

MEASURE Evaluation

Working Paper Series

Women's Health in the Russian Federation:
The Russia Longitudinal Monitoring Survey of the
National Research University Higher School of
Economics, 2012

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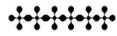
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Acknowledgements

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 II, 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 21 survey, with fieldwork conducted from September, 2012 to February, 2013. Implementation of the FP/RH module in Round 21 was made possible by funding from USAID. Data from all rounds have been weighted to ensure comparability of the information presented herein.

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
MOH	Ministry of Healthcare
RH	reproductive health
RLMS-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

- There appears to be a decline in early sexual behavior and adolescent pregnancy since the last round of surveys. In 2010, 24.5 percent of 14 to 19 year olds had ever had sex. The percent in 2012 was 16.4. Of women aged 14 to 19 who had ever had sex, 27.3 percent had already been pregnant at least once in 2010 while in 2012, the percent was 18.7.
- Childbearing is the norm in Russia with 95.4 percent of women in the oldest age group having ever given birth. Currently, women who have ever given birth have on average 1.9 children irrespective of where they are in their reproductive continuum.
- Russian women continue to desire small families. Women who do not have any children want an average of 1.2 children in their lifetime and women with 1 child want an additional 0.5 children on average.
- Half of all women currently use a form of contraception, 83.3 percent of whom use a modern method. Contraceptive use increases as educational attainment of women increases. The most commonly used methods of contraception in Russia are male condoms, pills, and IUDs.
- The most frequently cited reasons for nonuse of contraception among women who do not use contraception or failed to use it recently include not engaging in or infrequent sex, wanting to get pregnant, not thinking about it, and infertility. Other issues related to access, affordability, availability and side effects are less common.
- Sexually active women in the survey have had an average of 1.1 abortions. The total abortion rate is lower than that found 2 years ago with the data showing 0.6 abortions per woman.
- Russian women have access to and fully utilize skilled maternity care. Antenatal care is used universally, and nearly all births take place in a health facility.
- Breastfeeding initiation rates are high among women who have given birth in the past 2 years with 92.1 percent of mother's breastfeeding for some amount of time. Far fewer (65.2 percent) breastfeed exclusively and the average duration of any breastfeeding is 7.2 months, down from 8.3 months found in 2010.
- Cervical cancer screening is robust with 87.3 percent of women having ever been screened, and 83.4 percent of those being completed in the past three years. Rates of breast cancer screening are lower than cervical cancer screening, and are failing to reach women in the oldest age groups with regular frequency.

Part 2: Discussion of Results

Background

The post-Soviet Russian Federation is home to approximately 143 million people, making it one of the world's most populous countries.¹ With a continuing preference for small families, the universally literate, primarily urban population is slowly contracting.² The mono-ethnic (80 percent Russian) country has been steadily decreasing in population since 1993.³ A true federation, the country is divided into 83 separate regions with varying amounts of autonomy and political power.⁴ The Ministry of Healthcare (MOH) (formally the Ministry of Healthcare and Social Development) is the key entity providing health care in the Russian Federation. This includes creating national policy and legal regulation of the health system, in addition to providing public services. Despite some decentralization of power and financial responsibility to the regional and municipal levels, there is still strong central control of the health system.⁴

All Russians are eligible to receive free health services as mandated by Russian law; this includes services targeted at women such as maternity care and cancer screening.⁴ The Russian Federation has seen consistently high levels of provision and utilization of maternity services, such as nearly universal skilled birth attendance.⁵ The most recent figure from *The Demographic Yearbook of Russia, 2010* reported 22 maternal deaths per 100,000 live births,⁶ demonstrating declining maternal mortality rates.

Fertility and family planning in Russia have long been directly affected by government policies. With the liberalization of abortion laws in Russia in the 1950s, there was a widespread acceptance and use of abortion as a means of fertility control.^{3,7,8} During the Soviet era, fertility declined dramatically to a total fertility rate (TFR) of 1.9 by the 1960s. Fearing a shrinking population, 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.² This, coupled with high early adult mortality rates, is responsible for the dramatic decline in population.

The government of Russia has more recently instituted additional incentives for childbearing in order to prevent further population declines. The "Demographic Policy for the Russian Federation – Present to 2025" outlines monetary incentives for second order and greater births. 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 The results of these policies may not have the desired effect on current fertility according to some research.^{9,10} While abortion rates have declined dramatically over the past two decades,^{8,9,11} the government has further enacted legislation, most recently in 2012,¹⁰ to restrict abortions by narrowing the gestational time period in which abortions are legal and permissible reasons for seeking an abortion.^{8,10,12}

With a decrease in reliance on abortion as a method of family planning, Russia has seen an increase in the use of contraception. The Soviet era saw the introduction of limited modern contraceptive options (condoms, IUDs, and high-estrogen pills) of variable quality¹¹ and accompanied by negative provider attitudes and government misinformation.¹³ More quality modern methods are widely available since the dissolution of the Soviet Union in the 1990s,² but uptake has been hampered by limited provider knowledge of family planning and the lack of integration with primary care.⁴ While contraceptive use has increased, prevalence remains modest in comparison to other European countries.¹⁴ Traditional methods are used widely despite their limited effectiveness. Understanding patterns of contraceptive use and changing sexual behaviors of young women remains important in the Russian context where programs and policies are continually evolving.

Family planning and reproductive health (FP/RH) data were collected regularly in the early stages of the Russia Longitudinal Monitoring Survey (RLMS-HSE), but there was a gap in collecting FP/RH data from 2003 until 2010. This report uses data from the second round of recent FP/RH data collection in 2012. 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. It captures 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 survey module was conducted among a nationally-representative sample of 14- to 55-year-old women. Presented are weighted percentages that account for the sampling design of the survey throughout the report.

1. Participants

The FP/RH module was conducted among all sampled women selected for the RLMS-HSE survey. The module was conducted between September 2012 and February 2013 among women between the ages of 14 and 55 (N=5,311) 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 age category. Most

Table 1.1 Background characteristics of respondents

Percent distribution of women age 14-55 according to selected background characteristics, Russia 2012

Background characteristics	Weighted percentage	Unweighted number
Age		
14-19	10.3	527
20-29	27.1	1,386
30-39	24.2	1,336
40-49	23.4	1,271
50-55	15.1	791
Marital Status¹		
Never married	25.2	1,334
Married	47.6	2,523
Living together	12.2	648
Divorced	10.2	542
Widowed	3.7	196
Married but separate	0.8	42
Do not know	0.4	20
Residence		
Urban	75.2	3,951
Rural	24.8	1,360
Education²		
Primary	15.3	795
Secondary	32.5	1,711
Tekhnikum	24.0	1,284
University	28.2	1,497
Income Quintile³		
0 - 6,789	19.9	991
6,790 - 9,700	20.2	994
9,701 - 13,000	20.4	1,002
13,001 - 18,450	19.7	978
18,451 - 450,187	19.9	990
Total	100	5,311

¹ Marital status has missing values for 6 women.

² Education has missing values for 24 woman. Education categories refer to the highest level of education completed.

³ Income quintiles has missing values for 356 women with incomplete economic data.

women reported being “married” or “living together” (59.8 percent), though a substantial proportion has “never married” (25.2 percent). Three quarters (75.2 percent) of respondents live in urban areas. The completion of primary school in Russia is nearly universal, and 84.7 percent of respondents had completed secondary school or beyond. Half of all respondents (47.8 percent) only completed primary or secondary school while the rest (52.2 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 6,789 rubles a month, compared to the wealthiest 20%, which earned between 18,451 and 450,187 rubles a month.

2. Sexual Behavior

Age Group	Ever had sex			Number of women	Average age of sexual debut in years ¹
	Yes	No	Refuses to answer		
	14-19	16.4	83.0		
20-29	86.8	12.3	0.8	1,386	17.9
30-39	97.8	2.0	(0.2)	1,335	18.4
40-49	99.0	0.9	(0.2)	1,269	19.2
50-55	99.5	0.2	(0.3)	790	20.1
Total	87.1	12.5	0.4	5,300	18.7

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

¹ Average age of sexual debut excludes women who refused to answer (N=22) and any missing answers (N=6).

Among all respondents, 87.1 percent have ever been sexually active, with percentages ranging from 16.4 percent of women in the 14 to 19 age range to 99.5 percent of women in the 50 to 55 age range (table 2.1). This represents a decrease in the 14 to 19 age group from 24.5 percent who reported ever having had sex in 2010.¹⁴ The average age of sexual debut across all age groups is 18.7 years. It appears that average age of sexual debut is trending downwards 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 16.4 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 in that age group and therefore will have an older age of sexual debut. The

average age of sexual debut for women ages 20-55 (excluding the youngest age group which is less likely to have ever had sex) is 18.8 years.

The average age of sexual debut varies little across the urban/rural divide (18.7 and 18.8, respectively – not shown). On the other hand, 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 (17.4), and women with the highest level of education report the oldest age at sexual debut (19.3 – 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 and less likely to have ever had sex.

3. Fertility

Respondents were asked to provide a full reproductive history. This included questions on lifetime pregnancies, stillbirths, miscarriages, abortions and desired fertility. These data were used to analyze

cumulative fertility. At the time of the survey, 1.9 percent of women who were interviewed reported being pregnant. Childbearing is nearly universal: 95.4 percent of women between the ages of 50 and 55 have ever given birth (table 3.1). Because women in this age group are at the conclusion of their reproductive years, this figure is representative of the lifetime probability of ever giving birth. This assumes that fertility trends are constant in Russia, but trend data show 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 2010.^{2,14} Consistent with reported early childbearing trends in Russia,² half (50.9 percent) of women in their 20s have ever given birth. It appears that having children remains a desired outcome among Russian women.

Childbearing trends among Russian women differ slightly between those who reside in urban areas versus those who reside in rural areas. Across all age groups, 76.7 percent of women in urban areas have ever given birth while 87.1 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 ever given birth (69.9 percent in the highest quintile versus 86.5 percent in the lowest - not shown). This survey captures a wider differential in childbearing due to economic status as compared to the previous survey in 2010 where the percentages were 75.8 percent and 81.1 percent respectively.¹⁴ Educational attainment of women does not show any consistent trends in its association with rates of ever giving birth (76.4 percent for primary, 77.2 percent for secondary, 84.4 percent for tekhnikum (vocational schooling), and 77.5 percent for higher – not shown) suggesting pervasive norms of childbearing across all educational levels of Russia. Women who have ever been married are more likely to have ever given birth (91.8 percent) as opposed to never married women (48.3 percent), but these figures show that childbearing is also prevalent outside of marriage.

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, 30.9 percent have not had any children, 32.7 percent have had one child, 28.4 percent have had two, 6.0 percent have had three, and less than 2 percent have had 4 or more. Among all age groups of women who have not necessarily achieved their fertility intentions, women have had an average of 1.3 children. As can be expected, ever-married women have had more births than women not currently in union. Among all ever married women 51.8 percent have had two or more children as opposed to never-married women, among whom only 11.31 percent have had two or more children (not shown). Women with greater household incomes, while less likely to have children in general, are more likely to have only 1 child than women with smaller household incomes who are more likely to have 2 or 3 children (not shown).

The number of children ever born to women in the oldest age group (50-55) can serve as a proxy measure of total lifetime fertility. These women, who are at the end of their reproductive years, have had an average of 2.4 children throughout their life. This proxy measure of total lifetime fertility for

Table 3.1 Ever given birth

Percent distribution of women who have ever given birth according to age group, among women who ever had sex, Russia 2012

Age group	Ever given birth ¹			Number of women
	Yes	No	Refuses to answer	
14-19	9.9	90.1	(0.0)	82
20-29	50.9	49.0	(0.1)	1,206
30-39	87.6	12.4	(0.0)	1,301
40-49	93.7	0.1	(0.0)	1,251
50-55	95.4	0.0	(0.0)	780
Total	79.1	20.8	(0.0)	4,620

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.

¹Ever given birth has missing values for 15 woman.

Russian women should be interpreted with caution, because it assumes that fertility preferences remain stable. In recent decades Russia has seen large declines in fertility.^{2,3,4,10,12,15}

Table 3.2 Number of children ever born
Percent distribution of all women by number of children ever born and mean number of children ever born, according to age group, Russia 2012

Age group	Number of children ever born ¹										Doesn't Know	Refuses to Answer		Total	Number of women	Mean number of children ever born	
	0	1	2	3	4	5	6	7	8	9		10	Total				Total
14-19	98.4	1.4	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	552	0.2
20-29	55.5	32.0	10.3	1.6	(0.4)	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,370	0.6
30-39	14.2	43.1	34.0	6.4	1.5	0.6	(0.2)	0.0	0.0	0.0	0.0	(0.1)	0.0	100.0	1,326	1.5	
40-49	7.1	38.7	42.2	9.4	1.6	0.7	(0.2)	0.0	0.0	0.0	(0.0)	(0.0)	0.0	100.0	1,263	1.7	
50-55	4.8	29.4	49.3	12.4	2.1	0.8	0.6	0.0	0.0	0.0	0.0	(0.5)	(0.1)	100.0	782	2.4	
Total	30.9	32.7	28.4	6.0	1.2	0.4	0.2	0.0	0.0	0.0	(0.0)	0.1	0.0	100.0	5,293	1.3	

Notes: Ever born does not include miscarriages or stillbirths.
Figures in parentheses are based on fewer than 5 unweighted cases.
¹Number of children ever born has missing values for 18 women.

To estimate more current trends in fertility, Table 3.3 shows preferences for additional children based upon number of currently living children. This measure is hypothetical, because fertility preferences may or may not be fulfilled. Among all fertile women who were not pregnant at the time of the survey, 35.2 percent would like to have a child or another child, 57.1 percent do not want a child or any more children, and 7.2 percent do not know (not shown). Women with more living children report desiring fewer future children – a reflection of the family building process. Women who are currently pregnant desire an additional 1.5 children on average with 56.4 percent desiring one additional child. The average number of children desired for women who do not have any children is 1.2 children; for women with

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 2012

Number of additional children desired ¹	Number of living children				Total	Number of Women
	0	1	2	3+		
0	28.2	52.4	84.2	87.5	66.4	1,976
1	28.2	29.6	8.5	4.5	19.4	578
2	34.9	5.7	(0.3)	(0.4)	4.4	127
3	(2.6)	0.6	(0.3)	0.0	0.5	15
4	(0.0)	(0.2)	(0.1)	0.0	(0.1)	4
Does not know	6.1	11.6	6.7	7.6	9.2	269
Refuses to answer	0.0	(0.1)	0.0	0.0	0.0	1
Total	100.0	100.0	100.0	100.0	100.0	2,970
Mean number of additional children desired	1.2	0.5	0.1	0.1	0.5	3,336

Notes: This analysis excludes currently pregnant women.
Figures in parentheses are based on fewer than 5 unweighted cases.
¹ Number of children desired has missing values for 3 women.

one living child, it is 0.5 children; and for women with two children, it is 0.1 children. An approximation of desired lifetime fertility can be found by summing the number of children currently have with the number of future children desired. The result, on average, is less than two children total. These fertility preferences are the same as reported in 2010 and indicates that a preference for families of two or fewer children continues in the Russian population.

Adolescent pregnancy is of particular concern due to the negative health consequences for women and infants

Table 4.1a Current use of contraception		Percent distribution of current contraceptive method use in the last 30 days among women who have ever had sex and have a menstrual cycle, according to age, Russia 2012																								
Age	Any method using	Not currently using	Does not know	Refuses to answer	Number of women	Modern method					Traditional method															
						Male condom	Pill	EC ¹	Cervical cap/diaphragm	Foam/jelly	Vaginal ring	IUD	Injection	LAM	Female sterilization	Any traditional method	Douching	Withdrawal	Other	Refuses to answer	Number of women					
14-19	60.1	39.9	0.0	(0.0)	76	97.7	79.9	15.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	45					
20-29	57.0	42.4	(0.3)	(0.3)	1,100	88.0	55.5	20.5	(0.5)	(0.2)	1.0	0.0	0.0	0.0	0.0	0.0	(0.2)	11.0	(0.2)	3.0	7.8	0.0	1.0	100.0	631	
30-39	55.6	43.7	(0.1)	0.7	1,226	82.1	37.3	18.6	0.8	(0.2)	2.6	0.0	0.0	0.0	0.0	0.0	(0.5)	16.1	0.8	4.7	10.7	(0.5)	0.0	1.4	100.0	680
40-49	43.1	56.0	(0.1)	0.8	1,096	80.7	34.5	15.7	(0.2)	0.0	3.3	(0.2)	24.6	0.0	0.0	2.0	18.0	1.6	6.7	9.7	6.7	(0.2)	0.0	1.1	100.0	471
50-55	28.3	70.1	0.0	(1.6)	249	59.6	29.8	7.6	0.0	0.0	(5.9)	(1.5)	13.2	(1.5)	0.0	0.0	35.9	(4.6)	13.5	17.8	13.5	(1.5)	(3.0)	0.0	100.0	69
Total	50.7	48.5	0.1	0.7	3,747	83.3	43.7	18.0	0.5	(0.1)	2.3	(0.1)	17.7	(0.1)	0.0	0.7	15.2	0.9	4.9	9.5	9.5	(0.3)	(0.1)	1.1	100.0	1,896

Table 4.1b Distribution of contraception among users
Percent distribution of most frequently used method in the last 30 days among women who reported using any contraceptive in the last 30 days, according to age, Russia 2012

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

¹Emergency Contraception

associated with young maternal age.¹⁶ Among 14 to 19 year olds, 18.7 percent have already been pregnant at least once. This differs from the 27.3 percent of women in this age range who reported ever being pregnant in 2010.¹⁴ Among women in this age group who became pregnant, about half went on to give birth. In total, 9.9 percent of teenagers (14-19) have ever given birth (not shown).

4. Family Planning

Comprehensive information on current contraceptive and family planning services usage was asked of survey respondents. These questions targeted 87.1 percent women who have ever been sexually active (table 4.1a and 4.1b).

In this survey, current use of contraception is defined as use of a method within the 30 days prior to the survey. Among all women who have ever been sexually active, 50.7 report current use of any method of contraception. If we exclude women in the oldest age group (50-55) who are less likely to need contraception, 52.3 percent report current use. Of those women who use any form of contraception, 83.3 percent are using a modern method while 15.2 percent are using a traditional method. The most commonly used method in Russia is the male condom (43.7 percent), followed by the IUD (17.7 percent), then pills (18 percent) and withdrawal (9.5 percent).

Contraceptive methods vary in their effectiveness for preventing pregnancy, so it is important to know which methods are most frequently being used among women in Russia.¹⁷ Long-acting

methods are the most effective for preventing pregnancy and 18.4 percent of women reporting using a long-acting method in the previous 30 days (female sterilization and IUDs; implants were not used by women in this data set). Hormonal methods include pills, emergency contraception (EC), the patch, the vaginal ring, and injections. These methods were used by 18.9 percent of women. Less effective than long-acting and hormonal methods are barrier methods such as male and female condoms (female condoms were not used by women in this dataset), cervical caps and diaphragms, and spermicides (foam/jelly) used by 46.1 percent of the respondents. Lastly, traditional methods are least effective and are used by 15.2 percent of women in the previous 30 days. These include douching, the rhythm method (described to respondents as counting the fertile days of their cycle), and withdrawal. The data suggest widespread use of all levels of contraception, but the majority of women are using less effective methods.

Age is associated with differences in contraceptive use, partly reflecting differing needs of women across their reproductive years. Women in the youngest age group are often sexually active, but want to delay childbearing. For this reason, they are likely to be regular users of contraception. About 60 percent of women between the ages of 14 and 19 were using any method, lower than the 70 percent who reported using any method in 2010.¹⁴ About 80 percent of women in this age group using a method use condoms, possibly reflecting both a desire to prevent pregnancy as well sexually transmitted infections (STIs). On the other hand, only 57 percent of 20 to 29 year-olds and 55.6 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 at the conclusion of their reproductive years (ages 50-55) with declining fecundity are even less likely to use contraception, with 28.3 percent of women using any method. Women in the oldest age group also are much more likely to be using a traditional method (35.9 percent) as compared to younger age groups.

While there is some difference in the prevalence of use of particular methods by background characteristics of women in Russia, there is greater homogenization of overall rates of contraception and the rates of modern versus traditional methods. Women in urban areas are more likely to use any contraception, but rural areas do not lag far behind. In urban areas, 52.2 percent of women were currently using any method and 45.6 percent of rural women were currently using (not shown). Though there is some consistency in method mix across place of residence, rural women are much more likely to have an IUD (27.2 percent rural vs. 15.3 percent urban) and less likely to use condoms (35.9 percent rural and 45.6 percent urban). Finally, rates of modern and traditional method use are similar among rural and urban women. Previous studies, including the 2010 RLMS-HSE, have shown higher rates of traditional method use in urban areas^{14,18} with a declining gap in this disparity. The 2012 data show a homogenization in rates of modern method use (83.5 percent in urban areas and 82.3 in rural areas – not shown). There are

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 2012

Source of information	Percentage distribution	Number of women
Health facility ¹	27.5	337
Pharmacy	9.7	124
Magazines/books	10.3	121
Friends/relatives	34.6	412
Internet	1.3	15
Another place	9.9	118
Does not know	6.6	79
Refused to answer	0.3	3
Total	100.0	1209

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

also similarities in modern and traditional method use across wealth quintiles. This differs from previous reports of more traditional method use among higher household income quintiles. All modern method use proportions fall between 80.5 percent and 85.3 percent by wealth quintile (not shown).

On the other hand, contraceptive use appears to vary by educational attainment. Contraceptive use increases as educational attainment increases. About 48.7 percent of women who completed primary school are current users while 55.1 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 than women with less education (not shown).

Marital status is associated with differences in method mix. The most widely-used methods among currently married women are condoms (38.5 percent), followed by the IUD (20.3 percent) and then pills (17.7 percent – not shown). Among never married women, the most popular methods are condoms (56.4 percent), followed by pills (18.4 percent) and then the IUD (11.3 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.

Selection of contraceptive methods is a very personal decision for most women that often takes place outside of the formal health system. Of all the users of contraceptive methods, 64.6 percent report personally selecting their current birth control method. Another 17.2 percent of women said their partner selected the method, 11.9 percent selected the method with the assistance of a medical provider, and 6.1 percent were prescribed or given the method by a medical provider (not shown).

Just as selection of contraceptive methods often takes place outside of the health system, women receive family planning messages and information from a wide variety of sources and not just qualified providers. Current users who personally selected their method were asked where they received information on the most frequently used method within the past month (table 4.2). The most frequently mentioned source of information was friends and relatives (34.6 percent). A slightly smaller proportion of women receive their information from a health facility (27.5 percent). Other commonly-cited sources of information are magazines and books (10.3 percent) and pharmacies (9.7 percent).

When women do engage the formal health system for family planning counseling and guidance, quality can be measured by certain key indicators of counseling content. High quality family planning counseling by a medical provider should include information sharing on the potential side effects and relative effectiveness of

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 2012

	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	78.7	527	83.0	557
Not informed	19.8	135	14.1	95
Does not know	1.5	10	2.9	19
Total	100.0	672	100.0	671

¹ Effectiveness counseling has missing values for 1 woman.

the method. 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 78.7 percent of users were informed of potential side effects, and 83 percent received information on the relative effectiveness of the method currently in use.

While there are high levels of information sharing during medical counseling, contraceptive method chosen did impact whether complete counseling was conducted. Among the most commonly used modern methods, users of IUDs and pills were most likely to have received information on side effects while users of condoms and foam/jelly were least likely. Similar proportions were reported for receiving information on effectiveness with slight variation. Users of foam/jelly, pills and IUDS were most likely to be informed on the effectiveness of the method, and users of condoms were 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 modern methods such as EC, cervical cap, patch, vaginal ring, and injections, while representing a smaller sample, had universal counseling on side effects and method effectiveness (not shown).

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 2012

Who paid ¹	Percent distribution	Number of women
Woman herself	64.0	1,003
Partner	32.1	493
Other, non-partner	0.5	8
Nobody	2.5	39
Does not know	0.4	13
Refuses to Answer	0.0	1
Total	100.0	1,557

¹ Payment for contraception has missing values for 6 women.

Despite incomplete counseling in some instances, the majority of women who received family planning counseling were satisfied with the consultation; 85.1 percent of women were either satisfied or somewhat satisfied with their consultation, and only 1.7 percent were not satisfied at all (not shown).

More than three quarters of all selected contraceptive methods are procured at pharmacies or drug kiosks (76.2 percent), whether by the users themselves or other persons (not shown). Other places of procurement include antenatal clinics (12.9 percent) and commercial stores and kiosks (4.7 percent). In many cases, it is not the woman who uses the method that purchases the contraceptive commodity (table 4.4); 64 percent of women paid for the method themselves, while 32.1 percent reported that their partners paid for the method. These figures are skewed towards partner payment by the 55.9 percent of condom users whose partners pay for the method. These are similar to the 2010 results.

Of those women who reported using contraception in the 30 days prior to the survey, 9.7 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 the many different responses. For the majority of women who either did not use contraception at all in the past 30 days or had sex without the use of contraception, most did so due to fertility reasons. Nearly half of women reported infrequent or no sex, and therefore, they were not in need of contraception. Similarly, about 14 percent of women wanted to get pregnant, 6.9 percent were physically unable, and 6.5 percent had a health problem that prevented use. While these reported reasons are not amenable to public health interventions, some reasons for nonuse such as availability, access, cost, and side effects could be addressed.

5. Abortion

Abortion was one of the primary means of fertility control for many years in the Soviet Union. While recent policies and trends have shifted Russian women away from abortion as a fertility control method, it is still legal and available in the Russian Federation. In their complete reproductive history, women were asked specific questions about their use of abortions. There are three commonly available types of abortion in Russia: surgical abortion, mini-abortion, and early medical abortion. Mini-abortion was defined as an 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 1.1 abortions.

The reported number of abortions a woman has had in her lifetime increases with age. In addition, the proportion of women within an age group who have had an abortion also increases with age. As women experience a lifetime accumulation of exposure to pregnancy, it is reasonable that rates of abortion increase. As can be expected, the youngest age group (14 to 19 years) shows a low percentage that have had an abortion of any kind (2.5 percent). This is lower than the 7.1 percent of this age group who reported having had an abortion in the 2010 round of data collection.¹⁴ More than one in six women have had an abortion among women in their 20s (16.8 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 for the younger cohort.

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 2012

Reason for nonuse ¹	Percent distribution	Number of women
Wanted to get pregnant	13.7	272
Unable to get pregnant	6.9	136
Is sterilized	1.8	35
Partner sterilized	0.1	2
Health problem	6.5	129
Lack of access	0.6	11
Too expensive	0.3	6
Uncomfortable/unpleasant	3.4	68
Infrequent sex	12.8	253
No sex	36.7	728
Abortion is available	0.7	13
Partner opposed	1.3	26
Did not think about it	8.6	171
No contraception on hand	2.3	46
Religious prohibition	0.5	10
Does not know	2.2	44
Refused to answer	1.8	35
Total	100.0	1,985

¹ Reason for nonuse of contraception has missing values for 14 women.

Background characteristics of women may have some bearing on proportions of women who have ever had an abortion. A slightly larger proportion of women from rural areas (50 percent) as compared to women from urban areas (44 percent) report ever having an abortion. Abortion trends also differ by educational attainment. Women in the lowest educational attainment category more frequently report ever having an abortion (43.9 percent) compared to women in the highest educational attainment category (38.2 percent). Income quintiles do not show a trend in the proportions of women ever having had an abortion.

It is not uncommon in Russia for women to have multiple 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. While the largest percentage of women reported only having one or 2 to 3 abortions at the time of the survey (17.2 and 18.6 percent respectively), the number of reported abortions ranges from none to 21. An additional 14.9 percent of women have had two abortions with decreasing proportions as quantity increases. 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 2.5 abortions (not shown).

For a better understanding of current abortion trends, women in the survey were asked to report on any abortions they had in the past 12 months. In total, 4.1 percent of ever-pregnant women 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 (45.8 percent) followed by regular surgical abortions (42.2 percent) and then early medical abortions (12.1 percent).

The most accurate estimate of current induced abortion trends can be found in table 5.3. It provides data on standardized 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 woman 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.

The TAR for Russia is 0.6 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 It also is lower than the TAR of 0.8 that was found in the 2010 RLMS-HSE survey data.¹⁴ The Russian State Statistical Committee reported a GAR in 2010 of 28.1,⁹ differing from the 18.8 reported here. Abortions may be under-reported in this sample, explaining for differences with officially reported statistics. The figures reported here also draw upon a small sample of women who had an abortion in the last year (n=85), thus confidence intervals around the point estimates are large. Acknowledging the small sample size, the most frequent users of abortion among all age groups are women in the age category from 30 to 39 (30.7 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 1.9 abortions per 1,000 women. In 2010, this rate was 7.8 per 1,000 women aged 14 to 19.

Table 5.1 Lifetime experience with induced abortion

Percentage of women who ever had an abortion, percent distribution of the number of abortions, and the mean number of abortions, according to background characteristics, Russia 2012

Background characteristic	Percentage of women who ever had an abortion ¹	Percent distribution of number of abortions ²						Does not know	Refuses to answer	Mean number of abortions	
		0	1	2-3	4-5	6+	Does not know				
Age											
14-19	(2.5)	97.5	(2.5)	0.0	0.0	0.0	0.0	0.0	100.0	82	0.0
20-29	16.8	82.9	10.8	4.9	0.7	(0.3)	(0.1)	0.4	100.0	1,206	0.3
30-39	45.3	53.5	20.3	17.6	4.8	1.5	(0.3)	1.9	100.0	1,299	1.0
40-49	62.6	36.7	20.6	25.7	8.9	5.3	(0.3)	3.0	100.0	1,249	1.7
50-55	68.7	30.0	18.5	33.1	9.0	6.3	1.2	2.0	100.0	781	2.0
Residence											
Urban	44.0	55.1	16.9	18.0	5.2	2.6	0.4	1.8	100.0	3,489	1.1
Rural	49.8	49.1	18.0	20.7	6.0	4.0	0.4	1.9	100.0	1,128	1.3
Education³											
Primary	43.9	55.9	15.9	18.6	3.5	4.9	0.5	0.7	100.0	426	1.1
Secondary	47.6	51.6	15.6	20.3	6.4	4.1	0.4	1.7	100.0	1,485	1.3
Tekhnikum	51.7	47.3	19.9	20.6	6.6	3.0	0.4	2.2	100.0	1,237	1.2
Higher	38.2	60.5	16.7	15.5	4.0	1.2	0.4	1.8	100.0	1,446	0.8
Income⁴											
Lowest	47.4	51.6	17.7	19.6	5.5	3.4	(0.1)	2.0	100.0	835	1.2
Second	45.8	52.8	18.1	18.9	4.0	2.8	0.6	2.8	100.0	840	1.1
Middle	42.7	56.6	16.6	16.1	5.6	2.9	(0.1)	2.0	100.0	854	1.0
Fourth	47.8	50.9	17.8	20.5	5.6	2.9	0.8	1.5	100.0	863	1.1
Highest	42.4	56.8	14.8	19.5	5.2	2.3	(0.2)	1.3	100.0	902	1.0
Total	45.4	53.7	17.2	18.6	5.4	3.0	0.4	1.8	100.0	4,617	1.1

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.

¹Ever had an abortion has missing values for 14 women.

²Number of abortions has missing values for 18 women.

³Education has missing values for 19 women for ever had an abortion and 23 women.

⁴Income has missing values for 319 women for ever had an abortion and 323 women for number of abortions.

<u>Table 5.2 Current abortion trends</u>		
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 2012		
	Percent distribution	Number of women who had an abortion in the last year
Had an abortion¹	4.1	85
Type of abortion²		
Abortion	42.2	35
Mini-abortion	45.8	38
Early medical abortion	12.1	10
Location of abortion³		
FP center	1.3	1
Maternity hospital	16.6	14
Public Hospital	41.5	34
Private hospital	12.9	11
Public antenatal clinic	20.2	16
Private antenatal clinic	3.7	3
Not in medical facility	2.5	2
Does not know	1.3	1
Informal payments to provider³		
Yes	17.3	14
No	82.7	67
Total	100.0	85

¹ Ever had an abortion in last 12 months has missing values for 8 women and 1 refusal to answer.

² Type of abortion has missing values for 2 women.

³ Location of abortion has missing values for 3 woman.

³ Informal payments has missing values for 4 woman.

<u>Table 5.3 Induced abortion rates</u>		
Age-specific abortion rate (ASAR), total abortion rate (TAR) and general abortion rate (GAR) for the 12 months preceding the survey, Russia 2012		
	Number of induced abortions ¹	ASAR
Age Group		
14-19	1	1.9
20-29	35	25.3
30-39	41	30.7
40-49	8	6.3
Total	85	
GAR	18.8	
TAR (14-49)	0.6	

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
¹Number of induced abortions has missing values for 9 women and excludes all women between the ages of 50 and 55 (N=791).

When asked where they received abortion-related services including referral and treatment, women reported several different locations. More than half of all women (69.4 percent) went to an antenatal clinic for a referral for an abortion (not shown). The remaining women who needed a referral went to either a gynecologist within a hospital setting, any provider at a regional hospital, or a private provider. Abortion is highly medicalized in Russia with the vast majority of abortions performed by doctors (95 percent). Only one woman reported someone else and several either refused to answer or they did not know. While doctors usually performed the procedure, they were conducted in a wide variety of locations. Seven out of 10 abortions took place in a hospital, whether public or private, and another one out of five took place in an antenatal clinic. Other locations included family planning centers, general practitioners office, and those outside of a medical facility.

Many women pay for abortions, whether formally or informally, despite their being available without cost at public health facilities. Some women still choose to have abortions at private facilities. Of the abortions in the 12 months prior to the survey, 40.2 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 4,765 rubles. Informally, 17.3 percent of women who had an abortion in the past 12 months paid the medical provider directly with money or gifts, the value of which averaged 2,570 rubles.

There is a critical link between use of contraception and use of abortion. 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 for women who had an abortion in the past 12 months. When asked whether they had been recommended any birth control method following their abortion, the majority (69.2 percent – not shown) received some recommendation (primarily pills and IUDs). Three out of five women used the recommended method and 84.4 percent of those said it was the method they desired. On the other hand, 27.4 percent of women did not receive any postabortion counseling on family planning while another 3.4 percent refused to answer. Postabortion visits are an opportune time for providers to access women of reproductive age, and these data can help decision makers improve the quality of postabortion counseling.

6. Pregnancy Health

The reproductive history also included the use of antenatal care, obstetric care, postpartum care, and infant and young child feeding. These data are limited to last births within the 24 months prior to the survey, unless otherwise indicated.

In Russia, there is near universal registration of pregnancies, which enables the government to track vital statistics. This is often done during antenatal care, a key component of pregnancy-related health services that can impact both maternal and infant health. Women widely use antenatal care with nearly

Timing	Percent distribution	Number of women ¹
Did not receive antenatal care	0.6	2
3 months or less	77.4	282
3 to 6 months	20.6	75
More than 6 months	1.1	4
Does not know	0.3	1
Total	100.0	364

¹ Timing of antenatal care has missing values

all women (99.4 percent) reportedly seen by a trained doctor at some point during their pregnancy. Global recommendations urge women 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). Four out of five (82.7 percent) women received their care at a municipal antenatal clinic, 15.6 percent from a hospital-based obstetrician, and a fraction (2 percent) from a private doctor or clinic. The primary providers of antenatal care were doctors (97.4 percent), medical assistants (2 percent), and nurses (0.6 percent – not shown).

The place of delivery can impact the mother and child’s access to skilled birth attendance and emergency obstetric care. Virtually all births in Russia (99.4 percent) take place in a hospital or perinatal center (not shown). The most commonly reported place of birth is maternity hospitals (84.6 percent).

It is recommended that complete postpartum care include family planning counseling. Slightly less than half (47.4 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 (38.7 percent), pills (29.6 percent) and IUDs (23.8 percent). About 59.3 percent of those women used the method they were recommended; and of those, 89.6 percent said that it was the method they wanted to use (not shown).

In the continuum of pregnancy health, infant and young child nutrition is also of great importance. Breastmilk is the optimal nutrition for infants and has positive impacts on long-term maternal and child health. The data show high initiation of breastfeeding in the early stages of the child’s life. Most women (92.1 percent) who have given birth within the past 24 months did some amount of breastfeeding (table 6.2), but far fewer breastfed exclusively without some other supplemental nutrition such as infant formula. Only 65.2 percent of women who breastfeed did it exclusively for any length of time, similar to the 64.4 percent of women in 2010.¹⁴

Duration and exclusivity of breastfeeding has an impact on maternal and child health as well. 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. Very few Russian women meet these recommendations as can be seen in table 6.3. In this table, the duration of any breastfeeding was not asked of women who were currently breastfeeding at the time of the survey. In the sample of breastfeeding women, those who had completed a period of exclusive breastfeeding but had not completed all breastfeeding were also not asked the duration of any breastfeeding. These women only contributed to the question on exclusive breastfeeding, thus there is a larger sample of women reporting on the duration of exclusive breastfeeding than the sample of women reporting on the duration of any breastfeeding.

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 2012		
	Percent distribution	Number of women
Ever breastfed¹		
Yes	92.1	336
No	7.9	29
Total	100.0	365
Ever exclusively² breastfed³		
Yes	65.2	222
No	34.2	112
Does not know	0.6	2
Total	100.0	336
¹ Ever breastfed has missing values for 1 woman		
² Exclusive breastfeeding was described as the child receiving no other nutrition (including water) besides breastmilk. Excludes women who never breastfed (N=29).		
³ Exclusively breastfed has missing values for 1 woman		

While the sample is small, of the 65.2 percent of women who reported ever exclusively breastfeeding, only one third (28.8 percent) exclusively breastfed for six months or longer (not shown) as opposed to half in 2010.¹⁴ Surprisingly, none of the survey respondents met the two year recommendation for continued breastfeeding with complementary feeding. The average duration of any breastfeeding was 7.2 months (not shown). Early initiation of breastfeeding following birth is associated with greater long-term breastfeeding success. International guidelines urge mothers and healthcare providers to put the infant to the breast within a half-hour of birth. In Russia, this relatively simple practice was reported by slightly more than half of mothers (54.6 percent). Another 25.3 percent put the baby to breast within several hours of birth, 13.5 percent the next day, and 6.5 percent some days later (not shown). Because nearly all births take place in hospitals, hospital practices to encourage mothers to breastfeed within the first half hour of life could improve overall breastfeeding rates.

7. Cancer Prevention

Reproductive cancers, particularly cervical cancer, are a concern for women in all of Eastern Europe, including Russia.¹⁹ Early screening for both cervical and breast cancer can lead to early detection and the earliest possible treatment. Early treatment is associated with positive outcomes, thus highlighting the need for robust screening. Most reproductive cancer screenings are initiated by an interaction with a gynecologist. The great majority of Russian women (93.1 percent) have had at least one gynecological appointment in their lives, but repeated screenings are required throughout a woman's life.

Cervical cancer is detected through a cervical smear. Cervical smears are highly recommended for older women and women who are sexually active. Russia, like many countries, relies on opportunistic screening for cervical cancer.¹⁹ This system depends on women who visit a gynecologist accepting a cervical smear when it is offered. 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. While Russia does not have any specific policies on frequency of screening, 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. Among all women in Russia, 82.3 percent who have ever had a cervical smear had it within the past three years, complying with general guidelines. Unfortunately, the greatest users of this service are

Table 6.3 Duration of breastfeeding¹

Percent distribution of the duration of breastfeeding among women who have completed breastfeeding a child born within the past 24 months, Russia 2012.

Months	Percent distribution	Number of women
Duration of any breastfeeding²		
1-2	22.3	16
3-4	15.1	37
5-6	12.6	16
7-8	20.1	19
9-10	8.5	19
11-12	10.5	19
13+	9.7	19
Does not know	1.2	2
Total	100.0	184
Duration of exclusive³ breastfeeding⁴		
1-2	36.1	69
3-4	27.1	56
5-6	20.4	41
7-8	8.5	19
9+	6.9	14
Does not know	1.1	2
Total	1.6	201

¹ Only reported among women who have completed breastfeeding

² Any breastfeeding has missing values for 4 women and excludes 15 women who breastfed less than 1 month.

³ Exclusive breastfeeding was described as the child receiving no other nutrition (including water) besides breastmilk.

⁴ Exclusive breastfeeding has missing values for 4 women, and 17 women exclusively breastfed less than 1 month.

the youngest age groups (table 7.2). Greater targeting of older age groups may be necessary to reach the highest-risk populations.

Unlike cervical cancer, there are several different screening tests available for the detection of breast cancer. These tests can be used independently or consecutively for more effective screening. Fewer women have ever used breast cancer screenings compared to cervical cancer screenings (see table 7.1) perhaps reflecting the target population of breast cancer screening among older women. When looking at the oldest age groups who are at greatest risk of developing breast cancers, it appears that women are not utilizing basic screening for breast cancer to the fullest extent. Just over half of women in the 50 to 55 age group (54.8 percent) have ever had a mammogram, while 32.7 percent in this age group have

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 2012

	Age Group					Total	Number of women
	14-19	20-29	30-39	40-49	50-55		
Cervical Smear¹							
Yes	35.6	83.2	93.6	94.1	95.6	87.5	4,332
No	56.2	13.1	4.0	4.1	1.9	9.5	451
Don't know	8.2	3.3	1.7	1.6	2.2	2.6	125
Refused to answer	0.0	.41	0.7	(0.2)	(0.3)	0.4	19
Mammogram²							
Yes	(0.4)	6.4	13.8	41.3	54.8	23.3	1,232
No	99.6	93.6	86.1	58.6	44.9	76.7	4,062
Refused to answer	0.0	0.0	(0.1)	(0.2)	(0.3)	0.09	5
Breast Ultrasound³							
Yes	2.5	11.5	20.8	28.9	32.7	20.3	1,074
No	97.5	88.5	79.2	70.9	67.1	79.6	4,219
Refused to answer	0.0	0.0	(0.1)	(0.2)	(0.3)	0.1	5
Breast Exam⁴							
Yes	18.9	44.6	55.4	60.1	64.3	51.4	2,725
No	81.1	55.5	44.5	39.8	35.4	48.5	2,568
Refused to answer	0.0	0.0	(0.1)	(0.2)	(0.3)	0.09	5
Breast Self-Exam⁵							
Yes	4.4	15.7	26.7	31.8	30.2	23.4	1,239
No	95.6	84.3	73.3	68.0	69.6	76.5	4,053
Refused to answer	0.0	0.0	(0.1)	(0.2)	(0.3)	0.09	5
Total	100.0	100.0	100.0	100.0	100.0	100.0	5,306

Note: Figures in parentheses are based on fewer than 5 unweighted cases.
¹Number of women who reported on cervical smears excludes women who reported never having been to a gynecologist (N=354) and has missing values for 1 woman.
²Mammogram has missing values for 7 women.
³Breast ultrasound has missing values for 8 women.
⁴Breast exam has missing values for 8 women.
⁵Breast self-exam has missing values for 9 women.

had the alternative breast ultrasound. Approximately two thirds (64.3 percent) of women in the 50 to 55 age group have ever had a breast exam by a health care provider, and less than a third (30.2 percent) have ever conducted their own breast self-exam. However, these figures suggest a slight improvement in use of breast cancer screenings from those reported in 2010.

With guidelines recommending breast cancer screenings every two years, 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. Despite these recommendations, only 59.8 percent of women had their last mammogram within the past two years, and similarly, only 60.2

percent had their breast ultrasound within the same time frame. Breast exams by medical providers are more likely to have been within the past two years (73.9 percent). With the exception of mammograms and self-exams, women in the youngest age groups are using these services more than the target age groups. Even without access to health services, all women can conduct their own breast self-exam. About 91.0 percent of women who do their own breast exams have done so within the past two years. While ever having been screened for cancer is valuable, screening tests need to be conducted regularly 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 2012

	Age Groups (percentages)					Total	Number of women
	14-19	20-29	30-39	40-49	50-55		
Cervical Smear¹							
Less than 3 years	95.2	87.4	83.1	79.0	76.7	82.3	3,578
Greater than 3 year	(1.9)	4.6	9.1	11.3	13.4	9.1	385
Does not know	(2.9)	7.9	7.5	9.7	9.9	8.5	362
Refuses to answer	0.0	(0.1)	(0.4)	(0.1)	(0.1)	0.2	7
Mammogram²							
Less than 2 years	(53.9)	57.2	54.5	62.8	59.0	59.8	738
Greater than 2 year	0.0	35.7	40.5	32.6	36.7	35.4	436
Does not know	0.0	(4.7)	5.0	4.4	3.9	4.3	52
Refuses to answer	(46.1)	(2.4)	0.0	(0.2)	(0.5)	(0.5)	6
Breast Ultrasound³							
Less than 2 years	75.14	64.2	57.2	57.8	63.3	60.2	650
Greater than 2 year	(17.6)	31.0	36.5	38.4	30.7	34.7	371
Does not know	0.0	3.5	6.4	3.5	5.6	4.7	48
Refuses to answer	(7.2)	(1.4)	0.0	(0.3)	(0.4)	0.5	5
Breast Exam⁴							
Less than 2 years	88.7	78.5	72.5	73.7	67.4	73.9	2,012
Greater than 2 year	8.4	16.6	19.9	20.2	23.9	19.5	533
Does not know	(2.1)	4.3	7.5	5.9	8.3	6.3	171
Refuses to answer	(0.9)	(0.5)	(0.1)	(0.3)	(0.4)	0.4	9
Breast Self-Exam⁵							
Less than 2 years	87.2	89.1	92.1	90.8	92.0	91.0	1,125
Greater than 2 year	0.0	2.46	1.73	1.28	2.7	1.9	27
Does not know	(9.0)	7.0	6.2	7.6	4.8	6.6	81
Refuses to answer	(3.8)	(1.5)	0.0	(0.3)	(0.5)	(0.5)	6
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.

¹Cervical smear has missing values for 86 women.

²Mammogram has missing values for 6 woman.

³Breast ultrasound has missing values for 4 women.

⁴Breast exam has missing values for 24 women.

⁵Breast self-exam has missing values for 23 women.

Discussion

These data paint a picture of the reproductive health of women in the Russian Federation in both the past and present with some indication of future preferences and activities related to fertility. As a large and diverse federation of regions, Russia has achieved a number of successes evident in the health practices of women throughout their reproductive years, but the data highlight several gaps that could have an impact on the short and long-term health of Russian women. For example, women engage in sexual behavior at an early age, and adolescent pregnancy is pervasive despite lower rates than previously found. A success is the widespread use of contraception among this age group. Condoms are often the preferred method among adolescents, and more effective methods could be used to reduce adolescent pregnancy. An indication of successful pregnancy avoidance is the drop in women age 14-19 reporting pregnancy as compared to the 2010 RLMS survey (18.7% vs. 27.3%, respectively).

Routine data collection on women's health is an important source of information to monitor changes in behavior and services that need addressing at the policy, service provision, and individual level. Some differences in results from the previous round of data collection in 2010 were noted, but trends cannot be identified from two data points. Pervasive norms of early childbearing among Russian women remain, with many women achieving their ideal family size by the conclusion of their 20s. While women have an average of 2.4 children throughout their reproductive years at current rates, current preferences suggest women want fewer than 2 children. This may represent a decline in desired fertility, but preferences are not a perfect proxy for future behavior. Heightened attention to Russia's contracting population by government policy-makers has led to generous initiatives to encourage larger families. Some research has shown these policies and programs to be ineffective at changing long-term fertility preferences,² and these data do not seem to support an increasing desire for larger families.

Increasingly restrictive policies of the Russian government on access to abortions⁸ may have had an impact on abortion rates among Russian women. While abortion still remains a commonly-used procedure among women from all backgrounds in Russia, there is some evidence of a decreasing use of abortion overall. Despite being more widely used in Russia than the rest of Europe,²⁰ the TAR reported in this round of data collection (0.6 per woman) is the lowest reported³ in these types of representative surveys from Russia and indicates a decline from 0.8 abortions per woman in the 2010 round of data collection. This decline could be particularly driven by a large difference in the number of reported abortions in the youngest age group from 2010. The highly medicalized provision of abortions of all types is a benefit to women seeking this service, but many women still pay for the service that is available free of charge and do not receive adequate postabortion counseling.

Despite changes in the use of abortion as a fertility control strategy, contraceptive use remains the same as the previous round of data collection in 2010. Half of women who have ever had sex are using any method to prevent pregnancy. The vast majority (83.3 percent) rely on modern methods, but traditional methods with lower effectiveness are still in use. Among users, most use condoms, pills, and IUDs. Very small proportions use any of the other available methods in Russia; this could be an opportunity for growing the use of modern methods that suit the specific needs of women. Family planning counseling

appears to be widespread, and women are satisfied with the quality of the counseling. Women are being reached, but greater emphasis could be placed on using the most effective methods for preventing pregnancy.

For those women who do have children, Russia provides robust maternal and infant care through a comprehensive package of services. Skilled birth attendance in health facilities is nearly universal. This success could be improved with greater attention to breastfeeding in the postpartum period. Only half of women who gave birth were assisted in immediate breastfeeding following birth, a simple practice that may affect poor breastfeeding rates in the months that follow. Russian women are failing to meet WHO recommendations for exclusive and continued breastfeeding during the first two years of a child's life. Additionally, there is room for improvement to increase family planning counseling in the postpartum period.

Finally, all women have access to cancer screenings for both cervical and breast cancers. While the majority of women in the older age groups have ever used cervical cancer screening, focus should be placed on encouraging women to be screened with more frequency at all ages. While a wide range of breast cancer screening options are available, even the most basic breast exams are not being utilized widely, particularly among the highest risk age groups. For the greatest impact on treatment and possible recovery, women in the oldest age groups should be targeted to improve use of these life-saving screenings.

This survey, the second of its kind in recent years, provides an opportunity to look at Russian women's health. The survey is not without its limitations. While the sample size was increased significantly from the previous round, some indicators still retain small samples (as noted in the tables). Due to the sensitive nature of some of the questions, there is the potential for systematic bias on topics such as sexual health and abortion. Despite these potential limitations, the data provide a snapshot of the current reproductive health of women in the Russian Federation. As always, there is room for further research to identify those policies, programs and practices that can most improve the health of Russian women, their families, and their communities.

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