CHAPTER 5

# CONTRACEPTIVE KNOWLEDGE AND USE

In countries with well-established comprehensive family planning programs, elective abortion is usually a last resort, employed when contraception fails to protect women from unintended pregnancies. In most of the former Soviet bloc countries, however, the limited availability and acceptance of and access to modern contraceptive methods, and the high reliance on traditional, less effective methods, had shifted the role of abortion from a minor contributor to the primary determinant of fertility control. At the beginning of the 1990s, the extremely high rates of abortion in Romania, Russia, and several other successor states of the former Soviet Union appeared the be the principal determinant of fertility decline, as the protracted transition to new political and economic systems in these countries had initially brought little change in contraceptive prevalence.

At the breakup of the Soviet Union, the overall contraceptive prevalence in the USSR was estimated to be around 30%, lower in the Caucasus and Central Asian republics and higher in the Eastern European and Baltic republics (Brackett JW, 1993; Popov A et al., 1993). In most Soviet bloc countries of Central and Eastern Europe, isolated from the advanced contraceptive technology of other industrialized countries, the use of modern contraception was low and reliance on elective abortion high. Compared to Western Europe, women in these countries relied on contraceptive methods that are more prone to failure, particularly withdrawal. The reasons given for the limited use of modern contraception varied between countries and within countries, but most often were related to lack of access, poor quality of contraceptive supplies (both actual and perceived), concerns among both family planning clients and providers about the health risks associated with certain modern methods, and the easy access to and low cost of obtaining abortions

(Serbanescu F et al., 1995; Serbanescu F, 1998; Goldberg HI and Serbanescu F, 2001).

In recent years, however, changes in the balance between contraception and abortion appear to be underway. Thanks to recent efforts by a number of international donors in collaboration with governmental and non-governmental local counterparts, both the availability of modern methods and the delivery of adequate information on modern contraception seem to be improving. In several countries of the region, both annual official statistics and nationwide Reproductive Health Surveys (RHS) and Demographic and Health Surveys (DHS)—which allow for trend estimates in contraceptive use either through follow-up surveys, such as in Romania and Kazakhstan, or through 5-year contraceptive histories—have indicated a decline in the most recent abortion rates that coincided with an increased proportion of couples using modern contraceptive methods.

Despite the important role contraception plays in women's health and as a determinant of fertility levels, very little information about contraceptive use is routinely collected in this region. Moreover, little was known about the knowledge of, attitudes toward, and perceived effectiveness of contraceptive methods at national or regional levels. For all the countries studied in this report, survey data constitute the most detailed and largest-scale examination of most aspects of contraceptive use known to exist. Previous to surveys such as the RHS and DHS, most information on contraceptive use in these countries came from national statistics on distribution of supplied methods or from small-scale studies. However, such data tend to be of relatively little value in determining overall contraceptive prevalence, method mix, unmet need for contraception, and many other aspects of contraceptive use, such as the knowledge, accessibility, and acceptance of modern contraceptive methods.

In this report, as in the recent Population Report on worldwide survey results (Zlidar VM et al, 2003), traditional methods include withdrawal and periodic abstinence only. In most surveys a small proportion of women reports using breastfeeding or the lactational amenorrhea method (LAM) as a contraceptive method. Studies show, however, that the correct use of LAM is limited (Haggerty PA and Rutstein SO, 1999). For a mother to practice LAM correctly, she must fulfill three criteria: (1) exclusive or full breastfeeding for 3 months, (2) being less than 6 months postpartum, and (3) not menstruating (Labbock M et al., 1997). If a woman does not meet all of these criteria, she would not be correctly practicing LAM and would be at risk of an unintended pregnancy unless she is using another contraceptive method. In this report, women practicing LAM were not included as part of the contraceptive prevalence rate. Moreover, demographers have considered the duration of post-partum sterility, or the "non-susceptible period" as one of the four intermediate variables affecting the determinants of fertility (Davis K and Blake J, 1956; Bongaarts J, 1978).

## 5.1 Contraceptive Awareness

Lack of or misleading information about contraceptive methods and their side effects, and misperceptions and general mistrust of modern contraception are important barriers to utilization of newly established family planning services and to consistent and correct use of modern methods. All the RHS and DHS surveys include questions on general awareness of specific contraceptive methods and knowledge of source(s) of supplied methods. In addition, the RHS documents perceived reliability (knowledge of the contraceptive efficacy) of most used

contraceptive methods and knowledge of how these methods are used.

In all three sub-regions studied, almost all women (87%–100%) had heard of at least one modern method, while far fewer were aware of traditional methods in Central Asia (31% and 82%) and the Caucasus (65% and 72%) (Table 5.1.1). Generally, levels of awareness about any method were lower in rural areas, among younger women, among women who have never been married, and among those with less than complete secondary education. The differences in awareness between subgroups tend to be larger in countries with lower overall levels of awareness, suggesting that women with selected background characteristics (urban residence, older age, post-secondary education) may be the first to benefit from the newly implemented family planning programs. These differences also highlight the need to include information on contraceptive methods in age-appropriate sexual health education programs, since never-married young women, often still in school, seem to be the least knowledgeable subgroup.

Though most women had heard of at least one modern contraceptive method, the IUD, condom, and the pill were the modern methods most widely known (Table 5.1.2). Between 83% and 84% of women in Azerbaijan and Armenia and 96%–98% in Eastern Europe were aware of the IUD. This compares with condom awareness as low as 48% in Uzbekistan and 58% in Azerbaijan and as high as 97%–99% in Eastern Europe, where the recent threat of an emerging HIV/AIDS epidemic may have contributed to increased awareness of the condoms' benefits in preventing sexually transmitted infections. Pill awareness ranged from 53% to 78% in Caucasus, 66% to 87% in Central Asia, and about 90% in Eastern Europe (excepting Moldova, where awareness of the pill was only 66%). The same respondent background characteristics (rural residence, young age, no marital experience, and less than secondary complete education) were associated with lower levels of awareness for the most common modern methods known. Awareness of other modern methods, particularly those seldom available (e.g., injectables, diaphragm, and vasectomy) was typically very low (data not shown).

Between 66% and 99% of women knew at least one place where they thought they could obtain condoms, 36%–97% knew where to obtain pills, and 59%–95% knew where to get IUDs (Table 5.1.3). In most countries, the knowledge of where to obtain a family planning method was significantly affected by residence and education: rural residents and less educated women were less likely to have such information.

As shown in Table 5.1.4, the RHS surveys in four countries found that among women 15–44 years of age, the main source of information about contraceptive methods was a friend or acquaintance (33%–51%), followed in most countries by a physician (11%–22%) or a relative other than a parent (14% in Georgia and 19% in Azerbaijan). Mass media (including print media) was mentioned by 17% of women in Romania and 15% of women in Moldova, but by only 7%–8% in Azerbaijan and Georgia. School was seldom mentioned in any country (1%–3%). These findings explain, in part, the poor quality of contraceptive information, which is often acquired through rumors, and argue for increasing the public health efforts in the dissemination of correct contraceptive information through official channels (school, mass media, and health providers).

Correct information about contraceptive effectiveness can greatly influence a couple's

**Table 5.1.1**
**Percent of Women with General Awareness of Contraception by Selected Characteristics**
**Among Women Aged 15–44**
**Eastern Europe and Eurasia: A Comparative Report**

| | | | Residence | | Age Group | | | Marital Status | | | Education | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Region and Country | Total | Urban | Rural | 15–24 | 25–34 | 35–44 | Married | Previously Married | Never Married | Secondary Incomplete | Secondary Complete | Tech-nicum | Post-Secondary |
| Eastern Europe | ***Czech Rep., 1993*** | | | | | | | | | | | | | |
| | *Any Method* | 100 | 100 | 100 | 99 | 100 | 100 | 100 | 100 | 99 | 100 | 100 | * | 100 |
| | *Modern* | 100 | 100 | 99 | 99 | 100 | 100 | 100 | 100 | 99 | 99 | 100 | * | 100 |
| | *Traditional* | 98 | 98 | 97 | 97 | 98 | 98 | 98 | 97 | 96 | 97 | 100 | * | 100 |
| | ***Moldova, 1997*** | | | | | | | | | | | | | |
| | *Any Method* | 100 | 100 | 99 | 99 | 100 | 100 | 100 | 100 | 98 | 98 | 100 | 100 | 100 |
| | *Modern* | 99 | 100 | 99 | 99 | 100 | 100 | 100 | 99 | 98 | 98 | 100 | 100 | 100 |
| | *Traditional* | 88 | 90 | 84 | 71 | 97 | 96 | 96 | 97 | 58 | 76 | 87 | 95 | 96 |
| | ***Romania, 1999*** | | | | | | | | | | | | | |
| | *Any Method* | 100 | 100 | 99 | 99 | 100 | 100 | 100 | 100 | 99 | 99 | 100 | * | 100 |
| | *Modern* | 99 | 100 | 98 | 99 | 100 | 99 | 99 | 98 | 99 | 99 | 100 | * | 100 |
| | *Traditional* | 93 | 95 | 89 | 83 | 98 | 98 | 98 | 96 | 80 | 88 | 98 | * | 100 |
| | ***Russia, 1999*** † | | | | | | | | | | | | | |
| | *Any Method* | 100 | † | † | 100 | 100 | 100 | 100 | 100 | 99 | 99 | 100 | 100 | 100 |
| | *Modern* | 100 | † | † | 100 | 100 | 100 | 100 | 100 | 99 | 99 | 100 | 100 | 100 |
| | *Traditional* | 97 | † | † | 94 | 98 | 98 | 98 | 98 | 91 | 86 | 96 | 98 | 99 |
| | ***Ukraine, 1999*** | | | | | | | | | | | | | |
| | *Any Method* | 100 | 100 | 100 | 99 | 100 | 100 | 100 | 100 | 100 | 99 | 100 | 100 | 100 |
| | *Modern* | 100 | 100 | 100 | 99 | 100 | 100 | 100 | 100 | 99 | 98 | 99 | 100 | 100 |
| | *Traditional* | 92 | 93 | 91 | 85 | 97 | 95 | 96 | 95 | 79 | 78 | 90 | 96 | 97 |
| Caucasus | ***Armenia, 2000*** | | | | | | | | | | | | | |
| | *Any Method* | 94 | 95 | 92 | 88 | 98 | 98 | 99 | 94 | 84 | 78 | 94 | 98 | 99 |
| | *Modern* | 93 | 95 | 91 | 87 | 97 | 97 | 98 | 94 | 84 | 77 | 93 | 97 | 99 |
| | *Traditional* | 72 | 72 | 74 | 46 | 89 | 89 | 91 | 81 | 35 | 37 | 75 | 81 | 79 |
| | ***Azerbaijan, 2001*** | | | | | | | | | | | | | |
| | *Any Method* | 88 | 91 | 85 | 74 | 96 | 98 | 99 | 94 | 69 | 78 | 87 | 97 | 98 |
| | *Modern* | 87 | 90 | 83 | 74 | 95 | 97 | 98 | 93 | 69 | 78 | 86 | 97 | 98 |
| | *Traditional* | 65 | 68 | 62 | 34 | 83 | 87 | 92 | 75 | 20 | 49 | 65 | 81 | 78 |
| | ***Georgia, 1999*** | | | | | | | | | | | | | |
| | *Any Method* | 95 | 98 | 91 | 90 | 98 | 98 | 98 | 96 | 90 | 82 | 95 | 100 | 99 |
| | *Modern* | 95 | 98 | 91 | 90 | 97 | 98 | 97 | 96 | 90 | 81 | 95 | 100 | 99 |
| | *Traditional* | 69 | 74 | 63 | 44 | 83 | 86 | 85 | 79 | 39 | 30 | 66 | 85 | 86 |
| Central Asia | ***Kazakhstan, 1999*** | | | | | | | | | | | | | |
| | *Any Method* | 99 | 99 | 98 | 96 | 100 | 100 | 100 | 100 | 96 | 95 | 97 | 100 | 100 |
| | *Modern* | 99 | 99 | 98 | 96 | 100 | 100 | 100 | 100 | 96 | 95 | 97 | 100 | 100 |
| | *Traditional* | 82 | 87 | 75 | 66 | 90 | 90 | 89 | 91 | 61 | 55 | 71 | 91 | 92 |
| | ***Kyrgyz Rep., 1997*** | | | | | | | | | | | | | |
| | *Any Method* | 97 | 99 | 96 | 93 | 99 | 100 | 100 | 100 | 88 | 82 | 98 | 100 | 100 |
| | *Modern* | 97 | 99 | 96 | 93 | 99 | 100 | 100 | 99 | 87 | 81 | 97 | 100 | 100 |
| | *Traditional* | 68 | 74 | 64 | 47 | 81 | 82 | 80 | 76 | 27 | 29 | 62 | 81 | 84 |
| | ***Turkmenistan, 2000*** | | | | | | | | | | | | | |
| | *Any Method* | 93 | 95 | 92 | 85 | 99 | 99 | 99 | 99 | 82 | 81 | 96 | 99 | 100 |
| | *Modern* | 93 | 95 | 92 | 85 | 99 | 99 | 99 | 99 | 82 | 81 | 96 | 99 | 100 |
| | *Traditional* | 42 | 48 | 37 | 19 | 59 | 60 | 60 | 54 | 11 | 15 | 43 | 64 | 75 |
| | ***Uzbekistan, 1996*** | | | | | | | | | | | | | |
| | *Any Method* | 88 | 92 | 86 | 79 | 96 | 96 | 96 | 87 | 69 | 70 | 88 | 94 | 96 |
| | *Modern* | 88 | 92 | 86 | 78 | 96 | 96 | 96 | 87 | 69 | 70 | 88 | 94 | 96 |
| | *Traditional* | 31 | 46 | 23 | 19 | 40 | 42 | 39 | 39 | 11 | 15 | 23 | 44 | 60 |

* Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.
† Data for Russia pertain to three primarily urban areas as described in Chapter 2.

**Table 5.1.2**
**Percent of Women with Awareness of Specific Contraceptive Methods by Selected Characteristics**
**Among Women Aged 15–44**
**Eastern Europe and Eurasia: A Comparative Report**

| Region and Country | Total | Residence | | Age Group | | | Marital Status | | | Education | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Urban | Rural | 15–24 | 25–34 | 35–44 | Married | Previously Married | Never Married | Secondary Incomplete | Secondary Complete | Tech-nicum | Post-Secondary |
| **Eastern Europe** | | | | | | | | | | | | | |
| ***Czech Rep., 1993*** | | | | | | | | | | | | | |
| *Pills* | 99 | 99 | 98 | 98 | 99 | 99 | 99 | 99 | 98 | 98 | 100 | * | 100 |
| *IUD* | 97 | 97 | 96 | 93 | 99 | 98 | 99 | 99 | 91 | 94 | 100 | * | 100 |
| *Condom* | 99 | 100 | 99 | 99 | 100 | 99 | 99 | 100 | 99 | 99 | 100 | * | 100 |
| ***Moldova, 1997*** | | | | | | | | | | | | | |
| *Pills* | 66 | 75 | 56 | 63 | 72 | 64 | 67 | 68 | 62 | 50 | 61 | 76 | 87 |
| *IUD* | 97 | 98 | 96 | 93 | 99 | 99 | 100 | 99 | 88 | 92 | 97 | 99 | 99 |
| *Condom* | 97 | 100 | 94 | 97 | 98 | 96 | 97 | 96 | 96 | 92 | 96 | 100 | 100 |
| ***Romania, 1999*** | | | | | | | | | | | | | |
| *Pills* | 93 | 97 | 85 | 91 | 95 | 92 | 93 | 91 | 93 | 87 | 99 | * | 100 |
| *IUD* | 91 | 95 | 84 | 84 | 96 | 94 | 95 | 91 | 82 | 85 | 96 | * | 99 |
| *Condom* | 98 | 99 | 96 | 99 | 98 | 97 | 98 | 96 | 99 | 97 | 100 | * | 100 |
| ***Russia, 1999***† | | | | | | | | | | | | | |
| *Pills* | 98 | † | † | 99 | 98 | 98 | 99 | 98 | 98 | 96 | 99 | 98 | 100 |
| *IUD* | 98 | † | † | 95 | 99 | 99 | 99 | 99 | 94 | 91 | 98 | 99 | 99 |
| *Condom* | 99 | † | † | 99 | 100 | 99 | 99 | 100 | 99 | 99 | 99 | 100 | 99 |
| ***Ukraine, 1999*** | | | | | | | | | | | | | |
| *Pills* | 90 | 92 | 85 | 86 | 92 | 92 | 91 | 93 | 86 | 80 | 87 | 92 | 96 |
| *IUD* | 96 | 96 | 95 | 91 | 99 | 98 | 99 | 98 | 87 | 84 | 95 | 98 | 99 |
| *Condom* | 99 | 99 | 98 | 99 | 99 | 98 | 99 | 99 | 98 | 97 | 98 | 99 | 100 |
| **Caucasus** | | | | | | | | | | | | | |
| ***Armenia, 2000*** | | | | | | | | | | | | | |
| *Pills* | 78 | 80 | 74 | 69 | 86 | 82 | 84 | 79 | 67 | 52 | 74 | 85 | 91 |
| *IUD* | 84 | 84 | 83 | 72 | 92 | 91 | 93 | 86 | 67 | 57 | 84 | 91 | 92 |
| *Condom* | 85 | 91 | 77 | 78 | 91 | 89 | 90 | 86 | 76 | 61 | 82 | 92 | 97 |
| ***Azerbaijan, 2001*** | | | | | | | | | | | | | |
| *Pills* | 53 | 61 | 44 | 37 | 64 | 63 | 66 | 57 | 33 | 40 | 49 | 67 | 80 |
| *IUD* | 83 | 86 | 81 | 66 | 94 | 96 | 97 | 92 | 61 | 72 | 83 | 95 | 94 |
| *Condom* | 58 | 69 | 45 | 42 | 69 | 68 | 72 | 60 | 35 | 40 | 54 | 75 | 88 |
| ***Georgia, 1999*** | | | | | | | | | | | | | |
| *Pills* | 68 | 78 | 55 | 56 | 76 | 72 | 73 | 70 | 57 | 33 | 61 | 79 | 88 |
| *IUD* | 93 | 96 | 88 | 86 | 97 | 97 | 97 | 95 | 85 | 75 | 92 | 99 | 99 |
| *Condom* | 89 | 96 | 79 | 83 | 92 | 90 | 91 | 89 | 84 | 65 | 88 | 96 | 98 |
| **Central Asia** | | | | | | | | | | | | | |
| ***Kazakhstan, 1999*** | | | | | | | | | | | | | |
| *Pills* | 87 | 92 | 81 | 80 | 91 | 90 | 89 | 92 | 80 | 70 | 79 | 93 | 97 |
| *IUD* | 96 | 97 | 95 | 91 | 99 | 99 | 99 | 99 | 89 | 88 | 94 | 99 | 99 |
| *Condom* | 94 | 97 | 91 | 91 | 97 | 95 | 95 | 97 | 91 | 85 | 91 | 97 | 99 |
| ***Kyrgyz Rep., 1997*** | | | | | | | | | | | | | |
| *Pills* | 68 | 79 | 62 | 58 | 76 | 72 | 74 | 71 | 49 | 37 | 59 | 80 | 89 |
| *IUD* | 95 | 97 | 95 | 89 | 99 | 100 | 100 | 98 | 82 | 75 | 96 | 99 | 99 |
| *Condom* | 81 | 93 | 76 | 73 | 90 | 84 | 86 | 85 | 66 | 52 | 75 | 91 | 98 |
| ***Turkmenistan, 2000*** | | | | | | | | | | | | | |
| *Pills* | 66 | 73 | 60 | 49 | 80 | 79 | 80 | 80 | 72 | 41 | 69 | 85 | 90 |
| *IUD* | 92 | 93 | 91 | 83 | 98 | 99 | 99 | 99 | 79 | 79 | 95 | 98 | 100 |
| *Condom* | 59 | 72 | 49 | 46 | 71 | 68 | 69 | 72 | 41 | 38 | 57 | 83 | 91 |
| ***Uzbekistan, 1996*** | | | | | | | | | | | | | |
| *Pills* | 68 | 77 | 62 | 56 | 76 | 78 | 76 | 73 | 47 | 47 | 64 | 78 | 84 |
| *IUD* | 87 | 91 | 85 | 76 | 95 | 96 | 95 | 86 | 66 | 67 | 87 | 93 | 96 |
| *Condom* | 48 | 65 | 38 | 37 | 57 | 55 | 54 | 54 | 32 | 29 | 39 | 62 | 79 |

* Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.
† Data for Russia pertain to three primarily urban areas as described in Chapter 2.

**Table 5.1.3**
**Percent of Women with Knowledge of Source of Supplied Contraceptive Methods by Selected Characteristics**
**Among Women Aged 15–44 -- Selected RHS Surveys**
**Eastern Europe and Eurasia: A Comparative Report**

| Region and Country | Total | Residence | | Age Group | | | Marital Status | | | Education | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Urban | Rural | 15–24 | 25–34 | 35–44 | Married | Previously Married | Never Married | Secondary Incomplete | Secondary Complete | Tech-nicum | Post-Secondary |
| **Eastern Europe** | | | | | | | | | | | | | |
| ***Czech Rep., 1993*** | | | | | | | | | | | | | |
| *Pills* | 96 | 97 | 95 | 94 | 97 | 97 | 97 | 96 | 93 | 93 | 100 | * | 100 |
| *IUD* | 94 | 94 | 93 | 87 | 98 | 97 | 98 | 95 | 83 | 90 | 99 | * | 99 |
| *Condom* | 99 | 99 | 98 | 99 | 99 | 99 | 99 | 99 | 98 | 98 | 100 | * | 100 |
| ***Moldova, 1997*** | | | | | | | | | | | | | |
| *Pills* | 56 | 66 | 45 | 51 | 62 | 55 | 58 | 55 | 50 | 39 | 50 | 66 | 80 |
| *IUD* | 87 | 91 | 83 | 76 | 94 | 93 | 94 | 91 | 68 | 78 | 87 | 94 | 93 |
| *Condom* | 86 | 93 | 79 | 85 | 90 | 84 | 88 | 86 | 82 | 78 | 84 | 93 | 95 |
| ***Romania, 1999*** | | | | | | | | | | | | | |
| *Pills* | 81 | 89 | 67 | 79 | 86 | 79 | 81 | 79 | 81 | 71 | 90 | * | 96 |
| *IUD* | 75 | 82 | 61 | 63 | 84 | 78 | 80 | 74 | 62 | 64 | 84 | * | 92 |
| *Condom* | 89 | 94 | 80 | 88 | 91 | 87 | 89 | 86 | 89 | 83 | 95 | * | 98 |
| ***Russia, 1999*** † | | | | | | | | | | | | | |
| *Pills* | 97 | † | † | 96 | 98 | 97 | 98 | 97 | 95 | 91 | 97 | 97 | 99 |
| *IUD* | 95 | † | † | 89 | 99 | 98 | 98 | 98 | 87 | 85 | 95 | 98 | 98 |
| *Condom* | 99 | † | † | 99 | 99 | 99 | 99 | 99 | 99 | 98 | 99 | 99 | 99 |
| ***Ukraine, 1999*** | | | | | | | | | | | | | |
| *Pills* | 85 | 87 | 80 | 79 | 88 | 88 | 87 | 89 | 78 | 72 | 81 | 88 | 92 |
| *IUD* | 91 | 91 | 89 | 81 | 95 | 96 | 95 | 96 | 76 | 72 | 88 | 95 | 96 |
| *Condom* | 97 | 97 | 96 | 96 | 98 | 97 | 97 | 98 | 95 | 94 | 96 | 97 | 98 |
| **Caucasus Region** | | | | | | | | | | | | | |
| ***Azerbaijan, 2001*** | | | | | | | | | | | | | |
| *Pills* | 36 | 44 | 26 | 23 | 45 | 43 | 46 | 37 | 20 | 22 | 32 | 51 | 61 |
| *IUD* | 59 | 63 | 53 | 38 | 71 | 73 | 74 | 67 | 32 | 44 | 57 | 76 | 72 |
| *Condom* | 44 | 55 | 31 | 30 | 54 | 53 | 56 | 44 | 26 | 26 | 41 | 62 | 76 |
| ***Georgia, 1999*** | | | | | | | | | | | | | |
| *Pills* | 46 | 55 | 34 | 35 | 55 | 50 | 52 | 49 | 34 | 16 | 40 | 55 | 65 |
| *IUD* | 68 | 73 | 61 | 55 | 77 | 74 | 76 | 70 | 53 | 40 | 67 | 76 | 79 |
| *Condom* | 66 | 76 | 53 | 59 | 73 | 67 | 70 | 68 | 58 | 37 | 64 | 72 | 81 |

* Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.
† Data for Russia pertain to three primarily urban areas as described in Chapter 2.

decision about how to prevent unintended pregnancies. It is not realistic to expect individuals to make informed decisions if there are gaps in their knowledge about the methods available and if adequate access to comprehensive family-planning services is lacking. Women's lack of knowledge about how contraceptives are used and about the effectiveness of specific contraceptive methods is an indirect indicator of the failure of adequate counseling and information/ education programs. Although the overall level of family planning awareness was high in most countries studied, for the most widely known modern contraceptive methods there was a serious gap between awareness of the method and knowledge of how the procedure or product could be used. Generally, about two thirds of women with awareness of IUD or condom knew how these methods could be used, while less than one-half of those aware of the pill had knowledge about how to use it (Figure 5.1.1).

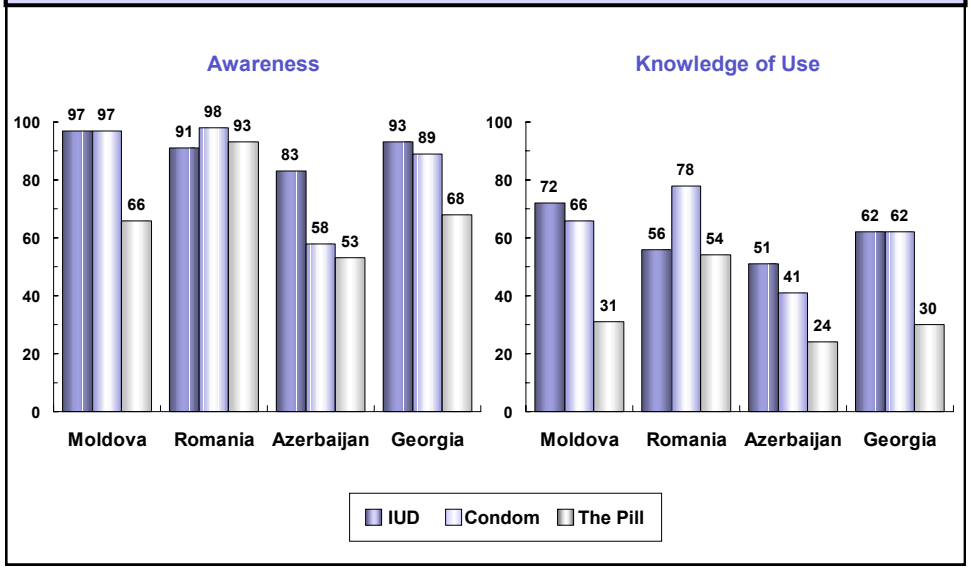
Similarly, most women in these countries had little knowledge about the contraceptive effectiveness of modern methods. Overall, no modern method was recognized as very effective by a majority of women—with the exception of the IUD in Moldova. Only between

**Table 5.1.4**
**Main Source of Information about Contraception**
**Among Women Aged 15–44 Who Have Heard about Specific Methods of Contraception**
**Selected RHS Surveys**
**(Percent Distribution)**
**Eastern Europe and Eurasia: A Comparative Report**

| Main Source of Information about Contraception | Eastern Europe | | Caucasus | |
|---|---|---|---|---|
| | Moldova, 1997 | Romania, 1999 | Azerbaijan, 2001 | Georgia, 1999 |
| Friend, Peer, Colleague | 33 | 41 | 40 | 51 |
| Physician | 22 | 11 | 16 | 11 |
| Television or Radio | 5 | 9 | 4 | 5 |
| Brochures/Newspapers/Magazines | 10 | 8 | 3 | 3 |
| Relative | 4 | 7 | 19 | 14 |
| Partner or Boyfriend | 14 | 7 | 11 | 6 |
| Mother or Father | 3 | 6 | 1 | 1 |
| Nurse/Midwife or Pharmacist | * | 3 | 2 | 1 |
| Books | 6 | 3 | 3 | 5 |
| School | 3 | 2 | 1 | 1 |
| Other | 0 | 1 | 0 | 0 |
| Do Not Remember | 1 | 3 | 0 | 1 |
| **Total** | 100 | 100 | 100 | 100 |

* In Moldova this category is combined with "physician."

**Figure 5.1.1**
**Percentage of Women Aged 15-44 with Awareness and Knowledge of How to Use the IUD, Condom, and the Pill – Selected RHS Surveys**
**Eastern Europe and Eurasia: A Comparative Report**



27% and 55% of women correctly stated that the IUD is very reliable (very effective in preventing pregnancy) (Figure 5.1.2). Though more women correctly had more confidence in the IUD's effectiveness than in the effectiveness of condoms or pills, the majority of women incorrectly thought that pills are not very reliable. Only between 5% and 22% thought that the pill is very reliable whereas 8%–43% thought that condoms are very reliable in preventing pregnancy. In fact, in Azerbaijan and Georgia the proportion of women who said that pills are very effective was lower than or about equal to the proportion who incorrectly perceived withdrawal as very effective.

Additionally, questions included in the RHS surveys exploring attitudes and opinions about modern methods among women who reported current use of traditional methods, revealed a high level of misinformation. When these women were asked about the importance of several selected reasons for not using a modern method, most women stated that fear of side effects, partner preference, and little knowledge about modern methods influenced their decision to not use a modern method (data not shown). Between 57% of such women in Romania and 78% in Georgia believed that the traditional method they were currently using was as effective as or even more effective than the pill or the IUD (Figure 5.1.3). These findings highlight both the lack of correct information about modern contraceptives and the strength of women's trust in the traditional methods historically practiced in the region.

## 5.2 Current Contraceptive Prevalence

This section focuses mostly on women in legal and consensual marriages because they represent the majority of sexually active women, have greater frequency of intercourse, have higher fertility and risk of unintended pregnancies (see also Chapter 4), and constitute the common denominator for most national and international studies of contraceptive prevalence. However, in order to present a complete picture of contraceptive prevalence in these countries, all women who

**Figure 5.1.2**
**Percentage of Women Aged 15–44 Who Perceived Specified Contraceptive Methods as Very Reliable—Selected RHS Surveys**
**Eastern Europe and Eurasia: A Comparative Report**

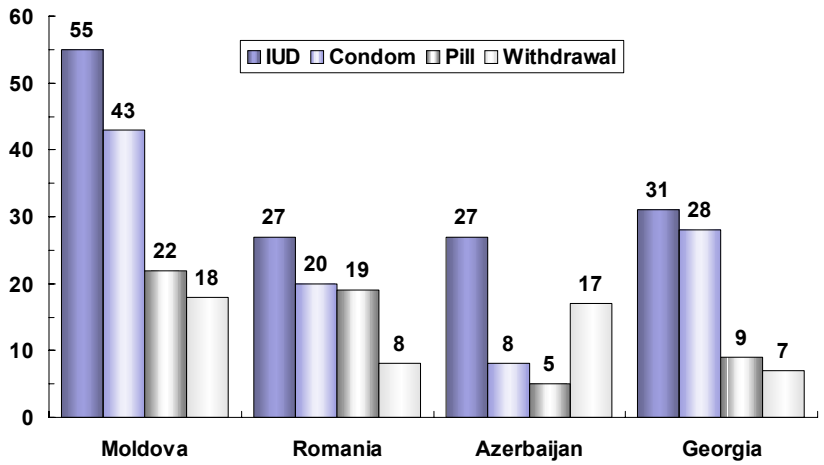
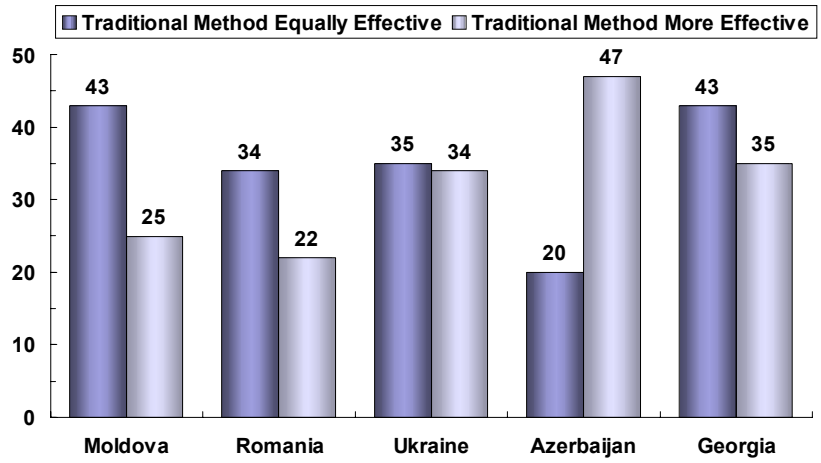


**Figure 5.1.3**
**Percentage of Women Aged 15–44 Currently Using Traditional Methods Who Believe That Their Methods are Equally or More Effective than Modern Methods such as the Pill or IUD**
**Eastern Europe and Eurasia: A Comparative Report**




have ever had sexual relations were asked a series of questions about their current and past contraceptive use, and contraceptive prevalence rates were also computed for women previously married and those who have never been married (Table 5.2.1). As expected, most women not currently married were not currently using contraception. Although over one-half of married women were using some form of birth control (except in Georgia), only one-fifth to one-half of previously married women in Eastern Europe, and fewer than one in six women in Central Asia (excepting Kazakhstan) were currently using contraception. In the Caucasus region contraceptive use among previously married women was almost nonexistent (2%–3%). Similarly, between about one-third (in Czech Republic) and one-fifth of never-married women in other Eastern European countries were using any form of contraception (excepting Moldova, where only 7% were using contraception). In countries with strong cultural traditions that oppose pre-marital sexual initiation (Caucasus and Central Asian countries), none of the never-married women interviewed reported they were currently using contraception.

Most countries profiled in this report exhibit relatively high prevalence of contraceptive use (typically over 50% among currently married women) but relatively low reliance on methods of high efficacy, particularly in the Caucasus region (Table 5.2.2). Contraceptive prevalence was highest in Eastern Europe and lowest in the Caucasus region; while in Eastern Europe almost three of every four couples were using a contraceptive method, this proportion decreased to between 41% in Georgia and 61% in Armenia in the Caucasus region and between 55% in Turkmenistan and 62% in Kazakhstan in Central Asia.

The prevalence of modern method use was highest among married women in the Central Asian republics (between 47% and 55% of all women in union were using modern methods) and lowest in the Caucasus region (12%–22%). In many countries, it exceeded the prevalence of traditional methods, sometimes by a considerable margin. In the Central Asian

countries, modern methods accounted for over 80% of contraceptive prevalence. With the exception of Romania, in all countries of Eastern Europe the prevalence of modern methods exceeded that of traditional methods; in the areas of Russia[1] surveyed, Moldova, the Czech Republic, and Ukraine, between 38% and 53% of women in union rely on modern methods to control their fertility. Conversely, in all countries of the Caucasus region, the prevalence of modern methods is lower than the prevalence of traditional methods. Thus, in most of the former Soviet Union, not only is contraceptive use widespread, but most of the birth prevention methods are modern. Within countries, however, there were considerable differences between different subgroups of women, particularly in the use of modern contraceptives. Generally, rural residence, young age (15–24 years), and less than secondary complete education were associated with lower contraceptive prevalence and lower prevalence of modern methods. In all countries, the use of any method increased substantially with the number of living children, particularly in the Caucasus region and some countries in Central Asia, where contraceptive use among childless women was practically non-existent.

The study of contraceptive method-mix shows a strong preference for IUD use in all countries where contraceptive use is predominantly modern (Table 5.2.3). While use of the IUD was lowest (less than 10% of women in union) in the Caucasus countries and in Romania (countries where contraceptive use is predominantly traditional), it was 25% in the Russian areas surveyed, about 38% in Moldova and the Kyrgyz Republic, and highest (over 40%) in other Central Asian countries. Thus, the IUD accounted for more than one-half of contraceptive use in Moldova, and over 80% in Central Asia, but less than 25% in

**Table 5.2.1**
**Percent of Women Currently Using Any Contraceptive Method by Marital Status**
**Among Women Aged 15–44**
**Eastern Europe and Eurasia: A Comparative Report**

| Region and Country | Total | Marital Status: Currently Married | Marital Status: Previously Married | Marital Status: Never Married | Number of Cases |
|---|---|---|---|---|---|
| ***Eastern Europe*** | | | | | |
| *Czech Rep., 1993* | 59 | 69 | 46 | 38 | 4,497 |
| *Moldova, 1997* | 54 | 74 | 27 | 7 | 5,412 |
| *Romania, 1999* | 48 | 64 | 20 | 20 | 6,888 |
| *Russia, 1999** | 59 | 73 | 42 | 29 | 6,004 |
| *Ukraine, 1999* | 54 | 68 | 35 | 22 | 7,128 |
| ***Caucasus*** | | | | | |
| *Armenia, 2000* | 38 | 61 | 2 | 0 | 5,624 |
| *Azerbaijan, 2001* | 32 | 55 | 2 | 0 | 7,668 |
| *Georgia, 1999* | 25 | 41 | 3 | 0 | 7,798 |
| ***Central Asia*** | | | | | |
| *Kazakhstan, 1999* | 45 | 62 | 40 | 8 | 4,267 |
| *Kyrgyz Rep., 1997* | 42 | 60 | 15 | 1 | 3,529 |
| *Turkmenistan, 2000* | 34 | 55 | 18 | 0 | 7,263 |
| *Uzbekistan, 1996* | 40 | 57 | 11 | 0 | 4,091 |

* Data for Russia pertain to three primarily urban areas as described in Chapter 2.

[1] The survey in Russia was sub-national, conducted in three primarily urban sites in central Russia, and thus cannot be considered representative of Russia as a whole.

**Table 5.2.2**
**Percent of Women Currently Using Contraception by Selected Characteristics**
**Among Currently Married Women Aged 15–44**
**Eastern Europe and Eurasia: A Comparative Report**

| Region and Country | Total | Residence | | Age Group | | | Number of Living Children | | | | Education | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Urban | Rural | 15–24 | 25–34 | 35–44 | 0 | 1 | 2 | 3+ | Secondary Incomplete | Secondary Complete | Tech-nicum | Post-Secondary |
| **Eastern Europe** | | | | | | | | | | | | | | |
| ***Czech Rep., 1993*** | | | | | | | | | | | | | | |
| *Any Method* | 69 | 72 | 64 | 58 | 75 | 68 | 29 | 64 | 75 | 76 | 62 | 77 | * | 75 |
| *Modern* | 43 | 46 | 42 | 35 | 50 | 44 | 15 | 37 | 47 | 53 | 39 | 51 | * | 45 |
| *Traditional* | 26 | 25 | 22 | 23 | 24 | 24 | 14 | 27 | 28 | 23 | 24 | 26 | * | 31 |
| ***Moldova, 1997*** | | | | | | | | | | | | | | |
| *Any Method* | 74 | 75 | 73 | 64 | 76 | 76 | 23 | 70 | 84 | 80 | 68 | 75 | 74 | 79 |
| *Modern* | 50 | 56 | 44 | 40 | 54 | 51 | 15 | 49 | 58 | 52 | 41 | 49 | 55 | 57 |
| *Traditional* | 24 | 19 | 28 | 24 | 22 | 25 | 9 | 21 | 26 | 29 | 27 | 26 | 19 | 22 |
| ***Romania, 1999*** | | | | | | | | | | | | | | |
| *Any Method* | 64 | 65 | 62 | 60 | 70 | 59 | 38 | 69 | 73 | 54 | 59 | 69 | * | 71 |
| *Modern* | 30 | 35 | 21 | 26 | 37 | 24 | 24 | 32 | 34 | 17 | 21 | 34 | * | 50 |
| *Traditional* | 34 | 30 | 41 | 34 | 34 | 35 | 14 | 36 | 39 | 37 | 38 | 35 | * | 21 |
| ***Russia, 1999*** † | | | | | | | | | | | | | | |
| *Any Method* | 73 | † | † | 67 | 77 | 73 | 47 | 73 | 79 | 72 | 51 | 67 | 75 | 81 |
| *Modern* | 53 | † | † | 50 | 59 | 51 | 36 | 51 | 57 | 51 | 36 | 48 | 56 | 60 |
| *Traditional* | 20 | † | † | 17 | 18 | 21 | 11 | 20 | 22 | 21 | 16 | 19 | 19 | 21 |
| ***Ukraine, 1999*** | | | | | | | | | | | | | | |
| *Any Method* | 68 | 69 | 63 | 60 | 72 | 66 | 34 | 69 | 75 | 63 | 57 | 61 | 69 | 76 |
| *Modern* | 38 | 42 | 27 | 33 | 42 | 35 | 21 | 41 | 40 | 28 | 29 | 32 | 38 | 47 |
| *Traditional* | 30 | 27 | 36 | 28 | 30 | 31 | 13 | 28 | 35 | 35 | 28 | 29 | 31 | 29 |
| **Caucasus** | | | | | | | | | | | | | | |
| ***Armenia, 2000*** | | | | | | | | | | | | | | |
| *Any Method* | 61 | 60 | 62 | 43 | 67 | 63 | 5 | 45 | 69 | 66 | 50 | 60 | 62 | 65 |
| *Modern* | 22 | 25 | 18 | 14 | 27 | 21 | 3 | 20 | 27 | 19 | 13 | 17 | 22 | 37 |
| *Traditional* | 39 | 35 | 44 | 29 | 41 | 42 | 2 | 25 | 42 | 47 | 37 | 43 | 41 | 28 |
| ***Azerbaijan, 2001*** | | | | | | | | | | | | | | |
| *Any Method* | 55 | 54 | 57 | 38 | 60 | 58 | 3 | 45 | 62 | 65 | 51 | 54 | 59 | 60 |
| *Modern* | 12 | 16 | 7 | 7 | 13 | 13 | 0 | 10 | 14 | 13 | 10 | 10 | 12 | 24 |
| *Traditional* | 44 | 38 | 50 | 31 | 47 | 45 | 3 | 35 | 48 | 52 | 42 | 45 | 47 | 36 |
| ***Georgia, 1999*** | | | | | | | | | | | | | | |
| *Any Method* | 41 | 43 | 37 | 28 | 45 | 41 | 5 | 34 | 49 | 41 | 25 | 37 | 42 | 49 |
| *Modern* | 20 | 23 | 16 | 17 | 24 | 17 | 4 | 20 | 24 | 17 | 8 | 17 | 19 | 28 |
| *Traditional* | 21 | 20 | 22 | 11 | 21 | 24 | 1 | 14 | 26 | 24 | 16 | 20 | 22 | 21 |
| **Central Asia** | | | | | | | | | | | | | | |
| ***Kazakhstan, 1999*** | | | | | | | | | | | | | | |
| *Any Method* | 62 | 65 | 60 | 42 | 63 | 69 | 17 | 62 | 68 | 67 | 54 | 59 | 62 | 70 |
| *Modern* | 55 | 57 | 52 | 33 | 57 | 61 | 13 | 52 | 59 | 62 | 45 | 54 | 53 | 61 |
| *Traditional* | 8 | 8 | 7 | 9 | 6 | 9 | 4 | 10 | 9 | 6 | 9 | 5 | 9 | 8 |
| ***Kyrgyz Rep., 1997*** | | | | | | | | | | | | | | |
| *Any Method* | 60 | 66 | 57 | 44 | 62 | 66 | 20 | 46 | 64 | 69 | 45 | 61 | 58 | 63 |
| *Modern* | 50 | 57 | 47 | 36 | 53 | 56 | 18 | 36 | 54 | 59 | 34 | 50 | 51 | 53 |
| *Traditional* | 9 | 9 | 9 | 8 | 9 | 10 | 2 | 10 | 9 | 11 | 11 | 10 | 7 | 11 |
| ***Turkmenistan, 2000*** | | | | | | | | | | | | | | |
| *Any Method* | 55 | 58 | 52 | 30 | 54 | 67 | 5 | 30 | 60 | 69 | 47 | 53 | 60 | 64 |
| *Modern* | 47 | 50 | 45 | 26 | 47 | 57 | 5 | 25 | 53 | 59 | 41 | 46 | 51 | 52 |
| *Traditional* | 8 | 8 | 7 | 4 | 7 | 10 | 1 | 6 | 8 | 10 | 6 | 7 | 9 | 12 |
| ***Uzbekistan, 1996*** | | | | | | | | | | | | | | |
| *Any Method* | 57 | 57 | 56 | 32 | 62 | 70 | 6 | 35 | 62 | 71 | 48 | 55 | 61 | 59 |
| *Modern* | 53 | 52 | 53 | 29 | 58 | 65 | 5 | 31 | 59 | 66 | 44 | 51 | 58 | 52 |
| *Traditional* | 4 | 5 | 3 | 3 | 4 | 5 | 1 | 4 | 3 | 5 | 3 | 4 | 3 | 7 |

* Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.
† Data for Russia pertain to three primarily urban areas as described in Chapter 2.

Romania and the Caucasus countries. This is likely a vestige of the Soviet health system, which limited the availability of other permanent or long-term contraceptive methods and did not encourage the use of hormonal methods, which were thought to carry with them negative health consequences and serious side effects. The only other modern method commonly used, at least in Eastern Europe, was the condom, the prevalence of which ranged from less than 5% in Central Asia to 14%–19% in Ukraine, the Russian areas surveyed, and Czech Republic. Russia and Ukraine had recent well-publicized upsurges in the prevalence of STIs and HIV, which may have contributed to the recent increase in condom use in those two countries.

Use of oral contraceptives was low in all countries, mainly because of widespread misperceptions about the health risks associated with using the pill and the lack of knowledge about its effectiveness. In the former Soviet Union countries, for example, oral contraceptives were officially prescribed principally for selected medical benefits rather than for contraceptive purposes; dissemination of correct information about the pill was actively discouraged; and, when the topic was addressed, potential health risks and side effects were overstated. As a result of the negative propaganda, actively promoted by policy makers and the medical community, misconceptions about the pill's safety were universal (Popov AA et al., 1993). In addition, given the poor quality of locally produced hormonal formulations available until recently, it is likely that oral contraceptive users in these countries may have experienced more side effects than users in Western Europe and may have been more likely to discontinue use for this reason. Oral contraceptives were used by 7%–8% of women in union in the Czech Republic, Romania, and the Russian areas surveyed, but by no more than 3% elsewhere.

Generally, in countries where most contraceptive use is limited to traditional

**Table 5.2.3**
**Percent of Women Currently Using Specific Methods of Contraception**
**Among Currently Married Women Aged 15–44**
**Eastern Europe and Eurasia: A Comparative Report**

| | | Modern Method | | | | | | Traditional Method | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region and Country | Any Method | Any Modern Method | Pill | IUD | Condom | Tubal Ligation | Other Modern | Any Traditional Method | Periodic Abs-tinence | With-drawal | % Using Modern | Most Used Method | No. of Cases |
| ***Eastern Europe*** | | | | | | | | | | | | | |
| *Czech Rep., 1993* | 69 | 45 | 8 | 15 | 19 | 3 | 0 | 24 | 2 | 22 | 65 | Withdrawal | 3,217 |
| *Moldova, 1997* | 74 | 50 | 2 | 38 | 6 | 3 | 0 | 24 | 2 | 22 | 68 | IUD | 4,023 |
| *Romania, 1999* | 64 | 30 | 8 | 7 | 9 | 3 | 3 | 34 | 6 | 29 | 47 | Withdrawal | 4,846 |
| *Russia, 1999** | 73 | 53 | 7 | 25 | 16 | 2 | 3 | 20 | 13 | 7 | 73 | IUD | 3,803 |
| *Ukraine, 1999* | 68 | 38 | 3 | 19 | 14 | 1 | 1 | 30 | 10 | 20 | 56 | IUD | 4,794 |
| ***Caucasus*** | | | | | | | | | | | | | |
| *Armenia, 2000* | 61 | 22 | 1 | 10 | 8 | 2 | 0 | 39 | 5 | 35 | 36 | Withdrawal | 3,566 |
| *Azerbaijan, 2001* | 55 | 12 | 1 | 6 | 3 | 1 | 0 | 44 | 3 | 41 | 22 | Withdrawal | 5,146 |
| *Georgia, 1999* | 41 | 20 | 1 | 10 | 6 | 2 | 1 | 21 | 10 | 11 | 49 | Withdrawal | 5,177 |
| ***Central Asia*** | | | | | | | | | | | | | |
| *Kazakhstan, 1999* | 62 | 55 | 3 | 44 | 5 | 3 | 1 | 8 | 5 | 3 | 89 | IUD | 2,567 |
| *Kyrgyz Rep., 1997* | 60 | 50 | 2 | 39 | 6 | 2 | 1 | 9 | 3 | 6 | 83 | IUD | 2,418 |
| *Turkmenistan, 2000* | 55 | 47 | 1 | 41 | 2 | 2 | 1 | 8 | 2 | 6 | 85 | IUD | 4,282 |
| *Uzbekistan, 1996* | 57 | 53 | 2 | 47 | 2 | 1 | 2 | 4 | 1 | 3 | 93 | IUD | 2,804 |

* Data for Russia pertain to three primarily urban areas as described in Chapter 2.

methods (i.e., withdrawal and periodic abstinence), the most widely used method was withdrawal. Thus, in the Czech Republic, Moldova and much more so in Armenia, Romania, and Azerbaijan, the use of withdrawal ranged from 22% to 41%, accounting for 31%–32% and 41%–75% of the contraceptive method mix, respectively.

Other modern methods (such as injectables, spermicides, and the diaphragm) were seldom used in the countries studied. In all surveyed countries in the region, there is extremely low prevalence of and lack of interest in contraceptive sterilization. Despite the fact that most respondents in each of the populations reportedly wanted no more children, only 1%–3% of women in union had been contraceptively sterilized and virtually no partners of respondents in any of the surveys had undergone vasectomy. In addition, among women wanting no more children, only 8%–11% of Czech, Moldovan, and Russian women and less than 1% of Romanian women said they would be interested in "tubal ligation" in the future (data not shown). By contrast, the majority of fecund women currently in union wanted to terminate childbearing after having two or more children (see also Chapter 6).

The low usage and lack of desire for voluntary sterilization may be partly explained by the various legal restrictions surrounding the procedure, many still in effect in several former Soviet bloc countries. Ranging from a total ban to restrictions stipulating a minimum age (30 or over) or a minimum number of children born (often at least 3 children), and including regulations about where the procedure should be made available (i.e., hospital vs. health clinic), these barriers have driven away many potential users and may have contributed to widespread mistrust and misinformation about the method in the general population. In addition, provider training in modern sterilization techniques is very limited (especially training in laparoscopic sterilization and vasectomy), probably because of low interest and lack of information about these methods among both providers and family planning clients.

## 5.3 Source of Contraception

The public medical sector and commercial sales were the main sources of contraceptive supplies in all countries (Table 5.3). Between 32% (Romania) and 72% (Moldova) of clients of supplied methods reported obtaining their current method from the public medical sector (mostly from maternity hospitals, gynecologic wards, and women's consultation clinics and less so from polyclinics, village hospitals, and dispensaries). Commercial sales, particularly through pharmacies, were the second largest source of contraceptive supplies (24%–59%). Clinics run by nongovernmental organizations (NGOs) and private clinics constituted an emerging source of contraception only in Romania. Other sources, such as partners, friends, and relatives, supplied fewer than 12% of users.

Sources varied greatly according to the contraceptive method used. The public medical sector, particularly governmental hospitals, was the primary source of IUDs (61%–99%). Pharmacies were the principal provider of condoms, supplying more than two-thirds of condom users; they were also the leading source of pills in all countries but Czech Republic, Ukraine, and Armenia, where pill users were more likely to obtain their method in the public medical sector. Not surprisingly, in many countries partners constituted the second source for condoms for women (18%–29% of users). With the exception of Ukraine and Turkmenistan, very few women reported obtaining condoms in the public medical sector.

**Table 5.3**
**Percent of Women Receiving Modern Contraceptive Methods from Selected Sources by Specific Method Among Currently Married Women Aged 15–44 Using Selected Contraceptive Methods**
**Eastern Europe and Eurasia: A Comparative Report**

| | Public Medical Sector | | | | Private Clinic/Office | | | | Commercial Sales | | | | Other | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region and Country | Any Method | Pill | Condom | IUD | Any Method | Pill | Condom | IUD | Any Method | Pill | Condom | IUD | Any Method | Pill | Condom | IUD |
| ***Eastern Europe*** | | | | | | | | | | | | | | | | |
| *Czech Rep., 1993* | 47 | 75 | 0 | 98 | 2 | 7 | 0 | 2 | 51 | 17 | 98 | 0 | 1 | 0 | 2 | 0 |
| *Moldova, 1997* | 72 | 49 | 8 | 71 | 0 | 0 | 0 | 0 | 24 | 52 | 62 | 18 | 4 | 0 | 29 | 1 |
| *Romania, 1999* | 32 | 28 | 2 | 61 | 8 | 4 | 1 | 28 | 51 | 67 | 73 | 10 | 8 | 1 | 24 | 1 |
| *Russia, 1999†* | 38 | 13 | 1 | 79 | 0 | 0 | 0 | 1 | 59 | 86 | 95 | 19 | 3 | 1 | 4 | 2 |
| *Ukraine, 1999* | 55 | 51 | 14 | 91 | 0 | 1 | 0 | 0 | 34 | 37 | 68 | 4 | 11 | 12 | 18 | 4 |
| ***Caucasus*** | | | | | | | | | | | | | | | | |
| *Armenia, 2000* | 65 | 65 | 15 | 97 | 1 | 0 | 1 | 2 | 24 | 32 | 60 | 1 | 10 | 3 | 25 | 1 |
| *Azerbaijan, 2001* | 54 | 12 | 3 | 94 | 2 | 7 | 2 | 1 | 35 | 78 | 68 | 5 | 9 | 3 | 25 | 1 |
| *Georgia, 1999* | 54 | 18 | 3 | 94 | 1 | 0 | 0 | 2 | 37 | 79 | 76 | 3 | 7 | 1 | 20 | 1 |
| ***Central Asia*** | | | | | | | | | | | | | | | | |
| *Kazakhstan, 1999* | 76 | 25 | 7 | 86 | 2 | 1 | 6 | 2 | 20 | 71 | 64 | 12 | 3 | 4 | 23 | 1 |
| *Kyrgyz Rep., 1997* | 83 | 44 | 10 | 95 | 0 | 0 | 0 | 0 | 14 | 47 | 79 | 4 | 2 | 9 | 11 | 1 |
| *Turkmenistan, 2000* | 95 | 70 | 26 | 99 | 1 | 1 | 8 | 1 | 4 | 30 | 60 | 1 | 0 | 0 | 7 | 0 |
| *Uzbekistan, 1996* | 92 | 63 | 4 | 97 | 0 | 0 | 0 | 0 | 6 | 28 | 93 | 2 | 1 | 9 | 3 | 1 |

* Considered to be 15–44 years in RHS and 15–49 years in DHS survey.
† Data for Russia pertain to three primarily urban areas as described in Chapter 2.

## 5.4 Reasons for Not Using Contraception

Women currently in union mentioned a broad variety of reasons for not currently using contraception (Table 5.4). The most common reasons given were related to pregnancy (either being currently pregnant or postpartum, or wanting to get pregnant right away), lack of current sexual activity (within the past month), and female fecundity impairment, including the presence of pelvic inflammatory disease. Female fecundity impairment includes surgical and medical causes that prevent pregnancy and failure to conceive after at least 2 years of effort (without using contraception). Very few women reported reasons related to contraception as contributing to their decision not to use a method; such reasons were fear of side effects, personal or partner opposition to contraceptive methods, and lack of access to family-planning services or lack of knowledge about contraception. Reasons for not using a method differed sharply by age group (data not shown). Younger women in union were more likely to be either pregnant or in the postpartum period (52%), or were seeking to become pregnant, whereas women aged 35-44 years were more likely to not be able to get pregnant because of impaired fertility.

## 5.5 Intention to Use Contraception among Nonusers

Most of the RHS and DHS surveys asked women who were not using any contraceptive methods at the time of the interview if they planned to use any contraception soon (in the next 12 months) or later (Table 5.5). Intention to use contraception in the future among non-users has to be taken into account when forecasting potential need for family planning services. Overall, between about one-third and two-thirds of fecund married non-users intended to use a contraceptive method in the future, including 22%–48% who would like to start use within the next 12 months. Between

5% and 29% were undecided, and over one in five women in each country (up to almost one-half in Armenia) did not want to use contraception in the future.

## 5.6 Recent Trends in Contraceptive Use

All RHS and three DHS surveys (Armenia, Kazakhstan, and Turkmenistan) included a calendar of monthly contraceptive history for the 5 years prior to interview, to allow an examination of recent contraceptive patterns and trends. Clearly, month-by-month retrospective contraceptive histories do not provide perfect information for every month in the time period in question for every woman interviewed. However, mid-year prevalence at 1-year intervals could provide a good description of general short-term trends in contraceptive prevalence and method mix. Survey results for six of the countries with a monthly contraceptive history indicate that contraceptive prevalence among all women[2] increased steadily in the years leading up to the survey (Table 5.6). Overall use grew by an average of about one to two percentage points per year for 5 years in several countries and about twice as fast in Moldova. Generally, the increase in modern method use was much steeper over the 5 years—between 11% in Russia and Georgia and 54% in Romania—than the increase in traditional method use. Thus, most of the growth in contraceptive prevalence was the result of growing use of modern methods.

## 5.7 Contraceptive Failure and Discontinuation

Month-by-month contraceptive histories can also be used for estimating rates of discontinuation of the use of a specific method, including those due to method failure. Estimates of discontinuation and failure rates based on retrospective calendar histories are subject to both under and over-estimation. If, for example, some women choose to not report pregnancies ending in abortions and they had been using contraception at the time of conception, their estimated failure rates will be underestimated because their interval of contraceptive use will not appear to be interrupted by the pregnancy event. If, on the other hand, users report that they become pregnant while using contraception when, in fact, a method was not used at the time of conception, their contraceptive failure may be overestimated. In addition, since retrospective monthly histories do not provide information on how correctly or consistently a method is used during a given month, estimates of method failure include both failures during imperfect use and perfect use (i.e. consistent and correct use), commonly known as "typical" use (Trussel J, 1991). These rates are likely to be higher than in prospective studies for methods that are more prone to inconsistent or incorrect use (e.g. condom, withdrawal) than for methods less affected by imperfect use (e.g. the IUD).

Overall, between 4% and 24% of women became pregnant during the first year of typical contraceptive use, with considerable variation among specific methods (Table 5.7). Users of withdrawal and periodic abstinence reported the highest failure rates at 12 months of use. In the case of several countries studied (Romania, Armenia, and Azerbaijan) withdrawal, the method most widely used, had a failure rate of 26%–30% at 12 months, followed by periodic abstinence which failed to protect against pregnancy in at least one in

[2] Since the contraceptive histories in some countries did not include month-by-month marriage histories, it was necessary to examine trends for all women, not just those in union.

**Table 5.4**
**Most Commonly Cited Reasons for Not Currently Using Contraception**
**Among Currently Married Women Aged 15–44**
**(Percent Distribution)**
**Eastern Europe and Eurasia: A Comparative Report**

| | Eastern Europe | | | | | Caucasus | | | Central Asia | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Czech Rep. | Moldova | Romania | Russia | Ukraine | Armenia | Azerbaijan | Georgia | Kazakhstan | Kyrgyz Rep. | Turkmenistan | Uzbekistan |
| **Reason** | 1993 | 1997 | 1999 | 1999* | 1999 | 2000 | 2001 | 1999 | 1999 | 1997 | 2000 | 1996 |
| No sexual intercourse within the last month | 2 | 16 | 14 | 5 | 4 | 11 | 19 | 9 | 1 | 3 | 0 | 0 |
| Currently pregnant | 16 | 16 | 11 | 11 | 11 | 11 | 16 | 10 | 11 | 15 | 18 | 18 |
| Wants to get pregnant soon | 14 | 32 | 12 | 13 | 14 | 24 | 14 | 13 | 34 | 40 | 39 | 43 |
| Postpartum/Breastfeeding | 6 | 6 | 6 | 3 | 3 | 6 | 10 | 9 | 9 | 10 | 3 | 3 |
| Female infecundity/ Subfecundity | 21 | 19 | 40 | 22 | 20 | 8 | 10 | 17 | 1 | 7 | 1 | 3 |
| Respondent uses douching | † | † | † | † | † | 2 | 6 | † | 9 | 3 | † | 1 |
| Pelvic inflammatory disease (PID) | ‡ | ‡ | 3 | ‡ | ‡ | ‡ | 5 | 6 | ‡ | ‡ | ‡ | ‡ |
| Respondent doubts that she can get pregnant | 7 | 1 | 4 | 9 | 12 | 6 | 8 | 6 | 9 | 11 | 3 | 3 |
| Health concerns/fear of side effects | 12 | 1 | 1 | 4 | 5 | 6 | 2 | 4 | 3 | 2 | 5 | 4 |
| Neglected to use | 2 | † | 3 | 12 | 2 | 1 | 2 | 14 | 0 | † | 0 | † |
| Male infertility | † | 1 | 1 | † | † | † | 0 | 0 | † | † | † | † |
| Lack of access/Lack of knowledge of family planning services/Cost | 2 | 6 | 1 | 4 | 3 | 1 | 0 | 3 | 3 | 1 | 0 | 3 |
| Personal or partner objection to family planning | 3 | 2 | 3 | 2 | 3 | 12 | 2 | 3 | 8 | 3 | 11 | 17 |
| Other reasons | 9 | 0 | 0 | 16 | 13 | 6 | 4 | 4 | 7 | 5 | 7 | 3 |
| Do not remember/ Not sure | 5 | 0 | 2 | † | 11 | 6 | 1 | 2 | 5 | 0 | 13 | 2 |
| **Total** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **Number of Cases** | 978 | 1,044 | 1,754 | 956 | 1,392 | 1,382 | 2,209 | 3,051 | 937 | 970 | 1,600 | 1,160 |

* Data for Russia pertain to three primarily urban areas as described in Chapter 2.
† Included in "Other reasons."
‡ Included in "Female Subfecundity."

**Table 5.5**
**Desire to Use Contraception in the Future**
**Among Currently Married Fecund Women of Reproductive Age* Who Were Not Using Contraception**
**(Percent Distribution)**
**Eastern Europe and Eurasia: A Comparative Report**

| Region and Country | Desire to Use Contraception: Wants To Use Within 12 Months | Wants To Use Later | Undecided | Does Not Want to Use | Total | No. of Cases |
|---|---|---|---|---|---|---|
| ***Eastern Europe*** | | | | | | |
| *Moldova, 1997* | 29 | 16 | 18 | 37 | 100 | 995 |
| *Romania, 1999* | 48 | 18 | 13 | 21 | 100 | 1,018 |
| ***Caucasus*** | | | | | | |
| *Armenia, 2000* | † | 36 | 17 | 47 | 100 | 1,629 |
| *Azerbaijan, 2001* | 44 | 19 | 11 | 25 | 100 | 1,899 |
| *Georgia, 1999* | 22 | 16 | 29 | 33 | 100 | 2,411 |
| ***Central Asia*** | | | | | | |
| *Kazakhstan, 1999* | † | 45 | 10 | 45 | 100 | 1,023 |
| *Kyrgyz Rep., 1997* | 40 | 26 | 5 | 29 | 100 | 1,082 |
| *Turkmenistan, 2000* | † | 47 | 14 | 39 | 100 | 1,868 |
| *Uzbekistan, 1996* | 22 | 21 | 17 | 41 | 100 | 1,378 |

* Considered to be 15–44 years in RHS and 15–49 years in DHS survey.
† In some DHS surveys, it is not possible to identify non-users who intend to begin using a contraceptive method within the next 12 months.

eight couples and almost one in three in Azerbaijan.

Among supplied methods, the condom was reported to fail more often than other modern methods. Condom failure rates ranged from 3% in Turkmenistan to 21% in Azerbaijan. In many countries the failure rates for the IUD and the pill were consistent with those typically reported in the literature (1% and 6–8%, respectively).

Twelve-month discontinuation rates in all countries were very high for every method, except the IUD. For all methods combined, between 26% and 51% of women using contraception discontinue use by the end of first year of use. Discontinuation rates at 1 year were particularly high for oral contraceptives and condoms (47%-82% and 36%-67%, respectively) but method failure played a minor role in women's decision to stop using these methods. Partner-related reasons (among condom users) and side effects associated with pill use accounted for most of the reasons for discontinuing these methods (data not shown). Even the IUD, although in theory a long-term method, was discontinued by approximately one in ten women within 1 year of use. Traditional methods had high discontinuation rates (33% to 63%), often because of the high failure rates associated with their use. The discontinuation rates presented are not adjusted for competing reasons of discontinuation.

Substantial reduction of the reliance on abortion and improvements in maternal morbidity and mortality in the region will depend not so much on further increases in contraceptive use as on improvements in the method selection, method quality, and consistency and correctness of use, which in turn will lower contraceptive discontinuation and failure rates.

## 5.8 Contraceptive Counseling

Although contraceptive prevalence rates increased throughout the region in the 5 years

**Table 5.6**
**Trends in Percent of Women Using Contraception**
**By Type of Method of Contraception**
**Among Women Aged 15–44* During the Last 5 Years**
**(Mid-Year Prevalence at 1-Year Intervals)**
**Eastern Europe and Eurasia: A Comparative Report**

| | Eastern Europe | | | | Caucasus | |
|---|---|---|---|---|---|---|
| | Moldova | Romania | Russia | Ukraine | Azerbaijan | Georgia |
| **Years Before the Survey** | 1997 | 1999 | 1999† | 1999 | 2001 | 1999 |
| ***Current*** | | | | | | |
| *Any Method* | 54 | 51 | 64 | 56 | 33 | 25 |
| *Modern* | 17 | 28 | 15 | 23 | 7 | 12 |
| *Traditional* | 37 | 23 | 49 | 33 | 26 | 13 |
| ***1 Year*** | | | | | | |
| *Any Method* | 54 | 50 | 63 | 54 | 33 | 24 |
| *Modern* | 18 | 26 | 15 | 22 | 7 | 12 |
| *Traditional* | 36 | 24 | 48 | 32 | 26 | 12 |
| ***2 Years*** | | | | | | |
| *Any Method* | 51 | 48 | 62 | 53 | 31 | 24 |
| *Modern* | 17 | 26 | 15 | 22 | 6 | 12 |
| *Traditional* | 34 | 22 | 47 | 31 | 25 | 12 |
| ***3 Years*** | | | | | | |
| *Any Method* | 49 | 46 | 60 | 52 | 29 | 22 |
| *Modern* | 17 | 26 | 15 | 21 | 6 | 11 |
| *Traditional* | 32 | 20 | 45 | 31 | 23 | 11 |
| ***4 Years*** | | | | | | |
| *Any Method* | 45 | 42 | 59 | 51 | 27 | 21 |
| *Modern* | 16 | 25 | 14 | 21 | 5 | 11 |
| *Traditional* | 29 | 17 | 45 | 30 | 22 | 10 |
| ***5 Years*** | | | | | | |
| *Any Method* | 41 | 39 | 57 | 50 | 25 | 19 |
| *Modern* | 15 | 25 | 13 | 21 | 5 | 10 |
| *Traditional* | 26 | 15 | 44 | 29 | 20 | 9 |
| ***Percent Change (Year 5 to Current)*** | | | | | | |
| *Any Method* | 32 | 29 | 12 | 12 | 32 | 32 |
| *Modern* | 13 | 14 | 15 | 10 | 40 | 20 |
| *Traditional* | 42 | 54 | 11 | 14 | 30 | 44 |

* Women aged 15–39 in Russia and Ukraine.
† Data for Russia pertain to three primarily urban areas as described in Chapter 2.

before each survey, many women continue to resort to legal abortion to delay or limit childbearing. Women who have had a recent abortion and do not adopt an effective contraceptive method afterwards are at high risk of another unintended pregnancy and represent an important group whose needs for family planning have not been satisfied. A wide range of contraceptive methods, together with accurate information and referral for ongoing family planning care, should be made available and accessible to all women who have undergone abortions; both abortion providers and family planning health professionals should be able to offer contraceptive counseling and services. Unfortunately, many abortion providers either fail to understand the value of post-abortion counseling or lack the time and resources to help women receive such counseling.

In Eastern Europe, the Caucasus region, and the Central Asian republics, most reproductive health services are provided by doctors who

**Table 5.7**
**12-Month Contraceptive Failure and Discontinuation Rates**
**For Selected Methods of Contraception**
**Among Women of Reproductive Age* Who Have Used Contraception During the Last 5 Years**
**Eastern Europe and Eurasia: A Comparative Report**

| Region & Country | Method Most Used | 12-Month Failure Rates† | | | | | | 12-Month Discontinuation Rates | | | | | | % Discontinuation Due to Method Failure | Segments of Use |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Any Method‡ | Pill | IUD | Condom | Periodic Abstinence | Withdrawal | Any Method‡ | Pill | IUD | Condom | Periodic Abstinence | Withdrawal | | |
| ***Eastern Europe*** | | | | | | | | | | | | | | | |
| *Moldova, 1997* | IUD | 13 | 6 | 2 | 13 | 23 | 24 | 33 | 56 | 6 | 50 | 44 | 42 | 41% | 5,153 |
| *Romania, 1999* | Withdrawal | 18 | 4 | 2 | 9 | 29 | 26 | 51 | 47 | 9 | 59 | 52 | 50 | 36% | 8,127 |
| *Russia, 1999*§ | IUD | 12 | 8 | 2 | 11 | 23 | 17 | 45 | 58 | 12 | 46 | 46 | 54 | 27% | 6,254 |
| *Ukraine, 1999* | IUD | 9 | 6 | 1 | 7 | 16 | 12 | 29 | 54 | 6 | 36 | 33 | 29 | 30% | 9,065 |
| ***Caucasus*** | | | | | | | | | | | | | | | |
| *Armenia, 2000* | Withdrawal | 24 | (10) | 1 | 16 | 24 | 30 | 35 | (48) | 7 | 39 | 38 | 39 | 69% | 3,137 |
| *Azerbaijan, 2001* | Withdrawal | 23 | 15 | 1 | 21 | 30 | 26 | 48 | 82 | 14 | 67 | 58 | 44 | 48% | 6,865 |
| *Georgia, 1999* | Withdrawal | 13 | 5 | 2 | 9 | 19 | 17 | 41 | 73 | 10 | 54 | 40 | 37 | 31% | 3,902 |
| ***Central Asia*** | | | | | | | | | | | | | | | |
| *Kazakhstan, 1999* | IUD | 11 | 16 | 3 | 15 | 25 | 25 | 38 | 64 | 11 | 58 | 48 | 63 | 29% | 2,691 |
| *Turkmenistan, 2000* | IUD | 4 | 12 | 1 | 3 | (11) | 14 | 26 | 73 | 12 | 59 | (33) | 44 | 15% | 2,439 |

* Considered to be 15–44 years in RHS and 15–49 years in DHS survey.
† Not adjusted for competing reasons of discontinuation.
‡ The overall 12-month failure and discontinuation rates include also users of other modern methods (injectables, spermicides, and tubal ligation).
§ Data for Russia pertain to three primarily urban areas as described in Chapter 2.
( ) Rates in parantheses are based on less than 125 segments of exposure.

traditionally have received little training in providing client-oriented counseling. An important component of the newly implemented reproductive health strategies in these countries is to develop family planning programs and train health professionals to provide family planning counseling, particularly post-abortion and postpartum counseling. The RHS surveys include a series of questions designed to capture the interactions between family planning providers and their clients. Specifically, these surveys ask about the extent to which health professionals provided basic information and services to women who have used a modern contraceptive method or have had an abortion during the 5 years prior to the interview. As shown in Figure 5.8.1, except in Romania, more than one out of two women (54% to 68%) was advised by an obstetrician/gynecologist to use her current or last modern method in every country.

Contraceptive counseling and receipt of contraceptive supplies at the time of an elective abortion are not mandatory in most countries of the region. As a result, many abortions are performed without pre- or post-abortion counseling, despite widespread evidence that counseling could lead to contraceptive adoption and prevent repeat abortions (Brown SS and Eisenberg L, 1995; Ortayli N et al., 2001; Weisman CS et al., 2002). Among women of reproductive age who had an abortion in the 5 years before the survey, the proportion that received information about contraception at the time of the abortion procedure ranged from 15% in Georgia to 60% in Moldova; only 5%–38% of women received contraceptive supplies or prescription for supplies (Figure 5.8.2). Since these figures are reported for all abortions performed during the past 5 years, recent increases in contraceptive counseling may not be accurately reflected. Even so, the low percentages reported in Georgia and Romania are not encouraging.

The percentage of women who received a contraceptive method or a prescription for contraceptives was considerably lower (5% to 38%). Just 5% of Georgian women received a prescription or method at the time of abortion.

**Figure 5.8.1**
**Percentage of Women Aged 15–44 Who Received Contraceptive Counseling From an OB/GYN at the Time of Starting to Use a Modern Method—RHS Surveys Eastern Europe and Eurasia: A Comparative Report**

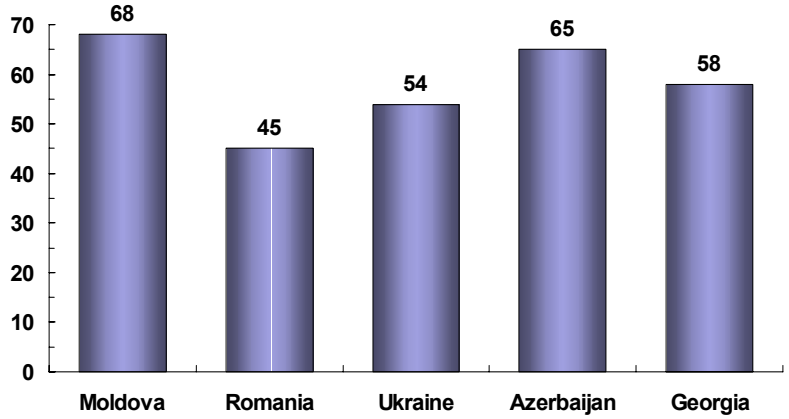
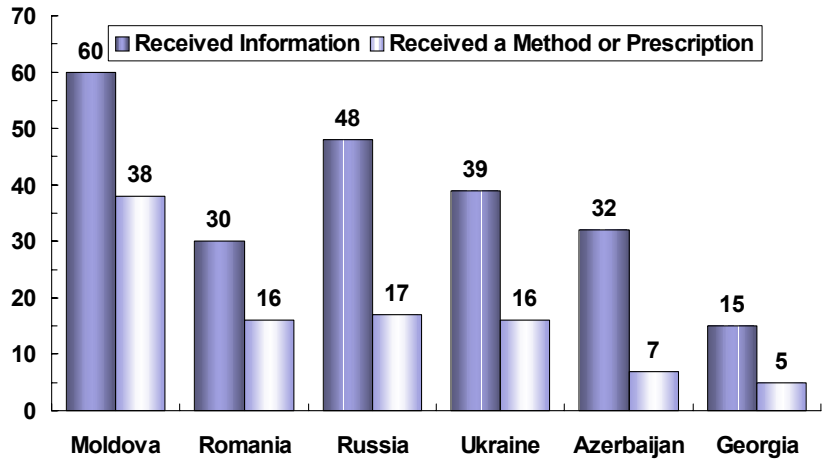


**Figure 5.8.2**
**Contraceptive Counseling Before or After Having an Induced Abortion**
**Women Aged 15–44 With at Least one Abortion in the Last 5 Years—RHS Surveys**
**Eastern Europe and Eurasia: A Comparative Report**




Moldovan women (38%) were most likely to receive a contraceptive method or prescription, with Romanian, Russian, and Ukrainian women in between (16%, 17%, and 16%, respectively).

## 5.9 Summary of Findings

Data on contraceptive use are important for several reasons: (1) population based survey data on contraceptive use has not been available for this region in the past; (2) contraceptive use is an important proximate determinant of fertility, and (3) as discussed in Chapter 4, contraceptive prevalence, method mix, and continuation of use in a country has a strong influence on the levels of unintended pregnancy and abortion. The key findings presented in this chapter are as follows:

- Awareness of modern contraceptive methods in this region is high; at least 87% of women of reproductive age in each country indicated that they have heard of at least one modern method. However, in two of the three Caucasus countries and in three of the four Central Asian republics, less than 70% of women had heard of oral contraceptives. In Azerbaijan, Turkmenistan and Uzbekistan, less than 60% of women had heard of the condom.

- Although the overall level of family planning awareness was high, for the most widely known modern methods there is a serious gap between awareness of the method and how it should be used. Furthermore, many women throughout the region lack knowledge of contraceptive effectiveness of methods, pointing toward an immediate need for sustained IEC efforts.

- In four countries with data on the mail source of information about contraception, the principal source is generally a friend or acquaintance (33%–51%), explaining in part, the poor quality of contraceptive information.

- Contraceptive prevalence varies from 41% in Azerbaijan to 74% in Moldova, with highest rates in Eastern Europe (67%–74%) followed by Central Asia (55%–62%) and the Caucasus (41%–61%). The use of modern methods, however, is the highest in Central Asia (47%–55%) followed by Eastern Europe (30%–53%) and the Caucasus (12%–20%). In several countries of the region the use of modern methods accounts for less than half of the contraceptive prevalence. The method most used in these countries is withdrawal. In countries where the use of modern methods is higher than that of traditional methods, the IUD is the most used method.

- Modern method use is higher than traditional method use in urban areas in almost all national surveys; traditional method use is higher in rural areas in 6 of the 11 countries. As in other regions of the world, the prevalence of modern methods increases directly with the educational level of the women using contraception.

- A substantial proportion (36%–66%) of fecund, married women not currently using contraception want to use contraception at some time in the future.

- Overall, women using contraception in the region have a total risk of method failure within 12 months of starting use ranging from 9% to 23%. The risk of becoming pregnant during typical use of contraception is higher in countries where reliance on traditional, less effective methods is high (e.g. Romania, the Caucasus countries) and lower where most contraceptive users rely on methods with high use-effectiveness (e.g. Central Asia). In every country, users of withdrawal and periodic abstinence report the highest failure rates at 12 months of use (rates are as high as 30% for periodic abstinence and 29% for withdrawal). Only IUD-users report low 12-month failure rates (1%–3%), while 2%–21% of condom-users and 4%–15% pill-users report that their method failed.

- Overall, 12-month discontinuation rates are also high, from 26% in Turkmenistan (where IUD is the method used the most) to 51% in Romania (where withdrawal is the most popular method). As a percentage of total discontinuation rate, method failure accounts for only 12% of discontinuations in Turkmenistan to 63% in Armenia. Method-specific discontinuation rates are high for all methods, excepting for the IUD (less than 15%). For other methods, discontinuation rates ranged from 29% (for withdrawal) to 82% (for pill).

- Substantial reductions on the reliance on abortion will depend not so much on increases in the total contraceptive prevalence rate as on improvements in method selection and reductions in contraceptive discontinuation and failure rates.