

SUMMARY OF FINDINGS

The Armenia Demographic and Health Survey (ADHS) is a nationally representative survey of 6,566 women and 1,447 men age 15-49. Survey fieldwork was conducted during the period of September to December 2005.

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

CHARACTERISTICS OF RESPONDENTS

Armenia is an ethnically homogeneous country; virtually all respondents are Armenian and reported that they are Christians. The majority, approximately 60 percent, live in urban areas. Yerevan accounts for more than one-third of all respondents. All households in Armenia have electricity and a majority of households have water piped into the residence, a flush toilet, a finished floor, and a color television.

All but a handful of women and men in the sample have attended school. Approximately 40 percent have reached only secondary school, one-quarter have reached secondary-special school, and one-quarter have attended university. Twenty-nine percent of women and 66 percent of men were employed in the 12 months prior to the survey.

FERTILITY

Fertility rates. A useful index of the level of fertility is the total fertility rate (TFR), which indicates the number of children a woman would have if she passed through the childbearing ages at the current age-specific fertility rates. For the three years preceding the survey, the survey estimate of the TFR was 1.7 children per woman. This is below replacement level.

The survey found that the TFR is only slightly lower in urban areas (1.6 children per woman) than in rural areas (1.8 children per woman).

Time trends. The total fertility rate of 1.7 is identical to the TFR measured in the 2000 ADHS for the three years preceding that survey, indicating no recent change in overall fertility levels.

Age at first birth. Research has shown that childbearing in the teenage years is associated with increased social and health problems for both the mother and her child. The survey found that only 2 percent of women age 15-19 had given birth. Moreover, almost all births to teenage women occurred at ages 18 and 19. Thus, the median age at initiation of childbearing in Armenia is about 22 years.

Birth intervals. Research has shown that children born soon after a previous birth, especially those born within two years of the previous birth, have an increased risk of morbidity and mortality. In Armenia, 32 percent of second and higher order births occur after a birth interval of less than two years. The proportion of closely spaced births declines as education of the mother increases.

Fertility preferences. Among currently married women, 71 percent reported that they either wanted no more children or were sterilized. Another 22 percent wanted another child, and 7 percent were infecund (unable to conceive) or undecided about having another child.

CONTRACEPTION

Knowledge and ever use. Knowledge of contraception is widespread in Armenia. Among married women, knowledge of at least one method is universal (99 percent). On average, married women reported knowing of six methods of contraception. Three-quarters (76 percent) of married women have used a method of contraception at some time.

Current use. Over half (53 percent) of married women reported that they were currently using a contraceptive method: 20 percent using modern methods and 34 percent using traditional methods. By far, the most commonly used method is withdrawal; more than half of all users (28 out of 53 percent) are using withdrawal. The second most common method—the IUD—is used by only 9 percent of married women.

Overall levels of contraceptive use are similar for women in urban and rural areas and across educational categories and wealth quintile (between 42 and 60 percent). Nevertheless, urban women and women with more education show distinctive behavior patterns by relying more on modern methods (the IUD and condom) and less on traditional methods (in particular, withdrawal).

Trends in current use. Use of contraception has declined from 61 percent of married women in the 2000 ADHS to 53 percent in 2005. Use of both modern and traditional methods has declined.

Method failure. A woman may discontinue use of contraception for many reasons, including the desire to have more children, health concerns, or lack of exposure to the risk of pregnancy. In Armenia, the single most prevalent reason for discontinuation is method failure, i.e., becoming pregnant while using a method. The method most commonly used in Armenia, withdrawal, has the second highest failure rate after periodic abstinence (rhythm). Twenty-one percent of women practicing withdrawal experience a contraceptive failure within 12 months of starting use.

Future use. Among married women who were not using contraception, 29 percent reported that they intended to use in the future. When asked which method they would prefer to use, approximately one-third of non-users said the IUD, while one-quarter said withdrawal and about one-fifth said condoms.

Source of supply. Most modern method users obtained their methods through the public sector (53 percent), primarily hospitals and polyclinics. Forty-two percent obtained their contraceptives from the private sector, primarily pharmacies.

INDUCED ABORTION

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

Abortion rates. The use of abortion can be measured by the total abortion rate (TAR) which indicates the number of abortions a woman would have in her lifetime if she passed through her childbearing years at the current age-specific abortion rates. The survey estimate of the TAR indicates that a woman in Armenia will have an average of 1.8 abortions during her lifetime. This rate is considerably lower than the comparable rate in the 2000 ADHS of 2.6. Despite this decline, almost half (45 percent) of pregnancies end in an induced abortion.

Abortion differentials. The TAR is significantly higher in rural areas (2.2 abortions per woman) than in urban areas (1.5 abortions per woman).

Contraceptive failure and abortion. When formulating policies designed to improve the reproductive health of women, it is useful to know the contraceptive behavior of women who resort to abortion as a means of fertility control. Over half (52 percent) of all abortions were to women who were using contraception and experienced method failure, a large proportion of whom were using withdrawal. Greater access to and use of more reliable methods would reduce the incidence of abortion.

CHILDHOOD MORTALITY

Trends in childhood mortality. Data from the 2005 ADHS indicate that there has been a decline in childhood mortality over the recent five years. For example, infant mortality has declined from 36 deaths per 1,000 live births for the approximate period 1996-2000 to 26 for the period 2001-2005. There has been a similar decline in under-five mortality from 39 to 30 deaths per 1,000 births.

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

MATERNAL AND CHILD HEALTH AND

NUTRITION

Antenatal care. Armenia has a well-developed health system with an extensive infrastructure of facilities that provide maternal care services. Overall, the levels of antenatal care and delivery assistance are high. Ninety-three percent of mothers receive antenatal care from professional health providers (doctors, nurses, and midwives). In urban areas, 94 percent of care is provided by doctors, as opposed to 83 percent in rural areas. Seven in ten pregnant women make four or more antenatal care visits, although there is a significant urban-rural differential.

In terms of content of care, almost all women said they were weighed, had their blood pressure tested and gave blood and urine specimens (98-99 percent); however less than half say that they were informed about pregnancy complications.

Delivery care. Overall, almost all births are delivered under the supervision of a trained medical professional (98 percent) and occur at health facilities (97 percent). Home deliveries are more common in Gegharkunik and Aragatsotn regions.

Childhood vaccinations. The health cards maintained at the health facilities are the primary source of vaccination data. Almost all children age 12-23 months have received vaccinations for BCG, DPT1 and polio 1. Coverage is also high for the second and third doses of both DPT and polio. Seventy-two percent of children age 12-23 months had received the MMR (measles, mumps, rubella) vaccination before the survey. Only 60 percent of children 12-23 months of age had received all the basic vaccinations (BCG, MMR, and three doses each of DPT and polio) at any time before the survey; however, since MMR is routinely given at 12 months of age, this may represent an underestimate of coverage. Nevertheless, there has been a sharp decline in coverage, from 76 percent of children in 2000 to 60 percent in 2005.

Treatment of diarrhea. The ADHS asked about the treatment of children who suffered from diarrhea during the two weeks preceding the survey. Overall, 65 percent of children under five with diarrhea in the two weeks before the survey were given either oral rehydration salts or increased fluids (oral rehydration therapy). For

almost one-fifth of children with diarrhea, mothers reported that they engaged in the hazardous practice of curtailing fluid intake. On a more positive note, 70 percent of mothers who had a birth in the five years preceding the survey know about oral rehydration salts (ORS).

Breastfeeding. Ninety-seven percent of children born in the five years preceding the survey were breastfed at some time. Although the median duration of breastfeeding is 11 months, the durations of exclusive and predominant breastfeeding (breastfeeding plus plain water) are short (one month and three months, respectively).

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

In a well-nourished population of children, it is expected that slightly more than 2 percent of children will be stunted or wasted. In Armenia, 13 percent of children under age five are stunted and 5 percent are wasted. Overall, 4 percent of children are underweight.

There has been no change in the proportion of children stunted since 2000; however, there has been a slight increase in the proportions wasted (from 2 to 5 percent) and underweight (from 3 to 4 percent).

Anthropometric data were also collected from all women age 15-49. According to the findings of the ADHS, approximately four in ten Armenian women weigh more than they should: 27 percent are overweight and 16 percent are obese. There is a positive relationship between age and obesity: the prevalence of obesity, for example, increases from 2 percent among women age 15-19 to one-third of women age 40-49. More than half of women age 30 and older are either overweight or obese, a serious public health challenge for Armenia.

Anemia. Determining anemia levels among

women and their children under five was one component of the ADHS. Overall, 37 percent of children age 6-59 months have anemia: 17 percent have mild anemia, but 19 percent have moderate anemia and 1 percent have severe anemia. A comparison of data from the 2000 and 2005 ADHS surveys suggests that anemia rates among children have increased by 50 percent over the last five years, from 24 percent of children 6-59 months in 2000 to 37 percent in 2005. The increase is concentrated in Yerevan and Gegharkunik regions and it is possible that data collection problems may account for some of the implausible trend.

Similarly, the proportion of women with anemia appears to have doubled from 12 percent in 2000 to 25 percent in 2005. Again, the increase is concentrated in Yerevan and Gegharkunik. When these two regions are removed from the analysis, the increase in anemia among women is marginal.

HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

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

Knowledge and attitudes. Almost all respondents reported that they have heard of HIV/AIDS and roughly 70-80 percent of women and men know about the three main ways to reduce its transmission, namely, abstinence, being faithful to one uninfected partner, and using condoms. Nevertheless, only about one-quarter of respondents have ‘comprehensive’ knowledge about HIV, i.e, they know that using condoms consistently and having one faithful partner can reduce the chance of getting HIV, that a healthy-looking person can have the AIDS virus, and that HIV cannot be transmitted by mosquito bites or by sharing food with someone who has AIDS.

Stigma surrounding AIDS is widespread in Armenia. Few women and men say they would be willing to care for a relative sick with AIDS in their own homes and even fewer say they would buy fresh vegetables from a shopkeeper who had

the AIDS virus.

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

Condom use. A large majority of men (76 percent) reported using a condom at the most recent higher risk sexual encounter. Only about two-thirds of youth age 15-24 said they knew a place where they could obtain a condom.

ADULT HEALTH

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

Women's health. Less than half of all women have been seen by a gynecologist in the five years preceding the survey and only 30 percent of Armenian women had visited a gynecologist during the 12 months preceding the survey. The most common reason for a visit is for a routine examination or for maternal care, however, almost one-fifth are for abortions.

Only 20 percent of Armenian women know about breast self-examinations. Only 10 percent of women have performed a breast exam in the three months prior to the survey and only 1 percent had a breast exam from a health professional in the year prior to the survey. These data underscore the need to improve women's health services in Armenia.

Tuberculosis. Most men and women have heard of tuberculosis; however, only slightly over half of respondents correctly identify the mode of tuberculosis transmission (through the air when coughing). Almost 80 percent of women and men cite coughing as a symptom of tuberculosis.

Eye care. Eight in ten women and men have never visited an eye doctor. Most of those who do get care, go to get glasses.

Smoking. Survey data show a slight decline in

the proportion of men age 15-49 who smoke, from 67 percent in 2000 to 64 percent in 2005. The proportion of women who report smoking remains negligible at 2 percent.

Hypertension. The 2005 ADHS included blood pressure measurement for consenting adults age 15-49. Results indicate that about one-quarter of adults in Armenia are classified as hypertensive. A very disturbing finding is that four out of five respondents with high blood pressure are unaware that they are hypertensive.