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# Final Report

on Family Planning and Reproductive Health

Assessment in Georgia, 1996

(Concise Version)

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## 1 Introduction

### 1.1 Assessment's Goal and Design

The overall goal of the assessment was to promote a development of the national policy on family planning in Georgia through provision of updated and reliable information about the family planning/reproductive health (FP/RH) in the country.

A panel of experts and a task force<sup>1</sup> was created composing of top specialists in FP/RH in order to elaborate major FP/RH indicators, to design a survey, to develop a questionnaire and to analyze the obtained data.

The survey covered 9 regions of Georgia. Face-to-face interviews were conducted from 7/9/96 to 22/9/96. The sample size was 1,440. Two types of questionnaire were used: one for males (~24 min.) and another for females (~39 min). The age for respondents ranged between 14 and 49.

Data entry, cleaning, weighting and statistical analysis was done in SPSS for Windows95 (version 6.1.3.).

## 2 Survey Results

### 2.1 Social and Demographic Findings

Females consisted 52% of the sample, males - 48%. Males prevailed in two age groups: 20-24 and 25-39.

The average age of the sample was 30, 29 in males and 31 in females. The mode was 25 years-old respondents.

The detailed description of the distribution by age groups and gender is shown in the Table 1, (page 14).

Distribution of the sample by regions is represented in the Figure 1 (page 3).

Figure 1. Distribution of the Sample by Regions

Region	%
Tbilisi	26%
Shida Kartli	9%
Kvemo Kartli	10%
Kakheti	10%
Imereti	18%
Achara	8%
Samegrelo	9%
Guria	4%
Meskhet-Javakheti	7%

More than half of the respondents (58.2%) resided in urban areas and the rest 41.8% of respondents - in rural areas. Rural residents prevailed in Imereti and Kakheti regions.

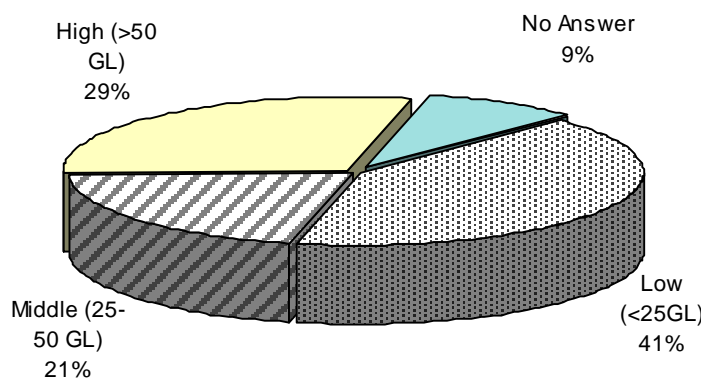
The 75% of respondents had higher than secondary school education. Employment rate was higher among males (55%) compared to females - 44%. However only 16% of females consider "being unemployed" while 28% of males reported to be unemployed.

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<sup>1</sup> For the list of members of expert panel and task force see *The Panel of Experts and Working Group*, page 17  
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Based on the reported income 29% of respondents belonged to the group with high income (>50 GL per capita per month), while 41% of respondents fell under the group with low income (<25 GL per capita per month). 9% of respondents didn't report an income.

Figure 2. Description by Income Group



It's noteworthy that 27% of males and 25.1% of females reported that they are less or more satisfied by income, while correspondingly 27.5% and 32.8% of respondents stated that they are definitely unhappy with their income.

18% of females indicated on a husband as a source of income.

## 2.2 Family Composition and Reproduction

### 2.2.1 Reproduction & Fertility

The survey revealed that a family without a child is not attractive either for females or males. And only a small portion of respondents (1.5%) indicated on a single child family as preferred one. Three children family seems to be most popular, i.e. "reproduction standard" in Georgia (see Figure 3, page 4).

Figure 3. An attitude toward the number of children in a family

	% of those who reported the number of children						Total	Average number of Children
	0	1	2	3	4	>=5		
Ideal		1,4	24,2	49,8	20,1	4,5	100	3,02
Desired		6,5	41,8	34,1	12,8	4,8	100	2,68
Anticipated (in general)	1,5	9,8	49,4	25,4	9,6	4,3	100	2,44
Anticipated (in next 5 years)		12,1	58,1	24,5	4,3	1,0	100	2,25
Parents of females		7,7	30,7	31,5	16,0	14,1	100	3,09
Grandparents of females		1,9	15,8	28,8	25,7	27,8	100	3,72

Married females had in average 1.77 children and planned to have in average 0.67 children more in general and in average 0.38 children in next 5 years. At the same time 51.3% of respondents had 2 children and 26.8% - 1 child, while 61.1% out of total interviewed didn't intend to have more children.

Only small part of married females consider the age under 18 proper for the marriage, while significant number of respondents got married before 18. The most popular age for marriage was reported to be 20-22 (see Figure 4, page 5).

Figure 4. The Marriage Age: Ideal and Factual by residency

The age of Marriage	Countrywide		Urban		Rural	
	Ideal	Real	Ideal	Real	Ideal	Real
<18	2,3	13,6	1,9	16,3	3,4	10,1
18-19	11,2	17,1	9,7	18,5	13,4	14,8
20-22	45,0	30,7	40,9	28,8	50,3	33,2
23-25	35,1	19,4	40,5	17,3	27,9	22,3
>25	6,4	19,2	7,0	19,1	5,0	19,6
<b>Total</b>	100,0	100,0	100,0	100,0	100,0	100,0
<b>Average</b>	22,0	20,8	22,3	20,7	21,6	21,1

The total number of children reported by female respondents (n=754) was 931. Thus, total Fertility rate was 1.2.

The distribution of the number of children by childbearing age groups is shown in the Figure 5, (page 5).

Figure 5. Distribution of the number of children by the childbearing age

Childbearing Age	Children distribution		
	The First	The Second	The Third
<20	40,6	17,8	10,6
20-24	43,8	42,6	21,3
25-29	11,9	28,5	48,9
30-34	3,2	10,3	8,5
>35	0,5	0,8	10,7
<b>Total</b>	100,0	100,0	100,0
<b>Average</b>	22,2	25,3	27,8

None of respondents including married and unmarried females considered the age under 20 as the proper age of having the last child, however 6.1% of married females had the last child before reaching the age of 20.

Figure 6. Attitude of females to the age of having the last child

The age of having the last child	Ideal	Factual
<20	-	6,1
20-24	1,5	29,5
25-29	5,9	38,0
30-34	31,2	18,6
>35	61,4	7,8
<b>Total</b>	100,0	100,0
<b>Average</b>	34,1	26,6

The difference between ideal and factual reproductive periods has been detected: in average, the factual reproductive period is 2 times less than the ideal one, and among the certain groups like Russians - 3 times less. As it shown in the Figure 7 (page 6) the reproduction period among urban residents is higher than among rural residents.

Figure 7 Description of Reproductive Age (Ideal and Factual) by Geographic Distribution, Residency, Nationality and the level of Education

Grouping by		Reproductive Period	
		Ideal	Factual
Geographic Distribution	Georgia	12,1	5,8
	Tbilisi	12,3	6,3
Type of Residency	Urban	11,8	5,9
	Rural	12,6	5,6
By Nationality	Georgians	11,8	5,9
	Russians	12,5	4,3
	Armenians	13,3	8,0
By the level of Education	Incomplete Secondary School and lower	11,8	4,6
	Secondary School	12,4	5,4
	Special Secondary School and Technical	12,0	5,5
	High School or Incomplete High School	12,2	6,5

### 2.2.1.1 Reproductive Health

751 female out of 757 was able to mention the age of the establishment of periods. In 79.1% of cases the age of menarche ranged between 12-14 years. In 6% of cases the age was 10-11 while 14.1% females responded the age 15-17 when they got menstruation.

Menstruation cycle was regular in 87.1% of females (or in 91.1% out of 723 females who gave response).

Out of 64 respondents who had irregular cycle, only 25 (or 39.2% of 64) referred to a doctor. In 21 cases the doctor was a gynecologist, in 3 cases - endocrinologist and in one case - internists (general practitioner).

When the rest 39 females with irregular menstruation not been referred to a doctor were asked about the reason for not going to a doctor, 20 respondents (or 51.1% out of 39 and 1.8% out of all females) said that the problem was not considered *serious*; 14 respondents concluded that the problem is self-recoverable (2.2% and 0.1% correspondingly), and only 1 didn't know where to go. The rest 5 respondents indicated on other various reasons.

The age of starting sexual activity by marital status is given in Figure 21, page 15.

## 2.2.2 Pregnancy and Abortions

### 2.2.2.1 Pregnancy

The survey revealed that the pregnancy rate was 12 per 1,000 women of reproductive age.

Lifetime total pregnancy rate per woman was 7.

10 respondents out of 511 were not able to recall the exact number of pregnancies. Only in 7.3% of cases the pregnancy didn't ended with delivery. The frequency of pregnancies with correspondent results is shown below (see Figure 8, page 6):

Figure 8. Distribution of the frequency of delivery among 511 respondents

Number of Delivery	(n)	%
No delivery	37	7.3
1 Delivery	131	25.6
2 Delivery	229	44.9
3 Delivery	88	17.3
4 Delivery	23	4.6
5 Delivery	2	0.3
Total	511	100.0

Results of delivery are represented in the table below (see Figure 9, page 7). It is noteworthy, that the Caesarian section rate among female respondents was 4.8%.

Respondents were asked whether they had complications during 1st pregnancy (when relevant). 480 respondents replied -- 109 of them (22.7%) gave positive response. Half of them (45.9% of 109) mentioned I trimester toxicosis as a complication.

474 respondents provided positive responses regarding the complication after the delivery. 78 respondents had complications during the first labor (or 16.5% out of 474 or 10.3% out of all females in the sample) 27 respondents received haemotransfusion because of bleeding, 8 respondents indicated hypertension during labor, 6 - sepsis (34.4%, 10% and 7.8% correspondingly) after labor.

Figure 9. Results of delivery by the order of delivery and different profiles

Result	Delivery	I		II		III		IV		V	
		(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
Early delivery		39	8.2%	26	5.5%	8	1.6%	3	0.7%		0.0%
Term delivery		420	88.4%	314	66.2%	104	21.9%	22	4.6%	2	0.4%
Delayed delivery		16	3.3%	3	0.5%	2	0.4%		0.0%		0.0%
Stillbirth		22	4.6%	13	2.7%	4	0.9%	3	0.5%		0.0%
Live		453	95.3%	330	69.4%	109	23.0%	23	4.7%	2	0.4%
Single Fetus		466	98.0%	340	71.6%	113	23.7%	25	5.3%	2	0.4%
Twins		9	1.8%	3	0.5%	1	0.2%		0.0%		0.0%
Caesarean Section		27	5.6%	11	2.3%	4	0.8%	2	0.4%	2	0.4%

### 2.2.2.1.1 Utilization of Woman Consultations

470 respondents out of 511 being pregnant reported that they referred to doctor for consultation (96.4%). Only 6 respondents (0.8%) didn't apply to anybody, while the rest 2.8% of pregnant respondents referred to different people (nurse, parents, "other", etc.)

More than half of pregnant got qualified assistance during II-III months of the first pregnancy (31.8% and 31.4% accordingly, or 63.2% in total). 12.9% of pregnant referred to qualified doctor during the IV month of pregnancy and slightly less - 11.8% of pregnant -- during the first month.

The rate of utilization of woman consultations seems high: quarter of pregnant applied to woman consultations from 1 to 5 times, 44.5% of pregnant -- 5-10 times and the rest 30.2% of pregnant referred more than 10 times.

### 2.2.2.2 Abortion

Lifetime total abortion rate (TAR) was 4.06.

Abortion rate was 125.5 abortion per 1,000 woman of reproductive age.

Abortion ratio was 2.34 abortions for every live birth.

Distribution of the frequency of abortions by outcome and age groups is shown in the Figure 22, page 16.

49% of female respondents had abortion at least once. In 21.5% cases abortion outcome was complicated. The most frequent complication of the abortion was bleeding (32.5% of all complicated cases), then was PID - 26.5%, while in 25% cases repeated abortion was made.

In 7.9% of abortion Pap smear was performed. In 43.1% cases abortion was done without anesthesia.

In 7% of cases the abortion was induced by medication.

### 2.2.2.2.1 Mini-abortions<sup>2</sup>

Mini abortions were performed in 551 cases. 42% of mini abortions were performed during I month of pregnancy, the rest 58% during the II month of pregnancy. Mini abortion is more popular among urban residents - 75.5% versus 24.5% among rural residents. The most frequent charge for mini-abortions was 25-30 GL.

## 2.2.3 Infertility

### 2.2.3.1.1 Awareness of Reproductive Services in case of infertility

The respondents were asked where they could get consultation services specifically concerning the *infertility* and what types of institutions should be in charge of addressing *infertility* problems.

21.4% of the sample considered that this issue should be addressed by woman consultations, 16.6% mentioned Jordania Institute and 20% had no answer.

Figure 10. Providers of consultative services regarding infertility

Types of Services (Service Providers)	(n)	%
Woman consultations	312	21.4
Don't Know	291	20.0
Jordania Institute	241	16.6
Maternity Hospital	190	13.1
Private Doctor	145	10.0
Ob-gyn Department of District Polyclinics	114	7.8
Ob-gyn Department of Hospital	114	7.8
Reproductive Services	14	0.9
Healers	11	0.7
Other	26	1.8
Total	1455	100.0

When males were asked where they would go for infertility, 29.7% had no answer. Only 11.0% of females had no answer on the same question.

### 2.2.3.1.2 Reproductive service Demand and Usage due to Infertility

74 females (or 9.8% of female respondents) mentioned that had faced infertility problems. 55 among those 74 females (73.3%) got treatment due to infertility. In most cases they referred to woman consultations.

On the question regarding who advised them where to look for infertility treatment, 34.8% respondents received no advice. 20.6% of respondents asked parents for advise, 19% - spouses or partners. Friends play the least role - 7.9%.

34.8% of those who didn't look for treatment mentioned "*didn't consider as a serious problem*" as reason of not referring to doctor. 26.1% concluded that the problem was self-recoverable and only 13% didn't apply to doctor because they didn't *afford* it.

## 2.2.4 Breastfeeding

Out of 474 mothers 355 or 74.8% breastfed their first baby. The second baby got braestfeeding in 258 cases (or 75.3% out of 343 mothers who answered the question). As a matter of fact, the Breastfeeding of the first three children ranged between 70-75%.

<sup>2</sup> Mini-Abortion is a widely used term in Georgia for vacuum suction (reestablishment of menstrual cycle).



The duration of Breastfeeding was quite diverse. In 18 cases (5.1% out of 355) Breastfeeding lasted up to 24 months, in 9.1% of cases - from 18 to 36 months (!), in 10.5% of cases - 6 months. The mode was Breastfeeding during 3 months - 13.3% of cases. In other words, almost half of mothers (48.8% out of 355) provided breastfeeding for 5 months or less.

## 2.3 Family Planning

Only 33.6.7% of the total sample were aware about family planning, but not more than 10.1% understood its meaning. Females are slightly more aware compared to males (33.3% vs. 30.5%).

Figure 11. Description of the awareness and knowledge by Gender, Marriage Status, Age Groups and Nationality

	Females				Males			
	Being Married		Never Married		Being Married		Never Married	
	Aware	Know	Aware	Know	Aware	Know	Aware	Know
Georgia	33,6	10,1	32,4	14,2	36,3	13,9	24,4	9,2
Tbilisi	48,5	30,7	40,3	25,3	52,1	38,5	32,0	21,3
Urban	34,6	15,0	36,4	16,9	38,7	20,0	27,2	19,4
Rural	32,0	2,9	24,1	8,6	33,3	6,4	19,9	3,3
<b>Age:</b>								
<20	20,0	10,0	28,3	5,7	26,2	2,4	18,9	5,3
20-24	35,6	11,1	32,7	14,3	26,2	2,4	23,9	11,9
25-29	31,9	7,4	43,2	24,3	36,3	19,8	26,0	11,0
30-34	38,8	11,3	33,3	14,3	46,2	17,3	32,0	4,0
35-39	31,4	7,1	20,0	20,0	25,4	11,9	28,0	16,0
40-44	29,6	13,0	16,7	16,7	43,1	8,6	30,0	-
45-49	37,0	12,3	20,0	20,0	31,5	14,8	30,0	-
<b>Nationality</b>								
Georgians	32,4	10,1	30,5	12,2	38,2	13,4	26,3	11,0
Russians	47,1	14,7	40,0	20,0	33,3	24,2	17,2	10,3
Armenians	30,8	3,8	33,3	33,3	35,5	19,4	26,7	13,3

When definition of family planning was given to respondents (when needed), 87.6% of total sample agreed that family planning is necessary, while 4.7% of respondents expressed negative attitude to family planning.

Respondents were asked where they get information from regarding the family planning. The results are given in the Figure 12 (page 9). Printed materials like brochures and books play the main educational role.

Figure 12. Description of the sources of information about family planning by Gender and Marital Status

Source of Information	Females			Males			Total
	Average	Married	Never Married	Average	Married	Never Married	
Popular or Specific Literature	40.0	45.5	30.8	49.4	57.8	34.5	45.0
Mass Media	15.7	13.6	19.2	21.0	19.2	24.1	18.5
TV	15.7	13.6	19.2	14.8	15.4	13.8	15.2
Friends/Relatives	14.3	15.9	11.5	4.9	-	13.8	9.3
Parents	8.6	9.1	7.7	4.9	-	13.8	6.6
School (Teachers)	2.9	-	7.7	2.5	3.8	-	2.7
Health Care Professionals	1.4	2.3	-	2.5	3.8	-	2.0
Brother/Sister	1.4	-	3.9	-	-	-	0.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Only 1.2% of rural populations considers physicians as a reference point for family planning, while the same figure for urban population was 0.3%.

It was of the certain interest to find out what the population considers the main source of family planning consultations. 71.6% of respondents had no idea where they could get the

consultation about the family planning. Only 3.6% mentioned Jordania Institute as a referral point for family planning services (see Figure 13, page 10).

Figure 13. Awareness about the sources of family planning services by Gender and Residency Type

Source of Information	(n)	%	Gender		Residency	
			Female (%)	Male (%)	Urban (%)	Rural (%)
Don't Know	1042	71.6	65.7	78.0	67.5	77.3
Woman Consultations	112	7.7	12.5	2.5	9.9	4.6
Jordania Institute	53	3.6	5.0	2.1	5.7	0.8
Private Doctor	47	3.3	2.3	4.3	3.5	3.0
Maternity Hospital	13	0.9	1.4	0.4	1.3	0.3
O&G cabinet at district polyclinic	11	0.8	0.7	0.9	0.8	0.8
O&G department at hospital	8	0.6	0.6	0.5	0.6	0.6
Reproductive Service	6	0.4	0.3	0.5	0.6	0.2
Non medical ("Healers")	1	0.1	0.1	0.0	0.0	0.1
Other	162	11.1	11.4	10.7	10.2	12.4
<b>Total</b>	<b>1,455</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

29% of all respondents mentioned on woman consultation centers when they were asked where to get family planning consultation/services. 26.5% of respondents were not able to identify where they can get the services.

Most of respondents consider that female and male (74.6% of total sample, 80.7% of females and 68.8% of males) should decide both the issues relevant to family planning. Only few respondents consider participation of any "third party" like a doctor, priest, and parents necessary in decision-making.

## 2.4 Contraception

### 2.4.1 Contraception Usage Rate

Contraception prevalence<sup>3</sup> was 29.5%.

Almost half of respondents (49.7% out of total) reported that they use some method of contraception at the present.

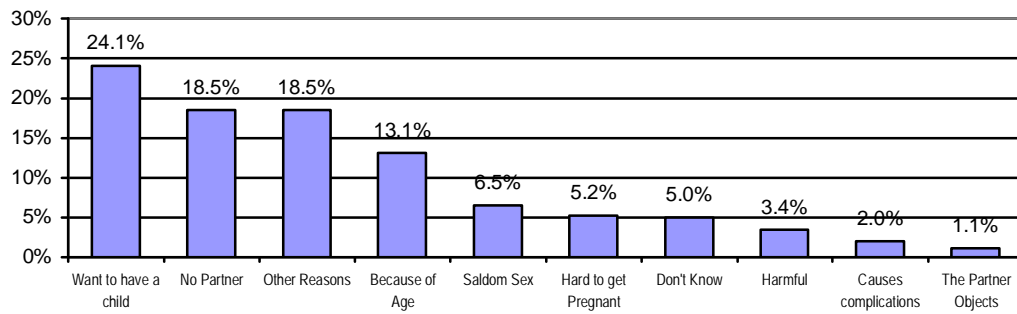
Figure 14. Contraception usage rate by the type of contraception

Types of Contraception	% Out of respondents using at least one method (n=715)	% Out of total Sample (n=1140)
Condoms	46.15%	22.91%
IDU	15.30%	7.60%
Periodic Abstinence	14.30%	7.10%
Coitus Interrupted	13.60%	6.75%
Oral (Pills)	4.50%	2.23%
Other	6.15%	3.05%

Only 43.9% of respondents answer the question *why they don't use contraception*. The results are represented below (see Figure 15, page 11):

<sup>3</sup> Contraceptive Prevalence - The number of women of reproductive age who are using at least one method of contraception divided by the total number of women of reproductive age

Figure 15 Description of reasons of not using contraception

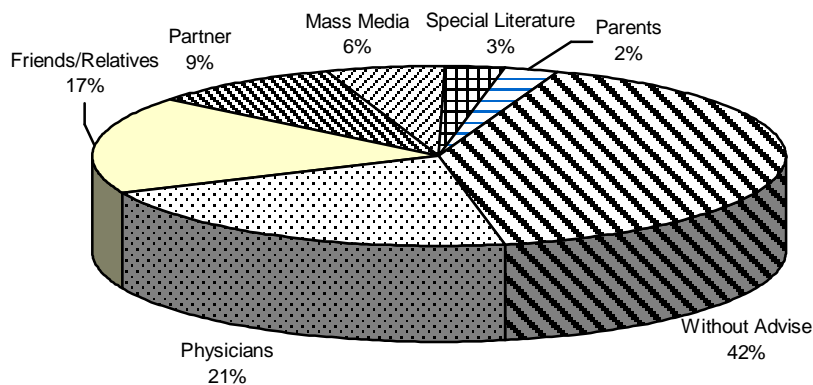


Comparing the same data by residency type, it was found that the main reason of not using contraception in urban areas was *having no partners*, while in rural areas - *want to have a child*.

### 2.4.2 Awareness of Contraception

Practically all interviewed females (97.4%) reported that they are aware of at least one method of contraception. Condoms and IUD are more popular among females in terms of awareness (92.1% and 91.1% correspondingly). Males are more aware of condoms (96.6%) and than equally of IUD and interruption (81.1%).

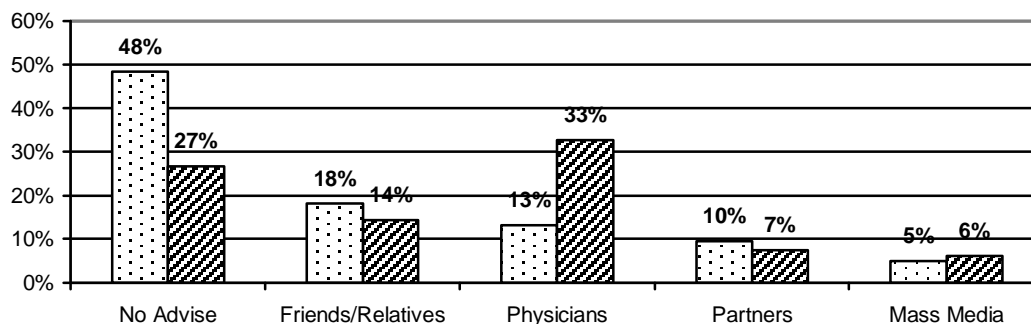
Figure 16 Description of the sources of advice about the contraception



40.1% out of 715 respondents reported, that they use the contraception without any advise, while 20.8% indicated on physicians, 16.8% - on friends/relatives, 8.7% - on partner, 5.4% got information from mass media, 2.7% - from special literature and 2.4% - from parents. The same data described by the gender of respondents in shown (see Figure 17, page 11). It is noteworthy, that physicians play a major role in provision of information about the contraception among females, while friends/relatives are the primary source of advise/information among males.

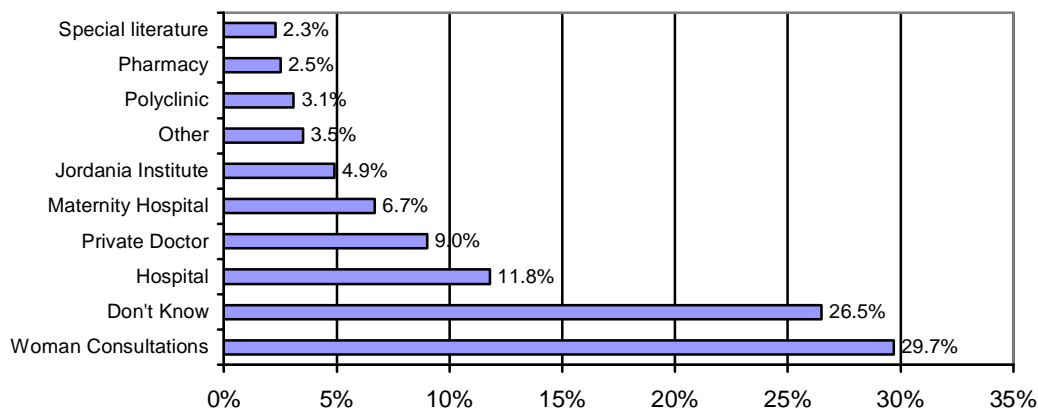
24.1% out respondents who don't use contraception reported that they deliberately refrain from contraception because they want to have children.

Figure 17. The source of general information about the contraception by the gender of respondents



The respondents were asked where they could get information/consultation regarding contraceptives. Most of them (29.7%) indicated on woman consultations. The results are represented below (Figure 18, page 12):

Figure 18. The referral points for consultations or sources of information about contraceptives



### 2.4.3 Contraception Preferences

Respondents were asked whether they (or their partners) had used at least one method of contraception. Based on the answers contraception methods were ranked by the frequency of having been used. The results are presented on the Figure 19 (p. 12).

Figure 19. The frequency of previous usage of contraceptives by the type of contraception

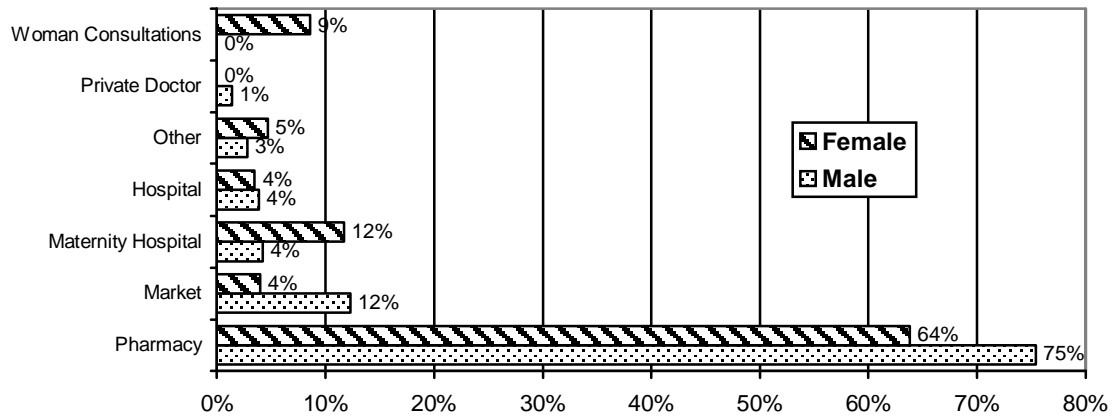
Types of Contraception	% Out of total Sample (n=1140)
Condoms	49.6%
IDU	26.5%
Coitus Interrupted	23.2%
Lactation Amenorrhoea Method	17.1%
IDU	16.2%
Oral	15.3%
Injections	3.5%

### 2.4.4 Availability of Contraception

The respondents were asked to indicate on two best places where they could get contraceptives. 871 respondents out of 1455 (59.86%) gave no response.

Both males and females considered pharmacies as the best source of contraceptives. However, males mentioned market as the second source of contraceptives, while females - maternity house. The results are shown below (see Figure 20, page 13):

Figure 20. Sources of contraceptives by Gender of respondents



As far as *Pharmacy* and *Market* are the major suppliers of contraceptives, it means that almost no contraceptives are available free of charge.

## 2.5 STD

The survey demonstrated high awareness of STD: e.g. 85.4% of respondents reported that they knew about trichomoniasis, and 80.7% - gonorrhoea. However, only 66.3% of males reported that they tried to protect from STD at least once, while only 15% of females did the same. 77,5% of respondents prefer condoms to protect from STD.

2% of respondents consider that STDs don't cause any serious problems for reproduction.

### 3 Annexes

#### 3.1 Tables

Table 1. Description of the sample by Gender and Age Groups

			Gender		Total
			Male	Female	
Age	14-19	<b>Frequency</b>	82	83	166
		% of Age Group	49.8%	50.2%	100.0%
		% of Sex	11.8%	11.0%	11.4%
		% of Total	5.7%	5.7%	11.4%
	20-24	<b>Frequency</b>	147	120	268
		% of Age Group	55.1%	44.9%	100.0%
		% of Sex	21.1%	15.9%	18.4%
		% of Total	10.1%	8.3%	18.4%
	25-29	<b>Frequency</b>	166	161	327
		% of Age Group	50.8%	49.2%	100.0%
		% of Sex	23.8%	21.3%	22.5%
		% of Total	11.4%	11.1%	22.5%
30-34	<b>Frequency</b>	116	123	239	
	% of Age Group	48.6%	51.4%	100.0%	
	% of Sex	16.6%	16.2%	16.4%	
	% of Total	8.0%	8.4%	16.4%	
35-39	<b>Frequency</b>	80	94	174	
	% of Age Group	45.9%	54.1%	100.0%	
	% of Sex	11.4%	12.5%	12.0%	
	% of Total	5.5%	6.5%	12.0%	
40-44	<b>Frequency</b>	56	77	133	
	% of Age Group	42.2%	57.8%	100.0%	
	% of Sex	8.1%	10.2%	9.2%	
	% of Total	3.9%	5.3%	9.2%	
45-49	<b>Frequency</b>	50	98	148	
	% of Age Group	33.8%	66.2%	100.0%	
	% of Sex	7.2%	12.9%	10.2%	
	% of Total	3.4%	6.7%	10.2%	
jami	<b>Frequency</b>	698	757	1455	
	% of Age Group	48.0%	52.0%	100.0%	
	% of Sex	100.0%	100.0%	100.0%	
	% of Total	48.0%	52.0%	100.0%	

Figure 21 Distribution of the age of starting sexual activity by marital status

		Merrital Status				Total
		Never Married	Married	Devorsed	Widow	
Age of starting sexual activity	14	Frequency		2		2
		% of Having Sexual Life		100.0%		100.0%
		% of Merrital Status		10.0%		1.6%
		% of Total		1.6%		1.6%
	15	Frequency	1	3		4
		% of Having Sexual Life	20.0%	80.0%		100.0%
		% of Merrital Status	1.0%	20.0%		3.9%
		% of Total	.8%	3.1%		3.9%
	16	Frequency		3	1	4
		% of Having Sexual Life		60.0%	20.0%	100.0%
		% of Merrital Status		15.0%	33.3%	50.0%
		% of Total		2.3%	.8%	3.9%
	17	Frequency	2	4		7
		% of Having Sexual Life	25.0%	62.5%		100.0%
		% of Merrital Status	1.9%	25.0%		6.3%
		% of Total	1.6%	3.9%		6.3%
	18	Frequency		3		3
		% of Having Sexual Life		100.0%		100.0%
		% of Merrital Status		20.0%		3.1%
		% of Total		3.1%		3.1%
	19	Frequency	3	2	2	6
		% of Having Sexual Life	42.9%	28.6%	28.6%	100.0%
		% of Merrital Status	2.9%	10.0%	66.7%	5.5%
		% of Total	2.3%	1.6%	1.6%	5.5%
No Sexual Life		Frequency	78			78
		% of Having Sexual Life	100.0%			100.0%
		% of Merrital Status	87.4%			70.3%
		% of Total	70.3%			70.3%
No Anser		Frequency	6			6
		% of Having Sexual Life	100.0%			100.0%
		% of Merrital Status	6.8%			5.5%
		% of Total	5.5%			5.5%
Total		Frequency	89	17	3	2
		% of Having Sexual Life	80.5%	15.6%	2.3%	1.6%
		% of Merrital Status	100.0%	100.0%	100.0%	100.0%
		% of Total	80.5%	15.6%	2.3%	1.6%

Figure 22. Distribution of the frequency of abortion by abortion's outcome and age groups

			Abortion's Outcome		Total
			Not Complicated	Complicated	
Age Group	14-19	Frequency	1	1	2
		% of Age Group	50.0%	50.0%	100.0%
		% Abortion Outcome	.3%	1.1%	.5%
		% Grand Total	.2%	.2%	.5%
20-24	Frequency	23	1	23	
	% of Age Group	96.3%	3.7%	100.0%	
	% Abortion Outcome	7.7%	1.1%	6.3%	
	% Grand Total	6.1%	.2%	6.3%	
25-29	Frequency	55	21	76	
	% of Age Group	72.7%	27.3%	100.0%	
	% Abortion Outcome	19.0%	26.1%	20.6%	
	% Grand Total	15.0%	5.6%	20.6%	
30-34	Frequency	56	15	71	
	% of Age Group	79.3%	20.7%	100.0%	
	% Abortion Outcome	19.3%	18.5%	19.2%	
	% Grand Total	15.2%	4.0%	19.2%	
35-39	Frequency	53	15	68	
	% of Age Group	78.2%	21.8%	100.0%	
	% Abortion Outcome	18.2%	18.5%	18.2%	
	% Grand Total	14.3%	4.0%	18.2%	
40-44	Frequency	42	15	56	
	% of Age Group	73.8%	26.2%	100.0%	
	% Abortion Outcome	14.3%	18.5%	15.2%	
	% Grand Total	11.2%	4.0%	15.2%	
45-49	Frequency	61	13	74	
	% of Age Group	82.6%	17.4%	100.0%	
	% Abortion Outcome	21.1%	16.3%	20.1%	
	% Grand Total	16.6%	3.5%	20.1%	
Grand Total	Frequency	291	80	371	
	% of Age Group	78.5%	21.5%	100.0%	
	% Abortion Outcome	100.0%	100.0%	100.0%	
	% Grand Total	78.5%	21.5%	100.0%	



### **3.2 The Panel of Experts and Working Group**

1. <b>David Khubua</b>	Head	Curatio International Foundation
2. <b>Archil Khomassuridze</b> Reproduction	Expert	Jordania Institute of Human
3. <b>Tengiz Asatiani</b>	Expert	Ministry of Health of Georgia
4. <b>David Kherodinashvili</b>	Expert	Ministry of Health of Georgia
5. <b>Revaz Gachechiladze</b>	Expert	Tbilisi State University
6. <b>Giorgi Tsuladze</b>	Expert	The Institute of Demography and Sociologic Studies
7. <b>Ketevan Chkhatarashvili</b> Reproduction	Working Group Member	Jordania Institute of Human
8. <b>George Gotsadze</b>	Working Group Member	Curatio International Foundation
9. <b>Paata Machavariani</b> Reproduction	Working Group Member	Jordania Institute of Human
10. <b>Ramaz Charekishvili</b> Reproduction	Working Group Member	Jordania Institute of Human
11. <b>Zurab Mkheidze</b>	Working Group Member	Georgian Institute of Public Opinion
12. <b>Elizabed Gachechiladze</b>	Working Group Member	The Institute of Demography and Sociologic Studies
13. <b>Shorena Khurtsidze</b>	Working Group Member	Georgian Institute of Public Opinion