DATA AND METHODS

Data

For our study, we used data from two surveys of women in marital union (registered or unregistered) in rural Armenia. Although having sexual intercourse before marriage is not uncommon among men, women—especially in rural areas—usually experience sexual debut at marriage. According to the 2005 ADHS, women’s age at marriage and age at first intercourse correspond almost exactly,24 which indicates that the fraction of unmarried women at risk of pregnancy is very small.

The first survey was the Migration, Social Capital, and Reproductive Behavior and Outcomes survey, conducted in 2005 in 52 villages of two marzes (provinces)—Tavush and Ararat. Ararat, located close to the capital city of Yerevan, is one of Armenia’s most fertile regions and is relatively prosperous compared with Tavush, which borders Georgia and Azerbaijan and is among the country’s poorest regions. In each village, 20 households with married women aged 18–45 were selected through a random walk algorithm, for a sample of 1,040 women. The second survey—the Labor Migration and STD/HIV Risks survey—was carried out in 2007 in rural areas of Gegharkunik province, which is also one of Armenia’s poorest regions and has very high rates of seasonal labor migration. A three-stage sampling procedure was used to select 1,240 married women aged 18–45. In total, the combined sample consisted of 2,280 women.

The sampling procedure in both surveys was designed to ensure a balanced representation of women from seasonal migrant and nonmigrant households. For each, we defined “seasonal migrant” as a husband who had left for seasonal work outside of the country for at least three months between the beginning of the year and the time of survey. Both surveys were conducted during the migration season, when most of the men were away. Some villages did not have enough eligible or available women with a migrant husband; in such cases, we interviewed additional randomly selected married women married to nonmigrants to ensure that the sample size in each village was the same. As a result, the proportion of nonmigrant households exceeded the proportion of migrant households in both surveys (63% vs. 37% in 2005, and 56% vs. 44% in 2007). It should be stressed that the sampling procedures were not meant to produce a province- or village-level representative sample of women married to migrants or nonmigrants, but rather to ensure sound comparisons between the two categories of rural women.

Both survey instruments contained identical questions on household structure and individual social and demographic characteristics, marriage and husband’s characteristics, including husband’s migration history, health and reproductive history, including the timing and outcome of all pregnancies; social capital and community; household economic characteristics and living conditions; and gender attitudes. Husband’s migration history was collected for the period of 2000–2005 for the 2005 survey, and for the period of 2001–2007 for the 2007 survey, or since marriage if it happened after 2000–2001.

Migration and Contraception

We conducted binomial logistic regression to examine the relationship between migration status and woman’s current use of medium- and long-term modern contraceptive methods at the time of the survey. We excluded from this analysis women who were pregnant at the time of the survey. In addition, because the rate of contraceptive use in Armenia is extremely low among nonparous women,24 we excluded women who had not had at least one prior birth, which resulted in a final analytical sample of 2,078 women.

Our outcome variable was women’s current use of either oral contraceptive pills or the IUD (coded 1 for yes and 0 for no); we focused on the pill and the IUD because respondents did not report use of other medium- and