

## **MONGOLIA REPRODUCTIVE HEALTH SURVEY 2003**

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### **Introduction**

The 2003 Mongolian Reproductive Health Survey (RHS) has a nationally representative sample of 8399 households, in which 9314 women of reproductive age 15-49 years and a sub-sample of 4212 husbands were interviewed. Fieldwork was conducted from September to December 2003. The RHS was carried out by the National Statistical Office (NSO) of Mongolia, with funding from the United Nations Population Fund (UNFPA). Technical assistance was provided by the UNFPA Country Technical Services Team in Bangkok.

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

The information in this report is presented at the national level, and broken down by population groups defined by urban-rural residence, region and level of education, among others. A further objective was to strengthen the capacity of NSO to carry out large-scale, nationally representative and internationally comparable surveys. Through a dissemination workshop and findings from the RHS report that has been distributed and circulated, the concerned programme planners, health officials, agencies and researchers will use this information and indicators for informed policy-making, strategy development, program implementation and evaluation, and further research.

### **Fertility**

Survey results indicate a total fertility rate (TFR) of 2.5 children per woman in 2001-2003 and this has declined from 3.1 children per woman in RHS 1998. The current TFR (2.5) is a slightly higher than the estimate of MoH (2.1), but close to the indirect estimate using MORTPAK software (2.49). Fertility levels differ for various population groups. The TFR for women living in urban areas (2.1 children per woman) is lower than for women living in rural areas (2.9 children per woman). Among regions, the TFR is lowest in Ulaanbaatar (1.9

children per woman) and the highest in the South Region (3.0), and medium in the Central, East and West Regions (between 2.6 and 2.9). The TFR declines with rising educational level of women, from 3.2 children per woman among mothers with low education to 2.4 among mothers with better education.

TFR is found high for women who are with no income or low income, like correlated with education level, the TFR falls with increasing income level.

The declining fertility trend can be deduced by comparing the completed family size (children ever born of women age 45-49) with the current TFR: completed family size is 5.0 children, 2.5 children more than the current TFR of 2.5.

The median age at first birth has increased slightly from 21.6 in 1998 RHS to 22.1 in 2003 RHS, an increase of 0.5 points. As with other fertility indicators, median age at first birth increases with rising educated level of women, for both 1998 and 2003 RHS.

There is a trend of declining fertility in almost all population subgroups at various tempos. With favorable proximate determinants such as prolonged breastfeeding, delaying age at marriages, preferences for small family size, and increased use of modern contraception and induced abortion, will influence the dynamics of fertility behavior and lead to a more rapid declining trend of fertility.

### **Family Planning**

Knowledge of contraceptive methods is virtually universal among Mongolian women, with 99 percent of them knowing at least one modern method.

About 92 percent of married women have ever used a method of contraception, and 69 percent were currently using at the time of the survey. Over 58 percent of married women were using a modern method of contraception, while 11 percent were using traditional methods. The IUD is by far the most commonly used method (33 percent), followed by pills (11 percent) and periodic abstinence (10 percent). Other modern methods of contraception account for small amounts of use among currently married women: injections and condoms (6 percent and 5 percent, respectively), and female sterilization (3 percent).

The findings show that the level of modern contraceptive use varies among population groups. The current use of modern contraception is highest in rural areas (62 percent) [instead of urban areas as in 1998], among women with "incomplete and complete secondary education" (59 percent and 63 percent, respectively), and among mothers of parity 2 and above (over 57 percent). About 72 percent of women using modern contraceptive methods obtained

them free of charge. Such high prevalence of use among these various population sub-groups will have an impact on fertility and reproductive health.

Thus, difference in knowledge and use of contraceptives across age groups, regions, and educational levels requires that information on family planning and reproductive health services are to be delivered cost-effectively and efficiently, in a timely manner and based on the needs of local target groups.

It looks likely that contraceptive use will increase in the future. This is due partly to high increased approval from wives (96 percent), husbands (90 percent) and married couples (jointly 87 percent) as well as more than half of married women (51 percent) who are not currently using contraception intend to use it in the future.

### **Other Proximate Determinants of Fertility**

The median age at marriage of women is relatively young: about 21.6 years. The median age at marriage has increased slightly for all women of reproductive age, as compared with the results of RHS 1998. The median age at first sexual intercourse has remained around 20.0 years between the oldest age group (45-49) and the youngest (25-29).

The duration of postpartum amenorrhea seems to be rather lengthy (median of 6.5 months and mean of 10.0 months), due in part to extended breastfeeding. The median duration of postpartum insusceptibility is 7.5 months. It is higher among mothers aged under 30, mothers in the West Region, and mothers with complete secondary education.

### **Fertility Preferences**

A majority of married women (63 percent) indicated that they want no more children. The proportion of married women who desire no more children increases with age, rising from 41 percent of these women aged 25-29 to 64 percent of them aged 30-34. It is clear that many women have the preference to stop childbearing at relatively young ages.

More women desire to limit their family size. Among women with two surviving children, 65 percent indicated that they want no more and among those with 3 surviving children, 85 percent want no more.

Among recent births, 88 percent are reported to be wanted births, and 8 percent as unwanted births. If unwanted births could be avoided, the TFR would be 2.3 instead of current TFR of 2.5.

Overall, Reproductive Health programme in Mongolia has been successful in achieving high level of current use of modern contraceptive methods, high percentage of total demand for family planning satisfied and reduction of unwanted births.

### **Infant and Child Mortality**

In the three years preceding the survey (2001 to 2003), infant mortality rate is estimated at 30 per 1000 births, while neonatal and postneonatal mortality rates are 14 per 1000 and 16 per 1000, respectively. For the same period, under-five mortality rate is estimated at 35 per 1000, while child mortality (age 1-4 years) is much lower at 5 per 1000. These direct estimates are quite close to the indirect estimates (using MORTPAK), which are 34 per 1000 for infant mortality ( ${}_1q_0$ ) and 8 per 1000 for child mortality ( ${}_4q_1$ ), for the year 2002. The infant mortality rate is also close to that of Ministry of Health (28 per 1000).

Infant mortality is higher in rural areas (32 per 1000) than in urban areas (26 per 1000). This may probably due to long distances to health facilities as well as lack of access to antenatal and delivery care, including emergency services in rural areas.

In general, child mortality (neonatal, infant, and under-five mortality) rates are relatively high in the West, East and Central Regions and low in the South Region and Ulaanbaatar. As in other countries, a mother's educational level is inversely associated with neonatal, infant and under-five mortality and the child mortality rates are higher for male children than female children.

Upon examination of neonatal, infant and child mortality rates by per capita monthly average income, the mortality rate is very low for households with an income of 42501 MNT (13 deaths per 1000 births) per month per capita whereas it is as much as three times higher for household with no income or income of 8500. There was no mortality rate in the ages of 12-14 years for households with an income of 42501MNT per capita per month. But for households with no income or income of 8500, the indicators were high (8 deaths per 1000 births) which duly requires attention.

Hence, to reduce infant and child mortality further, health programme, particularly RH programme, needs to be further strengthened to provide quality reproductive health care and services, particularly among the less educated women, adolescent women, women in rural areas and the less developed regions.

### **Reproductive and Child Health**

Mongolia has a fairly well-developed primary health-care system with extensive facilities to provide reproductive and child care services.

The proportion of pregnant women seeking ANC has increased from 96 percent in 1998 to 99 percent in 2003. Similarly, ANC provided by specialist gynecologists has also increased from 48 percent in 1998 to 53 percent in 2003. At the same time, the median for the first antenatal visits has reduced from 3.7 months in 1998 to 3.3 months in 2003. These survey findings indicate that, overall, the ANC and delivery services, which are an important part of the primary health-care system, appear to be functioning adequately.

Percentage of deliveries at health facilities has increased from 94 percent in 1998 to 97 percent in 2003. Correspondingly the proportion of births delivered by health professionals has also increased from 94 percent in 1998 to 97 percent in 2003.

Surveys show that iron deficiency anemia is very common among reproductive age women; therefore, its prevention and treatment need urgent attention from Health Authorities and related agencies.

The prevalence of diarrhea in the 2 weeks preceding the survey has increased from 9 percent in 1998 RHS to 13 percent in 2003 RHS

The prevalence of diseases associated with pregnancies such as heart, urinary tract, kidney and liver disorders has substantially increased from the 1998 level, which should be addressed accordingly.

A high proportion of women who received post-partum counseling on breastfeeding and ANC may have contributed significantly to the improvement in the child health and reduction of infant and child mortality.

### **Breastfeeding**

More than three fourths of children (78 percent) are breastfed within 30 minutes after births. The proportion of children who were breastfed for at least some time has increased from 97 percent in 1998 to 99 percent in 2003.

Over half (60 percent) of most recent births to mothers, who had obtained postpartum advice counseling from a doctor, receive counseling specifically on breastfeeding, which may have contributed to the increased and sustained duration of breastfeeding.

Breastfeeding practices in Mongolia deserve high commendation as large proportion of children receive breast milk from mothers for an extended and sustained period and receive proper food supplementation at early age. This

may most probably lower infant and child mortality, particularly the neonatal mortality.

The median duration of any breastfeeding has increased slightly from 25.2 months in 1998 to 25.9 months in 2003, while median duration for exclusive breastfeeding has increased from 3.5 months to 5.9 months over the same period. Interestingly, 94 percent of children aged 0-3 months and 85 percent of children aged 0-6 months were exclusively breastfed, suggesting an excellent compliance with the WHO recommendations.

### **Knowledge and Attitudes Concerning STDs and HIV/AIDS**

The vast majority (95 percent) of Mongolian women have heard of STDs, 96 percent heard of HIV/AIDS and in most cases, they obtain information from TV, radio and newspaper. The mean number of source of information is 2.5 for STDs and 2.6 for HIV/AIDS. According to 95 percent of all women, STDs are preventable while 96 percent of women stated that one can avoid HIV/AIDS. The main methods for avoiding STDs and HIV/AIDS, as per them, are use of condom and having one sex partner. Therefore, one can conclude that Mongolian women know well about the means to protect themselves from STDs and HIV/AIDS, but the behavioral or practice level of using condom and having one sexual partner is extremely low.

The proportion of women who replied that HIV/AIDS was not preventable, which was 5.7 percent in the previous survey dropped to 4.1 in 2003, a decline by 1.6 points. Likewise, the percentage of women with misconceptions dropped from 4.6 percent in 1998 to 1.9 percent in 2003. These dynamics lead to the conclusion that knowledge of women about the means of HIV/AIDS prevention has improved over the last few years.

However, there are still many women who have misconceptions. For example, only slightly more than half of women think that a healthy looking person can transmit HIV infection. About 96-98 percent of women (25-39) in active sexual life did not change their sexual behaviour after they have received the information about STDs and HIV/AIDS, and only less than one percent started to use condom. These changes of behavior depend on various factors such as attitudes of women towards STDs and HIV/AIDS prevention, sexual behaviour, their socio-economic situation and information, education, communication of these issues, and condom promotion and marketing. Thus further in-depth research is needed to provide reliable information and analysis,

and indicators for policy and programme development to address such emerging and important issues.

### **Induced Abortion**

The great majority (78 percent) of pregnancies ended in a live birth, followed by induced abortion, still births and miscarriage (22 percent). The abortion ratio for the 3-year period prior to the survey is 214 abortions per 1000 live births.

Overall, 8 percent of women aged 15-49 have had at least one abortion. Among them, 79 percent have had one abortion and 21 percent two or more. The total abortion rate (TAR), the number of abortions a women will have in her reproductive lifetime subjected to currently prevailing age-specific abortion rates, is 0.7 abortions per women. The urban TAR (0.9 abortion per women) is almost twice the rural TAR (0.4).

Among women who have had an abortion, 32 percent chose it because of not being ready to have a child in terms of time, 25 percent because of financial problems, 19 percent because of health concerns and 17 percent because of increasing age with many children. Nearly all these women could have avoided the unwanted pregnancies by using effective contraception. Among these women, 28 percent had their last abortion in Ulaanbaatar, 36 percent in *aimag* hospitals, 26 percent in private hospitals and 9 percent in *soum* hospitals.

About 64 percent of these women had pre-abortion counseling and 79 percent had post-abortion counseling. Over half of these women were using contraceptives before abortion, and this has increased to 85 percent after abortion. Before abortion, a sizeable proportion (37 percent) of these women was using periodic abstinence, 30 percent were taking pills and 12 percent were using condom. Contraceptive failure due to incorrect or inappropriate use of temporary methods such as pills and condoms and relying on ineffective traditional methods, will probably lead to a high abortion rate in Mongolia. Thus, there is a need to increase of modern contraceptive use among all women including those who have had abortions so that unwanted pregnancy and induced abortion is reduced.

### **Adolescent Reproductive Health**

During the 5-year period between RHS 1998 and RHS 2003, the proportion of adolescents started childbearing has declined from 9 percent in 1998 to 7

percent in 2003. However, in 2003, this statistic is higher in rural areas (12 percent) than in urban areas (5 percent) by 2.5 times.

It is promising that 91 percent of all adolescents and 100 percent of married adolescents responded that they know at least one modern contraceptive method. The mean number of methods known by all adolescents is 4.6 and 5.5 for married adolescents.

Among all adolescents, 4 percent are currently using a modern contraceptive method, while among married adolescents, 27 percent are currently using a modern method. Interestingly, the use of contraception, including the use of modern methods, decreases when the educational level of adolescents increases.

Among adolescents, 16 percent reported having had sexual intercourse (14-19 years), and the proportion of rural adolescents (18 percent) who had intercourse, is higher than that in urban areas (15 percent) by 3 points. Among adolescents who had sexual intercourse the month before the survey, 22 percent used condoms to protect from HIV/STDs: 37 percent from unmarried adolescents and 11 percent from married adolescents. Higher proportion of adolescents in urban areas (35 percent) use condom to avoid HIV/STDs than that in rural areas (9 percent).

Surprisingly, the percentage of adolescents who heard of AIDS has declined from 92 percent in 1998 to 90 percent in 2003. Among adolescents who know of AIDS, the percentage who responded that AIDS cannot be prevented and who had misinformation has reduced by 2 points (from 7 percent in 1998 to 5 percent in 2003) and 3 points (from 5 percent in 1998 to 2 percent in 2003) respectively. In other words, their knowledge on this matter has increased slightly. Moreover, 91 percent of respondents think that STDs are preventable, and in case of infection, they will see a doctor or other medical professional.