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NOTE: This publication is also available in Mongolian. The opinions expressed here in are those of the authors and do not necessarily reflect those of the institutions involved. American English spelling conventions, rather than those of the UK or of the UN, are followed.

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Foreword

We are pleased to present to you the Report of the Third National Reproductive Health Survey. This survey was conducted by the National Statistical Office in 2008 and co-financed by the Government of Mongolia and the United Nations Population Fund (UNFPA).

A Survey Steering Committee and a Working Group, which included officials from the Ministry of Health and other relevant organizations, were established. Both groups cooperated actively throughout the survey starting from preparatory work.

The objective of this survey was to gather detailed information related to reproductive health indicators such as fertility, infant and child mortality, factors affecting mortality, child health, family planning and STI/HIV/AIDS, among others. This survey collected information and data on women's knowledge regarding the prevention of breast and cervical cancers. This survey aimed to enrich the content of previous reproductive health surveys. In addition, this report gathers for the first time data and information on domestic violence.

We hope that the 2008 Reproductive Health Survey, presented in the form of comparison with the results of the previous two surveys, conducted in 1998 and 2003, would contribute significantly to objectively addressing social issues, assist in the development of policies, implementation of programmes and monitoring and evaluation of their progress. The importance of this survey is to provide data for a wide range of activities, including monitoring the indicators of the Millenium Development Goals, evaluating policies at the international and national levels, assessing required measures related to programme implementation in the future, and conducting additional in-depth research and analysis.

The existing database, which has been created based on the results of the three consecutive Reproductive Health Surveys, should provide opportunities for research organizations and professionals to frame and intensify their research activities within a much broader context.

We would like to highlight that all activities carried out under this survey were undertaken by national experts starting from the development and testing of the survey questionnaires, gathering of research data, developing the software to process data, evaluating the indicators and finally, to produce this report. To complement the work of national experts, an international consultant was mobilized for data verification purposes.

The results of this survey show increasing levels of fertility and improved quality of services during pregnancy and childbirth. In addition, the survey indicates a significant decrease in newborn and child mortality rates. Although women's knowledge on contraceptive methods is quite high, actual use of these methods among married women has decreased. This can be explained by the increase in the wanted total fertility rate. However, it is alarming to note a decrease in the knowledge on STI/HIV/AIDS prevention and women's lack of knowledge about common gynecological cancers.

We are confident that this report will be published in both Mongolian and English language versions and that it becomes a valuable source of information for decision makers, health sector officials and researchers.

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Acknowledgement

The third National Reproductive Health Survey has been conducted by National Statistical Office. Mongolian government and UNFPA funded the third National Reproductive Health Survey.

The purpose of this survey was to collect and analyze the wealth of updated and enriched information on fertility, infant and child health and knowledge, ceremony and practice of reproductive health including family planning and STI/HIV/AIDS. The Third National Reproductive Health Survey was first to collect information on women's knowledge about breast cancer and cervical cancer as well as family relation issues. The results of the Third Reproductive Health Survey are comparable with the data from the first survey conducted in 1998 and the second survey conducted in 2003, as the State data base of Reproductive Health Survey have been enriched by the results of this Survey.

We hope that the results of the survey which offer reliable and detailed data set will have important implications for monitoring the implementation progress of the National Reproductive Health Programme and other public health policies and programmes.

It is our great pleasure to express our deep appreciation to Ms. Delia Barcelona, UNFPA Representative in Mongolia and Ms. Navchaa, UNFPA Assistant Representative for the financial and technical assistance for successful conduct of the Survey.

Our gratitude also goes to the management of Ministry of Health for their active collaboration during all stages of the Survey.

We wish to thank the Survey team of National Statistical Office for their competent comments and inputs to have contributed to executing the RHS according to international standards and to making the results available to public. As well we would to thank members of the Survey Steering Committee and the Working Group, Data Processing Staffs, national researcher and editors for their assistance in comments and report writing of the survey.

Our sincere gratitude goes to UNFPA advisers Mr. Griffith Feeney for their valuable contributions and collaboration in evaluation of information quality, also in validating the estimation of fertility, fertility, infant and child mortality indicators, which based on the survey information. The experts of the National Statistical Office had a special training to estimate fertility and mortality indicators, who use census, sample survey and statistical data, multi sources. The training has offered national experts a genuine opportunity to improve from their knowledge and skills.

We hope that the results of the survey which offer reliable and detailed data set will have important implications for monitoring the implementation progress of the National Reproductive Health Programme and some indicator of Millennium Development Goals.

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Executive Summary

The 2008 Mongolian Reproductive Health Survey (RHS) has a nationally representative sample of 8382 households, in which 9402 women of reproductive age 15-49 years and a subsample of 3362 husbands were interviewed. The third National Reproductive Health Survey was conducted by the National Statistical Office (NSO) in 2008 and co-financed by the Government of Mongolia and the United Nations Population Fund (UNFPA). The survey was carried out in a broader, hence same methodology that was applied for the previous two surveys of 2003 and 2008.

The development of the sample design, development of questionnaire, data gathering, data processing and analysis, and report writing were jointly coordinated by the NSO and the UNFPA. The survey Steering Committee and Working Groups consisting of officials from Ministry of Health officials and other various organizations were established and provided advices to the survey team from the beginning to the end of the survey period.

The main purpose of the RHS was to provide policy makers, programme managers, and related professionals of concerned departments and agencies in reproductive health and population with detailed information on fertility, infant and child mortality, family planning, and reproductive health, induced abortion, and STD/AIDS. The finding of RHS will help in the monitoring and evaluation of the implementation of the National Reproductive Health Program, that is the responsibility of the Ministry of Health (MoH) with support from UNFPA.

The information in this report is presented at the national level, and broken down by population groups defined by urban-rural residence, region and level of education, among others.

Fertility

In the last few years a trend toward increasing fertility has been observed. According to the first RH Surveys, in 1998 the TFR was 3.1 children, which decreased to an almost-replacement level of 2.5 in 2003. The TFR increased to 3.2 children by 2008.

The TFR was higher among women with primary or less education compared to women with education beyond the secondary level.

The mean number of children ever born for all women was 2.05. This figure increased to 2.51 for married women. Compared to 2003 RHS findings, the percentage of women who have never given birth decreased by 3 percentage points, and the percentage of women who have given birth to 1-3 children increased by 9.2 percentage points.

The median age at first birth increased slightly from 21.6 to 22.1 over the 1998-2003 time period. This figure reached 22.3 in 2008.

Although the ideal number of children reported was similar in all three RHSs, the percentage of women who reported currently using any method of contraception was 54.3 percent in 2008, showing a decline of 14.6 percentage points over the last five years.

In the last five years, the percentages of never married women and women living with a partner decreased, while the percentages of married women and separated women increased. Age at first marriage was 22.1 according to the 2008 RHS, demonstrating a decrease by a half year over the last five years.

Family planning

Knowledge and use of family planning among the population is improving from year to year, and demand for modern contraceptives is growing. The fact that almost all respondents and currently married women were aware of contraceptive methods is an achievement. The number of contraceptive methods women were aware of was an average of 7.6 for all women and 7.9 for married women.

Seventy-eight percent of all women and 91 percent of currently married women reported having used some method of contraception at least once; this rate was about 92 percent for husbands.

Forty-five percent of all women and 55 percent of married women were currently using a method of contraception.

More than half – 57 percent – of ever married women started using contraceptives after giving birth to one or two children.

According to the 2008 RHS, the proportion of women who receive contraceptive services from public clinics and hospitals declined, and family clinics and pharmacies became key sources for distribution of contraceptives. Twenty-one percent of women responded that they purchase contraceptives at pharmacies, 16 percent said they had access to contraception through family doctors, and 6 percent said they got contraceptives from bag feldshers.

Sixty-six percent of women who used contraceptives said they had been provided with free contraceptives. Twenty-eight percent of women responded to the 2008 RHS that they purchased contraceptives. Most of these women purchased condoms (64 percent) and pills (50 percent).

Infant and child mortality

The study showed that during the three years preceding the survey (2006 to 2008), the neonatal mortality rate has declined to 9.8 deaths per 1,000 live births, the post-neonatal mortality rate has declined to 12.3 deaths per 1,000 live births, the infant mortality rate has declined to 22 per 1,000 live births, and child mortality has declined to 2.9 deaths per 1,000 live births with under-five mortality at 24.9 per 1,000 live births.

These direct estimates were quite close to the indirect estimates from MORTPAK at 34 deaths per 1,000 live births for infant mortality (${}_1q_0$) in 2002, with a decline to 31 per 1,000 live births in 2007. The expected life expectancy at birth from MORTPAK (68.2) was slightly higher compared to estimates by other independent sources from the recent census vital statistics (66.5). This may be related to the high infant mortality rate calculated with indirect estimation methods.

Mother's educational level was inversely associated with infant and child mortality. This trend was more clearly observed in neonatal, infant and under-five mortality rates.

The largest male-female differential was from neonatal mortality, infant mortality, and under-five mortality. However, the lowest male-female differentials were observed among 1-4 age group and child mortality.

Childhood mortality rates increased with decreasing mother's age. The highest share of childhood mortality (including neonatal mortality, post-neonatal mortality, infant, and under-five mortality) was of children born to mothers under the age of 20.

Pregnancy (antenatal) care, safe delivery and post-natal care

Antenatal care enrolment of women who have delivered in the last five pre-survey years has been observed as increasing from survey to survey; the antenatal enrolment rate was 96 percent in 1998, 99 percent in 2003 and 99.5 percent in 2008.

The median timing of antenatal care enrolment decreased from at 3.7 months of pregnancy in 1998 to 3.3 months in 2003 and 2.9 months in 2008.

Eighty percent of all pregnant women were covered by general blood and urine tests and 75 percent had uterus smears and ultra-sound diagnosis. However, AIDS/HIV testing (68 percent)

as well as syphilis testing (66 percent) were relatively lagging in comparison to other forms of medical tests for pregnant women.

Home delivery rates have dropped from the 1998 level of 6 percent to 2.8 percent in 2003 and 1.7 percent in 2008. In the meantime, the percentage of mothers who received medical services for their deliveries was 94 percent in 1998, increasing to 97 percent in 2003 and 99 percent in 2008. This may have resulted from better maternal care and improved services.

The proportion of caesarean births has been steadily increasing since the initial survey in 1998; it was 5 percent in 1998, 10 percent in 2003 and 17 percent in 2008.

Seventy-five percent of reproductive-age women have heard about cervical cancer; out of them 30 percent have been enrolled in cervical cancer screening.

As for breast cancer, 88 percent of women have heard about it, out of which 52 percent practiced breast self-examination as an early detection measure.

Child health and breastfeeding

The percentage of children less than five years old with diarrhoea in the two weeks preceding the survey increased from 9 percent in 1998 to 13 percent in 2003 and 2008. Medical assistance was sought by 84 percent of children with diarrhoea. This was 81 percent in 2003.

More than four fifths of children (81 percent) were breastfed within one hour after birth. The proportion of children who were breastfed for at least some time was 97 percent in 2008.

Eighty-two percent of children aged 0-6 months were exclusively breastfed, suggesting compliance with WHO recommendations.

Knowledge and attitudes concerning STIs and HIV/AIDS

The vast majority of Mongolian women (93 percent) reported that they were aware of STIs. Ninety-one percent of women stated that they had heard about HIV/AIDS; in most cases, they obtained information from TV, newspapers, and health workers.

Ninety-three percent of all women surveyed believed that STIs are preventable. About 96 percent of women confirmed that HIV/AIDS infection is preventable. The primary methods mentioned for preventing STIs and HIV/AIDS were using condoms and having only one sexual partner (22 percent). About 12 percent of women had correct understanding of HIV; for example, knowing a healthy-looking person could have HIV, that a HIV infection could not be transmitted through mosquito bites or through sharing cups or dishes with an infected person, etc.

As compared to the 2003 RHS, the percentage of women who know about having only one sexual partner and abstaining as prevention methods increased, while the percentage who mentioned using a condom for prevention decreased.

The percentage of women with misconceptions about HIV/AIDS decreased by 25-38 percentage points, depending on the demographic group, as compared to the results from the 2003 RHS.

Induced abortion

According to the 2003 RHS, the abortion ratio was 234 per 1,000 live births, decreasing to 169 per 1,000 live births in 2008. This reduction may be attributed to the improved availability and accessibility of quality family planning and counseling services by service providers and/or an increased desire among women and families to have more children due to improved economic growth and pronatalist government social welfare policies and programmes.

Out of 9,400 women respondents in the survey, 8 percent, or 702 women, aged 15-49 have had at least one abortion within the five years preceding the survey (2003-2008).

Among all women who had abortions, 43 percent chose abortion because they wanted to have children later, 24 percent because they had a health concern, 12 per because of a lack of financial resources, and 14 percent because they were getting older, already had many children, or had a lack of knowledge about contraceptives. The percentage of women who stated that their last abortions were performed due to a lack of financial resources has declined by 13 percentage points, indicating financial ability is a declining primary concern concerning having children.

In terms of abortion services, the survey results indicate that 84 percent of abortions were supervised by a gynecologist, which is a decrease compared to 2003 survey results; this merits further study. The percentage of abortions performed at private hospitals has increased by 15 percentage points compared with the findings of the previous survey, and half of the women who had abortions in private hospitals paid a fee of 20,000 togrogs or above.

Around 67 percent of all women who had abortions received pre-abortion counseling. 74 percent of all women who had abortions had post-abortion counseling; 85 percent of them reported that the counseling included family planning methods.

Out of all women who underwent an induced abortion, 73 percent underwent manual vacuum aspiration (MVA), 21 percent underwent dilation and curettage, and 6 percent underwent medical abortion. Between rural and urban areas there was almost no difference in abortion methods used. This demonstrates that the national standards on safe abortion and WHO-recommended modern methods of abortion are being introduced and used.

There was an increase of contraceptive use pre- and post-abortion, with 39 percent of women who had abortions not using contraceptives before their last abortions compared to 75 percent after their abortions.

Adolescent reproductive health

According to the 1998 survey, 9 percent of adolescents aged 15-19 had begun childbearing, with a reduction to 7.4 percent in 2003. This percentage has increased by 0.8 percentage points to 8.2 percent in 2008. Adolescent childbearing was three times higher in urban areas compared to rural areas. These findings indicate that teenage pregnancy and fertility remain issues requiring further attention.

Out of the entire group, 16.7 percent of adolescents responded they had had sexual intercourse. For adolescents who had had sexual intercourse, 5 percent had their first sexual intercourse between the ages of 14 and 16, and 11.7 percent had their first experience between the ages of 17 and 19. Unlike the findings of the 2003 survey, none of the adolescents reported that they had had their first sexual intercourse between the ages of 11 and 13.

Overall, 89 percent of the adolescents reported that they had heard of HIV/AIDS, a decrease of three and one percentage points, respectively, when compared to the results of 1998 and 2003 surveys.

Out of 1,044 adolescent respondents, 11 percent had never heard of ways that HIV/AIDS is transmitted. In particular, it should be noted that the proportion of adolescents with primary education who reported that they had never heard about ways HIV/AIDS is transmitted is unacceptable.

Over half of the adolescents reported that they did not have any risk of contracting HIV, and one-fourth considered themselves at low risk. Concerning HIV/AIDS testing, 3.7 percent took HIV/AIDS tests voluntarily, 4.3 percent tested for HIV/AIDS on a need basis, and 4.7 percent were covered during their pregnancy.

Among all adolescents who knew about STIs, 38 percent responded that they knew symptoms associated with STIs. In particular, certain subgroups had high rates of responses concerning not knowing common STI symptoms. These sub-groups included adolescents aged 15 (65.7 percent), married adolescents (73.7 percent), rural girls (71.2 percent), and adolescents with primary education (76.8 percent).

In summary, there is a need to pay more attention to improving health education, particularly reproductive health education for adolescents. Additionally, survey results indicate the need for improving the availability and accessibility of adolescent health services.

Domestic Violence

Most respondents (74 percent) said that they know families where domestic violence, either physical or psychological, occurs.

Out of all women participated in the survey, 2.4-14.7 percent reported experiencing physical assaults that caused different injuries and most of them were married women.

Most women responded that their current husband/cohabitants do not commit the kinds of physical assault mentioned above. For those who did report (19 percent), 55 percent of them reported having cuts and bruises due to physical assault by their intimate partners.

Eight percent of married and previously married women responded that they sometimes hit, slapped, kicked, or caused pain to their intimate partner, even though there was not any assault on them by their husbands/cohabitants.

Four percent of the respondents said that they had experienced sexual abuse or coercion by someone in their lifetime. In terms of frequency, 71 percent of these women were occasionally forced to have sex, 18 percent were forced once, and 10 percent were constantly forced to have sex.

Three percent of the respondents, or 216 women, said that they had experienced violence during pregnancy. Twenty-eight percent of these women were hit, slapped, kicked, or experienced other physical assault by their friends/acquaintances, 26 percent by their current husband/cohabitant, and 13 percent by their previous husband/cohabitant.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal (Prenatal) Care
ARI	Acute Respiratory Infection
CBR	Crude Birth Rate
CDR	Crude Death Rate
CEB	Children Ever Born
FGP	Family General Practitioner
GFR	General Fertility Rate
HIV	Human Immunodeficiency Virus
IUD	Intrauterine (Contraceptive) Device
MOH	Ministry of Health
NN	Neonatal Mortality
NSO	National Statistical Office
ORS	Oral Re-Hydration Saline
PNN	Postneonatal Mortality
PSU	Primary Sampling Unit
RHS	Reproductive Health Survey
STIs	Sexually Transmitted Infection
TFR	Total Fertility Rate
UN	United Nations
WHO	World Health Organization

In order to ensure correct comparison between the results of the RH surveys, same regional classification used for the 1998 survey was used for the 2003 and 2008 survey result disseminations.

Central region	East region	West region	South region	Ulaanbaatar
Arkhangai	Dornod	Bayan-Olgii	Dornogovi	
Bulgan	Sukhbaatar	Bayankhongor	Dundgovi	
Ovorkhangai	Khentii	Gobi-Altai	Omnogovi	
Selenge		Zavkhan	Govisumber	
Tuv		Uvs		
Khovsgol		Khovd		
Darkhan-Uul				
Orkhon				

Chapter 1. Introduction

Geography, climate and history

Located in the north eastern part of northeastern part of Central Asia, Mongolia is a landlocked country covering 1,564.1 thousand square kilometers. It borders the Russian Federation to the north and the People's Republic of China to the south. The total length of Mongolia's borders is 8,161.9 kilometers including: 3,485 kilometers with the Russian Federation and 4,676.9 kilometers with the People's Republic of China. By area, Mongolia is the seventeenth-largest independent country in the world. The average altitude is 1,580 meters above sea level. The western and northern parts of the country are mountainous and forested, the eastern part is steppe, and the Gobi region is in the south (see Figure 1.1).

The climate is harsh continental with low precipitation and four well-defined seasons. The temperature varies greatly during the year. The average temperature in the summer ranges from +10°C to +25°C, and in winter the average temperature ranges from -12°C to -36°C. The extreme maximum temperature is 45°C, and the extreme minimum temperature is -55°C.

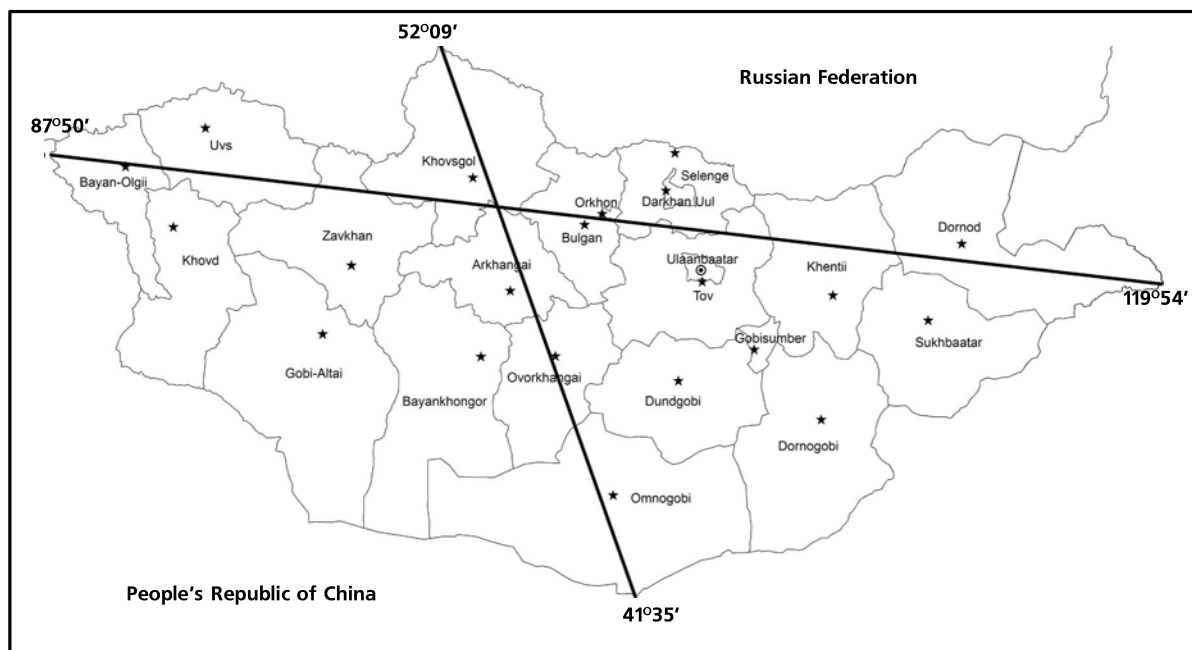
Administratively, the country is divided into aimags (provinces) and the capital, which exists as a municipality. Aimags are further divided into soums and soums into bags, while the Capital City is divided into districts and districts into horoos. The Capital of Mongolia is Ulaanbaatar (see Figure 1.1). There are 21 aimags, 339 soums, and 1,680 bags and horoos.

The official language is Mongolian. Mongolia is one of the ancient civilizations of Asia with a history of developing its own unique script and culture. Tibetan Buddhism is the predominant religion of Mongolia. Since the early 1990s, during which freedom of religion was ensured as a right for all citizens, other religions and religious beliefs have been introduced.

Nomadic pastoralism is still commonly practiced in Mongolia. Due to the harsh climate and geographical conditions, people have also engaged in activities like agriculture, trade and handcrafts as supplementary activities since the earliest times. Mongolia's nomadic traditions have contributed to its unique cultural heritage.

The Mongolian State dates back to 2,300 years ago. The ancient Mongolians (the Hunnu) established and ruled the first nomadic empire in Central Asia and reached the height of its power in the third century B.C. In succeeding centuries there were many other nomadic states; of these, Chingis Khan's empire was the most powerful.

Figure 1.1 Administrative Units of Mongolia



In 1206 he formed the Great Mongolian State of steppe nomads. His vast empire stretched across Asia and Europe from present-day Vietnam to Europe. According to scholars, the Empire of Chingis Khan marked a pivotal historical era not only for Mongolia but also in the historical framework of the world, playing a significant role in the development of global politics, economy, military, religion, and culture. The 14th century saw an increase in internal conflict among the Mongols which ultimately resulted in the collapse the Mongolian Empire. In 1691, the Manchu, who had already conquered most of China, reached Mongolia. Mongolia fell under Manchu rule and lost its sovereignty, remaining under Manchu rule for more than 200 years. During the collapse of the Manchu Qing Dynasty in the early 20th century, combined with the Mongolian National Movement for Freedom, Mongolia declared independence in 1911. This historical event was followed by the People's Revolution in 1921, where Mongolia firmly established de facto independence, and the proclamation of a socialist way of development in 1924, ultimately creating an independent Republic of Mongolia and adoption of its first constitution.

Beginning in 1990, the people of Mongolia chose a pathway to democracy and a market economy, introducing a new Constitution for Mongolia. With the transition to democracy and a market economy in 1992, Mongolia joined the prevailing global path of development, thus opening a new page in its history toward economic progress.

Population growth

The Mongolian population growth was in stagnation until the middle of the 20th century. The main factors for this stagnation were poor health status and a low education level among population due to a lack of a proper health system and weak socio-economic development. It should be noted, however, that the population of Mongolia grew by 3.7 times in the last century. Mongolia's population growth can be divided into three stages: The slow growth or stagnation period from 1900 to 1950; the rapid population growth from 1950 to the mid-1980s, and the gradual decline in population growth from the mid-1980s to the present (see Table 1.01).

In 1918, the population of Mongolia was 647,500 according to the census, reaching 845,500 in 1956. This increase translated to an annual average growth rate of less than one percent. Since the 1940s, interventions and policies focused on socio-economic and human development have contributed to the improvement of living conditions and paved the way for the establishment of a more modern health care system. As a result, fertility has increased and mortality has decreased, leading to an annual average growth rate of 1.0 to 2.9 percent between 1956 and the mid-1980s. This period accounted for 70 percent of the population growth in the 20th century.

Table 1.01 Some Selected Indicators of the Mongolian Population, 1979, 1989, 2000, 2003, 2008

Indicators	1979	1989	2000	2003	2008
Total Population (* 1000)	1 595	2 044	2 374	2 504	2 683
Male (%)	50,1	49,9	49.6	49.6	48.8
Female (%)	49,9	50,1	50.4	50.4	51.2
Aged 0-4 (%)	16,5	15,9	10.4	9.2	9.3
Aged 5 -14 (%)	27,7	26,0	25.4	23.4	18.9
Aged 15-64 (%)	50,8	54,1	60.8	63.8	67.7
Aged 65 + (%)	5,0	4,0	3.5	3.5	4.1
Female Aged 15-49 (%)	21,2	23,5	27.2	28.3	30.2
Sex Ratio (%)	100,3	99,7	98.5	98.4	95.4
Age Dependency Ratio (%)	96,9	84,8	64.6	61.6	52.0
Population Growth Rate (%)	2,9	2,5	1.4	1.3	1.4
	[1970-1980]	[1980-1990]	[1990-2000]	[2000-2003]	[2003-2008]

Between 1918 and 1969 Mongolia's population tripled in size. During the 1990s the transition from a centralized planning system toward a market-oriented economy had a direct impact on population dynamics, and population growth rapidly slowed down.

The main cause of the slower population growth is a decline in fertility. In 1990 there were 35.3 births per 1,000 people, but this indicator dropped to an all-time low of 17.8 births per 1,000 people in 2005. In 1990, the total fertility rate (the average number of children a woman has during her reproductive life) was 4.5; in 2005 it declined by 2.4 times to 1.9 per woman. However, in the last two to three years, fertility has begun to increase. In 2008 it was 2.6 per woman.

Mortality has substantially declined over the last 40 years. The crude death rate, or number of deaths per 1,000 people, was 5.8 in 2008, down from 8.5 in 1990 and 12.3 in 1970.

At the end of 2008, the population of Mongolia reached 2,683,000. Compared to 2007, it increased by 1.7 percent, or 48,300 persons. By gender, 48.8 percent of the total population is male and 51.2 percent is female. The population of Mongolia is relatively young and the percentage of working age people is high (65.8 percent). This achievement is a result of the implementation of a pronatalist population policy and the stable economic growth of the country.

Population distribution and migration

Mongolia is very sparsely populated with an overall population density of 1.7 persons per square kilometer in 2008. The population density varies widely by region; in persons per square kilometer, the density is 228 in Ulaanbaatar municipality, 26.7 in Darkhan-Uul aimag, 102.4 in Orkhon aimag, 0.3 in Umnugovi aimag, 0.5 in Dornogobi aimag, 0.4 in Gobi-Altai aimag, and 0.6 in Dornod aimag.

The second half of the 20th century saw a trend toward urbanization. Industrial centers like Erdenet and Darkhan cities were created, attracting many migrants and having an impact on population settlement and distribution. The proportion of the population that lived in urban areas out of the total population was 40.2 percent in 1963, increasing to 54.6 percent in 1990 and 61.8 percent in 2008. In the early 1990s people gained the right to freely choose where they would live, a departure from the previous policies that ultimately resulted in an influx of people migrating from the countryside to more urban areas. This caused the population to increase substantially. For example, in Ulaanbaatar City and Orkhon Aimag, where Erdenet city is located, the 1990 population was 586,200 and 59,700, respectively. By 2008, these populations had increased by 1.4 to 1.8 times, to 1,052,100 in Ulaanbaatar and 81,800 in Orkhon.

Because of job shortages and poor health, educational, and cultural services in rural areas, it would be almost impossible to reverse the migration flow toward the capital and urban centers. Although decentralization policies and programmes have been implemented and certain outcomes achieved, there is still a need for focused interventions aimed at improving income generation and strengthening services in rural areas.

Population policy

In 1996 Mongolia approved the Population Policy to implement and adapt the resolutions of the International Conference on Population and Development, held in Cairo in 1994, to the conditions in Mongolia.

In order to address the challenges caused by the decline in population growth and to ensure consistency with strategic documents at the international level, the Population Policy was replaced by the newly developed Population Development Policy of Mongolia for 2004-2015, which was approved by Parliament in April 2004.

This policy is to be implemented in line with the development objectives of Mongolia and the Millennium Development Goals until 2015. The objective of the Population Development Policy is to sustain population growth, to develop the population, and to create an environment that enables the population to enjoy long, healthy, and productive lives.

The Population Development Policy sets forth the following objectives for reproductive health:

- Favorable conditions will be created for the growth, mental development, health, and well-being of all children. The fertility of women aged 20-39 will be particularly promoted, with births recommended to be spaced 2-3 years apart;
- Access to and quality of reproductive health care services will be improved. Support will be given to women at risk of maternal mortality. Adolescents and women will be supported in controlling their pregnancies and births according to their personal choices;
- Comprehensive measures will be implemented to reduce unwanted pregnancies, abortions and related complications;
- Access to and quality of postnatal and antenatal health care, childbearing, and social services will be improved. Child allowances will be increased;
- Couples will be encouraged to have three or more children and raise them healthily and will be helped to increase their household income;
- Human rights, including reproductive rights, will be promoted by increasing public awareness about reproductive health, particularly, men's understanding, knowledge, roles, and responsibilities toward reproductive health;
- Community-based services will be developed for prevention of HIV/AIDS and the care and rehabilitation of people infected with HIV/AIDS as well as other sexually transmitted diseases among men and women of reproductive age;
- Employment will be protected for women who give birth and child care allowances will be gradually increased up to the level of these women's monthly salaries.

In 2008, the Parliament of Mongolia adopted the National Development Comprehensive Strategy based on the Millennium Development Goals. Under the first developmental priority specified in this strategy, aimed at promoting selected population-related issues, such as reproductive health, the health of women and children, and fertility, the following interventions will be undertaken:

- Develop and implement a national standard of free medical check-ups, treatment, and nourishment including special supplementary food for mothers and children from conception until the age of one;
- Ensure that women who give birth retain their jobs, that maternity leave allowances are equal to monthly pay, and that social and health insurance contributions are calculated according to years of service;
- Pass legislation to implement a social and health insurance incentive system for parents of four or more children aged 0-18 years;
- Provide subsidized housing to families with four or more children aged 0-18 years;
- Improve the functional system to protect maternal and infant health;
- Combat STIs, HIV/AIDS, and tuberculosis.

The Third National Reproductive Health Programme for 2007–2011

Based on the lessons learned from Second National Reproductive Health Programme implemented from 2002 to 2006, the Third National Reproductive Health Programme was developed.

This programme's goals are linked to reaching the Millennium Development Goals and supporting sustainable population growth by improving reproductive health and providing health and social services based on reproductive rights and free choice in an equitable, accessible, high quality, and reliable manner.

The following main objectives were proposed for this programme:

1. To strengthen the management, organization, integration, and intersectoral coordination of the reproductive health programme, and to broaden effective collaboration between government institutions, civil society organizations, and partners;
2. To improve the provision of diagnostic and treatment equipment, drugs, and supplies for health institutions providing reproductive health services, and to build human resource capacity, ensure adequate planning and distribution of human resources, and increase the availability of necessary qualified doctors and specialists;
3. To provide comprehensive, equitable, and accessible reproductive health services to the general public and target groups;
4. To introduce modern advanced technologies in reproductive health care;

5. To limit and prevent HIV/AIDS/STI prevalence among adolescents, women of reproductive age, and pregnant women by improving the quality of reproductive health services;
6. To conduct gender-sensitive behavior change communication and advocacy activities based on the current needs, cultures, traditions and religions of the population and target groups, and to improve the participation of individuals, families, and communities in such activities.

The Third Reproductive Health Survey (RHS)

This survey was conducted by the National Statistical Office (NSO) in 2008 for the third time, with the financial support of the Government of Mongolia and the United Nations Population Fund (UNFPA).

The survey was conducted using methodology similar to what was used for the previous two RHSs conducted in 1998 and 2003 with the addition of some improved content. This survey is the first survey conducted since the Statistical Law Amendment was passed, mandating that the RHS should be conducted every five years.

The development of the sampling method, questionnaire, data collection, data processing and analysis, and report writing were jointly coordinated by the NSO and UNFPA. The Steering Committee and Working Groups, consisting of officials from the Ministry of Health and other stakeholders, were established to provide guidance to the survey team from the beginning to the end of the survey period.

Adding to the findings of earlier RHSs, the current RHS covers a wide range of detailed information about knowledge, attitudes, and women's health status related to the following:

- Fertility, fertility preferences, and proximate determinants of fertility;
- Family planning;
- Infant and child mortality;
- Pregnancy, delivery, and antenatal care and post-partum counseling;
- Knowledge and attitudes about breast and cervical cancer;
- Child health and breastfeeding;
- Knowledge and attitudes about STIs and HIV/AIDS;
- Abortion;
- Adolescent reproductive health, and;
- Domestic violence.

Sampling method for the RHS

Complete national representation is key for any sample to give results that are truly generalizable to an entire population. The current RHS used the same sampling techniques as the 1998 and 2003 surveys to achieve national representation with minimal sampling errors.

The survey was conducted using a two-stage sampling method, which gives an equal probability of selection of households. As this is the same method used in previous surveys, this means that the data are fully comparable with the RHS 1998 and RHS 2008 data sets. The sample frame was comprised of the listings of households prepared annually by bags and horoo across the country. Activities, such as improving household listing, designed for improving the quality of data of the first-stage sample frame were conducted in the fourth quarter of 2007 and the first quarter of 2008. Based on that the actual sampling was based on data from the first half of 2008. Table 1.02 illustrates the sampling.

Table 1.02 Distribution of the RHS Household Sampling by Aimag, Mongolia 1998, 2003, 2008

	Number of households		2008	
	1998	2003	Number of households	Clusters
Arhangai	300	390	330	1-11
Bayan-Olgii	200	300	270	12-20
Bayanhongor	250	330	270	21-29
Bulgan	175	240	210	30-36
Gobi-Altai	175	240	210	37-43
Dornogobi	125	180	180	44-49
Dornod	200	240	270	50-58
Dundgobi	150	180	150	59-63
Zavhan	250	300	270	64-72
Ovorhangai	350	420	390	73-85
Omngobi	125	180	180	86-91
Suhbaatar	150	210	180	92-97
Selenge	250	330	300	98-107
Tov	275	330	330	108-118
Uvs	249	300	240	119-126
Hovd	200	300	270	127-135
Hovsgol	325	450	420	136-149
Hentii	200	270	240	150-157
Darhan-Uul	250	270	300	158-167
Ulaanbaatar	1607	2610	3060	168-269
Orhon	149	300	300	270-279
Govisumber	50	30	30	280
Total	6005	8400	8400	

It was determined from the experience of RHS 1998 and RHS 2003 and the similar surveys conducted in other countries that 25 to 30 households per cluster would provide an optimum representation; therefore, 30 households were selected for a cluster. It was decided select to 8,400 households (the lower limit was 7,560), which is 1.3 percent of all households in the country. Dividing this number by the 30 households by cluster gave the result of needing 280 primary sampling units (PSUs). Bags and horoos were chosen as the primary sampling units (PSUs), resulting in a total of 1,676 PSUs. These PSUs were stratified implicitly by aimag and soum, and the selection of the 280 sample PSUs (or clusters) was done systematically with a random start and probability proportional to the number of registered households in each PSU. Households were then selected systematically with a random start within each PSU, using an interval directly proportional to the number of households in the PSU.

The selected households were interviewed using the household questionnaire. All women between the ages of 15 and 49 (inclusive) who slept in the household's dwelling the night prior to the interview were eligible to be interviewed using the women's interview schedule. Three husbands out of every five married women were interviewed in each PSU using the husband's interview schedule.

Questionnaire

Model 'B' of the Demographic and Health Surveys Program served as a basis for the development of the women's questionnaire, with some adjustments made to reflect Mongolia's specific needs, including the addition of two sets of questions related to breast and vaginal cancer and family violence. There were three questionnaires used in the RHS: the household questionnaire, the woman's questionnaire, and the husband's questionnaire. The contents of these three questionnaires are outlined briefly below (See Appendix D for the questionnaires):

1. Household Questionnaire

- Age;
- Sex;
- Educational level;
- Marital status;
- Relationship to head of household;
- Employment status;
- Type of income;
- Status of civil registration at their residing bags and horoos (new question);
- Expenses for health services (new question);
- Per capita monthly average income, and;
- Household housing conditions.

2. Woman's Questionnaire

- Background questions, marital status;
- Maternal health, pregnancy, breastfeeding, child health, abortion, miscarriage and stillbirth in the last five years;
- Knowledge, access to, and use of contraceptive methods;
- Fertility preferences;
- Employment and questions concerning the husband;
- Knowledge about STIs and AIDS;
- Breast and vaginal cancer (new question);
- Family violence.

3. Husband's Questionnaire

- Background questions;
- Reproductive health;
- Knowledge, access to, and use of contraceptive methods;
- Knowledge about STIs and HIV/AIDS.

Timetable for RHS

The preparatory activities for conducting the RHS were initiated in July 2007 and results dissemination was scheduled to be carried out during 2009.

Table 1.03 General Plan for Conducting the RHS

	Planned Activities	Started	Ended
1	Preparatory activities for the survey	01.07.07	20.09.08
2	Pilot survey	15.05.08	15.06.08
3	Data collection	20.09.08	28.12.08
4	Data entry and processing	01.10.08	20.02.09
5	Development and programming of output tables	20.02.09	10.04.09
6	Running and printing of output tables	01.03.09	15.05.09
7	Production of main report	11.04.09	30.06.09

Pilot surveys

Initial versions of the survey questionnaires were modified based on the comments and suggestions of relevant ministries and organizations. They were finalized with the approval of the RHS Working Group and Steering Committee; the NSO then piloted the survey. The pilot surveys were conducted in Bayankhongor aimag and in Ulaanbaatar. In Bayankhongor, the pilot survey was conducted in Bogd Soum center and in the rural areas of Jinst Soum, covering 30

households from each area. The pilot survey was also conducted in two horoos of Ulaanbaatar, covering 60 households with a total of 160 women aged 15-49 and 62 husbands from 18 May to 25 June 2008. The reasons for conducting the pilot surveys were to test the suitability of the questions included in the questionnaires, to check that these questions could be clearly understood by respondents, to test out the reliability of household listings at the bagh and horoo levels, to test the fieldwork arrangements, to test the program for data processing, and to estimate the cost of fieldwork activities. Based on the results of the pilot surveys the questionnaires and process were revised, adjusted, and finalized.

Data collection

The interviewer training was organized from 4 September to 18 September 2008. Data collection activities started with the appointment of 10 teams with 7 members in each team. Each consisted of five interviewers: three to interview females, two to conduct male and household interviews, one reviewer, and one supervisor. When the data collection activities started, it was almost winter; therefore, to ensure safe travelling arrangements, it was planned to first cover the mountainous and forested western regions of the country, then the Gobi and central regions, and lastly Ulaanbaatar. Data collection started on 22 September and ended on 26 December 2008.

As with the previous RHS, reviewers were appointed for each team; reviewers and supervisors were able to review questionnaire responses daily and clarify them by going back to the households when necessary. Organizing the fieldwork this way ensured high-quality and reliable information. Data collection progress was reported weekly to survey headquarters at the NSO. A number of people from various aimags, cities, soums, districts, baghs and horoos (around 560 people) provided great assistance and collaboration during the fieldwork operation.

Data processing

The computer data entry work began on 15 October 2008 and was completed by 15 February 2009. Editing of the computer files was completed by the middle of March 2009. The «CSPro» computer software package created by Macro International, Inc. was used in data entry and processing. From March to May of 2009 output tables were produced. The RHS main report was prepared jointly by experts from the NSO, MoH, researchers working in agencies under the MoH, researchers from the PTRC of NUM, and other researchers.

Survey coverage

In the RHS, 8,400 households were selected and 8,382 households were actually interviewed; for individual interviews, 9,402 women and 3,362 husbands were actually interviewed.

Table 1.04 Results of the Household and Individual Interviews
(Women and Husbands), Mongolia 2008

	Total			Residence	
	1998	2003	2008	Urban	Rural
Number of Dwellings Sampled	6005	8400	8400	4950	3450
Number of Households Interviewed	6003	8399	8382	4943	3439
Household Response Rate	100.0	100.0	99.8	99.9	99.7
Number of Eligible Women	7553	9382	9525	5806	3719
Number of Eligible Women Inter- viewed	7461	9314	9402	5729	3673
Eligible Woman Response Rate	98.8	99.3	98.7	98.7	98.8
Number of Husbands Selected	1560	4229	3365	1865	1500
Number of Husbands Interviewed	1557	4212	3362	1865	1497
Husband Response Rate	99.8	99.6	99.9	100.0	99.8

Comparability with previous two surveys was the one of key issues for defining the timing of the survey. The survey coverage was quite thorough due to the large number of households surveyed. The survey response rate might have been enhanced due to the most of the population not migrating much during the cold season. However, there were also risks involved in carrying out fieldwork during winter related to ensuring healthy working conditions and the security of interviewers.

Chapter II. Household and Respondent characteristics

Information on the age and sex of household members, educational level, marital status, and housing conditions was collected using the household questionnaire. In addition, the detailed woman's questionnaire provided information on general characteristics including women's education, marital status, employment, and their participation in decision-making on use of earnings. The main respondents were women in the 15-49 age group.

The main purpose of this chapter is to describe background characteristics of the sampled households and their housing environment and to provide a brief description of the characteristics of Mongolian women of reproductive age.

Age-sex composition of the population

The age and sex composition of a population reflects changes in fertility and mortality levels as well as changes in migration patterns. The de facto population is defined as persons who slept in the dwelling the night prior to the household interview. From this population people were selected for individual interviews. The population pyramid below (Figure 2.1) shows that the majority of respondents were under the age of 49. The pyramid reflects also that the population is relatively young and that there has been an increase in fertility in the past few years.

Figure 2.01 Population Pyramid Mongolia, 2008

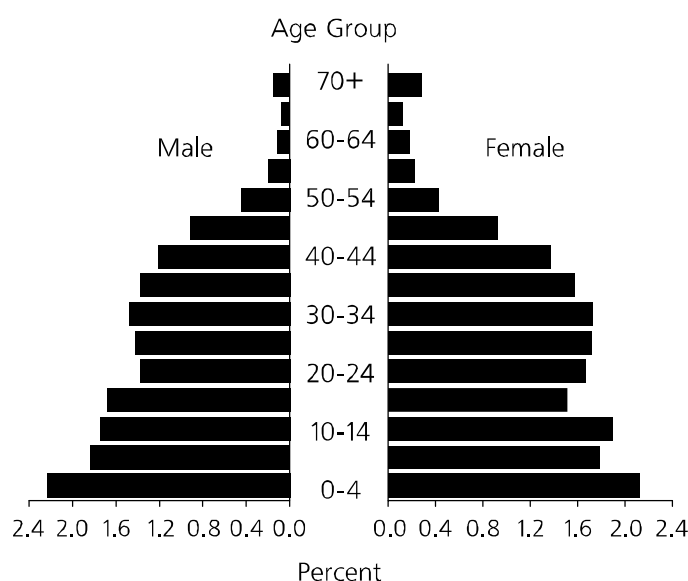


Table 2.01 presents the age distribution of the de facto population by 5-year age groups according to residence and sex. About 59 percent of respondents resided in urban areas and 41 percent in rural areas. Women comprised 53 percent of urban respondents; the majority of respondents of reproductive age were women in the 20-24 age group (10 percent). Within rural respondents, 51 percent were women, with the majority of respondents of reproductive age in the 30-34 age group (11 percent).

Table 2.01 Percent Distribution of the Population by Five-Year Age Groups, According to Sex and Urban-Rural Residence, Mongolia 2008

Household member age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	12.3	11.0	11.6	15.6	13.7	14.7	13.7	12.1	12.8
5-9	10.2	9.0	9.6	12.7	11.9	12.3	11.3	10.1	10.7
10-14	10.6	10.1	10.3	10.8	11.9	11.4	10.7	10.8	10.8
15-19	11.3	9.9	10.6	8.9	6.8	7.8	10.3	8.7	9.4
20-24	9.9	10.3	10.1	6.4	8.2	7.3	8.4	9.5	9.0
25-29	8.4	9.2	8.8	9.2	10.7	9.9	8.7	9.8	9.3
30-34	8.5	9.1	8.8	9.9	10.9	10.4	9.1	9.8	9.5
35-39	7.7	8.4	8.1	9.5	9.8	9.7	8.4	9.0	8.7
40-44	7.4	8.2	7.8	7.5	7.2	7.3	7.4	7.8	7.6
45-49	6.0	5.9	5.9	5.1	4.3	4.7	5.6	5.3	5.4
50-54	3.3	3.0	3.2	2.0	1.5	1.8	2.8	2.4	2.6
55-59	1.6	1.6	1.6	0.9	0.7	0.8	1.3	1.3	1.3
60-64	1.0	1.4	1.2	0.5	0.5	0.5	0.8	1.0	0.9
65-69	0.7	0.9	0.8	0.3	0.4	0.4	0.6	0.7	0.6
70-74	0.6	0.9	0.7	0.3	0.6	0.4	0.5	0.7	0.6
75-79	0.3	0.6	0.5	0.2	0.4	0.3	0.3	0.5	0.4
80 +	0.2	0.5	0.3	0.1	0.3	0.2	0.2	0.4	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	9578	10632	20210	6890	7047	13937	16468	17679	34147

According to census results, the dependency ratio, or the quotient of the number of youths under 15 and the number of persons over 65 divided by the number of adults aged 15 to 64 (the economically active age group) times 100, has fallen from 102 in 1969 to 65 in 2000 and the RHS found it 59 in 2008. This means that the economically active part of the population is now supporting a relatively smaller economically inactive population.

The principal causal factor for this shift is the substantial reduction of the proportion of youths under 15 and the increase of the economically active population (aged 15-64). The median age rose from 17.5 in 1979 to 22.4 in 2003 to 23.0 in 2008, reflecting the increasing proportion of elderly within the total population as well as relatively low fertility rates (Table 2.02).

Table 2.02 Percent Distribution of the Population by Age Group at Different Dates, Mongolia 1969, 1979, 1989, 2000, 2003, 2008

Background Characteristics	Census				Survey	
	1969	1979	1989	2000	2003	2008
Age Group						
Less than 15	44.4	44.2	41.9	33.4	34.9	34.5
15-64	49.6	50.8	54.1	63.0	62.6	63.6
65 +	6.0	5.0	4.0	3.6	2.5	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median Age	18.6	17.5	18.4	21.6	22.4	23.0
Dependency Ratio	101.6	96.9	84.8	64.6	59.7	59.1

Household composition

The 2008 Reproductive Health Survey (RHS) defines a «household» as a group of people who live in the same dwelling unit and have common income and expenditures; the relationships of members within the dwelling unit is not important to the concept of a household. The survey excluded people living in certain institutions, such as hotels, school dormitories, military barracks, hospitals, and prisons. Table 2.03 displays the percent distribution of households by sex of head of household, household size, and type of residence.

Fifty-nine percent of the 8,400 households that responded to the survey were urban, and 41 percent were rural. Fifteen percent of all households were female-headed households; the proportion of female-headed households has increased by about one percentage point since 2003 and by five percentage points since 1998. This indicates that the number of female-headed households has tended to increase. The percentage of female-headed households was higher in urban areas than in rural areas at 19 percent and 8 percent, respectively.

Compared to the surveys in 1998 and 2003, an increasing number of households are becoming smaller; over 88 percent of all households had five or fewer members in both urban and rural areas. Studies done over the years support this as they have also shown a substantial decrease in the percentage of households with six or more members (27 percent in 1998, 18 percent in 2003, and 12 percent in 2008). At the same time, though, the percentage of households with two to four children has increased over the years (51 percent in 1998, 61 percent in 2003, and 68 percent in 2008). This study revealed that 77 percent of the households have three to five members. In both urban and rural areas, the average household had 4 members, a decline from previous study years.

Table 2.03 Percent Distribution of Households by
Sex of Head and Size, According to Urban-Rural Residence,
Mongolia 1998, 2003, 2008

Background Characteristics	Total			Residence	
	1998	2003	2008	Urban	Rural
Sex of Head of Household					
Male	89.2	86.4	85.5	81.2	91.8
Female	10.8	13.6	14.5	18.8	8.2
Total	100.0	100.0	100.0	100.0	100.0
Household Members					
1	0.5	1.8	0.7	0.9	0.6
2	5.5	8.9	9.8	9.2	10.5
3	17.4	22.0	26.1	26.7	25.3
4	28.1	30.5	32.1	31.8	32.4
5	21.5	19.0	19.0	18.8	19.4
6	12.9	10.1	7.7	8.0	7.4
7	7.2	4.2	2.8	2.6	3.1
8	3.5	2.0	1.1	1.2	1.0
9 +	3.3	1.4	0.7	0.9	0.4
Total	100.0	100.0	100.0	100.0	100.0
Mean	4.7	4.2	4.03	4.04	4.01

Status of official civil registration

The official civil registration status of respondents is shown in Table 2.03(A). Nearly 98 percent of the 34,100 respondents were officially registered at their respective bags and horoos while about 0.8 percent were not officially registered. The percentage of unregistered respondents was relatively higher in Ulaanbaatar (1.0 percent). This could show that internal migration flow is mostly to the urban centers of the country, particularly to Ulaanbaatar. Among those not officially registered at their bags and horoos, those aged 20-29 represented the largest proportion.

Table 2.03(A) Status of civil registration of respondents at their residing bags and horoos by selected indicators, Mongolia 2008

Background Characteristics	Status of civil registration at their bags and horoos			Total	Total population
	Yes	Visitor	No		
Age Group					
0-4	98.0	1.1	0.8	100.0	5 062
5-9	98.6	1.0	0.3	100.0	2 976
10-14	99.0	0.7	0.4	100.0	3 673
15-19	97.6	1.3	1.1	100.0	3 225
20-24	96.1	2.3	1.6	100.0	3 067
25-29	96.6	1.9	1.5	100.0	3 171
30-34	97.0	1.9	1.1	100.0	3 234
35-39	98.3	1.1	0.6	100.0	2 977
40-44	98.8	0.8	0.3	100.0	2 606
45-49	98.9	0.7	0.4	100.0	1 859
50-54	98.9	0.7	0.4	100.0	891
55-59	98.6	0.7	0.7	100.0	441
60-64	99.0	1.0	0.0	100.0	312
65-69	98.1	0.5	1.4	100.0	210
70-74	97.6	1.4	1.0	100.0	210
75-79	99.3	0.7	-	100.0	134
80 +	98.0	2.0	-	100.0	99
Age Group					
Urban	97.1	1.9	1.1	100.0	20 210
Rural	99.1	0.4	0.4	100.0	13 937
Region					
Central	98.2	1.0	0.7	100.0	10 336
East	98.5	0.5	0.9	100.0	2 737
West	98.5	0.8	0.7	100.0	6 539
South	99.1	0.7	0.2	100.0	2 152
Ulaanbaatar	97.0	2.0	1.0	100.0	12 383
Total	97.9	1.3	0.8	100.0	34 147

Official civil registration among female respondents was 97 percent while 1.2 percent were not registered (see Table 2.03(B)). Within the unregistered group, the proportion of unregistered women was the same (1.4 percent) in both Ulaanbaatar and the in Western region, with the highest proportion of unregistered women being in the 15-24 age group.

Table 2.03 (B) Status of Civil Registration of Female Respondents
at their Residing Bags and Horoos by
Selected Background Characteristics, Mongolia 2008

Background Characteristics	Status of civil registration at their bags and horoos			Total	Number of Woman
	Yes	Visitor	No		
Age Group					
15-19	94.8	2.4	2.8	100.0	1 044
20-24	94.9	3.0	2.1	100.0	1 402
25-29	96.5	2.1	1.4	100.0	1 627
30-34	97.2	2.0	0.8	100.0	1 672
35-39	98.0	1.3	0.7	100.0	1 531
40-44	98.6	1.0	0.4	100.0	1 276
45-49	98.9	0.7	0.4	100.0	850
Residence					
Urban	95.9	2.6	1.5	100.0	5 729
Rural	98.6	0.7	0.7	100.0	3 673
Region					
Central	97.3	1.6	1.1	100.0	2 829
East	98.1	0.7	1.2	100.0	732
West	97.4	1.2	1.4	100.0	1 694
South	98.8	1.0	0.2	100.0	572
Ulaanbaatar	95.9	2.7	1.4	100.0	3 575
Total	96.9	1.8	1.2	100.0	9 402

Educational Level

From a demographic standpoint, educational level, particularly women's educational levels, affects a number of variables, including fertility levels, infant and child mortality, morbidity, and contraceptive use. Tables 2.04(A), 2.04(B), and 2.05 present educational level and school attendance of the population by age, sex, residence, and region.

According to these tables, the educational level of females is higher than that of males. For example, over 54 percent of females have completed secondary school or more, while only 44 percent of males have done so. Conversely, when examining completion of primary school or less, 33 percent of males have completed primary school or less versus 28 percent of females (see Tables 2.04(A) 2.04 (B)). In all age groups between 15 and 54, the proportion of women who have education beyond the secondary school level is higher than the proportion of men who have done so. Within the 55 and over age group, a larger proportion of men have a more than secondary education level compared to women, reflecting the relative disadvantages of women in the past. Tables 2.04(A) and 2.04(B) indicate that both in urban and rural areas the percentage of men with complete secondary education is lower than that of women.

Table 2.04 (A) Percent Distribution of the Male Household Population Age 6 and Over by Highest Level of Education Attended, According to Selected Background Characteristics, Mongolia 2008

Background Characteristics	Level of Education					Total	Number
	Primary or Less	Incomplete Secondary	Complete Secondary	More than Secondary	DK/ Missing		
Age Group							
6-9	99.9	-	-	-	0.1	100.0	1 443
10-14	92.4	7.6	-	-	-	100.0	1 661
15-19	20.0	54.1	24.7	1.2	-	100.0	1 503
20-24	15.3	15.6	47.4	21.7	-	100.0	1 192
25-29	19.3	22.8	27.9	30.0	-	100.0	1 283
30-34	11.4	30.7	31.9	25.9	0.1	100.0	1 314
35-39	4.4	27.3	32.8	35.5	-	100.0	1 201
40-44	4.1	27.2	33.6	35.1	-	100.0	1 046
45-49	9.7	26.3	26.9	37.2	-	100.0	806
50-54	11.9	25.8	23.2	39.1	-	100.0	411
55-59	13.8	17.4	27.2	41.5	-	100.0	204
60-64	23.5	9.2	17.6	49.6	-	100.0	125
65 +	15.8	0.0	31.6	52.6	-	100.0	19
Residence							
Urban	27.4	18.4	28.3	25.9	-	100.0	7 511
Rural	43.2	30.6	15.3	10.9	0.0	100.0	4 697
Region							
Central	37.8	29.6	19.3	13.2	0.0	100.0	3 482
East	38.2	27.1	16.9	17.7	0.1	100.0	957
West	42.7	24.4	17.1	15.8	0.0	100.0	2 277
South	36.4	28.7	21.0	13.9	0.0	100.0	837
Ulaanbaatar	24.2	15.6	31.1	29.1	0.0	100.0	4 655
Total	33.4	23.0	23.4	20.2	0.0	100.0	12 208

Table 2.05 presents the status of school attendance of the population aged 6-24. For the population in the primary education age group, or six to ten years old, the proportion of girls attending school (96 percent) was slightly higher than that of boys (95 percent); girls' attendance in urban areas (97 percent) was higher than the girls' attendance in rural areas (94 percent). The percentage of girls aged 11-15 attending school was also higher than that of boys (98 percent versus 95 percent). In 2003, 1 in 9 persons aged 21-24 was attending school in rural areas compared to over 1 in 5 in urban areas. The 2008 study showed a national average of 1 in 5 persons aged 21-24 attending school. This indicator was over 1 in 4 in urban areas and over 1 in 16 in rural areas. This shows a serious disparity in school attendance for the respondents in the 21-24 age group.

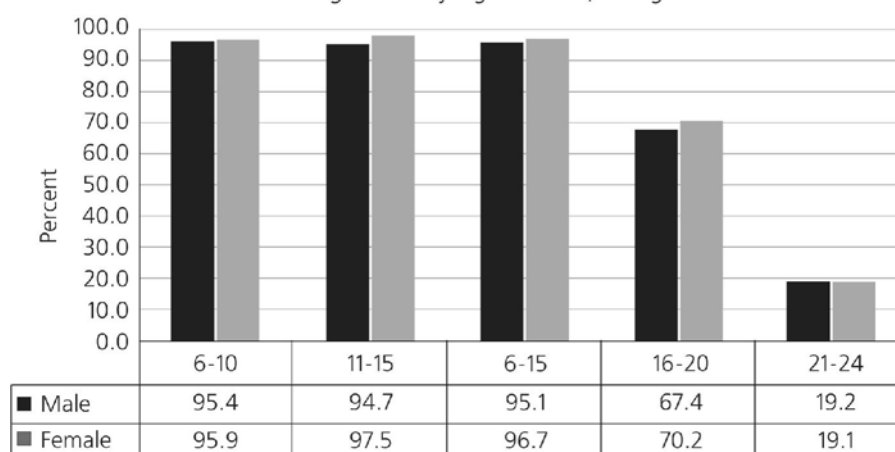
Table 2.04 (B) Percent Distribution of the Female Household Population
Age 6 and Over by Highest Level of Education Attended, According to Selected
Background Characteristics, Mongolia 2008

Background Characteristics	Level of Education					Total	Number
	Primary or Less	Incomplete Secondary	Complete Secondary	More than Secondary	DK/ Missing		
Age Group							
6-9	99.8	-	-	-	0.2	100.0	1 419
10-14	90.2	9.6	-	-	0.2	100.0	1 780
15-19	12.7	52.7	32.9	1.7	-	100.0	1 171
20-24	9.7	11.6	45.3	33.3	-	100.0	1 483
25-29	11.2	19.5	29.0	40.2	-	100.0	1 694
30-34	4.7	26.0	35.9	33.3	0.1	100.0	1 724
35-39	1.8	17.2	39.4	41.6	-	100.0	1 574
40-44	2.7	17.0	33.8	46.4	0.1	100.0	1 328
45-49	6.4	16.2	27.3	50.1	-	100.0	875
50-54	11.4	20.1	25.1	43.0	0.2	100.0	419
55-59	17.7	17.2	23.9	41.1	-	100.0	220
60-64	26.9	12.0	24.6	36.5	-	100.0	179
65 +	15.0	20.0	15.0	50.0	-	100.0	23
Residence							
Urban	23.5	13.9	28.9	33.7	0.1	100.0	8 612
Rural	35.2	25.2	22.2	17.3	0.1	100.0	5 277
Region							
Central	29.2	23.9	25.6	21.2	0.1	100.0	3 993
East	32.2	20.1	21.9	25.9	-	100.0	1 098
West	37.1	20.2	21.6	21.0	-	100.0	2 584
South	33.1	22.2	21.4	23.2	0.1	100.0	878
Ulaanbaatar	20.8	11.8	30.9	36.4	0.1	100.0	5 336
Total	27.9	18.1	26.4	27.6	0.1	100.0	13 889

Table 2.05 Percentage of Population 6-24 Years of Age Attending School by Age, Sex and Residence, Mongolia 2008

Age group	Male			Female			Total		
	Residence		Total	Residence		Total	Residence		Total
	Urban	Rural		Urban	Rural		Urban	Rural	
6-10	96.7	93.7	95.4	97.0	94.5	95.9	96.8	94.1	95.7
11-15	96.6	91.7	94.7	98.6	95.8	97.5	97.6	93.8	96.1
6-15	96.6	92.8	95.1	97.8	95.1	96.7	97.2	93.9	95.9
16-20	75.3	48.2	67.4	79.8	39.9	70.2	77.4	44.9	68.7
21-24	24.0	7.7	19.2	27.1	5.2	19.1	25.7	6.1	19.1

Figure 2.2 Percentage of Household Population 6-24 Years of Age Attending School by Age and Sex, Mongolia 2008



Housing conditions of households

In the household questionnaire, several questions were included in order to investigate housing conditions. The responses to the questions are presented in Table 2.06. The survey results reflect that 45 percent of households lived in traditional dwellings (gers), and more than half (55 percent) lived in apartments and houses. About 69 percent of rural households and 29 percent of urban households lived in gers, while 33 percent of urban households and 4 percent of rural households lived in apartments.

About 0.3 percent of urban households and 8 percent of rural households interviewed have no access to electricity. Almost 99 percent of urban households and 66 percent of rural households used central/piped, local, or well water. This shows that location is important for accessibility to drinking water sources.

In order to investigate medical service availability, questions about fastest ways and time taken to obtain medical emergency services were included in the questionnaire. About 10 percent of all interviewed households, or 818 household members, were hospitalized during the month prior to the survey. There was a great difference in the availability of medical services by residence; this can be seen in Table 2.07. Slightly over 96 percent of urban households and 35 percent of rural households called medical emergency services «by telephone»; in comparison, emergency telephone calls made by rural households was about 10 percent in 2003. Although the frequency of emergency telephone calls increased, there was no significant impact on average time taken to obtain medical emergency services. The percentage of rural households obtaining medical emergency services «by car/motorcycle» has increased while the percentage of rural households obtaining medical emergency services «by horse/camel/cattle/yak» or «by walking» has decreased (see Table 2.07).

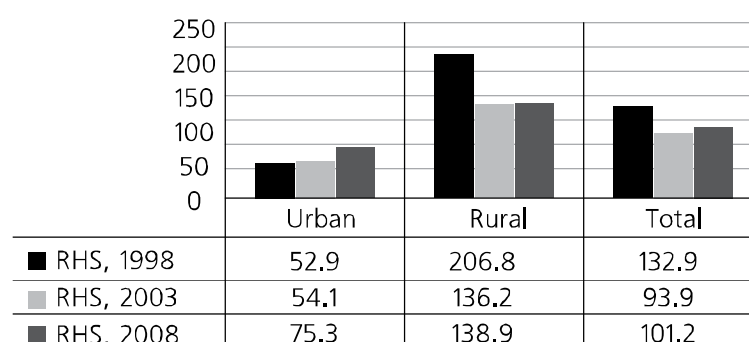
Table 2.06 Percent Distribution of Households by Housing Characteristics, According to Urban-Rural Residence, Mongolia 2008

Background Characteristics	Residence		Total
	Urban	Rural	
Accommodation			
Ger (With 4 or 5 Walls)	25.0	55.4	37.5
Ger (With 6+ Walls)	3.6	13.3	7.6
Private House (1-2 Rooms)	30.6	21.9	27.1
Private House (3+ Rooms)	7.4	5.1	6.5
Apartment (1-2 Rooms)	23.5	3.5	15.3
Apartment (3+ Rooms)	9.4	0.8	5.9
Other	0.5	0.0	0.3
Total	100.0	100.0	100.0
Electricity			
Central	98.3	29.9	70.2
Diesel Only	1.3	1.8	1.5
Diesel and Generator	0.1	3.2	1.4
Generator	0.0	57.5	23.6
Don't Use	0.3	7.6	3.3
Total	100.0	100.0	100.0
Source of Drinking Water			
Central/Piped	36.2	4.1	23.0
Local	0.6	0.2	0.4
Well	62.5	61.2	62.0
Spring Water/Mineral Spring	0.3	10.3	4.4
River/Snow/Rainwater	0.4	24.2	10.2
Total	100.0	100.0	100.0
Toilet			
Flush/ Pour Flush	35.5	4.0	22.6
Standart, Pit Latrine With Slab	6.9	2.6	5.2
Non-Standart Pit Latrine Without Slab/Open Pit	57.0	52.4	55.1
No Facilities or Bush or Field	0.5	40.9	17.1
Total	100.0	100.0	100.0
Number	4 943	3 439	8 382

Although overall the average time taken to obtain medical emergency services was slightly over 1.5 hours (93 minutes) in 2003, which was shorter than what was reported in the 1998 RHS (133 minutes), in 2008 it increased to 101 minutes. The increase in average time taken to obtain medical emergency services was mostly observed in urban areas. It can be explained by the increase in internal migration flow toward urban centers and the resulting increase in poor traffic conditions.

Table 2.07 Percent Distribution of Households According to the Fastest Way to Obtain Medical Emergency Services, and Mean Time in Minutes, Mongolia 2008

Background Characteristics	Residence		Total
	Urban	Rural	
The Fastest Way to Obtain Medical Emergency Services			
Phone	96.0	34.7	70.9
By Car/Motorcycle	0.8	38.8	16.4
By Horse/Camel/Cattle/Yak	0.0	6.5	2.7
Walking	3.2	19.9	10.1
Total	100.0	100.0	100.0
Number	4 943	3 439	8 382
Number & Mean Time			
Responding Households	4 564	3 142	7 706
Mean Time in Minutes	75.3	138.9	101.2

Figure 2.3 Mean Time in Minutes to Obtain Medical Emergency Services by Urban-Rural Residence, Mongolia 1998, 2003, 2008

Respondent characteristics

Table 2.08 presents the distribution of women respondents by age, marital status, urban/rural residence, region, level of education, and school attendance. Out of the 9,402 women interviewed in the survey, 21 percent were never married, 64 percent were married, 7 percent were cohabitating, and 7 percent were widowed, divorced or separated (ever married).

Due to the wide range and distribution of population and residences, the number of women selected for inclusion in the survey varied by region. For instance, 18 and 30 percent of the women lived in the Western and Central regions, respectively, while 38 percent lived in Ulaanbaatar City and only 8 and 6 percent lived in the Eastern and Southern regions, respectively. The question about whether or not they were engaged in schooling was asked of women aged 15-49. About 6 percent of women of childbearing age obtained a primary education level or less. Almost 35 percent of women of childbearing age were educated beyond the secondary education level, 22 percent reported an 'incomplete secondary' education, and 37 percent reported a «complete secondary» education.

Table 2.08 Percent Distribution of Women Respondents by Age, Marital Status, Urban-Rural Residence, Region, Level of Education, School Attendance and Religion, Mongolia 2008

Background Characteristics	Respondents (Women)	
	Percent	Number
Age in 5 Year Categories		
15-19	11.1	1 044
20-24	14.9	1 402
25-29	17.3	1 627
30-34	17.8	1 672
35-39	16.3	1 531
40-44	13.6	1 276
45-49	9.0	850
Current Marital Status		
Never Married	21.4	2 009
Married	64.4	6 058
Living Together	7.3	684
Widowed	3.0	286
Divorced	2.6	247
Separated	1.3	118
Residence		
Urban	60.9	5 729
Rural	39.1	3 673
Region		
Central	30.1	2 829
East	7.8	732
West	18.0	1 694
South	6.1	572
Ulaanbaatar	38.0	3 575
Highest Education Level		
Primary or Less	6.3	596
Incomplete Secondary	21.7	2 041
Complete Secondary	36.6	3 438
More than Secondary	35.4	3 327
Currently Attending School		
Yes	12.4	1 168
No	87.6	8 234
Total	100.0	9 402

The educational level of women of reproductive age by age group, residence, and region is shown in Table 2.09. Although according to the responses the youngest women (15-19 age group) appeared less educated than women in their 20s and 30s, one should bear in mind that the youngest women have not yet necessarily completed their education. Women living in urban areas, particularly those in Ulaanbaatar, had a higher level of education than other women. Nearly 45 percent of women in Ulaanbaatar studied beyond the secondary school level; depending on the region, 27-36 percent of women were observed to have the same level of educational attainment. Findings by location show that about 43 percent of urban women tended to have tertiary, vocational, and/or technical education compared to only 23 percent among rural women.

Table 2.09 Percent Distribution of Female Respondents by Highest Level of Education Attained, According to Age, Residence, and Region, Mongolia 2008

Background Characteristics	Highest Educational Level				Total	Number
	Primary or Less	Incomplete Secondary	Complete Secondary	More than Secondary		
Age in 5 Year Categories						
15-19	11.2	52.4	34.7	1.7	100.0	1 044
20-24	9.4	11.6	46.0	33.1	100.0	1 402
25-29	10.7	18.8	30.5	39.9	100.0	1 627
30-34	4.4	25.7	36.4	33.6	100.0	1 672
35-39	1.4	16.9	41.0	40.6	100.0	1 531
40-44	2.2	16.1	35.1	46.6	100.0	1 276
45-49	6.1	15.2	29.5	49.2	100.0	850
Residence						
Urban	2.2	15.8	39.1	42.9	100.0	5 729
Rural	13.0	31.1	32.5	23.4	100.0	3 673
Region						
Central	8.9	27.1	37.1	26.9	100.0	2 829
East	6.0	27.1	30.9	36.0	100.0	732
West	11.5	26.8	30.9	30.7	100.0	1 694
South	9.2	29.4	30.5	31.0	100.0	572
Ulaanbaatar	1.6	12.8	40.8	44.8	100.0	3 575
Total	6.3	21.7	36.6	35.4	100.0	9 402

Exposure to mass media

In order to determine the availability of and exposure to major mass media (newspaper, television and radio), questions concerning these three main sources of mass media were included in the questionnaires for women and husbands.

The survey findings show that television appeared to be the most popular source of information in Mongolia (95 percent of women, 97 percent of men). The largest percentage exposure to television was observed in 2003: women in urban areas (98 percent) and living in Ulaanbaatar (98 percent), and among women with tertiary, vocational and/or technical education (98 percent).

Although the second most popular form of mass media in 2003 used to be radio (76 percent of women and 72 percent of men), in 2008 it was supplanted by newspapers (62 percent of women and 66 percent of men).

In the week prior to the survey, 95 percent of women received information from television, 62 percent from newspaper, 43 percent from radio, and 21 percent from the internet.

Table 2.10 Percentage of Women Who Usually Read a Newspaper, Watch Television, or Listen to a Radio at Least Once a Week, by Background Characteristics, and Summary Information for Husbands, Mongolia 2008

Background Characteristics	Mass Communication Media						Number of Respondents
	No Mass Media	Reads Newspaper	Use the Internet	Listens to Radio	Watches Television	All Four Media	
Age in 5 Year Categories							
15-19	1.9	52.5	44.1	43.9	96.3	12.9	1 044
20-24	1.2	56.0	32.0	40.7	94.9	8.8	1 402
25-29	2.1	55.9	19.7	42.4	93.6	6.1	1 627
30-34	1.8	62.1	14.5	41.8	93.8	4.4	1 672
35-39	1.4	68.8	13.2	42.9	94.8	4.6	1 531
40-44	1.3	67.6	13.2	42.9	94.6	4.9	1 276
45-49	1.2	66.8	10.1	44.0	95.6	3.8	850
Residence							
Urban	0.5	64.2	32.0	35.9	98.3	9.9	5 729
Rural	3.3	56.8	2.6	52.9	89.0	0.8	3 673
Region							
Central	2.3	56.6	10.0	42.1	92.3	3.3	2 829
East	1.8	66.9	10.1	36.7	94.7	3.6	732
West	1.8	63.5	7.6	61.3	93.0	2.6	1 694
South	4.4	54.7	9.6	48.3	88.1	3.7	572
Ulaanbaatar	0.4	63.9	38.8	34.2	98.3	11.6	3 575
Current Marital Status							
Never Married	1.3	57.3	42.4	42.1	95.7	12.5	2 009
Married	1.7	62.9	14.0	43.7	94.3	4.3	6 058
Living Together	2.0	56.6	18.7	39.9	93.4	7.2	684
Widowed	1.0	62.9	12.6	39.5	95.1	5.6	286
Divorced	0.8	64.0	20.6	35.2	96.4	6.1	247
Separated	0.8	65.3	12.7	25.4	97.5	3.4	118
Highest Education Level							
Primary or Less	4.9	36.4	3.2	52.9	84.4	0.3	596
Incomplete Secondary	2.9	48.3	11.5	48.2	92.2	3.2	2 041
Complete Secondary	1.2	59.8	17.9	42.2	95.7	5.4	3 438
More than Secondary	0.5	77.1	32.6	37.7	97.7	10.6	3 327
All Women	1.6	61.9	20.8	42.6	95.0	6.4	9 402
Husbands	0.8	65.5	14.8	53.2	96.5	5.5	3 362

About 6.4 percent of women and 5.5 percent of men reported exposure to all four three of these mass media formats (television, radio, internet and newspaper) in the last week. This figure was 10 percent for men and women in urban areas, 0.8 percent in for those living in rural areas, 12 percent for those living in Ulaanbaatar, and about 3-4 percent of women respondents in other regions.

Employment

Although 63 percent of respondents aged 15-59 reported themselves as employed, employment status varied by age group and location. For instance, the figure was highest among the 35-39 age group in urban areas and among the 30-34 age group in rural areas (see Table 2.11). About 69 percent of men aged 15-59 and 58 percent of women aged 15-59 engaged in some form of

economic activity. While 63 percent of urban men aged 15-59 and 79 percent of rural men aged 15-59 were engaged in economic activities, about 48 percent of urban women and 74 percent of rural women in this same age group were engaged in economic activities.

Table 2.11 Percentage of Population 15-59 Years of Age working by Age, Sex and Residence, Mongolia 2008

Age Group	Male			Female			Total		
	Residence		Total	Residence		Total	Residence		Total
	Urban	Rural		Urban	Rural		Urban	Rural	
15-19	7.5	25.8	14.1	6.2	22.1	11.2	6.8	24.2	12.7
20-24	50.7	74.1	58.1	32.5	71.5	45.9	40.9	72.6	51.4
25-29	81.8	90.3	85.5	53.3	83.0	66.2	66.2	86.4	75.0
30-34	85.6	93.7	89.3	59.3	85.7	71.0	71.3	89.5	79.5
35-39	85.9	93.0	89.2	66.7	82.3	73.5	75.4	87.5	80.9
40-44	81.2	90.7	85.2	70.9	82.5	75.2	75.5	86.6	79.9
45-49	75.9	84.5	79.2	68.0	83.3	73.0	71.8	83.9	76.1
50-54	67.3	86.5	73.2	42.9	63.0	47.9	55.0	76.3	60.9
55-59	45.5	78.7	54.9	13.2	40.4	19.5	28.4	61.1	36.7
Total	62.6	79.2	69.2	47.5	73.9	57.5	54.6	76.5	63.1

Household average income, monthly average income per person, and income composition are illustrated in Table 2.11(A).

Cash savings are reported to be present in 26 percent of urban households; 64 percent of urban households have additional income that is added to their salary. In comparison, 20 percent of rural households have cash savings and 62 percent of rural households have additional income that is added to their salary income. About 51 percent of households reported that they satisfy their basic needs from their household income and 49 percent said they do not satisfy their basic needs.

The current employment status of women and their continuity of employment are displayed in Table 2.11(B). The table shows that about 1.4 percent of women reported that they were not currently employed. The percentage of women who have not been employed during the last 12 months is 62 percent. This figure is 41 percentage points higher than what was found in the 2003 RHS, showing an increase in general unemployment rates.

Fifty-two percent of urban women and 77 percent of rural women have been unemployed for the last 12 months. The percentage of unemployed women is higher in rural areas; this might be related to many herdswomen who consider themselves unemployed. In the last 12 months, 73 percent of women residing in the Southern region, 69 percent of women residing in the Central region, 67 percent of women residing in the Eastern and Western regions, and 51 percent of women residing in Ulaanbaatar reported themselves as unemployed.

Table 2.11A Percent Distribution of Households,
by Income and Residence Mongolia, 2008

Background Characteristics	Residence		Total
	Urban	Rural	
Income Source			
Agriculture	0.9	3.8	2.1
Rent	0.3	0.2	0.3
No	98.8	96.0	97.6
Total	100.0	100.0	100.0
Herds			
Yes	6.6	75.2	34.7
No	93.4	24.8	65.3
Total	100.0	100.0	100.0
Cash saving			
Yes	26.0	20.4	23.7
No	74.0	79.6	76.3
Total	100.0	100.0	100.0
Income other than the salary			
Yes	63.8	62.4	63.2
No	36.2	37.6	36.8
Total	100.0	100.0	100.0
Whether satisfy household basic needs			
Yes	50.3	50.9	50.5
No	49.5	48.7	49.2
Don't know	0.2	0.4	0.3
Total	100.0	100.0	100.0
Monthly average income per capita			
Less than 28264	12.6	33.1	21.0
28265-70660	37.2	43.2	39.7
70661-102535	22.0	13.3	18.4
102536-113160	2.5	1.1	1.9
113161-123785	6.1	2.6	4.7
More than 123786	19.5	6.7	14.2
Total	100.0	100.0	100.0
Number	4 943	3 439	8 382

Upon examination of educational differentials, the women least likely to be employed during the previous 12 months were those with completed primary, tertiary, vocational and/or technical education, while those with either complete primary schooling were the most likely to be employed (about 40 percent). This discrepancy may reflect that better educated women have more difficulty getting a job that fits their education.

Women's current employment status was examined in Table 2.12. Regarding current employment, about half (50 percent) of all women respondents worked on a contractual basis, nearly 30 percent were involved in family businesses with no payment, 20 percent were self-employed, 0.5 percent were employers, and 0.3 percent were member of a cooperative. The majority of

Table 2.11(B) Percent Distribution of Women by Whether Currently Employed and by Continuity of Employment, According to Background Characteristics, Mongolia 2008

Background Characteristics	Not employed	Employment		Total	Number
		Last 12 month			
		No work	Worked		
Age in 5 Year Categories					
15-19	0.1	13.2	86.7	100.0	1 044
20-24	0.6	50.4	49.1	100.0	1 402
25-29	0.7	66.3	33.1	100.0	1 627
30-34	1.0	70.2	28.8	100.0	1 672
35-39	1.7	73.7	24.6	100.0	1 531
40-44	2.0	76.6	21.5	100.0	1 276
45-49	5.4	73.4	21.2	100.0	850
Residence					
Urban	1.7	52.2	46.1	100.0	5 729
Rural	1.0	77.1	21.8	100.0	3 673
Region					
Central	1.4	68.7	29.9	100.0	2 829
East	3.0	67.3	29.6	100.0	732
West	0.9	67.0	32.1	100.0	1 694
South	0.7	73.3	26.0	100.0	572
Ulaanbaatar	1.4	51.4	47.2	100.0	3 575
Highest Education Level					
Primary or Less	2.0	66.5	31.5	100.0	596
Incomplete Secondary	1.4	52.5	46.1	100.0	2 041
Complete Secondary	1.3	53.8	44.9	100.0	3 438
More than Secondary	1.1	75.7	23.2	100.0	3 327
Current Marital Status					
Never Married	1.1	34.2	64.7	100.0	2 009
Married	1.3	70.8	27.8	100.0	6 058
Living Together	1.9	54.1	44.0	100.0	684
Widowed	4.2	71.0	24.8	100.0	286
Divorced	1.6	76.5	21.9	100.0	247
Separated	1.7	73.7	24.6	100.0	118
Total	1.4	62.0	36.6	100.0	9 402

employed women residing in Ulaanbaatar (73 percent) and the Eastern region (49 percent) worked on a contractual basis while the majority of women residing in the Western (42 percent) and Southern (44 percent) regions worked for their family businesses with no payment.

As women's educational level increased, the proportion of women employed on a contractual basis increased and the proportion of women who work for family businesses with no payment decreased. About 9 percent of women with primary or less education and 72 percent of women with education beyond the secondary level were employed on a contractual basis. Conversely, 70 percent of women with primary or less education and 9 percent of women with education beyond the secondary level worked for family businesses with no payment.

Table 2.12 The Percentage of Women employed, by Type of Employment and Selected Background Characteristics, Mongolia 2008

Background Characteristics	Type of employment					Total	Number of Women
	Paid Em- ployee	Employer	Member of Cooperative	Own Account Worker	Unpaid Family Worker		
Age in 5 Year Categories							
15-19	47.1	-	-	8.7	44.2	100.0	138
20-24	50.0	0.3	0.1	13.5	36.1	100.0	706
25-29	48.8	0.1	0.3	16.1	34.7	100.0	1 078
30-34	42.9	0.3	0.3	20.5	35.9	100.0	1 174
35-39	48.8	0.9	0.3	23.4	26.7	100.0	1 129
40-44	53.3	0.6	0.5	25.9	19.7	100.0	977
45-49	59.1	0.6	0.3	20.8	19.1	100.0	624
Residence							
Urban	70.9	0.8	0.4	24.1	3.8	100.0	2 993
Rural	27.1	0.1	0.1	15.8	56.9	100.0	2 833
Region							
Central	34.3	0.4	0.2	20.1	45.0	100.0	1 943
East	49.1	0.4	0.4	23.9	26.2	100.0	493
West	41.2	0.2	0.4	16.4	41.9	100.0	1 135
South	40.8	0.2	1.2	13.6	44.2	100.0	419
Ulaanbaatar	73.1	0.8	0.2	22.7	3.3	100.0	1 836
Highest Education Level							
Primary or Less	9.2	0.3	0.5	19.7	70.3	100.0	396
Incomplete Secondary	23.7	-	0.1	18.2	58.0	100.0	1 070
Complete Secondary	44.1	0.4	0.3	24.2	31.0	100.0	1 846
More than Secondary	72.2	0.8	0.3	17.7	9.0	100.0	2 514
Current Marital Status							
Never Married	63.6	0.3	-	15.3	20.8	100.0	687
Married	45.0	0.4	0.3	19.8	34.5	100.0	4 290
Living Together	55.7	1.1	0.8	19.5	23.0	100.0	370
Widowed	64.5	1.0	-	31.0	3.4	100.0	203
Divorced	68.3	0.5	-	27.0	4.2	100.0	189
Separated	62.1	-	-	34.5	3.4	100.0	87
Total	49.6	0.5	0.3	20.1	29.6	100.0	5 826

As age increased, the proportion of women who worked on a contractual basis or were self-employed increased. The proportion of women aged 15-19 who worked for family business without pay was higher compared with other groups while the proportion of women aged 20-39 was high among self-employed.

Table 2.13 shows that among employed women, 34 percent were farmers or herders, 7 percent were factory workers, and 60 percent were employed in sales and services. Upon examination of occupation by age group, as age increased the percentage of women working in sales and services increased and the percentage of employed women working as farmers or herders decreased. Farmers and herders were composed of women aged 15-19 (49 percent), mostly rural (68 percent), and women from the Southern region (47 percent). This trend shows the same trend as shown in the 2003 RHS. However, in 2008, in urban areas, 88 percent of employed women were sales or service workers.

Table 2.13 Percentage of employed Women by Sector and Selected Background Characteristics, Mongolia 2008

Background Characteristics	Sectors			Total	Number of Women
	Agriculture	Production	Services		
Age in 5 Year Categories					
15-19	48.6	7.2	44.2	100.0	138
20-24	41.5	6.1	52.4	100.0	706
25-29	38.5	5.0	56.5	100.0	1 078
30-34	39.2	5.2	55.6	100.0	1 174
35-39	30.2	7.3	62.5	100.0	1 129
40-44	24.6	8.3	67.1	100.0	977
45-49	22.6	8.0	69.4	100.0	624
Residence					
Urban	1.5	10.6	87.9	100.0	2 993
Rural	67.5	2.2	30.3	100.0	2 833
Region					
Central	53.9	5.7	40.5	100.0	1 943
East	35.1	5.3	59.6	100.0	493
West	46.2	2.8	51.0	100.0	1 135
South	47.0	4.5	48.4	100.0	419
Ulaanbaatar	0.9	10.6	88.6	100.0	1 836
Highest Education Level					
Primary or Less	89.0	1.0	10.0	100.0	396
Incomplete Secondary	68.1	4.2	27.7	100.0	1 070
Complete Secondary	33.1	9.3	57.6	100.0	1 846
More than Secondary	8.9	6.6	84.5	100.0	2 514
Current Marital Status					
Never Married	27.7	8.6	63.8	100.0	687
Married	37.2	5.6	57.2	100.0	4 290
Living Together	28.1	9.5	62.4	100.0	370
Widowed	18.2	9.9	71.9	100.0	203
Divorced	12.2	12.7	75.1	100.0	189
Separated	8.0	4.6	87.4	100.0	87
Total	33.6	6.5	59.9	100.0	5 826

The majority of women (89 percent) with primary or less education were employed in the agricultural sector while only a small proportion (9 percent) of employed women with tertiary, vocational and/or technical education were employed in this sector. The majority (85 percent) of women with tertiary, vocational, and/or technical education were employed as sales and service workers.

Table 2.14 Type of Income Responded by Female Respondents, by Selected Background Characteristics, Mongolia 2008

Background Characteristics	Type of Income								Total	Number of Women
	No income	Wages and Salaries	Pensions	Allowance	Income from trade and ser- vices	Rent	Other	Don't Know		
Age in 5 Year Categories										
15-19	91.2	4.8	0.1	0.7	1.4	-	1.8	-	100.0	1 044
20-24	65.0	21.5	0.1	0.7	6.5	-	6.1	0.1	100.0	1 402
25-29	50.8	30.1	0.1	1.4	11.1	0.1	6.3	0.2	100.0	1 627
30-34	46.5	29.5	0.0	2.0	14.4	0.1	7.5	-	100.0	1 672
35-39	37.1	35.3	0.1	2.5	17.5	0.1	7.3	0.1	100.0	1 531
40-44	32.2	40.1	0.1	3.0	17.9	0.2	6.4	0.2	100.0	1 276
45-49	28.9	42.4	1.2	5.9	15.9	0.1	5.4	0.2	100.0	850
Current Marital Status										
Never Married	71.1	18.9	0.2	1.7	4.7	-	3.3	-	100.0	2 009
Married	45.5	30.6	0.1	1.7	14.6	0.1	7.1	0.2	100.0	6 058
Living Together	53.1	30.7	0.0	2.8	9.8	-	3.7	-	100.0	684
Widowed	18.2	44.8	1.4	11.2	15.0	-	9.4	-	100.0	286
Divorced	22.7	48.6	0.8	2.4	17.8	-	7.7	-	100.0	247
Separated	29.7	44.1	0.8	0.8	20.3	-	4.2	-	100.0	118
Residence										
Urban	47.9	35.0	0.2	2.6	11.9	0.1	2.3	0.1	100.0	5 729
Rural	53.1	20.1	0.1	1.4	13.0	0.0	12.0	0.2	100.0	3 673
Region										
Central	53.7	22.2	0.1	2.2	9.2	0.2	12.1	0.3	100.0	2 829
East	39.1	33.3	0.1	4.5	7.2	-	15.7		100.0	732
West	53.4	26.3	0.1	1.7	15.8	-	2.8	0.1	100.0	1 694
South	40.4	28.7	0.3	0.5	30.1	-	0.0	-	100.0	572
Ulaanbaatar	49.0	35.4	0.2	2.0	11.4	0.1	1.8	0.1	100.0	3 575
Highest Education Level										
Primary or Less	65.8	7.0	0.3	2.4	10.0	-	14.3	0.2	100.0	596
Incomplete Secondary	67.9	11.0	0.1	2.1	10.1	-	8.7	0.0	100.0	2 041
Complete Secondary	57.1	21.9	0.1	2.2	12.7	-	5.8	0.2	100.0	3 438
More than Secondary	28.3	52.9	0.2	1.7	13.7	0.2	2.9	0.1	100.0	3 327
Currently Attending School										
Yes	93.2	4.3	0.1	0.5	0.5	-	1.4	-	100.0	1 168
No	43.8	32.7	0.2	2.3	14.0	0.1	6.7	0.1	100.0	8 234
Total	49.9	29.2	0.2	2.1	12.3	0.1	6.1	0.1	100.0	9 402

Table 2.14 (A) Percentage of paid Female Employees and their Participation in Decision making for Spending by Selected Background Characteristics, Mongolia 2008

Background Characteristics	Who mainly decides how the money you earn will be used					Total	Number of paid female employees
	Respondent Decides	Husband/ Partner Decides	Jointly with Husband/ Partner	Parents	Jointly with Someone Else/ Parents		
Age in 5 Year Categories							
15-19	27.5	2.9	14.5	49.3	5.8	100.0	138
20-24	31.2	7.1	43.5	14.2	4.1	100.0	706
25-29	27.4	10.7	56.3	4.2	1.5	100.0	1 078
30-34	30.1	11.5	56.3	1.5	0.6	100.0	1 174
35-39	34.1	12.4	52.2	0.7	0.6	100.0	1 129
40-44	41.4	10.4	46.6	0.3	1.3	100.0	977
45-49	43.9	9.3	45.4	0.5	1.0	100.0	624
Residence							
Urban	44.0	7.2	44.2	3.1	1.5	100.0	2 993
Rural	23.0	13.7	56.5	5.3	1.5	100.0	2 833
Region							
Central	28.6	10.9	53.3	5.5	1.7	100.0	1 943
East	32.0	13.0	51.9	2.6	0.4	100.0	493
West	26.3	16.7	50.7	4.5	1.9	100.0	1 135
South	31.0	6.0	57.8	4.1	1.2	100.0	419
Ulaanbaatar	45.0	6.2	44.3	3.2	1.3	100.0	1 836
Highest Education Level							
Primary or Less	14.3	15.9	51.7	14.8	3.3	100.0	396
Incomplete Secondary	24.7	12.6	56.1	5.3	1.3	100.0	1 070
Complete Secondary	35.1	10.9	49.4	3.3	1.3	100.0	1 846
More than Secondary	40.3	8.0	48.3	2.2	1.2	100.0	2 514
Current Marital Status							
Never Married	72.1	0.3	0.9	20.1	6.5	100.0	1 166
Currently Married	24.2	12.9	62.5	0.2	0.2	100.0	4 660
Total	33.8	10.4	50.2	4.2	1.5	100.0	5 826

Table 2.14 presents information regarding earned income. Almost 50 percent of 9,400 women interviewed were not income earners. The income earners consisted of salary income (29 percent), income from sales and services (12 percent), allowances (2 percent), and other sources (7 percent). The main income source for the majority of women with tertiary, vocational and/or technical education was salary, while most (57-68 percent) women with primary or less education had no income.

Table 2.14(A) presents information regarding who decided how to use the money that women earned. About one third (34 percent) of all women who received cash incomes reported that they decided how to spend their earnings, and 50 percent decided jointly with their husbands or partners. The percentage of women who decided on their own how to spend their earnings increased with age, rising from 28 percent among women aged 15-19 to 44 percent among women aged 45-49. However, 49 percent of women aged 15-19 reported that someone else (generally a parent) decided how to spend their earnings. The percentage of women who made their own decisions regarding how to spend their earnings was almost two times higher in urban areas (44 percent) than in rural areas (23 percent). However, the majority (57 percent) of rural women reported that they jointly (generally with their husband) decided how to spend their earnings.

The percentage of women who made decisions on their own on how to spend their earnings increased with an increase in education, starting at 14 percent among the least educated up to 40 percent among the best-educated women.

Chapter III. Fertility

A key dimension of population growth is fertility. In recent years, one of the most remarkable trends observed within the world population has been the decline of fertility. Although in the developing world fertility decline has been observed relatively recently at approximately since 1970, the trend can vary by country. For instance, the total fertility rate for many countries in East Asia is often below the replacement level (the number of children born to a woman during her lifetime needed to keep the population at a stable size, typically 2.1). Among East Asian countries, only the Democratic People's Republic of Korea and Mongolia's total fertility rates were observed to be above the replacement level. For some countries, such as Japan and the Republic of Korea, the average number of children born to each woman in her lifetime is 1.3 or below and are part of a group of countries with the lowest fertility rates.

The main objectives of the Population Development Policy of Mongolia are to ensure sustainable population growth and to create an enabling environment for population development and long, healthy, and productive lives for the population. Through relevant legal regulations, various kinds of social welfare assistance and allowances are being delivered to mothers and children including newlywed and newborn cash transfers and annual cash transfers to mothers with many children. Other incentives that were introduced or expanded include cash transfer programmes for young couples, a free medical checkup programme for pregnant women, conditional cash transfer programmes for pregnant women and mothers with infants and breastfeeding children, monthly and quarterly child support for children aged 0 to 18 years, and cash allowances to mothers with «Honored Mother Medals» 1 and 2.

Fertility decline in Mongolia began in the mid 1980s. During the 1990s, Mongolia experienced a sharp decline in fertility rates, and the total fertility rate reached 1.9 in 2005, near below the replacement level fertility. However, in the last few years an increasing trend in fertility has been observed. This chapter presents the current fertility level and trends, comparing them with the findings of the Reproductive Health Surveys (RHS) conducted in 1998 and 2003.

3.1 Fertility levels and trends

Table 3.01 presents age-specific and cumulative fertility rates and crude birth rates for the three years preceding the survey according to urban or rural residence. When these statistics were compared with previous RHS data, the fertility rate decline that was exhibited between 1998 and 2003 was reversed between 2003 and 2008.

Table 3.01 Age-specific and Cumulative Fertility Rates and Crude Birth Rate for the Three Years Preceding the Survey, by Urban-Rural Residence, summary information for RHS 2003, Mongolia 2008

Background Characteristics	Total			Residence	
	1998	2003	2008	Urban	Rural
Age 5-year Group					
15-19	54	53	57	39	115
20-24	216	173	189	169	219
25-29	169	140	181	179	185
30-34	105	82	119	126	111
35-39	50	43	69	70	67
40-44	18	7	16	16	16
45-49	-	1	1	2	0
Fertility Rate					
TFR 15-49	3.06	2.50	3.18	3.02	3.57
TFR 15-44	3.06	2.49	3.17	3.01	3.57
GFR	113.00	87.00	113.55	104.69	126.77
CBR	28.50	22.60	31.14	29.17	33.87

Note: TFR is Total Fertility Rate
GFR is General Fertility Rate
CBR is Crude Birth Rate

The total fertility rate (TFR) was used to summarize the current level of fertility and was calculated by summing the age-specific fertility rates. TFR can be defined as the number of children a woman would have had by the end of her childbearing years if she were to pass through those years bearing children at the currently observed age-specific rates. The current TFR was estimated to be 3.2, indicating that an average woman would bear approximately 3.2 children during her reproductive life. Comparatively, according to statistical estimations using routine health data, the TFR was 2.6 in 2008.

Total fertility rates varied by urban or rural area; in urban areas the TFR is 3.0 and in rural areas it is 3.6. Age-specific fertility rates also varied by urban or rural area. Rural fertility rates for the 15 to 19 age group were 3 times higher than those in the same age group in urban areas. Rural fertility rates for the 20 to 24 age group were 1.3 times higher than those of the same age group in urban areas, but rural rates for the 30 to 34 age group were lower than the relevant urban rates. These statistics indicate that early fertility was more common in rural areas, while late fertility was dominant in urban areas. In both urban and rural areas, women aged 20 to 24 had the highest age-specific fertility rate. When these statistics were compared with 1998 RHS and 2003 RHS data, the age-specific fertility rates for women aged 20 to 24 were similarly the highest among all age groups, but the 2008 age-specific fertility rates were all significantly higher than those in 2003 for all age groups.

The General Fertility Rate (GFR) represents the number of live births per 1,000 women of reproductive age (typically defined as those between 15 and 44 years of age). Between 2003 and 2008, the GFR increased substantially, from 87 to 114 per 1,000 women. Over the same period, the GFR in rural areas increased from 104 to 127 per 1,000 women, while in urban areas it increased from 72 to 105 per 1,000 women.

The crude birth rate (CBR) is the live births per 1,000 people per year. The CBR in rural areas (33.9) was substantially higher than CBR in urban areas (29.2). The overall CBR was 31.1, higher than the 2003 RHS CBR.

Between the two survey periods (2003-2008), the increase was observed in both rural areas (from 26.7 to 33.9) and urban areas (from 18.9 to 29.2).

Fertility differentials by selected indicators

Table 3.02 presents differences in TFR and CBR by residence, region, income earned, and level of education. The mean number of children born represents the cumulative fertility rate, or the number of children ever born (CEB) to a woman aged 40 to 49. If the fertility remains unchanged over time, the TFR and CEB would be equal or almost equal.

Statistics on TFRs by region show that the highest TFR was in the Western region at 3.86, while the lowest TFR was observed in Ulaanbaatar at 2.97. For the other three regions, the TFR was about 3.1. The mean CEB increased for all regions compared to the 2003 RHS. In 1998, the TFR was observed to be highest in the Western region (3.85) and in 2003, the Southern (2.97) and Western regions (2.90). In 2008, the TFR was highest in the Western region (3.86). The fertility is observed to be highest for women with no or low income. For instance, the TFR was 4.0 for women with a monthly per capita income of 28,264 togrogs or less compared to a TFR of 2.5 for women with a monthly per capita income of 123,786 togrogs or more. Women with primary or less education tended to have higher fertility than women with higher education. For instance, the TFR for women with primary education was 3.61 whereas the TFR for women with secondary, vocational, or technical education was 3.16. The mean number of children ever born to a woman aged 40-49 show that the TFR decreased with rising education level for women. Additionally, the mean CEB was higher for rural women aged 40-49 (4.17) than for urban women (3.21). Similar to TFR, the mean CEB was highest in the Western Region (4.19) and lowest in Ulaanbaatar (3.0).

The above indicators were compared to 2003 RHS data and an increasing trend for all indicators was observed.

Table 3.02 Total Fertility Rate for the Three Years Preceding the Survey, and Mean Number of Children Ever Born (CEB) to Women 40-49 Years of Age, by Selected Background Characteristics, Mongolia 2008

Background Characteristics	Total Fertility Rate	Currently Pregnant %	Mean CEB (40-49)
Residence			
Urban	3.02	6.00	3.21
Rural	3.57	7.21	4.17
Economic Region			
Central	3.17	6.89	3.82
East	3.13	5.74	3.43
West	3.86	8.44	4.19
South	3.11	5.59	3.87
Ulaanbaatar	2.97	5.51	3.00
Monthly average income per person			
No income, less than 28264	4.00	7.08	4.53
28265-70660	3.33	5.79	3.78
70661-102535	2.95	6.82	3.33
102536-113160	2.81	5.41	2.95
113161-123785	2.69	6.04	3.06
More than 123786	2.53	7.49	2.83
Highest Education Level			
Primary or Less	3.61	7.77	4.98
Incomplete Secondary	3.14	6.31	4.19
Complete Secondary	3.24	6.55	3.58
More than Secondary	3.16	6.22	3.16
Total	3.18	6.48	3.55

Cumulative fertility

Table 3.03 shows the total number of children ever born and the mean number of children ever born by age group, in aggregate and within the sub-group of currently married women. About one-fifth (20.4 percent) of all women did not have children and about 62 percent of all women and 75 percent of currently married women had one to three children. In Mongolia, most childbearing takes place within marriage. Overall, the mean number of children ever born for all women was 2.05; this figure was 2.51 for currently married women.

The mean number of children ever born for women aged 45-49 was about the same (four children) for married women and all women. The mortality rate for children ever born was seven percent among married and all women. The inclusion of living children in the final column reflects indirect estimates for fertility and infant and child mortality. The proportion

Table 3.03 Percent Distribution of All Women and Currently Married Women by Number of Children Ever Born and Mean Number Ever Born and Living According to Age Group, Mongolia 2008

Variable & Category	Children Ever Born											Number of Women	Mean CEB	Mean Living Children
	0	1	2	3	4	5	6	7	8	9	10+			
For All Women														
0-14	10	2	14	1	1	1	1	1	1	1	1	10	1	1
15-24	4	4	11	1	1	1	1	1	1	1	1	11	1	1
25-34	1	1	1	1	1	1	1	1	1	1	1	1	1	1
35-44	1	1	1	1	1	1	1	1	1	1	1	1	1	1
45-54	1	1	1	1	1	1	1	1	1	1	1	1	1	1
55-64	1	1	1	1	1	1	1	1	1	1	1	1	1	1
65-74	1	1	1	1	1	1	1	1	1	1	1	1	1	1
75-84	1	1	1	1	1	1	1	1	1	1	1	1	1	1
85-94	1	1	1	1	1	1	1	1	1	1	1	1	1	1
95-104	1	1	1	1	1	1	1	1	1	1	1	1	1	1
105-114	1	1	1	1	1	1	1	1	1	1	1	1	1	1
115-124	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Currently Married Women														
0-14	10	2	14	1	1	1	1	1	1	1	1	10	1	1
15-24	4	4	11	1	1	1	1	1	1	1	1	11	1	1
25-34	1	1	1	1	1	1	1	1	1	1	1	1	1	1
35-44	1	1	1	1	1	1	1	1	1	1	1	1	1	1
45-54	1	1	1	1	1	1	1	1	1	1	1	1	1	1
55-64	1	1	1	1	1	1	1	1	1	1	1	1	1	1
65-74	1	1	1	1	1	1	1	1	1	1	1	1	1	1
75-84	1	1	1	1	1	1	1	1	1	1	1	1	1	1
85-94	1	1	1	1	1	1	1	1	1	1	1	1	1	1
95-104	1	1	1	1	1	1	1	1	1	1	1	1	1	1
105-114	1	1	1	1	1	1	1	1	1	1	1	1	1	1
115-124	1	1	1	1	1	1	1	1	1	1	1	1	1	1
125-134	1	1	1	1	1	1	1	1	1	1	1	1	1	1
135-144	1	1	1	1	1	1	1	1	1	1	1	1	1	1
145-154	1	1	1	1	1	1	1	1	1	1	1	1	1	1
155-164	1	1	1	1	1	1	1	1	1	1	1	1	1	1
165-174	1	1	1	1	1	1	1	1	1	1	1	1	1	1
175-184	1	1	1	1	1	1	1	1	1	1	1	1	1	1
185-194	1	1	1	1	1	1	1	1	1	1	1	1	1	1
195-204	1	1	1	1	1	1	1	1	1	1	1	1	1	1
205-214	1	1	1	1	1	1	1	1	1	1	1	1	1	1
215-224	1	1	1	1	1	1	1	1	1	1	1	1	1	1
225-234	1	1	1	1	1	1	1	1	1	1	1	1	1	1
235-244	1	1	1	1	1	1	1	1	1	1	1	1	1	1
245-254	1	1	1	1	1	1	1	1	1	1	1	1	1	1
255-264	1	1	1	1	1	1	1	1	1	1	1	1	1	1
265-274	1	1	1	1	1	1	1	1	1	1	1	1	1	1
275-284	1	1	1	1	1	1	1	1	1	1	1	1	1	1
285-294	1	1	1	1	1	1	1	1	1	1	1	1	1	1
295-304	1	1	1	1	1	1	1	1	1	1	1	1	1	1
305-314	1	1	1	1	1	1	1	1	1	1	1	1	1	1
315-324	1	1	1	1	1	1	1	1	1	1	1	1	1	1
325-334	1	1	1	1	1	1	1	1	1	1	1	1	1	1
335-344	1	1	1	1	1	1	1	1	1	1	1	1	1	1
345-354	1	1	1	1	1	1	1	1	1	1	1	1	1	1
355-364	1	1	1	1	1	1	1	1	1	1	1	1	1	1
365-374	1	1	1	1	1	1	1	1	1	1	1	1	1	1
375-384	1	1	1	1	1	1	1	1	1	1	1	1	1	1
385-394	1	1	1	1	1	1	1	1	1	1	1	1	1	1
395-404	1	1	1	1	1	1	1	1	1	1	1	1	1	1
405-414	1	1	1	1	1	1	1	1	1	1	1	1	1	1
415-424	1	1	1	1	1	1	1	1	1	1	1	1	1	1
425-434	1	1	1	1	1	1	1	1	1	1	1	1	1	1
435-444	1	1	1	1	1	1	1	1	1	1	1	1	1	1
445-454	1	1	1	1	1	1	1	1	1	1	1	1	1	1
455-464	1	1	1	1	1	1	1	1	1	1	1	1	1	1
465-474	1	1	1	1	1	1	1	1	1	1	1	1	1	1
475-484	1	1	1	1	1	1	1	1	1	1	1	1	1	1
485-494	1	1	1	1	1	1	1	1	1	1	1	1	1	1
495-504	1	1	1	1	1	1	1	1	1	1	1	1	1	1
505-514	1	1	1	1	1	1	1	1	1	1	1	1	1	1
515-524	1	1	1	1	1	1	1	1	1	1	1	1	1	1
525-534	1	1	1	1	1	1	1	1	1	1	1	1	1	1
535-544	1	1	1	1	1	1	1	1	1	1	1	1	1	1
545-554	1	1	1	1	1	1	1	1	1	1	1	1	1	1
555-564	1	1	1	1	1	1	1	1	1	1	1	1	1	1
565-574	1	1	1	1	1	1	1	1	1	1	1	1	1	1
575-584	1	1	1	1	1	1	1	1	1	1	1	1	1	1
585-594	1	1	1	1	1	1	1	1	1	1	1	1	1	1
595-604	1	1	1	1	1	1	1	1	1	1	1	1	1	1
605-614	1	1	1	1	1	1	1	1	1	1	1	1	1	1
615-624	1	1	1	1	1	1	1	1	1	1	1	1	1	1
625-634	1	1	1	1	1	1	1	1	1	1	1	1	1	1
635-644	1	1	1	1	1	1	1	1	1	1	1	1	1	1
645-654	1	1	1	1	1	1	1	1	1	1	1	1	1	1
655-664	1	1	1	1	1	1	1	1	1	1	1	1	1	1
665-674	1	1	1	1	1	1	1	1	1	1	1	1	1	1
675-684	1	1	1	1	1	1	1	1	1	1	1	1	1	1
685-694	1	1	1	1	1	1	1	1	1	1	1	1	1	1
695-704	1	1	1	1	1	1	1	1	1	1	1	1	1	1
705-714	1	1	1	1	1	1	1	1	1	1	1	1	1	1
715-724	1	1	1	1	1	1	1	1	1	1	1	1	1	1
725-734	1	1	1	1	1	1	1	1	1	1	1	1	1	1
735-744	1	1	1	1	1	1	1	1	1	1	1	1	1	1
745-754	1	1	1	1	1	1	1	1	1	1	1	1	1	1
755-764	1	1	1	1	1	1	1	1	1	1	1	1	1	1
765-774	1	1	1	1	1	1	1	1	1	1	1	1	1	1
775-784	1	1	1	1	1	1	1	1	1	1	1	1	1	1
785-794	1	1	1	1	1	1	1	1	1	1	1	1	1	1
795-804	1	1	1	1	1	1	1	1	1	1	1	1	1	1
805-814	1	1	1	1	1	1	1	1	1	1	1	1	1	1
815-824	1	1	1	1	1	1	1	1	1	1	1	1	1	1
825-834	1	1	1	1	1	1	1	1	1	1	1	1	1	1
835-844	1	1	1	1	1	1	1	1	1	1	1	1	1	1
845-854	1	1	1	1	1	1	1	1	1	1	1	1	1	1
855-864	1	1	1	1	1	1	1	1	1	1	1	1	1	1
865-874	1	1	1	1	1	1	1	1	1	1	1	1	1	1
875-884	1	1	1	1	1	1	1	1	1	1	1	1	1	1
885-894	1	1	1	1	1	1	1	1	1	1	1	1	1	1
895-904	1	1	1	1	1	1	1	1	1	1	1	1	1	1
905-914	1	1	1	1	1	1	1	1	1	1	1	1	1	1
915-924	1	1	1	1	1	1	1	1	1	1	1	1	1	1
925-934	1	1	1	1	1	1	1	1	1	1	1	1	1	1
935-944	1	1	1	1	1	1	1	1	1	1	1	1	1	1
945-954	1	1	1	1	1	1	1	1	1	1	1	1	1	1
955-964	1	1	1	1	1	1	1	1	1	1	1	1	1	1
965-974	1	1	1	1	1	1	1	1	1	1	1	1	1	1
975-984	1	1	1	1	1	1	1	1	1	1	1	1	1	1
985-994	1	1	1	1	1</									

of women who had not given birth was lower than that in the 2003 RHS by three percentage points. The proportion of women who had one to three children had increased by 9.2 points compared to 2003. For RHS 2003 and RHS 2008, the overall mean number of children ever born for all women dropped from 2.3 to 2.1, and the mean number of children ever born for currently married women declined from 2.9 to 2.5.

The proportion of currently married women who gave birth to one to three children (75 percent) was higher than that of RHS 2003 by nine percentage points. In all three surveys, the share of the total that gave birth to two children was highest (25 percent in 1998, 27 percent in 2003, and 30.7 percent in 2008). However, the number of children ever born to married and all women decreased over the two survey periods. For instance, among older women aged 45-49 the number of children ever born to all and married women was six children for both groups in the 1998 RHS. The following surveys indicated that the children ever born decreased to an average of five children in 2003 and four children in 2008.

Age at first birth

Table 3.04 shows the percent distribution of women by age at first birth by current age. Maternal age at the time of birth of the first child is an important reproductive health indicator closely related to fertility rates.

Table 3.04 Percent Distribution of Women by Age at First Birth,
According to Current Age, Mongolia 2008

Age 5-Year Groups	No Birth	Age at First Birth							Number	Median
		<15	15-17	18-19	20-21	22-24	25+	Total		
15-19	93.7	0.0	2.7	3.6	0.0	0.0	0.0	100.0	1 044	17.8
20-24	43.9	0.1	2.6	13.6	22.2	17.6	0.0	100.0	1 402	20.5
25-29	12.3	0.1	2.6	13.6	25.0	30.2	16.2	100.0	1 627	21.9
30-34	3.9	0.1	3.0	15.4	26.3	28.4	22.8	100.0	1 672	22.4
35-39	2.4	0.0	2.7	12.8	28.2	32.9	21.1	100.0	1 531	22.5
40-44	1.1	0.0	1.3	11.0	31.5	36.4	18.7	100.0	1 276	22.4
45-49	1.3	0.1	2.7	12.4	28.4	31.2	24.0	100.0	850	22.4

The percentage of women who gave birth before age 20 by age groups indicated first a decline in adolescent fertility then an increase for older age groups. For example, about 15.2 percent of women aged 45-49 experienced their first birth before age 20. This number increased to 18 percent among women aged 30-34, and then declined to 16.3 percent among women aged 20-24. This increase implied that women aged 30-34 began childbearing at younger ages than older women had in the past. The 1998 RHS and 2003 RHS indicated that the median age at first birth was 22. The 2008 RHS revealed that the median age was 21.3 years old for all age groups. In the 2008 RHS, over 50 percent of women aged 25-34, over 60 percent of women aged 35-44, and about 60 percent of women aged 45-49 gave birth to their first child during between ages 20 and 24.

Table 3.05 shows the median age at first birth by background characteristics, including age at time of survey, residence, geographic regions, and education. Median age at first birth was calculated for different age groups between 25 and 49, with an overall age of 21.6 for the 1998 RHS, 22.1 for the 2003 RHS and 22.3 for the 2008 RHS, showing a slight increase in median age at first birth. The median age slightly increased for each age group except the 25-29 group compared to the 2003 RHS. Like the previous surveys, in 2008 RHS the median age at first birth of urban women (22.7) was slightly higher than that in rural areas (21.8).

Table 3.05 Median Age at First Birth Among Women Aged 25-49 Years,
by Current Age and Selected Background Characteristics, Mongolia 1998, 2003, 2008

Background Characteristics	Women aged 20-49			Age Groups				
	1998	2003	2008	25-29	30-34	35-39	40-44	45-49
Residence								
Urban	22	22.5	22.7	22.4	22.9	22.9	22.6	22.8
Rural	21.3	21.7	21.8	21.4	21.8	22.0	22.1	21.6
Regions								
Central	21.3	21.8	21.9	21.5	21.9	22.3	22.0	21.7
East	20.9	21.6	21.8	21.3	21.6	21.6	22.5	22.7
West	22.2	22.4	22.6	22.2	22.7	22.8	22.8	22.7
South	20.9	21.1	21.2	20.8	20.8	21.4	21.8	21.1
Ulaanbaatar	22.1	22.6	22.9	22.6	23.1	23.0	22.8	22.9
Highest Education Level								
Primary or Less	20.1	20.5	21.0	21.1	21.4	20.6	21.2	20.5
Incomplete Secondary	20.6	21	21.4	21.1	21.4	21.4	21.4	21.5
Complete Secondary	21.7	22.1	22.1	21.5	22.1	22.5	22.2	22.1
More than Secondary	22.2	22.7	23.1	23.0	23.5	23.0	23.1	23.1
Total	21.6	22.1	22.3	21.9	22.4	22.5	22.4	22.4

Geographically, the median age at first birth was highest in Ulaanbaatar (22.9) and in the Western region (22.6), followed by the Central region (21.9) and the Eastern region (21.8). The lowest observed median age at first birth was in the Southern region (21.2). According to the 1998 RHS, the median age at first birth was younger in the Eastern and in the Southern regions (both 20.9), while in the 2003 and 2008 RHSs the region with the youngest median age at first birth was observed to be the Southern region.

The median age at first birth increased with higher educational levels. For example, women with a primary educational level experienced the birth of their first child at the median age of 21 while the median age at first birth for women with a secondary educational level or beyond was 23.1. Similar trends were observed in 1998 and 2003.

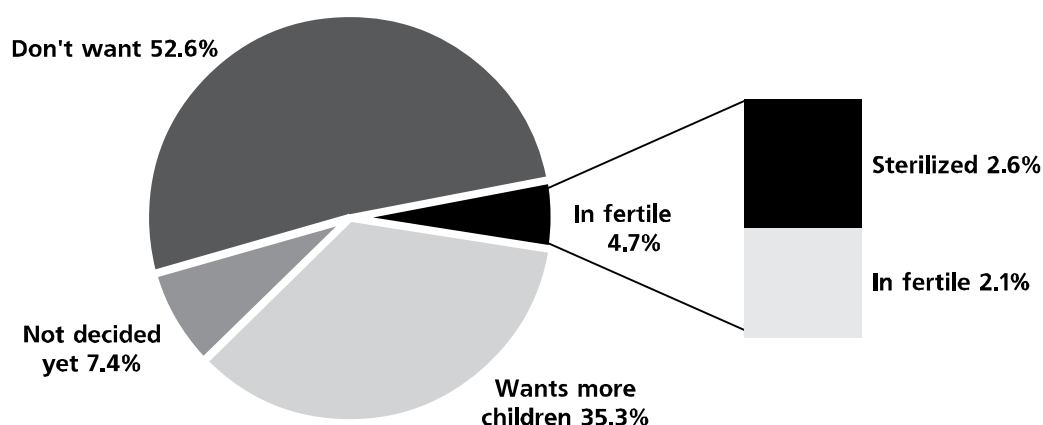
3.2 Fertility preferences

This section consists of a number of parts which assessed the need for contraception. Specifically, these parts include the indicators that are necessary for assessment and evaluation of the National Reproductive Health Programme, such as married women's preferences for future childbearing, preferred timing for a future birth, fertility preferences in relation to contraceptive use, ideal number of children, wanted and unwanted fertility, and avoidance of unwanted pregnancies.

Desired number of children

Figure 3.1 illustrates the currently married women's preferences regarding future childbearing:

Figure 3.1 Percentage of married women, by their fertility preferences, Mongolia, 2008



According to the 2008 RHS, 35.3 percent of currently married women wanted to have a child in the future, 7.4 percent had not decided yet whether to have a child or not, 52.6 percent wanted no more children, and 4.7 percent were not able to have a child. Over half of women who indicated it was not possible for them to have a child anymore had been sterilized.

The proportion of currently married women who wanted to have more children was higher than in 1998 by 4.2 percentage points and higher than in 2003 by 7.3 percentage points.

Table 3.06 shows the fertility preferences of married women, broken down by number of living children (including current pregnancies) and including the preferred timing of future births and reasons for having no more children.

The survey question for currently pregnant women regarding their desire for more children was introduced with the phrase «After the child you are expecting ...» Therefore, if a woman had two children and was currently pregnant, she was classified as having three children.

Table 3.06 Percent Distribution of Currently Married Women by Desire for more Children, According to Number of Living Children, Mongolia 2008

Desire for More Children	Living Children (Including Current Pregnancy)							Total
	0	1	2	3	4	5	6+	
Wants Another Soon	78.2	42.5	16.8	6.3	1.0	1.1	0.0	18.8
Wants Another Later	6.7	38.1	17.8	6.0	1.7	1.1	0.0	16.3
Wants, Unsure Timing	1.1	0.7	0.1	0.0	0.0	0.0	0.0	0.2
Undecided	2.8	7.1	11.4	5.8	3.9	1.4	0.0	7.4
Wants No More	5.0	9.8	50.3	76.1	84.9	88.3	84.8	52.6
Sterilized	1.1	0.8	1.9	3.5	5.0	3.6	10.1	2.6
Declared Infecund	5.0	1.0	1.6	2.3	3.5	4.6	5.1	2.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	179	1 458	2 343	1 607	716	281	158	6 742

The proportion of currently married women who wanted to have a child in the future declined between 1998 and 2003, and the proportion of currently married women who do not want more children increased by 1.1 percentage points in the same period.

In the 2008 RHS findings, 18.8 percent of currently married women wanted to have a child within two years, 16.3 percent wanted to delay their next birth for two or more years, and 52.6 percent wanted no more children. In comparison to the last two surveys, there was little increase in the proportion of currently married women wanting to have a child within two years (by 3.8 percentage points) or those wanting to have a child after at least two years (by 1.1 percentage points), while the proportion of currently married women who do not want more children decreased by 9.5 percentage points. The 2008 RHS indicates that a greater number of married women wanted to have children compared to 1998 and 2003.

The percentage of women who desired to have a child within two years and those who preferred to have a child after more than two years declined with increasing number of living children. For women with no children, 78.2 percent of them wanted to have a child within two years' time, while only about 1.1 percent of women with five or more children did. Women with six or more children did not want to have more children. Similarly, the percentage of women who did not want more children increased sharply with an increase in number of living children. Five percent of women with no children, about half of women with two children, 76.1 percent of women with three children, and 85.7 percent of women with four or more children did not want more children.

According to previous RHSs, between 1998 and 2003 the proportion of women with three or fewer children who did not want any more children increased. The proportion of women with one to four children who did not want more children decreased according to the 2008 RHS. The increase in the proportion of women with four children or less who wanted more children compared to the 2003 RHS has many possible explanations; for example, the child money programme introduced recently by the government of Mongolia may have had a major impact.

Table 3.07 presents the percent distribution of currently married women by their desire for children by age groups:

Table 3.07 Percent Distribution of Currently Married Women by Desire for Children, According to Age, Mongolia 2008

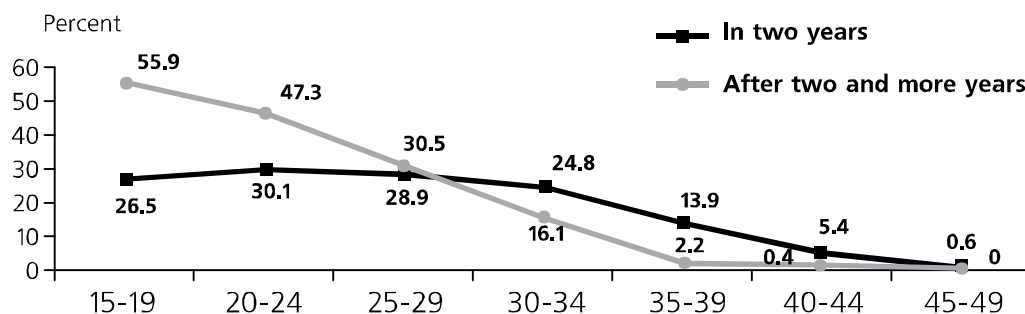
Desire for More Children	Age 5-year Groups							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Want more								
in two years	26.5	30.1	28.9	24.8	13.9	5.4	0.6	18.8
after two and more years	55.9	46.9	30.1	15.9	2.1	0.2	0.0	16.3
timing is not decided	0.0	0.4	0.4	0.2	0.1	0.2	0.0	0.2
not decided yet	11.8	9.2	11.4	10.1	6.2	2.3	1.3	7.4
Don't want	5.9	13.1	28.3	45.5	72.5	84.3	82.3	52.6
Sterilized	0.0	0.1	0.5	2.7	3.9	4.7	4.5	2.6
Declared Infecund	0.0	0.2	0.4	0.8	1.3	2.9	11.3	2.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	68	825	1 355	1 465	1 335	1 022	672	6 742

With rising age, the proportion of married women who wanted more children declined and the proportion who did not want any more children increased. For currently married women in the 15-19 age group, 26.5 percent wanted to have a child within the next two years. The proportion of women who wanted more children within the next two years has decreased with age group over the 30 (see Figure 3.2).

For currently married women aged 15-24, 47.3 to 55.9 percent of them wanted to have a child after two or more years. This was 1.6 to 2.1 times more than the percentage of women aged same who wanted to have a child within two years' time. Consequently, it can be said that many younger women prefer to delay having their next child.

Table 3.08 presents the percentage of currently married women who did not want any more children by number of living children, region, residence, and educational level. Around 55.2 percent of currently married women indicated they did not want more children, including

Figure 3.2 Percentage of currently married who wanted more children, by childbearing years and age groups, Mongolia, 2008



Note: answers with no concrete timing are included in the "after two or more years" category.

women who had been sterilized. About 59.5 percent of women who did not want more children were from rural areas, a figure that was 7.8 percentage points higher in rural areas than in urban areas. The gap between urban and rural areas in the percentage of women who did not want more children varied according to parity. Furthermore, the percentage of women with no children who did not want children was higher by three percentage points in urban areas than in rural areas, while the percentage of women with six or more children who did not want any more children was higher by 6.5 percentage points in rural areas than in urban areas.

Although the percentage of currently married women with no children who did not want children was higher in rural areas than that in urban areas in 1998, the percentage has reversed to be higher in urban areas and lower in rural areas according to surveys of 2003 and 2008. Compared to the 2003 RHS, the percentage of currently married women who did not want more children has decreased by 11.9 and 9.3 points for urban and rural areas respectively. It shows a slight improvement in fertility preference both in urban and rural areas.

The percentage of currently married women who did not want more children was lowest in Ulaanbaatar by 8.3 to 14.2 percentage points depending on the age group. The percentage of women in Ulaanbaatar with six or more children who still wanted more children was 19.4 to 25 percentage points higher than that is in other regions. Table 3.08 illustrates that in the Western region, the percentage of women who did not want more children was 60.2 percent, the second highest figure after that of the Southern region. If the data is examined more closely, taking the number of living children into account, a different picture emerges. The percentage of currently married women with three to four or no children who did not want more children was lowest in the Western region compared to the percentages in other regions. This finding indicated that in fact the women in the Western region wanted children more than women in other regions.

Table 3.08 Percentage of Currently Married Women Who Want No More Children or Who Have Been Sterilized, by Number of Living Children and Selected Background Characteristics, Mongolia 2008

Background Characteristics	Living Children (Including Current Pregnancy)							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	7.3	10.1	52.8	83.4	90.0	91.9	90.6	51.7
Rural	4.3	11.8	51.5	75.9	89.9	91.8	97.1	59.5
Region								
Central	8.0	12.0	55.7	81.7	93.0	94.4	98.3	58.9
East	7.1	9.8	50.2	80.1	96.3	92.9	100.0	55.5
West	0.0	9.5	51.1	71.4	85.1	89.9	96.4	60.2
South	8.3	9.2	52.2	85.1	90.0	89.7	94.4	61.4
Ulaanbaatar	6.2	10.3	50.3	82.3	89.5	91.1	75.0	47.2
Highest Education Level								
Primary or Less	5.3	8.2	48.3	73.2	88.9	95.5	96.0	52.1
Incomplete Secondary	4.3	16.5	52.1	76.1	90.5	92.3	100.0	62.3
Complete Secondary	3.3	10.1	53.8	79.9	91.1	93.7	89.1	56.0
More than Secondary	9.2	9.7	51.6	82.5	88.3	87.7	96.7	51.5
Total	6.1	10.6	52.2	79.6	89.9	91.8	94.9	55.2

There were small variations within the group of women who expressed a desire not to have any more children according to educational level and number of living children. Significant variations according to education level were also not observed in the 1998 and 2003 RHS.

Need for family planning

Table 3.09 shows the percentage of currently married women with unmet and met needs for family planning and the total demand for family planning by age, region, residence, and educational level. The total demand for family planning was the sum total of the percentage of women who needed to use family planning but were not using it for some reason (and therefore had an unmet need) plus the percentage of women who were using family planning (whose needs were being met). Women with unmet needs were mainly women who said that they did not want more children and those who wanted to wait at least two years for another child but who were not using a contraceptive method. This group also included women with amenorrhea, pregnant women whose current pregnancy was not wanted or mistimed, and those whose last birth was mistimed or not wanted.

About 14.4 percent of currently married women were not using any family planning methods but expressed a need to use one, an unmet need that was 9.8 percentage points greater than what was reported in 2003. However, the proportion of women with unmet need decreased

considerably with increasing age; unmet need was 25 percent among women aged 15-19, 26.1 percent among women aged 20-24, and 1.9 percent among women aged 45-49. Compared to the 2003 RHS findings, the percentage of currently married women with an unmet need for family planning has increased 2 to 4 times.

In rural areas, unmet need for family planning is 1.7 percentage higher than the unmet need in urban areas. Five years ago, variance by residence and region was minimal regarding currently married women with unmet need. However, the gap among regions in unmet need for family planning for married women has widened; in 2008, the unmet need was the highest in the Western region (17.8 percent) and lowest in the Central region (12.6 percent).

The percentage of women with an unmet need declined moderately with increasing educational level for 2008; however, compared to the 2003 RHS, the percentage of women with primary or less education with unmet needs increased by 3.6 times. The percentage of women with incomplete or completed middle education with unmet needs increased by 2.6 to 2.8 times, and the percentage of women with more than a secondary education who had unmet needs increased by 3.6 times. Consequently, the conclusion may be drawn that progress in family planning counseling and services has been reversed in the five years between the two surveys.

In 2008, about 54.3 percent of currently married women were currently using some kind of family planning method. Of this group, 32.8 percent used family planning to interrupt their fertility and 21.6 percent used a family planning method to postpone their next birth. However, the proportion of women currently using contraceptives decreased by 14.6 percentage points compared to 2003. The main reason for that was a decline of 16.2 percentage in the proportion of women who used family planning methods to avoid pregnancy. Thus, the proportion of currently married women who used a family planning method to space their next birth increased by 1.7 percentage points.

Furthermore, current use of family planning increased with age, from ages 15-19 (the lowest at 23.5 percent) to ages 35-39 (the highest at 64.6 percent), then declining for ages 40 and over. The use of a family planning method to avoid pregnancy was common among women currently using a family planning method aged 35 and over, while use of a family planning method for postponing their next birth was common among women aged 15-29. Among women aged 30-34, the proportion using a family planning method to avoid pregnancy and the proportion using it to postpone their next birth were similar.

The percentage of rural women currently using a family planning method was high at 56.8 percent, 4.4 percentage higher than the percentage of urban women. The proportion of rural women currently using a family planning method to avoid pregnancy was 1.9 times higher than the proportion of rural women who use a family planning method for postponing their next

birth. The fact that women tend to avoid pregnancy with increasing age may be explained by the limited professional services and medical personnel in rural areas and the remoteness from urban centers and services.

Survey findings show that the proportion of women currently using a family planning method was lowest in Ulaanbaatar (50.7 percent) and highest in the Southern region (59.9 percent).

Current use of contraceptives positively correlated with higher educational levels. For instance, 47.9 percent among women with a primary or less education currently used contraceptives, compared to 56.4 percent of women with a secondary educational level or higher. There was a very small difference (19.5 to 20.8 percent) in the proportion of women with middle or less education who use family planning methods to space their next birth, but the proportion of women with education beyond the secondary level who use a family planning method to space their next birth was high (24.4 percent).

During the last five years, the proportion of women with education beyond the secondary level who used a family planning method to avoid pregnancy decreased by 21 percentage point while the proportion of women who used a family planning method to space next their birth increased by 5 percentage points. This shows a positive change in knowledge, practices, and attitudes toward family planning among women.

The percentage (79 percent) of total family planning demand satisfied (or percentage of women who were using family planning divided by total family planning demand) was decreased by 15 percentage points from the 2003 RHS. This percentage was equally high for urban and rural women but did vary slightly by region. For instance, the percentage was high (75 percent) for the Western region and highest (82 percent) in the Eastern region. For Ulaanbaatar, the percentage was similar to the percentages in other regions. The percentage was lowest (48.5 percent) for women between the ages of 15 and 19. The percentage of demand satisfied increased with rising age and was highest (94.3 percent) for women aged 45-49.

The percentage of demand satisfied for less educated women was the least (68 percent) and highest for women with education beyond the secondary level (82.1 percent).

Table 3.09 Percentage of Currently Married Women with Unmet Need, Met Need, and Total Demand for Family Planning Services by Background Characteristics, Mongolia 2008

Background Characteristics	Unmet Need for FP			Met Need – Currently Using			Total Demand for FP			% Dem. Satisfied	Number of Women
	Unmet-Space	Unmet-Limit	Unmet-Total	Met-Space	Met-Limit	Met-Total	Tot.Dem.-Space	Tot.Dem.-Limit	Tot.Dem.-Total		
Age 5-year Groups											
15-19	20.3	2.2	22.5	20.8	27.2	47.9	41.1	29.4	70.4	70.4	453
20-24	13.6	1.2	14.8	19.5	37.2	56.7	33.1	38.4	71.5	71.5	1 277
25-29	14.4	0.5	15.0	19.8	32.4	52.2	34.2	32.9	67.1	67.1	2 416
30-34	12.0	0.3	12.3	24.4	31.9	56.4	36.4	32.2	68.6	68.6	2 596
35-39	13.7	0.7	14.4	21.6	32.8	54.3	35.3	33.4	68.8	68.8	6 742
40-44											
45-49											
50-54											
55-59											
60-64											
65-69											
70-74											
75-79											
80-84											
85-89											
90-94											
95-99											
Region											
Central											
East											
North											
South											
West											
Highest Education Level											
Primary or Less											
Incomplete Secondary											
Complete Secondary											
More than Secondary											
Total											

Ideal number of children

This survey attempted to measure women's «ideal» fertility based on the answers to the following questions. Women with living children were asked «If you could go back to the time when you did not have children and could choose exactly the number of children that you wanted to have, how many would that be?» while women with no living children were asked «If you could choose exactly the number of children to have in your entire life, how many would that be?»

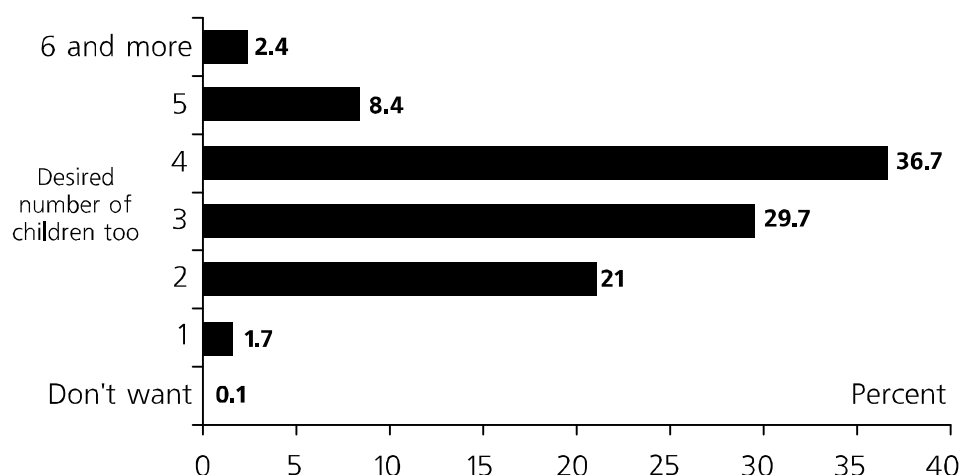
Table 3.10 shows the percent distribution of all women by ideal number of children according to the number of living children. It also presents the mean ideal number of children for all women, for married women, and for husbands.

Table 3.10 Percent Distribution of All Women by Ideal Number of Children and Mean Ideal Number of Children for All Women, Currently Married Women, and Husbands According to Number of Living Children, Mongolia 2008

Background Characteristics	Living Children (Including Current Pregnancy)							
	0	1	2	3	4	5	6+	Total
Ideal Number of Children								
Don't want	0.2	0.0	0.0	0.1	0.0	0.0	0.0	0.1
1	4.4	3.3	0.3	0.4	0.2	0.6	0.0	1.7
2	39.1	28.6	21.7	4.5	6.3	4.3	7.5	21.0
3	34.4	39.0	28.2	34.5	6.1	8.0	4.8	29.7
4	17.6	24.1	43.9	47.2	67.9	25.6	34.4	36.7
5	3.6	4.2	4.5	11.9	14.3	52.8	17.2	8.4
6+	0.8	0.9	1.3	1.4	5.2	8.6	36.0	2.4
Non-numeric Response	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean Ideal Number of Children								
All women	2.8	3.0	3.4	3.7	4.1	4.6	5.0	3.4
married women	2.8	3.0	3.4	3.7	4.1	4.6	5.0	3.5
husbands	2.8	2.8	3.0	3.4	3.9	4.5	5.9	3.3
Number of all women	1 789	1 906	2 624	1 767	806	324	186	9 402
Number of married women	179	1 458	2 343	1 607	716	281	158	6 742
Number of husbands	96	698	1 197	815	363	119	74	3 362

Around 36.7 percent of women considered four children the «ideal» number of children to have, while 29.7 and 21 percent considered three and two children as «ideal» respectively (see Table 3.10 and Figure 3.3). These indicators were almost the same as those from the 1998 and 2003 RHS findings.

Figure 3.3 Desired number of children of female respondents, Mongolia, 2008



The mean «ideal» number of children was 3 or 4. It was evident that as parity rose, so did the mean «ideal» number of children. For example, the mean «ideal» number of children increased from 2.8 for women with no living children to 5 for women with six or more living children. It was quite evident that the «ideal» number of children for many women was less than the actual number of children that they had.

The mean «ideal» number of children for currently married women and for all women was virtually the same at 3.5 for married women and 3.4 for all women. Somewhat more surprising was the fact that the mean ideal number of children for husbands was almost identical to those of the currently married women (higher only by a statistically insignificant 0.2 points). The mean ideal number of children was almost the same as the 1998 RHS and 2003 RHS figures, showing a stable trend for the last ten years.

Table 3.11 presents women's mean ideal number of children by age, according to residence, region, and educational level.

The ideal number of children stated by women increased according to the age of the women; this tendency is about the same regardless of residence. In the Western region, the ideal number of children was slightly higher than the ideal for other regions. Additionally, the ideal number of children slightly increases as educational level improves. For instance, the ideal number of children reported by women with primary or less education was 3.1 while that of women with beyond a secondary education level was 3.5.

Table 3.11 Mean Ideal Number of Children for All Women by Age and Selected Background Characteristics, Mongolia 2008

Background Characteristics	Age 5-year Group							All Women	All Husband
	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Residence									
Urban	2.7	3.0	3.2	3.3	3.5	3.7	3.9	3.3	3.2
Rural	2.6	3.0	3.3	3.5	3.7	3.9	4.3	3.5	3.3
Region									
Central	2.6	2.9	3.2	3.5	3.6	3.8	4.1	3.4	3.3
East	2.7	2.8	3.1	3.2	3.6	3.7	4.0	3.3	3.0
West	2.8	3.2	3.4	3.6	3.9	4.1	4.4	3.6	3.5
South	2.5	2.9	3.0	3.4	3.7	3.9	4.3	3.4	3.4
Ulaanbaatar	2.8	3.1	3.3	3.3	3.3	3.6	3.8	3.3	3.2
Highest Education Level									
Primary or Less	2.6	2.8	3.1	3.2	3.3	3.9	4.5	3.1	3.3
Incomplete Secondary	2.7	2.9	3.2	3.4	3.8	4.0	4.1	3.3	3.3
Complete Secondary	2.8	3.0	3.2	3.5	3.6	3.8	4.1	3.4	3.3
More than Secondary	2.7	3.1	3.4	3.4	3.5	3.6	3.9	3.5	3.3
All women	2.7	3.0	3.2	3.4	3.6	3.8	4.0	3.4	3.3
All husband	2.7	3.1	3.3	3.5	3.6	3.8	4.1	3.5	3.3

Wanted and unwanted fertility

Women were asked a series of questions about each recent birth and any current pregnancy to determine whether that birth or pregnancy was planned, unplanned but wanted at a later time, or unwanted. These questions permitted the establishment of good indicators regarding the degree to which women or couples successfully controlled the timing of childbearing and number of children.

Table 3.12 presents the percent distribution of births (including current pregnancy) by fertility planning status, according to mother's age at birth.

Among the births occurring within the three years preceding the survey, 91.2 percent were born to mothers who wanted to have a child at that time, while 4.9 percent were born to mothers who had planned to have a child at a later time and 3.8 percent were born to mothers who did not want any more children (unwanted births). Compared to the 2003 RHS, unwanted births declined by 3.9 percentage points and planned births increased by 2.9 percentage.

Unwanted pregnancies and births were relatively high among women under 19 and over 35. For instance, among adolescents aged 15-19, 6.8 percent of pregnancies and births were unwanted, and among women aged 40-44, 11.3 percent of pregnancies and births were unwanted. The

Table 3.12 Percent Distribution of Births (Including Current Pregnancy) in the Three Years Preceding the Survey by Fertility Planning Status, According Mother's Age at Birth, Mongolia 2008,

Maternal Characteristic	Planning Status of Birth			Total	Number of Births
	Wanted Then	Wanted Later	Wanted No more		
Birth Order*					
1	93.5	3.7	2.9	100.0	2 235
2	89.6	6.3	4.1	100.0	967
3	85.6	9.3	5.1	100.0	216
4+	69.1	10.3	20.6	100.0	97
Age at Birth*					
<19	84.9	8.3	6.8	100.0	205
20-24	92.3	5.4	2.2	100.0	1 031
25-29	92.1	4.9	3.0	100.0	1 082
30-34	91.1	4.6	4.3	100.0	744
35-39	90.2	2.9	6.9	100.0	378
40-44	85.9	2.8	11.3	100.0	71
45-49	100.0	0.0	0.0	100.0	4
Total	91.2	4.9	3.8	100.0	3 515

proportion of unwanted births in each age group was lower in 2008 than in 2003. This decline indicates that over the years Mongolian women may have learned more about family planning methods and put them to use.

Table 3.13 compares the total wanted fertility rates with total fertility rates (TFR) for the three years preceding the survey by residence, region, and mother's educational level.

Wanted fertility rates were calculated in exactly the same manner as the conventional age-specific fertility rates except that the births classified as unwanted were omitted from the numerator.

A birth was considered wanted if the number of living children at the time of conception was less than the current ideal number of children reported by the respondent. Wanted fertility rates imply the level of fertility that would have been achieved if all unwanted births were prevented.

A comparison of fertility rates recorded in the 1998 RHS and 2003 RHS revealed that wanted fertility rates and total fertility rates decreased by 0.4 and 0.6 percentage points, respectively, while during the 2003-2008 period the rates increased. For instance, in 2008, the planned (or wanted) total fertility rate was 3.17. Compared to the 2003 RHS it increased by 0.87 percentage points while the actual total fertility rate increased by 0.55 percentage points. Therefore, the planned or wanted total fertility rate was 3.17, 0.12 percentage points higher than the actual total fertility rate. If all Mongolian women had only the births that they had planned or wanted, the total fertility rate would increase slightly.

Table 3.13 Total Wanted Fertility Rates and Total Fertility Rates (TFR)
for the Three Years Preceding the Survey, by Selected Background Characteristics,
Mongolia 2003, 2008

Background Characteristics	Fertility Rates					
	Wanted TFR			TFR		
	1998	2003	2008	1998	2003	2008
Residence						
Urban	2.2	2.0	3.01	2.5	2.1	3.02
Rural	3.1	2.6	3.57	3.7	2.9	3.57
Region						
Central	2.9	2.3	3.17	3.2	2.6	3.17
East	2.4	2.5	3.13	3.0	2.8	3.13
West	3.3	2.7	3.84	3.9	2.9	3.86
South	3.1	2.6	3.11	3.5	3.0	3.11
Ulaanbaatar	2.0	1.9	2.96	2.2	1.9	2.97
Highest Education Level						
Primary or Less	2.8	2.6	3.61	3.4	3.2	3.61
Incomplete Secondary	3.1	2.4	3.14	3.7	2.8	3.14
Complete Secondary	2.7	2.2	3.23	2.9	2.4	3.24
More than Secondary	2.5	2.3	3.14	2.8	2.4	3.16
Total	2.7	2.3	3.17	3.1	2.5	3.18

The planned total fertility rate was higher for rural women than that for urban women by 0.56 percentage points. The largest variations between actual and wanted fertility occurred among women in rural areas; specifically, it was highest (3.84) for women residing in the Western region and lowest (2.96) for women residing in Ulaanbaatar. The planned total fertility rate was highest for women with primary or less education (3.61). Consequently, the increase in planned fertility may have had an impact on choice and use of family planning methods.

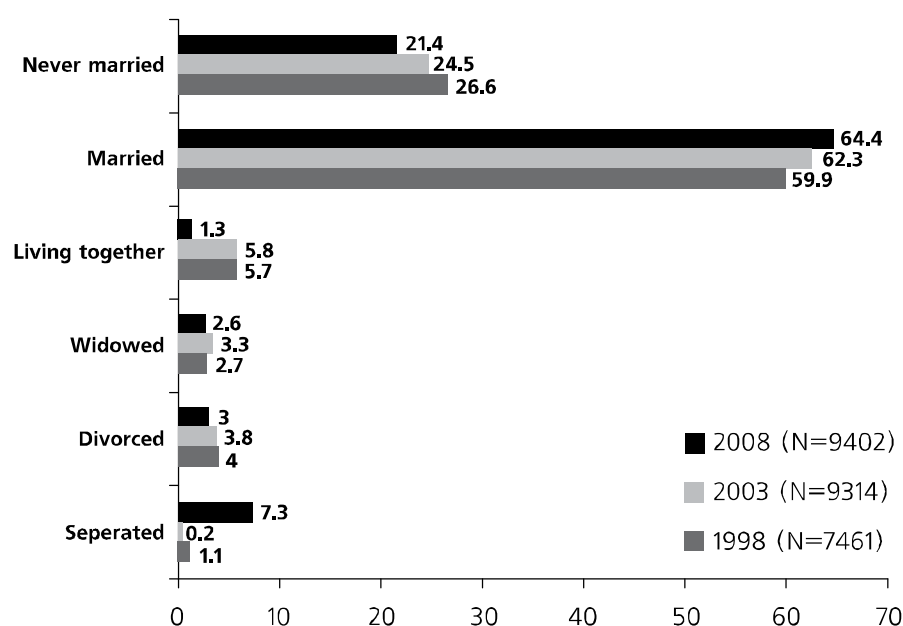
3.3. Other proximate determinants of fertility

The above section revealed that fertility levels varied according to background variables or conditions such as the age of women, educational level, region, and residence. However, these variables only affect fertility indirectly through intermediate «proximate» determinants of fertility. These determinants included marital status, age at first sexual intercourse, postpartum amenorrhea, postpartum abstinence, postpartum insusceptibility, onset of menopause, use of contraception, and induced abortion. This section will discuss the situation regarding more direct measures (proximate determinants) of a woman's likelihood of becoming pregnant. In addition, some findings will be compared with the findings of the 1998 and 2003 RHSs.

Marital status

Figure 3.4 illustrates marital trends as recorded in the RHSs of 1998, 2003, and 2008. It demonstrates that the trends concerning the marital status of women have been changing over the last five years. According to the 2008 RHS, compared to 1998 and 2003, the percentage of women of all ages who are married has increased while the proportion of women never married or living with a partner has declined.

Figure 3.04 Marital Status of Female Respondents, Mongolia, 1998, 2003 and 2008 (in percentages)



Among women aged 15 to 49 years, 21.4 percent were never married, 64.4 percent were currently married, 1.3 percent were living with partners (cohabitating), 2.6 percent were widowed, 3 percent were divorced, and 7.3 percent were separated.

Marital status trends of women by age group are shown in Table 3.14.

Table 3.14 Percent Distribution of Women by Current Marital Status, According to Age, Mongolia, 2008

Age group	Never Married	Married	Living Together	Widowed	Di-vorced	Not Living Together	Total	Number of Women
15-19	93.5	4.0	0.0	0.0	0.0	2.5	100.0	1 044
20-24	39.9	49.7	0.4	0.8	0.1	9.1	100.0	1 402
25-29	14.0	75.4	1.3	0.9	0.6	7.9	100.0	1 627
30-34	7.1	78.5	1.5	2.3	1.5	9.1	100.0	1 672
35-39	4.0	79.4	1.9	3.9	3.1	7.8	100.0	1 531
40-44	3.5	73.4	2.1	6.6	7.7	6.7	100.0	1 276
45-49	2.7	73.8	1.3	4.6	12.4	5.3	100.0	850
Total	21.4	64.4	1.3	2.6	3.0	7.3	100.0	9 402

About 93.5 percent of young women aged 15-19 and 39.9 percent of women aged 20-24 were never married; this figure abruptly decreased to 14 percent for women aged 25-29. Compared with the findings from the 1998 and 2003 RHSs, the proportion of younger women who had never married women increased. The percentage of women who were living together (or cohabitating) with a partner substantially decreased while the percentage of women who were separated increased for all age groups.

Interestingly, the percentage of married women aged 15-29 increased. It is noteworthy that the percentage of women widowed, divorced, or separated gradually decreased for all age groups. The percentage of divorced older women aged 45-49 increased nearly twofold (to 12.4 percent). The survey findings confirmed that the overwhelming majority of Mongolians marry, as in many developing countries. The percentage of separated couples has increased by 7 points.

Age at first marriage

Reflecting the process of development, the age at first marriage of women rose with increasing educational, employment, and income levels and as the role of women in society became more valued. The last column of Table 3.15 shows the percentage changes in age at first marriage of (ever married) Mongolian women. Median age at first marriage is an important indicator because it is the age at which 50 percent of women in a particular age group first married.

The median age at first marriage was 20.8 in 1998 and reached 21.6 in 2003, increasing by 0.8 years. By 2008 it reached 22.1, an increase of half a year in a five-year period. This increase demonstrates a trend of delaying the first marriage. The younger the age group, the higher the median age at first marriage tended to be. The last column in Table 3.15 shows that the median age at first marriage increased slightly over time from 21.9 years for those now aged 30-34 to 22.4 for those now aged 25-29. Less than one-fourth (23.7 percent) of young women aged 20-24 first married at the age of 20, which has made it difficult to calculate this indicator accurately for women under 25.

The changes in age at first marriage for Mongolian women are shown in Table 3.15:

No obvious trend was observed by looking at age at first marriage by age groups. However, about 23.1 percent of women aged 30-34 first married at age 20, the highest among younger age groups.

Compared to other age groups, the age at first marriage of women now aged 40-44 was late. This is probably due to the fact that these women were in their 20s when the country experienced the difficult period of transition from socialism to a market-oriented economy, with the result of many of them postponing marriage.

Table 3.15 Percentage of Women Ever Married by Specific Exact Ages and Median Age at First Marriage, According to Current Age, Mongolia 2008

Variable & Category	Exact Age at First Married				Never Married	Number of Women	Median
	18	20	22	25			
15-19	3.2	-	-	-	93.5	1,044	-
20-24	3.9	19.8	43.2	-	39.9	1,402	-
25-29	4.7	18.7	39.9	68.1	14.0	1,627	21.9
30-34	5.0	23.1	44.7	69.3	7.1	1,672	22.4
35-39	4.0	21.6	52.3	75.2	4.0	1,531	22.1
40-44	2.8	19.1	50.1	79.1	3.5	1,276	22.0
45-49	4.1	21.8	50.4	79.5	2.7	850	21.9
Median for woman							
25-49	4.2	20.9	46.9	73.4	6.8	6 956	22.1

With increases in the educational level and labor participation rate of Mongolian women, the median age at first marriage has also increased for all age groups, constituting one of the reasons for the decline in the fertility rate. In 2003, one-tenth of women aged 45-49 were first married at age 18; in 2008, less than 4.1 percent of this age group had first married at 18.

Differentials of median age at first marriage

Table 3.16 shows how median age at first marriage among women aged 25-49 varied by residence, region, and educational level.

Table 3.16 Median Age at First Marriage Among Women Age 25-49 years, by Current Age and Selected Background Characteristics, Mongolia, 2008

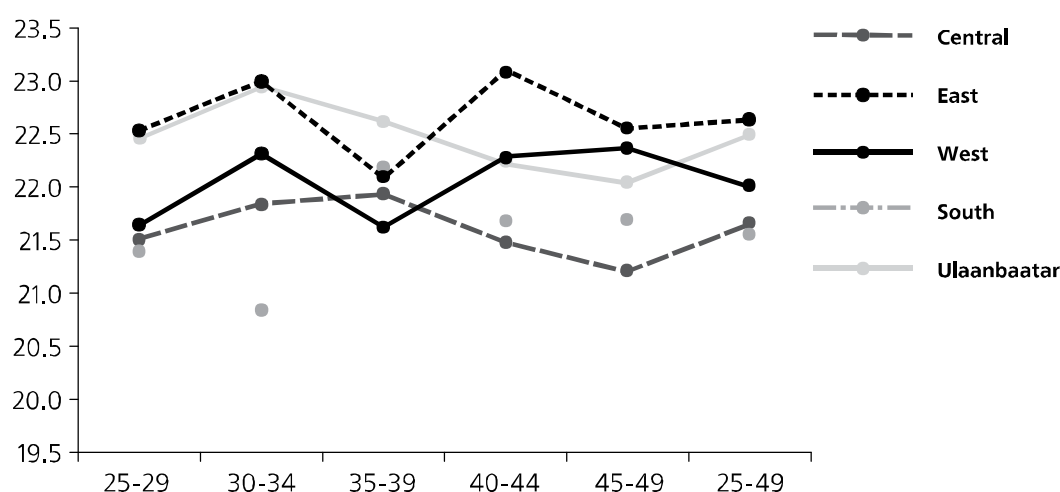
Variable & Category	Age 5 - Year Groups					Median for Women 25-49
	25-29	30-34	35-39	40-44	45-49	
Type of Place of Residence						
Urban	22.4	22.8	22.5	22.2	22.0	22.4
Rural	21.4	21.8	21.6	21.7	21.5	21.6
Region						
Central	21.5	21.8	21.9	21.5	21.2	21.7
East	22.5	23.0	22.1	23.1	22.5	22.6
West	21.6	22.3	21.6	22.3	22.4	22.0
South	21.4	20.8	22.2	21.7	21.7	21.5
Ulaanbaatar	22.5	23.0	22.6	22.2	22.1	22.5
Highest Education Level						
Primary or Less	20.9	22.4	22.4	21.6	20.9	21.4
Incomplete Secondary	21.0	21.4	21.5	21.6	21.1	21.3
Complete Secondary	21.8	22.2	21.9	21.7	21.7	21.9
More than Secondary	22.8	23.2	22.6	22.5	22.3	22.7
All Women	21.9	22.4	22.1	22.0	21.9	22.1

In terms of residence, the median age at first marriage appeared to be slightly higher for urban women than rural women (22.4 years versus 21.6 years). The largest gap in median age was observed for women aged 25-34. Urban women aged 25-34 tend to have their first marriage a year later than rural women. This gap may be related to the fact that urban women have access to better opportunities for continuing education and employment than rural women.

Regarding regional location, the median age at first marriage was higher for women in Ulaanbaatar (22.5) and in the Eastern region (22.6) than for those in other regions. The lowest median age at first marriage was observed in the Southern region.

Women with more education tended to marry later, on average, than women with less education. The median age at first marriage for women with primary education was 21.4, while it was 22.7 for women with education beyond the secondary level.

Figure 3.5 Median Age at First Marriage of Women Aged 25-49, by Region, Mongolia, 2008



The variations in age at first marriage by region are shown in Figure 3.5. The findings show that young women residing in the Southern region tend to have their first marriage relatively earlier than women in other regions.

Age at first sexual intercourse

An important factor to consider when studying fertility is women's age at first sexual intercourse. Table 3.17 presents the median age at first intercourse. Table 3.17 shows that at age 15, about 0.3 percent of women reported having experienced their first sexual intercourse; by age 18, this figure increased to 11.4 percent; by age 20, 45.5 percent; and by age 22, the percentage increased to 77.1 percent. About 95.8 percent of all women interviewed in 2003 had experienced their first sexual intercourse by age 25. This percentage decreased to 94.6 percent in the 2008 RHS. The median age of first sexual intercourse for Mongolian women was 20. This figure indicates that

Table 3.17 Percentage of Women Who had First Sexual Intercourse by Exact Age and Age at First Intercourse according to Current Age, Mongolia, 2008

Current Age	Exact Age at First Sexual Intercourse					Number Women	Median Age at First intercourse
	15	18	20	22	25		
15-19	0.4	-	-	-	-	1 044	A
20-24	0.7	12.2	51.5	-	-	1 402	19.1
25-29	0.4	13.2	45.9	77.7	96.0	1 627	19.8
30-34	0.3	11.9	46.0	74.3	92.8	1 672	20.1
35-39	0.3	10.3	43.2	77.3	94.4	1 531	20.1
40-44	0.2	8.3	45.1	79.8	95.2	1,276	20.0
45-49	0.6	14.0	48.5	77.1	94.8	850	19.8
Median for Women 25-49	0.3	11.4	45.5	77.1	94.6	6 956	20.0

50 percent of women aged 25-49 reported having experienced their first sexual intercourse by age 20. This figure has remained the same during the last five year period.

The median age at first intercourse remained around 20.0 years for the oldest and youngest age cohort.

Sexual activity of currently married women

Without contraception, the chance of pregnancy is related to the frequency of sexual intercourse. Married women and women living with a partner were asked questions about the date of their last sexual intercourse. A woman was defined as being sexually active if she last had had sexual intercourse in the four weeks preceding the date of the interview. Table 3.18 shows that over 85.3 percent of married women were sexually active in the four weeks preceding the survey.

About 2.9 percent of married women were postpartum abstaining and 11.2 percent were not sexually active for reasons other than a recent birth. When observing the various age groups, being sexually active was most prevalent at ages 30-34 (87.7 percent) and 35-39 (88.7 percent), and least prevalent at ages 15-19 (75.0 percent) and 45-49 (75.7 percent). The proportion of married women aged 15-19 who were sexually active was the same as observed in 2003 RHS, but the proportion of married women aged 45-49 who were sexually active increased slightly (72.4 percent versus 75.7 percent). For other groups the proportion that was sexually active slightly decreased from 2003.

About 8.8 percent of women aged 15-19, 5.9 percent of women aged 20-24, and 5.2 percent of women aged 30-34 had not had sex for two years after their most recent birth. Over 14.7 percent of married women aged 15-19, 11.8 percent of married women aged 20-24, 13.2 percent of married women aged 40-44, and 21.7 percent of married women aged 45-49 were abstaining from sexual intercourse for reasons other than a recent birth.

Table3.18 Percent Distribution of Currently Married Women by Sexual Activity in the 4 Weeks Prior to the Survey and Duration of Abstinence by Whether or Not Postpartum, According to Background Characteristics, Mongolia 2008

Variable & Category	Active Last 4 Weeks	Not Sexually Active				Total	Number
		P.Part. Abst	P.Part. Abst	P.Part. Abst	P.Part. Abst		
		0-1 Year	2+ Years	0-1 Year	2+ Years		
Age 5-Year Groups							
15-19	75.0	8.8	0.0	14.7	1.5	100.0	68
20-24	82.2	5.9	0.0	11.8	0.1	100.0	825
25-29	86.3	5.2	0.0	8.3	0.2	100.0	1,355
30-34	87.7	2.8	0.0	9.3	0.2	100.0	1,465
35-39	88.7	1.7	0.1	8.9	0.6	100.0	1,335
40-44	85.8	0.3	0.3	13.2	0.4	100.0	1,022
45-49	75.7	0.1	0.0	21.7	2.4	100.0	672
Marital Duration (Grouped)							
0-4	83.8	5.8	0.0	10.4	0.1	100.0	1 806
5-9	86.7	3.7	0.1	9.0	0.5	100.0	1 273
10-14	88.3	2.3	0.0	9.1	0.3	100.0	1 195
15-19	88.4	0.9	0.1	10.1	0.6	100.0	1 228
20-24	82.9	0.2	0.2	15.5	1.1	100.0	844
25-29	74.9	0.3	0.0	22.3	2.5	100.0	363
30+	75.8	0.0	0.0	24.2	0.0	100.0	33
Type of Place Of Residence							
Urban	84.7	3.0	0.1	11.8	0.4	100.0	3 741
Rural	86.2	2.6	0.0	10.4	0.7	100.0	3 001
Region							
Central	85.5	3.0	0.1	10.7	0.6	100.0	2 161
East	87.2	1.9	0.0	10.6	0.3	100.0	584
West	84.0	3.0	0.1	12.0	1.0	100.0	1 337
South	85.1	2.0	0.0	12.9	0.0	100.0	443
Ulaanbaatar	85.6	3.1	0.0	11.0	0.3	100.0	2 217
Highest Education Level							
Primary or Less	80.8	4.2	0.0	14.1	0.9	100.0	453
Incomplete Secondary	83.2	3.1	0.3	12.8	0.6	100.0	1 277
Complete Secondary	85.8	2.9	0.0	10.9	0.3	100.0	2 416
More than Secondary	86.7	2.5	0.0	10.1	0.6	100.0	2 596
Contraceptive Method							
No Method	76.4	6.0	0.1	16.8	0.7	100.0	3 023
IUD	92.9	0.2	0.0	6.4	0.5	100.0	2 162
Sterilization	87.1	1.1	0.0	10.7	1.1	100.0	178
Periodic Abstinence	94.5	0.3	0.0	5.2	0.0	100.0	346
Other	92.4	0.4	0.0	7.1	0.2	100.0	1 033
RHS 2008	85.3	2.9	0.1	11.2	0.5	100.0	6 742
RHS 2003	87.1	1.9	0.1	10.7	0.2	100.0	6 345
RHS 1998	86.1	3.6	0.5	9.7	0.2	100.0	4 899

These percentages demonstrated that being sexually active was directly associated with age.

With respect to duration of marriage and being sexually active, women married for 10-19 years were the most sexually active (88.3-88.4 percent) while 75 percent of women married for over 25 years had sexual intercourse in the four weeks preceding the survey. About 22.3 to 24.2 percent of women among the latter cohort had been abstaining for at least two years from sexual intercourse for reasons other than recent birth. The percentages demonstrate that after 19 years of marriage, sexual activity tended to decrease with an increase in marital duration.

There was not much difference in how sexually active women were by urban and rural areas. By region, sexual activeness tends to be lower by one to two percentage points among married women residing in the Southern region compared to other regions, and it is highest among married women residing in the Western Region.

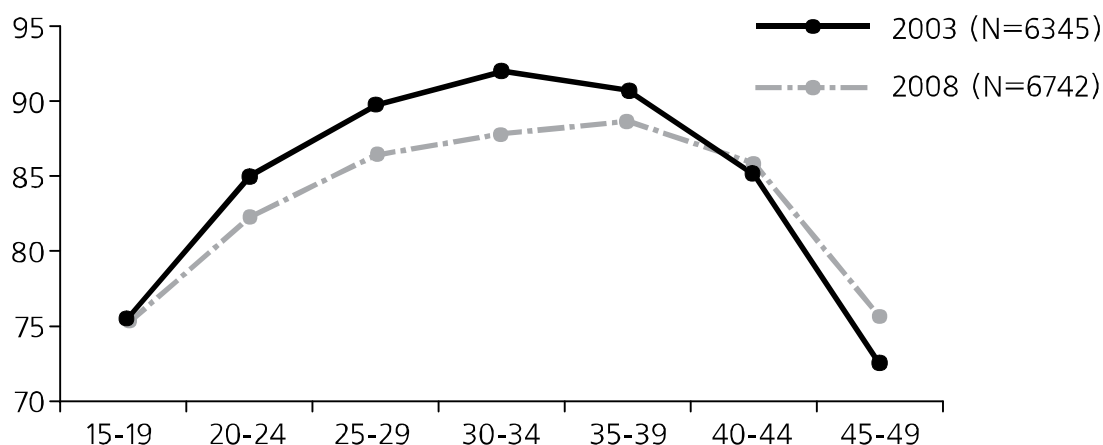
According to the survey, married women tended to be more sexually active as their education level rises; 80.8 percent of women with primary education, 83.2 percent of women with incomplete secondary education, 85.8 percent of women with completed secondary education, and 86.7 percent of women with vocational or higher education responded that they were sexually active. Sexual abstinence for up to two years for reasons other than a recent birth was more common for women with primary and incomplete secondary education (14.1 and 12.8 percent, respectively).

How sexually active currently married women are varies with use of contraceptive methods. About 76.4 percent of women not using any contraceptive method had sexual intercourse recently while well over 92.9 percent of women who used pills (modern contraceptive methods) were sexually active. However, of concern was that among women who reported using periodic abstinence as their primary contraceptive method, 94.5 percent were sexually active. Among women not using any contraceptive method, 6 percent had been abstaining from sexual intercourse for up to two years after a recent birth and 16.8 percent were abstaining from sexual intercourse for reasons not related to a recent birth. It could be said, therefore, that women not using any contraceptive were more likely to abstain from sexual intercourse than women who reported using contraceptives.

The percentage of currently married women interviewed who were sexually active during the four weeks preceding the survey is shown in Figure 3.6 by age groups for the 2003 and 2008 RHS.

Findings show that for the last five years the percentage of sexually active women aged 40-49 years had slightly increased, but for groups younger than 40 the percentages had decreased.

Figure 3.6 Percentage Distribution of Currently Married Women Who Were Sexually Active During the Four Weeks Preceding the Survey, Age Groups, Mongolia, 2003 and 2008



Postpartum amenorrhea and postpartum abstinence are two key proximate determinants of women's fertility soon after giving birth. Women are considered insusceptible (not exposed) to the risk of pregnancy if they are amenorrheic, are abstaining, or both.

Table 3.19 shows the percentage of births for which mothers were experiencing postpartum amenorrhea, were abstaining, or were insusceptible since the birth. The percentage of women in amenorrhea for up to 35 months was 28.9 percent, the percentage abstaining was 12.9 percent, and the percentage who were insusceptible was 33.4 percent. Compared with the findings of the 2003 RHS, these figures have changed slightly. For instance, the percentage of women in amenorrhea for up to 35 months was 26.8 percent, the percentage of those abstaining was 14.9 percent, and the percentage who was insusceptible was 31.7 percent.

The median duration of postpartum amenorrhea is 9.1 months; the mean duration is 9.3 months. The duration of postpartum amenorrhea seems to be rather lengthy for Mongolian women, most probably due to a long duration of breastfeeding. Breastfeeding prolongs postpartum amenorrhea for about two to three months. The fact that after more than 50 percent of births mothers were in postpartum amenorrhea for 9-10 months, and that after 50 percent of births, mothers were insusceptible for 3-5 months, implies that amenorrhea was most probably one of the main reasons for women not getting pregnant again after giving birth.

Table 3.19 Percentage of Births Whose Mothers are Postpartum Amenorrheic, Abstaining, and Insusceptible, by Number of Months Since Birth, and Median and Mean Durations, Mongolia 2008

Variable & Category	Postpartum			Number of births
	Amenorrheic	Abstaining	Insusceptible	
Month since birth				
<2	92.0	81.9	96.4	138
2-3	78.1	31.7	82.1	224
4-5	65.0	18.0	70.9	206
6-7	52.3	13.2	56.3	197
8-9	42.8	11.9	46.9	194
10-11	30.2	5.7	33.9	192
12-13	26.0	8.5	32.8	177
14-15	11.8	8.3	18.9	169
16-17	9.9	2.9	12.3	171
18-19	11.9	5.7	15.7	159
20-21	5.6	9.6	15.2	125
22-23	7.8	3.9	11.6	129
24-25	4.7	7.8	11.6	129
26-27	1.5	3.1	4.6	130
28-29	5.1	2.9	8.1	136
30-31	3.6	3.6	7.2	138
32-33	2.6	3.4	6.0	116
34-35	3.1	1.6	4.7	128
Total	28.9	12.9	33.4	2 858
Median	9.1	3.5	9.8	-
Mean	9.3	4.8	10.9	-
Prev/Incidence Mean	10.3	4.6	11.9	-
RHS 2003	26.8	14.9	31.7	1 412
RHS 1998	28.6	16.1	34.1	-

The median duration of abstinence was 9.8 months, a slight increase compared to 2003.

Prevalence was defined as the number of children whose mothers were experiencing amenorrhea (abstinent and insusceptible) at the time of the survey. Incidence was defined as the average number of births per month. An estimate of the mean was obtained by dividing the number of mothers who were amenorrheic (abstinent and insusceptible) at the time of the survey by the average number of births per month. The prevalence/incidence mean was 10.3 months for amenorrhea, 4.6 months for abstinence, and 11.9 months for insusceptibility.

Median duration of insusceptibility

Table 3.20 shows the median duration of amenorrhea, abstinence, and insusceptibility by age, residence, region, and educational level.

Table 3.20 Median Number of Months of Postpartum Amenorrhea, Postpartum Abstinence, and Postpartum Insusceptibility, by Selected Background Characteristics, Mongolia 2008

Variable & Category	Postpartum			
	Amenorrheic	Abstaining	Insusceptible	Number of Births
Respondent's Age				
<30	9.0	3.0	9.6	1 153
30+	9.2	3.8	10.0	1 705
Residence				
Urban	9.4	3.5	10.2	1 589
Rural	8.5	3.5	9.1	1 269
Region				
Central	9.1	3.8	9.9	827
East	9.0	3.4	9.3	233
West	8.7	3.9	9.2	647
South	7.1	2.4	7.4	153
Ulaanbaatar	9.7	3.2	10.6	998
Highest Education Level				
Primary or Less	10.6	5.6	11.5	267
Incomplete Secondary	9.6	4.2	10.1	525
Complete Secondary	8.6	3.4	9.5	1 044
More than Secondary	9.0	3.2	9.5	1 022
Total	9.1	3.5	9.8	2 858

As seen from the table above, the median duration of amenorrhea did not vary according to whether women were older or younger than 30 years (9 and 9.2 months). However, the RHS 2003 indicated that the duration of amenorrhea for women aged 30 and older was 6.5 months, 2.5 months shorter than what was determined in 2008. The duration of abstinence for women aged 30 and under was 3 months, and for women 30 years and older it was 3.8. The two age groups experienced 9.6 months and 10 months of insusceptibility, respectively.

When accounting for residence, the duration of amenorrhea was slightly lower among rural women than urban women. The duration of abstinence was 3.5 months for both rural and urban women.

The median duration of amenorrhea, abstinence, and insusceptibility were shortest in the Southern region compared to other regions. However, these durations had decreased for the Southern region since the 2003 RHS. The median duration of amenorrhea and susceptibility was longest among women residing in Ulaanbaatar (9.7 and 10.6 months, respectively). Thus, region seems to have an impact of some sort on the aforementioned indicators.

For women with primary or less education, the median duration was 10.6 months for amenorrhea, 5.6 months for abstinence, and 11.5 months for insusceptibility. These indicators were longer than for those women with education beyond the secondary level.

Menopause

The age at onset of menopause varies between women because of different factors, including current age, health, lifestyle, nutrition, age at first and last birth, and total number of births experienced. The younger the age of women at onset of menopause, the greater its effect on the fertility rate. The percentage of women in menopause has increased over the course of the three RHSs. According to the 2008 RHS, nearly 8.8 percent of reproductive age women had already experienced menopause, an increase from 7.4 percent and 5.1 percent in 2003 and 1998, respectively.

The percentage of women in menopause is shown in Table 3.21:

Table 3.21 Menopause for Women 30-49 Years of Age, by Age, Mongolia 2008

Respondent's Age	Menopause %		2008	
	1998	2003	Menopause %	Number of Women
30-34	0.3	1.1	2.8	1 672
35-39	1.0	2.8	3.1	1 531
40-41	1.7	4.4	4.3	530
42-43	5.9	7.4	7.6	523
44-45	11.5	13.6	16.1	447
46-47	24.0	26.2	26.1	348
48-49	49.3	50.8	54.0	278
Total	5.1	7.4	8.8	5 329

The percentage of women aged 30-34 in menopause was 2.8 percent; the percentage reached 54 percent for women aged 48-49. Almost half of women aged 48-49 had experienced menopause.

Cash allowances

Table 3.22 shows whether the cash allowance programmes had an impact on the fertility decisions of women who have given birth during the last five years.

Findings by age groups show that the percentage of women who had answered yes increased with age (except for the 15-19 age group). For instance, 15.4 percent of the older age group, or women aged 40-44, and 14.3 percent of women aged 30-34 responded that the child money programme had an impact on their fertility decisions while 9.3 percent of women aged 20-24 responded yes. Among adolescents, the percentage of yes answers was relatively high (12.1 percent) as well.

As compared to urban women, the child money programme had a greater impact on rural women's fertility decisions (10.9 percentage points greater). As compared to other regions, a high percentage, or 21.6 percent of women residing in the Western region followed by women in the Central Region (14.3 percent) responded that the child money programme had an impact on their fertility decisions. The lowest percentage was observed in Ulaanbaatar (6.7 percent).

Table 3.22 The Percentage of Women Who have had Births During Last 5 Years and Who Responded that the Child Money Programmes have had an Impact on their Fertility Decision, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Whether child allowance was the reason to give birth			Total	Number of Women
	Yes	Yes, Somewhat	No		
Age 5-Year Groups					
15-19	12.1	6.1	81.8	100.0	66
20-24	9.3	3.2	87.5	100.0	773
25-29	10.6	6.0	83.3	100.0	1212
30-34	14.3	7.5	78.2	100.0	1 646
40-44	15.4	9.3	75.3	100.0	227
Residence					
Urban	7.2	5.5	87.3	100.0	2 119
Rural	18.1	7.3	74.7	100.0	1 805
Region					
Central	14.3	7.3	78.4	100.0	1 165
East	7.5	5.8	86.7	100.0	347
West	21.6	7.0	71.4	100.0	870
South	8.6	6.0	85.4	100.0	233
Ulaanbaatar	6.0	5.1	88.9	100.0	1 309
Monthly average income per capita					
< 28264	18.7	9.2	72.1	100.0	807
28265-102535	12.6	6.5	80.9	100.0	2 210
102536-123785	7.6	3.9	88.5	100.0	357
123786+	4.0	2.7	93.3	100.0	550
Highest Education Level					
Primary or Less	21.4	8.9	69.7	100.0	360
Incomplete Secondary	17.6	9.5	72.9	100.0	783
Complete Secondary	13.0	5.4	81.7	100.0	1 401
More than Secondary	5.9	4.8	89.3	100.0	1 380
Total	12.2	6.3	81.5	100.0	3 924

As household per capita income decreased, the percentage of women who answered that the child money programmes had an impact on their fertility decisions increased. For example, 18.7 percent of women living in households with less than 28,264 togrogs of income per capita responded that the child money programme had an impact on their fertility decisions while only 4 percent of women living in households with 123,786 togrogs or more per capita income answered yes.

The percentage of women who answered that the child money programmes had an impact on their fertility decisions increased with decreasing educational level. The percentage of women with primary education who answered yes was four times greater than that for women with higher education.

The percentage of women who have received pregnancy and maternal allowances, monthly and quarterly child money, and who had had births during the last five years by their characteristics is shown in Table 3.23.

Except for age, there were no substantial variances by various indicators. The percentage of adolescents who have received pregnancy and maternal allowances, monthly and quarterly child money, and who had had births during the last five years was lowest. For instance, among women aged 15-19, about 83.3 percent have received quarterly child money, 84.8 percent have received monthly child money, and 89.4 percent have received newborn allowances. For other age groups these percentages were over 90 percent.

Table 3.23 The Percentage of Women who have had Births during Last Five Years and Received Pregnancy and Maternal Allowances, Monthly and Quarterly Child Money, by Selected Background Characteristics, Mongolia , 2008

Background Characteristics	Received pregnancy and maternal allowances and quarterly and monthly child money					Number of children
	Pregnancy allowances	Maternal allowances	Quarterly child money	Monthly child money	New born's allowances	
Age 5-Year Groups						
15-19	93.9	90.9	83.3	84.8	89.4	66
20-24	95.9	93.5	92.5	92.9	92.0	773
25-29	96.4	94.1	94.9	95.2	92.2	1 212
30-34	96.6	94.9	96.3	96.6	92.7	1 012
35-39	96.1	95.0	95.7	95.7	94.5	634
40-44	96.8	96.3	97.9	98.4	98.8	190
45-49	94.6	97.3	100.0	100.0	100.0	37
Current Marital Status						
Currently Married	96.4	94.5	95.1	95.4	92.9	3 537
Formerly Married	95.5	94.0	97.8	97.8	93.7	134
Never Married	95.3	92.9	91.7	91.7	90.8	253
Residence						
Urban	96.1	94.2	94.4	94.7	93.5	2 119
Rural	96.4	94.6	95.5	95.8	91.8	1 805
Region						
Central	97.2	94.2	94.8	94.9	91.3	1 165
East	96.8	97.1	97.7	97.7	93.1	347
West	95.1	93.7	93.1	94.1	92.2	870
South	97.0	94.0	97.0	96.6	92.0	233
Ulaanbaatar	96.0	94.4	95.2	95.3	94.3	1 309
Highest Education Level						
Primary or Less	94.7	93.9	96.7	96.9	93.6	360
Incomplete Secondary	96.6	95.0	95.8	95.7	92.1	783
Complete Secondary	96.6	94.8	94.4	94.7	92.7	1 401
More than Secondary	96.2	93.8	94.5	95.1	93.0	1 380
Total	96.3	94.4	94.9	95.2	92.8	3 924

Conclusions

In the last few years a trend toward increasing fertility has been observed. According to the first RH Surveys, in 1998 the TFR was 3.1 children, which decreased to an almost-replacement level of 2.5 in 2003. The TFR increased to 3.2 children by 2008. The TFR varied by urban and rural areas, at 3.01 for urban areas and 3.57 for rural.

The highest total fertility rate was registered in the Western region (3.86), the lowest was observed in Ulaanbaatar (2.97), and for other regions it was about 3.1. The TFR was higher among women with primary or less education compared to women with education beyond the secondary level.

The mean number of children ever born for all women was 2.05. This figure increased to 2.51 for married women. Compared to 2003 RHS findings, the percentage of women who have never given birth decreased by 3 percentage points, and the percentage of women who have given birth to 1-3 children increased by 9.2 percentage points. The mean number of children ever born for all women decreased from 2.3 to 2.1, and for married women it decreased from 2.9 to 2.5.

The median age at first birth increased slightly from 21.6 to 22.1 over the 1998-2003 time period. This figure reached 22.3 in 2008. As with other fertility indicators, median age at first birth was higher for urban women (22.7) than for rural women (21.8).

About 35.3 percent of currently married women interviewed wanted to have more children in the future which is higher by 4.2 and 7.3 percentage points than in 1998 and 2003, respectively.

Although the ideal number of children reported was similar in all three RHSs, the percentage of women who reported currently using any method of contraception was 54.3 percent in 2008, showing a decline of 14.6 percentage points over the last five years. About 91.2 percent of women's last birth were planned or wanted births, an increase from 2003. Unplanned or unwanted pregnancy decreased to 2.9 percent over the same period. If all interviewed women had the births they had planned for or wanted, the TFR would be 3.17, an increase of 0.11 percentage points over the actual TFR. Considering the decline in usage of family planning methods, the decline in unwanted or unplanned births, and the increase in wanted or planned TFR, we may conclude that women have tended to have more children in the last five years.

Even though women tend to have more children in 2008 than in 2003, there was a tendency to keep the number of children within a certain level. More than half (55.2 percent) of women interviewed wanted to limit the number of children they have. For instance, about 52.2 percent of women who had two children and about 79.6 percent of women who had three children did

not want to have more children. Although the percentage of women who did not want to have more children rises with age, it is very much dependent on the number of children the women already have.

In the last five years, the percentages of never married women and women living with a partner decreased, while the percentages of married women and separated women increased. Although the survey findings confirmed that, as in many developing countries, marriage was common in Mongolia, the proportion of couples who separated increased by 7 percentage points, a fact that calls for increased attention.

Age at first marriage was 22.1 according to the 2008 RHS, demonstrating a decrease by a half year over the last five years.

The median age at first sexual intercourse remained around 20.0 years for the last five years. The level of sexual activeness was directly associated with age. Overall, being sexually active tended to decrease with an increase in marital duration, and for married women it tended to vary depending on contraceptive use.

The duration of postpartum amenorrhea seemed to be rather shorter for rural women than for urban.

Almost half of women aged 48-49 have experienced menopause, and Mongolian women experience menopausal onset relatively early.

Chapter IV. Family Planning

The Population Development Policy of Mongolia states: «[The] family will be considered the primary living environment and basic social unit. In this context, family development will be at the center of state policy». The Third National Programme on Reproductive Health, approved by the Government Resolution 52 in 2007, stated that the state will respect the reproductive health rights of the people by providing comprehensive, equitable, safe, respectful, and accessible health and social assistance to the general public, will promote sustained population growth, and will achieve the Millennium Development Goals.

Therefore, the findings of current survey will be an important source for assessing the implementation of these national policies and programmes. Following the same principles of the previous RHSs of 1998 and 2003, the current survey asked questions to collect information about women of reproductive age and the roles of husbands in family planning. A new question was added to the section measuring knowledge, attitudes, and use of family planning methods in the 2008 RHS regarding use of emergency pills to prevent unwanted pregnancy, while a question measuring understanding of female and male sterilization was removed. This chapter consists of the following parts: knowledge of family planning methods, use of family planning, and intentions to use family planning in the future.

Knowledge of family planning methods

Respondents were classified as «knowing» a method if they either named it spontaneously or recognized it when the interviewer described it.

Similar to the previous RHS, methods of contraception were divided into modern and traditional methods. Modern methods consist of pills, IUDs, injections, Norplant/implants, diaphragms/foam/jelly, male condoms, female condoms, female sterilizations, and male sterilization. Traditional methods include periodic abstinence and withdrawal. The current RHS also included in the modern methods of family planning a question regarding use of the emergency contraceptive pills commonly used by Mongolian women. Methods other than the specified modern and traditional ones were classified as other.

Table 4.01 indicates that knowledge of family planning methods was almost universal among all women and married women specifically. The percentage of women who were aware of contraception in general was 99 percent of all women and nearly 100 percent of currently

married women. Regarding knowledge of modern forms of contraception, the trend was the same as for awareness of contraception in general for both groups of women.

In the 2008 RHS, the percentage of all women who were familiar with any method of contraception increased by 2 percentage points compared to the 1998 RHS and by 1 percentage point compared to the 2003 RHS. Among married women, this percentage increased slightly, by 0.5 percentage point, compared to the 1998 survey, but it was almost the same as the 2003 RHS results.

The percentage of all women who had knowledge of modern methods increased by 2 percentage points compared to the first survey and by 1 percentage point compared to the second survey; the percentage for married women increased by 0.5-0.6 percentage points compared to previous two surveys. This increase demonstrated that the level of knowledge of family planning methods among women of reproductive age was almost universal.

Table 4.01 also shows that among all women, the most commonly known modern methods are pills (96 percent) and IUD (95 percent) and injections (93 percent), while the least known methods were emergency pills (40 percent) and diaphragms/foam/jelly (18.5 percent). Although knowledge of emergency pills was low, its use was observed as common among many Mongolian women. Women's knowledge about diaphragms, foams, and jellies methods was less compared to the previous surveys. Interestingly, the percentage of women who knew about male condoms decreased by 31 percentage points compared to 2003 RHS showing, a substantial difference from other methods. Of the two traditional methods, periodic abstinence, or the calendar method, was most commonly known (78 percent). The percentage of women who knew about traditional methods of contraception decreased by 1 percentage point from the previous survey.

Table 4.01 Percentage of All Women and of Currently Married Women Who Know Any Contraceptive Method by Specific Method, Mongolia, 1998, 2003, 2008

Contraceptive Method	All Women			Currently Married Women			All Hus- bands
	1998	2003	2008	1998	2003	2008	
Any Method	96.7	98.1	98.8	99.3	99.5	99.8	99.0
Any Modern Method	96.6	97.9	98.7	99.2	99.3	99.8	98.8
Pills	86.5	92.7	95.5	93.0	96.2	97.7	85.8
IUD	92.6	92.7	95.1	98.4	98.5	98.7	91.4
Injections	78.7	87.5	93.2	87.4	93.8	97.0	77.1
Norplant/Implant	34.1	41.2	41.9	41.1	48.1	46.1	18.4
Diaphragm/Foam/Jelly	24.9	22.8	18.5	29.8	25.9	19.9	11.4
Male condom	88.1	92.4	61.3	91.4	94.2	60.6	80.4
Female condom	-	66.1	75.4	-	66.5	75.4	70.6
Female Sterilization	45.4	53.2	58.9	54.7	61.3	63.8	47.2
Male Sterilization	16.9	29.5	42.7	21.0	34.8	46.0	32.0
Emergency	-	-	39.7	-	-	40.9	22.7
Any Traditional Method	85.0	80.9	81.2	91.7	87.8	84.6	81.9
Periodic Abstinence	84.0	79.4	78.2	90.6	86.3	81.5	74.1
Withdrawal	44.8	49.6	56.7	54.2	58.6	61.7	61.4
Other Methods	9.8	0.1	0.8	12.1	0.1	0.9	0.4
Mean Number of Methods Known	6.1	7.1	7.6	6.7	7.6	7.9	6.7
Number of Women	7 461	9 314	9 402	4 899	6 345	6 742	3 362

Knowledge of both modern and traditional methods of contraception was higher for currently married women than for all women. This can be explained by the greater need for currently married women to regulate their fertility and to improve their reproductive health. The mean number of methods known by currently married women was 7.9 compared to 7.6 for all women. The most well known contraceptives among married women were pills (98 percent) and IUD (99 percent); the least known contraceptives are diaphragms, foam, and jelly (20 percent). Knowledge of emergency pills was also low (40.9 percent).

Of the two traditional methods, periodic abstinence/calendar method was more commonly known (82 percent) among married women. The proportion of married women who knew about traditional methods of contraception decreased by 5 percentage points from the previous survey.

Almost all of the husbands (99 percent) who participated in the survey knew at least one family planning or modern method of contraception. This number was similar to the level for currently married women. About 82 percent of husbands knew about traditional methods. As seen in Table 4.01, pills (86 percent) and IUD (91 percent) were best known by husbands. Diaphragm, foam, and jelly methods were least known (11 percent) by husbands.

Variations in currently married women's knowledge of family planning methods are presented in the Table 4.02 stratified by age group, place of residence, region, and educational level. Generally, the level of knowledge was almost the same for all women.

Table 4.02 Percentage of Currently Married Women Who Know at Least One Method by Selected Background Characteristics, Mongolia 1998, 2003, 2008

Background Characteristics	Knowledge of contraception						Number of Married Women		
	Knows Any Method			Knows Modern Method					
	1998	2003	2008	1998	2003	2008	1998	2003	2008
Age Group									
15-19	97.6	100.0	98.5	97.6	100.0	98.5	85	77	68
20-24	99.5	99.3	99.5	99.5	99.1	99.5	767	800	825
25-29	99.1	99.3	99.9	99.0	99.3	99.9	1 110	1 220	1 355
30-34	99.5	99.6	99.9	99.5	99.4	99.9	1 010	1 317	1 465
35-39	99.2	99.6	100.0	99.2	99.5	100.0	957	1 251	1 335
40-44	99.5	99.6	99.9	99.1	99.2	99.9	633	1 064	1 022
45-49	98.8	99.5	99.3	98.8	99.4	99.3	337	616	672
Residence									
Urban	99.9	99.8	99.9	99.9	99.7	99.9	2 384	3 135	3 741
Rural	98.6	99.2	99.7	98.5	99.0	99.7	2 515	3 210	3 001
Region									
Central	99.2	99.8	99.9	99.1	99.6	99.9	1 717	2 169	2 161
East	99.8	99.7	100.0	99.8	99.5	100.0	471	614	584
West	98.1	98.3	99.2	98.0	98.0	99.2	1 075	1 351	1 337
South	99.7	99.8	100.0	99.7	99.8	100.0	335	418	443
Ulaanbaatar	100.0	99.9	100.0	100.0	99.8	100.0	1 301	1 793	2 217
Highest Education Level									
Primary or Less	97.0	97.6	98.2	96.8	97.3	98.2	403	510	453
Incomplete Secondary	98.5	98.9	99.9	98.2	98.8	99.9	1 052	1 386	1 277
Complete Secondary	99.6	99.8	99.9	99.6	99.6	99.9	1 335	1 740	2 416
More than Secondary	99.9	100.0	99.9	99.9	99.8	99.9	2 109	2 709	2 596
Total	99.3	99.5	99.8	99.2	99.3	99.8	4 899	6 345	6 742

Compared to other age groups and to the results of the 2003 survey, 98.5 percent of married adolescents aged 15-19 knew about methods of contraception, a decrease of 1.5 percentage points. There was almost no difference between urban and rural married women's knowledge about any method of family planning. However, contraceptive knowledge among married women in the Western region was weaker than that for married women in other regions. Findings show that knowledge about family planning methods improves with married women's increasing educational level.

Access to mass media is key to obtaining new knowledge and information in general for non-school-age populations. Table 4.03 illustrates whether women and men had heard a message

about family planning in the month prior to the interview by source of information, age group, place of residence, region, and educational level. In addition, the table shows whether respondents knew about family planning methods and free services. The main mass media sources of information were radio, TV, and internet. Table 4.03 shows that about 71 percent of all women did not get any information about family planning from any of these three sources, an increase of 26 percentage points from 2003. Similarly, about 60 percent of all men did not get any information about family planning methods from any media sources; representing a 12 percent increase since 2003.

Of the women who did not receive any information about family planning, the highest percentage was among women aged 15-19 (78 percent had not received information), in rural areas (76 percent), in the Southern region (77 percent), and women with less education (84 percent). In a slight change from the 2003 RHS findings, the percentage of Western region women who received information about family planning increased, while this percentage decreased in the Southern region. Less than one percent of respondents received information about family planning from the internet.

Twenty-two percent of female respondents and 29 percent of male respondents received information about family planning from television. In particular, 30- to 34-year-olds (24 percent), urban respondents (26 percent), Eastern region respondents (30 percent), and women with tertiary education (28 percent) received more information about family planning from television.

About 30 percent of respondents to the 2003 RHS said they obtained information on family planning from TV. This tendency is the same at the 2008 RHS. In other words, women who responded to the RHS obtained information on family planning from TV rather than radio and internet.

Table 4.03 Percent Distribution of All Women by Whether They Have Heard a Radio or Television Message About Family Planning in the Month Prior to Interview, According to Selected Background Characteristics, and Husbands' Summary Information, Mongolia 2008, 2003, 1998

Background Characteristics	Heard Family Planning Message on Radio or Television					Total	Number of Cases	Know that contraceptives are distributed without charge	Number of women
	Radio Only	Television Only	Radio/Television	Internet	Neither				
Age Group									
15-19	0.5	17.2	2.6	1.3	78.4	100.0	1 044	33.5	1 044
20-24	0.6	22.0	5.0	1.2	71.3	100.0	1 402	63.1	1 402
25-29	1.0	23.9	4.5	0.8	69.8	100.0	1 627	80.2	1 627
30-34	1.0	24.3	5.3	0.5	68.9	100.0	1 672	83.1	1 672
35-39	1.0	22.5	6.2	0.3	70.0	100.0	1 531	85.3	1 531
40-44	0.5	19.3	6.2	0.7	73.4	100.0	1 276	81.7	1 276
45-49	0.9	22.0	6.7	0.1	70.2	100.0	850	79.6	850
Residence									
Urban	0.5	25.5	4.3	1.1	68.6	100.0	5 729	69.9	5 729
Rural	1.3	16.3	6.6	0.1	75.7	100.0	3 673	80.3	3 673
Region									
Central	0.7	18.1	4.3	0.2	76.7	100.0	2 829	77.0	2 829
East	1.0	29.6	5.9	0.8	62.7	100.0	732	89.1	732
West	1.2	18.1	10.6	0.4	69.8	100.0	1 694	73.1	1 694
South	1.6	17.3	3.3	0.5	77.3	100.0	572	82.5	572
Ulaanbaatar	0.6	25.9	3.6	1.3	68.7	100.0	3 575	67.6	3 575
Highest Education Level									
Primary or Less	1.4	8.9	5.7	-	84.0	100.0	721	56.3	721
Incomplete Secondary	0.8	16.4	4.0	0.3	78.5	100.0	2 012	67.7	2 012
Complete Secondary	0.8	22.2	4.6	0.5	71.9	100.0	3 389	74.6	3 389
More than Secondary	0.7	27.9	6.4	1.4	63.6	100.0	3 280	81.0	3 280
RHS 2008									
All Women	0.8	21.9	5.2	0.7	71.4	100.0	9 402	74.0	9 402
All Husbands	1.2	28.5	9.5	0.6	60.2	100.0	3 362	-	-
RHS 2003									
All Women	6.9	29.1	19.1	-	45.0	100.0	9 314	77.0	9 314
All Husbands	6.6	31.6	13.6	-	48.2	100.0	4 212	-	-
RHS 1998									
All Women	9.4	14.3	12.8	-	63.5	100.0	7 461	-	-
All Husbands	7.1	15.6	10.6	-	66.7	100.0	1 557	-	-

Among those who obtained information on family planning from both radio and television, the percentage of women aged 45-49 (7 percent) was slightly higher than other age groups, and the percentage of rural women (7 percent) was slightly higher than urban women (4.3 percent). The percentage of women in the Western region (10.6 percent) was greater than that in Ulaanbaatar and in other regions. The proportion of women getting information both by radio and television increased with the level of education.

The 2003 RHS asked whether women of reproductive age knew about the free distribution of contraceptives and services. In 2008, 74 percent of all women replied that they were aware of free distribution of contraceptives, a decline of 3.0 percentage points compared with the previous survey. Specifically, younger women, women living in Ulaanbaatar, and less educated women knew the least about these free services. Of women aged 15-19, only 34 percent were aware of the services; for women living in Ulaanbaatar the percentage was 68 percent, and for women with a primary education 56 percent were aware of the services. These percentages have decreased since the 2003 RHS, suggesting that information about these services should be made more available to the women of these groups in order to increase the use of free contraceptive services.

Use of family planning methods

This section presents information regarding past use and current use of contraception with selected comparisons to the information from the 1998 and 2003 RHSs. Table 4.04 displays the proportions of all women and currently married women who have ever used any method of contraception by specific method and age with summary information from the 1998 RHS.

a. Use of family planning methods

Seventy eight percent of all women and 91 percent of currently married women reported that they have used a family planning method or methods. The percentage of all women and currently married women who had ever used any method of contraception increased by 12 percentage points and 7 percentage points, respectively, compared with the 1998 RHS. However, no substantial change occurred during the last five years in the proportion of married women using any methods of family planning.

Findings show that the percentage of all women or currently married women aged 35-39 ever using any methods of family planning was highest while the percentage of women aged 15-19 was lowest.

The survey revealed more women were using modern methods of family planning than traditional methods. For example, the percentage of currently married women using any method of modern contraceptives (89 percent) was high, with IUDs (55 percent) having the highest rate of use. Over the past five year period, modern contraceptive use has increased by 6 percentage points among all women and by 2 percentage points among currently married women.

Among the modern methods of contraception, use of an IUD was very common. But also and use of a male condom was popular among both all women (40 percent) and currently married women (45 percent). The percentage of women very using pills among those ever used contraception was 35 percent, while for currently married women it was 43 percent. Considering

Table 4.04 Percentage of All Women and of Currently Married Women Who Have Ever Used Any Contraceptive Method, by Specific Method and Age and Summary information of RHS 1998, 2003, Mongolia 2008

Age Group	Modern Methods										Traditional Methods				Number of Women				
	Currently Married										Used Any Traditional Method								
											Used Any Method	Used Any Modern Method	Pills	IUD		Injections	Norplant/Implant	Diaph./Foam/Jelly	Male Condom
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
30-34	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
35-39	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
40-44	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
45-49	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
50-54	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
55-59	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
60-64	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
65-69	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
70-74	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
75-79	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
80-84	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
85-89	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
90-94	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
95-99	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4 899

use of modern contraceptives by age group, about 67 percent of all women aged 40-44 were using an IUD, 36 percent of all women aged 30-34 were using injections, and 52 percent of women aged 25-29 were using male condoms. Similarly, regarding only currently married women, 71 percent of married women aged 40-44 were using an IUD, 38 percent aged 30-34 were using injections, and 53 percent of married women aged 25-29 were using male condoms.

Use of certain kinds of modern contraceptive methods – implants, diaphragm, foam and jelly – was not very common among women currently married or women in general. These low levels of implant use, along with male sterilization, have remained the same since 1998.

Thirty-one percent of all women and 37 percent of currently married women were using traditional methods of contraception. Compared to 2003, this was a decrease of 9 percentage points for all women and 13 percentage for currently married women. Of the traditional methods, periodic abstinence/calendar method was the most commonly used. Thirty-nine percent for all women aged 40-44 had used this method at least once, and 42 percent of currently married women aged 45-49 had used this method at least once, the highest of any age group. The percentage of women who had ever used of any method of contraception was lowest among adolescents aged 15-19, as shown in Table 4.04.

A question about the use of contraceptives was included on the questionnaire for husbands. Table 4.05 presents the use of contraceptives at least once among husbands by selected characteristics. Ninety-two percent of men reported that they and their wives had used at least one method of contraception, mainly modern methods. Of the modern methods used, the use of male condom was the highest (71 percent), followed by IUD (49 percent). The male condom was more commonly used by younger men aged 15-19, while relatively older men, or men aged 40-44, reported that they were more likely to choose IUD as their family planning method. The use of modern contraceptives was highest among urban men (92 percent), men residing in the Eastern region (94 percent), and men with tertiary education (93 percent).

Thirty-five percent of men reported that they use traditional methods of contraception, of which the calendar method was most commonly used. The use of traditional contraceptives was highest among men aged 40-44 (43 percent), urban men (36 percent), men residing in the Southern region (40 percent), and men with tertiary education (46 percent).

As reported by currently married women and men, IUDs and male condoms were the most commonly used modern methods, while periodic abstinence/calendar method was the most commonly used traditional method.

There were some variations in the use of methods of contraception reported by married women and husbands. For example, as shown in Tables 4.04 and 4.05, married women reported higher

Table 4.05 Percentage of Husbands Who Have Ever Used Any Contraceptive Method, According to Selected Background Characteristics, Mongolia 2008

Background Characteristics	Modern Methods										Traditional Methods				Number of Women		
	Used Any Method	Used Any Modern Method	Pills	IUD	Injectons	Norplant/ Implant	Diaph./ Jelly	Male Condom	Female Condom	Female Sterilizat.	Male Sterilizat.	Emergency	Used Any Traditional Method	Period. Abstinence		Withdrawal	Other Methods
Region																	
Central																	

use of IUDs and male condoms than husbands (55 versus 49 percent for IUDs and 45 versus 26 percentage for male condoms). In contrast, the all women reported use of periodic abstinence/calendar method 5 percentage points higher than that reported by married women.

b. Current use of contraceptives

The current use of contraceptives by method and age group in comparison to the 1998 and 2003 RHSs is presented in Table 4.06. If women (at the time of the survey) used two methods, the more effective method was accepted as the method currently used. For example, if a woman used one modern and one traditional method of contraception, the modern method was taken as the method currently used. Likewise, if a woman used both pills and condoms, the pill, being the more effective method, was taken as the method currently used.

Forty-five percent of all women currently use contraceptives in general. Forty percent of the women used modern methods, five percent used traditional methods, and the remaining 55 percent did not use any method.

Current use of contraceptives in general was higher for currently married women than for all women, and the percentage of currently married women not using any method of contraception was lower than that for all women.

Since the 1998 RHS, the use both of any method and modern methods has increased for all women. Compared to 2003, though, the use of any method, modern methods, and traditional methods has decreased. The percentage of all women who were not using any method decreased by 9 percentage points, but among currently married women the proportion increased by 14 percentage points compared to the 2003 RHS.

Among currently married women, the percentage using modern and traditional methods of contraception was highest among women 30-44, while the percentage using both modern and traditional methods of contraception was lowest among 15- to 19-year-olds.

Among all women, the most popular methods currently used are IUDs (18 percent), pills (8 percent), and male condoms (7 percent). The IUDs are mostly used by women aged 40-44 (27 percent), while pills are most commonly used by people aged 30-34 (11 percent), and male condoms are mostly used by people aged 20-24 (10 percent). Four percent of the respondents to the RHS said they use a method of periodic abstinence/calendar among traditional methods.

Currently Married

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Use of modern contraception among married women was 46 percent in 1998, increased to 58 percent in 2003, and declined to 50 percent in 2008. For traditional methods, usage was 13 percent in 1998, then declined to 11 percent and 5.5 percent in 2003 and 2008, respectively.

Among currently married women, the most popular methods currently used were IUDs (22 percent), pills (10 percent), injections (8 percent), and male condoms (7 percent). In 2003, use of IUDs was higher (33 percent), while the rates for other methods stayed about the same or declined slightly. Conversely, the proportion of married women using the most popular traditional method (periodic abstinence) declined from 11 percent in the 2003 RHS to 6 percent in 2008 RHS. Current use of contraceptives is shown in Table 4.07 by residence, region, education level, and living children. Current use of contraceptive methods for currently married women is presented by specific method and according to residence, region, education level, and number of living children in Table 4.07. Table 4.07 illustrates that general contraceptive use was relatively low for married women living in Ulaanbaatar or the Western region as well as for women with a primary education and women without children.

According to the survey, the use of any method of contraception was less common among urban married women than among rural married women by five percentage points (53 percent versus 58 percent). The use of modern methods of contraception was also lower among urban married women than among rural married women (46 percent versus 54 percent). Married women living in rural areas were more likely to use modern methods of contraception, especially IUDs, pills, and injections. The majority of married women living in urban areas, including Ulaanbaatar, tended to use modern methods such as IUD, pills, and male condoms. However, traditional methods such as periodic abstinence were also commonly used. In other words, current use of modern methods of contraceptives was higher in rural areas than in urban.

Use of any method (60 percent) and modern methods (58 percent) is more common among married women in the Eastern region, and use of traditional methods is the most common (7 percent) in Ulaanbaatar compared to the other regions.

Regarding levels of education, currently married women with secondary education and higher had the highest level of use of any contraceptive (58 percent) and of modern contraceptive use (56 percent); use of traditional methods was nine percent. Compared to women of other education levels, currently married women with only primary education had the lowest level of use of any method of contraception (49 percent), both modern (48 percent) and traditional methods (1 percent).

Table 4.07 indicates that currently married women with two more children reported using more contraceptive methods, both modern and traditional, than those without children.

Although there was a less than significant difference in use of modern contraceptives by selected background characteristics, there were variations in the use of the traditional methods

Age Group

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of contraception. For example, among current users of traditional methods, there was a three percentage difference between urban and rural married women, a five percentage difference between Ulaanbaatar and the Eastern region, an eight percent difference between women with higher educational levels and primary educational levels, and a four percentage difference between women with two children and women without children.

The survey included a question about the continuation of use of contraceptives. If a respondent reported even a short interruption between two methods he or she used, the start date for the last method was taken as the reference for estimating ongoing use of contraceptives. Table 4.08 shows the continuation of use of modern and traditional methods of contraception for all women and currently married women.

Table 4.08 Percent Distribution of Currently Married Women by Specific Contraceptive Method Currently Used, How long current method being used, Mongolia 2008

Age Group	Modern method							Total
	Pill	IUD	Injections	Implants/ Norplant	Diaphragm Foam/ Jelly	Male Condom	Female Condom	
How long current method being used								
< 6 months	25,0	10,3	30,8	7,1	33,3	27,5	66,7	19,3
6-11 months	11,1	6,6	15,8	21,4	0,0	11,1	0,0	9,8
1-3 years	37,5	34,1	38,8	21,4	33,3	40,4	33,3	36,4
4-7 years	17,4	24,0	11,6	28,6	33,3	10,0	0,0	18,6
8, years or longer	9,0	25,0	3,0	21,4	0,0	11,1	0,0	15,9
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Number of women	656	1 506	533	14	3	451	3	3 166

When asked how long the reported contraceptive had been used, 38 percent of women using pills and 34 percent of women using IUDs stated that they had been using their method for one to three years, and 39 percent of women using injections and 40 percent of women using male condoms reported that they had been using those respective methods for 1-3 years.

Table 4.09 shows that 69 percent of husbands reported that they and their wives used at least one method of contraception, of which 62 percent used modern methods of contraception and 7 percent used traditional methods of contraception. The use of modern contraceptives increased by 22 percentage from the 1998 RHS and by 4 percentage from the 2003 RHS. Specifically, the 1998 level was 40 percent, the 2003 level was 58 percent, and the 2008 level was 62 percent. The use of traditional methods of contraception decreased by 2 percentage points from 1998 and by 4 percentage points from 2003, going from 9 to 11 to 7 percent.

Husbands reported using IUDs (23 percent), pills (10 percent), and male condoms (19 percent) more commonly than other methods. About six percent of husbands reported that they currently

[illegible]

use periodic abstinence as a method of contraception. Compared to married women's reported current use of contraceptives, the use of IUDs and pills were reported at almost the same level for both sexes, while use of male condoms was reported to be 12 percent higher among husbands. The findings on usage of IUDs and pills indicated that the involvement of men and women in family planning was equal regarding these methods of contraception.

Number of children at first use of contraceptives by ever married women

Table 4.10 shows the number of children of ever married women at the time of their first use of contraceptives.

Table 4.10 Percent Distribution of Ever-Married Women by Number of Living Children at Time of First Use of Contraception and Median Number of Children at First Use, According to Current Age, Mongolia 2008

Age Group	Never Used	Number of Living Children at Time of First Use						Number of Women	Median Number of Children at First Use
		0	1	2	3	4+	Total		
15-19	41,2	45,6	13,2	-	-	-	100,0	68	0,2
20-24	19,0	46,3	31,1	3,3	0,4	-	100,0	843	0,5
25-29	9,0	31,9	47,4	10,0	1,6	0,1	100,0	1 400	0,8
30-34	5,7	17,8	50,0	20,3	5,0	1,2	100,0	1 554	1,2
35-39	5,1	13,7	41,0	27,4	8,2	4,7	100,0	1 470	1,5
40-44	7,8	11,9	28,0	25,8	14,1	12,3	100,0	1 231	1,9
45-49	13,1	7,9	23,6	19,1	15,4	21,0	100,0	827	2,4
RHS 2008									
Total	9,2	21,1	38,6	18,4	7,1	5,6		7 393	1,4
RHS 2003									
Total	8,6	19,6	33,8	19,1	8,3	10,7	100,0	7 031	0,8
RHS 1998									
Total	16,3	18,7	27,8	17,0	8,5	11,7	100,0	5 479	0,8

The number of women who reported they had never used any method of contraception decreased by almost 50 percentage (from 16 percent in 1998 to 9 percent in 2008). Among ever married women who reported contraceptive use, 13 percent had three or more children, 57 percent had 1-2 children, and 21 percent were without children when they first used a method of contraception. This pattern differed by age group. As in the 1998 and 2003 RHSs, the percentage of women who had one child at the time of first contraceptive use was the highest (50 percent) for women aged 30-34.

The number of children at the time of first contraceptive use decreased compared to the 1998 and 2003 RHSs. Though the overall median number of children did not vary between 1998 and 2003, it increased by 0.6 children in 2008. The median number of children at first use of

contraceptives slightly increased over the period from 1998 to 2008 (0.8 in 1998; 0.8 in 2003 and 1.4 in 2008). For example, among women aged 45-49, the median number of children at the time of first contraceptive use was 2.4 ten years ago. This number dropped to 1.9 in 2003 and increased again to 2.4 in 2008. In 2003 the median number of children at first contraceptive use for women aged 35-39 declined to 1.1 from 1.4 in 1998, and in 2008 it increased to 1.5. In addition, the percentage of women who first used a contraceptive method before their first child increased for all age groups compared to the 1998 and 2003 RHSs with the percentage being highest among women aged 20-24 (46 percent).

Knowledge of women on periodic abstinence

Table 4.11 presents knowledge of the fertile period during the ovulation cycle for all women and for periodic abstinence users according to the 2008 RHS.

Table 4.11 Percent Distribution of Women by Knowledge of the Fertile Period During the Ovulatory Cycle, for All Women and Periodic Abstinence Users, Mongolia 1998, 2003, 2008

	Users of Periodic Abstinence			All Women		
	1998	2003	2008	1998	2003	2008
At Any Time	0,3	0,3	0,8	0,6	0,8	1,4
After Period Ended	2,7	2,8	13,5	5,8	8,3	14,9
Middle of the Cycle	89,7	92,9	79,1	54,2	55,3	41,4
Before Period Begins	1,6	2,4	1,9	2,5	2,8	2,6
DK	5,8	1,7	4,8	36,8	32,8	39,7
Total	100,0	100,0	100,0	100,0	100,0	100,0
Number	709	721	378	7 399	9 273	9 024

The percentage of women who correctly answered that a woman can get pregnant in the middle of the ovulation cycle decreased compared with the percentage obtained five and ten years ago (90 percent in 1998, 93 percent in 2003, and 79 percent in 2008). The number of women who answered «don't know» decreased to five percent in 2003 from the 1998 level (six percent) and then increased to two percent in 2008. Regarding knowledge about periodic abstinence/calendar method among all women, the percentage of women who answered that women can get pregnant in the second 10 days after menstruation decreased compared to the 1998 and 2003 RHSs.

Median age of sterilized women, by number of years since operation

Three percent of currently married women surveyed reported that they had been medically sterilized. Table 4.12 shows age at time of sterilization by years since operation. Compared to the 1998 and 2003 RHSs, the percentage of women sterilized under the age of 25 was relatively low (seven percent). Among sterilized women, 60 percent were between the ages of 25-34 and 33 percent were 35-49 years old.

Table 4.12 Percent Distribution of Sterilized Women by Age at the Time of Sterilization, According to the Number of Years Since the Operation, Mongolia 2008

Years Since Operation	Age at Time of Operation						Total	Number of Women	Median Age (at Time of Sterilization)
	<25	25-29	30-34	35-39	40-44	45-49			
<2	3.8	11.5	46.2	30.8	7.7	0.0	100.0	26	33.7
2-5	1.4	17.1	34.3	32.9	11.4	2.9	100.0	70	34.3
6+	11.3	34.9	31.1	17.9	4.7	0.0	100.0	106	30.4
RHS 2008									
Total	6.9	25.7	34.2	24.8	7.4	1.0	100.0	202	32.2
RHS 2003									
Total	8.3	24.3	33.0	26.1	7.8	-	100.0	218	32.4
RHS 1998									
Total	10.3	26.5	33.1	20.6	9.6	-	100.0	136	31.5

The median age of sterilized women was 31.5 in 1998, 32.4 in 2003, and 32.2 in 2008.

Supply of contraceptives (by source)

Although the family planning service system was introduced in Mongolia decades ago, this system requires further strengthening. Therefore, in order to conduct an analysis of the current family planning service system, all respondents were asked where they received their contraceptives and how much they had to pay.

Compared to the 1998 and 2003 RHSs, the percentage of current users who obtained modern contraceptives from public hospitals decreased from 76 percent in 1998 to 64 percent in 2003 and 50 percent in 2008. Pharmacies and family doctors were important sources of contraceptives. About 21 percent of women reported that they got contraceptives from pharmacies, 16 percent said they got contraceptives from family doctors, and 6 percent said they obtained contraceptives from bag feldshers. The sources differ for different kinds of contraceptives. For example, pills (49 percent) and male/female condoms (57 percent) were obtained more often from pharmacies, while IUDs (14 percent) and injections (25 percent) were obtained from family doctors.

Table 4.13 Percent Distribution of Current Users of Modern Contraceptive Methods by Most Recent Source of Supply, According to Specific Method, and Whether There Was a Cost Involved, Mongolia 2008

	Total			Modern method				
	1998	2003	2008	Pills	IUD	Injections	Male, Female Condom	Female Sterilization
Source of Current Method								
Public Hospital	75.8	63.5	50.0	22.0	66.8	57.1	15.4	98.5
Private Hospital	3.6	4.4	5.6	1.5	11.1	1.2	0.7	1.5
Pharmacy	15.9	13.9	21.3	48.7	4.6	3.8	57.2	0.0
Family Doctor	0.0	12.0	15.7	18.8	13.9	24.6	13.3	0.0
Bagh Feldsher	-	5.3	5.5	7.7	3.1	13.2	3.8	0.0
Shop	0.6	0.6	1.1	0.1	0.0	0.0	6.9	0.0
Friends	2.6	0.3	0.7	0.8	0.3	0.0	2.1	0.0
Parents/Relativ	1.0	0.1	0.1	0.1	0.1	0.0	0.2	0.0
Other	0.6	0.1	0.2	0.1	0.1	0.2	0.5	0.0
Cost								
Purchase	29.1	19.6	27.6	50.3	15.4	4.8	63.6	1.5
Service Fee	16.6	8.9	6.3	0.7	11.1	1.5	0.7	18.3
No Fee	54.3	71.5	66.1	49.0	73.5	93.7	35.7	80.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2 493	4 216	3 801	727	1 652	585	610	202

According to the 1998 RHS, all sterilized women underwent their operation in public hospitals. According to the 2003 RHS, 96 percent of women received the operation in public hospitals and 3 percent in private hospitals. According to the 2008 RHS, 98.5 percent of women received the operation in public hospitals and 1.5 percent in private hospitals.

Sixty-six percent of women using any modern method of contraception obtained it free of charge. This rate is an increase of 12 percent from 1998, but a 6 percentage decrease from 2003. According to the 2008 RHS, most women who purchased contraceptives spent their money on condoms (64 percent) or on pills (50 percent). Compared with the 1998 RHS, the percentage of women who bought pills decreased by 3 percentage, but compared to 2003 there was an increase of 16 percentage. Most women did not spend money on hormonal injections (94 percent) or IUDs (74 percent) (see Table 4.13).

Intention to use family planning in the future

Table 4.14 shows the percentage distribution by number of living children of currently married women who were not currently using any contraceptive method but who intended to do so in the future.

Table 4.14 Percent Distribution of Currently Married Women Who Are Not Currently Using Any Contraceptive Method by Intention to Use in the Future, According to Number of Living Children and Whether Ever Used Contraception, and Husbands' Summary Information, Mongolia 1998, 2003, 2008

Intention	All Women			Husbands			Number of Living Children					
	1998	2003	2008	1998	2003	2008	0	1	2	3	4+	
Never Used Contraception												
Intends to Use	19.8	11.2	6.2	31.3	7.4	9.2	10.4	13.2	5.0	1.8	3.0	
Does Not Intend	17.7	12.7	9.0	36.0	14.2	13.9	36.0	9.5	5.5	6.6	11.2	
Unsure about Use	2.0	2.1	1.1	6.4	2.7	34.0	4.8	1.6	0.6	0.6	1.1	
Previously Used Contraception												
Intends to Use	37.5	39.3	46.3	14.2	39.9	5.2	11.2	43.0	56.1	51.1	36.1	
Does Not Intend	21.5	33.7	33.1	10.5	30.9	29.4	34.4	27.2	28.4	36.3	45.8	
Unsure about Use	1.5	1.0	4.2	1.7	4.9	8.3	3.2	5.6	4.4	3.6	2.8	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
All Currently Married Non-users												
Intends to Use	57.3	50.5	52.5	45.5	47.3	44.9	21.6	56.2	61.1	52.9	39.1	
Does Not Intend	39.2	46.4	42.1	46.5	45.1	43.3	70.4	36.6	33.9	42.9	57.0	
Unsure about Use	3.5	3.1	5.3	8.0	7.6	11.8	8.0	7.2	5.1	4.2	3.9	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number	1 965	1 969	3 023	787	1 329	847	125	751	948	664	535	

The percentage of currently married women who were not currently using any contraceptive but who intended to use contraceptives in the future increased from 51 percent in 2003 to 53 percent but was still lower than the level reported in 1998 by 5 percentage points. Of the current non-users who intended to use in the future, 46 percent had previously used and 6 percent had never used contraception. 45 percent of men who are currently married non-users responded they intend to use contraception. This percentage (46 percent in 1998 and 47 percent in 2003) has been reduced and the number of both men and women who intend to use contraception is in a declining trend.

As seen in Table 4.14 for the 2003 and 2008 RHSs and in Table 4.11 for the 1998 RHS, the percentage of currently married women with one to three children who had never used any contraceptive before and who intended to use contraceptives in the future decreased substantially. Further investigation of this decline would be important for population and RH policies and programs.

On the other hand, the percentage of currently married women who were not currently using contraceptives and who intended to use contraceptives in the future increased slightly (38 percent in 1998 and 39 percent in 2003 and 46 percent in 2008). The percentage of currently married husbands who were not using contraceptives and who intended to use contraceptives compared to 2003 decreased from 40 percent to 5.2 percent.

Reasons for not intending to use contraceptives in the future

Women who were currently not using any method of contraception and who had no intention of using contraceptives in the future were asked why. Eighteen percent of the women responded that they were in menopause or had a hysterectomy, 18 percent replied that they wanted children, 16 percent practiced abstinence, 12 percent named infrequent sex, 6 percent referred to health reasons, and a further 5 percent claimed a fecundity impairment (Table 4.15). Comparison of this data with the 1998 and 2003 RHSs reveals that the percentage of menopause/hysterectomy increased from 19 percent in 1998 to 32 percent in 2003 then decreased to 18 percent in 2008. Also, some changes were observed in knowledge of and awareness about family planning methods. For example, the percentage of women who cited reasons such as husband's resistance or lack of knowledge of places to obtain contraceptives (availability) decreased to some degree.

Women aged 30 and over stated that menopause/hysterectomy and infrequent sex were the main reasons for non-use of contraceptives. The percentage of women who stated «respondent opposed» decreased. Around 27 percent of women aged 30 or below reported that they were abstaining from sex, and 24 percent did not intend to use contraceptives because they wanted children or because they were breastfeeding.

Table 4.15 Percent Distribution of Women Who Are Not Using Any Contraceptive Method and Who Do Not Intend to Use in the Future by Main Reason for Not Intending to Use, According to Their Age, Mongolia 1998, 2003, 2008

Reasons	Age						Total		
	Under 30			30 and over					
	1998	2003	2008	1998	2003	2008	1998	2003	2008
Not married	-	0,6	33,6	-	0,0	2,0	-	0,1	12,6
Fertility Related Reasons									
Not Having Sex	0,6	0,6	27,3	0,5	0,4	10,5	0,5	0,4	16,2
Infrequent Sex	1,2	2,5	3,1	14,9	18,8	16,7	12,1	16	12,1
Menopausal/Hysterectomy	2,5	1,3	1,3	23,6	38,5	27,0	19,2	32,1	18,3
Subfecund/Infecund	3,7	2,5	0,3	7,7	8,5	7,1	7,5	6,8	4,8
Postpartum/Breastfeeding	5,0	11,3	1,1	1,2	0,2	0,6	1,2	3	0,8
Wants (More) Children	62,1	64,2	23,8	10,5	12,5	14,4	22,9	19,8	17,6
Opposition to Use									
Respondent Opposed	3,1	2,5	1,4	11,0	5,4	2,3	9,4	4,9	2,0
Husband Opposed	1,2	0,0	0,1	1,5	0,9	0,4	1,4	0,8	0,3
Other Opposed	-	-	-	-	-	-	-	-	-
Religious Prohibition	0,0	0,0	-	0,8	0,1	0,3	0,6	0,1	0,2
Lack of Knowledge									
Knows No Method	3,1	3,1	0,1	3,0	1,7	0,1	3	2	0,1
Knows No Source	0,6	1,3	0,4	0,5	0,0	-	0,5	0,2	0,1
Олж авахад хүндрэлтэй	-	-	-	-	-	0,3	-	-	0,2
Method-Related Reasons									
Health Concerns	8,1	3,8	3,8	11,0	6,0	7,2	10,4	5,6	6,1
Fear of Side Effects	5,6	4,4	1,0	2,6	3,3	2,3	3,2	3,5	1,9
Lack of Access/Too Far	0,0	0,0	0,1	2,0	0,1	1,4	1,6	0,1	1,0
Cost Too Much	0,0	0,0	-	0,2	0,1	0,1	0,1	0,1	0,0
No money to use	-	-	-	-	-	0,1	-	-	0,0
Inconvenient to Use	1,2	0,0	-	1,6	2,1	0,7	1,6	1,8	0,5
Interferes with body's Normal Processes	-	0,6	0,1	-	0,0	0,4	-	0,1	0,3
Other	1,9	1,3	0,7	5,3	2,8	4,7	4,5	2,5	3,3
DK	0,0	0,0	1,7	0,3	0,3	1,5	0,3	0,2	1,5
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Number of Women	161	159	717	609	755	1 414	770	914	2 131

Method of contraception wanted by women who are currently not using contraceptives and who have an intention to use it

Table 4.16 presents data about currently married women who were not using any method of contraception and intended to use contraceptives. Forty percent of these women aged 30 and over planned to use IUDs, 18 percent planned to use pills, and 16 percent planned to use male condoms in the future. Compared to the situation ten years ago, use of IUDs is on the decline. About 36 percent of non users of contraceptives aged 30 and below and 45 percent of non users of contraceptives aged above 30 reported planning to use IUDs. Among all women, other

Table 4.16 Percent Distribution of Currently Married Women Who Are Not Using a Contraceptive Method but Who Intend to Use in the Future by Preferred Method, According to Their Age, Mongolia 1998, 2003, 2008

Preferred Method	Age						Total		
	Under 30			30 and over					
	1998	2003	2008	1998	2003	2008	1998	2003	2008
Pills	10	18,4	19,2	9,5	15,9	17,0	9,8	17,4	18,3
IUD	65,4	54,5	36,4	55,1	42,5	44,8	61,5	49,5	39,7
Injections	6,8	14,3	11,9	9,0	15,7	11,2	7,6	14,9	11,6
Implant/Norplant	2,1	1,7	1,6	2,1	0,5	1,3	2,1	1,2	1,5
Diaphragm/Foam/Jelly	0,0	0,2	0,1	0,2	0,5	0,3	0,1	0,3	0,2
Male condom	3,1	6,0	18,3	2,8	4,3	11,2	3	5,3	15,6
Female condom	-	0,0	0,5	-	0,5	-	-	0,2	0,3
Female Sterilization	0,6	0,5	0,7	0,7	3,4	2,6	0,6	1,7	1,4
Male Sterilization	-	-	-	-	-	0,1	-	-	0,0
Periodic Abstinence	9,1	3,1	3,5	18,4	15,0	7,3	12,6	8	5,0
Withdrawal	0,1	0,2	0,3	0,0	0,5	0,3	0,1	0,3	0,3
Emergency	-	-	0,2	-	-	0,1	-	-	0,2
Other	0,3	0,2	0,8	0,7	0,0	0,3	0,4	0,1	0,6
DK	2,4	0,9	6,5	1,4	1,2	3,3	2	1	5,2
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Number of Women	703	580	1 391	423	414	889	1 126	994	2 280

modern methods, including pills, injections and male condoms, were reportedly becoming more popular and widely used.

In terms of traditional methods in 1998, 13 percent of the women responded that they used the method of periodic abstinence; this figure declined to 8 percent in 2003 and 5 percent in 2008. This may indicate that use of traditional methods is on a downward trend.

Advocacy materials

The survey included a question measuring whether respondents have access to any advocacy materials, including posters and newspapers about family planning and contraceptives. Table 4.17 gives a summary of answers. About 81 percent of female respondents reported not having any advocacy materials. Eighty-three percent of respondents aged 40-44, 85 percent of ever married women, 90 percent of female respondents residing in the Eastern region, and 92 percent of women with a primary education level reported not having any advocacy materials on family planning. About 21 percent of respondents reported having advocacy materials on reproductive health, while 15 percent reported having advocacy materials on contraceptives.

The findings show a need for printed advocacy materials including posters, leaflets, and newspapers about family planning and contraceptives and wide dissemination of these advocacy materials to users.

Table 4.17 Availability of Advocacy Materials about Reproductive Health, Family Planning, Contraceptive Methods, Mongolia, 2008

Background Characteristics	Don't have	Advocacy materials				Number of Women
		About RH	About family planning	Contra-ceptives	Other	
Age Group						
15-19	82.0	13.9	3.4	8.0	0.2	1 044
20-24	81.2	13.6	5.9	8.8	0.1	1 402
25-29	79.7	16.3	6.8	11.6	0.4	1 627
30-39	81.0	14.7	6.5	10.5	0.2	3 203
40-49	82.4	13.2	7.1	9.9	0.3	2 126
Current Marital Status						
Currently Married	80.5	15.0	7.0	10.9	0.3	6 742
Formerly Married	85.1	11.2	5.1	7.1	0.2	651
Never Married	82.5	13.2	4.0	7.9	0.2	2 009
Residence						
Urban	81.1	14.5	6.0	9.5	0.2	5 729
Rural	81.3	14.2	6.7	10.8	0.2	3 673
Region						
Central	82.9	13.1	5.4	9.0	0.2	2 829
East	89.8	7.0	4.2	6.8	0.1	732
West	73.8	19.2	11.0	15.4	0.4	1 694
South	76.9	19.6	5.8	13.1	0.3	572
Ulaanbaatar	82.3	13.7	5.1	8.4	0.1	3 575
Highest Education Level						
Primary or Less	91.7	6.4	2.5	4.7	0.0	721
Incomplete Secondary	86.7	10.0	3.4	6.3	0.2	2 012
Complete Secondary	83.4	12.4	5.3	8.5	0.1	3 389
More than Secondary	73.4	20.8	9.8	15.0	0.4	3 280
Total	81.2	14.4	6.3	10.0	0.2	9 402

Conclusions

Knowledge and use of family planning among the population is improving from year to year, and demand for modern contraceptives is growing. The fact that almost all respondents and currently married women were aware of contraceptive methods is an achievement. Knowledge of IUDs and pills was high among respondents, while knowledge of emergency pills, diaphragms, foams, and jellies was low. Interestingly, women's awareness about male condoms declined by 31 percentage points from the 2003 RHS but reported use of male condoms has increased. The number of contraceptive methods women were aware of was an average of 7.6 for all women and 7.9 for married women.

During the month preceding the survey, 71 percent of all women did not receive any information about family planning by radio, television, or the internet. This rate is an increase of 26 percentage

points from 2003, revealing a need to find an appropriate and easy way for disseminating information about family planning to the public.

Seventy-eight percent of all women and 91 percent of currently married women reported having used some method of contraception at least once; this rate was about 92 percent for husbands.

Forty-five percent of all women and 55 percent of married women were currently using a method of contraception. The current use of both any method of contraception and modern methods of contraception by all women had fallen since the 2003 RHS but was still higher than the 1998 levels.

Differences in knowledge and use of contraceptives across age groups, regions, and educational levels requires that information (advocacy materials, posters, news, journals) on family planning and reproductive health services be delivered in a timely manner, based on the specific needs of target groups.

More than half – 57 percent – of ever married women started using contraceptives after giving birth to one or two children.

A possible trend toward increased use of contraceptives in the future was observed. More specifically, the percentage of married women who were not currently using any contraceptive methods but who intend to use contraceptives in the future increased from the 2003 RHS. Their intended methods of contraception were IUDs, pills, and male condoms.

According to the 2008 RHS, the proportion of women who receive contraceptive services from public clinics and hospitals declined, and family clinics and pharmacies became key sources for distribution of contraceptives. Twenty-one percent of women responded that they purchase contraceptives at pharmacies, 16 percent said they had access to contraception through family doctors, and 6 percent said they got contraceptives from bag feldshers.

Sixty-six percent of women who used contraceptives said they had been provided with free contraceptives. Twenty-eight percent of women responded to the 2008 RHS that they purchased contraceptives. Most of these women purchased condoms (64 percent) and pills (50 percent).

Chapter V. Infant and Child Mortality

Information about infant and child mortality is relevant both for understanding demographic trends and for giving a complete picture of reproductive health status. Infant and child mortality rates are a measure of a country's health system in terms of access to and quality of health services. Although there is an increase in the number of modern health technologies being applied in many developing countries, the infant and child mortality rates are still above those found in most developed countries. For instance, in developed countries the infant mortality rate (IMR) is 6 per 1,000 live births, compared to 54 per 1,000 live births in developing countries and 85 per 1,000 live births in the least developed countries .

During the last 15 years, the crude death rate in Mongolia has decreased from 6.8 (1998) to 5.8 (2008) per 1,000 live births. In the same time period the infant mortality rate has declined sharply, from 35.3 to 19.4 per 1,000 live births. This shift could be explained by the implementation of effective health policies and programmes, such as the preventive vaccinations programme, nutritional improvements, provision of Vitamin A, increased iodized salt consumption, and the introduction of an integrated management of childhood illnesses system. However, Mongolia's indicators are still at the level of other developing countries with high age-specific death rates and a high infant mortality rate.

The Population Development Policy of Mongolia, adopted in 2004, and the Millennium Development Goals (MDG) included a target to reduce the infant mortality rate by four times from the 1990 level by 2015. In other words, as the infant mortality rate was 64.4 in 1990, the target would be 15 by 2015. The main focus of the Third National Reproductive Health Programme is reduction of infant as well as child and maternal mortality and the improvement of reproductive health care services . Thus, the infant mortality rate has been selected as one of the fifteen key outcome indicators to assess the implementation of the National Reproductive Health Programme.

1 Population Reference Bureau. 2008 World Population Data Sheet. <http://www.prb.org>.

2 NSO 2008 data.

3 Parliament of Mongolia, 2004. *Population Development Policy of Mongolia*. Ulaanbaatar, May, 2004, Mongolia

4 MOH. *National Reproductive Health Programme*.

This chapter presents information on levels and differentials of infant and under-five mortality by demographic and social indicators. Infant and child mortality rates are useful not only for evaluating the progress of the National Reproductive Health Programme but also for monitoring current demographic trends and providing input for population projections.

Data on neonatal, post-neonatal, infant, child, and under-five mortality were compiled by asking women about the number of births they have had in the five years preceding the survey, survival status, and age at death for those who died.

The following rates are used to measure early childhood mortality and are defined as follows:

- Neonatal mortality (NN): the probability of dying within the first month of life;
- Post-neonatal mortality (PNN): the probability of dying within 4-52 days of birth;
- Infant mortality (1q0): the probability of dying between 0 and 1 year of age;
- Child mortality (4q1): the probability of dying between the exact ages of one and five;
- Under-five mortality (5q0): the probability of dying between birth and age five.

The accuracy of mortality estimates depends on the sampling variability of the estimates and the non-sampling error (e.g., the completeness and accuracy of birth and death reporting and recording). When there is underreporting of deceased children in a survey, it tends to be concentrated in deaths that occur in early infancy (the neonatal period). If there is serious underreporting of early neonatal deaths, the neonatal to infant mortality ratio will be low.

Mortality rates

Table 5.01 shows neonatal, infant, and child mortality rates for the three years preceding the survey. During the three-year period prior to the survey (2006-2008), the infant mortality rate per 1,000 live births was 22.0, the age 1-4 child mortality was 2.9, and the under-five child mortality was 24.9. Compared to 2003 data, the neonatal, infant, and child mortalities have declined.

During the three-year period preceding the 2008 RHS (2006-2008), the neonatal mortality rate was 9.8 per 1,000 live births and the post-neonatal mortality rate was 12.3 per 1,000 live births. These rates have declined by 3.6 and 3.8 percentage points, respectively, and the infant mortality rate has declined by 7.5 percentage points.

The child mortality rate has declined from 5.2 to 2.9 per 1,000 live births and under-five mortality rate has declined from 34.5 to 24.9 per 1,000 live births.

Table 5.01 Neonatal, Postneonatal, Infant, and Childhood Mortality for Three-Year Periods Preceding the Survey, Mongolia 2008 (Excludes Month of Interview From Analysis)*

	Mortality Rate (Per Thousand)				
	Neonatal Mortality	Postneonatal Mortality	Infant Mortality	Child Mortality	Under-Five Mortality
	(NN)	(PNN)	(1q0)	(4q1)	(5q0)
0-3	9.8	12.3	22.0	2.9	24.9

* data for infant and child mortality are derived from births in the 3 years preceding the survey and not from the retrospective birth history (as in RHS 2008), and therefore mortality estimates for 5-9 and 10-14 years before the survey cannot be obtained for comparative analysis with RHS 2008.

Indirect estimates of infant mortality (using MORTPAK) are shown in Table 5.01(A) and Table 5.02. Indirect estimates showed that the infant mortality rate has declined in the last five years. The infant mortality rate was 34 deaths per 1,000 live births (1q0) for 2002; in 2007, there were 31 deaths per 1,000 live births.

Table 5.02 Comparison of Infant Mortality Rate from RHS and Ministry of Health (MoH)

Source	Time period
	2006-2008
RHS 2008 (Direct estimate)	22.0
MORTPAK (Indirect estimate)	31.0 (for 2007)
MoH (Direct estimate)	19.1

Official statistics reflecting infant mortality are published in the monthly Health Statistical Report of the Ministry of Health (MoH) and in bulletins and reports from the National Statistical Office (NSO). Table 5.02 shows infant mortality rates based on RHS 2008 and MoH statistics for the 2006-2008 time period. Differences between the infant mortality rates issued by RHS 2003 and MoH increased from 1.3 in 2003 to 2.9 points in 2008. Please note that the indirect estimates show the infant mortality rate for only one year, whereas RHS and MOH statistics show average rates for the 2006-2008 time period.

Mortality differentials

In the following section, infant and child mortality differentials are presented by demographic and socio-economic characteristics.

The main factors that may have a serious impact on infant mortality are people's behaviors and living habits, mothers' age, child's sex, mothers' nutrition during pregnancy, and post-delivery care and hygiene.

Table 5.03 presents neonatal, post-neonatal, infant, and child mortality rates for the three-year period preceding the survey by selected demographic and socio-economic indicators.

Table 5.03 Neonatal, Postneonatal, Infant, and Childhood Mortality by Selected Socioeconomic Background Characteristics for the Three Year Period Preceding the Survey, Mongolia 2008 (Excludes Month of Interview From Analysis)

Background Characteristics	Mortality Rate (Per Thousand)				
	Neonatal Mortality (NN)	Postneonatal Mortality (PNN)	Infant Mortality (1q0)	Child Mortality (4q1)	Under-Five Mortality (5q0)
Residence					
Urban	6.6	10.3	16.9	5.2	22.1
Rural	12.5	14.9	27.4	1.6	29.0
Economic Region					
Central	6.4	12.8	19.1	3.8	23.0
East	13.6	13.6	27.3	4.5	31.8
West	13.9	13.9	27.9	4.6	32.5
South	6.3	12.5	18.8	0.0	18.8
Ulaanbaatar	8.5	10.9	19.4	2.4	21.8
"Monthly average income per person"					
No income, less than 28264	13.7	15.4	29.1	5.1	34.2
28265-102535	9.4	14.2	23.6	3.4	27.0
102536-123785	0.0	0.0	0.0	4.6	4.6
More than 123786	8.6	8.6	17.1	0.0	17.1
Highest Education Level					
Primary or Less	14.4	18.1	32.5	7.2	39.7
Incomplete Secondary	13.0	11.1	24.1	3.7	27.8
Complete Secondary	8.8	14.3	23.1	2.2	25.2
More than Secondary	6.6	9.9	16.5	3.3	19.8
Sex of Child					
Male	13.8	13.1	26.8	3.6	30.5
Female	4.8	11.9	16.7	3.2	19.9
Mother's Age at Birth					
Less than 20	17.5	23.4	40.9	5.8	46.8
20-29	9.8	14.6	24.4	4.3	28.7
30-39	7.8	6.5	14.2	1.3	15.5
Total	9.8	12.3	22.0	2.9	24.9

Infant and child mortality rates varied by location of households. Neonatal mortality rates were twice as high in rural areas (12.5 per 1,000 live births) as in urban areas (6.6 per 1,000 live births). Moreover, the infant mortality rate was 27.4 per 1,000 live births in rural areas, higher by 10.5 percentage points compared with urban areas. Post-neonatal mortality and under-five mortality in rural areas were higher by 4.6 and 6.9 percentage points, respectively, compared to urban areas. Urban and rural development, specifically including disparities in access to and quality of health services, may be contributing factors to mortality rates in rural areas. Interestingly, the child mortality rate per 1,000 live births was 5.2 in urban areas compared to 1.6 in rural areas.

The neonatal, infant, and under-five mortality rates revealed important differentials by region. Infant and child mortality rates were highest in the Western region and lowest in the Southern region, continuing the pattern of the previous five years⁵. Rates in the Eastern region were close to the levels seen in the Western region, with neonatal mortality ranging from 13.6 to 13.9 per 1,000, infant mortality from 27.3 to 27.9 per 1,000, and under-five mortality from 31.8 to 32.5 per 1,000 live births; this requires due attention.

Upon examination of neonatal, infant and child mortality rates by per capita monthly average income, the mortality rate is higher for low income households. For instance, the neonatal mortality rate (13.7 per 1,000 live births), post-neonatal mortality rate (15.4 per 1,000 live births), infant mortality rate (29.1 per 1,000 live births), child mortality rate (5.1 per 1,000 live births), and under-five child mortality rate (34.2 per 1,000 live births) were found in households with a per capita monthly average income below 28,264 tugriks and are very high. This trend generally shows that poor living conditions contribute to high neonatal and infant mortality.

Mothers' educational levels were inversely associated with childhood mortality (neonatal, infant and under-five mortality). For example, the childhood mortality rate among children born to mothers with tertiary, vocational and/or technical education was twofold lower compared to rates associated with mothers with primary or less education.

Child's sex is shown to be an important physiological and behavioral factor related to mortality. In general, childhood mortality rates for male children were higher compared to female children. This phenomenon was observed for all categories of childhood mortality. The largest male-female differentials were in neonatal mortality (13.8 versus 4.8 per 1,000 live births), infant mortality (26.8 versus 16.7 per 1,000 live births), and under-five mortality (30.5 versus 19.9 per 1,000 live births). The lowest male-female differentials were observed among the 1-4 age group and child mortality.

Mother's age at birth can influence a child's chances of survival. Childhood mortality rates (neonatal, infant and under-five mortality rates) increased with decreasing mother's age. This

5 NSO, UNFPA, 2008. *Reproductive Health Survey 2008. Chapter 5, page...*, National Statistical Office of Mongolia, United Nations Population Fund.

finding implied that the probability of death for children born to mothers aged under the age of 20 is higher. For example, the neonatal mortality rate of infants born to mothers under the age of 20 was 17.5 per 1,000 live births; those infants born to mothers aged 30-39 was 7.8 per 1,000 live births. The post-neonatal mortality rate of children born to mothers under 20 years old was 23.4 per 1,000 live births and 6.5 per 1,000 live births for mothers aged 30-39. Similarly, infant and under-five mortality of children born to mothers under the age of 20 were higher as 40.9 and 46.8 per 1,000 live births, respectively compared to mothers aged 30-39 with 26.7 and 31.3 live births, respectively. Young mothers may need to be the main target group for reducing infant and child mortality.

The MORTPAK programme for making indirect estimation of mortality rates and summary of mortality estimates

Infant and child mortality rates were also estimated indirectly from data on the mean number of children ever born (CEB) and the mean number of children surviving tabulated by age groups of mothers using MORTPAK (The United Nations software Package for Mortality Measurement).

Briefly, the technique used in MORTPAK was developed by Brass who has shown that the probability of dying between birth and age x ($q(x)$) can be estimated as $q(x) = 5Ma \cdot 5Da$, where $5Da$ refers to the proportion of children dead to women in age group $(a, a+5)$ and $5Ma$ is an age-specific factor, called a multiplier, which depends on indices of the age pattern of fertility. Thus, the proportion of children dead for women in age groups 15-20, 20-25, 25-30, ... , 45-50 are used to estimate $q(x)$ where values of x equal 1, 2, 3, 5, 10, 15 and 20. Eight separate sets of regression equations have been estimated, the first four for each of the United Nations models and the last four each of the Coale and Demeny models. Finally, regression equations are used to estimate the infant mortality rate ($1q0$), the child mortality rate ($4q1$), and the life expectancy at birth corresponding to the $q(x)$ values within each model life table pattern.

The results of MORTPAK, which used mean number of children ever born (CEB) and mean number of children surviving, is tabulated by age of mothers for the 2008 RHS and is shown in Table 5.01(A). From the second panel, under the column «United Nations Models for Far East», the infant and child mortality rates for the year 2007 are 31 per 1,000 live births for the infant mortality rate ($1q0$) and 7 per 1,000 live births for the child mortality rate ($4q1$), with a life expectancy at birth of 68.2 years (both sexes combined). The estimates of the infant and child mortality rates were higher than those from the RHS for 2006-2008 with an infant mortality rate of 22 per 1,000 live births and child mortality rate of 2.9 per 1,000 live births.

Furthermore, the expected life expectancy at birth from MORTPAK (68.2) was slightly higher than that estimated by other independent sources from the recent census vital statistics (66.5)⁶.

5 NSO, 2007. *Statistical Yearbook 2007*. Mongolia National Statistical Office. Ulaanbaatar.

Table 5.01A Indirect estimation of early age mortality for Mongolia RHS 2008 IM

ENUMERATION OF SEP 2008															PROBABILITY OF DYING BEFORE AGE X														
AVERAGE NO. OF CHILDREN BORN SURVIVING				PROPORTION DEAD	AGE X	UNITED NATIONS MODELS (PALLOMI-HELICMAN EQUATIONS)						COALE-DEMERY MODELS (TRUSSELL EQUATIONS)																	
AGE OF WOMAN						LAT AM	CHILEAN	SO	ASIAN	FAR EAST	GENERAL	WEST	NORTH	EAST	SOUTH														
15-20	0.070	0.068	.029	1	.031	.034	.031	.031	.031	.031	.031	.036	.035	.035	.035														
20-25	0.998	0.956	.042	2	.047	.047	.047	.046	.046	.046	.046	.047	.046	.047	.047														
25-30	2.568	2.467	.039	3	.041	.041	.041	.040	.040	.040	.040	.040	.039	.040	.041														
30-35	3.820	3.635	.048	5	.049	.049	.049	.048	.048	.048	.048	.050	.049	.049	.050														
35-40	4.310	4.018	.068	10	.068	.068	.069	.067	.068	.068	.068	.070	.072	.070	.071														
40-45	4.184	3.821	.087	15	.084	.085	.086	.084	.084	.084	.084	.089	.090	.088	.089														
45-50	3.370	2.969	.119	20	.116	.116	.118	.114	.116	.116	.116	.121	.122	.120	.120														
MEAN AGE AT CHILDBEARING = 25.80																													
CORRESPONDING MORTALITY INDICES																													
UNITED NATIONS MODELS (PALLOMI-HELICMAN EQUATIONS)				REFERENCE DATE	COALE-DEMERY MODELS (TRUSSELL EQUATIONS)																								
AGE OF WOMAN		REFERENCE DATE	LAT AM	CHILEAN	SO	ASIAN	FAR EAST	GENERAL	WEST	NORTH	EAST	SOUTH																	
INFANT MORTALITY RATE																													
15-20	AUG 2007	.031	.034	LT	.032	.031	.031	.031	.036	.035	.035	LT	.036																
20-25	OCT 2006	.041	.045		.041	.041	.041	.041	.042	.039	.043		.043																
25-30	APR 2005	.033	.038		.034	.034	.034	.034	.034	.031	.037		.037																
30-35	FEB 2003	.037	.043		.038	.038	.038	.038	.039	.035	.042		.043																
35-40	JUL 2000	.047	.057		.049	.048	.048	.048	.049	.043	.055		.056																
40-45	JUL 1997	.054	.068		.058	.054	.055	.055	.057	.049	.065		.065																
45-50	FEB 1994	.067	.084		.073	.065	.068	.068	.069	.058	.080		.079																
PROBABILITY OF DYING BETWEEN AGES 1 AND 5																													
15-20	AUG 2007	.009	.004	LT	.008	.007	.007	.007	.010	.015	.005	LT	.005																
20-25	OCT 2006	.014	.006		.013	.012	.012	.012	.013	.017	.008		.007																
25-30	APR 2005	.010	.005		.009	.009	.009	.009	.009	.012	.006		.005																
30-35	FEB 2003	.012	.006		.011	.010	.011	.011	.011	.014	.007		.007																
35-40	JUL 2000	.018	.009		.017	.015	.016	.016	.016	.020	.012		.014																
40-45	JUL 1997	.022	.012		.023	.019	.020	.020	.021	.025	.016		.019																
45-50	FEB 1994	.032	.018		.034	.025	.029	.029	.028	.033	.022		.030																
LIFE EXPECTANCY AT BIRTH																													
15-20	AUG 2007	74.1	74.1	GT	75.0	68.2	72.5	68.1	68.5	70.0	68.5	GT	75.0																
20-25	OCT 2006	71.1	71.2		72.4	64.6	69.1	66.6	67.4	68.2	67.4		73.0																
25-30	APR 2005	73.3	73.1		74.3	66.8	71.3	68.4	69.8	69.6	69.6		74.7																
30-35	FEB 2003	72.1	71.5		73.1	65.4	70.0	67.3	68.6	68.4	68.4		73.0																
35-40	JUL 2000	69.1	68.1		70.2	62.2	66.9	64.9	66.1	65.9	65.9		69.6																
40-45	JUL 1997	67.0	65.5		67.9	60.1	64.8	63.0	64.1	64.1	64.1		67.3																
45-50	FEB 1994	63.3	61.7		64.3	57.1	61.2	60.4	61.9	61.3	61.3		63.8																

It may be related to the high infant mortality rate calculated with indirect estimation methods.

Conclusion

It is an achievement that infant and child mortality rates have decreased in the last five years. The study showed that during the three years preceding the survey (2006 to 2008), the neonatal mortality rate has declined to 9.8 deaths per 1,000 live births, the post-neonatal mortality rate has declined to 12.3 deaths per 1,000 live births, the infant mortality rate has declined to 22 per 1,000 live births, and child mortality has declined to 2.9 deaths per 1,000 live births with under-five mortality at 24.9 per 1,000 live births.

These direct estimates were quite close to the indirect estimates from MORTPAK at 34 deaths per 1,000 live births for infant mortality (1q0) in 2002, with a decline to 31 per 1,000 live births in 2007. The expected life expectancy at birth from MORTPAK (68.2) was slightly higher compared to estimates by other independent sources from the recent census vital statistics (66.5). This may be related to the high infant mortality rate calculated with indirect estimation methods.

Neonatal and infant mortality rates were higher in rural areas compared to urban areas. Conversely, child mortality was higher in urban areas than in rural areas.

Childhood mortality (neonatal, infant, and under-five mortality) rates varied among regions. The childhood mortality rate was highest in the Western region and lowest in the Southern region. This showed the same trends as observed in 2003.

Neonatal, infant and child mortality rates were highest among those households with low per capita monthly average incomes.

Mother's educational level was inversely associated with infant and child mortality. This trend was more clearly observed in neonatal, infant and under-five mortality rates.

The largest male-female differential was from neonatal mortality, infant mortality, and under-five mortality. However, the lowest male-female differentials were observed among 1-4 age group and child mortality.

Childhood mortality rates increased with decreasing mother's age. The highest share of childhood mortality (including neonatal mortality, post-neonatal mortality, infant, and under-five mortality) was of children born to mothers under the age of 20.

It can be concluded that special attention should be paid to development of realistic strategies toward reduction of infant and child mortality based targeting vulnerable groups by household location, region, mother's education, mother's age, and household income.

Chapter VI. Pregnancy (antenatal) care, safe delivery and post-natal care

The Third National Reproductive Health Programme for 2007-2011, approved by Government Decree No 52 in 2007, aims at increasing antenatal care and test coverage, maternity rest home services, percentage of births at maternity hospitals, and postnatal care coverage by 2011. In the meantime, this programme supports sustainable population growth and achievement in the Millennium Development Goals through improving reproductive health and providing effective, equitable, and quality delivery of social and health services.

In addition, the Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo in 1994 states: «...All countries should strive to make accessible through the primary health-care system reproductive health services to all individuals of appropriate ages as soon as possible and no later than 2015. Reproductive health care should, inter alia, include: family planning counseling, information, education, communication and services; education and services for antenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care...» (Paragraph 7.6). The results of the current RHS will fill an important role in evaluation of the above-mentioned programmes.

The Reproductive Health Surveys conducted in 1998 and 2003 have calculated indicators like antenatal care and its terms, pregnancy and delivery complications, services and care provided, iron pill use, and antenatal counselling and care for the last five consecutive years. The current RHS is enriched by including calculations of the abovementioned indicators for women who were actually pregnant during the survey. A number of new indicators related to antenatal care, for example, complications and difficulties in getting registered, medical tests and consultations given upon enrolment, and expenditures, if any, associated with returning home, were calculated as well.

Antenatal care

Antenatal care provides opportunities for early diagnosis and interventions to prevent any complications associated with the pregnancy, child delivery, and antenatal periods. The current state guidelines stipulate that pregnant women with no pregnancy complications should pay no less than six visits to a doctor. According to maternal mortality studies conducted in 2007-2008 by the Maternal and Child Health Research Center (MCHRC), only 1 percent of pregnant

mothers did not get any antenatal care, while among maternal deaths 22.2 percent did not get any antenatal care¹. This fact clearly demonstrates the importance of antenatal care. Pregnant mothers without pregnancy complications in urban areas should get antenatal care from family doctors; those in rural areas should get care from soum doctors. Those with observed pregnancy complications – potential complications based on a risk group, diseases, or conditions that could be aggravated by pregnancy, a previous complicated pregnancy, a multiparous pregnancy, or early or late deliveries are recommended to undergo additional specialized professional medical care. However, some rural mothers receive antenatal care and child delivery care only from midwives as their soum has no doctor, their soum doctor's work load is too heavy, or because the soum doctor has a lack of skill in antenatal and child delivery care. More and more often, pregnant mothers are seeking specialized professional antenatal medical care without clinical recommendations on their own or their family's initiative.

Tables 6.01 and 6.02 shows indicators like the percentage of children born within the past five pre-survey years and whether the mother was enrolled in antenatal care while she was pregnant in the past five pre-survey years or currently and if so what level of medical personnel provided this care. Table 6.01 shows that out of 4,333 children born in the last five years, 0.5 percent of their mothers had no antenatal care, which is lower than it was in 1998 (4 percent) and 2003 (1.2 percent). The main factor behind this favorable trend could possibly be social care measures like introduction of maternal allowances from the fifth month of pregnancy. However, 12 percent of the currently pregnant mothers were not enrolled in any antenatal care at the time of the study (Table 6.02).

The study also shows that out of all pregnant mothers enrolled in antenatal care over the last five years, 44 percent were taken care of by gynaecologists, 8 percent by general medical doctor with university diplomas, 18 percent by midwives, 25 percent by family doctors, and 5 percent by bagh feldshers and nurses.

Most (94 percent) were taken care of by specialized and professional medical personnel, which is higher than the 2003 level by one percentage point. Eighty-two percent of mothers pregnant at the time of the study had paid a visit to specialized and professional medical doctors.

By location, of those pregnant in the past five pre-survey years, 54 percent who live in urban areas, 32 percent who live in rural areas, and 59 percent who live in Ulaanbaatar received antenatal care from a gynaecologist. In comparison to the previous two studies, the proportion of people receiving antenatal care from gynaecologists dropped in favour of family doctors in both cities and rural areas (see Table 6.01).

Despite a relatively high percentage of pregnant mothers not enrolled in antenatal care in some demographic groups, the overall trend was that the percentage of mothers that have no antenatal

T. Erkhembaatar, Present situation with maternal mortality. Conference on maternal and newborn health care.

Table 6.01 Percent Distribution of Live Births in the Last 5 Years by Source of Antenatal Care (ANC) During Pregnancy, According to Selected Background Characteristics, Mongolia 2008

Background Characteristics	Antenatal Care								Total	Number of Births
	Gyne-cologist	Medical doctor	Prof. Midwife	Family Doctor	Bagh Feldsher	Feldsher	Medical assist	No one		
Age at Birth										
<20	47.0	8.9	20.3	19.2	3.6	0.0	0.0	1.1	100.0	281
20-34	43.0	8.1	18.0	24.8	5.0	0.5	0.1	0.5	100.0	3 571
35+	44.7	7.3	15.8	26.2	5.2	0.4	0.2	0.2	100.0	481
Residence										
Urban	53.6	7.2	1.8	36.3	0.6	0.1	0.3	0.2	100.0	2 284
Rural	32.2	9.0	35.8	11.6	9.7	0.9	0.0	0.8	100.0	2 049
Economic Region										
Central	48.5	5.4	17.8	22.7	4.6	0.4	0.1	0.6	100.0	1 270
East	35.6	10.4	26.6	23.9	1.6	1.9	0.0	0.0	100.0	376
West	18.1	11.1	35.9	20.1	13.2	0.7	0.0	1.0	100.0	1 036
South	47.8	14.9	22.7	11.8	2.7	0.0	0.0	0.0	100.0	255
Ulaanbaatar	59.1	6.4	1.3	32.2	0.4	0.1	0.4	0.2	100.0	1 396
Highest Education Level										
Primary or less	25.1	7.5	33.3	13.2	17.1	1.1	0.0	2.5	100.0	438
Incomplete secondary	38.4	8.6	24.7	20.3	6.8	1.0	0.0	0.1	100.0	895
Complete secondary	43.4	7.6	15.6	28.8	3.8	0.2	0.1	0.5	100.0	1 524
More than Secondary	52.0	8.3	11.5	26.2	1.3	0.3	0.3	0.1	100.0	1 476
Monthly average income per person										
< 28264	36.0	9.6	24.6	21.9	6.4	0.3	-	1.2	100.0	944
28265-102535	41.8	7.8	18.4	25.5	5.6	0.5	0.1	0.4	100.0	2 464
102536-123785	54.0	7.2	11.4	23.5	1.9	1.1	0.8	-	100.0	361
123786+	56.6	7.3	8.5	25.7	1.4	0.2	0.2	0.2	100.0	564
RHS 2008										
Total	43.5	8.1	17.9	24.6	4.9	0.5	0.1	0.5	100.0	4 333
RHS 2003										
Total	53.3	8.8	19.9	11.1	5.1	0.6	-	1.2	100.0	3 711

care is decreasing in comparison with the previous two surveys. Specifically, although the percentage of non-enrolment among mothers under age 20 is relatively higher in comparison with other age groups (at 1.1 percent), it is lower than the 2003 level by 1.5 percentage points and lower than the 1998 level by 4.1 percentage points. As for educational distribution, of all those pregnant in the past five pre-survey years, 2.5 percent of those with lower education have not been enrolled in antenatal care, though this indicator is still lower than the 2003 level by 0.5 percentage points and lower than the 1998 level by 6 percentage points. For those pregnant at the time of the survey, the percentage of pregnant mothers with a lower educational level not enrolled in antenatal care is 7 percent, which is lower than those with higher education (13.7 percent), secondary education (12.2 percent), and incomplete secondary education (12.6 percent).

Table 6.02 The Percentage of Women Who Have Been Enrolled in Prenatal Care Services Among Whom were Pregnant During Survey Period Mongolia 2008

Background Characrteristics	Antenatal Care									Number of Pregnant Women
	Gyne-cologist	Medical doctor	Prof. Midwife	Family Doctor	Bagh Feldsher	Feldsher	Medical assist	No one	Total	
Residence										
Urban	49.1	4.1	1.5	32.0	1.5	0.0	0.0	11.9	100.0	344
Rural	32.1	4.5	34.3	4.9	9.1	1.9	0.4	12.8	100.0	265
Region										
Central	43.6	3.6	14.9	19.0	4.1	1.0	0.0	13.8	100.0	195
East	33.3	4.8	11.9	33.3	0.0	2.4	2.4	11.9	100.0	42
West	18.9	4.2	35.7	16.8	14.0	0.7	0.0	9.8	100.0	143
South	37.5	3.1	31.3	9.4	3.1	3.1	0.0	12.5	100.0	32
Ulaanbaatar	58.9	5.1	0.5	22.8	0.0	0.0	0.0	12.7	100.0	197
Highest Education Level										
Primary or less	25.0	3.6	39.3	8.9	14.3	1.8	0.0	7.1	100.0	56
Incomplete secondary	30.7	6.3	26.0	18.1	5.5	0.8	0.0	12.6	100.0	127
Complete secondary	44.1	2.7	11.7	22.5	5.9	0.9	0.0	12.2	100.0	222
More than Secondary	50.5	4.9	7.4	22.1	0.5	0.5	0.5	13.7	100.0	204
Monthly average income per person										
< 28264	25.4	3.5	24.6	29.8	6.1	-	-	10.5	100.0	114
28265-102535	42.7	4.3	15.9	17.1	6.1	0.9	-	13.1	100.0	328
102536-123785	50.9	7.5	5.7	18.9	1.9	1.9	-	13.2	100.0	53
123786+	50.9	3.5	11.4	20.2	0.9	0.9	0.9	11.4	100.0	114
Total	41.7	4.3	15.8	20.2	4.8	0.8	0.2	12.3	100.0	609

As far as income distribution was concerned, the higher the average income, the higher the percentage of pregnant mothers enrolled in antenatal gynaecologist care.

Reasons for non-enrolment in antenatal care

Table 6.03 summarizes reasons for non-enrolment into antenatal care for mothers who were pregnant at the time of the survey. Of those not enrolled in antenatal care, 47 percent said the reason was work overload (having no time), 7 percent mentioned a lack of financial means, 8 percent said because of the distance to medical institutions, and 7 percent because they had not completed official registration procedures in their respective bags and horoos.

For mothers who had given birth in the last five pre-survey years, the following reasons were given: distance to medical institutions (29 percent), work overload and business (29 percent), and had not completed official registration procedures in their respective bags and horoos (7 percent).

Table 6.03 The Reasons of not Being Enrolled in Antenatal Care Services, in Percents, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Reasons						Number of Pregnant Women
	Financial	Very far from hospital	Not enough time	Not registered at this location	Other	Total	
Residence							
Urban	7.3	2.4	48.8	7.3	34.1	100.0	344
Rural	5.9	14.7	44.1	5.9	29.4	100.0	265
Region							
Central	11.1	11.1	40.7	7.4	29.6	100.0	195
East	0.0	20.0	60.0	20.0	0.0	100.0	42
West	0.0	14.3	57.1	0.0	28.6	100.0	143
South	0.0	0.0	0.0	50.0	50.0	100.0	32
Ulaanbaatar	8.0	0.0	52.0	0.0	40.0	100.0	197
Highest Education Level							
Primary or less	25.0	25.0	50.0	0.0	0.0	100.0	56
Incomplete secondary	0.0	12.5	43.8	6.3	37.5	100.0	127
Complete secondary	14.8	3.7	44.4	7.4	29.6	100.0	222
More than Secondary	0.0	7.1	50.0	7.1	35.7	100.0	204
Monthly average income per person							
< 28264	25.0	8.3	50.0	-	16.7	100.0	114
28265-102535	2.3	7.0	46.5	7.0	37.2	100.0	328
102536-123785	-	14.3	42.9	-	42.9	100.0	53
123786+	7.7	7.7	46.2	15.4	23.1	100.0	114
Total	6.7	8.0	46.7	6.7	32.0	100.0	609

Reasons for antenatal care non-enrolment differed by rural areas and cities, possibly because of differences in lifestyles. In particular, the percentage of those living in rural areas who said being far from a medical institution was a reason for non-enrolment was 15 percent compared to only 2 percent of those living in urban areas. Also, work overload or business was named as a reason by 49 percent of city dwellers compared to 44 percent of rural pregnant mothers. For women with primary education or very low income, one quarter of them in each sub-group named financial issues as a reason for not being enrolled in antenatal care.

Challenges and problems of antenatal care enrolment

Challenges and problems faced by pregnant mothers trying to enrol in antenatal care are described in Tables 6.04 and 6.05. Eighty-nine percent of mothers who delivered in the past five pre-survey years and 85 percent of the women who were pregnant at the time of the study stated that they faced no problems in getting enrolled in antenatal care.

Table 6.04 The Obstacles of Having Antenatal Care Services Faced With Women Who Delivered Babies During the Last Five Years, in Percents, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Obstacles faced with women having antenatal care							Number of births
	No problem	Financial	Very far from hospital	Not enough time	Unfavorable attitude of health worker(s)	Other	Total	
Age at Birth								
<6	88.2	2.7	4.2	1.8	2.1	1.0	100.0	622
6-11	88.3	4.3	3.3	2.2	1.2	0.7	100.0	583
12-23	88.9	2.4	3.4	2.1	1.9	1.3	100.0	847
24-35	91.0	2.6	3.4	1.5	1.0	0.6	100.0	624
36-47	90.0	3.7	3.5	1.2	1.4	0.2	100.0	494
48-59	90.7	2.8	3.2	1.9	0.9	0.5	100.0	435
Residence								
Urban	89.6	2.6	2.5	2.3	2.1	1.0	100.0	1 946
Rural	89.3	3.5	4.7	1.2	0.8	0.5	100.0	1 659
Region								
Central	88.1	3.2	4.8	2.2	1.3	0.4	100.0	1 066
East	96.0	0.9	1.2	0.6	0.6	0.6	100.0	321
West	89.5	3.1	4.4	1.4	0.8	0.8	100.0	802
South	88.3	5.6	2.8	1.4	0.9	0.9	100.0	213
Ulaanbaatar	88.9	2.8	2.5	2.2	2.4	1.2	100.0	1 203
Highest Education Level								
Primary or less	86.4	4.3	6.2	1.9	0.6	0.6	100.0	329
Incomplete secondary	86.8	5.4	5.7	1.0	1.0	0.1	100.0	723
Complete secondary	91.6	2.7	2.7	1.2	1.2	0.6	100.0	1 287
More than Secondary	89.5	1.6	2.5	2.9	2.2	1.3	100.0	1 266
Monthly average income per person								
< 28264	86.7	5.7	5.0	1.1	1.1	0.4	100.0	741
28265-102535	89.9	3.0	3.7	1.6	1.1	0.7	100.0	2 037
102536-123785	92.4	0.9	1.8	1.2	3.3	0.3	100.0	330
123786+	89.7	0.4	1.6	4.0	2.2	2.0	100.0	497
Total	89.4	3.0	3.5	1.8	1.5	0.8	100.0	3 605

The women who did have problems enrolling mentioned the following reasons: financial difficulties (3 percent), distance from hospitals and clinics (4 percent), work overload and business (2 percent), poor public relations and attitudes of medical personnel (2 percent), and other problems (0.8 percent).

Table 6.05 The Obstacles for Having Antenatal Care Services Faced With Women Who Delivered Babies During Survey Period, in Percents, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Main problem of antenatal care						Total	Number of Pregnant Women
	No a problem	Financial	Very far from hospital	No enough time	Unfavorable attitude of health worker(s)	Other		
Residence								
Urban	81.8	5.0	2.0	1.7	5.6	4.0	100.0	303
Rural	89.6	3.0	5.6	0.4	0.9	0.4	100.0	231
Region								
Central	83.3	6.0	6.0	0.0	3.6	1.2	100.0	168
East	89.2	2.7	2.7	5.4	0.0	0.0	100.0	37
West	90.7	3.1	3.1	0.8	0.8	1.6	100.0	129
South	85.7	7.1	3.6	0.0	3.6	0.0	100.0	28
Ulaanbaatar	82.0	2.9	1.7	1.7	6.4	5.2	100.0	172
Highest Education Level								
Primary or less	92.3	1.9	5.8	0.0	0.0	0.0	100.0	52
Incomplete secondary	86.5	4.5	6.3	0.0	1.8	0.9	100.0	111
Complete secondary	83.6	5.1	3.1	1.0	5.6	1.5	100.0	195
More than Secondary	84.1	3.4	1.7	2.3	3.4	5.1	100.0	176
Monthly average income per person								
< 28264	10.8	4.9	-	2.0	2.0	80.4	100.0	102
28265-102535	3.2	3.9	1.1	3.5	1.1	87.4	100.0	285
102536-123785	2.2	4.3	-	2.2	4.3	87.0	100.0	46
123786+	1.0	1.0	3.0	5.9	5.9	83.2	100.0	101
Total	85.2	4.1	3.6	1.1	3.6	2.4	100.0	534

For the approximately 15 percent of all mothers who were pregnant at the time of the survey and had problems enrolling, the following reasons were given: financial difficulties (4 percent), distance from hospitals and clinics (4 percent), work overload and business (1 percent), and poor public relations and attitudes of medical personnel (4 percent).

A rural-urban comparison of the major problems faced by women pregnant at the time of the survey showed that financial issues (5 percent) and poor attitudes of medical personnel (6 percent) were more often cited in cities, while distance from hospitals and clinics (6 percent) was more often cited in rural areas. For mothers who gave birth within the last five pre-survey years, financial issues (4 percent) and distance from medical institutions (5 percent) led in rural areas while there was no one dominant problem faced by mothers in cities (Table 6.04).

Timing of antenatal care enrolment

It is possible to avoid antenatal and delivery complications if the pregnant mother is enrolled in antenatal care early. Official health statistics for 2008 state that early antenatal care enrolment coverage is 83.7 percent, which is quite good. The 1998 and 2003 Reproductive Health Surveys did not have a focus on quality of antenatal care. In contrast, the 2008 Reproductive Health Survey collected data on early antenatal care enrolment based on international standards defining early antenatal care enrolment as the first 12 weeks after the last menstruation. This new definition eliminated the incorrect practice of recording more than 12-week-long pregnancies and abortion calls as antenatal care enrolment.

The initial and median time for antenatal care enrolment for mothers who delivered in the last five pre-survey years as well as for women pregnant at the time of the survey are summarized in Tables 6.06 and 6.07. The study results show that 74 percent of mothers who delivered in the last five pre-survey years had been enrolled in antenatal care within the first 12 weeks of pregnancy. The methodology of the first two studies took the month as the unit of account with data summarized as up to 4 months and 4-6 months. The percentage of pregnant mothers enrolled in antenatal care within the first 4 months of their pregnancy in 1998 was 56 percent, and in 2003 it increased to 68 percent. Meanwhile, the percentage of pregnant mothers enrolled in antenatal care within the first 6 months of pregnancy in 1998 was 83 percent, rising to 93 percent in 2003 and slightly dropping by one percentage point to 92 percent in 2008. Eighty-four percent of women pregnant at the time of the survey were enrolled within the first six months of pregnancy (see Table 6.07).

Table 6.06 The Percentage of Women Who Have been Enrolled in Antenatal Care Services During the Last Five Years Preceding the Survey, Mongolia, 2008

Timing of First Antenatal Care	RHS, 2008		
	Rural	Urban	Total
No Antenatal Care	0.2	0.8	0.5
Less than 4 Months	52.8	45.9	49.5
4-5 Months	39.1	46.7	42.7
6-7 Months	3.7	4.5	4.1
8+ Months	1.4	1.7	1.5
DK/Missing	2.9	0.4	1.7
Total	100.0	100.0	100.0
Median	2.9	2.9	2.9
Total	2,284	2,049	4,333

A median is a value that is at the exact middle value of recorded data. For instance, if for the 1998 median month for antenatal care enrolment was 3.7, 50 percent of all mothers who delivered their birth within the last five pre-survey years were enrolled in antenatal care within their first 3.7 months of their pregnancy and the other 50 percent were enrolled after 3.7 months of pregnancy. For 2003 this dropped to 3.3 months with a further drop to 2.9 months in 2008, a positive trend that shows that early antenatal care enrolment has increased. For women pregnant at the time of the survey, the median was 2.4 months (see Table 6.07).

Late antenatal care enrolment was quite common among rural mothers in 2003, but the 2008 survey showed no urban-rural difference for the abovementioned indicator as they both stood at 2.9 months. On the other hand, the percentage of early (up to 3 months) enrolment in antenatal care for urban populations (77 percent) was slightly higher than that of rural populations (72 percent). However, as far as women pregnant at the time of the survey are concerned, their initial enrolment time in rural areas (2.5 months) was later than for those living in cities (2.3 months).

Table 6.07 The Length of Antenatal Care Services for Women Who Were Pregnant During Survey Period, in Percentages, by Location, Mongolia, 2008

The length of antenatal care services	RHS, 2008		
	Rural	Urban	Total
No Antenatal Care	11.9	12.8	12.3
Less than 4 Months	59.3	49.8	55.2
4-5 Months	25.9	33.6	29.2
6-7 Months	2.6	3.4	3.0
8+ Months	0.3	0.4	0.3
Total	100.0	100.0	100.0
Median	2.3	2.5	2.4
Total	344	265	609

Antenatal counselling

Antenatal counselling is supposed to be provided to pregnant mothers upon antenatal care enrolment and is very important for a safe delivery. The current survey asked if doctors and other medical personnel actually provided this counselling to the pregnant mothers.

Table 6.08 shows antenatal counselling by types given to mothers who were pregnant at the time of the survey by doctors and medical personnel.

Based on the responses, it seemed that advice related to the importance of antenatal care (73 percent) was given relatively often and family planning-oriented consultation was given the least often (64 percent). Nutrition during pregnancy (68 percent), bad habits such as smoking

Table 6.08 The Type of Counselling Received by Pregnant Women During Antenatal Care Services, in Percentages, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Counselling							Number of Pregnant Women
	Importance of antenatal care	Food requirements	Harmful habits such as tobacco and alcohol use	How to prevent from STIs	Risky signs may occur during pregnancy	Family planning	Allowances and pensions	
Residence								
Urban	76.9	71.9	71.6	71.3	73.3	66.7	71.9	303
Rural	67.1	63.2	58.0	59.7	63.2	59.3	64.5	231
Region								
Central	62.5	57.1	56.5	54.8	57.1	54.8	60.1	168
East	78.4	78.4	73.0	73.0	75.7	75.7	75.7	37
West	75.2	69.0	63.6	64.3	68.2	62.8	66.7	129
South	71.4	64.3	64.3	71.4	75.0	57.1	57.1	28
Ulaanbaatar	79.7	76.7	75.0	76.7	78.5	70.9	79.1	172
Highest Education Level								
Primary or less	40.4	46.2	34.6	38.5	38.5	36.5	32.7	52
Incomplete secondary	73.9	66.7	63.1	64.0	68.5	64.9	70.3	111
Complete secondary	71.8	66.2	63.6	65.6	68.2	63.6	67.7	195
More than Secondary	82.4	77.8	79.0	76.7	79.0	70.5	79.5	176
Monthly average income per person								
< 28264	65.7	64.7	59.8	62.7	64.7	62.7	60.8	102
28265-102535	73.3	66.3	63.9	64.2	68.4	61.8	68.1	285
102536-123785	78.3	76.1	76.1	73.9	69.6	69.6	69.6	46
123786+	75.2	73.3	72.3	72.3	74.3	66.3	78.2	101
Total	72.7	68.2	65.7	66.3	68.9	63.5	68.7	534

and drinking (66 percent), sexually transmitted infections (66 percent), diseases associated with or complicated by pregnancy (69 percent), and prenatal and postnatal allowances (69 percent) were other major subjects that were covered.

By location, urban populations (67-77 percent) were given more consultation than rural mothers (58-67 percent). In terms of regional distribution, the percentage of pregnant mothers in the Central region who have had such counselling is lower than the other regions' averages by 14 percentage points. Antenatal counselling levels rose in direct proportion to higher education levels and average per-capita monthly income. Mothers with an average income lower than the poverty line had 1.5 to 17.4 percentage point lower rates of counselling across all topics compared to women with an average income exceeding minimum living standards. This raises questions about the possibility of discrimination based on the socio-economic condition of the patient in medical care and service practices.

Antenatal medical tests

Pregnant mothers enrolled in antenatal care services undergo a variety of medical tests, including general blood and urine analysis, hemoglobin content in blood, syphilis, HIV, uterus smear, and ultrasound diagnosis. These tests are key to the early diagnosis of anaemia, late pregnancy toxemia, kidney diseases, inflammatory diseases, reproductive and sexually transmitted diseases, embryo and other illnesses, and more; with them, prevention of complications at an early stage becomes possible. There is a lack of necessary laboratory equipment and skilled technicians at the soum level, so not all these tests and their analyses can be done at this point. However, government efforts to supply soum hospitals and clinics with laboratory equipment, to expedite skilled laboratory personnel training, and the efforts to implement the «Healthy Mongolian» programme has resulted in some positive effects. Mongolia is trying to achieve the goal of full syphilis test coverage of all pregnant mothers with the aim of complete eradication of congenital syphilis by 2015. Likewise, according to the «Guidelines of Antenatal Medical Care for Pregnant Mothers» as approved in Annex 2 of Health Minister order No 39 in 2001, pregnant woman should be subject to two HIV tests. Additionally, the «Guidelines for AIDS/HIV Observation and Testing for Pregnant Mothers» approved as Annex 4 of Health Minister order No 197 in 2004 stipulates that tests should be done with the consent of the pregnant women.

Medical test coverage of women pregnant at the time of the survey by type of tests is shown in Table 6.09.

Eighty percent of all pregnant women were covered by general blood and urine tests, 75 percent had uterus smear and ultrasound diagnosis, 68 percent had AIDS/HIV testing, and 66 percent had a syphilis test.

Test coverage levels in cities were higher by 34 to 45 percentage points in comparison with rural areas, which could show a lack of testing availability, necessary equipment, or skilled personnel in rural areas. Taken by region, the Western region lagged behind the others in terms of pregnant mothers' medical test coverage.

Medical test coverage seemed to be directly proportional to level of education. Specifically, 31 to 50 percent of those with primary education, 60 to 77 percent of those with incomplete secondary education, 69 to 83 percent those with complete secondary education and 76 to 89 percent of those with higher education were covered by medical tests.

Table 6.09 Test Coverage for Women Who were Pregnant During Survey Period in Percentages, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Tests						Number of Pregnant Women
	Urinary test	Blood test	HIV/AIDS test	Syphilis test	Vaginal smear test	Ultrasound examination	
Residence							
Urban	95.0	94.7	87.8	84.5	93.7	92.4	303
Rural	59.7	61.0	42.9	41.6	50.2	52.4	231
Region							
Central	81.0	80.4	64.9	63.7	69.6	71.4	168
East	83.8	83.8	73.0	70.3	78.4	78.4	37
West	60.5	61.2	40.3	41.9	55.0	56.6	129
South	60.7	67.9	71.4	64.3	67.9	67.9	28
Ulaanbaatar	95.3	95.3	91.3	85.5	95.3	93.0	172
Highest Education Level							
Primary or less	50.0	48.1	30.8	32.7	36.5	40.4	52
Incomplete secondary	74.8	76.6	62.2	60.4	67.6	67.6	111
Complete secondary	82.1	82.6	72.8	68.7	77.9	77.9	195
More than Secondary	89.2	89.2	78.4	76.1	87.5	86.9	176
Monthly average income per person							
< 28264	79.4	80.4	68.6	68.6	76.5	72.5	102
28265-102535	78.2	78.2	65.6	62.1	72.3	73.0	285
102536-123785	71.7	73.9	63.0	63.0	65.2	67.4	46
123786+	88.1	88.1	78.2	75.2	85.1	87.1	101
Total	79.8	80.1	68.4	65.9	74.9	75.1	534

Use of iron pills

WHO recommends that pregnant women take a tablet with iron and folic acid every day starting from the moment of pregnancy diagnosis until 6 months after delivery in order to prevent anaemia. Table 6.10 shows the state of iron pill usage amongst mothers who had their deliveries within the last five years preceding the survey while they were in the antenatal period.

Survey results report that 54 percent of women used less than 90 iron pills while they were in their antenatal period for their last delivery, 26 percent used more than 90 iron pills, and 19 percent used no pills whatsoever.

The survey showed that compared with the results of the two previous surveys, iron pill usage by pregnant women has increased. In particular the percentage of pregnant women who have never used iron pills was 58 percent in 1998, 29 percent in 2003, and 19 percent in 2008. The share of pregnant women who used less than 90 iron pills has increased by 19 percentage points

Table 6.10 Percent Distribution of Most Recent Live Births in the Last 5 Years by Number of Iron Pills Taken During Pregnancy, According to Selected Background Characteristics, Mongolia 2008

Background Characteristics	Number of Iron Pills					Number of Births
	None	Less than 90	90 or more	DK	Total	
Age at Birth						
<20	20.5	49.8	28.8	0.9	100.0	215
20-34	19.3	54.6	24.9	1.2	100.0	2 926
35+	15.9	54.7	27.8	1.5	100.0	464
Residence						
Urban	18.4	57.5	23.2	0.9	100.0	1 946
Rural	19.7	50.6	28.2	1.6	100.0	1 659
Economic Region						
Central	18.1	51.2	29.3	1.4	100.0	1 066
East	9.7	60.1	29.9	0.3	100.0	321
West	26.3	47.8	23.8	2.1	100.0	802
South	9.4	56.8	33.8	0.0	100.0	213
Ulaanbaatar	19.0	59.4	20.6	0.9	100.0	1 203
Highest Education Level						
Primary or less	28.6	47.4	22.5	1.5	100.0	329
Incomplete secondary	19.1	52.0	27.0	1.9	100.0	723
Complete secondary	18.8	54.1	26.0	1.2	100.0	1 287
More than Secondary	16.6	57.7	25.0	0.8	100.0	1 266
Monthly average income per person						
< 28264	19.6	52.0	26.9	1.6	100.0	741
28265-102535	19.6	54.3	24.9	1.1	100.0	2037
102536-123785	15.8	52.4	31.2	0.6	100.0	330
123786+	17.5	59.2	21.9	1.4	100.0	497
RHS, 2008						
Total	19.0	54.3	25.5	1.2	100.0	3 605
RHS, 2003						
Total	29.3	43.4	27.3	0.1	100.0	3 086
RHS, 1998						
Total	57.6	35.3	6.9	0.2	100.0	2 918

compared to 1998 and by 11 percentage points compared to 2003. The percentage of pregnant women who have used more than 90 iron pills has increased by 18 percentage points compared to 1998 and slightly dropped by 2 percentage points compared to 2003. The slight drop compared to 2003 could be explained by increased diversification of iron intake; namely, not only in the form of pills and tablets but also in the form of cocktails and injections.

Iron pill usage among women younger than 20 years old was relatively less than those in other age groups as shown in the last two surveys; however, this trend has changed somewhat as those under 20 now proportionally have more women than any other group using 90 or more iron pills

Table 6.11 The Percentage of Women Who Used Iron Pills, Who Have had Her Last Birth During Last Five Years Preceding the Survey, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	iron pills obtained from:						Number of Births
	Phar-macy	Family doctor	Bagh Feld-sher	Feldsher	Other	Total	
Child's Age							
<6	9.0	61.3	5.5	23.1	1.1	100.0	524
6-11	5.0	62.4	5.4	26.3	0.8	100.0	482
12-23	5.6	58.9	6.4	27.9	1.2	100.0	677
24-35	3.7	57.3	7.2	30.1	1.8	100.0	489
36-47	8.3	53.4	8.1	29.5	0.8	100.0	397
48-59	7.7	50.6	6.5	34.7	0.6	100.0	352
Residence							
Urban	9.3	86.3	1.4	1.6	1.5	100.0	1 588
Rural	3.0	24.1	12.5	59.9	0.6	100.0	1 333
Region							
Central	3.9	45.6	8.9	40.2	1.4	100.0	873
East	2.1	62.1	3.4	32.1	0.3	100.0	290
West	3.9	33.8	14.6	47.2	0.5	100.0	591
South	5.2	41.5	5.2	48.2	0.0	100.0	193
Ulaanbaatar	11.7	85.5	0.4	0.7	1.6	100.0	974
Highest Education Level							
Primary or less	3.8	27.7	20.0	48.1	0.4	100.0	235
Incomplete secondary	2.6	44.1	11.6	40.9	0.9	100.0	585
Complete secondary	4.7	62.5	5.1	27.0	0.8	100.0	1 045
More than Secondary	10.8	67.7	1.9	17.9	1.7	100.0	1 056
Monthly average income per person							
< 28264	2.7	50.2	8.6	38.1	0.5	100.0	596
28265-102535	5.5	55.9	7.6	29.8	1.2	100.0	1 637
102536-123785	7.2	67.3	2.9	20.9	1.8	100.0	278
123786+	14.9	70.7	1.2	12.2	1.0	100.0	410
Total	6.4	57.9	6.4	28.2	1.1	100.0	2 921

(29 percent). The proportion of pregnant women who received no iron pills at all has decreased by 42 percentage points compared to 1998 and 13 percentage point compared to 2003.

As far as urban-rural distribution of iron pill usage is concerned, 18 percent of urban women and 20 percent of rural women have never taken iron pills during their pregnancy. The situation is improving, taking into consideration that the above-mentioned indicator was 28 percent in cities and 30 percent in rural areas in 2003 and 54 percent in cities and 28 percent in rural areas in 1998.

Among geographical regions, the Western region (26 percent) had the highest proportion of women who received no iron pills. Another observation made was that women with a higher educational level were more likely to take iron tablets during pregnancy. These trends were also observed during the last two studies.

The doctor providing antenatal care is obliged to supply pregnant mothers with iron pills and tablets. Where mothers who delivered in the last five pre-survey years obtained iron pills is summarized in table 6.11. Fifty-eight percent got them from family doctors, 28 percent from soum doctors, 13 percent from pharmacies and bag feldshers and 1 percent got them from other places. The majority of pregnant women obtained iron pills free of charge.

As far as location is concerned, 86 percent of urban women (and 86 percent in Ulaanbaatar) got their iron pills from their family doctor and 60 percent of rural women got them from their soum doctor. An education distribution analysis gives us the observation that more-educated women led the rest in buying their iron pills from private pharmacies (10 percent); 15 percent of women with an average per capita income higher than 123,785 togrogs bought their iron pills from pharmacies.

Pregnancy Complications

Table 6.12 summarizes results and information on pregnancy complications during the last five years as well as during last gestation by type of complications. As can be seen from the abovementioned table, the percentage of births by women who said that they experienced some difficulties with their last pregnancy was 57 percent in 2008, while it was 15 percent in 2003 and 20 percent in 1998. This is a disturbing sign of increased birth complications. The dominant symptoms mentioned were facial swelling (38 percent), headache, dizziness, and blurred vision (35 percent), followed by vaginal bleeding (7 percent), prematurely ruptured membranes (9 percent), and unconsciousness and seizures (4 percent).

Not all respondents who experienced unconsciousness and seizures during their pregnancy could be classified as ones with late pregnancy toxemia. Anemia and low blood sugar as well as a sharp drop in blood pressure were also possibly responsible for temporary dizziness and even for unconsciousness and seizures.

The age group most vulnerable to complications like swelling and late pregnancy toxemia was women 35 years and older. City dwellers (40 percent) were more vulnerable to the issue compared to their rural counterparts (36 percent).

Geographically, the proportion of deliveries with pregnancy complications was highest in Western region (68 percent) and lowest in the Eastern region (41 percent). While in the 1998 and 2003 studies geographical discrepancies were barely noticeable, this time differences have increased. As far as income distribution is concerned, not too many differences were observed.

Table 6.12 The Percentage of Women Who Had Pregnancy Complication or had No Pregnancy Complication During her Pregnancy in Last Five Years Preceding the Survey*, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Complications during pregnancy						Number of Births
	None	Vaginal Bleeding	Headache & Feel dizzy	Convulsions or Fits	Face Swelling	Premature Rupture Membrane	
Age at Birth							
<20	47.0	8.8	31.6	6.5	34.4	9.8	215
20-34	42.8	6.4	35.8	3.9	37.6	8.5	2 926
35+	44.6	6.7	30.6	1.7	43.5	10.1	464
Residence							
Urban	44.0	6.9	32.6	4.0	40.0	7.9	1946
Rural	42.4	6.1	37.6	3.6	35.9	9.9	1659
Region							
Central	43.0	5.3	35.4	3.9	37.6	11.0	1 066
East	58.6	3.7	25.2	2.8	28.0	5.9	321
West	32.3	8.2	46.6	4.2	40.9	11.5	802
South	55.4	5.6	23.0	1.4	36.6	5.2	213
Ulaanbaatar	44.6	7.5	31.3	4.1	39.7	6.6	1 203
Highest Education Level							
Primary or less	43.2	8.8	40.7	5.5	34.7	11.9	329
Incomplete secondary	45.1	5.3	36.1	4.1	34.4	9.4	723
Complete secondary	42.3	5.9	34.1	3.9	40.0	7.6	1 287
More than Secondary	43.2	7.4	33.4	3.1	39.3	8.9	1,266
Monthly average income per person							
< 28264	40.2	6.9	36.4	3.8	40.4	10.7	741
28265-102535	43.8	6.6	36.7	4.0	37.0	8.8	2 037
102536-123785	45.8	3.3	27.9	3.6	37.9	4.8	330
123786+	43.9	8.0	29.6	3.2	39.6	8.7	497
RHS, 2008							
Total	43.2	6.6	34.9	3.8	38.1	8.8	3 605
RHS, 2003							
Total	85.5	2.9	10.8	1.4	7.7	3.1	3 086

* Live births

Diseases associated with pregnancy

Diseases associated with pregnancy took the lion's share of causes of maternal mortality. Table 6.13 displays the number of most recent live births in the last five years where women have had any pregnancy-associated disease.

Forty-six percent of women who had their deliveries in the last five pre-survey years experienced some pregnancy-associated diseases; this is 13 percentage points higher than it was in 1998 and 0.4 percentage points higher than the 2003 level.

Table 6.13 The Percentage of Women Who had Combining Diseases or had No Diseases During her Pregnancy in Last Five Years Preceding the Survey, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Combining diseases during pregnancy									Number of Births
	Healthy	Heart	Kidney	Liver	Lung	Digestive Apparatus	Nervous	Contagion	Other	
Age at Birth										
<20	57.2	11.6	29.3	3.3	1.9	7.4	4.2	1.4	3.3	215
20-34	54.1	13.5	32.5	5.6	2.7	8.4	5.6	0.4	1.6	2 926
35+	50.4	12.9	33.4	9.7	2.4	8.6	4.1	0.0	2.8	464
Residence										
Urban	55.8	12.0	30.8	5.2	3.1	7.9	4.7	0.3	2.4	1 946
Rural	51.5	14.9	34.4	6.9	2.0	9.0	6.0	0.5	1.2	1 659
Region										
Central	51.0	15.1	35.5	5.4	2.7	8.7	4.7	0.8	2.1	1 066
East	63.2	9.0	21.2	5.3	1.9	6.9	3.1	0.0	1.9	321
West	43.6	15.8	40.9	9.7	2.4	10.8	9.4	0.4	1.1	802
South	58.2	16.9	28.6	5.6	2.8	5.6	1.9	0.0	1.4	213
Ulaanbaatar	59.8	10.6	27.8	4.2	2.7	7.4	4.3	0.2	2.2	1 203
Highest Education Level										
Primary or less	54.1	13.7	33.7	6.7	3.6	8.8	7.3	0.9	1.5	329
Incomplete secondary	50.2	14.7	36.9	6.6	1.8	8.4	6.2	0.4	1.7	723
Complete secondary	54.0	13.5	32.4	6.1	1.9	8.2	4.1	0.3	1.5	1 287
More than Secondary	55.6	12.3	29.6	5.4	3.4	8.5	5.5	0.3	2.4	1 266
Monthly average income per person										
< 28264	49.9	15.9	37.0	8.0	2.6	9.3	5.8	0.3	1.8	741
28265-102535	52.9	13.3	33.0	6.5	2.7	9.2	5.4	0.5	2.0	2 037
102536-123785	59.1	12.1	27.6	3.9	1.8	6.1	4.5	0.0	1.5	330
123786+	59.8	10.5	26.8	2.2	2.4	5.4	4.4	0.2	1.6	497
RHS 2008										
Total	53.8	13.3	32.5	6.0	2.6	8.4	5.3	0.4	1.8	3 605
RHS 2003										
Total	54.2	13.6	32.0	6.7	3.5	10.4	2.3	-	-	3 086
RHS 1998										
Total	66.9	8.8	25.4	1.9	1.7	5.9	1.0	-	-	2 918

From all respondents, thirty-three percent had kidney and bladder issues, 13 percent had heart problems, 8 percent had internal illnesses, and 6 percent had liver and gallbladder sicknesses during their last gestation.

The share of mothers with pregnancy-associated diseases has increased considerably since 1998; the share of women with heart, kidney/bladder, and liver/gallbladder illnesses has increased by five to seven percentage points each, while the share of women with respiratory and internal diseases has decreased slightly by one to two percentage points each compared to 2003 levels.

The level of recorded neurosis-related diseases was relatively small; nevertheless, they rose by 4 percentage points from 1998 level and are 3 percentage points higher than in 2003.

From an age distribution standpoint, women over 35 were more likely to suffer from diseases associated with pregnancy; this age group had rates that were four to seven percentage points higher than other groups. Fifty percent of those in this age group had had some disease previously, of which 33 percent were kidney/bladder-related diseases.

Regionally, in 2003, women living in the Central region had the highest rate of diseases associated with pregnancy (53 percent having at least one disease), while women living in the Western region had the lowest rate (41 percent). In this survey, the Western region had the highest rate of pregnancy-related diseases (56 percent) with the Eastern region had the lowest rate (37 percent). The pregnancy-related disease rate was 3 to 10 percentage points higher among low-income pregnant women compared to other income groups.

Maternity rest home services

Maternity rest homes are a specific Mongolian type of service for mothers who live far from population centers as well as for those who are known to need specialized professional medical care. Women come to the maternity rest homes well before their delivery date to ensure they have attended deliveries in soum and aimag centers. Additionally, the future mothers are a captive audience for information exchange, training, and public outreach in the weeks leading up to birth.

Questions about the activities of these maternity rest home services were asked from women who had babies in the last five pre-survey years. Thirty-nine percent of rural pregnant women were covered by maternity rest home services and 90 percent of them felt quite satisfied with the services.

Home delivery

The locations of child delivery for the last five years are displayed in Table 6.14. Out of the total number of births in the past five years, 1.7 percent were delivered in a non-medical environment. The share of such deliveries has dropped from 1998 levels by 4.3 percentage points and by 1.1 percentage points since 2003. This may have resulted from better maternal care and improved services.

Women older than 35 were the ones who most often had deliveries in non-medical environments in 1998 (eight percent); in 2003 those under 20 were the ones who most often had non-medical environment deliveries (six percent). In 2008, the 20-34 year age group was the one with the most non-medical environment deliveries (1.9 percent).

Table 6.14 Birth Places Where Women Gave Births in the Last Five Years Preceding the Survey*, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Place of Delivery				Number of Births
	Health	At home	Other	Total	
Age at Birth					
<20	99.3	0.7	0.0	100.0	281
20-34	98.1	1.0	0.9	100.0	3 571
35+	99.2	0.0	0.8	100.0	481
Residence					
Urban	99.0	0.5	0.5	100.0	2 284
Rural	97.6	1.2	1.2	100.0	2 049
Region					
Central	98.9	0.9	0.2	100.0	1 270
East	99.7	0.3	0.0	100.0	376
West	96.2	1.4	2.4	100.0	1 036
South	99.2	0.8	0.0	100.0	255
Ulaanbaatar	98.8	0.6	0.6	100.0	1 396
Highest Education Level					
Primary or less	94.7	2.3	3.0	100.0	438
Incomplete secondary	98.3	0.9	0.8	100.0	895
Complete secondary	99.1	0.7	0.3	100.0	1 524
More than Secondary	98.6	0.5	0.9	100.0	1 476
Monthly average income per person					
< 28264	98.3	1.2	0.5	100.0	944
28265-102535	98.2	0.9	0.9	100.0	2 464
102536-123785	97.5	0.6	1.9	100.0	361
123786+	99.3	0.4	0.4	100.0	564
RHS 2008					
Total	98.3	0.8	0.9	100.0	4 333
RHS 2003					
Total	97.3	2.3	0.5	100.0	3 711
RHS 1998					
Total	94.1	5.1	0.9	100.0	3 857

*Total number of births

The percentage of deliveries in non-medical environments was higher among rural mothers (2.4 percent) compared to urban women (1 percent), although it has dropped by 4.3 percentage points since 1998 and another 1.1 percentage points compared to the 2003 level. Credit for this positive trend should go to maternal rest home services normalization, an increase in per-capita private transportation, and improvements in the communications sector. Meanwhile, urban births in non-medical environments have increased by 0.1 percentage points, which is possibly related to increased immigration and ger district expansion, as well as to related shortcomings in address registration.

Home delivery rates, taken geographically, were highest in the Western region (3.8 percent). There may be an inverse relationship between level of education and rates of home deliveries. For

example, among mothers with primary education the home delivery rate was 5.3 per compared to 1.2 percent for mothers with college diplomas and higher. On the other hand, the home delivery rate for low-educated mothers was 16 percent in 1998 and 6 percent in 2003, dropping to 1 percent in 2008.

Delivery care

Table 6.15 comprises delivery care provided to mothers who had live birth in the last five pre-survey years. Results of the survey show that 99 percent of mothers who had live births in the last five pre-survey years received professional medical services for their delivery. The rate was 93 percent in 1998 and 97 percent in 2003.

Table 6.15 The Percentatge of Live Births Occurred in Last Five Years Preceding the Survey, Assistance Provided During Delivery, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Assistance provided during delivery								Number of Births
	Gyne-cologist	Physi-cians	Prof. Midwife	Midwife	Nurse	Other	No one	Total	
Age at Birth									
<20	47.0	21.4	31.0	0.0	0.4	0.4	0.0	100.0	281
20-34	46.9	22.9	28.7	0.5	0.3	0.5	0.2	100.0	3 571
35+	48.0	27.9	23.7	0.4	0.0	0.0	0.0	100.0	481
Residence									
Urban	52.8	25.7	20.7	0.2	0.2	0.4	0.1	100.0	2 284
Rural	40.6	20.8	36.7	0.7	0.4	0.5	0.2	100.0	2 049
Region									
Central	54.3	16.1	28.2	0.3	0.5	0.5	0.1	100.0	1 270
East	42.0	22.6	34.6	0.3	0.0	0.3	0.3	100.0	376
West	27.7	29.0	41.0	1.1	0.7	0.5	0.1	100.0	1 036
South	47.1	26.7	25.1	0.0	0.0	0.8	0.4	100.0	255
Ulaanbaatar	56.0	25.4	17.8	0.2	0.0	0.4	0.2	100.0	1 396
Highest Education Level									
Primary or less	39.7	24.4	33.3	0.7	0.2	1.4	0.2	100.0	438
Incomplete secondary	42.1	21.0	35.0	0.6	0.6	0.6	0.2	100.0	895
Complete secondary	46.3	23.8	28.9	0.5	0.3	0.3	0.1	100.0	1 524
More than Secondary	52.9	24.1	22.0	0.3	0.2	0.3	0.2	100.0	1 476
Monthly average income per person									
< 28264	41.9	25.4	31.0	0.6	0.1	0.6	0.2	100.0	944
28265-102535	45.4	23.2	30.0	0.4	0.5	0.4	0.1	100.0	2 464
102536-123785	60.1	17.7	21.6	0.3	-	-	0.3	100.0	361
123786+	54.1	24.5	20.4	0.2	-	0.7	0.2	100.0	564
RHS 2008									
Total	47.0	23.4	28.3	0.4	0.3	0.4	0.2	100.0	4 333
RHS 2003									
Total	59.3	10.9	27.1	1.0	0.3	1.2	0.1	100.0	3 711
RHS 1998									
Total	40.5	12.7	40.4	2.4	1.1	2.8	0.2	100.0	3 857

Forty-seven percent of them were cared for by gynaecologists, 28 percent by midwives, and 23 percent by other professional medical service providers. The share of deliveries attended by a gynaecologist was 12 percentage points lower than the 2003 level, and the number of mothers who were attended by midwives while delivering increased by one percent from the 2003 level. One specific observation derived from the current survey was that the number of mothers who delivered with the help of generalist doctors increased by 10 and 12 percentage points from the 1998 and 2003 levels, respectively. Although the home delivery rate was recorded as 1.7 percent, only 0.6 percent of them were not attended by medical personnel.

Delivery care services were provided to 53 percent of urban women while 41 percent of rural women got such services. However, rural women were ahead of urban ones in terms of attendance by midwives (37 percent compared to 21 percent). Professional delivery care could be related with mothers' level of education: 40 percent of mothers with primary education received professional delivery care compared to 53 percent of women with higher, professional, and technical education.

Delivery complications

Delivery complications are another major cause of maternal mortality, and data has been compiled on delivery complications and its forms based on mothers' responses.

Delivery complications were experienced by 68 percent of mothers delivering in the last five pre-survey years. This is 34 percentage points higher than it was in 1998 and 15 percentage points higher than the 2003 level. Observations can be derived from the survey that although delivery complications have increased in general, there was a decrease in some forms.

Among births with complications at delivery, slightly more than one third (34 percent) of women said they received oxytocin (a uterine contraction-enhancing drug), 26.4 percent said they had prolonged labor of over 12 hours, 13 percent said they required blood and blood volume expansion infusions, 5 percent said they suffered from elevated blood pressure, unconsciousness, or a seizure, and 8.0 percent of them reported excessive bleeding. More than one third (34 percent) of births with no antenatal or delivery care had complications during delivery. A high mortality rate within one week after delivery was recorded for infants with delivery complications.

A drop in deliveries complicated by prolonged labor, excessive bleeding, and possible late pregnancy toxemia compared to 2003 levels was most probably caused by the introduction of new, more effective medicines into delivery care practices, active management of the third trimester of gestation, and better outcomes due to closer following of guidelines on seizure prevention and treatment.

Table 6.16 Percentage of Live Births Delivered in the Last 5 Years Preceding the Survey with Complications at Delivery, by Antenatal and Delivery Care, Mongolia 2008

Background Characteristics	Complications at Delivery						Number of Births
	Needed Oxy-tocin Injection	Prolonged Labor	Excessive Bleeding	Had Blood or Substituting Solution	High Blood Pressure	None	
Medical Maternity Care							
Both	34.6	26.1	7.5	12.6	4.5	31.5	4 039
Antenatal	12.1	6.1	9.1	6.1	3.0	81.8	33
Delivery	34.5	32.5	10.2	15.3	6.7	33.7	255
None	0.0	33.3	0.0	0.0	0.0	66.7	6
Early Neonatal Death							
No	34.5	26.5	7.6	12.6	4.5	32.1	4 294
Yes	28.2	17.9	10.3	15.4	15.4	28.2	39
Premature Birth							
On time	33.1	26.2	6.9	12.1	4.8	35.7	3 031
Prematurely	28.0	19.5	7.5	11.6	3.3	28.4	707
Post date	48.6	35.5	11.3	16.8	5.0	18.0	595
RHS, 2008							
Total	34.4	26.4	7.6	12.7	4.6	32.1	4 333
RHS, 2003							
Total	33.3	30.1	8.0	15.7	8.2	46.7	3 711

As ontime delivery, 33 percent received oxytocin injections and 26 percent had prolonged labor (more than 12 hours). Out of all overdue deliveries, 49 percent were given oxytocin injections with 36 percent having had prolonged labor.

Delivery complications distributed by age show that births by older women (age 35 and higher) led all other age groups in rates of complications (72 percent); it was also higher than what was reported in 2003 (49 percent) (see Table 6.17).

Complications at delivery were equally high in urban and rural areas (both 68 percent) and slightly higher in Ulaanbaatar (69 percent). Geographically, the prevalence of deliveries with complications was highest in the Western region (74 percent) and lowest in the Eastern region (61 percent).

Mothers with high, professional, and technical education comprised 72 percent of delivery complications. From a treatment standpoint, low-income mothers needed more extensive interventions, such as requiring more blood and blood volume expansion infusions, revealing a possibly higher prevalence of anaemia among this group.

Table 6.17 Percentage of Live Births in the Last 5 Years Preceding the Survey by Types of Complications at Delivery and Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Types of complications at delivery						Number of Births
	Needed Oxytocin Injection	Prolonged Labor	Excessive Bleeding	Had Blood or Substituting Solution	High Blood Pressure	None	
Age at Birth							
<20	33.8	32.7	7.1	12.8	5.3	32.7	281
20-34	35.0	26.9	7.6	12.5	4.5	32.5	3 571
35+	30.4	18.5	8.1	13.7	4.8	28.3	481
Residence							
Urban	34.3	22.6	6.0	9.9	4.2	32.0	2 284
Rural	34.6	30.6	9.5	15.8	5.1	32.1	2 049
Region							
Central	32.3	26.0	8.3	13.4	4.4	34.3	1 270
East	32.7	23.1	5.1	7.4	3.5	39.1	376
West	37.2	36.2	11.5	20.5	6.9	26.2	1 036
South	28.6	22.4	6.7	9.8	3.5	37.6	255
Ulaanbaatar	35.8	21.1	5.0	8.2	3.7	31.5	1 396
Highest Education Level							
Primary or less	34.0	32.6	9.8	18.0	7.3	32.9	438
Incomplete secondary	34.5	29.1	7.9	13.3	4.1	37.5	895
Complete secondary	33.5	26.4	6.4	12.4	5.0	32.7	1 524
More than Secondary	35.4	22.9	8.1	11.0	3.7	27.8	1 476
Monthly average income per person							
< 28264	33.1	26.9	7.2	13.3	5.4	36.7	944
28265-102535	34.1	27.1	8.4	13.9	4.8	32.7	2 464
102536-123785	37.1	24.1	5.3	8.0	5.0	27.7	361
123786+	36.2	23.8	6.6	9.2	2.3	24.5	564
Total	34.4	26.4	7.6	12.7	4.6	32.1	4 333

Delivery by caesarean sections

Table 6.18 summarizes percentages of deliveries by caesarean section within the five years preceding the survey.

The share of births delivered by caesarean section out of total number of deliveries has been steadily increasing; it was 5 percent in 1998, 10 percent in 2003, and reached 17 percent in 2008. This is already higher than the WHO-recommended levels of caesarean section births at no more than 5 to 15 percent of total births.

Table 6.18 The Percentage of Live Births Delivered with Cesarean Sections in Last Five Years Preceding the Survey, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Births with cecarean sections		
	2008	2003	1998
Age at Birth			
<20	12.5	3.9	4.7
20-34	16.1	9.0	4.7
35+	29.9	22.0	10.3
Residence			
Urban	20.8	13.5	8
Rural	13.6	6.6	3.3
Region			
Central	16.9	8.5	4.7
East	15.2	8.5	2.2
West	12.8	4.7	3.6
South	16.5	9.7	3.2
Ulaanbaatar	22.0	16.9	10.1
Highest Education Level			
Primary or less	11.2	6.7	2.8
Incomplete secondary	9.8	5.8	3.4
Complete secondary	16.9	10.6	4.7
More than Secondary	24.4	13.1	7.3
Monthly average income per person			
< 28264	12.3	-	-
28265-102535	16.2	-	-
102536-123785	23.5	-	-
123786+	27.5	-	-
Total	17.4	9.6	5.1

Delivery by caesarean sections was more common among women over 35 (30 percent in 2008), which may be related to delivery complications related to an older age at birth. It was also more common in urban areas (21 percent) than in rural areas (14 percent). By geographical regions, the highest percentage of deliveries by caesarean section was recorded in Ulaanbaatar (22 percent) and the lowest was recorded in the Western region (13 percent). One quarter of mothers with higher education delivered by caesarean section.

A directly proportional relationship was observed between caesarean section and average per capita income which may be related to a new practice where women are choosing elective caesarean sections. High-income women may be more interested in delivering by caesarean sections that can be scheduled to be at more convenient times. On the other hand, some income-discriminatory delivery care services provision could also be a factor.

Post-partum counselling

The present survey also gathered data on whether the woman respondents received post-partum counselling within 42 days after birth and, if so, what kind of counselling was provided. Table 6.19 presents the distribution of most recent births within the last 5 years by type of counselling advice given by doctors within 42 days after birth. Among the most recent births within the last five years, 65 percent of mothers were provided with counselling by a medical doctor within 42 days after birth. Types of counselling advice given to mothers included counselling on

Table 6.19 Percentage of Most Recent Live Births in the Last 5 Years by type of Counselling Given by Doctors Within 42 Days After Birth, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Doctor's Advice Within 42 Days					Number of Births
	Yes	Breast-feeding	Neonatal Care	Family Planning	STIs	
Age at Birth						
<20	66.0	62.8	60.9	42.3	41.4	215
20-34	63.7	60.7	60.5	42.4	42.2	2 926
35+	70.7	67.7	66.4	50.2	48.7	464
Residence						
Urban	73.1	70.3	70.0	47.8	46.7	1 946
Rural	55.0	51.5	51.1	38.2	38.6	1 659
Region						
Central	62.9	58.3	58.7	39.1	38.6	1 066
East	72.6	71.3	70.1	62.6	62.0	321
West	53.1	50.1	49.0	37.2	37.7	802
South	54.9	54.5	54.0	37.6	40.4	213
Ulaanbaatar	73.8	71.2	70.7	47.2	45.9	1 203
Highest Education Level						
Primary or less	37.7	34.3	32.8	25.2	25.8	329
Incomplete secondary	57.7	54.9	54.5	39.1	39.0	723
Complete secondary	64.4	61.7	61.4	43.9	43.0	1 287
More than Secondary	76.1	72.7	72.4	50.0	49.8	1 266
Monthly average income per person						
< 28264	57.0	54.9	54.3	40.5	40.5	741
28265-102535	62.5	59.6	58.9	42.1	41.6	2 037
102536-123785	72.1	68.2	68.8	47.0	47.6	330
123786+	80.5	75.9	76.7	50.7	49.5	497
RHS, 2008						
Total	64.7	61.7	61.3	43.4	43.0	3 605
RHS, 2003						
Total	62.4	59.6	59.4	37.1	32.3	3 086

* Live births

breastfeeding (62 percent), newborn care (61 percent), and family planning and prevention of sexually transmitted infections (43 percent).

The percentage of woman respondents receiving post-partum counselling within 42 days after birth has increased since 2003 and reached 62 percent, including a 2 percentage point increase in breastfeeding and newborn care advice, a 6 percentage point increase in family planning consultations, and an 11 percentage point increase in counselling on sexually transmitted infections.

Post-partum counselling coverage rates by age groups uncover the following observation: while 20- to 34-year-olds were leading in 2003 other age groups for counselling (64 percent), they are now the ones lagging the most in 2008 even though their rate is constant at 64 percent. As far as other age groups, post-partum counselling coverage has risen for those under 20 and over 35 by 12 percentage points and 9 percentage points, respectively.

Mothers giving birth in urban areas received more counselling advice compared to rural areas at 73 percent versus 55 percent. By geographic regions, the area with the highest coverage for any kind of post-partum counselling is the Eastern region (72 percent). There was a directly proportional trend concerning education and counselling, with coverage being 38 percent among women with a primary educational level rising to 76 percent among women with a higher than secondary education. Post-partum counselling coverage rates among women with primary education dropped by 11 percentage points compared to the 2003 level.

It is worth noting that not everyone is given family-planning-related counselling, especially concerning information related to precautionary measures to prevent unwanted pregnancy while breastfeeding or during the transition to supplementary and eventually ordinary food.

Transport costs to and from delivery facilities

In general, pregnant mothers in low risk groups should deliver at their local soum or aimag facilities. Rural mothers regarded as high-risk are obliged to be delivered under the guidance of specialized professional medical doctors, so they are usually taken to delivery facilities in aimag center; those with organ-systemic illnesses are taken to the Maternal and Child Health Research Center (MCHRC) in Ulaanbaatar regardless of address registration.

Seventy percent of deliveries in the last five years took place in their local aimag and soum (and/or district in case of Ulaanbaatar); the other 30 percent were taken to the aimag center from their soum or from aimags to Ulaanbaatar. Women who were registered in soums but had their delivery in Ulaanbaatar comprised six percent of total deliveries. An increase in general fertility rates as well as an increasingly high percentage (30 percent) of rural mothers delivering in centralized facilities demonstrates a need for expansion of delivery facilities in Ulaanbaatar and provinces, supplying them with more medical personnel, and thus increased financing at all levels.

Table 6.20 The Locations of Births Given in Last Five Years Preceding the Survey, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Place of Birth				Number of Births
	In own soum/aimag	From soum to aimag/aimag to UB	From soum to UB	Total	
Residence					
Urban	94.9	4.4	0.7	100.0	743
Rural	59.4	32.7	7.9	100.0	1 659
Region					
Central	69.8	20.5	9.7	100.0	1 066
East	62.3	31.5	6.2	100.0	321
West	77.2	22.2	0.6	100.0	802
South	60.1	36.2	3.8	100.0	213
Ulaanbaatar	-	-	-	-	-
Highest Education Level					
Primary or less	61.1	37.0	1.9	100.0	311
Incomplete secondary	69.0	26.2	4.8	100.0	603
Complete secondary	73.0	20.9	6.2	100.0	796
More than Secondary	72.8	19.7	7.5	100.0	692
Monthly average income per person					
< 28264	70.6	25.2	4.2	100.0	626
28265-102535	70.1	23.9	6.0	100.0	1 358
102536-123785	67.0	26.8	6.2	100.0	194
123786+	74.6	17.9	7.6	100.0	224
Total	70.4	23.9	5.7	100.0	2 402

Table 6.21 Transportation Modes Used by Women Who Delivered Her Child in Last Five Years Preceding the Survey to the Hospital, in Percentages, by Selected Background Characteristics, Mongolia 2008

Background Characteristics	Transport mean					Number of Births
	Own (private)	Other's	Hospital's	Aimag Ambulance	Total	
Residence						
Urban	42.1	34.2	21.1	2.6	100.0	38
Rural	30.9	23.2	44.1	1.8	100.0	673
Region						
Central	36.3	27.6	33.2	2.8	100.0	322
East	27.3	33.1	38.8	0.8	100.0	121
West	19.7	14.8	64.5	1.1	100.0	183
South	44.7	15.3	38.8	1.2	100.0	85
Ulaanbaatar	-	-	-	-	-	-
Any Payment						
Yes	52.2	40.7	6.6	0.5	100.0	366
No	9.6	5.8	81.4	3.2	100.0	345
Monthly average income per person						
< 28264	26.1	22.8	48.9	2.2	100	184
28265-102535	31.0	25.4	41.6	2.0	100	406
102536-123785	40.6	14.1	43.8	1.6	100	64
123786+	42.1	26.3	31.6	-	100	57
Total	31.5	23.8	42.9	1.8	100.0	711

Around 40 percent of rural mothers delivered in aimag centers or Ulaanbaatar. Regionally speaking, women from the Western region had as a proportion of their births fewer aimag center deliveries for women living in soums or Ulaanbaatar deliveries for women living in the aimag center. The percentage of mothers coming from soums who deliver in the aimag center or Ulaanbaatar was higher among those with primary education (39 percent) compared to those with high, professional, and/or technical education (27 percent).

Table 6.22 Transportation Used by Women Who Delivered Her Child in Last Five Years Preceding the Survey to Back Her Home, in Percentages, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Transport - to home					Total	Number of Births
	Own (private)	Other's	Hospital's	Govern-ment's	Aimag Ambulance		
Residence							
Urban	63.2	36.8	0.0	0.0	0.0	100.0	38
Rural	52.7	42.8	4.2	0.1	0.1	100.0	673
Region							
Central	59.3	38.2	2.5	0.0	0.0	100.0	322
East	35.5	60.3	4.1	0.0	0.0	100.0	121
West	51.9	41.5	5.5	0.5	0.5	100.0	183
South	58.8	35.3	5.9	0.0	0.0	100.0	85
Ulaanbaatar	-	-	-	-	-	-	-
Any Payment							
Yes	54.6	44.2	0.8	0.2	0.2	100.0	608
No	45.6	32.0	22.3	0.0	0.0	100.0	103
Monthly average income per person							
< 28264	45.7	49.5	4.9	0.0	0.0	100.0	184
28265-102535	51.7	43.8	3.9	0.2	0.2	100.0	406
102536-123785	75.0	23.4	1.6	0.0	0.0	100.0	64
123786+	64.9	31.6	3.5	0.0	0.0	100.0	57
Total	53.3	42.5	3.9	0.1	0.1	100.0	711

Table 6.21 and 6.22 summarise transportation costs associated with going to delivery facilities and coming back home in last five pre-survey years. As can be seen from the abovementioned tables, 45 percent of mothers were taken to delivery facilities by medical or ambulances; the percentage that used an ambulance for their trip home is very low at 4 percent. Thirty-two percent of mothers were taken to delivery facilities by their own cars and 24 percent by others' transportation; when coming back, 53 percent used their own cars and 43 percent were helped by others' transportation. Rural mothers (46 percent) used more medical transportation ambulances than urban mothers (24 percent) when going to delivery facilities (see Table 6.21). Taken by region, mothers from the Western region used specialized medical transport the most (66 percent).

Going to delivery facilities with one's own car or transportation was inversely proportional to average income. Thus, the percentage of low-income mothers using ambulances to reach delivery facilities was 51 percent, quite high compared with other income groups (see Table 6.21). The percentage from this group who used medical transportation when going home was only 5 percent; although this is still high compared to other income groups, this observation uncovers the fact that transportation of mothers after delivery back home is not a priority.

Access to cancer prevention knowledge and services

One of the goals of the current study was a survey on knowledge about cervical and breast cancer as well as on cancer screening coverage among women of reproductive age. Cervical and breast cancer is diagnosed at stage III or IV in Mongolia, creating problems for successful and efficient treatment as often it is too late for any cure. Many medical examinations and cancer screenings were conducted in order to enable early diagnosis within the framework of «Healthy Mongolia programme» in 2007-2008. During this, cervical cancer knowledge dissemination amongst women could have occurred.

This study's examination of women's knowledge and habits in preventing cervical and breast cancer for the first time on a national scale will provide baseline data for further programs and project design and implementation in this area.

Knowledge about cervical cancer

Knowledge of cervical cancer among women covered by the survey has been summarized in Table 6.23. Ten percent of respondents said that they have good knowledge about cervical cancer, 65 percent responded that they have heard of cervical cancer but know little about it, and 25 percent have heard nothing about it. The fact that 90 percent of all women know little or nothing about cervical cancer shows an acute need for serious action in cancer prevention knowledge dissemination and public relations efforts.

Cancer knowledge was very age sensitive: 54 percent of women aged 15-19 had never heard of cancer, while amongst 45-49 year olds, 13 percent responded that they had never heard about it. In addition, 42 percent of women who had never married knew nothing about cervical cancer.

Concerning the urban-rural distribution, urban women were more informed about cervical cancer than rural ones. Regionally speaking, women in the Western region had the least knowledge about the issue (their share of «never heard» responses was 35 percent) compared to other regions.

Table 6.23 Knowledge about Cervical Cancer, in Percentages, by Selected Background Characteristics, Mongolia 2008

Background Characteristics	Did you ever heard of cervical cancer?			Total	Number of women
	Never Heard	YES (I know it well)	YES (But I don't know it well enough)		
Age Group					
15-19	54.3	1.1	44.5	100.0	1 044
20-24	35.5	3.9	60.6	100.0	1 402
25-29	25.6	6.9	67.4	100.0	1 627
30-34	19.9	10.2	69.9	100.0	1 672
35-39	16.4	13.3	70.3	100.0	1 531
40-44	16.7	15.5	67.8	100.0	1 276
45-49	12.8	18.0	69.2	100.0	850
Current marital status					
Currently married	21.1	11.2	67.7	100.0	6 742
Formerly married	17.8	11.8	70.4	100.0	651
Never married	42.2	3.7	54.2	100.0	2 009
Residence					
Urban	21.6	10.9	67.5	100.0	5 729
Rural	31.4	7.6	61.0	100.0	3 673
Region					
Central	26.9	9.3	63.8	100.0	2 829
East	28.8	7.1	64.1	100.0	732
West	34.5	8.9	56.7	100.0	1 694
South	19.2	8.7	72.0	100.0	572
Ulaanbaatar	20.2	10.9	68.9	100.0	3 575
Highest Education Level					
Primary or less	58.3	1.4	40.4	100.0	721
Incomplete secondary	39.0	3.9	57.1	100.0	2 012
Complete secondary	23.7	7.3	69.0	100.0	3 389
More than Secondary	11.6	17.3	71.0	100.0	3 280
Current Employment status					
Working	20.8	12.0	67.1	100.0	5 826
Don't working	32.8	5.7	61.5	100.0	3 576
Monthly average income per person					
< 28264	6.3	57.0	36.8	100.0	1 610
28265-102535	8.3	65.1	26.6	100.0	5 329
102536-123785	12.6	69.0	18.4	100.0	941
123786+	16.0	70.4	13.5	100.0	1 522
Total	25.4	9.6	65.0	100.0	9 402

In term of education level, the more educated the mother the more she was informed about cervical cancer. For instance, the share of «never heard about cervical cancer» responses was 58 percent among woman with primary education and only 12 percent amongst those with higher, professional, and technical education. Knowledge about cervical cancer was also higher among employed women compared to unemployed ones.

An increase in per-capita income seemed to be associated with better knowledge about cervical cancer. In particular, 63 percent of low income women were informed about cancer, while 87 percent of higher income women were knowledgeable.

Cervical cancer screening

Data on women's cervical cancer screening is compiled in Table 6.24. Out of the total number of respondents, 70 percent have never had cervical cancer screening. By age, 53 to 61 percent of women over 35 have never had cervical cancer screening.

Fourteen percent of women had cervical cancer screening in Ulaanbaatar in specialized hospitals, 10 percent in aimag/district hospitals, and others in soum/family or private medical facilities.

Cervical cancer screening was directly proportional to age distribution; only 2 percent of teenagers (15-19 years old) have been screened while 47 percent of those 45-49 years old have been screened.

As far as marital status is concerned, currently or previously married women were more likely to ever have been screened (33 and 39 percent, respectively) compared to those who have never been married (10 percent). Urban women (30 percent) were slightly higher in cervical cancer screening enrolment compared to rural ones (29 percent); the rate of cancer screening among those living in Ulaanbaatar was only 28 percent. Geographically, women in the Southern region had the highest (36 percent of total responses) enrolment in cervical cancer screening.

Cervical cancer screening seemed to be directly proportional to level of education. Only 16 percent of women with primary education had cervical cancer screening while 37 percent of women with higher, professional and technical education had been screened. Furthermore, cervical cancer screening rates were higher among employed women (33 percent enrolment) compared to unemployed women (24 percent).

Income level was also a factor for cervical cancer screening enrolment; 37 percent of high income women were enrolled, while the enrolment rate within the low income group was only 26 percent. A more detailed analysis shows that as far as place where screening occurred, 21 percent of high income women got the screening in specialized hospitals while barely 9 percent of low income women had it in those institutions.

Cervical cancer screening frequency data for women covered by the survey is presented in Table 6.25. More than half (54 percent) of all women who had cervical cancer screening have done it in the last 12 months, less than one third (31 percent) had it 1-2 years ago, 9 percent 2-3 years ago, and 6 percent had the screening more than 3 years ago. It is possible that the reason more than half of the women were enrolled in cervical cancer screening within the last year was because of the «Healthy Mongolian» programme implementation.

Table 6.24 Cervical Cancer Screening Among Respondents, in Percentages, by Selected Background Characteristics, Mongolia 2008

Background Characteristics	Place of screening							Total	Number of women
	No	At a specialized hospital in UB	Aimag hospital/UB district clinic	Soum hospital/family clinic	Private hospital (UB)	Private hospital (aimag center)	Other		
Age Group									
15-19	97.9	1.0	0.4	0.4	0.0	0.2	0.0	100.0	477
20-24	88.4	4.3	4.1	1.1	2.0	0.0	0.1	100.0	904
25-29	77.3	9.1	8.5	2.2	2.5	0.2	0.2	100.0	1 210
30-34	70.3	13.8	9.0	3.1	3.0	0.5	0.2	100.0	1 339
35-39	61.3	17.3	14.1	3.8	2.7	0.5	0.2	100.0	1 280
40-44	57.7	20.6	14.2	5.0	2.2	0.3	0.1	100.0	1 063
45-49	52.9	27.1	13.4	3.4	2.7	0.5	0.0	100.0	741
Current marital status									
Currently married	67.0	15.0	11.5	3.4	2.6	0.4	0.2	100.0	5 317
Formerly married	60.7	22.8	10.5	3.6	2.2	0.2	0.0	100.0	535
Never married	90.1	5.2	2.3	0.7	1.5	0.1	0.1	100.0	1 162
Residence									
Urban	69.7	16.5	9.3	0.4	3.4	0.5	0.2	100.0	4 494
Rural	71.3	9.5	10.9	7.5	0.6	0.1	0.1	100.0	2 520
Region									
Central	70.4	9.9	12.7	5.1	0.7	1.0	0.2	100.0	2 068
East	65.5	8.1	23.4	2.7	0.4	0.0	0.0	100.0	521
West	71.1	9.1	15.0	4.1	0.2	0.3	0.2	100.0	1 110
South	63.9	13.0	15.2	7.8	0.2	0.0	0.0	100.0	462
Ulaanbaatar	71.9	20.1	2.5	0.2	5.1	0.0	0.1	100.0	2 853
Highest Education Level									
Primary or less	83.7	4.0	7.3	4.3	0.3	0.3	0.0	100.0	301
Incomplete secondary	78.0	7.7	9.4	3.6	0.7	0.3	0.2	100.0	1 228
Complete secondary	73.5	11.9	9.5	3.2	1.7	0.2	0.0	100.0	2 587
More than Secondary	62.8	19.5	10.7	2.3	3.9	0.5	0.2	100.0	2 898
Current Employment status									
Working	67.1	15.7	10.6	3.7	2.5	0.4	0.1	100.0	4 612
Don't working	76.5	10.7	8.6	1.5	2.2	0.3	0.2	100.0	2 402
Monthly average income per person									
< 28264	73.6	9.4	11.7	4.2	0.7	0.2	0.2	100.0	1018
28265-102535	72.8	11.7	10.2	3.0	1.8	0.4	0.1	100.0	3912
102536-123785	65.0	19.1	9.0	3.1	3.1	0.4	0.3	100.0	768
123786+	63.4	21.3	8.1	1.7	4.9	0.3	0.2	100.0	1316
Total	70.3	14.0	9.9	3.0	2.4	0.3	0.2	100.0	7 014

Table 6.25 Frequency of Cervical Cancer Screening Among Female Respondents, in Percentages, by Selected Background Characteristics, Mongolia 2008

Background Characteristics	Frequency of screening				Total	Number of women
	Dur- ing the last 12 months	Last 1-2 years	Last 2-3 years	In more than 3 years (36 months more)		
Age Group						
15-19	40.0	60.0	0.0	0.0	100.0	10
20-24	63.8	31.4	2.9	1.9	100.0	105
25-29	61.1	29.5	6.9	2.5	100.0	275
30-34	53.5	32.4	7.8	6.3	100.0	398
35-39	52.9	31.5	9.9	5.7	100.0	495
40-44	52.7	27.6	12.0	7.8	100.0	450
45-49	49.0	31.8	9.2	10.0	100.0	349
Current marital status						
Currently married	53.8	30.9	8.9	6.4	100.0	1 757
Formerly married	53.8	28.6	11.0	6.7	100.0	210
Never married	54.8	32.2	7.8	5.2	100.0	115
Residence						
Urban	49.4	33.1	11.0	6.5	100.0	1 360
Rural	62.3	26.3	5.4	6.0	100.0	722
Region						
Central	57.6	29.7	5.9	6.9	100.0	613
East	48.3	34.4	13.9	3.3	100.0	180
West	60.7	25.5	6.9	6.9	100.0	321
South	61.1	29.3	4.2	5.4	100.0	167
Ulaanbaatar	48.1	33.1	12.2	6.6	100.0	801
Highest Education Level						
Primary or less	61.2	28.6	4.1	6.1	100.0	49
Incomplete secondary	53.0	33.7	7.0	6.3	100.0	270
Complete secondary	53.9	28.3	9.8	8.0	100.0	686
More than Secondary	53.8	31.7	9.3	5.3	100.0	1 077
Current Employment status						
Working	55.9	29.7	8.3	6.1	100.0	1 517
Don't working	48.5	33.5	11.0	7.1	100.0	565
Monthly average income per person						
< 28264	56.5	28.3	7.1	8.2	100.0	269
28265-102535	53.1	29.8	9.6	7.5	100.0	1063
102536-123785	54.3	33.5	7.4	4.8	100.0	269
123786+	54.1	32.6	9.8	3.5	100.0	481
Total	53.9	30.7	9.0	6.3	100.0	2 082

Reasons for not being screened for cervical cancer

WHO recommends that all women who are sexually active and 35 years or older be screened for cervical cancer once every 2-3 years. Some developed countries recommend screening annually from the onset of sexual activity.

Table 6.26 The Reasons of Not Having Cervical Cancer Screening Among Respondents, in Percentages, by Selected Background Characteristics, Mongolia 2008

Background Characteristics	Reasons of not being screened							Total	Number of women
	Screening service is not available where I live	No time	Doctor didn't recommend the screening	Far from the hospital	No need	Don't know	Other		
Age Group									
15-19	5.4	1.7	3.9	0.2	69.2	19.3	0.4	100.0	467
20-24	7.8	5.3	12.0	1.5	63.0	9.6	0.9	100.0	799
25-29	14.1	7.4	11.6	1.8	57.2	7.4	0.5	100.0	935
30-34	14.3	8.0	15.8	1.8	49.0	10.1	1.0	100.0	941
35-39	17.2	8.7	14.6	1.3	49.8	7.8	0.6	100.0	785
40-44	13.1	8.6	15.7	2.1	53.0	6.2	1.3	100.0	613
45-49	14.0	3.8	14.8	0.5	58.7	7.4	0.8	100.0	392
Current marital status									
Currently married	14.7	6.7	14.5	1.9	53.7	7.9	0.7	100.0	3 560
Formerly married	10.8	7.7	18.5	-	56.0	5.5	1.5	100.0	325
Never married	6.2	6.3	6.2	0.6	64.6	15.3	0.9	100.0	1 047
Residence									
Urban	3.4	8.2	12.4	0.4	64.3	10.4	0.9	100.0	3 134
Rural	28.8	4.1	14.0	3.3	41.8	7.3	0.7	100.0	1 798
Region									
Central	21.7	4.7	13.0	3.4	48.9	7.4	0.8	100.0	1 455
East	33.4	8.2	10.0	0.3	44.6	3.5	-	100.0	341
West	16.2	4.8	13.1	2.0	50.1	11.9	1.9	100.0	789
South	16.9	4.4	22.4	0.3	48.5	6.8	0.7	100.0	295
Ulaanbaatar	0.8	8.9	12.1	0.2	66.6	11.0	0.5	100.0	2 052
Highest Education Level									
Primary or less	24.2	3.6	10.7	4.0	46.4	9.9	1.2	100.0	252
Incomplete secondary	18.5	5.2	13.3	2.7	48.6	10.8	0.9	100.0	958
Complete secondary	12.0	5.3	13.2	1.3	57.3	10.0	0.8	100.0	1 901
More than Secondary	8.6	9.3	13.0	0.6	60.1	7.7	0.7	100.0	1 821
Current Employment status									
Working	15.9	7.6	13.3	1.8	53.8	6.8	0.7	100.0	3 095
Don't working	7.2	5.2	12.4	0.8	60.1	13.4	0.9	100.0	1 837
Monthly average income per person									
< 28264	18.3	4.4	14.6	2.0	48.5	11.1	1.2	100.0	749
28265-102535	13.0	6.4	13.6	1.5	55.0	9.8	0.8	100.0	2 849
102536-123785	10.4	9.2	9.2	0.6	61.7	8.4	0.4	100.0	499
123786+	7.9	8.4	11.6	1.3	63.4	6.7	0.7	100.0	835
Total	12.7	6.7	13.0	1.5	56.1	9.3	0.8	100.0	4 932

Table 6.26 summarizes reasons cervical cancer screening had been missed by women. Out of total number of responses explaining the reasons of cervical cancer screening missing, 56 percent said they never had screening because they thought they are healthy and therefore do not need such screening, 13 percent responded that there are no doctors for referral or that there are no such screenings practiced in the place they live, 7 percent responded that are too busy and have no time to do it, 2 percent responded that the screening facilities are too far away from their places, and 9 percent admitted that they do not know anything about the need to do so.

The survey results revealed that more than half (50-59 percent) of those who missed screening have the mistaken idea that cervical cancer screening is unnecessary; this demonstrates the need for more information dissemination, publicity, training, and communication efforts in this field.

Reasons for non-enrolment in cervical cancer screening differ in urban and rural areas; almost one third (29 percent) of rural women compared to only 3 percent of urban women said that there are no such screenings conducted in places where they live.

Breast cancer knowledge

Breast cancer is diagnosed by fine fibre analysis from prior illness. The patient herself plays a major role in successful diagnosis of breast cancer.

Mammograms should be done every 1-2 years as well as visiting a doctor if necessary for every woman over age 30, anyone who has undergone menopause, and any time there is a change in one's breasts (which should be examined regularly by the woman in a mirror, feeling for hidden tight spots, changes in nipples or breast skin color and form).

Table 6.27 summarizes data on breast cancer knowledge. Twelve percent of all women questioned said they had never heard about breast cancer and 41 percent responded that they did not know that they should regularly self-examine their breasts for early diagnosis. This shows that public knowledge of breast cancer is very poor.

Knowledge about breast cancer increased as age increased. In particular only 35 percent of those aged 15-19 and 57 percent of those 45-49 knew about regular breast self-examinations. Married women and those who have been married in the past (49 and 53 percent, respectively) were more knowledgeable about breast cancer than those who have never married (40 percent). Furthermore, urban women were more informed about the subject than rural ones, which may be due to urban women having more channels through which to receive relevant information.

Table 6.27 Knowledge about Breast Cancer Among Female Respondents, in Percentages, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Never Heard	Have you ever heard about self-examination of your breast?		Total	Number of women
		No	Yes		
Age Group					
15-19	20.8	44.3	34.9	100.0	1 044
20-24	14.9	46.9	38.2	100.0	1 402
25-29	12.3	40.7	47.0	100.0	1 627
30-34	9.9	39.7	50.5	100.0	1 672
35-39	9.2	37.9	52.8	100.0	1 531
40-44	6.6	41.0	52.4	100.0	1 276
45-49	8.8	34.2	56.9	100.0	850
Current marital status					
Currently married	10.5	40.1	49.4	100.0	6742
Formerly married	6.8	40.1	53.1	100.0	651
Never married	17.0	43.6	39.5	100.0	2 009
Residence					
Urban	7.7	37.5	54.9	100.0	5 729
Rural	17.8	46.1	36.1	100.0	3 673
Region					
Central	11.2	45.5	43.3	100.0	2829
East	14.6	41.7	43.7	100.0	732
West	22.8	41.7	35.4	100.0	1 694
South	9.1	43.2	47.7	100.0	572
Ulaanbaatar	6.3	36.3	57.4	100.0	3575
Highest Education Level					
Primary or less	39.5	44.8	15.7	100.0	721
Incomplete secondary	18.7	46.4	34.8	100.0	2 012
Complete secondary	8.9	45.5	45.6	100.0	3 389
More than Secondary	3.9	31.7	64.4	100.0	3 280
Current Employment status					
Working	10.3	39.7	50.0	100.0	5 826
Don't working	13.7	42.7	43.6	100.0	3 576
Monthly average income per person					
< 28264	20.6	46.1	33.2	100.0	1 610
28265-102535	11.8	42.8	45.4	100.0	5 329
102536-123785	7.3	35.4	57.3	100.0	941
123786+	4.1	31.7	64.2	100.0	1 522
Total	11.6	47.5	40.9	100.0	9 402

As far as breast cancer knowledge by regions is concerned, women in the Western region were relatively less informed about breast cancer than women in other regions. Women with primary education knew less (40 percent had never heard about breast cancer) about the subject than the ones with higher level of education. Further, employed women (10 percent had never heard) were more informed about breast cancer than unemployed ones (14 percent had never heard).

Knowledge about breast cancer increased as income level increased; namely, the percentage of women informed about breast cancer was 79 percent among low-income women while it was 96 percent among the high-income group. Concerning details of breast cancer, 64 percent of high income women knew about regular breast self-examinations while only one third (33 percent) of low-income women knew about it.

Data cross-tabulated on «knowing about breast self-examination» and «do you actually do self-examinations in order to detect breast cancer early» responses are presented in Table 6.28.

Forty-eight percent of women never did breast self-examinations even if they knew about it, 7 percent said that they do it on completion of their menstrual period, 19 percent said that they do it monthly, 11 percent said that they do it once every three months, 5 percent said that they do it once every half year, and 11 percent responded that they do it annually. Although half of women who practice breast self-examination responded that they do it more or less regularly, no conclusions can be drawn concerning whether it is being done properly or not.

The abovementioned indicator seemed to have some association with age; namely, the proportion of teenagers who do breast self-examinations was 21 percent compared to 57 percent among 45-49 year olds. Further, breast examination was less often practiced by never-married women (69 percent) compared to those are married (43 percent) or have been married before (51 percent).

Where rural-urban differences are concerned, more rural women (57 percent) practiced breast self-exams than urban ones (50 percent). Regionally, breast self examination was least practiced in Ulaanbaatar (45 percent) and most often practiced in the Western region (60 percent).

Breast self examination seems to be directly proportional to level of education. Additionally, breast self examination was more commonly practiced among unemployed women than among unemployed women.

Table 6.28 Knowledge about Breast Cancer Among Respondents in Percentages, Frequency of Self-examination, by Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Frequency of self-examination						Total	Number of women
	Never Heard	After each Menstruation	Once in a Month	Once in a Quarter	Once in a half year	Once in a year		
Age Group								
15-19	78.6	2.2	7.7	4.1	2.2	5.2	100.0	364
20-24	58.7	6.9	14.2	8.6	3.6	8.0	100.0	535
25-29	49.7	4.8	18.3	10.7	3.9	12.5	100.0	765
30-34	41.7	7.6	20.9	12.2	5.1	12.6	100.0	844
35-39	41.0	6.9	21.8	12.5	5.8	12.0	100.0	809
40-44	42.8	8.5	18.7	15.2	4.3	10.5	100.0	669
45-49	43.0	6.2	21.5	12.4	5.6	11.4	100.0	484
Current marital status								
Currently married	43.1	7.0	20.3	12.6	5.0	12.0	100.0	3 331
Formerly married	51.4	5.2	18.5	11.8	2.9	10.1	100.0	346
Never married	68.9	4.8	10.8	5.9	3.3	6.3	100.0	793
Residence								
Urban	50.4	6.3	17.5	11.2	4.5	10.1	100.0	3 143
Rural	43.3	6.9	20.7	11.8	4.7	12.7	100.0	1 327
Region								
Central	43.8	4.4	22.4	13.0	3.7	12.8	100.0	1 225
East	43.8	14.7	21.9	9.4	5.6	4.7	100.0	320
West	39.8	7.0	18.5	13.5	6.0	15.2	100.0	600
South	44.0	7.3	17.6	12.5	6.6	12.1	100.0	273
Ulaanbaatar	54.7	6.1	15.7	10.0	4.2	9.3	100.0	2 052
Highest Education Level								
Primary or less	59.3	1.8	15.0	5.3	4.4	14.2	100.0	113
Incomplete secondary	63.1	3.7	14.7	6.1	3.3	9.1	100.0	701
Complete secondary	52.5	4.8	15.4	10.9	4.1	12.2	100.0	1 544
More than Secondary	39.7	8.9	22.1	13.8	5.3	10.3	100.0	2 112
Current Employment status								
Working	43.9	7.2	20.3	12.6	5.2	10.8	100.0	2 912
Don't working	56.4	5.1	15.1	9.1	3.3	11.0	100.0	1 558
Monthly average income per person								
< 28264	51.0	5.0	17.2	9.5	4.3	12.9	100.0	535
28265-102535	50.8	5.5	17.2	10.7	4.2	11.5	100.0	2 419
102536-123785	44.0	8.5	18.0	13.5	5.9	10.0	100.0	539
123786+	42.9	8.4	22.4	12.9	4.8	8.6	100.0	977
Total	48.3	6.5	18.5	11.4	4.5	10.9	100.0	4 470

Conclusions

Antenatal care enrolment of women who have delivered in the last five pre-survey years has been observed as increasing from survey to survey; the antenatal enrolment rate was 96 percent in 1998, 99 percent in 2003 and 99.5 percent in 2008. The median timing of antenatal care enrolment decreased from at 3.7 months of pregnancy in 1998 to 3.3 months in 2003 and 2.9 months in 2008.

Antenatal counselling related to the importance of antenatal care (73 percent) was given most often, while family planning-oriented consultations were given less priority relative to other types of counselling (64 percent).

Mothers with an average income lower than the minimum standards had 1.5 to 17.4 percentage points less counselling than women with an average income exceeding minimum living standards. This could be demonstrating the fact that medical care and services are provided preferentially based on socio-economic conditions.

Eighty percent of all pregnant women were covered by general blood and urine tests and 75 percent had uterus smears and ultra-sound diagnosis. However, AIDS/HIV testing (68 percent) as well as syphilis testing (66 percent) were relatively lagging in comparison to other forms of medical tests for pregnant women. Furthermore, test coverage in cities was higher by 34 to 45 percentage points in comparison with those in rural areas, which may show a lack of testing options, necessary equipment, and/or skilled personnel in rural areas.

The survey discovered that compared with the results of the two previous surveys, iron pill usage by pregnant women has increased. For instance in 1998, 58 percent of pregnant women and 29 percent of pregnant women in 2003 responded that they had never taken iron pills. In 2008, this percentage further declined to 19 percent.

For the last five years, 57 percent of pregnant women had complications during their last pregnancy, 46 percent had pregnancy-associated or –aggravated diseases, and 68 percent had complications during delivery.

Home delivery rates have dropped from the 1998 level of 6 percent to 2.8 percent in 2003 and 1.7 percent in 2008. In the meantime, the percentage of mothers who received medical services for their deliveries was 94 percent in 1998, increasing to 97 percent in 2003 and 99 percent in 2008. This may have resulted from better maternal care and improved services.

The proportion of caesarean action births has been steadily increasing since the initial survey in 1998; it was 5 percent in 1998, 10 percent in 2003 and 17 percent in 2008. Delivery by caesarean section was more common among women over 35 (30 percent in 2008), which might be related to delivery problems that tend to occur more frequently with mothers who are older.

Seventy-five percent of reproductive-age women have heard about cervical cancer; out of them 30 percent have been enrolled in cervical cancer screening. As for breast cancer, 88 percent of women have heard about it, out of which 52 percent practiced breast self-examination as an early detection measure.

Low income, poorly educated, and rural women were less informed and less knowledgeable about cervical and breast cancer. This demonstrates a need to focus on advocacy and public awareness campaigns toward the abovementioned groups.

Chapter VII. Child Health and Breastfeeding

In recent years, infant and child mortality, morbidity, and malnutrition have declined and substantial improvements have been made in major child health indicators. This has been due to the introduction of international standards on diagnosis and treatment of infant diseases, promotion of breastfeeding, and successful implementation of a national vaccination programme.

Breastfeeding is very important for the health of children as it benefits child's nutrition and development. Thus, it is recommended in the declaration adopted by the special session titled «World Fit for Children» to exclusively feed infants breast milk until six months of age, then starting complementary feeding. Breastfeeding can be continued for up to two years of age.

The mother also benefits from the contraceptive effect of breastfeeding, which contributes to greater birth spacing and influences fertility rates. Contraceptive effects are influenced by both the duration and frequency of breastfeeding and by the age at which the child starts to receive supplemental foods and liquids. Therefore, factors such as whether breastfeeding was started immediately after birth, details about breastfeeding itself, causes of not breastfeeding, whether the infants were exclusively breastfed, and causes of stopping breastfeeding were included in the questionnaire.

Child health at delivery

Table 7.01 shows that in the five years preceding the survey 10 percent of births were delivered by caesarean section, higher than the 1998 level by 12 percentage points and higher than the 2003 level by 8 percentage points.

The survey also obtained information regarding babies' weight at birth from mothers' recollections. Among the children born in the five years preceding the survey, five percent weighed less than 2.5 kilograms (as opposed to 8 percent in 1998 and 7 percent in 2003), while the majority (94 percent) of births weighed 2.5 kg or more (compared to 92 percent in 1998 and 93 percent in 2003).

Table 7.01 Percent Distribution of Live Births in the Last 5 Years by Whether the Delivery Was by Caserean Section, and by Birth Weight and the Mother's Opinion on Timing of Birth, by Selected Background Characteristics, Mongolia 2008

Background Characteristics	Delivery by Caserean Section	Weight at birth				Timing of birth				Number of Births
		Less than 2.5 kg	2.5 kg or More	DK/ Missing	Total	On time	Prematurely	Post Date	Total	
Age at Birth										
<20	12.5	6.8	92.5	0.7	100.0	66.2	18.9	14.9	100.0	281
20-34	16.1	5.2	94.3	0.5	100.0	70.2	15.8	13.9	100.0	3 571
35+	29.9	4.4	95.0	0.6	100.0	70.3	18.3	11.4	100.0	481
Residence										
Urban	20.8	4.3	95.5	0.2	100.0	67.0	17.3	15.7	100.0	2 284
Rural	13.6	6.2	92.9	0.9	100.0	73.3	15.2	11.5	100.0	2 049
Region										
Central	16.9	5.0	94.7	0.3	100.0	67.7	18.8	13.5	100.0	1 270
East	15.2	2.4	97.3	0.3	100.0	68.1	13.8	18.1	100.0	376
West	12.8	8.5	90.4	1.1	100.0	78.0	12.0	10.0	100.0	1 036
South	16.5	2.7	95.7	1.6	100.0	67.8	18.4	13.7	100.0	255
Ulaanbaatar	22.0	4.2	95.6	0.1	100.0	66.9	17.6	15.5	100.0	1 396
Highest Education Level										
Primary or Less	11.2	12.1	86.5	1.4	100.0	73.3	15.3	11.4	100.0	438
Incomplete Secondary	9.8	4.5	94.9	0.7	100.0	73.6	13.5	12.8	100.0	895
Complete Secondary	16.9	4.5	95.1	0.5	100.0	71.0	15.7	13.3	100.0	1 524
More than Secondary	24.4	4.4	95.4	0.2	100.0	65.7	19.0	15.4	100.0	1 476
Total	17.4	5.2	94.3	0.5	100.0	70.0	16.3	13.7	100.0	4 333

Birth weights varied with the age of the mother. The proportion of low birth weight babies (those weighing less than 2.5 kilograms) decreased with increasing mothers' age, dropping from seven percent among babies born to mothers under age 20 year to four percent among women aged 35 and over.

The proportion of low birth weight babies was higher in rural areas (6 percent) than in urban areas (4 percent). Eight percent of babies born in the Western region and four to five percent of babies born in the Central region and in Ulaanbaatar had low birth weight. In addition, a relatively higher proportion of women with a primary education level (12 percent) gave birth to low birth weight infants.

The survey also gathered information concerning mothers' opinions on whether the delivery occurred at term, preterm, or late. Overall, 70 percent of births were delivered at term, 16 percent preterm, and 14 percent late.

Fever and acute respiratory infections (ARI)

The RHS included questions on whether children under the age of 5 had symptoms such as coughing, fever, and pneumonia, and whether they had any counselling or treatment by a doctor in the two weeks prior to their survey interview.

The survey was conducted from September to November, which is the cold season of the year. Survey findings show that 41 percent of the children had a cough and 4 percent were breathing faster than normal during the two weeks prior to the survey interview. The prevalence of fever, cough, and short/rapid breath was highest among infants aged 6-11 months compared to other age groups, with 51 percent having a cough and 5 percent breathing faster than normal (Table 7.02). The proportion of babies with a cough increased by 14 percentage points when compared to the previous RHS. The survey findings showed that boys were more likely than girls to get sick. Additionally, it showed that in Ulaanbaatar 46 percent of the children had a cough and 4 percent had a fever; these percentages were higher than the ones in other regions.

As for medical assistance and place of advice/treatment, 88 percent of children under 5 years old were taken to a health facility for advice/treatment on fever and ARI; compared to 1998 this percentage has increased by 11 percentage points and by 1.8 points from 2003. Of these, 87 percent received care from public hospitals, 5 percent from pharmacies, 2 percent sought assistance at private clinics, and 1 percent approached friends who were medical doctors. The remaining 12 percent did not receive any care.

Table 7.02 Among All Children Under 5 Years of Age the Percentage Who Were Ill with Fever, Cough and Short Rapid Breath, and the Percentage Those Ill Who Had Contact with a Health Facility and Who had Visited Place of for Advice/Treatment According to Selected Background Characteristics, Mongolia 2008

Background Characteristics	Cough	Pneumonia	Taken to Health Facilities/Treatment	Place for Advise/Treatment							Number of Children
				Public Hospital	Private Hospital	Pharmacy	Folksy Hospital	Traditional Hospital	Friend (Doctor)	None	
Child's Age											
Under 6 Months	40.2	2.1	83.9	83.3	1.1	4.4	0.2	0.0	0.3	16.1	615
6-11 Months	51.5	5.4	86.9	85.3	2.2	4.7	0.0	0.3	0.9	13.1	579
12-23 Months	47.7	5.1	91.7	90.0	2.7	4.9	0.3	0.0	1.1	8.3	891
24-35 Months	42.8	2.9	90.0	88.8	1.7	4.7	0.0	0.0	0.4	10.0	761
36-47 Months	35.3	3.0	87.0	86.7	0.6	6.3	0.3	0.0	0.4	13.0	700
48-59 Months	30.6	2.7	85.7	84.8	0.7	3.6	0.0	0.1	0.3	14.3	693
Child's Sex											
Male	41.6	4.0	88.1	87.0	1.3	4.8	0.1	0.1	0.5	11.9	2 203
Female	41.2	3.1	87.6	86.5	1.9	4.8	0.2	0.0	0.7	12.4	2 036
Residence											
Urban	46.2	3.7	90.5	88.9	2.9	8.0	0.1	0.0	1.1	9.5	2 243
Rural	36.0	3.4	84.8	84.4	0.1	1.2	0.2	0.1	0.1	15.2	1 996
Region											
Central	40.0	3.1	86.9	86.5	0.2	2.0	0.2	0.0	0.3	13.1	1 241
East	39.8	2.7	90.8	90.5	0.5	7.6	0.3	0.0	0.3	9.2	369
West	36.7	3.7	83.4	82.5	0.0	0.8	0.0	0.2	0.2	16.6	1 007
South	45.2	2.4	87.9	87.9	0.4	2.4	0.4	0.0	0.0	12.1	248
Ulaanbaatar	45.8	4.3	91.1	88.9	4.4	9.9	0.1	0.1	1.3	8.9	1 374
Highest Education Level											
Primary or Less	31.4	5.2	76.8	76.6	0.0	0.2	0.2	0.0	0.2	23.2	423
Incomplete Secondary	37.6	3.9	86.1	85.4	0.0	3.1	0.1	0.2	0.0	13.9	875
Complete Secondary	42.8	3.6	89.3	88.9	0.9	4.4	0.2	0.0	0.3	10.7	1 492
More than Secondary	45.1	2.8	90.6	88.5	3.7	7.6	0.1	0.1	1.3	9.4	1 449
Total	41.4	3.6	87.9	86.8	1.6	4.8	0.1	0.1	0.6	12.1	4 239

Diarrhoea prevalence and its treatment

The RHS also obtained data on prevalence of diarrhoea and its treatment. Diarrhoeal diseases constitute one of the leading causes of childhood morbidity and mortality. Child health is dependent on multiple factors, such as parental educational level, particularly maternal educational level, spacing between childbirths, birth order, and maternal age, among others.

The percentage of children less than five years old with diarrhoea or dysentery (blood in stools)

during the two weeks prior to the survey interview by age, sex, residence, region, maternal educational level, and type of remedies taken is shown in Table 7.03. The prevalence, or percentage, of children who had diarrhoea in the two weeks preceding the survey was 13 percent, while the prevalence of bloody diarrhoea was about one percent. This prevalence is higher than what was reported in 1998 (by 0.2 percentage) and is the same as for 2003.

The prevalence of diarrhoea within the two weeks preceding the survey interview was highest among children aged 12-23 months (17 percent) compared to other age groups. By sex, boys were more affected than girls (higher by 0.5 percentage). By residence, rural children (15 percent) suffered more than their urban counterparts (11 percent). The highest prevalence of diarrhoea was found in the Western region (18 percent) and the lowest in the South region (6 percent).

Table 7.03 Percentage of Children Under Five Years of Age with Diarrhea and Bloody Diarrhea During the Two Weeks Before the Survey, According to Demographic and Background Characteristics, Mongolia 2008

Variable and Category	Diarrhea Previous 2 Weeks	Bloody Diarrhea Previous 2 Weeks	Seeking Medical Treatment/Assistance	Place for Advise/Treatment for Diarrhea							Number of Children
				Public hospital	Private hospital	Pharmacy	Folksy Hospital	Traditional Hospital	Friend (Doctor)	Other	
Child's Age											
Under 6 Months	15.6	0.5	80.7	80.2	1.1	4.1	0.0	0.0	0.5	19.3	615
6-11 Months	15.7	0.5	85.7	85.0	1.7	4.0	0.0	0.0	0.3	14.3	579
12-23 Months	17.1	1.5	86.4	84.6	2.5	4.5	0.4	0.0	1.0	13.6	891
24-35 Months	13.1	1.2	85.0	84.0	1.6	3.4	0.3	0.0	0.4	15.0	761
36-47 Months	7.9	1.4	83.0	82.3	0.4	4.6	0.1	0.0	0.3	17.0	700
48-59 Months	7.2	0.3	81.7	80.8	0.6	3.5	0.4	0.0	0.6	18.3	693
Child's Sex											
Male	13.1	0.7	84.8	83.7	1.1	4.2	0.3	0.0	0.5	15.2	2 203
Female	12.6	1.2	82.9	82.0	1.7	3.8	0.2	0.0	0.5	17.1	2 036
Residence											
Urban	10.8	0.7	84.3	82.7	2.5	6.7	0.2	0.0	0.8	15.7	2 243
Rural	15.1	1.3	83.5	83.1	0.1	1.0	0.3	0.0	0.2	16.5	1 996
Region											
Central	14.7	1.1	84.9	84.4	0.2	1.7	0.4	0.0	0.5	15.1	1 241
East	14.1	1.6	93.0	93.0	0.3	7.9	0.3	0.0	0.0	7.0	369
West	18.3	1.5	80.3	79.9	0.1	0.6	0.3	0.0	0.1	19.7	1 007
South	6.0	0.0	85.5	85.1	0.0	1.2	0.0	0.0	0.0	14.5	248
Ulaanbaatar	8.0	0.4	82.8	80.6	3.9	8.1	0.1	0.0	1.2	17.2	1 374
Highest Education Level											
Primary or Less	17.3	1.9	76.6	76.1	0.0	0.9	0.9	0.0	0.7	23.4	423
Incomplete Secondary	11.4	0.2	82.5	82.2	0.0	2.2	0.1	0.0	0.1	17.5	875
Complete Secondary	12.5	1.2	85.3	84.8	0.9	3.5	0.2	0.0	0.1	14.7	1 492
More than Secondary	12.8	0.8	85.4	83.4	3.0	6.6	0.1	0.0	1.2	14.6	1 449
Total	12.8	0.9	83.9	82.9	1.4	4.0	0.2	0.0	0.5	16.1	4 239

Medical assistance for 84 percent of children was sought by their families; 83 percent of these children visited public hospitals/clinics, 4 percent visited pharmacies, 1 percent sought assistance from private clinics, and the remaining children received treatment/advice from traditional healers, friends who are doctors, or others.

Table 7.04 Among Children Under Five Years Who Had Diarrhea in the Past Two Weeks, the Percentage Taken For Treatment to a Health Facility, and the Percentage who Received Different Types of Treatment, According to Demographic and Background Characteristics, Mongolia 2008

Background Characteristics	Diarrhea Treatment										Children with Diarrhea
	Taken a Health Facility	ORS	Pill (antibiotics)	Tapia	I. V Intravenous	Home-made Drinks	Home Med/ Herb.Med	Other	None	DK/ Missing	
Child's Age											
Under 6 Months	84.4	29.2	31.3	2.1	20.8	1.0	3.1	4.2	28.1	0.0	96
6-11 Months	82.4	56.0	52.7	1.1	33.0	1.1	7.7	4.4	6.6	0.0	91
12-23 Months	85.5	52.0	52.0	0.0	30.3	1.3	7.2	1.3	6.6	0.0	152
24-35 Months	82.0	58.0	38.0	1.0	38.0	0.0	3.0	5.0	6.0	0.0	100
36-47 Months	89.1	58.2	56.4	3.6	34.5	0.0	1.8	1.8	9.1	0.0	55
48-59 Months	78.0	52.0	48.0	0.0	26.0	2.0	6.0	2.0	8.0	0.0	50
Child's Sex											
Male	84.4	53.8	44.1	0.3	28.8	1.0	5.9	5.2	8.7	0.0	288
Female	83.2	46.5	48.0	2.0	32.4	0.8	4.3	0.8	12.9	0.0	256
Residence											
Urban	85.5	56.2	45.9	0.4	34.7	0.8	5.8	2.5	12.0	0.0	242
Rural	82.5	45.7	46.0	1.7	27.2	1.0	4.6	3.6	9.6	0.0	302
Region											
Central	81.4	51.9	46.4	0.5	35.0	1.1	9.3	3.8	6.0	0.0	183
East	92.3	59.6	36.5	1.9	44.2	0.0	0.0	0.0	23.1	0.0	52
West	84.2	42.9	51.6	2.2	17.9	0.5	2.7	3.8	10.9	0.0	184
South	86.7	86.7	46.7	0.0	46.7	13.3	6.7	0.0	0.0	0.0	15
Ulaanbaatar	82.7	50.9	40.0	0.0	35.5	0.0	4.5	2.7	13.6	0.0	110
Highest Education Level											
Primary or Less	67.1	32.9	38.4	2.7	16.4	2.7	2.7	4.1	12.3	0.0	73
Incomplete Secondary	87.0	47.0	46.0	0.0	25.0	1.0	7.0	3.0	7.0	0.0	100
Complete Secondary	89.2	55.4	48.4	0.5	32.3	0.0	8.1	3.8	8.6	0.0	186
More than Secondary	83.2	54.1	46.5	1.6	37.3	1.1	2.2	2.2	14.1	0.0	185
Total	83.8	50.4	46.0	1.1	30.5	0.9	5.1	3.1	10.7	0.0	544

The percentage of children who received medical assistance for their diarrhoea is slightly higher in urban areas than in rural areas (see Table 7.04).

More male children (84 percent) were taken to a health facility than female children (83 percent). Among regions, the Eastern region appeared to have the highest prevalence of using home treatments (92 percent). There are some variations in the proportion of children taken to a health facility by mother's educational level.

Table 7.04 also shows the various treatments that were given to children with diarrhoea. About 46 percent of children who had diarrhoea were given drugs (antibiotics), while 50 percent of these children received oral rehydration solution (ORS), 30 percent were provided with an abundant supply of various home-made drinks of different types, and 11 percent were given drinks prepared by boiling herbs and other plants. According to the 1998 RHS, 80 percent of children were given drugs which decreased to 65 percent in 2003.

It is important that children with diarrhoea are given sufficient liquids to prevent dehydration. As shown in Table 7.05, three fourths (72 percent) of children aged five years and under old with diarrhoea increased their fluid intakes. This is nine percentage points higher than in the 1998 RHS (63 percent) and five percentage points higher than in the 2003 RHS (67 percent). Additionally, in 2008 19 percent of children drank the usual amount of liquids and 6 percent drank less.

Table 7.05 Provision of Fluids to Children Under Five Years Who Had Diarrhea in the Past Two Weeks, Mongolia 2008

	Total		
	RHS 1998	RHS 2003	RHS 2008
Increase or Decrease Fluids			
Same	26.3	23.3	19.1
Increase	63	66.7	72.1
Decrease	9.5	8.7	6.6
DK/Missing	1.2	1.3	2.2
Total	100.0	100.0	100.0
Number of Births	338	459	544

A question concerning whether special care (warming) was sought out for low birth weight (less than 2,000 grams) babies during the five years preceding the survey was asked. About 84 percent of female respondents reported taking special care (warming) for low birth weight babies (see Table 7.06). Examining by residence, the percentage of urban women (94 percent) who took special care of low birth weight babies was higher than for rural women (76 percent). By region, this percentage is lower (65 percent) in the Western region compared to other regions.

Eighty-eight percent of newborn babies cried upon delivery. This percentage was higher for urban babies (89 percent) than for rural ones (87 percent). For Ulaanbaatar private hospitals

Table 7.06 Special Care taken for Babies Born with Weight of 2000grs or Less During the Last Five Years, by Selected Background Characteristics, Mongolia 2008

Background Characteristics	Special care taken for keeping a baby warm				Number of Births
	Yes	No	Don't know	Total	
Residence					
Urban	94.1	0.0	5.9	100.0	1 946
Rural	76.2	19.0	4.8	100.0	1 659
Region					
Central	100.0	0.0	0.0	100.0	1 066
East	100.0	0.0	0.0	100.0	321
West	64.3	28.6	7.1	100.0	802
South					213
Ulaanbaatar	90.9	0.0	9.1	100.0	1 203
Total	84.2	10.5	5.3	100.0	3 605

this percentage was the highest (100 percent) among all urban cities; it was also high for both Eastern (91 percent) and Southern (90 percent) regions compared to other regions (see Table 7.07). Sixty-five percent of babies who did not cry upon delivery got assistance in emergency rooms, and about 35 percent did not receive emergency assistance.

Table 7.07 Emergency Care for Babies Who did Not Cry upon Delivery and Percentage of Births, by Selected Background Characteristics, Mongolia 2008

Background Characteristics	Immediately at delivery	Immediately, upon delivery did not cry		Total	Number of Births
		Received emergency care	Did not receive emergency care		
Residence					
Urban	88.7	74.4	25.6	100.0	1 946
Rural	86.9	55.8	44.2	100.0	1 659
Region					
Central	87.0	59.0	41.0	100.0	1 066
East	91.3	92.9	7.1	100.0	321
West	85.7	53.9	46.1	100.0	802
South	90.1	57.1	42.9	100.0	213
Ulaanbaatar	88.9	76.7	23.3	100.0	1 203
Place of Delivery					
Specialized hospital in UB	89.3	80.7	19.3	100.0	1 261
Aimag center og district clinic	86.4	62.8	37.2	100.0	1 518
Soum hospital of family clinic	88.2	48.4	51.6	100.0	770
Private hospital (UB)	100.0	0.0	0.0	100.0	4
Private hospital (aimag center)	92.3	50.0	50.0	100.0	26
Home/other	96.2	0.0	100.0	100.0	26
Total	87.9	65.1	34.9	100.0	3 605

Time of first breastfeeding

Table 7.08 shows the initial breastfeeding status of all children who were born in the three years before the survey (2005-2008), categorized by sex, residence and mother's educational level. Over 97 percent of the last-born children (within the three years preceding the survey) started breastfeeding immediately.

This table shows that the percentage of children who were ever breastfed did not differ much by sex, residence, region, and mother's educational level. It can be concluded that the practice of breastfeeding is nearly universal in Mongolia. Breastfeeding is the first step to follow after childbirth and is an important step for infants' health. Thus, information on whether the newborn was breastfed shortly after birth was gathered in the present survey.

As the results show, 81 percent of the last-born children born in the three years preceding the survey were breastfed within the first hour after birth, 15 percent within twenty-four hours, and 4 percent after 24 hours (see Table 7.08). The proportion of babies breastfed some time after birth decreased by two percentage points as compared to 2003.

Table 7.08 Percentage of Children Born in Three Years Preceding the Survey Who were Ever Breastfed, the Percentage of Children Who were Exclusively Breastfed, by Breastfeeding Time and Selected Background Characteristics, Mongolia 2008

Background Characteristics	Percentage ever breastfed	By time since birth				Number of Children
		Within first 1 hours	Within 24 hours	More than 24 hours	Don't remember	
Sex						
Male	96.5	81.0	14.9	3.8	0.3	1 516
Female	97.3	80.7	15.9	3.1	0.2	1 390
Residence						
Urban	97.2	79.8	15.6	4.4	0.2	1 605
Rural	96.5	82.3	15.1	2.3	0.3	1 301
Region						
Central	97.3	81.9	14.6	3.5	0.0	848
East	95.7	88.7	10.4	0.9	0.0	232
West	95.6	78.0	17.9	3.0	1.1	660
South	96.8	90.6	7.2	1.4	0.7	158
Ulaanbaatar	97.7	78.5	16.9	4.6	0.0	1 008
Mother's Education Level						
Primary or Less	96.7	81.8	15.3	1.7	1.3	275
Incomplete Secondary	98.3	82.9	14.8	2.3		540
Complete Secondary	96.5	82.1	14.0	3.6	0.3	1 062
More than Secondary	96.6	78.3	17.2	4.4	0.1	1 029
Place of Delivery						
Health Facility	97.1	81.1	15.2	3.5	0.2	2 863
At Home	81.4	63.3	30.0	3.3	3.3	43
Total	96.9	80.9	15.4	3.5	0.3	2 906

The majority of children (81 percent) who were born in a health facility or hospital were breastfed within the first hour after birth as compared to 63 percent among children born at home. However, 30 percent of children born at home were breastfed within half an hour of birth while 15 percent of children born in hospitals were breastfed within half an hour.

Breastfeeding

Breastfeeding protects newborns from infections and provides nutrition. Breastfeeding shortly after birth is an important step in correct breastfeeding for the newborn and mother and learning how to breastfeed correctly is an integral part of successful breastfeeding.

Among children born in the three years preceding the survey, virtually all children (97 percent) were breastfed for at least some time and only 3 percent of them were not (see Table 7.09).

The main causes of children (born within the three years prior to the survey) were never breastfed were: death of the child, lack of milk, poor health of the mother, pain in the breasts, and other.

Table 7.09 Percentage of All Children Who Were Ever Breastfed Among children Born in the Three Years Before the Survey, According to Background Characteristics, Mongolia 2008

Background Characteristics	Breastfeeding		Number of Children
	Ever Breastfed	Never Breastfed	
Sex			
Male	96.5	3.5	1 516
Female	97.3	2.7	1 390
Residence			
Urban	97.2	2.8	1 605
Rural	96.5	3.5	1 301
Region			
Central	97.3	2.7	848
East	95.7	4.3	232
West	95.6	4.4	660
South	96.8	3.2	158
Ulaanbaatar	97.7	2.3	1 008
Mother's Education Level			
Primary or Less	96.7	3.3	275
Incomplete Secondary	98.3	1.7	540
Complete Secondary	96.5	3.5	1 062
More than Secondary	96.6	3.4	1 029
Place of Delivery			
Health Facility	97.1	2.9	2 863
At Home	81.4	18.6	43
Total	96.9	3.1	2 906

The proportion of those who breastfed increased by 0.4 percentage points as compared to 1998.

However, in comparison to the 2003 RHS, this proportion has decreased. Mothers tended to stop breastfeeding and begin feeding complementary foods too early, which likely has an impact on child growth and nutrition.

Table 7.10 presents information on the breastfeeding status of living children under the age of three by the child's age in months. Among children 0-1 month of age, 95 percent were exclusively breastfed; this is higher compared to other years (88 percent in 1998 and 95 percent in 2003).

The proportion of children 10-11 months of age who were breastfed was highest in 1998 (93 percent) and 2003 (85 percent) while the proportion of children 30-31 months of age who were breastfed was highest in 2008 (97 percent).

Table 7.10 Percent Distribution of Living Children by Breastfeeding Status, According to Child's Age in Months, Mongolia, 2008

Months Since Birth	Breastfeeding Status			Total	Number of Living Children
	Not Breast-feeding	Exclusive Breastfeeding	Breast/ Supplement		
0-1	0.5	94.9	4.6	100.0	219
2-3	0.5	87.6	11.9	100.0	201
4-5	3.1	57.9	39.0	100.0	195
6-7	1.6	25.4	73.0	100.0	190
8-9	2.4	16.8	80.8	100.0	210
10-11	3.4	11.2	85.5	100.0	179
12-13	1.9	8.7	89.4	100.0	167
14-15	0.6	9.9	89.5	100.0	178
16-17	1.4	6.8	91.9	100.0	158
18-19	3.1	7.1	89.8	100.0	136
20-21	0.9	10.6	88.5	100.0	122
22-23	3.4	5.2	91.4	100.0	130
24-25	3.7	5.6	90.7	100.0	125
26-27	4.7	2.8	92.5	100.0	135
28-29	1.8	6.3	92.0	100.0	137
30-31	2.9	-	97.1	100.0	128
32-33	2.1	4.3	93.6	100.0	112
34-35	4.3	5.4	90.3	100.0	124
Age in Months					
0-3	0.5	91.4	8.2	100.0	420
4-6	3.0	47.3	49.7	100.0	301
7-9	1.7	18.6	79.7	100.0	294
Total	2.2	26.1	71.7	100.0	2 846

The percentage of children who were breastfed decreased as their ages increased. Of the children aged 34-35 months, 21 percent in 1998, 28 percent in 2003, and 90 percent in 2008 were still breastfeeding with complementary foods. According to World Health Organization (WHO) recommendations, for the first 6 months a baby should be exclusively breastfed. As shown in the lower part of Table 7.10, at the time of the survey, 91 percent of children aged 0-3 months and 47 percent of children aged 4-6 months were fed exclusively with breast milk.

Table 7.11 shows that in the three years before the survey, 79 percent of mothers who breastfed their children had exclusively breastfed their children up to 6 months. Exclusive breastfeeding was higher among rural mothers (80 percent) compared to urban mothers (78 percent).

Exclusive breastfeeding up to 6 months was also higher for mothers in the Western region (85 percent) and for mothers with basic education (81 percent). Accordingly, 79 percent of mothers who gave birth at hospitals breastfed their children exclusively up to 6 months, lower than that in 2003 (85 percent).

Table 7.11 Among Children Who Were Ever Breastfed for More than 6 Months in the Three Years Before the Survey, the Percentage of Children Who Were Fed only with Breast milk for First 6 Months After Births, According to Background Characteristics, Mongolia 2008

Background Characteristics	Only by breast milk for first 6 months			Number of Children
	Yes	No	Don't remember	
Sex				
Male	79.0	20.8	0.2	1 516
Female	78.7	21.3	0.0	1 390
Residence				
Urban	78.1	21.8	0.1	1 605
Rural	79.7	20.2	0.1	1 301
Region				
Central	74.8	25.0	0.2	848
East	78.7	21.3	0.0	232
West	85.0	14.8	0.2	660
South	80.0	20.0	0.0	158
Ulaanbaatar	78.3	21.7	0.0	1 008
Mother's Education Level				
Primary or Less	79.6	19.9	0.5	275
Incomplete Secondary	81.0	18.7	0.3	540
Complete Secondary	78.6	21.4	0.0	1 062
More than Secondary	77.8	22.2	0.0	1 029
Place of Delivery				
Health Facility	79.0	20.9	0.1	2 863
At Home	72.4	27.6	0.0	43
Total	78.9	21.0	0.1	2 906

According to the questions concerning current practices, yogurt and mashed fruits were added to early supplementary foods for young children. Mongolian infants, especially after 4 months, mainly had water, tea, boiled milk with water called «hyaram,» and a mushy soup with wheat flour as food supplements.

Table 7.12 shows the percentage of breastfeeding children who had supplementary foods during the 24 hours preceding the survey by their age (months) and type of supplementary foods. As compared to 1998 and 2003 RHS the percentage of children aged 6 months to 2 years who had supplementary foods decreased by both age and type of supplementary foods. This may be due to the fact that duration of breastfeeding has been prolonged by 2.4 months.

By 6-7 months of age, 69 percent of breastfeeding children had taken supplementary food/bantan, over two thirds (66 percent) had taken other liquids, more than one third had taken yogurt, and one fifth had taken milk. We can therefore conclude that breastfeeding practices in Mongolia deserve high commendation; children receive breast milk for an extended period and receive proper food supplementation at an early age (usually starting from six months of age). This may contribute to the lowering of infant and child mortality.

Table 7.12 Percentage of Breastfeeding Children under 36 Months of Age, by type of Food Supplementation Received in 24 Hours Before the Interview, According to Child's Age in Months, Mongolia, 2008

Age in Months	Type of Supplementation						Number of Breastfeeding Children
	Plain Water	Tinned or Fresh milk	Other Liquid	Solid/ Mushy Food	Yogurt/ Curd	Fruity pap	
Months Since Birth							
0-1	1.3	4.9	1.3	0.9	1.3	0.9	215
2-3	1.0	9.3	4.9	3.4	1.0	1.0	200
4-5	5.6	21.8	35.0	34.5	19.3	9.6	189
6-7	15.0	23.3	66.3	68.9	36.8	11.4	182
8-9	19.9	28.9	78.2	78.7	41.7	18.5	203
10-11	23.1	34.4	82.3	84.4	44.6	22.0	173
12-13	24.6	30.4	84.8	83.6	52.0	17.5	158
14-15	25.3	28.6	82.4	83.0	44.5	13.7	170
16-17	27.5	31.9	81.9	83.1	55.0	20.0	146
18-23	26.6	120.8	250.8	99.7	58.8	35.6	347
24-29	25.6	26.1	73.6	74.6	41.6	13.1	314
30-35	28.2	27.1	74.0	74.5	37.5	12.9	283
Age in Months							
0-3	1.2	7.0	3.0	2.1	1.2	0.9	415
4-6	9.2	22.3	45.2	45.9	24.3	9.8	289
7-9	18.2	27.4	75.7	76.7	41.6	16.9	285
Total	19.9	25.2	63.7	64.0	35.8	13.1	2 580

Conclusions

The percentage of children less than five years old with diarrhoea in the two weeks preceding the survey increased from 9 percent in 1998 to 13 percent in 2003 and 2008. Medical assistance was sought by 84 percent of children with diarrhoea. This was 81 percent in 2003. Some children with diarrhoea may not have received medical assistance due to their parents having practices to deal with diarrhoea at home.

More than four fifths of children (81 percent) were breastfed within one hour after birth. The proportion of children who were breastfed for at least some time was 97 percent in 2008.

We can therefore conclude that children receive breast milk for an extended period and receive proper food supplementation at an early age. This may contribute to lowering of infant and child mortality. Eighty-two percent of children aged 0-6 months were exclusively breastfed, suggesting compliance with WHO recommendations.

Chapter VIII. Knowledge and Attitudes Concerning STIs and HIV/AIDS

According to the World Health Organization (WHO), Mongolia is a low-prevalence Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) country. One estimation is that the country might have about 500 cases except identified cases of HIV/AIDS. Although the incidence of HIV/AIDS is at less than one percent of the population, focus should be given to the following risk factors of HIV/AIDS/STIs which do exist in Mongolia: borders that are completely shared with two countries that do have high HIV/AIDS prevalence, a highly mobile population, high levels of unemployment and poverty, high incidences of sexually transmitted infections (STIs), and annually increasing numbers of HIV/AIDS cases.

The Government of Mongolia has made great efforts in developing programmes for preventing transmission of STIs/HIV/AIDS. The law on prevention of HIV/AIDS was adopted in 1994 and a further amendment was made in 2004. A sub-programme on HIV/AIDS was included in the National Programme on Infectious Diseases for 2002-2010. The National Strategy on Prevention of HIV/AIDS was adopted in 2003 and further amendments were made in 2006. In 2008, with the participation of various stakeholders, a draft national strategy on prevention of HIV/AIDS for 2009-2015 was prepared. This draft will be submitted to the Government of Mongolia for approval.

While the 1998 survey collected and analyzed information only on knowledge concerning HIV/AIDS, the 2003 survey collected information about HIV/AIDS as well as regarding knowledge of STIs. The 2008 RHS collected detailed information about STIs/HIV/AIDS knowledge and attitudes and expanded data collection to include detailed questions about STIs/HIV/AIDS testing and treatment. This chapter presents the findings on knowledge and attitudes of STIs/HIV/AIDS among respondents, the prevention methods they used, and where information and services (testing and treatment) related with STIs/HIV/AIDS were obtained.

Knowledge and attitudes concerning STIs

Table 8.01 categorizes women's knowledge of STIs by source of information, marital status, residence, region, and educational level. As shown in Table 8.01, 93 percent of all women have heard about STIs with most of them having obtained the information from mass media, such as TV (77 percent) and newspapers (42 percent), as well as health workers (25 percent). Among those who have heard information about STIs by radio, the group with the highest percentage

who reported learning from this source was women aged 30 and older (16 percent) and the lowest was in the 15-19 age group (8 percent). In addition to hearing about STIs from TVs, radio, and newspapers, more adolescents (women aged 15-19) obtained information about STIs from teachers (50 percent) and pamphlets (13 percent). There was more probability for adolescent of getting information about STIs from health-related lessons.

Only eight percent of the adolescent women surveyed obtained such information from health workers; this percentage was four times lower than that for women in the age groups encompassing ages 20-49. According to the 2003 RHS, about 16 percent of respondents obtained information about STIs from their friends and relatives; this decreased by 10 times to 1.5 percent in the 2008 RHS. Overall, the current survey's results show that the number of conclusive information sources (newspaper, radio, health worker, friends and relatives) mentioned by women from which they have learned about STIs has decreased.

While over 95 percent of currently married and ever-married women have heard of STIs, 91 percent of never married women have heard of STIs. Moreover, never married women were more likely to obtain information from teachers, pamphlets, colleagues, and the internet.

Urban women obtained information more frequently from TV, newspapers, and colleagues; rural women acquired information from TV, radio, and health workers. The mean number of information sources was highest for Ulaanbaatar women (2.5 sources), and lowest for women living in the Western region (1.8 sources). While 98 percent of women in Ulaanbaatar expressed knowledge about STIs, only 82 percent of women living in the Western region knew about STIs. (see table 8.01)

The proportion of women with primary and incomplete secondary educational level was highest among the women who obtained information about STIs from teachers. This percentage may reflect the fact that health classes containing information about HIV/AIDS were included in the secondary school curriculum beginning in 1998/1999. Women with a primary educational level obtained information about STIs from the lowest mean number of sources (1.2), while women with a secondary, vocational, and/or technical education level obtained information about STIs from the highest mean number of sources (2.6).

Table 8.01 Percentage of Women by Knowledge of STIs and by Source of Knowledge, Mean Number of Sources Sited, According to Background Characteristics, Mongolia 2008

[illegible]

About 93 percent of all respondents reported that they have heard about STIs (see Table 8.02). In particular the percentage of women who have not heard about STIs was highest among adolescents (9.7 percent) and women with a primary educational level (34 percent). In comparison, only about 2 percent of women with a secondary, vocational, and/or technical educational level have not heard about STIs.

Respondents self-assessed their knowledge about STIs as follows: 45 percent of respondents assessed their knowledge as medium, 33 percent as weak, and 15 percent as good. Self-assessed knowledge level about STIs increased with increasing age.

Table 8.02 Percentage of women who have heard about STIs and sources of knowledge, by selected indicators, Mongolia, 2008

Background Characteristics	Never heard of STIs	Heard of STD/STIs			Number of Women
		Yes (good)	Yes (middle)	Yes (worse)	
Age group					
15-19	9.7	7.2	38.7	44.4	1 044
20-24	7.8	11.3	44.4	36.5	1 402
25-29	7.7	14.4	43.8	34.1	1 627
30-39	5.9	16.0	47.2	30.9	3 203
40-49	6.7	19.7	45.2	28.4	2 126
Current Marital Status					
Currently Married	6.7	16.0	45.7	31.6	6 742
Formerly Married	4.6	19.0	47.2	29.2	651
Never Married	9.2	9.9	40.9	40.0	2 009
Residence					
Urban	3.3	17.0	49.0	30.7	5 729
Rural	13.0	11.6	38.2	37.3	3 673
Region					
Central	8.4	16.4	42.9	32.2	2 829
East	4.8	11.2	38.3	45.8	732
West	17.7	12.9	36.7	32.7	1 694
South	3.3	14.3	50.9	31.5	572
Ulaanbaatar	2.1	15.4	50.4	32.0	3 575
Highest Educational Level					
Primary or Less	33.8	2.9	20.1	43.1	721
Incomplete Secondary	11.0	7.3	36.8	44.8	2 012
Complete Secondary	4.2	11.4	49.5	34.8	3 389
More than Secondary	1.7	25.8	50.2	22.3	3 280
Total	7.1	14.9	44.8	33.2	9 402

Table 8.03 shows that in the six months preceding the survey, about 73 percent of women obtained information about STIs/HIV/AIDS, 68 percent obtained information about condoms, and 66 percent obtained information about STIs from TV. As age and educational level of women increased, the number and variety of information sources for STIs increased. Rural women more frequently obtained information from radio than from TV as compared to urban women. The percentage of women by region who obtained information about STIs/HIV/AIDS was highest in the Western region.

Table 8.03 Percentage of women who have information about STIs/HIV/AIDS from TV and radio during the six months of period preceding the survey, Mongolia, 2008

Background Characteristics	Never heard of STI and HIV/AIDS	In the past 6 months, information on television or radio						Number of women
		Radio			Television			
		STIs	HIV/AIDS	Condom	STIs	HIV/AIDS	Condom	
Age group								
15-19	31.6	9.7	10.9	10.1	58.1	67.6	60.0	943
20-24	27.7	13.3	14.5	13.7	64.8	71.8	67.0	1 293
25-29	27.8	14.5	15.0	14.0	66.2	72.7	67.6	1 502
30-39	26.1	15.9	16.4	15.3	68.2	73.8	69.5	3 015
40-49	25.3	17.4	18.2	17.3	68.6	74.9	69.4	1 983
Current Marital Status								
Currently Married	26.0	16.2	16.8	15.8	67.9	74.1	69.0	6 291
Formerly Married	30.9	12.4	12.6	12.4	63.0	69.7	65.1	621
Never Married	29.5	11.3	12.9	11.8	62.1	69.9	64.5	1 824
Residence								
Urban	22.9	12.6	13.2	12.8	70.0	78.0	73.0	5 540
Rural	34.3	19.0	20.1	18.1	60.1	64.0	58.6	3 196
Region								
Central	31.0	12.7	13.5	12.0	61.6	68.9	60.3	2 591
East	32.5	13.2	14.1	12.9	61.5	67.4	63.0	697
West	28.3	27.7	29.0	27.2	68.0	70.1	65.4	1 395
South	34.3	15.6	15.9	14.5	58.2	62.4	60.4	553
Ulaanbaatar	21.4	11.8	12.4	12.3	71.4	79.7	76.3	3 500
Highest Educational Level								
Primary or Less	44.8	14.0	14.7	12.6	46.1	52.4	44.9	477
Incomplete Secondary	34.7	14.2	15.7	13.7	57.7	64.5	58.2	1 790
Complete Secondary	26.6	13.8	14.4	13.6	66.9	73.3	68.6	3 246
More than Secondary	20.6	16.6	17.3	16.8	73.6	80.2	75.6	3 223
Total	27.1	14.9	15.7	14.8	66.4	72.9	67.7	8 736

Table 8.04 shows which STIs women had heard of by various demographic indicators. The most commonly mentioned STI was HIV/AIDS (91 percent), followed by syphilis (85 percent) and gonorrhea (77 percent). Knowledge of kinds of STIs increased with increasing age and educational level of respondents. Lesser-known STIs included genital warts (23 percent), chlamydia (18 percent), and genitals herpes (21 percent). Adolescent girls and women with primary education were less knowledgeable about STIs as compared to other age groups.

Background Characteristics		Never heard of STDs		Heard of STD/STI								Other	Number of Women	Mean
				Syphilis	Gonorrhoea	Chlamydia	Candidiasis	Genital herpes	Genital warts	Trichomoniasis	HIV/AIDS			
Current Marital Status	Age	35.2	36.1	37.5	38.2	39.1	40.3	41.2	42.5	43.8	45.1	46.3	47.5	48.2
	Sex	28.5	29.1	30.2	31.5	32.8	34.1	35.3	36.5	37.8	39.1	40.3	41.5	42.8
	Married	15.2	16.1	17.5	18.2	19.1	20.3	21.2	22.5	23.8	25.1	26.3	27.5	28.2
	Formerly Married	12.5	13.1	14.2	15.5	16.8	18.1	19.3	20.5	21.8	23.1	24.3	25.5	26.8
	Never Married	10.3	11.2	12.5	13.8	15.1	16.3	17.5	18.8	20.1	21.3	22.5	23.8	25.1
Region	Currently Married	93.3	86.1	79.2	19.6	59.2	23.8	22.2	55.7	91.2	0.3	6 742	4.4	
	Formerly Married	85.1	78.2	71.3	11.2	51.1	18.5	17.5	50.2	85.1	1.1	5 889	4.1	
	Never Married	80.2	73.1	66.2	8.5	45.3	15.2	14.2	44.1	78.2	0.8	5 123	3.8	
	Central	75.1	68.2	61.3	7.2	40.1	13.5	12.5	39.2	72.1	0.7	4 567	3.5	
	East	70.2	63.1	56.2	6.1	35.2	12.3	11.2	34.1	67.2	0.6	4 012	3.2	
Highest Educational Level	West	65.3	58.2	51.3	5.2	30.1	11.2	10.2	29.2	62.3	0.5	3 567	2.9	
	South	60.2	53.1	46.2	4.1	25.2	10.1	9.1	24.1	57.2	0.4	3 012	2.6	
	North	55.1	48.2	41.3	3.2	20.1	9.2	8.2	19.2	52.3	0.3	2 567	2.3	
	Central	50.2	43.1	36.2	2.1	15.2	8.1	7.1	14.1	47.2	0.2	2 012	2.0	
	East	45.1	38.2	31.3	1.2	10.1	7.2	6.2	9.1	42.3	0.1	1 567	1.7	
Total	Primary or Less	66.2	50.3	34.5	3.2	22.1	6.1	5.8	11.5	63.1	0.0	721	2.0	
	Incomplete Secondary	89.0	77.0	63.4	8.5	43.6	15.7	13.8	32.3	86.5	0.1	2 012	3.4	
	Complete Secondary	95.8	87.9	80.4	15.8	60.7	21.2	19.9	53.5	93.8	0.3	3 389	4.3	
	More than Secondary	98.3	93.1	90.0	28.9	72.3	32.0	29.9	72.0	96.8	0.4	3 280	5.2	
	Total	92.9	84.5	76.6	17.8	58.1	22.7	21.0	52.2	90.9	0.3	9 402	4.2	

Although the majority of women have heard about STIs, 43 percent did not know symptoms of STIs (see Table 8.05). The percentage of women who did not know symptoms of STIs was high among adolescent girls, rural women, and women with a primary educational level.

For those who responded that they knew symptoms, they mentioned the following symptoms: vaginal discharge (45 percent), itching (36 percent), redness (20 percent), and soreness (18 percent); they did not know much about other symptoms. In other words, among the respondents it was believed that the above-mentioned symptoms are the main symptoms of STIs.

Generally, the knowledge level about STI symptoms has increased for some and decreased for others as compared to the 2003 RHS. For instance, the percentage of women who said genitals warts are a symptom of STIs decreased by 13 percentage points, and the percentage of women who said blood in urine and fever are the main symptoms of STIs increased by 5 percentage points as compared to the 2003 RHS.

The groups who had the smallest proportion knowing about STI symptoms were adolescent girls (38 percent), women with a primary education (23 percent), rural women (48 percent), and women in the Western region (39 percent).

Table 8.05 Percentage of Women Who Know of STIs by Knowledge of symptoms of STIs, According to Background Characteristics, Mongolia, 2008

Background Characteristics		DK symptoms	Know of Symptoms of STIs														
			Abdominal Pain	Genital discharge	Burning pain on urination	Redness in genital area	Irritating in genital area	Swelling in genital area	Genital sores	Genital warts	Blood in urine	Loss of weight	Skin infection	Infertility	Impotence	Other	
Current Marital Status	Currently Married	40.9	9.8	47.3	15.8	20.8	37.2	7.4	18.9	3.0	8.8	3.5	1.9	1.2	1.7	0.6	6 291
	Formerly Married																
Region	Central																
Highest Educational Level	Primary or Less	77.4	4.6	13.8	5.2	7.1	9.2	1.0	3.8	0.2	2.5	1.3	0.4	0.4	0.4	0.8	477
	Incomplete Secondary	59.3	5.2	29.7	8.3	11.7	21.2	3.7	10.5	1.2	6.4	2.6	1.0	0.5	0.9	0.8	1 790
	Complete Secondary	45.1	7.9	42.6	12.9	17.5	33.7	6.0	16.4	1.8	7.8	2.6	1.5	1.0	1.0	0.5	3 246
	More than Secondary																
																	8 736

Prevention of sexually transmitted infections

Table 8.06 presents the percentage of women who replied that STIs were preventable. The table categorizes the groups by specific preventive measures, age group, marital status, residence, region, and educational level. Nearly all women (96 percent) stated that STIs were preventable as opposed to 4 percent who stated that these diseases were not preventable. The percentage of women who stated that STIs were preventable increased with the women's educational levels. The percentage of women who stated STIs were preventable was higher for urban women than that for rural women (97 percent versus 93 percent, respectively). The percentage of rural women who stated having only one sexual partner was a preventive measure was lower (58 percent) than that for urban women (61 percent). About 12 percent of women with a primary education and 2 percent of women with secondary, vocational, and/or technical education reported that STIs were not preventable.

Fourty five percent of women who replied that STIs were preventable mentioned condom use as a way to avoid STIs; 60 percent suggested that having only one sexual partner was also a preventive measure. The percentage of women that mentioned condoms as preventive measure decreased by 24 percentage points as compared to 2003.

Abstaining from sex as a preventive measure to avoid STIs was reported by a higher proportion of women in the 15-19 age group (33 percent). A high percentage of the more sexually active age group (women above 20) mentioned condoms (45 percent) and having only one sexual partner (60 percent) as a means to avoid STIs.

Use of condoms (36 percent) and having only one sexual partner (45 percent) as a means of prevention was mentioned most frequently by women in the Western region, though the rates were still lower than those in other regions. One fourth of women with a primary education and about half of women with a secondary education recommended condom use as a means to prevent STIs. STI prevention knowledge expressed by less educated women was inadequate, as information about STI prevention was insufficient among them.

Using only disposable syringes (7 percent) as a way to prevent STIs increased by 3 percentage points as compared to 2003. It may show that knowledge about the risk of infection of STIs/HIV/AIDS through syringes has improved slightly.

When women were asked what their treatment plan would be if they contracted a STI, 90 percent of women stated that they would ask their sexual partner to get tested and obtain treatment.

Background Characteristics	Impossible to prevent	Ways to Avoid STIs						Total	
		Use condoms	Limit partners	Get vaccinated	Regular testing	Partner's status	PrEP		
Current Marital Status	4.4	10.8	41.5	71.2	1.1	0.4	3.0	6.6	6 291
	Currently Married								
	Formerly Married								
Region	2.8	20.0	10.0	20.0	1.0	0.0	0.0	0.0	200
	Central								
Highest Educational Level	11.9	14.5	27.5	41.5	0.8	0.0	0.4	3.8	477
	Primary or Less								
	Incomplete Secondary								
	Complete Secondary								
	More than Secondary								
Total	4.2	16.3	44.5	59.6	1.1	0.4	3.3	7.1	8 736

200

Table 8.07 Percentage of women who would ask their partners to get tested in case of STIs, by selected indicators, Mongolia, 2008

Background Characteristics	If you have an STI, would you ask your partner to also receive testing and treatment if needed?				Number of women
	Yes	No	Never had sexual relation	Don't know	
Age group					
15-19	60.0	3.8	32.6	3.6	943
20-24	88.9	3.6	5.6	1.8	1 293
25-29	96.3	2.5	0.3	0.8	1 502
30-39	95.0	3.2	0.2	1.7	3 015
40-49	92.8	4.6	0.1	2.5	1 983
Current Marital Status					
Currently Married	95.4	3.4	0.0	1.1	6 291
Formerly Married	92.1	3.2	0.5	4.2	621
Never Married	70.9	4.1	21.2	3.8	1 824
Residence					
Urban	89.0	3.1	6.0	2.0	5 540
Rural	91.9	4.4	1.8	1.8	3 196
Region					
Central	92.2	2.5	3.3	1.9	2 591
East	95.6	0.9	3.2	0.4	697
West	86.8	8.0	2.3	2.9	1 395
South	92.9	3.1	2.7	1.3	553
Ulaanbaatar	88.1	3.2	6.8	1.9	3 500
Highest Educational Level					
Primary or Less	84.3	5.5	6.7	3.6	477
Incomplete Secondary	83.5	3.8	10.0	2.7	1 790
Complete Secondary	90.3	3.4	4.4	1.9	3 246
More than Secondary	94.3	3.3	1.2	1.2	3 223
Total	90.0	3.5	4.5	1.9	8 736

This indicator increased with increasing age and education level of the women. Four percent of women aged 15-19 answered «do not know».

Concerning seeking assistance in case of contracting a STI, 98 percent of women said they would go to a doctor or health worker, about 0.8 percent stated that they would consult with their parents, 0.4 percent stated that they would consult with their husbands or partners, while 0.3 percent said that they do not know whom to consult with (Table 8.08). This trend has not changed much from 2003 results. For women aged 15-19 who mentioned sources of assistance other than health workers, the most frequently stated were their parents or friends (3.9 and 1.0 percent, respectively).

Table 8.08 Among Women Who Know of STI, the Percentage Who Know from Whom to Seek Assistance When a Person is Infected with STIs, According to Background Characteristics, Mongolia 2008

Background Characteristics	Seeking assistance from							Number of Women
	Don't know	Doctor/ Health worker	Husband/ partner	Parents	Friends	Sexual partner	Other	
Age group								
15-19	0.6	93.7	0.5	3.9	1.0	0.1	0.1	943
20-24	0.2	96.9	0.2	1.9	0.7	0.1	0.1	1 293
25-29	0.1	99.2	0.2	0.1	0.3	0.1	0.0	1 502
30-39	0.2	98.9	0.6	0.1	0.1	0.0	0.1	3 015
40-49	0.3	98.7	0.5	0.1	0.4	0.1	0.0	1 983
Current Marital Status								
Currently Married	0.2	98.9	0.5	0.1	0.2	0.0	0.0	6 291
Formerly Married	0.2	98.9	0.0	0.2	0.5	0.0	0.3	621
Never Married	0.5	95.1	0.3	3.2	0.8	0.1	0.1	1 824
Residence								
Urban	0.3	97.8	0.4	1.0	0.4	0.0	0.1	5 540
Rural	0.2	98.5	0.5	0.4	0.3	0.1	0.0	3 196
Region								
Central	0.2	98.2	0.4	0.8	0.3	0.0	0.1	2 591
East	0.1	98.3	1.1	0.3	0.1	0.0	0.0	697
West	0.6	97.8	0.4	0.5	0.5	0.1	0.0	1 395
South	0.0	99.5	0.0	0.4	0.2	0.0	0.0	553
Ulaanbaatar	0.2	97.8	0.4	1.0	0.5	0.1	0.1	3 500
Highest Educational Level								
Primary or Less	0.6	98.5	0.0	0.4	0.2	0.2	0.0	477
Incomplete Secondary	0.4	97.3	0.6	1.6	0.2	0.0	0.0	1 790
Complete Secondary	0.3	97.6	0.6	0.9	0.4	0.1	0.1	3 246
More than Secondary	0.1	98.9	0.2	0.2	0.5	0.0	0.0	3 223
Total	0.3	98.1	0.4	0.8	0.4	0.1	0.0	8 736

STI testing

About 65 percent of women who have heard about STIs have had STI testing. STI testing increased with increasing age; about half of women aged 25 and above had been tested for STIs.

Table 8.09 Percentage of women tested for STIs,
by selected indicators, Mongolia, 2008

Background Characteristics	Have you ever been tested for STIs?				Number of Women
	No	Yes	Yes (last 12 months)	Don't answer	
Age group					
15-19	84.2	10.9	4.8	0.1	943
20-24	36.3	40.8	22.8	0.0	1 293
25-29	26.5	49.7	23.8	0.0	1 502
30-39	26.4	53.1	20.5	0.0	3 015
40-49	31.6	54.9	13.5	0.1	1 983
Current Marital Status					
Currently Married	27.1	52.4	20.5	0.0	6 291
Formerly Married	26.6	55.2	18.2	0.0	621
Never Married	66.7	23.5	9.8	0.1	1 824
Residence					
Urban	31.0	49.0	20.0	0.0	5 540
Rural	42.8	42.3	14.8	0.1	3 196
Region					
Central	36.9	44.5	18.5	0.0	2 591
East	33.9	51.8	14.3	0.0	697
West	43.9	43.0	13.0	0.1	1 395
South	34.5	45.8	19.7	0.0	553
Ulaanbaatar	31.1	48.6	20.3	0.0	3 500
Highest Educational Level					
Primary or Less	61.8	28.7	9.4	0.0	477
Incomplete Secondary	52.5	36.2	11.3	0.1	1 790
Complete Secondary	34.0	47.3	18.8	0.0	3 246
More than Secondary	23.2	54.2	22.5	0.0	3 223
Total	35.3	46.6	18.1	0.0	8 736

In the 12 months preceding the survey, about 24 percent of women aged 25-29 had been tested for STIs, which was the highest rate of any age group. The percentage of women who had been tested increased with increasing educational level.

Eighty-six percent of women who had been tested for STIs had not been previously been treated, 11 percent had been treated before, and 2.1 percent said that they had been treated in the 12 months preceding the survey. The percentage of women who had been treated increased with increasing age; this percentage was lowest for the 15-24 age group. The percentage of treated women was lowest in the Western region (6.5 percent) and highest in Ulaanbaatar (13 percent).

Table 8.10 Treatment for STIs in percentages,
by selected indicators, Mongolia, 2008

Background Characteristics	Did you take any treatment for STIs?				Number of Women
	No	Yes	Yes (last 12 months)	Don't answer	
Age group					
15-19	95.9	2.0	2.0	0.0	148
20-24	88.9	7.7	3.2	0.2	823
25-29	86.3	11.7	1.8	0.2	1 104
30-39	84.8	12.7	2.3	0.2	2 218
40-49	86.8	11.8	1.4	0.0	1 356
Current Marital Status					
Currently Married	86.5	11.2	2.0	0.2	4 587
Formerly Married	83.3	14.9	1.5	0.2	456
Never Married	88.3	8.7	3.0	0.0	606
Residence					
Urban	85.4	12.0	2.4	0.2	3 824
Rural	88.7	9.7	1.5	0.1	1 825
Region					
Central	86.9	11.0	2.0	0.1	1 633
East	85.9	12.1	2.0	0.0	461
West	90.9	6.5	2.6	0.0	781
South	88.1	10.8	1.1	0.0	362
Ulaanbaatar	84.6	12.9	2.2	0.3	2 412
Highest Educational Level					
Primary or Less	86.3	12.6	1.1	0.0	182
Incomplete Secondary	85.9	12.2	1.8	0.1	850
Complete Secondary	86.7	11.3	1.8	0.1	2 143
More than Secondary	86.4	10.8	2.5	0.2	2 474
Total	86.5	11.3	2.1	0.2	5 649

Knowledge about HIV/AIDS

This section presents findings regarding knowledge and sources of knowledge about HIV/AIDS as well as the behavioral changes that resulted from that knowledge.

As shown in Table 8.11, 91 percent of women reported that they had heard of HIV/AIDS. The percentage of women who had received information about HIV/AIDS decreased by 5 percentage points as compared to 2003 (96 percent in 2003 versus 91 percent in 2008).

The percentage of women who reported hearing of HIV/AIDS increased with age and educational level when accounting for sources of information. For example, the proportion of women who had heard of HIV/AIDS increased from 63 percent among women with a primary educational level to 97 percent among women with more than a secondary educational level.

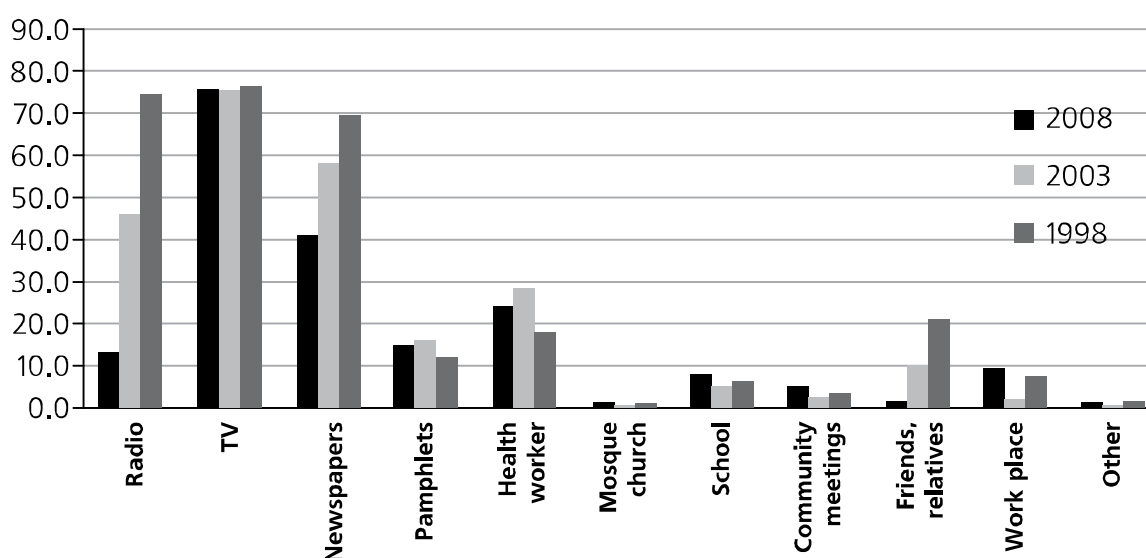
The highest proportion of women who had heard of HIV/AIDS was among urban women (95 percent) and especially among women in Ulaanbaatar (97 percent).

The lowest percentage of women who have heard of HIV/AIDS were rural women (84 percent), particularly women living in the Western region (79 percent).

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Apart from hearing of HIV/AIDS from mass media (TV and newspapers), 49 percent of girls aged 15-19 reported obtaining information about HIV/AIDS from their teachers. Sexually active women aged 20-49, also obtained information from health workers (26 percent).

Figure 8.01 Demonstrates, for comparison, the percentage of women who have heard of HIV/AIDS by source of information during the 1998, 2003 and 2008 RHSs.



The most commonly mentioned source of information was television (76 percent), followed by newspapers (41 percent), health workers (24 percent), and radio (13 percent). Compared to the previous two surveys, all of these sources' percentages have decreased; for instance, the percentage of women who obtained information from radio decreased by 61 percentage points as compared to the 1998 RHS and by 33 percentage points as compared to the 2003 RHS.

The percentage of women who got information from health workers increased from 18 to 28 percent between 1998 and 2003, then dropped to 24 percent in 2008. In general, the proportion of women who mentioned obtaining information from mass media has decreased.

The mean number of sources of HIV/AIDS information was on average 2.6 in the previous two RHSs and 2.2 in 2008. The mean number of sources of HIV/AIDS information decreased within most subgroups, including by age groups, marital status, residence, region, and educational level, as compared to the 1998 and 2003 RHSs. Figure 8.02 displays the mean number of sources of HIV/AIDS information by age group for 1998, 2003, and 2008. The mean number of sources of information increased with increasing educational levels of women.

Figure 8.02 Demonstrates, for comparison, the percentage of women who have heard of HIV/AIDS by education the 1998, 2003 and 2008 RHSs.

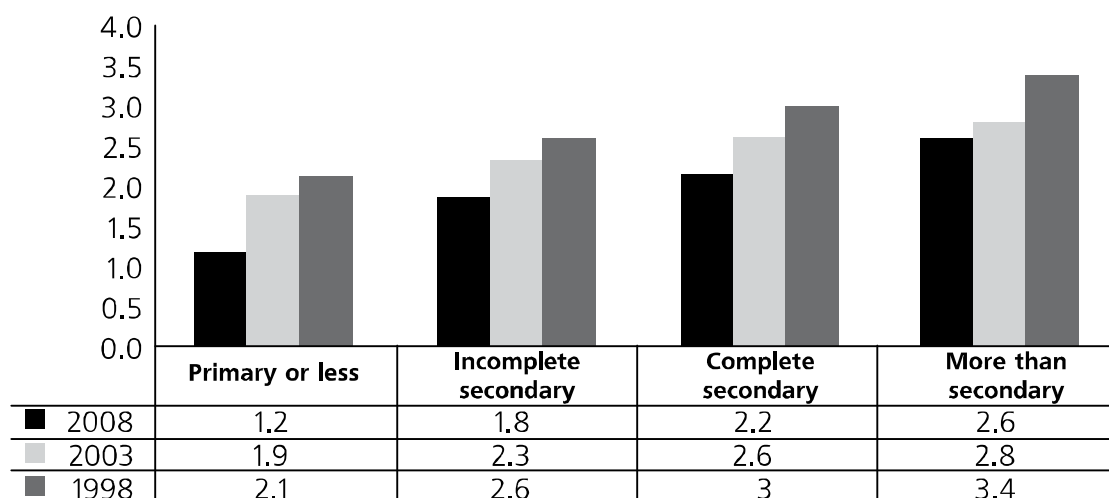


Table 8.12 shows the percentage of women who knew about methods of protection from HIV/AIDS and those who were misinformed, by age, marital status, residence, region, and educational level. The answer that HIV/AIDS is not preventable was provided by 4.2 percent of women. Of those who replied that prevention was possible, 60 percent named having only one sexual partner, 45 percent named condom use, and 16 percent named abstaining from sex as the primary means of preventing HIV/AIDS infections.

In terms of variations by age, 33 percent of women aged 15-19 stated that abstaining from sex was the most effective method for preventing the spread of HIV/AIDS. The percentage of women aged 15-19 who stated that having only one sex partner was the most effective way to prevent HIV/AIDS infection was 2.7 times less than that of women aged 25-29 (24 percent versus 65 percent, respectively). More adolescents stated that using only disposable syringes and avoiding blood transfusions were the most effective ways to prevent HIV/AIDS infection.

Among currently married women, 72 percent said having only one sexual partner and 42 percent stated using condoms as the primary method for avoiding HIV/AIDS transmission. Formerly married women mentioned the use of condoms most frequently (58 percent), while 51 percent of never married women stated that use of condoms was the most effective method to prevent the spread of HIV/AIDS.

The percentage of women who replied that HIV/AIDS is not preventable was 4 percentage points lower among urban women (3 percent) when compared to rural women (7 percent). By contrast, HIV/AIDS prevention knowledge reported by urban women was higher than their rural counterparts when accounting for most HIV/AIDS prevention methods. The percentage of rural women choosing abstinence from sex was 4 percentage points lower than that of urban women (14 percent versus 18 percent, respectively).

Compared with other regions, women in Ulaanbaatar represented the highest percentage of those who reported that abstaining was the most effective method for preventing HIV/AIDS infection (19 percent). Nine percent reported using disposable syringes as the most effective prevention method.

HIV/AIDS knowledge among women with a primary school education was still lower when compared with the knowledge level of women who had acquired a secondary educational level and higher. For example, 47-49 percent of women with a secondary educational level and higher reported that condom use was the most effective method to prevent HIV/AIDS infection compared to only 28 percent of women with a primary school education who reported the same.

Table 8.13 shows the percent distribution of women who knew about HIV/AIDS by perceived risks of HIV/AIDS, such as, «Can a healthy person have HIV/AIDS?» The respondents were compared by age group, marital status, residence, region, and educational level. The correct answer to the question whether a healthy looking person can transmit HIV/AIDS was «Yes.» As seen from the table, 92 percent of women replied «Yes,» an increase of 26 percentage points as compared to 2003 (66 percent).

A higher percentage of urban women (94 percent) reported that a healthy-looking person can transmit HIV. The percentage of correctly-answered information questions increased with the educational level of the women. For example, the proportion of women with primary education who demonstrated misinformation, or who answered «No,» was 20 percent as compared to 4 percent among women with secondary or higher education level.

Regarding how to treat persons with HIV/AIDS, 60 percent of women would not treat people with HIV/AIDS any differently than those without HIV/AIDS, 20 percent said they would keep their distance, 14 percent would understand deeply and help, 2 percent said they should be isolated from the public, and 4 percent replied that they did not know how they would behave toward people with HIV/AIDS.

Table 8.13 Percent distribution of women who aware about HIV/AIDS, by selected indicators, Mongolia, 2008

Background Characteristics	Can a healthy looking guy have HIV/AIDS?			Number of Women
	Yes	No	Don't know	
Age group				
15-19	3.6	93.4	3.0	929
20-24	2.4	94.0	3.7	1 275
25-29	3.7	91.6	4.7	1 467
30-39	3.4	90.4	6.2	2 950
40-49	3.3	90.7	6.0	1 926
Current Marital Status				
Currently Married	3.3	90.8	5.8	6 150
Formerly Married	4.2	91.4	4.5	602
Never Married	2.8	94.0	3.1	1 795
Residence				
Urban	2.4	94.1	3.5	5 446
Rural	4.8	87.1	8.0	3 101
Region				
Central	3.9	90.6	5.5	2 521
East	1.8	92.8	5.4	685
West	6.1	83.9	10.0	1 347
South	5.7	89.3	5.0	542
Ulaanbaatar	1.7	95.3	3.0	3 452
Highest Educational Level				
Primary or Less	9.9	79.6	10.5	455
Incomplete Secondary	4.9	87.0	8.0	1 740
Complete Secondary	3.2	91.4	5.3	3 178
More than Secondary	1.5	95.9	2.6	3 174
RHS 2008				
Total	3.3	91.5	5.2	8 547
RHS 2003				
Total	25.6	65.8	8.6	8 902
RHS 1998				
Total	32.6	53.8	13.6	7 164

The older the age of the woman, the more tolerant they reported they would be toward someone with HIV/AIDS. The percentage of women who would try to understand and help or try not to be infected by HIV/AIDS increased with women aged 25 years and older.

Urban women were more likely to maintain relations with HIV/AIDS infected individuals

like before (66 percent) or to try to understand and help (14 percent). Rural women reported that they would try not to get infected (29 percent), did not know what to do (4 percent), or advocated for separating HIV/AIDS infected people from society (2.4 percent). Among regions, 67 percent of women living in Ulaanbaatar expressed their preference to maintain relations as

Table 8.14 Percent distribution of women perceived risks of HIV/AIDS, by selected indicators, Mongolia 2008

Background Characteristics	What would be your reaction to persons with HIV/AIDS?					Number of Women
	The same as before	Try not to be infected by AIDS	Try to understand and help	Isolate from community	Don't know	
Age group						
15-19	63.5	14.2	17.0	1.6	3.7	929
20-24	65.4	17.8	12.5	0.8	3.5	1 275
25-29	62.6	19.2	12.1	1.3	4.8	1 467
30-39	58.5	21.6	14.0	2.0	3.9	2 950
40-49	55.0	23.5	15.9	2.5	3.1	1 926
Current Marital Status						
Currently Married	59.4	21.1	13.9	1.9	3.7	6 150
Formerly Married	57.1	23.4	14.0	1.2	4.3	602
Never Married	62.9	16.3	15.5	1.5	3.8	1 795
Residence						
Urban	65.9	15.1	14.1	1.4	3.5	5 446
Rural	49.6	29.2	14.4	2.4	4.3	3 101
Region						
Central	58.7	21.4	15.0	1.9	3.0	2 521
East	60.3	14.6	19.0	2.9	3.2	685
West	42.5	33.6	15.3	2.5	6.2	1 347
South	62.2	23.2	11.4	1.1	2.0	542
Ulaanbaatar	67.4	14.9	12.7	1.3	3.8	3 452
Highest Educational Level						
Primary or Less	36.7	40.7	12.7	2.9	7.0	455
Incomplete Secondary	49.5	28.2	14.9	2.2	5.2	1 740
Complete Secondary	61.2	19.5	13.8	1.8	3.7	3 178
More than Secondary	67.8	13.8	14.4	1.4	2.6	3 174
RHS 2008						
Total	60.0	20.3	14.2	1.8	3.8	8 547
RHS 2003						
Total	34.5	32	14.5	15.3	3.7	8 902

before, which was higher than the percentage of women who gave the same answer from all other regions (5-20 percent). While 19 percent of women in the Eastern region replied they would try to understand and help, 3 percent would separate infected people from society. A higher percentage of women (34 percent) in the Western region replied that HIV/AIDS infected people should be separated from the society. These percentages reveal that correct HIV/AIDS information and education efforts need to be intensified.

People with less education were more likely to have misconceptions regarding how to treat people with HIV/AIDS. For example, a high proportion of women (41 percent) with a primary education reported that they would keep their distance from infected people; three percent said that HIV/AIDS positive people should be separated from the public.

Table 8.15 shows knowledge about transmission of HIV/AIDS. Women who had some knowledge about HIV/AIDS stated HIV/AIDS infection may be transmitted in the following ways: having unprotected sexual intercourse (89 percent), non-sterile needles or syringes (86 percent), infected blood transfusions (85 percent), and through breast milk of infected mothers (70 percent). General knowledge about HIV/AIDS infection was better among the 40-49 age group while it was weak among women aged 15-19.

As educational level increased, the percentage of women that knew about how HIV/AIDS is transmitted increased. For example, 59 percent of women with primary educational level reported that HIV/AIDS might be transmitted through having unprotected sexual intercourse, while the percentage is 37 point higher among women with secondary, vocational and technical educational level reported the same answer.

The percentage of women who had misconceptions about HIV/AIDS transmission modes increased with age. The percentage of women aged 15-19 who had misconceptions about HIV/AIDS transmission modes was the lowest; the percentage was highest among women aged 40-49 (see Table 8.16). Eight percent of women aged 15-19 said HIV/AIDS might be transmitted through kissing, while twice as many women percentage-wise aged 40-49 mentioned this method.

Table 8.15 Percentage of women who have knowledge about STIs/HIV/AIDS transmission modes, Mongolia 2008

Background Characteristics	Know about STIs/HIV/AIDS transmission modes								Number of women
	Don't heard of HIV/AIDS	Through blood transfusion	Through unprotected sexual intercourse between a man and a woman	Through unprotected sexual intercourse between men	Using non-sterile syringes or needles	From a pregnant woman living with HIV to her child during pregnancy or delivery	From a mother to her child through breast milk	Having dental or surgical treatment	
Age group									
15-19	11.0	83.7	87.0	60.5	83.9	73.4	67.5	69.7	1 044
20-24	9.1	86.0	89.4	69.0	85.9	77.0	69.3	78.2	1 402
25-29	9.8	84.4	88.3	68.9	85.0	76.5	69.2	78.1	1 627
30-39	7.9	86.0	90.1	75.4	86.5	81.6	71.0	81.9	3 203
40-49	9.4	85.5	89.7	76.6	85.8	82.2	70.7	81.9	2 126
Current Marital Status									
Currently Married	8.8	85.5	89.5	73.2	86.0	80.0	70.2	80.5	6 742
Formerly Married	7.5	88.2	91.6	78.3	88.2	83.1	74.5	85.1	651
Never Married	10.7	84.1	87.6	65.8	84.1	75.5	67.8	73.8	2 009
Residence									
Urban	4.9	91.5	93.8	77.7	91.4	84.2	73.9	85.7	5 729
Rural	15.6	75.9	82.1	63.1	76.9	71.5	63.9	69.5	3 673
Region									
Central	10.9	83.5	87.3	68.1	83.6	77.0	66.8	77.4	2 829
East	6.4	87.0	89.9	69.5	76.6	75.4	70.2	79.0	732
West	20.5	69.9	77.0	56.4	75.7	68.4	58.1	60.7	1 694
South	5.2	86.5	93.7	76.7	91.4	86.9	82.7	82.9	572
Ulaanbaatar	3.4	93.7	95.8	82.1	93.1	85.8	76.1	89.2	3 575
Highest Educational Level									
Primary or Less	36.9	52.7	59.4	45.8	53.3	49.1	48.0	46.2	721
Incomplete Secondary	13.5	77.3	83.8	64.0	79.7	72.5	66.4	71.0	2 012
Complete Secondary	6.2	88.9	92.3	73.2	89.3	82.1	71.9	82.6	3 389
More than Secondary	3.2	93.9	96.0	81.3	92.8	87.1	75.1	88.4	3 280
Total	9.1	85.4	89.2	72.0	85.7	79.3	70.0	79.3	9 402

The percentage of women who had misconceptions about HIV/AIDS transmission modes was highest in the Western region and was lowest in Ulaanbaatar. About 38 percent of women reported that HIV/AIDS might be transmitted if they shared their cups or dishes with infected people; this percentage was lowest at 19 percent in Ulaanbaatar. With rising educational level, the percentage of women who had misconceptions about HIV/AIDS transmission modes decreased.

Table 8.16 Percentage of women who don't know about STIs/HIV/AIDS transmission modes, by selected indicators, Mongolia 2008

Background Characteristics	Don't know about STIs/HIV/AIDS transmission modes				Number of women
	Through kissing	By hugging or shaking hands with a person who is infected with HIV	Through mosquito bites	Sharing plates, forks, or glasses with a person living with HIV/ AIDS	
Age group					
15-19	8.2	10.4	30.7	20.8	1 044
20-24	10.4	12.0	33.3	21.7	1 402
25-29	14.9	14.9	33.1	25.4	1 627
30-39	16.6	18.2	35.6	28.5	3 203
40-49	20.2	22.4	39.1	32.7	2 126
Current Marital Status					
Currently Married	17.0	18.3	36.1	28.8	6 742
Formerly Married	14.7	18.0	37.8	28.0	651
Never Married	9.7	11.5	30.7	20.9	2 009
Residence					
Urban	9.5	10.6	36.2	20.2	5 729
Rural	24.2	26.5	33.3	37.7	3 673
Region					
Central	18.6	20.7	35.2	30.2	2 829
East	21.0	16.0	33.3	24.6	732
West	22.9	26.7	30.0	38.3	1 694
South	16.6	20.1	36.2	35.1	572
Ulaanbaatar	7.6	8.6	37.5	18.5	3 575
Highest Educational Level					
Primary or Less	21.4	27.0	26.2	34.8	721
Incomplete Secondary	21.9	25.0	33.9	34.9	2 012
Complete Secondary	15.3	16.2	38.1	27.4	3 389
More than Secondary	9.8	10.1	34.6	20.2	3 280
Total	15.3	16.8	35.1	27.0	9 402

Misconceptions about HIV/AIDS transmission modes were common among the respondents. For example, about 35 percent of respondents reported that HIV/AIDS might be transmitted through mosquito bites, 27 percent said through sharing cups or dishes with an infected person, 17 percent said through shaking hands or hugging an infected person, and 15 percent said through kissing an infected person.

The percentage of urban women who reported HIV/AIDS might be transmitted through mosquito bites was higher by 3 percentage points than that for rural women. Thirty-eight percent of rural women said that HIV/AIDS could be transmitted through sharing cups and dishes with an infected person, 27 percent said through shaking hands or hugging an infected person, and 24 percent said through kissing an infected person. These percentages were twice as high as responses from urban women.

Comprehensive knowledge of HIV/AIDS is defined as having basic knowledge about prevention of HIV/AIDS infection through sexual contact and having correct understanding about HIV/AIDS transmissions modes. Correct understanding about HIV/AIDS transmission modes was considered as the following: consistent use of male latex or female polyurethane condoms can help protect against HIV infection; remain faithful to your spouse or partner; a healthy-looking person can still be infected with HIV/AIDS; and, mosquito bites and sharing cups or spoons/forks with an infected person will not infected you with HIV/AIDS. Table 8.17 shows the main HIV/AIDS preventive methods mentioned and women's knowledge about HIV/AIDS transmission by selected indicators.

Concerning comprehensive knowledge, 22.3 percent of respondents had some knowledge about basic prevention methods to protect from HIV/AIDS infection through sexual contact, and 12 percent of respondents reported that they had correct understanding about HIV/AIDS transmission.

The percentage of women who knew at least two basic modes of HIV/AIDS transmission was the same regardless of age while the percentage of women with correct understanding about HIV/AIDS transmission increased with age. Rural women, especially for the Western region, comprised the group with the lowest rate of correct understanding about HIV/AIDS transmission (19 percent and 12 percent, respectively).

As educational level increased, the percentage of women who know about HIV/AIDS primary transmission modes through sexual contact increased. However, the percentage of women with correct understanding about HIV/AIDS transmission decreased. Only 8 percent of women with primary educational level reported that they knew about HIV/AIDS transmission modes, while 30 percent or 3.7 times more women with secondary, vocational, and/or technical education knew about the transmission modes.

Table 8.17 Percentage of women who have correct knowledge about STIs/HIV/AIDS, by selected indicators, Mongolia 2008

Background Characteristics	percentage of women who are aware about basic transmission modes of HIV/AIDS*	percentage of women who are aware have correct understanding about transmission modes of HIV/AIDS **	Number of women
Age group			
15-19	12.3	9.1	1 044
20-24	23.3	9.4	1 402
25-29	25.9	10.9	1 627
30-34	24.1	10.2	1 672
35-39	24.9	13.6	1 531
40-44	21.2	15.9	1 276
45-49	19.9	16.5	850
Current Marital Status			
Currently Married	24.8	12.7	6 742
Formerly Married	18.9	13.8	651
Never Married	15.2	9.0	2 009
Residence			
Urban	24.6	9.4	5 729
Rural	18.8	16.0	3 673
Region			
Central	25.9	13.6	2 829
East	30.2	9.3	732
West	12.4	15.1	1 694
South	16.4	16.1	572
Ulaanbaatar	23.5	9.1	3 575
Highest Educational Level			
Primary or Less	7.6	15.0	721
Incomplete Secondary	14.4	15.1	2 012
Complete Secondary	22.8	12.7	3 389
More than Secondary	30.0	8.7	3 280
Total	22.3	12.0	9 402

Note: * - percentage of women selected the options: having only one sexual partner who does not infected with HIV and using condoms;

** - percentgae of women selected the options: a healthy looking guy can be infected with HIV; mosquito bite and sharing cups and plates with HIV infected person is not risky to Hiv infection

Table 8.18 shows that about half of respondents (53 percent) reported that they are not at risk of HIV infection, a decline of 22 percentage points as compared to 2003. This shows a change in women's understanding about risk factors for HIV infection as compared to the 1998 and 2003 RHSs (75 and 76 percent in 1998 and 2003, respectively). About 30 percent of respondents said they are at low risk of HIV infection while only 6 percent stated that they were at high risk. Among those who described themselves as at high risk of HIV infection, the percentage of formerly married women and women with secondary, vocational, and/or technical education who reported this was high as compared to other groups.

Table 8.18 Percent Distribution of Women Who Know of HIV/AIDS by Perceived Risks of HIV/AIDS, According to Background Characteristics, Mongolia 2008

Background Characteristics	Respondent's Chance of Getting HIV/AIDS					Number of Women
	No Risk at All	Small	Moderate	Great	DK/ Missing	
Age group						
15-19	57.4	25.8	6.7	5.7	4.4	929
20-24	48.2	33.0	10.3	6.4	2.1	1 275
25-29	52.6	30.3	9.1	6.5	1.5	1 467
30-39	53.3	30.8	8.4	5.8	1.6	2 950
40-49	55.3	29.1	7.7	6.5	1.3	1 926
Current Marital Status						
Currently Married	54.9	29.5	8.1	5.9	1.6	6 150
Formerly Married	48.7	33.1	9.8	7.3	1.2	602
Never Married	49.5	31.3	9.1	6.9	3.2	1 795
Residence						
Urban	52.3	30.8	8.8	6.5	1.6	5 446
Rural	55.1	28.9	7.9	5.6	2.4	3 101
Region						
Central	57.8	28.8	8.1	3.8	1.4	2 521
East	66.9	23.6	4.5	4.1	0.9	685
West	49.0	27.5	9.7	8.9	4.8	1 347
South	42.1	40.4	9.4	7.6	0.6	542
Ulaanbaatar	50.8	31.8	8.9	7.0	1.5	3 452
Highest Educational Level						
Primary or Less	54.7	28.4	8.1	3.3	5.5	455
Incomplete Secondary	53.0	29.9	9.3	4.8	3.0	1 740
Complete Secondary	54.3	31.2	7.1	5.6	1.8	3 178
More than Secondary	52.3	29.5	9.4	7.9	0.9	3 174
RHS 2008						
Total	53.3	30.1	8.5	6.2	1.9	8 547
RHS 2003						
Total	75.7	19.7	3	0.5	1.2	8 902
RHS 1998						
Total	74.7	17.2	3.4	0.8	3.9	7 164

Table 8.19 shows the reasons why respondents assessed themselves as not at risk by age groups, marital status, residence, region, and educational level. About 35 percent said that they had had only one sexual partner, and 10 percent said that they trusted their sexual partner. About half of the women aged 15-19 said they had not yet had sex. For other age groups the percentage of women that stated they had only one sexual partner or trusted their sexual partner was higher. Only a small percentage said that because they had not had blood transfusion they were not at risk. This might be due to the fact that they have had only one sexual partner or trust their sexual partner.

Table 8.19 The percentage of women assessed themselves as not at risk to HIV/AIDS infection, by reasons and selected indicators, Mongolia 2008

Background Characteristics	Reasons are not at risk to HIV/AIDS infection								Number of Women
	Have only one sexual partner	have not had sexual intercourse	Frequently use condoms	Trust sexual partner	have not had blood transfusion	never use un-clean needles and syringes	Other	Don't know	
Age group									
15-19	6.6	46.7	0.9	2.2	2.0	5.2	0.3	4.2	929
20-24	30.0	7.7	3.8	9.6	1.2	2.0	0.3	2.5	1 275
25-29	38.6	2.3	3.1	11.7	1.8	2.7	0.4	2.7	1 467
30-39	41.2	2.0	2.2	12.2	1.5	2.5	0.5	1.8	2 950
40-49	38.1	6.8	1.8	10.7	2.3	3.8	0.7	1.2	1 926
Current Marital Status									
Currently Married	44.6	0.4	1.3	13.3	1.4	2.5	0.5	1.8	6 150
Formerly Married	9.6	23.4	7.3	2.3	4.8	5.6	0.8	2.0	602
Never Married	8.7	32.8	4.4	2.6	2.0	4.0	0.3	3.5	1 795
Residence									
Urban	31.6	10.6	2.4	10.6	2.1	3.4	0.3	1.8	5 446
Rural	39.9	5.8	2.4	9.8	1.3	2.5	0.9	2.9	3 101
Region									
Central	36.7	8.8	1.9	12.9	1.6	3.0	0.3	2.1	2 521
East	52.4	8.2	3.2	6.1	1.5	2.3	0.0	0.6	685
West	36.2	5.6	1.4	7.3	1.5	2.5	1.8	4.7	1 347
South	30.6	4.6	1.1	10.7	3.3	3.7	0.7	1.3	542
Ulaanbaatar	29.5	10.9	3.1	10.3	1.8	3.3	0.2	1.8	3 452
Highest Educational Level									
Primary or Less	31.6	13.6	2.2	5.9	1.3	2.0	1.1	6.2	455
Incomplete Secondary	28.6	16.6	1.7	6.8	1.4	3.0	0.7	3.6	1 740
Complete Secondary	35.2	8.7	2.1	11.3	1.6	3.0	0.4	1.9	3 178
More than Secondary	37.7	4.1	3.1	11.8	2.1	3.2	0.4	1.1	3 174
Total	34.6	8.8	2.4	10.3	1.8	3.0	0.5	2.2	8 547

Risky sexual behavior of women

Of all respondents, 99.5 percent who had ever had sexual intercourse had experienced it at age 15 or above. Among women respondents aged 15-19, the percentage of women who had experienced their first sexual intercourse before age 15 was high (2 percent) as compared to other age groups (see Table 8.20).

Table 8.20 The percentage of women who had sexual intercourse before 15 years old, by age groups, Mongolia 2008

Age	Age at first sexual intercourse		Number of Women
	Before 15th of birthday	After 15th of birthday	
15-19	2.3	97.7	174
20-24	0.8	99.2	1 198
25-29	0.4	99.6	1 602
30-34	0.3	99.7	1 663
35-39	0.3	99.7	1 526
40-44	0.2	99.8	1 274
45-49	0.6	99.4	848
Total	0.5	99.5	8 285

Table 8.21 presents the percentage of women who knew about HIV/AIDS categorized by changes in sexual behavior in order to avoid HIV/AIDS, by women's age group, marital status, residence, region, and educational level.

Table 8.21 The percentage of women who knew about HIV/AIDS and who reported changes occurred in their sexual behavior, by selected indicators, Mongolia, 2008

Background Characteristics	Changed Sexual Behavior					Number of Women
	Stopped sexual intercourse	Began using condoms	Restricted only one sexual partner	Fewer partners	Other	
Age group						
15-19	0.0	2.0	1.0	0.0	0.1	929
20-24	0.4	8.4	4.8	0.4	0.1	1 275
25-29	0.1	6.0	5.1	0.2	0.4	1 467
30-39	0.4	5.1	4.9	0.4	0.4	2 950
40-49	1.4	4.0	4.1	0.4	0.3	1 926
Current Marital Status						
Currently Married	0.1	3.7	4.5	0.2	0.3	6 150
Formerly Married	4.7	11.5	5.0	1.2	0.3	602
Never Married	0.7	8.0	3.5	0.4	0.2	1 795
Residence						
Urban	0.6	5.5	4.1	0.3	0.3	5 446
Rural	0.4	4.5	4.6	0.3	0.4	3 101
Region						
Central	0.5	4.8	6.0	0.3	0.2	2 521
East	0.1	4.7	3.5	0.4	0.0	685
West	1.3	5.5	4.6	0.1	1.0	1 347
South	0.4	2.2	3.3	0.7	0.4	542
Ulaanbaatar	0.4	5.8	3.3	0.3	0.1	3 452
Highest Educational Level						
Primary or Less	0.2	1.3	2.2	0.0	0.2	455
Incomplete Secondary	0.4	2.3	2.5	0.2	0.5	1 740
Complete Secondary	0.5	5.1	4.3	0.3	0.2	3 178
More than Secondary	0.7	7.3	5.7	0.4	0.3	3 174
RHS 2008						
Total	0.5	5.1	4.3	0.3	0.3	8 547
RHS 2003						
Total	0.4	0.6	0.6	0.2	0.1	8 902
RHS 1998						
Total	0.6	1.6	0.7	0.3	0.2	7 164

Among those women who knew about HIV/AIDS and reported a change in sexual behavior, the percentage of women that mentioned a desire to use condoms and have only one sexual partner was the highest. Urban women who stated that they changed their sexual behavior were more likely to choose using a condom (6 percent) while rural women relied on having only one sexual partner (5 percent). The higher educational level, higher the percentage of women who changed their sexual behavior after they learned about HIV/AIDS. Most women chose using a condom and limiting sexual relations to only one partner. Out of women with secondary education, seven percent chose using a condom and six percent chose having only one sexual partner as

behavior changes. Overall, less than one percent of women started to use condoms after hearing about HIV/AIDS in 2003; in 2008 this increased to 5 percent, which could show an improvement in knowledge about methods to protect themselves from HIV/AIDS.

As shown in Table 8.22, only 10 percent of women used condoms the last time they had sex to protect themselves from STIs and HIV/AIDS, 54.5 percent did not use condoms at all, and 35 percent did not use condoms because they were married or reported having a regular/same partner.

Table 8.22 The percentage of women who used condoms to avoid STIs/HIV/AIDS when had last sexual intercourse, by selected indicators, Mongolia, 2008

Background Characteristics	Did you use a condom to avoid getting STIs/HIV/AIDS when you had last sexual intercourse?				Total	Number of women
	Yes	Yes (had sexual intercourse with husband/partner)	No	Don't remember		
Age group						
15-19	31.8	23.9	44.3	0.0	100.0	88
20-24	15.5	29.5	55.0	0.0	100.0	827
25-29	12.0	36.4	51.5	0.0	100.0	1 265
30-39	8.6	37.1	54.1	0.1	100.0	2 581
40-49	6.7	35.2	58.1	0.1	100.0	1 465
Current Marital Status						
Currently Married	7.4	37.6	55.0	0.0	100.0	5 788
Formerly Married	41.9	7.3	50.8	0.0	100.0	124
Never Married	47.5	4.8	47.1	0.6	100.0	314
Residence						
Urban	11.9	38.4	49.6	0.1	100.0	3 544
Rural	7.7	31.3	61.0	0.0	100.0	2 682
Region						
Central	8.4	22.8	68.9	0.0	100.0	1 928
East	8.8	42.9	48.1	0.2	100.0	536
West	8.9	37.3	53.8	0.0	100.0	1 162
South	5.3	51.1	43.6	0.0	100.0	397
Ulaanbaatar	13.5	40.5	45.8	0.1	100.0	2 203
Highest Educational Level						
Primary or Less	5.1	22.9	72.0	0.0	100.0	393
Incomplete Secondary	8.0	32.9	59.0	0.2	100.0	1 128
Complete Secondary	11.1	36.2	52.6	0.0	100.0	2 249
More than Secondary	11.0	37.6	51.4	0.1	100.0	2 456
Total	10.1	35.3	54.5	0.1	100.0	6 226

HIV/AIDS testing

Table 8.23 shows HIV testing by women's age groups, marital status, residence, region, and education. It shows that about half of respondents (53 percent) had ever had HIV testing. Twenty-seven percent of women who had ever had HIV testing reported that they had been tested during their antenatal care, 14 percent said that they needed HIV testing for some other reason, and 13 percent were voluntarily tested.

Table 8.23 The percentage of women who had tested for HIV/AIDS, by selected indicators, Mongolia, 2008

Background Characteristics	HIV/AIDS testing				Number of women
	Yes volunteer	Yes needed	Pregnant	No	
Age group					
15-19	3.7	4.3	4.7	87.3	929
20-24	9.3	10.5	41.3	38.9	1 275
25-29	11.3	14.2	45.0	29.4	1 467
30-39	14.4	15.5	31.3	38.9	2 950
40-49	16.8	19.5	6.8	56.9	1 926
Current Marital Status					
Currently Married	12.9	14.6	33.5	39.0	6 150
Formerly Married	16.1	22.1	14.1	47.7	602
Never Married	9.6	10.3	7.7	72.4	1 795
Residence					
Urban	12.7	16.6	29.8	40.8	5 446
Rural	12.0	10.0	21.3	56.8	3 101
Region					
Central	13.2	10.4	24.6	51.8	2 521
East	13.3	11.8	34.6	40.3	685
West	12.8	12.5	14.4	60.3	1 347
South	10.3	12.2	29.0	48.5	542
Ulaanbaatar	12.0	18.5	31.2	38.4	3 452
Highest Educational Level					
Primary or Less	6.6	6.2	18.7	68.6	455
Incomplete Secondary	8.3	8.5	20.3	62.9	1 740
Complete Secondary	12.1	13.8	28.4	45.7	3 178
More than Secondary	16.0	18.9	29.6	35.4	3 174
Total	12.5	14.2	26.7	46.6	8 547

Women aged 15-19 were the highest proportion among all age groups who had never had HIV testing (87 percent). However, the percentage of women aged 25-29 was the highest among any age group who had ever had HIV testing (61 percent). Twenty-eight percent of never married women had had HIV testing, which may show some variation according to marital status.

The percentage of urban women who had ever had HIV testing was higher by 16 percentage points than that for rural women; it was highest, at 62 percent, for women who resided in Ulaanbaatar. As women's educational level increased the percentage of women who had had HIV tests increased.

Table 8.24 The percentage of women who consulted with medical doctors while getting their HIV/AIDS test results, by selected indicators, Mongolia 2008

Background Characteristics	Whether consulted with doctors while giving HIV/AIDS test		Whether consulted with doctors while getting HIV/AIDS test results		Number of women
	Yes	No	Yes	No	
Age group					
15-19	36.4	63.6	20.2	79.8	1 044
20-24	31.8	68.2	16.1	83.9	1 402
25-29	36.5	63.5	21.4	78.6	1 627
30-39	38.0	62.0	23.1	76.9	3 203
40-49	36.5	63.5	23.2	76.8	2 126
Current Marital Status					
Currently Married	36.5	63.5	21.6	78.4	6 742
Formerly Married	34.6	65.4	18.5	81.5	651
Never Married	36.1	63.9	21.8	78.2	2 009
Residence					
Urban	34.9	65.1	19.9	80.1	5 729
Rural	39.7	60.3	25.4	74.6	3 673
Region					
Central	36.0	64.0	21.4	78.6	2 829
East	42.8	57.2	19.0	81.0	732
West	42.4	57.6	35.1	64.9	1 694
South	33.0	67.0	12.1	87.9	572
Ulaanbaatar	34.1	65.9	19.5	80.5	3 575
Highest Educational Level					
Primary or Less	35.7	64.3	23.3	76.7	721
Incomplete Secondary	34.4	65.6	22.4	77.6	2 012
Complete Secondary	38.8	61.2	22.6	77.4	3 389
More than Secondary	34.8	65.2	20.0	80.0	3 280
Total	36.3	63.7	21.4	78.6	9 402

It was observed that women aged 20-29 were more likely to get tested for HIV during their pregnancy (41-45 percent) while women aged 40-49 were more likely to get tested for some other reason (20 percent).

As shown in Table 8.24, about 36 percent of women who got tested consulted with doctors before getting tested, while 21 percent of women consulted with doctors after the test or while getting test results. The percentage of women who consulted with doctors before getting a HIV test was 38 percent for women aged 30-49, 40 percent for rural women, 43 percent for women living in the Eastern region, and 39 percent for women who had completed a secondary school educational level, the highest of other group.

Table 8.25 The percentage of women who got their HIV/AIDS test results themselves, by selected indicators, Mongolia 2008

Background Characteristics	Did you get your HIV/AIDS test results yourself?		Number of women
	Yes	No	
Age group			
15-19	75.4	24.6	1 044
20-24	90.1	9.9	1 402
25-29	87.0	13.0	1 627
30-39	85.4	14.6	3 203
40-49	86.9	13.1	2 126
Current Marital Status			
Currently Married	87.4	12.6	6 742
Formerly Married	85.7	14.3	651
Never Married	80.4	19.6	2 009
Residence			
Urban	88.5	11.5	5 729
Rural	81.9	18.1	3 673
Region			
Central	87.7	12.3	2 829
East	59.2	40.8	732
West	89.9	10.1	1 694
South	91.8	8.2	572
Ulaanbaatar	89.6	10.4	3 575
Highest Educational Level			
Primary or Less	83.9	16.1	721
Incomplete Secondary	85.0	15.0	2 012
Complete Secondary	86.9	13.1	3 389
More than Secondary	87.0	13.0	3 280
Total	86.5	13.5	9 402

The percentage of women who consulted with doctors after the test getting test results was 23 percent for women aged 30-49, 25 percent for rural women, 35 percent for women living in the Western region, and 23 percent for women with a primary education.

Eighty-seven percent of women who had a HIV test got the test results themselves, and the remaining 13 percent did not get the test results themselves (see Table 8.25). The percentage of women who did not get their test results themselves by age group was 25 percent for women aged 15-19 and was lowest for women aged 20-24 (10 percent).

The percentage of never married women who did not get test results themselves was high as compared to currently married or ever married women.

Table 8.26 presents the reasons for not taking a HIV test. As shown in the table, about 60 percent of women who did not take a HIV test stated that they were not at risk to HIV infection and 10 percent said that they did not know where to go to get a HIV test. About 12-13 percent of women aged 25-39, 12 percent of currently married women, 16 percent of rural women, and 14 percent of women with primary education reported that they did not know where to obtain a HIV test.

In contrast, 66 percent of women aged 15-19 and never married women, 72 percent of urban women, 76 percent of women residing in Ulaanbaatar City, and 66 percent of women with a secondary education reported that they did not think themselves at risk of HIV infection and thus did not get tested.

Perceptions about HIV/AIDS prevention measures in Mongolia

About half of women who had heard about HIV/AIDS reported that HIV/AIDS prevention measures were not sufficient in Mongolia. About 49 percent assessed it as insufficient, 36 percent assessed it as sufficient, and 5 percent said that they did not know. Fifty-one percent of women aged 20-29, 56 percent of urban women, and 57 percent of women residing in Ulaanbaatar assessed the HIV/AIDS prevention measures as insufficient. In the Western region this indicator was the lowest, and the percentage of women who reported they did not know was high.

Forty-nine percent of women with some knowledge about HIV/AIDS reported that detection of HIV/AIDS incidences was insufficient in Mongolia. Out of women who had knowledge about HIV/AIDS, 49 percent said that detection was insufficient, 35 percent said it was sufficient, and 6 percent said they did not know. Ten percent of women aged 15-19 reported that they did not know about the detection level of HIV/AIDS incidences, while about half of women aged 20-29 assessed it as insufficient. There were not observed variations by marital status. About 55 percent of urban women stated the detection of HIV/AIDS incidences was insufficient while this percentage was lower by 16 percentage points than that for rural women.

Fifty-six percent of women residing in Ulaanbaatar agreed that there is insufficient detection of HIV/AIDS incidences while 32 percent of women residing in the Western region had the same opinion. The percentage of women who answered did not know was highest for the Western region (11 percent).

Table 8.27 Women's perception about HIV/AIDS prevention interventions and detection rates of HIV/AIDS cases, by selected indicators, Mongolia, 2008

Background Characteristics	Never heard of HIV/AIDS	What do you think about HIV prevention interventions in Mongolia?				What do you think about HIV/AIDS detection rates in Mongolia?				Number of women
		Sufficient	Insufficient	Don't care	Don't know	Sufficient	Insufficient	Don't care	Don't know	
Age group										
15-19	11.0	30.5	49.1	0.5	8.9	31.9	46.4	0.6	10.2	1 044
20-24	9.1	34.0	51.4	0.4	5.1	33.7	50.0	0.4	6.8	1 402
25-29	9.8	32.6	51.1	0.4	6.0	32.8	50.0	0.4	7.0	1 627
30-39	7.9	37.3	49.2	0.6	5.0	36.4	49.1	0.4	6.1	3 203
40-49	9.4	39.4	47.0	0.3	3.9	37.5	48.3	0.4	4.4	2 126
Current Marital Status										
Currently Married	8.8	36.8	48.9	0.5	5.0	35.9	48.8	0.4	6.1	6 742
Formerly Married	7.5	37.0	51.8	0.6	3.1	36.9	51.2	0.6	3.8	651
Never Married	10.7	31.5	50.3	0.3	7.2	31.9	48.5	0.5	8.4	2 009
Residence										
Urban	4.9	34.6	55.7	0.4	4.4	33.8	55.1	0.3	5.9	5 729
Rural	15.6	37.5	39.5	0.6	6.8	37.2	39.3	0.6	7.2	3 673
Region										
Central	10.9	36.3	47.0	0.4	5.3	33.2	49.5	0.4	6.0	2 829
East	6.4	38.7	50.3	1.1	3.6	40.6	47.8	1.0	4.2	732
West	20.5	34.5	35.4	0.5	9.2	36.0	32.3	0.4	10.9	1 694
South	5.2	36.9	52.4	0.7	4.7	38.1	52.1	0.5	4.0	572
Ulaanbaatar	3.4	35.0	57.2	0.3	4.0	34.7	56.0	0.3	5.5	3 575
Highest Educational Level										
Primary or Less	36.9	26.8	25.2	1.0	10.1	26.1	26.9	1.0	9.2	721
Incomplete Secondary	13.5	37.6	40.3	0.6	8.0	38.1	38.5	0.7	9.2	2 012
Complete Secondary	6.2	38.1	50.0	0.4	5.3	37.7	49.3	0.3	6.5	3 389
More than Secondary	3.2	34.1	59.6	0.3	2.8	32.7	59.8	0.3	4.1	3 280
Total	9.1	35.7	49.4	0.5	5.4	35.1	48.9	0.4	6.4	9 402

Conclusion

The vast majority of Mongolian women (93 percent) reported that they were aware of STIs. Ninety-one percent of women stated that they had heard about HIV/AIDS; in most cases, they obtained information from TV, newspapers, and health workers. The mean number of sources of information was the same for STIs and HIV/AIDS at 2.2. As compared to previous RHSs the percentage of women who had obtained information about STIs/HIV/AIDS has decreased.

Ninety-three percent of all women surveyed believed that STIs are preventable. About 96 percent of women confirmed that HIV/AIDS infection is preventable. The primary methods mentioned for preventing STIs and HIV/AIDS were using condoms and having only one sexual partner (22 percent). About 12 percent of women had correct understanding of HIV; for example, knowing a healthy-looking person could have HIV, that a HIV infection could not be transmitted through mosquito bites or through sharing cups or dishes with an infected person, etc. Variations were observed among the women who had knowledge about HIV/AIDS by residence, region, and education level. For instance, only 19 percent of rural women, 16 percent of women residing in the Western region, and 8 percent of women with primary education stated the primary methods for preventing STIs/HIV/AIDS were using condoms and having only one sexual partner.

As compared to the 2003 RHS, the percentage of women who know about having only one sexual partner and abstaining as prevention methods increased, while the percentage who mentioned using a condom for prevention decreased. After getting information about STIs/HIV/AIDS, the percentage of women who started to use condoms increased by 4.5 percentage points as compared to the 2003 RHS (from 0.6 percent to 5.1 percent). However, the percentage of women who had used condoms to prevent STIs/HIV/AIDS in their last intercourse was only 7 percent.

The percentage of women with misconceptions about HIV/AIDS decreased by 25-38 percentage points, depending on the demographic group, as compared to the results from the 2003 RHS.

About 37 percent of women consulted with doctors before getting a HIV test, while only 21 percent consulted with doctor after getting a HIV test; this is insufficient.

Chapter IX. Induced Abortion

The level of induced abortion is one of the indicators from which the population's level of knowledge and practices about family planning can be inferred as well as an indication of or concerning whether the population is benefiting from services, policies and programmes that are implemented in this area.

Compared to the results of the 2003 RHS, the abortion ratio in the 2008 RHS shows a decrease from 234 to 169 per 1,000 live births. This reduction may be attributed to the implementation of the National Reproductive Health Programme, in particular its focus on improved availability and accessibility of quality family planning and counseling services by trained service providers. On the other hand, the desire of women and families to have more children has increased due to economic growth and government-supported social welfare policies and programmes to promote fertility.

Other than a few additional questions about abortion methods and pre- and post- abortion counseling services, questions concerning to induced abortion were identical to the previous survey questions, allowing results to be compared between the two surveys. The breakdown of abortions by method was estimated, enabling an assessment of the actual application of safe abortion standards and unmet needs.

Within the five years preceding the survey (2003-2008), 3.2 percent of female respondents experienced at least one miscarriage, 0.4 percent delivered stillbirths, and 8 percent underwent abortions. Compared with the findings of the previous survey, miscarriages and stillbirths have increased by 0.8 percent and 0.2 percent, respectively, and abortions have decreased by 0.3 percent.

Pregnancy outcomes

The breakdown of pregnancies within the last five years by outcome for all women aged 15-49 (see Table 9.01) shows that 78.1 percent of pregnancies ended in a live birth, 14.4 percent ended in induced abortion, 6.3 percent in stillbirth, and 1.1 percent in miscarriage. This trend is similar to those in the 2003 survey findings with some slight increases in 2008: pregnancies ending in live birth increased by 0.3 percent, stillbirth, by 1.8 percent, and miscarriage, by 0.1 percent. Pregnancies were almost twice as likely to end in abortion among women living in urban areas (18 percent) compared to women living in rural areas (10 percent). However, abortions among women living in urban areas decreased by 6 percentage in 2008 compared to results from the

2003 survey. Pregnancy outcomes by region indicate that the percentage of pregnancies ending in abortion was highest in Ulaanbaatar (19 percent) and relatively lower in the the Western region (9 percent). Compared with 2003 findings, pregnancies ending in abortion decreased by 7 percentage in 2008 in Ulaanbaatar.

Examining pregnancies ending in abortions by women's education indicated that as the education level of a woman increases, the proportion of pregnancies ending in abortion is likely to increase as well. For instance, 3 percent of women with a primary education level ended their pregnancies in abortion whereas 20 percent of women with high levels of education ended their pregnancies in abortion. However compared to the 2003 survey results abortion among women with primary education and high education decreased by 2 percentage and by 6 percentage, respectively.

Table 9.01 Percent Distribution of Pregnancies Terminating in the Five years Preceding the Survey by Type if Pregnancy Outcome, According to Background characteristics, Mongolia 2008

Background Characteristics	Pregnancy Outcome				Total	Number of pregnancies
	Live births	Induced Abortion	Still Births	Miscarriage		
Current marital status						
Currently married	78.5	13.8	6.5	1.2	100.0	5 718
Formerly married	69.2	26.2	3.2	1.4	100.0	221
Never married	77.7	16.4	5.3	0.6	100.0	341
Residence						
Urban	73.9	18.2	7.1	0.7	100.0	3 469
Rural	83.3	9.7	5.4	1.7	100.0	2 811
Region						
Central	77.6	15.7	5.8	0.9	100.0	1 848
East	77.0	11.4	7.8	3.8	100.0	552
West	85.8	8.8	4.5	0.9	100.0	1 386
South	84.7	9.2	4.6	1.4	100.0	346
Ulaanbaatar	72.9	18.5	7.9	0.7	100.0	2 148
Highest Education Level						
Less than Grade 4	91.2	3.1	3.6	2.2	100.0	556
Grade 4-8	85.0	7.4	5.4	2.2	100.0	1 190
Grade 9-10	78.1	15.1	6.2	0.6	100.0	2 211
More than Grade 10	71.5	20.1	7.6	0.9	100.0	2 323
RHS, 2008						
Total	78.1	14.4	6.3	1.1	100.0	6 280
RHS, 2003						
Total	77.8	16.7	4.5	1.0	100.0	5 595

Views on abortion

When asked about the acceptability of ending pregnancies in abortion, 43 percent of all 9 402 female respondents and 53 percent of their husbands disagreed with abortion, a difference of 10 percentage between women and their husbands.

When asked to explain their reasons for disapproving of abortion, among women the most common reason cited, irrespective of age, education, and residence, was that it is harmful to women's health (60 percent) (see Table 9.02 (A)).

Table 9.02(A) Percentage of women against abortion, by reasons,
According Background Characteristics, Mongolia 2008

Background Characteristics	Reasons							Total	Number of Women
	Not healthy for mother	Reduces population growth	Religious reason	Reduces use of contraceptive	Improved un-safety sexual relationship	Other	Don't know		
Age Group									
15-19	56.9	25.1	5.2	0.6	7.3	2.1	2.8	100.0	466
20-24	61.2	19.4	6.1	0.8	8.5	1.8	2.2	100.0	624
25-29	62.0	20.7	5.9	0.8	6.8	1.6	2.1	100.0	706
30-39	60.8	21.3	7.2	1.0	7.4	0.8	1.4	100.0	1 317
40-49	58.6	22.6	7.4	1.1	8.0	1.4	1.0	100.0	941
Current marital status									
Currently married	60.4	21.2	7.2	1.0	7.4	1.3	1.5	100.0	2 937
Formerly married	56.6	22.6	7.2	1.1	10.2	1.5	0.8	100.0	265
Never married	60.1	23.0	4.5	0.7	7.5	1.6	2.6	100.0	852
Residence									
Urban	60.4	21.1	5.4	0.9	9.4	1.3	1.4	100.0	2 317
Rural	59.8	22.3	8.2	0.9	5.2	1.5	2.1	100.0	1 737
Region									
Central	58.7	24.1	7.4	0.9	7.0	0.2	1.7	100.0	1 311
East	66.7	30.5	0.0	0.4	1.8	0.0	0.7	100.0	282
West	60.8	16.3	9.7	0.9	5.7	3.4	3.2	100.0	846
South	56.4	21.8	8.6	0.8	7.0	3.7	1.6	100.0	243
Ulaanbaatar	60.3	20.8	5.0	1.0	10.6	1.2	1.0	100.0	1 372
Highest Education Level									
Primary or less	53.8	21.6	11.3	0.9	6.6	1.9	4.1	100.0	320
Incomplete secondary	58.2	23.0	8.7	0.4	6.3	1.0	2.3	100.0	986
Complete secondary	63.4	20.5	5.2	0.8	7.0	1.4	1.7	100.0	1 492
More than Secondary	59.3	22.0	5.6	1.4	9.6	1.5	0.6	100.0	1 256
Total	60.1	21.7	6.6	0.9	7.6	1.4	1.7	100.0	4 054

Table 9.02(B) Percentage of men against abortion, by reasons,
According Background Characteristics, Mongolia 2008

Background Characteristics	Reasons								Number of Women
	Not healthy for mother	Reduces population growth	Religious reason	Reduces use of contraceptive	Improved unsafety sexual relationship	Other	Don't know	Total	
Age Group									
15-19	66.7	22.2	0.0	0.0	11.1	0.0	0.0	100.0	9
20-24	66.4	18.6	7.1	0.0	7.1	0.0	0.9	100.0	113
25-29	66.8	20.0	4.4	1.0	4.7	2.0	1.0	100.0	295
30-34	60.2	23.5	6.6	0.5	4.4	2.9	1.9	100.0	412
35-39	62.6	26.4	3.5	0.6	4.3	1.4	1.2	100.0	345
40-44	62.6	27.0	3.5	0.0	3.8	1.4	1.7	100.0	289
45-49	59.7	27.9	5.0	1.0	2.0	4.0	0.5	100.0	201
50+	58.3	27.8	4.2	0.0	4.2	5.6	0.0	100.0	72
Residence									
Urban	62.3	23.4	4.4	0.8	5.9	2.6	0.7	100.0	922
Rural	62.8	25.6	5.2	0.2	2.5	1.8	2.0	100.0	814
Region									
Central	62.9	26.9	4.5	0.2	4.6	0.5	0.5	100.0	606
East	53.0	33.3	10.6	1.5	1.5	0.0	0.0	100.0	132
West	63.8	18.2	5.5	0.0	0.9	6.4	5.2	100.0	329
South	63.2	25.6	0.8	1.6	2.4	5.6	0.8	100.0	125
Ulaanbaatar	63.4	23.0	4.2	0.7	7.0	1.5	0.2	100.0	544
Highest Education Level									
Primary or less	64.3	22.6	6.5	0.4	0.9	2.2	3.0	100.0	230
Incomplete secondary	60.4	28.2	5.5	0.2	2.9	1.4	1.4	100.0	490
Complete secondary	65.7	21.6	3.7	0.4	5.2	2.6	0.7	100.0	537
More than Secondary	60.1	24.6	4.4	1.0	6.3	2.7	0.8	100.0	479
Total	62.5	24.4	4.8	0.5	4.3	2.2	1.3	100.0	1 736

To the same question, 63 percent of husbands replied that abortion is harmful to a mother's health, a result is higher by 3 percentage points compared to women who gave the same answer. Additionally, 24 percent of the husbands and 22 percent of the women who disapproved of ending pregnancies in abortion said that abortion has a negative impact on population growth.

Experience with induced abortion

Table 9.03 illustrates the number of abortions experienced by all women aged 15-49 regardless of their potential for becoming pregnant.

Table 9.03 Percentage of Women Who Have Had at least One Induced Abortion and, Among these Women, Percent Distribution by the Number of Induced Abortions, According Background Characteristics, Mongolia 2008

Background Characteristics	% of women who had abortion	Number of induced abortions				Number of women who had abortion	Number of women
		1	2	3 +	Total		
Age Group							
15-19	0.5	100.0	0.0	0.0	100.0	5	1 044
20-24	6.2	86.3	12.6	1.1	100.0	87	1 402
25-29	9.8	75.6	21.3	3.1	100.0	160	1 627
30-39	11.3	74.8	19.9	5.3	100.0	361	3 203
40-49	4.2	78.7	14.6	6.7	100.0	89	2 126
Current marital status							
Currently married	9.2	77.1	18.6	4.3	100.0	617	6 742
Formerly married	5.8	68.4	21.1	10.5	100.0	38	651
Never married	2.3	83.0	14.9	2.1	100.0	47	2 009
Residence							
Urban	8.4	75.6	19.7	4.7	100.0	483	5 729
Rural	6.0	80.4	16.0	3.6	100.0	219	3 673
Region							
Central	8.0	77.9	17.3	4.8	100.0	226	2 829
East	7.0	78.4	19.6	2.0	100.0	51	732
West	5.5	75.5	21.3	3.2	100.0	94	1 694
South	5.4	96.8	3.2	0.0	100.0	31	572
Ulaanbaatar	8.4	74.7	20.0	5.3	100.0	300	3 575
Highest Education Level							
Primary or less	2.1	93.3	0.0	6.7	100.0	15	721
Incomplete secondary	3.7	84.0	14.7	1.3	100.0	75	2 012
Complete secondary	7.5	73.5	21.3	5.2	100.0	253	3 389
More than Secondary	10.9	77.4	18.1	4.5	100.0	359	3 280
RHS 2008							
Total	7.5	77.1	18.5	4.4	100.0	702	9 402
RHS 2003							
Total	7.8	78.7	17.0	4.3	100.0	723	9 314

Overall, 8 percent of women aged 15-49 have had at least one abortion within the five years preceding the survey (2003-2008), which is the same level as that of the 2003 survey. The proportion who underwent an induced abortion follows an inverted U-shaped pattern by age. The proportion that experienced abortion increases with age, from 6 percent of women aged 20-24 to 11 percent of women aged 30-39, then declining to 4 percent of women aged 40-49.

Eight percent of women respondents, or 702 women, have had at least one abortion within the 5 years preceding the survey, out of which 77 percent have had one abortion, 19 percent have had two abortions, and 4 percent have had three or more abortions. This trend remains the same as the results from the 2003 survey. By age, for all girls aged 15 -19 who had abortions, it was their first abortion, and among women aged 25-49 there was a trend of multiple abortions with increasing age.

More urban women (8 percent) than rural women (6 percent) had abortions. However, the percentage of urban women who have had abortions decreased by 2 percentage compared to results from the 2003 survey. When looking at regional differences, the regions with the highest percentage of women undergoing abortions were the Central (8 percent), Eastern (7 percent), and Ulaanbaatar (8 percent) regions.

Rates of induced abortion

In this section, the rates of induced abortion in the five year period preceding the survey are presented. Three types of rates can be estimated and used: Age-Specific Abortion Rates (ASAR)¹, General Abortion Rate (GAR)², and Total Abortion Rate (TAR)³.

Table 9.04 presents ASARs, GAR, and TAR by rural and urban residence. The age-specific abortion rates have a generally increasing trend with a very low level among women aged 15-19 (1 per 1,000 women), peaking among women aged 30-34 (33 per 1,000 women), and declining in older age groups aged 40-49. Compared with the 2003 results, the rates have declined among women 30 and over. Except for those aged 45-49, for all age groups abortion rates in urban areas were higher than those in rural areas by 0.1 to 18 percentage points.

1 The ASARs (which are expressed per 1,000 women) represent the probability that women of a given age would have an abortion within a given period of time.

2 The GAR represents the number of abortions per 1,000 women aged between 15-49.

3 The TAR, which is a summary measure of ASAR, can be interpreted as the number of abortions a women would have in her reproductive lifetime if she experienced the currently prevailing ASAR between the ages of 15 and 49.

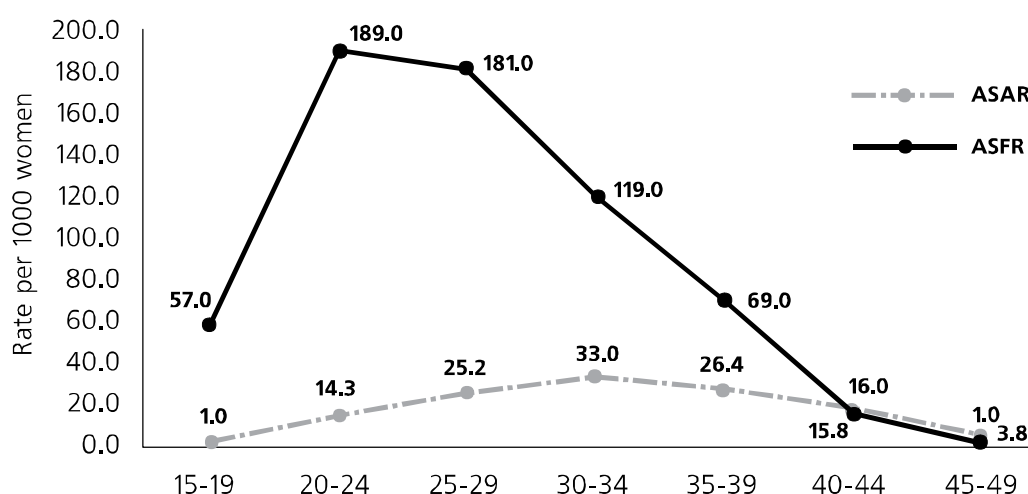
Table 9.04 Age-specific Induced Abortion, Total Abortion and General Abortion rates for the Last Five Years Preceding the Survey, by Urban-Rural Residence, Mongolia 2008

Variable& Category	Total		Residence	
	2003	2008	Urban	Rural
Age Group				
15-19	0.6	1.0	1.0	0.9
20-24	12.1	14.3	17.2	9.1
25-29	24.5	25.2	33.0	15.6
30-34	34.6	33.0	41.1	23.2
35-39	31.4	26.4	30.5	21.2
40-44	23.2	15.8	20.1	8.7
45-49	5.7	3.8	2.1	7.0
Abortion Rate				
GAR (Per.1000 women)	20.0	19.3	22.1	14.8
TAR 15-49 (Per. women)	0.7	0.6	0.73	0.43

The total abortion rate (TAR) at the national level was 0.6 abortions per woman, 1.7 times higher in urban areas (0.73 abortions per woman) compared to rural areas (0.43 abortions per woman).

Figure 9.1 illustrates age-specific fertility rates (ASFR) and age-specific abortion rates (ASARs). Overall, ASARs were lower than the corresponding ASFRs for all age groups except for women aged 40-44.

Overall, age specific fertility rate was highest in the 20-24 age group and age specific abortion rate was highest in the 30-34 age group at the time of data collection.

Figure 9.01 Age-specific Abortion Rates (ASAR) and Age-specific Fertility Rates (ASFR), Mongolia 2008

Abortion methods

Use of different abortion methods depended very much on what methods were available and offered by health facilities rather than on choices made by women who provided pre-abortion counseling by health professionals.

Out of 9 402 women respondents in the survey, 702 women, or 8 percent, underwent an induced abortion. For 73 percent of the women who had an abortion, manual vacuum aspiration (MVA) was used, for 21 percent dilation and curettage (D&C) was used, and for 6 percent medical abortion was used (see Table 9.05).

There was almost no difference between rural and urban areas in the breakdown by abortion methods used. Disaggregated data by region shows that the most suitable method for safe abortion, MVA, was used most commonly in the capital (73 percent) and in the Central region (74 percent).

This demonstrates that national standards for safe abortion and WHO-recommended modern methods of abortion are being introduced and used. When examining by age groups, the percentage of abortions done through medical abortions was highest among women aged 15-19 (60 percent), which may be attributed to the fact that adolescent girls do not have proper information about safe methods of abortion. They would have sought abortion services at a late stage of pregnancy. Overall, 27 percent of abortions was performed using D&C or through a medical abortion method, which means there is still a need to introduce safer abortion methods; additionally, it indicates that some abortions are performed after 12 weeks of gestation, which should not be encouraged.

Table 9.05 Percentage of women who had abortion,
by methods of abortion According Background Characteristics, Mongolia 2008

Background Characteristics	Methods				Total	Number of Women
	Dilation and curettage	Suction	Medical (Drug) abortion	Don't know		
Age Group						
15-19	60.0	40.0	0.0	0.0	100.0	5
20-24	16.1	70.1	13.8	0.0	100.0	87
25-29	18.1	75.6	5.6	0.6	100.0	160
30-39	21.3	73.7	4.7	0.3	100.0	361
40-49	29.2	66.3	4.5	0.0	100.0	89
Current marital status						
Currently married	20.1	74.2	5.5	0.2	100.0	617
Formerly married	31.6	63.2	5.3	0.0	100.0	38
Never married	27.7	57.4	12.8	2.1	100.0	47
Residence						
Urban	20.1	72.9	6.6	0.4	100.0	483
Rural	23.7	71.7	4.6	0.0	100.0	219
Region						
Central	21.2	74.3	4.4	0.0	100.0	226
East	23.5	70.6	5.9	0.0	100.0	51
West	26.6	67.0	6.4	0.0	100.0	94
South	29.0	64.5	6.5	0.0	100.0	31
Ulaanbaatar	18.3	74.0	7.0	0.7	100.0	300
Highest Education Level						
Primary or less	60.0	33.3	6.7	0.0	100.0	15
Incomplete secondary	28.0	65.3	6.7	0.0	100.0	75
Complete secondary	19.0	74.7	6.3	0.0	100.0	253
More than Secondary	19.8	74.1	5.6	0.6	100.0	359
Total	21.2	72.5	6.0	0.3	100.0	702

Abortion by parity

As for the relationship between abortion and number of children, the survey data indicates that among all women who have had an abortion, 26 percent had 1 child, 37 percent had two children, 21 percent had 3 children, 11 percent had 4 or more children, and 6 percent had no children. Compared to the findings of the 2003 survey, the percentage of women who underwent an abortion and who also have one child declined by 16 percentage points, possibly meaning that women with fewer children wanted more children.

Data by rural and urban residence show that urban women who have one (30 percent) or two (39 percent) children were more likely to have abortions. But women in rural areas who had two (33 percent) or three (29 percent) children and had undergone an abortion. There is a slight difference by residence concerning the relationship between having abortions and number of children. It is also notable that abortions among women who do not have any children are still occurring.

Table 9.06 Percentage of women between 15-59 who had abortion, by number of children born, number of abortions, residence

Background Characteristics	Number of abortion								Number of women who had abortion		
	Urban			Total	Rural			Total	Urban	Rural	Total
	1	2	3+		1	2	3+				
Number of children born											
No child	90.9	9.1	0.0	100.0	71.4	14.3	14.3	100.0	33	7	40
1	78.9	16.3	4.8	100.0	84.8	15.2	0.0	100.0	147	33	180
2	73.3	21.9	4.8	100.0	77.8	18.1	4.2	100.0	187	72	259
3	70.4	25.9	3.7	100.0	81.0	15.9	3.2	100.0	81	63	144
4	70.4	18.5	11.1	100.0	77.3	18.2	4.5	100.0	27	22	49
5+	75.0	12.5	12.5	100.0	86.4	9.1	4.5	100.0	8	22	30

Reasons for the last abortion

Table 9.07 presents the reasons given by women for having their last abortion by age group and marital status. Among all women who had abortions, 43 percent chose abortion because they wanted to have children later, 24 percent because of a health concern, 12 percent because of a lack of financial resources, and 14 percent because they were getting older, already had many children, or had a lack of knowledge about other methods of contraception. Women who replied that they wanted children later constituted the highest percentage. When compared with the findings of the 2003 survey, shifts in reasoning are observed. For instance, the percentage of women who stated that they did not want to have a child at that time increased by 11 percentage points whereas the percentage of women who stated that their last abortions were performed due to a lack of financial resources declined by 13 percentage points compared to 2003 results. It means financial status of women was not the main reason for having abortions.

If the marital status of women who had abortions is examined, wanting to have children later was the most frequently mentioned reason (53 percent) among never-married women. Among married women who had abortions, the main reasons were wanting to have children later (43 percent), health concerns (24 percent) and lack of financial resources (11 percent).

The most interesting finding is that lack of knowledge about contraceptives was the least-often mentioned reason among all who had abortions, irrespective of age and marital status.

Tabel 9.07 Percentage of women who had abortion, by reasons
According to Selected Background Characteristics, Mongolia 2008

Background Characteristics	Reason's of abortion							Total
	Old enough	Not able to have a children	Have enough children	Financial problem	Failed to use contraceptive	Health concern	Other	
Age Group								
15-19	0.0	80.0	0.0	20.0	0.0	0.0	0.0	5
20-24	2.3	67.8	0.0	9.2	4.6	9.2	6.9	87
25-29	0.0	59.4	1.3	9.4	0.6	19.4	10.0	160
30-39	3.3	36.3	11.1	12.7	1.7	27.4	7.5	361
40-49	24.7	12.4	11.2	12.4	2.2	30.3	6.7	89
Current marital stastus								
Currently married	5.2	43.4	7.8	10.9	1.9	24.1	6.6	617
Formerly marriad	7.9	18.4	5.3	15.8	0.0	31.6	21.1	38
Never married	2.1	53.2	4.3	17.0	2.1	8.5	12.8	47
Total	5.1	42.7	7.4	11.5	1.9	23.5	7.8	702

Nearly all the women who had induced abortions could have avoided the unwanted pregnancies by using effective modern contraceptive methods.

Decision-making process for the last abortion and stage of pregnancy during the last abortion

As for making the decision to have the most recent abortion, the majority (53 percent) of women decided in consultation with their husbands or partners and 37 percent made the decision alone. The majority of women who were married before but are currently unmarried (79 percent) and the majority of women who had never married (68 percent) made the decisions by themselves while 32 percent of married women made the decision alone.

Among five adolescents, who had abortions, 60 percent made the abortion decision alone, 20 percent in consultation with their partners, and 20 percent in consultation with relatives and friends (table 9.08).

Concerning when the abortion was performed, among all women who had abortions, 43 percent received the abortion during the first month of pregnancy, 41 percent during the second month of pregnancy, 11 percent during the third month of pregnancy, and 5 percent after the first trimester of pregnancy.

Table 9.08 Percentage of women by abortion decisions, age groups and marital status, Mongolia 2008

Background Characteristics	Who made abortion decision						Number of women who had abortion
	Herself	With husband	Husband/ Partner	Parents, Sisters/Brothers, Friends	Doctor	Other	
Age Group							
15-19	60.0	20.0	0.0	20.0	0.0	0.0	5
20-24	36.8	58.6	0.0	1.1	3.4	0.0	87
25-29	33.1	59.4	3.1	0.6	3.8	0.0	160
30-39	35.7	53.7	1.4	0.3	8.6	0.3	361
40-49	49.4	36.0	0.0	0.0	13.5	1.1	89
Current marital status							
Currently married	32.3	58.5	1.3	0.2	7.6	0.2	617
Formerly married	78.9	7.9	0.0	2.6	7.9	2.6	38
Never married	68.1	19.1	4.3	4.3	4.3	0.0	47
Total	37.2	53.1	1.4	0.6	7.4	0.3	702
RHS, 2003							
Total	36.8	54.2	1.7	2.0	5.4	0.0	723

Late abortions, or abortions after the first 12 weeks (three months) of gestation, are supposed to be performed only if the mother's health is in danger or there is an observed fetal abnormality. However, the findings of the 2008 survey indicate a significant number of abortions were performed at a late stage of pregnancy. Attention should also be given to the facts that late abortions were higher among women who never married (8.5 percent) and young women aged 15-24 (7 to 20 percent) (see Table 9.08(A)).

Table 9.08A Percentage of women who had abortion, by pregnancy timeline, age group, and marital status, Mongolia 2008

Background Characteristics	Pregnancy timeline					Number of women who had abortion
	1 month	2 month	3 month	4 months and over	Don't know	
Age Group						
15-19	20.0	40.0	20.0	20.0	0.0	5
20-24	42.5	40.2	10.3	6.9	0.0	87
25-29	38.8	45.6	10.6	4.4	0.6	160
30-34	51.2	34.3	9.0	5.5	0.0	201
35-39	45.0	41.2	9.4	4.4	0.0	160
40-49	30.3	49.4	15.7	4.5	0.0	89
Current marital status						
Currently married	44.2	41.3	9.6	4.9	0.0	617
Formerly married	31.6	44.7	18.4	5.3	0.0	38
Never married	36.2	36.2	17.0	8.5	2.1	47
Total	43.0	41.2	10.5	5.1	0.1	702

Place of and fee for the last abortion

By location of procedure and by fee, 40 percent of women who had abortions received the service in private hospitals and 50 percent of those who got the service in private hospitals paid a fee of 20,000 togrogs or above. Among women who had abortions, 59 percent had their last abortion in public hospitals in the capital or aimag centers, and 6 percent had them in soum hospitals. According to the national standards on safe abortion, abortions in soum hospitals should not be performed. Compared with the 2003 survey findings, the percentage of abortions performed in private hospitals increased by 15 percentage points.

One percent of women who had abortions stated that their abortions were performed at home or at other non-medical settings, which may be medical abortions.

In terms of payment for the most recent abortion, 17 percent of women who had abortions paid up to 10,000 togrogs, 38 percent paid between 10,001 and 20,000 togrogs, and 41 percent paid more than 20,001 togrogs. Only 4 percent did not pay any fee, mostly at aimag hospitals.

Table 9.09 Percentage of women who had abortion by place of, and fee for the last abortion, Mongolia 2008

Background characteristics	Place of Abortion					Total
	Ulaanbaatar hospital	Aimag center hospital	Soum hospital	Private hospital	Home and other places	
Expenses associated with abortion						
1-10000	15.1	56.3	9.2	16.8	2.5	119
10001-20000	16.2	36.2	5.3	41.5	0.8	265
20001+	21.0	22.0	3.8	51.5	1.7	291
No expenses	11.1	66.7	18.5	3.7	0.0	27
Total	17.8	34.9	5.8	40.0	1.4	702
RHS, 2003						
Total	27.7	36.4	8.9	25.9	1.2	723

Abortion services and counselling

According to the national standards on safe abortion, abortions should be performed in hospitals approved to provide such services and by obstetricians and gynecologists. The survey results indicate that 84 percent of abortions were supervised by a gynecologist; compared with the 2003 survey results (92 percent), this has declined by 8 percentage points. This may be due to an increase in medical abortions, where drugs are purchased from local markets and are not supervised by gynecologists. This should be investigated and further studied.

Around 67 percent of all women who had abortions received pre-abortion counseling. Concerning post-abortion counseling, 74 percent of all women received this and 85 percent of them reported that the counseling included use of contraceptives (see Table 9.10).

The percent distribution of pre-abortion and post-abortion counseling by rural (pre-counseling at 65 percent and post-counseling at 74 percent) and urban (pre-counseling at 70 percent and post-counseling at 72 percent) residence did not reveal a significant difference between them. Data by regions shows pre- and post-abortion counseling was relatively higher in the Eastern region (pre-counseling at 80 percent and post-counseling at 82 percent).

It is observed that the percentage of women receiving post-abortion counseling services was higher than those who received pre-abortion counseling. This indicates that measures should be undertaken to improve pre-abortion counseling, which should include helping women to choose a method of abortion and alleviate their fears and pain, etc. In particular the difference in rates between pre- and post-abortion services for adolescent girls was the greatest; therefore, more attention needs to be given to this issue for adolescents and young women.

Table 9.10 Percent distribution all women who had abortion by pre-abortion and post-abortion counselling according to residence, Region and Place of Counselling, Mongolia 2008

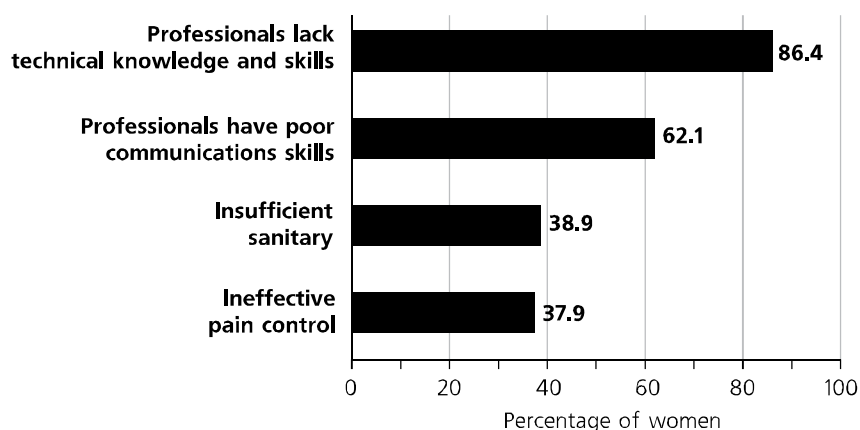
Variable & Category	Abortion				Number of women who had abortion
	Pre-abortion		Post-abortion		
	Yes	No	Yes	No	
Age Group					
15-19	40.0	60.0	80.0	20.0	5
20-24	62.1	37.9	66.7	33.3	87
25-29	65.0	35.0	74.4	25.6	160
30-39	68.7	31.3	74.8	25.2	361
40-49	67.4	32.6	74.2	25.8	89
Current marital status					
Currently married	67.9	32.1	75.2	24.8	617
Formerly married	65.8	34.2	71.1	28.9	38
Never married	51.1	48.9	55.3	44.7	47
Residence					
Urban	65.2	34.8	74.3	25.7	483
Rural	69.9	30.1	72.1	27.9	219
Region					
Central	65.0	35.0	69.0	31.0	226
East	80.4	19.6	82.4	17.6	51
West	61.7	38.3	62.8	37.2	94
South	67.7	32.3	77.4	22.6	31
Ulaanbaatar	67.0	33.0	78.7	21.3	300
Highest Education Level					
Primary or less	26.7	73.3	33.3	66.7	15
Incomplete secondary	68.0	32.0	74.7	25.3	75
Complete secondary	70.8	29.2	73.5	26.5	253
More than Secondary	65.2	34.8	75.2	24.8	359
Total	66.7	33.3	73.6	26.4	702
RHS 2003					
Total	63.5	36.5	79.3	20.7	723

Around 87 percent of women who had abortions reported that the quality of abortion services offered in hospitals was satisfactory. This is a decrease of 6 percentage points compared with the 2003 survey results. The women who reported dissatisfaction were clients who received abortions in soum hospitals, private hospitals, and at home (see Table 9.11). The women who underwent abortions at home or other places might have used medicines sold by individuals or at markets without proper consultation with gynecologists.

Table 9.11 Percent Distribution of Woman who had by assessment of service quality and place of abortion service, Mongolia 2008

Background Characteristics	Service Quality	
	Satisfactory	Unsatisfactory
Place of abortion service		
At a specialized hospital in UB	88.8	11.2
Aimag center hospital	87.8	12.2
Soum center hospital	82.9	17.1
Private hospital	84.7	15.3
At home/Other home	80.0	20.0
Other	100.0	0.0
Total	86.5	13.5
RHS 2003		
Total	92.8	7.2

When the women were asked about their reasons for dissatisfaction, the majority of them expressed health professionals' lack of technical knowledge and skills (86 percent) and professionals' poor communications skills (62 percent).

Figure 9.02 Percentage of Women who had unsatisfactory abortion, by reasons, Mongolia 2008

Abortion and use of contraceptives

When women who had abortion were asked about their use of contraceptives prior their abortions, 61 percent of them answered that they did not use any form (see Table 9.12). In contrast, 75 percent of women who had abortions reported they began using contraceptive methods after their abortions. Compared with the pre-abortion situation, use of contraceptives increased by about 36 percent.

In terms of marital status of women who had abortions and did not use contraceptives before their abortion, the highest percentage was found among never-married women (83 percent) and among women living in the Southern region (71 percent). The percentage of women who had abortions and did not use contraceptives after their abortion was highest also in the Southern region (29 percent).

Post-abortion use of contraceptives was lowest among adolescent girls younger than 20 (40 percent), probably due to their more casual sexual encounters, while post-abortion contraceptive use was highest among women aged 25-39 (76 percent).

Table 9.12 Percent Distribution of Women Who Had Abortion by Contraceptive Method Used Before Induced Abortion and After Induced Abortion According to Selected Background Characteristics, Mongolia 2008

Background Characteristics	Contraceptive Use				Number of women who had abortion
	Before abortion		After abortion		
	Yes	No	Yes	No	
Age Group					
15-19	40.0	60.0	40.0	60.0	5
20-24	23.0	77.0	70.1	29.9	87
25-29	38.1	61.9	76.3	23.8	160
30-39	44.9	55.1	75.9	24.1	361
40-49	30.3	69.7	74.2	25.8	89
Current marital status					
Currently married	41.2	58.8	76.2	23.8	617
Formerly married	26.3	73.7	57.9	42.1	38
Never married	17.0	83.0	70.2	29.8	47
Residence					
Urban	35.6	64.4	74.3	25.7	483
Rural	45.7	54.3	75.8	24.2	219
Region					
Central	38.1	61.9	75.7	24.3	226
East	45.1	54.9	74.5	25.5	51
West	48.9	51.1	76.6	23.4	94
South	29.0	71.0	71.0	29.0	31
Ulaanbaatar	36.0	64.0	74.0	26.0	300
Highest Education Level					
Primary or less	33.3	66.7	66.7	33.3	15
Incomplete secondary	42.7	57.3	76.0	24.0	75
Complete secondary	36.8	63.2	73.5	26.5	253
More than Secondary	39.6	60.4	75.8	24.2	359
Total	38.7	61.3	74.8	25.2	702
RHS, 2003					
Total	53.3	46.7	84.8	15.2	723

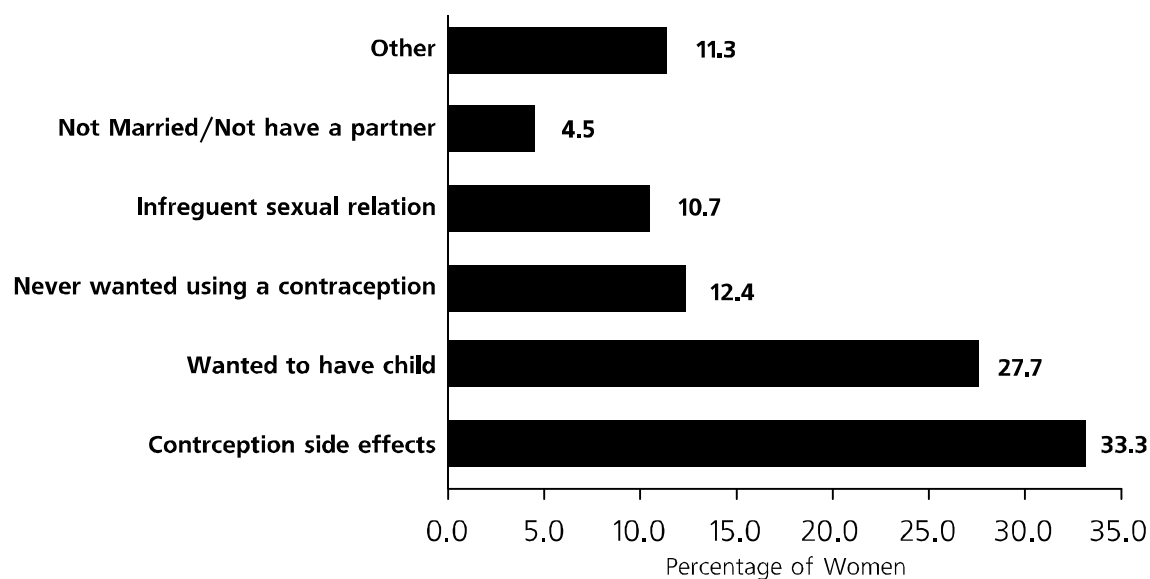
Table 9.13 illustrates that among women who were using contraceptives prior to their abortions, 42 percent were taking pills, 19 percent were using the calendar method, 15 percent were using male condoms, 13 percent were using injections, 10 percent were using an IUD, and 2 percent were using other methods. Of these methods, contraceptive failure is most likely when users are not using them correctly or appropriately, particularly in the case of pills and condoms, which can increase the likelihood of unwanted pregnancies.

Tabel 9.13 Percent Distribution of Women Who Were Using Contraception Before Abortion By Specific Contraceptive Method According to Selected Background Characteristics, Mongolia 2008

Background Characteristics	Contraceptive Method							
	Pills	IUD	Injection	Norplant/ Implant	Diaph./ Foam Jelly	Male Condom	Period Abstinence	Withd- raval
Age Group								
15-19	50.0	0.0	0.0	0.0	0.0	50.0	0.0	0.0
20-24	20.0	5.0	20.0	0.0	0.0	40.0	15.0	0.0
25-29	47.5	13.1	11.5	0.0	0.0	16.4	9.8	1.6
30-39	39.5	9.9	13.6	0.0	0.6	11.1	24.1	1.2
40-49	55.6	11.1	3.7	0.0	0.0	18.5	11.1	0.0
Current marital status								
Currently married	40.6	11.0	12.6	0.0	0.4	15.7	19.3	0.4
Formerly married	70.0	0.0	10.0	0.0	0.0	0.0	10.0	10.0
Never married	37.5	0.0	12.5	0.0	0.0	25.0	12.5	12.5
Residence								
Urban	41.3	12.2	9.9	0.0	0.6	14.0	20.9	1.2
Rural	42.0	7.0	17.0	0.0	0.0	18.0	15.0	1.0
Region								
Central	38.4	9.3	11.6	0.0	0.0	17.4	22.1	1.2
East	47.8	4.3	17.4	0.0	0.0	17.4	13.0	0.0
West	45.7	10.9	13.0	0.0	0.0	15.2	13.0	2.2
South	66.7	0.0	22.2	0.0	0.0	0.0	11.1	0.0
Ulaanbaatar	38.9	13.0	11.1	0.0	0.9	14.8	20.4	0.9
Highest Education Level								
Primary or less	60.0	0.0	20.0	0.0	0.0	20.0	0.0	0.0
Incomplete secondary	53.1	12.5	12.5	0.0	0.0	12.5	9.4	0.0
Complete secondary	37.6	8.6	15.1	0.0	0.0	20.4	17.2	1.1
More than Secondary	40.8	11.3	10.6	0.0	0.7	12.7	22.5	1.4
Total	41.5	10.3	12.5	0.0	0.4	15.4	18.8	1.1
RHS, 2003								
Total	30.4	14.8	4.7	0.3	0.3	11.9	36.6	1.0

Women who were not using contraceptives prior to their abortions (61 percent) said that reasons for not using contraceptives included undesirable side effects of contraceptives (33 percent) and wanting more children (28 percent) (see Figure 9.03).

Figure 9.03 Reasons why women having abortions are not using contraceptives, by percentage, Mongolia 2008



Legalization of abortion

When asked about the legalization of abortion from all women respondents and their husbands, 49 percent of all women respondents supported the decision to legalize abortion, while 39 percent of all husband supported the legalization of abortion. This indicates there is a slight decrease in the support of the legalization of abortion for both men and women compared with the findings of the 2003 survey.

When asked to explain their reasons for not supporting abortion legislation, 60 percent of women and 63 percent of husbands mentioned that it is harmful to women's health. Also, a substantial percentage of both women and men (22 and 24 percent, respectively) answered that abortion has a negative impact on population growth. In general, both women and their husbands have similar opinions about the legalization of abortion.

Conclusions

According to the 2003 RHS, the abortion ratio was 234 per 1,000 live births, decreasing to 169 per 1,000 live births in 2008. This reduction may be attributed to the improved availability and accessibility of quality family planning and counseling services by service providers and/or an increased desire among women and families to have more children due to improved economic growth and pronatalist government social welfare policies and programmes.

Out of 9 402 women respondents in the survey, 8 percent, or 702 women, aged 15-49 have had at least one abortion within the five years preceding the survey (2003-2008). Abortions

among urban women are twice as common compared to rural women. This may be explained by abortion services being more widely available in urban areas. The number of women who had repeated abortion remains at the same level compared to the 2003 survey result: 23 percent of women who experienced abortions had two or more abortions.

Among all women who had abortions, 43 percent chose abortion because they wanted to have children later, 24 percent because they had a health concern, 12 per because of a lack of financial resources, and 14 percent because they were getting older, already had many children, or had a lack of knowledge about contraceptives. The percentage of women who stated that their last abortions were performed due to a lack of financial resources has declined by 13 percentage points, indicating financial ability is a declining primary concern concerning having children. The percentage of women who had an abortion due to a lack of knowledge about contraception was relatively lower among other reasons.

Nearly all women who had induced abortions could have avoided the unwanted pregnancies by using effective modern contraceptive methods. The majority of women respondents and their husbands stated that ending pregnancies in abortion is not good for women's health and has negative consequences on population growth.

In terms of abortion services, the survey results indicate that 84 percent of abortions were supervised by a gynecologist, which is a decrease compared to 2003 survey results; this merits further study. The percentage of abortions performed at private hospitals has increased by 15 percentage points compared with the findings of the previous survey, and half of the women who had abortions in private hospitals paid a fee of 20,000 togrogs or above.

Around 67 percent of all women who had abortions received pre-abortion counseling. 74 percent of all women who had abortions had post-abortion counseling; 85 percent of them reported that the counseling included family planning methods. The gap between the pre- and post-abortion services for adolescent girls was the highest; therefore, more attention needs to be given to services for adolescents and young women.

Out of all women who underwent an induced abortion, 73 percent underwent manual vacuum aspiration (MVA), 21 percent underwent dilation and curettage, and 6 percent underwent medical abortion. Between rural and urban areas there was almost no difference in abortion methods used. This demonstrates that the national standards on safe abortion and WHO-recommended modern methods of abortion are being introduced and used.

There was an increase of contraceptive use pre- and post-abortion, with 39 percent of women who had abortions not using contraceptives before their last abortions compared to 75 percent after their abortions. This could be a result of successful post-abortion counseling services.

Chapter X. Adolescent Reproductive Health

One of the main goals of the 2008 RHS is to assess the activities and measures targeting young people that are being implemented within the framework of the Third National RH Programme. The relevant objective states that measures must be taken to «...educate adolescents on reproductive health (RH) knowledge, safe sex behavior, and making proper decisions and healthy choices [about] RH issues...» and that data and information for research and studies in this area need to be provided.

This survey included adolescent girls aged 15-19. Total of 1,044 adolescent girls aged 15-19 were surveyed concerning adolescent pregnancy and childbirth, their knowledge on and use of contraceptives, their sexuality, and knowledge and attitudes toward STIs/HIV/AIDS.

Adolescent fertility

According to the 1998 RH survey, 9 percent of adolescents girls aged 15-19 had children; this declined to 7.4 percent in 2003. According to the 2008 results, this rate has increased by 0.8 percentage points to reach 8.2 percent. This indicates the teenage pregnancy and fertility remains an issue requiring further attention.

The percentage of women aged 15-19 who were mothers or pregnant with their first child by selected characteristics is shown in Table 10.01.

When the age of women who gave birth during adolescence was compared to those in 2003, there was a slight shift toward younger girls giving birth. For those aged 17, there was a small increase of 2.6 percentage points (from 3.8 percent to 6.4 percent) while there was a decrease by 3.8 percentage points among adolescents aged 18 (from 17.7 percent to 13.9 percent). These indicators for 17 and 18 year-olds are approaching the 1998 levels of prevalence (7.1 and 13.6 percent, respectively). There were no childbearing adolescents aged 15.

By residence, in 1998 the percentage of adolescents living in rural areas who had begun to bear children was 2.2 times more than those in urban areas; it was reported as 2.5 times greater in 2003. The overall percentage of adolescents who had begun to bear children in 2008 decreased slightly in urban areas (to 5.3 percent) and increased by 5.4 percentage points in rural areas (18.3 percent) from RHS 1998. The ratio of rural to urban adolescents beginning to bear children thus increased to 3.5.

Table 10.01 Percentage of Adolescents 15-19 Who are Mothers or Pregnant with Their First Child by Background Characteristics for RHS 1998, 2003, 2008 Mongolia

Background Characteristics	1998			2003			2008		
	Adolescent Pregnancy			Adolescent Pregnancy			Adolescent Pregnancy		
	Prevalence (%)	95% CI	n	Prevalence (%)	95% CI	n	Prevalence (%)	95% CI	n
Age									
15-19	11.0	8.7-13.3	100	11.0	8.7-13.3	100	11.0	8.7-13.3	100
20-24	11.0	8.7-13.3	100	11.0	8.7-13.3	100	11.0	8.7-13.3	100
25-29	3.0	1.7-4.3	30	3.0	1.7-4.3	30	3.0	1.7-4.3	30
30-34	11.0	8.7-13.3	100	11.0	8.7-13.3	100	11.0	8.7-13.3	100
35-39	21.0	18.7-23.3	200	21.0	18.7-23.3	200	21.0	18.7-23.3	200
40-44	21.0	18.7-23.3	200	21.0	18.7-23.3	200	21.0	18.7-23.3	200
Ethnicity									
Khazak	11.0	8.7-13.3	100	11.0	8.7-13.3	100	11.0	8.7-13.3	100
Mongol	11.0	8.7-13.3	100	11.0	8.7-13.3	100	11.0	8.7-13.3	100
Other	11.0	8.7-13.3	100	11.0	8.7-13.3	100	11.0	8.7-13.3	100
Highest Education Level									
Primary or Less	9.2	7.9-10.5	92	9.3	8.0-10.6	93	10.2	8.9-11.5	265
Incomplete Secondary	6.4	5.1-7.7	64	3.5	2.2-4.8	35	4.1	2.8-5.4	49
Complete Secondary	6.9	5.6-8.2	69	6.1	4.8-7.4	61	5.1	3.8-6.4	158
More than Secondary	8.7	7.4-10.0	87	12.5	11.2-13.8	125	8.6	7.3-9.9	58
Region									
Central	11.0	8.7-13.3	100	11.0	8.7-13.3	100	11.0	8.7-13.3	100
South	11.0	8.7-13.3	100	11.0	8.7-13.3	100	11.0	8.7-13.3	100
North	11.0	8.7-13.3	100	11.0	8.7-13.3	100	11.0	8.7-13.3	100
West	11.0	8.7-13.3	100	11.0	8.7-13.3	100	11.0	8.7-13.3	100
East	11.0	8.7-13.3	100	11.0	8.7-13.3	100	11.0	8.7-13.3	100
Total	11.0	8.7-13.3	1000	11.0	8.7-13.3	1000	11.0	8.7-13.3	1044

When examined by educational level, the proportion of adolescent girls with primary and incomplete secondary education who began bearing children remains as high as what was found in the previous surveys.

Geographically, the percentage of adolescents who have begun to bear children out of all adolescents surveyed was highest in Ulaanbaatar at 16.7 percent, followed by the Southern region with 11.7 percent. The percentage was lowest in the Central region at 5.8 percent. Compared to 2003, the proportion of adolescents bearing children decreased in the Southern region while there was a substantial increase in Ulaanbaatar.

Overall, 5.9 percent of adolescent girls gave birth to one child and 0.4 percent had two or more. The number of children ever born to adolescent mothers increased with age (Table 10.01A).

Table 10.01A Percent Distribution of Adolescents Age 15-19 by Number of Children Ever Born According to Single Year of Age, Mongolia 2008

	Children Ever Born			Total	Mean CEB			Number of Adolescents
	0	1	2+		1998	2003	2008	
Age								
15	100.0	0.0	0.0	100.0	0.01	0.01	0.00	203
16	99.1	0.9	0.0	100.0	0.00	0.01	0.01	227
17	95.7	4.3	0.0	100.0	0.06	0.03	0.04	235
18	91.2	7.7	1.0	100.0	0.12	0.14	0.10	194
19	80.0	18.9	1.1	100.0	0.22	0.21	0.21	185
Total	93.7	5.9	0.4	100.0	0.08	0.06	0.07	1 044

Knowledge and usage of contraceptives among adolescent girls and their sexual relations

Knowledge of contraceptive methods by all adolescents and currently married adolescents is shown in Table 10.02.

In 2003, 91.4 percent of all adolescents aged 15-19 knew about at least one contraceptive method. This indicator rose to 93.4 percent in 2008, with knowledge of a modern contraceptive method and a traditional method increasing by 1.6 and 8.7 percentage, respectively. Among married adolescents, 100 percent knew of at least one contraceptive method or a modern contraceptive method in 2003, but this declined by 1.5 percentage points in 2008.

Table 10.02 Percentage of Adolescents Who Know any Contraceptive Method by Specific Method, 2003, 2008 Mongolia

Contraceptive Method	Adolescents		Currently Married	
	2003	2008	2003	2008
Any Method	91.4	93.4	100.0	98.5
Any Modern Method	91.1	92.7	100.0	98.5
Pills	78.0	82.7	93.5	89.7
IUD	64.9	71.6	90.9	94.1
Injections	59.4	71.4	89.6	91.2
Norplant/Implant	13.2	20.5	22.1	27.9
Diaphragm/Foam/Jelly	8.2	11.2	9.1	13.2
Male Condom	85.1	64.3	88.3	60.3
Female Condom	61.6	69.6	64.9	72.1
Female Sterilization	17.7	30.8	27.3	30.9
Male Sterilization	7.1	22.1	13.0	17.6
Emergency Contraception	-	25.9	-	30.9
Any Traditional Method	49.4	58.1	55.8	58.8
Periodic Abstinence	48.5	55.3	50.6	55.9
Withdrawal	11.4	21.4	32.5	36.8
Mean Number of Methods Known	4.6	5.5	5.8	6.2
Number of Women	1 347	1 044	77	68

Among all adolescents, the most widely known modern contraceptive methods were oral pills (82.7 percent), IUDs (71.6 percent), and injections (71.4 percent). The least known methods were diaphragms/foam/jelly (11.2 percent) and spermicides (20.5 percent). The most commonly known traditional method was periodic abstinence, or the calendar method. The most popular modern methods known among married adolescents were IUDs (94.1 percent), injections (91.2 percent), and pills (89.7 percent). The least known methods were diaphragms/foam/jelly (13.2 percent) and male sterilization (17.6 percent). Additionally, one out of four adolescent girls and one out of three married adolescent girls responded that they have knowledge about emergency contraceptive pills. Compared with the 2003 survey results, knowledge about male condoms by all adolescent girls and married adolescent girls decreased by 20.3 and 28.0 percentage points, respectively (see Figure 10.1).

The average number of contraceptives known by adolescents was 5.5, which increased by 1 percentage point compared to the 2003 survey.

Figure 10.1 Percentage of Adolescents Who Know any Contraceptive Method by Specific Method, 2003, 2008 Mongolia

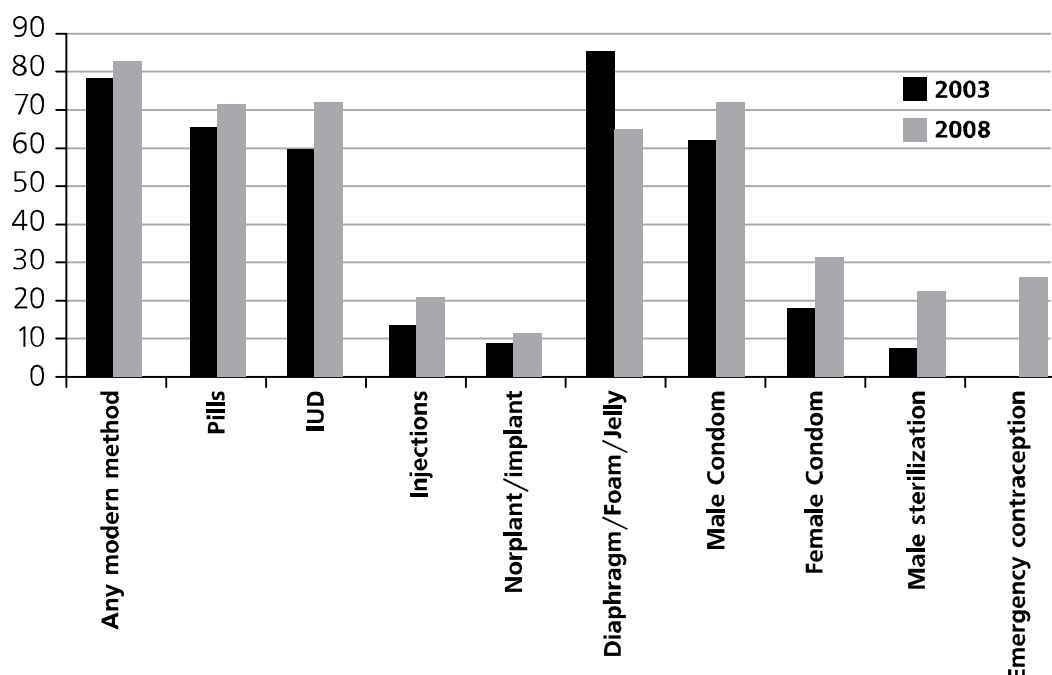


Table 10.03 summarizes the responses of all adolescent respondents regarding whether they had obtained any information about family planning from the radio, television (TV), or internet within one month prior to the survey.

Over 78.4 percent of adolescents reported that they did not get any information about family planning from the radio, TV, or internet within the month preceding the survey. However, the majority of adolescents who did report receiving information about family planning from these media obtained it from TV. One interesting finding was that even though access is low, 1.3 percent of the adolescents, who got information, obtained information about family planning from the internet. It is important to note that the proportion of adolescents who did not receive any information about family planning from radio or TV increased by 25.7 percentage points compared to the 2003 survey findings.

When examining variations between urban and rural areas, the percentage of rural adolescents girls who received information about family planning from radio was about twice as high as those in urban areas; the percentage of urban adolescents who received information only from TV was 1.6 times higher than that for rural adolescents. Overall, the proportion of urban adolescents who received family planning information from radio and television was higher by only 0.5 percentage points compared to rural adolescents who received the same information from the same sources. Rural girls did not report receiving the information from the internet. It also revealed that a high percentage of adolescent girls did not receive information about family

Table 10.03 Percent Distribution of Adolescents by Whether They have Heard a Radio or Television Message about Family Planning in the Month Prior to Interview, According to Selected Background Characteristics, and Husband's Summary Information, Mongolia 2008

Background Characteristics	Heard Family Planning Message on Radio or Television						Number of Adolescents
	Radio/TV	Internet	Radio Only	TV Only	Neither	Total	
Age							
15	3.4	1.0	0.0	16.3	79.3	100.0	203
16	0.9	1.3	0.9	15.9	81.1	100.0	227
17	2.1	1.7	0.4	14.5	81.3	100.0	235
18	3.1	1.0	0.5	18.6	76.8	100.0	194
19	3.8	1.6	0.5	22.2	71.9	100.0	185
Residence							
Urban	2.5	1.7	0.4	18.8	76.6	100.0	809
Rural	3.0	0.0	0.9	11.9	84.3	100.0	235
Region							
Central	2.3	0.4	0.4	13.6	83.4	100.0	265
East	4.1	2.0	0.0	20.4	73.5	100.0	49
West	5.1	0.0	1.3	15.2	78.5	100.0	158
South	0.0	0.0	0.0	10.3	89.7	100.0	58
Ulaanbaatar	2.1	2.3	0.4	20.2	74.9	100.0	514
Highest Education Level							
Primary or Less	3.9	0.0	0.8	7.8	87.5	100.0	128
Incomplete Secondary	2.0	1.1	0.2	16.5	80.2	100.0	540
Complete Secondary	2.8	2.2	0.8	20.7	73.5	100.0	358
More than Secondary	5.6	0.0	0.0	38.9	55.6	100.0	18
All Adolescents (2008)	2.6	1.3	0.5	17.2	78.4	100.0	1 044
All Adolescents (2003)	13.1	-	4.4	29.8	52.7	100.0	1 347
All Adolescents (1998)	8.6	-	6.2	12.3	72.8	100.0	1 273

planning from radio or TV or internet, particularly those living in rural areas (84.3 percent), in the Southern region (89.7 percent), and among adolescents with a primary educational level or less (87.5 percent). These findings could be explained through the fact that adolescents receive reproductive health information through secondary school health education classes while the media broadcasts less information about these issues.

Overall, 33.5 percent of all adolescents knew that contraceptives are provided free of charge. This percentage has declined by 9.1 percentage points compared to the findings of the previous

Table 10.03A Percent Distribution of All Adolescent Women by Knowledge that Contraceptives are Distributed Without Charge, According to Background Characteristics, Mongolia 2008

Background Characteristics	Know That Contraceptives Are Distributed Without Charge		Number of Adolescents
	Yes	No	
Age			
15	28.6	71.4	203
16	27.8	72.2	227
17	31.1	68.9	235
18	35.1	64.9	194
19	47.6	52.4	185
Residence			
Urban	31.6	68.4	809
Rural	40.0	60.0	235
Region			
Central	32.8	67.2	265
East	40.8	59.2	49
West	33.5	66.5	158
South	43.1	56.9	58
Ulaanbaatar	32.1	67.9	514
Highest Education Level			
Primary or Less	25.0	75.0	128
Incomplete Secondary	32.0	68.0	540
Complete Secondary	39.1	60.9	358
More than Secondary	27.8	72.2	18
Total	33.5	66.5	1 044

survey. This indicator's level also decreases as respondents' age decreases. The percentage of adolescents who knew that contraceptives are available free of charge was highest among rural adolescents (40.0 percent), adolescents in the Southern region (43.1 percent), and among those with secondary education (39.1 percent) (see Table 10.03A).

Table 10.04 shows the percentage distribution of all adolescents by currently used contraceptive methods and age. Among all adolescents, 4.1 percent were currently using a contraceptive method, with 3.7 percent using a modern method and 0.4 percent using a traditional method. Compared with the findings of the previous survey, the percentage using any method decreased by 1 percentage point (from 5.1 percent to 4.1 percent), with use of a modern method declining by 0.5 percentage points (from 4.2 percent to 3.7 percent) and use of a traditional method declining by 0.5 percentage points (from 0.9 to 0.4 percent).

Among modern methods, the most commonly used was the male condom (2 percent) followed by the IUD (1.0 percent); the calendar method was the most commonly used among traditional methods. The trend of currently using a contraceptive increased with age for each method. The age group with the highest proportion of users of modern methods was those 19 years of age (13.5 percent).

Table 10.04 Percent Distribution of All Woman by Contraceptive Method Currently Used, According to Age, Mongolia 2008

	Any Method	Any Modern Method	Modern Method				Any Traditional Method	Traditional Method		Not Currently Using	Number of Adolescents
			Pills	IUD	Injection	Male Condom		Periodic Abstinence	Withdrawal		
Age											
15	0.5	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.0	99.5	203
16	0.4	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.4	99.6	227
17	1.7	1.7	0.4	0.4	0.0	0.9	0.0	0.0	0.0	98.3	235
18	5.7	5.2	0.5	1.0	0.5	3.1	0.5	0.5	0.0	94.3	194
19	14.1	13.5	2.2	3.8	0.5	7.0	0.5	0.5	0.0	85.9	185
Total	4.1	3.7	0.6	1.0	0.2	2.0	0.4	0.3	0.1	95.9	1 044

Table 10.04A presents the percentage distribution of currently married adolescents by contraceptive methods currently used and by selected background characteristics.

The number of married adolescents covered under this section for analysis was only 68, so the findings need to be interpreted with caution. Among married adolescents, 23.5 percent were currently using a modern contraceptive method: mainly IUDs (13.2 percent), followed by male condoms (4.4 percent), pills (2.9 percent), and injections (2.9 percent).

Comparing currently used a modern method by rural and urban residence shows that the percentage was higher by 1.3 percentage points in rural areas compared to urban areas. Other than concerning male condoms, the use of IUDs and injections was slightly higher among rural adolescents. Married adolescents reported that they did not use male condoms as a way to prevent unwanted pregnancies.

Contraceptive use by parity indicates that the use of contraceptives increased with the number of children already born. Also, there was a tendency for male condoms (8.3 percent) and pills (4.2 percent) to be used mostly by adolescents with no child and IUDs to be used more often by adolescents with child.

When compared with the findings of the 2003 survey, the proportion of adolescents currently used any modern contraceptive method has declined by 3.8 percentage points (from 27.3 percent

Table 10.04A Percent Distribution of Currently Married Adolescents by Contraceptive Method Currently Used, According to Selected Background Characteristics, Mongolia, 2008

Background Characteristics	Any Method	Any Modern Method	Modern Method				Not Currently Using	Total	Number of Adolescents
			Pills	IUD	Injection	Male Condom			
Age									
15	-	-	-	-	-	-	-	-	-
16	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	1
17	27.3	27.3	9.1	9.1	0.0	9.1	72.7	100.0	11
18	14.3	14.3	0.0	9.5	4.8	0.0	85.7	100.0	21
19	28.6	28.6	2.9	17.1	2.9	5.7	71.4	100.0	35
Residence									
Urban	22.9	22.9	2.9	11.4	0.0	8.6	77.1	100.0	35
Rural	24.2	24.2	3.0	15.2	6.1	0.0	75.8	100.0	33
Region									
Central	23.1	23.1	7.7	11.5	0.0	3.8	76.9	100.0	26
East	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	1
West	50.0	50.0	0.0	25.0	25.0	0.0	50.0	100.0	8
South	11.1	11.1	0.0	11.1	0.0	0.0	88.9	100.0	9
Ulaanbaatar	20.8	20.8	0.0	12.5	0.0	8.3	79.2	100.0	24
Highest Education Level									
Primary or Less	16.7	16.7	0.0	8.3	8.3	0.0	83.3	100.0	12
Incomplete Secondary	22.7	22.7	4.5	18.2	0.0	0.0	77.3	100.0	22
Complete Secondary	27.6	27.6	3.4	13.8	3.4	6.9	72.4	100.0	29
More than Secondary	20.0	20.0	0.0	0.0	0.0	20.0	80.0	100.0	5
Number of Living Children									
None	16.7	16.7	4.2	4.2	0.0	8.3	83.3	100.0	24
One	26.8	26.8	2.4	17.1	4.9	2.4	73.2	100.0	41
Two	33.3	33.3	0.0	33.3	0.0	0.0	66.7	100.0	3
Total	23.5	23.5	2.9	13.2	2.9	4.4	76.5	100.0	68

to 23.5 percent), with an increase in the use of IUDs (from 11.7 percent to 13.2 percent), male condoms (from 3.9 percent to 4.4 percent) and injections (from 2.6 percent to 2.9 percent), and a decrease in use of pills (from 6.5 percent to 2.9 percent).

Table 10.05 presents information about adolescents' age at sexual debut disaggregated by background characteristics. Compared to the 2003 survey, the proportion of those reporting having never had sexual intercourse decreased by 0.5 percentage points to 83.3 percent. 16.7 percent of adolescent girls reported that they had sexual intercourse. Out of them, 5 percent had their first sexual intercourse between the ages of 14 and 16 years and 11.7 percent between the ages of 17 and 19. The percentage of adolescents who reported having never had sexual intercourse declined with age, decreasing to 54.1 percent by age 19. By residence, the percentage of rural adolescents who reported that they had had sexual intercourse was higher by 11.4

percentage points compared to their urban counterparts. The percentage of urban adolescents who had their first intercourse between 17 and 19 was higher by 5 percentage points compared to their rural counterparts.

This indicator also varies by region. The highest percentage of adolescents who have never had sexual intercourse was in the Southern region (25.9 percent), and the lowest percentage was in the Eastern region (8.1 percent).

For adolescents who reported that they had sexual intercourse during the month prior to the survey, 31.8 percent used condoms to prevent STIs/HIV/AIDS (see Table 10.06). About 56 percent of never married adolescents used condoms while only 13.7 percent of married adolescents used condoms. By region, 39.7 percent of urban adolescents who had sexual intercourse during the month prior to the survey used condoms compared to 16.7 percent of rural adolescents. Thus, the rural adolescents' rate of condom use was 2.4 times lower than that for urban adolescents.

Table 10.05 Age at First Sexual Intercourse of Adolescents,
According to Background Characteristics, Mongolia 2008

Background Characteristics	No Sexual Intercourse	Age at First Sexual Intercourse		Total
		14-16	17-19	
Age				
15	97.5	2.5	-	203
16	98.2	1.8	-	227
17	90.2	7.7	2.1	235
18	70.6	6.7	22.7	194
19	54.1	6.5	39.5	185
Current Marital Status				
Currently Married	-	39.7	60.3	68
Never Married	89.1	2.6	8.3	976
Residence				
Urban	85.9	3.5	10.6	809
Rural	74.5	10.2	15.3	235
Region				
Central	81.5	5.7	12.8	265
East	91.8	2.0	6.1	49
West	88.0	5.7	6.3	158
South	74.1	13.8	12.1	58
Ulaanbaatar	83.1	3.7	13.2	514
Highest Education Level				
Primary or Less	83.6	8.6	7.8	128
Incomplete Secondary	89.4	5.2	5.4	540
Complete Secondary	76.0	3.4	20.7	358
More than Secondary	44.4	5.6	50.0	18
Total	83.3	5.0	11.7	1 044

Table 10.06 Percentage Distribution of Adolescents Used Condoms to Protect from HIV/STIs During the Month According to Selected Background Characteristics, Mongolia 2008

Background Characteristics	Used Condoms to Protect from HIV/STIs During the Month			Total
	Yes	No (had sexual intercourse with husband/partner)	No	
Age				
15	0.0	0.0	0.0	0
16	0.0	0.0	100.0	1
17	25.0	41.7	33.3	12
18	33.3	18.5	48.1	27
19	33.3	22.9	43.8	48
Current Marital Status				
Currently Married	13.7	39.2	47.1	51
Never Married	56.8	2.7	40.5	37
Residence				
Urban	39.7	22.4	37.9	58
Rural	16.7	26.7	56.7	30
Region				
Central	29.2	8.3	62.5	24
East	33.3	33.3	33.3	3
West	11.1	22.2	66.7	9
South	0.0	80.0	20.0	5
Ulaanbaatar	40.4	25.5	34.0	47
Highest Education Level				
Primary or Less	12.5	37.5	50.0	8
Incomplete Secondary	20.0	30.0	50.0	30
Complete Secondary	43.5	15.2	41.3	46
More than Secondary	25.0	50.0	25.0	4
Total	31.8	23.9	44.3	88

Geographically, the percentage of adolescents who reported using condoms was relatively higher in Ulaanbaatar compared to other regions. No adolescents reported in the Southern region that they used condoms for the above-mentioned purpose. Condom use during the most recent sexual intercourse increased as educational level of adolescents increased; in particular the indicator was highest among adolescents with secondary education (43.5 percent). Overall, the percentage of adolescents who used condoms during the month prior to the survey increased by 10 percentage points compared to the 2003 survey results (from 21.8 percent to 31.8 percent).

Knowledge about and attitudes toward HIV/AIDS

Table 10.07 presents information about knowledge of HIV/AIDS among adolescents categorized by source of information. For 2008, 89 percent of the adolescents reported that they had heard of HIV/AIDS, a decrease of three percentage points and one percentage points when compared to 1998 and 2003 survey results, respectively. The percentage who had heard of HIV/AIDS increased as age increased. The percentage of never married adolescents who had heard of HIV/AIDS was 10.3 percentage points higher than the rate for married adolescents. Urban adolescents who heard about HIV/AIDS was higher by 18.2 percentage points when compared to rural adolescents. The proportion of adolescents with a primary education who had never heard about HIV/AIDS was relatively high (60.9 percent) compared to other educational groups.

Concerning sources of information from which HIV/AIDS information was taken, TV was the most popular source (70.5 percent), followed by teachers (49.4 percent) and newspapers (33.8 percent). When compared to the previous survey results, the percentage of adolescents who received information from other sources has decreased over the past 5 years. In particular, hearing from the radio decreased by 3.7 times (from 27.6 percent to 7.4 percent), from friends/relatives, 3.7 times, from health workers, 2.5 times (from 19 percent to 7.9 percent), and from newspapers, 1.4 times. In contrast, adolescents who reported receiving information from teachers increased by 2.2 times (from 22.3 percent to 49.4 percent). When examining this indicator by age, the percentage of adolescents who received the information from their teachers was the highest among those aged 15-17, and the percentage who obtained the information from TV was highest among those aged 18-19. The information source varies between urban and rural residence. For instance, urban adolescents obtained information about HIV/AIDS most often from TV, newspapers, posters/pamphlets, teachers, meetings, and co-workers, while rural adolescents most often obtained the information from health workers, radio, husband/partner, and religious organizations. There were also significant differences among regions; more adolescents heard about HIV/AIDS from the radio in the Southern region (22.4 percent), from TV and internet in Ulaanbaatar (80.2 percent and 7.8 percent, respectively), from newspapers in the Western region (98.0 percent), from posters/pamphlets and teachers in the Eastern region (16.3 percent and 59.2 percent, respectively), and from health workers in the Central region (10.2 percent).

The percentage of adolescents who reported that they were aware of HIV/AIDS were categorized by knowledge of ways to prevent HIV/AIDS and other selected characteristics as shown in Table 10.08. The percentage of adolescents who responded that HIV/AIDS can be prevented was 96.6 percent, an increase of 3.6 and 1.6 percentage points, respectively, compared to the previous surveys (93 percent in 1998 and 95 percent in 2003). The proportion of adolescents who had misinformation about prevention methods increased by 0.6 percentage points, reaching 2.6 percent in 2008. Additionally, 3.4 percent of adolescents reported that HIV/AIDS cannot be prevented, with the percentage being slightly higher among married (9.3 percent) and rural

Table 10.07 Percentage of Adolescents by Knowledge of HIV/AIDS and by Source of Knowledge and Mean Number of Sources Cited, According to Background Characteristics, Mongolia 2008

Background characteristics	Knows HIV/AIDS	Sources of HIV/AIDS Information													Total	Mean	
		Radio	TV	Internet	Newspaper	Pamphlets	Health Worker	Mosque, Church	School	Community Meetings	Friends, Relatives	Husband/Partner	Work Place	Other Sources			
Current Marital Status	Currently Married	88.6	5.5	49.2	0.0	19.5	7.8	4.7	0.0	32.0	3.9	3.1	0.0	3.1	0.0	128	1.4
	Never Married	88.6	6.3	71.1	3.0	32.4	12.8	8.1	0.0	60.0	5.9	4.3	0.0	9.1	1.7	540	2.2
	Never Married	95.5	9.8	77.1	9.8	41.6	14.2	8.1	0.6	41.1	6.1	3.1	0.3	11.5	0.8	358	2.4
	More than Secondary	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	2.2
Region	Central	88.6	5.5	49.2	0.0	19.5	7.8	4.7	0.0	32.0	3.9	3.1	0.0	3.1	0.0	128	1.4
	North	88.6	6.3	71.1	3.0	32.4	12.8	8.1	0.0	60.0	5.9	4.3	0.0	9.1	1.7	540	2.2
	South	95.5	9.8	77.1	9.8	41.6	14.2	8.1	0.6	41.1	6.1	3.1	0.3	11.5	0.8	358	2.4
	West	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	2.2

(7.4 percent) adolescents, among adolescents in the western region (5.8 percent), and among adolescents with primary education (7.7 percent) compared with other groups.

Out of married adolescents who responded that HIV/AIDS was preventable, 61.1 percent suggested having only one sexual partner as a preventive method and 50 percent thought that using condoms is a preventive method. By marital status, 43.3 percent of unmarried adolescents mentioned use of condoms as a preventive method and 34.7 percent said that abstinence from sexual intercourse is a preventive method. More unmarried adolescents responded that HIV/AIDS was preventable; their knowledge about prevention methods was relatively high compared those who were married. For instance, unmarried adolescents mentioned preventive methods such as avoiding sexual intercourse with commercial sex workers and gay people and avoiding blood transfusions; these were not mentioned by married adolescents. One interesting finding was that the percentage of adolescents who had misinformation about HIV/AIDS was higher among adolescents with a higher or vocational education compared to other educational groups.

Compared to the previous survey's results, the percentage of those who responded that abstinence from sexual intercourse is an effective method to prevent HIV/AIDS infection increased while the percentage of those who stated that avoiding sexual intercourse with commercial sex workers, avoiding blood transfusions, and using condoms were preventive measures decreased. Based on these findings, one can conclude that in the last five years adolescents' knowledge about HIV/AIDS prevention methods has deteriorated.

Adolescents' knowledge about HIV-positive persons, their chances of contracting HIV, and relations with and attitudes toward people living with HIV/AIDS are summarized in Table 10.09.

Regarding the question «Can a healthy person carry HIV?» 93.4 percent of adolescents who were aware of AIDS responded «Yes.» The proportion of those who gave the correct answer has increased by over 30 percentage points compared to the 2003 survey. The highest proportion of adolescents by sub-group who gave the correct answer was never married adolescents (94.3 percent), adolescents living in the Eastern region (100 percent), and adolescents who had completed their secondary education (95 percent). Correspondingly, the lowest proportion of adolescents by sub-group who gave the correct answer was married adolescents (79.6 percent), and adolescents with primary education (88.5 percent).

When asked: «What are your chances of contracting HIV?» 57.4 percent of adolescents answered «No risk at all,» 25.8 percent stated «Low risk», 6.7 percent stated «Moderate risk», 5.7 percent «High risk», and 4.4 percent answered «Don't know.» The proportion of adolescent girls who responded «Low risk» increased slightly, while other responses, particularly the response «Not at all,» decreased significantly when compared to the percentage in the previous survey.

When asked the question «How would you treat a person living with HIV?» 63.5 percent of adolescents responded, «As usual», 14.2 percent, «Will try to avoid transmission», 17 percent, «Will try to understand and help», 1.6 percent, «Such a person should be isolated from the community» and 3.7 percent, «I don't know.» In general, there have been positive changes in the attitudes of adolescents toward people living with HIV/AIDS. For example, the percentage of adolescents who answered, «As usual» increased by 23.3 percentage points, and those who responded, «Try to understand and help» increased by 3.4 percentage points when compared with the 2003 survey results.

Table 10.10 presents the percentage distribution of adolescents who knew about ways HIV is transmitted. Out of 1,044 adolescent respondents, 11 percent had never heard about ways HIV/AIDS is transmitted, with this indicator decreasing with decreased age. The percentage of adolescents who reported that they had never heard about ways of HIV/AIDS transmission, was relatively high among married adolescents (20.6 percent), rural adolescents (25.1 percent), adolescents living in the Western region (24.1 percent), and adolescent girls with primary education (39.1 percent).

Adolescents correctly identified the following ways to contract HIV/AIDS: 87 percent mentioned unsafe sexual intercourse between men and women, 83.9 percent said not sanitized/unhygienic needles and syringes, 83.7 percent mentioned unsafe blood transfusions, and 73.4 percent said mother to child transmission. However, the knowledge of adolescents with primary education was inadequate.

It needs to be noted that a considerable percentage of adolescents have misunderstandings about the ways HIV/AIDS can be transmitted. Kissing was mentioned by 8.2 percent of adolescent respondents as a way of transmission, 10.4 percent said shaking hands with a HIV-positive person could allow transmission, 20.8 percent mentioned sharing cups with a HIV-positive person, and 30.7 percent said HIV could be transmitted through mosquito bites.

Concerning HIV/AIDS testing, 3.7 percent of adolescent respondents took a HIV/AIDS test voluntarily, 4.3 percent tested on a need basis, and 4.7 percent were tested during their pregnancy (see Table 10.11).

From the table it is seen that the percentage of adolescents who had a voluntary test was relatively higher among adolescents aged 18 (6.7 percent), rural girls (6.8 percent), and adolescents with secondary education (5.8 percent) compared to other groups. In contrast, the proportion of girls who reported that they were tested because of a need was higher among girls aged 19 (10.4 percent), unmarried adolescents (4.3 percent), girls living in Ulaanbaatar (5.6 percent), and adolescents with vocational and high education (17.6 percent) when compared to other groups.

Table 10.08 Percentage of Adolescents Who Know of HIV/AIDS by Knowledge of Ways to Avoid HIV/AIDS, and With Misinformation, According to Background Characteristics, Mongolia 2008

Background Characteristics	Ways to Avoid HIV/AIDS								Number of Adolescents
	No Way to Avoid	Abstain from Sex	Use Condoms	One sex Partner	Avoid Sex Prostit.	Avoid Sex Homosex.	Avoid Transfusions	Avoid Injections	Misinformation Percent*
Current Marital Status									
Currently Married	7.7	24.4	38.5	24.4	1.3	0.0	1.3	9.0	2.6
	3.3	35.0	40.7	20.9	1.2	0.6	3.3	11.2	3.0
	2.9	33.6	49.1	27.8	1.2	0.6	5.3	11.1	1.8
	8	33	50	28	1	1	6	11	2
	8	33	50	28	1	1	6	11	2
Region									
Central	7.7	24.4	38.5	24.4	1.3	0.0	1.3	9.0	2.6
	3.3	35.0	40.7	20.9	1.2	0.6	3.3	11.2	3.0
	2.9	33.6	49.1	27.8	1.2	0.6	5.3	11.1	1.8
	8	33	50	28	1	1	6	11	2
	8	33	50	28	1	1	6	11	2
Highest Education Level									
Primary or Less	7.7	24.4	38.5	24.4	1.3	0.0	1.3	9.0	2.6
Incomplete Secondary	3.3	35.0	40.7	20.9	1.2	0.6	3.3	11.2	3.0
Complete Secondary	2.9	33.6	49.1	27.8	1.2	0.6	5.3	11.1	1.8
More than Secondary	8	33	50	28	1	1	6	11	2
	8	33	50	28	1	1	6	11	2

* Note: A woman is classified as having misinformation if she responded any of the following: avoid kissing, avoid mosquito bites, seek protection from traditional healer, or other. Percentages sum to more than 100 percent because of multiple responses.

Table 10.09 Percent Distribution of Adolescents Who Know of HIV/AIDS by Perceived Risks of HIV/AIDS, According to Background Characteristics, Mongolia 2008

Background Characteristics	Can a Healthy Person Have HIV/AIDS			Respondent's Chance of Getting HIV/AIDS			What do You Think How You Should Treat One Infected by AIDS					Number of Adolescents			
	No	Yes	DK/Missing	No Risk at All	Small	Moderate	Great	No Risk at All	The same as Before	Try Not to be Infected by AIDS	Try to Under-stand and Help		Isolate from Community	DK/Missing	
Current Marital Status															
	Currently Married	88.5	7.7	3.8	57.7	24.4	3.8	3.8	10.3	60.3	21.8	12.8	1.3	3.8	78
	Currently Single	93.3	3.5	3.3	57.3	24.2	8.1	5.7	4.7	61.4	15.0	17.9	1.4	4.3	492
	Currently Divorced	95.0	2.9	2.0	56.7	28.7	5.6	6.1	2.9	67.3	10.8	17.3	1.8	2.9	342
Region															
	Central	88.5	7.7	3.8	57.7	24.4	3.8	3.8	10.3	60.3	21.8	12.8	1.3	3.8	78
	Other	93.3	3.5	3.3	57.3	24.2	8.1	5.7	4.7	61.4	15.0	17.9	1.4	4.3	492
	Other	95.0	2.9	2.0	56.7	28.7	5.6	6.1	2.9	67.3	10.8	17.3	1.8	2.9	342
Highest Education Level															
	Primary or Less	88.5	7.7	3.8	57.7	24.4	3.8	3.8	10.3	60.3	21.8	12.8	1.3	3.8	78
	Incomplete Secondary	93.3	3.5	3.3	57.3	24.2	8.1	5.7	4.7	61.4	15.0	17.9	1.4	4.3	492
	Complete Secondary	95.0	2.9	2.0	56.7	28.7	5.6	6.1	2.9	67.3	10.8	17.3	1.8	2.9	342
More than Secondary															

Background Characteristics	Knowledge of HIV/AIDS transmission						Number of Adolescents	
	Never heard of HIV/AIDS	Through Blood Transfusion	Unprotected Sexual Intercourse Between a Man and a Woman	Through Unprotected Sexual Intercourse Between Men	Using Non-Sterile Syringes or Needles	From a Pregnant Woman Living with HIV to Her Child During Pregnancy or Delivery		From a Mother to Her Child Through Breastfeeding
Current Marital Status	Currently Married	100	100	100	100	100	100	100
	Currently Single	100	100	100	100	100	100	100
	Currently Divorced	100	100	100	100	100	100	100
	Currently Widowed	100	100	100	100	100	100	100
	Currently Cohabiting	100	100	100	100	100	100	100
	Currently Separated	100	100	100	100	100	100	100
	Currently Engaged	100	100	100	100	100	100	100
	Currently Dating	100	100	100	100	100	100	100
	Currently Living with Partner	100	100	100	100	100	100	100
	Currently Not in a Relationship	100	100	100	100	100	100	100
Region	Central	100	100	100	100	100	100	100
	North	100	100	100	100	100	100	100
	South	100	100	100	100	100	100	100
	East	100	100	100	100	100	100	100
	West	100	100	100	100	100	100	100
	North-East	100	100	100	100	100	100	100
	North-West	100	100	100	100	100	100	100
	South-East	100	100	100	100	100	100	100
	South-West	100	100	100	100	100	100	100
	Central	100	100	100	100	100	100	100
Highest Education Level	Primary or Less	39.1	55.5	59.4	42.2	56.3	46.1	41.4
	Incomplete Secondary	8.9	85.2	88.9	59.8	85.0	74.4	68.9
	Complete Secondary	4.5	91.3	93.9	67.9	91.9	81.6	74.6
	More than Secondary	5.6	88.9	88.9	66.7	88.9	72.2	72.2
	Total	110	83.7	87.0	60.5	83.9	73.4	67.5

Table 10.11 The percentage of Adolescents who had for HIV/AIDS
According to Background Characteristics, Mongolia, 2008

Background Characteristics	Never Heard of HIV	HIV/AIDS testing				Number of Adolescents
		Yes, Volunteer	Yes, Constraint	Antenatal	No	
Age						
15	97.1	1.7	1.2	0.0	15.3	203
16	96.0	2.0	1.5	0.5	12.8	227
17	91.8	2.9	2.4	2.9	11.9	235
18	79.9	6.7	6.7	6.7	7.7	194
19	69.9	5.2	10.4	14.5	6.5	185
Current Marital Status						
Currently Married	35.2	3.7	3.7	57.4	20.6	68
Never Married	90.5	3.7	4.3	1.5	10.3	976
Residence						
Urban	88.4	2.9	4.6	4.0	6.9	809
Rural	82.4	6.8	2.8	8.0	25.1	235
Region						
Central	85.1	6.6	3.9	4.4	14.0	265
East	95.5	0.0	0.0	4.5	10.2	49
West	93.3	2.5	2.5	1.7	24.1	158
South	88.2	2.0	2.0	7.8	12.1	58
Ulaanbaatar	86.0	3.1	5.6	5.3	5.4	514
Highest Education Level						
Primary or Less	93.6	1.3	0.0	5.1	39.1	128
Incomplete Secondary	91.3	2.6	2.8	3.3	8.9	540
Complete Secondary	81.0	5.8	6.7	6.4	4.5	358
More than Secondary	70.6	0.0	17.6	11.8	5.6	18
Total	87.3	3.7	4.3	4.7	11.0	1 044

Knowledge and attitudes toward STIs

Table 10.12 presents information regarding adolescent knowledge about STIs categorized by source of information, age, marital status, residence, geographic region, and educational level.

As can be seen from the table, 90.3 percent of adolescent girls reported that they had heard about STIs, a slight increase compared to the 2003 survey (88.6 percent). Among those who heard about STIs, 71.0 percent stated that they heard from TV, 50 percent from teachers, and 34.1 percent from newspapers. By age, the percentage of girls who received the information from teachers was higher among adolescents aged 15-17 compared to other age groups. Sources of information differ by residence; urban girls received the information mainly from TV, newspapers, posters/pamphlets, and the internet, whereas rural girls got the information more from health workers,

friends, and relatives. Similar to the information access trends for HIV/AIDS knowledge, the percentage of urban adolescents who had heard of STIs was higher than the percentage of rural adolescents (greater by 15.5 percentage points). The proportion of adolescents knowing about STIs was highest in Ulaanbaatar (95.1 percent), followed by the Eastern (91.8 percent) and the Southern regions (91.4 percent). It was lowest in the Western region (77.2 percent).

By comparing the results of the two surveys, it is interesting to see how the sources of information about STIs have changed over the last five years. For instance, the percentage of girls who received information about STIs from TV increased by 10.6 percentage points (from 60.4 percent to 71 percent), and those who got information from teachers increased by 22.4 points (from 27.6 percent to 50 percent). Other sources correspondingly declined; the percentage of adolescents who received information about STIs from the radio declined by 3 times (a threefold decline from 22.0 percent to 7.5 percent), from newspapers, 11.7 percentage points (45.8 percent to 34.1 percent), and from friends and relatives, 16.2 percentage points (from 20.1 percent to 3.9 percent).

Among all adolescents who knew about STIs, 38 percent responded that they knew about the symptoms associated with STIs. The most common responses by adolescents concerning symptoms were vaginal discharge (24.7 percent), vaginal itchiness (19.7 percent), and vaginal redness (10.9 percent) (see Table 10.13). A notably high percentage within sub-groups answered that they did not know common STI symptoms, including adolescents aged 15 (65.7 percent), married adolescents (73.7 percent), rural girls (71.2 percent), and adolescents with primary education (76.8 percent).

Overall there were not considerable changes in adolescents' level of knowledge about STIs compared to the 2003 survey results.

Table 10.13 Percentage Adolescents Who Know of STIs by Knowledge of Symptoms of STIs, According to Background Characteristics, Mongolia 2008

Background Characteristics	Symptom of STIs													
	DK symptoms	Abdominal Pain	Genital dis-charge	Burning pain on urination	Redness in genital area	Irritating in genital area	Swelling in genital area	Genital sores	Genital warts	Blood in urine	Loss of weight	Skin infection	Infertility	Impotence
Current Marital Status	Currently Married	100	100	100	100	100	100	100	100	100	100	100	100	100
	Never Married	100	100	100	100	100	100	100	100	100	100	100	100	100
	Divorced	100	100	100	100	100	100	100	100	100	100	100	100	100
	Widowed	100	100	100	100	100	100	100	100	100	100	100	100	100
	Other	100	100	100	100	100	100	100	100	100	100	100	100	100
Region	Central	100	100	100	100	100	100	100	100	100	100	100	100	100
	South	100	100	100	100	100	100	100	100	100	100	100	100	100
	East	100	100	100	100	100	100	100	100	100	100	100	100	100
	West	100	100	100	100	100	100	100	100	100	100	100	100	100
	North	100	100	100	100	100	100	100	100	100	100	100	100	100
Highest Education Level	Primary or Less	76.8	2.4	7.3	4.9	3.7	7.3	1.2	3.7	0.0	3.7	2.4	0.0	0.0
	Incomplete Secondary	62.4	4.0	24.5	6.6	10.2	19.3	2.8	8.6	1.8	5.2	1.0	0.6	1.2
	Complete Secondary	56.9	6.1	29.8	8.1	13.9	23.7	3.5	11.0	1.7	5.5	2.0	1.4	1.4
	More than Secondary	100	100	100	100	100	100	100	100	100	100	100	100	100
	Total	100	100	100	100	100	100	100	100	100	100	100	100	100
Total														
943														

Conclusion

According to the 1998 survey, 9 percent of adolescents aged 15-19 had begun childbearing, with a reduction to 7.4 percent in 2003. This percentage has increased by 0.8 percentage points to 8.2 percent in 2008. Adolescent childbearing was three times higher in urban areas compared to rural areas. These findings indicate that teenage pregnancy and fertility remain issues requiring further attention.

The proportion of adolescents who knew at least one contraceptive method increased by two percentage points, reaching 93.4 percent in 2008. Knowledge about at least one modern contraceptive method or one traditional method increased by 1.6 and 8.7 percentage points, respectively. Among all adolescents, the most widely known modern contraceptive methods were oral pills, IUDs, and injections; the least known methods were diaphragms/foam/jelly and spermicides. The most commonly known traditional method was periodic abstinence, or the calendar method.

Among all adolescents, 4.1 percent were currently using a contraceptive method, consisting of 3.7 percent using a modern method and 0.4 percent using a traditional method. Compared with the findings of the previous survey, the proportion of adolescents using any method declined by 1.0 percentage point.

Over 78.4 percent of adolescents reported that they did get any information about family planning from the radio or television (TV) or internet within the month preceding the survey. This could be explained by adolescents receiving more reproductive health information through secondary school health education combined with media broadcasting less information about these issues.

Out of the entire group, 16.7 percent of adolescents responded they had had sexual intercourse. For adolescents who had had sexual intercourse, 5 percent had their first sexual intercourse between the ages of 14 and 16, and 11.7 percent had their first experience between the ages of 17 and 19. Unlike the findings of the 2003 survey, none of the adolescents reported that they had had their first sexual intercourse between the ages of 11 and 13.

Overall, 89 percent of the adolescents reported that they had heard of HIV/AIDS, a decrease of three and one percentage points, respectively, when compared to the results of 1998 and 2003 surveys. By source of information about HIV/AIDS, TV was the most popular source (70.5 percent), followed by teachers (49.4 percent) and newspapers (33.8 percent).

Out of 1,044 adolescent respondents, 11 percent had never heard of ways that HIV/AIDS is transmitted. In particular, it should be noted that the proportion of adolescents with primary education who reported that they had never heard about ways HIV/AIDS is transmitted is unacceptable.

The proportion of adolescents who responded that HIV/AIDS is preventable was 96.6 percent. For married adolescents who responded that HIV/AIDS is preventable, 61.1 percent suggested having only one sexual partner is a preventive method and 50 percent said that use of a condom is a preventive method. For unmarried adolescents, 43.4 percent mentioned use of condoms as a preventive method and 34.7 percent said abstinence from sexual intercourse is a preventive method.

Over half of the adolescents reported that they did not have any risk of contracting HIV, and one-fourth considered themselves at low risk. Concerning HIV/AIDS testing, 3.7 percent took HIV/AIDS tests voluntarily, 4.3 percent tested for HIV/AIDS on a need basis, and 4.7 percent were covered during their pregnancy.

90.3 percent of adolescent girls reported that they had heard about STIs; this is a slight increase when compared to the previous survey. Among those who heard about STIs, 71.0 percent stated that they heard about them from TV, 50 percent from teachers, and 34.1 percent from newspapers.

Among all adolescents who knew about STIs, 38 percent responded that they knew symptoms associated with STIs. In particular, certain subgroups had high rates of responses concerning not knowing common STI symptoms. These sub-groups included adolescents aged 15 (65.7 percent), married adolescents (73.7 percent), rural girls (71.2 percent), and adolescents with primary education (76.8 percent).

In summary, there is a need to pay more attention to improving health education, particularly reproductive health education for adolescents. Additionally, survey results indicate the need for improving the availability and accessibility of adolescent health services.

Chapter XI. Domestic Violence

For the first time, this survey collected information and data on domestic violence. The State Policy on Population and Development of Mongolia stipulates that «support shall be provided to the creation of a favorable legal environment to ensure positive behaviors and attitudes to reduce domestic violence.»

Domestic violence is a pattern of abusive relationship by an immediate family member, married partner, ex-spouse, former cohabitant, or other intimate person to control and domineer over others by misusing power. WHO considers domestic violence a serious violation of human rights and a major public health problem.

In the early 1990s, the women's movement achieved success in advocacy for legal recognition of domestic violence as a human rights violation. Since then, international initiatives to protect the interests of women, children, elderly people, and vulnerable groups and to fight against their coercion and violence have been undertaken. In 1993 the UN General Assembly adopted the Declaration on the Elimination of Violence against Women, and as a result many countries created and upgraded their legal mechanisms to protect victims and to limit and eliminate all forms of abuse and violence that occur within a family or other socio-cultural environment.

In Mongolia the Law against Domestic Violence was adopted on May 13, 2004 and came into effect on January 1, 2005. This law enforcement was a significant step toward local human development, as it recognized intimate partner abuse as a human rights violation that requires societal attention rather than a private problem or domestic issue and legalized state involvement in addressing this abuse. It institutionalized state responsibility for prevention of and fighting against domestic violence as well.

In order to create the law's implementation mechanism, the Government of Mongolia adopted the National Programme on Combating Domestic Violence in September 2007. The Programme incorporates early detection and immediate intervention for violence, prevention of repeated violence, victim's protection, care and rehabilitation, and other measures to influence perpetrators' behavior. Provision 9.1.1 of the national programme states that «integrated database network on violence should be developed through collecting data and information, establishing statistical information and»

Incorporation of data collection related to domestic violence into this RH survey was a major step for toward achieving Provision 9.1.1 within a framework of official statistics.

This chapter examines women's experiences with attitudes, actions, and pressure by their spouse/partners, whether these women received any assistance in response to this, and whether they were beaten by someone during their pregnancy. «Currently married women» includes women who are officially registered as married as well as the ones in a consensual cohabitating union. «Previously married women» includes women who are divorced, separated, and/or widowed. All women respondents in this section are categorized as either currently married or previously married women.

Core concepts and terminologies are selected based on the laws and regulations currently in force. For instance, the Law against Domestic Violence defines domestic violence as 'an act or inaction which is not criminalized by the Criminal Code thereof, to attempt or to inflict harm by violating and limiting the rights and freedom of a person by a family member, relative, or other persons who are cohabiting without being registered as a family member» (State Ikh Hural 2004). The Supreme Court of Mongolia has indicated four different forms of domestic violence: physical, psychological, sexual, and economic, and has clearly defined acts of each form of domestic violence.

Violence among friends, relatives and neighbors

Women's responses to the survey on violence among their friends, relatives and neighbors are presented in the following table by age group, marital status, place of residence, region, educational level, and employment. Seventy-four percent of all women who responded to the survey reported that they know families where the wife and husband are mutually jealous and verbally abuse each other. Sixty-nine percent of the respondents said they know spouses who slap, hit, and/or beat each other, and 18 percent said they know spouses who are made to have unwanted sex.

Table. 11.01 Percentage of women who witnessed violence among friends, relatives and neighbors, by selected characteristics, Mongolia 2008

Background Characteristics	Witnessed violence												Number of women	
	Wife and husband are mutually jealous				Verbally abuse each other		Slap, hit and beat each other		Witnessed					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
Current Marital Status														
	Currently Married	73.5	23.1	3.4	73.4	23.4	3.3	69.4	26.4	4.2	18.9	60.3	20.8	6 535
	Formerly Married													
	Yes													
	No													
Region														
	Central													
	South													
	North													
	West													
Highest Educational Level														
	Primary or Less													
	Incomplete Secondary													
	Complete Secondary													
	More than Secondary													
Total														
	Yes													
	No													
	Yes													
	No													
														9 106

Respondents aged 15-19 were the group with the smallest proportion reporting knowledge of know the families where there is violence compared to other age groups. However, for that group the rate reported was still over 50 percent, showing that adolescents know violence occurs in families of their relatives, friends, and neighbors. By demographic groups, previously married women and women with tertiary (3-24 percent) or vocational education were the ones who reported witnessing violence the most. In terms of the region, the ones with the highest proportion of women who reported witnessing violence were Ulaanbaatar and the Eastern region.

Psychological abuse committed by husband/co-habitant

Psychological abuse refers to any behavior that causes fear, anxiety, or suffering to other family members by intimidation, threatening, monitoring of movements, verbal abuse, humiliation, isolation from their families and friends, or forcing or demanding them to do something against their will.

Table 11.02 presents psychological abuse committed by previous and current husband/co-habitant. The percentage of all women whose husband/co-habitant felt jealous when they talked to other men was the highest reported among psychological abuse types (21 percent); this percentage was 23 percent among women aged 20-24, which is the highest among all age groups.

The percentage of women who responded that their husband/co-habitants always accuse them of being unfaithful, do not allow them to meet their female friends, or always ask about their whereabouts, was 10 percent for each. The number of attempts to isolate women from their families was insignificant. (see Table 11.02)

The percentage of women who reported having experienced psychological abuse committed by a husband/co-habitant was highest among previously married women. For instance, 40 percent of previously married women responded that their former husband/co-habitant used to feel jealous when they talked to men, and 24 percent said that their husband/co-habitant always used to ask about their whereabouts. This percentage is relatively higher among women in urban areas and women with higher educations.

Table. 11.02 Percentage of women who experienced psychological abuse committed by husband/co-habitant, by selected characteristics, Mongolia 2008

Background Characteristics	Psychological abuse committed by previous and current husband/co-habitant														Number of Women	
	He feels jealous when I talked to a man	He always accuses me for being unfaithful	He does not allow me to meet my female friends	He tries to isolate me from my family	He always asks about my whereabouts	He does not trust my spending	He does not allow me to work or to go									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes			
Current Marital Status																
	Married	19.1	80.9	8.4	91.6	9.6	90.4	2.6	97.4	8.5	91.5	8.7	91.3	8.3	91.7	6 535
	Previously Married															
Region																
	Central															
Highest Educational Level																
	Primary or Less	11.2	88.8	7.4	92.6	6.5	93.5	2.5	97.5	5.2	94.8	7.4	92.6	5.9	94.1	477
	Incomplete Secondary	18.3	81.7	11.0	89.0	10.0	90.0	4.2	95.8	7.8	92.2	9.5	90.5	9.2	90.8	1 325
	Complete Secondary	21.3	78.7	10.4	89.6	12.0	88.0	3.3	96.7	10.0	90.0	10.1	89.9	10.2	89.8	2 574
Employment																
	More than Secondary	23.8	76.2	9.9	90.1	9.8	90.2	3.0	97.0	11.5	88.5	8.4	91.6	8.2	91.8	2 799
Total																

Intimate partner violence

Intimate partner violence refers to specific acts or behaviors, including insulting or swearing at partners in front of others, threatening to hurt someone the partner cares about, belittling or ridiculing the partner, threatening to divorce the partner, or threatening to kill the partner if they divorce.

Table 11.03 indicates that 10 percent of all respondents said that their intimate partners insulted and swore at them, 5 percent said that their partners belittled and ridiculed them, 5 percent experienced partners' threatening to divorce them, 4 percent experienced partners' threatening to hurt them or someone they care about, and 4 percent said that their intimate partner threatened to kill them if they divorce.

The percentage of the women who did not experience intimate partner violence was highest among relatively younger women aged 15-29 compared to other age groups. Older women, particularly previously married women, were more likely to experience humiliation, threats or ridicule by their intimate partners. It was probably the main cause for divorce.

Women's responses to the survey indicate that in rural areas, particularly in the western region, the prevalence of psychological abuse by intimate partner was lowest (2-12 percent and 2-13 percent, respectively), but it was higher among the women with secondary and complete secondary education.

Table 11.03. Percentage of the women responded to the survey on intimate partner violence, by selected characteristics, Mongolia 2008.

[illegible]

Physical violence by an intimate partner

Supreme Court Decree No.47 dated October 30, 2006 stipulates that «physical violence refers to acts by a family member, a relative, a co-habitant without marriage registration, a legal caretaker, or a person in his/her care that cause bodily or physical harm in order to control and domineer others in a family relationship by misusing power.»

Fifteen percent of the married and previously married women responded that their husband/co-habitant had pushed them or threw something at them, 14 percent said that their intimate partners had slapped them, 10 percent said that their intimate partners had hit them with their fist or something else, 8 percent said that their intimate partners had kicked, dragged, or beat them up, 5 percent said that their intimate partners had pulled their hair or twisted their arm, 3 percent said that their intimate partners had intentionally shoved or choked them, and 2 percent said that their intimate partners had threatened them with a knife or weapon. 44 percent of the previously married women said that their intimate partners had slapped them or threw something at them, 38 percent said that their partners had hit them with a fist or something else, and 16 percent said that their partners had threatened them with a knife or weapon. (see Table 11.04).

Most women (85 percent) responded that their current husband/cohabitants do not commit the kinds of physical assault mentioned above.

Table 11.05 shows that 81 percent of the women responded that they had never been injured due to physical assaults by their intimate partners. For the remaining 19 percent that did report injury, 55 percent reported that they had cuts and bruises due to physical assault by their intimate partners. This was the most common injury reported. The survey findings indicate that this injury is most common among women aged 40-44, previously married women, women living in urban areas, women in the Southern region, women with secondary education, and employed women.

Thirty-seven percent of all respondents said that they had eye bruises, sprains or wrenches at joints, burns, heartache, headache, or nausea caused by their intimate partner's physical assault. Twenty-six percent responded that they had stomachache, 10 percent reported thyroid pain or nodules, 4 percent reported miscarriages, and 5 percent reported other serious injuries. This finding indicates proves that some women suffer from serious health problems caused by domestic violence. The proportion of women reporting injury tended to increase with increasing age. Moreover, previously married women were more likely to be injured due to physical assault by their intimate partners.

Table 11.04. Percentage of women who experienced physical assault by their intimate partner, by selected characteristics, Mongolia 2008

Background Characteristics	Physical assault by previous and current husband/co-habitant																Number of women	
	Pushed you or threw something at you	Slapped you	Twisted your arm	Tugged your hair	Hit you with fist or something else	Kicked, dragged or beat you up	Intentionally shoved and choked you	Threatened you with a knife or										
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%			
Current Marital Status																		
	Married	13.1	86.9	11.9	88.1	4.3	95.7	3.9	96.1	8.3	91.7	7.0	93.0	2.3	97.7	1.7	98.3	6 535
	Previously Married																	
Region																		
	Central																	
Highest Educational Level																		
	Primary or Less	9.6	90.4	8.7	91.3	3.3	96.7	3.7	96.3	7.0	93.0	6.8	93.2	1.5	98.5	1.5	98.5	458
	Incomplete Secondary	14.3	85.7	14.2	85.8	5.9	94.1	6.3	93.7	10.1	89.9	9.8	90.2	4.2	95.8	3.5	96.5	1 281
	Complete Secondary	15.1	84.9	14.0	86.0	5.5	94.5	5.0	95.0	10.6	89.4	9.0	91.0	3.0	97.0	2.3	97.7	2 464
	More than Secondary	15.2	84.8	13.8	86.2	5.0	95.0	4.5	95.5	9.4	90.6	7.5	92.5	2.9	97.1	2.1	97.9	2 691
Employment																		
																		6 894

Table 11.05. Percentage of women who experienced injuries caused by physical abuse committed by intimate partner, by selected characteristics, Mongolia 2008

Background Characteristics		Physical abuse committed by previous and current husband/co-habitant caused												Number of women						
		Bruises and cuts all over body			Eye bruise, sprains, wrenches at joints, burns			Heartache, headache, nausea			Thyroid pain and nodules				Joint pain			Headaches		
		Yes	No	%	Yes	No	%	Yes	No	%	Yes	No	%		Yes	No	%	Yes	No	%
Current Marital Status	Married	82.8	50.4	49.6	32.4	67.6	34.0	66.0	8.8	91.2	23.6	76.4	3.6	96.4	4.2	95.8	6 535			
	Previously Married																			
Region	Central																			
Highest Educational Level	Primary or Less	86.5	56.5	43.5	30.6	69.4	46.8	53.2	19.4	80.6	38.7	61.3	4.8	95.2	4.8	95.2	458			
	Incomplete Secondary	81.5	57.0	43.0	42.6	57.4	45.1	54.9	13.5	86.5	33.8	66.2	4.2	95.8	5.5	94.5	1 281			
	Complete Secondary	80.2	53.9	46.1	36.1	63.9	36.3	63.7	8.6	91.4	27.7	72.3	4.1	95.9	5.7	94.3	2 464			
	More than Secondary	80.5	54.4	45.6	35.0	65.0	32.3	67.7	7.8	92.2	19.6	80.4	3.4	96.6	3.2	96.8	2 691			
Employment																				
	Total																6 894			

Violence committed by women

Eight percent of married and previously married women responded that they sometimes hit, slapped, kicked, or caused pain to their intimate partner, even though there was not any assault on them by their husbands/cohabitants. Ninety-two percent of the respondents reported never committing any such physical assault. (see Table 11.06)

The percentage of women who committed such an assault was highest among married women, women aged 20-29, women in the Eastern region and Ulaanbaatar, women with tertiary education, and unemployed women.

Table 11.06. Percentage of women who hit, slapped, kicked, or caused pain to their husband/cohabitant, frequency, by selected characteristics, Mongolia 2008

Background Characteristics	Frequency				Number of women
	Con-stantly	Sometimes	Never	Have not been together for the last 12 months	
Age group					
15-19	0.0	9.0	91.0	0.0	67
20-24	0.1	10.0	89.9	0.0	814
25-29	0.2	11.3	88.5	0.0	1 343
30-34	0.4	9.4	90.2	0.0	1 483
35-39	0.1	6.4	93.4	0.1	1 385
40-44	0.2	5.2	94.5	0.1	1 098
45-49	0.1	3.0	96.9	0.0	704
Current Marital Status					
Married	0.2	8.2	91.6	0.0	6 535
Previously Married	0.3	3.6	95.5	0.6	359
Residence					
Urban	0.3	9.1	90.6	0.1	3 901
Rural	0.1	6.4	93.5	0.0	2 993
Region					
Central	0.1	7.4	92.5	0.0	2 204
East	0.2	13.7	86.1	0.0	599
West	0.4	6.8	92.8	0.0	1 282
South	0.4	4.1	95.5	0.0	463
Ulaanbaatar	0.2	8.3	91.4	0.1	2 346
Highest Educational Level					
Primary or Less	0.2	4.1	95.6	0.0	458
Incomplete Secondary	0.4	6.2	93.4	0.0	1 281
Complete Secondary	0.1	8.6	91.2	0.0	2 464
More than Secondary	0.2	8.8	91.0	0.0	2 691
Employment					
Employed	0.2	7.5	92.3	0.0	4 795
Unemployed	0.2	8.9	90.9	0.0	2 099
Total	0.2	7.9	91.8	0.0	6 894

Sexual violence

«Sexual violence is divided into three categories: 1) use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed; 2) attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act, e.g., because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure; and 3) abusive sexual contact» (CDC, 2007).

Table 11.07 presents women's responses to the survey on whether they had ever been forced to have unwanted sex or other sexual acts in their lifetime.

Four percent of the respondents said that they had experienced sexual abuse or coercion by someone in their lifetime.

Of the four percent of the respondents, or 328 women, who had experienced sexual violence, 52 percent had been forced to have unwanted sex or other sexual act by their friends and acquaintances, 23 percent by a stranger, 9 percent by a relative, 6 percent by a current husband/cohabitant, about 5 percent by a previous husband/cohabitant, previous/current boyfriend or employer/co-worker, 2 percent by a family friend, and 1 percent by a stepfather.

The percentage of women who experienced sexual coercion by their current or previous boyfriends (5 percent) or relatives (9 percent) was highest among women aged 15-19 compared to other age groups.

Table 11.07A presents frequency and types of sexual coercion by previous or current husband/cohabitant. Out of all respondents, 0.5 percent, or 49 women, said that they were forced to have unwanted sex by their husband/cohabitant.

When the women who experienced sexual violence by their previous and current husband/cohabitant were asked about types of sexual coercion, 65 percent of them said that they were forced to have unwanted sex, 18 percent said they had to perform a sex act, 8 percent said that their intimate partners did not use condoms even though there was a high chance of pregnancy, and 2 percent said that intimate partners infected them with a STI. In terms of frequency, 71 percent of these women were occasionally forced to have sex, 18 percent were forced once, and 10 percent were constantly forced to have sex.

Table 11.07. Percentage of women who responded to the survey on sexual violence, by selected characteristics, Mongolia, 2008

[illegible]

Table 11.07 A. types of sexual coercion, by selected characteristics, Mongolia, 2008

Background Characteristics	Frequency		Types of sexual coercion by previous and current husband/cohabitant					Number of women		
	Once	Occasionally	Constantly	Forced to have unwanted sex	Forced to have unwanted sex and performed a sex act	Forced to have unwanted sex and infected you with STI	Forced to have un- wanted sex and did not use condom when there was a high chance of pregnancy		Experienced forced inter- course	
Region	Central	22.6	67.7	9.7	64.5	22.6	0.0	6.5	6.5	31
	Formerly Married									
	Currently Married									
	Formerly Married									
	Currently Married									
	Formerly Married									
Highest Educational Level	Primary or Less	25.0	50.0	25.0	50.0	50.0	0.0	0.0	0.0	4
	Incomplete Secondary	27.3	63.6	9.1	72.7	0.0	0.0	9.1	18.2	11
	Complete Secondary	10.5	89.5	0.0	73.7	15.8	0.0	5.3	5.3	19
	More than Secondary	20.0	60.0	20.0	53.3	26.7	6.7	13.3	0.0	15
	Employment									
	Unemployed									

Women who experienced violence during pregnancy

Table 11.08 presents the percentage of women who experienced violence during pregnancy by age group, place of residence, region, educational level, marital status, and employment. Ninety-seven percent of all respondents said that they did not experience violence by any person during pregnancy.

Three percent of the respondents, or 216 women, said that they had experienced violence during pregnancy. Twenty-eight percent of these women were hit, slapped, kicked, or experienced other physical assault by their friends/acquaintances, 26 percent by their current husband/cohabitant, and 13 percent by their previous husband/cohabitant.

The percentage of women who were beaten by their current husband/cohabitant during pregnancy was highest among women aged 15-19, married women, rural women, particularly in the Eastern region, and women with a secondary education.

Sixty-three percent of the women who were hit, slapped, kicked, or experienced other physical assault by a person never received any assistance. 44 percent of the women who received assistance said that it came from their own family members, 20 percent from their husband/cohabitant's family members, 16 percent from doctors and health care providers, 16 percent from the police, 13 percent from friends, 5 percent from neighbors, 4 percent from monks, and the remainder received assistance from social workers OR other people (see Table 11.09).

The percentage of women who received assistance from doctors and health care providers was highest among women aged 15-19. Other age groups received assistance mostly from their own family members rather than other people.

The percentage of women who received assistance from social workers, friends and family members of husband/cohabitant was highest among women aged 45-49. The percentage of women who received assistance from neighbors and police was highest among women aged 35-39, and the percentage of women who received assistance from monks was highest among women aged 15-19.

Economic abuse

Another form of domestic violence is economic abuse; this refers to a family member's control over others by restricting their access to resources and economic opportunities in order to domineer them.

Five percent of the married and previously married women said that their husband/cohabitant restricted their purchase of cosmetics and beauty services, four percent said that husband/

Table 11.08 Percentage of women who were hit, slapped, kicked, or experienced other physical assault by a person during pregnancy, by selected characteristics, Mongolia 2008.

Background Characteristics	Person who hit, slapped, kicked or committed other physical assault to a pregnant woman														Number of women	
	Never been beaten	Current husband/cohabitant	Previous husband/cohabitant	Current and previous boyfriend	Father	Stepfather	Father-in-law	Other relatives	Friend, acquaintance	Family friend	Teacher	Employer/co-worker	Police and soldier	Other		
Current Marital Status																
	Currently Married	97.6	32.7	4.9	2.8	0.0	0.6	0.3	5.9	25.9	2.5	4.9	2.2	2.8	6.2	6 383
	Formerly Married															
Region																
	Central	98.3	6.7	10.0	6.7	0.0	0.0	0.0	3.3	43.3	6.7	3.3	0.0	0.0	6.7	518
	Eastern	96.3	40.0	18.8	2.4	2.4	1.2	0.0	5.9	21.2	2.4	1.2	0.0	1.2	2.4	1 392
Western	97.1	25.8	14.2	2.6	0.6	0.6	0.0	3.2	26.5	3.2	4.5	0.6	1.9	5.8	2 667	
Highest Educational Level																
	Primary or Less	98.3	6.7	10.0	6.7	0.0	0.0	0.0	3.3	43.3	6.7	3.3	0.0	0.0	6.7	518
	Incomplete Secondary	96.3	40.0	18.8	2.4	2.4	1.2	0.0	5.9	21.2	2.4	1.2	0.0	1.2	2.4	1 392
	Complete Secondary	97.1	25.8	14.2	2.6	0.6	0.6	0.0	3.2	26.5	3.2	4.5	0.6	1.9	5.8	2 667
More than Secondary																
Total																7 419

[illegible]

cohabitant restricted their purchase of gifts for their parents and relatives when they visited, their purchase of furniture for their home, and their spending on resorts and entertainment. Three percent said that their husband/cohabitant restricted their access to medical services, educational self-improvement, and their children's extra-curricular activities, and 2 percent said that their husband/cohabitant restricted their purchase of food (see Table 11.10).

Conclusion

Most respondents (70 percent) said that they know families where domestic violence, either physical or psychological, occurs. It reveals that domestic violence is widespread phenomenon in Mongolian society. It indicates that the above-mentioned two forms of domestic violence are very common in Mongolia.

Twenty-one percent of the women who responded to the survey on psychological abuse said that their previous and current husband/cohabitant felt jealous when they talk to other men; jealousy was the most common abuse reported compared to other types of psychological abuses. The second most common psychological abuse was intimate partners' disbelief concerning the way women were spending money. This indicates that economic pressure, abuse, and coercion by husbands/cohabitants is common.

A minority of the respondents (19 percent) said they had injuries caused by intimate partners' physical abuse; mostly previously married women reported experiencing physical abuse injuries. Most respondents said that they witnessed domestic violence in other families, but a small percentage of respondents said that they experienced psychological and physical abuses, particularly injuries caused by their previous and current husband/cohabitant. It leads to a suspicion that domestic violence might still be underreported and needs to be examined in more detail in the future.

Most respondents (85-98 percent) to the survey said they had never experienced injuries caused by their husband/cohabitant, but 55 percent, or 1310 women, who had experienced injuries reported they had cuts and bruises, which was the most common injury compared to other types of injuries. Twenty-six percent of these women responded they had wrenches at joints, sprains, burns, heartache, headache or nausea, 37 percent said they had thyroid pain and nodules, 10 percent responded that they have stomachache, 4 percent said they had a miscarriage, and 5 percent said they had other serious injuries. This survey shows that women experience significant health-related consequences due to domestic violence.

Eight percent of the married and the previously married women responded they hit, slapped, kicked, or caused pain to their intimate partner even though there was not any assault by their husband/cohabitant.

Four percent of the respondents said that they experienced sexual assault or coercion by someone in their lifetime. Seventy-two percent of these women were occasionally forced to have sex, 18 percent were forced once, and 10 percent were constantly forced. This finding shows that the number of forced sex case is very few, but its frequency is quite high. The percentage of women who were forced to have sex by their current and previous boyfriend and other relatives was highest among women aged 15-19.

Ninety-seven percent of all respondents said that they did not experience physical violence by a person during pregnancy. Among the women who experienced physical violence during pregnancy, 28 percent said that they were physically abused by their friends/acquaintances, 26 percent reported that their current husband/cohabitant committed physical assault against them, and 13 percent said they were beaten by their previous husband/cohabitant. Moreover, 63 percent of these women who experienced physical assault had never received any assistance, possibly revealing that the majority of victims do not receive assistance from any institutionalized systems.

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Quality of the Data — Nonsampling Error

Amarbal Avirmed

This appendix provides data users with an overview of the quality of the data of the Reproductive Health Survey-2008 (RHS-2008). Nonsampling errors arise in surveys, and in censuses, from a variety of causes including the following:

- a) and interview the selected household;
- b) mistakes in the way questions are asked;
- c) misunderstanding on the part of either the interviewer or respondent;
- d) lack of truthfulness on the part of the respondent;
- e) deliberate falsification of data on the part of the interviewer;
- f) coding errors; failure to locate
- g) data entry errors, programming errors, etc.

While it is impossible to avoid nonsampling errors entirely, great efforts were expended in the RHS-2008 to keep them under control. These efforts included:

- a) careful questionnaire design;
- b) pretest of survey instruments to guarantee their functionality;
- c) a three-week interviewers' and supervisors' training course;
- d) careful fieldwork supervision including field visits by headquarters' personnel;
- e) thorough editing of questionnaires in the field, with the possibility of a return visit to the respondent, if needed;
- f) the use of interactive data entry software to keep keying errors to a minimum;
- g) computerized range and consistency check procedures

Nevertheless, there is still a need to investigate content errors such as misreporting of ages, ignorance of dates of birth, the plausibility of age at death distributions, and other recall problems.

Table A.01 shows the distribution of the household population by single years of age. In many countries where ages are not well known, there is usually a substantial amount of heaping on ages ending in 0 and 5. This is not the case in Mongolia, where people obviously know their ages. The only exception to this rule is the heaping of women at age 14, but the cause in this case is not ignorance.

Table A.01 Single-Year Age Distribution of De Facto Household Population by Sex, Mongolia, 2008

Age	Male		Female		Age	Male		Female	
	Number	%	Number	%		Number	%	Number	%
0	589	3.6	566	3.2	36	255	1.6	331	1.9
1	473	2.9	438	2.5	37	271	1.7	299	1.7
2	400	2.5	385	2.2	38	305	1.9	328	1.9
3	389	2.4	376	2.2	39	273	1.7	280	1.6
4	375	2.3	352	2.0	40	281	1.7	284	1.6
5	352	2.2	319	1.8	41	212	1.3	290	1.7
6	428	2.6	407	2.3	42	258	1.6	289	1.7
7	361	2.2	343	2.0	43	226	1.4	274	1.6
8	368	2.3	353	2.0	44	239	1.5	239	1.4
9	336	2.1	368	2.1	45	209	1.3	232	1.3
10	357	2.2	365	2.1	46	190	1.2	194	1.1
11	277	1.7	301	1.7	47	182	1.1	190	1.1
12	341	2.1	338	1.9	48	170	1.0	181	1.0
13	393	2.4	448	2.6	49	172	1.1	131	0.8
14	385	2.4	452	2.6	50	159	1.0	129	0.7
15	349	2.1	290	1.7	51	93	0.6	84	0.5
16	386	2.4	337	1.9	52	74	0.5	79	0.5
17	332	2.0	307	1.8	53	76	0.5	76	0.4
18	344	2.1	293	1.7	54	54	0.3	61	0.3
19	267	1.6	266	1.5	55	56	0.3	55	0.3
20	303	1.9	270	1.5	56	46	0.3	58	0.3
21	262	1.6	285	1.6	57	33	0.2	35	0.2
22	274	1.7	345	2.0	58	45	0.3	56	0.3
23	250	1.5	358	2.1	59	33	0.2	20	0.1
24	280	1.7	353	2.0	60	35	0.2	50	0.3
25	268	1.6	331	1.9	61	22	0.1	33	0.2
26	280	1.7	333	1.9	62	21	0.1	39	0.2
27	282	1.7	351	2.0	63	27	0.2	36	0.2
28	300	1.8	353	2.0	64	22	0.1	25	0.1
29	285	1.7	329	1.9	65	19	0.1	22	0.1
30	314	1.9	340	1.9	66	22	0.1	28	0.2
31	291	1.8	311	1.8	67	16	0.1	18	0.1
32	290	1.8	372	2.1	68	21	0.1	37	0.2
33	287	1.8	332	1.9	69	10	0.1	13	0.1
34	295	1.8	359	2.1	70	147	0.9	295	1.7
35	281	1.7	333	1.9					
Total						16 318	100.0	17 450	100.0

An examination of Table A.02 reveals errors in the age reporting of females around the borders of eligibility for the individual questionnaire, i.e. ages 15 and 49.

Coverage of individual questionnaire was 90.5 percent, of which participation of women aged 15-19 was the least (69.9 percent). This should be considered when concluding the analysis for the specific age group. Overall, the quality of the survey is considered quite satisfactory.

Table A.02 Percentage Distribution in Five-Year Age Groups of the De Facto Household Population of Women Aged 10-54 and of Interviewed Women Aged 15-49, and Percentage of Eligible Women Who Were Interviewed, Mongolia 2008

Age Group	Women Aged 10-54 in Household Population		Interviewed Women Aged 15-49		Percentage Interviewed Percent
	Number	Percent	Number	Percent	
10-14	1 904	-	-	-	-
15-19	1 493	14.4	1 044	11.1	69.9
20-24	1 611	15.5	1 402	14.9	87.0
25-29	1 697	16.3	1 627	17.3	95.9
30-34	1 714	16.5	1 672	17.8	97.5
35-39	1 571	15.1	1 531	16.3	97.5
40-44	1 376	13.2	1 276	13.6	92.7
45-49	928	8.9	850	9.0	91.6
50-54	429	-	-	-	-
15-49	10 390		9 402		90.5

Sampling Variability

Amarbal Avirmed

Narantungalag Bayaraa

The results of sample surveys are affected by two types of errors, nonsampling error and sampling error. Nonsampling error is due to mistakes made in carrying out field activities, such as failure to locate and interview the correct household, errors in the way the questions are asked, misunderstanding on the part of either the interviewer or the respondent, etc. Nonsampling error also arises from office activities and includes editing and coding errors, keying errors, bad specification of cleaning or tabulation routines, etc. Although great efforts were made during the design and implementation of the 2008 RHS to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be measured statistically. The sample of households selected for the 2008 RHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each one would have yielded results that differed somewhat from the actual sample selected. The sampling error is a measure of the variability between all possible samples; although it is not known exactly, it can be estimated from the survey results.

Sampling error is usually measured in terms of standard error of a particular statistic (mean, percentage, etc.), which is the square root of the variance of the statistic. The standard error can be used to calculate confidence intervals within which, apart from nonsampling errors, the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic as measured in 95 percent of all possible samples with the same design (and expected size) will fall within a range of plus or minus two times the standard error of that statistic.

It should be noted that the methodology of measuring errors for this survey is same as that of 1998 and 2003 RHS.

If the sample of households had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2008 RHS sample design depended on stages and clusters. Consequently, it is necessary to utilize more complex formulas. Two computer packages have been utilized. The first, CLUSTERS, developed for the World Fertility Survey program by the International Statistical Institute, has been used

to calculate the sampling variances of means and proportions (or percentages). CLUSTERS uses the Taylor linearization method. The second package is ISSA, which, as noted elsewhere, has been used in all stages of processing the RHS. ISSA contains a Sampling Errors Module which permits the estimation of variances of rates, using the Jackknife repeated replication method. This Module has been used specifically to calculate the variances of the total fertility rate and the various infant and child mortality rates.

The Taylor linearization method treats any percentage or mean as a ratio estimate, $r=y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$\text{var}(r) = \frac{1}{x^2} \sum_{h=1}^H \left[\frac{m_h}{m_n - 1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{y_{hi}^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - r \cdot x_{hi}, \text{ and } z_h = y_h - r \cdot x_h$$

where

h - represents the stratum, which varies from 1 to H

m_h - is the total number of clusters selected in stratum 'h'

y_{hi} - is the sum of the values of variable y in cluster 'i' in stratum 'h'

x_{hi} - is the sum of the number of cases in cluster 'i' in stratum 'h'

f - is the overall sampling fraction, which is so small that CLUSTERS ignores it

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors using simple formulas. Each replication considers all but one cluster in the calculation of estimates. Pseudo-independent replications are thus created. In the RHS-2003 there were 280 clusters; hence, 280 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(R) = \text{var}(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where

r - is the estimate computed from the full sample of 240 clusters,

$r_{(i)}$ - is the estimate computed from 239 clusters (i^{th} cluster excluded),

k - is the total number of clusters.

In addition to the standard errors, the programs compute the design effect (DEFT) for each estimate (except for rates), which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, whereas a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. The programs also compute the relative error and confidence limits for the estimates.

Sampling errors are presented in Tables B.02 – B.16 for variables considered to be of major interest. Results are presented for the whole country, for urban and rural areas separately, for each of four education groups, for each of five regions, and for each of three age groups. For each variable, the type of statistic (percentage, mean or rate) and the base population are given in Table B.01. For each variable, Tables B.02 – B.16 present the value of the statistic (R), its standard error (SE), the number of cases (N) where relevant, the design effect (DEFT) where applicable, the relative standard error (SE/R), and the 95 percent confidence limits (R-2SE, R+2SE).

The confidence limits have the following interpretation. For the percentage of currently married women using the contraceptive intrauterine device (IUD), the overall value for the full sample is 22.3%, and its standard error is 0.6%. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, which means that there is a high probability (95 percent) the true percentage currently using the IUD is between 21.1% and 23.5%.

The relative standard errors for most estimates for the country as a whole are small, except for estimates of very small percentages. The magnitude of the error increases as estimates for sub-populations such as geographical areas are considered. For the variable IUD, for instance, the relative standard error (as a percentage of the estimated parameter) for the whole country and for urban and rural areas is 2.7 percent, 4.1 percent, and 4.0 percent, respectively. For the five regions, the relative standard error of the variable IUD varies between 5.4 percent and 10.8 percent.

Special mention should be made of the sampling errors for rates. The denominators are exposure-years, and the numerators are either births or deaths in the population under consideration during the indicated period of time.

It should be noted that the survey indicates, with a 95 percent level of confidence, that the TFR for the 3-year period prior to the survey lay between 3.046 and 3.31 children per woman, and that the infant mortality rate for the 3-year period prior to the survey lay between 15.7 and 28.3 per thousand births. The differences between the survey results and registration statistics are not due to sampling variability.

Table B.01 List of Selected Variables for Sampling Error, Mongolia, 2008

Table B.02 Sampling Error - National Sample, Mongolia, 2008

Table B.03 Sampling Error - Urban Areas, Mongolia, 2008

Table B.04 Sampling Error - Rural Areas, Mongolia, 2008

Table B.05 Sampling Error - Primary or Less, Mongolia, 2008

Table B.06 Sampling Error - Incomplete Secondary, Mongolia, 2008

Table B.07 Sampling Error - Complete Secondary, Mongolia, 2008

Table B.08 Sampling Error - More than Secondary, Mongolia, 2008

Table B.09 Sampling Error - Central Region, Mongolia, 2008

Table B.10 Sampling Error - East Region, Mongolia, 2008

Table B.11 Sampling Error - West Region, Mongolia, 2008

Table B.12 Sampling Error - South Region, Mongolia, 2008

Table B.13 Sampling Error - Ulaanbaatar, Mongolia, 2008

Table B.14 Sampling Error - Age 15-24, Mongolia, 2008

Table B.15 Sampling Error - Age 25-34, Mongolia, 2008

Table B.16 Sampling Error - Age 35-49, Mongolia, 2008

Table B.01 List of Selected Variables for Sampling Error, Mongolia 2008

Variable Name	Description	Base Population
RADIO	% listening to radio weekly	All women
CEB	Mean number of children ever born	All women
CEB40	Mean number of children ever born	Women 40-49 years old
MAR20	% married before age 20	Women 25-49 years old
CMAR	% currently married	All women
CUSE	% currently using any contraceptive	Currently married women
IUD	% currently using an IUD	Currently married women
PILL	% currently using the pill	Currently married women
NOMORE	% who want no more children	Currently married women
IDEAL	Mean ideal number of children	Women with numeric response
DIE	% who say AIDS almost always fatal	Women who heard of AIDS
UNWANT	% who have unwanted pregnant	All women
ABORT	% who have aborted	Women with unwanted pregnancy
TFR-3	Total fertility rate, last 3 years	Women years of exposure
IMR-3	Infant mortality rate, 3 years	Children years of exposure

Table B.02 Sampling Error - National Sample, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	42.5	0.911	9402	1.630	0.021	40.680	44.324
CEB	2.1	0.022	9402	1.091	0.011	2.011	2.099
CEB40	3.6	0.045	2126	1.112	0.013	3.462	3.644
CMAR	71.7	0.584	9402	1.126	0.008	70.540	72.876
MAR20	20.9	0.588	6956	1.199	0.028	19.684	22.035
CUSE	55.2	0.674	6742	1.206	0.012	53.814	56.509
IUD	22.3	0.607	6742	1.184	0.027	21.124	23.551
PERAB	0.0	0.015	6742	1.001	1.000	-0.015	0.045
PILL	9.7	0.356	6742	1.013	0.037	9.018	10.442
NOMORE	52.6	0.684	6742	1.080	0.013	51.199	53.933
IDEAL	3.4	0.013	9402	1.117	0.004	3.351	3.403
NORISK	48.5	0.823	9402	-	0.017	46.823	50.114
UNWANT	0.4	0.063	9402	1.002	0.165	0.256	0.509
ABORT	7.5	0.308	9402	1.055	0.041	6.851	8.082
TFR-3	3.18	0.067	-	-	0.021	3.046	3.314
IMR-3	22.04	3.150	-	-	0.143	15.740	28.340

Table B.03 Sampling Error - Urban Areas, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	35.9	1.227	5729	1.464	0.034	33.399	38.306
CEB	1.8	0.029	5729	1.151	0.016	1.706	1.821
CEB40	3.2	0.055	1360	1.209	0.017	3.097	3.317
CMAR	65.3	0.749	5729	1.050	0.011	63.802	66.796
MAR20	18.2	0.700	4026	1.210	0.039	16.756	19.558
CUSE	53.1	0.897	3741	1.163	0.017	51.321	54.908
IUD	20.1	0.821	3741	1.085	0.041	18.487	21.770
PERAB	0.0	0.027	3741	1.002	1.001	-0.027	0.080
PILL	9.4	0.457	3741	0.902	0.049	8.468	10.297
NOMORE	48.9	0.998	3741	1.201	0.020	46.894	50.887
IDEAL	3.3	0.017	5729	1.038	0.005	3.282	3.350
NORISK	49.7	1.267	5729	1.038	0.025	47.160	52.229
UNWANT	0.4	0.085	5729	0.994	0.195	0.266	0.606
ABORT	8.4	0.446	5729	1.037	0.053	7.540	9.322

Table B.04 Sampling Error - Rural Areas, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	52.9	1.626	3673	2.062	0.031	49.620	56.124
CEB	2.5	0.034	3673	1.146	0.014	2.440	2.578
CEB40	4.2	0.076	766	1.059	0.018	4.014	4.320
CMAR	81.7	0.796	3673	1.259	0.010	80.112	83.296
MAR20	24.6	1.045	2930	1.248	0.043	22.483	26.664
CUSE	57.7	1.073	3001	1.230	0.019	55.569	59.859
IUD	25.1	1.006	3001	1.291	0.040	23.081	27.103
PILL	10.2	0.622	3001	1.148	0.061	8.919	11.407
NOMORE	57.1	0.997	3001	1.065	0.017	55.153	59.142
IDEAL	3.5	0.024	3673	1.249	0.007	3.425	3.520
NORISK	46.6	1.213	3673	-	0.026	44.129	48.982
UNWANT	0.3	0.094	3673	1.040	0.314	0.111	0.488
ABORT	6.0	0.446	3673	1.108	0.075	5.070	6.855

Table B.05 Sampling Error - Primary or Less, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	51.232	2.685	609	1.325	0.052	45.861	56.602
CEB	2.062	0.094	609	1.107	0.045	1.875	2.25
CEB40	4.99	0.267	102	1.071	0.054	4.456	5.524
MAR20	27.763	2.304	371	0.989	0.083	23.156	32.37
CMAR	62.397	2.385	609	1.214	0.038	57.628	67.167
CUSE	47.632	2.825	380	1.101	0.059	41.981	53.282
IUD	26.316	2.802	380	1.239	0.106	20.712	31.92
PILL	4.737	1.124	380	1.03	0.237	2.488	6.985
NOMORE	51.579	2.651	380	1.033	0.051	46.276	56.882
IDEAL	3.182	0.058	609	1.131	0.018	3.065	3.299
ABORT	1.97	0.606	609	1.076	0.308	0.758	3.183

Table B.06 Sampling Error - Incomplete Secondary, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	48.161	1.434	2012	1.287	0.03	45.293	51.029
CEB	2.068	0.045	2012	1.075	0.022	1.977	2.159
CEB40	4.188	0.103	329	0.946	0.025	3.982	4.395
MAR20	31.05	1.357	1314	1.063	0.044	28.336	33.764
CMAR	63.469	1.427	2012	1.329	0.022	60.615	66.323
CUSE	57.635	1.639	1277	1.185	0.028	54.356	60.914
IUD	25.372	1.466	1277	1.203	0.058	22.44	28.303
PILL	9.945	0.92	1277	1.099	0.093	8.104	11.786
NOMORE	58.966	1.445	1277	1.05	0.025	56.076	61.857
IDEAL	3.312	0.027	2012	1.055	0.008	3.257	3.367
UNWANT	0.199	0.099	2012	0.996	0.498	0.001	0.397
ABORT	3.728	0.49	2012	1.16	0.131	2.748	4.708

Table B.07 Sampling Error - Complete Secondary, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	42.166	1.196	3389	1.41	0.028	39.774	44.558
CEB	2.045	0.032	3389	1.127	0.015	1.981	2.108
CEB40	3.576	0.07	687	1.136	0.019	3.437	3.716
MAR20	22.722	0.955	2403	1.117	0.042	20.812	24.631
CMAR	71.289	0.776	3389	0.998	0.011	69.738	72.841
CUSE	53.228	1.102	2416	1.086	0.021	51.024	55.433
IUD	21.275	0.829	2416	0.996	0.039	19.616	22.934
PILL	10.596	0.582	2416	0.928	0.055	9.433	11.759
NOMORE	53.311	1.042	2416	1.026	0.02	51.227	55.395
IDEAL	3.378	0.02	3389	1.088	0.006	3.339	3.417
UNWANT	0.207	0.078	3389	0.997	0.376	0.051	0.362
ABORT	7.465	0.427	3389	0.945	0.057	6.612	8.318

Table B.08 Sampling Error - More than Secondary, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	44.34	1.62	1166	1.113	0.037	41.099	47.58
CEB	2.888	0.046	1166	1.006	0.016	2.795	2.98
CEB40	3.448	0.06	583	0.912	0.017	3.328	3.567
MAR20	17.668	1.087	1098	0.944	0.062	15.495	19.842
CMAR	82.075	1.183	1166	1.053	0.014	79.709	84.442
CUSE	58.934	1.522	957	0.956	0.026	55.891	61.978
IUD	24.242	1.336	957	0.964	0.055	21.569	26.915
PERAB	0.104	0.105	957	1.002	1.002	-0.105	0.314
PILL	9.613	1.06	957	1.112	0.11	7.493	11.734
NOMORE	69.801	1.259	957	0.848	0.018	67.283	72.32
IDEAL	3.638	0.033	1166	1.049	0.009	3.572	3.704
UNWANT	0.943	0.283	1166	1	0.3	0.377	1.51
ABORT	8.233	0.811	1166	1.007	0.098	6.612	9.854

Table B.09 Sampling Error - Central Region, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	42.064	1.585	2829	1.593	0.038	38.893	45.235
CEB	2.249	0.038	2829	0.945	0.017	2.173	2.324
CEB40	3.818	0.084	676	1.088	0.022	3.649	3.987
CMAR	76.387	1.008	2829	1.038	0.013	74.371	78.404
MAR20	25.265	1.179	2173	1.18	0.047	22.907	27.622
CUSE	57.242	1.193	2161	1.218	0.021	54.857	59.627
IUD	23.739	1.045	2161	1.164	0.044	21.650	25.828
PILL	9.764	0.654	2161	0.949	0.067	8.457	11.071
NOMORE	56.039	1.109	2161	1.058	0.020	53.821	58.257
IDEAL	3.393	0.023	2829	1.101	0.007	3.347	3.439
NORISK	51.538	1.151	2829	-	0.022	49.235	53.840
UNWANT	0.495	0.131	2829	0.958	0.265	0.232	0.757
ABORT	7.989	0.580	2829	1.059	0.073	6.828	9.150

Table B.10 Sampling Error - West Region, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	61.275	2.004	1694	1.847	0.033	57.267	65.283
CEB	2.514	0.060	1694	1.387	0.024	2.394	2.634
CEB40	4.191	0.103	356	1.219	0.025	3.985	4.397
CMAR	78.926	1.459	1694	1.272	0.018	76.008	81.843
MAR20	17.904	1.532	1307	1.4	0.086	14.840	20.967
CUSE	54.375	1.356	1337	1.273	0.025	51.663	57.088
IUD	22.663	1.223	1337	1.3	0.054	20.217	25.109
PILL	8.676	0.823	1337	1.219	0.095	7.030	10.322
NOMORE	57.891	1.550	1337	1.247	0.027	54.790	60.991
IDEAL	3.608	0.031	1694	1.135	0.009	3.547	3.670
NORISK	38.961	1.483	1694	-	0.038	35.995	41.927
UNWANT	0.236	0.113	1694	1.001	0.480	0.009	0.463
ABORT	5.549	0.572	1694	1.162	0.103	4.406	6.692

Table B.11 Sampling Error - East Region, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	36.749	2.832	732	1.626	0.077	31.084	42.414
CEB	2.209	0.065	732	1.034	0.029	2.079	2.339
CEB40	3.433	0.192	141	1.155	0.056	3.049	3.817
CMAR	79.781	2.007	732	1.681	0.025	75.768	83.795
MAR20	15.567	1.710	591	1.043	0.110	12.146	18.988
CUSE	60.445	2.520	584	1.126	0.042	55.404	65.486
IUD	28.596	1.698	584	0.826	0.059	25.199	31.993
PILL	9.589	1.372	584	1.025	0.143	6.844	12.334
NOMORE	53.082	2.472	584	1.353	0.047	48.137	58.027
IDEAL	3.299	0.043	732	0.987	0.013	3.213	3.386
NORISK	62.568	1.669	732		0.027	59.230	65.907
UNWANT	0.546	0.317	732	1.112	0.580	-0.088	1.181
ABORT	6.967	0.994	732	1.007	0.143	4.979	8.956

Table B.12 Sampling Error - South Region, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	48.252	4.540	572	1.952	0.094	39.171	57.333
CEB	2.465	0.104	572	1.156	0.042	2.256	2.674
CEB40	3.871	0.193	155	1.083	0.050	3.485	4.257
CMAR	77.448	2.323	572	1.142	0.030	72.802	82.093
MAR20	30.531	1.833	452	0.949	0.060	26.865	34.197
CUSE	58.239	2.188	443	0.946	0.038	53.863	62.616
IUD	18.962	2.045	443	1.114	0.108	14.872	23.051
PILL	17.607	1.003	443	0.723	0.057	15.602	19.612
NOMORE	57.336	2.610	443	1.088	0.046	52.117	62.556
IDEAL	3.409	0.040	572	1.188	0.012	3.330	3.488
NORISK	39.860	1.954	572	-	0.049	35.952	43.768
UNWANT	0.524	0.283	572	0.950	0.540	-0.042	1.091
ABORT	5.420	1.101	572	0.819	0.203	3.218	7.621

Table B.13 Sampling Error - Ulaanbaatar, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	34.210	1.581	3575	0.001	0.046	31.048	37.372
CEB	1.587	0.035	3575	0	0.022	1.517	1.656
CEB40	3.004	0.067	798	0	0.022	2.870	3.138
CMAR	62.014	0.961	3575	0.003	0.016	60.091	63.936
MAR20	18.002	0.869	2433	0	0.048	16.265	19.740
CUSE	51.601	1.243	2217	0	0.024	49.116	54.087
IUD	19.802	1.202	2217	0	0.061	17.397	22.206
PERAB	0.045	0.045	2217	0	1.000	-0.045	0.135
PILL	8.796	0.587	2217	0	0.067	7.621	9.970
NOMORE	44.880	1.280	2217	0	0.029	42.321	47.440
IDEAL	3.266	0.022	3575	0	0.007	3.222	3.310
NORISK	49.035	1.774	3575	-	0.036	45.488	52.582
UNWANT	0.308	0.088	3575	0	0.287	0.131	0.484
ABORT	8.392	0.548	3575	0	0.065	7.296	9.487

Table B.14 Sampling Error - Age 15-24, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	42.028	1.177	2446	1.179	0.028	39.674	44.382
CEB	0.437	0.014	2446	1.069	0.033	0.408	0.466
CMAR	36.509	1.077	2446	1.106	0.029	34.355	38.662
CUSE	40.649	1.561	893	0.949	0.038	37.528	43.771
IUD	13.662	1.18	893	1.026	0.086	11.302	16.022
PILL	9.742	1.005	893	1.012	0.103	7.732	11.752
NOMORE	12.542	1.054	893	0.95	0.084	10.435	14.649
IDEAL	2.875	0.022	2446	1.141	0.008	2.831	2.919
UNWANT	0.082	0.058	2446	1	0.707	-0.034	0.197
ABORT	3.761	0.354	2446	0.921	0.094	3.053	4.47

Table B.15 Sampling Error - Age 25-34, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	42.104	1.205	3299	1.401	0.029	39.694	44.513
CEB	1.936	0.025	3299	1.304	0.013	1.886	1.986
MAR20	20.976	0.867	3299	1.223	0.041	19.242	22.71
CMAR	85.48	0.668	3299	1.09	0.008	84.144	86.817
CUSE	57.234	1.054	2820	1.131	0.018	55.126	59.342
IUD	21.418	0.829	2820	1.073	0.039	19.76	23.077
PILL	10.922	0.542	2820	0.923	0.05	9.837	12.007
NOMORE	37.199	1.064	2820	1.168	0.029	35.071	39.326
IDEAL	3.329	0.019	3299	1.113	0.006	3.291	3.367
UNWANT	0.061	0.043	3299	0.998	0.706	-0.025	0.146
ABORT	10.943	0.52	3299	0.956	0.047	9.903	11.982

Table B.16 Sampling error - Age 35-49, Mongolia 2008

Variable	Value	Standard Error	Number of Cases	Design Effect	Relative Error	Confidence Limits	
	R	SE	N	DEFT	SE/R	R-2SE	R+2SE
RADIO	43.177	1.088	3657	1.328	0.025	41.001	45.354
CEB	3.244	0.031	3657	1.155	0.01	3.182	3.306
CEB40	3.553	0.042	2126	1.112	0.012	3.469	3.637
MAR20	20.755	0.724	3657	1.08	0.035	19.306	22.203
CMAR	82.827	0.651	3657	1.043	0.008	81.526	84.129
CUSE	57.511	1.025	3029	1.141	0.018	55.461	59.56
IUD	25.751	0.861	3029	1.084	0.033	24.028	27.474
PERAB	0.033	0.033	3029	0.999	0.999	-0.033	0.099
PILL	8.617	0.503	3029	0.987	0.058	7.61	9.623
NOMORE	78.673	0.765	3029	1.028	0.01	77.143	80.203
IDEAL	3.756	0.02	3657	1.061	0.005	3.717	3.795
UNWANT	0.875	0.15	3657	0.973	0.171	0.575	1.175
ABORT	6.809	0.405	3657	0.973	0.06	5.998	7.62

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MONGOLIAN REPRODUCTIVE HEALTH SURVEY 2008

HOUSEHOLD QUESTIONNAIRE

Interview visit		Code	
First	Second	THIRD	Final
Results**	Results**		MONTH
			DAY
			RESULTS**
**Results codes			Total number of visits
1. Completed 2. No household members at home or no competent respondent at home at time of visit 3. Entire household absent for extended period 4. Postponed 5. Refused 7. Dwelling destroyed 8. Dwelling not found 9. Other _____ (SPECIFY)			

H1. Total number of persons in the list	
Total number of 15-49 aged women	
Total number of husbands	

	Code
A1. CLUSTER NUMBER	
A2. AIMAG	
A3. SOUM	
A4. BAGH	
A5. HOUSEHOLD NUMBER	
A6. AREA *	
HEAD OF HOUSEHOLD	
*ARE CODES: (1)ULANBAATAR, 2.AIMAG CENTER, 3.SOUM CENTER, 4.REMOTE RURAL)	

INTERVIEWER'S NAME/CODE	
SUPERVISOR'S NAME/CODE	
FIELD EDITOR	
KEYED BY	

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The following questions refer to the people we just have listed

No.	Please give the names of persons who are usually living in your household, starting with the head of the household. ASK: Did anyone else sleep here with your household last night, such as a visitor or a relative. (IF YES, ADD TO LIST AND FILL IN Q3-Q16) NAME	Relationship to head of household	Does (NAME) usually live here?	Did (NAME) stay here last night?	SEX	AGE	EDUCATION		15 YEARS AND OVER			Does (NAME) have a registration in a bagh and khoroog?	Circle line	Write line	
							6 YEARS AND OVER	AGES 6-24	What is the highest level he/she attained?	Is (NAME) still in school?	What (NAME'S) current marital status?				What (NAME'S) current employment status?
(1)															
01			1 2	1 2	1 2			1 2		1 2					
02			1 2	1 2	1 2			1 2		1 2					
03			1 2	1 2	1 2			1 2		1 2					
04			1 2	1 2	1 2			1 2		1 2					
05			1 2	1 2	1 2			1 2		1 2					
06			1 2	1 2	1 2			1 2		1 2					
07			1 2	1 2	1 2			1 2		1 2					
08			1 2	1 2	1 2			1 2		1 2					
09			1 2	1 2	1 2			1 2		1 2					
10			1 2	1 2	1 2			1 2		1 2					

CODES 3 RELATIONSHIP HEAD 01 WIFE OR HUSBAND 02 SON OR DAUGHTER 03 SON OR DAUGHTER IN LAW 04 GRANDCHILD 05 PARENT 06 PARENT IN LAW 07 BROTHER OR SISTER 08 BROTHER OR SISTER IN LAW 09 OTHER RELATIVE 10 ADOPTED/FOSTER/STEP CHILD 11 NOT RELATED 12	CODE 9 EDUCATION GRADE (1-3) 1 GRADE (4-5) 2 GRADE (6-8) 3 GRADE (9-10) 4 INITIAL TECHNICAL CERTIFICATE 5 TECHNICAL CERTIFICATE 6 HIGHER 7 NON-EDUCATED 8 DON'T KNOW 9	CODE 12 AGRICULTURE PAID EMPLOYEE 11 EMPLOYER 12 MEMBER OF COOPERATIVE 13 OWN ACCOUNT WORKER 14 UNPAID FAMILY WORKER 15 PRODUCTION 21 PAID EMPLOYEE 22 EMPLOYER 23 MEMBER OF COOPERATIVE 24 OWN ACCOUNT WORKER 25 UNPAID FAMILY WORKER 26	CODE 13 WAGES AND SALARIES WAGES 31 PENSION 32 ALLOWANCE 33 INCOME FROM HOUSEHOLD BUSINESS 34 RENT PAY 35 OTHER 41 DON'T REALIZE 42 DON'T KNOW 43	CONTINUOUS CODE 12 SERVICES PAID EMPLOYEE 31 EMPLOYER 32 MEMBER OF COOPERATIVE 33 OWN ACCOUNT WORKER 34 UNPAID FAMILY WORKER 35 SCAFFOLDING 41 PENSIONER 42 INVALID 43 DON'T KNOW 44	CODE 11 MARITAL STATUS SINGLE 1 MARRIED 2 SEPARATED 3 DIVORCED 4 WIDOWED 5 LIVING TOGETHER 6 DON'T KNOW 7	Total number of Total number of eligible husbands for individual interview CONTINUED OR NOT YES 1 NO 2
---	--	---	--	--	---	--

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No.	Questions	Coding Categories	Skip to
20	In what kind of accommodation do you live most of the year?	GER (WITH 4 WALLS OR 5 WALLS) PRIVATE HOUSE (3 + ROOMS) APARTMENT (1-2 ROOMS) Other	1 4 5
22	Do you share this facility with	No facilities or bush or field YES (If less than 10)	23
24	What kind of electricity supply do you have in your household?	GENERATOR DONT USE CENTRAL / PIPED LOCAL WELL SPRING WATER / MINERAL SPRING RIVER / SNOW / RAIN WATER	1 4 5
26	Does your household own any livestock, herds or farm animals	YES NO	1 2
28	Does any member of your household own any saving?	YES	1
29	Does your household have other source		1
30	consumption?		1
31			1
32	any cost for health service in the last month?		34
33	In the last month, how much money your household spent for health service? Which kind of health service?	Read list A. Drug, vitamin B. Injection C. Medical check-up	
34	In the last month did your household member live in the hospital? Did your household give medical payment	YES	1
35			1
36			1
37			1
38			1
39			1
40			1
41			1
42			1
43			1
44			1
45			1
46			1
47			1
48			1
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87			1
88			1
89			1
90			1
91			1
92			1
93			1
94			1
95			1
96			1
97			1
98			1
99			1
100			1

INDIVIDUAL QUESTIONNAIRE

INTERVIEW VISIT			
First	Second	Third	Final
Month	Month	Month	Month
Day	Day	Day	Day
Results **	Results **		Results **
Total number of visits			

** Results codes	
Completed	1
Not at home	2
Post poned	3
Refused	4
Partly completed	5
Incapacitated	6
Other	7

**SUPERVISER'S AND EDITOR'S
COMMENTS**

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SECTION 1. RESPONDENT'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skip to
100	RECORD THE TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
101	In what month and year were you born?	YEAR 19 <input type="text"/> <input type="text"/> DONT KNOW 98 MONTH <input type="text"/> <input type="text"/> DONT KNOW 98	
102	How old are you ? (AGE IN COMPLETED YEARS)	AGE <input type="text"/> <input type="text"/>	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	105
104	Just before you moved here, did you live in a city, in an aimag center, in a soum, or in the countryside?	CITY 1 AIMAG CENTER 2 SOUM CENTER 3 COUNTRYSIDE 4 FOREIGN 5	
105	Have you ever attended school ?	YES 1	107
106	What was the highest level of school you completed ?	GRADE 1-3 1 GRADE 4-8 2 GRADE 9-10 3 INITIAL TECHNICAL CERTIFICATE 4 TECHNICAL CERTIFICATE 5 HIGHER 6 NON-EDUCATED 7	108A
107	Are you literate?	LITERATE 1	
108A	CHECK: Q.102 AGE 15-24 <input type="checkbox"/>	AGE 25-49 <input type="checkbox"/>	111
108B	CHECK: Q.105 ATTENDED SCHOOL <input type="checkbox"/>	NEVER ATTENDED SCHOOL <input type="checkbox"/>	111
109	Are you currently attending school ?	YES 1	111
110	What was the main reason you stopped attending school ?	GOT PREGNANT 01 GOT MARRIED 02 TO CARE FOR CHILDREN 03 FAMILY NEEDED HELP 04 COULD NOT PAY SCHOOL FEES 05 NEEDED TO EARN MONEY 06 GRADUATED/ ENOUGH SCHOOLING 07 DID NOT PASS EXAMS 08 DID NOT LIKE SCHOOL 09 SCHOOL NOT ACCESSIBLE/TOO FAR 10 OTHER 96 (SPECIFY) DONT KNOW 98	

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No.	Questions and Filters	Coding Categories	Skip to
111	CHECK: Q106 AND Q107 LITERATE <input type="checkbox"/> ILLETARATE <input type="checkbox"/>		111C
111A	Do you usually read a newspaper at least once a week ?	YES 1 NO 2	
111B	Do you usually use to internet at least once a week ?	YES 1 NO 2	
111C	Do you usually listen to the radio at least once a week ?	YES 1 NO 2	
111D	Do you usually watch TV at least once a week ?	YES 1 NO 2	
112	Are you currently married or living together with a man, or are you single, or separated, divorced, or widowed?	SINGLE 1 MARRIED 2 SEPARATED 3 DIVORCED 4 WIDOWED 5 LIVING TOGETHER 6	117
113	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
114	CHECK :113 MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> In what month and year did you start living with your husband/partner? Now we will talk about your first husband/partner. In what month and year did you start living with him?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99 98 MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98	
115A	CHECK :114 MARRIED AFTER 2006 <input type="checkbox"/> MARRIED BEFORE 2006 LIVING TOGETHER <input type="checkbox"/>		116
115B	Does your household give a new family allowance 500'000?	YES 1 NO 2	
116	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
117	Do you usually go to doctor to have medical check-up prevent from any kind of diseases?	NONE 1 ONCE A QUARTER 2 ONCE A YEAR 3 ONCE A 2-YEAR PERIOD 4 WHEN SICK 5	

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SECTION 2. REPRODUCTION

No.	Questions and Filters	Coding Categories	Skip to
200	Now I would like to ask about all the births you have had during your life? Have you ever given birth?	YES 1 NO 2 →	205
201	Do you have any sons or daughters who are living with you ? (CHECK: Q200)	YES 1 NO 2 →	203
202	How many sons live with you now? How many daughters live with you now?	A. SONS AT HOME B. DAUGHTERS AT HOME	
203	Do you have any sons or daughters to whom you have given birth and now are not living with you ?	YES 1 NO 2 →	205
204	How many sons are alive but not living with you? And how many daughters are alive but do not live with you ?	A. SONS ELSEWHERE B. DAUGHTERS ELSEWHERE	
205	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES 1 NO 2 →	207
206	In all, how many boys have died? And how many girls have died?	A. BOYS DEAD B. BOYS DEAD	
207	SUM ANSWERS TO 202, 204 AND 206, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL	
208A	CHECK: 207 Just to make sure that I have this right: you have had in total _____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201 - 207 AS NECESSARY		
208B	CHECK: 207 One or more live births <input type="checkbox"/> No live births <input type="checkbox"/> →		210
209	At what age did you give a birth to your first child?	AGE	
210	Are you pregnant now?	YES 1 1 →	223
211	How many months are you pregnant?	MONTHS	
212	Have you taken the antenatal care?	YES 1 →	221
213	How many weeks pregnant did you take antenatal care at first time?	WEEK	
214	How many times have you taken antenatal care?	NUMBER	
215	Whom have you seen? Anyone else?	GYNECOLOGIST A OTHER DOCTOR B PROF.MIDWIFE C FAMILY DOCTOR D BAGH.FEELDSHER E	
216	Where have you gone for antenatal care?	PROFATIONNAL HOSPITAL 1 OTHER 6	

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No.	Questions and Filters	Coding Categories	Skip to																																												
217	Did the doctor give the next advices. READ LIST.	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>A. The significance of antenatal care</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>B. Food requirements during pregnancy</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>C. Harmful habits such as tobacco and alcohol use</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>D. How to protect yourself from STI</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>E. Danger signs of pregnancy</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>F. Family planning</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>G. Pregnancy and childbirth allowances</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	A. The significance of antenatal care	1	2	8	B. Food requirements during pregnancy	1	2	8	C. Harmful habits such as tobacco and alcohol use	1	2	8	D. How to protect yourself from STI	1	2	8	E. Danger signs of pregnancy	1	2	8	F. Family planning	1	2	8	G. Pregnancy and childbirth allowances	1	2	8													
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G. Pregnancy and childbirth allowances	1	2	8																																												
218	What do you think about the quality of antenatal care?	ADEQUATE 1																																													
219A	Since you have become pregnant, have you taken any lasovotoy?	YES 1 NO 2	220																																												
219B	Have you taken the following tests? Where have you taken these tests?	<table> <tr> <td></td><td>YES</td><td>CODE</td><td>NO</td></tr> <tr> <td>READ LIST.</td><td></td><td></td><td></td></tr> <tr> <td>A. URINARY TEST</td><td>1</td><td><input type="checkbox"/></td><td>20</td></tr> <tr> <td>B. BLOOD TEST</td><td>1</td><td><input type="checkbox"/></td><td>20</td></tr> <tr> <td>C. HIV TEST</td><td>1</td><td><input type="checkbox"/></td><td>20</td></tr> <tr> <td>D. SYPHILIS TEST</td><td>1</td><td><input type="checkbox"/></td><td>20</td></tr> <tr> <td>E. VAGINAL SMEAR TEST</td><td>1</td><td><input type="checkbox"/></td><td>20</td></tr> <tr> <td>F. ULTRASOUND EXAMINATION</td><td>1</td><td><input type="checkbox"/></td><td>20</td></tr> </table> <table> <tr> <td>CODE</td><td></td></tr> <tr> <td>SPECIALIZED HOSPITAL IN UB</td><td>1</td></tr> <tr> <td>AIMAG CENTER OR DISTRICT CLINIC</td><td>2</td></tr> <tr> <td>SOUH HOSPITAL OR FAMILY CLINIC</td><td>3</td></tr> <tr> <td>.....</td><td></td></tr> <tr> <td>OTHER</td><td>6</td></tr> </table>		YES	CODE	NO	READ LIST.				A. URINARY TEST	1	<input type="checkbox"/>	20	B. BLOOD TEST	1	<input type="checkbox"/>	20	C. HIV TEST	1	<input type="checkbox"/>	20	D. SYPHILIS TEST	1	<input type="checkbox"/>	20	E. VAGINAL SMEAR TEST	1	<input type="checkbox"/>	20	F. ULTRASOUND EXAMINATION	1	<input type="checkbox"/>	20	CODE		SPECIALIZED HOSPITAL IN UB	1	AIMAG CENTER OR DISTRICT CLINIC	2	SOUH HOSPITAL OR FAMILY CLINIC	3		OTHER	6	
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SOUH HOSPITAL OR FAMILY CLINIC	3																																														
.....																																															
OTHER	6																																														
220	Can you tell us about main problem of antenatal care?	FINANCIAL 1 VERY FAR FROM HOSPITAL 2 NO ENOUGH TIME 3 UNFAVORABLE ATTITUDE HEALTH WORKER(S) 4 OTHER (specify) 5 NO A PROBLEM 6	222																																												
221	Why you did not attend to antenatal care? What was your main problem?	FINANCIAL 1 OTHER (specify) 5																																													
222	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	THEN 1																																													
223	At what age did your first menstrual period start?	AGE <input type="text"/> <input type="text"/> NEVER MENSTRUATED 96	300																																												
224	Between the first day of a woman's period and the first day of her next period, are there certain times when she has greater chance of becoming pregnant than other times?	YES 1	226																																												
225	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	ANY DAY OF THE CYCLE 1																																													
226	When did your last menstrual period start? (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> WOMB REMOVED 993																																													

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SECTION IIIA. PREGNANCY, BIRTH AND BREASTFEEDING FOR LAST FIVE YEARS

300	CHECK: Q.207 ONE OR MORE BIRTHS <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/> → 350
------------	--	---

301A HAVE YOU GIVEN BIRTHS SINCE JANUARY 1, 2003?	YES 1 NO 1 → 350
--	--

301B ENTER THE LINE NUMBER NAME, SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 2003 IN THE TABLE.
 ASK ALL QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE
 THAN 3 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).

ENTER NUMBER OF BIRTHS SINCE JANUARY, 2003

302	Please tell me names of all children born since January 1, 2003? Begin with the last birth	LAST BIRTH 1 NAME	NEXT TO LAST BIRTH 2 NAME	SECOND FROM LAST BIRTH 3 NAME
303	Is (NAME) twin or not?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
304	Is (NAME) boy or girl?	BOY 1	BOY 1	BOY 1
305	When (NAME) was born?	YEAR <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MONTH <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	YEAR <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MONTH <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	YEAR <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MONTH <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
306	Is (NAME) alive now?	YES 1 SKIP TO 308 ← NO 2	YES 1 SKIP TO 308 ← NO 2	YES 1 SKIP TO 308 ← NO 2
307	How old (NAME) was when he/she died?	YEAR 1 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MONTH 2 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DAY 3 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	YEAR 1 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MONTH 2 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DAY 3 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	YEAR 1 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MONTH 2 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DAY 3 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
308	At the time you became pregnant did you want to give a birth to (NAME)?	WANTED 1 LATER 2 DID NOT WANT 3	WANTED 1 LATER 2 DID NOT WANT 3	WANTED 1 LATER 2 DID NOT WANT 3
309	When you were pregnant with (NAME), did see anyone for antenatal care for this pregnancy? If Yes: Whom did you see? Anyone else?	GYNECOLOGIST A OTHER X (SPECIFY) NO ONE Y SKIP TO 311 G ←	GYNECOLOGIST A OTHER X (SPECIFY) NO ONE Y SKIP TO 315A ←	GYNECOLOGIST A OTHER X (SPECIFY) NO ONE Y SKIP TO 315A ←
310	Where did you go for antenatal care for this pregnancy? SPEC=SRECIALIZED PRI= PRIVATE	SPE. HOSPITAL IN UB 1 AIMAG CENTER OR DISTRICT CLINIC 2 SOUM HOSPITAL OR FAMELY CLINIC 3 PRIV, HOSPITAL (UB) 4 OTHER 6 (SPECIFY)	SPE. HOSPITAL IN UB 1 AIMAG CENTER OR DISTRICT CLINIC 2 SOUM HOSPITAL OR FAMELY CLINIC 3 PRIV, HOSPITAL (UB) 4 OTHER 6 (SPECIFY)	SPE. HOSPITAL IN UB 1 AIMAG CENTER OR DISTRICT CLINIC 2 SOUM HOSPITAL OR FAMELY CLINIC 3 PRIV, HOSPITAL (UB) 4 OTHER 6 (SPECIFY)

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		LAST BIRTH 1 NAME	NEXT TO LAST BIRTH 2 NAME	SECOND FROM LAST BIRTH 3 NAME
311A	How many weeks pregnant were you when you received antenatal care at first time?	WEEK <input type="text"/> <input type="text"/> DON'T KNOW 98	WEEK <input type="text"/> <input type="text"/> DON'T KNOW 98 SKIP TO 315A	WEEK <input type="text"/> <input type="text"/> DON'T KNOW 98 SKIP TO 315A
311B	How many times did you receive antenatal care?	NUMBER OF TIME <input type="text"/> <input type="text"/>		
311C	When you were pregnant with (NAME), did the doctor give the next A. The significance of antenatal care B. Food requirements during pregnancy C. Harmful habits such as tobacco and alcohol use D. How to protect yourself from STI E. Danger signs of pregnancy F. Family planning G. Pregnancy and childbirth allowances	YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8		
311D	When you were pregnant with (NAME), did you take any test?	YES 1 DON'T KNOW 311F NO 2		
311E	Did you take the next tests when you were pregnant with (NAME)? Where did you take that tests? READ LIST	YES CODE NO DK A. URINARY TEST 1 <input type="text"/> 20 98 B. BLOOD TEST 1 <input type="text"/> 20 98 C. HIV TEST 1 <input type="text"/> 20 98 D. SYPHILIS TEST 1 <input type="text"/> 20 98 E. VAGINAL SMEAR TEST 1 <input type="text"/> 20 98 F. ULTRASOUND EXAMINATION 1 <input type="text"/> 20 98	CODE PROFATIONNAL HOSPITAL (CITY) 1 H.CENTER (AIMAG) 2 CLINIC (SOU) 3 PRIV. HOSPITAL (UB) 4 PRIV.HOSPITAL(AIMAG) 5 OTHER 6 (SPECIFY)	
311F	Can you tell us about main problem of this pregnant?	FINANCIAL 1 VERY FAR FROM HOSPI 2 NOT FREE TIME 3 BAD RELATION WITH F 4 OTHER 5 (sopecify) NOT PROBLEM 6 SKIP TO 311I		
311G	Why you were pregnant with (NAME), didn't see anyone for antenatal care for this pregnancy?	FINANCIAL 1 VERY FAR FROM HOSPITAL 2 NOT FREE TIME 3 NOT REGISTER 4 DREAD OF CHECK UP 5 DON'T KNOW WHERE CHECK UP 6 OTHER 7 (SPECIFY)		
311I	You were pregnant with (NAME), did you live in the hospital?	YES 1 NO 2		

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		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3																											
312A	CHECK: Q.112 Marital status	MARRIED (L.TOGETHER) <input type="checkbox"/> <div style="display: inline-block; vertical-align: middle;"> NEVET MARRIED SEPARATED DIVORCED WIDOWED <input type="checkbox"/> SKIP TO 313A </div>																													
312B	Did your husband/partner go along with you to health center when you were pregnant?	YES 1 SOMETIME 2 NO 3 DON'T REMEMBER 8																													
313A	So you had complications in carrying this pregnancy. Did you have vaginal bleeding?	YES 1 NO 2																													
313B	Did you have headache and feel dizzy?	YES 1 NO 2																													
313C	Did you have convulsions	YES 1 NO 2																													
313D	Did you have edema?	YES 1 NO 2																													
313E	Did you have premature rupture membrane?	YES 1 NO 2																													
313F	Did you get any assistance from a doctor/health worker when you had the complications?	YES 1 NO 2																													
313G	When you were pregnant with (NAME) did you have any co-existing diseases	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A. HEART DISEASE</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. KIDNEY DISEASE</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. LIVER DISEASE/DISORDER</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. OF GALL BLADDER</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. LUNG DISEASE</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. DISEASE OF DIGESTIVE APPARATUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. CONTAGIOUS DISEASE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. OTHER</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	A. HEART DISEASE	1	2	B. KIDNEY DISEASE	1	2	C. LIVER DISEASE/DISORDER	1	2	D. OF GALL BLADDER	1	2	E. LUNG DISEASE	1	2	F. DISEASE OF DIGESTIVE APPARATUS	1	2	G. CONTAGIOUS DISEASE	1	2	h. OTHER	1	2		
	YES	NO																													
A. HEART DISEASE	1	2																													
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F. DISEASE OF DIGESTIVE APPARATUS	1	2																													
G. CONTAGIOUS DISEASE	1	2																													
h. OTHER	1	2																													
314A	Did you receive iron pills anti anemia when you were pregnant with (NAME)	YES 1 NO 2 SKIP TO 315 A																													
314B	How many iron pills did you take during your pregnancy with (NAME)?	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998																													
314C	When you were pregnant with (NAME), where from did you take a iron pills?	PHARMACY 1 OTHER 5																													
314D	Did you purchase a iron pills or received free of charge?	PURCHASE 1 FREE 2																													

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		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
315A	Where did you give birth to NAME? ULAANBAATAR Maternity home No1,2,3 and MCHRC	SPE. HOSPITAL IN UB 1 AIMAG CENTER OR DISTRICT CLINIC 2 SOUH HOSPITAL OR FAMILY CLINIC 3 PRIV. HOSPITAL (UB) 4 PRIV. HOSPITAL (AIMAG) 5 OTHER (SPECIFY) 6	SPE. HOSPITAL IN UB 1 AIMAG CENTER OR DISTRICT CLINIC 2 SOUH HOSPITAL OR FAMILY CLINIC 3 PRIV. HOSPITAL (UB) 4 PRIV. HOSPITAL (AIMAG) 5 OTHER (SPECIFY) 6	SPE. HOSPITAL IN UB 1 AIMAG CENTER OR DISTRICT CLINIC 2 SOUH HOSPITAL OR FAMILY CLINIC 3 PRIV. HOSPITAL (UB) 4 PRIV. HOSPITAL (AIMAG) 5 OTHER (SPECIFY) 6
315B	Who assisted with the delivery of (NAME)?	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C FEELDSHER D MEDICAL ASSISTANT E OTHER X (SPECIFY) NO ONE Y	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C FEELDSHER D MEDICAL ASSISTANT E OTHER X (SPECIFY) NO ONE Y	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C FEELDSHER D MEDICAL ASSISTANT E OTHER X (SPECIFY) NO ONE Y
316	Was (NAME) delivered by caesarean section?	YES 1 SKIP TO 318A NO 2	YES 1 SKIP TO 318A NO 2	YES 1 SKIP TO 318A NO 2
317A	At the time of the birth of (NAME), did you have injection to intensify the birth?	YES 1	YES 1	YES 1
317B	Prolonged contractions lasting for more than 12 hours?	YES 1	YES 1	YES 1
317C	A lot more vaginal bleeding than normal following childbirth?	YES 1	YES 1	YES 1
317D	Did you have blood and blood substituting solution at that time?	YES 1	YES 1	YES 1
317E	Did you have high blood pressure, convulsions and fits?	YES 1	YES 1	YES 1
318A	Was (NAME) born on time or prematurely or post date?	ON TIME 1 PREMATURELY 2 POST DATE 3 DON'T KNOW 8	ON TIME 1 PREMATURELY 2 POST DATE 3 DON'T KNOW 8	ON TIME 1 PREMATURELY 2 POST DATE 3 DON'T KNOW 8
318B	Immediately after birth, did /NAME/ cry?	YES 1 SKIP TO 318D NO 2	YES 1 SKIP TO 318D NO 2	YES 1 SKIP TO 318D NO 2
318C	Immediately after birth, did /NAME/ receive emergency treatment?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
318D	Did a health worker visit /NAME/ at home within 7 days after discharge?	YES 1	YES 1	YES 1

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		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
319A	How much did (NAME) weigh? Record weight from health card, IF AVAILABLE	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 NOT WEIGHED 3 GRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 9998 SKIP TO 320 ←	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 NOT WEIGHED 3 GRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 9998 SKIP TO 323A ←	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 NOT WEIGHED 3 GRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 9998 SKIP TO 323A ←
319B	CHECK: Q.319A WEIGH	Less 2000 grams <input type="text"/> More <input type="text"/> ↓ SKIP TO 320	Less 2000 grams <input type="text"/> More <input type="text"/> ↓ SKIP TO 323A	Less 2000 grams <input type="text"/> More <input type="text"/> ↓ SKIP TO 323A
319C	Was /NAME/ isolated to be kept warm?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
320	CHECK: ULAANBAATAR <input type="checkbox"/> → SKIP TO 321A AIMAG CENTER <input type="checkbox"/> SOU M CENTER <input type="checkbox"/> REMOTE RURAL <input type="checkbox"/>			
320A	Where did you give birth (NAME)?	OWN SOU M 1 SKIP TO 320F ← FROM SOU M TO AIMAG 2 FROM SOU M TO UB 3		
320B	Who's transport mean did you use to reach the hospital to give birth?	OWN 1 OTHER'S 2 SOU M HOSPITALS 3 GOVT 4 AMBULANCE OF AIMAG 5		
320C	Did you pay any payment?	YES 1 NO 2		
320D	Who's transport mean did you use to refam home from hospital after giving birth?	OWN 1 OTHER'S 2 SOU M HOSPITALS 3 GOVT 4 AMBULANCE OF AIMAG 5		
320E	Did you pay any payment?	YES 1 NO 2		
320F	Did you stay in a maternity wailing home before giving birth to (NAME)?	YES 1 NO 2 SKIP TO 321A ←		
320G	What do you think about the sevice's of the maternity waiting home?	ADEGUATE 1 SKIP TO 321A ← INADEGUATE 2		

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		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
320H	What need's improvement in regard to maternal waiting home services? READ LIST. FACILITY A FOOD B ATTITUDE OF HEALTH WORKER(S) C OTHER (specify) D			
321A	Did doctor give you advice after you delivered (NAME), within 42 days?	YES 1 NO 2 SKIP TO 322 ←		
321B	What kind of advice did you get? STD=Sexually Transmitted Disease	YES NO Breastfeeding 1 2 Neonatal care 1 2 Family planning 1 2 STD 1 2		
322	Has your period returned since the birth of (NAME)?	YES 1 SKIP TO 323A ← NO 2 SKIP TO 324 ←		
323A	Did your period return between the birth of (NAME) and the next pregnancy?		YES 1 SKIP TO 326 ←	YES 1 SKIP TO 326 ←
323B	For how many months after the birth of (NAME) did you not have a period?	MONTH DON'T KNOW 98 SKIP TO 326 ←	MONTH DON'T KNOW 98 SKIP TO 326 ←	MONTH DON'T KNOW 98 SKIP TO 326 ←
324	CHECK: Q.210A RESPONDENT PREGNANT?	Not pregnant Pregnant or unsure <input type="checkbox"/> <input type="checkbox"/> SKIP TO 326 ←		
325	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 SKIP TO 327 ←		
326	How many months after the birth of (NAME) did you resume sexual relations?	MONTH DON'T KNOW 98	MONTH DON'T KNOW 98	MONTH DON'T KNOW 98
327	Did you ever breastfeed (NAME)?	YES 1 SKIP TO 330 ← NO 2	YES 1 SKIP TO 335B ← NO 2	YES 1 SKIP TO 335B ← NO 2
328	When did you start breastfeeding (NAME) after giving a birth?	60 MINUTS 1 24 HOURS 2 MORE THAN 24 HOURS 3 DON'T REMEMBER 8		
329	How many months did you breastfeed (NAME)?		MONTH DON'T KNOW 98	MONTH DON'T KNOW 98
330	CHECK: Q.306 CHILD ALIVE?	ALIVE <input type="checkbox"/> DIED <input type="checkbox"/> SKIP TO 332A ↓		

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		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
331A	Are you still breastfeeding (NAME) ?	YES 1 SKIP TO 333A NO 2		
331B	At any time yesterday was (NAME) given any of the following in addition to breast milk ? <div style="text-align: right;"> YES NO DK 1 2 8 </div> A. Plain water ? B. Tinned or fresh milk ? C. Any other liquids ? D. Any solid or mushy food ? E. Yogurt/Curd F. Fruity pap			
332A	CHECK: Q.305 AGE	MORE THAN 6 MONTHS <input type="checkbox"/> LESS THAN 6 MONTHS Q.333A <input type="checkbox"/>		
332B	CHECK: Q.329 MONTHS BREASTFED		MORE THAN 6 MONTHS <input type="checkbox"/> LESS THAN 6 MONTHS Q.335B <input type="checkbox"/>	MORE THAN 6 MONTHS <input type="checkbox"/> LESS THAN 6 MONTHS Q.335B <input type="checkbox"/>
332C	Did you feed (NAME) only by breastmilk for first 6 months after the birth?	YES 1	YES 1	YES 1
333A	Your (NAME) born after Did you receive allowance pregnancy?	YES 1 NO 2		
333B	Did you receive allowance childbirth?	YES 1 NO 2		
333C	Every quarter, do you get 25000₮ for each child?	YES 1 NO 2		
333D	Every month, do you get 3000₮ for each child?	YES 1 NO 2		
333E	CHECK: Q.305 BIRTH YEAR	Since 2006 <input type="checkbox"/> Before 2006 <input type="checkbox"/> SKIP TO 335A		
333F	Did you get 100,000₮ for every new child?	YES 1 NO 2		
334A	CHECK: Q.333A-E NONE 'YES' <input type="checkbox"/>	ONE AND MORE 'YES' SKIP TO 335A <input type="checkbox"/>		
334B	What is your reason that you didn't get money?	NOT REGISTER 1 DON'T GET MONEY 2 FAR FROM HOME 3 OTHER 4		
335A	Was allowance your reason to give birth?	YES, influence 1 YES, a little 2 NO 3		

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SECTION IIIB.CHILD HEALTH

		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
335B	FROM Q.302 AND Q. 306	(NAME) _____ ALIVE <input type="checkbox"/> DIED <input type="checkbox"/> CHECK Q306 OR, IF NO MORE BIRTHS GO TO 348	(NAME) _____ ALIVE <input type="checkbox"/> DIED <input type="checkbox"/> CHECK Q306 OR, IF NO MORE BIRTHS GO TO 348	(NAME) _____ ALIVE <input type="checkbox"/> DIED <input type="checkbox"/> CHECK Q306 OR, IF NO MORE BIRTHS GO TO 348
336	Has (NAME) had cough any time in the last 2 weeks?	YES 1 NO 2 SKIP TO 339 ← DONT KNOW 8	YES 1 NO 2 SKIP TO 339 ← DONT KNOW 8	YES 1 NO 2 SKIP TO 339 ← DONT KNOW 8
337	Had /NAME/ has been diagnosed with pneumonia in the last two week by a doctor?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
338	When your child has pneumonia, does he/she take antibiotics?	YES 1 NO 2 DONT REMEMBER 8	YES 1 NO 2 DONT REMEMBER 8	YES 1 NO 2 DONT REMEMBER 8
339	Do you seek health when your child has cough, shortness of breath or fever?	YES 1 NO 2 SKIP TO 341 ←	YES 1 NO 2 SKIP TO 341 ←	YES 1 NO 2 SKIP TO 341 ←
340	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)
341	Has (NAME) had diarrhea in the last two weeks?	YES 1 NO 2 SKIP TO 343 ← DONT KNOW 8	YES 1 NO 2 SKIP TO 343 ← DONT KNOW 8	YES 1 NO 2 SKIP TO 343 ← DONT KNOW 8
342	Was there any blood in the stools?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
343	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME 1 MORE 2 LESS 3 DONT KNOW 8	SAME 1 MORE 2 LESS 3 DONT KNOW 8	SAME 1 MORE 2 LESS 3 DONT KNOW 8
344	Was anything given to treat the diarrhea?	YES 1 NO 2 SKIP TO 346 ← DONT KNOW 8	YES 1 NO 2 SKIP TO 346 ← DONT KNOW 8	YES 1 NO 2 SKIP TO 346 ← DONT KNOW 8

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		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH 3
345	What was given to treat the diarrhea? Anything else? O.R.S=Oral Rehydration Solution Solution=All kind of liquids home made RECORD ALL MENTIONED	O.R.S A PILL (antibiotics) B INJECTION C SOLUTION D (I.V.) INTRAVENOUS E HOME REMEDIES/HERBAL MEDICINES F OTHER X (SPECIFY)	O.R.S A PILL (antibiotics) B INJECTION C SOLUTION D (I.V.) INTRAVENOUS E HOME REMEDIES/HERBAL MEDICINES F OTHER X (SPECIFY)	O.R.S A PILL (antibiotics) B INJECTION C SOLUTION D (I.V.) INTRAVENOUS E HOME REMEDIES/HERBAL MEDICINES F OTHER X (SPECIFY)
346	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 SKIP TO 348 ←	YES 1 NO 2 SKIP TO 348 ←	YES 1 NO 2 SKIP TO 348 ←
347	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C POPULAR D TRADITIONAL DOCTOR E FRIEND (DOCTOR) F OTHER X (SPECIFY)
348		GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350	GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350	GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350

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No.	Questions and Filters	Coding Categories	SKIP TO
350	So you gave (NUMBER) births for last five years. Apart from these births, did you get pregnant ending with abortion, still birth and miscarriage?	YES 1 NO 2 ⇒	400
351	In the last five years, how many abortion, still birth and miscarriage did you have? If no abortion SKIP TO 400	A. MISCARRIAGE YES 1 <input type="checkbox"/> NO 2 8 B. STILL BIRTH YES 1 <input type="checkbox"/> NO 2 8 C. ABORTION YES 1 <input type="checkbox"/> NO 2 8 ⇒	400
351D	In the last 12 month, how many times did you have abortion?	LAST 12 MONTH NUMBER <input type="text"/>	
351E	lastly, in what month and year did you have abortion?	ABORTION YEAR 20 <input type="text"/> MONTH <input type="text"/>	
352	Please tell me the reason you had the last abortion? Heath concern=Doctors'counseling	OLD ENOUGH 1 NOT ABLE TO HAVE A CHILDREN 2 HAVE ENOUGH CHILDREN 3 FINANCIAL PROBLEM 4 FAILED TO USE CONTRACEPTIVE 5 HEALTH CONCERN 6 OTHER 7 (SPECIFY)	
353	For your last abortion, how many weeks of pregnant you had been at that time?	WEEK <input type="text"/> DONT KNOW 98	
354	For your last abortion, who made a decision to to have abortion? Did you make the decision alone, or did you make decision with someone, or did someone make the decision for you?	MYSELF 1 TOG. WITH HUSBAND/PARTNER 2 HUSBAND/PARTNER 3 PARENTS 4 BROTHERS/SISTERS/RELATIVES/ FRIENDS 5 DOCTOR 6 OTHER 7	
355	Where did you have the last abortion?	ULAANBAATAR, HOSPITAL 1 AIMAG CENTER, HOSPITAL 2 SOUM CENTER, HOSPITAL 3 PRIVATE HOSPITAL 4 AT HOME/OTHER HOME 5 OTHER 6 (SPECIFY)	
356	Who assisted you with having the last abortion?	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C OTHER MIDWIFE D MEDICAL ASSISTANT E OTHER X (SPECIFY) MYSELF Y	
357A	For your last abortion, how much you spent for? MNT=tugrick	THOU.MNT 1 <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> NONE 2 DONT KNOW 8	

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No.	Questions and Filters	Coding Categories	SKIP TO
357B	For your last abortion, which method was used?	DILATION AND CURRETAGE 1	
358	For your last abortion, did the doctor give you pre abortion counseling?	YES 1	
359A	How do you evaluate service quality of the last abortion you had?	SATISFACTORY 1 →	361
359B	Why do you evaluate the service quality as unsatisfactory? (WRITE THE ANSWER)	YES NO INADEQUATE SKILL OF MEDICAL PEI 1 2	
360	After abortion, did you have a rest in the bed?	YES 1	
361	Did you have any complications after having the last abortion?	YES 1 →	363A
362	What kind of complications did you have? READ LIST.	YES NO TOO MUCH BLEEDING 1 2 OTHER 1 2 (SPECIFY)	
363A	Did the doctor give you post abortion abortion counselling after the abortion?	YES 1 →	364A
363B	Did the doctor give you counseling on contraceptives?	YES 1	
364A	Were you using contraceptives when you became pregnant ending with abortion?	YES 1 →	365A
364B	What kind of contraceptive you used when you became pregnant ending with abortion?	PILL 01 OTHER 11 (SPECIFY)	
364C	Please tell me what kind of circumstance led you to have abortion? Mention all answers. Relied on the contraceptive that a respondent was using at that time.	Inadequate knowledge of contraceptives 1 Couldn't use all the time Difficult to obtain contraceptives 3 Other 6 (SPECIFY)	
365A	Did you start using contraceptive after last abortion you had?	YES 1 → NO 2	400
366	Why do not you use contraceptive?	CONTRACEPTION SIDE EFFECTS 1 OTHER 6	

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SECTION 4. CONTRACEPTION

400 NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.

CIRCLE CODE 1 IN 401 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 402, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 401 OR 402,

401 Which ways or methods have you heard about ?	SPONTANEOUS Yes	402 Have you ever heard of METHOD? Yes No	403 Did you ever use (METHOD)?
O1 PILL "Women can take a pill every day"	1	2	YES 1 NO 2
O2 IUD "Women can have a loop or coil placed inside them by a doctor or nurse".	1	2	YES 1 NO 2
O3 INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for 1,2 or 3 months"	1	2	YES 1 NO 2
O4 NORPLANT/IMPLANT "Women can get 6 rods under the skin in the upper arm to prevent pregnancy"	1	2	YES 1 NO 2
O5 DIAPHRAGM/FOAM/JELLY "Women can place a tissue or a diaphragm or cream in the vagina before intercourse".	1	2	YES 1 NO 2
O6 MALE CONDOM "Men can use a rubber sheath sexual intercourse".	1	2	YES 1 NO 2
O7 FEMALE CONDOM "Women sheath during sexual intercourse".	1	2	YES 1 NO 2
O8 FEMALE STERILIZATION "Women can have an operation to avoid having any more children".	1	2	YES 1 NO 2
O9 MALE STERILIZATION "Men can have an operation to avoid having any more children".	1	2	YES 1 NO 2
10 PERIODIC ABSTINENCE/CALENDAR SYSTEM "Couples can avoid having sexual intercourse on certain days of the month when the women is more likely to become pregnant".	1	2	YES 1 NO 2
11 WITHDRAWAL "Men can be careful and pull out before climax".	1	2	YES 1 NO 2
12 EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any	1	2	YES 1 NO 2
13 Have you heard of any other ways or methods that women or men use to avoid pregnancy ? _____ _____	1	3	YES 1 NO 2 YES 1 NO 2
404 CHECK Q.403A: NOT A SINGLE "YES" <input type="checkbox"/>			406

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No.	Questions and Filters	Coding Categories	Skip to
405	Have you ever used anything or tried any way to delay or avoid getting pregnant?	YES 1 NO 2 →	420
405A	What have you used or done ? CORRECT 403 AND 404 (AND 402 IF NECESSARY)		
406	Now I would like to ask you about the first time that you did something or used a method to delay a pregnancy or avoid getting pregnant. What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 EMERGENCY CONTRACEPTION 12 OTHER 96 (SPECIFY)	
407	How many living children did you have at that time, if any?	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
408	What was your age when you first started using any method?	AGE (COMPLETED YEARS) <input type="text"/> <input type="text"/> DONT KNOW 98	
409A	CHECK Q.210A: NOT PREGNANT OR OR UNSURE <input type="checkbox"/>	CURRENTLY PREGNANT <input type="checkbox"/> →	420
409B	Are you using any method now?	YES 1 NO 2 →	420
410	Which method are you using? IF WOMAN DECLARED SHE WAS STERILIZED IN Q.403, CIRCLE CODE 08 AND SKIP TO Q. 412. OTHERWISE ASK:	PILL 01 → IUD 02 → INJECTIONS 03 → IMPLANTS/NORPLANT 04 → DIAPHRAGM /FOAM/JELLY 05 → MALE CONDOM 06 → FEMALE CONDOM 07 → FEMALE STERILIZATION 08 → MALE STERILIZATION 09 → PERIODIC ABSTINENCE 10 → WITHDRAWAL 11 → EMERGENCY CONTRACEPTION 12 → OTHER 96 → (SPECIFY)	410A 410B 410C 412 411 410E 410F 411 411
410A	Do you take the pills regularly?	EVERY DAY 1 FORGET SOME DAY 2 →	411
410B	Do you follow doctor's instruction and get check-ups on time?	YES 1 NO 2 →	411
410C	Do you always use (METHOD) when you need it?	YES 1 NO 2	
410D	Is it possible to obtain (METHOD) when you need it?	YES 1 NO 2 →	411

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No.	Questions and Filters	Coding Categories	Skip to
410E	Can you have sexual intercourse without contraceptives on certain days of the month when the woman is more likely not to be pregnant?	YES 1 NO 2	411
410F	Does your husband/partner can manage himself to withdraw before ejaculation, every time you have sexual intercourse?	YES 1 NO 2	
411	For how many months have you been using (MEDHOD) continuously?	MONTHS 8 YEARS OR LONGER 96	413
412	In what month and year was the sterilization?	YEAR MONTH DON'T KNOW 98	
413	Wanra: 410 <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> PILL IUD INJECTION NORPLANT/IMPLANT </div> <div style="width: 30%;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> </div> <div style="width: 30%;"> DIAPHRAGM/FOAM/JELLY CONDOM FEMALE STERILIZATION MALE STERILIZATION EMERGENCY CONTRACEPTION </div> <div style="width: 30%;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> </div> <div style="width: 30%;"> PERIODIC ABSTINENCE WITHDRAWAL OTHER </div> </div>		416
414	Is there service fee or purchase cost to obtain the method? IF ANY: How much does it cost (for one time)?(tug)	PURCHASE 1 SERVICE FEE 2 NO FEE 3 TUGRUG	
415	From whom did you get it the last time?	PUBLIC HOSPITAL 01 PRIVATE HOSPITAL 02 PHARMACY 03 FAMILY DOCTOR 04 BAGH FELDHER 05 SHOP 06 FRIENDS 07 PARENTS/RELATIVES 08 RESEARCHER 09 OTHER 96 (SPECIFY)	
416	Do you have any problem with the method you are using now?	YES 1 NO 2	418
417	What is the main problem?	HUSBAND DISAPPROVES 01 LACK OF ACCESS/TOO FAR 02 COSTS TOO MUCH 03 INCONVENIENT TO USE 04 STERILIZED BUT WANTS CHILDREN 05 HEALTH CONCERNS 06 SIDE EFFECTS 07 OTHER 96 (SPECIFY) DON'T KNOW 98	

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No.	Questions and Filters	Coding Categories	Skip to
418	What was the last method you used before the present method?	NEVER USED OTHER METHOD 00 PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 EMERGENCY CONTRACEPTION 12 OTHER 96 (SPECIFY)	423 423 423 423 423 423 423 423 423 423 423 423 423
419	Why did you change the method?	DIFFICULT TO GET THE METHOD 01 KNOWLEDGE OF OTHER METHODS BECAME AVAILABLE 03 METHOD LESS EFFECTIVE OR NOT EFFECTIVE 04 OTHER 96 (SPECIFY)	423 423 423 423 423 423 423
420	Do you intend to use one of the methods in the future?	YES 1	422 423 423
421	Which method do you wish to use?	PILL 01 OTHER 96 (SPECIFY) DON'T KNOW 98	423 423 423 423 423 423 423 423 423 423 423

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No.	Questions and Filters	Coding Categories	Skip to
422	What is the main reason you do not intend to use a method?	NOT MARRIED 11 FERTILITY- RELATED REASONS NOT HAVING SEX 21 OPPOSITION TO USE RESPONDENT OPPOSED 31 LACK OF KNOWLEDGE KNOWS NO MEDHOD 41 MEDHOD -RELATED REASONS HEALTH CONCERNS 51 INTERFERES WITH BODY'S 56 NORMAL PROCESSES 57 OTHER 96 (бич) DON' T KNOW 98	
423	Do you know that contraceptives are distributed without charge?	YES 1 NO 2	

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SECTION 5. FERTILITY PREFERENCES

No.	Questions and filters	Coding categories	Skip to
500	CHECK: Q 410 SHE NOT <input type="checkbox"/> STERILIZED <input type="checkbox"/>	SHE STERILIZED <input type="checkbox"/>	506
501	CHECK: Q 210A Not pregnant, or unsure <input type="checkbox"/> Pregnant <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD 1	505 506
502	How many (more) children do you want?	MORE CHILDREN <input type="text"/>	
503	What is the main reason you want (more) children?	DOES NOT HAVE CHILDREN 1 OTHER 8 (SPECIFY)	
504	CHECK: Q 210A Not pregnant, unsure <input type="checkbox"/> Pregnant <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? How long would you like to wait after the birth of the child you are expecting before the birth of another child?	WAITING TIME YEARS 1 <input type="text"/> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998	506
505	What is the main reason you don't want another child?	HAVE MANY CHILDREN 1 OTHER 7 (SPECIFY)	
506	CHECK: Q 207 Has living children <input type="checkbox"/> No living children <input type="checkbox"/> If you could go back to the time when you had no children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be?	NUMBER OF CHILDREN <input type="text"/> IF NO, RECORD THE REASON	

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No.	Questions and filters	Coding categories	Skip to																		
507	In the last month, have you heard or seen a message about family planning on: the radio? the television? newspaper or magazine? a poster or billboard?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>THE RADIO</td><td>1</td><td>2</td></tr> <tr> <td>THE TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>THE INTERNET</td><td>1</td><td>2</td></tr> <tr> <td>NEWSPAPER/MAGAZINE/BOOK</td><td>1</td><td>2</td></tr> <tr> <td>A POSTER OR BILLBOARD</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	THE RADIO	1	2	THE TELEVISION	1	2	THE INTERNET	1	2	NEWSPAPER/MAGAZINE/BOOK	1	2	A POSTER OR BILLBOARD	1	2	
	YES	NO																			
THE RADIO	1	2																			
THE TELEVISION	1	2																			
THE INTERNET	1	2																			
NEWSPAPER/MAGAZINE/BOOK	1	2																			
A POSTER OR BILLBOARD	1	2																			
508	CHECK Q:112 <div> <div>MARRIED OR LIVING TOGETHER</div> <div><input type="checkbox"/></div> </div>	<div> <div>SINGLE, DIVORCED</div> <div><input type="checkbox"/></div> </div> <div>SEPARATED, WIDOWED</div>	511																		
509	Have you ever spoken about these topics your husband/partner ?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>FAMILY PLANNING</td><td>1</td><td>2</td></tr> <tr> <td>CONTRACEPTIVE</td><td>1</td><td>2</td></tr> <tr> <td>STI, HIV/AIDS</td><td>1</td><td>2</td></tr> <tr> <td>PREGNANT/BIRTH</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	FAMILY PLANNING	1	2	CONTRACEPTIVE	1	2	STI, HIV/AIDS	1	2	PREGNANT/BIRTH	1	2				
	YES	NO																			
FAMILY PLANNING	1	2																			
CONTRACEPTIVE	1	2																			
STI, HIV/AIDS	1	2																			
PREGNANT/BIRTH	1	2																			
510	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	<table border="1"> <tbody> <tr> <td>NONE</td><td>1</td></tr> <tr> <td>SAME NUMBER</td><td>2</td></tr> <tr> <td>MORE CHILDREN</td><td>3</td></tr> <tr> <td>FEWER CHILDREN</td><td>4</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	NONE	1	SAME NUMBER	2	MORE CHILDREN	3	FEWER CHILDREN	4	DON'T KNOW	8									
NONE	1																				
SAME NUMBER	2																				
MORE CHILDREN	3																				
FEWER CHILDREN	4																				
DON'T KNOW	8																				
511	What do you think about legislation of abortion ?	<table border="1"> <tbody> <tr> <td>APPROVE</td><td>1</td></tr> <tr> <td>DISAPPROVE</td><td>2</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	APPROVE	1	DISAPPROVE	2	DON'T KNOW	8	513												
APPROVE	1																				
DISAPPROVE	2																				
DON'T KNOW	8																				
	Do you approve or not approve?		513																		
512	If not, why do you disapprove?	<table border="1"> <tbody> <tr> <td>NOT HEALTHY FOR MOTHER</td><td>1</td></tr> <tr> <td>REDUCES POPULATION GROWTH</td><td>2</td></tr> <tr> <td>RELIGIOUS REASON</td><td>3</td></tr> <tr> <td>REDUCES USE OF CONTRACEPTIVE</td><td>4</td></tr> <tr> <td>IMPROVED UNSAFETY SEXUAL RELATIONSHIP</td><td>5</td></tr> <tr> <td>OTHER</td><td>6</td></tr> <tr> <td colspan="2">(SPECIFY)</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	NOT HEALTHY FOR MOTHER	1	REDUCES POPULATION GROWTH	2	RELIGIOUS REASON	3	REDUCES USE OF CONTRACEPTIVE	4	IMPROVED UNSAFETY SEXUAL RELATIONSHIP	5	OTHER	6	(SPECIFY)		DON'T KNOW	8			
NOT HEALTHY FOR MOTHER	1																				
REDUCES POPULATION GROWTH	2																				
RELIGIOUS REASON	3																				
REDUCES USE OF CONTRACEPTIVE	4																				
IMPROVED UNSAFETY SEXUAL RELATIONSHIP	5																				
OTHER	6																				
(SPECIFY)																					
DON'T KNOW	8																				
513	Are there at least one of posters, newspapers, and magazines about RH, Contraceptives and any other family planning method at your home?	<table border="1"> <tbody> <tr> <td>REPRODUCTIVE HEALTH</td><td>A</td></tr> <tr> <td>FAMILY PLANNING</td><td>B</td></tr> <tr> <td>CONTRACEPTIVE</td><td>C</td></tr> <tr> <td>OTHER</td><td>X</td></tr> <tr> <td colspan="2">(бич)</td></tr> <tr> <td>NONE</td><td>Z</td></tr> </tbody> </table>	REPRODUCTIVE HEALTH	A	FAMILY PLANNING	B	CONTRACEPTIVE	C	OTHER	X	(бич)		NONE	Z							
REPRODUCTIVE HEALTH	A																				
FAMILY PLANNING	B																				
CONTRACEPTIVE	C																				
OTHER	X																				
(бич)																					
NONE	Z																				

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SECTION 6. HUSBAND'S BACKGROUND AND WOMAN'S WORK

No.	Questions and Filters	Coding Categories	Skip to
600	CHECK Q:112 CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> SEPARATED/ DIVORCED <input type="checkbox"/> <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> WIDOWED/ NEVER MARRIED <input type="checkbox"/> </div> </div>		602 604
601A	Does your husband/partner live at home or live away from home at the moment? If no: How long has he lived live away from the home?	YES 1 LESS THAN 1 MONTH 2 1- 6 MONTHS 3 MORE THAN 6 MONTHS 4	
601B	How old is your husband/partner? (AGE IN COMPLETED YEARS)	AGE <input type="text"/> <input type="text"/>	
602	Did your (last) husband/partner ever attend school?	YES 1 NO 2	604
603	What was the highest level of school he completed ?	GRADE 1-3 1 GRADE 4-8 2 GRADE 9-10 3 INITIAL TECHNICAL CERTIFICATE 4 TECHNICAL CERTIFICATE 5 HIGHER 6	
Now I would like to ask about you?			
604	Have you done any work in the last 12 months?	YES 1 NO 2 PENSIONER 3 INVALID 4	607
605A	In which sector of the economy do you work?	AGRICULTURE 1 PRODUCTION 2 SERVICES 3	
605A	What is your current employment status?	PAID EMPLOYEE 1 EMPLOYER 2 MEMBER OF COOPERATIVE 3 OWN ACCOUNT WORKER 4 UNPAID FAMILY WORKER 5	
606	CHECK Q: 600 Currently married/ living with a man <input type="checkbox"/> <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> Not in a union <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband jointly, or someone else? </div> <div style="width: 45%;"> Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly? </div> </div>	RESPONDENT DECIDES 1 HUSBAND/PARTNER DECIDES 2 JOINTLY WITH HUSBAND/PARTNER 3 PARENTS/SOMEONE ELSE 4 JOINTLY WITH SOMEONE ELSE/PARENTS 5	
607	Do you smoke cigarettes ?	DO SMOKE 1 DO NOT SMOKE 2	700
608	At what age did you start smoking ?	AGE <input type="text"/> <input type="text"/>	

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SECTION 7. STI AND HIV/AIDS

No.	Questions and Filters	Coding Categories	Skip to
Now I would like to talk to you about STI			
700	Have you ever heard of STD/STI?	YES (GOOD) 1 YES (MIDDLE) 2 NO 4	723
701A	Which STI have you heard? RECORD ALL MENTIONED.	SYPHILIS A CANDIDIASIS D	
701B	Have you ever been tested for STI?	YES 1	701E
701C	Did you take any treatment for STI?	YES 1	701E
701D	Who treated you for STI?	GYNECOLOGIST/MALE DOCTOR 01 OTHER (SPECIFY) 10 DON'T ANSWER 99	
701E	From which sources of information have you learned most about STD/STI and HIV/AIDS ? Any other sources ? RECORD ALL MENTIONED.	PARENTS/RELATIVE A HUSBAND/PARTNER A FAMILY DOCTOR G CHEMIST I SCHOOLS/TEACHERS K OTHER X	
702	In the past 6 months, have you seen or heard any public announcements or ads on television or radio about? DR-don't remember	A. Heard to the radio YES NO DR 1. STI 1 2 8 2. HIV/AIDS 1 2 8 3. CONDOM 1 2 8 B. Watch TV YES NO DR 1. STI 1 2 8 2. HIV/AIDS 1 2 8 3. CONDOM 1 2 8	

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No.	Questions and Filters	Coding Categories	Skip to
703	Do know any symptoms and signs of STD?	YES 1 ⇒ 705	
704	If yes, could you tell me any symptoms and signs you know. Any other signs and symptoms?	ABDOMINAL PAIN A OTHER X (SPECIFY) NO SYMPTOMS Z	
705	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS and STI ?	YES 1 ↓ 707	
706	What can a person do ? Any other ways ? RECORD ALL MENTIONED.	, ABSTAIN FROM SEX A SEEK PROTECTION FROM TRADITIONAL HEALER J OTHER X (SPECIFY) DON'T KNOW Z	
707	From whom should one seek assistance when one has a sexually transmitted infection, including HIV?	DOCTOR, HEALTH WORKER 1 FRIENDS/ COLLEAGUE 4 OTHERT (SPECIFY) 6 DON'T KNOW 8	
708	If you have an STI, would you ask your partner to also receive testing and treatment if needed?	YES 1 NO 2	

Now I would like to talk to you about AIDS.

709	Check: 701A	HEARD	DON'T HEARD		723
710	Please tell me whether you think that HIV can be transmitted in the following ways?	YES	NO	DR	
READ LIST.	A. Through blood transfusion	1	2	8	
	B. Through kissing	1	2	8	
	C. Through unprotected sexual intercourse between a man and a woman	1	2	8	
	D. Through unprotected sexual intercourse between men	1	2	8	
	E. By hugging or shaking hands with a person who is infected with HIV	1	2	8	
	F. Using non-sterile syringes or needles	1	2	8	
	G.. Through mosquito bites	1	2	8	
	H. Sharing plates, forks, or glasses with a person living with HIV/AIDS	1	2	8	
	I. I. From a pregnant woman living with HIV to her child during pregnancy or delivery	1	2	8	
	J. . From a mother to her child through breast milk	1	2	8	

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No.	Questions and Filters	Coding Categories	Skip to
711	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior ? IF YES, PROBE: In what way ? RECORD ALL MENTIONED.	DID NOT START SEX A OTHER X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR Y	
712	Is it possible for a healthy-looking person to have the AIDS virus ?	YES 1	
713	What do you think about HIV prevetion in Mongolia?	SUFFICIENT 1	
714	What do you think about HIV detection in Mongolia?	SUFFICIENT 1 INSUFFICIENT 2 DON'T KNOW 8	
715	What do you think how you should treat one infected by AIDS?	THE SAME AS BEFORE 1 TRY NOT TO BE INFECTED BY AIDS 2 TRY TO UNDERSTAND AND HELP 3 ISOLATE FROM COMMUNITY 4 DON'T KNOW 8	
716	Do you think your chances of getting AIDS are small, moderate, great or no risk at all?	GREAT 1 MODERATE 2 SMALL 3 NO RISK AT ALL 4 DON'T KNOW 8	718A
717	Why do you think you have no risk of contracting HIV?	HAVE ONLY ONE SEX PARTNER A ABSTAIN FROM SEX B ALWYAS USE CONDOMS C TRUSTED SEXUAL PARTNER D AVOID BLOOD TRANSFUSIONS E USE ONLY DISPOSABLE INJECTION SYRINGE F OTHER (SPECIFY) G DON'T KNOW O	
718A	You don't need to tell us your test result. Have you taken HIV tests? CHECKK: W219C/Q311E	YES, VOLUNTEER 1 YES, CONSTRAINT 2 ANTENANTAL 3 NO 4	722
718A	When did you take the last HIV test?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
719	When you went to hospital for take a test, doctor told you any advice?	YES 1 NO 2	
720	Did your take your test result by yourself?	YES 1 NO 2	723
721	Doctor told you any advice when you went for take test result?	YES 1 NO 2	723

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No.	Questions and Filters	Coding Categories	Skip to
722	Why have you never been tested for HIV?"	Did not know that HIV testing is available 01 Did not know, where to get HIV counselling and testing 02 Next VCCT Center is too far away 03 I am afraid of stigma and discrimination 04 I did not have time 05 I am afraid the counsellor will tell other people my results 06 I am ashamed to go to VCCT center 07 I don't think I am at risk of having HIV 08 I am afraid about receiving a positive result 09 Unfriendly service providers 10 I don't think I can receive good treatment in Mongolia, if HIV positive 11 I don't know 11	
723	Check: 112 Married <input type="checkbox"/> Living together <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never married <input type="checkbox"/>	726 725
724	Now I would like to ask you about your sexual activity. When was the last time you had sexual intercourse?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 BEFORE LAST BIRTH 9 96	726 726 726
725	Have you ever had sexual relation?	HAD SEXUAL RELATION 1 NEVER HAD SEXUAL RELATION 2 DON'T REMEMBER 8	800
726	Did you have sexual relation for last month?	YES 1 NO 2	728
727	Did you use a condom to avoid getting AIDS and STD when you had last sexual intercourse?	YES 1 NO (had sexual intercourse with husband/partner) 2 NO 3 DON'T REMEMBER 4	
728	At what age did you first have sexual relations?	AGE <input type="text"/>	

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SECTION VIII. KNOWLEDGE, ATTITUDE AND PRACTICES ON CERVICAL AND BREAST CANCER

No.	Questions and Filters	Coding Categories	Skip to
800	Have you ever heard of cervical cancer?	YES (I know it well) 1 YES (But I don't know it well enough) 2 NO 3 →	805
801	Have you ever had an examination or test for prevention of cervical cancer?	YES 1 NO 2 →	805
802	Where did you have the examination or test for prevention of cervical cancer	At a specialized hospital in UB 1 Aimag hospital/UB district clinic 2 Soum hospital/family clinic 3 PRIV. HOSPITAL (UB) 4 PRIV. HOSPITAL (AIMAG) 5 OTHER 6 (SPECIFY)	
803	What was the last time when you have had an examination or test for prevention of cervical cancer?	During the last 12 months 1 Last 1-2 years (12-23 months) 2 Last 2-3 years (24-35 months) 3 In more than 3 years 4 →	805
804	Why have you never been examination of cervical cancer?	Haven't this examination in there 1 Not leisure 2 The doctor didn't suggest about this examination 3 Very far from the hospital 4 I think it is needless 5 Don't know 6 Other 7	
805	Did you ever heard of breast cancer?	YES (I know it well) 1 YES (But I don't know it well enough) 2 NO 3 →	901
806	Have you ever heard of breast self-examination?	YES 1 NO 2 →	901
807	Have you ever performed breast self-examination?	YES 1 NO 2 →	901
808	How often do you perform breast self-examination?	AFTER each MENSTRUAL period 1 ONCE A MONTH 2 ONCE A QUARTER 3 ONCE A YEAR 5	

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SECTION IX. FAMILY RELATION

901	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED PRIVACY OBTAINED <input type="checkbox"/>	PRIVACY NOT POSSIBLE <input type="checkbox"/> → 921
-----	--	---

Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Mongolia. Let me assure you that your answers are completely confidential and will not be to anyone and no else will know that you were asked these questions.

No.	Questions and Filters	Coding Categories	SKIP TO																																													
902	First I would like to ask you questions about problem some women. Please tell me if you know of following situations among your friends, relatives of neighbours	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a/ husband or wife being jealous at each other?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b/ husband or wife verbally abusing each other?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c/ husband or wife hitting or slapping each other?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d/ husband or wife forcing each other to have sexual intercourse?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a/ husband or wife being jealous at each other?	1	2	8	b/ husband or wife verbally abusing each other?	1	2	8	c/ husband or wife hitting or slapping each other?	1	2	8	d/ husband or wife forcing each other to have sexual intercourse?	1	2	8																										
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903A	CHECK: Q.112 MARRIED/LIVING WITH A MAN <input type="checkbox"/> SEPARATED/DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> → 911																																															
903B	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a/ He (is/was) jealous or angry if you (talk/talked) to other men?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b/ He frequently (accuses/accused) you of being unfaithful?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c/ He (does/did) not permit you to meet your female friends?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d/ He (tries/tried) to limit your contact with your family?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e/ He (insists/insisted on knowing where you (are/were) at all times?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f/ He (does/did) not trust you with any money?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g/ He (does/did) not permit you study at school, working?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a/ He (is/was) jealous or angry if you (talk/talked) to other men?	1	2	8	b/ He frequently (accuses/accused) you of being unfaithful?	1	2	8	c/ He (does/did) not permit you to meet your female friends?	1	2	8	d/ He (tries/tried) to limit your contact with your family?	1	2	8	e/ He (insists/insisted on knowing where you (are/were) at all times?	1	2	8	f/ He (does/did) not trust you with any money?	1	2	8	g/ He (does/did) not permit you study at school, working?	1	2	8														
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904	Now if you permit me, I need to ask some more more questions about your relationship with your (last) husband/ partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.	<p>CHECK: Q.112 WIDOWED <input type="checkbox"/> → 911</p> <p>(Does/did your (last) husband/partner ever:</p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>OFTEN</th> <th>SOME-TIME</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a/ Say or do something to humiliate you in front of others?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b/ Threaten to hurt or harm you or someone close to you?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c/ Insult you or make you feel bad about yourself?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d/ Do I treaten you to divorce?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e/ Treaten to kill you If you divorce from him?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES	OFTEN	SOME-TIME	NOT AT ALL	a/ Say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2	3	b/ Threaten to hurt or harm you or someone close to you?	YES 1 → NO 2 ↓	1	2	3	c/ Insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2	3	d/ Do I treaten you to divorce?	YES 1 → NO 2 ↓	1	2	3	e/ Treaten to kill you If you divorce from him?	YES 1 → NO 2 ↓	1	2	3																
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905	(Does/Did) your (last) husband/partner ever do any of the following things to you:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>OFTEN</th> <th>SOME-TIME</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a/ Push you, shake you, or throw something at you?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b/ Slap you?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c/ Twist your arm?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d/ Pull your hair?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e/ Puch you with his first or with something that could hurt you?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f/ Kick you, drag you or beat you up?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g/ Try to choke you or burn you on purpose?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h/ Threaten or attack you with a knife, gun, or any other weapon?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES	OFTEN	SOME-TIME	NOT AT ALL	a/ Push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3	b/ Slap you?	YES 1 → NO 2 ↓	1	2	3	c/ Twist your arm?	YES 1 → NO 2 ↓	1	2	3	d/ Pull your hair?	YES 1 → NO 2 ↓	1	2	3	e/ Puch you with his first or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3	f/ Kick you, drag you or beat you up?	YES 1 → NO 2 ↓	1	2	3	g/ Try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3	h/ Threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	1	2	3	
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_____ **348** _____

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No.	Questions and Filters	Coding Categories	SKIP TO																																								
917	CHECK Q905 a-g, AT LEAST ONE 'YES'/Q 911 YES <input type="checkbox"/>	NOT A SINGLE 'YES' <input type="checkbox"/>	921																																								
918	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES 1 NO 2	920																																								
919	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND/PARTNER'S FAMILY B CURRENT/LAST/LATE HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER (SPECIFY) X	921																																								
920	Have you ever told any one else about this?	YES 1																																									
921	CHECK: q112 MARRIED/LIVING WITH A MAN <input type="checkbox"/>	SEPARATED/DIVORCED WIDOWED/ NEVER MARRIED <input type="checkbox"/>	922																																								
921A	Do you have difficulties spending your, your husband's, your common money for following?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a/ buying cosmetics or havind beaficians sessions</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b/ health check up/health servise</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c/ Visiting relatives and buying them gifts</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d/ buying furniture</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e/ specialty on your educations</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f/ buying food</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g/ emolliy children in extracamuder acfikities</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h/ stay at resort sanatorium, go to movies, thather ete</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i/ other</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a/ buying cosmetics or havind beaficians sessions	1	2	8	b/ health check up/health servise	1	2	8	c/ Visiting relatives and buying them gifts	1	2	8	d/ buying furniture	1	2	8	e/ specialty on your educations	1	2	8	f/ buying food	1	2	8	g/ emolliy children in extracamuder acfikities	1	2	8	h/ stay at resort sanatorium, go to movies, thather ete	1	2	8	i/ other	1	2	8	
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921	RECORD THE TIME.	HOUR <input type="text"/>																																									
922	Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interfered in any other way?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>LIVIN</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	LIVIN	1	2	3	OTHER MALE ADULT	1	2	3	OTHER FEMALE ADULT	1	2	3																					
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APPROVED BY NATIONAL STATISTICAL OFFICE .

RHS-2008-3

MONGOLIAN REPRODUCTIVE HEALTH SURVEY 2008.

HUSBAND'S QUESTIONNAIRE

<table style="width: 100%;"> <tr> <td style="width: 80%;">Q1. CLUSTER NUMBER</td> <td style="width: 20%; text-align: center;">CODE <input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>Q2. AIMAG</td> <td style="text-align: center;"><input type="text"/><input type="text"/></td> </tr> <tr> <td>Q3. SOUM</td> <td style="text-align: center;"><input type="text"/><input type="text"/></td> </tr> <tr> <td>Q4. BAGH</td> <td style="text-align: center;"><input type="text"/><input type="text"/></td> </tr> <tr> <td>Q5. HOUSEHOLD NUMBER</td> <td style="text-align: center;"><input type="text"/><input type="text"/></td> </tr> <tr> <td>Q6. AREA*</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Q7. NAME AND LINE NUMBER OF MAN</td> <td style="text-align: center;"><input type="text"/><input type="text"/></td> </tr> <tr> <td>Q8. NAME AND LINE NUMBER OF WIFE</td> <td style="text-align: center;"><input type="text"/><input type="text"/></td> </tr> </table> <p>*ARE CODES</p> <p>Ulaanbaatar 1. Aimag center 2. Soum center 3. Remote 4.</p>	Q1. CLUSTER NUMBER	CODE <input type="text"/> <input type="text"/> <input type="text"/>	Q2. AIMAG	<input type="text"/> <input type="text"/>	Q3. SOUM	<input type="text"/> <input type="text"/>	Q4. BAGH	<input type="text"/> <input type="text"/>	Q5. HOUSEHOLD NUMBER	<input type="text"/> <input type="text"/>	Q6. AREA*	<input type="text"/>	Q7. NAME AND LINE NUMBER OF MAN	<input type="text"/> <input type="text"/>	Q8. NAME AND LINE NUMBER OF WIFE	<input type="text"/> <input type="text"/>	<p>INTERVIEWER'S NAME/CODE</p> <p>..... <input type="text"/><input type="text"/></p> <p>SUPERVISER'S NAME/CODE</p> <p>..... <input type="text"/><input type="text"/></p> <p>FIELD EDITOR</p> <p>..... <input type="text"/><input type="text"/></p> <p>KEYED BY</p> <p>..... <input type="text"/><input type="text"/></p>
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<p>INTERVIEW VISIT</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">FIRST</th> <th style="width: 25%;">SECOND</th> <th style="width: 25%;">THIRD</th> <th style="width: 25%;">FINAL</th> </tr> <tr> <td>DAY</td> <td>DAY</td> <td>DAY</td> <td>DAY</td> </tr> <tr> <td>MONTH</td> <td>MONTH</td> <td>MONTH</td> <td>MONTH</td> </tr> <tr> <td>Result** <input type="checkbox"/></td> <td>Result** <input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL NUMBER OF VISITS</td> <td><input type="text"/><input type="text"/></td> </tr> </table>	FIRST	SECOND	THIRD	FINAL	DAY	DAY	DAY	DAY	MONTH	MONTH	MONTH	MONTH	Result** <input type="checkbox"/>	Result** <input type="checkbox"/>		<input type="checkbox"/>	TOTAL NUMBER OF VISITS			<input type="text"/> <input type="text"/>	<p>** RESULTS CODES</p> <table style="width: 100%;"> <tr> <td>COMPLETED</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NOT AT HOME</td> <td style="text-align: right;">2</td> </tr> <tr> <td>POSTPONED</td> <td style="text-align: right;">3</td> </tr> <tr> <td>REFUSED</td> <td style="text-align: right;">4</td> </tr> <tr> <td>PARTLY COMPLETED</td> <td style="text-align: right;">5</td> </tr> <tr> <td>INCAPACITATED</td> <td style="text-align: right;">6</td> </tr> <tr> <td>OTHER</td> <td style="text-align: right;">7</td> </tr> </table>	COMPLETED	1	NOT AT HOME	2	POSTPONED	3	REFUSED	4	PARTLY COMPLETED	5	INCAPACITATED	6	OTHER	7
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SECTION 1. RESPONDENT'S BACKGROUND			
No.	Questions and Filters	Coding Categories	Skip to
100	RECORD THE TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
101	In what month and year were you born ?	YEAR 19 <input type="text"/> <input type="text"/> DON'T KNOW 98 MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98	
102	How old are you? (AGE IN COMPLETED YEAR AGE	<input type="text"/> <input type="text"/>	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	105
104	Just before you moved here, did you live in a city, in an aimag center, in a soum, or in the countryside?	CITY 1 AIMAG CENTER 2 SOU M CENTER 3 COUNTRYSIDE 4 FOREIGN 5	
105	Have you ever attended school ?	YES 1 NO 2	107
106	What was the highest level of school you completed ?	GRADE (1-3) (1-4) 1 GRADE (4-8) (5-9) 2 GRADE (9-10) (10-11) 3 PROFESSIONAL PRIMARY'S 4 PROFESSIONAL COLLEGE 5 HIGHER 6 NON-EDUCATED 7	108A
107	Are you literate?	LITERATE 1 ILLITERATE 2	108C
108A	Do you usually read a newspaper at least once a week ?	YES 1 NO 2	
108B	Do you usually use to internet at least once a week ?	YES 1 NO 2	
108C	Do you usually listen to the radio at least once a week ?	YES 1 NO 2	
108D	Do you usually watch TV at least once a week ?	YES 1 NO 2	
109	Do you usually go to doctor to get medical check-up to prevent from any kind of disease?	NONE 1 ONCE A QUARTER 2 ONCE A YEAR 3 ONCE A 2-YEAR PERIOD 4 WHEN SICK 5	
110	Have you done any work in the last 12 months?	YES 1 NO 2	113

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No.	Questions and Filters	Coding Categories	Skip to
111	What is your occupation, that is, what kind of work do you mainly do ?	AGRICULTURE 1 PRODUCTION 2 SERVICES 3	
112	In which sector of the economy do you work?	PAID EMPLOYEE 1 EMPLOYER 2 MEMBER OF COOPERATIVE 3 OWN ACCOUNT WORKER 4 UNPAID FAMILY WORKER 5	
113	Do you smoke cigarettes ? IF YES : About how many cigarettes do you smoke a day?	SMOKE 1 <input type="text"/> <input type="text"/> DO NOT SMOKE 2 →	200
114	At what age did you start smoking ?	AGE <input type="text"/> <input type="text"/>	
SECTION 2. REPRODUCTION			
No.	Questions and Filters	Coding Categories	Skip to
200	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES 1 NO 2 →	300
201	How many children did you ever have ?	NUMBER <input type="text"/> <input type="text"/>	
202	In what month and year was your last child born ?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>	
203	CHECK: 202 SINCE JANUARY, 2003 <input type="text"/> ↓	BEFORE JANUARY, 2003 <input type="text"/> →	205
204	Did you go along with your wife to health center when your wife were pregnant?	YES 1 NO 2 DONT REMEMBER 8	
205	When your wife was expecting your last born child, did you want to have the child then, did you want to wait until later, or did you not want to have any (more) children at all ?	THEN 1 LATER 2 NOT AT ALL 3	

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SECTION 3. CONTRACEPTION			
<p>300 NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302,</p>			
301	Which ways or methods have you heard about ?	SPONTANEOUS YES	302 Have you ever heard of METHOD? YES NO
Q1	PILL "Women can take a pill every day"	1 2	YES 1 NO 2
Q2	IUD "Women can have a loop or coil placed inside them by a doctor or nurse"	1 2	YES 1 NO 2
Q3	INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for 1,2 or 3 months"	1 2	YES 1 NO 2
Q4	NORPLANT/IMPLANT "Women can get 6 rods under the skin in the upper arm to prevent pregnancy"	1 2	YES 1 NO 2
Q5	DIAPHRAGM/FOAM/JELLY "Women can place a tissue or a diaphragm or cream in the vagina before intercourse"	1 2	YES 1 NO 2
Q6	MALE CONDOM "Men can use a rubber sheath sexual intercourse"	1 2	YES 1 NO 2
Q7	FEMALE CONDOM "Women can use a rubber sheath during sexual intercourse"	1 2	YES 1 NO 2
Q8	FEMALE STERILIZATION "Women can have an operation to avoid having any more children"	1 2	YES 1 NO 2
Q9	MALE STERILIZATION "Men can have an operation to avoid having any more children"	1 2	YES 1 NO 2
Q10	PERIODIC ABSTINENCE/CALENDAR SYSTEM "Couples can avoid having sexual intercourse on certain days of the month when the women is more likely to become pregnant"	1 2	YES 1 NO 2
Q11	WITHDRAWAL "Men can be careful and pull out before climax"	1 2	YES 1 NO 2
Q12	EMERGENCY CONTRACEPTION "As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy"	1 2	YES 1 NO 2
Q13	Have you heard of any other ways or methods that women or men use to avoid pregnancy ?	1	YES 1 NO 2 YES 1 NO 2
304	CHECK 303 NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/>		AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → 305

No.	Questions and Filters	Coding Categories	Skip to
304B	Are you and your wife/partner using any method to avoid or delay getting her pregnant?	YES 1 DON'T KNOW 8	310
304C	What contraceptives had you and your wife/partner used to avoid or delay getting her pregnant? Check Q.303, 304B. (Ask Q.302 if needed.)		
305	Which method are you using?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 EC 12 OTHER 96 (SPECIFY)	308
306	Is there service fee or purchase cost to obtain the method? IF ANY: How much does it cost (for one time)? MNT=Tugrick	PURCHASE 1 SERVICE FEE 2 NO FEE 3 MNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
307	From whom do you get it?	PUBLIC HOSPITAL 01 PRIVATE HOSPITAL 02 PHARMACY 03 FAMILY DOCTOR 04 BAGH FELDHER 05 SHOP 06 FRIENDS 07 PARENTS/RELATIVES 08 RESEARCHER 09 OTHER 96 (SPECIFY)	
308	Do you have any problem with the method you are using now?	YES 1 NO 2	311
309	What is the main problem?	WIFE DISAPPROVES 01 LACK OF ACCESSIBILITY/TOO FAR 02 COST TOO MUCH 03 INCONVENIENT TO USE 04 HEALTH CONCERNS 05 SIDE EFFECTS 06 OTHER 96 (SPECIFY) DON'T KNOW 98	311

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No.	Questions and Filters	Coding Categories	Skip to
310	What is the main reason you do not intend to use a method?	FERTILITY- RELATED REASONS NOT HAVING SEX 21 OPPOSITION TO USE RESPONDENT OPPOSED 31 LACK OF KNOWLEDGE KNOWS NO METHOD 41 METHOD -RELATED REASONS HEALTH CONCERNS 51 UP TO THE WOMAN TO USE 61 OTHER 96 (SPECIFY) DON' T KNOW 98	
311	Will you use one of the methods in the following 12 months?	YES 1 → NO 2 DON'T KNOW 8	313
312	Do you intend to use one of the methods in the future?	YES 1 NO 2 DON'T KNOW 8 →	314
313	Which method you would like to use?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 EMERGENCY CONTRACEPTION 12 OTHER 96 (SPECIFY) DON'T KNOW 98	

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SECTION 4. STI AND HIV/AIDS

No.	Questions and Filters	Coding Categories	Skip to
Now I would like to talk to you about STI			
400	Have you ever heard of STD/STI?	YES (GOOD) 1 YES (MIDDLE) 2 YES (WORSE) 3 NO 4	423
401A	Which STI have you heard? RECORD ALL MENTIONED.	SYPHILIS A GONORRHOEA B CHLAMYDIA C CANDIDIASIS D GENITAL HERPES E GENITAL WARTS F	
401B	Have you ever tested STI?	YES /have a tested/ 1	401E
401C	Have you ever care STI?	YES /have a tested/ 1	401E
401D	Who did you heal?	GYNECOLOGIST/MALE DOCTOR 01 OTHER (SPECIFY) 10 DON'T ANSWER 99	
401E	From which sources of information have you learned most about STD/STI and HIV/AIDS ? Any other sources ? RECORD ALL MENTIONED.	PARENTS/RELATIVE A HUSBAND/PARTNER B SOMEBODY WHO HAD STIs C FRIENDS/ COLLEAGUE D GYNECOLOGIST E INFECTIOUS DISEASES DOCTOR F FAMILY DOCTOR G PROF. MIDWIFE H CHEMIST I MOSQUES/CHURCHES J SCHOOLS/TEACHERS K SOCIAL WORKER, UNCONSTRAINED L PAMPHLETS/POSTERS M PRESS RELEASE N NEWSPAPERS/MAGAZINES O RADIO P TV Q INTERNET/ WEB SITE R OTHER X	

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No.	Questions and Filters	Coding Categories	Skip to
402	In the past 6 months, have you seen or heard any public announcements or ads on television or radio about ? DR-don't remember	A. Heard to the radio YES NO DR 1. STI 1 2 8 2. HIV/AIDS 1 2 8 3. CONDOM 1 2 8 B. Watch TV YES NO DR 1. STI 1 2 8 2. HIV/AIDS 1 2 8 3. CONDOM 1 2 8	
403	Do know any symptoms and signs of STD?	YES 1 NO 2	405
404	If yes, could you tell me any symptoms and signs you know. Any other signs and symptoms?	ABDOMINAL PAIN A GENITAL DISCHARGE B BURNING PAIN ON URINATION C REDNESS IN GENITAL AREA D IRRITATING IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J SKIN INFECTION K HARD TO GET TO PREGNANT L IMPOTENCE M OTHER (SPECIFY) X NO SYMPTOMS Z	
405	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS and STI ?	YES 1 NO 2 DON'T KNOW 8	407
406	What can a person do ? Any other ways ? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B HAVE ONLY ONE SEX PARTNER C AVOID SEX WITH PROSTITUTES D AVOID SEX HOMOSEXUALS E AVOID BLOOD TRANSFUSIONS F USE ONLY DISPOSABLE INJECTION SYRINGE G AVOID KISSING H AVOID MOSQUITO BITES I SEEK PROTECTION FROM TRADITIONAL HEALER J OTHER X (SPECIFY) DON'T KNOW Z	
407	From whom should one seek assistance when one has a sexually transmitted infection, including HIV?	PHYSICIAN, эмнэлгийн ажилтан 1 HUSBAND/PARTNER 2 PARENTS 3 FRIENDS/ COLLEAGUE 4 SEXUAL PARTNER 5 OTHER (SPECIFY) 6 DON'T KNOW 8	
408	If you have STI, would you be willing to ask about him tested and care your sexual partner?	YES 1 NO 2 DON'T KNOW 8	

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Now I would like to talk to you about AIDS.						
409	Check: 401A	HEARD <input type="checkbox"/>	DON'T HEARD <input type="checkbox"/>		411	
410	Please tell me whether you think that HIV can be transmitted in the following ways?			YES	NO	DR
	A. Through blood transfusion			1	2	8
	B.			1	2	8
	C.			1	2	8
	D.			1	2	8
	E.					
	F.			1	2	8
	G.			1	2	8
	H. Sharing plates, forks, or glasses with a person living with HIV/AIDS			1	2	8
	I. From a pregnant woman living with HIV to her child during pregnancy or delivery			1	2	8
	J. From a mother to her child through breast milk			1	2	8
			1	2	8
No.	Questions and Filters	Coding Categories			Skip to	
411	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior ? IF YES, PROBE: In what way ? RECORD ALL MENTIONED.	STOPPED ALL SEX A START ED USING CONDOMS B RESTRICTED SEX TO ONE PARTNER C REDUCED NUMBER OF PARTNERS D OTHER (SPECIFY) X NO CHANGE IN SEXUAL BEHAVIOR Y DON'T KNOW Z				
412	Is it possible for a healthy-looking person to have the AIDS virus ?	YES 1 NO 2 DON'T KNOW 8				
413	What do you think about HIV prevetion in Mongolia?	SUFFICIENT 1				
414	What do you think about HIV detection in Mongolia?	SUFFICIENT 1				
415	What do you think how you should treat one infected by AIDS?	THE SAME AS BEFORE 1 TRY NOT TO BE INFECTED BY AIDS 2 TRY TO UNDERSTAND AND HELP 3 ISOLATE FROM COMMUNITY 4 DON'T KNOW 8				
416	Do you think your chances of getting AIDS are small, moderate, great or no risk at all?	GREAT 1 MODERATE 2 SMALL 3 NO RISK AT ALL 4 DON'T KNOW 8			418	
417	Why do you think you have no risk of contracting HIV?	HAVE ONLY ONE SEX PARTNER A ABSTAIN FROM SEX B ALWYAS USE CONDOMS C TRUSTED SEXUAL PARTNER D AVOID BLOOD TRANSFUSIONS E USE ONLY DISPOSABLE INJECTION SYRINGI F OTHER (SPECIFY) G DON'T KNOW X				

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No.	Questions and Filters	Coding Categories	Skip to
418A	You don't need to tell us your test result. Have you taken HIV tests?	YES, VOLUNTEER 1 NO 3	422
418B	When did you take the last HIV test?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
419	When you went to hospital for take a test, doctor told you any advice?	YES 1	
420	Did your take your test result by yourself?	YES 1 NO 2	423
421	Doctor told you any advice when you went for take test result?	YES 1	423
422	Why have you never been tested for HIV?	Did not know that HIV testing is available 01 Did not know, where to get HIV counselling and testing 02 Next VCCT Center is too far away 03 I am afraid of stigma and discrimination 04 I did not have time 05 I am afraid the counsellor will tell other people my results 06 I am ashamed to go to VCCT center 07 I don't think I am at risk of having HIV 08 I am afraid about receiving a positive result 09 Unfriendly service providers 10 I don't think I can receive good treatment in Mongolia, if HIV positive 11 I don't know 98	
423	Now I would like to ask you about your sexual activity. When was the last time you had sexual intercourse?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	425
425	At what age did you first have sexual relations?	AGE <input type="text"/> <input type="text"/>	
426	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTS <input type="text"/> <input type="text"/>	