



Armenia

2005 Demographic and Health Survey

Key Findings



This report summarizes the findings of the Armenia Demographic and Health Survey (2005 ADHS) which was conducted in 2005 by the National Statistical Service of the Republic of Armenia and the Armenian Ministry of Health.

The 2005 ADHS was undertaken with funding from the U.S. Agency for International Development (USAID), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). Technical assistance was provided by the USAID-funded Demographic and Health Surveys program of Macro International (MEASURE DHS), which is designed to collect, analyze, and disseminate data on fertility, family planning, maternal and child health, and HIV/AIDS.

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Additional information about the MEASURE DHS program may be obtained from Macro International, 11785 Beltsville Drive, Calverton, MD 20705, USA. Telephone: 301-572-0200; Fax: 301-572-0999; e-mail: reports@orcmacro.com; Internet: <http://www.measuredhs.com>

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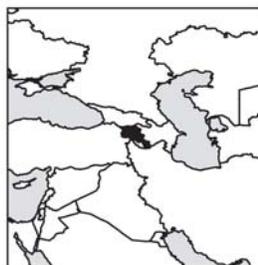
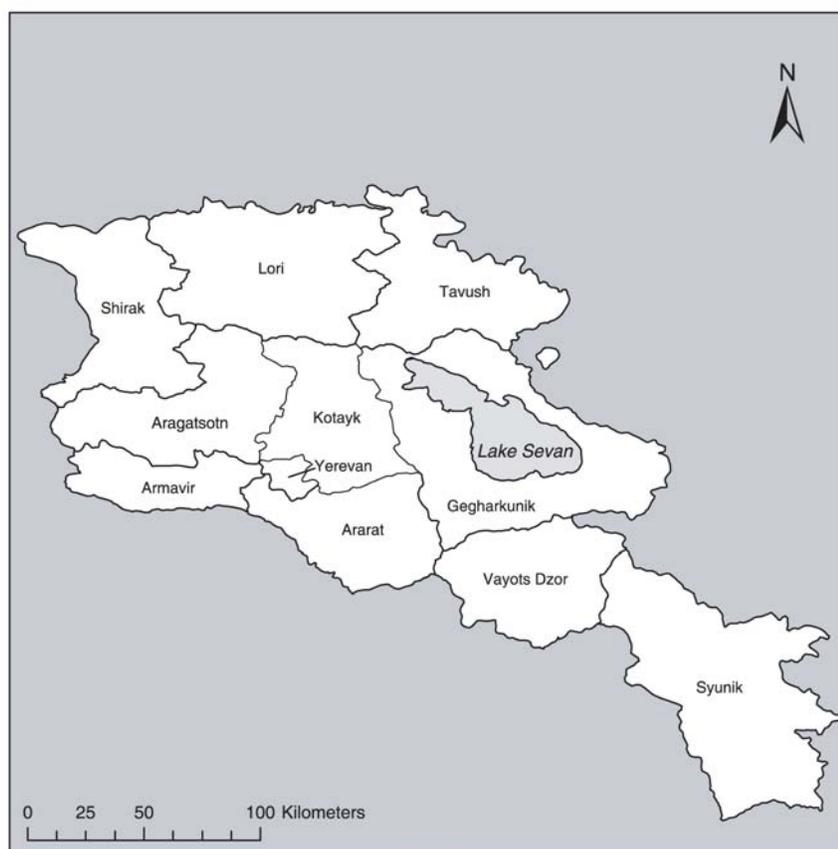
Ministry of Health

ARMENIA DEMOGRAPHIC AND HEALTH SURVEY 2005 (ADHS)

The 2005 Demographic and Health Survey in Armenia (ADHS) is the second undertaking of its kind. It is a nationally representative survey designed to provide information on fertility levels, sexual activity, fertility preferences, knowledge and use of contraception, breastfeeding practices, nutritional status of women and children under five years, childhood mortality, maternal and child health, abortion, adult health, women's empowerment, and knowledge, attitudes and behaviors related to HIV/AIDS and other sexually transmitted diseases. The information collected by the ADHS updates the health and demographic indicators collected during the previous DHS survey in 2000.

The fieldwork for the ADHS was conducted from September through December 2005. The survey collected information from 6,707 households, 6,566 women age 15-49 and 1,447 men age 15-49. The data are statistically significant at the national level, for urban and rural residence, and for the eleven administrative regions (Yerevan, Aragatsotn, Ararat, Armavir, Gegharkunik, Lori, Kotayk, Shirak, Syunik, Vayots Dzor, and Tavush).

ARMENIA

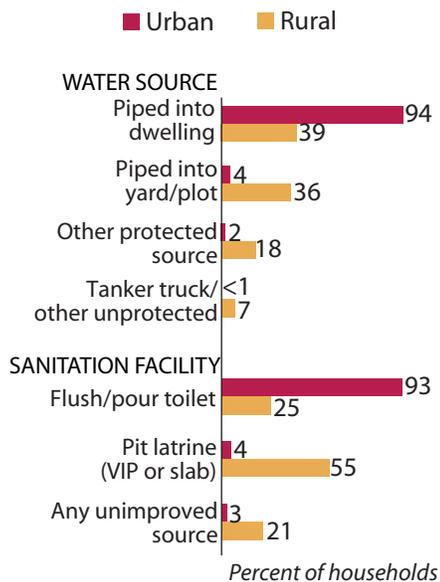


Housing Characteristics

Almost all households are electrified in Armenia. However, only 16 percent of households use electricity as their cooking fuel. Natural gas (43 percent) and liquid petroleum gas (37 percent) are more popular fuel sources. Three-quarters of households have drinking water piped directly into their dwelling. Another 15 percent have the water piped into their yard or plot.

More than 90 percent of households have access to an improved/not shared toilet facility. The majority have a flush/pour flush toilet to a piped sewer system. In rural areas, 17 percent of households have a pit latrine without a slab or an open pit. This is considered a “not improved” sanitation facility.

Housing Characteristics



BACKGROUND CHARACTERISTICS OF THE POPULATION

Household composition

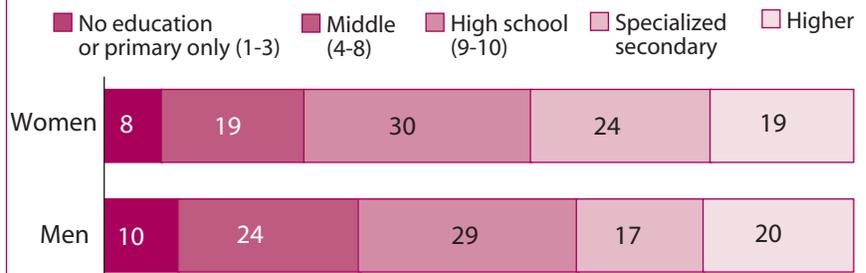
In Armenia, almost two-thirds of the population is in the 15-64 age group, while 22 percent is under 15 years of age. More than half of the population (54 percent) is female. Households are made up of, on average, 3.8 people. Overall, 64 percent of households are headed by a man. Four in five children under age 18 live with both parents.

Level of education of the population

Almost all Armenian men and women have attended at least some school. Almost three-fourths of women and two-thirds of men have attended high school or higher. One in five adults has continued past secondary school.

School attendance rates show that almost all youth of all ages attend school, and there are no significant differences by gender. However, among those age 15-19, more young women are attending school than young men.

Level of Education of the Population



Percent of women and men age 6 and older who reached each level of schooling

Household possessions

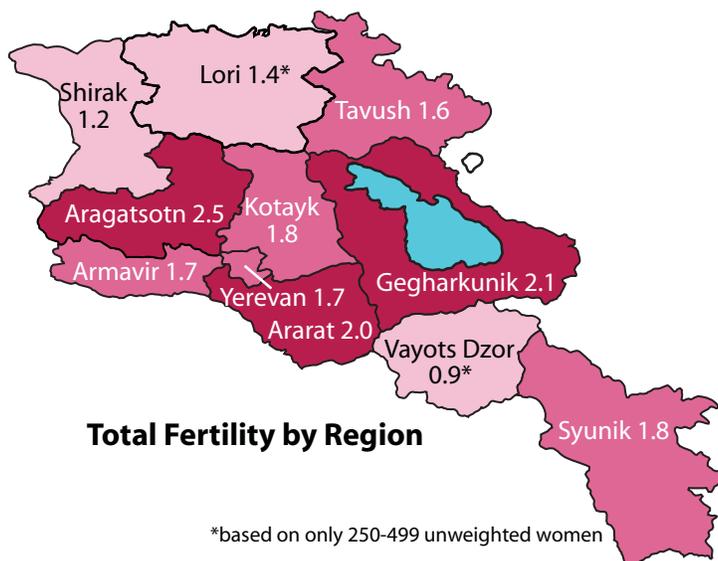
More than one-fourth of households own a radio, while 85 percent own a color television. One-third of households have a mobile phone and another 72 percent have a non-mobile phone. More than 80 percent of homes have a refrigerator. One-quarter of homes own a car or truck. The large majority of rural homes (85 percent) own agricultural land, while only 17 percent of urban homes own such land.

FERTILITY AND ITS DETERMINANTS

Current fertility levels and trends

At current fertility levels, an Armenian woman will give birth to an average of 1.7 children during her reproductive years. This is the same fertility rate that was found 5 years ago in the 2000 ADHS. Fertility is slightly higher in rural areas (1.8) than urban areas (1.6). There is significant variation in fertility among the regions. Fertility is highest in Aragatsotn (2.5 children per woman) and Gegharkunik (2.1) and lowest in Shirak (1.2) and Vayots Dzor (0.9).

Fertility also varies by women's education and household wealth. Women with higher education have only 1.5 children on average, compared to almost 2 children per woman among the less educated. Women living in the wealthiest households also average only 1.5 children, while women in the poorest households have closer to 2 children each.



Fertility preferences

Overall, 70 percent of currently married women and 62 percent of currently married men do not want to have any more children. Another 11 percent of women and 12 percent of men would like to have another child, but would like to wait at least 2 years. Currently married women report that they would like an average of 2.7 children, while men report an ideal number of 3.1.

Sexual initiation, marriage and birth

Marriage is nearly universal in Armenia. Women get married at a median age of 20.7, the same age at which they begin sexual activity. Men don't get married until a median age of about 25 years, but start having sex at about 20 years. For both men and women, first sex and marriage occur latest among those living in urban areas, those who are highly educated, and those living in the wealthiest households.

Women have their first birth at the average age of 22.1. Women in urban areas give birth 1.6 years later than their rural counterparts. Well educated and wealthier women also tend to wait longer before their first birth. Teenage pregnancy is quite rare in Armenia. Only 5 percent of 15-19 year-olds are already mothers or pregnant with their first child.

FAMILY PLANNING

Knowledge and use of contraception

The large majority of women and men know about modern methods of contraception. Ninety-five percent of women and 97 percent of men can name at least one modern method, while 71 percent of women and 76 percent of men can name a traditional method. The male condom, IUD, and pill are the most known modern methods, while withdrawal is the most commonly named traditional method.

More than half of married women are currently using a method of contraception. Only 20 percent are using a modern method, while 34 percent are using a traditional method. Nine percent of married women are using IUDs and 8 percent are using male condoms. More than one quarter are practicing withdrawal.

Reasons for preferring traditional methods range from the cost of modern methods (37 percent of traditional users) to fear of experiencing side effects (47 percent) and husband's preference (59 percent).

The contraceptive prevalence rate has dropped slightly since 2000 when 61 percent of married women were using any method and 22 percent were using a modern method.

Use of modern methods by married women varies substantially by residence and region. Rural residents are less likely to use a modern method than urban residents (16 percent versus 22 percent). Use ranges from a low of 11 percent in Kotayk to a high of 25 percent in Yerevan. Well educated women are more than twice as likely to use a modern method as those with only basic general education.

Unmet need for family planning

Women who do not want to have any more children or want to wait at least 2 years before their next child, but are not currently using any contraception are said to have an unmet need for family planning. It is estimated that 13 percent of women in union have an unmet need for family planning, less than 4 percent for spacing births and 10 percent for limiting births.

Current Use of Contraception

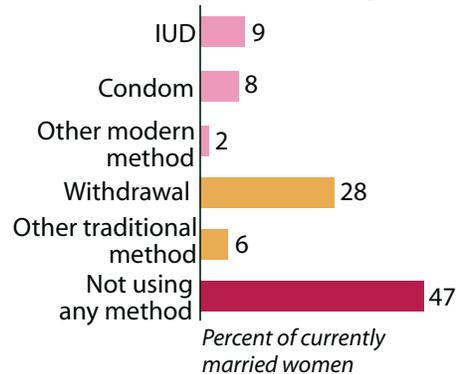


Photo by Zara Mkrtychyan

ABORTION

Among all the pregnancies that occurred in the three years before the 2005 ADHS, 48 percent resulted in a live birth and 45 percent of them ended in induced abortion. This represents a decrease in induced abortions since 2000 when 55 percent of pregnancies ended in abortion.

Induced abortions were most common among older women and women who already had 5 or more children.

Lifetime experience with abortion

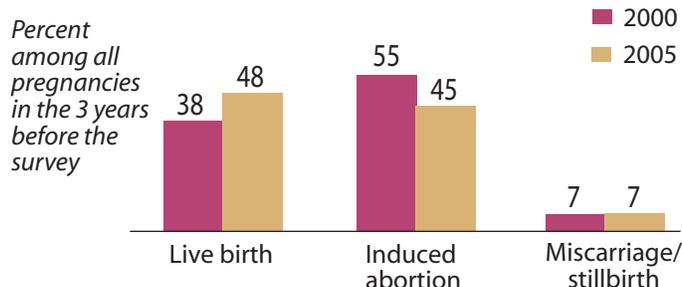
More than one-third of Armenian women have ever had an induced abortion. History of abortion is slightly more common among women in rural areas (40 percent), and among women older than 35. Abortion also increases as number of children increases. Almost two-thirds of women with 2 or 3 children have ever had an abortion compared to less than 1 percent of women with no children. Women living in Gegharkunik, Kotayk and Tavush are most likely to have had an abortion in their lifetime (all over 40 percent).

Among women who have ever had an abortion, 45 percent have had two or three abortions. Almost 20 percent have had 4 or more. Women who are currently 40-49 years of age have had an average of 1.7 abortions in their lifetime. In Gegharkunik and Kotayk the average is above 3.

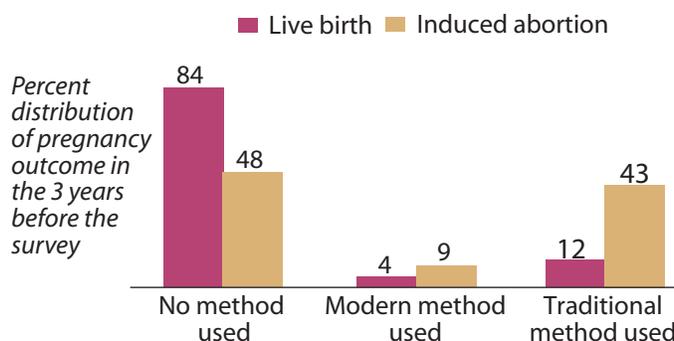
Use of contraception before abortion

The majority of pregnancies that ended in abortion occurred while the woman was using no method of family planning or using a traditional method of family planning. A modern method of contraception was being used in only 9 percent of cases that resulted in pregnancy and subsequent abortion.

Trends in Pregnancy Outcomes



Use of Contraception Before Pregnancy



Childhood mortality and household wealth

Children who live in the poorest households in Armenia are twice as likely to die in infancy or before the age of 5 as children living in the wealthiest households. Infant mortality for children in the wealthiest households is only 14 deaths per 1,000 live births compared to 41 deaths per 1,000 live births for the infants in the poorest households.

CHILDHOOD MORTALITY

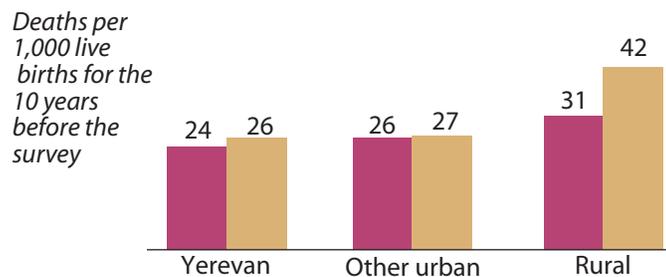
Mortality levels

Childhood mortality is relatively low in Armenia. For the most recent period (0-4 years before the survey), 26 children per 1,000 live births died before their first birthday (17 per 1,000 before the age of one month and 9 per 1,000 between 1 and 12 months). For every 1,000 children who reached their first birthday, 4 died before reaching the age of five. Overall, 30 children per 1,000 live births died before reaching their fifth birthday.

Childhood mortality is higher among children living in rural areas than those living in urban areas. It is also higher among children whose mothers have lower levels of education.

Childhood Mortality by Residence

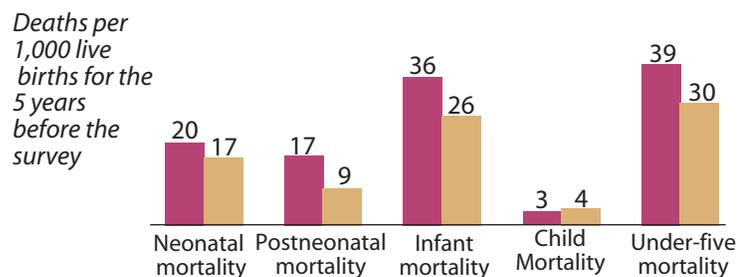
■ Infant mortality ■ Under-five mortality



Childhood mortality has dropped slightly since 2000. Infant mortality is 26 per 1,000 in 2005 compared to 36 per 1,000 in 2000; under five mortality is 30 per 1,000 in 2005 compared to 39 per 1,000 in 2000. Trends in childhood mortality are difficult to measure, however, as mortality estimates require very large sample sizes.

Trends in Childhood Mortality

■ 2000 ■ 2005



REPRODUCTIVE HEALTH

Antenatal care and childbirth

In Armenia, the vast majority of births (93 percent) in the five years before the survey benefited from antenatal care by a doctor, nurse, or midwife. Access to antenatal care from a health professional is only a little lower in rural areas (89 percent) than urban areas (96 percent). Women living in Gegharkunk and Shirak are least likely to receive antenatal care from a professional health care provider (less than 80 percent). The majority of women have four or more antenatal care visits. Almost half of women attended antenatal care in the first three months of pregnancy, as recommended.

Women are recommended to take iron supplements during pregnancy to prevent anemia. Less than one-fifth of pregnant women received iron tablets or syrup. Only about one half of pregnant women were informed about the signs of pregnancy complications.

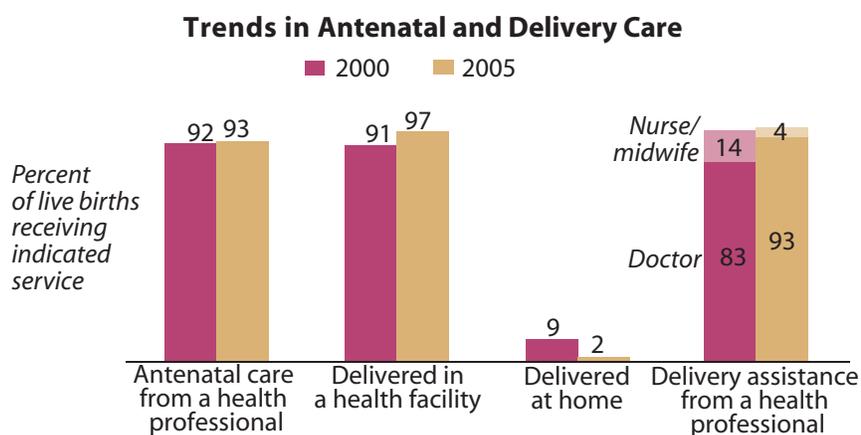
Almost all women deliver in a health facility in Armenia—only 2 percent deliver at home. Home births are most common in Aragatsotn (11 percent) and Gegharkunik (14 percent). Ninety-three percent of women deliver with the assistance of a doctor, while an additional 4 percent are assisted by a nurse/midwife.

Postnatal care

Because most women deliver in a health facility, postnatal care is very common. More than 80 percent of women receive a postnatal care checkup within two days of birth, as recommended. About one in six women do not receive any postnatal care.

Trends in reproductive health

Reproductive health care has remained mostly unchanged in the last five years. Facility-based births have increased slightly, from 91 percent in 2000 to 97 percent in 2005. Although assistance by a health professional has remained constant, the proportion of births assisted by doctors (rather than nurse/midwives) has gone up since 2000 (83 percent versus 93 percent).



CHILD HEALTH

Vaccination coverage

Vaccination coverage has decreased in the past 5 years. Only 60 percent of children 12-23 months have received the six vaccinations recommended by the World Health Organization (BCG, MMR, three doses each of DPT and polio) compared to 76 percent in 2000. Currently almost all children (98 percent) have received BCG, but only about three-quarters have received 3 doses of DPT or polio, 3 doses of hepatitis, or the recommended dose of MMR.

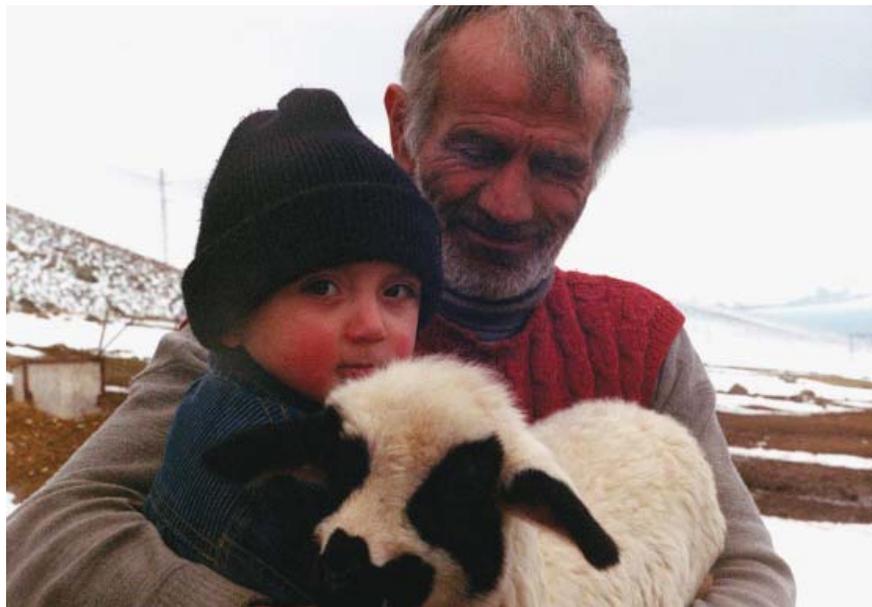
Vaccination coverage is higher in rural areas (66 percent) than urban areas (56 percent). It is lower in Yerevan than in the other regions.

Childhood diseases

Acute respiratory infection (ARI) is a common cause of infant deaths in Armenia. Among those with symptoms of ARI in the two weeks before the survey, just over one-third were taken to a health facility for treatment. Only 11 percent were given an antibiotic. Boys and those living in rural areas were more likely to be taken for treatment than girls or those living in urban areas.

About one in six children had a fever in the two weeks before the survey. Only twenty-two percent of them were taken to a health facility for treatment, and only 11 percent received an antibiotic.

Another one in six children under 5 had diarrhea in the two weeks before the survey. Diarrhea is a major cause of morbidity in young children, and also contributes to childhood mortality. About one-third of children with diarrhea were taken to a health provider. Almost two-thirds received some form of oral rehydration therapy (25 percent receive oral rehydration salts, 25 percent received recommended home fluids and 43 percent received any increased fluids). It is important that children with diarrhea receive more fluids than normal. However, only 43 percent of children received more liquids than normal.



(c) 2004 Moushegh Baghdasaryan/Manana, Courtesy of Photoshare

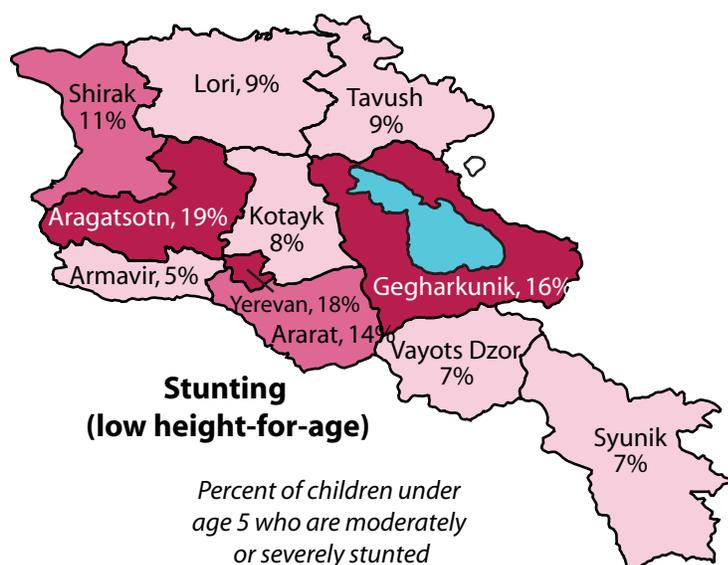
CHILDREN'S NUTRITION

Breastfeeding, weaning, and complementary feeding

Practically all children born in the 5 years before the survey (97 percent) have been breastfed. WHO and UNICEF recommend that children be exclusively breastfed until the age of 6 months, and that starting at 6 months, supplementary solid food should be introduced into the diet. In Armenia, 33 percent of children under 6 months were exclusively breastfed. However, only 57 percent of children age 6-9 months received complementary foods, as recommended by this age. Children receive breastmilk for an average of 12 months, and are exclusively breastfed for an average of 2.8 months.

Nutritional status of children

The nutritional status of children has remained relatively stable over the last 5 years. In 2005, 13 percent of children under 5 years were stunted, or too short for their age. Stunting ranges from only 5 percent in Armavir to 19 percent in Aragatsotn. Wasting, or being too thin for height, has increased from 2 percent in 2000 to 5 percent in 2005. There is tremendous regional variation in wasting, ranging from less than 1 percent in Tavush and Aragatsotn to 24 percent in Vayots Dzor and 33 percent in Shirak. Underweight has increased slightly from 3 percent in 2000 to 4 percent in 2005. Underweight is most common in Shirak and Vayots Dzor.



Anemia and Micronutrient Intake

Anemia

Overall, more than one-third of children age 6-59 months are anemic; 17 percent have only mild anemia, while 19 percent have moderate anemia and 1 percent have severe anemia. Anemia levels are highest in Gegharkunik (63 percent), Yerevan (45 percent) and Armavir (44 percent).

Micronutrient Intake

More than half of children age 6-35 months ate foods rich in vitamin A in the day before the survey. Three-quarters of the same group ate foods rich in iron during that period. However, only 2 percent were taking iron supplements at the time. Almost one in five (18 percent) were given deworming medication in the 6 months before the survey.

Almost all children live in houses using adequately iodized salt.

WOMEN'S NUTRITION

Nutritional status

Very few women in Armenia suffer from undernutrition. Only 5 percent are considered too thin (a body mass index of less than 18.5). However, 27 percent of Armenian women are overweight and another 16 percent are considered obese. These rates of overweight and obesity are almost identical to the rates reported in 2000.

Anemia

One in four women suffers from some degree of anemia. Most women (21 percent) have mild anemia, while 3 percent suffer from moderate anemia. Anemia in women has increased since 2000 when only 12 percent had any form of anemia. Iron-deficiency anemia is a major risk to both mothers and their infants. Women should take iron tablets or syrup for at least 90 days during pregnancy to prevent iron-deficiency anemia. Only 15 percent of pregnant women received any iron during pregnancy, and only 1 percent took it for the recommended 90 days.

Vitamin A and nightblindness

Vitamin A deficiency is especially common among pregnant women and can result in night blindness. Three percent of women reported night blindness during pregnancy. However, once the women who also suffer from vision problems during the day were excluded, only 1 percent of pregnant women suffered from nightblindness due to vitamin A deficiency.



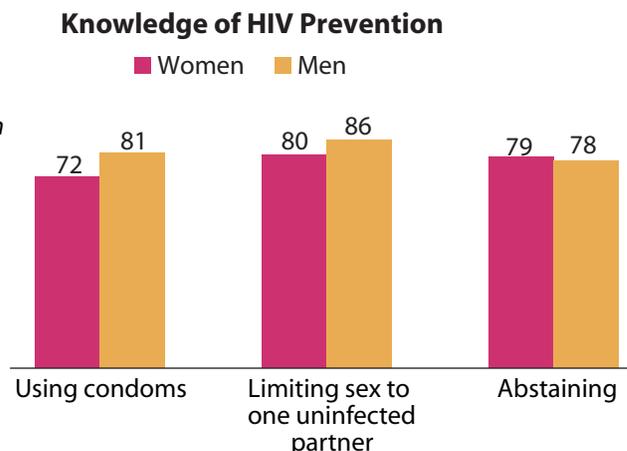
Photo courtesy of Project Nova

HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS (STIs)

Knowledge of AIDS

Nearly all men (92 percent) and women (95 percent) have heard of HIV/AIDS. However, in spite of this, only 67 percent of women and 78 percent of men believe that the risk of contracting AIDS can be reduced by using condoms and limiting sex to one faithful, non-infected partner. Women and men living in rural areas are less likely to know about HIV prevention than their urban counterparts. Prevention knowledge also varies by region. Only 48 percent of women living in Tavush know that using condoms and limiting sex to one uninfected partner reduces the risk of getting the AIDS virus compared to 82 percent in Syunik and Vayots Dzor.

Percentage of women and men age 15-49 who know that one can reduce the risk of getting AIDS by:



Only 48 percent of women living in Tavush know that using condoms and limiting sex to one uninfected partner reduces the risk of getting the AIDS virus compared to 82 percent in Syunik and Vayots Dzor.

Armenians continue to believe several misconceptions about HIV/AIDS. Only about 63 percent of women and men know that a healthy looking person can have the AIDS virus or that AIDS cannot be transmitted by coughing. Only half of women and one-third of men know that AIDS cannot be transmitted by mosquito bites.

Armenians do not exhibit very accepting attitudes of those with HIV. Only 15 percent of women and men report that they would be willing to care for a relative sick with the AIDS virus in their own home, and only about 7 percent would buy fresh vegetables from a shopkeeper with the AIDS virus.

Higher-risk sex

Higher-risk sex, or sex with a nonmarital, noncohabiting partner, is a major risk for HIV infection. Only 1 percent of Armenian women report having higher-risk sex in the year before the survey compared to 28 percent of men. Two percent of men reported having paid for sex in the year before the survey.

Youth

Sexual activity is not commonly reported among youth. Only 9 percent of women and 28 percent of men age 18-24 had had sexual intercourse by age 18. Sexual intercourse outside of marriage is especially rare among young women—virtually no women in this age group reported having sex outside of marriage, while 34 percent of unmarried men reported ever having sex. Among 15-24 year-olds who had ever had sex, less than 1 percent of women and 55 percent of men reported using a condom the first time they had sex. Prevention knowledge among youth is slightly lower than among adults. Between 60 and 70 percent of young men and women know where to get a condom.

Sexually Transmitted Infections (STIs)

While very few women were diagnosed with an STI in the year before the survey, 8 percent reported STI symptoms. Only 1 percent of men reported an STI or STI symptoms.

ADULT HEALTH

Utilization of the health system

According to the 2005 ADHS, more than one in ten women, men and children reported a health problem in the 3 months before the survey. However, only 8 percent of women, 6 percent of men, and 10 percent of children visited a health facility in the same 3 months. Women especially experience barriers in accessing health care. Almost two-thirds reported that getting money for treatment was a big problem, while 58 percent are concerned about poor service, and more than one-third reported not wanting to go alone, concern that there would be no provider available, and concern that there would be no drugs available.

Most health consultations do cost money in Armenia. The median cost for children's visits was 1,497 drams, while women's visits cost an average of 4,997 drams and men's visits cost 6,598 drams.

Family medicine program

Three-quarters of women and just over half of men have heard of Armenia's "family medicine" program, introduced in 1997. More than half of respondents think that the program is appropriate for Armenia, but a sizable proportion report that they either do not approve or are unsure of their attitude toward the program. The most common reasons for disapproval are that it's expensive, that they don't trust the doctors, that they prefer the old system, or that these doctors are less knowledgeable.

Smoking tobacco

Only 2 percent of women are smokers, but 61 percent of men smoke cigarettes. Of these men, 92 percent smoke 10 or more cigarettes a day.

Tuberculosis

Tuberculosis (TB) is a significant health problem in Armenia. Most men and women have heard of TB, but knowledge about transmission is fairly low. Just over half of men and women know that TB is spread through the air when coughing. Almost 80 percent of women and men listed any coughing as a major symptom of TB, while 12 percent of women and 19 percent of men could not name any symptoms. Only 51 percent of women and 61 percent of men know that TB can be cured.

Hypertension

Hypertension is one of the major risk factors for cardiovascular problems (along with smoking and nutritional status). More than one in five women and more than one in four men are hypertensive. Hypertension is most common among older men and women, smokers, and overweight and obese individuals.

WOMEN'S EMPOWERMENT

Employment and earnings

Just less than one-third of married women are employed. Among these women, 73 percent earn cash only. Twenty percent are not paid at all. Two-thirds of married women earning cash report that they earn less than their husbands.

Women's decisionmaking

Most married women have at least some say in many household decisions. One third of married women decide on their own about their own health care, while 57 percent share this decision with their partner. Decisions about major household purchases are made solely by the husband in 12 percent of cases. Daily household purchases, however, are made by only the woman in 41 percent of cases. In general, older women are more likely to participate in household decisions than younger women. Employed women and women with higher levels of education are also most likely to have a say in decision making.

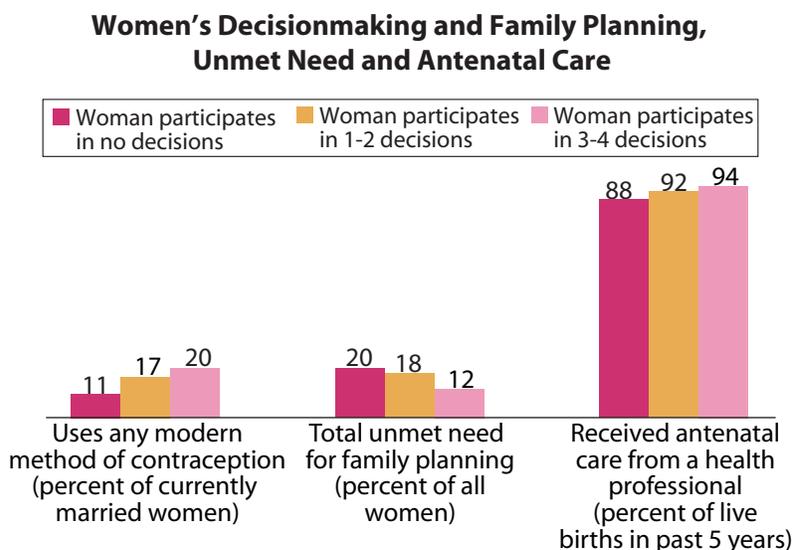
Attitudes toward wife beating and refusing sex

Almost one-quarter of women and 30 percent of men agree that men are justified in beating their wives for at least some reason. Neglecting the children and arguing with the husband are the most accepted reasons given for justifying wife beating.

Ninety percent of women agree that a wife is justified in refusing sex with her husband for at least one of the following reasons: she knows he has a sexually transmitted infection (STI), she knows he has sex with other women, or she's tired or not in the mood. The youngest women are least likely to believe that a woman has the right to refuse sex with her husband for any of these reasons. Most men (93 percent) also agree with at least one of those reasons. Another 89 percent of men believe that a wife can ask a husband to use a condom if he has an STI.

Women's empowerment and health and demographic outcomes

The ADHS data suggest that women who are more empowered to make decisions also have better health outcomes. Women who participate in household decisions and who believe that women have the right to refuse sex with their husbands are more likely to use a modern method of contraception than those who are less empowered. Women with more decisionmaking power are also less likely to have an unmet need for family planning than those who do not participate in decisions. Women decisionmakers are also more likely to receive antenatal care from a health professional.



KEY INDICATORS

	Armenia	Urban	Rural	Yerevan
Fertility				
Total fertility rate	1.7	1.6	1.8	1.7
Ideal number of children: women / men	2.6/2.8	2.5/2.7	2.6/2.9	2.5/2.8
Median age at first sexual intercourse: women age 25-49	20.7	21.4	19.8	21.8
Median age at first marriage: women age 25-49	20.7	21.4	19.8	21.8
Median age at first birth: women age 25-49	22.1	22.7	21.1	23.2
Median number of months since preceding birth (birth interval)	37	38	35	38
Women age 15-19 who are already mothers or pregnant (%)	5	4	6	4
Childhood mortality (deaths per 1,000 live births) ¹				
Infant mortality	26	25	31	24
Under-five mortality	30	26	42	26
Family Planning				
Knows any method (married women, age 15-49) (%)	99	100	98	100
Currently using a method (married women, age 15-49) (%)	53	54	51	59
Currently using a modern method (married women, age 15-49) (%)	20	22	16	25
Total unmet need for family planning (married women 15-49) (%)	13	11	17	9
Reproductive Health				
Percent of women who delivered a live birth in the 5 years preceding the survey who have received antenatal care from a health professional	93	96	89	97
<i>Percent of births in the 5 years preceding the survey for which the mother has:</i>				
Delivered in a health facility	97	99	93	98
Delivered with the assistance of a health professional	98	99	96	98
Abortion: Women who have had at least one induced abortion (%)	37	35	40	34
Child health				
Percent of children age 12-23 months who have received all the EPI vaccines (BCG, 3 doses of DPT, 3 doses of Polio, and MMR)	60	56	66	47
<i>Percent of children who received professional health care when they exhibited symptoms of:</i>				
Acute respiratory infection	36	30	46	na
Diarrhea	32	36	27	na
Nutrition				
Children age 6-59 months who are anemic (%)	37	38	35	45
Women age 15-49 who are anemic (%)	25	27	21	29
Children under 5 who are stunted (%)	13	14	12	18
Children under 5 who are wasted (%)	5	6	4	5
Women age 15-49 who are overweight or obese (BMI >25.0) (%)	42	41	45	37
Adult Health				
Women who have at least one big problem accessing health care (%)	89	88	92	89
Women/men who have heard of "family medicine" program (%)	73/53	79/55	62/49	83/57
Men who smoke cigarettes (%)	61	60	61	62
Women/men who know that TB can be completely cured (%)	51/61	55/63	45/57	60/67
Women/men with hypertension (%)	22/27	21/25	23/32	17/20
HIV/AIDS				
Women/men who know that using condoms and limiting sex to one uninfected partner reduces the chance of getting HIV/AIDS (%)	67/78	72/79	59/76	74/81
Sexually active men who have had higher-risk sex in the year before the survey (%)	28	31	21	35

na- not available

*- Based on 250-499 unweighted cases; ** Based on 25-49 unweighted cases

¹- For the 10 years preceding the survey, except at the national level (5 years preceding the survey)

Aragatsotn	Ararat	Armavir	Gegharkunik	Lori	Kotayk	Shirak	Syunik	Vayots Dzor	Tavush
2.5	2.0	1.7	2.1	1.4*	1.8	1.2	1.8	0.9*	1.6
2.7/3.5	2.6/2.7	2.5/2.6	2.5/2.6	2.4/3.0	2.7/3.1	2.5/2.3	2.8/2.7	2.5/2.8	2.7/3.2
20.4	20.6	19.9	19.5	20.0	19.9	20.8	20.8	20.6	20.3
20.3	20.3	20.0	19.6	20.0	19.9	20.8	20.8	20.5	20.3
21.3	21.7	21.4	20.9	21.3	21.3	22.3	22.2	21.5	21.6
38	43	38	28	34**	42	30**	32	30**	29
1	8	3	6	5	9	5	1	1	5
na	na	na	na	na	na	na	na	na	na
na	na	na	na	na	na	na	na	na	na
86	98	100	100	100	99	99	100	99	100
54	41	58	41	51	49	42	61	67	62
23	17	13	16	22	11	16	17	19	17
11	15	12	29	18	14	14	12	7	16
94	93	93	74	94	97	78	98	95	96
89	98	97	84	98	97	98	98	100	100
98	99	99	90	100	97	99	98	100	100
38	38	35	46	39	42	35	29	34	43
na	na	na	na	na	na	na	na	na	na
na	na	na	na	na	na	na	na	na	na
na	na	na	na	na	na	na	na	na	na
27	31	44	63	18	31	18	25	7**	20
17	22	22	33	19	21	27	21	18	14
19	14	5	16	9	8	11	7	7	9
<1	4	2	1	5	2	33	1	24	<1
47	42	45	38	48	48	46	48	34	49
94	99	96	91	77	85	89	100	95	80
71/72	54/39	66/69	59/34	85/58	74/57	56/29	69/35	57/14	70/57
65	65	62	68	47	57	55	64	52	61
52/58	40/55	62/75	35/28	48/79**	53/59	29/17	36/47	28/78	57/75
23/39	30/41	14/29	10/10	38/53	20/20	32/25	18/6**	38/41	29/43
49/82	65/93	69/97	68/80	51/80	54/73	73/31	82/56	82/66	48/84
13	26	32	23	9**	45	0	10	11	10

