

# Armenia

2015-16 Demographic and Health Survey

Key Findings



The 2015-16 Armenia Demographic and Health Survey (2015-16 ADHS) was implemented by the National Statistical Service (NSS) and the Ministry of Health (MOH) from December 8, 2015, to April 5, 2016. The funding for the ADHS was provided by the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United Nations Children's Fund (UNICEF). ICF provided technical assistance through The DHS Program, which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs.

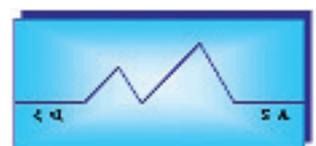
Additional information about the 2015-16 ADHS may be obtained from the National Statistical Service of the Republic of Armenia, Republic Avenue, 3 Government House, 0010, Yerevan, Republic of Armenia; Telephone: 374-11-524-213; Fax: 374-11-521-921; E-mail: [info@armstat.am](mailto:info@armstat.am); Internet: <http://www.armstat.am>.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA. Telephone: 301-407-6500; fax: 301-407-6501; e-mail: [info@DHSprogram.com](mailto:info@DHSprogram.com); Internet: [www.DHSprogram.com](http://www.DHSprogram.com).

Suggested citation:

National Statistical Service [Armenia], Ministry of Health [Armenia], and ICF. 2017. *2015-16 ADHS Key Findings*. Rockville, Maryland, USA: NSS, MOH, and ICF.

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# ABOUT THE 2015-16 ADHS

The 2015-16 Armenia Demographic and Health Survey (ADHS) is designed to provide data for monitoring the population and health situation in Armenia. The 2015-16 ADHS is the fourth Demographic and Health Survey conducted in Armenia since 2000, and the objective of the survey was to provide reliable estimates of fertility and abortion levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of young children, maternal and child health, domestic violence against women, child discipline and awareness and behavior regarding HIV and other sexually transmitted infections (STIs), and other health issues such as smoking, tuberculosis, and anemia that can be used by program managers and policymakers to evaluate and improve existing programs.

## Who participated in the survey?

A nationally representative sample of 6,116 women age 15-49 in all selected households and 2,755 men age 15-49 in half of the selected households were interviewed. This represents a response rate of 98% of women and 97% of men. The sample design for the 2015-16 ADHS provides estimates at the national and regional (marz) levels including Yerevan, and for urban and rural areas.

## ARMENIA



# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

## Water and Sanitation

Access to an improved water source is nearly universal in Armenia. The most common water source among households is water piped into the dwelling or yard plot.

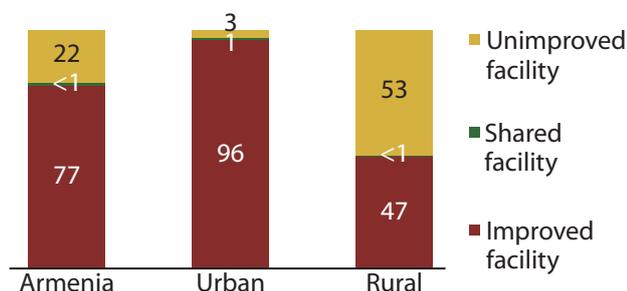
More than 3 in 4 households use an improved sanitation facility, while less than 1% use a shared facility and 22% use an unimproved facility. Nearly all (96%) urban households use an improved sanitation facility, compared to just 47% of rural households.



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### Sanitation

Percent distribution of households by type of sanitation facility



## Education

The vast majority of Armenian women and men age 15-49 have at least secondary education; just 7% of women and 13% of men have basic education. Around 3 in 10 women and men have higher education.

## Ownership of Goods

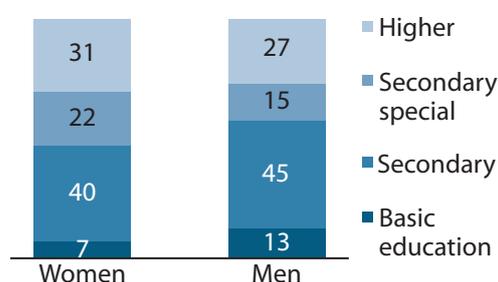
Nearly all (>99%) Armenian households own a television, and 96% own a mobile phone. Sixty-nine percent of households have a computer, and the same proportion have an internet connection. Four in ten households have a car or truck. Rural households are more likely to own a car or truck than urban households (48% versus 34%).

## Household Composition

Armenian households have an average of 3.5 members. One-third of households are headed by women. Less than 20% of the household population is under age 15.

### Education

Percent distribution of women and men age 15-49 by highest level of education attended



# FERTILITY AND ITS DETERMINANTS

## Total Fertility Rate

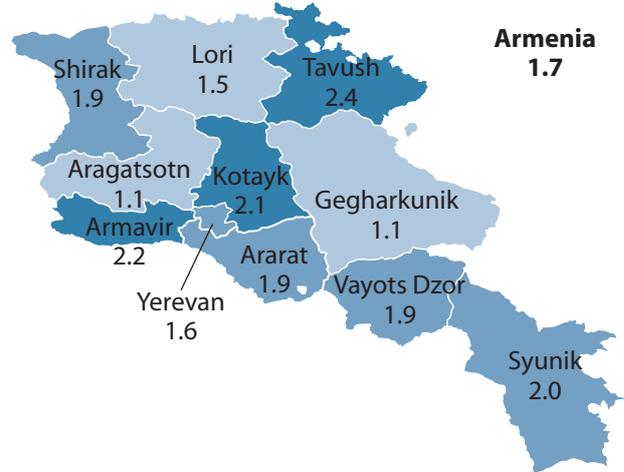
Currently, women in Armenia have an average of 1.7 children. Fertility has remained constant since 2000.

There is nearly no difference in fertility between women in urban areas (1.7 children) and women in rural areas (1.8 children). Fertility ranges from a low of 1.1 children per woman in Aragatsotn and Gegharkunik regions to a high of 2.4 children per woman in Tavush region.

Fertility decreases as a woman’s level of education increases, from 2.8 children per woman with basic education to 1.6 children per woman with higher education. There is no clear relationship between fertility and household wealth.\*

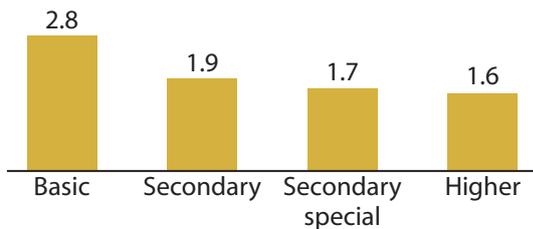
## Total Fertility Rate by Region

*Births per woman for the three-year period before the survey*



## Total Fertility Rate by Education

*Births per woman for the three-year period before the survey*



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\* Wealth of households is calculated through household assets collected from DHS surveys – i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

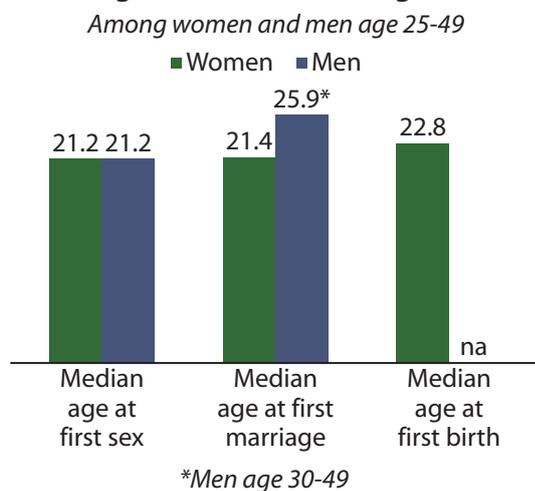
## Age at First Sexual Intercourse, Marriage, and Birth

Armenian women and men initiate sexual activity at the same age. The median age at first sexual intercourse is 21.2 years for women and men age 25-49. This means that half of women and men begin sexual activity before the age of 21.2, while half begin sexual activity after the age of 21.2. Women with basic education have their first sexual intercourse at a median age of 18.6, compared to age 23.9 among women with higher education. There is no clear relationship between age at first sexual intercourse and education among men.

Women marry at a median age of 21.4 years, shortly after initiating sexual intercourse. Men marry substantially later, at a median age of 25.9 years for men age 30-49. The median age at first marriage for women increases dramatically with education, from a median age of 18.8 among women with basic education to a median age of 24.1 among women with higher education.

Women have the first birth nearly a year and a half after marrying at a median age of 22.8 years. The median age at first birth varies dramatically by region. Women in Yerevan have their first birth more than three years later than women in the Gegharkunik region (median age of 24.5 versus median age of 21.4).

### Median Age at First Sex, Marriage, and Birth



## Teenage fertility

Four percent of adolescent women age 15-19 are already mothers or are pregnant with their first child. Teenage childbearing varies by region, from a low of less than 1% in the Lori and Syunik regions to a high of 12% in Armavir. Teenage childbearing decreases as household wealth increases; 6% of adolescent women in the poorest households have begun childbearing, compared to less than 1% percent of women in the richest households.



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# CONTRACEPTION

## Current Use of Contraception

More than half (57%) of married women age 15-49 use any method of contraception—28% use a modern method, while 29% use a traditional method. The most popular modern methods of contraception are the male condom (15%), the IUD (9%), and the pill (3%). The most popular traditional methods are withdrawal (25%) and the rhythm method (4%).

Modern contraceptive use is higher in urban areas (32%) than in rural areas (23%). In contrast, the use of traditional methods is higher in rural areas (35%) than in urban areas (25%).

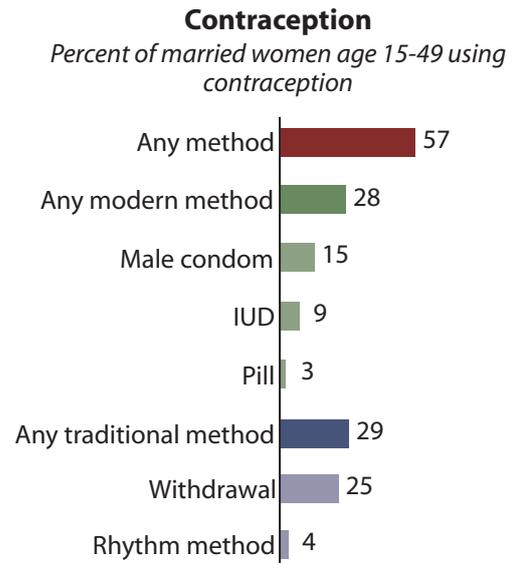
Women in Syunik, Lori, and Vavots Dzor are least likely to use a modern method of contraception (13% each), while women in Yerevan are most likely to use a modern method (40%). Syunik also has the lowest proportion of women using a traditional method of contraception (8%), while over half of women in Gegharkunik (51%) and Vavots Dzor (55%) use traditional methods.

The use of modern contraception increases with a woman's level of education, from 21% of women with basic education to 35% among women with higher education. Conversely, the use of traditional methods decreases as a woman's level of education increases; 39% of women with basic education use traditional methods of contraception, compared to 21% of women with higher education.

Contraceptive use also varies by wealth. Women in the poorest households are less likely to use modern methods (21%) than women in the richest households (37%). The use of traditional methods of contraception is highest among women in the poorest households (38%) and lowest among women in the richest households (23%).

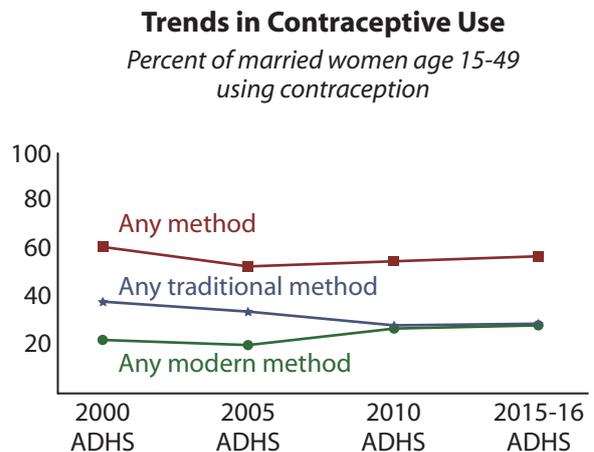
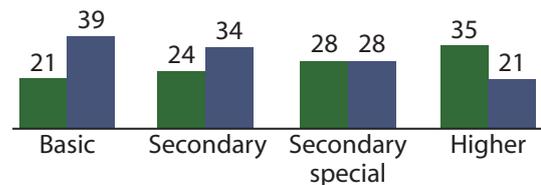
## Trends in Contraceptive Use

The use of any method of contraception has decreased from 61% in 2000 to 53% in 2005, but has increased to 57% in 2015-16. Modern method use follows a similar pattern, decreasing slightly from 22% in 2000 to 20% in 2005, then increasing to 28% in 2015-16. The use of traditional methods of contraception has generally decreased from 38% in 2000 to 29% in 2015-16.



**Use of Contraception by Education**  
Percent of married women age 15-49 using contraception

■ Modern methods ■ Traditional methods



## Demand for Family Planning

One-quarter of married women age 15-49 want to delay childbearing (delay their first birth or space out births) for at least two years. Additionally, 45% of married women age 15-49 do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning in Armenia is 70%.

The total demand for family planning includes both met need and unmet need. Met need is the percent of married women who are currently using family planning. Fifty-seven percent of married women use any method of contraception—28% use modern methods and 29% use traditional methods. Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using family planning. Thirteen percent of married women have an unmet need for family planning.

## Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Though 82% of the total demand for family planning is satisfied, just 40% of the demand for family planning is satisfied by modern methods. Demand for family planning satisfied by modern methods increases with a woman's level of education and wealth.

The current total demand for family planning (70%) has remained fairly stable since 2005. The demand satisfied by modern methods increased from 27% in 2005 to 40% in 2010 and has not changed since then.

## Exposure to Family Planning Messages

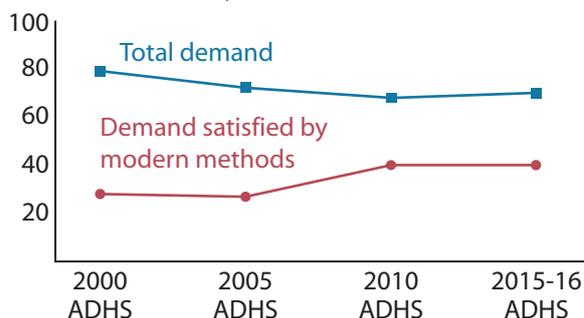
The internet and television are the most common sources of family planning messages in Armenia. One-quarter of women and 19% of men saw a family planning message on the internet in the few months before the survey, while 22% of women and 14% of men saw a family planning message on television. Overall, 66% of women and 74% of men did not see any family planning messages in the few months before the survey.

## Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and other available family planning methods. Nearly 9 in 10 (87%) women age 15-49 using modern methods were informed about side effects, 85% were told what to do if they experience side effects, and 72% were informed about other available family planning methods.

### Trends in Demand for Family Planning

*Among married women age 15-49, percent with demand for family planning and demand satisfied by modern methods*



# ABORTION

## Pregnancy Outcomes

Among all pregnancies in the three years before the survey, 69% end in a live birth, 23% end in an induced abortion, and 9% end in a miscarriage or stillbirth. The proportion of pregnancies that end in abortion decreased dramatically since 2000 when 55% of pregnancies ended in abortion.

The proportion of pregnancies that end in abortion increases with pregnancy order; 2% of first pregnancies end in abortion, compared to 65% of fifth-or-higher order pregnancies. Pregnancy outcomes vary dramatically by region. Four percent of pregnancies in Syunik end in abortion, compared to 57% in Gegharkunik.

## Lifetime Experience with Abortion

One in four Armenian women age 15-49 have ever had an abortion. A woman's likelihood of having an abortion increases with age and number of living children. Women in Syunik are least likely to have an abortion (9%), while women in Armavir and Gegharkunik are most likely to have an abortion (35% each).

Among women who have ever had an abortion, nearly half (47%) report two to three abortions, while 39% report one abortion.

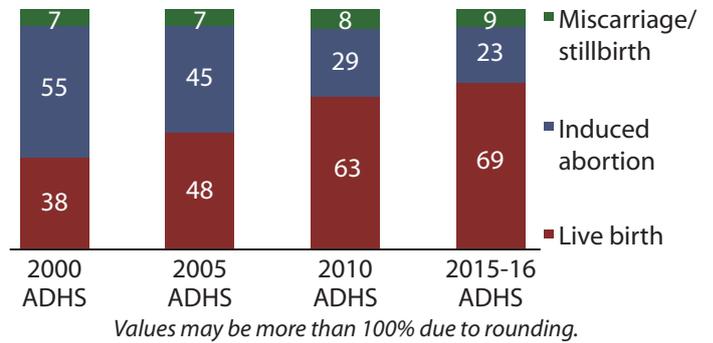
## Use of Contraception before Abortion

Among pregnancies that ended in abortion, 49% occur while the woman was not using any method of contraception, 41% occur while the woman was using a traditional method of contraception, and 10% occur while the woman was using a modern method of contraception.

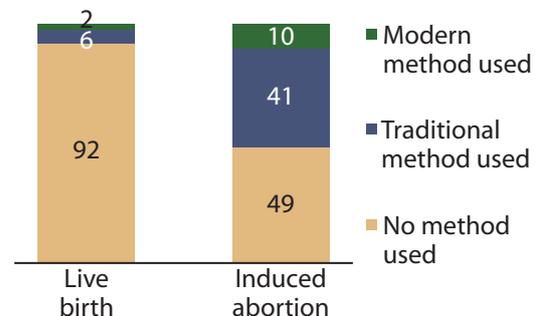
## Reason for Abortion

About two-thirds of abortions in the three years before the survey were performed because the woman did not want to have any more children. Eight percent of abortions were performed because of risk of birth defects, 8% for sex selection, and 7% because of concerns for the health of the mother.

**Trends in Pregnancy Outcomes**  
Percent distribution of pregnancies ending in the three years preceding the survey by type of outcome



**Use of Contraception before Pregnancy**  
Percent distribution of method used by pregnancy outcome in the three years before the survey



# REPRODUCTIVE HEALTH

## Antenatal Care

All women age 15-49 receive antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or feldsher). The timing and quality of ANC are also important. Nearly all (96%) women made four or more ANC visits, while 94% of women had their first ANC visit in the first trimester. Four in ten women took iron tablets or syrup during their last pregnancy and 45% took folate tablets or multivitamins.

All women who received ANC had their blood pressure measured, had a urine sample taken, and had a blood sample taken. Nearly all women who received ANC for their most recent birth (99%) had at least one ultrasound test. More than 3 in 4 women who had an ultrasound test had three or more ultrasound tests.

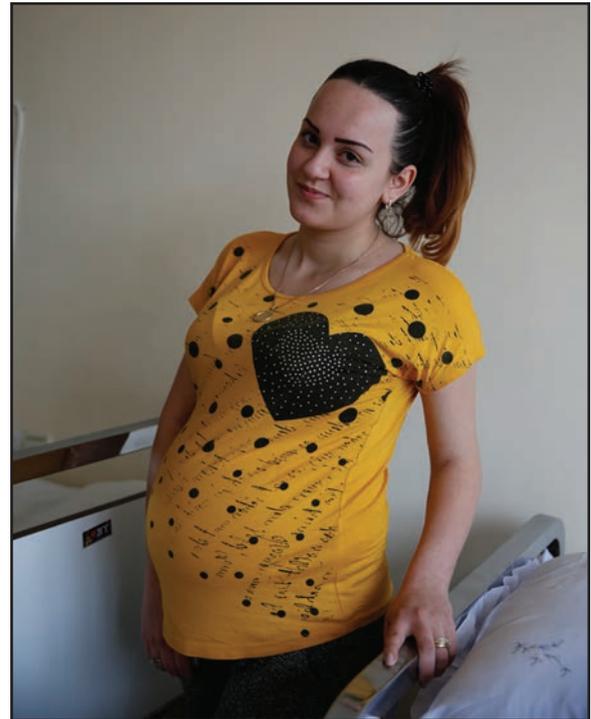
## Delivery Care

Ninety-nine percent of births are delivered in a health facility, the vast majority in public sector facilities. More than 99% of births are delivered by a skilled provider – 96% are delivered by doctors and 3% are delivered by nurses or midwives.

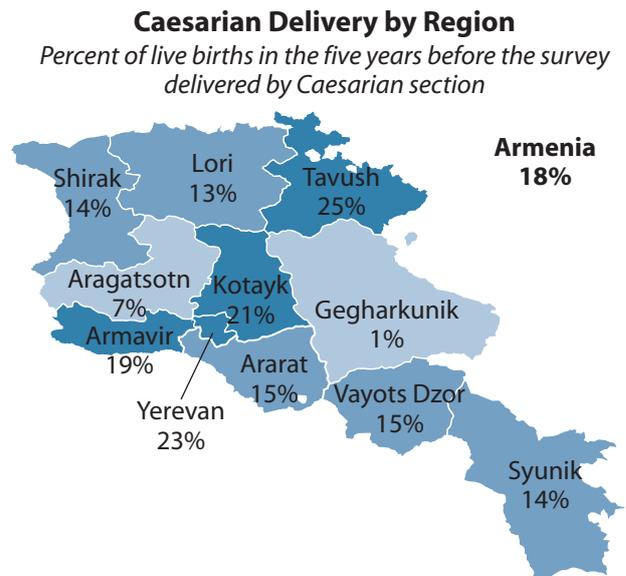
According to WHO, the ideal proportion of Caesarian deliveries is 10%. In Armenia, 18% of births are delivered by C-section. Just 1% of births in Gegharkunik are delivered by C-section, compared to 25% of births in Tavush. Most C-sections are decided before the onset of labor pains.

## Postnatal Care

Postnatal care helps prevent complications after childbirth. Ninety-seven percent of women receive postnatal checkup within two days of delivery, while 1% did not have a postnatal checkup within 41 days of delivery. Ninety-eight percent of newborns receive a postnatal checkup within two days of birth and less than 1% did not receive a postnatal checkup within 41 days of birth.



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# CHILD HEALTH

## Vaccination Coverage

Nearly 9 in 10 Armenian children age 24-35 months have received all basic vaccinations – one dose of BCG; one dose of measles, mumps, and rubella vaccine (MMR); three doses of DPT-HepB-Hib; and three doses of polio vaccine. Basic vaccination coverage is slightly higher among children in rural areas (93%) than among children in urban areas (86%). Just 1% of Armenian children have received no vaccines.

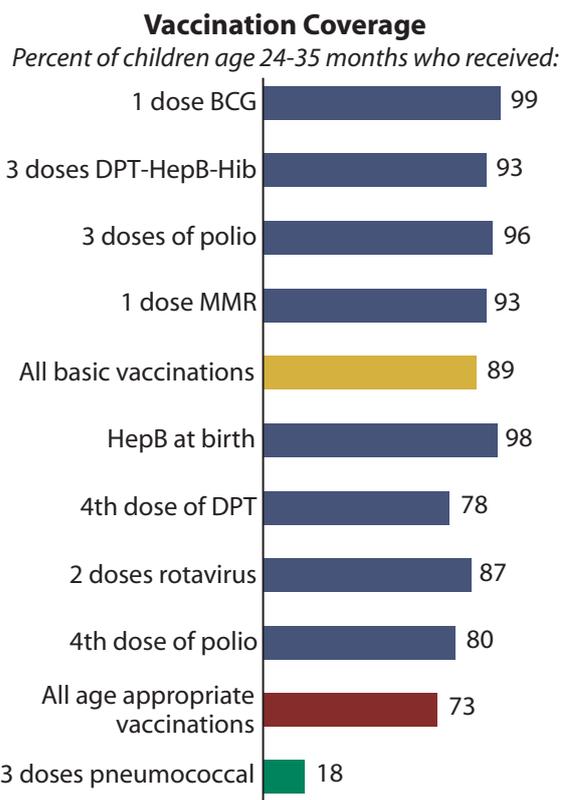
According to the 2015-16 ADHS, 73% of children age 24-35 months have received all age appropriate vaccinations which includes all basic vaccination plus HepB given at birth, a fourth dose of DPT vaccine, a fourth dose of polio vaccine and two doses of rotavirus vaccine.

Children should also receive three doses of pneumococcal vaccine. Pneumococcal vaccine was only introduced in the routine immunizations for children in Armenia in 2014. The 2015-16 ADHS collected information on pneumococcal vaccination, but those vaccinations are not included in age appropriate vaccinations because of their recent introduction. Eighteen percent of children age 24-35 months received three doses of pneumococcal vaccine. Over half (52%) of children age 12-23 months have received three doses of pneumococcal vaccine.

## Childhood Illnesses

In the two weeks before the survey, 1% of children under five were ill with cough and rapid breathing, symptoms of acute respiratory infection. Nine percent of children under five had fever in the two weeks before the survey. Among children with fever, 72% were taken to a health facility or provider for treatment.

In the two weeks before the survey, 4% of children under five had diarrhea. Four in ten children with diarrhea were taken to health facility or provider. Children with diarrhea should receive oral rehydration therapy (ORT) which includes oral rehydration solution, recommended home fluids and increased fluids. Two-thirds of children under five with diarrhea received ORT, while 18% received no treatment.



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# FEEDING PRACTICES AND SUPPLEMENTATION

## Breastfeeding and the Introduction of Complementary Foods

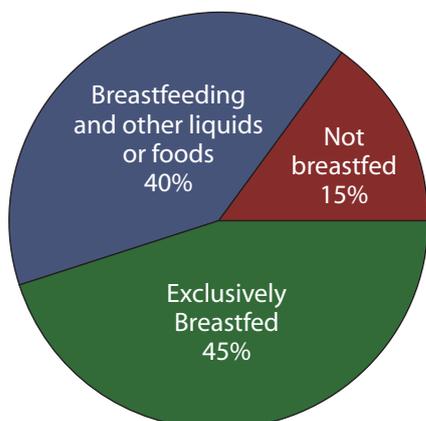
Nearly all (97%) Armenian children are ever breastfed, and 41% are breastfed in the first hour of life. Eleven percent of children receive something other than breastmilk in the first three days, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Just under half (45%) of children under six months are exclusively breastfed.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. More than 6 in 10 children age 6-8 months receive complementary foods.

### Breastfeeding Status Under Six Months

*Percent distribution of last born children under six months by breastfeeding status*



## Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. In the 24 hours before the survey, 69% of children age 6-23 months ate foods rich in vitamin A.

Iron is essential for cognitive development in children and low iron intake can contribute to anemia. In the 24 hours before the survey, 52% of children age 6-23 months ate foods rich in iron. Just 1% of children age 6-59 months received an iron supplement in the week before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Only 5% of women age 15-49 received iron supplements for at least 90 days during their last pregnancy.

## Use of Iodized Salt

Iodine is an important micronutrient for physical and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. All households in Armenia have iodized salt.



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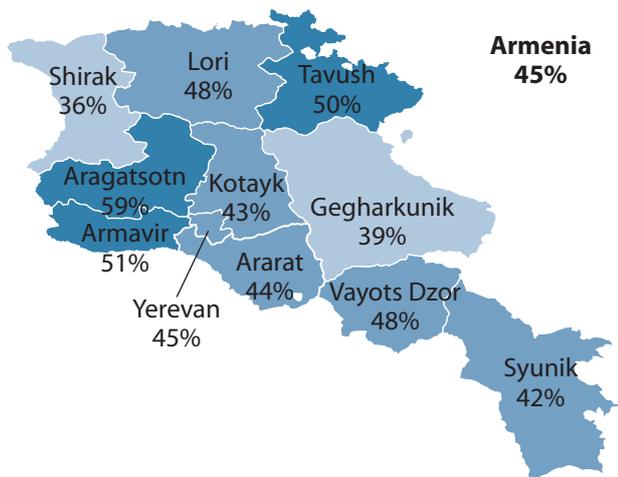
# NUTRITIONAL STATUS

## Women's Nutritional Status

The 2015-16 ADHS took weight and height measurements of women age 15-49. Just 4% of women are thin, while 45% are overweight or obese. Women in Shirak are least likely to be overweight or obese (36%) and women in Aragatsotn are most likely to be overweight or obese (59%). The proportion of women who are thin has remained essentially unchanged since 2000, while the proportion of women who are overweight or obese has increased slightly, from 42% in 2000 to 45% in 2015-16.

### Overweight and Obesity by Region

Percent of women age 15-49 who are overweight or obese



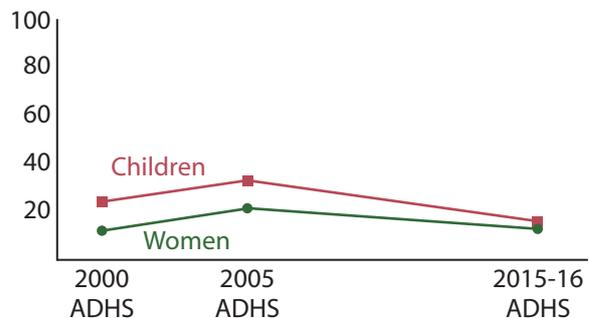
## Anemia

Overall, 16% of children age 6-59 months are anemic, the majority have mild anemia. Anemia among children is seven times higher in Gegharkunik (49%) than in Armavir (7%). Anemia has markedly decreased from 33% in 2005 to 16% in 2015-16.

Thirteen percent of women age 15-49 are anemic, the majority have mild anemia. Breastfeeding women are slightly more likely to be anemic (16%) than women who are pregnant (11%) or neither pregnant nor breastfeeding (13%). Anemia is substantially higher among women in Gegharkunik (39%) than in other regions. Anemia has decreased from 21% in 2005 to 13% in 2015-16.

### Trends in Anemia Prevalence

Percent of children age 6-59 months and women age 15-49 with any anemia



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# HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOR

## Knowledge of HIV Prevention Methods

Nearly 9 in 10 women and men age 15-49 have heard of AIDS. Women and men in Gegharkunik are least likely to have heard of AIDS (50% and 69%, respectively).

Overall, 72% of women and 73% of men age 15-49 know that using condoms and limiting sex to one uninfected partner can reduce the risk of HIV. Knowledge of HIV prevention methods substantially increases with level of education.

## Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Less than half (48%) of women and 44% of men know that HIV can be transmitted during pregnancy, delivery, and by breastfeeding.

About 1 in 4 women and 1 in 5 men know that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy.

## Multiple Sexual Partners

Less than 1% of women and 5% of men had two or more sexual partners in the last 12 months. Among men who had multiple sexual partners, 62% reported using a condom during last sex.

Women report an average of 1.1 lifetime sexual partners, while men report an average of 4.0 sexual partners.

## Paid Sex

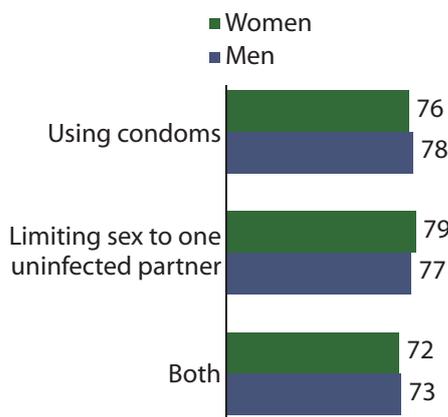
More than one-quarter of men have ever paid for sexual intercourse and 10% paid for sex in the last 12 months. Among men who paid for sexual intercourse in the last 12 months, 84% reported using a condom at last paid sexual intercourse.

## HIV Testing

Less than half of Armenian women and men know where to get an HIV test. Even fewer have ever been tested and received their results; 12% of women and 1% of men have ever been tested for HIV and received their results. Just 3% of women and less than 1% of men have been tested for HIV in the last 12 months and received their results.

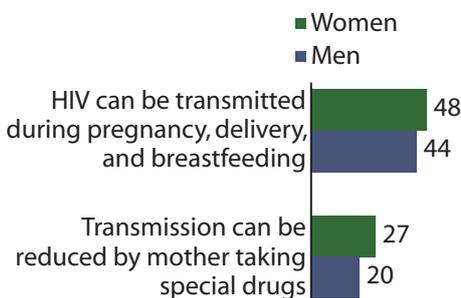
### Knowledge of HIV Prevention Methods

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



### Knowledge of PMTCT

Percent of women and men age 15-49 who know that:



# HEALTH INSURANCE, USE OF TOBACCO, AND TUBERCULOSIS

## Health Insurance Coverage

Overall, just 7% of women and 8% of men age 15-49 have health insurance coverage. The majority of women and men with health insurance coverage have the Basic Benefits Package. Women and men with higher education are most likely to have any type of health insurance coverage. The proportion of women and men with any type of health insurance coverage has increased since 2010 when only 1% of women and 2% of men had health insurance coverage.

## Use of Tobacco

Just 1% of Armenian women smoke cigarettes. Tobacco use is much more common among men; 61% of men smoke cigarettes. Smoking generally increases with age among both women and men. Among men, smoking varies dramatically by region, ranging from a low of 38% of men in Syunik to a high of 78% of men in Aragatsotn.

Most male cigarette smokers are daily smokers. Nearly 7 in 10 daily cigarette smokers smoke between 15 and 24 cigarettes per day and 23% smoke more than 25 cigarettes per day. Over half of Armenian households report that someone smokes inside the house on a daily basis.

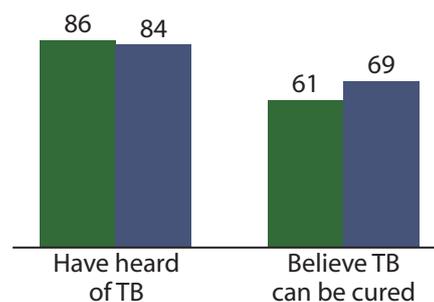


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## Tuberculosis

In Armenia, 86% of women and 84% of men have heard of tuberculosis (TB). Women's knowledge of TB is lowest in Gegharkunik (57%) and men's knowledge of TB is lowest in Lori (37%).

**Tuberculosis Knowledge**  
 ■ Women ■ Men  
 Percent of women and men age 15-49 who: *Among women and men age 15-49 who have heard of TB, percent who:*



The majority of women and men who have heard of TB report that TB is spread through the air when an infected person coughs or sneezes (85% and 88%, respectively). Fewer women (61%) and men (69%) know that TB can be cured. Eighty-five percent of women and 87% of men identify coughing as a symptom of TB.

Less than one-quarter of women and 18% of men who have heard of TB correctly believe that TB can affect any organs. The majority (66% of women and 77% of men) believe that TB can affect the lungs. One in ten women and 5% of men don't know which organs can be affected by TB.

Among women who have heard of TB, the most common misconceptions about TB transmission are that TB can be spread by sharing utensils (21%), and TB can be spread by touching a person with TB (10%). Similarly, 12% of men who have heard of TB believe that TB can be spread by sharing utensils, and 8% believe that TB can be transmitted through touching a person who has TB.

# WOMEN'S EMPOWERMENT

## Employment

Married men are more than twice as likely as married women to be employed (89% versus 42%). Employed men are more likely to be paid in cash (87%) than employed women (65%). Similarly, employed women are more likely to be unpaid (9%) than employed men (1%).

More than 9 in 10 married women who earn cash make decisions on how to spend their earnings – 28% decide alone and 67% decide jointly with their husbands. Two-thirds of women say they earn less than their husband.

## Ownership of Assets

Less than half (48%) of women age 15-49 own a home alone or jointly, compared to 72% of men. Similarly, just 16% of women own land, compared to 35% of men. About 2 in 10 women and men have a bank account, and nearly all women and men own a mobile phone. Twenty-nine percent of women use a mobile phone for financial transactions, compared to 20% of men.

## Problems Accessing Health Care

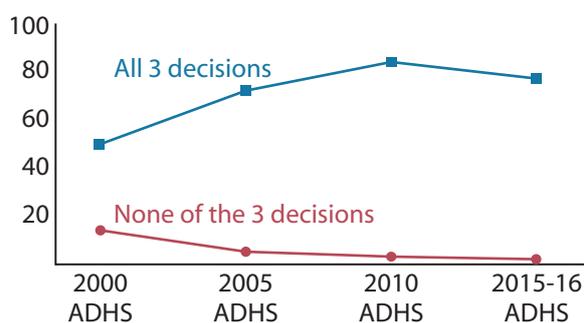
Overall, 64% of women report at least one serious problem in accessing health care for themselves. The most commonly cited problem is getting money for treatment (55%), followed by not wanting to go alone (25%).

## Participation in Household Decisions

The 2015-16 ADHS asked currently married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. Ninety-six percent of married women participate in decisions about their own health care, 92% participate in decisions about visits to her family or relatives, and 80% participate in decisions about major household purchases. More than 3 in 4 women participate in all three aforementioned decisions, while 2% do not participate in any. Participation in all three decisions varies dramatically by region; just 47% of women in Ararat participate in all three decisions, compared to 90% of women in Armavir. The proportion of women who participate in all three decisions increased from 50% in 2000 to 82% in 2010, but has slightly decreased to 77% in 2015-16. The proportion of women who do not participate in any household decisions has steadily decreased from 14% in 2000 to 2% in 2015-16.

### Trends in Women's Participation in Decision Making

*Percent of married women age 15-49 who make specific decisions either alone or jointly with their husband*



# DOMESTIC VIOLENCE

## Experience of Physical Violence

Six percent of women age 15-49 have ever experienced physical violence since age 15, and 3% have experienced physical violence in the last 12 months. Women in Aragatsotn are most likely to have experienced physical violence in the last 12 months (14%).

## Experience of Sexual Violence

Overall, 1% of women age 15-49 have ever experienced sexual violence, while less than 1% experienced sexual violence in last 12 months. Women in Aragatsotn are most likely to have ever experienced sexual violence (4%).

## Help-seeking behavior

Among women who have ever experienced physical or sexual violence, 29% sought help to stop the violence, while the same proportion never sought help but told someone about the violence. Four in ten women who experienced physical or sexual violence never sought help and never told anyone.

## Spousal Violence

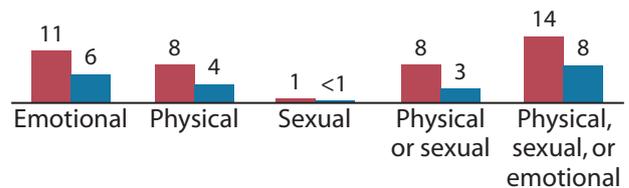
One in seven ever-married women has experienced spousal violence, whether emotional, physical or sexual. Eight percent of women have experienced spousal violence in the last 12 months.

More than 3 in 10 ever-married women in Ararat have experienced spousal violence, compared to less than 1% of women in Syunik. Experience of spousal violence decreases as a woman's level of education increases, from 24% of women with basic education to 9% among women with higher education.

### Spousal Violence

Percent of ever-married women who have experienced the following types of spousal violence

■ Ever ■ Past 12 months



# INDICATORS

	Residence		
	Armenia	Urban	Rural
<b>Fertility</b>			
Total fertility rate (number of children per woman)	1.7	1.7	1.8
Median age at first sexual intercourse for women age 25-49 (years)	21.2	22.2	20.0
Median age at marriage for women age 25-49 (years)	21.4	22.3	20.1
Median age at first birth for women age 25-49 (years)	22.8	23.8	21.4
Women age 15-19 who are mothers or currently pregnant (%)	4	1	6
<b>Family Planning (among married women age 15-49)</b>			
Current use of any method of family planning (%)	57	57	58
Current use of a modern method of family planning (%)	28	32	23
Current use of a traditional method of family planning (%)	29	25	35
Unmet need for family planning <sup>1</sup> (%)	13	14	11
Demand satisfied by modern methods (%)	40	46	33
<b>Abortion</b>			
Pregnancies in the three years before the survey that ended in induced abortion (%)	23	19	27
Women age 15-49 who have ever had an induced abortion (%)	25	22	31
<b>Reproductive Health</b>			
Women age 15-49 who made four or more antenatal care visits (%)	96	98	94
Births delivered in a health facility (%)	99	99	>99
Births assisted by a skilled provider <sup>2</sup> (%)	>99	>99	>99
Births delivered by Caesarian section (%)	18	20	15
<b>Child Health (among children age 24-35 months)</b>			
Children who received all basic vaccinations <sup>3</sup> (%)	89	86	93
Children who received all age-appropriate vaccinations <sup>4</sup> (%)	73	69	77
<b>Nutrition</b>			
Women age 15-49 who are overweight or obese (%)	45	44	46
Children age 6-59 months with any anemia (%)	16	14	18
Women age 15-49 with any anemia (%)	13	13	14
<b>HIV/AIDS</b>			
Woman age 15-49 who have heard of AIDS (%)	89	94	82
Men age 15-49 who have heard of AIDS (%)	88	90	85
Women age 15-49 who have been tested for HIV and received the results in the past year (%)	3	3	3
Men age 15-49 who have been tested for HIV and received the results in the past year (%)	<1	<1	1
<b>Domestic Violence (among women age 15-49)</b>			
Women who have ever experienced physical violence since age 15 (%)	6	5	6
Women who have ever experienced sexual violence (%)	1	1	1
Ever-married women who ever experienced physical, sexual, or emotional spousal violence (%)	14	13	15

Figures in parentheses are based on 25-49 unweighted cases. <sup>1</sup>Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. <sup>2</sup>Skilled provider includes doctor, nurse, midwife, and feldsher. <sup>3</sup>Basic vaccination includes BCG, 3 doses of DPT-HepB-Hib, 3 doses of oral polio vaccine, and 1 dose of measles, mumps and rubella (MMR).

Region										
Yerevan	Aragatsotn	Ararat	Armavir	Gegharkunik	Lori	Kotayk	Shirak	Syunik	Vayots Dzor	Tavush
1.6	1.1	1.9	2.2	1.1	1.5	2.1	1.9	2.0	1.9	2.4
22.8	20.9	21.3	19.8	20.0	21.3	20.6	20.9	20.8	20.2	20.3
22.8	21.0	21.3	20.0	20.1	21.3	20.7	21.0	20.8	20.2	20.4
24.5	22.4	22.8	21.5	21.4	22.7	22.1	22.5	22.5	21.5	21.9
2	(4)	1	12	4	(<1)	2	9	<1	3	6
58	63	66	60	70	60	56	41	21	69	60
40	35	35	22	19	13	23	19	13	13	27
18	28	31	37	51	47	32	22	8	55	34
13	5	8	11	8	12	15	22	17	6	12
56	52	47	32	25	19	33	30	34	18	37
14	10	19	31	57	23	24	24	4	10	19
19	27	27	35	35	24	34	29	9	18	27
-	-	-	-	-	-	-	-	-	-	-
>99	99	>99	99	99	>99	99	98	>99	99	>99
>99	>99	>99	>99	99	>99	>99	>99	>99	99	>99
23	7	15	19	1	13	21	14	14	15	25
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
45	59	44	51	39	48	43	36	42	48	50
10	12	10	7	49	34	20	21	10	15	11
12	14	9	7	39	14	13	11	10	10	10
97	64	93	91	50	89	98	87	97	94	92
89	77	84	95	69	75	>99	88	91	91	97
3	<1	3	3	<1	3	8	5	3	2	2
<1	1	<1	2	<1	<1	1	2	<1	<1	<1
5	18	13	2	4	10	6	3	<1	9	1
1	4	2	<1	1	2	1	<1	<1	1	1
12	29	32	6	16	20	18	6	<1	24	4

<sup>4</sup>Age-appropriate vaccination includes BCG, HepB (birth dose), 3 doses of DPT-HepB-Hib, 4 doses of oral polio vaccine, 2 doses of rotavirus vaccine, 1 dose of DPT4, and 1 dose of MMR.

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ՄՅՆՇՈՉՊՁՌՔՍՎՏՐՑԻՓՔՕՖ  
աբգդեզէըթժիլխծկհճղն  
վյնշոչպղռսվտրցւփքօֆ

