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Women's Health in the Russian Federation

The Russia Longitudinal Monitoring Survey of the National Research University Higher School of Economics, 2010

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Abstract

The Russia Longitudinal Monitoring Survey (RLMS) of the National Research University Higher School of Economics (HSE) is a series of nationally representative surveys designed to monitor the effects of Russian reforms on the health and economic welfare of households and individuals in the Russian Federation.

Until 2007, funding for the RLMS was provided mainly by the U.S. Agency for International Development (USAID) and the National Institutes of Health (NIH). We thank the Russia Longitudinal Monitoring Survey Phase 2, funded by the USAID and NIH (R01-HD38700), Higher School of Economics and Pension Fund of Russia, and the University of North Carolina, Carolina Population Center (5 R24 HD050924). Source: Russian Longitudinal Monitoring Survey, RLMS-HSE, conducted by HSE and ZAO "Demoscope" together with Carolina Population Center, University of North Carolina at Chapel Hill and the Institute of Sociology RAS. (RLMS-HSE sites: http://www.cpc.unc.edu/projects/rlms, http://www.hse.ru/org/hse/rlms)

RLMS data have been collected annually since 1992. Fourteen of these survey rounds represent the RLMS phase II, run jointly by a team headed by Barry Popkin at the Carolina Population Center, University of North Carolina at Chapel Hill, and the Demoscope team in Russia, headed by Polina Kozyreva and Mikhail Kosolapov. The most current phase of the survey is coordinated and implemented in Russia by HSE and the Demoscope team.

This report uses data from the family planning and reproductive health (FP/RH) module of the RLMS round 19 survey, with fieldwork conducted in October and November, 2010. Implementation of the FP/RH module in round 19 was made possible by funding from USAID. Data from all rounds have been weighted to ensure comparability of the information presented herein.

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As RLMS-HSE data sets become available, public access is being provided at the RLMS Web site at http://www.cpc.unc.edu/projects/rlms.

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Acronyms

ANC	antenatal care
ASAR	age-specific abortion rate
EC	emergency contraception
FP	family planning
GAR	general abortion rate
LAM	lactational amenorrhea method
MOHSD	Ministry of Healthcare and Social Development
RH	reproductive health
RLM S-HSE	Russia Longitudinal Monitoring Survey of the National Research University Higher School of Economics
STI	sexually transmitted infection
TAR	total abortion rate
TFR	total fertility rate
USAID	U.S. Agency for International Development
WHO	World Health Organization

Part 1: Overview of Key Findings

- Use of contraceptives in Russia is widespread. Among all sexually active women, 49.3 percent are current users of contraception. Of these women, 83.8 percent rely on modern methods of contraception while 14.2 percent regularly use traditional methods and another 2 percent did not report a method type.

- The most widely used methods of contraception in Russia are (in order of prevalence) male condoms, IUDs, hormonal pills, and withdrawal.

- Women who do not use contraception do so primarily due to lack of or infrequency of sexual relations, the desire to get pregnant, and failure to think of the necessity. Most of these reasons are fertility-related reasons rather than reasons related to access or quality of family planning services and methods in Russia.

- One out of two sexually active women in Russia has had at least one abortion in her lifetime. The largest proportion of these are "mini-abortions" (vacuum aspiration during the first seven weeks of pregnancy).

- Use of skilled medical attention for perinatal healthcare is nearly universal. Three out of every four women access these services within the first trimester of pregnancy, and almost all women deliver in a health facility.

- Russia has high initiation rates of breastfeeding, but only two thirds of women exclusively breastfeed for any length of time. The average duration of any breastfeeding is 8.3 months, far below the recommended 24 months.

- The average age of sexual debut in Russia is 18.9 years with 88 percent of all women having ever been sexually active.

- Teen pregnancy is prevalent among women ages 14 to 19. More than one in four teens have been pregnant by the time they reach their 20s, and 16 percent have already given birth.

- Cancer prevention screening for cervical and breast cancer is being used by Russian women, but it is not being used most by the women in age groups that are most at risk.

Part 2: Discussion of Results

Background

With a population of approximately 140 million people, the Russian Federation is one of the world's most populous countries.[1] The universally literate, primarily urban population is slowly contracting as preference for small family size prevails. The population has been decreasing steadily since 1993.[2] The mono-ethnic (80 percent Russian) country is divided into 83 separate regions with varying amounts of political power.[3] The primary provider of health care in the Russian Federation is the Ministry of Healthcare and Social Development (MOHSD). It is the key entity in creating national policy and legal regulation of the health system, in addition to providing public services. Some power and financial responsibility is decentralized to the regional and municipal levels, but there is still strong central control of the health system.[3]

Women's health in Russia is supported by a government-mandated free package of services that includes maternity care and abortion.[3] The Russian Federation has seen consistently high levels of provision and utilization of maternity services, such as nearly universal skilled birth attendance.[1] This has resulted in declining maternal mortality rates, with the most recent figure from survey data reported as 22 deaths per 100,000 live births.[4]

Government policies and practices have also had a major impact on fertility and family planning in Russia. During the Soviet era, fertility declines saw the attainment of a total fertility rate (TFR) of 1.9 by the 1960s, primarily due to the widespread acceptance and use of abortion as a means of fertility control.[2] Pronatalist agendas of the 1980s caused gradual increases in fertility, thanks to incentives for childbearing, but rates returned to below replacement levels in the 1990s. This, coupled with high early adult mortality rates, is responsible for the dramatic decline in population.

In order to prevent further population declines, the government of Russia has more recently instituted additional incentives for childbearing. Programs such as direct monetary support of couples with children, increased paid maternity leave, and a 'maternal capital' program that gives mothers flexible funding for their children's future are designed to increase fertility.[2] While abortion rates have declined dramatically over the past two decades,[5] the government has enacted legislation to restrict abortions further by narrowing the gestational time period in which abortions are legal.[6]

The decline in abortion has been supported by a gradual uptake of contraception. The Soviet era saw the introduction of limited modern contraceptive options (condoms, IUDS, and high-estrogen pills) of variable quality[5] and accompanied by negative provider attitudes and government misinformation.[7] More quality modern methods are widely available since the dissolution of the Soviet Union, but uptake has been hampered by limited provider knowledge of family planning and the lack of integration with primary care.[3] Contraceptive use remains modest in comparison to other European countries,[8] and there is still a reliance on traditional methods that are less effective. Russian women are increasingly sexually active at a younger age,

putting off childbearing, and turning to other methods of family planning besides abortion[2] that will all have an effect on women's health in the coming years.

This is the first time since 2003 that family planning and reproductive health (FP/RH) data have been collected in the Russia Longitudinal Monitoring Survey (RLMS-HSE). The FP/RH module was designed to capture data on key issues related to the use of family planning and reproductive health supplies and services; this information can be used to inform health service delivery and advocacy efforts among key stakeholders. The module was designed to provide descriptive data that can be compared to the results of earlier surveys to identify trends in FP/RH in the Russian Federation. The survey module was conducted among a nationally-representative sample of 14- to 54-year-old women. We report weighted percentages that account for the sampling design of the survey throughout the report.

1. Participants

The FP/RH module was conducted among sampled women between the ages of 14 and 54 (N=3,401) from 38 separate sampling units. Table 1.1 shows the proportion of respondents by background characteristic. The age distribution of respondents is fairly even, though fewer women were sampled in the youngest and oldest age categories. The majority of respondents fall into the category of "married" or "living together" (58.2 percent), though a substantial proportion has "never married" (26 percent). Close to three quarters (74.7 percent) of respondents live in urban areas. The completion of primary school in Russia is nearly universal and 86.6 percent of respondents had completed secondary school or beyond. Half of all respondents (46.5 percent) only completed primary or secondary school while the rest (53.5 percent) went on to technical schools or university. Women's household income, unadjusted for inflation, was divided into income quintiles for additional analysis. The lowest 20% of households earned less than 16,710 rubles a month, compared to the wealthiest 20%, which earned between 52,610 and 858,720 rubles a month.

Table 1.1 Background characteristics of respondents

Percent distribution of women age 14-54 according to selected background characteristics, Russia 2010

Background characteristics	Weighted percentage	Unweighted number
Age		
14-19	10.2	387
20-29	27.1	884
30-39	24.2	787
40-49	24.0	824
50-54	14.6	519
Marital Status[1]		
Never married	26.0	885
Married	44.7	1,519
Living together	13.5	457
Married but separa	1.0	33
Divorced	9.7	328
Widowed	4.7	158
Do not know	0.6	19
Residence		
Urban	74.7	2,517
Rural	25.3	884
Education[2]		
Primary	13.4	477
Secondary	33.1	1,138
Tekhnikum	26.6	902
University	26.9	883
Income Quintile[3]		
0 - 16,710	19.8	638
16,711 - 25,600	19.9	634
25,601 - 36,656	20.1	638
36,657 - 52,609	20.1	636
52,610 - 858,720	20.2	634
Total	100	3,401

[1] Marital status has missing values for 2 women.

[2] Education has missing values for 1 woman. Education categories refer to the highest level of education completed.

[3] Shown in rubles per month. Income quintiles has missing values for 221 women with incomplete economic data.

2. Sexual Behavior

Among all respondents, 88 percent have ever been sexually active, with percentages ranging from 24.5 percent of women in the 14 to 19 age range to 99.8 percent of women in the 50 to 54 age range (table 2.1). The average age of sexual debut across all age groups is 18.9 years. There appears to be a trend toward a decreasing age of sexual debut across the age cohorts. The average age of sexual debut is considerably younger in the 14-19 age group; this is a reflection of the fact that the question on age of sexual debut was only asked of the 24.5 percent of the women in this age group who have ever had sex. The average does not account for women who have not had sex and therefore will have an older age of sexual debut. The average age of sexual debut for women ages 20-54 (excluding the youngest age group) is 19 years. Average age of sexual debut varies little across the urban/rural divide (18.9 and 18.7, respectively – not shown). Educational attainment is associated with differences in age of sexual debut; women with the lowest level of education report the youngest age at sexual debut (17.5), and women with the highest level of education report the oldest age at sexual debut (19.6 – not shown). However, this could again reflect the age of the respondents in the educational categories with younger women less likely to have attained a higher level of education.

Table 2.1 Sexual behavior

Percent distribution of women who have ever had sex and average age of sexual debut by age groups, among women who have ever menstruated, Russia 2010

	Ever had sex				
	Yes	No	Refuses to answer	Number of women	Average age of sexual debut in years[1]
Age Group					
14-19	24.5	74.0	1.4	385	16.7
20-29	86.7	12.4	0.9	884	18.1
30-39	98.1	1.7	0.1	787	18.5
40-49	99.0	1.0	0.0	824	19.5
50-54	99.8	(0.2)	0.0	519	20.2
Total	88.0	11.6	0.4	3,399	18.9

Note: Figures in parentheses are based on fewer than 5 unweighted cases.

[1] Average age of sexual debut excludes women who did not know (N=46), refused to answer (N=71) and any missing answers (N=14).

3. Fertility

Women who participated in the RLMS-HSE were asked to complete a full reproductive history. Women were asked to provide information on lifetime pregnancies, stillbirths, miscarriages, and desired fertility. These data were used to analyze cumulative fertility. Most women in Russia give birth at some point during their reproductive years, with 94.6 percent of women between the ages of 50 and 54 having given birth (table 3.1). This figure is representative of the lifetime probability of ever giving birth, because these women are at the conclusion of their reproductive years. This assumes that fertility trends are constant in Russia, but trend data show

Table 3.1 Ever given birth

Percent distribution of women who have ever given birth according to age group, among sexually active women, Russia 2010

	Ever given birth[1]			
Age group	Yes	No	Refuses to answer	Number of women
14-19	16.0	84.0	(0.0)	97
20-29	51.5	48.4	(0.2)	764
30-39	88.1	11.7	(0.1)	771
40-49	93.7	5.9	(0.3)	815
50-54	94.6	5.5	(0.0)	518
Total	78.9	21.0	0.2	2,965

Notes: Ever given birth includes women who gave birth to infants who were stillborn, but does not include miscarriages.
Figures in parentheses are based on fewer than 5 unweighted cases.

[1]Ever given birth has missing values for 1 woman.

fluctuations in fertility with a total fertility rate of 2.0 births in 1989, 1.2 in 1999, and a gradual increase to an estimated 1.5 births in 2009.[9] It still appears that having children is a desired outcome among younger Russian women, with close to 52 percent of women having given birth by the conclusion of their 20s.

There are slight differentials between Russian women who reside in urban areas versus those who reside in rural areas. Across all age groups, 77.1 percent of women in urban areas have ever given birth while 84.5 percent of women in rural areas have ever given birth (not shown). Similarly, women living in households in the highest income quintile are less likely to have given birth (75.8 percent in the highest quintile versus 81.1 percent in the lowest - not shown). No trend in rates of ever giving birth were found by educational attainment (76 percent for primary, 78.1 percent for secondary, 82.1 percent for tekhnikum, and 77.6 percent for higher – not shown) suggesting pervasive norms of childbearing across all societal sectors of Russia. Women who have ever been married are more likely to have ever given birth (91.7 percent) as opposed to never married women (49.3 percent), but these figures show that childbearing is also prevalent outside of marriage. At the time of the survey, 1.8 percent of the respondents were currently pregnant (not shown)

As a proxy measure of total fertility, table 3.2 provides detailed information on the number of children ever born to women in the separate age bands. Among all women who have ever given birth, 47.7 percent have had one child, 41.3 percent have had two, 8.7 percent have had three, and less than 3 percent have had 4 or more. Among all age groups of women who have had at least one child and who have not necessarily achieved their fertility intentions, women have had an average of 1.7 children. As can be expected, ever-married women have had more births than women not currently in union. Among all currently married women, 54 percent have had two or more children as opposed to never-married women, among whom only 44 percent have had two or more children. Women with greater household incomes, while less likely to have children in general, are more likely to have 2 or 3 children than women with smaller household incomes

Table 3.2 Number of children ever born

Percent distribution of all women who have given birth by number of children ever born and mean number of children ever born, according to age group, Russia 2010

	Number of children ever born											
Age group	1	2	3	4	5	6	7	8	9	Total	Number of women	Mean number of children ever born
14-19	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	14	1.0
20-29	74.1	22.3	2.7	(0.5)	(0.3)	(0.3)	0.0	0.0	0.0	100.0	384	1.3
30-39	52.5	38.4	7.1	0.9	(0.3)	(0.4)	(0.3)	0.0	(0.2)	100.0	681	1.6
40-49	39.4	46.5	11.8	1.5	(0.4)	(0.2)	0.0	(0.1)	(0.1)	100.0	764	1.8
50-54	29.2	55.3	11.5	2.0	(0.8)	(0.6)	(0.2)	0.0	(0.4)	100.0	490	2.0
Total	47.7	41.3	8.7	1.2	0.5	0.4	(0.1)	(0.0)	(0.2)	100.0	2,333	1.7

Notes: Ever given birth does not include miscarriages or stillbirths.
Figures in parentheses are based on fewer than 5 unweighted cases.

who are more likely to have 1 child (not shown).

Total lifetime fertility can be approximated from the number of children ever born to women in the oldest age group (50-54), who are at the end of their reproductive years. In Russia, women in this age group have had an average of 2.0 children throughout their life. This proxy measure of total lifetime fertility for Russian women assumes that fertility preferences remain stable, but Russia has seen large declines in fertility in recent decades.[2,3,6,9]

Another more hypothetical measure of current trends can be inferred from fertility preferences. Table 3.3 shows preferences for additional children based upon number of currently living children. Among all fertile women who were not pregnant at the time of the survey, 19.5 percent would like to have a child or another child, 67.6 percent do not want a child or any more children, and 8 percent do not know. As a reflection of the family building process, women with more living children desire fewer future children. The mean number of children desired for women who do not have any children is 1.1 children; for women with one living child, it is 0.5 children; and for women with two children, it is 0.1 children. If these figures are summed, they reflect a desired lifetime fertility of less than two children. Among currently pregnant women, 42.6 percent would like another child with pregnant women desiring an average of 1.3 additional children beyond their current pregnancy. These results indicate that a preference for small families continues in the Russian population.

Table 3.3 Fertility preferences

Percent distribution of the number of additional children desired according to current number of living children among women with self-reported fecundity, Russia 2010

Number of additional children desired[1]	Number of living children					Number of Women
	0	1	2	3+	Total	
0	26.4	54.2	88.2	87.6	67.6	1,266
1	27.3	30.1	6.5	4.2	19.5	345
2	31.6	5.1	(0.6)	0.0	4.4	77
3	(1.25)	0.6	0.0	0.0	0.4	6
Does not know	13.5	9.8	4.6	8.2	8.0	143
Refuses to answer	0.0	(0.3)	(0.2)	0.0	(0.2)	4
Total	100.0	100.0	100.0	100.0	100.0	1,841
Mean number of additional children desired	1.1	0.5	0.1	0.0	0.5	1,841

Notes: This analysis excludes currently pregnant, infecund, and sterilized women.

Figures in parentheses are based on fewer than 5 unweighted cases.

[1] Number of children desired has missing values for 7 women.

Spacing and timing of births is an important indicator of women's health, because proper spacing of births has been shown to improve both maternal and infant health. Among currently pregnant women who desire additional children, the average desired time between births is 3.9 years with the largest proportion of women (34.7 percent) desiring a two year space between births (not shown). Among women who have already given birth at least once and who want additional children, they would like to wait an average of 2.6 years between births with the largest proportion (32 percent) also desiring two years between births.

Teenage pregnancy is of particular concern due to the negative health consequences for women and infants associated with young maternal age.[10] Among 14 to 19 year olds, 27.3 percent have

Table 4.1 Current use of contraception

Percent distribution of current contraceptive method use and most frequently used method in the last 30 days among women who have ever had sex and have a menstrual cycle, according to age, Russia 2010

Age	Any method	Not currently using	Does not know	Refuses to answer	Number of women
14-19	70.0	27.9	0.0	(2.1)	89
20-29	58.2	40.7	0.0	1.1	693
30-39	53.2	46.0	(0.1)	0.7	734
40-49	38.7	60.1	0.0	1.2	692
50-54	23.3	76.7	0.0	0.0	159
Total	49.3	49.8	(0.0)	1.0	2,367

Age	Any modern method	Modern method									Traditional method				Refuses to answer	Total	Number of women
		Male condom	Pill	EC[1]	Foam/ jelly	Vaginal ring	IUD	Injection	LAM	Female sterilization	Any traditional method	Douching	Rhythm	Withdrawal	Other	Does not know			
14-19	94.4	83.3	(6.0)	(3.0)	0.0	0.0	(2.1)	0.0	0.0	0.0	(3.6)	0.0	0.0	(3.6)	(2.1)	0.0	0.0	100.0	62
20-29	87.3	55.2	17.9	(0.3)	(1.0)	(0.6)	11.6	(0.5)	0.0	(0.3)	10.6	(0.7)	1.2	8.6	0.0	(0.4)	1.7	100.0	404
30-39	81.9	34.8	17.6	(1.1)	2.8	(0.5)	24.1	(0.2)	(0.3)	(0.5)	16.3	(1.1)	3.5	11.7	(0.3)	0.0	1.5	100.0	392
40-49	82.7	34.8	14.3	(1.1)	5.4	(0.5)	25.9	(0.3)	0.0	(0.3)	15.5	2.3	6.0	7.2	(1.1)	(0.3)	(0.3)	100.0	273
50-54	56.8	38.1	(10.8)	0.0	0.0	0.0	(7.9)	0.0	0.0	0.0	37.9	(5.5)	(8.1)	24.4	(2.6)	0.0	(2.7)	100.0	37
Total	83.8	44.4	16.2	0.9	2.6	0.5	18.5	(0.3)	(0.0)	(0.4)	14.2	1.3	3.2	9.6	0.5	(0.2)	1.3	100.0	1,168

Notes: Type of method used in the last 30 days is limited to those women who reported using any contraceptive in the last 30 days.

Figures in parentheses are based on fewer than 5 unweighted cases.

[1] Emergency Contraception

already been pregnant at least once and, among those women, 58.5 percent have given birth. In total, 16 percent of teenagers have ever given birth before the age of 20.

4. Family Planning

Survey respondents were asked to provide information on current contraceptive usage and family planning services. These questions targeted women who have ever been sexually active (table 4.1).

Current use of contraception refers to use of a method within the 30 days prior to the survey. Contraception is currently used by 49.3 percent of all women who have ever been sexually active and 51 percent if we exclude women in the oldest age group (50-54). Of those women who use any form of contraception, 83.8 percent are using a modern method while 14.2 percent are using a traditional method. The most commonly used method among all types is the male condom (44.4 percent), followed by the IUD (18.5 percent), then pills (16.2 percent) and withdrawal (9.6 percent).

Knowing the percentage distribution of the most frequently used method types is valuable in understanding if women are choosing the most effective methods for preventing pregnancy. IUDs, female sterilization, implants, and male sterilization are considered to be the most effective methods; 18.9 percent of users of contraception within the previous 30 days were using the most effective methods (although implants were not used by women in this data set). Pills, emergency contraception

(EC), the vaginal ring, injections, and the lactational amenorrhea method (LAM) are the second most effective methods, with 17.9 percent of users. The rhythm method (described to respondents as counting the fertile days of their cycle), condoms (both male and female), and diaphragm represent the next most effective methods and account for 47.6 percent of users; notably the diaphragm and female condom were not used by the women in this data set. The least effective methods to prevent pregnancy are spermicides (foam/jelly), withdrawal, and douching. These methods were used by 13.5 percent of users. While use of contraception of all types is prevalent, women were not necessarily using the most effective methods.

Younger women tend to use contraception in larger numbers than women in older age groups. About 70 percent of women between the ages of 14 and 19 were using any method. Women in this age group are often sexually active, but want to delay childbearing. They are also much more likely to use condoms, with 83.3 percent of women in this age group using condoms most frequently, which may reflect both a desire to prevent pregnancy as well sexually transmitted infections (STIs). On the other hand, only 58.2 percent of 20 to 29 year-olds and 53.2 percent of 30 to 39 year-olds are using any contraception during the past 30 days, in part because women in this age group are building their families and may desire to become pregnant. Women in the oldest age groups are even less likely to use contraception, with 23.3 percent of women between the ages of 50 and 54 using any method which may reflect declining fecundity in this age group. These women also are much more likely to be using a traditional method (37.9 percent) as compared to younger age groups.

There is not wide variation in contraceptive use and contraceptive method mix by different background characteristics in Russia. Women in urban and rural areas use contraception to nearly the same degree with 49.9 percent of urban women currently using any method and 46.9 percent of rural women currently using (not shown). Though there is some consistency in method mix, rural women are much more likely to have an IUD (31.1 percent rural vs. 15.3 percent urban) and less likely to use traditional methods (9.7 percent rural vs. 15.4 percent urban) than urban women. This pattern of traditional method use being higher in urban areas has been observed in the past. Previous survey data on method use or lack of use among sexually active women in Moscow and St. Petersburg compared to the rest of Russia showed 33.6 percent of women in urban areas used traditional methods in 1995 compared to 19.8 percent for the rest of Russia.[11] This gap declined by 2003, when urban areas reported 23.6 percent of women using traditional methods and the rest of Russia reported 20.7 percent. Similar patterns are seen when comparing by income quintiles. Women with the highest household income are more likely to use traditional methods (17.2 percent) as compared to women with the lowest household income (10.6 percent – not shown).

When looking at education, contraceptive use increases with higher educational attainment. 44.2 percent of women who completed primary school are current users while 55.6 percent of women who have completed a higher educational degree are current users (not shown). Women with higher levels of education are more likely to use the pill, less likely to have an IUD, and more likely to rely on withdrawal.

Among currently married women, the most popular methods are condoms (39.8 percent), followed by the IUD (21.5 percent) and then pills (15.2 percent – not shown). Among never married women, the most popular methods are condoms (71.5 percent), followed by pills (12.0 percent) and then the IUD (5.7 percent). Similar ordering of most prevalent methods is found among women without any living children. IUD use increases as the number of living children also increases.

Table 4.2 Source of information for contraceptive method

Percent distribution of the source of information about the method most frequently used within the past 30 days (excluding sterilization) among current users who personally selected their contraceptive method without the assistance of a medical professional or their partner, Russia 2010

Source of information	Percentage distribution	Number of women
Health facility[1]	32.1	241
Pharmacy	7.7	57
Magazines/books	9.7	73
Friends/relatives	32.5	246
Internet	1.0	7
Another place	10.1	75
Does not know	6.5	47
Refused to answer	0.4	3
Total	100.0	749

[1] Health facilities include polyclinic, hospital, antenatal clinic, or maternity hospital.

Of all the users of contraceptive methods, 64.4 percent report personally selecting their current birth control method. Another 16.1 percent said their partner selected the method, 13.5 percent selected the method with the assistance of a medical provider, and 5.3 percent were prescribed or given the method by a medical provider (not shown). These figures highlight the very personal nature of method selection for most women which often takes place outside of the formal health system.

Women receive family planning messages and information from a wide variety of sources, many of which are not in the formal health system. When asked where they received information on the most frequently used method within the past month (table 4.2), women who personally chose their method most frequently mentioned friends and relatives as their primary source of information (32.5 percent). A similar proportion of women receive their information from a health facility (32.1 percent). Other commonly-cited sources of information are magazines and books (9.7 percent) and pharmacies (7.7 percent).

Table 4.3 Family planning counseling by a medical professional

Percent distribution of current users of all methods (excluding sterilization) who were informed about the potential side effects and relative effectiveness of the method, among current users who chose their method themselves or with the assistance of a medical provider and/or learned about the method in a health facility, Russia 2010

	Percentage who were informed about side effects of method used[1]	Number of women	Percentage who were informed of the relative effectiveness of method used[1]	Number of women
Informed	75.4	342	78.8	356
Not informed	23.6	107	20.0	91
Does not know	1.0	4	1.3	6
Total	100.0	453	100.0	453

[1] Side effect and effectiveness counseling variables have missing values for 1 woman.

For those women who do engage the formal health system for family planning counseling and guidance, quality can be measured by certain key indicators of counseling content. Women who sought the advice of a medical professional were asked whether their counseling covered the potential side effects and relative effectiveness of the method they are currently using. These

messages are seen as being critical to women making an informed choice about their contraceptive method, and all users should be given this information. Table 4.3 shows that 75.4 percent of users were informed of potential side effects, and 78.8 percent received information on the relative effectiveness of the chosen method.

Table 4.4 Payment for contraception

Percent distribution of who paid for the method of contraception most frequently used in the last 30 days the last time it was purchased among women who used a reversible, modern method (excluding LAM), Russia 2010

Who paid[1]	Percent distribution	Number of women
Woman herself	62.8	605
Partner	33.0	318
Other, non-partner	0.3	3
Nobody	3.4	34
Does not know	0.4	4
Total	100.0	964

[1] Payment for contraception has missing values for 13 women.

Contraceptive method chosen did impact whether complete counseling was conducted. Users of EC, IUDs, pills and the vaginal ring were most likely to have received information on side effects while users of injections and condoms were least likely. Similar proportions were reported for receiving information on effectiveness with some variation. Users of EC, injections, vaginal ring and IUDs were most likely to be informed on the effectiveness of the method, and users of the rhythm method, withdrawal and condoms least likely to be informed. Unfortunately, those who are least likely to receive counseling on effectiveness are those who are using less effective methods. All other methods fell somewhere in between.

Table 4.5 Nonuse of contraception

Percent distribution of the main reason for nonuse of contraception among women who report never having used contraception or no use of contraception within the past 30 days, Russia 2010

Reason for nonuse[1]	Percent distribution	Number of women
Wanted to get pregnant	13.0	168
Unable to get pregnant	7.2	93
Is sterilized	1.8	23
Health problem	5.2	67
Lack of access	0.6	8
Too expensive	0.3	4
Uncomfortable/unpleas	3.9	50
Infrequent sex	15.0	194
No sex	34.3	443
Abortion is available	1.2	15
Partner opposed	0.7	9
Did not think about it	10.3	133
No contraception on han	1.8	23
Religious prohibition	0.4	5
Does not know	2.6	33
Refused to answer	1.8	23
Total	100.0	1,291

[1] Reason for nonuse of contraception has missing values for 4 women.

Despite incomplete counseling in some instances, the majority of women who received family planning counseling were satisfied with the consultation; 84.8 percent of women were either satisfied or somewhat satisfied with their consultation, and only 3.3 percent were not satisfied at all (not shown).

The vast majority of contraceptive methods are procured at pharmacies or drug kiosks (76 percent), whether by the users themselves or other persons (not shown). This is followed by antenatal clinics (13.9 percent) and commercial stores and kiosks (5.9 percent). The woman who uses a method is not necessarily the purchaser of the method (table 4.4); 62.8 percent of women paid for the method themselves, while 33 percent reported that their partners paid for the method. These figures are skewed towards partner payment by the 57.8 percent of condom users whose partners pay for the method.

Among users of contraception, 10.5 percent reported having had sex at least once within the past month while not using contraception. These women, in addition to women who reported never having used contraception, were asked why they did not use a family planning method. Table 4.5 shows their

responses. The majority of non-users report not using a method due to fertility reasons. Nearly half of women reported infrequent or no sex, and therefore, they were not in need of a method. About 13 percent of women wanted to get pregnant, 7.2 percent were physically unable, and 5.2 percent had a health problem that prevented use. These reasons are not easily changed by public health interventions, but improvements can be made in other areas that affect non-use such as availability, access, cost, and side effects.

5. Abortion

In the Soviet Union, abortion was one of the primary means of fertility control for many years. While trends have shifted away from abortion as a family planning method, it is still legal and available in the Russian Federation. Women in the survey were asked to complete a full reproductive history that included abortions. Women were asked about the most common types of abortion in Russia, which included surgical abortion, mini-abortion, and early medical abortion. Mini-abortions were defined as abortion at an early period by vacuum aspiration of the fetus, and early medical abortion was defined as taking a medicine that ended an early pregnancy, for example mifepristone. Table 5.1 shows the prevalence of abortion among all sexually-active women in Russia. In total, women have had an average of 1.0 abortion.

As can be expected, the proportion of women who have had an abortion as well as the number of abortions women have had increases with age as women accumulate a lifetime exposure to pregnancy. Among women in the age group between 14 and 19, only 7.1 percent have had an abortion of any kind. More than one in five women have had an abortion by the end of their 20s (21.6 percent), and nearly 70 percent of women have had an abortion by the conclusion of their reproductive years. While this could be considered to be the lifetime probability of having an abortion, downward trends in abortion seen in recent years may produce smaller proportions of women who have had abortions at the conclusion of their reproductive years.

Place of residence does not appear to have a significant impact on the likelihood of having had an abortion, while highest level of educational attainment does appear to have some bearing on it. Women with the least amount of education are less likely to have had an abortion which may reflect the situation of younger women in this category who are less likely to have had an abortion. Additionally, women with the highest level of education are the least likely to have had an abortion despite most likely being in a higher age group. Similarly, women in the higher household income quintiles are less likely to have had an abortion and have had fewer abortions on average, as compared to women living in households with lower income (not shown).

Table 5.1 Lifetime experience with induced abortion

Percentage of sexually-active women who have had at least one abortion, percent distribution of the number of abortions, and the mean number of abortions, according to background characteristics, Russia 2010

Background characteristic	Percentage of women who ever had an abortion[1]	Does not know	Refuses to answer	Number of women	Percent distribution of number of abortions[2]								Number of women	Mean number of abortions
					0	1	2-3	4-5	6+	Does not know	Refuses to answer	Total		
Age														
14-19	7.1	0.0	0.0	97	92.8	7.3	0.0	0.0	0.0	0.0	0.0	100.0	95	0.1
20-29	21.6	0.0	(0.4)	765	80.6	11.4	4.7	0.9	(0.3)	(0.3)	1.8	100.0	695	0.3
30-39	54.5	(0.1)	1.2	771	46.6	20.4	19.8	4.3	(0.6)	1.2	7.1	100.0	682	1.0
40-49	69.3	(0.2)	1.1	813	30.2	20.3	28.0	7.3	3.1	2.6	8.6	100.0	714	1.7
50-54	68.1	(0.2)	(0.8)	518	30.0	19.3	27.4	7.9	3.2	3.8	8.4	100.0	467	1.6
Residence														
Urban	49.9	(0.1)	0.9	2,217	50.6	18.1	17.8	4.5	1.1	1.5	6.3	100.0	2,011	1.0
Rural	52.9	0.0	0.9	747	48.5	14.8	20.8	5.0	3.2	2.4	5.3	100.0	642	1.3
Education[3]														
Primary	47.7	0.0	0.7	265	54.0	13.6	16.5	5.2	2.7	2.8	5.3	100.0	237	1.1
Secondary	51.9	(0.2)	1.2	987	48.6	14.0	21.5	4.4	2.4	1.7	7.5	100.0	884	1.2
Tekhnikum	55.2	0.0	0.3	863	45.9	21.1	18.6	5.5	1.1	2.4	5.4	100.0	768	1.1
Higher	45.6	(0.1)	1.1	848	54.8	18.6	15.8	3.9	0.7	0.9	5.3	100.0	763	0.9
Income[4]														
Lowest	53.9	0	1.2	551	47.5	16.9	21.1	5.4	1.7	1.9	5.6	100.0	492	1.1
Second	53.4	0	0.9	559	46.7	18.1	20.4	5.6	1.7	1.8	5.7	100.0	498	1.1
Middle	52.5	0	1.5	556	49.7	15.8	18.2	4.4	1.7	2.3	7.9	100.0	493	1.0
Fourth	48.0	0	(0.4)	539	54.1	16.8	16.7	4.8	2.0	(0.6)	5.0	100.0	480	1.0
Highest	45.2	0	(0.3)	556	53.4	18.2	16.9	3.8	1.0	1.5	5.2	100.0	504	0.9
Total	50.6	(0.1)	0.9	2,964	50.1	17.4	18.5	4.6	1.6	1.7	6.1	100.0	2,653	1.0

Notes: In this table "abortion" refers to all types of abortion to include mini-abortions and early medical abortions.

Figures in parentheses are based on fewer than 5 unweighted cases.

[1]Ever had an abortion has missing values for 2 women.

[2]Number of abortions has missing values for 313 women.

[3]Education has missing values for 1 woman.

[4]Income has missing values for 203 women for ever had an abortion and 186 women for number of abortions.

To understand the repeated use of abortion, table 5.1 also shows the distribution of the number of abortions that women have had throughout their lifetime. The number of abortions ranges from none to 20, with the largest percentage of women (18.8 percent) having had one abortion, followed by 13.4 percent of women who have had two. Less than one in 10 women have had four or more abortions, but the wide range of figures shows that some women have heavily relied upon abortion as a primary means of fertility control. Among women who have had at least one abortion, the mean number of total abortions is 2.3 abortions.

Women in the survey were asked to report on any abortions that they may have had in the past 12 months for a better understanding of current trends in abortions. Among women who have ever been pregnant, 4.9 percent reported having had at least one abortion in the 12 months prior to the survey (table 5.2). Most of these abortions were described as mini-abortions (44.7 percent) followed by regular surgical abortions (36.3 percent) and then early medical abortions (11.5 percent).

For a more accurate estimate of current induced abortion trends, table 5.3 provides data on rates of abortion within the 12 months prior to the survey. In this table, age-specific abortion rates (ASARs) represent the number of abortions among the specific age groups per 1,000 women. The total abortion rate (TAR) sums the ASARs to determine the hypothetical number of abortions a women will have throughout her childbearing years if current abortion rates remain stable. The general abortion rate (GAR) is the number of abortions per 1,000 women among all age groups.

Table 5.2 Current abortion trends

Percent distribution of ever-pregnant women who have had an abortion within the past 12 months by type of abortion, location of abortion and use of informal payments to medical personnel, Russia 2010

	Percent distribution	Number of women who had an abortion in the last year
Had an abortion[1]	4.9	68
Type of abortion		
Abortion	36.3	25
Mini-abortion	44.7	30
Early medical abortion	11.5	8
Does not know	1.6	1
Refuses to answer	5.9	4
Location of abortion[2]		
FP center	3.3	2
Maternity hospital	7.2	5
Public Hospital	44.3	30
Private hospital	9.7	6
Public atenatal clinic	23.4	16
Private antenatal clinic	3.3	2
General practitioner office	1.3	1
Not in medical facility	1.3	1
Refused to answer	6.3	4
Informal payments to provider[3]		
Yes	26.5	18
No	73.5	49
Total	100.0	68

[1] Ever had an abortion in last 12 months has missing values for 3 women.

[2] Location of abortion has missing values for 1 woman.

[3] Informal payments has missing values for 1 woman.

The TAR for Russia is 0.8 abortions. This represents a decline from previously reported official rates of 3.4 in 1990, 1.8 in 2000 and 1.2 in 2005.[3] The Russian State Statistical Committee reported a GAR in 2009 of 34.2,[4] differing from the 23.3 reported here. Differences in GAR may be due to under-reporting of abortions in the sample. The figures reported here also draw upon a small sample of women who had an abortion in the last year, thus confidence intervals around the point estimate are large. While acknowledging the small sample size, it appears that women in the age category from 20 to 29 used abortion more than any other age category (32.8 abortions

per 1,000 women), perhaps reflecting greater exposure to pregnancy. Women in the youngest age cohort were the least likely to utilize abortion, with a rate of 7.8 abortions per 1,000 women.

Table 5.3 Induced abortion rates

Age-specific abortion rate (ASAR), total abortion rate (TAR) and general abortion rate (GAR) for the 12 months preceding the survey, Russia 2010

	Number of induced abortions[1]	ASAR
Age Group		
14-19	3	7.8
20-29	29	32.8
30-39	22	28.0
40-49	13	15.8
Total	67	
GAR	23.3	
TAR (14-49)	0.8	

Notes: ASAR: Age-specific Abortion Rate expressed per 1,000 women
TAR: Total abortion rate expressed per woman
GAR: General abortion rate expressed per 1,000 women
[1]Number of induced abortions has missing values for 2 women and 1 woman who refused to answer and excludes all women between the ages of 50 and 54 (N=519).

Women were asked several questions related to where they accessed abortion-related services. More than half of all women (57.5 percent) went to an antenatal clinic for a referral for an abortion (not shown). Another third went to either a gynecologist within a hospital setting, any provider at a regional hospital, or a private provider. All abortions were completed by doctors (although three women refused to say where they received their abortion), but they were conducted in a wide variety of locations. Three out of five abortions took place in a hospital, whether public or private, and another one out of four took place in an antenatal clinic. Other locations included family planning centers, general practitioners office, and those outside of a medical facility.

While abortion may be free at government clinics, many women pay for abortions, whether formally or informally. Of the abortions in the 12 months prior to the survey, 45.7 percent of women made formal payments in a cashier's office for the service while the remainder did not. For those who did pay formally, the average payment was 2,941 rubles. In addition, one in four women (26.5 percent) who had an abortion in the past 12 months paid the medical provider directly with money or gifts the value of which averaged 1,621 rubles.

While RLMS-HSE does not capture data on the contraceptive method used prior to abortion, it does capture some information on the quality of postabortion counseling on family planning. When asked whether they had been recommended any birth control method following their abortion, just over half (52.7 percent – not shown) received some recommendation (primarily pills and condoms). Seven out of 10 of these women used the recommended method and 72 percent of those said it was the method they desired. On the other hand, 37.2 percent of women did not receive any postabortion counseling on family planning while another 10.2 percent did not know or refused to answer. These data can help decision makers improve the quality of postabortion counseling to help providers take advantage of their access to women of reproductive age at these visits.

6. Pregnancy Health

Women were asked to complete a full reproductive history that included the use of antenatal care, obstetric care, postpartum care, and infant and young child feeding. These data are limited to births within the 24 months prior to the survey, unless otherwise indicated.

Antenatal care is a key component of pregnancy-related care and can impact both maternal and infant health. In Russia, there is near universal registration of pregnancies, which enables the government to track vital statistics. Fortunately, there are similar rates of near universal (99.6 percent) care by a trained doctor at some point during a woman's pregnancy. Women are recommended to see a medical provider within the first trimester of their pregnancy to screen for any potential complications and to receive education. In Russia, three quarters of all women attend their first antenatal visit within the prescribed first three months of pregnancy (table 6.1). Three out of four (75.2 percent) women received their care at a municipal antenatal clinic, 21.5 percent from a hospital-based obstetrician, and a fraction (0.8 percent) from a private doctor. The primary providers of antenatal care were doctors (95.8 percent), medical assistants (3 percent), and nurses (1.3 percent).

Table 6.1 Timing of antenatal care

Percent distribution of timing of first visit to a medical provider among women who saw a doctor during their pregnancy within the past 24 months, Russia 2010

Timing	Percent distribution	Number of women
3 months or less	75.2	174
3 to 6 months	21.5	49
More than 6 months	3.4	8
Total	100.0	231

The place of delivery can impact the health of the mother and infant as well as the mother's access to emergency obstetric care. Virtually all births in Russia (97.7 percent) take place in a hospital or perinatal center. The vast majority of all births occur in maternity hospitals (88.7 percent).

Part of postpartum care includes family planning counseling. Only slightly less than half (45.8 percent) of all new mothers were recommended any birth control method after their most recent birth. Of those who were recommended a method, the most commonly recommended methods were condoms (44.9 percent), pills (24.4 percent) and IUDs (23.3 percent). About 71.6 percent of those women used the method they were recommended; and of those, 91.2 percent said that it was the method they wanted to use.

Breastmilk is the optimal nutrition for infants and has positive impacts on long-term maternal and child health. Most women (94.5 percent) who have given birth within the past 24 months did some amount of breastfeeding (table 6.2). This represents a high initiation rate of some breastfeeding, but only 64.4 percent of those who breastfeed did it exclusively for any length of time. The remainder of the women fed their infants both breastmilk and infant formula or infant formula exclusively.

Duration of breastmilk feeding also has an impact on maternal and child health. World Health Organization (WHO) guidelines encourage mothers to breastfeed their children exclusively for

the first six months of life and to continue breastfeeding with complementary foods until at least two years of life. Table 6.3 shows that very few Russian women meet these recommendations. Of the 64.4 percent of women who reported ever exclusively breastfeeding, only half (52 percent) exclusively breastfed for six months or longer (not shown). (It should be noted that some women reported exclusively breastfeeding much beyond the six month recommendation, perhaps representing a misunderstanding of the survey instrument.) None of the survey respondents met the two year recommendation for continued breastfeeding with complementary feeding. The average duration of any breastfeeding was 8.3 months.

Table 6.2 Ever breastfeeding

Percent distribution of ever breastfeeding and ever exclusive breastfeeding among women who gave birth in the past 24 months, Russia 2010

	Percent distribution	Number of women
Ever breastfed		
Yes	94.5	219
No	5.5	13
Total	100.0	232
Ever exclusively[1] breastfed		
Yes	64.4	141
No	34.6	76
Does not know	1.0	2
Total	100.0	219

[1] Exclusive breastfeeding was described as the child receiving no other nutrition (including water) besides breastmilk. Excludes women who never breastfed (N=13).

Breastfeeding success is impacted by early initiation of breastfeeding. Guidelines encourage mothers and healthcare providers to put the infant to the breast within a half-hour of birth. This was done for 48.8 percent of mothers. Another 29.5 percent put the baby to breast within several hours of birth, 13.4 percent the next day, and 8.2 percent some days later. Hospital practices to encourage mothers to breastfeed within the first half hour of life could improve overall breastfeeding rates.

Table 6.3 Duration of breastfeeding

Percent distribution of the duration of breastfeeding and exclusive breastfeeding among women who reported breastfeeding their child born within the past 24 months and the child was at least 6 months old at the time of the interview, Russia 2010

Months	Percent distribution	Number of women
Duration of some breastfeeding		
1-2	10.9	9
3-4	7.5	6
5-6	16.1	13
7-8	27.4	22
9-10	13.8	11
11-12	10.0	8
13+	14.4	11
Total	100.0	80
Duration of exclusive[1] breastfeeding		
1-2	16.6	11
3-4	24.8	16
5-6	25.9	16
7-8	17.4	11
9+	15.4	10
Total	100.0	64

[1] Exclusive breastfeeding was described as the child receiving no other nutrition (including water) besides breastmilk.

7. Cancer Prevention

Reproductive cancers are a concern among women in Russia. Both cervical and breast cancer can be detected at early stages with the use of screening tests. Early detection allows for the earliest possible treatment of cancer with the greatest success rate. Most reproductive cancer screenings are initiated by an interaction with a gynecologist. The great majority of Russian women (91.7 percent) have had at least one gynecological appointment in their lives.

A cervical smear is used to detect cervical cancer. It is highly recommended for older women and women who are sexually active. More than four out of five women have ever had a cervical smear (table 7.1) with more women in the higher age groups having had the screen. General WHO guidelines suggest that middle income countries encourage women to get a cervical smear test every three years if they are sexually active and particularly if they are over the age of 30. In Russia, 83.4 percent of women who have ever had a cervical smear had it within the past three years, but the rates are highest among the youngest age groups (table 7.2). Greater targeting of older age groups may be necessary to reach the highest-risk populations.

There are several different screening tests available for the detection of breast cancer that can be used independently or consecutively for more effective screening. Table 7.1 shows that fewer women have ever used breast cancer screenings as compared to cervical cancer screening. Particular focus should be paid to women in the highest age categories who are at greatest risk of developing breast cancer and should be the focus of screening interventions. Less than half of women in the 50 to 54 age group (42.6 percent) have ever had a mammogram. Only 24.2 percent in this age group have had the

Table 7.1 Ever use of cancer prevention screenings

Percent distribution of women who have ever had cervical or breast cancer prevention screenings by age group, among ever-menstruating women, Russia 2010

	Age Group						Number of women
	14-19	20-29	30-39	40-49	50-54	Total	
Cervical Smear[1]							
Yes	38.6	75.0	86.6	88.2	91.4	81.5	2,521
No	49.9	20.6	10.6	8.1	7.1	14.6	462
Don't know	10.7	4.3	2.0	3.0	1.4	3.3	105
Refused to answer	(0.8)	(0.2)	0.8	0.8	(0.2)	0.6	17
Mammogram[2]							
Yes	(0.5)	5.4	11.7	37.0	42.6	19.4	659
No	99.5	94.6	88.3	63.0	57.4	80.6	2,736
Breast Ultrasound[3]							
Yes	1.4	8.2	16.0	22.1	24.2	15.1	508
No	98.6	91.8	84.1	77.9	75.8	85.0	2,889
Breast Exam[4]							
Yes	14.8	40.3	50.4	59.5	66.3	48.6	1,632
No	85.2	59.7	49.6	40.5	33.8	51.5	1,763
Breast Self-Exam[5]							
Yes	3.6	16.5	26.4	29.7	29.3	22.6	759
No	96.4	83.5	73.6	70.3	70.7	77.4	2,638
Total	100.0	100.0	100.0	100.0	100.0	100.0	3,399

Note: Figures in parentheses are based on fewer than 5 unweighted cases.

[1]Number of women who reported on cervical smears excludes women who reported never having been to a gynecologist (N=296).

[2]Mammogram has missing values for 4 women.

[3]Breast ultrasound has missing values for 2 women.

[4]Breast exam has missing values for 4 women.

[5]Breast self-exam has missing values for 2 women.

alternative breast ultrasound. Approximately two thirds (66.3 percent) of women in the 50 to 54 age group have ever had a breast exam by a health care provider, and less than a third (29.3 percent) have ever conducted their own breast self-exam.

Guidelines recommend that breast cancer screenings occur every two years, so table 7.2 shows the percentage of women who have received or conducted breast cancer screenings within the past two years among those women who have ever had the screens. Only 58.1 percent of women had their last mammogram within the past two years, and similarly, only 53.1 percent had their breast ultrasound within that time frame. Breast exams by medical providers are more recent with 73.9 percent having had theirs within the past two years; but once again, more frequent exams are more common among the younger age groups. All women should be able to conduct their own breast self-exam, and 93.5 percent of women who do have done so within the past two years. While ever having been screened for cancer is valuable, screening tests need to be conducted frequently to provide the best outcomes.

Table 7.2 Last use of cancer prevention screenings

Percentage distribution of timing of most recent cervical or breast cancer prevention screening among women who have ever had cervical or breast cancer prevention screenings by age group, Russia 2010

	Age Groups (percentages)						Number of
	14-19	20-29	30-39	40-49	50-54	Total	women
Cervical Smear[1]							
Less than 3 years	96.4	91.2	82.7	80.1	76.1	83.4	2,101
Greater than 3 years	(1.1)	2.9	9.1	10.0	13.8	8.4	203
Does not know	(2.5)	5.4	7.4	9.8	10.1	7.9	195
Refuses to answer	0.0	(0.5)	0.8	(0.1)	0.0	0.4	9
Mammogram[2]							
Less than 2 years	(50.0)	49.8	49.2	60.1	61.0	58.1	384
Greater than 2 years	(50.0)	46.1	40.4	35.8	34.5	36.9	241
Does not know	0.0	(4.1)	8.8	4.1	4.1	4.8	31
Refuses to answer	0.0	0.0	(1.2)	0.0	(0.5)	(0.3)	2
Breast Ultrasound[3]							
Less than 2 years	(66.7)	51.7	47.2	50.9	63.3	53.1	270
Greater than 2 years	(33.3)	45.6	45.4	41.5	32.8	41.0	206
Does not know	0.0	(2.8)	6.6	7.5	4.0	5.7	23
Refuses to answer	0.0	0.0	(0.9)	0.0	0.0	(0.2)	1
Breast Exam[4]							
Less than 2 years	85.6	78.8	71.4	73.8	69.7	73.9	1,200
Greater than 2 years	9.6	17.4	22.5	20.4	23.3	20.5	332
Does not know	(4.8)	3.8	5.6	5.5	6.7	5.4	87
Refuses to answer	0.0	0.0	(0.5)	(0.3)	(0.3)	(0.3)	4
Breast Self-Exam[5]							
Less than 2 years	90.3	94.3	91.4	93.8	96.0	93.5	698
Greater than 2 years	0.0	(0.8)	(1.9)	(0.4)	(0.7)	0.9	7
Does not know	(9.7)	3.4	5.8	5.4	3.3	4.8	35
Refuses to answer	0.0	(1.5)	(1.0)	(0.5)	0.0	0.7	5
Total	100.0	100.0	100.0	100.0	100.0	100.0	

Notes: Time is calculated as the years previous to the year in which the interview took place. Figures in parentheses are based on fewer than 5 unweighted cases.

[1]Cervical smear has missing values for 5 women.

[2]Mammogram has missing values for 1 woman.

[3]Breast ultrasound has missing values for 3 women.

[4]Breast exam has missing values for 9 women.

[5]Breast self-exam has missing values for 14 women.

Discussion

The findings of the survey provide a snapshot of the current reproductive health of women in the Russian Federation. They highlight some of the successes of the Russian health system to provide comprehensive reproductive health care, but also demonstrate certain changes in behavior that have the potential to produce negative health outcomes for women. For instance, Russian women are initiating sex at younger ages and are increasingly putting off childbearing, thereby increasing the potential exposure to adolescent and unwanted pregnancy. Early sexual debut contributes to the more than one in four Russian teenagers becoming pregnant before the age of 20; this is one of the highest burdens of teenage pregnancy in the developed world.[12]

With increasing government attention to population decline and decreasing fertility in Russia,[2,6] changes in policy may have an impact on women's childbearing. While it may be too soon to see the effects of policy changes in the late 2000s, this survey found that women continue to prefer small families and a healthy spacing of pregnancies, and a significant proportion of women desire to remain childless. This is a shift from the previous norm of early childbearing and the early attainment of ideal family size due to close birth spacing.[2] Based on the survey data, women have a desired lifetime fertility of just less than two children. If this is compared to actual fertility as estimated in previous calculations of TFR (1.5 births in 2009), differences in desired fertility and actual fertility achievement may increase childbearing in the coming years.

Patterns of abortion use have also changed according to the survey findings. While what used to be the primary means of fertility control in the Soviet Union is still used at much higher rates than the rest of Europe,[13] abortion rates have decreased (TAR was calculated to be 1.4 in 2006[2]). Research has also shown negative opinions of abortion by women in Russia, with more women wanting to prevent pregnancy through contraception.[5]

The desire for fewer abortions and use of contraceptives are not entirely aligned with current practices. While contraceptives are widely available in both urban and rural areas of the country, only 49.3 percent of women who have ever had sex are current users of contraception. The vast majority (83.8 percent) rely on modern methods, but only 18.9 percent of users are using the most effective methods for preventing pregnancy. There is still a large reliance on traditional methods, perhaps as a result of decreased government support of family planning programs and a legacy of misinformation on modern contraceptives.[6] Abortion does not appear to be a reason for non-use of contraceptives as it may have previously been. Regardless of the underlying reason, there is room for improvement in the overall use of family planning, the type of methods being selected, as well as the quality of family planning counseling and services.

For those who do choose to have children, Russian women have access to a standard package of maternity services at public facilities. Births are universally assisted by skilled birth attendants, almost all are in health facilities, and three quarters of women access antenatal care within the first trimester. Hospitals and maternity centers in Russia also see high rates of breastfeeding initiation, but prolonged breastfeeding is not being realized, perhaps due to lack of the recommendation by health care providers and other poor hospital practices.[14] Despite these

challenges, current survey findings suggest an increase in any breastfeeding at six months (66 percent) as compared to previous national data (30 percent in 1995).[14]

Finally, women's health in Russia is being impacted by the availability and utilization of cancer screenings. The great majority of women interact with the health system through gynecological visits where screening options can be recommended or accessed. Large portions of the population are using these services (particularly cervical cancer screenings), but screening programs are not targeting the highest-risk age groups. Users of these services tend to be from the younger age groups. Policies and increased availability of services to expand uptake of cancer screenings (particularly breast cancer screenings) have the potential to reduce the burden of disease and mortality due to reproductive cancers.

While the survey is not without potential limitations, such as small sample sizes for particular indicators (as noted in the tables) and the potential for systematic bias of reporting on sensitive topics such as sexual health and abortion, this survey provides a representative look at the reproductive health of Russian women across the country. To continue improving the health of Russian women, their families, and their communities, further research is needed to identify the best practices and policies that will enhance comprehensive reproductive health programs.

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