*Health Protection of Young People is of High Priority in Armenia*

Reproductive Health Initiative for Youth in the South Caucasus

RHIYC

EPF

This Programme is co-funded by the European Union

United Nations Population Fund

UNFPA

"For Family and Health" Pan-Armenian Association

IPPF European Network

Global Comprehensive Abortion Care Initiative

# SEXUAL AND REPRODUCTIVE HEALTH OF YOUNG PEOPLE IN ARMENIA

## Results of Countrywide Survey and Case Studies Armenia, 2009


**By:**

**Dr. Mary Khachikyan**

**"For Family and Health" Pan-Armenian Association**

**Member of the International Planned Parenthood Federation European Network**

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# ACKNOWLEDGMENT

"For Family and Health" Pan-Armenian Association, as well as the author of this work express their sincere gratitude to organizations and donors who provided funding and technical assistance for implementation of this study. The survey is conducted within framework of the Reproductive Health Initiative for Youth in the South Caucasus project, co-funded by the European Union (EU) and the United Nations Population Fund (UNFPA). The conduct of the case studies is supported partly by an anonymous donor of the IPPF Global Comprehensive Abortion Care Initiative.

**Meri Khachikyan, - Sexual and Reproductive Health of Young People in Armenia: Results of the countrywide survey and case studies, Yerevan, 2009.**

The publication entitled "Sexual and Reproductive Health of Young People in Armenia", summarizes the findings of population based countrywide survey and case studies on sexual and reproductive health knowledge, attitude, behaviour and practice of young people in Armenia, which are conducted in 2009 by volunteers and staff of the "For Family and Health" Pan-Armenian Association. The Survey is conducted within the framework of the Reproductive Health Initiative for Youth in the South Caucasus project, co-funded by the European Union (EU) and the United Nations Population Fund (UNFPA). The conduct of Case Studies is supported by the anonymous donor of the IPPF Global Comprehensive Abortion Care Project. Results of this investigation can be used for scientific purposes and development of the strategies and programs, aimed at promotion of Young People's Health, with reference to the primary source.

*"For Family and Health" Pan-Armenian Association*
*N123 Armenakyan street, 0046–Yerevan, Armenia*

*Telephone: (37410) 65-36-65, E-mail: armfha@netsys.am*
*Website: http://www.armfha.com*

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# P R E F A C E

The problems related to sexual and reproductive health of young people currently deserve special attention in Armenia, and are identified by the Ministry of Health of Armenia as priority areas for public health intervention. Following the International Conference on Population and Development that took place in Cairo, 1994, several Civil Society organizations in Armenia, including local and international NGOs, have been actively involved in promotion of young people's health.

"For Family and Health" Pan-Armenian Association NGO (PAFHA) has successfully implemented number of research and development projects aimed to promote sexual and reproductive health and rights (SRHR) of young people since the time of its establishment. The series of epidemiological and case studies, which have been conducted by the PAFHA in 1995/1996, 2001/2002 and 2005 with support of the United Nations Population Fund UNFPA, provide background and follow-up information on SRH status of young people in Armenia.

This publication entitled "Sexual and Reproductive Health of Young People in Armenia", summarizes the findings of population based countrywide survey and case studies conducted by "For Family and Health" Pan-Armenian Association in 2009, with financial support of the EU/UNFPA and IPPF/GCACP. The message on the cover of the book "Health protection of Young People is of high priority in Armenia, indicates on importance of strategic interventions towards promotion of young people's health.

The countrywide survey is part of the "Health for Youth without Borders" project, which is designed and implemented in Armenia by the PAFHA, under joint Reproductive Health Initiative in the South Caucasus (RHIYC) action, co-funded by the European Union (EU) and the United Nations Population Fund (UNFPA). The general purpose of the RHIYC is to empower youth to become aware of and to realize their right to have quality SRH and ensure their access to comprehensive youth SRH services and products, in order to reduce unwanted pregnancies, the spread of STIs, including HIV/AIDS and gender-based violence.

The "Health for Youth without Borders" project was implemented during 2006-2009 and contributed to the achievement of two outputs of the RHIYC action, particularly:

1. Safer sexual behaviour among youth, through increased awareness and improved knowledge on SRH and rights issues, including puberty, sexuality, childbirth, fertility regulation, STIs including HIV/AIDS and gender-based violence.
2. Innovative approaches replicated and tested; capacities for the delivery of youth friendly S&RH services built, and access to affordable contraception improved.

The results of the countrywide survey have been analyzed in conjunction with the case studies, which have been carried out by the PAFHA in 2009, as part of the IPPF Global Comprehensive Abortion Care Initiative funded by an anonymous donor.

Young people and community volunteers were directly involved in all aspects of the study, including design, implementation, monitoring and evaluation.

Information obtained from this study was compared with results of the KAP survey and case studies among Armenian adolescents that was performed in 2002 with financial support of the UNFPA. Data have been used also by the Georgian Cultural Study Centre for the comparative analysis of results of Adolescent Reproductive Health Surveys conducted in Armenia, Azerbaijan and Georgia during 2009 in the framework of the RHIYC.

The NGO "For Family and Health" Pan-Armenian Association and the author of this work express their sincere gratitude to organizations and donors who provided funding and technical assistance for implementation of this study, particularly to the European Union (EU), the United Nations Population Fund (UNFPA), the IPPF and the anonymous donor of the GCAC project.

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Ms. Mary Karapetyan, Director on Finance and Administration, PAFHA

Ms. Arshaluys Kirakosyan, Project Coordinator on Branches, PAFHA

Mr. Alexander Khachikyan, Project Coordinator on Advocacy, PAFHA

Dr. Ruzanna Abrahamyan, Project Coordinator on Abortion, PAFHA

Ms. Lusine Harutiunyan, Administrative Assistant, PAFHA

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Ms. Amalia Vrdanesyan, Midwife-Counselor, "Youth Vernissage" Clinic.

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**Mary Khachikyan, MD, Ph.D.**
Executive Director of the
"For Family and Health"
Pan-Armenian Association

# Chapter 1

# MATERIAL AND METHODS

## 1.1. General Goal and Objectives

**Goal:**

The general goal of this investigation is evaluation of current status, trends and main determinants of Sexual and Reproductive Health (SRH) of young people in Armenia and development of the rational preventive approach. To achieve this goal the following implementation objectives were established:

**Implementation Objectives:**

1. To obtain quantitative information on SRH-related knowledge, attitudes, behavior and experience of 14-24 years old 1400 young people of both gender through conduct of the country-wide survey.
2. To obtain qualitative information on SRH-related knowledge, attitudes, behavior and experience of 14-24 years old 240 urban and rural young people of both gender through conduct of the case studies.
3. To evaluate the progress and existing gaps in young people's SRH-related knowledge and identify trends in their SRH behaviour through comparative assessment with results of the baseline study conducted by the "For Family and Health" Pan-Armenian Association (PAFHA) in 2002[1].

**Outcome:**

As an outcome of this study, the quantitative and qualitative information on SRH-related knowledge, attitudes, behavior and experience of young people in Armenia was obtained, the progress and existing gaps in SRH-related knowledge among of young people was evaluated and the trends in their SRH behaviour were identified.

Based on results of this investigation, the PAFHA developed feasible and culture-appropriate strategy and recommendations for further promotion of young people's health which might be used by the governmental authorities, youth-oriented non-governmental organizations and international agencies.

Results of this study have been also used for country-specific comparison with results of 2009 Adolescent Reproductive Health Surveys conducted in the capitals of Azerbaijan and Georgia by the partner organizations involved in the 'Reproductive Health Initiative for Youth in the South Caucasus' project[2].

1 M.Khachikyan et all, - Results of the Needs Assessment Survey and Case Studies on Sexual and Reproductive Health Knowledge, Attitude and Practice, under umbrella of UNFPA supported project ARM/01/P01, Yerevan 2002.

[2] J. Kristesashvili, P. Zardiashvili, - "Comparative analysis of results of Adolescent Reproductive Health Surveys, conducted in Armenia, Azerbaijan and Georgia under framework of Reproductive Health Initiative for Young People in South Caucasus", Cultural Study Centre, Tbilisi 2009.

## Definitions Used

In this report we referred to definitions approved by the WHO Regional Office for Europe[3].

**Abortion:**

Termination of pregnancy (expulsion or extraction of embryo/fetus) before 22 weeks of gestation or below 500 gr. of weight.

**Adolescence, youth, and young people:**

The term "adolescence" has been defined as including those aged between 10 and 19, and "youth" as those between 15 and 24; "young people" is a term that covers both age groups, i.e. those between the ages of 10 and 24. True adolescence, however, being the period of physical, psychological, and social maturing from childhood to adulthood, may fall within either age range.

In this report the term "young people" was used for participants aged between 14 and 24 years old and term "adolescents" for those aged between 14 and 19.

**Adolescent reproductive health:**

The goal of overall improved adolescent reproductive health involves: more responsible and equitable relationships between young men and young women before and during marriage; decreased incidence of pregnancy before maturity; lower rates of exposure to and contraction of sexually transmitted infections; and improvement of women's status.

The means by which adolescent reproductive health is achieved include: improvement of the knowledge and understanding among all key groups of society – including young people themselves – of the physical, psychological and social aspects of adolescent reproductive health; increased training of key people with influence on adolescents, and of adolescents themselves, in counseling and communication skills; promotion of policies and programmes that reflect the best ways of meeting the reproductive health needs of adolescents, with emphasis on young people as a resource for health and provision of alternatives to early childbearing for young women, including better education to improve their status.

**Family:**

The family has been variously described as the nucleus and pillar of society and the natural bridge between the individual and society.

**Family planning:**

This definition implies the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their birth. Family planning is achieved through contraception defined as any means capable of preventing pregnancy – and through treatment of involuntary infertility.

The contraceptive effect can be obtained through temporary or permanent means. Temporary methods include: periodic abstinence during the fertile period, coitus interruptus (withdrawal), using the naturally occurring periods of infertility (e.g. during breast-feeding and postpartum amenorrhoea), through the use of reproductive

3 Definitions and Indicators in Family Planning, Maternal and Child and Reproductive Health, - WHO, European Regional Office, 2000

hormones (e.g. oral pills and long-term injections and implants), placement of a device in the uterus (e.g. copper-bearing and hormone-releasing intrauterine devices), interposing a barrier that prevents the ascension of the sperm into the upper female genital trace (e.g. condoms, diaphragms, and spermicidal substances). Permanent methods of contraception include male and female sterilization.

**Fertility regulation:**

Fertility regulation is the process by which individuals and couples regulate their fertility. Methods that can be used for this purpose include, among others, delaying child bearing, using contraception, and seeking treatment for infertility, interrupting unwanted pregnancies, and, in the case of mothers with an infant or a small child, breast-feeding.

**Fertilization and Conception:**

Fertilization refers to the union of an ovum and sperm. Conception has been defined as occurring at the time of implantation of the fertilized ovum into the wall of the uterus – i.e. that point in the biological development corresponding to the beginning stages of a unique biological organism.

**Reproductive Health:**

Within the framework of the WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and systems at all stages of life.

Reproductive Health implies that people are able to have responsible, satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

**Sexual Health:**

Sexual Health is integration of the somatic, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication, and love. The notion of sexual health implies a positive approach to human sexuality, and the purposes of sexual health care should be the enhancement of life and personal relationships and not merely the counseling and care related to procreation or sexually transmitted diseases.

**Sexuality:**

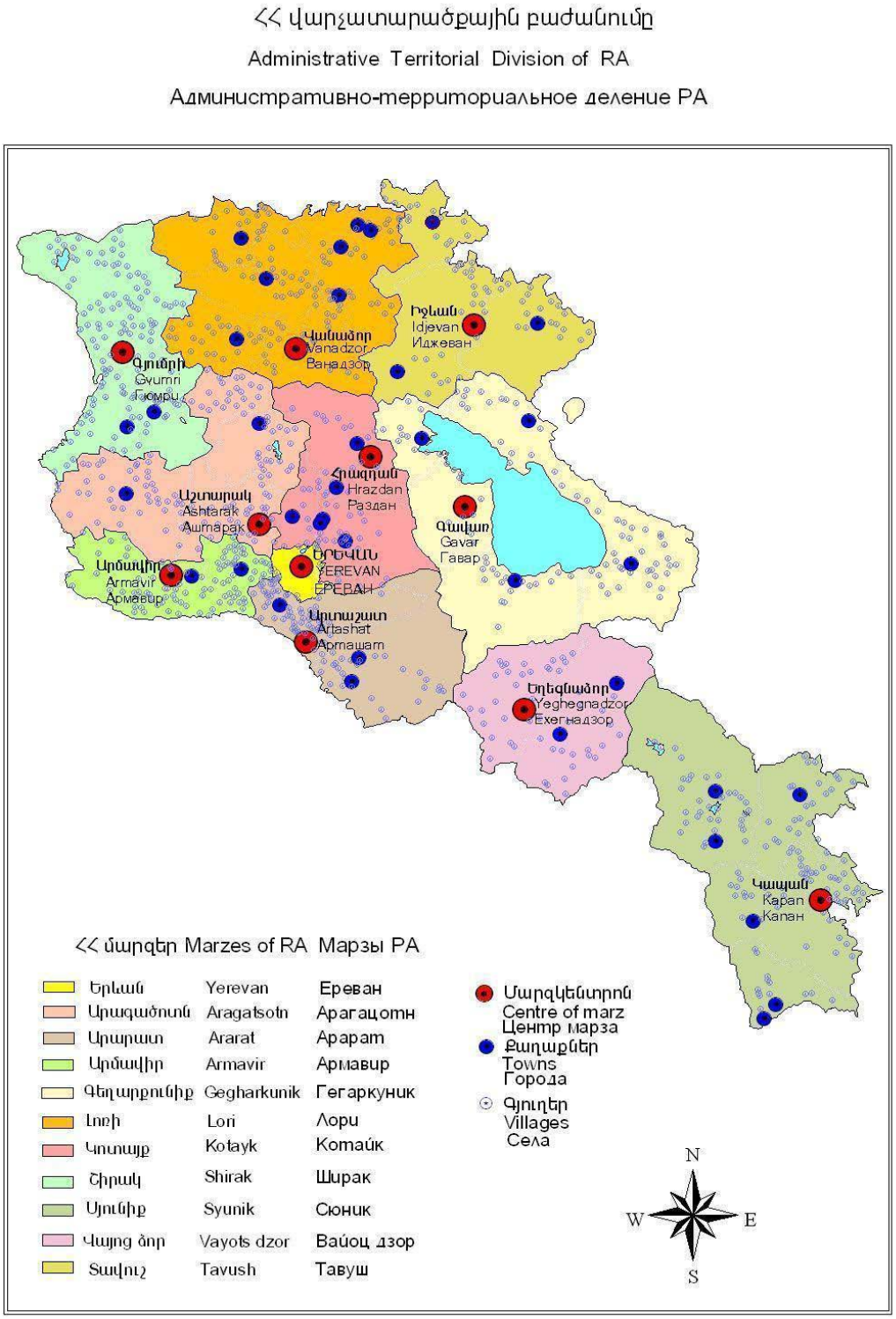
Human sexuality is a natural part of human development through every phase of life and includes physical, psychological, and social components.

## 1.3. Population distribution by administrative-territorial areas

The Republic of Armenia is divided into 11 regions (marzes), including: Yerevan, Aragatsotn, Ararat, Armavir, Gegharkunik, Lori, Kotayk, Shirak, Synick, Vayots Dzor and Tavush (Figure 1). According to the National Statistical Service of the Republic of Armenia, as of October 1, 2009 around 3,245900 people are living "de

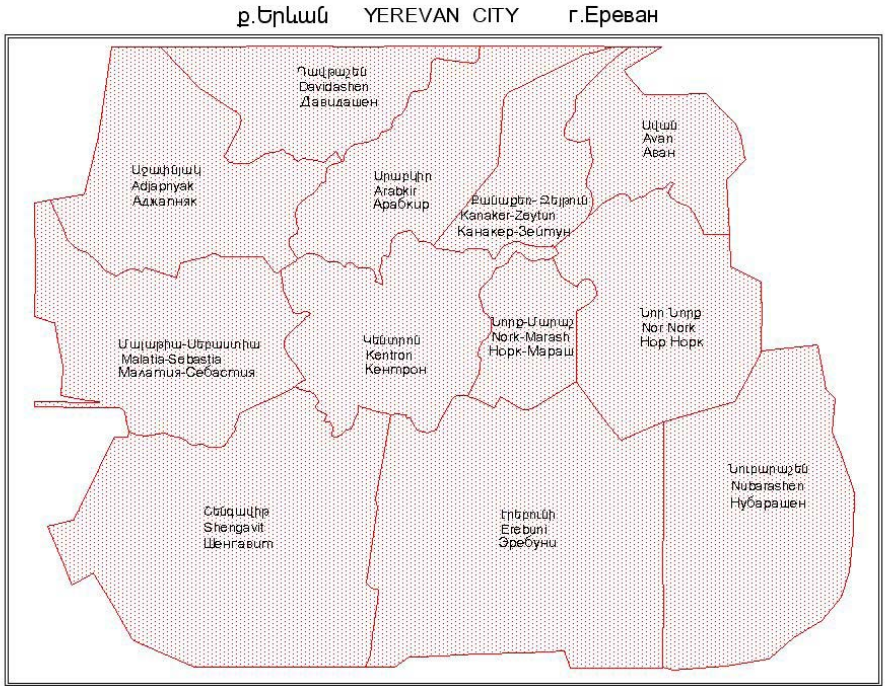
jure" in the country, including 2,079400 (64%) living in urban areas and 1,166500 (36%) – living in rural settings. The target population of 14-24 years old young people represents around 20% of general population.

**Figure 1.1:**



The largest region of Armenia is city of Yerevan with population "de jure" comprising 1,115000 people (34% of total population). The City of Yerevan is divided by 12 quarter communities, including Adjapnyak, Avan, Arabkir, Davidashen, Erebuni, Kentron, Malatia-Sebastia, Nor Nork, Nork-Marash Nubarashen, Shengavit and Kanaker-Zeitun (Figure 2).

**Figure 1.2:**




## 1.4. Methodology of the Survey

The survey was designed to collect quantitative information on SRHR-related Knowledge, Attitude, Behavior and Experiences of 14-24 years old young females and males living in urban and rural communities countrywide.

### 1.4.1. Sample size and selection of participants

Determination of sample size is based on age-specific population distribution, the confidence, precision desire, and variables of the study. The total sample of 1400 survey respondents, which accounts about 0.2-0.3% of the 14-24 years old population of Armenia, is representative for the country.

The survey included 600 participants from Yerevan, 400 participants from other cities/towns and 400 participants - from the rural communities/villages. We selectively involved more participants from capital city of Yerevan in order to obtain sufficient data for country-specific comparisons with results of the 2009 Adolescent

Reproductive Health Surveys conducted in the capitals of Azerbaijan and Georgia by the RHIYC partner organizations[4].

Participants of the survey were selected from the total population of 14-24 years old males and females using method of Random Cluster Sampling with a multistage sampling design.

The sampling procedure was done at different stages. At the first stage, the sample universe of the target population of specified age was divided into 280 clusters of approximately same number of young people, according to administrative subdivisions.

At the second stage, 140 clusters were selected from the list of 280 (every second), which were distributed as follows:

- 60 clusters from the list of 120 in the city of Yerevan,
- 40 clusters from the list of 80 in other urban areas (4 from each region)
- 40 clusters from the list of 80 in the rural areas (4 from each region)

Eligible respondents were selected at the last stage (10 respondents from each cluster, including 5 females and 5 males). The female and male respondents have been equally involved in the survey (700 females and 700 males). The sample of 1400 eligible respondents was identified after 1643 attempts to obtain informed consent for participation. In total, 243 young people out of those approached (15%) refused to participate in the survey.

### 1.4.2. The content of the questionnaire for the survey:

The questionnaire for the survey was developed by the PAFHA research team, based on the block of questions used for conduct of the comparative studies in Armenia, Azerbaijan and Georgia under the framework of the Reproductive Health Initiative for Youth in the South Caucasus. Armenian questionnaire included also additional questions, taking into the consideration objectives and methodology of the study, countrywide coverage and wider age range of participants (Table 1.1 and Annex 1).

**Table 1.1**

**Summary of the issues in the questionnaire**

| N | ISSUES IN THE QUESTIONNAIRE |
|---|---|
| 1 | Number of the cluster and number of the questionnaire |
| 2 | Place of living (region, district, city, town, village) |
| 3 | Place of interview (educational institution, health facility, house of respondent, street, market place or other locations) |

[4] J. Kristesashvili, P. Zardiashvili, - "Comparative analysis of results of Adolescent Reproductive Health Surveys, conducted in Armenia, Azerbaijan and Georgia under framework of Reproductive Health Initiative for Young People in South Caucasus", Cultural Study Centre, Tbilisi 2009.

| | |
|---|---|
| 4 | General information about respondent (gender, date of birth, marital and socio-economic status, educational level and employment) |
| 5 | Age at first love, first sexual relationship, first marriage and first birth |
| 6 | Actual number of children |
| 7 | Contraceptive methods ever and currently used |
| 8 | Induced abortion practice, including self-induced abortion |
| 9 | Awareness about the puberty, sexuality, conception, family planning, abortion and STI/HIV/AIDS |
| 10 | Opinion and attitude towards sexuality, age at start of sexual relationships, and family formation. |
| 11 | Personal experience in obtaining and dissemination of information on sexuality, and sexual and reproductive health. |
| 12 | Personal experience in access to high quality sexual and reproductive health care services, including family planning and safe abortion. |

### 1.4.3. Fieldwork and interviewing methods:

The project supervisor and consultant were responsible for the recruitment and training of interviewers, data collection, processing, and evaluation.

There were five male and five female interviewers, which were provided with the training course on interviewing methods and supportive supervision during the pilot study. Each interviewer received written instruction on sample selection methods, interviewing techniques and questionnaire completion.

The special reference was made on importance of obtaining informed consent of respondents and parents of young people below 18 years old, as well as on the privacy, confidentiality, and on asking the questions exactly as they were phrased in the questionnaire, and on recording the responses as they were given. It was reinforced that all interviewers should ask each question in an identical manner to minimize interviewer's bias.

Data collection for the survey was started in June and finalized in August 2009. The interviewers worked in pairs and were provided with transportation. Each team involved in the survey, received a work plan, the list of selected clusters with mapping of existed schools, colleges, universities, youth centers, cafeteria, buildings, supermarkets or roadways. Selection of the starting and subsequent steps of the survey was supervised by the team leaders. From each cluster 10 eligible respondents were selected (5 females and 5 males). The attempt was made to involve different categories of young people, including students, working youth, young people without occupation, institutionalized youth, etc.

On making verbal contact with the heads of the households and educational establishments interviewer introduced himself/herself and organizations involved,

explained purpose of the study and asked permission to identify eligible respondents and conduct an interview. Selection of eligible respondents from other location was done through the direct contact with young people. Each eligible respondent, regardless of gender, occupation, or other status, had exactly the same chance to be selected for interview. The participation by each selected respondent was absolutely on a voluntary basis. In case of refusal, interviewers acknowledged respondents and moved to the next location. Young people under 18 were included in the study only after getting permission of parents/guardians through direct or telephone communication.

After identification of eligible respondents, interviewer asked him/her to identify comfortable for interview place, without the presence of any other person, including teachers, family members, etc. The respondents were informed that some of the questions are of a personal or sensitive nature, therefore their name and contact details will not be recorded on the questionnaire; all information will be kept strictly confidential and will be used only for research purposes.

## 1.5. Methodology of the Case Studies

The case studies were designed to collect detailed qualitative information on SRHR related knowledge, attitude, behavior and experience from 240 young people involved in the survey, including 120 participants from city of Yerevan, 60 from other cities/towns and 60 from the rural communities.

Data collection for the case studies was started in June and finalized in August 2009, in parallel with data collection for the survey.

The eligibility criteria:

1. Participation in the current survey 2009 and provision of responses on all questions of sensitive nature.
2. Informed consent to visit local youth center and participate in the case studies and individual counseling session on sexuality and SRHR.
3. Informed consent to share with the counselor their experiences related to their personal sexual life, as well as to the sexual and reproductive health.
4. Informed consent of parents/guardians, if respondent is under 18 years of age.

The case studies and counseling sessions were conducted at the PAFHA “Youth Vernissage” clinic in Yerevan and the regional youth-friendly services established under the framework of the RHIYC project in the regions of Armenia by trained counselors with medical background. The participation in the case studies was completely on voluntary basis and was conducted with respect to their privacy and confidentiality. The names and contact details of participants were not recorded in the clinical registers and forms. All participants have been informed about confidentiality of the personal information provided by them.

During the case studies and counseling sessions the following issues were covered:

- Puberty
- Sexuality and sexual relationships

- Sexual violence
- Reproductive history
- Unwanted pregnancy and abortion
- Contraception use.
- Access to information and sexuality education.
- Access to SRH services.

## 1.6. Data analysis and evaluation

### 1.6.1. Survey data

The PAFHA research team was involved in the process of verification of the questionnaires, data processing, analysis, and evaluation. The team leader conducted hand-check of the questionnaire for consistency following each interview. At the end, the researchers and the project supervisor hand-checked each of 1400 completed questionnaires. Some of randomly selected questionnaires (about 2%) were verified - all of them were fully completed and consistent.

In tandem with the fieldwork and questionnaire checking an experienced computer specialist developed and installed data entry/edit software, and a team of computer operators performed data entry.

After creation of the database, the computer specialist checked the quality of data entry and verified inconsistent records with the questionnaires. The elementary statistics were used for data evaluation, including percentages, averages and cross-tabulations.

### 1.6.2. Case Studies data

The counselors involved in the case studies were requested to provide written summary of qualitative information on each case. The project supervisor and consultants performed data evaluation in relation to the following issues:

- Social and economic status
- Awareness, knowledge and personal beliefs
- Access to information and medical services
- Sexual, marital and reproductive behaviors
- Opinions and attitudes.

The results of the qualitative research have been analyzed in conjunction with the survey data and were used for drawing conclusions on results of the study and development of practical recommendations for policy makers. The pieces of personal information that provided unbiased picture of the current status of SRH of Armenian adolescents have been cited in the relevant sections of the final report.

### 1.6.3. Comparative assessment

Results of this investigation were compared with data obtained from UNFPA supported country-wide survey and case studies on SRH Knowledge, Attitude and Practice of Armenian Adolescents that was conducted by the PAFHA in 2002[5]. The elementary statistics were used for comparative assessment, including percentages, averages and cross-tabulations.

[5] J. Kristesashvili, P. Zardiashvili, - "Comparative analysis of results of Adolescent Reproductive Health Surveys, conducted in Armenia, Azerbaijan and Georgia under framework of Reproductive Health Initiative for Young People in South Caucasus", Cultural Study Centre, Tbilisi 2009.

# Chapter 2

# DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE

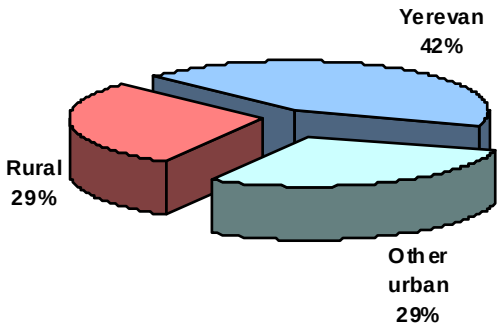
## 2.1. Demographic Characteristics

### a) Urban/rural distribution

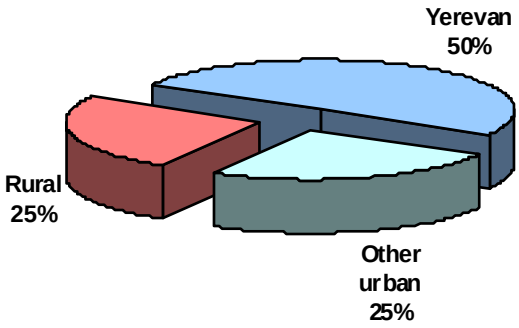
**Data from the survey and case studies:**

In total, 1400 young people participated in the survey, including 600 (42%) from Yerevan, 400 (29%) from other cities/towns and 400 (29%) from rural areas. 240 participants of the survey were involved also in the case studies: 120 (50%) from city of Yerevan, 60 (25%) - from other cities/towns and 60 (25%) - from the rural communities (Figure 2.1).

**Figure 2.1: Urban/rural distribution of survey and case-studies respondents***




***Survey (n=1400)***




***Case studies (n=240)***

* Note: Young people involved in the case studies participated also in the survey.

### b) Distribution by age and gender

**Data from the survey and case studies:**

Table 2.1 represents details on the frequency and percentage distribution of the survey and case studies respondents by gender and age. The female and male respondents were equally involved in the study. The proportion of respondents in each age group comprised approximately one third of the total sample.

**Table 2.1: The frequency and percentage distribution of the survey and case studies respondents, by gender and age**

| Age groups | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| ***Survey respondents*** | | | | | | |
| 14 – 16 | 214 | 31 | 208 | 30 | 422 | 30 |
| 17 – 19 | 231 | 33 | 245 | 35 | 476 | 34 |
| 20 – 24 | 255 | 36 | 247 | 35 | 502 | 36 |
| **Total** | **700** | **100** | **700** | **100** | **1400** | **100** |
| ***Case study respondents*** | | | | | | |
| 14 – 16 | 40 | 33 | 40 | 33 | 80 | 33 |
| 17 – 19 | 40 | 33 | 40 | 33 | 80 | 33 |
| 20 – 24 | 40 | 33 | 40 | 33 | 80 | 33 |
| **Total** | **120** | **100** | **120** | **100** | **240** | **100** |

** Note: Young people involved in the case studies participated also in the survey.*

### c) Marital Status

**Survey data:**

The great majority of survey participants have never been married (Table 2.2). Among 14-19 years old 898 participants of the survey 12 (1%) were currently married and living with spouse, 8 (0.9%) were in consensual union and 1(0.1%) was divorced.

Meanwhile, almost one half (48%) of 20-24 years old survey respondents were ever married or in consensual union. More than one third (39%) of young people in this age group (198 out of 502) were currently married and living with the spouse, 16 (3%) were in consensual union, 15 (3%) were married, but separated and 11 (2%) were divorced.

**Data from the case studies:**

The majority (85%) of young people involved in the case studies were never married or in consensual union; 21 (9%) were currently married, 13 (5%) were in consensual union, and 2 young people (0.8%) were divorced. There was also 1 (0.2%) young woman who was never married, but had a child (Table 2.3).

**Table 2.2: Marital status, by gender and age of survey respondents**

| Marital status and age | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| **14-16 years old** | | | | | | |
| Currently married, living with spouse | 3 | 1 | 0 | 0 | 3 | 1 |
| Currently married, but separated | 0 | 0 | 0 | 0 | 0 | 0 |
| Widowed | 0 | 0 | 0 | 0 | 0 | 0 |
| Divorced | 0 | 0 | 0 | 0 | 0 | 0 |
| Never married | 211 | 99 | 206 | 99 | 417 | 98 |
| Consensual union | 0 | 0 | 2 | 1 | 2 | 1 |
| Single parent | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **214** | **100** | **208** | **100** | **422** | **100** |
| **17-19 years old** | | | | | | |
| Currently married, living with spouse | 7 | 3 | 2 | 1 | 9 | 2 |
| Currently married, but separated | 0 | 0 | 0 | 0 | 0 | 0 |
| Widowed | 0 | 0 | 0 | 0 | 0 | 0 |
| Divorced | 1 | 0.5 | 0 | 0 | 1 | 0 |
| Never married | 222 | 96 | 238 | 97 | 460 | 97 |
| Consensual union | 1 | 0.5 | 5 | 2 | 6 | 1 |
| Single parent | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **231** | **100** | **245** | **100** | **476** | **100** |
| **20-24 years old** | | | | | | |
| Currently married, living with spouse | 125 | 49 | 73 | 30 | 198 | 39 |
| Currently married, but separated | 9 | 4 | 6 | 2 | 15 | 3 |
| Widowed | 0 | 0 | 0 | 0 | 0 | 0 |
| Divorced | 4 | 1 | 7 | 3 | 11 | 2 |
| Never married | 112 | 44 | 149 | 60 | 261 | 52 |
| Consensual union | 4 | 2 | 12 | 5 | 16 | 3 |
| Single parent | 1 | 0 | 0 | 0 | 1 | 1 |
| **Total** | **255** | **100** | **247** | **100** | **502** | **100** |
| **14-24 years old** | | | | | | |
| Currently married, living with spouse | 135 | 19 | 75 | 11 | 210 | 15 |
| Currently married, but separated | 9 | 1 | 6 | 1 | 15 | 1 |
| Widowed | 0 | 0 | 0 | 0 | 0 | 0 |
| Divorced | 5 | 1 | 7 | 1 | 12 | 1 |
| Never married | 545 | 78 | 593 | 84 | 1138 | 81 |
| Consensual union | 5 | 1 | 19 | 3 | 24 | 2 |
| Single parent | 1 | 0 | 0 | 0 | 1 | 0 |
| **Overall** | **700** | **100** | **700** | **100** | **1400** | **100** |

## Table 2.3 Marital status, by gender and age of case studies respondents

| Marital status and age | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| **14-16 years old** | | | | | | |
| Currently married, living with spouse | 3 | 8 | 0 | 0 | 3 | 4 |
| Currently married, but separated | 0 | 0 | 0 | 0 | 0 | 0 |
| Widowed | 0 | 0 | 0 | 0 | 0 | 0 |
| Divorced | 0 | 0 | 0 | 0 | 0 | 0 |
| Never married | 37 | 93 | 38 | 95 | 75 | 94 |
| Consensual union | 0 | 0 | 2 | 5 | 2 | 3 |
| Single parent | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **40** | **100** | **40** | **100** | **80** | **100** |
| **17-19 years old** | | | | | | |
| Currently married, living with spouse | 7 | 18 | 2 | 5 | 9 | 11 |
| Currently married, but separated | 0 | 0 | 0 | 0 | 0 | 0 |
| Widowed | 0 | 0 | 0 | 0 | 0 | 0 |
| Divorced | 1 | 3 | 0 | 0 | 1 | 1 |
| Never married | 31 | 78 | 33 | 83 | 64 | 80 |
| Consensual union | 1 | 3 | 5 | 13 | 6 | 8 |
| Single parent | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **40** | **100** | **40** | **100** | **80** | **100** |
| **20-24 years old** | | | | | | |
| Currently married, living with spouse | 7 | 18 | 2 | 5 | 9 | 11 |
| Currently married, but separated | 0 | 0 | 0 | 0 | 0 | 0 |
| Widowed | 0 | 0 | 0 | 0 | 0 | 0 |
| Divorced | 1 | 3 | 0 | 0 | 1 | 1 |
| Never married | 31 | 78 | 33 | 82 | 64 | 81 |
| Consensual union | 0 | 0 | 5 | 13 | 5 | 6 |
| Single parent | 1 | 3 | 0 | 0 | 1 | 1 |
| **Total** | **40** | **100** | **40** | **100** | **80** | **100** |
| **14-24 years old** | | | | | | |
| Currently married, living with spouse | 17 | 14 | 4 | 3 | 21 | 9 |
| Currently married, but separated | 0 | 0 | 0 | 0 | 0 | 0 |
| Widowed | 0 | 0 | 0 | 0 | 0 | 0 |
| Divorced | 2 | 2 | 0 | 0 | 2 | 1 |
| Never married | 99 | 83 | 104 | 87 | 203 | 85 |
| Consensual union | 1 | 1 | 12 | 10 | 13 | 5 |
| Single parent | 1 | 1 | 0 | 0 | 1 | 0 |
| **Overall** | **120** | **100** | **120** | **100** | **240** | **100** |

***Extract from the case study of 22 year old single mother:***

> *"… Following my unexpected pregnancy he disappeared from my life… It was too late for an abortion and I decided to keep my baby. I am grateful to my mother who helps me to raise my child…"*

## 2.2. Educational, Social and Economic Status

### a) Education

**Survey data:**

The highest level of education for 39% of survey respondents was general school, for 37% - college and for 24% - university. The groups included young people who were currently students, those who have completed or dropped out from educational establishments (Table 2.4).

**Table 2.4: Educational level, by gender of survey respondents**

| Highest level of education | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| General school | 271 | 39 | 274 | 39 | 545 | 39 |
| College | 265 | 38 | 257 | 37 | 522 | 37 |
| University | 164 | 23 | 169 | 24 | 333 | 24 |
| **Total** | **700** | **100** | **700** | **100** | **1400** | **100** |

**Data from the case studies:**

The frequency and percentage distribution of young people involved in the case studies according to highest level of their education is summarized in Table 2.5.

**Table 2.5: Educational level, by gender of case studies respondents**

| Highest level of education | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| General school | 44 | 37 | 40 | 33 | 84 | 35 |
| College | 39 | 33 | 42 | 35 | 81 | 34 |
| University | 37 | 31 | 38 | 32 | 75 | 31 |
| **Total** | **120** | **100** | **120** | **100** | **240** | **100** |

***Extract from the case study of 18 year old female respondent:***

> *"… I dropped out from the university because of unexpected pregnancy and early marriage …"*

## b) Dependency from parents

**Survey data:**

All 14-16 years old participants of the survey (100%) lived with parents and depended on them financially (Table 2.6).

**Table 2.6: Dependency from parents, by gender and age of survey respondents**

| Dependency from parents and age of respondents | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| **14-16 years old** | | | | | | |
| Live with parents and depend on them financially | 214 | 100 | 208 | 100 | 422 | 100 |
| Live separately from parents, but receive financial support from them | 0 | 0 | 0 | 0 | 0 | 0 |
| Live independently from parents | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **214** | **100** | **208** | **100** | **422** | **100** |
| **17-19 years old** | | | | | | |
| Live with parents and depend on them financially | 224 | 97 | 240 | 98 | 464 | 97 |
| Live separately from parents, but receive financial support from them | 2 | 1 | 5 | 2 | 7 | 2 |
| Live independently from parents | 5 | 2 | 0 | 0 | 5 | 1 |
| **Total** | **231** | **100** | **245** | **100** | **476** | **100** |
| **20-24 years old** | | | | | | |
| Live with parents and depend on them financially | 170 | 67 | 164 | 66 | 334 | 67 |
| Live separately from parents, but receive financial support from them | 70 | 27 | 67 | 27 | 137 | 27 |
| Live independently from parents | 15 | 6 | 16 | 6 | 31 | 6 |
| **Total** | **255** | **100** | **247** | **100** | **502** | **100** |
| **14-24 years old** | | | | | | |
| Live with parents and depend on them financially | 608 | 87 | 612 | 87 | 1220 | 87 |
| Live separately from parents, but receive financial support from them | 72 | 10 | 72 | 10 | 144 | 10 |
| Live independently from parents | 20 | 3 | 16 | 2 | 36 | 3 |
| **Overall** | **700** | **100** | **700** | **100** | **1400** | **100** |

Among 17-19 years old respondents there were 5 (1%) female adolescents who were married and lived independently from parents. Financial independence achieved 20-24 years old 15 (6%) young women and 16 (6%) young men.

**Data from the case studies:**

**Table 2.7: Dependency from parents, by gender and age of case studies respondents**

| Dependency from parents and age of respondents | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| **14-16 years old** | | | | | | |
| Live with parents and depend on them financially | 40 | 100 | 40 | 100 | 80 | 100 |
| Live separately from parents, but receive financial support from them | 0 | 0 | 0 | 0 | 0 | 0 |
| Live independently from parents | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **40** | **100** | **40** | **100** | **80** | **100** |
| **17-19 years old** | | | | | | |
| Live with parents and depend on them financially | 39 | 98 | 38 | 95 | 77 | 96 |
| Live separately from parents, but receive financial support from them | 0 | 0 | 1 | 3 | 1 | 1 |
| Live independently from parents | 1 | 3 | 1 | 3 | 2 | 3 |
| **Total** | **40** | **100** | **40** | **100** | **80** | **100** |
| **20-24 years old** | | | | | | |
| Live with parents and depend on them financially | 25 | 63 | 19 | 48 | 44 | 55 |
| Live separately from parents, but receive financial support from them | 7 | 18 | 11 | 28 | 18 | 23 |
| Live independently from parents | 8 | 20 | 10 | 25 | 18 | 23 |
| **Total** | **40** | **100** | **40** | **100** | **80** | **100** |
| **14-24 years old** | | | | | | |
| Live with parents and depend on them financially | 104 | 87 | 97 | 81 | 201 | 84 |
| Live separately from parents, but receive financial support from them | 7 | 6 | 12 | 10 | 19 | 8 |
| Live independently from parents | 9 | 8 | 11 | 9 | 20 | 8 |
| **Overall** | **120** | **100** | **120** | **100** | **240** | **100** |

Most of the participants of case studies (84%) were living with parents. Nineteen (8%) young people were living separately from parents, but with their financial

support. Among participants were also 20 (8%) financially independent young people.

***Extract from the case study of 24 years old young man:***

*"… I am embarrassed to tell that can't find suitable job and completely depend on my father. We are living together with my grandmother, parents and two sisters in a small two-bedroom flat. I am not sure when and how I will be able to earn money for establishment and support of my own family…"*

***Extract from the case study of 22 year old young man:***

*"… Our family is wealthy, but I prefer to earn my own income. I am university student, but I also work in the private company as a computer operator…"*

### c) Employment

**Survey data:**

About 14% of young people are working (Table 2.8). The proportion of working male is twice higher, as compared to proportion of working females (18% versus 9%). The most common types of current occupational activities of young people are IT technology, secretarial work, trade, agriculture, and miscellaneous physical work.

**Table 2.8: Employment status, by gender and age of survey respondents**

| Employment status and age of respondents | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| **14-16 years old** | | | | | | |
| Not working | 214 | 100 | 208 | 100 | 422 | 100 |
| Working | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **214** | **100** | **208** | **100** | **422** | **100** |
| **17-19 years old** | | | | | | |
| Not working | 228 | 99 | 240 | 98 | 468 | 98 |
| Working | 3 | 1 | 5 | 2 | 8 | 2 |
| **Total** | **231** | **100** | **245** | **100** | **476** | **100** |
| **20-24 years old** | | | | | | |
| Not working | 194 | 76 | 123 | 50 | 317 | 63 |
| Working | 61 | 24 | 124 | 50 | 185 | 37 |
| **Total** | **255** | **100** | **247** | **100** | **502** | **100** |
| **14-24 years old** | | | | | | |
| Not working | 636 | 91 | 571 | 82 | 1207 | 86 |
| Working | 64 | 9 | 129 | 18 | 193 | 14 |
| **Total** | **700** | **100** | **700** | **100** | **1400** | **100** |

**Data from the case studies:**

In total 31 (26%) female and 44 (37%) male participants of the case studies have been working to support their families. The great majority, however, were not working.

***Extract from the case study of 24 year old young man:***

> *"… I am working as a guard, although recently completed university. My friend also is not able to find suitable job …"*

### d) Family income

**Survey data:**

The self-assessment of family income by gender of survey respondents indicate on medium level of income in most of the families (74%). About 12% of young people said that they live in a high income families and the similar proportion (12%) admitted that live in the low income family (Table 2.9).

**Table 2.9: Self-assessment of family income, by gender of survey respondents**

| Economic status | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| High income | 79 | 11 | 87 | 12 | 166 | 12 |
| Medium income | 506 | 72 | 524 | 75 | 1030 | 74 |
| Low income | 94 | 13 | 76 | 11 | 170 | 12 |
| Not sure | 21 | 4 | 13 | 2 | 34 | 2 |
| **Total** | **700** | **100** | **700** | **100** | **1400** | **100** |

**Data from the case studies:**

The majority (66%) of participants of case studies lived in the families with medium level of income. Proportion of young people admitted that they live in low income families was significantly higher among participants of the case studies, as compared to participants of the survey (21% versus 12%). In the high income families lived 13% of participants (Table 2.10).

***Extract from the case study of 22 years old female:***

> *"… I am living in old apartment, which have two bed-rooms, together with my grandparents, parents and my 2 younger brothers…"*

**Table 2.10: Self-assessment of family income, by gender of case studies respondents**

| Economic status | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| High income | 14 | 12 | 17 | 14 | 31 | 13 |
| Medium income | 77 | 64 | 81 | 68 | 158 | 66 |
| Low income | 28 | 23 | 22 | 18 | 50 | 21 |
| Not sure | 1 | 1 | 0 | 0 | 1 | 0 |
| **Total** | **120** | **100** | **120** | **100** | **240** | **100** |

## 2.3. Summary of main findings

The main findings, related to demographic, marital, educational and socio-economic profile of the target population are given below:

1. The majority of survey (71%) and case studies' (75%) respondents represent urban communities of Armenia.
2. Participants of the survey and case studies are equally distributed by gender. The proportion of respondents in each age group comprised approximately one third of the total sample.
3. The highest level of education is general school for 39% of survey respondents and the college for 37%. The university level of education reached 333 (24%) of young people. Some young women are unable to continue their education because of unexpected pregnancy and early marriage.
4. Family formation during adolescence is not common in Armenia. Most of the marriages or consensual union formations (92%) take place after age of 20. Early family formation before age of 25 is more common for females (22%) than for males (15%). Single mothers among young people are not an exception.
5. Great majority of adolescents below 20 (99%) and 67% of 20-24 years old young people are living with parents and depend from them financially. Separation from parents is started after age of 20. Even after separation 27% of young people continue to receive financial support from parents. By the age of 24 only 6% of young people achieve financial independence. Most of young people feel depressed for not being able to earn money on their own.
6. The great majority of 14-24 years old young people are not working. The proportion of working male participants of the survey is twice higher, as compared to proportion of working females (18% versus 9%).

7. The most common types of current occupational activities of young people are IT technology, secretarial work, trade, agriculture, and miscellaneous physical work. Very often type of the work is not matching with their educational level.
8. More than 74% of young people consider their family as having medium level of income (12500-18800AMD or 33-50USD per capita/per month). About 12% of young people are living in families with low income (12000-12500 or 30-33USD per capita/per month). Young people from the low income families are often depressed.

# Chapter 3

## AWARENESS AND PERSONAL BELIEFS ON SEXUALITY AND SEXUAL AND REPRODUCTIVE HEALTH

## 3.1. Pubertal changes

### a) Level of awareness about age at menarche

**Survey data:**

As demonstrated in Table 3.1, the great majority of survey respondents (79%) have been aware about approximate age of girls at their first menstruation (menarche). The level of awareness was higher in female respondents (92%), as compared to males (66%). The knowledge about this issue increased with the age of young people (Table 3.2).

**Table 3.1: Awareness on menarche, by gender and place of residence**

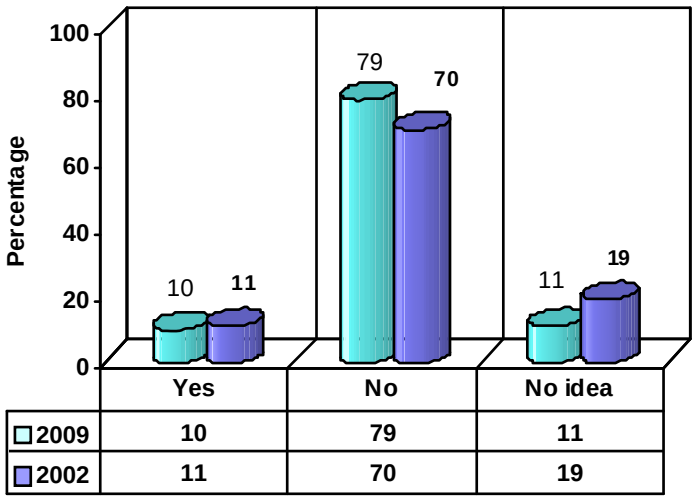
| Urban/ rural residence | Females | | | Males | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sample size | N aware | % aware | Sample size | N aware | % aware | Sample size | N aware | % aware |
| Urban | 500 | 453 | 91 | 500 | 311 | 62 | 1000 | 764 | 76 |
| Rural | 200 | 189 | 95 | 200 | 154 | 77 | 400 | 343 | 86 |
| **Total** | **700** | **642** | **92** | **700** | **465** | **66** | **1400** | **1107** | **79** |

**Table 3.2: Awareness on menarche, by gender and age**

| Age groups | Females | | | Males | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sample size | N aware | % aware | Sample size | N aware | % aware | Sample size | N aware | % aware |
| 14 - 16 years old | 214 | 156 | 73 | 208 | 56 | 27 | 422 | 212 | 50 |
| 17 - 19 years old | 231 | 231 | 100 | 245 | 198 | 81 | 476 | 429 | 90 |
| 20 - 24 years old | 255 | 255 | 100 | 247 | 211 | 85 | 502 | 466 | 93 |
| **Total** | **700** | **642** | **92** | **700** | **465** | **66** | **1400** | **1107** | **79** |

The comparative assessment between results of 2009 study with the study, conducted by the PAFHA in 2002, shows that general level of basic knowledge among young people about pubertal changes in girls increased by 9% (79% versus 70%). However, still significant proportion of young people (21%) has wrong beliefs or no idea about these issues (Figure 3.1).

**Figure 3.1: Comparison of results of 2002 and 2009 surveys on level of awareness about pubertal changes in girls (%)**




**Statement: "Girls usually start to menstruate at the age of 17 years old"**

### b) Awareness about "wet dreams"

**Survey data:**

Table 3.3 shows that most of survey respondents (64%) have been aware that in puberty boys experience spontaneous semen pollutions ("wet dreams") during their sleep. The level of awareness was much higher in male respondents (95%), as compared to females (33%).

**Table 3.3: Awareness on "wet dreams", by gender and place of residence**

| Urban/rural residence | Females | | | Males | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sample size | N aware | % aware | Sample size | N aware | % aware | Sample size | N aware | % aware |
| Urban | 500 | 164 | 33 | 500 | 467 | 93 | 1000 | 631 | 63 |
| Rural | 200 | 67 | 33 | 200 | 197 | 98 | 400 | 264 | 66 |
| **Total** | **700** | **231** | **33** | **700** | **664** | **95** | **1400** | **895** | **64** |

As it is shown in Table 3.4, the level of knowledge about spontaneous semen pollutions in puberty increased with age of young people (5% among 14-16 year old

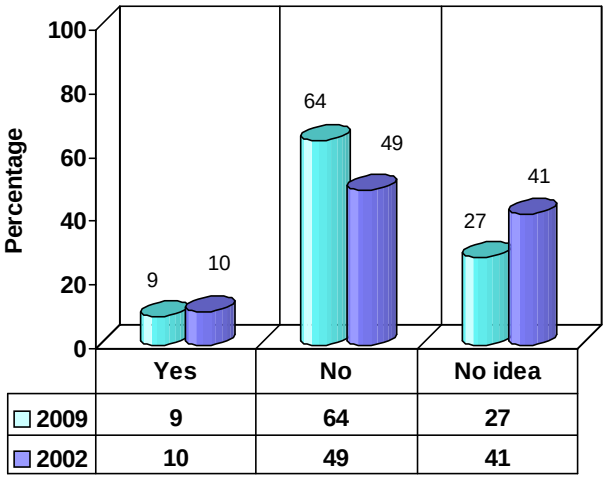
girls, versus 76.1% among 20-24 years old). Male respondents were more aware about "wet dreams", as compared to females, and by the age of 24, all of them (100%) became aware about that.

**Table 3.4: Awareness about "wet dreams", by gender and age**

| Age groups | Females | | | Males | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sample size | N aware | % aware | Sample size | N aware | % aware | Sample size | N aware | % aware |
| 14 - 16 years old | 214 | 11 | 5 | 208 | 174 | 84 | 422 | 185 | 44 |
| 17 - 19 years old | 231 | 26 | 11 | 245 | 243 | 99 | 476 | 269 | 56 |
| 20 - 24 years old | 255 | 194 | 76 | 247 | 247 | 100 | 502 | 441 | 88 |
| **Total** | **700** | **231** | **33** | **700** | **664** | **95** | **1400** | **895** | **64** |

The comparative assessment between results of this 2009 study with the study, conducted by the PAFHA in 2002, shows that the general level of basic knowledge among young people about pubertal changes in boys increased by 15% (64% versus 49%). However, still significant proportion of young people (36%) has wrong beliefs or no idea about these issues (Figure 3.2).

**Figure 3.2: Comparison of results of 2002 and 2009 surveys on level of awareness about pubertal changes in boys (%)**




**Statement: "Boys start to have wet dreams only after beginning of sexual life"**

**Data from the case studies:**

The qualitative study among 240 young people revealed that in puberty some young people experience emotional stress because of delay of information about expected natural changes in their bodies. The extracts from some life stories are provided below:

***Extract from the case study of 18 year old male respondent:***

*"… When I was 13 years old, I noticed periodically some kind of strange discharge on my pants. I was very much concerned and felt embarrassed to ask my parents about this. Just after one year I knew that it was a natural sign of pubertal changes …"*

***Extract from the case study of 14 years old female respondent:***

*"… It happened to me two years ago… I was in school, when suddenly felt sick and realized that my pants were wet. I supposed that it was spontaneous urination and was surprised since it never happened to me before. During the break I felt embarrassed to stand and go to the toilet. I didn't know what to do and started to cry. My teacher approached to me and understood everything. She asked everybody to go out of the room and closed the door. She gave me a tissue and helped me to clean myself. It was my first practical session of sex education at school…"*

## 3.2. Sexuality

### a) Level of awareness about sexuality

**Survey data:**

This study provides information on awareness, knowledge, and personal beliefs of young people about the nature of human sexuality and sexual relationships. The participants of the survey were requested to answer the question: "Do you think that boys or girls among your peers are better informed on the issues related to sexuality, sexual health, fertility regulation and STIs/HIV prevention? (Table 3.5).

**Table 3.5: Opinions about the level of awareness about sexuality and SRH issues, by gender of respondents**

| Who is better informed about sexuality and sexual relationships? | Females (n=700) | | Males (n=700) | | Total (n=1400) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| Boys | 210 | 30 | 196 | 28 | 406 | 29 |
| Girls | 127 | 18 | 113 | 16 | 240 | 17 |
| Both equally | 243 | 35 | 296 | 42 | 539 | 39 |
| Don't know | 120 | 17 | 95 | 14 | 215 | 15 |
| **Total** | **700** | **100.0** | **700** | **100.0** | **1400** | **100** |

Thus, 539 out of 1400 respondents (39%) believe that both females and males are equally informed about sexuality and sexual relationships, 406 (29%) have an opinion that boys are better informed, while 240 (17%) think that girls have more information about these issues (Table 3.5).

**Data from the case studies:**

***Extract from the case study of 15 year old female respondent:***

*"… I learned about sexual relationship from my 15 years old boyfriend. Once we have been preparing for an exam at his home and holding hands of each other under the table. When we noticed that his mother went out from home, we started kissing each other and discovering our bodies. It finished with an attempt to have sexual intercourse from his side, but I was afraid and ran away from his home…"*

### b) Personal believes about sexual relationship

**Survey data:**

According to the results of this survey (Table 3.6), all male respondents (100%) and the majority of female respondents (81%) believe that sexual relationship is an expression of love and feeling of sexual desire, and that people get pleasure from it. The majority (99% of females and 97% of males) consider that people are in sexual relationship for the sake of having children. By opinion of most of male respondents (75%) and one third (33%) of females, sexual relationship is the natural instinct of human beings. There are also few other upsetting opinions, e.g. sexual relationship is obligation of partners and spouses (1%).

**Table 3.6: Opinions about sexual relationships, by gender of respondents**

| In your opinion, why people have sexual intercourse? | Females (n=700) | | Males (n=700) | | Total (n=1400) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | abs. | % | Abs. |
| For having children | 696 | 99 | 678 | 97 | 1374 | 98 |
| This is an expression of love, feeling of desire and pleasure | 569 | 81 | 700 | 100 | 1269 | 91 |
| Natural instinct | 234 | 33 | 523 | 75 | 757 | 54 |
| Obligation of partners | 7 | 1 | 0 | 0 | 7 | 1 |
| Other reply | 9 | 1 | 11 | 2 | 20 | 1 |
| Don't know/don't want to reply | 4 | 1 | 0 | 0 | 4 | 1 |
| | | | | | | |

**Note: more than one answer is possible*

**Data from the case studies:**

***Extract from the case study of 21 year old male respondent:***

*"… Our relationship is based on real love – we can't imagine living without each other, we enjoy our relationship…"*

***Extract from the case study of 24 year old female respondent:***

*"I married at the age of 18 and we already have two children. He is the first and, most probably, the last man in my life. Unfortunately, I never loved him and never feel pleasure from our sexual relationship. This is an obligation for me…"*

### c) Personal beliefs about abstinence

**Survey data***:*

The majority (85%) of male respondents and almost half (49%) of female respondents believed that abstinence has a negative influence on health of boys, while only 12% of respondents considered abstinence harmful for health of girls (Table 3.7).

**Table 3.7: Personal believes about abstinence, by gender of respondents**

| Do you agree with the following statements? | Proportion of agreed with the statement | | | | | |
|---|---|---|---|---|---|---|
| | Females (n=700) | | Males (n=700) | | Total (n=1400) | |
| | abs. | % | abs. | % | abs. | % |
| Abstinence has a negative influence on health of boys | 342 | 49 | 598 | 85 | 940 | 67 |
| Abstinence has a negative influence on health of girls | 98 | 14 | 76 | 11 | 174 | 12 |
| | | | | | | |

**Data from the case studies:**

***Extract from the case study of 23 year old female respondent:***

*"I am a virgin, although had several possibilities of premarital sexual relationship… According to our national traditions girl should keep premarital virginity. I choose to be abstinent until the marriage and I don't believe that it will have negative impact on my health …"*

### d) Personal beliefs about masturbation

**Survey data:**

About 43% of young female respondents and 18% of male respondents had an opinion that masturbation has a negative influence on boys' health. Most of male respondents (62%) and 35% of females believed that masturbation has negative impact on girls' health (Table 3.8).

**Table 3.8: Personal believes about masturbation, by gender of respondents**

| Do you agree with the following statements? | Proportion of respondents agreed with the statement | | | | | |
|---|---|---|---|---|---|---|
| | Females (n=700) | | Males (n=700) | | Total (n=1400) | |
| | abs. | % | abs. | % | abs. | % |
| Masturbation has a negative influence on health of boys | 298 | 43 | 123 | 18 | 421 | 30 |
| Masturbation has a negative influence on health of girls | 243 | 35 | 432 | 62 | 675 | 48 |
| | | | | | | |

**Data from the case studies:**

***Extract from the case study of 19 year old male respondent:***

*"Until now I didn't have sexual intercourse and practice masturbation at nights. I am afraid that will get used to this and will not be able to have sex with a woman…"*

***Extract from the case study of 20 year old female respondent:***

*"I didn't know that girls also practice masturbation. I am afraid that it might be of danger for their health…"*

## 3.3. Pregnancy

### a) Awareness about teenage pregnancy

**Survey data:**

Most of young people, both females and males from urban and rural areas were aware that teenage girls are able to become pregnant (Table 3.9).

**Table 3.9: Level of awareness among young people about teenage pregnancy, by gender and place of residence**

| Urban/rural residence | Females | | | Males | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sample size | N aware | % aware | Sample size | N aware | % aware | Sample size | N aware | % aware |
| Urban | 500 | 468 | 94 | 500 | 434 | 87 | 1000 | 902 | 90 |
| Rural | 200 | 189 | 95 | 200 | 164 | 82 | 400 | 353 | 88 |
| **Total** | **700** | **657** | **94** | **700** | **598** | **85** | **1400** | **1255** | **90** |

**Table 3.10: Level of awareness among young people about teenage pregnancy, by age of respondents**

| Age groups | Females | | | Males | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sample size | N aware | % aware | Sample size | N aware | % aware | Sample size | N aware | % aware |
| 14 - 16 years old | 214 | 183 | 86 | 208 | 141 | 68 | 422 | 324 | 77 |
| 17 - 19 years old | 231 | 229 | 99 | 245 | 212 | 86 | 476 | 441 | 93 |
| 20 - 24 years old | 255 | 245 | 96 | 247 | 245 | 99 | 502 | 490 | 98 |
| **Total** | **700** | **657** | **94** | **700** | **598** | **85** | **1400** | **1255** | **90** |

Table 3.10 shows that the level of awareness about possibility of teenage pregnancy is increasing with age.

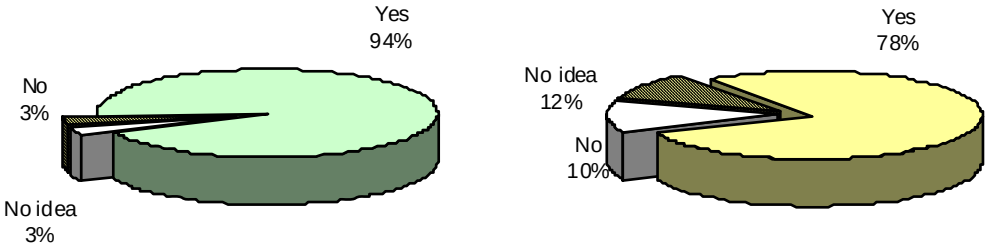
**Data from the case studies:**

***Extract from the case study of 14 year old female respondent:***

*"I do not believe that teenage girl can become pregnant. The girl should be matured enough in order to be able to conceive ..."*

The comparative assessment between results of this 2009 study with the study, that was conducted by the PAFHA in 2002 (Figure 3.3), shows that the general level of basic knowledge among young people about the teenage pregnancy increased in the last 7 years by 16% (94% versus 78%). However, still 6% of young people have wrong beliefs or no idea about these issues.

**Figure 3.3: Comparison of results of 2002 and 2009 surveys on level of awareness about teenage pregnancy**




*Results of the study in 2009* *Results of the study in 2002*

**Statement: "13 years old girl may conceive"**

### b) Awareness about fertile period of the menstrual cycle

**Survey data:**

More than half of young females (52%) and 41% of males were aware that most risky time for conception is the middle of menstrual cycle (Table 3.11). The level of awareness did not differ significantly by urban/rural residence. However, the age was found to be significant determinant of this indicator (Table 3.12).

**Table 3.11: Level of awareness among young people about most risky time for conception, by gender and place of residence**

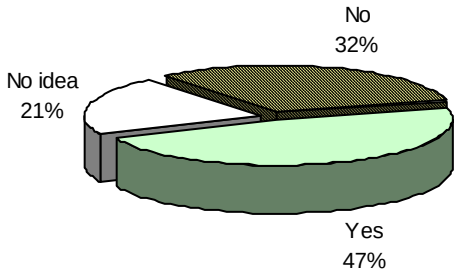
| The most risky time for conception is the middle of menstrual cycle | Females | | | Males | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sample size | N aware | % aware | Sample size | N aware | % aware | Sample size | N aware | % aware |
| Urban | 500 | 267 | 53 | 500 | 206 | 41 | 1000 | 473 | 47 |
| Rural | 200 | 100 | 50 | 200 | 81 | 40 | 400 | 181 | 45 |
| **Total** | **700** | **367** | **52** | **700** | **287** | **41** | **1400** | **654** | **47** |

**Table 3.12: Level of awareness among young people about most risky time for conception, by age of respondents**

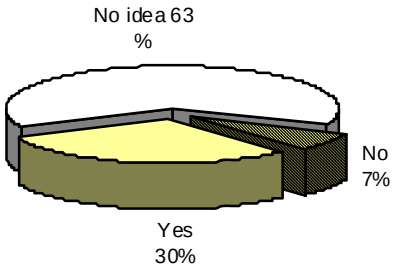
| The most risky time for conception is the middle of menstrual cycle | Females | | | Males | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sample size | N aware | % aware | Sample size | N aware | % aware | Sample size | N aware | % aware |
| 14 - 16 years old | 214 | 58 | 27 | 208 | 21 | 10 | 422 | 79 | 18 |
| 17 - 19 years old | 231 | 122 | 53 | 245 | 113 | 46 | 476 | 235 | 49 |
| 20 - 24 years old | 255 | 187 | 73 | 247 | 153 | 62 | 502 | 340 | 68 |
| **Total** | **700** | **367** | **52** | **700** | **287** | **41** | **1400** | **654** | **47** |

The assessment shows that general level of basic knowledge among young people about fertile days of the menstrual cycle increased by 17% (47% in 2009, versus 30% in 2002). However, still 53% of young people have wrong beliefs or no idea about these issues (Figure 3.4).

**Figure 3.4: Comparison of results of 2002 and 2009 surveys on level of awareness about teenage pregnancy**




*Results of the study in 2009*




*Results of the study in 2002*

**Statement: "The best chance to conceive is at the middle of the menstrual cycle"**

## Data from the case studies:

***Extract from the case study of 24 year old female respondent:***

*"I am currently using calendar method of contraception, which means periodic abstinence during fertile days of the cycle..."*

### b) Awareness about possibility of conception after first sexual intercourse

**Survey data:**

The majority of young female (70%) and male (78%) respondents, from both urban (75%) and rural (71.5%) areas were aware that girl can conceive after the first sexual intercourse (Table 3.13).

**Table 3.13: Awareness about possibility of conception after first sexual intercourse, by gender and place of residence**

| Girl can conceive even after first sexual intercourse | Females | | | Males | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sample size | N aware | % aware | Sample size | N aware | % aware | Sample size | N aware | % aware |
| Urban | 500 | 348 | 70 | 500 | 402 | 80 | 1000 | 750 | 75 |
| Rural | 200 | 141 | 71 | 200 | 145 | 72 | 400 | 286 | 72 |
| **Total responses** | **700** | **489** | **70** | **700** | **547** | **78** | **1400** | **1036** | **74** |

In fact, the level of awareness was significantly lower (Table 3.14) among young people below the age of 17: 44% versus 89% among those in 20-24 years old age group.

**Table 3.14: Level of awareness about possibility of conception after first sexual intercourse, by age of the respondents**

| Girl can conceive even after first sexual intercourse | Females | | | Males | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Sample size | N aware | % aware | Sample size | N aware | % aware | Sample size | N aware | % aware |
| 14 - 16 years old | 214 | 99 | 46 | 208 | 86 | 41 | 422 | 185 | 44 |
| 17 - 19 years old | 231 | 179 | 77 | 245 | 226 | 92 | 476 | 405 | 85 |
| 20 - 24 years old | 255 | 211 | 83 | 247 | 235 | 95 | 502 | 446 | 89 |
| **Total responses** | **700** | **489** | **70** | **700** | **547** | **78** | **1400** | **1036** | **74** |

**Data from the case studies:**

***Extract from the case study of 22 year old female respondent:***

*" … My friend became pregnant at her 15 after ejaculation outside of her vagina. She knew about this pregnancy very late. When her periods delayed for about two months, she went to policlinic for investigation together with her mother. The ultrasound scanning revealed the pregnancy. This was a real tragedy for her and her parents. The pregnancy was artificially interrupted …"*

## 3.4. Fertility regulation

### a) Awareness about abortion

**Survey data:**

The general level of awareness of young people about an abortion as a mean of unwanted pregnancy termination has increased by 11% since 2002 (97% versus 88%). The great majority of young people involved in this study (96.5%) were aware about the surgical abortion, including aspiration and curettage (Table 3.15). However, only 7% of female respondents and 2% of male respondents were aware of medication abortion. It was upsetting to observe that young people are informed about the self-induced abortion, as a mean of unwanted pregnancy termination (reported by 5% of females and 2% of males).

**Table 3.15: Level of awareness about abortion, by gender of the respondents**

| Do you know that there are means for unwanted pregnancy termination? If yes, which methods do you know? | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | Abs. | % | abs. | % |
| Surgical abortion | 667 | 95 | 684 | 98 | 1351 | 97 |
| Medication abortion | 46 | 7 | 15 | 2 | 61 | 4 |
| Self-induced abortion | 32 | 5 | 21 | 3 | 53 | 4 |
| Don't know | 23 | 3 | 0 | 0 | 23 | 3 |
| Don't want to reply | 12 | 1 | 0 | 0 | 12 | 1 |
| Other reply | 3 | 0 | 0 | 0 | 3 | 0 |
| **Total** | **700** | | **700** | | **1400** | |

**Note: more than one answer is possible*

**Data from the case studies:**

***Extract from the case study of 24 year old female respondent:***

*"… I heard from my friend about her experience of surgical abortion that was performed by private practitioner, outside of the clinic. She told me that was the worst day in her life, which she would never forget…"*

***Extract from the case study of 19 year old male respondent:***

*"… My girl-friend used some kind of drugs for interruption of pregnancy based on advice from her friend. She didn't want to go to the clinic, because was afraid that physicians would inform her parents. She was very happy when her bleeding started, but it is continuing more than a month…"*

### b) Awareness about contraception

**Survey data:**

All respondents (100%) were aware about male condom as a mean for pregnancy prevention (Table 3.16).

**Table 3.16: Level of awareness about contraception, by gender of respondents**

| Do you know how to prevent unwanted pregnancy? If yes, which methods of contraception do you know? | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| Male condom | 700 | 100 | 700 | 100 | 1400 | 100 |
| Withdrawal | 456 | 65 | 689 | 98 | 1145 | 82 |
| Intrauterine devices | 469 | 67 | 423 | 60 | 892 | 64 |
| Hormonal contraceptive pills | 397 | 57 | 246 | 35 | 643 | 46 |
| Douching | 342 | 49 | 134 | 19 | 476 | 34 |
| Calendar method | 129 | 18 | 145 | 21 | 274 | 20 |
| Male sterilization | 87 | 12 | 101 | 14 | 188 | 13 |
| Breast feeding | 113 | 16 | 54 | 8 | 167 | 12 |
| Female sterilization | 87 | 12 | 66 | 9 | 153 | 11 |
| Spermicides | 121 | 17 | 23 | 3 | 144 | 10 |
| Injectable contraceptives | 12 | 2 | 0 | 0 | 12 | 1 |
| Female condom | 12 | 2 | 2 | 0 | 14 | 1 |
| Sub-dermal implants | 1 | 0 | 0 | 0 | 1 | 0 |
| Diaphragm/Cervical cap | 3 | 0 | 0 | 0 | 3 | 0 |
| Other replies | 23 | 3 | 12 | 2 | 35 | 2 |
| **Total number of respondents** | **700** | | **700** | | **1400** | |

**Note: more than one answer is possible*

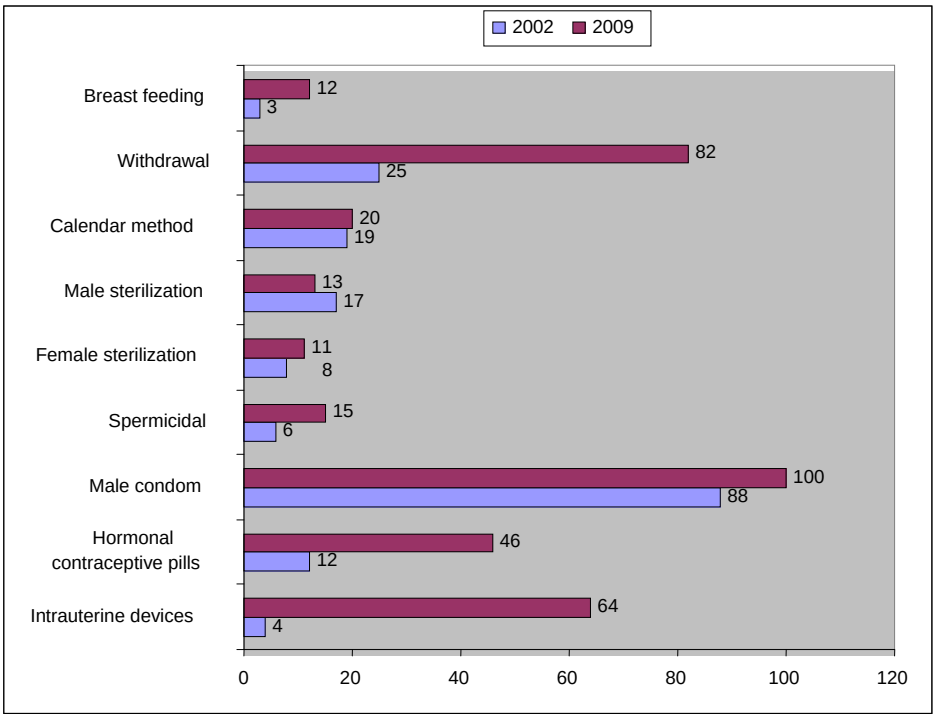
The second well known method of fertility regulation is withdrawal method (82%) and the third was an intrauterine device (64%). The hormonal contraceptive pills were reported by 57% of females and 35% of males (46% of all respondents).

The comparative assessment shows that general level of knowledge among young people about some specific contraceptive methods increased during the last 7 years:

- Awareness about male condom: from 88% in 2002 up to 100% in 2009
- Awareness about IUD: from 4% in 2002 up to 64% in 2009
- Awareness about pills: from 12% in 2002 up to 46% in 2009
- Awareness about spermicides: from 6% in 2002 up to 10% in 2009
- Awareness about breastfeeding: from 3% in 2002 up to 12% in 2009

However, the level of awareness about some modern methods of contraception, particularly of female sterilization (11%), vasectomy (13%), injectable contraceptives (0.9%) and sub-dermal implants (0.1%), is not sufficient (Figure 3.5).

**Figure 3.5: Comparison of results of 2002 and 2009 surveys on level of awareness about contraceptive methods (%)**




## Data from the case studies:

***Extract from the case study of 19 years old female respondent:***

*".. I heard about methods of contraception from the series of leaflets produced by your organization. Everything is explained in very clear manner and I am aware about the long-term and the short-term methods, about their benefits and risks. Definitely, if pregnancy is unwanted, it is better to use contraception than conduct an abortion…"*

***Extract from the case study of 23 year old male respondent:***

*"… I heard from my friend about hormonal pills, but not sure how to use those. Please explain me also how effective and safe it is?"*

## 3.5. Sexually transmitted infections, including HIV

### a) Awareness about STIs/HIV

**Survey data:**

All participants of this study were aware that there are infections, which can be transmitted from one person to another through the sexual contact. The most known STI was Human Immunodeficiency Virus (HIV), which was reported by 95% of female and all male respondents of the survey (Table 3.17).

**Table 3.17: Level of awareness about STIs/HIV, by gender of the respondents**

| Awareness of STIs/HIV | Females (n=700) | | Males (n=700) | | Total (n=1400) | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| HIV / AIDS | 665 | 95 | 697 | 100 | 1362 | 97 |
| Syphilis | 567 | 81 | 654 | 93 | 1221 | 87 |
| Gonorrhoea | 443 | 63 | 632 | 90 | 1075 | 77 |
| Chlamydiosis | 349 | 50 | 456 | 65 | 805 | 57 |
| Mycoplasmosis/Ureoplasmosis | 324 | 46 | 432 | 62 | 756 | 54 |
| Trichomoniasis | 345 | 49 | 342 | 49 | 687 | 49 |
| Other | 99 | 14 | 123 | 18 | 222 | 16 |
| **Total number of respondents** | **700** | | **700** | | **1400** | |

**Note: more than one answer is possible*

Syphilis was the second most frequently mentioned sexually transmitted infection (81% of females and 94% of males) and Gonorrhea was the third well known STI (63% of females and 90% of males).

More than one half of all respondents were aware about Chlamydiosis (57%) and Micoplasmosis/Ureoplasmosis (54%). The comparative assessment revealed significant progress in the level of awareness of young people about sexually transmitted infections during the last 7 years (Table 3.18).

**Table 3.18: Comparison of results of 2002 and 2009 surveys on level of awareness about STIs/HIV among young people**

| Data Source | Sample size | % aware |
|---|---|---|
| **Awareness about HIV/AIDS** | | |
| Survey 2002 | 900 | 94 |
| Survey 2009 | 1400 | 97 |
| **Proportion of increase** | | **3** |
| **Awareness about Syphilis** | | |
| Survey 2002 | 900 | 63 |
| Survey 2009 | 1400 | 87 |
| **Proportion of increase** | | **24** |
| **Awareness about Gonorrhea** | | |
| Survey 2002 | 900 | 19 |
| Survey 2009 | 1400 | 77 |
| **Proportion of increase** | | **58** |
| **Awareness about Chlamydiosis** | | |
| Survey 2002 | 900 | 5 |
| Survey 2009 | 1400 | 57 |
| **Proportion of increase** | | **52** |
| **Awareness about Mycoplasmosis/ Ureoplasmosis** | | |
| Survey 2002 | 900 | 4 |
| Survey 2009 | 1400 | 54 |
| **Proportion of increase** | | **50** |
| **Awareness about Trichomoniasis** | | |
| Survey 2002 | 900 | 20 |
| Survey 2009 | 1400 | 49 |
| **Proportion of increase** | | **29** |

Table 3.18 demonstrates the progress in the level of awareness about all main STIs, particularly, HIV/AIDS (by 3%), Syphilis (by 24%), Gonorrhoea (by 58%), Chlamydia (by 52%), Mycoplasmosis/ Ureoplasmosis (by 50%) and Trichomoniasis (by 29%).

Young people of both genders in Armenia are now well informed about main routs of HIV transmission (Table 3.19). The majority are aware that HIV can be transmitted through homosexual contact (94%), through heterosexual contact (85%), through sharing the needles for IV injection of drugs (78%), from pregnant mother to unborn child (72%) and through transfusion of infected blood (64%). The great

majority of respondents (95%) were aware that Condom use is an effective mean for protection both from unwanted pregnancy and STIs/HIV.

**Table 3.19: Awareness about main routs of HIV transmission, by gender of young people**

| What are the main roots of HIV transmission? | Females (n=700) | | Males (n=700) | | Total (n=1400) | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| Through heterosexual contact | 697 | 99 | 700 | 100 | 1397 | 99 |
| Through homosexual contact | 674 | 96 | 645 | 92 | 1319 | 94 |
| Through sharing the needles for injection of narcotic drugs | 598 | 85 | 499 | 71 | 1097 | 78 |
| From pregnant mother to unborn child | 506 | 72 | 499 | 71 | 1005 | 72 |
| Through transfusion of blood of HIV positive donor | 433 | 62 | 469 | 67 | 902 | 64 |
| Other reply | 34 | 5 | 23 | 3 | 57 | 4 |
| Don't know | 21 | 3 | 13 | 2 | 34 | 2 |
| **Total number of respondents** | **700** | | **700** | | **1400** | |

**Note: more than one answer is possible*

**Data from the case studies:**

***Extract from the case study of 24 year old male respondent:***

*" … Condom can protect against both pregnancy and sexually transmitted infections, if used correctly and with every act of intercourse…"*

## 3.6. Summary of main findings

This study revealed significant progress in the level of awareness among young people about pubertal changes, human sexuality, sexual relations, pregnancy and childbearing, abortion, contraception and STIs/HIV/AIDS during the last 7 years. However, significant proportion of young people has wrong beliefs or is not aware about some important issues, related to human sexuality and sexual and reproductive health. In particularly, we observed the followings:

1. The comparative assessment between results of 2009 study with the study, conducted by the PAFHA in 2002, shows that the general level of basic knowledge among young people about pubertal changes increased considerably. However, still significant proportion of young people has wrong beliefs or no idea about age at start of the first menstruation (21%) and the "wet dreams" (36%).
2. The majority (85%) of male respondents and almost half (49%) of female respondents believed that abstinence has a negative influence on health of boys. However, the general opinion (88%) was that it is OK for girls to keep abstinence and that this is not influence negatively on their health.
3. About 43% of young female respondents and 18% of male respondents had an opinion that masturbation influence negatively on health of boys. Most of male respondents (62%) and 35% of females believed that masturbation is having negative impact on health of girls.
4. The general level of basic knowledge among young people about the teenage pregnancy increased in the last 7 years by 16% (94% versus 78%). However, still 6% of young people have wrong beliefs or no idea about these issues.
5. The majority of young female (70%) and male (78%) respondents, from both urban (75%) and rural (71.5%) areas are aware that girl can conceive after the first sexual intercourse.
6. The level of basic knowledge among young people about fertile days of the menstrual cycle increased by 17% (47% in 2009, versus 30% in 2002). However, still 53% of young people have no or wrong idea about these issues.
7. The level of awareness of young people about an abortion as mean of unwanted pregnancy termination is increased by 11% since 2002 (97% versus 88%). The great majority of young people involved in this study (96.5%) were aware about the surgical abortion, including aspiration and curettage. However, only 7% of female respondents and 2% of male respondents are aware of medication abortion. It was upsetting to observe that young people are informed about the self-induced abortion, as a mean of unwanted pregnancy termination (reported by 5% of females and 2% of males).
8. All young people are aware about male condom as a mean of pregnancy prevention. The great majority of respondents (95%) were aware that Condom use is also an effective mean for protection from STIs/HIV.
9. The second well known method of contraception was withdrawal method (82%) and the third was an intrauterine device (64%). The hormonal contraceptive pills were reported by 57% of females and 35% of males (46% of all respondents). The level of awareness about some modern methods of contraception, particularly of female sterilization (11%), vasectomy (13%), injectables (0.9%) and sub-dermal implants (0.1%) is not sufficient.
10. All participants of this study were aware that there are infections, which can be transmitted from one person to another through the sexual contact. The most known was Human Immunodeficiency Virus (HIV), which was reported by 95% of female and 99.6% of male respondents.

11. Syphilis was the second well known sexually transmitted infection (81% of females and 94% of males) and Gonorrhea was the third one (63% of females and 90% of males). More than one half of all respondents were aware about Chlamydiosis (57%) and Mycoplasmosis/ Ureoplasmosis (54%).
12. The comparative assessment revealed significant progress in the level of awareness of young people about sexually transmitted infections. Young people of both genders in Armenia are now well informed about main roots of HIV transmission. The majority are aware that HIV can be transmitted through homosexual (94%) and heterosexual (85%) contacts, through sharing the needles for IV drug use (78%), from pregnant mother to unborn child (72%), and through transfusion of infected blood (64%).

# Chapter 4

# ACCESS TO INFORMATION AND HEALTH CARE SERVICIES

## 4.1. Access to information from parents

**Survey data:**

According to the results of this study, in traditional Armenian families there is still lack of communication between children and parents on issues related to sexuality, and sexual and reproductive health. In total, 389 (28%) young respondents of this study have never talked to their parents or guardians about these issues (Table 4.1).

**Table 4.1: Access to information on sexuality and SRH through communication with parents, by gender and place of residence**

| Urban/rural residence | Never talked with parents on sexuality and SRHR-related issues | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 500 | 130 | 26 | 500 | 154 | 31 | 1000 | 284 | 28 |
| Rural | 200 | 54 | 27 | 200 | 51 | 25 | 400 | 105 | 26 |
| **Total** | **700** | **184** | **26** | **700** | **205** | **29** | **1400** | **389** | **28** |

The lack of access to information on sexuality and SRH through communication with parents exists in both urban (28%) and rural (26%) communities. Communication difficulties with parents are more obvious for young people of male gender, as compared to females (29% versus 26%). These difficulties are especially obvious for urban boys (31%, compared to 25% in rural communities).

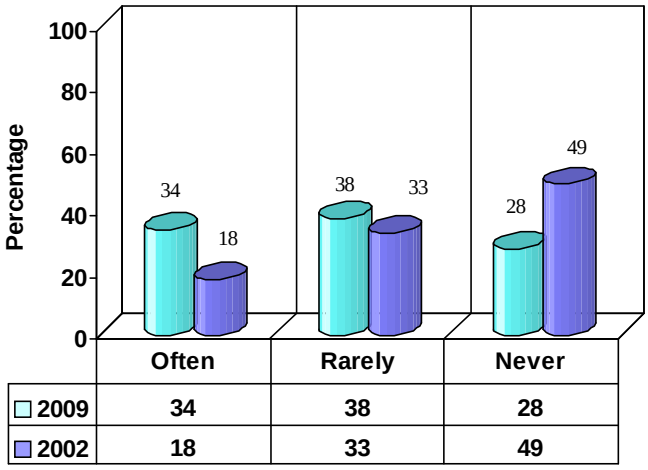
The level of communication with parents is determined by the age of adolescents and young people (Table 4.2). The communication is more difficult for 14-16 years old adolescents (43%) rather than for 20-24 years old young people (16%). Almost one half of the male adolescents (48%) and more than one third of females (38%) never talked to their parents on sexuality and SRHR-related issues.

In fact, the comparative assessment of results of 2002 and 2009 Adolescents Health Surveys performed by the "For Family and Health" Pan-Armenian Association revealed the progress in communication between children and parents during the last 7 years (Figure 4.1). The proportion of parents, who often talked to their children on sexuality and sexual and reproductive health increased from 18%, in 2002, to 34% in 2009.

**Table 4.2: Access to information on sexuality and SRH through communication with parents, by gender and age**

| Age groups | Never talked with parents about sexuality and SRHR | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| 14 - 16 years old | 214 | 82 | 38 | 208 | 99 | 48 | 422 | 181 | 43 |
| 17 - 19 years old | 231 | 59 | 25 | 245 | 67 | 27 | 476 | 126 | 26 |
| 20 - 24 years old | 255 | 43 | 17 | 247 | 39 | 16 | 502 | 82 | 16 |
| **Total** | **700** | **184** | **26** | **700** | **205** | **29** | **1400** | **389** | **28** |

**Figure 4.1: Comparison of results of 2002 and 2009 surveys on communication with parents on sexuality and SRH (%)**




**Question: "Have you ever talked to your parents or guardians about sexuality, and sexual and reproductive health issues?"**

## Data from the case studies:

***Extract from the case study of 18 years old male respondent:***

*"… When I was 10 years old, I asked my mother: how does child appear in woman's belly? She didn't expect such a question and was so confused that went out of the room. At school I asked the same question my 14 year old friend and he explained me everything. I understood that it is not easy for my mother to provide such an*

*explanation and never asked similar questions again. It is much easier to talk with a close friend..."*

## 4.2. Access to information from siblings

**Survey data:**

This study revealed also the lack of communication on sexuality and SRHR between the siblings (Table 4.3), which was more obvious in the urban communities (43% versus 33%). These difficulties were very obvious during the period of adolescents and were decreasing with an increase of age of young people (Table 4.4). Thus, 48% of 14-16 years old respondents never talked with brothers and sisters about sexuality and SRHR. Although corresponding proportion decreased up to 32% in the group of 20-24 years old young people, this is still significant.

**Table 4.3: Access to information on sexuality and SRH through communication with brothers and sisters, by gender and urbanization of respondents**

| Urban/rural residence | Never talked with brothers/sisters about sexuality and SRHR | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 500 | 209 | 42 | 500 | 225 | 45 | 1000 | 434 | 43 |
| Rural | 200 | 69 | 34 | 200 | 64 | 32 | 400 | 133 | 33 |
| **Total** | **700** | **278** | **40** | **700** | **289** | **41** | **1400** | **567** | **40** |

**Table 4.4: Access to information on sexuality and SRH through communication with brothers and sisters, by gender and age of respondents**

| Age groups | Never talked with brothers/sisters about sexuality and SRHR | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| 14 – 16 years old | 214 | 103 | 48 | 208 | 98 | 47 | 422 | 201 | 48 |
| 17 – 19 years old | 231 | 102 | 44 | 245 | 103 | 42 | 476 | 205 | 43 |
| 20 – 24 years old | 255 | 73 | 29 | 247 | 88 | 36 | 502 | 161 | 32 |
| **Total** | **700** | **278** | **40** | **700** | **289** | **41** | **1400** | **567** | **40** |

**Data from the case studies:**

***Extract from the case study of 15 year old female respondent:***

*"… My 20 year old sister explains me everything and we share our stories, joys and difficulties with each other. Once she gave me the book: "Let's talk about this" and I found answers to all of my questions. I shared this book with my friends…"*

## 4.3. Access to information from teachers

**Survey data:**

There is still obvious lack of communication between adolescents and teachers of the general school in Armenia on issues related to sexuality, and sexual and reproductive health (Tables 4.5 and 4.6). The majority of respondents of this study, including urban (62%) and rural (56%) never talked openly with their school teachers about sexuality and sexual and reproductive health. Adolescents of both genders equally (60%) experienced the lack of sexual education in school.

**Table 4.5: Access to information on sexuality and SRH through communication with teachers, by gender and urbanization of respondents**

| Urban/rural residence | Never talked with teachers on sexuality and SRHR-related issues | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 500 | 308 | 62 | 500 | 312 | 62 | 1000 | 620 | 62 |
| Rural | 200 | 113 | 56 | 200 | 111 | 55 | 400 | 224 | 56 |
| **Total** | **700** | **421** | **60** | **700** | **423** | **60** | **1400** | **844** | **60** |

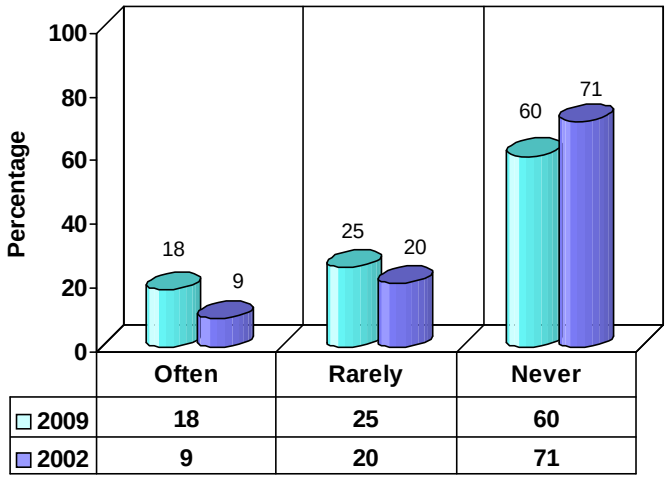
**Table 4.6: Access to information on sexuality and SRH through communication with teachers, by gender and age of respondents**

| Age groups | Never talked with teachers on sexuality and SRHR-related issues | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| 14 - 16 years old | 214 | 129 | 60 | 208 | 138 | 66 | 422 | 267 | 63 |
| 17 - 19 years old | 231 | 137 | 59 | 245 | 129 | 53 | 476 | 266 | 56 |
| 20 - 24 years old | 255 | 155 | 61 | 247 | 156 | 63 | 502 | 311 | 62 |
| **Total** | **700** | **421** | **60** | **700** | **423** | **60** | **1400** | **844** | **60** |

Age-specific comparison (Table 4.6) indicates that all three generations of young people experienced lack of sexuality education in school. The majority of young people born between 1985-1989 (62%), 1990-1992 (56%) and 1993-1995 (63%) never talked with teachers on sexuality and SRHR-related issues.

Meanwhile, the comparative assessment of results of 2002 and 2009 Adolescents Health studies conducted by the PAFHA indicate on positive trends in communication between young people and teachers of general school (Figure 4.2). Proportion of young people often talked to their teachers about sexuality and SRH issues increased twice in 2009 (18%), as compared to 2002 (9%).

**Figure 4.2: Comparison of results of 2002 and 2009 surveys on communication with teachers on sexuality and SRH (%)**




**Question: "Have you ever talked to your school teacher about sexuality, and sexual and reproductive health issues?"**

## Data from the case studies:

***Extract from the case study of 24 years old female respondent:***

*"… We didn't have subject of sex education in our school, but I learned a lot about values of life, including friendship, love and family, from my teacher of Mathematics…"*

***Extract from the case study of 15 years old female respondent:***

*"… I am glad to say that the subject of Healthy Life Style education is introduced recently in our school. During these lessons we are learning about the functions of female and male reproductive systems, basics of contraception and STIs/HIV/AIDS prevention. We have now opportunity to ask questions openly…"*

## 4.4. The main sources of information

**Survey data:**

The respondents of this study were requested to indicate five most important sources of their information about sexuality, sexual and reproductive health and rights (Table 4.7). The assessment show that most important sources of information on related issues were friends and peers (97%), TV programs (90%), magazines/ brochures (87%), parents (68%) and school teachers (47%).

**Table 4.7: Five most important sources of information on sexuality and sexual and reproductive health, by gender of respondents**

| Most important sources of information | Females (n=700) | | Males (n=700) | | Total (n=1400) | |
|---|---|---|---|---|---|---|
| | abs. | % | Abs. | % | abs. | % |
| Friends and peers | 687 | 98 | 668 | 95 | 1355 | 97 |
| TV programs | 587 | 84 | 675 | 96 | 1262 | 90 |
| Magazines, brochures | 615 | 88 | 599 | 86 | 1214 | 87 |
| Parents | 498 | 71 | 459 | 66 | 957 | 68 |
| Teachers | 321 | 46 | 337 | 48 | 658 | 47 |
| | | | | | | |

**Note: more than one answer is possible*

Table 4.8 represents opinions of respondents of this study about usefulness and reliability of obtained information. Young people believe that most reliable and useful information on sexuality, sexual and reproductive health they received from friends/peers (88%), magazines/brochures (83%) and school teachers (42%).

**Table 4.8: Opinions of young people on most useful and reliable sources of information on sexuality and SRH, by their genders**

| Most reliable and useful sources of information | Females (n=700) | | Males (n=700) | | Total (n=1400) | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| Friends and peers | 578 | 83 | 654 | 93 | 1232 | 88 |
| Magazines, brochures | 599 | 86 | 567 | 81 | 1166 | 83 |
| Teachers | 287 | 41 | 299 | 43 | 586 | 42 |
| | | | | | | |

**Note: more than one answer is possible*

**Data from the case studies:**

***Extract from the case study of 18 years old male respondent:***

*"…. I received most important and reliable information from my friend… Few days later after having unprotected sexual relationship I discovered strange discharge from my penis. My first reaction was to see my friend who was trained few years ago as a peer-educator. He asked me some questions and even made his preliminary diagnosis. He told me that we have to go immediately for a check-up and counseling. He knew the place where doctors were very friendly and knowledgeable. By fortune, it was only STI, not an HIV infection. Following intensive care I recovered…"*

***Extract from the case study of 24 years old male respondent:***

*"… Most of the lessons I learnt during my adolescent ages were based on my own experience..."*

## 4.4. Access to sexual and reproductive health care services

**Survey data:**

Most of respondents of this study (69%), especially rural youth (80%), never applied to any health facility for SRHR-related services, neither for medical check-up, nor for information, counseling or care (Table 4.9).

**Table 4.9: Access to Sexual and Reproductive Health Care Services, by gender and place of residence**

| Urban/rural residence | Never applied to any health facility for SRHR-related services | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 500 | 267 | 53 | 500 | 389 | 78 | 1000 | 656 | 66 |
| Rural | 200 | 158 | 79 | 200 | 162 | 81 | 400 | 320 | 80 |
| **Total** | **700** | **425** | **61** | **700** | **551** | **78** | **1400** | **976** | **69** |

The attendance to health facilities increased, however, with the age of respondents (Table 4.10). While great majority of 14-19 years old adolescents (89%) never applied to any SRH facility, more than one half of 20-24 years old young people (54.5% of females and 52% of males) applied for various SRHR-related services.

Gender-specific comparisons indicate that available SRHR services were more often utilized by young people of female gender, as compared to males (39% versus 21%). The access was especially limited for 14-19 years old male adolescents (96%).

**Table 4.10: Access to SRH Services, by gender and age of respondents**

| Age groups | Never applied to any health facility for SRHR-related services | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| 14 – 16 years old | 214 | 177 | 83 | 208 | 199 | 96 | 422 | 376 | 89 |
| 17 – 19 years old | 231 | 132 | 57 | 245 | 234 | 95 | 476 | 366 | 77 |
| 20 – 24 years old | 255 | 116 | 45 | 247 | 118 | 48 | 502 | 234 | 47 |
| **Total** | **700** | **425** | **61** | **700** | **551** | **79** | **1400** | **976** | **70** |

Meanwhile, the comparative assessment of results of 2002 and 2009 Adolescents Health Survey related to access to SRH services indicate on positive trends in accessing SRH services. Thus, the attendance for SRH services increased from 20%, in 2002, up to 30% in 2009.

In total, 434 (31%) young people ever attended various health facilities, including ambulatories, general policlinics for adults and children, health centers, maternities, etc. However, only 128 (30%) of them considered provided services as youth-friendly (Table 4.11). The majority (62%) were not happy with the quality of care.

**Table 4.11: Assessment of the quality of provided SRH Services, by gender of respondents**

| Do you consider attended services as youth-friendly | Females (n=285) | | Males (n=149) | | Total (n=434) | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| Yes | 85 | 30 | 43 | 29 | 128 | 30 |
| No | 179 | 63 | 89 | 60 | 268 | 62 |
| Other reply | 21 | 7 | 17 | 11 | 38 | 9 |
| **Total** | **285** | **100** | **149** | **100** | **434** | **100** |

The most common barriers were related to the cost (72%), lack of privacy (64%) and confidentiality (58%), and unfriendly attitude of the staff (15%). Female respondents more often experienced lack of privacy and confidentiality, and unfriendly attitude, as compared to males (Table 4.12).

**Table 4.12: Main obstacles for accessing SRH Services, by gender of respondents**

| Obstacles for access | Females (n=200) | | Males (n=106) | | Total (n=306) | |
|---|---|---|---|---|---|---|
| | abs. | % | abs. | % | abs. | % |
| Financial difficulties | 143 | 72 | 76 | 72 | 219 | 72 |
| Lack of privacy | 132 | 66 | 65 | 61 | 197 | 64 |
| Lack of confidentiality | 117 | 59 | 61 | 57 | 178 | 58 |
| Unfriendly attitude | 34 | 17 | 12 | 11 | 46 | 15 |
| Inconvenient working hours | 19 | 10 | 8 | 7 | 27 | 9 |
| Poor hygienic conditions | 12 | 6 | 4 | 4 | 16 | 5 |
| Unfavorable environment | 7 | 4 | 2 | 2 | 9 | 3 |
| Other replies/no replies | 5 | 2 | 1 | 0.9 | 6 | 2 |
| | | | | | | |

**Note: more than one answer is possible*

Through Reproductive Health Initiative for Young People in South Caucasus in 2007-2008, the PAFHA established 32 youth-friendly SRH services countrywide, on the basis of existing governmental health facilities. In these health facilities services are provided by trained personnel, free of charge and with respect to the privacy and confidentiality of the clients. However, for 29% of young people SRH services are not accessible yet, because of far distance from their place of living.

**Data from the case studies:**

***Extract from the case study of 15 year old male respondent:***

*"… I have got number of questions related to my sexual development, but don't know where to go for medical check-up and counselling. Are there any relevant services for boys..?"*

***Extract from the case study of 19 year old female respondent:***

*"… I attended gynecologist for medical check-up and counseling a year ago, as I was going through painful periods. She was very friendly and knowledgeable… I feel much better now and am very happy with the quality of care…"*

## 4.5. Summary of main findings

This study provided useful information on level of access to information and medical services on sexuality, and sexual and reproductive health. In particular, we observed the following:

1. In the traditional Armenian families there is still lack of communication between children and parents on issues related to sexuality, and sexual and reproductive health, which is influenced by urbanization, gender and age. Although proportion of parents who often talked to their children on these issues increased from 18%, in 2002, to 34% in 2009, the lack of communication with parents still exists in both urban (28%) and rural (26%) families.

2. Communication difficulties with parents reported almost on third (31%) of 14-24 years old male respondents living in urban areas and one quarter (25%) of those from rural areas. The lack of communication with parents is more obvious for adolescents. About 48% of 14-16 years old boys and 38% of girls never talked to their parents on sexuality and SRHR-related issues.

3. There is also lack of communication on sexuality and SRHR issues between the siblings, which is especially significant in urban communities (43%) and during the period of adolescence (48%).

4. There are positive trends in communication between young people and teachers of general schools about sexuality, sexual and reproductive health issues. The proportion of young people who often talked to their teachers about sexuality and SRH issues increased two times in 2009 (18%), as compared to 2002 (9%). However, the majority of urban (62%) and rural (56%) young people still experience lack of sexual education in the general school.

5. According to the opinion of young people the most common sources of information on sexuality, sexual and reproductive health are friends and peers (97%), TV programs (90%), magazines/brochures (87%), parents (68%) and school teachers (47%). Young people believe that they received from their friends and peers (88%), the magazines and brochures (83%), and the school teachers (42%) most useful and reliable information on these issues.

6. The comparative assessment of results of 2002 and 2009 Adolescents Health Survey indicate on positive trends in accessing SRH services. Thus, the attendance for SRH services increased from 20%, in 2002, up to 30% in 2009. However, most of respondents of this study (69%), especially rural youth (80%), never applied to any health facility for SRHR-related services, neither for medical check-up, nor for information, counseling or care.

7. The attendance to health facilities increased with the age of respondents. While 89% of 14-19 years old adolescents never applied to SRH facilities, 54.5% of 20-24 years old young people of female gender and 52% of male

gender ever applied for various SRHR-related services during their life-span. The available SRHR services are more often utilized by young females (39%), as compared to males (21%). The access is especially limited for 14-19 years old male adolescents (96%).

8. In total, 434 (31%) young people ever attended various health facilities, including ambulatories, general policlinics for adults and children, health centers, maternities, etc. However, only 128 (30%) of them considered provided services as youth-friendly. For 29% of young people existed youth-friendly SRH services are not accessible yet, because of far distance from their place of living.

9. The majority of young people (62%) are not happy with the quality of provided services. The most common barriers for access are related to the cost (72%), lack of privacy (64%) and confidentiality (58%), and unfriendly attitude of the staff (15%).

# Chapter 5

# SEXUAL BEHAVIOUR AND FAMILY FORMATION

## 5.1 Sexual behaviour

**Survey data:**

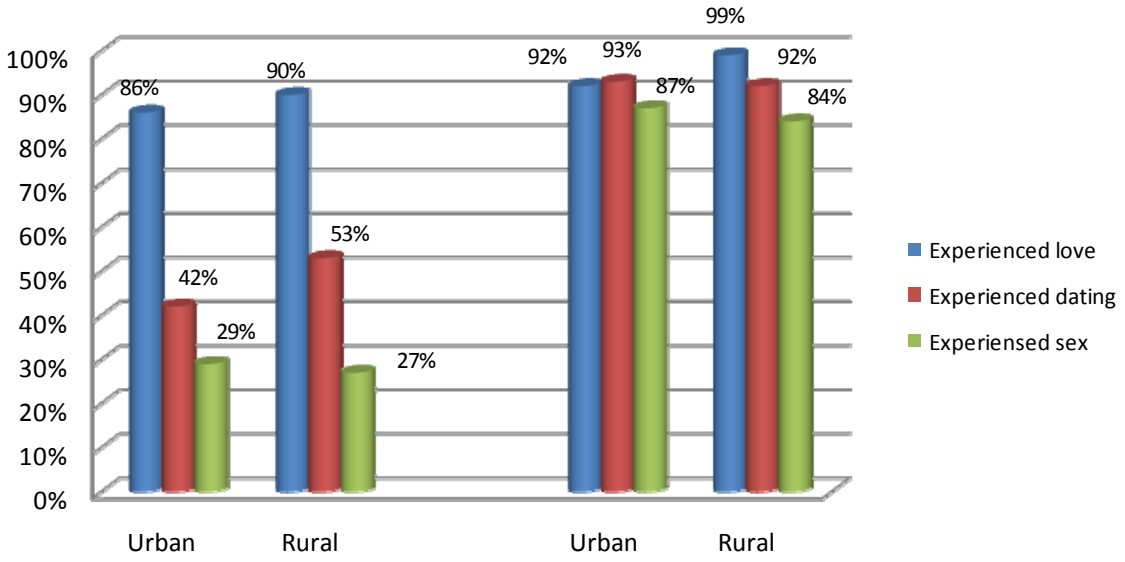
### a) First love, dating experience and sexual relationships

The great majority of young people, both males (93%) and females (88%), urban (89%) and rural (95%) already experienced their first, often platonic, feeling in love (Figure 5.1 and 5.2).

However, sexual behaviour of young people is determined by their gender. While dating experience has been reported by more than 93% of urban and 92% of rural boys and young men, it was admitted only by 42% of urban and 53% of rural girls and young women.

Similarly, while majority of male respondents (87% of urban males and 84% of rural) reported sexual relationships, these were admitted only by 29% of urban and 27% of rural female respondents.

**Figure 5.1: First love, dating experience and sexual relationships, by gender and urbanization of respondents**




**Females (n=700)** **Males (n=700)**

Table 5.1 demonstrates once more that gender of young people in Armenia is an important determinant of their sexual behavior. There were in total 198 (28%) female respondents and 604 (86%) male respondents who reported sexual relationships.

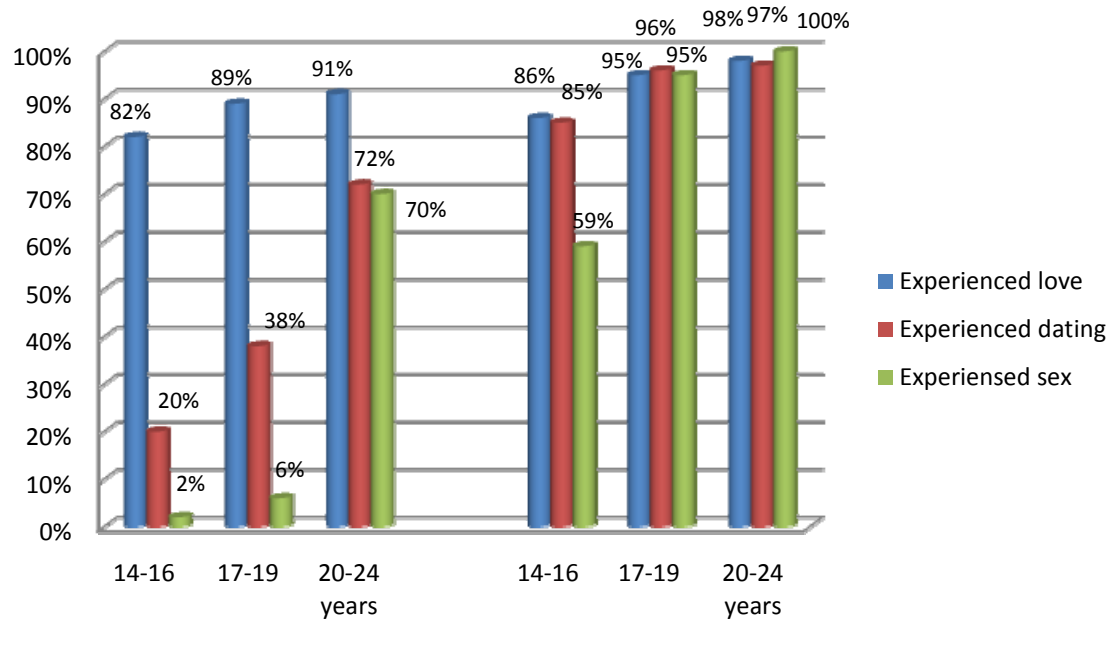
**Table 5.1: Sexual relationships, by gender and urbanization of respondents**

| Urban/rural residence | Proportion of young people who ever had sexual relationship | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 500 | 121 | 29 | 500 | 437 | 87 | 1000 | 581 | 58 |
| Rural | 200 | 77 | 27 | 200 | 167 | 84 | 400 | 221 | 55 |
| **Total** | **700** | **198** | **28** | **700** | **604** | **86** | **1400** | **802** | **57** |

Beginning of sexual life marks 5 year difference between two genders: the males have their first sexual intercourse at the age of 15, in the average, while females - at the age of 20.

According to the responses of 14-16 years old female adolescents most of them (82%) have an experience of feeling in love, but only 20% reported dating experience and 2% - sexual relationships. In fact, 85% of male adolescents from the same age group reported dating experience and 59% reported sexual relationships. By the age of 24, however, majority (78 %) of female respondents and all (100%) male respondents had their first sexual intercourse or its attempt (Figure 5.2).

**Figure 5.2: First love, dating experience and sexual relationships, by gender and age of respondents**

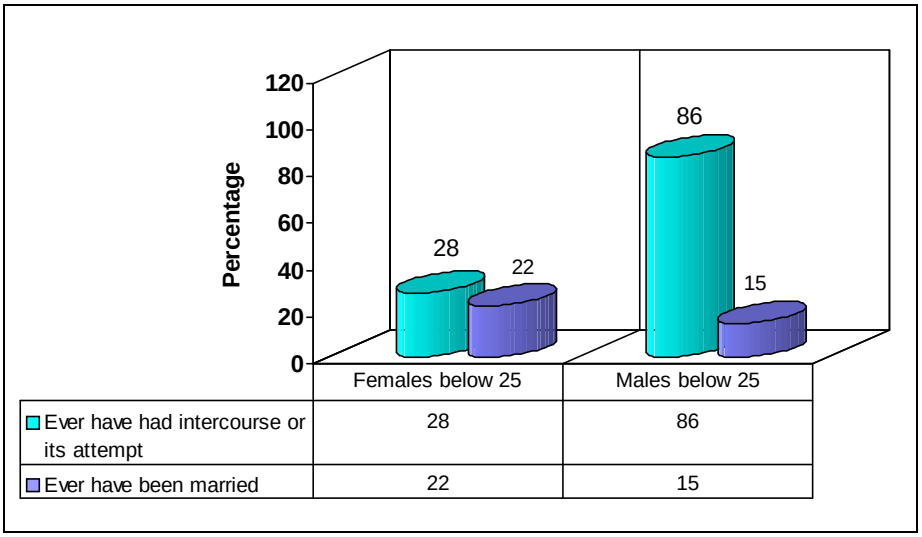



**Females (n=700)** **Males (n=700)**

### b) Premarital sexual relations

In Armenia, sexual abstinence before marriage is "the norm" for young women. While premarital sexual relations are common and are not denied by young men, it is an exception among female respondents. Thus, the majority (86%) of male respondents reported that have had sexual intercourse or its attempt, but only 15% have been ever married. In fact, among 700 female respondents only 28% reported that ever have had intercourse or its attempt and 22% of them have been ever married (Figure 5.3). Based on these responses it might be concluded that only 6% of young women and 71% of young men have had premarital sexual relations. This finding suggests that premarital sexual experience for Armenian women is either still not common or is enough of social taboo to be denied by the respondents.

**Figure 5.3: Premarital sexual relations, by gender of respondents**




In fact, evaluation of data concerning first sexual partners of young people revealed that at least 22% of female respondents and 89% of male respondents had premarital sexual relations (Table 5.2).

**Table 5.2: First sexual partners, by gender of respondents**

| First sexual partners | Females (n=198) | | Males (n=604) | | Total (n=802) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| Wife/husband | 154 | 78 | 67 | 11 | 221 | 28 |
| **Other partners** | | | | | | |
| Boyfriend | 42 | 21 | 0 | 0 | 42 | 5 |
| Girlfriend | 0 | 0 | 342 | 57 | 342 | 43 |
| Prostitute | 0 | 0 | 17 | 3 | 17 | 2 |
| Occasional partners | 2 | 1 | 178 | 29 | 180 | 22 |
| **Sub-total** | **44** | **22** | **537** | **89** | **581** | **72** |
| **Total** | **198** | **100** | **604** | **100** | **802** | **100** |

More than half (57%) of young men had their first intercourse with their girlfriends, 29% - with occasional sexual partners, and only 11% - with their spouses. Although the prostitution is illegal in Armenia, 3% of young men had their first sexual relationship with the prostitutes (Table 5.2).

Majority of female (87%) and male (79 %) participants of this study mentioned that their first sexual relationship was based on mutual desire. However, 129 (21%) young men admitted that they had their first sexual intercourse against their partners' will. About 12% of female respondents mentioned that they had their first sexual intercourse based on partners' pressure; one young woman (0.5%) has been raped (Table 5.3).

**Table 5.3: Partners' pressure for starting sexual relations, by gender of respondents**

| Did you wanted to start sexual relationships or it was against your wish? | Females (n=198) | | Males (n=604) | | Total (n=802) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| Yes, we both wanted | 173 | 87 | 475 | 79 | 648 | 81 |
| Only partner wanted | 23 | 12 | 0 | 0 | 23 | 3 |
| Only I wanted | 0 | 0 | 129 | 21 | 129 | 16 |
| I was raped | 1 | 0.5 | 0 | 0 | 1 | 0 |
| Don't want to reply | 1 | 0.5 | 0 | 0 | 1 | 0 |
| **Total** | **198** | **100** | **604** | **100** | **802** | **100** |

## Data from the case studies:

***Extract from the case study of 15 years old female respondent:***

*"… We love each other very much, but my parents do not allow me dating him. It is more than a month that we can express our feelings only through SMS messages…"*

***Extract from the case study of 19 years old male respondent:***

*"… First time I had my first intercourse at the age of 16 with my 29 year old neighbor, mother of 2 children. She was married, but separated. Her husband lived in Russia and visited her 2-3 times per year. Once, when I noticed that she is alone in her apartment, I knocked at the door. When she opened the door I couldn't say anything. She, probably, noticed my desire and started to kiss me. We both enjoyed the pleasure of sexual relationship at that time…"*

***Extract from the case study of 19 years old female respondent:***

*"… I have 20 year old boyfriend. We decided to marry each other after he graduates from university. We both agreed to have premarital sexual relationship. I don't want him to have sex with a prostitute or somebody else…"*

***Extract from the case study of 15 years old female respondent:***

*"… When I was 14, my 23 year old boyfriend told me that he would stop our relationship if I disagreed to have sex with him. I loved him so much and didn't want to lose him… It happened in his apartment... I was crying from pain and shame... After that day I said that don't want to see him anymore..."*

***Extract from the case study of 24 years old female respondent:***

*"… We love each other, but I can't have premarital sexual relationship, because of our traditions. I know that men are rarely abstinent and that he had several other girlfriends before dating me. I am afraid that he will have sex with one of them and don't know what to do…"*

***Extract from the case study of 18 years old female respondent:***

*"… I choose to be abstinent, because I am not sure whether I have found the right person or not. However, we have a great time together with many other enjoyable alternatives..."*

## 5.2 Family formation pattern

**Survey data:**

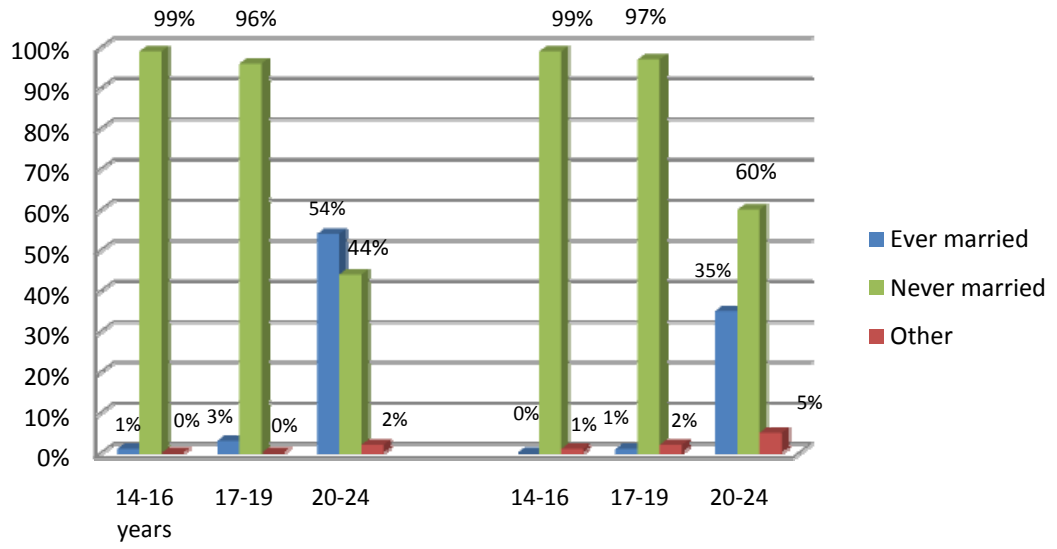
Level of urbanization and gender of young people are important determinants for family formation. Marriage before 25 years of age is more common for rural young people (27% versus 16% in urban). Urban girls marry by this age almost twice often than boys (21% versus 11%).

**Table 5.4: Family formation pattern, by gender and urbanization**

| Urban/rural residence | Proportion of young people ever been married or in consensual union | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 500 | 103 | 21 | 500 | 53 | 11 | 1000 | 156 | 16 |
| Rural | 200 | 52 | 26 | 200 | 54 | 27 | 400 | 106 | 27 |
| **Total** | **700** | **155** | **22** | **700** | **107** | **15** | **1400** | **262** | **19** |

Most of the marriages among young people take place after the age of 20. Young people of male gender usually create their families 2 years later than young females (Median is 21 years for girls and 23 years for boys). Earlier marriages or consensual union formation among 14-19 years old adolescents are not common (Figure 5.4).

**Figure 5.4: Family formation pattern, by gender and age of respondents**




**Females (n=700)** **Males (n=700)**

## Data from the case studies:

***Extract from the case study of 16 years old female respondent:***

*"… In our village there is a taboo on premarital sexual relationships for girls, but we had our first sexual intercourse when I was just 15 years old. To avoid the gossips, we decided to marry as soon as possible…"*

***Extract from the case study of 18 years old male respondent:***

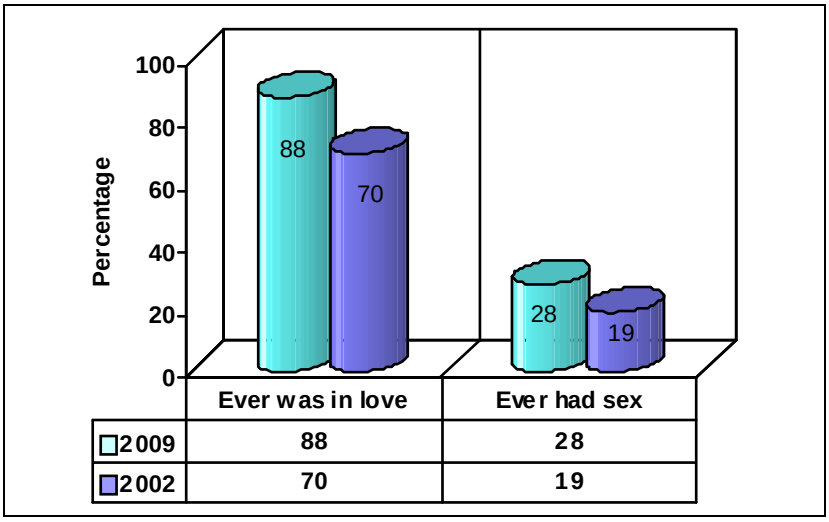
*"… Just after one month of our relationships she became pregnant. This unexpected pregnancy was the reason of my early marriage…"*

## 5.3 Current trends in sexual and marital behaviour

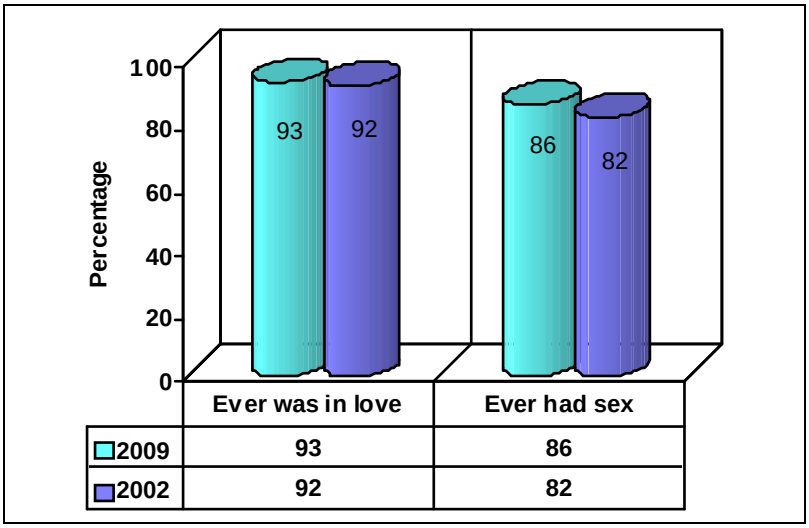
The comparative assessment between results of conducted by the PAFHA in 2002 and 2009 Adolescent Health related surveys shows that there is a trend for earlier starting of sexual activity also among young people of female gender (Figure 5.5). Thus, 28% out of 700 girls/young women born during 1985-1995 are sexually active, which is on 9% more than among female respondents involved in 2002 study (19%). Figure 5.5 demonstrates also that proportion of sexually active young people of male gender born during 1985-1995 increased up to 86% in 2009.

**Figure 5.5: Trends in sexual behaviour of young people, by gender (%)**

(Comparison of results of 2002 and 2009 studies)




**Female respondents**




**Male respondents**

Median age of girls and boys at their first intercourse declined in recent generation of young people (20 for girls and 15 for boys), while the time interval between first intercourse and first marriage increased (from 0 up to 1 year for girls and from 5 up to 8 years for boys).

**Figure 5.6: Median age of female respondents at first sexual intercourse and first marriage, by year of birth**

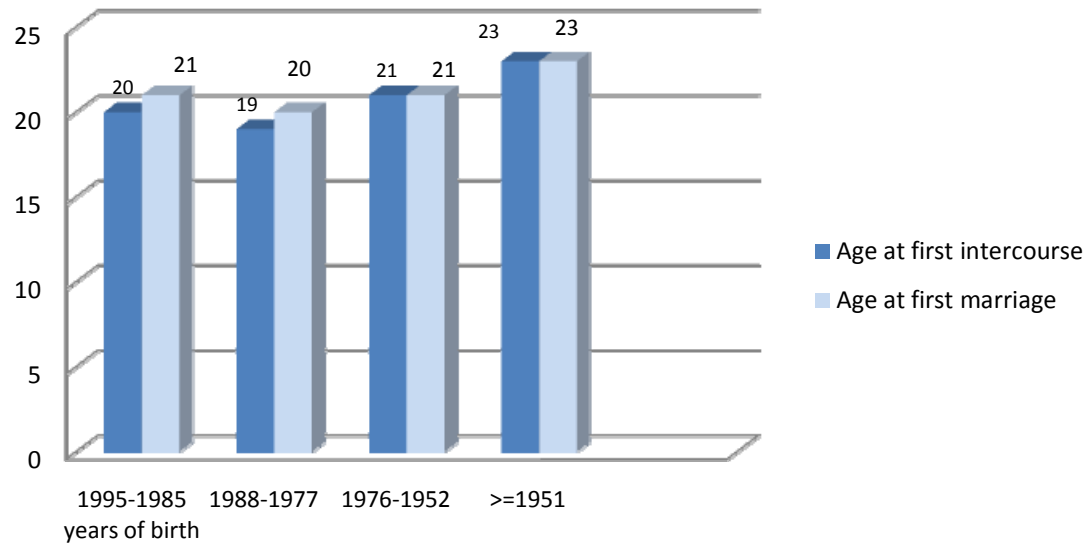
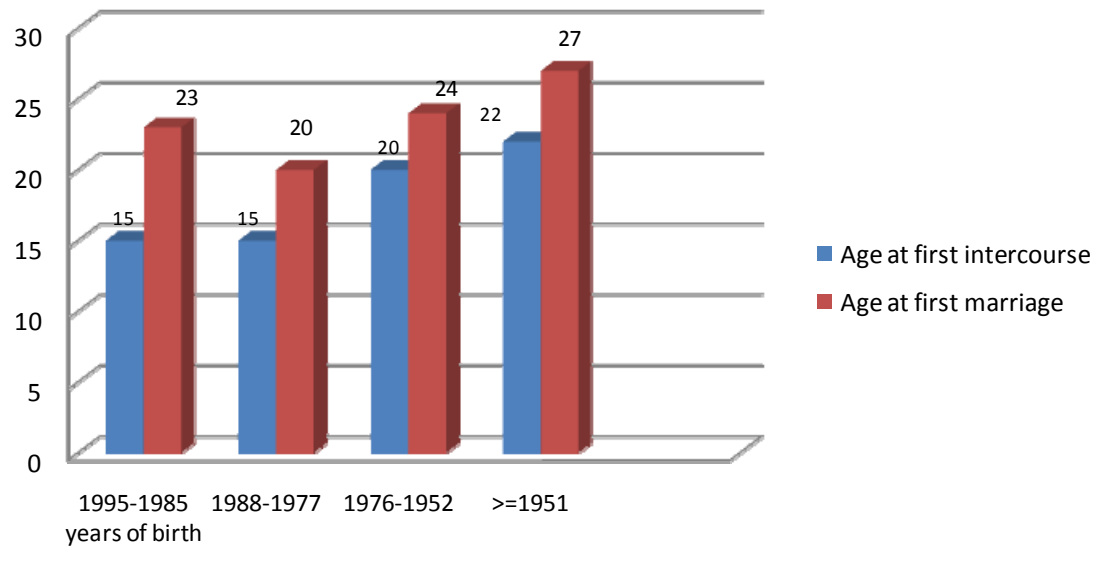



**Figure 5.7: Median age of male respondents at first sexual intercourse and first marriage, by year of birth**




According to responses of older generations of females, most of them have had their first intercourse at the time of first marriage. However, responses of female participants of this study revealed one year difference between first intercourse and first marriage (Figure 5.6). These findings indicate either on trend of gradual removal

of social taboo on premarital sexual relationships for women or on speaking more openly about sexuality-related issues. In fact, men's premarital sexual life was always common and acceptable in Armenia. The "trial" period between first intercourse and fist marriage increased up to 7 years in generation of males born during 1985-1995 (Figure 5.7).

## 5.4. Summary of main findings

Summary of main findings related to sexual behaviour and family formation is given below:

1. Beginning of sexual life marks 5 year difference between two genders: boys have their first sexual intercourse at the age of 15, in the average, while females - at the age of 20. There is a significant difference between proportion of sexually active young men (86%) and young women (28%).
2. Majority of young people have their first sexual relationship based on mutual desire. However, 21% of young men admitted that they had their first sexual intercourse against their partners' will. About 12% of young people of female gender experience partners' pressure for having sexual relationships. The rape is not an exception.
3. At least 22% of female respondents and 89% of male respondents had premarital sexual relations. Premarital sexual experience for Armenian women is either still not common or is enough of social taboo to be denied by the respondents.
4. While older generations of females usually report that have had their first intercourse at the time of first marriage, there is one year time-interval between age at first intercourse and first marriage reported by female respondents of this study. These findings indicate either on trend to gradual removal of social taboo on female premarital sexual relationships or on speaking more openly about sexuality-related issues.
5. Men's premarital sexual life was always common and acceptable in Armenia. The "trial" period between first intercourse and fist marriage in generation of young men born during 1985-1995 increased up to 7 years.
6. More than half (57%) of young men had their first intercourse with their girlfriends, 29% - with occasional sexual partners, and only 11% - with their spouses. Although the prostitution is illegal in Armenia, 3% of young men had their first sexual relationship with the prostitutes.
7. Most of the marriages among young people take place after the age of 20 (Median is 21 years for girls and 23 years for boys). Earlier marriages or consensual union formation among 14-19 years old adolescents are not common.
8. The level of urbanization and gender of young people are important determinants for family formation. Family formation before 25 years of age is more common for rural young people than for urban (27% versus 16%). Young people of female gender marry more often than of male gender (22% versus 15%).

# Chapter 6

# REPRODUCTIVE HEALTH

## 6.1 Pregnancies and their outcomes

**Survey data:**

### a) Pregnancies

According to responses of 198 sexually active female participants of this study, 155 (78%) young women were ever married or in consensual union and 92 (46%) were ever pregnant (Figure 6.1). Most of the pregnancies (98%) occurred among ever married or in consensual union women, except of 2 cases (2%).

Among 604 sexually active male participants there were 286 (47%) young men whose sexual relationships resulted in pregnancy of their spouses or partners, while only 107 (18%) were ever married or in consensual union (Figure 6.1). This finding suggests that at least 179 (63%) of these pregnancies were outside of the families.

**Figure 6.1: Family formation and pregnancies among sexually active young people**

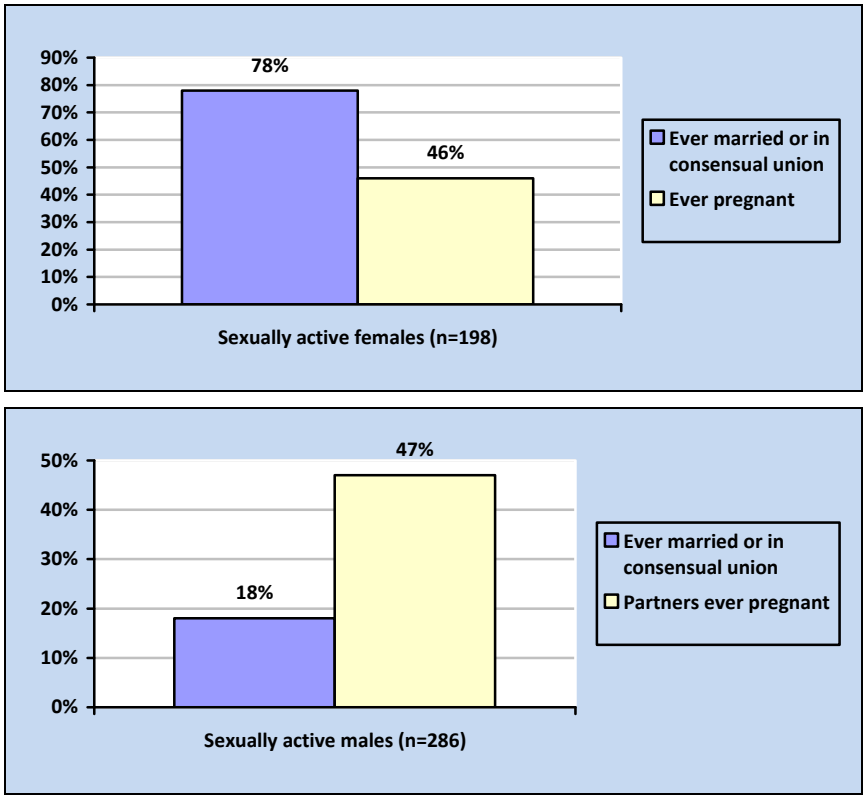


Table 6.1 demonstrates that pregnancies occur more frequently among rural young women, as compared to urban (50% versus 45%), as well as among partners/spouses of rural young men, as compared to urban (52% versus 46%). This finding can be considered as indirect indicator of higher fertility level in rural population.

**Table 6.1: Pregnancies among female respondents and partners/spouses of male respondents, by urbanization**

| Urban/rural residence | Proportion of sexually active young people or their partners ever pregnant | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females (n=198) | | | Males (n=604) | | | Total (n=802) | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 144 | 65 | 45 | 437 | 199 | 46 | 581 | 264 | 45 |
| Rural | 54 | 27 | 50 | 167 | 87 | 52 | 221 | 114 | 52 |
| **Total** | **198** | **92** | **46** | **604** | **286** | **47** | **802** | **378** | **47** |

The age-specific analysis of proportion of pregnancies shows that about 40% of 17-19 years old sexually active young women were ever pregnant, but conception below this age was not common (Table 6.2). Proportion of ever pregnant young women reached up to 48% among 20-24 years old female respondents.

Starting from 16 years of age male adolescents are experiencing pregnancies among their partners following unprotected sexual relationships. The proportion of pregnancies among partners of young men reaches up to 96% in 20-24 years age cohort.

**Table 6.2: Pregnancies among female respondents and partners/spouses of male respondents, by age cohorts**

| Age groups | Proportion of sexually active young people or their partners ever pregnant | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females (n=198) | | | Males (n=604) | | | Total (n=802) | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| 14 – 16 years old | 5 | 0 | 0 | 123 | 2 | 2 | 128 | 2 | 2 |
| 17 – 19 years old | 15 | 6 | 40 | 234 | 46 | 20 | 249 | 52 | 21 |
| 20 – 24 years old | 178 | 86 | 48 | 247 | 238 | 96 | 425 | 324 | 76 |
| **Total** | **198** | **92** | **46** | **604** | **286** | **47** | **802** | **378** | **47** |

**b) Outcomes of the last pregnancy:**

Traditionally, children in Armenia are the most important component of the family. The cultural expectation is that the first child should be born during the first two years after the marriage, regardless the age of women and men. The failure to have children, even for young women below 25 often results in divorce. This tradition has its reflection in the outcome of the pregnancies among sexually active young women involved in this study. As majority of ever pregnant female respondents were ever married or in consensual union most of them (55%) gave the birth.

First most frequent (52%) outcome of the last pregnancy reported by ever pregnant female respondents is live birth (Table 6.3). The rate of obstructed labors is quite high: about 6% of all births are stillbirths.

Second most frequent outcome of the last pregnancy was miscarriage (16%) and the third most frequent outcome was induced abortion (15%).

**Table 6.3: Outcomes of the last pregnancy, as reported by female and male respondents**

| Last pregnancy outcomes | Females (n=92) | | Males (n=286) | | Total (n=378) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| Live births | 48 | 52 | 45 | 16 | 93 | 25 |
| Stillbirth | 3 | 3 | 1 | 0 | 4 | 1 |
| Miscarriage | 15 | 16 | 29 | 10 | 44 | 12 |
| Induced abortion | 14 | 15 | 126 | 44 | 140 | 37 |
| Ectopic pregnancy | 1 | 1 | 0 | 0 | 1 | 0 |
| Still pregnant | 11 | 12 | 83 | 29 | 94 | 25 |
| No idea | 0 | 0 | 2 | 1 | 2 | 1 |
| **Total** | **92** | **100** | **286** | **100** | **378** | **100** |

In Armenia, pregnancy outside of the marriage usually is not desirable and unwanted. Only about 20% of male respondents whose sexual relationships resulted in pregnancy were currently married. It can be supposed that for the remaining majority the last pregnancy was unwanted.

First most frequent (44%) outcome of the last pregnancy occurred among partners of 286 male respondents was induced abortion, the second most frequent outcome was live birth (16 %) and the third - was a miscarriage (10%).

By the time of interview 11 (12%) female respondents and sexual partners of 83 (29%) male respondents were still pregnant. The proportion of currently pregnant

female respondents is more than twice less (12%) than proportion of pregnant partners of male respondents (29%).

Some men do not care about the outcome of pregnancies among their sexual partners. Among participants of this survey there were 2 (0.8%) young men who didn't know about his partner's pregnancy outcome.

**Data from the case studies:**

***Extract from the case study of 24 year old female respondent:***

*"… My daughter was born 7 years ago, when I was just 17 years old. I had Caesarean Section to save her life due to unexpected circumstances. After the childbirth, I also had 2 miscarriages. Currently, I receive the treatment to be able to have another child…"*

***Extract from the case study of 23 year old female respondent:***

*"… I had just one pregnancy, which, unfortunately, was ectopic and my right tube was removed…"*

***Extract from the case study of 23 year old male respondent:***

*"… My partner is 25 years old. She is pregnant again and probably will do another abortion…"*

## 6.2 Parenthood among young people

**Survey data:**

Result of this study show that early parenthood is 3 times more common for young women than for young men (Table 6.4). The proportion of young parents in rural communities (13%) is on 2% higher than in urban (11%).

**Table 6.4: The parenthood among young people, by gender and urbanization**

| Urban/rural residence | Proportion of parents among sexually active young people | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females (n=198) | | | Males (n=604) | | | Total (n=802) | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 144 | 34 | 24 | 437 | 30 | 7 | 581 | 64 | 11 |
| Rural | 54 | 14 | 26 | 167 | 15 | 9 | 221 | 29 | 13 |
| **Total** | **198** | **48** | **24** | **604** | **45** | **8** | **802** | **93** | **12** |

There were more adolescent mothers than adolescent fathers among respondents below 20 years of age (13% versus 4%). In 20-24 years age cohort proportion of mothers increased twice (26%) and of fathers by 4 times (16%). In the total sample of 14-24 years old sexually active female respondents about one quarter (24%) were mothers and only 8% were fathers (Table 6.5).

**Table 6.5: The parenthood among young people, by gender and age of respondents**

| Age groups | Proportion of parents among sexually active young people | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females (n=198) | | | Males (n=604) | | | Total (n=802) | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| 14 - 16 years old | 5 | 0 | 0 | 123 | 2 | 2 | 128 | 2 | 2 |
| 17 - 19 years old | 15 | 2 | 13 | 234 | 4 | 2 | 249 | 6 | 2 |
| 20 - 24 years old | 178 | 46 | 26 | 247 | 39 | 16 | 425 | 85 | 20 |
| **Total** | **198** | **48** | **24** | **604** | **45** | **7** | **802** | **93** | **12** |

Most of young parents (90%) had only one child (Table 6.6); 6 young women raising 2 children (9%) and 1 woman raising 3 children (1%).

**Table 6.6: Number of living children, by gender of respondents**

| Number of children | Females (n=48) | | Males (n=45) | | Total (n=93) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| One child | 41 | 85 | 43 | 96 | 84 | 90 |
| Two children | 6 | 13 | 2 | 4 | 8 | 9 |
| Three children | 1 | 2 | 0 | 0 | 1 | 1 |
| **Total** | **48** | **100** | **45** | **100** | **93** | **100** |

**Data from the case studies:**

***Extract from the case study of 18 year old male respondent:***

*"… My girlfriend got pregnant and I want to marry her as soon as possible. I think we will live with my parents, but I don't know how to explain them the reasons of my early marriage… I changed my plans concerning higher education. Currently, I need to earn money to be able to raise the child..."*

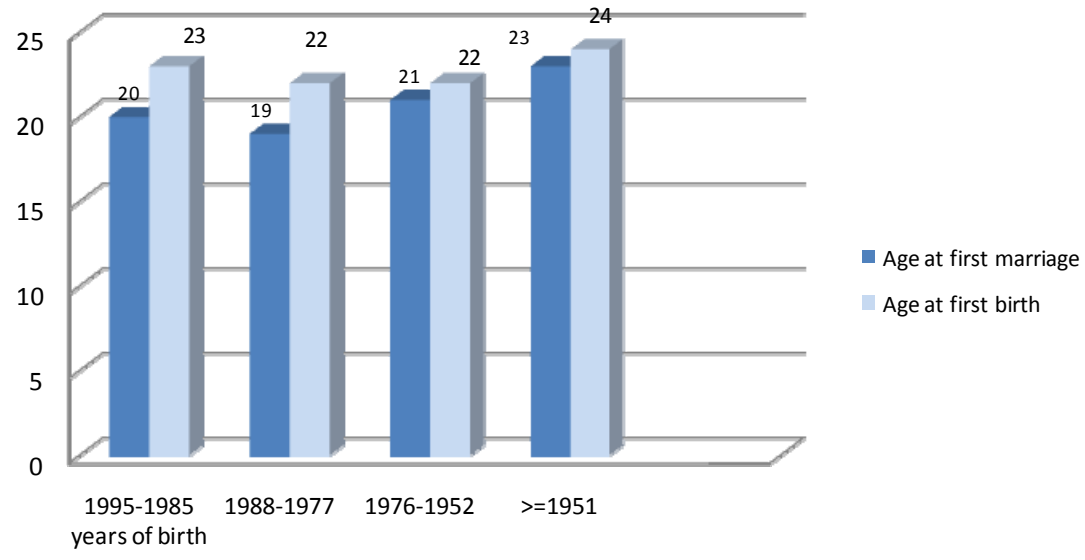
***Extract from the case study of 24 year old female respondent:***

*"… I am 24, but already have 3 children. I am happy mother, but all my plans connected with receiving medical education and carrier development have been broken. I am taking care of my children alone, which is not an easy task …"*

## 6.3 Current trends in reproductive behaviour

This study revealed changes in reproductive behaviour of young people born in recent generations. Thus, median age of women at birth of their first child increased from 22 up to 23 years compared to generation born after 1952, remaining still at lower level than in older generations. The assessment also indicates an increase of time-interval between first marriage and first birth from 1 up to 3 years, as compared to generations born before 1977 (Figure 6.2).

**Figure 6.2: Comparison between median ages at first marriage and first birth, between 4 different generations of women**



## 6.4. Summary of main findings

Summary of main findings related to reproductive behaviour of young people is given below:

1. Most of the pregnancies (98%) among female respondents occur after family formation, while 63% of pregnancies resulted from sexual relationships of male respondents are outside of the families.
2. Pregnancy occurs more frequently among rural young women, as compared to urban (50% versus 45%), as well as among partners/spouses of rural young men, as compared to urban (52% versus 46%). This finding can be considered as indirect indicator of higher fertility level in rural population.
3. About 40% of 17-19 years old sexually active young women ever conceive, but conception below this age is not common. Proportion of ever pregnant young women reaches up to 48% in 20-24 years age cohort.
4. Starting from 16 years of age male adolescents are experiencing pregnancies among their partners following unprotected sexual relationships. The proportion of pregnancies among partners of young men reaches up to 96% in 20-24 years age cohort.
5. The cultural tradition to have children during first years of the marriage has its reflection in the outcome of the pregnancies occurred among young women involved in this study. As majority of ever pregnant female respondents are ever married or in consensual union, most of them choose childbirth.
6. First most frequent (52%) outcome of the last pregnancy reported by ever pregnant female respondents is live birth. The rate of obstructed labors is quite high: about 6% of all births are stillbirths.
7. Second most frequent outcome of the last pregnancy was miscarriage (16%) and the third most frequent outcome was induced abortion (15%).
8. In Armenia, pregnancy outside of the marriage usually is not desirable and unwanted. Only about 20% of male respondents whose sexual relationships resulted in pregnancy were currently married. It can be supposed that for the remaining majority the last pregnancy was unwanted.
9. First most frequent (44%) outcome of the last pregnancy occurred among partners of male respondents is induced abortion, the second most frequent outcome is live birth (16%) and the third one - is a miscarriage (10%).
10. The proportion of currently pregnant female respondents is more than twice less (12%) than proportion of pregnant partners of male respondents (29%).
11. Some men do not care about the outcome of pregnancies among their sexual partners. Among participants of this survey there were 2 (0.8%) young men who didn’t know about his partner’s pregnancy outcome.
12. Parenthood before 25 years of age is 3 times more common for young women than for young men. While about one quarter (24%) of sexually active female

respondents of the survey are already mothers, only 8% of sexually active male respondents are fathers.

13. Parenthood among adolescents below 20 years of age is more common for females than for males (13% versus 4%). There are twice more young mothers (26%) and 4 times more young fathers (16%) in 20-24 years age cohort.
14. Most of young parents (90%) have only one child, while remaining 10% have 2 or 3 children.

# Chapter 7

# UNINTENDED PREGNANCIES, ABORTION AND CONTRACEPTIVE USE

## 7.1 Unintended pregnancy and induced abortion

In Armenia, for many years women are using unreliable means of contraception and repeated abortion remains the primary means of birth control. Due to unsafe sexual behaviour and lack of knowledge on fertility regulation adolescents and young people are at greater risk of unintended pregnancy and unsafe abortion.

### a) Incidence of unintended pregnancy and induced abortion

**Survey Data:**

According to results of this study 163 (20%) out of 802 sexually active young people, ever faced unintended pregnancy and 146 (18%) of them experienced induced abortion.

Proportion of young people experienced unintended pregnancy (Table 7.1) is higher in urban communities (21%) than in rural (19%). Similarly, induced abortion experienced 19% of urban and 16% of rural respondents (Table 7.2).

**Table 7.1: Experience of unintended pregnancy, by gender and urbanization**

| Unintended pregnancy | Proportion of sexually active young people ever experienced unintended pregnancy | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females (n=198) | | | Males (n=604) | | | Total (n=802) | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 144 | 23 | 16 | 437 | 98 | 22 | 581 | 121 | 21 |
| Rural | 54 | 8 | 15 | 167 | 34 | 20 | 221 | 42 | 19 |
| | **198** | **31** | **16** | **604** | **132** | **22** | **802** | **163** | **20** |

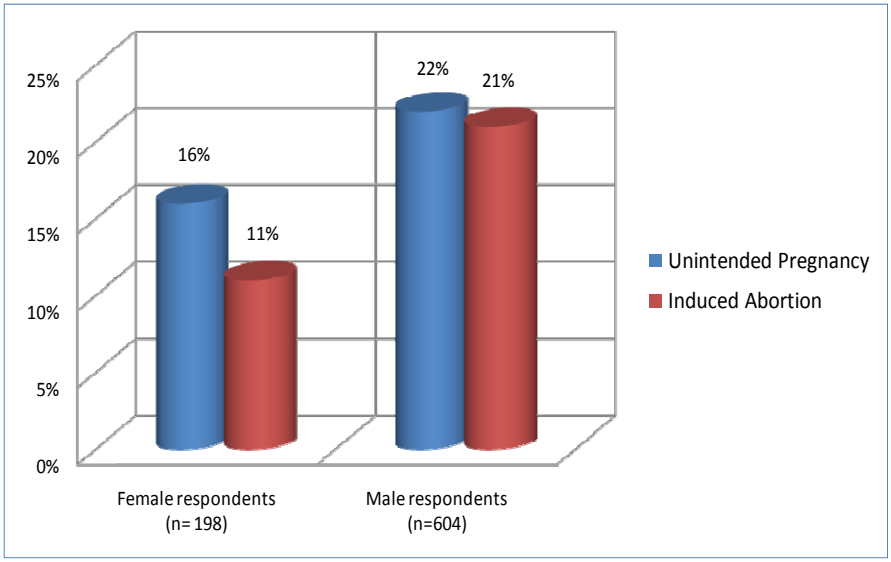
Tables 7.1 and 7.2 and Figure 7.1 show that proportion of unintended pregnancies and induced abortions are significantly higher among sexual partners/spouses of male respondents, compared to the female respondents (22% and 16%)

Unintended pregnancies were artificially interrupted in 21 (11%) female respondents and partners of 125 (21%) male respondents. Actually, at least 5% of female respondents and partners of 1% of male respondents continued unwanted pregnancy.

**Table 7.2: Experience of induced abortion, by gender and urbanization**

| Induced Abortion | Proportion of sexually active young people ever experienced induced abortion | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females (n=198) | | | Males (n=604) | | | Total (n=802) | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 144 | 16 | 11 | 437 | 95 | 22 | 581 | 111 | 19 |
| Rural | 54 | 5 | 9 | 167 | 30 | 18 | 221 | 35 | 16 |
| | **198** | **21** | **11** | **604** | **125** | **21** | **802** | **146** | **18** |

**Figure 7.1: Experience of Unintended Pregnancy and Induced Abortion among survey respondents**




## b) Background factors and common reasons

**Survey Data:**

Results of this survey confirm that lack of information about contraception and access to family planning services, as well and poor socio-economic statuses of young women are main background factors for unintended pregnancy and its termination. The most common reason of the last abortion (mentioned by 91% of female respondents) is intention to postpone or avoid birth of the next child. Actually these young women are using an abortion as a method of birth control.

Fear of difficulties for raising another child due to inadequate living and/or housing conditions was second most frequent (38%) cause of the last abortion among young women (Table 7.3). Three women (14%) admitted that performed an abortion

because they have had premarital pregnancy and another 3 women (14%) terminated their pregnancy because of divorce or broken relationship.

In 2 cases (10%), main reason of abortion was fear of congenital defects of the foetus because of medication use during the pregnancy. One woman terminated pregnancy, because it was result of the rape, another one - because of poor health.

**Table 7.3: Reasons of last induced abortion reported by female respondents**

| Reasons of last abortion | Females (n=21) | |
|---|---|---|
| | Abs. | % |
| Wish to postpone birth of next child | 19 | 91 |
| Inadequate living and/or housing conditions | 8 | 38 |
| Premarital pregnancy | 3 | 14 |
| Divorce, separation or broken relationship | 3 | 14 |
| Medication use during pregnancy | 2 | 10 |
| Pregnancy as a result of rape | 1 | 5 |
| Health-related medical reasons | 1 | 5 |
| | | |

*Note: More than one answer is possible*

**Table 7.4: Reasons of induced abortion reported by male respondents**

| Reasons of last abortion | Males (n=125) | |
|---|---|---|
| | Abs. | % |
| Unintended premarital pregnancy | 69 | 55 |
| Wish to postpone birth of next child | 44 | 35 |
| Inadequate living and/or housing conditions | 15 | 12 |
| Off marriage pregnancy | 13 | 10 |
| Divorce, separation or broken relationship | 6 | 5 |
| Medication use during pregnancy | 3 | 2 |
| | | |

*Note: More than one answer is possible*

Evaluation of perception of young men about this issue revealed that in 65% of cases pregnancy in their sexual partners was terminated because it occurred before (55%) the marriage or outside of the family (10%). An intention to postpone or avoid birth of the next child was reported by 35% of young men (Table 7.4).

### c) Methods of induced abortion

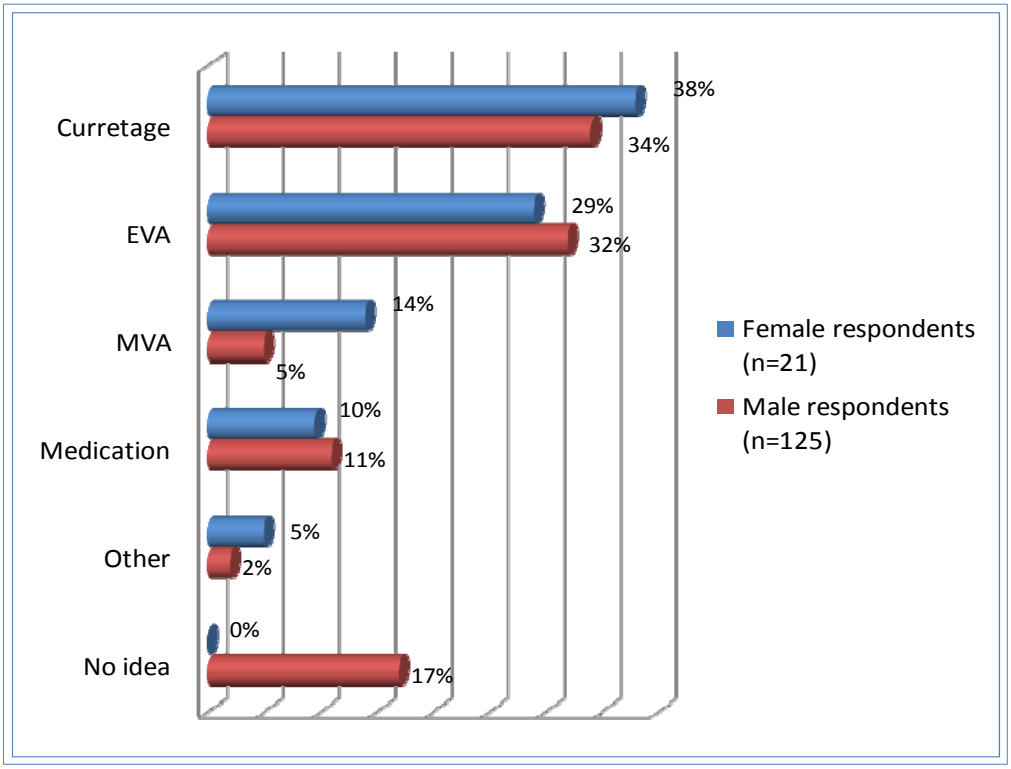
An assessment shows that most frequent methods of pregnancy termination in Armenia are still dilatation & curettage (D&C) and electrical vacuum aspiration (EVA). Methods of manual vacuum aspiration (MVA) and medication abortion (MA) are not widely used.

**Survey Data:**

According to perceptions of 38% of young women with history of abortion (Figure 7.2), their last pregnancy was terminated through the curettage; 29% of women mentioned that their pregnancy was terminated through electrical vacuum-aspiration.

Perceptions of young men about methods of pregnancy termination performed in their partners were identical. According to responses of male respondents, the curettage was first most common method of pregnancy termination (34%) and electrical vacuum-aspiration was the second most common method (32%).

**Figure 7.2: Perceptions of young people about methods of last induced abortion**




The manual vacuum aspiration was used for termination of pregnancy in 14% of young women and sexual partners of 5% of young men with history of abortion. It was found also that medication abortion was used in 10% of young women and sexual partners of 11% of young men. However, significant proportion of male

respondents (17%) didn't have an idea about methods of last induced abortion performed in their spouses/partners.

**d) The quality of abortion care**

The Law on Human Reproductive Health and Reproductive Rights that was adopted by the Parliament of Armenia in 2002 states that every woman, including adolescent, has the right to access high quality sexual and reproductive health services, with respect to privacy and confidentiality. In fact, the financing mechanisms, governmental regulations and control over the implementation of this law are still lacking. Many effective methods of contraception and safe abortion have been introduced to the health providers of the governmental clinics: yet, still significant number of young women experience low quality of care and unsafe abortion with related psychological and health consequences.

**Survey Data:**

Evaluation of results of this study shows that 14 (67%) young women who experienced induced abortion are not happy with the quality of their last abortion care. The main reasons of none satisfaction were lack of privacy, confidentiality and the pain management (Figure 7.3).

**Figure 7.3: Level of satisfaction of female respondents with quality of their last abortion care**

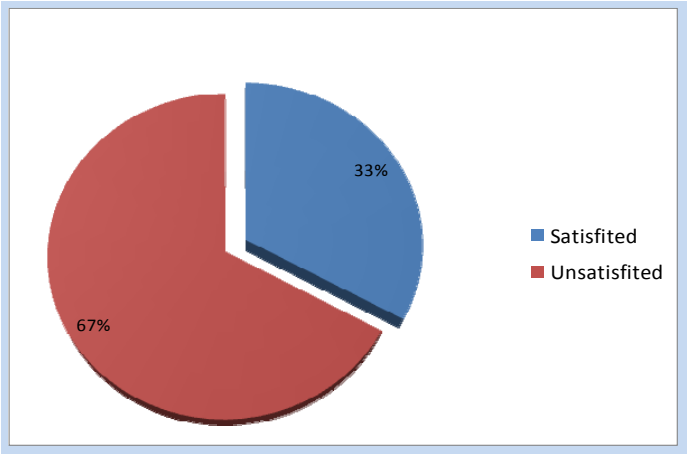
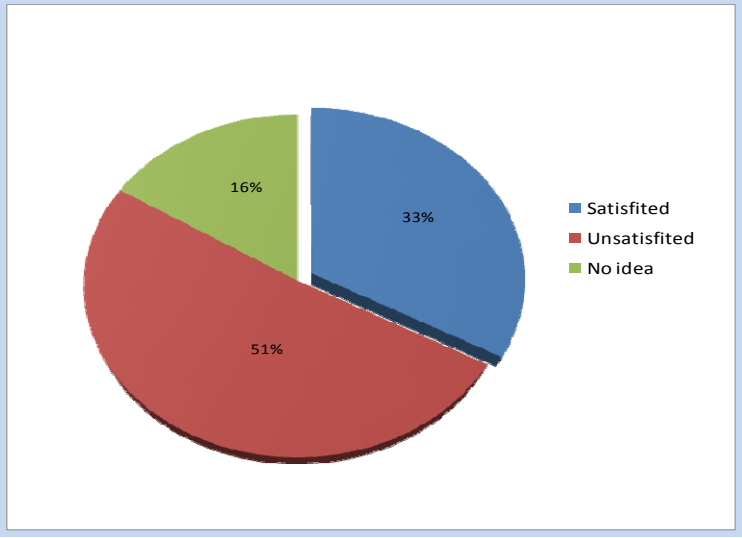



**Figure 7.4: Perceptions of male respondents about quality of abortion care performed in their partners**



Similarly, only 41 (33%) of respondents have been satisfied with the quality of abortion services provided to their spouses/partners (Figure 7.4). However 20 (16%) young men didn't have an idea about this issue.

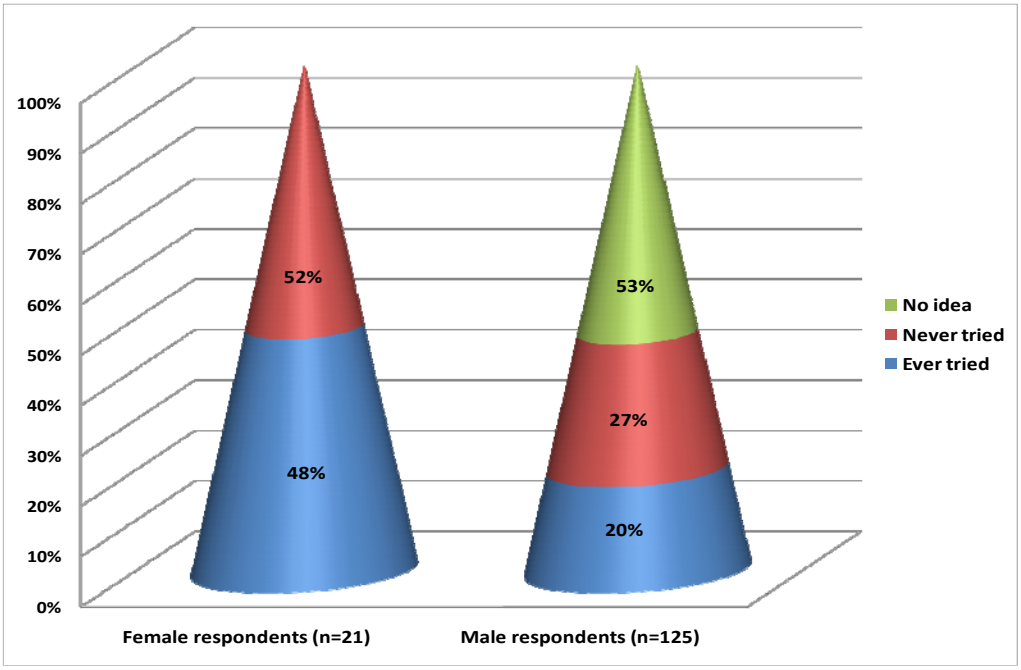
### e) Self-induced abortions

**Survey data:**

We analyzed also the frequency of self-attempts to induce an abortion and found that this is still common practice in Armenia. The main background factors are related to poor quality of abortion services in government clinics and high cost.

Ten out of 21 (48%) young women with history of induced abortion mentioned that they ever attempted to self-induce pregnancy termination. Attempt of sexual partners to self-induce pregnancy termination was mentioned also by 25 out of 125 male respondents (20%). However, 66 (53%) young men didn't have an idea about this issue; therefore data reported by male respondents are not reliable (Figure 7.5).

**Figure 7.5: Self-attempts to induce abortion, as reported by female and male respondents**




### f) Abortion-related complications

In Armenia, regardless of permissive legislation, complications of unsafe abortion accounted for 15 percent of all maternal deaths in 1995-2003.

**Survey data:**

The high rate of post-abortion complications reported by participants of this study indicates on poor quality of abortion care in Armenia. Thus, abortion-related

complications experienced 3 out of 21 (14%) young women and sexual partners of 11 out of 125 (9%) young men who ever have had an abortion. However, data on post-abortion complications among sexual partners of young men are also not reliable, since 45 (36%) male respondents didn't have an idea about the outcome of last abortion in their partners (Table 7.5). This observation is indicating on lack of male involvement in fertility regulation, either due to the lack of awareness about danger of unsafe abortion, or because of ignorance of woman's health and well-being.

**Table 7.5: Abortion-related complications, as reported by female and male respondents**

| Abortion related complications | Females (n=21) | | Males (n=125) | | Total (n=146) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| Had complications | 3 | 14 | 11 | 9 | 14 | 7 |
| Had no complications | 18 | 86 | 69 | 55 | 87 | 69 |
| No idea | 0 | 0 | 45 | 36 | 45 | 24 |
| **Total** | **21** | **100** | **125** | **100** | **146** | **100** |

**Data from the case studies:**

***Extract from the case study of 19 year old male respondent:***

*"… I had just one unprotected sexual relationship with my 16 year old girlfriend and she conceived this month. She is very afraid and suggested me to marry with her. But we are too young and not ready to raise a child… "*

***Extract from the case study of 23 year old female respondent:***

*"… We would like to avoid having next child because of financial problems. My husband has no job and often travelling to Russia for earning money, which is not easy for both of us…"*

***Extract from the case study of 24 years old female respondent:***

*" … After 6 weeks I had a surgical abortion... I saw that doctor using several metallic instruments for cleaning the uterine cavity…"*

***Extract from the case study of 22 years old male respondent:***

*" … My girlfriend used abortion pills following advice of her neighbor. She was very happy to avoid visit to the clinic …"*

***Extract from the case study of 17 years old female respondent:***

*"… Physician wanted to see my parents for getting their permission for an abortion. I didn't want to inform parents and left the clinic. My boyfriend took me to the private physician who helped me at his home. He used the special syringe for aspiration…"*

***Extract from the case study of 19 years old female respondent:***

*"… I had electrical vacuum aspiration without anesthesia and I can't forget that voice of the vacuum till now and my feelings of strong physical and emotional pain…"*

***Extract from the case study of 24 years old female respondent:***

*"… Yes, I am happy with the quality of abortion care performed in the clinic. The procedure was finished in 5 minutes and was not very painful. After an abortion we had a discussion with my doctor about methods of contraception…"*

***Extract from the case study of 21 years old female respondent:***

*" … My friend gave me some pills for pregnancy termination and provided with an instruction on using them. I used that drug at home without medical control. Nothing happened on the first day… The next day I started feeling pain. The bleeding started at nights. It was very strong and I was really scared. I stayed in the restroom for about half an hour. My mother knocked at the door and asked me whether I was OK? I told her that I had diarrhea. The amount of blood and pain decreased after 20 minutes. I cleaned the restroom and went to bed… I went to my doctor and after a check-up she told me that everything was OK..."*

***Extract from the case study of 20 years old female respondent:***

*" … After two days I had severe bleeding at home and my husband called an ambulance. At the hospital, physician performed the curettage again. There was retention of some tissues in my uterus…"*

***Extract from the case study of 18 years old female respondent:***

*" … The most difficult experience of my life was that he even didn't call me to know about my decision. He just disappeared from my life… By fortune, I was able to overcome all difficulties without any support... Now I am sure that this was right choice…"*

## 7.2. Contraception use

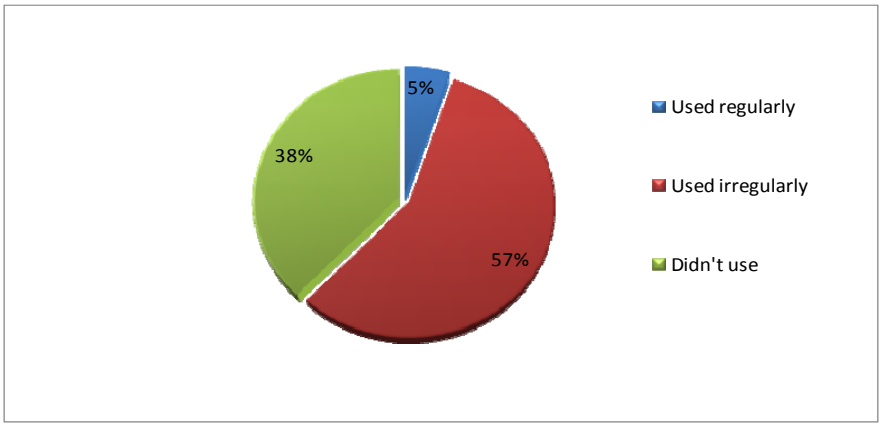
### a) Use of contraception for prevention of the last unintended pregnancy

An assessment shows that in Armenia most of unintended pregnancies and induced abortions are results of not using contraception or using of unreliable methods, which usually fail.

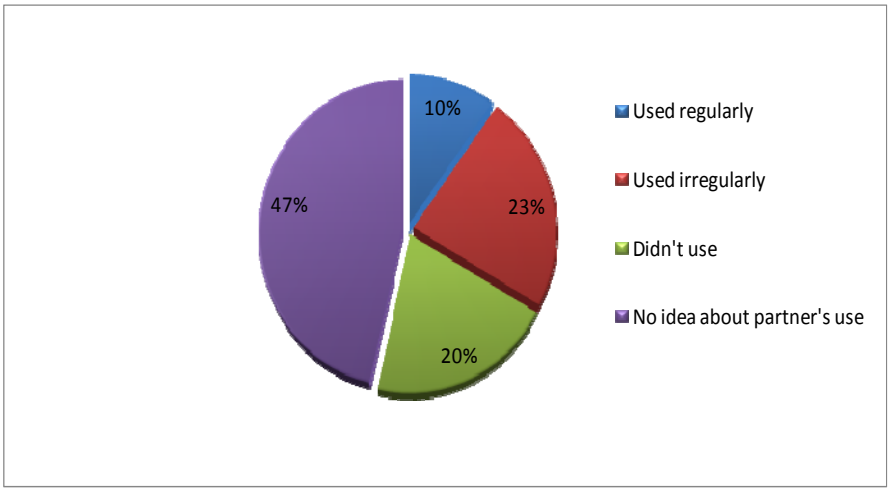
**Survey data:**

This study shows that 13 out of 21 (62%) female respondents with history of induced abortion were using some methods of contraception to prevent their last unintended pregnancy. Twelve of them (57%) used their methods irregularly and just one (5%) was regular contraceptive user. The remaining 8 women (38%) didn't try to prevent their last unintended pregnancy (Figure 7.6).

**Figure 7.6: Use of contraception by young people for prevention of last unintended pregnancy**




***Responses of female respondents (n=21)***




***Responses of male respondents (n=125)***

According to responses of 125 male respondents it may be concluded that only 42 of them or their partners (33%) used contraception, including 13(10%) regular users and 29 (23%) irregular users.

Most of male respondents (83 men, 67%) didn't used any methods of unwanted pregnancy prevention. There were 58 (47%) men among these non-users who didn't use male methods and didn't have an idea whether their sexual partners are using contraception.

Evaluation of types of contraception used by young people with history of induced abortion revealed that unreliable methods of last pregnancy prevention were mainly used, such as withdrawal, spermicides, calendar method and vaginal douching. Some respondents used more than one unreliable method of birth control, which failed to be effective.

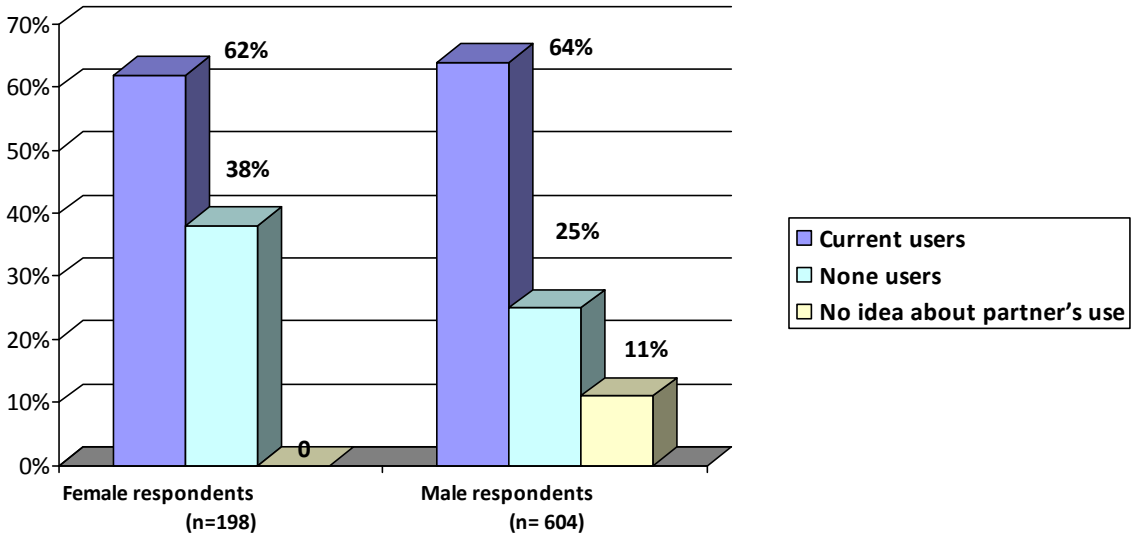
The male condom, which failed to prevent unintended pregnancy, was mentioned by 3 out of 21 (14%) women and 23 out of 125 (18%) men. Modern means of contraception, such as pills, IUDs, patches, vaginal rings, etc. were never used.

### b) Current use of contraception

**Survey data:**

Majority of 802 sexually active young people involved in this survey, including 123 out of 198 (62%) women and 385 out of 604 (64%) men were current contraceptive users. However, 75 (38%) young women and 153 (25%) young men were not using any methods of contraception. There were 66 (11%) male respondents who didn't have an idea whether their sexual partners used contraception (Figure 7.7).

**Figure 7.7: Current use of contraception by sexually active young women and men***




### c) Specific methods of contraception currently used

**Survey data:**

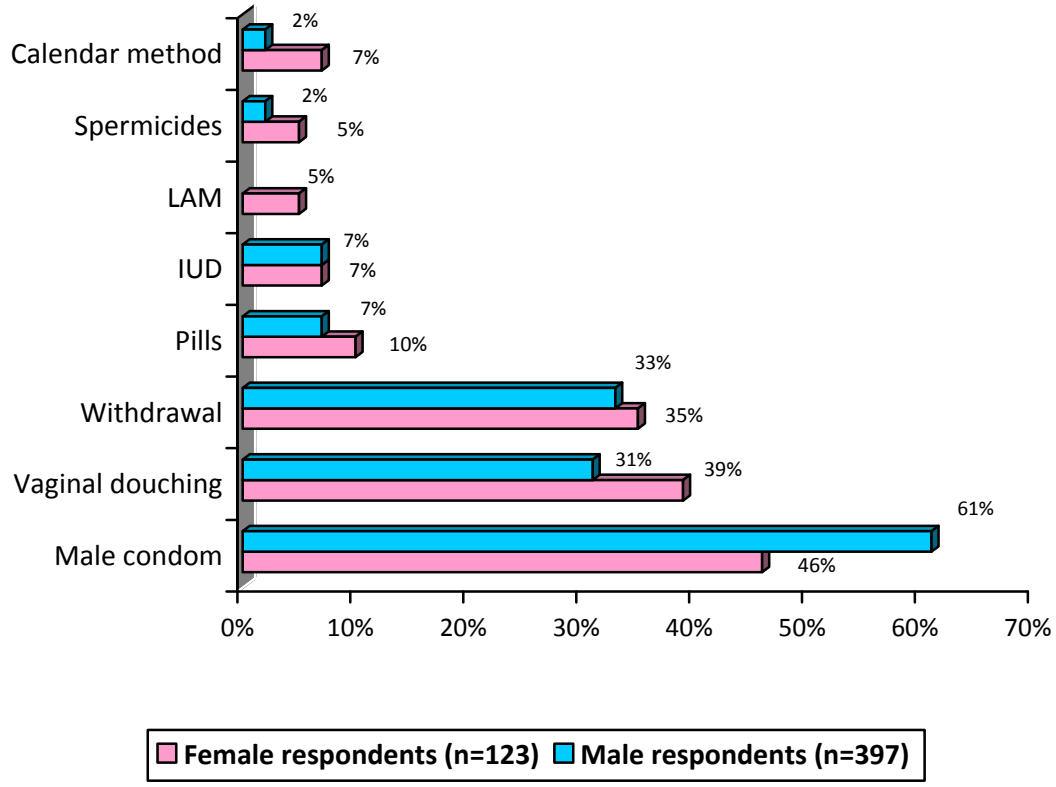
The assessment shows (Figure 7.8) that male condom is one of the most popular methods of contraception among young people. This method is used by 57 out of 123 (46%) contraceptive users among female respondents and 243 out of 397 (61%) contraceptive users among male respondents.

The second most popular method is unreliable withdrawal, which was mentioned by 43 (35%) young women and 132 (33%) young men. The proportion of users of

traditional vaginal douching is quite high: it was reported by 48 (39%) female respondents and 123 (31%) males. Other unreliable methods, such as spermicides and calendar method were also used.

The proportion of modern contraceptive users was quite low. The use of hormonal contraceptive pills was mentioned by 12 out of 123 (10%) female respondents and 26 out of 397 (6.5%) male respondents. Among the long-term methods were used only Intrauterine Devices, which were mentioned by 8 (6.5%) young women and 29 (7%) young men.

**Figure 7.8: Specific methods of contraception currently used by sexually active young women and men***




**Note: more than one answer is possible*

### d) Access to family planning services and supplies

**Survey data:**

In Armenia, many sexually active young people need access to family planning services and contraceptive supplies. However, some of them do not know about modern methods, are unable to obtain or afford them, or distrust or dislike the methods that are available. Unmarried young people, especially female teenagers may be ashamed from requesting contraceptives from the pharmacies.

According to this study results, 117 out of 198 (59%) sexually active female respondents of this study face some barriers for access to reliable modern means of contraception. In fact, most of sexually active young men (314 out of 604 or 52%) do not experience any difficulties (Table 7.6).

**Table 7.6: Access to contraception, by gender of respondents**

| Responses | Access to modern contraception | | | | | |
|---|---|---|---|---|---|---|
| | Females (n= 198) | | Males (n=604) | | Total (n=802) | |
| | Abs. | % | Abs. | % | Abs. | % |
| Doesn't know where to access | 71 | 36 | 21 | 3 | 92 | 11 |
| Unaffordable cost | 46 | 23 | 108 | 18 | 154 | 19 |
| Ashamed to request | 23 | 12 | 77 | 13 | 100 | 12 |
| No need | 26 | 13 | 64 | 11 | 90 | 11 |
| No difficulties | 22 | 11 | 314 | 52 | 336 | 42 |
| Partner take care of this | 10 | 5 | 20 | 3 | 30 | 4 |
| **Total** | **198** | **100** | **604** | **100** | **802** | **100** |

As it is demonstrated in Table 7.6 above, most common barriers for access to modern means of contraception by young women are lack of information about existing methods, services and supplies (36%), unaffordable cost (23%) and feeling ashamed to request (12%). Young men are better informed about existing services and from where they can get supplies (97% are aware). The main barriers for them are unaffordable cost (18%) and feeling ashamed to request (13%).

## Data from the case studies:

***Extract from the case study of 23 years old female respondent:***

*"… My partner used condom, but not regularly. He also used withdrawal method when didn't have a condom…"*

***Extract from the case study of 21 years old male respondent:***

*"… I don't know whether my partner used any method of contraception to prevent this pregnancy. It is her problem…"*

***Extract from the case study of 22 years old female respondent:***

*"… I don't have reliable information about the safety of methods which can be used by women. My friend told me that pills could cause cancer and that insertion of intrauterine device could make a woman infertile. The best is to use male condom, but my partner does not like the method..."*

***Extract from the case study of 17 years old female respondent:***

*"… I feel ashamed to request pills from the pharmacy and prefer to interrupt intercourse, although we do not happy with this…"*

## 7.3 Summary of main findings

Summary of main findings from this study are given below:

1. Unintended pregnancies in Armenia occur among 16% of sexually active young women. Proportion of unintended pregnancies among sexual partners/spouses of young men is much higher (22%). The main background factors are unsafe sexual behaviour, insufficient information about reliable means of contraception and lack of access to youth-friendly family planning services and contraceptive supplies.

2. At least 5% of young women and partners of 1% of young men choose to continue unintended pregnancy. However, 11% of young women and partners of 21% of young men interrupt unintended pregnancy.

3. Urban young people face unintended pregnancies more often (21%) than rural (19%). The proportion of induced abortion is accordingly higher among urban (19%), as compared to rural (16%) young people.

4. The first most common reason (91%) for termination among young women is intention to postpone or avoid birth of the next child. This reason determined decision to perform an abortion also in spouses/partners of 35% of young men.

5. The poor socio-economic status of young women is an important background factor for unintended pregnancy termination. The fear of difficulties for raising another child due to inadequate living and/or housing conditions is second most common (38%) reason of the last abortion among young women. This reason determines decision on pregnancy termination in spouses/partners of 12% of young men.

6. The cultural expectation of premarital virginity and childbirth after the marriage influenced on decision of 3 (14%) young women to terminate their last pregnancy because they were unmarried.

7. In general, unprotected sexual relationships before and outside of the marriage, which often result in unintended pregnancy and induced abortion are common among Armenian men. This is the most important (65%)

background factor for pregnancy termination also among sexual partners of young men.

8. Divorce, separation or broken relationships determine pregnancy termination decision of 14% of young women and 5% of young men.

9. According to perceptions of female respondents experienced an abortion and male respondents whose spouses/partners have had an abortion, the first most popular method of pregnancy termination in Armenia is still surgical abortion via D&C (mentioned by 38% of females and 34% of males) and the second popular method is electrical vacuum-aspiration (mentioned by 29% of females and 32% of males).

10. During the last few years modern means of pregnancy termination, such as manual vacuum aspiration (MVA) and medication abortion (MA) have been introduced and piloted in Armenia. However, these methods are not widely used and rarely reported due to the absence of the relevant protocols, standards and regulations. Results of this study indicate that MVA is being used in 14% of young women and sexual partners of 5% of young men with history of induced abortion. About 10% of young women and sexual partners of 11% of young men interrupt unintended pregnancy through using "abortion pills".

11. The rate of post-abortion complications is quite high among young people (14%). Most women (67%) experienced an induced abortion, as well as 33% of young men whose partners have had an abortion, are not happy with the quality of their last abortion care.

12. Self-attempt to induce an abortion is common practice (48%) among young women in Armenia. The main background factors are poor quality of abortion care in the government clinics, particularly lack of privacy, confidentiality, inadequate pain management and high cost of the abortion-related services.

13. There is lack of involvement of young men in fertility regulation of their spouses/partners, either due to the lack of awareness about danger of unsafe abortion, or because of ignorance of woman's health and well-being.

14. Significant proportion of young men does not have an idea about methods of last induced abortion performed in their spouses/partners (17%), as well as about the quality of abortion care (16%) and presence of post-abortion complications (36%). Majority (53%) are not aware whether their partners/spouses ever attempted to self-induce an abortion. Even more, 47% of men do not have an idea whether their sexual partners have been using contraception for the last unintended pregnancy prevention, and 11% didn't know whether they currently use any contraceptive methods.

15. Contraceptive failure is background factor of unintended pregnancies and induced abortions in majority (62%) of female respondents and partners of one third (33%) of male respondents. Most of these young people use one or

more unreliable methods, such as withdrawal, spermicides, calendar method and vaginal douching, which failed to be effective.

16. The male condom failed to prevent last unintended pregnancy because of incorrect use in 14% of female respondents and partners of 18% of male respondents. Modern means of contraception, such as pills, IUDs, patches, vaginal rings, etc. were never used by young people for last unintended pregnancy prevention.

17. Most of last interrupted pregnancies (67%) among partners of male respondents and more than one third (38%) of interrupted pregnancies among female respondents occurred after unprotected sexual intercourse.

    Majority of sexually active young women (62%) and men (64%) involved in this study are current users of contraception. Proportion of none users is higher among young women (38%) than among men (25%).

18. Male condom is first most popular methods of contraception among male (61%) and female respondents (46%). The second most popular method in 35% of female and 33% of male respondents is unreliable withdrawal method. Proportion of users of traditional vaginal douching is quite high among female respondents (39%) and partners of 31% of male respondents.

19. The use of modern methods of contraception by sexually active young people is lower than of traditional. About 10% of female respondents and partners of 6.5% of male respondents are using hormonal contraceptive pills. The IUD (intrauterine device), which is most popular long-term method in Armenia, are currently using more than 6% of female respondents and partners of 7% of male respondents.

20. Majority of sexually active young women in Armenia (59%) face some barriers for accessing modern means of contraception. Most common barriers for access are lack of information about existing methods, services and supplies (36%), unaffordable cost (23%) and feeling ashamed to request (12%).

21. Almost half (42%) of sexually active young men in Armenia experience difficulties with access to contraceptive supplies. Though, they informed better than young women about existing services and know from where they can get contraceptive supplies (97% compared to 64% among women). The main barriers for young men are unaffordable cost (18%) and feeling ashamed to request condoms or family planning services (13%).

# Chapter 8

# OPINIONS AND ATTITUDES ON SEXUAL, MARITAL AND REPRODUCTIVE BEHAVIOUR

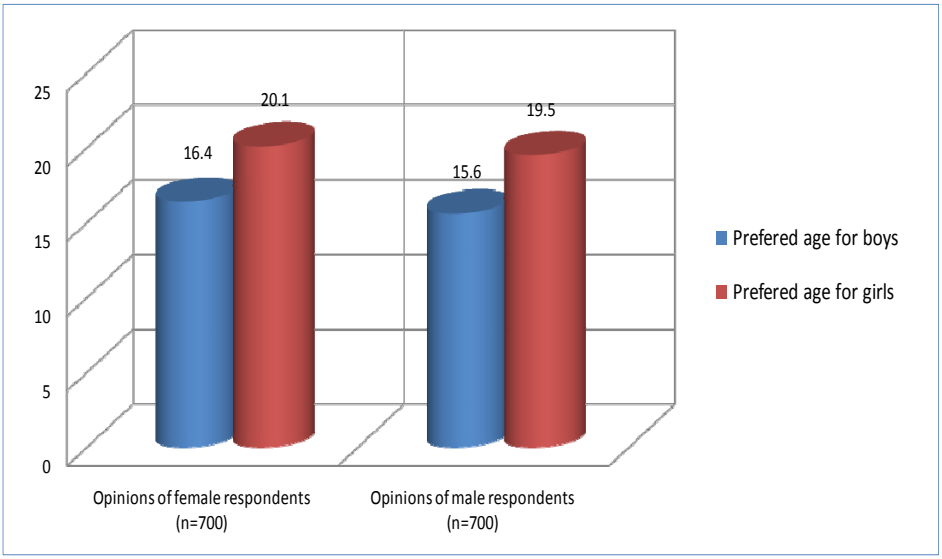
For most of their lives young people in Armenia received a message that sex is hidden and something not to be talked about. Family and community usually tend to enforce strict rules about young people's sexual behaviour. During the last 20 years Armenia has experienced radical life-style changes, greater external and internal migration, and exposure to foreign cultures, which have significant impact on sexual behaviour of young people. This chapter presents opinions and attitudes of young people related to their sexual, marital and reproductive behaviour.

## 8.1. Preferred age of boys and girls at first sexual intercourse

**Survey data:**

The opinions of young people towards most appropriate age of boys and girls at start of the sexual life revealed gender-based variations. Common opinion is that boys should start sexual relationships for about 4 years earlier than girls. Thus, preferred age of boys at first sexual intercourse varied between 14 and 17 years old, with an average16.4 in the group of female respondents and 15.6 - in male respondents. The opinions concerning age of girls at beginning of sexual relationships varied from 18 up to 22, with an average 20.1 years in the group of female respondents and 19.5 years in the group of male respondents (Figure 8.1).

**Figure 8.1: Opinions of young people towards most appropriate age of boys and girls at start of sexual life**
***(averages in years)***

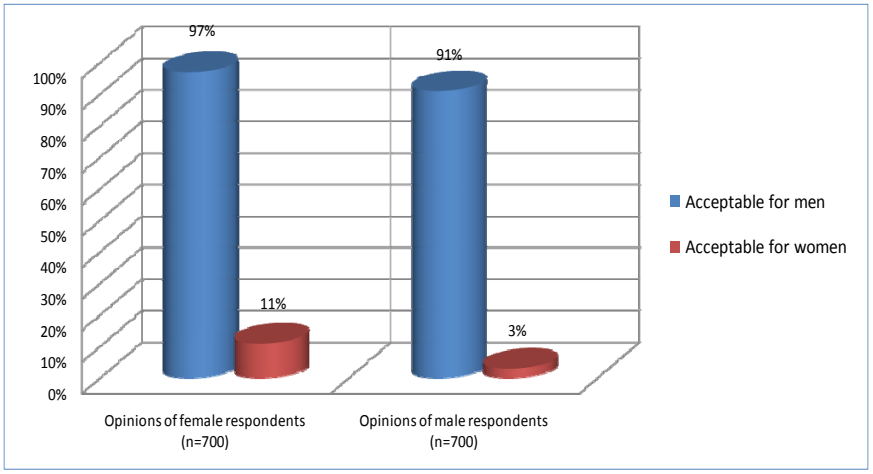


## 8.2. **Attitudes to premarital sexual relationships**

**Survey data:**

It was interesting to observe that majority of female (91%) and male (97%) respondents of this study considered premarital sexual relationships acceptable for men, but not for women (Figure 8.2). The proportion of female respondents (11%) accepting premarital sexual relationship for women is almost four times higher than of male respondents (3%).

**Figure 8.2: Attitudes of female and male respondents towards premarital sexual relationships for men and women**
***(averages in years)***




The level of urbanization of young people influenced on their opinions on above mentioned issues. Rural young people are more reluctant (Table 8.1) towards acceptability of premarital sexual relationship for women, as compared to urban (accepted by 4% versus 9%). In fact, premarital sexual relationships for men (Table 8.2) considered acceptable by great majority of urban and rural respondents (95% and 91%, accordingly).

**Table 8.1: Attitudes of young people towards premarital sexual relationships of girls, by gender and urbanization of respondents**

| Urban/rural residence | Proportion of respondents considering acceptable premarital sexual relationship for women | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females (n=700) | | | Males (n=700) | | | Total (n=1400) | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 500 | 67 | 13 | 500 | 21 | 4 | 1000 | 88 | 9 |
| Rural | 200 | 12 | 6 | 200 | 3 | 1 | 400 | 15 | 4 |
| **Total** | **700** | **79** | **11** | **700** | **24** | **3** | **1400** | **103** | **7** |

**Table 8.2: Attitudes of young people towards premarital sexual relationships of boys, by gender and urbanization of respondents**

| Urban/rural residence | Proportion of respondents considering acceptable premarital sexual relationship for men | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females (n=700) | | | Males (n=700) | | | Total (n=1400) | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 500 | 459 | 92 | 500 | 489 | 98 | 1000 | 948 | 95 |
| Rural | 200 | 178 | 89 | 200 | 187 | 94 | 400 | 365 | 91 |
| **Total** | **700** | **637** | **91** | **700** | **676** | **97** | **1400** | **1313** | **94** |

Proportion of young people accepting premarital sexual relationship for women is increasing with the age of respondents (Table 8.3). Younger generation of girls below age of 20 are more reluctant towards premarital sexual relationship for women, compared to those who were born earlier (accepted by 10% of respondents in the age group 14-19 and 13% in the age group 20-24). Similar attitude have adolescents of male gender (accepted by 6% of males in age groups 14-19 and 10% in the age group 20-24).

**Table 8.3: Attitudes of young people towards premarital sexual relationships of women, by gender and age of respondents**

| Age groups | Proportion of respondents considering acceptable premarital sexual relationship for women | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females (n=700) | | | Males (n=700) | | | Total (n=1400) | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| 14 - 16 years old | 214 | 21 | 10 | 208 | 4 | 2 | 422 | 25 | 6 |
| 17 - 19 years old | 231 | 24 | 10 | 245 | 6 | 2 | 476 | 30 | 6 |
| 20 - 24 years old | 255 | 34 | 13 | 247 | 14 | 6 | 502 | 48 | 10 |
| **Total** | **700** | **79** | **11** | **700** | **24** | **3.4** | **1400** | **103** | **7** |

In fact, a premarital sexual relationship for men was considered acceptable by majority of respondents from all age cohorts (Table 8.4).

**Table 8.4: Attitudes of young people towards acceptability of premarital sexual relationship for men, by gender and age of respondents**

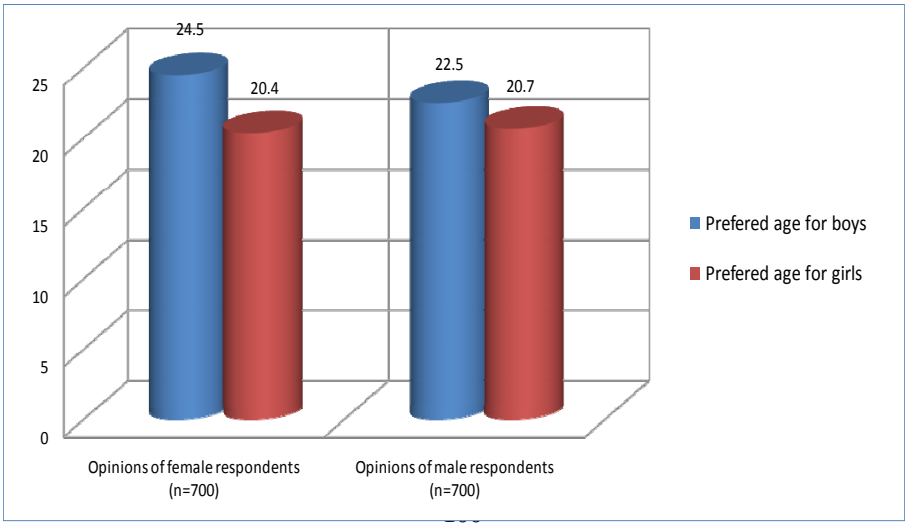
| Age groups | Proportion of respondents considering acceptable premarital sexual relationship for men | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females (n=700) | | | Males (n=700) | | | Total (n=1400) | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| 14 - 16 years old | 214 | 193 | 90 | 208 | 206 | 99 | 422 | 399 | 94 |
| 17 - 19 years old | 231 | 212 | 92 | 245 | 227 | 93 | 476 | 439 | 92 |
| 20 - 24 years old | 255 | 232 | 91 | 247 | 243 | 98 | 502 | 475 | 95 |
| **Total** | **700** | **637** | **91** | **700** | **676** | **97** | **1400** | **1313** | **95** |

## 8.3. Opinions on most appropriate age of men and women at first marriage

**Survey data:**

The preferences of participants of the survey on most appropriate age of women at first marriage varied from 18 up to 26, and men - from 22 to 28 years. There was no significant difference in opinion of female and male respondents on appropriate age of girls at their first marriage (Figure 8.3). An average preferred age is 20.4 in the group of female respondents and 20.7 years in the group of male respondents. In fact, male respondents of this study prefer to marry about 4 years later than girls (24.5 years, in the average), while female respondents consider that boys have to marry about 2 years later than girls ( 22.5 years, in the average).

**Figure 8.3: Opinions of female and male respondents on most appropriate age of boys and girls at their first marriage *(averages in years)***



There were no significant differences in preferences of urban and rural young people on age of men at their first marriage. The preferences were not differed significantly and by age of survey respondents, but were strongly influenced by their educational level (Table 8.5). Thus, respondents of male gender with university level of education prefer to marry at more advanced age (age 26.4 in the average), while general school students and graduates consider more appropriate for men to marry earlier, at age 22.7, in the average.

Higher educated female respondents had an opinion that men should marry around 25 years of age (24.6 in the average), in contrast general school students and graduates who considered more appropriate for men to marry earlier, between ages 20-21(20.5 in the average).

**Table 8.5: Opinions on most appropriate age of men at first marriage, by urbanization, age and educational level of respondents**
***(averages in years)***

| Characteristics of respondents | Gender of respondents | |
|---|---|---|
| | **Male** | **Female** |
| **Residence** | | |
| Yerevan (n=600) | 25.0 | 22.8 |
| Other urban (n=400) | 24.8 | 22.8 |
| Rural (n=400) | 23.7 | 21.9 |
| **Total (n=1400)** | **24.5** | **22.5** |
| **Age** | | |
| 14 - 16 years old (n=422) | 24.7 | 22.6 |
| 17 - 19 years old (n=476) | 24.4 | 22.1 |
| 20 - 24 years old (n=502) | 24.5 | 22.9 |
| **Total (n=1400)** | **24.5** | **22.5** |
| **Educational level** | | |
| General school (n=545) | 22.7 | 20.5 |
| College (n=522) | 24.5 | 22.5 |
| University (n=333) | 26.4 | 24.6 |
| **Total (n=1400)** | **24.5** | **22.5** |

Similarly, age and urbanization of survey respondents didn't have significant influence on opinion of young people on most appropriate age of women at their first marriage, while opinions were strongly influenced by educational level of the respondents (Table 8.6).

Thus, in the group of male respondents with university level of education an average most appropriate age of women at their first marriages is 21.5 years, while general school students and graduates consider more appropriate for women to marry earlier (age 19.7 in the average). Female respondents with university level of education prefer to marry later (age 21.8 in the average) than general school students and graduates (age 20.0 in the average).

**Table 8.6: Opinions on most appropriate age of women at first marriage, by urbanization, age and educational level of respondents** ***(averages in years)***

| Characteristics of respondents | Gender of respondents | |
|---|---|---|
| | **Male** | **Female** |
| **Residence** | | |
| Yerevan (n=600) | 20.4 | 21.1 |
| Other urban (n=400) | 20.4 | 20.5 |
| Rural (n=400) | 20.5 | 20.3 |
| **Total (n=1400)** | **20.7** | **20.4** |
| **Age** | | |
| 14 - 16 years old (n=422) | 20.5 | 20.4 |
| 17 - 19 years old (n=476) | 20.3 | 20.8 |
| 20 - 24 years old (n=502) | 20.5 | 20.9 |
| **Total (n=1400)** | **20.4** | **20.7** |
| **Educational level** | | |
| General school (n=545) | 19.7 | 20.0 |
| College (n=522) | 20.1 | 20.3 |
| University (n=333) | 21.5 | 21.8 |
| **Total (n=1400)** | **20.4** | **20.7** |

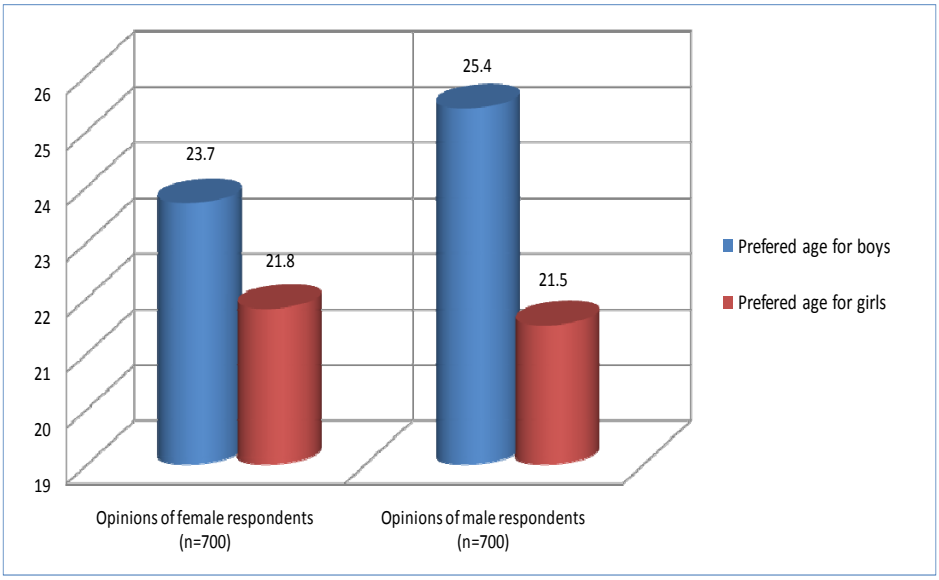
## 8.4. Opinions on most appropriate age at birth of the first child

**Survey data:**

Young women in Armenia do not postpone their first pregnancy and prefer to conceive and have a child within the first year of marriage, at the age of 21.8 in the average (Figure 8.4).

Young men also want to have first child within first year of marriage, but in more advanced age (age 25.4 in the average). In fact, female respondents prefer earlier fatherhood for men (age 23.7 in the average).

**Figure 8.4: Opinions of female and male respondents on most appropriate age at birth of the first child**
***(averages in years)***




Opinions of young people about most appropriate age of men and women at birth of their first child are not differed significantly by urbanization and age of the respondents, but are strongly determined by educational background (Tables 8.7 and 8.8). Thus, male respondents with higher educational background prefer to have their first child more than 3 years later than general school students and graduates (26.8 versus 23.6 in the average).

**Table 8.7: Opinions on most appropriate age of men at birth of their first child, by urbanization, age and educational level of respondents**
***(averages in years)***

| Characteristics of respondents | Gender of respondents | |
|---|---|---|
| | **Male** | **Female** |
| **Residence** | | |
| Yerevan (n=600) | 25.8 | 23.9 |
| Other urban (n=400) | 25.1 | 23.8 |
| Rural (n=400) | 25.5 | 23.4 |
| **Total (n=1400)** | **25.4** | **23.7** |
| **Age** | | |
| 14 - 16 years old (n=422) | 25.3 | 23.4 |
| 17 - 19 years old (n=476) | 25.5 | 23.7 |
| 20 - 24 years old (n=502) | 25.4 | 23.9 |
| **Total (n=1400)** | **25.4** | **23.7** |
| **Educational level** | | |
| General school (n=545) | 23.6 | 22.4 |
| College (n=522) | 25.7 | 23.3 |
| University (n=333) | 26.8 | 25.3 |
| **Total (n=1400)** | **25.4** | **23.7** |

Similarly, female respondents with university level of education prefer to become mothers more than 2 years later than school students and graduates (22.9 versus 20.8 in the average).

**Table 8.8: Opinions on most appropriate age of women at birth of their first child, by urbanization, age and educational level of respondents *(averages in years)***

| Characteristics of respondents | Gender of respondents | |
|---|---|---|
| | Male | Female |
| **Residence** | | |
| Yerevan (n=600) | 21.7 | 22.0 |
| Other urban (n=400) | 21.6 | 21.9 |
| Rural (n=400) | 21.3 | 21.4 |
| **Total (n=1400)** | **21.5** | **21.8** |
| **Age** | | |
| 14 - 16 years old (n=422) | 21.4 | 21.6 |
| 17 - 19 years old (n=476) | 21.5 | 21.8 |
| 20 - 24 years old (n=502) | 21.7 | 21.9 |
| **Total (n=1400)** | **21.5** | **21.8** |
| **Educational level** | | |
| General school (n=545) | 20.9 | 20.8 |
| College (n=522) | 21.3 | 21.6 |
| University (n=333) | 22.4 | 22.9 |
| **Total (n=1400)** | **21.5** | **21.8** |

## Data from the case studies:

***Extract from the case study of 17 year old female respondent:***

*"… I think that our national tradition of keeping premarital virginity by girls plays a favorable role for the girls' reproductive health and health of their offspring. The benefits from this tradition are the low chance of catching STIs or an unsafe abortion, with all related consequences. At the same time, there is a gender-based discrimination in terms of sexual rights of young women. Let us suppose that a girl never marries. Does that mean she should keep being abstinent during all her life…?"*

***Extract from the case study of 23 year old male respondent:***

*"… I do not accept premarital sexual relationship practiced by girls and will get married only to a virgin…"*

***Extract from the case study of 17 year old male respondent:***

*"… In my opinion it is better for girls to get married approximately 2-3 years earlier than boys. The first reason is related to taboo concerning premarital sexual relationship practiced by girls. The second reason is that Armenian men prefer to get married to younger women…"*

***Extract from the case study of 24 year old male respondent:***

*"… I would like to get married after 26, when I graduate from the university and receive desired profession. One of the values of my life is being financially independent from other family members, including parents and husband. This gives you right to choose …"*

***Extract from the case study of 20 year old female respondent:***

*" … I got married 2 years ago and never conceived, although didn't try to postpone the pregnancy. My husband and the mother-in- law are interested about the reasons of delay of my pregnancy. I am currently being investigated in the clinic…"*

***Extract from the case study of 24 year old female respondent:***

*" … First time I got pregnant when I was 18 years old. I just entered the university and was thinking about having an abortion. However, my husband didn't allow me to interrupt this pregnancy. Now my child is 5 years old and I started again my university education. I am very happy and think that my husband was right …"*

***Extract from the case study of 22 year old female respondent:***

*"… I think that late childbirth increases the risk of fetal abnormalities. There is about 40 years difference between me and my mother. I have congenital disease and do not have any brothers or sisters. I prefer to have my first baby at younger age …"*

***Extract from the case study of 24 year old male respondent:***

*"… We decided to postpone the birth of our first child because of economic reasons. Before having children one should consider how to raise them. It is especially difficult for young people…"*

## 8.5. Summary of main findings

The following is the summary overview of above mentioned results of the study:

1. This study revealed gender-based differences in opinion of young people towards most appropriate age at start of sexual relationships. Young people consider that it is appropriate for men to start sexual relationships at the average age of 16, but for women 4 years later, at the average age of 20.

2. There is more than 8 years time-interval between preferred age of men at their first sexual intercourse and age at first marriage. However, the time – interval between preferred age of women at start of sexual relationships and age at family formation is less than 1 year.
3. The national tradition of keeping premarital virginity by girls still exists in Armenia, while premarital sexual relationship of men is acceptable. Attitude towards premarital sexual relationship is determined by gender of respondents. Female respondents more often (11%) than male respondents (3%) considered acceptable premarital sexual relationship of women.
4. An attitude towards premarital sexual relationship of women is changing with the age of young people and influenced by urbanization. Adolescent below 20 are more reluctant towards premarital sexual relationship of women than young people above 20 (acceptable only by 6% of age 14-19 adolescents, compared to 10% of young people above 20). Premarital sexual relationship of women is accepted by 4% of rural young people and 9% of urban.
5. Young people of both genders believe that most appropriate age of marriage for women is around 20-21 years. Opinions of young people on appropriate age of women at their first marriage are strongly influenced by their education. Girls and young women with university level of education prefer to marry later (median age 25).
6. Young men believe that men should marry about 4 years later than girls, between 24 and 25 years of age. Those men who reached university level of education consider more appropriate to marry at more advanced age (median age 26), while general school students and graduates prefer to marry earlier (median age 23).
7. Young women in Armenia, regardless their age and urbanization, do not postpone their first pregnancy and prefer to conceive and have a child within the first year of marriage, between ages 21 and 22. Those women who reached university level of education prefer to become mothers 2 years later than general school students and graduates (median age 23 versus 21).
8. Young men also want to have first child within first year of marriage, but in more advanced age, between 25 and 26 years of age. Those with higher educational background prefer to become father 3 years later than general school students and graduates (median age 27 versus 24).

# Chapter 9

# OPINIONS AND ATTITUDES ON ACCESS TO SEXUALITY EDUCATION AND HEALTH SERVICES

## 9.1. Attitudes towards sexuality education

### a) General consideration

**Survey data:**

Assessment of results of this study shows that great majority of young people in Armenia (99%) believe in importance of sexuality education for children and adolescents. This opinion is shared by young people of both gender, regardless their age and place of residence (Table 9.1 and 9.2).

**Table 9.1: Attitudes towards sexuality education of children and adolescents, by gender and urbanization of respondents**

| Urban/rural residence | Proportion of respondents believed in importance of sexuality education | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| Urban | 500 | 497 | 99 | 500 | 495 | 99 | 1000 | 992 | 99.0 |
| Rural | 200 | 198 | 99 | 200 | 196 | 98 | 400 | 394 | 98.5 |
| **Total** | **700** | **695** | **99** | **700** | **691** | **99** | **1400** | **1386** | **99.0** |

**Table 9.2: Attitudes towards sexuality education for children and adolescents, by gender and age of respondents**

| Age groups | Proportion of respondents believed in importance of sexuality education | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Females | | | Males | | | Total | | |
| | Sample size | Abs. | % | Sample size | Abs. | % | Sample size | Abs. | % |
| 14 - 16 years old | 214 | 214 | 100 | 208 | 208 | 10 | 422 | 422 | 100 |
| 17 - 19 years old | 231 | 230 | 100 | 245 | 244 | 100 | 476 | 474 | 100 |
| 20 - 24 years old | 255 | 251 | 98 | 247 | 239 | 97 | 502 | 490 | 98 |
| **Total** | **700** | **695** | **99** | **700** | **691** | **99** | **1400** | **1386** | **99** |

### b) Parental and school responsibility for sexuality education

**Survey data:**

Although the most common sources of information on sexuality, sexual and reproductive health are friends and peers, TV programs and magazines/brochures, still 68% of survey respondents consider that received most useful and reliable information on sexuality and sexual health related issues from their parents and 42% - from school teachers (see Chapter 4).

According to results of this study, most young people in Armenia, both females (82%) and males (83%) believe that parents and teachers together are responsible for sex education of children and adolescents (Table 9.3). There are also some other opinions, e.g.: only parents (7%) are responsible, only teachers (5%) are responsible, mothers are responsible for sex education of daughters, and fathers - of their sons (5%), etc.

**Table 9.3: Opinions about parental and school responsibilities in provision of sexuality education, by gender of respondents**

| Who should take care of sexuality education of children and adolescents? | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| Parents only | 47 | 7 | 45 | 6.5 | 92 | 7 |
| Mother for girls and father for boys | 38 | 5 | 37 | 5 | 75 | 5 |
| Teachers only | 34 | 5 | 32 | 5 | 66 | 5 |
| Parents and teachers together | 569 | 82 | 574 | 83 | 1143 | 83 |
| Other replies | 7 | 1 | 3 | 0.5 | 10 | 0 |
| **Total** | **695** | **100** | **691** | **100** | **1386** | **100** |

### c) Acceptability of open discussion about sexuality

**Survey data:**

Young people in Armenia consider open discussion on sex, sexual health and rights acceptable and useful between the peers of same gender (99%) and opposite gender (62%), and between young people and adults (54%).

**Table 9.4: Opinions about acceptability and usefulness of open discussion on sexuality related issues, by gender of respondents***

| Considered open discussion about sex, sexual health and rights as acceptable and useful | Females (n=695) | | Males (n=691) | | Total (n=1386) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| Between peers of same gender | 687 | 99 | 685 | 99 | 1372 | 99 |
| Between peers of opposite gender | 432 | 62 | 424 | 61 | 856 | 62 |
| Between young people and adults | 423 | 61 | 324 | 47 | 747 | 54 |
| | | | | | | |

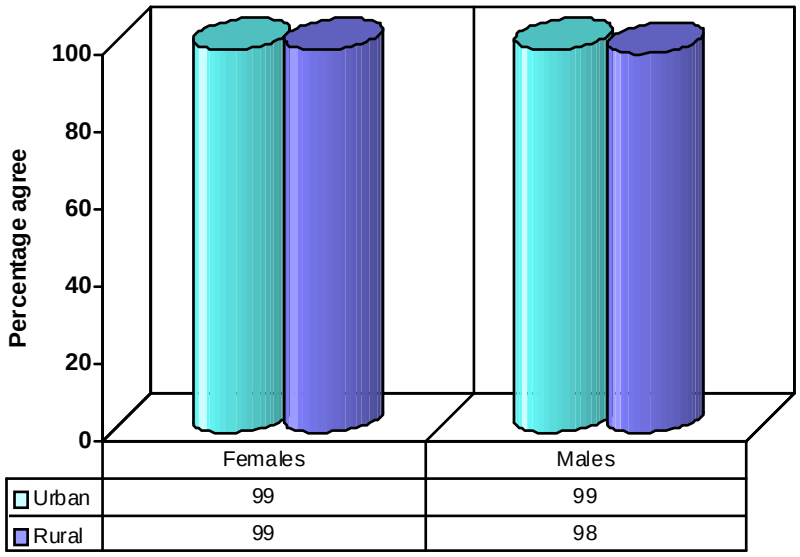
***Note: more than one answer is possible***

### d) Attitudes to introduction of sexuality education into school curriculum

**Survey data:**

The great majority of young people in Armenia (99%), both females and males, urban and rural are in favour of introduction of subject of sexuality education into the general school curricula (Figure 9.1).

**Figure 9.1: Attitudes of young people to introduction of subject of sexuality education into school curriculum, by gender and urbanization (%)**




***Note: n = 1386***

### e) Opinions on most appropriate age for starting sex education in schools

**Survey data:**

Opinions of young people on most appropriate age to start sex education classes in schools varied widely, from age 6 up to 16, with average 12.7. This opinion is shared by young people of both genders in all age cohorts, with small variation in age preferences according to urban/rural residence (Table 9.5). Young people who reached university level of education are in favour on starting sex education classes in general schools earlier, between ages 11 and 12 (average among females is 11.7 and among males is 11.6).

**Table 9.5: Opinions on most appropriate age for starting sex education in school, by urbanization, age and educational level of respondents *(averages in years)***

| Characteristics of respondents | Gender of respondents | |
|---|---|---|
| | Male | Female |
| **Residence** | | |
| Yerevan (n=593) | 12.1 | 12.3 |
| Other urban (n=399) | 12.8 | 12.2 |
| Rural (n=394) | 13.1 | 13.4 |
| **Total (n=1386)** | **12.7** | **12.6** |
| **Age groups** | | |
| 14 - 16 years old (n=422) | 12.7 | 12.4 |
| 17 - 19 years old (n=474) | 12.8 | 12.7 |
| 20 - 24 years old (n=490) | 12.7 | 12.7 |
| **Total (n=1386)** | **12.7** | **12.6** |
| **Educational level** | | |
| General school (n=544) | 13.6 | 13.4 |
| College (n=512) | 12.9 | 12.7 |
| University (n=330) | 11.7 | 11.6 |
| **Total (n=1386)** | **12.7** | **12.6** |

***Note: n = 1386***

### f) Approaches to integration of sexuality education into the school curriculum

**Survey data:**

Most of young people in Armenia, both females (82%) and males (81%), believe that sexuality education should be included into the school curriculum as a separate subject (Table 9.6).

**Table 9.6: Opinions on having separate subject of sexuality education in general school curriculum, by gender of respondents**

| Do you think that sexuality education should be included into school curriculum a separate subject? | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| As a separate subject | 569 | 82 | 560 | 81 | 1129 | 81.5 |
| Integrated with other subjects | 124 | 8 | 129 | 19 | 253 | 18 |
| Not sure/other replies | 2 | 0 | 2 | 0 | 4 | 0.5 |
| **Total** | **695** | **100** | **691** | **100** | **1386** | **100** |

The common opinion expressed by majority of survey respondents (66% of females and 68% of mails) is joint participation of boys and girls in classes on sexuality education (Table 9.7). However, still significant proportion of young people (16% of females and 14% of males) prefers separate education. There is an alternative opinion, expressed by 17% of young females and males, which suggest joint participation in common lessons and separate participation in lessons on sexual relationships.

**Table 9.7: Opinions about joint participation of boys and girls in the lessons on sexuality education, by gender of respondents**

| Do you think that boys and girls should participate in these lessons together? | Females | | Males | | Total | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| All lessons together | 456 | 66 | 467 | 68 | 923 | 67 |
| All lessons separately | 112 | 16 | 98 | 14 | 210 | 15 |
| Most lessons together, some separately | 121 | 17 | 119 | 17 | 240 | 17 |
| Not sure/other replies | 6 | 1 | 7 | 1 | 13 | 1 |
| **Total** | **695** | **100** | **691** | **100** | **1386** | **100** |

Table 9.8 demonstrates different opinions of young people on qualification of teacher providing lessons on sexuality education at public schools. The common view expressed by majority of male (72%) and female (57%) respondents is that provider of sexuality education subject should be persons with medical background (physician or nurse). Another common opinion expressed by 62% of female and 60% of male respondents is in favour of the biologist. More than 63% of males and one third of females (34%) consider that any teacher trained in youth sexuality and SRH issues can provide sexuality education lessons at school. The opinion to provide lessons by psychologist is expressed by 50% of female and 47% of male respondents.

**Table 9.8: Opinions on qualification of teacher providing lessons on sexuality education, by gender of respondents**

| Who should provide sexuality education at school? | Females (n = 695) | | Males (n = 691) | | Total (n = 1386) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| Physician/nurse | 398 | 57 | 498 | 72 | 896 | 65 |
| Biologist | 432 | 62 | 412 | 60 | 844 | 61 |
| Psychologist | 345 | 50 | 321 | 47 | 666 | 48 |
| Any trained teacher | 233 | 34 | 438 | 63 | 671 | 48 |
| Not sure/other replies | 21 | 3 | 19 | 3 | 40 | 3 |
| | | | | | | |

***Note: more than one answer is possible***

Almost 60% of male and 49% of female respondents have an opinion that gender of teacher will have an impact on interpersonal communication between students and teachers (Table 9.9). Nevertheless, the majority of female (78%) and male (67%) respondents believe that age of teacher will not affect communication.

The majority of young people consider that all topics listed in the survey questionnaire should be included into the course of sexuality education for 13-14 years old adolescents, particularly: personal hygiene, puberty, menstruation, wet-dreams, sexual intercourse, pregnancy and childbirth, fertilization and conception, abortion, HIV/AIDS and other STIs (Table 9.10).

**Table 9.9: Opinions on influence of sex and age of teacher on interpersonal communication, by gender of respondents**

| Do you think that gender and age of teacher will have an influence on student-teacher communication? | Females (n = 695) | | Males (n = 691) | | Total (n = 1386) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| **Gender of teacher:** | | | | | | |
| yes | 342 | 49 | 413 | 60 | 755 | 55 |
| no | 337 | 49 | 259 | 37 | 596 | 43 |
| no idea | 16 | 2 | 19 | 3 | 35 | 2 |
| **Total** | **695** | **100** | **691** | **100** | **1386** | **100** |
| **Age of teacher:** | | | | | | |
| yes | 133 | 19 | 209 | 30 | 342 | 25 |
| no | 545 | 78 | 464 | 67 | 1009 | 73 |
| no idea | 17 | 3 | 18 | 3 | 35 | 2 |
| **Total** | **695** | **100** | **691** | **100** | **1386** | **100** |

**Table 9.10: Information provided to 13-14 year old teenagers considered to be as important, by gender of respondents**

| Information considered as an important for 13-14 years old teenagers | Females (n = 695) | | Males (n = 691) | | Total (n = 1386) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| Basics of body hygiene | 689 | 99 | 679 | 98 | 1368 | 99 |
| Puberty | 686 | 99 | 683 | 99 | 1369 | 99 |
| Menstruation | 659 | 95 | 654 | 95 | 1313 | 95 |
| Wet dreams | 467 | 67 | 678 | 98 | 1145 | 83 |
| Sexual relationship | 453 | 65 | 679 | 98 | 1132 | 82 |
| Pregnancy and childbirth | 489 | 70 | 435 | 63 | 924 | 67 |
| Contraception | 453 | 65 | 469 | 68 | 922 | 67 |
| Abortion | 588 | 85 | 654 | 95 | 1242 | 90 |
| HIV/AIDS/STIs | 657 | 95 | 690 | 100 | 1347 | 97 |
| | | | | | | |

***Note: more than one answer is possible***

## 9.2. Opinions on removing obstacles for access to SRH services

This study gave an opportunity to reveal opinions of young people for development of effective strategies to remove obstacles for accessing SRH services. In total, 295 young females and 149 young men expressed their opinions on this issues (Table 9.11).

Thus, great majority of male respondents (93%) and more than half (51%) of female respondents has an opinion that there is a need to introduce male-oriented SRH services. Ensuring youth-friendly attitude of health providers is considered as an important measure by 91% of female and 89% of male respondents. The privacy and confidentiality of health services is a factor of especially importance for young people of female gender (97%). Most young people (82%) state that for better access to health care facilities these services should be free or less costly.

**Table 9.11: Opinions of young people on ways to remove obstacles for accessing SRH services, by gender of respondents**

| What do you think needs to be done in order to remove obstacles for accessing SRH services by young people? | Females (n = 295) | | Males (n = 149) | | Total (n = 444) | |
|---|---|---|---|---|---|---|
| | Abs. | % | Abs. | % | Abs. | % |
| Ensure youth-friendly attitude | 267 | 91 | 132 | 89 | 399 | 90 |
| Make those free of charge or less costly | 243 | 82 | 121 | 81 | 364 | 82 |
| Ensure privacy and confidentiality | 287 | 97 | 56 | 38 | 343 | 77 |
| Ensure availability of services for young men | 149 | 51 | 138 | 93 | 287 | 65 |
| Improve general environment | 112 | 38 | 49 | 33 | 161 | 36 |
| Establish services at a close distance | 54 | 18 | 21 | 14 | 75 | 17 |
| Provide services at convenient working hours | 19 | 6 | 43 | 29 | 62 | 14 |
| Establish services at a close distance | 54 | 18 | 21 | 14 | 75 | 17 |
| | | | | | | |

***Note: more than one answer is possible***

**Data from the case studies:**

***Extract from the case study of 19 year old female respondent:***

*"… The sexuality education is essential part of personal education. Many young people experience health problems due to the lack of awareness and information…"*

***Extract from the case study of 18 year old female respondent:***

*"… I found it very useful to talk with my friends openly about the issues related to our health, behaviour and personal values. Indeed, we share our life experiences and information that we need… "*

***Extract from the case study of 14 year old female respondent:***

*"… In my opinion it should be a separate and compulsory subject included in school curricula. This subject is not less important than mathematics, languages, history, etc. The lack of sexuality education can cause life threatening problems, which is not the case with other subjects… "*

***Extract from the case study of 15 year old male respondent:***

*"…It seems to me that if lesson is about general issues, than the gender and age of the teacher are not so important for interpersonal communication. But I would be embarrassed to ask questions about sexual relationship from a female teacher and am sure that girls will also feel confused to talk about the same issues with the male teachers. In my opinion some parts of the course must be provided separately. Male teachers can teach boys and female teachers can teach girls…"*

***Extract from the case study of 18 year old male respondent:***

*"…There are plenty of health services for women, but nobody care about sexual health of men. In this situation we can't speak about the barriers for access, we can just suggest establishing male-oriented services …"*

***Extract from the case study of 22 year old female respondent:***

*"… My 19 years old friend experienced unwanted pregnancy and wanted to request an abortion from the gynecologist. The receptionist was not friendly and asked sensitive questions in front of other clients. My friend changed her mind and found the person who performed an abortion outside of the clinic …"*

## 9.3. Summary of main findings

The following is the summary overview of above mentioned quantitative and qualitative results of the study:

1. Most young people in Armenia (99%) believe in importance of sexuality education for children and adolescents. The common opinion is that parents and teachers together are responsible for sex education of children and adolescents.
2. The open discussion about sexuality, sexual health and rights between the peers of same gender (99%), opposite gender (62%) and between young people and adults (54%) is considered acceptable and useful.
3. The great majority of young people in Armenia (99%), both females and males, urban and rural are in favour of introduction of subject of sexuality education into the general school curricula. The common opinion is that most

appropriate age to start sex education in school is between ages 12 and 13, in the average. Young people who reached university level of education are in favour on starting sex education classes earlier, between ages 11 and 12, in the average.

4. Almost 60% of male and 49% of female respondents have an opinion that gender of teacher will have an impact on interpersonal communication between students and teachers. Nevertheless, the majority of female (78%) and male (67%) respondents believe that age of teacher will not affect communication.
5. The common opinion expressed by majority of survey respondents (66% of females and 68% of males) is joint participation of boys and girls in classes on sexuality education. However, still significant proportion of young people (16% of females and 14% of males) prefers separate education. There is an alternative opinion, expressed by 17% of young females and males, which suggest joint participation in common lessons and separate participation in lessons on sexual relationships.
6. Young people of female (57%) and male gender (72%) believe that provider of sexuality education subject should be a persons with medical background. Another common opinion expressed by 62% of female and 60% of male respondents is in favour of the biologist. More than 63% of males and one third of females (34%) consider that any teacher trained in youth sexuality and SRH issues can provide sexuality education lessons at school. The opinion to provide lessons by psychologist is expressed by 50% of female and 47% of male respondents
7. Majority of young people of male gender (93%) and more than one half (51%) of female gender has an opinion that there is a need to introduce male-oriented SRH services.
8. Ensuring youth-friendly attitude of health providers is considered as an important measure by 91% of female and 89% of male respondents.
9. The privacy and confidentiality of health services is a factor of especially importance for young people of female gender (97%).
10. Most young people (82%) state that for better access to health care facilities these services should be free or less costly.

# Chapter 10
# EXECUTIVE SUMMARY

## 10.1. Design of the study

### a) Introduction

The publication entitled "Sexual and Reproductive Health of Young People in Armenia", summarizes the findings of population based countrywide survey and case studies on sexual and reproductive health knowledge, attitude, behaviour and practice of young people in Armenia, which are conducted in 2009 by volunteers and staff of the "For Family and Health" Pan-Armenian Association (PAFHA). The survey is performed within the framework of the Reproductive Health Initiative for Youth in the South Caucasus project, co-funded by the European Union (EU), the United Nations Population Fund and European Parliamentary Forum on Population and Development[1]. The conduct of Case Studies is supported by the anonymous donor of the IPPF Global Comprehensive Abortion Care Project[2].

The survey involved 14-24 years old 1400 young people, including 600 from Yerevan, 400 from other cities or towns and 400 from the rural communities or villages. Out of these 1400 participants 240 were involved also in the case studies.

### b) Methodology of the Survey

The survey was designed to collect quantitative information on SRHR-related Knowledge, Attitude, Behavior and Practice of 14-24 years old 700 females and 700 males living in urban and rural communities countrywide. Determination of sample size is based on age-specific population distribution, the confidence, precision desire, and variables of the study. The total sample of 1400 survey respondents accounts about 0.2-0.3% of the 14-24 years old population of Armenia and is nationally representative. Participants of the survey were selected using method of Random Cluster Sampling with a multistage sampling design. The sampling procedure was done at different stages. At the first stage, the sample universe of the target population of specified age was divided into 280 clusters of approximately same number of young people, according to administrative subdivisions. At the second stage, 140 clusters were selected from the list of 280 (every second), which were distributed as follows:

- 60 clusters from the list of 120 in the city of Yerevan,
- 40 clusters from the list of 80 in other urban areas (4 from each region)

[1] On 13 June 2006, the United Nations Population Fund held an official launch event in Tbilisi for its three-year regional project Reproductive Health Initiative for Youth in the South Caucasus (RHIYC). The Project is funded by the European Union, UNFPA and EPF. RHIYC is a large scale multi partner project, developed through active participation of youth in three Caucasus countries.

[2] On 1 May 2007 a global project on comprehensive abortion care was approved for an initial period of five years. The project work in five IPPF regions: Africa, Arab World, South Asia, East & South East Asia and Oceania, and European Network.

- 40 clusters from the list of 80 in the rural areas (4 from each region)

Eligible respondents were selected at the last stage (10 respondents from each cluster, including 5 females and 5 males). The female and male respondents have been equally involved in the survey (700 females and 700 males). The sample of 1400 eligible respondents was identified after 1643 attempts to obtain informed consent for participation. In total, 243 young people out of those approached (15%) refused to participate in the survey.

The questionnaire for the survey was developed by the PAFHA research team, based on the block of questions used for conduct of the comparative studies in Armenia, Azerbaijan and Georgia under the framework of the Reproductive Health Initiative for Youth in the South Caucasus. Armenian questionnaire included also additional questions, taking into the consideration objectives and methodology of the study, countrywide coverage and wider age range of participants (Annex 1).

Interviewers were provided with the training course on interviewing methods and supportive supervision during the pilot study. Each interviewer received written instruction on sample selection methods, interviewing techniques and questionnaire completion. The special reference was made on importance of obtaining informed consent of respondents and parents of young people below 18 years old, as well as on the privacy, confidentiality, and on asking the questions exactly as they were phrased in the questionnaire, and on recording the responses as they were given. It was reinforced that all interviewers should ask each question in an identical manner to minimize interviewer's bias.

Data collection for the survey was started in June and finalized in August 2009. Each team involved in the survey, received a work plan, the list of selected clusters with mapping of existed schools, colleges, universities, youth centers, cafeteria, buildings, supermarkets or roadways. Selection of the starting and subsequent steps of the survey was supervised by the team leaders. From each cluster 10 eligible respondents were selected (5 females and 5 males). The attempt was made to involve different categories of young people, including students, working youth, young people without occupation, institutionalized youth, etc.

On making verbal contact with the heads of the households and educational establishments interviewer introduced himself/herself and organizations involved, explained purpose of the study and asked permission to identify eligible respondents and conduct an interview. Selection of eligible respondents from other location was done through the direct contact with young people. Each eligible respondent, regardless of gender, occupation, or other status, had exactly the same chance to be selected for interview. The participation by each selected respondent was absolutely on a voluntary basis. In case of refusal, interviewers acknowledged respondents and moved to the next location. Young people under 18 were included in the study only after getting permission of parents/guardians through direct or telephone communication.

After identification of eligible respondents, interviewer asked him/her to identify comfortable for interview place, without the presence of any other person, including teachers, family members, etc. The respondents were informed that some of the questions are of a personal or sensitive nature, therefore their name and contact details will not be recorded on the questionnaire; all information will be kept strictly confidential and will be used only for research purposes.

### c) Methodology of the Case Studies

The case studies were designed to collect detailed qualitative information on SRHR related knowledge, attitude, behavior and practice from 240 young people involved in the survey, including 120 participants from city of Yerevan, 60 from other cities/towns and 60 from the rural communities. Data collection for the case studies was started in June and finalized in August 2009, in parallel with data collection for the survey. The following eligibility criteria were used for involvement in the case studies:

1. Participation in the current survey 2009 and provision of responses on all questions of sensitive nature.
2. Informed consent to visit local youth center and participate in the case studies and individual counseling session on sexuality and SRHR.
3. Informed consent to share with the counselor their experiences related to their personal sexual life, as well as to the sexual and reproductive health.
4. Informed consent of parents/guardians, if respondent is under 18 years of age.

The case studies and counseling sessions were conducted at the PAFHA "Youth Vernissage" clinic in Yerevan and the regional youth-friendly services established under the framework of the RHIYC project in the regions of Armenia by trained counselors with medical background. The participation in the case studies was completely on voluntary basis and was conducted with respect to their privacy and confidentiality. The names and contact details of participants were not recorded in the clinical registers and forms. All participants have been informed about confidentiality of the personal information provided by them.

During the case studies and counseling sessions the following issues were covered:

- Puberty
- Sexuality and sexual relationships
- Sexual violence
- Reproductive history
- Unwanted pregnancy and abortion
- Contraception use.
- Access to information and sexuality education.
- Access to SRH services.

### d) Data analysis and evaluation

The PAFHA research team was involved in the process of verification of the questionnaires, data processing, analysis, and evaluation. The team leader conducted hand-check of the questionnaire for consistency following each interview. At the end, the researchers and the project supervisor hand-checked each of 1400 completed questionnaires. Some of randomly selected questionnaires (about 2%) were verified - all of them were fully completed and consistent.

In tandem with the fieldwork and questionnaire checking an experienced computer specialist developed and installed data entry/edit software, and a team of computer operators performed data entry. After creation of the database, the computer specialist checked the quality of data entry and verified inconsistent records with the questionnaires. The elementary statistics were used for comparative assessment, including percentages, averages and cross-tabulations.

The counselors involved in the case studies were requested to provide written summary of qualitative information on each case. The project supervisor and consultant performed data evaluation.

The results of the qualitative research have been analyzed in conjunction with the survey data and were used for drawing conclusions on results of the study and development of practical recommendations for policy makers.

The pieces of personal information that provided unbiased picture of the current status of SRH of Armenian adolescents have been cited in the relevant sections of the final report.

**e) Outcomes**

As an outcome of this study, the quantitative and qualitative information is obtained on SRH-related knowledge, attitudes, behavior and practice of 14-24 years old young people of female and male genders living in urban and rural communities in Armenia. The current situation is assessed concerning:

- Demographic and socio-economic profile of young people;
- Awareness on issues related to puberty, sexuality, conception, contraception, abortion, sexually transmitted diseases/ HIV/AIDS;
- Access to information and sexual & reproductive health care services;
- Sexual behaviour and family formation pattern;
- Reproductive behaviour and parenthood;
- Unintended pregnancy, abortion and contraceptive use;
- Opinions and attitudes on sexual, marital and reproductive behavior;
- Opinions and attitudes related to access to sexuality education and sexual and reproductive health care services.

Through comparative assessment with results of the baseline study conducted by the PAFHA in 2002, the progress and existing gaps in SRH-related knowledge among young people was evaluated and the trends in their SRH behaviour were identified.

Results of this study have been also used for country-specific comparison with results of 2009 Adolescent Reproductive Health Surveys conducted in the capitals of Azerbaijan and Georgia by the partner organizations involved in the 'Reproductive Health Initiative for Youth in the South Caucasus' project[3].

[3] J. Kristesashvili, P. Zardiashvili, - "Comparative analysis of results of Adolescent Reproductive Health Surveys, conducted in Armenia, Azerbaijan and Georgia under framework of Reproductive Health Initiative for Young People in South Caucasus", Cultural Study Centre, Tbilisi 2009.

Based on results of this investigation, including responses, opinions, attitudes and stories of young people, as well as background situation analysis and own experience, we identified priority needs and developed feasible and culture-appropriate strategies for promotion of young people's health and development.

## 10.2. Demographic and Socio-Economic Profile of Respondents

### a) Urban/rural distribution

As proportion of the population falling within 14-24 age is significantly higher in urban areas, we selectively involved in this study more young people from urban areas (71% in the survey and 75% in the case studies). The difference may be largely attributed to high level of rural-urban migration of young people in search of higher education and employment.

### b) Age-gender structure

Age and gender are important demographic variables, which are used as the primary basis for data analysis. In order to receive comparable data we equally distributed participants of the survey and case studies by gender and age. The proportion of respondents in each age group comprised approximately one third of the total sample.

### c) Education

The educational attainment of young people is an important determinant of level of their awareness of sexuality and sexual and reproductive health and their personal behaviour.

The school educational system in Armenia[4] has three levels. The first level is primary school for students age 7-9. The second level or middle school involves students ages 10-14. The first two levels together are called general basic education and are compulsory. The third level or high school involves students age 15-17. The three levels together are referred to as full general secondary education. Students, who have completed middle school, may enroll in specialized secondary education in colleges or professional-technical institutions that provide training in variety of specializations. The highest level of education is the university.

Virtually, all young people involved in this study have gone to school. About 39% of survey respondents have reached middle or high school levels. The specialized secondary education in colleges or professional-technical institutions was reached by more than one third (34%) of survey respondents. A highest university level of education reached 24% of young people involved in this study.

However, due to the life circumstances some young people are not able to continue their educational carrier because of unexpected pregnancy, early marriage or necessity to earn money.

[4] http://www.bibl.u-szeged.hu/oseas/armedu.html

### d) Dependency from parents

Traditionally, young people in Armenia are living together with parents in the same household, at least until the first marriage. Young men often continue to live with parents also after their marriage, together with their wives and children. In the typical large Armenian families, the parents take care of children during their childhood and adolescence ages and the grandparents take care of grandchildren. When parents become older, the adult children and grandchildren take care of them and they are rarely living in the elderly homes.

The mutual dependence between parents and children has both positive and negative impact on young people. They receive parental support during their adolescence ages and first years of family formation, but often loose independence and quite a long time live under parental pressure and control.

Almost all (99%) adolescents below 20 and majority (67%) of 20-24 years old young people involved in this study are living together with parents and depend from them financially. Separation from parents is started after age of 20. However, even after separation 27% of young people are receiving from parents' financial support and only 6% achieve financial independence.

### e) Employment status

Many young people, especially young men, try to generate income for supporting the family, either through employment or conduct of unregistered job, however it is difficult for them to find a well paid job in the country nowadays. According to official estimates registered unemployment rate will be reduce from 32% in 2006, up to 7% in 2010, however these data are not reliable since substantial underemployment and over employment might be noted[5]. One of the indirect indicators of unemployment is high rate of emigration from Armenia[6].

The great majority of 14-24 years old young people involved in this study (86%) are not working. The proportion of working males is twice higher, as compared to working females (18% versus 9%). The most common types of occupational activities of young people are IT technology, secretarial work, trade, agriculture, and miscellaneous physical work. Very often type of the work of young people is not matching with their educational level.

### f) The standards of living

The poverty level in Armenia is still high and general standards of living are poor in most of the families[7]. The housing conditions of general population are not

[5] http://www.indexmundi.com/armenia/unemployment_rate.html

[6] "In the beginning of the 1990s, there was a spontaneous migration of Armenians. Due to the lack of the official statistics, the numbers are based on the estimates. About 500,000 people (12-13% of the total population) have left Armenia since 1993. The most intensive migration was to the central and southern regions of the Russian Federation, as well as to various CIS [Commonwealth of Independent States] countries. At least 40, 000 people left for the United States and other industrialized countries". http://www.hyeetch.nareg.com.au/republic/stats_p2.html

[7] According to the Armenian National Statistic Service in 2008, percent of vulnerable population in Armenia was 23.5 %, i.e. about 760 thousand of population of Armenia, of which 3.1% are extremely poor. http://www.arka.am/eng/economy/2010/10/16/21930.html

satisfactory due to financial obstacles for renovation of existing houses or purchasing new apartments.

More than 74% of young people involved in this study consider their family as having medium level of income (12500-18800AMD or 33-50USD per capita/per month). About 12% of young people are living in families with low income (12000-12500 or 30-33USD per capita/per month), which have an influence on their social and emotional well-being.

## 10.3. Awareness and Personal Beliefs on Sexuality and Sexual and Reproductive Health

### a) Awareness on puberty

The comparative assessment of results of this study with results of the baseline 2002 survey[8] shows that the general level of basic knowledge among young people about pubertal changes increased considerably. However, still significant proportion of young people has wrong beliefs or no idea about age at start of the first menstruation (21%) and the "wet dreams" (36%).

### b) Personal beliefs about abstinence

There are wrong beliefs among young people of male and female genders that abstinence has negative impact on health of boys and that masturbation is harmful for all. However, majority of respondents (88%) share an opinion that it is OK for girls to keep abstinence since this does not influence negatively on their health.

### c) Personal beliefs about masturbation

Significant proportion of female (43%) and male (18%) respondents have an opinion that masturbation negatively influences on health of boys. Majority of boys and young men (62%) and more than one third of girls or young women (35%) have wrong belief that masturbation is having negative impact on health of girls.

### d) Awareness of the fertile days and conception

The basic requirement for the use of the natural family planning methods is awareness of the fertile days of women, which increased by 17% since 2002 (47% versus 30%). However, still 53% of young people have no or wrong idea about these days.

The majority of female (70%) and male (78%) respondents, regardless urbanization, are aware that girl is able to become pregnant the first time she has sexual intercourse.

Awareness about possibility of teenage pregnancy increased by 16% during the last 7 years (94% versus 78%), although still 6% of young people have wrong beliefs or no idea about this.

### e) Awareness on abortion

The level of awareness of young people about an abortion as mean of unwanted pregnancy termination is increased by 11% since 2002 (97% versus 88%). The great

[8] M.Khachikyan et all, - Results of the Needs Assessment Survey and Case Studies on Sexual and Reproductive Health Knowledge, Attitude and Practice, under umbrella of UNFPA supported project ARM/01/P01, Yerevan 2002

majority of young people involved in this study (96.5%) are aware about the surgical abortion, including aspiration and curettage.

However, only 7% of female respondents and 2% of male respondents are aware about medication abortion. The alarming observation is that 5% of young women and 2% of men consider self-induced abortion as a mean of unwanted pregnancy termination.

**f) Knowledge about contraceptive methods**

Young people involved in this study know at least one method of pregnancy prevention. The first well known method (100%) of contraception is male condom. The great majority of respondents (95%) are aware that condom use is also an effective mean for protection from STIs/HIV.

The second well known method of pregnancy prevention is withdrawal (82%) and the third - an intrauterine device (64%).

More than half (57%) of females and more than one third (35%) of male respondents are aware of hormonal contraceptive pills. There is lack of knowledge among young people about female sterilization (11%) and vasectomy (13%). Injectables (0.9%) and sub-dermal implants (0.1%) are occasionally mentioned.

**g) Knowledge of STIs/HIV/AIDS**

All participants of this study are aware that there are infections, which can be transmitted from one person to another through the sexual contact. The most known sexually transmitted infection (STI) is human immunodeficiency virus (HIV), reported by 95% of female respondents and all male respondents.

The comparative assessment of results of this study with results of the baseline 2002 survey revealed significant progress in the level of awareness of young people about sexually transmitted infections. Young people of both genders in Armenia are now well informed about main roots of HIV transmission. The majority are aware that HIV can be transmitted through homosexual (94%) and heterosexual (85%) contacts, through sharing the needles (78%), from pregnant mother to unborn child (72%), and through transfusion of infected blood (64%).

The second well known STI is Syphilis (81% of females and 94% of males) and the third one is Gonorrhea (63% of females and 90% of males). More than one half of all respondents heard about Chlamydiosis (57%) and Mycoplasmosis/ Ureoplasmosis (54%).

## 10.4. Access to Information and Health Care Services

**a) Access to information from parents**

In the traditional Armenian families there is still lack of communication between children and parents on issues related to sexuality, and sexual and reproductive health, which is influenced by urbanization, gender and age. There are cultural constraints and lack of relevant knowledge and communication skills of parents. Most of the parents didn’t receive sex education themselves and need reliable information materials and guidelines in order to speak easily with their children around sensitive sexuality-related issues.

Although proportion of parents who often talked to their children on these issues increased from 18%, in 2002, to 34% in 2009, there is still lack of communication in families of both urban (28%) and rural (26%) respondents. The problem is more obvious in families of adolescents. About 48% of 14-16 years old boys and 38% of girls never talked to their parents on sexuality and SRHR-related issues.

**b) Access to information from siblings**

In some Armenian families young people receive information on issues related to sexuality, and sexual and reproductive health from their elder brothers and sisters of the same gender. However, there is still lack of communication on above mentioned issues between the siblings, which is especially significant in urban communities (43%) and during the period of adolescence (48%).

**c) Access to information from teachers**

The school-based Life-Skills and AIDS education programs have been included recently into the national curriculum, but there are still communication constraints between teachers and adolescents due to the lack of teachers' knowledge and facilitation skills for provision of sexuality education lessons.

Most of teachers are never trained on related issues and need age- and culture appropriate manuals, guidelines and the text-books for students. As a result, the majority of urban (62%) and rural (56%) young people, regardless their year of birth and gender experience lack of sexual education in the general school.

In fact, there are positive trends in communication between young people and school teachers about sexuality, sexual and reproductive health issues. The proportion of young people who often talked to their teachers about sexuality and SRH issues increased two times in 2009 (18%), as compared to 2002 (9%).

**d) Most common sources of information**

According to the opinion of young people the most common sources of information on sexuality, sexual and reproductive health are friends and peers (97%), TV programs (90%), magazines/brochures (87%), parents (68%) and school teachers (47%). Young people believe that they received from their friends and peers (88%), the magazines and brochures (83%), and the school teachers (42%) most useful and reliable information on these issues.

**e) Access to high quality SRH services**

In 1996, Ministry of Health of Armenia, with support of the WHO, UNFPA and UNICEF initiated the National Program on Reproductive Health. Under this program limited amount of IUDs and short-term contraceptives, particularly condoms, hormonal contraceptive pills, injectables and spermicides, are supplied free of charge at a network of 77 family planning cabinets established around the country. Although these contraceptives are distributed free of charge, family planning counselling and IUD insertion service is not free (5000AMD and 15000AMD, accordingly). The high cost of services in relation to the minimal wages limit access to these services for vulnerable groups, including low income and young women. Furthermore, new contraceptive technologies, such as hormonal patches, implants and vaginal rings are not available.

During the last decade, youth-friendly approach was introduced in 32 health facilities countrywide, with support of the UNFPA, UNICEF, international and local NGOs. However, there are still several barriers for young people for accessing sexual and reproductive health care services, including limited number of youth-oriented services in the system of public health, lack of awareness about existing services, unfriendly attitude of health providers, high cost, lack of privacy and confidentiality, and distant location from their homes.

In fact, the comparative assessment of results of 2002 and 2009 Adolescents Health Survey indicate on positive trends in accessing SRH services. Thus, the attendance for SRH services increased from 20%, in 2002, up to 30% in 2009.

However, most of respondents of this study (69%), especially rural youth (80%), never applied to any health facility for SRHR-related services, neither for medical check-up, nor for information, counseling or care. The access is especially limited for 14-19 years old male adolescents, majority of which (96%) never applied for SRHR-related services. The attendance to health facilities increased with the age of respondents. Available SRHR services are better utilized by young people of female gender, as compared to males (39% versus 21%).

Only 30% out of 434 young people who ever attended various health facilities for SRHR-related services qualify these services as youth-friendly. The great majority (62%) are not happy with the quality of care. The most common barriers for access are related to the cost (72%), lack of privacy (64%) and confidentiality (58%), far distance from place of living (29%), and unfriendly attitude of the staff (15%).

## 10.5. Sexual Behaviour and Family Formation Pattern

### a) Beginning of sexual life and premarital sexual relationships

Gender has a profound impact on the manner in which young people in Armenia are treated. The sexual abstinence before marriage is “moral norm” for young women, while premarital sexual relationships of men are quite common and acceptable. There is a considerable difference between proportions of young men (86%) and young women (28%) reported sexual relationships.

According to results of this study, beginning of sexual life marks 5 year difference between two genders: boys have their first sexual intercourse at the age of 15, in the average, while females - at the age of 20. The “trial” period between first intercourse and fist marriage in generation of young men born during 1985-1995 is about 7 years.

The comparative assessment of results of this study with results of the baseline 2002 survey[9] shows that while older generations of Armenian women reported approximately the same ages at their first intercourse and first marriage, there is now one year time-interval between women’s age at first intercourse and the first marriage. These findings indicate either on trend to gradual removal of social taboo

[9] M.Khachikyan et all, - Results of the Needs Assessment Survey and Case Studies on Sexual and Reproductive Health Knowledge, Attitude and Practice, under umbrella of UNFPA supported project ARM/01/P01, Yerevan 2002

on female premarital sexual relationships or on speaking more openly about sexuality-related issues.

**b) Forced and occasional sexual relationships**

The sexual relationships in Armenia are usually based on mutual desire of both partners. According to the Armenian Law on Human Reproductive Health and Reproductive Rights every person has rights to manage freely his/her sexual and reproductive life, unless it poses danger to the health of others and to be safeguarded against all types of pressure, including molestation and abuse. However, about 21% of young men admit sexual intercourse against their partners' weal. The experience of forced sexual relationship has also 12% of young women.

More than half (57%) of young men had their first intercourse with their girlfriends, 29% - with occasional sexual partners, and only 11% - with their spouses. Although the prostitution is illegal in Armenia, 3% of young men had their first sexual relationship with the prostitutes.

**c) Family formation**

Although the legal age of women at marriage is 17, family formation during adolescence is not common in Armenia. The majority of young people involved in this study (81%) are never married.

Most of the marriages or consensual union formations (92%) take place after age of 20 (median is 21 years for girls and 23 years for boys). Early family formation before age of 25 is more common for adolescents of female gender, as compared to males (22% versus 15%). The study also shows that single mothers among young women who carry alone heavy burden of child care are not exception in Armenia.

The level of urbanization and gender of young people are important determinants for family formation. Family formation before 25 years of age is more common for rural young people than for urban (27% versus 16%).

## 10.6. Reproductive Health

**a) Reproductive behaviour of women and their pregnancy outcome**

Every person in Armenia has rights to found a family and to decide freely the number and spacing of his/her children. Traditionally, the first child for Armenians is mainly a wanted child and termination of the first pregnancy is an exception.

Although conception among 14-16 years old teenagers is not common in Armenia, proportion of ever pregnant among sexually active young women age 17-19 increases up to 40%.

In total, 46.5% of sexually active young women conceive by the age of 24. Most of these women (98%) are ever married or in consensual union. Proportion of ever pregnant is higher among rural women, as compared to urban (50% versus 45%), which indicate on higher fertility of rural population.

The cultural tradition to have children during first years of the marriage has its reflection in the outcome of the pregnancies occurred among young women involved in this study. As majority of ever pregnant female respondents are ever married or in consensual union, most of them choose childbirth. The first most frequent (52%) outcome of the last pregnancy reported by female respondents is live birth.

According to the World Health Organization, adolescent pregnancy, early childbearing, and motherhood have negative health consequences. The rate of obstructed labors resulted in stillbirths is about 6% of all births. Miscarriage is second most frequent pregnancy outcome (16%). At the time of survey-interview 12% of sexually active young women have been pregnant.

**b) Reproductive behaviour of men and their partner's pregnancy outcome**

Starting from 16 years of age male adolescents are experiencing pregnancies among their partners following unprotected sexual relationships or contraceptive failure. The proportion of pregnancies among partners of young men reaches up to 96% in 20-24 years age cohort.

According to responses of 47% of male respondents their partners have been ever pregnant. Proportion of ever pregnant is higher among partners of rural women, as compared to urban (52% versus 46%).

Most of the pregnancies resulted from sexual relationships of male respondents occur outside of the families (63%). As pregnancy outside of the marriage usually is not desirable and unwanted, induced abortions take place more than three times often than live birth (44% versus 16%).

Ten percent of the last pregnancies among partners of young men ended with miscarriage. At the time of survey-interview partners of 29% of men have been pregnant. Two young men have had no idea about pregnancy outcome occurred among their extramarital partners (0.8%).

**c) Parenthood**

Parenthood is 3 times more common for young women (24%) than for young men (8%). Adolescents' parenthood below 20 years of age is observed more often among female respondents as compared to males (13% versus 4%). Most of young parents (90%) have only one child; 10% have 2 or 3 children.

## 10.7. Unintended pregnancies, Abortion and Contraceptive Use

**a) Background situation**

In Armenia, for many years women are using unreliable means of contraception and repeated abortion remains the primary means of birth control. Due to unsafe sexual behaviour and lack of knowledge on fertility regulation adolescents and young people are at greater risk of unintended pregnancy and unsafe abortion. Regardless of permissive legislation, unsafe abortion accounted for 15 percent of all maternal deaths in 1995-2003[10].

Following advocacy actions initiated by the "For Family and Health" Pan-Armenian Association (PAFHA), the Parliament of Armenia adopted in 2002 the Law on Human Reproductive Health and Reproductive Rights that confirmed the legality of induced abortion. Up to 12 weeks of gestation abortion is permitted on request and up to 22 weeks - based on medical and social reasons.

[10] National Statistical Service (Armenia), Ministry of Health (Armenia), and ORC Macro, 2006, - Armenia Demographic and Health Survey 2005.

The Law states that every woman, including adolescent, has the right to access Sexual and Reproductive Health services with respect to privacy and confidentiality. It also confirms the provision requirement for pre- and post-abortion family planning counselling at no cost. In fact, the financing mechanisms, governmental regulations and control over the implementation of this Law are still lacking.

Although the Law recognizes abortion as a woman's right, it states that adolescents under 18 can get an abortion only after parental or other legal proxy consent or depending on clinic protocols from a relevant medical commission.

**b) Unintended pregnancies**

Unintended pregnancies in Armenia occur among 16% of sexually active young women. Proportion of unintended pregnancies among sexual partners/spouses of young men is much higher (22%). Urban young people face unintended pregnancies more often (21%) than rural (19%).

The main background factors are unsafe sexual behaviour, insufficient information about reliable means of contraception and lack of access to youth-friendly family planning services and contraceptive supplies.

Contraceptive failure is background factor of unintended pregnancies and induced abortions in majority (62%) of female respondents and partners of one third (33%) of male respondents. Most of these young people use one or more unreliable methods, such as withdrawal, spermicides, calendar method and vaginal douching, which failed to be effective.

The male condom failed to prevent last unintended pregnancy in 14% of female respondents and partners of 18% of male respondents. Modern means of contraception, such as pills, IUDs, patches, vaginal rings, etc. were never used by young people for last unintended pregnancy prevention.

Two-third of last unintended pregnancies among partners of young men and more than one third - among young women occur after unprotected sexual intercourse. Proportion of none users is higher among young women (38%) than among men (25%).

At least 5% of young women and partners of 1% of young men with unintended pregnancy choose the childbirth. Most of unintended pregnancies, however, have been terminated.

**c) Determinants of induced abortions**

According to responses of young women, the first most common reported reason (91%) for termination of unintended pregnancy is intention to postpone or avoid birth of the next child. This reason determined decision to perform an abortion also in spouses/partners of 35% of young men.

The poor socio-economic status of young women, fear of difficulties for raising another child due to inadequate living and/or housing conditions is second most common (38%) reason of the last abortion among young women. This reason

determines decision on pregnancy termination in spouses/partners of 12% of young men.

Unprotected sexual relationships before and outside of the marriage is most important (65%) background factor for pregnancy termination among sexual partners of young men involved in this study. The cultural expectation of premarital virginity and childbirth after the marriage influenced on decision of 3 (14%) unmarried women to terminate their pregnancy. Divorce, separation or broken relationships determine pregnancy termination decision of 14% of young women and 5% of young men.

**d) Methods of induced abortion**

During the last few years modern means of pregnancy termination, such as manual vacuum aspiration (MVA) and medication abortion (MA) have been introduced and piloted in Armenia. However, these methods are not widely used and rarely reported due to the absence of the relevant protocols, standards and regulations.

According to perceptions of female respondents experienced an abortion and male respondents whose spouses/partners have had an abortion, the first most popular method of pregnancy termination in Armenia is still surgical abortion via D&C (mentioned by 38% of females and 34% of males) and the second popular method is electrical vacuum-aspiration (mentioned by 29% of females and 32% of males).

Manual vacuum-aspiration is being used in 14% of young women and sexual partners of 5% of young men with history of induced abortion. About 10% of young women and sexual partners of 11% of young men interrupt unintended pregnancy through using “abortion pills”.

**e) Post-abortion complications**

The rate of post-abortion complications is quite high among young people (14%). Most women (67%) experienced an induced abortion, as well as 33% of young men whose partners have had an abortion, are not happy with the quality of their last abortion care.

**f) Self-attempt to induce an abortion**

Self-attempt to induce an abortion is common practice (48%) among young women in Armenia. The main background factors are poor quality of abortion care in the government clinics, particularly lack of privacy, confidentiality, inadequate pain management and high cost of the abortion-related services.

**g) Involvement of men**

There is lack of involvement of young men in fertility regulation of their spouses/partners, either due to the lack of awareness about danger of unsafe abortion, or because of ignorance of woman’s health and well-being.

Significant proportion of young men does not have an idea about methods of last induced abortion performed in their spouses/partners (17%), as well as about the

quality of abortion care (16%) and presence of post-abortion complications (36%). Majority (53%) are not aware whether their partners/spouses ever attempted to self-induce an abortion. Even more, 47% of men do not have an idea whether their sexual partners have been using contraception for the last unintended pregnancy prevention, and 11% didn't know whether they currently use any contraceptive methods.

**h) Contraceptive use**

In Armenia, most of women are using unreliable means of contraception. For many years, oral contraceptives were not commonly available because of the order "On the side effects and complications of oral contraceptives" enacted by the MOH of the former Soviet Union in 1974 The Law on Human Reproductive Health and Reproductive Rights adopted by the National Parliament in 2002 confirms legality of contraception use (including oral contraceptives and voluntary sterilization). It also confirmed the provision requirement for pre- and post-abortion family planning counselling at no cost.

Results of the Armenia Demographic and Health Survey (ADHS)[11] that was conducted in 2005 among 6566 women and 1447 men age 15-49 indicate that three-quarters of currently married women have used a contraceptive method at some time in their life; however, more married women have tried a traditional method (57%) than a modern method (39%). The most common method is, by far, withdrawal.

Although use of contraception is legal in Armenia, more than 38% of sexually active young women and 25% of young men involved in this study do not use any methods. Those who are married do not want to postpone the birth of their first child. The main reasons for not using modern contraception by unmarried young people are lack of awareness about existing contraceptive services and financial difficulties.

Majority of sexually active young women (62%) and men (65%) involved in this study are current users of contraception. Proportion of none users is higher among young women (38%) than among men (25%).

Male condom is first most popular methods of contraception among male (61%) and female respondents (46%). The second most popular method in 35% of female and 33% of male respondents is unreliable withdrawal method. Proportion of users of traditional vaginal douching is quite high among female respondents (39%) and partners of 31% of male respondents.

The use of modern methods of contraception by sexually active young people is lower than of traditional. About 10% of female respondents and partners of 6.5% of male respondents are using hormonal contraceptive pills. The IUD (intrauterine device), which is most popular long-term method in Armenia, are currently using more than 6% of female respondents and partners of 7% of male respondents.

Fifty-nine percent of young women face some barriers for accessing modern means of contraception. Most common barriers for access are lack of information about existing methods, services and supplies (36%), unaffordable cost (23%) and feeling ashamed to request (12%).

[11] National Statistical Service (Armenia), Ministry of Health (Armenia), and ORC Macro, 2006, - Armenia Demographic and Health Survey 2005.

More than half of sexually active young men (52%) do not experience any difficulties with access to contraceptive supplies. They informed better than young women about existing services and know from where they can get contraceptive supplies (97% compared to 64% among women). The main barriers for young men are unaffordable cost (18%) and feeling ashamed to request condoms or family planning services (13%).

## 10.8. Opinions and Attitudes on Sexual, Marital and Reproductive Behaviour

For most of their lives young people in Armenia received a message that sex is hidden and something not to be talked about. Family and community usually tend to in force strict rules about young people's sexual behaviour.

During the last 20 years Armenia has experienced radical life-style changes, grater external and internal migration, and exposure to foreign cultures, which have significant impact on sexual behaviour of young people. This chapter presents opinions and attitudes of young people related to their sexual, marital and reproductive behaviour.

**a) Preferred age at start of sexual relationships**

This study revealed gender-based differences in opinion of young people towards most appropriate age at start of sexual relationships. Young people consider that it is appropriate for men to start sexual relationships at the average age of 16, but for women 4 years later, at the average age of 20.

**b) Attitudes towards premarital sexual relationships**

Attitude towards premarital sexual relationship is determined by gender of young people. There is 8 years time-interval between age of men at their first sexual intercourse and age at first marriage. However, the time–interval between preferred age of women at start of sexual relationships and age at family formation is less than 1 year. Female respondents more often (11%) than male respondents (3%) consider premarital sexual relationship acceptable for women.

Adolescent girls and boys below 20 are more reluctant towards premarital sexual relationship of women than young people above 20 (6% considered acceptable, versus 10%). Premarital sexual relationship of women is accepted by 4% of rural young people and 9% of urban.

**c) Preferred age at marriage**

Young people of both genders believe that most appropriate age of marriage for women is around 20-21 years. Opinions of young people on appropriate age of women at their first marriage are strongly influenced by their education. Girls and young women with university level of education prefer to marry later, between ages 21-22.

Young men believe that men should marry about 4 years later than girls, between 24 and 25 years of age. Those men who reached university level of education consider

more appropriate to marry at more advanced age (age 26, in the average), while general school students and graduates prefer to marry earlier (age 23, in the average).

**d) Preferred age at first birth**

Women in Armenia, regardless their age and urbanization, do not postpone their first pregnancy and prefer to conceive and have a child within the first year of marriage, between ages 21 and 22. Those women who reached university level of education prefer to become mothers 2 years later than general school students and graduates (23 versus 21, in the average).

Men also want to have first child within first year of marriage, but in more advanced age, between 25 and 26 years of age. Those with higher educational background prefer to become father 3 years later than general school students and graduates (at age 27 versus 24, in the average).

## 10.9. Opinions and Attitudes on Access to Sexuality Education and Health Services

**a) Opinions and attitudes on sexuality education for children and adolescents**

Most young people in Armenia (99%) believe in importance of sexuality education for children and adolescents. The common opinion is that parents and teachers together are responsible for sex education of children and adolescents.

The open discussion about sexuality, sexual health and rights between the peers of same gender (99%), opposite gender (62%) and between young people and adults (54%) is considered acceptable and useful.

The common opinion (99%) is in favour of introduction of subject of sexuality education into the general school curricula. Young people consider as most appropriate age to start sex education in school is between ages 12 and 13. Those, who reached university level of education, are in favour on starting sex education classes earlier, between ages 11 and 12.

Almost 60% of male and 49% of female respondents have an opinion that gender of teacher will have an impact on interpersonal communication between students and teachers. Nevertheless, the majority of female (78%) and male (67%) respondents believe that age of teacher will not affect communication.

Majority of young people (66% of females and 68% of males) prefers joint participation of boys and girls in classes on sexuality education. However, still significant proportion of young people (16% of females and 14% of males) gives preferences to separate education. There is an alternative opinion, expressed by 17% of young females and males, which suggest joint participation in common lessons and separate participation in lessons on sexual relationships.

Young people of both female (57%) and male gender (72%) believe that provider of sexuality education subject should be a persons with medical background. Another common opinion expressed by 62% of female and 60% of male respondents is in favour of the biologist.

More than 63% of males and one third of females (34%) consider that any teacher trained in youth sexuality and SRH issues can provide sexuality education lessons at

school. The opinion to provide lessons by psychologist is expressed by 50% of female and 47% of male respondents

**b) Opinions and attitudes on access to SRH services**

In 2004, the client-exit interview were conducted by the "For Family and Health" Pan-Armenian Association in capital city of Yerevan with purpose to reveal "youth-friendliness" of randomly selected SRH facilities[12]. The majority of respondents (61%) said that the services are not "youth-friendly". Several factors, such as policy and legal constraints, cultural, psychological and operational barriers, lack of information, feeling of discomfort and fear created obstacles for young people for continuous use of these services.

During the last 5 years several youth-oriented projects have been implemented in Armenia by the Ministry of Health with support of the UNFPA, UNICEF and local NGOs, including "For Family and Health" Pan-Armenian Association, Scientific Association of Medical Students of Armenia (SAMSA), etc. The "youth-friendly approach was introduced to 32 existed SRH facilities countrywide through conduct of training courses for providers of care, renovation of facilities, and provision of essential commodities and contraceptive supplies. However, regardless to these important achievements there are still several barriers for young people for accessing sexual and reproductive health care services.

This study gave an opportunity to involve young people in development of effective strategies for removing obstacles for their access to SRH services. In total, 295 young females and 149 young men expressed their opinions on these issues:

- Majority of boys and young men (93%) and more than one half (51%) of girls and young women has an opinion that there is a need to introduce male-oriented SRH services in the public health system.
- Ensuring youth-friendly attitude of health providers is considered as an important measure by 91% of female and 89% of male respondents.
- The privacy and confidentiality of health services is found to be a factor of especially importance for young people of female gender (97%).
- Most young people (82%) state that for better access to health care facilities these services should be free or less costly.
- More than one third (36%) of young people advise to improve general environment of the clinic.
- About 17% of young people suggest establishing services at a close distance to their place of living.
- More than 14% of young people recommend provision of services at convenient for young people's hours.

[12] Ministry of Health of the Republic of Armenia, Youth Friendly Health Services: Concept Paper, Yerevan, 2006.

# Chapter 11

# MAIN AREAS OF CONCERN AND POLICY IMPLICATIONS

## 11.1. Main areas of concern

Results of this survey and case studies indicate on unmet need of young people in Armenia to access reliable information and high quality services on issued related to their sexual and reproductive health. The main areas of concern are described below:

**Socio-Economic status**

1. Virtually, all young people involved in this study received at least general education in school, more than one third reached specialized secondary education level and about one quarter achieved university level. However, due to the life circumstances some young people are not able to continue their educational carrier, often because of unexpected pregnancy, early marriage or necessity to earn money.
2. The majority of young people consider their family as having medium level of income and about 12% of young people are living in families with low income. Almost all adolescents below 20 and majority of 20-24 years old young people are living together with parents and depend from them financially. The housing conditions of general population are not satisfactory Separation from parents is started after age of 20. However, even after separation 27% of young people are receiving from parents' financial support and only 6% achieve financial independence. The poor standards of living have an impact on young people's personal life and well-being.
3. Many young people, especially young men, try to generate an income for supporting their families, either through official employment or conduct of unregistered job. However it is difficult for them to find relevant to their professional qualification and well paid job in the country nowadays. Unemployment, which is not always registered, has negative impact on young people's emotional health and well-being. This is one of the main reasons of emigration of young men from Armenia and family separation.

**Sexual Behaviour**

1. Although results of this study indicate either on gradual removal of social taboo on female premarital sexual relationships and speaking more openly about sexuality-related issues, gender has still a profound impact on the manner in which young people in Armenia are treated in the families, school and communities. Attitude towards premarital sexual relationship is still determined by gender of young people. While sexual abstinence before marriage is considered as "moral norm" for women, premarital sexual relationships of men are quite common and acceptable.

2. According to the Armenian Law on Human Reproductive Health and Reproductive Rights every person has rights to manage freely his/her sexual and reproductive life, unless it poses danger to the health of others and to be safeguarded against all types of pressure, including molestation and abuse. However, about 21% of young men admit sexual intercourse against their partners' weal. The experience of forced sexual relationship has also 12% of young women, which often results in forced marriage with long-term impact on women's emotional and social-well-being.
3. More than half of young men involved in the survey had their first intercourse with their girlfriends, 29% - with occasional sexual partners, 3% - with illegal prostitutes, and only 11% - with their spouses. An outcome of such unsafe sexual behaviour might be unwanted pregnancy, STIs/HIV with related health and social consequences.

**Family Formation, Pregnancies and their Outcomes**

1. As it was mentioned above only 6% of young people in Armenia achieve by age 25 financial independence from parents. However, 22% of girls and 15% of boys below 25 are already married or established consensual unions. Early marriages are more common for rural young people, who usually live in extended families with poor standards of living.
2. Although conception among 14-16 years old teenagers is not common in Armenia, proportion of ever pregnant among sexually active young women age 17-19 is quite high (40%), which is fraught by negative health consequences on mother and child.
3. Proportion of ever pregnant is higher among rural women, as compared to urban, indicating on lower fertility of urban population.
4. The rate of obstructed labors resulted in stillbirths is about 6% of all births occurred among young women.
5. Already from age 16 male adolescents are experiencing pregnancies among their premarital partners as a result of unprotected sexual relationships or contraceptive failure. The proportion of pregnancies among partners of young men reaches up to 96% in 20-24 years age cohort. Most of these pregnancies occur outside of the families and are not desirable.
6. Induced abortions, which take place more than three times often than live birth (44% versus 16%) among partners of young men, are results of unprotected sexual relationships or contraceptive.
7. Proportion of miscarriages among young women (16%) and partners of young men (10%) is quite high, which can be attributed to possible sexually transmitted infections or self-induced abortion.
8. There is lack of male involvement in fertility regulation processes. Some young men have no idea about pregnancy outcome among their extramarital partners (0.8%).

**Early Parenthood**

1. Adolescents' parenthood exists among 13% of young women and 4% of young men below age 20. By the age of 24 becoming parents about one quarter (24%) of young women and 8% of young and about 10% of them parents have already 2 or 3 children. Adolescents' pregnancy, early childbearing, and motherhood can have negative impact on health of mother and children. Early parenthood, before reaching economic independence from parents may be an obstacle for educational carrier and professional development of young people.
2. As a result of unsafe sexual behaviour and lack of access to gamily planning and safe abortion services, some young women in Armenia experience "single motherhood" (0.1%). They carry alone heavy burden of child care, which have negative impact on moral, emotional and socio-economic status of both mother and child.

**Awareness and Personal Beliefs on SRH related issues**

1. During the last 7 years general level of basic knowledge among young people about pubertal changes, fertile days, conception and possibility of teenage pregnancy increased considerably, however still many young people are misinformed or have no idea on these issues.
2. Although majority of young people in Armenia are well informed about possibility of Surgical Abortion via curettage and electrical vacuum aspiration, they have limited information on MVA and Medication Abortion methods, and existing health facilities, providing youth-friendly comprehensive abortion care. The alarming observation is that some young women and men consider self-induced abortion as a mean of fertility regulation without medical control.
3. One of the achievements of the national policies and programs is increased awareness on some existing reliable means of contraception, particularly on Intrauterine Device and Hormonal Contraceptive Pills. However, there is lack of knowledge about other modern methods of contraception, such as Injectables, Sub-dermal Implants, Vaginal Rings, Hormonal Patches, Female Sterilization and Vasectomy, which are either not available in the country or rarely used.
4. According to the survey results, majority of young people in Armenia have some basic knowledge about HIV and main routs of its transmission, as well as about some other sexually transmitted infections, including Syphilis and Gonorrhea. However, results of the case studies clearly demonstrated that there is lack of knowledge about consequences of HIV/STIs and availability of VCT and STIs management services, where they can approach for confidential care, in case of need.
5. There are wrong beliefs among young people that abstinence has negative impact on health of boys and men, but it is OK for girls and women to abstain from sexual relationships. There are also beliefs that masturbation is harmful for health of both genders.

## Access to Information on SRH Related Issues

1. Although proportion of parents who often talked to their children on these issues increased from 18%, in 2002, to 34% in 2009, there is still lack of communication in families of both urban (28%) and rural (26%) respondents. The problem is more obvious in families of adolescents. About 48% of 14-16 years old boys and 38% of girls never talked to their parents on sexuality and SRHR-related issues.
2. In some Armenian families young people receive information on issues related to sexuality, and sexual and reproductive health from their elder brothers and sisters of the same gender, which rarely receive sexuality education and are not able to share reliable and useful information. As a result, there is still lack of communication on above mentioned issues between the siblings, especially in urban communities (43%) and during the period of adolescence (48%).
3. There are positive trends in communication between young people and school teachers about sexuality, sexual and reproductive health issues, however, majority of urban (62%) and rural (56%) young people, regardless their age and gender still experience lack of sexual education in the general school.
4. Majority of young people believe that they received most useful and reliable information on these issues from friends/peers (88%), magazines/ brochures (83%) and parents (68%). Information received from other sources, including school teachers, TV and radio programs, internet, siblings, etc. is considered as less useful and reliable.

## Access to High Quality and Youth-Friendly SRH Services

1. Although there are positive trends in accessing SRH services by young people, most of respondents of this study, especially age 14-19 male adolescents from rural areas, never applied to any health facility for SRHR-related services, neither for medical check-up, nor for information, counseling or care. The available SRHR services are more often utilized by young females (39%), as compared to males (21%).
2. Only 30% of those who ever attended various health facilities (ambulatories, general policlinics for adults and children, health centres, maternities, etc.) considered provided services as youth-friendly. For 29% of young people existed youth-friendly SRH services are not accessible yet, because of far distance from their place of living.
3. The great majority of young people are not happy with the quality of provided services. The most common barriers for access are related to the cost (72%), lack of privacy (64%) and confidentiality (58%), and unfriendly attitude of the staff (15%).

## 11.2. Policy implications

Based on priority needs identified through evaluation of responses, opinions, attitudes and stories of young people, situation analysis and own experience, we developed feasible and culture-appropriate strategies for promotion of young people's health and development that can have policy implication, particularly:

**1) Improving Socio-Economic Status of Young People**

1. For promotion of sexual and reproductive health of young people and family well-being in Armenia, there is a priority need for development and implementation of policies and programs aimed on improvement of socio-economic status and professional development of young people. Such programs will contribute also to decrease of emigration rate.

**2) Changing Behaviors**

1. To protect young people against unwanted pregnancy and STIs/HIV there are some kind of behaviour that need to be changed through information, education and communication. The following messages are recommended:

    1) Adolescents and young people of both genders should avoid sexual relationships during puberty and delay these until full physical maturity, but if they are already in pre-marital sexual relations, they should use condom together with other means of reliable contraception through access to youth-friendly comprehensive family planning services.

    2) Adolescents and young people of both genders should avoid occasional sexual relationships and unprotected sexual intercourse, but if they ever experienced unsafe sexual behaviour they should seek early and prompt pregnancy and STIs/HIV testing, counselling, and comprehensive safe abortion and medical care, if needed. Any attempts to self-induce abortion or to receive self-treatment against possible STIs are danger for the health and should be avoided.

**3) Removing Gender-Based Stigmas and Discrimination**

1. There is a need for removal of gender-based stigmas and social taboos related to personal life of women. This can be done through raising public awareness on human sexual and reproductive rights, according to which every person, regardless of gender, has rights to manage freely his/her sexual and reproductive life (unless it poses danger to the health of others).
2. Young women should be safeguarded against all types of pressure, including molestation and abuse, trough raising public awareness and improving governmental regulations and control over implementation of the Law on Human Reproductive Health and Reproductive Rights.

**4) Dispelling the Myths**

1. In order to dispel myths about abstinence and masturbation, the facts based on research need to be collected and disseminated among young people, parents, teachers and peer-educators.

**5) Improving Access to Information**

1. There is a priority need for development and implementation of on-going age-specific information and education programs for young people to address the issues of puberty, human sexuality, gender-related sexual and reproductive rights, pregnancy, family planning, contraceptive use, (un) safe abortion, and sexually transmitted infections, including HIV/AIDS, with special attention on dispelling the myths. These might be realized through introduction of sexuality education program in general schools and implementation of out-off school peer-education programs by relevant community-based organizations.
2. The school-based comprehensive age-specific and gender-sensitive sexuality education program need to be developed and introduced into the national school curriculum, which will cover various issues related to puberty, human sexuality, female and male reproductive function, sexual and reproductive rights, pregnancy and childbirth, responsible parenthood, family planning and contraceptive use, (un) safe abortion, sexually transmitted infections, including HIV/AIDS, and (un) safe behaviour. The special attention should be given on importance of male involvement in family planning and reproductive health issues.

3. Our recommendations for introduction of sexuality education program into the national school curriculum are listed below:

    a. The name of sexuality education subject in native language should not be confusing. We suggest the following options: “Adolescents’ Health” or “Family Health”.

    b. There is a need to develop training modules, facilitation plan and guidelines for teachers of general school and provide with comprehensive training of trainers courses facilitated by the national experts approved endorsed by the Ministry of Education and Ministry of Health.

    c. The age-gender specific training modules and school curriculum need to be developed jointly by the panel of national experts, with involvement of relevant professionals, parents and young people of both genders. The modules and school curriculum should be approved by the Ministry of Education and Ministry of Health.

    d. Teachers or other professionals, who will be selected for facilitation of this subject in school should deserve respect of their students and demonstrate excellent communication and professional skills in order to speak easily with young people and provide them relevant information around sensitive sexuality-related issues.

e. Age specific text-books for school students need to be developed in native language and approved by the Ministry of Education and Ministry of Health. Relevant amount of these textbooks should be printed and distributed to the schools, countrywide.

f. The school libraries should be provided with reliable and age-gender specific resource materials on subject matter for providing students with additional information for out-off lesson reading.

g. Each school should ensure adequate training environment and availability of relevant training aids and audio-visual equipment for conduct of interactive education.

4. There is a need for development and implementation of the out-off school peer-education programs, targeting both urban and rural communities in all regions of Armenia. The training modules for peer-educators should incorporate all components of the school-based program, including to puberty, human sexuality, reproductive function of women and men, sexual and reproductive rights, pregnancy and childbirth, responsible parenthood, family planning and contraceptive use, (un) safe abortion, sexually transmitted infections, including HIV/AIDS, and (un) safe behaviour.
5. Awareness raising programs for parents needs to be developed and implemented in all regions of Armenia, in order to equip them with reliable information materials and guidelines on sexuality education, which will enable both parents to speak easily with their all children and provide necessary age-gender specific information around these sensitive issues. The school-based and community-based parental committees might be established for ensuring sustainability and continuity of the program. Parental committee should conduct regular meetings with involvement of teachers and young people for monitoring the progress and dissolving outstanding issues.
6. Young people in Armenia need updated information on existing governmental and private youth-friendly services where they can receive reliable information and confidential counselling and care on various issues related to sexuality and sexual and reproductive health. This information can be printed in forms of information sheets, leaflets, brochures, etc. and disseminated among young people through peer-educators, community volunteers, health providers, teachers, NGOs, youth clubs, internet cafes, etc. Existing services can be advertized also through internet, TV and Radio channels, newspapers, and magazines.

### 6) Introducing Youth-friendly Approach in Existing SRH services

1. Several factors, such as policy and legal constraints, cultural, psychological and operational barriers, lack of information, feeling of discomfort and fear create obstacles for young people for continuous use of sexual and reproductive health services. All these obstacles can be easily addressed through introduction of the youth-friendly approach in existing SRH services.

2. Youth-friendly services should meet various sexual development and health related needs of young people, be accessible and available for all of them, both females and males, married and unmarried, whatever their age, social status, ability, beliefs, orientation and behaviour. These services should provide reliable information, appropriate counselling and high quality of care with respect to young people's rights to privacy, confidentiality, safety, choice, dignity, comfort, continuity and opinion. Our recommendations for introduction of youth-friendly approach in existing SRH services are listed below:
    a. Introduce in the public health system SRH services oriented for both female and male adolescents, as far as possible to the place of living.
    b. Improve general environment of the clinic and client-flow mechanisms for ensuring rights to safety, privacy, confidentiality and comfort for all clients, with special attention to young people.
    c. Provide relevant staff of the clinics with communication and counselling skills training course on Adolescent Health for ensuring youth-friendly attitudes.
    d. Ensure cost-affordability of SRH services for adolescents and provide essential services for free, as far as possible.
    e. Provide services at convenient for young people's hours, taking into the consideration needs of students and working clients.
    f. Provide young people with clear information and instructions in native language on various issues related to their sexual development, sexual health and reproductive health.
    g. Raise awareness of young people on existing youth-friendly services in urban and rural areas of Armenia, including services related to sexual development, modern contraceptive technologies, comprehensive abortion care, and voluntary counselling and testing on HIV/STIs.
    h. Provide young people with information on sources for obtaining contraceptive supplies, as well as with clear instruction on how to use preferred method.
    i. As far, as possible ensure confidential and free access to condoms for sexually active young people.

### 7) Improving Quality of Family Planning and Abortion Care

1. There is a need for updating knowledge and skills of service providers on sexuality and family planning counselling, modern contraceptive technology, comprehensive abortion care.
2. SRH facilities need to be equipped with essential commodities and supplies for conduct of surgical abortion via Electrical or Manual Vacuum Aspiration, instead of the invasive Dilatation and Curettage.

3. There is a need to ensure availability of modern contraceptives and drugs for medical abortion in SRH facilities countrywide.
4. The National standards and protocols on Pregnancy Termination need to be developed by the national experts and endorsed by the MOH, in accordance to WHO requirements and international quality of care approaches.

**8) Improving Access to Voluntary Counselling and Testing on HIV/STIs**

1. There is a need to introduce Voluntary Counselling and Testing Services on HIV/STI in health facilities providing SRH services to adolescents and young people.
2. All SRH providers dealing with young people need appropriate knowledge, communication and counselling skills on VCT on HIV/STI, according to the standards and protocols approved by the National AIDS Centre.
3. VCT services should be anonymous with respect to young people's rights to privacy and confidentiality.
4. The national standards on referral and follow-up of the clients should be introduced in accordance with the governmental regulations.
5. Young people attending for VCT need clear information in native language on issues related to prevention and management of HIV/STIs, as well as on SRH rights of HIV positive people.

**9) Protecting Reproductive Health**

1. Adolescents are considered as high risk group in pregnancy and childbirth. In order to prevent potential life-treating complications in mother and child they should be provided with comprehensive antenatal, perinatal and post-natal care, ensuring information, counselling, regular medical check-up, early diagnosis, management of complications, follow-up, and referral, if needed.
2. Adolescent-parents should be provided with counselling on breast-feeding, family planning, child-care and nutrition.
3. Adolescent-parents need full support of their families and community in taking care of the child and continuing educational carrier and professional development.
4. The special attention and care should be given to "single mothers" and their children.

*The questionnaire for conduct of 2009 SRHR KAP Survey among 14-24 years old Young People in Armenia is developed by the "For Family and Health" Pan-Armenian Association NGO, in the framework of UNFPA/EU supported Reproductive Health Initiative for Youth in South Caucasus Program*

# THE QUESTIONNAIRE

**FOR SURVEY AMONG 14-24 YEARS OLD YOUNG PEOPLE**

**Instruction for interviewer:**

*After introduction of yourself, organizations involved, as well as the purpose of the survey-interview, clarify age of the respondent and explain that you are going to give him/her some questions, which are of a personal or sensitive nature and ensure that all information obtained from the interview will be kept strictly confidential and will be used only for research purpose. Ensure that his/her name and contact details will not be recorded.*

*Obtain permission of parents through direct or telephone communication, if respondent is below 18 and is willing to participate. After obtaining informed consent, acknowledge and start interview face-to-face with respondent, with respect to the privacy. In case of refusal, acknowledge and go to another eligible respondent.*

## 1. Identification

*(Questions 1.1, 1.2, 1.3, 1.4, 1.5 and 1.8 have to be completed in advance)*

| | |
|---|---|
| 1.1. Group (cluster) number | ☐☐☐☐ |
| 1.2. Questionnaire number | ☐☐☐☐ |
| 1.3. Region (marz) | ---------- |
| 1.4. City/ Town | ---------- |
| 1.5. Village | ---------- |
| 1.6. Place of interview | a) School<br>b) College<br>c) University<br>d) Orphanage<br>e) Boarding school for children<br>f) with special needs<br>g) Youth Centre<br>h) Broadway/street/yard<br>i) House/apartment<br>j) Health facility<br>h) Other ---------- |
| 1.7. Sex of the respondent | ☐ female ☐ male |
| 1.8. Name of interviewer | ---------- |
| 1.9. Date of interview | ☐☐ ☐☐ ☐☐☐☐<br>day month year |

## 2. Background Information

2.1. Please tell me once more how old are you? ☐☐

2.2. In what month and year were you born? ☐☐ ☐☐

2.3. What is the highest level of your education? *(Circle an appropriate answer)*

| | | | |
|---|---|---|---|
| 1. General school | a) student | b) completed | c) dropped out |
| 2. College/technical school | a) student | b) completed | c) dropped out |
| 3. University/ institute | a) student | b) completed | c) dropped out |

2.4. Are you currently employed? If yes, do you work on full time basis?
*(Circle an appropriate answer and record details, if relevant)*

a) yes, full time b) yes, part time c) no d) ) other reply _____

2.5. Do you live together with your parents/guardians or somebody else?
*(Circle an appropriate answer and record details, if relevant)*

a) yes, with parents b) yes, with guardians c) I live alone

d) I live together with my souse/partner

d) ) other reply _____

2.6. Do you receive financial support for your education and/or living expenses?
*(Circle an appropriate answer and record details, if relevant)*

a) yes, from parents b) yes, from sponsor c) yes, from relatives living abroad

d) yes, from the state e ) no f) other reply _____

2.7. How would you consider your/your family economic status?
*(Circle an appropriate answer and record details, if relevant)*

a) wealthy b) middle class c) poor d) very poor

e) ) other reply _____

## 3. Sexual and Reproductive Behaviour

***Introduction to section:*** *I want to repeat that I am going to ask you some questions, which are of a personal or sensitive nature. Please be sure that all information obtained from you will be kept strictly confidential and will be used only for research purpose. We expect your honest reply, but you can refuse answering the questions, which make you feel uncomfortable.*

**Sexual behaviour and marital status**

3.1. Have you ever fallen in love? *(Circle an appropriate answer and record details, if needed)*

a) yes b) no c) don't want to reply

3.2. Did you ever have dating experience with your favourite boyfriend/girlfriend?
*(Circle an appropriate answer and record details, if needed)*

a) yes b) no c) has a boyfriend /girlfriend d) don't want to reply

3.3. Have you ever been engaged in sexual relationships with your boyfriend/girlfriend or somebody else? *(Circle an appropriate answer and record details if needed)*

a) had sexual intercourse b) had attempt

| **Partner** | **Sexual intercourse** | **Attempt** |
|---|---|---|
| Boyfriend | | |
| Girlfriend | | |
| Family member _____ | | |
| Prostitute | | |
| Other reply _____ | | |

c) never had sexual relationships d) don't want to reply

e) other reply _____

***If respondent never had sexual intercourse or its attempt skip Q 3.4 and Q 3.5.***

3.4. Did you wanted to start sexual relationships or it was against your wish? *(Circle an appropriate answer and record details if needed)*

a) yes, I wanted b) I didn't want, but my partner wanted c) I was raped

d) don't want to reply e) other reply _____

3.5. How old were you at the time of your first sexual intercourse or its attempt? *(Circle an appropriate answer and record details if relevant)*

a) _____years old b) don't remember c) don't want to reply

3.6. Are you currently married or in consensual union? *(Circle an appropriate answer and record details, if relevant)*

a) currently married

d) never married

e) single mother

f) divorced

g) widowed

h) other_____

i) don't want to reply

3.7. How old were you and your partner/spouse at the time of your first marriage/consensual union formation? *(Circle an appropriate answer and record details, if relevant)*

1) Respondent:

a) _____years old b) don't remember c) don't want to reply

2) Partner:

a) _____years old b) don't remember c) don't want to reply

**Reproductive behaviour**

3.8. Have you (your partner or spouse) ever been pregnant? If yes please provide details on pregnancy outcomes *(Indicate an appropriate answer and record details, if relevant)*

a) yes b) no

***If respondent have never been pregnant, skip Q 3.9-Q 3.20 and go to Q 3.21***

| N | Outcome | 1st pregnancy | 2nd pregnancy | 3rd pregnancy | Other pregnancies |
|---|---|---|---|---|---|
| 1 | Live birth | | | | |
| 2 | Stillbirth | | | | |
| 3 | Induced Abortion | | | | |
| 4 | Miscarriage | | | | |
| 5 | Ectopic pregnancy | | | | |
| 6 | Molar | | | | |
| 7 | Other | | | | |

3.9. Do you have your own children? *(Circle an appropriate answer and record details if relevant)*

a) yes b) no - *skip Q 3.10 and Q 3.11 c) other reply* _____

***If respondent does not have children, skip Q 3.10 and Q 3.11 and go to Q 3.12***

3.10. If yes, how many? ____ *(indicate)*

3.11. How old were you, when was born your first child? If you don't remember the age than may be you remember in which year he/she was born? *(Circle an appropriate answer and record details if relevant)*

a) _____years old b) was born in year _____ c) don't remember

**Unwanted pregnancies, abortion and contraception use**

3.12. Have you (your partner or spouse) ever experienced unwanted pregnancy?
*(Circle an appropriate answer and record details if relevant)*

a) yes b) no c) no idea d) don't want to reply

3.13. Have you (your partner or spouse) ever had induced abortion?
*(Circle an appropriate answer and record details if relevant)*

a) yes b) no c) no idea d) don't want to reply

***<u>If respondent or partner or spouse have never had abortion, skip Q 3.14-Q 3.20 and go to Q 3.21</u>***

3.14. What were the main reasons of your last abortion? *(More than one answer is possible)*

| N | Reasons of last abortion | |
|---|---|---|
| 1 | Premarital pregnancy | |
| 2 | Pregnancy was outside of marriage | |
| 3 | Wanted to postpone childbirth | |
| 4 | Divorce/ widowed/ or broken relationship | |
| 5 | Pregnancy was result of rape | |
| 6 | Used medicine during pregnancy or there were other possible harmful effect on foetus | |
| 7 | Medical reasons _____ | |
| 8 | Social reasons _____ | |
| 9 | Other reasons _____ | |

3.15. Which method of pregnancy termination was used last time?
*(Circle an appropriate answer and record details, if relevant)*

a) MVA b) D&C c) D&E d) medication abortion e) no idea d) don't want to reply

_____

3.16. Were you/your partner happy with the quality of your last abortion services, including abortion procedure and pre- and post-abortion care *(Circle an appropriate answer and record details, if relevant)*

a) yes b) no _____

c) no idea d) don't want to reply

3.17. Have you (your spouse or partner) ever tried to self-induce an abortion for unwanted pregnancy termination? *(Circle an appropriate answer and record details, if relevant)*

a) yes b) no c) no idea d) don't want to reply

_____

3.18. Have you (your spouse or partner) had any abortion-related complications? *(Circle an appropriate answer and record details, if relevant)*

a) yes _____

b) no c) no idea d) don't want to reply

3.19. Did you (your partner or spouse) use contraceptive methods to prevent this particular pregnancy? *(Circle an appropriate answer and record details, if relevant)*

a) yes, accurately b) yes, but not regularly c) no d) no idea e) don't want to reply

_____

***<u>If respondent or partner or spouse didn't use contraceptive methods to prevent this particular pregnancy, skip Q 3.20 and go to Q 3.21</u>***

3.20. Which methods have been used at that time? *(Circle an appropriate answer and record details, if relevant)*

| | | |
|---|---|---|
| 1. Intrautérine devises | 2. Male condom | 3. Calendar method |
| 4. Hormonal contraceptive pills | 5. Female condom | 6. Withdrawal |
| 7. Injectable contraceptives | 8. Diaphragm/Cervical cap | 9. Breast feeding |
| 10. Spermicids | 11. Douching | 12. Female sterilization |
| 13. Male sterilization | 14. Implants | 15. Other _____ |

3.21. Do you, or your spouse or partner (s) currently use contraceptive methods?
(*Circle an appropriate answer)*

a) yes b) no c) no idea d) don't want to reply

***<u>If respondent or partner or spouse do not use currently contraceptive methods to prevent this particular pregnancy, skip Q 3.22-3.23 and go to Q 4.1</u>***

3.22. If yes, which methods of contraception are you currently using?
*(Circle an appropriate answer and record details, if relevant)*

| | | |
|---|---|---|
| 1. Intrautérine devises | 2. Male condom | 3. Calendar method |
| 4. Hormonal contraceptive pills | 5. Female condom | 6. Withdrawal |
| 7. Injectable contraceptives | 8. Diaphragm/Cervical cap | 9. Breast feeding |
| 10. Spermicids | 11. Douching | 12. Female sterilization |
| 13. Male sterilization | 14. Implants | 15. Other _____ |

3.23. Have you ever experienced difficulties in getting contraceptive supplies and methods (e.g. IUD insertion)? *(Circle an appropriate answer and record details, if relevant)*

a) yes, don't know from where to get these b) yes, it is expensive
c) never tried to find relevant method/supplies d) no e) no idea
f) don't want to reply g) other reply _____

## 4. Level of awareness

4.1. In your opinion, why people have sexual intercourse?

*(Note that more than one answer is possible and circle an appropriate reply)*

a) for having children b) feel sexual desire c) feel pleasure

d) don't know e) don't want to reply f) other reply _____

4.2. Do you agree with the following statements?

*(Note that more than one answer is possible and circle an appropriate reply)*

| N | Statement | Agree | Disagree | Not sure/ No idea |
|---|---|---|---|---|
| a. | The majority of girls have their first menstruation only after the age of 17 | 1 | 2 | 3 |
| b. | The boys don't have "wet dreams" before becoming sexually active | 1 | 2 | 3 |
| c. | Girl, even at age 13, can get pregnant | 1 | 2 | 3 |
| d. | The most risky time for conception is the middle of menstrual cycle | 1 | 2 | 3 |
| e. | Girl can conceive even after first sexual intercourse | 1 | 2 | 3 |
| f. | Condom can prevent pregnancy and STIs transmission | 1 | 2 | 3 |
| g. | It is possible to become infected by HIV through sexual intercourse | 1 | 2 | 3 |
| h. | Abstinence influence negatively on health of boys | 1 | 2 | 3 |
| i. | Abstinence influence negatively on health of girls | 1 | 2 | 3 |
| j. | Masturbation influence negatively on health of boys | 1 | 2 | 3 |
| k. | Masturbation influence negatively on health of boys | 1 | 2 | 3 |

4.3. Do you know about means for unwanted pregnancy termination? If yes, which methods of pregnancy termination do you know?

*(Note that more than one answer is possible, circle an appropriate reply and provide details)*

a) surgical abortion (D&C, MVA, EVA) _____

b) medication abortion _____

c) self-induced abortion _____

d) don't know

e) don't want to reply

f) other reply _____

4.4. Do you know how to prevent unwanted pregnancy? If yes, which methods of contraception do you know?

*(Note that more than one answer is possible, circle an appropriate reply and provide details if relevant)*

| | | |
|---|---|---|
| 1. Intrautérine devises | 2. Male condom | 3. Calendar method |
| 4. Hormonal contraceptive pills | 5. Female condom | 6. Withdrawal |
| 7. Injectable contraceptives | 8. Diaphragm/Cervical cap | 9. Breast feeding |
| 10. Spermicids | 11. Douching | 12. Female sterilization |
| 13. Male sterilization | 14. Implants | 15. Other _____ |

4.5. Do you know that there are infections, which can be transmitted through sexual relationships? If yes, please name infections or diseases which you know.

*(Note that more than one answer is possible, circle an appropriate reply and provide details if relevant)*

| | | |
|---|---|---|
| 1) HIV / AIDS | 2) Syphilis | 3) Gonorrhoea |
| 4) Chlamydiosis | 5) Mycoplasmosis/Ureoplasmosis | 6) Trichomoniasis |
| 7) Other _____ | | |

4.6. What are the main routs of HIV transmission?

*(Note that more than one answer is possible, circle an appropriate reply and provide details if relevant)*

a) through heterosexual contact b) through homosexual contact

c) through injection of drugs d) through blood transfusion

e) from pregnant mother to child f) don't know

j) other reply _____

4.7. Do you think that boys or girls among your peers are better informed on the issues related to sexuality, sexual health, fertility regulation and STIs/HIVprevention?

*(Note that only one answer is possible, circle an appropriate reply and provide details if relevant)*

| | |
|---|---|
| 1) | Boys are better informed |
| 2) | Girls are better informed |
| 3) | Same level of awareness |
| 4) | Don't know |

## 5. Own experience in Sexuality Education and accessing SRH services

5.1. Have you ever talked with your parents/guardians about sexual health and sexual behaviour issues?

*(Note that only one answer is possible, circle an appropriate reply and provide details, if relevant)*

a) yes, often b) yes, but rarely c) never d) other reply _____

5.2. Have you ever talked with your brothers/sisters about sexual health and sexual behaviour issues?

*(Note that only one answer is possible, circle an appropriate reply and provide details, if relevant)*

a) yes, often b) yes, but rarely c) never d) other reply _____

5.3. Have you ever talked with any of your teachers about sexual health and sexual behaviour issues?

*(Note that only one answer is possible, circle an appropriate reply and provide details, if relevant)*

a) yes, often b) yes, but seldom c) never d) other reply _____

5.4. Please indicate five most important sources of your information about sexuality, sexual health and rights? *(Note that only 5 answers are possible, circle an appropriate reply and provide details, if relevant)*

| | | |
|---|---|---|
| 1. Mother | 8. Close friends | 15. Radio |
| 2. Father | 9. Peers | 16. Television |
| 3. Grandmother | 10. Boyfriend/Girlfriend | 17. Internet |
| 4. Grandfather | 11. Teacher | 18. Books/ brochures |
| 5. Brother | 12. Doctor/nurse | 19. Magazines, newspapers |
| 6. Sister | 13. Health Center | 20. Other source |
| 7. Other relatives | 14. Youth Centre/Club | 21. None |

_____

_____

5.5. Which of the above mentioned sources of your information about sexuality and sexual health do you consider most reliable and useful? Please indicate three sources. *(Note that only 3 answers are possible, circle an appropriate reply and provide details, if relevant)*

| | | | | | |
|---|---|---|---|---|---|
| 1 | Mother | 8 | Close friends | 15 | Radio |
| 2 | Father | 9 | Peers | 16 | Television |
| 3 | Grandmother | 10 | Boyfriend/Girlfriend | 17 | Internet |
| 4 | Grandfather | 11 | Teacher | 18 | Books/ brochures |
| 5 | Brother | 12 | Doctor/nurse | 19 | Magazines, newspapers |
| 6 | Sister | 13 | Health Center | 20 | Other source |
| 7 | Other relatives | 14 | Youth Centre/Club | 21 | None |

_____

5.6. Have you ever applied to any health facility for getting information, counselling or medical services related to sexual and reproductive health and/or risky behaviour? *(circle the appropriate answer and provide details, if relevant)*

a) yes, often b) yes, but rarely c) never – *acknowledge and stop the interview*

d) I don' t know where to get these services

e) other reply _____

_____

***<u>If respondent never applied to the health facility, skip Q 5.7-5.8 and go to Q 6.1</u>***

5.7. Would you consider attended by you services as youth-friendly? *(Circle the appropriate answer and provide details, if relevant)*

a) yes – *acknowledge and stop interview* b) no c) other reply _____

5.8. Did you ever face obstacles for accessing health facility or necessary health services?

*(Circle the appropriate answer and provide details, if relevant; note that more than one answer is possible)*

a) unfriendly attitude

b) financial difficulties

c) poor hygienic conditions

d) lack of knowledge of health providers

e) unfavourable environment

f) inconvenient working hours

g) health facility is far from home

h) other reply _____

## 6. Opinions and Attitudes

6.1. What is your opinion about most appropriate age of starting sexual relations for boys and girls?
*(Note that only one answer is possible; circle an appropriate answer and record details, if relevant)*

1) For girls:

a) from _____ up to _____years old b) no idea

2) For boys:

a) from _____ up to _____years old b) no idea

---

6.2. What is your opinion about premarital sexual relationships? Do you think this acceptable for both genders? *(Note that only one answer is possible; circle an appropriate answer and record details, if relevant)*

1) For females:

a) yes, acceptable b) no, unacceptable c) depending from circumstances
d) no idea e) other reply _____

2) For males:

a) yes, acceptable b) no, unacceptable c) depending from circumstances
d) no idea e) other reply _____

---

6.3. What do you think is the best age for the first marriage for females and males?
*(Note that only one answer is possible; circle an appropriate answer and record details, if relevant)*

1) For females:

a) from _____ up to _____years old b) no idea

2) For males:

a) from _____ up to _____years old b) no idea

---

6.4. What do you think is the best age for having first child for females and males?
*(Note that only one answer is possible; circle an appropriate answer and record details, if relevant)*

1) For females:

a) from _____ up to _____years old b) no idea

2) For males:

a) from _____ up to _____years old b) no idea

6.5. Do you think that children need to get sexuality education in family or school?

*(Note that only one answer is possible; circle an appropriate answer and record details, if relevant)*

a) yes b) no c) no idea d) other _____

6.6. In your opinion, who should take care of sexuality education of children?

*(Note that more than one answer is possible; circle an appropriate reply and record details, if relevant)*

| | | |
|---|---|---|
| 1) mother and father | 2) only mother | 3) only father |
| 4) only teachers | 5) and parents and teachers | 6) neither parents nor teachers |
| 7) don't know | 8) other reply _____ | |

6.7. Do you consider as an acceptable and useful open discussion about sexuality, sexual health and rights?

*(Note that more than one answer is possible; circle an appropriate reply and record details, if relevant)*

| 1. Between peers of same sex? | Yes | No | No idea |
|---|---|---|---|
| a. Always acceptable and useful | 1 | 2 | 3 |
| b. Sometimes acceptable and useful | 1 | 2 | 3 |
| c. Unacceptable and not useful | 1 | 2 | 3 |
| 2. Between peers of different sex? | Yes | No | No idea |
| d. Always acceptable and useful | 1 | 2 | 3 |
| e. Sometimes acceptable and useful | 1 | 2 | 3 |
| f. Unacceptable and not useful | 1 | 2 | 3 |
| 3. Between young people and adults? | Yes | No | No idea |
| g. Always acceptable and useful | 1 | 2 | 3 |
| h. Sometimes acceptable and useful | 1 | 2 | 3 |
| i. Unacceptable and not useful | 1 | 2 | 3 |

6.8. In your opinion, is there a need for introduction of sex education subject into the general school curriculum?

*(Note that only one answer is possible; circle an appropriate reply and record details, if relevant)*

a) yes b) no c) not sure c) don't want to reply

e) other reply _____

***If respondent's answer is negative or he/she doesn't want to reply, skip Q 6.9-6.13 and go to Q 6.14***

6.9. At what age is appropriate to start sex education subject in the general school?

*(Circle the appropriate answer and record details, if relevant. Note that only one answer is possible)*

a) at the age ____ c) not sure b) other reply _____

6.10. Do you think that it should be included into school curriculum as a separate subject, or as integrated part of other subjects?

*(Circle the appropriate answer and record details, if relevant. Note that only one answer is possible)*

a) separate subject b) with other subjects c) other reply _____

6.11. Do you think that the boys and girls should participate in these lessons together?

*(Circle the appropriate answer and record details, if relevant. Note that only one answer is possible)*

a) yes b) no c) not sure d) other_____

6.12. In your opinion, who should teach the subject of Sexuality Education in school?

*(Circle the appropriate answer and record details, if relevant. Note that more than one answer is possible)*

a) biology teacher c) any teacher

b) psychologist d) school doctor/nurse

e) other reply _____

6.13. Do you think that sex and age of teacher of this subject will have an influence on student-teacher communication? If yes than what are your preferences?

*(Circle the appropriate answer and record details, if relevant. Note that more than one answer is possible)*

| 1. Sex of teacher? | Yes | No | No idea |
|---|---|---|---|
| a. Female teacher for girls | 1 | 2 | 3 |
| b. Male teacher for boys | 1 | 2 | 3 |
| c. Sex of teacher is not important | 1 | 2 | 3 |
| 2. Age of teacher? | Yes | No | No idea |
| d. Young person below 25 years | 1 | 2 | 3 |
| e. Between- 25 and 40 years | 1 | 2 | 3 |
| f. More than 40 years old | 1 | 2 | 3 |

6.14. Would you like to participate in the out-of-school Sexuality Education program?

*(Circle the appropriate answer and record details, if relevant. Note that more than one answer is possible)*

a) yes b) no c) not sure d) other reply _____

6.15. Do you think that 13-14-year-old teenagers need to get information on issues mentioned below?

*(Circle the appropriate answer and record details, if relevant. Note that more than one answer is possible)*

| N | Topics | Yes | No | No idea |
|---|---|---|---|---|
| 1 | Basics of body hygiene | 1 | 2 | 3 |
| 2 | Puberty | 1 | 2 | 3 |
| 3 | Menstruation | 1 | 2 | 3 |
| 4 | Wet dreams | 1 | 2 | 3 |
| 5 | Sexual relationships | 1 | 2 | 3 |
| 6 | Pregnancy and childbirth | 1 | 2 | 3 |
| 7 | Contraception | 1 | 2 | 3 |
| 8 | Abortion | 1 | 2 | 3 |
| 9 | HIV/AIDS/STIs | 1 | 2 | 3 |
| 10 | Other _____ | 1 | 2 | 3 |

6.16. What do you think need to be done in order to remove obstacles for accessing SRH services by young people?

*(Circle the appropriate answer and record details, if relevant. Note that more than one answer is possible)*

a) make these services youth-friendly
b) provide services for free or with small cost
c) ensure safety
d) improve skills of health providers
e) ensure privacy and confidentiality
f) more convenient working hours
g) establish services as close as possible to living place
h) other reply _____

***Acknowledge participation of respondent and complete an interview.***
***Don't forget to record your name and to sign the questionnaire.***

Name of interviewer _____

Signature _____