American University of Armenia
Center for Health Services Research

FEASIBILITY STUDY: THE STRATEGIC INTRODUCTION OF THE STANDARD DAYS METHOD OF FAMILY PLANNING IN ARMENIA

FORMATIVE RESEARCH FINAL REPORT

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Note: Summaries, by constituent group, of the various focus groups and in-depth interviews as well as the detailed transcripts of the individual sessions are presented in a separate supplemental report.

Executive Summary

Background

The Georgetown University Institute for Reproductive Health is currently undertaking a series of studies on the strategic introduction of the Standard Days Method (SDM) of natural family planning. The purpose of the research is to assess the feasibility of strategically introducing the standard days method in the Gavar region of Armenia. Introduction of the SDM might increase the correct use of traditional methods by Armenian couples and help them avoid unwanted pregnancies and their consequences.

A number of focus groups and in-depth interviews were conducted by the research team of the American University of Armenia's Center for Health Services Research (CHSR) in 5 villages of the Gavar region to assess 1) the acceptability and feasibility of offering and using the method in the site; 2) the appropriateness of the Gavar area as a study site; and 3) the capacity of local health providers to offer the SDM.

Methods

Qualitative research techniques included focus groups and in-depth interviews. A total of 13 focus groups was conducted in the Gavar area (Sarukhan, Gandzak, Tsakhkashen, Gegharkunik and Lanjakhpyur villages) of northeastern Armenia. The four target groups included married women of reproductive age (18-45), married men (over 18); older women with married sons of reproductive age, and nurses from medical units in the villages. In addition, the research team conducted three in-depth interviews with physicians in Sarukhan and Gandzak villages.

Findings

An assessment of the acceptability and feasibility of conducting the strategic introduction of the SDM was completed in order to provide the Institute for Reproductive Health with recommendations for their future projects in Gavar. The data suggest that a strategic introduction of the SDM in the Gavar region of Armenia will be successful provided the potential difficulties and obstacles revealed by the current research are addressed.

The attitudes towards contraceptive methods in the designated communities are mostly neutral or positive, with a slight preference given to natural methods of contraception. Modern contraceptive methods are rarely used in the communities because of the fear of side effects and low availability, especially in the villages without family planning cabinets. Withdrawal supported by abortion is the most practiced method of regulating family size in these communities.

An overwhelming majority of the study participants liked the SDM and cited ease of usage, absence of side effects and lack of cost as its apparent advantages. Both men and women were eager to learn and use the method. Older members of the community (e.g., mothers-in-law who wield considerable influence), were also supportive of the SDM.

The participants suggested individual consultations and group discussions as equally preferable ways of introducing the method to potential users. The general opinion was that the method should be taught to women or a couple. If men are to be included in the training as a separate group, the methodologies for providing information differ because men preferred printed

materials and male providers. Women indicated they wanted to receive such information from knowledgeable and caring health workers.

The research revealed several possible impediments to the SDM. The most important difficulty mentioned by all of the target groups was the high number of women with irregular menstrual cycles in the Gavar communities, which would limit the number of potential clients and reduce the effectiveness of the SDM. The other significant barrier frequently indicated by all target groups was the potential reluctance of husbands to abstain from sex or to use condoms during the fertile days of women's menstrual cycle, which is core to the success of the SDM. The health care providers participating in the research also cited the following concerns: poor access to condoms, the potential inability of women to use the method correctly, monthly fluctuations in otherwise normal cycles, and the likelihood of giving preference to more effective modern methods of contraception.

Alcohol consumption is known to interfere with active methods of contraception such as the SDM. As with many communities in the former Soviet Union, the problem of alcohol abuse, while not pronounced among the target population, is present in the Gavar communities.

Interviews with physicians and focus group discussions with nurses revealed that despite their willingness to cooperate with study efforts, their morale was low. Further probing revealed that financial concerns, common to much of the health system and workforce in general, posed a significant barrier: providers are irregularly paid and no funds for implementing or sustaining such programs (e.g. training, transportation, refreshments for meetings) are available.

Recommendations

The research team, based on the findings of this study, developed a set of recommendations to most effectively and rationally implement the SDM. Key recommendations are the following:

1) Include husbands and mothers-in-law as target audiences for information and training efforts;
2) Use health care providers (preferably nurses) as the SDM service providers;
3) Provide service providers and potential clients with credible data on the effectiveness of the SDM;
4) Provide health care providers with training, printed materials, visual aids, and literature on the topic;
5) Cover direct and indirect program related expenses (e.g., heating, transportation, portion of provider's salary);
6) Ensure access to condoms/alternate methods for use during the fertile period; and
7) Carefully screen potential service users to ensure the participation of women who would benefit from the SDM (e.g., those with regular menstrual cycles).

1. Background

The Georgetown University Institute for Reproductive Health is seeking to evaluate the Standard Days Method (SDM) of natural family planning. The Institute for Reproductive Health is considering Armenia as a potential study site. The purpose of the research reported here is to assess the feasibility of conducting the strategic introduction study in the Save the Children service site located in the Gavar region of Armenia (Figures 1 and 2).

Figure 1. Map of the Republic of Armenia, by Marz

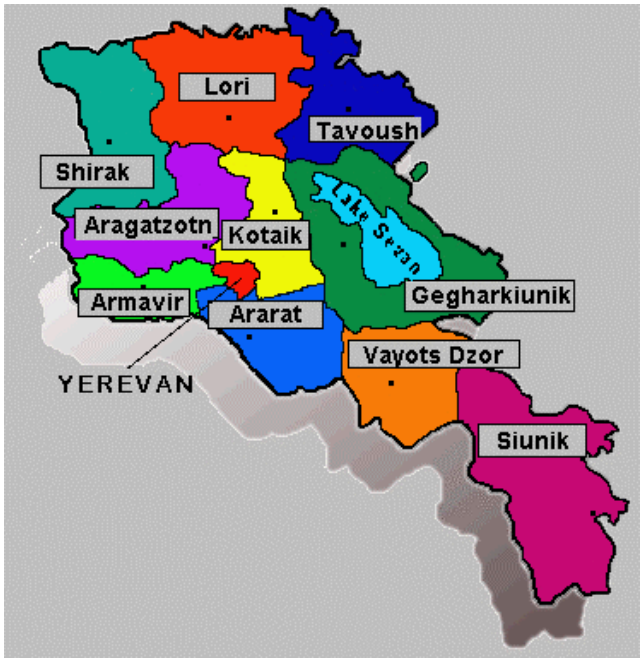
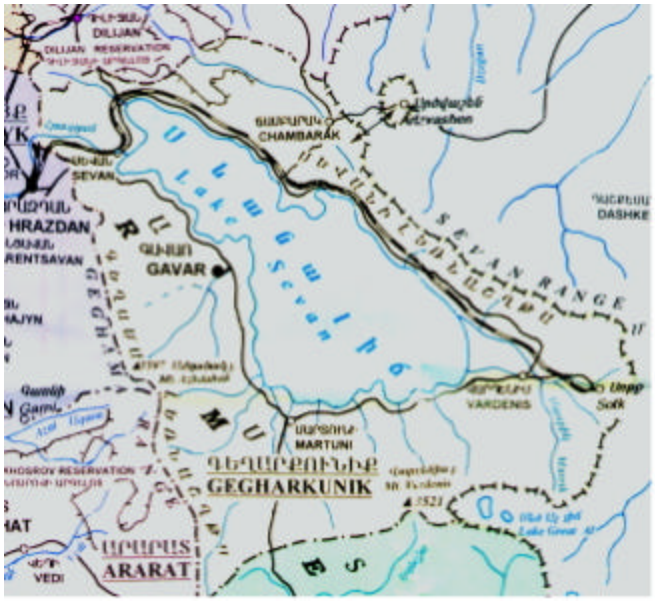


Figure 2. Map of the Gegharkunik Marz of Armenia



Currently, there are many programs related to reproductive health that have been implemented in Armenia by different local and international organizations. These programs aim to fill the gaps in the knowledge and use of birth control methods among Armenian couples. The SDM Strategic Introduction Study might be a useful complement in deciding on the direction, location and the scale of the programs in the sphere of reproductive health. Recent studies (1,2,3) have shown that natural family planning methods such as withdrawal and the safe period method predominate in Armenia, accompanied with significantly lower use of modern contraceptive methods.

The primary means of regulating family size in Armenia and the former Soviet Union is abortion. Recent studies (1,2) indicate that nearly 1 of 2 pregnancies ends in abortion, suggesting that the natural family planning methods in widespread use (e.g., withdrawal) are poorly implemented. A recent national media campaign resulted in increased utilization of family planning cabinets where counseling and free modern contraceptive methods were provided (4). If continued funding for free contraceptives is not found, it is likely that these gains will revert to previous low levels. Given the country's poor economic conditions and widespread preference for natural family planning methods, the SDM method, as one of the simplest and cheapest methods of natural family planning, may be readily accepted in Armenia.

A number of focus groups and in-depth interviews were conducted in 5 villages of the Gavar region to assess 1) the acceptability and feasibility of offering and using the method in the site; 2) the appropriateness of the Gavar area as a study site; and 3) the capacity of health providers to offer the SDM.

2. Methods

Two data collection techniques were used to gather data: focus groups and in-depth interviews.

2.1 Focus Groups

As summarized in Table 1, a total of 13 focus groups was conducted in the Gavar area: Sarukhan, Gandzak, Tsakhkashen, Gegharkunik and Lanjakhpyur villages. The four target groups included in the study were:

women of reproductive age (18-45) married/living in union;
men (over 18) married/living in union;
older women with married sons of reproductive age; and
health care providers (physicians and nurses).

Table 1. The distribution of FGs and IDs by villages of Gavar region (Gegharkunik Marz, Armenia, December 11-15, 2000)

	Village				
Group type	Gegharkunik	Sarukhan	Tsakhkashen	Gandzak	Lanjakhpyur
FG with women	1	1	1	1	1
FG with men		1		1	1
FG with older women	1			1	1
FG nurses		1		1	
IDI physicians		2		1	

FG = focus group; IDI = in-depth interview

The focus group participants were selected in accordance with the requirements specified by the Institute of Reproductive Health and recruited by the Save the Children field office in Gavar. The Georgetown University Institute for Reproductive Health developed FG discussion guides. The guides were translated and culturally adapted from English into Armenian by the CHSR research team. Community mobilizers from the Gavar Save the Children field office who have extensive experience in working with these communities, reviewed and commented on the guides. FG guides were pre-tested in Yerevan and adjusted accordingly. The Institute of Reproductive Health approved the final versions of the guides (Appendix 1).

The research protocol was reviewed and approved by the American University of Armenia's Institutional Review Board for compliance with accepted standards and safeguards of human subjects in accordance with US and Armenian standards. The confidentiality of the participants and their responses was assured through the use of codes in transcripts. The participants were informed that their names would not be attached to any reports prepared by the research team and that their identities will be protected.

Sessions were facilitated by a trained CHSR facilitator and supported by a trained note-taker/ recorder. In several cases, observers from the CHSR and Save the Children were also present. The FG guides were semi-structured and took approximately 70-80 minutes to administer. Prior to starting the session and after obtaining verbal consent, participants completed a brief (3 to 4 questions) socio-demographic questionnaire (Appendix 2). All sessions were conducted in Armenian. Detailed notes on the content of the FG session and non-verbal cues were captured by the note-takers. The sessions were also recorded on audiocassettes after verbal agreement was solicited from all participants. An average of 9-10 participants attended each focus group session. Refreshments were provided during the session and participants received complimentary candies at the end of the session.

2.2 In-Depth Interviews

The research team conducted in-depth interviews with three physicians: two in Sarukhan and one in Gandzak (Table 1). The interviewees included the head of an ambulatory clinic, a dentist, and a general practitioner. The interviewees were recruited by staff of the Save the Children field office in Gavar and selected based on the requirements outlined by the Institute for Reproductive Health.

The in-depth interview guide was developed by the Georgetown University Institute for Reproductive Health. The guide was translated and culturally adapted from English into Armenian by the CHSR research team. The guide was pre-tested in Yerevan and revised accordingly. The Institute for Reproductive Health approved the final version of the guide (Appendix 1).

The guide for physicians was semi-structured and contained 56 open-ended questions and required from 60 to 70 minutes to administer. All interviews were conducted in Armenian. The content of the interviews and non-verbal expressions of the informants were recorded. The interviews were recorded on audiocassettes after verbal informed consent was obtained from the physicians. All interviewees received complimentary candies for their participation.

2.3 Instrument content

The content of the instruments was similar for men, women and older women groups with minor variations. The guides developedfor the physiciansand nurses were oriented toward service provider issues.

The following issues were addressed by the focus groups with the general population (women, men, older women):

- Attitude and knowledge about family size, family planning, and natural family planning
- Opinion of and interest in the SDM
- Anticipated difficulties in using the method
- Acceptability/feasibility of 12 consecutive days of abstinence or condom use during the fertile days of each menstrual cycle
- Ability of potential users of the method to share information about sexual issues
- The influence of family members on couples' family planning use
- Prevalence of alcoholism and violence in the community, and their effects on family planning.

The guides developed for health care providers were aimed to obtain information regarding the following topics:

- Perception of and interest in family planning and natural family planning in general, and the SDM method specifically, as well as perception of client interest in the method
- Experience in providing reproductive health services
- Knowledge about the fertility cycle
- Practices of periodic abstinence
- Influence of religion on sexual practices and family planning
- Women's sexual autonomy
- Male participation in family planning
- Feasibility of incorporating the SDM into existing programs/services
- Interest in and commitment to offering a new method of Natural Family Planning, including ability to counsel clients
- Perceived feasibility of identifying a minimum of 80-100 clients over a period of 2-3 months (given the eligibility criteria detailed in the study protocol)
- Anticipated problems/difficulties in implementing the method
- STD incidence/prevalence
- Other factors which could potentially interfere with successful use of the method (violence against women; alcohol abuse, etc.).

The research protocol required facilitators and interviewers to give a brief (10-15 minutes long) explanation of the SDM to participants (Appendix 3). The method was presented in accordance with the materials provided by the Institute for Reproductive Health and translated by CHSR staff into Armenian. Again, the explanations differed in length and complexity for each audience, with the materials developed for health care providers being more technically detailed.

3. Data Analysis

Detailed interviews and FG reports were transcribed and translated into English. Expanded notes of both in-depth interviews and focus group sessions were translated into a word-processing format. The session audiotapes were used to verify, clarify, and expand the written notes taken during the sessions to produce detailed transcripts. The preliminary analysis sought to identify major themes and facilitate the preparation of initial summaries. Based upon the preliminary analysis, a more detailed coding system was developed for the comprehensive analysis presented in this report.

4. Findings

The findings are presented separately for each target group (women, men, older women, nurses and physicians). The direct quotes from respondents are presented in this section to serve as clear examples and confirmation of the summarized information.

4.1 Women

Focus group discussions were conducted in Gegharkunik, Lanjakhpyur, Sarukhan, Gandzak, and Tsakhkashen villages. A total of 51 women participated in the sessions. Participants ranged in age from 17 to 49 years of age. The average number of children per woman was 2.3 (ranging from none to five). The majority of the participants were unemployed, and had secondary school education.

Attitude and knowledge about family size, family planning, and natural family planning

When asked about the average number of children per young family in the community, the majority of women said two; however, they considered the ideal number of children to be 3 or 4. Several women expressed the opinion that it is desirable to have two boys and two girls. Women reported that the difficult socio-economic condition is the primary reason for having fewer children than desired. Almost all participants agreed that in cases when a couple decides to have more than 2 children, it is usually linked to the desire for a son in the family. The majority of women stated that the couple makes decisions about family size, but in cases of disagreement, the husband makes the final decision. Few women said that they are the decision-makers. Mothers-in-law were also mentioned as influential decision-makers in this sphere, especially in cases where no grandson had been born. One woman reported that her mother-in-law insists on sonography, and if it is a female fetus she is forced to have an abortion.

> "…My mother-in-law says: " If you have girls, you should keep delivering babies until it is a boy."
> (Participant in Tsakhkashen village)
>
> "Let's say the truth. In Armenian families, especially in our Gavar families, women always are compromising. If she doesn't compromise, it is possible that husband can tell her: "Pack your bags and go to your father's home".
> (Participant in Lanjakhpyur village)

A majority of the participants expressed opinions that, in their communities, a neutral attitude toward the use of contraception prevails. The method of family planning mentioned most

frequently by women was abortion. Women mentioned that other methods such as IUDs, pills, and condoms are also used. However, most participants reported that these methods are rarely used because they have adverse health effects and are not very reliable: pills and IUDs were particular suspect in these communities. Several participants cited cases where women developed infertility and other health problems while using these methods. One woman said that she has a feeling that soon there will be no abortions performed, since women will use pills, but she still thought that pills could provoke hormonal misbalance. Many women stated that a woman should be thoroughly examined by a physician before using IUD. The women also noted that women rarely received gynecological exams in their communities, which leads to a different set of complications.

> "I can bring my own example. I got pregnant shortly after the previous pregnancy. I applied to a doctor and s/he advised me to put IUD. I followed him/her advice, paid the money and have it inserted. I used it for 4 years. Then I felt that I have some problems and went to a doctor. I stopped using IUD since the gynaecologist, who examined me, said that my uterus has been damaged. Later I got pregnant and went to the gynaecologist for abortion. I've got perforation caused by the abortion. Now I am infertile since my uterus has been removed".
>
> Participant in Tsakhkashen village

When asked about natural methods, most of the women expressed rather positive attitude towards them. Most listed withdrawal and the calendar methods as the most popular natural family planning methods being used. Nonetheless, during all five sessions, cases were mentioned where a woman became pregnant while using natural methods of contraception.

Opinion of and interest in the SDM

After hearing the brief explanation of the SDM, almost all participants expressed a positive attitude toward the necklace method. Some women said that this method resembled the familiar calendar method. Among its advantages, the ease of usage, absence of side effects, and lack of expense required for its use were mentioned.

> "They [women] will be happy, as it is easy to use and requires no money".
>
> (Participant in Tsakhkashen village)
>
> "There are so many women who do abortions; this method is much better than abortions".
>
> (Participant in Gandzak village)

The opinion was expressed that this method would be convenient for those who were already using the calendar method.

During FG discussions it was revealed that the appropriate sources of information from which women can learn how to use the necklace method are the Women's Consultation clinics, group discussions with knowledgeable lecturers, consultations of physicians and nurses, printed materials, classes in schools, as well as sharing the information among relatives and friends. No clear preference was given to any of these sources, though in one of the villages the participants stressed the importance of local nurses as a source of information, saying that it would be convenient to have the classes organized in their village, close to their houses.

"There are cases when doctors avoid giving an advice, but nurses never do that".
"Nurses are very good. If they are told about or are explained the method, they will share the information with a great pleasure".
"We'd better have all these consultations in our village (not like family planning cabinets located in Gavar). If it is not in the village, we will not be able to go there".

(Participants in Tsakhkashen village)

Many women responded that spouses should learn the method together. However, some women felt that a woman should learn the method alone, and that the husband can stay uninformed about this method, because the less a husband would know about the method, the better for a woman. Another opinion expressed was that women could learn the method at first and then explain it to their husbands.

Anticipated difficulties in using the method

Most of the participants mentioned that they would like to use this method and saw no major barriers to its acceptance in their communities. Several women mentioned that their menstrual cycles were irregular and that there are many women with this problem in their communities.

"…My menstrual cycle is not regular and this method is not acceptable for me".

(Participant in Gandzak village)

"Nowadays due to our difficult conditions very few women have regular cycles".

(Participant in Sarukhan village)

An additional anticipated difficulty in using the SDM was husband's attitudes. The participants stated that husbands might be reluctant to avoid sexual relations with their wives during their fertile period. Many women stressed that it is impossible for a wife to refuse when a husband wants to have a sex. One woman continued that if a wife refuses, her husband would find another woman with whom to have intercourse. Several participants mentioned that if their husbands want to have sex, they should obey his desire. Another concern mentioned by several participants was that not every husband would agree to use condoms during the "dangerous" days.

"Some husbands would agree; the others would not."
"A husband can protect himself using withdrawal [to avoid using condoms]".

Participants in Gandzak village

Another difficulty mentioned was the necklace itself. Two women mentioned that the necklace method would work if one does not forget to move the ring each day.

Acceptability/feasibility of 12 consecutive days of abstinence or condom use during the 12 fertile days of each menstrual cycle

Many focus group participants were aware of abstinence as a method of controlling unwanted pregnancies. Several reported that they abstain from intercourse not only for avoiding pregnancy, but also when they have no mood (no desire) to have sex or are tired because of physical

burdens. According to women of one of the villages, such abstinence may last from 10 to 15 days.

The majority of women agreed that it is not difficult for a woman to abstain from sexual intercourse. According to some of them, they can wait for long period of time – even for months and years. One of the participants reported that it depends on one's age, and that there is a difference in young and older women in this matter.

"Women can wait for their husbands even for years. Sometimes our husbands leave the country for a job for years".

(Participant in Lanjakhpyur village)

"Women are happy when they can avoid sexual relations and can avoid pregnancy".

(Participant in Sarukhan village)

"Women living in this village, tired of everything, can tolerate everything".

(Participant in Tsakhkashen village)

Women frequently reported that men could not tolerate abstaining from sexual relations for periods longer than several days (up to 15 days at most). This opinion, however, was not shared by all of the female participants. There were also women who stated that men would not abstain from sex at all. One woman commented that men act differently saying that different types of men have different behavior.

"Women abstain for 15 days during each month, men can also act like that".

(Participant in Tsakhkashen village)

"Husbands can't wait even for an hour".

(Participant in Gandzak village)

"You cannot say the same things about all husbands. Some husbands will refuse to abstain from sex".

(Participant in Lanjakhpyur village)

Mixed opinions were expressed regarding condom use. Some of the female participants did not see major difficulties in using condoms during fertile days, whereas others were not confident in this matter. One woman stated that a husband would rather use withdrawal than a condom. In addition, poor access to/affordability of condoms was also indicated.

"Many women in our community even have not seen condoms".

(Participant in Gandzak village)

"There are men who care for women's health (by using condoms). There are also men who don't care for it".

(Participant in Gegharkunik village)

"… Probably about 10% of our people use condoms and pills".

(Participant in Lanjakhpyur village)

Ability of potential users of the method to share information about sexual issues

There was a split in women's opinions regarding the ability to share information. A slim majority of the women did not identify any serious difficulties with discussing such topics with their husbands. The other participants reported that there could be problems, indicating that it is shameful to discuss such things.

> "There are so many problems that the turn of such discussions never comes".
>
> (Participant in Tsakhkashen village)
>
> "Nowadays it is usual to talk about such things".
> "… My husband does not want to hear about it".
>
> (Participants in Lanjakhpyur village)

As for sharing the information with potential service providers, the opinion expressed most frequently was that the women would share the information about sexual issues with providers that are knowledgeable and caring.

Prevalence of alcoholism and violence in the community, and their effects on family planning use

The majority of the female participants agreed that the problem of alcohol abuse is present in their communities to some extent, but they mostly accentuated its negative influence on fetal development. Some women indicated that alcohol use could also interfere with family planning, because when a man is drunk and wants sex, he will insist on having sexual intercourse and that under alcohol's influence men become naughty.

According to the majority of FG participants, violence is not an issue. The women reported only a few cases of violence against women, and most agreed that it is a rare problem for their communities and yields no serious results. In some cases, the physical burden of daily life on women was perceived by some of them as a kind of violence against women. The majority of women were saying that they are free to refuse if they do not want to have sex; others felt that there might be problems with refusing.

> " Alcohol has its positive and negative effects. There are men who drink but come home in very calm and quiet condition and go to sleep. There are just opposite cases, when men want to have sexual intercourse. It depends on the character of a man".
>
> (Participant in Gegharkunik village)
>
> "Our husbands don't beat us. They don't have a job and stay on the streets all day long".
>
> (Participant in Gandzak village)

4.2 Men

Focus group discussions with men were conducted in Lanjakhpyur, Sarukhan, and Gandzak villages. A total of 31 men participated in the sessions. The target population was married men over 18. Participants ranged in age from 22 to 46 years of age. The number of children fathered

by the participants ranged from none to five. The majority of the participants were employed, and had higher than secondary school education.

Attitude and knowledge about family size, family planning, and natural family planning

Many men mentioned that they would prefer to have more children than they have now and that the hard economic condition is the main reason for this discrepancy. Many participants mentioned that they would have 4 children, but now limit themselves to 2. One man indicated that he would like to have 5 boys and one girl. Another indicated that, if conditions allowed, he would have 11 children. On average, there were three children per family in these communities. As with women, men also considered that the accepted necessity of having male offspring in a family leads to couples having more than two children.

> "I had my children before this so-called 'independence', when I could afford them, but now I doubt I'd have this many. Presently my major concerns have shifted from enjoying the bustle of lots of kids to providing enough heat in the winter and food for my children. Those who get married now, under these horrible economic conditions, are really concerned with the number of children they'll be able to afford".
>
> (Participant in Lanjakhpyur village)
>
> "I guess some women are also interested in keeping the number of their children down, because the large number of children cuts down on their free time - the time they would otherwise devote to their hobbies or something else".
> "…Parents who have over 5 children had probably no idea of contraception. Also the traditions and lack of education stipulated that further. However, nowadays many realize that having less than 5 children is also ok".
>
> (Participants in Gandzak village)

According to most participants, a couple makes the decisions about family size. However, one man indicated that the decision about the family size is 80 percent the husband's and only the rest is the wife's. The same person mentioned that if there is a disagreement regarding this matter between the spouses, then the husband might hit his wife several times and solve the question in this way. There were men who assured that a man could usually make his wife to do whatever he has in his mind. Only one participant mentioned that in most cases women decide on the family size.

According to the majority of the male participants, there is a positive attitude towards the use of contraception in their communities. Several men mentioned that the use of contraceptives is acceptable for large families, but should not be practiced by smaller families. One male participant stated that they just tolerate contraception in their community. In another village the general opinion was that the contraception use is necessary, taking into account the current difficult economic conditions.

When asked about whether there are people in their communities who are against contraception, one of the participants mentioned that there are such people, because there are traditions in their village derived from the past, and that it takes time for village people to get used to contraceptives. Overall, according to the participants, natural methods are apparently preferred. Condoms and hormonal contraception were mentioned among the prevalent modern methods of

contraception practiced in the community. In addition, men mentioned abortions – both induced and self-induced, and their deleterious consequences. Some of the men reported that contraceptives have always been a woman's prerogative to avoid unwanted pregnancies.

> "It's not Christian to fight against the number of children. I consider this a policy targeted against the growth of our nation."
> "…We all know that a regular use of hormonal medications may have side effects on women's health. So I'd better use condoms and let my *own* feelings intensity fade a bit than endanger my wife's health".
> "I have no idea so far [whether he and his wife are happy or not with the method of contraception used], but I'll ask my wife if she's happy with the method we use".
>
> (Participants in Lanjakhpyur village)
>
> "There are various sources of information available now, so educated people know what to do to prevent unwanted pregnancies".
>
> (Participant in Sarukhan village)

Opinion of and interest in the SDM

The overwhelming majority of the participants liked the SDM method. They expressed an opinion that it is a good method, which could be accepted in the community. One man told that there could be people who are too old-fashioned to shift to this new method. Controversial opinions were expressed on how the method should be learned. Some of the male participants thought that the couples need to learn it together, but some would prefer that women learn it themselves or be taught by other knowledgeable person (mother or mother-in-law). After that, a woman can explain the method to her husband.

> " Good or bad, this method can't be disregarded. We all have to acknowledge the consequences of sex during the fertile days".
> "Actually this was similar to what we do. We just memorize the date a period starts and behave accordingly".
>
> (Participants in Sarukhan village)
>
> "If a woman is aware of contraception, she teaches her husband and vice versa. Actually if a woman learns it by herself, she would pay much *more* attention to contraception than if her husband has taught her just recently, because she might just ignore her husband's 'lectures' in this case".
>
> (Participant in Gandzak village)

The appropriate sources of information from which villagers can learn how to use the method, mentioned by the male participants are the Women's Consultation clinics, Family Planning cabinets, schools, and marriage registry offices. Some of them stated that pamphlets and brochures might be useful, as it would allow them to receive the information independently and avoid seeking advice from more experienced people, which is often inconvenient for them.

Anticipated difficulties in using the method

The difficulty in using the SDM mentioned most frequently by the male participants was the unwillingness of men to abstain from sexual relations for a prolonged period. Some of the men

indicated 3-4 days to be a maximal period that a man can abstain from sex. Others stated that it is difficult to wait for even 2 days. One participant argued that after the seventh month of a woman's pregnancy the couple should abstain from sex anyway, so it should be possible for men to wait for two to three months.

Another barrier was the bias against using condoms, though few participants overtly expressed it. There were opinions that the condoms will not be used in the community: one of the participants confessed that he personally has a rather negative attitude towards condoms. The participants from one of the villages were more positively disposed towards condom use. According to them, it is normal for husbands to use condoms to avoid pregnancy. The potential for disagreements and problems between a husband and a wife when using the method was also mentioned as a barrier. The nature of these disagreements was not clearly stated. In addition, a few participants were concerned about limited access to and affordability of contraceptives as a potential barrier to SDM use.

"My guess is that men won't use condoms in our community". (Participant in Sarukhan village)

"Men should use condoms as a method of taking care of their wives' well being during the fertile days". (Participant in Lanjakhpyur village)

Acceptability/feasibility of 12 consecutive days of abstinence or condom use during the 12 fertile days of each menstrual cycle

As mentioned earlier, it seemed unlikely that men in the community would use condoms or abstain from sex for a period of 12 days.

Ability of potential users of the method to share information about sexual issues

When asked whether talking about contraceptive issues with a wife is usual for them, the male participants did not reach a definitive answer. However, the majority of the male participants noted that sharing information about sexual issues is unusual for them, although such discussions are necessary and normal. Several participants in one of the villages thought that it possible to share such information with friends and relatives and even in groups like the FG meeting, but others objected that it is embarrassing to ask other people for advice or information on this issue.

"It (talking about the contraception issues) is natural, but you should prepare your wife to this kind of conversation in advance".
"Right, it's not as easy as just saying "hi"!" (Participants in Lanjakhpyur village)

"…Sometimes we just can't ask our more experienced married friends about what interests us. This is why we usually have little knowledge of these issues before the marriage".
(Participant in Gandzak village)

Prevalence of alcoholism and violence in the community, and their effects on family planning use

Almost all of the male participants were sure that excessive use of alcohol impacts sexual relations and the use of family planning methods. Only one participant cited that if a husband were drunk, he would not pay attention to his wife's reluctance to have sex. However, the male

participants mostly understood this issue in the context of harm to the fetus should the wife already be pregnant and not in the risk of unprotected sex during the fertile period.

It was mentioned by the participants that in theory, violence really can interfere with sexual relations, but they mostly asserted that violence is not present in their community. Only one participant expressed the opinion that whatever is done against women should not be considered violence, but this was not accepted by the rest of the group. However, when discussing issues other than violence, some of the male participants made it clear that in cases of disagreement between a husband and a wife regarding family size or abstinence from sex, men do succeed in getting whatever they want from their wives by use of force.

"Some women are so reserved that they won't reveal violence applied toward themselves".
"I think it's also violent to even impose your opinion on your wife. Basically, if spouses live in harmony, there won't be any violence in such families whatsoever".

(Participants in Lanjakhpyur village)

"Violence surely interferes with sexual relations and not only in marriage. Even if it has been applied during the intercourse, it would also have its negative effect on the couple. Though this is not a problem here".

(Participant in Sarukhan village)

"Husband hits his wife for a couple of times and thus settles the disagreement [about family size]".

(Participant in Gandzak village)

4.3 Older women

Focus group discussions were conducted with older women in Lanjakhpyur, Gegharkunik, and Gandzak villages. A total of 24 women participated in the sessions. The target population was married women with married sons. Participants ranged in age from 36 to 65 years old. The number of children among the participants ranged from one to five. The majority of the participants was not employed and had 10 years or less of formal education.

Attitude and knowledge about family size, family planning, and natural family planning

The opinion of the older women regarding family size was similar to what was expressed by the younger women and men in that the preferable and actual numbers of children in their communities differ. The participants noted that four children is the ideal number, but due to bad economic conditions people can afford two children at most. According to the majority of the participants, on average, there are two to three children per family in these communities. One woman reported that currently young couples prefer to take care of themselves and their health instead of having more babies. The same woman told that surprisingly, extremely poor people in their village have four children in their families and are going to deliver a fifth. Another participant argued that these families do not want more children, but they just cannot afford abortions.

According to the participants, young women practice different methods of contraception including abortions, pills, IUDs, and natural methods, such as withdrawal and the calendar method. Overall, the women believe that modern methods of family planning are not very reliable and can have adverse effects on health. They mentioned dizziness as a result of taking

pills and inflammations and irritations as a result of using the IUD. Many women stated that the safest and the most reliable method of birth control is abortion, although it is expensive. Few women mentioned the adverse health effects of abortion.

> "Those methods cause side effects, and women get health problems: cyst, mioma, etc. Why weren't such kind of diseases present before? It is better to go for abortions rather than use these contraceptive methods".
> "If the gynecologist is a good specialist, the abortion is safer."
>
> (Participants in Gegharkunik village)
>
> "There are cases when women can't have an abortion in their first months of pregnancy and have it later and die at the end. Again, this happens because of the absence of finances when needed".
>
> (Participant in Lanjakhpyur village)
>
> "There is nothing better than abortions. You clean your uterus and it is o.k."
>
> (Participant in Gandzak village)

The influence of economic conditions on any decisions in the sphere of family planning was underlined by almost all of the participants.

The influence of family members on couple's family planning use

Controversial opinions were expressed on how the decisions about the number of children in a family are made. Many women reported that the couple mostly makes the decision, but that husbands do have a more decisive role. The participation of mothers-in-law was also stressed. However, some of the participants stated that even if the mother-in-law advises something, the daughter-in-law would not deliver a child unless she wants to. According to all of the women, financial considerations are first and foremost in the decision to have children.

> "In the villages, daughters-in-law respect their mothers-in-law. But if the daughter-in-law does not want to have a child, what can we do?"
>
> (Participant in Gandzak village)
>
> "My daughter-in-law is now pregnant and I should give her 5,000 drams for having an abortion. Her husband cannot give the money, because he is unemployed. So, I have to give. If I don't, she will deliver a baby. No choice".
>
> (Participant in Lanjakhpyur village)

The majority of women believed that having accurate knowledge about ways of preventing pregnancy was very important and beneficial for young couples.

Opinion of SDM

In general, the participants had positive reaction attitudes towards the SDM. Women noted that it is a nice and simple method, easy to use. Some women mentioned that it is an old method and they have used it for years, but the necklace was new for them. One of the participants pointed out that a couple can only use this method if they have the will power to follow it carefully. Another participant from the same village stated that the necklace method would be good to use

where couples lack money, provided the necklaces and training are free. Almost all the women indicated that they would be glad if their daughters-in-law or daughters used this method.

> "Instead of having many abortions and damaging their health, they'd better use this natural method".
>
> (Participant in Gandzak village)
>
> "We have been using it [calendar method] for ages. It is an old method. But we didn't use the necklace, we were simply counting days"
>
> (Participant in Lanjakhpyur village)

Some of the women suggested organizing training classes in their villages for young women to attend. They felt that young people would visit such classes with a pleasure, since there are no other entertaining occasions in their villages. One of the participants suggested that someone could learn how to use the method and then disseminate the knowledge throughout the village. Another woman argued that in this case the information could be distorted.

Anticipated difficulties in using the method

The main difficulty in using the SDM identified by the majority of the focus group participants was the anticipated unwillingness of the men to abstain from sexual relations and the reluctance to care for women's health. Another important barrier mentioned is the irregular menstrual cycles of many of the young women. It was mentioned that the necklace should be provided for free; otherwise women will not use it.

> "The men do not care whether it is allowed to have sex on that day or not".
> "The men do not care, but we, women, do care of our health. And we should insist on that".
>
> (Participants in Gegharkunik village)
>
> "Women should have no health problems for that. Nowadays there is hardly one woman who is healthy. Health should be taken into account"
>
> (Participant in Lanjakhpyur village)

4.4 Nurses

Two focus group discussions were conducted in Sarukhan and Gandzak villages. A total of 20 nurses participated in the sessions. The target population was nurses working in medical units of the villages. Participants ranged in age from 21 to 65 years old. The nurses reported from none to five children in their families with the average number of children per nurse being 1.8.

Perception of and interest in family planning and Natural Family Planning in general, and the SDM specifically, as well as perception of client interest in the method

In general, the nurses showed interest in and support of family planning, particularly Natural Family Planning. Most expressed a wish to learn about these matters. One of the villages has a family planning cabinet and the nurse from that cabinet was the only knowledgeable person to whom the villagers turned for family planning services. The majority of nurses reported mistrust and limited access/affordability of modern contraceptive methods as the reason for their low use.

"People are not able to get to Gavar in order to take condoms. They want to use condoms to avoid abortions, but reaching Gavar is a problem".
"For instance, a daughter-in-law wants to get some condoms so that her mother-in-law doesn't know about it. What will she say to her to explain why she goes to Gavar? It's better for her to visit our medical unit on her way home and get some, but no contraceptives are available, except counselling. If there have been condoms here in our medical unit, everybody would like to use them".
"People are ready to admit everything, but it is preferable to have it here, in the village, not in Gavar, and free of charge".

(Nurses in Gandzak village)

"I think that natural methods are safer and better for our women. Unfortunately, among our women there are many who have irregular cycles".
"Contraceptives are available, but people mistrust them".

(Nurses in Sarukhan village)

According to the majority of the participating nurses, there is a demand for effective contraceptive methods, although it is muted due to fear of side effects. The most popular methods cited were condoms, though hormonal pills were also requested by some of the clients. The IUD was also mentioned, but the nurses added that it is an expensive method, and only few people can afford it; besides in order to have IUD inserted, the women need to visit Gavar where a gynecologist performs the insertion.

Again, the nurses stressed that abortions remain the main method of controlling births.

" I used pills and was displeased with them. I used calendar, and it did not work. What else could I do? [abortions]"
"Both financially secure and insecure women have abortions. For instance, if I get pregnant, I would rather not have a baby. I will have an abortion. There are available services".
"The only problem is finance. Abortions are available. Women have abortions in Gavar".
"They go to Gavar on foot and come back home again on foot".

(Nurses in Gandzak village)

Experience in providing reproductive health services

The nurses reported having limited experience in providing pre/post-natal care. They provide some simple family/women's health related services, but this care is mostly preventive and does not include diagnosis and treatment of diseases of reproductive organs. They do not perform STD diagnosis and do not provide any treatment: they can only provide counseling in this area.

"We can help them (women) only doing injections. That's all. We don't have even gynaecological armchair, if we have had it, our obstetrician could have helped some patients in our village. The village population have to reach Gavar for gynaecological examination. It is difficult for some women to get to Gavar in the middle of the winter".

(Nurse in Gandzak village)

"We provide prenatal care, counseling on STDs, but we do not diagnose and treat STDs. Usually we send patients to Gavar and every month a gynecologist from Gavar visits our village and does examinations".

(Nurses in Sarukhan village)

Knowledge about fertility (when during a woman's menstrual cycle she is most likely to become pregnant)

Most of the nurses were aware about the fertile days of a woman's menstrual cycle, although these days were not identified quite correctly in some cases. One of the Gandzak nurses mentioned that beginning on the fifth to sixth days after menses women should avoid sexual relations for 10-15 days in order to avoid pregnancy. According to the nurses, there are women in the communities (including themselves) who mark the days of the menstrual cycle on the calendar or memorize them. In most cases it is not used as a method of pregnancy prevention. There was another opinion expressed that the village women do not memorize these days.

"Every woman remembers the day of bleeding each month. It is impossible that a woman can forget the day of bleeding".

(Nurse in Sarukhan village)

"Women keep track of their days to know if they are pregnant or not. They also keep track for not mixing the days when they should use contraception if they have sexual relationship".

(Nurse in Gandzak village)

Practices of periodic abstinence

According to the nurses, villagers rarely practice periodic abstinence, preferring to use withdrawal or condoms. Several of the nurses mentioned that there are instances of couples abstaining from sex on "dangerous days". However, the opinion was expressed that abstinence is not an effective method of pregnancy prevention.

Influence of religion on sexual practices and family planning

The nurses did not mention religion as an influential factor for sexual practices and family planning. In one of the villages it was reported that there are believers who are against contraception, especially abortions. Several of the nurses also stated that there are people in the community who are against the use of contraceptive methods, but it was not clear whether this had a religious basis.

Women's sexual autonomy

Although the nurses did not express it openly, their comments implied that women usually obey their husbands' decisions regarding intercourse and the use of family planning methods.

Male participation in family planning

A general opinion persisted among nurses that men do have a dominant role in decision-making regarding family planning issues, but they are not actively involved in discussions about the use of methods and do not need to participate in the training for using SDM. It was emphasized by the nurses from one village that men apply for their help very rarely, preferring to receive any medical aid from male physicians or through their wives.

"Some husbands even don't want to hear about such things".

(Nurse in Sarukhan village)

"Men can come to us but talk only to our only man – doctor (the chief doctor is male)".
"Wives come to us and tell us about their husbands' problems. So, we know their problems through their wives. Men never come to us".

(Nurses in Gandzak village)

Feasibility of incorporating the SDM into existing programs/services

The nurses were eager to cooperate with the organization wishing to introduce this method in their communities. They did not indicate any problems with recruiting women or explaining the method to them. Some of the nurses were suggesting alternate ways of offering SDM to women. The nurses in one village stated that they could conduct both individual discussion at clients' houses or individual or group discussions in their medical unit. A suggestion was made that it would be good to start with group sessions at the medical unit and continue with individual consultations.

"If women seem interested in the method, we'll invite them here and will have a discussion or a meeting like this. After that women can express their opinions about the method: whether they like it or not".

"During vaccination period 20 babies are brought to the medical unit with their mothers, during those days we can offer the method".

"Gynecologist should be here to meet with women recruited by us. I can meet with them too. But gynecologist is a specialist and knows better. Probably women have some problems and they will need to counsel with the gynecologist. Women should have a consultation before the distribution of the method to them".

(Nurses in Gandzak village)

"We are ready to offer this method, we can explain it to women".
"The most effective way would be an individual training, because women discuss such issues more openly in a private situation. It is possible to start with group discussions and then continue in a form of individual consultations."

(Nurses in Sarukhan village)

However, the nurses of one of the groups noted that heating of the medical facility during the winter period and provision of transportation expenses for the participants would be needed to ensure the project's success. The other group's participants mentioned that they would prefer to have condoms to deliver to villagers along with the necklaces, the updated literature on the topic, brochures, and the translated laminated version of the SDM explanation. The participants also stressed the importance of conducting the training on SDM in each village.

Interest in and commitment to offering a new method of Natural Family Planning, including ability to counsel clients

As previously mentioned, the nurses were ready to offer the SDM and felt that the method will be well accepted by the community. The nurses will likely commit to this work; however, the

nurses of Sarukhan village indicated that they would work more effectively if paid for their efforts. They felt that they are able to provide quality counseling if the necessary materials are provided to them.

"Of course, if we receive our salaries regularly we would be ready to work. We are tired of working without salary".

"If there would be a payment we would work more effectively".

"I am tired. I should distribute some drugs among villagers, but now it is too cold and actually I don't want to go anywhere".

(Nurses in Sarukhan village)

"For successful work we need heating during winter period, and coverage of transportation expenses. If all these things would be provided we could organize groups for training, we can even visit people at their homes".

(Nurses in Sarukhan village)

Perceived feasibility of identifying a minimum of 80-100 clients over a period of 2-3 months (given the eligibility criteria detailed in the study protocol)

According to the focus group participants, it is feasible for them to recruit sufficient numbers of women who would use the method. The nurses estimated they could recruit 170 clients in 2-3 months. The nurses indicated more could be recruited were it not for the number with irregular cycles and other health problems.

Anticipated problems/difficulties in providing the method

The most important difficulty mentioned by the participants was the large number of women with irregular menstrual cycles, which can limit the number of clients and lower the effectiveness of the method. The nurses pointed out the pitfalls should a client use the method and still get pregnant. Participants mentioned that husbands may insist on sexual intercourse during the fertile period and this may lead to pregnancy. As previously mentioned, heating, transportation costs, and salaries are the necessary conditions for quality work from the nurses. Another possible obstacle mentioned by the participants is the poor access of villagers to condoms.

"Few days ago a woman came to me. She has used this method and nevertheless became pregnant. She had unprotected sexual intercourse when 5 days were left before the bleeding".
"A drunk husband can insist on having sex during unsafe days".
"There may be some shifts in the cycle and a probability of getting pregnant would be high".

(Nurses in Sarukhan village)

"The couple should probably use condoms on these several days. They should get condoms in order to feel the effectiveness of the method".
"The couples will have to abstain if they can't afford reaching Gavar to get condoms".

(Nurses in Gandzak village)

STD incidence/prevalence

The nurses expressed contradictory opinions about STDs. According to the majority of the participating nurses, there are very few STD cases in their communities. They noted it is difficult for them to judge about the real number, since mostly men are infected. Men do not visit the medical unit for services, preferring to apply directly to male doctors or hoping to keep their condition secret, to specialists in Gavar or Yerevan. Another nurse felt that trichomoniasis and fungal infections are widespread among villagers. If nurses recognize the STD in a patient, they send him/her to Gavar for official diagnosis and treatment.

"People having syphilis or gonorrhoea keep the secret, and go to other places, i.e., either to Yerevan or Gavar and are being diagnosed and treated over there. We can't say about others, since infected people act in confidence".

(Nurses in Gandzak village)

"No, we do not have many cases of STD here. If we suspect STDs we send patients to a gynecologist in Gavar".

(Nurses in Sarukhan village)

Other factors which could potentially interfere with successful use of the method (violence against women; alcohol abuse, etc.)

The nurses mentioned that there is no pronounced alcohol abuse in their communities. However, as mentioned earlier, intoxicated husbands do insist on having intercourse, despite the wife's desire. The nurses also noted the reluctance of village husbands to be involved in discussions about contraceptive use. All of the participating nurses reported that there is no violence in the community.

"It is common, but men use alcohol moderately".

"Due to alcohol use husband can forget about dangerous days. Very often women become pregnant due to this reason. They told that husband's mood was very good, he wanted sex and it resulted in a pregnancy".

"…Family members come home after wedding party and husbands, forgetting about unsafe days, insist on having sex".

(Nurses in Sarukhan village)

"There are men who want to have sexual relationship though they have used some alcohol. They don't want to understand anything. These days we have to use condoms".

(Nurse in Gandzak village)

4.5 Physicians

A total of three in-depth interviews were conducted in Sarukhan and Gegharkunik villages with the physicians working in the health units and ambulatories of the villages: a general practitioner, an ambulatory clinic head (trained as a general practitioner), and a dentist. The interviews took place in the health care facilities of those villages.

Perception of and interest in family planning and Natural Family Planning in general, and the SDM specifically, as well as perception of client interest in the method

Physicians interviewed for this study expressed a genuine interest in family planning issues and reproductive health services. All of the physicians emphasized the necessity for villagers to have access to contraceptive methods to be able to take care of their own health. The physicians were unanimous in their perception of the necessity of additional information on family planning to be provided to people through TV, newspapers, individual consultations and lectures. All physicians stated that their clients and the population in general have misunderstood the term "family planning," confusing it with hindering the natural growth of the population. Two physicians reported that a large effort was undertaken to explain the exact meaning of this term to the villagers.

"Yes it is important. People should have an access to contraceptive methods at the moment they need it… because otherwise they would be compelled to go for abortion".

(Physician in Gandzak village)

"…I think it is very important for people to know about contraceptive methods in order not to have "mistakenly" born children. Look at the eyes of children from children houses – is it their fault that parents left them? All these children are the result of an "untrue love"…In addition, if contraceptives are not available women to bed with a fear of getting pregnant each night. That is why nervousness and other problems are so common in our women".

(Physician 1 in Sarukhan village)

"…I should say that the community members understood the term "family planning" in a wrong way. There was a widespread opinion that family planning means to prevent women from having children. It took really long time for us to explain that family planning means to protect women's health and do not send women to surgical procedures for aborting pregnancy, e.g. not to do an abortion".

(Physician in Gandzak village)

The attitude of the physicians toward contraceptive methods was generally positive, with a clear preference given to natural methods of family planning. All of the physicians stated that their most disliked method of contraception is pills because of their hormonal nature. According to the physicians, they observed a similar attitude toward pills in their clients. However, two out of three physicians mentioned that there is a demand for barrier methods of contraception such as condoms, IUDs, and creams. According to the physicians, condoms, IUDs and pills are the most popular methods among clients.

"...In general, I should say that though there is a large selection of modern methods of contraception, I am more inclined towards natural methods because they are natural for the body".

(Physician in Gandzak village)

"I do not like modern contraceptive methods…Natural methods are more convenient. Though I should say that it depends on a person. Each person should decide for himself on the most appropriate method. For example, for student families IUD is very convenient. For those who already completed their reproductive function – hormonal pills are fine. For a newly married couple I would suggest using natural methods…I have positive attitude toward natural methods…Whatever is physiologically natural it is also coherent with a human body".

(Physician 1 in Sarukhan village)

The physicians confirmed the nurses' assertions that abortion continues to be the main method of regulating family size. However, one of the physicians perceived that abortion, being painful, unhealthy, and expensive, encourages the use of contraceptive methods.

After the SDM explanation, all of the physicians expressed a positive attitude toward the method. One physician mentioned that he currently practices this method and is very happy with it. Among the advantages of the method cited by physicians are lack of cost and the absence of physiological manipulations of the body. The necklace was seen as a more tangible application of the calendar method.

With regards to clients' interest in the method, the physicians perceived that the use of the method would depend on each woman's characteristics and health status. One of the physicians mentioned that since their communities had access to modern methods of contraception some women might prefer them to natural methods. Another physician said that if couples understand the benefits of this method, they would be interested. All physicians felt that the decision of using of the SDM should be made by a couple together with a physician.

"In my opinion, if couples understand the benefits of this method they will be interested in it. For example, I really like this method because it allows the closest contact between spouses and both of them receive necessary hormones from each other. I know a case when a husband and a wife were dissatisfied after the sexual intercourse with a condom".

(Physician in Gandzak village)

"Yes, I think many couples will be interested in this method and will use it. I also use this method, and I know a couple of families who use this method".

(Physician 2 in Sarukhan village)

Experience in providing reproductive health services

When asked about experience in providing reproductive health services, two out of three physicians reported that they have experience in providing pre/post-natal care, STD counseling, and family planning services. Two physicians mentioned that a series of lectures and other reproductive health education activities in the communities they serve had recently been conducted. Despite the fact that only one health care facility had a family planning cabinet, two out of three physicians reported that they personally offer counseling in and information on family planning to villagers and feel themselves responsible for providing quality reproductive health services. The dentist was not involved in the provision of reproductive health services. All physicians reported that nurses from their health facilities help them in providing information and counseling on reproductive health services to clients. The physician from a village having a

family planning cabinet said that in addition to counseling, they provide clients with contraceptive supplies. However, clients are compelled to visit Gavar's gynecologist to insert it, since there is no gynecologist in their village. The physician from a village where there was no family planning cabinet complained of his inability to provide the villagers with family planning methods beyond counseling.

"We provide counselling on hormonal pills, Depo-Provera injections, condoms, IUDs, vasectomy, and natural methods".

(Physician 1 in Sarukhan village)

"…Nurses provide information and counselling to the community members and they, in turn, disseminate information to other community members. In the past, health providers widely provided information and education to people. Now these activities are less employed due to the social conditions. However, information on family planning and STDs is really important to know, and we think that it is our major responsibility to pay attention to these issues"

(Physician in Gandzak village)

When asked about typical contraceptive methods' users in their communities, two physicians mentioned that their clients are mostly women of reproductive age with very few men visiting for condoms or consultation.

Knowledge about fertility (when during a woman's menstrual cycle she is most likely to become pregnant)

The physicians were well aware of the fertile days of a woman's menstrual cycle. They reported that they have applied the calendar method sometime in their sexual life, and one physician was giving exceptional preference to it. Opinions of the physicians on women's knowledge about their fertile and infertile days differed. Two physicians believed that the majority of women in their communities do not have a clear idea about the days in their menstrual cycle when they are most likely to become pregnant. Only the physician from the health unit where the family planning cabinet is located was sure that women do have that knowledge, although she was not quite confident in their ability to correctly define the day of ovulation. Two physicians perceived that there are women who either mark the days of menstrual cycle on the calendar or a piece of paper, or memorize them. It was stressed though, that in most cases women keep track of their menstrual cycles to make sure that their cycles are regular and that they did not develop a disease, not as a method for preventing pregnancy. One physician stated that women in her village mostly use pregnancy tests (brought from Yerevan's drugstores) to detect pregnancy.

"I do not think that they [women] do that [keep track of their menstrual cycles]. If you will gather together 15 women and ask them when in this month they were menstruating and when the next menstruation will be, they hardly will answer this question".

(Physician in Gandzak village)

"I think that educated women do that [keep track of their menstrual cycles] because of a fear to get pregnant or to develop a disease"

(Physician 2 in Sarukhan village)

Practices of periodic abstinence

According to the physicians interviewed for this project, periodic abstinence is not a widespread practice among couples in their communities. One of the physicians stated that only the men who understand the danger of abortion would agree to abstain from sex on "dangerous" days. Another physician (from the village having a family planning cabinet) said that since different contraceptives are now available, abstinence is not widely practiced. According to that physician, only women who have gone through multiple abortions would prefer abstinence. The physicians were unanimous in their opinion that majority of men primarily practice withdrawal and, to a lesser extent, condoms to prevent an unwanted pregnancy.

> "Yes, those who have enough understanding and knowledge - they employ this method [abstinence]. There are people who know that pregnancy may most probably occur in the middle of the menstrual cycle, and they, of course, use this method to avoid pregnancy. For example, I use this method – I have sexual intercourse with my wife 3-4 days before her period and 3 days after it. It is very convenient".
>
> (Physician in Gandzak village)

When asked about how couples decide on when to abstain from sex, the physicians stated that couples apply their knowledge on fertile and non-fertile days and simply count those days with the help of a calendar. One of the physicians reported that s/he has distributed family planning calendars (provided by the Armenian Family Planning Association) to women in the village and had the nurses explain their use. However, the physician was not sure that women could correctly and effectively apply the calendar method in determining the days for abstinence.

> "We distributed Family planning Calendars to women of our village. On that calendar a woman can mark a day of her menstruation and track where is she in her menstrual cycle. However, I should say that very small percent of women are involved in this. First, we did not have enough calendars to give out to each woman. In addition, many women are so busy with their daily problems that do not have time to follow on their cycle and forget how to use the calendar. Our nurses participated in the training organized by that organization. You know, as women, they really liked the calendar method and had not been sufficiently aware of it in the past (even being health care providers). So, they learned it for themselves and started to teach other women on that method".
>
> (Physician in Gandzak village)

Influence of religion on sexual practices and family planning

According to the physicians participating in the in-depth interviews, religion is not perceived as a factor that influences sexual practices and family planning use among villagers. However, all of the physicians mentioned that there are some groups of people with conservative values or low education level who are against any contraception, especially artificial methods. One of the physicians estimated that about 20% of the people in his community would only accept natural family planning methods. Another physician stated that people who are against any contraception belong to different age and social groups.

> "You know there are people who seem to be far from reality. Those people are against any contraceptive method".
>
> (Physician in Gandzak village)

"...There are special groups of people who have stubborn mentality. Whatever you explain to them they do not listen to you and do not change their opinion. Their argument is like, "Our grand mothers did not use contraceptives and they were fine with that. They had had 5-6 children and it was great. Why should we use contraceptives?"

(Physician 1 in Sarukhan village)

Women's sexual autonomy

Despite the fact that none of the physicians openly mentioned the man's command role in the family, it was accepted that a wife generally adheres to her husband's desire to have sex and to use condoms. All of the physicians accepted the fact that women rely mostly on abortion to space births. Two physicians explained women's sexual dependence by the husband's low educational level and awareness about contraceptive and family planning issues. Only one physician believed that women and men are equal in their decisions about sexual relations and can easily communicate about these issues.

"...However, I should say that mostly abortion is used as a family planning method. Those who are unaware of methods send their wives to abortion. Those who have even a little understanding use condoms and other methods".

(Physician in Gandzak village)

Male participation in family planning

When asked about their client profile, the physicians mentioned that the percentage of men who apply for family planning services is very small. They noticed that a few men were comparatively active in asking for condoms and other methods of contraception. All of the physicians expressed their desire to see men involved in the selection of a family planning method. However, when asked about couples' communication about sexual issues, their opinions split. As previously mentioned, only one physician was confident that couples do communicate about sexual issues and family planning. Nevertheless, all physicians believed that men should be present in the training on SDM in order to be more aware of reproductive health issues and more involved with women's health issues.

"In general, they do not communicate with each other about these issues mostly because of low awareness and low level of development. I am really sorry for that... It is desirable to have men present in the training session... Let them also be educated and aware of women's problems and tortures". (Physician 2 in Sarukhan village)

"Yes, sure men should participate in the training sessions, because it is related to a couple – both a husband and a wife should decide on a method to be used".

(Physician 1 in Sarukhan village)

Feasibility of incorporating the SDM into existing programs/services

In general, the physicians expressed readiness to cooperate with the organization that is going to introduce this method in Gavar region of Armenia. Only one physician refused to recruit women and to explain them the method but only because of gender issues; he is a male and a dentist, which, according to him, would hinder the effective introduction of the method to women. However, all of the informants agreed that nurses could successfully offer the SDM to clients.

"Yes, there is no problem with that [for nurses to offer the SDM]. Our nurses have a wealth of experience in communicating with the villagers".

(Physician 1 in Sarukhan village)

"Why not, it is possible for them [nurses] to offer this method…It would be even easier for them to offer this method than it will be for me [male physician]".

(Physician 2 in Sarukhan village)

The physicians agreed that both individual discussion at people's houses or individual and group discussions in health care facilities are appropriate places and conditions for teaching the method. None of the physicians gave a clear preference to either group discussions or individual consultations emphasizing the necessity of both approaches. The physicians stated that individual consultations are necessary to decide on individual basis the appropriateness of the method, whereas group discussions are helpful while giving a general overview of the SDM.

"I think it would be better to teach this method in groups, though there will be people who will need individual consultations. We can even gather the same group two times".

(Physician in Gandzak village)

"I think it [training] should be done on an individual basis. The training should provide individual discussions and explanations; women's cycles should be checked. It is possible to conduct training both in the ambulatory and at homes. Also there could be conducted group discussions to give a general understanding on the method".

(Physician 1 in Sarukhan village)

"Whichever is easy to organize. It [training on the SDM] maybe taught both individually and in groups. It depends on the availability of a time and resources".

(Physician 2 in Sarukhan village)

It is worth noting that the physicians spoke about the requisite finances for expenses such as heating, transportation, and refreshments while organizing training sessions to teach the SDM in their communities.

Interest in and commitment to offering a new method of Natural Family Planning, including ability to counsel clients

As mentioned previously, two out of three physicians were ready to offer the SDM, and all believed that the method would be well received by women of reproductive age and the communities in general. However, it should be noted that the physicians joined with the nurses in stressing the need to be compensated for their work. The physicians raised the issue of prolonged non-payment salaries through the health sector.

The physicians felt that nurses are well qualified to provide appropriate counseling and teaching on the SDM. While talking about reproductive health education and counseling in family planning offered in their communities, the physicians referred to numerous lectures, consultations and other information-education activities in which nurses, working in the health care facilities, played an active role. They stated that nurses would show a great commitment and

high dedication to offering a new method of natural family planning if motivated and reimbursed for their work.

> "…If they [nurses] have motivation to do this work, it would be possible for nurses to offer this method. It is necessary to give them a bonus or other motivation. They should be paid for this activity. In that case they will teach this method with higher responsibility; if somebody will have problems with understanding the method, nurses will repeat it again and again, and will explain everything in detail".
>
> (Physician in Gandzak village)
>
> "…Also there should be a financial support to make service providers interested in successful presentation of this method".
>
> (Physician 2 in Sarukhan village)

When asked about the type of support needed to successfully offer the SDM, one physician emphasized the need for provider training. He suggested presenting all service providers with general procedures to be used while offering the method to different clients. In addition, the need for a large-scale mass media promotion of the method as a tool for its successful presentation was mentioned. Another physician asked for necklaces to be able to explain the method to clients and noted that he did not need any additional help to promote the method. Another physician declared that he needed nothing but financial support to be able to successfully offer the SDM.

> "I think it is necessary to conduct a counselling seminar for those people who will offer this method. It is necessary to develop a scheme according to which service providers will be taught about different approaches to different people and about information to be presented to people… In addition, large information-education activities should be conducted to fully present the effectiveness of the method".
>
> (Physician 2 in Sarukhan village)
>
> "We will need the necklace itself… No, I do not think that we need other support. Population willing to receive new information is available, health providers willing and able to explain the method to the population are also available".
>
> (Physician in Sarukhan village)

With regards to the materials that would be needed to be able to teach the method, physicians requested statistics on the effectiveness of the SDM in preventing pregnancy, literature, and other educational resources along with necklaces, calendars and research protocols. One of the physicians mentioned that it would be ideal to have a poster with a graphic representation of a woman's menstrual cycle with clearly marked fertile and non-fertile days, and a day of ovulation. This would ease the presentation of the method for service providers and the process of understanding for the community members. The physicians emphasized the need for statistical data, and printed and video information that demonstrate the effectiveness of the standard days method in pregnancy prevention. The need for general information on women's reproductive health was also mentioned.

"We need literature that proves the effectiveness of this method in preventing pregnancy, and discusses users' experience in terms of the effectiveness of the method. We need videotapes and other materials necessary to explain the method, and to explain that women using this method have a low risk of reproductive health diseases, breast cancer and etc. Also, the users of this method should be presented on videotapes; they should express their opinion on the method, discuss its benefits and drawbacks".

(Physician in Gandzak village)

"…We will also need literature data on the percent of pregnancies among women using this method in order to believe in the effectiveness of the method and to have a basis for offering and explaining it to the population".

(Physician 1 in Sarukhan village)

"There should be posters available to present the method schematically. There should also be a graphic that presents a woman's menstrual cycle, ovulation day etc. These IRH materials are understandable for us. Women need more visual and detailed information materials. In addition, it is necessary to have information on consequences of not using natural methods or other methods. Though many women know these consequences, a special emphasis should be put on unwanted pregnancy's consequences, abortion and the psychological stress related to it".

(Physician 2 in Sarukhan village)

Perceived feasibility of identifying a minimum of 80-100 clients over a period of 2-3 months (given the eligibility criteria detailed in the study protocol)

Only one physician felt that it is feasible for him to recruit up to 200 women interested in the method over a two to three month period. The other male physician (dentist), as already mentioned, refused to recruit women as this was outside the scope of his practice. The third physician agreed to recruit only a few women until she becomes more confident in the effectiveness of the method in preventing pregnancy. Again, the physicians brought up the issue of compensation.

"Yes, I can help with that… I can recruit very few women, since first of all, I have to be sure that this method is effective in preventing pregnancy. So, first I should be sure in the method and then I can offer it to others".

(Physician 1 in Sarukhan village)

"Yes, I can help with that, again only for appropriate compensation… Most probably, I can find about 200 women for that period. Though I know that they need about 30-40 people in a group".

(Physician in Gandzak village)

Anticipated problems/difficulties in providing the method

The most important difficulty in providing the method, which was anticipated by all of the physicians, was the large number of women with irregular menstrual cycles in the communities under investigation. According to one of the physicians, nervous and hormonal imbalances in women caused by the difficult social conditions are the most common reason for disturbances in menstrual cycles. This can seriously affect the proposed effectiveness of the standard days' method.

When asked whether it would be easy or difficult for clients to use the method, only one physician felt that it would be easy for couples to use the method and that there will not be problems related to partners' cooperation and use of condoms. Two physicians stated that having access to and willingness to use condoms or abstain from sex during his wife's fertile days would highly depend on a husband's commitment to family planning. The physicians also stated that after detailed explanations are received from service providers there should not be serious problems using the method. Other possible obstacles identified by the physicians were the concern that women can use the method incorrectly and that there might be monthly fluctuations in otherwise normal menstrual cycles which may result in unwanted pregnancies.

"As I already mentioned, it [correct use of a necklace] would depend on us [providers] and people's ability to understand and to follow the explanations…If a husband is "normal", has the "moral norms" and understanding, he would abstain from sex or use condoms on those days".

(Physician in Gandzak village)

"Yes, they will encounter problems…They may forget to move the rubber ring, or a husband may be drunk. This is not an ideal method, so definitely there might be problems".

(Physician 2 in Sarukhan village)

All physicians saw no actual difficulties in offering the method. One physician stressed the necessity for service providers to apply an individual approach when offering the method to clients.

"Yes, there will be problems…You know it is necessary to develop an individual approach to every person in order to explain the method. Again, it depends on a level of intellectual development of each individual; also it depends on the correct presentation of this method".

(Physician 2 in Sarukhan village)

As mentioned earlier, the coverage of heating and transportation expenses, and financial benefits are considered necessary conditions for quality work.

STD incidence/prevalence

None of the physicians had the capacity and facilities to diagnose and treat STDs and vaginal infections. One physician mentioned that according to the official circulars only certified gynecologists are allowed to provide such services. All of them reported that in cases when they suspect an STD or a vaginal infection (based on vaginal discharges and the information collected from clients' about their risk factors) they refer patients to Gavar's Central Hospital for specialized medical care.

"No, we do not provide STD treatment by ourselves. It is strictly prohibited. According to the circulars from a Chief Gynecologist of the Republic of Armenia there are enough highly qualified gynecologists in the country who can serve all patients in that sphere. I agree that each specialist should be responsible for his own sphere…Appropriate specialists in Gavar treat all patients from our village".

(Physician 1 in Sarukhan village)

However, all the physicians believed that currently there is a low prevalence of STDs and vaginal infections in their communities. The male physicians stated that in the past he had seen many cases of STDs in men, but not nowadays. A male physician said that only 1-2% of young men currently have an STD problem. One physician speculated that the reason for not seeing many patients with STDs might be the fact that men apply directly to specialists in Gavar's Central Hospital. Another physician who was confident that an STD patient from the village he serves would apply directly to him contradicted this opinion and stated the actual prevalence of STDs had decreased. The same decreasing tendency was observed in the incidence of vaginal infections in women

.

Chlamydeous, trichomona, gonorrhea and yeast infections were mentioned as the most common STDs in men and women during the past year. Among the possible reasons for the decrease in the incidence of STDs and vaginal infections are the decreasing prevalence of casual sexual relations and the fact that nowadays wives travel with their husbands if they are going to be absent from home for a long period of time. None of the physicians had medications available in their health care centers for treating vaginal infections in women or STDs in men. However, they confirmed that these medications are available in pharmacies and that patients would buy these medicines if prescribed.

"In the past vaginal infections were widespread since men were absent from their homes for a long period of time and they "were bringing" infections home upon return. Now wives leave with their husbands and the number of vaginal infections decreased. I even discussed this issue with the gynecologist trying to clarify whether women apply directly to her for vaginal infections. However, she confirmed that vaginal infections are rare now". (Physician 1 in Sarukhan village)

"I think that the most common infections are gonorrhoea and yeast infections. I cannot say for sure that gonorrhoea is common but for prevalence of yeast infections I am quite sure. You know villagers are not able to keep hygiene and their sexual intercourse may occur at any time and place without taking into consideration the conditions". (Physician in Gandzak village)

Other factors which could potentially interfere with successful use of the method (violence against women; alcohol abuse, etc.)

While aware of and concerned with the alcohol use in their communities, the physicians do not consider alcohol abuse to be common in their communities. However, all of them noted that although there is no salient alcohol abuse, it happens that drunken husbands do insist on having sexual intercourse, despite the wife's desire. This, as well as husbands' unwillingness to be involved in a discussion about contraception use can be a barrier for using the method. Only one physician was confident that alcoholism does not interfere with sexual relations and family planning since the problem of alcohol abuse was perceived to reside in the villages' older men. Two of the physicians were concerned about the health and psychological consequences of alcohol abuse that may result in both psychological disorders and unwanted pregnancy in couples and numerous health problems in children conceived when a husband was drunk.

> "I should say that men do not drink much, and it is a controlled drinking. They do not abuse alcohol. Of course, it interferes with sexual relations. A man becomes weaker, loses his sexual power. Chronic abusers alcohol become impotent…It depends on the level of consciousness of an individual. For example, there are families here, which have mentally retarded children or there is a family with two children having harelips. These cases prove that women in these families conceived when their husbands were drunk. I should mention, however, that there are also two families where men drink a lot. However, they have normal and beautiful children".
>
> (Physician in Gandzak village)

The physicians were unanimous in their opinion about the absence of violence against women in these communities. Only one of the physicians associated to some extent the hard physical labor imposed on women with the violence against them and felt that this can seriously affect sexual relations since being overloaded with work women are suppressed and cannot insist on the usage of any family planning method preferred.

5. Conclusions and Recommendations

In the following section the conclusions of this qualitative research are summarized. Based on these conclusions, recommendations are presented for the Institute for Reproductive Health to consider in designing its implementation plan for the Strategic Introduction Study of the SDM. The conclusions for women, men and older women are given separately. Taking into consideration the numerous similarities, the findings for the health care providers are consolidated.

5.1 Women

Conclusions

Economic conditions limit family size to two while the ideal size is three to four; having at least one son is valued.

According to female participants, the average number of children per young family in the Gavar communities is two; however, the ideal number of children is considered by the women to be three or four. A family may decide to have more than two children if they have yet to produce a son. Families can and do regulate their fertility, though mostly through abortion: other alternatives are needed.

Men play a dominant the decision-making process.

It can be concluded that women, while involved, are not the main decision makers with regard to family size. Although usually a couple makes a choice, in cases of disagreement, a husband makes the final decision. In addition, mothers-in-law are also influential decision-makers in this sphere.

Younger women utilize abortion to regulate family size; fear of side effects limits appeal of contraceptive methods.

In general, the attitude of younger women towards the use of contraception is neutral. The method of family planning most frequently mentioned is abortion. Methods such as the IUD, pills, and condoms are also used in the community; however, these are rarely used because they are considered to have adverse health effects and low reliability.

Natural methods, including the SDM, are likely to be well received.
The attitude towards natural family planning methods is positive. In addition, all the participants liked the necklace method. Among the advantages the women cited were the ease of usage, absence of side effects, and lack of cost Women do not expect any side effects from using natural methods outside the possibility of getting pregnant. All these factors are the prerequisites for the acceptance and practice of the SDM as a new natural contraception method by Gavar women.

Individual and groups modes of instruction are acceptable; nurses are the preferred instructor.
It was revealed that the appropriate sources of information from which women can learn how to use the method are the Women's Consultation clinics, group discussions with knowledgeable lecturers, consultations with physicians and nurses, printed materials, classes in schools, as well as sharing the information among relatives and friends. It is difficult to conclude which source will be the most appropriate one. However, among the most popular sources of information, nurses were frequently mentioned. The general opinion was that spouses should learn the method together or a woman should learn the method alone and explain it to her husband afterwards.

Care should be taken in determining if women can reliably use the method (irregular cycles); deference to husbands' wishes may limit effectiveness.
The majority of women mentioned that they would like to use the SDM and saw no major barriers for this method to be accepted by the community. The women indicated irregular menstrual cycles experienced by many community women and the reluctance of husbands to avoid sexual relations with their wives during their fertile period as the main barriers to implementing the SDM. These barriers are aggravated by the conflicting assertions of women that they can refuse to have intercourse and they must obey their husbands' desires.

The common opinion was that men cannot tolerate abstaining from sexual relations for a long period of time, and even several days may create disagreement in spouses; whereas women can wait longer, even for several months (but this opinion was not unanimous). Although the women did not see major difficulties in using condoms during their fertile days, they were not confident their husbands would agree. Therefore, men's attitude and behavior should be taken into consideration when planning the training on the SDM method in Gavar communities.

Need for improved access to/availability of condoms/alternatives for fertile days
Condoms and abstinence will not be readily accepted, but lowering barriers to their use in combination with other programmatic interventions can increase the correct practice of the SDM.

Spousal communication regarding contraception is limited; women communicate openly with service providers.
Sharing information regarding sexual issues with husbands is not a common/routine practice for women in these communities. As for sharing the information with potential service providers, the perception was that the women would share the information about sexual issues with providers that are knowledgeable and caring. Women and providers agree that there should be no problems with communication between health care providersand clients regarding the SDM.

Alcohol use may negatively impact the effectiveness of the SDM; violence against women is rare.

The majority of women felt that the problem of alcohol abuse is present in their communities to some extent and may interfere with family planning methods, though there is no serious danger with respect to their sexual life. This perception may require corroboration as the Gavar region has a reputation for its homemade alcohol beverages and extensive use of alcohol. Due to its wide acceptance, the respondents may be underestimating the danger of alcohol abuse in the community.

According to the FG women, the problem of violence was not an issue in their communities, though solitary cases of violence against women were recalled. This attitude is somewhat inconsistent with statements that women are often forced to demur to their husband's wishes.

Recommendations

1) **Use health care providers (preferably nurses) as the SDM service providers;**
2) **Provide service providers and potential clients with credible data on the effectiveness of the SDM;**
3) **Provide health care providers with training, printed materials, visual aids, and literature on the topic;**
4) **Carefully screen potential service users to ensure the participation of women who would benefit from the SDM (e.g., those with regular menstrual cycles);**
5) **Include husbands and mothers-in-law as target audiences for information and training efforts;**
6) **Utilize both individual and group instructional methods;**
7) **Assure providers and clients have clear and realistic expectations regarding the method's effectiveness.**
8) **Provide access to condoms/alternate methods for fertile days; and**
9) **Address the possible reluctance of husbands to abstain from sexual intercourse or the usage of condoms on fertile days, which can be aggravated by the alcohol influence in certain cases, as a potential barrier for the effective usage of the method;**

5.2 Men

Conclusions

Economic conditions limit family size to 2 while the ideal size is 3-4; having at least one son is valued.

As with the women, almost all male participants would prefer to have more children than they now have. The hard economic conditions were cited as the main reason that families do not have as many children as they desire. Men, on average, estimate there are three children per family in these communities, and the ideal family size is considered to be three or more.

Men play a dominant the decision-making process.

According to the male participants, a couple makes the decisions about family size, however, in some families, men's opinion influences the outcome more than women's. This coincides with the conclusion drawn for the women's groups.

Abortion is the primary means of regulating family size; men view contraception as the woman's prerogative and do not take an active role in family planning.
In general, there was positive attitude towards the use of contraception, with preference given to natural methods. Of modern contraceptive methods, several participants mentioned condoms. In addition, men mentioned abortions – both induced and self-induced - as a frequently practiced method and noted its deleterious consequences. Few men pay attentionto reproductive health issues and perceive contraceptive use to bethe women's prerogative. Therefore, an attempt should be made to increase men's involvement and responsibility in family planning issues, as their understanding and agreement is essential for the effective usage of the method.

The SDM is well received; there was no agreement on the optimal method for learning the method.
The overwhelming majority of male participants liked the SDM. Contradictory opinions were expressed on how the method should be learned. While some of the participants thought that couples need to learn it together, others would prefer that women learn the method by the selves or be taught by another knowledgeable person (mother or mother-in-law), and afterward explain it to their husbands. This is similar to what was discovered during the women's sessions.

Men are reluctant to consult service providers on the subject; written materials are preferred.
Women's Consultation clinics, family planning cabinets, schools and marriage registry offices were cited as appropriate sources for acquiring information on the SDM. The men believe that pamphlets and brochures may be useful, as it would allow them to avoid directly interacting with people. As with the women's group, no clear preference was given to any of these sources.

Men may be unwilling to abstain from sex for more than a week or use condoms.
The main difficulty in using the SDM emphasized by the men was their unwillingness to abstain from sexual relations for longer than a week, which was unambiguously expressed. Another barrier cited was their reluctance to use condoms, though less emphatically stated. It seemed unlikely that men in the community currently use condoms or abstain for a period of 12 days.
Men do not freely and comfortably communicate about sexual issues.
The sharing of information about sexual issues is unusual for the majority of village men, although they perceived the necessity for such discussions. While some participants thought that it is possible to share such information with friends and relatives, and even in groups like the FG meeting, others emphasized the inconvenience of asking other people for advice or information.

Alcohol was perceived as deleterious, but more so on the health of the fetus than in family planning.
All of the participants agreed that the excessive use of alcohol affects almost everything, and sexual relations and births spacing are not an exception. However they emphasized that the main harm is the birth of children with malformations (in case of alcohol abuse). The majority of men were not able to appreciate the possible interference of alcohol use upon the use of contraceptives during sexual relations. Violence was not considered to be a serious problem in the community, but men thought that, where present, it could cause the problems in sexual relations.

Recommendations

1) **Conduct SDM training for men/couples enhanced with general reproductive health content;**
2) **Emphasize/support a responsible male role for family planning;**
3) **Stress the necessity of using condoms/abstaining during "fertile days;"**
4) **Include free condoms and instruction on their correct use; and**
5) **Provide opportunities for individual/couples consultations supported by written material.**

5.3 Older women

Conclusions

Economic conditions limit family size to 2 while the ideal size is 3-4; having at least one son is valued.

The older women expressed the common opinion that the preferable and actual number of children in their communities differs, saying that four children is the ideal number, but due to bad economic conditions people can afford two children at most. According to the older women, on average, there were two children per family in these communities.

Abortion is the primary means of regulating family size; older women view abortions as safer than other methods.

Again, abortions were mentioned as the most frequent method for regulating family size in these communities. The adverse health effects of abortion were noted; however, these older women believed that contraceptive methods are about as much or even more deleterious. They considered abortion as the "safest and the most reliable" method of controlling births, though expensive. These beliefs can be explained by the influence of Soviet period traditions when abortions were effectively the only 'modern' method of family planning available.

Among contraceptive methods used by young couples, IUDs, condoms, pills, as well as "calendar" and withdrawal methods were mentioned. Overall, older women seemed to be more conservative than younger ones, and gave no clear preference to any of the methods. The influence of economic conditions on any decisions in the sphere of family planning was particularly underlined by almost all of the participating women.

No consensus emerged on the locus of decision-making; economic considerations dominate.

Controversial opinions were expressed on how the decisions about the number of children in a family are made. The general opinion was that the couple decides on this matter together, but husbands have more decisive role. The participation of mothers-in-law was also considered essential. However, the determining factor is the financial situation of the family. On this fact, all the stakeholders were in agreement.

Natural methods, including the SDM, are likely to be well received.

The vast majority of the participants had positive reaction towards SDM. While the method was considered to be rather old and well known, the use of a necklace was new for them. Several women suggested organizing training classes in their villages for young women to attend. Almost all of the women expressed an opinion that they would like their daughters or daughters-in-law to use this method. This could support the introduction and the usage of SDM.

The health of women and cooperation of men are viewed as key barriers to successfully implementing the SDM.

The main difficulty in using the SDM identified by the older women was the perceived unwillingness of the male participants to abstain from sexual relations. Another important barrier mentioned was the irregular menstrual cycles experienced by many of the young women. Older women stated that the necklace should be provided for free; otherwise women will not use it. The latter point should be taken into consideration when planning the study.

Recommendations

1) **Increase the awareness of older women, as influential decision makers in the family planning sphere, through the provision of printed educational materials on the topic;**
2) **Emphasize the linkages between the SDM and the widely practiced/known calendar method.**
3) **Provide the necklace free of charge; and**
4) **Make clear the danger and consequences of abortions when teaching the SDM to women in Gavar communities;**

5.4 Health Care Providers

Conclusions

Providers support safe, effective family planning methods; affordability and access are key concerns.

Overall, the physicians and the nurses were interested in family planning, and expressed the wish to learn about these matters. Attitudes toward contraceptive methods were mostly neutral among nurses and positive among physicians. Preference was expressed for natural methods. The participating health care providers felt that there is a demand for effective contraceptive methods among population, though accompanied with the fear of side effects, especially for oral contraceptives. Again, the nurses and physicians stated that abortions remain the main method used to control births. According to the health care providers, there is a need in the community for barrier methods of contraception such as condoms, IUDs, and creams. The physicians mentioned condoms, IUDs, pills and withdrawal to be relatively popular methods among clients. The nurses and physicians from a village without a family planning cabinet complained that family planning methods are inaccessible to village dwellers.

STDs are perceived as minimally prevalent.

Health care providers participating in the study have experience in providing preventive, pre/post-natal care, and some simple family/women's health related services. None of them is involved in the diagnosis and treatment of diseases of reproductive organs including STDs, except counseling. The physicians reported there is a low prevalence of STDs in their communities. This perception may be due to low utilization of formal healthcare services.

Providers need additional/refresher training regarding the reproductive cycle.

While both the physicians and the nurses were aware about the fertile days of a woman's menstrual cycle, in some cases the nurses did not identify these days quite correctly. According to the health care providers, there is a habit of marking or memorizing the days of menstrual cycle, though in most cases it is not used as a method of pregnancy prevention. However, this habit may be helpful since the usage of the necklace method could be build upon this practice.

Abstinence is not perceived as a viable alternative for 'fertile days.'
While some cases of abstaining from sex on "dangerous days" were mentioned, the general opinion expressed was that the villagers rarely practice the periodic abstinence, preferring to use withdrawal or condoms.

Men have a dominant role in sexual decision-making.
It was perceived by most of the health care providers that, in sexual relations, men are dominant. Although it was not openly expressed, it could be inferred that women usually obey to their husbands' decisions regarding intercourse and use of family planning methods.

Spousal communication about family planning is limited; men seldom seek family planning services.
According to the nurses and the physicians, men are not actively involved in discussions about contraceptive methods and apply for family planning services very rarely, preferring to receive any medical care from males or through their wives. While the nurses thought that men do not need to participate in the training on the usage of the SDM, the physicians were unanimous in their desire to see men being more aware of reproductive health issues and more involved in the selection of a family planning method. It should be noted that the reluctance of men to apply to the nurses for services might create problems in using them to introduce the SDM to men.

Providers support the aims of the project and see nurses as the preferred providers; resources for expenses/salaries would need to be provided.
The nurses were eager to cooperate with the organization wishing to introduce this method in their communities. They saw no problems with recruiting women or explaining the method to them. The physicians were also ready to collaborate with the Institute for Reproductive Health in introducing the method in Gavar region. The physicians agreed that nurses could successfully offer the SDM to clients. No preference was given to either group discussions or individual consultations as ways of presenting the SDM to clients, and the necessity of both approaches was emphasized. There was a suggestion made by the nurses, that it would be good to start with group sessions at the medical unit, and continue with individual consultations.

It can be assumed that the nurses and the physicians will be supportive of the SDM introduction study. However, the compensation for their work as well as the coverage of expenses on heating, transportation, and refreshments for training sessions are essential for health care workers' commitment to provision of the SDM services. They requested necklaces, calendars and research protocols, literature review and statistical data on the effectiveness of the SDM in preventing pregnancy.

Providers estimate that a sufficient number of clients can be enrolled in a study.
It seemed feasible for the nurses to recruit the requisite number of women, who would use the method (about 170 clients in two to three months). Despite the physicians' readiness to cooperate, only one expressed a willingness to recruit potential clients until they are convinced of the SDM's effectiveness.

The large number of women with irregular cycles, poor access to condoms, and husband's reluctance to use them may limit the effectiveness of the SDM.

The most important difficulty, mentioned by the physicians and the nurses was the large number of women with irregular menstrual cycles, which can limit the number of clients and lower the effectiveness of the method. This finding is supported by the data collected in focus groups with other targets participating in this study. It emphasizes the necessity for carefully screening women to be involved in the study. The health care providers also noted that, in the communities with a family planning cabinet, women might prefer to use more effective modern methods of contraception. Other possible obstacles could be the inability of women to use the method correctly or monthly fluctuations in otherwise normal menstrual cycles, which may result in unwanted pregnancies. Moreover, poor access of some villagers to condoms or unwillingness of husbands to use them during "fertile" days may pose additional problems in providing and using the method.

Alcohol abuse and violence, while estimated as low, may limit the effectiveness of the SDM. According to the physicians and the nurses, although there is no pronounced alcohol abuse in their communities, it does happen that inebriated husbands insist on having sexual intercourse, despite the wife's desire. This, as well as the reluctance of men to be involved in discussions about contraception, could pose barriers in successfully implementing the SDM. This finding is consistent with the views expressed by the men, women, and older women participating in this study. Providers also perceived that there is no violence in the community.

Recommendations

1) **Provide nurses with introductory information regarding women's reproductive health before giving them the responsibility to offer the SDM to potential users;**
2) **Provide physicians with valid and reliable data on the effectiveness of the SDM in preventing pregnancies;**
3) **Use nurses supported by physicians to implement the program for women;**
4) **Provide the physicians and nurses with a wealth of printed materials, visual aids and literature on the topic;**
5) **Develop careful screening procedures to limit involvement in the study to women able to benefit from the method;**
6) **Provide compensation for the nurses' and physicians' efforts devoted to the recruitment of women for the study and provision of counseling and training services;**
7) **Provide resources for acquiring and distributing condoms, especially in villages without family planning cabinets;**
8) **Cover direct expenses such as heating during winter training sessions and transportation expenses; and**
9) **Encourage men reluctant to visit nurses to visit physicians for training.**

All stakeholders interviewed in this process have a positive attitude toward natural family planning. Many expressed concern that the SDM may be of limited value due to the prevalence of irregular cycles among Gavar's women and difficulties in observing abstinence during the fertile period. Direct communication about family planning and sexual health (spousal, familial, or provider-patient) is desired but not routinely practiced. Alcohol abuse and domestic violence will likely have little impact on a large-scale program introducing the SDM. Service providers are supportive of and interested in the method, but only if adequate resources and support are provided.

In light of the heavy reliance on abortion, the mistrust of many modern contraceptive methods, and the inaccessibility/affordability of those modern methods, the SDM provides a viable alternative to interested families. In sum, Gavar is a suitable site for a strategic introduction of the SDM provided the aforementioned concerns are addressed in the planning and implementation of the project.

6. References

1. *Baseline Reproductive Health Survey: Assessment of the "Green Path" Campaign*. Center for Health Services Research, American University of Armenia, Yerevan, Armenia, October 2000.

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3. Salvador S, Danielian L. Report on Qualitative Research: JHU/PCS Project on Reproductive Health in Armenia. Yerevan, Armenia, August 1999.

4. JHU/PCS Armenian Field Office. *Clinic Monitoring Report*. Yerevan, Armenia, January 2001.

7. Appendices

Appendix 1: Guides

STUDY OF THE FEASIBILITY AND ACCEPTABILITYOF THE STANDARD DAYS METHOD OF FAMILY PLANNING

GUIDE FOR CONDUCTING FOCUS GROUPS (MEN/WOMEN)

INTRODUCTION

(Moderator: please read the sentences in quotations exactly as they are written)

- Presentation of moderator, recorder and observer

- Welcome and thank participants

- Objective of the meeting: *"We are interested in learning about your opinions on family planning, because our organisation wishes to offer a new method of spacing births (which we are going to explain to you today). Before initiating such an effort, we would like to learn more about reproductive health behaviour and health services in your community, as well as what you think about this new method."*

- Tape recorder: *"The opinion of each one of you is very important to us. However, it will not be possible to pay attention to what we are discussing and at the same time take notes of what is being said. Therefore, we have brought a tape recorder so that we won't miss any part of the conversation. Is it alright with you if we use the tape recorder?"*

- Confidentiality: *"Everything we talk about today is confidential and will not be discussed outside of this meeting. No one's name will appear in the reports we will prepare. We will be talking for approximately an hour and a half. If there is any part of the discussion you do not wish to participate in, you don't have to."*

ICE BREAKER

In this exercise, we would like to learn each of your names in order to give you a nametag and call you by your name.

Questions for the Ice Breaker exercise:

- Presentation of the participants.
- What is your name?
- What type of work do you do?
- How many children do you have?
- What type of activities do you enjoy doing?

WE WOULD LIKE TO INVITE YOU FOR DELICIOUS REFRESHMENTS. PLEASE, HELP YOURSELVES.

A. SPACING BIRTHS

Let's begin by talking about couples and their children in this community.

1. What is the general attitude towards methods of spacing births (natural and modern) in your community? Are there people or groups, who are against it? If yes, who, and why it is so?

2. How do couples feel about the number of children they have?
   - What do couples generally think is the ideal family size?
   - Why?
   - How many children would you like to have?
   - Do couples usually have as many children as they would like to (or more? or less?)
   - If not, why?
   - On the average, how many children do couples here have?

3. Do couples here do anything to postpone or prevent a pregnancy? What? What are the reasons for not doing anything *(if they don't use any methods)?*
   - Where do they learn *(the method/behaviour mentioned as a form of family planning*)?
   - Are they happy with (*the method/behaviour mentioned as a form of family planning)?*
   - What kind of problems (potential and actual) do they have with *(the method/behaviour mentioned as a form of family planning)*?
   - Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?

4. Who decides about family size and the use of the methods of spacing births? The husband? The wife? The couple?
   - What if the husband and wife disagree? How do they resolve this?

B. ABSTINENCE

Sometimes couples avoid having sexual relations during certain days for various reasons.

5. Do couples in this community avoid sexual relations on certain days?
   - Why? *(explore reasons, including family planning)*
   - On which days do couples not have sex?
   - And on which days do they have sex?
   - Do couples abstain every month or only sometimes *(how often*)?
   - For how many days do couples not have sexual relations?

6. What do men think about abstaining? What do women think?
- Do couples agree?
- If not, what do they do?
   - Can women refuse when the husbands want to have sex?
   - Do you think that the excessive use of alcohol may interfere with sexual relations and the use of methods of spacing births? Why do you think this? Is there such a problem here?

- Do you feel that violence against women may interfere with sexual relations and the use of the methods of spacing births? Is there such a problem here?

C. MENSTRUAL CYCLE ("period")

(*This question is only for women)*

7. How often does a woman menstruate or have a period? *(use the appropriate word)*
   - How many days does menstruation last? (How many days does a woman bleed)?
   - How much time passes between one period and the next?
   - Is it always the same or does it sometimes vary?
   - Is it the same for all women (Does more time pass between bleeds for some women than for others?)

8. Do women/couples here are in the habit of marking (keep track of) their periods? (Where? How? On what? Why do they do this? Do they use it as a method of preventing pregnancies? Can you describe how it is done?)

9. Do you know about the cases when a woman became pregnant, although she was using natural contraception method? Can you remember such cases? What method was used? Was it used correctly?

D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

EDUCATOR: Using the Counselling Guide, give an explanation of the method.

MODERATOR: Now that we have explained the Standard Days method to you, we would like to hear your opinions on this new method.

10. What do you think of this method?
    Do you think it would work here to space pregnancies? Why? Why not?

In the explanation of the method, we mentioned that couples should not have sexual relations, or should use condom, on the days a woman is on the white beads if she wishes to prevent pregnancy. There will be about 12 days during each cycle that the couple will need to abstain from sexual relations or use condoms.

11. How will the husband feel about abstaining from sexual relations or using condoms during these days? How will the wife feel?
- Could there be potential disagreements or problems?
- How might these be resolved?
- How many days can a man wait without having sexual relations with his wife?
- How many days can a woman wait?
- Is talking about contraception issues with your husband/wife usual thing for you? What about other families here?

12. Do couples need to learn how to use this method together, or can the woman learn about it by herself?
    - Who should teach the couple to use this method?
    - Where should people go to learn how to use the method?

13. What should be done in order to make this method of family planning acceptable to couples?

Thank you for your attention and collaboration

STUDY OF THE FEASIBILITY AND ACCEPTABILITY OF THE STANDARD DAYS METHOD OF FAMILY PLANNING

GUIDE FOR CONDUCTING FOCUS GROUPS WITH OLDER WOMEN

INTRODUCTION

(Moderator: please read the sentences in quotations exactly as they are written)

- Presentation of moderator, recorder and observer

- Welcome and thank participants

- Objective of the meeting: *"We are interested in learning about your opinions on family planning, because our organisation wishes to offer a new method of spacing births (which we are going to explain to you today). Before initiating such an effort, we would like to learn more about reproductive health behaviour and health services in your community, as well as what you think about this new method."*

- Tape recorder: *"The opinion of each one of you is very important to us. However, it will not be possible to pay attention to what we are discussing and at the same time take notes of what is being said. Therefore, we have brought a tape recorder so that we won't miss any part of the conversation. Is it alright with you if we use the tape recorder?"*

- Confidentiality: *"Everything we talk about today is confidential and will not be discussed outside of this meeting. No one's name will appear in the reports we will prepare. We will be talking for approximately an hour and a half. If there is any part of the discussion you do not wish to participate in, you don't have to."*

ICE BREAKER

In this exercise, we would like to learn each of your names in order to give you a nametag and call you by your name.

Questions for the Ice Breaker exercise:

- Presentation of the participants
- What is your name?
- How many children/grandchildren do you have?
- What type of activities do you enjoy doing?

WE WOULD LIKE TO INVITE YOU FOR DELICIOUS REFRESHMENTS. PLEASE, HELP YOURSELVES.

A. FAMILY SIZE

Let's begin by talking about couples and their children in this community.

14. What is the general attitude towards the methods of spacing births (natural and modern) in your community? Are there people or groups, who are against it? If yes, who, and why it is so?

15. How do couples feel about the number of children they have?
    - What do young couples generally think is the ideal family size?
    - Why?
    - Do couples usually have as many children as they would like to (or more? or less?)
    - If not, why?
    - On the average, how many children do couples here have?
    - If you were having a family now, how many children would you want to have?
    - How many children do you think most couples can support and care for?

B. PREGNANCY PREVENTION

16. Do couples here do anything to postpone or prevent a pregnancy? What? If not, why not?
    - Where do they receive *(the method/behaviour mentioned as a form of family planning*)?
    - Are they happy with (*the method/behaviour mentioned as a form of family planning)?*
    - What kind of problems (potential and actual) do they have with *(the method/behaviour mentioned as a form of family planning)*?
    - What do you think about *(the method/behaviour mentioned as a form of family planning*)?
    - Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?

C. DECISIONS ABOUT PREGNANCY SPACING

17. Who decides about family size and of methods to space pregnancies? The husband? The wife? The couple?
    - What if the husband and wife disagree? How do they resolve this?
    - What can influence their decision of family size and pregnancy spacing? (the economic situation, the political situation, availability of family planning services, availability of abortion, religion, values, family pressure, social norms)
    - Do other family members influence this decision (like the wife's mother, the husband's mother, other relatives)? How? In what ways?
    - If you had a daughter who was married and having children, would you want her to discuss with her husband and for them to decide together how many children to have? What would you advise her about family planning and number of children?
    - Is talking about contraception issues with a husband/wife usual thing in your community?
    - Do you think that knowledge about ways of preventing pregnancy would be beneficial to the couple and to the woman's health?

18. What would people say if your son or daughter had fewer (or more) children than other people in the community?

D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

EDUCATOR: Using the Counselling Guide, give an explanation of the method.

MODERATOR: Now that we have explained the Standard Days method to you, we would like your opinions on this new method.

19. What do you think of this method?
    Do you think it would work for couples in this community to space pregnancies? Why? Why not?
    If your son/daughter wanted to use this method to space pregnancies, what would you say to them? Why?

20. What should be done in order to make this method acceptable to couples? To others in the community?

21. What barriers might prevent this method from being accepted?

Thank you for your attention and collaboration

WE WOULD NOW LIKE TO INVITE YOU FOR DELICIOUS REFRESHMENTS

STUDY OF THE FEASIBILITY AND ACCEPTABILITY OF THE STANDARD DAYS METHOD OF FAMILY PLANNING

GUIDE FOR CONDUCTING FOCUS GROUPS WITH NURSES

INTRODUCTION

(Moderator: please read the sentences in quotations exactly as they are written)

- Presentation of moderator, recorder and observer

- Welcome and thank participants

- Objective of the meeting: *"We are interested in learning about your opinions on family planning, because our organisation wishes to offer a new method of spacing births (which we are going to explain to you today). Before initiating such an effort, we would like to learn more about reproductive health behaviour and health services in your community, as well as what you think about this new method."*

- Tape recorder: *"The opinion of each one of you is very important to us. However, it will not be possible to pay attention to what we are discussing and at the same time take notes of what is being said. Therefore, we have brought a tape recorder so that we won't miss any part of the conversation. Is it alright with you if we use the tape recorder?"*

- Confidentiality: *"Everything we talk about today is confidential and will not be discussed outside of this meeting. No one's name will appear in the reports we will prepare. We will be talking for approximately an hour and a half. If there is any part of the discussion you do not wish to participate in, you don't have to."*

ICE BREAKER

In this exercise, we would like to learn each of your names in order to give you a nametag and call you by your name.

Questions for the Ice Breaker exercise:

- Presentation of the participants
- What is your name?
- Which village do you work in?

WE WOULD LIKE TO INVITE YOU FOR DELICIOUS REFRESHMENTS. PLEASE, HELP YOURSELVES.

A. REPRODUCTIVE HEALTH SERVICES

I would like to ask you about health services that are offered by you and others in your clinic to families in this community.

1. Do you offer prenatal care, postnatal care, STD information, counselling, diagnosis, and treatment? If no, do you refer patients for these services? Where do you refer them?

2. Do you have any way of following up your patients? How?

3. Do you offer family planning/woman health services? If yes, who else in the clinic offers these services? If not, does someone else in your clinic do? Who? If not, do you refer patients for these services? Where do you refer them?

4. In which methods are clients counselled in your clinic? (condom, pill, injectable, IUD, female sterilisation, male sterilisation, foam/jelly/vaginal tablets, diaphragm/cervical cap, calendar-rhythm, Ovulation (Billings), LAM, abortion)?

5. Which methods are most frequently requested? Which methods are most commonly used in this community? Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?

6. Have you had any problems in providing couples with services on family planning/woman health? What problems?

7. Do you think that couples here abstain from sex to avoid pregnancy? If yes, on what days. How do they decide when? How effective is this in preventing pregnancy?

B. OPINIONS ABOUT CONTRACEPTIVE METHODS

Now let's talk about your opinions and perception about methods of contraception.

8. What do you think about modern/artificial methods of contraception? Why?

9. What about natural methods? Why?

10. In your opinion, how important is it for couples to have access to modern contraceptive methods? Why? And other methods? Why?

11. Are contraceptive methods readily available here? Is there much demand for family planning? Why/why not?

12. How does the availability of abortion effect people's attitudes toward methods of contraception?

13. What is the general attitude towards the contraceptive methods (natural and modern) in your community? Are there people or groups, who are against it? If yes, who, and why it is so?

C. VAGINAL INFECTIONS AND SEXUALLY TRANSMITTED DISEASES (STDs)

I would like to explore another important health issue with you – that of vaginal infections and STDs.

14. How frequently do vaginal infections occur in this community? What makes you say that? How often do you detect/diagnose women with vaginal infections?

15. Which infections are most common (yeast infection, chlamydia, trichomona, gonorrhea)? How do you recognise these infections? How do you distinguish between them? Do you usually diagnose infections by symptoms? What about asymptomatic infections?

16. Do your clinics have the capacity to diagnose vaginal infections?

17. How common are STDs among men here? On what do you base this statement? How often do men come for services?

18. Do you offer services to diagnose STDs in men? If not, what do you do when you suspect a STD?

19. Do you offer treatment for men with STDs? If not what do you do when you diagnose a STD?

20. Do the medicines available at your clinic include medicines for treating vaginal infections? Do they include medicines for treating STDs in men? If not, are these medications available in pharmacies? Do you think your patients could buy these medicines if they needed to?

D. THE MENSTRUAL CYCLE

21. Are there many women here with irregular cycles?

22. Do women here keep track of their menstrual cycles? Why do they do this? Do they use it as a method of preventing pregnancies? Can you describe how it is done? Do couples here communicate about things like that? Is it usual here?

E. ALCOHOLISM AND VIOLENCE

23. Is alcoholism common in this area? Why do you think this?

24. Do you think that alcoholism interferes with sexual relations and family planning use? How? Why do you think this?

25. How common is violence against women in this area? Why do you think this?

26. Do you think it affects sexual relations and family planning use? How?

F. THE STANDARD DAYS METHOD

I am going to explain a new method of family planning to you and then I would like to ask your opinion about it.
Using IRH materials, explain the method.

27. What do you think of this method? Why?

28. Do you think it could be used effectively to space pregnancies? Why?

29. Do you think that this method would be easy or difficult for your clients to use? (Explore issues such as partner co-operation, use of the necklace, abstinence or condom use)

30. To what type of woman would you recommend this method? Which women do you think should not use this method?

31. Do you think couples who use this method might encounter any problems? What problems?

G. FEASIBILITY

32. Do you think it would be possible for you to offer this method? If not, why not?

33. Do you think that couples here will be interested in this method? If not, why not?

34. Would you like to offer this method? Why or why not? *If not, along with other possible barriers, explore the issues of non-payment and their commitment to the future work.*

35. What difficulties do you think you might have in offering this method? *Explore the problems in details.* What type of support will you need to successfully offer this method? Why?

Using IRH materials, explain what will be expected of providers in the strategic introduction study.

36. Could you help us recruit women who might be interested in using this method for at least a year? How many women do you think you can recruit in a period of 2-3 months?

37. In your opinion, what would be the most effective way to teach this method in this community (in groups, individually, at home or in the ambulatory care unit)?

38. What materials do you think would be needed to teach this method?

39. Do you believe that men should participate in the training session? Why or why not?

40. In this community, are there many married men who travel frequently and are absent from their homes for long stretches of time? If yes, how frequent is this? How long are they generally away for?

THANK YOU FOR YOUR PARTICIPATION

STUDY OF THE FEASIBILITY AND ACCEPTABILITY OF THE STANDARD DAYS METHOD

GUIDE FOR INDEPTH INTERVIEWS WITH DOCTORS

INTRODUCTION *(Please read the following introduction verbatim)*

We are conducting interviews with health providers about reproductive health. This is an important issue because our organization hopes to make a method of natural family planning available to the community. Before initiating this effort, we would like to better understand the health situation here and what people think of this new method. May I ask you a few questions about these issues? Everything you tell me will be kept strictly confidential and your name will not be written down anywhere. In addition, you do not have to respond to any question you do not wish to answer and you may end the interview at any moment. May I continue?

(If he/she agrees to continue, ask if there are any questions. Respond to his/her questions as appropriate, and then continue the interview with question 1).

Date ____/_____/_____ Interviewer_____

A. REPRODUCTIVE HEALTH SERVICES

I would like to ask you about the reproductive health services that you and your organization offer to families in this community.

1. Is there any type of reproductive health education offered in this community? If so, what type?

2. Do you have any way to follow up your patients? How?

3. Does your ambulatory care unit offer the following services: ***(read the services listed in questions a through f)***….
   a. Prenatal care? If no, do you refer patients for these services? Where do you refer them?
   b. Postnatal care? If no, do you refer patients for these services? Where do you refer them?
   c. Information and counselling about STDs? If no, do you refer patients for these services? Where do you refer them?
   d. STD diagnosis? If no, do you refer patients for these services? Where do you refer them?
   e. STD treatment? If no, do you refer patients for these services? Where do you refer them?
   f. Family planning/women health services? If no, do you refer patients for these services? Where do you refer them?

(If family planning services are offered, ask the following questions)

4. Do you personally offer counselling in family planning/women health services? If not, who does? If yes, who else offers family planning/women health counselling in your clinic?

5. In which methods are clients counselled?
   (mark all that are mentioned)
   - Condom
   - Pill
   - Injectable
   - IUD
   - Female sterilization
   - Male sterilization
   - Foam/jelly/vaginal tablets
   - Diaphragm/cervical cap
   - Calendar-Rhythm
   - Ovulation (Billings)
   - LAM
   - Abortion
   - Other: (specify) _____

6. Which methods are most frequently requested?
   (mark all that are mentioned)
   - Condom
   - Pill
   - Injectable
   - IUD
   - Female sterilization
   - Male sterilization
   - Foam/jelly/vaginal tablets
   - Diaphragm/cervical cap
   - Calendar-Rhythm
   - Ovulation (Billings)
   - LAM
   - Abortion
   - Other:_____

7. Are there typical types of family planning methods' users in this community, or are they all pretty similar? Please describe the profiles of your typical family health service clients (age, parity, how far from clinic she lives, how she gets there, etc.)

8. How do couples here decide whether to use contraceptive methods and which method to use? Who decides to use a method?

9. What contraceptive methods are most commonly used in this community?

10. Do financial conditions affect the decisions regarding the usage of methods to prevent pregnancies?

11. Have you had any problems in providing couples with contraceptive methods? What problems?

12. Do you think that couples here abstain from sex to avoid pregnancy?

13. If yes, on what days? How do they decide when? How effective is this in preventing pregnancy?

B. OPINIONS ABOUT CONTRACEPTIVE METHODS

Now let's talk about your opinions and perception about contraceptive methods.

14. What do you think about modern/artificial contraceptive methods? Why?

15. What about natural contraceptive methods? Why?

16. In your opinion, how important is it for people to have access to contraceptive methods? Why?

17. How important is it that couples have access to other contraceptive methods? Why?

18. Are contraceptive methods readily available here? Is there much demand for family planning/woman health services? Why/why not? What is the general attitude towards contraceptive methods (natural and modern) in your community? Are there people or groups, who are against it? If yes, who, and why it is so?

19. How does the availability of abortion effect people's attitudes toward contraceptive methods?

C. VAGINAL INFECTIONS AND SEXUALLY TRANSMITTED DISEASES (STDs)

I would like to explore another important health issue with you – that of vaginal infections and STDs.

20. How frequently do vaginal infections occur in this community? What makes you say this?

21. How often do you detect/ diagnose women with vaginal infections?

22. Which infections are the most common?
(check all that are mentioned)

- Yeast infection
- Chlamydia
- Trichomona
- Gonorrhea
- Other: (specify) _____
- Don't know/ not applicable

23. Does your clinic have the capacity to diagnose vaginal infections?

24. For each infection mentioned, ask:
How do you recognise this infection? How do you distinguish it from other infections? Do you usually diagnose infections by symptoms? What about asymptomatic infections?

25. How common are STDs among men here? On what do you base that statement?

26. Do you offer services to diagnose STDs in men? If not, what do you do when you suspect a STD?

27. Do you offer treatment for men with STDs? If not, what do you do when you diagnose a STD?

28. How often do men come for services?

29. Do the medications available at your health centre include medicines for treating vaginal infections?

30. Do they include medicines for treating STDs in men?

31. Are these medications available in pharmacies? Do you think your patients could buy these medicines if they needed them?

D. THE MENSTRUAL CYCLE

32. Do you think that women here know when in their cycle they are most likely to conceive if they have unprotected intercourse? What days do they consider to be "safe"?

33. Are there many women here with irregular cycles?

34. Do women here keep track of their menstrual cycles? Why do they do this? Do they use it as a method of preventing pregnancies? Can you describe how it is done? Do you think it is done correctly?

35. Do couples here communicate about things like that?

E. ALCOHOLISM AND VIOLENCE

Another health problem I would like to discuss with you is that of alcoholism and violence.

36. Is alcoholism very common in this area? How prevalent is this?

37. Do you think that alcoholism interferes with sexual relations and family planning use? How? Why do you think this?

38. How common is violence against women in this area? Why do you think this?

39. Do you think it affects sexual relations and family planning use? How?

F. THE STANDARD DAYS METHOD
I am going to explain a new method of family planning to you and then I would like to ask your opinion about it.

Using the IRH materials, explain the method.

40. What do you think of this method? Why?

41. Do you think it could be used effectively to space pregnancies? Why?

42. Do you think that this method would be easy or difficult for your clients to use? (Explore issues such as partner co-operation, use of the necklace, abstinence or condom use)

43. To what type of woman would you recommend this method? Which women do you think should not use this method?

44. Do you think couples who use this method might encounter any problems? What problems?

45. How do you think the leaders of this community will respond to this method? Why?

G. FEASIBILITY

46. Do you think it would be possible for nurses in your ambulatory care unit to offer this method? If not, why not? *Explore the problems.*

47. Do you think that couples here will be interested in this method? If not, why not?

48. Would you like to offer this method? Why or why not? *If not, along with other possible barriers, explore the issues of non-payment and their commitment to the future work.*

49. What difficulties do you think you might have in offering this method? *Explore the problems in details.*

50. What type of support will you need to successfully offer this method?

51. Who can help you to promote this method?

Using IRH materials, explain what will be the role of providers in the strategic introduction study.

52. Could you help us recruit women who might be interested in using this method? How many women do you think you could be recruiting in a period of 2-3 months?

53. In your opinion, what would be the most effective way to teach this method in this community (in groups, individually, at home or in the ambulatory care unit)?

54. What materials do you think would be needed to teach this method?

55. Do you believe that men should participate in the training session? Why?

56. In this community, are there many married men who travel frequently and are absent from their homes for long stretches of time? If yes, how frequent is this? How long are they generally away for?

THANK YOU FOR YOUR PARTICIPATION

Appendix 2: Questionnaires

FOCUS GROUP WITH MEN/ WOMEN/ OLDER WOMEN

Socio-demographic questionnaire

Location and date _____

Type of a group _____

INFORMANT'S DATA:

AGE: _____

OCCUPATION: _____

EDUCATIONAL LEVEL: (circle one)

1. School (less than 10 years)
2. School (10 years)
3. Professional technical education (10-13 years)
4. Institute/University
5. Postgraduate

NUMBER OF CHILDREN: ____

FOCUS GROUPS WITH NURSES

Socio-demographic questionnaire

Location and date _____

INFORMANT'S DATA:

AGE: _____

MARITAL STATUS: (circle one)

1. Married (registered or unregistered)
2. Divorced
3. Widowed
4. Single

NUMBER OF CHILDREN: ____

Appendix 3: SDM Explanations

INFORMING POTENTIAL CLIENTS ABOUT THE STANDARD DAYS METHOD

Note to the Facilitator

Explain to participants that first you will be discussing general information about human fertility and then explain a new method of family planning. It is recommended that the Necklace itself be used as a visual aid when providing information on how to use the method.

Understanding our fertility

Fertility is the ability to have children.

The man is fertile every day; for this reason, he is able to get a woman pregnant at any time.

The woman is fertile only a few days every month. She can get pregnant only during her fertile days. The days when the woman can't get pregnant are called her infertile days.

A woman can learn to identify the fertile days when she can get pregnant.

The Necklace method helps her to know which are her fertile days.

The Necklace is a Natural Method

The Necklace method is a natural way of planning a family.

The entire Necklace represents the woman's menstrual cycle. Each bead represents one day of her cycle.

Her menstrual cycle begins on the day that her period arrives and ends the day before her next period. The cycle includes all the days between one period and the next.

Who can use the Necklace Method?

The Necklace method can be used to prevent pregnancy by:

- couples wishing to avoid pregnancy
- women with menstrual cycles between 26 and 32 days (in other words, women whose period comes every 26, 27, 28, 29, 30, 31 or every 32 days)

- couples that can avoid intercourse or use a condom on the woman's fertile days when she can get pregnant.

The Necklace method can be used to time a wanted pregnancy by:

- couples wishing to conceive

- women with menstrual cycles between 26 and 32 days (in other words, women whose period comes every 26, 27, 28, 29, 30, 31 or every 32 days)

What is the Necklace like?

The Necklace has a red bead that marks the beginning of the period (menstruation).

It has white beads that represent the fertile days when the woman has a chance of getting pregnant.

It also has dark beads that represent the infertile days when there is no chance of getting pregnant.

In addition, it has a black rubber ring. This ring has to be moved every day.

It is moved from the small to the larger side of the bead.

It is recommended to move the ring every morning in order not to forget.

How is the Necklace used to prevent pregnancy?

On the day that your period comes, move the rubber ring to the red bead. Also mark this day on your calendar. Every day move the ring to the next bead.

When the ring falls on a dark bead, you can have intercourse on that day without risk of getting pregnant.

When the ring falls on a white bead, you SHOULD NOT have intercourse on that day. This is a fertile day when you can get pregnant if you have intercourse.

If you and your husband decide to have intercourse on a white-bead day, you should use a condom if you want to avoid a pregnancy.

Each time that your period comes, move the ring to the red bead. A new cycle has started.

How is the Necklace used to time a pregnancy?

A couple wishing to get pregnant uses the Necklace in the same way, but they have intercourse during the white-bead days, because these are the days in which they are most likely to conceive.

When to visit the service provider

Inform
You should visit your service provider for the following reasons:

If your period comes and you still have 7 or more beads left (that is 7, 8, 9, 10, etc.). In this case you cannot continue using this method.

You should also see your service provider if you have finished the beads and your period still has not come. In this case you also cannot continue using the method.

At any other time if you have questions.

The Necklace: a method for couples

Inform
In order for this method to work, the couple cannot have intercourse or should use a condom on the white-bead days.
It is important that the couple be able to agree upon when to have intercourse and when to avoid it.

Inform
The use of the method can be difficult for cases where one of the partners uses alcohol or drugs or in cases where there is domestic violence.

Inform
This method doesn't protect against sexually transmitted infections.

INFORMING POTENTIAL SERVICE PROVIDERS ABOUT

THE STANDARD DAYS METHOD

Purpose: The purpose of this summary is to present potential service providers with a quick overview of the Standard Days Method (SDM).

Topics: The following topics are included:

- What is the SDM?
- What is the basis of the SDM?
- How is it used?
- Who can use it?
- What tools are available to the service provider to offer the method?
- How is the method offered?
- What support for the study is needed from providers?

Materials: Please use the necklace to demonstrate its use.

➢ What is the SDM?

The Standard Days Method is a new method of family planning, very easy to learn and use. It is a natural way of planning the family because nothing artificial is used. This method is based on identifying the fertile days when a woman can get pregnant. To prevent a pregnancy, couples abstain from unprotected intercourse during the fertile days. To achieve a wanted pregnancy, couples have intercourse during the fertile days.

➢ What is the basis of the SDM?

The Standard Days method is based on the fact that there is a "fertile window" during a woman's menstrual cycle – a window of days during which she can, with varying degrees of likelihood, become pregnant from unprotected intercourse.

The Institute's early research in the development of this method involved the analysis of a large data set of women's reproductive cycles obtained from the World

Health Organization (WHO)'s study of the Ovulation Method. The analysis was designed to determine what period of abstinence from unprotected intercourse would include the days with the highest probability of pregnancy for most women. The results of the analysis showed that a fixed period of abstinence from day 8 to 19 (a total of 12 days) would result in a very high theoretical reduction in the probability of pregnancy. This analysis also suggests that ovulation day is variable—and not necessarily on the 14th day before the start of the next cycle as has been the conventional thinking. Based upon these findings, the standard rule of avoiding unprotected intercourse between day 8 and day 19 would work best for women whose cycles are between 26 and 32 days.

- **How is the SDM used?**

(Using the Necklace briefly explain the following)

To assist women in tracking which day of the reproductive cycle they are on, a necklace is used. The Necklace is a visual aid that represents the menstrual cycle. It is a string of 32 beads in which each bead represents one day of the cycle, and the colored beads represent different phases of the cycle.

The bead representing the first day of menstruation is red, followed by 6 brown beads representing the first 7 infertile days of the cycle. These beads are followed by 12 white beads, which represent the fertile period. The rest of the beads are brown, again indicating infertile days.

The woman moves a small rubber ring one bead per day so she can tell when she is in her fertile window. If the ring is on a white bead, the couple avoids unprotected intercourse if they wish to avoid pregnancy. It is safe to have intercourse on days when the ring is on a dark bead.
If the couple wishes to conceive they would have intercourse on the white bead days.

- **Who can use it?**

  - Women with menstrual cycles between 26 and 32 days.
  - Couples who want to space a pregnancy.
  - Couples who can agree whether or not to have intercourse on a particular day.
  - A breastfeeding woman must have had at least 3 regular cycles.
  - A woman who has used a hormonal method must have discontinued it 3 months before.

➢ What tools are available to the service provider to offer the method?

Several materials have been developed to help service providers promote the Necklace Method, teach it to women and couples, and follow-up with clients while they learn to use it correctly. These materials are:

- a counseling protocol with detailed description of the teaching process.
- a brief "cue card" with the key messages to screen for method selection and teaching the method.
- a calendar to calculate the client's cycle length

➢ How is the method offered?

The counseling protocol being used in the study indicates at least two Client-Provider contacts. The provider first determines if the method is appropriate for the client. If it is, the client is taught how to use the method. She is asked to come for a second visit around the time of her next period. At this second visit, the provider: (1) checks if her cycle is still within the appropriate range (26 to 32 days); (2) determines if she's using the method correctly, and (3) provides additional information as required. The provider needs to be available to the client if she requires more assistance.

➢ What support for the study is needed from providers?

Only clients who wish to avoid a pregnancy for at least a year will be admitted to the study.

Providers will need to attend training to learn how to provide the method and use the materials.

The provider is asked to obtain the client's consent to participate in the study and be interviewed several times during one year (the interviews will not be done by the provider). A consent form with the information needed to explain this to the client is also available to the provider.