



Armenia

2010 Demographic and Health Survey

Key Findings



This report summarises the findings of the 2010 Armenia Demographic and Health Survey (ADHS), implemented by the National Statistical Service and the Ministry of Health of the Republic of Armenia from October 5, 2010, to December 25, 2010. The funding for the ADHS was provided by the US Agency for International Development (USAID). ICF International provided technical assistance through MEASURE DHS, a USAID-funded project that provides support and technical assistance in the implementation of population and health surveys in countries worldwide. Additional support for the 2010 ADHS was received from the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The views expressed in this publication do not necessarily reflect the views of USAID or other donor organizations.

Additional information about the 2010 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 10) 524 213; Fax: (374 10) 521 921; E-mail: info@armstat.am; Internet: <http://www.armstat.am>.

Additional information about the DHS program may be obtained from MEASURE DHS, ICF International, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone: 1 (301) 572-0200; Fax: 1 (301) 572-0999; E-mail: reports@measuredhs.com).

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National Statistical Service



ABOUT THE 2010 ADHS

The 2010 Armenia Demographic and Health Survey (ADHS) is designed to provide data for monitoring the population and health situation in Armenia. The 2010 ADHS is the third Demographic and Health Survey conducted in Armenia. The objective of the survey was to provide up-to-date information on infant and child mortality, fertility preferences, family planning behavior, reproductive and adult health, health care utilization, child health, child discipline and child labor, women's status, and knowledge and behavior regarding HIV/AIDS and other sexually transmitted infections.

Who participated in the survey?

A nationally representative sample of 5,922 women age 15–49 in all selected households and 1,584 men age 15–49 in one-third of selected households were interviewed. This represents a response rate of 98% for women and 97% for men. This sample provides estimates for Armenia as a whole, for urban and rural areas, and, for most indicators, an estimate for each of the 11 study regions.



HOUSEHOLD CHARACTERISTICS

Household composition

Armenian households consist of an average of 3.6 people. About one-fifth (19%) of household members are children under age 15; 17% of household members are over age 60.

Housing conditions

Virtually all Armenia households have electricity. Almost all households (95%) have access to an improved source of drinking water, such as water piped into the dwelling or yard. Rural households are less likely to have an improved water source (88%); 10% of rural households get their water from a tanker truck or cart with drum. Overall, 80% of households have an improved toilet facility, but there is a considerable difference between urban and rural areas. Only 48% of households in rural areas have an improved toilet facility as 50% of rural households have an open pit latrine. Almost all households in urban areas (97%) have an improved toilet facility, such as a flush to piped sewer system.

Education of survey respondents

The large majority of Armenians have been to at least some secondary school. Thirty percent of women and men age 15-49 have attended schooling beyond secondary school. This is most common in urban areas, especially in Yerevan where 47% of women and 49% of men age 15-49 have at least some higher education.

Exposure to media

Television is the most common source of media exposure in Armenia. More than 90% of women and men report having watched television at least once in the week before the survey. Radio and newspaper exposure are less common.

Ownership of goods

Currently, 98% of Armenian households own a color television; only 12% own a radio. Almost 30% of households own a computer and 87% own a mobile telephone.

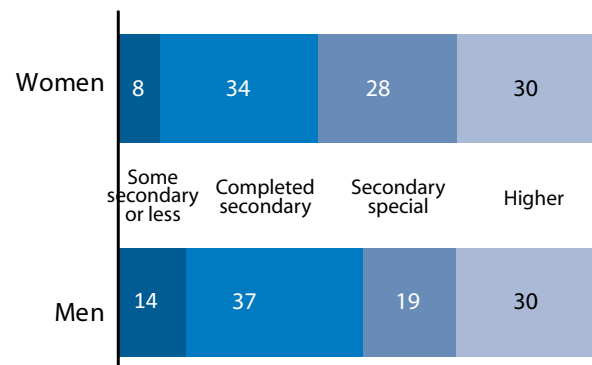
Thirty percent of Armenian households own a car or truck. More than two-in five households (42%) own agricultural land. This is most common among households in rural areas (90%).



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Education

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



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FERTILITY AND ITS DETERMINANTS

Total Fertility Rate (TFR)

Fertility has remained stable over the last ten years in Armenia. Currently, women in Armenia have an average of 1.7 children.

Fertility is slightly higher in rural areas (1.8) than in urban areas (1.6) but varies more dramatically by region. Total fertility rate ranges from 1.5 in Yerevan to 2.0 in Kotayk, Syunik, and Tavush.

In general, fertility decreases as mother's education and household wealth increase. Women who have higher education have an average of 1.4 children, while women with secondary education have an average of 1.9 children. The poorest women have an average of 1.8 children compared to 1.5 children among the women from the wealthiest households*.

Age at first marriage

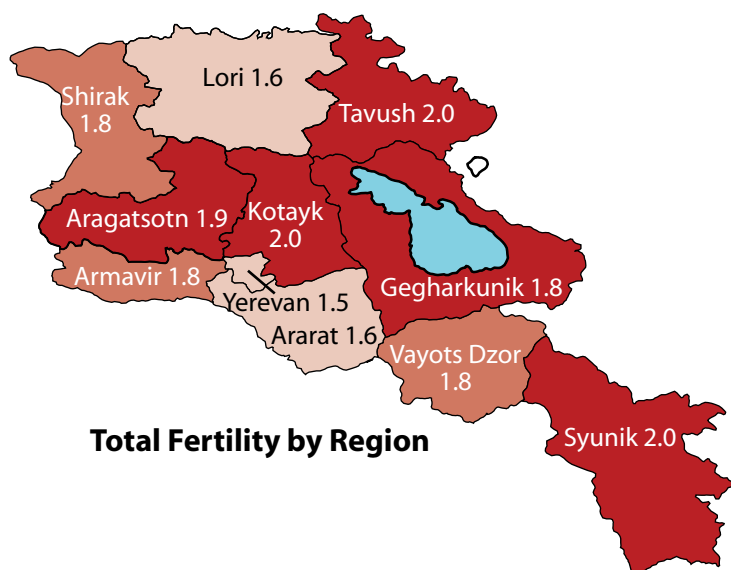
Women continue to wait until they are in their 20s to get married. Only 16% of Armenian women age 25-49 were married by age 18. The median age at first marriage is 21.1 for women age 25-49 compared with men who marry four years later, at age 25.8 (among men at 30-49). Age at first marriage increases with education; women with higher education marry at a median age of 24 years compared to age 19.5 for women with secondary education.

Age at first sexual intercourse

In general, Armenian women initiate sexual intercourse about the same time as their first marriage. Men age 30-49, on the other hand, have their first sexual intercourse at a median age of 20.1 years, about 5 years earlier than their first marriage. Sixteen percent of women age 25-49 and 23% of men age 25-49 had their first sexual intercourse by the age of 18. The median age at first intercourse is 21.1 for women and 20.2 for men.

Age at first birth

Women tend to have their first birth about a year after marriage. The median age at first birth for all women age 25-49 is 22.5. Women in urban areas have their first births two years later than women in rural areas (23.3 versus 21.3). Only 5% of Armenian women age 25-49 had given birth by the age of 18.



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* Wealth of families 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 individuals' relative standing on the household index.

ABORTION

Pregnancy outcome

Among all the pregnancies that occurred in the three years before the 2010 ADHS, 63% resulted in a live birth and 29% ended in induced abortion. This represents a sizable decrease in induced abortions since 2005 when 45% of pregnancy ended in abortion.

Induced abortions were most common among older women and those with multiple earlier pregnancies.

Lifetime experience with abortion

Just under one-third (31%) of Armenian women have ever had an abortion. History of abortion is most common among older women and women with more children. More than half of women with two or more children have had an abortion compared to 17% of women with only one child.

Among women who have ever had an abortion, 64% have had two or more abortions; 17% have had four or more abortions.

Use of contraception before abortion

Just over half of pregnancies that ended in abortion occurred while the woman was using no method of family planning; more than one-third of pregnancies that ended in abortion occurred while the woman was using a traditional method of family planning. A modern method of contraception was being used in only 11% of cases that resulted in pregnancy and subsequent abortion.

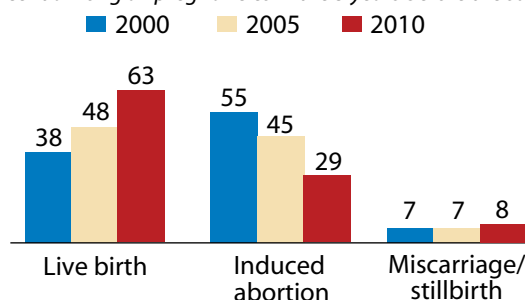
Reason and method for recent abortions

Among women with an abortion in the three years before the survey, the most common reasons given for having the abortion were: did not want children (39%), socioeconomic reasons (15%), and spacing next pregnancy (15%).

More than half of abortions that occurred in the three years of the survey were carried out by dilation and curetting (57%); vacuum aspiration was used in 39% of cases.

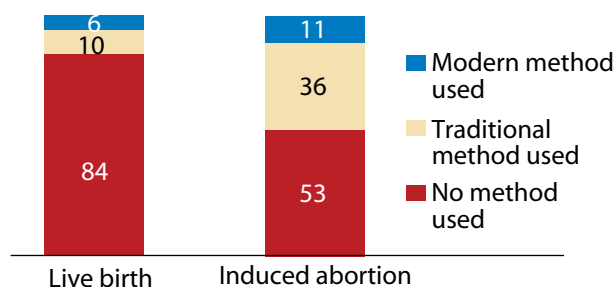
Four-fifths of women with an abortion in the five years before the survey did not discuss family planning with a health worker after the abortion.

Trends in Pregnancy Outcomes
Percent among all pregnancies in the 3 years before the survey



Use of Contraception Before Pregnancy

Percent distribution of pregnancy outcome in the 3 years before the survey



FAMILY PLANNING

Knowledge of family planning

Knowledge of family planning methods in Armenia is nearly universal; 98% of all women age 15–49 know at least one modern method of family planning. The most commonly known methods are male condoms (97%), pill (88%), and IUD (87%).

Current use of family planning

More than one-quarter of married women (27%) currently use a modern method of family planning. Another 28% are using a traditional method. The male condom (15%) and IUD (10%) are the most commonly used modern methods among married women, while 25% use withdrawal.

Use of modern family planning methods is higher in urban areas than in rural areas (33% and 19%, respectively). Modern contraceptive use ranges from a low of 10% of married women in Tavush to a high of 42% in Yerevan.

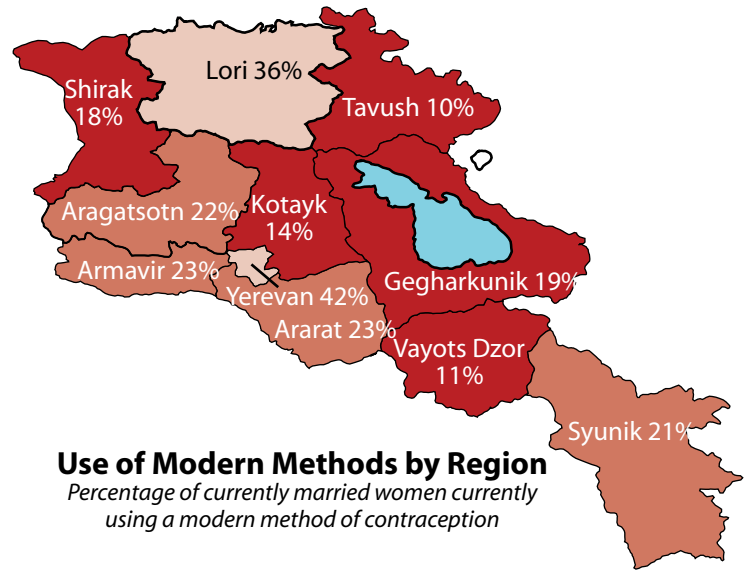
Modern contraceptive use increases with education and wealth. Women with higher education are almost twice as likely to use a modern method as women with only basic education (39% versus 21%).

Trends in family planning use

Modern method among married women use has increased from 20% in 2005. This is due mostly to an increase in the use of condoms from 8% in 2005 to 15% in 2010. Use of traditional methods has dropped, from 34% in 2005 to 28% in 2010. Use of withdrawal, in particular, has declined, from 32% in 2000 to 28% in 2005 to 25% in 2010. The decrease in the use of withdrawal is most striking among currently married women in rural areas (40% in 2000, 31% in 2005, and 28% in 2010).

Source of family planning methods

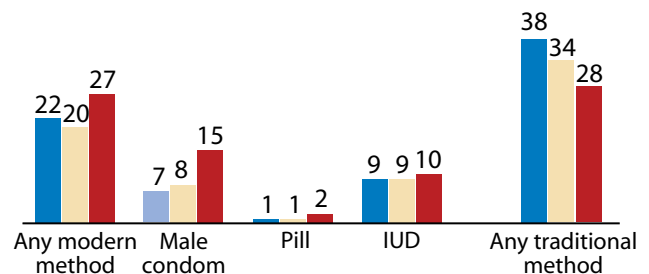
The private medical sector, such as private hospitals, clinics, but mostly pharmacies, provide contraceptives to 61% of current users, while the public sector provides methods to 37% of users. Pills and male condoms are obtained almost exclusively from the private medical sector (96% each), while IUDs are obtained primarily from the public sector (96%).



Trends in Use of Family Planning

Percent of married women currently using a method of family planning

■ 2000 ADHS ■ 2005 ADHS ■ 2010 ADHS



NEED FOR FAMILY PLANNING

Desire to delay or stop childbearing

More than half (58%) of currently married Armenian women want no more children. Another 13% want to wait at least two years before their next birth. These women are potential users of family planning.

Unmet need for family planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2010 ADHS indicates that 21% of married women have an unmet need for family planning—6% for spacing and 15% for limiting. Unmet need is highest in rural areas and among the less wealthy and less educated women. Unmet need is especially high in Shirak (39%) and Gegharkunik (42%).

Missed opportunities

Overall, 60% of women and 30% of men were exposed to a family planning message on the radio, TV, newspaper, or through a community event or pamphlet.

Among all women who are *not* currently using family planning, only 4% of women visited a health facility where they discussed family planning in the year before the survey. Gynecologists were most likely to discuss family planning with nonusers.

Informed choice

Family planning clients should be informed about the side effects of the method used and given options about other available methods. About 7 in 10 Armenian users of modern methods were informed about side effects of their method and 62% were informed what to do if they experienced side effects. Only half were informed of other methods that could be used.

Desired family size

Armenian women want an average of 2.5 children, while men would like 2.7 children. Ideal family size is fairly constant across education and wealth groups.



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CHILDHOOD MORTALITY AND CHILD HEALTH

Childhood mortality

Childhood mortality rates have decreased markedly in Armenia. Currently, the infant mortality rate is 13 deaths per 1,000 live births for the five year period before the survey compared with 26 deaths reported in the 2005 ADHS. Under-five mortality rates have decreased accordingly, from 30 deaths per 1,000 live births in 2005 to 16 deaths per 1,000 in 2010.

Mortality rates are slightly higher in rural than urban areas. Infant mortality, for example, is 22 deaths per 1,000 live births in rural areas compared to only 16 in urban areas.

Vaccination coverage

According to the 2010 ADHS, 92% of Armenian children age 18-29 months have received all recommended vaccines—one dose each of BCG and measles and three doses each of DPT and polio. Eighty-seven percent have received all of the recommended vaccines AND the three recommended hepatitis vaccinations. Vaccination coverage is consistently high across education and wealth groups.

Trends in vaccination coverage

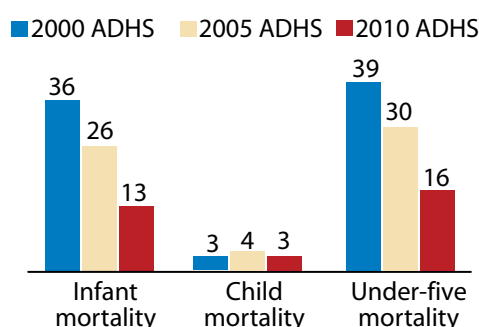
Vaccination coverage has increased dramatically since 2005 when only 78% of children had received all of the basic recommended vaccines and 74% had received the basic vaccines in addition to the three hepatitis vaccines.

Childhood illnesses

In the two weeks before the survey, 5% of children under five had symptoms of an acute respiratory infection (ARI). Of these, 57% were taken to a health facility or a health provider and 36% received antibiotics. Twelve percent of children had a fever in the two weeks before survey. Fever is much more common in urban areas than in rural areas (15% versus 8%). Among children with fever, 54% were taken to a facility or provider and 29% were given antibiotics.

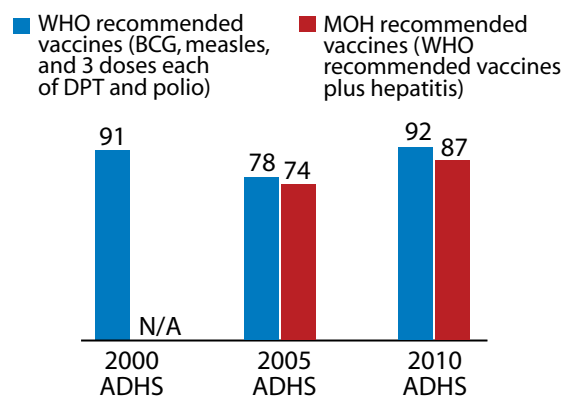
Trends in Childhood Mortality

Deaths per 1,000 live births



Trends in Vaccination Coverage

Percent of children age 18-29 months



During the two weeks before the survey, 9% of Armenian children under five had diarrhea. The rate was highest (15%) among children 6-11 months old. Less than half (42%) of children with diarrhea were taken to a health provider. Children with diarrhea should drink more fluids, particularly through oral rehydration salts (ORS). The large majority (90%) of children with diarrhea were treated with ORS or increased fluids.

MATERNAL HEALTH

Antenatal care

Almost all (99%) Armenian women receive some antenatal care (ANC) from a skilled provider, most commonly from a gynecologist (93%). This marks continued improvement since 2005 when 6% of women had no ANC.

Eighty percent of pregnant women had an antenatal care visit by their fourth month of pregnancy, as recommended. Almost all (93%) received the recommended four or more visits. Still, some components of ANC were not received for many women. Only 29% received iron tablets, and only 57% of women were informed of signs of pregnancy complications. Blood pressure measurements and urine and blood samples were universal. Two-thirds of women had a blood sample for HIV status taken.

Three-quarters of women who gave birth in the five years before the survey reported that they were eligible for free ANC services and 54% were eligible to receive free medicines.

Delivery and postnatal care

Virtually all (99%) births in Armenia occur in health facilities, 94% in the public sector and 5% in private sector facilities. Facility-based births have become increased slightly from 97% in 2005.

Ninety-seven percent of births are assisted by a doctor; an additional 2% are assisted by a nurse or midwife.

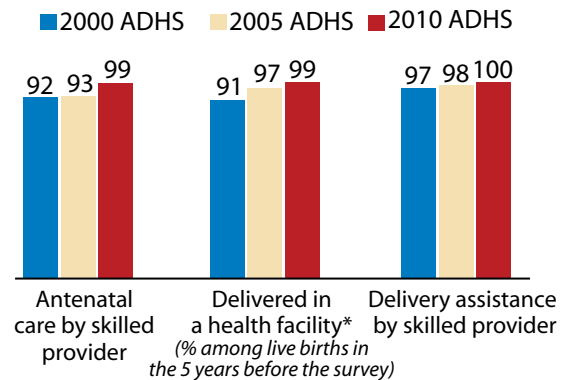
Thirteen percent of births in the five years before the survey were delivered by c-section. C-section is most common in Yerevan (20% of births) and least common in Aragatsotn (5%). One-quarter of births to women from the wealthiest households are delivered by c-section compared to only 7% of births to women from the poorest households.

Sixty percent of women who gave birth in a health facility in the five years before the survey were eligible for free hospital care delivery services. Half were eligible for free medicines.

Postnatal care helps prevent complications after childbirth. More than 90% of women received a postnatal checkup within two days of delivery; half were checked within 4 hours of delivery.

Trends in Maternal Health Care

Percent of women 15-49 with a live birth in the 5 years before the survey



Other health issues

Two-thirds of women age 15-49 report having serious problems accessing health care when they are sick. The most commonly reported problem is getting money for treatment (53%), followed by not wanting to go alone (33%). Women who are poor and less educated are more likely to report problems accessing care.

More than three-quarters (78%) of Armenia women 15-49 do not know about breast self-examination for early detection of breast cancer. Eleven percent of women had performed a breast self-exam in the three months before the survey. While these numbers are low, knowledge of breast self exam has improved in recent years.

The large majority of women (85%) report that they were never given a breast examination by their health care provider. Ten percent report having had a manual exam. Less than 5% have had a mammogram or ultrasound.

Less than 10% of Armenian women age 15-49 have ever had a pap smear test.

WOMEN'S EMPOWERMENT

Employment

Thirty-five percent of all women age 15–49 interviewed in the ADHS are employed compared with 74% of men. The majority of employed women work in professional/technical/managerial jobs (45%) of sales and services (29%) while men work mostly in sales and services (39%), professional/technical/managerial (21%), unskilled manual labor (17%), and agriculture (15%).

Among employed women, 76% earn cash only, and 10% are not paid at all. In comparison, 87% of employed men earn cash only and 5% are unpaid.

Participation in household decisions

For the most part, Armenian women have the power to make many decisions. More than 82% of women report that they have sole or joint decisionmaking power over their own health care, making major household purchases, and visits to her family or relatives. Only 3% of women do not participate at all in any of the three decisions asked about in the ADHS.

Women's decisionmaking varies by region. Women in Armavir and Aragatsotn are less likely to participate in household decisions than women in all of the other regions.

Attitudes toward wife beating and refusing sex

Acceptance of wife beating is fairly low in Armenia. Only 9% of women agree that a husband is justified in hitting or beating his wife for specific reasons. The most common reason given for justifying wife beating is neglecting the children (7%). Men are more likely to report that wife beating is justified; 20% agree with at least one specified reason. Among men, the most common reason is arguing with him (17%), followed by neglecting the children (13%).

More than 80% of women said that a woman was justified in refusing to have sex with her husband if she knew he had sex with other women or that he had an STI. Only 55% of men agreed that a wife could refuse sex if she knew he was having sex with other women.



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FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

Breastfeeding and the introduction of complementary foods

Breastfeeding is very common in Armenia, with 97% of children ever breastfed. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. About one-third (35%) of children under six months in Armenia are being exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet 54% of Armenian infants under six months receive complementary liquids or foods and 11% are not breastfeeding at all. On average, children 0-35 months breastfeed until the age of 13 months and are exclusively breastfed for an average of 3 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Armenia, 46% of children ages 6-9 months are breastfeeding and eating complementary foods; 38% of children in this age group are not breastfeeding.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6-23 months also be fed four or more other food groups at a minimum frequency. Only one-third of breastfed children in Armenia meet these recommendations. It is also recommended that nonbreastfed children be fed milk or milk products, and four or more food groups at a minimum frequency. However, only 30% of nonbreastfed Armenian children are fed according to these three recommendations.

Vitamin A and iron supplementation

Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 75% of children age 6-23 months ate fruits and vegetables rich in vitamin A. Two-thirds of children (68%) ate iron-rich foods in the day before the survey, but only 7% were given iron supplements in the week before the survey. Only 6% of children were given deworming medication in the six months before the survey.

Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Only 2% of women took iron tablets or syrup for at least 90 days during their last pregnancy. Less than 1% of pregnant women took deworming medication during their last pregnancy.



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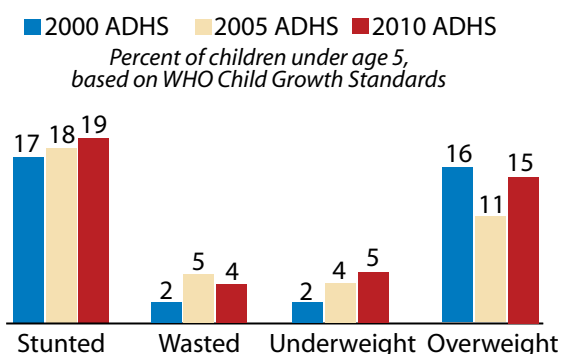
Children's nutritional status

The ADHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2010 survey, 19% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in rural areas (22%) than urban areas (17%). Stunting is most common among children of least educated mothers (22%) and among children from the poorest households (26%). Stunting ranges from 11% in Yerevan to more than 30% in Aragatsotn and Syunik.

Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (4%), although 14% of children of mother's with only basic education are wasted. Underweight, or too thin for age, is also fairly rare—5% of Armenian children under age five are underweight.

Overweight is an increasingly big problem in many countries. Fifteen percent of Armenian

Trends in Children's Nutritional Status



children under age 5 are overweight. Overweight is especially common in Lori, where 34% of children are classified as being too heavy for their height.

Stunting and underweight have increased very slightly since the 2005 survey, while wasting has decreased slightly. Overweight has increased since 2005 after a decrease between 2000 and 2005.



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HIV/AIDS KNOWLEDGE AND BEHAVIOR

Knowledge

According to the 2010 ADHS, 96% of Armenians age 15-49 have heard of HIV and AIDS, but knowledge of HIV prevention measures is slightly lower. Sixty-nine percent of women and 80% of men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful, uninfected partner. Prevention knowledge has remained essentially unchanged since 2005.

Prevention knowledge is higher among those with higher levels of education and those from wealthier households. Knowledge also varies by region. Only 9% of women in Syunik know both prevention methods compared to 79% of women in Yerevan and Kotayk.

Less than 60% of Armenian women and men age 18-49 agree that children age 12-14 should be taught about using a condom to avoid AIDS. Women and men with higher education and those from the wealthiest households are most likely to support condom education.

Less than half of women and only about one-third of men know that HIV can be transmitted by breastfeeding. Even fewer know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy (17% among women and 9% among men).

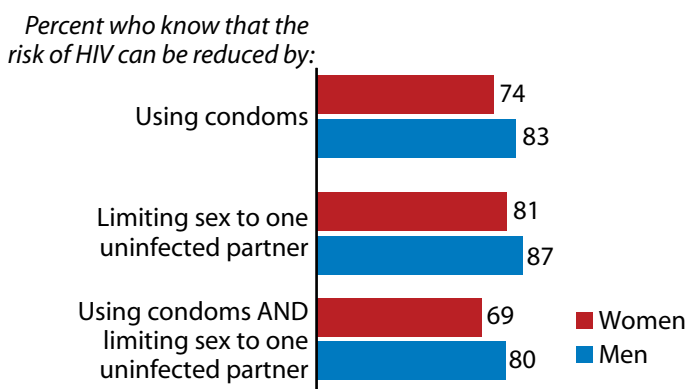
Many Armenians still have misconceptions about HIV/AIDS. Only 65% of women and 51% of men know that a healthy-looking person can have HIV, 52% of women and 41% of men know that AIDS cannot be transmitted by kissing someone who is infected.

Multiple sexual partners and paid sex

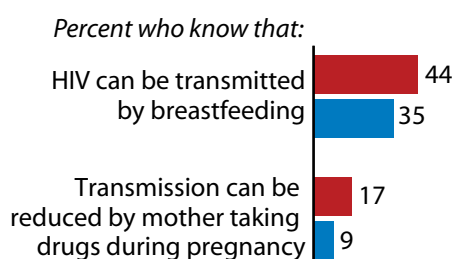
Fifteen percent of men age 15-49 report having had two or more sexual partners in the past year. Almost three-quarters of these men report using a condom during their last sexual intercourse. Men report an average of almost six lifetime sexual partners.

Sixteen percent of men report having ever paid for sex. This is most common among men who have worked abroad (23%) and those living in Yerevan (27%) and Gegharkunik (32%).

Knowledge of HIV Prevention



Mother-to-Child Transmission



Prior HIV testing

Forty-three percent of Armenian women and 35% of Armenian men know where to get an HIV test. Only 9% of women and 2% of men have ever been tested for HIV and received the results. HIV testing is most common among women and men who have worked abroad, and among women living in Kotayk (23% ever tested and received results).

Recent HIV testing is also fairly rare among youth. Nine percent of young women who have had sexual intercourse in the year before the survey were tested and received results from the last HIV test in the past year.

ACCESS TO HEALTH CARE AND TOBACCO USE

Primary doctor

More than half (58%) of women have chosen a primary doctor. Seventy percent of these women have chosen an internist, 15% have chosen a family doctor, and 10% have chosen a pediatrician. Men are less likely to have chosen a primary doctor (38%). Men's most common choice for a primary doctor is also an internist (60%), followed by a family doctor (17%).

Family doctors

In 1997, the MOH introduced the family medicine program. In about three-quarters of cases, family doctors were formerly the respondent's internist. About 90% of family doctors currently work in a health facility serving the respondent's home location. And in more than 97% of cases, the respondent is satisfied with the service provided by the family doctor in the last visit.

Use of primary health care

About a quarter of women and 15% of men perceived a need to seek health care at a polyclinic or ambulatory in the two months before the survey. About 60% of those with a perceived need actually visited a facility. Perceived need for polyclinic/ambulatory care was especially high among women in Lori, Shirak, and Vayots Dzor (more than 30%). The most common reason reported for not seeking care was that it was too expensive (50% of women and 41% of men) and lack of time (24% for women, 21% for men).

The MOH recommends that Armenians receive at least one preventive health care visit per year. One in four women and one in five men had visited a health facility for a routine check up in the three years before the survey.

Television is the most common source of health care messages. Eighty percent of women and 55% of men reported that they heard a health message in the media in the few months before the survey.

Only 1% of women and 2% of men reported having any type of health insurance. Among those who are covered by insurance, the most common provider for men is their employer, and for women, it's the government's Basic Benefit Package.

Tobacco

Tobacco use is very rare among women (only 2%) but is quite common among men. More than 60% of men smoke cigarettes. Among men who smoke, 96% smoke more than 10 cigarettes per day. Men's cigarette smoking is high in all regions, and is highest among the oldest men (76% of men age 45-49).



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ADHS Key Indicators

	Residence			
	Total	Urban	Rural	Yerevan
Fertility				
Total fertility rate	1.7	1.6	1.8	1.5
Women age 15–19 who are mothers or now pregnant (%)	5	4	7	3
Median age at first marriage for women age 25–49 (years)	21.1	22.0	20.0	22.8
Median age at first intercourse for women age 25–49 (years)	21.1	21.9	20.0	22.7
Median age at first birth for women age 25–49 (years)	22.5	23.3	21.3	24.1
Married women (age 15–49) wanting no more children (%)	58	58	58	59
Mean ideal number of children for women 15–49	2.5	2.5	2.6	2.5
Women age 15–49 with an induced abortion (%)	31	30	33	30
Pregnancies in the 3 years before the survey ending in abortion (%)	29	29	28	29
Family Planning				
Current use of any modern method (currently married women 15–49) (%)	27	33	19	42
Currently married women with an unmet need for family planning ¹ (%)	21	19	24	13
Maternal and Child Health				
Maternity care (women who gave birth in past 5 years)				
Received antenatal care from a skilled provider ² (%)	99	98	100	99
Births assisted by a skilled provider ² (%)	100	100	99	100
Births delivered in a health facility (%)	99	100	99	99
Child vaccination				
Children 18–29 months fully vaccinated ³ at any time before the survey (%)	92	91	92	*
Nutrition				
Children <5 years who are stunted (moderate or severe) (%)	19	17	22	11
Children <5 years who are wasted (moderate or severe) (%)	4	3	5	3
Children <5 years who are underweight (moderate or severe) (%)	5	3	7	2
Children <5 who are overweight (moderate or severe) (%)	15	15	16	11
Childhood Mortality				
Number of deaths per 1,000 births:⁴				
Infant mortality (between birth and first birthday)	13	16	22	*
Under-five mortality (between birth and fifth birthday)	16	18	26	*
HIV and AIDS-related Knowledge and Behavior				
Knows ways to reduce the risk of getting HIV:				
Limiting sex to one uninfected partner (%) (women/men)	81/87	86/89	74/84	90/91
Using condoms (%) (women/men)	74/83	78/86	66/79	83/85
Ever tested for HIV and received results (%) (women/men)	9/2	10/2	8/1	9/3

Figures in parentheses are based on a limited number of cases; * indicate that there is not enough data

1. A woman has an unmet need for family planning if she wants no more children or wants to wait at least 2 years before the next birth but is not using contraception.

2. Skilled provider includes doctor, feldsher, nurse, or midwife

3. Fully vaccinated includes all of the WHO recommended vaccines (BCG, measles, and 3 doses each of DPT and polio vaccines)

4. Mortality is based on 10 year rates, except for the national figures in italics, which are 5-year rates.

Region									
Aragatsotn	Ararat	Armavir	Gegharkunik	Lori	Kotayk	Shirak	Syunik	Vayots Dzor	Tavush
1.9	1.6	1.8	1.8	1.6	2.0	1.8	2.0	1.8	2.0
8	6	10	5	0	11	6	(9)	(11)	9
20.4	21.2	19.9	19.5	20.7	20.7	20.4	20.9	20.0	20.2
20.5	21.2	19.9	19.5	20.7	20.7	20.4	20.9	20.0	20.3
21.7	22.7	21.2	21.1	21.8	21.9	21.8	22.6	21.5	21.5
58	52	59	53	61	52	61	56	60	63
2.6	2.4	2.7	2.7	2.6	2.8	2.4	2.6	2.4	2.6
31	30	40	33	19	41	33	16	31	31
9	16	40	24	17	35	38	6	23	36
22	23	23	19	36	14	18	21	11	10
13	20	13	42	26	23	39	19	18	20
100	100	100	100	97	99	100	100	100	99
100	100	99	97	100	100	99	100	100	100
100	100	99	98	100	100	99	100	100	100
*	*	*	*	*	*	*	*	*	*
32	29	22	25	23	17	21	37	16	16
6	12	4	7	3	1	7	2	2	1
6	17	8	7	5	2	3	6	3	5
9	17	10	23	34	11	18	22	18	15
*	*	*	*	*	*	*	*	*	*
*	*	*	*	*	*	*	*	*	*
69/62	72/84	87/98	83/90	87/73	88/95	74/80	14/74	67/73	68/97
65/64	71/68	75/94	63/87	71/72	83/95	76/84	15/68	59/68	62/100
1/<1	<1/0	18/0	5/4	14/0	23/2	2/1	11/0	4/2	5/2



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