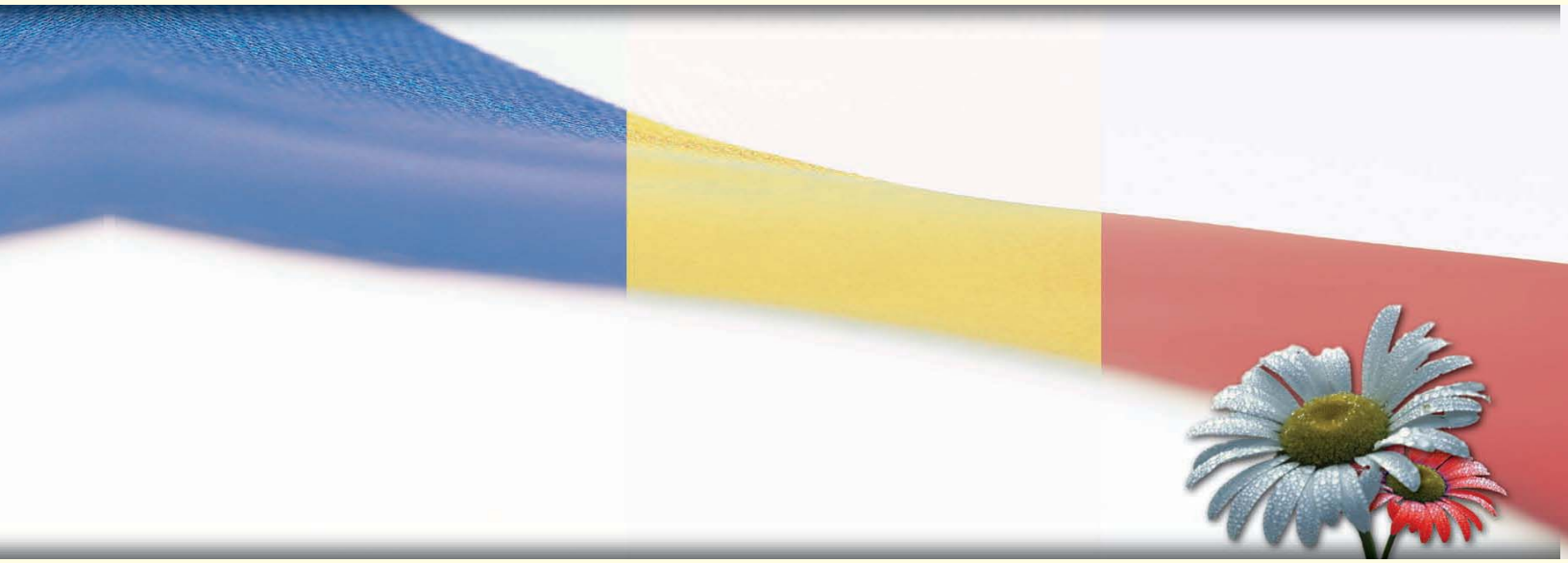
Moldova



Demographic and Health Survey

2005

Demographic and Health Survey

REPUBLIC OF MOLDOVA

Moldova
Demographic and Health Survey
2005

National Scientific and Applied Center for Preventive Medicine
Ministry of Health and Social Protection
Chisinau, Moldova

ORC Macro
Calverton, Maryland, USA

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This report summarizes the findings of the 2005 Moldova Demographic and Health Survey (MDHS 2005), which was conducted by the National Scientific and Applied Center for Preventive Medicine (NCPM) of the Ministry of Health and Social Protection (MOHSP). Funding for the project was provided by the United States Agency for International Development (USAID) through the worldwide MEASURE DHS project (Contract No. GPO-C-00-03-00002-00). Additional funding for the MDHS was provided by the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). ORC Macro provided technical assistance. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID or the Government of Moldova.

Additional information about the 2005 MDHS may be obtained from the National Scientific and Applied Center for Preventive Medicine of the Ministry of Health and Social Protection, 67 A str. Gh. Asachi, 2028 Chisinau, Republic of Moldova (Telephone: 373 22 57 46 74 or 373 22 72 96 47; Fax: 373 22 72 97 25).

Additional information about the MEASURE DHS project may be obtained from ORC Macro, MEASURE DHS, 11785 Beltsville Drive, Suite 300, 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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PREFACE

On August 27, 1991, after almost 50 years as a Soviet republic, the Republic of Moldova became an independent country. The first decade of transition to a democratic system and market economy met with many challenges and hardships for the population. In the new millenium, however, there is evidence of trends towards social economic stability and improvement. These developments are due in large part to collaborative efforts between the Government of Moldova, the international community, and non-governmental organizations working together towards common goals.

Population-based surveys are useful in quantifying the impact of these efforts because they provide an array of development indicators which reflect the current situation in the country. The 2005 Moldova Demographic and Health Survey (MDHS) provides many indicators for Moldova's Millenium Development Goals (2004-2015), for example. Information from the 2005 MDHS will be used by policy-makers in various ministries, by program managers for planning purposes, by the international donor community, and by academic institutions and experts conducting in-depth research. Many of the results from the 2005 MDHS will also be used to analyze trends; indicators from this survey can be compared to results from other national surveys conducted previously in Moldova, including the 1997 Reproductive Health Survey and the 2000 Multiple Indicator Survey. Finally, indicators from the MDHS will be compared with those from other countries in the region.

This final report, summarizing the demographic and health information collected in the 2005 MDHS, represents a significant undertaking and coordinated efforts of many entities. It was sponsored by the United States Government through the Agency for International Development (USAID) and co-sponsored by the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). It was carried out by the National Center for Preventive Medicine, of the Moldova Ministry of Health and Social Protection, with technical assistance provided by ORC Macro. Considerable expertise was given by Moldova's Department of Statistics, the Institute for Scientific Research in Mother and Child Protection, the Centers for Preventive Medicine, and other institutions. It is likewise important to recognize the work of field staff who collected data from over 11,000 households throughout the country, as they are ultimately responsible for the good quality data that were collected.

Ion Bahnarel
Director, National Scientific and Applied Center for Preventive Medicine, MOHSP

SUMMARY OF FINDINGS

Moldova's first Demographic and Health Survey (2005 MDHS) is a nationally representative sample survey of 7,440 women age 15-49 and 2,508 men age 15-59 selected from 400 sample points (clusters) throughout Moldova (excluding the Transnistria region). It is designed to provide data to monitor the population and health situation in Moldova; it includes several indicators which follow up on those from the 1997 Moldova Reproductive Health Survey (1997 MRHS) and the 2000 Multiple Indicator Cluster Survey (2000 MICS). The 2005 MDHS used a two-stage sample based on the 2004 Population and Housing Census and was designed to produce separate estimates for key indicators for each of the major regions in Moldova, including the North, Center, and South regions and Chisinau Municipality. Unlike the 1997 MRHS and the 2000 MICS surveys, the 2005 MDHS did not cover the region of Transnistria. Data collection took place over a two-month period, from June 13 to August 18, 2005.

The survey obtained detailed information on fertility levels, abortion levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood mortality, maternal and child health, adult health, and awareness and behavior regarding HIV infection and other sexually transmitted diseases. Hemoglobin testing was conducted on women and children to detect the presence of anemia. Additional features of the 2005 MDHS include the collection of information on international emigration, language preference for reading printed media, and domestic violence.

The 2005 MDHS was carried out by the National Scientific and Applied Center for Preventive Medicine, hereafter called the National Center for Preventive Medicine (NCPM), of the Ministry of Health and Social Protection. ORC Macro provided technical assistance for the MDHS through the USAID-funded MEASURE DHS project. Local costs of the survey were also supported by USAID, with additional funds from the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and in-kind contributions from the NCPM.

CHARACTERISTICS OF RESPONDENTS

Ethnicity and Religion. Most women and men in Moldova are of Moldovan ethnicity (77 percent and 76 percent, respectively), followed by Ukrainian (8-9 percent of women and men), Russian (6 percent of women and men), and Gagauzan (4-5 percent of women and men). Romanian and Bulgarian ethnicities account for 2 to 3 percent of women and men. The overwhelming majority of Moldovans, about 95 percent, report Orthodox Christianity as their religion.

Residence and Age. The majority of respondents, about 58 percent, live in rural areas. For both sexes, there are proportionally more respondents in age groups 15-19 and 45-49 (and also 45-54 for men), whereas the proportion of respondents in age groups 25-44 is relatively lower. This U-shaped age distribution reflects the aging baby boom cohort following World War II (the youngest of the baby boomers are now in their mid-40s), and their children who are now mostly in their teens and 20s. The smaller proportion of men and women in the middle age groups reflects the smaller cohorts following the baby boom generation and those preceding the generation of baby boomers' children. To some degree, it also reflects the disproportionately higher emigration of the working-age population.

Education. Women and men in Moldova are universally well educated, with virtually 100 percent having at least some secondary or higher education; 79 percent of women and 83 percent of men have only a secondary or secondary special education, and the remainder pursues a higher education. More women (21 percent) than men (16 percent) pursue higher education.

Language Preference. Among women, preferences for language of reading material are about equal for Moldovan (37 percent) and Russian (35 percent) languages. Among men, preference for Russian (39 percent) is higher than for Moldovan (25 percent). A substantial percentage of women and men prefer Moldovan and Russian equally (27 percent of women and 32 percent of men).

Living Conditions. Access to electricity is almost universal for households in Moldova. Ninety percent of the population has access to safe drinking water, with 86 percent in rural areas and 96 percent in urban areas. Seventy-seven percent of households in Moldova have adequate means of sanitary disposal, with 91 percent of households in urban areas and only 67 percent in rural areas.

Children's Living Arrangements. Compared with other countries in the region, Moldova has the highest proportion of children who do not live with their mother and/or father. Only about two-thirds (69 percent) of children under age 15 live with both parents. Fifteen percent live with just their mother although their father is alive, 5 percent live with just their father although their mother is alive, and 7 percent live with neither parent although they are both alive. Compared with living arrangements of children in 2000, the situation appears to have worsened.

FERTILITY

Fertility Levels and Trends. The total fertility rate (TFR) in Moldova is 1.7 births. This means that, on average, a woman in Moldova will give birth to 1.7 children by the end of her reproductive period. Overall, fertility rates have declined since independence in 1991. However, data indicate that fertility rates may have increased in recent years. For example, women of childbearing age have given birth to, on average, 1.4 children at the end of their childbearing years. This is slightly less than the total fertility rate (1.7), with the difference indicating that fertility in the past three years is slightly higher than the accumulation of births over the past 30 years.

Fertility Differentials. The TFR for rural areas (1.8 births) is higher than that for urban areas (1.5 births). Results show that this urban-rural difference in childbearing rates can be attributed almost exclusively to younger age groups.

Unplanned Fertility. Twelve percent of births in Moldova are mistimed (wanted later) and almost 9 percent are unwanted. The percentage of births considered to have been unwanted is highest for births of order four and above, almost half of which were reported as not wanted at the time of conception. Similarly, a larger proportion of births to older women are reported as unwanted, compared with births to younger women. For example, only 5 percent of births to women age 20-24 are unwanted, compared with 30 percent among women age 35-39.

Fertility Preferences. Results show that Moldovan women and men generally want small families. Overall, 64 percent of married women either do not want another child or are sterilized, 28 percent want to have another child—12 percent soon (within two years), 14 percent later, and 3 percent are undecided when—and the remaining 7 percent are either undecided or say they are unable to have another child.

Fertility preferences among married men show a similar pattern to women, with an identical proportion (64 percent) either wanting no more children or sterilized. Men are slightly less likely than women to want another child (24 percent) and slightly more likely to be undecided.

Furthermore, a large majority of those with two children (83 percent of women and 75 percent of men) say they do not want any more, as do 90 percent of women and 84 percent of men with three children. Even among those with one child, over one-third do not want to have another child. And surprisingly, 9 percent of women and 18 percent of men with no children say that they do not want any children.

Age at First Birth. MDHS findings indicate that childbearing begins relatively late in Moldova; the majority of women age 20-24 years have never given birth. Between age 30 and 34, however, over 90 percent of women have given birth. The median age at first birth for women age

25 and older is 21 or 22 years, with little variation between age groups.

CONTRACEPTION

Knowledge of Contraception. Knowledge of family planning is nearly universal, with 99 percent of all women age 15-49 knowing at least one modern method of family planning. Among all women, the male condom, IUD, pills, and withdrawal are the most widely known methods of family planning, with over 80 percent of all women saying they have heard of these methods. Female sterilization is known by two-thirds of women, while periodic abstinence (rhythm method) is recognized by almost six in ten women. Just over half of women have heard of the lactational amenorrhea method (LAM), while 40-50 percent of all women have heard of injectables, male sterilization, and foam/jelly. The least widely known methods are emergency contraception, diaphragm, and implants.

Use of Contraception. Sixty-eight percent of currently married women are using a family planning method to delay or stop childbearing. Most are using a modern method (44 percent of married women), while 24 percent use a traditional method of contraception. The IUD is the most widely used of the modern methods, being used by 25 percent of married women. The next most widely used method is withdrawal, used by 20 percent of married women. Male condoms are used by about 7 percent of women, especially younger women. Five percent of married women have been sterilized and 4 percent each are using the pill and periodic abstinence (rhythm method).

The results show that Moldovan women are adopting family planning at lower parities (i.e., when they have fewer children) than in the past. Among younger women (age 20-24), almost half (49 percent) used contraception before having any children, compared with only 12 percent of women age 45-49.

Trends in Contraceptive Use. Contraceptive use appears to have decreased slightly since 1997, from 74 to 72 percent of married women age 15-44.[1] The proportion of women using modern methods has also decreased slightly from 50 to 48 percent. Use of the IUD has dropped considerably, from 38 percent of married women age 15-44 in 1997 to 28 percent of those age 15-44 in 2005. This decline has been partially offset by slight increases in use of condoms (from 6 to 9 percent of married women age 15-44), the pill (from 2 to 4 percent), and other methods like LAM and female sterilization. Use of traditional methods has remained steady.

Differentials in Contraceptive Use. Although the level of any contraceptive use is about the same for married women in urban and rural areas (67-68 percent), urban women are more likely than rural women to use modern methods (48 and 41 percent, respectively). As expected, contraceptive use increases with level of education. For example, 72 percent of married women with higher education are using a method of contraception, compared with 65 percent of women with secondary education. Use also tends to increase with the number of living children—from 36 percent among married women with no children to 74 percent among married women with 3 or 4 children.

Although there is almost no difference in use of any contraceptive method by wealth quintile, there is a steady rise in use of modern methods as wealth increases. For example, 37 percent of married women in the lowest wealth quintile are using a modern contraceptive method, compared with 51 percent of those in the highest wealth quintile.

Source of Modern Methods. Public (government) facilities provide contraceptives to more than two in three contraceptive users (69 percent), while 28 percent are supplied through private medical sources, and 3 percent through other private sources (e.g., shops).

[1] The 1997 MRHS data refer to married women age 15-44; consequently, the data from the 2005 MDHS were recalculated for the same age group. Interpretation of trends is also hampered by the fact that the 1997 survey included Transnistria, whereas the 2005 survey did not.

Discontinuation Rates. Overall, more than one-third (38 percent) of family planning users in Moldova discontinue using their method within 12 months of starting its use. Seven percent of users stop using as a result of method failure (i.e., unintended pregnancy), while 4 percent discontinue because of a desire to become pregnant, and 18 percent switch to another method.

Discontinuation rates are highest for users of LAM (91 percent), presumably because it is only usable immediately after giving birth and its effectiveness declines sharply after six months. Discontinuation rates are also high for pill users—half of whom stop using within 12 months after starting—and for users of condoms (39 percent), withdrawal (37 percent), and rhythm method (35 percent). On the other hand, very few IUD users (7 percent) discontinue using their method within a year. For all methods, the most common reason for discontinuation was to switch to another method.

Unmet Need for Family Planning. Seven percent of currently married women in Moldova have an unmet need for family planning, 3 percent for spacing births and 4 percent for limiting. If all these women with unmet need were to join the 68 percent who already are using family planning (met need), the contraceptive prevalence rate could increase from the current level of 68 percent to 75 percent (total demand). In short, 91 percent of the total demand for family planning among married women has been satisfied.

ABORTION

Reliance on induced abortion was the primary means of fertility control throughout the former Soviet Union, including the former Soviet Republic of Moldova. In the decade after Moldova's independence in 1991, abortion rates began to decrease as the practice of modern contraception became more widespread. This decreasing trend, however, has stalled since 2000 mainly because older women still rely on abortion to limit childbearing. Thus, abortion is still a key factor in Moldova's reproductive trends.

Pregnancy Outcomes. Slightly more than half of pregnancies in Moldova end in a live birth (55 percent). The majority of pregnancy losses are due to induced abortions (34 percent of pregnancies), followed by miscarriages (10 percent) and stillbirths (less than 1 percent). These estimates do not appear to have changed significantly since those in 1997 despite sampling differences (see chapter 6).

Lifetime Experience with Abortion. Overall, more than a third of women (37 percent) of reproductive age have had at least one abortion. This proportion increases rapidly with age, with 61 percent of women age 35 or older having had at least one abortion. The mean number of abortions among women who have had at least one abortion is 2.2. Among women who have ever had an abortion, over half have had more than one (59 percent).

The 2005 MDHS data do not differ significantly from those in the 1997 MRHS in terms of the percentage of women who reported ever having had an abortion (37 percent and 39 percent, respectively).

Abortion Rates. The lifetime total abortion rate (TAR) for the three-year period prior to the survey is 1.1 abortions per woman. The TAR for married women only, during the same time period, is 1.3 abortions per married woman.

Comparing national abortion rates with fertility rates, the pattern indicates that fertility rates are significantly higher than abortion rates for women under age 30. The pattern is reversed for older women, with older women more likely to have an abortion than to bear a child.

Abortion Differentials. The TAR is slightly higher in urban areas than rural areas (1.3 and 1.0, respectively). TARs do not vary significantly by residence or level of education. The lowest TAR of 0.7 is recorded for women in the poorest wealth quintile, while the highest TAR (1.4) is observed among women in the highest quintile and also for women in Chisinau.

Trends in Abortion Rates. On average, women in Moldova who have come to the end of their reproductive years have had an average of 1.5 abortions. Comparing this with the TAR of 1.1—a measure of the current level of induced

abortion across all age groups—the level of induced abortion appears to have decreased over time.

However, another more sensitive approach to identifying abortion trends points to stagnation in the TARs for women age 15-44 since the mid-1990s, and an increase in age-specific abortion rates (ASAR) for women in their 30s since 2003. The general abortion rate (GAR), the number of abortions annually per 1,000 women age 15-44, shows a modest decrease since the late 1990s, but no improvement since 2002.

MATERNAL HEALTH

Antenatal Care and Delivery Care. Among women with a birth in the five years preceding the survey, almost all reported seeing a health professional at least once for antenatal care during their last pregnancy; nine in ten reported 4 or more antenatal care visits. Seven in ten women had their first antenatal care visit in the first trimester.

In addition, virtually all births were delivered by a health professional, in a health facility. Results also show that the vast majority of women have timely checkups after delivering; 89 percent of all women received a medical checkup within two days of the birth, and another 6 percent within six weeks.

Components of Antenatal Care. Among women with a birth in the past five years, over 95 percent had their weight measured, their blood pressure taken, and gave a blood and urine sample for analysis during their last pregnancy. Fewer of these mothers, however, benefited from additional preventive care; only 54 percent received iron tablets during their last pregnancy and 21 percent received folic acid. Ninety percent had received at least one tetanus toxoid injection at some time in their life.

Antenatal Education. Approximately 8 in 10 women with a birth in the five years preceding the survey received information on: smoking and alcohol use during pregnancy; the benefits of breastfeeding; emergency delivery plans; and family planning. However, given that 61 percent of women experienced some pregnancy complication during their last birth, however, pregnancy care education during antenatal visits could be improved.

CHILD HEALTH

Childhood Mortality. The infant mortality rate for the 5-year period preceding the survey is 13 deaths per 1,000 live births, meaning that about 1 in 76 infants dies before the first birthday. The under-five mortality rate is almost the same with 14 deaths per 1,000 births. The near parity of these rates indicates that most all early childhood deaths take place during the first year of life. Comparison with official estimates of IMRs suggests that this rate has been improving over the past decade.

Childhood Vaccination Coverage. Overall, 85 percent of children age 15-26 months are fully vaccinated, and 76 percent of these children were fully vaccinated in their first year of life (or by 15 months for measles, mumps and rubella). These levels show a slight improvement since the 2000 MICS estimates, but more timely coverage is needed so that children benefit from the protective effects of all vaccinations by their first birthday. Similarly, overall coverage levels could be improved if children in urban areas, and especially Chisinau, completed all doses of all vaccines required by the National Immunization Program of the Republic of Moldova.

Childhood Illness and Treatment. Among children under 5 years of age, 7 percent were reported to have had symptoms of acute respiratory illness in the two weeks preceding the survey, while 16 percent had a fever, and 7 percent had diarrhea. Fifty-four percent of children with symptoms of ARI and/or fever were taken to a health facility or provider for treatment.

NUTRITION

Breastfeeding Practices. Breastfeeding is nearly universal in Moldova: 97 percent of children are breastfed. However the duration of breastfeeding is not long, exclusive breastfeeding is not widely practiced, and bottle-feeding is not uncommon. In terms of the duration of breastfeeding,

data show that by age 12-15 months, well over half of children (59 percent) are no longer being breastfed. By age 20-23 months, almost all children have been weaned.

Exclusive breastfeeding is not widely practiced and supplementary feeding begins early: 57 percent of breastfed children less than 4 months are exclusively breastfed, and 46 percent under six months are exclusively breastfeed. The remaining breastfed children also consume plain water, water-based liquids or juice, other milk in addition to breast milk, and complimentary foods.

Bottle-feeding is fairly widespread in Moldova; almost one-third (29 percent) of infants under 4 months old are fed with a bottle with a nipple.

Iodine Consumption. Disorders induced by dietary iodine deficiency constitute a major nutritional concern in Moldova. Sixty percent of households currently use adequately iodized salt. Improvement in coverage is most needed in rural areas, and especially the South region where only 44 percent of households use iodized salt.

Anemia Status of Women and Children. Iron deficient anemia is a health concern that could be addressed with adequate iron supplements for women—especially pregnant women—and young children. Twenty-eight percent of women in Moldova have some level of anemia—40 percent of pregnant women are anemic—and about one-third of children age 6-59 months have mild or moderate anemia.

Nutritional Status of Children. At the national level, about 8 percent of children under age five are stunted (low height-for-age), while about 4 percent of children are wasted (low weight-for-height), and 4 percent are underweight (low weight-for-age).

Nutritional Status of Women. The mean body mass index (BMI) for women age 15-49 is 25. This is the cutoff point between a normal and overweight BMI. The proportion of overweight or obese women is positively correlated with women's age. The age group 45-49 has the highest proportion (74 percent) of overweight or obese women, while age group 15-19 has the lowest proportion (8 percent).

At the national level, the mean height for women is 161 cm, with less than 1 percent of women falling below the cutoff of 145 cm.

HIV/AIDS Knowledge

Awareness of HIV/AIDS. Awareness of HIV/AIDS is almost universal among persons of reproductive age. Ninety-seven percent of men and women age 15-49 have heard of HIV/AIDS, but men are slightly better informed than women about specific ways to avoid contracting the disease: 81 percent of women and 89 percent of men indicate that the chances of getting the AIDS virus can be reduced by limiting sex to one faithful partner; 78 percent of women and 87 percent of men are aware that condoms can reduce the risk of contracting HIV during sexual intercourse; and 63 percent of women and 85 percent of men know that abstaining from sex reduces the chances of getting the disease. Seventy-six percent of women and 78 percent of men know that a healthy-looking person can have the AIDS virus.

Knowledge patterns between men and women are reversed for mother-to-child transmission of HIV: 68 percent of women compared with 53 percent of men know that HIV can be transmitted by breastfeeding; 86 percent of women and 79 percent of men know the disease can be transmitted from the mother to the child during pregnancy; and 82 percent of women and 76 percent of men know it can be transmitted during delivery.

Attitudes Toward People with HIV. The level of stigma associated with HIV/AIDS is high in Moldova, for both sexes. While most respondents age 15-49 would be willing to care for a family member with HIV at home (76 percent of women and 56 percent of men) and would not necessarily want the HIV-positive status of a family member to remain a secret (61 percent of women and 51 percent of men), far fewer would buy fresh vegetables from a vendor with AIDS (11 percent of both women and men), or believe a female teacher with HIV should be allowed to teach (28 percent of women and 23 percent of men).

Only 5 percent of women and 3 percent of men express acceptance on all four measures.

HIV-Related Behavioral Indicators. Among respondents who reported having sex in the 12 months preceding the survey, a substantially larger proportion of men than women reported having had more than one sexual partner (14 percent for men and 2 percent for women). More men than women also reported having had higher-risk sex at some time in the past 12 months (34 and 13 percent, respectively). Only about one-third of women reported using a condom the last time they had sex with a nonmarital, noncohabiting partner (34 percent), while over half of men did (54 percent).

The proportion of women and men age 15-24 that had sex before age 15 is about 1 percent for young women and 9 percent for young men. By age 18, however, 19 percent of young women and 44 percent of young men have had sex. Among sexually active women and men age 15-24, 36 percent and 84 percent, respectively, have had sexual relations with a nonmarital, noncohabitating partner in the year preceding the survey.

Injections. The data show that receiving medical injections is a common practice in Moldova. One-third of women and 28 percent of men received at least one medical injection in the year preceding the survey—women received an average of 6 injections and men received an average of 3.2 injections. Ninety-nine percent of the last injections were administered with an unused syringe from a previously unopened package.

HIV Testing. Thirty-six percent of women in Moldova have been tested for HIV at some time, compared with 30 percent of men. Thirty-four percent of women and 27 percent of men were tested and also received the results of their HIV test.

DOMESTIC VIOLENCE

Violence Since Age 15. MDHS data show that one-quarter of all women (27 percent) have experienced violence since they were age 15 and 13 percent experienced violence in the 12 months preceding the survey. The main perpetrators of violence against women are husbands (69 percent) and, to a lesser extent, fathers/stepfathers (14 percent), and mothers/stepmothers (7 percent).

Marital Violence. Twenty-three percent of ever-married women report having experienced emotional violence by husbands, 24 percent report physical violence, and 4 percent report sexual violence. Almost one-third (32 percent) of ever-married women report suffering emotional, physical, or sexual violence, while 3 percent have experienced all three forms of violence by their current or most recent husband.

The data further show that divorced or separated women are more than twice as likely as married women to have been abused emotionally, physically, and sexually, suggesting that the violence might have been a factor in the termination of their marriages.

EMIGRATION

In Moldova, and in post-Soviet states in general, large-scale labor emigration is an important demographic phenomenon that has a substantial negative impact on the population growth as well as on the social and economic structure of society.

Emigrant Households. Seventeen percent of households in Moldova have at least one former member who emigrated. This percentage is about the same in urban and rural households. The highest percentage of households with at least one emigrant is in the South region (21 percent) and the lowest is in Chisinau (13 percent).

Emigrant Characteristics. A slightly higher proportion of emigrants are males (52 percent, compared with 48 percent for women). However, in Chisinau and the South region, a slightly higher proportion of emigrants are females. The distribution of emigrants by age at emigration is similar for males and females. The most common age group for emigration is age 20-24 for both sexes. This age group accounts for roughly one-quarter of all emigrants (22 percent of females and 27 percent of males). Approximately three-quarters of all emigrants leave the country between age 15 and

39 (73 percent of females and 79 percent of males).

More than one-quarter of both males and females living abroad have left behind a wife or husband in their original household. Over half of emigrants are the son or daughter, or son-in-law or daughter-in-law, of the head of the household (55 percent of female emigrants are the daughter or daughter-in-law, 64 percent of male emigrants are the son or son-in-law).

Forty-two percent of emigrants left children in Moldova, with 37 percent of emigrants from urban areas and 45 percent from rural areas having left at least one child behind. Among the emigrants who left children behind, about 2 in 10 left behind two or more children.

Main Reason for Emigrating. Not surprisingly, labor is overwhelmingly the main reason that people from Moldova emigrate. Household respondents report that for 83 percent of female emigrants and 91 percent of male emigrants, work was the main reason for moving abroad. An additional 7 percent of women and 3 percent of men emigrated to accompany their spouse or family abroad; 3 percent of women and 1 percent of men emigrated in order to marry a foreigner. Five percent or less of emigrants left Moldova with their main purpose being to study abroad.

Emigration Trends. Data show that emigration was negligible prior to the dissolution of the Soviet Union in 1991, and throughout most of the first decade of Moldova's independence. Emigration accelerated in the late 1990s and was continuing to accelerate at the time of the survey. Over half (57 percent) of all emigrants reported in the survey left Moldova between 2001 and mid-2005.

Destination Countries. Given that many Moldovans are ethnic Russian, half of emigrants went to Russia (a total of 54 percent went to some country of the former Soviet Union, including Russia). One-third of all emigrants moved to Western Europe, with Italy as a primary destination (20 percent), followed by Portugal, Greece, and Spain. The remaining emigrant destinations included Turkey, North America, Israel, Romania, and other countries.

Millennium Development Goal Indicators

Goal	Indicator	Value		
		Male	Female	Total
1. Eradicate extreme poverty and hunger	Prevalence of underweight in children under five years of age[1]	3.4	5.2	4.3
		Male	Female	Total
2. Achieve universal primary education	Net enrollment ratio in primary education[2]	77.5	78.8	78.2
	Percent of pupils starting grade 1 who reach grade 5[3]	99.8	100.0	99.9
	Literacy rate of young people age 15-24 years[4]	99.5	99.7	99.6
3. Promote gender equality and empower women	Ratio of girls to boys in primary school[5]		1.03	
	Ratio of girls to boys in secondary school[5]		1.05	
	Ratio of girls to boys in tertiary education[5]		1.34	
	Ratio of literate women to men, age group 15-24 years		1.00	
	Share of women in wage employment in the nonagricultural sector[6]		80.2	
		Male	Female	Total
4. Reduce child mortality	Under-five mortality rate	12.8	14.9	13.6
	Infant mortality rate	11.3	14.5	12.8
	Percent of children age 15-26 months immunized against measles[7]	90.8	90.3	90.6
5. Improve maternal health	Percent of births attended by skilled health personnel[8]		99.5	
		Male	Female	Total
6. Combat HIV/AIDS, malaria, and other diseases	Percentage of current users of contraception who are using condoms (all women)	na	20.4	na
	Condom use at last higher-risk sex[9]	53.7	33.8	42.4
	Percentage of population age 15-24 years with general knowledge about HIV/AIDS[10]	54.3	41.6	44.3
	Contraceptive prevalence rate (all women)		49.8	
	Contraceptive prevalence rate (married women and women in union)		67.8	
	Ratio of school attendance of orphans to school attendance of nonorphans age 10-14 years[11]		0.9	
	Percent of population in malaria-risk areas using effective malaria prevention and treatment measures		na	
		Urban	Rural	Total
7. Ensure environmental sustainability	Percent of population using solid fuels for cooking, urban and rural[12]	1.4	24.3	15.1
	Percent of population with sustainable access to an improved water source, urban and rural[13]	96.4	85.5	89.7
	Percent of population with access to improved sanitation, urban and rural[14]	91.1	67.4	76.8
	Percent of households with access to secure tenure	na	na	na

na = Not applicable

[1] Based on children born in the 5 years preceding the survey. For children without a reported birth weight, the proportion with low birth weight is assumed to be the same as the proportion with low birth weight in each birth size category among children who have a reported birth weight.

[2] Based on de jure members. Numerator is children age 7-11 currently attending school; denominator is children 7-11 years old.

[3] Based on de jure members. This indicator is calculated using rates of promotion, dropout, and repetition for a given school year. These rates are used to project an estimate for the percentage of students attending grade 1 who are expected to reach grade 5, with or without repetition.

[4] Numerator is respondents 15-24 years old who can read part of a sentence or the whole sentence; denominator is respondents 15-24 years old.

[5] The ratio of girls to boys for primary/secondary/tertiary education is the ratio of the primary/secondary/tertiary education GAR for females to the GAR for males. (The GAR is the total number of primary/secondary/ tertiary education students, expressed as a percentage of the official level of education-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.)

[6] Numerator is all women working in the non-agricultural sector who received payment in cash or kind; denominator is all women.

[7] In Moldova, the measles vaccination is given at the age of 12 months (unlike the standard 9 months in many countries). The values presented in the table are for children 12-59 months who have been vaccinated at any time against measles. The prevalence of children vaccinated against measles by age 15 months is significantly lower, however, at 83.4 percent.

[8] Skilled health personnel includes: doctor, nurse, midwife, and auxiliary midwife.

[9] Higher-risk sex is sexual intercourse with a nonmarital, noncohabiting partner.

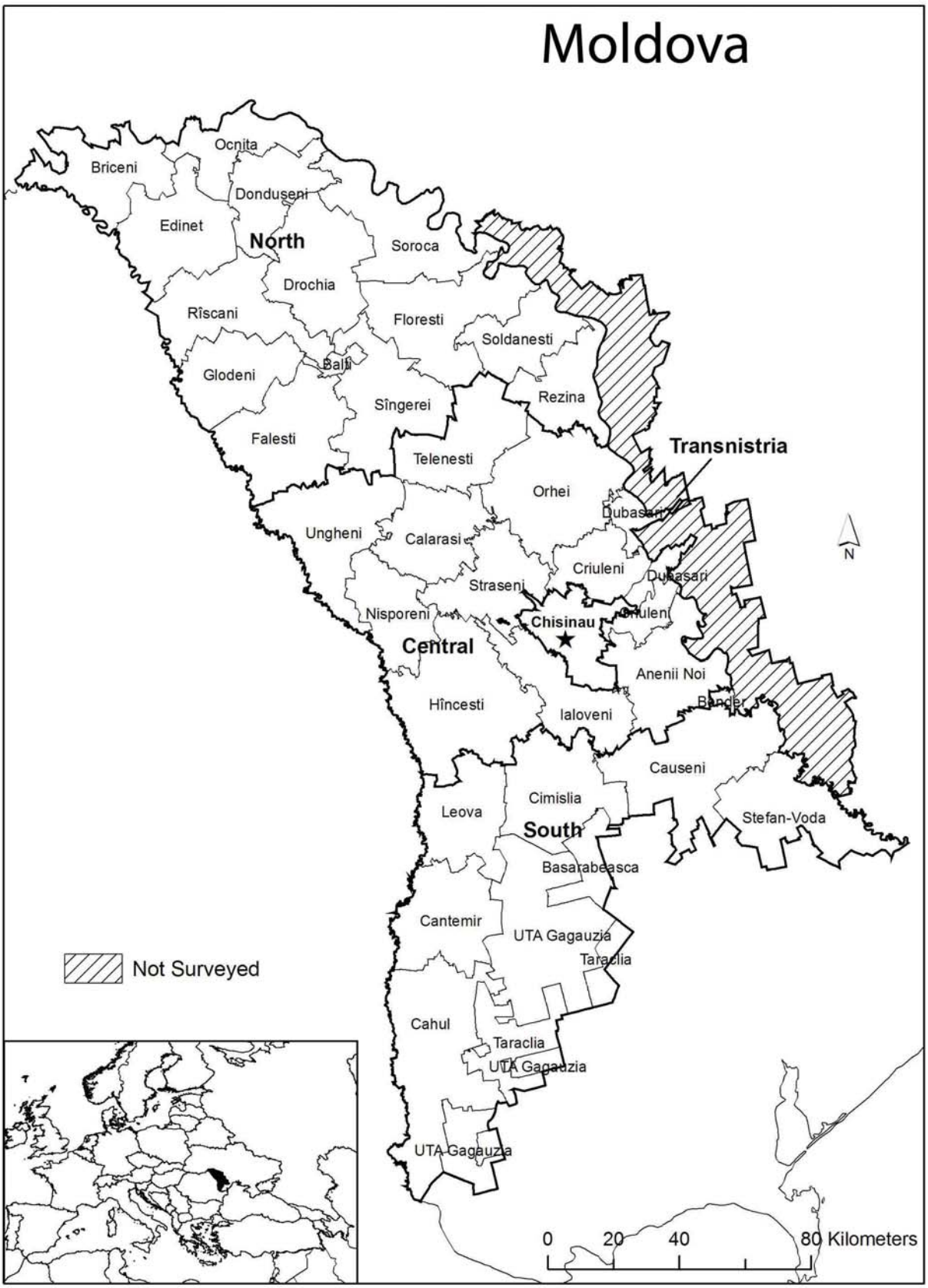
[10] Respondents with "general knowledge" of AIDS are those who say that using a condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, and furthermore say that a healthy-looking person can have the AIDS virus, and who reject the common misconception that HIV can be spread by sharing food with someone with AIDS.

[11] Note that these indicators do not take into account children who live outside of households, e.g., in institutions or on the street, because the MDHS includes only households in its sample.

[12] Solid fuel includes: wood, straw, crops and other.

[13] Improved drinking water sources includes: water from pipe/tap and from protected well.

[14] Improved sanitary means of excreta disposal includes: flush toilet, ventilated improved pit latrine, and latrine with a slab.


Moldova
Ocnita
Briceni
Donduseni
Edinet
North
Soroca
Drochia
Rîscani
Floresti
Soldanesti
Balti
Glodeni
Rezina
Sîngerei
Falesti
Transnistria
Telenesti
Orhei
Dubasari
Ungheni
Calarasi
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Criuleni
Dubasari
Straseni
Nisporeni
Chisinau
Criuleni
Central
Anenii Noi
Hîncesti
Ialoveni
Bender
Causeni
Cimislia
Leova
Stefan-Voda
South
Basarabeasca
Cantemir
UTA Gagauzia
Taraclia
Not Surveyed
Cahul
Taraclia
UTA Gagauzia
UTA Gagauzia
0
20
40
80 Kilometers

INTRODUCTION 1

1.1 GEOGRAPHY AND POPULATION

The Republic of Moldova is a small, landlocked country in Eastern Europe. It has a surface area of 33,700 square kilometers and shares a border with Romania and Ukraine. The main water arteries are the Dniester River (657 km long) and the Prut River (695 km long). The terrain consists mainly of rolling plains with the highest point in the country measuring an altitude of 430 meters.

Moldova became independent from the Soviet Union on August 27, 1991. A new constitution was adopted in 1994. The judicial branch of government is composed of a Supreme Court and a Constitutional Court which reviews legislative acts and governmental decisions. The legislative branch of government is composed of a unicameral Parliament. In the executive branch, the president is elected by Parliament for a four-year term and eligible for a second term. The territory of Moldova is divided into administrative-territorial units. As of January 1, 2006 these units consist of 32 districts (raions), 5 municipalities, 60 towns and 917 villages (communities), and 1,575 rural settlements. There are two territorial units to which special terms of autonomy are attributed: the autonomous territory of Gagauz, and the territory of Transnistria located on the east side of the Dniester River.

Moldova's official population count registered in the population census of October 5, 2004, excluding the districts in the region of Transnistria, was 3.4 million. Moldova has the highest population density of any of the former Soviet Republics; on average, there are about 111 people per square kilometer, and about 1,255 people per square kilometer in Chisinau. Compared with the population count in the 1989 census, Moldova's population has decreased by approximately 274,000 people. The rate of population decline, determined both by a greater number of deaths than live births, as well as a surplus of emigrants over immigrants, results in a negative population growth estimated to be about -0.5 percent. An aging population is a consequence of a declining population; since 1989, there has been a decrease in the proportion of young people under age 15 and a simultaneous increase in the proportion of working-age and elderly people age 60 and older. The average age registered in the 2004 census was 35.3 years, compared with 32 years in the 1989 census data. The average life expectancy at birth in 2004 was 64.5 years for males and 72.2 years for females. The life expectancy is also higher in urban areas than rural areas—both men and women in urban areas live approximately 3 years longer than those in rural areas.

The ethnic composition of Moldova as registered in the 2004 census reveals that the majority of the population is ethnic Moldovan (76 percent), followed by Ukrainian (8 percent), Russian (6 percent), Gagauz (4 percent), Romanian (2 percent) and Bulgarian (2 percent). Other ethnic groups make up about 1 percent of the population. The overwhelming majority of Moldovans are affiliated with the Orthodox religion.

1.2 HISTORY

Moldova lies between the Carpathian Mountains, the Black Sea, and the Dniester River. The first communities in this region emerged approximately 300,000 years ago. This territory, lying in the path of numerous migrating tribes and peoples, evolved as a mix of cultures, civilizations, and communities. From the 3rd century B.C. to the 1st century A.D., Geto-Dacian kingdoms emerged in the Carpathian-Balkan region; the strongest of these were the Burebista (82-44 B.C.) and Decebal (87-106 A.D.) kingdoms. The domination of the Roman Empire in Dacia (106-275) led to the Romanization of the

Carpathian-Danube population and of tribes migrating from the east, including Slavs who settled in the region. By the 8th or 9th century, a distinct East-Romanic (Romanian) community had emerged.

From the end of the 13th century to the first half of the 14th century, the process of establishing independent states to the east of the Carpathian Mountains accelerated. The medieval state of Moldova dates back to 1359. The territory of Moldova expanded in the second half of the 14th century when, with the liberation of the Carpathian-Danube region from Mongol-Tatar domination, it extended its borders to the Black Sea. The peak of development of the medieval Moldovan state was reached in the second half of the 15th century, during the rule of Stephen the Great; this period saw the consolidation of internal power in Moldova and an increase in its prestige in international relations.

In 1538 Moldova fell under the domination of the Ottoman Empire. This lasted three centuries and during that time Moldova lost part of its territory—first the southern part of the country and later other parts were taken from Moldovan jurisdiction and governed directly by the Ottoman and Tatar authorities. The vassalage regime was initially a protective suzerainty but eventually became more restrictive as it laid down its power structures. Moldova, however, remained autonomous in the organization and management of the state's internal affairs.

In the 18th century, Moldova experienced a range of military confrontations with the Ottoman, Russian, and Habsburg Empires; the battles conducted on Moldovan territory resulted in the loss of more territory. Following the Russian-Turkish war (1806-1812), the eastern part of Moldova between the Prut and the Dniester Rivers, called Bessarabia, became part of the Russian Empire. In 1859, the western part of Moldova between the Carpathian Mountains and the Prut River joined with Wallachia to be united as the Kingdom of Romania.

On December 2, 1917, Bessarabian authorities proclaimed the independence of the Republic of Moldova. Shortly thereafter, however, on March 27, 1918, Bessarabia united with Romania. After the creation of the Soviet Union in 1922, the Soviet government established the Moldavian Autonomous Soviet Socialist Republic (Moldovan ASSR); on August 2, 1940, the Soviets created the Moldavian Soviet Socialist Republic (Moldavian SSR) by combining the territories of Bessarabia (eastern Moldova) and the Moldovan ASSR. During the 1940s the population inhabiting this region experienced difficult times: thousands of peasants were uprooted or killed, and many villages were devastated as a result of the Soviet invasion (1940), the Romanian-German operations in World War II (1941-1944), and the subsequent forced collectivization and deportations to Siberia and Kazakhstan. An estimated 115,000 peasants died because of the famine in 1946-1947 (Gribincea, 1995; Taran et al., 1993).

Post-war development of Moldovan society was characterized by greater integration into the Soviet social, economic, and cultural spheres. An important economic and scientific potential evolved but its development was hampered by an inflexible totalitarian, centralized regime. By the end of the 1980s, the social economic situation deteriorated abruptly, portending the eventual break-down of the Soviet system.

Following the collapse of the Soviet Union on August 27, 1991, an independent Republic of Moldova (Moldova) was proclaimed, marking the beginning of a new epoch in the development of the country and its society. Independent Moldova undertook the difficult challenges of transitioning from a totalitarian society, based on a centrally planned economy, to a liberal democratic society, based on a market economy. It confronted complex political, economic, social, and cultural issues. The formation of Moldova as an independent state took place under already difficult social economic conditions, during a tense political situation, and in the face of substantial social and cultural differences within the population.

The first decade of transition saw a continuous decrease in the value of the gross domestic product (GDP), such that by the end of the decade it was less than 40 percent of that registered in 1990. In 1992, Moldova underwent a short but bloody conflict in the territory situated to the east of the Dniester River (Transnistria). This conflict resulted in over 1,000 deaths and casualties and over 130,000 refugees. The situation remains unresolved today.

Now, at the beginning of the 21st century, Moldova is making serious efforts to overcome obstacles and avoid crises. It is seeking ways to optimize reforms in political and economic life such that it continues to become more integrated into the European Community and on its way towards a better future.

1.3 ECONOMY

Moldova is an agrarian-industrial country. It enjoys a favorable climate and has an abundance of arable lands. Since Moldova does not have within its borders an important quantity of mineral resources, the economy depends greatly on its agricultural potential. Rich, black soil covers almost three quarters of the territory's surface, and the favorable climate is conducive to reaping two harvests per year. The main crops are cereals, maize, sugar beet, sunflower, tobacco, vine, vegetables, and fruit. Agricultural products account for approximately 60 percent of the export values.

Moldova's industry is concentrated mainly on processing agricultural raw materials, in particular, the production of wine and cigarettes and the processing of tobacco. This activity is complemented by light industries such as chemical industry, wood processing, machine building, and the manufacturing of some equipment. Heavy industry such as cement works and metallurgy is concentrated in the Transnistria region and has a market in Russia.

Some of Moldova's electrical power is generated at the hydroelectric station on the Dniester River and at thermoelectric power plants. These sources of energy, however, are not sufficient to meet the needs of the country. This circumstance creates a significant dependence on Russia and Ukraine to supply supplemental energy sources, which in turn results in payment issues and ultimately in an increase in Moldova's external debt. Moldova's need for energy resources (e.g., petrol, coal, natural gas) are thus only satisfied when supplemental energy is imported, and in particular from Russia.

The Government of Moldova has made progress in implementing economic reforms, including the introduction of a stable currency, privatization of enterprises, liberalization of prices and interest rates, etc. Overall, the reforms implemented in recent years have had positive results. For example, the private sector currently contributes over 60 percent of the GDP and the market is functioning with commercial banks, stock exchanges, free economic zones, etc. The distribution of GDP per economic sector is, for agriculture, 48 percent; for industry, 28 percent; and for services, 24 percent. Economic reforms in Moldova have been largely supported by international agencies. Since 1992, when Moldova joined the International Monetary Fund (IMF), the Word Bank (WB), and the European Bank for Reconstruction and Development (EBRD), it has benefited from many investments from international financial banking structures as well as various states such as Romania, Russia, USA, Germany, Japan, and others.

Despite attaining some macroeconomic benchmarks, however, the sharp decline of economic activity in the first decade after independence lead to an acute growth of poverty in the 1990s—Moldova went from a country with an overall medium income level to one with an overall low income level. At the end of the 1990s, over 70 percent of the country's population was considered poor (and approximately 60 percent were considered very poor), the GDP reached in real terms only 34 percent of the 1990 level (Ministry of Economics and Commerce, 2005). Moldova's social indicators have also been among the

worst in the region. In 2003, UNDP's human development indicators ranked Moldova only 117th out of a total of 177 countries, and in last place among all CIS countries except Tajikistan (UNDP, 2005).

The crisis related to Moldova's transition lasted until 2000, when the economy finally started to manifest a sustainable growth. Between 2001 and 2004, Moldova's economy grew by over 30 percent, while the GDP average annual growth constituted about 7 percent. The economic growth has determined a marked decrease in poverty rates, which, according to estimates, have dropped in 2004 to over a half of the highest levels registered in 1999 (World Bank, 2005).

The export of labor force denoted by emigrating Moldovans of working age, and the resulting influx of currency transfers generated by the activity of Moldovans living abroad, represent important social and economic trends in Moldova. The 2004 population census revealed that over 357,000 Moldovans (approximately one-quarter of the total labor force) currently work abroad. Due to the increase in the flow of emigrants, especially between 1999 and 2004, the officially registered currency transfers from abroad have increased from 5 percent to approximately 27 percent of the GDP, thus placing Moldova among world economies that are most dependent on remittances (World Bank, 2005).

1.4 CHARACTERISTICS OF THE HEALTH SYSTEM

1.4.1 Facilities and Human Resources

The main goal of Moldova's health system is the assurance of quality medical services to all citizens. In recent years, the health system has undergone numerous functional and administrative reforms and readjustments. The Ministry of Health and Social Protection has concentrated its efforts on the following objectives:

- Establishment of a legislative and normative basis for the implementation of compulsory health insurance;
- Consolidation of primary and emergency health care sectors;
- Increase in the quality of medical services offered;
- Establishment of a network of state pharmaceutical institutions to rationally distribute medical supplies of high quality and low price;
- Establishment of an evaluation and accreditation system for sanitary conditions in medical institutions;
- Establishment of financial and contractual requirements between payers, suppliers and consumers of medical services; and
- Identification of evidence-based clinical protocols for quality management of medical services.

The principles of family medicine underpin Moldova's national health care system. The national health care system promises to offer all citizens an equal opportunity to receive certain medical services free of charge. These services have been stipulated in the United Program of Compulsory Health Insurance (United Program), which is approved annually by the Government of Moldova.

The United Program is financed with funds from the National Health Insurance Company. Those insured under the United Program benefit from the following health services:

- Emergency care at the pre-hospital stage, provided by the district, municipal, or zonal emergency health care services;
- Primary care, provided by a family doctor, in a Family Doctor Center or as home-based health care;
- Specialized outpatient care, provided by specialized doctors at consulting hospitals and regional medical institutions;
- Dental care;
- Hospital care at in-patient medical institutions;
- Paramedical services of simple or complicated nature; and
- Maternal and child health including iron and folic acid for pregnant women, out-patient treatment for children under age 5, and partial or full compensation for medical supplies.

Almost all employees in Moldova's health system—including 10,753 doctors and 23,147 paramedical personnel—are state employees. Approximately 36 doctors per 10,000 persons serve people in urban areas, while about 12 doctors per 10,000 persons serve rural inhabitants. The coverage of paramedical personnel is better and constitutes 66 paramedics per 10,000 people. The average ratio of paramedical personnel per doctor is 2.2 (SACPHHM, 2005).

A widespread and persistent problem in Moldova's health care system is low salaries for medical personnel; the average monthly salary, despite general economic growth experienced in recent years, is about 125 USD for doctors and 70 USD for nurses.

1.4.2 Reforms of the Health System of the Republic of Moldova

Throughout the past decade, as a result of the 1995 Health Protection Law and the 1997-2003 Health Sector Strategy, the Government of Moldova has put forth a variety of regulations and statutory acts aimed at addressing structural inefficiencies, streamlining human resources, improving health sector financing and equitable access to services, ensuring implementation and monitoring of national health policies, working out inter-sectoral programs, and involving the community in healthcare related decisions.

The following legislative and statutory acts underlie the structural and organizational reforms in the healthcare system, namely:

- Reform of primary health care (PHC) through institutionalizing family doctors and promoting the principle of free choice by the patient; institutionalizing per capita financing of PHC; and delegating the management of PHC, hospitals and emergency services to local public administration authorities (1997);
- Establishment of the State Sanitary Epidemiologic Service (SSES);
- Adoption of a legislative framework to introduce compulsory health insurance in January 2004, based on the taxation of salaries (2 percent from employees and 2 percent from employers); and
- Reorganization of health services into a single package, comprising, at the district level, services at a hospital, a PHC service, emergency services, and specialized out-patient services. Although still from separate budgets, they would be managed by a single district Chief Medical Officer.

A distinctive achievement in the past decade is the establishment of a minimal package of services offered free of charge to the entire population of Moldova.[1] Those who are not insured through their work or otherwise insured receive free health care including preventive and primary health care (provided by a family doctor at the pre-hospital stage), inpatient medical care in case of major surgery or a medical emergency, and health care for infectious and chronic diseases such as tuberculosis, cancer, mental disorders, HIV/AIDS, and other diseases.

1.4.3 Specific Health Care Services

Emergency Health Care. The National Scientific and Practical Emergency Medicine Center oversees emergency health care in Moldova. Emergency services are administered through 4 regional nodes located in the North, Center, South, and Autonomous Territory of Gagauzia, as well as 43 sub-units and 74 emergency health care posts in rural settlements. Altogether, 497 doctors, 907 paramedical personnel, and 303 ambulance fleets attend to medical emergencies.

Primary Health Care Service. The main objectives of primary health services are to promote health and wellness, protect maternal and child health, improve health care coverage in rural areas, develop professional and technological capacity, prevent and control transmissible diseases, and implement a family planning program. Primary health care services are provided by 35 district Family Doctor Centers, 392 Health Centers, and 551 Family Doctor Offices. The number of family doctors in 2005 was 2,066.

Hospital and Specialized Out-patient Health Care. Hospital and specialized out-patient health care, including dental care, is provided by specialized consulting sections of district hospitals. A review of hospitals in rural areas concluded that the average number of beds in rural hospitals was too high and thus inefficient from an economic and medical standpoint; Moldova, therefore, worked to streamline the number of beds in hospitals. Overall, the absolute number of beds dropped from 45,665 in 1998 to 20,457 in 2005, due mainly to the liquidation of hospitals in rural settlements that had a capacity of 50-100 beds each. In the same period, the number of hospitals was reduced from 245 to 65. Improvements in hospital indicators have since been observed, for example, the average duration of hospitalization decreased from 17.5 days in 1998 to 9.8 days in 2005, and the use of beds increased from 251 days per year in 2000 to 265 days in 2005.

Mother and Child Health Care. Health care provision for mothers and children is a priority for the Ministry of Health and Social Protection. The MOHSP has implemented an array of national and sub-national programs aimed at ensuring access to quality health care for all children and pregnant women in order to reduce the incidence of morbidity, disability, and mortality. Under the United Program, children under age five benefit from subsidized medical supplies for outpatient treatment, while pregnant women are provided free iron and folic acid prophylaxes during pregnancy.

The implementation of the "Promotion of Quality Perinatal Services" program and of the Global Initiative "Making Pregnancy Safer" has resulted in strengthening the regionalized system of perinatal care, providing quality health services, and institutionalizing a perinatal supervision system. As a result, the perinatal mortality in the most recent three years has stabilized.

The "National Strategy for Reproductive Health" was approved on August 26, 2005 by Government Regulation no. 913. The main objective of the Strategy is to uphold the rights of citizens to achieve their reproductive desires, and to assure women their health in childbearing years.

[1] Article 36 of the Constitution of the Republic of Moldova guarantees provision of minimal health care services to the noninsured population, free of charge.

Since 2000, Moldova has implemented the strategy of "Integrated Management of Childhood Illnesses," promoted by the World Health Organization (WHO). This strategy aims at improving the quality of the primary health care provided to children, and in particular, it aims to reduce infant mortality and mortality in children under age five. The strategy also contains a communication component designed to improve awareness in families regarding measures they should take to ensure the harmonious development of their children.

In order to improve primary health care services to children, two important measures have been conceived: one, directives for standardized care, "Standards of Supervision of Pregnant Women and Infants under Out-patient Conditions"; and two, in order to track child health and immunizations, a "Card of Development of a Healthy Child" is distributed to the child's parent or caretaker. Specialized care is provided to children at the Institute of Scientific Research in the section of Protection of Maternal and Infant Health.

Family Planning Services. The Ministry of Health and Social Protection is in charge of providing family planning services. The priorities in this domain are to provide family planning information, improve sexual and reproductive health of adults and youth, and prevent domestic violence, sexual abuse, and trafficking of women and children.

Under the auspices of the "National Program in Family Planning and Protection of Reproductive Health for the years 1999-2003," the National Strategy in Reproductive Health, and the National Concept of "Friendly Health Services to the Young," detailed measures are outlined to promote family planning services, information, education, and communication services, and to counsel the population in reproductive health issues.

Abortions are legal in Moldova provided that the pregnant woman consents and that the abortion is carried out by a licensed health professional at a hospital or another specialized medical institution. Abortions are therefore not allowed to be carried out in private clinics. Abortions in Moldova may be carried out within the first 12 weeks of pregnancy. After this period, abortions may be carried out up to 28 weeks for outstanding medical, social-economic, or personal reasons, and with a special authorization from a board of local doctors. As of 1996, abortions are paid for by women; the costs of an abortion vary between 7.50 USD and 11.00 USD.

State Sanitary Epidemiologic Service. As in other countries, prevention of contagious and non-contagious diseases is a key concern in Moldova. The State Sanitary Epidemiologic Service (SSES) carries out functions relevant to these concerns, including: supervising epidemiologic activities all over the country; drafting statutory acts and guidelines relevant to preventive medicine and epidemiologic measures to protect the population; coordinating and conducting scientific research in preventive medicine; working out measures to combat epidemics in the environment and in the workplace; training and educating the population about health issues; regularly monitoring establishments in areas of increased epidemiologic risk; promoting preventive measures against infectious diseases; ensuring immunization coverage of the population; protecting the country's borders against the emergence and spread of conventional and extremely contagious diseases; ensuring the safety of the population in case of a nuclear disaster; monitoring public hygiene; and promoting a generally healthy lifestyle. Additionally, the functions of the SSES include conducting bacteriological, virological, serological, immunological, and parasitological laboratory tests, including tests for diagnosing contagious diseases and other tests capable of identifying factors that may adversely influence the population's health. On an annual basis, the SSES laboratories carry out over a million microbiological, virological, immunological, and parasitological tests and over 250,000 sanitary hygienic laboratory tests, radiological measurements, and tests of physical factors of the life environment.

The SSES comprises the National Scientific and Practical Center for Preventive Medicine, two municipal Centers for Preventive Medicine (Chisinau and Balti), and 34 district Centers for Preventive Medicine.

The joint activity of the SSES with other health institutions and with regional and local public administration authorities has contributed to achieving a stable epidemiological oversight in the country. As a result, there have been no widespread crises of cholera, diphtheria, brucellosis, tetanus, pseudo-tuberculosis, anthrax, tularemia, acute poliomyelitis, congenital rubella, hemorrhagic fevers, rabies, epidemic typhus, vernal tick-born encephalitis, hepatitis E, etc. The incidence of rubella, measles, and viral hepatitis has already been greatly reduced; the incidence of typhoid fever, salmonellas, whooping cough, epidemic parotitis, and scarlet fever is likewise dropping. There have been no serious outbreaks of infectious diseases and toxic infections, nor events of extremely contagious diseases.

National Program for Combating Tuberculosis. The National Program for Combating Tuberculosis, adopted by the Government of Moldova, is based on the Directly Observed Treatment Short-course (DOTS) strategy that provides guidelines for the diagnosis, treatment, and monitoring of tuberculosis. This strategy, put forth by the World Health Organization, is being successfully applied in many European countries. The major objectives of National Program are achieved by implementing four components based on the DOTS system, namely: 1) establishing a National Network of Tuberculosis Laboratories to diagnose pulmonary infectious tuberculosis; 2) increasing human resources capacity and disease control services within the general health system, in particular emphasizing early detection of infected persons at the primary health care level and follow-up with curative care; 3) improving tuberculosis prevention; and 4) increasing the degree of public awareness about tuberculosis-related problems.

Program implementation started on November 1, 2001 in three pilot zones, including Chisinau and the former districts of Lapusna and Orhei. The program will eventually be implemented throughout the country. A significant batch of medical supplies that covers the needs of hospitals across the country has been purchased with international funds. Diagnostic laboratories have also been equipped with state-of-the-art microscopes, allowing for a more reliable and timely detection of the disease.

In 2005, the National Program initiated activities for 2006-2010. These activities include launching DOTS-Plus at penitentiaries, monitoring the long-term treatment of patients with multi-drug-resistant forms of tuberculosis, and developing the Automated Informational System for Monitoring and Follow-Up of Tuberculosis Patients. The prevention of tuberculosis in children is ensured by vaccinating newborns with BCG and revaccinating them at the age of 7 years, as well as promoting preventive treatment for children living in contact with tuberculosis patients.

National Program for Combating HIV/AIDS. In 2001, the Government of Moldova adopted the 2001-2005 National Program for Combating HIV/AIDS and Sexually Transmitted Infections. The main objectives of the Program are:

- To reduce the prevalence and incidence of HIV and sexually transmitted diseases (STD); and
- To strengthen national commitment in conducting prevention activities, providing medical, social, psychological, legal, and rehabilitation assistance to infected persons, and coordinating involvement of nongovernmental agencies in implementing the activities.

Furthermore, the National Program cites eight priority strategies:

- Formulation of a national policy regarding HIV/AIDS and STD;

- Prevention of sexually transmitted HIV/AIDS and STD;
- Prevention of new cases of HIV/AIDS among drug users;
- Prevention of HIV/AIDS and STD among youth;
- Prevention of perinatal and mother-to-child HIV transmission;
- Health care provision and social support to HIV patients and members of their families;
- Ensuring the safety of blood transfusions and medical interventions;
- Epidemiological surveillance and monitoring of HIV/AIDS and STD.

In order to improve treatment of HIV patients, in 2003, the Republican Dermatologic-Venereologic Dispensary opened a special hospital section with 35 beds, including 5 pediatric beds, for HIV patients. This hospital section follows modern protocols of care and examination of HIV patients and provides them with antiretroviral drugs as well as necessary supplies and equipment.

On September 5, 2005, Government Regulation no. 948 approved the National Program of Prevention and Control of the HIV/AIDS Infection and STD for the years 2006-2010, in line with requirements of the European Union. Following this, cooperation between the Ministry of Health and Social Protection and the European Network of Epidemiologic Surveillance of HIV/AIDS was initiated.

National Immunization Program. The prevention of transmissible diseases by vaccination is among the most important and cost-effective investments in public health. Timely immunization fosters health and reduces the medical, social, and economic setbacks caused by certain preventable diseases. The first National Immunization Program was approved in Moldova for the years 1994-2000. Its implementation has contributed to the abolishment of poliomyelitis, the halting of diphtheria and mumps epidemics, and to a substantial reduction of the incidence of viral hepatitis B, measles, and whooping cough.

The implementation of the second National Immunization Program, for 2001-2005, has enforced wide vaccination coverage, guaranteed the distribution of necessary vaccines, improved the quality of immunization services, and has helped Moldova maintain the status of a polio-free country. In addition, the elimination of native cases of diphtheria, measles, rubella and neonatal tetanus has been achieved, the incidence of hepatitis B, whooping cough, and mumps has diminished significantly, and the incidence of tetanus in adults has been reduced to very few cases.

These successes are attributed to the committed activity of medical employees, international assistance granted by entities such as UNICEF, WHO, the governments of the United States and Japan, the Global Alliance for Vaccines and Immunization, and the systematic increase of financial support granted by the Government of Moldova.

The National Immunization Program for 2006-2010 guarantees children, and others at risk, immunizations free of charge against ten infectious diseases: poliomyelitis, diphtheria, tetanus, whooping cough, hepatitis B, measles, mumps, rubella, tuberculosis, and hemophilus influenza type B. The Program pursues the following objectives:

- Ensuring over 95 percent vaccination coverage, at the national level and at the level of each district and municipality;

- Maintaining Moldova as a poliomyelitis-free country, and a country free of cases of tetanus in newborns and congenital rubella;
- Continued progress towards eliminating cases of measles, rubella, and diphtheria;
- Reducing the incidence of: tetanus to less than 0.05 cases per 100,000 population; hepatitis B in children to less than 2 cases per 100,000 population; whooping cough to less than 1.5 cases per 100,000 population; and mumps to less than 6 cases per 100,000 population;
- Limiting the cases of child tuberculosis to isolated cases; and
- Reducing morbidity and mortality from septic meningitis and pneumonia caused by Hib infection in children under age three.

1.5 HEALTH INFORMATION SYSTEM

The National Statistics Bureau is in charge of conducting decennial population censuses and maintaining vital registration data on the population, including births, deaths, marriages, and divorce. These statistics are kept updated by local civil registry offices and submitted regularly to regional statistical authorities. The latter transmits all documents to the National Statistics Bureau for automatic processing. Afterwards, aggregate statistical information is provided to users and to the general public.

The Ministry of Informational Development is responsible for keeping records on international migration. The Ministry keeps track of international immigration and emigration during the intercensal period. This information is used by the National Statistics Bureau for population projections and other demographic estimates.

Health information is collected by means of regional reports that compile health statistics at regular intervals, from which information is transmitted to the Scientific and Practical Center of Public Health and Health Management (SPCPHHM) of the Ministry Health and Social Protection. The SPCPHHM compiles and analyses these data for publication in annual reports entitled "Public Health in Moldova." These reports contain morbidity data by type of disease, mortality data by cause of death, infant mortality, including perinatal and neonatal mortality, maternal mortality by cause of death, indicators related to maternal and child health, medical institutions, medical personnel, and average time of hospitalization. These data are tabulated at the national level and by regions. In addition, reports on the incidence of infectious diseases and the administration of vaccinations are submitted and analyzed monthly.

The State Sanitary Epidemiologic Service (SSES) issues a separate annual report entitled "Sanitary hygienic and epidemiologic situation in the Republic of Moldova according to the statistic reports of SSES authorities and institutions." The report addresses activities related to disease prevention and the monitoring and supervision (including laboratory supervision) of the spread of infectious diseases.

1.6 OBJECTIVES AND ORGANIZATION OF THE SURVEY

This survey, Moldova's first Demographic and Health Survey (MDHS), was carried out by the National Scientific and Applied Center for Preventive Medicine (NCPM), of the Ministry of Health and Social Protection. ORC Macro provided technical assistance for the MDHS through the USAID-funded MEASURE DHS program. Local costs of the survey were also supported by USAID, with additional local funding received from the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and in-kind contributions from the NSACPM.

Data collection was conducted from June 13 to August 18, 2005. Data were collected from a nationally representative sample of over 11,000 households. All women age 15-49 in these households and all men age 15-59 in a subsample of one-third of the households were eligible to be individually interviewed. In addition to the data collected through interviews with these women and men, capillary blood samples were collected from all women age 15-49 and all children age 6-59 months for anemia testing.

The 2005 MDHS is designed to provide data to monitor the population and health situation in Moldova. Specifically, the 2005 MDHS collected information on fertility levels, marriage, sexual activity, fertility preferences, knowledge and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood mortality, maternal and child health, and awareness and behavior regarding AIDS and other sexually transmitted infections. Additional features of the 2005 MDHS include the collection of information on international emigration, domestic violence, and hemoglobin testing to detect the presence of anemia. The information collected in the 2005 MDHS provides updated estimates of an array of demographic and health indicators that will assist in the development of appropriate policies and programs to address the most important health issues in Moldova.

1.6.1 Sample Design and Implementation

The 2005 Moldova Demographic and Health Survey is based on a representative probability sample of over 11,000 households. This sample was designed in such a manner as to allow separate urban and rural estimates for key population and health indicators, e.g., fertility, contraceptive prevalence, and infant mortality for children under five. Transnistria, the semiautonomous region in the eastern part of the country accounting for approximately 15 percent of Moldova's population, is not included in the sample.

The 2005 MDHS utilized a two-stage sample design. The first stage involved selecting a sample of cluster sectors from an updated master sampling frame constructed from the 2004 Moldova Population and Housing Census. A total of 400 clusters in Moldova were selected from the master sampling frame. Clusters for urban and rural domains (233 urban and 167 rural) were selected using systematic sampling with probabilities proportional to their size. The distribution of clusters between urban and rural domains is not proportional to the 2004 census distribution, and consequently neither is the final household distribution. The 2005 MDHS is, therefore, not a self-weighted household sample. A final weighting adjustment procedure was carried out to provide estimates at the national level.

A complete household listing operation was carried out from early April to late May 2005 in all of the selected clusters in order to provide a sampling frame for the second stage selection of households. The second stage selection involved the systematic selection of households from a complete listing of all households in each of the 400 clusters. The sample "take" in both urban and rural clusters was 30 households.

All women age 15-49 in the total sample of households, and all men age 15-59 in a subsample of one-third of households, who were either usual residents of the households in the MDHS sample or visitors present in the household on the night before the survey were eligible to be interviewed in the survey.

1.6.2 Questionnaires

Three questionnaires were used for the 2005 MDHS: the Household Questionnaire, the Women's Questionnaire and the Men's Questionnaire. The contents of these questionnaires were based on model questionnaires developed by the MEASURE DHS program.

Consultations with partners were held in Chisinau to obtain input from various national and international experts on a broad array of issues. Based on these consultations, the DHS model questionnaires were modified to reflect issues relevant in Moldova concerning population, women and children's health, family planning, and other health issues. After approval of the final content by the steering committee, these questionnaires were translated from English into Romanian and Russian.

The Household Questionnaire was used to list all the usual members and visitors in the selected households and to identify women and men who were eligible for the individual interview. Basic information was collected on the characteristics of each person listed, including their age, sex, education, and relationship to the head of the household. In addition, a separate listing and basic information on former household members who had emigrated abroad was collected. The Household Questionnaire was also designed to collect information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor and roof of the house, ownership of various durable goods, etc. Finally, height and weight measurements, and the results of hemoglobin measurements for consenting women age 15-49 years and children age 6-59 months were recorded in the Household Questionnaire.

The Women's Questionnaire was used to collect information from all women age 15-49. These women were asked questions on the following topics:

- background characteristics (education, residential history, media exposure, etc.);
- reproductive history;
- knowledge and use of family planning methods;
- fertility preferences;
- antenatal and delivery care;
- breastfeeding and infant feeding practices;
- vaccinations and childhood illnesses;
- marriage and sexual activity;
- woman's work and husband's background characteristics;
- infant and child feeding practices;
- childhood mortality; and
- awareness and behavior about AIDS and other sexually transmitted infections (STIs).

The Women's Questionnaire had a number of important additions to the DHS model questionnaire. First, a series of questions were incorporated to obtain information on women's experience of domestic violence. These questions were administered to one woman per household. In households with two or more eligible women, special procedures were followed in order to ensure that there was random selection of the women to be interviewed with these questions. Another addition to the Women's Questionnaire was a vaccination module for each child under the age of five years to be completed at the local health clinic. According to child health experts, immunization information is more frequently kept at the health clinic than on a health card in the mother's possession. The purpose of this module was, therefore, to collect information on immunizations from the local health clinic in addition to that collected during the woman's interview. The vaccination module provides better quality immunization indicators because information gathered during the interview is augmented with information from the local health clinic.

Closely related to the Women's Questionnaire is the caretaker module. This separate module contains the same set of child health questions as those in the Women's Questionnaire regarding immunizations, childhood illnesses such as fever and diarrhea, and nutrition. The purpose of this module is to gather information on children under age 5 years whose mother does not live in the selected household or is not available to be interviewed. This is important because of the large number of young

women emigrating and leaving behind a significant number of children to be cared for by another caretaker.

The Men's Questionnaire was administered to all men age 15-59 living in every third household in the MDHS sample. The Men's Questionnaire collected much of the same information found in the Women's Questionnaire, but was shorter because it did not contain questions on reproductive history, maternal and child health, nutrition, and domestic violence.

All aspects of the MDHS data collection were pretested in April 2005. Twenty-six people with medical backgrounds and other specialties were trained for two weeks and then dispatched to conduct interviews in Romanian and Russian, carry out hemoglobin testing, and take height and weight measurements. Over 200 households in urban and rural areas were interviewed in the pretest. The lessons learned from the pretest were used to finalize the survey instruments and logistical arrangements. The major changes as a result of the pretest were incorporation of the caretaker module described above and soliciting the assistance of local medical personnel in each cluster to introduce field personnel to selected households. The latter served to improve household response rates, especially in urban areas.

1.6.3 Field Staff and Fieldwork

Training of fieldwork staff began on May 16, 2005 in Chisinau and lasted three weeks. A total of 96 training participants were trained as field staff supervisors, editors, and interviewers. In addition, 12 data entry operators and two office editors attended the training. All field staff were also trained as technicians to conduct hemoglobin testing. Most of the participants had a medical background and several had prior experience as interviewers for the UNICEF Multiple Indicator Survey (MICS 2000). Interviewer training was conducted mostly in Romanian by senior staff from NCPM with technical input from ORC Macro. In addition, resource persons from other agencies made presentations on Moldova's program for family planning, maternal and child health, HIV/AIDS, and gender issues including domestic violence. All participants were trained on interviewing techniques and the contents of the MDHS questionnaires. The training was conducted following the standard DHS training procedures, including class presentations, mock interviews, and written tests. All of the participants were trained on how to complete the Household Questionnaire, the Women's Questionnaire, and the Men's Questionnaire. In addition to in-class training, participants practiced taking anthropometric measures and conducting anemia testing on consenting women and children at local health clinics. They also spent several days in practice field sites interviewing in both languages and carrying out all fieldwork activities. While both female and male interviewers interviewed respondents for the Household Questionnaire, only female interviewers interviewed respondents eligible for the Women's Questionnaire and only male interviewers for the Men's Questionnaire. Participants selected as field supervisors and editors were given an additional two days of training on how to supervise fieldwork and edit questionnaires.

Fifteen teams were organized for fieldwork. Each team was made up of a field supervisor, an editor, three female interviewers, and one male interviewer. The field staff was selected on the basis of assessments of in-class participation, field practice, fluency in languages, and capacity to conduct interviews as well as anemia testing. The most experienced participants, namely those who had participated in the pretest and those who did very well in the main survey training, were selected to be supervisors and editors.

Senior staff from the NCPM coordinated and supervised all aspects of fieldwork activities. ORC Macro followed fieldwork progress by receiving approximately every two weeks a standard set of quality control tables generated from the most recent accumulation of data. Data collection took place for just over two months, from June 13 to August 18, 2005. On average, each team completed one cluster over two full days, taking advantage of early mornings and late evenings to find respondents at home.

1.6.4 Data Processing

The processing of the MDHS results began shortly after the fieldwork commenced. Completed questionnaires were returned weekly from the field to the NCPM headquarters in Chisinau, where they were entered and edited by data processing personnel who were specially trained for this task. Data were entered using CSPro, a program specially developed for use in DHS surveys. All data were entered twice (100 percent verification). The concurrent processing of the data with ongoing data collection was a distinct advantage for data quality since NCPM had the opportunity to advise field teams of problems detected during the data entry. The data entry and editing phase of the survey was completed in late August 2005.

1.6.5 Response Rates

Table 1.1 presents household and individual response rates for the survey. A total of 12,206 households were selected for the sample, of which 11,649 were occupied at the time of fieldwork. The main reason for the difference is that some of the dwelling units that were occupied during the household listing operation were either vacant or the household was away for an extended period at the time of interviewing. Of the occupied households, 95 percent were successfully interviewed.

Table 1.1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence, Moldova 2005

	Residence		
Result	Urban	Rural	Total
Household interviews			
Households selected	7,104	5,102	12,206
Households occupied	6,707	4,942	11,649
Households interviewed	6,227	4,868	11,095
Household response rate	92.8	98.5	95.2
Individual interviews: women			
Number of eligible women	4,602	3,224	7,826
Number of eligible women interviewed	4,301	3,139	7,440
Eligible women response rate	93.5	97.4	95.1
Individual interviews: men			
Number of eligible men	1,698	1,199	2,897
Number of eligible men interviewed	1,417	1,091	2,508
Eligible men response rate	83.5	91.0	86.6

In the households interviewed in the survey, a total of 7,826 eligible women age 15-49 were identified; interviews were completed with 7,440 of these women, yielding a response rate of 95 percent. In a subsample of one-third of households in the MDHS sample, a total of 2,897 eligible men were identified and interviews were completed with 2,508 of these men, yielding a male response rate of 87 percent. As is typically found in other surveys, the response rates are lower for the urban than for the rural sample, and lower among men than women.

The principal reason for nonresponse among both eligible women and men was the failure to find individuals at home despite repeated visits to the household.

HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

2

This chapter presents information on the social, economic, and demographic characteristics of the household population, focusing mainly on such background characteristics as age, sex, educational attendance and attainment, place of residence, and socioeconomic conditions of households. The information provided is intended to facilitate interpretation of the key findings in the 2005 MDHS as well as to assist in assessing the representativeness of the survey.

A household is defined as a person or group of related and/or unrelated persons who live together in the same dwelling unit, or in connected premises, who acknowledge one adult member as head of the household, and who have common arrangements for preparing and eating their food. The questionnaire for the MDHS distinguishes between the *de jure* population (persons who usually live in a selected household) and the *de facto* population (persons who stayed in the household the night before the interview). According to the results, however, the difference between these populations is small. Tabulations based on household data presented in this chapter include both de jure and de facto populations, whereas tabulations in the remainder of the chapters are based primarily on the de facto population.

Because of how the sample was designed, weighting procedures were used to ensure that results presented throughout the report are nationally representative, and representative for each study domain (see Appendix A). The numbers in the tables, therefore, reflect weighted numbers. However, the statistical precision of results depends on the actual number of cases covered in the survey, or the unweighted number of cases. When unweighted numbers are insufficient to ensure a high degree of statistical reliability, the values calculated from these numbers are flagged: for example, percentages or proportions based on 25 to 49 unweighted cases are shown in parentheses, and percentages based on fewer than 25 unweighted cases are suppressed with an asterisk.

One of the background characteristics used throughout many tables in this report is an index of socioeconomic status, presented as a wealth quintile. This index was developed and tested in a large number of countries in relation to inequities in household income, use of health services, and health outcomes (Rutstein et al., 2000). It is an indicator of the level of wealth that is consistent with expenditure and income measures (Rutstein, 1999). The wealth index was constructed by employing a principal components analysis using household asset data. The asset information was collected through the Household Questionnaire of the MDHS and covers information on household ownership of a number of consumer items ranging from a television to a bicycle or car, as well as dwelling characteristics, such as source of drinking water, sanitation facilities, and type of material used for flooring.

Each asset was assigned a weight (factor score), generated from the principal components analysis, and the resulting asset scores were standardized in relation to a normal distribution with a mean of zero and standard deviation of one (Gwatkin et al., 2000). Each household was then assigned a score for each asset, and the scores were summed for each household; individuals were ranked according to the total score of the household in which they resided. The sample was then divided into quintiles from one (lowest) to five (highest). A single asset index was developed for the whole sample; separate indices were not prepared for the urban and rural populations.

2.1 HOUSEHOLD POPULATION BY AGE AND SEX

Age and sex variables are the primary basis of demographic classification in vital statistics, censuses, and surveys. Table 2.1 presents the distribution of the de facto population by five-year age groups, according to urban-rural residence and sex. The information is used to construct the population pyramid shown in Figure 2.1.

The total de facto population in households included in the MDHS is 30,491. The data show that 53 percent of the population is female. In absolute numbers, females outnumber males from age 20 onward, and the gender disparity is most pronounced beginning at age 50. The reasons for this imbalance may be attributed to out-migration of men since the early 1990s (see Chapter 15), as well as higher mortality rates of adult men compared with adult women.

Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Moldova 2005

	Urban			Rural			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	6.1	4.6	5.3	6.4	5.6	6.0	6.3	5.2	5.7
5-9	5.2	4.2	4.7	7.2	6.5	6.8	6.4	5.6	6.0
10-14	7.0	6.5	6.7	10.4	9.0	9.7	9.1	8.0	8.5
15-19	10.2	8.9	9.5	9.2	8.8	9.0	9.6	8.8	9.2
20-24	9.3	9.1	9.2	6.6	6.0	6.3	7.6	7.2	7.4
25-29	8.6	7.0	7.7	5.7	5.3	5.5	6.8	6.0	6.4
30-34	7.2	6.5	6.8	5.1	5.2	5.2	5.9	5.7	5.8
35-39	6.1	6.1	6.1	5.7	5.0	5.3	5.9	5.4	5.6
40-44	6.7	7.0	6.9	6.3	5.9	6.1	6.4	6.3	6.4
45-49	8.0	7.9	8.0	7.3	6.9	7.1	7.6	7.3	7.4
50-54	7.7	8.9	8.4	7.6	7.9	7.8	7.7	8.3	8.0
55-59	5.5	6.7	6.1	6.2	6.5	6.4	5.9	6.6	6.3
60-64	4.2	4.4	4.3	4.3	4.8	4.6	4.3	4.7	4.5
65-69	3.3	4.5	3.9	4.4	5.5	4.9	3.9	5.1	4.6
70-74	2.2	3.1	2.7	3.6	4.6	4.1	3.1	4.0	3.6
75-79	1.6	2.6	2.2	2.4	3.8	3.2	2.1	3.4	2.8
80 +	1.0	2.0	1.5	1.5	2.6	2.1	1.3	2.4	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,417	6,217	11,637	8,861	9,993	18,854	14,278	16,210	30,491

Sixty-seven percent of household members comprise the economically active population (between ages 15 and 64). This proportion is significantly higher in urban areas (73 percent) than in rural areas (63 percent). The disparity is at least partially explained by rural to urban migration of youth in search of higher education and better job prospects in the city. The remainder of the population that is not economically active, including the younger population under age 15 and the elderly population age 65 and older, constitutes the economically dependent population. Children under age 15 make up 20 percent of the population. Lower fertility levels in the cities ultimately result in a smaller share of children in urban areas: only 17 percent of the population in urban areas is under age 15, versus 23 percent under age 15 in rural areas. Elderly people age 65 and older make up 13 percent of the population. Lower mortality rates for women result in a greater share of elderly women than elderly men: 15 percent of women are age 65 and above, versus only 10 percent of men.

At a glance, Figure 2.1 reveals a couple of noteworthy patterns. First, relatively large proportions of the population are between age 45 and 55, and between age 10 to 19. The older bulge in the pyramid is evidence of the baby boom generation—those people born in the period of economic prosperity in industrialized countries after World War II. The younger bulge in the pyramid represents, for the most part, the children of the baby boomers. The second notable trend is population aging, obvious from the shape of the pyramid. Compared with previous decades, the so-called pyramid reflecting the present population structure has a smaller base and a less tapered top, thus resembling a rectangular form more than a pyramid. This is evidence of population aging, which is the predominant trend in most countries in Europe, especially in Eastern Europe. Given persistently low fertility, below replacement level and, to a lesser extent, increases in average life expectancy,[1] it is likely that the proportion of elderly will continue to become larger and eventually surpass the proportion of young people. The effect of out-migration, which is selective of young people in their reproductive years, serves to speed the aging process of the overall population structure still further.

Figure 2.1 Population Pyramid

2.2 HOUSEHOLD COMPOSITION

Table 2.2 presents the distribution of households by sex of the head of household and by the household size, for urban and rural areas. The characteristics are of interest because they are often associated with differences in household socioeconomic levels. For example, female-headed households are frequently poorer than households headed by males. Indeed, official data from the Moldova State Department of Statistics reports that, in 2004, 76 percent of households headed by men had a good or satisfactory level of living, compared with 67 percent of households headed by women (MSDS, 2005).

[1] Official estimates of life expectancy in 2000 were 71 years for women and 64 years for men; in 2004, they were 72 years for women and 65 years for men (MSDS, 2005).

Data from the MDHS show that, at the national level, women head 34 percent of Moldovan households; this percentage differs modestly between urban and rural areas (38 percent and 31 percent, respectively). Results further show that the average household size in Moldova is 2.8, and that there is little difference in the average size of urban households and rural households.

Table 2.2 Household composition

Percent distribution of households by sex of head of household and by household size, according to residence, Moldova 2005

Characteristic	Residence		Total
	Urban	Rural	
Sex of head of household			
Male	61.8	69.2	66.3
Female	38.1	30.8	33.7
Total	100.0	100.0	100.0
Number of usual members			
1	18.7	20.8	20.0
2	27.4	27.0	27.1
3	26.4	19.2	22.0
4	18.8	18.1	18.4
5	5.5	9.2	7.7
6+	2.7	5.6	4.5
Missing	0.5	0.1	0.3
Total	100.0	100.0	100.0
Number of households	4,444	6,651	11,095
Mean size	2.7	2.9	2.8

Note: Table is based on *de jure* members, i.e., usual residents.

2.3 CHILDREN'S LIVING ARRANGEMENTS

Children not living with their natural parents are more likely to be disadvantaged compared with those who do live with their parents; they may be at increased risk of impoverishment, deprived of property rights and other rights, and at increased risk of abuse, neglect, and exploitation. The MDHS collected detailed information on children's living arrangements. Table 2.3 shows the percent distribution of children under age 15 by their living arrangements and survival status of parents, according to background characteristics.

Just over two-thirds (69 percent) of children under age 15 live with both parents. Fifteen percent live with just their mother although their father is alive, 5 percent live with just their father although their mother is alive, and 7 percent live with neither parent although both are alive. These children are "social orphans," that is, their biological parents are still alive but they have been voluntarily left in the care of another person, or persons.[2] Results show that just 3 percent of children under age 15 have lost their father only, 1 percent have lost their mother only, and only a tiny fraction have lost both biological parents. Altogether, 3 percent of children under age 15 have at least one parent who died.

[2] These indicators do not take into account children who live outside the household—for example, in institutions or on the street—because the MDHS includes only households in its sample.

Table 2.3 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 15 by children's living arrangements and survival status of parents, according to background characteristics, Moldova 2005

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent				Missing information on father/ mother	Total	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead			
Age												
<2	81.7	13.8	0.2	0.7	0.3	2.7	0.0	0.0	0.0	0.6	100.0	684
2-4	70.3	16.5	0.9	3.0	0.2	7.9	0.1	0.0	0.0	1.0	100.0	1,019
5-9	66.1	16.3	1.8	4.4	0.3	8.3	0.3	0.4	0.1	1.9	100.0	1,817
10-14	66.8	13.8	3.4	6.0	0.6	6.1	0.4	0.6	0.3	2.0	100.0	2,622
Sex												
Male	67.7	16.2	2.5	5.0	0.6	5.8	0.2	0.1	0.2	1.8	100.0	3,143
Female	70.1	13.7	1.8	3.9	0.2	7.6	0.4	0.6	0.1	1.6	100.0	3,000
Residence												
Urban	67.0	17.7	2.4	3.9	0.3	5.5	0.1	0.4	0.1	2.5	100.0	2,061
Rural	69.8	13.6	2.0	4.7	0.4	7.3	0.4	0.4	0.2	1.3	100.0	4,082
Region												
North	68.6	15.7	2.3	4.3	0.2	6.9	0.3	0.5	0.2	1.0	100.0	1,792
Center	69.6	13.1	2.2	4.6	0.8	7.9	0.2	0.2	0.2	1.1	100.0	1,881
South	67.7	14.3	1.8	5.4	0.2	7.1	0.6	0.6	0.1	2.0	100.0	1,334
Chisinau	69.4	17.6	2.0	3.3	0.3	3.7	0.1	0.3	0.1	3.3	100.0	1,135
Wealth quintile												
Lowest	72.6	14.1	2.3	2.6	1.1	4.9	0.2	0.7	0.2	1.2	100.0	1,322
Second	66.8	14.2	2.5	5.1	0.2	8.4	0.7	0.4	0.2	1.5	100.0	1,241
Middle	67.0	13.9	2.1	6.3	0.1	8.2	0.1	0.4	0.3	1.6	100.0	1,346
Fourth	65.7	16.5	1.9	4.9	0.3	7.9	0.4	0.2	0.1	2.1	100.0	1,193
Highest	72.7	16.6	1.8	3.1	0.1	3.5	0.1	0.2	0.0	2.0	100.0	1,041
Total	68.9	15.0	2.1	4.5	0.4	6.7	0.3	0.4	0.2	1.7	100.0	6,143

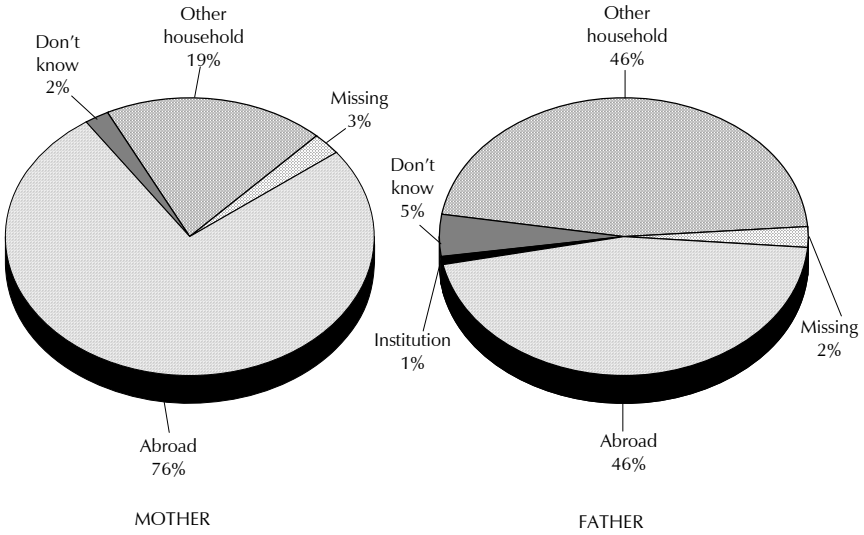
Table 2.4 presents information on residence of mothers and fathers who live separately from their children under age 15. Figure 2.2 shows that three-quarters of mothers of children under 15 who are not living in the same household as their child(ren) are living abroad (76 percent). About one-fifth of mothers live in another household in Moldova (19 percent). Figure 2.2 also shows that about half of fathers who are not living in the same household as their child(ren) are living abroad (46 percent), and about the same proportion are living in another household in Moldova. It should be kept in mind, however, that in absolute numbers, almost twice as many fathers as mothers do not live with their children. Therefore, although a smaller proportion of fathers live abroad than mothers, the number of fathers living abroad surpasses the number of mothers living abroad.

Table 2.4 Parental residence apart from children

Among children under age 15 whose mothers and fathers are alive but not living in the same household, percent distribution by residence of parent, Moldova 2005

Residence	Mother	Father
Abroad	75.9	45.7
In other household in Moldova	19.3	46.4
Institution	0.0	0.9
Don't know	2.2	4.7
Missing	2.6	2.3
Total	100.0	100.0
Number	720	1,341

Figure 2.2 Living Arrangements of Mothers and Fathers Not Living in Household Interviewed



MDHS 2005

Compared to living arrangements of children in 2000, the proportion of children not living with their parents has increased. In 2000, 84 percent of children under age 15 lived with both parents. Ten percent lived with just their mother, although their father was alive; 3 percent lived with just their father, although their mother was alive; and 2 percent lived with neither parent. Altogether, 4 percent of children under age 15 had at least one parent who had died (MICS 2000). Although the values from 2000 were estimated from a sample including the region of Transnistria, the differences are large enough to at least conclude an increase, and probably a substantial one, in the proportion of children not living with their parents. Further research, as well as program development for children in Moldova who are left behind by migrating parents, is under way; because this trend appears to be on the rise, it merits close attention (see, for example, Bacalu, 2004; Dubrovschi, 2004; Ghencea and Gugumac, 2004; Gonta, 2004; and Salaru, 2004).

Not only have children's living arrangements deteriorated since 2000, but they are also among the worst in the region. Compared with estimates from recent Demographic and Health Surveys conducted in other countries in Eastern Europe and Eurasia, fewer children live with both of their parents in Moldova than in other countries in the region: in Armenia (1999), 10 percent of children age 0-15 are not living with both mother and father; in Kazakhstan (1999), 19 percent; in Kyrgyz Republic (1997), 15 percent; in Turkmenistan (2000), 12 percent; and in Uzbekistan, 7 percent (ORC Macro, 2005).

2.4 Educational Attainment of Household Members

Moldova's education system, until independence in 1991, followed the same structure as the Soviet educational system. In the past 15 years, however, the system has undergone several reforms, making the analysis of education data across a wide range of ages challenging. Basically, Moldova's primary and secondary educational system has three components. The first component is primary school and comprises grades 1-4 (usually children age 8 to 11, but some children start younger). The second component is secondary school and comprises grades 5-9 (usually children age 12 to 16, but some children start younger), or grades 5-12. Students who have completed a total of at least 9 grades are considered to have fully completed compulsory education. The third component is secondary special

education. Secondary special education is an alternative for students who have completed a total of at least 9 years of schooling; at this stage, a student may opt to follow secondary special education that is specialized technical training in a specific field such as nursing, agriculture, construction, etc. Secondary special education usually lasts 2-3 years and, when successfully completed, the student is considered qualified to work in that specific field. Students who have successfully completed a total of 12 years of schooling (primary and secondary education), or who have completed primary schooling plus a secondary special education, are qualified to attend university.

Table 2.5 shows the percent distribution of the female and male household population age 7 and older, by highest level of education attained and according to background characteristics. Only a tiny fraction have no education. Furthermore, by age group 15-19, virtually all females and all males have attended or completed secondary or secondary special education. In the oldest age groups, age 65 and above, about one-third have attended or completed only primary education. This finding—that education levels are significantly lower amongst those age 65 and above—provides evidence of the rapid improvements in the education system following the Second World War.

Overall, relatively more people have opted to pursue secondary education (65 percent of males and 56 percent of females) versus secondary special education (10 percent of males and 15 percent of females). This is especially the case for the age group 15-19, where, for both sexes, 86 percent have reached secondary school versus only about 5 percent who have attended secondary special school.

In terms of the highest level of education, the data show that women are slightly more likely than men to attend university. Overall, 13 percent of males and 15 percent of females have at least some university education. This difference is largest in younger generations; for example, for the age group 20-24, 40 percent of women versus 30 percent of men have at least some higher education.

Table 2.5 Educational attainment of household population

Percent distribution of the de facto female and male household population by highest level of education attended or completed, according to background characteristics, Moldova 2005

Background characteristic	No education	Primary	Secondary	Secondary special	Higher	Total	Number
			MALE				
Age							
7-9	1.0	97.6	1.2	0.2	0.0	100.0	382
10-14	1.8	31.3	66.8	0.1	0.0	100.0	1,302
15-19	1.0	2.2	86.2	5.3	5.3	100.0	1,370
20-24	0.4	1.6	61.6	6.8	29.6	100.0	1,090
25-29	0.8	0.2	64.6	9.5	24.8	100.0	976
30-34	0.9	0.4	66.5	15.4	16.5	100.0	842
35-39	0.3	0.1	70.8	14.5	14.1	100.0	836
40-44	0.7	0.3	67.5	15.8	15.3	100.0	921
45-49	0.5	0.4	70.1	15.0	13.9	100.0	1,084
50-54	0.5	0.5	67.3	16.2	15.5	100.0	1,094
55-59	0.3	1.1	65.9	17.8	14.8	100.0	849
60-64	0.6	5.1	63.8	13.6	16.7	100.0	610
65+	3.0	30.3	49.2	8.1	9.5	100.0	1,486
Residence							
Urban	0.8	6.3	53.1	14.3	25.5	100.0	4,916
Rural	1.2	13.0	71.9	7.9	5.9	100.0	7,926
Region							
North	1.4	11.7	66.3	11.5	8.8	100.0	3,913
Center	1.0	11.4	71.9	7.4	8.3	100.0	3,619
South	0.9	12.6	68.6	9.9	8.0	100.0	2,564
Chisinau	0.5	5.3	49.2	13.1	31.7	100.0	2,746
Wealth quintile							
Lowest	1.8	17.5	76.0	3.5	1.2	100.0	2,607
Second	1.6	13.4	74.7	7.2	3.1	100.0	2,565
Middle	0.9	9.1	70.1	11.1	8.7	100.0	2,575
Fourth	0.5	7.6	57.4	15.8	18.5	100.0	2,550
Highest	0.2	4.3	44.8	14.3	36.1	100.0	2,545
Total[1]	1.0	10.4	64.7	10.4	13.4	100.0	12,842
			FEMALE				
Age							
7-9	0.9	98.8	0.2	0.0	0.0	100.0	376
10-14	0.4	31.7	67.9	0.1	0.0	100.0	1,302
15-19	0.5	0.2	85.9	5.6	7.9	100.0	1,434
20-24	0.4	0.5	49.4	10.0	39.7	100.0	1,166
25-29	0.8	0.5	60.1	13.1	25.3	100.0	968
30-34	0.4	0.7	54.9	23.0	21.0	100.0	926
35-39	0.5	0.4	52.9	27.4	18.7	100.0	878
40-44	0.1	0.4	55.1	25.0	19.3	100.0	1,027
45-49	0.0	0.2	58.5	25.0	16.2	100.0	1,186
50-54	0.6	0.7	61.6	23.4	13.5	100.0	1,339
55-59	0.6	1.6	58.5	23.0	16.1	100.0	1,067
60-64	0.9	10.9	63.6	12.5	12.0	100.0	755
65+	11.6	39.3	34.1	7.9	6.5	100.0	2,411
Residence							
Urban	1.5	7.5	46.0	19.4	25.3	100.0	5,790
Rural	2.8	15.9	61.8	11.6	7.8	100.0	9,047
Region							
North	3.3	15.1	56.3	14.9	10.3	100.0	4,772
Center	2.1	13.8	62.9	12.3	8.9	100.0	3,994
South	2.7	14.2	59.1	13.7	10.1	100.0	2,821
Chisinau	0.8	6.0	42.8	18.1	32.1	100.0	3,250
Wealth quintile							
Lowest	4.6	21.6	66.9	5.1	1.6	100.0	3,000
Second	3.5	16.8	65.0	10.0	4.5	100.0	3,044
Middle	1.8	11.3	58.4	16.9	11.4	100.0	2,926
Fourth	1.1	7.9	48.8	21.0	21.0	100.0	2,983
Highest	0.3	5.0	38.3	20.7	35.6	100.0	2,884
Total[1]	2.3	12.6	55.6	14.7	14.6	100.0	14,837

Note: Primary school includes grades 1-4; secondary school includes grades 5-12.
[1] Totals include undetermined/missing cases

2.5 HOUSING CHARACTERISTICS

To assess the socioeconomic conditions under which the population lives, respondents were asked to give specific information about their household environment. Some of these characteristics, such as housing construction material, water source, and sanitation facilities, are used to calculate the wealth index (see beginning of this chapter). Table 2.6 presents some of the major household characteristics, by urban and rural residence.

Access to electricity is almost universal for households in Moldova. In terms of construction material, the largest share of households in rural and urban areas have polished wooden (parquet) floors, and a further 11 percent in urban areas and one-quarter of households in rural areas have wooden planks on the floor. The next most common floor material is vinyl or asphalt strips in urban households (33 percent) and ceramic tiles or cement in rural households (11 percent). The main roofing material is calamine/cement fiber, followed by cement, which together accounts for 92 percent of all households. The material most often used for walls in urban areas is cement or limestone (80 percent), and almost half of all households in rural areas are constructed using adobe with sod (47 percent).

Overcrowding in households does not seem to be a problem in Moldova since 92 percent of households sleep only one or two persons per room. Gas is the main cooking fuel used. About 40 percent of all households use bottled gas and almost as many use natural gas, with urban households using mainly natural gas (75 percent) and rural households using mainly bottled gas (60 percent).

Safe drinking water is a basic necessity for good health. Thirty percent of households in Moldova have water piped directly to their household (another 6 percent have water piped to their yard), and about half of households in Moldova obtain water from a protected well (48 percent). Large discrepancies are noted between urban and rural households; two-thirds of urban households have water piped directly into the home, while over two-thirds of rural households have water from a protected well.

Table 2.6 Household characteristics

Percent distribution of households by household characteristics, according to residence, Moldova 2005

Household characteristic	Residence		
	Urban	Rural	Total
Electricity			
Yes	99.4	98.0	98.6
No	0.5	1.9	1.3
Total[1]	100.0	100.0	100.0
Main floor material			
Earth, sand	0.9	8.4	5.4
Wood planks	11.4	24.0	19.0
Parquet, polished wood	46.8	45.3	45.9
Vinyl, asphalt strips	33.3	8.0	18.1
Ceramic tiles/cement	4.1	11.2	8.3
Carpet	3.3	3.0	3.1
Total[1]	100.0	100.0	100.0
Main roof material			
Calamine/cement fiber	40.8	87.8	69.0
Cement	54.1	1.9	22.8
Ceramic tiles	2.8	6.6	5.1
Metal	0.9	2.6	1.9
Other	1.1	1.0	1.0
Total[1]	100.0	100.0	100.0
Main wall material			
Cement	36.2	2.5	16.0
Stone with lime/cement	43.9	32.3	36.9
Adobe with sod	12.3	46.9	33.1
Bricks	4.7	4.6	4.7
Cement blocks	2.1	11.9	8.0
Other	0.4	9.8	1.2
Total[1]	100.0	100.0	100.0
Persons per sleeping room			
1-2	90.7	92.5	91.8
3-4	8.2	6.3	7.0
5+	0.5	0.6	0.6
No bedrooms/missing	0.6	0.7	0.7
Total	100.0	100.0	100.0
Mean number of persons per sleeping room	1.4	1.3	1.4
Type of cooking fuel			
Electricity	5.3	1.2	2.9
Bottled gas (LPG)	18.3	59.7	43.1
Natural gas	74.8	14.9	38.9
Wood	0.8	14.0	8.7
Straw/shrubs/grass	0.2	4.5	2.8
Agricultural crop	0.1	5.0	3.0
Other	0.3	0.8	0.6
Total[1]	100.0	100.0	100.0
Source of drinking water			
Piped into dwelling	66.7	4.9	29.6
Protected well	16.3	69.4	48.1
Piped to yard/plot	6.2	6.5	6.4
Unprotected well	0.9	7.3	4.8
Bottled water	5.7	0.4	2.5
Protected spring	1.5	4.3	3.1
Other	2.5	7.3	5.4
Total[1]	100.0	100.0	100.0

Continued...

The population accessing safe drinking water is represented by the following sources: piped into the dwelling or yard; protected well; protected spring; and bottled water. Overall, 90 percent of the population has access to safe drinking water, with 86 percent in rural areas and 96 percent in urban areas. About 92 percent of households reported having sufficiently available potable water last year.

Adequate personal hygiene and disposal of human excreta is associated with less risk of contacting certain diseases such as diarrhea and worms. Adequate means of excreta disposal include the following: flush toilets connected to a sewage system or septic tank, other flush toilets, and improved pit latrines (with ventilation and/or a concrete slab). Overall, 77 percent of households in Moldova have adequate means of sanitary disposal, with 91 percent of households in urban areas and only 67 percent in rural areas. Six percent of households share their sanitary facility with another household.

As expected, ownership of arable land is more common in rural areas than in urban areas—90 percent of households in rural areas versus 34 percent in urban areas. Among households in urban areas that own land, most own 10 ari or less. In contrast, land owners from rural areas own much larger plots. Households in rural areas are also more likely to own livestock or farm animals (87 percent) than are urban households (23 percent).

Twelve percent of households reported having a bank account, but about four times as many households in urban areas as in rural areas have bank accounts (21 percent and 6 percent, respectively). The distribution of households by wealth quintiles shows that a small share of households in the lowest and second wealth quintile are located in urban areas (7 percent), and an even smaller share of households in rural areas are located in the highest wealth quintile (about 1 percent).

Table 2.6—*Continued*

Household characteristic	Residence		Total
	Urban	Rural	
Sufficient potable water last year			
Yes	92.2	91.4	91.7
No	7.7	8.4	8.1
Water source too far	2.0	4.5	3.5
Costs too much	0.4	0.4	0.4
Limited quantity available/water rationed	4.5	2.7	3.4
Drought	0.1	0.3	0.2
Other	0.7	0.5	0.6
Total[1]	100.0	100.0	100.0
Sanitation facility			
Flush - to piped sewer system	70.3	3.8	30.4
Pit latrine - ventilated improved pit (VIP)	11.3	31.2	23.2
Pit latrine - with slab	9.5	32.4	23.2
Pit latrine - without slab / open pit	7.7	21.8	16.1
Composting toilet	0.8	9.7	6.1
Other	0.4	1.2	0.8
Total[1]	100.0	100.0	100.0
Share toilet with other households			
Yes	8.0	5.4	6.4
No	91.7	93.3	92.6
Total[1]	100.0	100.0	100.0
Land usable for agriculture			
Does not own any land	65.7	10.1	32.4
1-9 ari	18.8	3.1	9.4
10-49 ari	9.8	37.9	26.6
50-99 ari	1.0	12.0	7.6
1-9 hectares	3.9	36.0	23.1
10+ hectares	0.2	0.5	0.4
Total[1]	100.0	100.0	100.0
Livestock, herds, or farm animals			
Yes	23.2	87.2	61.6
No	76.7	12.7	38.3
Total[1]	100.0	100.0	100.0
Bank account			
Yes	21.0	6.1	12.1
No	78.4	93.4	87.4
Total[1]	100.0	100.0	100.0
Wealth quintile			
Lowest	1.8	33.9	21.1
Second	5.6	32.0	21.4
Middle	11.1	22.5	18.0
Fourth	34.3	10.3	19.9
Highest	47.1	1.3	19.6
Total	100.0	100.0	100.0
Number of households	4,444	6,651	11,095

[1] Totals include the undetermined cases.

2.6 HOUSEHOLD DURABLE GOODS

The possession of durable goods is a rough measure of household socioeconomic status. Table 2.7 shows the percentage of households possessing various durable goods by urban-rural residence. The most commonly possessed items from the list of 18 items are a sofa and armoire (98 percent for both items). Roughly three-quarters of households have a radio (72 percent) and/or refrigerator (76 percent); about two-thirds have a color television (69 percent) and/or fixed telephone (67 percent); and about one-

third (31 percent) have a mobile telephone. Over half of households have a washing machine, while 41 percent have a vacuum cleaner and the same proportion have a bathtub or shower. Roughly one-quarter of households own a VCR/DVD (27 percent), bicycle (27 percent), and/or a car or truck (23 percent).

Fewer than 10 percent of households have a computer (7 percent) and a microwave (9 percent), although these percentages are higher in urban areas (15 percent and 13 percent, respectively).

The share of households possessing any durable good is almost always higher in urban areas than rural areas, except for black and white television, radio, bicycle, and motorcycle. It is possible that, in lower income households, these items are owned instead of a color television or a car or truck. Fewer than 1 percent of households have none of the items mentioned.

Table 2.7 Household durable goods

Percentage of households possessing various durable consumer goods, by residence, Moldova 2005

Durable consumer goods	Residence		
	Urban	Rural	Total
Radio	70.4	73.0	72.0
Television	86.4	58.1	69.4
Black-white TV	13.1	27.8	21.9
VCR/DVD	37.3	19.6	26.7
Fixed telephone	87.5	52.7	66.7
Mobile telephone	50.7	17.5	30.8
Computer	14.5	2.1	7.0
Refrigerator	91.2	65.0	75.5
Microwave	13.2	6.3	9.0
Vacuum cleaner	67.7	23.3	41.1
Washing machine	72.5	45.6	56.4
Water heat	29.3	6.6	15.7
Bathtub/shower	73.3	20.1	41.4
Sofa	98.9	96.6	97.5
Armoire	98.7	96.7	97.5
Bicycle	25.5	28.3	27.2
Motorcycle	2.7	7.9	5.8
Car/truck	28.2	18.7	22.5
None of the above	0.2	0.7	0.5
Number of households	4,444	6,651	11,095

CHARACTERISTICS OF SURVEY RESPONDENTS 3

3.1 BACKGROUND CHARACTERISTICS OF RESPONDENTS

Information on the basic characteristics of women and men interviewed in the survey is important for interpreting findings presented later in the report. Background characteristics of the 7,440 women and 2,508 men interviewed in the Moldova Demographic and Health Survey (MDHS) are presented in Table 3.1. For both sexes, there are proportionally more respondents in age groups 15-19 and 45-49 (and also 45-54 for men), whereas there are proportionally fewer respondents in age groups 25-44. This U-shaped distribution of the MDHS sample reflects the aging baby boom cohort following World War II (the youngest of the baby boomers are now in their mid-40s), and their children, who are now mostly in their teens and 20s. The lower proportions of women and men in the middle age groups reflect the smaller cohorts following the baby boom generation and preceding the generation of baby boomer's children. To some degree, it also reflects the disproportionately higher emigration of the working age population (see Chapter 15).

More women and men live in rural areas than urban areas, and there is little difference in the distribution of women and men by urban-rural residence (57 percent of women and 58 percent of men live in rural areas). The smallest proportion of women and men, about one-fifth, are from the South region.

Two-thirds of women and men are married or living together (66 percent). Because men tend to marry later in life than women, 29 percent of the surveyed men age 15-59 have never married, compared to a quarter of the women age 15-49. On the other hand, women are more likely than men to be divorced or separated (7 percent versus 4 percent). Very few women (2 percent) and men (1 percent) are widowed.

Women and men in Moldova are universally well educated, with virtually 100 percent having at least some secondary or higher education: 79 percent of women and 83 percent of men have only a secondary or secondary special education,[1] and the remainder pursue a higher education. More women (21 percent) than men (16 percent) pursue higher education.

While most respondents in the MDHS are ethnic Moldovans and follow the Orthodox religion, there is more variation in ethnicity than in religion. Most women and men in Moldova are ethnic Moldovans (77 percent and 76 percent, respectively), followed by Ukrainians (8 percent of women and 9 of percent men), Russians (6 percent of women and men), and Gagauzans (4 percent of women and 5 percent of men). Romanians and Bulgarians account for 2 to 3 percent of women and men.

The overwhelming majority of Moldovans, about 95 percent, report Orthodox as their religion. Between 1 and 4 percent of women and men are Jewish, Protestant, or another religion.

[1] "Secondary special" education is specialized technical training in a specific field such as nursing, agriculture, construction, etc.

Table 3.1 Background characteristics of respondents

Percent distribution of women and men, by selected background characteristics, Moldova 2005

Background characteristic	Women			Men		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age						
15-19	19.0	1,417	1,403	16.4	411	411
20-24	15.1	1,124	1,145	11.0	275	287
25-29	13.0	964	964	9.3	234	241
30-34	12.4	924	918	8.9	224	228
35-39	11.5	855	859	9.9	248	247
40-44	13.5	1,007	1,001	9.9	247	242
45-49	15.4	1,149	1,150	13.9	349	340
50-54	na	na	na	11.8	296	293
55-59	na	na	na	8.9	224	219
Marital status						
Never married	25.0	1,862	1,884	29.1	730	745
Married	61.4	4,565	4,486	62.7	1,573	1,561
Living together	5.0	372	406	3.4	85	83
Divorced/separated	6.8	509	532	3.9	98	99
Widowed	1.8	132	132	0.9	22	20
Residence						
Urban	42.9	3,194	4,301	42.0	1,055	1,417
Rural	57.1	4,246	3,139	58.0	1,453	1,091
Region						
North	29.7	2,207	2,065	30.2	756	700
Center	27.3	2,033	1,805	28.0	702	633
South	18.9	1,402	1,443	19.8	496	518
Chisinau	24.2	1,798	2,127	22.1	554	657
Education						
No education/primary	0.6	49	49	0.6	16	14
Secondary	60.9	4,534	4,332	71.3	1,788	1,713
Secondary special	17.8	1,327	1,372	12.0	302	317
Higher	20.6	1,530	1,686	16.1	403	464
Religion						
Orthodox	94.5	7,030	6,991	93.7	2,351	2,341
Protestant (ex. Evangelical, Baptist, Jehovah witness)	2.9	217	245	1.9	47	48
Jewish	0.5	40	37	3.7	94	100
Other	2.0	152	165	0.7	16	18
Ethnic group						
Moldovan	77.0	5,727	5,515	75.6	1,896	1,830
Romanian	2.2	167	178	2.5	62	74
Ukrainian	7.9	586	597	8.5	212	207
Russian	6.1	457	563	5.6	140	168
Gagauzan	3.8	283	329	4.5	114	134
Bulgarian	1.9	144	166	2.1	53	62
Other	1.0	77	92	1.1	29	33
Total	100.0	7,440	7,440	100.0	2,508	2,508

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.
na = Not applicable

3.2 EDUCATIONAL LEVEL OF RESPONDENTS

Tables 3.2.1 and 3.2.2 present the distributions of female and male respondents, respectively, by the highest level of education attended, according to age, urban-rural residence, region, and wealth quintile. Virtually 100 percent of men and women interviewed have attended secondary school. The great majority of women and men have only attended secondary or secondary special schools (79 percent of women and 83 percent of men); however, secondary special education has become a much less popular option for the youngest respondents (age 15-24). The youngest respondents are also more likely to attend university than respondents in older cohorts: in age group 20-24, 40 percent of women and 32 percent of men have at least some university education, compared with 12 to 25 percent for respondents in every other age category.

Table 3.2.1 Educational attainment by background characteristics: women

Percent distribution of women by highest level of schooling attended or completed, and median number of years of schooling completed, according to background characteristics, Moldova 2005

Background characteristic	Educational attainment					Total	Number	Median years of schooling
	No education	Primary	Secondary	Secondary special	Higher			
Age								
15-19	0.1	0.2	86.7	5.4	7.7	100.0	1,417	9.3
20-24	0.1	0.5	49.6	9.4	40.4	100.0	1,124	11.0
25-29	0.5	0.5	60.3	13.7	25.0	100.0	964	10.6
30-34	0.1	1.1	54.0	23.8	21.1	100.0	924	11.0
35-39	0.2	0.2	52.9	27.9	18.9	100.0	855	11.0
40-44	0.5	0.5	55.0	25.5	18.6	100.0	1,007	10.7
45-49	0.3	0.2	57.5	26.1	16.0	100.0	1,149	10.3
Residence								
Urban	0.3	0.4	47.1	20.2	32.0	100.0	3,194	11.4
Rural	0.2	0.5	71.4	16.1	11.9	100.0	4,246	9.8
Region								
North	0.5	0.4	62.7	20.2	16.2	100.0	2,207	10.2
Center	0.2	0.5	71.1	14.9	13.2	100.0	2,033	9.8
South	0.1	0.4	66.3	18.9	14.3	100.0	1,402	10.0
Chisinau	0.1	0.3	43.1	17.4	39.1	100.0	1,798	11.8
Wealth quintile								
Lowest	0.3	0.8	88.6	7.5	2.8	100.0	1,243	9.2
Second	0.4	0.7	77.6	14.2	7.1	100.0	1,234	9.6
Middle	0.4	0.2	64.0	20.2	15.2	100.0	1,511	10.2
Fourth	0.1	0.4	50.0	23.3	26.2	100.0	1,672	11.2
Highest	0.0	0.2	37.7	20.5	41.5	100.0	1,780	12.2
Total	0.2	0.4	60.9	17.8	20.6	100.0	7,440	10.3

In general, respondents of either sex who opted to attend secondary school are mostly from rural areas, while those who attended secondary special school are mostly from urban areas. Roughly three times as many urban than rural respondents have attended university and at least 40 percent of those from households in the wealthiest quintile have attended university (42 percent of women and 40 percent of men).

Table 3.2.2 Educational attainment by background characteristics: men

Percent distribution of men by highest level of schooling attended or completed, and median number of years of schooling completed, according to background characteristics, Moldova 2005

Background characteristic	Educational attainment					Total	Number	Median years of schooling
	No education	Primary	Secondary	Secondary special	Higher			
Age								
15-19	0.0	1.7	86.7	4.9	6.7	100.0	411	9.1
20-24	0.0	0.0	61.7	6.4	31.9	100.0	275	10.4
25-29	0.0	0.0	63.8	10.5	25.7	100.0	234	10.8
30-34	0.3	0.4	68.6	16.9	13.8	100.0	224	10.7
35-39	0.0	0.0	73.3	10.9	15.8	100.0	248	10.2
40-44	0.6	0.6	66.7	16.4	15.6	100.0	247	10.8
45-49	0.3	0.5	73.6	13.1	12.4	100.0	349	10.0
50-54	0.0	0.2	69.7	16.7	13.5	100.0	296	10.2
55-59	0.0	0.5	66.4	17.3	15.7	100.0	224	10.0
Residence								
Urban	0.1	0.3	56.1	14.8	28.8	100.0	1,055	11.0
Rural	0.2	0.7	82.3	10.0	6.8	100.0	1,453	9.7
Region								
North	0.1	0.5	76.2	12.8	10.5	100.0	756	9.9
Center	0.2	1.0	78.9	9.4	10.5	100.0	702	9.7
South	0.2	0.2	76.6	13.0	10.0	100.0	496	9.8
Chisinau	0.0	0.1	50.2	13.5	36.1	100.0	554	11.4
Wealth quintile								
Lowest	0.7	2.1	91.4	4.8	0.9	100.0	450	9.3
Second	0.0	0.0	87.1	9.2	3.7	100.0	470	9.6
Middle	0.0	0.4	78.5	13.1	8.0	100.0	464	10.0
Fourth	0.0	0.3	62.9	15.5	21.4	100.0	561	10.6
Highest	0.0	0.0	44.4	15.8	39.8	100.0	563	11.8
Total	0.1	0.5	71.3	12.0	16.1	100.0	2,508	10.0

The median number of years of school completed for women and men in Moldova is 10 years. Respondents from urban areas and Chisinau have an additional year of schooling, and respondents from the wealthiest households have the greatest educational advantage, with a median of 12 years of schooling.

3.3 EXPOSURE TO MASS MEDIA

Access to information is essential in increasing people's knowledge and awareness of what is taking place around them, and may eventually affect their perceptions and behavior. In the survey, exposure to media was assessed by asking respondents how often they read a newspaper, watched television, or listened to the radio. Knowing the types of persons who are more or less likely to be reached by the media is important for purposes of planning programs intended to spread information about health or other issues related to the general welfare of the population. Tables 3.3.1 and 3.3.2 show the percentage of female and male respondents, respectively, with access to the various media by age, urban-rural residence, region, educational levels, and wealth quintile.

Table 3.3.1 Exposure to mass media: women

Percentage of women who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Moldova 2005

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No media	Number
Age						
15-19	60.5	92.9	84.4	52.2	1.9	1,417
20-24	58.0	93.0	80.0	48.3	1.9	1,124
25-29	53.5	93.1	75.1	43.0	3.1	964
30-34	59.4	92.1	74.1	47.8	4.1	924
35-39	57.3	91.9	74.3	47.0	4.1	855
40-44	54.7	91.8	71.5	43.5	4.6	1,007
45-49	50.0	89.6	70.3	38.7	5.4	1,149
Residence						
Urban	64.9	95.6	76.4	52.5	1.6	3,194
Rural	49.8	89.4	76.0	41.1	4.9	4,246
Region						
North	55.1	92.6	76.5	43.9	2.6	2,207
Center	48.4	88.2	75.0	41.2	6.3	2,033
South	55.8	90.9	74.7	45.3	4.4	1,402
Chisinau	67.0	96.8	78.3	54.6	0.8	1,798
Education						
No education/primary	(22.7)	(74.0)	(57.2)	(17.0)	(19.6)	49
Secondary	45.3	89.1	73.3	36.1	5.0	4,534
Secondary special	68.3	96.6	79.1	56.7	1.4	1,327
Higher	79.5	97.6	82.7	67.2	0.3	1,530
Wealth quintile						
Lowest	36.0	77.8	68.4	26.9	11.6	1,243
Second	44.2	88.8	75.1	35.5	4.1	1,234
Middle	56.8	95.6	77.1	47.2	2.3	1,511
Fourth	63.7	95.3	78.2	53.3	1.5	1,672
Highest	71.5	98.3	79.7	58.8	0.4	1,780
Total	56.3	92.1	76.2	46.0	3.5	7,440

Note: Figures in parentheses are based on 25-49 unweighted cases.

About 95 percent of women and men in Moldova have exposure to media at least once a week. Television is the most popular media source and more than 90 percent of women and men watch it at least weekly. About an equal share of women and men listen to the radio, which is the second most popular media source (76 and 79 percent, respectively). Women, however, are more likely than men to read a newspaper once a week (56 and 41 percent, respectively). Overall, women have more exposure to media: 46 percent access all three sources at least once a week, versus 35 percent of men.

Table 3.3.2 Exposure to mass media: men

Percentage of men who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Moldova 2005

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No media	Number
Age						
15-19	36.1	95.5	84.7	31.6	1.3	411
20-24	40.1	94.1	86.3	37.6	3.3	275
25-29	42.8	92.3	78.2	36.8	4.4	234
30-34	42.7	89.2	82.7	36.8	3.2	224
35-39	50.0	90.6	85.6	45.6	3.0	248
40-44	46.3	93.8	77.3	41.1	5.6	247
45-49	37.1	86.0	72.3	28.4	5.9	349
50-54	39.7	86.2	77.4	32.8	5.3	296
55-59	35.6	83.1	66.6	29.2	11.5	224
Residence						
Urban	52.2	95.7	81.5	45.2	1.4	1,055
Rural	32.2	86.4	77.6	27.6	6.9	1,453
Region						
North	34.0	91.3	78.1	28.6	3.9	756
Center	35.0	86.0	78.3	30.9	6.0	702
South	36.7	86.8	75.2	30.7	8.1	496
Chisinau	60.3	97.6	85.7	53.0	0.5	554
Education						
No education/primary	*	*	*	*	*	16
Secondary	30.0	88.0	75.9	24.9	5.7	1,788
Secondary special	56.2	97.1	86.1	48.3	0.6	302
Higher	77.7	97.4	90.0	71.1	0.9	403
Wealth quintile						
Lowest	18.8	71.1	68.2	14.3	14.0	450
Second	28.9	86.0	75.2	23.8	7.6	470
Middle	36.0	96.2	79.0	30.6	2.0	464
Fourth	46.6	96.0	84.8	41.6	0.9	561
Highest	65.8	98.8	86.1	58.0	0.3	563
Total	40.6	90.3	79.3	35.0	4.6	2,508

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

3.3.1 Language Preferences for Print Media

In addition to observing trends in exposure to various types of media, it is interesting to consider the language in which respondents prefer to access information in print. A very brief background on language evolution in Moldova should help to interpret the results presented in Table 3.4. The Moldovan language is a Romanian dialect that is native to the region. The main difference between the Moldovan and Romanian languages is that the former includes more words of Slavic origin because of the influence of a Russian- speaking population that has dominated much of the region for very long periods (United States Library of Congress, 1995). Moldovan was written in the Latin alphabet from the mid-19th century until 1940 when the script was changed to the Cyrillic alphabet. In 1989, the Moldovan Soviet Socialist Republic designated Moldovan as the state language of Moldova and changed the script back to the Latin

alphabet. Russian was maintained as the language of interethnic communication. After independence, the 1994 Moldovan Constitution also designated Moldovan, written in the Latin script, as the state language (Article 13.1). The Constitution further recognizes and protects the right to maintain and develop Russian, and other languages, as functional languages of the state (Article 13.2).

Table 3.4 presents language preferences for printed material, among women and men who read a newspaper at least once a week, according to background characteristics. Among women, preferences for language of reading material are about equal for Moldovan in the Latin alphabet (37 percent) and Russian (35 percent) languages. Among men, preference for Russian language (39 percent) is higher than for Moldovan in the Latin alphabet (25 percent). A substantial percentage of women and men reported equally preferring both Moldovan and Russian languages (27 and 32 percent, respectively). Preference for reading Moldovan in the Cyrillic alphabet is low (2 percent for women and 4 percent for men), but would no doubt be higher if the autonomous region of Transnistria were included in the sample.[2]

Table 3.4 Language preference for printed media

Among men and women who read a newspaper at least once a week, percent distribution by preferred language of newspaper, according to background characteristics, Moldova 2005

	Women							Men						
Background characteristic	Moldovan/ Latin charac.	Moldovan/ Cyrillic charac.	Russian	Moldovan and Russian	Other	Total	Number	Moldovan/ Latin charac.	Moldovan/ Cyrillic charac.	Russian	Moldovan and Russian	Other	Total	Number
Age														
15-19	57.4	0.6	23.0	18.7	0.2	100.0	857	51.2	2.1	24.6	22.0	0.0	100.0	148
20-24	43.3	0.5	29.0	27.2	0.0	100.0	652	39.0	0.7	32.7	27.6	0.0	100.0	110
25-29	34.4	0.6	37.5	27.4	0.1	100.0	516	19.8	0.9	43.0	36.4	0.0	100.0	100
30-34	27.2	2.0	38.6	31.7	0.4	100.0	549	19.9	0.0	40.6	38.8	0.7	100.0	96
35-39	27.3	3.3	36.6	31.8	0.9	100.0	490	18.6	6.0	39.0	34.5	1.9	100.0	124
40-44	27.5	3.8	41.9	26.6	0.1	100.0	551	12.4	3.8	46.5	37.3	0.0	100.0	114
45-49	24.6	3.7	43.1	28.1	0.5	100.0	575	8.8	8.0	50.0	31.5	1.8	100.0	129
50-54	na	na	na	na	na	na	na	19.7	6.5	37.4	36.4	0.0	100.0	117
55-59	na	na	na	na	na	na	na	26.4	1.5	37.6	30.8	3.7	100.0	80
Residence														
Urban	27.6	1.0	48.3	22.8	0.3	100.0	2,073	19.3	3.5	47.4	29.6	0.3	100.0	551
Rural	45.2	2.9	21.1	30.4	0.4	100.0	2,115	30.8	3.6	28.5	35.7	1.5	100.0	469
Region														
North	34.1	2.4	35.5	27.8	0.1	100.0	1,216	27.3	2.3	39.8	30.6	0.0	100.0	257
Center	53.1	2.7	15.5	28.2	0.5	100.0	985	29.5	4.4	24.9	39.8	1.3	100.0	246
South	28.6	1.9	40.2	28.7	0.6	100.0	783	16.7	2.8	40.3	37.4	2.8	100.0	182
Chisinau	30.4	0.9	45.6	23.0	0.1	100.0	1,205	23.1	4.2	47.1	25.6	0.0	100.0	335
Education														
No education/ primary	*	*	*	*	*	*	11	*	*	*	*	*	*	1
Secondary	40.9	3.1	30.3	25.4	0.3	100.0	2,054	24.7	5.4	39.1	30.0	0.9	100.0	536
Secondary special	30.7	1.2	40.0	27.9	0.2	100.0	906	23.6	3.2	38.2	34.6	0.4	100.0	170
Higher	33.5	0.6	37.4	28.2	0.4	100.0	1,216	24.5	0.6	38.5	35.5	0.9	100.0	313
Wealth quintile														
Lowest	52.9	5.5	12.4	28.9	0.3	100.0	447	38.6	4.9	21.5	35.0	0.0	100.0	85
Second	49.1	2.6	18.5	29.8	0.0	100.0	545	29.6	2.8	32.8	34.0	0.9	100.0	136
Middle	40.2	2.1	28.5	28.8	0.4	100.0	859	27.5	3.3	31.3	35.9	2.0	100.0	167
Fourth	33.5	1.3	34.9	29.8	0.5	100.0	1,065	22.9	4.5	36.8	34.4	1.5	100.0	261
Highest	25.3	0.9	53.1	20.5	0.2	100.0	1,272	19.4	2.9	49.5	28.3	0.0	100.0	371
Total	36.5	1.9	34.6	26.7	0.3	100.0	4,189	24.6	3.5	38.7	32.4	0.8	100.0	1,019

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

[2] In the autonomous region of Transnistria, the Moldovan language is still written in the Cyrillic alphabet. It is a co-official language, along with Ukrainian and Russian.

Compared with older respondents, those in the youngest age group show a marked increase in the preference for reading in Moldovan in the Latin alphabet, and a simultaneous decrease in the preference for reading in Russian. This trend corresponds with the period following independence, when the Moldovan language was designated the official national language. From age 25 on the largest share of female and male respondents in every age group prefers to read in the Russian language. The preference for reading in Russian, or an equal preference for reading in Russian or Moldovan, is higher for men than women in all age groups. The latter may be explained by their military training, which was carried out in Russian and, during the Soviet period, was obligatory for males.

By place of residence and region, similar patterns are noted for women and men. Respondents in rural areas, of both sexes, prefer reading Moldovan in the Latin alphabet about one and a half times more than those in urban areas, while respondents in urban areas have a preference as strong or stronger for reading in Russian; for example, more than twice as many females in urban areas prefer to read in Russian than females in rural areas. Females and males in rural areas are more likely than those in urban areas to prefer both Moldovan and Russian equally. By region, the strongest preference for Russian is in Chisinau, while Russian language is least preferred in the Center region (outside of Chisinau).

The relationship between language preference and educational attainment is less clear than for other background characteristics, and the pattern differs by sex. For example, women who attained secondary education prefer to read the Moldovan language in the Latin alphabet and those who attained secondary special or higher education prefer Russian. There is no such pattern for men.

In terms of wealth quintiles, for both women and men there is a monotonic increase for a preference in Russian language from the lowest to the highest wealth quintile, and a simultaneous decrease in a preference for Moldovan language. An equal preference for both languages does not vary substantially by quintile, but overall a larger proportion of men than women have an equal preference for the two languages.

3.4 EMPLOYMENT

3.4.1 Employment Status

The MDHS asked respondents whether they were employed at the time of the survey and, if not, whether they were employed at all in the 12 months preceding the survey. Tables 3.5.1 and 3.5.2 show the distribution of women and men by employment status, respectively, by background characteristics. Fifty-one percent of women and 58 percent of men are currently employed, and a further 4 percent and 8 percent, respectively, were employed in the 12 months preceding the survey but were no longer employed at the time of the survey. For women, the data show a strong positive association between percent currently employed and age, and between percent currently employed and wealth quintile; for men, the relationship is also positive, but with some exceptions. For example, men in age groups 50-54 and 55-59 are less likely than men age 25-49 to be employed. Men in the older age groups (and probably women also, although data were not collected for women over age 49) are likely to have been the most dramatically affected by economic upheavals during the transition period. These cohorts would have been middle-aged in the 1990s, and probably less likely than their younger counterparts to adapt their career to the new and quickly changing postsocialist economic environment.

Men who are married are most likely to be employed (70 percent), while among women, the women who were previously married (that is, separated, divorced and widowed women) are the most likely to be employed (67 percent). Since previously married women are likely to be single mothers, they, along with married men, may represent heads of households and be the main income earner in the family. Respondents are more likely to be employed if they live in Chisinau or other urban areas, and are least likely to be employed if they live in the Center region (outside of Chisinau). Current employment is higher for respondents who attained secondary special or higher education (over 60 percent) versus those who attended secondary education.

Table 3.5.1 Employment status: women

Percent distribution of women by employment status, according to background characteristics, Moldova 2005

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/ don't know	Total	Number of women
	Currently employed	Not currently employed				
Age						
15-19	14.6	2.8	82.6	0.0	100.0	1,417
20-24	38.2	5.0	56.7	0.0	100.0	1,124
25-29	52.2	4.7	43.1	0.0	100.0	964
30-34	62.9	4.9	32.1	0.1	100.0	924
35-39	68.3	3.6	27.9	0.2	100.0	855
40-44	70.4	4.3	25.1	0.2	100.0	1,007
45-49	70.9	3.1	25.9	0.1	100.0	1,149
Marital status						
Never married	23.4	3.2	73.3	0.0	100.0	1,862
Married or living together	59.9	4.0	36.0	0.1	100.0	4,937
Divorced/separated/ widowed	67.4	6.3	26.1	0.2	100.0	641
Number of living children						
0	30.8	4.1	65.1	0.0	100.0	2,456
1-2	62.1	4.0	33.9	0.0	100.0	3,918
3-4	60.8	3.7	35.1	0.4	100.0	965
5+	50.3	4.1	45.6	0.0	100.0	101
Residence						
Urban	59.3	3.7	37.0	0.1	100.0	3,194
Rural	45.5	4.2	50.2	0.1	100.0	4,246
Region						
North	48.9	3.9	47.2	0.0	100.0	2,207
Center	44.8	3.9	51.1	0.1	100.0	2,033
South	51.0	4.0	44.9	0.1	100.0	1,402
Chisinau	62.4	4.1	33.4	0.0	100.0	1,798
Education						
No education/primary	(32.8)	(0.0)	(67.2)	(0.0)	(100.0)	49
Secondary	44.0	4.4	51.5	0.1	100.0	4,534
Secondary special	65.2	3.4	31.3	0.1	100.0	1,327
Higher	62.1	3.3	34.6	0.0	100.0	1,530
Wealth quintile						
Lowest	43.6	5.3	50.8	0.2	100.0	1,243
Second	44.3	4.4	51.3	0.0	100.0	1,234
Middle	47.4	3.5	49.0	0.1	100.0	1,511
Fourth	54.3	3.3	42.3	0.1	100.0	1,672
Highest	62.6	3.8	33.6	0.0	100.0	1,780
Total	51.4	4.0	44.5	0.1	100.0	7,440

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table 3.5.2 Employment status: men

Percent distribution of men by employment status, according to background characteristics, Moldova 2005

Background characteristic	Employed in the 12 months preceding the survey: Currently employed	Employed in the 12 months preceding the survey: Not currently employed	Not employed in the 12 months preceding the survey	Missing/ don't know	Total	Number of men
Age						
15-19	14.7	6.2	77.4	1.7	100.0	411
20-24	47.9	12.1	40.0	0.0	100.0	275
25-29	71.2	11.9	16.6	0.3	100.0	234
30-34	71.6	10.1	18.3	0.0	100.0	224
35-39	76.1	5.5	18.5	0.0	100.0	248
40-44	73.7	8.8	17.5	0.0	100.0	247
45-49	71.8	7.3	20.9	0.0	100.0	349
50-54	60.7	7.1	32.2	0.0	100.0	296
55-59	55.5	7.0	37.5	0.0	100.0	224
Marital status						
Never married	30.0	7.4	61.8	0.8	100.0	730
Married or living together	69.9	8.3	21.8	0.1	100.0	1,657
Divorced/separated/ widowed	55.6	12.8	31.6	0.0	100.0	120
Residence						
Urban	61.4	7.0	31.1	0.4	100.0	1,055
Rural	54.8	9.1	35.9	0.2	100.0	1,453
Region						
North	55.2	6.7	37.9	0.1	100.0	756
Center	53.0	9.8	37.0	0.1	100.0	702
South	59.3	9.6	30.9	0.3	100.0	496
Chisinau	65.1	7.1	27.0	0.8	100.0	554
Education						
No education/primary	*	*	*	*	*	16
Secondary	54.3	9.0	36.4	0.3	100.0	1,788
Secondary special	66.1	8.5	25.1	0.3	100.0	302
Higher	66.4	4.7	28.7	0.2	100.0	403
Wealth quintile						
Lowest	52.7	8.5	38.8	0.0	100.0	450
Second	52.4	9.8	37.7	0.2	100.0	470
Middle	60.9	8.6	30.0	0.5	100.0	464
Fourth	54.7	7.9	36.9	0.5	100.0	561
Highest	65.9	6.8	27.0	0.3	100.0	563
Total	57.6	8.2	33.9	0.3	100.0	2,508

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

3.4.2 Occupation

The distributions of women and men employed in the 12 months preceding the survey, by occupation and other background characteristics, are shown in Tables 3.6.1 and 3.6.2, and Figure 3.1. About one-fifth of women (20 percent) and men (23 percent) work in the agricultural sector. There are substantial differences between women and men's occupations outside of agriculture, however. For example, more than 50 percent of females are engaged in professional/technical/managerial work and sales and services (33 percent and 24 percent, respectively), while another 18 percent are engaged in skilled manual labor. In contrast, the majority of men are engaged in manual labor—45 percent in skilled manual labor and 8 percent in unskilled manual labor. Clerical and domestic occupations represent minor occupational options in Moldova.

Table 3.6.1 Occupation: women

Percent distribution of women employed in the 12 months preceding the survey by occupation, according to background characteristics, Moldova 2005

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Missing	Total	Number of women
Age										
15-19	9.1	3.4	40.5	23.5	0.0	2.6	20.0	1.1	100.0	217
20-24	31.8	6.1	27.2	21.0	0.5	2.0	10.8	0.6	100.0	473
25-29	34.7	3.3	26.5	16.8	0.5	1.0	16.6	0.6	100.0	546
30-34	36.5	3.5	23.0	19.6	0.0	0.7	16.6	0.0	100.0	627
35-39	34.1	2.9	23.6	17.4	0.0	1.7	20.1	0.1	100.0	615
40-44	35.1	2.4	22.5	14.9	0.3	1.3	23.2	0.5	100.0	752
45-49	33.3	2.2	19.5	17.2	0.4	0.8	26.1	0.5	100.0	848
Marital status										
Never married	31.8	6.5	29.7	18.1	0.0	1.3	12.2	0.5	100.0	459
Married or living together	33.6	2.7	23.2	17.1	0.3	1.4	21.3	0.5	100.0	3,147
Divorced/separated/ widowed	29.9	3.2	25.4	22.7	0.5	0.9	17.5	0.0	100.0	471
Number of living children										
0	34.5	5.2	28.4	18.0	0.4	1.0	12.0	0.4	100.0	814
1-2	36.3	3.3	24.5	18.5	0.1	1.3	15.7	0.3	100.0	2,585
3-4	19.6	0.6	18.0	15.7	0.6	1.8	43.3	0.4	100.0	622
5+	(5.7)	(0.0)	(16.2)	(9.8)	(0.0)	(1.5)	(62.9)	(3.9)	(100.0)	55
Residence										
Urban	40.6	5.2	30.0	21.3	0.3	1.1	1.2	0.3	100.0	1,969
Rural	25.8	1.4	18.7	14.7	0.2	1.5	37.2	0.5	100.0	2,108
Region										
North	29.1	1.7	23.7	15.6	0.2	0.8	28.6	0.3	100.0	1,163
Center	28.0	2.4	21.9	18.1	0.3	1.8	27.2	0.4	100.0	991
South	29.9	2.7	20.7	17.9	0.4	2.2	25.5	0.8	100.0	770
Chisinau	43.2	5.8	28.9	19.9	0.2	0.7	0.9	0.3	100.0	1,153
Education										
No education/primary	*	*	*	*	*	*	*	*	*	16
Secondary	5.5	1.9	30.9	25.8	0.4	2.1	32.9	0.5	100.0	2,174
Secondary special	50.9	3.6	20.6	15.0	0.2	0.8	8.6	0.4	100.0	906
Higher	77.4	5.8	12.6	3.2	0.0	0.0	0.7	0.3	100.0	980
Wealth quintile										
Lowest	8.4	0.2	13.3	9.6	0.5	2.0	65.4	0.5	100.0	608
Second	17.9	1.4	20.6	17.6	0.3	1.1	40.8	0.4	100.0	600
Middle	31.7	2.8	24.0	22.4	0.2	1.8	16.7	0.3	100.0	768
Fourth	40.8	3.9	28.9	21.1	0.1	1.2	3.5	0.5	100.0	950
Highest	48.2	5.4	28.0	16.7	0.3	0.7	0.3	0.3	100.0	1,150
Total	33.0	3.2	24.2	17.9	0.3	1.3	19.8	0.4	100.0	4,077

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 3.6.2 Occupation: men

Percent distribution of men employed in the 12 months preceding the survey by occupation, according to background characteristics, Moldova 2005

Background characteristic	Profes-sional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agricul-ture	Missing	Total	Number of men
Age										
15-19	2.2	0.0	7.4	58.4	10.0	0.0	20.5	1.4	100.0	77
20-24	9.5	1.4	11.6	56.2	8.1	0.8	11.7	0.7	100.0	162
25-29	16.5	2.4	12.7	45.2	6.0	0.0	17.2	0.0	100.0	195
30-34	13.1	0.6	15.1	46.1	7.1	0.0	17.2	0.8	100.0	183
35-39	9.3	0.8	12.5	45.1	3.1	0.0	28.7	0.5	100.0	202
40-44	12.9	0.3	7.8	47.7	9.2	0.0	22.1	0.0	100.0	204
45-49	12.4	0.0	5.6	42.0	6.8	0.0	32.7	0.5	100.0	276
50-54	20.0	0.3	5.8	35.3	15.0	0.0	23.7	0.0	100.0	200
55-59	20.1	1.3	2.9	37.6	11.7	0.0	25.1	1.4	100.0	140
Marital status										
Never married	8.6	1.6	9.4	52.5	9.5	0.5	16.9	1.0	100.0	264
Married or living together	14.6	0.7	9.5	42.8	7.7	0.0	24.4	0.4	100.0	1,292
Divorced/separated/ widowed	11.7	0.0	2.3	54.2	12.5	0.0	19.3	0.0	100.0	82
Residence										
Urban	22.2	1.3	13.8	52.5	7.4	0.2	2.2	0.4	100.0	710
Rural	6.8	0.4	5.5	39.1	8.9	0.0	38.7	0.5	100.0	929
Region										
North	10.4	0.5	8.3	41.6	10.3	0.0	28.4	0.4	100.0	468
Center	7.9	0.2	8.6	47.1	6.5	0.0	29.0	0.8	100.0	441
South	10.5	0.7	5.0	41.5	10.9	0.0	31.4	0.0	100.0	341
Chisinau	26.0	1.8	14.3	49.4	5.6	0.3	1.9	0.7	100.0	388
Education										
No education/primary	*	*	*	*	*	*	*	*	*	9
Secondary	2.4	0.1	5.5	51.7	10.5	0.1	29.1	0.5	100.0	1,124
Secondary special	16.5	1.9	13.0	48.6	5.1	0.0	14.4	0.4	100.0	224
Higher	55.4	2.5	20.4	15.9	2.1	0.0	3.4	0.5	100.0	282
Wealth quintile										
Lowest	1.5	0.0	1.7	30.0	13.3	0.0	52.8	0.6	100.0	275
Second	4.8	0.5	4.9	40.3	8.9	0.0	40.5	0.1	100.0	292
Middle	7.3	1.1	6.2	50.3	8.9	0.0	25.1	1.1	100.0	322
Fourth	16.9	0.4	13.1	53.6	8.3	0.0	7.8	0.0	100.0	350
Highest	30.0	1.6	16.1	46.6	3.9	0.3	0.9	0.7	100.0	399
Total	13.5	0.8	9.1	44.9	8.3	0.1	22.9	0.5	100.0	1,639

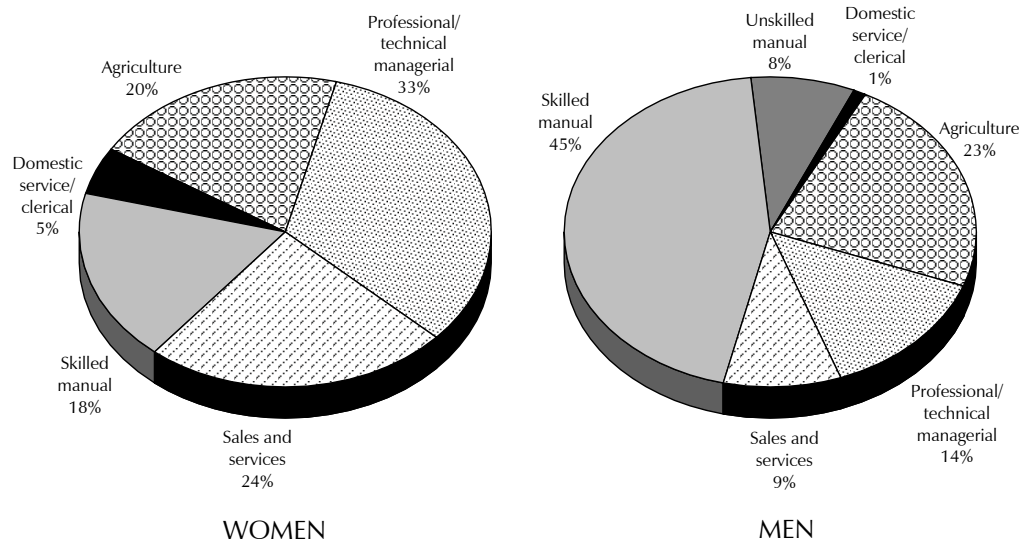
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

A closer examination of respondents engaged in agricultural occupations shows little difference between background characteristics by sex. For example, 20 to 33 percent of employed women and men in age groups 35-39 and over work in agriculture. Agricultural workers are most likely to have the following characteristics: to live in rural areas, to have a secondary education (versus secondary special or higher education), and to come from households in the lowest two wealth quintiles. Outside of Chisinau region, a roughly equal proportion of employed respondents in North, South, and Center regions are engaged in agricultural occupations.

The greatest share of women who are currently employed work in a professional/technical/ managerial jobs (33 percent). There is little variation in the percentage of professional women from each age group over 15-19. Not surprisingly, relatively more professional women live in urban areas, have attended secondary special school or university, and come from households in the two upper wealth quintiles. The second largest share of women is engaged in sales and services activities (24 percent). Unlike professional women, a relatively larger percentage of women in sales and service are from the youngest age group (15-19) and have attended secondary school.

The greatest percentage of male respondents earn their living doing skilled manual labor (45 percent). A relatively larger percentage of these men are in younger age groups, 15-19 and 20-24, live in an urban area, and come from households in the middle or fourth wealth quintiles. In contrast, among the 14 percent of males who are engaged in professional/technical/managerial livelihoods, a greater share of them are in older age groups, 50-54 and 55-59, also live in an urban area, and come from the highest wealth quintile.

Figure 3.1 Percent Distribution of Women and Men Who Are Currently Employed, by Occupation



Note: Totals may not add to 100 because of rounding.

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3.4.3 Use of Earnings

Married women who are employed and receive cash earnings were asked who the primary decisionmaker is regarding how their earnings are spent. This information allows for the assessment of women's control over their own earnings. Table 3.7 shows how women's control over their earnings varies by background characteristics. Among women receiving cash earnings, about two-thirds decide jointly with their husband or with someone else how to use their income (62 percent), almost a third (30 percent) decide by themselves, and for a small minority (2 percent), someone else makes decisions about how their earnings are used.

There is not a lot of variation by background characteristics for the type of decision made, independently or jointly. In general, however, women who make independent decisions about their earnings are more likely to be in the oldest age group, from urban areas especially Chisinau, and from households in the highest wealth quintile. In contrast, women who make joint decisions with their spouse or someone else are more likely in the youngest age groups, from rural areas, from the South region, and from households in the lowest wealth quintile.

Table 3.7 Decision on use of earnings

Percent distribution of married women employed in the 12 months preceding the survey receiving cash earnings by person who decides how earnings are to be used, according to background characteristics, Moldova 2005

Background characteristic	Person who decides how earnings are used				Total	Number of women
	Self only	Jointly[1]	Someone else only[2]	Missing		
Age						
15-19	(25.3)	(72.7)	(2.0)	(0.0)	(100.0)	33
20-24	24.1	72.0	3.3	0.6	100.0	252
25-29	27.0	70.3	2.4	0.4	100.0	387
30-34	27.4	70.3	1.8	0.5	100.0	488
35-39	28.9	68.3	2.8	0.0	100.0	478
40-44	30.4	67.8	1.7	0.1	100.0	552
45-49	35.5	61.9	2.0	0.5	100.0	596
Number of living children						
0	33.4	62.3	3.8	0.5	100.0	284
1-2	29.8	67.9	2.0	0.3	100.0	2,026
3-4	27.3	70.3	2.3	0.1	100.0	441
5+	(19.4)	(79.2)	(1.4)	(0.0)	(100.0)	34
Residence						
Urban	34.3	62.9	2.4	0.4	100.0	1,414
Rural	24.8	73.0	2.0	0.2	100.0	1,371
Region						
North	28.2	69.5	1.9	0.4	100.0	775
Center	27.2	70.3	2.4	0.1	100.0	663
South	23.2	74.6	2.1	0.1	100.0	543
Chisinau	37.3	59.7	2.5	0.6	100.0	804
Education						
No education/primary	*	*	*	*	*	12
Secondary	29.9	66.8	2.9	0.4	100.0	1,362
Secondary special	27.6	70.2	2.0	0.2	100.0	693
Higher	31.2	67.5	1.1	0.2	100.0	717
Wealth quintile						
Lowest	23.2	73.1	3.2	0.5	100.0	294
Second	25.6	71.9	2.3	0.2	100.0	380
Middle	27.5	70.0	2.2	0.3	100.0	575
Fourth	29.9	67.6	2.3	0.2	100.0	705
Highest	34.9	62.9	1.8	0.4	100.0	832
Total	29.6	67.8	2.2	0.3	100.0	2,785

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] With husband or someone else
[2] Includes husband

3.5 WOMEN'S EMPOWERMENT

In addition to information on women's education, employment status, and control over earnings, the MDHS collected information from both women and men on other measures of women's autonomy and status. In particular, questions were asked about women's roles in making household decisions, on tolerance of wife beating, and on their opinions about when a wife is justified in refusing to have sex with her husband. Such information provides insight into women's control over their environment as well as attitudes toward gender roles.

3.5.1 Women's Participation in Decisionmaking

To assess women's decisionmaking authority, the MDHS collected information on married women's participation in four different types of household decisions: on the respondents' own health care; on making large household purchases; on making household purchases for daily needs; and on visits to family or relatives. Table 3.8 shows the percent distribution of married women according to who usually has the final say in each of these decisions. The autonomy of women in this case would be gauged by either their making such decisions independently or jointly.

Table 3.8 Women's participation in decisionmaking

Percent distribution of currently married women by person who has the final say in making specific decisions, according to type of decision, Moldova 2005

	Currently married or living together						
Decision	Self only	Jointly with husband	Husband only	Someone else only	Missing/ other	Total	Number of women
Own health care	51.6	45.4	2.4	0.3	0.4	100.0	4,937
Large household purchases	19.0	76.8	3.4	0.4	0.4	100.0	4,937
Daily household purchases	64.0	32.5	2.7	0.5	0.3	100.0	4,937
Visits to family or relatives	19.8	77.1	2.3	0.3	0.4	100.0	4,937

Among currently married women, independence in making decisions ranges from one-fifth for making large household purchases and visiting family or relatives, to 64 percent for making daily household purchases. Husbands (or partners) rarely make any of these decisions without their wife's input; decisions that are not made solely by the woman are most likely to be made jointly by the woman and her husband.

Overall, married women in Moldova have a lot of say in specific household decisions, and Table 3.9 shows that participation in decisionmaking varies little by background characteristics. In all four types of decisions, 96 to 97 percent of married women are influential in making specific decisions, either by themselves or jointly. Ninety-two percent reported having a say in all four decisions, and only among the youngest women (age 15-19) did substantially fewer (81 percent) have a say in all four decisions. Women with five or more children and women employed but not for cash had a slight advantage over other women in having a say in final decisions (96 percent).

Table 3.9 Women's participation in decisionmaking by background characteristics

Percentage of currently married women who say that they alone or jointly have the final say in specific decisions, by background characteristics, Moldova 2005

Background characteristic	Alone or jointly has final say in: Own health care	Making large purchases	Making daily purchases	Visits to family or relatives	All specified decisions	None of the specified decisions	Number of women
Age							
15-19	92.7	92.6	90.1	89.7	80.7	2.6	136
20-24	95.5	93.7	95.6	95.7	88.2	1.2	629
25-29	97.0	95.6	96.3	96.6	89.9	0.7	794
30-34	97.7	96.3	96.5	97.1	91.6	0.6	810
35-39	98.1	96.4	97.7	98.4	93.1	0.4	746
40-44	97.1	96.9	98.0	98.3	93.3	0.7	869
45-49	97.4	97.0	96.8	97.5	93.6	0.9	953
Number of living children							
0	93.5	94.0	93.4	94.9	86.5	1.8	534
1-2	97.4	96.0	97.0	97.4	91.4	0.6	3,435
3-4	98.0	97.0	97.3	97.4	94.4	0.7	875
5+	96.1	96.1	97.1	97.1	96.1	2.9	93
Residence							
Urban	96.4	94.5	95.0	96.6	88.6	1.0	2,045
Rural	97.5	97.0	97.8	97.4	93.6	0.6	2,892
Region							
North	97.8	97.1	97.6	97.6	93.3	0.6	1,515
Center	96.4	95.9	96.4	96.7	91.3	1.0	1,336
South	98.1	97.6	98.6	97.7	93.9	0.2	958
Chisinau	95.9	93.4	94.2	96.4	87.4	1.4	1,127
Education							
No education/primary	(86.1)	(82.0)	(82.0)	(82.6)	(80.5)	(13.9)	41
Secondary	97.1	96.7	96.9	96.9	92.1	0.8	2,884
Secondary special	97.7	95.9	97.8	98.6	93.1	0.3	1,046
Higher	96.8	94.6	95.3	96.8	88.5	0.7	966
Employment							
Not employed	96.7	94.9	95.9	95.6	89.9	1.2	1,965
Employed for cash	97.2	96.5	96.9	98.0	92.2	0.6	2,644
Employed not for cash	98.4	99.0	99.7	98.8	96.4	0.0	313
Wealth quintile							
Lowest	97.1	95.6	96.8	96.2	92.4	1.4	839
Second	97.8	97.4	97.8	96.8	93.8	0.6	834
Middle	97.2	97.3	97.7	97.7	93.3	0.5	1,029
Fourth	96.6	95.9	96.5	98.4	91.1	0.6	1,081
Highest	96.8	94.3	95.0	96.3	88.0	0.9	1,154
Total	97.1	96.0	96.7	97.1	91.5	0.8	4,937

Note: Figures in parentheses are based on 25-49 unweighted cases.

3.5.2 Women's and Men's Attitudes toward Wife Beating

Violence against women is an area increasingly being recognized as a serious human rights issue. If violence against women is tolerated in society, eradicating it is made more difficult. To gauge the acceptability of domestic violence, women and men interviewed in the MDHS were asked whether they thought a husband would be justified in hitting or beating his wife in each of the following five situations: if she burns the food; if she argues with him; if she goes out without telling him; if she neglects the children; and if she refuses to have sex with him.[3]

Tables 3.10.1 and 3.10.2 show that women and men think there is little justification for a husband to beat his wife. Although 21 percent of women and 22 percent of men agree with at least one specified reason for wife beating, results show that neglecting the children is the only widely accepted reason, cited by 18 percent of both women and men. Fewer than 10 percent feel that wife beating is justified for any of the other reasons asked about.

A relatively large proportion of men and women who agree with at least one specified reason for beating a wife are from households in the two lowest wealth quintiles, are among those employed not for cash, and are among those who attended secondary school (versus secondary special or higher). In addition, women with three or more children were more likely to agree with at least one reason that a husband is justified in hitting or beating his wife.

[3] The MDHS also included questions on the actual prevalence of gender violence (see Chapter 14).

Table 3.10.1 Women's attitudes toward wife beating

Percentage of women who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Moldova 2005

Background characteristic	Husband is justified in hitting or beating his wife if she: Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sex with him	Agrees with at least one specified reason	Number
Age							
15-19	4.1	4.9	6.7	20.8	2.9	23.7	1,417
20-24	4.2	4.1	5.4	16.6	1.7	18.6	1,124
25-29	4.0	5.6	7.1	17.4	2.3	20.1	964
30-34	4.3	3.8	6.7	17.2	3.5	20.4	924
35-39	4.5	5.6	8.0	17.6	4.0	20.3	855
40-44	3.9	5.1	8.8	17.9	3.8	21.2	1,007
45-49	4.7	6.5	8.5	16.9	3.1	20.4	1,149
Marital status							
Never married	3.3	3.6	4.8	17.3	2.2	19.6	1,862
Married or living together	4.6	5.7	8.3	18.2	3.4	21.4	4,937
Divorced/separated/ widowed	4.7	4.4	6.4	17.8	2.3	19.5	641
Number of living children							
0	3.6	4.0	5.8	16.9	2.4	19.6	2,456
1-2	3.6	4.6	6.3	16.6	2.6	19.2	3,918
3-4	8.5	9.5	14.2	25.5	6.2	29.3	965
5+	4.1	9.2	14.3	24.6	4.6	30.6	101
Residence							
Urban	1.9	2.7	3.1	12.0	1.7	13.8	3,194
Rural	6.0	6.9	10.4	22.3	4.0	26.1	4,246
Region							
North	5.5	5.8	8.3	21.0	4.0	24.4	2,207
Center	4.9	5.9	9.1	20.6	3.2	23.6	2,033
South	3.8	5.4	8.2	17.5	2.5	20.5	1,402
Chisinau	2.3	3.0	3.2	11.3	2.0	13.5	1,798
Education							
No education/primary	(12.2)	(22.4)	(20.4)	(30.6)	(16.3)	(36.7)	49
Secondary	5.8	7.0	10.2	23.7	4.1	27.5	4,534
Secondary special	2.1	2.7	3.5	11.0	1.6	13.3	1,327
Higher	1.3	1.0	1.5	6.3	0.7	7.0	1,530
Employment							
Not employed	4.6	5.5	7.8	19.6	3.0	22.5	3,598
Employed for cash	3.6	4.3	5.9	15.0	2.6	17.9	3,439
Employed not for cash	5.7	7.9	13.6	27.4	6.6	31.1	382
Wealth quintile							
Lowest	11.0	10.1	16.8	32.9	6.7	38.2	1,243
Second	5.2	7.8	10.3	23.8	4.1	27.3	1,234
Middle	3.5	5.3	7.4	17.1	2.7	20.0	1,511
Fourth	2.3	2.9	3.5	12.8	1.6	14.9	1,672
Highest	1.3	1.5	2.0	8.9	1.3	10.4	1,780
Total	4.2	5.1	7.3	17.9	3.0	20.8	7,440

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table 3.10.2 Men's attitudes toward wife beating

Percentage of men who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Moldova 2005

Background characteristic	Husband is justified in hitting or beating his wife if she: Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sex with him	Agrees with at least one specified reason	Number
Age							
15-19	3.4	9.2	9.1	20.6	5.1	24.7	411
20-24	3.8	6.8	7.9	21.2	2.1	23.8	275
25-29	0.5	5.7	8.6	13.6	2.1	15.4	234
30-34	2.8	5.2	8.6	19.5	3.3	21.8	224
35-39	3.2	8.4	11.1	21.0	4.9	24.7	248
40-44	0.7	6.2	7.9	18.5	2.8	22.4	247
45-49	3.2	9.8	15.1	15.0	3.7	23.9	349
50-54	1.8	7.0	9.1	12.6	4.5	18.7	296
55-59	3.5	6.7	8.2	14.9	3.9	16.5	224
Marital status							
Never married	3.0	8.1	8.8	22.0	3.6	25.2	730
Married or living together	2.2	7.0	9.4	14.8	3.5	19.3	1,657
Divorced/separated/ widowed	6.5	11.2	19.0	27.6	7.0	34.4	120
Residence							
Urban	2.1	5.1	4.7	12.4	2.5	15.0	1,055
Rural	3.0	9.2	13.4	21.2	4.6	26.5	1,453
Region							
North	2.2	6.5	9.5	16.0	3.0	19.5	756
Center	2.9	9.7	11.6	19.5	3.6	25.3	702
South	2.5	8.8	13.6	19.7	5.5	24.8	496
Chisinau	2.9	4.8	4.1	15.1	3.1	17.4	554
Education							
No education/primary	*	*	*	*	*	*	16
Secondary	3.3	9.3	12.0	20.9	4.8	25.7	1,788
Secondary special	0.2	3.3	6.5	11.7	0.8	14.9	302
Higher	0.9	2.0	2.1	6.5	0.5	8.8	403
Employment							
Not employed	2.9	7.9	10.4	17.9	4.0	22.6	1,351
Employed for cash	2.2	7.0	8.4	16.6	2.7	19.7	1,031
Employed not for cash	2.8	7.3	13.7	22.1	8.6	28.6	122
Wealth quintile							
Lowest	4.0	11.1	15.9	23.9	6.0	31.9	450
Second	3.7	10.2	16.5	22.4	4.6	27.3	470
Middle	2.1	8.6	7.7	18.6	4.1	22.5	464
Fourth	2.1	5.7	7.9	14.0	2.7	16.9	561
Highest	1.6	3.2	2.6	11.0	1.7	13.0	563
Total	2.6	7.5	9.7	17.5	3.7	21.7	2,508

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

3.5.3 Women's and Men's Attitudes toward Wife Refusing Sex with Husband

The MDHS asked women and men respondents whether they thought a wife is justified in refusing to have sex with her husband in the following three circumstances: when she knows that her husband has a sexually transmitted disease; when she knows that her husband has sex with other women; and when she is tired or not in the mood. Tables 3.11.1 and 3.11.2 show the responses of women and men, respectively.

Overall, women's sexual autonomy is high in Moldova. Seventy-one percent of women and 68 percent of men agree that all of the above reasons are rational justifications for a woman to refuse to have sexual relations with her husband. Only 7 percent of both women and men agree with none of the reasons. The most accepted reason for refusing to have sex, for both sexes, is if the wife knows that the husband has a sexually transmitted disease (91 percent of both women and men). Seventy-seven percent of both women and men think that a woman's being tired or not in the mood justifies not having sex. The largest disparity between women and men's attitudes is when a woman knows that her husband has sex with other woman: 85 percent of women believe this is justification to refuse sex, while only 76 percent of men believe this is a justifiable reason.

The tables also show attitudes towards refusing to have sex by background characteristics. The differences are not large, but there is a distinct pattern that is similar for both men and women. That is, the percentages of those who do not agree with any specified reason for refusing sex are higher for the youngest age groups (15-19), for those never married, for those who show a higher tolerance for wife beating, and for those in the lowest wealth quintiles. The percentage is also higher for women who have five or more children.

Table 3.11.1 Women's attitudes toward a wife refusing sex with husband

Percentage of women who believe that a wife is justified in refusing to have sex with her husband for specific reasons, by background characteristics, Moldova 2005

Background characteristic	Wife is justified in refusing sex with husband if she:			Agrees with all of the specified reasons	Agrees with none of the specified reasons	Number
	Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Is tired or not in the mood			
Age						
15-19	85.3	80.2	73.2	68.2	12.2	1,417
20-24	93.0	88.1	79.6	74.1	4.7	1,124
25-29	93.6	88.6	79.5	74.4	4.1	964
30-34	93.2	86.3	77.8	71.9	4.8	924
35-39	93.9	87.2	79.3	73.0	3.5	855
40-44	91.7	84.6	77.3	71.5	6.2	1,007
45-49	88.4	80.1	75.0	67.8	9.3	1,149
Marital status						
Never married	87.2	81.6	73.5	68.4	10.6	1,862
Married or living together	92.5	86.0	78.8	72.6	5.2	4,937
Divorced/separated/ widowed	89.1	82.5	74.7	69.3	8.7	641
Number of living children						
0	88.5	82.9	74.6	69.2	9.0	2,456
1-2	93.0	86.8	79.7	73.5	4.8	3,918
3-4	89.2	81.1	74.5	68.9	8.8	965
5+	80.1	75.2	62.3	57.4	16.2	101
Residence						
Urban	93.0	86.6	78.8	72.8	4.8	3,194
Rural	89.2	83.1	75.8	70.1	8.4	4,246
Region						
North	92.3	85.6	77.9	72.0	5.7	2,207
Center	88.3	82.7	75.5	69.9	9.2	2,033
South	91.0	85.5	77.7	73.1	6.6	1,402
Chisinau	91.9	84.9	77.4	70.6	5.6	1,798
Education						
No education/primary	(73.1)	(59.7)	(51.9)	(43.4)	(22.3)	49
Secondary	88.4	82.8	76.0	70.5	8.9	4,534
Secondary special	94.8	87.4	81.2	74.9	3.6	1,327
Higher	95.3	88.3	77.6	71.3	3.0	1,530
Employment						
Not employed	89.6	83.7	77.3	71.3	8.1	3,598
Employed for cash	92.0	85.7	76.7	71.0	5.5	3,439
Employed not for cash	92.7	84.0	78.3	73.6	6.5	382
Number of reasons wife beating is justified						
0	91.6	85.3	78.1	72.5	6.4	5,891
1-2	91.0	84.4	76.3	69.7	5.5	1,205
3-4	80.7	76.4	63.0	58.0	15.5	271
5	66.6	62.4	58.2	47.2	29.3	73
Wealth quintile						
Lowest	86.4	80.6	73.3	68.5	10.9	1,243
Second	87.9	81.8	76.5	70.9	10.2	1,234
Middle	91.6	86.0	78.4	73.3	6.3	1,511
Fourth	92.2	85.3	76.6	69.7	5.4	1,672
Highest	94.2	87.6	79.6	73.3	3.4	1,780
Total	90.8	84.6	77.1	71.3	6.8	7,440

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table 3.11.2 Men's attitudes toward a wife refusing sex with husband

Percentage of men who believe that a wife is justified in refusing to have sex with her husband for specific reasons, by background characteristics, Moldova 2005

Background characteristic	Wife is justified in refusing sex with husband if she: Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Is tired or not in the mood	Agrees with all of the specified reasons	Agrees with none of the specified reasons	Number
Age						
15-19	85.6	70.7	70.9	58.7	10.4	411
20-24	94.0	78.5	77.2	70.7	4.6	275
25-29	93.3	75.7	75.6	67.6	5.4	234
30-34	91.4	75.1	80.9	68.0	5.2	224
35-39	94.5	81.7	83.3	74.1	3.2	248
40-44	88.9	73.5	81.6	70.6	8.4	247
45-49	93.2	77.3	78.7	68.9	5.0	349
50-54	92.8	75.2	77.2	68.0	4.7	296
55-59	88.3	74.6	75.2	69.9	10.1	224
Marital status						
Never married	87.5	70.7	71.4	60.4	9.4	730
Married or living together	93.0	78.0	80.3	71.5	4.9	1,657
Divorced/separated/ widowed	87.7	71.8	74.3	63.6	11.3	120
Residence						
Urban	93.0	77.1	78.1	69.1	5.4	1,055
Rural	89.8	74.4	76.9	67.0	7.3	1,453
Region						
North	91.0	79.3	79.8	71.8	5.9	756
Center	92.9	72.8	75.5	67.0	6.4	702
South	89.2	75.2	77.6	65.3	6.2	496
Chisinau	90.7	74.3	76.5	65.9	7.6	554
Education						
No education/primary	*	*	*	*	*	16
Secondary	89.4	73.6	75.1	65.1	7.6	1,788
Secondary special	97.0	79.5	84.1	75.7	2.6	302
Higher	96.0	82.9	83.7	75.8	3.2	403
Employment						
Not employed	91.7	74.4	77.2	67.0	5.9	1,351
Employed for cash	90.5	76.9	77.2	68.6	7.4	1,031
Employed not for cash	89.5	77.4	82.2	72.3	5.3	122
Number of reasons wife beating is justified						
0	91.3	76.1	78.6	68.6	6.2	1,929
1-2	90.5	74.7	75.1	66.4	7.4	457
3-4	87.1	68.4	66.3	59.8	9.7	94
5	(100.0)	(74.2)	(75.1)	(69.6)	(0.0)	27
Wealth quintile						
Lowest	84.9	68.8	70.1	60.6	10.9	450
Second	87.5	72.8	76.2	65.3	9.0	470
Middle	94.6	80.0	81.0	73.0	3.9	464
Fourth	94.0	78.6	79.8	70.5	3.8	561
Highest	93.3	76.6	79.1	69.1	5.6	563
Total	91.1	75.6	77.4	67.9	6.5	2,508

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

FERTILITY LEVELS, TRENDS, AND DIFFERENTIALS 4

4.1 INTRODUCTION

Fertility is one of the three principal components of population dynamics, the others being mortality and migration (United Nations, 1973). The factors that determine fertility can be placed into two major categories—biological and social. The biological component refers to the capacity to reproduce, usually called "fecundity." A woman's fecundity varies with age; her fecundity begins to increase from menarche (the onset of menstruation), peaks in her twenties, and then declines to menopause (the time when a woman ceases to ovulate and menstruate).

The biological component is necessary but is not on its own a sufficient condition for fertility. Given the capacity to reproduce, the social environment in which people live largely determines whether couples will actually have children, and if so, how many and with what degree of spacing. Demographers use the term "fertility" to refer to the actual production of live offspring or live births.

The definition of a live birth was developed by the World Health Organization in 1950: "The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached (WHO, 1992)."

The MDHS data are used to calculate several measures of fertility. Age-specific fertility rates (ASFRs) are expressed by the number of births to women of a given age interval per 1,000 women in that age interval. In this survey, the ASFR for any specific 5-year age interval is calculated by dividing the number of births of women in the age interval during the period 1 to 36 months preceding the survey by the number of years lived by women in that age interval during the same period of 1 to 36 months.

The total fertility rate (TFR) is based on the ASFRs and is one of the most commonly used summary indicators of fertility. The TFR is interpreted as the average number of children that would be born to a woman during her lifetime if she were to experience the currently observed age-specific fertility rates throughout her reproductive years. The TFR is calculated by adding the current age-specific fertility rates, multiplying by 5 (because five-year age groups of women are used), then dividing by 1,000. An important property of the total fertility rate is that it is not affected by the age distribution of the population.

All women who were interviewed in the MDHS were asked to give a complete reproductive history. In collecting these histories, each woman was first asked about the total number of pregnancies that had ended in live births, induced abortions, miscarriages, and stillbirths. After obtaining these aggregate data, an event-by-event pregnancy history was collected. For each pregnancy, the duration, the month and year of termination, and the result of the pregnancy were recorded. The result of each pregnancy was classified as a live birth, stillbirth, miscarriage, or induced abortion. Information was collected about the most recent completed pregnancy, then the next-to-last, etc. For each live birth, information was collected on the sex of the child, survival status, and age (for surviving children) or age at death (for deceased children).

From the information collected in the reproductive histories, it is possible to estimate current fertility levels and trends, fertility differentials, number of children ever born and living, birth intervals, age at first birth, teenage pregnancy, and motherhood.

4.2 CURRENT FERTILITY LEVELS

Table 4.1 and Figure 4.1 present the ASFRs and the TFRs for the three years preceding the survey, which corresponds to the period mid-2002 to mid-2005. The three-year period, rather than a longer or shorter period, was chosen for calculating these rates in order to provide the most current information, to reduce sampling error, and to avoid problems of the displacement of births.[1]

Table 4.1 shows a TFR of 1.7 children per woman for the three-year period preceding the 2005 MDHS. (The corresponding 95% confidence interval is 1.6 and 1.8.) This means that, on average, a woman in Moldova who is at the beginning of her childbearing years will give birth to 1.7 children by the end of her reproductive period if fertility levels remain constant at the level observed in the three-year period. This level is below replacement level fertility (which is slightly higher than 2.0).

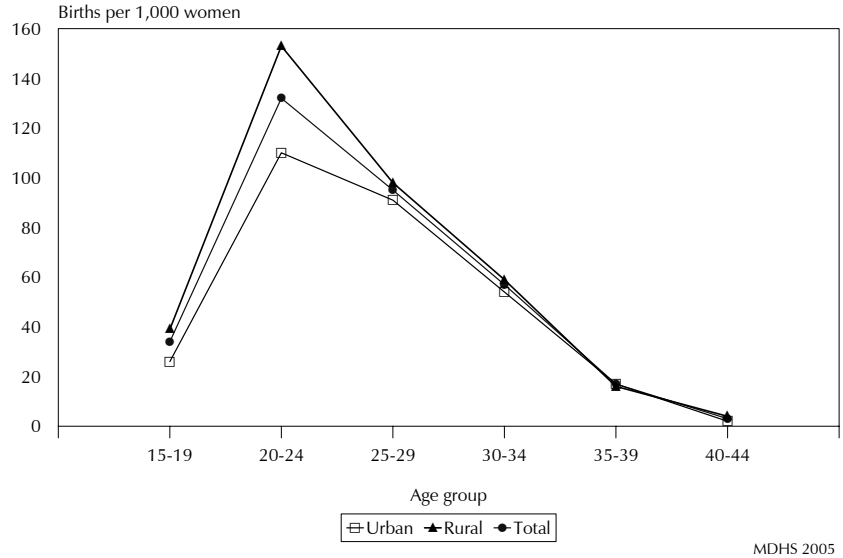
Table 4.1 Current fertility

Age-specific fertility rates, the total fertility rate, the general fertility rate, and the crude birth rate for the three years preceding the survey, by urban-rural residence, Moldova 2005

	Residence		
Age group	Urban	Rural	Total
15-19	26	39	34
20-24	110	153	132
25-29	91	98	95
30-34	54	59	57
35-39	17	16	17
40-44	2	4	3
45-49	0	0	0
TFR	1.5	1.8	1.7
GFR	51	59	55
CBR	12.5	11.7	12.0

ASFR: Age-specific fertility rate (number of births to women in a specific age group divided by the number of woman-years lived during a given period)
TFR: Total fertility rate for ages 15-49, expressed per woman
GFR: General fertility rate (births divided by the number of women age 15-44), expressed per 1,000 women
CBR: Crude birth rate, expressed per 1,000 population

Figure 4.1 **Age-Specific Fertility Rates (ASFR), by Residence**



[1] The displacement of births is a potential bias introduced into the data when, during data collection, some interviewers displace a child's date of birth from the true age of under five years to some age older than five years old. Interviewers may illicitly do this in order to avoid having to fill the lengthy questionnaire section on the health of children under age five and thus complete the interview more quickly.

The TFR for rural areas (1.8 births) is higher than that for urban areas (1.5 births). Figure 4.1 shows that this urban-rural difference in childbearing rates can be attributed almost exclusively to younger age groups. Although peak fertility occurs sharply at age 20-24 in both urban and rural areas, the greatest absolute difference in ASFR (43) is in the age 20-24 group.

Compared to fertility estimates from recent Reproductive Health Surveys and Demographic and Health Surveys conducted in other countries in Eastern Europe and Eurasia, fertility in Moldova in 2005 is: *higher* than in neighboring Romania (1.3 in 1999) and Ukraine (1.4 in 1999); *similar* to fertility in the Caucasus region (Armenia 1.7 in 2000, Azerbaijan 2.1 in 1999, and Georgia 1.7 in 1999); and *lower* than fertility in Central Asia (Kazakhstan 2.1 in 1999, Kyrgyz Republic 3.4 in 1997, Turkmenistan 2.9 in 2000, and Uzbekistan 3.3 in 1996) (CDC and ORC Macro, 2003).

According to information from official sources in Moldova, fertility appears to have decreased throughout the 1990s and into the present decade. Prior to independence, the estimated fertility rate for the Republic of Moldova was 2.4 in 1990 (UNFPA, 2003).[2] Subsequent government estimates, which exclude the Transnistria region, indicate further declines in fertility in the 1990s, from a TFR of 1.8 in 1995, to 1.4 in 1999 (Departamentul Analize Statistice si Sociologice al Republicii Moldova, 2000), to 1.3 in 2002 (UNFPA, 2003). The 1997 Reproductive Health Survey estimated the TFR among all women, for the three-year period from 1994-1997, to be 1.8 (Serbanescu et al., 1998). However, this latter rate includes the Transnistria region, which, with a TFR of 1.3, tends to pull the overall average down (implying that without Transnistria the rate for the rest of Moldova in 1994-1997 may have been about 1.9 or 2.0). From these point estimates, it can reasonable be concluded that most fertility decline took place in the first half of the 1990s, rates plateaued in the mid- to late 1990s, and then began dropping again after the late 1990s into the early 2000s.

In light of these estimates indicating a decline in fertility, the TFR of 1.7 for all women calculated from the 2005 MDHS suggests fertility may have increased in recent years (since the last official estimate in 2002). The apparent increase is also supported by estimates from international agencies monitoring population trends. The International Program Center of the U.S. Census Bureau (2005), for example, estimated an increase in fertility starting after 2000: from a TFR of 1.6 in 2000 to 1.8 in 2005. Whether this resurgence in fertility represents a real upward trend should not be concluded definitively without 1) examining related social and economic factors at play e.g., changes in family composition, selective emigration, changing social policies related to maternity leave, child allowances, etc., and 2) tracking future fertility estimates to determine if the apparent increase evolves into a long-term trend or simply represents a blip in otherwise decreasing or plateauing fertility.

4.3 Fertility Differentials by Background Characteristics

Table 14.2 shows the total fertility rate by background characteristics. As expected, fertility is lowest in Chisinau (1.4) where women are almost exclusively urban, and highest in the Center region (2.0) where most women are rural.[3] The other regions have approximately the same level of fertility as women in the whole of Moldova (1.7 in the North region and 1.8 in the South region).

[2] Although not stated explicitly, this estimate probably includes the region of Transnistria with the reason being that the region did not formally claim to be separate until after independence in 1991.
[3] Chisinau is a major urban settlement located in the Center region, but it is considered a separate study domain.

In accordance with patterns observed in most other countries, a negative association between fertility and education is observed. The TFR decreases from 1.9 for women with secondary education, to 1.4 for women with secondary special or higher education. Similarly, a negative association between wealth and fertility is observed—women in the poorest households give birth to about 50 percent more children than women in the richest households (2.1 and 1.4, respectively).

Table 4.2 also presents a crude assessment of trends in fertility in the various subgroups by comparing current fertility with a measure of completed fertility, the mean number of children ever born to women age 40-49. Current fertility falls significantly below lifetime fertility in every subgroup, indicating that the general trend has been declining fertility. Overall, the table shows that fertility has fallen by about half a child.

Table 4.2 indicates that about 2 percent of women were pregnant at the time of the survey. This is likely to be an underestimate, as women in the early stages of pregnancy may be unaware or unsure that they are pregnant, while some may be reluctant to declare that they are pregnant. Differentials in pregnancy rates are generally consistent with the pattern depicted by fertility across the various subgroups.

Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Moldova 2005

Background Characteristic	Total fertility rate[1]	Percentage currently pregnant[1]	Mean number of children ever born to women age 40-49
Residence			
Urban	1.5	2.3	1.9
Rural	1.8	2.5	2.6
Region			
North	1.7	2.6	2.2
Center	2.0	2.1	2.7
South	1.8	2.5	2.6
Chisinau	1.4	2.4	1.8
Education			
No education/primary	*	*	*
Secondary	1.9	2.5	2.6
Secondary special/higher	1.4	2.3	2.0
Wealth quintile			
Lowest	2.1	2.2	3.0
Second	1.9	3.0	2.7
Middle	1.8	2.7	2.4
Fourth	1.5	2.1	2.1
Highest	1.4	2.2	1.8
Total	1.7	2.4	2.3

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Women age 15-49 years

4.4 FERTILITY TRENDS

The MDHS data allow for a direct examination of fertility trends over the 20 years preceding the survey.[4] Table 4.3 presents age-specific fertility rates for five-year periods preceding the survey using data on live births from respondents' pregnancy histories. With the exception of an increase in teenage fertility following independence from the Soviet Union, there is a monotonic decline in fertility for every 5-year period in the youngest age groups. However, from 5-9 to 0-4 years prior to the survey, there is a slight increase in fertility for women age 25-29 and 30-34, as well as an abrupt deceleration in the decrease in fertility for women age 20-24 years. This recent trend of increased fertility in older ages may account for the apparent increase in fertility suggested above in section 4.2. Figure 4.2 provides a graphical representation of these declines.

[4] Truncation progressively limits how far into the past fertility rates can be calculated. For example, rates cannot be calculated for women age 40-44 for the period 10-14 years before the survey because these women would have been over age 50 years at the time of the survey and thus not interviewed. Partial rates (based on partial exposure time) can be calculated for women age 40-44 for the period 5-9 years before the survey because some of these women were age 45-49 at the time of the survey and therefore included for interview. Partial rates that are subject to truncation are shown in brackets in Table 4.3.

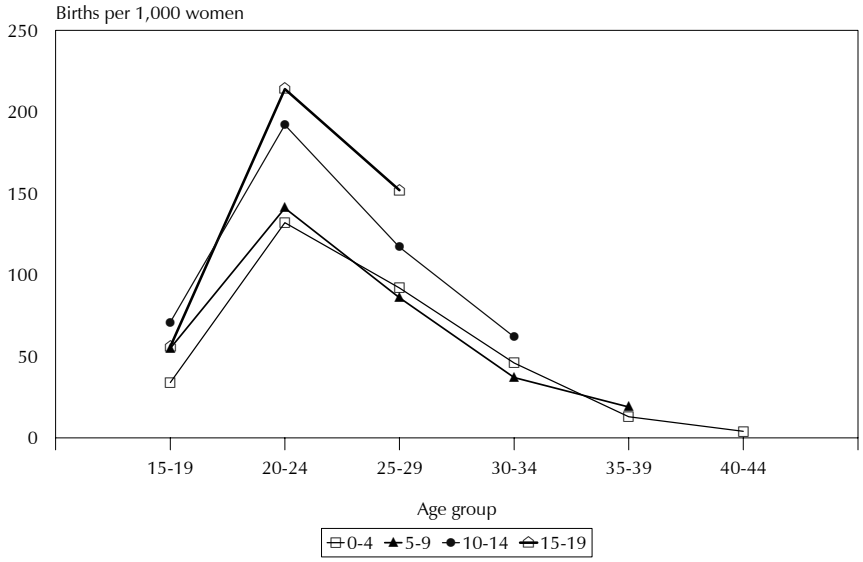
Table 4.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Moldova 2005

Mother's age at birth	Number of years preceding survey (corresponding period)			
	0-4 (2000-2005)	5-9 (1995-1999)	10-14 (1990-1994)	15-19 (1985-1989)
15-19	34	55	71	56
20-24	132	141	192	214
25-29	92	86	117	152
30-34	46	37	62	[85]
35-39	13	19	[23]	
40-44	4	[3]		
45-49	[0]			

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated.

Figure 4.2 **Trends in Age-Specific Fertility Rates**



4.5 CHILDREN EVER BORN AND LIVING

Table 4.4 presents the distribution of all women and currently married women by number of children ever born and mean number of living children. Almost all women age 15-19 (95 percent) have never given birth. This proportion declines rapidly to 4-5 percent among women age 35 and older. Therefore, despite low fertility in Moldova, childbearing is still almost universal. On average, women in Moldova have given birth to 1.4 children per woman at the end of their childbearing years. This is slightly less than the total fertility rate (1.7), the difference indicating that fertility in the past three years is slightly higher than the accumulation of births over the past 30 years.

Table 4.4 Children ever born and mean number of living children

Percent distribution of all women and currently married women by number of children ever born, and mean number of children ever born and mean number of living children, according to age group, Moldova 2005

Age group	Number of children ever born							Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6+				
ALL WOMEN											
15-19	95.2	4.6	0.2	0.0	0.0	0.0	0.0	100.0	1,417	0.05	0.05
20-24	59.7	31.2	7.9	1.0	0.1	0.0	0.0	100.0	1,124	0.51	0.50
25-29	22.1	39.9	31.9	4.5	1.2	0.4	0.0	100.0	964	1.24	1.21
30-34	7.6	32.1	45.7	10.2	3.5	0.8	0.0	100.0	924	1.72	1.68
35-39	5.2	21.2	48.4	16.1	6.0	2.2	0.9	100.0	855	2.08	2.01
40-44	3.9	14.7	47.4	22.1	7.5	3.3	1.1	100.0	1,007	2.30	2.18
45-49	4.4	13.4	44.2	23.6	8.1	4.3	2.0	100.0	1,149	2.39	2.26
Total	32.8	21.3	29.8	10.5	3.6	1.5	0.6	100.0	7,440	1.38	1.33
CURRENTLY MARRIED WOMEN											
15-19	57.7	40.5	1.8	0.0	0.0	0.0	0.0	100.0	136	0.44	0.44
20-24	32.9	51.2	13.9	1.9	0.2	0.0	0.0	100.0	629	0.85	0.84
25-29	14.3	42.4	36.8	4.8	1.3	0.3	0.0	100.0	794	1.37	1.35
30-34	4.8	31.2	48.1	10.9	4.0	0.9	0.0	100.0	810	1.81	1.76
35-39	2.9	18.4	51.7	17.5	6.3	2.3	0.9	100.0	746	2.17	2.11
40-44	3.5	11.8	48.4	23.4	8.0	3.8	1.1	100.0	869	2.37	2.24
45-49	3.2	11.6	45.1	25.0	8.9	4.0	2.2	100.0	953	2.46	2.33
Total	10.6	26.7	40.7	14.4	5.0	2.0	0.7	100.0	4,937	1.86	1.79

The same pattern is replicated for currently married women, except that childbearing commences much earlier: only 58 percent of currently married women age 15-19 have never given birth compared with 95 percent of all women. And, similar to the data for all women, this proportion declines rapidly to 5 percent or less for women in their thirties.

The overall difference between married women and all women in the mean number of children ever born (and the mean number living) is about 0.5 children, and this difference is mainly due to younger age groups where unmarried women are less exposed to pregnancy. The smaller differences at older ages are evidence of the general fertility-reducing impact of marital dissolution (divorce or widowhood). Note that the number of children ever born rises monotonically with age, thus presupposing minimal or no recall lapse, and serves to heighten confidence in birth history reports.

4.6 BIRTH INTERVALS

A birth interval, defined as the length of time between two live births, provides information about birth spacing patterns. Research has shown that short birth intervals are more likely to adversely affect maternal health and children's chances of survival. Children born too close to a previous birth, especially if the interval between the births is less than two years, are at increased risk of health problems and dying at an early age. Longer birth intervals, on the other hand, contribute to the improved health status of both mother and child.

Table 4.5 shows the birth intervals of children born in the five years preceding the survey, by background characteristics. The median birth interval is 56 months, with the greatest difference in interval length seen between children born to mothers in their twenties (39 months) and children born to mothers in their thirties (77 months). The interval is significantly shorter for children born to mothers in rural areas (51 months) compared with urban areas (74 months). Among regions, children born to mothers in the South region have the shortest birth interval (47 months), while those born to mothers in Chisinau have the longest birth interval (77 months).

Table 4.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, Moldova 2005

Background characteristic	Months since preceding birth					Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48+			
Age								
15-19	*	*	*	*	*	*	2	*
20-29	10.0	12.4	23.2	14.8	39.6	100.0	388	39.3
30-39	5.1	4.4	8.3	7.3	74.8	100.0	350	77.2
40-49	(5.6)	(1.7)	(15.4)	(6.1)	(71.1)	(100.0)	37	(110.2)
Birth order								
2-3	7.8	7.5	15.7	10.9	58.0	100.0	684	56.2
4-6	6.5	11.7	18.2	9.7	53.9	100.0	86	51.9
7+	*	*	*	*	*	*	7	*
Sex of preceding birth								
Male	7.5	8.1	15.2	11.2	58.0	100.0	404	58.4
Female	7.6	8.7	17.0	10.7	56.0	100.0	374	54.1
Survival of preceding birth								
Living	6.9	8.4	16.2	10.7	57.7	100.0	752	56.0
Dead	*	*	*	*	*	*	26	*
Residence								
Urban	6.0	4.6	11.7	10.5	67.3	100.0	245	73.8
Rural	8.3	10.1	18.1	11.2	52.3	100.0	533	50.9
Region								
North	3.5	5.4	16.2	13.1	61.7	100.0	221	57.2
Center	10.5	10.5	16.9	9.5	52.5	100.0	253	50.9
South	7.5	12.8	18.4	12.4	48.8	100.0	173	46.5
Chisinau	8.6	3.5	11.3	8.2	68.5	100.0	131	77.3
Education								
No education/primary	*	*	*	*	*	*	12	*
Secondary	8.4	9.8	18.7	12.4	50.6	100.0	535	48.8
Secondary special	4.5	5.2	9.1	7.8	73.5	100.0	126	69.3
Higher	7.1	3.9	12.1	6.7	70.3	100.0	106	73.2
Wealth quintile								
Lowest	10.5	13.4	18.2	9.5	48.4	100.0	193	43.9
Second	8.3	5.0	21.1	17.4	48.2	100.0	155	47.4
Middle	6.0	12.2	14.7	10.7	56.3	100.0	173	54.6
Fourth	4.1	4.9	13.7	8.4	69.0	100.0	135	66.0
Highest	7.8	3.0	10.9	8.5	69.7	100.0	121	77.4
Total	7.6	8.4	16.1	11.0	57.0	100.0	778	55.6

Note: First births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

The associations between birth interval and education, and birth interval and wealth status, are in the expected directions: that is, the length of the birth interval increases with the level of mothers' education and with wealth status. With the wealth quintiles, there is a monotonic increase in the length of the interval from 44 months in the lowest wealth quintile, to 77 months in the highest quintile.

Overall, 16 percent of children are born less than 24 months after a previous birth, an interval perceived to be "too short." A relatively large proportion of these births are to women in their twenties (22 percent), to women in the Center and South regions (41 percent), and to women in the poorest households (24 percent).

4.7 AGE AT FIRST BIRTH

The onset of childbearing has a direct bearing on fertility. Early initiation into childbearing lengthens the reproductive period and subsequently increases fertility. Conversely, a late start in childbearing shortens the reproductive period and thus decreases fertility.

Table 4.6 shows median age at first birth as well as the percentage of women who gave birth by a given exact age, by five-year age groups. The youngest cohort of women for whom median age at first birth can be calculated is 25-29 years (the medians for groups age 15-19 and 20-24 cannot be determined since less than half of the women had a birth before reaching the lowest age of the age group).

Table 4.6 Age at first birth

Among all women, percentage who gave birth by exact age, and median age at first birth, by current age, Moldova 2005

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	0.1	na	na	na	na	95.2	1,417	a
20-24	0.1	4.8	17.3	na	na	59.7	1,124	a
25-29	0.4	8.5	28.6	47.2	68.8	22.1	964	22.3
30-34	0.2	6.0	28.1	57.4	78.3	7.6	924	21.4
35-39	0.1	3.9	24.3	55.9	82.3	5.2	855	21.6
40-44	0.2	2.1	19.1	51.2	79.4	3.9	1,007	21.9
45-49	0.2	2.3	17.0	47.1	77.2	4.4	1,149	22.2

na = Not applicable
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

The MDHS findings indicate that childbearing begins relatively late in Moldova; the majority of women age 20-24 years have never given birth. Between age 30 and 34, however, over 90 percent of women have given birth. The median age at first birth for women age 25 and older is 21 or 22 years, with little variation between age groups.

Further insights into the onset of childbearing can be discerned by examining the percentage of women who had a first birth by the given exact ages for various age groups of women. While these percentages increase progressively by increasing ages of first birth, as expected, the proportions of women having their first birth by age 18, for example, are slightly higher for younger women age 25-34 years, than for women age 35 and older. A similar trend is seen for women having their first birth by age 20.

Table 4.7 Median age at first birth by background characteristics

Median age at first birth among women age 25-49 years, by current age and background characteristics, Moldova 2005

Background characteristic	Current age					Women age
	25-29	30-34	35-39	40-44	45-49	25-49
Residence						
Urban	23.8	22.3	22.1	22.3	22.7	22.6
Rural	21.4	20.8	21.3	21.7	21.9	21.5
Region						
North	21.7	20.7	21.3	21.6	21.9	21.5
Center	21.6	21.1	21.7	21.9	22.2	21.8
South	21.9	21.1	21.1	21.8	21.7	21.6
Chisinau	24.9	22.6	22.3	22.7	23.3	23.0
Education						
No education/primary	*	*	*	*	*	*
Secondary	21.0	20.7	21.0	21.4	21.8	21.2
Secondary special	22.7	21.3	21.9	22.3	22.1	22.0
Higher	24.9	23.7	22.9	23.3	23.6	23.7
Wealth quintile						
Lowest	20.7	20.4	20.7	21.7	21.6	21.0
Second	21.3	20.9	21.3	21.7	21.8	21.5
Middle	22.0	21.2	21.8	21.9	21.8	21.7
Fourth	22.2	21.3	21.7	22.0	22.4	21.9
Highest	24.3	22.8	22.2	22.3	23.1	22.9
Total	22.3	21.4	21.6	21.9	22.2	21.9

Note: The medians for cohorts 15-19 and 20-24 could not be determined because at least half the women have not yet had a birth. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 4.7 shows the differential patterns in the median age at first birth among women age 25-49 by current age, according to background characteristics. As expected, the median age at first birth shows an inverse relationship with educational attainment and with wealth status. Women in Chisinau have the highest median age at first birth compared to women in any other region; women in urban areas, in general, have relatively higher median ages at first birth than women in rural areas.

4.8 TEENAGE PREGNANCY AND MOTHERHOOD

It is well known that adolescent pregnancy, early childbearing, and motherhood have negative socioeconomic and health consequences. Adolescent mothers are more likely to have complications during labor, which result in higher morbidity and mortality for themselves and their children. Moreover, childbearing during the teenage years frequently has adverse social consequences, particularly on female educational attainment, since women who become mothers in their teens are more likely to curtail education and subsequently compromise their prospects for good careers.

Table 4.8 shows the percentage of women age 15-19 who are mothers or who were pregnant with their first child at the time of the MDHS, by selected background characteristics. Only 6 percent of teenagers have begun childbearing, including about 5 percent who are already mothers. As expected, the proportion of young women who have begun childbearing increases rapidly with age, from 0 percent among women age 15, to 17 percent of women age 19.

Teenage fertility varies by background factors presented in Table 4.8. With regards to residence, about twice as many young women in rural areas than in urban areas have begun childbearing. Teenagers in the North region are about 5 times more likely than those in Chisinau to start childbearing by age 19. The proportion of early childbearing decreases with educational attainment, and for wealth status, teenagers in the fourth and highest wealth quintiles are by far the least likely to have a child during their teenage years.

Table 4.8 Pregnancy and motherhood among teenage women

Percentage of women age 15-19 who are mothers or pregnant with their first child, by background characteristics, Moldova 2005

Background characteristic	Percentage who are: Mothers	Pregnant with first child	Percentage who have begun childbearing	Number of women
Age				
15	0.0	0.0	0.0	262
16	1.5	1.3	2.7	290
17	1.6	1.7	3.3	295
18	7.0	1.3	8.3	308
19	14.2	2.4	16.6	262
Residence				
Urban	2.7	1.1	3.9	547
Rural	6.1	1.5	7.6	870
Region				
North	7.7	1.8	9.5	398
Center	4.6	1.5	6.1	456
South	4.3	1.8	6.1	268
Chisinau	1.6	0.0	1.6	295
Education				
No education/primary	*	*	*	4
Secondary	5.0	1.4	6.4	1,229
Secondary special	2.8	0.9	3.7	76
Higher	2.0	0.7	2.7	109
Wealth quintile				
Lowest	7.7	0.5	8.3	272
Second	8.8	2.6	11.3	242
Middle	5.6	2.2	7.8	306
Fourth	1.8	1.2	3.0	315
Highest	1.0	0.2	1.3	282
Total	4.8	1.3	6.1	1,417

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

FAMILY PLANNING 5

5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

One major objective of the 2005 MDHS was to assess the level of knowledge about family planning methods. Individuals who have adequate information about the available methods of contraception are better able to develop a rational approach to planning their families. Information on knowledge of contraception was collected during the survey by asking respondents to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent recognized it. In this manner, information was collected about eleven modern methods (female sterilization, male sterilization, the pill, intrauterine device [IUD], injectables, implants, male condoms, diaphragm, foam/jelly, lactational amenorrhea and emergency contraception) and two traditional methods (periodic abstinence and withdrawal). Provision was also made in the questionnaire to record any other methods named spontaneously by the respondent.

Table 5.1 shows data on knowledge of contraceptive methods among all women age 15-49, as well as for those who are currently married and unmarried. Knowledge of family planning is nearly universal, with 99 percent of all women age 15-49 knowing at least one method.

Table 5.1 Knowledge of contraceptive methods

Percentage of all women, of currently married women, of sexually active unmarried women, of sexually inactive unmarried women, and of women with no sexual experience who know any contraceptive method, by specific method, Moldova 2005

Method	All women	Currently married women	Unmarried women who ever had sex		Unmarried women who never had sex
			Sexually active[1]	Not sexually active[2]	
Any method	98.9	99.5	99.2	98.6	96.6
Any modern method	98.6	99.2	99.2	98.4	96.5
Female sterilization	66.0	70.9	68.0	64.9	49.2
Male sterilization	42.9	46.6	50.2	42.8	28.2
Pill	89.3	90.3	94.6	88.3	85.2
IUD	93.8	97.2	95.7	92.8	81.7
Injectables	49.3	52.2	52.6	48.6	38.7
Implants	17.9	18.9	23.4	18.1	13.0
Male condom	96.4	96.5	98.6	96.3	95.5
Diaphragm	20.4	20.2	29.5	23.3	17.3
Foam/jelly	43.8	45.6	56.9	45.3	34.0
Lactational amenorrhea (LAM)	54.0	66.0	40.2	52.7	15.6
Emergency contraception	38.1	38.6	53.0	41.1	31.4
Any traditional method	86.5	93.8	92.6	89.6	57.8
Periodic abstinence	58.7	63.3	66.3	60.0	40.1
Withdrawal	83.4	92.3	89.1	85.7	49.7
Folk method	3.2	3.7	4.4	4.3	0.5
Mean number of methods known	7.6	8.0	8.2	7.6	5.8
Number of women	7,440	4,937	305	783	1,415

[1] Women who had sexual intercourse in the month preceding the survey
[2] Women who did not have sexual intercourse in the month preceding the survey

Modern methods are more widely known than traditional methods. For example, 99 percent of all women have heard of at least one modern method, while only 87 percent know of a traditional method. Among all women, the male condom, IUD, the pill, and withdrawal are the most widely known methods of family planning, with over 80 percent of all women saying they had heard of these methods. Female sterilization is known by two-thirds of women, while periodic abstinence (rhythm method) is recognized by almost six in ten women. Just over half of women have heard of the lactational amenorrhea or LAM method, while around 40-50 percent of all women have heard of injectables, male sterilization, and foam/jelly. The least widely known methods are emergency contraception, diaphragm, and implants.

As expected, contraceptive knowledge is slightly higher among currently married women and sexually active unmarried women than among all women. The mean number of methods recognized by all women is 7.6, compared to 8.0 among married women and 8.2 among sexually active unmarried women. Unmarried women who have ever had sex but were not sexually active in the month prior to the survey have heard of an average of 7.6 methods. Unmarried women who have never had sexual intercourse are the least likely to have heard of every contraceptive method; nevertheless, they have heard of an average of 5.8 methods. The gap in knowledge between unmarried women who have never had sex and all other groups of women is most apparent for permanent methods (i.e., sterilization) and LAM.

5.2 Ever Use of Contraception

All women interviewed in the 2005 MDHS who said that they had heard of a method of family planning were asked whether they had ever used that method. Table 5.2 shows the percentage of all women, currently married women, and sexually active unmarried women who have ever used specific methods of family planning, by age.

The data show that 91 percent of currently married women have ever used a contraceptive method, 81 percent have used a modern method, and 68 percent have used a traditional method. The methods most commonly ever used by married women are withdrawal (63 percent), the IUD (52 percent), and male condom (38 percent). Nineteen to 30 percent of married women have used LAM, the pill, and periodic abstinence. Ever use of other methods does not exceed 10 percent.

Sexually active unmarried women are as likely to have ever used family planning as currently married women; however, the level of ever use is lower among all women (73 percent), largely because this group includes women who are not sexually active and therefore not in need of contraception. Sexually active unmarried women are much more likely (68 percent) than either all women or currently married women to have used the male condom. However, they are less likely than other women to have used long-term methods such as the IUD or sterilization.

Table 5.2 Ever use of contraception

Percentage of all women, of currently married women, and of sexually active unmarried women who have ever used any contraceptive method, by specific method and age, Moldova 2005

			Modern method										Traditional method			
Age	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Male condom	Foam/ jelly	LAM	Emergency contraception	Other	Any traditional method	Periodic abstinence	Withdrawal	Folk method	Number of women
ALL WOMEN																
15-19	17.1	13.9	0.0	0.0	2.3	1.2	11.8	0.8	2.0	0.9	0.2	10.0	1.5	9.6	0.4	1,417
20-24	68.8	58.8	0.1	0.1	14.5	15.5	43.6	4.7	16.2	3.6	0.4	48.8	11.7	45.7	1.2	1,124
25-29	88.9	80.0	1.8	0.7	28.6	38.0	48.9	8.8	30.6	4.8	1.2	65.6	19.2	60.9	1.9	964
30-34	90.8	84.2	3.7	0.3	27.2	54.7	44.2	8.3	30.5	6.0	2.1	66.3	20.9	60.1	2.4	924
35-39	91.4	83.1	6.4	0.0	23.4	61.0	36.6	7.1	26.9	3.4	1.8	68.2	21.0	61.8	2.1	855
40-44	91.0	80.9	7.4	0.3	18.0	62.4	27.3	5.2	29.6	2.2	1.7	66.7	21.7	60.1	3.1	1,007
45-49	87.2	72.7	6.4	0.0	10.8	54.5	22.1	3.8	25.7	1.8	2.1	66.5	19.5	60.8	3.7	1,149
Total	72.7	64.1	3.4	0.2	16.5	38.2	32.0	5.1	21.6	3.0	1.3	53.1	15.5	48.7	2.0	7,440
CURRENTLY MARRIED WOMEN																
15-19	75.6	58.6	0.0	0.0	12.6	11.6	41.9	5.4	19.8	2.9	1.0	45.9	5.1	45.9	2.0	136
20-24	89.4	76.7	0.3	0.1	19.0	26.2	51.2	5.5	28.2	3.6	0.6	64.1	14.8	60.7	1.2	629
25-29	92.7	83.8	2.1	0.7	29.5	42.7	50.0	8.6	34.2	4.7	1.3	70.2	20.1	65.1	1.9	794
30-34	92.9	86.7	3.9	0.3	28.7	57.3	44.7	8.7	32.6	6.2	2.4	68.4	21.2	62.2	2.2	810
35-39	93.0	84.6	7.3	0.0	23.8	63.6	35.9	6.9	27.2	3.2	2.0	69.6	20.1	64.0	2.1	746
40-44	92.4	82.2	7.3	0.3	18.7	64.1	27.6	5.2	30.2	2.0	1.7	68.2	21.9	62.8	2.9	869
45-49	89.1	74.1	6.5	0.0	10.2	57.1	21.7	3.9	25.9	1.5	1.6	68.3	19.5	62.7	3.5	953
Total	91.1	80.6	4.7	0.2	21.1	51.8	37.5	6.4	29.4	3.4	1.6	67.7	19.4	62.5	2.4	4,937
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																
15-19	86.4	75.0	0.0	0.0	12.1	1.1	68.0	4.1	1.1	10.1	1.3	57.6	9.3	56.5	2.8	73
20-24	91.8	76.9	0.0	0.0	19.5	1.3	73.0	10.2	1.1	9.3	0.0	68.1	19.5	62.6	3.0	109
25-29	(96.1)	(85.0)	(2.4)	(0.0)	(56.6)	(20.3)	(64.7)	(18.4)	(13.4)	(8.9)	(0.0)	(62.6)	(23.7)	(60.1)	(0.0)	36
30-34	(87.8)	(78.0)	(0.0)	(0.0)	(20.8)	(54.6)	(63.5)	(8.5)	(19.1)	(0.0)	(0.0)	(54.7)	(19.9)	(47.1)	(0.0)	27
35-39	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	18
40-44	(94.2)	(94.2)	(12.7)	(0.0)	(5.9)	(50.8)	(38.8)	(0.0)	(23.1)	(3.4)	(0.0)	(56.9)	(7.9)	(49.0)	(0.0)	23
45-49	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	18
Total	91.3	80.8	1.4	0.0	23.8	17.7	67.5	9.1	7.9	8.9	0.3	63.6	19.6	58.7	3.3	305

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
LAM = Lactational amenorrhea method
[1] Unmarried women who had sexual intercourse in the month preceding the survey

5.3 CURRENT USE OF CONTRACEPTIVE METHODS

Over two-thirds of currently married women (68 percent) in Moldova are using some method of contraception (Table 5.3). Modern methods are more commonly used than traditional methods; 44 percent of married women use modern methods, while 24 percent use traditional methods. As expected, contraceptive use is lower among all women (50 percent) than among married women and sexually active unmarried women, since the former include women who are not married or sexually active and therefore are not in need of family planning.

Table 5.3 Current use of contraception

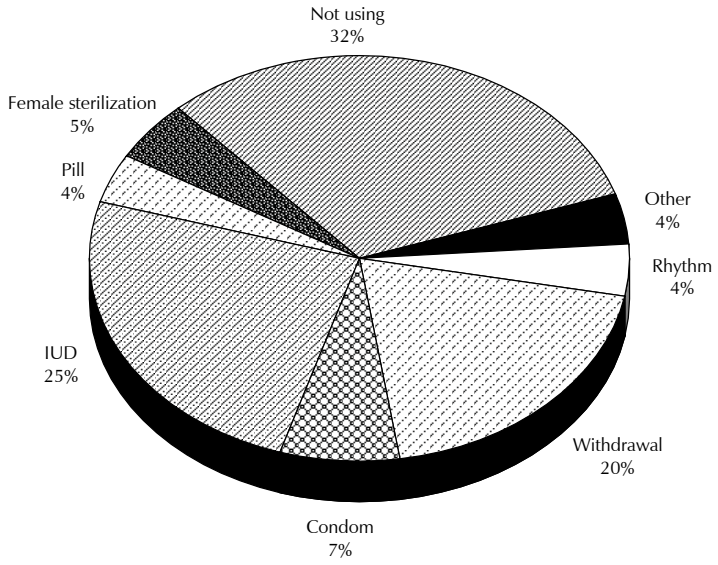
Percent distribution of all women, of currently married women, and of sexually active unmarried women by contraceptive method currently used, according to age, Moldova 2005

Age	Any method	Any modern method	Modern method: Female sterilization	Modern method: Male sterilization	Modern method: Pill	Modern method: IUD	Modern method: Male condom	Modern method: LAM	Modern method: Other	Any traditional method	Traditional method: Periodic abstinence	Traditional method: Withdrawal	Traditional method: Folk method	Not currently using	Total	Number of women
ALL WOMEN																
15-19	11.5	7.5	0.0	0.0	0.6	1.1	5.3	0.4	0.1	4.0	0.6	3.4	0.1	88.5	100.0	1,417
20-24	45.1	29.8	0.1	0.0	3.9	10.2	12.7	1.9	1.0	15.3	1.5	13.8	0.1	54.9	100.0	1,124
25-29	63.1	45.5	1.8	0.0	4.9	23.5	10.7	2.3	2.4	17.6	1.8	15.0	0.8	36.9	100.0	964
30-34	69.5	49.4	3.7	0.0	5.2	29.0	8.7	1.2	1.6	20.2	3.9	15.7	0.6	30.5	100.0	924
35-39	71.2	48.6	6.4	0.0	3.5	31.0	5.6	0.4	1.8	22.6	3.8	18.0	0.8	28.8	100.0	855
40-44	67.2	42.6	7.4	0.2	2.7	27.9	3.2	0.0	1.2	24.5	3.7	19.7	1.1	32.8	100.0	1,007
45-49	43.5	22.4	6.4	0.0	0.2	13.1	1.7	0.0	1.0	21.1	3.5	16.3	1.3	56.5	100.0	1,149
Total	49.8	32.8	3.4	0.0	2.8	17.7	6.7	0.8	1.2	17.0	2.5	13.9	0.6	50.2	100.0	7,440
CURRENTLY MARRIED WOMEN																
15-19	58.4	33.9	0.0	0.0	4.2	11.0	13.6	4.4	0.7	24.5	2.3	22.2	0.0	41.6	100.0	136
20-24	63.1	41.5	0.3	0.0	4.7	17.2	14.4	3.4	1.5	21.7	1.9	19.8	0.0	36.9	100.0	629
25-29	70.7	50.9	2.1	0.0	5.3	26.9	11.3	2.7	2.5	19.9	2.1	17.0	0.8	29.3	100.0	794
30-34	74.9	52.6	3.9	0.0	5.6	30.9	8.9	1.3	1.8	22.3	4.1	17.6	0.6	25.1	100.0	810
35-39	78.3	53.1	7.3	0.0	3.6	34.0	5.9	0.4	1.9	25.2	3.9	20.5	0.8	21.7	100.0	746
40-44	73.5	45.3	7.3	0.2	2.9	30.0	3.6	0.0	1.4	28.2	4.2	22.7	1.3	26.5	100.0	869
45-49	50.2	25.0	6.5	0.0	0.2	15.1	1.9	0.0	1.2	25.3	4.2	19.5	1.5	49.8	100.0	953
Total	67.8	43.8	4.7	0.0	3.6	25.2	7.4	1.3	1.7	23.9	3.5	19.6	0.9	32.2	100.0	4,937
SEXUALLY ACTIVE UNMARRIED WOMEN [1]																
15-19	76.5	52.2	0.0	0.0	1.6	1.1	48.2	0.0	1.2	24.3	3.6	19.6	1.1	23.5	100.0	73
20-24	69.4	45.1	0.0	0.0	9.7	0.2	33.7	0.0	1.4	24.3	2.8	20.8	0.7	30.6	100.0	109
25-29	(58.6)	(37.9)	(2.4)	(0.0)	(11.2)	(9.4)	(10.5)	(0.0)	(4.5)	(20.7)	(2.6)	(18.2)	(0.0)	(41.4)	(100.0)	36
30-34	(64.0)	(51.0)	(0.0)	(0.0)	(1.8)	(25.8)	(23.4)	(0.0)	(0.0)	(13.0)	(3.0)	(10.1)	(0.0)	(36.0)	(100.0)	27
35-39	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	18
40-44	(70.9)	(60.6)	(12.7)	(0.0)	(3.4)	(36.7)	(7.7)	(0.0)	(0.0)	(10.3)	(4.8)	(5.5)	(0.0)	(29.1)	(100.0)	23
45-49	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	18
Total	66.8	46.1	1.4	0.0	6.1	8.3	28.5	0.0	1.8	20.6	3.7	16.3	0.7	33.2	100.0	305

Note: If more than one method is used, only the most effective method is considered in this tabulation. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
LAM = Lactational amenorrhea method
[1] Women who had sexual intercourse in the month preceding the survey

The IUD is the most widely used method, being used by 25 percent of married women (Figure 5.1). The next most widely used method is withdrawal, used by 20 percent of married women. Male condoms are used by about 7 percent of married women, especially younger women. Five percent of married women have been sterilized and 4 percent each are using the pill and periodic abstinence (rhythm method). Sexually active unmarried women are far more likely to use male condoms and far less likely to use the IUD than either married women or all women.

Figure 5.1 Contraceptive Use among Currently Married Women



Note: Totals may not add to 100 because of rounding.

MDHS 2005

Use of any contraceptive method rises with age, from 58 percent among married women age 15-19, to a peak of 78 percent at age 35-39, and then declines to 50 percent at age 45-49. Younger married women are more likely to use condoms than older women and less likely to use long-term or permanent methods like the IUD and sterilization. Use of traditional methods is stable across age groups (20 to 28 percent).

5.4 TRENDS IN CONTRACEPTIVE USE

Contraceptive use appears to have decreased slightly since 1997, from 74 to 72 percent of married women age 15-44.[1] The proportion of women using modern methods has also decreased slightly from 50 to 48 percent. Use of the IUD has dropped considerably, from 38 percent of married women age 15-44 in 1997 to 28 percent of those age 15-44 in 2005. This decline has been partially offset by slight increases in use of condoms (from 6 to 9 percent of married women age 15-44), the pill (from 2 to 4 percent), and other methods like LAM and female sterilization. Use of traditional methods has remained steady.

Compared with other countries in Eastern Europe and Eurasia, contraceptive use among married women age 15-44 in Moldova (72 percent) appears to be higher than that in Romania (64 percent in 1999), Ukraine (68 percent in 1999), Armenia (58 in 2005), Azerbaijan (55 percent in 2001), Georgia (41 percent in 1999), Kazakhstan (62 percent in 1999), Kyrgyz Republic (60 percent in 1997), Turkmenistan (55 percent in 2000), and Uzbekistan (70 percent in 2002) (AIC, 2004; CDC and ORC Macro, 2003; NSS, 2006).

[1] The 1997 MRHS data refer to married women age 15-44; consequently the data from the 2005 MDHS were re-computed for the same age group. Interpretation of trends is also hampered by the fact that the 1997 survey included Transnistria, whereas the 2005 survey did not.

5.5 DIFFERENTIALS IN CONTRACEPTIVE USE BY BACKGROUND CHARACTERISTICS

As shown in Table 5.4, some women in Moldova are more likely to use contraceptives than others. Although the level of any contraceptive use is about the same for married women in urban and rural areas (67-68 percent), urban women are more likely than rural women to use modern methods (48 and 41 percent, respectively) and conversely, rural women are more likely than urban women to use traditional methods (27 percent versus 19 percent, respectively). In terms of region, married women use contraception to about the same extent in all regions, ranging from 67 to 69 percent, although in Chisinau, women are much more likely to use modern methods (51 percent) than women in other regions (41-43 percent).

Table 5.4 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Moldova 2005

			Modern method							Any tradi-	Traditional method					
Background characteristic	Any method	Any modern method	Female sterili-zation	Male sterili-zation	Pill	IUD	Male con-dom	LAM	Other	tional method	Periodic absti-nence	With-drawal	Folk method	Not currently using	Total	Number of women
Residence																
Urban	67.2	47.8	4.6	0.0	5.0	21.6	12.9	0.9	2.8	19.4	4.9	13.7	0.8	32.8	100.0	2,045
Rural	68.2	41.0	4.7	0.1	2.6	27.8	3.5	1.5	0.9	27.2	2.4	23.8	0.9	31.8	100.0	2,892
Region																
North	69.0	41.5	4.8	0.1	3.4	26.0	5.2	1.0	0.9	27.5	3.4	23.4	0.7	31.0	100.0	1,515
Center	66.7	41.1	4.8	0.0	2.2	27.9	3.5	1.5	1.1	25.6	3.0	21.7	1.0	33.3	100.0	1,336
South	67.3	43.1	4.9	0.0	3.0	28.5	3.8	1.7	1.2	24.2	2.0	21.7	0.5	32.7	100.0	958
Chisinau	67.9	51.0	4.0	0.0	5.9	18.3	17.9	1.0	3.9	16.9	5.3	10.3	1.2	32.1	100.0	1,127
Education																
No education/ primary	(61.2)	(38.3)	(5.5)	(0.0)	(1.1)	(17.6)	(10.6)	(3.5)	(0.0)	(22.9)	(0.0)	(22.9)	(0.0)	(38.8)	100.0	41
Secondary	65.3	40.2	5.2	0.0	2.6	25.6	4.7	1.5	0.7	25.2	1.7	22.5	1.0	34.7	100.0	2,884
Secondary special	70.7	47.7	5.6	0.0	4.3	28.5	6.3	0.9	2.0	23.0	4.6	17.7	0.6	29.3	100.0	1,046
Higher	72.2	50.9	2.0	0.2	5.9	21.1	16.4	1.0	4.3	21.3	7.7	12.8	0.7	27.8	100.0	966
Number of living children																
0	35.7	22.2	0.5	0.0	3.5	0.9	15.8	0.0	1.4	13.5	2.1	11.0	0.4	64.3	100.0	534
1-2	71.3	48.0	4.7	0.0	4.0	28.2	7.6	1.5	2.0	23.3	4.3	18.3	0.7	28.7	100.0	3,435
3-4	74.0	42.3	6.5	0.2	2.2	29.3	1.9	1.2	1.0	31.7	1.5	28.5	1.7	26.0	100.0	875
5+	64.2	29.2	8.4	0.0	2.2	17.4	0.0	1.2	0.0	34.9	0.0	34.9	0.0	35.8	100.0	93
Wealth quintile																
Lowest	66.9	36.6	4.6	0.0	2.4	25.4	1.5	2.7	0.0	30.3	0.2	29.2	1.0	33.1	100.0	839
Second	66.1	38.6	5.3	0.2	1.8	26.5	2.9	1.3	0.5	27.6	2.3	24.3	0.9	33.9	100.0	834
Middle	68.5	43.0	3.9	0.0	2.8	29.7	4.0	1.2	1.3	25.5	2.9	22.1	0.5	31.5	100.0	1,029
Fourth	66.9	46.4	5.4	0.0	4.1	25.1	8.9	0.9	2.0	20.5	4.8	14.8	0.9	33.1	100.0	1,081
Highest	69.8	51.3	4.2	0.0	6.0	20.4	16.3	0.6	3.8	18.5	5.9	11.6	1.0	30.2	100.0	1,154
Total	67.8	43.8	4.7	0.0	3.6	25.2	7.4	1.3	1.7	23.9	3.5	19.6	0.9	32.2	100.0	4,937

Note: If more than one method is used, only the most effective method is considered in this tabulation. Figures in parentheses are based on 25-49 unweighted cases.
LAM = Lactational amenorrhea method

Contraceptive use increases with level of education. For example, 72 percent of married women with higher education are using a method of contraception, compared with 65 percent of women with secondary education. Use also tends to increase with the number of living children—from 36 percent among married women with no children to 74 percent among married women with 3 or 4 children.

Although there is almost no difference in use of any contraceptive method by wealth index, there is a steady rise in use of modern methods as wealth increases. For example, 37 percent of married women in the lowest wealth quintile are using a modern contraceptive method, compared to 51 percent of those in the highest wealth quintile.

5.6 CURRENT USE OF CONTRACEPTIVES BY WOMEN'S STATUS

Table 5.5 shows the level of current use of contraceptive methods by various women's status indicators. Current use of a modern contraceptive method increases with the number of decisions in which a woman has a final say, from 30 percent among married women with no say in any decision to 44 percent among women who participate in 3-4 decisions. However, interpretation of the data is hampered by the fact that very few women interviewed did not participate in at least three of the decisions.

Table 5.5 Current use of contraception by women's status

Percent distribution of currently married women by contraceptive method currently used, according to selected indicators of women's status, Moldova 2005

			Modern method						Any tradi-	Traditional method					
Women's status indicators	Any method	Any modern method	Female sterili-zation	Pill	IUD	Male con-dom	LAM	Other	tional method	Periodic absti-nence	With-drawal	Folk method	Not currently using	Total	Number of women
Number of decisions in which woman has final say[1]															
0	(60.1)	(29.8)	(6.3)	(2.0)	(15.2)	(6.4)	(0.0)	(0.0)	(30.3)	(2.2)	(28.1)	(0.0)	(39.9)	100.0	39
1-2	66.7	38.9	3.1	1.8	21.4	10.8	0.9	0.8	27.9	6.5	18.7	2.7	33.3	100.0	91
3-4	67.9	44.1	4.7	3.6	25.4	7.3	1.3	1.7	23.8	3.4	19.6	0.8	32.1	100.0	4,807
Number of reasons to refuse sex with husband															
0	53.4	32.6	3.2	0.7	23.5	4.1	1.2	0.0	20.8	1.9	18.6	0.3	46.6	100.0	255
1-2	69.3	44.0	4.9	4.0	24.8	7.1	1.0	2.3	25.2	4.3	19.8	1.2	30.7	100.0	1,098
3-4	68.3	44.6	4.7	3.7	25.5	7.7	1.4	1.6	23.8	3.3	19.6	0.8	31.7	100.0	3,584
Number of reasons wife beating is justified															
0	68.9	45.3	4.8	3.8	25.2	8.3	1.2	1.9	23.7	4.0	19.0	0.7	31.1	100.0	3,878
1-2	64.1	40.2	4.5	3.1	26.8	3.9	1.1	0.9	23.9	1.3	20.9	1.7	35.9	100.0	800
3-4	62.7	35.0	3.8	2.2	22.4	3.8	2.0	0.9	27.7	1.7	24.5	1.5	37.3	100.0	209
5	(57.8)	(27.5)	(2.5)	(0.0)	(14.6)	(4.5)	(6.0)	(0.0)	(30.2)	(4.5)	(25.7)	(0.0)	(42.2)	100.0	49
Total	67.8	43.8	4.7	3.6	25.2	7.4	1.3	1.7	23.9	3.5	19.6	0.9	32.2	100.0	4,937

Note: If more than one method is used, only the most effective method is considered in this tabulation. Figures in parentheses are based on 25-49 unweighted cases.
LAM = Lactational amenorrhea method
[1] Either by herself or jointly with others

Married women who do not think that a woman is justified in refusing to have sex with her husband for any of the reasons cited are less likely to be using contraception than women who think refusal is justified in some situations. Current use of modern contraceptive methods rises from 33 percent among married women who believe there is no justifiable reason for refusing sex with a husband to 45 percent among women who agree with three or four reasons for refusing to have sex with a husband.

Married women who do not believe that there is any reason to justify wife beating are more likely to be using contraception than those who feel that wife beating is justified. Current use of contraception decreases from 69 percent among women who do not agree with any of the reasons to justify wife beating to 63 percent among women who agree with 3 or 4 reasons to justify wife beating.

5.7 TIMING OF FIRST USE OF CONTRACEPTION

Table 5.6 shows the distribution of women by current age and the number of living children at the time they first used contraception. The results imply that Moldovan women are adopting family planning at lower parities (i.e., when they have fewer children) than in the past. Among younger women (age 20-24), almost half (49 percent) used contraception before having any children, compared with only 12 percent of women age 45-49.

Table 5.6 Number of children at first use of contraception

Percent distribution of women by number of living children at the time of first use of contraception, according to current age, Moldova 2005

Current age	Never used contraception	Number of living children at time of first use of contraception						Total	Number of women
		0	1	2	3	4+	Missing		
15-19	82.9	14.6	2.3	0.0	0.0	0.0	0.2	100.0	1,417
20-24	31.2	48.8	17.5	2.1	0.3	0.0	0.1	100.0	1,124
25-29	11.1	41.5	35.0	10.0	1.6	0.3	0.4	100.0	964
30-34	9.2	27.4	42.6	16.7	2.9	1.0	0.2	100.0	924
35-39	8.6	18.3	44.1	22.4	4.2	2.1	0.3	100.0	855
40-44	9.0	14.6	44.2	23.6	5.3	3.2	0.2	100.0	1,007
45-49	12.8	12.3	42.5	21.7	7.9	2.7	0.1	100.0	1,149
Total	27.3	24.9	30.5	12.8	3.0	1.3	0.2	100.0	7,440

5.8 KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-related methods, such as the calendar or rhythm method, the Billings method, and other methods collectively called "periodic abstinence." The successful use of such methods depends in part on an understanding of when, during the ovulatory cycle, a woman is most likely to conceive. Women and men were asked, "From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?" If the answer was "yes," they were further asked whether that time was just before her period begins, during her period, right after her period has ended, or halfway between two periods. Table 5.7 provides the results for all women and men, as well as for those who report that they are currently using the periodic abstinence and those who are not.

Table 5.7 Knowledge of fertile period

Percent distribution of women and men by knowledge of the fertile period during the ovulatory cycle, according to current use/non use of periodic abstinence, Moldova 2005

Perceived fertile period	Users of periodic abstinence	Nonusers of periodic abstinence	All women/ men
WOMEN			
Just before her period begins	0.6	4.4	4.4
During her period	0.8	1.0	1.0
Right after her period has ended	7.8	11.4	11.3
Halfway between two periods	85.0	45.8	46.8
Other	0.0	0.0	0.0
No specific time	3.5	6.8	6.7
Don't know	1.1	30.3	29.6
Missing	1.2	0.2	0.2
Total	100.0	100.0	100.0
Number of women	188	7,252	7,440
MEN			
Just before her period begins	4.2	3.3	3.5
During her period	2.1	1.1	1.3
Right after her period has ended	14.9	6.8	8.9
Halfway between two periods	55.6	16.1	26.8
Other	0.8	0.3	0.4
No specific time	3.0	28.5	21.6
Don't know	19.3	43.6	37.0
Missing	0.2	0.4	0.3
Total	100.0	100.0	100.0
Number of men	680	1,828	2,508

Among all women, just under half (47 percent) understand that a woman is most likely to conceive halfway between her menstrual periods. Thirty percent say they do not know when the fertile period falls, 11 percent wrongly believe that the fertile period is right after a woman's period has ended, and 7 percent believe that there is no specific fertile time. As expected, users of periodic abstinence are much more likely than nonusers to know that the fertile time in a woman's menstrual cycle is halfway between periods (85 percent versus 46 percent).

The same questions were asked of men and the results indicate that they are less knowledgeable than women about the ovulatory cycle. Only 27 percent of men know that a woman is most likely to conceive if she has sex halfway between her menstrual periods. Almost 40 percent of men say they don't know when the fertile period is, while 22 percent say there is no specific fertile time. As with women, men who say they are using periodic abstinence are far more likely to know about women's ovulatory cycle than those who are not using the method.

5.9 SOURCE OF CONTRACEPTION

Information on where women obtain their contraceptives is useful for family planning program managers and implementers for planning logistics. In the 2005 MDHS, women who reported using a modern contraceptive method at the time of the survey were asked where they obtained the method the last time they acquired it. Since some women may not exactly know in which category the source they use falls (e.g., government versus private hospital), interviewers were instructed to note the full name of the source or facility. Supervisors and field editors were instructed to verify that the name and source type

were consistent, asking informants in the clusters for the names of local family planning outlets, if necessary, in order to improve the accuracy of source reporting.

Table 5.8 shows that public (government) facilities provide contraceptives to more than two in three users (69 percent), while 28 percent of users are supplied through private medical sources, and 3 percent through other private sources (e.g., shops). The most common single source of contraceptives in Moldova is government hospitals, which supply one-third of all users of modern methods. Family doctors and pharmacies each supply about one-quarter of users. Government family planning offices only supply 7 percent of users with their methods. Private hospitals and clinics and private doctors also account for only a very small share (2 percent) of contraceptive provision.

Government sources supply almost all users of long-term methods, such as female sterilization (99 percent) and IUD (95 percent). However, the large majority of pill and condom users get their methods from private sources, especially pharmacies. Nevertheless, one-third of pill users get their supplies from government sources.

Table 5.8 Source of contraception

Percent distribution of current users of modern contraceptive methods by most recent source of method, according to specific method, Moldova 2005

Source	Female sterili-zation	Pill	IUD	Male condom	Other	Total
Public sector	99.3	33.3	94.6	8.1	16.0	68.6
Government hospital	96.1	8.7	37.8	1.6	4.0	32.8
Family doctor	3.2	17.3	46.6	3.8	9.4	28.9
Family planning office	0.0	7.3	9.7	2.7	2.5	6.7
Other public	0.0	0.0	0.6	0.0	0.0	0.3
Private medical sector	0.4	65.2	4.7	78.1	79.1	27.7
Private hospital, clinic	0.4	3.6	2.3	0.4	4.1	1.9
Pharmacy	0.0	61.3	2.3	77.5	73.9	25.7
Private doctor's office	0.0	0.2	0.1	0.3	1.1	0.2
Other private	0.0	1.0	0.5	12.2	3.7	3.1
Shop	0.0	0.0	0.0	3.1	0.0	0.7
Friend/relative	0.0	1.0	0.5	9.0	3.7	2.4
Other/missing	0.3	0.5	0.2	1.6	1.2	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	256	207	1,320	501	84	2,377

Note: Table excludes lactational amenorrhea method (LAM).

5.10 INFORMED CHOICE

Current users of modern methods who are well informed about the side effects and problems associated with methods and who know of a range of method options are better able to make an informed choice about the method they would like to use. Current users of various modern contraceptive methods were asked whether at the time they started using the method, they were informed about side effects or problems that they might have with the method. Table 5.9 shows the percentage of current users of modern methods who were informed about side effects or problems of the method used, informed of other methods they could use, and informed that sterilization is a permanent method; these are broken down by method type and the place where current users obtained the method.

Table 5.9 Informed choice

Among current users of modern contraceptive methods who adopted the current method in the five years preceding the survey, percentage who were informed about the side effects of the method used, percentage who were informed what to do if side effects were experienced, and percentage who were informed of other methods that could be used for contraception, percentage of women who were sterilized in the five years preceding the survey who were informed that they would not be able to have any more children, by specific method and initial source of method, Moldova 2005

Method/Source	Informed about side effects or problems of method used[1]	Informed what to do if experienced side effects[1]	Informed of other methods that could be used	Informed that sterilization is permanent[2]
Method				
Female sterilization	33.6	30.6	21.6	87.4
Pill	60.3	57.6	58.9	na
IUD	45.2	44.0	34.5	na
Initial source of method[3]				
Public sector	71.8	68.7	56.2	91.7
Government hospital	68.6	64.6	54.6	91.1
Government health center	73.0	70.8	53.9	na
Family planning clinic	78.9	75.5	68.8	na
Private medical sector	63.8	61.6	58.1	na
Total	45.4	43.8	37.1	87.4

na = Not applicable
[1] Among users of female sterilization, pill, and IUD
[2] Sterilized women who were told that they would not be able to have any more children
[3] Source at start of current episode of use

Forty-five percent of users of modern contraceptives were informed about the side effects or health problems of the method they were provided and 44 percent were informed of what to do if they experienced such side effects. Only 37 percent of women who are using a modern method said they were told about other methods that they could use. Almost all women (87 percent) who were sterilized during the five-year period preceding the survey were informed that they would not be able to have any more children.

The results indicate that pill users are more likely to be informed of side effects than users of the IUD or female sterilization. They are also more likely to be told about other methods they could use. Differences in informed choice by source of method are not large.

5.11 CONTRACEPTIVE DISCONTINUATION

A prominent concern for managers of family planning programs is the discontinuation of methods. In the 2005 MDHS "calendar" section, all segments of contraceptive use between January 2000 and the date of interview were recorded, along with reasons for any discontinuation. One-year contraceptive discontinuation rates based on the calendar data are presented in Table 5.10.[2]

[2] The discontinuation rates presented here include only those segments of contraceptive use that *began* since January 2000. The rates apply to the 3-63 month period prior to the survey; exposure during the month of interview and the two months prior are excluded to avoid the biases that may be introduced by unrecognized pregnancies. These cumulative discontinuation rates represent the proportion of users discontinuing a method within 12 months after the start of use. The rates are calculated by dividing the number of women discontinuing a method by the number exposed at that duration. The single-month rates are then cumulated to produce a one-year rate. In calculating the rate, the various reasons for discontinuation are treated as competing risks.

Table 5.10 First-year contraceptive discontinuation rates

Percentage of contraceptive users who discontinued use of a method within 12 months after beginning its use, by reason for discontinuation and specific method, Moldova 2005

	Reason for discontinuation				
Method	Method failure	Desire to become pregnant	Switched to another method[1]	Other reason	Total
Pill	5.1	10.8	20.8	13.0	49.8
IUD	1.3	0.6	2.9	1.8	6.6
Male condom	5.0	6.7	14.6	12.5	38.8
LAM	4.4	2.2	67.5	17.2	91.3
Periodic abstinence	11.4	4.0	12.5	6.9	34.8
Withdrawal	12.9	5.1	12.3	6.7	37.1
All methods	6.6	4.4	17.9	8.8	37.8

Note: Table is based on episodes of contraceptive use that began 3 to 59 months prior to the survey.
LAM = Lactational amenorrhea method
[1] Used a different method in the month following discontinuation or said they wanted a more effective method and started another method within two months of discontinuation.

The data show that more than one-third (38 percent) of family planning users in Moldova discontinue using a contraceptive method within 12 months of starting its use. Seven percent of users stop using as a result of method failure (i.e., unintended pregnancy), while 4 percent discontinue because of a desire to become pregnant, and 18 percent switch to another method.

Discontinuation rates are highest for users of lactational amenorrhea method (91 percent), presumably because it is only usable immediately after giving birth and its effectiveness declines sharply after six months. Discontinuation rates are also high for pill users—half of whom stop using within 12 months after starting—and for users of condoms (39 percent), withdrawal (37 percent), and periodic abstinence (35 percent). On the other hand, very few IUD users (7 percent) discontinue using their method within a year. For all methods, the most common reason for discontinuation was to switch to another method.

Table 5.11 also presents reasons for discontinuation, but from a different perspective. All of the almost 4000 contraceptive discontinuations occurring in the five years preceding the survey, regardless of duration of use, are distributed by the main reason for discontinuation, according to method. Method failure (became pregnant while using) is the most prominent reason for discontinuation (19 percent), followed closely by wanting a more effective method (18 percent) and the desire to become pregnant (16 percent).

Periodic abstinence (rhythm method) and withdrawal appear to be relatively ineffective, given that about one-third of discontinuations of these two methods are due to failure of the method, causing unintended pregnancies. The LAM method and periodic abstinence contribute disproportionately to discontinuation because of wanting a more effective method, while discontinuations of IUD use are heavily concentrated in the health concerns category.

Table 5.11 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason for discontinuation, according to specific method, Moldova 2005

Reason	Pill	IUD	Condom	Foam/ jelly	LAM	Periodic abstinence	With-drawal	All methods
Became pregnant while using	12.3	6.5	15.1	15.9	4.9	32.2	34.5	19.0
Wanted to become pregnant	21.4	15.9	20.5	19.2	3.2	14.6	15.6	15.5
Husband disapproved	0.8	0.2	3.8	0.6	0.3	0.8	2.4	1.6
Side effects	13.5	7.7	0.3	2.4	0.2	0.0	0.3	3.1
Health concerns	12.5	42.7	2.0	10.2	1.7	1.8	2.3	11.4
Access/availability	0.9	0.0	0.7	0.0	0.3	0.0	0.1	0.3
Wanted a more effective method	9.1	3.2	15.9	17.1	43.0	23.0	19.3	17.6
Inconvenient to use	4.6	1.6	8.3	2.9	0.8	2.9	2.2	3.2
Infrequent sex/husband away	8.5	6.2	15.4	7.0	3.1	13.1	9.4	9.0
Cost too much	2.9	0.0	3.9	12.4	0.3	0.0	0.0	1.3
Fatalistic	0.2	0.0	0.0	0.0	1.7	0.0	0.1	0.3
Difficult to get pregnant/ menopausal	1.1	3.8	0.4	0.0	0.0	2.1	3.2	2.1
Marital dissolution/separation	0.1	0.5	1.5	1.1	0.0	0.0	0.8	0.7
Other	2.4	6.3	0.6	2.9	3.2	0.9	0.7	2.3
Don't know	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Missing	9.5	5.3	11.4	8.4	37.6	8.6	9.2	12.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	397	785	683	92	515	180	1,283	3,981

Note: Total includes 47 discontinuations of other methods.
LAM = Lactational amenorrhea method

5.12 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which non-users of contraception plan to use family planning in the future. Women who were not currently using a method of contraception were asked about their intention to use family planning in the future. The results are presented in Table 5.12.

Less than one-third (32 percent) of currently married nonusers say that they intend to use family planning in the future, 55 percent do not intend to use, and 11 percent are unsure. Surprisingly, the proportion of those intending to use generally decreases as the number of living children increases and the proportion who say they do not intend to use is highest among those with four or more children. This pattern is contrary to expectations and is mainly due to the fact that nonusers with more children are also more likely to be older and infertile (see next section).

Table 5.12 Future use of contraception

Percent distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children, Moldova 2005

	Number of living children[1]					
Intention	0	1	2	3	4+	Total
Intends to use	33.2	42.4	29.6	20.7	14.8	32.2
Unsure	18.4	12.9	7.0	11.5	10.1	11.4
Does not intend to use	48.0	43.9	61.7	67.6	75.0	55.4
Missing	0.4	0.8	1.7	0.3	0.0	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	264	492	547	189	99	1,591

[1] Includes current pregnancy

5.13 REASONS FOR NOT INTENDING TO USE

Table 5.13 presents the main reasons for not using contraception as reported by currently married nonusers who do not intend to use a contraceptive method in future. Fertility-related reasons (72 percent), especially being subfecund/infecund (infertile) or menopausal, are by far the most common reasons for not intending to use contraception, followed by method-related reasons (15 percent). Only 4 percent of nonusers said they do not intend to use because they are opposed to using family planning. The most common single reasons for not intending to use are subfecund/infecund (35 percent), menopause/hysterectomy (21 percent), and health concerns (10 percent).

Among women under age 30, the most frequently cited reasons for not intending to use contraception are a desire to have as many children as possible (30 percent), followed by subfecundity/infecundity (27 percent). The most important reasons among nonusers 30 years and above are subfecundity and infecundity (36 percent) and menopause (24 percent).

Table 5.13 Reason for not intending to use contraception

Percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future by main reason for not intending to use, according to age, Moldova 2005

	Age		
Reason	15-29	30-49	Total
Fertility-related reasons	57.8	73.3	71.5
Infrequent sex/no sex	1.2	9.4	8.4
Menopausal/hysterectomy	0.0	23.8	21.1
Subfecund/infecund	26.5	35.6	34.6
Wants as many children as possible	30.1	4.5	7.4
Opposition to use	11.3	3.3	4.2
Respondent opposed	5.4	1.8	2.2
Husband/partner opposed	1.4	0.4	0.5
Religious prohibition	4.4	1.1	1.5
Method-related reasons	18.2	14.1	14.6
Health concerns	8.1	9.9	9.7
Fear of side effects	7.4	1.6	2.3
Costs too much	0.0	0.5	0.4
Inconvenient to use	0.0	0.3	0.3
Interferes with body's normal processes	2.7	1.8	1.9
Other	1.2	7.3	6.6
Don't know	11.5	2.0	3.1
Total	100.0	100.0	100.0
Number of women	101	781	882

5.14 PREFERRED METHOD FOR FUTURE USE

Demand for specific methods can be assessed by asking nonusers which method they intend to use in the future. Table 5.14 presents information on method preferences for married women who are not using contraception but say they intend to use in the future. The largest percentage of prospective users report the IUD as their preferred method (45 percent), with 15 percent citing the pill, and 12 percent favoring withdrawal. Method preference among women under age 30 and those over 30 years is similar, except that older women are more likely than younger women to prefer withdrawal and condoms, while younger women are more likely to be unsure of the method they prefer to use.

Table 5.14 Preferred method of contraception for future use

Percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future by preferred method, according to age, Moldova 2005

	Age		
Method	15-29	30-49	Total
Female sterilization	2.3	0.6	1.7
Pill	14.4	15.6	14.8
IUD	47.8	40.5	45.3
Condom	6.9	11.0	8.3
Foam/jelly	0.4	3.9	1.6
Periodic abstinence	0.7	1.4	1.0
Withdrawal	9.9	16.5	12.1
Injectables/implants/ diaphragm/other	2.1	1.5	1.9
Unsure	15.5	9.0	13.3
Total	100.0	100.0	100.0
Number of women	338	173	512

5.15 EXPOSURE TO FAMILY PLANNING MESSAGES

Information on the level of public exposure to a particular type of media allows policymakers to use the most effective media for various target groups in the population. To assess the effectiveness of such media on the dissemination of family planning information, the 2005 MDHS asked all female and male respondents whether they had heard about family planning on the radio or television, read about it in a newspaper or magazine or in a pamphlet or brochure, or heard about it at a community event in the past few months.

Table 5.15.1 shows that almost half of women say they have seen a family planning message on the television, while about one-third say they heard about family planning on the radio or read about it in a newspaper or magazine in the past few months. Only about one in four women said they heard about family planning in a pamphlet/brochure or at a community event. A relatively high proportion—almost four in ten women—were not exposed to family planning messages in any of these media.

Men are far less likely than women to say they have been exposed to family planning information (Table 5.15.2). Less than one-third of men heard about family planning on the television, while less than one-quarter were exposed to information through the radio, newspaper or magazines, and only about 10 percent through pamphlets/brochures or community events. Almost two-thirds of men said they had not heard anything about family planning through these five sources in the past few months.

Generally, older respondents and in some cases the youngest respondents are less likely to have heard or seen a family planning message than those in the middle age groups. Exposure to family planning information is somewhat higher among urban than rural respondents and among those in Chisinau than in other regions. It also rises with the level of education and with the wealth index.

In the 2005 MDHS, women who were not using any family planning method were asked whether they had visited a health facility in the previous 12 months for care for themselves or their children. If so, they were then asked whether any staff member at the health facility spoke to them about family planning methods. The purpose of the questions was to assess the extent of "missed opportunities" to disseminate information about contraception. The results show that the vast majority (89 percent) of non-users either did not visit a health facility or if so, did not discuss family planning (data not shown).

Table 5.15.1 Exposure to family planning messages : women

Percentage of women who heard or saw a family planning message on the radio or television, or in a newspaper/magazine or in a pamphlet/brochure or at a community even in the past few months, according to background characteristics, Moldova 2005

Background characteristic	Radio	Television	Newspaper/ magazine	Pamphlets/ brochures	Community events	None of these five media sources	Number of women
Current age							
15-19	29.5	39.0	32.7	24.3	28.0	41.7	1,417
20-24	36.7	51.2	36.2	29.4	30.1	33.5	1,124
25-29	36.7	53.0	33.3	27.4	28.4	32.7	964
30-34	42.6	56.2	40.5	32.1	32.7	29.7	924
35-39	41.7	54.2	36.3	25.7	28.8	35.1	855
40-44	35.9	49.4	33.8	24.7	28.9	37.4	1,007
45-49	30.4	42.0	28.8	22.7	24.9	48.2	1,149
Residence							
Urban	36.1	55.4	39.2	31.5	28.8	31.6	3,194
Rural	35.1	43.1	30.5	22.6	28.6	41.9	4,246
Region							
North	33.9	45.6	31.0	24.4	26.5	40.2	2,207
Center	37.5	44.4	32.6	25.2	28.7	39.9	2,033
South	30.0	45.7	33.5	25.9	27.6	42.5	1,402
Chisinau	39.7	58.5	40.6	30.6	32.1	27.5	1,798
Education							
No education/primary	21.7	28.2	16.7	16.0	13.0	68.3	49
Secondary	29.8	39.8	25.9	19.7	24.7	45.6	4,534
Secondary special	44.6	60.6	45.2	35.0	34.6	26.6	1,327
Higher	45.2	63.9	49.9	39.2	35.8	21.7	1,530
Wealth quintile							
Lowest	26.0	30.3	21.2	14.7	24.6	53.3	1,243
Second	32.0	37.4	25.2	21.0	23.1	48.0	1,234
Middle	37.6	49.5	35.1	26.3	29.8	37.9	1,511
Fourth	39.0	55.3	39.9	30.5	30.7	30.1	1,672
Highest	39.7	61.3	43.6	34.5	32.6	25.7	1,780
Total	35.5	48.4	34.2	26.4	28.7	37.5	7,440

Table 5.15.2 Exposure to family planning messages: men

Percentage of men who heard or saw a family planning message on the radio or television, or in a newspaper/magazine or in a pamphlet/brochure or at a community event in the past few months, according to background characteristics, Moldova 2005

Background characteristic	Radio	Television	Newspaper/ magazine	Pamphlets/ brochures	Community events	None of these five media sources	Number of men
Current age							
15-19	18.4	23.8	12.7	10.1	14.5	63.2	411
20-24	26.2	36.9	20.6	14.6	19.6	50.8	275
25-29	24.6	36.4	20.8	11.6	14.4	53.6	234
30-34	27.9	34.9	20.0	16.4	15.2	55.5	224
35-39	27.6	35.0	23.5	12.8	14.3	55.6	248
40-44	19.0	30.1	17.0	7.5	9.0	62.8	247
45-49	22.2	27.2	17.5	8.1	6.4	67.5	349
50-54	22.5	24.8	16.9	9.3	9.1	71.0	296
55-59	21.5	25.7	17.1	6.4	5.2	69.2	224
Residence							
Urban	26.6	36.3	23.2	15.8	15.0	53.8	1,055
Rural	20.3	25.3	14.3	6.9	9.8	67.1	1,453
Region							
North	19.5	25.8	14.3	8.7	10.7	66.9	756
Center	23.6	29.6	16.1	9.9	10.6	62.2	702
South	21.9	28.4	18.8	8.2	10.8	63.9	496
Chisinau	27.6	37.1	25.0	16.1	16.3	51.2	554
Education							
No education/primary	3.7	3.7	0.0	0.0	0.0	96.3	16
Secondary	16.7	23.4	11.7	6.0	8.3	69.3	1,788
Secondary special	28.4	36.1	21.2	14.5	14.6	53.4	302
Higher	47.3	55.0	44.6	28.4	26.7	31.9	403
Wealth quintile							
Lowest	14.4	16.9	8.4	3.3	6.0	76.0	450
Second	17.9	21.8	10.7	6.4	6.5	72.6	470
Middle	24.1	32.3	16.6	7.1	12.8	59.9	464
Fourth	27.0	34.1	22.3	14.1	14.0	56.7	561
Highest	29.0	41.0	28.8	19.4	18.6	46.8	563
Total	22.9	29.9	18.0	10.6	12.0	61.5	2,508

5.16 ATTITUDES OF RESPONDENTS TOWARDS FAMILY PLANNING

Use of effective contraceptive methods is facilitated when couples have a positive attitude towards family planning and when men share the responsibility for contraception. In the MDHS, men were asked whether they agreed or disagreed with three statements about family planning use: 1) contraception is women's business and a man should not have to worry about it; 2) women who use contraception may become promiscuous; and 3) a woman is the one who gets pregnant so she should be the one to get sterilized. Results are shown in Table 5.16.

The data show that only 15 percent of men believe that contraception is women's business only, while over one-quarter believe that women who use family planning may become promiscuous. Only 13 percent of men believe that women should be the ones to get sterilized, since they are the ones who get pregnant. Differences by background characteristics are not large.

Table 5.16 Men's attitudes toward contraception

Percentage of men who agree with statements about contraceptive use, by background characteristics, Moldova 2005

Background characteristic	Woman's business	Woman may become promiscuous	Woman is the one who becomes pregnant	Number of men
Current age				
15-19	14.0	26.0	11.8	411
20-24	14.3	33.9	8.5	275
25-29	12.3	23.3	10.1	234
30-34	15.9	26.7	12.4	224
35-39	15.0	23.5	14.7	248
40-44	16.6	30.7	15.6	247
45-49	17.4	27.6	13.3	349
50-54	11.1	28.8	18.1	296
55-59	19.7	24.6	13.5	224
Marital status				
Never married	13.3	28.4	10.1	730
Married or living together	15.7	26.5	14.3	1,657
Divorced/separated/ widowed	15.9	32.7	14.9	120
Residence				
Urban	17.7	30.8	11.2	1,055
Rural	13.1	24.8	14.5	1,453
Region				
North	14.7	22.8	12.9	756
Center	11.4	23.7	12.4	702
South	18.5	31.1	13.2	496
Chisinau	17.0	34.7	14.1	554
Education				
No education/primary	*	*	*	16
Secondary	15.6	25.0	14.3	1,788
Secondary special	13.8	29.8	14.6	302
Higher	13.3	36.1	6.6	403
Wealth quintile				
Lowest	11.7	18.4	16.2	450
Second	21.3	27.7	15.0	470
Middle	12.1	24.7	11.5	464
Fourth	14.9	31.4	13.2	561
Highest	15.1	32.3	10.3	563
Total	15.0	27.3	13.1	2,508

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

ABORTION 6

Reliance on induced abortion was the primary means of fertility control throughout the former Soviet Union, including the former Soviet Republic of Moldova. In the decade after Moldova's independence in 1991, abortion rates began to decrease as the practice of modern contraception became more widespread. This decreasing trend, however, has stagnated since 2000 mainly because older women still rely on abortion to limit their child bearing. Thus, abortion still remains an important determinant in Moldova's reproductive trends.

Like other countries in East and Central Europe and the former Soviet Union, Moldova's abortion laws are among the most liberal in the world. They allow women to obtain an abortion upon request up to the 12th week of pregnancy, and up to 22 weeks for socioeconomic and medical reasons (Center for Reproductive Rights, 2000). Because induced abortion can adversely affect a woman's health, reduce her chances for further childbearing, and contribute to maternal and perinatal mortality, the Moldova Ministry of Health, along with assistance from UNFPA and other partners, aims to reduce the number of abortions by improving reproductive health services and family life education (UNFPA, 2006).

Information about induced abortion was collected through a detailed reproductive history section in the Women's Questionnaire. In collecting the histories, each woman was first asked about the total number of pregnancies that had ended in live births, induced abortions, miscarriages and stillbirths. After obtaining these aggregate data, an event-by-event pregnancy history was recorded. For each pregnancy, the duration, the month and year of termination, and the outcome of the pregnancy was recorded.[1]

6.1 PREGNANCY OUTCOMES

Table 6.1 shows the percent distribution of the outcome of all pregnancies that ended during the three-year period preceding the survey (approximately mid-2002 to mid-2005). In Moldova, slightly more than half of pregnancies end in a live birth (55 percent). The majority of pregnancy losses are due to induced abortions (34 percent of pregnancies), followed by miscarriages (10 percent) and stillbirths (less than 1 percent).

[1] The pregnancy history was structured to ensure as complete reporting of abortions as possible, especially for the period immediately before the survey. Data were collected in reverse chronological order (i.e., information was first collected about the most recent pregnancy, then about the next-to-last, and so on). This procedure was designed to yield a more complete reporting of events for the years immediately before the survey than collecting information in chronological order. At the end of the pregnancy history, interviewers were required to check the consistency between the aggregate data collected and the number of specific events reported in the pregnancy history.

Table 6.1 Pregnancy outcome by background characteristics

Percent distribution of pregnancies by pregnancy outcome, ending in the three-year period preceding the survey, according to background characteristics, Moldova 2005

Background characteristic	Pregnancy outcome				Total	Number of pregnancies
	Live birth	Induced abortion	Miscarriage	Stillbirth		
Residence						
Urban	50.5	39.0	10.2	0.3	100.0	801
Rural	58.2	30.5	10.5	0.8	100.0	1,043
Region						
North	55.4	33.4	11.1	0.1	100.0	530
Center	61.4	28.3	9.2	1.1	100.0	485
South	56.7	29.0	13.2	1.1	100.0	354
Chisinau	46.0	45.1	8.7	0.3	100.0	474
Education						
No education/primary	(45.3)	(43.3)	(11.4)	(0.0)	100.0	29
Secondary	57.0	32.4	9.7	0.9	100.0	1,176
Secondary special	48.5	40.4	11.1	0.0	100.0	275
Higher	53.4	34.5	11.9	0.2	100.0	365
Age (at pregnancy outcome)						
15-19	67.3	16.9	15.8	0.0	100.0	200
20-24	62.9	26.5	9.6	1.1	100.0	648
25-34	52.5	38.3	9.0	0.3	100.0	793
35-44	26.6	59.8	12.7	0.9	100.0	201
45-49	*	*	*	*	100.0	4
Pregnancy order						
First	77.4	9.5	11.9	1.2	100.0	492
Second	61.6	27.9	10.6	0.0	100.0	454
Third	46.0	42.9	10.5	0.5	100.0	316
Fourth	41.4	46.7	11.3	0.6	100.0	237
Fifth or higher	31.1	61.0	7.3	0.5	100.0	346
Wealth quintile						
Lowest	66.6	21.1	10.5	1.8	100.0	299
Second	56.4	31.9	11.4	0.4	100.0	340
Middle	57.1	30.0	12.5	0.5	100.0	375
Fourth	50.8	38.7	10.1	0.3	100.0	383
Highest	47.3	44.3	8.1	0.3	100.0	447
Total	54.8	34.2	10.4	0.6	100.0	1,845

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Pregnancy outcomes for the three-year period prior to the 2005 MDHS show no improvement compared to the results of the 1997 Moldova Reproductive Health Survey (1997 MRHS) (corresponding to the five-year period from mid-1992 to mid-1997) (Serbanescu et al., 1998). The percentage of pregnancies ending in live births in the 1997 MRHS is 53 percent versus 55 percent in the 2005 MDHS, and the percentage of pregnancies ending in abortion is 37 percent versus 34 percent, respectively.[2] Results from both surveys show about 10 percent of pregnancies ended in miscarriages (including ectopic pregnancies), and less than 1 percent ended in stillbirths. Likewise, patterns related to certain background characteristics have not changed: a greater percentage of pregnancies are still likely to end in abortions in urban versus rural areas, in Chisinau versus other regions, among women in older age groups, with more births, and of higher socioeconomic status.

[2] Caution should be exercised in interpreting these levels. Although they imply a decline in induced abortion, the 1997 MRHS included women from Transnistria in the sample, whereas the 2005 MDHS did not. In the 1997 MRHS, the Transnistria region (and Chisinau) had the highest percentage of women who had an abortion in the three years prior to the survey. Excluding Transnistria from the 1997 MRHS sample would thus result in a lower overall percentage of women who had an abortion, and probably close the gap with results of the 2005 MDHS. Thus, according to this indicator, the abortion situation in Moldova looks about the same since the mid-1990s.

6.2 LIFETIME EXPERIENCE WITH INDUCED ABORTION

Table 6.2 shows women's lifetime experience with abortion. The statistics on the proportion of women are based on all women age 15-49 irrespective of their exposure to the risk of pregnancy. Overall, more than a third of women (37 percent) of reproductive age have had at least one abortion. As expected, the percentage that have had an abortion increases rapidly with age which is also associated with increased exposure to pregnancy, since some women under age 20 have not even had sexual intercourse. Sixty-one percent of women age 35 and over have had at least one abortion. Similarly, the percentage of women with an abortion increases for up to three living children, and then it drops for women who apparently desire to have a larger family. There are no important differentials by residence or geographic region, indicating that, at least historically, abortion is a common means for women to regulate births regardless of where they live. Women of lowest socioeconomic status are less likely to report having an abortion (31 percent) than women in any other socioeconomic strata (36 to 41 percent).

Table 6.2 Lifetime experience with induced abortion

Percentage of women who have had at least one induced abortion, and among these women, percent distribution by number of abortions and the mean number of abortions, according to background characteristics, Moldova 2005

Background characteristic	Percentage with an induced abortion	Number of women	Distribution of women who have had an induced abortion, by number of abortions					Mean number of abortions	Number of women with abortions
			1	2-3	4-5	6+	Total		
Current age									
<20	1.1	1,417	*	*	*	*	100.0	*	15
20-24	14.3	1,124	78.4	21.4	0.3	0.0	100.0	1.3	160
25-34	40.9	1,888	52.0	38.3	8.4	1.3	100.0	1.8	771
35+	61.0	3,011	33.1	50.8	11.7	4.4	100.0	2.4	1,836
Number of living children									
0	4.4	2,456	68.1	28.9	3.0	0.0	100.0	1.5	107
1	41.3	1,645	52.4	37.9	7.9	1.7	100.0	1.9	679
2-3	61.0	3,013	36.3	48.7	11.2	3.8	100.0	2.3	1,839
4+	48.3	326	32.8	50.5	10.7	6.0	100.0	2.4	157
Residence									
Urban	39.0	3,194	38.4	46.8	11.5	3.4	100.0	2.2	1,245
Rural	36.2	4,246	43.6	44.3	8.9	3.2	100.0	2.1	1,538
Region									
North	39.1	2,207	42.2	44.4	10.9	2.5	100.0	2.1	864
Center	34.4	2,033	42.6	45.4	8.2	3.9	100.0	2.1	700
South	36.5	1,402	43.4	46.0	7.9	2.7	100.0	2.0	513
Chisinau	39.3	1,798	37.2	46.3	12.5	3.9	100.0	2.3	707
Education									
No education/primary	(44.0)	49	*	*	*	*	100.0	*	21
Secondary	34.4	4,534	42.1	44.0	10.5	3.5	100.0	2.2	1,559
Secondary special	51.5	1,327	37.7	49.4	8.8	4.1	100.0	2.2	684
Higher	33.9	1,530	43.7	44.6	10.5	1.2	100.0	2.0	518
Marital status									
Never married	1.7	1,862	(65.0)	(30.2)	(4.9)	(0.0)	100.0	(1.6)	32
Married or living together	48.8	4,937	41.1	46.0	9.8	3.1	100.0	2.1	2,411
Divorced/separated/ widowed	52.9	641	40.3	42.7	12.1	4.9	100.0	2.3	339
Wealth quintile									
Lowest	30.8	1,243	42.9	47.6	6.8	2.8	100.0	2.0	383
Second	37.5	1,234	43.3	43.6	8.4	4.7	100.0	2.1	463
Middle	36.1	1,511	44.1	43.8	10.1	2.0	100.0	2.0	545
Fourth	39.7	1,672	40.8	46.0	10.8	2.4	100.0	2.1	664
Highest	40.9	1,780	37.4	46.2	12.1	4.3	100.0	2.3	727
Total	37.4	7,440	41.3	45.4	10.1	3.3	100.0	2.2	2,782

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 6.2 also presents information on repeated use of induced abortion. Among women who have ever had an abortion, over half have had more than one (59 percent). Forty-five percent of women who have had an abortion reported having 2 to 3 abortions, and 13 percent had 4 or more. Patterns of repeat abortion are similar to patterns of experiencing any abortion. That is, where percentages of women who have ever had an abortion are relatively high, the percentages of women with more than one abortion also are likely to be higher. For example, women age 35 and older and women with four or more children are the most likely to have had an abortion, and also the least likely to have had only one abortion. The mean number of abortions among women who have had at least one abortion is 2.2.

The 2005 MDHS data do not differ significantly from those from the 1997 MRHS in terms of the percentage of women who reported ever having had an abortion (37 percent and 39 percent, respectively). Among women who have ever had an abortion, however, results from the MDHS imply that women are slightly more likely to have repeat abortions compared with results from the 1997 MRHS: in the 1997 MRHS, 53 percent of these women had two or more abortions; in the 2005 MDHS, 59 percent of these women had two or more abortions.

6.3 RATES OF INDUCED ABORTION

Table 6.3 shows rates of induced abortion for the three-year period preceding the survey (approximately mid-2002 to mid-2005). Age-specific abortion rates (ASARs), which are shown per 1,000 women, express the number of abortions among women of a given age, divided by the total number of women-years in that age group. The total abortion rate (TAR), which is expressed per woman, is a summary measure of the ASARs. The TAR is interpreted as the number of abortions a woman would have in her lifetime if she experienced the currently observed age-specific abortion rates throughout her childbearing years.

Table 6.3 Induced abortion rates

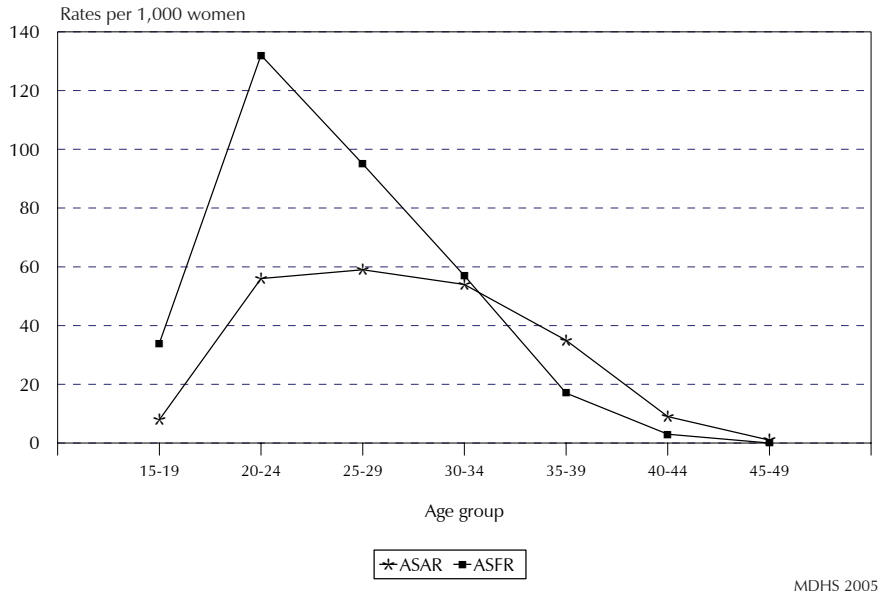
Age-specific abortion rates (per 1,000 women) and total abortion rates for all women, in the three-year period preceding the survey, by selected background characteristics, Moldova 2005

	Age-specific abortion rates		
Age	Urban	Rural	Total
15-19	8	9	8
20-24	50	62	56
25-29	77	46	59
30-34	60	49	54
35-39	45	29	35
40-44	13	5	9
45-49	1	1	1
Rates			
TAR 15-49[1]	1.3	1.0	1.1
TAR 15-44[1]	1.3	1.0	1.1
GAR [2]	39	31	35

[1] TAR, the total abortion rate, is expressed per woman
[2] GAR, the general abortion rate (abortions divided by number of women (15-44), is expressed per 1,000 women

As shown in Table 6.3, at the national level, the ASARs for induced abortion increase rapidly after age 19, remain high from ages 20 to 35, and then drop sharply in older age groups. An unusual trend is noted when ASARs are examined by residence. For women in rural areas, the ASARs peak early, at ages 20 to 24, and are lower thereafter. For women in urban areas, they peak later, at ages 25 to 29, and remain significantly more elevated than those in rural areas for women in their 30s. Comparing national level abortion rates with the fertility rates, the pattern is such that fertility rates are significantly higher than abortion rates for women under age 30, then the rates crossover showing that older women are more likely to have an abortion than to bear a child (Figure 6.1).

Figure 6.1 Age-Specific Fertility Rates (ASFR) and Age-Specific Abortion Rates (ASAR)



MDHS 2005

The lifetime total abortion rate for the three-year period prior to the survey (from mid-2002 to mid-2005) is 1.1 abortions per woman. The TAR is slightly higher in urban areas than rural areas (1.3 and 1.0, respectively). The TAR for only married women during the same time period is 1.3 abortions per married woman which is slightly higher than for all women (data not shown). This supports the finding that in the former Soviet republics, abortion was primarily used by married women to control fertility after one or two births, whereas in the United States and other Western countries abortions are associated more with first pregnancies and unmarried women (Westoff, 2005).

Compared to other countries, the TAR for the most recent period in Moldova is lower than in neighboring Romania (2.2 in 1997-1999) and Ukraine (1.6 in 1997-1999), as well as other parts of the former Soviet Union including Russia (2.3 in 1996-1998), Armenia (2.6 in 1998-2000), Azerbaijan (3.2 in 1998-2000) and Georgia (3.7 in 1997-1999). The TAR in Moldova is closer to those in Central Asia including Kazakhstan (1.4 in 1997-1999), Kyrgyz Republic (1.5 in 1995-1997), Turkmenistan Republic (0.8 in 1998-2000) and Uzbekistan (0.6 in 1994-1996) (CDC and ORC Macro, 2003). It should be noted that, in general, abortion rates have been declining all over the former Soviet Union as modern contraceptives are replacing abortion as a means of controlling childbearing (Westoff, 2005). This trend towards lower TARs should be taken into account when comparing this measure across the region.

Table 6.4 Induced abortion by background characteristics

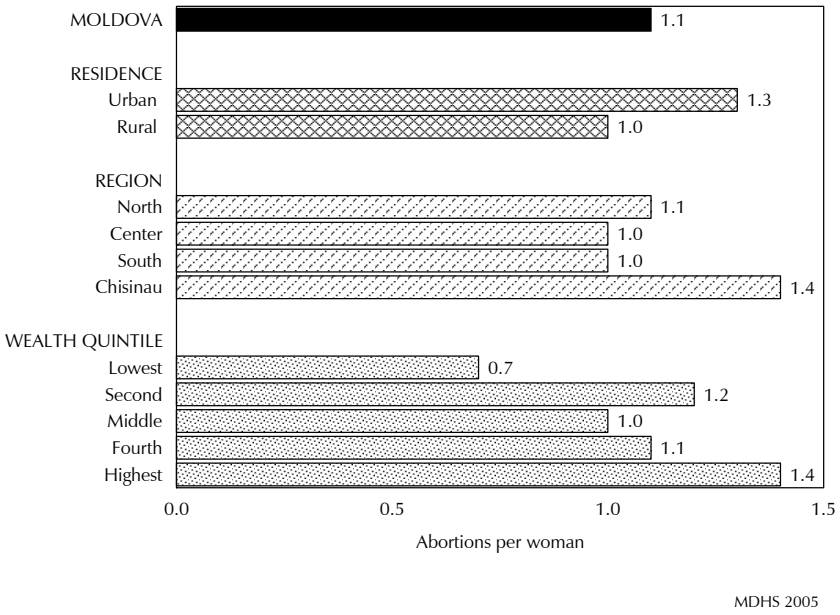
Total induced abortion rate for the three-year period preceding the survey, by selected background characteristics, Moldova 2005

Background characteristic	TAR[1]	Mean number of abortions among women age 40-49
Residence		
Urban	1.3	1.6
Rural	1.0	1.4
Region		
North	1.1	1.5
Center	1.0	1.4
South	1.0	1.4
Chisinau	1.4	1.7
Education		
No education/primary	*	*
Secondary	1.2	1.4
Secondary special	1.0	1.7
Higher	1.0	1.5
Wealth quintile		
Lowest	0.7	1.1
Second	1.2	1.4
Middle	1.0	1.4
Fourth	1.1	1.6
Highest	1.4	1.8
Total	1.1	1.5

[1] Women age 5-49

Total abortion rates by background characteristics are shown in Table 6.4 and Figure 6.2. TARs do not vary drastically by residence, and education. The lowest TAR of 0.7 is seen for women in the poorest wealth quintile, while the highest TAR (1.4) is seen for women in the highest quintile and also for women in Chisinau. The women in the highest wealth quintile and the women in Chisinau are likely to be most of the same women because the wealthiest households are concentrated in urban areas, of which Chisinau is the largest (see Table 2.7). Higher rates of abortion among these women are probably due to the fact that because abortions are no longer provided by the state, women with adequate resources are more likely to have access to abortion and to be able to afford the procedure. This raises questions as to the means used to educate women about the potentially negative effects of abortion. If educational messages are being disseminated to the public, they may be reaching women of certain social strata but not across all social strata. These questions merit further research.

Figure 6.2 Total Abortion Rate by Background Characteristics



6.4 TRENDS IN INDUCED ABORTION

Using the MDHS data, induced abortion trends can be assessed in several ways. One approach is to compare the total abortion rate at the time of the survey with the mean number of abortions to women who are completing their fertile years (age 40-49). On average, women who have come to the end of their reproductive years have had an average of 1.5 abortions (Table 6.4). Comparing this to the TAR of 1.1, a measure of the current level of induced abortion across all age groups, the level of induced abortion appears to have decreased over the long term. The decrease in abortion is consistent across all background characteristics.

Another more sensitive approach for detecting abortion trends is to examine TARs and ASARs over a series of short, consecutive time intervals. Table 6.5 presents these abortion rates for four distinct three-year time periods prior to the survey. These data show no decline in the TAR for women age 15-44 since the mid-1990s. The reason for this stagnation is that ASARs have been steadily decreasing over time for younger age groups, but in the most recent time period, from 2003 to 2005, the ASARs have increased among women in their 30s (Figure 6.3). (Note that because women age 50 and above were not interviewed in the survey, the rates are truncated successively as the number of years prior to the survey

increases.) The general abortion rate (GAR), the number of abortions annually per 1,000 women age 15-44, likewise shows a modest decrease since 1997-1999, but no improvement since 2002.

An indicator frequently associated with abortion is maternal mortality. The 2005 MDHS did not estimate maternal mortality because the sample size is not large enough to obtain a precise measure. However, the official estimate for 2002 was 28.0 maternal deaths per 100,000 live births, with abortion registered as the second major cause (first cause was indirect obstetrical risks and the third cause was direct obstetrical risks) (UNFPA, 2003). A reduction in abortion rates would reduce maternal mortality.

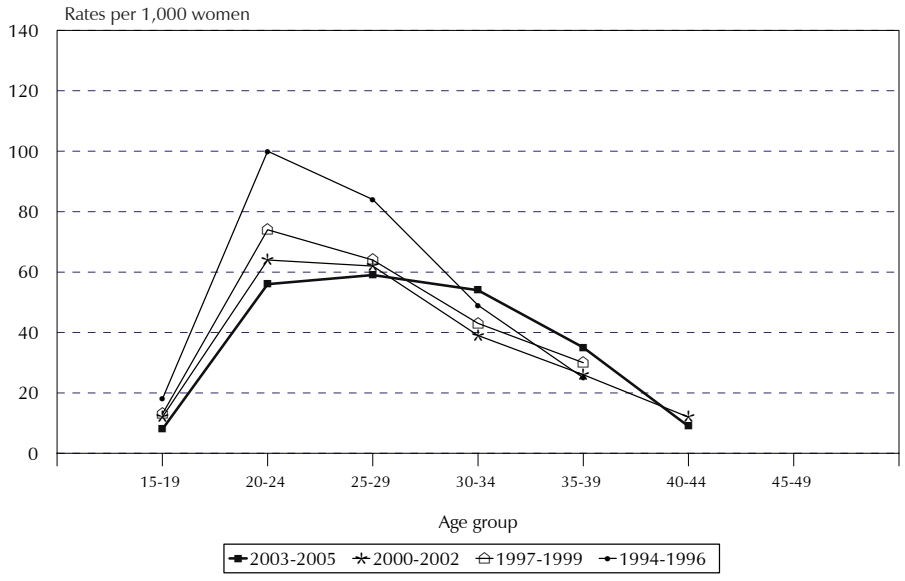
Table 6.5 Abortion trends

Age-specific abortion rates for three-year periods preceding the survey, Moldova 2005

Woman's age at the time of the abortion	Number of years preceding the survey			
	0-2 (2003-2005)	3-5 (2000-2002)	6-8 (1997-1999)	9-11 (1994-1996)
15-19	8	12	13	18
20-24	56	64	74	100
25-29	59	62	64	84
30-34	54	39	43	49
35-39	35	26	30	25
40-44	9	12	[14]	[22]
45-49	[1]	[3]	-	-
Rates				
TAR 15-49[1]	1.1	-	-	-
TAR 15-44[1]	1.1	1.1	1.2	-
GAR[2]	35	34	41	-

Note: the estimates in brackets are truncated.
[1] TAR: Total abortion rate, expressed per woman
[2] GAR: General abortion rate (abortions divided by number of women 15-44), expressed per 1,000 women

Figure 6.3 **Age-Specific Abortion Rates (ASAR) for Three-year Periods Prior to the 2005 MDHS**



MDHS 2005

For each pregnancy that ended in the three years prior to the survey, respondents were asked whether they were using a method of contraception at the time they became pregnant, and if so, which method. Table 6.6 shows the use of contraception at the time of conception. The majority of respondents who had an induced abortion were using a method of contraception at the time they became pregnant (60 percent). Thus, these unplanned pregnancies were the result of contraceptive failure. About thirty-nine percent of all induced abortions occurred after failure of a traditional contraceptive method, especially the withdrawal method. Twenty-one percent of induced abortions occurred after failure of a modern method, most commonly the condom and IUD. Forty percent of women were using no contraceptive and decided to terminate their pregnancy.

Table 6.6 Use of contraception prior to pregnancy

Percent distribution of pregnancies during the three years preceding the survey by contraceptive method used (if any) at the time of conception, according to pregnancy outcome, Moldova 2005

	Pregnancy outcome			
Contraceptive method	Live birth	Induced abortion	Miscarriage	All pregnancies
No contraception	77.6	39.6	70.4	63.9
Any method	22.4	60.4	29.6	36.1
Modern method	6.7	21.4	12.8	12.4
Pill	1.3	4.5	1.9	2.5
IUD	1.5	6.3	3.1	3.3
Condom	3.5	8.5	6.5	5.5
Female sterilization	0.0	0.2	0.0	0.1
Foam/jelly	0.4	1.9	1.2	1.0
Traditional method	15.7	39.0	16.8	23.8
Lactational amenorrhea	0.3	2.6	1.1	1.2
Rhythm	1.9	4.8	2.0	2.9
Withdrawal	13.2	30.8	13.7	19.2
Other	0.3	0.9	0.0	0.5
Total	100.0	100.0	100.0	100.0
Number of pregnancies	1,011	631	192	1,845

Note: Total includes 11 stillbirths (too few to show by separate contraceptive methods).

OTHER PROXIMATE DETERMINANTS OF FERTILITY 7

7.1 INTRODUCTION

Research on fertility demonstrates that fertility levels in most populations can be explained by five key proximate determinants that define the risk of becoming pregnant. These are marriage, sexual intercourse, postpartum amenorrhea and abstinence from sexual relations, onset of menopause, and contraceptive use. This chapter addresses all of these determinants except contraception (see Chapter 5). In some countries like Moldova, induced abortion is another factor that affects fertility (see Chapter 6).

Marriage is a principal indicator of women's exposure to risk of pregnancy. Early age at marriage in a population is usually associated with a longer period of exposure to the risk of pregnancy and higher fertility levels. Sometimes, the early initiation of childbearing associated with early marriage may also adversely affect women's and children's health. The durations of postpartum amenorrhea and postpartum abstinence, both of which affect the length of time a woman is insusceptible to pregnancy, help determine the interval between births, as does the frequency of intercourse. The onset of menopause marks the end of a woman's reproductive life cycle. Taken together, these factors in large measure determine the length and pace of reproduction, hence they are important in understanding fertility levels and differences.

7.2 MARITAL STATUS

The distribution of women and men by marital status at the time of survey is presented in Table 7.1. In most of the rest of this report, the term "currently married" refers to those who are formally "married" as well as those who are "living together," while those who are divorced, separated, or widowed are referred to as "formerly married." The currently married and the formerly married combined gives the proportion ever married.

One-quarter of women of childbearing age have never been married; 66 percent are either married or living together with a man; and the remaining 9 percent are either divorced, separated, or widowed. The low proportion (1 percent) of women in their 40s who have never been married indicates that marriage is still nearly universal in Moldova. Divorce and separation (7 percent) are not common in Moldova. Two percent of women age 15-49 are widowed. The proportion currently married or in a consensual union has declined very slightly from 69 percent of women in 1997 to 66 percent in 2005.

A slightly higher proportion of men than women (29 percent) have never been married, while the proportion currently married is identical to that of women (66 percent). Only 5 percent of men are separated, divorced, or widowed.

Although women enter into marriage earlier than men, by age 35-39, the proportions of women and men who have never been in a marital union have more or less converged. Women are also more likely than men to report living with a man, being separated, and being widowed.

Table 7.1 Current marital status

Percent distribution of women and men by current marital status, according to age, Moldova 2005

Age	Marital status						Total	Number of women and men
	Never married	Married	Living together	Divorced	Separated	Widowed		
				WOMEN				
15-19	89.5	6.8	2.8	0.2	0.8	0.0	100.0	1,417
20-24	39.1	46.0	10.0	0.9	3.9	0.1	100.0	1,124
25-29	8.8	76.3	6.0	4.4	3.8	0.8	100.0	964
30-34	2.5	82.0	5.7	6.3	3.0	0.4	100.0	924
35-39	2.7	83.4	3.9	5.1	2.9	1.9	100.0	855
40-44	1.0	81.5	4.8	7.3	2.4	3.0	100.0	1,007
45-49	1.3	80.5	2.5	6.0	3.5	6.3	100.0	1,149
Total	25.0	61.4	5.0	4.0	2.8	1.8	100.0	7,440
				MEN				
15-19	98.4	0.7	0.5	0.0	0.4	0.0	100.0	411
20-24	76.1	19.4	3.8	0.0	0.6	0.0	100.0	275
25-29	25.4	67.6	3.4	2.7	0.9	0.0	100.0	234
30-34	10.6	77.0	6.1	4.3	2.0	0.0	100.0	224
35-39	3.7	87.6	4.0	4.1	0.6	0.0	100.0	248
40-44	2.8	84.3	4.5	5.3	1.9	1.2	100.0	247
45-49	1.8	88.6	3.4	4.4	0.4	1.4	100.0	349
50-54	2.7	87.3	2.5	5.0	1.3	1.1	100.0	296
55-59	1.1	86.0	4.7	3.3	0.0	4.8	100.0	224
Total	29.1	62.7	3.4	3.1	0.9	0.9	100.0	2,508

7.3 AGE AT FIRST MARRIAGE

Marriage in most societies defines the onset of the socially acceptable time for childbearing. Women who marry early will have, on average, a longer period of exposure to pregnancy, often leading to a higher number of children ever born. Table 7.2 shows the percentage of women and men who have married by specific ages, according to current age group.

Just over 40 percent of women enter marriage before their 20th birthday. Among women age 25-49, the median age at first marriage is 20.4 years. This corroborates the observations across the age cohorts in Table 7.2, which show the median age at marriage as more or less constant over time. The median age declines from 20.8 years among women age 45-49 to 20.3 among those age 25-29.

The lower panel of Table 7.2 shows age at first marriage for men. Less than 10 percent of men marry before their 20th birthday, and less than one-third marry before age 22. The median age at marriage among men is 23.2 years, about 3 years higher than for women. As among women, the median age at first marriage for men is largely constant across the age cohorts.

Table 7.2 Age at first marriage

Percentage of women and men who were first married by specified exact ages, and median age at first marriage, according to current age, Moldova 2005

Current age	Percentage of women who were first married by exact age: 15	18	20	22	25	Percentage who were never married	Number	Median age at first marriage
				WOMEN				
15-19	0.8	na	na	na	na	89.5	1,417	a
20-24	0.5	18.9	39.6	na	na	39.1	1,124	a
25-29	1.2	20.4	46.8	68.2	86.1	8.8	964	20.3
30-34	1.2	18.0	53.0	77.2	89.1	2.5	924	19.8
35-39	0.8	13.2	45.6	71.7	90.1	2.7	855	20.3
40-44	0.5	9.1	39.7	69.7	88.2	1.0	1,007	20.6
45-49	0.6	8.4	34.9	68.4	85.3	1.3	1,149	20.8
20-49	0.8	14.5	42.8	na	na	9.9	6,023	a
25-49	0.8	13.5	43.5	70.9	87.6	3.2	4,899	20.4
				MEN				
15-19	0.0	na	na	na	na	98.4	411	a
20-24	0.0	0.9	9.7	na	na	76.1	275	a
25-29	0.0	3.0	12.5	29.9	60.7	25.4	234	24.0
30-34	0.0	3.1	13.5	37.2	65.0	10.6	224	23.0
35-39	0.0	2.7	5.4	29.9	72.1	3.7	248	23.0
40-44	0.0	1.5	6.8	36.4	70.2	2.8	247	23.0
45-49	0.0	1.9	7.9	29.5	73.8	1.8	349	23.0
50-54	0.0	1.6	4.8	30.2	74.1	2.7	296	23.4
55-59	0.0	1.6	9.4	27.3	74.0	1.1	224	23.2
20-59	0.0	2.0	8.6	na	na	15.5	2,097	a
25-59	0.0	2.2	8.4	31.3	70.4	6.4	1,822	23.2

na = Not applicable
a = Omitted because less than 50 percent of the women or men married for the first time before reaching the beginning of the age group

Table 7.3 further examines the median age at first marriage for women age 25-49 and for men age 25-59 by background characteristics. Urban women tend to marry slightly later than their rural counterparts; the difference for men is almost imperceptible. Both women and men in Chisinau marry later than those in the other regions. The median age at first marriage increases with educational level for women and men; this also holds true for each age group of women. Age at marriage also generally increases as wealth increases; the relationship is stronger for women than for men.

Table 7.3 Median age at first marriage

Median age at first marriage among women 25-49, and men age 25-59, by current age and background characteristics, Moldova 2005

Background characteristic	Current age of women					Women age 25-49	Men age 25-59
	25-29	30-34	35-39	40-44	45-49		
Residence							
Urban	20.9	20.2	20.7	21.0	21.2	20.8	23.5
Rural	19.9	19.7	20.0	20.3	20.5	20.1	23.1
Region							
North	19.8	19.4	19.8	20.2	20.5	20.0	23.0
Center	19.8	20.0	20.7	20.6	20.8	20.5	23.2
South	20.5	19.8	19.9	20.5	20.6	20.3	23.3
Chisinau	21.3	20.4	20.8	21.5	21.5	21.1	23.8
Education							
No education/primary	*	*	*	*	*	*	*
Secondary	19.5	19.4	19.7	20.1	20.5	19.9	23.0
Secondary special	20.7	19.9	20.6	21.1	20.7	20.6	23.3
Higher	21.9	21.1	21.5	22.1	22.0	21.7	24.2
Wealth quintile							
Lowest	19.6	19.2	19.3	20.2	20.4	19.8	22.9
Second	19.7	19.7	20.0	20.3	20.3	20.0	23.2
Middle	20.4	20.0	20.6	20.7	20.6	20.5	23.0
Fourth	20.2	19.7	20.6	20.6	21.0	20.5	23.4
Highest	21.3	20.6	20.6	21.1	21.4	21.0	23.7
Total	20.3	19.8	20.3	20.6	20.8	20.4	23.2

Note: The medians for cohorts 15-19 and 20-24 could no be calculated because less than 50 percent of the respondents were married for the first time before reaching the lower age extreme of the age group. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

7.4 AGE AT FIRST SEXUAL INTERCOURSE

Although age at marriage is often used as a proxy measure for the beginning of exposure to the risk of pregnancy, some women engage in sexual activity before marriage. The MDHS gathered information on the timing of the first sexual intercourse for both men and women. The percentage of women and men who had had sexual intercourse by exact ages is given in Table 7.4.

Only a tiny fraction (less than 1 percent) of women report that they had sex before they were 15, while about half had their first sex by the time they turned 20. Older women are more likely to have had their first sexual encounter at a later age. This is further reflected in the median age at first sex, which is about 20.5 years for those in their 40s and about 19.5 for women under age 35.

The data for the male respondents show an earlier age at first sex at most age groups, compared with female respondents. Almost one-third of men had sex before age 18, compared with only about 15 percent of women. The median age at first sex for men is 19 years, compared with 20 for women. As with women, age at first sex declines from older to younger cohorts.

Table 7.4 Age at first sexual intercourse

Percentage of women and men who had first sexual intercourse by specified exact ages and median age at first intercourse, according to current age, Moldova 2005

Current age	Percentage who had first sexual intercourse by exact age: 15	18	20	22	25	Percentage who never had sex	Number	Median age at first sex
				WOMEN				
15-19	1.3	na	na	na	na	78.1	1,417	a
20-24	0.8	22.7	55.1	na	na	22.3	1,124	19.6
25-29	1.7	24.6	58.9	79.4	92.2	3.7	964	19.4
30-34	0.8	19.9	61.1	82.9	93.9	0.8	924	19.5
35-39	0.8	16.1	49.4	77.2	92.8	1.1	855	20.0
40-44	0.4	9.2	42.3	72.6	90.4	0.2	1,007	20.5
45-49	0.6	9.1	38.4	72.0	89.4	0.3	1,149	20.6
20-49	0.8	16.8	50.5	na	na	5.1	6,023	20.0
25-49	0.8	15.4	49.4	76.5	91.6	1.2	4,899	20.0
				MEN				
15-19	9.0	na	na	na	na	56.4	411	a
20-24	8.3	51.4	82.7	na	na	7.0	275	17.9
25-29	9.0	52.4	79.9	92.7	95.3	2.0	234	17.8
30-34	2.7	38.4	67.9	82.8	92.4	0.3	224	18.5
35-39	4.4	32.4	64.8	84.4	94.6	0.5	248	18.7
40-44	2.2	24.5	57.9	82.0	91.2	1.0	247	19.1
45-49	2.2	23.4	47.9	74.4	89.4	0.0	349	20.1
50-54	3.3	17.9	43.9	70.9	85.0	0.0	296	20.4
55-59	0.7	13.7	39.3	68.1	85.3	0.3	224	20.5
20-59	4.1	31.3	59.9	na	na	1.4	2,097	19.0
25-59	3.4	28.3	56.4	78.8	90.3	0.5	1,822	19.3

na = Not applicable
a = Omitted because less than 50 percent of the respondents had intercourse for the first time before reaching the beginning of the age group

Comparison of data from the 2005 MDHS with similar data from the 1997 MRHS shows little change in the percentage of young women who have never had sex. The percentage of women age 15-19 who have never had sex stayed steady at 79 percent in 1997 to 78 percent in 2005; the proportion of those age 20-24 who never had sex increased from 17 percent in 1997 to 22 percent in 2005.

Table 7.5 shows the median age at first sex by background characteristics for women age 25-49 and men age 25-59 years. Women in the rural areas start sexual activity slightly earlier than their urban counterparts. With respect to education, women with higher education begin sexual activity about one year later than those with secondary education. Women from poor households tend to have intercourse for the first time somewhat earlier than those from wealthy households.

Table 7.5 Median age at first intercourse

Median age at first sexual intercourse among women age 25-49, and men age 25-59, by current age and background characteristics, Moldova 2005

Background characteristic	Current age of women					Women age 25-49	Men age 25-59
	25-29	30-34	35-39	40-44	45-49		
Residence							
Urban	19.4	19.6	20.3	20.6	20.8	20.2	18.7
Rural	19.4	19.4	19.8	20.3	20.4	19.9	19.9
Region							
North	19.1	19.3	19.6	20.1	20.3	19.7	19.7
Center	19.5	19.7	20.3	20.5	20.5	20.1	19.8
South	19.8	19.5	19.8	20.6	20.7	20.2	19.2
Chisinau	19.3	19.6	20.5	20.9	21.0	20.3	18.5
Education							
No education/primary	*	*	*	*	*	*	*
Secondary	18.9	19.2	19.5	20.1	20.3	19.6	19.6
Secondary special	19.7	19.6	20.2	20.8	20.6	20.3	19.2
Higher	20.4	20.2	21.1	21.6	21.7	20.9	18.5
Wealth quintile							
Lowest	19.1	18.9	19.3	20.2	20.0	19.5	20.3
Second	19.2	19.4	20.0	20.3	20.4	19.9	20.0
Middle	19.9	19.7	20.2	20.5	20.5	20.2	19.4
Fourth	19.6	19.5	20.3	20.5	20.8	20.2	18.9
Highest	19.2	19.7	20.3	20.6	21.0	20.2	18.5
Total	19.4	19.5	20.0	20.5	20.6	20.0	19.3

Note: The medians for cohorts 15-19 and 20-24 could not be calculated because less than 50 percent of the respondents had had sexual intercourse before reaching the lower age extreme of the age group. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Interestingly, the data for men show a reverse pattern from that for women for each background characteristic. For example, rural men start sexual activity about one year later than urban men. Men in Chisinau have the lowest median age at first sex, while women in Chisinau have the highest. Unlike women, the median age at first sex among men decreases as the level of education and wealth quintile increase.

7.5 RECENT SEXUAL ACTIVITY

In the absence of contraception, the chance of becoming pregnant is related to the frequency of sexual intercourse. Thus, information on sexual activity can be used to refine measures of exposure to pregnancy. Women and men were asked how long ago their last sexual activity occurred. The responses to this question allow for an assessment of recent sexual activity (in the four weeks preceding the survey). Tables 7.6.1 and 7.6.2 show the distribution of women and men, respectively, according to the timing of last sexual activity, by background characteristics.

Nineteen percent of women age 15-49 and 15 percent of men age 15-59 have never had sexual intercourse. Eight and 7 percent of women and men, respectively, report that their last sexual encounter occurred more than one year before the survey. Fourteen percent of women and men had sex in the year preceding the survey, but not in the past month, while 58 percent of women and 65 percent of men had a recent sexual encounter.

Table 7.6.1 Recent sexual activity: women

Percent distribution of women by timing of last sexual intercourse, according to background characteristics, Moldova 2005

Background characteristic	Time since last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years ago	Never had sexual intercourse	Total[2]	Number of women
Age						
15-19	14.1	5.4	1.4	78.1	100.0	1,417
20-24	55.4	17.3	3.4	22.3	100.0	1,124
25-29	70.2	18.5	6.1	3.7	100.0	964
30-34	77.5	14.8	6.2	0.8	100.0	924
35-39	74.7	13.9	8.8	1.1	100.0	855
40-44	70.2	16.0	12.5	0.2	100.0	1,007
45-49	63.9	17.7	17.1	0.3	100.0	1,149
Marital status						
Never married	10.6	8.5	3.7	76.0	100.0	1,862
Married or living together	80.8	15.3	3.2	0.0	100.0	4,937
Divorced/separated/ widowed	16.8	24.4	53.8	0.0	100.0	641
Marital duration[3]						
Currently married:						
0-4 years	82.8	13.7	2.2	0.0	100.0	794
5-9 years	80.6	16.5	1.8	0.0	100.0	749
10-14 years	84.6	12.5	2.2	0.0	100.0	732
15-19 years	80.9	15.1	3.9	0.0	100.0	707
20-24 years	78.1	17.4	3.9	0.0	100.0	721
25+ years	74.8	19.4	5.4	0.0	100.0	683
Married more than once	84.1	12.1	3.4	0.0	100.0	551
Residence						
Urban	59.8	13.2	8.2	17.4	100.0	3,194
Rural	56.1	15.2	7.3	20.2	100.0	4,246
Region						
North	57.2	15.1	8.0	18.6	100.0	2,207
Center	55.0	14.8	7.3	21.7	100.0	2,033
South	57.9	15.5	7.1	18.6	100.0	1,402
Chisinau	61.4	12.1	8.1	16.9	100.0	1,798
Education						
No education/primary	(57.0)	(23.2)	(10.9)	(7.7)	100.0	49
Secondary	53.6	13.9	7.4	23.9	100.0	4,534
Secondary special	68.3	14.7	9.7	6.4	100.0	1,327
Higher	60.7	15.2	6.7	15.9	100.0	1,530
Current contraceptive method						
Female sterilization	76.3	12.8	9.8	0.0	100.0	256
Pill	86.9	12.2	0.4	0.0	100.0	207
IUD	81.8	14.0	3.6	0.0	100.0	1,320
Condom	83.7	15.4	0.7	0.0	100.0	501
Rhythm	88.8	10.5	0.0	0.0	100.0	188
Other method	85.6	13.2	0.5	0.0	100.0	1,235
No method	32.0	15.1	13.1	37.9	100.0	3,732
Total	57.7	14.4	7.7	19.0	100.0	7,440

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Excludes women who had sexual intercourse within the past 4 weeks
[2] Total included missing cases
[3] Excludes women who are not currently married

Table 7.6.2 Recent sexual activity: men

Percent distribution of men by timing of last sexual intercourse, according to background characteristics, Moldova 2005

Background characteristic	Time since last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years	Never had sexual intercourse	Total[2]	Number of men
Age						
15-19	21.0	19.1	3.0	56.9	100.0	411
20-24	67.6	19.3	5.1	8.0	100.0	275
25-29	79.7	13.8	2.8	3.6	100.0	234
30-34	83.1	9.1	3.0	4.8	100.0	224
35-39	83.7	9.8	3.4	2.7	100.0	248
40-44	76.1	11.8	4.5	6.7	100.0	247
45-49	72.6	11.1	11.0	4.8	100.0	349
50-54	66.0	12.7	12.6	8.7	100.0	296
55-59	57.3	12.8	19.5	10.4	100.0	224
Marital status						
Never married	36.0	20.1	5.9	37.9	100.0	730
Married or living together	78.8	10.1	5.9	4.9	100.0	1,657
Divorced/separated/ widowed	39.7	24.1	30.3	5.4	100.0	120
Marital duration[3]						
Currently married:						
0-4 years	82.2	9.5	4.7	3.6	100.0	156
5-9 years	84.7	9.1	2.8	3.5	100.0	161
10-14 years	82.3	8.0	3.4	5.4	100.0	178
15-19 years	78.7	12.1	3.6	5.7	100.0	154
20-24 years	82.6	6.8	4.8	4.7	100.0	99
25+ years	65.9	14.8	12.2	7.0	100.0	329
Married more than once	80.5	8.0	6.9	4.0	100.0	210
Residence						
Urban	67.8	13.2	6.3	12.7	100.0	1,055
Rural	62.1	14.1	7.7	15.9	100.0	1,453
Region						
North	66.9	13.0	6.8	13.1	100.0	756
Center	58.2	14.7	8.6	18.3	100.0	702
South	63.1	14.8	7.9	13.7	100.0	496
Chisinau	70.4	12.4	4.8	12.4	100.0	554
Education						
No education/primary	*	*	*	*	100.0	16
Secondary	60.2	14.6	7.4	17.5	100.0	1,788
Secondary special	72.2	11.8	7.0	9.0	100.0	302
Higher	79.3	10.7	6.2	3.6	100.0	403
Total	64.5	13.7	7.1	14.5	100.0	2,508

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Excludes men who had sexual intercourse within the past 4 weeks

[2] Total included missing cases

[3] Excludes men who are not currently married

As expected, recent sexual activity is less common among the youngest age group, 15-19; three-quarters of women and over half of men in this age group have never had sex. Recent sexual activity is more common among the currently married, with about 80 percent of married women and men having had sex in the four weeks before the survey. Male-female differences are greatest for those who have never married and those formerly married. Among those who have never married, the proportion of males who report a recent sexual encounter is more than three times that of women (36 and 11 percent, respectively). There is a similar pattern among those who were formerly married (40 percent for men and 17 percent for women).

The proportion of respondents who report having recent sexual activity tends to decrease among those married longer. Residents of Chisinau are slightly more likely to report recent sexual activity than those in other regions. The proportions reporting recent sexual activity do not differ very much across the other characteristics. However, women who report using no contraceptive method are less likely to have had a recent sexual encounter than women using contraception. This is not surprising because many of them have never had sex.

7.6 POSTPARTUM AMENORRHEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhea is defined as the period between childbirth and the return of ovulation, generally approximated by the resumption of menstruation following childbirth. This period is largely determined by the duration and intensity of breastfeeding. The risk of conception in this period is very low. The duration of the postpartum amenorrhea and the period of sexual abstinence following birth jointly determine the length of the insusceptibility period. Thus, women are considered insusceptible if they are abstaining from sex following childbirth or are amenorrheic.

Women who gave birth three years preceding the survey were asked about the duration of their periods of amenorrhea and sexual abstinence following each birth. The results are presented in Table 7.7. Over three-quarters of women are insusceptible to pregnancy within the first three months following childbirth. After the third month, the contribution of abstinence is greatly reduced. At 8-11 months after birth, about 40 percent of women are still amenorrheic, but only 9 percent are abstaining. At 12-15 months postpartum, the proportion amenorrheic is only 12 percent.

Table 7.7 Postpartum amenorrhea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which the mother is postpartum amenorrheic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Moldova 2005

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrheic	Abstaining	Insusceptible	
< 3	71.4	38.3	77.0	101
4-7	50.8	7.0	53.2	98
8-11	39.0	8.5	43.3	113
12-15	12.1	7.3	17.8	136
16-19	4.4	2.5	5.9	119
20-23	3.7	5.1	8.9	105
24-27	2.1	5.8	8.0	106
28-31	4.3	1.7	5.4	118
32-35	2.8	0.0	2.8	110
Total	20.1	8.1	23.6	1,005
Median	5.8	1.7	6.3	na
Mean	8.1	3.8	9.4	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable

The principal determinant of the length of the period of insusceptibility is postpartum amenorrhea. The median duration of amenorrhea is 5.8 months; of abstinence, 1.7 months; and insusceptibility, 6.3 months.

7.7 TERMINATION OF EXPOSURE TO PREGNANCY

One indicator of infecundity is the onset of menopause. Menopausal women are defined here as women who are neither pregnant nor postpartum amenorrheic, but who have not had a menstrual period in the six months before the survey. The prevalence of menopause increases with age, typically from around age 30. Table 7.8 presents the indicator for women age 30-49, which ranges from 1 percent for women in their 30s to 43 percent for women age 48-49.

Table 7.8 Menopause

Percentage of women age 30-49 in menopause, by age, Moldova 2005

Age	Percentage of women in menopause[1]	Number of women
30-34	1.1	924
35-39	1.1	855
40-41	4.1	361
42-43	6.6	389
44-45	10.4	492
46-47	26.7	465
48-49	43.4	449
Total	11.0	3,934

[1] Percentage of all women who are not pregnant and not postpartum amenorrheic whose last menstrual period occurred six or more months preceding the survey or who report that they are menopausal.

FERTILITY PREFERENCES 8

This chapter focuses on three indicators of need for contraception: whether or not the respondent wants another child and, if so, the preferred interval between children; the number of children considered to be ideal; and the level of unwanted and mistimed fertility. Analysis and interpretation of these issues reveal important implications for the planning and implementation of family planning programs. The underlying rationale of most family planning programs is to give couples the freedom and ability to bear the number of children they want and to achieve the spacing of births they want. The data are used to quantify fertility preferences and, in combination with information on contraceptive use, allow estimation of unmet need for family planning.

8.1 DESIRE FOR MORE CHILDREN

Women and men in the 2005 MDHS sample were asked, "Would you like to have (a/another) child or would you prefer not to have any (more) children?" Respondents who said that they would like to have more children were asked, "How long would you like to wait from now before the birth of (a/another) child?" Responses to these questions are presented in Table 8.1 by the number of living children for both married women and men.

Overall, 64 percent of married women either do not want another child or are sterilized, 28 percent want to have another child—12 percent soon (within two years), 14 percent later, and 3 percent undecided when—and the remaining 7 percent are either undecided or say they are unable to have another child (Figure 8.1).

Fertility preferences among married men show a similar pattern to women, with an identical proportion (64 percent) either wanting no more children or sterilized. Men are slightly less likely than women to want another child (24 percent) and slightly more likely to be undecided.

The data imply that Moldovan women and men generally want small families. A large majority of those with two children (77 percent of women and 74 percent of men) say they do not want any more, as do 83 percent of women and 82 percent of men with three children. Even among those with one child, over one-third do not want to have another. And surprisingly, 9 percent of women and 17 percent of men with no children say that they do not want any children.

Comparison of data with the 1997 MRHS to assess trends in fertility preferences is hampered by differences in the sample coverage—the 1997 survey covered women age 15-44 only—and in the way questions were asked. Specifically, the 1997 survey asked whether the respondent intends to have another baby at some time, whereas the 2005 MDHS asked whether the respondent would like to have another child. Moreover the surveys tabulated results in different categories. Nevertheless, it appears that the proportion of married women who want no more children has remained more or less constant.

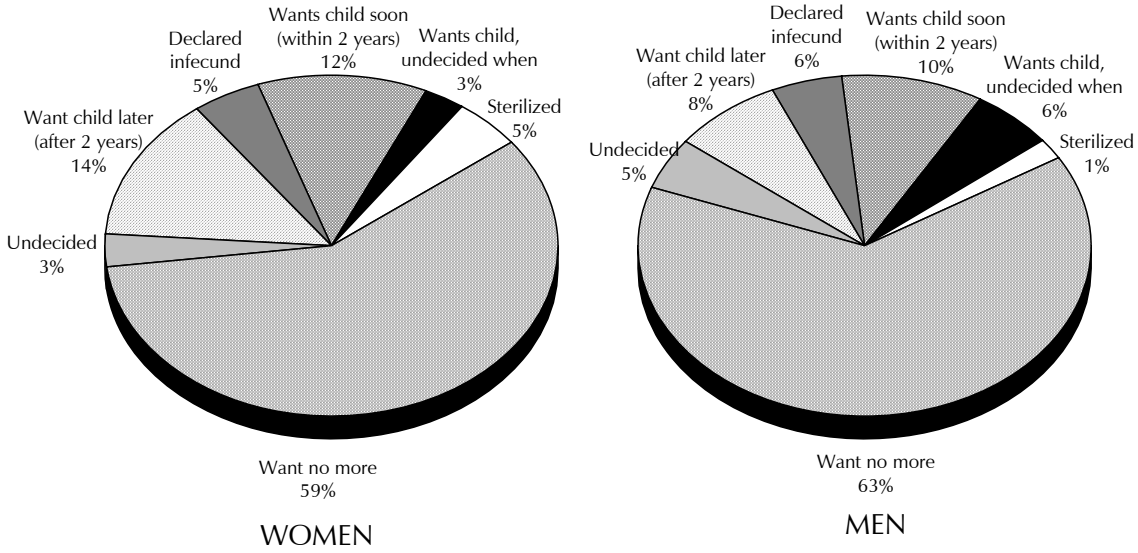
Table 8.1 Fertility preferences by number of living children

Percent distribution of currently married women and men by desire for children, according to number of living children, Moldova 2005

Desire for children	Number of living children[1] 0	1	2	3	4+	Total
			WOMEN			
Have another soon[2]	48.9	19.0	3.2	1.3	1.0	11.5
Have another later[3]	19.0	32.7	5.4	2.1	0.9	13.6
Have another, undecided when	11.0	4.4	1.7	1.0	1.3	3.2
Undecided	0.9	3.4	2.6	1.3	2.7	2.5
Want none/no more	8.6	33.4	76.8	83.3	81.2	59.4
Sterilized[4]	0.6	2.4	6.2	6.2	7.6	4.7
Declared infecund	10.1	4.1	4.0	4.9	4.0	4.7
Missing	0.9	0.6	0.2	0.0	1.2	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	455	1,394	2,094	692	302	4,937
			MEN			
Have another soon[2]	39.8	18.1	4.5	2.7	0.0	10.1
Have another later[3]	8.3	21.1	5.9	0.7	0.9	8.3
Have another, undecided when	17.6	11.5	3.0	1.8	2.8	6.0
Undecided	5.6	6.5	6.3	4.0	0.7	5.4
Want none/no more	17.3	36.9	73.6	82.3	88.6	62.9
Sterilized[4]	0.6	1.1	1.7	1.4	0.0	1.3
Declared infecund	9.3	4.9	4.5	7.2	6.9	5.7
Missing	1.6	0.0	0.5	0.0	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	149	380	696	302	130	1,657

[1] Includes current pregnancy
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilization

Figure 8.1 Fertility Preferences among Currently Married Women and Men Age 15-49



Note: Totals may not add to 100 because of rounding.

MDHS 2005

The proportion of women who want to stop childbearing is shown in Table 8.2 by residence, region, education, and wealth quintile. Although, overall, a larger proportion of women in rural areas want no more children compared with women in urban areas (69 percent and 57 percent, respectively,. this is mainly because rural women already have more children than urban women; among women with 0, 1, etc. children, the proportion who want no more is almost the same for urban and rural women.

Women in the North are generally more likely than women in other regions to want to stop childbearing. Women in Chisinau are the least likely to want no more children; however, among those with two or more children, the regional differences are smaller than among those with one child or no children. Similarly, educational differences in the proportion of women with two or more children who want no more children are slight.

Overall, the differences by wealth quintile show a steady decline in the proportion of women who want no more children as wealth increases. However, the relationship is largely due to differences in the distribution of women by number of living children. When that is controlled for, the relationship either disappears of reverses. For example, among women with one child, the proportion who want no more children is almost identical at all wealth quintiles, while among women with two children, the proportion who want no more shows a very slight tendency to increase as wealth quintile increases.

Table 8.2 Desire to limit childbearing

Percentage of currently married women who want no more children, by number of living children and background characteristics, Moldova 2005

Background characteristic	Number of living children[1]					Total
	0	1	2	3	4+	
Residence						
Urban	8.7	35.6	84.1	87.4	88.9	56.8
Rural	10.1	36.0	82.2	90.0	88.9	69.3
Region						
North	11.6	45.9	86.0	92.8	89.2	70.2
Center	6.0	27.3	81.3	91.3	90.3	66.8
South	11.6	29.8	80.4	86.7	86.5	65.7
Chisinau	8.5	34.3	82.6	80.0	86.6	51.5
Education						
No education/primary	*	*	*	*	*	*
Secondary	9.2	33.2	82.1	89.4	89.5	65.6
Secondary special	12.1	47.1	85.4	90.7	78.6	72.2
Higher	7.4	32.0	82.6	86.1	100.0	50.6
Wealth quintile						
Lowest	10.2	36.3	80.3	88.8	87.0	70.6
Second	10.9	37.8	81.8	94.7	90.3	69.6
Middle	8.4	36.1	82.4	88.8	97.1	67.5
Fourth	6.4	35.5	83.9	87.4	76.5	62.7
Highest	10.5	34.7	85.0	83.4	100.0	53.8
Total	9.2	35.8	83.0	89.5	88.9	64.1

Note: Women who have been sterilized are considered to want no more children. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Includes current pregnancy

8.2 NEED FOR FAMILY PLANNING SERVICES

Women who are currently married and who say either that they do not want any more children or that they want to wait two or more years before having another child, but are not using contraception, are considered to have an unmet need for family planning. Women who are using family planning methods are said to have a met need for family planning. Women with unmet need and met need constitute the total demand for family planning. Table 8.3 presents information for currently married women on unmet need, met need, and total demand for family planning, according to whether the need is for spacing or limiting births.

Seven percent of currently married women in Moldova have an unmet need for family planning, 3 percent for spacing births and 4 percent for limiting. If all these women with unmet need were to join the 68 percent who already are using family planning (met need), the contraceptive prevalence rate could increase from the current level of 68 percent to 75 percent (total demand). The data in this table show that 91 percent of this total demand among married women is satisfied.

Overall, unmet need is highest among the youngest married women (15-19) and decreases with age. However, while unmet need for spacing declines with age, unmet need for limiting increases slightly with age. Differences in unmet need for family planning by other background characteristics are small.

Demand for family planning is also remarkably constant across background characteristics. One exception is age; total demand rises with age to a high of 84 percent among married women in their late 30s, after which it declines.

Table 8.3 Need for family planning among currently married women

Percentage of currently married women with unmet need for family planning, and with met need for family planning, and the total demand for family planning, by background characteristics, Moldova 2005

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning[3]			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	11.4	1.5	12.9	47.6	10.8	58.4	62.5	12.2	74.7	82.8	136
20-24	8.0	3.6	11.6	48.6	14.5	63.1	58.7	18.1	76.8	84.9	629
25-29	5.0	3.1	8.1	37.6	33.2	70.7	44.1	36.5	80.6	90.0	794
30-34	1.8	4.0	5.9	24.6	50.3	74.9	26.6	54.4	81.0	92.8	810
35-39	0.2	4.8	5.0	7.6	70.7	78.3	8.0	75.5	83.5	94.1	746
40-44	0.1	5.6	5.7	2.5	71.0	73.5	2.6	76.7	79.3	92.8	869
45-49	0.2	4.2	4.3	0.4	49.8	50.2	0.6	54.0	54.6	92.0	953
Residence											
Urban	2.9	4.2	7.1	25.4	41.8	67.2	28.7	46.1	74.7	90.5	2,045
Rural	2.3	4.1	6.4	14.9	53.3	68.2	18.0	57.5	75.5	91.5	2,892
Region											
North	1.7	4.6	6.3	16.0	53.1	69.0	18.6	57.8	76.4	91.7	1,515
Center	3.0	4.1	7.1	16.2	50.5	66.7	19.8	54.6	74.4	90.5	1,336
South	2.1	4.6	6.7	15.8	51.5	67.3	18.5	56.1	74.6	91.0	958
Chisinau	3.4	3.3	6.7	30.3	37.6	67.9	34.0	41.0	75.0	91.0	1,127
Education											
No education/primary	(5.0)	(12.5)	(17.5)	(17.5)	(42.5)	(60.0)	(22.5)	(55.0)	(77.5)	(77.4)	40
Secondary	2.9	4.4	7.2	16.8	48.6	65.3	20.4	53.1	73.5	90.1	2,884
Secondary special	0.7	4.5	5.2	15.2	55.4	70.7	16.1	59.9	76.1	93.2	1,046
Higher	3.5	2.9	6.4	31.0	41.2	72.2	35.3	44.1	79.4	91.9	966
Wealth quintile											
Lowest	1.9	3.2	5.1	13.3	53.6	66.9	16.3	57.0	73.4	93.0	839
Second	2.4	5.3	7.6	14.8	51.4	66.1	18.0	56.8	74.8	89.8	834
Middle	2.7	5.0	7.8	16.3	52.2	68.5	19.4	57.2	76.6	89.9	1,029
Fourth	2.7	4.0	6.7	18.8	48.0	66.9	22.2	52.0	74.2	91.0	1,081
Highest	2.7	3.5	6.2	29.8	40.0	69.8	33.0	43.5	76.5	91.9	1,154
Total	2.5	4.2	6.7	19.3	48.5	67.8	22.4	52.8	75.2	91.1	4,937

Note: Figures in parentheses are based on 25-49 unweighted cases.

[1] Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrheic women who became pregnant while using a method.

[2] Using family planning for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using family planning for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

[3] Nonusers who are pregnant or amenorrheic and women whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (since they would have been using had their method not failed).

8.3 WANTED AND UNWANTED FERTILITY

Interviewers asked women a series of questions regarding children born in the five years preceding the survey date and any current pregnancy to determine whether each birth/pregnancy was wanted then, wanted later, or not wanted at all. These questions provide a powerful indicator of the degree to which couples successfully control fertility. Also, the data can be used to gauge the effect of the prevention of unwanted births on fertility rates. Table 8.4 and Figure 8.2 show the percentage of births in the five years preceding the survey that were wanted by the mother at the time she got pregnant, wanted later, or not wanted.

Table 8.4 Fertility planning status

Percent distribution of births in the five years preceding the survey (including current pregnancies), by fertility planning status, according to birth order and mother's age at birth, Moldova 2005

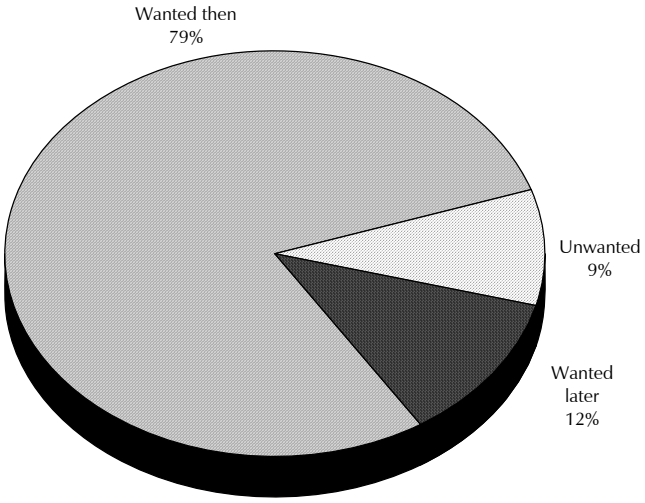
Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Wanted no more	Missing		
Birth order						
1	87.0	10.1	2.7	0.2	100.0	888
2	77.7	15.4	6.6	0.2	100.0	590
3	65.4	13.5	21.1	0.0	100.0	193
4+	42.5	11.1	46.4	0.0	100.0	99
Age at birth						
<20	76.6	16.5	6.8	0.0	100.0	231
20-24	81.5	13.8	4.5	0.2	100.0	721
25-29	80.6	11.7	7.4	0.3	100.0	495
30-34	76.0	7.3	16.7	0.0	100.0	236
35-39	65.2	4.7	30.2	0.0	100.0	65
40-44	*	*	*	*	100.0	23
Total	79.0	12.3	8.5	0.2	100.0	1,769

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

The data indicate that 12 percent of births in Moldova are mistimed (wanted later) and almost 9 percent are unwanted. The percentage of births considered to have been unwanted is highest for births of order four and above, almost half of which were reported as not wanted at the time of conception. Similarly, a larger proportion of births to older women are reported as unwanted, compared with births to younger women. For example, only 5 percent of births to women age 20-24 are unwanted, compared with 30 percent among women age 35-39.

Data from the 1997 MRHS imply that there has been an increase in unwanted and mistimed births. In 1997, among women age 15-44 whose most recent pregnancy ended in a live birth in the five years before the survey, 9 percent were mistimed and 4 percent were unwanted. This compares to 12 and 9 percent of all births in the five years preceding the 2005 survey. Slight changes in the wording of the questions, as well as the fact that the MDHS did not include Transnistria, could account for some of the increase; however, it is also likely that there has been a genuine increase in unplanned births.

Figure 8.2 Distribution of Births in the Five Years Preceding the Survey by Fertility Planning Status



MDHS 2005

INFANT AND CHILD MORTALITY 9

This chapter reports information on mortality among children under five years of age. The neonatal, postneonatal, infant, and child mortality rates provide information on the levels, trends, and differentials between population groups. Mortality statistics are useful in identifying segments of the population where children are at high risk so that programs can be designed to increase their chances of survival. Estimates of infant and child mortality also serve as a necessary parameter for population projections, particularly if the level of adult mortality can be inferred with reasonable confidence. Finally, childhood mortality rates are widely regarded as basic indicators of a country's socioeconomic level and quality of life.

9.1 DEFINITIONS AND METHODOLOGY

The primary causes of childhood mortality change as children age. A large component of early infant mortality consists of congenital diseases and other biological factors related to conditions in early infancy. Child mortality, on the other hand, is primarily due to environmental causes which are more susceptible to control, such as infectious diseases, malnutrition, and accidents. As under-five mortality declines over time, it is often observed that child mortality declines to a greater degree than infant mortality; this phenomenon is mainly due to improvements in children's environments brought about by public health interventions or general improvements in living standards (Sullivan et al., 1994). In this chapter, age-specific mortality rates are defined as follows:

Neonatal mortality (NN): the probability of dying within the first month of life;
Postneonatal mortality (PNN): the difference between infant and neonatal mortality;
Infant mortality ($_1q_0$): the probability of dying before the first birthday;
Child mortality ($_4q_1$): the probability of dying between the first and fifth birthdays; and
Under-five mortality ($_5q_0$): the probability of dying before the fifth birthday.

All rates are expressed per 1,000 live births, except for child mortality, which is expressed as deaths per 1,000 children surviving to age one.

The data needed for the calculations are collected in the pregnancy section of the Women's Questionnaire. Respondents were asked to report the outcome of each pregnancy in terms of standard international definitions. A live birth was defined as any birth, irrespective of the duration of the pregnancy, that after separation from the mother, showed any sign of life (for example, breathing, beating of the heart, or movement of the voluntary muscles) (WHO, 1993). For each live birth reported in the pregnancy history, information was collected on the month and year of birth, sex, survival status, and current age at the time of the interview if the child was alive, or age at death if the child had died.

Mortality rates for specific periods preceding the survey were calculated using direct estimation techniques. There are several methods that can be used for the direct calculation of infant and child mortality measures, including the period approach, true cohort approach, and synthetic cohort approach. It is beyond the scope of this chapter to describe the differences between the main approaches, but a technical explication can be found in the Guide to DHS Statistics (Rutstein and Rojas, 2003). In short, the DHS uses the synthetic cohort approach which calculates mortality probabilities for small age segments, and then combines these component probabilities for the full age segment of interest. The advantage of

this method is that mortality rates can be calculated for time periods close to the survey date while still respecting the principle of correspondence.[1]

9.2 ASSESSMENT OF DATA QUALITY

The accuracy of mortality estimates calculated from retrospective birth histories depends on two factors: the completeness and accuracy with which births and deaths are reported and recorded (i.e., non-sampling error) and sampling variability of the estimates. In a retrospective survey such as the MDHS, the most likely source of non-sampling error is the underreporting of deceased children. This may be the respondent's conscious avoidance of recalling a tragic loss or, since women age 40 and over report birth and death information as long as 25-30 years ago, underreporting of deaths for time periods furthest from the survey date is likely due to forgetfulness. This report focuses on mortality rates for the 15-year period prior to the survey, thus eliminating estimates for the time periods most distant from the survey and susceptible to recall error.

When omission of childhood deaths occurs, the impact is usually most severe for deaths in early infancy. If early neonatal deaths are selectively underreported, the result is an unusually low ratio of deaths occurring within seven days to all neonatal deaths, and an unusually low ratio of neonatal to infant deaths. Hence it is useful to examine these ratios for the 15-year period prior to the survey.

Neonatal and infant mortality rates from the MDHS are shown in Table 9.1. The neonatal to infant mortality ratio for the periods 1990-1994, 1995-1999 and 2000-2004 are 0.60, 0.79 and 0.38, respectively. In other countries in the region where mortality levels are similar to Moldova, the ratios were between 0.54 and 0.91 which are substantially higher than that of the most recent period in MDHS.[2] This comparison suggests that for the most recent 5-year period there may be some degree of underreporting for neonatal mortality. On the other hand, mortality estimates are low and survey estimates are subject to sampling variability. Sampling variability arises because a different sample of women, with different experience of child mortality, would have produced measurably different estimates. Sampling error is concerned with how different such estimates might be. The survey estimate of neonatal mortality for 2000-2004 (4.6 per 1,000) has a 95 percent confidence interval of 0.7 to 8.5 per 1,000. The survey estimate of infant mortality for 2000-2004 (12.8 per 1,000) has a 95 percent confidence interval of 6.8 to 18.9 per 1,000. Indeed, what appears to be underreporting for neonatal mortality could be an acceptable ratio given the range of sample variation.

[1] The term "correspondence" means that if a child is included in the exposed-to-risk in the denominator, and he/she dies during the relevant time period, then his/her death must be included in the numerator corresponding to that period of risk.

[2] For example, using mortality data from World Health Statistics 2005 (WHO, 2005) and the 2005 World Population Data Sheet (PRB, 2005), the ratio of neonatal mortality to infant mortality for other countries in the region were: Belarus (0.63), Bulgaria (0.69), Czech Republic (0.54), Hungary (0.91), Poland (0.88), Russia (0.54), Slovakia (0.75) and Ukraine (0.90).

9.3 LEVELS AND TRENDS IN INFANT AND CHILD MORTALITY

Table 9.1 presents early childhood mortality rates in Moldova for the three 5-year periods preceding the 2005 MDHS. These periods coincide approximately with 2000-2004, 1995-1999 and 1990-1995.[3] For the most recent 5-year period before the survey, the level of under-five mortality is 14 deaths per 1,000 births, implying that about 1 in every 70 children born in Moldova during that period died before reaching their fifth birthday. The infant mortality rate is 13 deaths per 1,000 lives births, indicating that most all early childhood deaths take place during the first year of life. Keeping in mind that these estimates are likely underreported to some degree (see section 9.2), they are probably closer to the official government estimates in 2002 of 18 deaths under age 5 years per 1,000 births (25 per 1,000 in 1990) and 15 infant deaths per 1,000 live births (19 per 1,000 in 1990) (UNFPA, 2003).

Table 9.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Moldova 2005

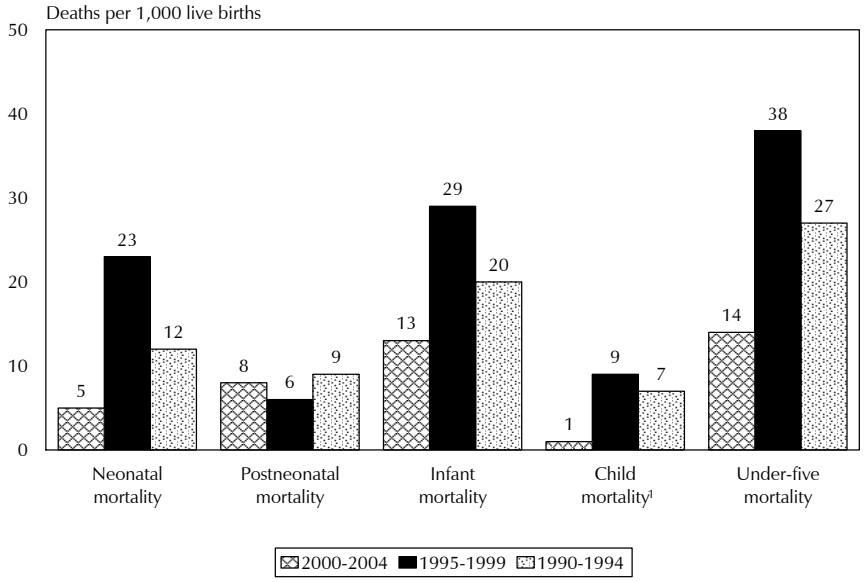
Years preceding the survey	Approximate calendar year[1]	Neonatal mortality (NN)	Postneonatal mortality[2] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
0-4	2000-2004	5	8	13	1	14
5-9	1995-1999	23	6	29	9	38
10-14	1990-1994	12	9	20	7	27

[1] Because survey fieldwork was conducted from May to July 2005, the rates for the five-year calendar periods actually apply to the mid-point of the years, e.g., from June 2000 to June 2005, June 1995 to June 2000, and June 1990-June 1995.
[2] Computed as the difference between the infant and neonatal mortality rates

Figure 9.1 shows trends in mortality rates for the three 5-year periods using data from the pregnancy history in the MDHS. While the neonatal mortality rate 0-4 years prior to the survey (2000-2004) appears to be underreported, the neonatal mortality rate 5-9 years prior to the survey (1995-1999) is high relative to other periods. And consequently, since neonatal mortality is a component of infant mortality and under-five mortality, these rates are also higher relative to other periods. Official statistics from the Moldova Statistics and Sociology Department (1990-2002) also show that infant mortality and under-five mortality were elevated in the mid-1990s, from about 1993 to 1997 (Government of Moldova, 2004). While a more detailed analysis will be necessary to positively identify factors influencing mortality rates since independence, the data from the MDHS suggest that deterioration in mortality indicators was due to a crisis in delivery care since these are the services which specifically affect newborns' survival chances. Indeed, in 2001, Moldova launched the "Making Pregnancy Safer Initiative" in an effort to strengthen midwifery (Stratulat et al., 2005). Determining how much of the improvement in neonatal mortality may be due to this initiative and how much may be due to underreporting is outside the scope of this report.

[3] Note that because fieldwork was conducted in mid-2005, the exact periods to which rates correspond are mid-2000 to mid-2005, mid-1995 to mid-2000 and mid-1990 to mid-1995.

Figure 9.1 Early Childhood Mortality Rates for Three 5-Year Periods Prior to the 2005 MDHS



[1] Deaths per 1,000 children surviving to age one.

Compared with estimates from recent Reproductive Health Surveys and Demographic and Health Surveys conducted in other countries in Eastern Europe and Eurasia, children's survival probabilities in Moldova are relatively high. Table 9.2 shows the infant mortality estimates for the 0-4 year period preceding the date of the surveys (which correspond most closely with the 5-9 year period prior to the 2005 MDHS survey, i.e., 29 deaths per 1,000 live births).

Table 9.2 Regional infant mortality rates that correspond closely with the 5-9-year period prior to the 2005 MDHS

Country	Time period of estimate	Infant mortality rate (per 1,000 live births)
MOLDOVA (2005)	1995-1999	29
Romania (1999)	1995-1999	32
Uzbekistan (1996)	1998-2002	34
Armenia (2000)	1996-2000	36
Georgia (1999)	1995-1999	42
Kazakhstan (1999)	1995-1999	62
Kyrgyz Republic (1997)	1993-1997	62
Azerbaijan (2001)	1996-2001	74
Turkmenistan (2000)	1996-2000	74

Source: CDC and ORC Macro 2003

It should be noted that Moldova's official estimates of infant mortality do not appear to be biased by underreporting to the extent they are in other countries in the region where estimates exceed official rates by 50 percent (Romania 1999) to 330 percent (Azerbaijan 2001). It is generally understood that official rates in those countries are underestimated due to not using the WHO (1993) standard definition of a live birth, as well as other defects in the registration system (Notzon et al., 1999). As another point of reference, the Population Reference Bureau publishes recent infant mortality rates for all countries, primarily from official country sources (PRB, 2005). The following PRB estimates for IMR estimates correspond to "some point in the late 1990s and early 2000s": in Eastern Europe, the IMR in Romania is 17 deaths per 1,000 live births, in Russia 12, in Ukraine 10, in Belarus 8, in Hungary 7, and in Moldova 14; in the Caucasus, the IMR in Armenia is 36, in Azerbaijan 10 (keeping in mind the gross underreporting for this country, mentioned above), and in Georgia 25; and in Central Asia, the IMR in Kazakhstan is 61, in Kyrgyz Republic 55, in Tajikistan 89, in Turkmenistan 74, and in Uzbekistan 62.

9.4 SOCIOECONOMIC DIFFERENTIALS IN CHILDHOOD MORTALITY

Mortality differentials by place of residence, region, educational level of the mother, and wealth index are presented in Table 9.3. In order to reduce sampling variability and to have a sufficient number of births to study mortality differentials across population subgroups, period-specific rates are presented for the ten-year period preceding the survey (mid-1995 to mid-2005).

As is the case in most countries, mortality rates in infancy and early childhood are higher in rural areas than urban areas. In terms of infant mortality, rural rates (23 per 1,000) exceed urban rates (17 per 1,000) by a factor of about 1.4. All of this difference is due to neonatal mortality rates. In the case of under-five mortality, rural children have higher rates (30 per 1,000) than urban children (20 per 1,000)—a factor of 1.5. Infants in the South region have the highest mortality rates of all regions, and children in Chisinau have the best chances of survival in their first five years.

Higher levels of educational attainment are usually associated with lower mortality rates, in part because education exposes mothers to information about better nutrition and adequate spacing between births, as well as better knowledge about childhood illness and treatment. In Moldova, however, the pattern is not so clear because virtually all women are well educated, having at least a secondary education. Mortality differentials by the mother's level of education show that children of mothers with secondary special education generally fare better than children of mothers with secondary or higher education.

Table 9.3 Early childhood mortality rates by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the ten-year period preceding the survey, by background characteristics, Moldova 2005

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Residence					
Urban	11	7	17	3	20
Rural	16	7	23	6	30
Region					
North	15	3	18	4	22
Center	11	8	19	8	27
South	20	11	31	7	38
Chisinau	11	7	18	1	19
Education					
Secondary	16	9	25	7	31
Secondary special	10	2	13	3	15
Higher	10	7	17	3	20
Wealth quintile					
Lowest	10	10	20	9	29
Second	13	7	21	8	28
Middle	20	9	29	5	33
Fourth	16	3	19	3	22
Highest	11	6	16	1	17

Note: There were no cases of under-five mortality in which the mother had no education or just primary education.
[1] Computed as the difference between the infant and neonatal mortality rates

Mortality estimates by wealth quintile show the expected differentials: infant and child mortality rates are lowest for the highest wealth quintile, followed by the fourth wealth quintile. Although there is not a monotonic deterioration in mortality rates for the lower wealth quintiles, overall, children in these poorer households do not fare as well as those in the highest wealth quintiles. The exception is neonatal mortality where infants in the poorest households share about the same risk as those in the richest households.

9.5 DEMOGRAPHIC DIFFERENTIALS IN CHILDHOOD MORTALITY

Childhood mortality rates by sex of child, age of mother at birth, birth order, previous birth interval, and birth size are presented in Table 9.4. As was the case with socioeconomic differentials, the rates are shown for the 10-year period preceding the survey.

Table 9.4 Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the ten-year period preceding the survey, by demographic characteristics, Moldova 2005

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Sex of child					
Male	17	9	25	7	32
Female	11	5	16	4	20
Mother's age at birth					
<20	(8)	(4)	(12)	(2)	(15)
20-29	16	8	24	6	30
30-39	12	8	20	6	25
Birth order					
1	14	7	21	2	23
2-3	13	8	20	8	28
4+	*	*	*	*	*
Previous birth interval[2]					
<2 years	*	*	*	*	*
2-3 years	(9)	(6)	(14)	(9)	(23)
4+ years	13	5	17	3	20

Note: Figures in parentheses are based on 250-499 unweighted months of exposure. An asterisk indicates that a figure is based on fewer than 250 unweighted months of exposure and has been suppressed.
[1] Computed as the difference between the infant and neonatal mortality rates
[2] Excludes first-order births

In Moldova, as in almost all populations, mortality for male children exceeds that of female children: the mortality rate for infant boys is 25 per 1,000, and for infant girls it is 16 per 1,000. Similarly, for under-five mortality, the mortality rate for boys is 32 per 1,000 and for girls it is 20 per 1,000.

The relationship between mother's age at birth and childhood mortality indicates that children are at higher risk of death for mothers age 20 to 29 years at birth. It should be noted, however, that the higher rates are driven by high neonatal mortality, and otherwise the data show no difference for mortality at other age groups. There is also a weak association for birth order, with data showing little difference in mortality levels for first-born children and for second to third born children. No clear association can be deduced for the length of the preceding birth interval and child mortality because too few non-first births occur after short birth intervals.

9.6 PERINATAL MORTALITY

Perinatal mortality rates indicate the level of mortality from the time of prenatal viability (i.e., the late fetal period beginning at 28 weeks of gestation) through labor, delivery, and the early neonatal period (i.e., the first seven days of life). Pregnancies that terminate without signs of life after the 28th week are referred to as stillbirths. Stillbirths and early neonatal deaths share many of the same underlying causes leading to mortality (e.g., congenital malformations), and for this reason, these events are aggregated into the perinatal mortality rate.

Perinatal mortality rates are reported for the five-year period preceding the survey (i.e., mid-2000 to mid-2005). It should be noted that data quality is always an issue when considering perinatal mortality rates, because both stillbirths and early neonatal deaths are susceptible to underreporting.

Table 9.5 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Moldova 2005

Background characteristic	Number of stillbirths[1]	Number of early neonatal deaths[2]	Perinatal mortality rate[3]	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	5	0	*	216
20-29	14	7	20	1,104
30-39	4	0	14	264
40-49	0	0	*	22
Previous pregnancy interval in months				
First pregnancy	12	5	24	707
<15	0	1	*	137
15-38	6	0	(17)	344
39+	5	2	17	417
Residence				
Urban	12	3	24	616
Rural	11	5	16	989
Region				
North	2	2	9	475
Center	8	2	21	470
South	4	2	19	321
Chisinau	9	2	31	339
Education				
No education/primary	0	0	*	19
Secondary	15	7	21	1,044
Secondary special	2	0	11	229
Higher	5	1	20	313
Wealth quintile				
Lowest	6	0	18	317
Second	4	3	23	307
Middle	4	0	12	341
Fourth	5	3	24	312
Highest	5	2	19	329
Total	23	7	19	1,605

Note: Figures in parentheses are based on 250-499 unweighted months of exposure. An asterisk indicates that a figure is based on fewer than 250 unweighted months of exposure and has been suppressed.
[1] Stillbirths are fetal deaths in pregnancies lasting seven or more months.
[2] Early neonatal deaths are deaths at age 0-6 days among live-born children.
[3] The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months of duration.

Table 9.5 presents perinatal mortality rates per 1,000 pregnancies (of at least 7 months duration) for all Moldova as well as by background characteristics. The overall perinatal mortality rate is 19 per 1,000. Perinatal mortality rates are higher than average among women for whom the pregnancy was their first pregnancy (24 per 1,000), among urban women (24 per 1,000) and especially those in Chisinau (31 per 1,000).

MATERNAL AND CHILD HEALTH 10

This chapter presents findings from key areas in maternal and child health namely, antenatal, postnatal and delivery care, childhood vaccination coverage and common childhood illnesses and their treatment. The findings are valuable to policymakers and program implementers for developing policies and strengthening programs to ensure the health of mothers and young children in Moldova.

Health care for mothers and children in Moldova is provided by means of outpatient health facilities at the primary health care level and, for more complicated medical needs, a network of consultative and specialized hospital establishments. The primary health care network is organized according to geographical-territorial criteria and includes a service package with costs covered by government mandated medical insurance. Since 1997, antenatal care has shifted from services provided by obstetrician-gynecologists to services provided by a general practitioner (family doctor). Pregnant women typically access antenatal care through primary health care facilities, namely, family doctor centers, health centers and family doctor's offices. This reform in primary health care has contributed to improving access to primary health services by dedicating finances to pay for the services, the cost of which constitutes over 30 percent of the overall budget for medical care.

Delivery care is provided by obstetrical-gynecology units and maternities located in district and municipal hospitals, as well as specialized (tertiary) health care establishments, such as the Institute for Scientific Research in the field of Mother and Child Health Care.

The 2005 MDHS results provide an evaluation of the utilization of maternal and child health services, as well as information useful in assessing the need for service expansion. The findings presented in the following sections are based on data collected from mothers about live births that occurred in the five years preceding the survey.

10.1 ANTENATAL CARE

Antenatal care delivered by a trained provider is valuable for monitoring pregnancy and reducing risks both for the mother and child during pregnancy and delivery. The quality of antenatal care is described by who provides the care, the number of antenatal care visits, gestation age at the first and last visit, and services and educational information provided during antenatal care visits.

Antenatal care provider

Table 10.1 shows the percent distribution of women who had a live birth in the five years preceding the survey by the type of provider for the most recent pregnancy. Interviewers recorded all persons a woman may have seen for antenatal care, but results in the table indicate only the provider with the highest qualification (if more than one person was seen). Results show that 97 percent of women in Moldova were provided antenatal care by a medical doctor and, in only rare cases (less than 1 percent), by another medical professional such as a nurse. The proportion of women who received antenatal care from a doctor did not vary significantly by background characteristics, although the proportion was slightly lower (94-95 percent) among women with 4 or more births, from the lowest wealth quintile, and living in the South region. Still, even in these cases, 4 percent or less of women did not receive any antenatal care provided by a health professional.

Table 10.1 Antenatal care

Percent distribution of women who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, Moldova 2005

Background characteristic	Doctor	Nurse	Other	No one	Total	Number of women
Age at birth						
<20	98.7	0.0	0.0	1.3	100.0	173
20-34	97.1	0.9	0.1	1.8	100.0	1,142
35-49	97.2	0.0	0.0	2.8	100.0	72
Birth order						
1	97.5	0.6	0.1	1.8	100.0	677
2-3	97.6	0.8	0.0	1.4	100.0	629
4+	93.7	2.1	0.0	4.2	100.0	81
Residence						
Urban	97.8	0.0	0.1	1.9	100.0	566
Rural	97.0	1.3	0.0	1.6	100.0	821
Region						
North	98.3	0.7	0.0	1.0	100.0	424
Center	97.5	0.0	0.0	2.3	100.0	386
South	95.2	2.7	0.0	1.8	100.0	264
Chisinau	97.6	0.0	0.3	2.1	100.0	313
Education						
No education/primary	*	*	*	*	100.0	14
Secondary	97.1	1.0	0.0	1.8	100.0	880
Secondary special	99.1	0.0	0.0	0.9	100.0	209
Higher	96.8	0.5	0.3	2.2	100.0	283
Wealth quintile						
Lowest	94.0	2.4	0.0	3.3	100.0	246
Second	98.5	0.7	0.0	0.8	100.0	260
Middle	97.2	0.9	0.0	1.9	100.0	290
Fourth	98.3	0.0	0.0	1.7	100.0	283
Highest	98.2	0.0	0.3	1.3	100.0	308
Total	97.3	0.7	0.1	1.8	100.0	1,387

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Moldova generally has a good record in providing antenatal care. First, the 1997 Reproductive Health Survey also indicated high levels of antenatal care coverage that are not significantly different from levels indicated in this survey (Serbanescu et al., 1998). Second, compared with estimates from other Demographic and Health Surveys and Reproductive Health Surveys conducted recently in the region, Moldova is among the countries with the highest coverage of antenatal care provided by a trained provider. For example, levels of antenatal care coverage in other countries in the region include Romania (89 percent in 1999), Ukraine (90 percent in 1999), Armenia (92 percent in 2000), Azerbaijan (70 percent in 2001), Georgia (91 percent in 1999), Kazakhstan (95 percent in 1999), Kyrgyz Republic (97 percent in 1997), Turkmenistan (98 percent in 2000), and Uzbekistan (95 percent in 1996) (CDC and ORC Macro, 2003).

Number and timing of antenatal care visits

Early examination of pregnant women and the use of educational and preventive measures to avoid possible complications during pregnancy and delivery are elements of quality antenatal care. A successful pregnancy and delivery has the greatest chance of being achieved when a pregnant woman has her first antenatal care visit within the first trimester, and thereafter respects the recommended number of antenatal care visits. For a normal pregnancy, i.e., one which is not considered at high risk for antenatal complications, the Ministry of Health and Social Protection recommends at least six antenatal care visits, two of which should be with an obstetrician-gynecologist. The WHO guidelines recommend at least four antenatal care visits for a normal pregnancy.

Table 10.2 shows the average number of antenatal care visits and the timing of the first visit during the most recent pregnancy for women with a live birth in the five years preceding the survey. Almost three-quarters of women (72 percent) had their first antenatal visit in the first trimester, with no substantial differences by urban-rural residence; another 19 percent had their first visit at 4-5 months of gestation. The median gestation age at the first antenatal visit was 3.2 months. Nine of ten women (89 percent) had 4 or more visits to a doctor during pregnancy without significant differences by urban-rural residence.

Results similar to those in this survey were reported by the Service Quality Assessment Survey conducted in 20 maternities in Moldova in 2005, which showed an identical proportion of women having their first antenatal visit in the first 3 months of pregnancy (72 percent). According to that study, the average number of visits to a family doctor was 6.2, and to the obstetrician was 4.6.

Table 10.2 Number of antenatal care visits and timing of first visit

Percent distribution of women who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent birth, and by the timing of the first visit according to residence, Moldova 2005

Number and timing of ANC visits	Residence		Total
	Urban	Rural	
Number of ANC visits			
None	1.9	1.6	1.8
1	0.8	0.3	0.5
2-3	4.3	4.7	4.5
4+	88.0	89.4	88.8
Don't know/missing	5.0	4.0	4.4
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	1.9	1.6	1.8
<4	72.6	71.0	71.7
4-5	19.5	19.0	19.2
6-7	3.4	7.6	5.9
8+	1.0	0.6	0.8
Don't know/missing	1.6	0.1	0.7
Total	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	3.1	3.3	3.2
Number of women	566	821	1,387

Means of transport to the last antenatal care visit

An important factor in evaluating the overall quality of antenatal care is its accessibility. The MDHS gathered data on the distance to the last antenatal care provider as well as on the type of transport used to make the last visit.

According to results in Table 10.3, 41 percent of respondents reported walking to see an antenatal care provider for their last antenatal appointment, 30 percent used public transport, and 25 percent used private transport. Antenatal care received at home was reported by only 2 percent of respondents. The highest proportion of women who walked to see an antenatal care provider was in the Center region (49 percent); this region also recorded the lowest proportion of women using private transport (20 percent). In Chisinau, the highest proportion of pregnant women used public transport for the last antenatal care visit (36 percent). The average time to arrive at a provider was 28 minutes, ranging from 23 minutes in Chisinau to 35 minutes in the South region. These differences do not show significant discrepancies in accessibility of antenatal services throughout the country.

Table 10.3 Means of transport to last antenatal visit

Percent distribution of women who had a birth in the five years preceding the survey by means of transport to last antenatal care visit, Moldova 2005

Means of transport	Region				Total
	North	Center	South	Chisinau	
On foot	40.7	48.6	37.6	36.2	41.3
Donkey/horse cart	0.0	0.8	0.0	0.0	0.2
Public transport	28.3	27.3	29.4	36.0	30.0
Private vehicle	28.1	19.5	29.1	23.8	24.9
Home visit	2.0	1.3	1.9	1.9	1.7
Did not receive antenatal care	1.0	2.3	1.8	2.1	1.8
Total	100.0	100.0	100.0	100.0	100.0
Number of women	424	386	264	313	1,387
Mean minutes	30.0	25.7	34.7	22.8	28.2

Antenatal counseling

Effective antenatal counseling includes components such as informing a pregnant woman about the evolution of her pregnancy, educating her about the consequences of potentially harmful substances for herself and the fetus such as smoking and alcohol consumption, alerting her to danger signs during pregnancy and how to seek timely care in case of emergency, and the advantages of breastfeeding the child.

Table 10.4 shows 84 percent of respondents were informed during an antenatal care visit about the negative impact and the consequences of smoking and alcohol consumption on the intrauterine fetal development. No significant variations are observed by background characteristics. Most pregnant women were informed about the importance of breastfeeding for the child's development (87 percent), actions to be taken in case of an emergency situation (83 percent), and the need for postnatal care (85 percent). A smaller proportion (76 percent) was informed about family planning methods to help avoid or plan the timing of future pregnancies.

Women most likely to receive educational information during their pregnancy were age 20-34 at the time of delivery, those who delivered their second or third birth, women in rural areas, and those from the Center region. Women least likely to receive information were those who live in Chisinau, were age 35-49 at time of delivery, and who were delivering for the 4th or more time. A particularly interesting finding is that women from Chisinau, who tend to have higher education and to come from the highest wealth quintile, reported being least likely to have received information—a phenomenon that may be explained by higher expectations and exigencies concerning the quality of information.

Table 10.4 Antenatal care education received during antenatal visit

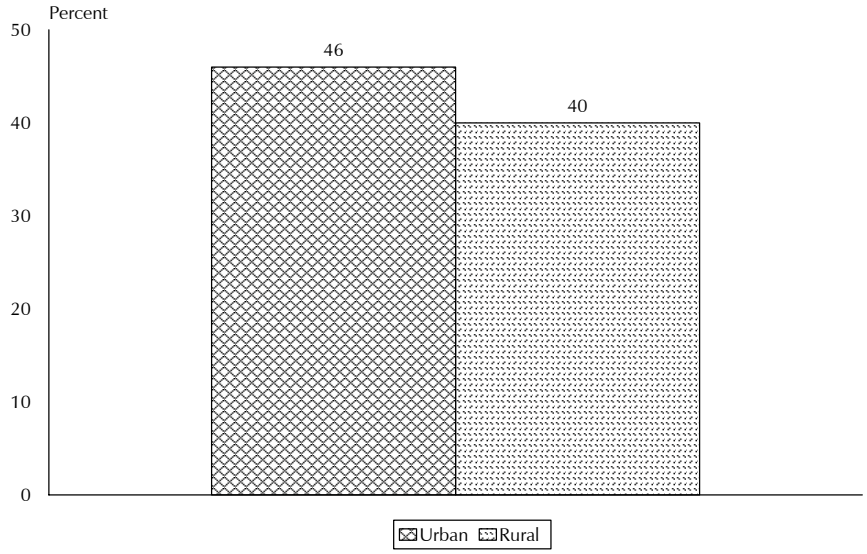
Percentage of women with a live birth in the five years preceding the survey who during an antenatal care visit received specific information about care during pregnancy, by background characteristics, Moldova 2005

Background characteristic	Women who received antenatal care who also received information on:						Number of women
	Smoking during pregnancy	Alcohol	Breast-feeding	Emergency delivery plans	Family planning	Postnatal care	
Age at birth							
<20	83.0	81.7	85.6	80.6	72.0	83.5	171
20-34	84.2	84.1	87.6	82.9	77.3	85.9	1,120
35-49	77.7	82.0	84.8	83.5	69.3	78.7	70
Birth order							
1	84.1	83.6	86.3	80.4	75.4	83.6	665
2-3	85.4	85.6	89.6	86.3	78.4	88.6	619
4+	66.4	68.6	75.7	73.0	65.4	72.9	77
Residence							
Urban	82.3	82.2	84.6	78.2	71.3	80.3	554
Rural	84.7	84.7	89.0	85.7	79.6	88.6	807
Region							
North	83.6	83.6	87.1	82.9	77.7	85.8	420
Center	85.1	85.0	91.4	88.4	80.2	88.3	376
South	82.3	82.0	84.3	80.8	77.3	83.9	259
Chisinau	83.4	83.5	84.6	76.8	68.4	81.9	307
Education							
No education/primary	*	*	*	*	*	*	15
Secondary	83.8	83.5	87.9	84.3	77.2	86.2	864
Secondary special	88.2	89.1	90.1	85.4	78.7	87.1	207
Higher	80.7	80.6	83.2	77.2	72.1	82.6	276
Wealth quintile							
Lowest	81.7	82.6	88.6	84.6	76.3	87.7	237
Second	82.4	82.0	87.0	84.1	77.2	85.6	258
Middle	87.0	86.8	88.4	86.2	82.3	88.7	285
Fourth	87.3	86.2	89.1	83.6	76.2	84.5	278
Highest	80.0	80.6	83.3	75.6	69.6	80.5	303
Total	83.7	83.7	87.2	82.6	76.2	85.3	1,361

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Women who had a live birth in the five years preceding the survey were also asked whether an antenatal care provider encouraged them to invite a companion, such as their husband or partner, a family member or a close friend, to attend the delivery of their most recent birth. Almost four in ten women reported being encouraged to do so, with the prevalence in urban areas slightly higher (46 percent) than in rural areas (40 percent) (Figure 10.1).

Figure 10.1 Proportion of Women Encouraged to Invite a Companion to Attend the Delivery



Components of antenatal care

The components of care provided to a pregnant woman are an indicator of the quality of antenatal services. In Moldova, specific services during an antenatal visit include the taking of anthropometric measures, blood pressure, urine and blood samples, performing an ultrasound, and providing iron and folic acid supplements. Pregnant women suffering certain pathologies or who are exposed to higher risks of adverse pregnancy complications undergo additional tests and examinations. Another important component of antenatal care is the provision of educational information to the pregnant woman about normal pregnancy evolution and signs of complications.

Table 10.5 shows the proportion of women who had a live birth in the five years preceding the survey, and who received antenatal care for the most recent birth, who were also informed about signs of pregnancy complications, had basic tests performed, and received iron and folic acid supplements. Three of four pregnant women receiving antenatal care were informed about danger signs in pregnancy. The proportion of pregnant women who underwent basic tests is almost universal: at least 97 percent of women had blood and urine samples taken, had their blood pressure measured, were weighed, and had an ultrasound. No significant variations by background characteristics were identified for these tests, except for the ultrasound examination which is less likely to be administered to women under age 20 and over age 35 (93-94 percent), women in rural areas (95 percent), women in the South region (94 percent), and women from the lowest wealth quintiles (93-95 percent).

Table 10.5 Components of antenatal care

Percentage of women with a live birth in the five years preceding the survey who received antenatal care for the most recent birth, by content of antenatal care, and percentage of women with a live birth in the five years preceding the survey who received iron tablets or syrup or folic acid tablets for the most recent birth, according to background characteristics, Moldova 2005

	Antenatal care content among women who received antenatal care									
Background characteristic	Informed of signs of pregnancy complications	Weight measured	Blood pressure measured	Urine sample taken	Blood sample taken	Received ultrasound	Number of women	Received iron tablets or syrup	Received folic acid tablets	Number of women
Age at birth										
<20	74.4	97.2	98.7	99.1	100.0	93.6	171	48.4	16.2	173
20-34	75.8	96.3	98.8	99.4	99.5	97.5	1,120	55.5	21.7	1,142
35-49	74.7	100.0	100.0	100.0	98.5	92.5	70	42.1	11.4	72
Birth order										
1	74.5	96.2	99.0	99.0	99.5	97.5	665	57.0	24.1	677
2-3	77.4	96.7	98.9	99.8	99.5	96.0	619	53.6	18.3	629
4+	70.0	100.0	98.3	100.0	100.0	96.0	77	31.0	6.2	81
Residence										
Urban	74.2	97.3	98.8	99.3	99.4	98.7	554	62.2	26.2	566
Rural	76.5	96.2	99.0	99.5	99.6	95.4	807	48.3	16.5	821
Region										
North	76.3	97.0	98.7	99.1	99.2	96.7	420	49.7	22.6	424
Center	75.3	96.1	99.3	99.8	99.8	96.5	376	49.2	12.0	386
South	77.0	96.8	99.5	100.0	100.0	94.0	259	46.5	15.8	264
Chisinau	73.7	96.6	98.2	99.0	99.2	99.4	307	71.8	32.0	313
Education										
No education/primary	*	*	*	*	*	*	15	*	*	16
Secondary	75.6	96.2	99.0	99.4	99.5	95.9	864	45.0	14.9	880
Secondary special	80.6	98.0	99.1	100.0	99.7	97.9	207	65.8	29.4	209
Higher	73.6	97.3	98.2	99.2	99.7	99.1	276	74.3	31.6	283
Wealth quintile										
Lowest	74.7	94.4	98.1	99.3	99.6	92.6	237	35.5	9.4	246
Second	74.3	97.4	99.5	99.3	99.3	94.5	258	45.9	14.6	260
Middle	79.7	98.0	99.6	99.8	99.8	97.6	285	55.4	21.4	290
Fourth	75.0	97.4	98.7	100.0	100.0	99.3	278	59.3	21.8	283
Highest	74.0	95.7	98.5	98.7	98.9	98.9	303	69.2	32.1	308
Total	75.6	96.6	98.9	99.4	99.5	96.8	1,361	53.9	20.5	1,387

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Maternal anemia, especially iron deficient anemia, is a major cause of both maternal complications and neonatal complications. Taking iron supplements during pregnancy is an efficient way to prevent iron deficient anemia. In addition, taking folic acid during pregnancy is an important way to protect the fetus against congenital anomalies, namely spina bifida. In Moldova, iron and folic acid is given free of charge to women during their pregnancy. Table 10.5 shows that 54 percent of pregnant women receive iron supplements, and coverage varies by place of residence and education. For example, mothers living in urban areas (62 percent) and especially in Chisinau (72 percent) are more likely to take iron during their most recent pregnancy than those living in rural areas (48 percent). The prevalence also increases with a higher education level; 74 percent of women with higher education take iron supplements versus only 45 percent of women with only a secondary education.

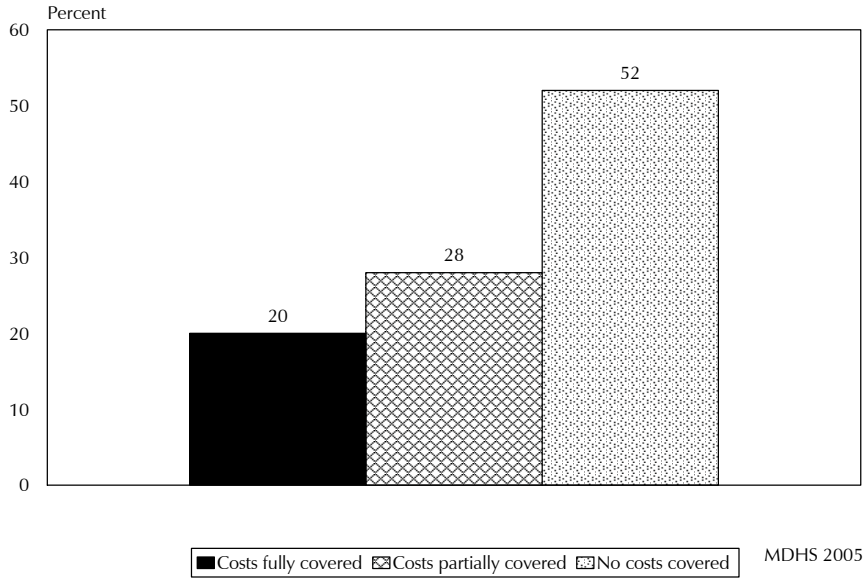
In the MDHS only one out of five women reported taking folic acid during thir last pregnancy. The low coverage may be partially explained by the fact that only 39 percent of mothers had ever heard of folic acid (data not shown). The differences in prevalence by background characteristics are similar to those observed for iron supplements: women age 20-34 are more likely to take folic acid than either younger or older women; women having their first birth are more likely to take folic acid than those having had previous births; women in urban areas, especially in Chisinau, are more likely to take folic acid than women in rural areas; women with a higher level of education and from higher wealth quintiles are also more likely to take folic acid.

The MDHS data on the administration of iron and folic acid supplements differ slightly from the data collected by the 2005 Perinatal Service Quality Survey in maternities, which estimated that 61 and 32 percent of women, respectively, took these supplements.

Coverage of antenatal care cost

Women who had a live birth in the five years preceding the survey were asked whether the government or some insurance company covered the expenses for antenatal care. According to Act no.161-XV (April 30, 2004), women who are pregnant, delivering, or post-partum have services paid for by the government. However, since the law was adopted only a year prior to data collection for this survey, not all women had the possibility to benefit from this coverage. Indeed, only 20 percent of women reported full coverage of antenatal care expenses by the government or some other insurer, 28 percent reported partial coverage, and 52 percent declared that no expenses were covered by the government or other insurance program (see Figure 10.2 below). This indicator does not vary by urban-rural residence.

Figure 10.2 **Proportion of Costs Covered by the Government or by an Insurance Program for Antenatal Care**



Tetanus toxoid immunization

Tetanus is an infectious disease caused by anaerobe bacteria Clostridium tetani that most frequently live in soil containing animal feces. These bacteria grow in dead tissues such as in wounds or a newborn's navel after the umbilical cord has been cut. In developing countries, neonatal tetanus represents one of the main causes of death among newborn children.

A newborn may become infected with tetanus if the knife, blade, or other instrument used to cut the umbilical cord is contaminated. Infants and children may become infected when contaminated instruments are used for circumcision, scarification, or piercing. Almost all children who contract tetanus die. Women may also be exposed to tetanus disease from a postnatal uterus infection.

In Moldova, newborn tetanus disease was eliminated four decades ago, thanks both to universal immunization of children and adults with tetanus toxoid, and to virtually all women delivering in a medical establishment. Administering tetanus toxoid vaccination to women before or during pregnancy represents one of the most efficient means of preventing neonatal tetanus, particularly in settings where the deliveries occur outside a health facility.

If a pregnant woman has not previously been vaccinated against tetanus, the WHO recommends two doses of vaccine during pregnancy in order to assure effective child and mother protection. In the case where the pregnant woman has received only two tetanus toxoid vaccinations prior to her pregnancy, another dose of tetanus vaccine needs to be administered. In general, to assure sustainable protection against tetanus throughout life, at least five doses of vaccine are recommended (WHO, 2002).

According to the requirements of the Moldova National Immunization Program, a person has the most complete protection against tetanus when he or she has had four doses of vaccine administered before the age of two, and subsequent revaccination at ages 7, 15, 20, 25, 30, 35, 40, and 50 years. When a pregnant woman is vaccinated according to the requirements of the aforementioned program, no additional doses are required during pregnancy. According to the most recent official data on immunization coverage published by the National Scientific and Practical Centre of Preventive Medicine, over 98 percent of children and adolescents and almost 80 percent of adults received immunization against tetanus according to the vaccination timetable (NSPCPM, 2004-2006).

To estimate tetanus vaccine coverage during pregnancy, the 2005 MDHS asked women who had a live birth in the five years preceding the survey about the number of tetanus vaccinations they had received in their lifetime. The estimated prevalence may underestimate the actual level of protection against tetanus due to difficulties in recalling how many doses of vaccine were administered to women in their lifetime, particularly the doses administered during childhood.

Findings in Table 10.6 show that 13 percent of mothers reported having received in total two or more injections against tetanus, and 70 percent reported having received at least one dose of vaccine but were unsure about the total number of injections. they had received. Women who gave birth only once, women over age 34, and women from the South region were more likely to be vaccinated against tetanus. No significant variations were registered for this indicator by place of residence, education level, or wealth quintile.

Table 10.6 Tetanus toxoid injections

Percent distribution of women who had a live birth in the five years preceding the survey by number of tetanus toxoid injections ever received, according to background characteristics, Moldova 2005

Background characteristic	Number of injections ever received				Total	Number of women
	None	One injection	Two or more injections	At least one, but don't know how many		
Age at birth						
<20	9.6	7.1	8.8	74.5	100.0	173
20-34	10.2	7.6	13.7	68.6	100.0	1,142
35-49	8.6	2.5	8.3	80.6	100.0	72
Birth order						
1	10.6	5.2	12.1	72.2	100.0	677
2-3	8.6	9.5	13.6	68.3	100.0	629
4+	16.3	6.6	12.8	64.3	100.0	81
Residence						
Urban	12.1	6.4	11.6	69.9	100.0	566
Rural	8.6	7.8	13.7	69.9	100.0	821
Region						
North	7.0	8.4	14.2	70.3	100.0	424
Center	11.9	5.3	13.9	68.9	100.0	386
South	5.9	9.4	9.9	74.8	100.0	264
Chisinau	15.1	6.2	12.0	66.6	100.0	313
Education						
No education/primary	*	*	*	*	100.0	16
Secondary	10.2	8.9	12.7	68.3	100.0	880
Secondary special	7.0	4.4	14.0	74.6	100.0	209
Higher	11.1	3.7	13.2	72.0	100.0	283
Wealth quintile						
Lowest	6.8	11.6	13.0	68.6	100.0	246
Second	10.0	5.4	13.1	71.5	100.0	260
Middle	8.3	7.4	11.5	72.8	100.0	290
Fourth	9.6	6.5	14.0	70.0	100.0	283
Highest	14.6	5.9	12.6	66.9	100.0	308
Total	10.0	7.2	12.8	69.9	100.0	1,387

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Pregnancy complications

In the 2005 MDHS, women who had a live birth in the five years preceding the survey were asked if they had any of the following complications during the most recent pregnancy: risk of miscarriage, excessive bleeding in the first or second trimester, high blood pressure, diabetes, heart disease, liver disease, urinary tract infection, risk for premature labor, rhesus-conflict (Rh izoimmynization), anemia or other complications.

Table 10.7 shows the proportion of women with complications during pregnancy. Overall, 61 percent of women reported at least one complication during their most recent pregnancy. Most frequently reported complications were anemia (38 percent), risk of miscarriage (25 percent), risk of premature delivery (13 percent), high blood pressure (11 percent), and a urinary tract infection (10 percent). Two to 6 percent of women reported having had a hemorrhage in the first or second trimester, heart disease, liver disease, or rhesus-conflict. Less than 1 percent of women reported diabetes and 4 percent reported other complications.

The proportion of women reporting at least one complication was higher among women younger than age 34 years, with fewer than 3 live births, living in urban areas and particularly in Chisinau, having a higher level of education, and from the highest wealth quintiles.

Table 10.7 Pregnancy complications

Among of women with a live birth in the five years preceding the survey who received antenatal care, percentage who experienced specific complications during the last pregnancy, by background characteristics, Moldova 2005

	Pregnancy complications													
Background characteristic	Any compli-cation	Risk of mis-carriage	First trimester bleeding	Second trimester bleeding	High blood pressure	Diabetes	Heart disease	Liver disease	Urinary tract infection	Risk of pre-term labor	Rh izoimmy-nization	Anemia	Other	Number of women
Age at birth														
<20	59.1	20.5	2.8	1.8	11.4	0.4	6.1	1.6	13.8	9.6	2.6	35.1	4.0	171
20-34	61.3	26.4	6.1	3.9	11.3	0.5	4.3	2.3	10.0	14.0	4.5	38.8	4.0	1,120
35-49	52.6	18.4	2.9	0.0	9.0	1.4	5.9	0.0	4.1	6.4	3.5	32.5	2.5	70
Birth order														
1	61.8	27.2	5.7	3.1	10.3	0.8	2.8	2.1	12.4	14.2	4.5	37.1	4.8	665
2-3	60.2	23.8	5.5	3.5	12.4	0.3	6.2	1.9	7.6	12.0	4.5	40.4	3.5	619
4+	52.5	19.8	5.1	6.6	9.4	0.0	8.4	3.5	10.9	11.6	0.0	27.2	0.0	77
Residence														
Urban	67.2	33.2	8.1	4.1	12.9	1.0	3.4	2.0	13.1	16.8	7.0	42.7	6.4	554
Rural	56.0	19.8	3.8	3.0	10.0	0.2	5.5	2.1	8.1	10.4	2.4	34.8	2.2	807
Region														
North	59.1	24.4	5.3	3.3	13.0	0.9	6.8	2.5	11.1	13.9	4.3	33.6	2.6	420
Center	58.3	19.6	3.1	2.8	8.6	0.0	3.1	2.3	5.4	9.6	2.8	42.4	3.1	376
South	57.0	21.3	4.5	2.4	11.1	0.0	3.4	1.2	10.3	8.6	1.7	36.1	3.5	259
Chisinau	68.4	36.6	9.9	5.3	12.1	1.1	4.5	2.2	14.4	19.8	8.2	40.4	7.2	307
Education														
No education/ primary	*	*	*	*	*	*	*	*	*	*	*	*	*	15
Secondary	55.8	20.9	4.5	3.5	10.9	0.1	5.4	2.5	9.2	11.7	3.2	33.5	2.5	864
Secondary special	63.3	27.0	6.6	1.9	11.4	0.9	3.1	1.2	9.0	11.6	5.7	41.0	3.1	207
Higher	73.6	38.0	8.0	4.6	12.2	1.6	3.4	1.4	13.3	18.4	6.6	50.2	9.1	276
Wealth quintile														
Lowest	51.3	12.6	2.2	2.5	13.3	0.0	7.8	1.6	7.1	9.5	0.6	31.0	2.3	237
Second	54.7	16.9	3.7	3.9	11.7	0.5	5.0	1.2	7.6	9.6	1.6	33.0	1.7	258
Middle	58.4	27.2	4.5	2.8	7.7	0.2	4.3	4.0	11.2	11.5	4.9	39.7	2.1	285
Fourth	65.4	27.7	7.4	2.8	9.6	0.3	1.8	1.6	10.5	14.7	4.5	43.5	4.8	278
Highest	70.4	38.2	9.2	5.0	13.9	1.3	4.8	2.0	13.3	18.5	8.5	41.2	8.0	303
Total	60.6	25.3	5.6	3.4	11.2	0.5	4.6	2.1	10.1	13.0	4.3	38.0	3.9	1,361

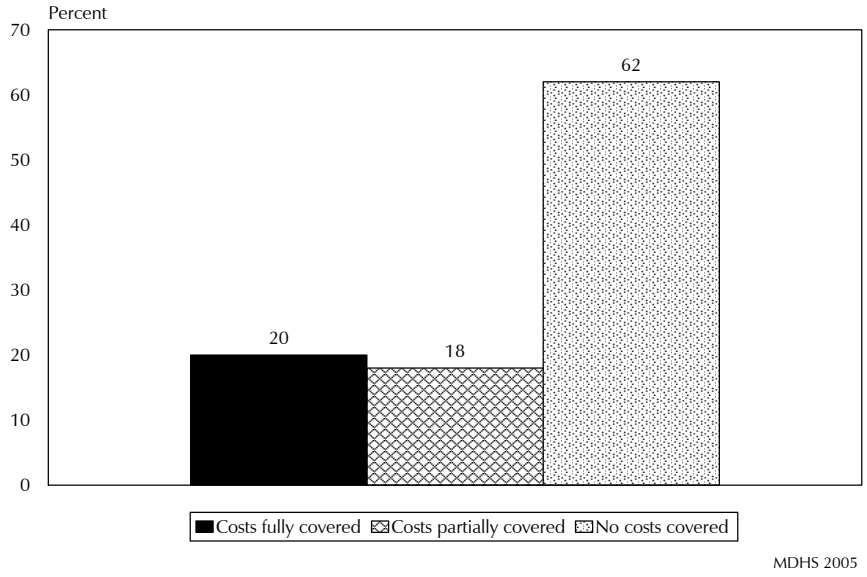
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Coverage of costs related to treatment of adverse pregnancy outcomes

Women who had a pregnancy in the five years preceding the survey and who reported at least one complication during the most recent pregnancy were asked whether they sought care for this complication, and if yes, what portion of expenses were covered by the government or some other insurance program.

Figure 10.3 shows that only 20 percent of women who had complications during their most recent pregnancy reported full coverage of the cost of treatment, 18 percent declared that the cost of treatment was partially covered, and 62 percent reported that no costs related to a pregnancy complication were covered by the government or any insurance program. Women in urban areas were slightly less likely to report partial or entire coverage of costs (data not shown).

Figure 10.3 **Proportion of Costs Covered by the Government or by an Insurance Program for Treatment of Pregnancy Complications**



10.2 DELIVERY CARE

Adequate care and hygienic conditions at the time of delivery reduce the risk of complications for both the mother and the infant. The 2005 MDHS collected information about the place of delivery for all children born in the five years preceding the survey, as well as data on the type of personnel attending to the delivery.

Table 10.8 shows that 99 percent of deliveries in Moldova that occurred in the five years preceding the survey were in a medical establishment. The overwhelming majority took place in public health facilities, and less than 1 percent in private establishments or the home.

Women in Chisinau and those from the highest wealth quintile were slightly more likely to give birth in a private medical institution (2 percent each). Women who delivered outside of any health facility were mainly those who had had 4 deliveries or more (9 percent), those in rural areas (2 percent), particularly in the Center and South regions (2 percent each), those who had between 1 and 3 antenatal visits (5 percent), and those mainly from the lowest wealth quintile (4 percent).

Table 10.8 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics, Moldova 2005

Background characteristic	Health facility: Public sector	Health facility: Private sector	Home	Other	Total	Number of births
Mother's age at birth						
<20	99.7	0.3	0.0	0.0	100.0	212
20-34	98.1	0.6	0.9	0.2	100.0	1,301
35-49	98.9	0.0	1.1	0.0	100.0	78
Birth order						
1	99.0	0.8	0.2	0.0	100.0	807
2-3	98.6	0.4	0.6	0.2	100.0	691
4+	91.4	0.0	7.2	1.5	100.0	94
Residence						
Urban	98.5	1.3	0.0	0.0	100.0	611
Rural	98.3	0.1	1.3	0.3	100.0	980
Region						
North	99.4	0.0	0.0	0.6	100.0	473
Center	98.1	0.2	1.5	0.0	100.0	464
South	98.4	0.0	1.6	0.0	100.0	317
Chisinau	97.3	2.4	0.0	0.0	100.0	337
Mother's education						
No education/primary	*	*	*	*	100.0	19
Secondary	98.3	0.4	0.9	0.3	100.0	1,033
Secondary special	99.4	0.0	0.6	0.0	100.0	229
Higher	98.2	1.6	0.0	0.0	100.0	310
Antenatal care visits[1]						
None	(81.6)	(3.0)	(15.5)	(0.0)	(100.0)	24
1-3	94.8	0.0	5.2	0.0	100.0	70
4+	98.8	0.6	0.4	0.2	100.0	1,232
Don't know/missing	98.6	0.0	0.0	0.0	100.0	61
Wealth quintile						
Lowest	96.1	0.0	2.7	0.9	100.0	311
Second	99.3	0.0	0.7	0.0	100.0	304
Middle	99.5	0.0	0.5	0.0	100.0	339
Fourth	99.5	0.5	0.0	0.0	100.0	309
Highest	97.5	2.3	0.0	0.0	100.0	328
Total	98.4	0.6	0.8	0.2	100.0	1,591

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes only the most recent birth in the five years preceding the survey

Table 10.9 shows that virtually every delivery in Moldova is attended by a trained health professional. Almost 91 percent of deliveries were attended by a doctor while the rest were attended by a nurse or midwife. The differences in delivery care slightly vary with regard to maternal background characteristics, however, doctors were more likely to attend deliveries for women age 35-49 (94 percent), women who had their first birth (92 percent), women from urban areas (93 percent) and particularly in Chisinau (94 percent), those with higher education (96 percent) and those from the highest wealth quintile (95 percent).

Table 10.9 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, according to background characteristics, Moldova 2005

Background characteristic	Doctor	Nurse/ midwife/ auxiliary midwife	Relative/ other	No one	Don't know/ missing	Total	Number of births
Mother's age at birth							
<20	89.3	10.7	0.0	0.0	0.0	100.0	212
20-34	90.7	8.8	0.1	0.1	0.3	100.0	1,301
35-49	94.4	4.5	1.1	0.0	0.0	100.0	78
Birth order							
1	92.3	7.6	0.0	0.0	0.1	100.0	807
2-3	89.4	9.6	0.3	0.3	0.4	100.0	691
4-5	83.3	16.7	0.0	0.0	0.0	100.0	78
6+	*	*	*	*	*	*	15
Residence							
Urban	92.9	6.7	0.0	0.1	0.3	100.0	611
Rural	89.3	10.1	0.2	0.1	0.2	100.0	980
Region							
North	92.4	7.6	0.0	0.0	0.0	100.0	473
Center	88.5	10.6	0.4	0.3	0.2	100.0	464
South	87.8	11.6	0.0	0.2	0.4	100.0	317
Chisinau	94.0	5.5	0.0	0.0	0.5	100.0	337
Mother's education							
No education/primary	*	*	*	*	*	*	19
Secondary	88.3	11.0	0.2	0.2	0.3	100.0	1,033
Secondary special	93.7	6.3	0.0	0.0	0.0	100.0	229
Higher	96.3	3.5	0.0	0.0	0.3	100.0	310
Wealth quintile							
Lowest	82.5	16.7	0.4	0.2	0.3	100.0	311
Second	91.5	7.5	0.3	0.4	0.4	100.0	304
Middle	90.0	10.0	0.0	0.0	0.0	100.0	339
Fourth	94.1	5.7	0.0	0.0	0.2	100.0	309
Highest	95.3	4.4	0.0	0.0	0.3	100.0	328
Total	90.7	8.8	0.1	0.1	0.2	100.0	1,591

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Indicators from Demographic and Health Surveys and Reproductive Health Surveys recently completed in other countries in Eastern Europe and Eurasia also show that delivery care is generally good: 95 percent of women countries surveyed in the region had births which were attended by a health professional and whose delivery was in a health facility. Azerbaijan (2001) is the main exception, where only 88 percent of women are assisted by a health professional and only 74 percent deliver in a medical establishment (CDC and ORC Macro, 2003).

10.3 DELIVERY CHARACTERISTICS

The purpose of performing a caesarean section is to reduce maternal and perinatal mortality and morbidity. Official data from the Ministry of Health and Social Protection submitted to WHO for the last fifteen years reveals an increasing trend in the use of this intervention, from an average of 5 percent of all births from 1990 to 1994, to an average of 7 percent from 1995 to 1999, and up to 9 percent in 2004 (WHO, 2006).

In the 2005 MDHS, women who had live births in the five years preceding the survey were asked whether any delivery was by caesarean section. Table 10.10 shows that in the past five years 9 percent of children were born by caesarean section, thus corroborating the official reports. A caesarean section is slightly more likely to be performed on women having their first birth (10 percent), women in urban areas (11 percent), and women in Chisinau (13 percent), women with secondary special education (11 percent), and women in the highest wealth quintile (14 percent). Women in the South region, as well those from the poorest wealth quintile, are least likely to have a caesarean section (4 percent).

Table 10.10 Delivery characteristics

Percentage of live births in the five years preceding the survey delivered by caesarean section, and percent distribution by birth weight and by mother's estimate of baby's size at birth, according to background characteristics, Moldova 2005

		Birth weight				Size of child at birth					
Background characteristic	Delivery by C-section	Less than 2.5 kg	2.5 kg or more	Don't know/ missing	Total	Very small	Smaller than average	Average or larger	Don't know/ missing	Total	Number of births
Mother's age at birth											
<20	7.2	7.2	92.8	0.0	100.0	3.1	14.6	80.7	1.6	100.0	212
20-34	8.6	5.2	93.8	1.0	100.0	1.4	9.6	88.2	0.8	100.0	1,301
35-49	9.2	4.8	94.1	1.1	100.0	1.9	10.6	87.6	0.0	100.0	78
Birth order											
1	9.9	6.5	93.1	0.5	100.0	1.7	12.3	84.7	1.3	100.0	807
2-3	7.0	4.5	94.3	1.2	100.0	1.4	7.9	90.2	0.6	100.0	691
4+	7.4	4.2	94.8	0.9	100.0	2.8	11.3	85.8	0.0	100.0	94
Residence											
Urban	10.9	5.2	94.0	0.8	100.0	0.9	8.4	90.0	0.6	100.0	611
Rural	7.0	5.7	93.5	0.9	100.0	2.1	11.5	85.3	1.1	100.0	980
Region											
North	8.2	8.6	91.0	0.4	100.0	2.7	14.1	82.0	1.2	100.0	473
Center	8.6	3.7	95.6	0.7	100.0	1.2	8.6	89.3	0.8	100.0	464
South	4.2	4.9	94.0	1.2	100.0	1.6	11.1	86.1	1.2	100.0	317
Chisinau	12.7	4.1	94.7	1.2	100.0	0.7	6.6	92.3	0.5	100.0	337
Mother's education											
No education/primary	*	*	*	*	*	*	*	*	*	100.0	19
Secondary	8.0	6.3	92.5	1.1	100.0	2.2	11.3	85.1	1.3	100.0	1,033
Secondary special	10.6	3.1	96.6	0.3	100.0	0.6	8.5	90.8	0.0	100.0	229
Higher	8.2	4.1	95.6	0.3	100.0	0.0	8.4	91.3	0.3	100.0	310
Wealth quintile											
Lowest	3.8	6.6	92.3	1.1	100.0	3.6	11.2	83.2	1.9	100.0	311
Second	9.2	7.6	91.1	1.3	100.0	2.0	12.3	84.3	1.4	100.0	304
Middle	7.6	2.4	97.3	0.3	100.0	0.7	11.1	87.7	0.5	100.0	339
Fourth	7.8	6.7	92.5	0.8	100.0	1.0	10.2	88.2	0.5	100.0	309
Highest	13.8	4.5	94.8	0.7	100.0	0.9	6.9	91.9	0.3	100.0	328
Total	8.5	5.5	93.7	0.8	100.0	1.6	10.3	87.1	0.9	100.0	1,591

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Low birth weight is associated with higher rates of morbidity and mortality; women in the MDHS were asked whether their baby was weighed at birth, and if so, what was the weight. A birth weight of 2,500 grams or more is considered normal, while the newborns with lower weight are considered small or underweight. Since mothers may not always know the baby's weight at birth, they were also asked for their assessment of the size of the newborn baby—very large, larger than average, average, smaller than average, or very small.

Table 10.10 shows that less than 1 percent of infants did not have their weight recorded at birth. Ninety-four percent of infants had normal birth weight, and 6 percent were underweight. According to the mothers' evaluations, 87 percent of children were average or larger than average, 10 percent were smaller than the average, and 2 percent were considered very small.

Underweight infants are more likely to be born to mothers under age 20 years (7 percent), to those having their first birth (7 percent), to those living in the North region (9 percent), and to women with secondary education (6 percent). No significant variations in the proportion of underweight infants were seen by place of residence or wealth quintile.

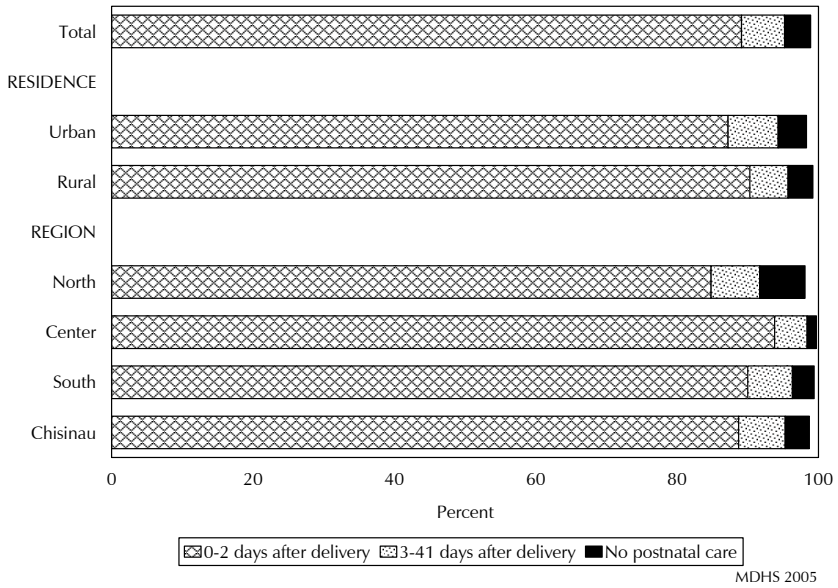
10.4 POSTNATAL CARE

Postnatal care obtained from a trained medical provider represents a key component of safe maternity. The postnatal examination plays an important role in assessing mother and child health status, diagnosis and treatment of postnatal complications, and counseling and support regarding early baby care.

Since research has shown that most maternal and infant deaths occur within the first two days after delivery, postnatal care should be provided as soon as possible after birth, within this critical period. To evaluate the extent to which postnatal care is utilized, the 2005 MDHS asked women who had live births in the five years preceding the survey whether a health professional examined her after her last birth and about the timing of the given checkup.

Figure 10.4 shows that most women benefit from a medical examination shortly after delivery. Eighty-nine percent of all women who had a live birth in the past five years received a medical checkup within two days of delivery of their last birth, and another 6 percent within the following six weeks. Only 4 percent of women reported not having had any sort of checkup in the postnatal period. The proportion of women not having a postnatal checkup is highest in the North region where 6 percent were not seen by a trained provider. Surprisingly, postnatal examinations are more frequent and are performed in a more timely manner, in rural areas than in urban areas.

Figure 10.4 **Timeliness of Postnatal Examinations by a Trained Provider**



Postnatal care coverage has improved significantly in Moldova since 1997, when only 74 percent of mothers reported having received a postnatal checkup (Serbanescu et al., 1998). Compared with estimates from other Demographic and Health Surveys and Reproductive Health Surveys conducted recently in Eastern Europe and Eurasia, Moldova reflects a better situation than other countries in the region with regards to postnatal care. In Romania (1999), 32 percent of mothers received postpartum care, in Ukraine (1999), 58 percent, in Azerbaijan (2001), 25 percent, and in Georgia (1999), 11 percent (CDC and ORC Macro, 2003) received a postnatal checkup.

10.5 Woman's Perception of Access to Health Care

The 2005 MDHS included a series of questions aimed at assessing what women perceive as barriers to accessing health care. To collect this information, women were asked whether particular situations represented a big problem in obtaining health care. These situations included getting permission to go to a doctor; obtaining money to pay for the treatment; covering the distance to get to a medical facility; obtaining transport; and concerns with having to go alone or that there may not be a female provider available.

Table 10.11 shows the percentage of women who reported having a big problem in accessing health care for themselves when they were sick, according to the type of problem. A high proportion of women cited at least one major problem that they perceive as a barrier to accessing health care (68 percent); that this includes the majority of women suggests that they frequently face obstacles in obtaining health care. Over half of women (56 percent) mentioned obtaining sufficient money to pay for health care as a big problem. The second most important problem (19 percent) was that a female medical provider may not be available to consult them. Furthermore, 16-17 percent of women identified obtaining transport and covering the distance to a health facility as a big problem. Eleven percent of women cited that it is a big problem to go alone to a medical provider, and for 7 percent it is a problem to get permission to go to a doctor.

Characteristics of women who are more likely to mention having a big problem in accessing health care include those: under age 19 and over age 40; with 3 or more children; divorced, separated or widowed; living in rural areas, with secondary education only; unemployed or not receiving remuneration; and from the poorest wealth quintiles. Women in Chisinau cited a big problem in accessing health care (60 percent) less frequently than women in other regions (70-72 percent).

Obtaining the necessary money is a problem that increases with the age of a woman and with the number of children. It is also a problem more frequently reported by women who are divorced, separated or widowed, who live in rural areas, who have only secondary education, who do not receive remuneration, and who are from the lowest wealth quintiles.

Concerns about a female health professional not being available and a lack of desire to go alone were expressed mainly by women age 15-19 (39 and 23 percent, respectively), without children (34 and 19 percent, respectively), and never married (37 and 21 percent, respectively). Difficulties in finding transport and to cover the distance to the health facility were cited as big problems relatively more often by women age 40-49 years; with 3 and more children; divorced, separated or widowed; living in rural areas; with only secondary education; not receiving remuneration; and from the lowest wealth quintiles. Obtaining permission to seek treatment is a bigger problem for women age 15-19; never married; without children; living in rural areas; and from the poorest wealth quintile.

Table 10.11 Problems in accessing health care

Percentage of women who reported they have big problems in accessing health care for themselves when they are sick, by type of problem and background characteristics, Moldova 2005

Background characteristic	Problems in accessing health care							Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern there may not be a female provider	Any of the specified problems	
Age								
15-19	11.1	46.2	12.5	14.0	23.4	39.2	69.6	1,417
20-29	5.5	50.8	14.4	16.2	12.4	18.9	64.8	2,088
30-39	6.7	58.8	16.4	17.4	7.0	11.8	67.0	1,778
40-49	6.2	66.6	18.3	19.5	5.6	11.2	71.0	2,156
Number of living children								
0	8.5	46.7	12.6	14.1	19.4	33.5	68.1	2,456
1-2	6.1	57.4	15.1	16.5	7.5	11.6	65.3	3,918
3-4	7.2	74.3	24.1	25.0	6.4	12.8	77.5	965
5+	7.8	82.1	31.0	33.9	4.5	4.5	82.8	101
Marital status								
Never married	9.2	46.5	12.2	14.0	21.1	37.0	68.7	1,862
Married or living together	6.1	58.5	16.5	17.8	7.9	12.6	66.6	4,937
Divorced/separated/ widowed	7.9	69.2	19.0	20.2	8.5	14.8	77.0	641
Residence								
Urban	5.7	47.6	7.4	9.2	12.4	18.4	61.3	3,194
Rural	8.1	63.1	21.8	22.9	10.3	19.2	73.0	4,246
Region								
North	6.5	61.4	18.8	20.9	10.3	19.8	71.6	2,207
Center	8.0	61.0	19.0	19.8	9.8	18.2	70.1	2,033
South	8.7	56.8	17.4	18.3	12.1	20.1	69.6	1,402
Chisinau	5.4	44.8	6.6	8.2	13.4	17.6	60.2	1,798
Education								
No education/primary	(23.3)	(63.0)	(33.9)	(34.4)	(23.4)	(30.7)	(75.1)	49
Secondary	7.7	63.7	18.0	19.5	12.7	21.9	74.3	4,534
Secondary special	5.7	51.5	13.3	14.0	6.1	11.8	60.7	1,327
Higher	6.0	39.0	10.3	11.8	10.9	15.4	55.4	1,530
Employment								
Not employed	8.7	56.1	16.6	17.9	15.1	24.2	70.4	3,316
Working for cash	5.4	54.4	13.5	14.8	8.2	14.4	64.1	3,661
Not working for cash	8.7	75.9	26.1	28.5	7.4	15.9	83.2	457
Missing	*	*	*	*	*	*	*	6
Wealth quintile								
Lowest	13.2	78.7	30.3	31.9	11.4	21.6	85.1	1,243
Second	7.0	68.4	21.8	24.0	9.6	19.5	75.8	1,234
Middle	5.6	55.1	16.2	17.0	10.5	19.4	66.8	1,511
Fourth	6.2	49.0	9.8	10.9	11.7	17.7	63.1	1,672
Highest	4.9	40.7	6.2	7.7	12.4	17.2	56.4	1,780
Total	7.1	56.4	15.7	17.1	11.2	18.9	68.0	7,440

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

10.6 IMMUNIZATION COVERAGE

According to World Health Organization, a child is considered fully vaccinated if he/she has received the following vaccinations: one dose of BCG, one dose of measles, and three doses each of DPT (diphtheria-pertussis-tetanus) and polio.

The immunization calendar for Moldova, approved by the National Immunization Program for the years 2001 to 2005 includes all of the above-mentioned vaccines, as well as three doses of hepatitis B (HepB) vaccine and one dose of vaccination for mumps and rubella. The vaccines against measles, mumps, and rubella are now usually administered as one injection (MMR), whereas before they were administered separately. All vaccines on the calendar should be administered within the first year of life, except MMR which is administered at the age of 12 months. Taking into account this country-specific vaccination timetable, the MDHS examines full coverage of immunizations for the cohort of children age 15-26 months, thus allowing for a reasonable three-month interval for children to receive their MMR vaccine.

Information on children's vaccination coverage was obtained for all children under five years. In Moldova, child-specific information about the vaccines they received are registered in the Child's Medical Development Card (Fişa medicală de dezvoltare a copilului [Form 112/e]), or on an immunization card, or in a log (Forms 063/e or 063-1/e)—any of which can usually be found at the child's family doctor in the local primary health facility. In addition, an "immunization certificate" has come into use since distribution began in 2002. It has a record of vaccinations and is kept by the child's parent or caregiver.

The MDHS collected vaccination data from both sources—from the forms kept at the local health facility and from the immunization certificate kept by the parents or caregiver—as well as from the mother's verbal report. All mothers of children under age five were asked to show to the interviewer the immunization certificate or any other written record of the child's vaccines. If the immunization certificate or another medical record were available, the interviewer copied the date that each vaccine was received into the questionnaire. Then, the interviewer asked the mother if the child had received any of the following vaccines: polio, DTP, BCG, measles, mumps and/or rubella, and how many doses of each vaccine were administered. After completing the household interview, when information about the local health facility's address was noted, an interviewer visited that health facility to obtain vaccine information from that source.

Information on vaccines from immunization certificates kept at home was collected for 13 percent of children, while immunization information from sources at local health facilities was collected for 86 percent of children. The combined information from the immunization certificates and records kept at the health facilities was available for 90 percent of children (in some cases both sources were available).

Table 10.12 shows results of vaccination coverage for children age 15-26 months, including the vaccination coverage for each of the nine preventable childhood infections. The estimates are based on information from written sources (at the home or/and the local health facility), and in cases where written sources were not available, data were completed with information reported verbally by the mother. The upper part of Table 10.12 shows the percentages of children age 15-26 months vaccinated any time before the survey. The bottom line of the table shows the percentage children vaccinated in the first year of life. For children not having an available written source of vaccination dates, the proportion of those vaccinated before the first birthday (or before the age of 15 months for measles, mumps and rubella) was considered identical to that of children with an immunization document.

Table 10.12 Vaccinations by source of information

Percentage of children age 15-26 months who received specific vaccines at any time before the survey, by source of information (vaccination card at home or at the health facility, or mother's report), and percentage vaccinated by 15 months of age (or by 24 months of age for measles, mumps and rubella), Moldova 2005

	Percentage of children who received:															
		Hepatitis B			Diphtheria-pertussis-tetanus			Polio			MMR[1]			Fully vacci-nated[2]	No vacci-nations	Number of children
	BCG	B1	B2	B3	1	2	3	1	2	3	Measles	Mumps	Rubella			
Vaccinated at any time before survey																
Vaccination card	89.7	89.3	89.0	87.8	88.7	87.7	86.4	89.3	88.6	87.7	84.9	83.0	82.8	81.6	0.0	295
Mother's report	10.1	8.4	7.9	6.7	9.5	9.2	7.1	9.8	9.4	7.1	5.7	6.4	5.9	3.7	0.0	34
Either source	99.7	97.7	96.9	94.5	98.3	96.9	93.5	99.1	98.1	94.8	90.6	89.4	88.7	85.3	0.0	329
Vaccinated by 15 months of age[3]	99.7	97.7	96.5	92.8	96.9	95.3	89.9	98.5	96.8	92.7	89.5	88.8	87.9	81.6	0.5	329

[1] Children under five years of age who received this vaccine by 24 months of age

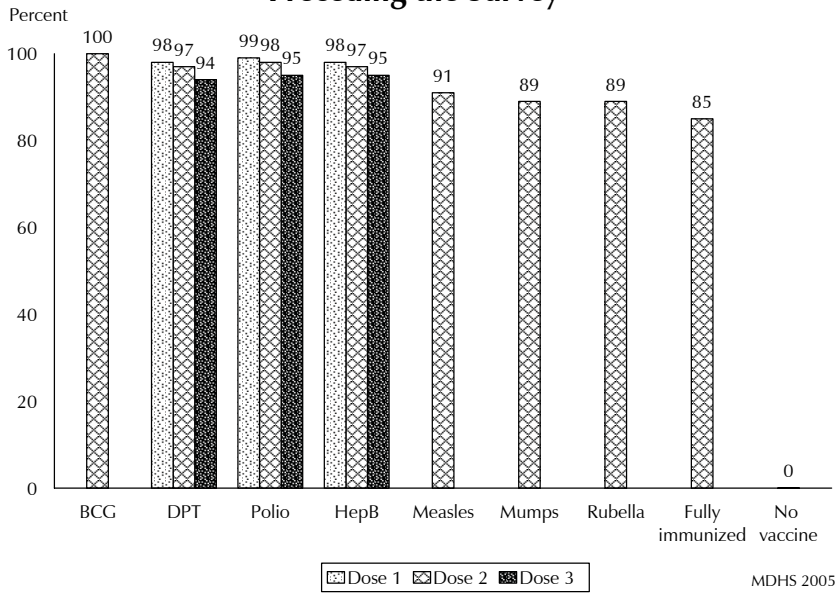
[2] Including one dose of BCG, three doses of HepB, three doses of DPT, three doses of polio, and one dose of measles, mumps and rubella.

[3] For children whose information was based on the mother's report, the percentage of vaccinations given during the first 14 months of life (or during the first 23 months of life for measles, mumps and rubella) was assumed to be the same as for children with a written record of vaccination.

Overall, 85 percent of children age 15-26 months are fully immunized with the 9 antigens stipulated by the National Immunization Program. No children were identified as not having received any vaccine. The highest rate of specific immunization coverage (over 99 percent) was identified for the BCG vaccine. More than 98 percent of children were vaccinated with the first doses of HepB, DTP, and polio, confirming the high access of children to immunization services in the Moldova. The coverage with subsequent doses is slightly less, however, with 95 percent of children receiving the three recommended doses of HepB and polio and 94 percent receiving the three recommended doses of DTP vaccine. The decrease in coverage with subsequent doses reflects immunization drop out rates. Drop out rates represent the proportion of children who received the first dose of vaccine but who do not follow through with receiving the third dose. The drop out rates are 5 percent for DTP, 4 percent for polio and 3 percent for HepB. The proportion of children vaccinated against measles is 91 percent and the proportion of those vaccinated against mumps and rubella is 89 percent (Figure 10.5).

Timely and complete immunization coverage of children in the first year of life is important to provide protection before they might become exposed to diseases. Overall, 76 percent of children were immunized against the nine infections in the first year of life (or before age 15 months for measles, mumps, and rubella). While the data on the timely coverage for BCG, MMR, and the first doses of HepB, polio and DTP do not vary significantly from rates of vaccination at any time before the survey, complete coverage including the third doses of HepB, polio, and DTP within the first year of life is less: 91 percent versus 95 percent for HepB, 89 percent versus 95 percent for polio, and 87 percent versus 94 percent for the DTP vaccines.

Figure 10.5 Percentage of Children Age 15-26 Months Vaccinated Against Childhood Diseases at Any Time Preceding the Survey



Comparing results on the immunization coverage from the 2000 Multiple Indicator Cluster Survey (MICS 2000), excluding Transnistria, similar coverage rates are observed for the same age group (age 15-26 months) vaccinated any time before the survey. Moreover, there has been a significant effort to increase the prevalence of fully immunized children before their first birthday, including all antigens stipulated by the National Immunization Program. It is also notable that since 2000, there has been a reduction to under 1 percent of children who have not received any of the recommended vaccines, as well as the successful implementation of immunization against rubella (Figure 10.6).

Figure 10.6 Proportion of Children Age 15-26 Months Who Have Received Recommended Vaccines Before Their First Birthday

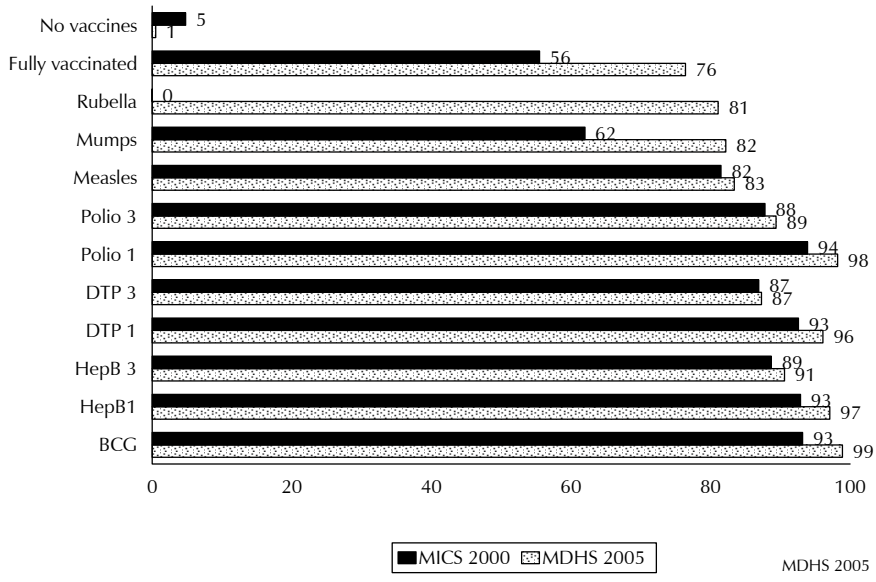


Table 10.13 presents results of children's vaccination coverage by background characteristics. These data show no significant differences in immunization coverage according to sex, birth order and mothers' education. However, the proportion of fully immunized children decreases below 80 percent for children in urban areas, in particular in Chisinau, and those from the fourth wealth quintile.

Table 10.13 Vaccinations by background characteristics

Percentage of children age 15-26 months who received specific vaccines at any time before the survey (according to a vaccination card at home or at a health facility, or the mother's report), and percentage with a vaccination card, by background characteristics, Moldova 2005

Background characteristic	Percentage of children who received:														Percentage with a vaccination card at home or health facility	Number of children
		Hepatitis B			Diphtheria-pertussis-tetanus			Polio			MMR[1]			Fully vaccinated[2]		
	BCG	B1	B2	B3	1	2	3	1	2	3	Measles	Mumps	Rubella			
Sex																
Male	100.0	97.8	96.7	93.9	99.4	98.5	96.0	99.4	99.1	96.3	90.8	90.9	89.4	85.9	89.8	159
Female	99.5	97.7	97.0	95.1	97.3	95.4	91.2	98.9	97.1	93.4	90.3	88.0	88.0	84.8	89.5	170
Birth order																
1	99.4	96.3	95.2	93.7	96.9	96.0	93.7	98.8	98.0	95.4	91.2	89.9	89.4	85.6	86.7	152
2-3	100.0	98.9	98.1	94.9	99.3	97.2	92.7	99.3	97.8	93.8	91.2	90.2	89.2	86.2	90.9	152
4+	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	24
Residence																
Urban	100.0	100.0	97.8	92.9	98.6	95.0	90.7	99.2	97.4	93.3	88.1	85.9	85.2	79.7	90.4	128
Rural	99.6	96.3	96.3	95.6	98.1	98.1	95.3	99.1	98.5	95.8	92.1	91.6	90.9	88.9	89.2	201
Region																
North	100.0	94.7	94.7	92.5	97.7	96.8	93.1	97.7	97.3	94.0	91.5	91.5	91.5	86.4	85.3	102
Center	99.2	98.0	96.9	96.9	98.0	97.4	94.5	100.0	98.2	95.4	90.9	88.5	88.5	87.0	93.1	104
South	100.0	100.0	98.6	97.6	100.0	100.0	96.6	100.0	100.0	95.2	94.7	94.7	94.7	89.9	91.5	54
Chisinau	100.0	100.0	98.7	91.6	98.1	93.8	90.1	99.2	97.5	94.8	85.4	83.4	80.1	77.6	89.5	69
Education																
No education/ primary	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	3
Secondary	99.6	97.0	96.5	94.6	98.2	96.9	94.1	98.6	97.5	95.0	90.2	88.5	88.1	85.4	92.8	210
Secondary special	(100.0)	(100.0)	(100.0)	(97.1)	(100.0)	(100.0)	(94.3)	(100.0)	(100.0)	(94.3)	(91.7)	(91.7)	(91.7)	(87.7)	(84.9)	51
Higher	100.0	98.2	95.7	92.2	97.0	94.4	90.7	100.0	98.2	94.4	91.4	91.0	88.8	83.8	83.7	66
Wealth quintile																
Lowest	(100.0)	(97.2)	(97.2)	(97.2)	(100.0)	(100.0)	(93.3)	(100.0)	(100.0)	(94.7)	(90.8)	(88.6)	(88.6)	(85.8)	(94.7)	62
Second	100.0	97.4	96.7	95.9	96.7	95.3	93.9	96.7	96.0	94.6	93.5	90.1	90.1	87.3	89.6	70
Middle	100.0	97.2	96.3	95.2	100.0	99.0	97.0	100.0	99.0	97.0	96.3	96.3	96.3	92.3	86.0	67
Fourth	100.0	98.2	95.7	87.1	97.4	94.3	89.8	99.2	95.6	89.3	81.0	82.1	79.8	75.3	85.8	66
Highest	98.6	98.6	98.6	97.5	97.4	96.1	93.6	100.0	100.0	98.6	91.0	89.8	88.5	85.9	92.6	64
Total	99.7	97.7	96.9	94.5	98.3	96.9	93.5	99.1	98.1	94.8	90.6	89.4	88.7	85.3	89.7	329

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Children under five years of age who received this vaccine by 24 months of age

[2] Including one dose of BCG, three doses of HepB, three doses of DPT, three doses of polio, and one dose of measles, mumps and rubella.

The highest rates of vaccine interruption with DTP (5-8 percent) are registered for girls, children in urban areas, in Chisinau and the North region, and children of mothers with higher education, and those in the first and fourth wealth quintiles. This emphasizes a weak link in providing sustained services to these population categories.

Table 10.14 presents vaccination coverage results for children from age one to five years, by one-year age groups (12-23 months, 24-35 months, 36-47 months, and 48-59 months). The results show vaccine-specific coverage in the first year of life, except for vaccines against measles, rubella, and mumps for which coverage is estimated in the first 15 months of life. Estimates in the table do not show significant variations in immunization coverage among age groups. The low immunization coverage for rubella, at 52 percent among children age 48-59 months, is due to the fact that not all children in this age group had the chance to be vaccinated because the rubella immunization was only implemented since January 2002.

Table 10.14 Vaccinations in first 15 months of life

Percentage of children under five years of age at the time of the survey who received specific vaccines by 15 months of age (or by 24 months for measles, mumps and rubella), and percentage with a vaccination card, by current age of child, Moldova 2005

Current age of child in months	Percentage of children who received:															Percentage with a vaccination card at home or health facility	Number of children
		Hepatitis B			Diphtheria-pertussis-tetanus			Polio			MMR[1]			Fully vaccinated[2]	No vaccinations		
	BCG	B1	B2	B3	1	2	3	1	2	3	Measles	Mumps	Rubella				
12-23	99.8	97.9	96.3	92.8	98.0	95.6	89.9	99.1	97.3	93.2	84.7	83.6	82.7	77.9	0.0	89.6	355
24-35	98.8	97.9	96.5	93.3	96.8	95.5	91.8	97.5	96.5	92.0	92.3	89.1	88.7	81.7	1.2	93.1	328
36-47	99.0	96.9	95.8	90.7	97.0	95.3	90.3	97.3	96.9	92.2	93.6	92.3	91.3	83.2	0.8	94.2	299
48-59	98.9	96.4	95.6	93.2	96.4	95.4	88.7	97.4	96.4	92.3	90.8	90.2	60.4	51.9	0.5	90.2	273
Total	99.1	97.3	96.1	92.5	97.1	95.4	90.2	97.9	96.8	92.4	90.1	88.5	81.4	74.3	0.6	91.7	1,255

Note: Information was obtained from the vaccination card at home or at the health facility, or if there was no written record, then from the mother's report. For children whose information was based on the mother's report, the percentage of vaccinations given during the first year of life is assumed to be the same as for children with a written record of vaccinations.

[1] Children under five years of age who received this vaccine by 24 months of age

[2] Including one dose of BCG, three doses of HepB, three doses of DPT, three doses of polio, and one dose of measles, mumps and rubella.

10.7 ACUTE RESPIRATORY INFECTIONS AND FEVER

Acute respiratory infections (ARI) and fever constitute the major reasons mothers with children under five seek a doctor's advice. ARI in Moldova ranks third among the causes of death among children under five (preceded by perinatal causes and congenital malformations). However, ARI ranks first in deaths in the home. Emergency and adequate health care provided to children with ARI symptoms and fever is, therefore, crucial for improving well-being of children and reduced deaths among children under age five.

Fever is a characteristic symptom of malaria in malaria endemic areas. However, because Moldova is not in a malaria endemic region, fever is regarded as a sign of childhood infection other than malaria. To obtain information about ARI and fever frequency, mothers were asked (for each child under five years) whether in the two weeks preceding the survey the child coughed and had difficulty breathing (short or frequent breaths), and whether the child had a fever.

Table 10.15 shows that 7 percent of children under age 5 years exhibited signs of ARI in the two weeks preceding the survey. Results show that the most frequent cases of ARI are observed in the age group 6-11 months (9 percent), 36-47 months (9 percent), and 12-23 months (8 percent). In urban areas, the prevalence of ARI symptoms in children is considerably higher and accounts for 9 percent of children under age five versus 6 percent in rural areas. ARI prevalence is highest in Chisinau (11 percent) and lowest in the South region (4 percent). It is notable that there is the significantly higher prevalence of ARI among children of women with higher education (9 percent) and women in the highest wealth quintile (10 percent).

Table 10.15 Prevalence and treatment of symptoms of ARI and fever

Percentage of children under five years who had a cough accompanied by short, rapid breathing (symptoms of ARI) and percentage of children who had fever in the two weeks preceding the survey, and percentage of children with symptoms of ARI and/or fever for whom treatment was sought from a health facility or provider, by background characteristics, Moldova 2005

	Prevalence of ARI and fever in past two weeks:			Among children with symptoms of ARI and/or fever	
Background characteristic	Percentage of children with symptoms of ARI	Percentage of children with fever	Number of children	Percentage who sought treatment from a health facility/ provider[1]	Number of children
Child's age in months					
<6	0.8	6.0	157	*	9
6-11	9.4	14.9	159	(57.5)	30
12-23	8.3	17.1	355	64.5	74
24-35	6.4	19.5	328	48.0	66
36-47	9.1	15.8	299	62.8	55
48-59	6.0	14.2	273	(31.8)	45
Sex					
Male	6.8	13.5	810	54.7	129
Female	7.3	17.6	761	54.2	151
Residence					
Urban	9.3	19.7	604	60.2	139
Rural	5.6	12.9	966	48.7	140
Region					
North	6.6	14.3	468	53.9	80
Center	6.4	12.5	458	52.9	64
South	4.1	12.6	311	(39.0)	42
Chisinau	11.1	24.1	333	62.9	94
Mothers education					
No education/primary	*	*	19	*	6
Secondary	6.6	12.5	1,015	46.2	152
Secondary special	5.7	17.5	229	(64.5)	43
Higher	9.4	23.0	307	63.9	77
Wealth quintile					
Lowest	5.1	10.7	307	(31.0)	37
Second	5.9	10.3	298	(41.2)	37
Middle	7.0	16.3	336	59.6	62
Fourth	6.6	17.5	306	54.8	59
Highest	10.3	22.1	324	66.7	83
Total	7.0	15.5	1,571	54.4	279

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
ARI = Acute Respiratory Infection
na = Not applicable
[1] Excludes pharmacy, shop and treatment from a non-professional provider

Table 10.15 also shows that 16 percent of children had a fever in the 2 weeks preceding the survey. A fever was more likely to occur among children older than 6 months, but otherwise without substantial variations by age groups. Unlike ARI, a fever was more frequently present in girls (18 percent) than boys (14 percent). However, similar to ARI, fever was more frequently reported in urban areas (20 percent) than rural areas (13 percent). The highest prevalence of children with fever is observed in Chisinau (24 percent) versus 13-14 percent in other regions. Fever prevalence was also higher among children of women with higher education and from the wealthiest quintiles.

Overall, 54 percent of mothers sought care at a health facility for their children with ARI symptoms and/or fever. Because of the limited number of ARI and/or fever cases, comparisons between children's age groups is not reliable. There is no significant difference between girls and boys for care being sought, but care was more often sought in urban settings (60 percent) than rural settings (49 percent), especially in Chisinau (63 percent), among children of women with higher education (64 percent), and among those in the highest wealth quintile (67 percent).

Regarding the unexpected pattern of the prevalence of ARI symptoms and fever, as well as the levels of care—higher among urban children, among children whose mothers have higher education, and among those in the wealthiest quintiles—the pattern may simply mirror greater maternal concern in these categories, rather than higher morbidity rates.

10.8 DIARRHEA

Diarrhea is an important cause of morbidity in children under five years. Treatment of diarrhea includes mothers who seek care for their children from a health professional, as well as rehydration therapies initiated at home.

Table 10.16 shows that 7 percent of children under age five had diarrhea in the 2 weeks preceding the survey. A considerably higher prevalence is seen in children 6-11 months and 12-23 months (13 and 11 percent, respectively). Girls were more likely to have diarrhea (9 percent) than boys (6 percent).

It is somewhat surprising to find that children in urban areas (12 percent), including Chisinau (11 percent), children of mothers with higher education (11 percent), children in the fourth and fifth wealth quintile (9 and 12 percent, respectively), and children living in the households that use piped water as the main source of potable water (11 percent) are more likely than children in other categories to have diarrhea. This may again reflect a higher level of concern by mothers of children in these categories.

Table 10.16 Prevalence of diarrhea

Percentage of children under five years with diarrhea in the two weeks preceding the survey, by background characteristics, Moldova 2005

Background characteristic	Diarrhea in the two weeks preceding the survey	Number of children
Child's age in months		
<6	8.1	157
6-11	13.0	159
12-23	11.2	355
24-35	6.5	328
36-47	4.1	299
48-59	3.8	273
Sex		
Male	5.8	810
Female	9.2	761
Residence		
Urban	11.6	604
Rural	4.8	966
Region		
North	8.1	468
Center	4.9	458
South	5.9	311
Chisinau	11.4	333
Mother's education		
No education/primary	*	19
Secondary	6.2	1,015
Secondary special	6.4	229
Higher	10.5	307
Source of drinking water		
Piped	10.6	553
Protected well	5.0	861
Open well	*	20
Other/missing	9.6	137
Wealth quintile		
Lowest	7.4	307
Second	2.2	298
Middle	6.3	336
Fourth	9.4	306
Highest	11.7	324
Total	7.4	1,571

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

On the other hand, diarrhea is less likely to occur among children older than 36 months (4 percent), in rural areas (5 percent), and particularly in the Center and South regions (5 and 6 percent, respectively), living in households using protected wells as the main source of drinking water (5 percent), and in the second wealth quintile (2 percent).

Oral administration of solutions prepared from oral rehydration salts (ORS) in the case of diarrhea represents a simple and effective method to treat diarrhea in young children. In Moldova, mothers are encouraged to use commercially packaged ORS, distributed under the label "Rehidron." To prevent undernutrition in cases of diarrheal disease, increased feeding is also recommended.

Table 10.17 shows information regarding the proportion of mothers that know about ORS. Overall, 61 percent of mothers know about ORS. The level of awareness generally increases with the mother's age, her education level, and the wealth quintile of the household. There are significant differences in knowledge between mothers from rural areas (55 percent) and those from urban areas (70 percent). Geographically, the highest level of knowledge is noted among mothers in Chisinau (76 percent), and the lowest level among mothers from the South region (53 percent). Lower levels of awareness about ORS are noted in younger mothers age 15-19 (42 percent), as well as among mothers in the poorest wealth quintile (45 percent), and mothers with secondary education (52 percent).

Table 10.17 Knowledge of ORS packets

Percentage of mothers with births in the five years preceding the survey who know about ORS packets for treatment of diarrhea, by background characteristics, Moldova 2005

Background characteristic	Percentage of mothers who know about ORS packets	Number of mothers
Age		
15-19	42.4	68
20-24	51.3	423
25-29	64.8	473
30-34	70.5	283
35-49	65.6	140
Residence		
Urban	70.0	566
Rural	54.5	821
Region		
North	57.6	424
Center	57.1	386
South	53.3	264
Chisinau	76.1	313
Education		
No education/primary	*	16
Secondary	51.9	880
Secondary special	73.4	209
Higher	80.0	283
Wealth quintile		
Lowest	45.0	246
Second	51.0	260
Middle	55.2	290
Fourth	70.6	283
Highest	78.2	308
Total	60.8	1,387

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
ORS = Oral rehydration salts

Table 10.18 shows information about the quantity of liquids and food received by children with diarrhea, as reported by the mother. In most cases, mothers offer a larger quantity of liquids (43 percent) or the same quantity as usual (39 percent) to their child with diarrhea. Only 7 percent of mothers reported offering less liquid than usual to their child with diarrhea, and 5 percent gave much less liquid than usual.

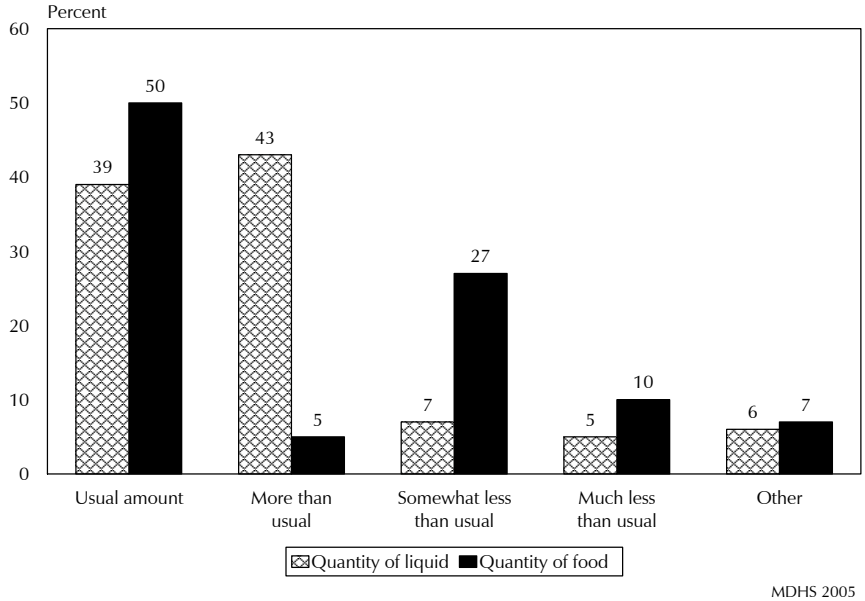
Feeding practices in the case of diarrhea vary greatly from those of liquid administration (Figure 10.7). Fifty percent of mothers offer the usual amount of food to a child with diarrhea and only five percent offer a larger amount than usual. Furthermore, 27 percent of children with diarrhea were offered a slightly smaller amount of food than usual, and 10 percent were offered much less than usual. Offering less food could lead to acute malnutrition, consequently worsening the child's condition. These results indicate the need to strengthen mothers' knowledge in managing common childhood illnesses.

Table 10.18 Feeding practices during diarrhea

Percent distribution of children under five years who had diarrhea in the two weeks preceding the survey, by amount of liquids and food offered compared with normal practice, Moldova 2005

Feeding practice	Percent
Amount of liquids offered	
Same as usual	38.6
More	43.0
Somewhat less	7.4
Much less	5.2
None	1.2
Don't know/missing	4.5
Total	100.0
Amount of food offered	
Same as usual	50.0
More	5.4
Somewhat less	27.1
Much less	10.4
None	4.4
Never gave food	0.7
Don't know/missing	2.2
Total	100.0
Number of children	117

Figure 10.7 **Amount of Food and Liquid Offered to Children Under Five with Diarrhea**



MDHS 2005

NUTRITION 11

Nutrition is a critical component in laying a solid foundation for good health and development. Good nutrition builds up the immune system, strengthens the body, and plays an essential role in a healthy and productive lifestyle. This chapter looks at several aspects of the nutritional status of children and women in Moldova. It covers the following topics: infant feeding practices, including breastfeeding and complementary feeding patterns and the prevalence of bottle-feeding; iodization of salt used in the household; children's levels of consumption of foods rich in vitamin A; micronutrient intake among mothers; prevalence of anemia in women and children; and the nutritional status of women and children under age five based on anthropometric data (height and weight) collected during the survey.

11.1 BREASTFEEDING AND SUPPLEMENTATION

Early feeding practices play a pivotal, if not vital, role in the physical development of infants. Optimal infant feeding is defined by WHO and UNICEF as follows (UNICEF, 1990):

- Initiation of breastfeeding within the first hour of birth;
- Exclusive breastfeeding for the first six months, that is, the infant receives breast milk only, without additional food or drink (not even plain water);
- Breastfeeding day and night on demand, and increased breastfeeding during illness and recovery; and
- Complementary feeding with adequate and safe foods starting at six months, with continued breastfeeding up to two years of age or beyond.

Initiation of Breastfeeding

The early initiation of breastfeeding is important for a number of reasons. First, it takes advantage of the newborn's suckling reflex and alertness immediately after birth. Early suckling also benefits mothers because it stimulates breast milk production and releases a hormone that helps the uterus to contract and reduce postpartum blood loss. The first breast milk contains colostrum, which is highly nutritious and has antibodies that protect the newborn from diseases. Early breastfeeding also fosters mother and child bonding and enhances the socialization experience of an infant.

Table 11.1 shows that 97 percent of children born in the five years preceding the survey were breastfed. There is little variation between background characteristics. Overall, among children who were ever breastfed, most were taken to the breast within the first day of life (91 percent). Two-thirds of breastfed infants were breastfed within one hour of birth, but this percentage is substantially lower for infants in Chisinau (57 percent) and for those whose mothers come from households in the highest wealth quintile (53 percent).

Prelacteal feeding is the practice of giving other liquids to an infant during the period after birth before the mother's milk is flowing freely. Overall, 8 percent of breastfed children were given a prelacteal feed. Not surprisingly, infants in Chisinau and from wealthy households who were least likely to begin breastfeeding in the first hour were most likely to have a prelacteal feed.

Table 11.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and among children ever breastfed, percentage who started breastfeeding within one hour and within one day of birth and percentage who received a prelacteal feed, by background characteristics, Moldova 2005

Background characteristic	Percentage ever breastfed	Number of children	Among children ever breastfed, percentage who started breastfeeding: Within 1 hour of birth	Within 1 day of birth[1]	Percentage who received a prelacteal feed[2]	Number of children ever breastfed
Child's sex						
Male	96.1	819	61.5	91.5	7.0	787
Female	96.9	772	67.6	90.2	8.8	748
Residence						
Urban	95.6	611	61.7	88.0	11.9	584
Rural	97.1	980	66.2	92.6	5.4	952
Region						
North	95.6	473	62.2	88.3	9.1	452
Center	97.0	464	68.1	95.3	3.1	450
South	97.5	317	70.3	91.3	6.9	309
Chisinau	96.2	337	57.1	87.6	13.7	324
Mother's education						
No education/primary	*	16	*	*	*	16
Secondary	95.5	1,033	64.1	90.7	6.7	987
Secondary special	98.4	229	69.9	92.8	7.1	225
Higher	98.4	310	61.3	89.3	12.5	305
Wealth quintile						
Lowest	96.4	311	65.2	91.9	4.0	300
Second	95.0	304	67.0	91.4	7.4	289
Middle	99.2	339	67.3	94.0	4.4	336
Fourth	95.6	309	70.6	90.1	9.6	295
Highest	96.1	328	52.7	86.6	14.1	315
Total	96.5	1,591	64.5	90.8	7.9	1,536

Note: Table is based on all births whether the children are living or dead at the time of interview. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes children who started breastfeeding within one hour of birth.
[2] Children given something other than breast milk during the first three days of life before the mother started breastfeeding regularly.

Breastfeeding Patterns

Exclusive breastfeeding, defined as breast milk as the only source of infant food or liquid, meets nutritional requirements (Cohen et al., 1994) and protects against illness (Huffman and Combest, 1990) for about the first six months of life. Children who received only breast milk in the 24 hours before the survey are defined as being *exclusively* breastfed, and children who are *fully* breastfed received only plain water in addition to breast milk. Exclusive breastfeeding is recommended for the first six months after birth because breast milk is uncontaminated and contains all the nutrients necessary for children in the first few months of life. In addition, the mother's antibodies in breast milk provide immunity to disease. Early supplementation is discouraged for several reasons. First, it exposes infants to pathogens and

increases their risk of infection, especially diarrheal disease. Second, it decreases infants' intake of breast milk and therefore suckling, which reduces breast milk production. Third, supplementary food is often nutritionally inferior to mother's milk.

Table 11.2 shows the breastfeeding practices of mothers of children under three years of age. Eighty-five percent of children 0-6 months in Moldova are breastfed, as are 77 percent of children 6-9 months. These are larger percentages compared to those estimated in 1996-2000 by UNICEF and MOH (2002), thus suggesting recent improvements in breastfeeding habits. The duration of breastfeeding, however, is not long; already at 12-15 months, well over half of children (59 percent) covered in the MDHS are not being breastfed. By 20-23 months, almost all children have been weaned.

Table 11.2 Breastfeeding status by child's age

Percent distribution of youngest children under three years living with the mother, by breastfeeding status and percentage of children under three years using a bottle with a nipple, according to age in months, Moldova 2005

		Breastfeeding and consuming:									
Age in months	Not breast-feeding	Exclusively breastfed	Plain water only	Water-based liquids/ juice	Other milk	Comple-mentary foods	Other liquid/ food	Total	Number of children	Percentage using a bottle with a nipple[1]	Number of children
<4	11.8	57.2	6.1	2.9	3.9	5.3	12.8	100.0	101	29.3	101
4-7	19.6	20.1	2.4	2.7	2.5	21.3	31.4	100.0	97	47.1	100
8-11	27.8	1.5	0.5	0.9	0.0	15.4	53.9	100.0	113	47.4	115
12-15	59.2	0.0	0.0	0.0	0.0	11.3	29.5	100.0	132	45.8	134
16-19	81.3	1.7	0.0	0.0	0.0	2.8	14.1	100.0	113	36.1	116
20-23	97.6	0.0	0.0	0.0	0.0	1.4	1.0	100.0	94	17.4	105
24-27	97.3	0.0	0.0	0.0	0.0	2.1	0.7	100.0	96	8.7	106
28-31	97.0	0.0	0.0	0.0	0.0	1.4	1.7	100.0	106	4.7	115
32-35	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	88	11.2	107
<6	14.6	45.5	4.9	2.5	4.0	9.7	18.8	100.0	157	35.4	157
6-9	22.5	7.1	0.8	2.7	0.0	17.8	49.1	100.0	104	50.1	108

Note: Breastfeeding status refers to a "24-hour" period (the day and night) preceding the interview. Children classified as breastfeeding and consuming plain water only consume no supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, water-based liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and water-based liquids and who do not receive complementary foods are classified in the water-based liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

[1] Based on all children under three years

Exclusive breastfeeding is less common than day feeding, and supplementary feeding begins early. Only 57 percent of children less than 4 months are exclusively breastfed, as are 46 percent under six months. The remainder of breastfed children also consume plain water, water-based liquids or juice, other milk in addition to breast milk, and complementary foods. By age 6-9 months, at least 18 percent of children are receiving complementary foods in addition to breast milk and other liquids. It should be noted that the percentage of children receiving complementary foods is probably higher than 18 percent, given that 49 percent of children consume "other liquids and foods," for which details are not known but which are understood to include commercially produced infant formula and fortified baby foods.

Bottle feeding is fairly widespread in Moldova; almost one-third (29 percent) of infants under 4 months old are fed with a bottle with a nipple. This proportion climbs to 47 percent for children age 4-11 months before beginning to drop off.

UNICEF and the Moldova Ministry of Health (2002) reported on the status of nutrition from 1996-2000. These results revealed that almost all children under age 5 in Moldova were breastfed at birth, 60 percent were breastfed until 6 months, and 40 percent breastfed up until their first birthday. The report also found that exclusive breastfeeding was rare and that the majority of children received complementary foods between age 3-6 months. These indicators for 2005 are shown in the MDHS results, however, they are not entirely comparable because of the difference in age reporting. Although the MDHS collected information from mothers on breastfeeding status and feeding patterns (including what other liquids or solids, if any, are given) of all children under the age of five in the 24-hour period before the survey, the relevant tables are restricted to children born in the three years prior to the survey (whereas the UNICEF/MOH data are for children under five). This three-year period provides breastfeeding estimates for a more recent cohort of children and, since most children are weaned by age three, the period is sufficiently long to identify patterns associated with the transition to solid foods.

Supplemental Foods

Given that babies need nutritious food in addition to breast milk from the age of six months, it is recommended that they begin receiving complementary foods at this age. The MDHS collected data on breastfeeding and nonbreastfeeding children. Table 11.3 presents information on types of complementary (weaning) foods received by children less than three years of age in the day and night preceding the survey. As observed here, 13 percent of breastfeeding children under six months also receive commercially produced infant formula.

Table 11.3 Foods consumed by children in the day and night preceding the interview

Percentage of youngest children under three years of age living with the mother who consumed specific foods in the day and night preceding the interview, by breastfeeding status and age, Moldova 2005

	Liquids			Solid or semi-solid foods											
Age in months	Infant formula	Other milk[1]	Other liquids[2]	Fortified baby foods	Milk-based proteins such as cheese/ other non-liquid milk products	Food made from grains[3]	Fruits and vegetables rich in vitamin A[4]	Other fruits/ vegetables	Food made from roots/ tubers	Food made from legumes and nuts	Meat/ fish/ shellfish/ poultry/ eggs	Any solid or semi-solid food	Food made with oil/fat/ butter	Sugary foods	Number of children
BREASTFEEDING CHILDREN															
<4	7.6	6.6	14.1	10.1	0.0	0.0	0.0	0.0	1.5	0.0	0.0	13.3	0.0	1.8	89
4-7	25.6	23.9	40.2	40.5	13.4	27.0	20.3	11.0	31.9	1.6	13.5	58.7	13.1	22.9	78
8-11	30.8	45.3	86.6	78.4	70.4	79.4	82.6	54.7	84.7	13.6	68.8	95.9	59.3	67.8	82
12-35	25.6	56.0	86.5	68.9	61.8	90.2	91.2	79.2	92.4	22.2	80.4	97.7	75.0	79.7	83
<6	13.3	9.2	19.8	17.4	1.0	5.3	5.2	2.2	6.8	0.0	1.0	25.6	2.4	5.3	134
6-9	28.8	38.6	73.9	67.7	51.1	63.6	59.7	41.4	71.4	8.0	51.8	84.8	42.8	53.5	81
NONBREASTFEEDING CHILDREN															
12-15	41.9	78.9	91.0	85.9	82.5	96.8	86.0	76.8	88.9	31.6	82.1	99.3	69.8	84.1	78
16-19	31.2	70.2	90.1	75.8	79.5	88.5	91.9	73.9	91.7	23.9	81.1	98.4	75.5	85.5	92
20-23	23.7	68.4	87.0	73.6	70.2	94.0	93.1	78.1	84.2	21.3	86.6	96.7	86.3	82.1	91
24-35	16.7	59.5	90.3	70.9	67.9	91.9	90.5	75.5	84.2	24.2	84.8	96.7	78.6	82.9	285

Note: Breastfeeding status and food consumed refer to a "24-hour" period (the day and night) preceding the survey.
[1] Other milk includes fresh, tinned and powdered milk, and liquid yoghurt
[2] Does not include plain water
[3] Includes bread, rice, noodles, biscuits, hrishka, mamaliga; does not include fortified baby foods
[4] Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A

Twenty-six percent of breastfeeding children under 6 months receive solid or semisolid foods, with the most commonly consumed complementary foods being fortified baby foods (17 percent). At 4-7 months, more than half of breastfeeding children are weaned. Their diet consists mostly of fortified baby food (41 percent), but also foods made from roots and tubers (32 percent) and grains (27 percent); one-fifth receive fruits and vegetables rich in vitamin A. After age 8-11 months, children start receiving less fortified baby foods and milk-based products, and more of a variety of foods from other sources. For example, by age 12-35 months, protein-rich foods (meat, fish, poultry, and eggs) figure prominently in their diet (80 percent).

11.2 IODINE INTAKE AND VITAMIN A CONSUMPTION

Disorders caused by dietary iodine deficiency constitute a major global nutritional concern. A lack of sufficient iodine in the diet may result in health disorders such as goiter, hypothyroidism and diminished mental function. Iodine deficiency in the fetus can lead to increased risks of miscarriages, stillbirths, congenital anomalies, cretinism, and psychomotor defects. Iodine deficiency can be avoided by using salt that has been fortified with iodine.[1]

As part of the MDHS, cooking salt in households was tested with a solution that detects potassium iodate, using relatively simple test kits furnished by MBI Kits International. Data presented in Table 11.4 show the results of household salt samples that were tested in 97 percent of households. Overall, 60 percent of Moldovan households consume adequately iodized salt (15+ ppm), and households in urban areas are much more likely to consume adequately iodized salt than in rural areas (77 percent and 49 percent, respectively). The level of iodization is greatest in Chisinau, where 84 percent of households use iodized salt in their diet, and least in the South region where only 44 percent of households consume iodized salt. National coverage has improved since 2000 when only 33 percent of households in Moldova, including Transnistria, consumed adequately iodized salt (MICS 2000).

Table 11.4 Iodization of household salt

Percent distribution of households with salt tested for iodine content by level of iodine in salt (parts per million), percentage of households tested, and percentage of households with no salt, according to background characteristics, Moldova 2005

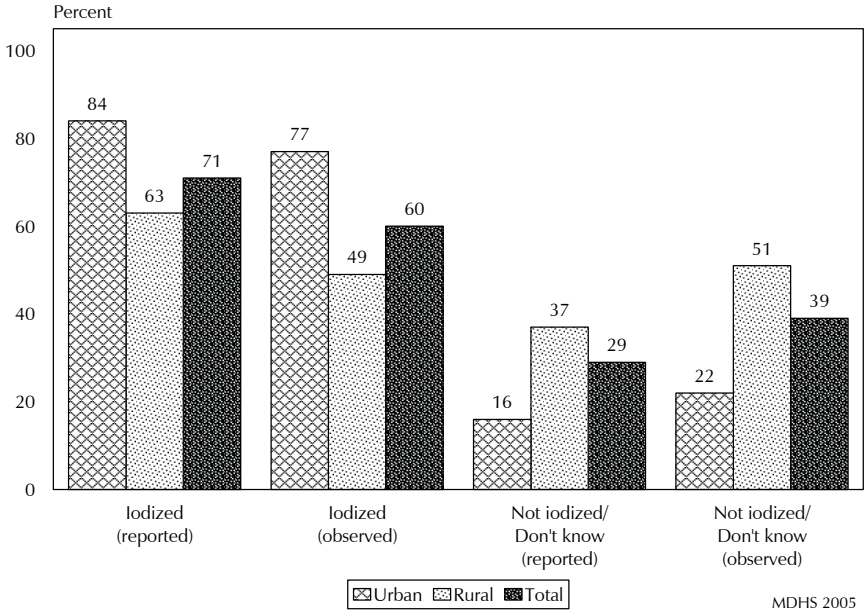
Background characteristic	Level of iodine in salt (ppm) among households tested: 0 ppm	Inadequate (<15 ppm)	Adequate (15+ ppm)	Total	Number of households tested	Percentage of households tested	Number of households
Residence							
Urban	21.6	1.4	77.0	100.0	4,288	96.5	4,444
Rural	50.5	1.0	48.5	100.0	6,481	97.4	6,651
Region							
North	45.4	0.9	53.7	100.0	3,524	97.5	3,614
Center	41.0	0.9	58.1	100.0	2,910	97.5	2,985
South	54.9	1.3	43.8	100.0	1,951	96.3	2,026
Chisinau	14.2	1.6	84.2	100.0	2,385	96.6	2,469
Wealth quintile							
Lowest	62.3	0.9	36.8	100.0	2,258	96.5	2,339
Second	52.0	0.7	47.2	100.0	2,313	97.4	2,374
Middle	41.1	0.8	58.1	100.0	1,946	97.7	1,993
Fourth	24.0	1.8	74.2	100.0	2,154	97.5	2,209
Highest	13.2	1.5	85.3	100.0	2,097	96.2	2,180
Total	39.0	1.1	59.8	100.0	10,769	97.1	11,095

ppm = Parts per million

[1] See UNICEF and MOH (2002) for a detailed description of policy and program interventions, such as universal iodization of salt, which the Moldova Ministry of Health is implementing to eradicate iodine deficiency.

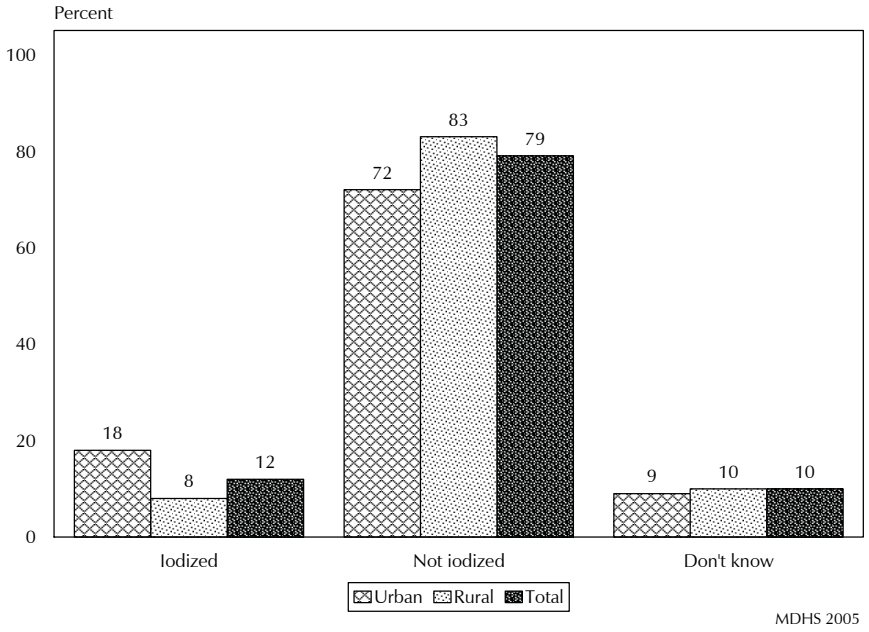
Several detailed questions were asked about the use of salt in the household, including knowledge about whether the salt used for daily preparation of food was iodized or not. Households in both urban and rural areas reported higher levels of iodized salt use than actual observed: 84 percent of urban households reported using iodized salt versus 77 percent that actually tested positive for adequately iodized salt; and 63 percent of rural households reported using it versus 49 percent that tested positive (Figure 11.1). Similarly, fewer households reported not using iodized salt in food preparation than the actual observed prevalence of salt with 0 ppm: 16 percent of urban households reported that they did not use iodized salt (or did not know if they did or not) versus 22 percent where salt tested negative for iodate; 37 percent of rural households reported not using it (or did not know if they did or not) versus 51 percent that tested negative.

Figure 11.1 Type of Salt Used in Daily Food Preparation, Reported Versus Observed Use



Regardless of whether households use iodized salt in daily preparation of food, the majority of households in both urban and rural areas report not using it for pickling their foods (Figure 11.2).

Figure 11.2 Type of Salt Used For Pickling



Most households purchase salt in quantities of 1 kg or less (63 percent total, 79 percent in urban areas and 53 percent in rural areas) or 2 kg (17 percent total, 14 percent in urban areas, and 20 percent in rural areas) (data not shown). The remaining 19 percent purchase salt in larger quantities. The type of packaging of salt does not differ significantly between urban and rural residence: 46 percent of salt is purchased in a sack and 21 percent in a box. Only 1 percent of purchases reported purchased in a package with no label. Most households purchase salt at the store (88 percent total) or market (11 percent), and this does not vary substantially between urban or rural residence (data not shown).

In areas where foods rich in vitamin A are not consumed regularly, deficiencies that pose serious health problems for young children can result. Children affected by vitamin A deficiency suffer increased risk of death, blindness, and illness such as measles and diarrhea. The UN Special Session on Children in 2002 set as one of its goals the elimination of vitamin A deficiency and its consequences by 2010. The WHO recommends vitamin A supplementation starting at 9 months of age in areas where infants and children are prone to deficiencies (WHO, 2003). In order to identify children who are potentially at risk of vitamin A deficiency, the MDHS collected information on the consumption of fruits and vegetables rich in vitamin A by infants and children under three years.

Table 11.5 shows the distribution of children under age three and their consumption of vitamin A foods and access to iodized salt. MDHS results reveal that most young children in Moldova have a diet in which fruits and vegetables rich in vitamin A are consumed regularly. However, it should be kept in mind that data collection took place in the summer, the season when these foods are more likely to be widely available. Table 11.5 shows that seventy-three percent of children under age three consume foods rich in vitamin A, and at least 90 percent of children age 12-35 months, including those breastfed and those not breastfed, have a diet that includes fruits and/or vegetables rich in vitamin A (see Table 11.3 above). A vitamin A supplementation program does not emerge as a priority in Moldova. Other sources of data should be consulted, however, that reflect dietary habits outside of the summer season when fresh fruits and vegetables are likely to be scarcer.

The percentage of children in households where iodized salt is consumed is not very different from the overall prevalence of households where adequately iodized salt is consumed (64 percent versus 60 percent). The largest discrepancy between groups of children's access to salt is seen in the wealth status variable: a substantially smaller proportion of children in the poorest households have iodized salt in their diet compared with children in the richest households (43 percent and 88 percent, respectively). Moreover, children in rural areas and those in the South region fare worse than children in other parts of the country.

11.3 MICRONUTRIENT INTAKE

A mother's nutritional status during pregnancy is important both for the child's intrauterine development and for protection against maternal morbidity and mortality. Night blindness is an indicator of vitamin A deficiency that pregnant women are especially prone to experience. Table 11.6 shows that 5 percent of women with a recent birth report that they experienced night blindness during the pregnancy. After adjusting for women who also reported vision problems during the day, an estimated 1 percent of women suffer from night blindness.

Pregnant women are among the groups in greatest need of iron, and are most likely to benefit from iron supplements. Iron requirements for pregnant women are approximately double that of nonpregnant women because of increased blood volume during pregnancy and blood loss during delivery. Several major health organizations recommend iron supplementation from the first prenatal visit for pregnant women to meet their increased iron requirements (e.g., U.S. Centers for Diseases Control and Prevention and the National Academy of Sciences).

Table 11.5 Micronutrient intake among children

Percentage of youngest children under age three living with the mother who consumed fruits and vegetables rich in vitamin A in the 24 hours preceding the survey, and percentage of children under five living in households using adequately iodized salt, by background characteristics, Moldova 2005

Background characteristic	Consumed fruits and vegetables rich in vitamin A[1]	Number of children	Percentage living in households using adequately iodized salt[2]	Number of children
Age in months				
<6	6.6	157	66.9	153
6-9	64.9	104	57.5	105
10-11	84.3	50	67.3	49
12-23	90.6	339	65.6	345
24-35	90.7	290	63.5	323
36-47	na	na	63.8	291
48-59	na	na	63.2	265
Sex				
Male	74.6	476	64.9	787
Female	72.2	465	63.1	745
Birth order				
1	74.4	456	66.5	778
2-3	73.7	426	63.5	664
4+	64.1	59	46.4	89
Breastfeeding status				
Breastfeeding	48.0	332	63.8	336
Not breastfeeding	87.2	607	64.1	1,193
Residence				
Urban	72.7	389	79.5	593
Rural	73.9	551	54.3	939
Region				
North	76.8	277	57.4	455
Center	71.0	269	62.2	447
South	74.1	186	50.2	303
Chisinau	71.3	208	88.5	326
Mother's education				
No education/ primary	*	13	*	18
Secondary	71.2	611	57.0	990
Secondary special	81.3	128	72.5	226
Higher	75.3	189	82.9	297
Mother's age at birth				
<20	74.8	116	57.5	207
20-24	70.0	379	63.3	636
25-29	74.4	252	69.6	414
30-34	77.6	142	62.1	200
35-49	79.2	51	62.8	74
Wealth quintile				
Lowest	71.2	173	42.7	302
Second	74.7	177	54.8	286
Middle	75.4	200	58.6	326
Fourth	70.5	187	75.3	300
Highest	74.9	204	87.9	317
Total	73.4	940	64.0	1,531

Note: Information on vitamin A supplements is based on mother's recall. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mango, papaya, and other locally available fruits and vegetables that are rich in vitamin A
[2] Salt containing 15 ppm of iodine or more. Excludes children in households in which salt was not tested.

Table 11.6 presents data on the number of days that pregnant women in Moldova took iron supplementation in the form of tablets or syrup during the pregnancy leading to the most recent birth in the five years preceding the survey. Forty-nine percent of women took supplements during their pregnancy, and among them, 72 percent reported taking supplements for less than 60 days. Less than 10 percent of pregnant women take iron supplements for more than 90 days, thus falling short of the amount recommended by major health organizations. Among women who took supplements for 90 days or more, proportionally more were younger women age 20-24, women giving birth to their first child, and women living in Chisinau or another urban setting. These mothers were also more likely to have at least some university education and to be from households in the highest wealth quintile. Table 11.6 also shows that 21 percent of mothers take folic acid during pregnancy; background characteristics for mothers taking folic acid show generally reveal the same pattern as for those taking iron supplements except that by age group the highest level is among women age 30-34 (24 percent).

Table 11.6 Micronutrient intake among mothers

Percentage of women with a birth in the five years preceding the survey who experienced night blindness during pregnancy, percentage who took folic acid and iron supplements for specific number of days, and percentage who live in households using adequately iodized salt, by background characteristics, Moldova 2005

Background characteristic	Mother reported night blindness during pregnancy	Reported night blindness adjusted[1]	Percent who took folic acid during pregnancy	Number of days iron tablets/syrup taken during pregnancy					Number of women	Percent living in households using adequately iodized salt[2]	Number of women
				None	<60	60-89	90+	Don't know/ missing			
Age at birth											
<20	6.6	2.6	16.2	51.6	35.1	5.9	2.4	5.0	173	58.2	169
20-24	3.7	0.9	20.5	43.5	34.4	5.1	10.1	7.0	564	65.0	551
25-29	6.0	1.3	22.3	43.3	37.1	5.7	8.9	5.1	389	70.5	378
30-34	5.6	1.8	23.9	43.7	34.9	6.4	9.7	5.3	189	64.1	185
35-49	6.5	1.7	11.4	57.9	31.1	2.8	5.6	2.6	72	63.8	71
Number of children ever born											
1	4.6	1.5	24.1	41.9	35.5	5.7	10.1	6.8	677	68.5	663
2-3	5.5	1.1	18.3	45.9	36.3	5.4	7.2	5.1	629	64.2	613
4+	6.4	2.6	6.2	67.2	22.6	2.9	4.7	2.6	81	50.6	78
Residence											
Urban	6.0	1.5	26.2	37.0	36.5	7.1	13.5	5.9	566	80.3	554
Rural	4.4	1.3	16.5	50.9	34.2	4.3	5.0	5.6	821	55.2	800
Region											
North	4.9	1.8	22.6	49.3	36.3	5.0	4.4	5.0	424	58.5	413
Center	4.9	0.9	12.0	49.5	36.6	3.3	5.7	4.9	386	64.4	378
South	4.5	1.4	15.8	52.9	28.2	5.9	5.6	7.4	264	50.7	257
Chisinau	6.1	1.4	32.0	28.0	37.6	8.1	19.9	6.4	313	88.7	307
Education											
No education/primary	*	*	*	*	*	*	*	*	16	*	15
Secondary	4.0	1.1	14.9	54.1	31.0	4.6	4.7	5.5	880	58.7	861
Secondary special	6.2	1.7	29.4	33.6	43.7	5.8	11.2	5.7	209	72.2	205
Higher	7.7	2.3	31.6	25.0	42.1	7.8	18.7	6.4	283	83.2	274
Wealth quintile											
Lowest	3.6	1.3	9.4	64.5	28.1	4.5	1.4	1.5	246	44.6	242
Second	3.2	1.1	14.6	53.1	35.9	3.5	3.0	4.6	260	55.3	251
Middle	4.6	1.0	21.4	43.4	34.7	5.8	7.0	9.1	290	58.3	284
Fourth	6.3	1.6	21.8	39.3	37.5	6.0	9.6	7.6	283	75.6	278
Highest	7.2	2.0	32.1	30.3	38.3	6.8	19.2	5.3	308	88.2	301
Total	5.1	1.4	20.5	45.2	35.1	5.4	8.5	5.8	1,387	65.5	1,354

Note: For women with two or more live births in the five-year period, data refer to the most recent birth. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Women who reported night blindness but did not report difficulty with vision during the day
[2] Salt containing 15 ppm of iodine or more. Excludes women in households in which salt was not tested.

Finally, Table 11.6 shows the distribution of women who gave birth in the past five years and their access to iodized salt. Overall, the percentage of these women in households where iodized salt is consumed is not very different from the overall prevalence of households where adequately iodized salt is consumed (66 percent versus 60 percent). However, like for children, the largest discrepancy is seen in the wealth status variable: a significantly smaller percentage of women in the poorest households have iodized salt in their diet compared with women in the richest households (45 percent and 88 percent, respectively). And, like for children, women in rural areas and those in the South region fare worse than women in other parts of the country.

11.4 ANEMIA

Anemia is a condition characterized by a reduction in the red blood cell volume and a decrease in the concentration of hemoglobin in the blood. Hemoglobin is necessary for transporting oxygen to tissues and organs in the body. The reduction in oxygen available to organs and tissues when hemoglobin levels are low is responsible for many of the symptoms experienced by anemic persons. The symptoms of anemia include general body weakness, frequent tiredness, and lowered resistance to disease.

About half of the global burden of anemia is due solely to iron deficiency. Iron deficiency, in turn, is largely due to an inadequate dietary intake of bioavailable iron, increased iron requirements during rapid growth periods, such as pregnancy and infancy, and increased blood loss due to hookworm or schistosome infestation. Nutritional anemia includes the anemic burden due to deficiency in iron plus deficiencies in folate, vitamins B and B_{12}, and certain trace elements involved with erythropoiesis, or red blood cell production. Nonnutritional causes of anemia are largely due to hookworm and malaria infections, and HIV, particularly in sub-Saharan Africa.

Anemia can be a particularly serious problem for pregnant women, leading to premature delivery and low birth weight. With regards to its impact on children, iron-deficiency anemia has been demonstrated to be associated with impaired cognitive performance, motor development, coordination, language development, and scholastic achievement (Lozoff, 1991; Scrimshaw, 1984). Iron deficiency also increases the susceptibility of children to poisoning from heavy metals, including lead. Anemia increases morbidity from infectious diseases because of its adverse impact on the immune system.

Iron deficiency is the leading micronutrient deficiency in the world. In industrialized countries, where iron deficiency is the primary cause of anemia, most estimates of iron deficiency are based on the prevalence of anemia. The MDHS, therefore, included anemia testing of children 6-59 months old and women age 15-49. Anemia levels were determined by measuring the level of hemoglobin in the blood, with a decreased concentration characterizing anemia. For hemoglobin measurements, a drop of capillary blood was taken with a finger prick (using sterile, disposable instruments). Hemoglobin concentration was measured using the HemoCue photometer system. As described in Chapter 1, medically trained personnel on each MDHS interviewing team performed the testing procedures on eligible, consenting respondents.

Prevalence of Anemia in Children

Table 11.7 presents anemia prevalence for children 6-59 months. A total of 1,573 children were eligible to be tested (see Appendix C). The results presented here are based on test results of 1,364 children who were present at the time of testing, whose parents consented to their being tested, and whose hemoglobin results represented plausible data. Anemia levels are classified as severe, moderate, or mild, according to criteria developed by the World Health Organization (DeMaeyer et al., 1989). Overall, about one-third of children 6-59 months in Moldova have some level of anemia, including 22 percent of children who are mildly anemic (10.0-11.9 g/dl), 10 percent who are moderately anemic (7.0-9.9 g/dl), and no children with serious anemia. Children most likely to have a higher prevalence of anemia are in the youngest age groups: 45 to 60 percent of children age 6-9 months through 12-23 months have some level of anemia; prevalence declines to 15 percent for ages 48-59 months (Figure 11.3). This age pattern suggests that infants at the age of weaning are at increased risk for iron deficiency. Children of birth order four or more are more likely to have anemia (48 percent) than children with fewer siblings, as are children of young mothers age 20-24 (38 percent), and probably also age 15-19, although a small number of unweighted cases means results should be interpreted cautiously. Children from households in the lowest wealth quintile are substantially more susceptible to mild or moderate anemia than children in the wealthiest quintile (39 percent and 23 percent, respectively).

In a national nutritional status study carried out by the Moldova Ministry of Health in 1996-1999 (UNICEF and MOH, 2002), 28 percent of children 6-59 months had anemia, and 47 percent between 6-12 months were anemic. These levels, which do not differ substantially from levels found in the MDHS, are considered by the World Health Organization to be a medium-level

Table 11.7 Prevalence of anemia in children

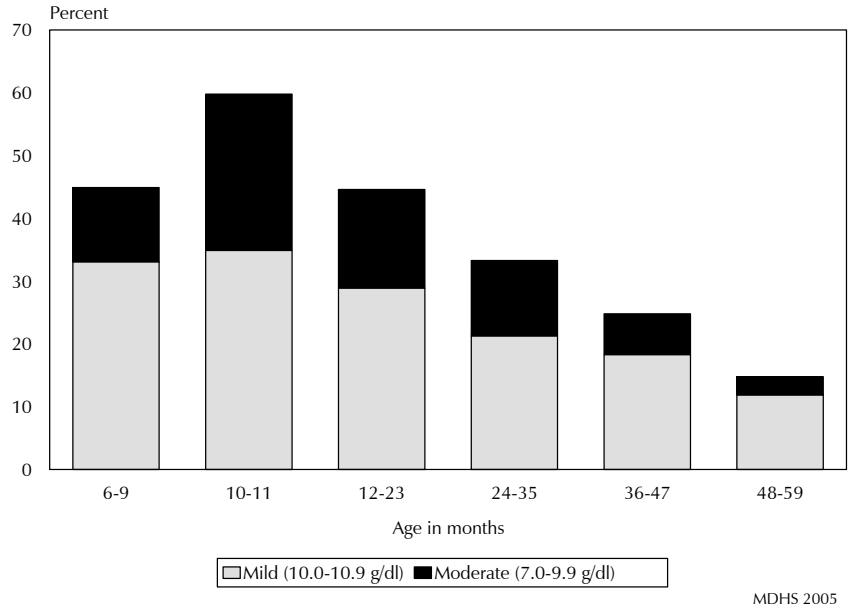
Percentage of children age 6-59 months classified as having anemia, by background characteristics, Moldova 2005

Background characteristic	Any anemia	Anemia status: Mild (10.0-11.9 g/dl)	Anemia status: Moderate (7.0-9.9 g/dl)	Number of children
Age in months				
6-9	44.8	33.1	11.8	87
10-11	59.8	34.9	24.9	48
12-23	44.6	28.9	15.7	342
24-35	33.3	21.3	12.0	313
36-47	24.8	18.3	6.5	293
48-59	14.7	11.9	2.9	281
Sex				
Male	35.0	23.7	11.2	691
Female	29.3	19.9	9.4	672
Birth order[1]				
1	32.8	21.9	10.9	585
2-3	30.9	21.3	9.7	529
4+	47.7	26.0	21.7	74
Birth interval in months[1,2]				
First birth	32.2	21.4	10.7	925
<24	(45.6)	(28.2)	(17.5)	46
24-47	32.9	18.9	14.1	75
48+	33.6	24.5	9.2	142
Residence				
Urban	26.8	18.4	8.4	432
Rural	34.7	23.5	11.2	932
Region				
North	35.3	24.6	10.8	443
Center	31.1	20.5	10.7	432
South	35.7	23.8	12.0	281
Chisinau	22.7	16.4	6.4	208
Mother's education[3]				
No education/primary	*	*	*	12
Secondary	35.0	22.3	12.7	816
Secondary special	27.7	18.9	8.9	171
Higher	26.0	19.7	6.3	209
Mother's age[3]				
15-19	(48.2)	(35.1)	(13.1)	50
20-24	37.6	23.5	14.1	360
25-29	27.9	18.8	9.2	423
30-34	28.8	20.7	8.1	250
35-49	35.2	23.1	12.1	124
Children of interviewed mothers	32.9	21.9	11.0	1,188
Wealth quintile				
Lowest	39.2	25.4	13.8	294
Second	34.1	22.1	12.0	293
Middle	30.4	22.0	8.4	327
Fourth	32.2	22.4	9.8	230
Highest	22.7	16.0	6.7	220
Total	32.2	21.8	10.3	1,364

Note: Table is based on children who stayed in the household the night before the interview. Prevalence is adjusted for altitude using CDC formulas (CDC, 1998). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
g/dl = grams per deciliter
[1] Excludes children whose mothers were not interviewed
[2] First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.
[3] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household schedule.

public health concern.[2] Compared with estimates from recent Reproductive Health Surveys and Demographic and Health Surveys conducted in other countries in Eastern Europe and Eurasia, the prevalence of any anemia among children in Moldova is about the same as for children in Armenia (31 percent in 2000) and Azerbaijan (32 percent in 2001). Children in Central Asia have higher prevalence of anemia: in Kazakhstan (1999), 48 percent; in Kyrgyz Republic (1997), 50 percent; in Turkmenistan (2000), 44 percent; and in Uzbekistan (1996), 61 percent.

Figure 11.3 **Percentage of Children with Anemia, by Severity of Anemia and Age**



Prevalence of Anemia in Women

Table 11.8 presents anemia prevalence for women. Among 7,585 women who were eligible for testing, 7,138 were present at the time of testing, consented to having the test, and had test results that yielded plausible data (see Appendix C). Twenty-eight percent of women in Moldova have some level of anemia. The great majority of women with anemia have a mild form of anemia (23 percent out of 28 percent), and the remainder have moderate anemia (4 percent) and severe anemia (less than 1 percent). Examining the prevalence of anemia by background characteristics reveals important patterns. As expected, mild or moderate anemia prevalence is significantly higher—about 50 percent higher—among pregnant women than among those who are neither pregnant nor breastfeeding. It is about 20 percent higher among women using an IUD, a difference that can be explained by the increased menstrual blood loss caused by using an IUD which can lead to iron depletion (INACG, 1989, NIH, 206). Women living in rural areas and those with four or more children are more likely to have mild anemia than other women. Women with these background characteristics would benefit the most from an iron supplementation program.

[2] WHO considers anemia prevalence of over 40 percent in a population as a major public health problem, from 10-40 percent is considered a medium-level public health problem, and 1-9.9 percent is a mild public health problem (UNICEF and MOH, 2002).

Table 11.8 Prevalence of anemia in women

Percentage of women age 15-49 with anemia, by background characteristics, Moldova 2005

Background characteristic	Any anemia	Anemia status: Mild (10.0-11.9 g/dl)	Anemia status: Moderate (7.0-9.9 g/dl)	Anemia status: Severe (<7.0 g/dl)	Number of women
Age[1]					
15-19	23.9	21.7	2.1	0.1	1,377
20-24	26.0	22.5	3.5	0.1	1,073
25-29	28.8	25.0	3.2	0.6	926
30-34	29.4	24.3	5.0	0.0	875
35-39	28.0	22.7	4.8	0.5	819
40-44	31.5	24.7	6.6	0.1	959
45-49	29.4	23.0	5.9	0.5	1,109
Children ever born[2]					
None	22.8	20.6	2.1	0.1	2,324
1	27.4	22.0	5.2	0.2	1,507
2-3	30.8	25.0	5.5	0.4	2,897
4+	37.4	31.5	5.3	0.7	410
Pregnancy and breast-feeding status[2]					
Pregnant	40.4	28.0	12.5	0.0	168
Breastfeeding only	30.7	27.3	3.4	0.0	333
Neither	27.4	23.0	4.2	0.3	6,637
Using IUD					
Yes	32.9	26.0	6.5	0.4	1,281
No	26.7	22.7	3.8	0.2	5,857
Residence					
Urban	24.6	21.3	3.1	0.3	2,962
Rural	30.1	24.7	5.2	0.2	4,176
Region					
North	31.6	25.1	6.3	0.2	2,164
Center	25.8	22.3	3.3	0.3	1,992
South	31.4	26.6	4.6	0.2	1,367
Chisinau	22.3	19.3	2.7	0.2	1,616
Education[1]					
No education/ Primary	(22.1)	(14.7)	(7.4)	(0.0)	49
Secondary	28.8	24.4	4.1	0.2	4,389
Secondary special	27.3	21.3	5.6	0.5	1,267
Higher	25.8	22.0	3.7	0.1	1,434
Wealth quintile					
Lowest	31.9	26.5	5.1	0.3	1,225
Second	30.2	24.3	5.5	0.4	1,213
Middle	29.7	24.8	4.7	0.2	1,483
Fourth	26.7	23.0	3.6	0.2	1,598
Highest	22.5	19.1	3.2	0.2	1,619
Total	27.9	23.3	4.3	0.3	7,138

Note: Table is based on women who stayed in the household the night before the interview. Prevalence is adjusted for altitude using CDC formulas (CDC, 1998). Women with <7.0 g/dl of hemoglobin have severe anemia, women with 7.0-9.9 g/dl have moderate anemia, and pregnant women with 10.0-10.9 g/dl and nonpregnant women with 10.0-11.9 g/dl have mild anemia. Figures in parentheses are based on 25-49 unweighted cases.

g/dl = grams per deciliter

[1] For women who are not interviewed, information is taken from the Household Questionnaire.

[2] Excludes women who were not interviewed.

The level of anemia in pregnant women is considered a moderate public health problem. Among the national strategies proposed to improve the situation is an iron supplement program that would target groups most vulnerable to iron deficiency, and the enrichment of flour with iron for consumption by the general public (UNICEF and MOH, 2002). Compared with women in most other parts of the region, women in Moldova are less likely to have anemia: 40 percent of women in Azerbaijan (2001) have some level of anemia; 36 percent in Kazakhstan (1999); 38 percent in Kyrgyz Republic (1997); 47 percent in Turkmenistan (2000); and 60 percent in Uzbekistan (1996). Prevalence among women in Armenia (2000) is the exception, where only 12 percent have some level of anemia (CDC and ORC Macro, 2003).

Table 11.9 shows a positive but not a strong relationship between children having anemia and their mother also having anemia. For example, overall, 33 percent of children (who were tested for anemia and whose mothers were also tested for anemia) have some level of anemia; these children are slightly more likely to have anemia if their mothers have some level of anemia than if their mother has no anemia (37 percent and 31 percent, respectively). In addition, children with mild anemia (22 percent) are slightly more likely to have mild anemia if their mothers have some level of anemia than if they have no anemia (25 percent and 20 percent, respectively).

Table 11.9 Prevalence of anemia in children by anemia status of mother

Percentage of children age 6-59 months classified as having anemia, by anemia status of mother, Moldova 2005

Anemia status of mother	Any anemia	Anemia status of child: Mild (10.0-11.9 g/dl)	Anemia status of child: Moderate (7.0-9.9 g/dl)	Number of children
No anemia	30.8	20.3	10.5	787
Any anemia	37.2	25.0	12.1	401
Anemia status				
Mild anemia	35.4	23.9	11.5	343
Moderate anemia	(47.1)	(29.9)	(17.3)	53
Severe anemia	*	*	*	5
Total	32.9	21.9	11.0	1,188

Note: Table is based on children who stayed in the household the night before the interview. Prevalence is adjusted for altitude using CDC formulas (CDC, 1998). Table includes only cases with anemia measurements for both mothers and children. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
g/dl = grams per deciliter

11.5 NUTRITIONAL STATUS OF CHILDREN

The growth patterns of healthy, well-fed children are reflected in positive changes in their height and weight. Inadequate food supply, among other factors, often leads to malnutrition, resulting in serious consequences on the physical and mental growth and development of children (Brozek and Schurch, 1984; Pelletier et al., 1993). Nutrition indicators are monitored for national tracking purposes as well as to provide information on the progress towards achieving the Millennium Development Goals (MDGs).[3]

[3] One of the eight UN Millennium Development Goals adopted in 2000 is to eradicate extreme poverty and hunger, with the target to reduce by half the proportion of malnourished children by 2015.

The nutrition indicators presented below are the first available since MDGs were adopted in 2000, thus providing an important source of baseline data for a representative population (UNDP, 2003).

In addition to questions about infant and young children's feeding practices, the MDHS included an anthropometric component, in which height and weight measurements were obtained for all children born in the five years preceding the MDHS. Each interviewing team carried a scale and measuring board. The scales were lightweight, bathroom-type scales with a digital screen designed and manufactured under the authority of UNICEF. The measuring boards were specially produced by Shorr Productions for use in survey settings. Children younger than 24 months were measured lying down on the board (recumbent length), while standing height was measured for older children.

Evaluation of nutritional status is based on the rationale that in a well-nourished population, there is a statistically predictable distribution of children of a given age with respect to height and weight. In any large population, there is variation in height and weight; this variation approximates a normal distribution. Use of a standard reference population as a point of comparison facilitates the examination of differences in the anthropometric status of subgroups in a population and of changes in nutritional status over time. One of the most commonly used reference populations, and the one used in this report, is the U.S. National Center for Health Statistics (NCHS) standard, which is recommended for use by the World Health Organization. The use of this reference population is based on the finding that young children of all population groups have similar genetic potential for growth.

Three standard indices of physical growth that describe the nutritional status of children are presented:

- Height-for-age (stunting)
- Weight-for-height (wasting)
- Weight-for-age (underweight)

Each of the three nutritional indicators is expressed in standard deviations (Z-scores) from the mean of the reference population (or from the median of the reference population, since the mean and median coincide in a standardized normal distribution). Deviations of the indicators below -2 standard deviations (SD) indicate that the children are moderately and severely affected, while deviations below -3 SD indicate that the children are severely affected. It is helpful to keep in mind that, in the reference population, 2.3 percent of children fall below -2 SD of the mean for each of these indices (and the same percentage above -2 SD).[4]

A total of 1730 (weighted) children under age five were eligible to be weighed and measured (see Appendix C). Information for 13 percent of eligible children was not used in calculating the nutrition indicators either because some children were not weighed or measured, or the weight and/or height information for those measured was out of range of plausible values, or because age information was incomplete. The following analysis focuses on 1,498 children under five for whom complete and plausible anthropometric data were collected.

[4] In a population where values are assumed to be normally distributed, such as height and weight values in the standard reference population, then the "Empirical rule" may be applied: 68.3 percent of values are within one standard deviation from the mean, 95.4 percent of values are within two standard deviations, and about 99.7 percent are within three standard deviations.

Stunting

Height-for-age is a measure of linear growth. A child who is below -2 SD from the median of the NCHS reference population in terms of height-for-age is considered short for his/her age, or "stunted," a condition reflecting the cumulative effect of chronic malnutrition. If the child is below -3 SD from the reference median, then the child is considered to be severely stunted. A child between -2 and -3 SD is considered to be moderately stunted. Stunting reflects failure to receive adequate nutrition over a long period of time and may also be caused by recurrent and chronic illness. Height-for-age, therefore, represents a measure of the long-term effects of malnutrition in a population and does not vary appreciably according to the season of data collection. Stunted children are not immediately obvious in a population; a stunted three-year-old child could look like a well-fed two-year-old.

Table 11.10 shows the nutritional status of children under five as measured by the stunting (height-for-weight) indicator and various background characteristics. At the national level, about 8 percent of children under five are moderately stunted—several percentage points higher than the 2.3 percent in the national reference population—while the proportion severely stunted is about 2 percent. Analysis of the indicator by various background characteristics shows children who are the most likely to be moderately stunted are those of birth order four or more (15 percent), followed by children who were considered small at the time of birth (14 percent), and those from households in the lowest wealth quintile (14 percent). Children in the two highest wealth quintiles, on the other hand, demonstrate less stunting (4 percent and 6 percent, respectively). There are no strong differences between subgroups.

Compared with estimates from recent Reproductive Health Surveys and Demographic and Health Surveys conducted in other countries in Eastern Europe and Eurasia, the prevalence of stunting is lower for children in Moldova than for children in other countries in the region: 11 percent of children under age five were stunted in Armenia (1999); 13 percent (of children 3-59 months) in Azerbaijan (2001); 10 percent in Kazakhstan (1999); 25 percent in Kyrgyz Republic (1997); 24 percent in Turkmenistan (2000); and 31 percent in Uzbekistan (1996) (CDC and ORC Macro, 2003).

Wasting

Weight-for-height measures body mass in relation to body length and describes current nutritional status. A child who is below -2 SD from the reference median for weight-for-height is considered to be too thin for his/her height, or "wasted," a condition reflecting acute malnutrition. Wasting represents the failure to received adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or recent episodes of illness causing loss of weight and the onset of malnutrition. As with stunting, wasting is considered severe if the child is below -3 SD from the reference mean. Severe wasting is closely linked to an elevated risk of mortality. Prevalence of wasting may vary considerably by season.

Table 11.10 also shows the prevalence of wasting among children under age five. Nationally, 4 percent of children are wasted (about 2 percentage points higher than the national reference population), and the proportion severely wasted is about 1 percent. Overall, this is a small proportion and it does not vary more than one or two percentage points by background characteristics.

Table 11.10 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Moldova 2005

Background characteristic	Height-for-age			Weight-for-height			Weight-for-age			Number of children
	Percentage below -3 SD	Percentage below -2 SD [1]	Mean Z-score (SD)	Percentage below -3 SD[1]	Percentage below -2 SD	Mean Z-score (SD)	Percentage below -3 SD[1]	Percentage below -2 SD	Mean Z-score (SD)	
Age in months										
<6	2.5	6.5	0.1	1.6	2.2	0.4	0.0	0.9	0.5	116
6-9	0.7	6.4	0.2	0.9	7.0	0.1	0.0	2.7	0.2	93
10-11	(1.8)	(9.2)	0.5	(2.9)	(2.9)	0.1	(1.7)	(1.7)	0.4	44
12-23	1.5	12.2	0.4	0.6	4.1	0.1	0.7	4.1	0.2	335
24-35	2.2	7.0	0.0	1.0	3.6	0.0	0.0	4.4	0.1	319
36-47	1.2	6.0	0.2	0.8	4.7	0.1	0.8	5.0	0.3	300
48-59	1.9	9.2	0.3	0.0	3.0	0.1	0.8	5.9	0.2	292
Sex										
Male	1.5	8.1	0.2	0.9	3.9	0.1	0.8	3.4	0.1	764
Female	1.9	8.6	0.2	0.6	3.8	0.1	0.2	5.2	0.1	734
Birth order[2]										
1	1.8	7.7	0.1	0.3	3.7	0.1	0.3	3.3	0.1	654
2-3	1.7	8.7	0.2	0.9	4.5	0.1	0.7	4.9	0.1	582
4+	1.1	14.9	0.6	1.3	2.9	0.2	0.0	8.7	0.3	83
Birth interval in months[2]										
First birth[3]	1.7	7.7	0.1	0.5	4.0	0.1	0.2	3.3	0.1	1,028
<24	(0.0)	(19.8)	0.9	(0.0)	(3.1)	0.1	(0.0)	(8.4)	0.6	46
24-47	2.3	11.4	0.6	0.0	3.0	0.1	1.0	9.0	0.3	83
48+	1.6	9.8	0.4	1.7	4.7	0.1	1.9	7.7	0.3	161
Size at birth[2]										
Very small	*	*	*	*	*	*	*	*	*	15
Small	1.9	13.5	0.7	1.2	5.5	0.3	1.7	9.7	0.7	143
Average or larger	1.5	7.7	0.1	0.5	3.8	0.1	0.3	3.5	0.0	1,154
Residence										
Urban	1.9	6.7	0.1	0.9	4.0	0.2	0.3	2.6	0.2	497
Rural	1.6	9.2	0.3	0.7	3.8	0.0	0.6	5.1	0.3	1,001
Region										
North	1.5	6.3	0.2	0.4	3.9	0.1	0.6	2.4	0.1	460
Center	1.1	10.2	0.3	1.2	4.9	0.0	0.5	6.5	0.3	462
South	2.6	11.0	0.4	0.2	3.2	0.0	0.5	5.6	0.3	314
Chisinau	1.9	5.8	0.3	1.3	2.9	0.2	0.3	2.2	0.3	262
Mother's education[4]										
No education/primary	*	*	*	*	*	*	*	*	*	14
Secondary	1.8	9.5	0.3	0.5	3.9	0.0	0.4	5.6	0.3	906
Secondary special	2.0	6.9	0.0	0.4	3.9	0.2	0.0	1.1	0.1	183
Higher	0.6	5.1	0.2	1.1	4.2	0.2	1.0	2.3	0.3	235
Mother's age[4]										
15-19	0.0	5.0	0.3	0.0	3.0	0.1	0.0	0.0	0.1	55
20-24	2.0	9.1	0.2	0.2	3.1	0.1	0.2	3.7	0.2	411
25-29	2.0	9.7	0.1	0.8	5.2	0.0	0.7	4.3	0.1	468
30-34	1.2	6.8	0.2	1.3	3.9	0.1	0.5	5.6	0.1	268
35-49	1.3	7.5	0.3	0.0	2.5	0.0	0.6	5.7	0.2	134
Children of interviewed mothers	1.7	8.6	0.2	0.6	4.0	0.1	0.5	4.4	0.1	1,319
Children of non-interviewed mothers										
Mother in the household	*	*	*	*	*	*	*	*	*	18
Mother not in the household[5]	1.9	7.4	0.2	2.2	3.4	0.2	0.9	4.1	0.0	162
Wealth quintile										
Lowest	1.3	13.5	0.6	0.8	3.6	0.0	0.7	7.2	0.4	323
Second	2.7	7.2	0.4	1.2	3.4	0.0	1.0	6.6	0.3	316
Middle	1.1	9.6	0.1	0.6	4.7	0.1	0.0	2.8	0.1	342
Fourth	1.6	4.0	0.0	0.4	5.0	0.1	0.9	2.8	0.0	259
Highest	2.0	6.1	0.3	0.9	2.5	0.3	0.0	1.2	0.3	258
Total	1.7	8.4	0.2	0.8	3.9	0.1	0.5	4.3	0.1	1,498

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population. The percentage of children who are more than three or more than two standard deviations below the median of the International Reference Population (-3 SD and -2 SD) are shown according to background characteristics. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Includes children who are below -3 standard deviations (SD) from the International Reference Population median.

[2] Excludes children whose mothers were not interviewed

[3] First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

[4] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household schedule.

[5] Includes children whose mothers are deceased

Underweight

Weight-for-age is a composite index of height-for-age and weight-for-age and therefore does not distinguish between acute malnutrition (wasting) and chronic malnutrition (stunting). A child can be underweight for his age because he is stunted, wasted, or both. Weight-for-age is a useful tool in clinical settings for continuous assessment of nutritional progress and growth. Children whose weight-for-age is below -2 SD from the median of the reference population are classified as "underweight." Again, in the reference population, 2.3 percent of children fall below -2 SD of the mean for each of these indices (and the same percentage above -2 SD).

As shown in Table 11.10, about 4 percent of children are underweight. The proportion of severely underweight is less than 1 percent. Children most likely to be underweight are those who were considered small at birth (10 percent), those from households in the lowest wealth quintiles (7 percent in the lowest and second quintiles), and somewhat surprisingly, those with longer birth intervals (9 percent of children born 24-47 months after an older sibling).

11.6 NUTRITIONAL STATUS OF WOMEN

The MDHS collected anthropometric data on all women age 15-49. Women's nutritional status is important both as an indicator of overall health and as a predictor of pregnancy outcome for both mother and child. The data are used to derive two measures of nutritional status: height and body mass index (BMI). A woman's height can be used to predict the risk of having difficulty in pregnancy, given the relationship between height and pelvic size. The cutoff point at which mothers can be considered at risk because of short stature is normally taken to be between 140 and 150 centimeters. The BMI or Quetelet index is used to measure thinness or obesity. It is defined as weight in kilograms divided by height in meters squared (kg/m^2). A BMI of less than 18.5 is considered an indication of chronic energy deficiency among nonpregnant women, based on cutoffs set by the World Health Organization (WHO, 1995). Values of 25.0 to 29.9 indicate that a person is overweight, while values of 30.0 and higher indicate obesity.

Table 11.11 shows nutritional indicators for women by various background characteristics. At the national level, the mean height for women is 161 cm, with less than 1 percent of women falling below the cutoff of 145 cm.

The mean BMI for women age 15-49 is 25. Analysis by background characteristics shows that the mean BMI varies very little between subgroups, except for women's age where those in the youngest age groups (15-19 and 20-24) have BMIs of only 21 and 22, respectively, and those in the oldest age groups (40-44 and 45-49) have a BMI of 29.

At the national level, the proportion of severely thin women stands at less than 1 percent (BMI <16). The proportion of overweight or obese women, however, stands at about 42 percent. The proportion of overweight or obese women is positively correlated with the woman's age. Thus, women age 45-49 have the highest proportion (74 percent) of overweight or obese women, while those age 15-19 have the lowest proportion (8 percent).

Table 11.11 Nutritional status of women by background characteristics

Among women age 15-49, mean height, percentage under 145 cm, mean body mass index (BMI), and percentage with specific BMI levels, by background characteristics, Moldova 2005

	Height			BMI (kg/m^2)[1]									
Background characteristic	Mean height in cm	Percentage below 145 cm	Number of women	Mean BMI	18.5-24.9 (normal)	<18.5 (thin)	17.0-18.4 (mildly thin)	16.0-16.9 (moderately thin)	<16.0 (severely thin)	≥25.0 (overweight or obese)	25.0-29.9 (overweight)	≥30.0 (obese)	Number of women
Age													
15-19	161.8	0.2	1,403	21.0	75.6	16.3	12.0	3.2	1.1	8.2	7.3	0.9	1,378
20-24	162.3	0.4	1,099	22.4	73.2	9.2	7.3	1.3	0.5	17.6	13.1	4.5	1,011
25-29	161.7	0.6	945	24.0	63.3	5.4	4.4	0.7	0.4	31.3	20.9	10.4	881
30-34	161.8	0.3	901	25.3	51.7	3.5	2.7	0.7	0.1	44.8	29.4	15.4	869
35-39	160.8	1.2	830	26.9	42.3	1.2	1.0	0.2	0.0	56.5	31.5	25.0	820
40-44	160.9	0.3	985	28.6	29.9	0.3	0.2	0.1	0.0	69.8	34.0	35.7	980
45-49	160.0	0.5	1,123	29.0	25.3	1.0	0.7	0.1	0.2	73.7	34.1	39.5	1,123
Residence													
Urban	162.2	0.2	3,069	24.8	54.1	6.6	4.8	1.3	0.5	39.4	22.9	16.5	2,980
Rural	160.7	0.7	4,217	25.4	51.5	5.5	4.3	0.9	0.3	43.0	23.7	19.4	4,082
Region													
North	161.5	0.5	2,185	25.5	50.1	6.0	4.9	0.8	0.3	43.9	23.9	20.0	2,111
Center	160.9	0.6	2,010	25.0	54.1	5.3	3.9	1.1	0.3	40.6	23.6	17.0	1,954
South	160.1	0.6	1,386	25.7	50.9	4.7	3.5	1.0	0.2	44.4	22.9	21.4	1,345
Chisinau	162.6	0.2	1,705	24.4	55.3	7.6	5.5	1.4	0.6	37.1	22.7	14.4	1,652
Education													
No education/ primary	159.4	2.5	48	26.7	36.1	3.0	1.3	1.6	0.0	60.9	27.4	33.6	48
Secondary	160.7	0.6	4,466	25.0	53.3	6.7	5.1	1.2	0.4	39.9	22.0	17.9	4,325
Secondary special	161.5	0.3	1,291	26.6	42.0	2.8	2.3	0.3	0.1	55.3	31.1	24.2	1,264
Higher	163.2	0.1	1,480	24.2	60.3	6.4	4.8	1.1	0.5	33.4	20.5	12.9	1,423
Wealth quintile													
Lowest	159.8	1.4	1,233	25.2	52.4	5.4	4.1	1.0	0.3	42.2	24.9	17.3	1,198
Second	160.6	0.7	1,226	25.6	50.7	4.8	3.7	1.0	0.2	44.5	23.2	21.3	1,181
Middle	161.1	0.2	1,501	25.3	51.8	6.0	4.7	0.8	0.5	42.2	22.8	19.5	1,451
Fourth	161.7	0.2	1,632	25.1	52.0	6.0	4.6	1.1	0.3	41.9	23.1	18.9	1,584
Highest	162.8	0.1	1,694	24.5	55.3	7.0	5.2	1.4	0.4	37.7	23.1	14.6	1,648
Total	161.3	0.5	7,285	25.1	52.6	5.9	4.5	1.0	0.4	41.5	23.3	18.2	7,062

[1] Excludes pregnant women and women with a birth in the preceding 2 months

ADULT HEALTH 12

12.1 HEALTH INSURANCE

The population of the Republic of Moldova benefits from a system of compulsory health care insurance implemented on January 1, 2004. This system is comprised of an annually approved set of medical services for which costs are covered in a single health insurance package. Furthermore, there are health insurance schemes offered by private insurance companies, as well as services provided by licensed private medical institutions.

Within the system of compulsory health insurance, the state finances the costs of health insurance through the Health Insurance Fund. The Fund covers health care costs for all children under 18, for students enrolled in public and private colleges and universities, and for retired and disabled persons. The cost of providing this health insurance is met by means of employers paying a 2 percent tax from the total salary fund and 2 percent from the employee's salary. Persons employed independently may purchase a health insurance policy on their own, costing about 816 MDL (64 USD) in 2006.

The MDHS evaluated the availability of any kind of health insurance for females age 15-49 and males age 15-59. Altogether, 52 percent of females and 50 percent of males indicate that they have some type of health insurance and only 1-2 percent has privately acquired health insurance (Table 12.1). With only about half of the adult population having some kind of health insurance, attention should be focused on those adults who are not covered. Further research is needed to determine how the health care needs of these people are being provided, if at all.

The proportion of people having any kind of health insurance varies depending on age, with the lowest level recorded among young adults—females age 25-29 (43 percent) and males age 20-24 (42 percent). The highest level of coverage is among females age 40-44 (57 percent) and males age 50-59 (55 percent).

The level of health insurance coverage is higher among the urban population, where 61-62 percent of females and males have medical insurance, compared with the rural population where coverage reaches only 46 and 41 percent, respectively.

Geographically, the highest percentage of insured persons is in Chisinau (63 percent of females and 64 percent of males), whereas the lowest percentage is among females in the Center region (46 percent) and among males in the North region (44 percent).

There is a positive correlation between insurance coverage and education, and insurance coverage and wealth quintile. Both for females and males, insurance coverage varies greatly by educational attainment—from 42 percent among the population with secondary education to 78 percent among people with higher education. The proportion of female and male health insurance holders males in the wealthiest quintile is approximately twice as high (64 percent and 69 percent, respectively) as in the poorest quintile (35 percent and 29 percent, respectively).

Table 12.1 Type of health insurance coverage

Percentage of adults with health insurance coverage, by background characteristics, Moldova 2005

Background characteristic	Women							Men						
	Percentage with any health insurance	No health insurance	Health insurance through employer/ education institute	Social security	Other privately purchased commercial health insurance	Total[1]	Number of women	Percentage with any health insurance	No health insurance	Health insurance through employer/ education institution	Social security	Other privately purchased commercial health insurance	Total[1]	Number of men
Age														
15-19	54.8	45.2	18.8	35.1	0.3	100.0	1,417	52.1	47.9	18.6	32.6	1.4	100.0	411
20-24	51.8	48.2	33.4	17.8	0.7	100.0	1,124	42.1	57.9	32.4	8.6	1.7	100.0	275
25-29	43.1	56.9	35.9	6.1	1.2	100.0	964	48.1	51.9	41.1	5.8	1.8	100.0	234
30-34	52.9	47.1	45.9	5.4	1.8	100.0	924	44.4	55.6	39.4	2.3	2.7	100.0	224
35-39	50.9	49.1	45.2	4.8	1.0	100.0	855	50.5	49.5	44.0	4.1	2.4	100.0	248
40-44	56.6	43.4	50.0	5.4	1.3	100.0	1,007	52.1	47.9	43.1	7.0	2.0	100.0	247
45-49	54.6	45.4	46.4	6.2	1.7	100.0	1,149	48.5	51.5	40.7	5.6	2.0	100.0	349
50-54	na	na	na	na	na	na	na	55.1	44.9	40.2	12.5	2.7	100.0	296
55-59	na	na	na	na	na	na	na	55.0	45.0	35.7	17.6	1.7	100.0	224
Residence														
Urban	61.4	38.6	47.9	12.3	1.2	100.0	3,194	62.2	37.8	48.5	11.8	2.2	100.0	1,055
Rural	45.6	54.4	30.7	13.7	1.0	100.0	4,246	41.0	59.0	27.1	12.1	1.8	100.0	1,453
Region														
North	49.7	50.3	34.3	14.2	1.1	100.0	2,207	43.6	56.4	30.0	12.1	1.5	100.0	756
Center	45.9	54.1	31.8	13.1	0.6	100.0	2,033	46.3	53.7	29.8	15.1	1.5	100.0	702
South	52.3	47.7	38.0	12.8	1.6	100.0	1,402	48.8	51.2	36.2	10.3	2.6	100.0	496
Chisinau	63.1	36.9	50.0	11.9	1.2	100.0	1,798	64.1	35.9	52.5	9.2	2.9	100.0	554
Education														
No education/ primary	(31.8)	(68.2)	(15.2)	(13.2)	(3.3)	100.0	49	*	*	*	*	*	100.0	16
Secondary	41.5	58.5	26.0	14.4	1.0	100.0	4,534	42.0	58.0	28.2	12.0	1.8	100.0	1,788
Secondary special	61.8	38.2	52.2	7.8	1.7	100.0	1,327	60.1	39.9	46.9	10.5	2.7	100.0	302
Higher	76.9	23.1	62.5	13.8	0.8	100.0	1,530	77.6	22.4	64.1	12.3	2.3	100.0	403
Wealth quintile														
Lowest	35.3	64.7	20.1	14.0	1.1	100.0	1,243	29.2	70.8	18.9	9.5	0.8	100.0	450
Second	43.3	56.7	29.3	13.8	0.2	100.0	1,234	37.2	62.8	24.0	11.7	1.7	100.0	470
Middle	50.9	49.1	36.6	13.0	1.1	100.0	1,511	50.5	49.5	34.5	14.6	1.3	100.0	464
Fourth	60.4	39.6	44.7	14.2	1.4	100.0	1,672	57.2	42.8	40.9	13.2	3.3	100.0	561
Highest	64.3	35.7	51.9	11.0	1.4	100.0	1,780	69.3	30.7	56.6	10.7	2.5	100.0	563
Total	52.4	47.6	38.1	13.1	1.1	100.0	7,440	49.9	50.1	36.1	12.0	2.0	100.0	2,508

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Total includes less than 1 percent of cases with other source of health insurance

12.2 TOBACCO USE

Smoking has a powerful negative impact on the population's health. It causes cardiovascular diseases, lung cancer, and other pathologies, both among smokers and people exposed to secondary cigarette smoke. In the Republic of Moldova, the death rate due to smoking-related causes is one of the highest in the CIS states and the European Union (WHO, 2006). Estimates show that for every one Euro that consumers spend on tobacco products, there is 0.3 Euros spent on the treatment of diseases related to the use of tobacco (Ursu-Moraru, 2006).

Because smoking is a conscious choice made by an individual, it follows that morbidity and mortality caused by the use of tobacco products could be prevented. Over recent years, the WHO has invested efforts in the development of a Framework Convention on Tobacco Control (WHO FCTC), a convention signed by 156 countries and ratified already by 119 countries. The Republic of Moldova is among the countries in the process of ratifying the Convention. The National Health Policy recently

drawn up by the Ministry of Health and Social Protection also contains a separate chapter dedicated to combating tobacco addiction—yet another acknowledgement of this issue being one of high priority in Moldova.

Traditionally, smoking was not widespread in the Moldova. However, probably because of fashion and the relatively low price of cigarettes, access to tobacco products and their use has been on the rise. People in Moldova use tobacco almost exclusively in the form of cigarettes. Results of the 2005 MDHS in Tables 12.2.1 and 12.2.2 show a significant difference in the prevalence of smoking between males and females: 51 percent of men and 7 percent of women report that they currently smoke cigarettes. Smoking among women is much more common in urban areas (14 percent) than rural areas (2 percent). In males, the difference by urban-rural residence is reversed: 49 percent in urban areas and 53 percent in rural areas.

Table 12.2.1 Use of tobacco: women

Percentage of women who smoke cigarettes or use other tobacco, and percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics and maternity status, Moldova 2005

Background characteristic	Tobacco use		Number of women	Number of cigarettes smoked in preceding 24 hours:					Total	Number of cigarette smokers
	Percentage of women who smoke cigarettes	Percentage of women who use other tobacco		1-2	3-5	6-9	10+	Don't know/ missing		
Age										
15-19	4.3	0.0	1,417	18.1	32.4	11.9	34.5	3.1	100.0	62
20-34	9.8	0.0	3,012	16.1	25.8	12.5	40.7	4.9	100.0	294
35-49	5.8	0.0	3,011	16.4	24.2	17.6	40.7	1.1	100.0	176
Residence										
Urban	13.6	0.0	3,194	16.2	24.7	14.0	42.6	2.6	100.0	434
Rural	2.3	0.0	4,246	17.5	32.2	14.8	28.5	7.1	100.0	98
Region										
North	4.3	0.0	2,207	17.6	30.6	16.6	33.3	1.9	100.0	94
Center	3.5	0.0	2,033	19.9	26.1	11.1	34.0	8.8	100.0	71
South	3.8	0.1	1,402	27.9	24.3	14.8	30.5	2.5	100.0	53
Chisinau	17.4	0.0	1,798	13.3	25.0	14.0	44.9	2.8	100.0	313
Education										
No education/primary	(18.2)	(0.0)	49	*	*	*	*	*	100.0	9
Secondary	5.7	0.0	4,534	14.2	27.4	15.8	39.9	2.8	100.0	257
Secondary special	7.0	0.0	1,327	19.5	23.7	15.0	40.1	1.7	100.0	93
Higher	11.3	0.0	1,530	18.1	24.3	11.9	40.2	5.5	100.0	173
Maternity status										
Pregnant	0.8	0.0	178	*	*	*	*	*	100.0	1
Breastfeeding (not pregnant)	2.3	0.0	339	*	*	*	*	*	100.0	8
Neither	7.5	0.0	6,923	16.1	26.3	14.4	39.9	3.4	100.0	522
Wealth quintile										
Lowest	1.2	0.0	1,243	*	*	*	*	*	100.0	14
Second	2.4	0.0	1,234	(13.3)	(37.6)	(12.3)	(32.0)	(4.9)	(100.0)	30
Middle	3.1	0.0	1,511	20.7	30.3	14.3	29.5	5.2	100.0	47
Fourth	8.4	0.0	1,672	19.3	22.7	14.9	39.1	3.9	100.0	141
Highest	16.8	0.0	1,780	15.4	25.5	13.8	42.6	2.6	100.0	300
Total	7.1	0.0	7,440	16.4	26.1	14.1	40.0	3.4	100.0	531

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 12.2.2 Use of tobacco: men

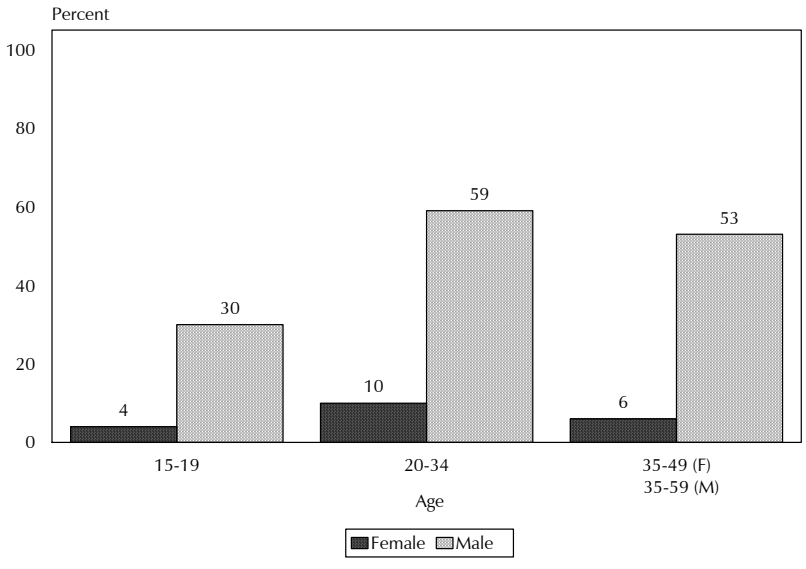
Percentage of men who smoke cigarettes or use other tobacco, and percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics, Moldova 2005

Background characteristic	Tobacco use: Percentage of men who smoke cigarettes	Tobacco use: Percentage of men who use other tobacco	Number of men	Number of cigarettes smoked in preceding 24 hours: 1-2	3-5	6-9	10+	Don't know/ missing	Total	Number of cigarette smokers
Age										
15-19	30.0	0.2	411	5.4	13.7	15.4	64.8	0.8	100.0	123
20-34	59.1	0.1	733	3.8	8.0	5.1	82.8	0.3	100.0	434
35-59	53.2	0.3	1,363	1.9	5.2	3.2	89.1	0.6	100.0	725
Residence										
Urban	48.9	0.4	1,055	3.3	7.4	4.8	83.9	0.6	100.0	515
Rural	52.7	0.1	1,453	2.6	6.7	5.1	85.2	0.5	100.0	767
Region										
North	56.8	0.2	756	2.5	6.3	5.5	85.5	0.2	100.0	429
Center	48.9	0.3	702	4.1	7.3	5.2	82.7	0.6	100.0	343
South	48.9	0.3	496	1.8	6.5	4.3	86.5	0.8	100.0	242
Chisinau	48.2	0.2	554	2.8	8.1	4.4	84.1	0.6	100.0	267
Education										
No education/primary	*	*	16	*	*	*	*	*	*	8
Secondary	54.1	0.3	1,788	2.2	6.6	5.1	85.7	0.4	100.0	967
Secondary special	49.1	0.3	302	2.7	5.9	3.8	86.0	1.6	100.0	148
Higher	39.6	0.3	403	7.1	10.7	5.2	77.0	0.0	100.0	159
Wealth quintile										
Lowest	60.0	0.3	450	1.9	6.2	6.5	84.0	1.3	100.0	270
Second	56.5	0.0	470	3.2	4.4	4.5	87.9	0.0	100.0	266
Middle	49.2	0.3	464	2.3	9.5	4.0	83.9	0.3	100.0	228
Fourth	46.8	0.2	561	2.6	7.3	5.0	84.8	0.2	100.0	262
Highest	45.4	0.0	563	4.3	7.9	4.7	82.5	0.6	100.0	255
Total	51.1	0.1	2,508	2.9	7.0	5.0	84.6	0.5	100.0	1,282

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Age is also a characteristic associated with smoking. People in the age group 20-34 are the most likely to smoke. The percentage of cigarette smokers in the three age groups is shown by sex (Figure 12.1).

Figure 12.1 **Percentage of Cigarette Smokers, by Age Group and Sex**



MDHS 2005

The share of smokers also depends on wealth status; however, the influence of this factor differs between females and males. The proportion of female smokers in the poorest households is only 1 percent, compared with 17 percent of women in the wealthiest households. An inverse phenomenon is observed in males: the prevalence of smoking is 60 percent in the poorest households and decreases to 45 percent in the wealthiest households.

A similar pattern is observed between smoking and the level of education—smoking is less prevalent among males with higher education, while women with higher education smoke more frequently than those having a lower level of education.

Among males who smoke, 90 percent smoke 6 or more cigarettes per day (Table 12.2.2). By comparison, only 54 percent of female smokers consume as many cigarettes.

The prevalence of smoking among males is highest in the North region (57 percent) compared with 48-49 percent in other regions. The prevalence of female smokers, unlike that of males, is more than four times higher in Chisinau than in other regions.

12.3 ALCOHOL CONSUMPTION

Alcohol abuse is a serious problem in many countries in Europe. This region registers the highest alcohol consumption in the world, and alcohol consumption is considered to be the third highest risk factor for death and disability. Potential consequences of alcohol abuse include increased risk of accidents, cirrhosis, hypertension, psychological illnesses, and congenital malformations. Moreover, alcohol consumption aggravates the risk of family problems as well as other social and employment issues such as alcohol addiction, accidents, criminal behavior, inadvertent injuries, violence, homicide and suicide, road traffic problems, etc. In particular, damages brought about by alcohol abuse rank the highest in the eastern European region, accounting for the increased rate of cardiovascular diseases and shortened life expectancy. In these societies, the total cost related to alcohol abuse is estimated to be 1-3 percent of the gross national product (WHO, 2001).

The Republic of Moldova has an agrarian economy, in which the cultivation of grapes and the production of wine accounts for a major portion of the country's income. Also, traditionally, large quantities of wine are consumed. According to estimates, the average annual per capita consumption of pure alcohol among the population age 15 and over exceeds 12 liters, which is higher than the average of countries of the European Union and approximately twice as high as the average in the Community of Independent States (CIS). Consequently, the death rate in the Republic of Moldova for alcohol-related causes is about 222 per 100,000 persons, which is more than times higher than countries of the European Union and approximately 40 percent higher than in the CSI countries (WHO, 2006).

In the 2005 MDHS, respondents were asked how many alcoholic beverages they had consumed during the previous month, on the days when they had consumed alcohol. A bottle or a mug of beer (330-500 ml), a glass of wine (50-200 ml), a glass of liqueur, and vodka or whiskey (50 ml) were considered standard beverages.

Results in Table 12.3.1 show that 59 percent of women consumed at least one alcoholic beverage in the month prior to the interview. The consumption increases from 42 percent in the age group 15-19 to 68 percent in the age group 45-59. Women in urban areas consume alcohol more frequently than those in rural areas (62 and 57 percent, respectively). The highest consumption (64 percent) is in the South region and in Chisinau. The level of alcohol consumption increases somewhat along with the level of education and with the wealth quintile.

Table 12.3.1 Use of alcohol: women

Percentage of women who have had at least one alcoholic drink in the past month, and the usual frequency of drinking alcohol in a month, by background characteristics, Moldova 2005

Background characteristic	Has had at least one drink in the past month	Frequency of drinking in a month						
		Every day	Almost every day	1-2 times per week	2-3 times per month	Once a month	Less than once a month	Number of women
Age								
15-19	41.6	0.2	0.7	5.6	9.1	15.2	10.7	1,417
20-24	54.2	0.5	1.2	10.3	14.2	17.2	10.9	1,124
25-29	63.6	0.6	2.1	12.0	15.4	23.5	9.9	964
30-34	63.7	0.6	2.3	12.2	16.6	20.8	11.1	924
35-39	66.5	0.9	2.4	14.0	17.2	20.9	11.1	855
40-44	66.1	1.0	2.0	14.4	16.4	18.4	13.8	1,007
45-49	67.5	1.1	2.8	13.7	18.4	21.2	10.4	1,149
Residence								
Urban	62.2	0.3	1.6	10.9	16.0	21.4	12.0	3,194
Rural	57.1	0.9	2.1	11.7	14.2	17.7	10.4	4,246
Region								
North	50.5	0.3	0.9	7.6	11.3	17.6	12.8	2,207
Center	61.6	1.1	3.1	13.6	16.9	17.5	9.4	2,033
South	64.4	1.0	2.3	15.1	17.4	20.0	8.7	1,402
Chisinau	63.5	0.3	1.3	10.6	15.6	22.9	12.9	1,798
Education								
No education/primary	(63.8)	(3.0)	(4.9)	(16.4)	(6.6)	(22.5)	(10.4)	49
Secondary	57.4	0.7	2.0	11.6	14.5	18.2	10.4	4,534
Secondary special	62.1	0.6	2.1	11.9	15.4	20.1	12.0	1,327
Higher	62.2	0.5	1.0	10.2	16.5	21.5	12.5	1,530
Wealth quintile								
Lowest	58.0	1.5	3.6	13.7	15.5	15.4	8.3	1,243
Second	53.1	0.6	2.1	11.5	13.8	16.6	8.5	1,234
Middle	57.1	0.7	1.1	10.3	13.0	20.2	11.7	1,511
Fourth	60.8	0.3	1.6	11.1	15.2	19.2	13.3	1,672
Highest	64.8	0.4	1.3	10.7	17.0	23.1	12.3	1,780
Total	59.3	0.7	1.9	11.4	15.0	19.3	11.1	7,440

Note: Figures in parentheses are based on 25-49 unweighted cases.

In general, women do not consume alcohol frequently—daily or almost daily consumption is reported by only about 3 percent, and alcohol consumption 1-2 times per week is reported by 11 percent of women. Nevertheless, women in the Center and South regions and those belonging to the less wealthy quintiles are the most likely to report daily or almost daily consumption of alcohol. One in ten females consumes alcohol less frequently than once in a month, without significant variations in background characteristics.

Not only is the proportion of men who consume alcohol much higher than the proportion of women, but men who drink also tend to drink more frequently than women. For example, among the 81 percent of males that had an alcoholic drink in the month preceding the survey, practically none report consuming alcohol less frequently than once a month (Table 12.3.2). For females, however, among the 59 percent who report having had an alcoholic drink in the month preceding the survey, 11 percent of them usually consume alcohol less than once a month (Table 12.3.1).

Table 12.3.2 Use of alcohol: men

Percentage of men who have had at least one alcoholic drink in the past month, and the usual frequency of drinking alcohol in a month, by background characteristics, Moldova 2005

Background characteristic	Has had at least one drink in the past month	Frequency of drinking in a month						
		Every day	Almost every day	1-2 times per week	2-3 times per month	Once a month	Less than once a month	Number of men
Age								
15-19	69.2	2.1	3.6	28.7	21.6	13.2	0.0	411
20-24	78.2	2.1	7.6	42.4	16.3	9.8	0.0	275
25-29	82.5	3.0	13.7	43.6	17.0	5.2	0.0	234
30-34	84.3	2.0	11.8	45.3	16.5	8.8	0.0	224
35-39	82.8	3.4	14.0	46.2	16.5	2.2	0.4	248
40-44	87.6	5.3	14.9	45.3	16.6	5.4	0.0	247
45-49	87.4	3.7	19.3	43.6	14.0	6.7	0.0	349
50-54	81.9	6.3	17.0	38.3	13.7	6.6	0.0	296
55-59	78.6	7.8	15.4	40.5	10.7	4.2	0.0	224
Residence								
Urban	80.3	3.3	8.7	40.7	18.5	9.1	0.0	1,055
Rural	81.2	4.2	15.6	40.7	14.5	6.1	0.1	1,453
Region								
North	78.0	2.9	11.0	41.6	14.7	7.8	0.0	756
Center	82.2	4.7	17.5	38.0	14.8	7.1	0.1	702
South	83.3	3.6	15.9	43.8	15.6	4.5	0.0	496
Chisinau	80.5	4.2	6.0	40.2	20.4	9.7	0.0	554
Education								
No education/primary	*	*	*	*	*	*	*	16
Secondary	80.5	3.9	13.6	41.3	15.2	6.5	0.1	1,788
Secondary special	80.5	4.2	14.0	37.0	18.0	7.4	0.0	302
Higher	82.0	3.5	8.0	40.4	19.3	10.8	0.0	403
Wealth quintile								
Lowest	83.8	4.3	14.4	46.7	12.7	5.6	0.0	450
Second	81.5	4.0	17.6	40.7	13.4	5.6	0.2	470
Middle	81.8	3.5	16.8	39.1	16.4	6.1	0.0	464
Fourth	77.9	4.2	11.7	38.4	15.8	7.7	0.0	561
Highest	79.8	3.3	4.7	39.5	21.4	10.9	0.0	563
Total	80.8	3.8	12.7	40.7	16.2	7.4	0.0	2,508

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

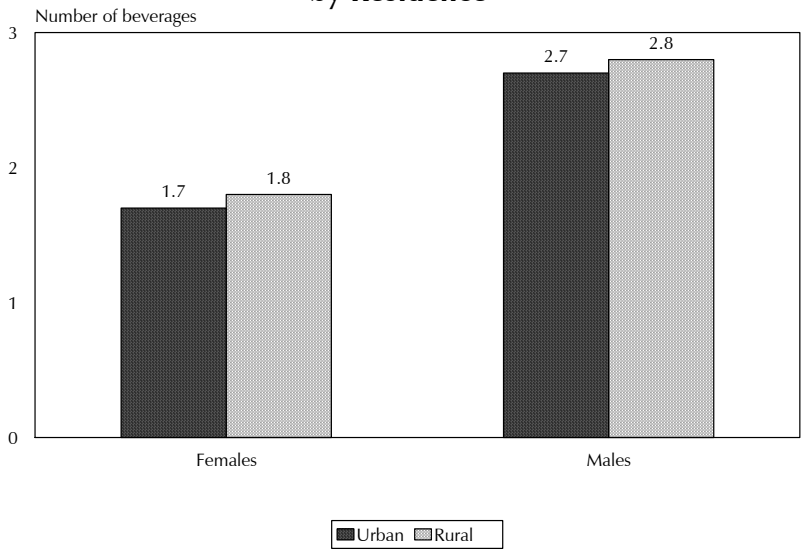
For males, alcohol consumption increases rapidly from 69 percent in the age group 15-19 to 83 percent in the age group 25-29, then registers a plateau with relatively little variation (83-88 percent) through age 50, and finally decreases gradually to 79 percent at age 55-59. Unlike females, there are no significant differences in alcohol consumption by residence, region, education, or wealth quintile.

Males consume alcohol with greater frequency than females: 17 percent of males report daily or almost daily consumption and 41 percent have alcoholic drinks at least once a week. Daily or almost daily alcohol consumption increases with age and is much higher in rural areas than urban areas (20 percent and 12 percent, respectively) as well as in the Center and South regions. Males with higher education and those in the wealthiest quintile consume alcohol less frequently compared with other men.

Quantity of Alcohol Consumed

Among respondents who consumed alcohol in the month prior to the survey, the average number of drinks consumed on a typical "drinking occasion" is about 2 drinks for females and 3 drinks for males, with no substantial difference by urban-rural residence. Males, therefore, consume approximately 50 percent more alcohol than females on such occasions (Figure 12.2).

Figure 12.2 **Average Number of Alcoholic Beverages Consumed by Females and Males on a Typical Drinking Occasion, by Residence**



MDHS 2005

Frequency of Alcohol Use

Female and male respondents were asked whether there had been any occasions in the 3 months preceding the survey when they had drunk more alcohol than usual, and if yes, how frequently they had consumed greater than usual quantities.

Table 12.4 Drinking more alcohol than usual

Percent distribution of women and men who drank more alcohol than usual on occasions in the past three months, by frequency of alcohol use, Moldova 2005

	Women	Men	Number
Every day/almost every day	1.1	0.5	0.8
1-2 times a week	3.9	7.5	5.9
2-3 times a month	14.5	25.6	20.7
Once a month	41.4	36.9	38.9
Less often	39.0	29.4	33.7
Total	100.0	100.0	100.0
Number	690	866	1,556

Only 1 percent of females and less than 1 percent of males reported increased alcohol consumption daily or almost daily. Males, however, show a stronger tendency towards alcohol binging than females: 33 percent of males and 18 percent of females consume more than usual amounts of alcohol 1-2 times a week or 2-3 times a month. Eighty percent of females and 66 percent of males reported an increased consumption of alcohol once a month or less frequently.

12.4 TUBERCULOSIS

Tuberculosis is caused by a bacterium called Mycobacterium Tuberculosis. The disease commonly affects the respiratory system but can strike other organisms in the body as well. When properly treated, tuberculosis is curable in most cases. If left untreated, however, the disease may have serious consequences and even ends in fatality for more than half of those affected. Tuberculosis is usually spread by the inhalation of tiny droplets containing the tuberculosis bacilli, discharged into the air by infected persons when coughing.

Tuberculosis is a major public health issue, accounting for over 3 million deaths annually worldwide (WHO, 1998). In 1993, the WHO declared tuberculosis a global emergency, and in 1994 it developed the DOTS strategy to combat the infection. According to WHO estimates, the European region accounts for approximately 6 percent of all cases of tuberculosis worldwide. While the incidence of tuberculosis in the western European countries continues to gradually diminish, the countries in Eastern Europe have seen tuberculosis morbidity double in the past 10 years; these countries account for over three-quarters of the total incidence in the region (WHO, 2002). High prevalence rates of the disease are associated with the socioeconomic crisis during the transition period, deterioration of the health system, co-infection with HIV/AIDS, the spread of multi-drug resistant infections, and deficiencies in combating tuberculosis among vulnerable sub-populations (de Colombani et al., 2003).

Tuberculosis is a major public health problem for the Republic of Moldova due to high rates of morbidity and mortality, the continued tendency of tuberculosis infection rates to increase, and the unprecedented spread of multi-drug resistant strains detected in approximately 40 percent of the persons infected with tuberculosis (Crudu et al., 2003). According to medical statistics, in 2005, the occurrence of new cases was 107 cases per 100,000 persons, an increase of 2.5 times the incidence in 1992, the first full year of independence of the Republic of Moldova. Mortality over the same period has increased 2.8 times (from 6.3 per 100,000 persons in 1992 to 17.6 per 100,000 in 2005). The implementation of the DOTS strategy in 2001 has yet to result in an improvement or even a stabilization of the situation; the incidence has grown by one-third over the past five years. An important indicator that reveals the worsening of the epidemiologic situation during the period 2001-2005 is the increasing incidence of tuberculosis among youth age 12 to 29 years. Furthermore, the average incidence of tuberculosis in the past five years among those living in urban areas is 45 percent higher than among those living in rural locations. Among newly infected persons in 2005, 50 percent were able-bodied unemployed persons, 21 percent were employed, 12 percent were retired persons, and 7 percent were school children and students.

In the MDHS, women and men were asked a series of questions related to the knowledge of tuberculosis symptoms, its means of transmission, its treatment, and the degree of stigma associated with the disease, i.e., the desire to conceal the fact that a family member is infected with tuberculosis.

Awareness of Tuberculosis and its Means of Transmission

Women and men were asked whether they had ever heard of the disease called tuberculosis or TB, and if yes, how they thought tuberculosis was spread from one person to another. Results related to awareness of tuberculosis and the means of transmission of the infection are presented in Table 12.5. There is a high degree of awareness of TB among the population: 98 percent of female and male respondents indicate that they have heard of tuberculosis. There are no significant differences for this indicator in terms of sex, age, residence, region, and level of education. Women and men from the poorest quintile, however, are slightly less informed about tuberculosis (96 and 94 percent, respectively).

Despite the virtually universal degree of awareness, only 75 percent of female and 67 percent of male respondents who have heard of tuberculosis were able to name correctly the most prevalent way of transmission, that is, through the air which carries the virus that an infected person emits by coughing. Unlike the high degree of awareness of the disease, both women and men showed significant variations in their knowledge of the main way of transmitting tuberculosis depending on background characteristics.

Table 12.5 Knowledge of tuberculosis and its transmission modes

Percentage of women and men who have heard of tuberculosis, and percentage who know tuberculosis modes of transmission, by background characteristics, Moldova 2005

Background characteristic	Women					Men				
		Modes of transmission					Modes of transmission			
	Has heard of TB	Through the air when coughing	Reported other ways that TB spreads	Don't know how TB spreads	Number of women	Has heard of TB	Through the air when coughing	Reported other ways that TB spreads	Don't know how TB spreads	Number of men
Age										
15-19	97.3	69.5	47.2	16.7	1,417	96.4	63.7	42.3	18.1	411
20-24	98.5	76.8	51.4	12.3	1,124	98.3	68.9	48.4	13.5	275
25-29	97.9	74.5	53.9	12.3	964	98.8	67.8	53.5	14.1	234
30-34	98.5	77.1	58.2	10.3	924	99.4	70.1	53.2	13.1	224
35-39	99.2	80.8	62.2	7.3	855	99.0	73.2	49.8	13.5	248
40-44	98.4	76.1	59.1	9.5	1,007	99.3	69.3	52.3	14.4	247
45-49	98.5	72.9	62.1	12.8	1,149	98.7	66.2	50.6	15.8	349
50-54	na	na	na	na	na	98.1	60.5	49.1	17.3	296
55-59	na	na	na	na	na	98.3	63.8	51.3	17.3	224
Residence										
Urban	99.2	83.2	54.9	8.4	3,194	99.7	77.6	51.5	10.1	1,055
Rural	97.6	68.7	56.3	14.7	4,246	97.4	58.8	48.0	19.4	1,453
Region										
North	98.6	73.7	55.2	13.8	2,207	97.6	64.9	47.5	18.8	756
Center	96.9	69.3	56.6	12.6	2,033	98.5	66.6	58.0	11.5	702
South	98.5	70.2	56.5	16.0	1,402	97.5	52.9	46.3	24.6	496
Chisinau	99.2	86.4	54.7	6.1	1,798	99.8	81.6	44.3	7.8	554
Education										
No education/primary	(82.4)	(53.1)	(47.7)	(22.2)	49	*	*	*	*	16
Secondary	97.6	66.9	53.1	16.6	4,534	97.9	60.0	48.2	19.5	1,788
Secondary special	99.6	86.1	62.8	5.2	1,327	99.8	77.5	53.9	6.8	302
Higher	99.6	89.5	57.5	4.1	1,530	99.9	90.0	52.9	2.4	403
Wealth quintile										
Lowest	95.7	59.6	51.1	20.0	1,243	94.3	46.0	51.9	23.2	450
Second	97.1	67.7	56.9	15.4	1,234	97.7	55.2	46.7	22.3	470
Middle	98.9	72.7	58.6	13.0	1,511	99.6	68.8	52.3	14.6	464
Fourth	99.0	80.0	56.7	9.5	1,672	99.4	74.7	51.1	12.9	561
Highest	99.6	87.7	54.7	5.7	1,780	100.0	83.1	45.8	6.9	563
Total	98.3	74.9	55.7	12.0	7,440	98.3	66.7	49.5	15.5	2,508

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

For example, female and male respondents age 35-39 years were most likely to correctly state the means of transmission; the youngest respondents, age 15-19, were least likely to identify the correct means of transmission. Females and males in urban areas (83 percent and 78 percent, respectively) are more aware of tuberculosis transmission than respondents in rural areas (69 percent and 59 percent, respectively). The level of awareness of the spread of tuberculosis increases with level of education and wealth quintile. Approximately 6 in 10 females and 5 in 10 males mentioned other ways of contracting tuberculosis, while 12 percent of female and 16 percent of male respondents said they had no knowledge of the ways tuberculosis is transmitted.

Knowledge of the Symptoms of Tuberculosis

Respondents who were aware of tuberculosis were subsequently asked what signs or symptoms suggest that a person might be infected with tuberculosis.

Tables 12.6.1 and 12.6.2 show that among those who have heard of tuberculosis and mentioned at least one symptom, 60 percent of females and 64 percent of males reported the nonspecific cough as a symptom; 29 percent and 22 percent, respectively, mentioned cough with sputum, and 20 percent and 17 percent, respectively, stated persistent cough over several weeks as a symptom. Other symptoms of tuberculosis most frequently mentioned by the female respondents were fever (20 percent), loss of body weight (20 percent), and lethargy (19 percent), while the male respondents named the loss of body weight (21 percent), fatigue (18 percent), and fever (15 percent).

Among the symptoms least mentioned by both women and men were perspiration during the night (6 percent and 4 percent, respectively), thoracic pains (7 percent for both sexes), and loss of appetite (9 percent and 8 percent, respectively).

Table 12.6.1 Knowledge of symptoms of tuberculosis: women

Percentage of women who have heard of tuberculosis and know at least one symptom, by background characteristics, Moldova 2005

	Knowledge of TB symptoms												
Background characteristic	Non-specific coughing	Coughing with sputum	Coughing for several weeks	Fever	Blood in sputum	Loss of appetite	Night-sweating	Pain in chest	Tiredness/ fatigue	Weight loss	Lethargy	Other	Number of women
Age													
15-19	58.6	23.1	17.2	15.8	9.7	7.7	3.3	4.8	10.2	15.5	16.8	7.0	1,380
20-24	61.7	27.7	19.2	22.0	11.4	8.7	5.9	7.9	11.7	20.2	19.3	6.4	1,107
25-29	63.0	27.4	20.4	21.8	9.8	8.5	6.9	6.7	12.8	18.9	15.4	6.9	944
30-34	61.4	32.8	22.4	21.9	13.3	8.9	7.1	6.8	12.8	21.4	19.7	7.3	910
35-39	59.0	33.0	22.8	22.2	10.7	8.8	5.0	8.8	14.6	22.4	21.3	8.7	848
40-44	59.8	31.3	21.4	18.8	10.6	8.3	4.8	7.2	13.7	21.4	21.0	7.2	991
45-49	59.7	30.1	19.0	20.5	10.8	8.9	6.3	7.2	14.1	22.7	19.4	7.1	1,131
Residence													
Urban	61.6	32.9	22.2	22.4	12.7	8.3	7.3	6.9	15.3	22.8	17.8	5.8	3,168
Rural	59.4	25.8	18.5	18.5	9.4	8.6	4.1	7.0	10.7	18.0	19.6	8.2	4,142
Region													
North	60.8	26.7	19.0	18.8	9.8	8.4	4.0	7.7	12.1	20.0	20.6	9.6	2,176
Center	59.7	27.0	19.8	21.5	11.6	9.7	5.4	5.8	10.8	17.2	19.4	6.1	1,969
South	58.3	29.0	18.0	14.1	8.5	6.2	3.5	6.1	10.6	20.2	13.7	7.7	1,381
Chisinau	62.2	33.6	23.3	25.1	13.0	9.2	9.0	7.8	17.1	23.3	20.0	5.0	1,784
Education													
No education/primary	(48.5)	(24.9)	(15.6)	(21.7)	(14.3)	(8.0)	(1.6)	(0.0)	(14.8)	(6.6)	(14.6)	(0.0)	40
Secondary	58.3	24.0	17.0	15.9	9.3	7.2	3.0	5.5	10.2	16.3	15.9	6.8	4,423
Secondary special	62.7	37.0	24.8	26.9	13.4	11.2	8.2	10.0	16.6	26.2	23.9	7.5	1,322
Higher	64.7	36.2	24.9	26.6	13.0	10.0	10.6	8.4	16.5	26.2	23.3	8.3	1,524
Wealth quintile													
Lowest	58.1	20.1	14.7	14.1	6.3	5.6	2.7	4.8	8.1	13.1	17.7	8.9	1,190
Second	58.0	27.2	18.1	16.3	9.6	8.0	3.4	7.0	10.3	18.0	21.6	8.4	1,199
Middle	58.9	28.9	21.2	21.2	11.8	9.7	4.3	8.7	11.2	19.0	18.4	7.3	1,495
Fourth	61.1	31.9	22.1	22.1	11.3	9.1	6.5	6.1	14.2	21.8	19.0	6.7	1,655
Highest	64.0	33.0	22.1	24.2	13.4	9.3	8.8	7.5	17.2	25.6	17.9	5.5	1,772
Total	60.4	28.9	20.1	20.2	10.8	8.5	5.5	6.9	12.7	20.1	18.9	7.2	7,311

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table 12.6.2 Knowledge of symptoms of tuberculosis: men

Percentage of men who have heard of tuberculosis and know at least one symptom, by background characteristics, Moldova 2005

Background characteristic	Knowledge of TB symptoms												Number of men
	Non-specific coughing	Coughing with sputum	Coughing for several weeks	Fever	Blood in sputum	Loss of appetite	Night-sweating	Pain in chest	Tiredness/ fatigue	Weight loss	Lethargy	Other	
Age													
15-19	60.9	19.8	17.1	15.8	10.6	7.0	3.6	8.7	17.1	16.4	1.5	4.8	397
20-24	68.9	20.9	14.3	19.4	13.0	10.8	2.4	4.8	17.9	21.3	1.0	3.9	270
25-29	67.2	24.4	16.1	21.9	10.1	6.9	5.6	7.4	17.8	21.3	1.0	4.5	231
30-34	69.6	23.8	15.5	10.5	12.6	8.2	5.8	7.1	16.9	23.3	2.3	4.5	223
35-39	65.3	25.1	19.4	14.3	10.4	8.9	4.9	6.2	19.2	23.8	0.5	3.4	245
40-44	63.9	25.9	15.4	15.3	11.1	6.0	4.5	8.0	18.7	20.0	1.5	3.8	245
45-49	66.7	19.9	18.8	12.1	9.8	5.7	4.6	6.5	19.4	22.6	1.8	1.9	344
50-54	58.0	17.3	18.2	14.7	10.5	10.3	4.7	8.7	20.1	22.1	2.7	3.9	290
55-59	59.5	19.3	15.0	11.8	11.0	9.1	3.4	8.5	17.9	22.7	0.0	4.4	220
Residence													
Urban	67.3	28.8	14.1	20.0	14.9	9.1	6.1	10.3	21.0	22.4	1.7	3.3	1,051
Rural	61.9	16.1	18.8	11.4	8.0	7.2	3.0	5.2	16.4	20.3	1.2	4.3	1,415
Region													
North	63.2	21.4	18.1	15.1	8.5	7.1	3.0	6.4	15.1	22.4	2.3	4.3	738
Center	70.1	16.3	16.8	11.7	10.1	9.4	5.0	7.7	19.6	23.1	1.0	3.7	691
South	54.1	19.2	18.4	11.4	9.8	4.5	4.0	5.9	14.9	16.5	0.3	4.3	483
Chisinau	67.0	30.1	13.6	22.4	16.2	10.5	5.6	9.5	24.2	21.4	1.7	3.2	553
Education													
No education/primary	*	*	*	*	*	*	*	*	*	*	*	*	13
Secondary	62.1	18.1	15.8	11.5	9.0	6.8	3.1	6.0	15.8	19.0	1.0	4.2	1,750
Secondary special	68.6	23.1	20.9	21.5	11.5	11.8	4.9	11.4	22.7	25.3	0.7	1.7	301
Higher	70.2	35.6	18.4	25.8	19.3	10.9	9.5	10.4	26.7	28.5	4.0	4.3	402
Wealth quintile													
Lowest	62.7	10.9	17.2	7.0	5.4	4.7	1.5	3.3	13.2	19.6	0.4	2.0	424
Second	55.8	17.9	18.4	10.1	5.7	7.2	3.4	4.8	12.3	19.7	0.7	4.6	459
Middle	67.0	18.9	16.6	13.6	11.7	5.9	5.1	7.0	18.7	20.3	2.4	3.5	462
Fourth	64.1	25.8	18.6	16.7	12.7	10.3	4.4	8.1	21.7	24.5	1.3	4.5	558
Highest	70.0	30.4	13.5	24.8	17.0	10.6	6.5	12.1	23.7	21.1	2.0	4.4	563
Total	64.2	21.5	16.8	15.1	10.9	8.0	4.3	7.4	18.4	21.2	1.4	3.9	2,466

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Treatment of Tuberculosis and the Stigma Attached to the Disease

Those respondents who have heard of tuberculosis were also asked whether they thought that tuberculosis was treatable. In addition, in order to evaluate the degree to which a person infected with tuberculosis might experience social stigma, respondents were also asked whether they would prefer to keep it a secret that a member of the family is infected with tuberculosis.

Table 12.7 shows that women (74 percent) and men (75 percent) are equally aware that tuberculosis can be treated. The level of awareness is lower for the youngest age group (15-19). Awareness is also higher in urban areas, in particular in Chisinau, and it increases with level of education and wealth quintile.

Table 12.7 Knowledge of treatment of tuberculosis and attitude towards those with TB

Percentage of women and men who know that tuberculosis (TB) can be completely cured, and the percentage willing to provide home care for a family member with TB, by background characteristics, Moldova 2005

Background characteristic	Women			Men		
	Knows that TB can be completely cured	Prefers that it be kept a secret that a family member has TB	Number of women	Knows that TB can be completely cured	Prefers that it be kept a secret that a family member has TB	Number of men
Age						
15-19	69.8	34.4	1,380	71.0	31.7	397
20-24	75.2	31.1	1,107	77.3	29.4	270
25-29	73.3	30.4	944	78.3	30.1	231
30-34	75.8	31.3	910	71.2	22.1	223
35-39	78.7	28.9	848	76.8	24.5	245
40-44	75.8	32.3	991	77.6	24.7	245
45-49	73.0	29.8	1,131	76.0	22.3	344
50-54	na	na	na	77.7	18.2	290
55-59	na	na	na	73.0	22.9	220
Residence						
Urban	76.8	34.3	3,168	80.4	33.2	1,051
Rural	72.1	29.1	4,142	71.5	19.5	1,415
Region						
North	74.6	32.2	2,176	73.5	23.0	738
Center	71.7	26.2	1,969	73.7	21.5	691
South	71.0	31.6	1,381	74.3	20.3	483
Chisinau	78.8	35.9	1,784	80.6	37.6	553
Education						
No education/primary	(59.4)	(12.6)	40	*	*	13
Secondary	69.6	30.4	4,423	71.0	22.7	1,750
Secondary special	78.9	33.5	1,322	83.7	26.7	301
Higher	83.7	32.9	1,524	88.5	35.0	402
Wealth quintile						
Lowest	66.7	25.6	1,190	65.5	17.6	424
Second	72.8	29.4	1,199	74.0	23.7	459
Middle	74.3	30.0	1,495	75.3	17.3	462
Fourth	74.3	32.4	1,655	75.3	26.1	558
Highest	79.8	36.8	1,772	83.6	38.2	563
Total	74.2	31.4	7,311	75.3	25.3	2,466

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

Results bring to light the stigmatized perception of tuberculosis by the population: 31 percent of females and 25 percent of males would prefer to keep it a secret that a member of their family is infected with tuberculosis. The stigma is more acute among the urban population, people with a higher level of education, and those in the wealthiest quintiles.

HIV-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOR

13

In the countries of Eastern Europe and Central Asia, the early stages of the HIV epidemic in the 1990s were mainly fuelled by intravenous drug users (IDUs) who transmitted the virus through the sharing of contaminated needles. In the new millennium, however, there is evidence of a changing pattern of infection, suggesting that the epidemic is gaining a foothold in the wider population. More countries in the region have started reporting a higher proportion of sexually transmitted HIV cases and a disproportionate number of young people infected (Hamers and Downs, 2003; Kelly and Amirkhanian, 2003). These changes have resulted in a faster growing epidemic. UNAIDS estimates that the number of adults and children living with HIV in Eastern Europe and Central Asia rose from 1.2 million at the end of 2003 to 1.6 million by the end of 2005. And, although the overall HIV prevalence among adults in the region is estimated to be only around 1 percent, the disease has spread most rapidly among young people whose sexually active years span before them. This results in a potentially longer stretch of time for uninfected persons to be exposed to risk through sexual contact with those who have the virus. Around 75 percent of the reported infections between 2000 and 2004 were among people younger than 30 years, where, in Western Europe, the corresponding figure was 33 percent (EuroHIV, 2005; UNAIDS/WHO, 2005).

The HIV situation in Moldova reflects that of the larger region. Aside from isolated cases of HIV identified in the late 1980s, the onset of the epidemic is recognized to be 1996 (Government of Moldova, 2005). Initially in the postsocialist transition period, the disease was primarily spread by injecting drug users and, to a lesser extent, among the prison population (U.S. Census Bureau, 2005). After the late 1990s, however, the proportion of cases transmitted by injecting drug users began declining while the proportion of sexually transmitted cases began increasing. In 2003, for the first time, more new cases were reportedly due to infections transmitted by sexual contact than by IDUs—a signal that the disease has begun to spread among the general population (EuroHIV, 2005; UNAIDS/WHO, 2005). Concomitant with this crossover in infection modes, another shift was occurring in infection rates by sex. That is, until 2000, females represented only about one-quarter of all persons infected with HIV; by 2004, they represented 45 percent (UNICEF, 2005).

With the overall adult HIV prevalence rate in Moldova estimated to be about 0.2 percent at the end of 2003 (about 5,500 people living with HIV), the epidemic is still in an early stage (UNAIDS, 2004). This means that, with effective interventions, there is reason for optimism that the country might reach its stated goal of reversing and even halting the epidemic by 2015.[1] However, the future direction of the HIV epidemic depends on the level of knowledge of how the virus is spread and vigilance in practicing safe sexual behavior. This chapter presents findings on current levels of knowledge, attitudes, and behaviors related to the spread of HIV for the general adult population of Moldova and for youth, as the latter are the main target of many HIV prevention efforts.[2] Based on the findings presented here, HIV control programs can target particular groups of people most in need of information and services and most vulnerable to the risk of HIV infection.

[1] Millennium Development Goal No. 6, Target 7: "Combat HIV/AIDS, TB and Malaria" by 1) Preventing and decreasing the spread of HIV/AIDS by 2015; 2) Reducing HIV/AIDS cases from 4.66 (per 100,000 people) in 2002 to 4 in 2006, to 3.5 in 2010, and to 3.2 in 2015; and 3) Reducing HIV cases among young people age 15-24 from 6 in 2002 to 4.9 in 2006, to 4.2 in 2010, and to 4 in 2015 (Government of Moldova, 2005).

[2] MDHS results on HIV knowledge are presented for women age 15-49, and for men age 15-49 and age 15-59 (men age 15-59 were interviewed). However, for reasons of comparability between the sexes, comparisons between men and women are made for one standard age group, age 15-49.

13.1 KNOWLEDGE OF HIV TRANSMISSION AND PREVENTION METHODS

Awareness of AIDS

Table 13.1 shows that the knowledge of AIDS is widespread in Moldova—97 percent of women and men have heard of AIDS. At least 92 percent of all respondents, regardless of background characteristics, have heard of the epidemic. Note that the number of respondents with no education or only primary education is too low to interpret these differentials with confidence. This is generally the case for all tables in this chapter where education levels are presented.

Table 13.1 Knowledge of AIDS

Percentage of women and men who have heard of AIDS, by background characteristics, Moldova 2005

Background characteristic	Women		Men	
	Has heard of AIDS	Number of women	Has heard of AIDS	Number of men
Age				
15-19	96.8	1,417	97.1	411
20-24	98.8	1,124	98.6	275
25-29	97.5	964	97.0	234
30-39	97.9	1,778	99.0	472
40-49	96.7	2,156	95.9	596
15-24	97.7	2,541	97.7	686
Marital status				
Never married	97.2	1,862	97.8	720
Ever had sex	99.1	447	99.1	459
Never had sex	96.6	1,415	95.4	260
Married/living together	97.5	4,937	97.1	1,189
Divorced/separated/ widowed	97.5	641	98.1	80
Residence				
Urban	99.2	3,194	98.9	857
Rural	96.1	4,246	96.3	1,132
Region				
North	97.7	2,207	97.5	582
Center	95.3	2,033	97.2	553
South	97.7	1,402	94.6	388
Chisinau	99.2	1,798	99.8	466
Education				
No education/primary	(72.5)	49	*	14
Secondary	96.2	4,534	96.8	1,433
Secondary special	99.8	1,327	100.0	214
Higher	99.9	1,530	99.6	328
Wealth quintile				
Lowest	91.9	1,243	94.1	349
Second	95.6	1,234	94.9	352
Middle	98.7	1,511	98.6	366
Fourth	99.1	1,672	98.7	452
Highest	99.9	1,780	99.5	470
Total 15-49	97.4	7,440	97.4	1,989
Total men 15-59	na	na	96.8	2,508

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

Knowledge of Ways to Reduce AIDS Transmission

The most common routes of HIV transmission are through the exchange of body fluids during sexual intercourse and through the sharing of needles by injecting drug users. Commercial sex workers and injecting drug users are, therefore, considered to be higher-risk groups for both infection and transmission of sexually transmitted diseases, including HIV. For the general population, many HIV prevention programs aim to reduce transmission by focusing their messages and efforts on three important aspects of behavior summed up in the ABC approach: abstinence (outside of marriage), be faithful (to one partner), and use condoms (in higher-risk sexual relationships) (Shelton et al., 2004). To ascertain whether programs are effectively communicating these messages, respondents were prompted with specific questions about whether it is possible to reduce the chance of getting the AIDS virus by having just one faithful sexual partner, using a condom at every sexual encounter, and abstaining from sex.

Table 13.2 Knowledge of ways to avoid HIV/AIDS

Percentage of women and men who have heard of AIDS and who spontaneously mentioned ways to avoid HIV/AIDS, Moldova 2005

Ways to avoid HIV/AIDS	Women	Men
Believes no way to avoid AIDS	15.0	39.7
Abstain from sex	10.8	7.1
Use condoms	15.3	13.1
Limit sex to one partner/stay faithful to one partner	13.6	8.3
Limit number of sexual partners	10.3	7.0
Avoid sex with prostitutes	8.8	7.5
Avoid sex with persons who have many partners	5.6	3.5
Avoid sex with homosexuals	4.9	2.4
Avoid sex with drug users	8.8	4.3
Avoid blood transfusions	7.4	3.8
Avoid injections	7.3	6.7
Avoid sharing razors/ blades	5.0	3.3
Avoid kissing	1.1	0.5
Avoid mosquito bites	0.6	0.3
Seek protection from traditional healer	0.2	0.1
Other ways	2.6	1.9
Total 15-49	7,440	1,989
Total men 15-59	na	2,508

na = Not applicable

The MDHS asked respondents whether there is anything one can do to avoid becoming infected with HIV. Table 13.2 shows that when asked to spontaneously mention ways to avoid contracting the AIDS virus, 15 percent of women and 40 percent of men say that it is unavoidable. Among women, condom use is the most commonly mentioned ways of avoiding HIV (15 percent), followed closely by faithfulness to one partner and limiting sex to one partner (14 percent), and abstinence (11 percent). Avoiding sex with prostitutes and drug users was also high on the list of way to avoid HIV, with 9 percent each. Similarly, among men, the use of condoms is the most commonly mentioned method to avoid HIV infection (13 percent), followed by being faithful and limiting sex to one partner (8 percent), and abstinence, limiting number of sexual partners, avoiding sex with prostitutes and avoiding injections (7-8 percent each).

Comparing the 2005 MDHS results with those from the 1997 MRHS, the same general pattern is seen.[3] The use of condoms was the most common spontaneously mentioned way to avoid AIDS (60 percent), followed by monogamy and the use of clean needles (almost 50 percent each), with avoiding sex with prostitutes and homosexuals mentioned by one in five respondents (each method). Note that for questions that elicit spontaneous responses, caution should be taken in interpreting reported differences in response rates over time. For example, a respondent may not report spontaneously because of lack of recall at the time of the interview.

[3] Several indicators reported in this chapter are similar to ones estimated in the 1997 Moldova Reproductive Health Survey (MRHS). However, there are important differences between the two surveys that preclude exact comparability between the 1997 MRHS and the MDHS. First, the 1997 MRHS includes Transnistria region in its sample whereas the MDHS does not. Second, although key indicators may be the same, the wording of certain questions to collect information to calculate the indicators may differ between the surveys. Third, the denominators may not be exactly the same. One example of different denominators is that the 1997 MRHS reports values based on women age 15-44 while MDHS indicators reports values based on women age 15-49.

Table 13.3 shows results on levels of knowledge of HIV prevention methods, obtained by asking questions on specific methods. Approximately 8 in 10 women and 9 in 10 men say that chances of getting the AIDS virus can be reduced by using condoms every time they have sexual intercourse. About the same proportion say that limiting sex to one uninfected partner who has no other partners can reduce chances of infection. Approximately 4 of 5 respondents know that condoms can reduce the risk of contracting the HIV virus during sexual intercourse. Notably, while only 3 in 5 women cite abstaining from sex as an HIV prevention method, 4 in 5 men cite this method. The HIV prevention method most widely known by both women and men is limiting sex to one uninfected partner.

Table 13.3 Knowledge of HIV prevention methods

Percentage of women and men who, in response to prompted questions, say that people can reduce the risk of contracting the AIDS virus by using condoms, by having sex with just one partner who is not infected and who has no other partners, and by abstaining from sex, by background characteristics, Moldova 2005

	Women					Men				
Background characteristic	Using condoms[1]	Limiting sex to one uninfected partner[2]	Using condoms and limiting sex to one uninfected partner	Abstaining from sex	Number of women	Using condoms[1]	Limiting sex to one uninfected partner[2]	Using condoms and limiting sex to one uninfected partner	Abstaining from sex	Number of men
Age										
15-19	77.0	79.4	69.7	64.3	1,417	87.5	87.5	82.4	81.6	411
20-24	82.4	83.3	75.9	65.2	1,124	92.4	91.0	87.4	87.8	275
25-29	79.8	83.0	74.8	61.8	964	86.4	89.7	82.6	83.9	234
30-39	81.3	83.6	75.7	64.1	1,778	90.1	91.5	85.8	88.1	472
40-49	73.6	78.8	68.3	61.4	2,156	81.5	85.7	77.4	83.6	596
15-24	79.4	81.1	72.4	64.7	2,541	89.5	88.9	84.4	84.1	686
Marital status										
Never married	79.4	82.1	72.9	64.6	1,862	88.9	88.6	84.0	84.5	720
Ever had sex	84.0	85.0	77.6	63.6	447	90.8	91.4	86.1	87.9	459
Never had sex	77.9	81.2	71.3	64.9	1,415	85.7	83.5	80.3	78.5	260
Married/living together	78.2	81.6	72.7	63.3	4,937	85.8	88.5	81.6	85.5	1,189
Divorced/separated/ widowed	74.8	76.5	68.2	58.5	641	84.5	90.7	79.8	78.2	80
Residence										
Urban	84.9	87.3	79.3	65.1	3,194	92.6	92.1	88.3	90.2	857
Rural	73.2	76.8	67.1	61.8	4,246	82.5	86.0	77.9	80.8	1,132
Region										
North	77.3	80.4	71.4	62.9	2,207	86.2	89.5	82.9	86.7	582
Center	74.5	77.3	68.2	62.3	2,033	87.8	88.5	82.8	84.8	553
South	75.3	80.5	70.5	60.5	1,402	80.8	85.8	77.4	79.5	388
Chisinau	85.8	87.6	79.7	66.7	1,798	91.7	90.1	85.4	87.2	466
Education										
No education/primary	(47.4)	(58.4)	(44.5)	(40.9)	49	*	*	*	*	14
Secondary	71.2	74.8	64.1	58.6	4,534	84.3	86.5	79.2	81.7	1,433
Secondary special	87.9	90.1	83.7	70.6	1,327	94.6	97.7	93.8	95.2	214
Higher	91.6	93.7	87.8	71.2	1,530	94.8	95.0	91.5	94.5	328
Wealth quintile										
Lowest	58.5	64.1	52.4	48.6	1,243	71.6	75.8	64.0	72.3	349
Second	71.8	76.7	65.5	62.7	1,234	84.4	85.5	79.5	81.5	352
Middle	79.5	81.5	72.9	66.0	1,511	90.1	92.5	86.5	87.3	366
Fourth	84.4	87.2	79.0	68.1	1,672	89.6	93.5	87.7	89.7	452
Highest	89.5	90.8	84.2	66.9	1,780	95.0	92.8	90.1	90.2	470
Total 15-49	78.2	81.3	72.3	63.2	7,440	86.9	88.6	82.4	84.9	1,989
Total men 15-59	na	na	na	na	na	84.8	86.9	80.1	84.1	2,508

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na =Not applicable
[1] Every time they have sexual intercourse
[2] Who has no other partner

Table 13.3 also shows that, across respondents, there are notable differences in knowledge of HIV prevention. While age differentials in prevention methods are not significant, there is about a 10 percentage point difference in the level of knowledge of all prevention methods between urban and rural residents, with rural residents less likely to know HIV prevention methods. As expected, women and men with higher levels of schooling are significantly more likely than those with lower levels of schooling to be aware of various preventive methods. Notably, the level of knowledge of HIV prevention methods does not vary significantly by marital status.

Misconceptions Associated with HIV/AIDS

The MDHS asked about common misconceptions about AIDS and HIV transmission. Respondents were asked whether they think it is possible for a healthy-looking person to have the AIDS virus and whether a person can get AIDS through sharing food with a person who has AIDS. Results for women and men are presented in Tables 13.4.1 and 13.4.2.

The vast majority of people in Moldova know that persons infected with HIV do not necessarily show signs of infection. Overall, 76 percent of women and 81 percent of men know that a healthy-looking person can have the virus that causes AIDS. Notably, for women the level of knowledge did not change compared with the 1997 RHS survey in which 79 percent of women said that HIV infection could be asymptomatic. Currently, there are no substantial age variations by level of knowledge either for women or men, except in the oldest age group where men and women age 40-49 are less likely to know about AIDS than younger men and women. Women and men with higher levels of schooling, those from the wealthier quintiles, and those in urban areas are more likely than other respondents to know that a healthy-looking person can have the AIDS virus. Regionally, the level of knowledge is highest in Chisinau (84 percent for women and 90 percent for men), with the lowest being in the Center region for women (74 percent) and the South region for men (78 percent).

Fewer respondents know that HIV infection is not transmitted by sharing food with a person who has HIV (57 percent of women and 60 percent of men). There is no significant difference in knowledge by sex. The pattern of variations in the level of knowledge about the asymptomatic nature of the AIDS virus is similar to, but stronger than, the patterns of variations in knowledge about the misconception that HIV can be transmitted through sharing food: women and men with higher levels of schooling, those from the wealthier quintiles, and those in urban areas are more likely than other respondents to know that AIDS cannot be transmitted through sharing food. While only about half of women and men with secondary education know that HIV/AIDS is not transmitted through food, around four of five respondents with higher education know of it. In the same way, only half of women and men in rural areas reject the misconception, compared with about 70 percent in urban areas.

General knowledge of HIV/AIDS (column 3 in Tables 13.4.1 and 13.4.2) is defined as: 1) knowing that both condom use and limiting sex partners to one uninfected partner are HIV prevention methods; 2) being aware that a healthy-looking person can have HIV; and 3) rejecting the misconception that HIV/AIDS can be transmitted through sharing food. Approximately half of the respondents have general knowledge of HIV/AIDS transmission and prevention methods: 42 percent of women and 51 percent of men. General knowledge is related to age, education, wealth, and residence. Those in the youngest age group (15-19) and in the oldest age group (40-49) are least likely to have general knowledge of HIV/AIDS transmission and prevention methods. As expected, women and men with higher levels of schooling, those in the wealthier quintiles, and those in urban areas are more likely than other respondents to have general knowledge of HIV/AIDS.

Table 13.4.1 Misconceptions and general knowledge about AIDS: women

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to a prompted question, correctly reject a common misconception about AIDS transmission, and the percentage with general knowledge about AIDS, by background characteristics, Moldova 2005

Background characteristic	Percentage of women who know that: A healthy-looking person can have the AIDS virus	Percentage of women who know that: A person cannot become infected by sharing food with someone with AIDS[1]	Percentage with general knowledge about AIDS[2]	Number of women
Age				
15-19	74.0	55.3	37.9	1,417
20-24	79.7	62.1	46.3	1,124
25-29	76.7	56.3	43.3	964
30-39	78.3	60.8	46.6	1,778
40-49	71.7	51.5	36.3	2,156
15-24	76.5	58.3	41.6	2,541
Marital status				
Never married	76.7	61.8	44.1	1,862
Ever had sex	79.9	69.5	51.5	447
Never had sex	75.7	59.4	41.7	1,415
Married/living together	75.5	54.9	40.9	4,937
Divorced/separated/ widowed	73.1	55.4	38.1	641
Residence				
Urban	82.6	67.7	51.6	3,194
Rural	70.3	48.4	33.9	4,246
Region				
North	76.0	54.5	39.8	2,207
Center	69.3	51.3	36.2	2,033
South	72.7	53.4	38.9	1,402
Chisinau	84.4	67.9	51.6	1,798
Education				
No education/primary	(45.1)	(35.2)	(24.4)	49
Secondary	68.3	46.1	29.7	4,534
Secondary special	84.6	67.8	54.1	1,327
Higher	90.2	79.1	65.9	1,530
Wealth quintile				
Lowest	57.8	32.6	18.9	1,243
Second	67.0	46.0	29.8	1,234
Middle	76.6	56.2	41.0	1,511
Fourth	81.4	67.0	50.9	1,672
Highest	87.7	71.5	56.9	1,780
Total 15-49	75.6	56.7	41.5	7,440

Note: Figures in parentheses are based on 25-49 unweighted cases.

[1] A common misconception is the belief that the AIDS virus can be contracted by sharing food.

[2] Respondents with general knowledge of AIDS are those who say that using a condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, and say that a healthy-looking person can have the AIDS virus, and who reject the common misconception that HIV can be spread by sharing food with someone with AIDS.

Table 13.4.2 Misconceptions and general knowledge about AIDS: men

Percentage of men age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to a prompted question, correctly reject a common misconception about AIDS transmission, and the percentage with general knowledge about AIDS, by background characteristics, Moldova 2005

Background characteristic	Percentage of men who know that: A healthy-looking person can have the AIDS virus	Percentage of men who know that: A person cannot become infected by sharing food with someone with AIDS[1]	Percentage with general knowledge about AIDS[2]	Number of men
Age				
15-19	76.9	62.6	50.4	411
20-24	84.1	68.6	60.3	275
25-29	83.7	62.6	50.5	234
30-39	84.0	62.9	54.4	472
40-49	78.2	52.2	43.7	596
15-24	79.8	65.0	54.3	686
Marital status				
Never married	80.5	66.1	54.8	720
Ever had sex	85.9	71.4	61.3	459
Never had sex	70.8	56.7	43.2	260
Married/living together	81.2	57.6	48.8	1,189
Divorced/separated/ widowed	78.4	50.4	42.3	80
Residence				
Urban	88.5	73.4	63.2	857
Rural	74.9	50.5	41.2	1,132
Region				
North	80.5	57.7	50.5	582
Center	78.0	58.3	48.3	553
South	74.4	49.0	39.0	388
Chisinau	89.7	75.6	63.6	466
Education				
No education/primary	*	*	*	14
Secondary	75.6	52.9	42.3	1,433
Secondary special	94.9	74.4	68.2	214
Higher	96.8	85.9	77.6	328
Wealth quintile				
Lowest	58.3	35.7	24.4	349
Second	79.0	47.2	38.0	352
Middle	82.8	60.1	52.0	366
Fourth	86.5	69.1	60.3	452
Highest	91.7	80.4	69.6	470
Total 15-49	80.8	60.4	50.7	1,989
Total men 15-59	78.3	58.4	48.4	2,508

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] A common misconception involves the belief that the AIDS virus can be contracted by sharing food.

[2] Respondents with general knowledge of AIDS are those who say that using a condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, and say that a healthy-looking person can have the AIDS virus, and who reject the common misconception that HIV can be spread by sharing food with someone with AIDS.

Knowledge about Mother-to-Child Transmission

Increasing the level of general knowledge of transmission of HIV from mother to child is critical to reducing mother-to-child transmission (MTCT) during pregnancy, delivery, and through breastfeeding. Respondents in the 2005 MDHS were asked if the virus that causes AIDS can be transmitted from a mother to a child during pregnancy, delivery, and breastfeeding (Table 13.5).

Table 13.5 Knowledge of prevention of mother-to-child transmission of HIV

Percentage of women and men who know that HIV can be transmitted from mother to child during pregnancy, during delivery, and by breastfeeding, by background characteristics, Moldova 2005

Background characteristic	Women				Men			
	During pregnancy	During delivery	During breastfeeding	Number of women	During pregnancy	During delivery	During breastfeeding	Number of men
Age								
15-19	80.6	73.4	63.9	1,417	71.4	63.6	45.9	411
20-24	87.8	83.3	67.9	1,124	83.6	80.8	52.7	275
25-29	88.7	84.0	68.9	964	79.7	77.5	51.7	234
30-39	89.6	86.9	70.4	1,778	83.4	81.2	54.8	472
40-49	85.0	82.1	67.2	2,156	78.3	77.8	56.3	596
Marital status								
Never married	82.7	76.6	64.4	1,862	75.3	69.9	47.2	720
Ever had sex	87.6	80.8	70.2	447	81.1	76.0	49.1	459
Never had sex	81.2	75.3	62.6	1,415	65.0	59.1	43.8	260
Married/living together	87.4	83.9	69.0	4,937	81.0	79.3	55.9	1,189
Divorced/separated/ widowed	86.8	83.5	66.8	641	82.4	83.2	56.5	80
Residence								
Urban	90.8	86.6	67.1	3,194	82.8	80.9	49.7	857
Rural	82.7	78.6	68.1	4,246	76.1	72.3	55.1	1,132
Region								
North	85.4	81.7	68.7	2,207	80.3	78.9	57.2	582
Center	82.7	78.2	66.6	2,033	76.3	73.6	54.0	553
South	84.6	80.4	67.2	1,402	75.5	70.6	55.0	388
Chisinau	92.3	88.1	68.0	1,798	83.4	79.9	43.9	466
Education								
No education/[primary	(62.1)	(52.6)	(49.6)	41	*	*	*	14
Secondary	81.8	76.6	65.5	4,534	75.8	71.4	53.3	1,433
Secondary special	92.4	90.5	73.3	1,327	90.7	92.6	51.4	214
Higher	94.4	91.6	69.7	1,530	88.1	88.2	53.0	328
Wealth quintile								
Lowest	73.8	69.2	60.7	1,243	68.1	62.4	54.0	349
Second	81.0	77.6	67.3	1,234	75.2	71.4	57.6	352
Middle	88.0	83.2	70.6	1,511	82.3	80.5	55.3	366
Fourth	89.7	86.3	70.6	1,672	82.5	81.5	52.9	452
Highest	93.4	89.0	67.6	1,780	83.9	81.0	46.0	470
Total 15-49	86.2	82.0	67.7	7,440	79.0	76.0	52.7	1,989
Total men 15-59	na	na	na	na	78.2	75.9	54.0	2,508

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

The majority of respondents know about different transmission modes of MTCT, with a larger proportion of women compared to men: more than 4 in 5 women know that HIV can be transmitted during pregnancy and delivery, while slightly less than 4 in 5 men know. A smaller proportion of respondents are aware of MTCT during breastfeeding: 68 percent of women and only 53 percent of men. There is not a consistent pattern of knowledge of MTCT among women and men by level of educational attainment and wealth. For instance, there is a gap of almost 15 percentage points in knowledge of MTCT during pregnancy and delivery among women and men with secondary education compared with those with higher education; however, level of education does not appear to be a factor in knowledge of MTCT through breastfeeding.

Urban women and men have higher levels of knowledge of MTCT during pregnancy and delivery than rural women and men, but there is little difference in the knowledge of MTCT knowledge during breastfeeding.

13.2 STIGMA AND ATTITUDES RELATED TO HIV/AIDS

Knowledge and beliefs about AIDS affect how people treat those who they know to be living with HIV. In the 2005 MDHS, women and men who have heard of AIDS were asked questions to assess the level of stigma associated with HIV/AIDS.

Results shown in Tables 13.6.1 and 13.6.2 indicate that most women would be willing to care for a relative with AIDS (76 percent) at home. A smaller proportion (61 percent) would not keep the HIV-positive status of a family member a secret, but only 28 percent believe that an HIV-positive female teacher should be allowed to continue teaching. Men are generally less accepting than women: about half of men would take care of a family member with AIDS at home (55 percent), and one-fifth believe that an HIV-positive female teacher should be allowed to continue teaching (23 percent). Men are also less likely than women to not want the HIV status of a family member to be kept a secret (51 percent). Only about 1 in 10 women and men would buy fresh food from a shopkeeper with AIDS. The reported acceptance on all four indicators is low for both sexes: only 5 percent of women and 3 percent of men said they would care for an HIV-positive family member in their own home, buy fresh food from a shopkeeper with AIDS, allow an HIV-positive teacher to continue teaching, and would not keep the HIV-positive status of a family member a secret.

Accepting attitudes toward those who are HIV positive are related to education, wealth, and residence. Among women and men, the higher the educational attainment and the wealthier the household, the more likely respondents are to show acceptance on each of the four independent indicators. Respondents in urban areas are about twice as likely as those in rural areas to show acceptance on all four indicators.

Table 13.6.1 Accepting attitudes toward those living with HIV: women

Among women who have heard of HIV/AIDS, percentage expressing specific accepting attitudes toward people with HIV, by background characteristics, Moldova 2005

Background characteristic	Percentage of women who: Are willing to care for family member with HIV at home	Would buy fresh vegetables from shopkeeper with AIDS	Believe HIV-positive female teacher should be allowed to teach	Would not want HIV+ status of family member to remain secret	Percentage expressing acceptance on all 4 measures	Number of women who have heard of HIV/AIDS
Age						
15-19	76.6	14.1	34.0	59.5	6.0	1,371
20-24	71.8	12.2	32.4	61.2	5.3	1,110
25-29	74.0	13.1	28.4	61.4	6.7	940
30-39	76.5	10.5	27.6	64.5	5.3	1,741
40-49	77.7	8.0	22.7	59.2	3.4	2,085
15-24	74.4	13.2	33.3	60.3	5.7	2,482
Marital status						
Never married	78.2	15.3	37.2	62.5	6.6	1,811
Ever had sex	81.6	16.4	40.5	64.1	9.0	443
Never had sex	77.1	14.9	36.2	62.0	5.9	1,368
Married/living together	75.2	9.6	25.7	60.5	4.6	4,812
Divorced/separated/ widowed	73.5	9.5	21.6	61.9	4.4	625
Residence						
Urban	78.1	14.4	36.4	68.4	7.7	3,169
Rural	74.0	8.4	21.9	55.4	3.0	4,079
Region						
North	74.0	9.9	24.7	60.7	3.9	2,156
Center	75.6	9.9	25.7	52.9	4.1	1,938
South	78.2	9.6	25.0	65.1	4.2	1,371
Chisinau	76.4	14.7	37.8	67.5	8.3	1,784
Education						
No education/primary	(71.9)	(7.3)	(21.1)	(35.4)	(7.3)	35
Secondary	73.7	8.4	21.1	56.0	3.1	4,359
Secondary special	76.6	10.1	31.3	65.4	5.0	1,324
Higher	81.3	19.4	46.1	72.5	10.8	1,529
Wealth quintile						
Lowest	70.0	5.7	15.3	50.9	1.2	1,143
Second	73.1	7.1	19.8	52.7	2.4	1,180
Middle	75.0	10.2	24.9	57.7	3.9	1,491
Fourth	79.4	13.1	33.7	67.1	6.8	1,657
Highest	78.7	15.9	39.8	70.7	8.7	1,777
Total 15-49	75.8	11.0	28.2	61.1	5.1	7,248

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table 13.6.2 Accepting attitudes toward those living with HIV: men

Among men who have heard of HIV/AIDS, percentage expressing specific accepting attitudes toward people with HIV, by background characteristics, Moldova 2005

Background characteristic	Percentage of men who: Are willing to care for family member with HIV at home	Would buy fresh vegetables from shopkeeper with AIDS	Believe HIV-positive female teacher should be allowed to teach	Would not want HIV+ status of family member to remain secret	Percentage expressing acceptance on all 4 measures	Number of men who have heard of HIV/AIDS
Age						
15-19	51.2	11.3	27.2	56.4	3.8	399
20-24	55.3	12.1	25.7	51.2	4.0	271
25-29	54.7	13.6	26.6	55.3	3.6	227
30-39	57.5	11.0	24.4	50.7	3.2	468
40-49	56.2	8.2	17.3	50.1	2.7	571
15-24	52.9	11.6	26.6	54.3	3.9	671
Marital status						
Never married	52.7	12.4	27.4	55.2	4.0	703
Ever had sex	57.8	13.7	28.7	57.3	4.9	455
Never had sex	43.3	10.0	25.0	51.4	2.4	248
Married/living together	56.8	9.7	20.7	50.5	2.9	1,155
Divorced/separated/ widowed	54.5	10.2	26.0	52.6	3.3	79
Residence						
Urban	59.2	16.3	30.9	66.0	5.8	848
Rural	52.1	6.4	17.5	41.7	1.4	1,089
Region						
North	52.4	9.9	22.3	49.9	2.6	567
Center	54.4	6.8	19.7	48.5	2.9	538
South	57.9	9.0	17.7	43.2	1.5	367
Chisinau	57.5	17.5	33.3	66.9	6.1	465
Education						
No education/primary	*	*	*	*	*	9
Secondary	52.1	7.9	18.5	48.8	2.4	1,388
Secondary special	59.5	9.4	29.8	56.1	2.2	214
Higher	65.9	23.6	40.2	64.8	8.2	326
Wealth quintile						
Lowest	44.2	4.2	13.8	33.3	1.1	329
Second	50.1	8.8	17.4	46.9	1.4	334
Middle	56.3	5.3	19.1	44.2	1.1	361
Fourth	58.8	13.9	25.2	60.5	4.1	446
Highest	62.3	17.7	35.7	68.0	7.3	467
Total 15-49	55.2	10.7	23.3	52.3	3.3	1,937
Total men 15-59	55.6	9.7	21.6	50.6	3.0	2,429

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Attitudes toward Negotiating and Teaching Safer Sex

Knowledge about HIV transmission and ways to prevent HIV/AIDS are of little use if people feel powerless to negotiate safer sex practices with their partners. In an effort to assess the ability of women to negotiate safer sex with a spouse who has a sexually transmitted disease (STI), respondents were asked two attitudinal questions: 1) whether a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact; and 2) whether a wife in the same circumstances is justified in asking her husband to use a condom.

Ninety-five percent of women and 97 percent of men believe that a woman may either refuse to have sex with her husband or ask him to wear a condom if she knows he has an STI (Table 13.7). Approximately 9 in 10 women and men say that a woman is justified in refusing to have sex, and 91 percent of women and 94 percent of men say that she is justified in proposing to use a condom. Young women and men, age 15-19, are less likely than others to express accepting attitudes toward negotiating safer sex. The higher a respondent's educational attainment, the more likely he or she is to say that a woman can refuse sex or propose using a condom. Women and men living in wealthier households are also more likely than those in poorer households to support women's negotiating rights. The gender differences are not pronounced, and the overall sociodemographic variations are not significant. Never-married women and men who have had sex are slightly more likely to support women's negotiating rights than those who have never had sex.

Table 13.7 Attitudes toward negotiating safer sex with husband

Percentage of women and men who believe that if a husband has a sexually transmitted disease his wife is justified in either refusing to have sex with him or asking that they use a condom, by background characteristics, Moldova 2005

	Women				Men			
Background characteristic	Refuse sex	Propose condom use	Refuse sex or propose condom use	Number of women	Refuse sex	Propose condom use	Refuse sex or propose condom use	Number of men
Age								
15-19	85.3	85.9	90.6	1,417	85.6	91.3	94.6	411
20-24	93.0	93.5	97.0	1,124	94.0	98.3	98.7	275
25-29	93.6	93.9	97.1	964	93.3	95.8	98.9	234
30-39	93.5	93.6	96.8	1,778	93.0	95.4	98.3	472
40-49	89.9	87.9	94.5	2,156	91.4	93.5	97.0	596
15-24	88.7	89.3	93.4	2,541	89.0	94.1	96.3	686
Marital status								
Never married	87.2	88.0	92.2	1,862	88.0	93.7	96.1	720
Ever had sex	90.4	92.2	95.1	447	91.1	97.3	98.5	459
Never had sex	86.2	86.6	91.3	1,415	82.5	87.3	91.8	260
Married/living together	92.5	91.6	96.3	4,937	93.2	95.1	98.1	1,189
Divorced/separated/ widowed	89.1	89.6	93.8	641	90.1	91.2	95.8	80
Residence								
Urban	93.0	94.1	97.5	3,194	93.0	96.7	99.1	857
Rural	89.2	87.8	93.2	4,246	89.8	92.7	95.9	1,132
Region								
North	92.3	91.8	95.6	2,207	92.4	93.5	96.2	582
Center	88.3	87.6	92.8	2,033	92.4	95.3	97.5	553
South	91.0	88.7	94.7	1,402	88.4	91.6	96.2	388
Chisinau	91.9	93.6	97.2	1,798	90.6	96.8	99.2	466
Education								
No education/primary	(73.1)	(68.3)	(78.6)	49	*	*	*	14
Secondary	88.4	87.2	93.1	4,534	89.6	93.2	96.6	1,433
Secondary special	94.8	95.9	98.2	1,327	97.3	96.4	99.4	214
Higher	95.3	96.2	98.6	1,530	95.4	100.0	100.0	328
Wealth quintile								
Lowest	86.4	81.6	90.7	1,243	84.9	87.8	93.3	349
Second	87.9	87.0	91.9	1,234	88.5	94.3	96.1	352
Middle	91.6	91.8	95.3	1,511	94.3	93.7	97.2	366
Fourth	92.2	92.8	96.6	1,672	94.0	96.4	98.9	452
Highest	94.2	95.8	98.6	1,780	92.8	98.2	99.6	470
Total 15-49	90.8	90.5	95.0	7,440	91.2	94.4	97.3	1,989
Total men 15-59	na	na	na	na	91.1	93.6	96.9	2,508

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

The MDHS asked respondents over age 18 whether they supported teaching children age 12-14 about using condoms to avoid HIV/AIDS. Table 13.8 shows that 73 percent of women and 85 percent of men agree that children age 12-14 should be taught about condom use to avoid AIDS.

Patterns by some background characteristics are similar for women and men, but for women variations are larger. The proportion of younger male and female respondents supporting education about condom use to prevent HIV/AIDS is higher than the proportion of women and men in the oldest age cohort. Women with secondary schooling are less likely to favor teaching about condom use (66 percent), than those with at least some university education (86 percent). Among men, also, but with a smaller differential than women, those with secondary schooling are less likely to approve of teaching about condom use (83 percent) than men with higher education (90 percent). Differences by wealth quintile are more pronounced, ranging from 50 percent of women in the lowest quintile to 86 percent of women in the highest quintile and from 68 to 93 percent for men, respectively.

Table 13.8 Adult support of education about condom use to prevent AIDS

Percentage of women and men age 18-49 who agree that children age 12-14 years should be taught about using a condom to avoid AIDS, by background characteristics, Moldova 2005

Background characteristic	Women		Men	
	Percentage of women	Number of women	Percentage of men	Number of men
Age				
18-19	75.2	570	87.9	291
20-24	77.7	1,124	86.1	550
25-29	76.2	964	90.2	468
30-39	74.8	1,778	88.3	944
40-49	66.0	2,156	78.6	1,192
Marital status				
Never married	77.9	1,049	88.4	454
Ever had sex	84.5	394	89.6	387
Never had sex	74.0	655	81.5	67
Married/living together	71.7	4,906	83.6	1,189
Divorced/separated/ widowed	71.4	638	83.2	80
Residence				
Urban	81.7	2,888	90.5	750
Rural	65.6	3,705	80.5	973
Region				
North	70.7	1,970	79.6	515
Center	67.4	1,751	86.5	458
South	67.4	1,233	82.6	342
Chisinau	84.5	1,639	91.4	408
Education				
No education/primary	(43.1)	46	*	10
Secondary	65.5	3,723	82.6	1,183
Secondary special	78.6	1,297	90.6	202
Higher	85.9	1,527	90.4	328
Wealth quintile				
Lowest	50.4	1,056	68.2	294
Second	62.9	1,074	81.9	306
Middle	73.3	1,338	88.3	319
Fourth	79.7	1,495	88.1	386
Highest	86.4	1,630	92.9	418
Total 18-49	72.7	6,593	84.8	1,723
Total men 18-59	na	na	82.9	2,242

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

13.3 HIGHER-RISK SEX

Given that HIV infections are becoming more frequently contracted through heterosexual contact (see introduction to this chapter), information on sexual behavior is important in designing and monitoring intervention programs to control the spread of the epidemic. In the context of HIV/AIDS/STI prevention, limiting the number of sexual partners and having protected sex are crucial to the fight against the epidemic.

Tables 13.9.1 and 13.9.2 show, among women and men who had sexual intercourse in the 12 months preceding the survey, the percentage who had sex with someone other than a spouse or live-in partner, and the extent of multiple sexual partners. Those who had engaged in sex with a nonmarital, noncohabiting partner (the definition of "higher-risk sex") were then asked whether they used a condom the last time they engaged in sex with such a partner. The mean number of lifetime sexual partners was also determined.

Table 13.9.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: women

Among women age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, and the mean number of sexual partners during her lifetime for women who ever had sexual intercourse, by background characteristics, Moldova 2005

	Women who had sexual intercourse in past 12 months			Women who had higher-risk intercourse in the past 12 months		Women who ever had sexual intercourse	
Background characteristic	Percentage who had 2+ partners in last 12 months	Percentage who had higher-risk intercourse[1] in past 12 months	Number of women	Percentage who reported using a condom at last higher-risk intercourse[1]	Number of women	Mean number of sexual partners in lifetime	Number of women
Age							
15-19	7.5	56.2	279	48.7	157	1.6	308
20-24	4.0	28.5	822	40.7	234	1.8	867
25-29	2.2	11.8	858	28.3	101	1.8	918
30-39	1.0	7.2	1,614	24.0	116	1.7	1,746
40-49	0.6	5.7	1,804	12.0	104	1.5	2,142
15-24	4.9	35.5	1,100	43.9	391	1.7	1,175
Marital status							
Never married	11.5	99.2	356	42.5	353	2.2	441
Ever had sex	11.5	99.2	356	42.5	353	2.2	441
Married/living together	0.8	3.3	4,751	32.8	157	1.5	4,907
Divorced/separated/ widowed	7.7	74.8	269	19.2	201	2.6	633
Residence							
Urban	3.0	19.9	2,344	35.6	468	2.0	2,604
Rural	0.9	8.0	3,032	30.3	244	1.4	3,377
Region							
North	1.5	8.7	1,597	35.6	139	1.6	1,790
Center	1.0	9.8	1,423	21.7	140	1.4	1,584
South	1.1	10.8	1,033	34.1	112	1.4	1,137
Chisinau	3.8	24.3	1,324	38.2	321	2.3	1,471
Education							
No education/primary	(0.0)	(10.8)	40	(18.5)	4	(2.3)	45
Secondary	1.5	9.9	3,066	28.2	304	1.6	3,431
Secondary special	1.3	10.0	1,103	31.1	111	1.6	1,233
Higher	3.3	24.9	1,167	40.7	291	1.9	1,272
Wealth quintile							
Lowest	0.7	6.7	877	32.7	58	1.4	988
Second	0.8	8.6	880	20.6	76	1.4	1,003
Middle	1.1	8.5	1,080	37.3	92	1.4	1,190
Fourth	2.3	15.1	1,190	33.8	180	1.7	1,320
Highest	3.5	22.6	1,350	36.2	305	2.2	1,481
Total	1.8	13.2	5,376	33.8	711	1.7	5,982

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Sexual intercourse with a nonmarital, noncohabiting partner

Table 13.9.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: men

Among men age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months[1], and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, and the mean number of sexual partners during his lifetime for men who ever had sexual intercourse, by background characteristics, Moldova 2005

	Men who had sexual intercourse in past 12 months			Men who had higher-risk intercourse in past 12 months		Men who ever had sexual intercourse	
Background characteristic	Percentage who had 2+ partners in past 12 months	Percentage who had higher-risk intercourse[1] in past 12 months	Number of men	Percentage who reported using a condom at last higher-risk intercourse[1]	Number of men	Mean number of sexual partners in lifetime	Number of men
Age							
15-19	33.7	96.2	165	68.7	159	4.4	167
20-24	25.4	74.3	239	57.8	178	6.6	233
25-29	16.6	31.2	219	44.9	68	8.0	211
30-39	10.4	17.1	439	46.2	75	7.1	425
40-49	5.3	12.0	509	21.9	61	6.3	529
15-24	28.8	83.2	404	62.9	336	5.7	401
Marital status							
Never married	33.8	96.9	406	61.2	393	6.2	424
Ever had sex	33.8	96.9	406	61.2	393	6.2	424
Married/living together	6.1	8.0	1,105	40.4	89	6.5	1,072
Divorced/separated/ widowed	34.5	96.6	61	23.8	59	10.2	70
Residence							
Urban	18.0	38.4	695	54.2	267	8.0	673
Rural	11.4	31.2	876	53.2	273	5.5	893
Region							
North	11.3	30.8	478	54.0	147	5.6	481
Center	12.3	32.4	402	53.0	130	5.6	416
South	12.8	32.3	306	50.9	99	6.0	309
Chisinau	21.4	42.8	386	55.6	165	9.6	360
Education							
No education/primary	*	*	7	*	1	*	8
Secondary	13.0	33.6	1,080	52.8	363	5.6	1,086
Secondary special	15.4	25.9	187	48.5	48	8.8	189
Higher	18.7	43.1	297	57.7	128	9.1	283
Wealth quintile							
Lowest	7.2	26.2	258	53.1	68	4.6	257
Second	10.2	34.1	273	43.2	93	5.2	290
Middle	14.0	30.2	295	59.4	89	5.8	296
Fourth	16.6	35.4	357	51.7	126	6.8	358
Highest	20.0	42.4	388	58.4	164	9.7	365
Total 15-49	14.3	34.4	1,571	53.7	541	6.6	1,566
Total men 15-59	12.0	29.2	1,961	57.7	572	6.0	2,024

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Sexual intercourse with a nonmarital, noncohabiting partner

Among those who reported having sex in the 12 months preceding the survey, a substantially larger proportion of men than women reported having had more than one sexual partner (14 percent for men and only 2 percent for women) and higher-risk sex (34 and 13 percent, respectively) at some time in the past 12 months. Eight percent of men who are currently married or cohabiting report having had sex with a nonmarital, noncohabiting partner in the past 12 months, compared with 3 percent of women.

Sexual behaviors differ by residence, with women in urban areas more than twice as likely as those in rural areas to have had sex with a nonmarital, noncohabiting partner during the 12 months before the interview (20 and 8 percent, respectively). There is a 7 percentage point difference by urban-rural residence in the likelihood of men having had sex with a nonmarital, noncohabiting partner during the 12 months before the interview (38 versus 31 percent) and in the likelihood to have had two or more partners (18 versus 11 percent). More educated and wealthier women and men are more likely than other respondents to engage in higher-risk sexual behaviors, while the education and wealth status variations in condom use in those sexual encounters are not as profound. There are substantial regional variations, with Chisinau residents reporting higher rates of higher-risk sex, but only a slightly higher rate of condom use.

While only about one-third of women reported using a condom the last time they had sex with a nonmarital, noncohabiting partner (34 percent), over half of men did (58 percent). Married women and married men are less likely to use a condom at last higher-risk intercourse than those who were never married. Divorced, separated, or widowed women and men are the least likely to use a condom at last higher-risk sexual intercourse.

On average, men have had 6.6 sexual partners over their lifetime. The mean number of sexual partners varies by education, with a higher mean number of partners among men with higher education compared to those with secondary education (9.1 and 5.6 percent, respectively). As one would expect, the mean number of sexual partners is nearly two times higher among divorced, separated, or widowed men (10.2) than among never-married men (6.2). The mean number of lifetime partners is much lower for women (1.7) and socio-demographic variations are not significant.

Paid sex is considered a special category of higher-risk sex. Male respondents in the MDHS were asked whether they had paid money in exchange for sex in the past 12 months or if any of their last three partners in the past 12 months was a commercial sex worker. They were also asked about condom use during these sexual encounters.

Only about 1 percent of men had commercial sex in the year before the survey (Table 13.10). Although the number of men who pay for sex is too small to draw conclusions about exact differentials, the data do show that men who are divorced, separated, or widowed are the most likely to pay for sex, that younger men age 15-29 are more likely than older men to pay for sex, and men from Chisinau and those in higher wealth quintiles are more likely to pay for sex.

Table 13.10 Payment for sexual intercourse

Percentage of men age 15-49 reporting payment for sexual intercourse in the past 12 months, by background characteristics, Moldova 2005

Background characteristic	Percentage reporting sex with prostitute in past 12 months	Number of men
Age		
15-19	1.2	411
20-24	1.2	275
25-29	1.3	234
30-39	0.6	472
40-49	0.6	596
15-24	1.2	686
Marital status		
Never married	1.0	720
Married or living together	0.6	1,189
Divorced/separated/ widowed	3.4	80
Residence		
Urban	1.7	857
Rural	0.2	1,132
Region		
North	0.2	582
Center	0.8	553
South	0.2	388
Chisinau	2.4	466
Education		
No education/primary	*	14
Secondary	0.5	1,433
Secondary special	1.5	214
Higher	2.0	328
Wealth quintile		
Lowest	0.0	349
Second	0.0	352
Middle	0.5	366
Fourth	1.6	452
Highest	1.8	470
Total 15-49	0.9	1,989
Total men 15-59	0.7	2,508

Note: Includes men who reported having a prostitute as at least one of two sexual partners in the past 12 months. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

13.4 TESTING FOR HIV

For those people who have HIV, knowledge of their status permits them to take appropriate actions to protect their sexual partners, to access treatment, and to plan for the future. For people who know that they do not have HIV, they can take actions to avoid the risk of contracting the disease and remain disease free. The MDHS asked respondents whether they had ever been tested for HIV, and if so, whether they received the results of their last test.

Tables 13.11.1 and 13.11.2 show that in Moldova, 36 percent of the women have been tested at some time for HIV, compared with 30 percent for men. Thirty-four percent of women and 27 percent of men have been tested at some time and also received the results of their HIV test; approximately one in ten women and men were tested and received their results during the year preceding the survey. Women age 30-39 are more likely than respondents of other ages to have been tested. Men age 25-39 are more likely to have been tested than men in other age groups. Women and men age 15-19 years are the least likely to have ever had an HIV test.

Table 13.11.1 Coverage of prior HIV testing: women

Percent distribution of women by whether tested for HIV and by whether received the results of the test, and the percentage of women who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Moldova 2005

Background characteristic	Ever tested for HIV: Received results	Ever tested for HIV: No results	Ever tested for HIV: Don't know whether received results/ missing	Never tested/ don't know if tested/ missing	Total	Percentage who received results from HIV test taken in past 12 months	Number of women
Age							
15-19	9.2	0.9	0.0	89.9	100.0	5.5	1,417
20-24	41.3	2.5	0.3	55.9	100.0	18.5	1,124
25-29	51.3	2.4	0.5	45.7	100.0	20.5	964
30-39	45.4	2.1	0.4	52.1	100.0	15.0	1,778
40-49	30.1	1.3	0.6	68.0	100.0	8.9	2,156
15-24	23.4	1.6	0.2	74.9	100.0	11.3	2,541
Marital status							
Never married	10.1	0.4	0.1	89.5	100.0	4.2	1,862
Ever had sex	20.9	0.9	0.2	78.0	100.0	8.3	447
Never had sex	6.7	0.2	0.0	93.1	100.0	2.8	1,415
Married/living together	42.9	2.2	0.5	54.4	100.0	15.6	4,937
Divorced/separated/widowed	37.8	1.9	0.5	59.8	100.0	14.8	641
Residence							
Urban	42.5	1.9	0.4	55.2	100.0	15.2	3,194
Rural	28.0	1.6	0.4	70.0	100.0	10.8	4,246
Region							
North	34.2	1.6	0.5	63.7	100.0	12.1	2,207
Center	27.2	1.9	0.3	70.7	100.0	9.6	2,033
South	31.6	1.2	0.4	66.8	100.0	13.2	1,402
Chisinau	44.3	2.1	0.3	53.3	100.0	16.5	1,798
Education							
No education/primary	(25.4)	(0.0)	(0.0)	(74.6)	100.0	(15.7)	49
Secondary	27.2	1.9	0.3	70.6	100.0	10.8	4,534
Secondary special	43.4	1.8	0.4	54.4	100.0	14.5	1,327
Higher	47.4	1.4	0.4	50.7	100.0	16.6	1,530
Wealth quintile							
Lowest	21.3	1.6	0.2	76.8	100.0	8.4	1,243
Second	28.8	1.2	0.3	69.7	100.0	10.9	1,234
Middle	30.1	2.3	0.4	67.2	100.0	12.1	1,511
Fourth	38.3	1.7	0.6	59.4	100.0	14.6	1,672
Highest	46.7	1.7	0.3	51.3	100.0	15.6	1,780
Total	34.2	1.7	0.4	63.7	100.0	12.7	7,440

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table 13.11.2 Coverage of prior HIV testing: men

Percent distribution of men by whether tested for HIV and by whether received the results of the test, and the percentage of men who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Moldova 2005

Background characteristic	Ever tested for HIV: Received results	Ever tested for HIV: No results	Ever tested for HIV: Don't know whether received results/ missing	Never tested/ don't know if tested/ missing	Total	Percentage who received results from HIV test taken in past 12 months	Number of men
Age							
15-19	12.0	2.4	0.6	84.9	100.0	5.7	411
20-24	33.3	1.0	1.1	64.6	100.0	11.7	275
25-29	39.5	1.2	2.5	56.9	100.0	12.4	234
30-39	38.4	2.1	1.3	58.2	100.0	12.8	472
40-49	27.3	1.6	0.7	70.4	100.0	9.2	596
15-24	20.6	1.8	0.8	76.8	100.0	8.1	686
Marital status							
Never married	18.7	1.8	0.7	78.8	100.0	7.8	720
Ever had sex	26.2	1.5	0.3	71.9	100.0	11.0	459
Never had sex	5.3	2.3	1.2	91.1	100.0	2.1	260
Married/living together	34.6	1.7	1.4	62.3	100.0	11.5	1,189
Divorced/separated/ widowed	39.3	1.7	0.0	59.0	100.0	9.0	80
Residence							
Urban	40.2	0.9	1.1	57.8	100.0	13.2	857
Rural	20.6	2.4	1.1	76.0	100.0	7.6	1,132
Region							
North	26.4	0.2	1.0	72.4	100.0	10.2	582
Center	21.5	3.0	0.9	74.6	100.0	7.3	553
South	26.2	3.3	1.9	68.6	100.0	8.6	388
Chisinau	43.6	1.0	0.6	54.7	100.0	14.4	466
Education							
No education/primary	*	*	*	100.0	100.0	*	14
Secondary	22.3	1.9	0.9	75.0	100.0	7.3	1,433
Secondary special	39.4	2.2	1.7	56.7	100.0	16.0	214
Higher	52.3	0.9	1.6	45.2	100.0	18.3	328
Wealth quintile							
Lowest	12.2	1.1	0.8	85.8	100.0	3.2	349
Second	20.2	3.3	1.3	75.3	100.0	8.5	352
Middle	28.7	2.9	1.9	66.4	100.0	12.1	366
Fourth	35.0	0.9	0.6	63.5	100.0	11.6	452
Highest	42.6	1.0	0.9	55.4	100.0	13.2	470
Total 15-49	29.0	1.8	1.1	68.1	100.0	10.1	1,989
Total men 15-59	27.4	1.8	0.9	69.9	100.0	9.1	2,508

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

HIV testing varies substantially by background characteristics, but not by sex. The most highly educated and wealthiest respondents are more likely to be tested than those with less education and a lower standard of living. By wealth quintile, for example, less than 15 percent of men in the lowest wealth quintile have been tested, while in the wealthiest households more than 40 percent have been tested. Likewise, there is a large difference by residence: about 30 percent of rural women and 24 percent of rural men have ever been tested, while in urban areas 45 percent of women and 42 percent of men have been tested. Women and men who have never been married and who have never had sex are substantially less likely than others to have been tested.

Patterns are similar for women and men who have been tested and received their results in the last 12 months. Regional variations are substantial in that the proportion of respondents who had an HIV test

and received results in the past 12 months is significantly higher in Chisinau (13 percent for women and 14 percent for men) than other regions (6-9 percent for women and 7-10 percent for men).

Information on HIV counseling and HIV testing among pregnant women who gave birth in the two years preceding the survey is presented in Table 13.12. The previous table illustrated that there were no substantial variations in HIV-testing rates among women and men—somewhat surprising since women who become pregnant have the added opportunity to be tested and receive counseling when they attend antenatal clinics. Table 13.12 shows that half of women who delivered a baby in the past two years were counseled about HIV, and 7 in 10 were tested and received the results. The findings do not vary substantially by most background characteristics.

Table 13.12 Pregnant women who received information and counseling about HIV/AIDS

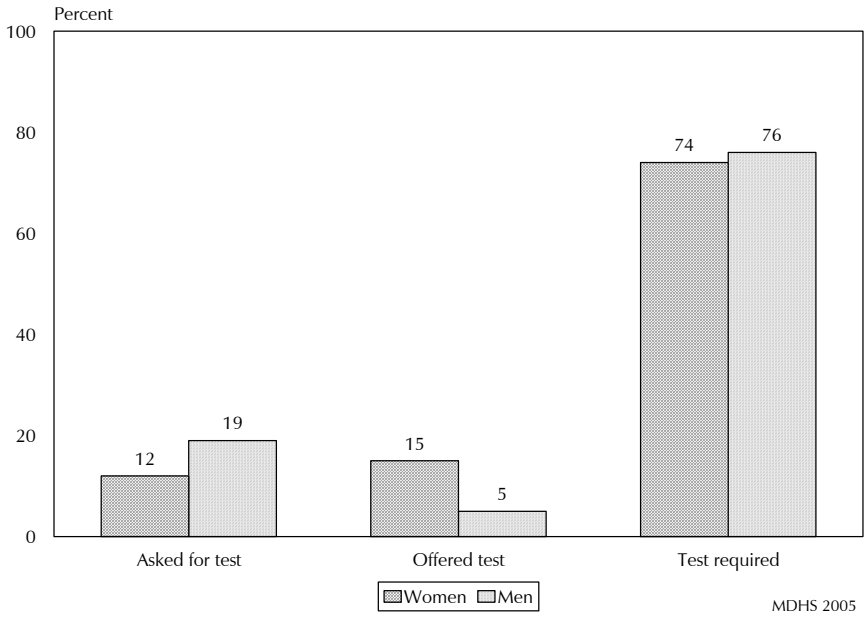
Among women who gave birth in the 2 years preceding the survey, percentage who received HIV counseling during antenatal care for their most recent birth, and percentage who accepted an offer for HIV testing by whether they received their test results and background characteristics, Moldova 2005

Background characteristic	Counseled during antenatal visit[1]	Voluntarily tested for HIV during antenatal care visits		Counseled, tested for HIV, and received results	Number of women who gave birth in the past 2 years[3]
		Received results[2]	No results		
Age					
15-19	47.0	65.8	7.5	38.3	60
20-24	51.5	71.6	6.1	43.8	247
25-29	49.8	68.4	4.6	42.2	196
30-39	48.5	67.0	5.1	43.2	143
40-49	*	*	*	*	12
15-24	50.6	70.5	6.4	42.7	307
Marital status					
Never married, has had sex	*	*	*	*	8
Married/living together	51.3	69.5	5.7	43.9	628
Divorced/separated/widowed	*	*	*	*	21
Residence					
Urban	50.6	76.9	3.3	45.3	268
Rural	50.0	64.2	7.2	41.7	389
Region					
North	53.1	71.7	5.4	45.5	198
Center	46.7	60.1	8.5	38.8	188
South	52.3	70.3	4.2	44.9	128
Chisinau	49.1	77.5	3.3	44.0	143
Education					
No education/primary	*	*	*	*	9
Secondary	49.7	68.5	6.2	42.6	439
Secondary special	61.5	66.5	4.9	54.8	75
Higher	48.0	74.9	4.2	40.9	134
Wealth quintile					
Lowest	45.8	63.6	9.4	37.2	132
Second	52.8	75.9	2.8	48.8	126
Middle	55.4	58.4	9.7	44.0	130
Fourth	51.1	71.9	3.5	44.8	138
Highest	46.4	77.1	2.5	41.2	132
Total	50.3	69.4	5.6	43.1	657

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] In this context, "counseled" means that someone talked with the respondent about all three of the following topics: 1) babies getting the AIDS virus from their mother, 2) preventing the virus, and 3) getting tested for the virus.
[2] Only women who were offered the test are included here; women who were either required to have the test, or who asked themselves for the test, are excluded from the numerator of this measure.
[3] Denominator for percentages includes women who did not receive antenatal care for their last birth in the past two years.

Among those tested for HIV, 12 percent of women and 19 percent of men asked for the test, while 15 percent of women and 5 percent of men were offered the test and accepted (Figure 13.1). About three-quarters of women and men tested indicated that the test was required.

Figure 13.1 **Reasons for Having an HIV Test among Women and Men Age 15-49 Who Have Ever Been Tested**



13.5 REPORTS OF RECENT SEXUALLY TRANSMITTED INFECTIONS

Information about the incidence of sexually transmitted infections (STIs) is not only useful as an indicator of unprotected sexual intercourse, but also as a determinant of HIV transmission. The MDHS asked respondents who have ever had sex whether they had an STI in the past 12 months. They were also asked whether, in the past year, they had experienced a genital sore or ulcer and if they had any genital discharge. These symptoms have been shown useful in identifying STIs in men. These symptoms are less easily interpreted for women because women are likely to experience STI-like symptoms, like genital discharge, which are not actually related to an infection.

Table 13.13 shows that less than 1 percent of women and men in Moldova reported having an STI in the past 12 months. Six percent of women and 1 percent of men reported having had an abnormal genital discharge, and about the same percentages reported having had a genital sore or ulcer in the 12 months before the survey (7 percent of women and 1 percent of men). Eleven percent of women and 2 percent of men reported having an STI, or an abnormal discharge, or a genital sore. It should be noted that these STI-related estimates are likely to be underestimates because respondents may be reticent or ashamed to admit having an STI or STI symptoms. Women and men in younger age groups were more likely to report having an STI, or abnormal discharge, or a genital sore. Patterns by other background characteristics are not clear because the overall reported prevalence of the disease or its symptoms is low, especially in men.

Table 13.13 Self-reporting of sexually transmitted infections (STI) and STI symptoms

Among women and men who ever had sex, percentage self-reporting an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Moldova 2005

	Women					Men				
Background characteristic	Percentage with STI	Percentage with abnormal genital discharge	Percentage with genital sore/ulcer	Percentage with STI/ discharge/ genital sore/ulcer	Number of women who ever had sex	Percentage with STI	Percentage with abnormal genital discharge	Percentage with genital sore/ulcer	Percentage with STI/ discharge/ genital sore/ulcer	Number of men who ever had sex
Age										
15-19	1.4	11.7	5.3	14.8	310	0.8	2.3	2.0	3.3	179
20-24	1.2	11.2	9.7	16.8	874	1.2	2.9	0.9	3.3	256
25-29	0.7	7.4	9.3	13.1	929	1.6	0.8	0.5	1.6	230
30-39	0.9	5.5	7.1	10.2	1,761	0.6	1.4	0.5	1.4	470
40-49	0.5	3.6	4.4	7.0	2,150	0.3	0.4	0.4	0.8	594
Marital status										
Never married	1.4	8.5	6.0	12.4	447	1.3	2.9	0.9	3.3	459
Married or living together	0.7	6.1	7.0	10.7	4,937	0.6	0.7	0.4	1.0	1,189
Divorced/separated/ widowed	0.7	6.1	5.3	9.2	641	0.0	0.8	2.6	2.6	80
Residence										
Urban	1.3	7.1	8.1	12.5	2,637	0.6	1.8	0.5	2.0	764
Rural	0.4	5.6	5.7	9.3	3,387	0.8	0.9	0.8	1.4	965
Region										
North	0.4	5.4	5.7	9.1	1,797	0.8	1.0	0.7	1.5	514
Center	0.7	6.1	5.3	10.0	1,591	1.0	1.5	0.9	2.1	448
South	0.4	4.4	6.3	8.3	1,141	0.3	0.4	0.8	0.8	346
Chisinau	1.7	9.0	9.9	15.3	1,495	0.7	2.2	0.2	2.4	421
Education										
No education/primary	(3.5)	(8.7)	(6.6)	(10.1)	45	*	*	*	*	9
Secondary	0.6	6.4	6.4	10.5	3,450	0.7	1.2	0.7	1.5	1,197
Secondary special	0.6	4.9	5.6	8.9	1,242	0.8	1.3	1.0	1.8	203
Higher	1.4	7.2	8.7	13.0	1,287	0.7	1.8	0.5	2.3	320
Wealth quintile										
Lowest	0.2	6.2	6.3	10.1	991	1.3	1.3	0.9	1.8	286
Second	0.5	6.2	5.2	9.5	1,004	1.4	1.0	1.1	1.9	305
Middle	0.7	5.1	5.8	8.8	1,196	0.0	0.3	0.0	0.3	320
Fourth	0.9	5.5	6.7	10.3	1,333	0.6	2.1	1.3	2.7	395
Highest	1.3	7.9	8.9	13.7	1,500	0.5	1.4	0.2	1.6	423
Total 15-49	0.8	6.3	6.7	10.7	6,024	0.7	1.3	0.7	1.7	1,729
Total men 15-59	na	na	na	na	na	0.6	1.1	0.6	1.5	2,247

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

13.6 INJECTIONS

The overuse of injections in a health care setting can contribute to the transmission of blood-borne pathogens because it amplifies the effect of unsafe practices, such as the reusing of syringes. As a consequence, the prevalence of injections given with reused syringes is an important indicator in tracking prevention efforts against HIV/AIDS. Table 13.14 presents data on the prevalence of injections among respondents. Respondents were asked if they had any injections given by a health worker in the past 12 months, and if so, whether their last injection was given with a syringe from a new, unopened package. It should be noted that medical injections can be self-administered (e.g., insulin for diabetes). These injections were not included in the analysis.

Almost a third of women and men reported receiving injections in the past 12 months (33 and 28 percent, respectively). Women and men in the youngest age cohort (15-19) were more likely to have received an injection than older women and men. The higher percentage of injections among women is probably due to their receiving injections in antenatal care or family planning settings. There are no other significant variations by sociodemographic characteristics and residence.

Table 13.14 Prevalence of injections

Percentage of women and men age 15-49 who received at least one injection from a health worker[1] in the past 12 months, the average number of medical injections[1] per person, and among those who received an injection, the percentage whose health worker took the syringe and needle from a new, unopened package for the last injection, by background characteristics, Moldova 2005

	Women					Men				
Background characteristic	Percent received an injection in past 12 months	Average number of injections per person in past 12 months	Number of women	Last injection, syringe, and needle taken from newly opened package	Number receiving injections from a health worker in the past 12 months	Percent received an injection in past 12 months	Average number of injections per person in past 12 months	Number of men	Last injection, syringe, and needle taken from newly opened package	Number receiving injections from a health worker in the past 12 months
Age										
15-19	41.4	3.5	1,417	97.1	587	39.5	1.7	411	98.6	162
20-24	30.3	4.3	1,124	97.9	340	26.0	2.3	275	95.9	72
25-29	30.7	4.5	964	99.5	296	25.1	3.2	234	99.1	59
30-39	30.6	6.2	1,778	99.1	543	27.7	3.6	472	100.0	131
40-49	33.4	8.9	2,156	99.2	721	23.5	4.4	596	99.6	140
Residence										
Urban	31.3	5.7	3,194	98.7	1,001	28.0	3.4	857	98.5	240
Rural	35.0	6.2	4,246	98.4	1,485	28.6	3.1	1,132	99.2	323
Region										
North	35.0	7.3	2,207	98.5	773	28.4	3.3	582	99.4	165
Center	31.6	4.9	2,033	98.1	642	29.0	3.1	553	97.7	160
South	36.1	6.1	1,402	98.8	506	27.2	3.2	388	100.0	105
Chisinau	31.5	5.5	1,798	98.8	566	28.4	3.3	466	98.9	132
Education										
No education/primary	(27.5)	(4.8)	49	*	13	*	*	14	*	2
Secondary	33.8	5.6	4,534	98.5	1,532	28.9	2.9	1,433	99.0	414
Secondary special	35.0	8.0	1,327	99.0	465	26.7	5.2	214	99.1	57
Higher	31.1	5.3	1,530	98.2	476	27.7	3.2	328	98.3	91
Wealth quintile										
Lowest	32.6	5.5	1,243	98.4	405	23.7	3.4	349	98.3	83
Second	35.0	6.0	1,234	98.9	432	33.4	2.5	352	100.0	118
Middle	34.7	6.4	1,511	98.5	524	24.9	3.3	366	99.4	91
Fourth	33.8	5.9	1,672	98.2	565	30.1	3.5	452	96.9	136
Highest	31.4	6.0	1,780	98.8	560	28.9	3.3	470	100.0	136
Total 15-49	33.4	6.0	7,440	98.5	2,487	28.3	3.2	1,989	98.9	563
Total men 15-59	na	na	na	na	na	28.3	4.0	2,508	98.8	710

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Includes injections given by a doctor, nurse, pharmacist, dentist, or other health worker

The average number of injections is twice as high among women as men (6 and 3, respectively). Virtually all recent injections were given with a syringe taken from a newly opened package.

13.7 HIV/AIDS-Related Knowledge and Behavior among Youth

Youth are a main target of HIV prevention programs. This section addresses knowledge of HIV/AIDS issues and related sexual behavior among youth age 15-24. This period, between the initiation of sexual activity and marriage, is often a time of sexual experimentation and may involve risky behaviors. General knowledge of HIV/AIDS transmission and prevention as well as knowledge of where to obtain condoms is analyzed below. Issues such as abstinence, age at sexual debut, age differences between partners, and condom use are also covered in this section.

Knowledge about HIV/AIDS and Source for Condoms

Knowledge of how HIV is transmitted is crucial to enabling people to avoid infection, especially for young people who are often at greater risk because they may have shorter relationships with more partners and engage in other risky behaviors. Young respondents in the MDHS were asked the same set of questions as older respondents about whether condom use and limiting partners to one uninfected partner can help protect against HIV, and whether a healthy-looking person can have HIV (see Tables 13.4.1 and 13.4.2).

Table 13.15 shows the level of general knowledge among young people, namely, the proportion who, in response to prompted questions: 1) agree that people can reduce their chances of getting the AIDS virus by having sex with only one uninfected, faithful partner, and by using condoms consistently; 2) know that a healthy-looking person can have the AIDS virus; and 3) know that HIV cannot be transmitted by sharing food with a person who has AIDS. Forty-two percent of young women and 54 percent of young men age 15-24 know all of these facts about HIV/AIDS.

Among both women and men, those age 20-24 are about as likely as those age 15-19 to have general knowledge of HIV/AIDS. As one would expect, level of knowledge increases with household wealth status: the higher the wealth quintile, the more likely youth are to have general knowledge of HIV/AIDS. Youth in urban areas are more likely than those in rural areas to have general HIV/AIDS knowledge (a 15 percentage point difference).

Given that condoms play an important role in combating the transmission of HIV, respondents were asked if they knew where condoms could be obtained. Only responses about "formal" sources were counted, so obtaining condoms from friends, family members, or other informal sources, was not included. As shown in Table 13.15, knowledge of where to obtain a condom is almost universal (90 percent of women and 97 percent of men, respectively). Consistent with trends for other indicators, respondents who are more educated and live in wealthier households are more likely than other respondents to know a source of condoms, but the differentials are smaller in men than women. While almost all young women in Chisinau know of a condom source (97 percent), young women in other regions are less likely to cite a source where a condom can be obtained. This regional variation does not appear for men.

Table 13.15 General knowledge about AIDS and knowledge of a source for condoms among youth

Percentage of women and men age 15-24 with general knowledge about AIDS and the percentage with knowledge for a source of condoms, by background characteristics, Moldova 2005

	Women			Men		
Background characteristic	Percent with general knowledge of AIDS [1]	Percent who know of a condom source[2]	Number of women	Percent with general knowledge of AIDS [1]	Percent who know of a condom source[2]	Number of men
Age						
15-17	37.9	87.6	1,417	50.4	95.5	411
18-19	34.7	84.4	847	46.5	94.3	266
15-19	42.7	92.3	570	57.4	97.6	145
20-22	46.3	93.8	1,124	60.3	98.1	275
23-24	48.1	93.4	707	61.4	98.4	176
20-24	43.3	94.3	417	58.4	97.6	100
Marital status						
Never married	43.5	90.2	1,707	54.8	96.5	614
Ever had sex	50.8	95.9	349	62.5	99.8	363
Never had sex	41.6	88.7	1,358	43.8	91.7	251
Married/living together	37.6	90.3	765	48.7	96.6	69
Divorced/separated/ widowed	39.1	94.3	69	*	*	4
Residence						
Urban	50.7	97.3	1,098	62.5	98.5	309
Rural	34.7	85.0	1,443	47.6	94.9	378
Region						
North	38.2	88.6	718	57.0	98.1	187
Center	38.0	86.3	722	53.0	95.0	210
South	40.1	89.8	472	39.2	95.0	118
Chisinau	50.9	97.1	629	63.5	97.7	171
Education						
No education/primary	*	*	9	*	*	7
Secondary	33.8	87.0	1,787	48.8	96.5	526
Secondary special	53.3	95.2	182	(68.0)	(100.0)	38
Higher	63.3	99.6	563	78.6	98.7	115
Wealth quintile						
Lowest	21.1	77.6	415	24.0	88.0	119
Second	31.4	84.7	425	49.4	97.8	119
Middle	42.7	90.0	517	63.9	98.9	107
Fourth	48.0	95.0	589	61.2	98.3	163
Highest	56.0	98.8	596	65.7	98.3	178
Total 15-24	41.6	90.3	2,541	54.3	96.5	686

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Respondents with general knowledge of AIDS are those who say that using a condom for every sexual intercourse and that having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, and furthermore say that a healthy-looking person can have the AIDS virus, and who reject the common misconception that HIV can be spread by sharing food with someone with AIDS.

[2] Friends, family members, and home are not considered sources for condoms.

Age at First Sex

The discussion below deals with age at first sex, premarital and other higher-risk sexual encounters, and condom use among young women and men. Table 13.16 shows the proportion of women and men age 15-24 that had sex before age 15 and before age 18. One percent of young women and 9 percent of young men had sex by age 15; this proportion rises quickly by age 18, however, when 19 percent of young women and 44 percent of young men had sex. Young women with secondary education are almost twice as likely as those with at least some university education to have had sex by age 18 (22 and 12 percent, respectively). For men, the trend is the opposite; young men with secondary education are less likely than those with higher education to have had sex by age 18 (42 and 54 percent, respectively). Young men from households in the highest wealth quintiles are most likely to have had sex by age 15 or 18. This pattern does not hold among women, however. Furthermore, there are no substantial regional variations in early sexual debut among women, but men in Chisinau are more likely than men in other regions to have an early sexual debut.

Table 13.16 Age at first sex among youth

Percentage of women and men age 15-24 who have had sexual intercourse by exact age 15 and 18, by background characteristics, Moldova 2005

Background characteristic	Women			Men		
	15	18	Number of women 15-24	15	18	Number of men 15-24
Age						
15-17	1.3	na	1,417	9.0	na	411
18-19	1.0	na	847	8.3	na	266
15-19	1.7	25.9	570	10.1	63.2	145
20-22	0.8	22.7	1,124	8.3	51.4	275
23-24	0.5	22.5	707	7.1	50.6	176
20-24	1.2	23.0	417	10.4	52.9	100
Marital status						
Never married	0.5	8.1	1,707	7.3	42.2	614
Married or living together	2.2	39.7	765	17.8	62.4	69
Divorced/separated/ widowed	2.9	54.1	69	*	*	4
Residence						
Urban	0.9	19.9	1,098	11.6	50.5	309
Rural	1.2	18.1	1,443	6.4	39.5	378
Region						
North	1.5	21.3	718	5.3	48.9	187
Center	0.8	15.4	722	5.8	31.8	210
South	1.1	20.9	472	9.9	46.2	118
Chisinau	0.8	18.6	629	15.1	53.8	171
Education						
No education	*	*	9	*	*	7
Secondary	1.4	21.5	1,787	8.5	42.2	526
Secondary special	0.3	15.1	182	12.7	49.8	38
Higher	0.1	11.5	563	9.0	54.4	115
Knows a condom source[1]						
Yes	0.9	18.7	2,295	8.9	45.8	662
No	2.1	20.2	246	*	*	24
Wealth quintile						
Lowest	1.2	20.5	415	7.1	35.4	119
Second	2.2	23.3	425	8.0	40.2	119
Middle	0.7	16.8	517	4.1	38.0	107
Fourth	0.6	14.1	589	10.1	45.0	163
Highest	0.9	21.2	596	11.7	56.6	178
Total 15-24	1.1	18.9	2,541	8.7	44.4	686

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Friends, family members, and home are not considered sources for condoms.

To assess the extent of condom use from the beginning of sexual exposure, respondents age 15-24 were asked whether they had used a condom the first time they had sex. Table 13.17 shows that almost one-third of young women (29 percent) and over half of young men (56 percent) used condoms during their first sexual encounter. Never-married women are more than twice as likely, and married men almost twice as likely, as married or cohabiting respondents to have used a condom. Those with higher levels of education and from wealthier households are also more likely than others to have used condoms in their first sexual encounters.

Table 13.17 Condom use at first sexual intercourse among youth

Percentage of women and men age 15-24 who used a condom the first time they had sexual intercourse, by background characteristics, Moldova 2005

Background characteristic	Women		Men	
	Used a condom at first sex	Number of women 15-24 who have ever had sex	Used a condom at first sex	Number of men 15-24 who have ever had sex
Age				
15-17	34.3	310	64.4	179
18-19	37.2	87	65.5	72
15-19	33.1	223	63.7	107
20-22	26.6	874	49.6	256
23-24	27.5	497	53.3	161
20-24	25.4	376	43.4	95
Marital status				
Never married	45.0	349	59.2	363
Married or living together	20.7	765	36.0	69
Divorced/separated/ widowed	33.3	69	*	4
Residence				
Urban	35.8	571	59.2	217
Rural	21.9	613	52.2	219
Region				
North	23.7	325	49.8	125
Center	21.2	294	57.1	108
South	27.4	223	50.6	76
Chisinau	40.5	341	63.4	126
Education				
No education/primary	*	9	*	1
Secondary	21.6	732	51.0	299
Secondary special	34.2	105	(69.9)	28
Higher	42.7	338	64.5	107
Knows a condom source[1]				
Yes	30.1	1,091	55.9	432
No	10.6	93	*	3
Wealth quintile				
Lowest	14.8	170	40.9	60
Second	18.3	202	43.7	72
Middle	23.0	219	53.8	64
Fourth	35.7	266	58.0	107
Highest	40.2	326	68.0	132
Total 15-24	28.6	1,184	55.7	435

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Friends, family members, and home are not considered sources for condoms.

13.8 RECENT SEXUAL ACTIVITY AMONG YOUNG WOMEN AND MEN

The period between age at first sex and age at marriage is often a time of sexual experimentation, which can be a risky time. Table 13.18 presents data on the percentage of never-married young women and men age 15-24 that have not yet engaged in sex, the percentage that had sex in the 12 months preceding the survey, and the percentage that used condoms during most recent sex. As many as 4 in 5 never-married young women reported that they had never had sex, compared with 2 in 5 of men. Although the percentage of unmarried youth who have never had sex declines rapidly from age 15-19 to 20-24, 60 percent of women and 10 percent of men age 23-24 reported that they had not yet had sex. The proportion of young respondents who have never had sex was smaller in wealthy households compared to poorer households.

Table 13.18 Premarital sexual intercourse and condom use during premarital sexual intercourse among youth

Among never-married women and men age 15-24, percentage who have never had sex, percentage who have had sex in the past 12 months and, among those who had premarital sex in the past 12 months, percentage who used a condom at last sex, by background characteristics, Moldova 2005

	Women					Men				
Background characteristic	Percentage who never had sexual intercourse	Percentage who have had sexual intercourse in the past 12 months	Number of never-married women 15-24	Percentage who used a condom at last sexual intercourse	Number of women	Percentage who never had sexual intercourse	Percentage who have had sexual intercourse in the past 12 months	Number of never-married men 15-24	Percentage who used a condom at last sexual intercourse	Number of men
Age										
15-17	87.3	10.8	1,268	51.3	137	57.3	39.1	405	69.2	158
18-19	93.5	5.2	813	(52.9)	42	72.8	24.9	266	72.3	66
15-19	76.3	20.8	455	50.5	95	27.8	66.4	139	66.9	92
20-22	57.0	36.3	439	38.6	159	9.2	82.9	210	57.7	174
23-24	59.8	33.9	350	37.0	118	9.8	82.3	149	62.2	123
20-24	46.0	45.6	89	(43.3)	41	7.9	84.4	60	46.8	51
Residence										
Urban	74.1	22.4	711	43.9	159	34.5	58.4	267	62.7	156
Rural	83.4	13.8	996	45.1	137	45.9	50.7	347	63.6	176
Region										
North	85.6	11.6	459	59.3	53	37.6	60.2	166	58.7	100
Center	83.5	14.8	513	30.8	76	51.5	42.3	197	68.4	83
South	76.2	20.6	327	45.8	67	39.5	56.5	106	62.3	60
Chisinau	70.5	24.4	409	45.9	100	31.3	61.3	144	63.8	89
Education										
No education	*	*	3	*	1	*	*	7	*	1
Secondary	86.5	10.8	1,219	41.9	132	47.6	47.9	478	62.4	229
Secondary special	69.6	28.9	110	(47.7)	32	(34.0)	(59.5)	30	*	18
Higher	59.9	35.0	375	46.6	131	8.0	84.6	99	62.6	84
Knows a condom source[1]										
Yes	78.2	18.7	1,539	45.6	287	38.9	56.0	593	63.2	332
No	91.5	5.3	168	*	9	(96.5)	(0.0)	22	*	0
Wealth quintile										
Lowest	85.2	11.5	287	(49.1)	33	55.5	41.3	106	(66.5)	44
Second	84.6	14.2	264	(36.0)	38	42.3	53.5	111	(53.5)	60
Middle	81.4	15.2	366	48.7	56	43.3	53.3	100	66.6	53
Fourth	80.5	17.3	401	46.7	69	38.7	56.5	145	64.9	82
Highest	69.2	25.9	389	42.2	101	30.3	61.5	152	64.3	93
Total 15-24	79.5	17.4	1,707	44.5	296	40.9	54.1	614	63.2	332

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Friends, family members, and home are not considered sources for condoms.

Table 13.18 also presents data on never-married youth who used a condom the last time they had sex. Only 17 percent of never-married women and 54 percent of never-married men had sex in the past 12 months. Almost half of the women (45 percent) and more than half of the men (63 percent) reported using a condom during their last sexual intercourse. Differentials by background characteristics do not vary in any expected directions.

Higher-Risk Sex

To prevent HIV/AIDS transmission through sexual intercourse, it is important that young people practice safe sex through the highly advocated ABC methods (abstinence, being faithful to one uninfected partner, and condom use) mentioned in the beginning of this chapter. Table 13.19 presents data on the percentage of young people who engaged in higher-risk sex (sex with a nonmarital, noncohabiting partner) in the 12-month period preceding the survey, and the prevalence of condom use in these higher-risk sexual encounters. Sexually active young men age 15-24 are more than twice as likely to have engaged in the higher-risk sex as women: 36 percent of women and 84 percent of men reported higher-risk sexual activity in the past 12 months. Approximately 2 in 5 of these women and 3 in 5 of these men reported condom use in their last high-risk sexual encounter.

Among women there are significant differences in the prevalence of higher-risk sex and condom use by background characteristics. Women with secondary education and lower wealth status are about half as likely as those with higher education and from wealthy households to have engaged in higher-risk sex. Women in urban areas are more likely than those in rural areas to have engaged in risky sexual behavior (44 and 28 percent, respectively). These relationships do not generally hold for men, in part because a large proportion of men have engaged in higher-risk behaviors.

Consistent with findings in Table 13.18, almost 2 in 5 women who know a condom source used a condom in their last sexual encounter, compared with more than one in ten of those unaware of a condom source.

Table 13.19 Higher-risk sex and condom use at last higher-risk sex in the past year among youth

Among sexually active women and men age 15-24, percentage who had sexual intercourse with higher-risk (nonmarital, noncohabiting) partners in the past 12 months, and among women and men age 15-24 who had higher-risk sex in the past 12 months, percentage who report using a condom the last time they had higher-risk sex, by background characteristics, Moldova 2005

	Women				Men			
Background characteristic	Percentage engaging in higher-risk sex in past 12 months	Number of women sexually active in past 12 months	Percentage who used condom at last higher-risk sex[1]	Number of women 15-24 who had higher-risk sex in past 12 months	Percentage engaging in higher-risk sex in past 12 months	Number of men sexually active in past 12 months	Percentage who used condom at last higher-risk sex[1]	Number of men 15-24 who had higher-risk sex in past 12 months
Age								
15-17	56.2	279	48.7	157	96.2	165	68.7	159
18-19	62.2	75	(52.6)	46	100.0	66	73.8	66
15-19	54.0	204	47.0	110	93.7	99	65.1	93
20-22	28.5	822	40.7	234	74.7	239	57.5	179
23-24	35.4	468	38.8	166	83.2	149	61.6	124
20-24	19.3	354	45.4	68	60.5	90	48.2	55
Marital status								
Never married	99.3	296	44.6	294	96.9	332	63.8	322
Married or living together	8.3	749	47.7	63	18.8	69	*	13
Divorced/separated/ widowed	62.2	55	(30.7)	34	*	4	*	3
Residence								
Urban	43.6	535	45.4	233	82.2	197	61.7	162
Rural	27.9	565	41.7	157	84.6	207	63.7	175
Region								
North	24.0	303	49.7	73	79.8	121	57.6	97
Center	33.0	274	27.3	90	85.7	96	71.0	82
South	36.0	211	45.2	76	86.3	72	61.5	62
Chisinau	48.5	312	50.4	151	83.6	115	61.8	96
Education								
No education/primary	*	8	*	2	*	1	*	1
Secondary	26.2	677	39.5	177	83.2	277	62.7	231
Secondary special	38.2	100	(43.7)	38	(79.7)	26	*	20
Higher	54.8	314	48.7	172	84.9	100	61.4	85
Knows a condom source[2]								
Yes	37.3	1,018	44.8	379	83.9	402	62.8	337
No	13.8	82	*	11	*	2	*	0
Wealth quintile								
Lowest	24.1	154	(43.7)	37	(77.7)	56	(66.5)	44
Second	26.3	191	(31.0)	50	88.7	67	(53.3)	59
Middle	30.2	203	46.6	61	85.0	61	(68.5)	52
Fourth	38.2	252	48.2	96	83.0	100	62.6	83
Highest	48.7	300	44.4	146	82.8	120	64.0	99
Total 15-24	35.5	1,100	43.9	391	83.5	404	62.8	337

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Corresponds to UNAIDS Young People's Sexual Behavior Indicator 5 "Young people using a condom at last higher-risk sex."

[2] Friends, family members, and home are not considered sources for condoms.

Age-Mixing in Sexual Relationships

In many societies, young women have sexual relationships with men who are considerably older than they are. This practice can contribute to the wider spread of HIV and other STIs because if a younger, uninfected partner has sex with an older, infected partner, this can introduce the virus into a younger, less infected cohort. To investigate this practice, in the MDHS women age 15-24 who had sex with a nonmarital, noncohabiting partner in the 12 months preceding the survey were asked whether the man was younger, about the same age, or older than they were. If older, they were asked if he was less than 10 years older, or 10 or more years older. The results in Table 13.20 show that in the past year, 5 percent of women age 15-24 had higher-risk sex with a man 10 or more years older than themselves. Women in urban areas are more likely to have sexual relationships with a man 10 years their senior than women in rural areas (8 percent and 2 percent, respectively).

Alcohol use at the time of Sex

Sexual intercourse when one or both partners are under the influence of alcohol is more likely to be unplanned, and couples are therefore less likely to use condoms. Respondents who had had sex during the preceding 12 months were asked if they or their partners drank alcohol the last time they had sex, and if so, whether they or their partners were drunk. Table 13.21 shows the prevalence of sexual intercourse while drunk. The overall prevalence of sex when the respondent is drunk is extremely low, especially for young women (less than 1 percent for women and 2 percent for men). It is higher when tabulated, by sex, when either the respondent or her/his partner is drunk (5 percent for women and 7 percent for men). Except in a few instances, differences across groups are minimal.

Table 13.20 Age-mixing in sexual relationships

Among women age 15-24 who had nonmarital sex in the past 12 months, percentage who had nonmarital sex with a man 10 years or more older than themselves in the past 12 months, by background characteristics, Moldova 2005

Background characteristic	Percentage who had non-marital sex with a man 10+ years older[1]	Number of women 15-24 who had non-marital sex in past 12 months
Age		
15-19	4.4	157
15-17	(5.8)	46
18-19	3.8	110
20-24	6.0	234
20-22	6.2	166
23-24	5.4	68
Marital status		
Never married	4.1	294
Ever married	9.0	97
Residence		
Urban	7.6	233
Rural	2.0	157
Region		
North	2.7	73
Center	6.5	90
South	2.8	76
Chisinau	7.2	151
Education		
Primary/secondary	*	179
Secondary special	(0.0)	38
Higher	5.9	172
Knows a condom source[2]		
Yes	5.5	379
No	*	11
Wealth quintile		
Lowest	(0.0)	37
Second	(2.4)	50
Middle	8.3	61
Fourth	4.6	96
Highest	6.9	146
15-24	5.3	391

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Sexual intercourse with a nonmarital, noncohabiting partner

[2] Friends, family members, and home are not considered sources for condoms.

Table 13.21 Drunkenness during sexual intercourse among youth

Among women and men age 15-24 who had sexual intercourse in the past 12 months, percentage who were drunk during the last sexual encounter, by background characteristics, Moldova 2005

Background characteristic	Women			Men		
	Respondent drunk	Respondent and/or partner drunk	Number of women	Respondent drunk	Respondent and/or partner drunk	Number of men
Age						
15-17	0.3	7.7	279	2.0	8.4	165
18-19	0.0	13.3	75	2.0	12.7	66
15-19	0.4	5.7	204	2.0	5.5	99
20-22	0.0	4.2	822	1.9	5.7	239
23-24	0.0	6.1	468	2.7	7.6	149
20-24	0.0	1.8	354	0.7	2.5	90
Marital status						
Never married	0.0	6.9	296	2.4	7.8	332
Married or living together	0.1	3.7	749	0.0	1.0	69
Divorced/separated/ widowed	0.0	15.3	55	*	*	4
Residence						
Urban	0.2	4.3	535	1.6	6.9	197
Rural	0.0	5.9	565	2.3	6.6	207
Region						
North	0.3	6.2	303	3.0	7.0	121
Center	0.0	5.1	274	1.4	6.8	96
South	0.0	4.4	211	1.6	4.5	72
Chisinau	0.0	4.5	312	1.5	7.9	115
Education						
No education/primary	*	*	8	*	*	1
Secondary	0.1	6.3	677	2.0	7.9	277
Secondary special	0.0	4.1	100	3.2	5.3	26
Higher	0.0	2.7	314	1.5	4.0	100
Knows a condom source[1]						
Yes	0.1	5.1	1,018	2.0	6.8	402
No	0.0	5.1	82	*	*	2
Wealth quintile						
Lowest	0.0	9.3	154	5.0	(16.5)	56
Second	0.0	4.5	191	0.0	0.0	67
Middle	0.0	3.7	203	3.2	7.5	61
Fourth	0.3	5.4	252	2.5	6.8	100
Highest	0.0	4.1	300	0.5	5.5	120
Total 15-24	0.1	5.1	1,100	2.0	6.8	404

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Friends, family members, and home are not considered sources for condoms.

HIV Testing

Young people may believe there are barriers to accessing health services and facilities, particularly for sensitive concerns related to family planning, sexual health in general, and specifically to sexually transmitted infections like HIV/AIDS. Table 13.22 presents data on the percentage of sexually active youth being tested and receiving the results within the past year. Young men were more likely than women to have been tested for HIV and to have received the results (12 and 9 percent, respectively).

Given that HIV testing is uncommon among youth age 15-24, there is little variation across groups. However, female and male respondents in urban areas are more likely than those in rural areas to have been tested and to have received the results in the past year, and young, sexually active women who know of a condom source are more likely than those who do not know where to obtain a condom to have had an HIV test and received the results.

Table 13.22 Recent HIV tests among youth

Among women and men age 15-24 who had sexual intercourse in the past 12 months, the percentage who had an HIV test in the past 12 months and received the results of the test, by background characteristics, Moldova 2005

	Women		Men	
Background characteristic	Percent who were tested and received results in past 12 months	Number of women	Percent who were tested and received results in past 12 months	Number of men
Age				
15-17	6.5	279	11.2	165
18-19	5.7	75	9.6	66
15-19	6.8	204	12.4	99
20-22	10.4	822	12.7	239
23-24	9.3	468	14.0	149
20-24	11.7	354	10.5	90
Residence				
Urban	10.7	535	17.2	197
Rural	8.2	565	7.3	207
Region				
North	8.6	303	13.2	121
Center	7.2	274	10.9	96
South	10.6	211	7.2	72
Chisinau	11.3	312	15.1	115
Education				
No education/primary	*	8	*	1
Secondary	7.9	677	9.2	277
Secondary special	11.1	100	15.3	26
Higher	12.1	314	18.0	100
Knows a condom source[1]				
Yes	9.9	1,018	12.0	402
No	3.3	82	*	2
Wealth quintile				
Lowest	6.4	154	(9.0)	56
Second	8.9	191	6.6	67
Middle	8.0	203	13.0	61
Fourth	9.9	252	17.0	100
Highest	11.7	300	12.1	120
Total	9.4	1,100	12.1	404

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Friends, family members, and home are not considered sources for condoms.

DOMESTIC VIOLENCE 14

14.1 INTRODUCTION

In recent years, there has been increasing concern about violence against women in general, and domestic violence in particular, in both developing and more developed countries. Not only has domestic violence against women been acknowledged worldwide as a violation of the basic human rights of women, but an increasing amount of research highlights the health burdens, intergenerational effects, and demographic consequences of such violence (Heise et al., 1994, 1998; Jejeebhoy, 1998; United Nations General Assembly, 1991). Gender-based violence occurs across all socioeconomic and cultural backgrounds, and in many societies women are socialized to accept, tolerate, and even rationalize domestic violence and to remain silent about such experiences (Zimmerman, 1994). Violence of any kind has a serious impact on the economy of a country; because women bear the brunt of domestic violence, they bear the health and psychological burdens as well. Victims of domestic violence are abused in a place that should be their most secure environment—their own homes.

To stop this violence, which sometimes causes great physical harm, death, psychological abuse, separation, divorce, and a host of other social ills, the Moldovan government has enacted national legislation. For example, several articles in the 1994 Constitution provide for: equality for every person regardless of race, nationality, ethnic origin, language, religion, sex, opinions and political affiliation, and social status (Article 16); free access to the justice system in the case where rights have been violated (Article 20); and the right to physical and mental integrity, including freedom from torture or other inhumane and cruel punishment (Article 24). In 2003, the government passed the National Plan to Promote Human Equality (2003-2005) and, also in 1993, the National Plan of Action for Human Rights (2004-2008). NGOs have collaborated with government entities to implement programs to provide assistance to abused women (and children), as well as to launch informational campaigns advocating protection against violence. For example, *Gender Centru*, supported by the Soros Foundation, has collaborated with several ministries since 2000.

Despite ongoing efforts to protect women and vulnerable populations against violence, there is still much to be done to enforce legislation, to protect potential victims, and to further inform and educate the population about the problem. Moreover, in addition to baseline indicators presented in this chapter, a mechanism is needed to keep a database with locally updated statistics (UNIFEM, 2005).

14.2 DATA COLLECTION

Although gender-based violence is usually defined to include any physical, sexual, or psychological violence occurring not only in the family, but also within the general community (such as sexual harassment at the workplace and trafficking in women for prostitution), this survey primarily covers domestic violence occurring within the household.[1]

There is a culture of silence surrounding gender-based violence, which makes collection of data on this sensitive topic particularly challenging. Even women who want to speak about their experiences of domestic violence may find it difficult because of feelings of shame or fear. The need to establish a

[1] Outside of the MDHS, there have been no other large-scale data collection activities relevant to domestic violence conducted in Moldova. However, smaller scale surveys have been carried out; for example, UNIFEM conducted a survey in 2001-2001 entitled, "Atitudinea femeilor şi bărbaţilor vis-a vis de violenţa domestică şi hărţuirea sexuală la locul de muncă" (UNIFEM, 2005).

rapport with the respondent and to ensure confidentiality and privacy during the interview is important for the entire survey, but is critical in ensuring the validity of the data on domestic violence. Complete privacy is also essential for ensuring the security of the respondent and the interviewer. Asking about or reporting violence, especially in households where the perpetrator may be present at the time of interview, carries the risk of further violence.

Given these concerns related to the collection of data on violence, organizers of the 2005 MDHS took the following steps to ensure the validity of the data and the security of respondents and interviewers:

- The questionnaire was specially designed to allow the interviewer to continue with the domestic violence module only if privacy was ensured. If privacy could not be obtained, the interviewer was instructed to skip the module, thank the respondent, and end the interview. In Moldova, a total of 6,012 women were selected for interview with the module; about 5 percent of those selected did not respond to the module, of which about 1 percent could not be interviewed due to lack of privacy. In total, 5,737 women were successfully interviewed with the module.
- Only one eligible woman in each selected household was administered the questionnaire module on domestic violence. In households with more than one eligible woman, the woman to whom the module was administered was randomly selected through a specially designed simple selection procedure. By interviewing only one woman in each household with the module, any security breach due to other persons in the household knowing about the information on domestic violence was minimized.
- Informed consent of the respondent was obtained for the survey at the start of the individual interview. In addition, at the start of the domestic violence section, each respondent was read a statement informing her that she was now going to be asked questions that could be personal in nature because they explored different aspects of the relationship between couples. The statement assured her that her answers were completely confidential and would not be told to anyone else and that no one else in the household would be asked these questions.

Research on violence suggests that the most common form of domestic violence for adults is spousal violence. Thus, spousal violence was measured using a modified and greatly shortened Conflict Tactics Scale (CTS) (Strauss, 1990). The CTS scale has been found to be effective in measuring domestic violence and can be easily adapted for use in different cultural situations. In the 2005 MDHS, spousal violence was measured using the following set of questions:

Does/Did your (last) husband/partner ever—

a) Push you, shake you, or throw something at you?
b) Slap you?
c) Twist your arm or pull your hair?
d) Punch you with his fist or with something that could hurt you?
e) Kick you, drag you, or beat you up?
f) Try to choke you or burn you on purpose?
g) Threaten or attack you with a knife, gun, or any other weapon?
h) Physically force you to have sexual intercourse even when you did not want to?
i) Force you to perform any sexual acts you did not want to?

The questions were asked with reference to the current husband for women currently married and the last husband for women formerly but not currently married. Women could answer with “yes” or “no”

to each item, and in cases when the answer was "yes," women (excluding widows) were asked about the frequency of the act in the 12 months preceding the survey. A "yes" answer to one or more of items *a* to *g* constitutes evidence of physical violence, while a "yes" answer to items *h* or *i* constitutes evidence of sexual violence.

A similar approach was used to measure the prevalence of emotional violence. Respondents were asked the question—

Does/Did your (last) husband ever:

a) Say or do something to humiliate you in front of others?
b) Threaten to hurt or harm you or someone close to you?
c) Insult you or make you feel bad about yourself?

Women could answer "yes" or "no" to each item, and for items they answered "yes" to, they (excluding widows) were asked about frequency of occurrence in the 12 months preceding the survey.

This approach of asking separately about specific acts has the advantage of not being affected by different understandings of what constitutes violence. A woman has to say whether she has, for example, ever been slapped, not whether she has ever experienced any violence. All women would probably agree on what constitutes a slap, but what constitutes a violent act or is understood as violence may vary across women as it does across cultures. In fact, summary terms such as "abuse" or "violence" were avoided in training and not used at all in the title, design, or implementation of the module. This approach has the advantage of giving the respondent multiple opportunities to disclose any experience of violence.

In addition to spousal violence, women were asked whether they had experienced violence at the hands of anyone other than their current or last husband: "From the time you were 15 years old, has anyone other than your (current/last) husband hit, slapped, kicked, or done anything else to hurt you physically?" Women who responded "yes" to this question were asked who had done this and the frequency of such violence during the 12 months preceding the survey.

Although this approach to questioning is widely considered to be optimal, the possibility of some underreporting of violence cannot be entirely ruled out in any survey. Caution should always be exercised in interpreting not only the overall prevalence of violence data, but also differentials in prevalence between subgroups of the population. Although a large part of any substantial difference in prevalence of violence between subgroups undoubtedly reflects actual differences in prevalence, differential underreporting by women in the different subgroups can also contribute to exaggerating or narrowing differences in prevalence to an unknown extent.

In the 2005 MDHS, men were not asked about their experience of violence because of security reasons. However, women were asked whether they had ever hit, slapped, kicked, or done anything else to physically hurt their husband or partner at any time when he was not already beating or physically hurting them. They were further asked whether their husband/partner drinks alcohol and gets drunk, which is often associated with violence.

14.3 VIOLENCE SINCE AGE 15

Table 14.1 shows the distribution of women who have experienced violence since age 15, ever, and in the past 12 months, by background characteristics. The data show that one-quarter of all women (27 percent) have experienced violence since they were 15 and 13 percent experienced violence in the 12 months preceding the survey.

The social and economic background of a woman has a bearing on her chances of experiencing domestic violence. About one-third of all women in their thirties have experienced violence since age 15, with one in seven experiencing violence in the 12 months preceding the survey. Those age 15-19 have the lowest proportion of women who ever experienced violence (14 percent); this is likely due to the fact that the reference period of exposure to violence is short for many of the women in this group.

Data from the 2005 MDHS imply that domestic violence may contribute to separation and divorce. Sixty percent of divorced or separated women report having experienced violence since age 15, compared with 28 percent of married women. Widowed women report somewhat higher levels of violence than women who are currently in union (34 percent versus 28 percent). Thirteen percent of women who have never been married report having experienced physical violence since age 15.

Rural women are only somewhat more likely to report having ever experienced violence than urban women (29 percent as compared with 24 percent); differentials are similar for experience of violence in the past year, with 14 percent of rural women reporting violence, and 10 percent of urban women reporting the same. Women in Center region are most likely to have experienced violence since age 15 (30 percent), while women in North region are least likely to have experienced violence (23 percent).

Table 14.1 Experience of physical mistreatment

Percentage of women who have experienced violence since age 15, and percentage who experienced violence during the 12 months prior to the survey, by background characteristics, Moldova 2005

Background characteristic	Percentage who have experienced violence: Ever since age 15	Percentage who have experienced violence: In the past 12 months	Number of women
Age			
15-19	14.0	7.3	1,075
20-24	22.5	11.1	872
25-29	27.0	14.4	736
30-34	31.9	15.7	723
35-39	33.2	15.1	651
40-44	28.3	12.7	786
45-49	30.9	14.3	895
Marital status			
Never married	12.7	4.9	1,415
Married or living together	27.9	14.7	3,805
Divorced/separated	60.3	22.1	404
Widowed	34.2	2.5	113
Residence			
Urban	23.7	10.0	2,301
Rural	28.5	14.3	3,436
Region			
North	23.4	9.3	1,726
Center	29.5	15.4	1,614
South	26.9	14.6	1,106
Chisinau	26.9	11.6	1,291
Education			
No education/primary	(34.9)	(24.6)	36
Secondary	28.9	14.6	3,516
Secondary special	27.9	12.3	1,014
Higher	18.4	6.2	1,170
Employment			
Not employed	22.8	10.6	2,784
Employed for cash	30.2	14.2	2,642
Employed not for cash	29.8	15.3	292
Missing	*	*	18
Wealth quintile			
Lowest	34.4	19.9	1,003
Second	32.3	14.6	985
Middle	22.6	10.3	1,200
Fourth	24.0	11.0	1,268
Highest	22.4	8.8	1,281
Total	26.6	12.6	5,737

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Experience of violence decreases with increasing education for both ever-experience of violence as well as experience of violence in the past year; however, only women who have higher than secondary education are much less likely to report violence. For example, 18 percent of women with higher than secondary education reported ever experiencing violence since the age of 15, while about 28 percent of women with secondary or secondary special education report having ever experienced violence. Women who are not employed are less likely to have experienced violence than those who are employed (23 percent compared with 30 percent). More violence is reported among women living in households in the two poorest quintiles than among women living in the middle and higher quintiles (about 33 percent compared with about 22 percent). Table 14.2 shows that the main perpetrators of violence against women are husbands (69 percent) and, to a lesser extent, fathers/stepfathers (14 percent) and mothers/stepmothers (7 percent).

Table 14.2 Perpetrators of violence

Among women who have experienced physical violence since age 15, percentage reporting specific perpetrators, Moldova 2005

Perpetrator	Percentage
Husband	68.7
Former husband or partner	4.7
Mother-in-law	0.4
Father-in-law	0.1
Other in-law	0.2
Current boyfriend	0.8
Former boyfriend	4.3
Mother or step-mother	7.3
Father or step-father	13.7
Sister or brother	3.5
Daughter or son	0.2
Other blood relative	2.6
Teacher	0.3
Employer or someone at work	1.6
Police or soldier	0.1
Other	6.8
Number of women	1,491

14.4 MARITAL VIOLENCE

Marital violence refers to violence perpetrated by partners in a marital union. Table 14.3 shows the percentage of married, divorced, separated, or widowed women who have ever experienced emotional, physical, or sexual violence by their current or last husband or partner, according to selected background characteristics. Note that the different types of violence are not mutually exclusive; therefore, women may report experiencing multiple forms of violence.

Twenty-three percent of ever-married women report having experienced emotional violence by husbands, 24 percent report physical violence, and 4 percent report sexual violence. Almost one-third (32 percent) of ever-married women report suffering emotional, physical, or sexual violence, while 3 percent have experienced all three forms of violence by their current or most recent husband.

The experience of all forms of spousal violence generally rises with exposure: as women increase in age, there is an increasing tendency to report having ever experienced various types of violence. The table further shows that divorced or separated women are more than twice as likely to have been abused emotionally, physically, and sexually than other women, suggesting that the violence might have been a factor in the termination of their marriages. Again, widowed women showed somewhat higher levels of all types of violence than women who are currently in union; it may be that since these women's husbands are no longer living, widows feel at greater liberty to report episodes of violent behavior. Women who have no living children report less emotional, physical, and sexual violence, perhaps because they are more likely to be newly married and therefore have spent less time exposed to the possibility of experiencing marital violence.

The relationship between education and spousal violence is consistently negative across all types of violence: the more education a woman has, the less likely she is to report having experienced spousal abuse. Women who are employed, whether they are paid in cash or not, are marginally more likely to have experienced spousal violence as compared to unemployed women.

The general trend in the relationship between household wealth status and experience of the three types of violence is that as wealth increases, reporting of violence decreases; an exception here is emotional violence, which has a nonlinear relationship to household wealth. The greatest differences between women in the poorest and wealthiest quintiles are apparent for physical violence: 35 percent of women in the poorest households report ever experiencing physical spousal violence, while 17 percent of women in the wealthiest households report the same.

Table 14.3 Marital violence

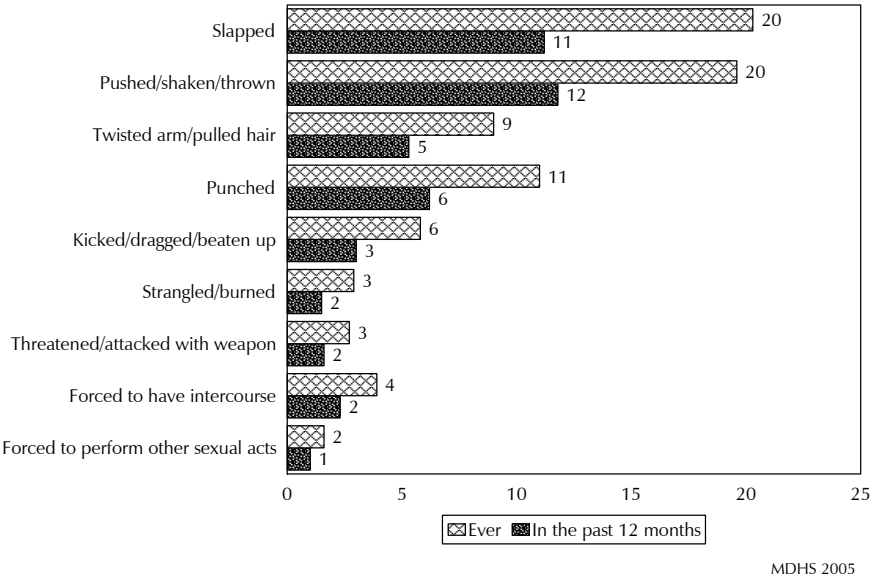
Percentage of married, divorced or separated, and widowed women who have ever suffered emotional, physical, or sexual violence by their current or most recent husband, according to background characteristics, Moldova 2005

Background characteristic	Type of violence						Number of women
	Emotional	Physical	Sexual	Physical or sexual	Emotional, physical, or sexual	Emotional, physical, and sexual	
Age							
15-19	18.6	20.1	1.7	20.1	27.9	1.0	113
20-24	12.3	16.8	1.7	17.5	20.9	0.8	531
25-29	20.9	19.6	3.1	19.6	27.9	2.6	679
30-34	22.6	24.3	4.8	24.8	32.1	3.6	701
35-39	26.7	28.3	5.6	28.7	35.9	5.0	634
40-44	25.0	25.6	4.2	26.6	34.1	3.3	778
45-49	27.3	28.1	5.1	28.3	36.1	4.0	884
Marital status							
Married or living together	19.8	20.6	3.0	21.0	28.1	2.2	3,805
Divorced/separated	52.2	55.3	14.0	55.6	64.8	12.8	404
Widowed	24.7	33.1	8.1	33.1	34.2	5.8	113
Number of living children							
0	14.2	15.4	2.1	15.5	19.4	1.8	473
1-2	22.5	23.1	4.2	23.5	31.0	3.4	2,975
3-4	28.7	31.5	4.8	32.5	40.2	3.5	792
5+	33.9	39.8	7.2	39.8	44.0	7.2	81
Education							
No education/primary	(30.7)	(29.1)	(1.4)	(29.1)	(44.9)	(0.0)	32
Secondary	25.3	28.6	5.0	29.1	36.0	4.2	2,549
Secondary special	21.4	22.3	4.3	23.0	29.1	3.0	904
Higher	17.2	12.3	1.6	12.4	20.9	1.0	836
Employment							
Not employed	20.1	23.1	3.7	23.4	29.6	2.9	1,698
Employed for cash	25.1	24.7	4.5	25.2	33.0	3.6	2,356
Employed not for cash	22.4	26.1	4.5	26.1	33.1	3.3	254
Wealth quintile							
Lowest	30.8	35.4	5.4	35.5	44.1	4.6	764
Second	24.7	29.4	5.0	30.1	35.5	4.1	749
Middle	17.9	20.5	3.9	21.4	26.8	2.6	897
Fourth	22.4	21.8	3.9	22.1	29.7	2.7	946
Highest	20.6	16.8	3.0	16.9	25.3	2.7	966
Total	23.0	24.1	4.1	24.6	31.7	3.3	4,322

Note: Figures in parentheses are based on 25-49 unweighted cases.

The proportions of ever-married women who have experienced different forms of violence by their current or last husbands, ever and during the 12 months preceding the survey, are presented in Figure 14.1. The most common forms of spousal violence are ever having been pushed, shaken or thrown, or having been slapped, each of which have been experienced by 20 percent of women. Eleven percent have ever been punched; 9 percent have ever had their arm twisted or hair pulled; and 6 percent have been kicked or dragged. Four percent of women have suffered marital rape. The least commonly reported forms of marital violence against women are being strangled or burned (3 percent), threatened or attacked with a weapon (3 percent), and being forced to perform sexual acts other than intercourse (2 percent).

Figure 14.1 Percentage of Women Who Have Experienced Specific Forms of Spousal Violence Ever and in the 12 Months Preceding the Survey



14.5 Onset of Spousal Violence Against Women

To study the timing of the onset of marital violence, the 2005 MDHS asked ever-married women who reported physical or sexual violence by their spouse how long after they got married the violence first occurred. Table 14.4 shows the percent distribution of married women, divorced or separated women, and widowed women by the number of years between marriage and the first time they experienced physical or sexual violence by their current or most recent husband, according to duration since marriage. The percentages of women who have not experienced spousal violence are shown as well.

Table 14.4 shows that in the majority of cases, initiation of violence takes place early in the marriage (or sometimes prior to marriage). Fourteen percent of women experience spousal violence in the first two years of marriage, and 20 percent experience violence in the first five years of marriage.

Women who are currently married but married more than once and women who are currently divorced or separated are more likely to have experienced violence early in their marriages than women who married only once.

Table 14.4 Onset of spousal violence

Percent distribution of married, divorced or separated, and widowed women who have experienced physical or sexual violence by current or most recent husband, by the number of years between marriage and the first episode of violence, according to marital status and duration of first marriage or union, Moldova 2005

Marital status/ duration of first marriage/union	No violence experienced	Violence before marriage	Years between union and first experience of violence						Total	Number of women
			Less than 1 year	1-2 years	3-5 years	6-9 years	10 or more years	Don't know/ missing		
Currently married	79.0	0.6	2.7	8.2	5.1	1.4	2.8	0.2	100.0	3,805
Married only once	79.3	0.6	2.5	7.9	5.1	1.5	2.9	0.2	100.0	3,403
<1 year	93.1	3.9	0.9	na	na	na	na	na	100.0	114
1-5 years	86.3	1.1	4.8	6.5	1.3	0.0	0.0	0.1	100.0	650
6-9 years	84.1	0.8	2.8	7.4	4.3	0.3	0.0	0.4	100.0	419
10 or more years	75.7	0.2	1.8	8.9	6.6	2.2	4.4	0.2	100.0	2,219
Married more than once	75.9	1.2	4.1	10.4	5.1	0.9	2.3	0.0	100.0	402
Formerly married										
Divorced/separated	44.4	3.7	14.2	21.8	7.5	3.0	4.6	0.7	100.0	404
Widowed	66.9	0.0	3.2	15.3	6.4	3.8	4.3	0.0	100.0	113
Total	75.4	0.9	3.8	9.7	5.3	1.6	3.0	0.3	100.0	4,322

na = Not applicable

14.6 PHYSICAL CONSEQUENCES OF SPOUSAL VIOLENCE

Table 14.5 shows the percentage of married, divorced, or separated women reporting different types of physical consequences resulting from something their current or last husband or partner did to them, by type of violence. Among all married, divorced or separated, or widowed women, 15 percent reported having had bruises or aches. Eye injuries, sprains or dislocations (6 percent) and broken bones or other injuries (3 percent) are less common consequences of spousal violence. Looking at consequences of violence in the past year, which excludes widowed women from the denominator, it was found that 9 percent of women had bruises or aches, 4 percent of women had eye injuries, sprains or dislocations, and 2 percent had broken bones or other injuries as a result of something that their husband did to them.

Among women who reported ever experiencing physical violence, 60 percent reported having had bruises or aches, 24 percent had an eye injury, sprain, or dislocation, and 11 percent had a broken bone or other injury because of something their husband or partner did. Women who reported ever experiencing sexual violence from their husband or partner were considerably more likely to report having experienced physical consequences as a result of something that their husband or partner did: 76 percent reported having bruises or aches, 41 percent reported having an eye injury, sprain, or dislocation, and 27 percent reported having a broken bone or other injury.

Table 14.5 Physical consequences of spousal violence

Percentage of married, divorced or separated, and widowed women who reported specific physical consequences resulting from something their current or most recent husband or partner did to them, according to type of violence reported, Moldova 2005

Type of violence	Physical consequence			Number
	Had bruises or aches	Had eye injuries, sprains or dislocations	Had injury or broken bones	
Physical violence				
Ever experienced	60.2	23.9	10.6	1,043
At least once in last year	63.4	27.3	11.6	593
Sexual violence				
Ever experienced	75.5	40.9	26.9	179
At least once in last year	71.8	37.6	23.6	104
Physical or sexual violence				
Ever experienced	59.1	23.4	10.4	1,062
At least once in last year	61.9	26.5	11.6	614
No violence experienced	na	na	na	3,260
Total who ever experienced violence	14.5	5.8	2.6	4,322
Total who experienced violence at least once in past year (excluding widows)	9.0	3.9	1.7	4,209

na = Not applicable

14.7 VIOLENCE BY SPOUSAL CHARACTERISTICS AND WOMEN'S STATUS INDICATORS

Since the perpetrators of spousal violence are usually husbands, it is important to understand the characteristics of husbands. It is also useful to examine whether spousal violence varies with indicators of women's status. Table 14.6 shows the percentage of married, divorced, or separated women who have experienced different forms of spousal violence by the current or last husband ever and in the year preceding the survey, as well as the percentage of women who have initiated violence against their husbands, by spousal characteristics and selected women's status variables.

Twenty-three percent of married, separated, or divorced women have ever experienced emotional violence, 24 percent have ever experienced physical violence, and 4 percent have ever experienced sexual violence. Women's experience of all three forms of violence varies negatively with spousal education; the more education the husband or partner has, the less likely the respondent is to report experience of violence. Interestingly, the proportion of women who report ever being violent to their husbands when the husband was not hitting her does not vary by husband's education, and it varies inconsistently by husband's education among women who report initiating violence against their husbands in the past year. Women who are older than their husband are consistently more likely to report experiencing all types of violence than women who are younger than their husbands. For women who are younger than their husbands, the age gap between spouses seems to matter little except in the case of emotional violence: women who are 10 or more years younger than their husbands are less likely to report emotional violence than other women.

Table 14.6 Spousal violence by spousal characteristics and women's status indicators

Percentage of married women and divorced or separated women who ever experienced violence or who experienced violence in the past year, by type of spousal violence from current or most recent husband, and percentage of women who have been violent to their husbands ever or in the past year, by spousal characteristics and women's status indicators, Moldova 2005

Spousal characteristics and women's status indicators	Emotional violence		Physical violence		Sexual violence		Physical or sexual violence		Never experienced violence	Violence against husband		Number of women
	Ever	Last year	Ever	Last year	Ever	Last year	Ever	Last year		Ever	Last year	
Education of spouse												
No education/primary	(32.3)	(32.3)	(26.7)	(17.3)	(1.5)	(1.5)	(26.7)	(17.3)	(73.3)	(9.7)	(6.5)	30
Secondary	25.4	19.0	28.0	16.8	4.8	3.0	28.4	17.3	71.6	7.0	3.4	2,846
Secondary special	21.4	15.4	22.4	12.0	3.8	2.3	23.3	13.1	76.7	7.1	2.3	623
Higher	13.0	9.4	7.8	4.4	1.0	0.3	7.9	4.5	92.1	7.1	4.5	680
Missing	(36.1)	(28.4)	(27.7)	(16.7)	(4.3)	(4.3)	(27.7)	(16.7)	(72.3)	(15.2)	(2.0)	30
Age difference between wife and spouse												
Wife older than husband	24.4	19.5	26.6	18.0	3.8	3.0	26.6	18.1	73.4	8.0	4.1	475
Husband older by:												
< 2 years	18.1	15.2	19.2	12.4	2.0	1.5	19.6	12.6	80.4	7.0	4.3	815
2-4 years	21.2	18.3	20.5	13.6	3.5	2.6	21.2	14.3	78.8	5.3	2.6	1,419
5-9 years	17.8	15.3	18.8	12.4	2.5	1.7	19.2	12.9	80.8	5.2	2.5	898
10+ years	14.6	11.0	18.4	10.7	3.2	2.4	19.3	11.6	80.7	7.2	3.7	188
DK/Missing	*	*	*	*	*	*	*	*	*	*	*	10
Differences in education												
Husband has more education	21.0	15.8	23.3	14.3	3.8	2.6	23.6	14.7	76.4	6.8	3.8	1,231
Wife has more education	23.4	16.6	24.3	13.0	3.9	2.3	24.7	13.5	75.3	8.4	3.9	1,344
Both have equal education	23.6	18.0	23.8	14.6	4.2	2.4	24.4	15.2	75.6	5.8	2.8	1,582
Neither educated	*	*	*	*	*	*	*	*	*	*	*	3
Don't know/missing	(33.4)	(27.3)	(30.5)	(19.6)	(5.1)	(5.1)	(30.5)	(19.6)	(69.5)	(19.5)	(1.3)	48
Woman can refuse sex to husband[1]												
Yes for all reasons	22.4	16.6	23.1	13.8	4.0	2.6	23.6	14.2	76.4	6.8	3.4	3,063
No for one or more reasons	24.4	18.2	26.0	15.0	4.1	2.1	26.4	15.5	73.6	8.0	3.6	1,146
Number of decisions in which woman has final say[2]												
0	50.6	20.3	53.6	19.9	13.5	4.8	53.9	20.5	46.1	16.4	5.6	431
1-2	34.9	34.9	35.1	28.4	4.3	4.3	36.1	29.4	63.9	11.5	7.7	68
3-4	19.5	16.3	20.2	13.2	2.9	2.2	20.7	13.6	79.3	6.0	3.1	3,710
Family structure												
Nuclear	23.1	17.2	24.4	14.5	4.3	2.6	24.8	14.9	75.2	6.8	3.4	3,438
Non-nuclear	21.9	16.3	21.5	12.4	2.9	1.8	22.1	13.0	77.9	8.3	3.5	771
Total	22.9	17.1	23.9	14.1	4.0	2.5	24.3	14.6	75.7	7.1	3.4	4,209

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] For specific reasons see Table 3.11.1.

[2] For specific decisions see Table 3.9.

Experience of any of the three types of violence varies little by differences in level of education between women and their husbands. While the difference in experience of violence between women who think it is justifiable for a woman to refuse to have sex with her husband on any grounds, and those who do not is small, it is nevertheless consistent: women who think it is justifiable for a woman to refuse sex with her husband for all given reasons are slightly less likely to report ever experiencing any of the three types of violence. Differences in household decisionmaking ability have more obvious associations with experience of violence. Across all types of violence, for nearly all referenced time periods, women who have more decisionmaking authority are less likely to report having experienced violence from their husbands. They are also less likely to report that they have ever hit their husband when their husband was not hitting them.

Women's experience of violence varies minimally, yet consistently, across the three types of violence according to family structure: women who have non-nuclear living arrangements are slightly less likely to report violence.

EMIGRATION 15

Emigration is an event that occurs when people leave their country to establish a new, "usual" place of residence across an international boundary, and the people who move abroad are called emigrants (Hinde, 1998). Net migration, or the difference between in-migration and out-migration, is one of the three components of population change. The other two components are fertility and mortality. Population change is the result of the difference between the birth rate and the death rate (natural increase) plus the net migration rate. In countries where birth rates are much higher than death rates, such as in lesser developed countries in the middle of their demographic transition, population change is primarily due to natural increase. However, in more industrialized countries where the difference between birth rates and death rates is low, net migration often becomes a more important factor in population change than natural increase. In Moldova, and in post-Soviet countries in general, large-scale labor emigration is an important demographic phenomenon that has a substantial negative impact on the population growth as well as on the social and economic structure of society (Cuc et al., 2005; Jandl, 2003; Korobkov and Palei, 2005).

Accurate estimates on emigration are rarely available simply because few countries gather comprehensive migration statistics on a continuous basis. Likewise, collecting data on emigration in a cross-sectional survey presents challenges mainly because the people of interest, by definition, no longer live in the target population. Nevertheless, a nationally representative survey such as the 2005 MDHS presents a unique opportunity to assess the magnitude of this event and to describe attributes of the emigrant population. The MDHS collected information from households about former members who used to live in the household and who now live abroad. The survey incorporated the same kinds of questions that were asked in the Moldova Population Census 2004 (form 2P, approved by the Council of the Department for Statistics and Sociology of the Republic of Moldova). These questions gather information about the relationship of the former household member to the current head of household, the country where the former member currently resides, the reason that the former member moved abroad, and the year the former member emigrated. In addition to these questions, further information was gathered to flesh out the sociodemographic profile of emigrants.

The purpose of this chapter is to describe the flow of emigration and to provide a demographic and socioeconomic profile of emigrants. It also identifies key areas where further research would serve to better explain trends.

15.1 HOUSEHOLDS HAVING AT LEAST ONE FORMER MEMBER LIVING ABROAD

Table 15.1 shows the percentage of households in which at least one former member emigrated. Seventeen percent of households reported having had at least one member who emigrated. This percentage is about the same in urban and rural households (16 and 17 percent, respectively).[1] While these estimates represent a substantial portion of households in Moldova, they still underestimate the true level of emigration to the degree that they do not include entire households that moved abroad. (The

[1] A potential measurement imprecision of this indicator is that more than one household in the sample could theoretically report on the same former member having emigrated, in which case the household indicator would slightly overestimate the per capita emigration rate. For example, if a student from the North region lived in Chisinau while attending university, and the student's former household in the North and the former household in Chisinau were both selected for the MDHS sample, then both households would report on the same emigrant. Anytime an event can be reported by more than one household, there is the potential to overestimate.

MDHS sample is designed to collect information about former household members as reported by a member of the current household; the sample excludes those households in which all members have moved abroad.) By comparison, a study in 2004 estimated that almost 22 percent of households had somebody working abroad at the time of interview (CBX AXA, 2004). Some of this difference could be due to a difference in sample design.

The percentage of households where at least one former member has emigrated is an important indicator in the value of remittances sent back to households in Moldova. In 2004, the total official estimate of gross inflows of worker's remittances was about 27 percent of the gross domestic product (Cuc, 2005).

Table 15.1 Households from which former members have emigrated

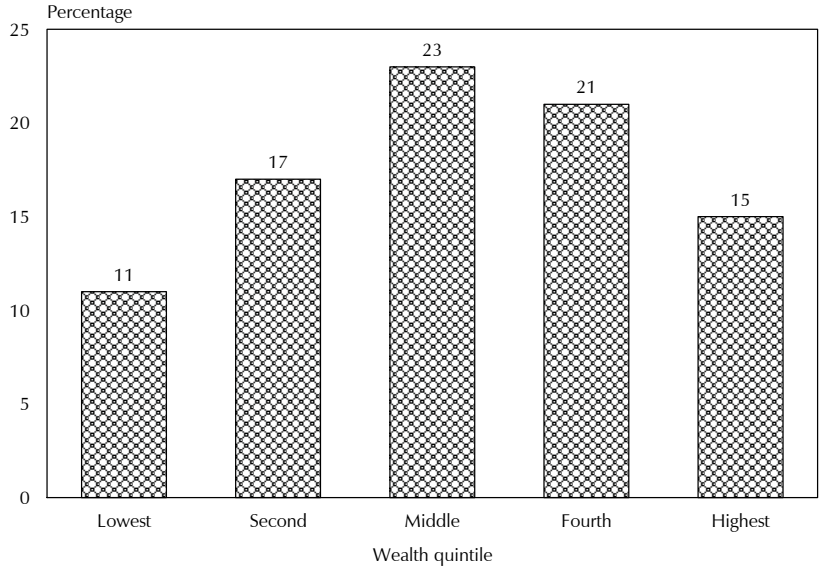
Proportion of households with former members who have emigrated, by residence and region, Moldova 2005

	Residence		Region				
Emigration status	Urban	Rural	North	Center	South	Chisinau	Total
Households in which at least one former member emigrated	16.1	17.4	15.2	19.4	21.0	12.9	16.9
Households in which no one emigrated	83.9	82.6	84.8	80.6	79.0	87.1	83.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	4,444	6,651	3,614	2,985	2,026	2,469	11,095

The highest percentage of households with at least one emigrant is in the South region (21 percent) and the lowest in Chisinau (13 percent). Further research could serve to explain the differential: Is the indicator the lowest in Chisinau because people have higher standards of living in the capital relative to other places in Moldova and are thus less motivated to move abroad? Is it a data artifact reflecting a systematic lack of entire households in Chisinau that moved away and are therefore not accounted for in the MDHS sample?

Figure 15.1 shows the percentage of households with emigrants by wealth quintile. Overall, households with emigrants tend to come from the middle (23 percent) and fourth (21 percent) wealth quintiles, and fewer come from the richest and poorest quintiles. This pattern is not unexpected because poor households are least likely to have the capital to initiate or support a move abroad, and rich households may not be motivated by the potential remittances to move abroad.

Figure 15.1 **Percentage of Households With at Least One Emigrant by Wealth Quintile**



MDHS 2005

15.2 HOUSEHOLD CHARACTERISTICS OF EMIGRANTS' FORMER HOUSEHOLDS

A further examination of household emigration trends reveals the interdependent, clustering nature of emigrants in the population versus an even distribution among households. In the 17 percent of households where emigration has occurred, it is not unusual that more than one former resident has emigrated. Table 15.2 shows that in households where former members have emigrated, about a fifth of households had two members who emigrated (19 percent) and 6 percent had three or more. This clustered distribution is evident in urban and rural areas and across regions: in 24 percent of households in urban areas with at least one emigrant, more than one member has emigrated; in 27 percent of households in rural areas with at least one emigrant, more than one member has emigrated. The clustering effect is highest in the North region (29 percent), and lowest in Chisinau (22 percent).

Table 15.2 Characteristics of households from which former members have emigrated

Percent distribution of households with former members who have emigrated by number of emigrants and wealth quintile, according to residence and region, Moldova 2005

Number of emigrants/ wealth quintile	Residence		Region				Total
	Urban	Rural	North	Center	South	Chisinau	
Number of emigrants							
1	75.6	73.5	71.0	75.3	74.3	78.2	74.3
2	18.4	20.0	22.4	17.6	19.8	17.1	19.4
3+	6.0	6.4	6.6	7.1	5.9	4.6	6.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Wealth quintile							
Lowest	1.0	20.5	16.7	16.7	13.1	0.0	13.0
Second	4.1	31.7	28.4	24.2	22.5	1.3	21.2
Middle	14.4	30.6	26.7	25.5	35.5	3.5	24.4
Fourth	38.3	16.0	19.1	26.3	23.5	31.9	24.5
Highest	42.2	1.2	9.0	7.3	5.4	63.2	16.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	715	1,158	549	580	426	319	1,874

The native language of an emigrant is a useful indicator of his or her ethnicity. The MDHS did not ask information specifically about the native language or ethnicity of the emigrant, but a revealing background characteristic pertaining to emigrant households is that in 81 percent of households with at least one emigrant, the head of household was interviewed in Romanian language, versus 19 percent interviewed in Russian language (data not shown). One would expect a significant association between the native language of the emigrant and the preferred language of the current head of household.

15.3 BACKGROUND CHARACTERISTICS OF EMIGRANTS

Table 15.3 presents the percent distribution of emigrants by background characteristics. In addition to standard information collected on household assets, specific information on emigrants' sex, age, and relation to current household head was reported by the respondent of the household questionnaire.

Table 15.3 Background characteristics of emigrants at time of emigration

Percent distribution of emigrants by age at time of emigration, residence, region, relationship to household head, and wealth quintile, according to sex, Moldova 2005

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age at time of emigration						
<15	3.3	40	43	2.6	34	42
15-19	10.4	125	133	12.0	157	168
20-24	22.0	265	258	26.6	350	349
25-29	17.9	215	217	19.0	250	242
30-34	12.4	149	150	11.4	150	151
35-39	10.7	128	135	9.7	128	127
40-44	9.9	118	131	7.2	95	100
45-49	9.0	107	112	7.6	100	105
50+	4.0	47	54	3.5	46	50
Residence at time of emigration						
Urban	39.0	468	688	36.3	477	714
Rural	61.0	732	551	63.7	837	626
Region at time of emigration						
North	28.0	336	319	32.2	423	413
Center	29.8	358	329	32.2	423	391
South	24.2	290	313	21.2	279	298
Chisinau	18.0	216	278	14.5	190	238
Relation to current head of former household						
Spouse/partner	26.6	319	326	25.5	336	345
Father/mother	6.9	83	97	3.3	44	48
Son/daughter	46.5	559	567	53.9	708	720
Son-in-law/daughter-in-law	8.6	104	103	9.8	129	120
Other non-relative	7.6	91	96	5.0	66	73
Other relative/DK/missing	3.6	44	50	2.4	3.1	34
Wealth quintile of former household						
Lowest	10.2	122	97	14.9	196	148
Second	21.9	262	212	22.2	291	234
Middle	26.2	314	295	23.3	306	296
Fourth	24.9	299	363	24.4	320	391
Highest	16.8	202	272	15.3	201	271
Total[1]	100.0	1,200	1,239	100.0	1,314	1,340

[1] Includes cases where information is missing

The distribution of emigrants by age of emigration is similar for males and females. The most common age group for people to emigrate is age 20-24 for both sexes. This age group accounts for roughly one-quarter of all emigrants (22 percent of females and 27 percent of males). Approximately three-quarters of all emigrants emigrate between age 15 and 39 years (73 percent of females and 79 percent of males).

As mentioned above, the percentage of households where former members emigrated was about 17 percent, with little difference between urban and rural households. However, examining the origin of individual emigrants in Table 15.3, it appears that more emigrants actually originate from rural households (61 female and 64 percent male). The difference between the distributions, that is, between the distribution of households with emigrants versus the distribution of individual emigrants, further suggests that the "clustering" effect is greater in rural households (i.e., rural households are more likely to have more than one member that emigrated).

Overall, a slightly higher proportion of emigrants are males than females (52 and 48 percent, respectively). However, in Chisinau and the South region, a slightly higher proportion of emigrants are females than males.

Emigration has considerable impact on family structure. More than one-quarter of both males and females living abroad have left behind a wife or husband in their household of origin. Over half of emigrants are the son or daughter, or son-in-law or daughter-in-law, of the head of the household (55 percent of female emigrants are the daughter or daughter-in-law, 64 percent of male emigrants are the son or son-in-law).

The distribution of emigrant households by wealth quintile shows an inverted u-shaped pattern. A small proportion of emigrants originated in households in the poorest quintile (10 percent of women and 15 of men) and in the wealthiest quintile (17 percent of women and 15 percent of men) but the largest proportion of emigrants, 70 percent or more, came from households in the middle three quintiles.

15.4 MAIN REASON FOR EMIGRATING

Labor is overwhelmingly the main reason that people in Moldova emigrate. Household respondents report that for 83 percent of female emigrants and 91 percent of male emigrants, work was the main reason for moving abroad. An additional 7 percent of women and 3 percent of men emigrated to accompany their spouse or family abroad; 3 percent of women and 1 percent of men emigrated in order to marry a foreigner. Five percent or less of emigrants left Moldova with their main purpose being to study.

Table 15.4 Main reason for emigrating

Percent distribution of emigrants by main reason for emigrating as reported by household interview respondent, according to sex, Moldova 2005

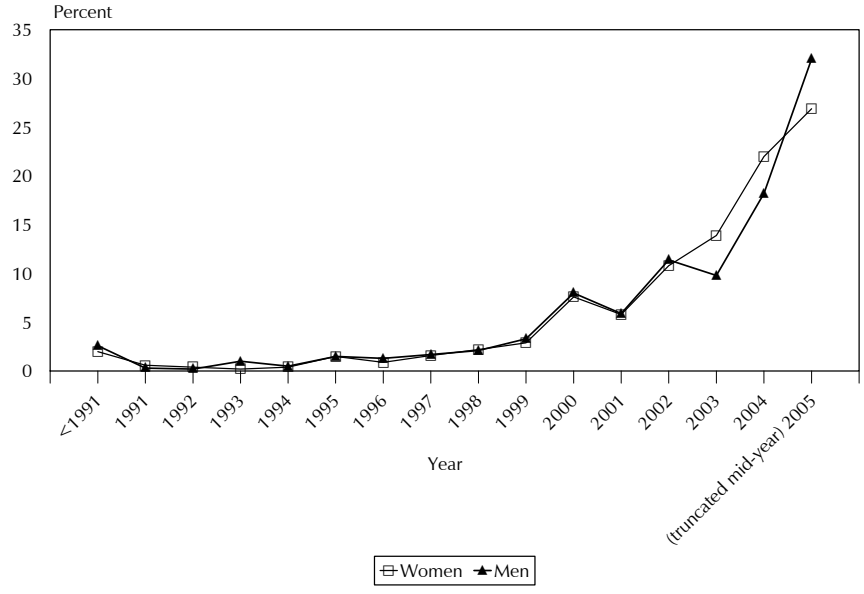
Main reason for emigration	Women		Men		Total	
	Weighted percent	Number	Weighted percent	Number	Weighted percent	Number
Work	83.3	999	90.8	1,194	87.2	2,193
Study	4.7	57	3.7	49	4.2	106
Accompany spouse/family	6.7	80	2.7	36	4.6	116
Marry foreigner	2.9	35	1.1	14	1.9	49
Other/don't know	2.3	28	1.5	20	2.0	48
Total	100.0	1,200	100.0	1,314	100.0	2,514

Specific information on the type of work that motivated people to move abroad was not collected. The reasons for this are mainly related to quality of data that would have been obtained from a secondary source. First, although work is clearly the main motivation for emigrants moving abroad, the household respondent who was reporting on behalf of the emigrant may not have been able to describe the type of work the emigrant expected to have abroad at the time of emigration (the emigrant may also not have had clear knowledge of the work he or she would find abroad). Second, the type of work that was the initial motivation for moving abroad is likely not to be the current occupation of the emigrant. Third, the more interesting information to have would be the work that the emigrant is currently doing. Information on current occupation was not collected from the household respondent because the respondent may not know exactly what kind of work the emigrant does, or they may not report honestly on the type of work (for trafficked emigrants, for example). Current occupation and remittances of emigrants are important but difficult fields to research, and other research methodologies better designed than a national survey to collect detailed information are being developed (IMF, 2005a; IMF, 2005b).

15.5 TRENDS IN EMIGRATION: CURRENT AGE AND SEX OF EMIGRANTS

This section examines emigration trends over time and the age and sex profile of Moldovans living abroad. Figure 15.2 shows that emigration was negligible prior to the dissolution of the Soviet Union in 1991, and even throughout most of the first decade of Moldova's independence after August 1991. In the first half of the decade, emigration may have been more ethnically or politically motivated when, for example, ethnic Russians moved to Russia and ethnic Ukrainians moved to Ukraine (Korobkov and Palei, 2005). By 2000, in the wake of the regional economic crisis in 1998 that hit Moldova particularly hard, it was the lure of better economic opportunities abroad that pushed emigration rates up sharply; over half (57 percent) of all emigrants recorded in the survey left between the beginning of 2001 and the time of data collection for this survey (mid-2005). With these observations in mind, however, two data quality issues should be noted. First, an inherent bias is that the survey asks about emigrants from current households. The longer ago the emigration, the more likely the household is to be reconstituted or dissolved and thus not able to report on emigrants. Second, there is potential recall bias.

Figure 15.2 **Percent Distribution of Emigrants by Year of Emigration and Sex**



Figures 15.3.1 and 15.3.2 and Table 15.5 show the distribution of emigrants by current age and original household residence. In Figures 15.2.1 and 15.2.2, the distribution of emigrants from urban areas is a flatter distribution than that of emigrants from rural areas. Emigrants from rural areas are significantly younger than those from urban origins. Forty-three percent of emigrants from rural areas are age 20 to 29, compared with only 32 percent from urban areas (Table 15.5). For both areas of residence, but especially for rural areas, this level of emigration represents a significant loss of labor and reproductive potential.

Figure 15.3.1 Current Age of Emigrants from Urban Areas

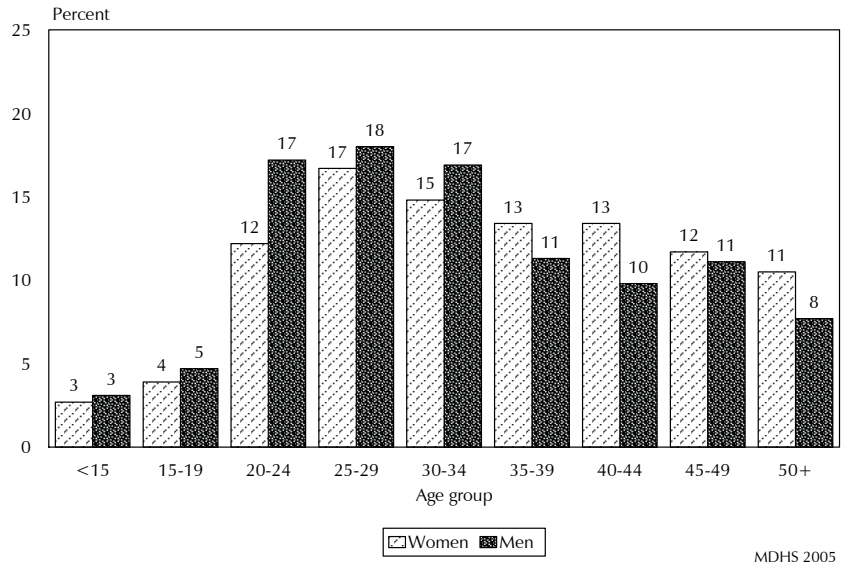
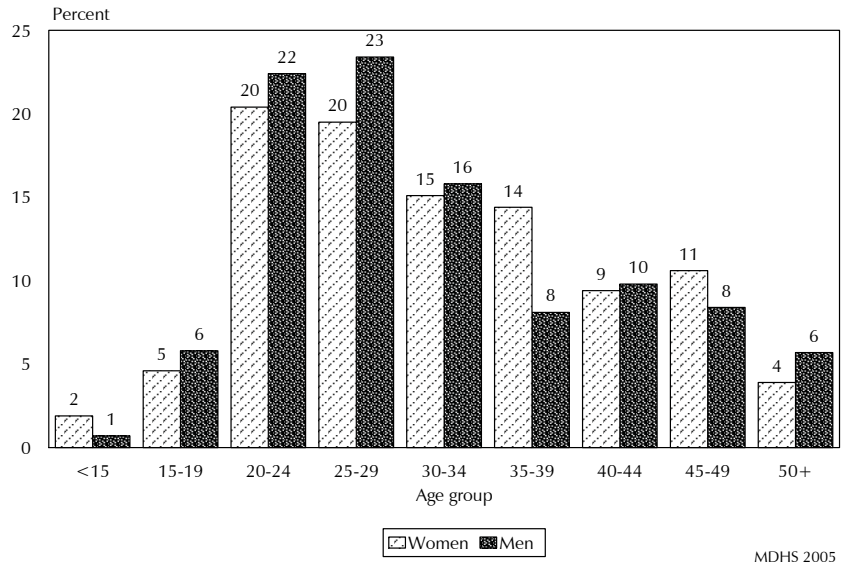


Figure 15.3.2 Current Age of Emigrants from Rural Areas



That emigrants are disproportionately younger from rural areas than from urban areas is potentially a combination of two phenomena. First, emigration trends may have started earlier in urban areas than in rural areas, so emigrants from urban areas have been subject to a longer period of aging abroad (much like populations age when fertility declines); second, emigrants from urban areas tend to emigrate at older ages than those in rural areas. Further research could explain these complex patterns.

Table 15.5 Current age and sex of emigrants

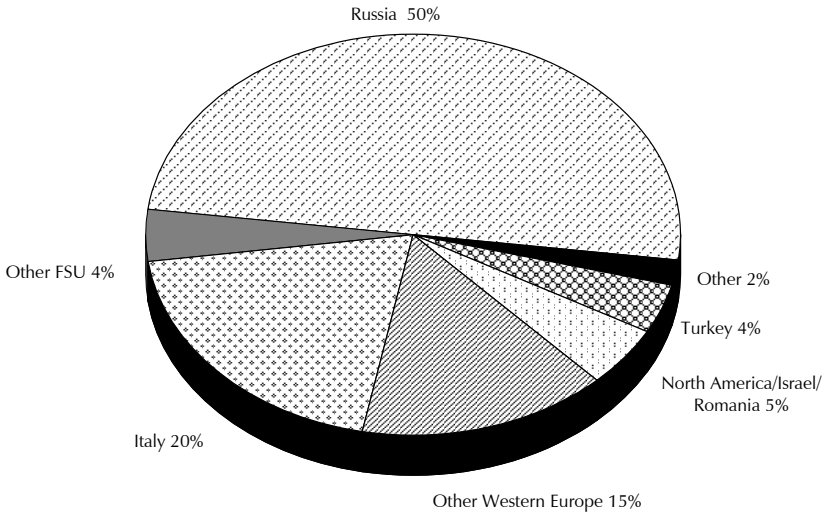
Percent distribution of emigrants by current age, in five-year age groups, according to sex and original residence, Moldova 2005

	Residence								
	Urban			Rural			Total		
Current age	Women	Men	Total	Women	Men	Total	Women	Men	Total
<15	2.7	3.1	2.9	1.9	0.7	1.3	2.2	1.5	1.9
15-19	3.9	4.7	4.3	4.6	5.8	5.2	4.3	5.4	4.9
20-24	12.2	17.2	14.7	20.4	22.4	21.4	17.2	20.5	18.9
25-29	16.7	18.0	17.3	19.5	23.4	21.6	18.4	21.4	20.0
30-34	14.8	16.9	15.8	15.1	15.8	15.5	15.0	16.2	15.6
35-39	13.4	11.3	12.4	14.4	8.1	11.0	14.0	9.3	11.5
40-44	13.4	9.8	11.6	9.4	9.8	9.6	11.0	9.8	10.4
45-49	11.7	11.1	11.4	10.6	8.4	9.4	11.0	9.4	10.2
50+	10.5	7.7	9.1	3.9	5.7	4.9	6.5	6.4	6.5
Missing	0.8	0.2	0.5	0.2	0.0	0.1	0.4	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of emigrants	468	477	946	732	837	1,569	1,200	1,314	2,514

15.6 DESTINATION COUNTRIES

Figure 15.4 shows emigrants' destination countries. Given that many Moldovans are ethnic Russians, half of emigrants have moved to Russia; it increases to 54 percent when Ukraine and other Commonwealth of Independent States (countries of the former Soviet Union) are included. One-third of all emigrants moved to Western Europe, with Italy as the primary destination (20 percent) followed by Portugal, Greece, and Spain. The remainder of emigrant destinations include Turkey, North America, Israel, Romania, and other countries.

Figure 15.4 Destination Countries of Emigrants



MDHS 2005

Table 15.6 further breaks down emigrants by destination, according to sex and age. One reason for breaking down destinations by age of emigrant (at time of emigration) and sex is to try and detect evidence of human trafficking. Trafficking in persons, as defined in the United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons (Dec. 2002) means "the recruitment, transportation, transfer, harboring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation." Moldova is reported to be one of the leading exporters of human beings to Western Europe, a trend that started in 1994-1995 with the wave of illegal emigration (Costachi, 2003). (The reader is reminded that the MDHS sample does not include the Transnistria, a region that may be involved with trafficking.) Although the literature on this problem has continued to grow in the past 10 years, due to its sensitive nature there is still very limited statistical data relevant to its actual magnitude (Laczko, 2002). The MDHS tries to make up for some of this lack of data by providing a profile of emigrants in general, which may serve to at least validate or challenge previous estimates.

Table 15.6 shows that about 50 percent of females from Moldova who ever emigrated to any country were age 15 to 29 years at the time of emigration. For males, this proportion is 58 percent indicating that overall, men have emigrated at younger ages than women. For economic reasons, most trafficking of women is to richer countries in Western Europe and to Turkey (Costachi, 2003). Table 15.6 shows that over half of the female emigrants to Turkey were between age 15 and 29 years, and similarly for some countries in Western Europe. While the MDHS data do not provide specific information on the trafficking of women, it is a valuable source of data that should be utilized along with other data available.

Table 15.6 Destination countries of emigrants

Percent distribution of emigrants by age and sex, according to destination countries, Moldova 2005

	Women/girls				Men/boys				Total			
Destination	Age 15-29	Age <15 and ≥30	Total	Number	Age 15-29	Age <15 and ≥30	Total	Number	Age 15-29	Age <15 and ≥30	Total	Number
Former Soviet Union	49.8	50.2	100.0	515	58.8	41.2	100.0	841	55.4	44.6	100.0	1,356
Russia	49.0	51.0	100.0	467	58.3	41.7	100.0	781	54.8	45.2	100.0	1,249
Ukraine	(58.3)	(41.7)	100.0	48	67.2	32.8	100.0	54	63.0	37.0	100.0	102
Other FSU	*	*	100.0	0	*	*	100.0	5	*	*	100.0	5
Western Europe	47.4	52.6	100.0	497	53.9	46.1	100.0	375	50.2	49.8	100.0	872
Greece	(41.0)	(59.0)	100.0	34	(53.3)	(46.7)	100.0	30	46.8	53.2	100.0	64
Portugal	*	*	100.0	17	53.1	46.9	100.0	69	51.3	48.7	100.0	86
Italy	42.7	57.3	100.0	355	50.7	49.3	100.0	151	45.1	54.9	100.0	507
Spain	*	*	100.0	21	(49.0)	(51.0)	100.0	35	48.9	51.1	100.0	55
Other Western Europe	75.2	24.8	100.0	70	62.0	38.0	100.0	90	67.8	32.2	100.0	160
Other	60.1	39.9	100.0	174	61.3	38.7	100.0	86	60.5	39.5	100.0	260
North America	*	*	100.0	13	*	*	100.0	15	(57.7)	(42.3)	100.0	28
Romania	(74.7)	(25.3)	100.0	33	(65.0)	(35.0)	100.0	27	70.3	29.7	100.0	60
Turkey	58.9	41.1	100.0	85	*	*	100.0	8	59.9	40.1	100.0	92
Israel	*	*	100.0	23	*	*	100.0	12	(35.4)	(64.6)	100.0	35
Other	*	*	100.0	20	*	*	100.0	23	(70.4)	(29.6)	100.0	44
Don't know/missing	*	*	100.0	13	*	*	100.0	13	(56.5)	(43.5)	100.0	27
Total	50.3	49.7	100.0	1,200	57.6	42.4	100.0	1,314	54.1	45.9	100.0	2,514

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
FSU = Former Soviet Union

15.7 CHILDREN OF EMIGRANTS

Children who do not live with their natural parents are more likely to be disadvantaged compared with those who do (UNICEF, 2004). Table 15.7 shows that almost half of households having a former member who now lives abroad are caring for at least one child left behind (44 percent), with households in rural areas more likely than those in urban areas to care for these children (47 and 40 percent, respectively). Households in Chisinau are the least likely to leave children behind (34 percent) (data not shown).

Table 15.8 shows that 42 percent of emigrants left children behind, whether these children live in households interviewed or elsewhere in Moldova. Thirty-seven percent of emigrants from urban areas and 45 percent from rural areas left at least one child behind. Among the emigrants who left children behind, about 4 in 10 left behind two or more children.

Table 15.7 Characteristics of households caring for the children of emigrants

Percent distribution of households with children of emigrants, by number of children and wealth quintile, according to residence, Moldova 2005

Households caring for emigrants' children	Residence		
	Urban	Rural	Total
Households with:			
0 children	60.5	53.4	56.1
1 child	25.3	27.7	26.8
2 children	11.7	15.0	13.7
3+ children	2.5	3.9	3.4
Total	100.0	100.0	100.0
Wealth quintile			
Lowest	1.0	20.5	13.0
Second	4.1	31.7	21.2
Middle	14.4	30.6	24.4
Fourth	38.3	16.0	24.5
Highest	42.2	1.2	16.9
Total	100.0	100.0	100.0
Number of households	715	1,158	1,874

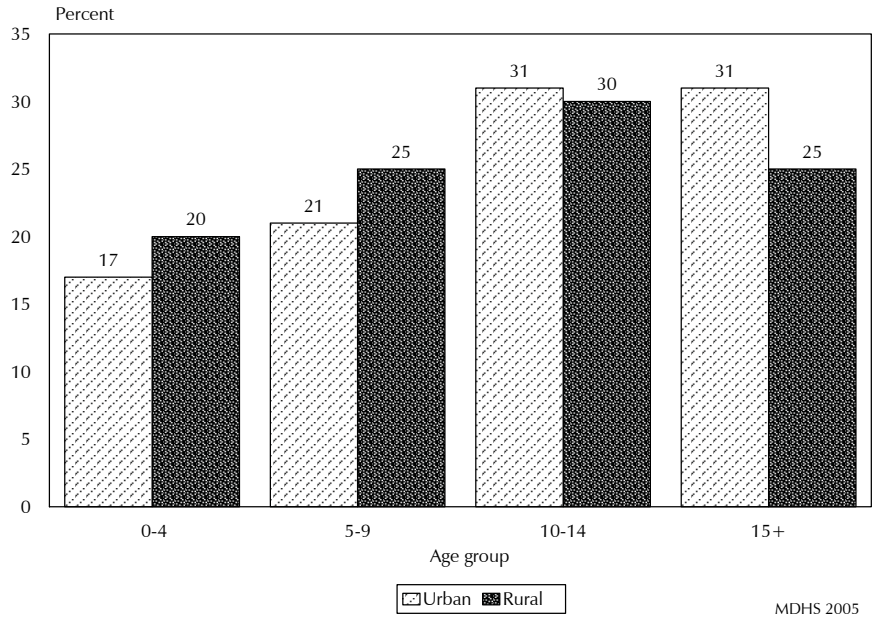
Table 15.8 Children of emigrants left behind

Percent distribution of emigrants by number of children left behind, according to residence, Moldova 2005

Emigrant children left behind	Residence		
	Urban	Rural	Total
No children	62.7	55.1	58.0
At least one child	37.3	44.9	42.1
1 child	23.8	25.5	24.9
2 children	11.3	15.7	14.0
3+ children	2.2	3.7	3.2
Total	100.0	100.0	100.0
Number	946	1,569	2,514

Figure 15.5 shows the distribution of emigrants' children left behind by current age. About one-fifth of children are under 5 years (17 percent in urban areas and 20 percent in rural areas), and one-quarter or more are age 15 and above (31 percent in urban areas and 25 percent in rural areas). Below age 9, there are proportionally more children in rural households that were left behind than children in urban households; this trend is reversed for children age 10 and above. Overall, the median age of children left behind is age 11 years (data not shown).

Figure 15.5 Current Age of Emigrants' Children



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SAMPLE DESIGN

Appendix A

A.1 INTRODUCTION

The 2005 Moldova Demographic and Health Survey (2005 MDHS) is based on a representative probability sample of women age 15-49 and men age 15-59. Transnistria, the semiautonomous region in the eastern part of the country accounting for approximately 15 percent of Moldova's population, is not included in the sample. In this appendix, therefore, the national sample area is referred to as Moldova (West). In every selected household, all women were eligible for interview. In one out of three selected households, all men were eligible for interview.

The sample was designed to provide estimates with an acceptable level of precision for population, health and nutrition indicators such as fertility, contraceptive prevalence, selected maternal and child indicators including anthropometric measures and anemia prevalence, and mortality rates for children under five. The major sample domains for which these estimates are computed are:

- Moldova (West) at a national level;
- Total urban areas and total rural areas of Moldova (West); and
- Subregions of Moldova (West), including North, Center, South regions and Chisinau.

A.2 SAMPLE FRAME

Administratively, Moldova (West) is divided into three major geographical regions including North, Center, South regions and Chisinau municipality. For the purposes of conducting the 2004 Population and Housing Census, each geographical region was further subdivided into administrative areas called census sectors (CS). Each CS is classified as urban or rural. The population size of each CS, made available from the 2004 census, coupled with detailed cartographic information for each CS, comprise the master sample frame for the 2005 MDHS survey.

A.3 CHARACTERISTICS OF THE SAMPLE

The primary sampling unit (PSU), referred to as a "cluster" in the 2005 MDHS, is defined based on the list of CSs as demarcated in the 2004 census. The CS was a unit originally constructed to ensure a convenient census workload, and it also serves as a practical primary sampling unit for the 2005 MDHS.

The 2005 MDHS utilized a two-stage sample design. The primary sampling stage involved selecting a sample of 400 clusters from an updated master sampling frame from the 2004 census. The preclassified urban and rural CSs were used to define the explicit strata for the purpose of cluster selection i.e., for Moldova (West) as a whole, a specified number of urban and rural CSs was selected independently. The second stage of sampling involved the systematic selection of households from an updated listing of all households in each of the selected clusters. A sample take of 30 households in each cluster was selected prior to data collection.

A.4 SAMPLE ALLOCATION AND SAMPLE SIZE

The target household sample size needed for the 2005 MDHS survey was estimated to be 12,000 selected households in the whole of Moldova (West). This number of households was expected to yield an adequate number of women of eligible age (approximately 8,100) to compute survey indicators, and an adequate number of children under five years (approximately 1,800) whose information would be collected from the women (or, in some cases, the child's caretaker). The estimated sample sizes are based on the levels of response resulting from the 2000 Moldova MICS, where both urban and rural households provided, on average, 0.7 women of eligible age (Table A.1). The average number of children under age five was approximately 0.1-0.2 per household.

Table A.1 Number of selected households and completed women and children interviews, by residence

	2000 MICS Survey						
					Completed		
Domain	Estimated total households	Distribution of households	Selected number of households	Sample household distribution	Eligible women	Women per selected household	Eligible children
Urban Moldova (West)	57,1660	0.40	3,744	0.40	2,586	0.69	449
Rural Moldova (West)	86,0775	0.60	5,509	0.60	3,787	0.69	974
Total	1,432,435		9,253		6,373		1,423

Table A.2 uses information in Table A.1 to calculate the expected number of completed women interviews, and the number of children under five, under proportional and non-proportional distributions for the 2005 MDHS. Under a proportional distribution the urban area is 40 percent, while under the non-proportional allocation the sample in the urban area is 45 percent. The latter ultimately permits a better urban analysis.

Table A.2 Proportional and non-proportional sample allocation

	Proportional and Square Root Sample Allocation, 2005 MDHS						
						Completed	
Domain	Proportional allocation	Square root of total households	Distribution square root of households	Square root allocation	Adjusted sample	Expected women	Expected children
Urban Moldova (West)	4,789	756.1	0.45	5,388	5,400	3,730	648
Rural Moldova (West)	7,211	927.8	0.55	6,612	6,600	4,537	1,167
Total	12,000	1,683.9		12,000	12,000	8,267	1,814

The final recommended sample is one adjusted to collect information on an approximately equal number of children in each domain (Table A.3). A total of 400 clusters in Moldova (West) were selected from the sampling frame, including 233 urban and 167 rural clusters selected using systematic sampling with probabilities proportional to their size. Table A.3 shows the final distribution of selected households for the 2005 MDHS.

Table A.3 Final recommended sample size

Domain	Expected completed children	Household sample selection	Expected completed women	Number of clusters to select
Urban Moldova (West)	839	7,000	4,835	233
Rural Moldova (West)	884	5,000	3,437	167
Total	1,723	12,000	8,272	400

Table A.4 Sample implementation: women

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban-rural residence and region, Moldova 2005

	Residence		Region				
Result	Urban	Rural	North	Center	South	Chisinau	Total
Selected households							
Completed (C)	87.7	95.4	92.5	94.7	95.0	83.9	90.9
Household present but no competent respondent at home (HP)	4.0	1.0	1.4	1.1	1.5	6.1	2.8
Postponed (P)	0.1	0.1	0.1	0.0	0.0	0.2	0.1
Refused (R)	2.5	0.3	0.5	0.6	0.5	4.0	1.6
Dwelling not found (DNF)	0.1	0.0	0.1	0.1	0.0	0.2	0.1
Household absent (HA)	3.0	1.4	2.9	2.2	1.0	2.9	2.4
Dwelling vacant/address not a dwelling (DV)	2.5	1.6	2.6	1.2	1.8	2.6	2.1
Dwelling destroyed (DD)	0.1	0.1	0.0	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	7,104	5,102	3,576	2,786	2,201	3,643	12,206
Household response rate (HRR)[1]	92.8	98.5	97.9	98.1	97.8	88.8	95.2
Eligible women							
Completed (EWC)	93.5	97.4	97.7	97.1	97.1	89.8	95.1
Not at home (EWNH)	3.9	1.6	1.1	1.6	1.7	6.5	3.0
Postponed (EWP)	0.0	0.0	0.0	0.0	0.1	0.1	0.0
Refused (EWR)	1.9	0.2	0.6	0.5	0.4	2.9	1.2
Partly completed (EWPC)	0.2	0.1	0.0	0.1	0.1	0.4	0.2
Incapacitated (EWI)	0.4	0.7	0.5	0.6	0.5	0.4	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	4,602	3,224	2,113	1,858	1,486	2,369	7,826
Eligible women response rate (EWRR)[2]	93.5	97.4	97.7	97.1	97.1	89.8	95.1
Overall response rate (ORR)[3]	86.8	95.9	95.7	95.3	95.0	79.7	90.5

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR/100$$

Table A.5 Sample implementation: men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to urban-rural residence and region, Moldova 2005

Result	Residence		Region				Total
	Urban	Rural	North	Center	South	Chisinau	
Selected households							
Completed (C)	87.2	95.2	92.6	94.3	95.5	82.7	90.6
Household present but no competent respondent at home (HP)	3.8	1.2	1.2	1.2	1.6	6.2	2.8
Postponed (P)	0.1	0.1	0.2	0.0	0.0	0.1	0.1
Refused (R)	2.8	0.5	0.5	0.9	0.5	4.8	1.9
Dwelling not found (DNF)	0.2	0.0	0.0	0.2	0.0	0.2	0.1
Household absent (HA)	3.3	1.4	3.0	2.3	1.0	3.0	2.5
Dwelling vacant/address not a dwelling (DV)	2.5	1.6	2.5	1.2	1.4	2.8	2.1
Dwelling destroy (DD)	0.1	0.0	0.0	0.0	0.0	0.2	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	2,365	1,696	1,190	931	730	1,210	4,061
Household response rate (HRR)[1]	92.6	98.1	98.0	97.7	97.8	88.0	94.9
Eligible men							
Completed (EMC)	83.5	91.0	90.0	90.2	89.8	78.2	86.6
Not at home (EMNH)	9.8	5.8	5.1	5.4	7.1	13.8	8.1
Postponed (EMP)	0.0	0.1	0.1	0.0	0.0	0.0	0.0
Refused (EMR)	4.8	1.3	2.6	2.6	1.2	6.2	3.3
Partly completed (EMPC)	1.0	0.0	0.6	0.4	0.0	1.1	0.6
Incapacitated (EMI)	0.9	1.9	1.5	1.4	1.9	0.7	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	1,698	1,199	778	702	577	840	2,897
Eligible men response rate (EMRR)[2]	83.5	91.0	90.0	90.2	89.8	78.2	86.6
Overall response rate (ORR)[3]	77.3	89.3	88.2	88.1	87.8	68.8	82.2

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EMRR/100$$

ESTIMATES OF SAMPLING ERRORS

Appendix B

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the MDHS to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the MDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the MDHS sample is the result of a multistage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the MDHS is the ISSA Sampling Error Module (ISSAS). This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jacknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2}\sum_{h=1}^{H}\left[\frac{m_h}{m_{h-1}}\left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h}\right)\right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}\text{, and } \; z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of enumeration areas selected in the h^{th} stratum,

y_{hi} is the sum of the values of variable y in EA i in the h^{th} stratum,
x_{hi} is the sum of the number of cases in EA i in the h^{th} stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jacknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the MDHS, there were 400 non-empty clusters (PSUs). Hence, 400 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 400 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 399 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, ISSAS computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSAS also computes the relative error and confidence limits for the estimates.

Sampling errors for the MDHS are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole, for urban and rural areas, for the three regions (North, Center, and South) and for Chisanau. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.7 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1).

In general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. There are some differentials in the relative standard error for the estimates of subpopulations. For example, for the variable *contraceptive use for currently married women age 15-49*, the relative standard errors as a percent of the estimated mean for the whole country, for urban areas, and for rural areas are 1.1 percent, 1.5 percent, and 1.5 percent, respectively.

The confidence interval (e.g., as calculated for *contraceptive use for currently married women age 15-49)* can be interpreted as follows: the overall national sample proportion is .678 and its standard error is 0.007. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e. .678±2(0.007). There is a high probability (95 percent) that the *true* average proportion of contraceptive use for currently married women age 15 to 49 is between .663 and .692.

Table B.1 List of selected variables for sampling errors, Moldova 2005

Variable	Estimate	Base population
	WOMEN	
Urban residence	Proportion	All women
Literate	Proportion	All women
No education	Proportion	All women
Secondary education or higher	Proportion	All women
Net attendance ratio for primary school	Ratio	Children with primary school
Never married	Proportion	All women
Currently married/in union	Proportion	All women
Married before age 20	Proportion	All women
Currently pregnant	Proportion	All women
Children ever born	Mean	All women
Abortions, women age 40-49	Mean	All women 40-49
Induced abortions (%)	Proportion	All women
Children surviving	Proportion	All women
Children ever born to women age 40-49	Proportion	All women 40-49
Knows any contraceptive method	Proportion	Currently married women
Ever using contraceptive method	Proportion	Currently married women
Currently using any contraceptive method	Proportion	Currently married women
Currently using a modern method	Proportion	Currently married women
Currently using pill	Proportion	Currently married women
Currently using IUD	Proportion	Currently married women
Currently using condom	Proportion	Currently married women
Currently using female sterilization	Proportion	Currently married women
Currently using periodic abstinence	Proportion	Currently married women
Obtained method from public sector source	Proportion	Currently users
Want no more children	Proportion	Currently married women
Want to delay birth at least 2 years	Proportion	Currently married women
Mothers received tetanus injection for last birth	Proportion	Last birth in 5 years
Mothers received medical assistance at delivery	Proportion	Births in 5 years
Had diarrhoea in two weeks before survey	Proportion	Births in 5 years
Vaccination card seen	Proportion	Children 15-26
Received BCG	Proportion	Children 15-26
Received DPT (3 doses)	Proportion	Children 15-26
Received polio (3 doses)	Proportion	Children 15-26
Received measles	Proportion	Children 15-26
Fully immunized	Proportion	Children 15-26
Height-for-age (below -2SD)	Proportion	Children 0-59 months measured
Weight-for-height (below -2SD)	Proportion	Children 0-59 months measured
Weight-for-age (below -2SD)	Proportion	Children 0-59 months measured
BMI <18.5	Proportion	All women
Has heard of HIV/AIDS	Proportion	All women
Knows about condoms	Proportion	All women
Knows about limiting partners	Proportion	All women
Any anemia (children)	Proportion	All children under five
Any anemia (women)	Proportion	All women
Total abortion rate	Rate	All currently married last 3 years
Total fertility rate (last 3 years)	Rate	All births last 3 years
Neonatal mortality	Rate	All children in last 5(10) years
Postneonatal mortality	Rate	All children in last 5(10) years
Infant mortality	Rate	All children in last 5(10) years
Child mortality	Proportion	All children in last 5(10) years
Under 5 mortality	Proportion	All children in last 5(10) years
	MEN	
Urban residence	Proportion	All men
Literate	Proportion	All men
No education	Proportion	All men
Secondary education or higher	Proportion	All men
Never married	Proportion	All men
Currently married/in union	Proportion	All men
Married before age 20	Proportion	All men
Want no more children	Proportion	Currently married men
Want to delay birth at least 2 years	Proportion	Currently married men
Has heard of HIV/AIDS	Proportion	All men
Knows about condoms	Proportion	All men
Knows about limiting partners	Proportion	All men

[1] Five years for national sample and 10 years for regional sample
[2] Maternal mortality ratio is reported only for national sample

Table B.2 Sampling errors for National sample, Moldova 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.429	0.008	7440	7440	1.348	0.018	0.414	0.445
Literate	0.997	0.001	7440	7440	1.147	0.001	0.996	0.999
No education	0.002	0.001	7440	7440	1.260	0.308	0.001	0.004
Secondary education or higher	0.993	0.002	7440	7440	1.598	0.002	0.990	0.996
Net attendance ratio for primary school	0.782	0.010	2066	2110	1.084	0.013	0.762	0.801
Never married	0.250	0.006	7440	7440	1.101	0.022	0.239	0.261
Currently married/in union	0.664	0.006	7440	7440	1.104	0.009	0.651	0.676
Married before age 20	0.428	0.008	6037	6023	1.189	0.018	0.413	0.443
Currently pregnant	0.024	0.002	7440	7440	1.134	0.084	0.020	0.028
Children ever born	1.380	0.016	7440	7440	1.040	0.011	1.349	1.412
Abortions, women age 40-49	1.486	0.053	2151	2156	1.373	0.035	1.381	1.591
Induced abortions (%)	0.342	0.013	1839	1845	1.122	0.038	0.316	0.368
Children surviving	1.326	0.015	7440	7440	1.037	0.011	1.296	1.355
Children ever born to women age 40-49	2.348	0.032	2151	2156	1.252	0.014	2.284	2.412
Knows any contraceptive method	0.995	0.001	4892	4937	1.079	0.001	0.993	0.997
Ever using contraceptive method	0.911	0.005	4892	4937	1.204	0.005	0.902	0.921
Currently using any contraceptive method	0.678	0.007	4892	4937	1.102	0.011	0.663	0.692
Currently using a modern method	0.438	0.008	4892	4937	1.094	0.018	0.423	0.454
Currently using pill	0.036	0.003	4892	4937	1.112	0.082	0.030	0.042
Currently using IUD	0.252	0.007	4892	4937	1.094	0.027	0.239	0.266
Currently using condom	0.074	0.004	4892	4937	1.159	0.059	0.065	0.082
Currently using female sterilization	0.047	0.003	4892	4937	1.060	0.069	0.040	0.053
Currently using periodic abstinence	0.035	0.003	4892	4937	1.015	0.077	0.029	0.040
Obtained method from public sector source	0.686	0.010	2431	2377	1.108	0.015	0.665	0.707
Want no more children	0.641	0.008	4892	4937	1.144	0.012	0.626	0.657
Want to delay birth at least 2 years	0.136	0.005	4892	4937	1.049	0.038	0.126	0.146
Mothers received tetanus injection for last birth	0.900	0.011	1369	1387	1.340	0.012	0.878	0.921
Mothers received medical assistance at delivery	0.995	0.002	1552	1591	0.989	0.002	0.992	0.999
Had diarrhoea in two weeks before survey	0.074	0.006	1533	1571	0.918	0.083	0.062	0.087
Vaccination card seen	0.897	0.019	321	329	1.110	0.021	0.859	0.934
Received BCG	0.997	0.003	321	329	0.925	0.003	0.992	1.003
Received DPT (3 doses)	0.935	0.014	321	329	1.003	0.015	0.908	0.962
Received polio (3 doses)	0.948	0.013	321	329	1.030	0.013	0.923	0.973
Received measles	0.906	0.019	321	329	1.181	0.021	0.867	0.944
Fully immunized	0.853	0.021	321	329	1.098	0.025	0.811	0.896
Height-for-age (below -2SD)	0.084	0.008	1456	1498	1.054	0.094	0.068	0.099
Weight-for-height (below -2SD)	0.039	0.006	1456	1498	1.230	0.158	0.026	0.051
Weight-for-age (below -2SD)	0.043	0.005	1456	1498	0.900	0.110	0.033	0.052
BMI <18.5	0.059	0.003	7039	7062	1.109	0.053	0.053	0.066
Has heard of HIV/AIDS	0.974	0.002	7440	7440	1.316	0.002	0.969	0.979
Knows about condoms	0.782	0.007	7440	7440	1.422	0.009	0.768	0.796
Knows about limiting partners	0.813	0.006	7440	7440	1.359	0.008	0.801	0.825
Any anemia (children)	0.322	0.015	1315	1364	1.195	0.048	0.291	0.352
Any anemia (women)	0.279	0.007	7099	7138	1.317	0.025	0.265	0.293
Total abortion rate	1.304	0.072	na	23455	1.695	0.055	1.161	1.448
Total fertility rate (last 3 years)	1.687	0.055	na	21045	1.113	0.033	1.576	1.797
Neonatal mortality (last 5 years)	4.603	1.961	1569	1606	1.163	0.426	0.681	8.526
Postneonatal mortality (last 5 years)	8.233	2.354	1569	1606	1.042	0.286	3.525	12.941
Infant mortality (last 5 years)	12.836	3.025	1569	1606	1.081	0.236	6.787	18.885
Child mortality (last 5 years)	0.740	0.462	1570	1607	0.703	0.624	0.184	1.665
Under 5 mortality (last 5 years)	13.567	3.052	1570	1607	1.073	0.225	7.464	19.670
MEN								
Urban residence	0.420	0.010	2508	2508	0.983	0.023	0.401	0.440
Literate	0.997	0.001	2508	2508	1.148	0.001	0.995	1.000
No education	0.001	0.001	2508	2508	1.082	0.603	0.000	0.003
Secondary education or higher	0.994	0.002	2508	2508	1.266	0.002	0.989	0.998
Never married	0.291	0.010	2508	2508	1.058	0.033	0.272	0.310
Currently married/in union	0.661	0.010	2508	2508	1.058	0.015	0.641	0.681
Married before age 20	0.086	0.006	2097	2097	1.014	0.072	0.073	0.098
Want no more children	0.641	0.013	1644	1657	1.104	0.020	0.615	0.668
Want to delay birth at least 2 years	0.083	0.008	1644	1657	1.132	0.093	0.068	0.099
Has heard of HIV/AIDS	0.968	0.005	2508	2508	1.356	0.005	0.959	0.978
Knows about condoms	0.848	0.010	2508	2508	1.378	0.012	0.828	0.868
Knows about limiting partners	0.869	0.009	2508	2508	1.296	0.010	0.852	0.887

na = Not applicable

Table B.3 Sampling errors for Urban sample, Moldova 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	1.000	0.000	4301	3194	na	0.000	1.000	1.000
Literate	0.997	0.001	4301	3194	1.427	0.001	0.994	0.999
No education	0.003	0.001	4301	3194	1.506	0.415	0.001	0.006
Secondary education or higher	0.993	0.003	4301	3194	2.098	0.003	0.987	0.998
Net attendance ratio for primary school	0.788	0.014	979	690	1.061	0.018	0.759	0.816
Never married	0.253	0.007	4301	3194	1.030	0.027	0.240	0.267
Currently married/in union	0.640	0.007	4301	3194	1.016	0.012	0.625	0.655
Married before age 20	0.374	0.009	3552	2647	1.068	0.023	0.356	0.391
Currently pregnant	0.023	0.003	4301	3194	1.143	0.114	0.017	0.028
Children ever born	1.110	0.015	4301	3194	0.945	0.014	1.079	1.141
Abortions, women age 40-49	1.630	0.060	1223	892	1.116	0.037	1.511	1.750
Induced abortions (%)	0.390	0.016	1067	801	1.036	0.041	0.358	0.422
Children surviving	1.073	0.015	4301	3194	0.961	0.014	1.043	1.103
Children ever born to women age 40-49	1.944	0.034	1223	892	1.160	0.017	1.876	2.012
Knows any contraceptive method	0.996	0.001	2751	2045	0.721	0.001	0.994	0.998
Ever using contraceptive method	0.918	0.005	2751	2045	1.023	0.006	0.907	0.929
Currently using any contraceptive method	0.672	0.010	2751	2045	1.142	0.015	0.651	0.692
Currently using a modern method	0.478	0.010	2751	2045	1.066	0.021	0.458	0.499
Currently using pill	0.050	0.005	2751	2045	1.187	0.099	0.040	0.060
Currently using IUD	0.216	0.008	2751	2045	1.059	0.038	0.200	0.233
Currently using condom	0.129	0.008	2751	2045	1.220	0.061	0.113	0.144
Currently using female sterilization	0.046	0.004	2751	2045	1.036	0.090	0.038	0.054
Currently using periodic abstinence	0.049	0.004	2751	2045	0.981	0.082	0.041	0.057
Obtained method from public sector source	0.534	0.014	1512	1130	1.114	0.027	0.506	0.563
Want no more children	0.568	0.009	2751	2045	0.955	0.016	0.550	0.586
Want to delay birth at least 2 years	0.174	0.008	2751	2045	1.082	0.045	0.158	0.190
Mothers received tetanus injection for last birth	0.879	0.012	759	566	1.036	0.014	0.855	0.904
Mothers received medical assistance at delivery	0.996	0.002	824	611	1.030	0.002	0.992	1.001
Had diarrhoea in two weeks before survey	0.116	0.011	815	604	0.932	0.090	0.095	0.137
Vaccination card seen	0.904	0.025	174	128	1.124	0.028	0.854	0.955
Received BCG	1.000	0.000	174	128	na	0.000	1.000	1.000
Received DPT (3 doses)	0.907	0.022	174	128	0.976	0.024	0.863	0.950
Received polio (3 doses)	0.933	0.018	174	128	0.953	0.019	0.897	0.970
Received measles	0.881	0.029	174	128	1.185	0.033	0.823	0.940
Fully immunized	0.797	0.034	174	128	1.101	0.042	0.729	0.865
Height-for-age (below -2SD)	0.067	0.009	711	497	0.986	0.140	0.048	0.086
Weight-for-height (below -2SD)	0.040	0.007	711	497	0.903	0.168	0.027	0.053
Weight-for-age (below -2SD)	0.026	0.006	711	497	0.969	0.222	0.015	0.038
BMI <18.5	0.066	0.004	4024	2980	1.070	0.064	0.057	0.074
Has heard of HIV/AIDS	0.992	0.002	4301	3194	1.120	0.002	0.989	0.995
Knows about condoms	0.849	0.006	4301	3194	1.168	0.008	0.837	0.862
Knows about limiting partners	0.873	0.006	4301	3194	1.191	0.007	0.861	0.885
Any anemia (children)	0.268	0.018	627	432	0.984	0.066	0.232	0.303
Any anemia (women)	0.246	0.008	4014	2962	1.234	0.034	0.229	0.263
Total abortion rate	1.459	0.089	na	10128	1.561	0.061	1.281	1.637
Total fertility rate (last 3 years)	1.504	0.060	na	9132	1.048	0.040	1.385	1.623
Neonatal mortality (last 10 years)	10.646	2.895	1552	1153	1.054	0.272	4.855	16.436
Postneonatal mortality (last 10 years)	6.545	2.043	1552	1153	1.002	0.312	2.458	10.631
Infant mortality (last 10 years)	17.190	3.407	1552	1153	1.006	0.198	10.377	24.004
Child mortality (last 10 years)	3.066	1.335	1555	1155	0.941	0.435	0.397	5.735
Under five years mortality (last 10 years)	20.204	3.631	1555	1155	0.996	0.180	12.942	27.465
MEN								
Urban residence	1.000	0.000	1417	1055	na	0.000	1.000	1.000
Literate	0.999	0.001	1417	1055	0.997	0.001	0.997	1.000
No education	0.001	0.001	1417	1055	0.927	1.002	0.000	0.002
Secondary education or higher	0.997	0.001	1417	1055	0.970	0.001	0.994	1.000
Never married	0.316	0.013	1417	1055	1.029	0.040	0.290	0.341
Currently married/in union	0.634	0.014	1417	1055	1.071	0.022	0.607	0.661
Married before age 20	0.083	0.009	1184	881	1.094	0.105	0.066	0.101
Want no more children	0.569	0.017	900	669	1.029	0.030	0.535	0.603
Want to delay birth at least 2 years	0.100	0.011	900	669	1.059	0.106	0.078	0.121
Has heard of HIV/AIDS	0.985	0.003	1417	1055	0.854	0.003	0.980	0.991
Knows about condoms	0.914	0.008	1417	1055	1.045	0.009	0.899	0.930
Knows about limiting partners	0.915	0.008	1417	1055	1.140	0.009	0.898	0.931

na = Not applicable

Table B.4 Sampling errors for Rural sample, Moldova 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.000	0.000	3139	4246	na	na	0.000	0.000
Literate	0.997	0.001	3139	4246	0.910	0.001	0.996	0.999
No education	0.002	0.001	3139	4246	1.036	0.455	0.000	0.003
Secondary education or higher	0.994	0.002	3139	4246	1.189	0.002	0.991	0.997
Net attendance ratio for primary school	0.779	0.013	1087	1420	0.999	0.016	0.753	0.805
Never married	0.248	0.008	3139	4246	1.066	0.033	0.232	0.264
Currently married/in union	0.681	0.009	3139	4246	1.088	0.013	0.663	0.699
Married before age 20	0.470	0.011	2485	3375	1.148	0.024	0.447	0.493
Currently pregnant	0.025	0.003	3139	4246	1.053	0.117	0.019	0.031
Children ever born	1.584	0.025	3139	4246	0.995	0.016	1.535	1.634
Abortions, women age 40-49	1.384	0.080	928	1264	1.436	0.058	1.224	1.544
Induced abortions (%)	0.305	0.019	772	1044	1.112	0.064	0.266	0.344
Children surviving	1.516	0.023	3139	4246	0.992	0.015	1.470	1.563
Children ever born to women age 40-49	2.633	0.049	928	1264	1.231	0.019	2.535	2.731
Knows any contraceptive method	0.995	0.002	2141	2892	1.085	0.002	0.991	0.998
Ever using contraceptive method	0.907	0.007	2141	2892	1.188	0.008	0.892	0.922
Currently using any contraceptive method	0.682	0.010	2141	2892	1.023	0.015	0.661	0.702
Currently using a modern method	0.410	0.011	2141	2892	1.048	0.027	0.388	0.433
Currently using pill	0.026	0.004	2141	2892	1.077	0.142	0.019	0.033
Currently using IUD	0.278	0.010	2141	2892	1.027	0.036	0.258	0.298
Currently using condom	0.035	0.005	2141	2892	1.226	0.140	0.025	0.044
Currently using female sterilization	0.047	0.005	2141	2892	1.005	0.098	0.038	0.056
Currently using periodic abstinence	0.024	0.003	2141	2892	1.048	0.144	0.017	0.031
Obtained method from public sector source	0.824	0.013	919	1247	1.049	0.016	0.798	0.850
Want no more children	0.693	0.012	2141	2892	1.166	0.017	0.670	0.716
Want to delay birth at least 2 years	0.109	0.007	2141	2892	0.998	0.062	0.096	0.123
Mothers received tetanus injection for last birth	0.914	0.016	610	821	1.420	0.018	0.882	0.946
Mothers received medical assistance at delivery	0.995	0.002	728	980	0.886	0.002	0.990	0.999
Had diarrhoea in two weeks before survey	0.048	0.008	718	966	0.935	0.159	0.033	0.064
Vaccination card seen	0.892	0.026	147	201	1.016	0.029	0.840	0.944
Received BCG	0.996	0.004	147	201	0.794	0.004	0.987	1.004
Received DPT (3 doses)	0.953	0.018	147	201	1.023	0.019	0.918	0.989
Received polio (3 doses)	0.958	0.017	147	201	1.040	0.018	0.924	0.992
Received measles	0.921	0.025	147	201	1.145	0.028	0.870	0.972
Fully immunized	0.889	0.028	147	201	1.079	0.031	0.834	0.945
Height-for-age (below -2SD)	0.092	0.011	745	1001	0.956	0.117	0.070	0.113
Weight-for-height (below -2SD)	0.038	0.009	745	1001	1.209	0.224	0.021	0.055
Weight-for-age (below -2SD)	0.051	0.006	745	1001	0.787	0.126	0.038	0.064
BMI <18.5	0.055	0.004	3015	4082	1.073	0.081	0.046	0.064
Has heard of HIV/AIDS	0.961	0.004	3139	4246	1.184	0.004	0.953	0.969
Knows about condoms	0.732	0.011	3139	4246	1.401	0.015	0.709	0.754
Knows about limiting partners	0.768	0.010	3139	4246	1.310	0.013	0.748	0.787
Any anemia (children)	0.347	0.021	688	932	1.122	0.060	0.305	0.388
Any anemia (women)	0.301	0.010	3085	4176	1.237	0.034	0.281	0.322
Total abortion rate	1.207	0.107	na	13329	1.658	0.089	0.993	1.422
Total fertility rate last 3 years)	1.847	0.087	na	11912	1.050	0.047	1.673	2.022
Neonatal mortality (last 10 years)	15.836	3.576	1555	2062	1.039	0.226	8.683	22.989
Postneonatal mortality (last 10 years)	7.459	2.031	1556	2063	0.934	0.272	3.398	11.520
Infant mortality (last 10 years)	23.295	4.110	1556	2063	1.026	0.176	15.075	31.514
Child mortality (last 10 years)	6.416	1.740	1561	2069	0.920	0.271	2.935	9.897
Under five years mortality (last 10 years)	29.562	4.384	1562	2071	1.006	0.148	20.793	38.330
MEN								
Urban residence	0.000	0.000	1091	1453	na	na	0.000	0.000
Literate	0.996	0.002	1091	1453	1.048	0.002	0.992	1.000
No education	0.002	0.001	1091	1453	0.988	0.709	0.000	0.004
Secondary education or higher	0.991	0.003	1091	1453	1.175	0.003	0.985	0.998
Never married	0.273	0.014	1091	1453	1.025	0.051	0.246	0.301
Currently married/in union	0.680	0.014	1091	1453	1.001	0.021	0.652	0.709
Married before age 20	0.087	0.009	913	1216	0.918	0.098	0.070	0.104
Want no more children	0.690	0.019	744	989	1.091	0.027	0.653	0.727
Want to delay birth at least 2 years	0.072	0.011	744	989	1.148	0.151	0.050	0.094
Has heard of HIV/AIDS	0.956	0.008	1091	1453	1.270	0.008	0.940	0.972
Knows about condoms	0.800	0.016	1091	1453	1.311	0.020	0.768	0.831
Knows about limiting partners	0.836	0.014	1091	1453	1.210	0.016	0.809	0.864

na = Not applicable

Table B.5 Sampling errors for North sample, Moldova 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.316	0.011	2065	2207	1.112	0.036	0.294	0.339
Literate	0.995	0.002	2065	2207	1.310	0.002	0.992	0.999
No education	0.005	0.002	2065	2207	1.352	0.441	0.001	0.009
Secondary education or higher	0.991	0.004	2065	2207	1.898	0.004	0.984	0.999
Net attendance ratio for primary school	0.767	0.020	549	605	1.114	0.026	0.728	0.807
Never married	0.224	0.011	2065	2207	1.147	0.047	0.203	0.245
Currently married/in union	0.687	0.012	2065	2207	1.177	0.017	0.663	0.711
Married before age 20	0.497	0.014	1695	1809	1.128	0.028	0.469	0.524
Currently pregnant	0.026	0.004	2065	2207	1.033	0.140	0.018	0.033
Children ever born	1.407	0.030	2065	2207	1.152	0.021	1.347	1.467
Abortions, women age 40-49	1.483	0.101	634	680	1.504	0.068	1.280	1.686
Induced abortions (%)	0.334	0.028	499	531	1.247	0.084	0.277	0.390
Children surviving	1.355	0.029	2065	2207	1.180	0.022	1.296	1.413
Children ever born to women age 40-49	2.191	0.050	634	680	1.251	0.023	2.091	2.291
Knows any contraceptive method	0.995	0.002	1405	1515	1.148	0.002	0.991	1.000
Ever using contraceptive method	0.915	0.009	1405	1515	1.158	0.009	0.898	0.933
Currently using any contraceptive method	0.690	0.012	1405	1515	0.955	0.017	0.666	0.714
Currently using a modern method	0.415	0.014	1405	1515	1.075	0.034	0.386	0.443
Currently using pill	0.034	0.006	1405	1515	1.188	0.168	0.023	0.046
Currently using IUD	0.260	0.013	1405	1515	1.108	0.050	0.234	0.286
Currently using condom	0.052	0.007	1405	1515	1.158	0.133	0.038	0.065
Currently using female sterilization	0.048	0.007	1405	1515	1.142	0.135	0.035	0.061
Currently using periodic abstinence	0.034	0.006	1405	1515	1.137	0.161	0.023	0.045
Obtained method from public sector source	0.778	0.018	659	678	1.085	0.023	0.743	0.813
Want no more children	0.702	0.014	1405	1515	1.169	0.020	0.673	0.730
Want to delay birth at least 2 years	0.108	0.009	1405	1515	1.117	0.086	0.089	0.126
Mothers received tetanus injection for last birth	0.930	0.016	396	424	1.234	0.017	0.898	0.961
Mothers received medical assistance at delivery	1.000	0.000	440	473	na	0.000	1.000	1.000
Had diarrhoea in two weeks before survey	0.081	0.012	435	468	0.920	0.149	0.057	0.106
Vaccination card seen	0.853	0.042	91	102	1.169	0.050	0.769	0.938
Received BCG	1.000	0.000	91	102	na	0.000	1.000	1.000
Received DPT (3 doses)	0.931	0.027	91	102	1.026	0.029	0.878	0.984
Received polio (3 doses)	0.940	0.026	91	102	1.092	0.028	0.888	0.993
Received measles	0.915	0.039	91	102	1.365	0.043	0.837	0.993
Fully immunized	0.864	0.043	91	102	1.220	0.050	0.778	0.949
Height-for-age (below -2SD)	0.063	0.011	426	460	0.920	0.172	0.041	0.084
Weight-for-height (below -2SD)	0.039	0.011	426	460	1.164	0.282	0.017	0.062
Weight-for-age (below -2SD)	0.024	0.008	426	460	1.030	0.322	0.008	0.039
BMI <18.5	0.060	0.007	1968	2111	1.260	0.112	0.047	0.074
Has heard of HIV/AIDS	0.977	0.005	2065	2207	1.411	0.005	0.968	0.986
Knows about condoms	0.773	0.014	2065	2207	1.536	0.018	0.745	0.801
Knows about limiting partners	0.804	0.010	2065	2207	1.173	0.013	0.783	0.824
Any anemia (children)	0.353	0.029	411	443	1.187	0.082	0.295	0.411
Any anemia (women)	0.316	0.013	2014	2164	1.294	0.042	0.289	0.343
Total abortion rate	1.250	0.144	na	6817	1.988	0.115	0.962	1.537
Total fertility rate (last 3 years)	1.678	0.109	na	6264	1.117	0.065	1.460	1.895
Neonatal mortality (last 10 years)	14.732	4.982	874	961	1.137	0.338	4.767	24.696
Postneonatal mortality (last 10 years)	3.430	1.766	874	961	0.917	0.515	-0.103	6.962
Infant mortality (last 10 years)	18.161	5.215	874	961	1.093	0.287	7.731	28.591
Child mortality (last 10 years)	3.511	1.933	877	965	1.013	0.551	-0.355	7.377
Under five years mortality (last 10 years)	21.608	5.680	877	965	1.114	0.263	10.248	32.969
MEN								
Urban residence	0.311	0.014	700	756	0.815	0.046	0.282	0.339
Literate	0.997	0.002	700	756	1.129	0.002	0.992	1.000
No education	0.001	0.001	700	756	0.770	1.003	0.000	0.003
Secondary education or higher	0.994	0.003	700	756	1.059	0.003	0.988	1.000
Never married	0.252	0.017	700	756	1.041	0.068	0.218	0.286
Currently married/in union	0.703	0.017	700	756	1.011	0.025	0.668	0.738
Married before age 20	0.104	0.013	606	656	1.039	0.124	0.078	0.129
Want no more children	0.689	0.026	488	532	1.252	0.038	0.637	0.742
Want to delay birth at least 2 years	0.074	0.017	488	532	1.393	0.222	0.041	0.108
Has heard of HIV/AIDS	0.966	0.008	700	756	1.225	0.009	0.949	0.983
Knows about condoms	0.835	0.020	700	756	1.447	0.024	0.794	0.875
Knows about limiting partners	0.860	0.019	700	756	1.480	0.023	0.822	0.899

na = Not applicable

Table B.6 Sampling errors for Center sample, Moldova 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.196	0.011	1805	2033	1.182	0.056	0.174	0.218
Literate	0.997	0.001	1805	2033	1.057	0.001	0.994	1.000
No education	0.002	0.001	1805	2033	1.028	0.521	0.000	0.004
Secondary education or higher	0.992	0.003	1805	2033	1.491	0.003	0.986	0.999
Net attendance ratio for primary school	0.772	0.018	578	655	1.033	0.024	0.735	0.809
Never married	0.268	0.013	1805	2033	1.231	0.048	0.243	0.294
Currently married/in union	0.657	0.014	1805	2033	1.249	0.021	0.629	0.685
Married before age 20	0.425	0.015	1401	1577	1.140	0.035	0.395	0.455
Currently pregnant	0.021	0.004	1805	2033	1.243	0.200	0.013	0.029
Children ever born	1.556	0.032	1805	2033	0.936	0.021	1.492	1.620
Abortions, women age 40-49	1.414	0.115	541	606	1.463	0.081	1.184	1.644
Induced abortions (%)	0.283	0.024	434	486	1.039	0.087	0.234	0.331
Children surviving	1.492	0.029	1805	2033	0.904	0.020	1.433	1.550
Children ever born to women age 40-49	2.732	0.075	541	606	1.342	0.028	2.582	2.883
Knows any contraceptive method	0.994	0.002	1181	1336	1.091	0.002	0.989	0.999
Ever using contraceptive method	0.909	0.010	1181	1336	1.222	0.011	0.888	0.929
Currently using any contraceptive method	0.667	0.016	1181	1336	1.147	0.024	0.635	0.698
Currently using a modern method	0.411	0.016	1181	1336	1.138	0.040	0.378	0.443
Currently using pill	0.022	0.004	1181	1336	0.858	0.165	0.015	0.030
Currently using IUD	0.279	0.015	1181	1336	1.173	0.055	0.249	0.310
Currently using condom	0.035	0.007	1181	1336	1.381	0.211	0.020	0.050
Currently using female sterilization	0.048	0.006	1181	1336	0.947	0.123	0.036	0.060
Currently using periodic abstinence	0.030	0.005	1181	1336	0.932	0.155	0.020	0.039
Obtained method from public sector source	0.823	0.019	521	581	1.156	0.023	0.785	0.862
Want no more children	0.668	0.016	1181	1336	1.176	0.024	0.635	0.700
Want to delay birth at least 2 years	0.121	0.009	1181	1336	0.999	0.079	0.102	0.140
Mothers received tetanus injection for last birth	0.881	0.025	338	386	1.449	0.029	0.830	0.932
Mothers received medical assistance at delivery	0.991	0.004	402	464	0.956	0.004	0.983	1.000
Had diarrhoea in two weeks before survey	0.049	0.010	398	458	0.902	0.208	0.029	0.069
Vaccination card seen	0.931	0.027	94	104	1.006	0.029	0.878	0.984
Received BCG	0.992	0.008	94	104	0.867	0.008	0.975	1.000
Received DPT (3 doses)	0.945	0.022	94	104	0.948	0.024	0.900	0.990
Received polio (3 doses)	0.954	0.021	94	104	0.953	0.022	0.912	0.996
Received measles	0.909	0.028	94	104	0.939	0.031	0.852	0.965
Fully immunized	0.870	0.030	94	104	0.863	0.035	0.810	0.931
Height-for-age (below -2SD)	0.102	0.016	397	462	1.042	0.159	0.069	0.134
Weight-for-height (below -2SD)	0.049	0.014	397	462	1.349	0.294	0.020	0.077
Weight-for-age (below -2SD)	0.065	0.009	397	462	0.755	0.143	0.047	0.084
BMI <18.5	0.053	0.006	1731	1954	1.030	0.105	0.042	0.064
Has heard of HIV/AIDS	0.953	0.006	1805	2033	1.227	0.006	0.941	0.966
Knows about condoms	0.745	0.015	1805	2033	1.497	0.021	0.714	0.776
Knows about limiting partners	0.773	0.016	1805	2033	1.609	0.021	0.741	0.805
Any anemia (children)	0.311	0.028	369	432	1.165	0.091	0.255	0.368
Any anemia (women)	0.258	0.013	1761	1992	1.216	0.049	0.233	0.284
Total abortion rate	1.125	0.143	na	6496	1.420	0.128	0.838	1.412
Total fertility rate (last 3 years)	1.961	0.130	na	5677	1.160	0.066	1.700	2.222
Neonatal mortality (last 10 years)	11.154	4.152	814	934	1.159	0.372	2.850	19.457
Postneonatal mortality (last 10 years)	7.949	3.258	814	934	1.070	0.410	1.433	14.465
Infant mortality (last 10 years)	19.103	5.428	814	934	1.176	0.284	8.247	29.959
Child mortality (last 10 years)	8.376	2.893	817	938	0.982	0.345	2.591	14.161
Under five years mortality (last 10 years)	27.319	5.802	817	938	1.076	0.212	15.715	38.922
MEN								
Urban residence	0.211	0.014	633	702	0.887	0.068	0.182	0.239
Literate	0.994	0.003	633	702	1.114	0.003	0.987	1.000
No education	0.002	0.002	633	702	1.125	1.000	0.000	0.006
Secondary education or higher	0.988	0.006	633	702	1.354	0.006	0.976	0.999
Never married	0.317	0.021	633	702	1.112	0.065	0.276	0.359
Currently married/in union	0.646	0.021	633	702	1.100	0.032	0.604	0.688
Married before age 20	0.085	0.010	501	556	0.833	0.122	0.064	0.106
Want no more children	0.673	0.024	410	453	1.020	0.035	0.625	0.720
Want to delay birth at least 2 years	0.068	0.013	410	453	1.028	0.189	0.042	0.093
Has heard of HIV/AIDS	0.968	0.009	633	702	1.319	0.010	0.949	0.986
Knows about condoms	0.856	0.022	633	702	1.553	0.025	0.813	0.899
Knows about limiting partners	0.874	0.017	633	702	1.275	0.019	0.841	0.908

na = Not applicable

Table B.7 Sampling errors for South sample, Moldova 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.302	0.013	1443	1402	1.056	0.042	0.276	0.327
Literate	0.998	0.001	1443	1402	0.437	0.001	0.997	0.999
No education	0.001	0.001	1443	1402	0.896	0.995	0.000	0.002
Secondary education or higher	0.995	0.001	1443	1402	0.810	0.001	0.993	0.998
Net attendance ratio for primary school	0.795	0.018	468	466	1.041	0.023	0.758	0.832
Never married	0.252	0.010	1443	1402	0.846	0.038	0.233	0.271
Currently married/in union	0.683	0.010	1443	1402	0.808	0.015	0.663	0.703
Married before age 20	0.435	0.019	1165	1135	1.319	0.044	0.397	0.473
Currently pregnant	0.025	0.005	1443	1402	1.110	0.181	0.016	0.034
Children ever born	1.565	0.040	1443	1402	1.087	0.025	1.486	1.645
Abortions, women age 40-49	1.404	0.094	431	418	1.107	0.067	1.216	1.593
Induced abortions (%)	0.290	0.030	352	354	1.222	0.103	0.231	0.350
Children surviving	1.492	0.038	1443	1402	1.103	0.025	1.417	1.568
Children ever born to women age 40-49	2.642	0.074	431	418	1.279	0.028	2.493	2.790
Knows any contraceptive method	0.995	0.002	975	958	1.097	0.002	0.991	1.000
Ever using contraceptive method	0.901	0.013	975	958	1.349	0.014	0.875	0.927
Currently using any contraceptive method	0.673	0.019	975	958	1.233	0.028	0.636	0.710
Currently using a modern method	0.431	0.017	975	958	1.088	0.040	0.396	0.465
Currently using pill	0.030	0.006	975	958	1.156	0.211	0.017	0.043
Currently using IUD	0.285	0.014	975	958	0.968	0.049	0.257	0.313
Currently using condom	0.038	0.007	975	958	1.075	0.173	0.025	0.051
Currently using female sterilization	0.049	0.008	975	958	1.115	0.157	0.034	0.065
Currently using periodic abstinence	0.020	0.004	975	958	0.885	0.197	0.012	0.028
Obtained method from public sector source	0.772	0.022	456	439	1.114	0.028	0.728	0.815
Want no more children	0.657	0.018	975	958	1.191	0.028	0.621	0.693
Want to delay birth at least 2 years	0.125	0.009	975	958	0.890	0.075	0.106	0.144
Mothers received tetanus injection for last birth	0.941	0.017	265	264	1.191	0.018	0.906	0.975
Mothers received medical assistance at delivery	0.994	0.004	314	317	1.015	0.004	0.985	1.003
Had diarrhoea in two weeks before survey	0.059	0.014	309	311	1.030	0.230	0.032	0.086
Vaccination card seen	0.915	0.027	56	54	0.726	0.030	0.860	0.969
Received BCG	1.000	0.000	56	54	na	0.000	1.000	1.000
Received DPT (3 doses)	0.966	0.026	56	54	1.055	0.027	0.915	1.017
Received polio (3 doses)	0.952	0.029	56	54	1.005	0.030	0.895	1.010
Received measles	0.947	0.038	56	54	1.252	0.040	0.872	1.022
Fully immunized	0.899	0.047	56	54	1.154	0.052	0.806	0.992
Height-for-age (below -2SD)	0.110	0.021	313	314	1.114	0.190	0.068	0.152
Weight-for-height (below -2SD)	0.032	0.010	313	314	0.991	0.305	0.012	0.051
Weight-for-age (below -2SD)	0.056	0.012	313	314	0.986	0.222	0.031	0.081
BMI <18.5	0.047	0.006	1386	1345	0.979	0.118	0.036	0.059
Has heard of HIV/AIDS	0.977	0.005	1443	1402	1.209	0.005	0.968	0.987
Knows about condoms	0.753	0.014	1443	1402	1.249	0.019	0.724	0.781
Knows about limiting partners	0.805	0.013	1443	1402	1.219	0.016	0.779	0.830
Any anemia (children)	0.357	0.033	280	281	1.229	0.094	0.290	0.424
Any anemia (women)	0.314	0.018	1409	1367	1.442	0.057	0.278	0.350
Total abortion rate	1.215	0.159	na	4357	1.389	0.131	0.897	1.533
Total fertility rate (last 3 years)	1.823	0.105	na	3958	0.973	0.058	1.613	2.033
Neonatal mortality (last 10 years)	19.639	6.895	672	678	1.138	0.351	5.849	33.429
Postneonatal mortality (last 10 years)	11.184	3.959	673	679	1.013	0.354	3.266	19.102
Infant mortality (last 10 years)	30.823	7.695	673	679	1.096	0.250	15.433	46.213
Child mortality (last 10 years)	7.438	3.058	674	679	1.031	0.411	1.323	13.553
Under five years mortality (last 10 years)	38.031	8.130	675	681	1.091	0.214	21.771	54.292
MEN								
Urban residence	0.321	0.017	518	496	0.814	0.052	0.287	0.354
Literate	1.000	0.000	518	496	na	0.000	1.000	1.000
No education	0.002	0.002	518	496	1.108	0.997	0.000	0.007
Secondary education or higher	0.995	0.003	518	496	0.962	0.003	0.989	1.000
Never married	0.261	0.017	518	496	0.894	0.066	0.226	0.295
Currently married/in union	0.682	0.021	518	496	1.029	0.031	0.640	0.724
Married before age 20	0.076	0.013	440	420	1.027	0.171	0.050	0.102
Want no more children	0.672	0.029	354	338	1.150	0.043	0.614	0.729
Want to delay birth at least 2 years	0.074	0.015	354	338	1.095	0.206	0.044	0.105
Has heard of HIV/AIDS	0.940	0.015	518	496	1.468	0.016	0.910	0.971
Knows about condoms	0.792	0.020	518	496	1.096	0.025	0.753	0.831
Knows about limiting partners	0.845	0.016	518	496	0.983	0.019	0.813	0.876

na = Not applicable

Table B.8 Sampling errors for Chisinau sample, Moldova 2005

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.932	0.004	2127	1798	0.761	0.004	0.923	0.940
Literate	0.999	0.001	2127	1798	1.011	0.001	0.997	1.000
No education	0.001	0.001	2127	1798	0.970	0.706	0.000	0.002
Secondary education or higher	0.995	0.002	2127	1798	1.200	0.002	0.992	0.999
Net attendance ratio for primary school	0.804	0.020	471	384	1.072	0.025	0.764	0.844
Never married	0.260	0.009	2127	1798	0.959	0.035	0.242	0.279
Currently married/in union	0.627	0.010	2127	1798	0.963	0.016	0.607	0.647
Married before age 20	0.342	0.012	1776	1503	1.095	0.036	0.317	0.367
Currently pregnant	0.024	0.004	2127	1798	1.131	0.155	0.017	0.032
Children ever born	1.005	0.023	2127	1798	1.063	0.023	0.958	1.052
Abortions, women age 40-49	1.662	0.096	545	452	1.233	0.058	1.470	1.855
Induced abortions (%)	0.451	0.022	554	474	1.017	0.048	0.408	0.494
Children surviving	0.973	0.022	2127	1798	1.021	0.022	0.930	1.016
Children ever born to women age 40-49	1.797	0.049	545	452	1.174	0.027	1.699	1.895
Knows any contraceptive method	0.997	0.001	1331	1127	0.618	0.001	0.995	0.999
Ever using contraceptive method	0.919	0.008	1331	1127	1.007	0.008	0.904	0.934
Currently using any contraceptive method	0.679	0.014	1331	1127	1.075	0.020	0.651	0.706
Currently using a modern method	0.510	0.014	1331	1127	1.053	0.028	0.481	0.539
Currently using pill	0.059	0.008	1331	1127	1.200	0.131	0.043	0.074
Currently using IUD	0.183	0.010	1331	1127	0.948	0.055	0.163	0.203
Currently using condom	0.179	0.013	1331	1127	1.193	0.070	0.154	0.204
Currently using female sterilization	0.040	0.005	1331	1127	0.961	0.129	0.030	0.050
Currently using periodic abstinence	0.053	0.006	1331	1127	1.000	0.116	0.041	0.065
Obtained method from public sector source	0.422	0.019	795	678	1.062	0.044	0.385	0.459
Want no more children	0.515	0.014	1331	1127	1.058	0.028	0.486	0.544
Want to delay birth at least 2 years	0.202	0.012	1331	1127	1.109	0.060	0.178	0.226
Mothers received tetanus injection for last birth	0.849	0.025	370	313	1.333	0.029	0.799	0.898
Mothers received medical assistance at delivery	0.995	0.003	396	337	0.974	0.003	0.989	1.002
Had diarrhoea in two weeks before survey	0.114	0.014	391	333	0.892	0.125	0.085	0.143
Vaccination card seen	0.895	0.043	80	69	1.249	0.048	0.809	0.980
Received BCG	1.000	0.000	80	69	na	0.000	1.000	1.000
Received DPT (3 doses)	0.901	0.035	80	69	1.047	0.038	0.832	0.971
Received polio (3 doses)	0.948	0.024	80	69	0.993	0.026	0.900	0.997
Received measles	0.854	0.049	80	69	1.239	0.057	0.757	0.951
Fully immunized	0.776	0.056	80	69	1.198	0.072	0.665	0.887
Height-for-age (below -2SD)	0.058	0.013	320	262	0.996	0.229	0.031	0.085
Weight-for-height (below -2SD)	0.029	0.009	320	262	0.983	0.318	0.010	0.047
Weight-for-age (below -2SD)	0.022	0.008	320	262	0.995	0.372	0.006	0.038
BMI <18.5	0.076	0.006	1954	1652	1.065	0.084	0.063	0.089
Has heard of HIV/AIDS	0.992	0.003	2127	1798	1.325	0.003	0.987	0.997
Knows about condoms	0.858	0.009	2127	1798	1.159	0.010	0.841	0.876
Knows about limiting partners	0.876	0.009	2127	1798	1.223	0.010	0.858	0.893
Any anemia (children)	0.227	0.023	255	208	0.868	0.102	0.181	0.274
Any anemia (women)	0.223	0.012	1915	1616	1.234	0.053	0.199	0.246
Total abortion rate	1.641	0.123	na	5677	1.476	0.075	1.395	1.888
Total fertility rate (last 3 years)	1.381	0.085	na	5145	1.078	0.061	1.211	1.550
Neonatal mortality (last 10 years)	10.960	3.970	747	642	1.062	0.362	3.021	18.899
Postneonatal mortality (last 10 years)	7.277	2.963	747	642	0.962	0.407	1.350	13.203
Infant mortality (last 10 years)	18.237	4.692	747	642	0.980	0.257	8.853	27.621
Child mortality (last 10 years)	0.778	0.780	748	643	0.758	1.002	0.000	2.338
Under five years mortality (last 10 years)	19.001	4.829	748	643	0.991	0.254	9.342	28.660
MEN								
Urban residence	0.925	0.010	657	554	1.004	0.011	0.904	0.946
Literate	0.999	0.001	657	554	0.983	0.001	0.996	1.000
No education	0.000	0.000	657	554	na	na	0.000	0.000
Secondary education or higher	0.999	0.001	657	554	0.983	0.001	0.996	1.000
Never married	0.338	0.020	657	554	1.073	0.059	0.298	0.378
Currently married/in union	0.603	0.020	657	554	1.048	0.033	0.563	0.643
Married before age 20	0.069	0.013	550	466	1.167	0.183	0.044	0.094
Want no more children	0.493	0.023	392	334	0.902	0.046	0.447	0.538
Want to delay birth at least 2 years	0.127	0.016	392	334	0.947	0.125	0.095	0.159
Has heard of HIV/AIDS	0.998	0.002	657	554	0.888	0.002	0.994	1.000
Knows about condoms	0.905	0.012	657	554	1.068	0.014	0.880	0.929
Knows about limiting partners	0.897	0.014	657	554	1.214	0.016	0.868	0.926

na = Not applicable

QUALITY TABLES

Appendix C

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Moldova 2005

	Female		Male			Female		Male	
Age	Number	Percentage	Number	Percentage	Age	Number	Percentage	Number	Percentage
0	167	1.2	168	1.0	36	148	1.0	186	1.1
1	191	1.3	169	1.0	37	161	1.1	157	1.0
2	183	1.3	190	1.2	38	172	1.2	183	1.1
3	183	1.3	153	0.9	39	168	1.2	176	1.1
4	176	1.2	163	1.0	40	185	1.3	186	1.1
5	159	1.1	157	1.0	41	156	1.1	177	1.1
6	197	1.4	173	1.1	42	187	1.3	195	1.2
7	181	1.3	201	1.2	43	210	1.5	213	1.3
8	188	1.3	175	1.1	44	182	1.3	256	1.6
9	194	1.4	201	1.2	45	268	1.9	255	1.6
10	238	1.7	232	1.4	46	211	1.5	239	1.5
11	255	1.8	248	1.5	47	208	1.5	227	1.4
12	242	1.7	263	1.6	48	204	1.4	243	1.5
13	271	1.9	248	1.5	49	193	1.4	222	1.4
14	296	2.1	310	1.9	50	222	1.6	296	1.8
15	305	2.1	278	1.7	51	181	1.3	262	1.6
16	294	2.1	295	1.8	52	241	1.7	236	1.5
17	285	2.0	288	1.8	53	230	1.6	275	1.7
18	258	1.8	309	1.9	54	220	1.5	270	1.7
19	228	1.6	265	1.6	55	257	1.8	308	1.9
20	263	1.8	268	1.7	56	265	1.9	299	1.8
21	217	1.5	230	1.4	57	153	1.1	186	1.1
22	194	1.4	225	1.4	58	113	0.8	157	1.0
23	212	1.5	240	1.5	59	61	0.4	117	0.7
24	204	1.4	203	1.2	60	95	0.7	110	0.7
25	204	1.4	200	1.2	61	104	0.7	129	0.8
26	206	1.4	183	1.1	62	141	1.0	166	1.0
27	189	1.3	192	1.2	63	138	1.0	165	1.0
28	179	1.3	177	1.1	64	132	0.9	186	1.1
29	198	1.4	217	1.3	65	142	1.0	182	1.1
30	207	1.5	190	1.2	66	84	0.6	133	0.8
31	148	1.0	187	1.2	67	110	0.8	188	1.2
32	168	1.2	183	1.1	68	115	0.8	160	1.0
33	158	1.1	194	1.2	69	112	0.8	164	1.0
34	161	1.1	172	1.1	70+	923	6.5	1,583	9.8
35	186	1.3	176	1.1	Don't know/ missing	1	0.0	2	0.0
					Total	14,278	100.0	16,210	100.0

Table C.2.1 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age groups, Moldova 2005

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percent	
10-14	1,302	na	na	na
15-19	1,434	1,388	19.2	96.8
20-24	1,166	1,095	15.1	93.9
25-29	968	935	12.9	96.5
30-34	926	896	12.4	96.8
25-39	878	833	11.5	94.9
40-44	1,027	982	13.5	95.6
45-49	1,186	1,119	15.4	94.3
50-54	1,339	na	na	na
15-49	7,585	7,248	100.0	95.6

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.
na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-64, interviewed men aged 15-59 and percentage of eligible men who were interviewed (weighted), by five-year age groups, Moldova 2005

Age group	Household population of men age 10-64	Interviewed men age 15-59		Percentage of eligible men interviewed
		Number	Percent	
10-14	416	na	na	na
15-19	451	404	16.4	89.6
20-24	310	272	11.0	87.7
25-29	272	227	9.2	83.4
30-34	252	222	9.0	88.1
25-39	273	244	9.9	89.5
40-44	283	241	9.7	85.2
45-49	390	345	14.0	88.5
50-54	342	298	12.0	87.1
55-59	250	218	8.8	87.1
60-64	207	na	na	na
15-59	2,824	2,472	100.0	87.5

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of men and interviewed men are household weights. Age is based on the household schedule.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Moldova 2005

Subject	Reference group	Percentage with missing information	Number of cases
Birth date	Births in the past 15 years		
Month only		0.05	5,317
Month and year		0.02	5,317
Age at death	Deceased children born in the past 15 years	1.85	140
Age/date at first union[1]	Ever-married women age 15-49	0.54	5,578
Respondent's education	All women age 15-49	0.00	7,440
Diarrhea in past 2 weeks	Living children age 0-59 months	0.69	1,571
Anthropometry[2]	Living children age 0-59 months (from		
Child's height	household questionnaire)	8.28	1,730
Child's weight		7.83	1,730
Height or weight		8.51	1,730
Anemia test			
Anemia in children	Children age 6-59 months (from household questionnaire)	11.88	1,573
Anemia in women	Women age 15-49 (from household questionnaire)	7.88	7,585

[1] Both year and age missing
[2] Child not measured

Table C.4 Births by calendar years since birth

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living, dead, and total children (weighted), Moldova 2005

Calendar year	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
2005	189	0	189	100.0	na	100.0	100.6	na	100.6	na	na	na
2004	349	6	355	100.0	100.0	100.0	108.5	58.0	107.4	na	na	na
2003	337	3	340	100.0	100.0	100.0	96.6	261.8	97.4	104.3	47.8	103.2
2002	297	7	304	100.0	100.0	100.0	102.7	73.5	101.9	95.3	244.9	96.7
2001	286	3	288	100.0	100.0	100.0	121.2	0.0	118.8	97.5	38.6	96.2
2000	289	7	296	100.0	100.0	100.0	99.3	182.3	100.7	99.2	146.5	99.9
1999	298	7	304	100.0	100.0	100.0	115.6	105.8	115.4	96.0	61.2	94.9
1998	331	15	345	99.5	100.0	99.5	105.4	470.0	111.2	116.7	181.9	118.6
1997	269	10	278	99.6	100.0	99.6	94.6	310.5	98.2	80.2	81.7	80.2
1996	340	9	349	100.0	100.0	100.0	96.8	135.3	97.7	105.6	64.8	104.0
2001-2005	1,458	18	1,476	100.0	100.0	100.0	105.7	65.1	105.0	na	na	na
1996-2000	1,526	47	1,573	99.8	100.0	99.8	102.2	226.0	104.5	na	na	na
1991-1995	2,017	72	2,089	99.9	100.0	99.9	107.5	163.7	109.0	na	na	na
1986-1990	2,220	84	2,305	99.9	98.4	99.8	105.1	135.6	106.0	na	na	na
<1986	2,643	185	2,828	99.9	100.0	99.9	105.0	162.5	108.0	na	na	na
All	9,864	407	10,271	99.9	99.7	99.9	105.2	155.5	106.8	na	na	na

[1] Both year and month of birth given
[2] $(B_m/B_f)*100$, where B_m and B_f are the numbers of male and female births, respectively
[3] $[2B_x/(B_{x-1}+B_{x+1})]*100$, where B_x is the number births in calendar year x
na = Not applicable

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Moldova 2005

Age at death (days)	Number of years preceding the survey				
	0-4	5-9	10-14	15-19	Total 0-19
<1	3	4	4	8	18
1	2	12	5	12	30
2	1	3	4	3	10
3	2	6	3	3	14
4	0	1	1	2	4
5	0	3	3	3	8
6	0	1	0	0	1
7	0	4	3	1	7
8	0	0	0	1	1
9	0	1	0	1	2
10	0	0	1	2	3
14	0	1	0	0	2
16	0	0	0	1	1
20	0	0	0	2	2
28	0	0	0	1	1
Total 0-30	7	36	23	38	105
Percent early neonatal[1]	100.0	81.9	84.9	77.2	82.1

[1] (0-6 days / 0-30 days)*100

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Moldova 2005

Age at death (months)	Number of years preceding the survey				
	0-4	5-9	10-14	15-19	Total 0-19
<1[a]	7	36	23	38	105
1	3	2	3	6	15
2	3	0	3	8	14
3	2	2	1	6	11
4	1	1	0	1	3
5	1	0	5	3	8
6	2	1	3	4	10
7	0	2	1	3	5
8	0	0	0	1	1
9	1	0	0	0	1
11	0	0	1	1	2
13	0	0	1	0	1
14	0	0	2	0	2
15	0	1	0	1	3
16	0	0	1	0	1
17	0	0	3	0	3
18	0	0	1	0	1
23	0	1	0	0	1
1 year	0	0	1	2	3
Total 0-11	20	44	41	71	176
Percent neonatal[1]	36.1	83.1	57.5	53.3	59.7

[1] (Under one month / under one year)*100
[a] Includes deaths under one month reported in days

PERSONS INVOLVED IN THE 2005 MOLDOVA DEMOGRAPHIC AND HEALTH SURVEY

Appendix D

ADMINISTRATION

National Director

Constantin Spînu, Vice director, National Scientific and Applied Center for Preventive Medicine, Ministry of Health and Social Protection (MOHSP)

Technical Directors

Oleg Beneş, Chief of Epidemiological Section for Conventional Diseases and Extremely Dangerous Diseases, National Scientific and Applied Center for Preventive Medicine, MOHSP

Anatolie Melnic, Chief of General Epidemiology Section, National Scientific and Applied Center for Preventive Medicine, MOHSP

Scientific Consultant

Ion Bahnarel, Director, National Scientific and Applied Center for Preventive Medicine, MOHSP

Project Accountants and Financial Advisors

Liuba Calmîc

Ecaterina Zazuc

Ghenadie Oțel

Senior Field Staff

Victoria Bucov, Field Coordinator

Angela Vrinceanu-Benes, Field Coordinator

National Advisory Committee and Report Contributors

Viorica Berdaga, Coordinator of Early Childhood Development Program, UNICEF

Valentina Bodrug, Project Manager and National Gender Expert, UNIFEM

Diana Cazacu, Project Manager, USAID

Mihai Ciocan, Director, Scientific Center for Applied Public Health and Health Management

Boris Gîlca, Program Coordinator, UNFPA

Olga Poalelungi, Director General, Department of Migration

Maria Strajescu, Vice Director General, Department of Statistics and Sociology

Mihai Stratila, Vice Director, National Scientific Center for Human Reproduction, Medical Genetics and Family Planning

Petru Stratulat, First Vice Director, Institute for Scientific Research in Mother and Child Protection

Maria Țăruș, Chief of Department of Mother and Child Protection, MOHSP

Mihai Paiu, Consultant for European Integration, Ministry of Education, Youth and Sports

Valentin Friptu, Head of Faculty of Obstetrics and Gynecology, State University of Medicine and Pharmacology

Ion Jarcutchi, Historian, National Scientific Academcy of Moldova

Nina Munteanu, Chief of the Department of Medical Technology and Medical Assurance, Ministry of Health and Social Protection

Ecaterina Stasi, Head of Faculty of Pediatrics
State University of Medicine and Pharmacology

Tudor Vasilev, Chief Physician in Narcology

ORC Macro Staff

Fern Greewell, Project Manager
Alfredo Aliaga, Sampling Statistician
Alexander Izmukhambetov, Data Processing Specialist
Anne Cross, Demographer
Kiersten Johnson, Demographer
Svetlana Negroustoueva, Pretest Trainer
Sidney Moore, Editor
Kaye Mitchell, Report Production Specialist

FIELD STAFF

Sample Selection Preparations

Vitalie Valcov, Director General, Department of Statistics and Sociology
Maria Străjescu, Vice Director General, Department of Statistics and Sociology
Vasile Deațunic, Archivist
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Maxim Stasiuc
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Cornel Țaruș
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Maria Grecu

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Mariana Lupu, Editor
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Efrosinia Bragarenco, Interviewer
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Victor Vovcenco, Interviewer

Data Processing

Andrei Cazacu, Computer Programmer
Dinu Gurița, Supervisor
Constantin Jucovschi, Supervisor
Alexandra Cecan, Office editor
Adela Cucereanu, Office editor
Olesea Babencu, Data keyer (operator)
Natalia Caterinciuc, Data keyer (operator)
Victor Ciugurean, Data keyer (operator)
Corneliu Cordeleanu, Data keyer (operator)
Iulian Cordeleanu, Data keyer (operator)
Nina Dragomir, Data keyer (operator)
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Mihai Marandici, Data keyer (operator)
Pascal Denis, Data keyer (operator)
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Valeria Schirliu, Data keyer (operator)

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QUESTIONNAIRES

Appendix ***E***

MOLDOVA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

June 1, 2005

MINISTRY OF HEALTH
CENTER FOR PREVENTIVE MEDICINE

REPUBLIC OF MOLDOVA

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . | | | |

HOUSEHOLD NUMBER . . . . . | | | |

MUNICIPIUL/RAIONUL _____

RESIDENCE (URB=1, RUR=2) . . . . . | |

HOUSEHOLD SELECTED FOR MALE SURVEY. . . . . (YES=1, NO=2) | |

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY		
				MONTH		
				YEAR	2	0	0	5
INTERVIEWER'S NAME				INT. CODE				
RESULT*				RESULT		
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS		
TIME						

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD | |

TOTAL ELIGIBLE WOMEN | |

TOTAL ELIGIBLE MEN | |

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE | |

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

1A	RECORD THE TIME.	HOUR . . . . . MINUTES . . . . .

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY			LINE NO.	SURVIV OF B	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CHECK IF HH IS SELECTED FOR MALE SURVEY CIRCLE LINE NUMBER OF ALL MEN AGE 15-59		Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)		(10)	(11)
01			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS	01	01	01	01	Y N DK 1 2 8 GO TO 12	GO TO 12 NO . . . '00
02			1 2	1 2	1 2		02	02	02	02	1 2 8 GO TO 12	GO TO 12 NO . . . '00
03			1 2	1 2	1 2		03	03	03	03	1 2 8 GO TO 12	GO TO 12 NO . . . '00
04			1 2	1 2	1 2		04	04	04	04	1 2 8 GO TO 12	GO TO 12 NO . . . '00
05			1 2	1 2	1 2		05	05	05	05	1 2 8 GO TO 12	GO TO 12 NO . . . '00
06			1 2	1 2	1 2		06	06	06	06	1 2 8 GO TO 12	GO TO 12 NO . . . '00
07			1 2	1 2	1 2		07	07	07	07	1 2 8 GO TO 12	GO TO 12 NO . . . '00
08			1 2	1 2	1 2		08	08	08	08	1 2 8 GO TO 12	GO TO 12 NO . . . '00

* CODES FOR Q. 3 RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY			LINE NO.	SURVIV OF B	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CHECK IF HH IS SELECTED FOR MALE SURVEY CIRCLE LINE NUMBER OF ALL MEN AGE 15-59		Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)		(10)	(11)
09			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS	09	11	09	09	Y N DK 1 2 8 GO TO 12	GO TO 12 NO . . . '00
10			1 2	1 2	1 2		10	12	10	10	1 2 8 GO TO 12	GO TO 12 NO . . . '00
11			1 2	1 2	1 2		11	13	11	11	1 2 8 GO TO 12	GO TO 12 NO . . . '00
12			1 2	1 2	1 2		12	14	12	12	1 2 8 GO TO 12	GO TO 12 NO . . . '00
13			1 2	1 2	1 2		13	15	13	13	1 2 8 GO TO 12	GO TO 12 NO . . . '00
14			1 2	1 2	1 2		14	16	14	14	1 2 8 GO TO 12	GO TO 12 NO . . . '00
15			1 2	1 2	1 2		15	17	15	15	1 2 8 GO TO 12	GO TO 12 NO . . . '00
16			1 2	1 2	1 2		16	18	16	16	1 2 8 GO TO 12	GO TO 12 NO . . . '00

*CODES FOR Q. 3 RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

'ORSHIP AND RESIDENCE BIOLOGICAL PARENTS				LINE NO.	EDUCATION						BIRTH REGIS-TRATION
IF AGE 0-17 YEARS					IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4
Where does (NAME)'s natural mother live?**	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Where does (NAME)'s natural father live?**		Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Did (NAME) attend school at any time during the (2004 - 2005) school year?	During this/that school year, what level and grade [is/was] (NAME) attending?**	Did (NAME) attend school at any time during the previous school year, that is, (2003 - 2004) ?	During that school year, what level and grade did (NAME) attend?***	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been regis-tered with the civil authority? ****
(11A)	(12)	(13)	(13A)		(14)	(15)	(16)	(17)	(18)	(19)	(20)
A O I DK 1 2 3 8	Y N DK 1 2 8 GO TO 14	GO TO 14 NO . . . '00	A O I DK 1 2 3 8	01	YES NO 1 2 GO TO 20	LEVEL GRADE	YES NO 1 2 GO TO 18	LEVEL GRADE	YES NO 1 2 GO TO 20	LEVEL GRADE	C R N DK 1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	02	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	03	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	04	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	05	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	06	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	07	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	08	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8

** CODES FOR Qs 11A AND 13A
A = ABROAD
O = OTHER HH
I = INSTITUTION
DK = DON'T KNOW

2ND INCOMPLETE
2ND COMPLETE
2ND COMPLETE
2ND +
2ND +

*** CODES FOR Qs. 15, 17 AND 19
EDUCATION LEVEL:
0 = PRESCHOOL, NURSERY SCHOOL
1 = PRIMARY (GR 1-4)
2 = GYMNASIUM (GR 5-9)
3 = LYCEUM/MIDDLE SCHOOL (GR 10-12)
4 = POLIVALENT/SPT/MESERII
5 = COLLEGE/TECHNICAL SCHOOL
6 = UNIVERSITY/POST-GRAD
8 = DON'T KNOW

**** CODES FOR Q.20
C = CERTIFICATE (REGISTERED WITH CIVIL AUTHORITY)
R = REGISTRATION (EX. CONSTATATOR DE NASTERE)
N = NEITHER
DK = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED, OR PRE-SCHOOL (FOR Q. 15 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 17 AND 19)
98 = DON'T KNOW

'ORSHIP AND RESIDENCE BIOLOGICAL PARENTS				LINE NO.	EDUCATION						BIRTH REGIS-TRATION
IF AGE 0-17 YEARS					IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4
Where does (NAME)'s natural mother live?**	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Where does (NAME)'s natural father live?**		Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Did (NAME) attend school at any time during the (2004 - 2005) school year?	During this/that school year, what level and grade [is/was] (NAME) attending?**	Did (NAME) attend school at any time during the previous school year, that is, (2003 - 2004) ?	During that school year, what level and grade did (NAME) attend?***	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been regis-tered with the civil authority? ****
(11A)	(12)	(13)	(13A)		(14)	(15)	(16)	(17)	(18)	(19)	(20)
A O I DK 1 2 3 8	Y N DK 1 2 8 GO TO 14	GO TO 14 NO . . . '00	A O I DK 1 2 3 8	09	YES NO 1 2 GO TO 20	LEVEL GRADE	YES NO 1 2 GO TO 18	LEVEL GRADE	YES NO 1 2 GO TO 20	LEVEL GRADE	C R N DK 1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	10	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	11	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	12	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	13	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	14	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	15	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8
1 2 3 8	1 2 8 GO TO 14	GO TO 14 NO . . . '00	1 2 3 8	16	1 2 GO TO 20		1 2 GO TO 18		1 2 GO TO 20		1 2 3 8

*** CODES FOR Qs 11A AND 13A
A = ABROAD
O = OTHER HH
I = INSTITUTION
DK = DON'T KNOW

Just to make sure that I have a complete household listing:

1) Are there any other persons such as small children or infants that we have not listed? YES → ENTER EACH IN TABLE NO

2) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES → ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES → ENTER EACH IN TABLE NO

20A Now please tell me if there is anyone who used to be a member of this household and now resides outside of Moldova?

YES ☐ NON ☐ → SKIP TO 20K

If yes, how many? _____

	RELATIONSHIP TO HH HEAD	SEX	CURRENT COUNTRY OF RESIDENCE	AGE	YEAR FIRST LEFT	REASON FOR LEAVING MOLDOVA	CHILDREN OF EMIGRANT IN HH	CHILDREN OF EMIGRANT ELSEWHERE IN MOLDOVA
Please list the first names of the persons who used to reside in this household who are now living in another country.	What is the relationship of [NAME] to head of HH? *	Is [NAME] male or female?	In what country does [NAME] live now?	How old is [NAME] now?	In what year did NAME first leave Moldova to reside in another country?	What was his/her main motive for first leaving the country?	Does [NAME] have any natural children age 0-17 who live in this household? IF YES, LIST LINE NOs OF CHILDREN AGE 0-17.	Does [NAME] have any (other) natural children age 0-17 who live in Moldova, but not in this household? IF YES, ASK: How many of his/her children live in Moldova?
(20B)	(20C)	(20D)	(20E)	(20F)	(20G)	(20H)	(20I)	(20J)
01	☐☐	M 1 F 2	☐☐ (SPECIFY)	IN YEARS ☐☐	YEAR ☐☐☐☐	WORK . . . . . 1 STUDY . . . . . 2 ACCOM.SPOUSE/FAMILY 3 MARRY FOREIGN . . . . . 4 OTHER _____ 6 DON'T KNOW 8	YES . . . . . 1 LINE NOs. ☐☐ ☐☐ ☐☐ ☐☐ NO CHILDREN IN HH. 2	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE IN MOLDOVA 2 NR. ☐ DON'T KNOW 8
02	☐☐	M 1 F 2	☐☐ (SPECIFY)	IN YEARS ☐☐	YEAR ☐☐☐☐	WORK . . . . . 1 STUDY . . . . . 2 ACCOM.SPOUSE/FAMILY 3 MARRY FOREIGN . . . . . 4 OTHER _____ 6 DON'T KNOW 8	YES . . . . . 1 LINE NOs. ☐☐ ☐☐ ☐☐ ☐☐ NO CHILDREN IN HH. 2	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE IN MOLDOVA 2 NR. ☐ DON'T KNOW 8
03	☐☐	M 1 F 2	☐☐ (SPECIFY)	IN YEARS ☐☐	YEAR ☐☐☐☐	WORK . . . . . 1 STUDY . . . . . 2 ACCOM.SPOUSE/FAMILY 3 MARRY FOREIGN . . . . . 4 OTHER _____ 6 DON'T KNOW 8	YES . . . . . 1 LINE NOs. ☐☐ ☐☐ ☐☐ ☐☐ NO CHILDREN IN HH. 2	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE IN MOLDOVA 2 NR. ☐ DON'T KNOW 8

* SEE CODES FOR Q. 3

	RELATIONSHIP TO HH HEAD	SEX	CURRENT COUNTRY OF RESIDENCE	AGE	YEAR FIRST LEFT	REASON FOR LEAVING MOLDOVA	CHILDREN OF EMIGRANT IN HH	CHILDREN OF EMIGRANT ELSEWHERE IN MOLDOVA
Please list the first names of the persons who used to reside in this household who are now living in another country.	What is the relationship of [NAME] to head of HH? *	Is [NAME] male or female?	In what country does [NAME] live now?	How old is [NAME] now?	In what year did NAME first leave Moldova to reside in another country?	What was his/her main motive for first leaving the country?	Does [NAME] have any natural children age 0-17 who live in this household? IF YES, LIST LINE NOs OF CHILDREN AGE 0-17.	Does [NAME] have any (other) natural children age 0-17 who live in Moldova, but not in this household? IF YES, ASK: How many of his/her children live in Moldova?
(20B)	(20C)	(20D)	(20E)	(20F)	(20G)	(20H)	(20I)	(20J)
04		M F 1 2	(SPECIFY)	IN YEARS	YEAR	WORK . . . . . 1 STUDY . . . . . 2 ACCOM.SPOUSE/FAMILY 3 MARRY FOREIGN . . . . . 4 OTHER _____ 6 DON'T KNOW 8	YES . . . . . 1 LINE NOs. NO CHILDREN IN HH. 2	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE 2 IN MOLDOVA NR. DON'T KNOW 8
05		M F 1 2	(SPECIFY)	IN YEARS	YEAR	WORK . . . . . 1 STUDY . . . . . 2 ACCOM.SPOUSE/FAMILY 3 MARRY FOREIGN . . . . . 4 OTHER _____ 6 DON'T KNOW 8	YES . . . . . 1 LINE NOs. NO CHILDREN IN HH. 2	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE 2 IN MOLDOVA NR. DON'T KNOW 8
06		M F 1 2	(SPECIFY)	IN YEARS	YEAR	WORK . . . . . 1 STUDY . . . . . 2 ACCOM.SPOUSE/FAMILY 3 MARRY FOREIGN . . . . . 4 OTHER _____ 6 DON'T KNOW 8	YES . . . . . 1 LINE NOs. NO CHILDREN IN HH. 2	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE 2 IN MOLDOVA NR. DON'T KNOW 8

* SEE CODES FOR Q. 3

TICK HERE IF CONTINUATION SHEET USED ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
20K	Now I would like to talk to you about the water you drink. In the last year, have you been able to obtain sufficient quantities of potable water?	YES . . . . . 1 NO 2	→ 21
20L	For what reasons have you not been able to obtain sufficient potable water?	WATER SOURCE TOO FAR . . . . . 1 COSTS TOO MUCH . . . . . 2 LIMITED QUANTITY AVAILABLE/ WATER RATIONED . . . . . 3 DROUGHT . . . . . 4 OTHER 6	
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 → 26 PUBLIC TAP/STANDPIPE . . . . . 13 ARTESIAN/TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 → 23 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CISTERN 62 CART WITH SMALL TANK . . . . . 71 → 26 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 BOTTLED WATER . . . . . 91 OTHER _____ 96 → 23 (SPECIFY)	
22	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 → 26 PUBLIC TAP/STANDPIPE . . . . . 13 TUBE WELL OR BOREHOLE . . . . . 21 DUG WELL PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 → 26 TANKER TRUCK . . . . . 61 CISTERN 62 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 OTHER _____ 96 (SPECIFY)	
23	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	
26	Do you treat your water in any way to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 → 28	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
27	What do you usually do to the water to make it safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD BLEACH/CHLORINE . . . . . B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
28	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE . 14 FLUSH, DON'T KNOW WHERE . 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) . . . . . 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT . . . . . 23 COMPOSTING TOILET . . . . . 31 BUCKET TOILET . . . . . 41 OTHER _____ 96 (SPECIFY)	→ 31
29	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 31
30	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . 0 ☐ 10 OR MORE HOUSEHOLDS . . . 95 DON'T KNOW 98	
31	Does your household have:	YES NO ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 BLACK-WHITE TV . . . . . 1 2 COLOR TV . . . . . 1 2 VCR/DVD . . . . . 1 2 MOBILE TELEPHON . . . . . 1 2 NON-MOBILE TELEPH . . . . . 1 2 REFRIGERAT(. . . . . 1 2 SOFA . . . . . 1 2 ARMOIRE . . . . . 1 2 WASHING MACH . . . . . 1 2 WATER HEATI . . . . . 1 2 BATHTUB/SHOW . . . . . 1 2 VACUUM CLEAN . . . . . 1 2 MICROWAV . . . . . 1 2 COMPUTER . . . . . 1 2 Electricity? A radio? A black-white television? A color TV? A VCR/DVD? A mobile telephone? A non-mobile telephone? A refrigerator? A sofa? An armoire? A washing machine? A water heater? A bathtub or shower? A vacuum cleaner? A microwave? A computer?	
32	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . . 01 PROPANE GAS TAI . . . . . 02 NATURAL GAS . . . . . 03 BIOGAS . . . . . 04 KEROSENE . . . . . 05 COAL, LIGNITE . . . . . 06 CHARCOAL . . . . . 07 WOOD . . . . . 08 STRAW/SHRUBS/GRASS/COAGE I . 09 AGRICULTURAL CROP . . . . . 10 ANIMAL DUNG . . . . . 11 OTHER _____ 96 (SPECIFY)	→ 34 → 34

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
33	In this household, is food cooked on a stove or an open fire? PROBE FOR TYPE.	STOVE 1 OPEN FIRE . . . . . 2 OTHER _____ 6 (SPECIFY)	→ 34
33A	Does the stove have a chimney or hood?	YES . . . . . 1 NO 2	
34	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE . . . . . 1 IN A SEPARATE BUILDING . . . . . 2 OUTDOORS . . . . . 3 OTHER _____ 6 (SPECIFY)	→ 36
35	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	
36	MAIN MATERIAL ON THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND . . . . . 11 RUDIMENTARY FLOOR WOOD PLANKS . . . . . 21 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . . 31 VINYL OR ASPHALT STRIPS . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 OTHER _____ 96 (SPECIFY)	
37	MAIN MATERIAL ON THE ROOF. RECORD OBSERVATION.	METAL . . . . . 31 WOOD . . . . . 32 CALAMINE/CEMENT FIBER . . . 33 CERAMIC TILES . . . . . 34 CEMENT . . . . . 35 ROOFING SHINGLES . . . . . 36 THATCHED ROO . . . . . 37 OTHEF _____ 96 (SPECIFY)	
38	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	CEMENT/CEMENT BLOCKS 31 STONE WITH LIME/CEMI . . . . . 32 BRICKS . . . . . 33 LUT PRELUCRAT (CA IN SU . . . . . 34 WOOD PLANKS/SHIN(. . . . . 35 ADOBE WITH SOD 36 OTHEF _____ 96 (SPECIFY)	
40	How many rooms in this household are used for sleeping?	ROOMS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
41	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A tractor?	YES NO WATCH . . . . . 1 2 BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK . . . . . 1 2 TRACTOI 1 2	
42	Does any member of this household own any lanc that can be used for agriculture?	YES . . . . . 1 NO 2	→ 44
43	How many hectarces of agricultural land do members of this household own? IF MORE OR EQUAL TO 1 HA, RECORD HECTARES IF MORE THAN 95 HECTARES, ENTER '95'. IF LESS THAN 1 HA, RECORD ARI	HECTARES . . . . . 1 ☐☐ ARI . . . . . 2 ☐☐ DK 998	
44	Does this household own any livestock, herds, or farm animals?	YES . . . . . 1 NO 2	→ 46
45	How many of the following animals does this household own? Cattle/milk cows/bulls? Horses, donkeys, or mules? Goats/ sheep? Fowl (ex. Chickens, geese, ducks)? Pigs? Other (ex. Rabbits, guinea pigs) IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	CATTLE, ETC. ☐☐ HORSES/DONKEYS/MULES ☐☐ GOATS/SHEEP ☐☐ FOWL . . . . . ☐☐ PIGS . . . . . ☐☐ OTHEI . . . . . ☐☐	
46	Does any member of this household have a bank account?	YES . . . . . 1 NO 2	
49	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) . . . . . 1 7 PPM . . . . . 2 15 PPM . . . . . 3 30 PPM . . . . . 4 NO SALT IN HH . . . . . 5 SALT NOT TESTED 6 _____ (SPECIFY REASON)	
49A	What kind of salt do you usually use for daily preparation of food?	IODIZED 1 NOT IODIZED 2 DON'T KNOW 8	
49B	What kind of salt do you usually use for pickling?	IODIZED 1 NON-IODIZED 2 DON'T KNOW 8	
49C	CHECK 49A AND 49B: CODE '1' CIRCLED IN EITHER 49A AND/OR 49B CODE '1' NOT CIRCLED NOR IN 49A NOR IN 49B		→ 49E
49D	The last time you bought salt, what kind of package was it in, a box, a bag or by the kilo (no package)? IF BAG, ASK: Was it in an industrial bag with a label, or re-packaged in a bag with no label?	I KG PACKAGE . . . . . 1 INDUSTRIAL BAG 1-2KG . . . . . 2 PRE-PACKAGED SACS BY SELLER . 3 BY KILOGRAMS . . . . . 4 OTHER 6	
49E	The last time you bought salt, in what quantity did you buy it in?	≤ 1 kg . . . . . 1 2 kg . . . . . 2 4 - 5 kg . . . . . 3 10 - 25 kg . . . . . 4 > 25 kg 5	
49F	The last time you bought salt, from where did you buy it?	STORE . . . . . 1 MARKET . . . . . 2 OTHER . . . . . 6 _____	

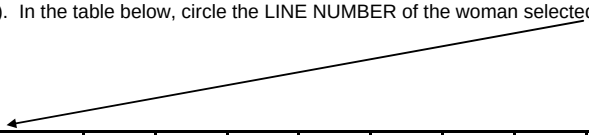
Q. 49G INSTRUCTIONS FOR THE RANDOM SELECTION OF A WOMAN TO WHOM QUESTIONS ON "RELATIONS IN THE HOUSEHOLD" WILL BE ASKED (SECTION 10 OF WOMAN'S Q.).

IF THERE IS ONLY ONE ELEGIBLE WOMAN IN THE HOUSEHOLD:

In the first line (row) of the table below, write the name, age and line number of the elegible woman (see Column (8) of the Household Schedule) : this woman is selected to be interviewed with questions on Relations in the Household.

IF THERE ARE SEVERAL ELEGIBLE WOMEN IN THE HOUSEHOLD:

1. In the table below, write the name, the age and the line number of all elegible women (see Column (8) of the Household Questionnaire), beginning with the oldest and ending with the youngest.
2. Note the last digit of the household structure number recorded on the cover page of the questionnaire and circle that number on the first line of the table below. Descend down this column of this number until you reach the line of the last woman recorded. Circle the number that is at the intersection between the column descended and the line of the last woman recorded.
The number you circled (1,2,3 etc.) at this intersection tells you the order of the woman selected for Section 10 of the Women's Questionnaire (the 1st, 2nd, 3rd, etc…). In the table below, circle the LINE NUMBER of the woman selected.



Order of woman listed	Name of woman	Age of woman	Line number from household schedule	1	2	3	4	5	6	7	8	9	0
I				I	I	I	I	I	I	I	I	I	I
II				II	I	II	I	II	I	II	I	II	I
III				I	II	III	I	II	III	I	II	III	I
IV				I	II	III	IV	I	II	III	IV	I	II
V				IV	V	I	II	III	IV	V	I	II	III
VI				IV	V	VI	I	II	III	IV	V	VI	I
VII				III	IV	V	VI	VII	I	II	III	IV	V
VIII				III	IV	V	VI	VII	VIII	I	II	III	IV
IX				II	III	IV	V	VI	VII	VIII	IX	I	II
X				I	II	III	IV	V	VI	VII	VIII	IX	X

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (8)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)
		YEARS					

CHILDREN BORN IN 2000 OR LATER				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER			
LINE NO. FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
			DAY MONTH YEAR			LYING STAND. 1 2	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	

TICK HERE IF CONTINUATION SHEET USED ☐

* COPY MONTH AND YEAR FROM 215 IN THE MOTHER'S PREGNANCY HISTORY AND ASK DAY OF BIRTH. FOR CHILDREN NOT INCLUDED IN ANY PREGNANCY HISTORY, ASK DAY, MONTH, AND YEAR.

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49

CHECK COLUMN (52):	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)**	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(58)	(59)	(60)	(61)	(62)	(63)
AGE 15-17 AGE 18-49 1 2 GO TO 60 ←		GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ←	.	YES NO/DK 1 2	
1 2 GO TO 60 ←		1 2 SIGN _____ NEXT LINE ←	.	1 2	
1 2 GO TO 60 ←		1 2 SIGN _____ NEXT LINE ←	.	1 2	
1 2 GO TO 60 ←		1 2 SIGN _____ NEXT LINE ←	.	1 2	
1 2 GO TO 60 ←		1 2 SIGN _____ NEXT LINE ←	.	1 2	

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER

CHECK COLUMN (53): BORN IN MONTH OF INTERVIEW OR PREVIOUS 5 MONTHS	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
1 2 ↳ NEXT CHILD		GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ←	.		
1 2 ↳ NEXT CHILD		1 2 SIGN _____ NEXT LINE ←	.		
1 2 ↳ NEXT CHILD		1 2 SIGN _____ NEXT LINE ←	.		
1 2 ↳ NEXT CHILD		1 2 SIGN _____ NEXT LINE ←	.		
1 2 ↳ NEXT CHILD		1 2 SIGN _____ NEXT LINE ←	.		
1 2 ↳ NEXT CHILD		1 2 SIGN _____ NEXT LINE ←	.		

* CONSENT STATEMENT

As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that you (and all children born in 2000 or later) participate in the anemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with modern, new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

Do you have any questions?

Now may I ask that you (and NAME OF CHILD[REN]) participate in the anemia test.
Now please tell me if you agree to have the test(s) done.

64	CHECK 61 AND 62: NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT* ONE OR MORE ☐ → GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 65.** NONE ☐ → GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END INTERVIEW.	
65	We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We recommend that you visit a health facility as soon as possible to be examined and obtain proper treatment. GIVE THE ADULT THE REFERENCE FORM FOR ANEMIA AND CONTINUE TO Q. 60.	
65A	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐

* The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children and for women who are not pregnant (or who don't know if they are pregnant).

** If more than one woman or child is below the cutoff point, read the statement in Q.65 to each woman who is below the cutoff point and to each parent/responsible adult of a child who is below the cutoff point.

MOLDOVA DEMOGRAPHIC AND HEALTH SURVEY 2005 June 1, 2005
WOMAN'S QUESTIONNAIRE

MINISTRY OF HEALTH
CENTER FOR PREVENTIVE MEDECINE

REPUBLIC OF MOLDOVA

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . | | | |

HOUSEHOLD NUMBER . . . . . | | | |

MUNICIPIUL / RAIONUL _____ | | |

RESIDENCE (URBAN = 1, RURAL = 2) . . . . . | |

NAME AND LINE NUMBER OF WOMAN _____ | | |

CHECK TABLE 49G IN HOUSEHOLD QUESTIONNAIRE. IS THIS WOMAN SELECTED FOR QUESTIONS ON "RELATIONS IN THE HOUSEHOLD" (SECTION 10 WOMAN'S Q.)? . . . . . | |
(YES = 1, NO=2)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY		
				MONTH		
				YEAR	2	0	0	5
INTERVIEWER'S NAME				INT. CODE			
RESULT*				RESULT	
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS	
TIME					

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

LANGUAGE OF QUESTIONNAIRE: | | LANGUAGE OF INTERVIEW: | | LANGUAGE OF RESPONDENT: | |

LANGUAGE CODES: ROMANIAN = 1, RUSSIAN = 2, OTHER (SPECIFY_____)= 3

TRANSLATOR USED: 1-YES, 2-NO | |

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health.
We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health, and the health of your children if you have any. This information will help the government to plan health services. The survey usually takes about 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . [ ][ ] ALWAYS . . . . . 95 VISITOR 96	→ 106
103	Just before you moved here, did you live in a city, a town or the countryside?	CITY 1 MINICIPAL 2 COUNTRYSIDE 3	
106	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
108	Have you ever attended school?	YES . . . . . 1 NO 2	→ 112
109	What is the highest level of school you attended?	PRIMARY (GR 1-4) . . . . . 1 GYMNASIUM (GR 5-9) . . . . . 2 LYCEUM/MEDIUM (GR 10-12) . . . . . 3 POLYVALENT/SPT/MESERII . 4 COLLEGE/TECHNICAL . . . . . 5 INSTIT/UNIV/POST GRAD 6	
110	What is the highest grade you completed at that level?	GRADE/YEAR . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: PRIMARY → GRADE 5 OR HIGHER		→ 115
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
114	CHECK 112: CODE '2', '3' OR '4' CIRCLED → CODE '1' OR '5' CIRCLED		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	→ 116
115A	Which language(s) do you read most easily?	ROMANIAN / LATIN CHARAC. . . . . 1 ROMANIAN / CYRILLIC CHARAC. . . . 2 RUSSIAN . . . . . 3 READ BOTH ROMANIAN . . . . . AND RUSSIAN EQUALLY WELL . . . 4 OTHER _____ 6 (SPECIFY)	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
118	What is your religion?	ORTHODOX . . . . . 1 CATHOLIC/GREEK CATH. 2 PROTESTANT (EX. EVANGELICAL, BAPTIST, JEHOVAH WITNESS) 3 JEWISH 4 NO RELIGION . . . . . 5 OTHER _____ 6 (SPECIFY) REFUSED TO ANSWER/DK 8	
119	What is your ethnic background? RECORD MAJOR ETHNIC GROUP	MOLDOVAN . . . . . 01 ROMANIAN . . . . . 02 UKRAINIAN . . . . . 03 RUSSIAN . . . . . 04 GAGAUZAN . . . . . 05 ROMA (GYPSY) . . . . . 06 BULGARIAN . . . . . 07 JEWISH . . . . . 08 OTHER _____ 96 (SPECIFY) REFUSED/NOT STATED 98	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . ☐☐ GIRLS DEAD . . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ ↓ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
209A	Women sometimes have pregnancies which do not end in a live born child. That is, a pregnancy can be ended early by an abortion, a miscarriage, or a stillbirth. I will now ask you about each of them separately. How many abortions have you had? IF NONE, RECORD '00'	TOTAL ABORTIONS ☐☐	
209B	How many miscarriages? IF NONE, RECORD '00'	TOTAL MISCARRIAGES ☐☐	
209C	How many stillbirths? IF NONE, RECORD '00'	TOTAL STILLBIRTHS ☐☐	
209D	SUM ANSWERS TO 208, 209A, 209B, 209C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'.	TOTAL . . . . . ☐☐	
210	CHECK 209D: ONE OR MORE PREGNANCIES ☐ ↓ NO PREGNANCIES ☐ →		226

211 PREGNANCY HISTORY. Now I want to talk about each of your pregnancies, including those which ended in a live birth, an induced abortion, a miscarriage, and a stillbirth Starting with your last pregnancy, please tell me the following information

212 Did this pregnancy end in a live birth, an induced abortion, a self-induced abortion, a miscarriage, or a stillbirth?	213 In what month and year (was this child born / did this pregnancy end?)	214 Was there any other pregnancy between this one and the pregnancy you just mentioned? IF YES, ADD IT TO TABLE	215 CHECK 212: RECORD SAME RESPONSE	216 Was this a single or a multiple birth?	217 What name was given to this child?	218 Is (NAME) a boy or girl?	219 Is (NAME) still alive?	220 IF ALIVE: How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLT YEARS	221 IF ALIVE: Is (NAME) living with you?	222 IF ALIVE: RECORD HOUSEHOLD LINE N0. OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	222A IF DIED: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH 4	MONTH YEAR		LIVE BIRTH . . . 1 ABORTION . . . . . 2 MISCARRIAG . . . 3 STILL BIRT . . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME:	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS:	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
02 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH 4	MONTH YEAR	YES . . . . 1 NO 2	LIVE BIRTH . . . 1 ABORTION . . . . . 2 MISCARRIAG . . . 3 STILL BIRT . . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME:	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS:	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
03 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH 4	MONTH YEAR	YES . . . . 1 NO 2	LIVE BIRTH . . . 1 ABORTION . . . . . 2 MISCARRIAG . . . 3 STILL BIRT . . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME:	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS:	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
04 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH 4	MONTH YEAR	YES . . . . 1 NO 2	LIVE BIRTH . . . 1 ABORTION . . . . . 2 MISCARRIAG . . . 3 STILL BIRT . . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME:	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS:	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
05 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH 4	MONTH YEAR	YES . . . . 1 NO 2	LIVE BIRTH . . . 1 ABORTION . . . . . 2 MISCARRIAG . . . 3 STILL BIRT . . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME:	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS:	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3

212 Did this pregnancy end in a live birth, an induced abortion, a self-induced abortion, a miscarriage, or a stillbirth?	213 In what month and year (was this child born / did this pregnancy end?)	214 Was there any other pregnancy between this one and the pregnancy you just mentioned?	215 CHECK 212: RECORD SAME RESPONSE	216 Was this a single or a multiple birth?	217 What name was given to this child?	218 Is (NAME) a boy or girl?	219 Is (NAME) still alive?	220 IF ALIVE: How old was (NAME) on his/her last birthday?	221 IF ALIVE: Is (NAME) living with you?	222 IF ALIVE: RECORD HOUSEHOLD LINE N0. OF CHILD.	222A IF DIED: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1
06 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH 4	MONTH YEAR	YES . . . . 1 NO 2	LIVE BIRTH . . . 1 ABORTION . . . . . 2 MISCARRIAG . . . 3 STILL BIRT . . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME:	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS:	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
07 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH 4	MONTH YEAR	YES . . . . 1 NO 2	LIVE BIRTH . . . 1 ABORTION . . . . . 2 MISCARRIAG . . . 3 STILL BIRT . . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME:	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS:	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
08 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH 4	MONTH YEAR	YES . . . . 1 NO 2	LIVE BIRTH . . . 1 ABORTION . . . . . 2 MISCARRIAG . . . 3 STILL BIRT . . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME:	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS:	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
09 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH 4	MONTH YEAR	YES . . . . 1 NO 2	LIVE BIRTH . . . 1 ABORTION . . . . . 2 MISCARRIAG . . . 3 STILL BIRT . . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME:	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS:	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
10 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH 4	MONTH YEAR	YES . . . . 1 NO 2	LIVE BIRTH . . . 1 ABORTION . . . . . 2 MISCARRIAG . . . 3 STILL BIRT . . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME:	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS:	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3
11 LIVE BIRTH . . . . 1 ABORTION . . . . 2 MISCARRIA . . . . 3 STILL BIRTH 4	MONTH YEAR	YES . . . . 1 NO 2	LIVE BIRTH . . . 1 ABORTION . . . . . 2 MISCARRIAG . . . 3 STILL BIRT . . . . . 4 NEXT PREGNACY	SING 1 MULT 2	NAME:	BOY 1 GIRL 2	YES . 1 NO . . 2 222A	AGE IN YEARS:	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3

222B	Have you had any pregnancies since the the last birth/abortion/miscarriage/still birth? IF YES, RECORD PREGNANCIES IN TABLE ABOVE.	YES . . . . . 1 NO 2
223	COMPARE 209D WITH TOTAL NUMBER OF LIVE BIRTHS AND TERMINATED PREGNANCIES IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐↓ NUMBERS ARE DIFFERENT ☐→ (PROBE AND RECONCILE) CHECK: FOR EACH PREGNANCY: YEAR WHEN PREGNANCY ENDED (Q.213) ☐ FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Qs. 213, 220) ☐ FOR EACH CHILD THAT DIED: AGE AT DEATH IS RECORDED (Qs. 219, 222A). ☐ FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q. 222A). ☐	
224	CHECK 212 AND 213: ENTER THE NUMBER OF LIVE BIRTHS BORN IN 2000 OR LATER. IF NONE, RECORD '00'. ☐☐	

225	FOR EACH BIRTH SINCE JANUARY 2000, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH PREGNANCY TERMINATION (ABORTION, MISCARRIAGE OR STILLBIRTH), ENTER 'T' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. AS ABOVE, THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.		
226	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 237
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS	
228	At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . . 1 LATER . . . . . 2 NOT AT ALL 3	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 WEEKS AGO . . . . . 2 MONTHS AGO . . . . . 3 YEARS AGO . . . . . 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08A	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08B	FOAM / JELLY / SPERMICIDE Women can place a suppository, jelly or cream, in their vagina before intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
09	LACTATIONAL AMENORRHEA METH Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
12	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . . 1 NO . . . . . 2 YES . . . . . 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) →	AT LEAST ONE "YES" (EVER USED) → 307	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→ 331
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . . ☐☐	
308	CHECK 302 (01): WOMAN NOT STERILIZED ☐ ↓ WOMAN STERILIZED ☐ →		311A
309	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ →		322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 322
311 311A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B PILL . . . . . C IUD . . . . . D INJECTABLES . . . . . E IMPLANTS . . . . . F CONDOM . . . . . G DIAPHRAGM . . . . . H FOAM/JELLY/S . . . . . I LACTATIONAL AMEN. METHOD . . . . . J RHYTHM METHOD . . . . . K WITHDRAWAL . . . . . L OTHER _____ X (SPECIFY)	→ 316 → 315 → 319A
315	The last time you obtained (CURRENT METHOD IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST . . . . . ☐☐☐ LEI FREE . . . . . 995 DON'T KNOW 998	→ 319A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL . . . . . 11 FAMILY DOCTOR . . . . . 12 FAMILY PLANNING OFFICE . . . . . 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . 21 PRIVATE DOCTOR'S OFFICE . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
317	CHECK 311/311A: CODE 'A' CIRCLED → Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE 'B' CIRCLED → Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
318	How much did you pay in total for the sterilization, including any consultation you may have had?	COST ☐☐☐☐ LEI FREE . . . . . 9995 DON'T KNOW 9998	
319	In what month and year was the sterilization performed?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	→ 320
319A	In what month and year did you start using (CURRENT METHOD) continuously? PROBE: Since when have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
320	CHECK 319/319A AND 213: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A ? YES → IF YES, GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). NO →		
321	CHECK 319/319A: YEAR IS 2000 OR LATER → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING. THEN CONTINUE WITH 322 YEAR IS 1999 OR EARLIER → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2000. THEN SKIP TO → 329		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2000. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. **IN COLUMN 1**, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? **IN COLUMN 2**, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE. ILLUSTRATIVE QUESTIONS: COLUMN 2: * Where did you obtain the method when you started using it? * Where did you get advice on how to use the method [for LAM or rhythm]? **IN COLUMN 3**, ENTER THE CODES FOR THE REASON FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. THE NUMBER OF CODES IN COLUMN 3 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1. ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED IN ORDER TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop using to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: * How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
323	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER METHOD 96	→ 331 → 334 → 330 → 327 → 334
324	You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 326
325	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 327
326	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	CHECK 324: CODE '1' CIRCLED → At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED → When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?	YES . . . . . 1 NO 2	→ 329
328	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . . 1 NO 2	
329	CHECK 311/311A: CIRCLE METHOD CODE:	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER METHOD 96	01, 02 → 334 11, 13 → 334
330	Where did you obtain (CURRENT METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL . . . . . 11 FAMILY DOCTOR . . . . . 12 FAMILY PLANNING OFFICE . . . . . 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE SHOP . . . . . 31 CHURCH . . . . . 32 FRIEND/RELATIVE . . . . . 33 NGO . . . . . 34 OTHER _____ 96 (SPECIFY)	→ 334
331	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 334

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL . . . . . A FAMILY DOCTOR . . . . . B FAMILY PLANNING OFFICE . . . . . C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . E PHARMACY . . . . . F PRIVATE DOCTOR . . . . . G OTHER PRIVATE MEDICAL _____ H (SPECIFY) OTHER SOURCE SHOP . . . . . I CHURCH . . . . . J FRIEND/RELATIVE . . . . . K BAR L NGO M OTHER _____ X (SPECIFY)	
334	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES . . . . . 1 NO 2	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY, POSTNATAL CARE AND NUTRITION

401	CHECK 224: ONE OR MORE BIRTHS IN 2000 OR LATER ☐ ↓ NO BIRTHS IN 2000 OR LATER ☐ → 550			
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. We will talk about each separately.			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER . . . ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER . . . ☐☐	SECOND-FROM-LAST BIRTH LINE NUMBER . . . ☐☐
404	FROM 217 AND 219	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . . 1 (SKIP TO 407) ← LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 407) ←	THEN . . . . . 1 (SKIP TO 429) ← LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 429) ←	THEN . . . . . 1 (SKIP TO 429) ← LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 429) ←
406	How much longer would you have liked to have waited?	MONTHS 1 ☐☐ YEARS 2 ☐☐ DON'T KNOW . . . 998	MONTHS 1 ☐☐ YEARS 2 ☐☐ DON'T KNOW . . . 998	MONTHS 1 ☐☐ YEARS 2 ☐☐ DON'T KNOW . . . 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL OB/GYN DOCTOR A FAMILY DOCTOR B OTHER DOCTOR C DOCTOR SPEC UNKNOWN D NURSE/MEDICAL ASSISTANT E OTHER _____ X (SPECIFY) NO ONE . . . . . Y (SKIP TO 413E) ←		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
408	Where did you receive antenatal care for this pregnancy? CIRCLE ALL MENTIONED. IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . A OTHER HOME . . . B PUBLIC SECTOR GOVT. HOSPITAL C FAMILY DOC OFFICE . . . . . D HEALTH POST . . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . G OTHER PRIVATE MED. _____ H (SPECIFY) OTHER_____ X (SPECIFY)		
408A	How did you get to your last ante-natal care visit?	ON FOOT . . . . . 1 DONKEY/HORSE CAI . 2 PUBLIC TRANSPORT 3 PRIVATE VEHICLE . 4 HOME VISIT . . . . . 5 (SKIP TO 409)		
408B	How long did it take you to get to your last ante-natal care visit?	MINUTES ☐☐ HOURS ☐☐		
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
409A	Would you say that seeking ante-natal care for this pregnancy: was mainly your decision, mainly your husband/partner's decision, or did you both decide together?	RESPONDENT . . . 1 HUSBAND/PARTN .. 2 RESPONDENT AND HUSB/PART JOINT 3 SOMEONE ELSE .. 4 JOINTLY 5		
409B	During your first prenatal care visit, were you provided with a perinatal card? IF YES, ASK: Was the perinatal card filled in?	YES, COMPLT . . . . . 1 YES, NOT NOT COMPLT . . . 2 NO . . . . . 3 DK 8		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once?	YES NO		
	Were you weighed?	WEIGHT . . . 1 2		
	Was your blood pressure measured?	BP 1 2		
	Did you give a urine sample?	URINE 1 2		
	Did you give a blood sample?	BLOOD . . . 1 2		
	Did you have an ultrasound exam?	ULTRASOUND 1 2		
	Were you given iron tablets?	IRON TABLT 1 2		
	Were you given folic acid tablets?	FOLIC ACID 1 2		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
411A	During those visits did you receive any information about: Nutrition Smoking during pregnancy Drinking alcohol during pregnancy Breastfeeding Birth plan in case of emergency Child spacing/contraception Warning signs of preg comlications Postnatal care	YES NO NUTRITION 1 2 SMOKING 1 2 ALCOLHOL 1 2 BREASTFD 1 2 EMERG PLAN 1 2 CONTRAC 1 2 COMPLICAT 1 2 POSTNATAL 1 2		
411B	During those visits were you ever encouraged to bring a companion of your choice to the delivery, for example, your husband/partner, family member, or close friend?	YES . . . . . 1 NO 2		
411C	Were the costs of your pre-natal care covered by some government or insurance plan? IF YES, did it cover all costs for prenatal services, or only some costs?	COSTS FULLY COVERED . . . . . 1 COSTS PARTIAL COVERED . 2 COSTS NOT COVERED 3		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413A) DON'T KNOW 8		
413	Were you told where to go if you had any of these complications?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
413A	Did you have any of the following complications during your pregnancy? Risk of miscarriage? First trimester bleeding? Second trimester bleeding? High blood pressure? Diabetes? Heart disease? Liver disease? Urinary tract infection? Risk of preterm labor? Rh Izoimmunization? Anemia Other? (SPECIFY)	YES NO MISCARR 1 2 FIRST TRI 1 2 SECOND TRI 1 2 HBP 1 2 DIABET 1 2 HEART DIS 1 2 LIVER DIS 1 2 UTI 1 2 PRETERM 1 2 RH IZO 1 2 ANEMIA 1 2 OTHER 1 2		
413B	CHECK 413A: HAD PREGNANCY COMPLICATIONS ATLEAST ONE YES NOT ONE YES (SKIP TO 413E)			
413C	Did you seek care or treatment for (this/these) complication(s)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413E)		
413D	Were costs of this/these complic-ations covered by some govern-ment or insurance plan? IF YES, did it cover all costs for complications, or only some costs?	COSTS FULLY COVERED . . . . . 1 COSTS PARTIAL COVERED . . . . . 2 COSTS NOT COVERED 3		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
413E	When did you last receive a tetanus injection?	NEVER 00 (SKIP TO 421) MONTH . . . [ ][ ] DK MONTH . . . . . 98 YEAR [ ][ ][ ][ ] DK YEAR 9998		
413F	In total, how many times have you had a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . [ ] DON'T KNOW 8		
413G	Have you ever heard of iron tablets, or sirop, that women are recommended to take?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 422C)		
421	During this pregnancy, were you given or did you buy any iron tablets or sirop? SHOW TABLETS.	YES,WAS GIVEN . . 1 YES, BOUGHT . . . . 2 NO . . . . . 3 (SKIP TO 422B) DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the iron tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS [ ][ ][ ] DON'T KNOW . . . 998		
422A	Who recommended that you take the iron tablets/sirop?	DOCTOR/ MEDICAL ASST . 1 PHARMACIST . . . . . 2 OTHER . . . . . 6 (SPECIFY)		
422B	Do you think that iron supplements: Strengthen bones? Prevent congential malformations? Prevent hyper tension? Prevent anemia?	YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8		
422C	Have you ever heard of folic acid?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 423)		
422D	During this pregnancy, were you given or did you buy any folic acid tablets?	YES,WAS GIVEN . . 1 YES, BOUGHT . . . . 2 NO . . . . . 3 (SKIP TO 422H) DON'T KNOW 8		
422E	Did you take folic acid at any time during the first three months of your pregnancy?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 422G)		
422F	Did you take folic acid for at least 45 days within the first trimester of your pregnacy?	YES . . . . . 1 NO . . . . . 2 DK 8		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
422G	Who recommended that you take the folic acid during pregnancy?	DOCTOR/ MEDICAL ASST . 1 PHARMACIST . . . . . . 2 OTHER . . . . 6 __________ (SPECIFY)		
422H	Do you think that folic acid: Strengthen bones? Prevent congential malformations? Prevent hyper tension? Prevent anemia?	YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8		
423	During this pregnancy, did you have difficulty with your vision during daylight?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
424	During this pregnancy, did you have a difficulty with vision in the evenings?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
429	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . . 1 LARGER THAN AVERAGE . . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . . 4 VERY SMALL . . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . . 1 LARGER THAN AVERAGE . . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . . 4 VERY SMALL . . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . . 1 LARGER THAN AVERAGE . . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . . 4 VERY SMALL . . . . . . 5 DON'T KNOW 8

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
430	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 432) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 432) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 432) DON'T KNOW 8
431	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW . 99998	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW . 99998	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW . 99998
432	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	DOCTOR . . . . A NURSE/MIDWIFE . . . B AUXILIARY MIDWIFE C RELATIVE/FRIEND . . D OTHER ______________ X (SPECIFY) NO ONE . . . . Y	DOCTOR . . . . A NURSE/MIDWIFE . . . B AUXILIARY MIDWIFE C RELATIVE/FRIEND . . D OTHER ______________ X (SPECIFY) NO ONE . . . . Y	DOCTOR . . . . A NURSE/MIDWIFE . . . B AUXILIARY MIDWIFE C RELATIVE/FRIEND . . D OTHER ______________ X (SPECIFY) NO ONE . . . . Y
432A	Did you have a companion such as the husband/partner a close friend, or relat present during the birth of [NAME]? IF YES: Who was present with you?	HUSBAND / PARTNER A RELATIVE B CLOSE FRIEND C OTHER X ______________ NO COMPANION Y		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
433	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 (SKIP TO 440) ← OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 440) ←	HOME YOUR HOME . . . 11 (SKIP TO 441) ← OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 441) ←	HOME YOUR HOME . . . 11 (SKIP TO 441) ← OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 441) ←
434	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998
434A	Before you were discharged after (NAME) was born did you receive any information about: a. Self-care such as hygiene, or nutrition? b. When to seek care in the case of danger signs for you or (NAME)? c. Post partum contraception/FP? d. Breastfeeding? e. Immunizations?	YES NO SELF-CARE 1 2 SEEK CARE 1 2 FP 1 2 BREASTFD 1 2 IMMUNIZ 1 2		
435	Was (NAME) delivered by caesarean section?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
436	Before you were discharged after (NAME) was born, did a health professional check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 439) ←	YES . . . . . 1 (SKIP TO 451) ← NO 2	YES . . . . . 1 (SKIP TO 451) ← NO 2
437	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
438	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	DOCTOR . . . . . 11 NURSE/MIDWIFE . . . 12 AUXILIARY MIDWIFE . . . . . 13 OTHER _____ 96 (SPECIFY) (SKIP TO 450)		
439	After you were discharged, did a health professional check on your health?	YES . . . . . 1 (SKIP TO 442) NO . . . . . 2 (SKIP TO 450)	YES . . . . . 1 (SKIP TO 451) NO 2	YES . . . . . 1 (SKIP TO 451) NO 2
440	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TO MUCH . . . A FACILITY NOT OPEN B TOO FAR/ NO TRANSPORT . . . C DON'T TRUST FACILITY/POOR QUALITY SERV. .. D NO FEMALE PROV. AT FACILITY . . . E HUSBAND/FACILITY DID NOT ALLOW .. F NOT NECESSARY .. G NOT CUSTOMARY .. H OTHER (SPECIFY) .. _____ X		
441	After (NAME) was born, did a health professional check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 445)	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
442	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	DOCTOR . . . . . 11 NURSE/MIDWIFE . . . 12 AUXILIARY MIDWIFE . . . . . 13 OTHER _____ 96 (SPECIFY)		
444	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 FAMILY DOCTOR . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED._____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
445	In the two months after (NAME) was born, did a health professional on the baby's health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 450) DON'T KNOW 8		
446	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		
447	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	DOCTOR . . . . . 1 NURSE/MIDWIFE . . . 2 AUXILIARY MIDWIFE . . . . . 3 OTHER _____ 6 (SPECIFY)		
448	Where did this first check of (NAME) take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 FAMILY DOCTOR . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED._____ 36 (SPECIFY) OTHER_____ 96 (SPECIFY)		
450	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 452) NO . . . . . 2 (SKIP TO 452)		
451	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 455)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 455)
452	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
453	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT ☐ PREGNANT OR ☐ UNSURE (SKIP TO 455)		
454	Have you resumed sexual relations since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 456)		
455	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
456	Did you ever breastfeed (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 463)	YES . . . . 1 NO . . . . 2 (SKIP TO 463)	YES . . . . 1 NO . . . . 2 (SKIP TO 463)
457	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	< 1 HOUR . . . . . . 000 HOURS 1 [ ][ ] DAYS 2 [ ][ ]	< 1 HOUR . . . . . . 000 HOURS 1 [ ][ ] DAYS 2 [ ][ ]	< 1 HOUR . . . . . . 000 HOURS 1 [ ][ ] DAYS 2 [ ][ ]
458	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO . . . . 2 (SKIP TO 460)	YES . . . . 1 NO . . . . 2 (SKIP TO 460)	YES . . . . 1 NO . . . . 2 (SKIP TO 460)
459	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C SUGAR-SALT-WATER SOLUTION . . . . . . D FRUIT JUICE . . . . . . E INFANT FORMULA . F TEA/INFUSIONS . . . G HONEY . . . . H OTHER ____________ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C SUGAR-SALT-WATER SOLUTION . . . . . . D FRUIT JUICE . . . . . . E INFANT FORMULA . F TEA/INFUSIONS . . . G HONEY . . . . H OTHER ____________ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C SUGAR-SALT-WATER SOLUTION . . . . . . D FRUIT JUICE . . . . . . E INFANT FORMULA . F TEA/INFUSIONS . . . G HONEY . . . . H OTHER ____________ X (SPECIFY)
460	CHECK 404: IS CHILD LIVING?	LIVING [ ] DEAD [ ] (SKIP TO 462)	LIVING [ ] DEAD [ ] (SKIP TO 462)	LIVING [ ] DEAD [ ] (SKIP TO 462)
461	Are you still breastfeeding (NAME)?	YES . . . . 1 (SKIP TO 464) NO 2	YES . . . . 1 (SKIP TO 464) NO 2	YES . . . . 1 (SKIP TO 464) NO 2
462	For how many months did you breastfeed (NAME)?	MONTHS . . . [ ][ ] DON'T KNOW . . . 98	MONTHS . . . [ ][ ] DON'T KNOW . . . 98	MONTHS . . . [ ][ ] DON'T KNOW . . . 98
463	CHECK 404: IS CHILD LIVING?	LIVING [ ] DEAD [ ] (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 466)	LIVING [ ] DEAD [ ] (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 466)	LIVING [ ] DEAD [ ] (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 466)

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
464	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . ☐☐		
465	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐		
466	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
467		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. IMMUNIZATION AND HEALTH

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH LIVE BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	SECOND-FROM-LAST BIRTH LINE NUMBER . . . . .
503	CHECK 217 AND 219	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 547)
506	Is (NAME) currently taking iron pills, sprinkles with iron, or iron syrup (like this/ any of these)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
506A	Has (NAME) taken any drug for intestinal parasites in the past 6 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
507	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 509) YES, NOT SEEN . . . . . 2 (SKIP TO 512) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 509) YES, NOT SEEN . . . . . 2 (SKIP TO 512) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 509) YES, NOT SEEN . . . . . 2 (SKIP TO 512) NO CARD 3
508	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 (SKIP TO 512) NO 2	YES . . . . . 1 (SKIP TO 512) NO 2	YES . . . . . 1 (SKIP TO 512) NO 2

509 (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.

(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH								NEXT-TO-LAST BIRTH								SECOND-FROM-LAST BIRTH							
	DAY		MONTH		YEAR				DAY		MONTH		YEAR				DAY		MONTH		YEAR			
BCG																								
POLIO 1																								
POLIO 2																								
POLIO 3																								
POLIO 4																								
DPT 1																								
DPT 2																								
DPT 3																								
DPT 4																								
HepB 1																								
HepB 2																								
HepB 3																								
MEASLES																								
MUMPS																								
RUBELLA																								

NOTE: Since 2002 in Moldova, vaccines against measles, mumps and rubella are administered in a single combined vaccine.

		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST-BIRTH
512	Please tell me if (NAME) received any of the following vaccinations:			
512A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
512B	Polio vaccine, that is, drops in the mouth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512E) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512E) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512E) ←┤ DON'T KNOW 8
512D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
512E \	A DPT vaccination, that is, an injection given in the thigh or buttocks to protect him/her against tetanus, whooping cough, and diptheria? This is sometimes given at the same time as polio drops.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8
512F	How many times was a DPT vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
512G	An HepB vaccination, that is, an injection in the thigh or buttock, to protect against Hepatitis B?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512I) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512I) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512I) ←┤ DON'T KNOW 8
512H	How many times was a HepB vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
512 I	An injection in the arm to prevent measles? IF YES, ASK Was this a single injection to prevent measles, mumps and rubella?	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ←┘ NO . . . . . 3 DON'T KNOW 8	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ←┘ NO . . . . . 3 DON'T KNOW 8	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ←┘ NO . . . . . 3 DON'T KNOW 8
512J	An injection to prevent mumps?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
512 K	An injection to prevent rubella?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8

		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST-BIRTH

512L LAST BIRTH

RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.

FULL NAME OF CHILD: _____ BIRTHDATE ____ ____ ____ DAY MONTH YEAR

NAME AND ADDRESS OF MEDICAL FACILITY:

_____

NEXT-TO-LAST BIRTH

RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.

FULL NAME OF CHILD: _____ BIRTHDATE ____ ____ ____ DAY MONTH YEAR

NAME AND ADDRESS OF MEDICAL FACILITY:

_____

SECOND-FROM-LAST BIRTH

RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.

FULL NAME OF CHILD: _____ BIRTHDATE ____ ____ ____ DAY MONTH YEAR

NAME AND ADDRESS OF MEDICAL FACILITY:

_____

AFTER COMPLETION OF THE INTERVIEWS IN THIS HOUSEHOLD GO THE HEALTH CENTER AND COMPLETE THE VACCINATION DATES IN SECTION 11.

		NAME ________ LAST BIRTH	NAME ________ NEXT-TO-LAST BIRTH	NAME ________ SECOND-FROM-LAST-BIRTH
515	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8
516	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
517	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
518	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
519	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 524)	YES . . . . 1 NO . . . . 2 (SKIP TO 524)	YES . . . . 1 NO . . . . 2 (SKIP TO 524)

		NAME ____ LAST BIRTH	NAME ____ NEXT-TO-LAST BIRTH	NAME ____ SECOND-FROM-LAST-BIRTH
520	Where did you seek advice or treatment? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. ____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT HOSPITAL A FAMILY HEALTH CENTER ..... B MEDICAL CABINET ..... C OTHER PUBLIC ____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC .... E PHARMACY ... F PVT DOCTOR ... G OTHER PRIVATE MED. ____ H (SPECIFY) OTHER SOURCE SHOP .... I TRADITIONAL PRACTITIONER J OTHER ____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A FAMILY HEALTH CENTER ..... B MEDICAL CABINET ..... C OTHER PUBLIC ____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC .... E PHARMACY ... F PVT DOCTOR ... G OTHER PRIVATE MED. ____ H (SPECIFY) OTHER SOURCE SHOP .... I TRADITIONAL PRACTITIONER J OTHER ____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A FAMILY HEALTH CENTER ..... B MEDICAL CABINET ..... C OTHER PUBLIC ____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC .... E PHARMACY ... F PVT DOCTOR ... G OTHER PRIVATE MED. ____ H (SPECIFY) OTHER SOURCE SHOP .... I TRADITIONAL PRACTITIONER J OTHER ____ X (SPECIFY)
521	CHECK 520:	TWO OR MORE CODES CIRCLED ☐ ↓ ONLY ONE CODE CIRCLED ☐ (SKIP TO 523)	TWO OR MORE CODES CIRCLED ☐ ↓ ONLY ONE CODE CIRCLED ☐ (SKIP TO 523)	TWO OR MORE CODES CIRCLED ☐ ↓ ONLY ONE CODE CIRCLED ☐ (SKIP TO 523)
522	Where did you first seek advice or treatment? USE LETTER CODE FROM 520.	FIRST PLACE ... ☐	FIRST PLACE ... ☐	FIRST PLACE ... ☐
523	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... ☐☐	DAYS ..... ☐☐	DAYS ..... ☐☐
524	Does (NAME) still have diarrhea?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
525	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK	YES NO DK	YES NO DK
	a. A fluid made from a special packet called Regidron or Rehidol?	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8
	b. A pre-packaged ORS liquid?	ORS LIQUID 1 2 8	ORS LIQUID 1 2 8	ORS LIQUID 1 2 8

		NAME ______ LAST BIRTH	NAME ______ NEXT-TO-LAST BIRTH	NAME ______ SECOND-FROM-LAST-BIRTH
526	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8
527	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ______ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ______ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ______ X (SPECIFY)
530	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
531	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 534) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 534) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 534) DON'T KNOW 8
532	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . 1 NO . . . . 2 (SKIP TO 535) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 535) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 535) DON'T KNOW 8
533	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 535)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 535)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 535)
534	CHECK 530: HAD FEVER?	YES ☐ NO OR DK ☐ (SKIP TO 546)	YES ☐ NO OR DK ☐ (SKIP TO 546)	YES ☐ NO OR DK ☐ (SKIP TO 546)

		NAME ____________ LAST BIRTH	NAME ____________ NEXT-TO-LAST BIRTH	NAME ____________ SECOND-FROM-LAST-BIRTH
535	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
536	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
537	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 542)	YES . . . . 1 NO . . . . 2 (SKIP TO 542)	YES . . . . 1 NO . . . . 2 (SKIP TO 542)
538	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C OTHER PUBLIC ____________ D (SPECIFY PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. ________ H (SPECIFY) OTHER SOURCE SHOP . . . . I TRADITIONAL PRACTITIONER J OTHER ________ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C OTHER PUBLIC ____________ D (SPECIFY PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. ________ H (SPECIFY) OTHER SOURCE SHOP . . . . I TRADITIONAL PRACTITIONER J OTHER ________ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C OTHER PUBLIC ____________ D (SPECIFY PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. ________ H (SPECIFY) OTHER SOURCE SHOP . . . . I TRADITIONAL PRACTITIONER J OTHER ________ X (SPECIFY)
539	CHECK 538:	TWO OR MORE CODES CIRCLED ☐ | ONLY ONE CODE CIRCLED ☐ ↓ (SKIP TO 541)	TWO OR MORE CODES CIRCLED ☐ | ONLY ONE CODE CIRCLED ☐ ↓ (SKIP TO 541)	TWO OR MORE CODES CIRCLED ☐ | ONLY ONE CODE CIRCLED ☐ ↓ (SKIP TO 541)

		NAME ____ LAST BIRTH	NAME ____ NEXT-TO-LAST BIRTH	NAME ____ SECOND-FROM-LAST-BIRTH
540	Where did you first seek advice or treatment? USE LETTER CODE FROM 538.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
541	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐
542	Is (NAME) still sick with a (fever/ cough)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
543	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 (SKIP TO 546) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 546) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 546) DON'T KNOW 8
544	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ____ X (SPECIFY) DON'T KNOW . . . . . Z
544A	CHECK 544: ANY ANTIBIOTICS CIRCLED (CODES A-B)?	YES ☐ NO ☐ (SKIP TO 546)	YES ☐ NO ☐ (SKIP TO 546)	YES ☐ NO ☐ (SKIP TO 546)
545	Did you already have (NAME OF DRUG FROM 544) at home when the child became ill? IF YES, CIRCLE CODE FOR THAT DRUG. ASK SEPARATELY FOR EACH ANTIBIOTIC GIVEN IN 544.	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ____ X (SPECIFY) DON'T KNOW . . . . . Z
546		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
547	CHECK 213 AND 221, ALL ROWS: NUMBER OF CHILDREN BORN IN 2000 OR LATER AND LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓ NONE ☐ → 550		
549	CHECK 525(a) AND 525(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID **(11)** ☐ ↓ ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID **(11)** ☐ → 551		
550	Have you ever heard of a special product called Regidrom Rehidol, or a pre-packaged ORS liquid you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	
551	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BIG PROB-LEM / NOT A BIG PROB-LEM	
	Getting permission to go.	PERMISSION TO GO . . . 1 2	
	Getting money needed for treatment.	GETTING MONEY 1 2	
	The distance to the health facility.	DISTANCE 1 2	
	Having to take transport.	TAKING TRANSPORT . . . 1 2	
	Not wanting to go alone.	GO ALONE 1 2	
	Concern that there may not be a female health provider.	NO FEMALE PROV. . . . 1 2	
552	Do you have health insurance?	YES . . . . . 1 NO . . . . . 2 → 554	
553	What type of health insurance do you have? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER/EDUCAT INST. . . . . A SOCIAL SECURITY . . . . . B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER _____ X (SPECIFY)	
554	Now I would like to ask you some questions about any injections you have had in the last twelve months. Have you had an injection for any reason in the last twelve months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE . . . . . 00 → 558	
555	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE . . . . . 00 → 558	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
556	The last time you had an injection given to you by a health worker, where did you go to get the injection?	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 FAMILY HEALTH CENTER ..... 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 DENTAL CLINIC/OFFICE ..... 22 PHARMACY ..... 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER ..... 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME ..... 31 OTHER _____ 96 (SPECIFY)	
557	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
558	Do you currently smoke cigarettes?	YES ..... 1 NO 2	→ 560
559	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES	
560	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO 2	→ 561A
561	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C OTHER _____ X (SPECIFY)	
561A	Now I have some questions to ask you about drinking alcohol. We count one drink as one can or bottle of beer, one glass of wine, or one shot of liquor, vodka or whiskey. (BOTTLE OF BEER=330-500ML, GLASS OF WINE=50-200ML, SHOT OF HARD LIQUOR=50ML.) In the past month, on the days that you drank alcohol, how many drinks did you usually have?	NUMBER OF DRINKS ..... NO DRINKS 00	→ 562
561B	How often did you drink that amount? PROBE: How many times in a month?	EVERY DAY ..... 1 ALMOST EVERY DAY ..... 2 1-2 TIMES A WEEK ..... 3 2-3 TIMES A MONTH ..... 4 ONCE A MONTH ..... 5 LESS OFTEN 6	
561C	In the past month, have there been days when you had more than usual? (RELATIVE TO THE NUMBER IN 561A?)	YES ..... 1 NO 2	→ 562
561D	In the past month, how many drinks did you have on the days that you drank more than usual? (RELATIVE TO NUMBER IN 561A)	NUMBER OF DRINKS	
561E	How often did you drink that amount?	EVERY DAY ..... 1 ALMOST EVERY DAY ..... 2 1-2 TIMES A WEEK ..... 3 2-3 TIMES A MONTH ..... 4 ONCE A MONTH ..... 5 LESS OFTEN 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
562	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 566
563	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T' KNOW . . . . . Z	
563A	What signs or symptoms would lead you to think that a person has tuberculosis? Any others? RECORD ALL MENTIONED.	COUGHING . . . . . A COUGHING WITH SPUTUM . . . . . B COUGHING FOR SEVERAL WEEKS . C FEVER . . . . . D BLOOD IN SPUTUM . . . . . E LOSS OF APPETITE . . . . . F NIGHTSWEATING . . . . . G PAIN IN CHEST . . . . . H TIREDNESS/FATIGUE . . . . . I WEIGHT LOSS . . . . . J LETHARGY . . . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
564	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
565	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
566	CHECK 213 AND 221: HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 567) _____ (NAME)	DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER ☐ → 601	
567	Now I would like to ask you about liquids or food (NAME FROM 566) had yesterday during the day or at night. Did (NAME FROM 566) drink or eat:	YES NO DK Plain water? PLAIN WATER . . . . . 1 2 8 Commercially produced infant formula? FORMULA . . . . . 1 2 8 Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G. CERELAC]? BABY CEREAL . . . . . 1 2 8 Any other porridge or gruel? E.g. hrishka, mamliga OTHER PORRIDGE/GRUEL. . 1 2 8 Any other liquid or food? OTHER LIQUID OR FOOD 1 2 8	
568	Now I would like to ask you about (other) liquids or foods that (NAME FROM 566) or you may have had yesterday during the day or at night. I am interested in whether your child or you had the item even if it was combined with other foods.		

Did (NAME FROM 566)/you drink (eat):		CHILD YES NO DK	MOTHER YES NO DK
a. Milk such as tinned, powdered, or fresh animal milk?	a	1 2 8	1 2 8
b Tea or coffee?	b	1 2 8	1 2 8
c. Sugary drinks such as sodas or fruit juices?	c	1 2 8	1 2 8
d. Any other liquids?	d	1 2 8	1 2 8
e. Bread, rice, noodles, biscuits or other foods made from grains? E.g. hrishka, mamaliga	e	1 2 8	1 2 8
f. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	f	1 2 8	1 2 8
g. White potatoes, white yams, turnips or any other foods made from roots?	g	1 2 8	1 2 8
h. Any dark green, leafy vegetables? E.g. marar (dill), parsley, spinach, turnip greens, nettle	h	1 2 8	1 2 8
i. Ripe peaches or apricots?	i	1 2 8	1 2 8
j. Any other fruits or vegetables? E.g. cabbage, beets	j	1 2 8	1 2 8
k. Liver, kidney, heart, tongue or other organ meats?	k	1 2 8	1 2 8
l. Beef, pork, lamb, goat, rabbit or any game meat?	l	1 2 8	1 2 8
m. Chicken, turkey, duck or other birds?	m	1 2 8	1 2 8
n. Eggs?	n	1 2 8	1 2 8
o. Fish, caviar or shellfish?	o	1 2 8	1 2 8
p. Any foods made from beans, peas, or lentils?	p	1 2 8	1 2 8
q. Any nuts?	q	1 2 8	1 2 8
r. Cheese, yogurt or other milk products?	r	1 2 8	1 2 8
s. Any oil, lard, butter or other fats?	s	1 2 8	1 2 8
t. Any sugary foods such as pastries, cakes or candies?	t	1 2 8	1 2 8
u. Any other solid or semi-solid food?	u	1 2 8	

569	CHECK 568 (CHILD): AT LEAST ONE "YES' ☐	NOT A SINGLE "YES" ☐ → 601
570	How many times did (NAME FROM 566) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 8

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A MAN . . . . . 2 NO, NOT IN UNION 3	→ 605
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN . . . . . 2 NO 3	→ 604
603	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 2000		→ 619
604	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 610
605	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	
606	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	
610	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	
611	CHECK 610: MARRIED/ LIVED WITH A MAN ONLY ONCE → In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR . . . . . DON'T KNOW YEAR 9998	→ 613
612	How old were you when you first started living with him?	AGE	
613	DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 2000. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 2000. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
620	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time, if you ever had?	NEVER . . . . . 00 AGE IN YEARS . . . . . [ ][ ] FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER . . . . . 95 REFUSED 98	→ 622 → 622 → 646
621	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 646
622	CHECK 107: 15-24 YEARS OLD [ ] ↓ 25-49 YEARS OLD [ ] →		→ 627
623	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
624	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . . [ ][ ] DON'T KNOW 98	→ 627
625	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . . 1 YOUNGER . . . . . 2 ABOUT THE SAME AGE . . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 627
626	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
627	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ]	→ 629 → 641

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
628	When was the last time you had sexual intercourse with this other person?		DAYS AGO . . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . 3
629	The last time you had sexual intercourse (with this other person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 631)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 631)
630	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
631	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE . . . . . 01 (SKIP TO 637) LIVE-IN PARTNER . . . . . 02 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . . 03 CASUAL ACQUAINTANCE . . . . . 04 COMMERCIAL SEX WORKER . . . . . 05 OTHER _____ 96 (SPECIFY)	SPOUSE . . . . . 01 (SKIP TO 637) LIVE-IN PARTNER . . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . . 03 CASUAL ACQUAINTANCE . . . . . 04 COMMERCIAL SEX WORKER . . . . . 05 OTHER _____ 96 (SPECIFY)
632	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . . . . . 1 MONTHS . . . . . 2 YEARS 3	DAYS . . . . . 1 MONTHS . . . . . 2 YEARS 3
633	CHECK 107:	15 - 24 YEARS OLD 25 - 49 YEARS OLD (SKIP TO 637)	15 - 24 YEARS OLD 25 - 49 YEARS OLD (SKIP TO 637)
634	How old is this person?	AGE OF PARTNER . . . . . (SKIP TO 637) DON'T KNOW 98	AGE OF PARTNER . . . . . (SKIP TO 637) DON'T KNOW 98
635	Is this person older than you, younger than you, or about the same age?	OLDER . . . . . 1 YOUNGER . . . . . 2 ABOUT THE SAME AGE . 3 DON'T KNOW . . . . . 8 (SKIP TO 637)	OLDER . . . . . 1 YOUNGER . . . . . 2 ABOUT THE SAME AGE . 3 DON'T KNOW . . . . . 8 (SKIP TO 637)
636	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . . . 2 OLDER, UNSURE HOW MUCH 3	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . . . 2 OLDER, UNSURE HOW MUCH 3
637	The last time you had sexual intercourse (with this other person), did you or this person drink alcohol?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 639)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 640)

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
638	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY . . . . . 1 PARTNER ONLY . . . . . 2 RESPONDENT AND PARTNER BOTH . . . . . 3 NEITHER 4	RESPONDENT ONLY . . . . . 1 PARTNER ONLY . . . . . 2 RESPONDENT AND PARTNER BOTH . . . . . 3 NEITHER 4
639	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 628 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 641)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS . . . . . [ ][ ] DON'T KNOW 98	
641	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	
646	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 701
647	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A FAMILY HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OTHER PUBLIC _____ (SPECIFY) D PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . E PHARMACY . . . . . F PRIVATE DOCTOR . . . . . G OTHER PRIVATE MEDICAL _____ (SPECIFY) H OTHER SOURCE SHOP . . . . . I CHURCH . . . . . J FRIENDS/RELATIVES . . . . . K NGO . . . . . L OTHER _____ (SPECIFY) X	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED ↓ ; HE OR SHE STERILIZED → 715		
702	CHECK 226: NOT PREGNANT OR UNSURE ↓ ; PREGNANT ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 → 704 SAYS SHE CAN'T GET PREGNANT . 3 → 715 UNDECIDED/DON'T KNOW: AND PREGNANT . . . . . 4 → 709 AND NOT PREGNANT OR UNSURE . . . . . 5 → 708	
703	CHECK 226: NOT PREGNANT OR UNSURE ↓ ; PREGNANT ↓ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 → 708 SAYS SHE CAN'T GET PREGNANT 994 → 715 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 → 708 (SPECIFY) DON'T KNOW 998	
704	CHECK 226: NOT PREGNANT OR UNSURE ↓ ; PREGNANT → 709		
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ↓ ; NOT CURRENTLY USING ↓ ; CURRENTLY USING → 715		
706	CHECK 703: NOT ASKED ↓ ; 24 OR MORE MONTHS OR 02 OR MORE YEARS ↓ ; 00-23 MONTHS OR 00-01 YEAR → 709		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	CHECK 702: WANTS TO HAVE A/ANOTHER CHILD →	NOT MARRIED . . . . . A FERTILITY-RELATED REASONS NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY . D SUBFECUND/INFECUND . . . . . E POSTPARTUM AMENORRHEIC . . . F BREASTFEEDING . . . . . G FATALISTIC . . . . . H OPPOSITION TO USE RESPONDENT OPPOSED . . . . . I HUSBAND/PARTNER OPPOSED . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N METHOD-RELATED REASONS HEALTH CONCERNS . . . . . O FEAR OF SIDE EFFECTS . . . . . P LACK OF ACCESS/TOO FAR . . . . . Q COSTS TOO MUCH . . . . . R INCONVENIENT TO USE . . . . . S INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . T USES ABORTION U OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
	You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason?		
	WANTS NO MORE/ NONE →		
	You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason?		
	RECORD ALL REASONS MENTIONED.		
708	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED →		
	NO, NOT CURRENTLY USING →		
	YES, CURRENTLY USING →		→ 715
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 711
710	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER _____ 96 (SPECIFY) UNSURE 98	→ 715

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED . . . . . 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX . . . 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND . . . . . 24 WANTS AS MANY CHILDREN AS POSSIBLE . . . . . 26 OPPOSITION TO USE RESPONDENT OPPOSED . . . . . 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED . . . . . 33 RELIGIOUS PROHIBITION . . . . . 34 LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . 41 KNOWS NO SOURCE . . . . . 42 METHOD-RELATED REASONS HEALTH CONCERNS . . . . . 51 FEAR OF SIDE EFFECTS . . . . . 52 LACK OF ACCESS/TOO FAR . . . 53 COSTS TOO MUCH . . . . . 54 INCONVENIENT TO USE . . . . . 55 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 715
712	Would you ever use a contraceptive method if you were married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
715	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From pamphlets or brochures? Community events?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 PAMPHLETS . . . . . 1 2 COMMUNITY EVENT 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: YES, CURRENTLY MARRIED ↓ YES, LIVING WITH A MAN ↓ NO, NOT IN UNION → 723		
718	CHECK 311/311A: NEITHER CODE B NOR CODE G CIRCLED, BUT ANY OTHER CODE(S) CIRCLED ↓ CODE B OR G CIRCLED → 720 NO CODE CIRCLED → 722		
719	Does your husband/partner know that you are using a method of family planning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY HUSBAND/PARTNER . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 6 (SPECIFY)	
721	CHECK 311/311A: NEITHER STERILIZED ↓ HE OR SHE STERILIZED → 723		
722	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 HUSBAND/PARTNER DOESN'T WANT . . . . . 4 DON'T KNOW 8	
723	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:	YES NO DK	
	She knows her husband has a sexually transmitted disease?	HAS STD 1 2 8	
	She knows her husband has sex with other women?	OTHER WOMEN 1 2 8	
	She is tired or not in the mood?	TIRED/NOT IN MOOD 1 2 8	
724	When a woman knows her husband/partner has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ → 803 NEVER MARRIED AND NEVER LIVED WITH A MAN ☐ → 807		
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband/partner ever attend school?	YES . . . . . 1 NO . . . . . 2 → 806	
804	What was the highest level of school he attended?	PRIMARY (GR 1-4) . . . . . 1 GYMNASIUM (GR 5-9) . . . . . 2 LYCEUM/MEDIUM (GR 10-12) . . . . . 3 POLYVALENT/SPT/MESERII . 4 COLLEGE/TECHNICAL . . . . . 5 UNIV/INSTIT/POST GRAD 6 DON'T KNOW . . . . . 8 → 806	
805	What was the highest (grade/form/year) he completed at that level?	GRADE . . . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ → What is your husband's/partner's occupation? That is, what kind of work does he mainly do? FORMERLY MARRIED/ LIVED WITH A MAN ☐ → What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	_____ ☐☐ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES . . . . . 1 NO . . . . . 2 → 811	
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . . 1 NO . . . . . 2 → 811	
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES . . . . . 1 NO . . . . . 2 → 811	
810	Have you done any work in the last 12 months?	YES . . . . . 1 NO . . . . . 2 → 818	
811	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	CHECK 811: WORKS IN AGRICULTURE ☐ DOES NOT WORK IN AGRICULTURE ☐ → 814		
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 1 FAMILY LAND . . . . . 2 RENTED LAND . . . . . 3 SOMEONE ELSE'S LAND 4	
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME . . . . . 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
817	Are you paid in cash or in-kind for this work, or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN ☐ NOT CURRENTLY MARRIED AND NOT LIVING WITH A MAN ☐ → 824		
819	CHECK 817: CODE 1 OR 2 CIRCLED ☐ CODE 3 OR 4 CIRCLED, OR NOT ASKED ☐ → 822		
820	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER 6	
821	Would you say that the money that you bring into the household is more than what your husband/partner brings in, less than what he brings in, or about the same?	MORE THAN HIM . . . . . 1 LESS THAN HIM . . . . . 2 ABOUT THE SAME . . . . . 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY . . . . . 4 DON'T KNOW 8	→ 823

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	Who decides how your husband's/partner's earnings will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . 4 OTHER 6	
823	Who usually makes decisions about health care for yourself: mainly you, mainly your husband/partner, you and your husband/partner jointly, or someone else? Who usually makes decisions about making major household purchases? Who usually makes decisions about making purchases for daily household needs? Who usually makes decisions about visits to your family or relatives?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	
824	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ LISTEN. / PRES/ NOT LISTEN. / NOT PRES CHILDREN < 10 . . . . . 1 2 8 HUSBAND . . . . . 1 2 8 OTHER MALES . . . . . 1 2 8 OTHER FEMALES . . . 1 2 8	
825	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT . . . . . 1 2 8 NEGL. CHILDREN . . . 1 2 8 ARGUES . . . . . 1 2 8 REFUSES SEX . . . . . 1 2 8 BURNS FOOD 1 2 8	

SECTION 9. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 944
902	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
904	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906A	Can people get HIV/AIDS by getting injections with a needle that was already used by someone else?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 910
909	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX . . . . . A USE CONDOMS . . . . . B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER . . . C LIMIT NUMBER OF SEXUAL PARTNERS . . . . . D AVOID SEX WITH PROSTITUTES . . . E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS . . . . . F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS . . . . . H AVOID BLOOD TRANSFUSIONS . . . . . I AVOID INJECTIONS . . . . . J AVOID SHARING RAZORS/BLADES . K AVOID KISSING . . . . . L AVOID MOSQUITO BITES . . . . . M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . . . N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
910	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
911	Can the virus that causes AIDS be transmitted from a mother to her baby:	YES NO DK	
	During pregnancy?	DURING PREG. 1 2 8	
	During delivery?	DURING DELIVERY . . . 1 2 8	
	By breastfeeding?	BREASTFEEDING . . . 1 2 8	
915	CHECK 212 AND 213:	NO BIRTHS	→ 924
	LAST BIRTH SINCE JANUARY 2003 ↓	LAST BIRTH BEFORE JANUARY 2003	→ 924
916	CHECK 407: SOUGHT PRE-NATAL CARE ↓	DID NOT SEEK PRE-NATAL CARE	→ 924

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO . 1 2 8 TESTED FOR AIDS . 1 2 8	
918	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . . 1 NO 2	
919	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES . . . . . 1 NO 2	→ 924
919A	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	
919B	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	
920	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
921	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 FAMILY HEALTH CENTER . . . . . 12 AIDS CENTER . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 SKIN-STI DISPANSER . . . . . 15 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 PRIVATE LABS . . . . . 22 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 931
924	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO 2	→ 929
925	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	
926	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	
927	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
928	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 FAMILY HEALTH CENTER . . . . . 12 AIDS CENTER . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 SKIN-STI DISPANSER . . . . . 15 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 PRIVATE LABS . . . . . 22 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 931

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
929	Do you know of a place where people can go to be tested for the virus that causes AIDS?	YES . . . . . 1 NO 2	→ 931
930	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A FAMILY HEALTH CENTER . . . . . B AIDS CENTER/LABS C FAMILY PLANNING CLINIC . . . . . D SKIN-STI DISPANSER . . . . . E OTHER PUBLIC _____ (SPECIFY) F PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . G PRIVATE LABS . . . . . H OTHER PRIVATE MEDICAL _____ (SPECIFY) I OTHER _____ (SPECIFY) X	
931	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
932	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
933	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
934	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
939	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES . . . . . 1 NO 2	
940	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
941	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
942	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
943	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
944	CHECK 901: HEARD ABOUT AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
945	CHECK 620: HAS HAD SEXUAL INTERCOURSE HAS NOT HAD SEXUAL INTERCOURSE → 1000		
946	CHECK 944: HAS HEARD ABOUT OTHER SEXUALLY TRANSMITTED DISEASES YES NO → 948		
947	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
948	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
949	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
950	CHECK 947, 948, AND 949: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW → 1000		
951	The last time you had (PROBLEM FROM 920/921/922), did you seek any kind of advice or treatment?	YES . . . . . 1 NO . . . . . 2 → 1000	
952	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A FAMILY HEALTH CENTER . . . . . B AIDS CENTER/LABS . . . C FAMILY PLANNING CLINIC . . . . . D SKIN-STI DISPAN . . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . G PRIVATE LABS . . . . . H OTHER PRIVATE MEDICAL _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J OTHER _____ X (SPECIFY)	

SECTION 10. RELATIONS IN THE HOUSEHOLD

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	CHECK COVER PAGE: THE WOMAN BEING INTERVIEWED IS SELECTED TO BE ASKED QUESTIONS ON 'RELATIONS IN THE HOUSEHOLD'? YES ☐ NO ☐		1035
1001	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED ☐ PRIVACY NOT POSSIBLE ☐		1034
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Moldova. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
1002	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE) ☐ NEVER MARRIED/ NEVER LIVED WITH A MAN ☐		1014A
1003	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	YES NO DK JEALOUS . . . . . 1 2 8 ACCUSES . . . . . 1 2 8 NOT MEET FRIENDS 1 2 8 NO FAMILY . . . . . 1 2 8 WHERE YOU ARE . . . 1 2 8 MONEY 1 2 8	
1004	**CHECK 604: IF RESPONDENT IS A WIDOW ASK ONLY PART A, NOT PART B** Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. A (Does/did) your (last) husband/partner ever: a) say or do something to humiliate you in front of others? YES 1 NO 2 b) threaten to hurt or harm you or someone close to you? YES 1 NO 2 c) insult you or make you feel bad about yourself? YES 1 NO 2	**IF RESPONDENT IS NOT A WIDOW, ASK:** B How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN / SOME-TIMES / NOT AT ALL a) 1 2 3 b) 1 2 3 c) 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1005	**IF RESPONDENT IS A WIDOW ASK ONLY PART A, NOT PART B** A (Does/did) your (last) husband/partner ever do any of the following things to you:	**IF RESPONDENT IS NOT A WIDOW, ASK:** B How often did this happen during the last 12 months: often, only sometimes, or not at all?	

				OFTEN	SOME-TIMES	NOT AT ALL
a)	push you, shake you, or throw something at you?	YES 1 →		1	2	3
		NO 2 ↓				
b)	slap you?	YES 1 →		1	2	3
		NO 2 ↓				
c)	twist your arm or pull your hair?	YES 1 →		1	2	3
		NO 2 ↓				
d)	punch you with his fist or with something that could hurt you?	YES 1 →		1	2	3
		NO 2 ↓				
e)	kick you, drag you or beat you up?	YES 1 →		1	2	3
		NO 2 ↓				
f)	try to choke you or burn you on purpose?	YES 1 →		1	2	3
		NO 2 ↓				
g)	threaten or attack you with a knife, gun, or any other weapon?	YES 1 →		1	2	3
		NO 2 ↓				
h)	physically force you to have sexual intercourse with him even when you did not want to?	YES 1 →		1	2	3
		NO 2 ↓				
i)	force you to perform any sexual acts you did not want to?	YES 1 →		1	2	3
		NO 2 ↓				

1006	CHECK 1005A (a-i): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		1009
1007	How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS . . . . . ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	
1008	Did the following ever happen as a result of what your (last) husband/partner did to you:		
	a) You had cuts, bruises or aches?	YES . . . . . 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . . 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . . 1 NO 2	
1009	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?	YES . . . . . 1 NO 2	→ 1012
1010	CHECK 604: RESPONDENT IS **NOT** A WIDOW ☐ ↓ RESPONDENT IS A WIDOW ☐ →		1012

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1011	In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1012	Does (did) your husband/partner drink alcohol?	YES . . . . . 1 NO 2	→1014
1013	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	
1014	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN: From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically? NEVER MARRIED/ NEVER LIVED WITH A MAN: From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→1017
1015	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C DAUGHTER/SON . . . . . D OTHER RELATIVE . . . . . E FORMER HUSBAND/PARTNER . . F CURRENT BOYFRIEND . . . . . G FORMER BOYFRIEND . . . . . H MOTHER-IN-LAW . . . . . I FATHER-IN-LAW . . . . . J OTHER IN-LAW . . . . . K TEACHER . . . . . L EMPLOYER/SOMEONE AT WORK . M POLICE/SOLDIER . . . . . N OTHER _____ (SPECIFY) X	
1016	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1017	CHECK 209D AND 226: EVER BEEN PREGNANT OR CURRENTLY PREGNANT NEVER BEEN PREGNANT		→1020
1018	While you were pregnant, did anyone ever hit, slapped, kicked, or done anything to hurt you physically?	YES . . . . . 1 NO 2	→1020

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1019	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER . A MOTHER/STEP-MOTHER . . . . . B FATHER/STEP-FATHER . . . . . C SISTER/BROTHER . . . . . D DAUGHTER/SON . . . . . E OTHER RELATIVE . . . . . F FORMER HUSBAND/PARTNER . . G CURRENT BOYFRIEND . . . . . H FORMER BOYFRIEND . . . . . I MOTHER-IN-LAW . . . . . J FATHER-IN-LAW . . . . . K OTHER IN-LAW . . . . . L TEACHER . . . . . M EMPLOYER/SOMEONE AT WORK . N POLICE/SOLDIER . . . . . O OTHER _____ X (SPECIFY)	
1020	CHECK 620: EVER HAD SEX? HAS EVER HAD SEX ☐ ↓ NEVER HAD SEX ☐ → 1025		
1021	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO . . . . . 1 FORCED TO . . . . . 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1022	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN: In the last 12 months, has anyone other than your (current/last) husband/ partner forced you to have sexual intercourse against your will? NEVER MARRIED/ NEVER LIVED WITH A MAN: In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	
1023	CHECK 1021 AND 1022: 1021 ='1' OR '3' **AND** 1022 ='2' OR '3' ☐ ↓ OTHER ☐ → 1026		
1024	CHECK 1005A(h) and 1005A(i): 1005(h) IS NOT '1' **AND** 1005(i) IS NOT '1' OR Q. NOT ASKED ☐ ↓ 1005A(h) or 1005A(i) IS '1' ☐ → 1028		
1025	At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1028
1026	How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . . . ☐☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/PARTNER .. 02 CURRENT/FORMER BOYFRIEND . 03 FATHER ..... 04 STEP FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE .. 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK . 13 POLICE/SOLDIER ..... 11 PRIEST/RELIGIOUS LEADER ..... 12 STRANGER ..... 14 OTHER _____ . 96 (SPECIFY)	
1028	CHECK 1005A (a-i), 1008, 1014, 1018, 1021, 1022, 1025: AT LEAST ONE 'YES' AND/OR 1021='2' ☐ NOT A SINGLE 'YES' ☐ →		1032
1029	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES ..... 1 NO 2	→1031
1030	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY ..... A HUSBAND/PARTNER'S FAMILY .... B CURRENT/LAST/LATE HUSBAND/PARTNER ..... C CURRENT/FORMER BOYFRIEND . D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL . H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION . K OTHER _____ X (SPECIFY)	→1032
1031	Have you ever told any one else about this?	YES ..... 1 NO 2	
1032	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE 'RELATIONS IN THE HH' MODULE ONLY.

1033	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES ONCE	YES, MORE THAN ONCE	NO
		HUSBAND 1	2	3
		OTHER MALE ADULT 1	2	3
		FEMALE ADULT 1	2	3
1034	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE 'RELATIONS IN THE HH' MODULE _____ _____ _____			
1035	RECORD THE TIME.	HOUR ..... ☐☐ MINUTES ..... ☐☐		

SECTION 11. VISIT TO MEDICAL FACILITY TO RECORD IMMUNIZATION INFORMATION

1101 ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH LIVE BIRTH EXACTLY AS IT IS RECORDED IN 403 AND 404.
(IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
1103	INFORMATION FROM 403	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐
1104	INFORMATION FROM 404	NAME _____ LIVING ☐ DEAD ☐ (GO TO 1102 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1107)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 1102 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 1107)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 1102 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 1107)
1103	CHECK 512L INFORMATION ABOUT THE MEDICAL FACILITY WHERE IMMUNIZATION RECORD IS KEPT?	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 1107)
1104	HEALTH CENTER WAS VISITED?	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 1107)
1105	IS THERE AN IMMUNIZATION RECORD IN THE FACILITY FOR (NAME)?	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 (SKIP TO NEXT COLUMN) NO CARD 3	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 (SKIP TO NEXT COLUMN) NO CARD 3	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 (SKIP TO 1107) NO CARD 3

1106 (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE IMMUNIZATION RECORD
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH DAY	LAST BIRTH MONTH	LAST BIRTH YEAR	NEXT-TO-LAST BIRTH DAY	NEXT-TO-LAST BIRTH MONTH	NEXT-TO-LAST BIRTH YEAR	SECOND-FROM-LAST BIRTH DAY	SECOND-FROM-LAST BIRTH MONTH	SECOND-FROM-LAST BIRTH YEAR
BCG									
POLIO 1									
POLIO 2									
POLIO 3									
POLIO 4									
DPT 1									
DPT 2									
DPT 3									
DPT 4									
HepB 1									
HepB 2									
HepB 3									
MEASLES / MEASL									
MUMPS									
RUBELLA									

1107 END

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL
- 2 GOVT. HEALTH CENTER
- 3 FAMILY PLANNING CLINIC
- 4 GOVT. MOBILE CLINIC
- 5 GOVT. FIELDWORKER
- 6 OTHER PUBLIC
- 7 PVT. HOSPITAL/CLINIC
- 8 PHARMACY
- 9 PRIVATE DOCTOR
- A NON-GOVT. MOBILE CLINIC
- B NON-GOVT. FIELDWORKER
- C OTHER PRIVATE MEDICAL
- D SHOP
- E CHURCH
- F FRIENDS/RELATIVES
- X OTHER _____ (SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

COL. 4: MARRIAGE/UNION

- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

** Response categories may be added for other methods, including fertility awareness methods.

				1	2	3	4			
	12	DEC	01					01	DEC	
	11	NOV	02					02	NOV	
	10	OCT	03					03	OCT	
	09	SEP	04					04	SEP	
2	08	AUG	05					05	AUG	2
0	07	JUL	06					06	JUL	0
0	06	JUN	07					07	JUN	0
5	05	MAY	08					08	MAY	5
*	04	APR	09					09	APR	*
	03	MAR	10					10	MAR	
	02	FEB	11					11	FEB	
	01	JAN	12					12	JAN	
	12	DEC	13					13	DEC	
	11	NOV	14					14	NOV	
	10	OCT	15					15	OCT	
	09	SEP	16					16	SEP	
2	08	AUG	17					17	AUG	2
0	07	JUL	18					18	JUL	0
0	06	JUN	19					19	JUN	0
4	05	MAY	20					20	MAY	4
*	04	APR	21					21	APR	*
	03	MAR	22					22	MAR	
	02	FEB	23					23	FEB	
	01	JAN	24					24	JAN	
	12	DEC	25					25	DEC	
	11	NOV	26					26	NOV	
	10	OCT	27					27	OCT	
	09	SEP	28					28	SEP	
2	08	AUG	29					29	AUG	2
0	07	JUL	30					30	JUL	0
0	06	JUN	31					31	JUN	0
3	05	MAY	32					32	MAY	3
*	04	APR	33					33	APR	*
	03	MAR	34					34	MAR	
	02	FEB	35					35	FEB	
	01	JAN	36					36	JAN	
	12	DEC	37					37	DEC	
	11	NOV	38					38	NOV	
	10	OCT	39					39	OCT	
	09	SEP	40					40	SEP	
2	08	AUG	41					41	AUG	2
0	07	JUL	42					42	JUL	0
0	06	JUN	43					43	JUN	0
2	05	MAY	44					44	MAY	2
*	04	APR	45					45	APR	*
	03	MAR	46					46	MAR	
	02	FEB	47					47	FEB	
	01	JAN	48					48	JAN	
	12	DEC	49					49	DEC	
	11	NOV	50					50	NOV	
	10	OCT	51					51	OCT	
	09	SEP	52					52	SEP	
2	08	AUG	53					53	AUG	2
0	07	JUL	54					54	JUL	0
0	06	JUN	55					55	JUN	0
1	05	MAY	56					56	MAY	1
*	04	APR	57					57	APR	*
	03	MAR	58					58	MAR	
	02	FEB	59					59	FEB	
	01	JAN	60					60	JAN	
	12	DEC	61					61	DEC	
	11	NOV	62					62	NOV	
	10	OCT	63					63	OCT	
	09	SEP	64					64	SEP	
2	08	AUG	65					65	AUG	2
0	07	JUL	66					66	JUL	0
0	06	JUN	67					67	JUN	0
0	05	MAY	68					68	MAY	0
*	04	APR	69					69	APR	*
	03	MAR	70					70	MAR	
	02	FEB	71					71	FEB	
	01	JAN	72					72	JAN	

MOLDOVA DEMOGRAPHIC AND HEALTH SURVEY 2005 June 2005

MAN'S QUESTIONNAIRE

MINISTRY OF HEALTH
CENTER FOR PREVENTIVE MEDICINE

REPUBLIC OF MOLDOVA

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ]

MUNICIPIUL/RAIONUL _____ [ ][ ][ ]

RESIDENCE (URB=1, RUR=2) . . . . . [ ]

NAME AND LINE NUMBER OF MAN _____ [ ][ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY [ ][ ]
				MONTH [ ][ ]
				YEAR 2005
INTERVIEWER'S NAME				INT. CODE [ ][ ][ ]
RESULT*				RESULT [ ]
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS [ ]
TIME				

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

LANGUAGE OF QUESTIONNAIRE: [ ] LANGUAGE OF INTERVIEW: [ ] LANGUAGE OF RESPONDENT: [ ]

LANGUAGE CODES: ROMANIAN = 1, RUSSIAN = 2, OTHER (SPECIFY_____)= 3

TRANSLATOR USED: 1-YES, 2-NO [ ]

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ [ ][ ][ ]	DATE _____ [ ][ ][ ]	[ ][ ]	[ ][ ]

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health.
We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health. This information will help the government to plan health services. The survey usually takes about 45 minutes to complete.
Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . [ ][ ] ALWAYS . . . . . 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, a town or the countryside?	CITY 1 TOWN . . . . . 2 COUNTRYSIDE 3	
104	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
106	Have you ever attended school?	YES . . . . . 1 NO 2	→ 111
107	What is the highest level of school you attended?	PRIMARY (GR 1-4) . . . . . 1 GYMNASIUM (GR 5-9) . . . . . 2 LYCEUM/MEDIUM (GR 10-12) . . . . . 3 POLYVALENT/SPT/MESERII . 4 COLLEGE/TECHNICAL . . . . . 5 INSTIT/UNIV/POST GRAD 6	
108	What is the highest grade you completed at that level?	GRADE . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 107: PRIMARY ☐ → GRADE 5 OR HIGHER ☐ → 113		
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' CIRCLED ☐ → CODE '1' OR '5' CIRCLED ☐ → 114		
113	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	→ 114
113A	Which language(s) do you read most easily?	ROMANIAN / LATIN CHARAC. . . . . 1 ROMANIAN / CYRILLIC CHARAC. . . . 2 RUSSIAN . . . . . 3 READ BOTH ROMANIAN . . . . . AND RUSSIAN EQUALLY WELL . . . 4 OTHER _____ 6 (SPECIFY)	
114	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
115	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
116	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . . ☐☐ NONE 00	→ 118
117	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . . 1 NO 2	
118	What is your religion?	ORTHODOX . . . . . 1 CATHOLIC/GREEK CATH. 2 PROTESTANT (EX. EVANGELICAL, BAPTIST, JEHOVAH WITNESS) 3 JEWISH 4 NO RELIGION . . . . . 5 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	What is your ethnic background? RECORD MAJOR ETHNIC GROUP	MOLDOVAN . . . . . 01 ROMANIAN . . . . . 02 UCRAINIAN . . . . . 03 RUSSIAN . . . . . 04 GAGAUZAN . . . . . 05 ROMA (GYPSY) . . . . . 06 BULGARIAN . . . . . 07 JEWISH . . . . . 08 OTHER _____ 96 (SPECIFY) REFUSED/NOT STATED 98	
120	Are you currently working?	YES . . . . . 1 NO 2	→ 123
121	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 123
122	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING . . . . . 01 LOOKING FOR WORK . . . . . 02 RETIRED . . . . . 03 TOO ILL TO WORK . . . . . 04 HANDICAPPED, CANNOT WORK . . . 05 HOUSEWORK/CHILD CARE . . . . . 06 OTHER _____ 96 (SPECIFY)	→ 201
123	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
124	CHECK 123: WORKS IN AGRICULTURE ☐ ↓ DOES NOT WORK IN AGRICULTURE ☐ →		→ 126
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 1 FAMILY LAND . . . . . 2 RENTED LAND . . . . . 3 SOMEONE ELSE'S LAND 4	
126	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . [ ][ ]	
206	Have you ever fathered a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . [ ][ ]	
209	CHECK 208: Just to make sure I have this right: you have fathered in TOTAL _____ births during your life. Is that correct? YES ↓ NO → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: HAS HAD MORE THAN ONE CHILD ↓ HAS HAD ONLY ONE CHILD → 213 HAS NOT HAD ANY CHILDREN → 214		
211	Do the children you have fathered all have the same biological mother?	YES . . . . . 1 NO 2	→ 213
212	In all how many women have you fathered children with?	NUMBER OF WOMEN . . . . . [ ][ ]	
213	How old were you when your (first) child was born?	AGE IN YEARS . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	Are you the primary care giver for any children?	YES . . . . . 1 NO 2	→ 301
215	Are any of these children for whom you are the primary caregiver under the age of 18?	YES . . . . . 1 NO 2	→ 301
216	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302. Which ways or methods have you heard about? **(1)** FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08A	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES . . . . . 1 NO 2	
08B	FOAM / JELLY / SPERMICIDE Women can place a suppository, jelly or cream, in their vagina before intercourse.	YES . . . . . 1 NO 2	
09	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childl woman can use a method that requires that she breastfeeds frequently, day a and that her menstrual period has not returned.	YES . . . . . 1 NO 2	
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last twelve months, have you discussed the practice of family planning with a health worker or health professional?	YES . . . . . 1 NO 2	
305	Now I would like to ask you about when a woman is most likely to get pregnant. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
307	Do you think that a woman who is breastfeeding her baby can get pregnant?	YES . . . . . 1 NO . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	
308	I willl now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it? b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to get sterilized.	AGREE / DISAGREE / DK a) 1 2 8 b) 1 2 8 c) 1 2 8	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A WOMAN . . . . . 2 NO, NOT IN UNION 3	→ 404
402	Have you ever been married or lived together with a woman as if married?	YES . . . . . 1 NO 2	→ 411
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 406
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	→ 406
405	RECORD THE WIFE/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER	
406	Have you been married or lived with a woman only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	
407	CHECK 406: MARRIED/ LIVED WITH A WOMAN ONLY ONCE → In what month and year did you start living with your wife/partner? MARRIED/ LIVED WITH A WOMAN MORE THAN ONCE → Now I would like to ask about when you started living with your first wife/partner. In what month and year was that?	MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR . . . . . DON'T KNOW YEAR 9998	→ 411
410	How old were you when you first started living with her?	AGE	
411	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
412	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time (if ever)?	NEVER . . . . . 00 AGE IN YEARS . . . . . FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER . . . . . 95 REFUSED 98	→ 414 → 414 → 441
413	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 441
414	CHECK 105: 15-24 YEARS OLD → / 25-59 YEARS OLD		→ 419
415	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
419	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 WEEKS AGO . . . . . 2 MONTHS AGO . . . . . 3 YEARS AGO 4	→ 440A

		SEXUAL PARTNER	SEXUAL PARTNER
424	The last time you had sexual intercourse with this (second) person, was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 426)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 426)
425	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
426	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	WIFE . . . . . 01 (SKIP TO 434) LIVE-IN PARTNER . . . . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ 96 (SPECIFY)	WIFE . . . . . 01 (SKIP TO 434) LIVE-IN PARTNER . . . . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ 96 (SPECIFY)
427	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . . . 1 MONTHS 2 YEARS . . . 3	DAYS . . . 1 MONTHS 2 YEARS . . . 3
432	The last time you had sexual intercourse with this (second) person, did you or this person drink alcohol?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 434)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 434)
433	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
434	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 424 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 437)	YES . . . . . 1 (GO TO 435) IN NEXT PAGE) NO . . . . . 2 (SKIP TO 437)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
435	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS . . . . . ☐☐ DON'T KNOW 98	
437	CHECK 426: NO PARTNERS WERE COMMERCIAL SEX WORKERS OR Q.426 NOT ASKED ☐ AT LEAST ONE PARTNER WAS A COMMERCIAL SEX WORKER ☐		→ 439
438	In the last 12 months, did you pay anyone in exchange for sex?	YES 1 NO 2	→ 440A
439	The last time you paid someone in exchange for sex, was a condom used?	YES 1 NO 2	→ 440A
440	Did you use a condom during every sexual intercourse every time you paid someone in exchange for sex in the last 12 months?	YES 1 NO 2 DK 8	
440A	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . . ☐☐ DON'T KNOW 98	
441	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 501
442	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A FAMILY HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . E PHARMACY . . . . . F PRIVATE DOCTOR . . . . . G OTHER PRIVATE MEDICAL _____ H (SPECIFY) OTHER SOURCE SHOP . . . . . I CHURCH . . . . . J FRIENDS/RELATIVES . . . . . K NGO . . . . . L OTHER _____ X (SPECIFY)	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING TOGETHER ↓ / NOT IN UNION → 505		
502	Is your wife/partner currently pregnant?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	
503	CHECK 502: WIFE/PARTNER NOT PREGNANT OR UNSURE ↓ / WIFE/PARTNER PREGNANT ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS WIFE/WIVES CAN'T GET PREGNANT . . . . . 3 UNDECIDED/DON'T KNOW 8	→ 505
504	CHECK 502: WIFE/PARTNER NOT PREGNANT OR UNSURE ↓ / WIFE/PARTNER PREGNANT ↓ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
505	CHECK 202 AND 204: HAS LIVING CHILDREN ↓ / NO LIVING CHILDREN ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	
507	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? In a pamphlet/poster/leaflets/booklets? At a community event?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 PAMPHLET, ETC. . . . . 1 2 COMMUNITY EVENT 1 2	
508	CHECK 401: YES, CURRENTLY MARRIED ↓ / YES, LIVING WITH A WOMAN ↓ / NO, NOT IN UNION → 515		
509	Is your wife/partner currently using a method of family planning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Would you say that (not) using contraception is mainly your decision, mainly your wife's/partner's decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY WIFE/PARTNER . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 8 (SPECIFY)	
511	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 WIFE/PARTNER DOESN'T WANT . . 4 DON'T KNOW 8	
512	Who decides how the money you earn will be used: mainly you, mainly your wife/partner, or you and your wife/partner jointly?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/PARTNER JOINTLY . . . 3 OTHER 6	
513	Would you say that the money that you bring into the household is more than what your wife/partner brings in, less than what she brings in, or about the same?	MORE THAN HIM . . . . . 1 LESS THAN HIM . . . . . 2 ABOUT THE SAME . . . . . 3 WIFE/PARTNER DOESN'T BRING IN ANY MONEY . . . . . 4 DON'T KNOW 8	
514	Now I would like to ask you a few questions regarding decision making.	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & WIFE/PARTNER JOINTLY = 3 SOMEONE ELSE = 4	
	a) Who usually makes decisions about making major household purchases?	1 2 3 4 5	
	b) Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 5	
	c) Who usually makes decisions about visits to your family or relatives?	1 2 3 4 5	
515	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES NO DK	
	If she goes out without telling him?	GOES OUT 1 2 8	
	If she neglects the children?	NEGL. CHILDREN . . . 1 2 8	
	If she argues with him?	ARGUES 1 2 8	
	If she refuses to have sex with him?	REFUSES SEX 1 2 8	
	If she burns the food?	BURNS FOOD 1 2 8	
516	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:	YES NO DK	
	She knows her husband has a sexually transmitted disease?	HAS STD 1 2 8	
	She knows her husband has sex with other women?	OTHER WOMEN 1 2 8	
	She is tired or not in the mood?	TIRED/NOT IN MOOD 1 2 8	
517	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to:	YES NO DON'T KNOW/ IT DEPENDS	
	a) Get angry and reprimand her?	a) 1 2 8	
	b) Refuse to give her money or other means of financial support?	b) 1 2 8	
	c) Use force and have sex with her even if she doesn't want to?	c) 1 2 8	
	d) Go and have sex with another woman?	d) 1 2 8	
518	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
518A	I would like to ask you some questions about medical care for yourself. Do you have health insurance?	YES . . . . . 1 NO 2	→ 519
518B	What type of health insurance do you have? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER/EDUC.INST. A SOCIAL SECURITY . . . . . B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER _____ X (SPECIFY)	
519	Now, regarding any injections you have had in the last 12 months. Have you had an injection for any reason in the last twelve months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 523
520	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 523
521	The last time you had an injection given to you by a health worker, where did you go to get the injection?	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 FAMILY HEALTH CENTER . . . . . 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 DENTAL CLINIC/OFFICE . . . . . 22 PHARMACY . . . . . 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER . . . . . 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME . . . . . 31 OTHER _____ 96 (SPECIFY)	
522	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
523	Do you currently smoke cigarettes?	YES . . . . . 1 NO 2	→ 525
524	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . . ☐☐	
525	Do you currently smoke or use any other type of tobacco?	YES . . . . . 1 NO 2	→ 526A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
526	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED	PIPE . . . . . A CHEWING TOBACCO . . . . . B SNUFF . . . . . C OTHER _____ X (SPECIFY)	
526A	Now I have some questions to ask you about drinking alcohol. We count one drink as one can or bottle of beer, one glass of wine, or one shot of liquor, vodka or whiskey. (BOTTLE OF BEER=330-500ML, GLASS OF WINE=50-200ML, SHOT OF LIQUOR=50ML.) In the past month, on the days that you drank alcohol, how many drinks did you usually have?	NUMBER OF DRINKS . . . . . ☐☐ NO DRINKS 00	→ 527
526B	How often did you drink that amount? PROBE: How many times in a month?	EVERY DAY . . . . . 1 ALMOST EVERY DAY . . . . . 2 1-2 TIMES A WEEK . . . . . 3 2-3 TIMES A MONTH . . . . . 4 ONCE A MONTH 5	
526C	In the past 3 months, have there been days when you had more than usual? (RELATIVE TO THE NUMBER IN 526A?)	YES 1 NO 2	→ 527
526D	In the past 3 months, how many drinks did you have on the days that you drank more than usual? (RELATIVE TO NUMBER IN 526A)	NUMBER OF DRINKS . . . . . ☐☐	
526E	How often did you drink that amount?	EVERY DAY . . . . . 1 ALMOST EVERY DAY . . . . . 2 1-2 TIMES A WEEK . . . . . 3 2-3 TIMES A MONTH . . . . . 4 ONCE A MONTH . . . . . 5 1-2 TIMES IN THREE MONTHS 6	
527	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 601
528	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T' KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
528A	What signs or symptoms would lead you to think that a person has tuberculosis? Any others? RECORD ALL MENTIONED.	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS J LETHARGY K OTHER _____ X (SPECIFY) DON'T KNOW Y	
529	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
530	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

SECTION 6. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 646
602	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
604	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
605	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
606	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
606A	Can people get HIV/AIDS by getting injections with a syringe and needle that was already used by someone else?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
608	Is there anything (else) a person can do to avoid or reduce the chances of getting the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 610
609	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX . . . . . A USE CONDOMS . . . . . B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER . . . C LIMIT NUMBER OF SEXUAL PARTNERS . . . . . D AVOID SEX WITH PROSTITUTES . . . E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS . . . . . F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS . H AVOID BLOOD TRANSFUSIONS . . . . . I AVOID INJECTIONS . . . . . J AVOID SHARING RAZORS/BLADES . K AVOID KISSING . . . . . L AVOID MOSQUITO BITES . . . . . M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . . . N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
610	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
615	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO 2	→ 620
616	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE MONTHS AGO 3	
617	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	
618	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
619	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 FAMILY HEALTH CENTER . . . . . 12 AIDS CENTER . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 SKIN-STI DISPANSER . . . . . 15 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 PRIVATE LABS . . . . . 22 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 622

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES . . . . . 1 NO 2	→ 622
621	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A FAMILY HEALTH CENTER . . . . . B AIDS CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D SKIN-STI DISPANSER . . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . G PRIVATE LABS . . . . . H OTHER PRIVATE MEDICAL _____ I (SPECIFY) OTHER _____ X (SPECIFY)	
622	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
623	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
624	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
625	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
630	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES . . . . . 1 NO 2	
631	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
632	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
633	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
634	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
646	CHECK 601: HEARD ABOUT AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
648	CHECK 412: HAS HAD SEXUAL INTERCOURSE HAS NOT HAD SEXUAL INTERCOURSE or refused to answer → 656		
649	CHECK 646: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT → 651		
650	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
651	Sometimes men experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
652	Sometimes men have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
653	CHECK 650, 651, AND 652: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW → 656		
654	The last time you had (PROBLEM FROM Qs. 651/652/653), did you seek any kind of advice or treatment?	YES . . . . . 1 NO . . . . . 2 → 656	
655	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A FAMILY HEALTH CENTER . . . . . B AIDS CENTER/LABS . . . C FAMILY PLANNING CLINIC . . . . . D SKIN-STI DISPAN . . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . G PRIVATE LABS . . . . . H OTHER PRIVATE MEDICAL _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J OTHER _____ X (SPECIFY)	
656	Some men are circumcised. Are you circumcised?	YES . . . . . 1 NO 2	
657	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

MOLDOVA DEMOGRAPHIC AND HEALTH SURVEY 2005 June 27, 2005

CARETAKER QUESTIONNAIRE FOR CHILDREN AGE 0-5 WITH NO BIOLOGICAL MOTHER IN HOUSEHOLD

MINISTRY OF HEALTH
CENTER FOR PREVENTIVE MEDECINE

REPUBLIC OF MOLDOVA

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ]

MUNICIPIUL / RAIONUL _____ [ ][ ][ ]

RESIDENCE (URBAN = 1, RURAL = 2) . . . . . [ ]

NAME AND LINE NUMBER OF CARETAKER _____ [ ][ ]

INTERVIEWER VISITS

				VISIT
DATE	_____	_____	_____	DAY [ ][ ]
				MONTH [ ][ ]
				YEAR 2005
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE [ ][ ][ ]
RESULT*	_____	_____	_____	RESULT [ ]

TOTAL NUMBER OF CHILDREN CARED FOR BY THIS CARETAKER [ ]

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

LANGUAGE OF QUESTIONNAIRE: [ ] LANGUAGE OF INTERVIEW: [ ] LANGUAGE OF RESPONDENT: [ ]

LANGUAGE CODES: ROMANIAN = 1, RUSSIAN = 2, OTHER (SPECIFY_____)= 3

TRANSLATOR USED: 1-YES, 2-NO [ ]

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	[ ][ ]	[ ][ ]
DATE _____ [ ][ ][ ]	DATE _____ [ ][ ][ ]		

501	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH CHILD AGE 0-5 YEARS WHO IS CARED FOR BY THIS CARETAKER. ASK THE QUESTIONS ABOUT ALL OF THESE CHILDREN, BEGINNING WITH THE YOUNGEST CHILD. (IF THE CARETAKER CARES FOR MORE THAN 3 CHILDREN, USE ADDITIONAL QUESTIONNAIRES).			
502	NAME AND LINE NUMBER FROM HOUSEHOLD LIST	YOUNGEST CHILD LINE NUMBER .... [ ][ ] NAME ____________	SECOND-TO-YOUNGEST CHILD LINE NUMBER .... [ ][ ] NAME ____________	THIRD-TO- YOUNGEST CHILD LINE NUMBER ...... [ ][ ] NAME ____________
502A	What is your relation-ship to this child?	SON OR DAUGHTER 01 BROTHER OR SISTER 02 GRANDCHILD 03 NIECE/NEPHEW BY BLOOD 04 NIECE/NEPHEW MARRIAGE 05 ADOPTIVE/FOSTER PARENT 06 OTHER RELATIVE 07 FRIEND 08 NANNY/BABYSITTER 09 OTHER PERSON ____________ 96 (SPECIFY)	SON OR DAUGHTER 01 BROTHER OR SISTER 02 GRANDCHILD 03 NIECE/NEPHEW BY BLOOD 04 NIECE/NEPHEW MARRIAGE 05 ADOPTIVE/FOSTER PARENT 06 OTHER RELATIVE 07 FRIEND 08 NANNY/BABYSITTER 09 OTHER PERSON ____________ 96 (SPECIFY)	SON OR DAUGHTER 01 BROTHER OR SISTER 02 GRANDCHILD 03 NIECE/NEPHEW BY BLOOD 04 NIECE/NEPHEW MARRIAGE 05 ADOPTIVE/FOSTER PARENT 06 OTHER RELATIVE 07 FRIEND 08 NANNY/BABYSITTER 09 OTHER PERSON ____________ 96 (SPECIFY)
502B	How long have you been the caretaker?	DAYS .... [ ][ ] WEEKS .... [ ][ ] MONTHS .... [ ][ ]	DAYS .... [ ][ ] WEEKS .... [ ][ ] MONTHS .... [ ][ ]	DAYS .... [ ][ ] WEEKS .... [ ][ ] MONTHS .... [ ][ ]
502C	In what month and year was (NAME) born?	MONTH .... [ ][ ] DON'T KNOW MONTH .... 98 YEAR .... [ ][ ][ ][ ] DON'T KNOW YEAR 9998	MONTH .... [ ][ ] DON'T KNOW MONTH .... 98 YEAR .... [ ][ ][ ][ ] DON'T KNOW YEAR 9998	MONTH .... [ ][ ] DON'T KNOW MONTH .... 98 YEAR .... [ ][ ][ ][ ] DON'T KNOW YEAR 9998
502D	How old was (NAME) at the last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	AGE IN COMPLETED YEARS [ ][ ]	AGE IN COMPLETED YEARS [ ][ ]
506	Is (NAME) currently taking iron pills, sprinkles with iron, or iron syrup (like this/ any of these)?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
506A	Has (NAME) taken any drug for intestinal parasites in the past 6 months?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
507	Does (NAME) have a card where his/her vaccinations are written down? IF YES: May I see it please?	YES, SEEN .... 1 (SKIP TO 509) YES, NOT SEEN .... 2 (SKIP TO 512) NO CARD 3	YES, SEEN .... 1 (SKIP TO 509) YES, NOT SEEN .... 2 (SKIP TO 512) NO CARD 3	YES, SEEN .... 1 (SKIP TO 509) YES, NOT SEEN .... 2 (SKIP TO 512) NO CARD 3
508	Did (NAME) ever have a vaccination card?	YES .... 1 (SKIP TO 512) NO .... 2 DK 8	YES .... 1 (SKIP TO 512) NO .... 2 DK 8	YES .... 1 (SKIP TO 512) NO .... 2 DK 8

509 (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.

(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	YOUNGEST CHILD								SECOND-TO-YOUNGEST CHILD								THIRD-TO- YOUNGEST CHILD							
	DAY		MONTH		YEAR				DAY		MONTH		YEAR				DAY		MONTH		YEAR			
BCG																								
POLIO 1																								
POLIO 2																								
POLIO 3																								
POLIO 4																								
DPT 1																								
DPT 2																								
DPT 3																								
DPT 4																								
HepB 1																								
HepB 2																								
HepB 3																								
MEASLES																								
MUMPS																								
RUBELLA																								

NOTE: Since 2002 in Moldova, vaccines against measles, mumps and rubella are administered in a single combined vaccine.

		NAME _____ YOUNGEST CHILD	NAME _____ SECOND-TO-YOUNGEST	NAME _____ THIRD-TO- YOUNGEST
512	Please tell me if (NAME) received any of the following vaccinations:			
512A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
512B	Polio vaccine, that is, drops in the mouth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512E) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512E) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512E) ←┤ DON'T KNOW 8
512D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
512E	A DPT vaccination, that is, an injection given in the thigh or buttocks to protect him/her against tetanus, whooping cough, and diptheria? This is sometimes given at the same time as polio drops.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8
512F	How many times was a DPT vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
512G	An HepB vaccination, that is, an injection in the thigh or buttock, to protect against Hepatitis B?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8
512H	How many times was a HepB vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
512 I	An injection in the arm to prevent measles? IF YES, ASK Was this a single injection to prevent measles, mumps and rubella?	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ←┘ NO . . . . . 3 DON'T KNOW 8	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ←┘ NO . . . . . 3 DON'T KNOW 8	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ←┘ NO . . . . . 3 DON'T KNOW 8
512J	An injection to prevent mumps?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
512 K	An injection to prevent rubella?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8

		NAME _____ YOUNGEST CHILD	NAME _____ SECOND-TO-YOUNGEST	NAME _____ THIRD-TO- YOUNGEST

512L YOUNGEST CHILD

RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.

FULL NAME OF CHILD: _____ BIRTHDATE ____ ____ ____ DAY MONTH YEAR

NAME AND ADDRESS OF MEDICAL FACILITY:

_____

SECOND-TO-YOUNGEST CHILD

RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.

FULL NAME OF CHILD: _____ BIRTHDATE ____ ____ ____ DAY MONTH YEAR

NAME AND ADDRESS OF MEDICAL FACILITY:

_____

THIRD-TO-YOUNGEST CHILD

RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.

FULL NAME OF CHILD: _____ BIRTHDATE ____ ____ ____ DAY MONTH YEAR

NAME AND ADDRESS OF MEDICAL FACILITY:

_____

AFTER COMPLETION OF THE INTERVIEWS IN THIS HOUSEHOLD GO THE HEALTH CENTER AND COMPLETE THE VACCINATION DATES IN SECTION 11.

		NAME ______ YOUNGEST CHILD	NAME ______ SECOND-TO-YOUNGEST	NAME ______ THIRD-TO- YOUNGEST
515	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 530)← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530)← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ← DON'T KNOW 8
516	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
517	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
518	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
519	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 524)←	YES . . . . 1 NO . . . . 2 (SKIP TO 524)←	YES . . . . 1 NO . . . . 2 (SKIP TO 524) ←
520	Where did you seek advice or treatment? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. ______ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT HOSPITAL A FAMILY HEALTH CENTER . . . . . . B MEDICAL CABINET . . . . . C OTHER PUBLIC ______ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. ______ H (SPECIFY) OTHER SOURCE SHOP . . . . I TRADITIONAL PRACTITIONER J OTHER ______ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A FAMILY HEALTH CENTER . . . . . . B MEDICAL CABINET . . . . . C OTHER PUBLIC ______ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. ______ H (SPECIFY) OTHER SOURCE SHOP . . . . I TRADITIONAL PRACTITIONER J OTHER ______ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A FAMILY HEALTH CENTER . . . . . . B MEDICAL CABINET . . . . . C OTHER PUBLIC ______ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. ______ H (SPECIFY) OTHER SOURCE SHOP . . . . I TRADITIONAL PRACTITIONER J OTHER ______ X (SPECIFY)

		NAME ______ YOUNGEST CHILD	NAME ______ SECOND-TO-YOUNGEST	NAME ______ THIRD-TO- YOUNGEST
521	CHECK 520:	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 523)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 523)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 523)
522	Where did you first seek advice or treatment? USE LETTER CODE FROM 520.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
523	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐
524	Does (NAME) still have diarrhea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
525	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK	YES NO DK	YES NO DK
	a. A fluid made from a special packet called Regidron or Rehidol?	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8
	b. A pre-packaged ORS liquid?	ORS LIQUID 1 2 8	ORS LIQUID 1 2 8	ORS LIQUID 1 2 8
526	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) DON'T KNOW 8
527	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC . . . . . . A ANTIMOTILITY . . . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ______ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . . A ANTIMOTILITY . . . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ______ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . . A ANTIMOTILITY . . . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ______ X (SPECIFY)

		NAME ______ YOUNGEST CHILD	NAME ______ SECOND-TO-YOUNGEST	NAME ______ THIRD-TO- YOUNGEST
530	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
531	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 534) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 534) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 534) DON'T KNOW 8
532	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . 1 NO . . . . 2 (SKIP TO 535) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 535) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 535) DON'T KNOW 8
533	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . . 2 BOTH . . . . 3 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . . . . 8 (SKIP TO 535)	CHEST ONLY . . . 1 NOSE ONLY . . . . . . 2 BOTH . . . . 3 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . . . . 8 (SKIP TO 535)	CHEST ONLY . . . 1 NOSE ONLY . . . . . . 2 BOTH . . . . 3 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . . . . 8 (SKIP TO 535)
534	CHECK 530: HAD FEVER?	YES ☐ NO OR DK ☐ (SKIP TO 546)	YES ☐ NO OR DK ☐ (SKIP TO 546)	YES ☐ NO OR DK ☐ (SKIP TO 546)
535	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8

		NAME ________ YOUNGEST CHILD	NAME ________ SECOND-TO-YOUNGEST	NAME ________ THIRD-TO- YOUNGEST
536	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
537	Did you seek advice or treatment for the illness from any source?	YES .... 1 NO .... 2 (SKIP TO 542)	YES .... 1 NO .... 2 (SKIP TO 542)	YES .... 1 NO .... 2 (SKIP TO 542)
538	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER ...... B GOVT HEALTH POST .... C OTHER PUBLIC ________ D (SPECIFY PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC .... E PHARMACY ... F PVT DOCTOR ... G OTHER PRIVATE MED. ________ H (SPECIFY) OTHER SOURCE SHOP .... I TRADITIONAL PRACTITIONER J OTHER ________ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ...... B GOVT HEALTH POST .... C OTHER PUBLIC ________ D (SPECIFY PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC .... E PHARMACY ... F PVT DOCTOR ... G OTHER PRIVATE MED. ________ H (SPECIFY) OTHER SOURCE SHOP .... I TRADITIONAL PRACTITIONER J OTHER ________ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ...... B GOVT HEALTH POST .... C OTHER PUBLIC ________ D (SPECIFY PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC .... E PHARMACY ... F PVT DOCTOR ... G OTHER PRIVATE MED. ________ H (SPECIFY) OTHER SOURCE SHOP .... I TRADITIONAL PRACTITIONER J OTHER ________ X (SPECIFY)
539	CHECK 538:	☐ TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED (SKIP TO 541)	☐ TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED (SKIP TO 541)	☐ TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED (SKIP TO 541)
540	Where did you first seek advice or treatment? USE LETTER CODE FROM 538.	FIRST PLACE ... ☐	FIRST PLACE ... ☐	FIRST PLACE ... ☐
541	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ...... ☐☐	DAYS ...... ☐☐	DAYS ...... ☐☐

		NAME ________ YOUNGEST CHILD	NAME ________ SECOND-TO-YOUNGEST	NAME ________ THIRD-TO- YOUNGEST
542	Is (NAME) still sick with a (fever/ cough)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
543	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 (SKIP TO 546) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 546) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 546) ← DON'T KNOW 8
544	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS . . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA- MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ________ X (SPECIFY) DON'T KNOW . . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS . . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA- MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ________ X (SPECIFY) DON'T KNOW . . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS . . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA- MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ________ X (SPECIFY) DON'T KNOW . . . . . . Z
544A	CHECK 544: ANY ANTIBIOTICS CIRCLED (CODES A-B)?	YES ↓ NO ↓ (SKIP TO 546)	YES ↓ NO ↓ (SKIP TO 546)	YES ↓ NO ↓ (SKIP TO 546)
545	Did you already have (NAME OF DRUG FROM 544) at home when the child became ill? IF YES, CIRCLE CODE FOR THAT DRUG. ASK SEPARATELY FOR EACH ANTIBIOTIC GIVEN IN 544.	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS . . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA- MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ________ X (SPECIFY) DON'T KNOW . . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS . . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA- MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ________ X (SPECIFY) DON'T KNOW . . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI- BIOTICS . . . . . . B OTHER DRUGS ASPIRIN . . . . C ACETA- MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER ________ X (SPECIFY) DON'T KNOW . . . . . . Z
546A		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE CHILDREN, GO TO 549.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE CHILDREN, GO TO 549.	GO TO 503 IN NEW QUESTIONNAIRE FOR FOURTH CHILD, OR, IF NO MORE CHILDREN GO TO 549.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
549	CHECK 525(a) AND 525(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID ☐ ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID ☐ → 566A		
550	Have you ever heard of a special product called Regidrom Rehidol, or a pre-packaged ORS liquid you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	
566A	CHECK 502D: AGE IN COMPLETED YEARS CARES FOR AT LEAST ONE CHILD AGE 0-3 YEARS ☐ DOES NOT CARE FOR ANY CHILDREN AGE 0-3 YEARS ☐ → 1101A RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 567) _____ (NAME)		
567	Now I would like to ask you about liquids or food (NAME FROM 566A) had yesterday during the day or at night. Did (NAME FROM 566) drink or eat:	YES NO DK	
	Plain water?	PLAIN WATER 1 2 8	
	Commercially produced infant formula?	FORMULA 1 2 8	
	Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G. CERELAC]?	BABY CEREAL 1 2 8	
	Any other porridge or gruel? E.g. hrishka, mamliga	OTHER PORRIDGE/GRUEL. . 1 2 8	
	Any other liquid or food?	OTHER LIQUID OR FOOD 1 2 8	

568 Now I would like to ask you about (other) liquids or foods that (NAME FROM 566A) or you may have had yesterday during the day or at night. I am interested in whether your child or you had the item even if it was combined with other foods.

Did (NAME FROM 566A) drink or eat:		CHILD YES NO DK
a. Milk such as tinned, powdered, or fresh animal milk?	**a**	1 2 8
b Tea or coffee?	**b**	1 2 8
c. Sugary drinks such as sodas or fruit juices?	**c**	1 2 8
d. Any other liquids?	**d**	1 2 8
e. Bread, rice, noodles, biscuits or other foods made from grains? E.g. hrishka, mamaliga	**e**	1 2 8
f. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	**f**	1 2 8
g. White potatoes, white yams, turnips or any other foods made from roots?	**g**	1 2 8
h. Any dark green, leafy vegetables? E.g. marar (dill), parsley, spinach, turnip greens, nettle	**h**	1 2 8
i. Ripe peaches or apricots?	**i**	1 2 8
j. Any other fruits or vegetables? E.g. cabbage, beets	**j**	1 2 8
k. Liver, kidney, heart, tongue or other organ meats?	**k**	1 2 8
l. Beef, pork, lamb, goat, rabbit or any game meat?	**l**	1 2 8
m. Chicken, turkey, duck or other birds?	**m**	1 2 8
n. Eggs?	**n**	1 2 8
o. Fish, caviar or shellfish?	**o**	1 2 8
p. Any foods made from beans, peas, or lentils?	**p**	1 2 8
q. Any nuts?	**q**	1 2 8
r. Cheese, yogurt or other milk products?	**r**	1 2 8
s. Any oil, lard, butter or other fats?	**s**	1 2 8
u. Any other solid or semi-solid food?	**u**	1 2 8
t. Any sugary foods such as pastries, cakes or candies?	**t**	1 2 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
569	CHECK 568 (CHILD): AT LEAST ONE "YES' ☐ NOT A SINGLE "YES" ☐ → 1101A		
570	How many times did (NAME FROM 566A) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 8	

SECTION 11. VISIT TO MEDICAL FACILITY TO RECORD IMMUNIZATION INFORMATION

1101A ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH LIVE BIRTH EXACTLY AS IT IS RECORDED IN 502.
(IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).

1102A INFORMATION FROM 502	YOUNGEST CHILD	NEXT YOUNGEST CHILD	SECOND YOUNGEST CHILD
	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐
	NAME _____	NAME _____	NAME _____
1103 CHECK 512L INFORMATION ABOUT THE MEDICAL FACILITY WHERE IMMUNIZATION RECORD IS KEPT?	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 1107)
1104 HEALTH CENTER WAS VISITED?	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 1107)
1105 IS THERE AN IMMUNIZATION RECORD IN THE FACILITY FOR (NAME)?	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 (SKIP TO NEXT COLUMN) NO CARD 3	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 (SKIP TO NEXT COLUMN) NO CARD 3	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 (SKIP TO 1107) NO CARD 3

1106 (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE IMMUNIZATION RECORD

(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
BCG									
POLIO 1									
POLIO 2									
POLIO 3									
POLIO 4									
DPT 1									
DPT 2									
DPT 3									
DPT 4									
HepB 1									
HepB 2									
HepB 3									
MEASLES				MEASL			MEASL		
MUMPS				MUMPS			MUMPS		
RUBELLA				RUBELLA			RUBELLA		

1107 END

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____