

Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: A Comparative Report

Eastern Europe

Czech



Moldova
Ukraine
Romania

Russia



Central Asia

Uzbekistan

Kazakhstan

Kyrgyz

Republic

Turkmenistan

Armenia

Azerbaijan



Georgia



REPRODUCTIVE, MATERNAL AND CHILD HEALTH IN EASTERN EUROPE AND EURASIA: A COMPARATIVE REPORT

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Based upon our experience, we feel that the expertise and infrastructure needed to carry out these types of population-based surveys has improved in each country. In many instances, CDC and ORC Macro were able to use counterparts from countries that had completed surveys as consultants in the planning of surveys in other countries in the region.

We wish to thank the dedicated interviewers, field supervisors and data processing staff in each country for their commitment and discipline as well as the thousands of respondents who made such a major contribution to our knowledge of women's reproductive health in the region by their participation in these surveys.

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Leo Morris, Ph.D., MPH

Project Coordinator

<u>Country</u>	<u>Year of Survey</u>	<u>Organization</u>
Armenia	2000	National Statistical Service Ministry of Health
Azerbaijan	2001	Adventist Development and Relief Agency State Department of Statistics Ministry of Health
Czech Republic	1993	Czech Statistical Office WHO Collaborating Center for Perinatal Medicine, Prague Institute for the Care of Mother and Child
Georgia	1999	National Center for Disease Control Ministry of Health
Kazakhstan	1995	National Institute of Nutrition Academy of Preventive Medicine
Kazakhstan	1999	Academy of Preventive Medicine
Kyrgyz Republic	1997	Research Institute of Obstetrics and Pediatrics, Ministry of Health
Moldova	1997	Institute of Mother and Child Care, Ministry of Health State Department of Statistics Family Planning Association of Moldova
Romania	1993	Institute of Mother and Child Care, Ministry of Health
Romania	1996	International Foundation for Children and Families Institute for Mother and Child Care, Ministry of Health National Commission for Statistics
Romania	1999	Romanian Association for Public Health and Health Management National Commission for Statistics
Russia	1996	All-Russia Centre for Public Opinion and Market Research
Russia	1999	All-Russia Centre for Public Opinion and Market Research
Turkmenistan	2000	Research Center for Maternal and Child Health, Ministry of Health
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PREFACE

It is my pleasure and privilege, on behalf of the Europe & Eurasia Bureau of the United States Agency for International Development, to write the preface for the most comprehensive compilation of data regarding women’s and children’s health in the Europe and Eurasia Region. I have served USAID in the countries of Eastern Europe and the former Soviet Union since 1991, first as the USAID health officer in Romania and then as the Chief of the Health Reform and Humanitarian Assistance Division of the E&E Bureau in Washington D.C. I observed that the health of women in the region suffered considerably from excessive use of abortion to limit the number of children to that which they could financially support. High rates of secondary infertility often resulted from complicating infections. Thus, USAID supports programs promoting modern contraceptive methods to address inordinately high rates of abortion in the E&E Region and to counter widespread misinformation about modern contraception.

A number of population-based surveys have been funded to document the progress of these women’s health care initiatives and to provide more accurate, population-based data. In fact, these surveys have become invaluable tools for decision-makers in USAID Missions in the E&E countries where reliable data have served as a lynchpin for the development of new programs and basic reforms in health care systems. Most importantly, these surveys have served to facilitate a mutually enriching exchange of experience and knowledge among governmental and UN entities in the U.S. in the host countries, especially UNFPA and UNICEF, as well as between governmental and non-governmental organizations. Clearly, these reports represent a concrete example of trust and collaboration among health professionals at many levels.

As I began reading the results of these surveys, I wondered about the similarities among the countries in the region since they shared a common prior context of communism. This comparative report of 16 surveys among 12 countries answers that question by examining clusters of countries that fall into three sub-groups. This report also provides special insights on health behaviors, knowledge of HIV/AIDS, infant and child mortality, young adults, and domestic violence. These are all topics that influence how USAID programs its resources. It is my hope that the governments and health professionals in the E&E Region, as well as USAID Missions, will deem it appropriate to support the implementation of future surveys and smaller comparative studies focusing on specific problems of infant and maternal mortality.

I wish to express my extreme gratitude to the organizations abroad that so generously gave time and resources to make this report a success. I wish to thank my staff, and especially Leo Morris and his staff at CDC and Jerry Sullivan and his staff at ORC Macro International. They have been dedicated to providing a methodologically sound approach to training host country staff and to the preparation and publication of the surveys. To each and everyone, thank you for your contributions as you traveled in the region.

Mary Ann Micka, MPH, MD

E&E Bureau, USAID/Washington

INTRODUCTION

This report summarizes the results of a series of surveys on fertility and reproductive health attitudes and behaviors carried out in 12 countries in Eastern Europe (Czech Republic, Moldova, Romania, Russia, and Ukraine), the Caucasus (Armenia, Azerbaijan, and Georgia), and Central Asia (Kazakhstan, Kyrgyz Republic, Turkmenistan, and Uzbekistan). These countries share a great deal in the way of recent political and economic history, having been either part of the Soviet Union or within its sphere of influence. The collapse of the Soviet Union in 1991 brought a number of social, economic, and political changes to the countries in this region, and the transition to a new market economy has presented formidable challenges.

In addition to the striking similarities in socio-economic conditions inherited from the Soviet era, there have also been demographic and health similarities among countries in the region, in particular a heavy reliance on abortion rather than on modern contraception as a means of preventing unintended births. Therefore, reproductive health is an issue of critical importance for the countries of this region.

Beginning in 1993, with the initiation of United States Agency for International Development (USAID) programs in this region, several surveys on family planning and reproductive health attitudes and behaviors were conducted. To this end, the Division of Reproductive Health of the Centers for Disease Control and Prevention (DRH/CDC) and Macro International have provided technical assistance for Reproductive Health Surveys (RHS) and Demographic and Health Surveys (DHS), respectively, in collaboration with local counterparts. Between 1993 and 2001, 16 surveys (10 RHS and 6 DHS) were conducted in the 12 countries covered in this report.

These surveys represent the first systematic efforts to gather data on population and reproductive health issues in the region. Population-based surveys of women of reproductive age using nationally representative samples are an effective mechanism for collecting information on topics such as family planning, fertility, contraceptive use, knowledge about HIV/AIDS, and other reproductive health issues. Significantly, data produced during the Soviet era were often flawed by distorted reporting, which sometimes presented a misleading picture of conditions in the region. As a result, until recently, relatively little detailed and reliable population-based information was available about the situation in the region with regard to important reproductive health topics.

Both the RHS and DHS examine patterns and levels of fertility, family planning, contraceptive use and method selection, health behaviors, knowledge of HIV/AIDS, as well as attitudes towards specific contraceptive methods and abortion. These issues are of particular importance in this region, since for many years women and health care providers had limited access to up-to-date and reliable information on these topics. The surveys also provide data on key maternal and child health indicators, including anemia, infant feeding and nutrition, and the extent to which mothers receive medical care during pregnancy and at delivery.

A principal objective of these surveys has been to examine the aspects of reproductive health status and needs that can be used to help direct or modify program interventions. These data are particularly useful in assisting policy makers and health planners in evaluating health service needs, and identifying reproductive health behaviors associated with poor health outcomes. They could also play a significant role in designing programs better targeted to meet the needs of population subgroups. A key programmatic difference between policy

objectives in this region and those in some developing countries is that in the former Soviet Union the emphasis is not on promoting a decline in fertility and population growth, but on bringing about improvements in women's health through increased availability and improved use of modern contraceptive methods and reduced reliance on abortion.

Until now, a comparison of key family planning and reproductive health indicators had never been compiled in the region. It is intended that this comparative analysis serve as a reference document for readers interested in major reproductive health findings in the region, while more detailed information may be found in the individual country reports (see references). By bringing together data from the individual surveys, this report allows for the examination of the similarities and differences between countries in the region. For instance, it may enable program officials, researchers, and policy-makers to identify those characteristics which will lead to increased and improved contraceptive use. In addition, this document may prove useful for other countries in the region that have not yet conducted surveys, but have similar characteristics, policies, and health care systems.

In conclusion, the nationally representative data on key indicators produced by both the Reproductive Health Surveys and the Demographic and Health Surveys can be used to design or modify health interventions, identify high-risk behaviors amenable to change and highlight reproductive health areas that warrant greater attention. These data may be translated into policy and programmatic activities to improve services and findings may provide guidance on how data may be combined with other existing information to contribute to a more profound understanding of reproductive health in the region.