

MULTIPLE INDICATOR CLUSTER SURVEY

FULL REPORT

State Statistics Committee of Ukraine

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Foreword and Acknowledgements

State Statistics Committee of Ukraine responsible for implementing MICS-2000 in Ukraine (Multiple Indicator Cluster Survey of women's and children's situation) expresses its gratitude to the UN International Children's Fund (UNICEF) for providing methodological and advisory assistance and to UNICEF Office in Ukraine for providing technical assistance in conducting the survey.

Executive Summary

The 2000 Multiple Indicator Cluster Survey (MICS) is a nationally representative survey of households, women, and children. The main objectives of the survey are to provide up-to-date information for assessing the situation of children and women in Ukraine at the end of the decade and to furnish data needed for monitoring progress toward goals established at the World Summit for Children and as a basis for future action.

Education

- Virtually the whole population (99.8 percent) over age 15 years is literate. The percentage of literacy declines from 99.96 percent among those aged 15-24 to 98.0 percent among the population aged 65 and older.

Water and Sanitation

- 97.7 percent of the population has access to safe drinking water – 99.5 percent in urban areas and 93.7 percent in rural areas.
- 99.1 percent of the population use advanced means of excreta disposal and 59.4 percent of the population of Ukraine is living in households with sanitary means of excreta disposal.

Child Malnutrition

- 0.5 percent of children under age five in Ukraine are underweight or too thin for their age; 6.1 percent of children are stunted or too short for their age and 1.3 percent are wasted or too thin for their height.
- Children whose mothers have secondary or higher education are the least likely to be underweight and stunted compared to children of mothers with less education.

Breastfeeding

81.8 percent of children aged under four months are exclusively breastfed. At age 6-9 months, 46.1 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, only 15.9 percent are continuing to breastfeed, and by age 20-23 months – 9.6 percent of children.

Salt Iodization

- 4.6 percent of households in Ukraine have adequately (15+ PPM) iodized salt. The percentage of households with adequately iodized salt ranges from 5.2 percent in urban areas to 3.5 percent in rural areas.

HIV/AIDS

- Ten percent of women aged 15-49 know all three of the main ways to prevent HIV transmission – having only one uninfected sex partner, using a condom every time, and abstaining from sex.
- 28.1 percent of women correctly identified three misconceptions about HIV transmission – that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected.

- Seventy five percent of women of reproductive age in Ukraine know a place to get tested for AIDS and about 59 percent have been tested.
- The percentage of women who have sufficient knowledge of HIV transmission and the percentage who know where to get tested for HIV increases dramatically with the level of education.

Contraception

- Current use of contraception was reported by 71.6 percent of married or in union women. The most popular method is the condom, which is used by 27.1 percent of partners followed by intrauterus device, which accounts for 26.3 percent of married or in union women.

Summary Indicators

World Summit for Children Indicators		
Underweight prevalence	Proportion of children under five who are too thin for their age	0.5 percent
Stunting prevalence	Proportion of children under five who are too short for their age	6.1 percent
Wasting prevalence	Proportion of children under five who are too thin for their height	1.3 percent
Use of safe drinking water	Proportion of population who use safe drinking water source	97.7 percent
Use of sanitary excreta disposal means	Proportion of population who use a sanitary means of excreta disposal	99.1 percent
Literacy rate	Proportion of population 15 + years old who are able to read a letter or newspaper	99.8 percent
Contraceptive prevalence	Proportion of married women aged 15-49 who are using contraceptive methods	71.6 percent
Iodized salt consumption	Proportion of households that use adequately iodized salt	4.6 percent
Exclusive breastfeeding rate	Proportion of infants aged under four months who are exclusively breastfed	81.8 percent
Timely complementary feeding rate	Proportion of infants aged 6-9 months who are receiving breast milk and complementary feeding	46.1 percent
Continued breastfeeding rate	Proportion of infants aged 12-15 months and 20-23 months who are breastfeeding	15.9 percent (12-15) 9.6 percent (20-23)
Indicators for monitoring IMCI (Integrated Management of Childhood Illnesses)		
Care seeking knowledge	Proportion of children under five who were taken care of by caretakers who know at least 2 signs for seeking care immediately	85.8 percent
Indicators for monitoring HIV/AIDS		
Knowledge of preventing HIV/AIDS	Proportion of women who stated correctly three main ways for avoiding HIV infection	10 percent
Knowledge of misconceptions about HIV/AIDS	Proportion of women who identified correctly three misconceptions about HIV/AIDS	28.1 percent
Knowledge of HIV transmission from mother to child	Proportion of women who identified correctly means of HIV transmission from mother to child	43.2 percent
Attitude to people with HIV/AIDS	Proportion of women who expressed discriminatory attitude to people with HIV/AIDS	88.3 percent
Women who know where they can be tested for HIV	Proportion of women who know where they can get a HIV test	75 percent

Women who have been tested for HIV	Proportion of women who have been tested for HIV	59 percent
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INTRODUCTION

Survey Background

At the World Summit for Children held in New York in 1990, the Government of Ukraine committed itself to a Declaration and Plan of Action for Children. Subsequently, a National Programme “Children of Ukraine” was developed and implemented.

The Programme’s principal objective is to secure each child’s right to be born healthy, to survive and to have conditions for all-round development, to be reliably protected in social and psychological terms.

The Programme is scheduled to last until the year 2000 and it is supposed to provide guidelines for designing regional activities aimed at improving children’s situation and relevant area programmes based on integrating government bodies’ activities with public and other organizations.

The Programme’s major tasks are:

- creating favorable conditions for children’s physical, psychological, social and spiritual development, safeguarding their legal and social protection;
- molding a harmoniously developed personality, a citizen capable of fully-fledged activities in every sphere of production, science, education and culture;
- preventing disease and supplying children with the most advanced medical care, treatment and health rehabilitation means;
- taking drastic measures aimed at preventing infectious and parasitical diseases;
- creating conditions for eliminating children’s malnutrition, as well as for preventing nutrition-related diseases;
- creating conditions for prevention of crime, drug addiction, alcohol and tobacco dependence among children;
- implementing R&D projects aimed at addressing children’s urgent needs;
- improving public information system for ensuring child’s healthy development.

The National Programme “Children of Ukraine” is being implemented together with other government-approved programmes, particularly, the Long-Term Programme for Improving Women’s Status, Family, Mother and Child Protection; the National Education Programme (Ukraine 21st century); the National Family Planning Programme, Comprehensive Programme for Addressing Disabled People’s Problems, along the following lines:

- improving conditions for children’s development, upbringing and education;
- providing for better young generation’s health through preventing women’s and children’s diseases and improving health care system;

- promoting children's adequate nutrition and children's nutrition industry development;
- improving living conditions of the children who find themselves in especially difficult and extreme circumstances;
- improving legal framework related to mother and child protection.

The Plan of Action also called for the establishment of mechanisms for monitoring progress toward the goals and objectives set for the year 2000. Toward this end, UNICEF, in collaboration with other international organizations, has developed a core set of 75 indicators of specific aspects of the situation of children. Some of them provided grounds for the 2000 MICS survey that has been conducted in order to provide end-decade information on many of these indicators.

The MICS was conducted by the State Statistics Committee of Ukraine. Funding was provided by the UNICEF office in Ukraine and by the Government of Ukraine.

Country Background

The quantity of actual population of Ukraine amounted to 49.7 million people as of January 1, 2000. Over 1999 the quantity of population has decreased by 394.8 thousand people, that is by 0.8 percent. The share of natural decrease in overall decline is 88.7 percent with the share of migratory decrease accounting for 11.3 percent.

Noticeable increase in natural decrease (by 49.3 thousand people or by 16.4 percent as compared to 1998 rates) is caused by higher mortality rate and, even to a greater extent, by decrease in birth rate. In 1998 there were 58 births per 100 deaths whereas the figure for 1999 was only 53.

Natural population decrease as a steady and lasting factor was characteristic for all the regions of Ukraine. Natural decrease in rural areas in nearly 1.6 times exceeds the respective indicator for urban areas (9.3 persons per 1000 residents as compared to 5.9 persons).

As compared to 1998 the number of births has diminished by 30.0 thousand or by 7.2 percent. The decrease was recorded in almost every region in Ukraine.

1999 saw a growing number of registered marriages – the fact that engenders hopes in terms of stopping the tendency towards decrease in birth rate. There were 34.4 thousand (or 11.1 percent) more marriages registered that year than the previous one (1998). The average national frequency of marriage registration per thousand of population has risen from 6.2 promille to 6.9 promille.

There is a tendency towards eventual decrease in the divorce rate. In 1999 there were registered 3.9 thousand (2.2 percent) fewer divorces than in 1998. The divorce rate has declined from 3.6 promille to 3.5 promille.

1999 brought about deterioration in population mortality rate (beginning 1996 this indicator has been steadily falling): 739.2 thousand deaths have been registered which is 19.3 thousand more than in 1998.

Overall birth rate is higher in rural than in urban areas: 18.7 promille against 13.0 promille.

The number of deaths caused by infectious and parasitical diseases, digestion organs, blood circulating system and respiratory organs diseases, as well as by accidents, murders, suicides and other external factors is growing.

The number of children who died from the following diseases has decreased: intestinal infections (by 20.6 percent), congenital anomalies (by 8.0 percent), perinatal conditions (by 7.0 percent).

Against overall mortality rate increase, decrease in the number of deaths among infants under one year is noteworthy. In 1999 their registered number constituted 5,064 cases which is 358 infants fewer than in 1998.

Among the factors causing population decline migration plays an important part. In 1999 the quantity of individuals leaving Ukraine every month exceeded the number of those entering Ukraine.

At the same time, decrease in Ukraine's population caused by migration has over 1.5 times diminished as compared to 1998. Consequently, migration played the decisive role in curbing population decrease: notwithstanding considerable rise in natural population decrease, its overall decrease remained at the 1998 level.

Survey Objectives

The 2000 Multiple Indicator Cluster Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Ukraine at the end of the decade and for looking forward to the next decade;
- To furnish data needed for monitoring progress toward goals established at the World Summit for Children and as a basis for future action;
- To contribute to the improvement of data and monitoring systems in Ukraine and to strengthen technical expertise in the design, implementation, and analysis of such systems.

Survey Organization and Methodological Approaches

Cluster survey of women's and children's situation in Ukraine envisaged a set of preparatory activities:

- Specifying the list of individuals residing in households selected for survey;
- Providing training for project managers at regional level;
- Providing training for interviewers;
- Building awareness among women involved in the survey.

A meeting with Heads of Oblast Social Statistics Departments was held aimed at explaining the survey objectives and methods since they were supposed to act as project coordinators at the regional level. Coordinators were exposed to

principles of sample formation and interviewers' training, as well as instructions for applying testing kits for identifying salt iodization level and for identifying children's weight and height. Subsequently project managers made arrangements for interviewer training at the regional level.

The following survey units were used:

- a household;
- a woman;
- an under-five child.

Survey time frame was 15-30 June 2000. 254 interviewers were involved in conducting survey (loading - 25 households).

The questionnaire contained seven sections that featured questions concerning place of residence, household make-up, water supply and sanitation, iodized salt consumption, contraceptives use, knowledge about HIV/AIDS, children care, and anthropometry.

Technological process for materials processing provided for data quality control at each stage.

Two passports have been elaborated for data input. The SKLAD.dkl passport served to input addresses and the second section dealing with household members' distribution by their relations to the household head; by sex, age, education, economic activity status. Accordingly, the addresses and five other sections were put in by means of the KLAST.dkl passport (applied program IVA for Windows package).

Survey materials were processed with the help of SPSS applied program package.

SURVEY METHODOLOGY

Sample Design

The sample for the Multiple Indicator Cluster Survey (MICS) was designed to provide estimates of indicators at the national level, for urban and rural areas.

For conducting cluster survey of women's and children's situation in Ukraine national territorial probability weighted sample of non-institutionalized units (households) was relied upon. Household selection share was equal to 1/3169, i.e. a selected sample household represented 3169 households from general population. The procedure for multiple level stratified territorial units selection with probability proportionate to size was used to form the sample population. Households were selected at the last stage drawing on the systematic selection mechanism according to addresses listing. Taking into account demographic situation in Ukraine (according to government statistics, children under five constitute 0.9 percent of Ukraine's population), the MICS project's major goals, and available funding for MICS conducting, households with under-five children

were selected from addresses lists within the selected areas. This approach was also instrumental in tackling the issue of fertile age women presence in households.

Sample Formation Procedure

Sampling included three stages:

- ◆ Exclusion of territories that cannot be surveyed;
- ◆ General population units stratification;
- ◆ First level territorial units selection;
- ◆ Second level territorial units selection;
- ◆ Households selection.

Exclusion of territories that cannot be surveyed

In forming sample from Ukraine's total population the following population categories were excluded: population residing in the first and second zones of radioactive contamination caused by the Chernobyl Nuclear Power Station disaster – alienation zone and unconditional (mandatory) resettlement zone, as well as institutionalized population (active military servicemen; penitentiary institutions inmates; hospices and senior citizens' homes inmates).

General Population Units Stratification

Sample stratification was aimed at adequate reflection of principal features inherent in Ukraine's administrative and territorial division, as well as at ensuring that units are selected from more homogeneous groups in terms of their background characteristics. Accordingly, the sample basis was broken down by strata corresponding to Ukraine's regions (87 regions). Three substrata were singled out within these strata – self-representative urban areas, non-self-representative urban areas and rural populated areas. Sample was distributed by strata and substrata proportionate to population strength.

First Level Territorial Units Selection

At the first stage of sample formation urban and rural populated areas were selected where the survey was to take place.

Self-Representative Territorial Units Selection

In order to select self-representative urban and rural areas (selected with probability equal to one) the threshold value for population strength was established (self-representation threshold). The threshold value equal to 118.1 thousand persons was established proceeding from the sample size and from the premise that each interviewer would have full loading during the territorial unit survey.

Information on population quantity in Ukraine's territorial units (data provided by the State Statistics Committee of Ukraine) was relied upon for area selection.

Non-Self-Representative Territorial Units Selection

Non-self-representative territorial units were selected in such a way as to ensure that one unit should represent for survey purposes a group of territorial units with aggregate population quantity equal to self-representation threshold value.

Non-self-representative units were selected separately for each stratum. Within each oblast a list of cities was made for urban areas enumerating them in population diminution order (self-representative cities were excluded from the list). The number of cities to be selected in each oblast was calculated by dividing the total population quantity in all the oblast cities by self-representation threshold value. After rounding the number of cities so that it is expressed by an integer, the interval value was determined, that is, selection interval. It equaled the ratio between total population quantity in non-self-representative cities in each oblast to the number of selected cities. The first city in each oblast was selected by means of occasional numbers generator. The occasional number obtained (from 0 to 1) was multiplied by selection interval. The obtained value was compared to accumulated population quantities in the cities listing, and in this way the first sample territorial unit was identified. All the subsequent cities were selected by means of adding the selection interval to this value.

The selection of non-self-representative territorial units in rural area (rural population areas) followed the same procedure. The difference was that in order to secure regular coverage of the oblast territory, the districts were not listed according to rural population quantity, but according to geographical proximity principle, i.e. "geographical serpentine" principle.

Second Level Territorial Units Selection

At the second stage primary sample territorial units were selected (PSTU), that is, for cities these included constituencies (or their conglomeration), in the areas with rural population – rural Councils (or their conglomeration). The selection drew upon the same pattern as at the first stage – self-representative PSTU were selected with probability equal to one, non-self-representative – with probability proportionate to size. The differences between selection mechanisms at the first and second stages consisted solely in the ways the units were enumerated.. At the second stage all the selection units were enumerated in accordance with geographic proximity principle. That means that selection units were ranged according to "geographic serpentine" running through all the constituencies or all district rural Councils.

An even number of PSTU was selected for each city (not less than two), implying that one interviewer was to survey two PSTU. One PSTU was selected for each rural area.

Self-representation threshold value for PSTU was established separately for each city and area with rural population taking into consideration the ratio between PSTU size and the city or rural area size. For this purpose the city size was characterized by constituency strength, while the rural area size was characterized by number of households according to economic records.

Households Selection

At the third stage households were selected. In order to select households a complete roster of households was made for each PSTU in due order (lists of electors' addresses were specified, while rural areas households lists were verified in economic records). Households were selected from compiled addresses' lists on the basis of systematic selection procedure.

Relying upon the above-stated procedure, 5,600 non-institutionalized units (households) in Ukraine were selected for cluster survey of women's and children's situation. Actual number of households covered by the survey constituted 5,051 (90,2 percent of effective sample).

Questionnaires

The questionnaires for the Ukraine MICS were based on the MICS Model Questionnaire with some modifications and additions. A household questionnaire was administered in each household, which collected various information on household members including sex, age, literacy, marital status, and orphanhood status. The household questionnaire also included education, water and sanitation, and salt iodization modules. In addition to a household questionnaire, questionnaires were administered in each household for women age 15-49 and children under age five. For children, the questionnaire was administered to the mother or caretaker of the child. The questionnaire for women contained the following modules:

Contraceptive use
HIV/AIDS.

The questionnaire for children under age five includes modules on:

Breastfeeding
Care of Illness
Anthropometry.

From the MICS model English version, the questionnaires were translated into two languages: Ukrainian and Russian. The questionnaires were pretested during May 2000. Based on the results of the pretest, modifications were made to the wording and translation of the questionnaires. Full texts of questionnaires are given in the Appendix.

Field Work and Data Processing

The field staff was trained for two days in early June 2000. The data were collected by 27 teams; each was comprised of nine interviewers on the average. The MICS Coordinator provided overall supervision. The field work began in June 2000 and concluded in August 2000.

Data were entered on forty computers, with 27 of them provided by UNICEF as technical assistance, using IVA program for Windows. In order to ensure quality

control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programs developed under MICS and adapted to the country questionnaire were used throughout. Regional level data were e-mailed to the Central Office on August 7, 2000. Data processing began in August 2000 and finished in October 2000.

SAMPLE CHARACTERISTICS AND DATA QUALITY

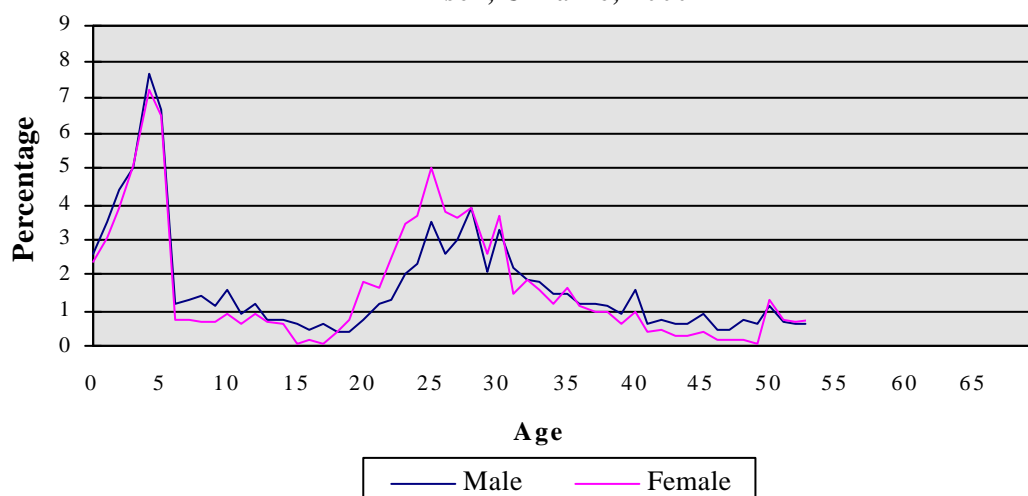
Response rate

Of the 5,600 households selected for the MICS survey, 5,051 gave their consent to take part in the survey. Of these, 5,051 were successfully interviewed for a household response rate of 90.2 percent. Response rate proved to be somewhat higher in urban areas (90.2%) than in rural areas (90.1%). In the interviewed households, 5,051 eligible women (age 15-49) were identified. Of these, all 5,051 were successfully interviewed, yielding a response rate of 100 percent. In addition, 4,282 children under age five were listed in the household questionnaires. Of these, all the questionnaires were completed for a response rate of 100 percent.

Age Distribution

As demonstrated in Table 2 and Figure 1, considerable number of women aged 25-30 and small number of women aged 15-20 is obvious. For both sexes, unequivocal prevalence of ages 0-5 is apparent.

Figure 1: Single year age distribution of the household population by sex, Ukraine, 2000



Characteristics of Surveyed Households' Respondents

Information on the characteristics of the household population and the survey respondents is provided to assist in the interpretation of the survey findings and to serve as a basic check on the sample implementation.

Table 4 presents the percent distribution of households in the sample by background characteristics. 67.6 percent of the households (3,416 households) are urban and 32.4 percent (1,635 households) are rural. 79.2 percent of the households contained one child under age five and 100 percent contained one woman age 15-49.

Among household members 43.1 percent are working, with 4.0 percent of them combining two jobs and 0.3 percent – three jobs, and 3.6 percent being retired individuals who continue working; that is, there are on the average 2.3 non-working individuals per one working individual. Among household members aged 15-70 unemployed individuals constitute 7.4 percent (International Labor Organization methodology was used). Among the sample population aged 16-23 undergraduates studying at higher educational establishments (I-IV accreditation levels) comprise 20.3 percent. Among school-age household members aged 7-15 school students constitute 95.7 percent.

Women age 15-29 comprise the greatest percentage of the sample at 36 percent (Table 5). This percentage declines steadily across age groups until age 45-49 where it is 2.3 percent. 84.4 percent of women in the sample are married. The majority of women have had higher and secondary education while only 0.1 percent have had no education.

Table 6 shows the characteristics of children under age five. 51.5 percent of the children are male and 48.5 percent are female. Actually 100 percent of mothers of children under age five have had education. Note that, for children whose mothers did not live in the household, the education of the child's caretaker is used. There are slightly fewer children aged under six months than aged 6-11 months. Children aged 48-59 months comprised the greatest percentage in the sample at 33.2 percent.

RESULTS

Literacy

Virtually the whole population over age 15 years in Ukraine is literate (Table 7). The *literate* population includes those who are reported to read 'easily or with difficulty'. Overall, males are slightly more likely than females to be literate (99.9 vs. 99.8 percent). The percentage literate is slightly lower in rural areas as compared to urban areas. Literacy declines with increasing age. The percentage literate declines from 99.96 percent among those aged 15-24 to 98.0 percent among the population aged 65 and older.

Water and Sanitation

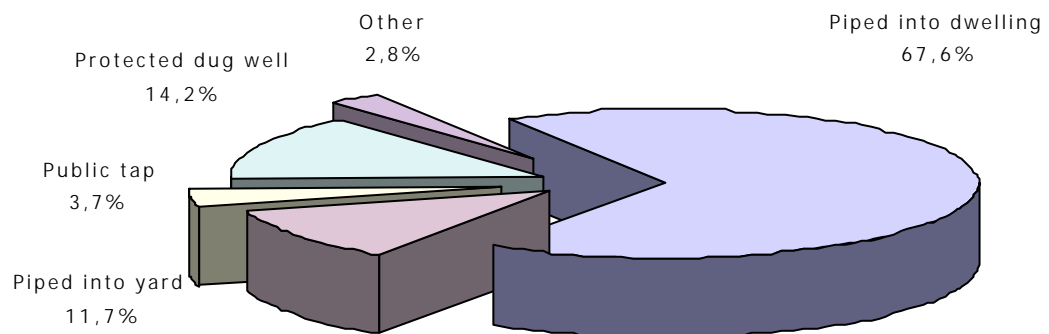
Use of Drinking Water

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, particularly in rural areas, who bear the primary responsibility for carrying water, often for long distances.

The distribution of the overall population by source of drinking water is shown in Figure 2. Over half of the population (67.6 percent) uses drinking water that is piped into their dwelling, 14.2 percent uses water from protected well and 11.7 percent use water piped into their yard or plot. Public taps, and protected springs are also important sources of drinking water.

Safe drinking water is the water received from any of the following types of supply: dwelling piped water, public tap, borehole/tubewell, protected well, protected spring or rainwater. Overall, 97.7 percent of the population has access to safe drinking water – 99.5 percent in urban areas and 93.7 percent in rural areas (Table 8).

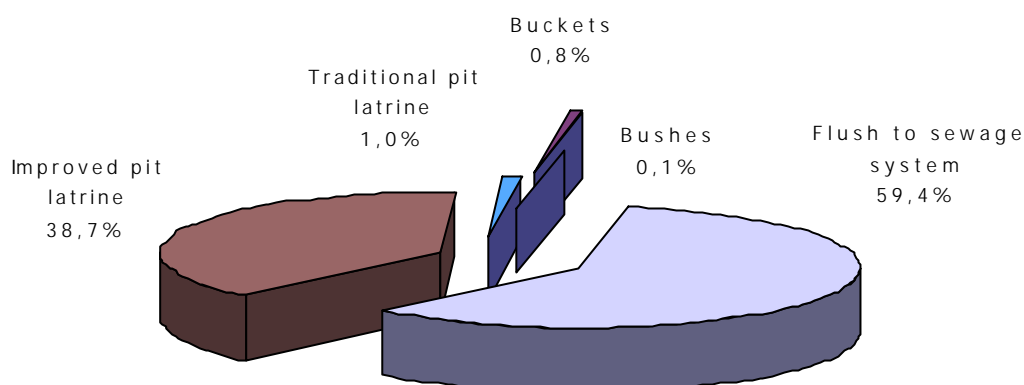
Figure 2: Percent distribution of the population by source of drinking water, Ukraine, 2000



Use of Sanitation

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrheal diseases and polio. *Sanitary means of excreta disposal* include: flush toilets connected to sewage systems or septic tanks, other flush toilets, improved pit latrines, and traditional pit latrines. 99.1 percent of the population of Ukraine is living in households with sanitary means of excreta disposal (Table 9). This percentage is 100.0 in urban areas and 97.5 percent in rural areas (Figure 3).

Figure 3: Percentage of population using sanitary means of excreta disposal, Ukraine, 2000



The ability to dispose correctly of children excreta is an additional indicator characterizing knowledge of hygiene and sanitation in a country. It is of particular importance for preventing infectious diseases spreading. The survey findings showed that 97.8 percent of households with children aged under five dispose of children's excreta by means of toilet, 1.0 percent of households bury the excreta in the plot and 0.7 percent throw them into the courtyard.

Child Malnutrition

Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

In a well-nourished population, there is a standard distribution of height and weight for children under age five. Undernourishment in a population can be gauged by comparing children to this standard distribution. The standard or reference population used here is the NCHS standard, which is recommended for use by UNICEF and the World Health Organization. Each of the three nutritional status indicators are expressed in standard deviation units (z-scores) from the median of this reference population.

Weight for age is a measure of both acute and chronic malnutrition. Children whose weight for age is more than two standard deviations below the median of the reference population are considered *moderately or severely underweight* while those whose weight for age is more than three standard deviations below the median are classified as *severely underweight*.

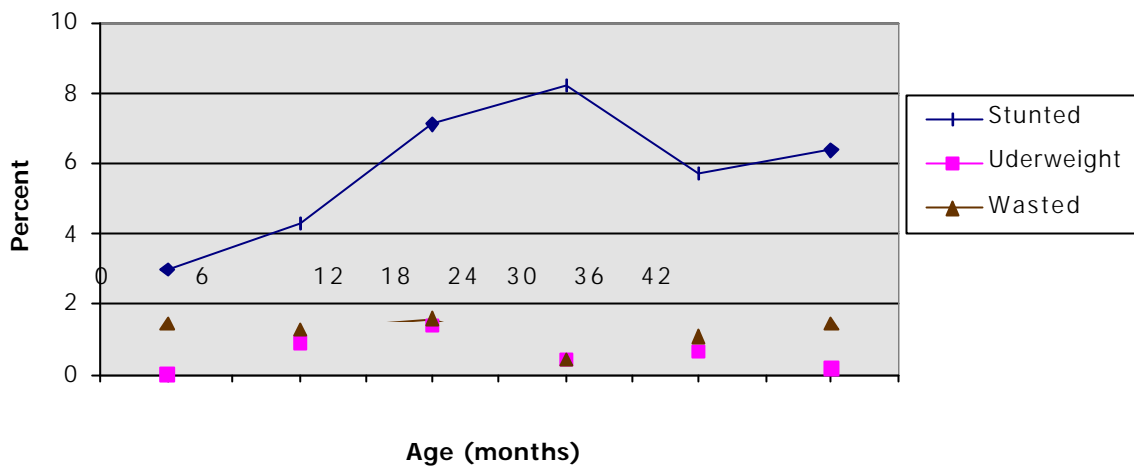
Height for age is a measure of linear growth. Children whose height for age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately or severely stunted*. Those whose height for age is more than three standard deviations below the median are classified as *severely stunted*. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Finally, children whose weight for height is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted*, while those who fall more than three standard deviations below the median are *severely wasted*. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence

3.0 percent of children under age five are underweight and 0.5 percent are classified as severely underweight (Table 10). 15.4 percent of children are moderately, and 6.1 severely stunted or too short for their age and 1.3 percent are wasted or too thin for their height.

Those whose mothers have secondary or higher education are the least likely to be underweight and stunted compared to children of mothers with less education. Boys appear to be slightly more likely to be underweight, stunted, and wasted than girls. The age pattern shows that a higher percentage of children aged 12-23 months are undernourished according to all three indices in comparison to children who are younger and older (Figure 4). This pattern is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.

Figure 4: Percentage of under-five children who are undernourished, Ukraine, 2000

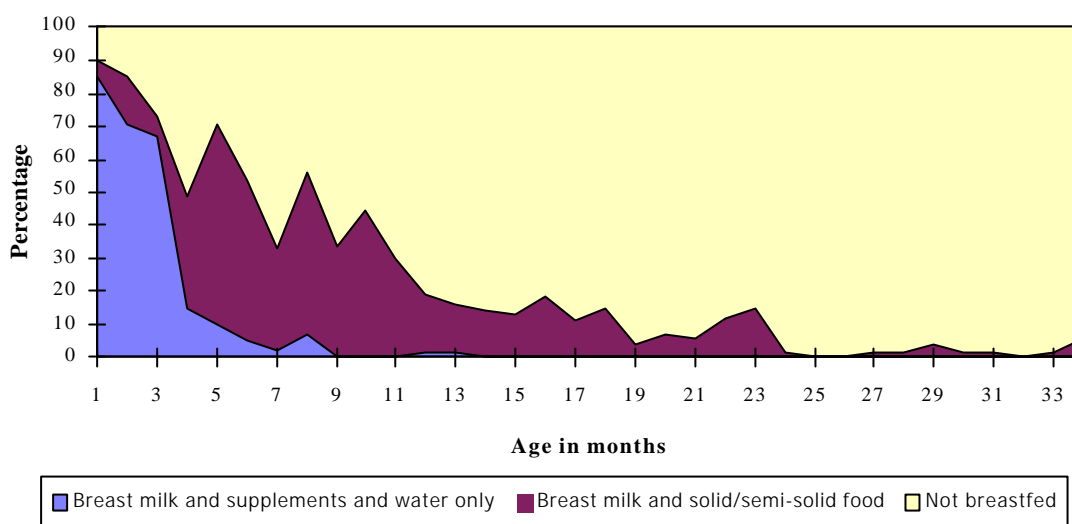


Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon, and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Summit for Children goal states that children should be exclusively breastfed for four to six months, that breastfeeding should be complemented with appropriate foods from the age of around six months, and that children continue to be breastfed for two or more years.

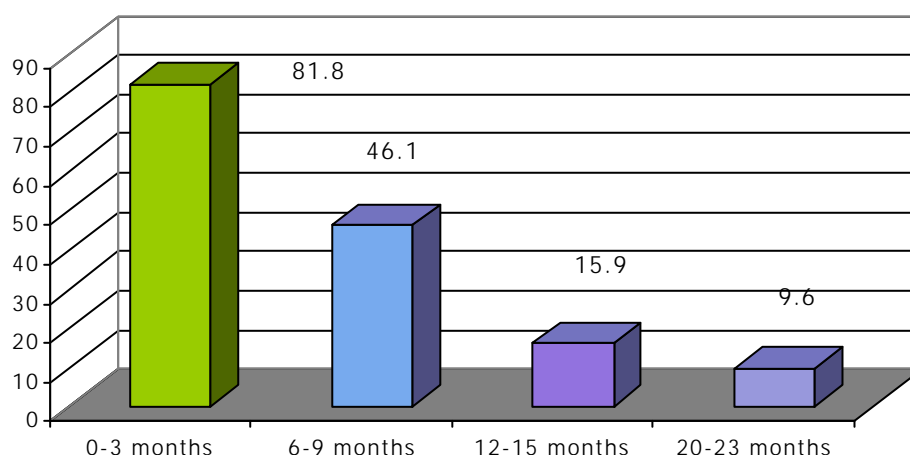
In Table 11, breastfeeding status is based on women’s reports of children’s consumption in the 24 hours prior to the interview. *Exclusive breastfeeding* refers to children who receive only breast milk and vitamins, mineral supplements, or medicine. *Complementary feeding* refers to children who receive breast milk and solid or semi-solid food. The last two columns of the table include children who are continuing to be breastfed at one and at two years of age. Percentages according to region and mother’s education are not shown due to small sample sizes. For the same reason, the sex and urban-rural residence breakdowns should be interpreted with caution.

Figure 5: Percent distribution of living children by breastfeeding status, Ukraine, 2000



81.8 percent of children aged less than four months are exclusively breastfed, a level lower than recommended. At age 6-9 months, 46.1 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 15.9 percent of children are still being breastfed and by age 20-23 months, 9.6 percent are still breastfed (Figures 5-6).

Figure 6: Percentage of living children by breastfeeding status



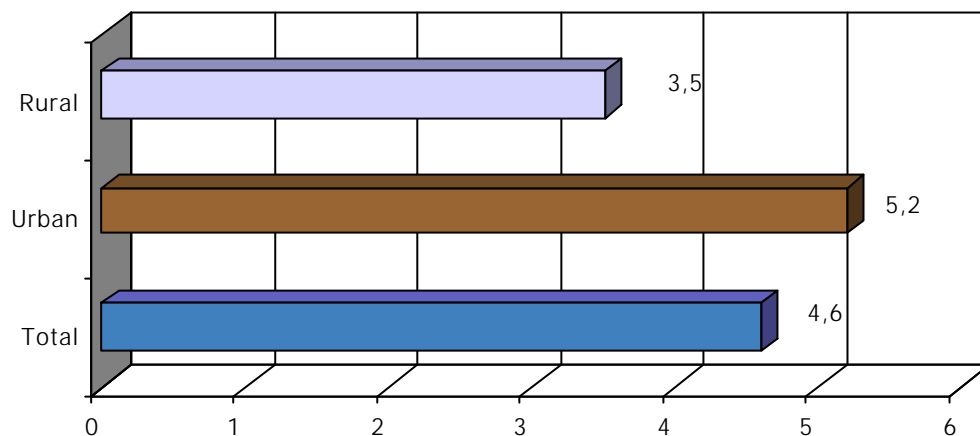
Salt Iodization

Deficiency of iodine in the diet is the world's single greatest cause of preventable mental retardation and can lower the average intelligence quotient (IQ) of a population by as much as thirteen points. Salt iodization is an effective, low-cost way of preventing iodine deficiency disorders (IDD). *Adequately*

iodized salt contains 15 ppm (parts per million) of iodine or more. In MICS, interviewers tested household salt for iodine levels by means of a testing kit.

98.2 percent of households had salt which was tested during the MICS (Table 12). Among households in which salt was tested, only 4.6 percent had adequately iodized salt. 5.2 percent of urban households had adequately iodized salt compared to 3.5 percent of rural households (Figure 7).

Figure 7: Percentage of households consuming adequately iodized salt : 15 PPM or more, Ukraine, 2000



IMCI Initiative (Integrated Management of Childhood Illnesses)

Promoting knowledge among parents and caretakers about when it is appropriate to seek care for ill children is an important component of the IMCI programme. In the MICS, mothers or caretakers of children were asked to name all of the symptoms that would cause them to take a child to a health facility right away. The most common response, given by 73.9 percent of mothers, was that they would take their child to a health facility right away if he/she developed a fever (Table 13). 45.8 percent said that the child becoming sicker would cause them to take the child to a health facility and the same amount mentioned difficulty breathing. Between 31.2 and 33.8 percent of mothers cited an inability to breastfeed and blood in stools, between 5.9 and 26.3 percent - drinking poorly and fast breathing as reasons for taking a child to a health facility right away.

Differences in responses reflect the urban-rural and educational differentials. Rural mothers and those with no education are less likely to mention at least two signs for seeking care than other mothers.

HIV/AIDS

AIDS Knowledge

One of the most important strategies for reducing the rate of HIV/AIDS infection is the promotion of accurate knowledge of how AIDS is transmitted and how to prevent transmission. Among women aged 15-49 in Ukraine, 99.9 percent have ever heard of AIDS (Table 14). This percentage is very high both in urban and in rural areas (99.9 percent).

Women in the MICS were read several statements about means of HIV/AIDS transmission and asked to state whether they believed the statements were true. (62.2 percent believe that having only one uninfected sex partner can prevent HIV transmission, 54.9 percent believe that using a condom every time one has sex can prevent HIV transmission and 18.0 percent agreed that abstaining from sex prevents HIV transmission). Overall, 10.0 percent knew all three ways and 75.9 percent of women were aware of at least one of the means of preventing transmission.

Also, education is an important factor in AIDS knowledge. The percentage who know all three means of preventing transmission is greater among women with secondary or higher education (10.0) compared to women with no education (9.5). As to differences across age groups, the percentage of women who know all three means ranges from 11.3 percent among 45-49 year olds to 8.4 percent among 40-44 year olds.

60.6 percent of women correctly stated that AIDS cannot be transmitted by supernatural means while 40.8 percent stated that AIDS can't be spread by mosquito bites (Table 15). 80.1 percent of women correctly believe that a healthy looking person can be infected. Still, only 28.1 percent of these women correctly identified all three misconceptions.

79.7 percent of women know that AIDS can be transmitted from mother to child (Table 16). When asked specifically about the mechanisms through which mother to child transmission can take place, 85.8 percent said that transmission during pregnancy was possible, 80.4 percent said that transmission at delivery was possible, and only 47.1 percent agreed that AIDS can be transmitted through breast milk. 43.2 percent of women knew all three modes of transmission. This percentage does not vary much across background categories.

The MICS survey also attempted to measure discriminatory attitudes towards people living with HIV/AIDS. To this end, respondents were asked whether they agreed with two questions.

The first asked whether a teacher who has the AIDS virus but is not sick should be allowed to continue teaching in school.

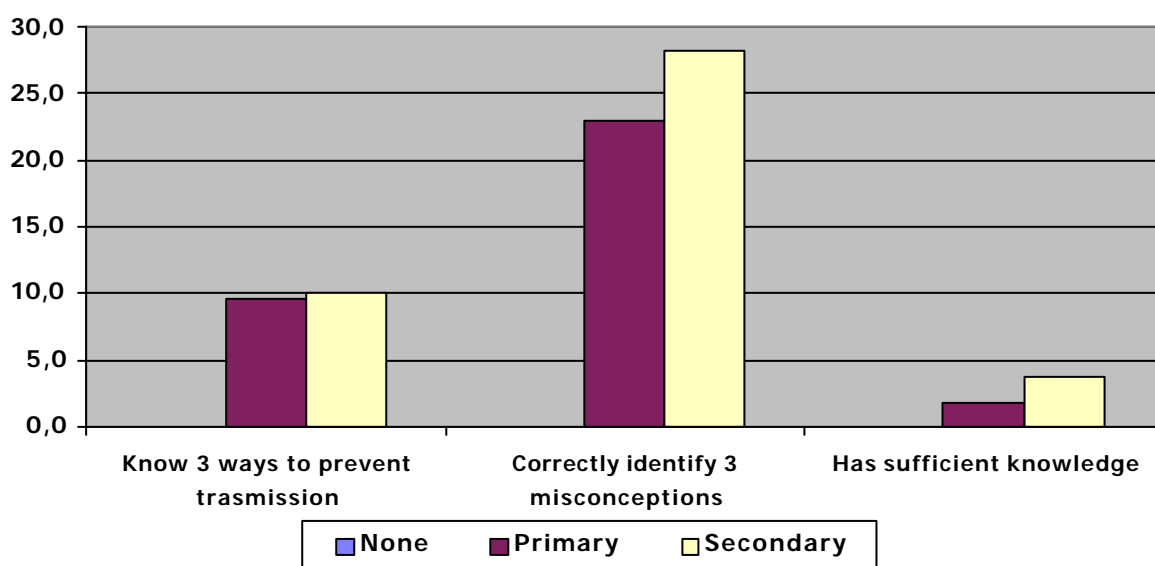
The second question asked whether the respondent would buy food from a shopkeeper or food seller who the respondent knew to be infected with AIDS. The results are presented in Table 17.

59.3 percent of the respondents believe that a teacher with HIV/AIDS should not be allowed to work. Urban women and those with secondary or higher education are less likely to express this discriminatory attitude than rural women and those with no or primary education. 86.7 percent of women would not buy food from a person infected with AIDS. Interestingly, this measure shows a different regional pattern than the first question. 90.6 percent of rural women are likely to express a discriminatory attitude on this question.

Table 18 summarizes information from two previous tables on AIDS knowledge (Tables 14 and 15). The second column shows the percentage of women who know all three means of preventing HIV transmission – having one faithful uninfected partner, using a condom every time, and abstaining from sex. 10.0 percent of women know all three ways. The third column of the table shows the percentage of women who correctly identified all three misconceptions about HIV transmission – that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected. 28.1 percent of women correctly identified these misconceptions. Finally, the fourth column of the table shows the percentage of women who have ‘sufficient knowledge’ of HIV/AIDS transmission. These are women who know all three ways of preventing HIV transmission and correctly identified all three misconceptions. Only 3.7 percent of women aged 15-49 fall into this category.

Knowledge of HIV/AIDS transmission varies by level of education. There are more women with secondary or higher education who correctly identify all three misconceptions about AIDS and who have sufficient knowledge of HIV/AIDS transmission.

Figure 8: Percentage of women aged 15-49 who have sufficient knowledge of HIV/AIDS transmission by level of education, Ukraine, 2000



AIDS Testing

Voluntary testing for AIDS, accompanied by counseling, allows those infected to seek health care and to prevent the infection of others. Testing is particularly important for pregnant women who can then take steps to prevent infecting their babies. The indicators shown in Table 19 are designed to monitor whether women are aware of places to get tested for HIV/AIDS, the extent to which they have been tested, and the extent to which those tested have been told the result of the test. In some places, a relatively large proportion of people who are tested do not return to get their results due to fear of having the disease, fear that their privacy will be violated, or other reasons.

75.0 percent of women of reproductive age knew a place to get tested for AIDS. 52.4 percent of women with primary school education knew of a place to get tested compared to 75.4 percent of women with secondary or higher education.

59.0 percent of women have been tested for AIDS. There is some variation, however, across age groups and education levels. Among all the age groups women age 45-49 are the least likely to have been tested and least likely to know the result. Overall, women with primary education are less likely to have been tested and least likely to have been told the result of the test than women with secondary or higher education.

Reproductive Health

Contraceptive

Current use of contraception was reported by 71.6 percent of married or in union women (Table 20). The most popular methods are IUD and condoms (26.3 and 27.1 percent respectively). The next most popular method is withdrawal, which accounts for 17.1 percent of married or in union women. 13.2 percent of women take pills. Lactational amenorrhea method (LAM) and female sterilization were reported to be used by 1.3 and 1.1 percent of women respectively. Fewer than one percent use male sterilization, periodic abstinence, and caps.

Contraceptive prevalence is highest in urban areas at 71.6 percent. Adolescents are less likely to use contraception than older women. About 62.9 percent of married or in union women aged under 20 currently use a method of contraception compared to 72.4 percent of 20-24 year olds and 72.1 percent of older women.

Women's education level is strongly associated with contraceptive prevalence. The percentage of women using any method of contraception ranges from 66.7 percent among those with primary education to 89.7 percent among women with secondary or higher education. In addition to differences in prevalence, the method mix varies by education. The most popular method among women with primary education is withdrawal (20.0 percent). In contrast, 26.5 percent of

contraceptive users with secondary or higher education use the IUD and 27.4 percent use condoms.

Appendix A: Questionnaires

Appendix B: List of personnel involved in MICS

Table 1: Number of households and women, and response rates, Ukraine, 2000

	Urban	Rural	Total
Sampled households	3786	1814	5600
Occupied households	3786	1814	5600
Interviewed households	3416	1635	5051
Household response rate	90.2	90.1	90.2
Eligible women	3786	1814	5600
Interviewed women	3416	1635	5051
Women response rate	90.2	90.1	90.2
Children under 5	2860	1422	4282
Interviewed children under 5	2860	1422	4282
Child response rate	100.0	100.0	100.0

Table 2: Single year age distribution of household population by sex, Ukraine, 2000

Age	Male		Female		Age	Male		Female	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	250	2,6	232	2,4	37	110	1,2	97	1,0
1	334	3,5	294	3,1	38	104	1,1	97	1,0
2	416	4,4	372	3,9	39	83	0,9	57	0,6
3	473	5,0	486	5,1	40	152	1,6	91	1,0
4	734	7,7	691	7,2	41	59	0,6	41	0,4
5	628	6,6	620	6,5	42	80	0,8	45	0,5
6	112	1,2	79	0,8	43	61	0,6	32	0,3
7	120	1,3	81	0,8	44	52	0,6	29	0,3
8	134	1,4	67	0,7	45	90	0,9	43	0,4
9	107	1,1	70	0,7	46	51	0,5	17	0,2
10	151	1,6	89	0,9	47	49	0,5	22	0,2
11	90	0,9	53	0,6	48	79	0,8	21	0,2
12	113	1,2	91	0,9	49	57	0,6	12	0,1
13	77	0,8	64	0,7	50	105	1,1	120	1,3
14	75	0,8	53	0,6	51	67	0,7	77	0,8
15	62	0,6	12	0,1	52	57	0,6	64	0,7
16	44	0,5	15	0,2	53	53	0,6	73	0,8
17	54	0,6	14	0,1	54	48	0,5	60	0,6
18	34	0,4	37	0,4	55	52	0,6	53	0,6
19	42	0,4	76	0,8	56	44	0,5	57	0,6
20	79	0,8	177	1,8	57	44	0,5	49	0,5
21	112	1,2	163	1,7	58	32	0,3	61	0,6
22	119	1,3	242	2,5	59	36	0,4	62	0,6
23	194	2,0	325	3,4	60	80	0,8	82	0,9
24	214	2,3	358	3,7	61	28	0,3	34	0,4
25	337	3,5	475	5,0	62	61	0,6	53	0,5
26	243	2,6	360	3,8	63	37	0,4	50	0,5
27	286	3,0	347	3,6	64	26	0,3	26	0,3
28	372	3,9	375	3,9	65	44	0,5	45	0,5
29	201	2,1	251	2,6	66	15	0,2	19	0,2
30	316	3,3	357	3,7	67	15	0,2	19	0,2
31	207	2,2	140	1,5	68	15	0,2	29	0,3
32	183	1,9	179	1,9	69	11	0,1	17	0,2
33	173	1,8	156	1,6	70+	112	1,2	148	1,5
34	147	1,5	119	1,2	Missing/DK				
35	147	1,5	159	1,7					
36	115	1,2	110	1,1	Total	9504	100,0	9591	100,0

Table 3: Percentage of cases with missing information, Ukraine, 2000

	Reference population	Percent missing	Number
Level of education	Household members	0.0	19095
Year of education	Household members	N/a	N/a
Number of hours worked	Working children age 5-14	N/a	N/a
Complete birth date	Women 15-49	N/a	N/a
Date of last tetanus toxoid injection	Women with a live birth in the last year	N/a	N/a
Ever been tested for HIV	Women 15-49	0.0	5051
Complete birth date	Children under 5	N/a	N/a
Diarrhoea in last 2 weeks	Children under 5	N/a	N/a
Weight	Children under 5	0.0	4282
Height	Children under 5	0.0	4282

Table 4: Percent distribution of households by background characteristics, Ukraine, 2000

	Area		Total
	Urban	Rural	
Number of HH members			
1	0.5	0.2	0.4
2-3	48.1	35.9	44.1
4-5	44.5	51.4	46.8
6-7	6.7	11.7	8.3
8-9	0.2	0.6	0.3
10+	0.0	0.2	0.1
Total	100.0	100.0	100.0
At least one child age < 15	99.5	99.8	99.6
At least one child age < 5	79.1	79.6	79.2
At least one woman age 15-49	100.0	100.0	100.0
Number	3416	1635	5051
Unweighted	N/a	N/a	N/a

Table 5: Percent distribution of women 15-49 by background characteristics, Ukraine, 2000

	Area		Total
	Urban	Rural	
Age			
15-19	2.1	3.7	3.1
20-24	24.5	26.5	25.0
25-29	37.4	32.8	35.8
30-34	18.8	19.2	18.8
35-39	10.3	10.4	10.3
40-44	4.7	4.9	4.7
45-49	2.2	2.5	2.3
Marital status			
Currently married	83.3	86.7	84.4
Not currently married	16.7	13.3	15.6
Ever given birth			
Yes	N/a	N/a	N/a
No	N/a	N/a	N/a
Education level			
None	0.0	0.1	0.1
Primary	0.6	4.7	1.9
Secondary +	99.4	95.2	98.0
Total	100.0	100.0	100.0
Number	3416	1635	5051
Unweighted	N/a	N/a	N/a

Table 6: Percent distribution of children under 5 by background characteristics, Ukraine, 2000

	Area		Total
	Urban	Rural	
Male	52.3	49.5	51.5
Female	47.7	50.5	48.5
Age			
< 6 months	4.9	5.0	5.0
6-11 months	5.9	6.5	6.3
12-23 months	15.5	14.3	14.7
24-35 months	18.1	18.5	18.4
36-47 months	22.1	22.6	22.4
48-59 months	33.5	33.1	33.2
Mother's education			
None	0.0	0.0	0.0
Primary	0.9	4.2	2.2
Secondary +	99.1	95.8	97.8
Total	100.0	100.0	100.0
Number	2868	1422	4282
Unweighted	N/a	N/a	N/a

Table 7: Percentage of the population aged 15 years and older that is literate, Ukraine, 2000

	Male			Female			Total		
	Literate	Not known	Number	Literate	Not known	Number	Literate	Not known	Number
Urban	99,97	0,03	3659	99,95	0,05	4018	99,96	0,04	7677
Rural	99,7	0,3	2031	99,7	0,3	2231	99,7	0,3	4262
Age									
15-24	99,1	0,1	954	100,0	0,0	1419	99,96	0,04	2373
25-34	100,0	0,0	2465	99,96	0,04	2759	99,98	0,02	5224
35-44	99,7	0,3	963	99,7	0,3	758	99,7	0,3	1721
45-54	100,0	0,0	656	100,0	0,0	509	100,0	0,0	1165
55-64	99,8	0,2	440	100,0	0,0	527	99,9	0,1	967
65+	99,1	0,9	212	97,1	2,9	277	98,0	2,0	489
Total	99,9	0,1	5690	99,8	0,2	6249	99,8	0,2	11939

Table 8: Percentage of the population using improved drinking water sources, Ukraine, 2000

	Main source of water								Total	Total with safe drinking water	No. of persons
	Piped into dwelling	Piped into yard or plot	Public tap	Pro- tected spring	Pro- tected dug well	Unpro- tected spring	Unpro- tected dug well	Tanker truck vendor			
Urban	85.6	7.1	2.9	0.3	3.6	0.1	0.2	0.2	100.0	99.5	12448
Rural	28.5	20.9	5.6	1.0	37.7	0.1	4.7	1.5	100.0	93.7	6647
Total	67.6	11.7	3.7	0.5	14.2	0.1	1.6	0.6	100.0	97.7	19095

Table 9: Percentage of the population using sanitary means of excreta disposal, Ukraine, 2000

	Type of toilet facility					Total	Total with sanitary means of excreta disposal	No. of persons
	Flush to sewage system/ septic tank	Improved pit latrine	Traditional pit latrine	Buckets	Bushes			
Urban	79.8	19.7	0.5	0.0	0.0	100.0	100.0	12448
Rural	20.6	74.9	2.1	2.2	0.2	100.0	97.6	6647
Total	59.4	38.7	1.0	0.8	0.1	100.0	99.1	19095

Table 10: Percentage of under-five children who are severely or moderately undernourished, Ukraine, 2000

	Weight for age		Height for age		Weight for height		Number of children
	Percent below - 2 SD	Percent below -3 SD	Percent below - 2 SD	Percent below -3 SD	Percent below -2 SD	Percent below -3 SD	
	Male	3.3	0.7	15.7	6.4	6.4	
Female	2.7	0.3	15.1	5.8	6.4	1.3	2075
Urban	2.6	0.4	14.0	5.1	6.6	1.3	2860
Rural	4.0	0.7	18.6	8.4	5.9	1.2	1422
< 6 months	5.0	0.0	10.4	3.0	8.4	1.5	212
6-11 months	3.8	0.9	16.6	4.3	8.9	1.3	270
12-23 months	5.2	1.4	19.2	7.1	8.7	1.6	628
24-35 months	2.2	0.4	18.7	8.2	4.6	0.4	788
36-47 months	2.5	0.7	16.9	5.7	5.0	1.1	959
48-59 months	3.2	0.2	13.2	6.4	6.2	1.5	1425
Mother's education							
None	0.0	0.0	0.0	0.0	0.0	0.0	0
Primary	11.1	2.2	8.8	5.5	10.0	2.2	90
Secondary +	3.3	0.6	17.3	6.9	6.6	1.3	3912
Total	3.0	0.5	15.4	6.1	6.4	1.3	4282

Table 11: Percent of living children by breastfeeding status, Ukraine, 2000

	Percent of children 0-3 months exclusively breastfed	Number of children	Percent of children 6-9 months receiving breastmilk and solid/semi-solid food	Number of children	Percent of children 12-15 months breastfed	Number of children	Percent of children 20-23 months breastfed	Number of children
Male	80.6	62	45.0	100	15.6	186	13.1	61
Female	83.3	48	46.2	93	16.3	172	5.7	53
Urban	79.2	72	39.1	128	12.5	240	5.9	68
Rural	86.8	38	58.5	65	22.9	118	15.2	46
Total	81.8	110	46.1	193	15.9	358	9.6	114

Table 12: Percentage of households consuming adequately iodized salt, Ukraine, 2000

	Percent of households with no salt	Percent of households in which salt was tested	Percent of households with salt testing		Number of households interviewed
			< 15 PPM	15+ PPM	
Urban	1.6	98.4	94.8	5.2	3416
Rural	2.1	97.9	96.5	3.5	1635
Total	1.8	98.2	95.4	4.6	5051

Table 13: Percentage of caretakers of children 0-59 months who know at least 2 signs for seeking care immediately, Ukraine, 2000

	Knows child should be taken to health facility if child:							Knows at least two signs	Number of caretakers
	Not able to drink /breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly		
Urban	32.8	48.1	69.0	30.1	49.0	38.9	6.9	87.7	2701
Rural	27.8	41.1	76.1	18.3	39.1	23.0	3.9	82.0	1301
Mother's education									
None	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.
Primary	32.4	41.0	72.4	20.0	31.4	26.7	3.8	84.8	90
Secondary +	31.2	45.9	74.0	26.3	46.1	33.9	6.0	85.8	3912
Total	31.2	45.8	73.9	26.3	45.8	33.8	5.9	85.8	4002

Table 14: Percentage of women aged 15-49 who know the main ways of preventing HIV transmission, Ukraine, 2000

	Heard of AIDS	Percent who know transmission can be prevented by:			Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
		Have only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex				
Urban	99.9	61.3	56.0	15.7	9.5	75.4	5.7	3416
Rural	99.9	61.3	52.5	22.7	11.1	77.0	4.9	1635
15-19	99.2	62.9	59.8	21.2	9.1	79.5	6.1	154
20-24	100.0	61.3	56.9	19.2	10.9	77.6	4.6	1265
25-29	99.9	62.3	56.7	17.5	10.2	76.6	5.4	1808
30-34	99.9	61.6	54.0	16.5	8.8	75.5	5.0	951
35-39	99.8	61.2	48.1	18.5	10.2	73.3	6.5	520
40-44	100.0	55.5	48.7	18.1	8.4	72.7	6.3	238
45-49	100.0	53.0	50.4	20.0	11.3	67.0	8.7	115
Education								
None	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary	99.1	55.2	40.0	21.9	9.5	71.4	6.6	105
Secondary +	99.9	61.4	55.2	17.9	10.0	76.0	5.4	4946
Total	99.9	62.2	54.9	18.0	10.0	75.9	5.4	5051

Table 15: Percentage of women aged 15-49 who correctly identify misconceptions about HIV/AIDS, Ukraine, 2000

	Heard of AIDS	Percent who know that:			Knows all three miscon- ceptions	Knows at least one miscon- ception	Doesn't correctly identify any miscon- ception	Number of women
AIDS cannot be transmitted by:								
		Supernatural means	Mosquito bites	A healthy looking person can be infected				
Urban	99.9	61.4	44.0	81.2	28.8	44.8	30.6	3416
Rural	99.9	58.8	34.0	77.9	26.5	34.9	32.8	1635
15-19	99.2	54.5	32.6	69.7	21.2	30.3	42.4	154
20-24	100.0	61.7	40.1	78.6	28.4	39.1	31.8	1265
25-29	99.9	62.6	42.9	81.9	30.3	43.5	28.8	1808
30-34	99.9	60.3	40.9	78.4	26.5	40.5	32.6	951
35-39	99.8	57.9	40.0	81.9	26.7	43.8	30.4	520
40-44	100.0	54.6	39.9	83.2	26.1	47.9	34.5	238
45-49	100.0	50.4	28.7	80.9	20.0	36.5	41.7	115
Education								
None	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Primary	99.1	46.6	25.7	69.5	22.9	29.5	43.8	105
Secondary +	99.9	60.9	41.1	80.4	28.2	41.9	31.1	4946
Total	99.9	60.6	40.8	80.1	28.1	40.6	31.3	5051

Table 16: Percentage of women aged 15-49 who correctly identify means of HIV transmission from mother to child, Ukraine, 2000

	Know AIDS can be transmitted from mother to child	Percent who know AIDS can be transmitted:				Did not know any specific way	Number of women
		During pregnancy	At delivery	Through breastmilk	Knows all three		
Urban	80.4	86.2	81.4	48.1	44.2	17.9	3416
Rural	78.3	84.8	78.3	45.2	41.2	36.3	1635
15-19	77.3	82.6	71.2	41.7	37.1	31.6	154
20-24	78.7	84.3	79.4	48.6	44.2	24.4	1265
25-29	80.4	87.9	82.1	46.8	43.1	23.5	1808
30-34	79.4	84.6	80.2	47.6	44.2	22.8	951
35-39	81.3	86.2	81.0	46.5	42.7	24.0	520
40-44	80.7	83.6	76.5	44.1	39.1	24.0	238
45-49	73.0	84.3	81.7	46.1	43.5	32.7	115
Education							
None	0.0	0.0	0.0	0.0	0.0	0.0	0
Primary	78.1	78.1	77.1	50.5	48.6	43.9	105
Secondary +	79.8	85.9	80.4	47.1	43.1	15.9	4946
Total	79.7	85.8	80.4	47.1	43.2	26.1	5051

Table 17: Percentage of women aged 15-49 who express a discriminatory attitude towards people with HIV/AIDS, Ukraine, 2000

	Percent of women who:				Number of women
	Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with neither discriminatory statement	
Urban	56.2	85.5	87.2	10.2	3416
Rural	65.7	89.1	90.6	7.2	1635
15-19	62.1	82.6	87.1	4.5	154
20-24	56.9	85.7	86.9	9.9	1265
25-29	59.0	86.2	87.0	9.7	1808
30-34	59.9	87.2	89.1	9.4	951
35-39	62.3	90.2	91.2	7.7	520
40-44	60.1	85.7	88.7	8.4	238
45-49	62.6	90.4	91.3	7.0	115
Education					
None	0.0	0.0	0.0	0.0	0
Primary	73.3	85.7	88.6	5.7	105
Secondary +	59.0	86.7	88.3	9.3	4946
Total	59.3	86.7	88.3	9.2	5051

Table 18: Percentage of women aged 15-49 who have sufficient knowledge of HIV/AIDS transmission, Ukraine, 2000

	Heard of AIDS	Know 3 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have sufficient knowledge	Number of women
Urban	99.9	9.5	28.8	3.6	3416
Rural	99.9	11.1	26.5	4.0	1635
15-19	99.2	9.1	21.2	0.8	154
20-24	100.0	10.9	28.4	3.7	1265
25-29	99.9	10.2	30.3	4.2	1808
30-34	99.9	8.8	26.5	3.4	951
35-39	99.8	10.2	26.7	4.2	520
40-44	100.0	8.4	26.1	2.9	238
45-49	100.0	11.3	20.0	3.5	115
Education					
None	0.0	0.0	0.0	0.0	0
Primary	99.0	9.5	22.9	1.9	105
Secondary +	99.9	10.0	28.2	3.7	4946
Total	99.9	10.0	28.1	3.7	5051

Table 19: Percentage of women aged 15-49 who know where to get an AIDS test and who have been tested, Ukraine, 2000

	Know a place to get tested	Have been tested	If tested, have been told result	Number of women
Urban	78.0	61.9	57.9	3416
Rural	68.5	52.8	47.3	1635
15-19	69.7	53.0	47.7	154
20-24	72.9	57.5	53.8	1265
25-29	77.5	59.7	56.2	1808
30-34	75.2	65.0	59.5	951
35-39	73.5	58.8	53.5	520
40-44	75.2	53.8	46.2	238
45-49	68.7	33.9	27.8	115
Education				
None	0.0	0.0	0.0	0
Primary	52.4	41.9	35.2	105
Secondary +	75.4	59.3	54.9	4946
Total	75.0	59.0	54.5	5051

**Table 20: Percentage of married or in union women aged 15-49 who are using (or whose partner is using)
a contraceptive method, Ukraine, 2000**

	Percent of married or in-union women who are using:												Any modern method	Any tra- ditional method	Any method	Number of currently married women
	No method	Female steril- ization	Male steril- ization	Pill	IUD	In- jections	Con- dom	Dia- phragm/ foam/ jelly	LAM	Peri- odic absti- nence	With- drawal	Other				
Urban	26.4	1.2	0.2	15.0	25.4	0.2	30.4	0.1	1.3	0.8	15.9	0.7	75.3	17.4	92.7	2845
Rural	32.5	0.9	0.1	9.7	28.1	0.2	20.2	0.1	1.3	0.4	19.8	0.6	61.6	20.8	82.4	1418
< 20 years	37.1	0.8	0.0	10.6	20.5	0.0	24.2	0.0	1.5	0.0	18.2	0.0	58.4	18.2	76.6	101
20-24 years	27.6	1.2	0.2	15.5	21.7	0.1	30.0	0.0	2.3	0.7	17.5	0.6	72.0	18.8	90.8	1098
25-49 years	27.9	1.1	0.1	12.6	28.2	0.3	26.3	0.1	1.0	0.7	17.1	0.7	71.3	18.5	89.8	3064
Education																
None	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Primary	49.5	11.4	1.0	3.8	14.3	0.0	11.4	0.0	3.8	0.0	20.0	1.0	45.7	21.0	66.7	71
Secondary +	27.9	0.9	0.1	13.4	26.5	0.2	27.4	0.1	1.3	0.7	17.1	0.6	71.3	18.4	89.7	4192
Total	28.4	1.1	0.1	13.2	26.3	0.2	27.1	0.1	1.3	0.7	17.1	0.7	70.7	18.5	89.2	4263