CICRED'S SEMINAR

Reproductive and sexual health status of Georgian population

Irina Badurashvili

Title of the presentation: Reproductive and Sexual Health Status of Georgian Population

Name of author: ***Irina Badurashvili***

Title: Director of Georgian Centre of Population Research

Address : 43,Kostava street
380071 Tbilisi, Georgia

Phone: (+995 32) 923 731; (+995 99) 941 470

Fax: (+995 32) 923 731

E-mail: **gcpr@ti.net.ge**

Reproductive and Sexual Health Status of Georgian Population

Introduction

Georgia is located on the southern side of the Caucasian Mountains between the Black and Caspian seas in the South-Caucasian region. Most of the 70,000 sq. km area of the country is mountainous. Georgia is bordered on the north and northeast by Russia, on the southeast by Azerbaijan, on the south by Armenia and Turkey, and on the west by the Black Sea. In earlier times, Georgia was an important part of "the Great Silk Road" and in many ways continues to be a bridge between East and West. The people of Georgia have a long and rich cultural history. Georgia was among the first countries to convert to Christianity (in 330 A.D). The Georgian language, with its unique alphabet (one of the fourteen different alphabets in the world), is one of the oldest living languages. The majority of the population (more than 80%) is constituted of ethnic Georgians. The population estimate for Georgia was recently reported by population census of 2002 to be 4.4 million inhabitants (not including Abkhazia and Tskhinvali region, territories where Georgian authorities in fact do not extent.); slightly more than a half of the Georgian population resides in urban areas.

Georgia declared its independence in April 1991. After the break-up up from the Soviet Union Georgia entered a time of major socio-economic crisis associated with the transition from the planned to market economy. Transformation of health system in the country started in 1994 and aimed at the decentralization of health care and the development of a health insurance system. But in the conditions of global poverty of citizens and permanent deficit of State Budget the health care reforms have had mixed results and health sector in Georgia has not received adequate resources to provide basic standard of care. Within the context of the transition to a market economy, the medical institutions are gradually switching over to self-financing. The results have been a health care system that continues to crumble. Georgia, which has been classified as falling within the lower group within the middle-income countries, shows public expenditure levels on health care well bellow those seen in North Africa. On average, even low-income countries fare better.

At the national level, the health system is directed by the Ministry of Health (recently fused with the Ministry of Social Affairs and Ministry of Labor into an unique Ministry), which sets the budget for health care programs, coordinates services and is responsible for health policy. Local health care is administered by local authorities and Ministry of Health through regional public health services. Health services are provided through three types of health care facilities: a) a primary health care network, represent by various ambulatories in rural areas and public policlinics and women's consultation clinics in urban areas; b) a secondary health care network, consisting of rural, central district, and municipal hospitals; and c) tertiary health care system delivered specialized municipal and republican level hospitals, policlinics and research institutes.

Data and methodology

The paper is based on a Survey conducted in 2000 by the Georgian Centre of Population Research together with Georgian Institute of Human Reproduction in Tbilisi, capital of Georgia. The focus of the study was to examine the main topics of reproductive behavior of Georgian population and to understand the problems connected with the poor reproductive status of Georgian women in the context of gender relations and traditional cultural stereotypes of society. It was the first national survey on reproductive health issues that comprise not only the females, but also the male population in reproductive age, as well as there is a strong believe of specialists that in such traditional countries as Georgia the reproductive behavior of women to a certain degree is identifying by the formed social and gender stereotypes and preferences of partner.

The survey was designed to collect information from representative sample of population in age 15-49 years permanently living in Tbilisi, capital of Georgia. The procedure of sampling has been performed independently for males and females, so in each selected household only one member was interviewed. Results of survey are based on in-person, face-to-face interviews of 655 women and 461 men at their homes. The desired sample was around 1200 respondents, 700-females and 500-males. Because the response rates were lower than expected, the actual sample size appeared to be less than projected sample size.

Background and respondents' social and economic profile

The distribution of respondents by the main social-economic characteristics, as age structure, marital status, economical status, employment, level of education and etc. is very close to the target population as for men, also for women that allow us to use the received results for the analysis of reproductive health status of Georgian population at least for capital-city, where the one third of Georgian population lives.

In table below is presented the age composition of respondents and relative data according to official statistics on Tbilisi.

Table1. Age composition of respondents compare with official statistics

	Female		Male	
	By the data of State Department for Statistics of Georgia	By our survey's data	By the data of State Department for Statistics of Georgia	By our survey's data
15-19	15.4	11	15.6	14.6
20-24	14	16.1	12.4	15.4
25-29	14	14	15.8	14.6
30-34	12.8	13.2	13.4	13.6
35-39	15.8	17	16.4	17.7
40-44	14.2	10.3	15.4	12.7
45-49	13.2	12.9	12.6	11.4

In total number of our respondents more than 60% of women and a little less (57%) were married or in consensual union. The distribution of population by economical status according to our survey was following: 5-6% of respondents had high economical status or declared that are able to spend money freely, 75-80% of interviewed had a middle economic status or were able more or less satisfy all their living demands and the rest of interviewed identified their economical status as low. This is the reality of Georgian society today.

Below are presented some figures characterized the marital status of respondents by selected social and economic characteristics. Analysis of survey data showed that economical well-being of women in Georgia is associated closely with their marital status: the economical status of married women is in generally higher. Among married women or women in union only 19.8% have identified own economical status as low, while within unmarried women the relative figures exceed 25%. At the same time 7.6% of respondents reported high economical status within the married women and only 2.6%- among unmarried.

Table 2. Marital Status of Women 15-49 Years of Age by Selected Characteristics of Respondents (%)

	Marital status				Total
	In registered marriage	In consensual Union	Previously married	Never married	
Total	**54.1**	**6.3**	**10.7**	**28.9**	**100.0**
Age groups					
15-19	12.3	4.2	2.7	80.8	100.0
20-29	43.9	10.2	6.1	39.8	100.0
30-39	69.5	6.1	8.6	15.8	100.0
40 +	64.4	3.2	20.7	11.7	100.0
Education level					
Primary or less	6.7	6.7	13.3	73.3	100.0
Secondary general	51.1	8.5	10.6	28.8	100.0
Secondary professional	50.8	11.1	12.7	25.4	100.0
High and incomplete high	57.5	4.2	9.9	28.4	100.0
Economical status					
High	64.1	12.8	12.8	10.3	100.0
Middle	54.2	6.5	9.8	29.5	100.0
Low	50.7	4.1	13.0	32.2	100.0
Employment					
Employed	53.3	3.8	16.0	26.9	100.0
Unemployed	55.4	8.4	6.4	29.8	100.0

Table 3. Marital Status of Men 15-49 Years of Age by Selected Characteristics of Respondents (%)

	Marital status				Total
	In registered marriage	In consensual Union	Previously married	Never married	
Total	**52.3**	**4.6**	**2.6**	**40.5**	**100.0**
Age groups					
15-19	1.2	0.0	0.0	98.8	100.0
20-29	29.9	6.0	0.6	63.5	100.0
30-39	67.2	6.9	6.3	19.6	100.0
40 +	92.5	3.0	0.7	3.8	100.0
Education level					
Primary or less	28.2	0.0	0.0	71.8	100.0
Secondary general	50.0	6.1	1.2	42.7	100.0
Secondary professional	61.1	42.2	3.2	31.5	100.0
High and incomplete high	53.2	5.0	2.9	38.9	100.0
Economical status					
High	46.4	7.1	3.6	42.9	100.0
Middle	50.7	4.6	2.0	42.7	100.0
Low	56.2	4.5	3.4	35.4	100.0
Employment					
Employed	65.6	5.6	3.3	25.5	100.0
Unemployed	36.9	3.6	1.7	57.8	100.0

Our findings

The world experience in the comprehensive improvement of reproductive health of population has shown that the complex of problems associated with poor reproductive status of women are closely connected with traditional and cultural restrains and identification of needs in family planning and basics of future sexual behavior should be laid down already in adult age by family and social environments. One objective of our study was to describe the national peculiarities of sexual education in the family and school and identify the unmeet needs in family life education in Georgia. In order to examine the impact of family discussions on the reproductive health knowledge and sexual and contraceptive health behaviors, we explored respondents' exposure to family life education topics separately at home and in school. All respondents were asked if, before they reached age of 18, they have ever talked to the parents about different points of sexual life and reproductive health and what do themselves think about necessity of family education in the schools.

Survey funding has shown that in Georgian families it is not in common the discussions on topics related to sexual matter with parents and the discussions with girls consisted for the most

part of the talking about the menstrual cycle (76% of interviewed women). Only 5% of interviewed women and 11% respondents-men had discussions with parents about contraceptive methods before they reached age of 18, accordingly 15% and 25 % have spoken about sexually transmitted diseases and HIV/AID; only one woman among each four has ever talked to a parent about such issues as how pregnancy occur. Majority of Georgians have received the information on topics related to sexual matter from their friends and peers, only 10 % of female respondents named the media as a main source of information and less than 5%- their parents or sexual partner. Less than 2 % of respondents mentioned that have received some knowledge on abovementioned topics from teachers.

Survey showed that Georgian population of reproductive age supports the family life education in school; younger cohorts of respondents have clearly expressed a preference to study in school's program the contraception use basics, while older respondents made focus on the necessity of explaining to pupils points of avoiding of STDs and HIV/AID. Percentage of respondents who were agree that topics related to sexuality and reproduction should be taught in school are higher among women, than among men (80% and 60% correspondingly) and within single population the share of people who consider as necessary to add the subjects related to sexual matter to a school curriculum is more than among married respondents.

Currently in Georgia, family life education is not included in the school curriculum, some elements of reproductive biology is teaching in classes on general anatomy. Consequently, knowledge of youths about human reproduction and sexuality is extremely low within Georgians. Discussions on these topics are considering as improper in parental home, are not included in school program, and are mostly fragmental and often distorting in friendly conversations. Actually majority of women and men in Georgia starts sexual relations without appropriate knowledge on them. All this cause the following problems in the partner cohabitations, low awareness of medical prevention of health, entrust to modern contraceptives and wide spreading of unplanned pregnancies among Georgian women. The impact of gender inequity at different stages of individual life cycle in Georgian society also represents a crucial factor of unmeet needs related to reproductive and sexual behavior of population.

The gender differentials were found in our results documenting the recent sexual behavior of respondents. To have a sexual partner in Georgia is unacceptable for unmarried women and is the usual practice for single man. According to the survey data 76.5% currently single male respondents and only 28.2% of females have a sexual partner. By freer behaviors are characterized also Georgian men being in union; one fifth of them mentioned that has more than one sexual partner while among the married women this number does not exceed 2 %.

During the interview every third women of reproductive age reported that currently has not sexual partner and 19% of married women in Georgia appeared not being currently sexually active. This may be explaining from the one side by the intensive migration for temporary employment purposes of Georgian men from homeland that disturb the family sexual life cycle. On the other side when we have compared the indexes of sexual activity of female and male respondents that were obviously higher, we made conclusion that part of Georgian man has sexual relations outside of family.

The gender inequality in Georgian society reveals in perception of sexuality and moral norms related to initiation of sexual relations. Comparisons of results of our study on this topic among males and females showed the absolutely distinguished patterns of sexual behavior by gender.

In Georgia sexual abstinence of women before marriage was and still is in common. Apparently, traditional norms are very strong and have not been alerted by recent changes that have influenced young adult reproductive behavior in the industrialized world. Our study has shown that virtually almost all sexually experienced women in Georgia had their first sexual

experience with husband shortly before of marriage or after it, while the Georgian men are receiving the first sexual experience independently from marriage. The mean age of first intercourse among women is 21.6 year that is only on 2 month in average less than age of marriage or consensual union. At the same time the mean marriage age of men consists 24.6 year while according the survey's data respondents have received the first sexual experience around age of 17 years in average. By the male respondents' talking the first sexual relations were short time. Their partners as a rule were the older women (22-23 years old in average), often the relations were casual as well as majority of interviewed did not know whether these relations were followed by women's pregnancy or not.

Analyzing the information on the topic of fertility regulation in Georgian families we were confirmed that in generally approach of male respondents to the issues of family planning in Georgia is absolutely irresponsible. Men in Georgia consider that this is the point of woman's problem and wife should care about avoiding of unwanted pregnancy by her own. At the same time, survey's data shows that the prevalence of using of condom (main method of contraception for Georgian men) is quite high; more than half of married male respondents declared that they are currently using the condom and at the same time only 16% of interviewed married women have noted during the interview that husband uses the condom as a contraception method. Other studies conducted in Georgia also confirm that condom is widely using by Georgian men, but as rule in case of occasional sex. It is considering as tool for protection from STDs and in generally, Georgian men are not aware, more precisely are not interested, on methods using by wife for avoiding of unwanted pregnancy.

Moreover, our study has shown that Georgian men even don't know exactly about cases of unintended pregnancies of wife ceased by abortions. Such pattern of behavior of couples causes to low planning status of pregnancies in Georgia and tolerant attitude of couples to abortions, considering an abortion as a usual alternative method of fertility regulation. Our research revealed that the great number of women in Georgia still don’t realize the negative impact of abortion on their health. According our survey, one fifth of respondents did not know that abortion may caused the secondary sterility of women, 17% of women haven’t heard about connection between abortion and inflaming diseases, 16% of women don't believe that during the abortion it is possible to receive the perforation of uterus, and 15% of interviewed women could not answer on the question, what is the worth for their health using of modern contraceptives of abortion, 45% within them prefers an abortion.

Naturally the planning status of pregnancies among Georgian women is very low. During our survey all sexually experienced women were asked about planning status of last pregnancy at the time of conception. Obtained data were classified as planned pregnancies (wanted at the time it occurred), mistimed (occurring earlier than intended) or unwanted (the respondent wanted no more children). Less than half (46.5%) of interviewed said that their recent pregnancy was intended at the time of conception; 10.2% of women reported it as mistimed and 43.3% reported it as unwanted. These data underscore the high risk of unintended pregnancies among Georgian women. Despite of some chance to result the unplanned pregnancy in live birth when woman changes opinion after conception, such cases appeared to be quite rarely in Georgia. According to survey's data 86.1% of women reported the last pregnancy as unwanted, has ceased it by abortion, more than half (55.2%) of mistimed and 10.9% of planned pregnancies also were resulted to abortion (legal or by medical conditions).

It is well known that the spreading and frequency of abortion in society are the most important indicators of family planning level and women's reproductive health. In Georgia as in other post-Soviet countries the level of abortion was always higher than in more developed world. This situation was determined by the limited availability of modern contraceptives combined with the higher level of population’s misinformation. Now, on the background of

donated promotion and wide spreading of modern contraceptives an abortion still remains to be the main method of fertility regulation in Georgia. According to results of our survey the ratio between abortion and live births composes two abortions per each birth; his index significantly outnumbers (five times more) the official statistical data on abortions in Georgia. Analyzing this unfavorable situation we have to overlook the recent historical development of Georgia at the same time as national traditions and peculiarities of Georgian society.

For many years, induced abortion, not contraception, has been the main method of fertility in the 15 independent countries that emerged from the collapse of the U.S.S.R. Several factors are widely believed to have contributed to the widespread use of abortion and underutilization of modern contraception. The propaganda and use of modern contraceptive methods was not corresponded to the ideology of that days, which considered the family development and partners intimate relations as the object of the state interest; many children in family was identified with the prosperity of country and strength of the communistic regime. Except of this, the ideological isolation of the territory of Socialist block from the democratic and developed society, made it impossible to import and spread widely of modern contraceptives. The relative isolation of the U.S.S.R. from the contraceptive advancements in Western countries affected both the knowledge about and the availability of high-quality contraceptive methods. In addition, the relative ignorance and fatalistic attitudes toward health issues, a medical system that promoted curative rather than preventive care, compounded by a widespread availability of abortion services and high tolerance for pregnancy termination, have contributed further to the higher reliance of induced abortions. These patterns were further shaped by a climate of strong moralistic principles, which condemned premarital and extramarital pregnancies, disapproved of sex education in school, and discouraged open discussions about sex-related issues. At the same time the unlimited availability of surgical methods of ceasing the pregnancy has evoked the wide spreading of abortions over the post-Soviet territory.

Abortion laws and policies in Soviet time were changing from their complete restriction (in 1936-1955) to liberalization and unlimited availability. Despite of wide spreading of surgical methods of ceasing the pregnancy over the post-Soviet territory, the statistics on abortion during the long period has been considered as secret, was not publishing and abortion trends were not studied by specialists in details.

Nova days abortion laws and policies in Georgia are not restrictive: through 12 weeks of gestation it is legally permitted and widely available on request of women in maternity or hospital-based gynecological departments, and in specialized health centers. According to governmental regulation, it should be performed by obstetrician-gynecologist and only in hospitals; just mini-abortion is permitted to perform outside of hospitals, by doctors in special gynecological centers with sufficient medical equipment and medical practice.

Before the Soviet Union's breakup, Georgia had the highest abortion rate in the Caucasian region (51 abortions per 1000 women aged 15-49 compared to 31 in Armenia and 23 - in Azerbaijan), but significantly lower the Russian Federation. Induced abortion rates continue to be very high in Georgia although, according to the Ministry of Health reports, they have abruptly declined. There is the general consensus, however, that the official statistics represented in international publications substantially understate the true levels of abortions, partly because of unreliable population projections and partly because of widespread underreporting of abortions performed in medical facilities (either state-run or private) and those performed outside clinical settings.

Another public health problem of major concern is the practice of self-induced abortion (termination of pregnancy through a deliberate intervention by a woman intending to end her own pregnancy), which until now is largely neglected. To overcome financial difficulties and fear of abortion, many women in Georgia try to induce spontaneous abortion themselves through unsafe,

unhygienic, and often-dangerous interventions, facing the high risk of complications. Most women, who have experienced self-induced abortion are never referred to a health facility for medical care, therefore these kinds of abortions are not officially registered.

In spite of positive changes that took place in Georgia as a result of democratization of society and implementation of Reproductive Health Program accomplished by the UNFPA and WHO, the abortion rates in Georgia are still quite higher than in the most of European countries.

Several studies show that Georgian women demonstrate a high level of family planning awareness, contrasting with their low prevalence of modern contraceptive use; almost all women heard about at least one contraceptive method and less than 40% of women in union reported using any method of contraception. Level of contraceptive using among Georgian women is the lowest within any of former Soviet republics.

The very high level if induced abortions demonstrates that couples in Georgia still lack information about and access to a wide array of contraceptive choices. Between 1996-2000 a lot of modern contraceptives donated by UNFPA and IPPF have been distributed free-of-charge in medical facilities under MOH supervision. But there is still a need for increasing resources for national family planning program to help women successfully plan their births and reduce the risk of unintended pregnancies and subsequent abortions. Now after 5 years of running the Reproductive Health Program in Georgia it is obvious that the high prevalence of abortions is not only the point of financial or institutional restrains to access sources of contraceptive methods, but in certain degree it is the point of personal choice of couples, lack of confidence to modern contraceptives and ignoring of health consequences of frequent abortion. According to our survey's data, only half of women whose recent pregnancy has resulted to abortion are currently using the contraception, which means that they still are at the risk of unintended pregnancy.

Our study showed that the lack using of modern contraceptive methods in Georgia is in certain degree determined by the women and men's perception of the risks to a woman's health associated with contraceptive use. It concerns mainly the hormonal pills and IUD as well as awareness about other modern contraceptive methods (excluding condom) is extremely low. In Georgian society it is widespread the opinion that the pills are harmful for woman's health. According to our survey only 6.3% of women in union use the pills and 8.7% have IUD. Due to law awareness of modern contraceptives Georgian women have a distorting imagination about them. For example 52% of respondents mentioned during the interviews that using the pills is following by putting of body's weight, one Georgian women in each ten respondents is sure that pills reduce a sexual pleasure, 6% of women have heard that after pills woman has problems with becoming a pregnant. Concerning the IUD, Georgian women don't trust it from the point of view of reliable protection from unwanted pregnancy. In general the proportion of women who is awareness on the advantages of modern contraceptives is relatively low in Georgia, only half of respondents have identified modern contraceptives as a more effective than traditional methods!!!

From the other side induced abortions are accepted in Georgia society as a means of avoiding births resulted from unintended pregnancies, Georgian women do resort to abortion because are not adequately aware about its harm. The religion in Georgia also is very tolerant for fertility regulation points.

According to our survey each Georgian woman in union has experiences in average 3.1 abortions during her lifetime, almost half of women in reproductive age (45.3%) have experienced at least one abortion in their lifetime. As all women have not a risk of unwanted pregnancy and correspondingly all them are not at risk of induced abortion, we have calculated the intensity of abortion for those women who had performed at least one abortion. This rate comprised 5.1 per one woman; 19.2% of interviewed women noticed that they had only one abortion performed for the moment of interview, 21.5%- two, 14.5%- three, 44.8% - four and more, including 13.8% of those women who had ten and more abortions during their lifetime.

The study showed the close correlation of abortions' intensity in Georgia with the social-economic status of women. The frequency of abortions among higher educated women is lower; the number of abortions is also less within respondents who belongs to economically satisfied women. The difference in abortion rates between women with high and low economic status is more than two induced abortions. Women who declared during the interview that they could spend money freely and easily satisfy their daily requirements are also more attentive to own health and try to avoid abortions.

Married women with higher education (complete or non-complete) have two times less number of abortions in their lifetime than less educated women (correspondingly 2.5 and 4.5 abortions). In spite of the fact that today women's employment in Georgia is conditional does not correlated very much with income, employed women are more attentive to their reproductive health and try to avoid undesired pregnancies. The abortion rate within economically active respondents is relatively low.

Number of abortions increases gradually according to the growth of age and number of children. Each woman who is married or who lives with partner has experienced in average more than three induced abortions. In spite of the fact that majority of Georgian women born a first child in the age over 20 years, women in union till age of 30 have experienced already three pregnancies and at least one of them is resulting in induced abortion. Average number of abortions for older women becomes higher and riches eight abortion for each women in age 45-49.

Since the fall of Soviet Union, political, economical and social changes have precipitated changes in cultural norms that relate to reproductive health, sexual behavior, and family values. These effects may be not yet have occurred in Georgia, but it is unrealistic to expect they will never happen. In Georgia fertility control has been predominantly achieved quite a long time ago through the practice of induced abortion. Recent changes are connecting with the wide spreading of mini-abortions in Georgian society. Abortion complications and their treatment burden an already struggling health system. From the other side the health seeking behavior of Georgian women in reproductive age creates a lot of problems to their health. As our study confirmed, awareness of women on preventive measures for screening of women health is minimal and approach to own health is absolutely irresponsible.

In the US and Western Europe it is recommended that women in reproductive age have to have a routine gynecological exam every year. Our study has shown that 73% of Georgian women had ever been examined by a gynecologist during a routine exam, but only 31.9% were examined in the previous to interview 12 month. Most of women who had not undergone an exam within the past year reported an exam within the past three years (21.2%) and 19.8% reported the last routine exam more than three years ago while 21.3% have never had a gynecologic exam; 5.8% of respondents did not remember when they visited the gynecologist at last time. The reasons for not seeking routine gynecological exams are important to study because they may uncover potential barriers to use of preventive health services. Following on the recent situation in Georgia with the necessity of out-of pocket payments for medical services we were expecting to receive the results that would recognize the financial restrains of not applying of Georgian population to gynecologist, but were surprised with received data. Majority of women mentioned such reasons of not seeking routine gynecological exams as lack enough time, forgetting about necessity of visit, fear of discomfort, not having of sexual relations and so no needs for routine check-up. Only very few respondents claimed during the interview the quality of medical services or not-access of them.

Naturally the similar irresponsible is the behavior of Georgian women related to other points of reproductive health, as a prevention of cancer, STD tests and etc. As our study showed, awareness of Georgian women on methods of early detection of cancer is also very low. We have

explored during the interviews the level of awareness about breast self-examination (BSE) procedure and knowledge on performing it. In generally, 68.3% of women respondents have ever heard about this procedure, but only 13% knew how it should be done and have ever performed it.

Finding of the survey reiterate the lack awareness of gynecological screening procedure among reproductive age women in Georgia and the needs for substantial educational companies for the public and changes in the practice of health care providers.

As worldwide, sexually transmitted diseases continue to be a major and growing health problem we have tried to study during our survey the points of knowledge and experience of sexually transmitted diseases and HIV/AID in Georgia. For these purposes we have asked to each respondent, either women or men, if they ever heard of eight specific STDs.; those who have heard of specific STDs were asked if they have ever tested, those respondents who have been tested were asked if they have been told they have tested positive and those with positive testing if and where they received treatment.

Our survey showed that awareness of HIV/AID and almost all STDs is universal as among women also among men. Most of women and men (92.7% and 95% accordingly) were aware of syphilis, gonorrhea (90.1 %and 87.9%), yeast infections (83.9% and 77.2%), trichomonas (83.6 and 83.1) and HIV/AID (82 % and 84.5%). But interviewed fewer have heard of other common STDs as chlamydia (62.5% and 48.3%), genital herpes (47.4% and 35.5%) and genital warts (42.0% and 30.6%). The highest awareness on STDs exposed the respondents in age of 25-34 years and employed population and respondents with the higher level of education.

The irresponsible approach of Georgian population to own health and low prevalence of testing revealed again when we analyze the data of survey on the cases of testing of STDs by respondents. It appeared that only 5 % of female respondents have been ever tested on syphilis, 6.6%- on gonorrhea, 3.8%p on herpes. Even the testing of such extended infections as trichomonas and yeast infections has been performed only by 34.7% and 39.8% of women in reproductive age and 17.1% and 13.5% of male accordingly.

At the same time the survey data shows the quite high prevalence of positive tests on some of STDs. For example among the respondents performed the test on yeast infections the positive outcomes were in case of 63.5% of women and 57.9% of men, on trichomonas - 59 % for both sexes, herpes - 20% and 42.9%, gonorrhea was identified at 38.2 % case of tested men.

Survey conformed that in case of positive test on STDs Georgian women in reproductive age often avoid the applying to specialist and perform a self treatment based on advices of friend and own experience; 32% of respondents who have been told they have tested positive on yeast infections have received self treatment, two women among each ten with the positive test on trichomonas treated by her own without consultancy with doctor.

Conclusions

The status of women's health in Georgia has suffered greatly during last decade. Prolonged economic crisis have had a major negative impact on the entire health care system, particularly on maternal and infant health services, and have altered many aspects of social life, including the patterns and consequences of childbearing and sexual behavior.

Georgian society may be considered more as a traditional than as a modern from the point of view of practice of premarital sexual relations within youths, spreading of partner cohabitation, norms of family formation and gender inequalities in the norms of sexual behavior. It is still required for Georgian women to keep virginity till marriage and pregnancy without having a husband is still no acceptable. The norms of sexual behavior in Georgia are distinguished for men and for women. Care about avoiding of unwanted pregnancies is identifying by men as an only woman's duty. At the same time the lack information on advantages of modern contraceptives

caused to entrust to them and association of contraception's use with the high risk of woman's health.

In Caucasian societies, women mostly marry and start their childbearing at young ages. A child is considered to be a symbol of family wealth. Household duties are mostly under women's responsibility. Sex education in school is largely nonexistent and discussions on the sex related matters with youths are not in common in Georgian families. Consequently Georgian women are less informed about lifestyle options, have less control over their lives, less understanding of their bodies, and less knowledge about and access to family planning. Even today when there is more exposure to mass media and western stile life changes in the status of Georgian women on the background of strong traditional cultural constrains and gender stereotypes on Caucasus are lagging far behind other countries in transition.

Legal abortions remain to be the main method of fertility regulation in the country. Half of pregnancies among Georgian women are still unplanned. Despite a substantial supply of contraceptives delivered to the country associated with the implementation from 1996 of INFPA and WHO "Reproductive Health Program" the contraceptive prevalence rate for modern methods remains low. Sexually transmitted diseases and AIDS/HIV rates are reportedly increasing. Preventive medical examinations of health STDs tests are not spread among Georgian population in reproductive age. Pregnancy related morbidity and mortality are higher in Georgia than in most countries of Europe. The official infant mortality rate has decreased slightly in last decade, but is still higher than in most countries of region.

Post- abortion care activities, family-planning counseling and services, and appropriate referral for other health care needs would seem a particularly useful way to prevent recurrent abortions and redirect funds toward preventive activities. The family life education in the school is certainly important point in Georgian society. Without huge efforts on increasing of public awareness on methods of family planning and wide advertisements of modern contraceptives the important purposes associated with the population developments would never be fully achieved in Georgia.

Table 1
Percent of Women Aged 15-49 Who Had Their First Sexual Relation and First Union Before Selected Ages, By Current Age

Current Age	Age at First Sexual Intercourse							Mean Age
	<16	**<18**	**<20**	**<22**	**<25**	**<28**	**<30**	
15-19	2.7	11.0	19.0	19.0	19.0	19.0	19.0	16.0
20-29	1.5	9.8	28.7	41.6	55.9	76.9	78.0	20.3
30-39	3.5	7.5	27.1	47.3	68.4	76.4	79.3	21.9
40+	0.0	3.1	26.7	43.1	71.0	81.9	84.5	22.4
Total	**1.2**	**7.8**	**26.5**	**41.3**	**59.9**	**68.0**	**69.9**	**21.6**
Current Age	**Age at First Union (Marriage)**							**Mean Age at Marriage (Union)**
	<16	<18	<20	<22	<25	<28	<30	
15-19	2.7	8.2	15.1	15.1	15.1	15.1	15.1	16.9
20-29	1.5	9.9	24.9	37.6	47.6	70.3	70.3	20.4
30-39	1.2	6.5	24.9	43.8	65.4	73.4	77.9	22.2
40+	0	3.6	25.2	39.6	63.9	75.3	79.2	22.7
Total	**0.9**	**6.9**	**23.9**	**37.6**	**54.9**	**63.0**	**65.4**	**21.8**

Table 2

Sexual Activity Status by Current Marital Status of Respondents

	Total	**Marital Status**		
		Married/In Union	**Previously married**	**Never married**
Female				
Sexual activity status				
Had Intercourse: Within the last month	54.1	81.5	20.0	10.1
1-3 Months ago	4.1	5.1	8.6	0.5
Currently don't have a partner	33.8	5.1	71.4	71.8
Male				
Sexual activity status				
Had Intercourse: Within the last month	73.1	78.6	71.4	65.5
1-3 Months ago	5.5	4.7	7.1	8.4
Currently don't have a partner	14.6	12.2	14.3	23.5

Table 3
Sexual Activity Status of Women 15-49 Years of Age by Selected Characteristics of Respondents (%)

	Had last intercourse		Average number of coituses per week
	Within the last month	Within the last three months	
Total	**85.5**	**92.0**	**2.9**
Age groups:			
15-19	68.7	75.0	3.6
20-24	86.5	88.5	3.4
25-29	82.4	94.1	3.4
30-34	85.9	92.2	3.3
35-39	88.2	94.1	2.4
40-44	91.4	96.3	2.3
45-49	78.7	87.0	2.3
Education Level:			
Secondary or less	85.7	94.3	2.9
High and incomplete high	84.9	90.1	2.9
Economical Status			
High	87.1	96.8	2.9
Middle	84.3	92.2	3.0
Low	90.2	91.5	2.7
Number of children born alive			
0	81.2	88.4	3.2
1	82.0	89.3	3.1
2	89.0	95.8	2.7
3+	87.5	87.5	2.8

Table 4
Sexual Activity Status of Men 15-49 Years of Age by Selected Characteristics of Respondents (%)

	Had last intercourse		
	Within the last month	**Within the last three months**	**Average number of coituses per week**
Total	**73.1**	**78.6**	**3.0**
Age groups:			
15-19	83.6	98.2	2.6
20-24	91.6	99.9	2.9
25-29	93.9	95.4	2.9
30-34	86.1	93.1	3.2
35-39	90.9	99.9	3.0
40-44	93.5	98.4	3.2
45-49	96.3	96.3	2.8
Education Level:			
Secondary or less	90.4	97.6	3.0
High and incomplete high	89.3	97.9	3.0
Economical Status			
High	87.0	99.9	3.0
Middle	89.1	96.8	2.9
Low	91.0	98.6	3.5

Table 5

Planning Status of the Last Pregnancy Among Women 15-49 Years of Age with at least One Pregnancy by Selected Characteristics

	Planning Status of the Last Pregnancy		
	Intended	**Mistimed**	**Unwanted**
Total	**46.5**	**10.2**	**43.3**
Pregnancy Outcome:			
Live birth	81.3	41.4	7.3
Still birth/Spontaneous abortion	7.8	3.4	6.6
Induced abortion/Abortion by medical conditions	10.9	55.2	86.1
Age group			
15-19	78.6	14.3	7.1
20-24	59.0	20.5	20.5
25-29	57.1	14.3	42.9
30-34	41.2	13.7	45.1
35-39	40.3	9.7	50.0
40+	43.1	3.4	53.5
Education Level:			
Secondary or less	46.6	7.6	45.8
High and incomplete high	57.9	18.4	23.7
Number of children born alive			
0	57.9	18.4	23.7
1	53.0	15.7	31.3
2	37.9	6.2	55.9
3+	53.6	0.0	46.4

Table 6
Average number of Lifetime Abortions Among Women 15-49 Years of Age by Selected Characteristics of Respondents

	Average number of abortions	
	Per one respondent	**Per one women in union**
Total	**2.3**	**3.1**
Age groups		
15-19	0.2	1.3
20-24	0.8	2.0
25-29	1.2	2.2
30-34	2.8	3.9
35-39	2.6	3.4
40-44	3.5	4.9
45-49	4.9	6.0
Education Level:		
Secondary or less	2.7	4.5
High and incomplete high	2.2	2.5
Economical Status		
High	1.8	2.3
Middle	2.3	3.8
Low	2.5	4.6
Employment		
Employed	2.2	2.9
Unemployed	2.4	3.1
Number of children born alive		
0	0.5	2.0
1	1.4	1.8
2 3+	4.5 4.9	5.1 5.9

Table 7
Percentage Distribution of Women 15-49 Years of Age Who ever Had an Abortion by number of Performed Abortions and Selected Characteristics of Respondents

Characteristics	Ever had an abortion	Number of abortions						
		1	2	3	4	5-6	7-9	10+
Total	**100.0**	**19.2**	**21.5**	**14.5**	**12.5**	**10.8**	**7.7**	**13.8**
Age groups								
15-19	X	X	X	X	X	X	X	X
20-29	100.0	31.7	27.0	11.1	11.1	11.1	4.8	3.2
30-39	100.0	20.9	23.5	17.4	8.7	11.3	7.8	10.4
40-49	100.0	10.5	15.8	14.0	16.7	9.6	9.6	23.7
Education Level:								
Secondary or less	100.0	17.5	21.1	16.7	11.4	10.5	7.9	14.9
High and incomplete high	100.0	20.2	21.9	13.1	13.1	10.9	7.7	13.1
Employment								
Employed	100.0	18.1	22.8	14.2	12.6	10.2	9.5	12.6
Unemployed	100.0	20.1	20.1	14.8	12.4	11.2	6.5	14.9
Economical Status								
High and middle	100.0	20.3	22.9	12.3	11.5	11.5	7.9	13.6
Low	100.0	15.3	15.4	23.1	16.9	7.7	6.2	15.4
Number of children born alive								
0	100.0	33.3	16.7	4.2	16.7	4.2	16.7	8.2
1	100.0	32.0	33.3	6.7	9.3	13.3	4.0	1.4
2	100.0	12.0	18.5	19.8	12.0	10.7	9.0	18.0
3+	100.0	16.1	12.9	12.9	19.4	9.7	3.2	25.8