Azerbaijan

Multiple Indicator Cluster Survey 2000

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Foreword and Acknowledgements

Executive Summary

The 2000 Azerbaijan 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 Azerbaijan 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.

Infant and Under Five Mortality

The infant mortality rate was 79 per 1000 and the under five mortality rate was 102 per 1000 around 1996, according to the indirect estimates from the MICS. Sex differentials are within expected limits, while household wealth and mother's education have strong negative correlations with children's survival chances.

Maternal Mortality

✤ The maternal mortality ratio, defined as the number of deaths of women from pregnancyrelated causes, is indirectly estimated as 79 per 100,000 for 1988.

Education

- Eighty eight percent of children of primary school age in Azerbaijan are attending primary school. MICS results suggest that the percentage is lower than expected due to different ages at which children are entering primary school. School attendance in the West & Southwest and the South is significantly lower than in the rest of the country at around 85 percent. At the national level, there is virtually no difference between male and female primary school attendance.
- Ninety-nine percent of children who enter the first grade of primary school eventually reach grade five.
- ✤ The vast majority (95 percent) of the population over age 15 years is literate. The percentage literate declines from over 98 percent among those aged 15-44 to 74 percent among the population aged 65 and older. Female literacy is five percentage points below that of males.

Water and Sanitation

- Seventy-six percent of the population has access to safe drinking water 93 percent in urban areas and 58 percent in rural areas.
- Eighty-one percent of the population of Azerbaijan is living in households with sanitary means of excreta disposal. Regional differences are striking: the percentage ranges from 68 percent in the Center & North to 99 percent in the Baku area.

Child Malnutrition

- Seventeen percent of children under age five in Azerbaijan are underweight or too thin for their age. Twenty percent of children are stunted or too short for their age and eight percent are wasted or too thin for their height.
- Children whose mothers have at least college-vocational school education are the least likely to be underweight and stunted compared to children of mothers with less education. There are significant regional disparities: More than 12 percent of under-5 children in Nakhcivan and the West & Southwest are severely stunted, compared to a national average of 7 percent.

Breastfeeding

Approximately 9 percent of children aged 0-3 months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 39 percent of children are receiving breast milk and solid or semi-solid foods. By age 20-23 months, only 16 percent are continuing to breastfeed.

Salt Iodisation

✤ Forty-one percent of households have adequately iodized salt. The percentage of households with adequately iodized salt is lowest in Nakhcivan with 10 percent.

Low Birth weight

♦ Approximately 10 percent of infants are estimated to weigh less than 2500 grams at birth.

Diarrhea

- Twenty-two percent of children under five had diarrhea in the last two weeks. Of these children, 92 percent received one or more of the recommended home treatments (i.e., were treated with ORS or RHF).
- Only 27 percent of children with diarrhea received increased fluids and continued eating as recommended.

Acute Respiratory Infection

Three percent of under-five children had an acute respiratory infection in the two weeks prior to the survey. Approximately 36 percent of these children were taken to an appropriate health provider.

IMCI Initiative

- ✤ Among under-five children who were reported to have had diarrhea or some other illness in the two weeks preceding the MICS, 28 percent received increased fluids and continued eating as recommended under the IMCI programme.
- Thirty-four percent of mothers know at least two of the signs that a child should be taken immediately to a health facility.

Malaria

- Twelve percent of under-five children slept under a bednet the night prior to the survey interview. However, only about eleven percent of the bednets used are impregnated with insecticide.
- Approximately 34 percent of children with a fever in the two weeks prior to the MICS interview were given Paracetamol to treat the fever, while less than one percent were given Primachin. A relatively large percentage of children (25 percent) were given some other medicine.

HIV/AIDS

- Seventy-two percent of women aged 15-49 have heard of AIDS. Only nine 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.
- Only five percent of women 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.

- Forty-eight percent of women know that AIDS can be transmitted from mother to child. Thirty-eight percent know all three ways of mother to child transmission – during pregnancy, at delivery, and through breastmilk.
- Thirteen percent of women of reproductive age in Azerbaijan know a place to get tested for AIDS and about 7 percent have been tested.
- ✤ Only 2 percent of women can be considered to have sufficient knowledge of HIV transmission.

Contraception

Current use of contraception was reported by 55 percent of married or in union women. The most popular method is withdrawal, which is used by almost a third of all women, followed by IUD, which accounts for 9 percent of married women.

Prenatal Care

Seventy-two percent of women receive some type of prenatal care and 69 percent receive antenatal care from skilled personnel (doctor, nurse, midwife).

Assistance at Delivery

✤ A doctor, nurse, or midwife delivered about 88 percent of births occurring in the year prior to the MICS survey.

Birth Registration

The births of 97 percent of children under five years in Azerbaijan have been registered. There are no significant variations in birth registration across sex, region or education categories. However, there is indication that some children are registered rather late, since the proportion registered increases considerably by age.

Orphanhood and Living Arrangements of Children

Overall, 93 percent of children aged 0.14 are living with both parents. Children who are not living with a biological parent comprise 1 percent and children who have one or both parents dead amount to 3 percent of all children aged 0-14.

Child Labor

- ✤ Only 0.3 percent of children aged 5-14 years engage in paid work. About 5 percent participate in unpaid work for someone other than a household member.
- More than half of children engage in domestic tasks, such as cooking, fetching water, and caring for other children, for less than four hours a days while 5 percent spend more than four hours a day on such tasks.

Summary Indicators

World Summit for Children Indicators				
Under-five mortality rate	Probability of dying before reaching age five	102 per 1000		
Infant mortality rate	Probability of dying before reaching age one	79 per 1000		
Underweight prevalence	Proportion of under-fives who are too thin for their age	16.8 percent		
Stunting prevalence	Proportion of under-fives who are too short for their age	19.6 percent		
Wasting prevalence	Proportion of under fives who are too thin for their height	7.9 percent		
Use of safe drinking water	Proportion of population who use a safe drinking water source	76.3 percent		
Use of sanitary means of excreta disposal	Proportion of population who use a sanitary means of excreta disposal	80.8 percent		
Children reaching grade five	Proportion of children entering first grade of primary school who eventually reach grade five	98.6 percent		
Net primary school attendance rate	Proportion of children of primary school age attending primary school	88.4 percent		
Literacy rate	Proportion of population aged 15+ years who are able to read a letter or newspaper	95.0 percent		
Antenatal care	Proportion of women aged 15-49 attended at least once during pregnancy by skilled personnel	68.7 percent		
Contraceptive prevalence	Proportion of married women aged 15-49 who are using a contraceptive method	55.1 percent		
Childbirth care	Proportion of births attended by skilled health personnel	87.5 percent		
Birth weight below 2.5 kg.	Proportion of live births that weigh below 2500 grams	9.5 percent		
Iodized salt consumption	Proportion of households consuming adequately iodized salt	41.3 percent		
Exclusive breastfeeding rate	Proportion of infants aged less than 4 months who are exclusively breastfed	9.4 percent		
Timely complementary feeding rate	Proportion of infants aged 6-9 months who are receiving breast milk and complementary food	39.0 percent		
Continued breastfeeding rate	Proportion of children aged 12-15 months and 20-23 months who are breastfeeding	38.3 percent (12-15) 15.6 percent (20-23)		
ORT use	Proportion of under-five children who had diarrhea in the last 2 weeks who were treated with oral rehydration salts or an appropriate household solution	92.6 percent		
Home management of diarrhea	Proportion of under-five children who had diarrhea in the last 2 weeks and received increased fluids and continued feedingduring the episode	26.5 percent		
Care seeking for acute respiratory infections	Proportion of under-five children who had ARI in the last 2 weeks and were taken to an appropriate health provider	35.6 percent		
Preschool development	Proportion of children aged 36-59 months who are attending some form of organized early childhood education program	11.4 percent		
Indicators for Monitoring Children's Rights				
Birth registration	Proportion of under-five children whose births are reported registered	96.8 percent		
Children's living arrangements	Proportion of children aged 0-14 years in households not living with a biological parent	1.0 percent		
Orphans in household	Proportion of children aged 0-14 years who are orphans living in households	0.2 percent		
		(both parents)		
		3.2 percent		
		(one parent)		
Child labor	Proportion of children aged 5-14 years who are currently working	13.0 percent		

Indicators for Monitoring IMCI and Malaria		
Home management of illness	Proportion of under-five children reported ill during the last 2 weeks who received increased fluids and continued feeding	27.8 percent
Care seeking knowledge	Proportion of caretakers of under-five children who know at least 2 signs for seeking care immediately	34.0 percent
Bednets	Proportion of under-five children who sleep under an insecticide impregnated bednet	11.2 percent
Malaria treatment	Proportion of under five children who were ill with fever in the last 2 weeks who received anti-malarial drugs	0.8 percent
Indicators for Monitoring HIV/AIDS		
Knowledge of preventing HIV/AIDS	Proportion of women who correctly state the 3 main ways of avoiding HIV infection	9.2 percent
Knowledge of misconceptions of HIV/AIDS	Proportion of women who correctly identify 3 misconceptions about HIV/AIDS	5.0 percent
Knowledge of mother to child transmission	Proportion of women who correctly identify means of transmission of HIV from mother to child	38.1 percent
Attitude to people with HIV//AIDS	Proportion of women expressing a discriminatory attitude towards people with HIV/AIDS	8.7 percent
Women who know where to be tested for HIV	Proportion of women who know where to get a HIV test	13.3 percent
Women who have been tested for HIV	Proportion of women who have been tested for HIV	6.8 percent

I. Introduction

Background of the Survey

At the World Summit for Children (WSC) held in New York in 1990, 71 Heads of State and Government and 88 senior officials from countries around the world pledged themselves to a Declaration and Plan of Action for Children. Subsequently, National Programs of Action for Children were developed and implemented in countries, now encompassing 9 out of every 10 of the world's children.

Azerbaijan National Assembly ratified the Convention on the Rights of the Child (CRC) in 1992. A law on the Rights of the Child came into effect in 1998, further defining the rights of children, the obligations of state agencies and issues of implementation.

The WSC Plan of Action had 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 coordination with other international organizations, has developed a core set of 75 indicators on specific aspects of the situation of children.

As a signatory state to the CRC, and as a result of her commitment to the improvement of her children's rights, Azerbaijan joined other signatory states in the year 2000 to undertake a Multiple Indicator Cluster Survey (MICS). MICS is designed as a tool for monitoring progress made at end-decade in regard to many of the indicators. Information on other indicators will be derived from the vital registration system and from various disease-monitoring systems.

The Azerbaijan MICS was conducted by the State Statistics Committee. Funding was provided by the Azerbaijan UNICEF office. The overall coordination of the end-decade review, including MICS as its component part, was performed by the Steering Committee established under the auspices of the Cabinet of Ministries, following a request from the Ministry of Foreign Affairs. The Steering Committee comprised representatives of 5 sectoral ministries, including the Ministry of Education, the Ministry of Health, the Ministry of Labor and Social Protection of Population, the Ministry of Youth and Sport, and the State Statistics Committee. A Deputy Head of Department from the Cabinet of Ministries chaired the Committee.

This report presents results on the principal topics covered in the survey and on the World Summit indicators.

Azerbaijan: The Setting

Azerbaijan lies on the southeastern slopes of the Caucasian Mountains and on the western coast of the Caspian Sea. Neighboring Azerbaijan are Russian Federation and Georgia in the north, Armenia and Turkey in the west, and Iran in the south. Azerbaijan covers an area of 86,000 square kilometers, of which 20 percent are currently under the occupation of Armenia.

Azerbaijan has a population of 7.9 million, with an average population density of 91 persons per square kilometer. Baku, the capital, is the largest city in the country, with approximately 1.7 inhabitants. More than 80 percent of the population are Azerbaijanis. Russians and Armenians each constitute 6 percent of the population. Other distinct ethnic groups include

Lezghis, Avars, Ukranians, Tatars, Jews, Turks and Georgians. The absolute majority of the population is Muslims.

Azerbaijan was part of the Soviet Union for nearly 70 years. Independence was formally restored on 18 October 1991. Since the restoration of independence, the domestic political agenda has been dominated by the conflict over Nagorno Karabakh, an autonomous oblast with the Azerbaijan Soviet Socialist Republic before the collapse of the Soviet Union, with a mixed population of Azerbaijanis and Armenians. Upon the demand by the Armenians of the oblast for unification with Armenia, the conflict that erupted resulted in the exodus of the Azerbaijani population of Nagorno Karabakh. Armenia occupied Nagorno Karabakh and seven other districts, fully or partially. As of January 1999, 788,000 refugees and internally displaced persons (IDPs) were living in Azerbaijan, constituting almost 10 percent of the de facto population of the country.

Azerbaijan's demographic situation is today characterized by low rates of population growth and replacement level fertility. The annual population growth rate declined from 1.7 percent in 1985 to 0.4 percent in 1997. During the same period, the total fertility rate declined from 2.9 births per woman to 2.1, while the crude birth rate declined from 27 per thousand to 17 per thousand. Between 1980 and 1997, the life expectancy at birth increased from 64.2 years for males and 71.8 years for females, to 67.4 years for males and 74.6 years for females. In the late 1980s, Azerbaijan was receiving net migration. Beginning from the early 1990s, migration flows reversed direction. Azerbaijan is now facing net emigration rates in the order of 7 per thousand.

Azerbaijan is a unitary state in which all the powers are vested with the central government. The executive branch of the government is headed by the President, who has a wide range of powers, including the appointment and dismissal of the cabinet of ministers and heads of local executive branches. The National Assembly, which constitutes the legislative branch of the state, consists of 125 deputies, elected with a mixed majority and proportional system. The executive branch of the government is not accountable for its activities to the National Assembly, and the President can veto its decisions. However, the state budget is subject to the approval of the National Assembly. City courts, regional courts, the Supreme Court and the Constitutional Court form the judiciary.

Under the existing system inherited from the Soviet era, the basic units of administrativeterritorial division are districts (*rayons*), and cities subordinate to the Republic. Azerbaijan has 74 districts, of which 7 are fully or partly occupied by Armenia, and 11 cities subordinate to the Republic.

Azerbaijan has a predominantly non-agrarian economy, dominated by industry, followed by agriculture and construction. Industrial production is in turn dominated by fuel industry, followed by manufacturing industry. Recent years have witnessed a gradual shift from a predominantly state controlled economy to a market controlled economy. The share of GDP emanating from the private sector rose from 32 percent in 1995 to 46 percent in 1997.

Azerbaijan has faced serious economic problems during the last decade. The GDP declined annually by 20 percent from 1992 to 1995. The inflation rate rose to 1664 percent in 1994. A quarter of the labor force was unemployed in 1995. Tight fiscal and credit policies were introduced in the mid-1990s, and the economic situation has gradually improved during the last few years. The inflation rate fell to 4 percent in 1997, and per capita income increased

from 323 USD in 1995 to 500 USD in 1997. However, the absolute majority of the population is still poor, with low levels of income, poor diet and poor living conditions.

Survey Objectives

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

- To provide up-to-date information for assessing the situation of children and women in Azerbaijan 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 a basis for future action.
- To contribute to the improvement of data and monitoring systems in Azerbaijan and to strengthen technical expertise in the design, implementation, and analysis of such systems.

II. Survey Methodology

Sample Design

The sample for the Azerbaijan Multiple Indicator Cluster Survey (MICS) was designed as a self-weighted sample to provide estimates of World Summit indicators at the national level and for urban and rural areas. The enumeration areas and the households from the Population Census of 1999 formed the sample frame. An enumeration area comprised about 507 persons on the average. It was thus possible to use enumeration areas directly as primary sampling units (PSUs) for first stage selection. The total sample size for the Azerbaijan MICS was calculated as 6112 households. The average cluster size was determined as 24 households and 254 clusters were selected.

The sample was selected in two stages. At the first stage, the 254 clusters were distributed to three domains (the Baku area, other urban areas and rural areas) proportionately according to their size. The enumeration areas in each of the three domains were geographically sorted using the nine zones designated during the Soviet era but still in use in the country, albeit in a more limited fashion. Enumeration areas were selected with probability proportional to size, separately from the three domains. The household lists were updated in each selected enumeration area by using several computerized lists originating from the census, as well as the actual household questionnaires from the census, for the primary reason of including IDP/refugee households in the sample. During the second selection stage, households were selected. The difference between the number of households selected and the target number of households is attributed to rounding during the selection procedures and the presence of multiple households in the selected households. Full technical details of the MICS sample are included in Appendix A.

Questionnaires

The questionnaires for the Azerbaijan MICS were based on the MICS Model Questionnaire with some modifications, additions, and deletions. A household questionnaire was administered in each household, which collected information on household members including sex, age, literacy, marital status, and orphanhood status. The household questionnaire also includes education, child labor, water and sanitation, maternal mortality, and salt iodisation modules, as well as several questions on household amenities. 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 contains the following modules:

- Child mortality
- Maternal and newborn health
- Contraceptive use
- HIV/AIDS

The questionnaire for children under age five includes modules on:

- Birth registration and early learning
- Breastfeeding
- Care of Illness
- Malaria

- Immunization
- Anthropometry

From the MICS model English version, the questionnaires were translated into two languages: Azeri and Russian. The questionnaires were pre-tested during June 2000. Based on the results of the pretest, modifications were made to the wording and codes of questions.

Fieldwork and Data Processing

The field staff was trained in two stages. During 7 days in June 2000 a group of 17 interviewers were trained, to take part as interviewers in the pretest and to participate in the main training and fieldwork as trainers, regional coordinators, supervisors and editors. The main training was carried out in July during a six day long training session. A total of 67 individuals were trained during the main training session, and a two-day pilot study was conducted upon the completion of training. In the main fieldwork, ten teams collected the data. Each team comprised three interviewers, one editor, one supervisor and one driver. Two regional coordinators provided constant monitoring of the fieldwork. The MICS Coordinator provided overall supervision. The fieldwork began on 1 August 2000 and concluded on 29 August 2000.

Data were entered on fifteen microcomputers using the ISSA software. Appropriate changes to the initial software were made in accordance with the modifications in the Azerbaijan MICS questionnaire. 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 Azerbaijan questionnaire were used throughout. Data processing began on 7 August 2000 and finished on 20 September 2000.

III. Sample Characteristics and Data Quality

Response Rates

Of the 6166 households selected for the Azerbaijan MICS sample, 6044 were found to be occupied (Table 1). Of these, 5861 were successfully interviewed for a household response rate of 97 percent. The response rate was similar in urban and rural areas. In the interviewed households, 7488 eligible women aged 15-49 were identified. Of these, 6959 were successfully interviewed, yielding a response rate of 93 percent. In addition, 2004 children under age five were listed in the household questionnaire. Of these, questionnaires were completed for 1875 children for a response rate of 94 percent.

Age Distribution and Missing Data

As shown in Figure 1, the single year age distribution of household members by sex exhibits distortions of various types. There appears to be considerable digit preference, more pronounced for women, for ages ending in 0 and 5. Age heaping becomes more evident with increasing age, most notably for women at ages 50 and 60. One interesting finding from Figure 1 is the high age-specific sex ratios up to age 15. Sex ratios level off with increasing age, falling below unity (indicating excess of females) at higher ages.

The population pyramid in Figure 2 provides further visual evidence on the population dynamics of Azerbaijan as well as demonstrating the effects of past historical events on the age structure. The narrowing of the base of the pyramid is indicative of a recent decline in fertility, and possibly as a result of the dearth of men and women in ages 25 to 35, who are producing low numbers of births. The relatively low numbers of men and women at ages 55-59 are most probably due to low levels of fertility during the Second World War, which explains the dearth of population in ages 25 to 35, mostly the children of the former group. Another notable pattern is the greater concentration of population at ages 35-45, which seems to have resulted in the birth of relatively large cohorts 10-20 years ago. These large cohorts will be entering the reproductive ages in the next decade, and this will probably result in larger numbers of births, especially if fertility rates do not further decline below today's replacement levels.

As a basic check on the quality of the survey data, the percentage of cases missing information on selected questions is shown in Table 2. Less than one percent of household members have missing information on their level and year of education. Complete birth dates could not be obtained for only one percent of women age 15-49, while the corresponding figure for children under 5 was a mere 0.1 percent. These low levels of missing data suggest that there were not significant problems with the questions or the fieldwork.

The data on weight and height are the most likely among the selected information in Table 2 to be missing. Less than five percent of children are missing this information, which may be the result of the child not being present, refusal, or some other reason. By international standards, this percentage is again relatively low.

Characteristics of the Household Population

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 3 presents the percent distribution of households in the sample by background characteristics. Azerbaijan is divided into 9 economic zones, designated during the Soviet era. Almost 30 percent of the households are in the Baku area, which includes Baku City and its surroundings, all designated as urban areas. Only 4 percent of the population are in Nakhcivan, while Yevlakh-Ali Bayramli and Quba-Qusar zones each comprise more than 12 percent of households.

In the MICS, the current official definitions of urban and rural were adopted, whereby settlements are designated by the National Assembly as urban or rural according to their population size, administrative status and other administrative considerations. About 42 percent of the households (2473 households) are rural and 58 percent of households are of urban origin (3388 households). More than nine percent of the MICS households are headed by IDPs or refugees. This provides some confidence in the representativeness of the MICS sample, since the official figure for the proportion of IDPs and refugees in the population is in the order of 9.9 percent (UNICEF and Republic of Azerbaijan, 1999).

A series of questions were asked in the MICS to be used for assessing the wealth status of households. Using information on the ownership of various assets and housing characteristics, and by applying the method of principal components, households were first divided into economic quintiles (Filmer and Pritchett, 1998). The method provides a useful classification of households by long-run wealth, which can be used to examine correlations between economic status and other indicators of interest, such as child health, nutrition, mortality and so on. In the Azerbaijan MICS, information was collected on the following to apply the method:

- the main material of dwelling floor,
- the number of rooms in the dwelling,
- the main source of drinking water,
- toilet facility,
- availability of electricity, ownership of radio, television, refrigerator, bicycle, motorcycle, car,
- the main cooking fuel used.

For the analyses, the quintiles were collapsed into three groups during the tabulation stage, as poor, middle and rich, respectively comprising the poorest 20 percent, the middle 60 percent and the richest 20 percent of the households.

In urban areas, 35 percent of households are classified as rich, while no households in the rural areas were included in the fifth quintile, i.e. the richest 20 percent. Only 5 percent of urban households are considered as poor, whereas the corresponding figure is 40 percent among rural households. It appears from these findings that economic status correlates very strongly with urban-rural residence.

Almost half of the households have 4-5 members. While single-person households comprise only 5 percent of all households, 2-3 and 6-7 person households each comprise about a fifth of Azerbaijan's households. In rural areas, 6-7 person households are almost a third of all households, while the proportion of 2-3 person households declines to 15 percent. This is a result of considerably smaller households in the urban areas than rural areas, which is also

depicted by the almost one-person difference in the average household size between urban and rural areas (4.3 versus 5.1).

A quarter of the households has at least one child under age five; at least one woman age 15-49 was present in eighty seven percent of the households. For two-thirds of households, at least one child age 0-14 was present.

Table 4 shows the characteristics of female respondents age 15-49. Women age 15-19 and women age 35–39 comprise higher proportions of the sample at 19 and 17 percent respectively. Women age 25-29 and 45-49 comprise the lowest proportions of all women of reproductive age at 12.5 and 8.9 percent respectively. The latter may be partly attributable to considerable heaping of women's ages on age 50. Approximately 61 percent of women in the sample are married and two-thirds have ever had a birth. The Azerbaijan population is relatively well educated, evident from the educational distribution of women, and as discussed in the pages that follow. The majority of women have had at least high school education while 1.2 percent had only primary education. Women in urban areas are considerably more educated than women in rural areas.

Table 5 shows the characteristics of children under age five. Almost fifty four percent of the children are male and 46 percent are £male, yielding a high sex ratio of 1.16, which needs to be further investigated. The sex ratio of children under five is also implied to be relatively high (1.08) in official statistics (UNICEF and Republic of Azerbaijan, 1999). The number of children increases steadily with age of children. Nine percent of children live in IDP/refugee-headed households, and 26 percent live in the poorest 20 percent of households, probably a result of higher fertility among women in lower economic strata. The reverse is also evident, where only 12 percent of children live in the richest 20 percent of households. As with women in general, almost all mothers of children under age 5 have had some form of education. More than 80 percent of mothers have attended at least high school.

IV. Results

A. Infant and Under-Five Mortality

The *infant mortality rate* is the probability of dying before the first birthday. The *under-five mortality rate* is the probability of dying before the fifth birthday. In MICS, infant and under five mortality rates are calculated based on an indirect estimation technique (the Brass method). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five year age groups of women. The technique converts these data into probabilities of dying by taking account of both the mortality risks to which children are exposed and their length of exposure to the risk of dying.

The data used for mortality estimation are shown in Table 6. The mean number of children ever born rises from 0.04 among 15-19 year olds to 3.74 among 45-49 year olds as expected. The proportion of children dead increases with age, with the exception of similar proportions for age groups 25-29 and 30-34. An examination of sex ratios at birth reveals that girls may have been underreported slightly in the Azerbaijan MICS. The overall sex ratio of children ever born to women is 1.10, which is higher than the typically expected value of 1.05. The pattern of sex ratios by age is also unexpected, since the most unlikely sex ratios are obtained for children of women in their late 20s and early 30s. These are groups of women who tend to provide the most accurate information for infant and under-five estimation. Nevertheless, although Table 6 implies that girls may have been underreported and that subsequent estimates of infant and under-five mortality from these data will most likely be underestimates, the question in Azerbaijan is one of overestimation rather than underestimation, as discussed below.

Mortality estimates were obtained using the United Nations QFIVE program. The Coale-Demeny East model life table was selected as most appropriate in reflecting the age pattern of mortality. Estimates of infant and under five mortality for several reference years are plotted in Figure 3. The estimate for reference year 1994 based on the reports of women aged 25-29 is lower than the others, while the estimates based on the reports of women aged 40-44 are the highest. As expected, estimates from women aged 15-19 are also higher than those obtained from women 5-10 years older. Estimates based on the youngest age group of women are usually not recommended in the Brass method. A common solution to obtaining final estimates of infant and under-mortality is to average the estimates based on women in different age groups, usually by leaving out women in the youngest age group and older women who usually have a tendency to underreport deaths among their children. In Azerbaijan MICS, final estimates of infant and under-five mortality were obtained by averaging the estimates based on women 20-24, 25-29 and 30-34. Final estimates refer approximately to mid-1996.

Table 7 shows the final estimates of infant and under-five mortality in Azerbaijan. For 1996, the infant mortality estimate is 79 per thousand, and the under-five mortality is 102 per thousand live births. Differentials between population groups are in the expected directions. The sex ratio of infant and under-five mortality (the ratio of male rates to female rates) is plausible, based on model life tables. Mortality rates in rural areas are almost 50 percent higher than in urban areas, while children born to women in poor households appear to face mortality risks three times higher than their counterparts in rich households. As expected, mortality rates diminish rapidly with mother's education.

However, these results are far beyond what is expected on the basis of official figures in Azerbaijan. The infant mortality rate estimate for 1996, estimated from vital registration data, was 19.9 per thousand, while the under-five mortality estimate was 39.3 per thousand (UNICEF and Republic of Azerbaijan). Although these figures were calculated in accordance with the Soviet definitions (which considers premature live births and early neonatal births, which face elevated risks of mortality, as stillbirths) and there is some recognition that deaths occurring within the first few days which are never reported, the difference between the MICS estimates and the official estimates are still too great for any easy explanation. Nevertheless, the official figures are incompatible, from an international perspective, with the GNP per capita of 500 USD, and there are other international estimates of the mortality rates for Azerbaijan, which are akin to the MICS estimates. For instance, a recent report by the US Bureau of the Census gives Azerbaijan's infant mortality rate as 82 per thousand and the under five mortality rate as 93 per thousand (US Bureau of the Census, 1999).

B. Maternal Mortality

In Azerbaijan MICS, a series of questions were asked to all adult household members concerning the survival of their sisters and the timing of death relative to pregnancy, childbirth and postpartum period for deceased sisters, to permit the use of the indirect sisterhood method for the estimation of maternal mortality. The indirect sisterhood method converts proxy information on the survival of sisters into lifetime risks of maternal death and by using external information on the total fertility rate for the 10-14 year period prior to the survey, estimates the maternal mortality ratio referring to approximately 12 years before the survey. Maternal mortality ratio is defined as the number of deaths of women from pregnancy-related causes, per 100,000 live births.

Table 8 shows the application of the indirect sisterhood method to Azerbaijan MICS data and the maternal mortality ratio estimate. The total fertility rate (TFR) for the period 10-14 years prior to MICS has been taken as 2.8 births per woman (UNICEF and Republic of Azerbaijan, 1999). The method estimates the maternal mortality ratio as 79 deaths per 100,000 live births for 1988. The official figure from the registration system for the same year was in the region of 40 per 100,000. However, it is recognized that the official figure may underestimate the ratio by as much as 50 percent (UNICEF and Republic of Azerbaijan).

C. Education

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the World Summit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labor and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

Early Childhood Education

Only 11 percent of children aged 36-59 months are attending an organized early childhood education program, such as kindergarten or community childcare with organized learning activities (Table 9). Attendance of male children to these programs is slightly more than that of female children.

In Table 9 and other tables that follow in the report, the nine economic zones are collapsed into five regions, as described in Appendix A, to circumvent the problem of low numbers of

cases, and to provide insights into regional disparities for as many indicators as possible. Attendance to early childhood education programs is most common in the Baku area (20 percent), but almost non-existent in the South (0.9 percent) and very infrequent in Nakhcivan (2.7 percent). Children in urban areas attend early childhood education programs considerably more than their rural counterparts. Children living in IDP/refugee-headed households are slightly more likely to attend early education activities. Attendance to these programs correlates positively with household wealth. Relatively few children attend at age hree (36-47 months) while the majority of children attend at age four (48-59 months). Finally, the education of the mother is strongly related to the likelihood that a child will attend an early childhood education program. The percentage of children attending increases from 7 percent to 28 percent as the mother's education increases from secondary school education or less to university education.

Basic Education

The normal primary school ages in Azerbaijan are from 6 to 9 years of age. The Azerbaijan MICS was administered in summer, during school vacation, and questions on school attendance referred to the previous school year. Therefore, for the analysis of primary school attendance, children age 7-10 at the time of MICS were considered as eligible for primary school attendance during the previous year (1999-2000 school year).

Overall, 88.4 percent of children of primary school age in Azerbaijan are attending primary school (Table 10). There is virtually no significant difference between male and female primary school attendance. The urban–rural disparity in attendance does exist to some extent, and primary school attendance varies by region, household status and household wealth. Primary school attendance varies from 85 percent in the West & Southwest to 94 percent in Nakhcivan.

With regard to primary school attendance rate, it should also be noted that 10.6 percent of children age 6 and 34 percent of children age 11 at the time of MICS were also attending primary school. Moreover, 9 percent of children age 10 had attended secondary school during the last year. These results are possibly due to different ages at which children are entering primary school, as well as due to reporting of ages, which all result in an underestimation of primary school attendance.

Table 11 shows that 98.6 percent of children who enter the first grade of primary school eventually reach grade five in Azerbaijan. There is little, if any variation in regard to this indicator by sex, area, household status or wealth. Nakhcivan has the lowest rate among all regions (94 percent).

Literacy

The vast majority of the population over age 15 years in Azerbaijan is literate (Table 12). The *literate* population includes those who are reported to read 'easily or with difficulty'. No literacy test was administered at the moment of interview. Overall, females are slightly less likely than males to be literate (93 vs. 98 percent). The literacy rate is lower in rural areas with 92 percent than in urban areas (97 percent). The gender disparity in literacy rate is more obvious in rural areas, where only 88.6 percent of women are literate versus 96.4 percent among men. The lowest literacy rates are in Nakhcivan and the Southern region. Virtually all males and females in rich households are literate, while the rate declines to 87 percent for females living in poor households. Literacy declines with increasing age. The percentage

literate declines from about 99 percent among those aged 15-24 to 74 percent among the population aged 65 and older. Again, the decline of literacy is more pronounced for women, from 98.7 for the 15-24 age group to 64.2 for those aged 65 and above.

D. 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.

Safe drinking water sources include the following types of supply: piped water, public tap, borehole/tubewell, protected well, protected spring or rainwater. In Azerbaijan, 76.3 percent of the population uses drinking water from improved drinking water sources (Table 13). While the figure is above 94 percent for the Baku area, it declines to 65 percent in the South. Access of the rural population to safe drinking water appears to be a problem (58 percent). It is interesting to note that IDP/refugee households have slightly greater access to safe drinking water than the resident population, possibly due to the availability of public tap to the areas where IDP/refugees are concentrated. While all of the richest 20 percent of households enjoy the presence of safe drinking water sources, the proportion declines to 52 percent among poor households.

The specific sources of drinking water for the population of Azerbaijan vary strongly by region, urban-rural residence, and household wealth. In Azerbaijan as a whole, 28.6 percent of population uses water that is piped into their dwelling and 19.3 percent use water piped into their yard or plot. Other important sources of drinking water are public tap; tubewell/borehole with pump; pond, river or stream; tanker; protected dug well; and unprotected spring. Use of water piped into the dwelling appears to be a characteristic of households in the Baku area; this type of water supply is virtually non-existent in Nakhcivan and the South. While piped water (into the dwelling or into the yard or plot) is used by 84 percent of the Baku area population, this figure is 40-45 percent in the Central & Northern and Western & Southern regions. More than 70 percent of the urban population live in households where drinking water is piped. This figure declines to less than 20 percent in rural areas. In the latter areas, use of ponds, rivers or streams as sources of drinking water is quite common (17 percent).

Use of Sanitation

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal 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. In Azerbaijan, 80.8 percent of the population live in households with sanitary means of excreta disposal (Table 14). This percentage peaks for rich households (100 percent) and households in the Baku area (99 percent).

The predominant means of excreta disposal for the Baku area and for rich households are flush systems to sewage or septic tanks. These means are less accessible for population in regions other than the Baku area and for rural areas and poor households. Traditional pit latrines predominate in Nakhcivan (94 percent), South (76 percent), and West & Southwest (66 percent). The use of open pits in regions other than the Baku area and Nakhcivan, and in rural areas is responsible for lower rates of sanitary means of excreta disposal for these population subgroups.

E. Child Malnutrition

Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply and 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*. Children 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.

In Table 15, children who were not weighed and measured (approximately 6 percent of boys and 2.8 percent for girls) and those children whose measurements are outside a plausible range are excluded. In addition, a small number of children, whose birth dates are not known are excluded.

In Azerbaijan, 16.8 percent of under age five children are underweight and 4.3 percent are classified as severely underweight (Table 15). Almost a fifth of children are stunted or too short for their age and eight percent are wasted or too thin for their height. Seven percent of children are severely stunted.

The prevalence of underweight and stunting is higher among rural children than their urban counterparts. In general, variations in the prevalence of wasting are minimal across population

subgroups. Children living in the West & Southwest have higher percentages in all three indices, followed by children in Nakhcivan. It is interesting to note that more than 10 percent of children living in these two regions appear to be severely stunted. In all three anthropometric indices, children living in the Baku area fare better than children in other regions. Boys are slightly less likely to be underweight and stunted than girls are. Results for the resident and IDP/refugee populations are similar, while household wealth appears to correlate very strongly with nutrition. Percent underweight among children in poor households is 21 percent, compared to only 9 percent for children in rich households. The corresponding figures are 27 and 13 percent when stunting is taken into account. Children whose mothers have college-vocational or university education are the least likely to be underweight and stunted compared to children of mothers with less education.

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 expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.

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 16, 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 breastfeed at one and at two years of age. Due small numbers of observation, all estimates by the selected breakdowns in the table should be interpreted with caution.

Approximately 9.4 percent of children aged less than four months are exclusively breastfed, a level considerably lower than recommended. At age 6.9 months, 39.0 percent of children are receiving breast milk and solid or semi-solid foods. By age 12-15 months, 38.3 percent of children are still being breastfed and by age 20-23 months, 15.6 percent are still breastfed. Although the numbers of cases are small, the figures indicate that continued breastfeeding among male children (22 percent) is considerably higher than among female children (6.5 percent), and that exclusive breastfeeding of children age 0-3 months is more prevalent in urban areas than in rural areas.

Figure 5 shows the detailed pattern of breastfeeding status by the child's age in months. Even at the earliest ages, the majority of children are receiving liquids or foods other than breast milk. The percentage of children exclusively breastfed diminishes rapidly to close to zero after three months. Soon after the end of the first year, fewer than half of children is still breastfed.

Salt Iodisation

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 iodisation 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.

Approximately 99 percent of households had salt, which was tested during the MICS (Table 17). Among households in which salt was tested, 41.3 percent had adequately iodized salt. The percentage of households with adequately iodized salt ranges from 11 percent in Nakhcivan to almost half of households in the West & Southwest, in the South, and in the Center & North. Urban households are more likely and poor households are less likely to use iodized salt.

Low Birth Weight

Infants who weigh less than 2500 grams (2.5 kg.) at birth are categorized as low birth weight babies. Since many infants are not weighed at birth and those who are weighed may be a biased sample of all births, reported birth weight cannot be used to estimate the prevalence of low birth-weight among all children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's **size** at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's **weight** or the weight as recorded on a health card if the child was weighed at birth. Sixty percent of births in the Azerbaijan MICS were weighed at birth.

First, the two items are cross-tabulated for those children who were weighed at birth to obtain the proportion of births in each category of **size** who weighed less than 2500 grams. This proportion is then multiplied by the total number of children falling in the size category to obtain the estimated number of children in each size category who were of low birth weight. The numbers for each size category are summed to obtain the total number of low birth weight children. This number is divided by the total number of live births to obtain the percentage with low birth weight.

In Azerbaijan, approximately 9.5 percent of infants are estimated to weigh less than 2500 grams at birth (Table 18). The prevalence of low birth weight births varies considerably across regions, ranging from 6 percent (Baku area) to 20 percent (Nakhcivan), although the latter figure is based on a small number of cases, and moreover, on a smaller proportion of babies weighed at birth. The urban-rural differential is relatively low, but household wealth exhibits a strong negative correlation with low birth weight. Increasing mother's education is associated with lower prevalence of low birth weight babies.

F. Child Health

Immunization Coverage

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, whooping cough, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12

months. In MICS, mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire. Mothers were also probed to report any vaccinations the child received that did not appear on the card. If the child did not have a card, the mother was read a short description of each vaccine and asked to recall whether or not the child had received it and, for DPT and Polio, how many times.

During Azerbaijan MICS, only 1.9 percent of children were found to have health cards available at home. Such a low rate does not allow the application of the methodology used in MICS for estimation of vaccination coverage, which combines mother recall with information on the vaccination card. Therefore, MICS findings, which would only depend upon mother's recall, are not presented here. However, Azerbaijan MICS still produces an important finding that many families with young children cannot control the vaccination schedule of their children, despite the enormous efforts that UNICEF put in Azerbaijan in order to provide families with vaccination cards.

Considering the current situation in regard to the availability of vaccination cards, a different approach would be normally recommendable for the evaluation of vaccination coverage in Azerbaijan. This approach would involve interviews with mothers, to be followed by the verification of their responses in health facilities. This technique was not utilized during MICS, because it would require longer time considering that medical cards are not always kept in the nearest health facility and that medical cards at medical facilities are not always properly organized to assure easy and fast access and reference.

Diarrhea

Dehydration caused by diarrhea is a major cause of mortality among children in Azerbaijan. Home management of diarrhea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhea.

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank. Overall, 21.7 percent of under five children had diarrhea in the two weeks preceding the survey (Table 19). Diarrhea prevalence was highest in Nakhcivan (35 percent) and lowest in the Baku area (11 percent), and higher in rural areas (27 percent) than in urban areas (17 percent). Children in IDP/refugee households have higher diarrhea prevalence (26 percent) than children in resident households (21 percent). Household wealth and mother's education are negatively correlated with diarrhea prevalence. The peak of diarrhea prevalence occurs in the weaning period, among children age 12-23 months.

Table 19 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhea. Since mothers were able to name more than one type of liquid, the percentages do not necessarily add to 100. Twenty seven percent of children received breast milk while they had diarrhea. Children under age 12 months are especially likely to have received breast milk. About 30 percent of children received gruel and only one out of ten received ORS. Children of mothers with higher education, children in the Baku area, children in urban areas and children in rich households appear to be more likely than

other children to receive ORS. Receipt of gruel does not vary considerably across subgroups. More than 90 percent of children with diarrhea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF). The figure is high in all population subgroups.

Fifty six percent of under five children with diarrhea drank more than usual while 40.8 percent drank the same or less (Table 20). About half of children ate somewhat less or the same, or more than usual while another half ate much less than usual or none. Overall, only 26.5 percent of children with diarrhea received increased fluids and continued eating as recommended.

Acute Respiratory Infection

Acute lower respiratory infections, particularly pneumonia, are leading causes of child deaths In the MICS questionnaire, children with acute respiratory in Azerbaijan as elsewhere. infection are defined as those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose, or whose mother did not know the source of the problem. Only 3 percent of under five children had an acute respiratory infection (ARI) in the two weeks prior to the survey according to these criteria (Table 21). It should be noted, however, that MICS was carried out in summer, when ARI prevalence is lowest. ARI prevalence increases to 7 percent in Nakhcivan and 6 percent in children living in IDP/refugee-headed households. Of children with ARI, 22 percent were taken to a hospital, 10.2 percent to a health center and 1.7 percent to dispensary for examination and treatment by a medical doctor (Table 22). Additionally, 3.4 percent were taken to a traditional healer, and another 3.4 percent were taken to a private physician. Overall, 35.6 percent of children with ARI were taken to an appropriate health provider (i.e., doctor, specialist, nurse/health assistant, and hospital).

IMCI Initiative

The Integrated Management of Childhood Illnesses (IMCI) is a programme developed by UNICEF and WHO that combines strategies for control and treatment of five major killers of children – acute lower respiratory tract infections, diarrhoeal dehydration, measles, malaria, and malnutrition. The programmed focuses on the improvement of case management skills by health workers, improvement of the health system, and improvement of family and community practices in the prevention and early management of childhood illnesses. Appropriate home management of illness is one component of IMCI. The approach teaches mothers that appropriate home management of diarrhea or any other illness requires giving more fluids and continuing to feed sick children as they are normally fed.

Table 23 presents information on the drinking and eating behavior of sick children. Almost a third (32.6 percent) of children under five were reported to have had diarrhea or some other illness in the two weeks preceding the survey. Of these, 57.2 percent drank more liquids during the illness and 51.5 percent continued eating (i.e., ate somewhat less, the same, or more). Overall, only 27.8 percent of ill children received increased fluids and continued eating as recommended under the IMCI programme.

Promoting knowledge among caretakers about when it is appropriate to seek care for ill children is another important component of the IMCI programme. In the Azerbaijan 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 75 percent of mothers, was that they would take their child to a health facility right away if he/she developed a fever (Table 24). Almost 21 percent said that the child becoming sicker would cause them to take the child to a health facility and more than 10 percent of mothers mentioned difficulty in breathing and blood in stools. Smaller percentages of mothers cited inability to breastfeed, fast breathing, and drinking poorly as reasons for taking a child to a health facility right away.

Among the regions, mothers in Nakhcivan and, to a lesser extent, in the South are more likely than mothers in rural locations to know the signs for seeking care immediately. Overall, 34 percent of mothers know at least two signs for seeking care. The percentage increases to 49.5 in the Nakhcivan area and 42 percent iin the South, and declines to 26 percent in the Center & North. These differences are not as obvious in educational groups of mothers, and household wealth groups.

Malaria

Malaria is not a leading morbidity or mortality factor in Azerbaijan. However, there have been indications of an increase in malaria prevalence. Questions on malaria were thus included in the Azerbaijan MICS questionnaire.

The MICS questionnaire incorporates questions on the use of bed-nets among children. Twelve percent of under five children slept under a bed-net the night prior to the survey interview (Table 25). This percentage declines steadily with age. 40.3 percent of infants under 6 months of age sleep under a bed-net compared to 15.2 percent of children aged 12-23 months and 5.4 percent of children aged 48-59 months. Most of the bed-nets are not treated with insecticide, however. Overall, only about 11.2 percent of the bed-nets used are impregnated with insecticide. For most subgroups, the numbers of cases are too low for meaningful interpretation.

Questions on the prevalence and treatment of fever were asked for all children under age five. Fourteen percent of under five children were ill with fever in the two weeks prior to the MICS (Table 26). The prevalence of fever reaches 18 percent of all children aged 6-23 months then declines to around 11.7 percent for children aged 24-47 months and 8.7 percent among children aged 48-59 months. Fever is less common among children in the South, among children of the resident households, among children in rich households and among children whose mothers have university education.

Mothers were asked to report all of the medicines given to a child during their illness, both any medicine given at home and medicines given or prescribed at a health facility. Approximately 37.7 percent of children were given Paracetamol, none were given Chloroquine while less than one percent were given Primachin. A relatively large percentage of children (24.5 percent) were given some other medicine. Overall, administration of appropriate anti-malarial drugs in Azerbaijan appears to be almost non-existent.

G. 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 Azerbaijan, only 72 percent have ever heard of AIDS (Table 27). This percentage is higher in urban areas (84 percent) and lower in rural areas (56 percent). The percentage declines to 41 percent in Nakhcivan, to 54 percent in the South, to 51 percent among women in poor households, and to 49 percent for women with secondary or less education.

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. Nineteen percent believe that having only one uninfected sex partner can prevent HIV transmission. Fifteen percent believe that using a condom every time one has sex can prevent HIV transmission and 14.3 percent agreed that abstaining from sex prevents HIV transmission. Overall, 9 percent knew all three ways and 22 percent were aware of at least one of the means of preventing transmission. Almost four out of every five women did not know any of the means of preventing transmission.

Accurate knowledge of the means of HIV/AIDS transmission is substantially less among women in rural areas than among urban women. Women in the West & Southwest appear to be more knowledgeable in this respect. Also, household wealth and education are very important factors in AIDS knowledge. Differences across age groups are not particularly large; the percentage of women who know all three means ranges from 5 percent among women aged 15–19 to 10.4 percent among 45-49 year olds.

Almost 19 percent of women correctly stated that AIDS couldn't be transmitted by supernatural means whereas 9 percent stated that AIDS can't be spread by mosquito bites (Table 28). Forty percent of women correctly believe that a healthy looking person can be infected. Women in the Baku area, women in urban areas, women in rich households and women who have university education are less likely to believe misconceptions about AIDS transmission than other women are. The proportion of women who failed to correctly identify any of the three misconceptions rises to four-fifths in Nakhcivan and the South.

Forty-eight percent of women in Azerbaijan know that AIDS can be transmitted from mother to child (Table 29). When asked specifically about the mechanisms through which mother to child transmission can take place, 45.8 percent said that transmission during pregnancy was possible, 42.6 percent said that transmission at delivery was possible, and 41.5 percent agreed that AIDS can be transmitted through breast milk. Thirty-eight percent of women knew all three modes of transmission. This percentage is above 50 percent for women in the Baku area, for women living in rich households and for women who have attended university.

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 30.

Only 7.7 of the respondents believe that a teacher with HIV/AIDS should not be allowed to work. This percentage is highest in Baku area at 12.8 percent, among women who have attended university and among women in rich households. Only 3.4 percent of women would not buy food from a person infected with AIDS. Overall, 91.8 percent of women do not agree with either of the discriminatory statements. Interestingly, expression of discriminatory

attitudes towards people with HIV/AIDS is highest among groups of women with higher knowledge of AIDS and who are more knowledgeable about modes of transmission.

Table 31 summarizes information from two previous tables on AIDS knowledge (Tables 29 and 30). The second column shows the percentage of women who know all three means of preventing HIV transmission – having on faithful uninfected partner, using a condom every time, and abstaining from sex. Some 9 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. About one in twenty women correctly identified these misconceptions. Finally, the fourth column of the table shows the percentage of women who know all three ways of preventing HIV transmission and correctly identified all three misconceptions. Only 1.7 percent of women aged 15-49 falls into this category.

Knowledge of HIV/AIDS transmission varies dramatically by level of education (Figure 6). Women with university education are almost four times more likely to know all three ways to prevent transmission than women with secondary school or less education. They are also almost ten times more likely to correctly identify all three misconceptions about AIDS.

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 32 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.

Thirteen percent of women of reproductive age in Azerbaijan know a place to get tested for AIDS. Women living in Baku area are most likely to know a place (24 percent), while women in Nakhcivan and the South have little knowledge on places to get tested. Knowledge in this respect is significantly higher for urban women than rural women, for women living in rich households than for women in poor households. Only 5 percent of women with secondary school or less education know of a place to get tested compared to 28 percent of women with university education.

About 6.8 percent of women have been tested for AIDS. Again, this percentage is highest in Baku area and women living in rich households, each at 14 percent. The vast majority of women who have been tested were told the result. However, there is some variation across regions, age groups, and education levels. Adolescent women (age 15-19) are the least likely of any age group to have been tested and least likely to know the result.

H. Reproductive Health

Contraception

Current use of contraception was reported by 55 percent of married or in union women (Table 33). The most popular method is the withdrawal, which is used by 30.6 percent of married women in Azerbaijan. The next most popular method is IUD, which accounts for 9.3 percent of married women. Other methods used by married women include periodic abstinence (4 percent), the pill (3 percent), and the condom (2 percent). Smaller proportions of couples use female sterilization, male sterilization, injection, diaphragm/foam/jelly and the lactation-amenorrhea method (LAM).

Contraceptive prevalence rate (CPR) is highest in the Center & North. However, regional and urban-rural differences are not great. Contraceptive prevalence does not vary significantly by education, household wealth or household status. As expected, use of contraception strongly correlates with age of woman; the CPR is only 16 percent for women age 15-19, and rises rapidly with age, reaching 59 percent for women age 25 to 49.

Overall, the use of traditional methods exceeds that of modern methods by 2.5 times. In all subgroups of the population, the use of traditional methods exceeds that of modern methods, sometimes by very large margins.

Prenatal Care

Quality prenatal care can contribute to the prevention of maternal mortality by detecting and managing potential complications and risk factors, including pre-eclampsia, anemia, and sexually transmitted diseases. Antenatal care also provides opportunities for women to learn the danger signs of pregnancy and delivery, to be immunized against tetanus, to learn about infant care, and be treated for existing conditions, such as malaria and anemia.

Female respondents who had had a birth in the year prior to the Azerbaijan MICS were asked whether they had received antenatal care for the birth and, if so, what type of person provided the care. If the woman saw more than one type of provider, all were recorded in the questionnaire. Table 34 presents the percent distribution of women with a birth in the year prior to the MICS by the type of personnel who delivered antenatal care. If the respondent mentioned more than one provider, she is categorized as having seen the most skilled person she mentioned.

Twenty-eight percent of interviewed women in Azerbaijan did not receive any antenatal care, while 68.7 percent receive antenatal care from skilled personnel (doctor, nurse, midwife). About 61 percent of women with a birth in the year prior to the survey received antenatal care from a doctor, 6.3 percent from a nurse, and 1.5 percent from a midwife (Figure 7). Traditional birth attendants (TBA) and auxiliary midwives provided antenatal care for 1.5 percent each. The proportion of women with antenatal care from any skilled personnel and in particular from doctor was higher in Baku area and in urban areas. The proportion of women who received antenatal care for a skilled personnel declines to 52 percent for women in poor households and to 58 percent for women with secondary school or less education.

Assistance at Delivery

The provision of delivery assistance by skilled attendants can greatly improve outcomes for mothers and children by the use of technically appropriate procedures, and accurate and speedy diagnosis and treatment of complications. *Skilled assistance at delivery* is defined as assistance provided by a doctor, nurse, or midwife. Skilled personnel attended about 87.5 percent of births occurring in the year prior to the MICS survey (Table 35). This percentage

is highest in Baku area at 93.8 percent and lowest in Nakhcivan at 81 percent. The more educated a woman is, the more likely she is to have a delivery with the assistance of a skilled personnel.

Sixty-nine percent of the births in the year prior to the MICS survey were delivered with the assistance of a doctor. Midwives and nurses assisted with the delivery of 11 percent of births. Overall, auxiliary midwives attended about 7 percent of births, and traditional birth attendants were responsible for 6 percent of deliveries. The type of personnel providing delivery assistance is noticeably different in the West & South, where 23 percent of births were delivered with the assistance of nurses and midwives. It is noteworthy that no assistance was received in 11 percent of the births of women from IDP/refugee households. Midwives and nurses assisted for 29 percent of these women.

I. Child Rights

Birth Registration

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The births of 96.8 percent of children under five years in Azerbaijan have been registered (Table 36). There are no significant variations in birth registration across sex, education, area, household wealth and household status categories. However, there is indication that some children are registered rather late, since the proportion registered increases considerably by age. Some 14 percent of children within the first six months of their life are not registered.

Orphanhood and Living Arrangements of Children

Children who are orphaned or living away from their parents may be at increased risk of impoverishment, discrimination, denial of property rights and rights to inheritance, various forms of abuse, neglect, and exploitation of their labor or sexuality. Monitoring the level of orphanhood and the living arrangements of children assists in identifying those who may be at risk and in tracking changes over time.

In Azerbaijan, 93 percent of children aged 0.14 are living with both parents (Table 37). Only one percent of children is not living with a biological parent. One or both parents of three percent of children are dead. Only 0.2 percent are orphaned by both parents.

Among the seven percent of children who are not living with both parents, the majority is living with their mothers only, with either their father alive (2.7 percent) or their father dead (2.6 percent). Older children are more likely to live away without their biological parents than younger children. While only 0.8 percent of children under age five are not living with a biological parent, 1.1 percent of children aged 10-14 do so. While only 0.7 percent of children age 0-4 years are orphaned by one or both of their parents, the percentage increases to 4.9 percent for children age 10-14 years. This percentage is above 5 percent for children living in IDP/refugee households.

Child Labor

For several reasons, it is important to monitor the extent to which children work and the type of work in which they participate. Children who are working are less likely to attend school and more likely to drop out. This pattern can trap children in a cycle of poverty and disadvantage. Working conditions for children are often unregulated with few safeguards against potential abuse. In addition, many types of work are intrinsically hazardous and others present less obvious hazards to children, such as exposure to pesticides in agricultural work, carrying heavy weights and scavenging in garbage dumps.

In Azerbaijan, the MICS survey estimates that only about 0.3 percent of children aged 5.14 years engage in paid work (Table 38). Five percent participate in unpaid work for someone other than a household member. The percentage increases to 10 percent in the Southern region.

'Domestic work' is defined as cooking, shopping, cleaning, washing clothes, fetching water, and caring for children. Slightly more than half of children are involved with these tasks for less than four hours a day, while 5.2 percent only spend more than four hours a day on such tasks. Overall, girls are somewhat more likely than boys and older children (aged 10-14) are more likely than younger children (aged 5-9 years) to do domestic work. Variations across regions are greatest in the percentage of children who engage in more than four hours of domestic work a day, reaching a peak value in Nakhcivan (12.4 percent).

Children who have done any paid or unpaid work for someone who is not a member of the household or who did more than four hours of housekeeping chores in the household or who did other family work are considered to be 'currently working'. Overall, 13 percent of children are classified as currently working. There is virtually no difference between boys and girls, but there are large variations across regions, urban-rural residence, household wealth, and age of the child. Most notably, only 5 percent of children in rich households are currently working, while the corresponding figure for children in poor households is 22 percent.



Figure 1: Single Year Age Distribution of the Household Population by Sex, Azerbaijan, 2000
















Figure 6: Percentage of Women Aged 15-49 Who Have Sufficient Knowledge of HIV/AIDS Transmission by Level of Education, Azerbaijan, 2000



Secondary or Less High School College-Vocational University

Figure 7: Percent Distribution of Women with a Birth in the Last Year by Type of Personnel Delivering Antenatal Care, Azerbaijan, 2000



	Ar	ea	
	Urban	Rural	Total
Sampled households	3550	2616	6166
Occupied households	3491	2553	6044
Interviewed households	3388	2473	5861
Household response rate	97.0	96.9	97.0
Eligible women	4182	3306	7488
Interviewed women	3910	3049	6959
Women response rate	93.5	92.2	92.9
Children under 5	983	1021	2004
Interviewed children under 5	914	961	1875
Child response rate	93.0	94.1	93.6

Table 1: Number of Households and Women, and Response Rates, Azerbaijan, 2000

Table 2: Percentage of Cases Missing Information for Selected Questions, Azerbaijan,2000

	Reference Population	Percent	Number		
	ropulation	missing			
Level of education	Household members	.2	23236		
Year of education	of education Household members				
Number of hours worked	Working children age 5-14	.0	317		
Complete birth date	Women 15-49	1.0	6959		
Ever been tested for HIV	Women 15-49	.0	4982		
Complete birth date	Children under 5	.1	1875		
Diarrhoea in last 2 weeks	Children under 5	.3	1875		
Weight	Children under 5	4.5	1875		
Height	Children under 5	4.4	1875		

		Ar		
		Urban	Rural	Total
Zono	Dalau area	51 4	0	20.7
Zone	Daku alea Nakhoiyan	17	.0	29.1
	Canaa	1.7	0.5	27
		0.5	.0	5.7
	Quba,Qusar	13.7	10.4	12.3
	Balaken,Zaqatala	4.5	17.1	9.7
	Aqstafa,Qazax	4.3	16.9	9.6
	Agdam,Fizuli	2.6	13.0	7.0
	Lenkeran,Astara	5.1	20.6	11.7
	Yevlakh,Ali Bayramli	10.5	15.5	12.6
Household Status	Resident	88.5	94.1	90.9
	IDP or Refugee	11.5	5.9	9.1
Household Wealth	Poor	5.2	40.3	20.0
	Middle	60.2	59.7	60.0
	Rich	34.6	.0	20.0
Number of Household	1	5.4	3.7	4.7
Members	2-3	24.6	15.2	20.6
	4-5	50.1	43.4	47.3
	6-7	15.4	28.2	20.8
	8-9	3.5	7.1	5.0
	10+	1.1	2.4	1.7
At least one child age <1	5	61.9	70.4	65.5
At least one child age <5	-	21.9	30.0	25.3
At least one woman age	15-49	85.2	88.2	86.5
Total		100.0	100.0	100.0
Average Household Size		4.3	5.1	4.6

Table 3: Percent Distribution of Households by Background Characteristics,Azerbaijan, 2000

		Ar	ea	Total
		Urban	Rural	
Age	15-19	18.0	20.4	19.1
	20-24	14.3	14.4	14.3
	25-29	12.0	13.2	12.5
	30-34	14.2	14.8	14.5
	35-39	18.0	15.7	17.0
	40-44	14.0	13.4	13.7
	45-49	9.4	8.1	8.9
Zone	Baku area	49.6	.0	27.9
	Nakhcivan	1.6	6.5	3.8
	Gence	6.2	.0	3.5
	Ouba.Ousar	15.3	10.7	13.3
	Balaken Zagatala	41	16.8	96
	Agstafa Qazax	4.4	13.4	8.3
	Agdam Fizuli	3.0	12.8	7.3
	Lenkeran Astara	56	23.3	13.4
	Yevlakh,Ali Bayramli	10.3	16.5	13.0
Household Status	Pasidant	88.3	04.2	00.0
Tousenoiu Status	IDD or Defugee	00.3 11 7	94.2 5 8	90.9
	IDI OI Kelugee	11.7	5.0	9.1
Household Wealth	Poor	54	377	19.6
Tousenoid Wearin	Middle	62.3	62.3	62.3
	Rich	32.3	0	18.1
	Iden	32.3	.0	10.1
Marital status	Currently married	59.8	62.4	60.9
	Formerly married	8.0	4.8	6.6
	Never married	32.2	32.8	32.5
Ever given birth	Yes	63.1	61.2	62.2
	No	36.9	38.8	37.8
	110	50.9	20.0	57.0
Highest level of school	None	.0	.0	.0
attended	Primary	1.0	1.5	1.2
	Secondary	12.2	23.4	17.1
	Higher	41.5	54.5	47.2
	College	18.7	10.6	15.1
	Vocational school	6.4	5.4	6.0
	University	20.2	4.6	13.4
	DK	.0	.0	.0
	Total	100.0	100.0	100.0
	Number	2010	2040	6050

Table 4: Percent Distribution of Women 15-49 by Background Characteristics,Azerbaijan, 2000

		Ar	ea	Total
		Urban	Rural	
С	M-1-	540	544	54.0
Sex	Male	54.0	54.4 45.6	54.Z
	Female	40.0	45.0	45.8
Age	< 6	7.1	9.3	8.2
(Months)	6-11	8.2	11.2	9.8
	12-23	20.9	19.0	19.9
	24-35	18.6	18.5	18.6
	36-47	21.9	20.1	21.0
	48-59	23.3	21.9	22.6
Zone	Baku area	46.0	.0	22.4
	Nakhcivan	2.4	7.8	5.2
	Gence	5.0	.0	2.5
	Ouba.Ousar	12.6	12.1	12.3
	Balaken,Zagatala	7.3	17.6	12.6
	Agstafa.Qazax	4.4	15.3	10.0
	Agdam.Fizuli	4.2	13.0	8.7
	Lenkeran.Astara	8.0	20.5	14.4
	Yevlakh, Ali Bayramli	10.2	13.7	12.0
Household Status	Resident	88.8	93.4	91.2
	IDP or Refugee	11.2	6.6	8.8
Household Wealth	Poor	6.9	44.1	26.0
	Middle	67.6	55.9	61.6
	Rich	25.5	.0	12.4
Mother's Education	None	.1	.1	.1
	Primary	1.5	.8	1.2
	Secondary	12.3	20.0	16.2
	Higher	41.7	59.4	50.8
	College	20.4	10.9	15.5
	Vocational school	6.1	5.5	5.8
	University	17.9	3.2	10.4
	Total	100.0	100.0	100.0
	Number	914	961	1875

Table 5: Percent Distribution of Children Under 5 by Background Characteristics,Azerbaijan, 2000

	Mean number of Children ever born	Proportion Dead	Sex Ratio of Children Ever Born [*]	Number of women
15-19 20-24	.044	.068	0.90	1327
20-24 25-29	1.556	.085	1.05	873
30-34 35-39	2.202 2.708	.096 .111	1.12 1.09	1007
40-44 45-49	3.131 3.744	.126 .129	1.07 1.06	955 617
Total	1.837	.112	1.10	6959
	15-19 20-24 25-29 30-34 35-39 40-44 45-49 Total	Mean number of Children ever born 15-19 .044 20-24 .649 25-29 1.556 30-34 2.202 35-39 2.708 40-44 3.131 45-49 3.744 Total 1.837	Mean number of Children ever bornProportion Dead15-19.044.06820-24.649.08525-291.556.09630-342.202.09635-392.708.11140-443.131.12645-493.744.129Total1.837.112	Mean number of Children ever bornProportion DeadSex Ratio of Children Ever Born*15-19.044.0680.9020-24.649.0851.0525-291.556.0961.2930-342.202.0961.1235-392.708.1111.0940-443.131.1261.0745-493.744.1291.06Total1.837.1121.10

Table 6: Mean number of children ever born and proportion dead by mother's age,Azerbaijan, 2000

Table 7: Infant and under-five mortality rates (per 1000), Azerbaijan

		Infant	Under-5
		Mortality rate	Mortality Rate
		internativy fute	internancy func
Sex	Males	82	107
	Females	75	97
Area	Urban	63	79
	Rural	92	122
Household	Poor	102	133
Wealth	Middle	79	99
	Rich	35	41
Mother's	Secondary or Less	92	118
Education	High School	84	108
	College-	65	80
	Vocational		
	University	42	50
	Total	79	102

Reference date is 1996.6

	А		В	С	D	E	F (B*E)	D/F	D/C
			Number of	Sisters Who:					Percent of
Age	Number of Respondents					Adjustment Factors	Sister Units of Risk	Lifetime Risk of Maternal Death	Maternal Deaths
	-	Reached Age 15	Reached Age 15	Died After Age 15	Died of Maternal	-			
		C	(Adjusted)	U	Causes				
15-19	2791	3013	7744	27	2	0.1070	828.6	0.002	7.4
20-24	2209	3832	9849	45	2	0.2060	2028.9	0.001	4.4
25-29	1882	4281	11003	43	4	0.3430	3774.0	0.001	9.3
30-34	1990	5064	5064	87	8	0.5030	2547.2	0.003	9.2
35-39	2358	6120	6120	123	10	0.6640	4063.7	0.002	8.1
40-44	2028	5232	5232	126	14	0.8020	4196.1	0.003	11.1
45-49	1272	3190	3190	131	5	0.9000	2871.0	0.002	3.8
15-49	14530	30732	48202	582	45		20309	0.002	7.7
	Total Fertility R	ate 1985-199	0	2.8					
	Maternal Morta	lity Ratio (M	IMR)	79 per 100,000) births				

Table 8: Indirect Estimation of Maternal Mortality, Azerbaijan, 2000

(MMR estimate approximately refers to 1988)

		Attending programme	Number of children
C	N 1	10.0	444
Sex	Male	12.2	444 372
	I cilidic	10.5	512
Age	36-47 months	8.7	393
C	48-59 months	13.9	423
Region	Baku area	20.2	188
-	Nakhcivan	2.7	37
	Centre & North	11.3	311
	West & Southwest	10.4	173
	South	.9	107
Area	Urban	19.1	413
	Rural	3.5	403
Household Status	Resident	11.0	744
	IDP or Refugee	15.3	72
Household Wealth	Poor	5.5	220
	Middle	12.0	492
	Rich	21.2	104
Mother's education	Secondary or Less	7.4	136
	High School	8.1	419
	College-	13.7	168
	Vocational University	28.0	93
Total		11.4	816

Table 9: Percentage of Children Aged 36-59 Months Who Are Attending Some Form of
Organised Early Childhood Education Programme, Azerbaijan, 2000

		Male		Fema	ale	Total		
		Percent		Percent		Percent		
		Attending	Number	Attending	Number	Attending	Number	
Age	7	71.5	284	72.2	241	71.8	525	
	8	94.8	328	93.5	277	94.2	605	
	9	96.0	328	96.1	305	96.1	633	
	10	88.7	337	89.0	317	88.8	654	
Region	Baku area	92.5	322	90.6	287	91.6	609	
U	Nakhcivan	95.0	40	94.0	50	94.4	90	
	Center, North	87.8	483	88.8	445	88.3	928	
	West, Southwest	84.8	250	85.5	207	85.1	457	
	South	85.7	182	85.4	151	85.6	333	
Area	Urban	89.4	634	90.5	598	89.9	1232	
	Rural	87.2	643	86.2	542	86.8	1185	
Household	Resident	88.4	1145	88.2	1031	88.3	2176	
Status	IDP or Refugee	87.9	132	90.8	109	89.2	241	
Household	Poor	85.2	318	86.2	239	85.6	557	
Wealth	Middle	88.5	793	88.6	735	88.5	1528	
	Rich	93.4	166	91.0	166	92.2	332	
Total		88.3	1277	88.4	1140	88.4	2417	

Table 10: Percentage of children of primary school age attending primary school,Azerbaijan, 2000

		Percent in	Percent in	Percent in	Percent in	Percent who
		grade 1	grade 2	grade 3	grade 4	reach grade 5
		reaching	reaching	reaching	reaching	of those who
		grade 2	grade 3	grade 4	grade 5	enter grade 1
Sov	Male	00 7	100.0	00 /	100.0	00.1
BCA	Formala	99.7	100.0	100.0	100.0	99.1
	remate	99.0	99.7	100.0	99.3	98.0
Region	Baku area	100.0	100.0	100.0	100.0	100.0
	Nakhcivan	94.1	100.0	100.0	100.0	94.1
	Center, North	99.2	99.6	99.6	99.1	97.5
	West, Southwest	99.2	100.0	99.2	100.0	98.4
	South	100.0	100.0	100.0	100.0	100.0
Area	Urban	99.7	100.0	99.4	99.7	98.8
	Rural	99.0	99.7	100.0	99.7	98.3
Household	Resident	99.3	99.8	99.7	99.6	98.4
Status	IDP or Refugee	100.0	100.0	100.0	100.0	100.0
Household	Poor	98.6	99.3	100.0	100.0	97.9
Wealth	Middle	99.5	100.0	99.8	99.5	98.8
() Cultif	Rich	100.0	100.0	99.0	100.0	99.0
Total		99.4	99.8	99.7	99.7	98.6

Table 11: Percentage of children entering first grade of primary school who eventually reach grade 5, Azerbaijan, 2000

			Male			Female			Total	
		Percent	Not		Percent	Not		Percent	Not	
		Literate	known	Number	Literate	known	Number	Literate	Known	Number
Region	Baku area	99.7	.0	2398	98.0	.1	2774	98.8	.1	5172
	Nakhcivan	94.6	.3	352	86.8	.8	380	90.6	.5	732
	Center, North	97.6	.1	3153	92.0	.2	3484	94.7	.1	6637
	West, Southwest	97.0	.4	1812	92.1	.2	1994	94.4	.3	3806
	South	96.5	.2	1295	85.1	.7	1345	90.7	.5	2640
Area	Urban	98.9	.2	4901	95.7	.2	5553	97.2	.2	10454
	Rural	96.4	.1	4109	88.6	.3	4424	92.4	.2	8533
Household	Resident	97.7	.2	8233	92.5	.3	9103	95.0	.2	17336
Status	IDP or Refugee	98.7	.0	777	93.1	.3	874	95.8	.2	1651
Household	Poor	95.0	.3	1794	86.9	.5	1981	90.8	.4	3775
Wealth	Middle	98.0	.2	5654	92.6	.3	6167	95.2	.2	11821
	Rich	99.9	.0	1562	98.5	.0	1829	99.1	.0	3391
Age	15-24	98.7	.2	2487	98.7	.0	2513	98.7	.1	5000
0	25-34	99.1	.2	1829	98.2	.1	2043	98.6	.2	3872
	35-44	99.3	.0	2115	97.1	.2	2271	98.2	.1	4386
	45-54	98.9	.1	1062	94.4	.2	1197	96.5	.1	2259
	55-64	95.7	.3	726	81.7	.7	906	87.9	.5	1632
	65+	87.9	.1	791	64.2	1.0	1047	74.4	.6	1838
Total		97.8	.2	9010	92.6	.3	9977	95.0	.2	18987

Table 12: Percentage of the population aged 15 years and older that is literate,Azerbaijan, 2000

			Region	ion		Aı	rea	Househo	old Status	Wealth Group			Total
	Baku		Center,	West,					IDP or				
	Area	Nakhciva	North	Southwes	South	Urban	Rural	Resident	Refugee	Poor	Middle	Rich	
		n		t									_
Main source of water													
Piped into dwelling	72.8	.0	20.8	10.0	.4	52.2	1.3	28.7	27.5	.0	20.4	95.6	28.6
Piped into yard or plot	11.1	8.7	22.6	30.8	12.9	21.5	16.9	20.0	12.6	.2	29.8	4.4	19.3
Public tap	7.5	13.3	13.4	12.9	1.7	10.1	10.1	7.9	32.9	17.7	10.2	.0	10.1
Tubewell/borehole with pump	1.1	18.2	5.2	9.7	34.5	4.9	15.1	10.0	6.1	14.8	10.4	.1	9.6
Protected dug well	1.5	20.1	3.1	4.7	14.0	2.7	8.1	5.5	1.8	11.4	4.5	.0	5.2
Protected spring	.3	8.1	4.6	5.7	1.5	1.2	6.0	3.6	1.0	7.8	2.8	.0	3.4
Rainwater collection	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
Bottled water	.1	.0	.3	.8	.2	.2	.4	.4	.0	.5	.4	.0	.3
Unprotected dug well	.0	.0	2.0	3.4	7.8	.1	5.2	2.3	4.6	5.3	2.2	.0	2.5
Unprotected spring	.0	12.0	5.6	9.3	4.4	.8	9.8	5.3	1.6	14.5	3.1	.0	5.0
Pond, river or stream	.0	18.6	13.9	6.2	11.6	.9	17.4	8.8	6.5	18.1	7.6	.0	8.6
Tanker truck vendor	4.2	.0	5.6	5.9	6.3	4.0	6.5	5.3	3.3	5.7	6.4	.0	5.2
Other	1.3	1.0	2.9	.5	4.6	1.3	3.1	2.1	2.1	3.9	2.1	.0	2.1
Missing/DK	.0	.0	.1	.1	.0	.0	.0	.0	.0	.1	.0	.0	.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total with safe drinking water	94.4	68.4	69.7	73.7	65.1	92.5	57.5	75.8	81.9	51.9	78.2	100.0	76.3
Number of persons	7108	1075	9634	5427	3786	14517	12513	24605	2425	5686	16845	4499	27030

Table 13: Percentage of the population using improved drinking water sources, Azerbaijan, 2000

			Region	Region			ea	Household Status		Wealth Group			Total
	Baku		Center,	West,					IDP or				
	area	Nakhciva	North	Southwes	South	Urban	Rural	Resident	Refugee	Poor	Middle	Rich	
		n		t									_
Toilet facility													
Flush to sewage system-septic tank	64.8	.0	21.2	11.1	1.2	49.7	.7	27.2	24.4	.1	16.7	99.3	27.0
Pour flush latrine	10.5	.0	1.5	.0	.0	5.6	.6	2.5	11.0	.3	5.0	.6	3.3
Improved pit latrine	.7	.0	.5	2.3	.0	1.5	.1	.8	.9	.0	1.3	.1	.8
Traditional pit latrine	22.8	93.6	45.2	65.8	75.8	33.0	69.0	50.6	40.2	75.4	54.3	.0	49.7
Open pit	.6	6.4	31.3	20.5	21.8	9.7	29.3	18.3	23.0	23.6	22.1	.0	18.8
Bucket	.1	.0	.1	.0	.0	.1	.0	.0	.2	.1	.1	.0	.1
Other	.4	.0	.1	.1	.9	.3	.2	.3	.3	.1	.4	.0	.3
No facility/bush/field	.1	.0	.1	.1	.2	.1	.1	.1	.0	.3	.1	.0	.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total with sanitary means	98.9	93.6	68.4	79.2	77.0	89.8	70.3	81.2	76.6	75.9	77.3	100.0	80.8
Number of persons	7108	1075	9634	5427	3786	14517	12513	24605	2425	5686	16845	4499	27030

Table 14: Percentage of the population using sanitary means of excreta disposal, Azerbaijan, 2000

		Weight for age:	Weight for age:	Height for age:	Height for age:	Weight for height	: Weight for height	Number of children
		-2 SD	-3 SD	-2 SD	-3 SD	-2 SD	-3 SD	
			Severely		Severely		Severely	
		Underweight	underweight	Stunted	stunted	Wasted	Wasted	_
Sex	Male	15.3	3.8	19.2	7.2	8.1	2.2	913
	Female	18.4	4.8	20.1	7.3	7.8	1.6	798
Area	Urban	14.9	3.9	17.2	6.8	8.0	1.7	814
	Rural	18.5	4.6	21.7	7.7	7.9	2.1	897
Region	Baku area	11.4	2.7	15.4	4.9	5.4	1.1	370
	Nakhcivan	19.6	7.2	23.7	12.4	7.2	1.0	97
	Center, North	16.3	3.3	19.6	6.5	8.3	2.1	612
	West, Southwest	22.4	8.0	25.1	12.3	10.7	2.7	375
	South	16.3	2.3	16.0	3.1	7.0	1.9	257
Household	Resident	16.9	4.4	19.5	7.4	7.8	2.0	1564
Status	IDP or Refugee	15.6	2.7	20.4	6.1	9.5	1.4	147
Household	Poor	21.2	5.3	26.5	8.6	7.3	1.8	452
Wealth	Middle	16.4	4.3	17.8	7.3	8.7	2.2	1055
	Rich	8.8	2.0	13.2	3.9	5.4	1.0	204
Age	< 6	8.3	.0	9.8	3.8	9.1	3.8	132
(months)	6-11	20.1	6.1	17.1	7.3	11.6	3.0	164
	12-23	28.0	9.5	30.7	12.8	14.6	3.0	336
	24-35	18.4	5.0	21.8	10.0	7.5	2.5	321
	36-47	13.7	2.2	16.5	5.2	5.2	1.4	364
	48-59	10.2	1.8	15.5	3.3	3.3	.0	394
Mother's	Secondary or Less	23.2	6.4	24.5	8.7	10.1	3.0	298
Education	High School	18.0	4.3	20.8	7.6	7.3	1.5	877
	College-Vocational	11.6	3.3	16.3	5.5	7.7	1.9	363
	University	10.4	2.3	12.1	6.4	8.1	2.3	173
Total		16.8	4.3	19.6	7.2	7.9	1.9	1711

Table 15: Percentage of under-five children who are severely or moderately undernourished, Azerbaijan, 2000

		Excl	usive	Comple	ementary	Con	tinued	Continued		
		breast	feeding	fee	ding	breast	feeding	breast	feeding	
		Children ()-3 months	Children	5-9 months	Children 12	2-15 months	Children 2	0-23 months	
			Number of		Number of		Number of		Number of	
		Percent	Percent children		children	Percent	children	Percent	children	
Sex	Male	8.9	56	42.6	61	42.4	66	22.2	63	
	Female	10.0	50	35.1	57	34.3	67	6.5	46	
Area	Urban	6.7	45	37.3	51	32.4	68	16.0	50	
	Rural	11.5	61	40.3	67	44.6	65	15.3	59	
Total		9.4	106	39.0	118	38.3	133	15.6	109	

Table 16: Percent of living children by breastfeeding status, Azerbaijan, 2000

		Perce	ent of househ	olds	Result	of test	
		With no salt	Where salt was not tested	In which salt was tested	< 15 PPM	15+ PPM	Number of households interviewed
Region	Baku area	.4	4.4	95.2	65.3	34.7	1810
	Nakhcivan	.4	9.2	90.4	89.4	10.6	240
	Center, North	.9	5.0	94.1	56.2	43.8	2113
	West, Southwest	.3	8.9	90.8	51.5	48.5	1300
	South	.1	2.8	97.0	52.2	47.8	703
Area	Urban	.4	5.1	94.5	56.2	43.8	3550
	Rural	.6	6.2	93.1	62.2	37.8	2616
Household	Resident	.4	5.4	94.2	58.8	41.2	5587
Status	IDP or Refugee	1.0	7.8	91.2	57.4	42.6	579
Household	Poor	1.0	.8	98.2	66.6	33.4	1172
Wealth	Middle	.5	.6	99.0	56.0	44.0	3516
	Rich	.3	.9	98.9	59.1	40.9	1173
Total		.5	.7	98.8	58.7	41.3	5861

Table 17: Percentage of households consuming adequately iodized salt, Azerbaijan, 2000

		Percent of	live births	Number of live births
		Below 2500 Grams	Weighed at birth	
Region	Baku area	6.3	85.2	81
-	Nakhcivan	19.9	19.4	31
	Center, North	8.1	62.4	141
	West, Southwest	7.1	60.0	70
	South	13.5	47.4	76
Area	Urban	8.3	83.2	173
	Rural	10.4	42.9	226
Household	Resident	9.7	60.6	371
Status	IDP or Refugee	7.3	57.1	28
Household	Poor	12.6	35.0	100
Wealth	Middle	9.3	64.3	244
	Rich	5.0	89.1	55
Mother's	Secondary or Less	11.9	56.4	78
Education	High School	9.8	51.7	201
	College-Vocational	8.1	73.8	80
	University	6.5	85.0	40
Total		9.5	60.4	399

Table 18: Percentage of live births in the last 12 months that weighed below 2500 grams
at birth, Azerbaijan, 2000

		Children with diarrhea who received:										
		Had diarrhea in last two weeks	Number of children	Breast Milk	Gruel	Local acceptable	ORS packet	Other milk or infant formula	Water with feeding	Any recommended treatment	No treatment	Number of children with diarrhea
Sex	Male Female	22.8 20.4	1017 858	30.6 22.3	32.3 27.4	66.4 66.9	9.5 10.9	31.0 41.1	38.8 40.6	92.2 93.1	7.8 6.9	232 175
Region	Baku area Nakhcivan Center, North West, Southwest South	11.0 35.1 22.1 27.0 24.8	420 97 692 396 270	28.3 26.5 26.1 27.1 28.4	34.8 29.4 30.7 26.2 32.8	65.2 73.5 71.2 69.2 49.3	26.1 5.9 9.2 10.3 3.0	23.9 26.5 35.9 41.1 37.3	45.7 61.8 38.6 38.3 28.4	93.5 94.1 96.1 89.7 88.1	6.5 5.9 3.9 10.3 11.9	46 34 153 107 67
Area	Urban Rural	16.5 26.6	914 961	24.5 28.5	33.1 28.5	67.5 66.0	18.5 5.1	23.8 42.2	41.1 38.7	93.4 92.2	6.6 7.8	151 256
Household Status	Resident IDP or Refugee	21.3 26.1	1710 165	26.9 27.9	30.5 27.9	65.4 76.7	10.7 4.7	34.3 44.2	40.1 34.9	92.6 93.0	7.4 7.0	364 43
Household Wealth	Poor Middle Rich	29.6 20.8 9.9	487 1155 233	30.6 25.8 17.4	31.3 30.0 26.1	68.1 66.7 56.5	2.8 12.5 30.4	43.1 32.1 21.7	34.7 42.1 43.5	93.8 92.5 87.0	6.3 7.5 13.0	144 240 23
Age (months)	< 6 6-11 12-23 24-35 36-47 48-59	25.3 29.5 31.0 18.7 16.5 16.1	154 183 374 348 393 423	87.2 55.6 32.8 6.2 1.5 4.4	7.7 40.7 36.2 27.7 30.8 26.5	10.3 55.6 74.1 75.4 76.9 76.5	12.8 13.0 15.5 3.1 6.2 7.4	20.5 48.1 32.8 46.2 26.2 36.8	33.3 38.9 35.3 35.4 47.7 47.1	97.4 94.4 96.6 89.2 89.2 88.2	2.6 5.6 3.4 10.8 10.8 11.8	39 54 116 65 65 68
Mother's Education	Secondary or Less High School College-Vocational University	28.7 21.8 20.3 12.3	328 952 400 195	24.5 27.4 28.4 29.2	27.7 31.3 29.6 33.3	66.0 63.9 76.5 58.3	3.2 8.7 14.8 33.3	46.8 34.1 30.9 16.7	44.7 34.6 43.2 50.0	95.7 90.9 95.1 87.5	4.3 9.1 4.9 12.5	94 208 81 24
Total		21.7	1875	27.0	30.2	66.6	10.1	35.4	39.6	92.6	7.4	407

 Table 19: Percentage of under-five children with diarrhea in the last two weeks and treatment with ORS or ORT, Azerbaijan, 2000

				Drinkin	g during d	liarrhea		Eating during diarrhea					
		Had diarrhea in last 2 weeks	Number of Children	More	Same Or Less	Missing DK	Total	Somewhat less, same, more	Much Less, None	Missing DK	Total	Received increased fluids and continued eating	Number of Children with Diarrhea
Sex	Male	22.8	1017	56.9	38.8	4.3	100.0	51.7	47.4	.9	100.0	29.3	232
	Female	20.4	858	54.9	43.4	1.7	100.0	46.9	52.0	1.1	100.0	22.9	175
Region	Baku area	11.0	420	41.3	56.5	2.2	100.0	45.7	52.2	2.2	100.0	19.6	46
e	Nakhcivan	35.1	97	67.6	32.4	.0	100.0	41.2	58.8	.0	100.0	29.4	34
	Center, North	22.1	692	62.1	35.9	2.0	100.0	42.5	55.6	2.0	100.0	24.8	153
	West, Southwest	27.0	396	50.5	43.0	6.5	100.0	51.4	48.6	.0	100.0	24.3	107
	South	24.8	270	55.2	41.8	3.0	100.0	70.1	29.9	.0	100.0	37.3	67
Area	Urban	16.5	914	51.7	45.0	3.3	100.0	46.4	51.7	2.0	100.0	22.5	151
	Rural	26.6	961	58.6	38.3	3.1	100.0	51.6	48.0	.4	100.0	28.9	256
Household	Resident	21.3	1710	55.8	40.9	3.3	100.0	50.5	48.4	1.1	100.0	26.1	364
Status	IDP or Refugee	26.1	165	58.1	39.5	2.3	100.0	41.9	58.1	.0	100.0	30.2	43
Household	Poor	29.6	487	61.1	36.8	2.1	100.0	52.1	47.2	.7	100.0	29.9	144
Wealth	Middle	20.8	1155	54.2	42.5	3.3	100.0	49.6	50.0	.4	100.0	25.8	240
	Rich	9.9	233	43.5	47.8	8.7	100.0	34.8	56.5	8.7	100.0	13.0	23
Age	< 6	25.3	154	28.2	71.8	.0	100.0	69.2	30.8	.0	100.0	20.5	39
(months)	6-11	29.5	183	51.9	46.3	1.9	100.0	44.4	55.6	.0	100.0	20.4	54
	12-23	31.0	374	58.6	38.8	2.6	100.0	45.7	53.4	.9	100.0	25.9	116
	24-35	18.7	348	64.6	30.8	4.6	100.0	47.7	50.8	1.5	100.0	30.8	65
	36-47	16.5	393	58.5	36.9	4.6	100.0	56.9	43.1	.0	100.0	32.3	65
	48-59	16.1	423	60.3	35.3	4.4	100.0	44.1	52.9	2.9	100.0	26.5	68
Mother's	Secondary or Less	28.7	328	60.6	35.1	4.3	100.0	52.1	45.7	2.1	100.0	27.7	94
Education	High School	21.8	952	51.9	45.7	2.4	100.0	52.9	46.6	.5	100.0	27.4	208
	College-Vocational	20.3	400	61.7	34.6	3.7	100.0	35.8	63.0	1.2	100.0	21.0	81
	University	12.3	195	54.2	41.7	4.2	100.0	58.3	41.7	.0	100.0	33.3	24
Total		21.7	1875	56.0	40.8	3.2	100.0	49.6	49.4	1.0	100.0	26.5	407

Table 20: Percentage of under-five children with diarrhea in the last two weeks who took increased fluids and continued to feed during
the episode, Azerbaijan, 2000

		Had ARI	Number of children
Sex	Male	3.2	1017
	Female	3.0	858
Region	Baku area	1.9	420
	Nakhcivan	7.2	97
	Center, North	2.9	692
	West, Southwest	5.3	396
	South	1.1	270
Area	Urban	1.9	914
	Rural	4.4	961
Household	Resident	2.9	1710
Status	IDP or Refugee	6.1	165
Household	Poor	5.7	487
Wealth	Middle	2.7	1155
	Rich	.0	233
Age	< 6 months	2.6	154
	6-11 months	6.6	183
	12-23 months	3.7	374
	24-35 months	2.3	348
	36-47 months	2.0	393
	48-59 months	3.1	423
Mother's	Secondary or Less	5.5	328
Education	High School	3.2	952
	College-Vocational	2.5	400
	University	.5	195
Total		3.1	1875

Table 21: Percentage of under-five children with acute respiratory infection (ARI) in the last two weeks, Azerbaijan, 2000

		Sex	Ar	ea	Total
	Male	Female	Urban	Rural	
Had ARI	3.2	3.0	1.9	4.4	3.1
Number of children under 5	1017	0.00	714	901	1875
Children with ARI					
who were taken to:					
Hospital	24.2	19.2	11.8	26.2	22.0
Health center	3.0	19.2	17.6	7.1	10.2
Dispensary	.0	3.8	5.9	.0	1.7
Village health worker	3.0	.0	.0	2.4	1.7
MCH clinic	.0	.0	.0	.0	.0
Mobile/outreach clinic	.0	.0	.0	.0	.0
Private physician	.0	7.7	5.9	2.4	3.4
Traditional healer	3.0	3.8	5.9	2.4	3.4
Other	3.0	.0	.0	2.4	1.7
Any appropriate provider	30.3	42.3	29.4	38.1	35.6
Number of children with ARI	33	26	17	42	59

Table 22: Percentage of under-five children with acute respiratory infection (ARI) in the last two weeks and treatment by health providers, Azerbaijan, 2000

				Children with illness who drank:			Children with illness who ate:						
		Reported illness in last two weeks	Number of children under 5	More	Same/ Less	Missing/ DK	Total	Somewhat less/same /more	Much less/none	Missing/ DK	Total	Received increased fluids and continued eating	Number of sick Children
Sex	Male Female	34.0 31.0	1017 858	59.5 54.1	37.3 44.7	3.2 1.1	$\begin{array}{c} 100.0\\ 100.0 \end{array}$	52.9 49.6	46.5 49.6	.6 .8	100.0 100.0	30.1 24.8	346 266
Region	Baku area Nakhcivan Center, North West, Southwest South	27.4 47.4 29.8 39.4 33.0	420 97 692 396 270	44.3 73.9 63.1 55.8 53.9	54.8 26.1 35.4 39.7 42.7	.9 .0 1.5 4.5 3.4	100.0 100.0 100.0 100.0 100.0	58.3 41.3 41.3 54.5 66.3	40.9 58.7 57.3 45.5 33.7	.9 .0 1.5 .0 .0	100.0 100.0 100.0 100.0 100.0	25.2 32.6 24.8 28.2 34.8	115 46 206 156 89
Area	Urban Rural	31.1 34.1	914 961	54.2 59.8	43.7 37.8	2.1 2.4	$\begin{array}{c} 100.0\\ 100.0 \end{array}$	51.4 51.5	47.5 48.2	1.1 .3	$\begin{array}{c} 100.0\\ 100.0 \end{array}$	26.1 29.3	284 328
Household Status	Resident IDP or Refugee	32.1 38.2	1710 165	56.8 60.3	40.8 38.1	2.4 1.6	$\begin{array}{c} 100.0\\ 100.0 \end{array}$	51.2 54.0	48.1 46.0	.7 .0	$\begin{array}{c} 100.0\\ 100.0 \end{array}$	27.0 34.9	549 63
Household Wealth	Poor Middle Rich	39.2 31.9 22.7	487 1155 233	60.2 57.1 47.2	37.7 40.8 49.1	2.1 2.2 3.8	100.0 100.0 100.0	52.4 51.1 50.9	47.1 48.6 45.3	.5 .3 3.8	100.0 100.0 100.0	29.8 27.2 24.5	191 368 53
Age	< 6 6-11 12-23 24-35 36-47 48-59	32.5 39.3 39.8 31.6 29.0 27.7	154 183 374 348 393 423	30.0 55.6 59.7 60.9 59.6 60.7	70.0 43.1 37.6 36.4 37.7 36.8	.0 1.4 2.7 2.7 2.6 2.6	100.0 100.0 100.0 100.0 100.0 100.0	70.0 47.2 46.3 50.9 54.4 50.4	30.0 52.8 53.0 48.2 45.6 47.9	.0 .0 .7 .9 .0 1.7	100.0 100.0 100.0 100.0 100.0 100.0	22.0 25.0 26.2 28.2 33.3 28.2	50 72 149 110 114 117
Mother's Education	Secondary or Less High School College-Vocational University	39.3 31.4 35.0 22.6	328 952 400 195	58.1 54.8 60.0 61.4	38.8 43.1 37.9 36.4	3.1 2.0 2.1 2.3	100.0 100.0 100.0 100.0	52.7 52.8 45.0 59.1	45.7 46.8 54.3 40.9	1.6 .3 .7 .0	100.0 100.0 100.0 100.0	27.9 26.8 25.0 43.2	129 299 140 44
Total		32.6	1875	57.2	40.5	2.3	100.0	51.5	47.9	.7	100.0	27.8	612

Table 23: Percentage of children 0-59 months of age reported ill during the last two weeks who received increased fluids and continuedfeeding, Azerbaijan, 2000

			Kno	ws child should	be taken to he	ealth facility if o	child:			
		Not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficult breathing	Has blood in stool	Is drinking poorly	Knows at least two signs	Number of caretakers
Region	Baku area	1.9	19.0	79.0	4.5	14.0	12.1	4.0	38.1	420
	Nakhcivan	2.1	27.8	63.9	9.3	27.8	27.8	.0	49.5	97
	Center, North	1.9	17.2	71.5	5.2	6.9	9.7	4.0	26.4	692
	West, Southwest	4.3	23.0	80.6	2.3	8.6	9.3	3.3	33.6	396
	South	5.6	27.4	73.7	9.3	10.4	2.6	7.4	41.9	270
Area	Urban	2.7	20.2	76.7	5.0	12.5	11.2	4.5	36.1	914
	Rural	3.1	21.4	73.5	5.4	8.5	9.1	3.9	31.9	961
Household	Resident	3.0	20.3	75.3	5.1	10.6	9.7	4.3	33.7	1710
Status	IDP or Refugee	2.4	26.7	72.7	6.1	9.1	13.9	3.0	37.0	165
Household	Poor	3.9	24.2	72.1	6.4	8.8	10.5	3.7	34.1	487
Wealth	Middle	2.7	20.2	75.5	4.7	10.5	9.9	4.6	33.3	1155
	Rich	2.1	17.2	79.0	5.6	13.7	10.3	3.0	36.9	233
Mother's	Secondary or Less	2.7	20.1	71.0	4.3	12.5	9.1	3.0	31.7	328
education	High School	3.0	21.7	74.9	5.0	8.9	10.8	4.8	33.9	952
	College-Vocational	3.3	20.5	78.3	6.3	13.0	10.3	3.0	36.8	400
	University	2.1	18.5	75.9	5.6	9.2	7.7	5.1	32.3	195
Total		2.9	20.9	75.0	5.2	10.5	10.1	4.2	34.0	1875

Table 24: Percentage of caretakers of children 0-59 months who know at least 2 signs for seeking care immediately, Azerbaijan, 2000

	_	Slept under a bednet				Be	d	_	
		Yes	No	DK or missing	Number of children	Yes	No	DK or missing	Children who slept under a bednet
Sex	Male	12.8	87.1	.1	1017	11.5	85.4	3.1	130
	Female	12.0	87.5	.5	858	10.7	89.3	.0	103
Region	Baku area	4.3	95.2	.5	420	16.7	83.3	.0	18
C	Nakhcivan	37.1	62.9	.0	97	5.6	94.4	.0	36
	Center, North	10.5	89.2	.3	692	5.5	90.4	4.1	73
	West, Southwest	12.1	87.6	.3	396	10.4	87.5	2.1	48
	South	21.5	78.5	.0	270	20.7	79.3	.0	58
Area	Urban	6.5	93.2	.3	914	13.6	83.1	3.4	59
	Rural	18.1	81.7	.2	961	10.3	88.5	1.1	174
Household	Resident	12.5	87.3	.3	1710	10.8	88.3	.9	213
Status	IDP or Refugee	12.1	87.9	.0	165	15.0	75.0	10.0	20
Household	Poor	16.4	83.6	.0	487	11.3	86.3	2.5	80
Wealth	Middle	12.2	87.4	.4	1155	10.6	88.7	.7	141
	Rich	5.2	94.8	.0	233	16.7	75.0	8.3	12
Age	< 6	40.3	59.1	.6	154	4.8	95.2	.0	62
(months)	6-11	23.5	76.5	.0	183	9.3	90.7	.0	43
	12-23	15.2	84.5	.3	374	12.3	84.2	3.5	57
	24-35	8.0	92.0	.0	348	10.7	82.1	7.1	28
	36-47	5.1	94.7	.3	393	20.0	80.0	.0	20
	48-59	5.4	94.1	.5	423	21.7	78.3	.0	23
Total		12.4	87.3	.3	1875	11.2	87.1	1.7	233

Table 25: Percentage of children 0-59 months of age who slept under an insecticide-impregnated bednet during the previous night,Azerbaijan, 2000

		Children with a fever who were treated with:								
		Had a fever in last two weeks	Number of children	Paracetamol	Chloroquine	Primachin	Other	Don't know	Any appropriate anti-malarial drug	Number of children with fever
Sex	Male	14.0	1017	40.1	.0	1.4	23.9	2.8	1.4	142
	Female	13.4	858	34.8	.0	.0	25.2	3.5	.0	115
Region	Baku area	11.2	420	46.8	.0	.0	34.0	.0	.0	47
C	Nakhcivan	18.6	97	44.4	.0	.0	38.9	.0	.0	18
	Center, North	13.0	692	46.7	.0	1.1	25.6	5.6	1.1	90
	West, Southwest	20.2	396	27.5	.0	1.3	20.0	3.8	1.3	80
	South	8.1	270	13.6	.0	.0	4.5	.0	.0	22
Area	Urban	13.9	914	49.6	.0	.8	33.9	.0	.8	127
	Rural	13.5	961	26.2	.0	.8	15.4	6.2	.8	130
Household	Resident	13.2	1710	40.4	.0	.9	24.9	3.1	.9	225
Status	IDP or Refugee	19.4	165	18.8	.0	.0	21.9	3.1	.0	32
Household	Poor	15.6	487	22.4	.0	.0	18.4	3.9	.0	76
Wealth	Middle	13.8	1155	47.2	.0	1.3	26.4	3.1	1.3	159
	Rich	9.4	233	22.7	.0	.0	31.8	.0	.0	22
Age	<6	13.6	154	47.6	.0	.0	23.8	.0	.0	21
e	6-11	18.0	183	33.3	.0	.0	27.3	3.0	.0	33
	12-23	18.7	374	37.1	.0	1.4	18.6	2.9	1.4	70
	24-35	14.4	348	32.0	.0	2.0	32.0	2.0	2.0	50
	36-47	11.7	393	43.5	.0	.0	21.7	2.2	.0	46
	48-59	8.7	423	37.8	.0	.0	27.0	8.1	.0	37
Mother's	Secondary or Less	14.3	328	25.5	.0	.0	14.9	4.3	.0	47
education	High School	13.4	952	32.8	.0	1.6	20.3	3.9	1.6	128
	College-Vocational	15.0	400	55.0	.0	.0	38.3	1.7	.0	60
	University	11.3	195	45.5	.0	.0	31.8	.0	.0	22

Table 26: Percentage of children 0-59 months of age who were ill with fever in the last two weeks who received anti-malarial drugs,Azerbaijan, 2000

Total	13.7	1875	37.7	.0	.8	24.5	3.1	.8	257

		Heard of AIDS	Percent who know	Knows all three ways	Knows at least one	Doesn't know any	Number of women		
			Have only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex		way	way	
Region	Baku area	89.3	24.7	18.1	15.3	9.0	27.7	72.3	1939
	Nakhcivan	40.6	11.5	9.2	11.9	7.3	13.4	86.6	261
	Center, North	68.7	17.1	14.0	14.4	10.0	19.6	80.4	2499
	West, Southwest	69.9	22.5	21.1	19.8	13.5	27.3	72.7	1329
	South	53.6	6.0	4.1	5.3	1.7	8.9	91.1	931
Area	Urban	83.4	23.2	18.7	16.9	11.3	26.3	73.7	3910
	Rural	56.4	12.6	10.2	11.1	6.5	15.7	84.3	3049
Household	Resident	71.4	18.8	15.1	14.5	9.4	21.8	78.2	6325
Status	IDP or Refugee	73.7	16.4	13.6	12.8	7.3	20.0	80.0	634
Household Wealth	Poor Middle Rich	51.1 72.0 92.2	11.6 18.5 26.1	10.0 14.6 21.9	11.2 14.2 18.1	7.2 8.8 12.6	14.3 21.8 29.1	85.7 78.2 70.9	1361 4336 1262
Age	15-19	54.3	11.3	8.6	8.4	5.0	13.9	86.1	1327
	20-24	70.4	17.8	15.2	13.9	8.7	22.0	78.0	997
	25-29	75.1	19.5	15.3	14.9	9.4	22.9	77.1	873
	30-34	77.6	22.0	18.4	17.7	12.2	25.0	75.0	1007
	35-39	78.9	20.7	16.4	16.1	10.2	23.7	76.3	1183
	40-44	75.6	20.8	16.1	14.6	10.2	23.0	77.0	955
	45-49	75.9	20.7	18.0	18.0	10.4	24.8	75.2	617
Woman's Education	Secondary or Less High School College-Vocational University	48.8 67.8 85.2 94.6	8.9 15.2 25.0 33.4	6.8 12.0 21.6 26.6	8.2 12.2 19.5 22.3	4.6 7.5 13.0 15.6	10.5 18.2 29.8 36.3	89.5 81.8 70.2 63.7	1274 3284 1468 932

Table 27: Percentage of women aged 15-49 who know the main ways of preventing HIV transmission, Azerbaijan, 2000

Total	71.6	18.6	15.0	14.3	9.2	21.7	78.3	6959

			Р	ercent who know	v:				
			AIDS cannot be transmitted by:		A healthy looking person can be infected	Knows all Three misconceptions	Knows at least one s misconception	Doesn't correctly identify any misconception	Number of women
		Heard of AIDS	Supernatural means	Mosquito bites					
Region	Baku area	89.3	22.8	12.2	61.6	7.3	68.4	31.6	1939
	Nakhcivan	40.6	13.4	8.4	14.6	5.0	19.9	80.1	261
	Center, North	68.7	17.5	7.2	35.4	4.5	41.5	58.5	2499
	West, Southwest	69.9	23.4	8.9	38.4	4.7	47.4	52.6	1329
	South	53.6	6.6	3.8	17.0	1.7	20.8	79.2	931
Area	Urban	83.4	22.5	11.4	51.8	7.0	58.9	41.1	3910
	Rural	56.4	13.4	4.8	24.9	2.3	30.7	69.3	3049
Household	Resident	71.4	18.6	8.3	40.2	4.9	46.6	53.4	6325
Status	IDP or Refugee	73.7	17.0	10.3	38.2	5.7	45.7	54.3	634
Household Wealth	Poor Middle Rich	51.1 72.0 92.2	12.4 18.6 24.6	4.0 8.5 13.5	22.6 38.8 63.0	1.8 5.0 8.2	28.7 45.5 69.6	71.3 54.5 30.4	1361 4336 1262
Age	15-19	54.3	12.8	5.9	30.0	3.2	35.0	65.0	1327
	20-24	70.4	18.2	9.5	42.0	5.9	47.0	53.0	997
	25-29	75.1	19.6	10.0	41.4	5.8	48.9	51.1	873
	30-34	77.6	21.2	8.6	42.4	5.2	50.2	49.8	1007
	35-39	78.9	19.4	8.5	44.7	4.6	51.6	48.4	1183
	40-44	75.6	19.9	9.4	40.4	5.5	47.7	52.3	955
	45-49	75.9	21.4	8.9	42.9	5.2	49.8	50.2	617
Woman's	Secondary or Less	48.8	8.6	3.3	21.0	1.3	25.2	74.8	1274
Education	High School	67.8	15.6	6.8	33.9	3.4	40.7	59.3	3284

Table 28: Percentage of women aged 15-49 who correctly identify misconceptions about HIV/AIDS, Azerbaijan, 2000
	College-Vocational	85.2	24.0	11.5	51.9	6.9	59.4	40.6	1468
	University	94.6	33.7	17.1	68.8	12.4	76.4	23.6	932
Total		71.6	18.5	8.5	40.0	5.0	46.6	53.4	6959

			Percent who	know AIDS can b	e transmitted:			
		Know AIDS can be transmitted from mother to child	During pregnancy	At Delivery	Through breastmilk	Knows all three	Did not know Any specific way	Number of women
Region	Baku area	62.7	61 5	593	54 9	53.2	37.8	1939
Region	Nakhciyan	20.7	20.3	14.9	19.2	13.8	79.3	261
	Center, North	44.9	42.9	39.6	38.8	34.9	56.0	2499
	West. Southwest	47.0	44.3	41.3	41.2	37.4	54.2	1329
	South	31.8	30.2	25.9	27.2	23.2	69.3	931
Area	Urban	56.5	54.9	52.6	49.0	46.5	44.2	3910
	Rural	36.1	34.1	29.9	31.8	27.3	64.8	3049
Household	Resident	47.2	45.3	42.2	41.0	37.6	53.6	6325
Status	IDP or Refugee	51.4	50.5	47.5	46.1	43.4	49.1	634
Household	Poor	32.0	30.2	26.8	28.7	25.1	68.9	1361
Wealth	Middle	47.5	45.5	41.9	41.2	37.4	53.5	4336
	Rich	64.7	63.5	62.2	56.1	54.7	35.5	1262
Age	15-19	32.5	30.4	29.0	27.7	26.2	68.9	1327
	20-24	45.0	42.2	38.9	38.6	34.5	56.0	997
	25-29	50.3	48.7	44.7	43.1	38.8	50.3	873
	30-34	53.3	51.2	47.3	46.0	41.9	47.6	1007
	35-39	54.4	53.3	49.6	48.5	45.0	46.2	1183
	40-44	50.8	49.4	46.0	46.0	42.1	49.8	955
	45-49	53.0	51.5	49.1	45.7	42.8	47.3	617
Women's	Sacan dama an Lasa	20.4	27.0	25.4	26.2	22.5	71 4	1274
Woman's	Secondary or Less	29.4 43.0	27.9	25.4	20.2	23.3 25.4	/1.4	1274
Education	College	43.9 61 2	42.0 50.1	59.0 55.0	38.7 53.0	55.4 18 5	37.0	5284 1468
	Vocational	01.2	37.1	55.0	35.0	40.3	39.0	1408
	University	64.2	62.7	59.5	54.1	51.2	36.5	932

Table 29: Percentage of women aged 15-49 who correctly identify means of HIV transmission from mother to child, Azerbaijan, 2000

Total	47.6	45.8	42.6	41.5	38.1	53.2	6959

			Percent of we	omen who:		
		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	Number of women
Region	Baku area Nakhcivan Center, North West, Southwest South	12.8 6.5 6.0 6.5 3.1	5.5 .8 2.3 3.4 2.9	14.2 6.9 6.7 7.8 4.5	85.8 93.1 93.3 92.2 95.5	1939 261 2499 1329 931
Area	Urban Rural	10.0 4.6	4.2 2.4	11.2 5.5	88.8 94.5	3910 3049
Household Status	Resident IDP or Refugee	7.9 5.5	3.5 2.2	8.9 6.6	91.1 93.4	6325 634
Household Wealth	Poor Middle Rich	3.7 6.6 15.6	1.8 3.2 5.9	4.3 7.8 16.6	95.7 92.2 83.4	1361 4336 1262
Age	15-19 20-24 25-29 30-34 35-39 40-44 45-49	7.1 8.8 7.8 8.1 7.1 6.9 8.3	3.3 4.5 3.8 3.5 3.1 2.5 3.2	7.8 10.1 9.4 8.9 8.4 7.6 9.4	92.2 89.9 90.6 91.1 91.6 92.4 90.6	1327 997 873 1007 1183 955 617
Woman's Education	Secondary or Less High School College-Vocational University	3.1 6.0 8.9 17.6	1.4 3.0 3.4 7.8	3.8 7.1 9.9 19.3	96.2 92.9 90.1 80.7	1274 3284 1468 932
Total		7.7	3.4	8.7	91.3	6959

Table 30: Percentage of women aged 15-49 who express a discriminatory attitude towards people with HIV/AIDS, Azerbaijan, 2000

		Heard of AIDS	Know 3 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have sufficient knowledge	Number of women
Region	Baku area	89.3	9.0	7.3	2.1	1939
	Nakhcivan	40.6	7.3	5.0	2.7	261
	Center, North	68.7	10.0	4.5	2.0	2499
	West, Southwest	69.9	13.5	4.7	1.6	1329
	South	53.6	1.7	1.7	.2	931
Area	Urban	83.4	11.3	7.0	2.6	3910
	Rural	56.4	6.5	2.3	.6	3049
Household	Resident	71.4	9.4	4.9	1.7	6325
Status	IDP or Refugee	73.7	7.3	5.7	2.2	634
Household	Poor	51.1	7.2	1.8	.6	1361
Wealth	Middle	72.0	8.8	5.0	1.8	4336
	Rich	92.2	12.6	8.2	2.7	1262
Age	15-19	54.3	5.0	3.2	.7	1327
e	20-24	70.4	8.7	5.9	2.1	997
	25-29	75.1	9.4	5.8	1.9	873
	30-34	77.6	12.2	5.2	2.2	1007
	35-39	78.9	10.2	4.6	1.5	1183
	40-44	75.6	10.2	5.5	2.0	955
	45-49	75.9	10.4	5.2	2.4	617
Woman's	Secondary or Less	48.8	4.6	1.3	.5	1274
Education	High School	67.8	7.5	3.4	1.0	3284
	College-	85.2	13.0	6.9	2.7	1468
	Vocational					
	University	94.6	15.6	12.4	4.4	932
Total		71.6	9.2	5.0	1.7	6959

Table 31: Percentage of women aged 15-49 who have sufficient knowledge of HIV/AIDStransmission, Azerbaijan, 2000

		Know a place to	Have been	If tested, have	Number of
		get tested	tested	been told result	women
Region	Baku area	23.9	14.2	97.5	1939
	Nakhcivan	3.1	2.3	83.3	261
	Center, North	10.4	3.9	92.9	2499
	West, Southwest	11.5	5.3	90.0	1329
	South	4.6	2.1	80.0	931
Area	Urban	19.2	10.4	95.8	3910
	Rural	5.8	2.1	85.9	3049
Household	Resident	13.5	7.0	95.0	6325
Status	IDP or Refugee	11.0	4.7	86.7	634
Household	Poor	3.5	1.5	90.5	1361
Wealth	Middle	12.1	6.3	92.3	4336
	Rich	28.0	14.1	98.3	1262
Age	15-19	4.7	.7	77.8	1327
0	20-24	14.1	6.5	93.8	997
	25-29	15.5	11.3	97.0	873
	30-34	16.5	8.7	92.0	1007
	35-39	16.7	9.0	94.3	1183
	40-44	14.7	7.2	97.1	955
	45-49	13.8	5.5	94.1	617
Woman's	Secondary or Less	5.4	3.5	95.5	1274
Education	High School	9.4	4.8	90.4	3284
	College-	19.6	9.9	97.3	1468
	Vocational				
	University	28.0	13.3	96.0	932
Total		13.3	6.8	94.5	6959

Table 32: Percentage of women aged 15-49 who know where to get an AIDS test and
who have been tested, Azerbaijan, 2000

Table 33: Percentage of married or in union women aged 15-49 who are using (or whose partner is using) a contraceptive method,Azerbaijan, 2000

						Perc	cent of ma	urried or i	n-union	women wł	no are usin	ıg:					Any modern method	Any traditional method	Any method	Number of currently married women
		No method	Female sterili-	Male sterili-	Pill	IUD	Injection	n Implants	Condon	n Female 1 condom	Diaphragm foam	n/LAM	1 Periodic abstinence	Withdrawal	Other	Total				
			zation	zation							/jelly									
Region	Baku area	49.7	.7	.1	3.0	11.6	1.5	.1	2.6	.0	.1	1.5	7.9	19.9	1.2	100.0	19.7	30.6	50.3	1148
	Nakhcivan	39.5	1.2	.0	2.3	11.6	.0	.0	.6	.0	.6	.0	1.7	42.4	.0	100.0	16.3	44.2	60.5	172
	Center, North	38.6	.4	.1	2.4	8.6	.0	.0	2.0	.0	.0	1.1	3.2	39.9	3.7	100.0	13.5	47.9	61.4	1527
	West, Southwest	48.3	.4	.1	5.3	7.7	.1	.0	2.0	.1	.4	.6	4.2	24.2	6.6	100.0	16.1	35.6	51.7	832
	South	48.6	.4	.0	3.6	7.8	.0	.0	2.0	.0	.0	.0	.7	33.1	3.9	100.0	13.7	37.7	51.4	562
Area	Urban	44.7	.7	.1	3.2	11.7	.7	.0	2.5	.0	.2	1.2	6.1	26.1	2.6	100.0	19.3	36.0	55.3	2339
	Rural	45.1	.3	.0	3.3	6.3	.1	.0	1.6	.1	.0	.6	2.1	36.2	4.5	100.0	11.6	43.4	54.9	1902
Househo d	lResident	44.7	.5	.1	3.2	9.6	.4	.0	2.1	.0	.1	.9	4.1	30.8	3.4	100.0	16.2	39.2	55.3	3860
Status	IDP or Refugee	47.0	.0	.0	3.7	5.8	.5	.0	2.1	.0	.3	1.0	6.6	28.6	4.5	100.0	12.3	40.7	53.0	381
Wealth	Poor	45.3	.0	.1	4.6	6.4	.0	.0	1.1	.1	.1	.4	2.8	33.5	5.7	100.0	12.4	42.3	54.7	830
Group	Middle	44.2	.6	.0	3.0	9.0	.4	.0	2.2	.0	.1	.9	4.1	32.3	3.2	100.0	15.3	40.5	55.8	2680
	Rich	46.9	.8	.1	2.7	13.5	1.1	.1	2.9	.0	.1	1.8	6.7	21.2	1.9	100.0	21.5	31.6	53.1	731
Age	15-19	83.9	.0	.0	.0	.8	.0	.0	.0	.0	.0	3.4	.8	11.0	.0	100.0	.8	15.3	16.1	118
	20-24	62.0	.2	.0	2.7	6.2	.0	.0	.9	.0	.2	2.9	2.2	20.9	1.8	100.0	10.2	27.8	38.0	450
	25-49	41.5	.5	.1	3.5	9.9	.5	.0	2.3	.0	.1	.6	4.7	32.5	3.8	100.0	17.0	41.5	58.5	3673
Woman's	Secondary or	50.1	.4	.0	2.2	6.4	.0	.0	1.2	.0	.0	1.0	2.4	31.3	4.8	100.0	10.3	39.6	49.9	667
Educatio n	High School	44.7	.4	.1	3.5	8.5	.6	.0	1.3	.0	.0	.9	3.8	32.6	3.5	100.0	14.5	40.8	55.3	2053

	College- Vocational	42.1	.7	.0	2.7	10.8	.5	.0	2.7	.0	.3	.6	4.8	32.1	2.8	100.0	17.7	40.2	57.9	979
	University	44.2	.6	.2	4.8	12.8	.2	.2	5.5	.0	.2	1.3	7.6	19.4	3.1	100.0	24.4	31.4	55.8	541
Total		44.9	.5	.1	3.3	9.3	.4	.0	2.1	.0	.1	.9	4.3	30.6	3.5	100.0	15.8	39.3	55.1	4241

			Person del	ivering ant	enatal care		No antenatal care received	Total	Any skilled personnel	Number of women
		Doctor	Nurse /midwife	Auxiliary midwife	Traditiona l birth attendant	Other /missing				
Region	Baku area	79.0	2.5	1.2	.0	.0	17.3	100.0	82.7	81
8	Nakhcivan	58.1	3.2	.0	.0	.0	38.7	100.0	61.3	31
	Center, North	56.7	7.1	.7	1.4	2.1	31.9	100.0	64.5	141
	West, Southwest	55.7	12.9	1.4	2.9	1.4	25.7	100.0	70.0	70
	South	55.3	3.9	3.9	2.6	5.3	28.9	100.0	63.2	76
Area	Urban	76.9	4.0	1.2	1.2	1.2	15.6	100.0	82.1	173
	Rural	48.7	8.0	1.8	1.8	2.7	37.2	100.0	58.4	226
Household	Resident	61.2	5.9	1.3	1.3	2.2	28.0	100.0	68.5	371
Status	IDP or Refugee	57.1	10.7	3.6	3.6	.0	25.0	100.0	71.4	28
Household	Poor	38.0	9.0	5.0	1.0	4.0	43.0	100.0	52.0	100
Wealth	Middle	64.8	5.7	.4	2.0	1.6	25.4	100.0	70.9	244
	Rich	85.5	3.6	.0	.0	.0	10.9	100.0	89.1	55
Woman's	Secondary or Less	52.6	5.1	.0	1.3	1.3	39.7	100.0	57.7	78
Education	High School	53.2	7.5	2.5	2.5	3.0	31.3	100.0	63.2	201
	College- Vocational	76.3	5.0	.0	.0	1.3	17.5	100.0	81.3	80
	University	85.0	5.0	2.5	.0	.0	7.5	100.0	92.5	40
Total		60.9	6.3	1.5	1.5	2.0	27.8	100.0	68.7	399

Table 34: Percent distribution of women aged 15-49 with a birth in the last year by typeof personnel delivering antenatal care, Azerbaijan, 2000

				Person as	ssisting at de	livery			Total	Any skilled personnel	Number of women
	-	Doctor	Nurse/ midwife	Auxiliary midwife	Traditiona l birth attendant	Relative/ friend	Other/ Missing	No assistance received			
Region	Baku area	87.7	3.7	2.5	3.7	.0	.0	2.5	100.0	93.8	81
8	Nakhciyan	61.3	19.4	.0	6.5	3.2	.0	9.7	100.0	80.6	31
	Center, North	68.8	9.9	5.0	8.5	2.1	2.1	3.5	100.0	83.7	141
	West, Southwest	58.6	22.9	8.6	1.4	4.3	1.4	2.9	100.0	90.0	70
	South	64.5	7.9	15.8	6.6	2.6	.0	2.6	100.0	88.2	76
Area	Urban	86.1	6.4	2.3	2.3	.6	.0	2.3	100.0	94.8	173
	Rural	56.6	15.0	10.2	8.4	3.5	1.8	4.4	100.0	81.9	226
Household	Resident	70.9	10.0	7.0	5.9	2.2	1.1	3.0	100.0	87.9	371
Status	IDP or Refugee	50.0	28.6	3.6	3.6	3.6	.0	10.7	100.0	82.1	28
Household	Poor	48.0	14.0	13.0	12.0	6.0	2.0	5.0	100.0	75.0	100
Wealth	Middle	73.4	11.9	5.3	4.1	1.2	.8	3.3	100.0	90.6	244
	Rich	90.9	3.6	1.8	1.8	.0	.0	1.8	100.0	96.4	55
Woman's	Secondary or Less	59.0	16.7	7.7	7.7	3.8	1.3	3.8	100.0	83.3	78
Education	High School	62.7	11.4	9.5	7.5	3.0	1.5	4.5	100.0	83.6	201
	College-Vocational	85.0	7.5	2.5	2.5	.0	.0	2.5	100.0	95.0	80
	University	92.5	7.5	.0	.0	.0	.0	.0	100.0	100.0	40
Total		69.4	11.3	6.8	5.8	2.3	1.0	3.5	100.0	87.5	399

Table 35: Percent distribution of women aged 15-49 with a birth in the last year by type of personnel assisting at delivery, Azerbaijan,2000

		Registrat	ion status		Bi	rth is not regist	ered because	:		Total	Number of children
						Late & didn't	Doesn't know	/			
		Birth	DK if birth	Costs too	Must travel	want to pay	where to		Reason DK or		
		registered	registered	much	too far	fine	register	Other	Missing		
Sex	Male	96.9	.2	1.1	.2	.1	.0	1.2	.4	100.0	1017
	Female	96.7	.2	1.0	.0	.1	.1	1.5	.2	100.0	858
Region	Baku area	98.1	.2	.5	.0	.0	.0	1.2	.0	100.0	420
U	Nakhcivan	97.9	.0	.0	.0	.0	.0	1.0	1.0	100.0	97
	Center, North	95.4	.0	2.3	.1	.3	.0	1.3	.6	100.0	692
	West, Southwest	98.2	.3	.5	.3	.0	.3	.5	.0	100.0	396
	South	95.9	.7	.0	.0	.0	.0	3.0	.4	100.0	270
Area	Urban	98.1	.1	.4	.0	.0	.0	1.2	.1	100.0	914
	Rural	95.5	.3	1.7	.2	.2	.1	1.5	.5	100.0	961
Household	Resident	96.6	.2	1.1	.1	.1	.1	1.5	.4	100.0	1710
Status	IDP or Refugee	98.8	.0	.6	.6	.0	.0	.0	.0	100.0	165
Household	Poor	96.7	.4	1.0	.2	.2	.0	1.4	.0	100.0	487
Wealth	Middle	96.5	.1	1.2	.1	.1	.1	1.4	.5	100.0	1155
	Rich	98.3	.4	.4	.0	.0	.0	.9	.0	100.0	233
Age	< 6	86.4	1.3	3.2	.0	.0	.6	7.8	.6	100.0	154
(Months)	6-11	94.0	.0	1.6	.5	.5	.0	2.2	1.1	100.0	183
	12-23	96.3	.3	1.1	.0	.0	.0	1.6	.8	100.0	374
	24-35	98.0	.3	1.1	.3	.0	.0	.3	.0	100.0	348
	36-47	99.5	.0	.0	.0	.0	.0	.5	.0	100.0	393
	48-59	98.8	.0	.9	.0	.2	.0	.0	.0	100.0	423
Mother's	Secondary or Less	94.2	.3	1.8	.6	.0	.0	3.0	.0	100.0	328
Education	High School	96.7	.3	1.2	.0	.2	.1	1.1	.4	100.0	952
	College-Vocational	98.3	.0	.8	.0	.0	.0	1.0	.0	100.0	400

Table 36: Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Azerbaijan,2000

	University	98.5	.0	.0	.0	.0	.0	.5	1.0	100.0	195
Total		96.8	.2	1.1	.1	.1	.1	1.3	.3	100.0	1875

	Living with bo parent		Li	ving with n	either par	ent	Living w	ith mother	Living with father		Total	Not living with a biological parent	One or both parents dead	Number of children	
			Only father alive	Only mother alive	Both Are alive	Both Are dead	Father alive	Father dead	Mother alive	Mother dead	Impossible to determine		-		
Sex	Male	93.7	.1	.1	.4	.1	2.7	2.3	.1	.4	.2	100.0	.7	3.0	4159
	Female	92.4	.0	.1	.9	.3	2.8	3.0	.1	.3	.1	100.0	1.3	3.7	3818
Region	Baku area	91.1	.1	.1	.5	.3	4.3	3.2	.1	.2	.2	100.0	.9	3.8	1932
-	Nakhcivan	97.1	.0	.0	.3	.0	1.5	1.2	.0	.0	.0	100.0	.3	1.2	343
	Center, North	94.0	.1	.1	.4	.2	1.5	3.1	.2	.5	.1	100.0	.7	3.8	2974
	West, Southwest	94.6	.1	.1	.4	.1	1.7	2.3	.1	.4	.3	100.0	.6	2.9	1594
	South	90.5	.0	.1	2.1	.5	4.9	1.4	.0	.4	.0	100.0	2.7	2.5	1134
Area	Urban	92.9	.1	.0	.5	.3	3.1	2.6	.1	.3	.1	100.0	.9	3.3	4044
	Rural	93.2	.1	.1	.9	.2	2.3	2.6	.1	.4	.2	100.0	1.2	3.3	3933
Household	Resident	93.1	.0	.1	.7	.2	2.8	2.4	.1	.4	.2	100.0	1.0	3.1	7207
Status	IDP or Refugee	92.1	.4	.0	.5	.3	2.1	4.4	.0	.3	.0	100.0	1.2	5.3	770
Household	Poor	93.3	.1	.0	.3	.1	2.7	2.8	.1	.4	.3	100.0	.4	3.3	1882
Wealth	Middle	93.0	.1	.1	.8	.3	2.5	2.5	.1	.3	.1	100.0	1.3	3.4	4988
	Rich	92.7	.0	.0	.5	.3	3.5	2.5	.1	.4	.1	100.0	.7	3.2	1107
Age	0-4 years	96.0	.0	.0	.7	.0	2.5	.4	.0	.1	.1	100.0	.8	.7	2004
-	5-9 years	92.2	.1	.1	.6	.2	3.2	2.8	.3	.2	.3	100.0	1.1	3.4	2813
	10-14 years	92.0	.0	.1	.7	.4	2.4	3.8	.0	.6	.0	100.0	1.1	4.9	3160
Total		93.0	.1	.1	.7	.2	2.7	2.6	.1	.4	.1	100.0	1.0	3.3	7977

Table 37: Percentage of children 0-14 years of age in households not living with a biological parent, Azerbaijan, 2000

				Domest	ic work:			
		Paid work	Unpaid work			Family work	Currently working	Number of children
				<4	4 or more			
				hours/day	hours/day			
Sex	Male	.3	5.2	49.2	3.8	6.1	13.6	3082
	Female	.2	4.9	57.0	6.8	1.8	12.3	2891
Region	Baku area	.3	1.3	49.9	2.3	1.2	4.6	1478
8	Nakhcivan	.4	3.7	56.2	12.4	8.7	20.2	242
	Center, North	.1	5.2	54.7	7.9	4.8	16.6	2247
	West, Southwest	.7	6.1	57.2	5.1	6.3	15.2	1173
	South	.1	10.1	47.1	1.3	2.4	13.1	833
Area	Urban	.2	2.6	53.0	3.4	1.9	7.6	3061
	Rural	.3	7.6	53.0	7.1	6.3	18.7	2912
Household	Resident	.2	5.4	53.7	5.4	4.1	13.4	5379
Status	IDP or Refugee	.5	2.0	46.5	3.7	3.7	9.1	594
Household	Poor	.7	8.6	55.5	8.5	7.4	21.5	1371
Wealth	Middle	.1	4.7	52.4	4.5	3.5	11.7	3751
	Rich	.5	.7	51.7	3.1	0.9	4.9	851
Age	5-9 years	.2	3.3	42.5	1.3	2.5	6.6	2813
-	10-14 years	.3	6.6	62.3	8.7	5.4	18.7	3160
Total		.3	5.0	53.0	5.2	4.0	13.0	5973

Table 38: Percentage of children 5-14 years of age who are currently working,Azerbaijan, 2000

Appendix A: Sample Design

The major features of sample design and implementation are described in this appendix. Sample design features include: target sample size, choice of domains, sampling stages, stratification, degree of clustering, and the relationship of design decisions to the nature of the sample frame. Sample implementation includes response rate and sampling error calculations.

A.1 Sample Design and Implementation

A self-weighting, multistage cluster sampling approach was used in the selection of the Azerbaijan MICS sample. A standard segment design was adopted for the selection of sample households.

The Azerbaijan MICS was designed so that a variety of CRC indicators would be analyzed for Azerbaijan as a whole and for urban and rural domains. The universe of the Azerbaijan MICS was defined as the total population of Azerbaijan for the Household Questionnaire, and as subsets, all women age 15-49 for the Women's Questionnaire and all living children under age 5 for the Children's Questionnaire. The aim was to survey the population by designing a sample of households, interviewing women age 15-49 and administering a Children's Questionnaire to the mothers or caretakers of children under age 5.

A.2 Sample Frame

Azerbaijan conducted a general population census in January 1999. In the absence of any other source which could serve as a sample frame for the MICS, the census was the only information source from which the Azerbaijan MICS sample could be selected.

Households in the Azerbaijan census were divided into enumeration areas, comprising populations of 506 on the average, which made it possible to consider them as primary sampling units (PSUs). Since the census was carried out recently, no listing activity was deemed necessary to update the sample frame.

Several computer files were available from the census that could be used to construct a sample frame. Two computer files were used to generate the sample frame for the Azerbaijan MICS. The first of these was an enumeration-area based file which included 15,475 enumeration areas, and information on the numbers of households and population in each enumeration area at the time of the census. This file was first used to select 254 enumeration areas for the MICS sample, as discussed later. The second file available was a household-based file from the census, which listed all households with enumeration area codes. However, this file excluded IDP/refugee-headed households, since such households were assigned the enumeration codes to which the household heads belonged in the occupied territories of Azerbaijan. In short, IDP/refugee households did not appear in the 254 enumeration areas that were selected. Therefore, an in-office updating of the sample frame was carried out, by comparing the numbers of households from the enumeration-area based file with the numbers of households in the household-based file. If the latter produced lower numbers of households for a particular selected enumeration area, the original census questionnaires were retrieved from the State Committee of Statistics archives and the questionnaires were compared with those in the households missing from the computerized list, which were predominantly IDP/refugee-headed households.

The enumeration area-based file was used to obtain three separate files for the Baku area, for other urban areas and for rural areas, which were used as sample domains in the selection stage. Definitions current in the country for urban and rural settlements were used, where a combination of population sizes, administrative status and administrative considerations by the state to designate settlements as urban or rural. The Baku area, for instance, including the main city of Baku and settlements in the vicinity, is locally defined as an urban area. In each of the three files, enumeration areas were sorted geographically to ascertain implicit stratification, by using the nine-zone division of the country designated during the Soviet era but still in use, albeit in a limited fashion, by the interested circles in the country.

A.3 Sample Size

The target sample size for the Azerbaijan MICS was 6120 households. For the calculation of this sample size, the key indicator used was the administration of oral rehydration therapy (ORT) to children under 5 with

diarrhoea at any time and duration during a period of two weeks. The assumptions used in the calculation are as follows:

- The prevalence of ORT use is 10 percent.
- The proportion of children with diarrhoea in the general population is 4.8 percent, calculated by multiplying the estimated diarrhoea prevalence of 30 percent with the proportion of under-5 children in the population, 16 percent.
- A design effect of 1.5.
- A confidence interval of 95 percent.
- A margin of error of 3 percent.
- An average household size of 4.5.
- A non-response of 10 percent.

The resulting number of households from this exercise -3056 households - were multiplied by two to ascertain statistically sound analyses of the indicators by urban and rural areas.

The average cluster size in the Azerbaijan MICS was determined as 24, making necessary the selection of 255 enumeration areas (clusters).

A.4 Sample Allocation and Sample Selection

Since the Azerbaijan MICS sample was designed as a self-weighting sample, the target number of clusters were distributed to the sample domains by using the share of population in each domain in Azerbaijan's total population:

	Share of Population	Target Number of Clusters
Baku Area	24.9	63
Other Urban Areas	28.7	73
Rural Areas	46.4	118
Total	100.0	254

After rounding, 254 clusters were selected during the selection of PSUs (enumeration areas). PSUs having measures of size of more than one were divided into the number of possible segments and one segment was randomly selected.

As discussed above, enumeration areas were first sorted geographically to allow implicit stratification by regions in the country. Enumeration areas were sorted geographically within each settlement, and households were sorted within each enumeration area. No cartographic material was available. The nine-zone division of the country is as follows (each named after the main district(s) within the zone):

- Baku area
- Nakhcivan
- Gence
- Quba, Qusar
- Balaken, Zaqatala
- Aqstafa, Qazax
- Agdam, Fizuli
- Lenkeran, Astara
- Yevlakh, Ali Bayramli

The nine zones were sorted geographically in a serpentine fashion for purposes of implicit stratification to increase the effectiveness of the sample. Although the MICS sample size was not calculated on the basis of regional representation, this implicit stratification allowed some statistically significant analyses to be performed for some variables. To this end, the nine zones were collapsed into five regions as follows, indicating the names used in the main body of the report:

Baku area

- Nakhcivan
- Center & North (Quba, Qusar, Balaken, Zaqatala, Yevlakh, Ali Bayramli)
- West & Southwest (Gence, Aqstafa, Qazax, Agdam, Fizuli)
- South (Lenkeran, Astara)

In each of the three sample domains, the required numbers of enumeration areas were selected by using systematic pps (probability proportional to size) sampling procedures, based on the populations in each enumeration area. The first stage selection was thus completed by selecting the required number of enumeration areas from each sample domain (Baku area, other urban areas, and rural areas).

For the second stage selection (i.e. selection of households), calculations were performed to determine the sampling interval. The average household size in the sample frame that was obtained was 4.76 persons. Since an average enumeration area had a population of 506.8 persons, it followed from here that there were about 108 households in an enumeration area on the average. Therefore, one in every 4.4 households had to be selected from each enumeration area to obtain the average cluster size of 24 households. After the in-office updating of the enumeration areas was completed, sample households were systematically selected by generating separate random starting numbers for each enumeration area.

A total of 6166 households were selected for interviews during the MICS.

A.5 Coverage of the Sample

The results of sample implementation for the household and for individual interviews for Azerbaijan as a whole, and for urban and rural areas are shown in Table 1 in the main text of the report. As shown in the table, response rates were high in general, at 97 percent for households and around 93-94 percent for individual women and children under five. Response rates did not vary by urban and rural areas. Therefore, no correction factors were calculated to compensate for varying response rates.

A.6 Estimates of Sampling Errors

The estimates from a sample survey are affected by two types of errors: non-sampling and sampling errors. Nonsampling errors result from mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewers or the respondents, and data entry errors. Non-sampling errors are generally impossible to avoid and difficult to detect and evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sampling error is a measure of the variability between all possible samples from the same universe. Although the degree of variability is not known exactly, it can be estimated from the survey results.

Sampling error is usually measured in terms of standard error for a particular statistic (mean, percentage etc) which is the ratio of the standard deviation to the square root of the sample size. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical sample and design.

If the MICS sample had been selected as a simple random sample, it would have been possible to use straightforward formulae for calculating sampling errors. However, the MICS sample is a multi-stage cluster design, and there is need for use of more complex formulae. The computer package, CLUSTERS, was therefore used to compute sampling errors for selected variables with the proper statistical methodology.

In addition to the standard errors, CLUSTERS computes the design effect (DEFT) for each estimate, which is defined as the ratio of the standard error using the given sample design to the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, whereas a DEFT value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. CLUSTERS also computes the relative error and confidence limits for the estimates.

The results for selected variables are presented here for Azerbaijan as a whole, for urban and rural areas, and for the five regions. Note that all variables are in the form of proportions.

The confidence interval can be interpreted as follows: As an example, the overall proportion of women who have ever given birth from the national sample is 0.622 (see variable EVERBR in Table A.2), and the standard error is 0.007. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate. There is a high probability (95 percent) that the true proportion of women who have ever given birth is between 0.608 and 0.636.

	Estimate	Population
URBAN	Urban	Households
RESIDE	Resident	Households
IDP	IDP or refugee	Households
IODINE	Using iodized salt	Households
SCHOOL	Attending primary school	Children age 7-10 years
LITERA	Literate	Household members age 15+
SAFE	Using improving drinking water sources	Household members
SANIT	Using sanitary means of excrete disposal	Household members
WORK	Currently working	Children age 5-14 years
EVERBR	Ever given birth	Women age 15-49
WEIGH	Weighed at birth	Births last year
AIDS	Heard of AIDS	Women age 15-49
THREE	Know all three ways of preventing HIV transmission	Women age 15-49
THREEM	Correctly identify all three HIV/AIDS misconceptions	Women age 15-49
MOMKID	Know AIDS can be transmitted from mother to child	Women age 15-49
THREEW	Correctly identify all three ways of HIV transmission	Women age 15-49
ONEPLS	Agree with at least one discriminatory statement	Women age 15-49
KNOWS	Have sufficient knowledge of HIV/AIDS	Women age 15-49
PLACE	Know a place to get an AIDS test	Women age 15-49
TESTED	Have been tested for AIDS	Women age 15-49
NOMETH	Currently not using a contraceptive method	Currently married women
ANYMOD	Currently using any modern contraceptive	Currently married women
ANYTRA	Currently using any traditional contraceptive	Currently married women
ANY	Currently using any method of contraception	Currently married women
SKILAN	Antenatal care received from any skilled personnel	Births last year
SKILDC	Delivery assistance from any skilled personnel	Births last year
ECEP	Attending early childhood education programme	Children age 36-59 months
WA2	Underweight	Children under five years
HA2	Stunted	Children under five years
WH2	Wasted	Children under five years
EXBF	Exclusively breastfeeding	Children age 0-3 months
SOLIDS	Complementary feeding	Children age 6-9 months
BF1223	Continued breastfeeding	Children age 12-15 months
BF2023	Continued breastfeeding	Children age 20-23 months
DIARR	Had diarrhea in last 2 weeks	Children under five years
RECTRE	Received recommended treatment for diarrhea	Children with diarrhea in Last 2 weeks
DRNKD	Received increased fluid and continued feeding during diarrhea	Children with diarrhea in Last 2 weeks
ARI	Had acute respiratory infection in last 2 weeks	Children under five years
ANY	Received treatment form an appropriate provider for ARI	Children with ARI in Last 2 weeks

Table A.1. List of Selected Variables for Sampling Errors, Azerbaijan, 2000

SICK	Had a reported illness in last 2 weeks	Children under five years
DRNKS	Received increased fluids and continued feeding	Children with reported illness
	during illness	In last 2 weeks
TWOSIG	Know at least two signs for seeking care immediately	Caretakers of children under five
BEDNET	Slept under a bednet during the previous night	Children under five years
FEVER	Had fever in last 2 weeks	Children under five years
REGIST	Birth registered	Children under five years

Table A.2. Sampling Errors, Azerbaijan, 2000

[Standard	Number	Design	Relative		
	Value	Error	of Cases	Effect	Error	Confider	ice Limits
	(R)	(SE)	(N)	(DEFT)	(SE/R)	R-2SE	R+2SE
				()			
URBAN	0.578	0.008	5861	1.298	0.014	0.561	0.595
RESIDE	0.909	0.014	5861	3.613	0.015	0.882	0.936
IDP	0.091	0.014	5861	3.613	0.149	0.064	0.118
IODINE	0.413	0.011	5791	1.632	0.026	0.392	0.434
SCHOOL	0.884	0.007	2417	1.099	0.008	0.869	0.898
LITERA	0.950	0.002	18987	1.307	0.002	0.946	0.954
SAFE	0.763	0.015	27030	5.684	0.019	0.734	0.792
SANIT	0.808	0.012	27030	4.807	0.014	0.785	0.831
WORK	0.130	0.007	5973	1.518	0.051	0.117	0.143
EVERBR	0.622	0.007	6959	1.206	0.011	0.608	0.636
WEIGH	0.604	0.025	399	1.031	0.042	0.553	0.655
AIDS	0.716	0.009	6959	1.729	0.013	0.697	0.735
THREE	0.092	0.004	6959	1.251	0.047	0.083	0.101
THREEM	0.050	0.003	6959	1.081	0.057	0.044	0.055
MOMKID	0.476	0.009	6959	1.526	0.019	0.458	0.494
THREEW	0.381	0.009	6959	1.547	0.024	0.363	0.399
ONEPLS	0.087	0.004	6959	1.321	0.051	0.078	0.096
KNOWS	0.017	0.001	6959	0.890	0.080	0.015	0.020
PLACE	0.133	0.005	6959	1.348	0.041	0.122	0.144
TESTED	0.068	0.004	6959	1.424	0.063	0.059	0.076
NOMETH	0.449	0.009	4241	1.230	0.021	0.430	0.467
ANYMOD	0.158	0.007	4241	1.200	0.043	0.145	0.172
ANYTRA	0.393	0.009	4241	1.135	0.022	0.376	0.410
ANY	0.551	0.009	4241	1.230	0.017	0.533	0.570
SKILAN	0.687	0.027	399	1.170	0.040	0.632	0.741
SKILDC	0.875	0.019	399	1.118	0.021	0.838	0.912
ECEP	0.114	0.014	816	1.268	0.124	0.086	0.142
WA2	0.168	0.011	1711	1.176	0.063	0.146	0.189
HA2	0.196	0.011	1711	1.095	0.054	0.175	0.217
WH2	0.079	0.008	1711	1.163	0.096	0.064	0.095
EXBF	0.094	0.029	106	1.000	0.302	0.037	0.151
SOLIDS	0.390	0.046	118	1.028	0.119	0.297	0.483
BF1223	0.383	0.045	133	1.063	0.117	0.294	0.473
BF2023	0.156	0.040	109	1.148	0.257	0.076	0.236
DIARR	0.217	0.011	1875	1.206	0.053	0.194	0.240
RECTRE	0.926	0.012	407	0.894	0.013	0.903	0.949
DRNKD	0.265	0.020	407	0.920	0.076	0.225	0.306
ARI	0.031	0.005	1875	1.221	0.156	0.022	0.041
ANY	0.356	0.064	59	1.011	0.179	0.229	0.483
SICK	0.326	0.013	1875	1.192	0.040	0.301	0.352
DRNKS	0.278	0.019	612	1.046	0.068	0.240	0.316
TWOSIG	0.340	0.017	1875	1.527	0.049	0.306	0.373
BEDNET	0.124	0.008	1875	1.053	0.065	0.108	0.140
FEVER	0.137	0.010	1875	1.201	0.070	0.118	0.156
REGIST	0.968	0.006	1875	1.407	0.006	0.957	0.979

Table A.3. Sampling Errors, Urban Areas, Azerbaijan, 2000

[Standard	Number	Design	Relative		
	Value	Error	of Cases	Effect	Error	Confider	ice Limits
	(R)	(SE)	(N)	(DEFT)	(SE/R)	R-2SE	R+2SE
				· · · ·	~ /		
URBAN	1.000	0.000	3388	0.000	0.000	1.000	1.000
RESIDE	0.885	0.019	3388	3.420	0.021	0.848	0.923
IDP	0.115	0.019	3388	3.420	0.163	0.077	0.152
IODINE	0.438	0.015	3355	1.701	0.033	0.409	0.467
SCHOOL	0.899	0.009	1232	1.041	0.010	0.881	0.917
LITERA	0.972	0.002	10454	1.302	0.002	0.968	0.976
SAFE	0.925	0.013	14517	6.143	0.015	0.898	0.952
SANIT	0.898	0.012	14517	4.886	0.014	0.874	0.923
WORK	0.076	0.008	3061	1.602	0.101	0.060	0.091
EVERBR	0.631	0.009	3910	1.216	0.015	0.612	0.649
WEIGH	0.832	0.029	173	1.018	0.035	0.774	0.890
AIDS	0.834	0.011	3910	1.810	0.013	0.813	0.856
THREE	0.113	0.006	3910	1.262	0.056	0.101	0.126
THREEM	0.070	0.004	3910	1.020	0.059	0.062	0.079
MOMKID	0.565	0.012	3910	1.543	0.022	0.541	0.590
THREEW	0.465	0.013	3910	1.609	0.028	0.440	0.491
ONEPLS	0.112	0.007	3910	1.321	0.059	0.099	0.125
KNOWS	0.026	0.002	3910	0.903	0.088	0.021	0.031
PLACE	0.192	0.009	3910	1.433	0.047	0.174	0.210
TESTED	0.104	0.007	3910	1.416	0.067	0.090	0.118
NOMETH	0.447	0.013	2339	1.256	0.029	0.421	0.473
ANYMOD	0.193	0.010	2339	1.210	0.051	0.173	0.213
ANYTRA	0.360	0.012	2339	1.182	0.033	0.337	0.383
ANY	0.553	0.013	2339	1.256	0.023	0.527	0.579
SKILAN	0.821	0.034	173	1.154	0.041	0.753	0.888
SKILDC	0.948	0.014	173	0.849	0.015	0.919	0.977
ECEP	0.191	0.024	413	1.245	0.126	0.143	0.240
WA2	0.149	0.017	814	1.351	0.113	0.115	0.182
HA2	0.172	0.016	814	1.197	0.092	0.140	0.204
WH2	0.080	0.012	814	1.278	0.152	0.056	0.104
EXBF	0.067	0.037	45	0.992	0.560	0.008	0.141
SOLIDS	0.373	0.067	51	0.984	0.181	0.238	0.507
BF1223	0.324	0.060	68	1.044	0.184	0.204	0.443
BF2023	0.160	0.055	50	1.045	0.342	0.051	0.269
	0.165	0.014	014	1 1 1 2	0.092	0.129	0.102
DIAKK	0.105	0.014	914	1.115	0.085	0.138	0.193
RECIRE	0.934	0.019	151	0.952	0.021	0.895	0.972
	0.225	0.033	151	0.977	0.148	0.159	0.292
ARI	0.019	0.005	914	1.193	0.287	0.008	0.029
AN I SICK	0.294	0.105	17	1.040	0.549	0.089	0.499
DDNKC	0.311	0.010	914	1.040	0.031	0.279	0.343
DKINKS	0.201	0.028	284	1.084	0.109	0.204	0.317
IWUSIG	0.361	0.025	914	1.584	0.070	0.311	0.411
BEDNET	0.065	0.010	914	1.210	0.152	0.045	0.084
FEVER	0.139	0.012	914	1.070	0.088	0.114	0.103
REGIST	0.981	0.005	914	1.083	0.005	0.972	0.991

Table A.4. Sampling Errors, Rural Areas, Azerbaijan, 2000

		Standard	Number	Design	Relative		
	Value	Error	of Cases	Effect	Error	Confiden	ce Limits
	(R)	(SE)	(N)	(DEFT)	(SE/R)	R-2SE	R+2SE
			. ,	. ,	. ,		
URBAN	0.000	0.000	2473	0.000	0.000	0.000	0.000
RESIDE	0.941	0.019	2473	4.086	0.021	0.902	0.979
IDP	0.059	0.019	2473	4.086	0.327	0.021	0.098
IODINE	0.378	0.015	2436	1.545	0.040	0.348	0.408
SCHOOL	0.868	0.011	1185	1.121	0.013	0.845	0.890
LITERA	0.924	0.003	8533	1.214	0.004	0.917	0.931
SAFE	0.575	0.027	12513	6.043	0.046	0.522	0.629
SANIT	0.703	0.021	12513	5.030	0.029	0.662	0.744
WORK	0.187	0.011	2912	1.459	0.056	0.166	0.208
EVERBR	0.612	0.011	3049	1.208	0.017	0.590	0.633
WEIGH	0.429	0.038	226	1.143	0.088	0.354	0.505
AIDS	0.564	0.017	3049	1.843	0.029	0.531	0.597
THREE	0.065	0.006	3049	1.256	0.087	0.053	0.076
THREEM	0.023	0.003	3049	1.290	0.152	0.016	0.030
MOMKID	0.361	0.015	3049	1.677	0.040	0.332	0.390
THREEW	0.273	0.013	3049	1.598	0.047	0.247	0.299
ONEPLS	0.055	0.005	3049	1.331	0.100	0.044	0.066
KNOWS	0.006	0.001	3049	0.816	0.187	0.004	0.009
PLACE	0.058	0.005	3049	1.284	0.094	0.047	0.069
TESTED	0.021	0.003	3049	1.173	0.145	0.015	0.027
NOMETH	0.451	0.014	1902	1.197	0.030	0.423	0.478
ANYMOD	0.116	0.009	1902	1.214	0.077	0.098	0.133
ANYTRA	0.434	0.012	1902	1.063	0.028	0.410	0.458
ANY	0.549	0.014	1902	1.197	0.025	0.522	0.577
SKILAN	0.584	0.039	226	1.172	0.066	0.507	0.661
SKILDC	0.819	0.030	226	1.157	0.036	0.759	0.878
ECEP	0.035	0.012	403	1.367	0.359	0.010	0.060
WA2	0.185	0.013	897	1.013	0.071	0.159	0.211
HA2	0.217	0.014	897	1.007	0.064	0.190	0.245
WH2	0.079	0.009	897	1.045	0.119	0.060	0.098
EXBF	0.115	0.041	61	0.998	0.358	0.033	0.197
SOLIDS	0.403	0.063	67	1.042	0.156	0.277	0.529
BF1223	0.446	0.067	65	1.079	0.150	0.312	0.580
BF2023	0.153	0.058	59	1.221	0.378	0.037	0.268
DIARR	0.266	0.018	961	1.285	0.069	0.230	0.303
RECTRE	0.922	0.014	256	0.859	0.016	0.893	0.951
DRNKD	0.289	0.025	256	0.881	0.087	0.239	0.339
ARI	0.044	0.008	961	1.235	0.186	0.027	0.060
ANY	0.381	0.078	42	1.028	0.205	0.225	0.537
SICK	0.341	0.020	961	1.326	0.059	0.301	0.382
DRNKS	0.293	0.026	328	1.014	0.087	0.242	0.344
TWOSIG	0.319	0.022	961	1.483	0.070	0.275	0.364
BEDNET	0.181	0.013	961	1.009	0.069	0.156	0.206
FEVER	0.135	0.015	961	1.314	0.107	0.106	0.164
REGIST	0.955	0.010	961	1.521	0.011	0.935	0.976

Table A.5. Sampling Errors, Baku Region, Azerbaijan, 2000

		Standard	Number	Design	Relative		
	Value	Error	of Cases	Effect	Error	Confiden	ice Limits
	(R)	(SE)	(N)	(DEFT)	(SE/R)	R-2SE	R+2SE
URBAN	1.000	0.000	1740	0.000	0.000	1.000	1.000
RESIDE	0.882	0.024	1740	3.065	0.027	0.835	0.930
IDP	0.118	0.024	1740	3.065	0.201	0.070	0.165
IODINE	0.347	0.018	1723	1.606	0.053	0.310	0.384
SCHOOL	0.916	0.009	609	0.808	0.010	0.898	0.934
LITERA	0.988	0.001	5172	0.872	0.001	0.985	0.990
SAFE	0.944	0.020	7108	7.210	0.021	0.904	0.983
SANIT	0.989	0.003	7108	2.530	0.003	0.982	0.995
WORK	0.046	0.011	1478	1.999	0.237	0.024	0.068
EVERBR	0.636	0.013	1939	1.150	0.020	0.611	0.661
WEIGH	0.852	0.041	81	1.038	0.048	0.769	0.934
AIDS	0.893	0.009	1939	1.316	0.010	0.875	0.912
THREE	0.090	0.007	1939	1.071	0.077	0.076	0.104
THREEM	0.073	0.006	1939	1.070	0.087	0.061	0.086
MOMKID	0.627	0.020	1939	1.812	0.032	0.587	0.667
THREEW	0.532	0.021	1939	1.889	0.040	0.489	0.575
ONEPLS	0.142	0.011	1939	1.424	0.080	0.119	0.164
KNOWS	0.021	0.002	1939	0.736	0.115	0.016	0.025
PLACE	0.239	0.013	1939	1.388	0.056	0.212	0.266
TESTED	0.142	0.011	1939	1.384	0.077	0.120	0.164
NOMETH	0.497	0.015	1148	1.001	0.030	0.468	0.527
ANYMOD	0.197	0.014	1148	1.160	0.069	0.170	0.224
ANYTRA	0.306	0.013	1148	0.988	0.044	0.279	0.333
ANY	0.503	0.015	1148	1.001	0.029	0.473	0.532
SKILAN	0.827	0.048	81	1.126	0.058	0.732	0.922
SKILDC	0.938	0.020	81	0.730	0.021	0.899	0.978
ECEP	0.202	0.030	188	1.012	0.147	0.143	0.262
WA2	0.114	0.022	370	1.310	0.191	0.070	0.157
HA2	0.154	0.019	370	0.985	0.120	0.117	0.191
WH2	0.054	0.012	370	1.027	0.224	0.030	0.078
DIARR	0.110	0.015	420	1.006	0.140	0.079	0.140
RECTRE	0.935	0.035	46	0.951	0.037	0.865	1.000
DRNKD	0.196	0.054	46	0.910	0.275	0.088	0.303
ARI	0.019	0.008	420	1.184	0.415	0.003	0.035
SICK	0.274	0.022	420	1.021	0.081	0.229	0.318
DRNKS	0.252	0.051	115	1.251	0.202	0.150	0.354
TWOSIG	0.381	0.034	420	1.425	0.089	0.313	0.449
BEDNET	0.043	0.012	420	1.165	0.269	0.020	0.066
FEVER	0.112	0.015	420	0.971	0.134	0.082	0.142
REGIST	0.981	0.007	420	1.123	0.008	0.966	0.996

Table A.6. Sampling Errors, Nakhcivan Region, Azerbaijan, 2000

		Standard	Number	Design	Relative		
	Value	Error	of Cases	Effect	Error	Confiden	ce Limits
	(R)	(SE)	(N)	(DEFT)	(SE/R)	R-2SE	R+2SE
URBAN	0.261	0.081	218	2.710	0.309	0.100	0.423
RESIDE	0.995	0.005	218	1.033	0.005	0.986	1.000
IDP	0.005	0.005	218	1.033	1.033	0.005	0.014
IODINE	0.106	0.026	217	1.225	0.242	0.055	0.157
SCHOOL	0.944	0.019	90	0.763	0.020	0.907	0.981
LITERA	0.906	0.012	732	1.079	0.013	0.882	0.929
SAFE	0.684	0.074	1075	5.236	0.109	0.535	0.832
SANIT	0.936	0.030	1075	4.024	0.032	0.876	0.996
WORK	0.202	0.015	242	0.584	0.075	0.172	0.233
EVERBR	0.644	0.034	261	1.135	0.052	0.576	0.711
WEIGH	0.194	0.097	31	1.345	0.501	0.000	0.388
AIDS	0.406	0.037	261	1.220	0.092	0.332	0.480
THREE	0.073	0.022	261	1.350	0.299	0.029	0.116
THREEM	0.050	0.012	261	0.878	0.238	0.026	0.073
MOMKID	0.207	0.034	261	1.334	0.162	0.140	0.274
THREEW	0.138	0.024	261	1.134	0.176	0.089	0.186
ONEPLS	0.069	0.019	261	1.212	0.276	0.031	0.107
KNOWS	0.027	0.015	261	1.483	0.554	0.003	0.057
PLACE	0.031	0.011	261	0.990	0.345	0.009	0.052
TESTED	0.023	0.010	261	1.045	0.422	0.004	0.042
NOMETH	0.395	0.026	172	0.684	0.065	0.344	0.447
ANYMOD	0.163	0.024	172	0.845	0.147	0.115	0.211
ANYTRA	0.442	0.028	172	0.741	0.064	0.386	0.498
ANY	0.605	0.026	172	0.684	0.042	0.553	0.656
SKILAN	0.613	0.139	31	1.563	0.227	0.335	0.891
SKILDC	0.806	0.116	31	1.615	0.144	0.573	1.000
ECEP	0.027	0.028	37	1.037	1.037	0.029	0.083
WA2	0.196	0.052	97	1.285	0.266	0.092	0.300
HA2	0.237	0.058	97	1.334	0.244	0.121	0.353
WH2	0.072	0.009	97	0.358	0.131	0.053	0.091
DIARR	0.351	0.059	97	1.206	0.168	0.233	0.468
RECTRE	0.941	0.031	34	0.763	0.033	0.879	1.000
DRNKD	0.294	0.073	34	0.923	0.249	0.148	0.441
ARI	0.072	0.026	97	0.977	0.358	0.021	0.124
SICK	0.474	0.067	97	1.319	0.142	0.340	0.609
DRNKS	0.326	0.080	46	1.147	0.246	0.166	0.486
TWOSIG	0.495	0.053	97	1.031	0.106	0.390	0.600
BEDNET	0.371	0.032	97	0.652	0.087	0.307	0.435
FEVER	0.186	0.044	97	1.099	0.235	0.098	0.273
REGIST	0.979	0.013	97	0.925	0.014	0.953	1.000

Table A.7. Sampling Errors, Central & Northern Region, Azerbaijan, 2000

		Standard	Number	Design	Relative		
	Value	Error	of Cases	Effect	Error	Confiden	ce Limits
	(R)	(SE)	(N)	(DEFT)	(SE/R)	R-2SE	R+2SE
URBAN	0.476	0.015	2029	1.339	0.031	0.446	0.506
RESIDE	0.905	0.027	2029	4.112	0.030	0.851	0.958
IDP	0.095	0.027	2029	4.112	0.282	0.042	0.149
IODINE	0.438	0.014	1989	1.237	0.031	0.411	0.466
SCHOOL	0.883	0.011	928	1.062	0.013	0.860	0.905
LITERA	0.947	0.004	6637	1.424	0.004	0.939	0.954
SAFE	0.697	0.028	9634	6.073	0.041	0.640	0.754
SANIT	0.684	0.021	9634	4.401	0.031	0.642	0.725
WORK	0.166	0.011	2247	1.441	0.068	0.143	0.189
EVERBR	0.613	0.011	2499	1.178	0.019	0.590	0.636
WEIGH	0.624	0.045	141	1.092	0.072	0.535	0.714
AIDS	0.687	0.017	2499	1.880	0.025	0.652	0.722
THREE	0.100	0.007	2499	1.221	0.073	0.085	0.115
THREEM	0.045	0.005	2499	1.184	0.109	0.035	0.055
MOMKID	0.449	0.016	2499	1.593	0.035	0.417	0.481
THREEW	0.349	0.014	2499	1.494	0.041	0.320	0.377
ONEPLS	0.067	0.007	2499	1.396	0.104	0.053	0.081
KNOWS	0.020	0.002	2499	0.879	0.122	0.015	0.025
PLACE	0.104	0.009	2499	1.447	0.085	0.086	0.122
TESTED	0.039	0.004	2499	0.926	0.092	0.032	0.046
NOMETH	0.386	0.016	1527	1.291	0.042	0.354	0.418
ANYMOD	0.135	0.011	1527	1.201	0.078	0.114	0.156
ANYTRA	0.479	0.017	1527	1.297	0.035	0.446	0.513
ANY	0.614	0.016	1527	1.291	0.026	0.582	0.646
SKILAN	0.645	0.051	141	1.251	0.078	0.544	0.747
SKILDC	0.837	0.037	141	1.182	0.044	0.763	0.911
ECEP	0.113	0.022	311	1.243	0.198	0.068	0.157
WA2	0.163	0.016	612	1.082	0.099	0.131	0.196
HA2	0.196	0.015	612	0.944	0.077	0.166	0.226
WH2	0.083	0.013	612	1.207	0.162	0.056	0.110
DIARR	0.221	0.019	692	1.223	0.087	0.182	0.260
RECTRE	0.961	0.017	153	1.068	0.017	0.927	0.994
DRNKD	0.248	0.032	153	0.916	0.129	0.184	0.313
ARI	0.029	0.008	692	1.219	0.269	0.013	0.044
SICK	0.298	0.020	692	1.145	0.067	0.258	0.338
DRNKS	0.248	0.031	206	1.035	0.126	0.185	0.310
TWOSIG	0.264	0.025	692	1.506	0.096	0.214	0.315
BEDNET	0.105	0.014	692	1.185	0.131	0.078	0.133
FEVER	0.130	0.013	692	1.051	0.103	0.103	0.157
REGIST	0.954	0.013	692	1.625	0.014	0.928	0.980

Table A.8. Sampling Errors, Western & Southwestern Region, Azerbaijan, 2000

	<u></u>	Standard	Number	Design	Relative		
	Value	Error	of Cases	Effect	Error	Confiden	ice Limits
	(R)	(SE)	(N)	(DEFT)	(SE/R)	R-2SE	R+2SE
URBAN	0.379	0.023	1190	1.620	0.060	0.333	0.425
RESIDE	0.887	0.035	1190	3.769	0.039	0.818	0.957
IDP	0.113	0.035	1190	3.769	0.307	0.043	0.182
IODINE	0.485	0.031	1180	2.163	0.065	0.422	0.548
SCHOOL	0.851	0.020	457	1.209	0.024	0.811	0.892
LITERA	0.944	0.005	3806	1.451	0.006	0.934	0.955
SAFE	0.737	0.032	5427	5.286	0.043	0.674	0.800
SANIT	0.792	0.028	5427	5.144	0.036	0.736	0.849
WORK	0.152	0.013	1173	1.270	0.088	0.125	0.178
EVERBR	0.637	0.017	1329	1.310	0.027	0.602	0.671
WEIGH	0.600	0.068	70	1.153	0.113	0.464	0.736
AIDS	0.699	0.023	1329	1.857	0.033	0.652	0.746
THREE	0.135	0.012	1329	1.330	0.092	0.110	0.160
THREEM	0.047	0.005	1329	0.829	0.103	0.037	0.056
MOMKID	0.470	0.021	1329	1.501	0.044	0.428	0.511
THREEW	0.374	0.018	1329	1.387	0.049	0.337	0.411
ONEPLS	0.078	0.009	1329	1.159	0.110	0.060	0.095
KNOWS	0.016	0.003	1329	0.792	0.171	0.010	0.021
PLACE	0.115	0.013	1329	1.503	0.114	0.089	0.141
TESTED	0.053	0.009	1329	1.428	0.166	0.035	0.070
NOMETH	0.483	0.025	832	1.457	0.052	0.433	0.534
ANYMOD	0.161	0.016	832	1.267	0.100	0.129	0.193
ANYTRA	0.356	0.018	832	1.083	0.051	0.320	0.392
ANY	0.517	0.025	832	1.457	0.049	0.466	0.567
SKILAN	0.700	0.043	70	0.775	0.061	0.614	0.786
SKILDC	0.900	0.031	70	0.870	0.035	0.837	0.963
ECEP	0.104	0.038	173	1.652	0.370	0.027	0.181
WA2	0.224	0.029	375	1.363	0.131	0.165	0.283
HA2	0.251	0.027	375	1.217	0.109	0.196	0.305
WH2	0.107	0.019	375	1.188	0.178	0.069	0.145
DIARR	0.270	0.028	396	1.232	0.102	0.215	0.325
RECTRE	0.897	0.026	107	0.897	0.029	0.844	0.950
DRNKD	0.243	0.042	107	1.014	0.174	0.159	0.327
ARI	0.053	0.015	396	1.302	0.277	0.024	0.082
SICK	0.394	0.033	396	1.353	0.084	0.327	0.460
DRNKS	0.282	0.033	156	0.902	0.116	0.217	0.347
TWOSIG	0.336	0.035	396	1.478	0.105	0.266	0.406
BEDNET	0.121	0.014	396	0.838	0.114	0.094	0.149
FEVER	0.202	0.029	396	1.456	0.146	0.143	0.261
REGIST	0.982	0.009	396	1.377	0.009	0.964	1.000

Table A.9. Sampling Errors, Southern Region, Azerbaijan, 2000

[Standard	Number	Design	Relative		
	Value	Error	of Cases	Effect	Error	Confidence Limits	
	(R)	(SE)	(N)	(DEFT)	(SE/R)	R-2SE	R+2SE
			. ,	. ,	. ,		
URBAN	0.254	0.045	684	2.672	0.175	0.165	0.343
RESIDE	0.997	0.002	684	1.020	0.002	0.993	1.000
IDP	0.003	0.002	684	1.020	0.720	0.001	0.007
IODINE	0.478	0.036	682	1.857	0.074	0.407	0.549
SCHOOL	0.856	0.023	333	1.197	0.027	0.810	0.902
LITERA	0.907	0.006	2640	1.032	0.006	0.895	0.918
SAFE	0.651	0.036	3786	4.635	0.055	0.579	0.723
SANIT	0.770	0.047	3786	6.865	0.061	0.676	0.864
WORK	0.131	0.019	833	1.598	0.143	0.093	0.168
EVERBR	0.592	0.020	931	1.245	0.034	0.552	0.632
WEIGH	0.474	0.059	76	1.032	0.126	0.355	0.593
AIDS	0.536	0.032	931	1.937	0.059	0.473	0.599
THREE	0.017	0.004	931	0.936	0.232	0.009	0.025
THREEM	0.017	0.005	931	1.153	0.286	0.007	0.027
MOMKID	0.318	0.025	931	1.647	0.079	0.268	0.368
THREEW	0.232	0.026	931	1.853	0.111	0.181	0.283
ONEPLS	0.045	0.007	931	0.967	0.146	0.032	0.058
KNOWS	0.002	0.002	931	1.020	0.721	0.001	0.005
PLACE	0.046	0.008	931	1.185	0.177	0.030	0.063
TESTED	0.021	0.005	931	1.116	0.247	0.011	0.032
NOMETH	0.486	0.023	562	1.098	0.048	0.439	0.532
ANYMOD	0.137	0.019	562	1.297	0.137	0.099	0.175
ANYTRA	0.377	0.021	562	1.020	0.055	0.335	0.419
ANY	0.514	0.023	562	1.098	0.045	0.468	0.561
SKILAN	0.632	0.067	76	1.212	0.107	0.497	0.767
SKILDC	0.882	0.025	76	0.678	0.029	0.831	0.932
ECEP	0.009	0.009	107	0.977	0.977	0.009	0.028
WA2	0.163	0.018	257	0.765	0.108	0.128	0.199
HA2	0.160	0.025	257	1.093	0.157	0.109	0.210
WH2	0.070	0.013	257	0.830	0.189	0.044	0.097
DIARR	0.248	0.030	270	1.153	0.122	0.187	0.309
RECTRE	0.881	0.027	67	0.686	0.031	0.826	0.935
DRNKD	0.373	0.048	67	0.812	0.130	0.276	0.470
ARI	0.011	0.006	270	1.006	0.579	0.002	0.024
SICK	0.330	0.034	270	1.183	0.103	0.262	0.397
DRNKS	0.348	0.050	89	0.979	0.143	0.249	0.448
TWOSIG	0.419	0.042	270	1.385	0.100	0.335	0.502
BEDNET	0.215	0.028	270	1.125	0.131	0.158	0.271
FEVER	0.081	0.019	270	1.156	0.237	0.043	0.120
REGIST	0.959	0.009	270	0.765	0.010	0.941	0.978

Appendix B: List of Personnel Involved in the Azerbaijan MICS

State Committee of Statistics

Mr. Arif Veliyev (Chair) Mr. Agadadash Mammedov (Deputy Chair)) Mr. Rza Allahverdiyev (Survey Director, Head, Department of Demography, State Committee of Statistics) Mr. Kamal Panahov (Data Processing) Mr. Veli Allahverdiyev (Data Processing)

Steering Committee

Mr. G. Amirov, Chairman (Deputy Head of the Department of Science, Education and Social Issues, the Cabinet of Ministers)

Mr. A. Muradov (Head, Division of General and Pre-school Education, Ministry of Education)

Ms. Z. Abdullaheva (Deputy Head, Division of Higher and Vocational Education, Ministry of Education)

Mr. V. Gasymov (Head, Division of Sanitary and Epidemiology, Ministry of Health)

Mr. R. Allahverdiyev (Head, Department of Demography, State Committee of Statistics)

Mr. M. Rahimov (Head, Division of Physical Culture, Ministry of Youth and Sports)

Mr. V. Mammadov (Head, Department of Demography and Employment Policy, Ministry of Labor and Social Protection of Population)

UNICEF Azerbaijan

Dr.Akif Saatcioglu (Head of Office) Dr.Kamil Melikov (Focal Point)

UNICEF Consultant

Assoc.Prof.Attila Hancioglu

Local Consultant

Mr.Latif Kengerlinsky

Field Staff

Ùuñåéíîâ Ñàëìàí Ùuñåéíîâ Òîôèã Àááàñîâà Ìeòàíeò Àëëàùâåðäèéåâà Ñeèäe Áàáàõàíîâ Sàùèí Áàéðàìîâà Òàìåëëà Áàéðàìîâà Ôàòìà Áeéëeðîâ Íàièã Ãàðäàsõàíîâà Íàòàâàí Ãàñûìîâ Åëíóð Ãàñûìîâ Ñåéìóð Ãàñûìîâà Õàòèðe Ãóëèéåâ Åìèë Ãóëèéåâà Ëeìàí Ãóðáàíîâà Ìeòàíeò Äàäàsîâà Éåýàíe

Regional coordinator Regional coordinator interviewer interviewer supervisor interviewer interviewer editor interviewer editor supervisor interviewer supervisor interviewer interviewer interviewer

Æeëèëîâ Áeùðóç Æeôeðîâ Åëìàí Èìàìeëèéåâà Ýuë÷bùðe Èìàíîâ Íàèë Èñýeíäeðîâ Àíàð Éàãóáëó Åòèáàð Êeðèìîâà Eìèíe Êeòàíáeéîâ Ùåéäeð Ìeììeäîâ Åë÷èí Ìeiieäîâ Æåéùóí Ìeiieäiâ Òåëiàí Ìeììeäîâà Àìèëe Ìeììeäîâà Àñèôe Ìeiieäiâà Ñåâèíæ Ìeiieäðeuèiîâà Ñeäàãeò Ìeùeððeìîâà Íeðýèc Íóðèéåâ Éàâeð Íeèðîâà Uëêeð Ñàäûãîâà Ìàùèðe Ñeìeäîâ Àäèë Ñeìeäîâ Ñåâèíäèê Ñeôeðëè Íeðèìàí Ùàæûéåâ Îãòàé Ùàæûéåâ Ôeðùàä Ùuñåéíîâà Éàâeð Ùuñåéíîâà Ýuëýuí Ùeñeíîâà Ìåùðèáàí Ýþçeëîâà Đóùèéée Aáèëîâà Çåéíeá Acècîâà Đuáàáe Açècîâà Đeñièéée Aëèéåâà Èëàùe Aëèéåâà Èðàäe Aëèùåéäeðîâà Eäèëe Añeäîâà Àéòeí Asðeôîâà Íàòåëëà Aùìeäîâà Æeìèëe Àáäóëëàéåâà Ìàùíóð Àëëàùâåðäèéåâà Òeðàíe Âeòeíõà Đeôèãe Ãàðàõàíîâà Ñåâèíæ Ãàñûìîâà Ýuëus Ãóëèéåâà Ñeêèíe Æàááàðîâà Íusàáe Æàááàðîâà Ñîëòàí Íóðèéåâà Àéýuí Íeæeôeëèéåâà Íecàêeò Ïeíàùîâà Êeìàëe Ïeíàùîâà Ìåùðèáàí Đçàéåâà Æeièëe

editor supervisor interviewer editor editor supervisor interviewer editor editor supervisor supervisor interviewer interviewer interviewer interviewer interviewer editor interviewer interviewer supervisor editor supervisor supervisor editor interviewer data clerk data clerk

Suêuðîâà Îôåëéà Ùeìèäîâà Ëàëe

data clerk data clerk **Appendix C: Questionnaires**