SEXUAL AND REPRODUCTIVE HEALTH IN GEORGIA

Selected Data Analysis & Dynamics

Georgia MICS 2018 Sexual & Reproductive Health related data in-depth analysis

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Authors and Contributors:

Experts:
Evert Ketting
Nino Lomia

UN Population Fund (UNFPA) Georgia Country Office

Lela Bakradze
George Mataradze
Natalia Zakareishvili

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Contents

Executive Summary

MICS is a large-scale representative survey that was initiated by UNICEF and started in 1995. There have been more than 300 since the start of it. MICS6 is the 6th edition of it, which started in 2016; data collection took place in the second half of 2018. The survey basically collects data on mother and newborn health, and immediately related issues. This means it covers a large part of SRH issues. In Georgia (2018) it was organized by UNICEF, UNFPA and Geostat (the National Statistical Bureau).

Georgia has one of the highest numbers of births per woman in Europe; the Total Fertility Rate in the country is 2.1 children in 2018,[1] which means that this is the average number of children a woman in Georgia will get during her lifetime. Almost two-thirds of married women of fertile age (64%) do not want to get pregnant at all or not in the next two years. Those women are in need of family planning because they can get pregnant, but they do not want to. Of those 64% about 23% do nevertheless not use a method of contraception, and therefore run the risk of facing an unwanted pregnancy. The remaining 41% do use contraception; almost 33% of them use a modern method and 8% uses a traditional method of contraception. The 41% contraceptive users is very low for international standards. Globally, the comparable average is 62%. The 23% not using anything, and still not looking to get pregnant, is also a very high and quite alarming percentage in international perspective. Similar percentages would only be found in poor countries in the developing world. In Eastern European and Middle Eastern countries this "unmet need for family planning" is about half the Georgian percentage!

This high unmet need for family planning is a very general characteristic of Georgian society. It varies a bit, depending on level of education, wealth of the family and other variables, but not much. What is even more remarkable is that the percentage of contraceptive users even declined in the past 8 years. In 2010 still 53.4% of married or cohabiting couples used a method, but this declined to 45% in 2018 for the same age group of 15-44 years. Use of traditional methods decreased by about half since 2010, whereas use of modern methods increased a little bit. By 2018, knowledge of modern contraception has nevertheless become almost universal in Georgia. But, lack of sexuality education in schools is responsible for a low awareness among young women, who also lack essential knowledge in the field of family planning.

The result of the poor status of family planning in general is that recourse to abortion to prevent unwanted childbearing is still (very) high for international standards. The total induced abortion rate (TIAR) in Georgia was 0.9094 in 2018; according to the preceding Reproductive Health Surveys this TIAR had been 3.7 in 1999, 3.1 in 2005 and 1.6 in 2010. It is likely that the rapid decline is at least partly caused by a trend among women of not reporting abortion experience. There are several reasons that could explain why women increasingly do not want to report this. Still, 28.8% of all abortions are done using the dilatation and curettage (D&C) method. This method is considered outdated, and hardly used anymore in Western countries. The share of the use of so called medication abortion (the "abortion pill") is at the same time increasing quite rapidly. The stillbirth rate (children borne dead) is 21.9 per 1,000 deliveries which is also very high for European standards. Georgia has the highest stillbirth rate in this region.

1 National Statistics Office of Georgia (2018) https://www.geostat.ge/en/modules/categories/319/births

The number of births among young women (15-19 years) in Georgia has been high in the past, but since 1995 it has declined rapidly, from 65.7 per 1,000 women 15-19 years in 1995 to 32.3 in 2018. Still the rate is much higher than in other European countries.

The vast majority of new-borns (91.6%) in Georgia receive a health check during the first 4 weeks after birth. Similar health checks for delivering women are less common (about half of them).

Georgia is classified as a low HIV prevalence country, with an HIV infection rate of 0.4% among the adult population. The vast majority of the population has at least heard about AIDS (90.8%). Knowledge about infection risks and ways to prevent infection is still very far from perfect. One quarter to half of the women are poorly informed about this subject, and men's knowledge is even a bit worse. Knowledge on mother to child transmission of the HIV-virus among the population is even more seriously limited. There is also a lot of fear for infection, but that fear is not strong enough to arouse feelings of shame if a relative would be infected. Depending on how it is measured, about half of the people in Georgia tend to avoid contact with people who might be infected with the HIV virus or even discriminate those people.

In general, knowledge and attitudes related to SRH issues among people with a non-Georgian ethnic background is (much) more limited than among ethnic Georgian people. Other socio-economic and demographic variables, like level of education, wealth, region, and age, also affect the knowledge and attitudes related to SRH.

Finally, the results indicate that a large majority (79%) of women feel that for decisions in the fields of sexuality, contraception and healthcare they are not dependent on their husband or partner. They feel that they themselves can take decisions about their own reproductive health care, or they do this together with their husband/partner. An exception to this is that most young married women (about 29% among 15-19 year olds) feel that they cannot refuse to have sexual intercourse. Among older married women this percentage is usually not much more than half of this.

1. Introduction

The Multiple Indicator Cluster Survey 6 (MICS6) was launched in Georgia in September 2018 with the start of data collection, that lasted until the end of the same year. MICS is one of the largest household surveys worldwide that collects high quality, internationally comparable data about the situation of children and women. It has collected data from over 14,000 households in Georgia, and it was conducted by the National Statistics office of Georgia (Geostat) with technical and financial support from UNICEF, UNFPA and the National Center for Disease Control and Public Health. Financial support to the survey was also provided by SIDA, USAID, AFD, SDC, UNFPA, UNDP, WHO, the World Bank, and the Italian Institute of National Health.[2] MICS surveys collect data on education, health, family planning and induced abortion, as well as on early marriage, internally displaced persons and national minorities. The surveys provide nationally and regionally representative data on 48 per cent of the United Nations Sustainable Development Goal indicators. The results of the survey help the Government of Georgia with evidence-based decision making and policy planning to improve the life of vulnerable families and children. The results of MICS6 were initially planned to be publicly available in spring 2019, but in practice, the formal Georgia MICS R6 launch event occurred on November 30, 2019.

The first round of surveys (MICS1) was carried out in over 60 countries in (mainly) 1995 and 1996 in response to the World Summit for Children[3]. MICS6 was started in 2016 and was planned to run through 2019. This 6th edition would collect baseline data for the new set of global goals and targets: the Sustainable Development Goals (SDGs). In early 2018, a total of more than 300 surveys had been completed in more than 100 countries. At the core of MICS is the list of indicators. In MICS6 this is a compilation of 200 distinct indicators. The list is not inclusive of all standard tabulations produced in a full survey, but forms those that are central to global monitoring by UNICEF and others. Survey-specific additional questions are always suggested to follow the same guidelines: No question should be asked without a clear plan for tabulation of results. The MICS is highly comparable to the Demographic and Health Survey (DHS). In Georgia DHS surveys have not been done, but instead there have been Reproductive Health Surveys (RHS), that are largely comparable to the DHS. The last Georgian RHS was implemented in 2010 (and before that in 2005 and 1999). Where identification of trends is possible and useful for this report, comparisons will be made with the results of these previous RHS surveys.

2 UNFPA Georgia, 2018. Large-scale survey being launched in Georgia will assess the situation of families, children and women. https://georgia.unfpa.org/en/news/large-scale-survey-being-launched-georgia-will-assess-situation-families-children-and-women. Accessed 16-11-2019.

3 Wikipedia. Multiple Indicator Cluster Surveys (MICS). https://en.wikipedia.org/wiki/Multiple_Indicator_Cluster_Surveys

2. Need and demand for family planning and desired number of children

2.1. Actual and desired family size (Table TM.13.3 CS)

According to MICS6 (2018), the average number of children wanted by women in Georgia, before they started childbearing, is 2.8. In international perspective, but also for Georgia itself, this number is high. In the previous Reproductive Health Surveys, done in 1999, 2005 and 2010, a question about the desired number of children had not been asked. Nevertheless, estimates based on the actual development of fertility, as assessed by the successive surveys in the three years mentioned, give some indication of the trend in desired number of children. The Total Fertility Rate (TFR), which equals the total number of children a woman will have during her lifetime if current fertility rates remain constant, is a reasonable indicator[4] for the development of desired fertility rates, although the former can be lower, particularly because of infertility or subfertility. In the three years just mentioned the TFR had been substantially lower than the 2.8 desired number of children per woman. The TFR had been 1.7 in 1999, 1.6 in 2005 and 2.0 in 2010. In 2018 much more than half (60.0%) of all women in the survey indicated that they would have liked to have three or more children, before they actually had their first child; 42.1% ultimately wanted to have three children, 12.6% wanted four children and 5.3% wanted five or even more children (Figure 2.1). It should not be forgotten that these percentages do not relate to the year mentioned (2018 in this case), but to a year somewhere in the past, because women were asked to indicate how they felt about their desired family size before the birth of their first child, which is mostly several years back. So the given percentages do not represent preferences in 2018. But still, there has been an increase in the number of children born during the past one and a half decade. After a continuous drop since 1958, the Georgian birth rate reached a low point in 2003 with 11.7 children born per 1,000 inhabitants. This relatively low birth rate has, at least partly, been caused by the dramatic economic downturn that took place in all former Soviet republics after the collapse of the Soviet Union in 1991[5]. In the next 10 year (2003-2013) the birth rate in Georgia increased again slightly to 14.2 per 1,000 in 2013. This may have resulted from a gradual improvement of economic conditions, but probably also from the announcement of the patriarch of the Georgian Orthodox Church in 2007, that he would personally baptize all third and higher order children born in the country. He continued to do this from his announcement onwards. After 2013 the birth rate started to *decline* again slightly to 13.6 in 2018[6]. In terms of the Total Fertility Rates (TFR)[7] Georgia has one of the highest numbers of births per woman in Europe[8].

4 The desired number of children is almost always higher than the TFR, because, among other things, the latter does not capture the children women want but do not get because they are infertile or sub-fertile.

5 Sobotka, T. (2011). Fertility in Central and Eastern Europe after 1989: collapse and gradual recovery. Historical Social Research, 36(2), 246-296. https://doi.org/10.12759/hsr.36.2011.2.246-296, accessed 2/12/2019.

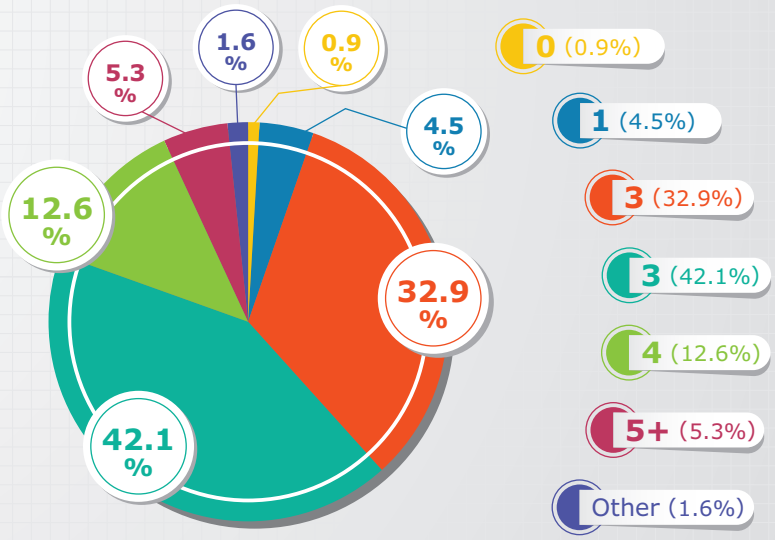
6 Macrotrends. https://www.macrotrends.net/countries/GEO/georgia/birth-rate, accessed 5/11/2019

7 The TFR is equal to the total average number a woman will get during her lifetime if current age specific fertility rates would remain constant.

8 A detailed analysis of the TFR in Georgia is given in: Hakkert R. (2017). Population Dynamics in Georgia; an overview based on the 2014 General Population Census data. National Statistics Office of Georgia & United Nations Population Fund (UNFPA) Office in Georgia. Tbilisi. https://georgia.unfpa.org/sites/default/files/pub-pdf/3.%20Population%20Dynamics_ENGL%20_print_F.pdf. Accessed 16/12/2019

Figure 2.1:

Percentage distribution of women aged 15-49 years by number of children desired before first childbirth



2.2. Correlates of desired family size

The 2.8 desired number of children does not show large variation in the country. It applies to both urban and rural regions, and between regions, the number varies only between 2.6 and 2.9 children. There is some variation with the age of responding women in MICS 2018. It tends to be lower among young women (2.4 among 15-19 year olds), and higher among women aged 35 years and older (2.9). The slightly declining trend in desired number of children is most visible in the shares of women who want three or more children. Among 15-19 year old women this share is 40.7%; in the age group 20-24 it is 60.2%; and in the eldest age group of women 40-49 years this is 65.6%. It is remarkable that women that had higher education want to have more children than women with only primary or lower secondary education. In the first category 66.0% wants 3 or more children, whereas only 55.3% of the lower educated women want this. Usually the higher educated women want fewer children than the lower educated ones. There is also hardly any variation in the desired number of children by the wealth of women. In the poorest as well as in the highest wealth quintiles this is both 2.8 children. The ethnic minority women in the country have a slightly lower desired family size (Azerbaijani women 2.7, and Armenian women 2.5 children) than the Georgian origin women (2.8).

2.3. Need and demand for family planning (Table TM. 3.3CS)

"Unmet need for family planning" is a standard term in the family planning literature. It is defined by the World Health Organization: "Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child". The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior".

In MICS6 only women who are married or living with a partner have been asked questions on their need for family planning. Unmarried women, who do not cohabit with a male partner have not been asked this question. Obviously, these latter women are not supposed to have sexual contacts. To a large extent this opinion is correct. Unmarried women in Georgia are not supposed to have sexual contacts, and in reality a large majority of them do not report such contacts. In this respect Georgia looks like being different from the vast majority of countries in Europe. A recent study by the United Nations on sexual contacts of unmarried women aged 15-49 (most of the un-

married are under 25 years) shows that in south-eastern European countries roughly 20% of those women did have sexual contacts in the past 4 weeks (United Nations 2017). This percentage varied between 0.8% in Armenia and 40.8% in Serbia. In Kazakhstan and Kyrgyzstan this was 15.8% and 3.4% respectively. But also, a recent study in Georgia[9] indicates that among interviewed women aged 18-44 years 14.3% had their first sexual contact while they were not (yet) married. Sexual contacts between unmarried partners are in other words not so uncommon in the South-Eastern European region as is sometimes thought, although it is true that particularly in the Caucasian countries such contacts are highly taboo. Nevertheless, in reality sexual behavior seems to be gradually changing.

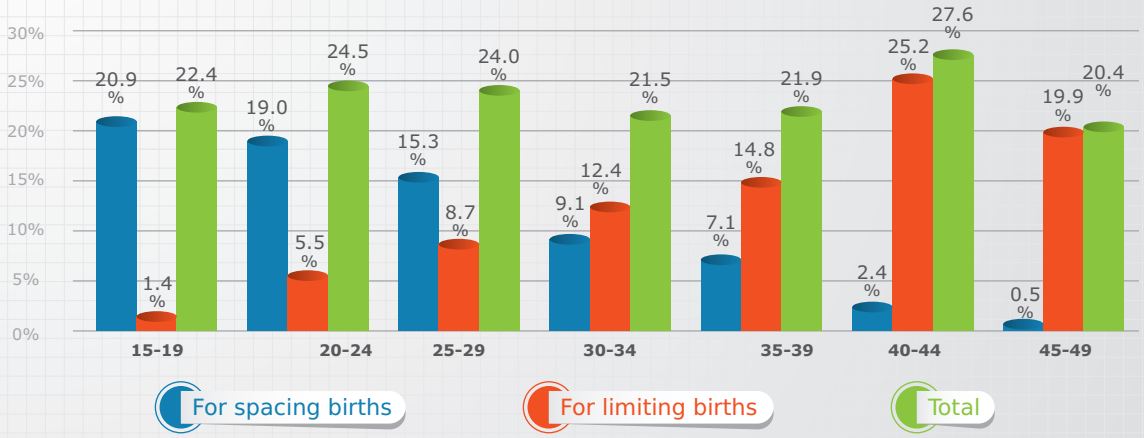
The MICS6 data indicates that 64% of women in Georgia are in need of family planning because they are of reproductive age and married or living with a partner, and they do not want to get a child in the next two years, or they do not want any additional children at all. Of those 64% of all women 27.2% needed family planning for spacing between the birth of children, and 36.8% needed it because they did not want to get (more) children. In other words, almost two-thirds (64%) of married women have a (potential) demand for contraception, including those who have an unmet need for some contraceptive method (23.1%) and those who currently use any contraception (40.9%). The 23.1% with an unmet need for contraception is very high for a European country. A study by the Population Reference Bureau (2007)[10] indicated that during the period 2000-2005 this unmet need was about 10% in North Africa and Western Asia, 11% in South and South-East Asia, 12% in Latin America and the Caribbean, and 24% in Africa South of Sahara. Georgia has the same level of unmet need as Africa South of Sahara, and it is far higher than in other developing regions. Besides this, 23.1% that should use a contraceptive method, but did not do so, there are in MICS6 40.9% of women that did use a method of contraception. Of those 40.9% three-quarters (32.6%) uses a modern method and 7.9% uses a traditional method. Those percentages are very low in international perspective. The global percentage of married women using any method of contraception is currently 62% (PRB 2019[11]). This is the worldwide average, including poor countries. The use prevalence in Georgia is only 40.9%, which is only two-thirds of this global average of 62%!

9 Abzianidze T, Butsashvili M, Kajaia M et al. (2019). Generational differences in current sexual behavior among Georgian reproductive-aged women. International Journal of Women's Health 2019:11 301-308. https://www.researchgate.net/publication/332886714_Generational_differences_in_current_sexual_behavior_among_Georgian_reproductive-aged_women. Accessed 1/12/2019

10 Population Reference Bureau (2007). Unmet need for family planning persists in developing countries. https://www.prb.org/unmetneed/ - Accessed 2/12/2019.

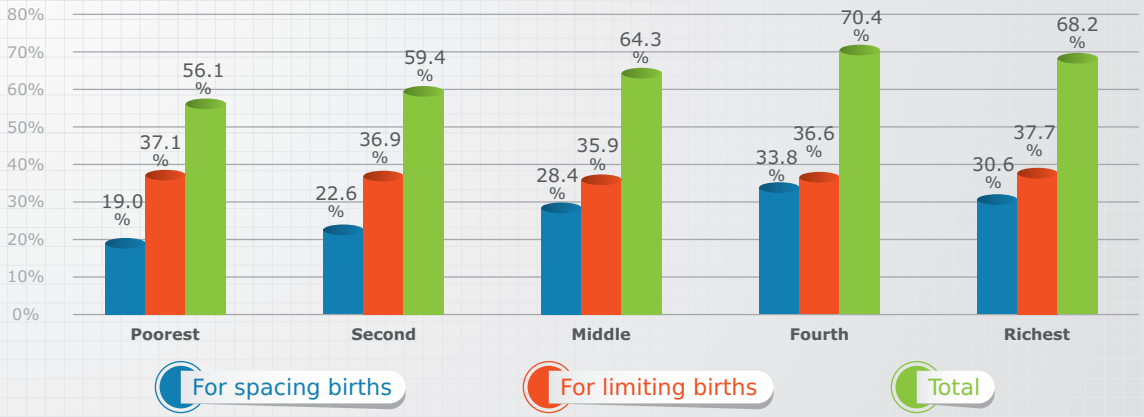
11 Population Reference Bureau (2019). 2019 Family Planning Data Sheet. Highlights Family Planning method Use around the World. https://www.prb.org/2019-family-planning-data-sheet-highlights-family-planning-method-use-around-the-world/. Accessed 2/12/2019.

Figure 2.3.1: Unmet need for family planning by age group among women aged 15-49 years



One would expect that this very low prevalence of contraceptive use would particularly be found in poor and remote rural areas, but this is hardly the case. The unmet need for family planning in Georgia is 22.0% in urban and 24.9% in rural areas, which is only a small difference. In the capital city of Tbilisi this is 22.1%. Furthermore, there is virtually no difference in unmet need between age categories of women (Figure 2.3.1). Also in terms of educational level the differences are only small: 26.0% of lower educated women (below upper secondary school) have an unmet need for family planning, against almost 21.0% of higher educated women. Armenian women have a slightly higher unmet need (28.0%) than Georgian women (22.8%), but in fact both are very high. And finally, the poorest women have a somewhat higher unmet need (26.2%) than the most wealthy women (20.4%), yet with the reverse being true for the demand (Figure 2.3.2). In summary, unmet need for family planning is a very general characteristic of Georgian society and this need is very high, for international standards, among all categories of the population. The differences between sub-categories of the population are small.

Figure 2.3.2: Total demand for family planning by wealth quintile among women aged 15-49 years



According to the report of the RHS 2010, 64.7% of married women in that sample were at risk of unwanted pregnancy, because they were married, currently not preg-

nant or immediately post-partum, not seeking pregnancy, and not infecund or sub-fecund. At the same time, they did not want to become pregnant. Of those 64.7% in 2010 there were 53.4% who were using contraception (34.7% a modern method and 18.5% a traditional one). These married women can be compared to the "married or in union" category in the MICS6 sample. In this sample, 64% of the women were potentially at risk of unwanted pregnancy, which is almost equal to the 64.7% eight years earlier. Of those 64% the share of women who were using contraception was 40.9% (32.6% used a modern method and 8.3% a traditional one). The comparison between the two datasets shows in the first place that contraceptive use of any method *declined considerably since 2010* in this category of women aged 15-44 years; it went down from 53.4% in 2010 to 45.4% in 2018. Secondly, the comparison indicates that almost this entire decline was due to diminished use of *traditional methods of contraception that declined substantially*, from 18.5% in 2010 to only 8.5% in 2018 (see Annex 1). This decline was, however, not compensated by a similar increase in the percentage of women using a modern method. The unmet need for *modern contraception* – that is women not using any method plus women using a traditional method - went from 30.5% in 2010 to 32.6% in 2018[12] in the same age group (see Annex 1). This comparison indicates that contraceptive use deteriorated between 2010 and 2018! It should immediately be added here that the same trend in contraceptive use could have been observed in the age group of 45-49 year old women included in the MICS6 sample, in contrast to the RHS 2010 sample (see also paragraph 3.1. below). Overall, contraceptive use became far less prevalent and the use of traditional methods declined by half and was not compensated by a similar increase in the use of modern contraception.

12 Figure is adjusted to 15-44 age group to make it fully comparable to RHS data.

Table TM.13.3CS: Desired number of children (women)

Percentage of women aged 15-49 by desired number of children before the first childbirth (in their whole life), 2018 Georgia MICS

	Average desired number of children before the first childbirth[1]	Percentage distribution of women age 15-49 years by desired number of children							Total number of women
		Desired number of children						Other	
		0 (None)	1	2	3	4	5+		
Total	**2.8**	**0.9**	**4.5**	**32.9**	**42.1**	**12.6**	**5.3**	**1.6**	**6,812**
Area									
Urban	2.8	1.0	4.9	32.4	42.1	12.5	5.2	1.9	4,392
Rural	2.8	0.7	3.7	34.0	42.2	12.9	5.3	1.1	2,420
Region									
Tbilisi	2.8	0.8	5.5	31.5	41.1	13.4	5.2	2.5	2,621
Adjara A.R	2.8	1.4	4.0	31.6	46.0	9.8	5.2	1.9	736
Guria	2.8	1.2	3.9	35.5	42.4	9.5	6.3	1.3	155
Imereti, Racha-Lechkhumi & Kvemo Svaneti	2.9	0.0	2.6	29.4	48.3	13.8	5.0	0.9	826
Khakheti	2.9	0.7	4.8	31.6	41.0	15.4	6.4	0.2	412
Mtkheta-Mtianeti	2.9	1.7	3.5	28.9	43.6	15.3	5.3	1.7	154
Samegrelo-Zemo Svaneti	2.6	0.9	3.2	46.5	34.7	9.0	4.7	0.9	454
Samtskhe-Javakheti	2.7	2.3	2.1	38.3	41.9	11.9	2.8	0.7	238
Kvemo Kartli	2.8	1.0	5.3	33.2	40.9	12.0	6.7	1.0	780
Shida Kartli	2.7	1.6	4.1	34.8	40.6	13.1	4.3	1.5	436
Age									
15-19	2.4	3.9	8.3	47.0	29.2	6.2	4.3	1.0	533
15-17	2.3	4.5	11.2	49.8	23.7	5.5	3.7	1.5	324
18-19	2.6	3.0	3.8	42.8	37.8	7.2	5.1	0.3	209
20-24	2.8	0.7	4.2	35.0	37.1	14.9	5.5	2.7	783
25-29	2.7	0.3	3.4	36.4	44.9	9.9	3.9	1.3	1,177
30-34	2.8	0.2	4.2	30.3	45.1	14.7	3.9	1.7	1,207
35-39	2.9	0.5	4.3	31.5	43.3	13.3	5.2	1.9	1,153
40-44	2.9	1.2	5.4	28.2	43.2	13.8	7.0	1.2	1,010
45-49	2.9	1.4	3.4	29.3	43.8	13.1	7.4	1.6	950
Education									
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Primary or Lower Secondary	2.8	0.6	5.5	38.6	35.0	13.8	4.5	1.9	631
Upper Secondary	2.7	1.4	5.1	38.3	40.6	9.2	4.1	1.3	1,718

Vocational Education	2.8	0.6	2.7	33.8	43.7	12.9	5.3	1.0	1,308
Higher	2.9	0.8	4.6	28.6	43.8	14.2	5.9	2.0	3,148
Number of living children									
0	2.7	2.9	5.9	35.1	36.6	10.7	5.4	3.4	1,682
1	2.6	0.4	8.1	35.2	43.6	9.3	2.4	1.0	1,339
2	2.8	0.2	2.5	40.0	40.1	12.3	3.8	1.0	2,717
3	3.2	0.2	2.7	7.6	62.8	16.9	8.5	1.2	897
4+	4.2	0.0	1.8	14.4	10.2	39.3	32.6	1.8	177
Functional difficulties (age 18-49 years)									
Has functional difficulty	3.1	1.7	5.5	22.8	39.4	17.8	11.3	1.6	639
Has no functional difficulty	2.8	0.6	4.0	33.1	43.5	12.5	4.7	1.7	5,849
Ethnicity of household head									
Georgian	2.8	0.9	4.3	31.9	42.7	12.9	5.5	1.8	5,957
Azerbaijan	2.7	0.4	6.4	40.9	35.5	12.0	4.0	0.8	397
Armenian	2.5	1.7	3.3	45.0	41.8	6.9	1.2	0.1	330
Other	2.9	2.2	7.7	26.6	38.5	16.0	8.0	0.9	128
IDP status of household head									
IDP	2.9	2.2	3.6	30.1	43.0	12.9	7.3	0.8	350
Non-IDP	2.8	0.8	4.5	33.1	42.1	12.6	5.1	1.7	6,462
Wealth index quintile									
Poorest	2.8	0.4	4.7	38.9	37.1	11.6	6.0	1.3	1,055
Second	2.8	1.2	4.5	31.4	44.8	12.8	4.3	1.1	1,284
Middle	2.9	1.3	1.8	32.6	42.5	13.1	7.2	1.5	1,332
Fourth	2.7	0.8	6.4	31.5	41.8	12.8	3.9	2.9	1,509
Richest	2.8	0.9	4.6	31.9	43.4	12.6	5.2	1.3	1,632

1 MICS Country Specific indicator TM.3CS - Desired number of children

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.3.3CS: Need and demand for family planning (currently married/in union)

Percentage of women age 15-49 years who are currently married or in union with unmet and met need for family planning, total demand for family planning, percentage of demand for family planning satisfied by method and, among women with need for family planning, percentage of demand satisfied by method, 2018 Georgia MICS

	Unmet need for family planning			Met need for family planning (currently using contraception)			Total demand for family planning			Percentage of demand for family planning satisfied with:		Number of women currently married or in union	Percentage of demand for family planning satisfied with:		Number of women currently married or in union with need for family planning
	For spacing births	For limiting births	Total	For spacing births	For limiting births	Total	For spacing births	For limiting births	Total	Any method	Modern methods		Any method	Modern methods[1]	
Total	**8.3**	**14.8**	**23.1**	**18.9**	**22.0**	**40.9**	**27.2**	**36.8**	**64.0**	**40.9**	**32.6**	**4,920**	**63.9**	**51.0**	**3,150**
Area															
Urban	8.4	13.6	22.0	22.0	23.0	45.1	30.5	36.6	67.1	45.1	37.7	2,986	67.2	56.2	2,003
Rural	8.2	16.7	24.9	14.0	20.5	34.4	22.2	37.2	59.3	34.4	24.9	1,934	58.0	41.9	1,148
Region															
Tbilisi	8.2	13.8	22.1	24.1	23.0	47.1	32.3	36.9	69.2	47.1	39.3	1,709	68.1	56.7	1,183
Adjara A.R	9.3	18.4	27.7	16.6	14.1	30.7	25.9	32.5	58.5	30.7	26.1	531	52.6	44.6	310
Guria	8.7	15.0	23.7	13.8	20.7	34.5	22.5	35.7	58.2	34.5	25.1	123	59.3	43.1	72
Imereti, Racha-Lechkhumi and Kvemo Svaneti	8.3	12.8	21.0	16.0	20.1	36.0	24.2	32.9	57.1	36.0	31.7	639	63.1	55.5	365
Khakheti	8.5	16.2	24.6	15.6	25.0	40.5	24.0	41.1	65.2	40.5	32.2	325	62.2	49.4	212
Mtkheta-Mtianeti	7.6	14.8	22.3	17.8	22.2	39.9	25.3	36.9	62.3	39.9	27.3	111	64.1	43.8	69
Samegrelo-Zemo Svaneti	10.8	13.8	24.6	13.2	23.5	36.6	24.0	37.3	61.3	36.6	31.6	339	59.8	51.5	208
Samtskhe-Javakheti	11.0	21.8	32.8	8.3	13.0	21.3	19.3	34.8	54.1	21.3	17.7	195	39.4	32.6	105
Kvemo Kartli	7.5	14.1	21.6	19.2	23.8	43.0	26.7	37.9	64.6	43.0	26.2	622	66.6	40.6	402
Shida Kartli	4.8	14.7	19.5	17.9	31.5	49.3	22.7	46.2	68.9	49.3	37.7	326	71.6	54.7	224

Age															
15-19	20.9	1.4	22.4	27.6	1.0	28.6	48.5	2.5	51.0	28.6	13.8	60	(56.2)	(27.2)	30
20-24	19.0	5.5	24.5	36.9	6.2	43.2	55.9	11.8	67.6	43.2	33.8	389	63.8	50.0	263
25-29	15.3	8.7	24.0	36.9	15.0	51.8	52.2	23.7	75.9	51.8	44.6	928	68.3	58.8	704
30-34	9.1	12.4	21.5	25.7	24.6	50.3	34.8	37.0	71.8	50.3	42.7	982	70.0	59.5	705
35-39	7.1	14.8	21.9	13.1	33.8	46.9	20.2	48.6	68.8	46.9	37.3	965	68.1	54.2	664
40-44	2.4	25.2	27.6	5.4	27.2	32.6	7.8	52.4	60.2	32.6	21.7	821	54.2	36.0	494
45-49	0.5	19.9	20.4	0.4	16.6	17.0	0.9	36.5	37.4	17.0	12.1	775	45.5	32.5	290
Education															
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2	(*)	(*)	2
Primary or Lower Secondary	7.5	18.0	25.5	12.0	23.8	35.9	19.5	41.8	61.4	35.9	23.4	485	58.5	38.2	298
Upper Secondary	8.3	17.9	26.2	15.7	20.2	35.9	23.9	38.1	62.1	35.9	26.7	1,182	57.8	43.0	734
Vocational Education	7.5	16.4	23.9	15.1	19.8	34.9	22.7	36.2	58.9	34.9	28.7	1,070	59.3	48.8	630
Higher	9.0	11.6	20.6	24.0	23.6	47.6	32.9	35.3	68.2	47.6	39.8	2,180	69.8	58.4	1,487
Functional difficulties (age 18-49 years)															
Has functional difficulty	8.8	18.1	26.9	12.6	18.7	31.3	21.5	36.8	58.3	31.3	26.4	463	53.8	45.3	270
Has no functional difficulty	8.2	14.5	22.7	19.4	22.5	41.9	27.6	37.0	64.6	41.9	33.4	4,434	64.9	51.7	2,866
Ethnicity of household head															
Georgian	8.3	14.4	22.8	19.5	22.2	41.7	27.8	36.7	64.5	41.7	34.2	4,258	64.7	53.1	2,745
Azerbaijani	8.8	13.4	22.2	15.2	25.8	41.0	24.0	39.2	63.2	41.0	19.5	348	64.9	30.8	220
Armenian	4.2	23.8	28.0	13.2	15.4	28.7	17.4	39.2	56.6	28.7	24.0	237	50.6	42.4	134
Other	19.6	14.4	34.0	19.2	14.4	33.6	38.8	28.8	67.5	33.6	29.8	76	49.7	44.1	52

IDP Status															
IDP	5.8	18.8	24.6	14.1	26.5	40.6	19.8	45.4	65.2	40.6	34.0	240	62.3	52.2	156
Non-IDP	8.5	14.6	23.1	19.1	21.8	40.9	27.6	36.4	64.0	40.9	32.6	4,680	63.9	50.9	2,994
Wealth index quintile															
Poorest	9.0	17.2	26.2	10.0	19.9	29.9	19.0	37.1	56.1	29.9	19.9	824	53.3	35.5	462
Second	7.9	14.9	22.8	14.7	21.9	36.6	22.6	36.9	59.4	36.6	27.2	1,008	61.6	45.7	599
Middle	7.9	17.1	25.1	20.4	18.8	39.2	28.4	35.9	64.3	39.2	31.4	985	61.0	48.8	633
Fourth	8.3	13.9	22.2	25.5	22.7	48.2	33.8	36.6	70.4	48.2	40.1	976	68.5	56.9	687
Richest	8.6	11.7	20.4	22.0	25.9	47.9	30.6	37.7	68.2	47.9	41.4	1,127	70.2	60.7	769
1 MICS Country Specific indicator TM.21CS - Need for family planning satisfied with modern contraception															
( ) Figures that are based on 25-49 unweighted cases															
(*) Figures that are based on fewer than 25 unweighted cases															

3. Contraception

3.1. Contraceptive use (Table TM.3.1)

According to MICS6 results, the overall contraceptive prevalence rate (CPR) was 40.9% among married women and women in union in Georgia; 59.1% of women did not use any method of contraception. The CPR of 40.9% is very low in every respect. In the world overview of contraceptive use in 2017 (United Nations 2017), the CPR in Georgia has been estimated at 52.8% in 2017, which is substantially higher than the 40.9% found in the MICS survey one year later. But the 52.8% estimate was published before the results of the MICS 2018 survey were available. The much higher 2017 prevalence estimate is likely to have been largely based on the RHS 2010[13] results, when the prevalence was indeed much higher: 53.4%.

The 2010 RHS and the 2018 MICS survey questions are largely comparable[14] and therefore incomparability cannot explain the much lower MICS prevalence in 2018. However, as mentioned above there has been one important difference between the 2010 and 2018 samples the addition of the category of 45-49 year old women to the 2018 MICS sample[15]. If the age group 45-49 years would not have been included in MICS 2018, the CPR would have been 45.4%[16] (instead of 40.9%), which is still low compared to 2010 (Figure 3.1.1 and Annex 1). It must be concluded that the use of contraception in Georgia declined substantially between 2010 and 2018 (from 53.4% to 45.4%). An explanation for this decline, which is based on evidence, is not immediately available. It could be hypothesized that it has been caused by a serious reduction of availability of free of charge contraceptive supplies that had in the past been made available by USAID and UNFPA. But this was discontinued some 5 years ago.

According to the Georgian website Gynopedia the causes of the low CPR would have been "decades of scarce contraceptive supplies, the lack of affordability of contraceptives, and the conservative influences of family life and the Orthodox Church"[17]. Furthermore, Gynopedia mentions that contraceptives are expensive for many Georgians, and the state-funded Universal Health Coverage programme does not cover contraceptives. Contraceptives are also not included in the essential drug list. Also, not using contraception on the ground of religious belief is a reality and shall be taken into consideration (see note14). The results of the 2017 world overview do indicate that the 40.9% CPR among 15-49 year old women in 2018 is indeed very low in this part of the world. This becomes clear if one looks at the estimated CPR for the Western Asia region that includes the three Caucasus countries plus all Middle Eastern countries. In this Western Asian region the CPR was 57.6%. For Eastern Europe it even was 68.7%; both are much higher than the CPR in Georgia.

13 Between 2010 and the MICS 2018 there has not been a nationally representative contraceptive survey in Georgia.

14 In 2010 the prevalence denominator was "married women" and in 2018 this was women "married or in union". However, the category of "women in union" in the 2010 survey had been very small: 1.4%, and this does not explain the difference between the estimated 2017 and the actual 2018 prevalence rate.

15 If this eldest age category (where contraceptive prevalence is much lower than the average) is eliminated the overall CPR in 2018 would have been 45.4%, instead of the 40.9%. So, the addition of 45-49 year old women in 2018 explains almost one third of the difference between 2010 and 2018.

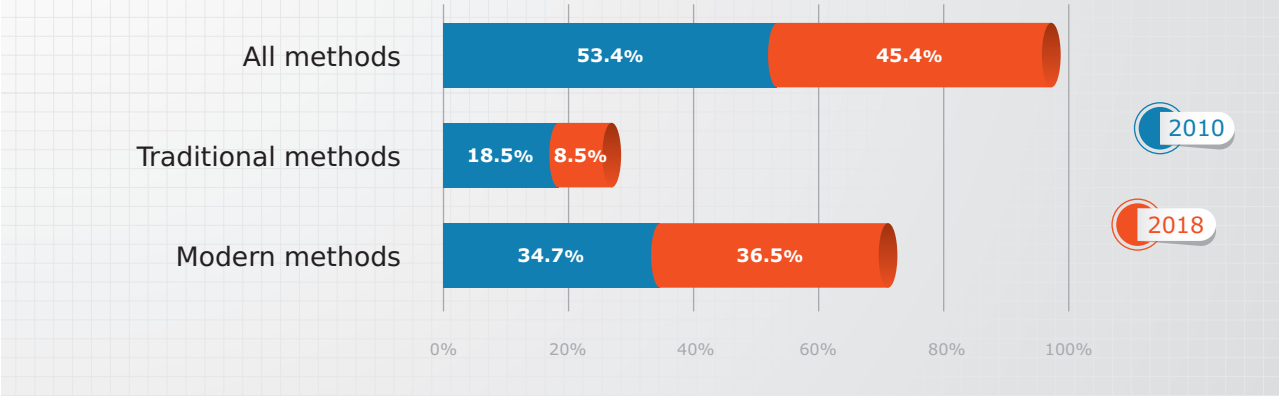
16 The sizable effect of the addition of this age group in 2018 is due to the very low use of contraceptives in this relatively old age group; elimination of this age group has a sizable upwards effect of the overall percentage of users.

17 Gynopedia. https://gynopedia.org/Tbilisi. Accessed 19-11-2019.

Most contraceptive users used a modern method of contraception in 2018 (32.6%). Of those women (or their partners) 13.8% used male condoms, 7.8% an IUD, 5.2% oral pills and 3.3% female sterilization. Only 7.9% used a traditional method (rhythm: 4.3%, or withdrawal: 3.2%)[18]. The 32.6% of women using modern methods would be higher if the age group 45-49 years would not be included. In this case it would be 36.5% of women (aged 15-44 years). Figure 3.1.1 below presents the percentages use of modern and traditional methods of contraception, among married or cohabiting women in 2010 and 2018 for the age group 15-44 years. The 2018 estimates corrected for the addition of the age group 45-49 years can be also found in Annex 1.

The results show that the use of all methods of contraception declined by 8% between 2010 and 2018, from 53.4% to 45.4%. Use of modern methods slightly increased (by 1.7%) and use of traditional methods decreased substantially (from 18.5% to 8.5%). This strong decline cannot be explained by differences in the way in which this question was asked, and therefore it seems to be a real decline.

Figure 3.1.1: Use of modern and traditional methods of contraception among married or cohabiting women, aged 15-44 years, in 2010 and 2018: GERHS 10 and MICS6 2018

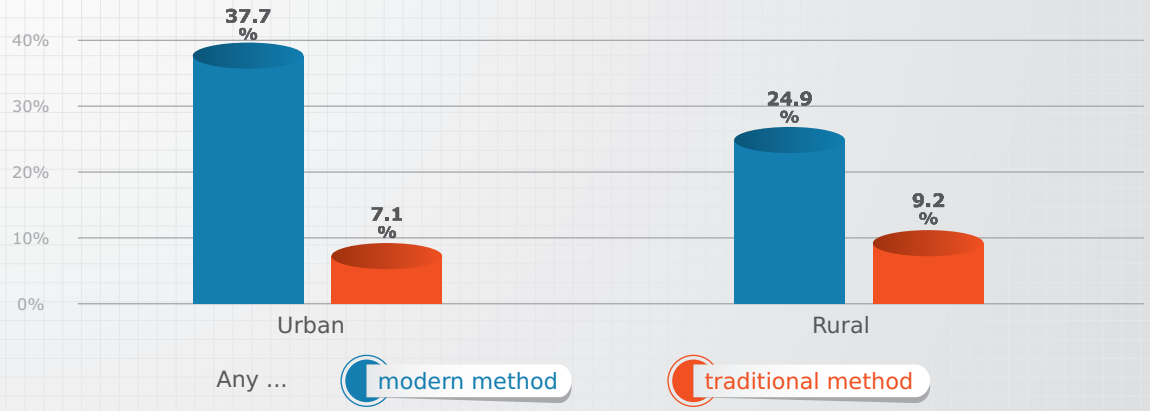


Modern contraceptive methods that are hardly used in Georgia are injectables, implants, diaphragm and female condom. Use of modern methods is substantially higher in urban than in rural areas (Figure 3.1.2), and in the more urban than in the more rural regions of the country. For example, in the capital Tbilisi, the (uncorrected) modern method use in 2018 is 39.3% against only 17.7% in Samtskhe-Javakheti. Use of modern contraception (particularly the condom) also varies strongly with age. It is highest in the age group 25-29 years (44.6%) and thereafter declines gradually to only 12.1% in the 45-49 year old age group. There are also positive correlations between modern method use and level of education and the wealth quintile of respondents (poorest 19.9% and richest 41.4%). These are correlations that are also found in most other countries.

18 Current use of traditional contraceptive method adjusted to the RHS comparable age group (15-44 yy) is estimated at 8,5%.

Figure 3.1.2:

Percentage of women aged 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method by rural-urban place of residence

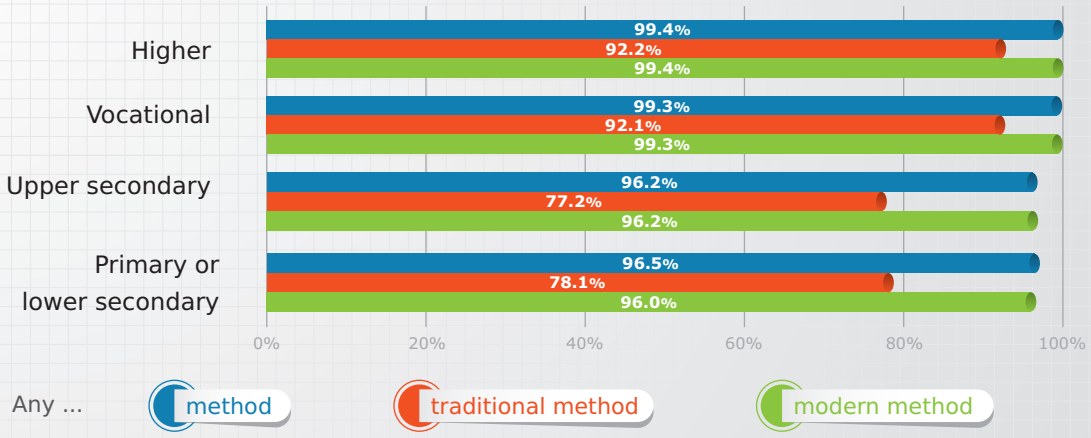


3.2. Contraceptive awareness (Table TM 13.1CS)

Do the people in Georgia know which contraceptives do exist? Have they heard about methods, other than the one they may be using? The answer is that many women that were interviewed for MICS6 had heard about other methods of contraception than the ones that were quite often used. For example, more than 80% of women had heard about female sterilization, while only 3.3% were using it. Similarly, 43.5% had heard about male sterilization, but less than one percent of their husbands had adopted this method. Almost all women (95%) knew about oral contraceptives ("the pill"), but only slightly more than five percent of them used this method. Nevertheless, there has been an increase in the use of some modern methods since 2010. Use of oral contraceptives in women aged 15-44 years increased from 2.2% in 2010 to 5.8%, and female sterilization (tubal ligation) almost doubled from 1.8% in 2010 to 3.4% in 2018. A slight increase was also observed in the condom use (13.6% in 2010 and 15.9% in 2018). The biggest difference with 2010 has been that use of traditional methods declined significantly as was mentioned earlier.

Figure 3.2:

Awareness of contraceptive methods by level of education among women aged 15-49 years



Awareness of the existence of certain types of contraceptives does not strongly vary across the country. It is true that for example, women in rural areas are a bit less aware of the range of contraceptive methods than urban women, but the differences are not really striking. Compared to 2010, the percentages of women who have heard about modern contraception slightly increased, but it could hardly increase further because this percentage was already high in 2010. In that year already 96.2% had heard about at least one modern method of contraception. If we look at awareness of single modern contraceptive methods in women aged 15-44 years and compare this with 8 years earlier, it looks like this: the condom was already very widely known in 2010, and thus could hardly become even more widely known; the IUD was known among 87.5% of women in 2010, which increased to 93.3% in 2018; and awareness of oral contraceptive methods increased significantly from 81.1% to 94.8%!

One could conclude that by 2018 knowledge of the existence of modern contraception had become almost universal in Georgia, but nevertheless, at two points a reservation has to be made regarding this conclusion. The first is that among ethnic minorities in the country awareness of the availability of methods is to some extent limited. Azeri women are definitely less aware of the existence of some methods and Armenian women are slightly less aware of them. The same holds true for the poorest and lower educated women (Figure 3.2). Interestingly, young and unmarried women are clearly less aware than older and married women. To illustrate this: the percentage of young women, aged 15-19 years, who have heard about the IUD is 58.5% in 2018, whereas among women of 25 years and older this is more than 97%! Similarly, only 42.7% or less than half of the youngest women have ever heard about female sterilization. Among women of 25 and older this is 86.1%, which is a huge difference. The same applies to awareness of male sterilization, implants, and injectable. Young women are usually not aware of those methods. This outcome indicates that information about contraceptive methods is not readily available in the country. Older women have become aware of them because they needed this information. One could say that the lack of sexuality education in schools is responsible for the low awareness among young women. In most other countries in Europe, young people learn about these topics in schools[19], but not yet in Georgia.

3.3. Contraceptive effectiveness (Table TM.13.2CS)

Users of contraceptives should ideally be fully informed about the risks and benefits and about the reliability (effectiveness) of the different methods, because this enables them to take informed decisions on their choice of a method. Therefore it is useful to take a closer look at knowledge of contraception, in particular the effectiveness of the different methods. The question that was asked in MICS6 was "which of the above mentioned contraceptive method is the most effective?" (in the previous question women were asked which method they were currently using). 18.9% of women could not answer this question, meaning that they did not know about the relative effectiveness of methods. The most effective methods according to the women were, in order of most to least effective: IUD (mentioned by 25.5%), male condom (21.7%), contraceptive pill (14.2%) and female sterilization (6.9%). Other methods were hardly mentioned. It is interesting that the IUD is most often mentioned as the most effective method. A rare exception is the youngest age group of women considering oral contraception as the most effective (Figure 3.3). In reality the IUD is indeed very effective and roughly comparable to oral contraception in this respect, but female sterilization is even more effective. Condoms are the least effective of the four methods mentioned, but they are nevertheless mentioned as the second most effective one. How can this pattern be explained? We do not know this precisely, but it seems like women tend to

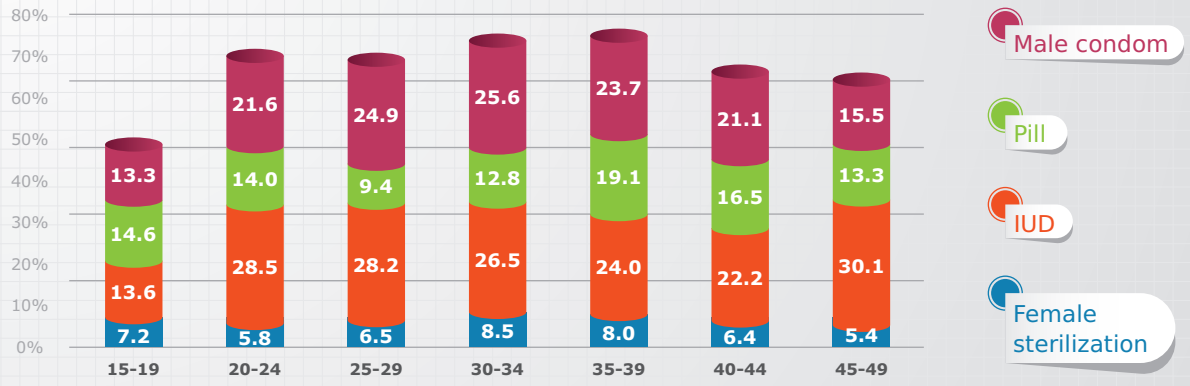
19 Ketting E, Ivanova O (2018). Sexuality Education in Europe and Central Asia: State of the Art and Recent Developments. An Overview of 25 Countries. Cologne: BZgA

mention the method they are currently using as the most effective one.

Most women are only aware of three or four methods[20] and they tend to mention one of those. Of course, they do not mention methods that they do not know. What these outcomes indicate is that the general level of knowledge about contraceptive effectiveness is very low. Most women think that the method they are using is the most effective one, and they are only aware of the existence of two or three other methods. The rest of the options is unknown. On the other hand, women in general are clearly aware that modern contraceptive methods are much more reliable (mentioned by 73.8% of women) than traditional ones (only 7.3% of women).

In terms of correlates of the knowledge about effectiveness, the pattern is similar to the one on awareness of methods. In urban areas the percentage of women who are unable to answer the question about effectiveness of methods is 16.6%; in rural areas this is 22.9%. Almost half of young women (15-19 years: 46.3%) don't know about this, compared to only about 16% of women age 25 and older. Lower educated women (only primary or secondary education) are less knowledgeable about reliability (27% cannot answer the question) than higher educated women (14%). The Georgian population (18% no knowledge) is better informed than other ethnic groups in the country (27% uninformed); the poorest wealth category is less informed than the highest one (27% versus 12% is uninformed); and married women (or women in union) know a lot better about effectiveness of methods than unmarried/not in union women (14% versus 32% is uninformed).

Figure 3.3: Percentage of women aged 15-49 years who perceive the contraception methods as the most effective



In summary, the most important outcome is that contraceptive knowledge and use in Georgia is poor compared to neighboring countries or countries in the same region. What is even more striking is the fact that use of contraception has even declined considerably in the eight years before 2018. Such a (strong) decline in a country is rare. What the reason for this has been is still unknown, so additional research at this point is much needed. Furthermore, awareness of the existence of different contraceptive methods is limited. Such awareness is even lower in typically deprived sub-sections of the population (rural, low education, and low wealth quintile). Also, knowledge about the reliability of contraceptive methods is limited. Women tend to answer that the method they are using is the most effective one, which is often not the case.

20 2010 survey results; in 2018 this question was not asked.

Table TM.3.1: Use of contraception (currently married/in union)

Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method, 2018 Georgia MICS

	Percentage of women currently married or in union who are using (or whose partner is using):																	Number of women currently married or in union
	No method	Modern method										Traditional method			Missing	Any modern method	Any traditional method	Any method[1]	
		Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm/ Foam/ Jelly	Candle	Periodic abstinence	Withdrawal	Other					
Total	**59.1**	**3.3**	**0.9**	**7.8**	**0.0**	**0.3**	**5.2**	**13.8**	**0.0**	**0.0**	**1.4**	**4.3**	**3.2**	**0.4**	**0.4**	**32.6**	**7.9**	**40.9**	**4,920**
Area																			
Urban	54.9	3.2	1.2	7.6	0.0	0.2	5.3	18.3	0.0	0.0	1.9	4.2	2.4	0.4	0.3	37.7	7.1	45.1	2,986
Rural	65.6	3.4	0.4	8.1	0.0	0.4	4.9	6.8	0.0	0.0	0.7	4.5	4.4	0.3	0.4	24.9	9.2	34.4	1,934
Region																			
Tbilisi	52.9	2.3	1.6	6.3	0.0	0.0	5.5	21.7	0.0	0.0	1.7	4.4	2.6	0.5	0.4	39.3	7.5	47.1	1,709
Adjara A.R	69.3	2.6	0.3	9.7	0.0	0.7	3.0	8.7	0.0	0.0	1.1	1.9	1.7	0.2	0.8	26.1	3.9	30.7	531
Guria	65.5	5.4	0.0	5.9	0.2	0.2	2.8	9.1	0.0	0.0	1.5	6.2	3.0	0.0	0.2	25.1	9.2	34.5	123
Imereti, Racha-Lechkhumi & Kvemo Svaneti	64.0	4.9	0.2	10.9	0.0	0.8	4.5	8.8	0.0	0.0	1.6	3.2	0.7	0.4	0.0	31.7	4.4	36.0	639
Khakheti	59.5	3.3	2.3	5.4	0.0	0.5	8.8	10.5	0.0	0.2	1.2	6.2	1.8	0.1	0.1	32.2	8.2	40.5	325
Mtkheta-Mtianeti	60.1	4.0	0.4	4.3	0.0	0.0	4.6	12.9	0.1	0.0	1.1	9.0	1.6	1.2	0.9	27.3	11.7	39.9	111
Samegrelo-Zemo Svaneti	63.4	8.9	0.6	7.0	0.2	0.4	6.5	7.1	0.2	0.0	0.7	2.1	2.5	0.0	0.5	31.6	4.6	36.6	339

Samtskhe-Javakheti	78.7	0.4	0.0	4.1	0.0	0.2	5.5	7.2	0.0	0.0	0.2	2.8	0.2	0.2	0.4	17.7	3.2	21.3	195
Kvemo Kartli	57.0	1.0	0.3	8.4	0.0	0.0	4.2	10.4	0.0	0.0	2.0	4.3	12.0	0.0	0.4	26.2	16.3	43.0	622
Shida Kartli	50.7	5.2	0.2	12.1	0.0	0.4	6.3	12.4	0.0	0.0	1.0	9.3	1.6	0.8	0.0	37.7	11.7	49.3	326
Age																			
15-19	71.4	0.0	0.0	8.7	0.0	0.0	0.0	5.2	0.0	0.0	0.0	0.0	14.8	0.0	0.0	13.8	14.8	28.6	60
20-24	56.8	0.9	0.1	10.0	0.0	0.4	4.3	15.8	0.0	0.0	2.3	2.0	6.6	0.4	0.4	33.8	8.9	43.2	389
25-29	48.2	1.7	0.6	12.2	0.0	0.8	6.5	20.5	0.0	0.0	2.1	2.2	4.2	0.6	0.3	44.6	7.0	51.8	928
30-34	49.7	2.9	0.8	10.2	0.1	0.2	4.9	22.2	0.0	0.0	1.6	3.0	4.1	0.1	0.3	42.7	7.3	50.3	982
35-39	53.1	5.6	2.0	6.4	0.0	0.3	9.0	12.8	0.0	0.1	1.2	7.2	1.4	0.2	0.7	37.3	8.9	46.9	965
40-44	67.4	4.6	0.6	4.5	0.0	0.0	3.5	7.7	0.0	0.0	0.7	7.0	3.2	0.3	0.4	21.7	10.5	32.6	821
45-49	83.0	2.9	0.6	3.5	0.0	0.0	1.8	2.2	0.1	0.0	1.1	3.8	0.6	0.5	0.0	12.1	4.9	17.0	775
Education																			
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Primary or Lower Secondary	64.1	2.8	0.1	9.1	0.0	0.0	5.8	4.8	0.0	0.0	0.7	3.4	8.2	0.6	0.3	23.4	12.2	35.9	485
Upper Secondary	64.1	3.0	0.2	9.3	0.0	0.3	5.6	7.5	0.0	0.0	0.8	4.1	4.2	0.1	0.8	26.7	8.4	35.9	1,182
Vocational Education	65.1	3.5	0.6	7.4	0.0	0.3	5.2	10.0	0.0	0.1	1.7	3.5	2.2	0.4	0.2	28.7	6.0	34.9	1,070
Higher	52.4	3.5	1.5	6.8	0.0	0.3	4.8	21.0	0.0	0.0	1.8	5.1	2.0	0.4	0.2	39.8	7.6	47.6	2,180
Number of living children																			
0	92.6	0.0	1.1	0.0	0.0	0.0	1.2	4.3	0.0	0.0	0.0	0.4	0.4	0.0	0.0	6.7	0.8	7.4	318
1	63.3	0.2	0.9	6.9	0.0	0.2	4.0	16.0	0.0	0.0	2.1	1.5	4.2	0.0	0.7	30.3	5.7	36.7	1,080
2	55.3	2.6	1.1	9.3	0.0	0.4	6.1	14.5	0.0	0.0	1.5	5.2	3.3	0.5	0.3	35.6	8.9	44.7	2,513
3	53.0	8.1	0.2	8.2	0.0	0.1	5.5	13.6	0.1	0.1	1.2	6.1	3.1	0.5	0.4	37.0	9.6	47.0	845
4+	57.0	15.6	0.0	4.5	0.0	0.0	4.7	6.0	0.0	0.0	0.0	9.2	1.8	1.2	0.0	30.8	12.2	43.0	163

Functional difficulties (age 18-49 years)																			
Has functional difficulty	68.7	5.7	0.1	3.3	0.2	0.0	5.3	11.7	0.1	0.0	0.1	1.6	2.7	0.4	0.3	26.4	4.6	31.3	463
Has no functional difficulty	58.1	3.0	1.0	8.3	0.0	0.3	5.2	14.0	0.0	0.0	1.6	4.7	3.1	0.4	0.4	33.4	8.1	41.9	4,434
Ethnicity of household head																			
Georgian	58.3	3.5	1.0	7.7	0.0	0.3	5.4	14.9	0.0	0.0	1.4	4.8	1.9	0.4	0.4	34.2	7.1	41.7	4,258
Azerbaijan	59.0	0.9	0.0	11.5	0.0	0.0	4.4	1.3	0.0	0.0	1.4	1.7	19.4	0.0	0.4	19.5	21.1	41.0	348
Armenian	71.3	1.5	0.7	5.4	0.0	0.0	3.7	12.7	0.0	0.0	0.0	1.7	2.7	0.0	0.2	24.0	4.4	28.7	237
Other	66.4	5.7	0.0	2.5	0.0	0.0	2.9	12.7	0.0	0.0	6.1	1.6	1.5	0.8	0.0	29.8	3.8	33.6	76
IDP status of household head																			
IDP	59.4	5.0	0.0	6.2	0.0	0.0	2.6	17.7	0.0	0.0	2.4	3.7	2.8	0.1	0.0	34.0	6.5	40.6	240
Non-IDP	59.1	3.2	0.9	7.9	0.0	0.3	5.3	13.6	0.0	0.0	1.4	4.4	3.2	0.4	0.4	32.6	8.0	40.9	4,680
Wealth index quintile																			
Poorest	70.1	4.1	0.4	6.4	0.0	0.1	4.7	3.8	0.0	0.0	0.4	2.9	6.2	0.2	0.6	19.9	9.3	29.9	824
Second	63.4	3.5	0.3	9.2	0.0	0.5	5.4	7.2	0.0	0.1	1.0	5.1	3.5	0.6	0.2	27.2	9.3	36.6	1,008
Middle	60.8	3.1	0.8	8.0	0.0	0.4	5.1	12.9	0.1	0.0	0.9	5.9	1.6	0.0	0.3	31.4	7.5	39.2	985
Fourth	51.8	3.3	1.5	8.1	0.0	0.4	6.0	16.9	0.0	0.0	3.8	4.0	3.1	0.6	0.5	40.1	7.6	48.2	976
Richest	52.1	2.7	1.2	7.1	0.0	0.0	4.7	24.9	0.0	0.0	0.9	3.7	2.2	0.3	0.3	41.4	6.2	47.9	1,127

1 MICS indicator TM.3 - Contraceptive prevalence rate

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.13.1CS: Contraception awareness (women)

Percentage of women age 15–49 years who have heard of any contraception methods, 2018 Georgia MICS

	Percentage of women age 15–49 years who have heard of any contraception methods:																	Total number of women
	No method / missing	Modern method										Traditional method			Any modern method	Any traditional method	Any method[1]	
		Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm / Foam / Jelly	Candle	Periodic abstinence	Withdrawal	Other				
Total	**1.7**	**81.3**	**43.5**	**93.7**	**55.7**	**58.3**	**95.0**	**95.2**	**49.1**	**42.6**	**76.7**	**82.0**	**73.7**	**3.4**	**98.2**	**87.0**	**98.3**	**6,812**
Area																		
Urban	1.0	85.7	47.3	94.4	57.5	62.3	96.6	98.1	54.0	46.0	80.7	85.4	76.7	3.0	98.9	89.2	99.0	4,392
Rural	2.9	73.4	36.7	92.5	52.3	50.9	92.2	89.9	40.2	36.5	69.5	75.7	68.3	4.0	96.9	83.0	97.1	2,420
Region																		
Tbilisi	0.3	87.8	46.7	95.2	54.3	60.4	97.9	99.4	54.5	44.8	82.7	88.7	79.8	2.5	99.7	92.2	99.7	2,621
Adjara A.R	5.0	71.5	48.6	90.7	55.3	62.6	90.3	92.3	45.5	47.0	71.3	71.4	72.2	4.6	94.9	79.8	95.0	736
Guria	0.7	87.4	35.1	96.2	58.8	61.4	96.7	97.6	42.6	42.1	81.9	85.6	73.9	1.9	99.2	88.4	99.3	155
Imereti, Racha-Lechkhumi & Kvemo Svaneti	1.6	86.1	46.8	94.9	67.4	68.9	94.5	96.7	57.2	50.6	80.8	83.6	70.1	1.9	98.4	85.1	98.4	826
Khakheti	1.1	78.7	39.4	94.4	50.3	57.8	96.4	95.4	49.6	40.8	74.4	83.0	69.2	10.0	98.7	87.6	98.9	412
Mtkheta-Mtianeti	0.9	82.4	36.3	92.6	52.3	49.0	95.6	96.3	42.5	38.8	79.9	84.0	68.7	3.4	98.9	87.0	99.1	154
Samegrelo-Zemo Svaneti	1.2	78.9	43.8	94.9	57.8	48.4	96.4	97.8	44.3	42.9	74.8	79.6	69.2	1.6	98.8	82.9	98.8	454
Samtskhe-Javakheti	5.4	64.4	48.2	85.8	57.6	54.5	88.2	87.9	33.0	32.5	47.6	64.3	48.0	2.2	94.3	71.8	94.6	238
Kvemo Kartli	2.8	72.9	35.1	92.9	47.0	46.1	92.9	83.0	37.1	31.7	69.2	73.4	76.1	5.0	96.9	86.4	97.2	780
Shida Kartli	2.5	76.7	30.9	91.1	60.0	54.4	91.0	93.3	46.9	35.5	72.5	80.6	67.1	2.9	97.5	84.6	97.5	436

Age																		
15-19	8.7	42.7	19.3	58.5	29.3	23.8	81.7	82.1	25.6	23.2	40.8	43.5	29.5	0.4	91.3	47.7	91.3	533
15-17	10.7	33.6	12.7	52.5	26.7	21.3	78.1	79.4	21.8	23.8	35.8	39.2	20.7	0.4	89.2	41.9	89.3	324
18-19	5.5	56.8	29.4	67.8	33.2	27.7	87.3	86.2	31.4	22.3	48.6	50.1	43.2	0.4	94.5	56.7	94.5	209
20-24	2.8	74.2	33.7	91.9	45.8	57.3	93.5	94.1	44.1	34.8	67.7	69.8	62.1	1.8	97.2	77.4	97.2	783
25-29	1.2	83.2	39.3	97.4	50.5	65.0	96.6	96.1	49.7	38.7	77.8	83.8	77.3	4.2	98.8	90.8	98.8	1,177
30-34	1.0	86.6	45.2	97.1	56.1	65.0	96.7	96.9	48.2	41.8	83.5	87.1	79.3	3.2	98.9	92.0	99.0	1,207
35-39	0.6	88.4	51.5	98.4	63.1	63.6	96.6	97.5	55.3	51.5	85.6	89.6	80.7	4.2	99.2	93.1	99.4	1,153
40-44	0.6	86.6	50.1	97.8	66.1	56.2	96.2	96.2	54.7	50.5	80.6	88.5	81.2	3.5	99.3	93.3	99.4	1,010
45-49	1.1	85.6	51.5	96.1	64.4	57.1	96.6	96.2	53.2	46.7	79.3	88.3	80.4	4.2	98.9	91.8	98.9	950
Education																		
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Primary or Lower Secondary	3.5	63.7	26.7	92.1	38.3	39.3	87.8	82.6	29.6	24.5	65.4	66.7	64.0	1.5	96.0	78.1	96.5	631
Upper Secondary	3.8	68.5	30.1	85.9	46.0	46.2	90.1	91.1	39.0	34.6	65.9	71.2	60.8	2.4	96.2	77.2	96.2	1,718
Vocational Education	0.7	85.7	42.7	97.0	63.0	65.7	97.4	97.4	50.6	47.5	82.0	87.6	77.7	4.8	99.3	92.1	99.3	1,308
Higher	0.6	90.2	54.6	97.0	61.5	65.7	98.3	99.1	57.9	48.7	82.8	88.6	81.1	3.7	99.4	92.2	99.4	3,148
Number of living children																		
0	5.1	66.2	37.3	81.2	44.7	44.0	89.7	91.2	43.1	34.7	61.2	63.0	51.5	1.4	94.9	67.9	94.9	1,682
1	0.6	86.2	43.8	97.8	55.4	61.9	97.1	97.8	50.6	46.5	80.4	88.2	82.0	4.1	99.4	92.7	99.4	1,339
2	0.6	87.3	46.8	98.1	61.3	64.7	97.1	96.6	53.0	45.8	83.4	89.7	81.4	4.1	99.3	94.3	99.4	2,717
3	0.8	83.2	44.8	97.0	59.9	60.7	96.3	94.2	47.0	43.1	79.7	84.1	79.4	3.5	99.1	90.9	99.2	897
4+	0.9	86.6	42.9	97.8	53.6	55.8	92.5	96.6	44.0	37.6	78.2	86.2	76.5	4.1	98.9	93.5	99.1	177

Functional difficulties (age 18-49 years)																	
Has functional difficulty	1.4	84.7	42.9	96.2	49.2	54.5	95.0	96.0	44.3	34.7	79.4	86.3	77.4	4.0	98.5	90.7	98.6	639
Has no functional difficulty	1.3	83.6	45.3	95.7	58.0	60.7	96.0	96.0	51.1	44.5	78.7	83.9	76.3	3.4	98.7	89.1	98.7	5,849
Ethnicity of household head																		
Georgian	1.4	83.9	46.1	94.1	58.3	61.3	95.7	97.3	52.5	45.2	79.0	83.9	74.6	3.6	98.6	87.9	98.6	5,957
Azerbaijani	4.0	52.4	12.3	93.2	30.8	27.5	87.0	66.4	16.0	15.1	56.0	58.4	75.0	2.0	95.1	81.4	96.0	397
Armenian	3.4	70.5	34.8	89.0	42.6	41.3	92.9	91.3	30.9	32.0	62.2	76.4	58.5	2.4	96.4	80.0	96.6	330
Other	3.8	80.8	40.3	89.2	45.4	58.1	95.5	93.5	41.6	36.1	70.0	77.5	67.4	0.5	96.2	81.9	96.2	128
IDP status of household head																		
IDP	1.9	82.1	40.7	92.4	55.1	59.0	94.7	97.9	50.4	38.9	79.3	83.2	72.2	1.4	98.1	86.5	98.1	350
Non-IDP	1.7	81.3	43.7	93.8	55.7	58.2	95.1	95.0	49.0	42.8	76.6	81.9	73.8	3.5	98.2	87.0	98.3	6,462
Marital status[A]																		
Currently married/in union	0.6	85.8	46.0	97.7	60.3	63.9	96.7	96.5	51.9	45.6	81.6	87.7	81.1	3.9	99.3	93.1	99.4	4,920
Currently unmarried/not in union	4.4	69.8	37.1	83.3	43.8	43.7	90.9	92.1	41.9	35.0	64.2	67.0	54.6	1.9	95.6	71.4	95.6	1,880
Wealth index quintile																		
Poorest	3.9	65.0	28.7	90.1	46.4	40.8	87.8	85.0	33.2	30.5	63.4	69.5	63.3	3.7	95.7	78.6	96.1	1,055
Second	2.4	76.8	41.2	93.1	52.7	53.3	94.0	93.0	44.6	36.9	71.1	78.1	69.0	4.1	97.5	83.9	97.6	1,284
Middle	1.8	83.0	42.9	94.2	56.8	61.9	96.2	96.6	48.9	45.0	79.0	83.1	72.5	2.5	98.2	86.7	98.2	1,332
Fourth	1.1	85.8	48.0	94.8	58.7	62.6	97.2	98.0	55.1	45.8	82.7	85.2	78.8	2.6	98.8	89.9	98.9	1,509
Richest	0.2	90.0	51.3	95.1	60.3	66.5	97.6	99.6	57.5	50.0	82.3	89.1	80.5	3.9	99.8	92.5	99.8	1,632

1 MICS Country Specific indicator TM.1CS - Contraception awareness

A Don't know/Missing has been suppressed from the table due to a small number of unweighted cases.

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.13.2CS: Knowledge of contraception effectiveness (women)

Percentage of women age 15-49 years who perceive the contraception methods as the most effective, 2018 Georgia MICS

	Percentage distribution of women age 15-49 years who perceive the contraception methods as the most effective:																		Total number of women
		Modern method										Traditional method							
	Do not know / Missing	Female sterilization	Male sterilization	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm/ Foam/ Jelly	Candle	Periodic abstinence	Withdrawal	Other	Total	Any modern method[1]	Any traditional method	Any method	
Total	**18.9**	**6.9**	**1.9**	**25.5**	**0.4**	**0.9**	**14.2**	**21.7**	**0.2**	**0.1**	**2.1**	**4.4**	**2.3**	**0.6**	**100.0**	**73.8**	**7.3**	**81.1**	**6,812**
Area																			
Urban	16.6	7.6	2.2	23.6	0.5	0.8	14.0	26.5	0.1	0.1	1.8	3.9	1.7	0.6	100.0	77.2	6.2	83.4	4,392
Rural	22.9	5.7	1.3	28.8	0.2	1.2	14.6	13.0	0.2	0.2	2.5	5.4	3.5	0.6	100.0	67.7	9.4	77.1	2,420
Region																			
Tbilisi	12.2	8.1	3.0	22.3	0.6	0.6	15.1	30.0	0.1	0.1	1.5	4.2	1.4	0.8	100.0	81.4	6.4	87.8	2,621
Adjara A.R	23.0	4.9	1.5	31.1	0.2	0.9	9.5	19.2	0.5	0.1	3.1	2.0	3.2	0.6	100.0	71.2	5.8	77.0	736
Guria	13.5	5.5	0.2	30.1	0.3	1.2	15.6	20.5	0.2	0.2	2.4	6.9	2.7	0.7	100.0	76.1	10.4	86.5	155
Imereti, Racha-Lechkhumi and Kvemo Svaneti	22.0	4.6	0.6	28.7	0.1	2.2	16.3	18.1	0.0	0.0	2.6	4.0	0.5	0.2	100.0	73.3	4.6	78.0	826
Khakheti	19.9	6.0	2.3	22.6	0.6	1.1	18.9	14.8	0.4	0.5	3.6	7.6	0.9	0.8	100.0	70.7	9.3	80.1	412
Mtkheta-Mtianeti	16.5	10.7	2.2	21.9	0.6	0.8	13.4	21.3	0.3	0.5	3.3	6.2	1.8	0.6	100.0	75.0	8.6	83.5	154
Samegrelo-Zemo Svaneti	25.7	9.6	2.4	25.3	0.4	0.9	16.6	13.6	0.0	0.0	0.9	2.9	1.4	0.3	100.0	69.7	4.6	74.3	454
Samtskhe-Javakheti	41.8	6.4	0.2	18.4	0.0	1.1	10.0	14.3	0.0	0.0	0.6	5.7	0.9	0.7	100.0	51.0	7.2	58.2	238
Kvemo Kartli	24.3	4.0	0.6	30.5	0.4	0.5	9.4	14.3	0.2	0.4	2.5	4.0	8.5	0.6	100.0	62.7	13.0	75.7	780
Shida Kartli	18.2	10.4	1.1	26.0	0.4	0.9	16.3	15.3	0.3	0.0	1.7	7.5	1.6	0.4	100.0	72.3	9.5	81.8	436

Age																		
15-19	46.3	7.2	1.0	13.6	0.0	1.0	14.6	13.3	0.4	0.3	0.6	0.9	0.4	0.4	100	52.0	1.8	53.7	533
15-17	50.1	4.0	1.1	12.2	0.0	1.7	14.3	14.8	0.6	0.5	0.2	0.1	0.5	0.0	100	49.4	0.6	49.9	324
18-19	40.3	12.2	0.8	15.7	0.0	0.0	15.1	11.0	0.0	0.0	1.1	2.2	0.4	1.0	100	56.0	3.7	59.7	209
20-24	19.6	5.8	1.6	28.5	0.8	1.3	14.0	21.6	0.2	0.0	1.6	1.5	2.2	1.0	100	75.6	4.8	80.4	783
25-29	17.3	6.5	1.5	28.2	0.8	1.4	9.4	24.9	0.1	0.0	2.7	3.8	3.1	0.3	100	75.5	7.2	82.7	1,177
30-34	15.0	8.5	2.1	26.5	0.1	0.6	12.8	25.6	0.3	0.1	1.7	3.0	3.7	0.2	100	78.2	6.8	85.0	1,207
35-39	13.3	8.0	2.1	24.0	0.6	1.0	19.1	23.7	0.1	0.3	1.9	4.3	1.4	0.2	100	80.7	5.9	86.7	1,153
40-44	15.8	6.4	2.6	22.2	0.3	0.8	16.5	21.1	0.3	0.0	3.7	6.7	2.6	0.9	100	74.0	10.2	84.2	1,010
45-49	19.7	5.4	1.7	30.1	0.2	0.5	13.3	15.5	0.0	0.4	1.4	9.1	1.3	1.5	100	68.4	11.9	80.3	950
Education																			
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100	(*)	(*)	(*)	7
Primary or Lower Secondary	24.9	5.2	0.9	30.0	0.4	0.5	16.0	11.3	0.3	0.1	1.5	2.9	5.7	0.3	100	66.3	8.9	75.1	631
Upper Secondary	27.4	5.9	0.8	28.6	0.4	1.2	13.4	12.7	0.3	0.2	1.7	4.4	2.8	0.4	100	65.1	7.6	72.6	1,718
Vocational Education	16.1	6.7	1.5	28.7	0.7	1.2	13.7	20.5	0.0	0.1	3.2	4.6	2.1	1.1	100	76.1	7.7	83.9	1,308
Higher	14.1	8.0	2.8	21.5	0.3	0.8	14.4	29.2	0.2	0.1	1.9	4.7	1.4	0.6	100	79.3	6.6	85.9	3,148
# of living children																			
0	35.5	7.3	2.2	13.8	0.4	0.6	14.2	21.5	0.3	0.2	0.8	2.2	0.4	0.5	100	61.5	3.1	64.5	1,682
1	15.5	3.3	1.8	28.2	0.7	0.7	15.0	25.4	0.1	0.0	2.0	4.6	1.8	0.7	100	77.3	7.2	84.5	1,339
2	11.8	6.3	2.1	29.8	0.2	1.2	13.6	22.8	0.1	0.1	2.3	5.6	3.3	0.7	100	78.6	9.6	88.2	2,717
3	14.2	11.4	1.0	30.4	0.5	1.0	14.8	14.9	0.1	0.1	3.8	4.3	2.9	0.6	100	78.0	7.8	85.8	897
4+	18.1	16.8	0.7	24.3	0.6	1.0	13.9	11.3	0.1	0.0	1.9	6.7	4.0	0.4	100	70.8	11.1	81.9	177
Functional difficulties (age 18-49 years)																			

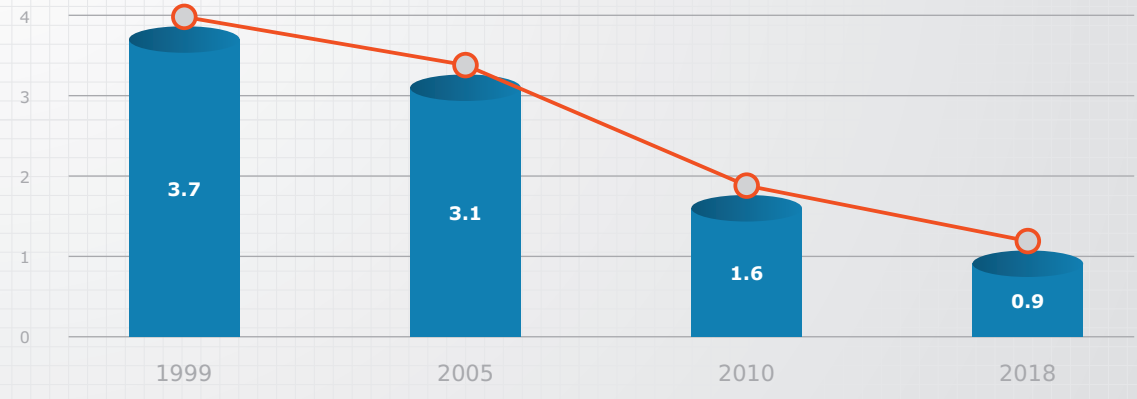
Has functional difficulty	1.4	84.7	42.9	96.2	49.2	54.5	95.0	96.0	44.3	34.7	79.4	86.3	77.4	4.0	98.5	90.7	98.6	639	
Has no functional difficulty	1.3	83.6	45.3	95.7	58.0	60.7	96.0	96.0	51.1	44.5	78.7	83.9	76.3	3.4	98.7	89.1	98.7	5,849	
Ethnicity of household head																			
Georgian	1.4	83.9	46.1	94.1	58.3	61.3	95.7	97.3	52.5	45.2	79.0	83.9	74.6	3.6	98.6	87.9	98.6	5,957	
Azerbaijani	4.0	52.4	12.3	93.2	30.8	27.5	87.0	66.4	16.0	15.1	56.0	58.4	75.0	2.0	95.1	81.4	96.0	397	
Armenian	3.4	70.5	34.8	89.0	42.6	41.3	92.9	91.3	30.9	32.0	62.2	76.4	58.5	2.4	96.4	80.0	96.6	330	
Other	3.8	80.8	40.3	89.2	45.4	58.1	95.5	93.5	41.6	36.1	70.0	77.5	67.4	0.5	96.2	81.9	96.2	128	
IDP status of household head																			
IDP	1.9	82.1	40.7	92.4	55.1	59.0	94.7	97.9	50.4	38.9	79.3	83.2	72.2	1.4	98.1	86.5	98.1	350	
Non-IDP	1.7	81.3	43.7	93.8	55.7	58.2	95.1	95.0	49.0	42.8	76.6	81.9	73.8	3.5	98.2	87.0	98.3	6,462	
Marital status[A]																			
Currently married/in union	0.6	85.8	46.0	97.7	60.3	63.9	96.7	96.5	51.9	45.6	81.6	87.7	81.1	3.9	99.3	93.1	99.4	4,920	
Currently unmarried/not in union	4.4	69.8	37.1	83.3	43.8	43.7	90.9	92.1	41.9	35.0	64.2	67.0	54.6	1.9	95.6	71.4	95.6	1,880	
Wealth index quintile																			
Poorest	3.9	65.0	28.7	90.1	46.4	40.8	87.8	85.0	33.2	30.5	63.4	69.5	63.3	3.7	95.7	78.6	96.1	1,055	
Second	2.4	76.8	41.2	93.1	52.7	53.3	94.0	93.0	44.6	36.9	71.1	78.1	69.0	4.1	97.5	83.9	97.6	1,284	
Middle	1.8	83.0	42.9	94.2	56.8	61.9	96.2	96.6	48.9	45.0	79.0	83.1	72.5	2.5	98.2	86.7	98.2	1,332	
Fourth	1.1	85.8	48.0	94.8	58.7	62.6	97.2	98.0	55.1	45.8	82.7	85.2	78.8	2.6	98.8	89.9	98.9	1,509	
Richest	0.2	90.0	51.3	95.1	60.3	66.5	97.6	99.6	57.5	50.0	82.3	89.1	80.5	3.9	99.8	92.5	99.8	1,632	
1 MICS Country Specific indicator TM.1CS - Contraception awareness																			
A Don't know/Missing has been suppressed from the table due to a small number of unweighted cases.																			
(*) Figures that are based on fewer than 25 unweighted cases																			

4. Induced abortion and stillbirth

4.1. Induced abortion rate (Table 15.1CS)

Data from the MICS6 survey indicate that the total induced abortion rate (TIAR) in Georgia was 0.9094 in 2018. This corresponds to slightly less than one abortion per woman, on average, during a woman's lifetime. In the preceding Reproductive Health Surveys this TIAR had been 3.7 in 1999, 3.1 in 2005 and 1.6 in 2010[21] (Figure 4.1). The data indicate that there is an ongoing rapid decrease in the average reported number of abortions a woman will have during her lifetime. The rates found in the successive surveys are much higher than those based on abortions reported to the health authorities. It is known and published that such reporting is far lower than the reality. The TIAR of 0.9 corresponds to an average *annual* abortion rate of 26 per 1,000 women of fertile age. The comparable abortion rate had been 46 in 2010. In other words, there had been a decrease of 20 abortions per 1,000 women in 8 years during the period 2010–18. According the latest *published* world review of abortion[22], the 2018 rate is low. It was also 4 times lower (!) than 19 years earlier, when it was still 3.7 and at that time the highest known abortion rate in the world. In the period 2010-14 the world wide rate had been 35 (90% UI[23]: 33-44), down from 39, twenty years earlier. The same source states that the abortion rate for Eastern Europe had been 42 (UI: 38-52) during that period (18 for Western and Northern Europe; 26 for Southern Europe). The Eastern European rate of 42 is more than 50% higher than the MICS rate for Georgia in 2018 (which is only 4 years later than the period 2010-14). The continued decline of the abortion rate in Georgia is surprising; it deserves a much closer look. Did the Georgian rate, which was the highest in the world in 1999, really get down so fast?

Figure 4.1: Total induced abortion rate (TIAR) in 1999, 2005. 2010 and 2018



21 These numbers are the averages of the 3 three years immediately preceding the survey; so for 2010 this had been 2007 till 2010.

22 Gilda Sedge, Jonathan Bearak, Susheela Sing et al. (2016). Abortion incidence between 1990 and 2014: global, regional, and sub-regional levels and trends. Lancet 388: 258–67.

23 UI: Uncertainty Intervals

4.2. Increased underreporting of abortion is likely

The reported rapid downward trend in the abortion rate is unlikely. If nothing else would have changed and the same number of pregnancies would have occurred, the birth rate should have increased considerably, but that did not happen at all. During the period 2010-18, the birth rate in Georgia did not change. It was 13.61 (births per 1,000 population) in 2010, after which it increased to 14.07 in 2014. Then it started to decline again a bit to 13.60 in 2018[24]. So, there was no change since 2010. The reported decline in the abortion rate after 2010 (20 per 1,000 women of fertile age less) did not lead to a significant increase in the birth rate. If unwanted pregnancies do not end in an abortion, they can only end with a birth. This means that, if nothing else had changed, one would have expected an *increase* in the birth rate from 13.61 to 13.61 + 20 = 33.61. Birth rate data are usually fairly accurate. So, what else could have happened? One possibility could have been that sexual contacts in married couples would have diminished, which would have led to fewer pregnancies. This is highly unlikely because this has never been observed. In addition to this there has not been an increase in the share of couples that practiced *periodic* abstinence. The use of this traditional (calendar) method had been 16.8% in 2010, which had rapidly decreased to only 4.5% in 2018 in the same age group (15-44 years); quite a spectacular downward trend! In other words, there was no increase in use of this traditional and fairly unreliable method. On the contrary, there was a substantial decline of it! Therefore, changes in the sexual behavior of Georgian couples is not an explanation at all, as far as available data can indicate. The trend is in the opposite direction. There are also no realistic alternative explanations for the substantial decline of the abortion rate between 2010 and 2018. In both years the survey data resulted from a representative sample and in both years the data were only about married women and (a few) women in union; i.e. cohabiting women. In both years the percentages of unmarried women that were already sexually active were almost negligible. (In countries of Western Europe around half of the women having abortions are unmarried and relatively young.) There is therefore not really another, alternative explanation for the sudden downward trend in the abortion rate. Well, there is one, in fact: *women have become increasingly likely to underreport their abortion experiences when they are interviewed for a survey*, even if their anonymity is guaranteed. Unfortunately, it is very difficult to find hard data supporting this explanation. It is possible to conclude that this is the only explanation left, but a causal effect can hardly be scientifically demonstrated. Nevertheless, a bit of speculation may be allowed at this point.

4.3. A tentative explanation of increased underreporting

Georgian women who became adults in the course of the 1990s grew up in a culture and society that almost completely lacked contraception, contraceptive information, and contraceptive services. For them there was hardly another option than abortion if a birth was unwanted. In that context abortion was more or less informally accepted as a means of fertility control; in fact the only means, besides traditional methods of pregnancy prevention. That situation changed dramatically afterwards. Contraceptives, contraceptive information and education, and contraceptive services all became available, at least much more than in the past. In this new era, roughly after year 2000, couples learned that not abortion, but family planning by means of contraceptive use became the right thing to do. One should also keep in mind that the women that were responsible for the 2018 survey findings were roughly speaking the daughters of the women who had answered the 1999 reproductive health questionnaire. They were not the same women as the 1999 respondents; they were the new generation

24 Macrotrends 2019. Georgia birth rate 1950-2019. https://www.macrotrends.net/countries/GEO/georgia/birth-rate. Accessed 13-11-2019.

that had grown up with the idea of family planning. It is not really unimaginable that this new generation of women, much more than their mothers, felt that not abortion, but contraceptive use was the right thing to do. Abortion had become something you should not be proud of; something you should better hide. In addition to this, roughly after the year 2000 the culture around having and raising children became much more pro-natalistic, that is in favor of larger families. The need to have more children was felt and promoted much more strongly as a way to prevent the shrinking of the Georgian population. The patriarch of the Georgian Orthodox Church announced in 2007 that he would personally baptize every third and higher order child that would be born, and he kept his promise. In other words, getting children became the good thing to do and having an abortion became the bad thing. This gradual cultural change could possibly explain the tendency to not report abortion experience when asked about in a survey. Again, there is no hard proof for this, but it is not unlikely that cultural change along these lines did take place, starting at the beginning of the new millennium. As already remarked above, it is not possible to find out which factors could have been responsible for very strong decrease in the annual abortion rate in Georgia from 46 to 26 between 2010 and 2018; in other words for the 20 abortions per 1,000 women of fertile age decline in annual abortion rate. The only available explanation is that women *reported far fewer abortions* in 2018 than in 2010. During the same period, *contraceptive use also declined significantly, and because of that one should even expect a higher abortion rate than in 2010*, instead of the much lower rate found in the MICS6 survey. In the first chapter of this report, it was indicated that in 2010 the CPR had been 53.4% use of any method, which had gone down to 40.9% in MICS6. This 40.9% should be corrected to 45.4% to make it comparable to the 2010 percentage (see Figure 3.1.1 and Annex 1). These findings indicate that there has been no improvement in contraceptive use between 2010 and 2018, but instead a slight deterioration. For this reason it would be more likely that the change in contraceptive use would have had an upward effect on the abortion rate; definitely not a downward effect. Taking all abortion rate determinants together, this means that it would have been most likely that the 2018 abortion rate would have been about the same as the 2010 rate, or higher than that. In reality, the survey data of MICS6 indicate a very strong decline, which can only be explained by an increasing tendency among women to underreport their abortion experiences.

One possibility is that ever more women are using medication abortion (Misoprostol) that they buy (without prescription) in pharmacies or via the internet, that is without interference of medical service providers. For this, however, no research data is available. But specialists in this field in Georgia – when they are asked about it - are of the opinion that many women do indeed use Misoprostol for abortion. It is possible that women do not consider medication abortion as being an abortion, but more as prevention of pregnancy. So, they may not feel that they are hiding the truth when they don't mention (all) their abortion experiences. Future research should shed light on this.

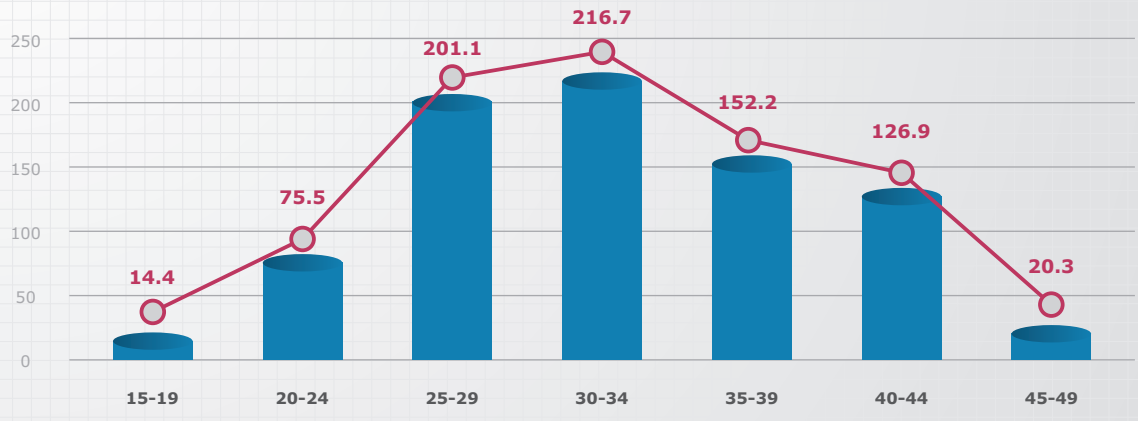
It is also possible that an increasing number of women are using emergency contraception (EC) to prevent an unwanted pregnancy. Unfortunately, there are no trend data on the use of emergency contraception, and thus there is no insight in the possible influence of this method on the abortion rate. However, it should not be expected that this influence is large, because in the vast majority of cases in which emergency contraception is used there will not have been a pregnancy anyway[25]. In many cases EC is used after *one* unprotected intercourse, after which the chance that there will be a pregnancy is rather small.

25 See for example: Emergency contraception; NHS Inform. https://www.nhsinform.scot/healthy-living/contraception/emergencies/emergency-contraception. Accessed 13-12-2019.

4.4. Correlates of induced abortion rates (Table TM.15.1CS)

In rural areas the TIAR is more than 50% higher (TIAR: 1.2) than in urban areas (0.8). In 2010 this was 2.1 and 1.2. The lowest TIAR was found in Adjara A.R. (0.5) and the highest in Kvemo-Kartli region (1.7), where it was more than three times higher than in Adjara A.R.. Not surprisingly, there is a strong correlation with age of the women. Among the youngest category (15-19y) the TIAR is only 0.014, after which it increases to reach 2.03 in the eldest age group (45-49y). In this category the TIAR is also much higher because many of the abortions among those women will have taken place 15 to 25 years ago when the reported rates were still much higher than nowadays. Higher educated women have a much lower TIAR (0.61) than their lower educated peers (between 1.01 and 1.37). This probably reflects the fact that better educated women usually are better informed about family planning and have easier access to contraceptive services. The relationship between the abortion rate and the number of children women have is not linear. The TIAR is very low among women without children (TIAR only 0.04). The reason for this low TIAR is that those women are mostly young and therefore had only a (very) short time period in which they could have experienced a pregnancy. But it also has to do with the tendency among women to only consider abortion if they already have a few children and don't want more. Three quarters of the women who have abortions in Georgia want them to limit their family size. Azeri women have a much higher TIAR than Georgian women, even three times (2.51) more than their Georgian peers (0.81). Finally, the poorer women are the higher their TIAR tends to be: 1.35 among the poorest and 0.64 and the highest wealth quintile. This was also the case in 2010, when the TIAR was 2.2 in the lowest and 1.1 in the highest wealth quintile. Interestingly the highest educated women tend to have a bit more children on average (2.36) than the lowest educational category (2.00), but this difference is smaller than the one for the TIAR. Basically, the correlates of TIARs are very similar to the ones 8 years ago; they are now only at a lower level, because the (reported) overall abortion rate is so much lower in 2018.

Figure 4.4: Age-specific total induced abortion rate (IAR) among women aged 15-49 years in the last 5 years



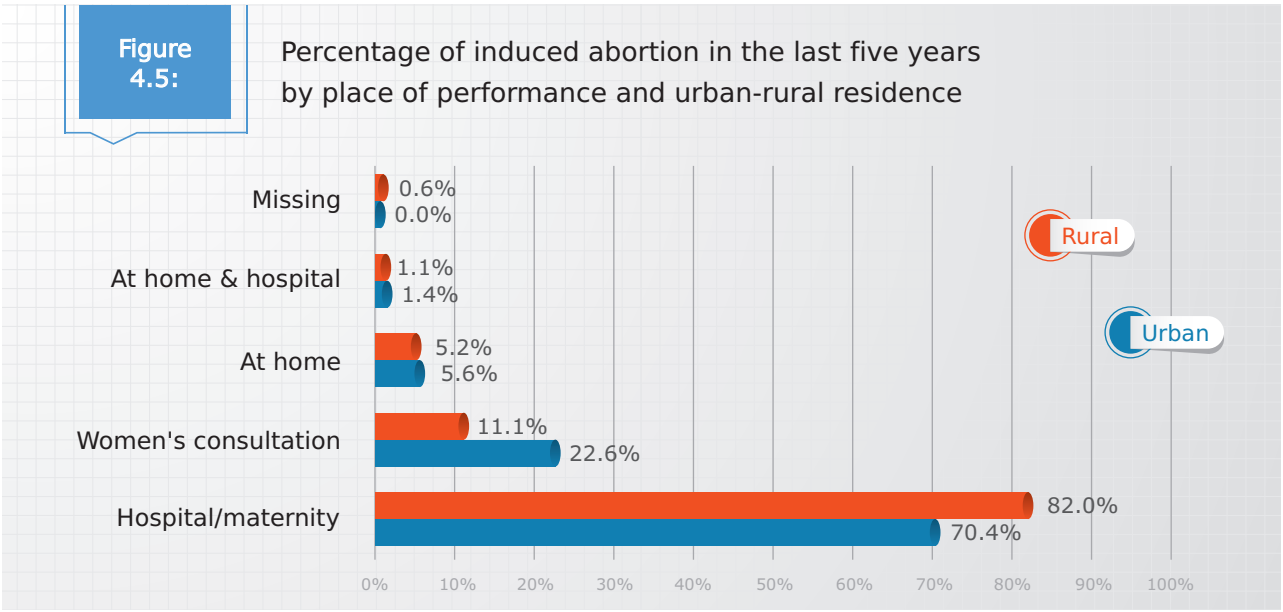
4.5. Place and method of abortion (Table TM 15.2CS)

Place and method of abortion have been calculated and analyzed for those women who reported to have had an abortion in the 5 years before the MICS interview. This was only 8% of all respondents. Three quarters of all abortions (75.6%) are carried out in general or maternity hospitals. 17.5% are done in a women's consultation,

5.4% at the woman's home, and 1.3% are partly in a hospital and partly at home. Of course abortions performed "at home" are all medication abortions (abortion pills), but the vast majority of medication abortions are performed in a medical facility, instead of in the woman's home. Still, 28.8% of all abortions are done using the dilatation and curettage (D&C) method. This method is considered outdated, and hardly used anymore in Western countries. It has almost completely been replaced there by vacuum aspiration and medication abortion. Vacuum aspiration has been the abortion method in 41.3% of the cases in Georgia and medication abortion in 26.1% of the cases. The remaining 3.9% is "other" or "unknown". A comparison with the 2010 results is not possible because in that year only two types of abortions were registered: induced abortion and mini-abortion. The latter had existed for a long time in former Soviet countries; it was an abortion up to 8 weeks of pregnancy duration, and it was highly prevalent (about 70% of all cases).

There are not many eye-catching correlates of abortion method and characteristics of women. In rural areas there tend to be more abortions that are performed in hospitals (82.0%, against 70.4% in urban areas) and fewer in women's consultations (11.1 in rural and 22.6% in urban areas) (Figure 4.5). Probably this is because there is more choice in place of abortion in urban areas. In rural areas the D&C method is still used a bit more widely (31.9% against 26.3% in urban areas), and medication abortion is a bit more prevalent in urban (29.1%) than in rural areas (22.3%). The differences are not very prominent. In fact, it is more striking that those differences are not larger. Place and method used for abortion by age of the woman results in an unexpected pattern. One would expect to find that older women would more often be treated in hospitals and using rather old fashioned methods, but this is not the case. Younger women (aged 25-29 year) are more often treated in hospitals (82% of them), whereas older women (aged 40-44 year) are less often treated there (66%). Similarly, D&C is more often used in younger women (32%) than in older women (20.3%), whereas medication abortion is less prevalent among 25-29 year old women (21.6%) than among 40-44 year old women (37.5%). It is unknown what the reasons are behind these differences. Higher educated women are much more likely to be treated by medication abortion (37.1%) than the lowest educated women (only 14.1%). This is what would be expected, because higher educated women usually know more and tend to have better access to more modern methods. Strangely enough, medication abortion does not really correlate with the wealth of women; this relationship is varying: low in the poorest category, high in the mid-category and again low in the high wealth category.

Figure 4.5: Percentage of induced abortion in the last five years by place of performance and urban-rural residence



Women were asked whether they had experienced any complications after the abortion. Two-thirds of the women (67.2%) answered that they did not experience this. Women could report more than one complication; 30.4% reported belly pain, 7.2% severe bleeding, 4.8% fever above 38 degrees, 1.5% uterus perforation and 1.9% other complications. 25.7% of women in urban areas experienced a complication versus 41.5% in rural areas. The reported number of complications is too low to draw conclusions at the level of type of complication. There is no clear correlation with the age of women. Women that had an increased risk of experiencing some complication included: lower educated, having 3 or more children, being Azeri, and being a poor woman.

4.6. Early post abortion complications (Table TM 15.3CS)

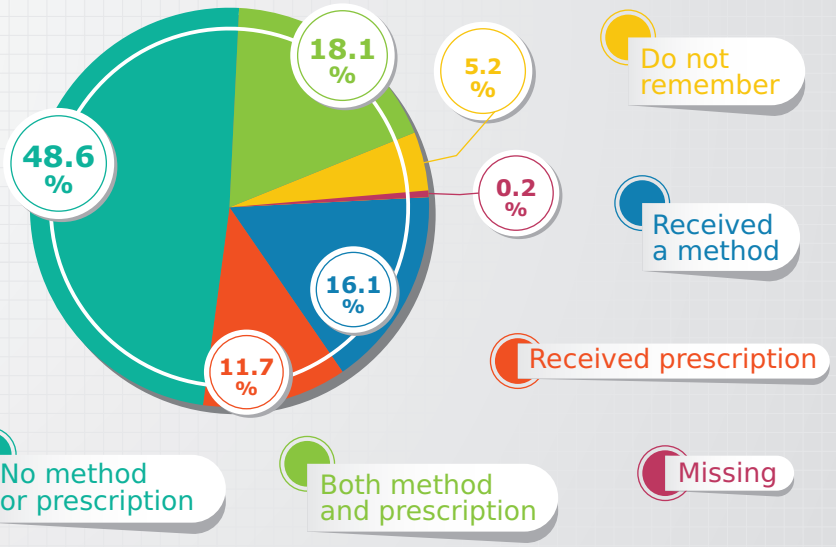
Women were asked whether they had experienced any complications after the abortion. Two-thirds of the women (67.2%) answered that they did not experience this. Women could report more than one complication; 30.4% reported belly pain, 7.2% severe bleeding, 4.8% fever above 38 degrees, 1.5% uterus perforation and 1.9% other complications. 25.7% of women in urban areas experienced a complication versus 41.5% in rural areas. The reported number of complications is too low to draw conclusions at the level of type of complication. There is no clear correlation with the age of women. Women that had an increased risk of experiencing some complication included: lower educated, having 3 or more children, being Azeri, and being a poor woman.

4.7. Contraceptive counselling at the time of abortion (Table 15.4CS)

Contraceptive counselling at the time of an induced abortion has been mandatory since year 2000, according to the Georgian health care law. But the 2012 report of the RHS 2010 mentions that "Despite legal regulations along with significant amounts of resources and technical efforts invested in family planning counselling by donors, the receipt of family planning services around the time of having an abortion remains quite limited" (page 70-71). In 2010, only 33% of the women having abortions reported receiving counselling, and only 6.6% of these women received a contraceptive method in order to prevent future pregnancy. That situation has improved considerably in the 8 years between 2010 and 2018. The MICS 2018 data indicate that in the last five years up to 2018 almost two-thirds (63.2%) received contraceptive counselling just before or after the abortion. Altogether, almost half (45.9%) of the abortion clients received a contraceptive method, a prescription or both. This is much more than it was in the 5 years leading up to 2010 (only 14%). There is some regional variation in this: the lowest percentage of women receiving a method, a prescription or both was found in Samtskhe-Javakheti (27.4%) and the highest in Shida Kartli (62.5%). There is only a small difference in this variable in relation to the urban-rural divide. The same applies to age, level of education of the women, and wealth quintile. There is a rather weak relationship with the number of children a woman has (41.1% of women with one child versus 51.1% of women with three children receiving a method and/or prescription). Women of Georgian origin (52.7%) received this much more often than Azeri (28.3%) or Armenian (8.3%) women.

Figure 4.6:

Percentage distribution of women aged 15-49 years who received a method of contraception or prescription from the doctor after most recent abortion



4.8. Stillbirths

In MICS 2018 stillbirth was defined in the questionnaire that was used as "an unborn child of 5 months or more that had died before birth". Stillbirths were asked about in the questionnaire as having occurred in the 5 years before the interview. The stillbirth rate is the number of children born dead, that had lived intrauterine till 28 weeks or more, per 1,000 children born (alive or dead). Stillbirth is not highly prevalent; it was 21.9 in the MICS survey. This means that there were 21.9 stillbirths per 978.1 live births, or slightly more than 2%. During the 5 years preceding the survey there had been 10,786 births and of those 236 (2.2%) the child had been born dead. This fairly low number hardly allows for analyses of correlates with other variables. For example in Guria there had been 272 births during this 5 year period and the stillbirth rate had been 27.8 (per 1,000 births). This means that seven or eight cases had been stillbirths. The confidence interval of this is wide. Almost the only thing that can be concluded from the available data is that stillbirths are more prevalent among women of 40 years and above (30.5 stillbirth rate) than among women aged 20-39 years (about 16.5; so about half of the rate for older women). The stillbirth rate just mentioned of 21.9 is very high for European standards, and indeed Georgia has the highest rate in this region[26]. In developed countries the rate in 2015 is estimated to be 3.4. This has been the results of efforts to reduce the stillbirth rate. The worldwide rate for 2015 has been estimated to be 18.4, which is even lower than the rate in Georgia.

26 Hannah Blencowe, Simon Cousens, Fiorella Bianchi Jassir et al. 2016. National, regional, and worldwide estimates of stillbirth rates in 2015, with trends from 2000: a systematic analysis. Lancet Glob Health 4: e98–108. https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)00275-2.pdf

Table TM.15.1CS: Total induced abortion rate (TIAR) and stillbirth rate

Total induced abortion rate (TIAR) and stillbirth rate of women age 15-49 years, 2018 Georgia MICS

	Cumulative induced abortion rate in the last five years[1]	Total Induced abortion rate (TIAR)[2]	Number of women age 15-49 years	Stillbirth rate[3]	Number of births
Total	**130.3**	**909.4**	**6,812**	**21.9**	**10,786**
Area					
Urban	108.5	753.8	4,392	20.2	6,310
Rural	170.1	1,191.7	2,420	24.3	4,476
Region					
Tbilisi	111.4	775.3	2,621	21.9	3,577
Adjara A.R	70.9	460.2	736	16.6	1,247
Guria	139.3	1,180.0	155	27.8	272
Imereti, Racha-Lechkhumi and Kvemo Svaneti	79.2	678.8	826	24.2	1,346
Khakheti	152.6	1,360.4	412	24.9	734
Mtkheta-Mtianeti	170.4	1,093.4	154	17.7	264
Samegrelo-Zemo Svaneti	81.8	613.5	454	15.1	719
Samtskhe-Javakheti	129.9	755.0	238	25.4	451
Kvemo Kartli	297.5	1,680.6	780	19.4	1,412
Shida Kartli	154.8	1,335.3	436	31.8	764
Age					
15-19	14.4	14.4	533	(43.0)	39
15-17	0.0	0.0	324	(*)	14
18-19	36.6	36.6	209	(66.1)	25
20-24	75.5	81.2	783	18.7	494
25-29	201.1	392.1	1,177	15.9	1,716
30-34	216.7	662.7	1,207	13.7	2,209
35-39	152.2	1,068.4	1,153	19.3	2,274
40-44	126.9	1,686.1	1,010	30.5	2,120
45-49	20.3	2,030.1	950	30.5	1,934
Education					
Kindergarten or none	(*)	(*)	7	(*)	7
Primary or Lower Secondary	286.8	1,372.2	631	26.3	1,320
Upper Secondary	140.6	1,011.7	1,718	21.3	2,683
Vocational Education	144.8	1,264.0	1,308	23.3	2,362
Higher	87.7	614.3	3,148	20.2	4,415
Number of living children					
0	7.4	38.1	1,682	(179.7)	16
1	92.7	516.5	1,339	27.9	1,441
2	184.7	1,275.9	2,717	22.8	5,721
3	263.1	1,943.8	897	17.5	2,796
4+	76.2	1,291.9	177	17.0	813

Functional difficulties (age 18-49 years)					
Has functional difficulty	121.9	1,582.0	639	20.2	1,298
Has no functional difficulty	138.5	886.2	5,849	22.1	9,475
Ethnicity of household head					
Georgian	105.6	810.5	5,957	22.2	9,260
Azerbaijani	498.9	2,512.2	397	16.9	819
Armenian	140.7	791.1	330	19.2	498
Other	109.2	839.9	128	34.1	209
IDP status of household head					
IDP	100.7	616.0	350	36.9	555
Non-IDP	131.9	925.2	6,462	21.1	10,231
Wealth index quintile					
Poorest	177.9	1,351.0	1,055	18.6	1,997
Second	175.0	1,066.9	1,284	29.0	2,239
Middle	126.2	869.6	1,332	23.5	2,148
Fourth	129.1	792.8	1,509	18.4	2,047
Richest	68.9	640.4	1,632	19.5	2,356

1 MICS Country Specific indicator TM.4CS - Total induced abortion rate (TIAR) in the last five years

2 MICS Country Specific indicator TM.22CS - Total induced abortion rate (TIAR) in the lifetime

3 MICS Country Specific indicator TM.5CS - Stillbirth rate

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.15.2CS: Induced abortion performance place and method

Percentage distribution of women age 15-49 years with at least one induced abortion in the last 5 years by performance place and method used for the last abortion, 2018 Georgia MICS

	Induced abortion performance place					Home-based induced abortions[1]	Total	Induced abortion methods					Total	Number of women with at least one induced abortion in the last 5 years
	Hospital / maternity	Women's consultation	At home	At home and hospital	Missing			D&C	Vacuum aspiration	Abortion pill[2]	Other	DK/don't Remember		
Total	**75.6**	**17.5**	**5.4**	**1.3**	**0.3**	**6.7**	**100.0**	**28.8**	**41.3**	**26.1**	**1.0**	**2.9**	**100.0**	**580**
Area														
Urban	70.4	22.6	5.6	1.4	0.0	7.0	100.0	26.3	42.8	29.1	0.4	1.4	100.0	321
Rural	82.0	11.1	5.2	1.1	0.6	6.3	100.0	31.9	39.5	22.3	1.6	4.6	100.0	260
Region														
Tbilisi	63.4	30.5	4.5	1.6	0.0	6.1	100.0	16.4	50.4	33.3	0.0	0.0	100.0	193
Adjara A.R	87.1	4.2	8.8	0.0	0.0	8.8	100.0	39.0	33.7	24.7	2.6	0.0	100.0	43
Guria	91.7	1.5	5.2	1.6	0.0	6.8	100.0	66.3	12.0	18.2	1.5	1.9	100.0	16
Imereti, Racha-Lechkhumi & Kvemo Svaneti	(80.9)	(13.7)	(5.4)	(0.0)	(0.0)	(5.4)	100.0	(39.2)	(23.8)	(26.0)	(5.5)	(5.5)	100.0	48
Khakheti	79.5	11.9	6.7	0.0	1.9	6.7	100.0	32.9	27.2	36.7	0.0	3.3	100.0	44
Mtkheta-Mtianeti	69.6	26.9	3.0	0.5	0.0	3.5	100.0	27.6	45.2	27.1	0.0	0.0	100.0	15
Samegrelo-Zemo Svaneti	(79.2)	(14.6)	(3.7)	(2.5)	(0.0)	(6.2)	100.0	(33.2)	(40.4)	(12.4)	(0.0)	(13.9)	100.0	26
Samtskhe-Javakheti	98.0	2.0	0.0	0.0	0.0	0.0	100.0	11.5	55.0	16.9	0.0	16.6	100.0	24
Kvemo Kartli	86.1	6.5	6.2	1.1	0.0	7.4	100.0	35.3	45.5	14.1	1.2	3.8	100.0	124
Shida Kartli	62.1	25.5	7.4	3.8	1.3	11.2	100.0	32.6	33.6	33.8	0.0	0.0	100.0	48

Age														
15-19	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	100.0
20-24	(60.0)	(27.3)	(12.7)	(0.0)	(0.0)	(0.0)	(12.7)	100.0	(17.4)	(38.4)	(32.7)	(3.6)	(7.8)	100.0
25-29	82.0	12.5	3.6	1.0	0.0	1.0	4.5	100.0	32.0	43.2	21.6	0.9	2.3	100.0
30-34	77.4	17.2	4.7	0.8	0.0	0.0	5.4	100.0	29.4	34.5	31.5	0.1	4.4	100.0
35-39	73.4	20.0	5.4	1.1	0.0	0.0	6.5	100.0	30.7	48.7	18.5	1.2	0.9	100.0
40-44	66.0	22.3	7.9	3.8	0.0	0.0	11.7	100.0	20.3	40.0	37.5	1.3	0.9	100.0
45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	100.0
Education														
Kindergarten or none	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary or Lower Secondary	85.4	7.1	6.7	0.2	0.0	0.6	7.0	100.0	39.4	45.2	14.1	0.0	1.3	100.0
Upper Secondary	77.8	13.1	4.8	3.8	0.0	0.6	8.6	100.0	27.0	39.1	25.0	1.9	6.9	100.0
Vocational Education	76.4	18.6	4.1	0.9	0.0	0.0	5.0	100.0	31.8	45.2	19.4	2.1	1.5	100.0
Higher	68.8	24.9	6.1	0.3	0.0	0.0	6.3	100.0	22.7	38.4	37.1	0.0	1.8	100.0
Number of living children														
0	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	100.0
1	76.9	14.3	7.9	0.0	0.0	0.9	7.9	100.0	37.4	36.9	22.0	1.4	2.4	100.0
2	72.3	20.4	5.6	1.8	0.0	0.0	7.4	100.0	20.9	47.3	27.4	1.3	3.2	100.0
3	82.5	12.4	3.7	1.0	0.0	0.5	4.7	100.0	37.6	32.9	27.1	0.0	2.3	100.0
4+	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	100.0
Functional difficulties (age 18-49 years)														
Has functional difficulty	(61.2)	(23.5)	(15.3)	(0.0)	(0.0)	(15.3)	100.0	(23.2)	(34.4)	(39.3)	(0.0)	(3.1)	100.0	51
Has no functional difficulty	77.0	16.9	4.5	1.4	0.3	5.8	100.0	29.3	42.0	24.8	1.0	2.8	100.0	530
Ethnicity of household head														
Georgian	73.9	19.0	5.5	1.3	0.3	6.8	100.0	30.7	36.5	29.6	0.9	2.2	100.0	438

Azerbaijani	87.1	7.1	4.4	1.4	0.0	5.8	100.0	26.1	52.5	15.8	1.6	4.1	100.0	99
Armenian	(62.0)	(29.5)	(8.4)	(0.0)	(0.0)	(8.4)	100.0	(13.7)	(66.3)	(13.3)	(0.0)	(6.7)	100.0	37
Other	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	100.0	7
IDP status of household head														
IDP	52.5	44.7	2.5	0.3	0.0	2.8	100.0	28.0	45.3	20.3	5.5	0.8	100.0	24
Non-IDP	76.6	16.3	5.5	1.3	0.3	6.8	100.0	28.8	41.2	26.3	0.8	3.0	100.0	556
Wealth index quintile														
Poorest	77.9	11.7	7.9	1.2	1.3	9.1	100.0	33.5	39.5	17.1	2.5	7.4	100.0	118
Second	86.3	10.7	2.4	0.6	0.0	3.0	100.0	31.7	40.8	22.7	1.8	2.9	100.0	144
Middle	67.7	22.1	9.6	0.5	0.0	10.2	100.0	27.2	32.7	38.4	0.0	1.7	100.0	112
Fourth	77.3	19.1	2.5	1.0	0.0	3.6	100.0	29.4	52.1	17.1	0.0	1.4	100.0	130
Richest	(60.4)	(29.6)	(6.0)	(4.0)	(0.0)	(10.0)	100.0	(17.0)	(39.6)	(43.4)	(0.0)	(0.0)	100.0	76

1 MICS Country Specific indicator TM.7CS - Home-based induced abortion

2 MICS Country Specific indicator TM.8CS - Pill induced abortion

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

“-” Denotes 0 unweighted case in the denominator or in the column

Table TM.15.3CS: Early post abortion complications

Percentage of women age 15-49 years with at least one induced abortion in the last 5 years, who experienced any complications in the last abortion, 2018 Georgia MICS

	Percentage of women age 15-49 years with an abortion in the last 5 years who had:							Number of women with at least one induced abortion in the last 5 years
	No complication	post abortion complications within the 30 days after the last abortion					Any complication[1]	
		Uterus perforation	Severe bleeding	Fever over 38 degrees	Belly pain	Other problems		
Total	**67.2**	**1.5**	**7.2**	**4.8**	**30.4**	**1.9**	**32.8**	**580**
Area								
Urban	74.3	1.9	7.2	3.9	23.4	1.6	25.7	321
Rural	58.5	1.0	7.2	6.0	38.9	2.3	41.5	260
Region								
Tbilisi	72.2	3.1	7.1	3.9	26.2	1.6	27.8	193
Adjara A.R	71.0	0.0	6.6	2.4	27.0	4.7	29.0	43
Guria	39.7	0.0	9.8	9.6	57.0	0.0	60.3	16
Imereti, Racha-Lechkhumi and Kvemo Svaneti	(72.4)	(0.0)	(8.2)	(8.3)	(27.6)	(2.9)	(27.6)	48
Khakheti	47.0	0.0	10.7	1.6	51.4	3.2	53.0	44
Mtkheta-Mtianeti	68.2	2.6	6.1	2.9	28.6	2.0	31.8	15
Samegrelo-Zemo Svaneti	(61.7)	(0.0)	(5.6)	(9.3)	(35.3)	(0.0)	(38.3)	26
Samtskhe-Javakheti	78.1	1.8	3.7	1.8	18.3	1.8	21.9	24
Kvemo Kartli	60.5	1.0	6.1	6.0	36.0	0.0	39.5	124
Shida Kartli	80.6	1.1	8.6	5.4	14.2	4.8	19.4	48
Age								
15-19	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
20-24	(70.4)	(0.0)	(6.4)	(6.0)	(29.4)	(0.2)	(29.6)	43

25-29	73.6	0.0	6.0	4.4	24.9	0.5	26.4	149
30-34	60.2	4.3	11.0	7.4	36.2	4.7	39.8	162
35-39	70.4	0.3	5.8	3.1	27.1	0.0	29.6	115
40-44	63.6	0.0	6.4	1.6	32.9	2.9	36.4	87
45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	18
Education								
Kindergarten or none	-	-	-	-	-	-	-	0
Primary or Lower Secondary	55.8	0.4	10.7	9.3	42.2	2.0	44.2	101
Upper Secondary	68.9	0.0	8.0	2.7	27.1	1.4	31.1	139
Vocational Education	68.0	0.9	4.1	4.3	29.6	0.2	32.0	135
Higher	71.2	3.4	7.0	4.4	27.2	3.2	28.8	205
Number of living children								
0	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
1	76.2	0.0	5.3	1.7	22.0	2.7	23.8	96
2	68.6	0.9	6.8	4.2	28.5	1.2	31.4	328
3	63.0	3.0	7.5	6.3	35.9	2.7	37.0	134
4+	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
Functional difficulties (age 18-49 years)								
Has functional difficulty	(45.6)	(0.0)	(6.8)	(1.9)	(53.2)	(2.4)	(54.4)	51
Has no functional difficulty	69.3	1.6	7.2	5.1	28.2	1.8	30.7	530
Ethnicity of household head								
Georgian	69.9	1.6	7.8	4.4	27.4	2.3	30.1	438
Azerbaijani	56.5	1.3	6.3	7.9	42.1	0.0	43.5	99
Armenian	(67.4)	(1.1)	(0.0)	(1.1)	(30.3)	(1.2)	(32.6)	37
Other	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7

IDP status of household head								
IDP	77.6	0.3	6.2	3.9	21.6	2.1	22.4	24
Non-IDP	66.8	1.5	7.2	4.9	30.7	1.9	33.2	556
Wealth index quintile								
Poorest	55.6	0.3	5.4	6.3	42.7	2.0	44.4	118
Second	61.0	1.6	9.2	5.5	37.0	2.2	39.0	144
Middle	69.2	2.8	7.7	1.3	28.1	3.5	30.8	112
Fourth	79.3	2.2	8.2	6.6	18.5	1.1	20.7	130
Richest	(73.7)	(0.0)	(4.0)	(3.6)	(22.3)	(0.0)	(26.3)	76
1 MICS Country Specific indicator TM.9CS - Early post abortion complications								
( ) Figures that are based on 25-49 unweighted cases								
(*) Figures that are based on fewer than 25 unweighted cases								
“-” Denotes 0 unweighted case in the denominator or in the column								

Table TM.15.4CS: Contraception counselling during abortion procedure and Contraception provision after abortion

Percentage distribution of women age 15-49 years with at least one induced abortion in the last 5 years, who received a method of contraception or prescription for a method from the doctor for the last abortion, 2018 Georgia MICS

	Percentage of women age 15-49 years with at least one induced abortion in the last 5 years, who received a medical counselling on contraception either before or after the most recent abortion[1]	Percentage distribution of women age 15-49 years who received a method of contraception or prescription for a method from the doctor after most recent abortion:						Total	Received method, prescription or both[2]	Number of women with at least one induced abortion in the last 5 years
		Type of provision:								
		Received a method	Received prescription	No method or prescription	Both method and prescription	Do not remember	Missing			
Total	**63.2**	**16.1**	**11.7**	**48.6**	**18.1**	**5.2**	**0.2**	**100.0**	**45.9**	**580**
Area										
Urban	65.6	15.9	10.7	46.6	22.1	4.6	0.1	100.0	48.7	321
Rural	60.3	16.5	12.9	51.0	13.3	6.0	0.4	100.0	42.6	260
Region										
Tbilisi	65.7	15.6	6.0	50.2	25.3	3.0	0.0	100.0	46.8	193
Adjara A.R	75.5	16.2	12.5	38.6	25.4	7.4	0.0	100.0	54.1	43
Guria	73.7	12.0	38.0	43.3	5.0	1.7	0.0	100.0	55.0	16
Imereti, Racha-Lechkhumi and Kvemo Svaneti	(80.5)	(23.8)	(13.9)	(36.9)	(22.6)	(2.7)	(0.0)	100.0	(60.4)	48
Khakheti	62.1	17.5	14.1	42.4	12.0	14.0	0.0	100.0	43.6	44
Mtkheta-Mtianeti	55.7	8.4	9.4	54.0	18.4	9.8	0.0	100.0	36.2	15
Samegrelo-Zemo Svaneti	(72.5)	(9.3)	(24.9)	(41.0)	(21.1)	(0.0)	(3.7)	100.0	(55.3)	26
Samtskhe-Javakheti	41.2	7.2	7.1	70.6	13.0	0.0	2.0	100.0	27.4	24
Kvemo Kartli	45.9	11.9	11.6	60.4	8.6	7.4	0.0	100.0	32.2	124
Shida Kartli	75.4	32.2	16.6	31.2	13.7	6.4	0.0	100.0	62.5	48

Age										
15-19	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	6
20-24	(45.6)	(12.3)	(14.5)	(61.7)	(7.4)	(4.1)	(0.0)	100.0	(34.3)	43
25-29	65.9	13.5	9.2	45.1	27.3	4.4	0.6	100.0	49.9	149
30-34	58.2	16.9	8.4	51.8	17.0	5.9	0.0	100.0	42.3	162
35-39	73.8	13.9	13.7	45.8	20.2	5.9	0.4	100.0	47.9	115
40-44	61.6	24.5	13.9	46.1	11.9	3.7	0.0	100.0	50.2	87
45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	18
Education										
Kindergarten or none	-	-	-	-	-	-	-	-	-	0
Primary or Lower Secondary	52.5	10.6	9.3	54.6	12.6	12.9	0.0	100.0	32.5	101
Upper Secondary	65.3	11.9	14.8	46.2	24.9	1.6	0.7	100.0	51.5	139
Vocational Education	65.9	20.5	14.8	41.0	17.7	5.8	0.3	100.0	52.9	135
Higher	65.3	18.9	8.7	52.2	16.6	3.5	0.0	100.0	44.3	205
Number of living children										
0	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	11
1	58.0	10.9	8.7	51.2	21.5	7.2	0.5	100.0	41.1	96
2	63.0	15.2	12.1	49.5	17.4	5.9	0.0	100.0	44.7	328
3	66.8	21.9	11.3	45.7	17.9	2.5	0.7	100.0	51.1	134
4+	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	11
Functional difficulties (age 18-49 years)										
Has functional difficulty	(42.9)	(5.0)	(18.3)	(66.1)	(4.5)	(4.2)	(1.9)	100	(27.8)	51
No functional difficulty	65.1	17.2	11.0	46.9	19.4	5.3	0.1	100	47.7	530
Ethnicity of household head										
Georgian	69.8	18.3	13.3	42.1	21.2	4.9	0.3	100	52.7	438

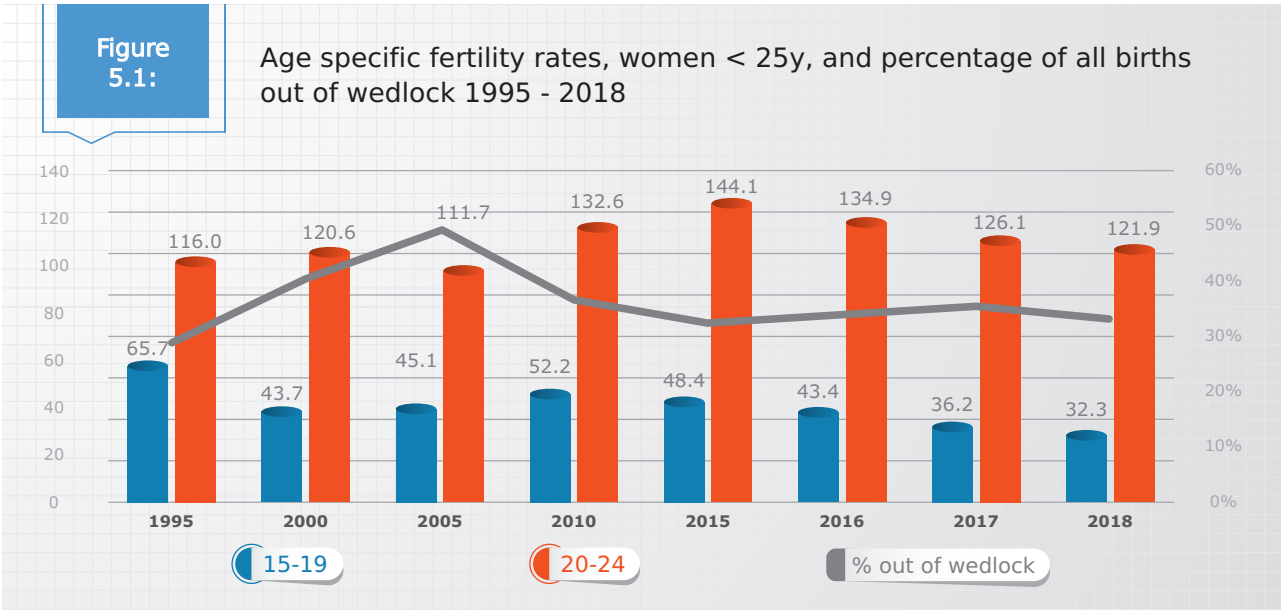
Azerbaijani	48.1	10.5	6.0	62.6	11.8	9.1	0.0	100	28.3	99
Armenian	(22.0)	(1.1)	(6.5)	(91.7)	(0.7)	(0.0)	(0.0)	100	(8.3)	37
Other	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100	(*)	7
IDP status of household head										
IDP	47.2	9.0	2.2	69.9	13.0	6.0	0.0	100	24.1	24
Non-IDP	63.9	16.5	12.1	47.6	18.4	5.2	0.3	100	46.9	556
Wealth index quintile										
Poorest	59.0	15.9	11.3	55.4	12.3	4.2	0.8	100	39.6	118
Second	63.2	15.8	15.6	47.0	13.7	7.8	0.0	100	45.1	144
Middle	70.3	16.1	14.0	44.6	19.4	5.9	0.0	100	49.5	112
Fourth	68.7	10.4	10.4	46.1	27.5	5.3	0.4	100	48.3	130
Richest	(49.9)	(26.9)	(3.7)	(50.8)	(17.6)	(1.0)	(0.0)	100	(48.2)	76
1 MICS Country Specific indicator TM.10CS - Contraception counselling during abortion procedure										
2 MICS Country Specific indicator TM.11CS - Contraception provision after abortion										
( ) Figures that are based on 25-49 unweighted cases										
(*) Figures that are based on fewer than 25 unweighted cases										
“-” Denotes 0 unweighted case in the denominator or in the column										

5. Early childbearing

5.1. Level and trends (Tables TM.2.2W & 2.3W)

The number of births among young women (15-19 years) in Georgia has been high in the past, but since 1995 it has declined rapidly. In 2018 the age specific fertility rate in this young age group was down to only half of what it had been in 1995 (Figure 5.1). The age specific fertility rate among 20-24 year old women had remained fairly stable, increasing slightly till 2015, and after that declining again. In the age groups of women above 24 years (not shown) the age specific fertility rates increased since about year 2000. This indicates that also in Georgia there is a shift towards childbearing at later ages. In 1995, the mean age of the mother at the birth of her children had been 24.1 years, and in 2018 this was already 27.8 years. This is a remarkable change in just one generation. In this respect Georgia is moving in the direction of Western European countries, where the woman's mean age at the birth of her children is even more than 32 years in some countries27. It has been suggested that the relatively large number of women who married in the past at a (very) young age would have been related to the strict taboo on premarital sexual relationships in Georgia. So, marriage was the only way to escape from this taboo. Now, the recent declining fertility rate among the youngest women coincides with a rapidly declining annual number of young women who get married. In 1995 still 7,180 young women (16-19 years) married, which declined to 5,379 in year 2010, and after that it declined rapidly further to only 2,054 in 201828. What is as yet unknown is if this rapidly diminishing aptitude among young women to marry would indicate that the need to get married has become less urgent, because the very strict enforcement of premarital chastity would have lessened. Further research on this would be useful.

Figure 5.1: Age specific fertility rates, women < 25y, and percentage of all births out of wedlock 1995 - 2018



Source: National Statistics Office of Georgia (2019). 2018 Demographic Situation in Georgia

The share of births out of wedlock (i.e. among unmarried women) was about one third of all births, but fluctuated strongly in the past decades (Figure 5.1). In 2006 (not

27 https://www.oecd.org/els/soc/SF_2_3_Age_mothers_childbirth.pdf

28 National Statistics Office of Georgia (2019). 2018 Demographic Situation in Georgia.

shown) even more than half of all births occurred to (officially) unmarried women[29].

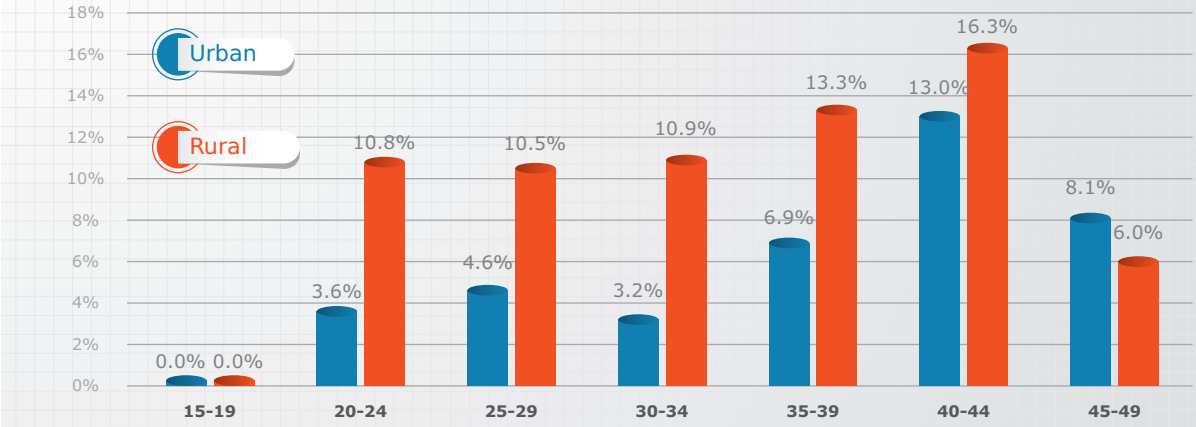
According to MICS 2018 data (see Table TM.2.2W), 5.2% of all respondents aged 15-19 years ever experienced a live birth, and 2.1% were pregnant at the time of the interview. It should be kept in mind that women aged 15-19 years are on average 17.5 years old, and for this age group 5.2% already being a mother and 2.1% currently pregnant is very high. The percentage of young women that have already become mothers before age 20 was the same in 2010 as it is in 2018: 5.2%.

In Western European countries with reliable statistics the country with the highest number of children born to teenage girls in the period up to 2015 was England with 21 births per 1,000 females aged 15-19 years; the lowest was Switzerland with only 2 per 1.000.[30] Georgia had a rate that was even 2.5 times higher than the highest rate in a Western European country (England). This means that although teenage births have declined rapidly in the past 20 years, the rate in Georgia is still very high for European standards.

5.2. Correlates of early pregnancy

Another indicator for the chance of early childbearing is the percentage of 20-24 year old who had already given birth before age 18. This was 6.1% according to MICS 2018 (those births took place about 3-10 years before 2018). At this point there is still a large difference between urban (3.6%) and rural areas where this percentage is 3 times higher (10.8%) (Figure 5.2.1). The chance of getting pregnant and giving birth before age 18 is strongly influenced by the level of education of the mother. In the lowest education category this chance is three to four times higher than in the second and third lowest educational category (7.1% and 9.4% versus 26.0%). In the highest category giving birth at such a low age is virtually non-existent at 0.5%.

Figure 5.2.1: Percentage of women with a live birth before age 18 by rural-urban place of residence and age group



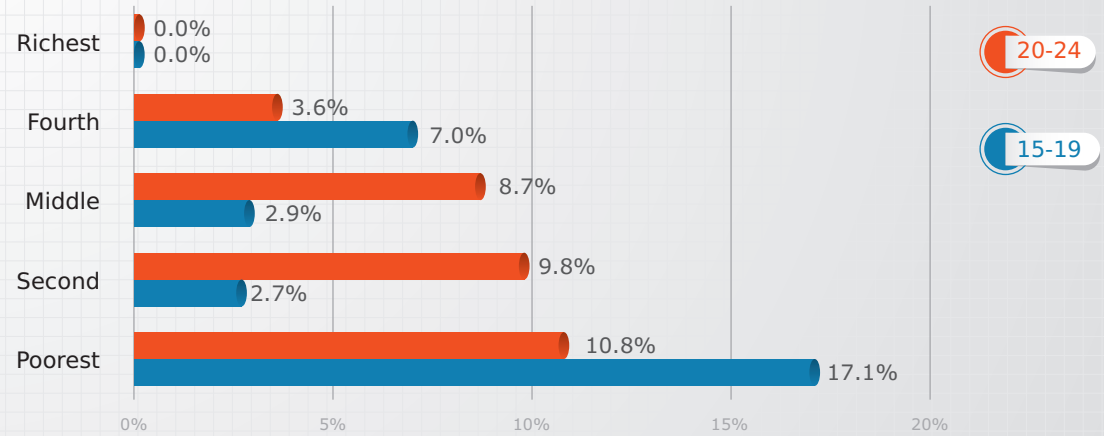
Furthermore, women with an Azerbaijani background have a relatively high risk of early motherhood (16.3%) compared to their Georgian (5.4%) and Armenian peers (1.9%). There is finally also a strong correlation with wealth quintile. Among the poor-

29 Officially unmarried includes marriages that have been registered with the church, but not with the civil authorities.

30 Gilda Sedgh, Lawrence B. Finer, Akinrinola Bankole et al. (2015). Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends. J Adolesc Health. 56(2): 223–230.

est category of women the risk of very early motherhood (before age 18) is almost 11%, whereas it is 0 in the richest quintile (where the number of respondents is too small to find one case) (Figure 5.2.2). In summary, very early childbearing is clearly an outcome of social deprivation. It occurs in particular to young women living in rural areas, with low education and living in relative poverty.

Figure 5.2.2: Percentage of women aged 15-24 years with a live birth before age 18 by wealth quintile



5.3. Trends in early childbearing (Table TM.2.3W)

In paragraph 5.1. it was already indicated that there is a clear downward trend in childbearing in women under age 20 (Figure 5.1). It has halved since 1995, that is in one generation. But one can also see this by looking at the history of childbearing in successive cohorts of women. The outcome of this analysis is that 6.6% of women aged 20-29 had given birth for the first time before age 18. Those births occurred roughly during the period 2006-13, when those mothers were 16-17. Ten years earlier (that is women who are currently 30-39 years) this had been 6.2%; and 20 years earlier (around year 2000) it had been 10.8%. The downward trend is visible, but it is not really spectacular. Also at this point there is, still in 2018, a clear difference between urban and rural young women, whereby rural women tend to have an almost twice higher risk of giving birth before age 18 (11.3% risk) than urban women have (6.5% risk) (Figure 5.3). This difference became less outspoken in more recent years.

Figure 5.3: Percentage of women aged 20-49 years with a live birth before age 18 by rural-urban place of residence

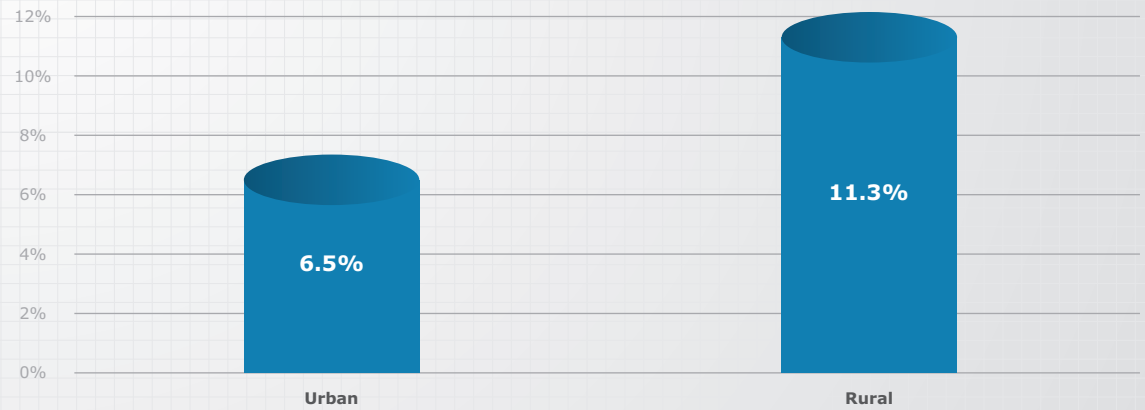


Table TM.2.2W: Early childbearing (young women)

Percentage of women age 15-19 years who have had a live birth, are pregnant with the first child, have had a live birth or are pregnant with first child, and who have had a live birth before age 15, and percentage of women age 20-24 years who have had a live birth before age 18, 2018 Georgia MICS

	Percentage of women age 15-19 years who:				Number of women age 15-19 years	Percentage of women age 20-24 years who have had a live birth before age 18[1]	Number of women age 20-24 years
	Have had a live birth	Are pregnant with first child	Have had a live birth or are pregnant with first child	Have had a live birth before age 15			
Total	**5.6**	**2.1**	**7.7**	**0.3**	**533**	**6.1**	**783**
Area							
Urban	3.2	2.2	5.4	0.0	343	3.6	512
Rural	10.0	1.8	11.8	0.8	190	10.8	271
Region							
Tbilisi	3.4	3.9	7.3	0.0	205	1.1	317
Adjara A.R	4.3	0.0	4.3	0.0	57	3.0	81
Guria	(8.5)	(4.4)	(12.8)	(0.0)	12	7.4	17
Imereti, Racha-Lechkhumi & Kvemo Svaneti	5.1	2.0	7.1	0.0	60	8.4	105
Khakheti	(5.2)	(0.0)	(5.2)	(0.0)	34	22.5	43
Mtkheta-Mtianeti	10.8	2.6	13.4	0.0	13	6.1	13
Samegrelo-Zemo Svaneti	12.9	0.7	13.6	0.0	37	10.0	33
Samtskhe-Javakheti	(5.3)	(0.0)	(5.3)	(0.0)	16	1.7	23
Kvemo Kartli	(11.0)	(0.0)	(11.0)	(2.5)	58	9.6	104
Shida Kartli	3.2	1.6	4.8	0.0	41	16.1	46
Education							
Kindergarten or none	-	-	-	-	0	(*)	1
Primary or Lower Secondary	40.7	2.2	42.9	3.5	42	26.0	82
Upper Secondary	3.1	1.0	4.1	0.0	375	7.1	183
Vocational Education	(3.7)	(0.0)	(3.7)	(0.0)	19	9.4	120
Higher	0.8	6.4	7.2	0.0	97	0.5	397
Ethnicity of household head							
Georgian	4.6	1.6	6.2	0.0	462	5.4	679
Azerbaijani	(18.8)	(10.1)	(28.9)	(3.9)	37	(16.3)	59
Armenian	(3.2)	(0.0)	(3.2)	(0.0)	22	(1.9)	33
Other	(*)	(*)	(*)	(*)	12	(*)	12
IDP status of household head							
IDP	5.6	16.8	22.4	0.0	37	0.9	25

Non-IDP	5.6	1.0	6.6	0.3	496	6.3	757
Wealth index quintile							
Poorest	17.1	1.0	18.1	1.5	98	10.8	116
Second	2.7	3.6	6.2	0.0	95	9.8	153
Middle	2.9	6.8	9.7	0.0	95	8.7	148
Fourth	7.0	0.2	7.2	0.0	112	3.6	204
Richest	0.0	0.0	0.0	0.0	133	0.0	162

1 MICS indicator TM.2 - Early childbearing

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

"-" Denotes 0 unweighted case in the denominator or in the column

Table TM.2.3W: Trends in early childbearing (women)

Percentage of women who have had a live birth, by age 15 and 18, by area and age group, 2018 Georgia MICS

	Urban				Rural				All			
	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years
Total	**0.2**	**4,392**	**6.5**	**4,049**	**1.3**	**2,420**	**11.3**	**2,230**	**0.6**	**6,812**	**8.2**	**6,279**
Age												
15-19	0.0	343	na	na	0.8	190	na	na	0.3	533	na	na
15-17	0.0	209	na	na	1.3	115	na	na	0.5	324	na	na
18-19	0.0	134	na	na	0.0	75	na	na	0.0	209	na	na
20-24	0.0	512	3.6	512	0.5	271	10.8	271	0.2	783	6.1	783
25-29	0.0	745	4.6	745	0.5	432	10.5	432	0.2	1,177	6.8	1,177
30-34	0.1	794	3.2	794	2.4	413	10.9	413	0.9	1,207	5.8	1,207
35-39	0.3	817	6.9	817	0.6	335	13.3	335	0.4	1,153	8.8	1,153
40-44	0.5	620	13.0	620	3.4	390	16.3	390	1.6	1,010	14.3	1,010
45-49	0.4	561	8.1	561	0.2	388	6.0	388	0.3	950	7.3	950

na: not applicable

6. Place of delivery and C-sections

6.1. Place of delivery (Tables TM 6.1 and TM 6.2CS)

In MICS6, a question was included on where women finally deliver if they are pregnant. The question asks this for deliveries that took place in the 2 years before the survey. Almost three quarters of babies in Georgia (70.3%) are borne in maternity homes. About one third is borne in a (general) hospital, clinic or health centre, and 0.7% in other health centres. Other facilities are rarely used by pregnant women in all subcategories. Home delivery is very rare (0.6%). More women in urban areas (74.3%) than in rural areas (63.8%) deliver in a maternity home. There is only one region in the country where the vast majority of women do not deliver in a maternity home (only 17.8% deliver there), but instead in a hospital, clinic or health centre, and that is the Samtskhe-Javakheti region. This is the region that borders Armenia, and Armenian women in Georgia also tend to use a hospital, clinic or health centre for delivery (69.8% do so). The background of this is unknown, but it might be due to the fact that there are limited number of maternity houses in this region; predominantly, there are OB&GYN wards in the district hospitals. Conversely, women in the richest category were, for deliveries, overrepresented (82.0%) in the category of maternity homes. Variation determined by other variables was rather marginal.

6.2. Caesarean sections

A remarkable phenomenon in Georgia is the high percentage of women who deliver using the caesarean section method. Almost half (46.6%) of the women do this. By far most women who do so have already decided on this (long) before they delivered. Globally, in 2015 the average percentage of C-sections was 21.1%[31], so it was much lower than the rate in Georgia. The World Health Organization (WHO) is of the opinion that there is no need in any country to have such a high percentage of C-sections. Since 1985 WHO has repeatedly stated that the rate should not get higher than 10-15% of all deliveries[32]. This opinion was based on a statement by a panel of reproductive health experts at a meeting organized by the World Health Organization (WHO) in 1985 in Fortaleza, Brazil, where it was stated that: "There is no justification for any region to have a rate higher than 10-15%." Still, Georgia has a very high rate, of almost 4 times the one recommended by WHO, that cannot at all be justified.

In July 2018 the Social Service Agency of Georgia took measures to halt and reverse this unacceptable development. The agency limited the number of caesarean section service provider institutions to only five maternity hospitals, after having fined 17 institutions, due to the failure to fulfil contractual conditions of reducing the number of caesarean sections. The service has also been suspended for institutions where more than 500 caesarean sections were performed over a period of 12 months.[33] Those measures have been taken more than half a year *after* the data were collected for MICS 2018. The data that were collected concerned deliveries that took place from

31 Statista. Percentage of live births delivered by cesarean section worldwide in 2000 and 2015, by region. https://www.statista.com/statistics/982511/c-section-delivery-rates-globally-by-region/ . Accessed 16/12/2019.

32 World Health Organization (2015). Caesarean sections should only be performed when medically necessary. https://www.who.int/mediacentre/news/releases/2015/caesarean-sections/en/. Accessed 16/12-2019.

33 Georgia Today (20 July 2018). Caesarean Section Birth Rate Too High. http://georgiatoday.ge/news/11436/Caesarean-Section-Birth-Rate-Too-High

mid-2016 to mid-2018. As a result the rate found in MICS 2018 is still very high. Although there are differences in this rate across Georgia, this development has basically affected the entire country. For example, there is hardly any difference in this respect between urban (47.1% C-sections) and rural areas (45.7%). The same applies to the percentages of women who had planned the C-section *in advance* (that means without a clear medical necessity for this operation). In urban setting 80.1% of the concerned women had planned it in advance, and among rural women this had been 76.8% (Figure 6.2). But there is some variation by region throughout the country. The lowest C-section rate is found in Mtkheta-Mtianeti (33.8%) and the highest one in Samegrelo-Zemo Svaneti, where it even is 63,3%! The relatively low C-section rate in Mtkheta-Mtianeti region could have to do with the fact that this is pretty close to Tbilisi, and it is expected that most women go to Tbilisi to perform a C-section. Very high rates are also found among women that are a bit older (35-49 years: 61.3%), and the practice seems to be even more common among the Georgian inhabitants (48.8%) than among Azeri (38.2%) and Armenian women (36.0%). It still remains to be seen if the current rather harsh measures will get the C-section rate down in the near future.

Figure 6.2: Percent distribution of women aged 15-49 years with a live birth in the last 2 years delivered by C-section by planning status and urban-rural place of residence

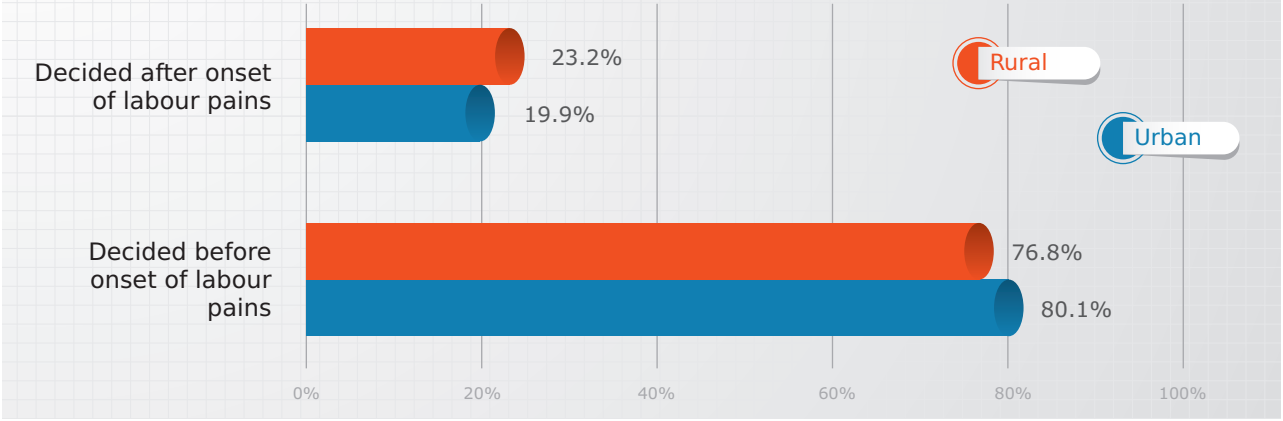


Table TM.6.1: Place of delivery

Percent distribution of women age 15-49 years with a live birth in the last 2 years by place of delivery of the most recent live birth, 2018 Georgia MICS

	Place of delivery				Total	Delivered in health facility[1]	Number of women with a live birth in the last 2 years
	Health facility			Home			
	Maternity home	Hospital / Clinic / Health centre	Other health facility				
Total	**70.3**	**28.4**	**0.7**	**0.6**	**100.0**	**99.4**	**900**
Area							
Urban	74.2	24.6	0.7	0.5	100.0	99.5	564
Rural	63.8	34.9	0.6	0.6	100.0	99.4	336
Region							
Tbilisi	74.0	24.7	1.2	0.0	100.0	100.0	331
Adjara A.R	63.1	34.7	1.1	1.1	100.0	98.9	93
Guria	60.6	38.0	1.4	0.0	100.0	100.0	19
Imereti, Ra-cha-Lechkhumi & Kvemo Svaneti	89.5	10.5	0.0	0.0	100.0	100.0	117
Khakheti	72.6	23.9	1.2	2.3	100.0	97.7	66
Mtkheta-Mtianeti	67.5	29.5	0.0	2.9	100.0	97.1	22
Samegrelo-Zemo Svaneti	65.0	35.0	0.0	0.0	100.0	100.0	61
Samtskhe-Ja-vakheti	17.8	82.2	0.0	0.0	100.0	100.0	35
Kvemo Kartli	67.9	32.1	0.0	0.0	100.0	100.0	108
Shida Kartli	64.7	31.0	0.0	4.2	100.0	95.8	49
Education							
Kindergarten or none	-	-	-	-	-	-	0
Primary or Lower Secondary	69.0	30.7	0.0	0.3	100.0	99.7	94
Upper Secondary	67.7	30.8	0.5	1.0	100.0	99.0	215
Vocational Edu-cation	67.1	31.9	0.0	1.0	100.0	99.0	182
Higher	73.4	25.1	1.2	0.2	100.0	99.8	409
Age at most recent live birth							
Less than 20	61.0	39.0	0.0	0.0	100.0	100.0	49
20-34	69.7	29.5	0.2	0.7	100.0	99.3	740
35-49	78.7	16.7	4.4	0.3	100.0	99.7	111
Functional difficulties (age 18-49 years)							
Has functional difficulty	86.4	13.6	0.0	0.0	100.0	100.0	63
Has no functional difficulty	69.9	28.7	0.7	0.6	100.0	99.4	825

Ethnicity of household head							
Georgian	72.1	26.5	0.8	0.7	100.0	99.3	775
Azerbaijani	(69.9)	(30.1)	(0.0)	(0.0)	100.0	(100.0)	63
Armenian	30.2	69.8	0.0	0.0	100.0	100.0	39
Other	(*)	(*)	(*)	(*)	100.0	(*)	23
IDP status of household head							
IDP	64.0	36.0	0.0	0.0	100.0	100.0	54
Non-IDP	70.7	27.9	0.7	0.6	100.0	99.4	846
Wealth index quintile							
Poorest	67.8	31.2	0.7	0.2	100.0	99.8	143
Second	60.9	37.9	0.6	0.6	100.0	99.4	172
Middle	67.5	30.9	0.0	1.6	100.0	98.4	180
Fourth	69.8	30.2	0.0	0.0	100.0	100.0	183
Richest	82.0	15.7	1.8	0.5	100.0	99.5	221

1 MICS indicator TM.8 - Institutional deliveries

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

"-" Denotes 0 unweighted case in the denominator or in the column

Table TM.6.2CS: Caesarean section

Percent distribution of women age 15-49 years with a live birth in the last 2 years delivered by C-section, 2018 Georgia MICS

	Percent delivered by C-section[1]	Number of women with a live birth in the last 2 years	Percent delivered by C-section who		Total	Number of women with a live birth in the last 2 years delivered by C-section
			Decided before onset of labour pains	Decided after onset of labour pains		
Total	**46.6**	**900**	**78.9**	**21.1**	**100.0**	**419**
Area						
Urban	47.1	564	80.1	19.9	100.0	266
Rural	45.7	336	76.8	23.2	100.0	153
Region						
Tbilisi	42.6	331	(75.2)	(24.8)	100.0	141
Adjara A.R	58.1	93	75.7	24.3	100.0	54
Guria	37.2	19	(89.2)	(10.8)	100.0	7
Imereti, Racha-Lechkhumi & Kvemo Svaneti	51.6	117	(88.3)	(11.7)	100.0	60
Khakheti	43.7	66	(77.6)	(22.4)	100.0	29
Mtkheta-Mtianeti	33.8	22	(74.1)	(25.9)	100.0	7

Samegrelo-Zemo Svaneti	63.3	61	86.3	13.7	100.0	38
Samtskhe-Ja-vakheti	35.6	35	(82.3)	(17.7)	100.0	12
Kvemo Kartli	44.6	108	(71.8)	(28.2)	100.0	48
Shida Kartli	44.4	49	(86.0)	(14.0)	100.0	22
Education						
Kindergarten or none	-	0	-	-	-	0
Primary or Lower Secondary	39.8	94	(62.7)	(37.3)	100.0	37
Upper Secondary	46.6	215	89.5	10.5	100.0	100
Vocational Edu-cation	49.0	182	81.3	18.7	100.0	89
Higher	47.1	409	75.5	24.5	100.0	192
Age at most recent live birth						
Less than 20	41.6	49	(*)	(*)	100.0	21
20-34	44.7	740	80.4	19.6	100.0	331
35-49	61.3	111	73.9	26.1	100.0	68
Functional difficulties (age 18-49 years)						
Has functional difficulty	51.3	63	(78.1)	(21.9)	100.0	32
Has no functional difficulty	45.9	825	78.9	21.1	100.0	378
Ethnicity of household head						
Georgian	48.8	775	81.9	18.1	100.0	379
Azerbaijani	(38.2)	63	(*)	(*)	100.0	24
Armenian	36.0	39	(*)	(*)	100.0	14
Other	(*)	23	(*)	(*)	100.0	3
IDP status of household head						
IDP	52.1	54	75.1	24.9	100.0	28
Non-IDP	46.2	846	79.2	20.8	100.0	391
Wealth index quintile						
Poorest	42.5	143	76.0	24.0	100.0	61
Second	46.1	172	82.3	17.7	100.0	80
Middle	45.0	180	72.1	27.9	100.0	81
Fourth	54.5	183	81.2	18.8	100.0	100
Richest	44.4	221	(81.2)	(18.8)	100.0	98

1 MICS indicator TM.10 - Caesarean section

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

“-” Denotes 0 unweighted case in the denominator or in the column

7. Postnatal health checks for new-borns and young mothers (TM 8.2CS)

The vast majority of new-borns in Georgia receive a health check during the first 4 weeks after birth. Through the MICS6 questionnaire women who had given birth during the two years before the interview have been asked if those health checks have indeed been carried out. They have also been asked if the delivering mother herself did receive such a health check.

Newborn babies had received this check in 91.6% of the cases. The mothers only were checked in 47.2% of the cases. In 83.2% of the cases related to new-borns that were checked this took place in the first four weeks after delivery, and in 15.9% this was done later. Whether or not this health check was done turns out not to be related to living in urban or in rural areas. The only difference is that in rural areas the health check more often takes place after 4 weeks (23% versus 11.7% in urban areas). In two regions of the country the percentage of health checks on new-borns is less than 90%: Adjara A.R. (82.0%) and Samtskhe-Javakheti (71.6%). There is some variation in the percentage of newborn health checks done in relation to the educational level of their mothers (only 80.7 among women with only primary or lower secondary education), and among children whose mother has an Armenian background (81.8% had a health check). The relationship with all other variables that were measured is negligible.

Whether or not the mother was also checked varied much more with the region in the country. In some regions this percentage is low (about one third of the women or even fewer checked: Samtskhe-Javakheti: 23.2%, Shida Kartli: 33.4%, Guria: 35.2% and Mtskheta-Mtianeti: 35.5%). In other regions it is rather high (Imereti, Racha-Lechkhumi and Kvemo Svaneti: 69.3%; Adjara A.R.: 71.4%). Educational level of the woman also makes a difference here (low category: 38.6% versus high category 51.3%), and wealth makes some difference (poorest women: 39.7% checked). Again, among women with an Armenian background comparatively few did get this health check; only 30.6%. Other variables did not make a sizeable difference.

Table TM.8.2CS: Post-natal health checks for new-borns and mothers

Percentage of women age 15-49 years with a live birth in the last 2 years who or whose most recent live-born child received a health check after discharge from the health facility or delivered at home by timing of check, 2018 Georgia MICS

	Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live-born child received a health check after discharge from the health facility or delivered at home[1]	Distribution of health check time after the delivery for children				Total	Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check after discharge from the health facility or delivered at home following delivery of their most recent live birth[2]	Distribution of health check time after the delivery for mothers				Total	Number of women with a live birth in the last 2 years
		During the first week	During 2-4 weeks	After 4 weeks	DK / don' t remember			During the first week	During 2-4 weeks	After 4 weeks	DK / don't remember / missing		
Total	**91.6**	**42.8**	**40.4**	**15.9**	**0.8**	**100**	**47.2**	**39.1**	**35.4**	**22.7**	**2.8**	**100.0**	**900**
Area													
Urban	91.7	43.7	43.9	11.7	0.7	100	46.8	32.5	39.4	24.9	3.2	100.0	564
Rural	91.3	41.4	34.6	23.0	1.0	100	48.0	49.9	28.7	19.1	2.2	100.0	336
Region													
Tbilisi	94.3	40.6	50.6	8.8	0.0	100	39.7	(23.7)	(44.3)	(28.5)	(3.5)	100.0	331
Adjara A.R	82.0	72.2	20.9	6.0	1.0	100	71.4	76.6	11.9	11.5	0.0	100.0	93
Guria	98.8	24.7	45.2	28.7	1.4	100	35.2	(23.3)	(46.1)	(26.7)	(3.9)	100.0	19
Imereti, Racha-Lechkhumi & Kvemo Svaneti	95.7	47.0	31.9	19.8	1.3	100	69.3	22.6	48.5	23.6	5.3	100.0	117
Kakheti	91.3	52.4	28.7	16.4	2.4	100	57.2	62.5	16.3	19.2	2.0	100.0	66
Mtskheta-Mtianeti	90.5	33.4	44.0	22.6	0.0	100	35.5	(39.7)	(42.5)	(17.8)	(0.0)	100.0	22
Samegrelo-Zemo Svaneti	90.0	36.5	41.0	22.5	0.0	100	44.5	(38.3)	(43.9)	(17.4)	(0.4)	100.0	61

Samtskhe-Javakheti	71.6	32.1	22.0	45.8	0.0	100	23.2	(*)	(*)	(*)	(*)	100.0	35
Kvemo Kartli	90.5	35.2	40.3	21.4	3.0	100	39.7	(39.9)	(30.1)	(26.4)	(3.6)	100.0	108
Shida Kartli	97.7	28.8	45.2	26.0	0.0	100	33.4	(47.1)	(33.4)	(19.4)	(0.0)	100.0	49
Education													
Kindergarten or none	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary or Lower Secondary	80.7	34.2	38.6	25.3	1.8	100	38.6	(35.0)	(51.1)	(13.9)	(0.0)	100	80.7
Upper Secondary	91.0	36.6	42.8	20.5	0.0	100	42.6	46.7	30.8	19.2	3.2	100	91.0
Vocational Education	94.5	30.8	48.6	18.8	1.7	100	48.0	40.3	29.3	20.4	10.0	100	94.5
Higher	93.0	53.2	35.8	10.3	0.7	100	51.3	36.0	37.1	26.7	0.1	100	93.0
Age at most recent live birth													
Less than 20	93.9	54.3	24.5	21.2	0.0	100	41.9	(47.1)	(35.7)	(17.2)	(0.0)	100	93.9
20-34	90.9	41.3	42.3	15.4	1.0	100	47.6	40.5	33.6	22.5	3.4	100	90.9
35-49	94.9	47.9	35.6	16.5	0.0	100	46.9	26.3	47.0	26.7	0.0	100	94.9
Functional difficulties (age 18-49 years)													
Has functional difficulty	90.3	40.4	52.1	7.5	0.0	100	47.7	(34.6)	(45.8)	(19.6)	(0.0)	100	90.3
Has no functional difficulty	91.6	42.5	40.2	16.5	0.9	100	47.6	39.3	34.8	22.9	3.0	100	91.6
Ethnicity of household head													
Georgian	92.2	43.3	41.7	14.4	0.5	100	49.1	39.0	37.7	20.1	3.1	100	775
Azerbaijani	(89.2)	(32.5)	(36.2)	(26.1)	(5.3)	100	(37.7)	(*)	(*)	(*)	(*)	100	63
Armenian	81.8	(65.5)	(13.9)	(20.6)	(0.0)	100	30.6	(*)	(*)	(*)	(*)	100	39
Other	(*)	(*)	(*)	(*)	(*)	100	(*)	(*)	(*)	(*)	(*)	100	23
IDP status of household head													
IDP	91.2	30.9	51.7	17.5	0.0	100	21.4	(49.8)	(45.8)	(4.4)	(0.0)	100	54
Non-IDP	91.6	43.6	39.7	15.8	0.9	100	48.9	38.8	35.1	23.2	2.9	100	846

Wealth index quintile													
Poorest	87.2	30.7	40.0	28.2	1.2	100	39.7	45.7	35.3	16.6	2.5	100	143
Second	92.0	47.3	28.6	22.4	1.8	100	50.6	52.1	23.4	22.8	1.6	100	172
Middle	91.9	39.5	46.0	14.3	0.2	100	53.7	45.2	29.1	19.3	6.4	100	180
Fourth	90.1	51.5	38.2	9.8	0.5	100	45.8	33.9	40.1	24.3	1.7	100	183
Richest	94.9	42.6	47.0	9.7	0.7	100	45.4	22.6	47.8	28.1	1.5	100	221
1 MICS Country Specific indicator TM.19CS - Post-natal health check for new-borns													
2 MICS Country Specific indicator TM.20CS - Post-natal health check for mothers													
( ) Figures that are based on 25-49 unweighted cases													
(*) Figures that are based on fewer than 25 unweighted cases													
“-” Denotes 0 unweighted case in the denominator or in the column													

8. HIV-infection

8.1 The HIV epidemic in Georgia

In general, countries in Eastern Europe have been harder hit by the HIV/AIDS epidemic than in the Western part of the region. According to the latest epidemiological overview from ECDC[34], the number of new HIV diagnoses in 2017 was 6.9/100,000 in Western and 23.6/100,000 in Eastern Europe. If the Russian Federation is also included in the data, it was 51.1/100,000. In Eastern Europe the mode of transmission is more often than in Western Europe hetero-sexual contact. Nowadays in Eastern Europe two thirds of HIV infections are transmitted via hetero-sexual contacts. In Western Europe this is "only" in one third of all cases. The number of new AIDS diagnoses is also much higher in Eastern Europe: 10.2/100,000 population versus 0.7/100,000 in Western countries.

Georgia is classified as a low HIV prevalence country, with an HIV infection rate of 0.4% in the adult population[35]. National efforts to halt the spread of HIV show some positive results, though the outcomes have not yet provided an adequate ground to conclude that the country is effectively addressing the evolving epidemic. For the UNAIDS 90-90-90 Fast Track targets Georgia is well positioned for last two, but is behind for the first 90 target. According latest data from the AIDS Center[36] 2019, 8,028 PLHIV were officially registered by the end of 2019. The epidemic is largely concentrated among key affected populations: MSM, SW and PWID. In 2017 men having sex with men (MSM) had become the largest single group at risk with a prevalence of 20.7% of HIV-infected people, and there was still a rapid increase. Heterosexual transmission increased from 44.8% in 2012 to 48% of all infections in 2019.

Other core HIV infection variables in Georgia (latest report covering year 2017) are the following:

"Since the detection of the first case of HIV in 1989, the rate of new HIV diagnoses in the country has been increasing steadily and reached 12.7 per 100,000 inhabitants in 2014." The latest estimate of the number of people living with HIV (PLHIV) in Georgia is 10,500 (end of 2017) and about half of these people are not aware of their status. 6,471 PLHIV were officially registered by the end of 2017. Although the infection is mainly located among the male population (69% of total reported cases in 2014), the proportion of women affected increased from 25% to 31% in 2014. This means that also in Georgia hetero-sexual contacts were rapidly becoming the most prevalent mode of transmission. This data makes it understandable why the focus of the subject of HIV/AIDS has been so extensively included in a survey on mother and child health: it is more urgent and it is strongly related to hetero-sexual contacts. Per year between 600 and 700 cases of HIV infection are identified, but since 2017 there is a slight decline in this.

34 European Centre for Disease Prevention and Control (ECDC, 2018). HIV/AIDS surveillance in Europe 2018 - 2017 data. https://www.ecdc.europa.eu/en/publications-data/hivaids-surveillance-europe-2018-2017-data. Accessed 18-11-2019.

35 UNAIDS Global AIDS Response Progress Report Georgia (2015). Country Progress Report; Reporting Period January – December, 2014. https://www.unaids.org/sites/default/files/country/documents/GEO_narrative_report_2015.pdf. Accessed 21-11-2019. UNAIDS (2018). Global AIDS Monitoring 2018. Country Progress Report – Georgia.

36 https://aidscenter.ge/epidsituation_eng.html

8.2 Knowledge about HIV/AIDS in the population (Tables TM.11.1W and 1M)

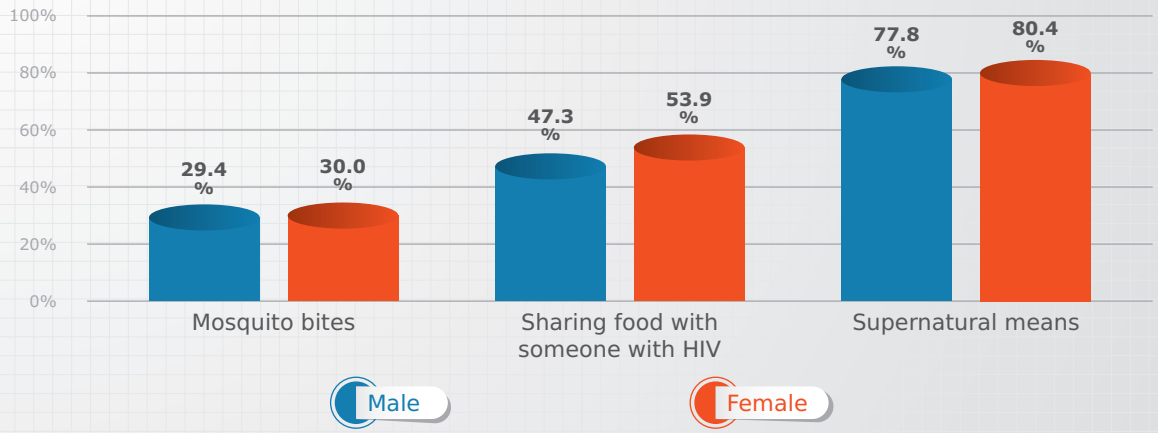
Only if a population is informed about HIV and AIDS, and thus knows about the risks of being infected through different modes of transmission of the virus, will it be possible to implement prevention programs successfully. Therefore, it is essential to collect data on this level of knowledge by means of surveys, like MICS. Knowledge of transmission is an important variable that should be mapped.

According to the MICS6 results, the vast majority of the population has at least heard about AIDS (90.8%). People in urban areas are even more aware of it (96.0%) than their counterparts in rural areas (81.3%). In some regions even a smaller part of the population knows about AIDS (in Kvemo Kartli only 70%). Younger women tend to be less aware than older ones, but differences at this point are small, only varying between 87.2% and 92.5%. Marital status does not make a difference, but education does. In the highest educational category 98% of women is aware of AIDS and in the lowest one only about 65%. A similar pattern is visible on the variable of poverty: only 74% of the poorest women are aware of AIDS, and this is 98% in the richest category. But most striking is the very strong difference by ethnicity of women. Azeri women have a far lower level of awareness (only 37%) than Armenian women (82%) and Georgian women are even better aware (95%) than their Armenian counterparts. It seems like particularly Azeri women are hardly reached with information about the epidemic.

The question about awareness has also been asked to the almost 2,700 male respondents in the survey. Their awareness level (86.7%) is slightly lower than that of the women (was 90.8%), and the urban – rural split is similar to the women's. That is also the case regarding the other variables mentioned for women. Men's awareness looks like the women's, but men are generally a bit less informed, which is quite remarkable.

Two questions were asked about how infection can be prevented and three questions were on false ideas about possible modes of transmission of the virus. One question, finally, was on the possibility of being able to recognize a person who is HIV-infected. About three quarters of women know about being faithful to one uninfected partner and about using condoms as ways to prevent infection, and two thirds of them think that both do prevent infection. Only 30% of them know that you cannot be infected through a mosquito bite; 54% knows that you cannot be infected by sharing food with an infected person and 80% does not believe that the HIV virus can be transmitted in supernatural ways (Figure 8.2). Also about two thirds of women know that you cannot see from the outside if someone is HIV infected. In other words, the knowledge about infection risks and ways to prevent infection is still very far from perfect. One quarter to half of the women are poorly informed about this subject. A breakdown by socio-demographic characteristics of the women leads to a pattern which is quite similar to the one on awareness of AIDS. Rural women are less informed than urban women; in some regions (notably Kvemo Kartli and Samtskhe-Javakheti) women know even far less than the average in the country; older women tend to be a bit better informed than younger ones, but the differences are small; better educated women know much more details than their lower educated peers; marriage is hardly relevant; Azeri women, as could be expected, are very poorly informed; and finally poverty is quite a strong determinant for lack of knowledge on this subject.

Figure 8.2: Percentage of men and women aged 15-49 years who correctly indentify wrong routes of HIV transmission



The above items have been combined in one single indicator of HIV knowledge, and the best score means that a respondent has given the right answer to all five questions. Only one in six respondents scored this "comprehensive knowledge" on the scale. Looking at the breakdown by socio-demographic characteristics of the respondents leads to the following results. Twice as many urban than rural respondents have comprehensive knowledge about HIV according to this definition (20% versus 9%). In the same way, Tbilisi region has the highest percentage of respondents with comprehensive knowledge, and Samtskhe-Javakheti region the lowest. Older women tend to have more knowledge than younger women. Better educated women know a whole lot more than lower educated (25.5% versus 3.6%!); Georgian women (17.8%) know much more than Azeri women (1.9%), and the richest women know much more (26.9%) than the poorest (5.6%). The scores of the male respondents are very much the same as that of the female respondents. An intermediate conclusion about the HIV knowledge of the Georgians is that this knowledge is surprisingly low. Only among the better educated with fairly good incomes, who live in urban areas this knowledge is reasonable. Moreover, women tend to know a bit more than men.

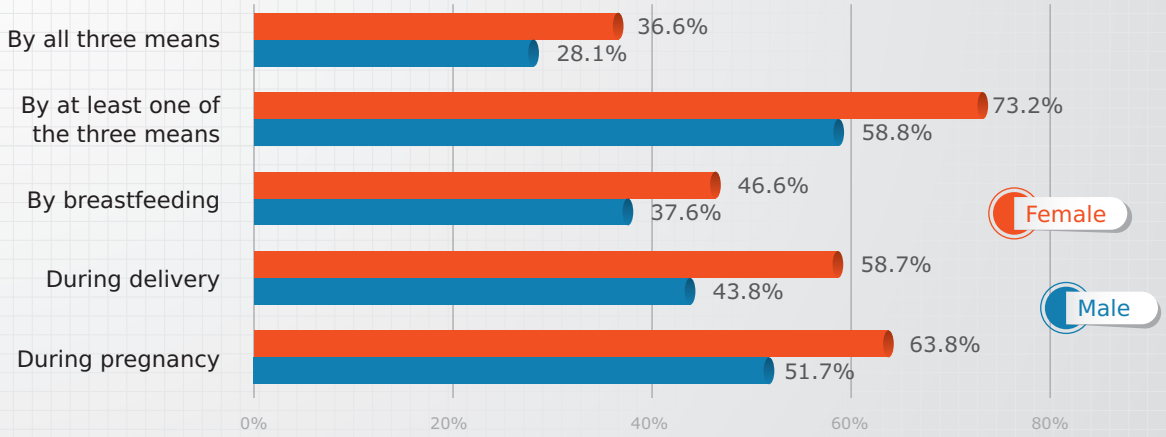
8.3 Knowledge of mother-to-child transmission of the HIV virus (TM 11.2W & M)

In 2014 (last year with this information) 88.4% of pregnant women were tested for HIV. The mode of transmission in that year had been heterosexual in 45.1% of the cases; IDU in 35.7% and MSM in 11%. The absolute numbers of mother-to-child transmissions (MTCT) had been less than 2 cases per year since 2011[37]. Clearly, from an epidemiological perspective the relevance of this mode of transmission had become marginal. But in the same year 22 cases of HIV infection had been identified among pregnant women, meaning that screening is still important.

37 UNAIDS Global AIDS Response Progress Report Georgia (2015). Country Progress Report; Reporting Period January – December, 2014. https://www.unaids.org/sites/default/files/country/documents/GEO_narrative_report_2015.pdf. Accessed 27-11-2019.

Figure 8.3:

Percentage of men and women aged 15-49 years who correctly identify means of HIV transmission from mother to child



Overall, 63.8% of women interviewed for MICS6 know that the virus can be transmitted during pregnancy, 58.7% know it can happen during delivery and 46.4% know about transmission via breastfeeding; 73.2% thinks the virus can be transmitted by at least one of those three routes, but only slightly more than one third (36.6%) knows that all three possibilities apply (Figure 8.3). In other words, knowledge about routes of HIV transmission is quite limited. Women aged 30-39 years are best informed about this risk of infection (37.9% knows). Younger women are relatively less informed compared to older ones. Knowledge across the educational levels of women varies between 33.8% and 40.8%, being the lowest in those with primary and lower secondary education. Georgian women are in general better informed than women with other ethnic backgrounds (37.5% of Georgian women knowing all three modes of transmission versus 19.0% for Azeri and 35.5% for Armenian women). The remaining demographic variables do not make large differences at this point. This means that the *general* level of knowledge among the population is seriously limited.

A large majority of women were, in 2018, not yet informed about therapeutic possibilities: only 38% of them know that the risk of transmission can be reduced by taking special drugs during pregnancy. The lack of knowledge about this is almost universal, in the sense that there is not much variation related to demographic variables. The only exception is that knowledge of Azeri and Armenian women is much more limited than among Georgian women. But for the remainder, in almost every respect about a third of the women are not informed about existing medication.

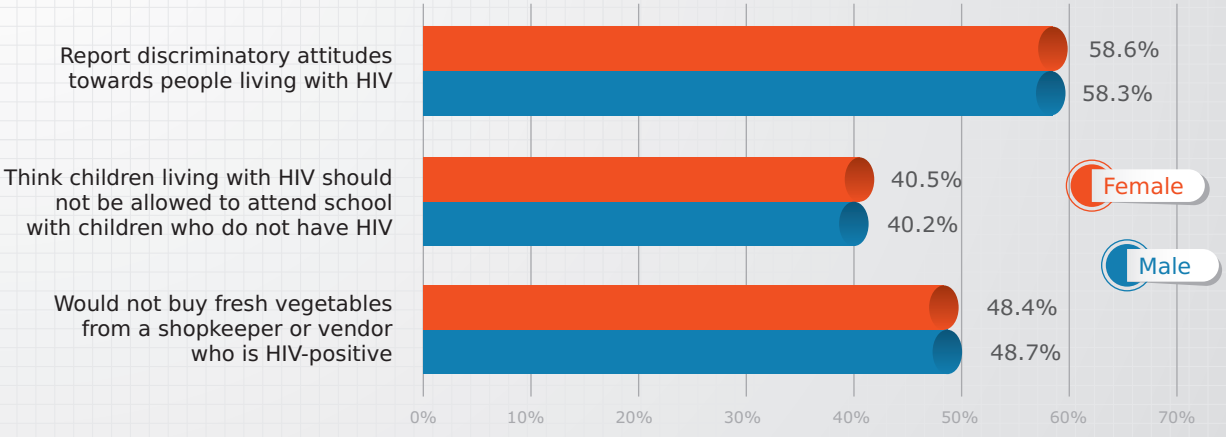
8.4 Attitudes towards people living with HIV (Tables TM 11.3W & M)

Attitudes of respondents towards people living with HIV have been measured, using eight different questionnaire items. The first three items measure reactions of people; the second three measure how respondents think about infected people; the two last items basically relate to feelings. Male respondents have been asked the same questions.

Roughly half of female respondents have discriminatory attitudes towards HIV infected people: 48.4% of them would not buy fresh vegetables from an infected shopkeeper; 40.5% think that HIV infected children should not be allowed to attend a school with children that are not infected; and 58.6% of them report in general dis-

criminatory attitudes towards HIV infected people (Figure 8.4). Almost three-quarter of women (72.2%) would hesitate to take an HIV test because they are afraid of how other people would react if the test would be positive. Obviously these women would feel ashamed. More than half (55.0%) talk badly about people who have or are thought to be infected. Also, 52.8% of female respondents think that those who are or are thought to have been infected will lose the respect of other people. Surprisingly, only 13.8% would feel ashamed if a family member would be HIV infected. Finally, again more than half of the women would be afraid to come into contact with the saliva of an infected person. This pattern of answers indicates that most women are afraid that they themselves or their children could get infected. As a result, they would try to avoid, as much as possible, contacts with HIV infected people. But a large majority would not be ashamed if a family member would be infected. In other words there is a lot of fear for infection, but that fear is not strong enough to arouse feelings of shame if a relative would be infected.

Figure 8.4: Percentage of men and women aged 15-49 who report discriminating attitudes towards people living with HIV



How is this for the male respondents? They react almost exactly the same (first three items) to HIV as women do (Figure 8.4.1). But their thoughts about HIV are a bit less condemning. Fewer male respondents would hesitate to take an HIV test (64.2% versus 72.2% for women), and fewer of them (38.1% against 55% of women) would talk badly about infected people. Similarly, if people live with HIV they will not as massively loose the respect of men (40.5%) as they would of women (52.8%). Men share women's fear to come into contact with the saliva of HIV infected people, but a bit less (42.8% against 53.1% of women). And like women, men would not immediately be ashamed for having an infected relative. In summary, men think and feel about HIV infection like women, but they are a bit less outspoken.

It is quite remarkable that the thoughts and feelings about HIV hardly vary with the age of the respondents. Only the item of being ashamed for an infected family member is dependent on age, in the sense that shame becomes much stronger if women are older (about 8% among women under 30 years; 13.0% for age 30-39 years and 21.8% among those over 39 years). Women living in urban settings tend to react less discriminating to HIV infected people compared to their peers in rural areas (43.8% would not buy vegetables from an infected shopkeeper against 58.4% of women living in rural areas), which was also visible in relation to other variables. Level of education plays a much more important role. Lower educated women are much more afraid of getting infected than their higher educated peers; they are much more afraid that (their) children would face this risk, and they tend to voice stronger discriminatory opinions. Finally, a much larger proportion (31.1%) of the lowest educational level

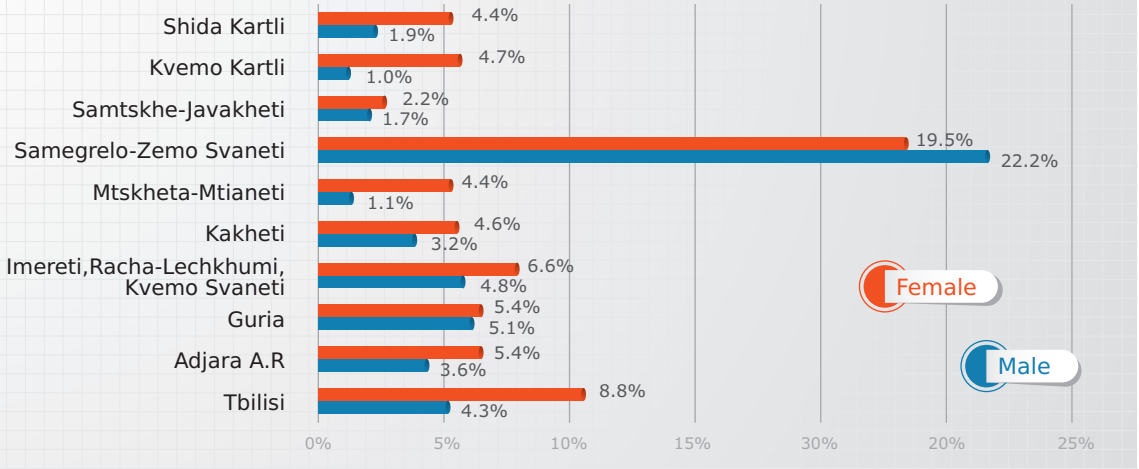
women would be ashamed of an infected relative compared to the highest educational level (only 8.8%). The break-down by wealth of respondents is rather similar to the one by educational level. Richer women are far less afraid of infection than low income women. For example, not buying fresh vegetables from an infected shopkeeper is 63.2% among the poorest women and only 37% among the richest. And, the same applies to the fear that children may get infected in school via an infected other child in the school. Richer women are also far less ashamed because of having an infected relative than poorer women. Married women tend to be more discriminating than never married women. And, generally speaking, Georgian women's feelings, thoughts and action tendencies are less fearful and condemning than those of women with other ethnic backgrounds. A striking example of this is that only 11.9% of Georgian women would feel ashamed because of an infected relative, and this is 55.1% among Azeri, and 26.5% among Armenian women.

8.5 Knowledge of a place for HIV testing (Tables TM 11.4W & M)

Women in Georgia are better informed about HIV testing options and have more often used them, compared to men: 46.6% of women in the MICS6 sample know a place where they can be tested; among men this is 38.3%. More than a quarter (27%) of the women have ever had such a test; among men this is only 15.7%. Similarly, 25.7% of women against 15.1% of men were informed about the result of the test. And finally, 7.9% of women against 5.1% of men had a test in the year before the interview (see Figure 8.5 for regional variations). The reasons behind this female – male difference are not really known. Women in urban areas are better informed (52.7% knows a testing site) and use these services more frequently than their peers in rural areas (35.5% know a site). Knowledge about testing sites is positively related to age: older women know better (52.7% in age group 30-39 years) than younger ones (32.2% among 15-24 years). Particularly young girls (15-17 years) are poorly informed with only 17% of them knowing where a test can be done. This lack of knowledge could be prevented if sexuality education would be introduced in schools. Also, these young people almost never have had a test done (only 0.8% of this young age group); in the age group of women 30-39 years this is 34.6%. Testing in the past year shows a slightly different picture. Here, not the 30-39 year, but the 25-29 year olds are the most frequent ones where HIV testing is concerned (with 10.5% against 9.0% in the next older age group). As with other variables level of education is positively related to knowing a testing site and to using this option: among the lowest educated only 21.2% knows a testing place and 11.2% has had a test done, whereas this is respectively 59.3% and 37.1% among women in the highest educated group. It therefore seems like, in practice, lower educational level is a barrier for access to information and services. Comparison by wealth generates almost the same results: the wealthier women are the better informed and the more frequently tested. It is also interesting to look at marital status. The official Georgian moral attitude is that unmarried women do not engage in sexual relationships and thus cannot be infected with HIV via sexual contacts. This is to a certain extent true, but not completely. Almost 8% of never married women have ever had an HIV test! True: among married women this is much more: 31.6%, but still some never married women were tested! But, it should be added that it is not known if these women had a marriage in church only. Among men the results of knowing and using testing options is almost similar to women, but, as mentioned before, their knowledge and use is at a lower level. Finally it should be remarked that particularly women (and men) of other ethnic background are far less informed and use testing services less frequently.

Figure 8.5:

Percentage of men and women aged 15-49 who have been tested for HIV in the last 12 months and know the result by region



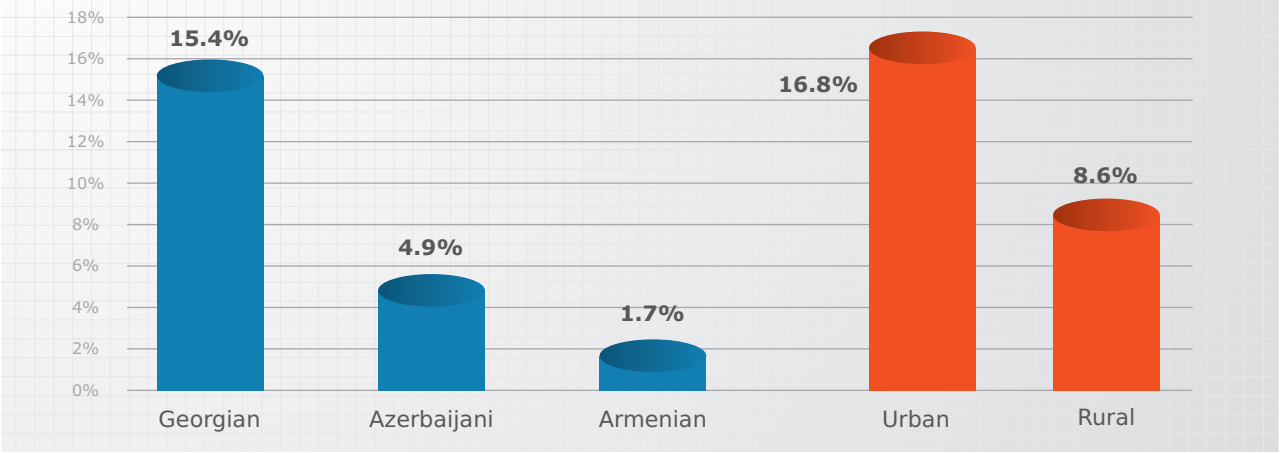
8.6 Antenatal HIV counselling (Table TM. 11.5)

A total of 900 women with a live birth in the past two years were asked if they had received HIV counselling during antenatal care. Only one in seven women (13.7%) confirmed that they had been counselled. In urban areas (16.8% did receive) this was done twice as often as in rural areas (8.6% received) (Figure 8.6), and the intervention was spread very unevenly across the regions of the country, varying between a low 3.8% in Samtskhe-Javakheti and a high 23% in Guria. Likewise, across the ethnic groups, the highest percentage of HIV counselling was seen in Georgian women (15.4%) and the lowest in Armenians (1.7%) (Figure 8.6). There was a positive correlation with age of the women (higher percentages among older women), but other correlations are hardly relevant. The preliminary conclusion is that antenatal HIV counselling is not yet a standard procedure in antenatal care. This is remarkable because the UNAIDS 2018 report[38] states that "At present all pregnant women have access to ANC HIV testing and all HIV positive mothers and their children have access to ART prophylactic and/or full treatment. In 2017 51 (46 with known HIV diagnosis and 5 new) HIV-infected pregnant women gave birth and all of them received ART. In 2017 all 51 children of HIV positive mothers received prophylactic ART and the MTCT transmission rate was 0." This discrepancy deserves attention in the near future.

38 UNAIDS (2018). Global AIDS Monitoring 2018. Country Progress Report – Georgia.

Figure 8.6:

Percentage of women aged 15-49 years with a live birth in the last 2 years who received HIV counselling during antenatal care of the pregnancy of the most recent birth by ethnicity and rural-urban place of residence



8.7 Key HIV and AIDS indicators among young people (Table 11.6W & M)

In MICS6 sample there were 1,316 young women and 699 young men in the age group 15-24 years. 63.9% of these women and 88.9% of those men never had a civil marriage, and 36.1% and 11.1% respectively of these young women and men were married. Some of the answers of these respondents about different issues are highlighted.

HIV/AIDS

Most young people have heard about AIDS: 87.2% of young women and 86% of young men. But only about one in nine of them have comprehensive knowledge of HIV/AIDS. Young women are slightly better informed about mother-to-child transmission of HIV (34.7% know the three modes of transmission) than young men (31.1% knows this). 32.2% of young women and 30.7% of young men know where to do an HIV test. More remarkable is the difference between young women and men in having been tested: 10.8% of young women have had a test versus only 4.9% of men. 6.6% and 2.7% of them respectively also have been informed about the result of the test done in the year before the interview. Why would many more young women than men have been tested? Probably this is related to the pattern of age at marriage. Young women often marry men that are a few years older, which means that more women than men in this age group of 15-24 year olds are married, and this is indeed the case. Only 11.2% of men 15-24 years are married; among women this is 35.8%. This means that many more young women have a sexual relationship than young men, and it is likely that women also have had such a relationship for a longer period of time than young men. For this reason young women have – in theory – also a higher risk of having been infected with HIV via hetero-sexual contact. The breakdown of testing by marital status of the respondents makes it very likely that this is indeed the main reason for this difference between young women and men. 23.9% of married women have been tested versus only 3.5% of unmarried young women. Among young men this is 19.2% and 3.1% respectively. To state this differently: unmarried young people have hardly been tested; only married ones did it. For the same reason, there is a strong positive correlation between having been tested and age of respondents: among young women this percentage increases sharply from 0.8% among 15-17 years to 19.8% among 23-24 year old young women (Figure 8.7). Among young men the comparable percentages are 0.6% and 5.3%. There is little variation in young women's or men's tendency

to discriminate HIV infected people. Between young women and men there is virtually no difference in this respect. The age of women or men also hardly matters. In urban areas discriminatory attitudes are less prevalent than in rural areas (56.5% versus 69.1% among women). Educational level makes a difference at this point: among the lowest educated women the share of young women with discriminatory attitudes is 75.3% and among highest educated this is "only" 47.7%. This is almost the same as the breakdown by wealth status. The breakdowns among young men are virtually identical as among women.

Figure 8.7: Comprehensive knowledge of HIV prevention among young women aged 15-24 years

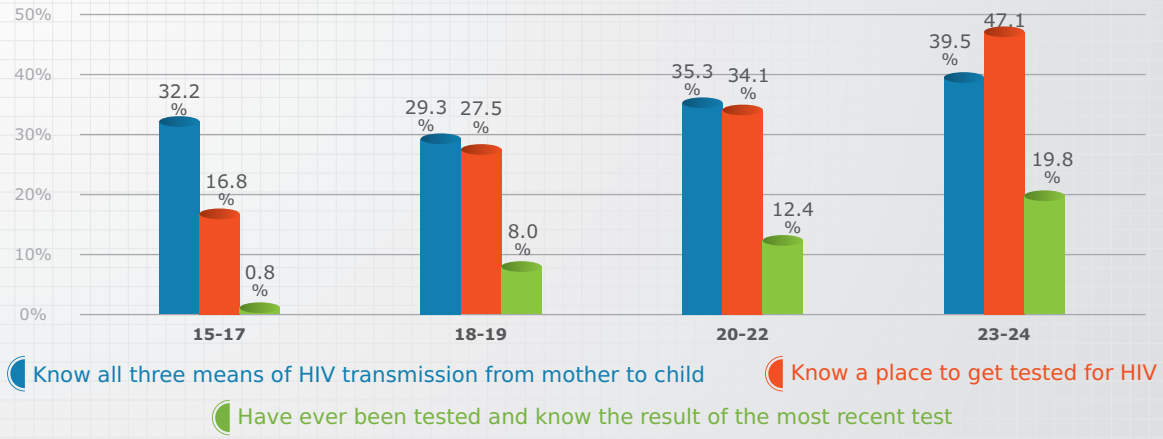


Table TM.11.1W: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (women)

Percentage of women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy-looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, 2018 Georgia MICS

	% who have heard of AIDS	Percentage who know transmission can be prevented by:			Percentage who know that a healthy-looking person can be HIV-positive	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy-looking person can be HIV-positive	Percentage with comprehensive knowledge[1,A]	Number of women
		Having only one faithful uninfected sex partner	Using a condom every time	Both		Mosquito bites	Sharing food with someone with HIV	Supernatural means			
Total	**90.8**	**75.9**	**76.5**	**67.5**	**65.8**	**30.0**	**53.9**	**80.4**	**19.5**	**16.1**	**6,812**
Area											
Urban	96.0	81.7	83.0	73.7	72.9	35.3	62.2	87.3	23.9	20.0	4,392
Rural	81.3	65.4	64.6	56.2	52.9	20.5	38.8	67.8	11.5	9.2	2,420
Region											
Tbilisi	97.0	83.3	84.1	75.5	75.9	36.7	66.1	89.9	26.2	22.1	2,621
Adjara A.R	84.4	65.3	71.5	60.0	62.3	32.5	45.8	71.6	20.8	15.4	736
Guria	95.0	83.8	85.1	77.0	58.9	23.1	49.5	82.0	12.4	10.2	155
Imereti, Racha-Lechkhumi & Kvemo Svaneti	94.3	75.9	82.1	68.4	62.3	26.1	51.4	80.5	14.7	12.5	826
Kakheti	91.7	75.7	77.6	68.9	59.7	21.4	41.1	77.6	13.0	11.0	412
Mtskheta-Mtianeti	92.8	79.0	77.1	68.4	66.8	28.4	49.9	81.6	15.3	12.0	154
Samegrelo-Zemo Svaneti	94.8	79.2	76.9	68.9	64.4	24.2	54.2	82.4	13.9	11.1	454
Samtskhe-Javakheti	79.9	64.7	58.0	52.0	55.3	19.4	36.8	63.3	10.6	7.8	238
Kvemo Kartli	69.7	58.3	54.1	47.8	48.2	21.2	38.3	60.8	13.0	10.7	780
Shida Kartli	93.8	79.5	74.0	67.0	64.2	31.7	50.8	82.3	18.3	16.3	436

Age											
15-24[1]	87.2	67.7	66.2	55.6	68.6	28.1	47.3	79.4	16.1	11.5	1,316
15-19	84.4	64.2	59.1	50.1	63.2	28.6	44.1	75.7	13.1	9.5	533
15-17	83.2	62.2	55.8	46.3	60.0	33.6	41.2	75.2	14.3	9.7	324
18-19	86.2	67.3	64.3	55.9	68.3	20.8	48.6	76.5	11.1	9.1	209
20-24	89.1	70.1	70.9	59.3	72.3	27.9	49.5	82.0	18.1	12.9	783
25-29	90.5	77.1	77.7	68.2	68.8	30.9	53.2	80.9	19.0	15.2	1,177
30-39	91.5	78.5	79.6	71.7	65.0	30.7	57.1	81.1	21.4	18.9	2,360
40-49	92.5	77.6	78.9	69.8	63.2	29.9	54.9	79.9	19.7	16.5	1,959
Education											
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Primary or Lower Secondary	64.8	46.9	47.5	37.8	37.4	11.9	22.2	46.9	4.5	3.6	631
Upper Secondary	84.0	66.7	64.6	55.3	54.1	21.7	36.1	69.7	9.2	6.9	1,718
Vocational Education	95.3	79.8	81.7	71.9	65.2	28.6	52.5	81.4	15.6	11.8	1,308
Higher	98.0	85.3	86.7	78.3	78.2	38.8	70.6	92.7	29.7	25.5	3,148
Marital status[B]											
Ever married/in union	91.1	77.0	78.2	69.3	64.8	28.9	53.3	79.8	19.1	16.1	5,483
Never married/in union	90.4	71.9	70.0	60.5	70.6	35.0	56.5	83.7	21.2	16.2	1,317
Functional difficulties (age 18-49 years)											
Has functional difficulty	92.1	74.2	72.9	63.5	66.3	22.3	52.9	78.2	16.6	13.6	639
Has no functional difficulty	91.1	76.8	78.0	69.1	66.1	30.7	54.7	80.9	20.1	16.8	5,849
Ethnicity of household head											
Georgian	94.8	79.6	81.0	71.4	69.6	32.2	57.5	84.7	21.4	17.8	5,957
Azerbaijani	37.1	25.7	22.1	18.7	21.8	10.4	14.0	28.0	4.2	1.9	397

Armenian	81.9	69.1	61.2	56.0	50.6	16.5	34.1	66.6	4.4	3.4	330
Other	95.9	76.2	73.2	63.6	65.5	24.6	59.6	81.5	14.5	13.5	128
IDP status of household head											
IDP	97.2	77.1	79.6	69.6	65.6	28.6	59.4	87.4	15.7	11.2	350
Non-IDP	90.4	75.8	76.3	67.3	65.8	30.1	53.6	80.0	19.7	16.4	6,462
Wealth index quintile											
Poorest	73.8	56.8	53.6	46.2	43.2	15.9	29.8	57.8	6.9	5.6	1,055
Second	85.1	69.4	69.6	59.8	57.2	21.6	41.2	70.9	12.1	9.3	1,284
Middle	94.6	78.5	81.2	71.4	69.3	28.8	55.0	82.8	17.7	13.9	1,332
Fourth	96.2	82.3	81.7	73.5	70.9	35.1	59.2	88.7	23.4	19.6	1,509
Richest	98.2	85.3	88.0	78.4	79.7	42.0	73.5	93.0	31.2	26.9	1,632

1 MICS indicator TM.29 - Comprehensive knowledge about HIV prevention among young people

A Comprehensive knowledge about HIV prevention includes those who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy-looking person can be HIV-positive and who reject the two most common misconceptions about HIV transmission

B Don’t know/Missing has been suppressed from the table due to a small number of unweighted cases.

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.11.1M: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (men)

Percentage of men age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy-looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, 2018 Georgia MICS

	% who have heard of AIDS	Percentage who know transmission can be prevented by:			Percentage who know that a healthy-looking person can be HIV-positive	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy-looking person can be HIV-positive	Percentage with comprehensive knowledge[1,A]	Number of men
		Having only one faithful uninfected sex partner	Using a condom every time	Both		Mosquito bites	Sharing food with someone with HIV	Supernatural means			
Total	**86.7**	**72.9**	**78.5**	**68.9**	**65.0**	**29.4**	**47.3**	**77.8**	**18.0**	**15.3**	**2,697**
Area											
Urban	93.4	79.4	85.6	75.1	73.3	35.6	55.4	85.4	23.7	20.2	1,652
Rural	76.1	62.7	67.2	59.0	52.0	19.4	34.4	65.7	8.9	7.5	1,045
Region											
Tbilisi	94.2	80.3	88.3	76.8	77.3	38.4	58.8	85.8	26.0	22.6	988
Adjara A.R	76.5	58.1	67.4	55.5	51.5	28.7	36.4	70.5	17.3	13.2	275
Guria	91.4	74.5	83.9	71.3	58.6	18.5	45.3	78.5	8.8	7.7	66
Imereti, Racha-Lechkhumi & Kvemo Svaneti	87.8	77.0	82.7	74.8	65.5	21.4	44.3	79.1	13.6	12.2	347
Kakheti	92.7	71.3	78.4	67.5	60.6	25.2	42.5	84.0	12.6	10.7	185
Mtskheta-Mtianeti	87.9	70.1	73.6	62.2	58.2	20.3	44.0	77.6	9.9	8.5	63
Samegrelo-Zemo Svaneti	91.2	79.8	82.1	74.6	73.4	27.9	46.1	77.3	15.1	13.7	204
Samtskhe-Javakheti	72.8	65.2	59.1	57.2	48.9	18.8	32.0	60.6	7.3	4.7	90
Kvemo Kartli	66.0	57.2	57.9	52.5	45.7	21.7	32.9	60.3	11.6	9.7	297
Shida Kartli	85.9	71.4	72.7	63.5	57.6	26.7	45.6	74.2	14.0	10.7	181

Age											
15-241	86.0	65.7	75.4	60.7	64.6	26.7	41.4	76.3	13.6	10.9	699
15-19	80.9	62.1	67.3	55.7	58.4	23.8	34.6	72.1	10.7	8.3	359
15-17	76.8	55.9	62.5	49.6	52.7	16.9	32.8	68.2	9.2	8.1	242
18-19	89.5	74.9	77.2	68.4	70.3	38.1	38.4	80.2	13.8	8.7	117
20-24	91.4	69.5	84.0	66.0	71.1	29.7	48.7	80.8	16.7	13.6	340
25-29	89.2	74.5	83.8	72.5	70.0	34.0	47.6	81.5	21.8	20.0	397
30-39	87.1	74.8	77.9	69.3	64.2	30.5	49.3	77.9	19.5	15.3	809
40-49	85.5	76.7	79.1	73.8	63.8	28.2	50.1	77.1	18.3	16.8	793
Education											
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Primary or Lower Secondary	75.7	56.6	64.7	52.4	43.8	17.7	29.2	63.0	3.2	2.9	307
Upper Secondary	80.0	64.1	69.8	58.5	55.6	20.3	33.2	69.7	9.8	7.5	891
Vocational Education	86.9	71.9	78.5	68.4	62.5	26.7	45.8	78.1	16.6	15.2	410
Higher	95.2	85.3	89.6	82.3	79.8	41.1	64.5	88.6	29.4	25.2	1,087
Marital status											
Ever married/in union	86.5	75.3	79.3	71.7	64.3	28.2	48.6	78.3	17.5	15.0	1,614
Never married/in union	86.9	69.3	77.3	64.6	66.1	31.0	45.2	77.0	18.7	15.7	1,083
Functional difficulties (age 18-49 years)											
Has functional difficulty	85.1	67.3	71.7	63.0	67.4	19.9	43.2	72.3	14.1	10.1	166
Has no functional difficulty	87.8	75.1	80.6	71.3	66.2	31.4	49.1	79.2	19.2	16.4	2,289
Ethnicity of household head											
Georgian	90.5	76.7	82.3	72.6	68.8	30.7	49.8	81.8	19.3	16.5	2,387
Azerbaijani	36.5	29.8	31.2	28.8	23.1	11.3	14.3	32.2	0.7	0.3	126

Armenian	60.3	46.7	50.2	42.6	41.5	19.8	28.4	50.3	11.5	9.9	117
Other	91.8	65.9	79.6	57.2	51.1	30.5	50.6	69.3	15.2	9.8	66
IDP status of household head											
IDP	92.9	77.5	77.4	71.4	68.9	27.8	47.9	80.6	17.7	14.0	117
Non-IDP	86.4	72.7	78.5	68.8	64.9	29.4	47.2	77.7	18.0	15.3	2,580
Wealth index quintile											
Poorest	71.1	57.9	62.3	53.8	48.1	17.0	31.7	58.6	7.3	5.6	485
Second	81.6	66.7	71.9	63.1	56.6	20.0	35.9	72.2	9.7	8.6	552
Middle	89.8	74.8	82.2	71.2	65.3	28.7	47.8	80.5	17.2	13.7	547
Fourth	93.5	78.1	82.6	71.5	71.2	34.9	53.9	87.5	23.8	19.9	530
Richest	95.3	84.8	90.9	82.3	81.3	44.0	64.5	87.7	30.1	27.0	584

1 MICS indicator TM.29 - Comprehensive knowledge about HIV prevention among young people

A Comprehensive knowledge about HIV prevention includes those who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy-looking person can be HIV-positive and who reject the two most common misconceptions about HIV transmission

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.11.2W: Knowledge of mother-to-child HIV transmission (women)

Percentage of women age 15-49 years who correctly identify means of HIV transmission from mother to child, 2018 Georgia MICS

	Percentage of women who:								
	Know HIV can be transmitted from mother to child:					Know HIV can be transmitted from mother to child:		Do not know any of the specific means of HIV transmission from mother to child	Number of women
	During pregnancy	During delivery	By breastfeeding	By at least one of the three means	By all three means[1]	By at least one of the three means and that risk can be reduced by mother taking special drugs during pregnancy	By breastfeeding and that risk can be reduced by mother taking special drugs during pregnancy		
Total	**63.8**	**58.7**	**46.4**	**73.2**	**36.6**	**38.2**	**25.4**	**17.6**	**6,812**
Area									
Urban	66.6	62.9	46.6	77.3	37.3	39.2	24.7	18.8	4,392
Rural	58.6	51.0	46.0	65.8	35.2	36.4	26.8	15.4	2,420
Region									
Tbilisi	67.5	65.4	45.3	78.7	37.1	38.9	22.7	18.3	2,621
Adjara A.R	56.1	51.5	51.0	65.0	38.6	35.5	28.0	19.4	736
Guria	73.1	66.2	58.8	82.3	45.2	53.7	39.4	12.7	155
Imereti, Racha-Lechkhumi & Kvemo Svaneti	66.3	55.7	47.7	74.5	35.5	35.4	24.3	19.7	826
Kakheti	66.5	62.4	54.1	77.5	40.9	43.5	29.5	14.3	412
Mtskhta-Mtianeti	64.6	60.7	52.8	75.6	42.4	37.0	27.4	17.1	154
Samegrelo-Ze-mo Svaneti	64.3	55.4	49.3	74.3	36.6	44.3	32.2	20.5	454
Samtskhe-Ja-vakheti	58.4	47.8	37.7	62.8	30.6	44.2	29.2	17.0	238
Kvemo Kartli	50.4	45.3	34.9	57.6	26.4	31.6	21.5	12.1	780
Shida Kartli	69.4	62.4	50.7	75.6	44.0	36.6	27.8	18.2	436

Age group									
15-24	60.0	50.6	48.4	68.3	34.7	37.1	27.0	18.9	1,316
15-19	56.4	46.6	45.6	65.1	31.0	32.9	24.2	19.2	533
15-17	58.0	43.5	46.4	64.0	32.2	35.3	27.5	19.2	324
18-19	54.0	51.3	44.4	66.9	29.3	29.2	18.9	19.3	209
20-24	62.4	53.3	50.3	70.4	37.1	40.0	28.9	18.7	783
25-29	61.6	58.3	46.2	73.0	34.9	39.4	25.6	17.6	1,177
30-39	64.3	61.2	45.6	73.1	37.9	38.7	25.8	18.5	2,360
40-49	66.9	61.3	46.1	76.9	37.2	37.7	23.8	15.6	1,959
Education									
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Primary or Lower Secondary	46.6	41.6	40.7	51.8	33.8	29.1	24.8	13.0	631
Upper Secondary	58.8	50.0	48.4	66.3	36.8	34.8	27.3	17.7	1,718
Vocational Education	68.4	62.6	52.5	78.3	40.8	41.8	29.3	17.1	1,308
Higher	68.0	65.3	43.9	79.3	35.3	40.5	22.9	18.7	3,148
Marital status[A]									
Ever married/in union	64.9	60.4	47.5	74.4	38.2	38.7	26.2	16.6	5,483
Never married/in union	59.5	51.8	41.8	68.8	29.8	36.5	22.4	21.6	1,317
Functional difficulties (age 18-49 years)									
Has functional difficulty	62.6	59.4	45.1	73.0	36.1	34.5	22.1	19.1	639
Has no functional difficulty	64.2	59.4	46.5	73.7	36.9	38.8	25.7	17.3	5,849

Ethnicity of household head									
Georgian	66.2	60.9	47.9	76.3	37.5	40.3	26.5	18.4	5,957
Azerbaijani	29.0	25.1	23.3	31.2	19.0	17.8	14.2	5.9	397
Armenian	53.3	52.0	43.2	62.3	35.5	27.0	19.3	19.7	330
Other	82.9	76.8	54.0	87.0	50.6	35.6	27.0	8.9	128
IDP status of household head									
IDP	67.9	67.3	49.7	78.5	42.4	41.1	27.5	18.7	350
Non-IDP	63.5	58.2	46.2	72.9	36.3	38.1	25.3	17.5	6,462
Wealth index quintiles									
Poorest	52.1	42.9	44.0	58.4	32.8	32.5	25.4	15.4	1,055
Second	62.1	54.4	48.3	69.5	37.9	37.4	26.9	15.6	1,284
Middle	66.6	60.3	45.7	77.0	36.0	39.7	26.9	17.6	1,332
Fourth	69.0	62.4	47.1	79.5	36.2	42.7	25.3	16.7	1,509
Richest	65.4	67.5	46.3	76.8	38.8	37.3	23.2	21.4	1,632

1 MICS indicator TM.30 - Knowledge of mother-to-child transmission of HIV

A Don't know/Missing has been suppressed from the table due to a small number of unweighted cases.

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.11.2M: Knowledge of mother-to-child HIV transmission (men)

Percentage of men age 15-49 years who correctly identify means of HIV transmission from mother to child, 2018 Georgia MICS

	Percentage of men who:								
	Know HIV can be transmitted from mother to child:					Know HIV can be transmitted from mother to child:		Do not know any of the specific means of HIV transmission from mother to child	Number of men
	During pregnancy	During delivery	By breastfeeding	By at least one of the three means	By all three means[1]	By at least one of the three means and that risk can be reduced by mother taking special drugs during pregnancy	By breastfeeding and that risk can be reduced by mother taking special drugs during pregnancy		
Total	**51.7**	**43.8**	**37.6**	**58.8**	**28.1**	**27.0**	**18.1**	**27.9**	**2,697**
Area									
Urban	57.3	49.2	38.7	65.4	28.8	27.7	17.4	28.0	1,652
Rural	42.9	35.3	35.7	48.3	26.9	26.0	19.3	27.7	1,045
Region									
Tbilisi	60.0	51.1	39.2	68.6	28.6	27.0	16.0	25.6	988
Adjara A.R	40.5	32.4	34.0	44.4	24.2	23.0	19.0	32.2	275
Guria	58.7	44.5	46.3	67.1	32.3	46.8	33.7	24.4	66
Imereti, Ra-cha-Lechkhumi & Kvemo Svaneti	50.9	39.8	35.6	57.8	27.7	25.3	15.6	30.1	347
Kakheti	57.8	53.5	48.2	66.6	36.7	41.4	29.7	26.1	185
Mtskhe-ta-Mtianeti	56.6	47.3	45.7	63.1	34.2	31.2	25.3	24.8	63
Samegrelo-Ze-mo Svaneti	44.3	39.3	33.9	51.8	25.2	28.1	21.0	39.5	204
Samtskhe-Ja-vakheti	26.6	22.4	17.0	28.1	15.1	15.1	12.3	44.7	90
Kvemo Kartli	42.1	37.4	32.8	48.5	25.1	24.7	16.2	17.5	297
Shida Kartli	51.8	43.7	42.9	56.4	34.2	21.9	15.8	29.5	181

Age group									
15-24	51.1	43.6	41.1	56.7	31.1	29.4	23.1	29.3	699
15-19	49.6	39.8	37.1	52.7	28.5	29.4	22.0	28.2	359
15-17	46.1	36.7	32.2	49.2	23.7	28.7	19.5	27.5	242
18-19	56.9	46.4	47.3	60.0	38.3	31.0	27.1	29.5	117
20-24	52.6	47.6	45.3	60.9	33.8	29.3	24.3	30.5	340
25-29	52.4	43.9	37.3	59.7	30.0	26.8	17.4	29.6	397
30-39	52.5	44.6	37.4	61.4	26.4	26.6	16.0	25.7	809
40-49	51.2	43.1	34.8	57.4	26.3	25.6	16.2	28.1	793
Education									
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Primary or Lower Secondary	39.5	30.5	33.3	44.1	23.9	22.1	16.1	31.6	307
Upper Secondary	45.2	36.8	37.6	51.5	26.9	26.4	19.2	28.5	891
Vocational Education	50.6	44.3	41.3	59.3	29.7	23.9	15.1	27.6	410
Higher	61.1	53.2	37.4	68.7	29.7	30.2	19.0	26.5	1,087
Marital status									
Ever married/in union	51.6	44.3	36.3	58.9	26.7	25.5	16.3	27.6	1,614
Never married/in union	51.9	43.0	39.5	58.6	30.1	29.3	20.8	28.3	1,083
Functional difficulties (age 18-49 years)									
Has functional difficulty	55.2	38.0	37.3	62.4	23.8	27.1	17.1	22.8	166
Has no functional difficulty	52.1	45.0	38.2	59.5	28.9	26.9	18.0	28.3	2,289

Ethnicity of household head									
Georgian	54.0	46.0	38.7	61.6	28.9	28.6	18.8	28.8	2,387
Azerbaijani	30.1	31.1	27.0	32.2	24.1	12.2	10.1	4.3	126
Armenian	31.7	15.6	26.4	34.2	11.9	12.0	11.6	26.1	117
Other	45.6	38.2	37.6	48.9	33.0	26.4	19.2	42.9	66
IDP status of household head									
IDP	59.4	49.7	45.1	65.6	35.8	30.9	24.7	27.2	117
Non-IDP	51.4	43.5	37.2	58.5	27.7	26.9	17.8	27.9	2,580
Wealth index quintiles									
Poorest	38.9	30.7	30.2	43.6	23.2	22.8	16.2	27.5	485
Second	49.2	38.6	39.7	54.4	28.9	30.8	21.5	27.1	552
Middle	54.3	46.1	40.0	61.3	30.3	30.1	22.4	28.5	547
Fourth	53.0	44.2	36.4	60.7	26.9	20.9	14.4	32.9	530
Richest	61.3	57.0	40.3	71.4	30.4	29.6	16.0	23.9	584

1 MICS indicator TM.30 - Knowledge of mother-to-child transmission of HIV

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.11.3W: Attitudes towards people living with HIV (women)

Percentage of women age 15-49 years who have heard of AIDS who report discriminating attitudes towards people living with HIV, 2018 Georgia MICS

	Percentage of women who:			Percentage of women who think people:			Percentage of women who:		Number of women who have heard of AIDS
	Would not buy fresh vegetables from a shop-keeper or vendor who is HIV-positive	Think children living with HIV should not be allowed to attend school with children who do not have HIV	Report discriminatory attitudes towards people living with HIV[1,A]	Hesitate to take an HIV test because they are afraid of how other peo-ple will react if the test result is positive for HIV	Talk badly about people living with HIV, or who are thought to be living with HIV	Living with HIV, or thought to be living with HIV, lose the respect of other people	Would be ashamed if someone in family had HIV	Fear getting HIV if com-ing into contact with the saliva of a person living with HIV[B]	
Total	**48.4**	**40.5**	**58.6**	**72.2**	**55.0**	**52.8**	**13.8**	**53.1**	**6,185**
Area									
Urban	43.8	36.6	53.8	72.6	55.5	52.4	10.9	50.1	4,218
Rural	58.4	49.0	68.7	71.3	53.8	53.6	19.9	59.5	1,966
Region									
Tbilisi	41.6	34.4	51.0	72.0	57.2	55.5	9.8	46.6	2,543
Adjara A.R	48.3	43.7	58.2	74.6	56.2	53.4	16.8	54.1	621
Guria	64.2	50.4	75.0	76.9	56.4	52.3	15.3	66.3	147
Imereti, Racha-Lech-khumi & Kvemo Svaneti	50.1	42.5	62.6	70.7	48.2	44.8	11.4	57.8	779
Kakheti	56.5	46.1	66.9	70.7	55.3	50.7	21.3	57.6	378
Mtskheta-Mtianeti	55.8	43.7	64.3	74.9	58.5	60.2	12.9	55.9	143
Samegrelo-Zemo Svaneti	54.4	45.0	65.5	75.1	58.9	47.9	12.5	61.8	430
Samtskhe-Javakheti	61.4	53.0	70.9	62.0	46.4	48.1	17.3	57.0	190
Kvemo Kartli	50.0	45.9	63.1	75.9	55.2	55.9	22.3	60.0	544
Shida Kartli	57.8	42.5	63.7	67.5	50.1	53.0	18.9	53.1	409

Age									
15-24	50.8	38.8	60.3	73.8	56.5	52.5	7.6	53.1	1,147
15-19	52.6	38.0	62.0	74.1	59.0	53.3	4.7	51.1	449
15-17	60.5	41.5	66.2	71.4	54.8	53.1	6.0	54.5	269
18-19	41.0	32.9	55.7	78.2	65.3	53.7	2.8	46.1	180
20-24	49.6	39.4	59.3	73.7	54.8	52.0	9.5	54.4	698
25-29	45.1	40.8	57.6	73.5	56.4	56.1	8.4	51.4	1,066
30-39	47.6	42.0	58.2	70.3	54.9	52.5	13.0	51.4	2,160
40-49	50.0	39.7	58.4	72.5	53.3	51.4	21.8	56.1	1,811
Education									
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	2
Primary or Lower Secondary	70.1	59.2	77.9	66.8	57.1	59.0	31.1	70.4	409
Upper Secondary	62.2	51.8	72.6	70.1	55.6	53.0	16.8	62.1	1,443
Vocational Education	54.4	47.6	65.5	72.2	55.7	52.0	16.8	60.1	1,246
Higher	36.7	29.9	46.6	73.8	54.1	52.2	8.8	43.8	3,084
Marital statusC									
Ever married/in union	50.0	43.0	60.5	71.5	54.1	52.2	15.4	54.7	4,992
Never married/in union	42.1	30.1	50.5	74.9	58.9	55.4	6.8	46.2	1,190
Functional difficulties (age 18-49 years)									
Has functional difficulty	52.6	44.9	64.5	72.5	58.3	54.3	17.2	52.8	589
Has no functional difficulty	47.4	40.0	57.5	72.2	54.6	52.6	13.8	53.1	5,327
Ethnicity of household head									
Georgian	46.9	38.7	56.5	72.6	54.7	52.9	11.9	51.5	5,644
Azerbaijani	59.4	75.5	85.3	71.6	67.5	61.6	55.1	83.8	147

Armenian	78.6	56.4	85.1	68.5	51.6	45.8	26.5	65.7	270
Other	39.6	48.8	61.5	61.7	58.8	51.3	23.1	61.1	123
IDP status of household head									
IDP	43.0	31.8	49.1	70.1	60.0	52.5	9.1	47.7	340
Non-IDP	48.8	41.0	59.1	72.3	54.7	52.8	14.0	53.4	5,845
Wealth index quintile									
Poorest	63.2	54.9	75.3	70.4	55.9	55.3	24.8	64.1	778
Second	57.2	47.8	66.5	71.5	53.5	51.1	18.5	61.1	1,093
Middle	51.1	40.3	60.9	74.7	55.8	51.7	13.3	56.0	1,259
Fourth	44.2	37.1	54.8	74.2	55.0	53.4	11.4	50.9	1,452
Richest	37.0	31.9	46.5	69.7	54.9	53.1	7.7	42.0	1,603

1 MICS indicator TM.31 - Discriminatory attitudes towards people living with HIV

A This is a composite indicator of those who either would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive, or that think children living with HIV should not be allowed to attend school with children who do not have HIV

B As part of respondent protection, those who answered that they are HIV-positive have been recoded to “No”, and thus treated as having no fear of contracting HIV

C Don’t know/Missing has been suppressed from the table due to a small number of unweighted cases.

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.11.3M: Attitudes towards people living with HIV (men)

Percentage of men age 15-49 years who have heard of AIDS who report discriminating attitudes towards people living with HIV, 2018 Georgia MICS

	Percentage of men who:			Percentage of men who think people:			Percentage of men who:		Number of men who have heard of AIDS
	Would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive	Think children living with HIV should not be allowed to attend school with children who do not have HIV	Report discriminatory attitudes towards people living with HIV[1,A]	Hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV	Talk badly about people living with HIV, or who are thought to be living with HIV	Living with HIV, or thought to be living with HIV, lose the respect of other people	Would be ashamed if someone in family had HIV	Fear getting HIV if coming into contact with the saliva of a person living with HIV[B]	
Total	**48.7**	**40.2**	**58.3**	**64.2**	**38.1**	**40.5**	**17.5**	**42.8**	**2,337**
Area									
Urban	42.1	35.7	51.4	64.2	39.4	41.2	14.3	38.8	1,542
Rural	61.6	49.0	71.7	64.2	35.6	39.1	23.8	50.7	795
Region									
Tbilisi	40.8	34.5	49.4	65.2	40.5	43.9	12.9	34.8	931
Adjara A.R	57.7	42.5	63.5	60.8	38.3	43.1	21.0	49.2	210
Guria	69.9	56.6	79.5	69.9	34.5	40.9	23.6	55.4	60
Imereti, Racha-Lech-khumi & Kvemo Svaneti	45.5	37.7	53.4	63.5	28.3	26.0	18.3	46.1	305
Kakheti	59.2	44.0	67.3	68.8	38.5	38.6	24.9	41.4	172
Mtskheta-Mtianeti	67.4	51.0	71.7	68.3	37.0	44.6	20.3	52.4	55
Samegrelo-Zemo Svaneti	47.2	47.3	64.0	65.1	38.5	28.5	13.1	52.2	186
Samtskhe-Javakheti	59.4	52.9	67.3	58.7	40.6	44.1	22.8	52.3	66
Kvemo Kartli	47.0	40.8	66.2	64.8	41.1	55.2	22.9	56.9	196
Shida Kartli	63.3	46.9	70.4	56.2	38.4	39.1	23.9	36.3	155

Age									
15-24	50.1	38.4	61.1	65.1	37.3	38.0	12.3	44.0	601
15-19	58.7	36.8	64.5	60.7	37.9	41.4	8.6	44.3	290
15-17	60.3	38.2	67.1	63.4	39.2	44.6	8.4	38.6	186
18-19	55.9	34.2	59.8	55.9	35.6	35.7	9.0	54.5	104
20-24	42.0	40.0	57.9	69.2	36.7	34.8	15.8	43.7	310
25-29	47.4	38.0	55.9	63.5	40.1	42.0	10.9	39.4	354
30-39	49.7	42.3	58.9	62.8	36.8	38.0	19.5	42.6	704
40-49	47.3	40.7	56.4	65.3	39.1	44.4	23.5	43.9	678
Education									
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	1
Primary or Lower Secondary	69.4	58.2	78.6	61.3	35.2	38.2	30.2	54.4	232
Upper Secondary	58.2	47.3	67.7	60.0	42.7	44.3	20.9	45.0	713
Vocational Education	54.5	45.1	65.6	64.1	34.5	40.5	19.0	47.6	357
Higher	35.6	29.6	44.8	67.8	36.7	38.3	11.9	37.1	1,035
Marital status									
Ever married/in union	48.5	41.5	57.6	63.8	38.1	42.9	20.8	42.5	1,396
Never married/in union	49.1	38.2	59.2	64.8	38.0	36.9	12.7	43.3	941
Functional difficulties (age 18-49 years)									
Has functional difficulty	56.9	56.0	67.9	63.5	38.6	48.8	30.1	53.4	141
Has no functional difficulty	47.1	39.3	56.8	64.3	38.0	39.5	17.5	42.5	2,010
Ethnicity of household head									
Georgian	48.0	38.7	56.9	65.1	37.1	40.3	15.9	41.3	2,160
Azerbaijani	(42.0)	(59.6)	(71.5)	(71.5)	(83.0)	(64.6)	(43.4)	(74.8)	46

Armenian	65.9	63.1	76.7	38.8	38.7	32.5	29.3	58.5	71
Other	59.5	51.3	75.6	55.8	39.1	37.8	42.5	55.2	61
IDP status of household head									
IDP	57.2	45.9	73.9	59.2	26.1	37.8	14.2	50.3	108
Non-IDP	48.3	39.9	57.5	64.5	38.7	40.6	17.7	42.5	2,229
Wealth index quintile									
Poorest	61.4	51.8	73.6	66.1	37.3	39.2	24.8	55.5	345
Second	58.0	49.4	68.8	62.8	34.9	38.1	19.5	50.2	450
Middle	54.0	40.7	62.6	65.7	36.3	36.8	19.2	42.2	491
Fourth	42.2	37.0	53.5	59.7	39.5	42.1	13.5	38.8	495
Richest	34.5	28.0	40.7	66.9	41.4	44.9	13.6	33.3	556

1 MICS indicator TM.31 - Discriminatory attitudes towards people living with HIV

A This is a composite indicator of those who either would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive, or that think children living with HIV should not be allowed to attend school with children who do not have HIV

B As part of respondent protection, those who answered that they are HIV-positive have been recoded to “No”, and thus treated as having no fear of contracting HIV

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.11.4W: Knowledge of a place for HIV testing (women)

Percentage of women age 15-49 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the last 12 months, percentage who have been tested in the last 12 months and know the result, 2018 Georgia MICS

	Percentage of women who:					Number of women
	Know a place to get tested[1]	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months	Have been tested in the last 12 months and know the result[2]	
Total	**46.6**	**27.0**	**25.7**	**7.9**	**7.5**	**6,812**
Area						
Urban	52.7	31.7	30.1	9.0	8.5	4,392
Rural	35.5	18.5	17.8	5.9	5.6	2,420
Region						
Tbilisi	54.4	34.0	32.4	9.4	8.8	2,621
Adjara A.R	46.8	21.3	20.3	5.9	5.4	736
Guria	39.8	22.8	21.4	5.6	5.4	155
Imereti, Racha-Lechkhumi & Kvemo Svaneti	40.5	23.6	22.2	7.1	6.6	826
Kakheti	42.2	22.2	19.8	5.0	4.6	412
Mtskheta-Mtianeti	44.3	20.8	19.9	4.4	4.4	154
Samegrelo-Zemo Svaneti	58.8	40.6	39.6	19.9	19.5	454
Samtskhe-Javakheti	31.2	13.9	12.6	2.4	2.2	238
Kvemo Kartli	29.6	15.4	15.4	4.7	4.7	780
Shida Kartli	44.9	22.9	21.9	4.4	4.4	436
Age						
15-24	32.2	11.4	10.8	7.0	6.6	1,316
15-19	21.0	3.6	3.6	2.6	2.6	533
15-17	16.8	0.8	0.8	0.2	0.2	324
18-19	27.5	8.0	8.0	6.3	6.3	209
20-24	39.8	16.7	15.6	10.0	9.4	783
25-29	48.2	31.4	29.9	10.5	9.7	1,177
30-39	52.7	34.6	33.1	9.0	8.5	2,360
40-49	48.1	25.7	24.5	5.6	5.4	1,959
Education						
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	7
Primary or Lower Secondary	21.2	11.2	10.2	3.0	2.9	631
Upper Secondary	32.4	14.6	13.9	5.4	5.2	1,718

Vocational Education	47.3	26.7	25.2	7.2	6.8	1,308
Higher	59.3	37.1	35.5	10.5	9.9	3,148
Marital status[A]						
Ever married/in union	49.8	31.6	30.2	8.6	8.2	5,483
Never married/in union	33.6	7.9	7.5	4.8	4.4	1,317
Functional difficulties (age 18-49 years)						
Has functional difficulty	49.4	29.6	27.9	8.7	8.3	639
Has no functional difficulty	48.0	28.2	26.9	8.2	7.8	5,849
Ethnicity of household head						
Georgian	50.1	29.2	27.8	8.6	8.1	5,957
Azerbaijani	11.6	5.7	5.7	1.0	1.0	397
Armenian	24.1	12.6	12.6	5.2	5.2	330
Other	49.8	29.6	23.6	4.1	4.1	128
IDP status of household head						
IDP	55.6	38.9	38.5	13.8	13.8	350
Non-IDP	46.1	26.4	25.0	7.6	7.1	6,462
Wealth index quintile						
Poorest	29.2	15.9	15.3	6.6	6.5	1,055
Second	36.7	19.3	18.2	5.5	5.1	1,284
Middle	49.8	25.4	24.2	7.1	6.4	1,332
Fourth	51.8	29.3	27.6	9.1	8.8	1,509
Richest	58.4	39.4	38.0	10.1	9.6	1,632

1 MICS indicator TM.32 - People who know where to be tested for HIV

2 MICS indicator TM.33 - People who have been tested for HIV and know the results

A Don't know/Missing has been suppressed from the table due to a small number of unweighted cases.

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.11.4M: Knowledge of a place for HIV testing (men)

Percentage of men age 15-49 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the last 12 months, and percentage who have been tested in the last 12 months and know the result, 2018 Georgia MICS

	Percentage of men who:					Number of men
	Know a place to get tested1	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months	Have been tested in the last 12 months and know the result2	
Total	**38.3**	**15.7**	**15.1**	**5.1**	**4.9**	**2,697**
Area						
Urban	43.9	19.3	18.7	5.5	5.3	1,652
Rural	29.4	10.1	9.5	4.4	4.3	1,045
Region						
Tbilisi	46.2	19.7	19.1	4.3	4.3	988
Adjara A.R	35.8	12.1	11.1	4.2	3.6	275
Guria	34.5	10.4	10.4	5.1	5.1	66
Imereti, Racha-Lechkhumi & Kvemo Svaneti	25.5	11.9	11.9	4.8	4.8	347
Kakheti	35.8	13.5	11.8	3.6	3.2	185
Mtskheta-Mtianeti	31.7	9.2	8.5	1.2	1.1	63
Samegrelo-Zemo Svaneti	54.7	32.0	31.6	22.2	22.2	204
Samtskhe-Javakheti	25.4	6.3	6.3	1.7	1.7	90
Kvemo Kartli	26.5	7.3	6.9	1.4	1.0	297
Shida Kartli	37.2	13.0	12.6	2.0	1.9	181
Age						
15-24	30.7	5.2	4.9	2.8	2.7	699
15-19	24.5	1.7	1.0	0.7	0.5	359
15-17	23.6	1.2	0.6	0.0	0.0	242
18-19	26.3	2.7	1.7	2.3	1.6	117
20-24	37.3	9.0	9.0	5.0	5.0	340
25-29	41.2	18.6	18.0	8.9	8.4	397
30-39	39.6	16.7	16.4	5.4	5.4	809
40-49	42.2	22.4	21.5	4.8	4.7	793
Education						
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	2
Primary or Lower Secondary	23.5	4.2	4.2	1.6	1.6	307

Upper Secondary	30.8	8.9	8.6	2.8	2.8	891
Vocational Education	33.9	14.2	14.1	7.1	7.1	410
Higher	50.3	25.0	23.9	7.1	6.7	1,087
Marital status						
Ever married/in union	41.4	20.1	19.4	5.6	5.4	1,614
Never married/in union	33.7	9.2	8.8	4.3	4.2	1,083
Functional difficulties (age 18-49 years)						
Has functional difficulty	32.1	9.6	9.6	3.0	3.0	166
Has no functional difficulty	40.3	17.7	17.1	5.7	5.6	2,289
Ethnicity of household head						
Georgian	40.4	17.1	16.5	5.6	5.5	2,387
Azerbaijani	16.4	5.0	5.0	0.1	0.1	126
Armenian	18.0	4.6	4.6	0.4	0.4	117
Other	40.9	5.0	5.0	1.8	1.8	66
IDP status of household head						
IDP	38.3	24.1	21.3	4.0	3.9	117
Non-IDP	38.3	15.3	14.8	5.1	5.0	2,580
Wealth index quintile						
Poorest	28.2	10.5	10.1	5.5	5.5	485
Second	30.5	10.0	9.7	3.2	3.1	552
Middle	32.6	12.6	11.9	6.0	5.9	547
Fourth	49.1	21.3	20.4	7.4	7.0	530
Richest	49.6	23.2	22.7	3.4	3.4	584
1 MICS indicator TM.32 - People who know where to be tested for HIV						
2 MICS indicator TM.33 - People who have been tested for HIV and know the results						
(*) Figures that are based on fewer than 25 unweighted cases						

Table TM.11.5: HIV counselling during antenatal care

Percentage of women age 15-49 years with a live birth in the last 2 years who received HIV counselling during antenatal care of the pregnancy of the most recent birth, 2018 Georgia MICS

	Percentage of women who received HIV counselling during antenatal care[1,A]	Number of women with a live birth in the last 2 years
Total	**13.7**	**900**
Area		
Urban	16.8	564
Rural	8.6	336
Region		
Tbilisi	12.9	331
Adjara A.R	22.4	93
Guria	23.0	19
Imereti, Racha-Lechkhumi and Kvemo Svaneti	17.1	117
Kakheti	9.2	66
Mtskheta-Mtianeti	8.4	22
Samegrelo-Zemo Svaneti	15.1	61
Samtskhe-Javakheti	3.8	35
Kvemo Kartli	9.3	108
Shida Kartli	14.9	49
Age		
15-24	7.9	234
15-19	(4.2)	29
20-24	8.4	205
25-29	17.2	292
30-39	13.9	341
40-49	22.8	33
Education		
Kindergarten or none	-	0
Primary or Lower Secondary	12.6	94
Upper Secondary	13.4	215
Vocational Education	13.5	182
Higher	14.3	409
Functional difficulties (age 18-49 years)		
Has functional difficulty	21.2	63
Has no functional difficulty	13.4	825
Ethnicity of household head		
Georgian	15.4	775
Azerbaijani	(4.9)	63
Armenian	1.7	39
Other	(*)	23

IDP status of household head		
IDP	11.6	54
Non-IDP	13.9	846
Wealth index quintile		
Poorest	8.2	143
Second	9.1	172
Middle	13.3	180
Fourth	16.6	183
Richest	18.8	221
1 MICS indicator TM.35a - HIV counselling during antenatal care (counselling on HIV)		
A In this context, counselling means that someone talked with the respondent about all three of the following topics: 1) babies getting the HIV from their mother, 2) preventing HIV, and 3) getting tested for HIV.		
( ) Figures that are based on 25-49 unweighted cases		
(*) Figures that are based on fewer than 25 unweighted cases		
"-" Denotes 0 unweighted case in the denominator or in the column		

Table TM.11.6W: Key HIV and AIDS indicators (young women)

Percentage of women age 15-24 years by key HIV and AIDS indicators, 2018 Georgia MICS

	Percentage of women age 15-24 years who:					Number of women age 15-24 years	Percentage who report discriminatory attitudes towards people living with HIV[A]	Number of women age 15-24 years who have heard of AIDS
	Have comprehensive knowledge1	Know all three means of HIV transmission from mother to child	Know a place to get tested for HIV	Have ever been tested and know the result of the most recent test	Have been tested for HIV in the last 12 months and know the result			
Total	**11.5**	**34.7**	**32.2**	**10.8**	**6.6**	**1,316**	**60.3**	**1,147**
Area								
Urban	14.0	38.0	36.1	10.3	7.0	855	56.5	801
Rural	6.8	28.5	24.9	11.5	5.9	461	69.1	347
Region								
Tbilisi	16.3	44.3	37.7	11.3	8.7	523	56.9	508
Adjara A.R	10.8	30.9	31.1	9.5	4.4	138	53.0	108
Guria	8.3	51.3	27.4	9.9	5.1	29	82.9	25
Imereti, Racha-Lechkhumi and Kvemo Svaneti	7.6	28.7	30.3	10.9	6.9	166	59.7	145
Kakheti	5.7	33.1	31.5	10.7	4.6	77	62.2	63
Mtskheta-Mtianeti	10.2	34.8	30.6	11.0	2.1	25	65.7	21
Samegrelo-Zemo Svaneti	7.6	22.0	42.5	25.1	14.3	70	58.9	62
Samtskhe-Javakheti	4.3	18.5	21.6	5.2	2.1	38	76.5	30
Kvemo Kartli	8.0	17.5	16.1	5.6	2.8	162	66.4	107
Shida Kartli	10.9	39.2	33.6	10.3	4.0	88	70.5	78
Age								
15-19	9.5	31.0	21.0	3.6	2.6	533	62.0	449
15-17	9.7	32.2	16.8	0.8	0.2	324	66.2	269
18-19	9.1	29.3	27.5	8.0	6.3	209	55.7	180
20-24	12.9	37.1	39.8	15.6	9.4	783	59.3	698
20-22	12.8	35.3	34.1	12.4	6.9	439	60.7	382
23-24	13.0	39.5	47.1	19.8	12.6	344	57.5	316
Education								
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	1	(*)	1
Primary or Lower Secondary	3.8	23.8	17.4	9.0	3.2	124	75.3	71
Upper Secondary	8.2	31.8	23.4	6.7	4.0	558	69.0	466
Vocational Education	11.4	46.8	40.8	17.0	11.2	139	67.2	132

Higher	17.2	37.2	43.5	14.1	9.2	494	47.7	478
Marital status[B]								
Ever married/in union	9.3	41.0	41.9	23.9	14.7	471	68.6	405
Never married/ in union	12.8	31.3	26.9	3.5	2.1	840	55.8	742
Functional difficulties (age 18-49 years)								
Has functional difficulty	10.3	35.3	41.8	20.1	17.0	44	(54.0)	40
Has no functional difficulty	12.2	35.5	37.0	13.7	8.3	948	58.7	838
Ethnicity of household head								
Georgian	12.7	34.8	34.1	11.1	6.9	1,140	58.7	1,036
Azerbaijani	1.7	19.6	8.5	5.4	0.0	96	(80.9)	42
Armenian	3.5	49.8	33.0	13.8	13.2	56	(86.3)	48
Other	(13.7)	(54.2)	(35.8)	(10.6)	(5.2)	23	(37.6)	21
IDP status of household head								
IDP	4.7	50.7	45.2	26.1	24.8	62	50.9	61
Non-IDP	11.8	33.9	31.5	10.0	5.7	1,253	60.9	1,087
Wealth index quintile								
Poorest	5.4	26.9	23.1	11.7	6.8	214	73.6	154
Second	7.3	30.6	23.7	10.4	5.1	248	67.6	191
Middle	9.9	37.7	36.0	8.6	4.0	243	61.5	223
Fourth	12.6	34.5	36.8	12.4	9.3	316	58.3	292
Richest	19.7	41.5	37.9	10.5	7.2	295	49.5	287

1 MICS indicator TM.29 - Comprehensive knowledge about HIV prevention among young people

A Refer to Table TM.11.3W for the two components.

B Don't know/Missing has been suppressed from the table due to a small number of unweighted cases.

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases

Table TM.11.6M: Key HIV and AIDS indicators (young men)

Percentage of men age 15-24 years by key HIV and AIDS indicators, 2018 Georgia MICS

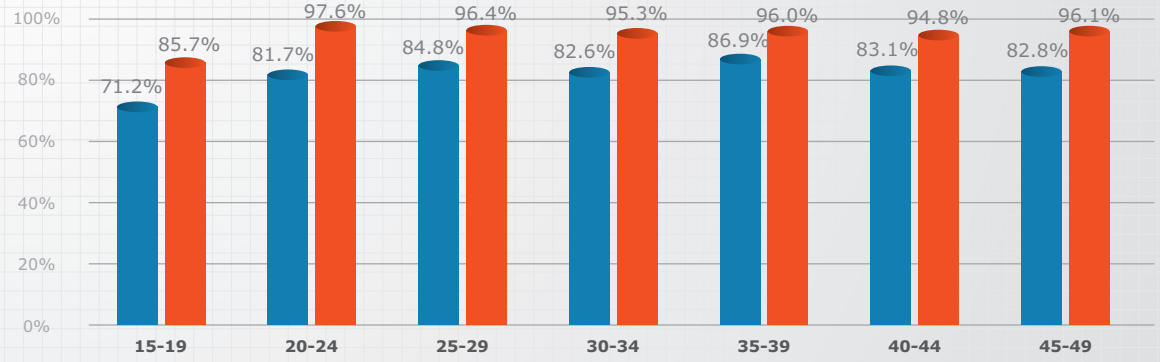
	Percentage of men age 15-24 years who:					Number of men age 15-24 years	Percentage who report discriminatory attitudes towards people living with HIV[A]	Number of men age 15-24 years who have heard of AIDS
	Have comprehensive knowledge[1]	Know all three means of HIV transmission from mother to child	Know a place to get tested for HIV	Have ever been tested and know the result of the most recent test	Have been tested for HIV in the last 12 months and know the result			
Total	**10.9**	**31.1**	**30.7**	**4.9**	**2.7**	**699**	**61.1**	**601**
Area								
Urban	12.4	34.3	33.7	5.8	3.0	456	55.8	421
Rural	8.0	25.0	25.1	3.1	2.2	243	73.4	180
Region								
Tbilisi	12.7	39.9	39.2	5.1	2.7	302	54.6	283
Adjara A.R	7.2	25.7	14.8	0.0	0.0	41	(63.8)	30
Guria	7.5	26.4	34.9	3.5	1.6	14	(77.3)	13
Imereti, Racha-Lechkhumi & Kvemo Svaneti	8.8	23.8	16.2	7.1	5.3	89	59.5	78
Kakheti	7.6	35.8	33.4	0.0	0.0	40	66.4	36
Mtskheta-Mtianeti	12.8	39.7	30.9	8.1	0.5	13	67.9	12
Samegrelo-Zemo Svaneti	8.1	22.2	39.6	12.1	10.4	42	72.5	35
Samtskhe-Javakheti	(2.2)	(10.3)	(23.6)	(0.0)	(0.0)	21	(65.6)	14
Kvemo Kartli	(13.7)	(19.9)	(21.2)	(3.1)	(1.5)	93	(67.4)	63
Shida Kartli	10.6	26.9	28.3	6.3	0.0	44	75.6	37
Age								
15-19	8.3	28.5	24.5	1.0	0.5	359	64.5	290
15-17	8.1	23.7	23.6	0.6	0.0	242	67.1	186
18-19	8.7	38.3	26.3	1.7	1.6	117	59.8	104
20-24	13.6	33.8	37.3	9.0	5.0	340	57.9	310
20-22	10.8	36.1	36.4	11.4	7.4	204	61.1	186
23-24	17.9	30.5	38.7	5.3	1.3	135	52.9	124
Education								
Kindergarten or none	(*)	(*)	(*)	(*)	(*)	1	-	0
Primary or Lower Secondary	3.6	22.3	21.9	2.2	2.1	108	79.7	82
Upper Secondary	9.0	29.1	29.2	2.6	1.3	342	64.2	280
Vocational								
Education	5.1	27.0	44.5	8.8	7.4	65	62.9	58

Higher	20.9	41.5	33.9	9.4	4.0	183	47.2	181
Marital status								
Ever married / in union	10.6	38.2	50.8	19.2	4.2	78	64.5	70
Never married / in union	10.9	30.2	28.2	3.1	2.5	621	60.6	530
IDP status of household head								
IDP	8.6	46.0	46.1	25.4	5.1	38	77.6	36
Non-IDP	11.0	30.2	29.9	3.7	2.6	661	60.0	565
Wealth index quintile								
Poorest	3.6	20.9	25.3	3.7	2.5	111	73.8	79
Second	11.7	30.6	26.4	2.7	2.4	119	71.2	94
Middle	8.7	38.1	28.5	8.8	3.5	152	69.1	141
Fourth	13.0	25.7	39.0	2.5	1.7	145	47.1	131
Richest	15.2	36.3	32.1	5.6	3.2	172	53.0	156
1 MICS indicator TM.29 - Comprehensive knowledge about HIV prevention among young people								
A Refer to Table TM.11.3M for the two components.								
( ) Figures that are based on 25-49 unweighted cases								
(*) Figures that are based on fewer than 25 unweighted cases								
“-” Denotes 0 unweighted case in the denominator or in the column								

9. Equality between women and men in sexual and reproductive health (TM.16.1CS)

Equality between women and men in marital relationships is an important point of attention that is related to the United Nations "Sustainable Development Goals". This issue is new in the MICS6 survey. Questions on this have only been asked to married or in union female respondents. The questions that have been asked were if respondents could make their own informed decisions regarding sexual relations, contraceptive use and health care. The wording is the same as the Sustainable Development Indicator 5.6.1.[39] If the respondent expressed that her husband/partner would not decide on her behalf in all the three cases she was considered to have autonomy in decision making on reproductive health, and to be empowered on exercising her reproductive rights. This is the same as in SDG 5.6.1. The results should be interpreted with caution. For example, the woman is considered as being autonomous if her partner does not take the decision on her behalf, which means that they take the decision together or she takes the decision on her own. So, if the result is that in 98.5% of the cases the decision is not made by the husband/partner, this means she takes the decision by herself or they take it together.

Figure 9: Percentage of women aged 15-49 years currently married or in union who make their own informed decisions regarding sexual relations and health care



The results indicate that a large majority of women feel that they can take decisions about their own reproductive health care or that she does this together with her husband. It is rare that her husband would take such decisions for her. 95.7% of interviewed women answer that decisions on care for her own health are not mainly taken by her husband or partner. The urban-rural dichotomy does not influence her right on this. The percentage of women that are autonomous in this respect is only less among the youngest group; among these 15-19 year old married or in union young women only 85.7% answer that they can take such decisions on their own or together (Figure 9). Answers to the question about autonomy on the choice of using contraception are even more outspoken. Here, 98.6% answers that this decision is not mainly taken by her husband or partner. It is different where the say on having sexual intercourse is concerned. The answer is here if the woman can say "no" to having sexual intercourse;

39 United Nations, Department of Economic and Social Affairs, Statistics Division. Sustainable Development Goals; SDG Indicators, Metadata repository. https://unstats.un.org/sdgs/metadata/. Accessed 16/12/2019

and only 83.8% of the women answer that they can. Only among the youngest women (15-19 years) there is a smaller percentage that answer they have autonomy at this point (71.2%) (Figure 9). Among the slightly older women (20-24 years) the percentage answering 'yes' is already about the average of all women. The young women who answer that they cannot do this tend to be the rural, lower educated, low income ones, with several children, who are not of Georgian origin. Unfortunately, a question that relates to this issue has only been asked to married women, and not to unmarried women and to all men. It would be advisable to include those missed respondents also when these questions are asked. This would indicate if the female and male preferences would strongly divert or not. If unmarried/non-cohabiting respondents would be included in this question it would also be advisable to ask what would be preferred instead of only what the actual situation is.

Table TM.16.1CS: Informed decision on reproductive health care

Percentage of women age 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and health care, 2018 Georgia MICS

	Percentage of women age 15-49 years, who were married or in union at the time of the survey								
				Women doing something to avoid pregnancy		Women not doing anything to avoid pregnancy			
	Can say "no" to have sexual intercourse to the husband/ partner	Decisions about health care for the woman are not mainly taken by the husband/ partner	Number of women age 15-49 years, who were married or in union at the time of the survey	Decision on contraception is not mainly made by the husband/ partner	Number of women	Decision on contraception is not mainly made by the husband/ partner	Number of women	Informed decision on reproductive health care[1]	Number of women currently married or in union, currently not pregnant and not think that they are not physically able to get pregnant
Total	**83.8**	**95.7**	**4,920**	**98.6**	**1,997**	**98.6**	**2,015**	**79.2**	**4,012**
Area									
Urban	87.9	95.9	2,986	98.5	1,340	98.5	1,181	82.8	2,521
Rural	77.5	95.6	1,934	98.8	656	98.6	834	73.2	1,490
Region									
Tbilisi	89.4	95.7	1,709	98.4	801	98.8	656	83.3	1,457
Adjara A.R	79.4	93.8	531	98.3	159	97.3	265	76.6	424
Guria	75.4	97.0	123	99.3	42	98.5	49	74.5	92
Imereti, Racha-Lechkhumi and Kvemo Svaneti	84.8	96.9	639	98.4	230	99.2	264	81.9	494
Khakheti	74.9	96.1	325	99.0	132	97.8	127	71.0	258
Mtkheta-Mtianeti	83.7	96.7	111	99.8	44	98.4	46	82.5	90
Samegrelo-Zemo Svaneti	92.5	94.2	339	97.4	123	97.7	157	83.1	280
Samtskhe-Javakheti	50.2	97.0	195	100.0	41	98.9	112	48.8	153
Kvemo Kartli	80.6	94.7	622	98.8	266	99.3	230	74.5	497
Shida Kartli	88.8	98.5	326	99.6	158	99.4	108	87.0	266

Age									
15-19	71.2	85.7	60	(*)	17	(100.0)	29	66.3	46
15-17	(*)	(*)	23	(*)	8	(*)	12	(*)	19
18-19	(57.8)	(89.2)	36	(*)	9	(100.0)	17	(57.1)	27
20-24	81.7	97.6	389	99.5	168	100.0	143	77.0	311
25-29	84.8	96.4	928	99.2	481	98.3	349	80.2	830
30-34	82.6	95.3	982	98.9	489	97.6	390	78.0	879
35-39	86.9	96.0	965	98.9	445	99.5	393	82.0	838
40-44	83.1	94.8	821	95.6	265	98.0	403	78.1	668
45-49	82.8	96.1	775	99.1	131	98.8	307	79.4	438
Education									
Kindergarten or none	(*)	75.0	2	(*)	2	-	0	(*)	2
Primary or Lower Secondary	74.0	92.6	485	98.7	172	97.6	225	69.6	397
Upper Secondary	77.9	93.6	1,182	98.3	422	98.7	510	72.3	932
Vocational Education	82.8	95.6	1,070	99.2	371	98.7	453	78.4	824
Higher	89.6	97.7	2,180	98.5	1,030	98.7	828	85.1	1,857
Number of living children									
0	81.5	97.0	318	(*)	24	99.8	195	76.3	219
1	85.1	96.4	1,080	97.3	394	98.4	462	81.0	857
2	84.5	95.0	2,513	98.9	1,115	99.1	989	79.1	2,104
3	82.2	96.8	845	99.1	394	97.9	304	79.7	698
4+	76.0	95.2	163	98.6	70	91.4	64	72.1	134
Functional difficulties (age 18-49 years)									
Has functional difficulty	84.8	92.0	463	99.7	142	97.3	192	76.8	334
Has no functional difficulty	83.6	96.2	4,434	98.5	1,847	98.7	1,811	79.4	3,658

Ethnicity of household head									
Georgian	85.9	96.2	4,258	98.6	1,762	98.5	1,712	81.5	3,475
Azerbaijani	77.9	91.7	348	100.0	141	97.5	129	69.0	271
Armenian	57.0	93.8	237	96.3	68	99.4	132	57.4	200
Other	77.4	92.9	76	(100.0)	26	(100.0)	41	68.0	67
IDP status of household head									
IDP	85.9	96.8	240	99.8	95	99.4	86	84.5	181
Non-IDP	83.7	95.7	4,680	98.5	1,902	98.5	1,929	79.0	3,831
Wealth index quintile									
Poorest	76.0	93.4	824	98.7	243	97.6	389	69.7	632
Second	78.7	96.2	1,008	98.4	364	98.9	419	74.5	783
Middle	82.6	94.6	985	98.6	385	99.6	408	78.2	792
Fourth	87.4	96.4	976	98.6	469	97.9	366	82.6	834
Richest	91.9	97.4	1,127	98.7	536	98.6	434	87.1	970

1 MICS Country Specific indicator TM.12CS - Informed decision on reproductive health care, SDG indicator 5.6.1

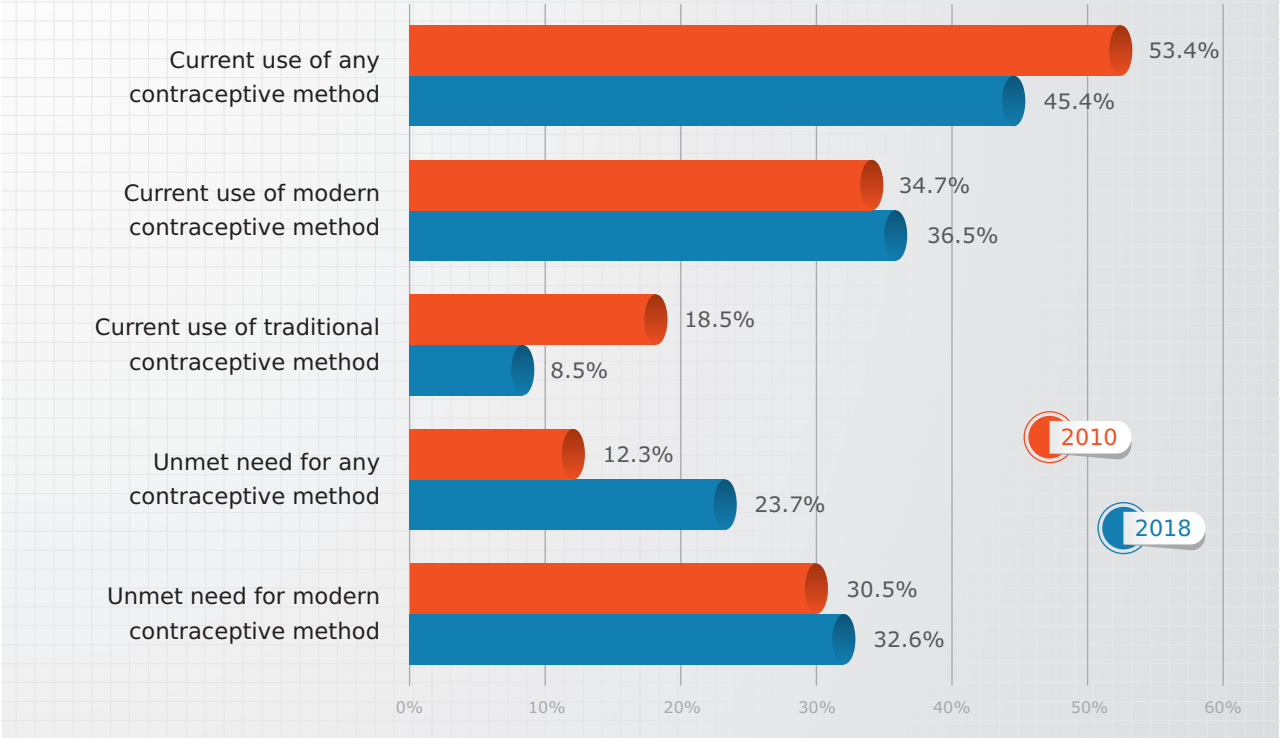
( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on fewer than 25 unweighted cases; “-” Denotes 0 unweighted case in the denominator or in the column

Annex 1:

Use and need for contraception	Percentage of women aged 15-44 years who are currently married or in union	
	2010	2018
Current use of any contracep-tive method	53.4	45.4
Current use of modern contra-ceptive method	34.7	36.5
Current use of traditional con-traceptive method	18.5	8.5
Unmet need for any contracep-tive method	12.3	23.7
Unmet need for modern contra-ceptive method	30.5	32.6

Figure Annex 1: Current use and unmet need for contraception among women aged 15-44 years who are currently married or in union. GERHS 2010 and Georgia MICS 2018



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