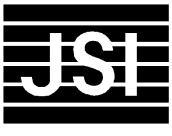
Women and Infant Health Project Household Survey 2000

Report of Main Findings

Patricia H. David
Valentina Bodrova
Alexander Avdeev
Irina Troitskaia
Marc Boulay

December 2000



This report was made possible through support provided by USAID/Russia, under the terms of Contract No. HRN-1-00-98-0032-00 Delivery Order No. 803 and John Snow, Inc. (JSI).

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
AVSC	Association for Voluntary and Safe Contraception
CDC	Centers for Disease Control and Prevention
CPR	Contraceptive Prevalence Rate
DFID	Department for International Development
DPH/CDC	Division of Reproductive Health of the U.S. Center for Disease Control
ELDs	electoral districts
FP	Family Planning
GFR	General Fertility Rate
HIV	Human Immuno-deficiency Virus
IEC	Information, Education, Communication
IUD	Intra-Uterine Device
JHU/CCP	Johns Hopkins University Center for Communication Programs
JSI	John Snow, Inc.
OC	Oral Contraception
PSUs	primary sampling units
RH	Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TASC	Technical Assistance Support Contract
TV	Television
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCIOM	Russian Center for Public Opinion and Market Research
WIN	Women and Infant Health Project

Acknowledgements

USAID, Russia, funded this survey as part of the work of the Women and Infant Health Project (WIN Project). Many people helped with the initial preparations and the implementation of this survey, and others with the analysis and final report. The authors wish to express sincere thanks to the following individuals who gave their time and energy to help ensure the success of this endeavor:

All-Russian Center for Public Opinion and Market Research (VCIOM)
Valentina Bodrova, survey coordinator, Head, Women, Family and Population Programmes
Alexei Grazhdankin, Deputy Director, VCIOM
Svetlana Aksionova, Data Processing Department
Ekaterina Kozerenko, Head, Sampling Department
Sergei Novikov, Head, Statistical Department
Irina Rounova, Field Work Department
Galina Sterlikova, Head, Data Processing Department
Sergei Leontiev, Director, Center of Regional and Municipal Research, Research Organization "Dialogue"
Alexi Rusakov, Director, Ural's Information and Sociological Agency

Moscow State University
Alexander Avdeev, Head, Department of Bibliography and Information, Center for Population Studies
Irina Troitskaia, Senior Researcher, Department of Bibliography and Information, Center for Population Studies

Ministry of Health, Russian Federation
Nadezhda Baklaenko, Chief, Reproductive Health Branch, Department of Maternal and Child Care

WIN Project
Natalia Vartapetova, Resident Advisor, John Snow, Inc.(JSI)
Colleen Conroy, Project Manager (JSI)
Patricia David, Senior Evaluation Advisor (JSI)
Nadya Stump, Program Assistant (former)

WIN Project Partners and Consultants
Michelle Berdy, Country Representative, Johns Hopkins University Center for Communication Programs (JHU/CCP)
Marc Boulay, Research Division, Johns Hopkins University Center for Communication Programs
Irina Eramova, Resident Advisor, Association for Voluntary and Safe Contraception (AVSC)
Pauline Glatleider, Consultant Midwife
Laurie Liskin, Director, NIS Division, Johns Hopkins University Center for Communication Programs (former)
John Pile, Senior Director,Programs, Association for Voluntary and Safe Contraception (AVSC)
Juan Schoemaker, Research Division, Johns Hopkins University Center for Communication Programs

The project also owes special thanks to the following individuals for their much-appreciated advice and assistance:

Kerry Pelzman, Chief, Health Division, USAID/Russia
Larissa Petrossyan, Project Management Assistant, Health Division, USAID/Russia
Tatiana Starodubtseva, Translator and Interpreter
Howard Goldberg, Centers for Disease Control and Prevention (Atlanta, Georgia, USA)
Leo Morris, Centers for Disease Control and Prevention (Atlanta, Georgia, USA)
Amy Cunningham, MEASURE Evaluation, University of North Carolina at Chapel Hill
Emma Ottolenghi, Population Council
John Townsend, Population Council
Sascha Lamstein, Program Assistant, John Snow, Inc.

Executive Summary

Background

Between mid-December, 1999 and March, 2000, a household survey was conducted by the Women and Infant Health Project (WIN), a USAID-funded project. The survey is a component of the evaluation designed for the WIN Project, which is establishing training programs and other interventions in three Russian cities for providers and clients of a range of women's and newborn health services.

The aim of the project is to reduce unnecessary medical intervention during pre-natal, delivery and neonatal care, and to improve postnatal and post-abortion contraceptive counseling. Another component of the project is production of appropriate health messages and materials to inform and educate the population in the three target cities, Perm and Berezniki, in Perm Oblast in the Ural Mountains and Veliky Novgorod (Novgorod the Great) in the west, and for use in participating facilities.

The WIN Project will be evaluated using a suite of methods: pre- and post-intervention household and facility surveys, and a routine monitoring system to track key indicators within participating facilities. The evaluation is designed to assess the effectiveness and impact of the project in the sites established in three cities.

The primary objective of the household survey is to provide a baseline measurement of key indicators of health needs and behaviors that the project aims to affect in the three targeted sites. The survey obtained information on patterns of fertility, abortion and contraceptive prevalence, and measured indicators of health behavior and knowledge among women of reproductive age that are the focus of project interventions. The survey also provides data to examine and compare current reproductive health status and behavior and health service needs in the three cities. This report describes the main results of the baseline household survey.

Methodology

The survey was designed by the WIN Project in consultation with staff of the All-Russia Centre for Public Opinion and Market Research (VCIOM), a national survey organization that has implemented several prior surveys of women's health issues in collaboration with the US Centers for Disease Control (CDC). VCIOM central and field staff implemented the survey. VCIOM designed and selected the sample of households and individuals, selected and trained field workers, conducted the interviews, and processed the survey data. Interviewer training was conducted in each city, under the guidance of VCIOM central office staff with the assistance of VCIOM regional supervisors.

The three-stage sample was designed to obtain approximately 1300 women of reproductive age (15-44) in each city. The sampling frame was based on the electoral rosters and electoral districts (ELDs) were treated as primary sampling units (PSUs). Sixty-five electoral districts (ELDs) were selected with equal probability of selection (constant inside each city's administrative region) in Perm, 63 in Berezniki, and 65 in Veliky Novgorod. In the second stage, 20 households were randomly selected in each electoral district. The resulting number of households visited was 13,538, and one woman of reproductive age was randomly selected for interview in each household

that contained at least one such woman. A total of 3900 women between the ages of 15 and 44 were interviewed.

Characteristics of Respondents

Most women in the survey sample had completed secondary school or studied beyond secondary school level (70 - 73%). Levels of education were comparable across the three cities, but in the smaller city of Berezniki there were more women who had less than complete secondary school education and fewer that were educated beyond secondary school.

The proportion of currently married women (in formal unions) ranged from 45 percent in Berezniki to almost 53 percent in Veliky Novgorod. In Berezniki a larger proportion of women were living in unregistered marriages than in the other cities (about 18 percent in Berezniki, as compared to about 12 percent of women in Perm and only about 8 percent of women in Veliky Novgorod). Almost 14 percent of women in each city were currently divorced or separated from their husbands. About 20 percent of women interviewed had never lived in union with a man.

About 60 percent of women said that they were currently employed, and between 6 percent and 9 percent of women in the sample were currently on maternity leave from their employment. Almost 1 in every 3 women was unemployed at the time of interview, but about 80 percent of these unemployed women were not currently looking for employment.

Fertility and Abortion

The survey collected a history of women's pregnancies and their outcomes – live births, abortions, miscarriages, and still births – for the 10-year period from 1990 to 1999. The analysis includes 4211 pregnancies that ended between 1990 to 1999.

The total fertility rates based on births in the three-year period 1997-1999 were 1.4 births per woman in Perm, 1.5 in Berezniki, and 1.2 in Veliky Novgorod. An early peak of childbearing was observed, with 20-24 year olds reporting the highest birth rates in all three cities. The mean age at first sexual intercourse is about 19 years, and differences in this indicator between the three cities were not significant. On average, the interval between entry into sexual life and into a stable union is about 20 months. Only 63 percent of women were currently married at the time of the interview (50 percent in legal unions and 13 percent in unregistered marriages).

Less than half of all reported pregnancies ended in a live birth and the outcome of the birth was dependent on whether the pregnancy was wanted or planned. Eight-four percent of wanted pregnancies ended in a live birth but only 35 percent of those that occurred earlier than planned did so. Only about 5 percent of pregnancies experienced by women who reported that they did not want any more children ended in a live birth. Furthermore, in the latter half of the 1990s an increasing number of women considered their pregnancies ill timed.

To analyze abortion levels and trends we used information about 2039 pregnancies that ended in an abortion (both induced and mini abortion) between 1990 and the survey date. Of all pregnancies that ended in 1990-1999, 43 percent resulted in a live birth, while 33 percent and 16 percent ended in an induced abortion and mini-abortion respectively. Most of the remainder, about 7.5 percent,

ended in miscarriage. Stillbirth, illegal abortion (performed outside of a medical facility) or self-induced abortion were reported to be quite rare (1 percent of the total).

The total abortion rate for 3-year period 1997-1999 is higher than total fertility rate for the same period. The total abortion rate is 2.1 abortions per woman in Perm and Berezniki, and 1.7 abortions per woman in Veliky Novgorod. The mean age at abortion is almost 3 years higher than mean age of childbearing (between 27 and 28 years of age).

In 1990 the abortion ratio averaged 68 per 100 live births, while by 1999 this indicator had increased by more than 2 times and reached 164 per 100 live births. The abortion ratio depends not only on abortion prevalence, but also on the fertility level. An increase in the abortion ratio such as this can be caused both by an increase in the prevalence of abortion and by a decrease in fertility. The decrease in live births observed in 1999 is probably the main reason for the sharp increase in the ratio of abortions to live births in that year.

Another way to estimate abortion prevalence is to calculate abortions as a proportion of all pregnancies (excluding miscarriages). This ratio varies from 0 (no abortions) to 100 (no live births). For single years during the preceding 10-year period, estimates for this ratio confirm the increase in the level of abortions. In the first half of the 1990s the ratio of abortions to all pregnancy outcomes was less than 50 per hundred pregnancies, while in the second half of the 1990s the same ratio was, on average, more than 50 abortions per 100 pregnancies.

The main reasons women give for an abortion are respondents' decision not to have any more children and socioeconomic problems. Absence of husband/partner is a third reason. Together with partner's desire for an abortion, the four reasons cover almost 90 percent of all reported abortions. At the same time, only 6 percent of abortions were reported to be due to medical reasons.

Among all abortions reported between January 1994 and the date of the survey, respondents had to pay cash in 53 percent of cases; 3 percent of abortions were paid by gifts and 23 percent were reported to be free of charge. A sharp increase in the cost of abortions appears to have occurred in 1999, when average prices went up by 50 percent compared with the average cost of abortions reported in 1998.

In our sample 16 percent of all abortions reported from January 1994 to the date of survey were associated with complications that required treatment. Induced abortions were followed by complications more frequently than mini-abortions. The highest percentage of immediate complications was associated with abortions performed outside of medical settings. Over 30 percent were associated with early complications, twice as high as the reported rate of complications for other types of abortions. Proportions of post-abortion complications that required treatment and their distribution by type of abortion were similar in all three cities.

Maternal and Infant Health

Almost all pregnancies that occurred during the six years preceding the survey had received antenatal care from a doctor, nurse, or midwife (96 percent in Berezniki and 98 percent in Perm and Veliky Novgorod). Most women begin antenatal visits in the first trimester of pregnancy and the

average number of antenatal visits is high, ranging from 15 per pregnant woman in Veliky Novgorod to 19 in Berezniki.

In populations where iron deficiency during pregnancy is common, iron folate supplements are recommended throughout pregnancy. Women were asked whether they were given any iron tablets during the last pregnancy. Those who reported receiving iron tablets ranged from 52 percent in Novgorod to 73 percent in Perm. The average number of tablets women reported taking (of those who remembered the number they were given) was low: no more than 35 tablets during the pregnancy, on average.

Antenatal visits can provide a good opportunity to improve women's health knowledge and to counsel them. At present, many of these opportunities appear to be missed. Slightly more than half of women in Perm and about 40 percent of women in Veliky Novgorod report receiving some information about contraception during their antenatal visits. In Berezniki, however, almost 60 percent of women report receiving family planning information during antenatal visits.

Few women in these cities reported receiving any information about domestic violence during antenatal care. The proportion of those who did receive such information is much higher in the city of Perm, where 1 in 3 women report obtaining information about violence. In the other two cities, fewer than 1 in 5 pregnant women receive any information about what to do in the face of domestic violence.

Women's experiences of maternity care are of major interest to the project staff and participants, and delivery and postpartum care are the focus of many project interventions. Rates of Caesarian section delivery are about 15 percent in Perm and Veliky Novgorod, while the rate is much lower (5 percent) in Berezniki. These prevalence rates span the commonly accepted range of expected need for surgical intervention at delivery (5-15%).

Almost 30% of women in Perm reported that they had 'rooming in' (their babies stayed with them night and day). This compares with only 16-17 percent of women in Berezniki and Veliky Novgorod who were able to do so.

Most respondents were able to provide the birth weight of their babies (less than 5 percent did not know). The low birth weight rate (percent of newborns weighing less than 2500 grams at birth) varies between cities, with 2.5 percent of births in Perm reported to have weighed less than 2500 grams, 5 percent in Berezniki, and 3 percent in Veliky Novgorod. The project will also obtain information on birth weight directly from hospital sources, and will be able to compare these reports to those data.

At present very few mothers and babies are given the opportunity to breastfeed their babies immediately – overall, less than 5 percent of recent births were breast-fed immediately. Of the others, a large proportion was not put to the breast within the first day. Between one-third and two-fifths of babies were not breast-fed in the first 24 hours. Furthermore, while early breastfeeding is nearly universal (more than 93 percent of babies in Veliky Novgorod and 95 percent in Perm and Berezniki were breast fed), it is rarely exclusive. Between 50 percent and 70 percent of mothers in these cities reported that their babies received some bottle-feeding while in hospital. Of the 116

infants aged less than 6 months at the time of the survey, only 40 percent were still receiving breast milk, but nearly 97 percent of these infants, regardless of the city of their family's residence, had been given drinks other than breast milk.

While the Russian medical services make routine home visits to check on newborns, around half of new mothers in Perm and Veliky Novgorod, and fewer than one in three women in Berezniki report that they went to a health provider for a postpartum check of their own health. Women who smoked comprised between 17 percent and 25 percent of the sample, and of those women, in about half of these pregnancies the mother continued smoking during pregnancy (ranging from 41 percent in Berezniki to 62 percent in Perm and 50 percent in Novgorod). Those pregnancies in which women drank any alcohol at all during the pregnancy ranged from 14 percent of pregnancies in Veliky Novgorod to a quarter of pregnancies in Berezniki.

Almost all births took place in a maternity home (more than 95 percent in all 3 cities). Women were asked to rank the facility in which they last gave birth on specific criteria, and these rankings show that women were most unhappy about the facility's policy on permission for visitors. Almost half of women in Perm, almost 70 percent in Berezniki, and 30 percent in Veliky Novgorod ranked the facility where they gave birth as 'poor' with respect to visitation privileges. The next highest prevalence of 'poor' rankings was for the facility's provision of privacy and comfort. The highest prevalence of 'good' rankings in all three cities was for competence and attitude of health professionals (toward the woman). In Perm and Veliky Novgorod, hygiene was rated 'good' more often than in Berezniki, where only 20 percent of respondents rated their facility as 'good' and 30 percent gave their facility a 'poor' hygiene rating.

Contraceptive Knowledge and Use

Knowledge of specific contraceptive methods was high in all 3 cities. Among the different types of modern contraceptives, nearly all women surveyed were familiar with condoms, oral contraceptives, and the Inta-Uterine Device (IUD). Knowledge of traditional family planning methods was also high. Approximately 90 percent of women were aware of both calendar methods and withdrawal, and over 80 percent said they were aware of lactational amenorrhea and douching methods.

Most women surveyed also knew were they could obtain these methods or information about them. Over 90 percent of women in each survey site reported knowing where they could obtain a condom, oral contraceptives, and an IUD. A majority of women surveyed reported knowing where they could obtain diaphragms, spermicides, post-coital pills, and undergo a sterilization procedure. Fewer women were aware of a source of injectable methods, implants and the female condom. Most women were also aware of a source of information about calendar methods of family planning. The level of awareness of specific methods and sources where methods could be obtained varied somewhat by marital status.

Current use of a family planning method was common among married women in the survey samples. Seventy-four percent of women in a union in Veliky Novgorod, 71 percent in Perm, and 69 percent in Berezniki reported that they were currently using some method of family planning. However, multiple method use was also high, which complicated measures of method-specific use. Approximately 40 percent of women reported that they were only using a modern method, with

much of this use concentrated among the IUD and condoms. Over 22 percent of women in Berezniki and slightly less than 20 percent of women in Perm and Veliky Novgorod reported sole use of the IUD. More than 10 percent of women in Perm and Berezniki and nearly 15 percent of women in Veliky Novgorod were using condoms, alone or in combination with another modern method.

Use of traditional methods was also high. In Perm, 15 percent of women sampled reported relying solely on a traditional method, and an additional 18 percent reported using both a traditional and modern method. In Berezniki, 12 percent of women were using only a traditional method and 15 percent were using both a traditional and a modern method. Sixteen percent of women in Veliky Novgorod were using only a traditional family planning method, while 17 percent of women there reported using both a traditional and a modern method.

Medical staff (doctor, medical assistant, midwife, nurse) and mass media (newspapers, magazines, TV, radio) were the most commonly cited sources of information about the current method used.

Nearly all married or sexually experienced women in the samples have used a method of family planning at some point in their sexual history, and this was consistent across study sites. Fewer than 10 percent of married women and twelve percent of sexually experienced women report never having used a family planning method.

A large amount of method-switching was reported by women in the study sites. On average, women in each city have used over four family planning methods. The average number of methods used rises with respondent's age and education. Married women also tended to have used more family planning methods than single women, although these latter women also reported using over three family planning methods in their lifetime.

Overall, every second woman mentioned a pharmacy as their source of their contraceptive method. Women in Veliky Novgorod were most likely to have gone to a pharmacy to get their method. Nearly 70 percent of women in Veliky Novgorod identified the pharmacy as their source of their contraceptive method, while 44 percent of women in Perm and 49 percent of women in Berezniki did so. Women's consultation centers were the other commonly reported source for contraceptive methods.

For most women who were not using a family planning method at the time of the survey, the reason appeared to be their perceived lack of need for contraception. Over 80 percent of single women reported that they were not using any contraceptive method because they were not sexually active. Among widowed and divorced women, the two most common reasons given for not using a contraceptive method were that they were not sexually active or that they were not able to get pregnant. Most married women indicated that they were not using a contraceptive method because they were pregnant, wanted to get pregnant, or were not able to get pregnant. Few women indicated that the perceived side effects associated with contraceptive methods were the reason for not using a contraceptive method.

Women currently using a modern contraceptive method were asked whether they had to pay for their most recent method and most reported that they had paid for it. Seventy-two percent of

women in Perm, 82 percent in Berezniki and 87 percent in Veliky Novgorod reported paying for their most recent method. This widespread need to pay for contraception prompted fears that the economic crisis of 1998 would prompt many women to discontinue their contraceptive use or resort to abortion.

Based on women's responses, the 1998 economic crisis appears to have had only a limited effect on contraceptive use and abortion. Most women, ranging from 78 percent in Perm to 69 percent in Veliky Novgorod, did not make any change in their contraceptive use status since the economic crisis. Among the women who did report making a change, most either switched to another method or stopped using a contraceptive method altogether. However, fewer than 20 percent of the women in Perm and Berezniki, and 30 percent of the women in Veliky Novgorod, reported that the economic crisis played a role in their decision to switch methods or stop using a method. Fewer than 10 percent of women who had an abortion in this period indicated that the economic crisis was a factor in their decision to terminate the pregnancy.

Contraceptive Counseling

It appears that many opportunities to counsel women about family planning are being wasted. Only half of the women who reported having had an abortion in the five years prior to the survey reported that they had spoken to a doctor or midwife about ways to avoid another unplanned pregnancy. In each of the three study sites, women who had a mini-abortion were more likely to have received contraceptive counseling than were women who had an induced abortion. Even fewer of these women (one-quarter, overall) left the hospital with a contraceptive method or a prescription for a contraceptive method. As with discussions with a health provider, women who had a mini-abortion were more likely to have left the facility with a method or prescription than women who had an induced abortion.

In addition to being infrequent, post-abortion counseling appears to be of limited quality. Among those women who received a method or prescription following their recent abortion, over 40 percent in Perm and Veliky Novgorod and 34 percent in Berezniki received a method other than the one they wanted

In the immediate postpartum period, contraceptive counseling was even less frequent. Among women who had given birth in the five years preceding the survey, few report having talked to a doctor or midwife following their most recent birth. This was particularly apparent in Perm, where only 23 percent of women reported receiving some contraceptive counseling in the period immediately following their birth. In Veliky Novgorod, 29 percent of women received counseling following their birth and in Berezniki, 40 percent of women were counseled.

Effective contraceptive counseling should enable women to make an informed choice regarding their family planning strategies. Health providers should discuss a number of contraceptive options and present information on the potential side effects women may face. According to the reports from this survey, many health providers do not appear to provide the information women need to make an informed decision regarding contraception. Among women who had ever used a medically-based method (oral contraceptives, IUD, injectables, implants, and sterilization), nearly 50 percent report that their health provider did not talk to them about a variety of methods, did not explain the possible side effects of the method, and did not compare the relative effectiveness of the

method to other methods. However, most women did report participating in the decision to use the contraceptive method chosen.

Reflecting the apparent lack of quality in many counseling sessions, fewer than 15 percent of women in any study site reported being very satisfied with the services they received. Most women, over 60 percent in each of the study sites, report being only somewhat satisfied with the services they received, while approximately 20 percent were not satisfied at all.

Many women who would like to stop having children, and therefore have a need for a contraceptive method, have not discussed family planning with their spouse or partner. Nearly 40 percent of women in Perm and Berezniki and 30 percent of women in Veliky Novgorod with a need for family planning have not discussed the topic with their husband. Despite the reluctance of some women to discuss family planning with their husband, most believe that there is a need for men to receive services related to reproductive health. In each of the study sites, over 90 percent of women with a need for family planning indicated that they believe men should receive family planning information and services and services for: sexually transmitted infection (STI) prevention, sexuality education, and domestic violence prevention.

Health Behavior and Sexually Transmitted Infections

The WIN survey asked women in the youngest age group (15-24) about pregnancy prevention at the time of their first intercourse. About 40 percent of young women in all three cities reported that they or their partners had used a pregnancy prevention method at first intercourse. Altogether, condoms were the most frequent method cited by those who used a method at first intercourse (almost 70%). The other most-cited method was withdrawal (about 16%). However, only about 5 percent of those using a method other than condoms to prevent pregnancy also protected against STIs through use of a condom.

Women were asked about their smoking and drinking habits, and about their knowledge of how to prevent sexually transmitted infections. One in every three women reported smoking cigarettes and this varies little by age or between cities. However, the percent of those who smoke declines steeply with level of education, with almost twice as many women with less than a secondary education smoking as did women who have completed more than secondary school. Fewer than 10 percent of women report that they drink very often, but the women who do drink more than 1-2 times per week are more likely to be younger (between the ages of 15 and 25), and have less than a secondary school education.

The level of awareness of HIV and AIDS appears to be very high, with almost all women reporting that they have heard of HIV (99%). Virtually all respondents believe that there is something people can do to protect against HIV and AIDS. However, when asked about specific ways to prevent becoming infected with the AIDS virus, fewer respondents displayed an in-depth knowledge of the subject.

In all three cities, more than 75 percent of all respondents know that having one uninfected sex partner who has no other partners will protect them against getting infected with HIV. This varies only slightly by age and educational level of the women, but respondents who have not completed

secondary school (many of whom are in the youngest age group) are less knowledgeable, on average, than more educated women.

A smaller proportion of women in each city, between 60 and 70 percent, knows that correct use of a condom at every sexual encounter will also protect them against HIV. Variability among age and educational groups is negligible.

A large proportion of women – ranging from 77 to 84 percent in the three cities – think it is possible for a healthy-looking person to have the virus that causes AIDS. Nevertheless, almost 1 in every 5 of the youngest women (ages 15-24) in all three cities lacks this knowledge. Women who have less than a complete secondary school education are, not surprisingly, the least well informed.

The Joint United Nations Commission on HIV/AIDS (UNAIDS) has suggested several indicators that can be compared across countries, to monitor trends in knowledge and practices that may affect the spread of the AIDS epidemic. Several of these indicators can be measured by our WIN Project data.

The first, knowledge of AIDS prevention measures, is the percent of respondents who answer correctly two questions about ways to prevent HIV/AIDS: by having one uninfected sex partner who has no other partners, and by using a condom correctly at each sexual encounter. When answers to these questions are combined, we see that only about half of respondents in Perm and Berezniki and slightly more (57%) in Veliky Novgorod score a 'correct' answer.

The second global indicator is 'no incorrect beliefs about AIDS'. This is the proportion of all respondents who answer the following correctly: healthy looking persons can have the AIDS virus; one cannot get infected by the AIDS virus by getting injections with a clean, sterile needle; and one cannot get infected by sharing a meal with an infected person. Based on the questions asked, less than half of respondents in all three cities have no incorrect beliefs about AIDS.

The third, 'comprehensive correct knowledge' measures the percent of respondents who correctly identify three ways of preventing transmission and also reject two common misconceptions about transmission or prevention. When we combine all relevant knowledge of HIV prevention and transmission held by our respondents, we see that fewer than 1 in 3 respondents can be said to have comprehensive correct information.

Information, Education and Communication

Messages about family planning are less likely to be heard on radio (reported by only about 20 percent of women) than through other mass media. Print media and television are far more common as sources of information about family planning: about 60 percent of respondents reported seeing some family planning information either on television or in a newspaper or magazine.

Attitudes towards contraceptive methods were assessed by asking respondents to rate, on a scale from one to ten, several modern contraceptive methods and two methods of abortion according to their safety and health effects, their effectiveness at preventing pregnancy, and their cost. Respondents were considered to have a negative image of the method if they gave a rating between one and three. In each of the three study sites, women were least likely to have a negative image

regarding the safety of condoms. Fewer than five percent of women in each community had a negative image of the safety of condoms. IUDs and oral contraceptives were also considered by many women to be fairly safe, with less than one-quarter of the women in each study site considering these methods to be unsafe. Most women, nearly 90 percent, considered induced and mini-abortions to be unsafe, with the exception of the women in Berezniki, where only 76 percent of the respondents rated mini-abortions as unsafe.

Fewer than ten percent of the women in each study site gave oral contraceptives, IUD, condoms, injectables, and female sterilization negative ratings for their effectiveness.

Most women considered condoms the least expensive contraceptive method. No more than 10 percent of the women in each study site gave condoms a negative rating in terms of their cost. IUDs were the second most favorable method for their cost; one-quarter of women in Veliky Novgorod and less than one-fifth in Perm and Berezniki had a negative image of the cost of IUDs. Approximately half the respondents had a negative image of the costs associated with oral contraceptives, injectables, and both induced abortion and mini-abortion.

Nearly all women – approximately 95 percent in each study site – were aware that smoking during pregnancy is harmful to one's baby. Such knowledge notwithstanding, women who smoked often continued to do so during pregnancy.

The project will also try to improve knowledge and practice of exclusive breastfeeding. Currently, only 15 percent of the women surveyed in each of the study sites believe that a baby should be exclusively breast-fed (receive only breast milk, and nothing else) until five to six months of age. Women were also asked whether they were aware of the effects of breastfeeding on their chances of becoming pregnant, and whether they were aware of the benefits of breastfeeding to their baby. Fewer than forty percent of women thought that breastfeeding affects a woman's chances of becoming pregnant. Among those who did think that breastfeeding affected the likelihood of becoming pregnant, most correctly knew that it decreased a woman's chance of getting pregnant. Most women were also aware that breastfeeding makes a baby healthier and stronger. However, fewer women reported that breastfeeding brings a baby and mother closer together, makes a baby feel more loved and secure, and protects a baby from infection.

Few women were exposed to information about exclusive breastfeeding in the mass media. Only 20 percent of women in Perm, 28 percent of women in Berezniki, and 26 percent of women in Veliky Novgorod reported exposure to any information about the benefits of breastfeeding on television or radio. Women were more likely to report hearing information about breastfeeding during a post-natal check-up, particularly in Perm. Women in Perm were also more likely to report receiving other health-related information during post-natal checkups. They were more likely than women in either Berezniki or Veliky Novgorod to have received information about: breast care, newborn care, immunizations and nutrition. Importantly, considerably fewer women in each study site reported receiving information about contraception during their post-natal checkups.

Women were also asked whether any medical person had talked to them about ways to prevent STIs. Seventy-five percent of women in Berezniki, 69 percent of women in Perm and 61 percent of women in Veliky Novgorod reported talking to a medical person about ways to prevent sexually

transmitted diseases. Similar to information about family planning, print media also appears to be an important source of information about STIs and HIV/AIDS for women.

Domestic Violence

The WIN survey obtained information about the problem of domestic violence in the three project sites, using a module of questions that were used in the 1999 Women's Reproductive Health Survey. The information will be used to bring the extent of the problem to the attention of health service providers, and to monitor changes in knowledge about sources of assistance among the female population. Respondents were asked about their experience of violence in their lifetime, and during the year preceding the survey, as well as where they would send a friend for help in cases of domestic abuse.

When asked where they would refer a friend for help in case of domestic abuse, the most usual places mentioned by women in these cities were the police (the traditional source of assistance with domestic violence). This was followed by crisis centers, a newer resource in these cities, and then by hospitals and other places or persons mentioned.

Women were then asked if they themselves had ever experienced either the threat of physical violence or an actual act of violence by a partner. Between 17 and 24 percent of women (excluding those who never had a partner) reported that they had experienced a partner's violent acts or threats in their lifetime. Women with the highest level of education appear to suffer less from such abuse than other women, with between 11 and 14 percent of women educated beyond secondary school reporting such events, compared to almost a quarter of women with less education. Divorced, separated and widowed women reported the highest level of abuse, with between 35 and 46 percent of formerly married women in the three cities reporting such experiences.

A total of 726 women reported ever experiencing violence by a partner. These women were asked what type of violence they had experienced, and whether it had occurred in the past year. The data show that the prevalence of violence decreases as the gravity of the act increases. While between 17 and 22 percent of women in Perm and Berezniki respectively have experienced not only threats, but actual pushes, shoves or slaps in the preceding 12 months, far fewer women report being kicked, hit or punched or threatened with a weapon. The same pattern is seen in Veliky Novgorod but the level of reported violence is slightly lower. Physical contact resulting in some kind of visible injury occurred in more than 60 percent of these cases in Perm and Berezniki, and almost half of these cases in Veliky Novgorod. Four out of five women report that their partner was drunk or had been drinking at the time of the incident.

Conclusions

In all three sites the level of fertility is very low (below replacement level). Childbearing begins early in all three cities, but the average age at childbearing has tended to increase, most noticeably in Perm. As a rule, women do not postpone births after they get married or start living in a stable union, an event that also happens quite early (on average at age 21). Fertility is universal and homogeneous: almost all women have one or two children soon after getting married.

As a rule, childbirth is planned. If a pregnancy occurs earlier than planned, it is terminated by induced or mini-abortion in 50 percent of cases. Almost all women who want no more children

have an abortion to avoid unwanted births. During recent years, more and more women consider their pregnancies ill timed.

Abortion levels are relatively similar in all three cities and are consistent with the levels observed in Russia as a whole. During the ten years preceding the survey levels of both absolute and relative abortion indicators have increased.

The increase in abortion levels was accompanied by a fertility decline that resulted in a large increase in the ratio of abortions to live births. Pregnancies to women under 20 and women over 30 years old are at highest risk of being terminated. However, women at the peak ages of childbearing (20 to 29 years) have the highest rates of abortion, while also are most likely to have a live birth. Instability of marital union is correlated with a higher probability of abortion.

The majority of abortions were performed in public health medical facilities; few women reported that their abortion was performed in a private clinic or by a private physician. Socioeconomic conditions are the most commonly mentioned reason for abortion, but women did not single out the economic crisis of 1998 as an important factor in their decision to have an abortion. Almost half of all reported abortions were paid for in cash; other kinds of payment (gifts, etc.) were quite rarely reported. The average cost of an abortion has tended to rise in recent years.

Usually, women leave clinic immediately after abortion. In the majority of cases where a woman is hospitalized for longer, the hospitalization is associated either with post-abortion complications or with high risk of complications. Rates of early complications among regular induced abortions and mini-abortions were similar. Few abortions were reported that were self-induced or performed outside medical facilities.

Antenatal visits can provide a good opportunity to improve women's health knowledge and to counsel them. At present, these opportunities are often missed. Almost all women receive antenatal care, and most attend antenatal clinics more than 15 times in a pregnancy. Yet, less than half of women in Perm and Veliky Novgorod report receiving information about postpartum contraception and few women report receiving any information about domestic violence during antenatal visits.

Early breastfeeding is nearly universal, but is rarely exclusive, and many babies receive drinks from a bottle while in hospital. At present very few mothers and babies are given the opportunity to breastfeed their babies immediately – overall, less than 5 percent of recent births were breast-fed immediately. Mother-baby contact is often restricted, and less than a third of women had 'rooming in' for their most recent births.

Nearly all women knew that smoking is harmful to one's baby, but women who smoked often continue to do so during pregnancy. There is a need for more information about the benefits of exclusive breastfeeding, and women may be receptive to receiving such information from their health care providers: during antenatal care and in the maternity after delivery.

Knowledge of contraceptive methods is high, and most women also know where they can obtain methods or contraceptive information. Current contraceptive use among women in sexual unions

was also common, but use of the most effective methods was lower. Multiple method use was also high, with many women relying on a combination of both modern and traditional methods of contraception. These women also do a large amount of switching between methods, and on average have tried over 4 different methods.

For most women who were not using a family planning method at the time of the survey, the reason appeared to be their perceived lack of need for contraception. Based on women's responses, the economic crisis of 1998 seems to have had only a limited effect on contraceptive use and abortion.

It appears that many opportunities to counsel women having abortions about family planning methods are also missed, and the quality of post-abortion counseling appears limited. Counseling about contraception in the postpartum period is even less frequent. According to women's reports, many health providers appear to provide less information than women need to make informed decisions about contraception. Reflecting these apparent deficiencies in counseling sessions, few women in any city report being very satisfied with the family planning services they received.

Many women who would like to stop having children have not discussed family planning with their partner, but despite this reluctance, most believe that there is a need for men to receive services related to reproductive health. It may be that women would appreciate the help of health providers to involve their partners in making family planning decisions and implementing them.

Condoms, IUDs and oral contraceptives were to be the safest contraceptive methods; most women considered induced and mini-abortions to be unsafe. Most women considered condoms the least expensive method of contraception, and about half had a negative idea of the costs associated with oral contraceptives, injectable contraceptives, and induced and mini-abortions.

Most women begin sexual life before age 19, but among young women (15-24), a majority report not using a pregnancy prevention method at first intercourse, and among those who did, most reported using condoms. Only a small fraction of those who used another method reported also using a condom to protect against sexually transmitted infections.

The level of awareness of HIV and AIDS appears to be very high, but when asked about specific ways to prevent becoming infected with the AIDS virus, fewer respondents displayed an in-depth knowledge of the subject. Women who have less than a complete secondary school education are the least well informed.

Based on the questions asked in the survey, less than half of respondents in all three cities have no incorrect beliefs about AIDS. Lack of correct information about HIV and STD infection, as reflected in their answers, as well about other sexually-transmitted infections, suggests that important health information still needs to be communicated to a large proportion of Russian women, especially those who are most at risk. Fewer than one in three respondents can be said to have comprehensive correct information.

The survey findings suggest that there is still a large role for information and educational campaigns to play in informing women (and probably their partners as well) about HIV and AIDS.

The epidemic in Russia until now appears to be concentrated among drug addicts who become infected by sharing dirty needles. However, as in other societies, prostitutes who use drugs may quickly spread the virus to non-drug-users and its spread beyond the drug-using community is hard to contain.

Levels of reported incidents of domestic violence are similar to those estimated by the 1999 Women's Reproductive Health Survey, but because women may underreport such incidents, should be considered a conservative estimate of the magnitude of the problem. Drinking alcohol was implicated by more than 80 percent of women reporting incidents of abuse.

1. Introduction

Background

This survey is a component of the evaluation designed for the Women and Infant Health Project (WIN), a USAID-funded project. The WIN Project is establishing training programs and Information, Education and Communication (IEC)/counseling interventions in three Russian cities for providers of a range of women's and newborn health services and their clients. The project trains Russian obstetricians, gynecologists, neonatologists, pediatricians, midwives and infant nurses in evidence-based medical practices.

The project builds upon lessons learned from the Women's Reproductive Health Program in Russia, which began in 1996 with six demonstration sites and later added activities in eight additional regions, and mounted a national reproductive health promotion campaign. Specifically, the focus of WIN interventions is on maternal and newborn health and nutrition, including promotion of exclusive breastfeeding, family planning services for postpartum and post-abortion clients, protection against domestic violence, essential care of the newborn, and family-centered maternity care as a component of antenatal, delivery and postpartum care.

The project interventions consist of clinical and counseling training for health providers at all levels, community-based and facility-based information, education and communication strategies for both families and providers, and advocacy and policy promotion. The interventions are guided by the following principles:

- Use of evidence-based medicine to enhance clinical practice
- Use of quality assurance methods involving both providers and clients in provision of quality services
- Promotion of a client-oriented focus
- Continuity and consistency in client-provider communications and across service levels

The aim of the project is to reduce unnecessary medical intervention during pre-natal, delivery and neonatal care, and to improve postnatal and post-abortion contraceptive counseling. Another component of the project is production of appropriate health messages and materials to inform and educate the population in the three target cities, Perm and Berezniki, in Perm Oblast in the Ural Mountains and Veliky Novgorod (Novgorod the Great) in the west, and for use in participating facilities. The ultimate aim is to institute evidence-based medical practices more widely to improve the effectiveness and 'family-friendliness' of maternal and infant health services delivered by the Russian health care system.

The WIN Project Evaluation Strategy

The WIN Project will be evaluated using a suite of methods: pre- and post-intervention household and facility surveys, and a routine monitoring system to track key indicators within participating facilities. The evaluation is designed to assess the effectiveness and impact of the project in the sites established in three cities.

The evaluation component of the project will use data to:

1. provide quantitative information on current practices and knowledge to 'fine-tune' training programs;
2. monitor progress during the project in order to adjust project activities as necessary;
3. measure change in selected indicators of effectiveness achieved by the project, and
4. provide data requested by those funding the project to estimate project effectiveness and impact.

At the start of the project, two surveys were conducted: a household survey of populations in the three cities, and a facility survey, which interviewed providers and clients in all participating facilities. A system to monitor key health and process indicators was instituted in participating health facilities, and at the city and oblast level.

This report describes the main results of one of the first stages of the evaluation, the household baseline survey.

Objectives of the Baseline Household Survey

The primary survey objective is to provide a baseline measurement of key indicators of health needs and behaviors that the project aims to affect in the three targeted sites: the city of Veliky Novgorod, and Perm and Berezniki cities in Perm Oblast. The survey obtained information on patterns of fertility, abortion and contraceptive prevalence, and measured indicators of health behavior and knowledge among women of reproductive age that are the focus of project interventions. The survey also provides data to examine and compare current reproductive health status and behavior and health service needs in the three cities.

The survey examines the following aspects of reproductive health and behavior in the selected sites:

- fertility and abortion rates and use of post-abortion contraception
- breast feeding practices
- birth outcomes, circumstances of birth and care in the postpartum period
- prevalence of use of modern contraceptives
- contraceptive method choice and factors related to choice
- sources of information and exposure to family planning messages
- other risk factors affecting women's health, such as smoking, alcohol use and occurrence of domestic violence

2. Methodology

Organization and Responsibilities

This survey was designed by the WIN Project in consultation with staff of the All-Russia Centre for Public Opinion and Market Research (VCIOM), a national survey organization that has implemented several prior surveys of women's health issues in collaboration with the US Centers for Disease Control (CDC). VCIOM central and field staff implemented the survey. VCIOM designed and selected the sample of households and individuals, selected and trained field workers, conducted the interviews, and processed the survey data. Interviewer training was conducted in each city, under the guidance of VCIOM central office staff with the assistance of VCIOM regional supervisors. The translated questionnaire was used for training in Perm City, and a pre-test of the questionnaire was conducted on the final day of training. Some revisions were made after consultation with the project's Evaluation Advisor, and copies of the final questionnaire were then printed.

The fieldwork began in mid-December, 1999, and lasted approximately two and a half months, ending in March 2000. Field supervisors controlled the work of the interview teams. Regional fieldwork supervisors provided overall quality control.

Data were entered into computer files by VCIOM using a data entry program developed specifically for this survey instrument. After field supervisors reviewed questionnaires, a final edit was done at VCIOM headquarters in Moscow, and the data were entered and cleaned. The data were exported into a data file in SPSS format for analysis. Preliminary tables were produced by VCIOM data processing staff under the supervision of a VCIOM staff researcher.

This report was written by the WIN Project Evaluation Advisor, and includes contributions by two researchers from Moscow State University, the survey technical coordinator at VCIOM, and a researcher with our partner organization in the WIN project, the Johns Hopkins University Center for Communication Programs (JHU/CCP).

Questionnaire Design

The survey questionnaire draws on previous survey instruments fielded in Russia and Moldova, in particular the questionnaire used for the 1999 Russia Women's Reproductive Health Survey conducted by VCIOM in collaboration with the Centers for Disease Control, Atlanta, USA. The WIN questionnaire was designed by JSI's technical advisor for evaluation and finalized after consultation with other WIN staff, consultants, and project partners, including the Population Council FRONTIERS Project, AVSC, and JHU/CCP. Members of the Division of Reproductive Health of the US Centers for Disease Control (DRH/CDC) and the USAID-funded MEASURE Evaluation Project also provided helpful advice. VCIOM staff translated the final questionnaire, and this was back-translated by an independent translator and reviewed with project staff.

The questionnaire covered the following topics:

- basic demographic and social characteristics;
- fertility, abortion and other outcomes of pregnancy;
- antenatal and delivery care, and infant care;

- contraceptive knowledge and use;
- information, education and communication about family planning and health;
- sexual experience of young adults;
- women's health and risk behaviors, including HIV/AIDS and sexually transmitted diseases; and
- domestic violence

Sample Design

The three-stage sample was designed to obtain approximately 1300 women of reproductive age (15-44) in each city. Major shifts in population have taken place within the country since the last census was carried out in 1989. For that reason, the sampling frame was based on the electoral rosters and electoral districts (ELDs) were treated as primary sampling units (PSUs).

In the first stage, 65 electoral districts (ELDs) were selected with equal probability of selection (constant inside each city's administrative region) in Perm, 63 in Berezniki, and 65 in Veliky Novgorod. Prior to household selection, a survey team produced an up-dated household list within each selected PSU. These lists were used to select household (or flat) addresses by means of a random number generator. In the second stage, 20 households were randomly selected in each electoral district. The resulting number of households visited was 13,538. Finally, one woman of reproductive age was randomly selected for interview in each household that contained at least one such woman. Results of the household interviews are displayed in Table 2.1.

Table 2.1 Percentage of households by result of attempted interviews, three cities.

RESULT OF INTERVIEW	CITY			% OF TOTAL	TOTAL N
	Perm	Berezniki	V. Novgorod		
	% OF CITY TOTAL				
Completed interview	25.7	26.8	35.8	28.8	**3900**
No eligible female	40.3	41.6	38.1	40.2	**5439**
Nobody at home	7.2	8.9	8.0	8.0	**1087**
Selected respondent unavailable	1.3	1.4	0.9	1.2	**166**
Total refusal	15.1	13.5	8.9	12.8	**1739**
Refusal by selected respondent	2.7	2.0	2.3	2.4	**320**
Unoccupied house	5.6	3.2	1.7	3.7	**498**
Respondent incompetent	0.4	0.2	0.8	0.4	**58**
Other	1.7	2.5	3.4	2.4	**327**
Incomplete interview	0.0	0.0	0.1	0.0	**4**
Total	100	100	100	100	
Number of Households	**5059**	**4849**	**3630**		**13538**

This design was calculated to produce close to the desired sample of 1300 women of reproductive age in each city. Interviewers were given two lists, the first containing the first 20 addresses to be visited; they were instructed to make up to 4 return visits, and if unsuccessful, to replace the household, in order, from the second list of 40 'optional' addresses. In the event, exactly 1300 interviews in each city were completed.

A total of 13,538 households were visited to obtain the desired sample size: 5059 households in Perm, 4849 households in Berezniki and 3630 households in Veliky Novgorod were visited. Table 2.1 displays the results of the fieldwork.

A total of 1739 households refused to provide any information to the interviewers, about 13% of the households that could be reached; however, in households where an eligible woman could be identified for interview, 83% of interviews were successfully completed. These response rates are comparable to those obtained in the two Women's Reproductive Health Surveys conducted earlier by VCIOM and the CDC is Perm and Yekaterinburg and Ivanovo. In this report results are presented separately for each city and estimates are not weighted.

3. Demographic and Social Characteristics of Respondents

Our sample is described by major demographic characteristics in Table 3.1, which are grouped according to the marital status and education groups used by the 1996 and 1999 Women's Reproductive Health Survey. For ease of comparisons, we try throughout this report to make WIN survey tables as comparable as possible to those used in the previous surveys.

Table 3.1 Percent distribution of the sample by age, marital status and education.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
AGE			
15-19	12.3	15.9	14.6
20-24	18.3	17.6	18.8
25-29	18.8	18.3	15.6
30-34	15.1	15.5	16.1
35-39	17.6	15.7	18.6
40-44	17.9	16.9	16.3
EDUCATION LEVEL			
Less than complete secondary	8.4	13.8	9.5
Complete secondary	65.7	71.1	59.2
More than secondary	25.9	15.2	31.4
MARITAL STATUS			
Married	50.6	45.6	52.8
Unregistered marriage	12.4	18.3	7.5
Divorced or separated	13.5	13.5	13.8
Widowed	2.5	1.8	2.1
Never married	20.9	20.8	23.7
Number of Respondents	1300	1300	1300

Most women had completed secondary school or gone beyond secondary education (70 - 73%). Levels of education were comparable across the three cities, but in the smaller city of Berezniki there were more women who had less than complete secondary school education and fewer who were educated beyond secondary school.

The proportion of currently married women ranged from 45% in Berezniki to almost 53% in Veliky Novgorod. In Berezniki a larger proportion of women were living in unregistered marriages than in the other cities. About 18% of women in Berezniki were living in such an arrangement, compared to about 12% of women in Perm and only about 8% of women in Veliky Novgorod. Almost 14% of women in each city were currently divorced or separated from their husbands. About 20% of women interviewed had never lived in union with a man.

Table 3.2 Selected socioeconomic characteristics of the respondents.

	CITY		
	PERM	**BEREZNIKI**	**V. NOVGOROD**
NATIONALITY			
Russian	91.0	91.4	92.3
Non-Russian	8.9	8.1	7.1
EMPLOYMENT STATUS			
Working	61.6.	62.8	63.3
On maternity leave	9.2	10.0	6.1
Not working	29.2	27.2	30.6
Of those not working (number):	(380)	(354)	(398)
Unemployed, looking for work	19.2	20.3	23.6
Not looking for work	80.8	79.7	76.4
HOUSING CONDITIONS			
Separate apartment	46.0	54.7	54.1
Separate apartment with parents	32.0	30.3	27.0
Own home	7.2	7.2	1.9
Communal	8.0	1.8	4.8
Rent	5.9	5,2	5.5
Other	1.0	0.7	6.9
POSSESSIONS			
Bathroom/shower	86.7	92.7	92.0
Color television	89.0	91.1	93.0
VCR	52.3	56.1	40.8
Automobile	22.2	25.1	28.7
Automatic washing machine	29.7	30.8	35.7
Telephone	48.5	47.4	63.6
Central heat	93.5	96.0	97.3
Personal computer	5.7	3.2	8.2
Number of Respondents	1300	1300	1300

The data in Table 3.2 show the distribution of selected socioeconomic characteristics of the respondents. About 60% of women said that they were currently employed, and between 6% and 9% of women in the sample were currently on maternity leave from their employment. Almost 1 in every 3 women was unemployed at the time of interview, but about 80% of these unemployed women were not currently looking for employment.

4. Fertility and Induced Abortion

Methodological observations

The survey collected a history of women's pregnancies and their outcomes – live births, abortions, miscarriages, and still births – for the 10-year period from 1990 to 1999. The analysis includes 4211 pregnancies that ended between 1990 to 1999. Four pregnancies that ended in the year 2000 were excluded from the analysis. The questionnaire obtained only the current marital status of interviewees (Table 4.1). It is therefore not possible to ascertain how marital status at the time of pregnancy may have influenced decisions regarding the pregnancy.

Table 4.1 Marital status by age and place of survey (% and number of cases).

MARITAL STATUS	AGE IN 5-YEAR GROUP						TOTAL
	15-19	20-24	25-29	30-34	35-39	40-44	
PERM							
Married	1.3 (2)	35.6 (85)	58.9 (142)	66.7 (132)	65.9 (151)	62.1(146)	50.6 (658)
Unregistered marriage	5.7 (9)	21.8 (52)	17.4 (42)	10.1 (20)	7.4 (17)	8.9 (21)	12.4 (161)
Separated	0.6 (1)	4.6 (11)	5.0 (12)	7.6 (15)	4.4 (10)	3.0 (7)	4.3 (56)
Divorced		4.2 (10)	9.1 (22)	9.1 (18)	14.4 (33)	15.7 (37)	9.2 (120)
Widowed		0.8 (2)	0.4 (1)	3.0 (6)	4.4 (10)	6.0 (14)	2.5 (33)
Never lived with a man	92.4 (146)	33.1 (79)	9.1 (22)	3.5 (7)	3.5 (8)	4.3 (10)	20.9 (272)
TOTAL	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
	(158)	**(239)**	**(241)**	**(198)**	**(229)**	**(235)**	**(1300)**
BEREZNIKI							
Married	2.9 (6)	36.4 (83)	55.6 (133)	56.2 (113)	64.1 (132)	57.3(126)	45.6 (593)
Unregistered marriage	11.7 (24)	34.2 (78)	19.7 (47)	15.4 (31)	13.6 (28)	13.6 (30)	18.3 (238)
Separated	2.4 (5)	7.0 (16)	6.7 (16)	6.5 (13)	4.9 (10)	6.8 (15)	5.8 (75)
Divorced	0.5 (1)	2.6 (6)	8.4 (20)	8.5 (17)	12.1 (25)	14.1 (31)	7.7 (100)
Widowed		0.9 (2)	1.3 (3)	2.0 (4)	0.5 (1)	6.4 (14)	1.8 (24)
Never lived with a man	82.5 (170)	18.9 (43)	8.4 (20)	11.4 (23)	4.9 (10)	1.8 (4)	20.8 (270)
TOTAL	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
	(206)	**(228)**	**(239)**	**(201)**	**(206)**	**(220)**	**(1300)**
V. NOVGOROD							
Married	1.1 (2)	39.0 (96)	73.9 (150)	64.8 (136)	67.5 (162)	65.9(141)	52.8 (687)
Unregistered marriage	4.3 (8)	14.6 (36)	5.9 (12)	7.6 (16)	5.8 (14)	5.6 (12)	7.5 (98)
Separated	1.1 (2)	2.8 (7)	4.9 (10)	2.4 (5)	1.3 (3)	1.4 (3)	2.3 (30)
Divorced		8.9 (22)	5.9 (12)	16.2 (34)	16.7 (40)	19.6 (42)	11.5 (150)
Widowed		0.4 (1)	2.0 (4)	3.3 (7)	2.5 (6)	4.2 (9)	2.1 (27)
Never lived with a man	93.6 (175)	34.1 (84)	7.4 (15)	5.7 (12)	6.3 (15)	3.3 (7)	23.7 (308)
TOTAL	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
	(187)	**(246)**	**(203)**	**(210)**	**(240)**	**(214)**	**(1300)**

The sample is composed of women aged 15-44 at the time of survey. Therefore, the effective size of the sample is somewhat reduced because the experience of the youngest age group (15-19) cannot be included when estimating fertility and abortion indicators for periods of time in the past.

Risk of Pregnancy and Induced Abortion

Respondents were asked what month and year their first sexual experience occurred. Responses coded as "Don't remember" and "No answer" were cross-checked using questions about current marital status and about past or current pregnancies. A respondent is considered sexually experienced if she has ever been in sexual union, and/or has ever had a pregnancy and/or she indicated her age at first intercourse. This procedure added 542 women to those categorized as

sexually experienced. Twenty-two respondents answered "do not remember" to the question about date of first sexual experience, but did not match these additional criteria and were dropped from further analysis.

Table 4.2 Mean age at first sexual experience and at first stable union (formal or/and informal).

CITY	AGE AT FIRST SEXUAL EXPERIENCE		AGE AT FIRST UNION	
	MEAN	STD DEVIATION	MEAN	STD DEVIATION
PERM	18.97	2.61	21.19	3.36
BEREZNIKI	18.73	2.53	20.58	3.14
V. NOVGOROD	19.22	2.77	21.26	3.45

Respondents began their sexual life early. The mean age at first sexual intercourse is about 19 years (Table 4.2). Its distribution is very concentrated, with a standard deviation of less than 3 years. The differences between mean age at first intercourse in each city are not significant.

The mean age at entry into first stable union is a little higher (age 21) than the age at first intercourse, and its distribution is less concentrated: the standard deviation is more than 3 years. The difference between cities is not statistically significant.

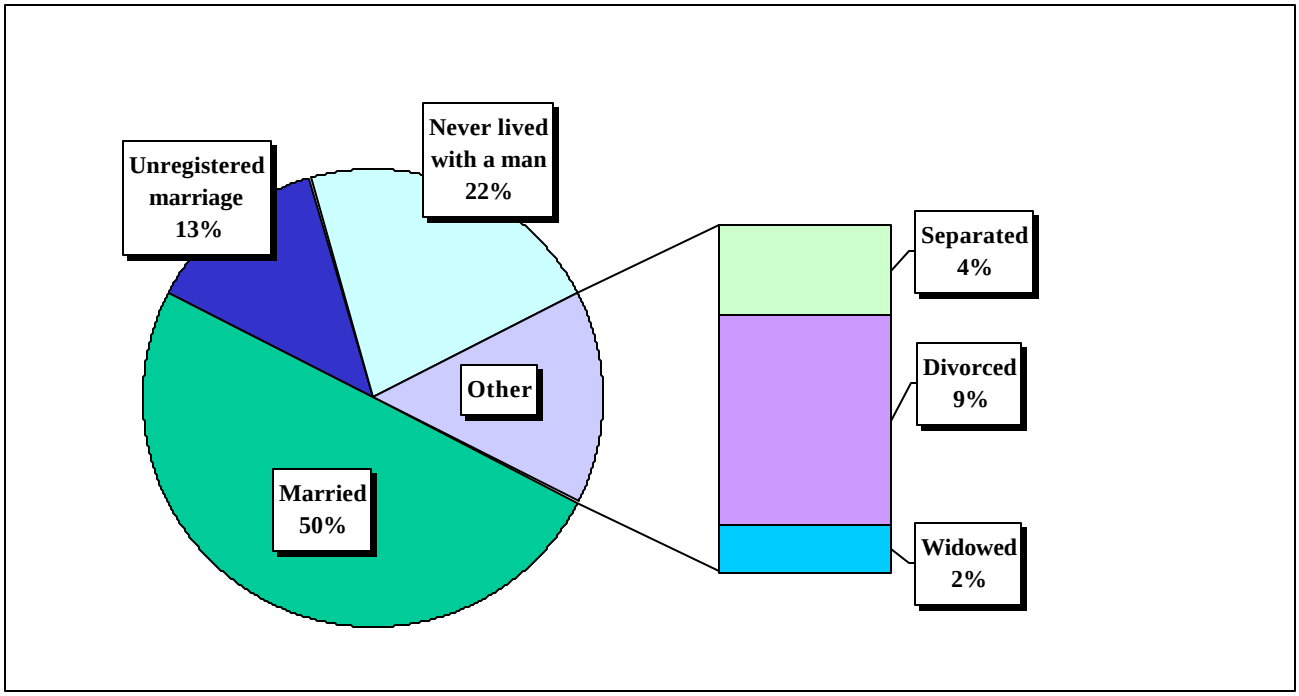
The proportion of those with no sexual experience varies from 11% in Perm and Berezniki to 15% in Veliky Novgorod. In Perm and Veliky Novgorod, only about one of every four women under 18 has ever had sexual intercourse. In Berezniki one in every three women (36%) of this age is sexually experienced.

The age at first intercourse was earlier for cohorts[1] born before 1980, but in cohorts born since the beginning of 1980s this tendency is no longer observed. It seems that since the middle of 1990s the age at first intercourse has increased. Annex Table 1.1 shows that the proportion of women having their first sexual intercourse before age of 18 is higher in the cohorts born in the second half of 1970s than in those born after 1980.

As a general rule, sexual life begins before entry into a stable union. On average this interval is about 20 months (data not shown). Despite the relatively young age of entry into stable union, the proportion of those currently married is no higher than 63% (including 50% legally married and 13% in informal union). (Figure 4.1.)

[1] That is, groups of women who were born during a particular time period.

Figure 4.1 Marital status of respondents at the time of survey (all cities combined).



Fertility Levels and Trends

Current levels of fertility and abortion were estimated using period age specific fertility and abortion rates. The total fertility and total abortion rates can be interpreted as the average number of events of each type (live birth, abortion etc.) a woman would experience during her reproductive life time (15-44) if she were subject of the currently observed age specific rates. The total rates, as well as mean age at childbearing and abortion, were computed by cumulating the single year age specific event rates. (Table 4.3)

These total period rates can by influenced by differences in the timing of reproductive behavior by different birth cohorts. Therefore, in addition to age specific event rates, the general fertility and abortion rates were used in analysis. The general rates of fertility and abortion are based on the number of events per 1000 women aged 15-44. General fertility and abortion rates are not influenced by the timing of fertility among cohorts and are therefore suitable for examining trends in the levels of fertility and abortion. However, these rates are influenced by differences in age structure, and therefore are not necessarily comparable to those calculated from national or regional demographic statistics.

Table 4.3 Age specific fertility rates (per 1000 women), total fertility rate and mean age at childbearing, 1997-1999.

AGE SPECIFIC FERTILITY RATES	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
AGE GROUP			
15-19	33.3	47.1	22.0
20-24	104.1	135.7	81.7
25-29	86.9	71.7	66.8
30-34	43.3	49.7	45.5
35-39	8.9	3.1	11.6
40-44	5.6	2.1	4.1
TOTAL FERTILITY RATE	**1.4**	**1.5**	**1.2**
MEAN AGE AT CHILDBEARING (YEARS)	**25.4**	**24.3**	**26.2**

Age-specific and total fertility rates for the three-year period 1997-1999 are shown in Table 4.3. An early peak in the rate of childbearing is displayed in Perm and Berezniki, with the highest level among 20-24 year-olds. The peak of childbearing in Veliky Novgorod also occurs among 20-24 year-olds too, but is considerably lower than in Perm and Berezniki. In Veliky Novgorod the three-year period total fertility rate is lower, and more comparable to the rate in the Russian urban population as a whole.

Numbers of Live Births and Childlessness

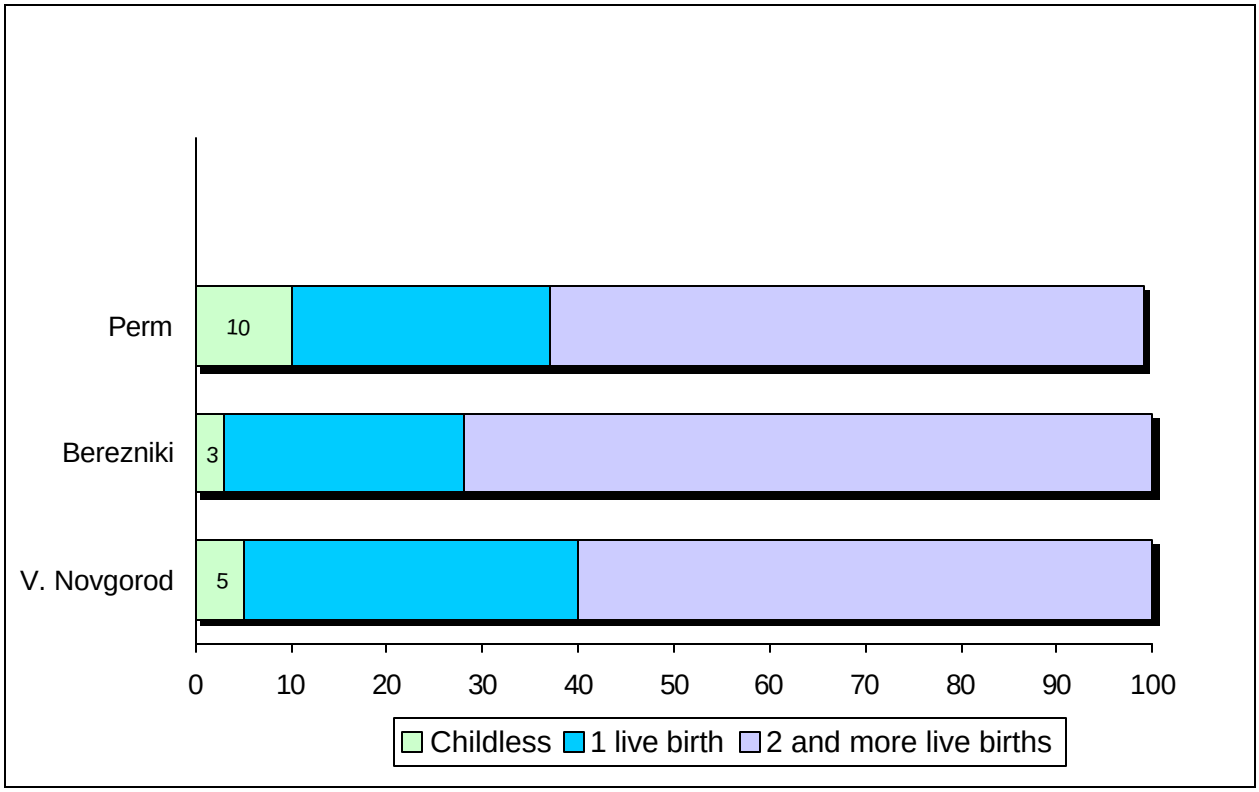
The data displayed in Table 4.4 show the mean number of children ever born for women grouped by age, current marital status, educational level and number of marriages (registered or unregistered). The average number of children ever born rises with age, but there is no significant regional difference in this indicator. Among women aged 40 or more, the mean number of children born ranges from 1.7 in Perm to 2.0 in Berezniki. Women have been married more than once have, on average, more live births (1.5) in comparison with those who have been married only once.

Table 4.4 Mean number of live births by age group, marital status, educational level and number of unions.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
AGE GROUP			
15-19	0.04	0.05	0.02
20-24	0.45	0.62	0.38
25-29	0.95	1.06	0.97
30-34	1.38	1.40	1.33
35-39	1.61	1.75	1.53
40 +	1.67	2.00	1.76
Total	**1.05**	**1.14**	**1.01**
MARITAL STATUS			
Married	1.44	1.54	1.40
Unregistered marriage	0.83	1.02	0.68
Separated	0.96	1.28	0.97
Divorced	1.38	1.49	1.30
Widowed	1.42	1.96	1.41
Never lived with a man	0.08	0.14	0.07
Total	**1.05**	**1.14**	**1.01**
EDUCATION LEVEL			
Incomplete secondary	0.44	0.58	0.29
Secondary	1.19	1.27	1.12
Beyond Secondary	0.90	1.05	1.01
Total	**1.05**	**1.14**	**1.01**
NUMBER OF UNIONS			
1	1.28	1.32	1.27
2 +	1.43	1.67	1.45
Ever in union	1.31	1.41	1.30
Total	**1.05**	**1.14**	**1.01**

Our survey shows that childlessness is quite low in Russia. In the total sample only 6% of women more than 40 years old are childless. The highest proportion of childless women by this age was observed in Perm (10%), while in Berezniki and Veliky Novgorod the same indicator was equal to 3 and 5% respectively. (Figure 4.2 and Annex Table 1.2).

Figure 4.2 Distribution of women aged 40 and more by number of live births ever.



The General Fertility Rate (GFR, births per 1000 women of reproductive age) is a reasonable indicator of the trend in fertility for the survey sample. Table 4.5 shows that, in general, the GFR was declining between 1996 and 1999.

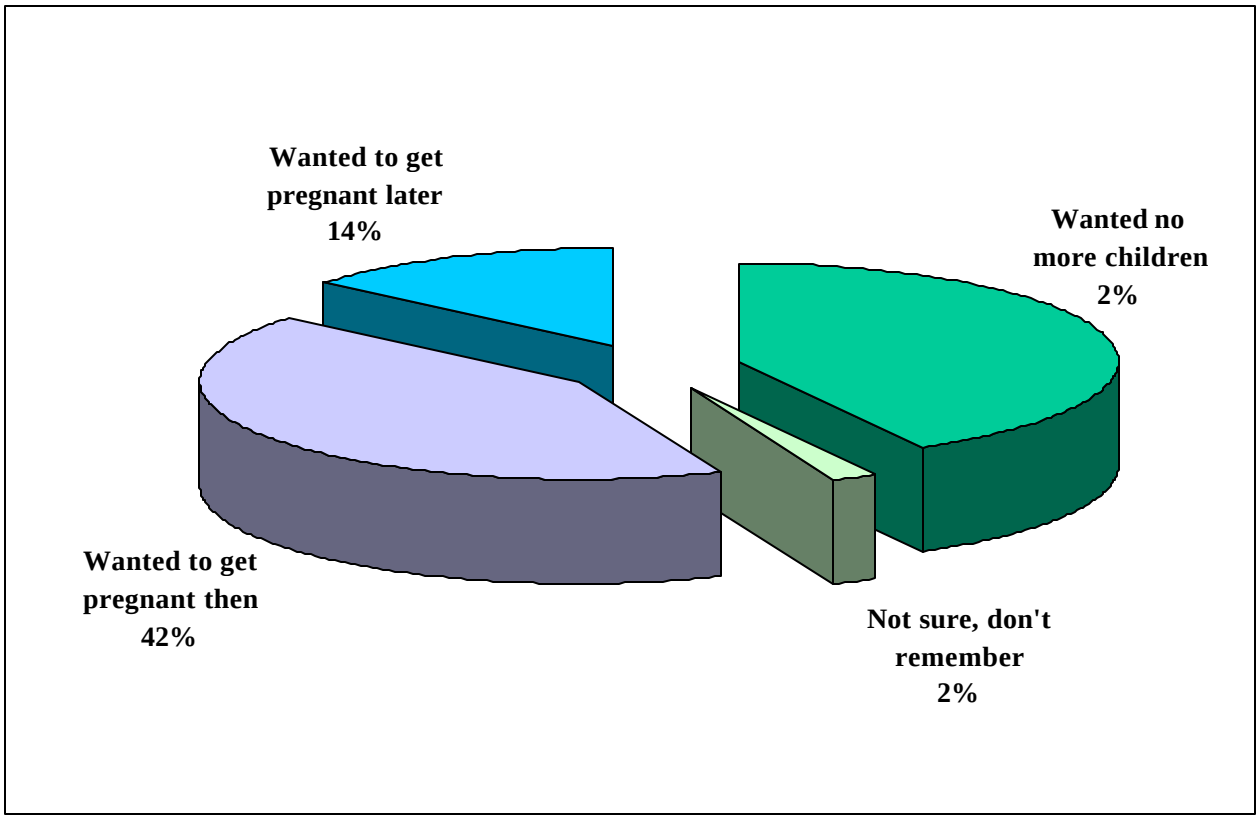
Table 4.5 General fertility rate dynamics since 1996 by place of survey (live births per 1000 women aged 15-44).

YEAR	CITY			TOTAL (Number of live births)
	PERM	BEREZNIKI	V. NOVGOROD	
1996	57.2 (68)	52.4 (60)	37.7 (44)	**49.1 (172)**
1997	54.4 (67)	54.8 (65)	37.3 (45)	**48.8 (177)**
1998	50.8 (64)	66.9 (83)	48.8 (61)	**55.5 (208)**
1999	44.2 (57)	46.0 (59)	35.9 (46)	**42.0 (162)**
MEAN	51.7	55.0	39.9	**48.9**
SD	5.6	8.8	6.0	**5.5**

Fertility Desires and Planning Status of Births

Among the 4210 pregnancies completed between 1990 and the date of the survey, 56% were unwanted or unplanned. 14% of pregnancies occurred earlier than women planned them, while 42% of respondents who wanted no more children got pregnant in that period. 42% of pregnancies were reported to be wanted (see Figure 4.3).

Figure 4.3 Proportion wanted and unwanted pregnancies among all pregnancies occurring since 1990 (all cities combined).



Less than half of all reported pregnancies ended in a live birth. Moreover, the proportion of pregnancies ending in a live birth depends on whether or not the pregnancy was wanted or planned. 84% of wanted pregnancies ended in a live birth, while for the pregnancies that occurred earlier than planned, only about 35% ended in a live birth (from 27% in Perm to 43% in Veliky Novgorod). Only about 5% of pregnancies experienced by women who wanted no more children ended in a live birth (see Table 4.6).

Table 4.6 Proportion of different pregnancy outcomes (in %) among planned and unplanned pregnancies (all pregnancies since 1990).

CITY	PREGNANCY OUTCOMES	Wanted to get pregnant then	Wanted to get pregnant later	Wanted no more children	No sure, don't remember	% of all Preg-nancies	Total Number of Pregnan-cies
PERM	Live births	84	27	4	12	39	608
	Induced abortion*	3	58	92	47	52	802
	Others**	13	15	4	41	9	144
	Total	**100**	**100**	**100**	**100**	**100**	
	Number of pregnancies	**618**	**218**	**701**	**17**	**1554**	**1554**
BEREZNIKI	Live births	84	37	6	20	45	656
	Induced abortion*	6	52	88	40	46	675
	Others**	10	11	6	40	9	130
	Total	**100**	**100**	**100**	**100**	**100**	
	Number of pregnancies	**651**	**195**	**600**	**15**	**1461**	**1461**
VELIKY NOVGOROD	Live births	84	43	4	50	45	541
	Induced abortion*	6	49	91	42	47	563
	Others**	10	8	5	8	8	91
	Total	**100**	**100**	**100**	**100**	**100**	
	Number of pregnancies	**495**	**194**	**468**	**38**	**1195**	**1195**

* Includes mini-abortion

** Includes miscarriages and stillbirths

Among all reported live births since 1990, 84% of women wanted to get pregnant then, 12% planned to get pregnant later and 5% did not plan to have any more children (see Figure 4.4).

Figure 4.4 Proportion wanted and unwanted pregnancies ending in a live birth since 1990.

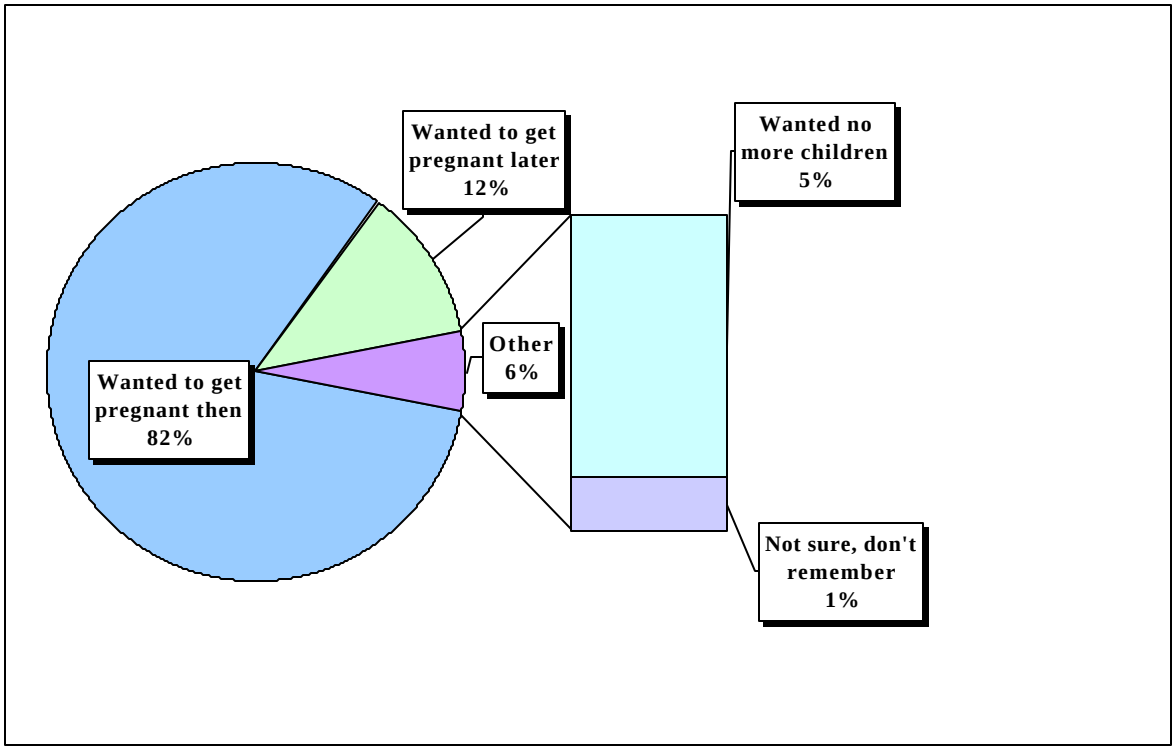
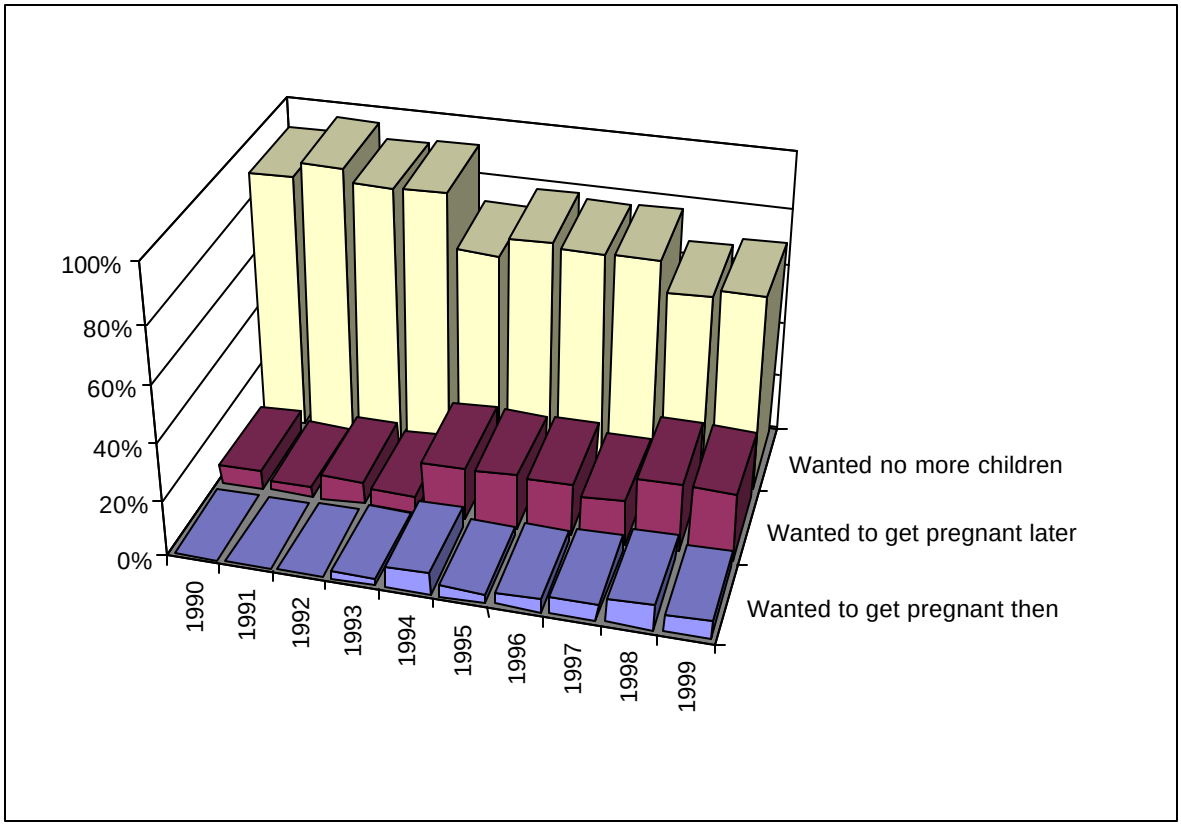


Figure 4.5 Changes in the proportion of wanted and unwanted pregnancies among those pregnancies ended by induced abortion (including mini-abortions), 1990-1999.



Of all pregnancies ending in abortion, in the latter part of the 1990s increasing numbers were reported as 'ill-timed' by women, as shown in Figure 4.5. This is also true for women whose pregnancies ended in a live birth (data not shown). With increasing numbers of abortions over the decade, the motivations of women aborting a pregnancy appears to have changed - and that is what is reflected here. Earlier, women who got pregnant but found the timing inconvenient may have decided to go ahead and have the baby more often than they now do. So, as the data in Figure 4.5 indicate, most of the abortions in the early 90s were to women who did not want any more children. That does not now appear to be the case, and women having abortions more often report that the timing of a pregnancy is wrong, even if they intend to have another child in future.

This may mean that more and more often women consider a given pregnancy as unwanted, irrespective of whether they decide to have the baby or to terminate the pregnancy. This phenomenon has at least two possible explanations:

- the family (or woman) estimates that current social and/or economic conditions are unsuitable for having children; or,
- increasingly, women are postponing childbearing, for reasons other than current socioeconomic conditions.

In any case, such a change in reproductive behavior is not accompanied by an increase in contraceptive use (see Chapter 6).

Conclusions Regarding Fertility Patterns

The main conclusions we can make from this analysis are the following:

- In all three sites the level of fertility is very low (below replacement level). Nevertheless, in Perm region (Perm and Berezniki) fertility rates are higher than in Veliky Novgorod.
- Between 1996 and 1999 a fertility decline was observed in all three cities.
- Childbearing begins early in all three cities. In 1996-1999 the mean age of childbearing was twenty-five years, on average. However, the average age at childbearing has tended to increase, most noticeably in Perm.
- As a rule, women do not postpone births after they get married or start living in a stable union, an event that also happens quite early (on average at age 21). The time between first sexual experience and entry into a marital union is less than 2 years. More than 25% of respondents reported that entry into marriage coincided with start of sexual experience and 45% of respondents reported that this period was less than 6 months.
- Fertility is universal and homogeneous: almost all women have one or two children soon after getting married.
- As a rule, childbirth is planned. If a pregnancy occurs earlier than planned, it is terminated by induced or mini-abortion in 50% of cases. Almost all women who want no more children have an abortion to avoid unwanted births.
- During recent years, more and more women consider their pregnancies "ill-timed'.

Abortion Prevalence and Dynamics

As is clear from Table 4.6 in the previous section, abortion is a common practice in Russia. It is legal and is commonly carried out in a medical facility, free or for a relatively small fee. Mini-abortions (vacuum aspiration up to six weeks after last menstrual period) are usually carried out on an outpatient basis in women's consultation centers or family planning centers. Regular and late-

term (more than 12 week) abortions (dilation and curettage) are usually performed in hospital gynecology departments.

To analyze abortion levels and trends we used information about 2039 pregnancies that ended in an abortion (both induced and mini abortion) between 1990 and the survey date. Of all pregnancies that ended in 1990-1999, 42.9% resulted in a live birth, while 32.8% and 15.7% ended in an induced abortion and mini-abortion respectively (see Fig.4.6). Most of the remainder, about 7.5%, ended in miscarriage. Stillbirth, illegal (performed outside of a medical facility) or self-induced abortion were reported to be quite rare (1% in total).

Figure 4.6 Distribution of pregnancy outcomes, 1990-1999 (total pregnancies).

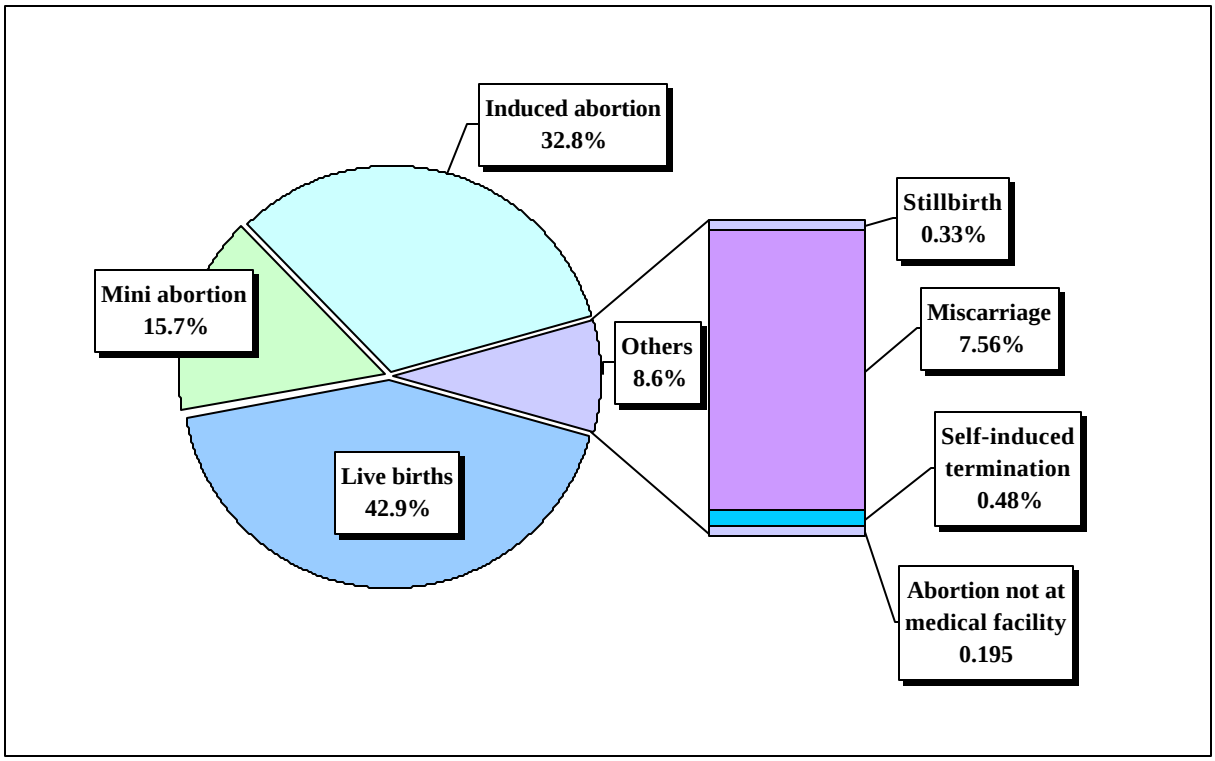


Table 4.7 Mean number of legal induced abortions (including mini-abortions) performed since 1990 by age group, number of live births and place of survey.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
	MEAN NUMBER OF INDUCED ABORTIONS BY AGE GROUP		
AGE GROUP			
15-19	0.47	0.55	0.64
20-24	0.87	0.68	0.60
25-29	0.96	1.05	0.87
30-34	1.01	0.81	0.71
35-39	0.78	0.53	0.56
40-44	0.49	0.31	0.26
All age groups (15-44)	0.80	0.67	0.59
NUMBER OF LIVE BIRTHS			
0	0.84	0.83	0.71
1	0.81	0.70	0.58
2 +	0.80	0.60	0.57
MARITAL STATUS			
Married	0.79	0.62	0.56
Unregistered marriage	1.03	0.84	0.71
Separated	0.92	0.84	0.96
Divorced	0.83	0.53	0.61
Widowed	0.42	0.44	0.48
Never lived with a man	0.44	0.52	0.56
EDUCATIONAL LEVEL			
Incomplete Secondary	0.83	0.57	0.55
Secondary	0.84	0.70	0.65
Beyond Secondary	0.71	0.56	0.48
Number of respondents (abortions)	1300 (802)	1300 (675)	1300 (563)
NUMBER OF TIMES BEEN IN UNION			
One	0.78	0.62	0.58
Two or more	1.00	0.84	0.64
Ever in union	0.82	0.67	0.59
Number of respondents (abortions)	1028 (781)	1030 (651)	992 (541)

As the data in Table 4.7 show, during the 10 years preceding the survey the number of abortions for every 100 respondents ranged from 59 in Veliky Novgorod to 80 in Perm. Childless respondents in all three cities had more abortions, on average, than women in the same city who had 2 or more living children.

The lowest numbers are observed in a group of widowed respondents (45 abortions per 100 women), while in a group of never married women the same indicator was slightly higher, reaching 50 abortions per 100 women. These women are currently less likely to be at risk of pregnancy than those in a marital union, although their marital status at the time of the abortion may have been different from their current status. Separated women and those in unregistered marriages reported

higher numbers of abortions per 100 women in comparison with divorced respondents or those who are currently married.

Education is also a factor correlated with abortion levels. Women reporting the highest level of education (beyond secondary school) had 58 abortions per 100 women of this group, while those with complete and incomplete secondary education experienced 73 and 64 abortions per 100 women respectively.

Respondents who have experienced only one marital union in their lifetime had fewer abortions than the average of those ever in a union. In all three cities, the highest abortion level was observed among respondents reporting 2 or more marital unions in their lifetime.

Table 4.8 provides abortion indicators for the three-year period immediately preceding the survey, 1997 - 1999. The rate of abortion varies only slightly by city, and during this period the highest abortion rate per 1000 women in all three cities occurred among women aged 20-24; the same age group reported also the highest fertility rate per 1000 women (Table 4.3).

For this age group (20 to 24 years), abortion and fertility rates per 1000 women are almost equal. At other ages there is a difference between abortion and fertility rates: the older respondents are, the bigger the difference is.

The total abortion rate for this 3-year period (1997-1999) is higher than total fertility rate for the same period. The mean age at abortion (Table 4.8) is almost 3 years higher than mean age of childbearing (Table 4.3).

Table 4.8 Age specific abortion rates[2] per 1000 women, total induced abortion rate and mean age at induced abortion (all abortions occurring between 1997-1999).

	CITY		
	PERM	**BEREZNIKI**	**V. NOVGOROD**
AGE GROUP			
15-19	40.7	52.1	37.2
20-24	108.4	121.7	85.9
25-29	95.4	113.3	70.0
30-34	78.5	58.3	75.4
35-39	56.5	45.7	49.3
40-44	37.1	24.8	24.7
TOTAL ABORTION RATE	**2.1**	**2.1**	**1.7**
ABORTION RATIO*	**1.32**	**1.03**	**1.04**
MEAN AGE AT ABORTION	**28.4**	**27.1**	**28.7**
GENERAL ABORTION RATE (GAR)**	**63.7**	**55.2**	**45.7**

* Ratio of induced abortion to live b irths.

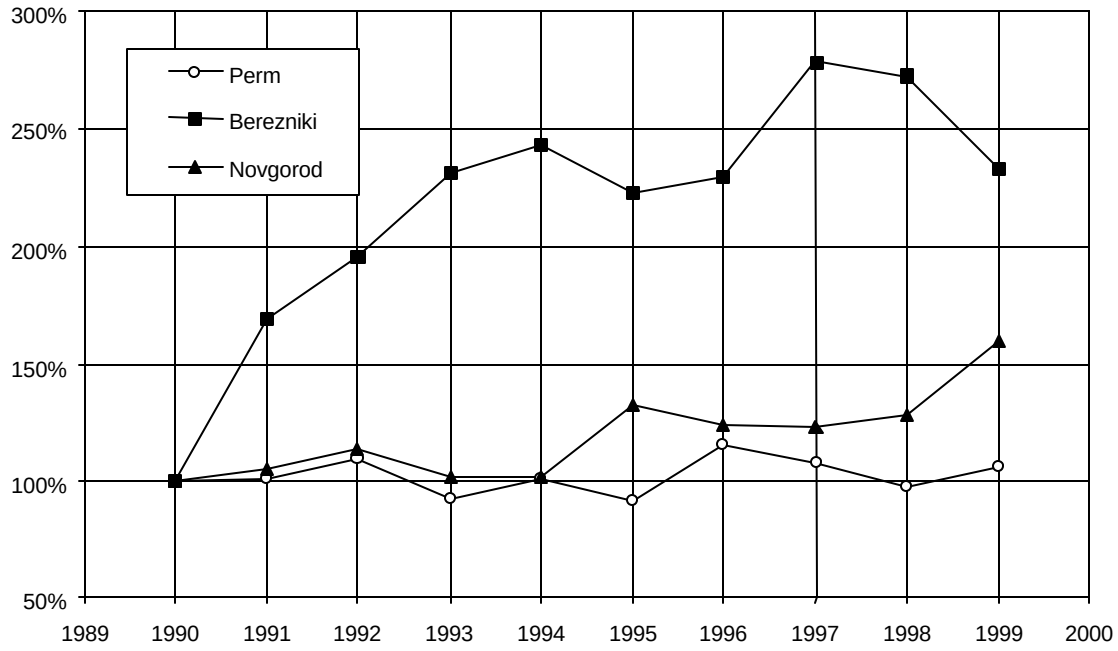
** General abortion rate is equal to the number of abortions per 1000 women ages 15 - 44.

[2] These rates are based on the proportion of women in each age group who terminated a pregnancy by either a live birth or induced abortion during each calendar year for the years 1990 to 1999 (from January 1st to December 31st). The numerators for the age specific event rates were calculated by selecting the pregnancy outcomes that occurred during the one-year period grouped by age of women at the time the pregnancy ended. The denominators for the rates are the number of women in each one-year age group at mid-year.

Recent Trends in Abortions

For the 10 years preceding the survey, changes in the General Abortion Rate (the number of abortions per 1000 women age 15-44) varied in the three sites (see data shown in Annex Table 1.3). In Perm, the General Abortion Rate (GAR) was quite stable during that period. In Veliky Novgorod the same indicator increased significantly (almost by 50%) between 1994-1999. And in Berezniki, the sharp increase in the GAR was observed in the first half of the 1990s, increasing by 2.5 times since 1990 (see Figure 4.7).

Figure 4.7 Percentage change in General Abortion Rate (GAR) in three survey cities, 1990-1999 (GAR).



Changes are also seen in another abortion indicator, the abortion ratio[3] (the number of abortions per 100 live births) (Table 4.9).

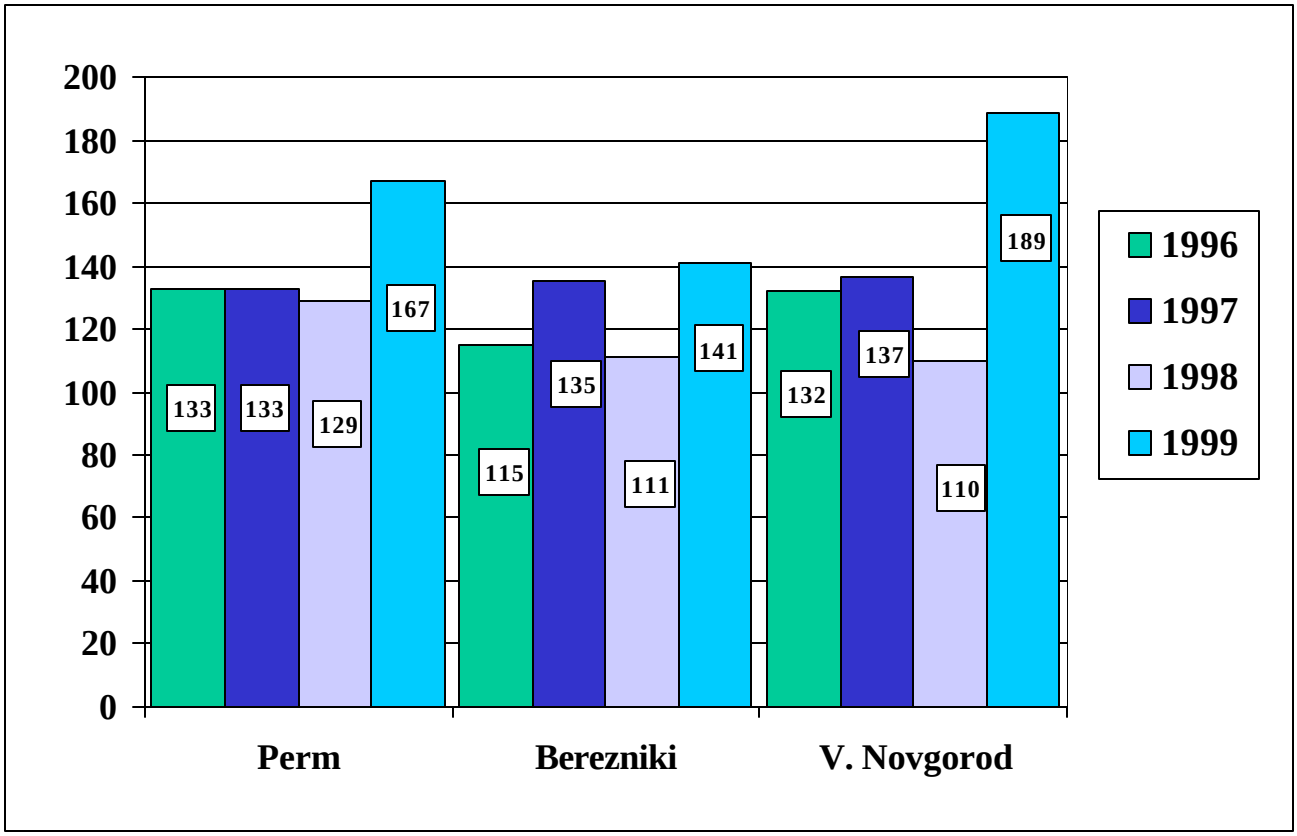
Table 4.9 Abortion ratio (per 100 live births) by age group and city, 1990-1999.

AGE GROUP	PLACE OF SURVEY		
	PERM	BEREZNIKI	V. NOVGOROD
15-19	129	164	300
20-24	114	80	90
25-29	95	94	81
30-34	118	100	97
35-39	189	121	157
40-44	330	228	145
All ages	**132**	**103**	**104**

[3] Usually the abortion ratio is calculated as a ratio between number of live births occurred during certain period and number of abortions taking place during the one-year period beginning 6 months earlier. We simplified the calculation using both numerator and denominator for the same period.

In 1990 the abortion ratio averaged 68 per 100 live births, while by 1999 this indicator had increased by more than 2 times and reached 164 per 100 live births (see Figure 4.8 and Annex Table 1.3). The figure shows the slight decline of the abortion ratio in all three sites in 1998, followed by an increase in 1999, especially in Perm and Veliky Novgorod.

Figure 4.8 Abortion Ratio (per 100 live births) in three survey cities, 1996 - 1999.



The abortion ratio depends not only on abortion prevalence, but also on the fertility level. An increase in the abortion ratio can be caused both by an increase in the prevalence of abortion and by a decrease in fertility. The decrease in live births observed in 1999 (see Table 4.5) is probably the main reason for the sharp increase in the ratio of abortions to live births in that year, as shown in Figure 4.8.

Another way to estimate abortion prevalence is to calculate abortions as a proportion of all pregnancies (excluding miscarriages). This ratio varies from 0 (no abortions) to 100 (no live births). Table 4.10 shows this ratio for single years during the preceding 10-year period, confirming the increase in the level of abortions. In the first half of the 1990s the ratio of abortions to all pregnancy outcomes was less than 50, while in the second half of the 1990s the same ratio was, on average, more than 50.

Table 4.10 Trends in the abortion ratio (per 100 declared pregnancies) since 1990 by place of survey.

ABORTION RATION	PLACE OF SURVEY		
	PERM	BEREZNIKI	V. NOVGOROD
1990	43.0	29.1	38.0
1991	47.3	34.9	40.8
1992	59.4	39.1	42.9
1993	45.4	43.2	40.9
1994	56.1	52.9	37.0
1995	51.7	48.3	52.5
1996	54.0	50.0	51.3
1997	52.6	54.4	52.9
1998	50.0	48.7	49.3
1999	56.2	50.9	60.8
Total	**51.6**	**46.2**	**47.1**

Conclusions Regarding Abortion Patterns

In conclusion, we have observed the following in our analysis of abortion levels and trends:

- Abortion levels are relatively similar in all three cities and are consistent with the levels observed in Russia as a whole.
- During the ten years preceding the survey both absolute (General Abortion Rate, Total Abortion Rate) and relative (Abortion Ratio) abortion indicators tended to increase.
- The increase in abortion levels was accompanied by a fertility decline that resulted in a large increase in the ratio of abortions to live births - the only abortion indicator that can be calculated on the basis of Russian official statistics.
- The largest proportions of pregnancies ending in abortion were observed in the groups of women under 20 and over 30 years old. Pregnancies to these women are at highest risk of being terminated. However, the highest abortion levels (abortions per 1000 women) are reported for respondents aged 20-29; at the same time these women have the highest fertility levels. Women at the peak ages of childbearing have the highest rates of abortion, while also are most likely to have a live birth.
- Instability of marital union is correlated with a higher probability of abortion. (Instability in this case means that the current marriage is not registered and/or is not the only one in respondent's marriage history.)

Characteristics of Abortions

To obtain information about characteristics of abortion, women were asked about abortions and mini-abortions experienced since January 1994. Respondents reported 1410 abortions in that period. (For this analysis, all reported abortions were divided into 3 groups: 1) induced-abortions; 2) mini-abortions (vacuum aspiration); and 3) non-medical and self-induced abortions (see Table 4.11).

Choice of method

Almost all respondents who terminated their pregnancies by mini-abortion wanted to use that method of pregnancy termination. If the duration of gestation is outside the allowed limits, a

woman must sometimes undergo an induced abortion despite her wish to have a mini-abortion. However, the data in Table 4.11 show that two thirds of respondents or more who experienced an induced abortion report that it was the type of abortion they wanted.

On the other hand, a certain percentage of women who terminated their pregnancies by induced abortion (12% in Perm to 20% in Berezniki to 21% in Veliky Novgorod) would prefer another method of abortion. It is interesting to note that the highest proportion of respondents reporting that an induced abortion was not their preferred method was observed in Veliky Novgorod, a site reporting the highest proportion of mini-abortions (71% in 1994-1999).

Table 4.11 Percent of women who received desired method of abortion by type of abortion and place of survey (all abortions performed since 1994).

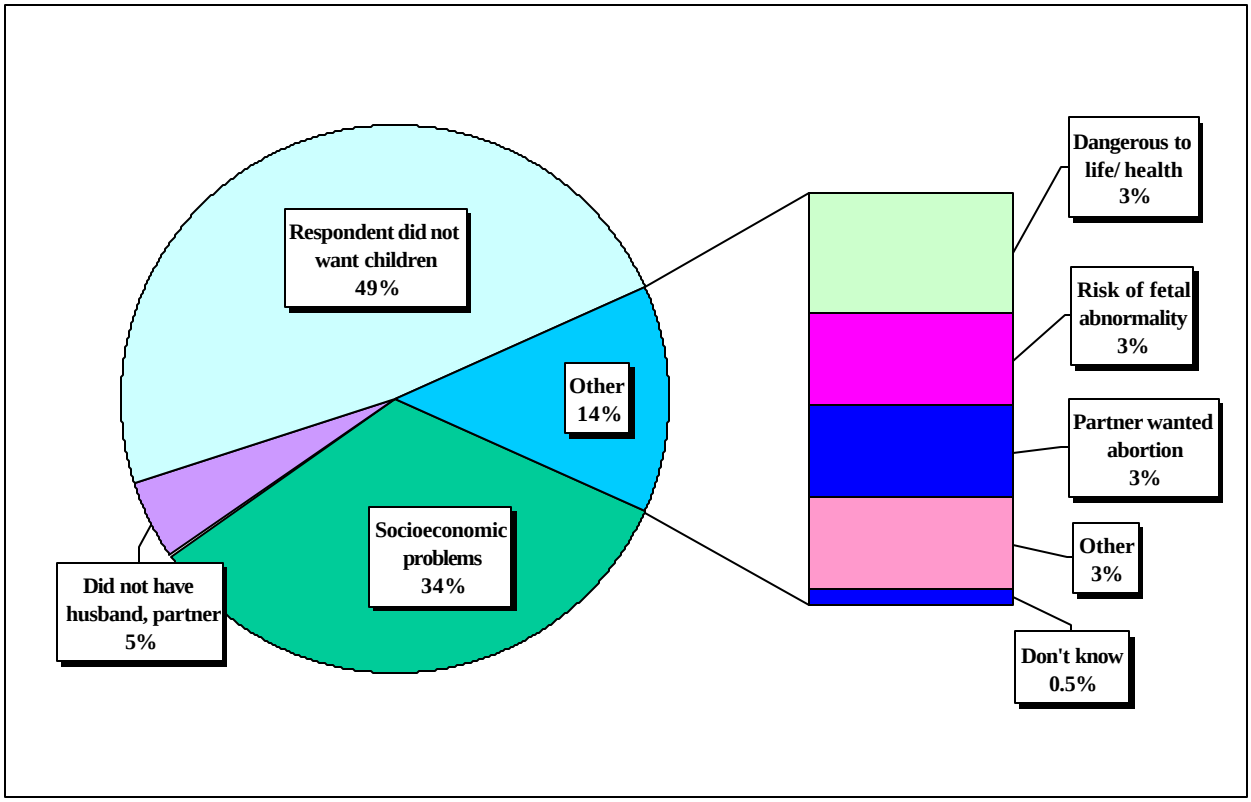
METHOD OF ABORTION WAS METHOD THE RESPONDENT WANTED		TYPE OF ABORTION			TOTAL (N)
		INDUCED ABORTION (N)	MINI ABORTION (N)	SELF-INDUCED ABORTION (or Performed outside medical Facility) (N)	
PERM	Yes	82	95	*	85
	Total respondents	(370)	(150)	(4)	(524)
BEREZNIKI	Yes	77	96	*	82
	Total respondents	(360)	(124)	(5)	(489)
V. NOVGOROD	Yes	68	96	*	79
	Total respondents	(228)	(162)	(7)	(397)
Total Number of Respondents		958	436	16	1410

* Less than 25 cases.

Stated reason for abortion

The distribution of the reasons of abortion was virtually identical in all three cities, and did not vary by the three main types of abortion (see Annex Table1.4). As it is shown on the Figure 4.9, the main reasons women give for an abortion are: 1) respondents' decision not to have any more children; and 2) socioeconomic problems. Absence of husband/partner is a third reason. Together with partner's desire for an abortion, the four reasons cover almost 90% of all reported abortions. At the same time, only 6% of abortions were reported to be due to medical reasons.

Figure 4.9 Motivations for abortion (entire sample).



Reimbursements and cost of abortion

Among all abortions reported between January 1994 and the date of the survey, respondents had to pay cash in 53% of cases; 3% of abortions were paid by gifts and 23% were free of charge.

On average, women had to pay for induced abortions more often than for mini-abortions, but there is no significant difference between these two indicators in Perm and Veliky Novgorod (see Table 4.11). On the contrary, in Berezniki women were three times less likely to pay for a mini-abortion (23% paid) than for an induced abortion (62% paid).

Table 4.12 Type of payment (percent reporting) and average price of abortions performed since 1994 by place of survey and type of abortion.

	PAYMENT TYPE FOR THE ABORTION	TYPE OF ABORTION		ALL ABORTIONS
		INDUCED ABORTION	MINI ABORTION	
PERM	Money	46.5	52.0	47.7
	Gifts	2.4	4.0	2.9
	Don't know	14.6	19.3	16.0
	No charge	36.5	24.7	33.4
	Total	100.0	100.0	100.0
	Mean cost (roubles)* (Number of abortions used for estimation of mean cost.)	**210 RUR** (138)	**161 RUR** (70)	**193 RUR** (208)
BEREZNIKI	Money	61.9	23.4	51.5
	Gifts	4.2	1.6	3.5
	Don't know	17.2	14.5	16.4
	No charge	16.7	60.5	28.6
	Total	100.0	100.0	100.0
	Mean cost (roubles)* (Number of abortions used for estimation of mean cost.)	**116 RUR** (147)	**212 RUR** (49)	**140 RUR** (196)
V. NOVGOROD	Money	58.3	63.0	59.9
	Gifts	0.9	2.5	1.5
	Don't know	21.9	19.1	20.7
	No charge	18.9	15.4	17.9
	Total	100.0	100.0	100.0
	Mean cost (roubles)* (Number of abortions used for estimation of mean cost.)	**105 RUR** (98)	**161 RUR** (76)	**130 RUR** (174)

* Mean for three-year period (1997-1999)

Due to inflation and monetary reform of 1996-1997, it is difficult to estimate changes in abortion prices. We found an average cost of the most recent abortion terminated between 1997 and 1999, a total of 578 reported abortions, of which 383 were induced and 195 were mini-abortions. As we can see from the Table 4.12, there are noticeable regional differences in abortion costs. For instance, in Berezniki and Veliky Novgorod respondents paid 50% more for mini-abortions than for induced ones. On the contrary, in Perm induced abortions appear to be more expensive in comparison with mini-abortions

It is necessary to mention a very sharp growth of abortion costs in 1999, especially in Berezniki (see Table 4.13). On average, in 1999 prices went up by 50% in comparison with abortion costs in 1998.

Table 4.13 Annual growth of the price of abortion between 1998 and 1999 by type of abortion and place of survey (for the last pregnancies ended by abortion)

CITY	TYPE OF ABORTION		
	INDUCED ABORTION	MINI ABORTION	ABORTION PERFORMED OUTSIDE A MEDICAL FACILITY (OR SELF-INDUCED)
PERM	41%	70%	17%
BEREZNIKI	63%	177%	84%
V. NOVGOROD	41%	70%	79%
ALL SAMPLE	41%	70%	52%

Complications and Hospitalization after Abortion

Most of the early complications reported by women involved pelvic inflammatory infection (30%), bleeding (21%) and discharge (see Annex Table 1.5). Pelvic pain was the least frequent early post-abortion complication. There were no regional differences in the pattern of reported early complications.

Few differences were observed in the distributions of early post-abortion complications by type of abortion. However, on average, the percent of pelvic inflammations and hemorrhage associated with mini-abortions is lower in comparison with regular induced abortions, except in Veliky Novgorod, where hemorrhage was reported more frequently after mini-abortion than after regular induced abortion. Furthermore, mini-abortions are often associated with early complications that are not identified in the list of complications; therefore we find a higher percent of responses "Other" or "Don't know".

As a rule, women did not stay long in the facilities where they obtained the abortion. In the case of mini-abortion 90% of respondents left the clinic on the same day. Even after an induced abortion, 65% of respondents did not stay in the hospital facilities overnight. This situation was similar in Perm and Veliky Novgorod, whereas in Berezniki a higher percentage of women who had an induced abortion stayed at least one night in a clinic and less than 50% left on the day of operation (see Table 4.14). On average, less than 20% of all abortions were followed by a one-night stay in the hospital.

Table 4.14 Percent distribution of women for periods of hospitalization after abortion, by type of abortion and place of survey (all abortions performed since 1994).

	TIME SPENT IN HEALTH FACILITY AFTER ABORTION	TYPE OF ABORTION		ALL ABORTIONS %
		INDUCED ABORTION %	MINI ABORTION %	
PERM	Left on day of abortion	78	97	84
	1 night	12	2	9
	2 -3 nights	4	0	3
	4 - 6 nights	0	0	0
	7 - 13 nights	4	0	3
	More than 2 weeks	2	1	2
	Total (Number of abortions)	**100 (365)**	**100 (142)**	**100 (507)**
BEREZNIKI	Left on day of abortion	46	91	58
	1 night	43	7	34
	2 -3 nights	4	0	3
	4 - 6 nights	2	0	2
	7 - 13 nights	3	1	2
	More than 2 weeks	1	1	1
	Total (Number of abortions)	**100 (359)**	**100 (122)**	**100 (480)**
VELIKY NOVGOROD	Left on day of abortion	78	85	80
	1 night	7	12	9
	2 -3 nights	5	1	4
	4 - 6 nights	3	0	2
	7 - 13 nights	2	1	2
	More than 2 weeks	6	1	4
	Total (Number of abortions)	**100 (227)**	**100 (137)**	**100 (370)**

In our sample 16% of all abortions reported from January 1994 to the date of survey were associated with complications that required treatment (see Table 4.15). Induced abortions were followed by complications more frequently than mini-abortions. Women reported complications in about 20% of abortions in Perm and Veliky Novgorod; however the differences are not statistically significant. The highest percentage of immediate complications was associated with abortions performed outside of medical settings. Over 30% were associated with early complications twice as high as the reported rate of complications for other types of abortions (data not shown). Proportions of post-abortion complications that required treatment and their distribution by type of abortion were similar in all three cities (see Table 4.15).

Table 4.15 Prevalence of complications (soon) after abortion requiring treatment by type of abortion and city (all abortion performed since 1994).

POST-ABORTION COMPLICATIONS THAT REQUIRED TREATMENT	TYPE OF ABORTION		ALL ABORTIONS %
	INDUCED ABORTION %	MINI ABORTION %	
PERM	19	16	19
BEREZNIKI	14	16	15
V. NOVGOROD	20	9	16

Conclusions about the Characteristics of Reported Abortions

In conclusion, our analysis of the characteristics of reported abortions in this survey found that:

- Socioeconomic conditions are the most commonly mentioned reason for abortion.
- The majority of abortions were performed in public health medical facilities; very few abortions were reported to be performed in private clinics or by private physicians (data in Annex Table 1.6).
- Almost half of all reported abortions were paid for in cash; other kinds of payment (gifts, etc.) were quite rarely reported. The average cost of an abortion has tended to rise in recent years.
- As a rule, women leave clinic immediately after abortion. In the majority of cases where a woman is hospitalized for longer, the hospitalization is associated either with post-abortion complications or with high risk of complications.
- From the point of view of early complications, there is no a significant difference between induced and mini-abortions. Few abortions were reported that were self-induced or performed outside medical facilities.

5. Maternal and Infant Health

The WIN Project baseline household survey collected information about the total number of births women had experienced in their lifetimes, and a pregnancy history for the ten years preceding the interview. More detailed information was obtained about all live births and abortions that occurred in the six years preceding the interviews (since January 1, 1994).

Outcomes of Birth

From the pregnancy history, we can examine the outcome of all pregnancies that occurred in the five years preceding the survey (January, 1995- January, 2000). In all three cities less than half of these pregnancies ended in a live birth. These data (Table 5.1) show that more than half of pregnancies in Perm (53%) and half the pregnancies in Berezniki (50%) and more than half of pregnancies in Veliky Novgorod (53%) ended in abortion. Stillbirths and miscarriages accounted for between 7% and 9% of all pregnancy outcomes.

Table 5.1 Percent distribution of different birth outcomes, all pregnancies in five years preceding survey (1995-2000).

BIRTH OUTCOME	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Live birth	37.5 (303)	40.6 (319)	38.7 (241)
Stillbirth	0.5 (4)	0.3 (2)	0.6 (4)
Miscarriage	9 (73)	8.9 (70)	(6.4%) (40)
Mini-abortion	15.3 (124)	13.1 (103)	22.8 (142)
Induced abortion	37.2 (301)	36.6 (287)	30.4 (189)
Self-induced termination or outside medical facility	0.5 (4)	0.5 (4)	1.0 (6)
Total number of pregnancies	809	785	622

Interviewers were instructed to ask a series of questions about each of the live births that occurred in the six-year period preceding the survey (since January, 1994). Information was recorded for 1066 live births that occurred during this period. For the remaining discussion of birth and the postpartum period, tables refer to live births during this period (1994 to survey date) or to the last pregnancy ending in a live birth during that period.

Antenatal Care

The WIN Project will train providers of antenatal care and provide information for women attending antenatal services. In Russia, most women are expected to attend antenatal care every month in the early months of pregnancy, increasing to twice monthly in the 3rd trimester, and weekly in the final month of pregnancy. Almost all pregnancies (96% in Berezniki and 98% in Perm and Veliky Novgorod) that occurred during the six years preceding the survey had received antenatal care from a doctor, nurse or midwife. The data in Table 5.2 show that most women begin antenatal visits in the first trimester of pregnancy and the average number of antenatal visits is high, ranging from 15 per pregnant woman in Veliky Novgorod to 19 in Berezniki.

Table 5.2 Percent of pregnancies ending in a live birth that received antenatal care (number of live births 1994-2000).

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
PERCENTAGE RECEIVING ANTENATAL CARE			
Received antenatal care	98.9	96.4	97.5
Beginning in 1st trimester	87.3	89.2	85.4
2nd trimester	10.4	10.5	12.7
3rd trimester	2.3	0.3	1.9
Number of live births	359	385	322
AVERAGE NUMBER OF VISITS DURING MOST RECENT PREGNANCY**	18 (139)	19 (179)	15 (133)
RECEIVED OR BOUGHT IRON TABLETS	72.7 (171)	63.6 (152)	51.9 (110)

** Of those who gave a numerical response.

Iron deficiency anemia is a problem in Russia, with providers reporting that as many as three-quarters of all pregnant women are iron deficient at some time during pregnancy. In populations where iron deficiency during pregnancy is common, iron folate supplements are recommended throughout pregnancy. Women in the sample were asked whether they were given any iron tablets during the last pregnancy. Those who reported receiving iron tablets ranged from 52% in Veliky Novgorod to 73% in Perm (Table 5.2).

However, the average number of tablets women reported taking (of those who remembered the number they were given) was low, no more than 35 tablets, on average. This number ranged from 22 tablets per pregnancy in Veliky Novgorod to 33 in Perm to 37 in Berezniki and many women could not remember the number of iron tablets they took during their most recent pregnancy.

We asked women if they had received any information during their antenatal visits about certain topics (Table 5.3). While a fairly large percentage of women report receiving information about breast feeding during antenatal visits (60-70% across the three cities), the survey does not provide us with information about what is contained in these messages.

The data in Table 5.3 also show that only slightly more than half of women in Perm and about 40% of women in Veliky Novgorod report receiving some information about contraception during their antenatal visits. In Berezniki, however, almost 60% of women report receiving family planning information during antenatal visits.

Few women in these cities reported receiving any information about violence during pregnancy. The proportion of those who do, however, is much higher in the city of Perm, where 1 in 3 women report obtaining information about violence. In the other two cities, fewer than 1 in 5 pregnant women receive any information about what to do in the face of domestic violence. The 1996 and 1999 Russia Women's Reproductive Health Surveys report that as many as a quarter of all women had been subjected to some level of domestic violence during their life, ranging from threats to physical attack to attack with a weapon in the WIN Project 2000 survey, we found similar levels of domestic violence reported (see Chapter 10). From other contexts, we know that much domestic

violence occurs during pregnancy, and much is associated with use of alcohol. It is clear from Table 5.3 that antenatal care providers could do assist women who are victims of domestic violence by providing information and support to their clients.

Table 5.3 Percent of women that received information about the following topics during antenatal visits (the most recent pregnancies).

% OF WOMEN THAT RECEIVED INFORMATION ABOUT:	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Violence during pregnancy	31.2	19.4	18.6
Breastfeeding	61.9	72.4	59.1
Contraception	53.8	57.5	42.6
Sexually transmitted diseases	55.9	56.9	43.6
Number of respondents	333	341	291

Maternity and Postpartum Care

The WIN Project will also train providers of delivery and postpartum care, and will provide educational materials for mothers and their families. A major thrust of the project is to increase the involvement of family members in preparations for the birth, and in the birth itself, as well as to help families bond with their newborn child. A concomitant aim is to reduce unnecessary medical interventions during the antenatal period, during delivery and postpartum.

The data shown below in Table 5.4 indicate that rates of Caesarian section delivery are about 15% in Perm and Veliky Novgorod, while the rate is much lower (5%) in Berezniki. The commonly accepted range of expected need for surgical intervention at delivery is between 5-15% of deliveries.

Table 5.4 Prevalence of type of delivery, 'rooming-in' and birth weight, by city (% of live births 1994 - 2000).

	CITY		
TYPE OF DELIVERY	PERM	BEREZNIKI	V. NOVGOROD
Vaginal delivery	84.1	95.1	85.7
Cesarean section	15.9	4.9	14.3
Baby stayed in mother's room day and night	26.7	15.6	17.7
Birth weight < 2500 grams	2.5	5.2	3.1
Number of births	359	385	322

Evidence has accumulated over the past 30 years suggests that restricting a mother's contact with her infant in the hours and days after delivery can lead to less affectionate maternal behavior. Restrictions on maternal - newborn contact have also been shown to reduce the duration of successful breastfeeding. [4]

[4] Enkin, M., Keirse, M.J.N.C., Renfrew, M., and Neilson, J. (1996) *A Guide to Effective Care in Pregnancy and Childbirth*, Second Edition. Oxford: Oxford University Press.

In Russia, infants are still routinely segregated in central nurseries and 'rooming in', when the baby and mother stay together in the same room 24 hours a day, is not widely available at the present time. Nevertheless, almost 30% of women in Perm had their babies with them night and day. This compares with only 16-17% of women in Berezniki and Veliky Novgorod who were able to do so.

Most respondents were able to provide the birth weight of their babies (less than 5% did not know). The low birth weight rate (percent of newborns weighing less than 2500 grams at birth) appears to be low, but varies between cities, as the data in Table 5.4 indicate. The project will also obtain information about the rate of low birth weight from routinely reported health service data, which may shed further light on this apparent differences.

Restriction to the lying position during labor and delivery in now known to extend the duration of labor, on average, and may adversely affect the condition of the fetus and the progress of labor[5]. To ascertain what restrictions medical staff in Russia impose during labor and delivery, women were asked whether they were allowed to walk, use the toilet and sit up during their most recent labor. Two out of every three women report that they were allowed to walk and use the toilet during labor, but only about half the women in Perm and Veliky Novgorod, and slightly more women in Berezniki report that they were allowed to assume a sitting position during labor.

Table 5.5 Percent of women reporting specific practices during and following labor and delivery (last live birth).

DURING LABOR, MOTHER WAS ALLOWED TO:	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Walk	69.6	77.0	63.8
Sit up	52.5	60.2	50.3
Use the toilet	69.0	67.9	63.4
Number of births	335	352	298

Breast Feeding Practices

One of the major changes the WIN Project will try to effect is the attitude toward and practice of exclusive breast-feeding among hospital staff and mothers. Most babies in these cities, 95% or more, have been breast-fed (Table 5.6).

To assure the optimal chance of successful breast-feeding, breast-feeding counselors recommend that babies be put to the breast immediately after delivery, and at most, not more than an hour following delivery. However, we see from the data displayed in Table 5.6 that at present very few mothers and babies are given this opportunity – overall, less than 5% of recent births were breast fed immediately. Of the others, a large proportion was not put to the breast within the first day. Between one-third and two-fifths of babies were not breast-fed in the first 24 hours.

Conversely, large proportions of mothers reported that their babies received some bottle-feeding while in hospital (between 50 and 70%). Many women (usually separated from their infants during the hospital stay) did not know, or were not sure, if the child received feeds from a bottle (Table 5.6).

[5] Ibid.

Table 5.6 Breast-feeding prevalence and timing of first breast-feed, by city (live births 1994-2000).

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
NEWBORNS EVER BREASTFED			
Ever breast-fed	95.5	95.1	93.6
Of last-born children ever breast-fed, percent currently breast-fed (N)	12.7 (322)	11.9 (336)	9.7 (279)
Number of births	359	385	322
TIMING OF FIRST BREAST-FEED (OF THOSE EVER BREAST FED)			
Immediately, less than 1 hour	3.2	2.7	5.5
Between 1 and 5 hours	25.2	24.1	15.9
Between 6 and 24 hours	38.8	39.8	33.3
More than 24 hours	32.7	33.4	45.2
Infant was bottle fed while in hospital	70.8	49.2	64.0
Don't remember, don't know	12.2	18.3	15.0
Number of babies ever breast fed	278	332	252

While breastfeeding is nearly universal, it is rarely exclusive. Mothers who were still breastfeeding their infants were asked if they had ever given the child anything to drink or eat other than breast milk. Of the 116 infants aged less than 6 months at the time of the survey, 40 percent were still receiving breast milk (data not shown). Nearly 97 percent of these infants, regardless of the city of their family's residence, had been given drinks other than breast milk. The number of currently breast-fed infants, as well as the number exclusively breast-fed, is too small to make meaningful estimates of patterns of breast-feeding by age of the infant.

Risk Behaviors during Pregnancy and Postpartum

In many countries, women are encouraged to visit a medical provider for a health check-up during the postpartum period. This visit (usually around 6 weeks after delivery) also provides an opportunity for health providers to discuss any problems with breast feeding, and the woman's need for contraception. While the Russian medical services make routine home visits to check on newborns, around half of new mothers in Perm and Veliky Novgorod, and fewer than one in three women in Berezniki report that they went to a health provider for a postpartum check of their own health (Table 5.7). Less than a quarter of women reported that they received a dose of Vitamin A in the postpartum period.

Table 5.7 Percent of women reporting specific practices in the last postpartum period.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Went for postpartum checkup	48.4	32.2	51.8
Received Vitamin A dose within 6 weeks	20.8	23.4	21.7
Number of respondents	337	354	299

Women were also asked about practices harmful to the fetus, and these data are shown in Table 5.8. Women who smoked comprised between 17% and 25% of the sample, and of those women, in about half of these pregnancies the mother continued smoking during pregnancy (ranging from 58% in Berezniki to 39% in Perm and 50% in Veliky Novgorod). Those pregnancies in which women drank at all during the pregnancy ranged from 14% of pregnancies in Veliky Novgorod to more than a quarter of pregnancies in Berezniki.

Table 5.8 Percent of pregnancies in which women reported specific risk behaviors (live births1994 - 2000).

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Smoked before pregnancy	20.9	25.5	17.4
Stopped smoking during pregnancy*	61.3	41.8	50.0
Drank during pregnancy	18.4	26.2	14.0
Number of live births	359	385	322

* Of those who smoked prior to pregnancy.

Attitudes Toward Hospital Care

Almost all births took place in a maternity home (more than 95% in all 3 cities). Women were asked to rank the facility in which they last gave birth on specific criteria. Their rankings are shown in Table 5.9. Women were most unhappy about the facility's policy on permission for visitors, and the next highest prevalence of 'poor' rankings was for the facility's provision of "privacy" and "comfort". The highest prevalence of 'good' rankings in all three cities was for "competence" and "attitude of health professionals (to the woman)". In Perm and Veliky Novgorod, "hygiene" was rated 'good' more often than in Berezniki, where only 20% of respondents rated their facility as 'good' and 30% gave their facility a 'poor' hygiene rating.

Table 5.9 Percent of respondents who gave good, fair, and poor rankings to facilities where last birth occurred.

CITY	CRITERIA	PERCENT GIVING RANK OF:			TOTAL (N)
		GOOD	FAIR	POOR	
PERM	Hygiene	44.7	41.5	13.8	100 (282)
	Comfort	31.6	43.3	25.1	
	Privacy	34.0	29.1	35.8	
	Crowding	37.2	36.5	25.2	
	Permission for visitors	26.6	27.3	45.4	
	Competence of health professionals	62.8	30.9	6.3	
	Health professionals attitude to you	66.0	28.7	5.3	
BEREZNIKI	Hygiene	20.5	50.8	28.6	100 (297)
	Comfort	9.4	43.1	46.8	
	Privacy	17.8	30.0	49.2	
	Crowding	25.6	46.5	26.6	
	Permission for visitors	14.5	15.1	68.4	
	Competence of health professionals	47.5	36.7	9.1	
	Health professionals attitude to you	52.2	36.7	10.1	
VELIKY NOVGOROD	Hygiene	47.1	42.2	10.2	100 (225)
	Comfort	21.3	50.7	25.3	
	Privacy	26.2	34.7	37.8	
	Crowding	34.7	41.8	21.8	
	Permission for visitors	40.9	26.2	30.7	
	Competence of health professionals	64.0	24.4	11.6	
	Health professionals attitude to you	68.4	22.2	9.4	

6. Contraceptive Knowledge and Use

Knowledge of Family Planning Methods and Method Sources

General knowledge of specific contraceptive methods can be considered as a first step in a woman's ability to choose an appropriate family planning strategy. Overall knowledge of different methods of birth control was high in all 3 sites (Table 6.1). Among modern contraceptives, nearly all women surveyed were familiar with condoms, oral contraceptives, and the IUD. Such a high percentage of respondents who know condoms, oral contraceptives and IUDs could be partially explained by a large mass-media campaign: condoms are advertised because of high risk of sexually transmitted diseases, and pills and IUDs are advertised as modern and highly effective methods of birth control. Information about other methods comes usually from the specialists in family planning. Not every woman has (or seeks) access to these sources of information. Fewer women were aware of other modern methods, but with the exception of implants and the female condom, the proportion of women who were aware of these other methods was still very high. Knowledge of traditional family planning methods was also high. Approximately 90 percent of women were aware of both calendar methods and withdrawal, and over 80 percent were aware of lactational amenorrhea and douching methods.

Table 6.1 Percent of respondents who know of specific contraceptive methods and of where to receive them.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
KNOW OF METHOD			
Condom	99.9	99.5	98.7
IUD	98.0	97.6	95.1
Pills	94.9	95.0	94.5
Diaphragm	75.3	65.5	68.5
Spermicides	72.5	64.0	63.5
Implants	21.2	16.9	16.5
Post-coital pills	65.6	57.6	64.8
Injections	54.8	55.6	44.5
Female condom	34.4	31.0	45.8
Female sterilization	83.5	78.4	78.2
Male sterilization	74.5	62.5	69.0
Calendar method	96.0	91.9	92.5
Withdrawal	90.2	86.5	87.9
Lactational amenorrhea	81.7	77.4	73.9
Douche	88.2	88.9	84.7
KNOW WHERE TO RECEIVE METHOD OR INFORMATION ABOUT IT			
Condom	99.7	98.9	97.9
IUD	95.6	94.1	91.2
Pills	93.5	90.9	91.9
Diaphragm	68.7	55.3	59.2
Spermicides	68.5	55.2	57.7
Implants	17.5	10.0	11.0
Post-coital pills	62.5	51.5	59.9
Injections	48.9	45.8	35.9
Female condom	21.5	20.3	37.7
Female sterilization	75.5	64.6	67.6
Male sterilization	64.5	47.3	58.1
Calendar method	93.7	86.7	87.2
Lactational amenorrhea	78.0	68.6	69.5
Number of respondents	1300	1300	1300

Most women surveyed also knew where they could obtain these methods or information about these methods. Over 90 percent of women in each survey site reported knowing where they could obtain a condom, oral contraceptives, and an IUD. A majority of women surveyed reported knowing where they could obtain diaphragms, spermicides, post-coital pills, and undergo a sterilization procedure. Reflecting the lower level of overall awareness, fewer women were aware of a source of injectable methods, implants and the female condom. Most women were also aware of a source of information about calendar methods of family planning.

The level of awareness of specific methods did vary somewhat by marital status (Table 6.2). Across the three study sites, single women were more familiar with post-coital pills, and less familiar with sterilization procedures, lactational amenorrhea, and douching. Married women in Perm also had greater awareness of diaphragms and injectables than single women, although these differences were not as apparent in the other two sites. Awareness of condoms, oral contraceptives, and IUD did not appear to differ by marital status.

Table 6.2 Percentage of sexually-experienced* respondents who have ever heard of specific contraceptive methods and know where to get them, by marital status.

A. PERM	MARITAL STATUS		
	IN UNION	WIDOW/DIVORCED	SINGLE
KNOW OF METHOD			
Modern Methods of Family Planning			
Condom	100.0	100.0	99.3
IUD	99.8	99.0	96.0
Pills	95.9	96.6	94.0
Diaphragm	78.7	78.3	66.2
Spermicides	75.2	75.9	74.8
Implants	78.1	81.6	78.8
Post-coital pills	64.4	71.0	75.5
Injections	59.0	54.6	45.0
Female condom	35.8	29.5	31.1
Female sterilization	86.3	88.4	74.8
Male sterilization	78.2	76.8	62.9
Traditional Methods of Family Planning			
Calendar method	97.5	98.1	94.0
Withdrawal	93.2	95.2	86.8
Lactational amenorrhea	88.4	85.5	65.6
Douche	94.7	96.6	72.9
KNOW WHERE TO RECEIVE METHOD OR INFORMATION ABOUT IT			
Modern Methods of Family Planning			
Condom	99.8	100.0	99.3
IUD	98.4	98.1	91.4
Pills	95.2	93.2	92.1
Diaphragm	72.4	73.4	57.6
Spermicides	71.9	72.0	70.2
Implants	18.5	13.5	15.9
Post-coital pills	61.2	68.1	72.2
Injections	52.9	49.3	37.1
Female condom	21.9	21.3	24.5
Female sterilization	78.7	79.7	66.2
Male sterilization	67.4	67.2	55.0
Traditional Methods of Family Planning			
Calendar method	95.9	97.6	90.7
Lactational amenorrhea	85.1	80.7	59.6
Number of Respondents	807	207	151

* Currently in union, formal or unregistered, or ever had sexual relations.

B. BEREZNIKI	MARITAL STATUS		
	IN UNION	WIDOW/ DIVORCED	SINGLE
KNOW OF METHOD			
Modern Methods of Family Planning			
Condom	99.6	99.5	100.0
IUD	99.3	99.0	97.8
Pills	95.9	95.9	95.7
Diaphragm	67.7	74.6	67.6
Spermicides	66.1	66.5	66.9
Implants	16.4	15.7	21.6
Post-coital pills	59.5	53.3	64.0
Injections	58.2	58.9	59.0
Female condom	32.4	35.0	30.2
Female sterilization	82.5	82.7	72.7
Male sterilization	66.1	67.5	56.8
Traditional Methods of Family Planning			
Calendar method	95.3	92.4	91.4
Withdrawal	90.2	88.3	89.2
Lactational amenorrhea	86.2	82.2	60.4
Douche	95.8	97.5	79.9
KNOW WHERE TO RECEIVE METHOD OR INFORMATION ABOUT IT			
Modern Methods of Family Planning			
Condom	99.3	99.5	100.0
IUD	97.7	98.0	94.2
Pills	92.5	93.4	92.1
Diaphragm	58.4	64.0	51.8
Spermicides	58.9	57.4	53.2
Implants	10.0	9.1	10.8
Post-coital pills	54.0	48.7	56.8
Injections	48.4	46.7	48.9
Female condom	21.3	22.8	19.4
Female sterilization	67.9	70.6	61.2
Male sterilization	49.6	54.8	43.9
Traditional Methods of Family Planning			
Calendar method	91.3	86.3	86.3
Lactational amenorrhea	77.6	71.6	50.4
Number of Respondents	823	197	139

C. VELIKY NOVGOROD	MARITAL STATUS		
	IN UNION	WIDOW/DIVORCED	SINGLE
KNOW OF METHOD			
Modern Methods of Family Planning			
Condom	99.3	98.0	98.1
IUD	97.8	96.1	95.0
Pills	95.3	96.6	98.1
Diaphragm	73.5	71.1	60.9
Spermicides	65.5	63.7	69.6
Implants	18.7	14.7	14.3
Post-coital pills	65.1	63.2	72.7
Injections	46.6	46.6	46.6
Female condom	47.2	46.1	53.4
Female sterilization	83.2	82.8	75.8
Male sterilization	73.9	69.1	68.3
Traditional Methods of Family Planning			
Calendar method	95.5	95.6	93.8
Withdrawal	91.4	90.2	90.7
Lactational amenorrhea	83.1	84.3	52.8
Douche	92.0	93.1	76.4
KNOW WHERE TO RECEIVE METHOD OR INFORMATION ABOUT IT			
Modern Methods of Family Planning			
Condom	98.8	97.6	97.5
IUD	96.4	93.1	85.1
Pills	93.5	95.1	93.8
Diaphragm	63.6	64.2	47.8
Spermicides	60.5	58.8	59.0
Implants	12.1	11.8	7.5
Post-coital pills	60.7	59.8	68.9
Injections	36.5	42.2	34.8
Female condom	38.5	38.7	41.0
Female sterilization	73.8	71.6	64.6
Male sterilization	63.9	56.4	54.7
Traditional Methods of Family Planning			
Calendar method	91.8	92.7	87.0
Lactational amenorrhea	79.3	79.4	47.8
Number of Respondents	759	204	161

Many of these differences across marital status categories were also evident in regards to awareness of a source of these methods. Single women were less aware than married women of a source of diaphragms, implants, and sterilization procedures, and more aware than married women of a source of post-coital pills. Although they did not differ from married women in their knowledge of the IUD, single women were less likely to know a source of an IUD than were married women. Single women were also slightly more likely to know a source of a female condom in Perm and Veliky Novgorod, although knowledge of a source of female condoms was generally low in all groups. Single women were also less likely than married women to know where to go for information about calendar methods and lactational amenorrhea.

Current Use of Family Planning

Current use of a family planning method was common among the married women in the survey samples (Table 6.3). Seventy-four percent of women in a union in Veliky Novgorod, 71 percent in Perm, and 69 percent in Berezniki reported that they were currently using some method of family planning. The prevalence of contraceptive use among married women in Perm was consistent with the findings observed in the Perm sub-sample of the 1999 Russia Women's Reproductive Health Survey (70.2 percent). However, multiple method use was also high, which complicated measures of method-specific use. Approximately 40 percent of women reported that they were only using a modern method, with much of this use concentrated among the IUD and condoms. Over 22 percent of women in Berezniki and slightly less than 20 percent of women in Perm and Veliky Novgorod reported sole use of the IUD. Condoms, alone or in combination with another modern method, were being used by more than 10 percent of women in Perm and Berezniki and by nearly 15 percent of women in Veliky Novgorod.

Table 6.3 Current use of contraceptives among women in union (formal or unregistered).

CURRENT USE OF CONTRACEPTIVES AMONG MARRIED WOMEN	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
USING ANY METHOD	**70.5**	**68.4**	**73.5**
USING A MODERN METHOD	**38.2**	**41.8**	**41.0**
IUD	18.1	22.6	17.7
Condoms	10.3	9.9	12.9
Oral Contraceptives	4.2	5.5	7.6
Female Sterilization	1.3	0.5	0.6
Vaginal methods	1.7	0.2	0.8
Morning-after pill	0.1	0.1	0.0
Injectables	0.4	0.0	0.0
Condoms and other modern	1.1	1.3	1.4
Other combinations	1.1	1.6	0.1
USING A TRADITIONAL METHOD	**14.8**	**12.0**	**15.7**
LAM	0.9	0.2	0.1
Periodic abstinence	5.9	2.2	5.0
Withdrawal	4.3	2.5	5.5
Douching	3.7	7.1	4.3
Other	0.1	0.0	0.6
USING BOTH TRADITIONAL AND MODERN METHOD	**17.5**	**14.6**	**16.8**
NOT USING A CONTRACEPTIVE METHOD	**29.6**	**31.7**	**26.5**
Total	100.0	100.0	100.0
Number of respondents	819	831	785

Use of traditional methods was also high. In Perm, 15 percent of women sampled reported relying solely on a traditional method, and an additional 18 percent reported using both a traditional and modern method. In Berezniki, 12 percent of women were using only a traditional method and 15 percent were using both a traditional and a modern method. Sixteen percent of women in Veliky Novgorod were using only a traditional family planning method, while 17 percent of women there reported using both a traditional and a modern method. In both Perm and Veliky Novgorod,

traditional method use was spread evenly among periodic abstinence, withdrawal, and douching, while in Berezniki, most users of traditional methods relied on douching.

Reported use of *both* modern and traditional methods was considered to reflect a less consistent, and less effective, use of a method than would be expected among women reporting use of only a modern method. Combining modern and traditional methods appeared to vary according to the specific modern contraceptive method used (Table 6.4). Only seven percent of women using an IUD also reported using some traditional method of family planning. A somewhat greater proportion of women using oral contraceptives – 26 percent – also relied on traditional methods. Nearly half of all women using condoms or a vaginal method (e.g. female condoms, spermicide, diaphragm) were also using a traditional method, while over 70 percent of the women using the morning-after pill reported using a traditional family planning method as well.

Table 6.4 Percent of women using a traditional family planning method, among women using specific modern methods.

MODERN FAMILY PLANNING METHOD	USE OF EACH MODERN METHOD		% OF USERS OF EACH METHOD ALSO USING A TRADITIONAL METHOD
	N	% OF ALL WOMEN	
IUD	649	16.6	7.1
Condoms	912	23.4	47.7
Oral Contraceptives	324	8.3	26.5
Vaginal methods	76	2.0	44.7
Morning-after pill	57	1.5	71.9
Injectables	8	0.2	25.0

Sources of Information about Contraception

Respondents were asked how or from whom they heard about contraceptive methods they are currently using. Medical staff (doctor, medical assistant, midwife, nurse) and mass media (newspapers, magazines, TV, radio) were the most commonly cited sources of information about one's current method (Table 6.5). Twenty-nine percent of respondents in Perm, 23 percent in Berezniki and 20 percent in Veliky Novgorod heard about method from medical staff. The percent of women in each study site indicating mass media as their source of information were 19 percent, 26 percent and 28 percent respectively. Sexual partner (5-7%) and teacher / professor (1%) were the least commonly used sources of information.

Table 6.5 Percentage distribution of respondents by source of information about contraceptive method they are currently using.

SOURCE OF INFORMATION	PERM	BEREZNIKI	V. NOVGOROD
Relatives	12.1	11.5	14.8
Sexual partner	12.0	10.2	14.0
Female friends, co-workers	25.7	33.3	27.2
Medical staff	47.9	42.8	37.9
Teacher, professor	2.7	3.5	1.4
Books, brochures	33.1	36.5	40.3
Mass media	9.9	13.1	15.0
Other	1.4	0.5	0.6
Don't remember	5.6	4.0	7.6
Number of respondents	767	748	779

Ever Use of Family Planning

Nearly all married or sexually active women in the samples have used a method of family planning at some point in their sexual history (Table 6.6). Fewer than 10 percent of married women and twelve percent of sexually active women report never having used a family planning method. Ever use of any family planning method was consistent across study sites.

Table 6.6 Percentage of respondents ever used specific contraceptive methods.

METHOD	CURRENTLY MARRIED			HAVE SEXUAL EXPERIENCE		
	PERM	BEREZNIKI	V. NOVGOROD	PERM	BEREZNIKI	V. NOVGOROD
MODERN METHODS						
Condom	73.1	70.5	71.3	73.2	70.2	72.2
IUD	49.9	51.5	48.0	44.3	46.3	42.5
Pills	33.2	30.3	37.7	31.5	28.7	36.4
Spermicides	13.2	7.5	9.7	13.6	7.3	10.0
Post-coital contraception	12.2	10.4	15.0	14.7	11.3	17.3
Injections	2.8	3.5	3.4	2.7	3.7	2.9
Female sterilization	1.6	0.6	1.0	1.4	0.6	1.3
Diaphragm	0.5	1.1	0.8	0.6	1.0	0.8
Implants	0.0	0.1	0.8	0.0	0.3	0.5
Female condom	0.0	1.1	1.5	0.0	1.0	1.6
Male sterilization	0.0	0.1	0.6	0.0	0.3	0.4
TRADITIONAL METHODS						
Calendar method	69.4	62.2	65.4	68.3	61.4	64.2
Douche	54.6	74.6	56.6	53.6	71.8	54.7
Withdrawal	55.1	53.2	66.8	55.7	53.0	65.8
Lactational amenorrhea	45.8	42.8	40.8	39.1	38.1	35.2
Number of respondents	819	831	785	1165	1159	1124

Condoms were the most commonly used method among women; over 70 percent of married and sexually active women have ever used a condom. Ever use of IUDs and oral contraceptives was also common. Nearly 50 percent of married women and over 40 percent of sexually active women had ever used an IUD. Over 30 percent of married and sexually active women in Perm and Berezniki, and nearly 40 percent in Veliky Novgorod, had ever used oral contraceptives. Among traditional methods, over 60 percent of women in each study site reported having ever used the calendar method. While the calendar method was the most commonly used traditional method in Perm, women in Berezniki were most likely to have ever used a douche and women in Veliky Novgorod were most likely to have ever used withdrawal.

That the columns in Table 6.6 sum to greater than 100 percent illustrates the large amount of method switching used by women in the study sites. This method switching is more clearly seen in Table 6.7, which presents the average number of methods ever used by respondents. On average, women in each study site have used over four family planning methods. As expected, due to its cumulative nature, the average number of methods used rises with respondent's age and education. Married women also tended to have used more family planning methods than single women, although these latter women have also reported using over three family planning methods in their lifetime. Although the reasons behind the frequent switching of methods among women in the sample are unclear, it could reflect the low prevalence of permanent or long-term methods. It may also indicate possible dissatisfaction with the methods, or the absence of qualified counseling on family planning that could help women to choose the most appropriate contraceptive method.

Table 6.7 Average number of contraceptive methods respondents used during their lifetime (among those who have ever used contraception).

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
AGE GROUP			
15-19	2.4	2.6	2.8
20-24	3.8	3.8	3.8
25-29	4.3	4.5	4.5
30-34	4.5	4.3	4.8
35-39	4.4	4.5	4.4
40-44	4.2	4.1	4.2
MARITAL STATUS			
Currently married or in unregistered marriage	4.3	4.2	4.3
Divorced /Separated /Widowed	4.4	4.3	4.6
Never married	3.1	3.0	3.2
EDUCATION			
Less than secondary	3.0	3.1	2.9
Complete secondary	4.1	4.1	4.2
More than secondary	4.4	4.6	4.5
TOTAL	**4.1**	**4.1**	**4.2**
Number of respondents	1141	1124	1112

Source of Contraceptive Method

The most common source from which women received their most recent supply of their contraceptive method was a pharmacy. Overall, every second woman mentioned a pharmacy as their source of their contraceptive method (see Table 6.8). Women in Veliky Novgorod were most likely to have gone to a pharmacy to get their method. While 44 percent of women in Perm and 49 percent of women in Berezniki identified the pharmacy as their source of their contraceptive method, nearly 70 percent of women in Veliky Novgorod did so. Women's consultation centers were the other common source for contraceptive methods; 19 percent of women in Perm, 15 percent of women in Berezniki, and 11 percent of women in Veliky Novgorod received their most recent supply from there.

Table 6.8 Source of contraceptive method among current users of a family planning method.

SOURCE OF CONTRACEPTION	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Women's consultation	18.5	14.8	11.0
Maternity house	0.8	7.5	1.7
Family planning center	0.3	0.0	0.0
Hospital	8.5	7.0	2.2
Pharmacy	43.8	48.5	69.1
Drug kiosk	5.0	7.5	4.2
Private clinic / Physician	0.3	0.4	0.6
Commercial kiosk / store	3.8	3.6	2.2
Other	14.6	7.9	5.9
Don't know / don't remember	4.6	2.8	3.1
Number of respondents	767	748	779

A woman's source of her family planning method varied by the particular method she was using (Table 6.9). In each study site, most users of oral contraceptives (OCs) and condoms reported receiving their last method supply from a pharmacy. Over 70 percent of the users of these two methods in Perm and Berezniki, and over 80 percent of the users in Veliky Novgorod, reported going to a pharmacy to get their most recent condom or cycle of pills. In Perm, most IUD users reported getting their IUD at a women's consultation center, with most of the remaining IUD users getting it at a hospital. In contrast, only one-third of IUD users in Berezniki and Veliky Novgorod received their IUD from a women's consultation. One-quarter of the IUD users in Berezniki and nearly half in Veliky Novgorod reported receiving their IUD from a pharmacy.

Table 6.9 Source of contraceptive method among current users of specific FP methods.

Source of Contraceptive Method	City								
	Perm			Berezniki			V. Novgorod		
	OCs*	IUD	Condom	OCs	IUD	Condom	OCs	IUD	Condom
Women's consultation	12.6	65.4	2.6	9.6	35.3	2.6	5.7	37.4	2.2
Maternity house	0.0	0.5	0.3	2.6	18.0	0.4	0.0	5.1	0.3
Family planning center	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hospital	3.5	24.5	0.6	2.6	16.9	1.5	0.0	4.1	0.3
Pharmacy	70.1	8.0	72.3	74.8	23.3	68.5	86.1	47.2	85.2
Drug kiosk	5.8	0.0	8.9	7.8	3.4	13.9	7.4	2.1	6.5
Private clinic / Physician	1.2	0.5	0.0	0.9	0.8	0.0	0.0	2.6	0.0
Commercial kiosk / store	1.2	0.0	8.9	0.9	1.1	8.1	0.0	0.5	3.7
Other	4.6	0.0	1.9	0.9	1.1	0.7	0.0	0.5	0.3
Don't know / don't remember	1.2	0.5	4.5	0.0	0.0	4.4	0.8	0.5	1.5
Number of respondents	87	188	314	115	266	273	122	195	325

* OC = oral contraceptives

Reasons for Non-use of Contraception

Women not currently using any method of family planning were asked their reason for not using a method (see Table 6.10). For most women, the reason for not using a family planning method appeared to be their perceived lack of a need for a contraceptive method. Over 80 percent of single women reported that they were not using any contraceptive method because they were not sexually active. Among widowed and divorced women, the two most common reasons given for not using a contraceptive method were that they were not sexually active or that they were not able to get pregnant. Most married women indicated that they were not using a contraceptive method because they were pregnant, wanted to get pregnant, or were not able to get pregnant. Few women indicated that the perceived side effects associated with contraceptive methods were the reason for not using a contraceptive method. However, a sizeable number of married women, between 13 and 17 percent, did state that religion was the reason that they were not using a contraceptive method or indicated a fatalistic attitude ("everything will take care of itself") toward pregnancy prevention.

Table 6.10 Reasons for non-use of contraception, by marital status (% of respondents).

Reasons for not using	City								
	Perm			Berezniki			Veliky Novgorod		
	In union	Widow/ Divorced	Single	In union	Widow/ Divorced	Single	In union	Widow/ Divorced	Single
Not sexually-active	4.1	58.5	82.7	3.4	48.5	83.7	3.9	48.0	84.4
Pregnant	10.3	0.9	1.6	11.4	3.0	1.1	12.5	3.9	1.4
Subfecund	39.7	30.2	4.9	40.7	30.3	4.2	38.5	27.5	4.7
Want pregnancy	17.8	0.0	1.1	16.4	0.0	2.1	16.4	2.9	1.0
Fear of health effects	5.0	0.0	0.5	2.7	2.0	0.0	4.8	3.9	1.9
Fatalism/religion	9.9	2.8	3.2	11.0	4.0	4.2	7.2	0.0	2.8
Other	13.2	8.6	6.0	14.5	12.1	4.7	16.8	13.7	3.8
Number of respondents	242	106	185	263	99	190	208	102	211

Economic Factors and Contraceptive Use

One indication of the importance of economic factors in determining access to contraception is the need to pay for methods. Women currently using a modern contraceptive method were asked whether they had to pay for their most recent method. Most women did indicate that they had paid for their method (Table 6.11). Seventy-two percent of women in Perm, 82 percent in Berezniki and 87 percent in Veliky Novgorod reported paying for their most recent method.

Table 6.11 Percent of current users of modern contraceptive methods who paid for them, by source of method.

Source of contraception	City					
	Perm		Berezniki		V. Novgorod	
	N of cases	%	N of cases	%	N of cases	%
Women's consultation	142	73.9	111	84.7	86	87.2
Maternity house	6	*	56	69.6	13	*
Hospital	65	46.2	52	69.2	17	*
Pharmacy	336	98.2	363	95.9	538	96.1
Drug kiosk	38	94.7	56	98.2	33	100.0
Commercial kiosk /store	29	100.0	27	100.0	17	*
Total (number of respondents)	(767)	72.4	(748)	82.4	(779)	86.8

* Estimates based on less than 25 cases omitted.

The need to pay varied by source of the method. In general, women who received their method from a pharmacy, drug kiosk, or commercial kiosk paid for their method. Women who received their method at a hospital were less likely to have had to pay for it, particularly in Perm. While fewer than half of women in Perm who received their contraceptive method from a hospital reported paying for it, nearly 70 percent of the women in Berezniki who received their method from a hospital paid for it.

This widespread need to pay for contraception prompted fears that the economic crisis of 1998 would prompt many women to discontinue their contraceptive use or resort to abortion. Based on

women's responses, the 1998 economic crisis appears to have had only a limited effect on contraceptive use and abortion. Women were asked whether they had changed their method or stopped or started using a contraceptive method since August 1998 and whether the economic crisis played a role in this decision. Most women, ranging from 78 percent in Perm to 69 percent in Veliky Novgorod, did not make any change in their contraceptive use status since the economic crisis. Among the women who did report making a change, most either switched to another method or stopped using a contraceptive method altogether. Few reported starting to use a contraceptive method since August 1998. However, fewer than 20 percent of the women in Perm and Berezniki, and 30 percent of the women in Veliky Novgorod, reported that the economic crisis played a role in their decision to switch methods or stop using a method.

A second concern was that the economic crisis would prompt women to use abortion (see Table 6.12). Just under 10 percent of the women sampled reported having an abortion between August 1998 and the time of the survey. Fewer than 10 percent of the women who did have an abortion in this period indicated that the economic crisis was a factor in the decision to have an abortion.

Table 6.12 Effects of the economic crisis of 1998 on change in contraceptive use status and use of abortion.

EFFECTS OF ECONOMIC CRISIS OF 1998	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
CONTRACEPTIVE USE STATUS			
Switched to a different method	10.1	10.5	15.4
Started using a contraceptive method	1.2	1.9	2.1
Stopped using a method	10.2	14.5	13.6
No change in use	78.4	73.1	68.9
DID THE ECONOMIC CRISIS PLAY A ROLE IN DECISION TO CHANGE?			
Yes	19.6	19.4	27.0
No	76.5	75.2	66.0
Not sure	3.9	5.4	7.0
HAD AN ABORTION SINCE AUGUST 1998			
Yes	9.2	8.9	7.9
No	90.8	91.1	92.1
DID THE ECONOMIC CRISIS PLAY A ROLE IN DECISION TO HAVE AN ABORTION?			
Yes	9.8	9.6	8.3
No	90.2	90.4	91.7

7. Contraceptive Counseling

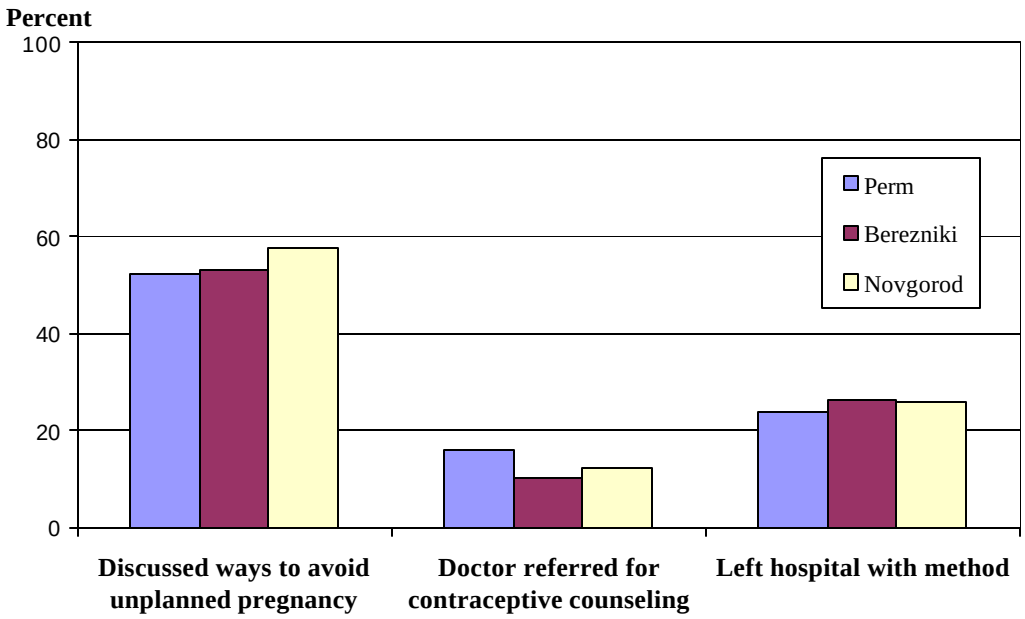
Although contraceptive use is common among women in Russia, it is characterized by frequent method switching and a heavy reliance on ineffective traditional methods. The high rate of abortion in Russia is often attributed to this inconsistent use of modern contraceptive methods. Effective and timely contraceptive counseling is believed to be one approach for helping women in to make more effective use of the available family planning resources.

Post-Abortion and Postpartum Counseling

The provision of counseling during the immediate post-abortion and postpartum periods may be an effective strategy for reaching women in need of information about family planning. During these times, women are already in the health care system and are in need of information about contraception. Therefore, they constitute an available and receptive audience.

It appears that many of these counseling opportunities are being wasted (Annex Table 1.7). Only half of the women who reported having had an abortion in the five years prior to the survey reported that they had spoken to a doctor or midwife about ways to avoid another unplanned pregnancy. In each of the three study sites, women who had a mini-abortion were more likely to have received contraceptive counseling than were women who had an induced abortion. Even fewer of these women were referred to another clinic or consultation for contraceptive counseling or services. Fewer than 15 percent of women were referred for counseling at the time of their most recent abortion. Overall, one-quarter of these women left the hospital with a contraceptive method or a prescription for a contraceptive method. As with discussions with a health provider, women who had a mini-abortion were more likely to have left with a method or prescription than women who had an induced abortion. Figure 7.1 displays the total percent of women in each city reporting each practice.

Figure 7.1 Women's reports of post-abortion counseling.

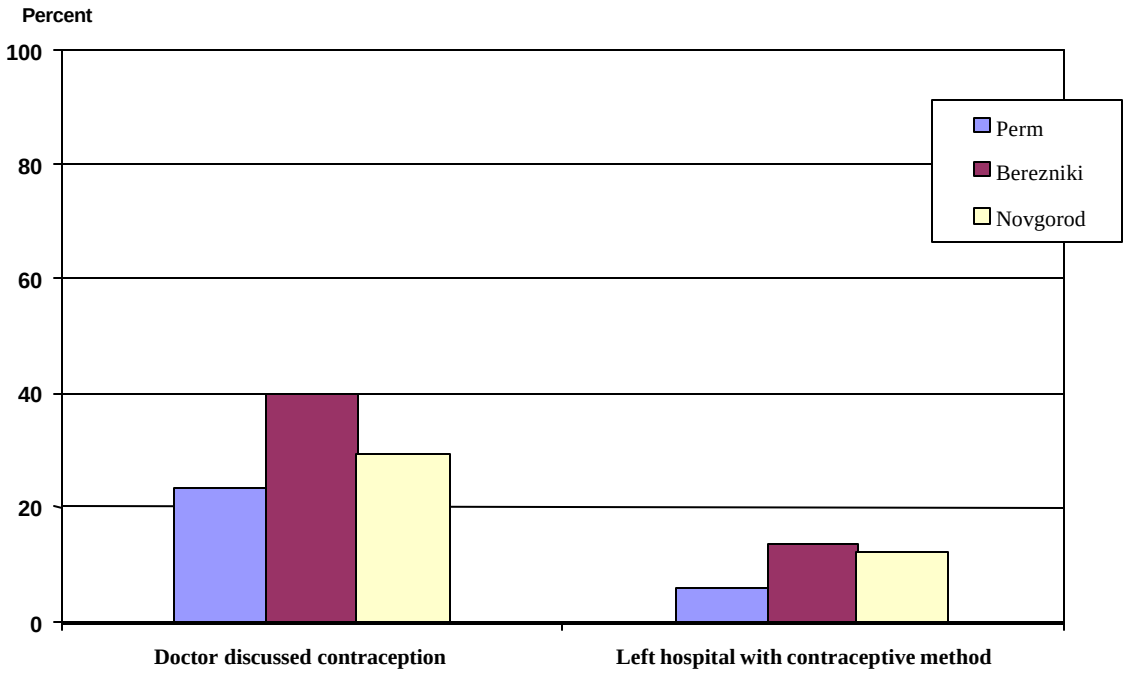


In addition to being infrequent, post-abortion counseling appears to be of limited quality. Among those women who received a method or prescription following their recent abortion, over 40 percent in Perm and Veliky Novgorod and 34 percent in Berezniki received a method other than the one they wanted (Table 7.1). Despite this, post-abortion counseling appears to be effective in promoting contraceptive use. Over 70 percent of women in Perm and Berezniki who had received a method or prescription report using that method. Use of contraception was lower in Veliky Novgorod, where fewer than 60 percent of women who received a method following their most recent abortion used the method.

Table 7.1 Contraceptive use and intention following most recent abortion, by city of residence.

CONTRACEPTIVE USE AND INTENTION FOLLOWING MOST RECENT ABORTION	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
AMONG WOMEN WHO LEFT HOSPITAL/CLINIC WITH METHOD OR PRESCRIPTION:			
% that used method	74.4	71.9	58.4
% given desired method	59.3	66.3	58.4
Number of respondents	86	89	77
AMONG WOMEN WHO LEFT WITHOUT A METHOD OR PRESCRIPTION:			
% that wanted a contraceptive method	62.0	71.3	69.1
Number of respondents	274	247	223

Figure 7.2 Women reporting postpartum contraceptive counseling experience.



In addition, there does appear to be a need for these services. Among the women who did not receive a method or prescription following their most recent abortion, over 60 percent of the women in Perm and approximately 70 percent of the women in Berezniki and Veliky Novgorod report wanting a contraceptive method at that time.

Contraceptive counseling in the immediate postpartum period was even less frequent. Among women who had given birth in the five years preceding the survey, few report having talked to a doctor or midwife following their most recent birth (Annex Table 1.8 and Figure 7.2). This was particularly apparent in Perm, where only 23 percent of women received some contraceptive counseling in the period immediately following their birth. In Veliky Novgorod, 29 percent of women received counseling following their birth and in Berezniki, 40 percent of women were counseled.

Following their birth, few women left the hospital with a contraceptive method or a prescription for a method. Only six percent of women in Perm, and slightly more than 10 percent of women in Berezniki and Veliky Novgorod, received a contraceptive method or prescription after giving birth.

Contraceptive Counseling

Effective contraceptive counseling should enable women to make an informed choice regarding their family planning strategies. Health providers should discuss a number of contraceptive options and present information on the potential side effects women may face. Most importantly, once they have presented women with sufficient information, health providers should allow women to make the decision that they feel is right for their situation.

Many caregivers do not appear to provide the information women need to make an informed decision regarding contraception. Among women who had ever used a medically-based method, including oral contraceptives, IUD, injectables, implants, and sterilization, only a little more than 50 percent report that their health provider talked to them about a variety of methods, explained the possible side effects of the method, and compared the relative effectiveness of the method to other methods (Annex Table 1.9 and Figure 7.3). However, most women did report participating in the decision to use the contraceptive method chosen.

Reflecting the apparent lack of quality in many counseling sessions, 15 percent or fewer of women in any study site reported being very satisfied with the services they received (Annex Table 1.9 and Figure 7.4). Most women (over 60 percent in each of the study sites) report being only somewhat satisfied with the services they received, while approximately 20 percent were not satisfied at all.

Figure 7.3 Percent of women reporting experience of contraceptive counseling.

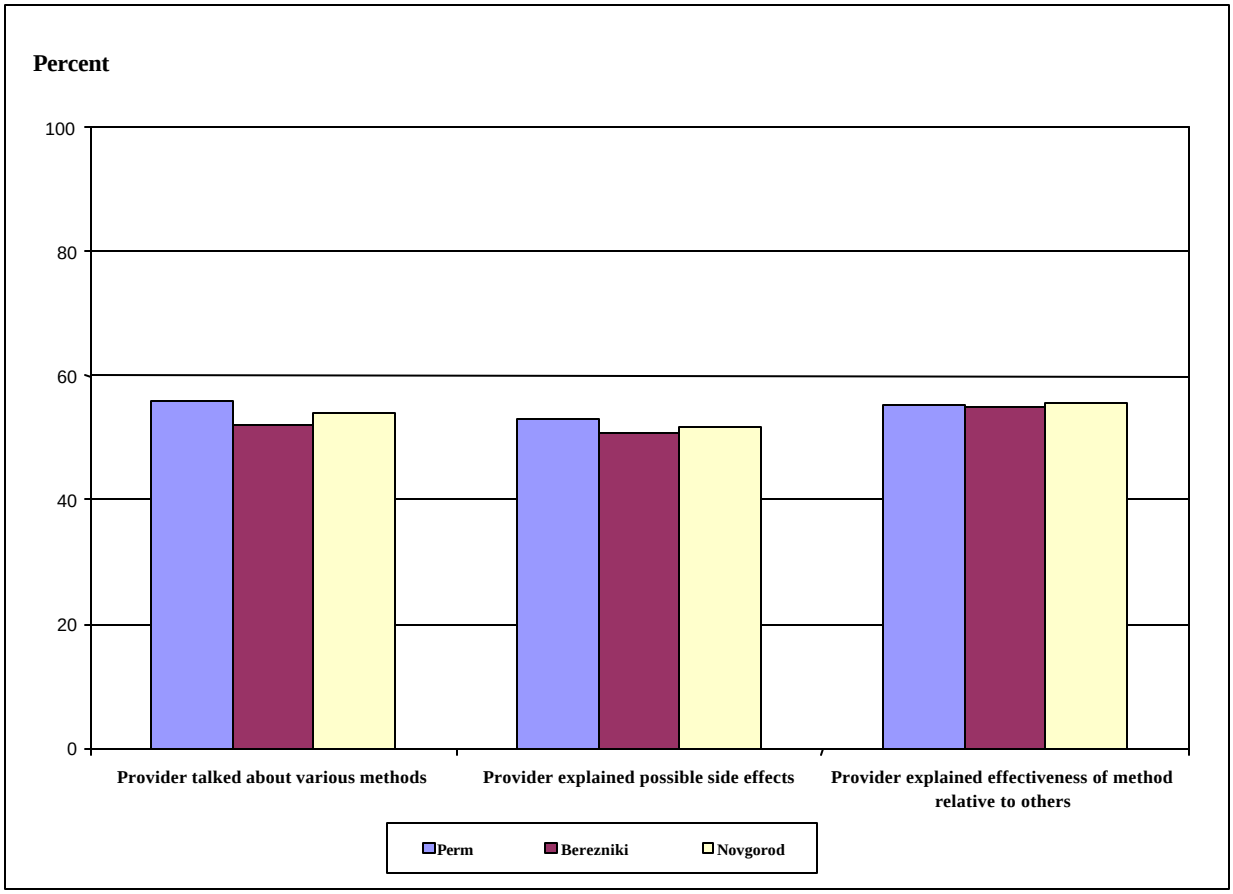
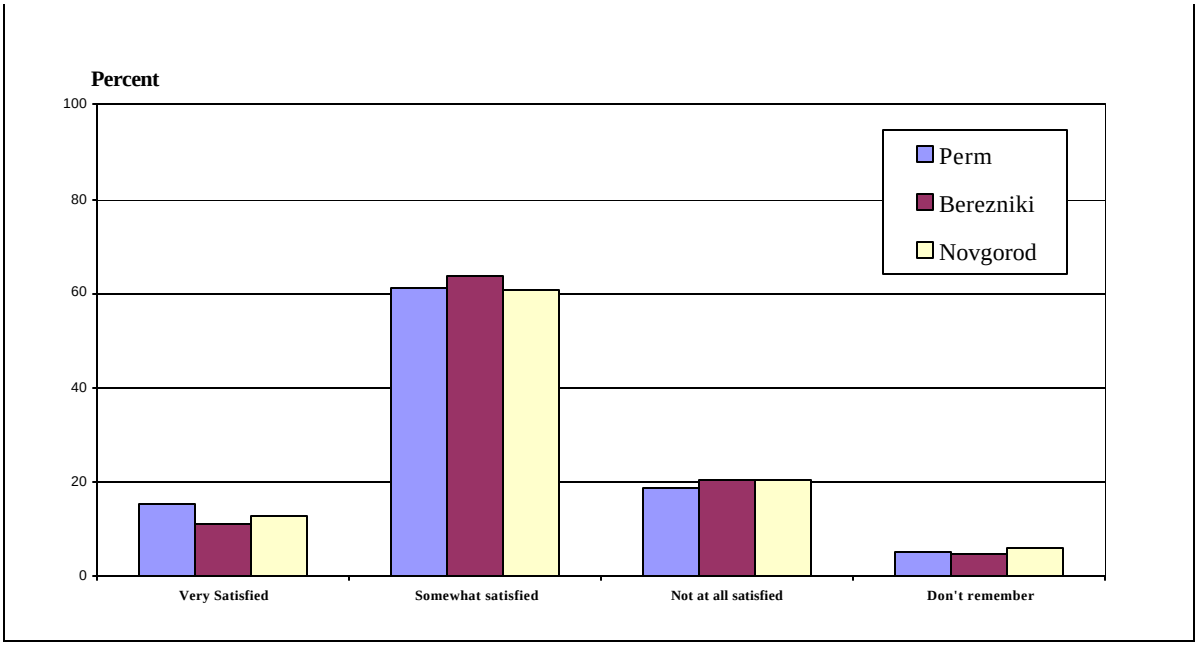


Figure 7.4 Percent of women reporting various levels of satisfaction with family planning services received.



Satisfaction with contraceptive counseling appeared to vary by age and education (Table 7.2). In both Berezniki and Veliky Novgorod, women between the ages of 25 and 34 years were most likely to report being at least somewhat satisfied with the services, while in Perm, younger women between the ages of 15 and 24 years were most likely to be somewhat satisfied. In all study sites, more educated women were more likely to be satisfied with the services they received. This suggests that health providers may react to their clients' demands for quality services (i.e. educated women).

Table 7.2 Percent of women at least somewhat satisfied with the quality of the services, by age and education.

SATISFACTION WITH QUALITY OF SERVICE	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
AGE			
15-24	71.4	57.4	69.8
25-34	67.1	73.7	74.7
35-44	61.3	53.3	68.5
EDUCATION			
Incomplete Secondary	51.4	45.1	33.3
Secondary	62.5	60.7	70.0
Beyond secondary	76.9	78.3	76.8
Number of respondents	675	686	696

Social Influences on Contraceptive Use

Spousal communication about family planning is often observed to be positively related to a woman's use of a contraceptive method. Women are often reluctant to use a contraceptive method if they believe that their husband does not approve. Spousal communication may help husbands and wives make decisions to use a contraceptive method in a consensual manner.

Many women who would like to stop having children, and therefore have a need for a contraceptive method, have not discussed family planning with their spouse or partner. Nearly 40 percent of women in Perm and Berezniki and 30 percent of women in Veliky Novgorod with a need for family planning have not discussed the topic with their husband. Further, fewer than half of these women consider it likely that they will discuss family planning with their spouse or partner in the next six months.

Perceptions of one's husband's receptivity to the topic of family planning may influence whether women talk to their husband about it. More educated men are likely to be more willing to use a contraceptive method. A woman's likelihood of discussing family planning with her husband was related to his level of education (Table 7.3). In each of the three study sites, women married to men with greater levels of education were more likely to have discussed family planning with their husband.

Table 7.3 Percentage of respondents who have ever discussed contraception with husband / partner, by partner's education.

DISCUSSED CONTRACEPTION WITH HUSBAND / PARTNER	CITY					
	PERM		BEREZNIKI		V. NOVGOROD	
	%	N OF CASES	%	N OF CASES	%	N OF CASES
EDUCATION OF PARTNER / HUSBAND						
Less than secondary	56.8	176	52.2	138	68.1	144
Complete secondary	65.3	329	63.8	436	68.6	341
More than secondary	70.7	150	65.9	85	78.8	179
Don't know, don't remember	*	4	*	8	*	16
Total (Number of respondents)	64.0	(659)	61.6	(667)	70.7	(680)

Despite the reluctance of some women to discuss family planning with their husband, most believe that there is a need for men to receive services related to reproductive health (Table 7.4). In each of the study sites, over 90 percent of women with a need for family planning indicated that they believe men should receive family planning information and services as well as services for sexually-transmitted infection (STI) prevention, sexuality education, and domestic violence prevention. The one exception was in Veliky Novgorod; only 87 percent of women there believe that men should receive family planning services.

Perceptions of the social norms related to family planning are also often observed to be a strong influence on a woman's use of family planning. Women who feel that their friends do not approve of family planning are often reluctant to use a contraceptive method. To assess respondents' perceptions of the social norms related to contraceptive use, women were asked how many of their friends and acquaintances use a modern contraceptive method. At least half of the women in each study site felt that most of their friends and acquaintances were not using a modern contraceptive method, suggesting that women may feel normative pressures to not use a modern contraceptive method (Table 7.4). In addition, since nearly 60 percent of women in the survey report that they are using a modern contraceptive method, many women may have a mistaken perception of the prevalence of contraceptive use in their community. Correcting this misperception may be a useful strategy for promoting contraceptive use.

Table 7.4 Spousal discussion about family planning, perceived need for services for men and perceived social norms regarding family planning, among women who would like to stop having children.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
% discussed contraception with partner	65.2	62.2	71.0
% who consider it likely or very likely that they will discuss contraception with partner in next 6 months	48.4	46.8	47.6
% who think there is a need for men to receive services on:			
Family planning information	95.5	95.3	92.7
Family planning services	91.5	91.2	87.7
STI prevention	98.1	97.7	97.3
Sexuality education	97.7	96.2	95.7
Domestic violence prevention	95.7	94.4	91.9
% who think that most or all of their friends use modern contraceptives regularly	50.6	47.2	46.2
Number of respondents	692	701	714

8. Women's Health Behavior and Sexually Transmitted Infections

The survey obtained information about women's health behavior because the WIN project will work to improve the content and spread of health information, especially to young women. Women between the ages of 15 and 25 were questioned about their early sexual experiences, and whether they were protected against exposure to pregnancy and to HIV and sexually transmitted infections (STIs).

First Sexual Experience and Protection against Pregnancy

The 1999 Women's Reproductive Health Survey found that by the age of 20 or 21, more than 90% of young women had experienced sexual intercourse (either in or outside of marriage), with the median age at first intercourse being 18 years. The median age at first sexual intercourse among respondents in the three WIN survey cities was about 19 years (Table 4.2). The WIN survey asked these women in the youngest age cohort (15-24) about pregnancy prevention at the time of their first intercourse (Table 8.1). About 40% of young women in all three cities reported that they or their partners had used a pregnancy prevention method at first intercourse. Altogether, condoms was the method most frequently cited by those who used a method at first intercourse (almost 70%). The other frequently cited method was withdrawal (about 16%). However, only about 5% of those using a method other than condoms to prevent pregnancy also protected against STIs through use of a condom (Table 8.1).

Table 8.1 Percent of women 15-24 reporting protection against pregnancy and HIV and STIs at first sexual intercourse.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Used a method or did something to prevent pregnancy	41.3	36.7	41.1
Number of respondents	293	324	319
Percent using condoms	71.9	70.6	66.4
Partner also used a condom at that time (of those using another method)	4.4	5.8	4.3
Number of respondents	206	240	232

Health Risk Behaviors

The WIN survey also questioned all respondents (15-44) about their current health practices, including behaviors that may put them at risk of health or social problems. Women were asked about their smoking and drinking habits, and about their knowledge of how to prevent sexually transmitted infections.

One in every three women reported smoking cigarettes and this varies little by age or between cities (Table 8.2). However, the percent of those who smoke declines steeply with level of education, with almost twice as many women with less than a secondary education (many of whom are also in the youngest age group) smoking as did women who have completed more than secondary school.

Table 8.2 Percent of women 15-44 who report that they currently smoke and drink alcohol more than 1-2 times per week by age, education and city of residence.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
SMOKE CIGARETTES			
AGE GROUP			
15-24	36.4	32.8	31.3
25-34	30.7	30.2	29.6
35-44	30.5	28.8	28.0
EDUCATIONAL LEVEL			
Less than complete secondary	41.3	39.1	39.0
Complete secondary	35.8	31.8	32.6
More than secondary	20.8	17.3	21.1
Total	32.4	30.6	29.6
Number of respondents	1300	1300	1300
DRINK ALCOHOL MORE THAN 1-2 TIMES PER WEEK			
AGE GROUP			
15-24	13.6	10.5	14.5
25-34	11.9	7.0	10.3
35-44	7.6	7.9	3.7
EDUCATIONAL LEVEL			
Less than complete secondary	17.4	12.1	18.3
Complete secondary	10.3	8.1	8.9
More than secondary	10.3	7.0	7.5
Total	10.8	8.4	9.2
Number of respondents	1139	1156	1126

Fewer than 10% of women report that they drink very often, but the women who do drink more than 1-2 times per week are more likely to be younger (between the ages of 15 and 25), and have less than a secondary school education (Table 8.2). (Slightly more women – about 12% in total – report that they do not drink alcohol at all. Most women fall between these two extremes, with a greater frequency of drinking among younger than older women.)

Knowledge of HIV and STI Risk

All respondents were asked questions to ascertain the level of knowledge they have about AIDS and HIV, the virus that causes AIDS. The level of awareness of HIV and AIDS appears to be very high, with almost all women reporting that they have heard of HIV (99%, data not shown), and virtually all respondents believe that there is something people can do to protect against HIV and AIDS. However, when asked about specific ways to prevent becoming infected with the AIDS virus, fewer respondents displayed an in-depth knowledge of the subject.

In all three cities, more than 75% of all respondents know that having one uninfected sex partner who has no other partners will protect them against getting infected with HIV (Table 8.3). This varies only slightly by age and educational level of the women, but respondents who have not

completed secondary school (many of whom are in the youngest age group) are less knowledgeable[6], on average, than more educated women.

A smaller proportion of women in each city, between 60% and 70%, know that correct use of a condom at every sexual encounter will also protect them against HIV. Variability among age and educational groups is negligible.

A large proportion of women– ranging from 77% to 84% in the three cities - think it is possible for a healthy-looking person to have the virus that causes AIDS (Table 8.3). Nevertheless, almost 1 in every 5 of the youngest women (ages 15-24) in all three cities lacks this knowledge. Women who have less than a complete secondary school education are, not surprisingly, the least well informed.

Similarly, while a large proportion of the respondents believe that it is possible to be infected with a sexually-transmitted infection without showing any signs or symptoms of disease, about one in four women in all three cities are not aware of this fact (data not shown).

Lack of correct information about HIV and STIs, as reflected in the answers to these two questions suggests that important health information still needs to be communicated to a large proportion of Russian women, especially those who are most at risk.

[6] The number of respondents is too small to allow us to examine the joint effect of age and education. Those who report less than a complete secondary school education include most of the youngest women in the sample (those less than 17 or 18 years of age).

Table 8.3 Percent of respondents within age and educational groups who have correct knowledge of methods of protection against HIV/AIDS and know that a healthy-looking person can be infected with the HIV virus, by city of residence.

METHODS OF PROTECTION AGAINST HIV/AIDS:	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
HAVING ONE UNINFECTED SEXUAL PARTNER			
AGE GROUP			
15-24	75.3	75.4	73.8
25-34	80.4	79.2	77.8
35-44	76.1	76.5	79.4
EDUCATIONAL LEVEL			
Less than complete secondary	66.1	73.1	70.7
Complete secondary	77.6	77.4	78.2
More than secondary	80.1	79.1	76.9
Total	77.3	77.1	77.1
USING A CONDOM CORRECTLY AT EVERY SEXUAL ENCOUNTER			
AGE GROUP			
15-24	65.2	59.4	71.3
25-34	64.4	66.2	72.2
35-44	59.6	59.1	68.4
EDUCATIONAL LEVEL			
Less than complete secondary	56.0	48.6	69.9
Complete secondary	63.1	63.2	70.3
More than secondary	64.9	65.8	71.3
Total	62.9	61.6	70.5
POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE HIV VIRUS			
AGE GROUP			
15-24	80.1	79.4	79.4
25-34	87.4	77.4	85.1
35-44	84.8	74.8	83.4
EDUCATIONAL LEVEL			
Less than complete secondary	65.1	69.7	71.5
Complete secondary	84.0	76.6	81.3
More than secondary	91.1	86.7	88.5
Total	84.2	77.2	82.6
Number of respondents	1282	1259	1256

The survey obtained further information about some frequent misconceptions about AIDS. Women were asked if one could get infected by getting injections with a clean, sterile needle, or by sharing a meal with an HIV-infected person or someone who suffers from AIDS.

About three-quarters of all women correctly answered the question about using a clean sterile needle for injections, but it is unlikely that our sample captured many (if any) drug addicts, for whom this information is vitally important (Table 8.4). Many women also answered the latter question correctly – that sharing a meal with an AIDS sufferer does not lead to infection with the

virus – but a considerable number believe this statement to be true. One in every three women in these cities holds this misconception. This is a cause for concern because such ideas can lead to stigmatizing and shunning those who suffer from AIDS.

UNAIDS has suggested several indicators that can be compared across countries, to monitor trends in knowledge and practices that may affect the spread of the AIDS epidemic. Several of these indicators can be measured by our WIN Project data, and these are shown in Table 8.4.

Table 8.4 Percent of respondents who do not hold a common misconception about HIV transmission, and three global AIDS knowledge indicators, by city.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
INJECTIONS WITH A CLEAN, STERILE NEEDLE DO NOT INFECT A PERSON WITH THE AIDS VIRUS			
AGE GROUP			
15-24	77.3	71.5	75.7
25-34	80.4	82.2	78.3
35-44	77.8	75.3	78.1
Total	78.5	76.4	77.4
HIV OR AIDS CANNOT BE TRANSMITTED BY SHARING A MEAL WITH AN INFECTED PERSON			
AGE GROUP			
15-24	69.0	59.4	65.1
25-34	74.7	75.6	68.5
35-44	61.1	60.1	74.1
Total	68.1	65.1	67.1
GLOBAL INDICATOR 1. CORRECT KNOWLEDGE OF TWO WAYS HIV /AIDS IS TRANSMITTED			
AGE GROUP			
15-24	53.0	46.8	54.4
25-34	54.1	53.4	60.4
35-44	49.4	49.5	55.5
Total	**52.1**	**49.9**	**56.7**
GLOBAL INDICATOR 2. NO INCORRECT BELIEFS ABOUT AIDS			
AGE GROUP			
15-24	49.5	39.2	46.3
25-34	55.9	52.3	53.6
35-44	43.9	38.7	43.0
Total	**49.7**	**43.5**	**47.5**
GLOBAL INDICATOR 3. COMPREHENSIVE CORRECT KNOWLEDGE ABOUT AIDS			
AGE GROUP			
15-24	30.7	19.7	29.0
25-34	33.2	30.5	36.2
35-44	26.2	22.2	29.7
Total	**29.9**	**24.2**	**31.5**

The first, knowledge of AIDS prevention measures, is the percent of respondents who answer correctly two questions about ways to prevent HIV / AIDS: by having one uninfected sex partner who has no other partners, and by using a condom correctly at each sexual encounter (of all respondents, whether or not they have ever heard of HIV or AIDS). When we combine those who answer both of these questions correctly, we see that only about half of respondents in Perm and Berezniki and slightly more (57%) in Veliky Novgorod score a 'correct' answer.

The second global indicator is 'no incorrect beliefs about AIDS'. This is the proportion of all respondents who answer the following correctly: healthy looking persons can have the AIDS virus; one cannot get infected by the AIDS virus by getting injections with a clean, sterile needle; and one cannot get infected by sharing a meal with an infected person. Less than half of respondents in all three cities have no incorrect beliefs about AIDS, based on the questions asked.

The third, 'comprehensive correct knowledge' measures the percent of respondents who correctly identify three ways of preventing transmission[7] and also reject two common misconceptions about transmission or prevention[8]. When we combine all relevant knowledge of HIV prevention and transmission held by our respondents, we see that fewer than 1 in 3 respondents can be said to have comprehensive correct information.

These findings suggest that there is still a large role for information and educational campaigns to play in informing women (and probably their partners as well) about HIV and AIDS. The epidemic in Russia until now appears to be concentrated among drug addicts who become infected by sharing dirty needles. However, as in other societies, prostitutes who use drugs may quickly spread the virus to non-drug-users and its spread beyond the drug-using community is hard to contain, and UNAIDS reports that "HIV shows no signs of curbing its exponential growth in the Russian Federation" (p. 6, AIDS Epidemic Update. December, 2000; Geneva: UNAIDS and WHO.)

[7] 1) Having one uninfected sex partner who has no other partners and 2) getting injections with a clean, sterile needle, and 3) using a condom correctly each time they have sex.

[8] 1) Cannot contract AIDS by sharing a meal with an infected person and 2) it is possible for a healthy-looking person to have the infection.

9. Information, Education, and Communication

Exposure to Messages about Family Planning

To ascertain the exposure to family planning messages among women of reproductive age, respondents were asked if, during the six months preceding the survey, they had seen or heard family planning messages on the radio, television, or in newspapers and magazines. Messages about family planning are less likely to be heard on radio (reported by only about 20 percent of women) than through other mass media (Table 9.1). Print media and television are far more common as sources of information about family planning: about 60 percent of respondents reported seeing some family planning information either on television or in a newspaper or magazine.

The importance of print media as a source of information about family planning is also revealed in the lower panel of Table 9.1. Approximately one-third of women reported that print media, including newspapers, magazines, books, and brochures, are the most important source of information about family planning. Broadcast media (e.g. radio and television), on the other hand, were the main source for only about ten percent of women. Close to 30 percent of women in the three study sites also rely on health care providers to obtain family planning information, whereas few reported teachers as a main source of information. Informal groups, such as family and friends, represent the main source of information for 16 percent of women in Perm, 19 percent in Berezniki, and 21 percent in Veliky Novgorod.

Table 9.1 Sources of information about family planning, by city of residence.

SOURCES OF INFORMATION ABOUT FAMILY PLANNING	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
IN THE PAST 6 MONTHS, EXPOSED TO FP INFORMATION:			
On television	63.9	61.1	61.5
On Radio	17.9	22.2	18.5
In Newspapers and magazines	59.5	68.8	64.1
MOST IMPORTANT SOURCE OF INFORMATION ABOUT FP:			
Friends and family	15.9	19.4	21.3
Health providers	31.7	27.0	27.2
Teachers	1.6	1.6	1.2
Broadcast media	10.9	11.7	10.0
Print media	31.7	34.5	32.2
Undecided	8.3	5.8	8.1
Number of respondents	1300	1300	1300

The importance of these sources of information varies by age group (Table 9.2). Younger women aged 15 to 24 years were more likely to consider friends and family and less likely to consider broadcast and print media as their main source of information about family planning. In both Perm and Berezniki, women in the middle ages of 25-34 were somewhat more likely than younger and older women to consider health care providers as their main source of information. As would be expected, younger women were also more likely than other women to consider a teacher as their main source of information about family planning.

Table 9.2 Most important source of information about family planning, by age.

MOST IMPORTANT SOURCE OF INFORMATION ABOUT FAMILY PLANNING	CITY								
	PERM			BEREZNIKI			V. NOVGOROD		
	15-24	25-34	35-44	15-24	25-34	35-44	15-24	25-34	35-44
Friends/family	22.1	15.0	11.3	25.5	17.7	14.9	28.1	21.6	14.5
Health care providers	31.2	35.9	28.1	27.8	29.8	23.4	29.3	25.0	27.1
Teachers	3.5	0.9	0.7	3.2	0.9	0.7	3.5	0.0	0.2
Broadcast media	8.3	9.6	14.3	9.2	11.6	14.4	9.2	9.5	11.2
Print media	28.4	32.5	33.8	30.3	35.0	38.4	24.0	36.2	36.6
Undecided	6.5	6.1	11.9	4.1	5.0	8.3	6.0	7.8	10.4
Number of respondents	398	440	462	436	440	424	434	412	454

Perceived Image of Contraceptive Methods and Abortion

Attitudes towards contraceptive methods were assessed by asking respondents to rate, on a scale from one to ten, several modern contraceptive methods and two methods of abortion according to their safety and health effects, their effectiveness at preventing pregnancy, and their cost. They were also asked to provide their overall impression of each method. Respondents were considered to have a negative image of the method if they gave a rating between one and three. Responses of "Don't know" were excluded from the analysis.

In each of the three study sites, women were least likely to have a negative image regarding the safety of condoms (Table 9.3). Fewer than five percent of women in each community had a negative image of the safety of condoms. IUDs and oral contraceptives were also considered by many women to be fairly safe, with fewer than one-quarter of the women in each study site considering these methods to be unsafe. Most women, nearly 90 percent, considered induced and mini-abortions to be unsafe, with the exception of the women in Berezniki, where only 76 percent of the respondents rated mini-abortions as unsafe.

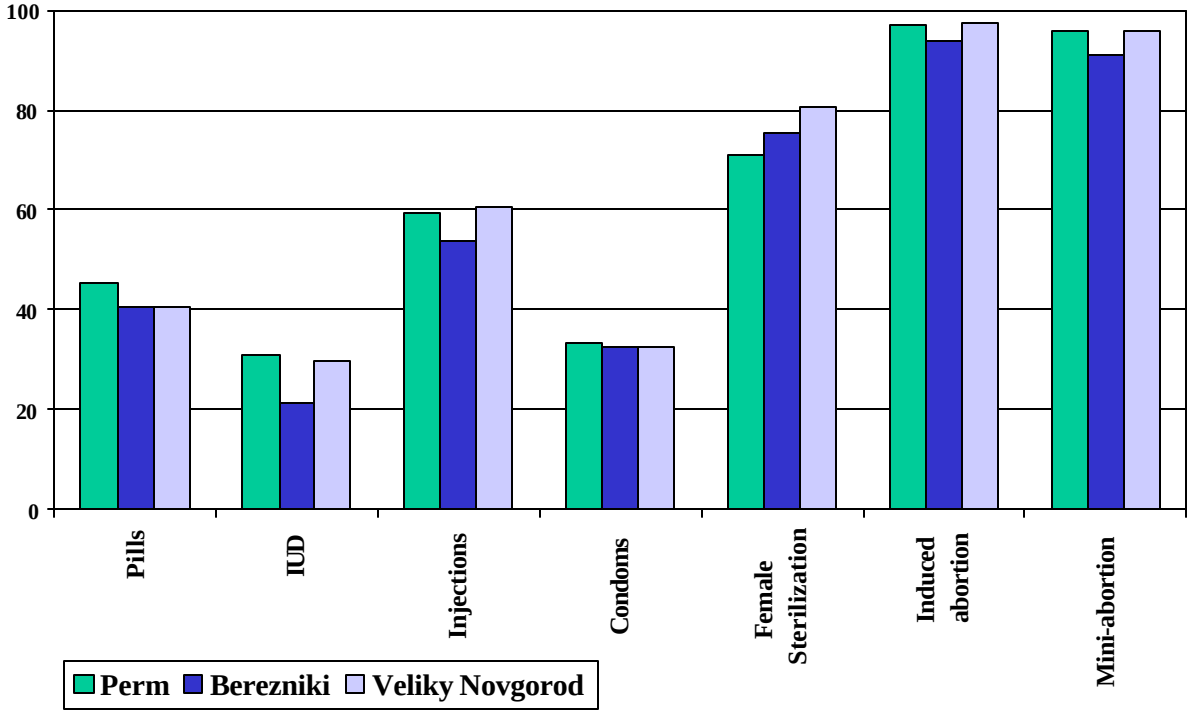
Table 9.3 Percent of respondents with negative attitudes regarding the safety, effectiveness, and cost of particular FP methods, by city of residence.

FAMILY PLANNING METHOD	CITY					
	PERM		BEREZNIKI		V. NOVGOROD	
	%	N	%	N	%	N
SAFETY						
Oral contraceptives	20.9	1044	20.9	921	22.1	981
IUD	20.9	1109	13.6	1049	18.5	1050
Injections	40.0	483	38.8	387	48.5	340
Condoms	3.5	1219	3.0	1160	4.2	1150
Female Sterilization	45.7	725	47.5	606	54.9	674
Induced abortion	91.7	1221	87.4	1133	91.6	1134
Mini-abortion	85.6	1196	76.4	1073	85.7	1114
EFFECTIVENESS AT PREVENTING PREGNANCY						
Oral contraceptives	5.0	968	5.6	854	4.9	916
IUD	3.8	1098	4.7	1060	6.4	1023
Injections	4.8	351	5.3	300	7.0	258
Condoms	3.6	1195	5.3	1137	4.5	1134
Female Sterilization	4.2	891	5.5	706	3.2	757
COST						
Oral contraceptives	43.6	877	45.9	806	52.8	864
IUD	18.0	841	16.5	843	25.4	830
Injections	50.0	302	50.4	274	49.5	196
Condoms	7.2	1105	10.4	1046	8.2	1052
Female Sterilization	75.7	478	72.4	311	69.4	317
Induced abortion	56.2	904	47.4	810	49.0	761
Mini-abortion	54.6	864	36.9	726	49.6	746

Each of the five contraceptive methods listed was considered to be effective at preventing pregnancy by most women (Table 9.3). Fewer than ten percent of the women in each study site gave oral contraceptives, IUD, condoms, injectables, and female sterilization negative ratings for their effectiveness.

Most women also considered condoms the least expensive contraceptive method (Table 9.3). No more than 10 percent of the women in each study site gave condoms a negative rating in terms of their cost. IUDs were the second most favorable method for their cost; one-quarter of women in Veliky Novgorod and fewer than one-fifth in Perm and Berezniki had a negative image of the cost of IUDs. Approximately half the respondents had a negative image of the costs associated with oral contraceptives, injectables, and both induced abortion and mini-abortion. The costs associated with female sterilization were given a negative rating by nearly three-quarters of the women surveyed.

Figure 9.1 Percent of women with a negative overall image of specific contraceptive methods and abortion.



Overall, IUDs and condoms were the two methods that women were least likely to have viewed unfavorably (Figure 9.1). For both methods, approximately 30 percent of the women sampled gave negative overall ratings. In comparison, over 40 percent of women had negative images of oral contraceptives and nearly 60 percent of women had negative images of injectables. Nearly 80 percent of women had a negative image of female sterilization, while nearly all women had a negative image of both induced abortion and mini-abortion.

Knowledge and Attitudes Towards Breastfeeding

One of the objectives of the WIN project is to improve neonatal health. It has long been known that smoking during pregnancy can have adverse consequences for the neonate. Nearly all women – approximately 95 percent in each study site – were aware that smoking during pregnancy is harmful to one's baby (Table 9.4). Such knowledge notwithstanding, we saw in Chapter 5 (Table 5.8) that women who smoked often continued to do so during pregnancy.

Another objective of the project is to increase the duration of exclusive breastfeeding by women. Only 15 percent of the women surveyed in each of the study sites believe that a baby should receive only breast milk, and nothing else, before the age of 5-6 months.

To investigate whether a lack of knowledge of the benefits of breastfeeding was responsible for the low duration of exclusive breastfeeding observed in Russia, women were asked whether they were aware of the effects of breastfeeding on their chances of becoming pregnant. They were also asked

how breastfeeding affects the baby. Fewer than forty percent of women thought that breastfeeding did affect a woman's chances of becoming pregnant (Table 9.4). Among those who did think that breastfeeding affected the likelihood of becoming pregnant, most correctly knew that it decreased a woman's chance of getting pregnant. Most women mentioned that breastfeeding makes a baby healthier and stronger. However, fewer women reported that breastfeeding brings a baby and mother closer together, makes a baby feel more loved and secure, and protects a baby from infection. A very small proportion thought that breastfeeding made the baby weaker, or had no effect, positive or negative, on the baby.

Table 9.4 Knowledge and attitudes related to breastfeeding, by city of residence.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
DO YOU THINK IT IS HARMFUL TO THE BABY IF A WOMAN SMOKES DURING PREGNANCY?			
Yes	94.0	94.9	95.2
No	2.5	2.5	1.9
Depends on how much she smokes	2.3	1.7	1.5
Don't Know	1.2	0.9	1.5
% of women who believe that a baby should receive only breast milk until the ages of 5-6 months	14.9	15.8	14.7
BREASTFEEDING AFFECTS A WOMAN'S CHANCES OF BECOMING PREGNANT?			
Yes	37.8	37.3	34.9
No	33.8	30.3	28.5
Don't Know	28.5	32.4	36.6
HOW DOES BREASTFEEDING AFFECT CHANCE OF BECOMING PREGNANT?			
Increases her chance of becoming pregnant	13.4	19.2	21.0
Decreases her chance of becoming pregnant	74.3	67.4	62.8
Does not affect her chance of becoming pregnant	3.3	4.3	2.2
Don't Know	9.0	9.1	13.9
Number of respondents	491	485	454
HOW DOES BREASTFEEDING AFFECT THE BABY?			
Makes baby healthier and stronger	84.5	88.3	89.5
Makes baby and mother closer	52.1	49.1	60.8
Makes baby feel more loved and secure	35.5	37.5	41.2
Protects baby from infection	47.0	46.6	51.6
Makes baby weaker, because milk is not enough	1.2	1.5	1.4
Other	4.5	3.6	2.2
Has no effect on baby	2.1	2.5	2.1
Number of respondents	1300	1300	1300

Most women do breastfeed their children and among women who intend to have another baby, over 96% intend to breastfeed their next child (Table 9.5). Among the few women who did not breastfeed their baby, the major reasons for not breastfeeding were that they were not able to produce enough milk (30%) or that the child was ill (29%).

Table 9.5 Intention to breastfeed the next child, and reasons for not breastfeeding, most recent child, women who have given birth since January 1994.

	CITY			TOTAL
	PERM	BEREZNIKI	V. NOVGOROD	
INTEND TO BREASTFEED NEXT BABY, AMONG WOMEN WHO WANT ANOTHER BABY				
Yes	96.6	96.5	95.5	96.2
No	1.5	0.8	1.6	1.3
Don't Know	1.9	2.7	2.9	2.5
Number of births	264	256	245	765
REASONS FOR NOT BREASTFEEDING, AMONG THOSE WHO HAD NOT				
Did not want to				5.4
Child ill/weak/died				28.6
Breast problem (nipple soreness, mastitis, etc)				5.4
Doctor/midwife advised not to breastfeed				7.1
Not enough milk				30.4
Child refused				14.3
Started using contraception				1.8
Other				7.1
Number of births				56

Exposure to Information about Breastfeeding

To assess whether women are exposed to educational information about breastfeeding, women were asked whether they had heard or seen any announcements promoting the benefits of exclusive breastfeeding on the radio or television. Few women were exposed to information about exclusive breastfeeding in the mass media (Table 9.6). Only 20 percent of women in Perm, 28 percent of women in Berezniki, and 26 percent of women in Veliky Novgorod reported exposure to any information about the benefits of breastfeeding on television or radio.

Women were more likely to report hearing information about breastfeeding during a post-natal check-up, particularly in Perm (Table 9.6). Eighty percent of women who had given birth in the five years prior to the survey reported receiving information about breastfeeding during their postnatal checkup. In comparison, 76 percent of women in Berezniki and only 67 percent of women in Veliky Novgorod reported receiving information about breastfeeding during postnatal checkups.

Women in Perm were also more likely to report receiving other health-related information during post-natal checkups (Table 9.6). They were more likely than women in either Berezniki or Veliky Novgorod to have received information about: breast care, newborn care, immunizations and nutrition. However, in all three study sites, most women reported receiving this information. Importantly, considerably fewer women in each study site reported receiving information about contraception during their post-natal checkups (only 40% in Veliky Novgorod, 47% in Berezniki and 55% in Perm).

Table 9.6 Exposure to Information about breastfeeding and infant care via mass media and during post-natal checkups.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Heard or seen any announcements on the radio or television explaining the benefits of exclusive breastfeeding in the past 6 months	20.4	27.7	26.4
Number of respondents	1300	1300	1300
DURING POST-NATAL CHECKUPS, RECEIVED INFORMATION ABOUT:			
Breastfeeding	80.4	76.3	66.5
Breast care	81.0	75.4	69.7
Newborn Care	87.1	82.5	76.8
Immunization	84.1	73.7	78.1
Nutrition	87.1	83.3	76.8
Contraception	54.6	47.4	38.7
Your own care	65.0	60.5	52.9
Number of respondents	163	114	155

Exposure to Information about Sexually Transmitted Infections

Women were also asked whether any medical person had talked to them about ways to prevent sexually transmitted infections (STIs). Many women reported receiving such information, but it appears to have been more common in Berezniki than the other two sites (Table 9.7). While 75 percent of women in Berezniki reported talking to a medical person about ways to prevent sexually transmitted infections, only 69 percent of women in Perm and 61 percent of women in Veliky Novgorod did so.

Table 9.7 Counseling and sources of information about STIs.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
HAS ANY MEDICAL PERSON EVER TALKED TO YOU ABOUT PREVENTING SEXUALLY TRANSMITTED DISEASES?			
Yes	69.4	75.2	61.1
No	30.6	24.8	38.9
MOST IMPORTANT SOURCE OF INFORMATION ABOUT STIS AND AIDS OR HIV:			
Friends and family	14.9	10.7	15.8
Health providers	20.9	20.7	13.6
Teachers	6.9	5.9	6.9
Broadcast media	21.7	19.5	27.1
Print media	32.9	41.7	35.2
Undecided	2.7	1.4	1.5
Number of respondents	1282	1259	1256

Similar to information about family planning, print media appears to be an important source of information about STIs and HIV/AIDS for women. Over 30 percent of women in Perm and Veliky Novgorod and over 40 percent of women in Berezniki cited print media as their main source of

information about STIs. Broadcast media were also frequently cited as an important source of information, although less often in Berezniki than in Perm and Veliky Novgorod. Health providers also appear to be a major source for information about STIs. Fewer women mentioned friends and family or teachers as a major source of information on this topic.

10. Domestic Violence

Until very recently, the problem of domestic violence was not a topic of public discussion in Russia. In Soviet days, the problem was a 'closed' topic – neither a subject on which public opinion was sought, nor a subject of scientific analysis. Officially, only the police and civil registry offices where divorces are filed considered the subject.

The WIN Project will include activities to establish and strengthen centers where women can obtain assistance if they are victims of domestic abuse, and to ensure that women's health providers are aware of the problem and know how to handle cases when they encounter victims of domestic abuse. The WIN survey obtained information about the problem in the three project sites, using a module of questions that were used in the 1999 Women's Reproductive Health Survey. The information will be used to bring the extent of the problem to the attention of health service providers, and to monitor changes in knowledge about sources of assistance among the female population. Respondents were asked about their experience of violence in their lifetime, and during the year preceding the survey, as well as where they would send a friend for help in cases of domestic abuse.

The prevalence of violent threats and acts found in the survey should be considered a minimum estimate of the problem, because women are likely to under-report such events, either out of fear of the partner's discovery or out of embarrassment.

Sources of Assistance for Victims of Domestic Violence

Respondents were first asked if they knew where to refer a friend for help, if the friend was a victim of domestic violence. We wanted to know, at the start of the project, which sources of assistance women thought were the best ones to consult in case of domestic abuse. The distribution of responses is shown in Table 10.1.

Table 10.1 Distribution of sources of assistance mentioned by respondents in case of domestic violence.

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Women's consultation center	8.8	7.2	8.5
Crisis center	19.3	15.5	20.5
Police	57.8	62.6	58.3
Trauma unit	6.8	9.1	7.1
Hospital	14.3	13.5	12.3
Private clinic	3.8	3.1	3.5
Other	15.6	10.2	12.6
Don't know	10.4	8.8.	10.7
Number of respondents	1300	1300	1300

The most usual places mentioned by women in these cities were the police (the traditional source of assistance with domestic violence), followed by crisis centers (a newer resource in these cities), and then by hospitals and other places or persons mentioned.

Prevalence of Domestic Violence

Women were then asked if they themselves had ever experienced either the threat of physical violence or an actual act of violence by a partner. The data in Table 10.2 show that between 17% and 24% of women reported that they had experienced a partner's violent acts or threats in their lifetimes. (363 respondents answered that they had never had a partner, and were omitted from these analyses.) Almost one in every four women in Perm and Berezniki has experienced threats or acts of violence.

Table 10.2 Percent of all respondents who reported ever being the victim of threats and violence by a partner in (all respondents who ever had a partner).

	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
	PERCENT REPORTING BEING A VICTIM OF THREATS OR VIOLENCE		
AGE GROUP			
15-24	14.3	12.7	12.2
25-34	20.6	25.2	14.4
35-44	28.2	30.3	20.1
EDUCATIONAL LEVEL			
Incomplete Secondary	18.3	21.3	27.4
Completed Secondary	25.6	26.3	17.8
Beyond Secondary	13.7	12.6	10.9
MARITAL STATUS*			
Never married	8.1	10.1	5.6
Currently married	20.1	20.6	13.5
Divorced/Widowed/Separated	39.7	46.2	34.8
Total	22.0	23.6	16.8
Number of Respondents	1188	1178	1171

* Marriage includes both formal and unregistered unions.

Obviously, older women have had a longer exposure to the possibility of experiencing domestic abuse, and this is clearly indicated by the increasing proportion of women at older ages who report being a victim of violence (Table 10.2). The data indicate that in Perm and Berezniki almost one in three women aged 35-44 at some time in her life has been a victim of abuse. In Veliky Novgorod, one in five of these older women reported such abuse.

Women with the highest level of education appear to suffer less from domestic abuse than other women, with between 11% and 14% of women educated beyond secondary school reporting such events, compared to almost a quarter of women with less education.

Divorced, separated and widowed women reported the highest level of abuse, with between 35% and 46% of formerly married women in the three cities reporting such experiences. One can reasonably assume from these data that at least some divorces or separations resulted from the level of violence within the marriage.

A total of 726 women reported ever experiencing violence by a partner. These women were asked what type of violence they had experienced, and whether it had occurred in the past year.

The data in Table 10.3 show that the prevalence of violence decreases as the gravity of the act increases.

Table 10.3 Percent of women experiencing threats or acts of violence by a partner, by type of violence ever, and in the year preceding the survey (all women who reported ever having a partner).

TYPE OF VIOLENCE	CITY					
	PERM		BEREZNIKI		V. NOVGOROD	
	EVER	PREVIOUS 12 MONTHS	EVER	PREVIOUS 12 MONTHS	EVER	PREVIOUS 12 MONTHS
Threaten to hit her or throw something	19.7	6.7	21.5	6.6	14.9	4.7
Push, shove or slap her	16.6	6.1	17.2	5.7	11.9	4.4
Kick or hit with fist or object	11.4	3.9	12.1	3.9	8.3	3.0
Threaten with a knife or other weapon	4.5	0.7	5.4	0.9	0.9	*
Number of respondents	1188	1188	1178	1178	1171	1171

While between 17 and 22% of women in Perm and Berezniki respectively have experienced not only threats but actual pushes, shoves or slaps in the preceding 12 months, far fewer women report being kicked, hit or punched or threatened with a weapon. The same pattern is seen in Veliky Novgorod – threats and shoves or slaps were about equally common in the recent 12 months – but the level of reported violence is slightly lower than in the other cities.

Table 10.4 Percent of women reporting injuries in the past 12 months resulting from partner's violent acts, alcohol use by partner, and prevalence of violence committed by women, by city (women reporting any kind of domestic abuse in the past 12 months).

OF WOMEN WHO HAD EXPERIENCED A VIOLENT ACT IN THE PAST YEAR:	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Injuries resulting in past year	65.2	62.2	48.6
Partner was drinking or drunk when he last threatened her	82.6	84.4	75.0
Woman hit, shoved, kicked or threatened her partner	52.2	47.8	56.9
Number of respondents	92	90	72

Women were asked if any injuries including swelling, cuts or bruises, had resulted from a partner's violent act in the past 12 months, and those who reported being physically injured as a result of this abuse were asked more details about the incident. The data shown in Table 10.4 show that physical contact resulting in some kind of visible injury occurred in more than 60% of these cases in Perm and Berezniki, and almost half of these cases in Veliky Novgorod. Four out of five women report

that their partner was drunk or had been drinking at the time of the incident. Although the numbers are small, about half of all women who were victims of a partner's violence reported that they themselves had also used violence against a partner. Women were not asked whether her own violent acts were in response to attack or in self-defense.

Conclusions

Fertility Patterns

- In all three sites the level of fertility is very low (below replacement level). Nevertheless, in Perm region (Perm and Berezniki) fertility rates are higher than in Veliky Novgorod.
- Between 1996 and 1999 a fertility decline was observed in all three cities.
- Childbearing begins early in all three cities. In 1996-1999 the mean age of childbearing was twenty-five years, on average. However, the average age at childbearing has tended to increase, most noticeably in Perm.
- As a rule, women do not postpone births after they get married or start living in a stable union, an event that also happens quite early (on average at age 21). The time between first sexual experience and entry into a marital union is less than 2 years. More than 25% of respondents reported that entry into marriage coincided with start of sexual experience and 45% of respondents reported that this period was less than 6 months.
- Fertility is universal and homogeneous: almost all women have one or two children soon after getting married.
- As a rule, childbirth is planned. If a pregnancy occurs earlier than planned, it is terminated by induced or mini-abortion in 50% of cases. Almost all women who want no more children have an abortion to avoid unwanted births.
- During recent years, more and more women consider their pregnancies ill timed.

Abortion Patterns

- Abortion levels are relatively similar in all three cities and are consistent with the levels observed in Russia as a whole.
- During the ten years preceding the survey both absolute (General Abortion Rate, Total Abortion Rate) and relative (Abortion Ratio) abortion indicators tended to increase.
- The increase in abortion levels was accompanied by a fertility decline that resulted in a large increase in the ratio of abortions to live births - the only abortion indicator that can be calculated on the basis of Russian official statistics.
- The largest proportions of pregnancies ending in abortion were observed in the groups of women under 20 and over 30 years old. Pregnancies to these women are at highest risk of being terminated. However, the highest abortion levels (abortions per 1000 women) are reported for respondents aged 20-29; at the same time these women have the highest fertility levels. Women at the peak ages of childbearing have the highest rates of abortion, while also are most likely to have a live birth.
- Instability of marital union is correlated with a higher probability of abortion. (Instability in this case means that the current marriage is not registered and/or is not the only one in respondent's marriage history.)

Characteristics of Reported Abortions

- Socioeconomic conditions are the most commonly mentioned reason for abortion.
- The majority of abortions were performed in public health medical facilities; very few women reported that their abortion was performed in a private clinic or by a private physician.
- Almost half of all reported abortions were paid for in cash; other kinds of payment (gifts, etc.) were quite rarely reported. The average cost of an abortion has tended to rise in recent years.

- As a rule, women leave clinic immediately after abortion. In the majority of cases where a woman is hospitalized for longer, the hospitalization is associated either with post-abortion complications or with high risk of complications.
- From the point of view of early complications, there is no a significant difference between induced and mini-abortions. Few abortions were reported that were self-induced or performed outside medical facilities.

Maternal and Infant Health

- Antenatal visits can provide a good opportunity to improve women's health knowledge and to counsel them. At present, these opportunities are often missed.
- Almost all women receive antenatal care, and most attend antenatal clinics more than 15 times in a pregnancy. Yet, less than half of women in Perm and Veliky Novgorod report receiving information about postpartum contraception and few women report receiving any information about domestic violence during antenatal visits.
- Early breastfeeding is nearly universal, but is rarely exclusive, and many babies receive drinks from a bottle while in hospital.
- Mother-baby contact after delivery is often restricted and less than a third of women had 'rooming in' for their most recent birth. At present very few mothers and babies are given the opportunity to breastfeed their babies immediately – overall, less than 5 percent of recent births were breast-fed immediately.

Contraception and Contraceptive Counselling

- Knowledge of contraceptive methods is high, and most women also know where they can obtain methods or contraceptive information.
- Current contraceptive use among women in sexual unions was also common, but use of the most effective methods was lower.
- Multiple method use was also high, with many women relying on a combination of both modern and traditional methods of contraception. These women also do a large amount of switching between methods, and on average have tried over 4 different methods.
- For most women who were not using a family planning method at the time of the survey, the reason appeared to be their perceived lack of need for contraception.
- Based on women's responses, the economic crisis of 1998 seems to have had only a limited effect on contraceptive use and abortion.
- It appears that many opportunities to counsel women having abortions about family planning methods are also missed, and the quality of post-abortion counseling appears limited.
- Counseling about contraception in the postpartum period is even less frequent.
- According to women's reports, many health providers appear to provide less information than women need to make informed decisions about contraception. Reflecting these apparent deficiencies in counseling sessions, few women in any city report being very satisfied with the family planning services they received.
- Many women who would like to stop having children have not discussed family planning with their partner, but despite this reluctance, most believe that there is a need for men to receive services related to reproductive health. It may be that women would appreciate the help of health providers to involve their partners in making family planning decisions and implementing them.

Health Behaviour and Health Knowledge

- Most women begin sexual life before age 19, but among young women (15-24), a majority report not using a pregnancy prevention method at first intercourse, and among those who did, most reported using condoms.
- Only a small fraction of those who used another method reported also using a condom to protect against sexually transmitted infections.
- The level of awareness of HIV and AIDS appears to be very high, but when asked about specific ways to prevent becoming infected with the AIDS virus, fewer respondents displayed an in-depth knowledge of the subject. Women who have less than a complete secondary school education are the least well informed.
- Based on the questions asked in the survey, less than half of respondents in all three cities have no incorrect beliefs about AIDS.
- Lack of correct information about HIV and STD infection, as reflected in their answers, as well about other sexually-transmitted infections, suggests that important health information still needs to be communicated to a large proportion of Russian women, especially those who are most at risk. Fewer than one in three respondents can be said to have comprehensive correct information.
- The survey findings suggest that there is still a large role for information and educational campaigns to play in informing women (and probably their partners as well) about HIV and AIDS. The epidemic in Russia until now appears to be concentrated among drug addicts who become infected by sharing dirty needles. However, as in other societies, prostitutes who use drugs may quickly spread the virus to non-drug-users and its spread beyond the drug-using community is hard to contain.

Information, Education and Communication

- Condoms, IUDs and oral contraceptives were to be the safest contraceptive methods; most women considered induced and mini-abortions to be unsafe.
- Most women considered condoms the least expensive method of contraception, and about half had a negative idea of the costs associated with oral contraceptives, injectable contraceptives, and induced and mini-abortions.
- Nearly all women know that smoking is harmful to one's baby, but women who smoke often continue to do so during pregnancy.
- There is a need for more information about the benefits of exclusive breastfeeding, and women may be receptive to receiving such information from their health care providers: during antenatal care and in the maternity after delivery.

Domestic Violence

- The most frequently-cited source of assistance was the police (almost 60 percent of women in each city mentioned this resource). Twenty percent or less mentioned crisis centers, suggesting the need for more publicity to inform women about this newer resource.
- Levels of reported incidents of domestic violence are similar to those estimated by the 1999 Women's Reproductive Health Survey, but because women may underreport such incidents, should be considered a conservative estimate of the magnitude of the problem. Drinking alcohol was implicated by more than 80 percent of women reporting incidents of abuse.

References

AIDS Epidemic Update, (December, 2000) Geneva: UNAIDS and WHO.

All-Russia Centre for Public Opinion and Market Research, Centers for Disease Control and Prevention, United States Agency for International Development (1996) *1996 Russia Women's Reproductive Health Survey: A Study of Three Sites, Final Report*.

Enkin, M., Keirse, M.J.N.C., Renfrew, M., and Neilson, J. (1996*) A Guide to Effective Care in Pregnancy and Childbirth, Second Edition.* Oxford: Oxford University Press.

Miller, R. Fisher, A., Miller, K., Ndhlovu, L. et al. (1997) *The Situation Analysis Approach to Assessing Family Planning and Reproductive Health Services: A Handbook*, New York: The Population Council.

Russia Centre for Public Opinion and Market Research, Centers for Disease Control and Prevention, USA, United States Agency for International Development (2000) *1996 Russia Women's Reproductive Health Survey: A Follow-up Study of Three Sites*, Preliminary Report.

Annex 1: Supplementary Tables

Annex Table 1.1 Proportion of interviewees that had their first intercourse in different ages by age at the time of survey (% among those indicated the exact age).

AGE AT SURVEY	AGE AT FIRST INTERCOURSE					TOTAL %
	15-17	18-19	20-24	25-29	30-34	
PERM						
15-17	13					13
18-19	39	16				55
20-24	**47**	**31**	10			87
25-29	33	36	22	1		92
30-34	16	44	32	2	0	94
35-39	14	32	41	6	0	93
40 +	10	32	45	6	1	95
TOTAL	**24**	**31**	**26**	**3**	**0**	**85**
BEREZNIKI						
15-17	24					24
18-19	46	13				59
20-24	**53**	**30**	7			89
25-29	36	41	18	1		97
30-34	19	37	38	1	0	95
35-39	14	36	41	5	0	95
40 +	15	35	41	5	0	96
TOTAL	**29**	**31**	**24**	**2**	**0**	**85**
VELIKY NOVGOROD						
15-17	19					19
18-19	49	12				61
20-24	**38**	**30**	8			76
25-29	30	37	21	2		90
30-34	15	40	31	1	0	88
35-39	14	29	42	6	0	91
40 +	8	29	44	6	1	88
TOTAL	**23**	**29**	**25**	**3**	**0**	**79**

Annex Table 1.2 Proportion of childless women by age group and place of survey (%).

AGE GROUP	CITY					
	PERM		BEREZNIKI		VELIKY NOVGOROD	
	Among sexually experienced women	Among all women	Among sexually experienced women	Among all women	Among sexually experienced women	Among all women
15-19	89.9	95.6	88.9	94.7	96.1	98.4
20-24	53.9	58.4	39.2	42.4	57.2	63.5
25-29	19.4	21.7	17.1	18.5	21.6	23.2
30-34	9.2	9.2	7.6	10.4	7.8	10.1
35-39	5.3	5.7	3.5	4.4	5.0	6.2
40-44	9.1	10.3	2.3	3.2	4.3	4.7
15-44	23.4	30.8	20.6	28.8	24.0	33.5

Annex Table 1.3 Dynamics of General Abortion Rate (per 1000 women 15-44) since 1990 by place of survey.

YEAR	PLACE OF SURVEY			
	PERM	BEREZNIKI	V. NOVGOROD	TOTAL
1990	69.52	27.81	42.32	46.85
1991	69.98	47.17	44.44	54.07
1992	76.11	54.49	48.00	59.76
1993	63.95	64.36	42.82	57.08
1994	69.89	67.72	42.96	60.22
1995	63.63	61.88	56.24	60.60
1996	79.90	63.76	52.32	65.43
1997	74.74	77.51	52.20	68.14
1998	67.51	75.81	54.40	65.88
1999	73.70	64.74	67.81	68.76
Total	**63.73**	**55.18**	**45.65**	**54.91**

Annex Table 1.4 Declared reasons for abortion (frequency of response in %) by place of survey (all abortions performed since 1994).

PRINCIPAL REASON FOR ABORTION	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Dangerous to life/health	4	2	4
Risk of fetal abnormality	2	3	2
Socio-economic problems	39	27	37
Did not have husband/partner	5	6	4
Partner wanted abortion	4	3	3
Respondent did not want children	45	56	43
Other	1	3	6
Don't know	0	0	1
TOTAL	**100**	**100**	**100**

Annex Table 1.5 Proportion of different kind of complications soon after abortion (frequency of response in %) by type of abortion and place of survey. All abortions performed since 1994.

CITY	TYPE OF COMPLICATION	TYPE OF ABORTION			ALL ABORTIONS
		INDUCED ABORTION	MINI-ABORTION	SELF INDUCED ABORTION	
PERM	Haemorrhage	18	13	0	16
	Fever	13	17	0	13
	Discharge	15	13	0	14
	Pelvic pain	10	4	100	9
	Inflammation	25	25	0	25
	Other	18	8	0	15
	Don't know	1	21	0	6
	Total	**100**	**100**	**100**	**100**
BEREZNIKI	Haemorrhage	26	20	50	25
	Fever	4	5	50	6
	Discharge	14	20	0	15
	Pelvic pain	8	10	0	8
	Inflammation	42	35	0	39
	Other	6	10	0	7
	Don't know	0	0	0	0
	Total	**100**	**100**	**100**	**100**
VELIKY NOVGOROD	Haemorrhage	24	27	0	24
	Fever	7	7	50	8
	Discharge	7	7	0	6
	Pelvic pain	2	0	0	2
	Inflammation	44	20	0	37
	Other	16	40	50	23
	Don't know	0	0	0	0
	Total	**100**	**100**	**100**	**100**

Annex Table 1.6 Type of institution where abortion was performed (frequency of response in %) by type of abortion and place of survey (all abortions performed since 1994).

TYPE OF INSTITUTION WHERE ABORTION WAS PERFORMED	TYPE OF ABORTION		ALL ABORTIONS %
	INDUCED ABORTION %	MINI ABORTION %	
PERM			
Hospital	95	92	94
Maternity house	3	1	3
Private clinic/physician	0	1	1
Not a medical facility	0	0	1
Other	1	5	2
TOTAL	**100**	**100**	**100**
BEREZNIKI			
Hospital	34	33	34
Maternity house	65	65	64
Private clinic/physician	0	1	0
Not a medical facility	0	1	1
Other	1	1	1
TOTAL	**100**	**100**	**100**
V. NOVGOROD			
Hospital	35	42	38
Maternity house	63	29	49
Private clinic/physician	2	14	7
Not a medical facility	0	2	1
Other	0	13	6
TOTAL	**100**	**100**	**100**

Annex Table 1.7 Percent of women with a recent abortion reporting specific post-abortion practices, by city of residence and type of abortion.

POST-ABORTION PRACTICES	CITY								
	PERM			BEREZNIKI			V. NOVGOROD		
	Regular	Mini	Total	Regular	Mini	Total	Regular	Mini	Total
Doctor or midwife discussed ways to avoid an unplanned pregnancy	46.9	65.2	52.2	52.6	57.5	53.0	58.2	56.4	57.7
Doctor or midwife provided referral for contraceptive counseling	15.5	17.0	15.8	10.0	10.0	10.1	10.0	15.1	12.3
Left the clinic hospital with a contraceptive method or a prescription	22.0	28.6	23.9	25.1	32.5	26.5	18.8	34.9	25.7
Number of respondents	245	112	360	251	80	336	170	126	300

Annex Table 1.8 Percent of women with a live birth reporting specific postpartum counseling practices, by city of residence.

SPECIFIC POSTPARTUM PRACTICES	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Doctor or midwife discussed or offered to discuss contraception	23.3	39.7	29.2
Left the clinic hospital with contraceptive method or prescription for contraceptive method	6.0	13.6	12.1
Number of respondents	335	352	298

Annex Table 1.9 Quality of contraceptive counseling received among ever users of medical methods (oral contraceptives, IUD, injectables, implant, and sterilization), by city of residence.

QUALITY OF CONTRACEPTIVE COUNSELING	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
Provider talked about various methods of contraception	56.0	52.1	53.9
Method received was selected by:			
Respondent	62.7	70.6	66.0
Provider	15.0	11.1	10.3
Both	22.3	18.3	23.7
Provider explained the possible side effects of method	53.0	50.9	51.6
Provider explained effectiveness of method, relative to other methods	55.3	55.1	55.8
Level of satisfaction with services received (among those who received services):			
Very satisfied	15.2	11.1	12.9
Somewhat satisfied	61.0	63.7	60.7
Not at all satisfied	18.5	20.5	20.5
Don't remember	5.3	4.7	5.9
Number of respondents	675	686	696

Annex 2: Survey Questionnaire (English)