90.8	84.9	94.1	2.0	2011
Employed not for cash	94.1	86.8	81.2	97.5	0.0	65
Marital status						
Never married	66.2	70.1	59.3	75.2	2.1	3296
Married or living together	90.3	91.6	85.3	95.7	2.6	5501
Divorced/separated/widowed	88.7	90.3	86.0	93.6	3.1	584
Number of living children						
0	70.0	73.4	63.5	78.2	2.2	3894
1-2	90.4	92.0	85.8	95.4	2.7	3593
3-4	90.0	90.8	85.0	96.1	2.6	1788
5+	86.3	88.4	79.8	94.0	2.3	108
Residence						
Urban	84.8	85.8	79.2	89.5	2.3	5645
Rural	77.4	81.3	71.9	86.7	2.8	3736
Region						
Baku	87.3	87.8	80.7	90.7	1.6	2666
Absheron	91.3	88.8	83.0	94.9	1.0	697
Ganja-Gazakh	78.8	80.2	72.8	85.2	2.5	1297
Shaki-Zagatala	80.9	83.4	68.4	88.8	2.3	653
Lankaran	79.2	82.4	75.9	90.1	1.7	842
Guba-Khachmaz	83.6	86.1	83.0	90.8	1.3	551
Aran	73.5	78.6	70.4	82.7	5.2	2118
Yukhari Garabakh	85.3	90.4	83.6	94.4	0.5	269
Daghigh Shirvan	85.2	91.3	77.8	92.1	0.3	289
Education						
Basic secondary or less	71.8	75.8	65.7	81.9	3.0	1900
Complete secondary	80.9	83.5	75.9	88.2	2.7	4437
Secondary specialized	89.0	89.7	82.7	92.7	2.4	1672
Higher	89.8	90.1	84.5	92.8	1.1	1371
Wealth quintile						
Lowest	75.0	80.0	69.2	85.6	3.1	1688
Second	78.3	82.0	72.6	86.7	2.5	1785
Middle	80.5	83.4	75.8	88.7	2.7	1825
Fourth	85.5	86.0	79.3	89.7	2.6	1968
Highest	87.9	87.6	82.8	90.7	1.5	2115
Total	81.8	84.0	76.3	88.4	2.5	9381

Overall, 88.4 percent of women agree that a woman is justified in refusing to have sex with her husband for any one of the three of the selected reasons. Specifically, 81.8 percent of women said that a woman can refuse to have sex with her husband if she knows the husband has an STD, 84 percent said she can refuse if she knows that the husband is having sexual relations with another woman, and 76.3 percent said she can refuse if she is not in the mood or is tired. Overall, only 2.5 percent of women do not agree that a wife is justified in refusing sex for any of the given reasons.

Younger women are less likely to agree that a woman is justified in refusing sex for all of the reasons than older women: 70.8 percent of women age 15-19 compared to 85 percent of women age 20-24 and 94-95 percent of women in other age groups. Women who have never been married nor have no children are also less likely to agree that refusal is justified in all of the circumstances than other women. Urban women tend to agree somewhat more often that a woman is justified in refusing sex for all of the reasons than rural women (89.5 percent versus 86.7 percent). Looking at regional variations, 94.9 percent of women living in Absheron agree with all of the specified reasons for a wife to refuse sex with her husband compared with 83 percent of women living in Aran. More educated women and those in the higher wealth quintiles are more likely to agree with all of the specified reasons for a wife to refuse sex with her husband than women who are less educated. For example, 92.8 percent of women with higher education agree with all of the scenarios, as opposed to 81.9 percent of women with basic secondary or less education.

15.6 INDICATORS OF WOMEN'S EMPOWERMENT

The empowerment indicators, namely women's participation in making household decisions, their attitudes toward women's ability to refuse sexual intercourse with their husband/partner, and their attitudes toward wife beating, can be summarized into three separate indices. The first index shows the number of decisions (see Table 15.5 for the list of decisions) in which women participate alone or jointly with their husband/partner. This decision-making index ranges in value from 0 to 4 and is positively related to women's empowerment. It reflects the degree of decision-making control that women are able to exercise in areas that affect their own lives. The second index, which ranges in value from 0 to 3, is the number of circumstances (see Table 15.7) in which the respondent feels that a woman is justified in refusing sexual intercourse with her husband or partner. This sexual role index reflects perceptions of women's rights over their bodies and relates positively to women's sense of self and empowerment. The final index, which ranges in value from 0 to 5, is the total number of reasons (see Table 15.6) for which the respondent feels that a husband is justified in beating his wife. A lower score on this indicator is interpreted as reflecting a greater sense of entitlement and self-esteem and a higher status of women.

Table 15.8 shows how these three indicators relate to each other for female respondents. In general, the expectation is that women who participate in making household decisions are also more likely to have gender-egalitarian beliefs. The data show that there is a direct relationship between woman's participation in decision-making and number of reasons to refuse sex with husband. For example, the proportion of women who participate in the household decision-making increases from 53.1 percent among those who do not agree with any of the reasons for a wife to refuse sex with her husband to 81.6 percent among women who agree with all three reasons.

Furthermore, there is a positive relationship between number of decisions in which the woman participates and the proportion who agree with none of the given reasons for a husband to beat his wife. 62.2 percent of women who do not participate in any of the household decisions disagree with

all of the given reasons for a husband to beat his wife compared with 74 percent among those who participate in three to four decisions.

Table 15.8 Indicators of women's empowerment				
Percentage of women age 15-49 who participate in all decision-making, percentage who disagree with all reasons for justifying wife beating, and percentage who agree with all reasons for refusing sexual intercourse with husband/ partner, by value on each of the indicators of women's empowerment, Azerbaijan 2011				
Empowerment indicator	Percentage who participate in all decisionmaking	Percentage who agree with all the reasons for refusing sexual intercourse with husband	Percentage who disagree with all the reasons justifying wife beating	Number of women
Number of decisions in which women participate¹				
0	na	62.2	72.5	1120
1-2	na	60.0	78.2	1389
3-4	na	74.0	84.0	2988
Number of reasons for which wife beating is justified²				
0	81.4	na	73.7	6756
1-2	78.3	na	64.6	1474
3-4	74.4	na	65.1	848
5	69.2	na	66.1	302
Number of reasons given for refusing to have sexual intercourse with husband³				
0	53.1	79.1	na	1088
1-2	77.0	57.0	na	1609
3	81.6	74.5	na	6683
¹ See Table 15.5 for the list of decisions.				
² See Table 15.8 for the list of reasons				
³ See Table 15.9 for the list of reasons				
na = Not applicable				

15.7 CURRENT USE OF CONTRACEPTION BY WOMEN'S STATUS

A woman's ability to control her fertility and the contraceptive method she chooses are likely to be affected by her status, self-image, and sense of empowerment. A woman who feels that she is unable to control other aspects of her life may be less likely to feel she can make and carry out decisions on her fertility. She may also feel the need to choose methods that are less evident or which do not depend on her husband's cooperation.

Table 15.9 shows the relationship of each of the three indicators of women's empowerment—number of decisions in which the respondent has the final say, number of reasons for which the respondent feels a husband is justified in beating his wife, and number of reasons for which a woman can refuse to have sexual intercourse with her husband—with the level of current use of contraceptive methods among currently married women age 15-49. The data indicate that there is a positive relationship between women's status and use of contraception. Contraceptive use is highest among women who participate in one or more household decisions, who agree that a woman can refuse sexual intercourse with her partner for all three specified reasons, and who believe that wife beating is not justified for all of the five specified reasons. For example, 45.4 percent of women who do not participate in any of the household decisions are using a contraceptive method, as opposed to 51.1 percent of women who participate in three or four of the specified decisions. Contraceptive use of any modern methods is highest among women who participate in 3-4

household decisions. Results with respect to the number of reasons to refuse sexual intercourse are similar; current use of any contraceptive method rises from 46.9 percent among women who believe there is no justifiable reason for a woman to refuse sexual intercourse with a husband to 50.4 percent among women who believe in three reasons for refusing to have sexual intercourse with a husband. All these patterns are similar to those observed in AzDHS-2006.

Table 15.9 Current use of contraception by women's status
Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, Azerbaijan 2011

Empowerment indicator	Modern methods						Not currently using	Number of women
	Any method	Any modern method	Female sterilization	Temporary modern female methods ¹	Male condom	Any traditional method		
Number of decisions in which women participate²								
0	45.4	10.3	0.5	7.8	2.3	36.3	54.6	1120
1-2	51.7	13.2	0.5	10.5	2.9	39.5	48.3	1388
3-4	51.1	14.5	1.2	11.0	2.5	38.3	48.9	2991
Number of reasons for which wife beating is justified³								
0	50.6	14.4	1.0	10.7	3.1	37.8	49.4	3745
1-2	48.4	12.5	0.4	10.8	1.5	37.5	51.6	955
3-4	49.3	8.7	0.3	7.5	0.9	40.9	50.7	587
5	50.7	11.3	1.9	7.7	1.7	40.6	49.3	214
Number of reasons given for refusing to have sexual intercourse with husband⁴								
0	46.9	5.8	0.0	5.0	1.9	41.6	53.1	239
1-2	49.2	12.9	0.9	10.4	2.0	37.8	50.8	850
3	50.4	13.8	0.9	10.5	2.7	38.1	49.6	4412
Total	50.1	13.3	0.9	10.2	2.5	38.2	49.9	5501

Note: If more than one method is used, only the most effective method is considered in this tabulation.
¹Pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly, and lactational amenorrhea method
²Restricted to currently married women. See Table 15.5 for the list of decisions.
³See Table 15.6 for the list of reasons
⁴See Table 15.7 for the list of reasons

15.8 WOMEN'S STATUS AND IDEAL FAMILY SIZE AND UNMET NEED

An increase in women's status and empowerment is recognized as important for efforts to reduce fertility through at least two main pathways: 1) desired family size decreases as women become more empowered and 2) empowerment increases a woman's ability to meet family-size goals through the effective use of contraception. Table 15.10 shows how women's ideal family size and their unmet need for family planning vary by the three indicators of women's empowerment.

The data show that mean ideal number of children slightly raises from 2.4 to 2.6 for women who justify no reasons of wife beating and women justifying all five reasons respectively. Mean ideal number of children also has positive relationship with number of reasons to refuse sexual intercourse with husband.

Unmet need for family planning, particularly for limiting, is related to the number of decisions in which women participate. For example, the total unmet need for family planning is lower for women who do not participate in any decisions when compared with those who participate in three decisions (7.5 percent versus 12.3 percent).

Table 15.10 Women's empowerment and ideal number of children and unmet need for family planning

Mean ideal number of children for women age 15-49 and the percentage of women age 15-49 with an unmet need for family planning, by indicators of women's empowerment, Azerbaijan 2011

Empowerment indicator	Mean ideal number of children ¹	Number of women	Percentage of women with an unmet need for family planning			Number of women
			For spacing	For limiting	Total	
Number of decisions in which women participate²						
0	2.6	1114	0.5	7.0	7.5	1120
1-2	2.6	1383	0.9	9.5	10.4	1388
3-4	2.7	2935	0.5	11.8	12.3	2991
Number of reasons for which wife beating is justified³						
0	2.4	6561	0.6	9.8	10.4	3745
1-2	2.5	1456	0.7	11.5	12.2	955
3-4	2.6	840	0.6	11.7	12.3	587
5	2.6	300	0.0	7.3	7.3	214
Number of reasons given for refusing to have sexual intercourse with husband⁴						
0	2.2	1036	0.0	8.9	8.9	239
1-2	2.5	1556	0.5	10.6	11.1	850
3	2.5	6565	0.7	10.2	10.9	4412
Total	2.5	9157	0.6	10.2	10.8	5501

¹Mean excludes respondents who gave non-numeric responses.

²Restricted to currently married women. See Table 15.5 for the list of decisions.

³See Table 15.6 for the list of reasons

⁴See Table 15.7 for the list of reasons

15.9 WOMEN'S STATUS AND REPRODUCTIVE HEALTH CARE

A woman's status and level of self-respect can be major determinants of a woman's ability to obtain adequate health care for herself. In societies where health care is widespread, women's empowerment may not affect their access to reproductive health services; in other societies, however, increased empowerment of women is likely to increase their ability to seek out and use health services to better meet their own reproductive health goals, including the goal of safe motherhood. Table 15.11 examines whether women's use of antenatal, delivery, and postnatal care services from health workers varies by their level of empowerment as measured by the three indicators of empowerment.

The data indicate that there is a relationship between each of the selected indicators of women's status and women's utilization of antenatal care, suggesting that in Azerbaijan, as women's status increases, so does their access to reproductive health care from a professional. For example, among women who participate in all of the specified household decisions, 93.7 percent received antenatal care from a trained health professional, compared with 90.3 percent of women who do not participate in any decisions. The data also show a steady decrease in utilization of health services as the number of reasons wife beating is believed to be justified decreases. For example, 94.9 percent of women who say wife beating is not justified in any of the situations described received antenatal care from a skilled provider compared with 78.4 percent of women who say that wife beating is justified in all five of the specified circumstances.

Table 15.11 Reproductive health care by women's empowerment				
Percentage of women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance, and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Azerbaijan 2011				
Empowerment indicator	Received antenatal care from health personnel ¹	Received delivery assistance from health personnel ¹	Received postnatal care from health personnel within the first two days after delivery ²	Number of women with a child born in the past five years
Number of decisions in which women participate³				
0	90.3	97.2	77.2	393
1-2	90.3	97.5	82.6	451
3-4	93.7	97.1	78.1	720
Number of reasons for which wife beating is justified⁵				
0	94.9	98.1	79.4	1114
1-2	86.9	97.6	77.8	289
3-4	82.4	94.9	78.6	169
5	78.4	84.3	70.7	50
Number of reasons given for refusing to have sexual intercourse with husband⁴				
0	87.5	97.1	73.7	69
1-2	85.4	94.5	76.3	260
3	93.1	97.8	79.6	1293
Total	91.6	97.2	78.8	1622
Note: ¹ "Health personnel" includes doctor, nurse, midwife or fieldsher. ² Includes women who received a postnatal checkup from a doctor, nurse, midwife, community health worker or traditional birth attendant (TBA) in the first two days after the birth. Includes women who gave birth in a health facility and those who did not give birth in a health facility. ³ Restricted to currently married women ⁴ See Table 15.9 for the list of reasons ⁵ See Table 15.8 for the list of reasons				

Finally, the number of reasons for which women feel that a wife is justified in refusing to have sexual intercourse with her husband has a slight positive relationship with all three variables. For example, the proportion of women who receive antenatal care increases from 87.5 percent among women who think a wife is not justified in refusing to have sex with her husband for any of the specified reasons to 93.1 percent among those who said that all three reasons cited were justifiable. A similar relationship is observed between the number of reasons given for refusing sexual intercourse with husband/partner and receiving postnatal and delivery care.

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**THE DEMOGRAPHIC AND HEALTH SURVEY
IN AZERBAIJAN REPUBLIC****(DHS-2011)****SAMPLING DESIGN****I. INTRODUCTION**

The Demographic and Health Survey 2011 in Azerbaijan Republic have been conducted for the second time. The first survey was conducted in 2006. Current survey is planned to be conducted among 10675 women age 15-49 in 7704 households over the country. The survey aims to assess the level of indicators of birth, infant and child mortality, contraception and family planning, the knowledge and attitude towards AIDs and other sexually transmitted infections (STIs), family welfare and other health indicators. The Republic of Azerbaijan consisting of one Autonomous Republic, 66 administrative districts and 13 city districts, is divided into 11 economic regions. Among these economic regions 5 of 8 rayons of Yukhari Garabakh economic region and whole Kalbajar-Lachin economic region are occupied territories. The survey will not be conducted in these areas as they had been occupied and not included in the sample plan. According to the 2009 Census the population of these regions makes 5 percent of total population. The Nakhchivan Autonomous Republic is also excluded from the survey.

The survey covered following economic regions of the Republic of Azerbaijan:

Baku

Absheron economic region

Ganja-Gazakh economic region

Shaki-Zagatala economic region

Lankaran economic region

Guba-Khachmaz economic region

Aran economic region

Yukhari Garabakh (Agdam, Fuzuli and Tartar) economic region

Daghligh Shirvan economic region

II. SAMPLING FRAME

The sampling frame used for the DHS-2011 was developed on the basis of 2009 Census conducted by State Statistical Committee (SSC). The basis of sampling are enumeration units (EU) created for the 2009 Census. The Census data contains information about the location of households, the type of residence, the number of households and the number of female population. The data had been grouped and representative enumeration units were selected from the groups before the households sampling.

Table A.1 shows the population distribution in Republic of Azerbaijan by economic region, urban and rural areas, based on 2009 census data.

Economic regions	Person			Percent		
	Urban	Rural	Total	Urban	Rural	Total
Baku	2,045,815		2,045,815	1.000	0.000	0.229
Absheron	474,327	39,644	513,971	0.923	0.077	0.058
Ganja-Gazakh	543,639	628,937	1,172,576	0.464	0.536	0.131
Shaki-Zagatala	157,922	408,061	565,983	0.279	0.721	0.063
Lankaran	205,702	618,316	824,018	0.250	0.750	0.092
Guba-Khachmaz	166,105	322,636	488,741	0.340	0.660	0.055
Aran	691,489	1,104,914	1,796,403	0.385	0.615	0.201
Yukhari Garabakh	201,856	408,330	610,186	0.331	0.669	0.068
Kalbajar-Lachin	48,356	176,492	224,848	0.215	0.785	0.025
Daghliq Shirvan	88,424	193,159	281,583	0.314	0.686	0.032
Nakhchivan	115,488	282,835	398,323	0.290	0.710	0.045
Azerbaijan	4,739,123	4,183,324	8,922,447	0.531	0.469	1.000

III. SAMPLE DESIGN AND THE SAMPLING PROCEDURE

The sample of household for the DHS-2011 is a sample that was selected in two stages from the 2009 census data. In the first stage EUs are stratified according to the households and each economic region is separated by urban and rural areas. Sampling was conducted independently in each stratum using a two-stage selection.

In the first stage, 321 EUs were selected with probability proportional to the number of households. The EU size is the number of households in the EU. The lists of households are set in the second stage. In the second stage 24 households were selected in each cluster. A spreadsheet indicating the selected household numbers for each cluster was prepared. During the survey the interviewers have to interview only the preselected households. To prevent bias, no replacements or changes to the preselected households are allowed during the survey. In the selected households all women age 15-49 have to be interviewed.

Table A.2 shows the sample allocation of clusters and households by economic region and type of residence. Table A.3 shows the sample allocation of eligible women by economic region and type of residence. Of the 321 clusters, 179 are in urban areas and 142 are in rural areas.

Economic region	Allocation of clusters			Allocation of households		
	Urban	Rural	Total	Urban	Rural	Total
Baku	90	-	90	2160	-	2160
Absheron	17	3	20	408	72	480
Ganja-Gazakh	23	25	48	552	600	1152
Shaki-Zagatala	4	18	22	96	432	528
Lankaran	7	22	29	168	528	696
Guba-Khachmaz	6	14	20	144	336	480
Aran	26	46	72	624	1104	1728
Yukhari Garabakh	3	6	9	72	144	216
Daghlig Shirvan	3	8	11	72	192	264
Azerbaijan	179	142	321	4296	3408	7704

Economic region	Eligible women 15-49			Completed women's interviews		
	Urban	Rural	Total	Urban	Rural	Total
Baku	2617	0	2617	2666	0	2666
Absheron	511	91	602	642	56	698
Ganja-Gazakh	858	699	1557	634	663	1297
Shaki-Zagatala	119	707	826	193	460	653
Lankaran	245	812	1057	224	617	841
Guba-Khachmaz	239	573	812	194	357	551
Aran	858	1644	2502	890	1227	2117
Yukhari Garabakh	65	273	338	110	159	269
Daghlig Shirvan	122	242	364	92	197	289
Azerbaijan	5634	5041	10675	5645	3736	9381

IV. SAMPLING PROBABILITIES

Sampling probabilities should be calculated separately for each sampling stage and for each cluster.

P_{1hi} : first-stage sampling probability of the i^{th} cluster in stratum h

P_{2hi} : second stage sampling probability within the i^{th} cluster (households)

Let a_h be the number of EUs selected in stratum h , M_{hi} the number of households according to the sampling frame in the i^{th} EU, and $\sum M_{hi}$ the total number of households in the stratum. The probability of selecting the i^{th} EU in the DHS-2011 sample is calculated as follows:

$$\frac{a_h M_{hi}}{\sum M_{hi}}$$

Let b_{hi} be the proportion of households in the selected cluster compared with the total number of households in the EU i in stratum h if the EU is segmented, otherwise $b_{hi} = 1$. Then the probability of selecting cluster i in the sample is:

$$P_{1hi} = \frac{a_h M_{hi}}{\sum M_{hi}} \times b_{hi}$$

Let L_{hi} be the number of households listed in the household listing operation in cluster i in stratum h , let g_{hi} be the number of households selected in the cluster. The second-stage selection probability for each household in the cluster is calculated as follows:

$$P_{2hi} = \frac{g_{hi}}{L_{hi}}$$

The overall selection probability of each household in cluster i of stratum h is therefore the production of the two-stage selection probabilities:

$$P_{hi} = P_{1hi} \times P_{2hi}$$

Because of the non-proportional allocation of the sample to the different economic regions, sampling weights were required to ensure the actual representativity of the sample at the national level. The sampling weight for each household in cluster i of stratum h is the inverse of its overall selection probability:

$$W_{hi} = 1/P_{hi}$$

A spreadsheet containing all the sampling parameters and selection probabilities is constructed to facilitate the calculation of weights. Sampling weights may be adjusted for household nonresponse and for individual nonresponse. Weights should be calculated both for households and for individuals.

The estimates from a sample survey are affected by two types of errors: nonsampling errors and sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2011 Azerbaijan Demographic and Health Survey (DHS-2011) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the DHS-2011 is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the DHS-2011 sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the DHS-2011 is a SPSS Complex Samples module procedure, which used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

Jackknife repeated replication method was realized in SAS macro program.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = \text{var}(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[\frac{m_h}{m_h - 1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

In which,

$$z_{hi} = y_{hi} - r x_{hi}, \text{ and } z_h = y_h - r x_h$$

- h represents the stratum which varies from 1 to H,
- m_h is the total number of clusters selected for the h^{th} stratum,
- y_{hi} is the sum of weighted values of variable y in the i^{th} cluster in the h^{th} stratum,
- x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum,
- f is the overall sampling fraction, which is so small that it is ignored.

The Taylor linearization method was used as realized in SPSS Complex Samples options. Analysis plan was set up according to recommendation from DHS web site (<http://www.measuredhs.com/faq.cfm>) with two strata variables (economic region and urban/rural location and cluster as cluster variable).

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the DHS-2011 there were 321 non-empty clusters. Hence 321 replications were created with *proc surveysselect* of the SAS. The variance of a rate r is calculated as follows:

$$SE^2(r) = \text{var}(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

In which,

$$r_i = kr - (k-1)r_{(i)}$$

- r is the estimate computed from the full sample of 321 clusters,
- $r_{(i)}$ is the estimate computed from the reduced sample of 320 clusters (i^{th} cluster excluded),
- k is the total number of clusters.

In addition to the standard error, the design effect (DEFT) for each estimate is calculated, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. The relative standard error and confidence limits for the estimates are also calculated.

Sampling errors for the DHS-2011 are calculated for selected variables considered to be of primary interest for the women's survey. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the 9 economic regions where surveys were conducted. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.13 present the value of the statistic (R), its

standard error (SE), the number of unweighted (N-UNWE) and weighted (N-WEIG) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 2SE$), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate and total abortion rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to child-bearing.

The confidence interval (e.g., as calculated for neonatal mortality) can be interpreted as follows: the overall average from the national sample is 22.3 and its standard error is 3.3. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., $22.3 \pm 2 \times 3.3$. There is a high probability (95 percent) that the true neonatal mortality is between 15.8 and 28.8.

For the total sample, the value of the DEFT, averaged over all variables, is X.X. This means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of X.X over that in an equivalent simple random sample.

<i>Table B.1 List of selected Variable labels for sampling errors, Azerbaijan, 2011</i>		
Variable label	Estimate	Base Population
Urban residence	Proportion	All women
No education	Proportion	All women
Complete secondary education or higher	Proportion	All women
Never married/in union	Proportion	All women
Currently married/in union	Proportion	All women
Married before age 20	Proportion	Women age 20-49
Had sexual intercourse before age 18	Proportion	All women
Currently pregnant	Proportion	All women
Induced abortions	Proportion	All women
Children ever born	Mean	All women
Children surviving	Mean	All women
Children ever born to women age 40-49	Mean	Women age 40-49
Knowing any contraceptive method	Proportion	Currently married women
Ever used any contraceptive method	Proportion	Currently married women
Currently using any method	Proportion	Currently married women
Currently using a modern method	Proportion	Currently married women
Currently using pill	Proportion	Currently married women
Currently using IUD	Proportion	Currently married women
Currently using female sterilization	Proportion	Currently married women
Currently using periodic abstinence	Proportion	Currently married women
Obtained method from public sector source	Proportion	Current users of modern methods
Want no more children	Proportion	Currently married women
Want to delay at least 2 years	Proportion	Currently married women
Ideal number of children	Mean	All women
Mothers received medical assistance at delivery	Proportion	Births occurring 1-59 months before interview
Had diarrhea in the past 2 weeks	Proportion	Children age 0-59 months
Treated with ORS packets	Proportion	Children with diarrhea in two weeks before interview
Taken to health provider	Proportion	Children with diarrhea in two weeks before interviewChildren age
Having health card, seen	Proportion	18-29 months
Received BCG vaccination	Proportion	Children age 18-29 months
Received DPT vaccination (3 doses)	Proportion	Children age 18-29 months
Received polio vaccination (3 doses)	Proportion	Children age 18-29 months
Received MMR vaccination	Proportion	Children age 18-29 months
Fully immunized	Proportion	Children age 18-29 months
Height-for-age (below -2SD)	Proportion	Children age 18-29 months
Weight-for-height (below -2SD)	Proportion	Children age 0-59 months
Weight-for-age (below -2SD)	Proportion	Children age 0-59 months
Anemia children	Proportion	Children age 0-59 months
Anemia women	Proportion	Children age 6-59 months
BMI < 18.5	Proportion	All women
BMI \geq 25	Proportion	All women
Prevalence of hypertension	Proportion	All women
Had an injection in past 12 months	Proportion	All women
Accepting attitudes towards people with HIV	Proportion	All women
Has heard about HIV/AIDS	Proportion	All women who have heard of HIV/AIDSAll women
Knows about condoms	Proportion	All women
Knows about limiting partners	Proportion	All women
Total fertility rate (last 3 years)	Rate	All women
Total abortion rate (last 3 years)	Rate	All women
Neonatal mortality (last 5 years)	Rate	Children exposed to the risk of mortality
Post-neonatal mortality (last 5 years)	Rate	Children exposed to the risk of mortality
Infant mortality (last 5 years)	Rate	Children exposed to the risk of mortality
Child mortality (last 5 years)	Rate	Children exposed to the risk of mortality
Under-five mortality (last 5 years)	Rate	Children exposed to the risk of mortality

Appendix B

Table B.2 Sampling errors: Total sample, DHS-2011

Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	0.601	0.009	9381	9381	1.838	0.015	0.583	0.620
No education	0.011	0.002	9381	9381	1.803	0.182	0.007	0.014
Complete secondary education or higher	0.828	0.080	9381	9381	2.105	0.097	0.812	0.844
Never married/in union	0.414	0.007	9381	9381	1.293	0.017	0.400	0.426
Currently married/in union	0.586	0.007	9381	9381	1.293	0.012	0.573	0.599
Married before age 20	0.293	0.007	7727	7648	1.364	0.024	0.098	0.116
Had sexual intercourse before age 18	0.109	0.004	7727	7648	1.270	0.041	0.004	0.117
Currently pregnant	0.037	0.002	9381	9381	1.183	0.054	0.033	0.041
Induced abortions	0.345	0.006	9381	9381	1.159	0.016	0.334	0.356
Children ever born	1.433	0.016	9381	9381	1.059	0.011	1.401	1.466
Children surviving	1.315	0.014	9381	9381	1.056	0.011	1.287	1.344
Children ever born to women age 40-49	2.652	0.037	2630	2600	1.324	0.014	2.578	2.727
Knowing any contraceptive method	0.972	0.003	5447	5501	1.483	0.003	0.964	0.978
Ever used any contraceptive method	0.734	0.008	5447	5498	1.313	0.011	0.718	0.749
Currently using any method	0.523	0.008	5447	5501	1.189	0.015	0.507	0.540
Currently using a modern method	0.135	0.006	5447	5501	1.234	0.044	0.123	0.146
Currently using pill	0.011	0.002	5447	5501	1.142	0.182	0.008	0.015
Currently using IUD	0.077	0.004	5447	5501	1.243	0.052	0.067	0.085
Currently using female sterilization	0.009	0.002	5447	5501	1.401	0.222	0.005	0.012
Currently using periodic abstinence	0.039	0.003	5447	5501	1.216	0.077	0.032	0.045
Obtained method from public sector source	0.627	0.022	620	653	1.143	0.035	0.584	0.671
Want no more children	0.672	0.009	5447	5501	1.367	0.013	0.655	0.689
Want to delay at least 2 years	0.055	0.004	5447	5501	1.139	0.073	0.482	0.062
Ideal number of children	2.460	0.012	9182	9159	1.241	0.005	2.436	2.485
Mothers received medical assistance at delivery	0.972	0.006	2702	2668	1.426	0.006	0.960	0.984
Had diarrhea in the past 2 weeks	0.069	0.007	2627	2590	1.381	0.101	0.055	0.082
Treated with ORS packets	0.111	0.016	194	179	0.725	0.144	0.077	0.144
Taken to health provider	0.414	0.036	194	179	1.036	0.087	0.339	0.489
Having health card, seen	0.976	0.007	490	480	0.961	0.007	0.962	0.988
Received BCG vaccination	0.979	0.007	490	480	1.004	0.007	0.966	0.992
Received DPT vaccination (3 doses)	0.807	0.019	490	480	1.086	0.024	0.769	0.846
Received polio vaccination (3 doses)	0.852	0.017	490	480	1.086	0.020	0.818	0.887
Received MMR vaccination	0.886	0.016	490	480	1.132	0.018	0.854	0.918
Fully immunized	0.740	0.023	490	480	1.162	0.031	0.695	0.786
Height-for-age (below -2SD)	0.164	0.011	2564	2505	1.506	0.066	0.142	0.186
Weight-for-height (below -2SD)	0.066	0.006	2564	2505	1.136	0.085	0.055	0.077
Weight-for-age (below -2SD)	0.065	0.006	2564	2505	1.171	0.088	0.054	0.077
Anemia children	0.446	0.013	2166	2107	1.198	0.029	0.420	0.471
Anemia women	0.444	0.008	9107	9035	1.599	0.019	0.428	0.461
BMI < 18.5	0.066	0.003	8655	8595	1.151	0.047	0.060	0.072
BMI >=25	0.446	0.006	8655	8595	1.150	0.014	0.433	0.458
Prevalence of hypertension	0.103	0.004	9306	9295	1.212	0.039	0.096	0.111
Had an injection in past 12 months	0.311	0.007	9381	9381	1.385	0.023	0.298	0.324
Accepting attitudes towards people with HIV	0.045	0.004	6492	6660	1.453	0.089	0.038	0.052
Has heard about HIV/AIDS	0.710	0.008	9381	9381	1.761	0.011	0.694	0.726
Knows about condoms	0.486	0.009	9381	9381	1.755	0.019	0.468	0.504
Knows about limiting partners	0.522	0.009	9381	9381	1.714	0.017	0.505	0.539
Total fertility rate (last 3 years)	1.986	0.058	na	27130	1.130	0.029	1.872	2.101
Total abortion rate (last 3 years)	2.060	0.089	na	27130	1.010	0.043	1.885	2.234
Neonatal mortality (last 5 years)	22.298	3.317	2651	2620	1.152	0.149	15.797	28.799
Post-neonatal mortality (last 5 years)	10.382	1.970	2601	2567	0.980	0.190	6.520	14.2432
Infant mortality (last 5 years)	32.448	3.732	2584	2556	1.061	0.115	25.133	39.763
Child mortality (last 5 years)	7.356	1.945	1978	1981	1.097	0.264	3.543	11.1687
Total fertility rate (last 3 years)	39.565	4.109	1978	1981	1.088	0.104	31.5111	47.6188

Appendix B

Table B.3 Sampling errors: Urban sample, DHS-2011

Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	1.000	0.000	4970	5644	na	0.000	1.000	1.000
No education	0.008	0.003	4970	5644	2.144	0.375	0.024	0.012
Complete secondary education or higher	0.868	0.010	4970	5644	2.281	0.012	0.846	0.890
Never married/in union	0.417	0.009	4970	5644	1.310	0.022	0.399	0.435
Currently married/in union	0.582	0.009	4970	5644	1.310	0.015	0.564	0.600
Married before age 20	0.103	0.006	4125	4716	1.261	0.058	0.091	0.115
Had sexual intercourse before age 18	0.270	0.009	4125	4716	1.318	0.033	0.252	0.288
Currently pregnant	0.034	0.003	4970	5644	1.259	0.088	0.278	0.040
Induced abortions	0.359	0.008	4970	5644	1.128	0.021	0.340	0.371
Children ever born	1.356	0.021	4970	5644	1.099	0.015	1.312	1.399
Children surviving	1.253	0.019	4970	5644	1.082	0.015	1.214	1.291
Children ever born to women age 40-49	2.508	0.045	1346	1546	1.261	0.018	2.420	2.597
Knowing any contraceptive method	0.969	0.004	2876	3287	1.340	0.004	0.960	0.977
Ever used any contraceptive method	0.725	0.01	2876	3287	1.310	0.014	0.703	0.747
Currently using any method	0.510	0.010	2876	3287	1.097	0.020	0.480	0.530
Currently using a modern method	0.156	0.008	2876	3287	1.138	0.051	0.141	0.172
Currently using pill	0.133	0.003	2876	3287	1.173	0.023	0.008	0.018
Currently using IUD	0.084	0.006	2876	3287	1.183	0.071	0.071	0.096
Currently using female sterilization	0.011	0.003	2876	3287	1.421	0.286	0.052	0.016
Currently using periodic abstinence	0.473	0.005	2876	3287	1.196	0.011	0.379	0.056
Obtained method from public sector source	0.592	0.029	378	452	1.162	0.049	0.533	0.650
Want no more children	0.664	0.013	2876	3287	1.472	0.020	0.639	0.690
Want to delay at least 2 years	0.056	0.005	2876	3287	1.136	0.089	0.046	0.650
Ideal number of children	2.450	0.017	4812	5456	1.257	0.007	2.415	2.484
Mothers received medical assistance at delivery	0.985	0.004	1351	1513	1.095	0.004	0.977	0.994
Had diarrhea in the past 2 weeks	0.065	0.010	1316	1469	2.261	0.154	0.045	0.085
Treated with ORS packets	0.112	0.024	90	95	0.747	0.214	0.055	0.166
Taken to health provider	0.444	0.056	90	95	1.148	0.126	0.318	0.569
Having health card, seen	0.987	0.004	240	270	0.548	0.004	0.979	0.995
Received BCG vaccination	0.995	0.000	240	270	0.057	0.000	0.995	0.996
Received DPT vaccination (3 doses)	0.804	0.025	240	270	0.964	0.031	0.754	0.853
Received polio vaccination (3 doses)	0.899	0.018	240	270	0.912	0.020	0.863	0.935
Received MMR vaccination	0.918	0.019	240	270	1.051	0.020	0.881	0.956
Fully immunized	0.733	0.031	240	270	1.066	0.042	0.671	0.794
Height-for-age (below -2SD)	0.199	0.017	1270	1315	1.533	0.083	0.166	0.232
Weight-for-height (below -2SD)	0.060	0.007	1294	1315	1.011	0.113	0.046	0.073
Weight-for-age (below -2SD)	0.049	0.007	1294	1315	1.086	0.137	0.036	0.063
Anemia children	0.415	0.017	1055	1078	1.099	0.040	0.382	0.448
Anemia women	0.451	0.010	4741	4999	1.419	0.023	0.431	0.472
BMI < 18.5	0.055	0.004	4545	4797	1.023	0.064	0.048	0.062
BMI >=25	0.481	0.008	4545	4797	1.032	0.016	0.466	0.497
Prevalence of hypertension	0.097	0.005	4906	5567	1.271	0.052	0.085	0.107
Had an injection in past 12 months	0.029	0.009	4970	5644	1.364	0.307	0.276	0.311
Accepting attitudes towards people with HIV	0.050	0.005	3858	4407	1.454	0.100	0.039	0.06
Has heard about HIV/AIDS	0.781	0.010	4970	5644	1.826	0.013	0.759	0.802
Knows about condoms	0.569	0.010	4970	5644	1.719	0.018	0.545	0.593
Knows about limiting partners	0.570	0.010	4970	5644	1.744	0.018	0.546	0.595
Total fertility rate (last 3 years)	1.876	0.079	na	16423	1.159	0.042	1.720	2.032
Total abortion rate (last 3 years)	2.128	0.117	na	16423	0.948	0.055	1.900	2.357
Neonatal mortality (last 5 years)	21.578	4.628	1330	1491	1.180	0.214	12.507	30.649
Post-neonatal mortality (last 5 years)	10.08	2.860	1312	1471	0.971	0.284	4.477	15.69
Infant mortality (last 5 years)	31.442	5.116	1320	1484	1.080	0.163	21.414	41.470
Child mortality (last 5 years)	5.648	2.626	1072	1223	1.518	0.465	0.500	10.80
Total fertility rate (last 3 years)	36.912	5.725	1072	1223	1.143	0.155	25.691	48.133

Appendix B

Table B.4 Sampling errors: Rural sample, DHS-2011

Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	0.000	0.000	4411	3737	na	na	0.000	0.000
No education	0.016	0.003	4411	3737	1.482	0.188	0.010	0.021
Complete secondary education or higher	0.768	0.117	4411	3737	1.845	0.152	0.745	0.791
Never married/in union	0.408	0.009	4411	3737	1.241	0.022	0.390	0.426
Currently married/in union	0.591	0.009	4411	3737	1.213	0.015	0.573	0.609
Married before age 20	0.327	0.011	3523	3010	1.421	0.034	0.304	0.349
Had sexual intercourse before age 18	0.116	0.006	3523	3010	1.248	0.052	0.103	0.130
Currently pregnant	0.418	0.003	4411	3737	1.037	0.007	0.036	0.481
Induced abortions	0.329	0.008	4411	3737	1.178	0.025	0.313	0.346
Children ever born	1.552	0.024	4411	3737	0.996	0.016	1.504	1.600
Children surviving	1.411	0.021	4411	3737	1.003	0.015	1.369	1.454
Children ever born to women age 40-49	2.858	0.065	1254	1084	1.399	0.023	2.729	2.987
Knowing any contraceptive method	0.974	0.005	2571	2210	1.716	0.005	0.964	0.985
Ever used any contraceptive method	0.747	0.011	2571	2210	1.280	0.015	0.725	0.769
Currently using any method	0.543	0.012	2571	2210	1.305	0.022	0.517	0.569
Currently using a modern method	0.103	0.008	2571	2210	1.342	0.078	0.087	0.119
Currently using pill	0.009	0.002	2571	2210	0.961	0.222	0.006	0.013
Currently using IUD	0.658	0.006	2571	2210	1.296	0.009	0.053	0.078
Currently using female sterilization	0.006	0.002	2571	2210	1.121	0.351	0.002	0.009
Currently using periodic abstinence	0.267	0.004	2571	2210	1.178	0.015	0.019	0.034
Obtained method from public sector source	0.707	0.028	242	201	0.962	0.040	0.650	0.764
Want no more children	0.683	0.010	2571	2210	0.014	0.015	0.664	0.702
Want to delay at least 2 years	0.053	0.005	2571	2210	0.092	0.094	0.044	0.063
Ideal number of children	2.480	0.017	4370	3702	1.184	0.007	2.442	2.514
Mothers received medical assistance at delivery	0.950	0.013	1351	1155	1.644	0.014	0.924	0.977
Had diarrhea in the past 2 weeks	0.074	0.008	1311	1121	1.160	0.108	0.058	0.091
Treated with ORS packets	0.111	0.020	104	84	0.669	0.180	0.067	0.154
Taken to health provider	0.381	0.046	104	84	0.981	0.121	0.283	0.479
Having health card, seen	0.961	0.014	250	210	1.169	0.015	0.932	0.990
Received BCG vaccination	0.958	0.015	250	210	1.168	0.016	0.928	0.988
Received DPT vaccination (3 doses)	0.811	0.031	250	210	1.242	0.038	0.750	0.873
Received polio vaccination (3 doses)	0.793	0.033	250	210	1.297	0.042	0.726	0.860
Received MMR vaccination	0.845	0.029	250	210	1.244	0.034	0.787	0.902
Fully immunized	0.750	0.035	250	210	1.272	0.047	0.680	0.820
Height-for-age (below -2SD)	0.132	0.014	1294	1190	1.482	0.105	0.104	0.160
Weight-for-height (below -2SD)	0.073	0.009	1270	1190	1.264	0.125	0.055	0.091
Weight-for-age (below -2SD)	0.083	0.009	1270	1190	1.251	0.113	0.065	0.102
Anemia children	0.478	0.019	1111	1029	1.293	0.041	0.439	0.517
Anemia women	0.435	0.014	4366	4036	1.804	0.031	0.408	0.463
BMI < 18.5	0.080	0.005	4110	3798	1.286	0.068	0.069	0.091
BMI >=25	0.400	0.010	4110	3798	1.337	0.025	0.380	0.421
Prevalence of hypertension	0.115	0.005	4400	3728	1.082	0.043	0.104	0.124
Had an injection in past 12 months	0.338	0.009	4411	3737	1.373	0.027	0.318	0.357
Accepting attitudes towards people with HIV	0.036	0.005	2634	2253	1.324	0.139	0.027	0.046
Has heard about HIV/AIDS	0.602	0.012	4411	3737	1.700	0.020	0.577	0.627
Knows about condoms	0.360	0.012	4411	3737	1.672	0.033	0.337	0.385
Knows about limiting partners	0.450	0.012	4411	3737	1.628	0.027	0.425	0.473
Total fertility rate (last 3 years)	2.153	0.080	na	10707	1.044	0.037	1.997	2.310
Total abortion rate (last 3 years)	1.938	0.138	na	10707	1.088	0.071	1.668	2.208
Neonatal mortality (last 5 years)	23.241	4.735	1332	1139	1.120	0.204	13.959	32.522
Post-neonatal mortality (last 5 years)	10.761	2.601	1310	1121	0.945	0.242	5.6622	15.859
Infant mortality (last 5 years)	33.752	5.476	1322	1136	1.050	0.162	23.018	44.485
Child mortality (last 5 years)	9.703	2.907	1004	870	0.935	0.300	4.005	15.40
Total fertility rate (last 3 years)	43.127	5.888	1004	870	1.039	0.137	31.586	54.668

Appendix B

Table B.5 Sampling errors: Baku sample, DHS-2011

Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	1.000	0.000	2338	2665	na	0.000	1.000	1.000
No education	0.003	0.001	2338	2665	1.530	0.333	0.000	0.007
Complete secondary education or higher	0.910	0.009	2338	2665	1.525	0.010	0.892	0.928
Never married/in union	0.434	0.014	2338	2665	1.369	0.032	0.405	0.462
Currently married/in union	0.565	0.014	2338	2665	1.369	0.025	0.537	0.594
Married before age 20	0.246	0.013	1976	2265	1.369	0.055	0.219	0.273
Had sexual intercourse before age 18	0.088	0.009	1976	2265	1.354	0.098	0.070	0.105
Currently pregnant	0.038	0.005	2338	2665	1.393	0.132	0.268	0.049
Induced abortions	0.339	0.013	2338	2665	1.304	0.038	0.313	0.364
Children ever born	1.244	0.028	2338	2665	1.038	0.022	1.188	1.299
Children surviving	1.172	0.028	2338	2665	1.125	0.024	1.116	1.227
Children ever born to women age 40-49	2.373	0.064	581	669	1.332	0.027	2.243	2.502
Knowing any contraceptive method	0.992	0.003	1324	1507	1.273	0.003	0.986	0.998
Ever used any contraceptive method	0.742	0.016	1324	1507	1.338	0.022	0.710	0.774
Currently using any method	0.535	0.163	1324	1507	1.192	0.305	0.503	0.568
Currently using a modern method	0.191	0.132	1324	1507	1.229	0.691	0.164	0.217
Currently using pill	0.020	0.005	1324	1507	1.190	0.250	0.011	0.030
Currently using IUD	0.093	0.009	1324	1507	1.178	0.097	0.744	0.112
Currently using female sterilization	0.012	0.004	1324	1507	1.370	0.333	0.004	0.020
Currently using periodic abstinence	0.067	0.009	1324	1507	1.239	0.134	0.050	0.084
Obtained method from public sector source	0.521	0.035	216	255	1.046	0.067	0.448	0.593
Want no more children	0.677	0.017	1324	1507	1.379	0.025	0.641	0.712
Want to delay at least 2 years	0.064	0.008	1324	1507	1.168	0.125	0.048	0.079
Ideal number of children	2.498	0.256	2205	2506	1.260	0.102	2.447	2.550
Mothers received medical assistance at delivery	0.989	0.006	426	475	1.170	0.006	0.977	1.001
Had diarrhea in the past 2 weeks	0.044	0.010	601	672	1.235	0.227	0.023	0.065
Treated with ORS packets	0.132	0.004	30	35	0.081	0.030	0.724	0.191
Taken to health provider	0.357	0.007	30	35	0.085	0.020	0.268	0.445
Having health card, seen	0.995	0.005	95	112	0.685	0.005	0.985	1.005
Received BCG vaccination	1.000	0.000	95	112	0.000	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.763	0.052	95	112	1.191	0.068	0.654	0.872
Received polio vaccination (3 doses)	0.943	0.017	95	112	0.727	0.018	0.907	0.979
Received MMR vaccination	0.962	0.019	95	112	0.971	0.020	0.922	1.002
Fully immunized	0.704	0.056	95	112	1.184	0.079	0.588	0.820
Height-for-age (below -2SD)	0.087	0.013	567	577	1.130	0.151	0.061	0.114
Weight-for-height (below -2SD)	0.067	0.009	567	577	0.919	0.142	0.048	0.086
Weight-for-age (below -2SD)	0.039	0.007	567	577	0.896	0.191	0.024	0.054
Anemia children	0.389	0.021	469	472	0.911	0.053	0.348	0.431
Anemia women	0.498	0.013	2155	2245	1.207	0.026	0.472	0.524
BMI < 18.5	0.051	0.005	2067	2155	1.021	0.099	0.041	0.061
BMI >=25	0.479	0.012	2067	2155	1.116	0.026	0.454	0.504
Prevalence of hypertension	0.093	0.007	2289	2607	1.157	0.075	0.079	0.107
Had an injection in past 12 months	0.241	0.009	2338	2665	1.038	0.037	0.223	0.259
Accepting attitudes towards people with HIV	0.042	0.006	1958	2239	1.297	0.143	0.030	0.054
Has heard about HIV/AIDS	0.840	0.009	2338	2665	1.318	0.011	0.820	0.860
Knows about condoms	0.622	0.014	2338	2665	1.396	0.023	0.594	0.650
Knows about limiting partners	0.619	0.012	2338	2665	1.237	0.019	0.594	0.644
Total fertility rate (last 3 years)	1.716	0.109	na	7753	1.201	0.063	1.503	1.929
Total abortion rate (last 3 years)	2.044	0.146	na	7753	0.987	0.072	1.757	2.330
Neonatal mortality (last 5 years)	17.224	6.010	609	680	1.112	0.349	5.445	29.003
Post-neonatal mortality (last 5 years)	27.807	6.769	609	682	1.099	0.243	14.539	41.075
Infant mortality (last 5 years)	6.083	3.758	533	603	1.300	0.618	0.000	13.45
Child mortality (last 5 years)	33.721	7.461	533	603	1.137	0.221	19.098	48.344

Appendix B

<i>Table B.6 Sampling errors: Absheron sample, DHS-2011</i>								
Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	0.920	0.019	491	697	1.510	0.021	0.879	0.960
No education	0.120	0.010	491	697	2.073	0.083	0.393	0.345
Complete secondary education or higher	0.777	0.736	491	697	3.918	0.947	0.000	0.939
Never married/in union	0.388	0.026	491	697	1.176	0.067	0.615	0.445
Currently married/in union	0.611	0.026	491	697	1.176	0.043	0.331	0.668
Married before age 20	0.253	0.028	409	590	1.281	0.109	0.279	0.314
Had sexual intercourse before age 18	0.114	0.024	409	590	1.530	0.211	0.060	0.166
Currently pregnant	0.037	0.009	491	697	1.030	0.243	0.018	0.057
Induced abortions	0.390	0.016	491	697	0.725	0.041	0.355	0.425
Children ever born	1.418	0.070	491	697	1.078	0.049	1.264	1.571
Children surviving	1.323	0.055	491	697	0.940	0.041	1.203	1.443
Children ever born to women age 40-49	2.555	0.149	133	189	1.218	0.058	2.226	2.883
Knowing any contraceptive method	0.996	0.004	294	426	1.022	0.004	0.988	1.004
Ever used any contraceptive method	0.710	0.028	294	426	1.081	0.039	0.647	0.773
Currently using any method	0.514	0.030	294	426	1.050	0.058	0.447	0.581
Currently using a modern method	0.170	0.018	294	426	0.828	0.106	0.130	0.210
Currently using pill	0.009	0.006	294	426	1.001	0.667	0.000	0.021
Currently using IUD	0.077	0.015	294	426	1.006	0.195	0.042	0.112
Currently using female sterilization	0.015	0.012	294	426	1.631	0.800	0.000	0.041
Currently using periodic abstinence	0.345	0.012	294	426	1.186	0.035	0.007	0.062
Obtained method from public sector source	0.638	0.104	39	61	1.329	0.163	0.404	0.872
Want no more children	0.667	0.059	294	426	2.151	0.088	0.537	0.797
Want to delay at least 2 years	0.398	0.016	294	426	1.402	0.040	0.005	0.075
Ideal number of children	2.501	0.051	477	680	1.152	0.020	2.389	2.613
Mothers received medical assistance at delivery	0.971	0.018	155	214	1.105	0.019	0.935	1.011
Had diarrhea in the past 2 weeks	0.046	0.019	151	207	1.143	0.413	0.035	0.090
Treated with ORS packets	0.160	0.156	7	9	1.047	0.975	0.000	0.836
Taken to health provider	0.698	0.144	7	9	0.772	0.206	0.075	1.320
Having health card, seen	1.000	0.000	28	40	0.000	0.000	1.000	1.000
Received BCG vaccination	1.000	0.000	28	40	0.000	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.834	0.011	28	40	0.156	0.013	0.809	0.860
Received polio vaccination (3 doses)	0.966	0.035	28	40	1.015	0.036	0.885	1.048
Received MMR vaccination	0.897	0.073	28	40	1.240	0.081	0.730	1.064
Fully immunized	0.765	0.066	28	40	0.809	0.086	0.613	0.917
Height-for-age (below -2SD)	0.081	0.022	145	153	0.951	0.279	0.036	0.126
Weight-for-height (below -2SD)	0.042	0.025	145	153	1.513	0.600	-0.008	0.092
Weight-for-age (below -2SD)	0.025	0.013	145	153	0.830	0.503	0.000	0.050
Anemia children	0.523	0.046	124	129	1.028	0.089	0.430	0.615
Anemia women	0.490	0.043	471	537	1.887	0.089	0.403	0.577
BMI < 18.5	0.049	0.008	450	512	0.756	0.155	0.034	0.065
BMI >=25	0.511	0.023	450	512	0.986	0.045	0.464	0.557
Prevalence of hypertension	0.068	0.019	481	684	1.668	0.279	0.025	0.100
Had an injection in past 12 months	0.314	0.03	491	697	1.457	0.096	0.247	0.381
Accepting attitudes towards people with HIV	0.088	0.022	414	580	1.587	0.250	0.039	0.137
Has heard about HIV/AIDS	0.831	0.038	491	697	2.286	0.046	0.746	0.916
Knows about condoms	0.681	0.051	491	697	2.433	0.075	0.568	0.793
Knows about limiting partners	0.534	0.057	491	697	2.571	0.107	0.406	0.662
Total fertility rate (last 3 years)	2.095	0.175	na	2026	0.880	0.084	1.752	2.439
Total abortion rate (last 3 years)	1.936	0.380	na	2026	1.146	0.196	1.192	2.680
Neonatal mortality (last 5 years)	13.841	9.578	152	211	1.067	0.692	0.000	32.613
Post-neonatal mortality (last 5 years)	21.448	11.591	158	220	1.089	0.540	0.000	44.166
Infant mortality (last 5 years)	10.29	10.36	118	172	1.647	1.007	0.000	30.60
Child mortality (last 5 years)	31.517	14.386	118	172	1.210	0.456	3.320	59.714

Appendix B

Table B.7. Sampling errors: Ganja-Gazakh sample, DHS-2011

Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	0.489	0.029	1390	1296	2.185	0.059	0.429	0.549
No education	0.009	0.003	1390	1296	1.178	0.333	0.003	0.015
Complete secondary education or higher	0.798	0.017	1390	1296	1.542	0.021	0.764	0.832
Never married/in union	0.409	0.020	1390	1296	1.520	0.049	0.367	0.450
Currently married/in union	0.591	0.020	1390	1296	1.520	0.034	0.549	0.632
Married before age 20	0.375	0.020	1132	1066	1.393	0.053	0.334	0.416
Had sexual intercourse before age 18	0.138	0.015	1132	1066	1.483	0.110	0.107	0.169
Currently pregnant	0.034	0.006	1390	1269	1.269	0.176	0.021	0.470
Induced abortions	0.355	0.016	1390	1269	1.286	0.045	0.321	0.389
Children ever born	1.498	0.043	1390	1296	1.114	0.028	1.411	1.586
Children surviving	1.381	0.039	1390	1296	1.120	0.028	1.302	1.461
Children ever born to women age 40-49	2.677	0.072	389	373	1.171	0.027	2.529	2.825
Knowing any contraceptive method	0.944	0.011	819	766	1.447	0.012	0.920	0.968
Ever used any contraceptive method	0.739	0.019	819	766	1.294	0.026	0.698	0.78
Currently using any method	0.568	0.021	819	766	1.248	0.380	0.523	0.613
Currently using a modern method	0.126	0.014	819	766	1.268	0.111	0.963	0.157
Currently using pill	0.008	0.003	819	766	0.659	0.375	0.002	0.014
Currently using IUD	0.893	0.014	819	766	1.401	0.016	0.061	0.118
Currently using female sterilization	0.006	0.003	819	766	1.176	0.500	0.000	0.012
Currently using periodic abstinence	0.018	0.005	819	766	1.008	0.278	0.008	0.283
Obtained method from public sector source	0.827	0.031	93	82	0.810	0.037	0.758	0.895
Want no more children	0.629	0.020	819	766	1.213	0.032	0.587	0.671
Want to delay at least 2 years	0.068	0.010	819	766	1.195	0.147	0.047	0.090
Ideal number of children	2.477	0.040	1390	1296	1.686	0.016	2.394	2.560
Mothers received medical assistance at delivery	0.996	0.003	242	221	0.885	0.003	0.990	1.003
Had diarrhea in the past 2 weeks	0.063	0.019	418	390	2.701	0.302	0.022	0.103
Treated with ORS packets	0.089	0.061	28	24	1.115	0.685	0.000	0.260
Taken to health provider	0.239	0.126	28	24	1.537	0.527	0.000	0.589
Having health card, seen	0.967	0.004	71	66	0.208	0.005	0.958	0.977
Received BCG vaccination	0.980	0.002	71	66	0.113	0.002	0.976	0.984
Received DPT vaccination (3 doses)	0.852	0.034	71	66	0.802	0.040	0.777	0.926
Received polio vaccination (3 doses)	0.803	0.060	71	66	1.257	0.074	0.673	0.933
Received MMR vaccination	0.968	0.011	71	66	0.527	0.012	0.943	0.992
Fully immunized	0.724	0.062	71	66	1.164	0.086	0.589	0.860
Height-for-age (below -2SD)	0.252	0.038	402	390	1.871	0.152	0.176	0.329
Weight-for-height (below -2SD)	0.086	0.018	402	390	1.326	0.213	0.049	0.122
Weight-for-age (below -2SD)	0.091	0.019	402	390	1.357	0.207	0.053	0.129
Anemia children	0.287	0.033	358	347	1.353	0.114	0.222	0.352
Anemia women	0.187	0.015	1387	1330	1.428	0.082	0.156	0.217
BMI < 18.5	0.046	0.007	1321	1270	1.268	0.160	0.031	0.060
BMI >=25	0.472	0.017	1321	1270	1.256	0.037	0.437	0.507
Prevalence of hypertension	0.102	0.006	1390	1296	0.738	0.059	0.089	0.114
Had an injection in past 12 months	0.298	0.023	1390	1296	1.933	0.077	0.249	0.347
Accepting attitudes towards people with HIV	0.078	0.012	889	792	1.362	0.154	0.053	0.104
Has heard about HIV/AIDS	0.611	0.021	1390	1296	1.673	0.034	0.566	0.656
Knows about condoms	0.466	0.022	1390	1296	1.633	0.047	0.421	0.511
Knows about limiting partners	0.531	0.022	1390	1296	1.637	0.041	0.486	0.577
Total fertility rate (last 3 years)	2.008	0.159	na	3758	1.180	0.079	1.696	2.319
Total abortion rate (last 3 years)	1.970	0.222	na	3758	0.998	0.113	1.535	2.405
Neonatal mortality (last 5 years)	16.669	6.622	418	389	1.176	0.397	3.690	29.648
Post-neonatal mortality (last 5 years)	25.565	8.515	417	390	0.949	0.333	8.877	42.254
Infant mortality (last 5 years)	7.392	5.496	323	294	1.062	0.744	0.000	18.17
Child mortality (last 5 years)	32.769	9.359	323	294	0.978	0.286	14.426	51.112

Appendix B

<i>Table B.8 Sampling errors: Shaki-Zagatala sample, DHS 2011</i>								
Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	0.295	0.010	725	653	0.631	0.034	0.272	0.318
No education	0.000	0.000	725	653	0.000	0.000	0.000	0.000
Complete secondary education or higher	0.758	0.027	725	653	1.829	0.036	0.723	0.846
Never married/in union	0.405	0.019	725	653	1.094	0.047	0.361	0.449
Currently married/in union	0.594	0.019	725	653	1.094	0.032	0.550	0.638
Married before age 20	0.300	0.031	579	531	1.641	0.103	0.231	0.369
Had sexual intercourse before age 18	0.815	0.015	579	531	1.366	0.018	0.047	0.115
Currently pregnant	0.335	0.007	725	653	0.985	0.021	0.019	0.048
Induced abortions	0.331	0.019	725	653	1.112	0.057	0.289	0.374
Children ever born	1.432	0.039	725	653	0.702	0.027	1.347	1.517
Children surviving	1.290	0.041	725	653	0.844	0.032	1.199	1.381
Children ever born to women age 40-49	2.615	0.125	217	195	1.272	0.048	2.340	2.891
Knowing any contraceptive method	0.990	0.005	420	388	0.969	0.005	0.980	1.001
Ever used any contraceptive method	0.783	0.017	420	388	0.856	0.022	0.745	0.821
Currently using any method	0.532	0.024	420	388	1.018	0.045	0.477	0.589
Currently using a modern method	0.126	0.022	420	388	1.404	0.175	0.076	0.177
Currently using pill	0.006	0.004	420	388	1.056	0.667	0.000	0.014
Currently using IUD	0.097	0.015	420	388	1.039	0.155	0.063	0.130
Currently using female sterilization	0.012	0.007	420	388	1.275	0.583	0.000	0.027
Currently using periodic abstinence	0.017	0.007	420	388	1.122	0.412	0.001	0.032
Obtained method from public sector source	0.845	0.051	45	44	0.928	0.060	0.729	0.096
Want no more children	0.685	0.026	420	388	1.167	0.038	0.627	0.744
Want to delay at least 2 years	0.053	0.014	420	388	1.278	0.264	0.022	0.084
Ideal number of children	2.401	0.023	713	642	0.699	0.010	2.350	2.450
Mothers received medical assistance at delivery	0.922	0.063	196	180	2.399	0.068	0.783	1.062
Had diarrhea in the past 2 weeks	0.100	0.017	187	171	0.59	0.170	0.064	0.139
Treated with ORS packets	0.098	0.038	18	17	0.531	0.388	0.000	0.196
Taken to health provider	0.404	0.185	18	17	1.561	0.458	0.000	0.882
Having health card, seen	0.976	0.022	39	36	0.884	0.023	0.924	1.028
Received BCG vaccination	1.000	0.000	39	36	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.891	0.046	39	36	0.916	0.052	0.781	1.000
Received polio vaccination (3 doses)	0.915	0.044	39	36	0.966	0.048	0.811	1.018
Received MMR vaccination	0.946	0.039	39	36	1.050	0.041	0.854	1.037
Fully immunized	0.856	0.058	39	36	1.022	0.068	0.719	0.994
Height-for-age (below -2SD)	0.136	0.035	189	184	1.396	0.260	0.066	0.207
Weight-for-height (below -2SD)	0.047	0.019	189	184	1.149	0.395	0.010	0.085
Weight-for-age (below -2SD)	0.085	0.026	189	184	1.274	0.303	0.033	0.136
Anemia children	0.385	0.038	155	153	0.970	0.099	0.309	0.461
Anemia women	0.453	0.024	718	681	1.311	0.054	0.404	0.501
BMI < 18.5	0.086	0.012	682	646	1.081	0.135	0.063	0.109
BMI >=25	0.359	0.022	682	646	1.200	0.061	0.315	0.403
Prevalence of hypertension	0.097	0.009	725	653	0.824	0.093	0.077	0.117
Had an injection in past 12 months	0.308	0.013	725	653	0.802	0.042	0.278	0.338
Accepting attitudes towards people with HIV	0.038	0.019	459	440	2.232	0.500	0.000	0.08
Has heard about HIV/AIDS	0.674	0.017	725	653	1.027	0.025	0.637	0.714
Knows about condoms	0.434	0.029	725	653	1.587	0.067	0.370	0.499
Knows about limiting partners	0.588	0.019	725	653	1.055	0.032	0.546	0.631
Total fertility rate (last 3 years)	1.874	0.245	na	1878	1.063	0.131	1.393	2.36
Total abortion rate (last 3 years)	1.362	0.246	na	1878	1.103	0.181	0.880	1.84
Neonatal mortality (last 5 years)	23.131	13.875	193	179	1.419	0.600	0.000	50.326
Post-neonatal mortality (last 5 years)	46.178	16.042	191	177	1.395	0.347	14.736	77.620
Infant mortality (last 5 years)	13.54	10.84	140	128	1.502	0.801	0.000	34.79
Child mortality (last 5 years)	59.089	22.298	140	128	1.572	0.377	15.385	102.793

Appendix B

Table B.9 Sampling errors: Lankaran sample, DHS-2011

Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	0.266	0.020	917	842	1.412	0.075	0.222	0.310
No education	0.011	0.004	917	842	1.059	0.364	0.004	0.020
Complete secondary education or higher	0.780	0.024	917	842	1.790	0.031	0.728	0.832
Never married/in union	0.420	0.016	917	842	1.015	0.038	0.385	0.455
Currently married/in union	0.579	0.016	917	842	1.015	0.028	0.544	0.614
Married before age 20	0.282	0.015	739	689	0.930	0.055	0.249	0.315
Had sexual intercourse before age 18	0.112	0.009	739	689	0.773	0.080	0.093	0.131
Currently pregnant	0.057	0.007	917	842	0.950	0.123	0.041	0.072
Induced abortions	0.315	0.023	917	842	1.526	0.073	0.265	0.365
Children ever born	1.473	0.045	917	842	0.819	0.030	1.378	1.568
Children surviving	1.339	0.045	917	842	0.940	0.034	1.243	1.435
Children ever born to women age 40-49	2.695	0.153	253	244	1.295	0.057	2.370	3.021
Knowing any contraceptive method	0.993	0.003	518	488	0.905	0.003	0.987	1.004
Ever used any contraceptive method	0.724	0.020	518	488	1.052	0.028	0.680	0.768
Currently using any method	0.445	0.025	518	488	1.175	0.056	0.390	0.499
Currently using a modern method	0.101	0.015	518	488	1.180	0.149	0.067	0.134
Currently using pill	0.008	0.005	518	488	1.214	0.625	0.000	0.018
Currently using IUD	0.060	0.014	518	488	1.337	0.233	0.030	0.089
Currently using female sterilization	0.010	0.005	518	488	1.042	0.500	0.001	0.020
Currently using periodic abstinence	0.049	0.013	518	488	1.384	0.265	0.021	0.077
Obtained method from public sector source	0.580	0.105	43	42	1.389	0.181	0.330	0.830
Want no more children	0.698	0.017	518	488	0.874	0.024	0.661	0.735
Want to delay at least 2 years	0.045	0.009	518	488	0.956	0.200	0.268	0.064
Ideal number of children	2.450	0.033	909	834	0.868	0.013	2.378	2.522
Mothers received medical assistance at delivery	0.901	0.027	263	240	1.113	0.030	0.841	0.959
Had diarrhea in the past 2 weeks	0.084	0.015	254	233	0.891	0.179	0.051	0.117
Treated with ORS packets	0.000	0.000	23	20	na	na	0.000	0.000
Taken to health provider	0.323	0.076	23	20	0.763	0.235	0.137	0.509
Having health card, seen	0.974	0.026	57	51	1.221	0.027	0.918	1.031
Received BCG vaccination	0.986	0.001	57	51	0.092	0.001	0.983	0.989
Received DPT vaccination (3 doses)	0.905	0.039	57	51	0.992	0.043	0.820	0.990
Received polio vaccination (3 doses)	0.876	0.052	57	51	1.178	0.059	0.763	0.989
Received MMR vaccination	0.920	0.038	57	51	1.060	0.042	0.836	1.004
Fully immunized	0.845	0.057	57	51	1.180	0.067	0.721	0.970
Height-for-age (below -2SD)	0.220	0.046	254	246	1.789	0.210	0.127	0.312
Weight-for-height (below -2SD)	0.072	0.022	254	246	1.329	0.306	0.028	0.115
Weight-for-age (below -2SD)	0.063	0.019	254	246	1.239	0.307	0.024	0.102
Anemia children	0.513	0.041	218	214	1.213	0.080	0.431	0.595
Anemia women	0.497	0.020	906	892	1.204	0.040	0.457	0.537
BMI < 18.5	0.105	0.010	839	826	0.948	0.096	0.085	0.125
BMI >=25	0.378	0.023	839	826	1.366	0.060	0.332	0.423
Prevalence of hypertension	0.139	0.014	917	842	1.258	0.101	0.109	0.171
Had an injection in past 12 months	0.411	0.016	917	842	0.994	0.039	0.377	0.446
Accepting attitudes towards people with HIV	0.002	0.001	525	509	0.919	0.500	0.000	0.005
Has heard about HIV/AIDS	0.605	0.034	917	842	2.134	0.056	0.531	0.678
Knows about condoms	0.257	0.018	917	842	1.256	0.070	0.218	0.295
Knows about limiting partners	0.459	0.028	917	842	1.706	0.061	0.401	0.519
Total fertility rate (last 3 years)	2.066	0.151	na	2401	1.059	0.073	1.771	2.361
Total abortion rate (last 3 years)	1.750	0.299	na	2401	1.188	0.171	1.164	2.336
Neonatal mortality (last 5 years)	24.031	9.787	260	238	0.89	0.41	4.848	43.215
Post-neonatal mortality (last 5 years)	37.572	14.194	257	240	0.89	0.38	9.751	65.393
Infant mortality (last 5 years)	3.26	3.28	216	208	0.75	1.01	0.000	9.70
Child mortality (last 5 years)	40.710	14.303	216	208	0.89	0.35	12.676	68.745

Appendix B

Table B.10 Sampling errors: Guba-Khachmaz sample, DHS-2011								
Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	0.352	0.032	718	551	1.828	0.091	0.279	0.425
No education	0.001	0.001	718	551	0.912	1.000	0.000	0.004
Complete secondary education or higher	0.812	0.026	718	551	1.811	0.032	0.753	0.871
Never married/in union	0.438	0.020	718	551	1.085	0.046	0.393	0.483
Currently married/in union	0.562	0.020	718	551	1.085	0.036	0.517	0.607
Married before age 20	0.327	0.016	569	435	0.834	0.050	0.290	0.363
Had sexual intercourse before age 18	0.109	0.009	569	435	0.665	0.083	0.090	0.129
Currently pregnant	0.029	0.007	718	551	1.105	0.241	0.013	0.045
Induced abortions	0.305	0.019	718	551	1.086	0.062	0.263	0.347
Children ever born	1.455	0.047	718	551	0.806	0.032	1.350	1.561
Children surviving	1.321	0.039	718	551	0.762	0.030	1.233	1.409
Children ever born to women age 40-49	2.976	0.125	180	142	1.068	0.042	2.697	3.254
Knowing any contraceptive method	0.974	0.010	406	310	1.354	0.010	0.950	0.997
Ever used any contraceptive method	0.740	0.016	406	310	0.767	0.022	0.703	0.777
Currently using any method	0.566	0.026	406	310	1.088	0.046	0.506	0.626
Currently using a modern method	0.119	0.026	406	310	1.583	0.218	0.062	0.177
Currently using pill	0.018	0.009	406	310	1.399	0.500	-0.002	0.039
Currently using IUD	0.075	0.021	406	310	1.669	0.280	0.267	0.124
Currently using female sterilization	0.003	0.003	406	310	1.157	1.000	-0.004	0.011
Currently using periodic abstinence	0.032	0.013	406	310	1.426	0.406	0.005	0.061
Obtained method from public sector source	0.747	0.079	46	35	1.227	0.106	0.566	0.926
Want no more children	0.674	0.027	406	310	1.160	0.040	0.613	0.734
Want to delay at least 2 years	0.060	0.010	406	310	0.906	0.167	0.036	0.084
Ideal number of children	2.370	0.028	702	539	0.827	0.012	2.311	2.439
Mothers received medical assistance at delivery	0.954	0.026	233	168	1.347	0.027	0.895	1.014
Had diarrhea in the past 2 weeks	0.004	0.004	230	166	0.921	1.000	0.000	0.012
Treated with ORS packets	1.000	0.000	1	6	na	0.000	1.000	1.000
Taken to health provider	0.000	0.000	1	6	na	0.000	0.000	0.000
Having health card, seen	0.906	0.060	45	32	1.372	0.067	0.763	1.049
Received BCG vaccination	0.973	0.004	45	32	0.171	0.004	0.964	0.983
Received DPT vaccination (3 doses)	0.667	0.071	45	32	0.993	0.106	0.500	0.833
Received polio vaccination (3 doses)	0.663	0.071	45	32	0.998	0.107	0.494	0.831
Received MMR vaccination	0.677	0.069	45	32	0.978	0.102	0.514	0.840
Fully immunized	0.582	0.070	45	32	0.942	0.120	0.417	0.748
Height-for-age (below -2SD)	0.115	0.023	221	193	1.095	0.203	0.068	0.161
Weight-for-height (below -2SD)	0.041	0.015	221	193	1.074	0.374	0.010	0.072
Weight-for-age (below -2SD)	0.052	0.015	221	193	1.084	0.297	0.021	0.083
Anemia children	0.489	0.054	185	160	1.454	0.110	0.382	0.596
Anemia women	0.366	0.037	713	669	2.033	0.101	0.292	0.440
BMI < 18.5	0.087	0.013	680	639	1.186	0.149	0.061	0.113
BMI >=25	0.427	0.019	680	639	1.027	0.045	0.388	0.466
Prevalence of hypertension	0.085	0.010	718	551	1.012	0.118	0.062	0.109
Had an injection in past 12 months	0.229	0.022	718	551	1.457	0.096	0.178	0.279
Accepting attitudes towards people with HIV	0.057	0.012	562	437	1.220	0.211	0.030	0.084
Has heard about HIV/AIDS	0.794	0.020	718	551	1.386	0.025	0.747	0.841
Knows about condoms	0.527	0.018	718	551	1.001	0.034	0.485	0.569
Knows about limiting partners	0.414	0.023	718	551	1.297	0.056	0.361	0.468
Total fertility rate (last 3 years)	2.172	0.201	na	1593	1.025	0.092	1.779	2.565
Total abortion rate (last 3 years)	1.240	0.173	na	1593	1.039	0.140	0.901	1.579
Neonatal mortality (last 5 years)	12.200	6.614	230	166	0.986	0.542	0.000	25.164
Post-neonatal mortality (last 5 years)	20.650	10.205	224	161	1.019	0.494	0.647	40.653
Infant mortality (last 5 years)	9.532	6.846	142	103	0.812	0.718	0.000	22.95
Child mortality (last 5 years)	29.985	13.630	142	103	1.052	0.455	3.270	56.699

Appendix B

Table B.11 Sampling errors: Aran sample, DHS-2011

Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	0.420	0.018	2189	2118	1.670	0.043	0.384	0.455
No education	0.180	0.004	2189	2118	1.529	0.022	0.009	0.026
Complete secondary education or higher	0.823	0.013	2189	2118	1.695	0.016	0.795	0.851
Never married/in union	0.392	0.013	2189	2118	1.257	0.033	0.366	0.419
Currently married/in union	0.606	0.012	2189	2118	1.255	0.020	0.580	0.633
Married before age 20	0.296	0.015	1746	1696	1.336	0.049	0.266	0.325
Had sexual intercourse before age 18	0.109	0.008	1746	1696	1.048	0.073	0.093	0.124
Currently pregnant	0.035	0.004	2189	2118	0.923	0.114	0.028	0.045
Induced abortions	0.354	0.008	2189	2118	0.769	0.022	0.339	0.371
Children ever born	1.547	0.033	2189	2118	0.972	0.021	1.481	1.614
Children surviving	1.394	0.027	2189	2118	0.934	0.020	1.339	1.449
Children ever born to women age 40-49	2.816	0.074	641	625	1.217	0.026	2.666	2.966
Knowing any contraceptive method	0.935	0.011	1306	1285	1.672	0.012	0.912	0.096
Ever used any contraceptive method	0.717	0.019	1306	1285	1.530	0.026	0.678	0.755
Currently using any method	0.504	0.016	1306	1285	1.165	0.032	0.471	0.536
Currently using a modern method	0.092	0.009	1306	1285	1.181	0.098	0.073	0.111
Currently using pill	0.007	0.002	1306	1285	0.778	0.286	0.003	0.010
Currently using IUD	0.057	0.007	1306	1285	1.149	0.123	0.042	0.072
Currently using female sterilization	0.004	0.002	1306	1285	1.264	0.500	-0.001	0.008
Currently using periodic abstinence	0.029	0.004	1306	1285	0.921	0.138	0.019	0.037
Obtained method from public sector source	0.599	0.057	114	109	1.255	0.095	0.479	0.718
Want no more children	0.676	0.014	1306	1285	1.155	0.021	0.646	0.706
Want to delay at least 2 years	0.047	0.006	1306	1285	0.978	0.128	0.035	0.059
Ideal number of children	2.427	0.026	2177	2105	1.286	0.011	2.372	2.481
Mothers received medical assistance at delivery	0.976	0.008	621	611	1.126	0.008	0.962	0.996
Had diarrhea in the past 2 weeks	0.102	0.021	603	590	1.682	0.206	0.061	0.144
Treated with ORS packets	0.091	0.018	61	60	0.508	0.198	0.048	0.133
Taken to health provider	0.510	0.051	61	60	0.797	0.100	0.394	0.626
Having health card, seen	0.977	0.014	115	107	0.967	0.014	0.949	1.005
Received BCG vaccination	0.932	0.029	115	107	1.220	0.031	0.872	0.991
Received DPT vaccination (3 doses)	0.787	0.051	115	107	1.326	0.065	0.682	0.893
Received polio vaccination (3 doses)	0.793	0.047	115	107	1.239	0.059	0.695	0.890
Received MMR vaccination	0.787	0.052	115	107	1.351	0.066	0.679	0.894
Fully immunized	0.733	0.055	115	107	1.316	0.074	0.620	0.846
Height-for-age (below -2SD)	0.202	0.021	601	588	1.277	0.103	0.160	0.243
Weight-for-height (below -2SD)	0.068	0.011	601	588	1.109	0.166	0.045	0.091
Weight-for-age (below -2SD)	0.077	0.012	601	588	1.135	0.159	0.053	0.102
Anemia children	0.520	0.025	510	496	1.150	0.049	0.469	0.571
Anemia women	0.521	0.018	2161	2125	1.657	0.034	0.485	0.556
BMI < 18.5	0.068	0.007	2048	2016	1.286	0.107	0.054	0.083
BMI >=25	0.448	0.012	2048	2016	1.074	0.026	0.424	0.471
Prevalence of hypertension	0.121	0.009	2189	2118	1.302	0.074	0.103	0.141
Had an injection in past 12 months	0.372	0.015	2189	2118	1.542	0.040	0.339	0.404
Accepting attitudes towards people with HIV	0.031	0.005	1351	1359	1.170	0.161	0.019	0.042
Has heard about HIV/AIDS	0.641	0.018	2189	2118	1.789	0.028	0.604	0.679
Knows about condoms	0.401	0.021	2189	2118	1.972	0.052	0.359	0.443
Knows about limiting partners	0.447	0.021	2189	2118	1.896	0.047	0.406	0.789
Total fertility rate (last 3 years)	2.086	0.136	na	6097	1.107	0.065	1.821	2.352
Total abortion rate (last 3 years)	2.730	0.223	na	6097	0.947	0.082	2.294	3.167
Neonatal mortality (last 5 years)	31.838	8.850	613	603	1.242	0.278	14.492	49.184
Post-neonatal mortality (last 5 years)	37.972	8.820	609	594	1.187	0.232	20.685	55.259
Infant mortality (last 5 years)	8.924	3.599	479	470	0.810	0.403	1.869	15.98
Child mortality (last 5 years)	46.557	9.037	479	470	1.098	0.194	28.844	64.269

Appendix B

Table B.12 Sampling errors: Yukhari Garabakh sample, DHS-2011								
Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	0.407	0.062	289	269	2.162	0.152	0.246	0.568
No education	0.018	0.014	289	269	1.885	0.778	0.000	0.056
Complete secondary education or higher	0.791	0.031	289	269	1.285	0.039	0.711	0.871
Never married/in union	0.404	0.038	289	269	1.347	0.094	0.303	0.504
Currently married/in union	0.597	0.038	289	269	1.347	0.064	0.496	0.696
Married before age 20	0.352	0.050	236	222	1.611	0.143	0.223	0.481
Had sexual intercourse before age 18	0.146	0.031	236	222	1.387	0.212	0.063	0.228
Currently pregnant	0.459	0.015	289	269	1.251	0.033	0.006	0.085
Induced abortions	0.417	0.237	289	269	0.815	0.568	0.356	0.478
Children ever born	1.662	0.118	289	269	1.263	0.071	1.359	1.966
Children surviving	1.517	0.086	289	269	1.027	0.057	1.296	1.738
Children ever born to women age 40-49	2.577	0.152	101	101	0.965	0.059	2.186	2.968
Knowing any contraceptive method	0.983	0.013	175	161	1.428	0.013	0.948	1.012
Ever used any contraceptive method	0.709	0.598	175	161	1.733	0.843	0.556	0.863
Currently using any method	0.426	0.029	175	161	0.786	0.068	0.350	0.501
Currently using a modern method	0.092	0.022	175	161	1.042	0.239	0.033	0.151
Currently using pill	0.004	0.004	175	161	0.878	1.000	0.000	0.015
Currently using IUD	0.028	0.016	175	161	1.280	0.571	0.000	0.069
Currently using female sterilization	0.008	0.008	175	161	1.211	1.000	0.000	0.028
Currently using periodic abstinence	0.024	0.009	175	161	0.828	0.375	0.000	0.049
Obtained method from public sector source	0.550	0.254	9	8	1.449	0.462	0.000	1.642
Want no more children	0.635	0.031	175	161	0.859	0.049	0.554	0.715
Want to delay at least 2 years	0.045	0.009	175	161	0.563	0.200	0.022	0.067
Ideal number of children	2.453	0.025	289	269	0.426	0.010	2.390	2.517
Mothers received medical assistance at delivery	1.000	0.000	40	36	na	0.000	1.000	1.000
Had diarrhea in the past 2 weeks	0.174	0.042	84	72	1.049	0.241	0.065	0.283
Treated with ORS packets	0.118	0.051	16	13	0.602	0.432	0.000	0.333
Taken to health provider	0.302	0.091	16	13	0.761	0.301	0.000	0.691
Having health card, seen	0.931	0.073	20	20	1.259	0.079	0.727	1.134
Received BCG vaccination	1.000	0.000	20	20	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.777	0.065	20	20	0.684	0.084	0.596	0.959
Received polio vaccination (3 doses)	0.777	0.065	20	20	0.684	0.084	0.596	0.959
Received MMR vaccination	0.849	0.091	20	20	1.102	0.107	0.598	1.100
Fully immunized	0.712	0.046	20	20	0.439	0.064	0.585	0.839
Height-for-age (below -2SD)	0.193	0.082	84	78	1.924	0.425	0.029	0.357
Weight-for-height (below -2SD)	0.084	0.030	84	78	0.885	0.354	0.024	0.143
Weight-for-age (below -2SD)	0.108	0.053	84	78	1.436	0.489	0.002	0.213
Anemia children	0.737	0.050	63	55	0.859	0.068	0.637	0.837
Anemia women	0.526	0.043	276	258	1.443	0.083	0.439	0.613
BMI < 18.5	0.042	0.017	260	242	1.294	0.405	0.008	0.075
BMI >=25	0.486	0.035	260	242	1.117	0.071	0.417	0.556
Prevalence of hypertension	0.071	0.014	289	269	0.986	0.197	0.032	0.109
Had an injection in past 12 months	0.520	0.026	289	269	0.877	0.050	0.454	0.586
Accepting attitudes towards people with HIV	0.012	0.008	168	159	0.659	0.667	0.000	0.034
Has heard about HIV/AIDS	0.592	0.051	289	269	1.728	0.086	0.463	0.721
Knows about condoms	0.341	0.026	289	269	0.929	0.076	0.275	0.409
Knows about limiting partners	0.401	0.038	289	269	1.314	0.095	0.304	0.498
Total fertility rate (last 3 years)	2.502	0.290	na	783	1.276	0.116	1.934	3.070
Total abortion rate (last 3 years)	3.267	0.598	na	783	1.191	0.183	2.096	4.438
Neonatal mortality (last 5 years)	38.026	22.213	86	74.934	0.959	0.584	0.000	81.564
Post-neonatal mortality (last 5 years)	64.685	29.933	84	73.476	1.190	0.463	6.016	123.354
Infant mortality (last 5 years)	0.000	0.000	63	49.081	0.000	0.000	0.000	0.000
Child mortality (last 5 years)	64.685	29.933	63	49.081	1.190	0.463	6.016	123.354

Appendix B

Table B.13 Sampling errors: Daghigh Shirvan sample, DHS-2011

Variable label	R	SE	N	WN	DEFT	SE/R	R-2SE	R+2SE
Urban residence	0.318	0.078	324	289	3.036	0.245	0.126	0.511
No education	0.080	0.034	324	289	2.307	0.427	0.000	0.164
Complete secondary education or higher	0.675	0.038	324	289	1.494	0.056	0.579	0.770
Never married/in union	0.426	0.021	324	289	0.791	0.049	0.372	0.479
Currently married/in union	0.573	0.021	324	289	0.791	0.037	0.520	0.627
Married before age 20	0.373	0.035	262	231	1.156	0.093	0.288	0.457
Had sexual intercourse before age 18	0.142	0.009	262	231	0.443	0.063	0.119	0.165
Currently pregnant	0.018	0.008	324	289	1.124	0.444	0.000	0.038
Induced abortions	0.317	0.037	324	289	1.262	0.117	0.237	0.397
Children ever born	1.746	0.141	324	289	1.368	0.081	1.401	2.092
Children surviving	1.557	0.112	324	289	1.247	0.072	1.284	1.830
Children ever born to women age 40-49	3.224	0.366	105	92	2.101	0.113	2.330	4.119
Knowing any contraceptive method	0.989	0.009	185	166	1.223	0.009	0.967	1.012
Ever used any contraceptive method	0.750	0.324	185	166	1.073	0.432	0.666	0.834
Currently using any method	0.603	0.047	185	166	1.319	0.078	0.486	0.719
Currently using a modern method	0.096	0.016	185	166	0.773	0.167	0.055	0.137
Currently using pill	0.011	0.012	185	166	1.495	1.091	0.000	0.039
Currently using IUD	0.669	0.013	185	166	0.715	0.019	0.035	0.099
Currently using female sterilization	0.008	0.006	185	166	1.017	0.750	0.000	0.024
Currently using periodic abstinence	0.018	0.007	185	166	0.722	0.389	0.001	0.036
Obtained method from public sector source	0.757	0.180	16	15	1.628	0.238	0.316	1.198
Want no more children	0.728	0.041	185	166	1.224	0.056	0.631	0.827
Want to delay at least 2 years	0.051	0.018	185	166	1.131	0.353	0.006	0.096
Ideal number of children	2.561	0.087	321	287	1.455	0.034	2.347	2.775
Mothers received medical assistance at delivery	0.959	0.023	102	91	0.891	0.024	0.898	1.021
Had diarrhea in the past 2 weeks	0.045	0.019	99	88	0.942	0.422	0.000	0.094
Treated with ORS packets	0.703	0.291	5	4	1.278	0.414	0.000	4.412
Taken to health provider	0.703	0.291	5	4	1.278	0.414	0.000	4.412
Having health card, seen	1.000	0.000	20	17	na	0.000	1.000	1.000
Received BCG vaccination	1.000	0.000	20	17	na	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.811	0.119	20	17	1.327	0.147	0.480	1.142
Received polio vaccination (3 doses)	0.800	0.118	20	17	1.288	0.148	0.472	1.128
Received MMR vaccination	0.876	0.068	20	17	0.896	0.077	0.689	1.064
Fully immunized	0.800	0.118	20	17	1.288	0.148	0.472	1.128
Height-for-age (below -2SD)	0.145	0.042	101	96	1.241	0.287	0.062	0.228
Weight-for-height (below -2SD)	0.064	0.013	101	96	0.564	0.208	0.037	0.091
Weight-for-age (below -2SD)	0.072	0.027	101	96	1.044	0.366	0.019	0.125
Anemia children	0.530	0.061	84	79	1.113	0.115	0.408	0.652
Anemia women	0.493	0.053	320	300	1.894	0.107	0.387	0.598
BMI < 18.5	0.100	0.025	308	288	1.528	0.249	0.050	0.151
BMI >=25	0.342	0.037	308	288	1.353	0.108	0.268	0.416
Prevalence of hypertension	0.134	0.029	324	289	1.557	0.216	0.062	0.206
Had an injection in past 12 months	0.241	0.021	324	289	0.881	0.087	0.190	0.292
Accepting attitudes towards people with HIV	0.563	0.021	166	143	1.136	0.037	0.006	0.106
Has heard about HIV/AIDS	0.492	0.055	324	289	1.979	0.112	0.357	0.627
Knows about condoms	0.321	0.037	324	289	1.412	0.115	0.231	0.410
Knows about limiting partners	0.455	0.537	324	289	1.937	1.180	0.323	0.586
Total fertility rate (last 3 years)	2.223	0.204	na	841	1.078	0.092	1.824	2.622
Total abortion rate (last 3 years)	0.839	0.218	na	841	0.847	0.260	0.412	1.265
Neonatal mortality (last 5 years)	40.411	28.410	101	89	1.37	0.703	0.000	96.095
Post-neonatal mortality (last 5 years)	40.411	28.410	95	83	1.37	0.703	0.000	96.095
Infant mortality (last 5 years)	0.000	0.000	65	64	0.00	0.000	0.000	0.00
Child mortality (last 5 years)	40.411	28.410	65	64	1.37	0.703	0.000	96.095

Table C.1 Household age distribution					
Single-year age distribution of the de facto household population by sex (weighted), Azerbaijan 2011					
Age	Females		Males		
	Number	Percentage	Number	Percentage	
0	306	2.0	226	1.4	
1	341	2.3	279	1.7	
2	299	2.0	263	1.6	
3	280	1.9	242	1.5	
4	226	1.5	205	1.2	
5	154	1.0	127	0.8	
6	295	2.0	254	1.5	
7	187	1.3	181	1.1	
8	194	1.3	173	1.0	
9	209	1.4	158	1.0	
10	170	1.1	168	1.0	
11	197	1.3	167	1.0	
12	195	1.3	165	1.0	
13	216	1.4	189	1.1	
14	242	1.6	283	1.7	
15	273	1.8	201	1.2	
16	321	2.2	249	1.5	
17	322	2.2	424	2.6	
18	278	1.9	474	2.9	
19	289	1.9	427	2.6	
20	351	2.4	469	2.8	
21	324	2.2	438	2.7	
22	307	2.1	414	2.5	
23	321	2.2	400	2.4	
24	357	2.4	343	2.1	
25	346	2.3	337	2.0	
26	277	1.9	308	1.9	
27	260	1.7	247	1.5	
28	255	1.7	221	1.3	
29	218	1.5	210	1.3	
30	220	1.5	225	1.4	
31	203	1.4	190	1.2	
32	178	1.2	172	1.0	
33	157	1.1	191	1.2	
34	154	1.0	176	1.1	
35	165	1.1	179	1.1	
36	131	0.9	155	0.9	
37	138	0.9	175	1.1	
38	143	1.0	193	1.2	
39	157	1.0	195	1.2	
40	154	1.0	238	1.4	
41	158	1.1	195	1.2	
42	147	1.0	272	1.6	
43	199	1.3	266	1.6	
44	179	1.2	305	1.8	
45	248	1.7	294	1.8	
46	228	1.5	288	1.7	
47	251	1.7	324	2.0	
48	274	1.8	300	1.8	
49	252	1.7	241	1.5	
50	322	2.2	525	3.2	
51	303	2.0	358	2.2	
52	267	1.8	275	1.7	
53	248	1.7	218	1.3	
54	193	1.3	184	1.1	
55	186	1.2	171	1.0	
56	169	1.1	167	1.0	
57	172	1.2	120	0.7	
58	96	0.6	113	0.7	
59	97	0.6	88	0.5	
60	97	0.6	130	0.8	
61	87	0.6	84	0.5	
62	79	0.5	67	0.4	
63	75	0.5	89	0.5	
64	50	0.3	54	0.3	
65	55	0.4	51	0.3	
66	29	0.2	45	0.3	
67	31	0.2	27	0.2	
68	17	0.1	30	0.2	
69	37	0.2	49	0.3	
70+	570	3.8	835	5.1	
Total	14927	100.0	16497	100.0	

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before interview

Appendix C

Table C.2. Age distribution of eligible and interviewed women
De facto household population of women age 10-54 and percent distribution of interviewed women age 15-49; and percent distribution and percentage of eligible women who were interviewed (weighted), by five-year age groups, Azerbaijan 2011

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percentage	
10-14	972	na	na	na
15-19	1774	1702	18.3	95.9
20-24	2064	1953	21.0	94.6
25-29	1323	1266	13.6	95.6
30-34	954	918	9.9	96.3
25-39	897	864	9.3	96.3
40-44	1276	1214	13.0	95.1
45-49	1447	1393	15.0	96.3
50-54	1561	na	na	na
15-49	9736	9310	100.0	95.6

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the Household Questionnaire.
na = Not applicable

Table C.3 Completeness of reporting
Percentage of observations missing for selected demographic and health questions (weighted), Azerbaijan 2011

Subject	Reference group	Percentage with missing information	Number of cases
Birth date	Births in the 15 years preceding the survey		
Month only		0.2	5004
Month and year		0.0	5004
Age at death	Deceased children born in the 15 years preceding the survey	0.0	561
Age/date at first union¹	Ever-married women age 15-49	0.0	6122
Respondent's education	All women age 15-49	0.0	9804
	All men age 15-59	0.0	10307
Diarrhea in past 2 weeks	Living children age 0-59 months	3.8	2989
Anthropometry	Living children age 0-59 months (from the Household Questionnaire)		
Height		5.8	2004
Weight		5.8	2004
Height or weight		5.8	2004
Anemia			
Anemia children	Living children age 6-59 months (from the Household Questionnaire)	0.7	1887
Anemia women	All women (from the Household Questionnaire)	5.5	6111

¹Both year and age missing

Appendix C

Table C.4 Reporting of age at death in months
Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month of age, for five-year periods of birth preceding the survey (weighted), Azerbaijan 2011

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 ^a	42	57	67	90	255
1	3	3	10	12	28
2	3	7	4	9	23
3	4	4	7	22	37
4	2	8	5	13	27
5	1	2	1	7	11
6	3	1	7	10	22
7	1	5	3	7	15
8	1	6	5	11	23
9	0	1	1	15	17
10	0	0	7	4	12
11	1	2	5	9	16
12	8	5	6	13	31
13	0	1	0	0	1
14	0	0	0	1	1
15	1	0	0	0	1
16	0	0	0	3	3
17	0	0	1	0	1
18	0	0	2	0	2
19	0	0	1	1	2
22	0	0	0	1	1
Total 0-11	61	96	119	209	485
Percentage neonatal ¹	68.9	59.1	55.9	42.8	52.5

^a Includes deaths under one month reported in days
¹ Under one month/under one year

Table C.5 Reporting of age at death in days
Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Azerbaijan 2011

Age at death (days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	8	14	9	18	50
1	14	9	17	15	55
2	6	3	6	7	22
3	3	11	8	7	29
4	3	4	8	5	20
5	1	5	6	5	16
6	0	0	2	4	6
7	2	0	3	4	9
8	2	0	2	2	6
9	0	0	0	2	2
10	3	1	1	5	10
11	0	2	0	0	2
12	1	1	0	0	2
13	0	0	0	1	1
14	0	1	1	0	1
15	0	1	1	2	4
16	0	1	0	1	2
17	0	0	1	3	4
18	0	0	0	1	1
19	0	2	0	0	2
20	0	1	2	6	9
22	0	0	1	0	1
29	0	0	0	1	1
Total 0-30	42	57	67	90	255
Percentage early neonatal ¹	84.1	82.2	82.9	68.4	77.8

¹ ≤ 6 days/≤ 30 days

Appendix C

Table C.6 Births by calendar years												
Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Azerbaijan 2011												
Calendar year ¹	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar year ratio ³		
	L	D	T	L	D	T	L	D	T	L	D	T
2011	234	8	242	100.0	100.0	100.0	138.4	ne	145.3	na	na	na
2010	417	20	437	100.0	100.0	100.0	154.6	136.9	153.7	na	na	na
2009	454	12	466	100.0	100.0	100.0	121.5	29.2	117.5	108.2	83.1	107.4
2008	421	9	430	100.0	100.0	100.0	118.8	173.0	119.7	102.2	61.7	100.8
2007	371	17	388	100.0	100.0	100.0	108.0	76.6	106.4	98.9	87.0	98.4
2006	328	30	358	100.0	100.0	100.0	118.6	118.6	118.6	84.1	140.1	87.0
2005	410	26	436	100.0	100.0	100.0	118.1	55.0	113.0	129.2	88.9	125.8
2004	306	28	335	100.0	100.0	100.0	104.7	64.8	100.6	82.0	135.7	84.9
2003	337	16	353	99.7	100.0	99.7	100.7	195.5	103.6	106.5	74.5	104.5
2002	327	14	341	100.0	100.0	100.0	111.8	57.6	108.8	106.9	87.4	105.9
2007-2011	1897	65	1963	100.0	100.0	100.0	126.5	111.6	125.9	na	na	na
2002-2006	1707	115	1822	99.9	100.0	99.9	110.9	84.3	109.0	na	na	na
1997-2001	1556	132	1688	99.9	99.1	99.9	110.9	202.5	116.0	na	na	na
1992-1996	2123	244	2368	100.0	99.2	99.9	107.9	129.8	109.9	na	na	na
<1992	2655	357	3012	99.9	98.5	99.7	75.2	132.1	80.5	na	na	na
Total	9939	914	10852	99.9	99.1	99.9	101.9	130.1	104.1	na	na	na

na = Not applicable
ne= Not estimable
¹Both year and month of birth given
² $(B_m/B_f) \times 100$, where B_m and B_f are the numbers of male and female births, respectively
³ $[2B_x / (B_{x-1} + B_{x+1})] \times 100$, where B_x is the number of births in calendar year x

DHS-2011 LIST OF PARTICIPANTS

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AZERBAIJAN DEMOGRAPHIC AND HEALTH SURVEY - 2011
HOUSEHOLD QUESTIONNAIRE

PUBLIC HEALTH AND REFORM CENTRE

REPUBLIC OF AZERBAIJAN

IDENTIFICATION																
LOCATION _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER ECONOMIC REGION RAYON BAKU/CITY/TOWN/RURAL (BAKU=1, OTHER CITY (50,000-1 MLN)=2, TOWN (LESS THAN 50,000)=3, RURAL=4)	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>															

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR INT. NUMBER RESULT
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER RESULT
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <input style="width: 20px; height: 15px;" type="text"/>
TIME	_____	_____	_____	
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> TOTAL ELIGIBLE WOMEN <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
QUESTIONNAIRE LANGUAGE: <input style="width: 20px; height: 15px;" type="text"/>	LANGUAGE OF INTERVIEW: <input style="width: 20px; height: 15px;" type="text"/>	NATIVE LANGUAGE OF RESPONDENT <input style="width: 20px; height: 15px;" type="text"/>		LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
CODES: AZERBAIJANIAN-1; RUSSIAN-2 ; OTHER-6 (SPECIFY _____)				
TRANSLATOR USED: (YES = 1, NO = 2) <input style="width: 20px; height: 15px;" type="text"/>				

SUPERVISOR/FIELD EDITOR	FIELD COORDINATOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	DATE _____ <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>

Introduction and Consent

Hello. My name is _____ and I am working with
The Public Health and Reform Centre of the Republic of Azerbaijan.

We are conducting a national survey about various health issues.

We would very much appreciate your participation in the survey. It takes 20-25 minutes

As part of the survey we would first like to ask some questions about your household.

In accordance with the law of the Republic of Azerbaijan "About Statistics",

all of the answers you give will be confidential and will be used only for obtaining the cumulative
data on regional and country levels. Participation in the survey is completely voluntary.

If we should come to any question you don't want to answer, just let me know and I will go on
to the next question; or you can stop the interview at any time.

However, we hope you participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1
↓
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 16 OR OLDER				IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		IDP/REFUGEE STATUS				MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(7B)	(7C)	(7D)	(8)	(9)	(11)	
01	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C ON PAGE 6 TO BE SURE THAT THE LISTING IS THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-28 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female? M F 1 2	Does (NAME) usually live here? Y N 1 2	Did (NAME) stay here last night? Y N 1 2	How old is (NAME)? IN YEARS [][]	Is (NAME) a refugee? Y N DK 1 2 8 GO TO 7C	Where did (NAME) live before 1988? SEE CODES BELOW.	Is (NAME) an internally displaced person? Y N DK 1 2 8 GO TO 8	Where did (NAME) live before 1988? SEE CODES BELOW.	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED	[]	01	01
02			1 2	1 2	1 2	[][]	1 2 8 GO TO 7C	[]	1 2 8 GO TO 8	[][]	[]	02	02	
03			1 2	1 2	1 2	[][]	1 2 8 GO TO 7C	[]	1 2 8 GO TO 8	[][]	[]	03	03	
04			1 2	1 2	1 2	[][]	1 2 8 GO TO 7C	[]	1 2 8 GO TO 8	[][]	[]	04	04	
05			1 2	1 2	1 2	[][]	1 2 8 GO TO 7C	[]	1 2 8 GO TO 8	[][]	[]	05	05	
06			1 2	1 2	1 2	[][]	1 2 8 GO TO 7C	[]	1 2 8 GO TO 8	[][]	[]	06	06	
07			1 2	1 2	1 2	[][]	1 2 8 GO TO 7C	[]	1 2 8 GO TO 8	[][]	[]	07	07	
08			1 2	1 2	1 2	[][]	1 2 8 GO TO 7C	[]	1 2 8 GO TO 8	[][]	[]	08	08	
09			1 2	1 2	1 2	[][]	1 2 8 GO TO 7C	[]	1 2 8 GO TO 8	[][]	[]	09	09	
10			1 2	1 2	1 2	[][]	1 2 8 GO TO 7C	[]	1 2 8 GO TO 8	[][]	[]	10	10	

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = NIECE/NEPHEW BY BLOOD |
| 03 = SON OR DAUGHTER | 10 = NIECE/NEPHEW BY MARRIAGE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = OTHER RELATIVE |
| 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT | 13 = NOT RELATED |
| 07 = PARENT-IN-LAW | 18 = DON'T KNOW |

CODES FOR Q.7B REFUGEES FROM:

- 1 ARMENIA
- 2 KAZAKHSTAN
- 3 UZBEKISTAN
- 6 OTHER

CODES FOR Q.7D IDP FROM:

- 01 AGDAM
- 02 AGDERE
- 03 FUZULI
- 04 GUBADLI
- 05 DJEBRAIL
- 06 KELBADJAR
- 07 HODJAVEND
- 08 HODJALI
- 09 LACHIN
- 10 SHUSHA
- 11 ZANGILAN
- 12 HANKENDI
- 96 OTHER

LINE NO.	INJURIES IN THE LAST MONTH		IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Did (NAME) have any injury that was treated by a doctor or a nurse during the last 30 days?	What type of injury did (NAME) have? SEE CODES BELOW	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2010-2011 school year?	During this/that school year, what level and grade was/is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year (2009-2010)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.
(1)	(12A)	(12B)	(13)	(14)	(16)	(17)	(23)	(24)	(25)	(26)	(27)	(28)
01	Y N DK 1 2 8 ↓ GO TO 13	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 91	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 91	LEVEL GRADE <input type="text"/>
02	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>
03	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>
04	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>
05	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>
06	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>
07	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>
08	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>
09	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>
10	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/>

CODES FOR Q. 12B: INJURIES

- 11= ASSAULT AT HOME
- 12= ASSAULT OUTSIDE HOME
- 13= ACCIDENT AT HOME
- 14= ACCIDENT AT WORK
- 15= TRAFFIC COLLISION
- 16= SPORT INJURY
- 96= OTHER UNINTENTIONAL INJURY

CODES FOR Qs. 24, 26, AND 28: EDUCATION

- | LEVEL | GRADE |
|-------------------------|---|
| 1 = PRIMARY | 1-4 |
| 2 = BASIC SECONDARY | 5-9 |
| 3 = COMPLETE SECONDARY | 10-11 |
| 4 = VOCATINAL SCHOOL | 1-3 |
| 5 = SECONDARY VOCATINAL | 1-3 |
| 6 = HIGHER | 1+ (RECORD 1-7 FOR INSTITUTE AND IF IN ASPIRANTURA ADD 1-3 OR MORE YEARS) |
| 8 = DON'T KNOW | |
| | 00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 24 ONLY.
THIS CODE IS NOT ALLOWED FOR QS. 26 AND 28) |
| | 98 = DON'T KNOW |

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE			IF AGE 16 OR OLDER				IF AGE 15 OR OLDER	ELIGIBILITY	
				Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	Is (NAME) a refugee?	Where did (NAME) live before 1988?	Is (NAME) an internally displaced person?	Where did (NAME) live before 1988?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(7B)	(7C)	(7D)	(8)	(9)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y N DK 1 2 8 GO TO 7C	<input type="text"/>	Y N DK 1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 8 GO TO 7C	<input type="text"/>	1 2 8 GO TO 8	<input type="text"/>	<input type="text"/>	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

CODES FOR Q7B REFUGEES FROM:

CODES FOR Q7D IDP FROM:

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?
 2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
 2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ADD TO TABLE NO
 YES ADD TO TABLE NO
 YES ADD TO TABLE NO

01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT
 07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 09 = NIECE/NEPHEW BY BLOOD
 10 = NIECE/NEPHEW BY MARRIAGE
 11 = OTHER RELATIVE
 12 = ADOPTED/FOSTER/STEPCHILD
 13 = NOT RELATED
 98 = DON'T KNOW

1 ARMENIA
 2 KAZAKHSTAN
 3 UZBEKISTAN
 6 OTHER

01 AGDAM
 02 AGDERE
 03 FUZULI
 04 GUBADLI
 05 DJEBRAIL
 06 KELBADJAR
 07 HODJAVEND
 08 HODJALI
 09 LACHIN
 10 SHUSHA
 11 ZANGILAN
 12 HANKENDI
 96 OTHER

LINE NO.	INJURIES IN THE LAST MONTH		IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Did (NAME) have any injury that was treated by a doctor or a nurse during the last 30 days?	What type of injury did (NAME) have? SEE CODES BELOW	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2010-2011 school year?	During this/that school year, what level and grade was/is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year (2009-2010)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.
(1)	(12A)	(12B)	(13)	(14)	(16)	(17)	(23)	(24)	(25)	(26)	(27)	(28)
11	Y N DK 1 2 8 ↓ GO TO 13	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 91	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 91	LEVEL GRADE <input type="text"/> <input type="text"/>
12	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>
13	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>
14	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>
15	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>
16	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>
17	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>
18	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>
19	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>
20	1 2 8 ↓ GO TO 13	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 91	<input type="text"/> <input type="text"/>

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CODES FOR Qs. 24, 26, AND 28: EDUCATION

- | | |
|------------------------|--|
| LEVEL | GRADE |
| 1 = PRIMARY | 1-4 |
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| 4 = VOCATINAL SCHOOL | 1-3 |
| 5 =SECONDARY VOCATINAL | 1-3 |
| 6 = HIGHER | 1+ (RECORD 1-7 FOR INSTITUTE AND IF IN ASPIRANTURA ADD 1-3 OR MORE YEARS) |
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(USE '00' FOR Q. 24 ONLY.
THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28)
98 = DON'T KNOW |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
103	Where is that water source located?	AT HOME 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	Who usually goes to this source to fetch the water for your household?	WOMAN 15 YEARS AND OLDER 1 MAN 15 YEARS AND OLDER 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER 6 (SPECIFY)	
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH/COTTON C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F SPECIAL STONE FILTER G OTHER X (SPECIFY) DON'T KNOW Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO SOMEWHERE ELSE 14 PIT LATRINE WITH SLAB 22 OPEN PIT/HOLE IN THE GROUND 23 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 111
109	Do you share this toilet facility with other households?	YES 1 NO 2	→ 111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text"/> <input type="text"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
111	Does your household have: Electricity? A clock? A radio? A roll photo-camera? A video-camera? An audio tape player? Divan/sofa? Stenka? Gorka (for living room) A computer? An internet? A black and white television? A colour television? A satellite dish? A DVD player? A mobile telephone? A land line? A refrigerator? A freezer? A washing machine? A dishwashing machine? An electric generator? A ventilator or an air conditioner? A water heater?	YES	NO	
		ELECTRICITY	1 2	
		CLOCK	1 2	
		RADIO	1 2	
		PHOTO CAMERA	1 2	
		VIDEO CAMERA	1 2	
		AUDIO TAPE PLAYER	1 2	
		DIVAN/SOFA	1 2	
		MEBELNAYA STENKA	1 2	
		GORKA	1 2	
		COMPUTER	1 2	
		INTERNET	1 2	
		B/W TELEVISION	1 2	
		COLOR TELEVISION	1 2	
		SATELITE DISH	1 2	
		DVD PLAYER	1 2	
		MOBILE TELEPHONE	1 2	
		NON-MOBILE TELEPHONE	1 2	
		REFRIGERATOR	1 2	
		FREEZER	1 2	
		WASHING MACHINE	1 2	
		DISHWASHING MACHINE	1 2	
		ELECTR. GENERATOR	1 2	
		VENTILATOR/AIR CONDITION.	1 2	
		WATER HEATER	1 2	
112	What type of fuel does your household mainly use ?	ELECTRICITY	01	} → 115
		NATURAL GAS	03	
		COMPRESSED GAS	04	
		KEROSENE/SOLYARKA	05	
		COAL, LIGNITE	06	
		CHARCOAL	07	
		FIREWOOD/STRAW	08	
		ANIMAL DUNG	09	
		NO FOOD COOKED IN HOUSEHOLD	95	
		OTHER _____ (SPECIFY)	96	
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE	1	} → 115
		OPEN STOVE	2	
		CLOSED STOVE WITH CHIMNEY	3	
		OTHER _____ (SPECIFY)	6	
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY	1	
		HOOD	2	
		NEITHER	3	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE	1	} → 117
		IN A SEPARATE BUILDING	2	
		OUTDOORS	3	
		OTHER _____ (SPECIFY)	6	
116	Do you have a separate room which is used as a kitchen?	YES	1	
		NO	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
120	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
121	Does any member of this household own A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat? Tractor?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRACTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT	1	2	TRACTOR	1	2	
	YES	NO																						
BICYCLE	1	2																						
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ANIMAL-DRAWN CART	1	2																						
CAR/TRUCK	1	2																						
BOAT	1	2																						
TRACTOR	1	2																						
122	Does any member of this household own any agricultura land?	YES 1 NO 2	→ 124																					
123	How many hectares of agricultural land do members of this household own?	IF >= 1 HECTARE, HECTARES .. 1 <input type="text"/> <input type="text"/> IF < 1 HECTARE, ARI 2 <input type="text"/> <input type="text"/> DON'T KNOW 998																						
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 126																					
125	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cattle/milk cows/bulls? Horses, donkeys, or mules? Goats? Sheep? Fowl (ex. Chickens, geese, ducks, turkey)? Pigs? Rabbits?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>CATTLE/COWS/BULLS</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>HORSES/DONKEYS/MULES ...</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>GOATS?</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>SHEEP?</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>FOWL</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>PIGS</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>RABBITS</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>	CATTLE/COWS/BULLS	<input type="text"/>	<input type="text"/>	HORSES/DONKEYS/MULES ...	<input type="text"/>	<input type="text"/>	GOATS?	<input type="text"/>	<input type="text"/>	SHEEP?	<input type="text"/>	<input type="text"/>	FOWL	<input type="text"/>	<input type="text"/>	PIGS	<input type="text"/>	<input type="text"/>	RABBITS	<input type="text"/>	<input type="text"/>	
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PIGS	<input type="text"/>	<input type="text"/>																						
RABBITS	<input type="text"/>	<input type="text"/>																						
126	Does any member of this household have a bank account?	YES 1 NO 2																						
126A	If you consider your current income, are you and this household able to make ends meet with: great difficulty some difficulty, a little difficulty, fairly easily, easily, or very easily?	GREAT DIFFICULTY 1 SOME DIFFICULTY 2 A LITTLE DIFFICULTY 3 FAIRLY EASILY 4 EASILY 5 VERY EASILY 6 DON'T KNOW 8																						
126B	Has this household had problems paying bills for rent electricity, or gas during the last 12 months?	YES 1 NO 2 DON'T KNOW 8																						
126C	If you were in a situation where you had to get 60 manat (around \$80) in one week, would you manage to do that?	YES 1 NO 2 DON'T KNOW 8	→ 138																					
126D	If it is possible how would you do it? RECORD ALL RESPONSES.	OWN SAVINGS A BORROW FROM FAMILY B BORROW FROM FRIENDS/ RELATIVES C BORROW FROM BANK/ CREDITORS D OTHER X SPECIFY _____																						
138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) 1 BELOW 15 PPM 2 15 PPM AND ABOVE 3 NO SALT IN HH 4 SALT NOT TESTED 6 (SPECIFY REASON) _____																						

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN 6 CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508 AND FOR THE ANEMIA TEST PROCEDURE IN 513.			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY..... <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2006 OR LATER	YES..... 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←	YES..... 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←	YES..... 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←
505	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP..... 2	LYING DOWN 1 STANDING UP..... 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL .. <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL .. <input type="text"/> <input type="text"/> . <input type="text"/>
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT SUPERVISOR/FIELD EDITOR	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		
514 A	HEALTH TECHNICIAN'S NAME AND NUMBER <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF THE VISIT _____		

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We request that all children born in 2006 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY..... <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2006 OR LATER	YES..... 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←	YES..... 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←	YES..... 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←
505	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET .	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		
514A		HEALTH TECHNICIAN'S NAME AND NUMBER <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF THE VISIT _____	
	CHECK 502,503,509 FOR ELIGIBILITY OF HEIGHT, WEIGHT AND ANEMIA.			
	TOTAL ELIGIBLE FOR HEIGHT AND WEIGHT (CHECK 502, 503) →	<input type="text"/> <input type="text"/>	HEIGHT AND WEIGHT MEASURED (CHECK 505, 506, 508) →	<input type="text"/> <input type="text"/>
	TOTAL ELIGIBLE FOR ANEMIA TESTING (CHECK 502, 503, 509) →	<input type="text"/> <input type="text"/>	TOTAL TESTED FOR ANEMIA (CHECK 513) →	<input type="text"/> <input type="text"/>

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
524	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 3	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
526	CHECK 523 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
527	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>
528	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
529	_____ <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECHNICIAN'S NAME AND NUMBER		DATE OF THE VISIT _____	
	CHECK 516 FOR ELIGIBILITY OF HEIGHT, WEIGHT AND ANEMIA.			
	TOTAL ELIGIBLE FOR HEIGHT AND WEIGHT (CHECK 516) →	<input type="text"/> <input type="text"/>	HEIGHT AND WEIGHT MEASURED (CHECK 517, 518, 519) →	<input type="text"/> <input type="text"/>
	TOTAL ELIGIBLE FOR ANEMIA TESTING (CHECK 516) →	<input type="text"/> <input type="text"/>	TOTAL TESTED FOR ANEMIA (CHECK 527, 528) →	<input type="text"/> <input type="text"/>

AZERBAIJAN DEMOGRAPHIC AND HEALTH SURVEY - 2011
WOMAN'S QUESTIONNAIRE

MOH PUBLIC HEALTH AND REFORM CENTRE

REPUBLIC OF AZERBAIJAN

IDENTIFICATION											
LOCATION NAME _____											
NAME OF HOUSEHOLD HEAD _____											
CLUSTER NUMBER	<table border="1" style="border-collapse: collapse; width: 40px; height: 100px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
HOUSEHOLD NUMBER											
ECONOMIC REGION											
RAYON											
BAKU/CITY/TOWN/RURAL (BAKU=1, OTHER CITY (50,000-1 MLN)=2, TOWN (LESS THAN 50,000)=3, RURAL=4)											
NAME AND LINE NUMBER OF WOMAN _____											

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INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"></table>
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"></table>
TIME	_____	_____	_____	

*RESULT CODES:

- | | | | |
|---------------|--------------------|---------------|-----------|
| 1 COMPLETED | 4 REFUSED | 7 OTHER _____ | |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | | (SPECIFY) |
| 3 POSTPONED | 6 INCAPACITATED | | |

QUESTIONNAIRE LANGUAGE: <input style="width: 20px; height: 20px;" type="checkbox"/>	LANGUAGE OF INTERVIEW: <input style="width: 20px; height: 20px;" type="checkbox"/>	NATIVE LANGUAGE OF RESPONDENT: <input style="width: 20px; height: 20px;" type="checkbox"/>	TRANSLATOR USED (YES = 1, NO = 2) <input style="width: 20px; height: 20px;" type="checkbox"/>
CODES: AZERBAIJANIAN-1; RUSSIAN-2 ; OTHER-6 (SPECIFY _____)			

SUPERVISOR/EDITOR	FIELD COORDINATOR	OFFICE EDITOR	KEYED BY
NAME _____ DATE _____ <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"></table>	NAME _____ DATE _____ <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"></table>

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with The MOH Public Health and Reform Centre of the Republic of Azerbaijan. We are conducting a national survey that asks women about various health issues. We would very much appreciate participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

During the interview I would like to measure your blood pressure and pulse. This will be done 3 times during the interview. This is a harmless procedure. The results of this blood pressure and pulse measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure and pulse numbers. Although we will give you the results, we will not be able to provide you with any further counselling, testing or treatment if you have elevated blood pressure.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
101A	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON LEFT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC 1 <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC 2 <input type="text"/> <input type="text"/> <input type="text"/> PULSE 3 <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS 9995 OTHER _____ 9996 SPECIFY	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 106
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Have you ever attended school?	YES 1 NO 2	→ 115
109	What is the highest level of school you attended: primary, basic secondary or complete secondary, or PTU, Technicum, Institut or Unversitet?	PRIMARY1 BASIC SECONDARY2 COMPLETE SECONDARY3 VOCATIONAL4 SECONDARY VOCATIONAL5 HIGHER6	
110	What is the highest (grade/form/class) you completed at that level?	GRADE/FORM <input type="text"/> <input type="text"/>	
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion?	MUSLIM 1 CHRISTIAN 2 NO RELIGION 3 OTHER 6 (SPECIFY)	
119	What is your ethnicity?	AZERBAIJANI 1 TALISH 2 RUSSIAN 3 LESGIN 4 OTHER 6 (SPECIFY) DON'T KNOW 8	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1169 268 1273 321"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1169 321 1273 373"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1169 514 1273 567"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ... <table border="1" data-bbox="1169 567 1273 619"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1169 846 1273 898"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" data-bbox="1169 898 1273 951"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1169 1012 1273 1064"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> <table border="1" data-bbox="357 1220 402 1283"><tr><td></td></tr></table> NO <input type="checkbox"/> <table border="1" data-bbox="520 1241 580 1283"><tr><td></td></tr></table> → PROBE AND CORRECT 201-208 AS NECESSARY.										
209A	Women sometimes have pregnancies which do not end in a live born child. That is, a pregnancy can be ended early by an abortion, a miscarriage, or a stillbirth. I will now ask you about each of them separately. How many abortions have you had? IF NONE, RECORD '00'	TOTAL ABORTIONS <table border="1" data-bbox="1169 1423 1273 1476"><tr><td></td><td></td></tr></table>									
209B	How many miscarriages? IF NONE, RECORD '00'	TOTAL MISCARRIAGES <table border="1" data-bbox="1169 1520 1273 1572"><tr><td></td><td></td></tr></table>									
209C	How many stillbirths? IF NONE, RECORD '00'	TOTAL STILLBIRTHS <table border="1" data-bbox="1169 1627 1273 1680"><tr><td></td><td></td></tr></table>									
209D	SUM ANSWERS TO 208, 209A, 209B, 209C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'.	TOTAL <table border="1" data-bbox="1169 1749 1273 1801"><tr><td></td><td></td></tr></table>									
210	CHECK 209D: Just to make sure that I have this right: you have had in TOTAL ____ pregnancies during your life. Is that correct? ONE OR MORE PREGNANCIES <input type="checkbox"/> <table border="1" data-bbox="461 1955 506 2018"><tr><td></td></tr></table> NO PREGNANCIES <input type="checkbox"/> →			→ 226							

211 PREGNANCY HISTORY. Now I want to talk about each of your pregnancies, including those which ended in a live birth, an induced abortion, a miscarriage, and a stillbirth. Starting with your last pregnancy, please tell me the following information:
 RECORD ALL PREGANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE MORE THAN 10 PREGANCIES USE AN ADDITIONAL QUESTIONNAIRE

212 Did your (last/next to last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	213 Was this a single or a multiple birth?	214 In what month and year (was this child born / did this pregnancy end?)	215 Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE	216 CHECK 212: RECORD SAME RESPONSE	217 What name was given to this child? WRITE 'BABY 1' 'BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	218 Is (NAME) a boy or girl?	219 Is (NAME) still alive?	220 IF ALIVE: How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	221 IF ALIVE: Is (NAME) living with you?	222 IF ALIVE: RECORD HOUSEHOLD LINE NO. OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	222A IF DIED: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		LIVE BIRTH 1 STILL BIRTH ... 2 MISCARRIAGE . 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
02 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH ... 2 MISCARRIAGE . 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
03 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH ... 2 MISCARRIAGE . 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
04 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH ... 2 MISCARRIAGE . 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
05 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 STILL BIRTH ... 2 MISCARRIAGE . 3 ABORTION 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>

212	213	214	215	216	217	218	219	220	221	222	222A
Did your (last/next to last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	Was this a single or a multiple birth?	In what month and year (was this child born / did this pregnancy end?)	Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE	CHECK 212: RECORD SAME RESPONSE	What name was given to this child? WRITE 'BABY 1' 'BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	Is (NAME) a boy or girl?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NO. OF CHILD RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	IF DIED: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS.
06 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH ... 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION ... 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
07 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH ... 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION ... 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
08 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH ... 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION ... 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
09 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH ... 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION ... 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>
10 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE 3 ABORTION 4 GOTO 214 ←	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2	LIVE BIRTH ... 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION ... 4 NEXT PREGNANCY ←	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NO.: <input type="text"/> <input type="text"/> ↓ NEXT PREGNANCY	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>

222B	Have you had any pregnancies since the the last birth/abortion/miscarriage/still birth? IF YES, RECORD PREGNANCIES IN TABLE ABOVE.	YES 1 NO 2
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222B1 RECORD AND COMPARE NUMBER OF EVENTS RECORDED IN PREGNANCY HISTORY WITH EARLIER RESPONSES

TOTAL NUMBER OF PREGANCIES

TOTAL NUMBER OF PREGANCIES

SAME AS NUMBER IN 209D DIFFERENT → (PROBE AND RECONCILE)

TOTAL NUMBER OF LIVE BIRTH

TOTAL NUMBER OF LIVE BIRTH

SAME AS NUMBER IN 208 DIFFERENT → (PROBE AND RECONCILE)

TOTAL NUMBER OF ABORTIONS

TOTAL NUMBER OF ABORTIONS

SAME AS NUMBER IN 209A DIFFERENT → (PROBE AND RECONCILE)

222B2 COMPARE 209D WITH TOTAL NUMBER OF PREGNANCIES IN PREGNANCY HISTORY AND MARK:

NUMBERS ARE SAME NUMBERS ARE DIFFERENT → (PROBE AND RECONCILE)

CHECK: FOR EACH PREGNANCY: YEAR WHEN PREGNANCY ENDED IS RECORDED (Q.214)

FOR EACH LIVE BIRTH SINCE JANUARY 2006, MONTH AND YEAR OF BIRTH IS RECORDED (Q.214)

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Qs. 219, 220)

FOR EACH CHILD THAT DIED: AGE AT DEATH IS RECORDED (Qs. 219, 222A).

FOR AGE AT DEATH 12 MONTHS OR 2 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q. 222A).

222C	CHECK 212 AND 214: ONE OR MORE ABORTIONS SINCE JANUARY 2006 OR LATER <input type="checkbox"/>	NO ABORTIONS IN 2006 OR LATER <input type="checkbox"/> → 224			
NO.	QUESTIONS AND FILTER	LAST ABORTION	NEXT-TO-LAST ABORTION	SECOND-TO-LAST ABORTION	THIRD-TO-LAST ABORTION
222D	PREGNANCY № FROM 212	PREGNANCY № <input type="text"/>	PREGNANCY № <input type="text"/>	PREGNANCY № <input type="text"/>	PREGNANCY № <input type="text"/>
222E	What was the main reason you decided to have this (last, next-to-last, second-from-last, third-from-last) abortion (mini-abortion)?	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECTS 02 SOCIOECONOMIC REASONS ... 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN ... 04 SPACING NEXT PREGNANCY... 05 PARTNER DID NOT WANT THE CHILD 06 CHILD'S SEX SELECTION 07 OTHER 96 (SPECIFY)	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECTS 02 SOCIOECONOMIC REASONS ... 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN ... 04 SPACING NEXT PREGNANCY... 05 PARTNER DID NOT WANT THE CHILD 06 CHILD'S SEX SELECTION 07 OTHER 96 (SPECIFY)	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECTS 02 SOCIOECONOMIC REASONS ... 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN ... 04 SPACING NEXT PREGNANCY... 05 PARTNER DID NOT WANT THE CHILD 06 CHILD'S SEX SELECTION 07 OTHER 96 (SPECIFY)	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECTS 02 SOCIOECONOMIC REASONS ... 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN ... 04 SPACING NEXT PREGNANCY... 05 PARTNER DID NOT WANT THE CHILD 06 CHILD'S SEX SELECTION 07 OTHER 96 (SPECIFY)
222F	What was the attitude of the child's father toward you having that abortion?	FAVORED 1 OPPOSED 2 NEUTRAL 3 FATHER DID NOT KNOW ... 4 DONT KNOW/REMEMBER .. 8	FAVORED 1 OPPOSED 2 NEUTRAL 3 DID NOT KNOW 4 DONT KNOW/REMEMBER .. 8	FAVORED 1 OPPOSED 2 NEUTRAL 3 DID NOT KNOW 4 DONT KNOW/REMEMBER .. 8	FAVORED 1 OPPOSED 2 NEUTRAL 3 DID NOT KNOW 4 DONT KNOW/REMEMBER .. 8
222G	When you got pregnant with this baby, were you using any method of contraception? IF YES, ASK: What method of contraception was that?	NO METHOD 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 SPERMICIDES/FOAM/JELLY .. 08 DIAPHRAGM/CAP 09 RING 10 LACT. AMEN. METHOD 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS .. 12 WITHDRAWAL 13 OTHER 96 (SPECIFY)	NO METHOD 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 SPERMICIDES/FOAM/JELLY .. 08 DIAPHRAGM/CAP 09 RING 10 LACT. AMEN. METHOD 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS .. 12 WITHDRAWAL 13 OTHER 96 (SPECIFY)	NO METHOD 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 SPERMICIDES/FOAM/JELLY .. 08 DIAPHRAGM/CAP 09 RING 10 LACT. AMEN. METHOD 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS .. 12 WITHDRAWAL 13 OTHER 96 (SPECIFY)	NO METHOD 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 SPERMICIDES/FOAM/JELLY .. 08 DIAPHRAGM/CAP 09 RING 10 LACT. AMEN. METHOD 11 RHYTHM/CALENDAR/TEMPER. METHOD/CYCLE BEADS .. 12 WITHDRAWAL 13 OTHER 96 (SPECIFY)
222H	Where was that this (last, next-to-last, second-from-last, third-from-last) abortion performed?	PUBLIC SECTOR HOSPITAL/MATERNITY HOME 11 POLYCLINIC/WOMAN'S CONSULTATION 12 FAP/DAC/PH 13 FAMILY PLANNING CENTER/CABINET 14 OTHER 16 (SPECIFY) PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATERNITY HOME 21 CLINICA/WOMAN'S CONSULTATION 22 DOCTOR'S HOME 23 FAMILY PLANNING CENTER/CABINET 24 OTHER PRIVATE 25 (SPECIFY) RESPONDENT'S HOME 31 OTHER 96 (SPECIFY)	PUBLIC SECTOR HOSPITAL/MATERNITY HOME 11 POLYCLINIC/WOMAN'S CONSULTATION 12 FAP/DAC/PH 13 FAMILY PLANNING CENTER/CABINET 14 OTHER 16 (SPECIFY) PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATERNITY HOME 21 CLINICA/WOMAN'S CONSULTATION 22 DOCTOR'S HOME 23 FAMILY PLANNING CENTER/CABINET 24 OTHER PRIVATE 25 (SPECIFY) RESPONDENT'S HOME 31 OTHER 96 (SPECIFY)	PUBLIC SECTOR HOSPITAL/MATERNITY HOME 11 POLYCLINIC/WOMAN'S CONSULTATION 12 FAP/DAC/PH 13 FAMILY PLANNING CENTER/CABINET 14 OTHER 16 (SPECIFY) PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATERNITY HOME 21 CLINICA/WOMAN'S CONSULTATION 22 DOCTOR'S HOME 23 FAMILY PLANNING CENTER/CABINET 24 OTHER PRIVATE 25 (SPECIFY) RESPONDENT'S HOME 31 OTHER 96 (SPECIFY)	PUBLIC SECTOR HOSPITAL/MATERNITY HOME 11 POLYCLINIC/WOMAN'S CONSULTATION 12 FAP/DAC/PH 13 FAMILY PLANNING CENTER/CABINET 14 OTHER 16 (SPECIFY) PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATERNITY HOME 21 CLINICA/WOMAN'S CONSULTATION 22 DOCTOR'S HOME 23 FAMILY PLANNING CENTER/CABINET 24 OTHER PRIVATE 25 (SPECIFY) RESPONDENT'S HOME 31 OTHER 96 (SPECIFY)
222I	Who performed this (last, next-to-last, second-from-last, third-from-last) abortion?	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER/OTHER C OTHER PERSON MAMACHI/TRADITIONAL HEALER D SELF F OTHER X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER/OTHER C OTHER PERSON MAMACHI/TRADITIONAL HEALER D SELF F OTHER X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER/OTHER C OTHER PERSON MAMACHI/TRADITIONAL HEALER D SELF F OTHER X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER/OTHER C OTHER PERSON MAMACHI/TRADITIONAL HEALER D SELF F OTHER X (SPECIFY)
222J	What method was used for this (last, next-to-last, second-from-last, third-from-last) abortion?	D & C 1 VACUUM ASPIRATION 2 RU 486/PROSTAGLANDINS .. 3 OXYTOCIN 4 CATHETER 5 OTHER 6 (SPECIFY) DONT KNOW 8	D & C 1 VACUUM ASPIRATION 2 RU 486/PROSTAGLANDINS .. 3 OXYTOCIN 4 CATHETER 5 OTHER 6 (SPECIFY) DONT KNOW 8	D & C 1 VACUUM ASPIRATION 2 RU 486/PROSTAGLANDINS .. 3 OXYTOCIN 4 CATHETER 5 OTHER 6 (SPECIFY) DONT KNOW 8	D & C 1 VACUUM ASPIRATION 2 RU 486/PROSTAGLANDINS .. 3 OXYTOCIN 4 CATHETER 5 OTHER 6 (SPECIFY) DONT KNOW 8

NO.	QUESTIONS AND FILTER	LAST ABORTION	NEXT-TO-LAST ABORTION	SECOND-TO-LAST ABORTION	THIRD-TO-LAST ABORTION																																																																																																
222K	How much did you pay for this abortion, including gifts or money given to the doctor (person, who performed the abortion)?	ENTER TOTAL NUMERIC VALUE IN MANAT FREE 9994 DON'T KNOW 9998																																																																																																			
222L	Did you have any local or intravenous anesthesia for this abortion? By local we mean an injection in the uterus opening.	LOCAL (UTERINE CERVIX) .. 1 INTRAVENOUS 2 NOTHING 3 DON'T KNOW 8	LOCAL (UTERINE CERVIX) .. 1 INTRAVENOUS 2 NOTHING 3 DON'T KNOW 8	LOCAL (UTERINE CERVIX) .. 1 INTRAVENOUS 2 NOTHING 3 DON'T KNOW 8	LOCAL (UTERINE CERVIX) .. 1 INTRAVENOUS 2 NOTHING 3 DON'T KNOW 8																																																																																																
222M	Did you take antibiotics after this abortion?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																																																																																																
222N	Within 30 days after that abortion did you have any health problems as a result of the abortion?	YES 1 NO 2 (SKIP TO 222P) ←	YES 1 NO 2 (SKIP TO 222P) ←	YES 1 NO 2 (SKIP TO 222P) ←	YES 1 NO 2 (SKIP TO 222P) ←																																																																																																
222O	Did you have any of the following problems?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Perforation?</td> <td>PERFORATION ... 1</td> <td>2</td> </tr> <tr> <td>Sever bleeding?</td> <td>SEVERE BLEEDING .. 1</td> <td>2</td> </tr> <tr> <td>Fever >38 C?</td> <td>FEVER 1</td> <td>2</td> </tr> <tr> <td>Purulent discharge?</td> <td>DISCHARGE 1</td> <td>2</td> </tr> <tr> <td>Belly pain?</td> <td>BELLY PAIN 1</td> <td>2</td> </tr> <tr> <td></td> <td>OTHER 1</td> <td>2</td> </tr> <tr> <td></td> <td colspan="2">(SPECIFY)</td> </tr> </table>		YES	NO	Perforation?	PERFORATION ... 1	2	Sever bleeding?	SEVERE BLEEDING .. 1	2	Fever >38 C?	FEVER 1	2	Purulent discharge?	DISCHARGE 1	2	Belly pain?	BELLY PAIN 1	2		OTHER 1	2		(SPECIFY)		<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Perforation?</td> <td>PERFORATION ... 1</td> <td>2</td> </tr> <tr> <td>Sever bleeding?</td> <td>SEVERE BLEEDING .. 1</td> <td>2</td> </tr> <tr> <td>Fever >38 C?</td> <td>FEVER 1</td> <td>2</td> </tr> <tr> <td>Purulent discharge?</td> <td>DISCHARGE 1</td> <td>2</td> </tr> <tr> <td>Belly pain?</td> <td>BELLY PAIN 1</td> <td>2</td> </tr> <tr> <td></td> <td>OTHER 1</td> <td>2</td> </tr> <tr> <td></td> <td colspan="2">(SPECIFY)</td> </tr> </table>		YES	NO	Perforation?	PERFORATION ... 1	2	Sever bleeding?	SEVERE BLEEDING .. 1	2	Fever >38 C?	FEVER 1	2	Purulent discharge?	DISCHARGE 1	2	Belly pain?	BELLY PAIN 1	2		OTHER 1	2		(SPECIFY)		<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Perforation?</td> <td>PERFORATION ... 1</td> <td>2</td> </tr> <tr> <td>Sever bleeding?</td> <td>SEVERE BLEEDING .. 1</td> <td>2</td> </tr> <tr> <td>Fever >38 C?</td> <td>FEVER 1</td> <td>2</td> </tr> <tr> <td>Purulent discharge?</td> <td>DISCHARGE 1</td> <td>2</td> </tr> <tr> <td>Belly pain?</td> <td>BELLY PAIN 1</td> <td>2</td> </tr> <tr> <td></td> <td>OTHER 1</td> <td>2</td> </tr> <tr> <td></td> <td colspan="2">(SPECIFY)</td> </tr> </table>		YES	NO	Perforation?	PERFORATION ... 1	2	Sever bleeding?	SEVERE BLEEDING .. 1	2	Fever >38 C?	FEVER 1	2	Purulent discharge?	DISCHARGE 1	2	Belly pain?	BELLY PAIN 1	2		OTHER 1	2		(SPECIFY)		<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Perforation?</td> <td>PERFORATION ... 1</td> <td>2</td> </tr> <tr> <td>Sever bleeding?</td> <td>SEVERE BLEEDING .. 1</td> <td>2</td> </tr> <tr> <td>Fever >38 C?</td> <td>FEVER 1</td> <td>2</td> </tr> <tr> <td>Purulent discharge?</td> <td>DISCHARGE 1</td> <td>2</td> </tr> <tr> <td>Belly pain?</td> <td>BELLY PAIN 1</td> <td>2</td> </tr> <tr> <td></td> <td>OTHER 1</td> <td>2</td> </tr> <tr> <td></td> <td colspan="2">(SPECIFY)</td> </tr> </table>		YES	NO	Perforation?	PERFORATION ... 1	2	Sever bleeding?	SEVERE BLEEDING .. 1	2	Fever >38 C?	FEVER 1	2	Purulent discharge?	DISCHARGE 1	2	Belly pain?	BELLY PAIN 1	2		OTHER 1	2		(SPECIFY)	
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	(SPECIFY)																																																																																																				
222P	During the first 1 month after this abortion how many nights did you spend in the hospital (including readmissions)?	NIGHTS <input type="text"/> <input type="text"/> DON'T KNOW 98	NIGHTS <input type="text"/> <input type="text"/> DON'T KNOW 98	NIGHTS <input type="text"/> <input type="text"/> DON'T KNOW 98	NIGHTS <input type="text"/> <input type="text"/> DON'T KNOW 98																																																																																																
222Q	Did you have any related health problems more than 6 months later as a result of that abortion?	YES 1 NO 2 NOT YET 6 MONTHS ... 3 DON'T KNOW 8 (SKIP TO 222S) ←	YES 1 NO 2 NOT YET 6 MONTHS ... 3 DON'T KNOW 8 (SKIP TO 222U) ←	YES 1 NO 2 NOT YET 6 MONTHS ... 3 DON'T KNOW 8 (SKIP TO 222U) ←	YES 1 NO 2 NOT YET 6 MONTHS ... 3 DON'T KNOW 8 (SKIP TO 222U) ←																																																																																																
222R	What was the important health problem?	BELLY PAIN A STERILITY B INFECTION C LACK OF MENSES D IRREGULAR BLEEDING E MORE PAINFUL PERIODS .. F OTHER X (SPECIFY)	BELLY PAIN A STERILITY B INFECTION C LACK OF MENSES D IRREGULAR BLEEDING E MORE PAINFUL PERIODS .. F OTHER X (SPECIFY)	BELLY PAIN A STERILITY B INFECTION C LACK OF MENSES D IRREGULAR BLEEDING E MORE PAINFUL PERIODS .. F OTHER X (SPECIFY)	BELLY PAIN A STERILITY B INFECTION C LACK OF MENSES D IRREGULAR BLEEDING E MORE PAINFUL PERIODS .. F OTHER X (SPECIFY)																																																																																																
222S	Either before or after the abortion did a doctor or other health professional talk to you about contraception?	YES, BEFORE ABORTION .. 1 YES, AFTER ABORTION ... 2 BOTH 3 NO 4 DON'T KNOW/REMEMBER .. 8																																																																																																			
222T	After this abortion did a doctor or other health professional give you a method, prescribed a method or referred to a family planning clinic/cabinet?	GAVE A METHOD 1 PRESCRIBED A METHOD ... 2 GAVE REFERRAL 3 NONE 4 DON'T KNOW/REMEMBER .. 8																																																																																																			
222U		GO BACK TO 222D IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 224.	GO BACK TO 222D IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 224.	GO BACK TO 222D IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 224.	GO BACK TO 222D IN NEXT-TO-LAST-ABORTION COLUMN IN THE NEW QUESTIONNAIRE; OR, IF NO MORE ABORTIONS, GO TO 224.																																																																																																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
224	CHECK 212 AND 214: ENTER THE NUMBER OF LIVE BIRTHS BORN IN 2006 OR LATER. IF NONE, RECORD '0'	<input type="text"/>	
225	FOR EACH PREGNANCY SINCE JANUARY 2006 OR LATER, IN THE CALENDAR COLUMN ENTER THE CODE OF PREGNANCY OUTCOME IN THE MONTH OF WHEN PREGNANCY ENDED: WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: IF PREGNANCY ENDED IN LIVE BIRTH, THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) FOR EACH <u>PREGNANCY TERMINATION</u> (ABORTION, MISCARRIAGE OR STILLBIRTH), ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. AS ABOVE, THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 237
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/>	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you not want to have any (more) children at all?	THEN 1 LATER 2 DID NOT WANT TO HAVE CHILDREN .. 3	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 301
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2 DON'T KNOW 8
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
04	IUD Women can have a spiral, loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↘	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 ↘	YES 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ↘	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
08	SPERMICIDES/FOAM/JELLY Can be inserted into the woman's vagina immediately before sexual intercourse	YES 1 NO 2 ↘	YES 1 NO 2
09	DIAPHRAGM/CAP A rubber cap can be put in their vagina before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
10	RING Is a flexible, colorless ring that can be inserted in the vagina for 3 weeks each month, when it will slowly release a low dose of hormones that are needed to prevent pregnancy.	YES 1 NO 2 ↘	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Women can use a specially taught method of pregnancy avoidance to delay the return of the menstrual period by feeding their child nothing but breast milk for up to 6 months after birth.	YES 1 NO 2 ↘	YES 1 NO 2
12	RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	YES 1 NO 2
14	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within 3 days to prevent pregnancy.	YES 1 NO 2 ↘	YES 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) NO 2 ↘ _____ (SPECIFY)	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 333
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the <u>first time</u> that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G SPERMICIDIES/FOAM/JELLY H DIAPHRAGM/CAP I RING J LACTATIONAL AMEN. METHOD K RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS L WITHDRAWAL M OTHER X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311. YES (USING PILL) <input type="checkbox"/> NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/> May I see the package of pills you are using? May I see the package of condoms you are using? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN 1 BRAND NAME <input type="text"/> <input type="text"/> (SPECIFY) PACKAGE NOT SEEN 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME <input type="text"/> <input type="text"/> (SPECIFY) DONT KNOW 98	
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS ... <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 998	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total? Please include the cost of the method, any consultation you may have had and the cost of any gifts you may have given the provider.	ENTER TOTAL NUMERIC VALUE IN MANATS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9994 DONT KNOW 9998	→ 319A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MATERNITY</p> <p>HOME 11</p> <p>POLYCLINIC/WOMAN'S</p> <p>CONSULTATION 12</p> <p>FAP/DAC/PH 13</p> <p>FAMILY PLANNING CENTER/</p> <p>CABINET 14</p> <p>OTHER 16</p> <p>(SPECIFY)</p> <p>PRIVATE AND OTHER MED. SECTOR</p> <p>HOSPITAL/MATERNITY</p> <p>HOME 21</p> <p>CLINIC/WOMAN'S</p> <p>CONSULTATION 22</p> <p>PRIVATE DOCTOR 23</p> <p>FAMILY PLANNING CENTER/</p> <p>CABINET 24</p> <p>NGO 25</p> <p>OTHER PRIVATE 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
317	<p>CHECK 311/311A:</p> <p>CODE 'A' <input type="checkbox"/> CIRCLED</p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>CODE 'A' <input type="checkbox"/> NOT CIRCLED</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
318	<p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had and the cost of any gifts that were given to the provider?</p>	<p>ENTER TOTAL NUMERIC VALUE IN MANATS</p> <p>FREE 9994</p> <p>DON'T KNOW 9998</p>	
319	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	
320	<p>CHECK 319/319A, AND 214:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A</p> <p>GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	
321	<p>CHECK 319/319A :</p> <p>YEAR IS 2006 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2005 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 THE CALENDAR AND EACH MONTH BACK TO JANUARY 2006 .</p> <p>THEN SKIP TO _____ → 331</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2006.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.</p> <p>NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 3:</p> <ul style="list-style-type: none"> * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> * How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 																																																		
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN 1 METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<table border="0"> <tr><td>NO CODE CIRCLED</td><td>00</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td></tr> <tr><td>MALE STERILIZATION</td><td>02</td></tr> <tr><td>PILL</td><td>03</td></tr> <tr><td>IUD</td><td>04</td></tr> <tr><td>INJECTABLES</td><td>05</td></tr> <tr><td>IMPLANTS</td><td>06</td></tr> <tr><td>CONDOM</td><td>07</td></tr> <tr><td>SPERMICIDIES/FOAM/JELLY</td><td>08</td></tr> <tr><td>DIAPHRAGM/CAP</td><td>09</td></tr> <tr><td>RING</td><td>10</td></tr> <tr><td>LACTATIONAL AMEN. METHOD</td><td>11</td></tr> <tr><td>RHYTHM/TEMPERATURE/CALENDAR</td><td></td></tr> <tr><td> METHOD/CYCLE BEADS</td><td>12</td></tr> <tr><td>WITHDRAWAL</td><td>13</td></tr> <tr><td>OTHER METHOD</td><td>96</td></tr> </table>	NO CODE CIRCLED	00	FEMALE STERILIZATION	01	MALE STERILIZATION	02	PILL	03	IUD	04	INJECTABLES	05	IMPLANTS	06	CONDOM	07	SPERMICIDIES/FOAM/JELLY	08	DIAPHRAGM/CAP	09	RING	10	LACTATIONAL AMEN. METHOD	11	RHYTHM/TEMPERATURE/CALENDAR		METHOD/CYCLE BEADS	12	WITHDRAWAL	13	OTHER METHOD	96	<p>→ 333</p> <p>→ 326</p> <p>→ 335</p> <p>→ 324A</p> <p>→ 324A</p> <p>→ 335</p> <p>→ 335</p>																
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324	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p>	<table border="0"> <tr><td colspan="2">PUBLIC SECTOR</td></tr> <tr><td>HOSPITAL/MATERNITY</td><td></td></tr> <tr><td>HOME</td><td>11</td></tr> <tr><td>POLYCLINIC/WOMAN'S CONSULTATION</td><td>12</td></tr> <tr><td>FAP/DAC/PH</td><td>13</td></tr> <tr><td>FAMILY PLANNING CENTER/ CABINET</td><td>14</td></tr> <tr><td>OTHER</td><td>16</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> <tr><td colspan="2">PRIVATE AND OTHER MED. SECTOR</td></tr> <tr><td>HOSPITAL/MATERNITY</td><td></td></tr> <tr><td>HOME</td><td>21</td></tr> <tr><td>CLINIC/WOMAN'S CONSULTATION</td><td>22</td></tr> <tr><td>PRIVATE DOCTOR</td><td>23</td></tr> <tr><td>FAMILY PLANNING CENTER/ CABINET</td><td>24</td></tr> <tr><td>NGO</td><td>25</td></tr> <tr><td>OTHER PRIVATE</td><td>26</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> <tr><td colspan="2">OTHER</td></tr> <tr><td>SHOP/MARKET</td><td>31</td></tr> <tr><td>PHARMACY</td><td>32</td></tr> <tr><td>FRIEND/RELATIVE</td><td>33</td></tr> <tr><td>PEER-EDUCATOR</td><td>35</td></tr> <tr><td>OTHER</td><td>96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </table>	PUBLIC SECTOR		HOSPITAL/MATERNITY		HOME	11	POLYCLINIC/WOMAN'S CONSULTATION	12	FAP/DAC/PH	13	FAMILY PLANNING CENTER/ CABINET	14	OTHER	16	(SPECIFY)		PRIVATE AND OTHER MED. SECTOR		HOSPITAL/MATERNITY		HOME	21	CLINIC/WOMAN'S CONSULTATION	22	PRIVATE DOCTOR	23	FAMILY PLANNING CENTER/ CABINET	24	NGO	25	OTHER PRIVATE	26	(SPECIFY)		OTHER		SHOP/MARKET	31	PHARMACY	32	FRIEND/RELATIVE	33	PEER-EDUCATOR	35	OTHER	96	(SPECIFY)		
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324A	<p>Where did you learn to use the lactation amenorrhea/rhythm method?</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>																																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 335
334	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MATERNITY</p> <p>HOME A</p> <p>POLYCLINIC/WOMAN'S</p> <p>CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>FAMILY PLANNING CENTER/</p> <p>CABINET D</p> <p>OTHER E</p> <p>(SPECIFY)</p> <p>PRIVATE AND OTHER MED. SECTOR</p> <p>HOSPITAL/MATERNITY</p> <p>HOME F</p> <p>CLINIC/WOMAN'S</p> <p>CONSULTATION G</p> <p>PRIVATE DOCTOR H</p> <p>FAMILY PLANNING CENTER/</p> <p>CABINET I</p> <p>NGO J</p> <p>OTHER PRIVATE K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET L</p> <p>PHARMACY M</p> <p>FRIEND/RELATIVE N</p> <p>PEER EDUCATOR O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
335	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES 1 NO 2	
336	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
337	Did any staff member at that health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2006 OR LATER <input type="checkbox"/> NO BIRTHS IN 2006 OR LATER <input type="checkbox"/> → 581A			
402	CHECK 214,216,217,219: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last 5 years. (We will talk about each separately.)			
403	PREGNANCY LINE NUMBER FROM 212	LAST BIRTH PREGNANCY LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH PREGNANCY LINE NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER <input type="text"/> <input type="text"/>
404	FROM 217 AND 219	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← LATER 2 DID NOT WANT TO HAVE CHILDR 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 432) ← LATER 2 DID NOT WANT TO HAVE CHILDR 3 (SKIP TO 432) ←	THEN 1 (SKIP TO 432) ← LATER 2 DID NOT WANT TO HAVE CHILDR 3 (SKIP TO 432) ←
406	How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER/OTHER C OTHER PERSON MAMACHI/TRADITIONAL HEALER D COMMUNITY/VILLAGE HEALTH WORKER E OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 421) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH															
		NAME _____	NAME _____	NAME _____															
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL/ MATERNITY HOME C</p> <p>POLYCLINIC/WOMAN'S CONSULTATION D</p> <p>FAP/DAC/PH E</p> <p>FAMILY PLANNING CENTER/CABINET ... F</p> <p>OTHER GOV. G</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE AND OTHER SECTOR</p> <p>HOSPITAL/MATER HOME H</p> <p>CLINICA/WOMAN'S CONSULTATION I</p> <p>PRV. DOCTOR J</p> <p>FAMILY PLANNING CENTER/CABINET ... K</p> <p>NGO L</p> <p>OTHER PRV. MED. _____ M</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																	
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																	
410	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																	
410A	<p>How much did you pay in total for the last antenatal visit, including any consultation you may have had and the cost of any gifts that were given to the provider?</p>	<p>ENTER TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ENTER TOTAL NUMERIC VALUE IN MANAT</p> <p>FREE 9994</p> <p>DON'T KNOW 9998</p>																	
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WEIGHT	1	2	BP	1	2	URINE	1	2	BLOOD	1	2		
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NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8					
413	Were you told where to go if you had any of the complications?	YES 1 NO 2 DON'T KNOW 8					
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8					
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998					
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8					
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8					
425	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8					
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8		VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8		VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	
433	Was (NAME) weighed immediately after birth?	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	
434	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .. 99.998		KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .. 99.998		KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .. 99.998	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
435	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER/OTHER C</p> <p>OTHER PERSON MAMACHI/TRADITIONAL HEALER D RELATIVE/FRIEND . . . G OTHER _____ X (SPECIFY) NO ONE Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER/OTHER C</p> <p>OTHER PERSON MAMACHI/TRADITIONAL HEALER D RELATIVE/FRIEND . . . G OTHER _____ X (SPECIFY) NO ONE Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER/OTHER C</p> <p>OTHER PERSON MAMACHI/TRADITIONAL HEALER D RELATIVE/FRIEND . . . G OTHER _____ X (SPECIFY) NO ONE Y</p>																																				
436	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>(NAME OF PLACE)</p>	<p>HOME HER HOME 11 (SKIP TO 443) ← OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL/MATERNITY HOME 21 POLYCLINIC/WOMAN'S CONSULTATION 22 FAP/DAC/PH 23 FAMILY PLANNING CENTER/CABINET . . . 24 OTHER 26</p> <p>PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATERNITY HOME 31 CLINICA/WOMAN'S CONSULTATION 32 PRV. DOCTOR 33 FAMILY PLANNING CENTER/CABINET 34 NGO 35 OTHER 36</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 443) ← </p>	<p>HOME HER HOME 11 (SKIP TO 444) ← OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL/MATERNITY HOME 21 POLYCLINIC/WOMAN'S CONSULTATION 22 FAP/DAC/PH 23 FAMILY PLANNING CENTER/CABINET . . . 24 OTHER 26</p> <p>PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATERNITY HOME 31 CLINICA/WOMAN'S CONSULTATION 32 PRV. DOCTOR 33 FAMILY PLANNING CENTER/CABINET 34 NGO 35 OTHER 36</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 444) ← </p>	<p>HOME HER HOME 11 (SKIP TO 444) ← OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL/MATERNITY HOME 21 POLYCLINIC/WOMAN'S CONSULTATION 22 FAP/DAC/PH 23 FAMILY PLANNING CENTER/CABINET . . . 24 OTHER 26</p> <p>PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATERNITY HOME 31 CLINICA/WOMAN'S CONSULTATION 32 PRV. DOCTOR 33 FAMILY PLANNING CENTER/CABINET 34 NGO 35 OTHER 36</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 444) ← </p>																																				
436A	<p>How much did you pay in total for delivery of (NAME), including any consultation you may have had and the cost of any gifts that were given to the provider?</p>	<p>ENTER TOTAL NUMERIC VALUE IN MANATS</p> <p>FREE 9994 DON'T KNOW 9998</p>																																						
437	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>												
438	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>																																				
439	<p>Before you were discharged after (NAME) was born, did any health care provider check on your health?</p>	<p>YES 1 NO 2 (SKIP TO 442) ← </p>	<p>YES 1 (SKIP TO 455) ← NO 2</p>	<p>YES 1 (SKIP TO 455) ← NO 2</p>																																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 WEEKS 3 DON'T KNOW 998								
441	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 FELDSHER 13 OTHER PERSON MAMACHI/TRADITIONAL HEALER 21 COMMUNITY/VILLAGE HEALTH WORKER 22 OTHER _____ 96 (SPECIFY) (SKIP TO 453) ←								
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES 1 (SKIP TO 445) ← NO 2 (SKIP TO 453) ←	YES 1 (SKIP TO 455) ← NO 2	YES 1 (SKIP TO 455) ← NO 2						
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH A FACILITY NOT OPEN B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/ POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY E HUSBAND/FAMILY DID NOT ALLOW F NOT NECESSARY G NOT CUSTOMARY H OTHER _____ X (SPECIFY)								
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 449) ←	YES 1 NO 2	YES 1 NO 2						
445	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 WEEKS 3 DON'T KNOW 998								
446	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 FELDSHER 13 OTHER PERSON MAMACHI/TRADITIONAL HEALER 21 COMMUNITY/VILLAGE HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
447	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL/ MATERNITY HOME 21 POLYCLINIC/WOMAN'S CONSULTATION 22 FAP/DAC/PH 23 FAMILY PLANNING CENTER/CABINET ... 24 OTHER 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATER HOME 31 CLINICA/WOMAN'S CONSULTATION 32 PRV. DOCTOR 33 FAMILY PLANNING CENTER/CABINET ... 34 NGO 35 OTHER PRIVATE 36</p> <p>_____ (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>								
448	CHECK 442:	<p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>↓ ↓</p> <p>(SKIP TO 453)</p>								
449	<p>In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?</p>	<p>YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8</p>								
450	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS .. 1 <table border="1" data-bbox="683 1196 798 1339"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p>DAYS .. 2</p> <p>WEEKS .. 3</p> <p>DON'T KNOW 998</p> </p>								
451	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 FELDSHER 13</p> <p>OTHER PERSON MAMACHI/TRADITIONAL HEALER .. 21 COMMUNITY/VILLAGE HEALTH WORKER 22</p> <p>OTHER 96 (SPECIFY)</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH			
		NAME _____	NAME _____	NAME _____			
452	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL/ MATERNITY HOME 21</p> <p>POLYCLINIC/WOMAN'S CONSULTATION 22</p> <p>FAP/DAC/PH 23</p> <p>FAMILY PLANNING CENTER/CABINET 24</p> <p>OTHER 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE AND OTHER MED. SECTOR</p> <p>HOSPITAL/MATER HOME 31</p> <p>CLINICA/WOMAN'S CONSULTATION 32</p> <p>DOCTOR 33</p> <p>FAMILY PLANNING CENTER/CABINET 34</p> <p>NGO 35</p> <p>OTHER PRV. 36</p> <p>_____ (SPECIFY)</p> <p>OTHER 96</p> <p>_____ (SPECIFY)</p>					
453	<p>In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>					
454	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1 (SKIP TO 456) ←</p> <p>NO 2 (SKIP TO 457) ←</p>					
455	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 459) ←</p>				<p>YES 1</p> <p>NO 2 (SKIP TO 459) ←</p>	
456	<p>For how many months after the birth of (NAME) did you <u>not</u> have a period?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>				<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
457	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>NANT OR UNSURE <input type="checkbox"/></p> <p>(SKIP TO 459) ←</p>					
458	<p>Have you begun to have sexual intercourse again since the birth of (NAME)?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 460) ←</p>					
459	<p>For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>			
460	<p>Did you ever breastfeed (NAME)?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 467) ←</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 467) ←</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 467) ←</p>			

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).											
502	PREGNANCY LINE NUMBER FROM 212	LAST BIRTH PREGNANCY LINE NUMBER	NEXT-TO-LAST BIRTH PREGNANCY LINE NUMBER	SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER								
503	FROM 217 AND 219	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)								
503A	Do you have a elektron health card for (NAME'S) IF YES: May I see it please?	YES, SEEN 1 YES, NOT SEEN 2 NO CARD 3	YES, SEEN 1 YES, NOT SEEN 2 NO CARD 3	YES, SEEN 1 YES, NOT SEEN 2 NO CARD 3								
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) YES, NOT SEEN 2 (SKIP TO 508) NO CARD 3	YES, SEEN 1 (SKIP TO 506) YES, NOT SEEN 2 (SKIP TO 508) NO CARD 3	YES, SEEN 1 (SKIP TO 506) YES, NOT SEEN 2 (SKIP TO 508) NO CARD 3								
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 508) NO 2	YES 1 (SKIP TO 508) NO 2	YES 1 (SKIP TO 508) NO 2								
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.											
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR								
	BCG	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					BCG	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	POLIO 0	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					P0	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	POLIO 1	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					P1	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	POLIO 2	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					P2	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	POLIO 3	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					P3	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	POLIO 4	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					P4	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	DPT 1	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					DPT 1	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	DPT 2	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					DTP 2	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	DPT 3	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					DTP 3	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	DPT 4	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					DPT 4	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	MEASLES	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					MEASLES	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	MMR	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					MMR	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	HepB 1	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					HepB 1	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	HepB 2	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					HepB 2	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	HepB 3	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					HepB 3	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	VITAMIN A (MOST RECENT)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					VIT A	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	VITAMIN A (2nd MOST RECENT)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					VIT A	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	VITAMIN A (3rd MOST RECENT)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					VIT A	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	NOTE: Since 2003 the MMR vaccine has been given as a combined vaccine.											
506A	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 512)	OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 512)								
				OTHER <input type="checkbox"/>								
				BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 512)								
				OTHER <input type="checkbox"/>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
507	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-4, DPT 1-4, AND/OR MEASLES VACCINES.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) ←		YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) ←		YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) ←	
		NO 2 (SKIP TO 512) ←		NO 2 (SKIP TO 512) ←		NO 2 (SKIP TO 512) ←	
		DON'T KNOW 8		DON'T KNOW 8		DON'T KNOW 8	
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	
509	Please tell me if (NAME) received any of the following vaccinations:						
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
509B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8	
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS 1 LATER 2		FIRST 2 WEEKS 1 LATER 2		FIRST 2 WEEKS 1 LATER 2	
509D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
509E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? (5)	YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8	
509F	How many times was a DPT vaccination received?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
509G	A measles injection or an MMR injection - that is, a shot in the arm at the age of 12 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
509H	Hepatitis vaccine which is an injection in the hip?	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	
509 I	How many times was the Hep vaccine received?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE <input type="text"/> NO CARD/BLANK/ CODE '44' FOR MOST RECENT VITAMIN A DOSE (SKIP TO 514) ←		DATE FOR MOST RECENT VITAMIN A DOSE <input type="text"/> NO CARD/BLANK/ CODE '44' FOR MOST RECENT VITAMIN A DOSE (SKIP TO 514) ←		DATE FOR MOST RECENT VITAMIN A DOSE <input type="text"/> NO CARD/BLANK/ CODE '44' FOR MOST RECENT VITAMIN A DOSE (SKIP TO 514) ←	
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8		YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8		YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8	
515	Did (NAME) receive a vitamin A dose within the last six months?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
516	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
518	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	
519	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
520	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	
521	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, somewhat less than usual? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW 8	
522	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 527) ←		YES 1 NO 2 (SKIP TO 527) ←		YES 1 NO 2 (SKIP TO 527) ←	
523	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR HOSPITAL/ MATERNITY HOME A POLYCLINIC/WOMAN'S CONSULTATION .. B FAP/DAC/PH C FAMILY PLANNING CENTER/CABINET .. D OTHER GOV. MED. _____ E (SPECIFY) PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATER NITY HOME ... F CLINICA/WOMAN'S CONSULTATION .. G PRV. DOCTOR ... H FAMILY PLANNING CENTER/CABINET .. I NGO J OTHER PRV. MED. _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET .. L PHARMACY M TRADITIONAL HEALER N OTHER _____ X (SPECIFY)		PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME A POLYCLINIC/WOMAN'S CONSULTATION .. B FAP/DAC/PH C FAMILY PLANNING CENTER/CABINET .. D OTHER GOV. MED. _____ E (SPECIFY) PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATER NITY HOME ... F CLINICA/WOMAN'S CONSULTATION .. G PRV. DOCTOR ... H FAMILY PLANNING CENTER/CABINET .. I NGO J OTHER PRV. MED. _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET .. L PHARMACY M TRADITIONAL HEALER N OTHER _____ X (SPECIFY)		PUBLIC SECTOR GOVT. HOSPITAL/ MATERNITY HOME A POLYCLINIC/WOMAN'S CONSULTATION .. B FAP/DAC/PH C FAMILY PLANNING CENTER/CABINET .. D OTHER GOV. MED. _____ E (SPECIFY) PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATER NITY HOME ... F CLINICA/WOMAN'S CONSULTATION .. G PRV. DOCTOR ... H FAMILY PLANNING CENTER/CABINET .. I NGO J OTHER PRV. MED. _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET .. L PHARMACY M TRADITIONAL HEALER N OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH		
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
523A	Last time you sought advice for (NAME) diarrhea, how much did you pay in total, including any consultations (NAME) may have had and the cost of any gifts that were given to the provider?	ENTER TOTAL NUMERIC VALUE IN MANAT FREE 9994 DONT KNOW 9998	ENTER TOTAL NUMERIC VALUE IN MANAT FREE 9994 DONT KNOW 9998	ENTER TOTAL NUMERIC VALUE IN MANAT FREE 9994 DONT KNOW 9998	ENTER TOTAL NUMERIC VALUE IN MANAT FREE 9994 DONT KNOW 9998	ENTER TOTAL NUMERIC VALUE IN MANAT FREE 9994 DONT KNOW 9998	ENTER TOTAL NUMERIC VALUE IN MANAT FREE 9994 DONT KNOW 9998	
524	CHECK 523:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 526) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 526) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 526) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 526) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 526) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 526) ←	
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>	
527	Does (NAME) still have diarrhea?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called Regidron or Regidrin? b) A pre-packaged ORS liquid? c) A government-recommended homemade fluid?	YES NO DK REGIDRON REGIDRIN . . . 1 2 8 PREPACK. ORS LIQUID . . . 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK REGIDRON REGIDRIN . . . 1 2 8 PREPACK. ORS LIQUID . . . 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK REGIDRON REGIDRIN . . . 1 2 8 PREPACK. ORS LIQUID . . . 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK REGIDRON REGIDRIN . . . 1 2 8 PREPACK. ORS LIQUID . . . 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK REGIDRON REGIDRIN . . . 1 2 8 PREPACK. ORS LIQUID . . . 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK REGIDRON REGIDRIN . . . 1 2 8 PREPACK. ORS LIQUID . . . 1 2 8 HOMEMADE FLUID 1 2 8	
529	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 533) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DONT KNOW 8	
530	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A BACTISUBTIL/ LINEX B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A BACTISUBTIL/ LINEX B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A BACTISUBTIL/ LINEX B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A BACTISUBTIL/ LINEX B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A BACTISUBTIL/ LINEX B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A BACTISUBTIL/ LINEX B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A BACTISUBTIL/ LINEX B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER _____ X (SPECIFY)
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 537) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DONT KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 538) ←
537	CHECK 533: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, TO 572A)
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK .. 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK .. 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK .. 5 DON'T KNOW 8
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD .. 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD .. 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD .. 6 DON'T KNOW 8
540	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
541	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/ MATERNITY HOME A</p> <p>POLYCLINIC/WOMAN'S CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>FAMILY PLANNING CENTER/CABINET D</p> <p>OTHER GOV. MED. _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE AND OTHER MED. SECTOR</p> <p>HOSPITAL/MATER NITY HOME ... F</p> <p>CLINICA/WOMAN'S CONSULTATION .. G</p> <p>PRV. DOCTOR ... H</p> <p>FAMILY PLANNING CENTER/CABINET I</p> <p>NGO J</p> <p>OTHER PRV. MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET .. L</p> <p>PHARMACY M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/ MATERNITY HOME A</p> <p>POLYCLINIC/WOMAN'S CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>FAMILY PLANNING CENTER/CABINET D</p> <p>OTHER GOV. MED. _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE AND OTHER MED. SECTOR</p> <p>HOSPITAL/MATER NITY HOME ... F</p> <p>CLINICA/WOMAN'S CONSULTATION .. G</p> <p>PRV. DOCTOR ... H</p> <p>FAMILY PLANNING CENTER/CABINET I</p> <p>NGO J</p> <p>OTHER PRV. MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET .. L</p> <p>PHARMACY M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/ MATERNITY HOME A</p> <p>POLYCLINIC/WOMAN'S CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>FAMILY PLANNING CENTER/CABINET D</p> <p>OTHER GOV. MED. _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE AND OTHER MED. SECTOR</p> <p>HOSPITAL/MATER NITY HOME ... F</p> <p>CLINICA/WOMAN'S CONSULTATION .. G</p> <p>PRV. DOCTOR ... H</p> <p>FAMILY PLANNING CENTER/CABINET I</p> <p>NGO J</p> <p>OTHER PRV. MED. _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET .. L</p> <p>PHARMACY M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
541A	<p>Last time you sought advice for (NAME) fever/cough, how much did you pay in total, including any consultations (NAME) may have had and the cost of any gifts that were given to the provider?</p>	<p>ENTER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>TOTAL NUMERIC VALUE IN MANAT</p> <p>FREE 9994</p> <p>DON'T KNOW 9998</p>	<p>ENTER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>TOTAL NUMERIC VALUE IN MANAT</p> <p>FREE 9994</p> <p>DON'T KNOW 9998</p>	<p>ENTER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>TOTAL NUMERIC VALUE IN MANAT</p> <p>FREE 9994</p> <p>DON'T KNOW 9998</p>
542	CHECK 541:	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 544) ←</p>	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 544) ←</p>	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 544) ←</p>
543	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 541.</p>	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>
544	<p>How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
545	<p>Is (NAME) still sick with a (fever/ cough)?</p>	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>
546	<p>At any time during the illness, did (NAME) take any drugs for the illness?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A)</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH															
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____														
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE .. B PREMAKHIN C OTHER ANTI-MALARIAL _____ D (SPECIFY)	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE .. B PREMAKHIN C OTHER ANTI-MALARIAL _____ D (SPECIFY)	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE .. B PREMAKHIN C OTHER ANTI-MALARIAL _____ D (SPECIFY)	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE .. B PREMAKHIN C OTHER ANTI-MALARIAL _____ D (SPECIFY)	ANTIBIOTIC DRUGS PILL/SYRUP E INJECTION F	ANTIBIOTIC DRUGS PILL/SYRUP E INJECTION F	ANTIBIOTIC DRUGS PILL/SYRUP E INJECTION F	ANTIBIOTIC DRUGS PILL/SYRUP E INJECTION F	OTHER DRUGS ASPIRIN G PARACETAMOL ... H IBUPROFEN I	OTHER DRUGS ASPIRIN G PARACETAMOL ... H IBUPROFEN I	OTHER DRUGS ASPIRIN G PARACETAMOL ... H IBUPROFEN I	OTHER DRUGS ASPIRIN G PARACETAMOL ... H IBUPROFEN I	OTHER _____ X (SPECIFY)	OTHER _____ X (SPECIFY)	OTHER _____ X (SPECIFY)	OTHER _____ X (SPECIFY)	DON'T KNOW Z	DON'T KNOW Z	DON'T KNOW Z	DON'T KNOW Z

548	CHECK 547: ANY CODE A-E CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A)
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549	Did you already have (NAME OF DRUG FROM 547) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'E' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE .. B PREMAKHIN C OTHER ANTI-MALARIAL _____ D (SPECIFY)	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE .. B PREMAKHIN C OTHER ANTI-MALARIAL _____ D (SPECIFY)	ANTIMALARIAL DRUGS DELAGIL A CHLOROQUINE .. B PREMAKHIN C OTHER ANTI-MALARIAL _____ D (SPECIFY)	ANTIBIOTIC DRUGS PILL/SYRUP E	ANTIBIOTIC DRUGS PILL/SYRUP E	ANTIBIOTIC DRUGS PILL/SYRUP E	ANTIBIOTIC DRUGS PILL/SYRUP E	NO DRUG AT HOME . Y	NO DRUG AT HOME . Y	NO DRUG AT HOME . Y	NO DRUG AT HOME . Y
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572	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572A.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572A.
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572A
PLEASE RECORD MOTHER'S AND CHILD'S FULL NAME, CHILD'S BIRTH DATE, CHILD'S HOME ADDRESS AND NAME AND ADDRESS OF THE MEDICAL FACILITY WHERE CHILD'S IMMUNIZATION RECORDS ARE KEPT

	MOTHER'S FULL NAME	CHILD'S FULL NAME	CHILD DATE OF BIRTH	CHILD'S HOME ADDRESS	NAME AND ADDRESS OF MEDICAL FACILITY
LAST BIRTH	_____ FIRST NAME _____ LAST NAME	_____ FIRST NAME _____ LAST NAME	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____	_____ _____ _____
NEXT-TO LAST BIRTH	_____ FIRST NAME _____ LAST NAME	_____ FIRST NAME _____ LAST NAME	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____	_____ _____ _____
SECOND-TO LAST BIRTH	_____ FIRST NAME _____ LAST NAME	_____ FIRST NAME _____ LAST NAME	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____	_____ _____ _____

AFTER COMPLETING ALL INTERVIEWS IN THIS HOUSEHOLD, PLEASE GO TO A MEDICAL FACILITY AND RECORD DATES OF VACCINES IN SECTION 12.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
573	CHECK 214 AND 221, ALL ROWS: NUMBER OF CHILDREN BORN IN 2006 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		576																				
573B	When a child is sick, which signs of illness would tell you that he/she should be taken immediately to a health facility? CIRCLE ALL MENTIONED	VOMITING EVERYTHING A DIARRHEA WITH BLOOD IN STOOL B UNABLE TO DRINK C COUGH OR COLD WITH DIFFICULT/ RAPID BREATHING D HIGH TEMPERATURE E LOW TEMPERATURE F POOR BREASTFEEDING OR UNABLE TO BREASTFEED G CHILD CONTINUING TO GET SICKER H CONVULSIONS I UNCONSCIOUSNESS J OTHER X (SPECIFY)																					
575	CHECK 528(a) AND 528(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	577																				
576	Have you ever heard of a special product called Regidron or Regidrin or a pre-packaged ORS liquid you can get for the treatment of diarrhea?	YES 1 NO 2																					
577	CHECK 214 AND 221, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2008 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)	DOES NOT HAVE ANY CHILDREN BORN IN 2008 OR LATER AND LIVING WITH HER <input type="checkbox"/>	581A																				
578	Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night. Did (NAME FROM 577) (drink/eat): Plain water? Commercially produced infant formula(Nan, Nestle, Malysh, including s detskoy kukhni)? Any commercially fortified baby food, cereal (kasha, ne fruktovoye pyure)? Any (other) porridge or gruel?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORMULA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BABY CEREAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PLAIN WATER	1	2	8	FORMULA	1	2	8	BABY CEREAL	1	2	8	OTHER	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																												
579	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 577)/you drink (eat):</p> <p>a) Milk such as tinned, powdered, or fresh animal milk?</p> <p>b) Tea or coffee?</p> <p>c) Any other liquids?</p> <p>d) Bread, rice or other foods made from grains?</p> <p>e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>f) Potatoes, beets, radishes or any other foods made from roots?</p> <p>g) Any dark green, leafy vegetables (spinach)? (Do not include lettuce or cabbage)</p> <p>h) Cantaloupes, dried peaches or apricots?</p> <p>i) Any other fruits or vegetables, such as apples, pears, eggplants, tomatoes, onions or cabbage?</p> <p>j) Liver, kidney, heart or other organ meats?</p> <p>k) Any meat, such as beef, lamb, goat, chicken, turkey, rabbit or duck?</p> <p>l) Eggs?</p> <p>m) Fresh or dried fish or shellfish?</p> <p>n) Any foods made from beans, peas, lentils, or nuts?</p> <p>o) Cheese, yogurt, kefir, ice-cream or other milk products?</p> <p>p) Any oil, fats, or butter, or foods made with any of these?</p> <p>q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</p> <p>r) Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	a	1	2	8	1	2	8	b	1	2	8	1	2	8	c	1	2	8	1	2	8	d	1	2	8	1	2	8	e	1	2	8	1	2	8	f	1	2	8	1	2	8	g	1	2	8	1	2	8	h	1	2	8	1	2	8	i	1	2	8	1	2	8	j	1	2	8	1	2	8	k	1	2	8	1	2	8	l	1	2	8	1	2	8	m	1	2	8	1	2	8	n	1	2	8	1	2	8	o	1	2	8	1	2	8	p	1	2	8	1	2	8	q	1	2	8	1	2	8	r	1	2	8	1	2	8	
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580	<p>CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579 (CATEGORIES d THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/></p>	<p>581A</p>																																																																																																																																												
581	<p>How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>																																																																																																																																													
581A	<p>May I measure your blood pressure and pulse at this time?</p> <p>MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.</p>	<p>BLOOD PRESSURE</p> <p>SYSTOLIC 1 <input type="text"/><input type="text"/><input type="text"/></p> <p>DIASTOLIC 2 <input type="text"/><input type="text"/><input type="text"/></p> <p>PULSE 3 <input type="text"/><input type="text"/><input type="text"/></p> <p>REFUSED 9994</p> <p>BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO:</p> <p>TECHNICAL PROBLEMS 9995</p> <p>OTHER 9996</p> <p>SPECIFY</p>																																																																																																																																													

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 628			
627	When was the last time you had sexual intercourse with this other person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
628	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 630) ←	YES 1 NO 2 (SKIP TO 630) ←	YES 1 NO 2 (SKIP TO 630) ←
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
630	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 MALE PROSTITUTE 5 OTHER 6 (SPECIFY)	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 MALE PROSTITUTE 5 OTHER 6 (SPECIFY)	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 MALE PROSTITUTE 5 OTHER 6 (SPECIFY)
631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
632	CHECK 107:	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←
633	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98
634	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 636) ←
635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER .. 1 LESS THAN TEN YEARS OLDER .. 2 OLDER, UNSURE HOW MUCH 3
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 639) ←
637	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH ... 3 NEITHER 4
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 627 IN NEXT COLUMN) NO 2 (SKIP TO 640) ←	YES 1 (GO BACK TO 627 IN NEXT COLUMN) NO 2 (SKIP TO 640) ←	
639	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
641	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 701
642	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MATERNITY ..</p> <p>HOME A</p> <p>POLICLINICS/WOMAN'S</p> <p>CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>FAMILY PLANNING CENTER/</p> <p>CABINET D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE AND OTHER MED. SECTOR</p> <p>HOSPITAL/MATERNITY</p> <p>HOME F</p> <p>CLINIC/WOMAN'S</p> <p>CONSULTATION G</p> <p>PRIVATE DOCTOR H</p> <p>FAMILY PLANNING CENTER/</p> <p>CABINET I</p> <p>NGO J</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ K</p> <p>(SPECIFY)</p> <p>SHOP/MARKET L</p> <p>PHARMACY M</p> <p>FRIEND/RELATIVE N</p> <p>PEER EDUCATOR O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
643	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD WANTS NO MORE/ <input type="checkbox"/> NONE</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method? Can you tell me why you are not using a method?</p> <p>Any other reason? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>INFERTILITY E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT <input type="checkbox"/> ASKED NO, <input type="checkbox"/> NOT CURRENTLY USING YES, <input type="checkbox"/> CURRENTLY USING</p>		→ 713
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 711 → 713
710	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>SPERMICIDIES/FOAM/JELLY 08</p> <p>DIAPHRAGM/CAP 09</p> <p>RING 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>RHYTHM/TEMPERATURE/CALENDAR METHOD/CYCLE BEADS 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY 23 INFERTILITY 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR ... 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 713
712	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	
713	CHECK 219: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 715 → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
715	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a brochure?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2 BROCHURE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> ↓ YES, LIVING WITH A MAN <input type="checkbox"/> ↓ NO, NOT IN UNION <input type="checkbox"/>	→ 801	
718	CHECK 311/311A: CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> ↓	→ 720 → 722	
719	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	
721	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> ↓ HE OR SHE STERILIZED <input type="checkbox"/>	→ 801	
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		827
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER OR NOT ASKED <input type="checkbox"/>		822
820	Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER _____ 6 (SPECIFY)	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	823
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major household purchases?	1 2 3 4 6	
825	Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
826	Who usually makes decisions about visits to your family or relatives?	<table border="0"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>6</td> </tr> </table>		1	2	3	4	6																																					
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827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <tr> <td></td> <td></td> <td>PRES./</td> <td>PRES./</td> <td>NOT</td> <td></td> </tr> <tr> <td></td> <td></td> <td>LISTEN.</td> <td>NOT</td> <td>PRES.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>LISTEN.</td> <td></td> <td></td> </tr> <tr> <td>CHILDREN < 10</td> <td>.....</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>HUSBAND</td> <td>.....</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>OTHER MALES</td> <td>.....</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>OTHER FEMALES</td> <td>...</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> </table>			PRES./	PRES./	NOT				LISTEN.	NOT	PRES.					LISTEN.			CHILDREN < 10	1	2	3		HUSBAND	1	2	3		OTHER MALES	1	2	3		OTHER FEMALES	...	1	2	3		
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OTHER FEMALES	...	1	2	3																																									
828	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> <td></td> </tr> <tr> <td>GOES OUT</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>...</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>ARGUES</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>REFUSES SEX</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>BURNS FOOD</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> </table>			YES	NO	DK		GOES OUT	1	2	8		NEGL. CHILDREN	...	1	2	8		ARGUES	1	2	8		REFUSES SEX	1	2	8		BURNS FOOD	1	2	8								
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SECTION 9. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 942
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food and utensils with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
905A	Can people get HIV/AIDS by getting injections with a needle that was already used by someone else?	YES 1 NO 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
907	Can people get the AIDS virus because of kissing?	YES 1 NO 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
922	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 927
923	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	} → 929
927	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 929
928	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR HOSPITAL/MATERNITY HOME . . . A POLICLINICS/WOMAN'S CONSULTATION B FAP/DAC/PH C FAMILY PLANNING CENTER/ CABINET D NATIONAL AIDS CENTER(NAC) . . . E NAC REGIONAL LABS F DERMATOVENEROLOGIC DISPENSARY G OTHER PUBLIC MEDICAL _____ H (SPECIFY) PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATERNITY HOME I CLINIC/WOMAN'S CONSULTATION J PRIVATE DOCTOR K FAMILY PLANNING CENTER/ CABINET L NGO M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE SHOP/PHARMACY O PHARMACY P OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
929	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
930	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
931	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
932	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
942	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 946
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
946	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
947	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 951
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 951

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
950	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/MATERNITY HOME . . . A</p> <p>POLICLINICS/WOMAN'S CONSULTATION B</p> <p>FAP/DAC/PH C</p> <p>FAMILY PLANNING CENTER/ CABINET D</p> <p>NATIONAL AIDS CENTER(NAC) . . . E</p> <p>NAC REGIONAL LABS F</p> <p>DERMTOVENEROLOGY DISPANSERY G</p> <p>OTHER PUBLIC MEDICAL _____ H</p> <p>(SPECIFY)</p> <p>PRIVATE AND OTHER MED. SECTOR</p> <p>HOSPITAL/MATERNITY HOME I</p> <p>CLINIC/WOMAN'S CONSULTATION J</p> <p>PRIVATE DOCTOR K</p> <p>FAMILY PLANNING CENTER/ CABINET L</p> <p>NGO M</p> <p>OTHER PRIVATE MEDICAL _____ N</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/PHARMACY O</p> <p>PHARMACY P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
951	<p>Husbands and wives do not always agree on everything.</p> <p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
953	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
954	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DON'T KNOW Z	
1003	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1004A	If a member of your family got tuberculosis and completed the hospital treatment for TB, would you be willing to take care of him or her at home during further treatment?	YES 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 1013
1006	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 1013
1007	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL/MATERNITY HOME .. 11 POLICLINICS/WOMAN'S CONSULTATION 12 FAP/DAC/PH 13 FAMILY PLANNING CENTER/ CABINET 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE AND OTHER MED. SECTOR HOSPITAL/MATERNITY HOME 21 CLINIC/WOMAN'S CONSULTATION 22 PRIVATE DOCTOR 23 FAMILY PLANNING CENTER/ CABINET 24 NGO 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME 31 PHARMACY 32 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1008	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
1013	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? Getting permission to go? Getting money needed for treatment? The distance to the health facility? Having to take transport? Not wanting to go alone? Concern that there may not be a female health provider? Concern that there may not be any health provider? Concern that there may be no drugs available?	BIG NOT A BIG PROB- PROB- LEM LEM PERMISSION TO GO ... 1 2 GETTING MONEY 1 2 DISTANCE 1 2 TAKING TRANSPORT ... 1 2 GO ALONE 1 2 NO FEMALE PROV. ... 1 2 NO PROVIDER ... 1 2 NO DRUGS ... 1 2	
1014	Are you covered by any health insurance?	YES 1 NO 2	→ 1017
1015	What type of health insurance? RECORD ALL MENTIONED.	GOVERNMENT HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER _____ X (SPECIFY)	
1017	These next questions are about blood pressure. Has your blood pressure ever been checked?	YES 1 NO 2	→ 1026
1018	Who took your blood pressure?	DOCTOR 1 FELDSHER 2 NURSE 3 TRADITIONAL HEALER 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
1019	When was the last time you had your blood pressure checked?	LESS THAN 6 MONTHS AGO 1 6 - 11 MONTHS AGO 2 1 - 5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 DON'T KNOW 8	
1020	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	↙ → 1026

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1021	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	
1022	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES 1 NO 2	→1026
1023	Who told you this?	DOCTOR 1 FELDSHER 2 NURSE 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
1024	Did the doctor or the other health professional tell you to: a. take prescribed medicine? b. control your weight or lose weight? c. cut down on salt in your diet? d. exercise more? e. cut down on alcohol? f. stop smoking? g. do other things? PROBE: What other things?	YES NO TAKE MEDICINE 1 2 CONTROL WEIGHT 1 2 CUT DOWN SALT 1 2 EXERCISE 1 2 CUT DOWN ALCOHOL 1 2 STOP SMOKING 1 2 DO OTHER THINGS 1 2 (SPECIFY)	
1025	To lower your hypertension or high blood pressure, are you now: a. taking prescribed medicine? b. controlling your weight or losing weight? c. cutting down on salt in your diet? d. exercising? e. cutting down on alcohol consumption? f. stopping smoking?	YES NO N/A TAKE MEDICINE 1 2 3 CONTROL WEIGHT 1 2 3 CUT DOWN SALT 1 2 3 EXERCISE 1 2 3 CUT DOWN ALCOHOL 1 2 3 STOP SMOKING 1 2 3	
1026	Have you ever heard of an illness called anemia, or "thin blood"?	YES 1 NO 2	→ 1029
1027	Other than during pregnancy, has a doctor or other health professional ever told you that you had anemia, or "thin blood"?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	└→ 1029
1028	Did a doctor or other health professional recommend that you take iron tablets or eat iron rich foods?	RECOMMENDED TABLETS 1 RECOMMENDED FOODS 2 BOTH 3 NO RECOMMENDATION 4 OTHER 6 (SPECIFY)	
1029	Have you ever heard of an illness called diabetes or high sugar?	YES 1 NO 2	→1035
1030	Other than during pregnancy, has a doctor or other health professional ever told you that you had diabetes?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
1035	Have you ever heard of an illness called goiter?	YES 1 NO 2	→ 1037																																																																								
1036	Have you ever been diagnosed by a doctor or other health professional with goiter?	YES 1 NO 2																																																																									
1037	Check Q106 and Q107 to see if respondent was born in 1970 or earlier or 40 years old or older YES <input type="checkbox"/> ↓ SKIP TO 1038	NO <input type="checkbox"/> →	1039A																																																																								
1038	Have you ever been diagnosed by a doctor or other health professional with heart attack or myocardial infarction?	YES 1 NO 2																																																																									
1039	Have you ever been diagnosed by a doctor or other health professional with a stroke?	YES 1 NO 2																																																																									
1039A	May I measure your blood pressure and pulse at this time? MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC 1 <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC 2 <input type="text"/> <input type="text"/> <input type="text"/> PULSE 3 <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 9994 BLOOD PRESSURE AND PULSE NOT MEASURED DUE TO: TECHNICAL PROBLEMS 9995 OTHER 9996 SPECIFY																																																																									
1039B	<p>AVERAGE THE SYSTOLIC AND AVERAGE THE DIASTOLIC BLOOD PRESSURE FROM MEASUREMENTS, RECORDED IN QUESTIONS 581A AND 1039A.</p> <table border="0"> <tr> <td>Q581A BLOOD PRESSURE</td> <td>Q1039A BLOOD PRESSURE</td> <td>AVERAGE OF TWO BLOOD PRESSURE MEASUREMENTS</td> </tr> <tr> <td>SYSTOLIC <input type="text"/><input type="text"/><input type="text"/></td> <td>SYSTOLIC <input type="text"/><input type="text"/><input type="text"/></td> <td>SYSTOLIC <input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>DIASTOLIC <input type="text"/><input type="text"/><input type="text"/></td> <td>DIASTOLIC <input type="text"/><input type="text"/><input type="text"/></td> <td>DIASTOLIC <input type="text"/><input type="text"/><input type="text"/></td> </tr> </table> <p>USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL.</p> <p>ADULT BLOOD PRESSURE VALUE BOX:</p> <table border="0"> <tr> <td></td> <td colspan="6">DIASTOLIC</td> </tr> <tr> <td></td> <td><84</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>110-119</td> <td>>=120</td> </tr> <tr> <td>SYSTOLIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><129</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>130-139</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>140-159</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>160-179</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>180-209</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>>=210</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </table> <p>COMPLETE THE BLOOD PRESSURE REPORTING FORM ACCORDING TO THE BLOOD PRESSURE TRAINING PROTOCOL. AND GIVE IT TO THE RESPONDENT</p>			Q581A BLOOD PRESSURE	Q1039A BLOOD PRESSURE	AVERAGE OF TWO BLOOD PRESSURE MEASUREMENTS	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>		DIASTOLIC							<84	85-89	90-99	100-109	110-119	>=120	SYSTOLIC							<129	1	1	1	1	1	1	130-139	2	2	2	2	2	2	140-159	3	3	3	3	3	3	160-179	4	4	4	4	4	4	180-209	5	5	5	5	5	5	>=210	6	6	6	6	6	6
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160-179	4	4	4	4	4	4																																																																					
180-209	5	5	5	5	5	5																																																																					
>=210	6	6	6	6	6	6																																																																					
1040	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>																																																																									

SECTION 12. VISIT TO A HEALTH FACILITY TO COLLECT INFORMATION ABOUT IMMUNIZATION.

1201A	ENTER IN THE TABLE LINE NUMBER, NAME AND INFORMATION ABOUT THE SURVIVAL STATUS OF EACH CHILD, BORN IN 2006 OR LATER, EXACTLY AS IN QUES.502 AND 503. (IF 3 OR MORE BIRTHS, USE THE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).												
1201	CHECK 502:	LAST BIRTH				NEXT-TO-LAST-BIRTH				SECOND-FROM-LAST BIRTH			
		PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/>				PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/>				PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/>			
1202	CHECK 503:	NAME _____				NAME _____				NAME _____			
		LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 1201 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1207)				LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 1201 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1207)				LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 1201 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 1207)			
1203	CHECK 572A ANY INFORMATION ABOUT MEDICAL INSTITUTION KEEPING IMMUNIZATION DATA?	YES 1 NO 2 NEXT CHILD ←				YES 1 NO 2 NEXT CHILD ←				YES 1 NO 2 (SKIP TO 1207) ←			
1204	WAS THE MEDICAL CENTER VISITED?	YES 1 NO 2 NEXT CHILD ←				YES 1 NO 2 NEXT CHILD ←				YES 1 NO 2 (SKIP TO 1207) ←			
1205	ARE THERE IMMUNIZATION RECORDS IN THE MEDICAL CENTER (NAME)?	YES, SEEN 1 YES, HAVEN'T SEEN... 2 NEXT CHILD ← NO RECORD 3				YES, SEEN 1 YES, HAVEN'T SEEN... 2 NEXT CHILD ← NO RECORD 3				YES, SEEN 1 YES, HAVEN'T SEEN... 2 (SKIP TO 1207) ← NO RECORD 3			
1206	(1) COPY DATA ABOUT EACH VACCINE FROM IMMUNIZATION RECORDS (2) ENTER '44' IN THE COLUMN 'DAY' IF THE CARD READS THAT VACCINATION TOOK PLACE BUT NO DATE IS PROVIDED												
	LAST BIRTH				NEXT-TO-LAST-BIRTH				SECOND-FROM-LAST BIRTH				
	DAY	MONTH	YEAR		DAY	MONTH	YEAR		DAY	MONTH	YEAR		
	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	POLIO 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	POLIO 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	POLIO 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	POLIO 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	POLIO 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	POLIO 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	POLIO 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	POLIO 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	POLIO 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	POLIO 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	POLIO 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	POLIO 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	POLIO 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	POLIO 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	POLIO 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DPT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DPT 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>	MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>	MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	HepB 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	HepB 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	HepB 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	HepB 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	HepB 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	HepB 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	HepB 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	HepB 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	HepB 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT.A	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT.A	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	VITAMIN A (2nd MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT.A	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT.A	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	VITAMIN A (3rd MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT.A	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT.A	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	NOTE: Since 2003 the MMR vaccine has been given as a combined vaccine.												
1207	END												

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 SPERMICIDIES/FOAM/JELLY
- J DIAPHRAGM/CAP
- K RING
- L LACTATIONAL AMENORRHEA METHOD
- M RHYTHM/CALENDAR/TEMPERATURE METHOD/
CYCLE BEADS
- N WITHDRAWAL
- X OTHER _____
(SPECIFY)

**NOTE: In case of a multiple birth which ended
 with live and non-live birth outcomes
 record BIRTH to the calendar

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
(SPECIFY)
- Z DON'T KNOW

			1	3	
12	DEC	01			
11	NOV	02			
10	OCT	03			
09	SEP	04			
2	08	AUG	05		2
0	07	JUL	06		0
1	06	JUN	07		1
1	05	MAY	08		1
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
<hr/>					
12	DEC	13			
11	NOV	14			
10	OCT	15			
09	SEP	16			
2	08	AUG	17		2
0	07	JUL	18		0
1	06	JUN	19		1
0	05	MAY	20		0
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
<hr/>					
12	DEC	25			
11	NOV	26			
10	OCT	27			
09	SEP	28			
2	08	AUG	29		2
0	07	JUL	30		0
0	06	JUN	31		0
9	05	MAY	32		9
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
<hr/>					
12	DEC	37			
11	NOV	38			
10	OCT	39			
09	SEP	40			
2	08	AUG	41		2
0	07	JUL	42		0
0	06	JUN	43		0
8	05	MAY	44		8
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
<hr/>					
12	DEC	49			
11	NOV	50			
10	OCT	51			
09	SEP	52			
2	08	AUG	53		2
0	07	JUL	54		0
0	06	JUN	55		0
7	05	MAY	56		7
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
<hr/>					
12	DEC	61			
11	NOV	62			
10	OCT	63			
09	SEP	64			
2	08	AUG	65		2
0	07	JUL	66		0
0	06	JUN	67		0
6	05	MAY	68		6
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		

