The Institute for Social Researches
under the Cabinet of Ministers
of the Republic of Uzbekistan

United Nations Population Fund

FINAL REPORT

on the project «REPRODUCTIVE HEALTH AND HEALTHY FAMILY IN UZBEKISTAN»

Tashkent 2013

GLOSSARY

ISR – The Institute for Social Research under the Cabinet of Ministers of the Republic of Uzbekistan

United Nations Population Fund is a UN agency working to ensure universal access to sexual and reproductive health care (including family planning), to promote reproductive rights, and to reduce maternal mortality.

World Health Organization (WHO) is a guiding and coordinating agency in the area of healthcare within the United Nations Organization system with a mandate to ensure the leading role in solving problems of global health care.

Cluster is an accumulation of several homogenous elements, which may be considered as an individual unit with specific properties.

Mahalla is a local-level citizens' self-governing body. A mahalla in urban areas and a rural citizens' assembly (RCA) in rural areas bring together people regardless of their social status and national identity. The concept of "mahalla" has been adopted as a basis for using one term to refer to a neighborhood. Mahalla is not part of the government agency system.

Household is a group of people (or an individual) who reside (s) in shared premises and pool their incomes and tangible assets in full (or in part) and jointly cover expenses on consumption of goods and services, mainly, on accommodation and food products. Kinship or property relations are not mandatory among the members of one household.

Family is a group of people related through marriage or kinship who share household and mutual responsibilities.

Wellbeing is possession of tangible and social assets including cultural assets necessary to sustain a life, i.e., goods, services and conditions to satisfy specific human needs.

Reproductive health (RH) is a state of complete somatic, emotional, mental, and social wellbeing in terms of sexuality, which is the basis for healthy children, sexual relations, and a happy family.

Contraception is a means or chemical substance to prevent conception.

Sexually transmitted infections (STI) include infections transmitted from one infected partner to another during a sexual intercourse.

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INTRODUCTION

WHO defines reproductive health as a state of complete physical, mental and social wellbeing in all aspects relating to the reproductive system, its functions and processes. Improving women's reproductive health and their capacity for quality reproduction of the population constitute one of the key strategic objectives of promoting healthcare reforms.

Reproductive health issues are relevant for all countries in the world. However, priorities differ from country to country depending on the current health status of the population, nation-specific considerations, and the extent of health and social problems in an individual country. Uzbekistan is implementing a national model of reproductive health care as well as mother and child health care that enjoys international recognition[1].

Mother and Child Health Care Policy pursued in Uzbekistan has been highly valued by the World Health Organization (WHO), UN Children's Fund, and UN Population Fund.

Timely and consistent development of the legal framework, implementation of a package of targeted programs in the area of strengthening maternal and child health aimed at promotion of medical culture in families, health improvement of women, strengthening the infrastructure of pediatric and obstetric health facilities allowed attaining a more than threefold decrease in maternal and child mortality. In terms of these indicators, Uzbekistan is in the leading ranks globally.

Reinforcement of the achieved progress and perspective development of mother and child health care are directly tied to target-oriented regulation of the healthcare system and demographic processes.

Effective monitoring in the area of reproductive health requires reliable and high quality information about the health status of population, the attitude of women and members of their families to their health, to child birth, family values, and their opinions about the delivery of obstetric services.

Regular household surveys play a crucial part within the monitoring system in obtaining complete up-to-date information about woman and child health care provided by government and nongovernment organizations and identifying the extent to which needs of families in individual services are satisfied to further enhance reproductive behaviors. These sample surveys are essential in assessing demographic processes as well as in ascertaining specific measures to regulate family relations.

[1] International Symposium: "National Mother and Child Health Care Model in Uzbekistan: 'Healthy Mother – Healthy Child' ", Tashkent, 25-26 November 2011.

The **main goal** of the conducted survey was to explore current issues in the area of reproductive health through a household survey in certain regions. To this end, the following objectives have been fulfilled:

- current reproductive attitudes of different age groups within the population residing in urban and rural areas have been explored;
- the impact of socioeconomic and behavioral factors on building families has been studied;
- the extent of use and awareness of contraception has been assessed;
- factors that influence access of the population to reproductive and maternal health care services have been identified;
- people's subjective judgment of the quality of delivered health services has been explored.

Survey findings were used to develop evidence-based proposals on improving the effectiveness and efficiency of measures aimed at improving reproductive health of the population, ensuring freedom of choice and making informed decisions on building families. The survey findings will be instrumental in the course of implementing government policy measures aimed at improving reproductive health of the population and pursuing a targeted demographic policy.

This survey is directly related to the implementation of the State Program for 2013, which was proclaimed as "The Year of Wellbeing and Prosperity".

The information background of the survey included:

1. Findings of the sociological household survey held within this project in five regions: Navoi, Namangan, Surkhandarya, and Tashkent provinces and the city of Tashkent, which allowed for creating quite a representative understanding of the situation in the country.

2. Data from official sources including data from the Ministry of Health of the Republic of Uzbekistan, State Statistics Committee of the Republic of Uzbekistan, sex-disaggregated statistics, information from international organizations, findings of surveys "Family Relations in the Context of Society Transformation (using the example of the Republic of Uzbekistan)" and "Socioeconomic and Sex Aspect of Building a Close-knit Family" held in 2010 and 2012 by the ISR with support from the UN Population Fund.

Section 1. SURVEY METHODOLOGY AND DESCRIPTION OF THE SAMPLE

The sociological survey consisted of several steps:

Step 1. *Review of theoretical fundamentals in international and domestic experience of conducting reproductive health surveys*

Previously conducted reproductive health surveys including those initiated by international organizations, foreign experts and specialists were reviewed. In particular, these included surveys and programs conducted by the UN Population Fund and other international organizations with the aim of improving reproductive health of the population, promoting medical culture in young families, improving coverage of the population with primary health screening, effective practical application of the latest achievements in medicine to prevent unwanted pregnancies, and others.

The works of the Center for Reproductive Health, Republican Scientific and Practical Center "Oila", Center for Public Opinion Studies "Ijtimoiy Fikr" as well as publications of researchers in scientific journals "Ijtimoiy Fikr" and "Soglom Avlod Uchun" were analyzed.

Modern approaches and areas of exploring various components related to reproductive health of the population, national and international statistics, findings of sociological surveys in others countries and possibilities of using them in the context of Uzbekistan were explored.

Step 2. *Conducting the sociological survey*

Two target groups were selected – young people aged 15-18 years and women and men aged 19-49 years from urban and rural families.

Sample sizes were identified for four provinces of the Republic of Uzbekistan – Navoi, Namangan, Surkhandarya, and Tashkent – and for the city of Tashkent. A household was taken as a unit of survey. The sample size totaled 1,000 households (more than 0.05% of sampled population in compliance with global practices) with equal coverage of urban and rural population (50%/ 50%).

According to estimates, the value of minimum (baseline) sample size for each region amounted to 178 respondents. In this regard, sample size for each of the selected region was adjusted to factor in variations in population.

Taking the available information background into consideration, organizational layout of the samples in individual territories (districts, towns, and mahalla communities) was sequenced as follows:

– at the first stage, districts (towns) were selected in accordance with the universally adopted methodology, i.e., selection of, at least, 25 % of their total number considering demographic and geographic differences and concentration of families;

– at the second stage, selection units included mahallas in towns and rural citizens' assemblies (RSAs) in villages (clusters), which are part of administrative districts;

– at the third stage, households were randomly sampled in mahallas (step-by-step sampling) – 10 households in each mahalla.

Parameters of the complete sample are in accordance with the aforementioned technique are shown in Table 1 below.

Project implementers conducted the survey using a Questionnaire, which was developed with due regard to goals and objectives of the survey (Annex). The Questionnaire consists of seven sections comprised of open- and close-ended questions:

(1) demographic properties of the respondents;

(2) knowledge, attitudes and practices of the population regarding reproductive health;

(3) awareness of the population about sexually transmitted infections and HIV;

(4) attitudes, knowledge and practices of the population in the area of using contraceptives;

(5) demand and access of the population to reproductive and maternal health care services;

(6) subjective judgments about contraception, reproductive and maternal health;

(7) knowledge, attitudes and practices of young people in the area of reproductive health including STIs and HIV.

Table 1. Identification of Sample Size

Regions	**Permanently Resident Population, as of 1 January 2012, thousand people**	**Number of Households, thousand HH**	**Number of districts and towns with *hokimiyats* – *K***	**District and town samples (at least, 25% *K*)**	**Number of Clusters (Nv/10)**	**HH Sample Volume (Nv)**
Navoi Province	881,7	176.23	10	3	17	170
Namangan Province	2,420.4	420.36	12	4	21	210
Surkhandarya Province	2,219.6	357.43	15	4	19	190
Tashkent Province	2,670.7	515.54	18	4	22	220
Tashkent City	2,310.4	656.95	11	4	21	210
Total	**10,502.8**	**2126.51**	**66**	**19**	**100**	**1000**

Taking the specifics of the survey into account, questionnaires were administered by means of visiting places of residence of the respondents.

Considering the number of respondents, the questionnaire was administered individually, whereby contacts were surveyed in a face-to-face manner (with the help of the interviewer).

Interviews were held in a manner to preserve anonymity of the respondents' identity and to ensure confidentiality of the interview content.

The analysis of the survey findings was carried out in strict compliance with relevant internationally recognized rules and procedures. In the course of computer data processing, "output tables" were produced to describe and summarize quantitative and qualitative indicators in the responses of the interviewees.

Step 3. *The analysis of the survey findings and generation of a report on the following key areas:*

– analysis of current mother and child health care policy in the Republic of Uzbekistan, achieved progress and available reserves;

– research into reproductive health, contraceptive coverage and access of young people to reliable information about reproductive health;

– ascertaining knowledge and opinions of the respondents about various components of reproductive health and family planning;

– assessment of a status and needs of the population in knowledge about reproductive health and of their understanding of family planning;

– identification of the demand in population for counseling and other family planning services as well as disease prevention;

– identification of factors that have an impact on building healthy families in the modern context as well as factors that influence the birth of wanted and healthy children;

– ascertaining socioeconomic problems pertaining to the use of services in the area of building healthy families and the role of sex specifics, which have an impact on the birth of a child; and

– analysis of contraceptive coverage and access of young people to information, counseling and other services to prevent infectious diseases.

Section 2. COUNTRY POLICY AND ACHIEVEMENTS IN THE AREAS OF REPRODUCTIVE AND MATERNAL HEALTH CARE

Since independence of Uzbekistan, public health care reforms have been among key government policy priorities.

Major areas of reproductive, maternal and child health care programs include:

- improving reproductive health care system;
- delivery of quality health care to mothers and children at the level of primary health care and highly technological health services at republican specialized scientific and practical medical centers of obstetrics and gynecology, pediatrics as well as at provincial children's multidisciplinary medical centers, and perinatal centers;
- mother and child health screening;
- development of continuous medical education and advanced professional training for specialists and awareness raising of the public about RH, and promotion of medical culture in families; and
- expansion of international cooperation with the view of improving reproductive health of women, birth and upbringing of children as well as strengthening the infrastructure of pediatric and obstetric health facilities.

Improvement of maternal health, reduction in maternal and infant mortality and morbidity are among Millennium Development Goals adopted at the UN Summit in 2000. The Republic of Uzbekistan assumed a commitment to reduce by three-fourths maternal and infant mortality by 2015 as compared to 1990.

Currently enforced Presidential Decrees include Decree No. PP-1096 "On Additional Measures to Protect Mother and Child Health and to Shape a Healthy Generation" and Decree No. PP-1144 "Program of Measures for 2009-2013 to Further Strengthen and Improve the Efficiency of the Work Carried Out to Improve Reproductive Health of the Population, the Birth of a Healthy Child, the Formation of Physically and Spiritually Mature Generation".

Improvement of maternal and infant health would be impossible without abidance by principle of reproductive health care such as birth spacing, prevention of a birth of an unwanted child, i.e., unwanted pregnancy, contraception for women with illnesses during their rehabilitation. One of ways to help families and fertile-age women in maintaining their reproductive health is information, assistance with an individual choice of a birth control method and making contraception available. The government in partnership with international organizations has undertaken a commitment to provide all citizens with essential free-of-charge contraceptives.

In 2010, the Ministry of Health passed an Order No. 119 "On the Introduction of a Logistics Management Information System for Contraceptives in Primary Health

Care Facilities" to ensure an uninterrupted supply of contraceptives and to regulate delivery, storage and consumption of contraceptives. The UN Population Fund procures four types of contraceptives for the Republic of Uzbekistan. Presently, the country has one-year's worth of supply of contraceptives.

According to the Ministry of Health of the Republic of Uzbekistan, at the year-end of 2011, out of all women of fertile age who use contraceptives, 64.0% used intrauterine devices, 13.2% used oral and 13.3% injectable contraceptives, 2.3% used barrier methods, and 7.0% chose voluntary surgical contraception.

Contraceptives are distributed to patients on a gratis basis at health care facilities throughout the country, which offer freedom of choice after counseling at rural outpatient clinics (SVPs) and family polyclinics.

Surgical contraception is performed on a voluntary basis after counseling and legal processing of a written consent of both spouses to have this procedure. Uzbekistan has adopted and is fulfilling WHO recommendations for female surgical sterilization using a method of mini-laparotomy or laparoscopy. Occasionally, at the request of a woman and her family, sterilization is performed during a cesarean section.

The aforementioned measures and programs carried out in recent years enabled a decrease in countrywide maternal mortality from 65.3 per 100,000 live births in 1991 to 20.9 in 2011, in infant mortality – from 34.5 per 1,000 live births to 10.0, in abortions – from 31.5 to 3.4 per 1,000 women of fertile age, whereby the health index of women in their childbearing age has considerably improved.

Mother and child health care is a priority dimension of the health care reform and has been brought to a level of the National Policy. The republic is implementing Government Programs in the field of maternal and child health and further enhancement of the efficiency of the work to improve reproductive health, the birth of a healthy child, to form physically and spiritually mature generation. The President Islam Karimov and the Uzbek government place high emphasis on the following areas to address public health issues including maternal and child health: a number of government programs and instruments aimed at maternal and child health care, forming a healthy generation, strengthening reproductive health, and the birth of a healthy child. These include 14 laws and more than 100 decrees, orders of the President and the Cabinet of Ministers, more than 20 government programs and 300 legal documents of the Ministry of Health.

The country has been consistently and systematically making countrywide efforts to achieve the primary goal – "Healthy Mother – Healthy Child".

The Republican Center for Reproductive Health with 14 regional branch offices was founded with the aim of improving reproductive health. The main goal of this center is to raise public awareness about reproductive health care, methods of

contraception as well as to assist in ensuring an uninterrupted supply of contraceptives for every resident of Uzbekistan, who has a demand for contraception.

Uzbekistan has created a uniform structure of delivering specialized healthcare to children comprised of a Republican Specialized Scientific and Practical Medical Center for Pediatrics and 13 provincial pediatric multidisciplinary centers to ensure access to quality specialized medical care in the regions.

There is a Republican Specialized Scientific and Practical Medical Center for Obstetrics and Gynecology with four branches in the regions and a Republican Specialized Scientific and Practical Medical Centers for Perinatal Care with nine regional and one city branches working to deliver high quality obstetric, gynecological and perinatal care. These health care organizations carry out a range of scientific research activities as well as treatment, prevention, and health promotion interventions aimed at reducing maternal and perinatal morbidity and mortality, delivering reproductive health care services to women of fertile age, improving health of girls and adolescents, and promoting medical culture of the population.

The country is successfully implementing a State Program "Mother and Child Screening", which also served as a rationale for establishing the Republican and Regional Screening Centers outfitted with state-of-the art diagnostic and laboratory equipment. All these enabled a stronger and higher capacity for using genetic approaches to prevention and treatment of a broad range of hereditary diseases, lower risk of a birth of children with hereditary diseases and congenital developmental defects resulting in severe disabilities and deaths. In 2000, the number of children born with congenital developmental defects amounted to 4.95 per 1,000 live births, while in 2011, this indicator totaled 2.88, which is 42 % less.

In the context of implementing the State Program, consistent efforts are made to improve the health of fertile age women, to extend the birth spacing interval, to prevent unwanted pregnancies, to build the capacities of human resources, to strengthen the infrastructure of obstetric and pediatric health facilities, and to raise public awareness about reproductive health issues.

"A Week of Health Improvement of Fertile Age Women, Children and Adolescent Girls" is held on a monthly basis in addition to coverage with health screening and ultrasound examination of the population, primarily, in remote and hard-to-reach areas as well as in all urban polyclinics of the country. All women of fertile age and children are covered with medical examinations. Information, education and communication campaigns are carried out in mahallas, at schools, colleges, and universities to promote reproductive health, healthy families, and healthy lifestyles among the public, especially, young people.

Moreover, comprehensive public information campaigns are carried out by nongovernment and public organizations (Women's Committee and "Mahalla"

Foundation), educational institutions, in mass media, for instance, through standing rubrics in newspapers and journals, production of TV and radio broadcasts dedicated to promotion of healthy lifestyles, healthy nutrition, reproductive health, and building healthy families. In addition, curricula for training courses "Fundamentals of Healthy Lifestyles" for general schools and "Fundamentals of a Healthy Generation and Family" for academic lyceums, vocational colleges and universities were developed and approved.

Achievements in the area of mother and child health care were highly valued by a number of international organizations and experts. Among 125 countries, Uzbekistan ranks as one of the leading nations in terms of creating favorable conditions for mother and child health care. As of today, this is the best indicator in Central and one of the highest indicators in CIS and Asia. The International Symposium "National Model of Mother and Child Health Care 'Healthy Mother – Healthy Child' " held on 25-26 November 2011 in Tashkent at the initiative of the President of Uzbekistan, Karimov I.A. has become a prominent event of historical significance for Uzbekistan. Paramount significance was attached to the International Symposium for Uzbekistan, the European Region of WHO and the global medical community due to attendance of the President of the Republic of Uzbekistan, Karimov I.A., and WHO Director General, Margaret Chen. Tashkent Resolution adopted at the International Symposium, which has been recognized as the official document of the United Nations Organizations, calls for: recognition of the National Model of Mother and Child Health Care in Uzbekistan: "Healthy Mother – Healthy Child" as one of effective strategies in achieving global Millennium Development Goals.

Section 3. KNOWLEDGE, ATTITUDES, AND PRACTICES OF THE POPULATION INCLUDING YOUNG PEOPLE IN THE AREA OF REPRODUCTIVE HEALTH AND REPRODUCTIVE BEHAVIOR

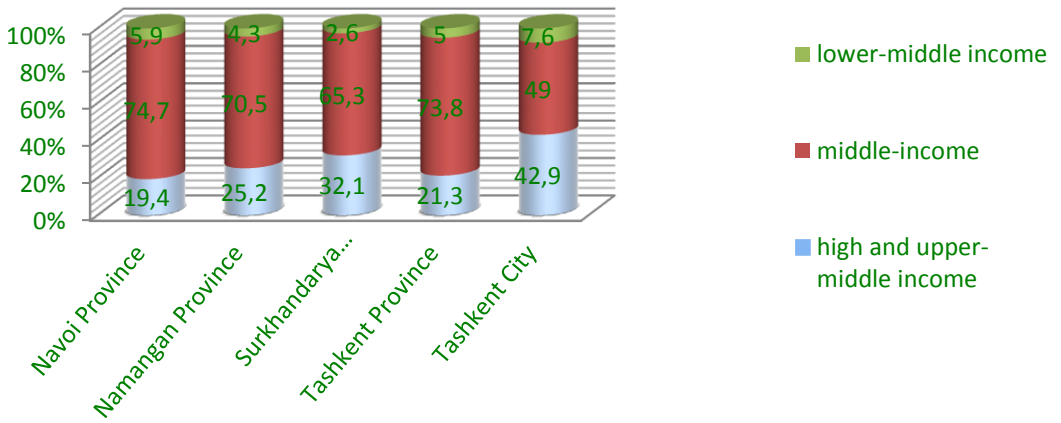
The pathway towards using contraception methods consists of the following steps: knowledge, attitude and practice. In order to prevent an unwanted pregnancy, people should know about the existence of contraceptive methods, ways of using them, places to obtain them and have positive attitudes towards contraception.

Surveying the level of awareness about reproductive health and reproductive behaviors was one of the most important parts of this project. Findings resulting from the survey of knowledge about reproductive health and reproductive behavior largely depended on the characteristics of a respondent.

A portrait of a respondent. Respondents, predominantly, represented the titular ethnic group (87% - Uzbeks). More than half of the respondents are in a stable marriage (53.4% are married and got married only once), have established good of married life (marriage duration of more than 10 years), have two or more children. In particular, 23% of the respondents have one child, 34% - two children, 24% - three children, 10% - four or more children, and 9% of respondents have no children. Average marital age is 21.5 years (girls tend to marry at 20 and young men – at 23 years of age).

In general, respondents represent middle-income families and, in most cases (91%), they are satisfied with their living conditions. According to the survey findings, 8% of surveyed households recognized themselves as well-off families, 20% - as families with upper-middle income, 67% - as families with middle income, and 5% - as families with lower-middle income. No significant differences across regions were observed when assessing the wellbeing status, while differences between the provinces and the city of Tashkent appeared to be more noticeable (Figure 1).

Figure 1. Self-Assessment of Wellbeing, in % of respondents



Priority life values reported by respondents include: having good health (53% of the respondents rank this value first among their life values), tight-knit family and

having children followed by having permanent employment, enjoying financial prosperity, and adequate living conditions.

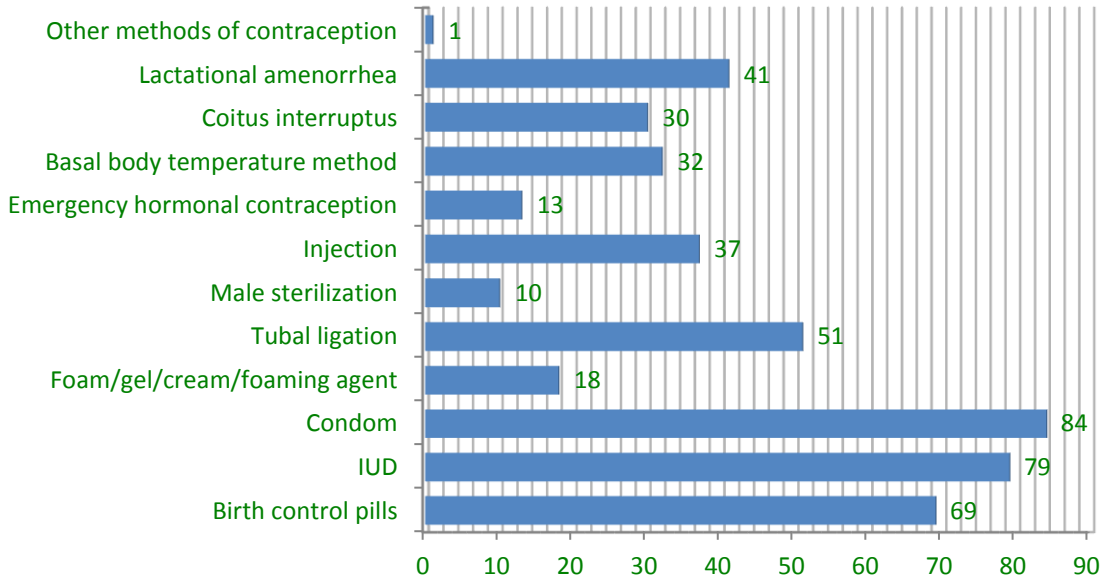
On average, about 75% of respondents think they are in good health and only 6% of mostly women older than 30 years of age reported that they were in poor health.

Contraception was recognized as the most effective means of keeping good health, improving reproductive health, and counteracting negative impacts on health. Information about contraceptive methods (effectiveness and impact on health) plays an important role in shaping attitudes and decision of a woman and her partner/spouse about using a specific method.

Public awareness about contraception and contraceptive use practice. The surveys showed that the population is informed on almost all types of contraception. The respondents are mostly informed about contraceptive methods such as condoms (84% gave a positive answer to this question), an intrauterine device (79%), birth control pills (69%), and tubal ligation (51%).

Perhaps, condoms are more commonly known, since they serve a dual purpose of preventing a pregnancy and protecting from sexually transmitted infections. IUDs are the most advertised and medically indicated method of preventing a pregnancy. Other methods are not as widely known: emergency hormonal contraception is known to 13% and male sterilization is known to 10% of respondents.

Figure. 2 Public Awareness about Birth Control Methods,
% of the respondents

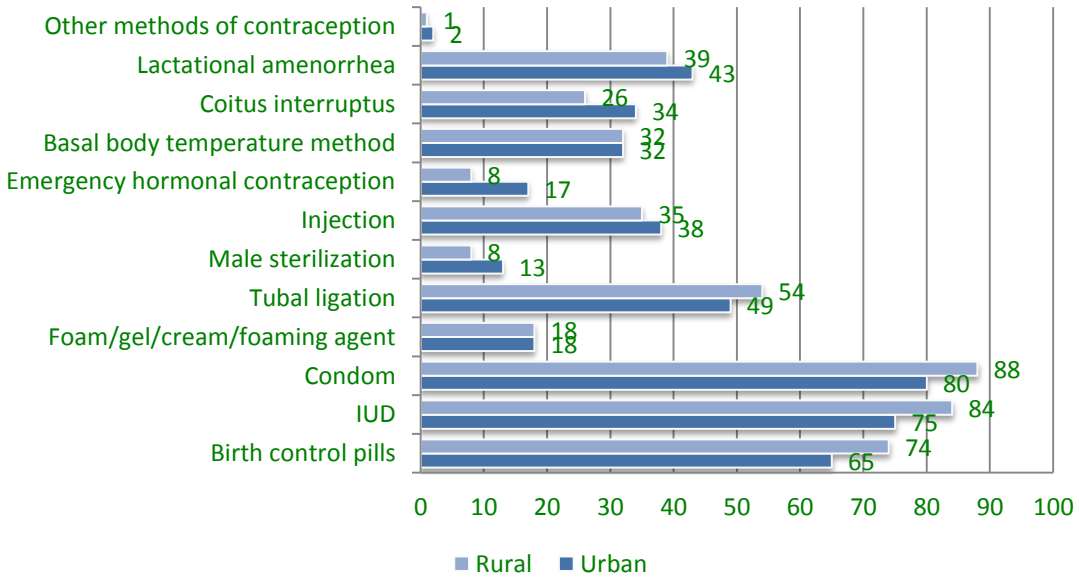


Relatively high awareness of the population (approximately 85%) is, primarily, due to the activities of health workers in the area of reproductive health care. However, it is crucial not only to be aware of contraceptive methods, but also to be able choose an adequate individual method of contraception with due regard to medical adequacy of the chosen. In developed countries, hormonal contraception (pills or injectable forms) is in high demand, since in addition to a high contraceptive

effect, they are therapeutic for a female body. This section of the survey allows for concluding that health workers should focus their future efforts on raising public awareness about hormonal methods of birth control.

One of important areas of the government reproductive health policy is maximum approximation of health care to the population as well as public awareness of birth control methods in rural and urban areas. Previous surveys showed that awareness level about methods of contraception is relatively the same in urban and rural population. It is notable that rural residents appear to be better informed than urban residents about the most common methods of contraception such as tubal ligation (VSC), IUDs, and birth control pills. This fact is the evidence of more intensive awareness raising activities in rural districts and that there is room for improvement among urban residents.

Figure 3. Public Awareness about Birth Control Methods in Urban vs. Rural Areas,
% of the respondents



Different level of awareness about birth control methods among women and men is disturbing because in most families, it is the man who decides on a contraceptive method for a woman. Men are well aware of least effective methods such as coitus interruptus and condoms. Men know significantly less than women about more effective birth control methods.

This situation has been observed in populations aged younger and older than 30 years of age. Young people are mostly informed about condoms (80%), IUDs (71%), and birth control pills (59%), but their awareness is lower than in respondents older than 30 years of age. Ninety-eight percent of older people have heard about an intrauterine device, 93% - about birth control pills, 92% - about condoms, 81% - about tubal ligation, 67% - about lactational amenorrhea, 57% - about injectable contraceptives, 51% - about basal body temperature method. Young people under thirty are less aware about these than the older generation. Besides, it is noteworthy that most pregnancies and births occur in the age group of 20-30 years.

Figure 4. Awareness of Women and Men about Birth Control Methods, % of the respondents

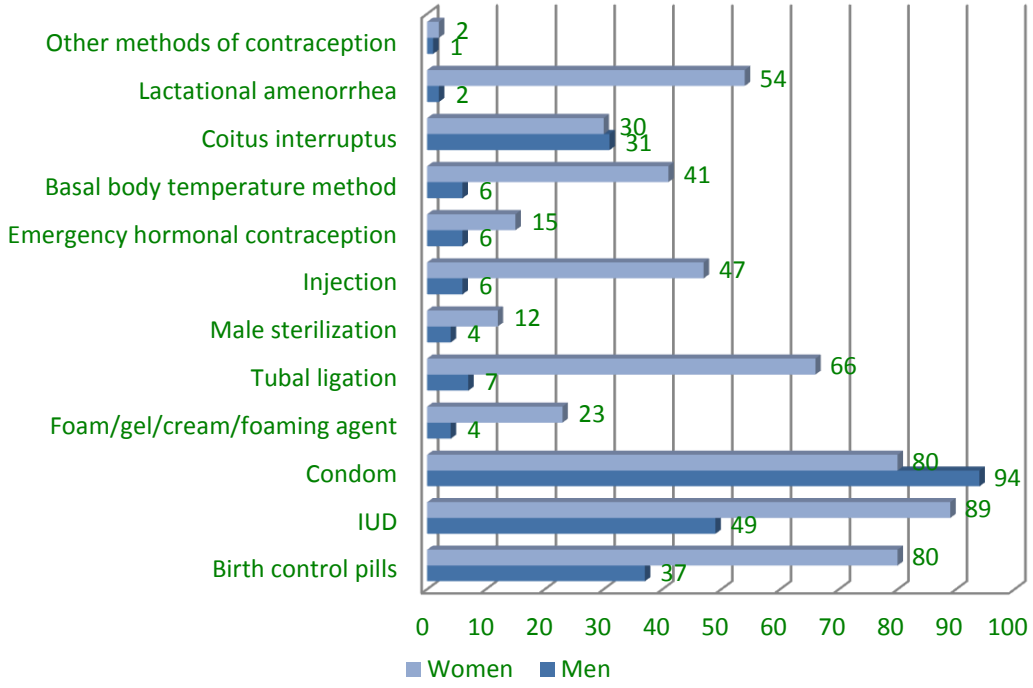
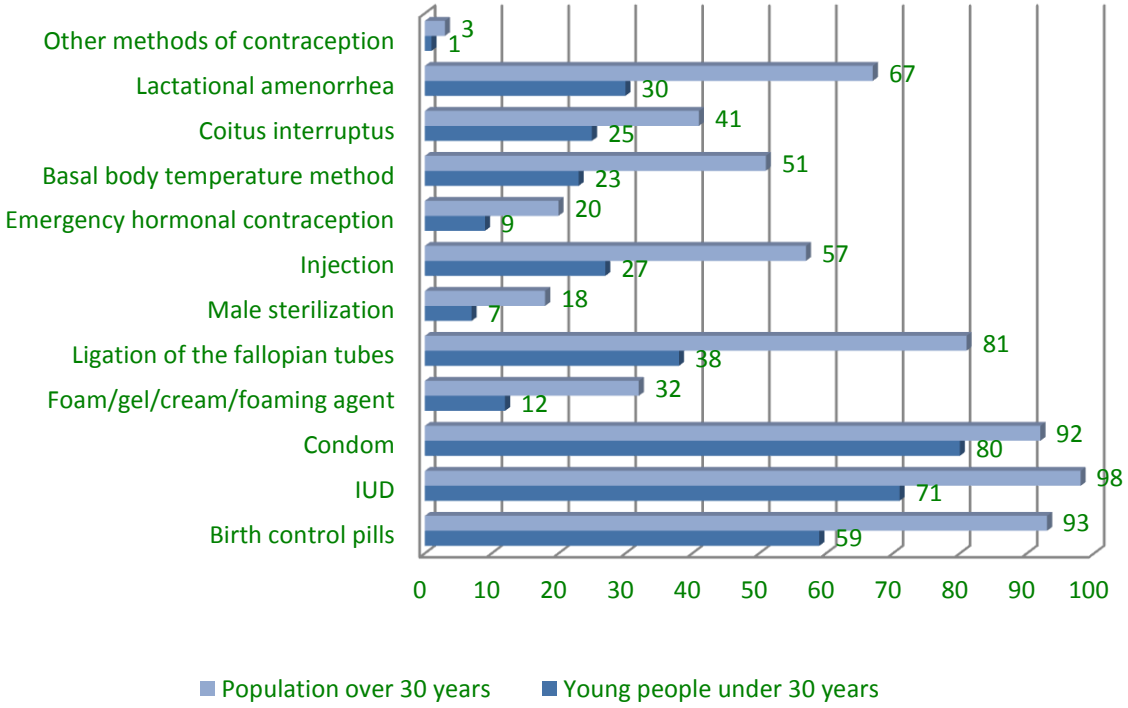


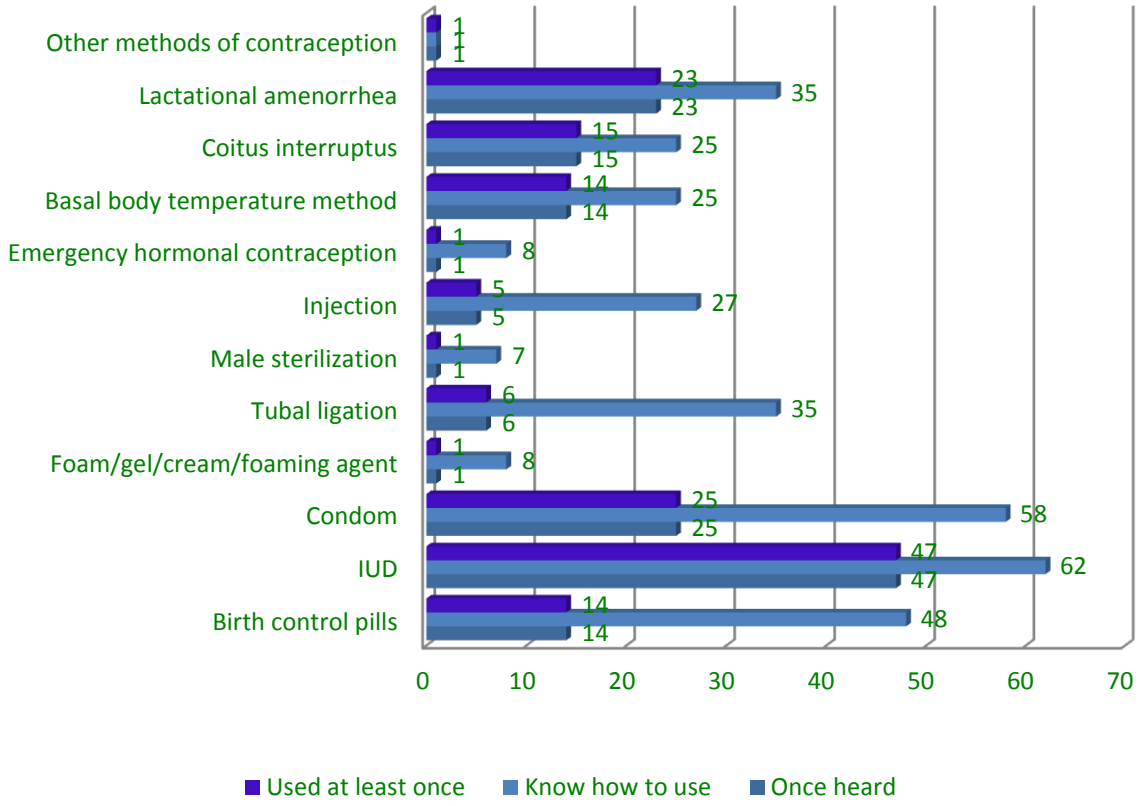
Figure 5. Awareness of Young People about Birth Control Methods, % to the respondents



It is advisable to intensify information and communication for men and young people under thirty to general public awareness in the long run. Regrettably, men tend to know only about condoms (94%), IUDs (49%), birth control pills (37%), and coitus interruptus (31%).

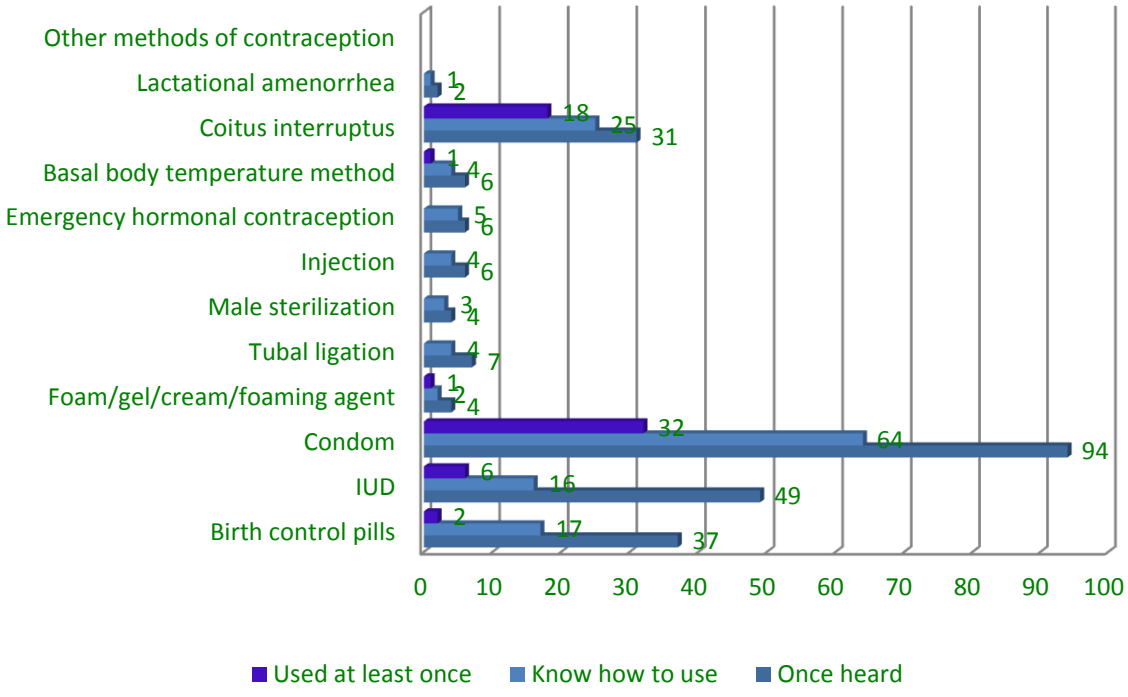
Although awareness of all birth control methods is high, respondents prefer IUDs (47%), condoms (25%), and lactational amenorrhea (23%).

Figure 6. Awareness and Use of Birth Control Methods, % of respondents



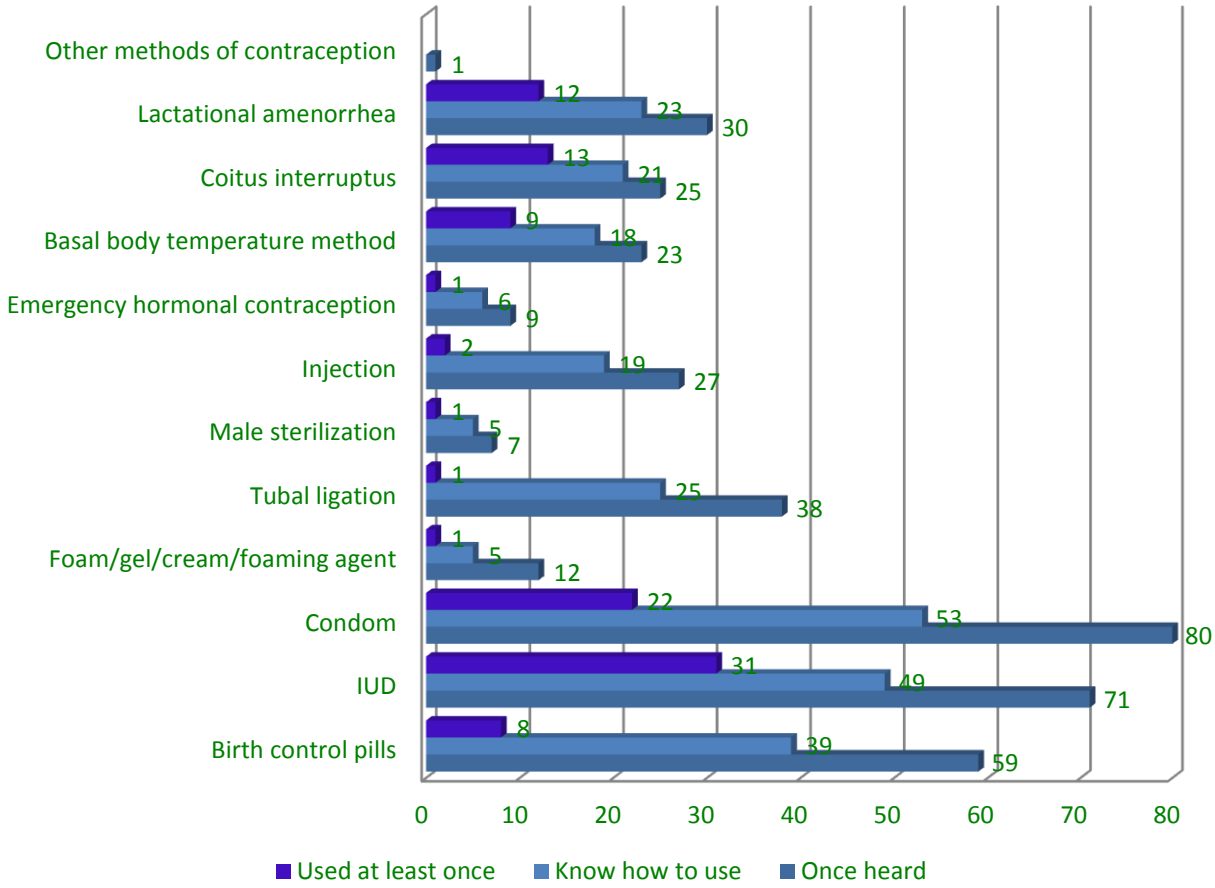
In this case, men have heard, know how to use and use only condoms (32%) and coitus interruptus (18%).

Figure 7. Awareness and Use of Birth Control Methods by Men, % of respondents



Young people mostly use intrauterine devices (31%) and condoms (22%), although some have heard and know how to use birth control pills, tubal ligation, injections, basal body temperature method, and lactational amenorrhea.

Figure 8. Awareness and Use of Birth Control by Young People, % of respondents



There are no considerable differences in awareness and use of various birth control methods in urban and rural areas. Thus, 49% rural and 45% urban population use intrauterine devices, 19% and 30% - condoms, 21% and 25% - lactational amenorrhea, 11% and 18% - coitus interruptus, 14% and 14% - basal body temperature method, 10% and 19% - birth control pills, 6% and 6% - tubal ligation, 3% and 6% - injections. Neither rural nor urban populations use birth control methods such as hormonal contraception, male sterilization, foam, gel, and foaming agents.

Even if a woman is aware of a method and knows how to use it to prevent an unplanned pregnancy, she should find out how to access this method. Women received information about contraception about a number of sources depending on a method of birth control. In case medical assistance is required, a health worker, naturally, becomes the most important source of information. Information about condoms and conventional methods, mainly, comes from the husband/partner, friends, and mass media.

The crucial role of health care facilities is noteworthy in ensuring affordability of contraceptive methods for the population. Perhaps, this is the reason why most of knowledge about contraception is acquired during postpartum and post-abortion counseling, which are equally accessible to urban and rural residents. Thus, the survey findings show that 58% of respondents receive free-of-charge birth control

methods in health facilities and 8% acquire them in pharmacies. This means that, at least, 92% of women do not pay for contraception.

Figure 9. Awareness and Use of Birth Control Methods by Urban Population, % of respondents

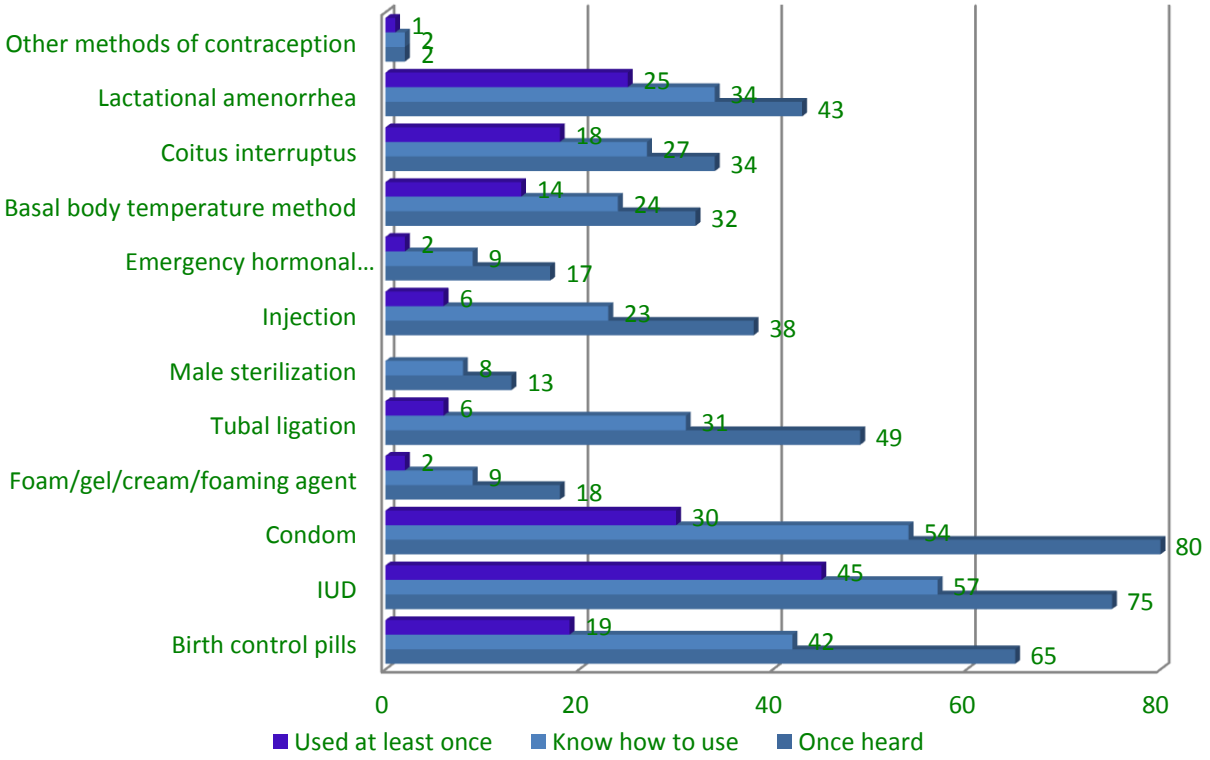
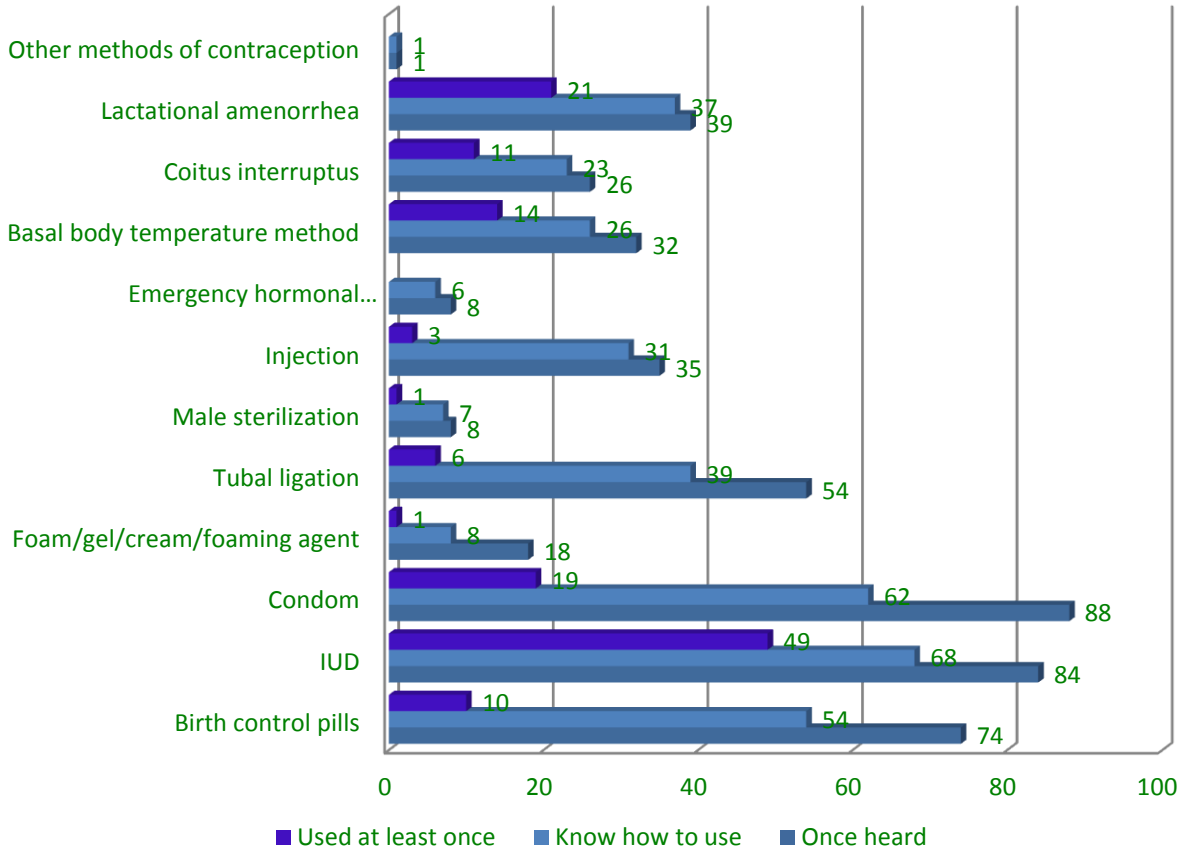
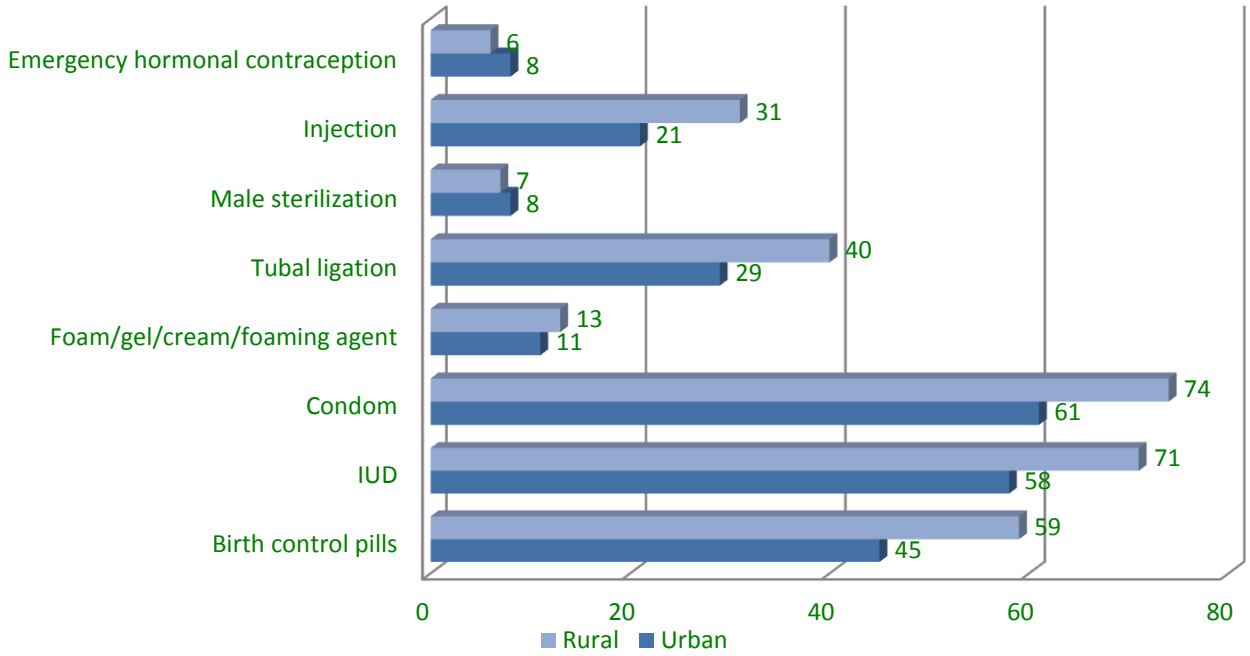


Figure 10. Awareness and Use of Birth Control Methods by Rural Population, % of respondents



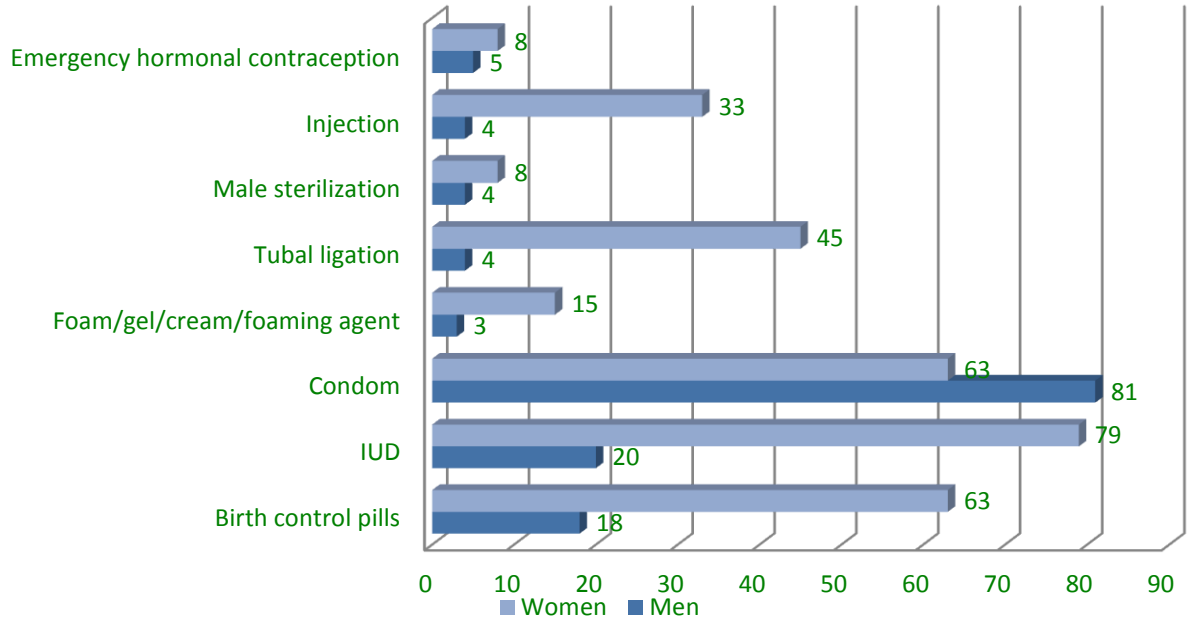
Most respondents in urban and rural area know where to purchase or receive birth control methods. Seventy-four percent of rural and 61% of urban population know where to access condoms, 59% and 45% - birth control pills, 71% and 58% - IUDs, 31% and 21% - injection, 40% and 29% - tubal ligation. Rural residents appear to be more aware about where to access various birth control methods.

Figure 11. Know Where to Purchase or Receive Birth Control Methods, % of respondents



However, predominantly women are informed about ways to obtain or purchase birth control methods (except for condoms). Thus, 79% of women (and only 20% of men) know where to obtain/insert an intrauterine device, 63% (18%) – where to obtain birth control pills, 63% (81%) – where to purchase condoms, 45% (4%) – where to undergo tubal ligation, and 33% (4%) – where to get injections.

Figure 12. Know Where to Purchase or Receive Birth Control Methods, % of respondents



Obstetrician-gynecologists appear to be the main source of information about places to obtain various birth control methods. Contrastingly, respondents found out about using coitus interruptus, mostly, from a partner (56%) and about condom use from their friends and relatives (60%).

Respondents reported that they receive contraceptives, primarily, in family polyclinics (27%), rural outpatient clinics (30%), urban (15%) and district (12%) hospitals and purchase them in pharmacies (8%). The respondents reported that in urban areas, they mainly purchase or receive birth control methods in family polyclinics (46%) and urban hospitals (20%), whereas in rural areas – at rural outpatient clinics (55%) and district hospitals (16%).

Female respondents were asked to assess each contraceptive method as "very effective", "effective" or "ineffective" in preventing an unwanted pregnancy. The survey showed that women were skeptical about conventional methods: only 3% of those who have once heard about coitus interruptus find it "effective". Respondents correctly identified tubal ligation as the most effective method. According to the respondents, the most effective birth control method is an intrauterine device (48% including 58% of women and 19% of men) followed by condoms (14% including 46% of men and 4% of women) and tubal ligation (6%).

Seventy-six percent of surveyed women on birth control reported that they used intrauterine devices, firstly, upon the recommendation of an obstetrician-gynecologist (53%), due to safety (20%) and ease of use (9%).

Ninety-two percent of respondents reported that they use these birth control methods voluntarily. In the future, 70% of female respondents were going to use intrauterine devices as a birth control method.

More than 90% of respondents reported that when choosing a contraceptive method, a health worker informed them about other available birth control methods, the effectiveness of the method in use, and possible side effects as well as measures to be taken in case of adverse effects.

According to the respondents, little used methods include birth control pills and injectable contraceptives (Depo-Provera) (3% of the respondents reported that they are on this method), female sterilization (9%), while foam, gel, cream, vaginal film, emergency hormonal contraception, injections (Depo-Provera), and the calendar method were hardly ever used in urban and rural areas.

Respondents reported that main reasons for unpopularity of these birth control methods were fear of adverse effects and – in some cases – of surgical intervention, absence of medical prescription, and a high price of a method.

There is high prevalence of contraceptive use in Uzbekistan as evidenced by a high percentage of women (76%), who were on a certain birth control method at the moment of the survey.

The abovementioned parameters are indicative of higher public demand for birth control and improved opportunities to access these methods for the purpose of family planning, thus contributing to the improvement of the demographic situation in the country.

In accordance with data from the State Statistics Committee and the Ministry of Health, the country saw a decline in abortions as a method of birth control and family

planning from 2008 to 2012. Thus, for example, in 2008 abortions amounted to 5.4% per 1,000 women of fertile age, while in 2012 this indicator went down to 4.4%.

The same trend applies to estimation of abortions per 1,000 live births (from 67.1% to 61.5%). At the same time, there is an increase in the number of women using contraception. Their number totaled 4,333.2 thousand people in 2008, while by the end of 2012, this figure increased up to 4,823.6 thousand people (Table 2).

Table 2. Abortions Trends*, Prevalence of Contraceptive Use and Total Fertility Rate**

Indicator	Unit of Measure	2008	2009	2010	2011	2012
Number of abortions	thousand people	41.8	46.0	40.7	38.8	37.6
Number of abortions	per 1,000 live births	67.1	71.9	65.4	63.5	61.5
Number of abortions	per 1,000 women (aged 15-49 years)	5.4	5.8	5.0	4.6	4.4
Number of women using contraceptive at year-end	thousand people	4,333.2	4,318.8	4,206.4	4,694.7	4,823.6
Number of women of childbearing age at year-end	thousand people	7,817.3	7945,4	8,300.2	8,409.1	8,504.1
Prevalence of contraceptive use	%	55.4	54,4	50,7	55.8	56.7
Total fertility rate	children	2.50	2.53	2.34	2.24	2.19

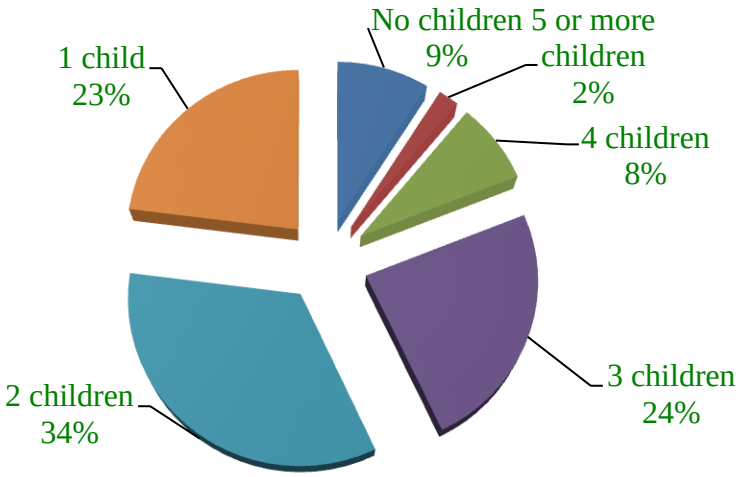
* - Data from State Statistics Committee of the Republic of Uzbekistan
** - Data from the Ministry of Health of the Republic of Uzbekistan

These parameters are interrelated, since the more women of fertile age use contraception, the fewer unplanned pregnancies, and, consequently, abortions occur. Prevalence of contraceptive use has risen in the recent five years from 55.4% to 56.7%. This fact influences demographic indicators such as total fertility rate, which amounted to 21.5% in 2008 and declined to 2.19% in 2012.

Section 4. POPULATION DEMAND FOR AND ACCESS TO REPRODUCTIVE AND MATERNAL HEALTH CARE SERVICES

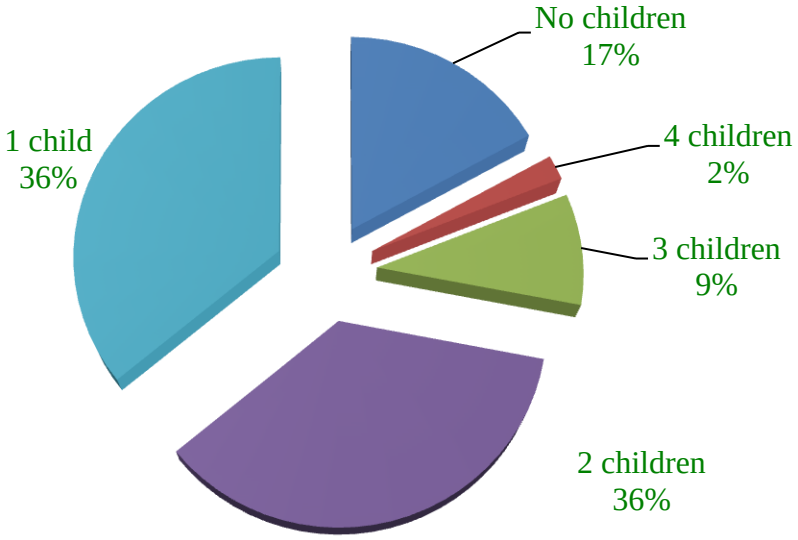
Reproductive attitudes, number of children, and unplanned pregnancies. According to the survey, there are two or more children per family. In particular, 9% of respondents do not have children, 23% have one child, 34% - two children, 24% - three children, 8% - four children, and 2% - five or more children.

Figure 13. Number of Children of the Respondents



Women aged 20-30 years have the highest fertility rate. Thus, only 17% of this group have no children, 36% have one child, 36% - two children, 9% - three children, and 2% - four children. The survey findings show that 75% of this age group want and are going to have more children.

Figure 14. Number of Children of Respondents under 30 years

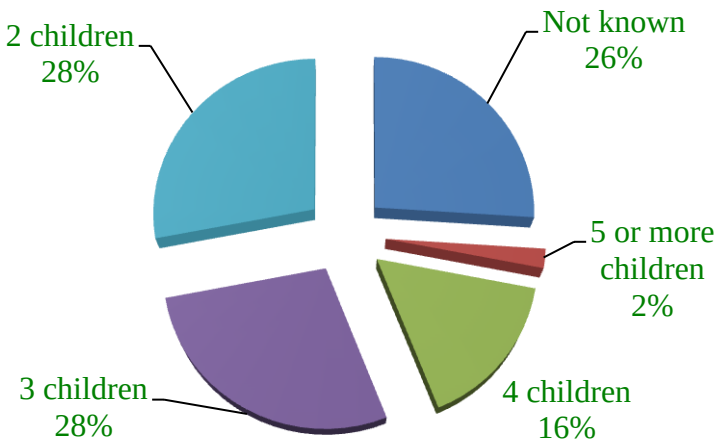


According to the respondents, the **desired** number of children for all age groups is an average of 2-3 children in a family: 28% of the respondents prefer to have two children, 28% - three children, 16% - four children, and 2% - five and more children.

The desired number of children varies across the regions: about 50% of all respondents in Navoi Province and 35% in the city of Tashkent incline towards having a family with two children (high-income regions); 51% of the respondents in

Namangan Province wish to have a family with three children; 26% of the respondents in Surkhandarya Province would like to have a family with four children. In other words, reproductive attitudes in regions with relatively high population density and demographic growth rate (Namangan and Surkhandarya Provinces) tend to be defined as families with three and four children.

Figure 15. Desired Number of Children



Families plan the birth of children in a pragmatic way as clearly seen from the absence of any significant differences between the actual and desired number of children.

The survey findings show that approximately 40% of the respondents in all age groups stated that they did not wish to have children. This data matches contraceptive demand indicators. Out of the total sample, 37.9% of the respondents require contraception with different degrees of differentiation by regions, sex and age. Women have (45.5%) the highest demand in contraception followed by people above thirty years of age (58%) and rural residents (42.6%). Tashkent (50.7%) and Namangan (41%) provinces have the highest demand for contraceptives.

Table 3. Demand for Contraceptives, % of respondents

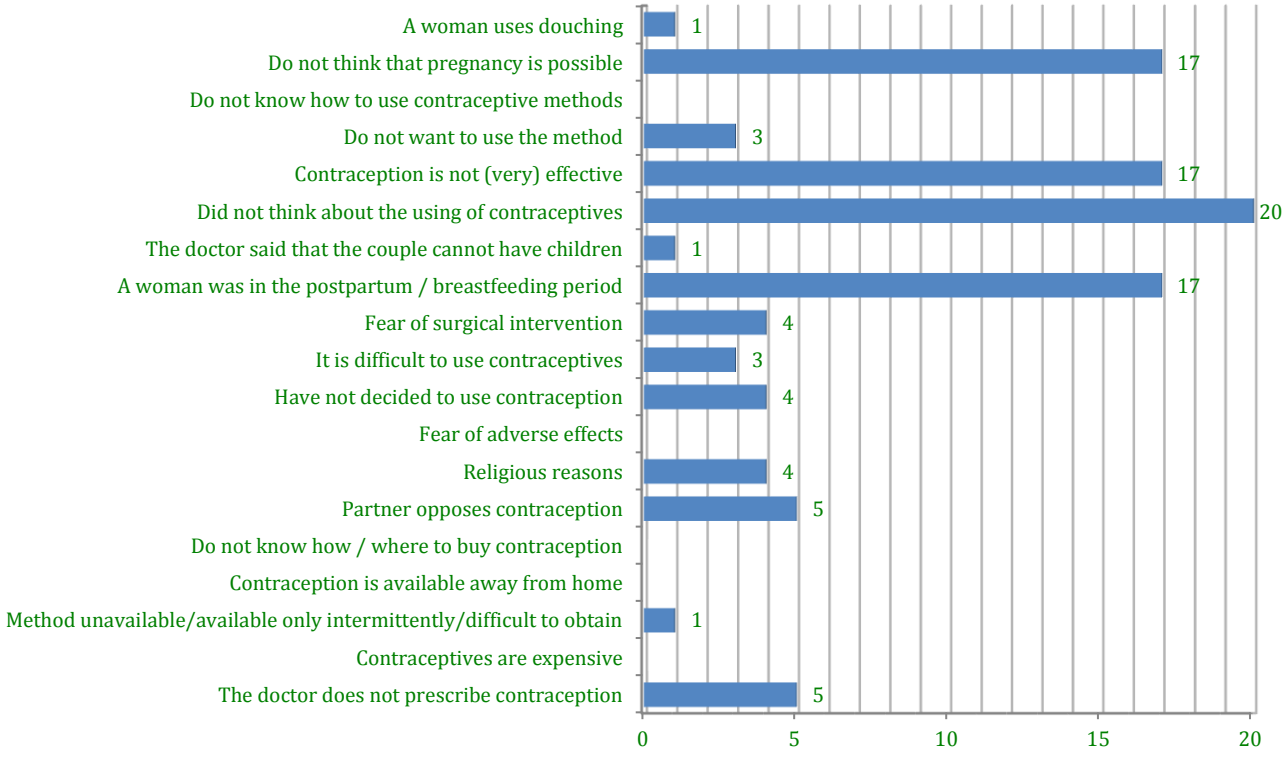
		Do you have a demand for contraception?		Has your demand been satisfied?	
		yes	no	yes	no
Region	Total surveyed	**37.9**	62.1	**96.3**	3.7
	Navoi Province	28.8	71.2	95.9	4.1
	Namangan Province	41.0	59.0	96.5	3.5
	Surkhandarya Province	37.8	62.2	95.9	4.1
	Tashkent Province	50.7	49.3	98.2	1.8
	Tashkent City	29.0	71.0	93.4	6.6
Location	town	**33.7**	66.3	**93.7**	6.3
	village	**42.6**	57.4	**98.5**	1.5
Sex	male	15.2	84.8	97.4	2.6
	female	45.5	54.5	96.2	3.8
Age	under 30 years	28.8	71.2	97.0	3.0
	older than 30 years	58.0	42.0	95.6	4.4

As many as 96.3% of the respondents believe that their contraceptive demand was fully satisfied, which is, primarily, due to their accessibility including affordability (free-of-charge government procurements).

At the same time, 17% of the respondents reported an unplanned pregnancy within the recent five years (varies by regions: 7% of the respondents in Tashkent Province, 10% - in Navoi, 23% - in Namangan, 28% - in Surkhandarya provinces and 19% in the city of Tashkent).

According to the respondents, an unplanned pregnancy occurred due to ignorance of or reluctance to use birth control. In particular, the respondent chose answers "I have not thought about using various contraceptive methods" (20%), "I did not think pregnancy was possible" (17%), and "I was in a postpartum period/I was breastfeeding" 17%). In addition, 17% of the respondents reported that a birth control method they used was ineffective.

Figure 16. Reasons for Unplanned Pregnancies in Families, % of the respondents



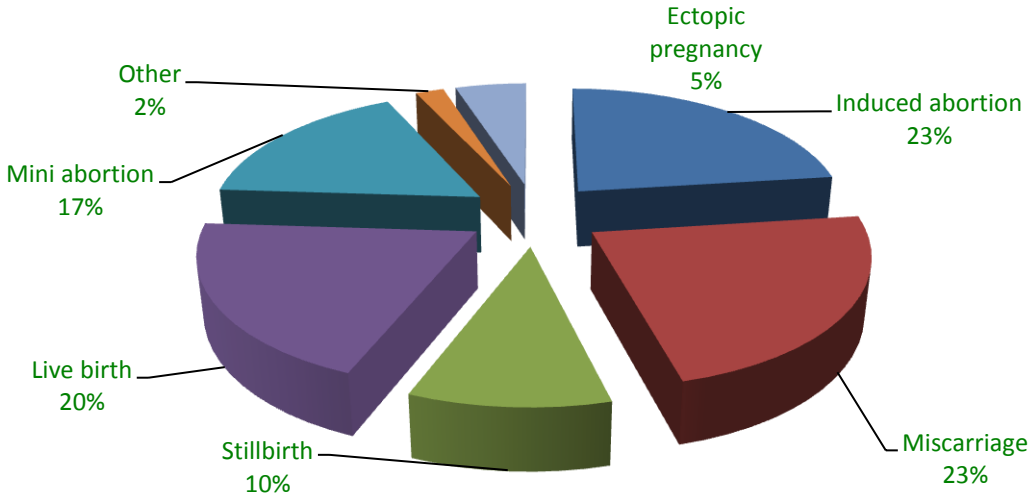
According to the respondents, outcomes of an unintended pregnancy included mainly: 23% - induced abortion, 23% - miscarriage, 20% - live birth, 17% - mini-abortion, 10% - stillbirth, and 5% - ectopic pregnancy.

Outcomes of unplanned pregnancies vary by regions: in Navoi Province (64%) and the city of Tashkent (50%) outcomes were induced and mini-abortions, while in Surkhandarya Province (44%) an unplanned pregnancy ended in a stillbirth or miscarriage.

In urban areas, the respondents primarily reported induced abortion (33%), live birth (26%), miscarriage (15%) and mini-abortion (15%), while in rural areas, these included 33% of miscarriages, 20% of mini-abortions, 15% of stillbirths as outcomes of an unplanned pregnancy.

Answers to the question "What should be an outcome of an unintended pregnancy?" were as follows: 64% of the respondents answered they would keep the child and 20% said they would opt for abortion. Opinions were almost the same across, regions, age and sex groups.

Figure 17. Outcomes of an Unintended Pregnancy, % of the respondents



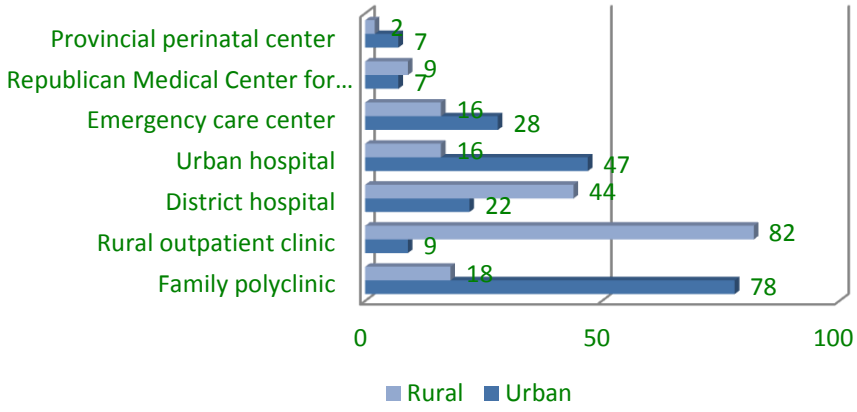
Who initiates abortions and determines the destiny of a pregnant woman? Thirty-two percent of the respondents reported that a woman always has a right to determine the destiny of their pregnancy including a right to abortion, while in the rest of the cases a husband (64% of the respondents) and his relatives, particularly, the father-in-law or mother-in-law (32%) make a decision.

Only 14% of men think that a woman always has a right to decide on the destiny of her pregnancy including a right to abortion, while 81% of the respondents believe that a husband and 44% think woman's in-laws should make a decision.

Demand and access of the population to reproductive and maternal health care services. A relatively high uptake of medical services is due to several reasons including public awareness of reproductive health services, their affordability and a wide range of the services.

Main users of reproductive health services are women – 99% of the surveyed women reported that they sought medical assistance at health facilities.

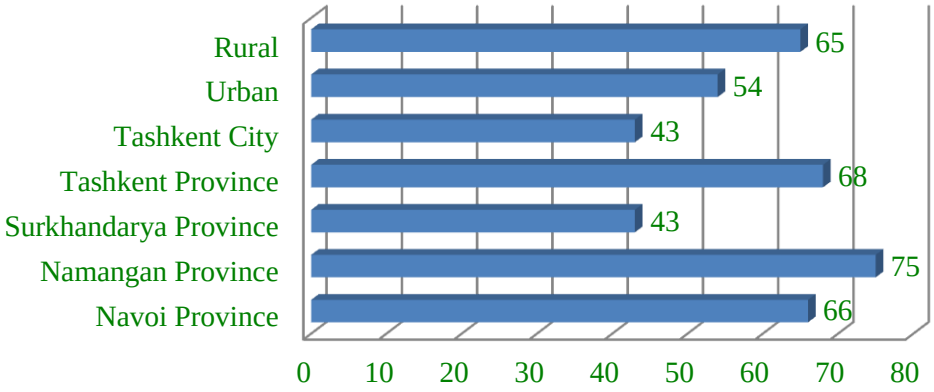
Figure 18. Access to Reproductive Health Services in Urban and Rural Areas, % of respondents



Those, who did not access health facilities for reproductive services (mainly men), indicated to a lack of such need. Only women in Namangan Province (10%) pointed out that lack of adequate health facilities prevented them from receiving such services.

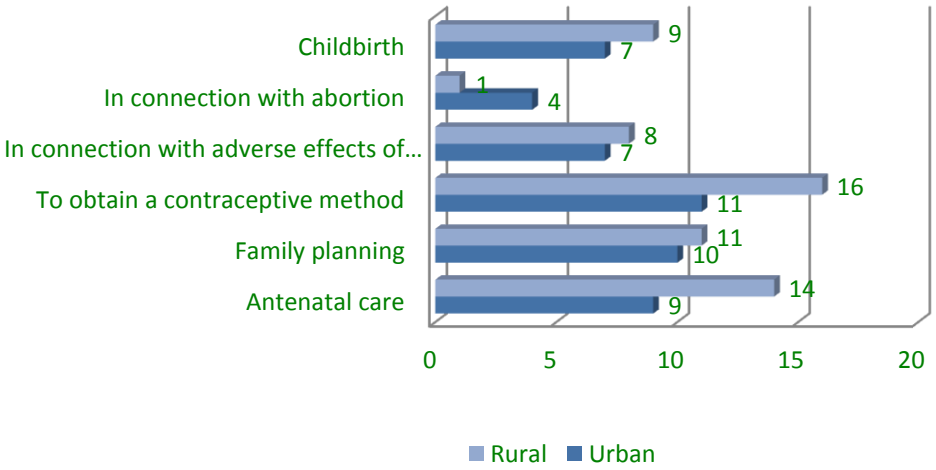
Fifty-nine percent of the respondents (with variation across regions: Namangan Province – 75%, Tashkent Province - 68%, Navoi Province – 66%, Surkhandarya Province and the city of Tashkent – 43%) reported that health workers visited them to inform them about and explain reproductive health care issues. Frequency of the visits ranges from an average of once every month in Navoi and Namangan provinces to once every three months in Tashkent and Surkhandarya province to once every six months in the city of Tashkent.

Figure 19. Health Worker Visits to Explain Reproductive Health Issues to the Respondents, % of the respondents



Throughout the year, half of the surveyed households both in rural and urban areas accessed health facilities for medical assistance. However, rural residents tend to seek health care more often than urban residents to obtain birth control methods (16%of the respondents), to receive antenatal care (14%), family planning counseling (11%) and childbirth (9%), while in urban areas, the respondents reported they seek medical care in case they need an abortion.

Figure 20. Reasons for Accessing Health Facilities, % of the respondents

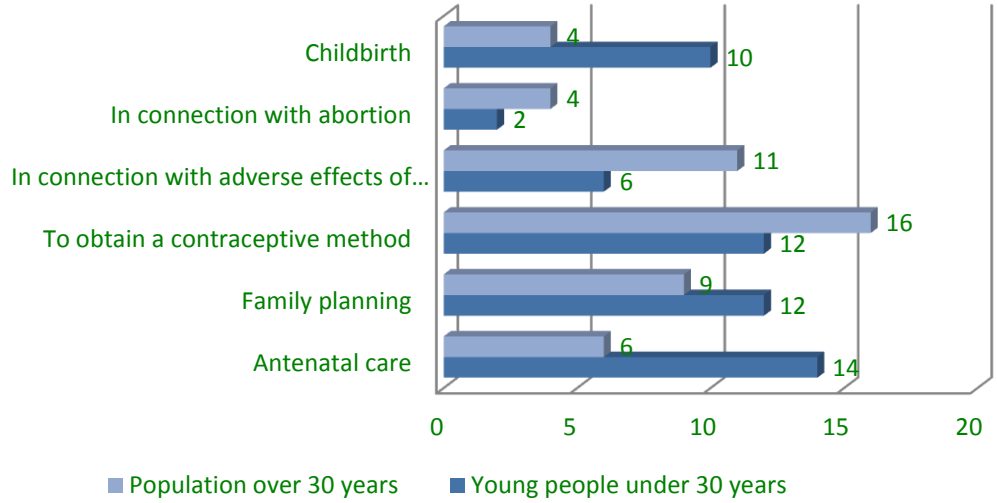


Tashkent Province (65% of the respondents) and Tashkent City (57%) residents are most frequent users of health services. In Tashkent Province, the respondents

visited a doctor to receive a contraceptive method (23%), antenatal care (18%) and childbirth care (14%), while in the city of Tashkent, they sought counseling for family planning (15%), to obtain a contraceptive method (11%), antenatal care (12%), to have an abortion (9%), to give birth (10%) and to manage adverse effects of contraception (10%).

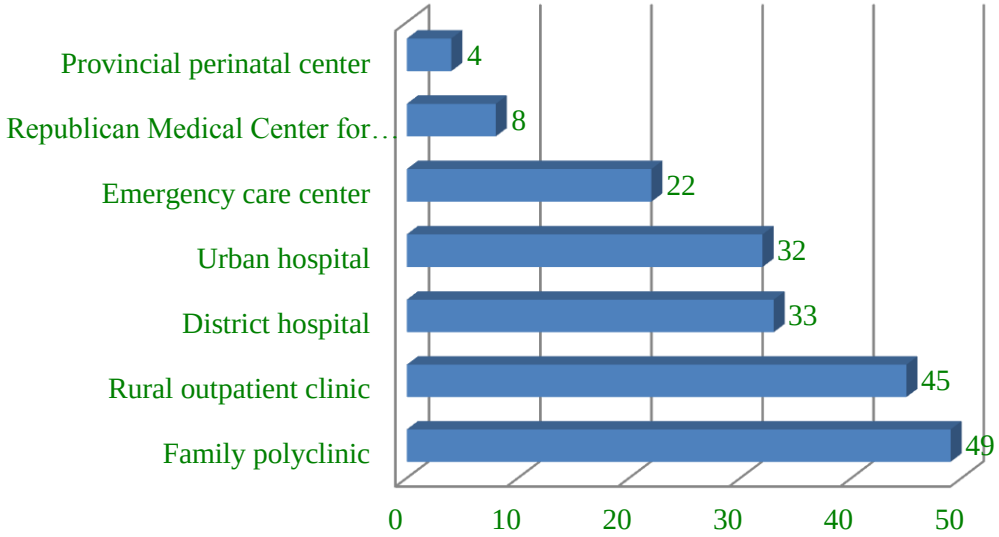
Young people tend to somewhat less frequently seek health care services (42%) than the older generation (67%). Middle-aged respondents more frequently access health facilities to obtain a contraceptive method (16%) and to manage side effects (11%), while young people seek antenatal care (14%) and childbirth care (10%), counseling on family planning (12%) and birth control methods (12%).

Figure 21. Reasons for Accessing Health Facilities, % of the respondents



The respondents most frequently access family polyclinics (49%), rural outpatient clinics (45%), urban (32%) and district (33%) hospitals and emergency care centers (22%) for reproductive health care services.

Figure 22. Sought Reproductive Health Care Services, % of the respondents



Rural residents, for the most part, access rural outpatient clinics (82%) and district hospitals (44%). Provincial perinatal centers and the Republican Medical Center for Obstetrics and Gynecology are accessible to only an insignificant number of rural and urban residents.

Nine percent of the respondents (22% in the city of Tashkent) reported that it was impossible to see a physician, principally, due poor organizational management and a doctor's workload (41%).

Figure 23. Failure to See a Doctor, % to the respondents

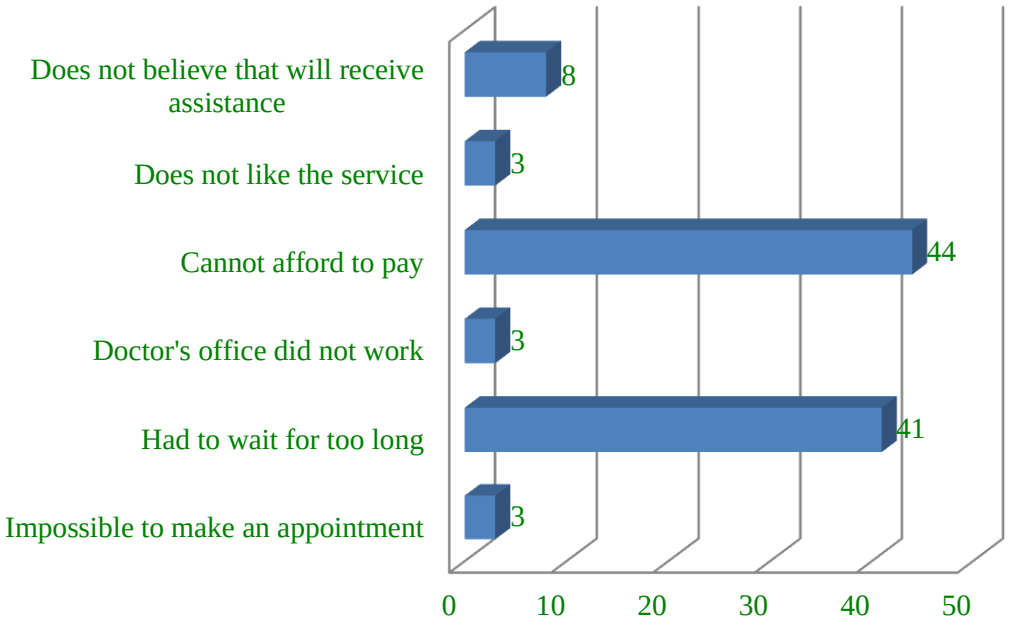
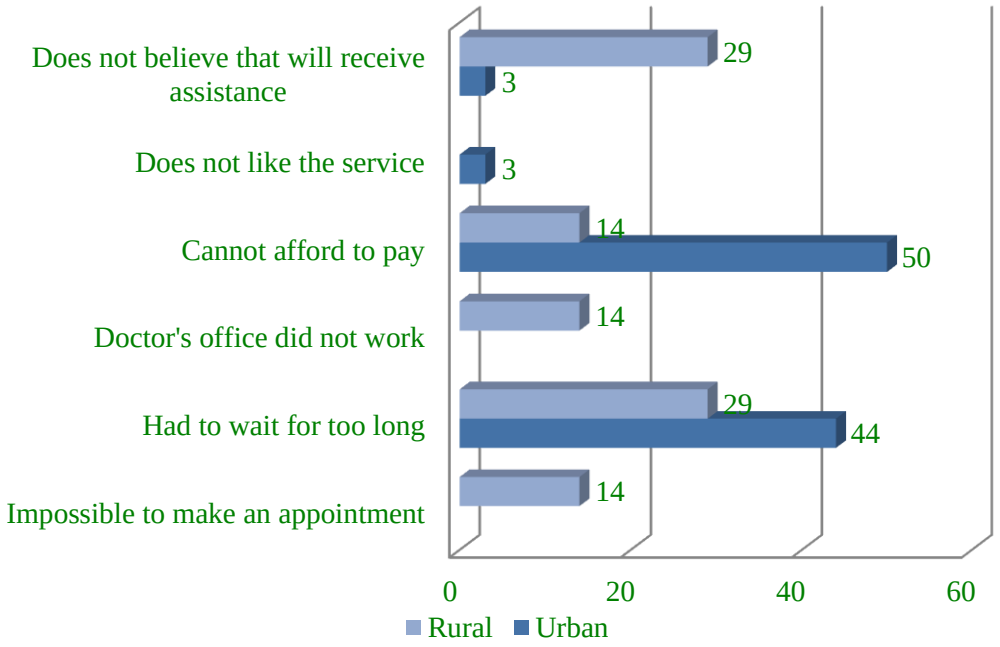


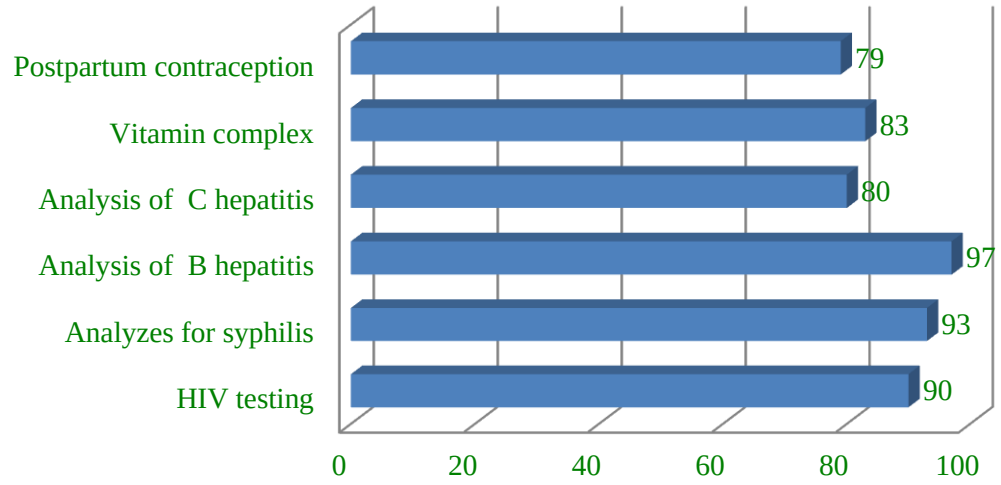
Figure 24. Failure to See a Doctor, % of the respondents



Antenatal counseling. Ninety-three percent of married female respondents reported they had a pregnancy resulting in childbirth. The respondents, usually, found out they were pregnant during the fourth or fifth gestational week and registered with relevant health facilities for antenatal care during the eighth week of gestation on average (with variation across the regions: Tashkent Province – during the sixth week, Namangan Province – during the eighth week, in Surkhandarya and Navoi provinces and the city of Tashkent – almost during the ninth week).

Respondents who had pregnancies and were registered mostly received antenatal care at family polyclinics (45%) and rural outpatient clinics (41%). In Tashkent city, the respondents received these services in family polyclinics (92%).

Figure 25. Received Antenatal Care, % of respondents who had pregnancies



Mostly, obstetrician-gynecologists provide antenatal counseling (94% of the respondents reported that they used the services of an obstetrician-gynecologist). Only 19% of the respondents in Namangan Province pointed out that they used the services of a midwife.

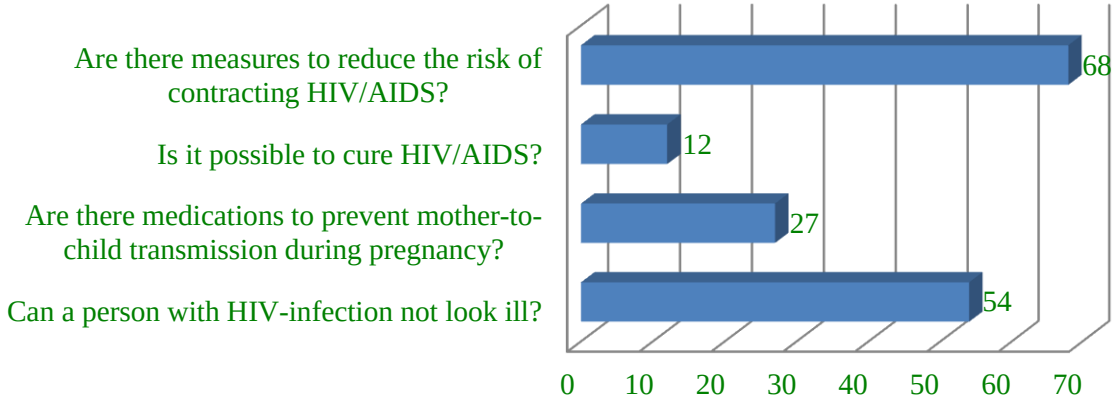
During a visit to a doctor, all respondents with previous pregnancies and registration with a doctor reported that they had been informed about healthy nutrition, hazard of smoking and alcohol use, benefits of breastfeeding and taking vitamin complexes, about delivery, postpartum contraception and its possible consequences.

Antenatal service package is delivered on a mass scale. During antenatal period, respondents with previous pregnancies and registration with a health facility received an antenatal service package: 97% had a hepatitis B test and 80% had a hepatitis C test, 93% - syphilis test, 90% - HIV test, 83% - received a vitamin complex and 79% - postpartum contraception. Eighty-five percent of rural respondents and 75% of urban residents received postpartum contraception.

Section 5. PUBLIC AWARENESS ABOUT SEXUALLY TRANSMITTED INFECTIONS

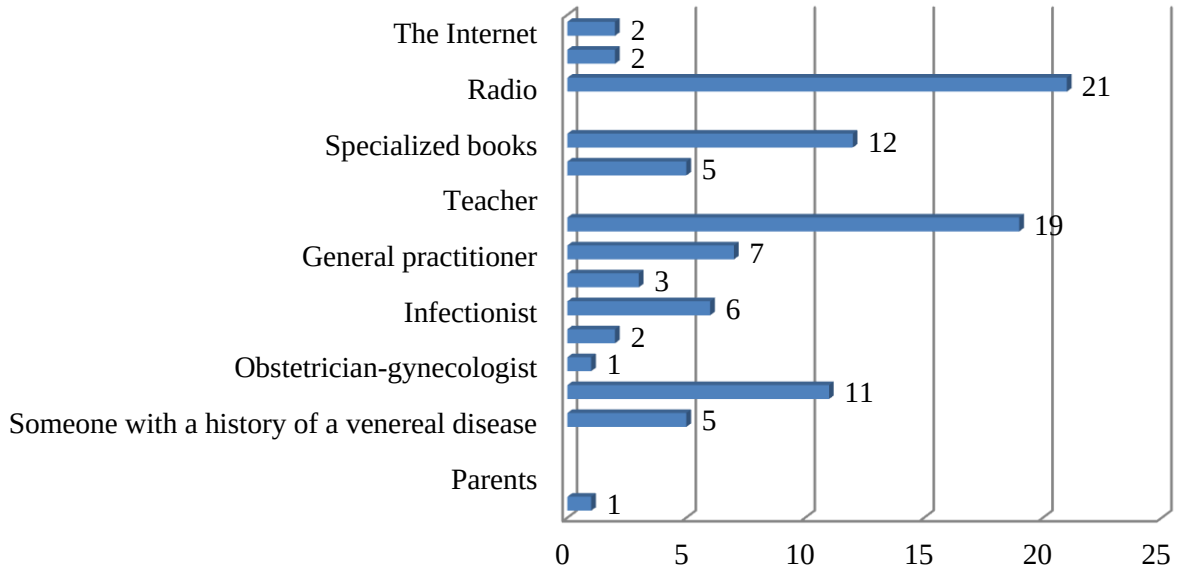
Generally, respondents are aware about signs of HIV/AIDS and ways to prevent transmission of the virus. More than half of the interviewees gave a positive answer to the question "Can an HIV-infected person not look ill?" Sixty-eight percent of the respondents reported that there are measures to reduce the risk of HIV infection and 27% of the respondents were aware of medications that reduce risk of mother-to-child HIV transmission during pregnancy. Twelve percent of the respondents thought that HIV/AIDS was curable.

Figure 26. Awareness about HIV/AIDS, % of the respondents



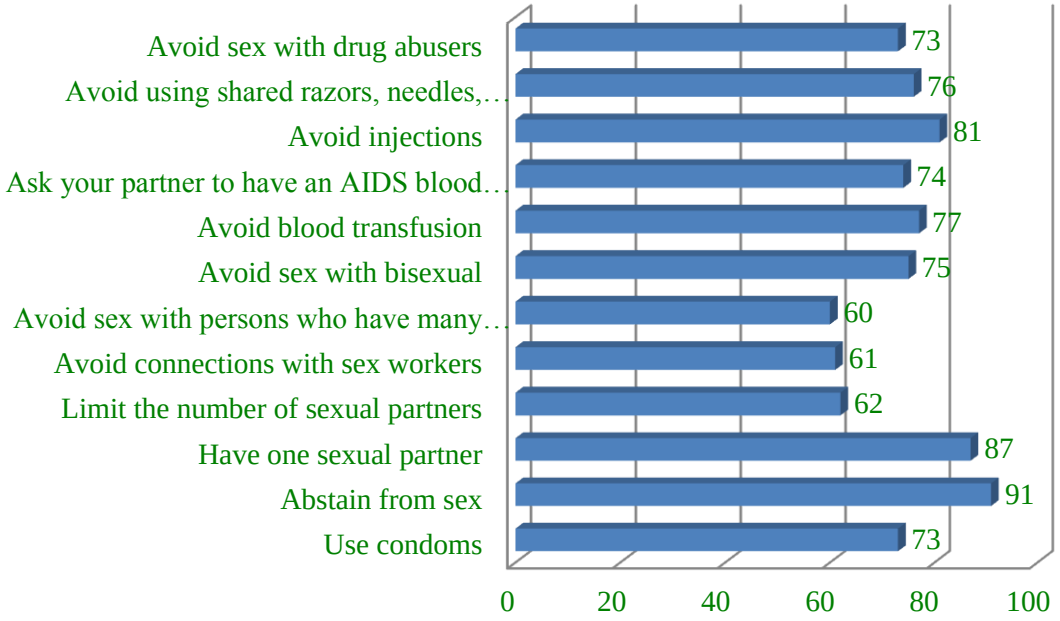
Mass media (35%) – television, the Internet, newspapers, and journals – appear to be the main source of information about ways to prevent the infection transmission and measures to reduce the risk of contracting HIV/AIDS followed by teachers at schools and other educational institutions (19%), health workers such as an obstetrician-gynecologist, nurse/midwife, family doctor and others (30%) and friends (5%).

Figure 27. Source of Information about HIV/AIDS, % of the respondents



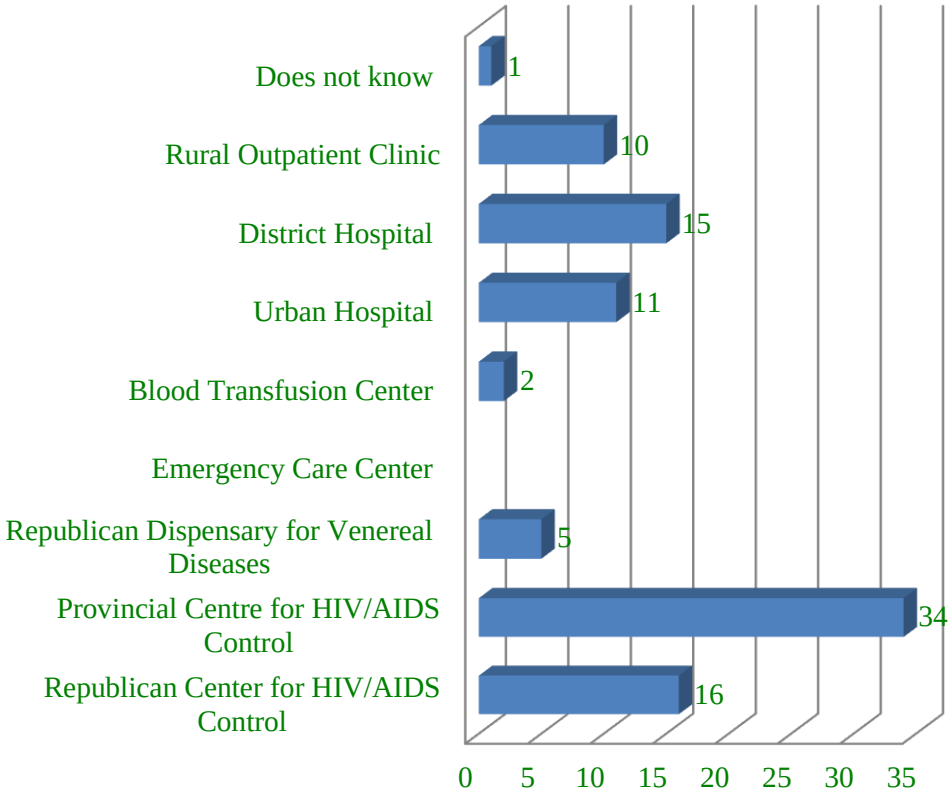
In most case, the respondents were aware of ways to prevent HIV/AIDS infection.

Figure 28. Awareness of Ways to Reduce the Risk of HIV/AIDS Infection, % to the respondents



Seventy percent of the respondents (75% of women and 56% of men) reported that they knew about health facilities, where they could have an HIV/AIDS test. Thus, 34% knew they could get tested at the Provincial Center for HIV/AIDS Control, 16% - the Republican Center for HIV/AIDS Control, urban and district hospital, rural outpatient clinics, and others.

Figure 29. Awareness of Health Facilities to Have an HIV/AIDS Test, % of the respondents



The survey findings show that 48.6% of the respondents had an HIV/AIDS test at least once in their life and 17% had the test within a recent year. The highest indicators are in Navoi (51.2% of the respondents had had an HIV/AIDS test at least once in their life) and in Namangan (63.3%) provinces. Men (25.6%), less frequently than women (56.2%), had an HIV/AIDS test.

Table 4. HIV/AIDS Test, % of the respondents

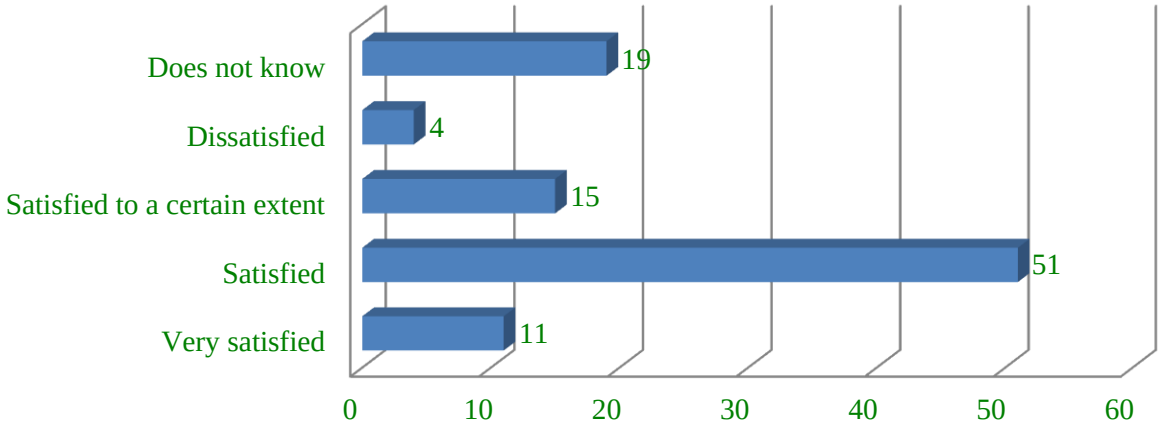
Have you ever had an HIV/AIDS test?		**yes**	When was the last time you had an HIV test?		
			Within the recent 12 months	1-2 years (13-24 months) ago	More than 2 years ago
Region	Total surveyed	48.6	17.2	10.0	21.4
	Navoi Province	51.2	19.4	10.6	21.2
	Namangan Province	63.3	24.8	13.8	24.8
	Surkhandarya Province	39.4	15.0	8.8	15.5
	Tashkent Province	43.4	15.4	6.8	21.3
	Tashkent City	45.7	11.9	10.0	23.8
Location	town	47.1	15.4	10.0	21.7
	village	50.2	19.2	9.9	21.1
Sex	male	25.6	11.2	10.4	4.0
	female	56.2	19.2	9.8	27.2
Age	under 30 years	42.8	20.0	10.4	12.3
	older than 30 years	61.5	11.1	8.9	41.4

Among those who did not have an HIV/AIDS tests, 67% reported they had no need for it and no one suggested that they have this test (8%), while in the rest of the cases, respondents indicated to a lack of confidentiality, a lack of time, and high price of services.

Section 6. JUDGMENT OF THE POPULATION ABOUT QUALITY OF REPRODUCTIVE AND MATERNAL HEALTH CARE SERVICES IN THE AREA OF CONTRACEPTION

On the whole, the respondents (62%) were satisfied with health care services, while others were either partially satisfied or unsatisfied with these services.

Figure 30. The Extent of Satisfaction with Reproductive Health Care Services,
% of the respondents



A relatively high extent of satisfaction was observed in Namangan (67% of the respondents), Tashkent (81%) provinces and the city of Tashkent (61%).

Table 5. To what extent are you satisfied with reproductive health care services?
(% of the respondents)

		To what extent are you satisfied with reproductive health care services?				
		Very satisfied	Satisfied	Satisfied to a certain extent	Dissatisfied	Does not know
Region	Total surveyed	11	51	15	4	19
	Navoi Province	5,9	51,8	17,1	1,8	23,5
	Namangan Province	25,7	42,9	11,9	2,4	17,1
	Surkhandarya Province	2,6	36,8	25,9	4,7	30,1
	Tashkent Province	12,7	67,9	10,0	1,8	7,7
	Tashkent City	8,6	51,9	13,3	7,1	19,0
Location	town	11,3	48,7	17,1	5,6	17,3
	village	11,6	52,7	13,4	1,4	20,9
Sex	male	3,6	31,6	20,0	1,6	43,2
	female	14,1	56,9	13,8	4,2	11,0
Age	under 30 years	8,6	46,5	15,1	2,8	27,1
	older than 30 years	17,8	59,6	15,9	5,4	1,3

According to the findings, there is year-on-year increase in the proportion of people who perceive family planning as a necessary or positive measure, which contributes into the birth of healthy and desired children, ensuring their financial support, and good education.

CONCLUSIONS AND RECOMMENDATIONS

The survey findings allow making the following **conclusions**:

1. There is higher public awareness and greater prevalence of contraceptive use. The survey showed that the population is informed about almost all birth control methods. The respondents are most informed about birth control methods such as condoms, intrauterine devices (IUDs), birth control pills, tubal ligation and lactational amenorrhea.

Awareness level about contraceptive methods is relatively the same in urban and rural population. It is notable that rural residents appear to be more informed about most common methods of contraception such as tubal ligation (VSC), IUD, and birth control pills than urban residents. This fact is the evidence of more intensive awareness raising activities in rural districts and that there is room for improvement among urban residents.

Different levels of awareness about birth control methods among women and men is disturbing because in most families, it is the man who decides on the choice of contraceptive method for a woman to use. Men are well aware of the least effective methods such as coitus interruptus and condoms. Men know significantly less than women about more effective birth control methods.

Women report that an intrauterine device is the most effective birth control method, while men think that condoms are best for contraception.

In general, Uzbekistan has a high prevalence of contraceptive use (76% of the respondents) and public awareness (approximately 85%) due to the implementation of the national model of reproductive health care delivery to the population. At the same time, there are disproportions in contraceptive use, where conventional approaches and methods prevail. It is notable that hormonal birth control methods, which are common in developed countries and have a therapeutic effect on a human body, are underused in our country.

2. The majority of the respondents believe that **their demand for contraceptives is fully satisfied**, primarily, because they are accessible and affordable (free-of-charge government procurement).

According to the respondents, the **desired** number of children for all age groups is 2-3 children in a family on average. The desired number of children varies across regions: Navoi Province and city of Tashkent incline towards having a family with two children (high-income regions), while reproductive attitudes in regions with relatively high population density and demographic growth rate (Namangan and Surkhandarya Provinces) tend to be defined as families with three and four children.

The survey findings show that about 40% of respondents in all age groups reported that they do not want to have any more children. These data match the contraceptive demand indictors.

3. There are growing demands and, accordingly, increasing access to reproductive and maternal health care services. High awareness of women of reproductive health as well as affordability (free-of-charge basis) and a wide range of the services determined frequent uptake of medical services. Thus, almost half of the

surveyed household residents both in urban and rural areas visited health facilities throughout a year.

The respondents most frequently seek reproductive health care services at family polyclinics and rural outpatient clinics, urban and district hospitals, and emergency care centers. Rural residents mainly visit rural outpatient clinics (82%) and district hospitals (44%). Provincial perinatal centers and the republican medical center for obstetrics and gynecology are only accessible to an insignificant number of rural and urban residents.

4. **Postpartum and post-abortion counseling on family planning** are some of opportunities to communicate ways to prevent unwanted pregnancies. The respondents with previous pregnancies and registration with a physician reported that during visits they had been informed about healthy nutrition, hazard of smoking and alcohol use, benefits of breastfeeding and taking vitamin complexes, about delivery, postpartum contraception and its possible consequences.

5. ***Public awareness of sexually transmitted infections*** helps to maintain a reproductive function of most women and men and reduces a risk of contracting HIV/AIDS. Risky behaviors and unawareness of HIV may be considered as the most common causes for the spread of HIV in Uzbekistan. In general, the respondents in the surveyed regions are aware of HIV/AIDS signs and possibilities of contracting a virus. In accordance with responses, mass media – television, the Internet, newspapers, and magazines – appear to be the main source of information about ways of infection transmission and measures to reduce the risk of contracting HIV/AIDS followed by teachers at schools and other educational institutions, health workers such as an obstetrician-gynecologist, nurse/midwife, family doctor.

It should be noted that less than half of the women were aware of the availability of medications, which may reduce the likelihood of mother-to-child transmission of HIV (PMTCT), whereby the youngest female respondents are least aware as they have the lowest level of education and no experience of sexual relations. Since most children in Uzbekistan are born to women aged 20–30 years, HIV education should focus on this age group.

The survey findings allow estimating the effectiveness of preventive measures assessing the success of national information, education and communication programs and other measures facilitating public awareness rising of effective prevention of HIV infection.

The population values high quality of reproductive and maternal health care including contraception services. Most respondents, who were on a certain birth control method and received a consultation about it and asked about their extent of satisfaction with the rendered service, expressed their satisfaction. On the whole, the respondents were satisfied (62%) with health care services or satisfied to a certain extent (15%), while others were other dissatisfied or found it difficult to answer. No significant differences were identified with regard to age, number of children, level of education or economic status. The extent of satisfaction varied depending on a method. IUD users were the most satisfied.

In general, respondents who received counseling on other issues (other birth control methods, effectiveness, adverse effects, and measures to take if they develop) were satisfied or very satisfied with the service.

The foregoing conclusions allow for making the following **recommendations**:

- there is need to attach primary importance to ensuring universal access to quality reproductive health care services and building healthy families by means of counseling. It is advisable to ensure continuous professional development of health workers employed in the area of reproductive health on issues of counseling patients;

- recognizing the significance of reproductive health, there is a need to mainstream an intersectorial and multidisciplinary approach to this issue and to involve other government agencies and NGOs in achieving the targets. In this regard, it should be pointed out that there is a need for support and assistance in arranging communication activities in the area of reproductive health and people's behaviors aimed at health improvement, especially, among socially vulnerable populations. Wider public information, education and communication interventions in mahallas, educational facilities, enterprises, and organizations are essential to promote healthy lifestyles and healthy families and to prevent most common infections. Religious leaders may sensitize the male population of the country to behavior change with respect to care for pregnant women and children, the birth of a healthy child, breastfeeding, birth spacing and negative consequences of marriages between close relatives and early marriages;

- certain populations require awareness raising and encouragement of contraceptive use. For the most part, these include young people under 30 years, who represent a strategic population stratum and define and determine a demographic situation in the nearest future. These also include male populations, which are somewhat less aware about effective birth control methods than women, while they have the greatest impact on the choice of a contraceptive method in a family. The needs of these population groups should be addressed through the efforts of government and nongovernment agencies with greater emphasis on information and communication interventions on reproductive health and contraception. Young people require access to sexual and reproductive health services, acknowledgement of their diverse needs and organization of training that is adequate for their age and specific features of the sexes and awareness raising about sexual and reproductive health;

- it is important to raise public awareness and to achieve wider practice of individualized choice of contraceptive methods with regard to medical criteria, their adequacy and effectiveness. Special emphasis should be placed on raising public awareness about hormonal birth control methods (pills and injectables), which are the most modern and effective means of contraception;

- there is a need to intensify changes in reproductive attitudes, to raise public awareness about reproductive health and contraception among residents of regions, particularly, Namangan and Surkhandarya provinces, where reproductive attitudes of families with lower incomes incline toward more (3-4) children and fewer visits to health facilities;

- considering the fact that each fifth respondent reported an unintended pregnancy in the recent five years upon the initiative of a husband and his/her relatives, there is a need to raise awareness among men and older generations on the issue of early marriages, the importance of a three-year inter-genetic birth spacing interval using modern and safe birth control methods;

- it is essential to eradicate abortions as a family planning method, which has a detrimental effect on RH through wider access to modern and effective methods of contraception;

- a more effective integration of sexual and reproductive health programs is important to prevent HIV/AIDS as well as access of people living with HIV/AIDS to voluntary family planning services. There is a need to integrate prevention of sexually transmitted diseases including HIV/AIDS into reproductive health services and widely introduce and advocate methods of "double contraception", whereby people with risky behaviors on a birth control method (IUDs, pills, and injections) are recommended mandatory condom use;

- it is advisable to strengthen HIV infection prevention through raising public awareness, improved access to testing and treatment. All high-risk groups (with risky behavior and lifestyles) should know, be able to use and have access to means of personal protection. This especially applies to young people under 30 year, who are most sexually and reproductively active. This group requires awareness raising about ways to prevent mother-to-child transmission of HIV; and

- conducting sociological survey of this kind contributes into identification of a number of details, which remain undetected in statistical surveys.

Detailed elaboration of mechanisms and processes of improving reproductive health will facilitate the development of a further action plan and the improvement of this aspect of human life.

It would be advisable to conduct a repeated survey in the same pilot regions and households within two or three year's time to identify the development trends.

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Annex

The Institute for Social Research
under the Cabinet of Ministers of the Republic of Uzbekistan

QUESTIONNAIRE NO.

"Reproductive Health and a Healthy Family in Uzbekistan"

The Institute for Social Research under the Cabinet of Ministers of the Republic of Uzbekistan is conducting a survey in partnership with the UN Population Fund with the aim of exploring the status of reproductive health in the regions of the country. The findings of this survey will be used to develop relevant recommendations on improving the situation in the area of reproductive health of the population in the Republic of Uzbekistan. The questionnaire will be administered in an anonymous manner, so you are kindly asked to sincerely ask questions of the interviewer.

HOUSEHOLD PASSPORT	**HH**
HH1. Mahalla name and code (cluster):	_____|___|___|___|
HH2. Household number:	|___|___|
HH3. Region:	Navoi Province.....1 Namangan Province.....2 Surkhandarya Province.....3 Tashkent Province.....4 City of Tashkent.....5
HH4. District or town name and code:	_____ |___|___|___|
HH5. Location:	Town.....1 Village.....2
HH6. Supervisor's name and code:	_____ |___|___|
HH7. Interviewer's name and code:	_____ |___|___|
HH8. Respondent's (name and line number in HL):	_____|___|___|
HH9. Number of household members:	|___|___|
HH10. Number of families living in the household:	|___|___|
HH11. Name and code of the data entry operator:	_____ |___|___|

RECORD OF A VISIT

Visit Number	**1**		**2**		**3**		**4**	
	DAY	**MONTH**	**DAY**	**MONTH**	**DAY**	**MONTH**	**DAY**	**MONTH**
Date of Visit	|___|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|___|
Outcome*	|___|___|		|___|___|		|___|___|		|___|___|	

*** VISIT OUTCOME CODE**

1. COMPLETED INTERVIEW	6. The selected respondent refused to give an interview
2. There is no adequate respondent	7. The selected respondent is unable to provide information
3. Nobody is home	8. Empty house
4. The selected respondent is not home	9. Incomplete interview
5. The household refused to give an interview	10. Other reasons _____

TASHKENT - 2013

INFORMATION ABOUT HOUSEHOLD MEMBERS

INTERVIEWER! A HOUSEHOLD (HH) IS A GROUP OF PEOPLE CONNECTED WITH SHARED BUDGET AND PLACE OF RESIDENCE. IN CONTRAST TO A FAMILY, HOUSEHOLD MEMBERS MAY INCLUDE PERSONS WHO SHARE NO KINSHIP, BUT LIVE UNDER ONE ROOF AND SHARE A COMMON BUDGET. A HOUSEHOLD MAY CONSISTS OF SEVERAL FAMILIES. **Please list all family members including yourself, the youngest household members and household members in military service or serving a prison sentence, who have left the country to earn a living, for seasonal employment, education, treatment and other purposes.** *INTERVIEWER!* ***PLEASE FIRST LIST THE HEAD OF THE HOUSEHOLD.***

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	HL9
HH Member Code	**Name of Household Member**	**elation to the Head of the Household** **1**– head **2**– wife/husband **3**– son/daughter **4**– son-in-law/ `daughter-in-law **5**– grandson / granddaughter 6– parent **7**– brother / sister **8**– mother-/father-in law **9**– brother-in-law / sister-in-law / relative **10**– uncle / aunt **11**– nephew / niece **12**– other relative **13**– adopted child / fosterling / step-child **14**– non-relative **98**– Don't know / No answer	**Sex** **1** -male **2** -female	**Age** *(in years, if 95 years and older, write 95)*	**Participation in the Survey** **1** – potential respondent (*a woman aged 15-44 years or a man aged19-24 years in line with survey purposes)* **2** – not eligible due to sex, age **3** - left (to earn a living, study, get treatment, and etc.) **4** – in army service **5** – serving a prison sentence	**Ethnicity** **1**–Uzbek; **2**–Karakalpak; **3**–Russian; **4**–Kazakh; **5**–Tajik; **6**–Turkmen; **7**–Kyrgyz; **8**–Other.	**Education** **1**– no education **2**– secondary (school) **3**– secondary specialized vocational **4**–higher **5** – has an academic title **6** - Other **9**– Don't know / No answer	**Main occupation** **1** – preschooler; **2** – schoolchild; **3** – college/lyceum student; **4** – university student; **5** – employed with an enterprise or organization; **6** – entrepreneur; **7** – farmer; **8** – employed in a dehkan farm; **9** – large cattle farmer; **10** – home-based worker; **11** – artisan; **12** – works abroad; **13** – retired due to age; **14** – retired due to disability; **15** – provides care for a child under three years of age; **16** – homemaker; **17** – unemployed and does not study. **Temporary employment:** **18** – a side job on a market; **19** – provides services (mechanical repairs, tailor, private taxi-driver, hairstylist, educational services and etc.); **20** – unskilled worker (odd-job worker); **21** – others
01	Head of HH _____	1	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
02		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
03		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
04		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
05		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
06		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
07		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
08		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
09		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
10		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
11		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
12		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
13		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
14		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
15		2 3 4 5 6 7 8 9 10 11 12 13 14 98	1 2	|__|__|	1 2 3 4 5	1 2 3 4 5 6 7 8	1 2 3 4 5 6 9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

MARITAL STATUS OF HOUSEHOLD MEMBERS **N**

*Interviewer! The table is filled in only for household members aged 15-44 years. In column **N2,** record their marital status, in column **N3**, record the age they entered into their (first) marriage including a civil marriage, in column **N4**, record the number of marriages including civil marriages. In column **N5,** record the duration of the marriage, in case of multiple marriages, record the duration of each marriage starting with the first one (separated by a comma). In columns **N6** and **N7,** record the number of children born in wedlock (including those born in a civil marriage) as well as children born out of wedlock.*

N1. Transfer codes for all household members aged 15-44 years from column HL1	**N2. Marital status** 1 – never married; → N7 2 – married; 3 – divorced; 4 – civil marriage; 5 – widow/widower; 6 – Other_____	**N3. Age of entering the (first) marriage, in years** *(if the respondent has never been married Does not know, No answer – 98)*	**N4. Number of marriages** *Does not know or No answer – 98)*	**N5. Duration of the Marriage** *Does not know or No answer – 98)*	**N6. Number of children born in wedlock, persons** *(if the respondent is childless – 00, Does not know or No answer - 98)*	**N7. Number of children born out of wedlock, persons** *(if the respondent is childless – 00, Does not know or No answer - 98)*

RESPONDENT SELECTION K

Interviewer, now you should select a respondent in the household using a Kish method. For this purpose, you should fill in Table K. All potential respondents (HL6 = 1) should be selected from Table HL and recorded in a descending order by age. Transfer household member codes into the table – HL1, name, sex-HL4 and age - HL5.

K1.	K2. Transfer codes of all potential respondents from column HL1	K3. Name of a household member	K4. Sex (HL4) 1- male 2- female	K5. Age (HL5) (in years)
1.			1 2	
2.			1 2	
3.			1 2	
4.			1 2	
5.			1 2	
6.			1 2	

IDENTIFY A POTENTIAL NUMBER OF RESPODENTS FROM TABLE K

K6. ____ respondents

IF A GIVEN HOUSEHOLD HAS NO POTENTIAL RESPONDENTS, FINISH THE INTERVIEW (CODE= 2).
IF THERE IS, AT LEAST, ONE POTENTIAL RESPONDENT, SELECT THE RESPONDENT USING THE RANDOM NUMBERS TABLE SHOWN BELOW

RESPONDENT SELECTION USING THE RANDOM SAMPLING TABLE:

Number of potential respondents living in the household (See K6.)	Last digit in the questionnaire number									
	0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3
4	3	4	1	2	3	4	1	2	3	4
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	5	1	2	3

IF ONLY ONE RESPONDENT RESIDES IN THE HOUSEHOLD, RECORD "1"
INTERVIEWER, RECORD THE ORDNINAL NUMBER OF THE SELECTED RESPONDENT

K7. _____ ordinal number

IF YOU NEED TO PLAN ANOTHER VISIT, THEN RECORD THE NAME OF THE RESPONDENT, DATE AND TIME OF THE SCHEDULED INTERVNEW

NAME _____

DATE OF NEXT VISIT:_____

TIME:_____

INDIVIDUAL QUESTIONNAIRE
REPRODUCTIVE HEALTH AND REPRODUCTIVE ATTITUDES

Hello! I, _____, represent the Institute for Social Research under the Cabinet of Ministers of the Republic of Uzbekistan. We are conducting a survey, which will contribute into effective implementation of the State Program for 2013 "The Year of Wellbeing and Prosperity".
I will ask you questions about your health and about where you seek medical assistance. All the information that you will provide will be kept confidential. They survey is entirely voluntary; if you are reluctant to answer a certain question, please, let me know and we will move on to the next question. The survey will take about 25 – 30 minutes of your time. Do you agree to start right now?

MARRIAGES, PREGNANCIES — RH

RH1. Are you <u>currently</u> officially married, live in a civil marriage, separated, divorced, widowed or have never been married?	1 - Married →RH4 2 – Lives in a civil marriage →RH4 3 – Separated →RH4	4 – Divorced →RH4 5 - Widowed →RH4 6 – Have never been married
RH2. Have you ever lived with boyfriend/girlfriend or a partner? *(co-residence means sexual relations and residing at the same address)*		1 – Yes → RH4 2 – No
RH3. If it depended on you, how many children would you like to have?	|___|___| children 22 – as many as the God sends 33 – as many as my spouse wants 99 – Not sure / Does not know	

GO TO → RH16

RH4. How many times have you been married (including civil marriage)?	|___| times 9 - rejected
RH4A. How old were you when you entered (for the first time) the official / civil marriage?	|___|___| years 98 – Don't remember
RH5. Did you want to have children when you entered your official/civil marriage?	1 - Yes 2 - No → RH7 8 – Not sure → RH7
RH6. How many children did you wish to have when you entered the official / civil marriage for the first time?	|___|___| children 22 - As many as the God sends 33 - as many as my spouse wants 99 - Not sure / Does not remember
RH7. How many did your spouse want to have when you entered your first official /civil marriage?	|___|___| children 00 – The spouse did not want to have children 22 – As many as the God sends 33 – As many as the respondent wanted 77 – Never discussed 99 – Not sure / Does not remember
RH8. How many children do you have?	|___|___| children
RH9. Are you going to have a (another) child sometime in the future? *(if the woman is pregnant at the moment, then add*: "…after this pregnancy?")	1 – Wants to have a child 2 – Does not want to have a child 3 – The woman wants to have a child, but her husband does not agree 4 – The woman does not to have a child, but the husband wants to 8 – Does not know
RH10. Have you (or has any of your partners including your wife) had unintended pregnancies?	1 – Yes 2 – No →RH16 9 – Refuses to answer / No answer → RH16
RH11. How many of these cases have you had?	|___| cases 4 – Four and more 9 – Refuses to answer / No answer
RH12. Have you (or has any of your partners including your wife) had unintended pregnancies in the recent five years?	1 – Yes 2 – No → RH16 9 – Refuses to answer / No answer → RH16
RH13. How many such cases have you had from 2008 to 2013?	|___| cases 0 – None → RH16 4 – Four and more 9– Refuses to answer / No answer

THE FOLLOWING QUESTIONS RELATE TO PREGNANCIES COMPLETED IN 2008 – 2013

RH14. What was the outcome?		**A. Last pregnancy**	**B. Next to last pregnancy**	**C. Third to last pregnancy**
1 – Birth of one live child 2 – Live born twins 3 – One stillborn and one live born twins 4 – One stillborn child 5 – Stillborn twins 6 – Miscarriage	7 – Induced abortion 8 – Mini abortion 9 – Ectopic pregnancy 10 – Currently pregnant 99 – Not sure / Does not remember	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99

RH15. What were the reasons for aforementioned unintended pregnancies?		**A. Last pregnancy**	**B. Next to last pregnancy**	**C. Third to last pregnancy**
1 – The doctor does not prescribe contraception 2 – Contraceptives are expensive 3 – Method inaccessible / accessible intermittently / difficult to obtain 4 – Method is accessible far away from home 5 - Does not know how / where to obtain the method 6 – Partner objects to contraception 7 – Religious concerns 8 – Fear of adverse effects 9 – Have not yet decided to use contraception 10 – Difficult to use the method 11 – Fear of surgical intervention (IUD, tubal ligation)	12 – The woman was in a postpartum / breastfeeding period 13 – The doctor said the couple cannot have children 14 – The respondent has not thought about using contraception 15 – Contraception is not (very) effective 16 – Does not want/like using the method 17 - Does not know how to use birth control methods 18 – Did not think pregnancy was possible 19 – The woman uses douching 77 - Other (specify)_____ 99 - Does not know / Refuses to answer	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 77 99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 77 99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 77 99

RH16. Do you have a need for using contraception / birth control methods?	1 – Yes 2 – No →RK 3 – sometimes 9 - Refuses to answer / No answer →RK
RH17. Has your demand been satisfied?	1 – Yes →RK 2 – No 3 - sometimes 9 - Refuses to answer / No answer

RH18. What is the main reason for dissatisfaction?	1 – The doctor does not prescribe contraception 2 – Contraceptives are expensive 3 – Method inaccessible / accessible intermittently / difficult to obtain 4 – Method is accessible far away from home 5 - Does not know how / where to obtain the method 6 – Partner objects to contraception 7 – Religious concerns	8 – Fear of adverse effects 9 – Have not yet decided to use contraception 10 – Difficult to use the method 11 – Fear of surgical intervention (IUD, tubal ligation) 77 - Other (specify) _____ 99 - Does not know / Refuses to answer

PUBLIC AWARENESS AND USE OF CONTRACEPTIVES — RK

Could you, please, tell me the following for each of the contraceptive methods below:		**RK1** **Have you heard about it?** *(read out loud A–K)*	**RK2** **Do you know how to use it ?**	**RK3** **Have you ever use it?**	**RK4** **Do you know where to get this method?**	**RK5** **How did you find out about this method?** *(See codes below)*
A.	Birth control pills (Oral contraception)	1 – Yes 2 – No → B	1 – Yes 2 – No	1 – Yes 2 – No	1 – Yes 2 – No	____
B.	IUD (intrauterine device)	1 – Yes 2 – No → C	1 – Yes 2 – No	1 – Yes 2 – No	1 – Yes 2 – No	____
C.	Condom	1 – Yes 2 – No → D	1 – Yes 2 – No	1 – Yes 2 – No	1 – Yes 2 – No	____
D.	Foam / Gel / Cream / Foaming tablets (locally active spermicides, for example, "Farmatex"	1 – Yes 2 – No → E	1 – Yes 2 – No	1 – Yes 2 – No	1 – Yes 2 – No	____
E.	Tubal ligation (female sterilization)	1 – Yes 2 – No → F	1 – Yes 2 – No	1 – Yes 2 – No	1 – Yes 2 – No	____
F.	Male sterilization (vasectomy)	1 – Yes 2 – No → G	1 – Yes 2 – No	1 – Yes 2 – No	1 – Yes 2 – No	____
G.	Injections (for example, "Depo-Provera")	1 – Yes 2 – No → H	1 – Yes 2 – No	1 – Yes 2 – No	1 – Yes 2 – No	____
H.	Emergency hormonal contraception ("a pill taken after sexual intercourse", "Postinor")	1 – Yes 2 – No → I	1 – Yes 2 – No	1 – Yes 2 – No	1 – Yes 2 – No	____
I.	Basal body temperature method / Calendar method /	1 – Yes 2 – No → J	1 – Yes 2 – No	1 – Yes 2 – No	**X**	____
J.	Coitus interruptus	1 – Yes 2 – No → K	1 – Yes 2 – No	1 – Yes 2 – No	**X**	____
K.	Lactational amenorrhea	1 – Yes 2 – No → L	1 – Yes 2 – No	1 – Yes 2 – No	**X**	____
L.	Other methods of contraception *(specify)*:	1 – Yes 2 – No →RK6	1 – Yes 2 – No	1 – Yes 2 – No	1 – Yes 2 – No	____

1 - Mother 2 - Father 3 - Relative 4 - The loved one 5 - Friends 6 - Co-worker	7 - Colleagues, peers 8 - Partner / husband 9 - General practitioner 10 - Obstetrician-gynecologist 11 - Patronage nurse	12 - Polyclinic nurse 13 - Midwife 14 - Teacher 15 - Pharmacist (chemist) 16 – Books	17 - Newspapers, magazines, brochures, fliers, leaflets 18 - Radio 19 - Television 20 – The Internet	21 - Other (specify) _____ 99 – Does not remember

RK6. Choose the most effective birth control method (in your opinion)?	1. Birth control pills (Oral contraception) 2. IUD (intrauterine device) 3. Condom 4. Implant 5. Foam / Gel / Cream / Vaginal film 6. Tubal ligation (female sterilization)	7. Emergency hormonal contraception ("a pill taken after sexual intercourse", "Postinor") 8. Injections (Depo-Provera) 9. Male sterilization 10. Basal body temperature method / Calendar method 11. Coitus interruptus	77 – Nothing from above-listed 99 - Does not know/ Not sure

RK7. How old were you during your first sexual intercourse?	|___|___| years	00 – Never had sexual contact →RA	88 – Does not remember 99 – Refuses to answer
RK8. Have you have any sexual contacts in the recent 30 days (last month)?	1 – Yes	2 – No →RA	9 – Refuses to answer
RK9. Are you (or your partner) now using (have used in the recent 30 days) any contraceptive or birth control method?	1 - Yes	2 - No → RK19	9 - Does not know / Refuses to answer → RK19

RK10. What birth control method are you using?	1- Pills 2- IUD (intrauterine device) 3- Condom 4- Condom + spermicide 5- Condom + Coitus interruptus / calendar method	6- Foam / Gel / Cream / Vaginal film 7- Female sterilization 8- Emergency hormonal contraception / (Postinor) 9- Injections (Depo-Provera) 10- Other modern method (specify): _____	11- Calendar method 12- Coitus interruptus 13- Coitus interruptus and calendar method 20- Another conventional method (specify)
RK11. What was the <u>main reason why</u> you chose this method? *(choose one answer)*	1- Recommended by a general practitioner 2- Recommended by an obstetrician-gynecologist 3- Recommended by a patronage nurse 4- Recommended by a polyclinic nurse 5- Recommended by a midwife 6- Affordable 7- Very effective	8 – Very safe (few or no side effects) 9 – A commercial (on TV, the radio, in printed press, in brochures) 10- Easy to use 11- Partner prefers using this method 12- Knows people who use this method 13- Curiosity / desire to try	14 – Allows for spontaneous (free) sexual contact 15 – Religious concerns 16 – The method is accessible free-of-charge 20 - Other (specify) _____ 99 - Does not know / Does not remember

FILTER F1. CHECK QUESTION RK10 (IS THE USED METHOD CONVENTIONAL):
1 - RK10: 11,12,13,20 → CONTINUE **2** - RK10: 1 – 10 → FILTER F2.

RK12. Could you, please, tell me was every of the arguments important in choosing a conventional method over the modern method: (READ ALOUD A–H)

		Yes	No
A.	Difficult to obtain modern methods	1	2
B.	Price of modern methods	1	2
C.	Lack of knowledge about modern methods	1	2
D.	Fear of side effects	1	2
E.	Husband's / partner's choice	1	2
F.	Religious concerns	1	2
G.	Doctor's recommendations	1	2
H.	Another person's advice	1	2

GO TO → RK16

FILTER F2. IF RK10=1 →CONTINUE, OTHERWISE → RK14

RK13. Which pills did you (your wife /partner) take <u>last time</u>?	1 – Microgynon; 2 – Microlut; 3 – Other _____	
RK14. Do you have any problems using the method of contraception?	1 – Yes	2 – No → RK16 3 -(for men) H3→ RK16
RK15. What is <u>the most serious problem</u>?	1 – Side effects 2 – Health concerns 3 – Accessibility / availability 4 - Price 5 – Sometimes forgets to use 6 – Sometimes difficult / uncomfortable to use	7 - Husband / partner does not approve 8- Weak effect of the method / got pregnant using it 9 – Dissatisfaction with the method 10 – Place where the method can be obtained is very far 20 - Other (specify) _____

RK16. Would you prefer to use another contraceptive method that is different from the one you are using now?		1 - Yes 2 – No → GO TO FILTER F3
RK17. Which method would you prefer to use? *(except for the method marked in* RK10*)*	1 – Birth control pills 2 - "IUD" (intrauterine device) 3 - Condoms 4 – Condoms + spermicides 5 – Condoms + Coitus interruptus / calendar method 6 - Foam/gel/cream/vaginal film 7 - Tubal ligation (Female sterilization)	8 - Emergency hormonal contraception (Postinor) 9 - Injections (Depo-Provera) 10 - Other modern methods (specify)_____ 11 - Calendar method 12 - Coitus interruptus 13 - Coitus interruptus and calendar method 20 - Other conventional methods (specify) _____ 88 – Does not know / Not sure
RK18. What is the <u>main reason</u> for not using this method?	1 – The doctor does not prescribe the method 2 - Price 3 - Method inaccessible / accessible intermittently / difficult to obtain 4 - Method is accessible far away from home 5 - Does not know how / where to obtain the method 6 - Husband / partner objects 7 – Religious concerns	8 – Fear of adverse effects 9 – Has not decided yet 10 – Difficult to use 11 – Fear of surgical intervention (IUD, tubal ligation) 20 -Other (specify) _____ 99 – Does not know
GO TO → FILTER F3		
RK19. What is the main reason why you or your partner are not currently using a birth control method?	1 – Has no partner at present 2 – The couple is trying to conceive 3 - Postpartum / breastfeeding period 4 – The woman is currently pregnant 5 - Hysterectomy / menopause → module RA 6 – Doctor said the couple could not have children → module RA 7 – The couple has been trying to get pregnant for two years, but has not succeeded → module RA 8 – Fear of side effects 9 – Sexual intercourse may be interrupted 10 – The respondent is not thinking of using contraceptives	11 – Cannot afford to buy birth control methods (high price) 12 – Contraception is a responsibility of a partner 13 – Contraception is not (very) effective 14 – Does not want / like to use the method 15 – Partner objects to using contraception 16 – Objection related to religion 17 - Does not know where to obtain a contraceptive method 18 - Does not know how to use birth control methods 19 – Does not think pregnancy is possible 20 – The woman uses douching 77 - Other (specify) _____ 99 - Does not know / Refuses to answer
RK20. Are you going to use any birth control method within the <u>next 12 months</u>? (if RK19=20 or RK19=3, add: "Except for douching or breastfeeding")		1 - Yes → go to RK22 2 - No 8 - Not sure
RK21. Are you going to use any birth control method <u>any time in the future</u>?		1 – Yes; 2 - No → go to RA 8 – Not sure → go to RA
RK22. What method would you prefer to use (would you like to use more than others)?	1 – Birth control pills 2 - IUD (intrauterine device) 3 - Condom 4 - Condom + spermicide 5 – Condom + Coitus interruptus and calendar method 6 - Foam/gel/cream/vaginal film 7 - Female sterilization 8 - Emergency hormonal contraception (Postinor) 9 - Injections (Depo-Provera)	10 – Other modern methods (specify) _____ 11 - Calendar method →RK28 12 - Coitus interruptus → RK28 13 - Coitus interruptus and calendar method → RK28 20 - Another conventional method (specify) _____→ RK28 99 - Not sure →RK28
RK23. How much can you afford to spend monthly on birth control?	___ ___ ___ ___thousand UZS	888 – 100 and more thousand UZS 999 – Not sure / Does not know
RK24. Where/from whom would you like to receive/buy birth control methods?	1 – Republican Medical Center for Obstetrics and Gynecology 2 – Provincial perinatal center/branch Republican Medical Center for Obstetrics and Gynecology 3 – Urban hospital 4 – District hospital	5 – District medical association 6 – Family polyclinic 7 – Rural outpatient clinic 8 – Center for reproductive health 9 – Private clinic / hospital 10 – Pharmacy 11 – Market / bazaar	12 – Store / kiosk 13 – Partner / husband 14 – Girlfriend / Boyfriend 15 – Relative 16 – Other (specify)_____ 99 – Does not know

FILTER F3. CHECK QUESTION RK10 (IS THE USED METHOD CONVENTIONAL): 1 - RK10: 11,12,13,20 → RK28;
2 - RK10: 1 – 10 →CONTINUE

RK25. The following questions are about <u>the most recent contraceptive method,</u> which you have used. Where have you purchased / received this method?	1 – Republican Medical Center for Obstetrics and Gynecology 2 – Provincial perinatal center/branch Republican Medical Center for Obstetrics and Gynecology 3 – Urban hospital 4 – District hospital	5 – District medical association 6 – Family polyclinic 7 – Rural outpatient clinic 8 – Center for reproductive health 9 – Private clinic / hospital 10 – Pharmacy 11 – Market / bazaar	12 – Store / kiosk 13 – Partner / husband 14 – Girlfriend / Boyfriend 15 – Relative 16 – Other (specify)_____ 99 – Does not know
RK26. Have you paid for this contraceptive method?		1 - Yes	2 - No → RK28
RK27. You have paid for: ..... *READ OPTIONS OUT LOUD*	1 – The contraceptive method? 2 – Doctor's consultation? 3 – For both?		
RK27A. Altogether, how much on average have you paid (are paying) for this contraceptive method per month?	___ ___ ___ thousand UZS	888 - more than 100 thousand UZS 999 - Not sure /Does not know	
RK28. Have you made a voluntary decision to use this method?	1 – Yes	2 – No	9 – Does not know / Refuses to answer
RK29. When did you start using the most recent method? Who counseled you on how to use it?	1 – General practitioner 2 – Obstetrician-gynecologist 3 – Patronage nurse 4 – Polyclinic nurse 5 – Midwife 6 – Pharmacist → RA	7 – Mother, father → RA 8 – Another relative → RA 9 – Fried → RA 10 – Partner → RA 11 – No one → RA 20 – Other (specify) _____ → RA	
RK30. When you received information about this method did a health worker tell you about other birth control methods?	1 – Yes	2 – No → RK32	
RK31. Did a health worker explain to you <u>how effective</u> is your method as compared to other methods?	1 – Yes	2 – No	
RK32. Did you a health worker explain to you, which <u>adverse effects</u> may develop when you use your method?	1 – Yes	2 – No	
RK33. Were you told what to do if adverse effects develop when using this method of contraception?	1 – Yes	2 – No	

ACCESSIBILITY OF REPRODUCTIVE HEALTH SERVICES — RA

I would like to ask you several questions related to using reproductive health services, namely, those related to the period of pregnancy and childbirth, problems of childlessness, prevention of STIs including HIV, and etc.

RA1. Are there health facilities where you can seek assistance or counseling on issues related to reproductive health?	1 – Yes 2 – No → RA3

RA2. What is this facility?
Indicate which of the facilities do you go to: (*READ A– H OUT LOUD)*

		1 – Yes	2 – No			1 – Yes	2 – No
A.	Family polyclinic	1	2	**E.**	Emergency care center	1	2
B.	Rural outpatient clinic	1	2	**F.**	Republican Medical Center for Obstetrics and Gynecology	1	2
C.	District hospital	1	2	**G.**	Provincial perinatal center/branch of the Republican Medical Center for Obstetrics and Gynecology	1	2
D.	Urban hospital	1	2	**H.**	Other_____	1	2

GO TO RA4

RA3. What is the <u>main reason</u> why you do not visit a relevant facility for reproductive health care services?	1 - No health facility nearby 2 - No sense since I don't fall ill often / never ill / No need 3 – Dissatisfaction with quality of health services	4 – Cannot afford to pay for the services 5 – Recently moved here 7 – Others (specify)_____ 8 - Does not know / Not sure
RA4. Have any health workers visited you within the recent 12 months to explain reproductive health services and contraception to you?		1 – Yes 2 – No → RA6
RA5. Could you specify how many times have health workers visited you within the recent 12 months?	1 – Once a month 2 – Once every three months	3 – Once every six months 4 – Less frequently than once every six months
RA6. Have you seen a doctor or other health worker <u>within the recent 12 months</u> seeking medical assistance in terms of counseling <u>on family planning or other reproductive health services</u>?		1 - Yes 2 - No → RA10 8 - Does not know / Does not remember → RA10
RA7. How long does it take you to get from your home to this health facility *(if there are several health facilities, record the distance to the nearest one)***?**	___ ___ ___ minutes	000 – At the workplace, at home 999 – Does not know / Does not remember

RA8. What kind of health care services have you received within the recent 12 months? You have received (*READ A–G OUT LOUD*)

		NO	YES RA8A. How many visits?
A.	Antenatal care	0	1 → ___ ___
B.	Family planning counseling	0	1 → ___ ___
C.	Received a birth control method	0	1 → ___ ___
D.	In relation to adverse effects of contraception	0	1 → ___ ___
E.	In relation to an abortion	0	1 → ___ ___
F.	Childbirth	0	1 → ___ ___
G.	Other	0	1 → ___ ___

RA9. How much cash have you spent within the recent 12 months on your health care related to reproductive health care including gifts and money given to a doctor? *(in case of gifts, record their cost in UZS)*

1 – have not paid
2 – less than 5 thousand UZS
3 - 5 to 10 thousand UZS
4 - 10 to 50 thousand UZS
5 - 50 to 100 thousand UZS
7 – more than 100 thousand UZS
8 - Does not know / Does not remember

RA10. Has there been a case within the recent 12 months when you needed to visit a health facility due to reproductive health problems, but have been unable to see a doctor?

1 – Yes
2 - No → go to RA12
8 - Does not know / Does not remember → go to RA12

RA11. What is the main reason for the delay?

1 - Impossible to make an appointment in short time
2 - Had to wait for too long (in the waiting area)
3 - When it was possible to see a doctor, his/her office did not work
4 - No transportation
5 - Doctor's office is located very far
6 - Cannot afford to pay for the visit
7 - Does not like the services / staff at health facility
8 - Does not think adequate care can be received
9 – Others (specify)_____
99 -Does not know / Does not remember

RA12. Could you tell me to what extent are you generally satisfied with reproductive health services?

1 – Very satisfied
2 – Satisfied
3 – Satisfied to a certain extent
4 – Not satisfied
5 – Does not know

FILTER F4: IF THE RESPONDENT IS MALE → RA15 , OTHERWISE – CONTINUE

RA13. When did you see a general practitioner or gynecologist for the last time (not related to a pregnancy) for a health examination? *(read possible answers out loud)*

1 – Within the recent 6 months → RA15
2- Within the recent 12 months → RA15
3 - 13–24 months ago
6 – More than 2 years ago
8 - Does not remember / Refuses to answer

RA14. You visited a …

		1 – Yes	**2 – No**			**1 – Yes**	**2 – No**
A.	General practitioner	1	2	**B.**	Gynecologist	1	2

RA15. Do you think a woman always make a decision about her pregnancy including a right to abortion?

1 - Yes → go to RA18.
2 - No

RA16. Who influences the decision:

		1 – Yes	**2 – No**			**1 – Yes**	**2 – No**
A.	Husband	1	2	**C.**	Father-in-law	1	2
B.	Mother-in-law	1	2	**D.**	Other_____	1	2

RA17. What do you think a woman should do if she has an unintended pregnancy? *(read 1–3 out loud):*

1 – Give birth to and raise the child
2 – Give birth to the child and put him/her up for adoption
3 – Have an abortion
8 - Does not know

HIV/SEXUALLY TRANSMITTED ILLNESSES X

And now I will ask you several questions about sexually transmitted infections (STIs). These infections are contracted from another person during a sexual intercourse.

X1. In your opinion, which one is the most important of information about sexually transmitted infections including AIDS? (*TRY ASKING IN ANOTHER WAY: Where or from whom did you find out about these diseases?)*

1- Mother
2- Father
3- Another relative
4- The loved one
5- Partner / husband
6- Someone with a history of a venereal disease
7- Friends, colleagues, peers
8- Gynecologist
9- Venereal diseases specialist
10- Infectious diseases specialist
11- Family doctor / therapist
12- General practitioner
13- Nurse / midwife / doctor's assistant
14- Teacher
15- Pharmacist
16- Specialized books
17- Newspapers, magazines, brochures, fliers and etc.
18- Radio
19- TV
20- The Internet
21- Other (specify):_____
77- Have not heard of venereal diseases
99- Does not remember / Refuses to answer

X2. Do you know of a health facility where you can get tested for HIV/AIDS? 1 – Yes; 2 – No → go to X7

X3. Where is it? (read out loud)	1 –Republican center for HIV/AIDS control 2 – Provincial center for HIV/AIDS control	3 - Republican (provincial) center for dermatology and venereology / venereal diseases dispensary 4 - Emergency care center 5 – Blood transfusion center	6 – Urban hospital 7 –District hospital 8 - Rural outpatient clinic 9 - Other (specify) _____ 99 - Does not know

X4. Could you tell me if you have <u>ever</u> had an HIV (AIDS) test without telling me the test result?	1 – Yes 2 – No → go to X6 8 – Does not remember → go to X6	
X5. When did you get tested for <u>HIV</u> (AIDS) <u>last time</u>? This was *(READ 1–3 OUT LOUD)***:**	**1 – Within the recent 12 months** **3 – More than 2 years ago**	2 - 1-2 years (13-24 months) ago

GO TO X7

X6. Why have you never got tested for HIV (AIDS)?	1 – Never considered this necessary 2 – Lack of confidentiality 3 – Partner was against it **4 – Relatives were against it** **5 – Fear of test result**	**6 – No time** **7 – Out of religious concerns** **8 – Was told that health workers insult people getting tested** **9 – Was told that test result is not handed**	10 – Lack of funding/too expensive 11 – Was never offered to have this test 20 – Other (specify) _____ 99 – Does not know

X7. In your opinion, can an HIV-infected person not look ill?	1 – Yes 2 – No 8 – Does not know / Refuses to answer
X8. Are there any medications an HIV-infected woman could take to reduce the risk of mother-to-child transmission during pregnancy?	1 – Yes 2 – No 8 – Does not know / Refuses to answer

X9.Do you think HIV/AIDS is curable?	**1 – Yes** **2 – No**	3 – No, but there is treatment to prolong a relapse 8 – Does not know / Refuses to answer
X10. Are there measures to reduce the risk of HIV/AIDS infection?		1 – Yes 2 – No → go to **FILTER F5** 8 – Does not know / Refuses to answer → go to **FILTER F5**

X11. In your opinion, what can a person do to reduce the risk of contracting an HIV (AIDS) virus?
(Mark all mentioned options) **1 – Yes 2 – No 8 – Do not know**

A.	**Use condoms**	**1 2 8**	**H.**	Avoid blood transfusion	**1 2 8**
B.	**Abstain from sex**	**1 2 8**	**I.**	Ask the partner to get an AIDS blood test	**1 2 8**
C.	**Have one sexual partner / be faithful to one partner**	**1 2 8**	**J.**	Avoid infections	**1 2 8**
D.	**Limit the number of sexual partners**	**1 2 8**	**K.**	Avoid using shared razors, needles, syringes	**1 2 8**
E.	**Avoid contact with sex workers**	**1 2 8**			
F.	**Avoid persons with multiple sex partners**	**1 2 8**	**L.**	Avoid sex with injectable drug users	**1 2 8**
G.	**Avoid sex with bisexuals**	**1 2 8**	**M.**	Other (specify)_____	**1 2 8**

FILTER F5. IF THE RESPONDENT IS MALE → MODULE "H"
IF THE RESPONDENT IS FEMALE AND IF RK7 =0→ MODULE "H"
IN OTHER CASES → MODULE "P"

ANTENATAL AND POSTPARTUM CARE P

P0. Could you, please, tell me if you had a pregnancy that resulted in childbirth | 1 – Yes 2 – No → H

And now I would like to talk to you about your last pregnancy that resulted in childbirth

P1. What month or week of your last pregnancy did you find out that you were pregnant?	1 – _____ weeks 2 – _____ months 888 – Does not know / Does not remember
P2. Did you get registered for antenatal care?	1 – Yes 2 – No → go to module H 8 – Does not remember → go to module H
P3. What week or month of pregnancy did you get registered for antenatal care?	1 – _____ weeks 2 – _____ months 888 – Does not know / Does not remember
P4. How many antenatal visits did you have during that pregnancy?	1 – Fewer than 10 2 – 10-20 3 – 20-30 4 – More than 30 visits 88 – Does not remember

P5. Where did you <u>most often</u> go for antenatal care?	1 – Republican (Provincial) perinatal center 2 – Urban maternity clinic / hospital 3 – District maternity clinic / hospital 4- District medical association 5 – Family polyclinic	6 – Rural outpatient clinic 7 – Screening center 8 – House call 9 – Other_____
P6. Which specialist did you see for antenatal counseling?	1 – General practitioner 2 – Obstetrician-gynecologist 3 – Patronage nurse	4 – Polyclinic nurse 5 – Midwife 7 – Other_____
P7. How much did you pay for antenatal care during that pregnancy?	__ __ __ __ UZS 0000 – Did not pay 8888 – Does not know / Does not remember	

P8. During your antenatal visits, did you receive information about: *(READ A– I OUT LOUD)***: 1 – Yes 2 – No**

A	Healthy nutrition	1 2	**F.**	Postpartum contraception	1 2
B.	Smoking health hazard during pregnancy	1 2	**G.**	Signs of pregnancy complications	1 2
C	Health hazard of alcohol consumption during pregnancy	1 2	**H.**	Postpartum counseling	1 2
D	Benefits of breastfeeding	1 2	**I.**	Importance of taking vitamin complexes	1 2
E.	Childbirth	1 2			

P9. During your antenatal visits, did you receive the following services: *(READ A–H OUT LOUD):*		1 – Yes	2 – No				
A	HIV test	1	2	**D.**	Hepatitis C test	1	2
B.	Syphilis test	1	2	**E.**	Vitamin complex	1	2
C	Hepatitis B test	1	2	**F.**	Postpartum contraception	1	2

GENERAL INFORMATION H

H1. What do you think of your family's wellbeing? Do you think it is high, above average, below average or low?	1 – High 2 – Above average 3 – Average	4 – Below average 5 – Low 9 – Refuses to answer
H2. Are you satisfied with your living conditions?	1 – Yes 2 – No 9 – Refuses to answer/Don't know	

H3. Could you, please, tell me how do you rank the following life values? Please rank the most important value first, next important value second and so on.
Read all options out loud and obtain an answer to each question.

	Life values	Rank
A.	To have children	
B.	To have a close-knit family	
C.	To have material wealth	
D.	To have good living conditions	
E.	To have a regular job / opportunities for career growth	
F.	To have good health	
G.	Other (specify)_____	

H4. How do you evaluate your health status? Do you think it is good, average or poor?	1 – Good → end 2 – Average → end	3 – Poor 9 – Don't know → end
H5. What is the <u>main reason</u> why you think your health is poor?	1 – Financial constraints to pay for health services and medications 2 – Poor nutrition 3 – Poor working conditions 4 – Poor living conditions	5 – Genetic predisposition 6 – Lifestyle (alcohol use, smoking…) 7 – Other_____ 8 – Don't know / Refuses to answer

THANK THE RESPONDENT FOR HIS/HER TIME AND
RECORD THE TIME OF COMPLETION OF THE INTERVIEW
THANK YOU!!!

INTERVIEWER _____FULL NAME _____signature
DATE OF THE INTERVIEW "_____" _____ 2013
TIME OF COMPLETING THE INTERVIEW _____ _____