



*American University of Armenia
Center for Health Services Research*

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

**SUPPLEMENTAL MATERIALS
FOR
FORMATIVE RESEARCH FINAL REPORT
(TRANSCRIPTS AND SUMMARIES)**

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Introduction

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 current research is to assess the feasibility of strategically introducing the standard days method in the Gavar region of Armenia. Introduction of the SDM method might increase the correct use of traditional methods by Armenian couples and help them to 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 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.

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

Group type	Village				
	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 current document contains supplemental materials used in the development of the Formative Research Final Report completed by the Center for Health Services Research, specifically summaries and transcripts of the focus groups and in-depth interviews. The document is organized according to stakeholder target group. A short summary of the sense drawn from the groups precedes the transcripts.

1. Young Women of Reproductive Age

1.1 SUMMARY OF FG SESSIONS CONDUCTED AMONG YOUNG WOMEN OF REPRODUCTIVE AGE, GAVAR, DECEMBER 13-14, 2000

General Information

Five focus group discussions were conducted in Gavar region (in Gegharkunik, Lanjakhpyur, Sarukhan, Gandzak, and Tsakhkashen villages). A total of 51 women participated in the sessions. The target population was young married women of reproductive age. Participants ranged in age from 17 to 49 years old. The average number of children per woman was 2.3. The majority of the participants were unemployed and had secondary school education.

General Impressions

In general, the reaction of the participants to the research team was positive. No one refused to participate, in certain cases (in Tsakhkashen village), there were about 25 women gathered in the FG room, willing to take part in the session. Several topics addressed in the protocol elicited discomfort in some women, causing reluctance to answer these questions openly. Overall, the sessions were successful and provided with the wealth of information about the questions of interest.

Main Messages

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

The average number of children per young family in the community was two, however the ideal number of children was mostly considered to be three or four. Very often the reason cited for having more than two children was the perceived necessity to have a son. According to the participants, the couple makes decisions about family size, with the husband having the final say. Mothers-in-law were also mentioned as influential decision-makers in this sphere, especially where a grandson was absent.

In general attitudes towards the use of contraception was neutral. Abortion was the most frequently mentioned method of regulating family size. Modern contraceptive methods such as IUDs, pills, and condoms were also cited, but were rarely used, as they are perceived to have adverse health effects and low reliability. Attitudes towards natural methods were positive, though during all 5 sessions cases were mentioned where a woman became pregnant, although she was using natural contraception methods.

- **Opinion of and interest in the SDM**

Almost all of the participants liked the necklace method. Among the advantages mentioned by the participants were the ease of usage, absence of side effects, and low/no cost.

During FG discussions it was revealed that 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 or nurses, printed materials, classes in schools, and the sharing the information among relatives and friends. No clear preference was given to any of these sources. The general opinion was that spouses should learn the method together. However, some women felt that a woman should learn the method alone.

- **Anticipated difficulties in using the method**

The majority of the participants indicated interest in using this method. Furthermore, they saw no major barriers to this method being accepted by the community. The number of women with irregular menstrual cycles and the consequences of their using this method concerned the participants.

Another possible obstacle, mentioned by the participants is the perceived reluctance of husbands to avoid sexual relations with their wives during their fertile period. Almost all participants highlighted this factor. In addition, women said that although they can refuse to have intercourse they usually obey their husband's desire.

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

The opinion mentioned most frequently was that men cannot tolerate abstaining from sexual relations for a long period of time – even several days may create disagreement among spouses. Women stated they could wait up to several months, though this opinion was not unanimous.

Women thought their husbands would use condoms during their fertile period, however they were not confident of this. Contributing to this lack of confidence was poor access to condoms, both in terms of conveniences in purchasing and affording.

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

Overall, women did not identify any serious difficulties with sharing such information with their husbands, but it became clear that it is not very usual thing in the communities. The women also noted that in many families husbands prefer not to discuss such topics with their wives. Women did perceive that sharing such information with service providers that are knowledgeable and caring was normal and accepted.

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

The majority of participants felt that the problem of alcohol abuse is minimally present in their communities. They agreed that alcohol use might interfere with family planning. According to FG participants, the problem of violence was similarly not an issue, though solitary cases of violence against women were recalled. Most of the women agreed that domestic violence is a rare problem for their communities.

1.2 TRANSCRIPTS

TRANSCRIPT OF FOCUS GROUP WITH YOUNG WOMEN IN SARUKHAN VILLAGE

Focus: Young women, married
Place: Gavar Marz, vil. Sarukhan
Location: School
Date: December 13, 2000
Time: 15:10 p.m. - 16:10 p.m.
Moderator: Gayane Ghukasyan
Recorder: Yelena Amirkhanyan

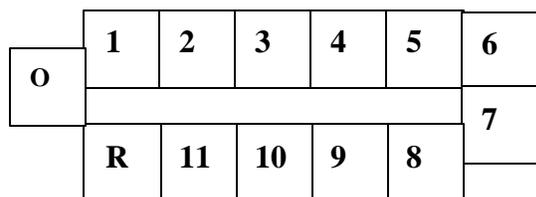
Introduction

The moderator welcomed all participants and thanked them. She appreciated their participation and told that their participation is very important for the discussion. After introduction of herself and of the recorder the moderator in general terms presented the main objectives and goals of the program. She told that the topic of the discussion is Standard days method of family planning. She mentioned that all opinions are very important and none of the ideas, concerns or opinions would be considered "right" or "wrong" and all ideas are very important and interesting for us. The moderator mentioned also about basic rules of FG discussions, she asked women to feel free to discuss all questions, not to interrupt each other. The confidentiality of the discussion was guaranteed and moderator asked for the permission to use tape recorder. She mentioned that only information would be used without any names.

After the introduction women were asked to introduce themselves, their occupation, and number of children in their families. They were also asked to help themselves with refreshments.

The participants were women aged 17-48 (average age – 32.5). Of 11 women 6 were teachers, 3 housekeepers, 1 economist, and 1 cleaning lady. The number of children in the FG: from 0 to 3.

Diagram of the focus group setting



O-Moderator

R-recorder

1-participant #1

2-participant #2

3-participant #3

4-participant #4

5-participant #5

6-participant #6

7-participant #7

8-participant #8

9-participant #9

10-participant #10

11-participant #11

Part A.
SPACING BIRTHS

O. 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?

#5. The natural methods are preferable.

#3. I don't accept contraception. No need to interrupt pregnancy artificially. Let people have children.

#8. I am also against contraception.

#3. There are no religious groups in our community who are against abortions. But I am personally against contraception, especially pills.

#11. People are forced to use contraception because of social, financial conditions. If they wouldn't have such problems, they would have much more children.

(Some tension in the group.)

O. How do couples feel about the number of children they have? What do couples generally think is the ideal family size?

#8. 4 children.

#5. 2 children.

#6. 4 children.

O. Do couples usually have as many children as they would like to (or more? or less?) If not, why?

#2. Due to social conditions people have only two children- one daughter and one son.

O. You have mentioned that you have 3 children. Would you like to have more?

#5. *(Laughing)* No, I wouldn't like to have more children.

#11,3. People are planning the size of the family. They have as many children as they can grow.

O. On the average, how many children do couples here have?

#5, 6,2. The average number of children is 2.

#11,3. But in general the number of children is decreasing. In some families there is only one child, because parents cannot afford more children.

O. Do couples here do anything to postpone or prevent a pregnancy? What?

#2. Some women use pills.

#3. Women rely mostly on abortions.

O. Are you happy with?

#8. Women are forced to do abortions.

#11. Pills are more harmful for a body than abortions.

#3. Women are forced to use pills. I have such a feeling that there will be no more abortions performed soon, women will use only pills, whereas I think that pills can provoke some hormonal imbalance.

O. Do you know any other contraceptive methods?

#4. Some women use IUD.

O. Are they happy with it?

#8. In general women are not satisfied with IUD.

#5. It depends on a body.

#4. It can cause several diseases.

O. What kind of problems (potential and actual) do you have with?

#4. I had some problems with IUD and undergone surgery.

(In general women were embarrassed.)

O. Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?

#8. People can't afford to have a child, that is why women do abortions. Only pills are for free.

O. Are abortions for free?

#3,8,1. No, abortions are not for free.

#8. Only pills are for free.

O. Who decides about family size and the use of the methods of spacing births? The husband? The wife? The couple?

#8. Couples decide together, but in some cases women are decision-makers.

#3. You know, in villages the main burden of the family care is on the woman, that is why woman decides, that two children are enough- one daughter and one son. Two sons or two daughters are not good.

#11. In some families with two daughters a woman compelled to deliver again, hoping that she would have a son. According to Armenian traditions it is necessary to have at least one son in the family.

O. But in general families have two kids.

#3,11. In general, yes.

O. What if the husband and wife disagree? How do they resolve this?

#4,6. In this case parents interfere.

#3,11. In some families decision-makers are mother-in-law and father-in-law.

#8. Main decision-makers are mother and father in law.

O. Do women in this community avoid sexual relations on certain days? Why?

(*Confusion in the group*)

#4,3. Yes.

O. On which days do couples not have sex?

#2. After 10th, 14th day of menstruation.

#3. They avoid sexual relations in ovulation period.

O. So, you think that women in your community know about this method?

(Confusion among women.)

#11. Yes.

O. What do men think about abstaining? What do women think?

#8,6. Normally.

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

O. Do couples agree?

#8,6. Yes, they agree.

O. Can women refuse when the husbands want to have sex?

#2,4,11. Of course, woman can refuse.

#6,7. She can refuse motivating that she is menstruating.

#3. When she knows that it is ovulation period, she can refuse.

O. 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?

#6. Alcohol influences the development of a child.

O. 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?

#4,8. No there is no violence against women in our community.

Part C. MENSTRUAL CYCLE (“period”)

O. How often does a woman menstruate or have a period?

#8,6,4. From 21 to 28 days.

O. How many days does menstruation last?

#8. It depends on a woman.

#4. Up to 10 days.

#6. 7 days.

O. Is it always the same or does it sometimes vary?

#8. It is very regular.

#3. It is very irregular.

O. What is the average duration of menstrual cycle?

#2,7,11. 24-26 days.

O. Do women here are in the habit of marking (keep track of) their periods? (Where? How? On what? Why do they do this?)

#8. It is easy to remember.

#2. Sometimes women mark in a calendar.

O. In general do women are in the habit of marking?

#8. No, they don't mark.

#3. If a woman has a regular menstrual cycle, there is no sense to mark. My cycle is irregular and I mark.

#4. Before marriage my cycle was irregular and I always mark the days. Now it turned to be regular and I am not marking the days.

#5. Marking is useful also for determination of ovulation.

O. Do you know about the cases when a woman became pregnant, although she was using natural contraception method?

#2,6. Yes, we know.

O. How did they use this method?

#4. I had my first child while using this method. During 6 months I had normal menstrual cycle, used that method, nonetheless became pregnant.

O. Do you know cases when woman used the method properly but became pregnant?

(No answers)

The moderator explained the natural method with necklace.

Part D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

O. What do you think of this method?

#1. I use this method. I have no necklaces, but we use condoms during dangerous days.

#6. I use pills.

#8. This is an acceptable method if a woman has regular cycle.

#4. Nowadays due to our difficult social conditions very few people have regular cycle.

O. How will the husband feel about abstaining from sexual relations or using condoms during these days? How will the wife feel?

#11. Men would accept this method.

#3. If a wife will refuse a husband will have sexual relations with somebody else.

#6. Husband should use condoms during dangerous days.

#8. It is impossible situation when a husband wants and a wife refuses.

O. Do you think it is possible that husband would use condom?

#8. Yes, he would use condom, but I can't imagine that woman would refuse.

#2. At this time a woman should use it.

O. Do you mean that woman should use women condoms?

#2,8. Yes.

O. Are female condoms available here?

#3, 8. They were available. Now people brought them from Yerevan.

O. How many days can a man wait without having sexual relations with his wife?

#2. It depends on a man.

#4. They can wait for several days.

O. And what about woman?

#3. Woman can wait for years.

#6,8. Many husbands are out of their homes for several months.

O. Is talking about contraception issues with your husband/wife usual thing for you? What about other families here?

#2,8,5. It is a "night topic". (*Laughing*)

#3, 11. Yes, spouses discuss such topics.

O. Do couples need to learn how to use this method together, or can the woman learn about it by herself?

#4,11. They can learn together.

#3. The husband can stay uninformed on this method.

#8. It is important for a woman to know.

O. Who should teach the couple to use this method? Where should people go to learn how to use the method?

#6. You told us about this method and we already knew it.

#2,4. From printed materials.

#11. From women's consultation.

#8. From schools.

O. Where should people go to learn how to use the method? Maybe to Women consultations?

#3. We teach graduating schoolchildren basic of hygiene and of anatomy. It is possible to teach during those lectures.

#4. People can use brochures on that method.

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

#11. It is necessary to organize course in schools during biology classes.

After discussion some women approached and told that during such discussions it is very difficult to obtain objective information. Individual interviews would be more useful. In general, the discussion was not very open, because most women were employees of the same school. Moreover, the director of school was present and she was the former teacher of some participants. That is why they were not able to speak openly and sincerely about intimate issues.

TRANSCRIPT OF FOCUS GROUP WITH YOUNG WOMEN IN LANJAKHPYUR VILLAGE

Place: Gavar Marz, vil. Lanjakhpyur
Focus: Young women of reproductive age
Location: Ambulatory
Date: December 13, 2000
Time: 12:00 a.m. - 13:00 p.m.
Moderator: Gayane Ghukasyan
Recorder: Yelena Amirkhanyan

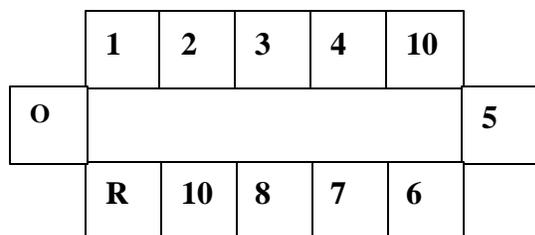
Introduction

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After the introduction women were asked to introduce themselves, their occupation, and number of children in their families. They were also asked to help themselves with refreshments.

The participants were married women aged 25-46 (average age 35.5). From 10 women 4 were housekeepers, 3 teachers, 1 hairdresser and 1 carpet maker. This focus group consisted of 4 college graduates, 3 university graduates and 3 secondary school graduates. Of 10 participants 3 have 3 children and 7 have 2 children.

Diagram of the focus group setting



O-Moderator
R-recorder
1-participant #1
2-participant #2
3-participant #3
4-participant #4
5-participant #5
6-participant #6
7-participant #7
8-participant #8
9-participant #9
10-participant #10

Part A.
SPACING BIRTHS

O. 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. I am already old for using contraceptive methods, but I was aware about different methods. In general, my attitude is positive towards contraception.

#1. I was using contraceptive pills for 4 months and I felt that they have negative impact on my organism, so I stopped them.

#5. The main reason for negative consequences of the hormonal pills on women's health is that women don't know whether their health status allows use of those pills or not.

#4. Now hormonal pills are very widespread and if people know about natural methods of contraception they would prefer to use them instead.

O. How do couples feel about the number of children they have? What do couples generally think is the ideal family size?

#9,5,2. The ideal number of kids in the family is 3 or 4.

O. Do couples usually have as many children as they would like to (or more? or less?) If not, why?

#9. Your question has a lot to do with social conditions of our people. In the past, when social status of population was better, the number of children was more.

O. On the average, how many children do couples here have?

#1,9,2. Nowadays people have two children; very rarely they have three kids, in case if there is no son in the family, the number of children can reach 4. Usually people have one son and one daughter.

#5. In general, the average number of children in family is 2.

#7. Many families due to lack of finances can't afford abortion and are forced to have children. I know a case when a child was born and died soon after birth.

#5. Maybe if that woman have been aware of family planning methods she could avoid pregnancy and there wouldn't be such tragic consequences.

O. Do couples here do anything to postpone or prevent a pregnancy? What?

#9. You should consider the educational level of the family, whether there is an agreement or not, whether characters of spouses are matching each other.

#5,9,4. The most widespread method of contraception is abortion. People also use condoms, IUDs, pills. Probably about 10% of people use condoms and pills.

#5. Because of the last two years when family planning spread everywhere, people use also contraceptive pills. Approximately 5% of people use pills.

O. Are you happy with?

#4. For example, one of our participants is not satisfied with pills.

#1. I think that condoms are the best.

#2. I used natural method because my menstrual cycle is regular and was very satisfied.

#6. I am not satisfied with IUD.

#9. I also use natural method.

O. What kind of problems (potential and actual) do you have with these methods?

#6. After using IUD during one year I had bleeding and was forced to get rid of it. I was told that bleeding was due to polyps. I would like to know the reasons for development of polyps.

O. Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?

#9,5,2. Of course financial problems have an impact.

#5. The people, who cannot afford IUD, have to use abortion as contraception.

#2, 3, 4,7. Again social status had an impact on this problem.

O. Who decides about family size and the use of the methods of spacing births? The husband? The wife? The couple?

#9,5,2. Usually spouses decide.

#2. If there is no son in the family, often the mother-in-law makes a decision.

O. What if the husband and wife disagree? How do they resolve this?

#6. There are no divorces registered due to this reason. (*Laughing*)

#3. In cases when it is late to do abortion, women are forced to deliver.

#7. If there is no agreement, women are forced to deliver.

#9. Usually woman is compromising. If a husband wants a baby, she would deliver.

#1. 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".

Part B. ABSTINENCE

O. Do women in this community avoid sexual relations on certain days? Why?

#6. Do you mean mood?

#4, 5. Very often women avoid sexual intercourse due to tiredness. Women are physically overloaded.

#9 We should consider also that men are more passionate than women.

O. On which days do couples not have sex?

#5. Many women know the days of ovulation during their menstrual cycle and avoid sexual intercourse during those days. Some women use that method very successfully.

#9. Not all women know about that method.

#2. The women who have contacts with physicians are aware about this method.

O. And on which days do they have sex?

#9. The women who have regular menstrual cycle use this method. I am a teacher in the secondary school and I teach the anatomy of sexual organs, the menstrual cycle is described in the textbook. I think that it remains in the memory of the adolescents and they can refer to the book in case of necessity.

O. So, you think that women in your community know about such method?

#6 Yes, during ovulation we use condoms. However, many women have an abortion at least once every three years.

O. What do men think about abstaining? What do women think?

#8. Sometimes women refuse to have intercourse.

O. Can women refuse when the husbands want to have sex?

#8. We are not living in slave society.

#7, 8. Usually spouses have intercourse when husband wants.

O. 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?

#9,1,2, 3, 7,5. Of course alcohol has great influence. If the husband wants sex, they will have sexual intercourse in any case.

O. 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?

#9,1,2. No there is no violence in our families.

Part C. MENSTRUAL CYCLE (“period”)

O. How often does a woman menstruate or have a period?

#7. 28 days

#5. Some women have 21 or 26 days cycle.

#9. Some women have 30 days cycle.

O. Is it always the same or does it sometimes vary?

Is it the same for all women?

#2, 1, 7, 9. It depends on woman’s organism

O. Do women 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, 3, 8. Some women mark the day of bleeding on calendar.

#7. In order to control whether the menstrual cycle is regular or not.

#9. It is the indicator of normal functioning of sexual organs.

#5. Women mark the duration of bleeding in the calendar.

O. Do you know about the cases when a woman became pregnant, although she was using natural contraception method?

#1,2,8,7,9. Of course, there are a lot of cases of pregnancy when women were using this method.

#6. In case of correct use of natural method there shouldn’t be problems.

#1,2,8,7,9. If a woman uses natural method and nevertheless become pregnant it means that there are some problems.

The moderator explains the natural method, using the necklace.

Part D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

O. What do you think of this method?

- #9. My opinion is positive, if it really works
- #6. I use this method by marking in the calendar and it works.
- #5. If a woman has a regular menstrual cycle this method is a good one.
- #7. However, not every woman has normal, regular menstrual cycle.
- #1, 2, 4, 6. We think, that this method would be possible to use.

O. How will the husband feel about abstaining from sexual relations or using condoms during these days? How will the wife feel?

- #2,3,6,7. We think, that husbands would agree not to have sexual contacts during "dangerous days".
- #1,8. You cannot say same things about all husbands. Some husbands will refuse from abstinence.

O. Could there be potential disagreements or problems? How might these be resolved?

- #9. During ovulation it is possible to use condoms.

O. How many days can a man wait without having sexual relations with his wife?

- #3,6 It depends on a husband.
- #5 Different types of men - different behavior.

O. How many days can a woman wait?

- #9. Women can wait for their husbands even for years. Sometimes our husbands leave for work out of country for years.
- #6. For men it is more difficult than for women.

O. Is talking about contraception issues with your husband/wife usual thing for you? What about other families here?

- #9. In some families it is shameful to discuss such issues.
- #1,7. Nowadays it is usual to speak about such things.

O. Do couples need to learn how to use this method together, or can the woman learn about it by herself?

- #5. No, the spouses should learn this method together.
- #3. They should learn together because it is their common concern.

O. Who should teach the couple to use this method? Where should people go to learn how to use the method?

- #3. From people, who are already aware about this method.
- #9. From relatives.
- #6. From friends.

O. Where should people go to learn how to use the method?

- #3,9,6. From physicians

#1,5 From nurses in women consultations.

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

#7,3 Discussions like this would be very useful.

#9,3,2,4 We think that women will accept this method.

#5,6,7 This method is preferable, it is safe.

(In general the atmosphere was warm.)

TRANSCRIPT OF FOCUS GROUP WITH YOUNG WOMEN IN GANDZAK VILLAGE

Focus: Young women, married
Place: Gavar Marz, vil. Gandzak
Location: Municipality
Date: December 14, 2000
Time: 11:10 a.m.-12:10 p.m.
Moderator: Gayane Ghukasyan
Recorder: Yelena Amirkhanyan

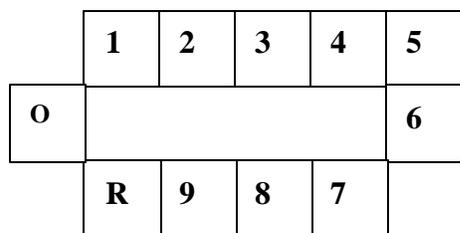
Introduction

The moderator welcomed all participants and thanked them. She appreciated their participation and told that their participation is very important for the discussion. After introduction of herself and of the recorder the moderator in general terms presented the main objectives and goals of the program. She told that the topic of the discussion is Standard days method of family planning. She mentioned that all opinions are very important and none of the ideas, concerns or opinions would be considered "right" or "wrong" and all ideas are very important and interesting for us. The moderator mentioned also about basic rules of FG discussions, she asked women to feel free to discuss all questions, not to interrupt each other. The confidentiality of the discussion was guaranteed and moderator asked for the permission to use tape recorder. She mentioned that only information would be used without any names.

After the introduction women were asked to introduce themselves, their occupation, and number of children in their families. They were also asked to help themselves with refreshments.

The participants were women aged 27-49 (average age - 38). Of 9 people 7 were housekeepers, 1 manager, and 1 teacher. Of 9 participants 1 was university graduate, 2 college graduates, 5 secondary school graduates, and 1 had incomplete secondary school education. The number of children in the FG: from 1 to 5.

Diagram of the focus group setting



O-Moderator
R-recorder
1-participant #1
2-participant #2
3-participant #3
4-participant #4
5-participant #5
6-participant #6
7-participant #7
8-participant #8
9-participant #9

Part A.
SPACING BIRTHS

O. 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?

- #5. I know a woman who drunk vodka with pepper for inducing abortion, Physicians saved her life.
- #3,6. Some women take pills from women consultations.
- #5. My attitude towards pills is negative, however some people accept them.
- #3. According to the Bible, abortions are prohibited. If conditions were normal, people would have more children.
- #6. The number of deliveries decreased sharply.

O. How do couples feel about the number of children they have? What do couples generally think is the ideal family size?

- #2. If there were a job people would have many children, as many as they want, up to 5-6 children.
- #1. I had as many children, as I wanted. At that time social conditions were better.
- #3. There were 3 children in our family, and now people don't want more than two children.

O. Do couples usually have as many children as they would like to (or more? or less?) If not, why?

- #5. I have four children, but I would like to have even ten. However, due to financial conditions I can't afford it.

O. On the average, how many children do couples here have?

- #2. 2 children.
- #6. 1-2 children.
- #7. 2-3 children, especially in families where there is no son.

O. Do couples here do anything to postpone or prevent a pregnancy? What?

- #3,9. Some women apply for abortions.
- #1,6. Some women are forced to do abortions; they can't afford to have a child because of financial reasons.
- #9. Some women use pills. They are given out free of charge.
- #7. Maybe, there are some effective methods, but we don't know about them.

O. Are you happy with?

- #3,5. Nobody wants to do abortion.
- #2. I think that pills have negative impact on women's health.

O. What kind of problems (potential and actual) do you have with? Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?

- #8,9. Of course, they influence.
(*In general, the group was very passive.*)

O. Who decides about family size and the use of the methods of spacing births? The husband? The wife? The couple?

- #1. Every family (spouses) decides by themselves.
- #7. Usually mother-in-law and father-in-law want many grandchildren and often they have great influence on the decision about family size.

O. What if the husband and the wife disagree? How do they resolve this?

- #7. Sometimes they arrive to a common decision, sometimes –they do not.
- #9. The number of births decreased sharply.
- #4. Mother-in-law and father-in-law make decision.

Part B. ABSTINENCE

O. Do women in this community avoid sexual relations on certain days? Why?

- #1,5. Yes, they do.
- #2,3. Yes, we avoid.

O. And on which days do they have sex?

- #2. During 10 days after bleeding and during 10 days before bleeding.

(The group was confused and didn't answer every question very openly.)

O. What do men think about abstinence? What do women think?

- #3. Husbands are not happy with that.
- #9,8. Women avoid sex because of fear of pregnancy.

O. Can women refuse when the husbands want to have sex?

- #4,5. Yes, they can.
- #6,3. But they cannot refuse if husband insists.

O. 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?

- #3,6,6. Yes, it can. Unhealthy children are born due to alcohol abuse.

O. 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?

- #1,2,5,7. No, there is no such practice in our community.
- #9. Women are working very hardly even during pregnancy.
- #6,7. Our husbands don't bit us. They don't have job and stay in the street all day long.

Part C. MENSTRUAL CYCLE (“period”)

O. How often does a woman menstruate or have a period?

- #3. 24 days.
- #1. Sometimes twice a month.
- #5,6. It depends on woman, from 21 to 26-28 days.

#5. I have regular cycle every 28 day.

O. How many days does a woman bleed?

#3. 4 days.

#1. It depends on a body.

#5. 5 days.

#9. 3-4 days.

O. Do women 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?)

#2,3,7,6. Many women mark in calendar.

#5. I just remember those days.

#4. Me also.

#1,3. Women with irregular cycle mark their periods.

O. Do you know about the cases when a woman became pregnant, although she was using natural contraception method?

#6,8,3. Yes, we have heard about that.

#3. Despite the fact that I was using this method I became pregnant. (*Didn't answer the question how was she using it.*)

In general the atmosphere was warm.

Part D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

O. What do you think of this method?

Do you think it would work here to space pregnancies? Why? Why not?

#1. It is difficult to remember everything. My menstrual cycle is not regular and this method is not acceptable for me.

#5. Everybody knows this method. Could you present this necklace me, I have regular cycle?

#9. There are so many women who do abortions; this method is much better than abortions.

#2. This method is much better for women health, than abortions.

#6. Abortions are very harmful for women health; women should worry about their health.

O. How will the husband feel about abstaining from sexual relations or using condoms during these days? How will the wife feel?

#5. Many women in our community even hadn't see condoms.
(Everybody agreed with this statement except participant #2.)

#7. Some husbands would agree, the others would not.

#8. Husband can protect himself using withdrawal.

O. Could there be potential disagreements or problems?

#5. If the husband would like to have sex woman will agree.
(Most of participants agreed with this statement.)

O. How many days can a man wait without having sexual relations with his wife?

#7. Husbands can't wait even an hour. (*Laughing.*)

O. How many months?

(No exact answer. The general opinion that husbands can't wait long time.)

O. How many days can a woman wait?

#9. I can wait for long time, even for years.

#2,7,5. Women can wait much longer than men can do.

O. Is talking about contraception issues with your husband/wife usual thing for you? What about other families here?

#2,3. Yes, it usual for us.

#8. Not always and not in every family. Some spouses confused with such topics.

(*Participants answered the question unwillingly.*)

O. Do couples need to learn how to use this method together, or can the woman learn about it by herself?

#3. At first the woman should learn.

#7. Let husbands also know this method.

#3. The less a husband would know about it, the better would be for a woman. She would have an opportunity to avoid sexual relations motivating by having period.

O. Who should teach the couple to use this method? Where should people go to learn how to use the method?

#2. Somebody knowledgeable, like you.

#9. In women consultations.

#6. In groups like this.

#1. Women can tell to each other.

#4. Physician can teach.

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

#6. It is important for husbands also to know about the method.

#2. This method is acceptable for those women whose cycles are regular.

#5. My cycle is regular and I can use it.

(Participant #2 was interested in the method very much and took notes how to use the method, how to use necklace.

In general, the attitude of the participants was positive; they were interested in method and would like to learn it.)

TRANSCRIPT OF FOCUS GROUP WITH YOUNG WOMEN IN GEGHARKUNIK VILLAGE

Focus: Married young women

Place: Gegharkunik village, Gavar region, Armenia

Location: "Medical Unit"

Date: December 13, 2000

Time: 12:00-13:30

Moderator: Tsovinar Harutyunyan

Recorder: Amenuhy Tadevossian

Observers: Three nurses

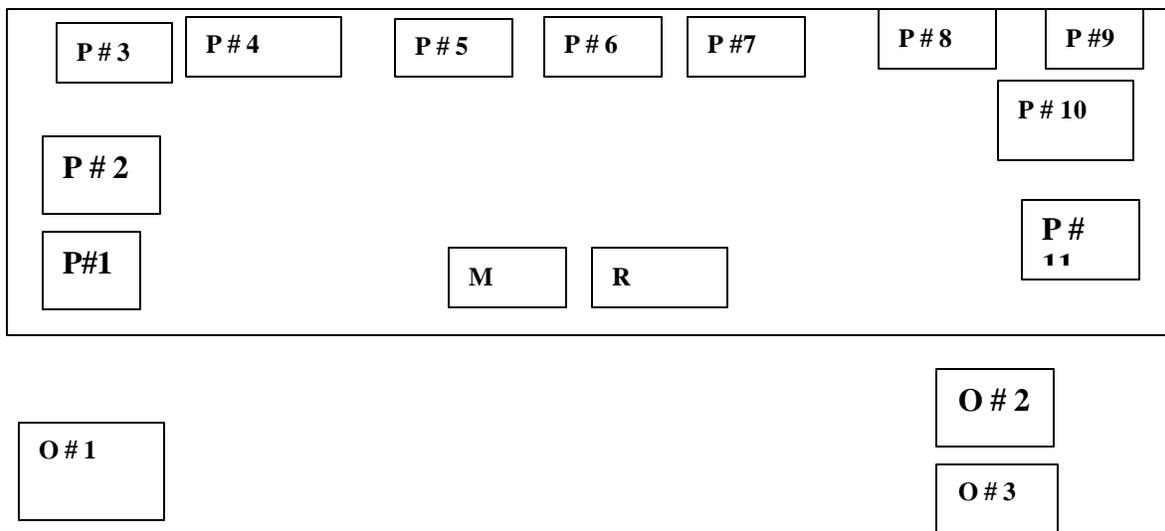
DIAGRAM OF THE FOCUS GROUP SESSION

O=observer

M=moderator

R=recorder

P=Participant



INTRODUCTION

The moderator welcomed all participants and thanked them for coming. She introduced herself as a moderator and the recorder and asked the participants to introduce themselves (for obtained demographic information, please see socio-demographic information). Later the moderator explained the main objectives of the current meeting pointing out that everyone's participation in the discussion is of great importance, that there are no "wrong" or "right" responses. She also mentioned why it was so relevant: "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."

Then the moderator said that the opinion of each one of the participants was very important to us. However, it would not be possible to draw attention to everything being discussed and at the same time take notes of what was going to be said: "Therefore, we had brought a tape recorder so that we wouldn't miss any part of the conversation". She asked if it was all right with them if we use the tape recorder. All the participants agreed. No one minded. Here the moderator explained to them that whatever was going to be recorded should be considered confidential and should not be discussed outside of the meeting. She said that the meeting would take them about an hour and a half. She also pointed out that if there was any part of the discussion they did not want to participate they did not have to.

All of the women listened to the moderator very attentively.

ICE BREAKER

The moderator told the participants that we would like to learn each of their names in order to give them a nametag and call women by their name.

The participants were given the following questions:

- What is your name?
- What type of work do you do?
- How many children do you have?

Socio-demographic Information on Participants

Total number of participants was 11.

One of the participants was 22, one 27, one 25, one 36, two of them 24, one 33 and the tenth one 29 years old. Only 4 of them have 2 children, the five have three children and the tenth wants to have a baby but she does not get pregnant. Seven out of them are unemployed. One of them works as a teacher at village school. One of them works as a typist in Gyughapetaran/The administrative centre of the village.

The moderator invited women for delicious refreshments and asked them to help themselves.

A. SPACING BIRTHS

Moderator: Let's begin by talking about couples and their children in this community. How do couples feel about the number of children they have? What do couples generally think is the ideal family size?

P # 1: 2 or three.

P#3: 2 or 3.

P # 4: 2 or 3.

The others agreed with this number.

The moderator asked why.

P # 2: We do have very bad living conditions. The village has no kindergarten.

2 more participants came in late. They made a room for themselves. The moderator repeated the introduction again for the latecomers, asked them to write their names on the nametags and went on the topic having been discussed.

P # 1: There is no job. All are unemployed.

The moderator concluded their responses, saying: "As I understood due to financial hardships you would like to have 2 or 3 babies not more, wouldn't you?"

All participants agreed responding in-group.

The moderator asked how many children they would like to have.

P # 1: 1 boy and 1 girl.

P # 8: I would like to have 1 girl and a boy. But I have two daughters.

P # 10: I'd love to have 4 children (2 daughters and 2 sons).

P # 7: You talk like that since you have favourable living conditions.

P # 6: It does not matter whether you work or not, you should have a baby.

P#4: I am not against the third baby. I'd love to have the third but I can't afford taking care of him/her.

P # 1: Only three.

The moderator asked if couples usually have as many children as they would like to (more)

P # 8: I have two daughters. I have to have the third: a boy.

P # 3: There are cases when they can't afford to pay for abortions and they have no chance rather than to deliver.

The moderator asked the same question regarding having fewer children

P # 1: I'd love to have more babies but we have no favourable living conditions.

Majority of the participants agreed with P# 1.

The moderator asked about how many children couples have here in average.

P #1: 2 or three.

P # 10: I am a teacher at school. We have a census only in our school and we counted that the average number in the village is 3 children. Only one family out of 1000 families has 2 children.

The moderator: “Do couples here do anything to postpone or prevent a pregnancy?”

P # 7: For instance, I have brought some contraceptive pills from Sarukhan and took them for some period. After using the pills I felt very bad. I had tiredness, nausea.

Here the moderator mentioned they use what in general for preventing or postponing a pregnancy.

P# 7: Everyone has found her method: one uses temperature method, the other—calendar method, the third one –natural methods, others-withdrawal.

All agreed with P # 7.

The moderator asked if there were any groups or people in the community that are against usage of the contraceptive methods.

P # 1: If the husband thinks that the chosen method is reliable, the couple will use it.

Almost nobody thinks that it is reliable. That’s why they don’t use any contraceptive method.

The moderator: “What do they do if they use no contraception?”

All the participants answered in-group: Abortions.

The moderator: “Do they do anything else except abortions?”

Again the participants responded in-group ---nothing.

The moderator: “Isn’t anything else done for preventing pregnancy?”

P # 3: Condoms are used.

P # 5: The men in our village are most of the year in Russia/out of the country/. When they are back from Russia they can make their wives pregnant and leave for Russia again for a long time.

P # 2: IUD.

P #4: I was using IUD, but then I stopped using it. Everything is unsafe.

P #8: For example, I got pregnant though I used IUD.

The moderator noticed that no natural methods are mentioned by them, and she asked them if they use any natural methods.

P # 7: Yes, calendar method.

P # 10: For instance, I use it.

P # 4: The method is still being used.

The moderator asked where they learn about the calendar method

P # 10: We are advised, grandmothers advise us to use it.

P # 4: We are given some books.

P # 7: We have such kind of literature on it/books/.

The moderator asked if they had learned about IUD from books as well.

P # 4 No.

P # 10: From Women consultations, medical unit in Gavar.

The moderator asked if they were happy with the mentioned methods of family planning.

P # 3: We are not happy with them. Doctors are to be blamed for it. They don't examine the patient before putting IUD in.

P # 9: The women need to be examined before being advised to use any contraceptive method. The doctors can just give the method/IUD/ to be used by the patient as a family planning method for the sake of their own money.

All the other participants agreed with that opinion: a gynaecologist must examine women before giving any contraception method.

The moderator asked if economic conditions affect the decisions regarding the usage of methods to prevent pregnancies.

P # 10: Sure. There are pretty TV ads on family planning currently. They encourage people to go to those family planning cabinets. But there is no maternity house in the village. In Gavar nobody would examine the woman so that the doctor can give any method of contraception. That's why we are disappointed.

P # 9: There are women who have some health problems. They must use the method after treatment so that no side effects or bad results occur. It is far from the village. It is in Gavar. And it is difficult to go to Gavar every time and get back to the village.

The moderator asked who decides about family size and the use of the methods of spacing births.

P # 1, 2, 5, 8, 7, 9 in-group ---husbands.

P # 10: Mainly husbands. Sometimes mothers-in law can say about their opinion, but if the daughter-in law does not intend to have a baby what can others do?

The moderator asked the same question again more precisely: " Finally who decides it"

All the participants responded in-group: Husbands.

The moderator: "What if the husband and wife disagree? How do they resolve this?"

P # 1: They quarrel and the wife asks some money for going to Gavar/for abortion/ and that's all.

P # 3: If they don't have any chance, they deliver the baby. (In cases if they can't afford to pay for abortions).

P # 4: I know cases when 2 babies were born as a result of not having money to prevent the pregnancy through abortions.

B. ABSTINENCE

The moderator explained that sometimes couples avoid having sexual relations during certain days for various reasons and asked if couples in this community avoid sexual relations on certain days.

P # 7: Yes, sure, during women's menstrual days.

P # 9 Yes, taking into consideration our health situation.

The moderator asked, "What about for preventing the pregnancy?"

P # 7: Yes,

3 more participants agreed.

P # 1: We do use calendar method for preventing pregnancy as well.

P # 7: I used it and never got pregnant. It helped me.

P #10: Each woman behaves according to her health situation. That's why we can't sum up.

The moderator asked if couples abstain every month or only sometimes.

P # 7: I use the calendar method and already know my days each month.

P # 12: To be more precise, it depends on mood, everything.

P # 10: Tiredness can also affect it.

P#: 4: Entertainment also/it looks like that she is kidding/.

The moderator asked how many days couples do not have sexual relations.

P # 12: If they are married couples they should yield each other. Understand each other.

P # 7: Sure, there should be understanding between them. Unilateral influence can't help.

The moderator asked what men think about abstaining.

P # 6: They understand women's situation. They put themselves in our shoes.

P # 12: However, there are cases when they disagree. Not every man can imagine himself in woman's situation and understand her.

The moderator asked what women think of it.

P # 12: Women care for their own health. When a woman sits on a gynaecological armchair, she goes to the world of death and comes back to life (mean abortions). Later women regret a lot psychologically. Financially, too. But more psychologically.

P # 6: There are men who care for women's health. There are also men who do not care of it.

The moderator asked what couples do if they disagree.

P # 8: They quarrel. And then one side yield the other.

P # 10: Don't talk to each other for some time.

The moderator asked if women could refuse when the husbands want to have sex.

Majority answered in-group " Yes.

P # 8: Wives pursue husbands easily.

P # 10: Women generally yield, men win.

The moderator asked if they think that the excessive use of alcohol may interfere with sexual relations and the use of methods of spacing births?

P # 8, 6, 3, 1, 10—By all means.

P # 10: Alcohol has its positive and negative effects. There are men who drink but come home in very calm and in quiet conditions and go to sleep. There are just vice versa cases who want to have sexual relation. It depends on the character of a man.

2 more participants agreed with the last opinion.

The moderator made the question more precise: Does it interfere with the use of methods of spacing births.

P # 3,4,1,9,10,7 ---Sure.

P # 10: There are circled days on calendar when we know that we should avoid sexual relations. But if husbands want it you should tolerate and come out of the situation wisely.

The moderator asked: “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?”

P # 8: There is such a problem in our neighbourhood.

P # 9: For instance I know such cases.

P # 1: There are such cases but with no serious results if we relate it to the sexual relations.

P # 12: It is natural, it is a small village, and we tolerate especially the couples who don't love each other so strongly. There are still.

P # 8: If men provide women with 5,000 Armenian drams for going for abortions, they can understand it as well and can begin to think of preventing pregnancies.

All participants agreed that it is a rare problem in their community.

C. MENSTRUAL CYCLE (“period”)

The moderator asked how often a woman has menstruated, how many days menstruation lasts? (How many days does a woman bleed).

P # 3: 3-4 days.

P #4: 4-5 days

P # 9, 10: 4-5 days.

Moderator asked: “How much time passes between one period and the next?” Is it always the same or does it sometimes vary?

P #8: 28-30 days.

P # 9: 28 days.

P # 10: Once per ten days.

P # 7: It happened to me once that I hadn't period for a month but I had twice the next month.

P # 6: Me too.

P # 5: I haven't seen period for two months. I think it is because of IUD. I have taken it out just two months ago.

P # 2: I have period once a month regularly.

So do I.

Majority agreed upon 28 days.

The moderator asked: “Is it the same for all women (Does more time pass between bleeds for some women than for others?)”

P # 10: We are talking with our neighbours and we can conclude that every woman has it differently.

The rest of the participants agreed.

The moderator asked: “ Are women/couples here in the habit of marking (keeping track of) their periods?” (Where? How? On what? Can you describe how it is done?)”.

P # 1: On a piece of paper.

P # 2: I memorize.
P #3: I mark on a sheet of paper, too.
P # 4: I have a tiny calendar I mark on it with a pencil and later erase.
P #5: I write down the last day of period for each month.
P # 6: I memorize.
P # 9: I write down on a paper.
P # 10: I mark.

The moderator asked: “Why do they do this? Do they use it as a method of preventing pregnancies?”

P # 10: For avoiding undesired pregnancy. For our health.
All other participants agreed.

The moderator asked if they know about the cases when a woman became pregnant, although she was using natural contraception method. Whether they could remember such cases.

P # 1: Yes, there are, calendar method was used but the user got pregnant.
P # 2: Though I used withdrawal, I got pregnancy.
P # 3: I have also got pregnant like that.
P # 7: Many women get pregnant though they use calendar or withdrawal.

The moderator asked if the calendar method was correctly used.

P # 10: Yes, it was, but it did not help me.

D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

The moderator explained the Standard Days method to the participants using the Counselling Guide. After finishing the explanation the moderator told them that she would like to learn their opinions on the new method.

After the explanation, one of the observers, a nurse, told that she has been using that method for ten years and it worked.

There were some participants and the nurse herself that were taking notes during explanation.

Moderator: What do you think of this method?”

P # 8: It is effective.
P # 10: I also think that it is effective since I have used it.
P # 7: I liked it. It is very simple.

Moderator: “Do you think it would work here to space pregnancies? Why? Why not?”

P # 9: It will work here.
P # 10: It requires no finances, It will work.
P # 1: I think so too.
All others agreed.

The moderator said:” 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.”

After it she asked: “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?”

P # 10: 12 days are problematic days. It depends on women behaviour. On these days-another method should be used.

Others agreed.

P # 10: The men should tolerate these days.

P # 5: If we understand each other, these 12 days do not mean anything.

P # 2: What is 12, if before they used to wait for months.

P # 8: If it helps women, it would be great.

All the others agreed with the last statement.

The moderator asked “How many days can a man wait without having sexual relations with his wife?”

P # 9: 3 days.

P #1: 4-5 days.

P #3: 3 days.

The moderator asked: “How many days can a woman wait?”

P # 9: SO long. God knows.

P # 1: For months.

P # 6: There are differences in age. It can be different for the young, and quite different for the older women.

The moderator asked: “Is talking about contraception issues with your husband/wife usual thing for you? What about other families here?”

P # 1: It is a natural thing.

P # 7:My husband does not want to hear about it.

P # 10: 80 % of the village does not want to hear about it.

P # 8: Each man has different character; especially drivers are different (impulsive).

P # 7: There are men that would like to hear about it and there are those who, there are who do not like to.

Moderator: “Do couples need to learn how to use this method together, or the woman can learn about it by herself? Who should teach the couple to use this method?”

All the participants responded in group that the couple.

P # 10: As far as me, I have learnt about it myself. I have read about it.

P # 9: We do also know about it.

Where should people go to learn how to use the method?”

P # 10: The nurses gave the brochures and we took them home, gave them to husbands, and they read.

P # 10: Even if through such meetings, like today’s.

The moderator: “What should be done in order to make this method of family planning acceptable to couples?”

P # 2: It should be tried. And later can be judged about its effectiveness.

All the participants agreed.

Moderator thanked the participants for their attention and collaboration

TRANSCRIPT OF FOCUS GROUP WITH YOUNG WOMEN IN TSAKHKASHEN VILLAGE

Focus: Married young women

Place: Tsakhkashen village, Gavar region, Armenia

Location: “Gyughapetaran”/ administrative Center of the village Community/

Date: December 13, 2000

Time: 15:00-16:30

Moderator: Tsovinar Harutyunyan

Recorder: Amenuhy Tadevossian

Observers: An old woman

INTRODUCTION

The moderator welcomed all participants and thanked them for coming. She introduced herself and the recorder and asked the participants to introduce themselves (for obtained demographic information, please socio-demographic information). Later the moderator explained the main objectives of the current meeting pointing out that everyone’s participation in discussion is of great importance and, that there is no “wrong” or “right” response. She also mentioned why it was so relevant: *“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.”*

Then the moderator said that the opinion of each one of the participants was very important to us. However, it would not be possible to draw attention to everything being discussed and at the same time take notes of what was going to be said: Therefore, we had brought a tape recorder so that we wouldn’t miss any part of the conversation”. She asked if it was all right with them if we use the tape recorder. All the participants agreed. No one minded. Here the moderator explained to them that whatever was going to be recorded should be considered confidential and should not be discussed outside of the meeting. She said that the meeting would take them about an hour and a half. She also pointed out that if there was any part of the discussion they did not want to participate they did not have to.

All of the women listened to the moderator very attentively.

ICE BREAKER

The moderator told the participants that we would like to learn each of their names in order to give them a nametag and call women by their names.

The participants were given the following questions:

- What is your name?
- What type of work do you do?
- How many children do you have?

Socio-demographic Information on Participants

The total number of participants is 10.

None of the women has mentioned her age.

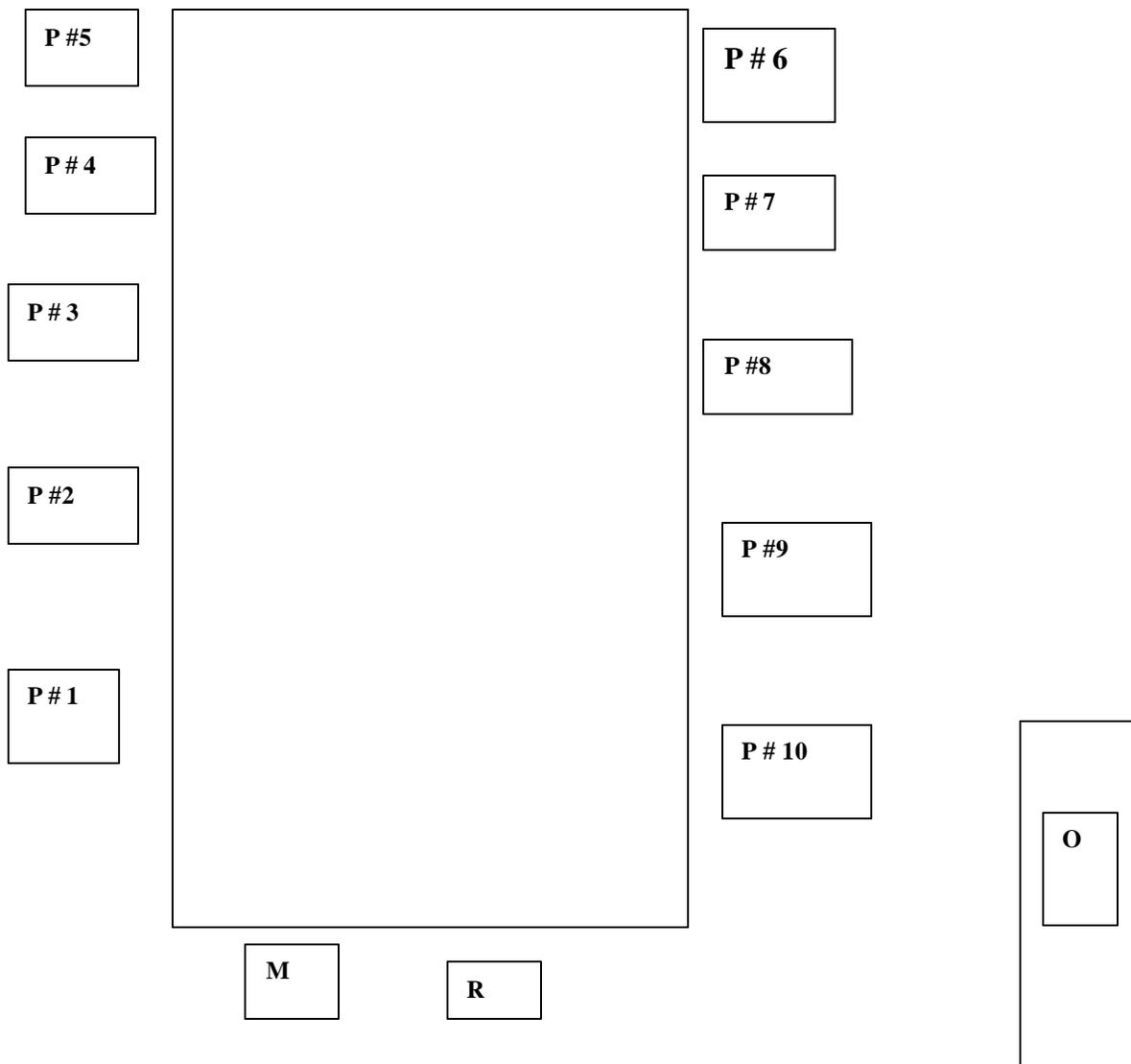
None of the women was employed.

Four of them had less than 10 years of education. Five women only had 10-year education/secondary school graduates/. One of them has more than 10 years education/college graduate/.

Six women had 2 children/each /. Two women had 2 babies. One woman had three, and one had four daughters.

Diagram of the FG session

O= observer
R= recorder
M= moderator
P= participant



The moderator invited women for delicious refreshments and asked them to help themselves.

A. SPACING BIRTHS

The moderator said: “Let’s begin by talking about couples and their children in this community.” And she asked, “What is the general attitude towards methods of spacing births (natural and modern) in your community? If there are people or groups, who are against them and why it is so?”

P # 10: Social conditions are too bad. That’s why we prefer to have fewer children.

P # 7: Some are applying to doctors for spacing births.

P # 6: There are contraceptive methods available in the region but we don’t use any of them. We mainly use abortions.

P # 10: We also use withdrawal method.

P # 4: The frequently used methods are abortions and withdrawal.

P # 10: I think withdrawal is safer in comparison with abortions.

The moderator asked if pills were used in that community.

All answered that they don’t use pills.

The moderator asked if there are people or groups, who are against them.

P # 6: Nobody is against it. Contraceptive methods are better than abortion.

P # 10; We pay too much for abortions. Contraceptives are cheaper. But I have heard that contraceptives cause side effects.

The moderator concluded asking: So, there are no groups or people who are against it, as I understood?”

All participants answered “NO”.

She asked: How do couples feel about the number of children they have? What do couples generally think is the ideal family size?

P # 9: 3.

P#3: 3.

P # 6: 2 or 3.

P # 10: When social conditions worsened, couples decided to have 1,2,3 children. Before the worsening of social conditions, the average used to be 4,5. Nowadays it is 3.

P # 8: 3

P # 6:4/two girls two boys/

P # 4 /two girls two boys/

P # 2: 4

Majority voted for 4.

The moderator asked why 4.

P # 8: It is good to have two sons and two daughters.

P #10: If it is for increasing the national population, 4 is acceptable. But the fact is that our living conditions do not allow to breed more babies. We have to say: “One baby is enough for us”.

The moderator asked how many children they would like to have and if couples usually have as many children as they would like to (more).

P # 6: Even before worsening of social conditions I’d prefer to have 2 children (I have now two babies). Now I want more babies but my husband does not want it.

P # 3: The couples have as many children as they would love to. For instance my sister has delivered two babies and they are live births. Now she does not want to have any and she is not going to have any.

The moderator asked the same question regarding having less children.

P # 10: There are cases.

P# 3: There are many couples.

P # 2,9, 4: Living conditions does not allow having more.

The moderator: “Do couples here do anything to postpone or prevent a pregnancy?”

P # 1: IUD. Many women use it.

P # 4: Withdrawal.

P # 7: Abortions.

P # 2: Abortions.

P # 10: Pills.

P # 8: Traditional methods.

The moderator asked where they have learned about the mentioned methods from.

P # 4: Doctors advised me.

P # 1: 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, paid the money and put it. 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.

P # 4: Everybody talks about birth spacing, we tell one another: “Why do you use abortions when withdrawal is an easier method?” And it spreads.

P #8: I have a book, literature about that.

The moderator asked why they don’t use contraceptives.

The only reply to the question was that they are not safe.

The moderator asked if they are happy with the mentioned methods.

P #1: I am displeased with IUD. Because due to it I lost my uterus. Now I am not able to get pregnant.

P # 6: My husband used withdrawal but I got pregnant.

P # 3: SO did I.

P #4: I have used condoms but got pregnant.

The moderator asked what kind of problems they had with it.

P # 10: I went to a doctor, s/he did not advise me to use IUD and recommended me to use condoms, but they are not safe. We do not trust the information on contraceptives; the use of them causes side effects, inflammations.

The moderator asked if economic conditions affect the decisions regarding the usage of methods to prevent pregnancies.

P # 4: I am not financially secured so that I can have a course of treatment and have a baby.

Here the moderator specified that the treatment courses are not meant, but contraceptives.

P # 6: When you go to the gynecologist in Gavar and pay 600 drams, you can get condoms and prevent pregnancy. Many are pleased with it. If we visit the cabinet in Gavar we would have nice results. I decided to go to the cabinets.

P # 10: I always buy condoms, never go to the gynecologist to take condoms. That's why I pay much.

P # 3: Gynecologists recommend us to attend those cabinets.

P # 6: There are many family planning cabinets' ads on TV. However, we don't attend those cabinets.

The moderator asked why they don't.

P #7: I don't trust them. We don't believe that the contraceptives are distributed free of charge.

P # 6: I do trust it. After my last abortion I decided to visit the cabinets.

The moderator asked who decides about family size and the use of the methods of spacing births.

P # 4: Until having a son, husbands do.

P # 6: Mothers-in-law, fathers-in-law, it is the tradition of our village. My mother-in-law says: "If you have girls, you should keep delivering babies until it is a boy."

P # Have a sonography if it is a girl, you have abortion.

The moderator asked if a husband makes decision.

P # 10:Men are dominant in the villages.

All others agreed with the last statement.

P # 5: All women in our village are very modest and obey their husbands.

P # 4: Now I have 4 daughters, my mother-in-law tells me to have a son. I don't want to have another baby and am not going to.

The moderator: "What if the husband and wife disagree? How do they resolve this?"

P # 6:When I get pregnant, I go for abortions. I am under 30 years old, but I have had 17 abortions in my life. My health is very poor. When I get pregnant my husband does not want me to deliver the baby and I have to obey him and go for abortions once more.

The moderator asked: "And what about the others? Do you agree with your husbands?"

All responded positively.

B. ABSTINENCE

The moderator explained that sometimes couples avoid having sexual relations during certain days for various reasons and asked if couples in this community avoid sexual relations on certain days.

P # 10: Yes, sure during women's menstrual days.

P # 2: If one has no mood.

P # 6: After abortions.

The moderator asked if they use it as a method.

P # 7: Women's intention.

P # 10: Method.

All agreed with P #10.

The moderator asked on which days couples do not have sex.

P # 10: Each month during menstruation days we avoid having sexual relationship.

Others agreed.

The moderator asked if couples abstain every month or only sometimes.

P # 2: We avoid it for 10 days because of menstruation and for another 10 days just lie.

P # 10: As we wish.

P # 9: 10 days during menses.

P # 4: 15 days during my menstruation.

The moderator concluded saying that they avoid it for half of the month.

All agreed.

The moderator asked what do men think about abstaining.

P # 2: They don't talk.

P # 10: It depends on man's character.

P # 4: They can even beat you.

P # 2: Women abstain for 15 days during each month; men can also act like that.

P # 10: Men can abstain too.

P # 9: I agree with P #10.

P # 8 seemed to be very passive. The moderator asked her to answer because she was very silent. Here is her response:

P # 8: I don't use any contraception: And I don't have an idea of them.

The moderator asked what women think of it and what couples do if they disagree.

P # 10: If men are angry, women have to obey. If they are calm, they understand you, especially on menstruation days.

All the others did not mind the statement.

The moderator asked if women could refuse when the husbands want to have sex.

P # 10: Wives can refuse if men are calm and not angry.

All others agreed.

The moderator asked if they think that the excessive use of alcohol may interfere with sexual relations and the use of methods of spacing births?

P # 7: When they have used some alcohol it is very difficult to persuade them.

P # 3: There is such kind of problem.

P # 2: My husband is not like as you mentioned.

P # 10: Under the influence of alcohol, men often become naughty

The moderator asked: “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?”

All participants minded.

They said that there is no violence.

C. MENSTRUAL CYCLE (“period”)

The moderator asked how often a woman has menstruation, how many days menstruation lasts? (How many days does a woman bleed).

P # 7: 4 days

P # 2: 5 days.

P #8: 3-4 days

P # 4: 10-15 days.

P # 10: 3 days /much blood/.

P # 3: 3 days/much blood/.

Moderator asked: “How much time passes between one period and the next?” Is it always the same or does it sometimes vary?”

P #7: Once per month.

P # 8: I don't feel mine.

P # 9: Once I had menstruation twice per month and got pregnant at the same time.

P # 40: Mine is not regular. 40 days.

The moderator asked: “Is it the same for all women (Does more time pass between bleeds for some women than for others?)”

P # 10: Changeable.

P # 3. The same.

P # 2 :The same.

P #7: The same.

The moderator asked: “Do women/couples here are in the habit of marking (keep track of) their periods?” (Where? How? On what? Can you describe how it is done?)”.

P # 4: Yes, I do.

Majority marks.

The moderator asked: “Why do they do this? Do they use it as a method of preventing pregnancies?”

P # 10: To follow our health condition.

P # 8: To check if we have got pregnant.

All other participants agreed.

The moderator asked if they know about the cases when a woman became pregnant, although she was using natural contraception method. Whether they could remember such cases.

P # 9: I know cases when women got pregnant although they were using IUD.

P # 6: Though I used contraceptives, I got pregnant

The moderator asked “what about withdrawal?”

P # 6: My husband used withdrawal but I got pregnant twice.

All the others told that they don't know such cases.

The moderator asked if the mentioned methods were correctly used.

All the participants said that they were used correctly.

D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

The moderator explained to the participants Standard Days method using the Counselling Guide.

After finishing the explanation the moderator told them that she would like to learn their opinions on the new method.

After the explanation one of the observers, a nurse, told that she has been using that method for ten years and it worked.

There were some participants and the nurse herself that were taking notes during the explanation.

Moderator: What do you think of this method?”

P # 9: It is very effective for healthy women.

P# 10: I like it. It is nice method.

P # 4: It will be safe. No side effects.

Moderator: “Do you think it would work here to space pregnancies?”

P # 10: Those who wish can use it.

P # 6: With great pleasure. It is very simple method.

P #4: I think so too.

P # 10: I used this method for prevention of undesired pregnancies.

Why not?”

P # 4: It would cause no problem.

P # 2: If you don't forget mark the days, it will be nice.

The moderator said:” 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.”

After it she asked: “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?”

P # 4: They will be happy, as it is easy to use and requires no money.

P # 2: It is good for men.

P # 10: It will be good for those who were in the habit of using the method. (Calendar)

P # 4: I have a child; I want to have the second one when my baby is 7. But who knows?

All said that they would come into an agreement.

The moderator asked “How many days can a man wait without having sexual relations with his wife?”

P # 4: Is he has a strong will power, he can wait.

P # 10: 2-3 days.

P #2: 15 days.

P #5: 15 days.

The rest of the participants agreed.

The moderator asked: “How many days can a woman wait?”

P #4: All women are different.

P # 10: Women living in this village, tired of everything, can tolerate everything.

P # 1: What can they do? I have to wait if they can stand these financial conditions.

P # 4: You get so tired, and even my sweat sleep is spoiled.

Others were avoiding responding the questions.

The moderator “Is talking about contraception issues with your husband/wife usual thing for you? What about other families here?”

P # 6: Only nights, we don't have time at daytime. My husband makes me visit the family planning cabinets.

P # 2: We do it often.

P # 10: Even I find it reverent, we are tired and there is no time for it.

P # 8: There are so many problems that the turn of such discussion never comes.

Moderator: “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?”

All the participants responded in-group that the couple need to learn together.

Where should people go to learn how to use the method?”

P # 10: To the medical units.

P # 2: My sister advised me for 15 days after menses to use contraception. I have been using the method for 4 year. And today when listening to the explanation I became more interested in it.

P # 10: There are cases when doctors avoid giving advice, but nurses never.

P # 4: Nurses are very good. If they are told about or are explained the method, they will share the information with great pleasure.

The moderator: “What should be done in order to make this method of family planning acceptable to couples?”

P # 2: The nurses must be given a lot of information, so that they can share the information with the community women.

P # 7: We’d better have all these consultations in our village not like family planning cabinets in Gavar. If it is not in the village, we will not be able to go there.

All the participants agreed.

So, the conclusion was that they want the information to be delivered by nurses in their village, Tsakhkashen.

Thank you for your attention and collaboration

2. Married Men

2.1 SUMMARY OF FG SESSIONS CONDUCTED AMONG MARRIED MEN, GAVAR, DECEMBER 11-12 2000

General Information

Three focus group discussions were conducted in the Gavar region (Lanjakhpyur, Sarukhan, and Gandzak villages). A total of 31 men participated in the sessions. The target population was married men. Participants ranged in age from 22 to 46 years old. The number of children in the participants ranged from none to five. The majority of the participants were employed, and had higher than secondary school education.

General Impressions

In general, the reaction of the participants to the *natural* method of spacing was friendly, though there was some distrust towards contraception in general among participants. Overall, the focus group sessions were successful and provided in-depth information about the topic under investigation.

Main Messages

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

All participants generally would prefer to have more children than they have now. Difficult economic conditions were mentioned as the main reason that deters people from having the desired number of children. On average, there were three children per family in these communities. As with women, men also considered the ideal family size to be three or more children and viewed having a son as a necessity.

According to the participants, a couple makes the decisions about family size. The men noted, however, that some men are not so liberal and in those families men's opinion strongly influences the outcome.

The attitude towards contraceptive use was generally positive, with a preference expressed for natural family planning methods. Of the modern methods, the participants mentioned only condom use. In addition, men mentioned abortions – both induced and self-induced -- and their deleterious consequences. Men generally perceive the use of contraceptives to be the woman's prerogative.

- **Opinion of and interest in the SDM**

The overwhelming majority of participants liked the SDM. It was considered to be a useful method, which could be well accepted in the community. Contradictory opinions were expressed on how the method should be learned. Several participants thought that couples need to learn it together while others would prefer that women learn it from the provider or another knowledgeable person (mother or mother-in-law) and then explain it to her husband.

The men identified the Women's Consultation clinics, family planning cabinets, schools and marriage registry offices as appropriate venues for learning about the SDM. They also requested

printed material, as it would allow them to avoid directly seeking advice from another person. No clear preference was given to any of these sources.

- **Anticipated difficulties in using the method**

Men unambiguously stated that the main difficulty in using the SDM would be abstaining from sexual relations for longer than a week. Another potential difficulty, though not clearly articulated, was men's reluctance to use condoms. Attempting to adhere to abstinence during the fertile period may lead to marital strife, though this idea was not clearly stated.

- **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 for a period of 12 days.

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

According to the participants, sharing of this type of information about sexual issues is unusual for most of them. Several participants thought that it is possible to share such information with friends and relatives, and even in groups, like FG meeting. Others emphasized the inconvenience of asking other people for advice or information.

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

All of the participants agreed that excessive use of alcohol affects decision-making, and sexual relations and births spacing are not an exception. However they emphasized that alcohol's main harm is the birth of children with malformations and not in unwanted pregnancies. Domestic violence was not considered a serious problem in the community, but men thought that violence could cause difficulties in sexual relations.

2.2 TRANSCRIPTS

TRANSCRIPT OF FOCUS GROUP WITH MEN IN GANDZAK VILLAGE

Focus: Married men

Place: Gandzak village, Gavar region, Armenia

Location: “Village hall”

Date: December 12, 2000

Time: 11.00 a.m. – 1.00 p.m.

Moderator: Vardan Aznauryan

Recorder: David Janibekyan

Observers: CHSR Associate Director

“Save the children” Gavar representation office staff

CHSR Associate Director

After the introduction of the CHSR Associate Director, the Recorder and himself, the Moderator greeted everyone and presented the objective of the current feasibility study.

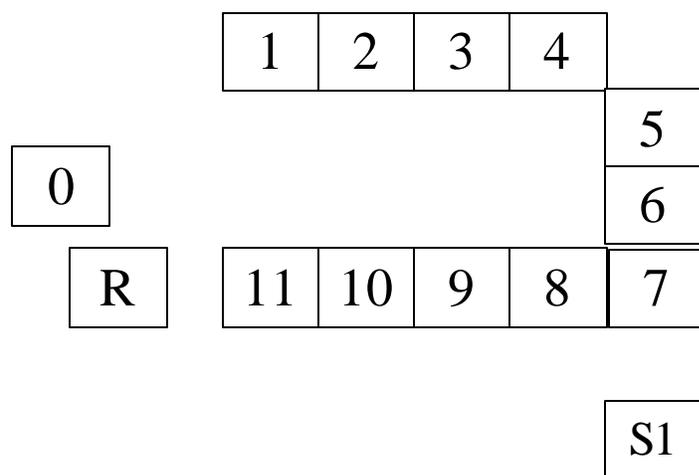
Afterwards, the men were asked to tell their first name, occupation, specify educational attainment and the number of children.

The participants were men aged 26-53 (average age – 46). Of 11 men 3 were unemployed.

This FG consisted of 3 university graduates, 3 college graduates and 5 high-school graduates.

The number of children in the FG: ranged from 1 to 4.

Diagram of the focus group setting:



0 – Moderator

R – Recorder

**S1 – “Save the children”
representative #1**

1- participant #1

2- participant #2

3 - participant #3

4 - participant #4

5 - participant #5

6 - participant #6

7 - participant #7

8 - participant #8

9 - participant #9

10 - participant #10

11- participant #11

A. SPACING BIRTHS

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

#1. The hard economic conditions stipulate spacing. As an example, I have 3 children now, but if the economic conditions were better, I'd have 11 children, just like a soccer team.

#3 supports #1.

#11. Vast unemployment forces to curb the number of children you may have had. So my attitude is positive to the spacing, especially now. But I have no idea of whether there are people who are against it in our community. This is a family business and every couple decides on its own and nobody can influence them.

#4. I guess spacing has become prevalent here lately. Basically many people would like to have more children, but they are compelled to keep the number of children down because of the conditions.

#1. I personally would discourage my children to have more than 4 children, because of the economic situation.

0. How many children would you like to have?

#10. Two-three.

#11. If asked 10 years ago, I'd say 4 children (for a brother to have a brother and a sister to have a sister), but today I'd say that the most preferable number has gotten down to 2.

#10. I'd also say 4 children in the past times are ok, but it is 2-3 children now. Presently, those who have only daughters are likely to have more than 4 children, because they had probably hoped to come up with a boy each time.

0. What do couples generally think is the ideal family size?

#1. Eleven children.

#2. Four children

#4. Three children

#5. I have 5 children, but as a matter of fact I'm having trouble affording them.

0. Do couples usually have as many children as they would like to? (or more? or less?)

#11. No, they have fewer children.

#4. I wouldn't want to have more than 2.

#10. 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.

#11. We all have seen by TV how's everything set up abroad - like when the children hit 18, their parents kind of back off and let them live on their own. But parents here keep taking care of their even adult children lifelong – they want to provide their children with help as much as they are only able (like a car, house, etc). So parents know that they are going to provide a non-stop support and ongoing care for all their children, and this is what sets boundaries on the number of children some would be able to afford *lifelong*.

#10. I want to say that parents who have over 5 children had probably no idea of contraception. Also the traditions and lack of education further stipulated that. However, now many realize that having less than 5 children is also ok.

0. On the average, how many children do couples here have?

#11. Two-three.

#10. I'll repeat myself, but those who have only daughters would probably have many children, because they are likely to keep on trying until they get a baby boy.

0. Do couples here do anything to postpone or prevent a pregnancy? What?

#10. In the past times, women tried to induce miscarriage by jumping or through lifting heavy objects like rocks and the likes.

0. These methods are apparently fraught with problems. Are you aware of them?

#10. Sure, they could even die as a result of such self-induced abortions.

#11. (off on a tangent) People's labor in rural areas is much harder than that in cities..

#9. Some women induce abortion because of the lack of money.

0. Where do you usually learn that?

#8 (kind of ironic). Everyone knows that...

0. Yes, but *where* do you usually learn that?

#5. From the streets.

#10. Yes, that's right.

0. Are you happy with the methods you use as a form of family planning?

#11. Even if some are unhappy, what could they possibly do??

#3. I don't think that someone has ever thought of how happy or unhappy he is with the methods used, it's just the way our life is....

0. What kind of problems do you have with your method of family planning?

#10. (kidding) In our miserable economic conditions the only problem we all have is money!
(This remark generated a big "support wave" among the participants)

#9. Well, no, we don't...

0. Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?

Everyone: Yes!

#11. You bet!

0. Who decides about family size and the use of the methods of spacing births? The husband, the wife or the couple?

#11. The decision is 80% the husband's and the rest is wife's...

#10. The couple.

#6. The couple.

#5. Yes, it'd be better if the couple decides together.

0. What if the spouses disagree? How do they resolve this?

#11 (smiling). The husband hits his wife for a couple of times and thus settles the disagreement.

#10 (obviously trying to refute #11's statement) No, the spouses decide together!

#7. Sometimes women want to have fewer kids while their husbands want more...

B. ABSTINENCE

0. Do couples in this community avoid sexual relations on certain days? Why?

#5. Sure, sometimes the couple gets pooped out working hard out in the fields, so they both lose any interest to sex during such periods of hard labor.

#1. If couples hadn't had any money-related concerns and if their children were all well fed, they would have hardly ever avoided sexual relations.

0. On which days do couples not have sex?

#11 and #10. During the woman's period.

#4. Right after the period.

#5. (to #4) It's ok even just before the period.

0 (to taciturn participants ##6-9) I'm very interested to know your opinion too.

#7. Yes, during the periods.

#6 and #8 nodded.

0. And on which days do you have sex?

#2. (surprised by the question) On days when we want to!
(Others supported that.)

#4. Sometimes sex helps to get rid of stress too...

0. Do couples abstain every month or only sometimes?

#2. Depends.

#10. Right! We have no schedule for this (smiles). Maybe sometimes though...

0. For how many days do couples not have sexual relations?

#3. For 3 – 5 days.

#10 (continues #3's estimation). No longer...

0. What do men think about abstaining?

#11. Men don't even think about this (smiles)...

(Audience picks up the topic)

#6. (kidding) Yes, it's the women's prerogative to be on guard not to get pregnant...

0. What do women think?

#5. They sometimes fail to do well in bed even on regular days...

#10. It's hard to say what they think of this – not every woman can discuss it even with her own husband.

#11. Yes, right, no wonder. There *are* such women.

0. Do couples agree?

#6. Yes. Mostly they agree.

#5. If you happen to disagree with your wife on the no-sex days, means you would have too little sex, because your wife would abstain whenever *she* wants, and *you* would when you yourself don't feel like having sex (smiles). So you'd better agree!!

0. Can women refuse when the husbands want to have sex?

#5. Yes, sometimes.

#3. Yes, they can.

#10. They can.

0. Do you think that the excessive use of alcohol may interfere with sexual relations and the use of methods of spacing births?

#1. Sure!!

#3. Little shots wouldn't interfere, but the excessive use surely would!

#1. The first baby of alcohol addicts may be born with congenital malformations.

#11. Excessive use is always harmful.

0 (to ## 9 to 6) Please join the discussion. Your opinion is very valuable for us!

#4 (encouraging #7) Your father had 21 children, so come on, speak out!!!

#1. Nobody wants his child to be born with abnormalities.

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

#11. Violence? Yes, sure it interferes. But as a "village mayor" I can assure you that there's no such a problem here!! Besides, it's not human.

D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

The Moderator explained the Standard Days and Necklace Methods.

0. What do you think of this method? Do you think it would work here to space pregnancies?

#5. It's a good method.

#3. Since they don't sell these kinds of necklaces, this all sounds like just an ad.

#7. A nice method. It might work.

(Some others agreed with the methods being good).

#11. I think some people are too old-fashioned to shift to this new method right away...

0. In the explanation of the method, we mentioned that couples should not have sexual relations, or should use condoms; on 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.

0. How will husband feel about abstaining from sexual relations or using condoms during these days?

#11. I'm against using condoms!! Negative!

#1. Using condoms is ok with me.

#8. You should count 7 days after the period and resume your sexual activities.

#7. There are no 2 families alike.

0. How will the wife feel?

#1. She won't object.

#4. Yes, she won't.

0. Could there be potential disagreements or problems?

#10. That's likely.

#5. Depends on how much they love and respect each other.

#11. Yes, it's likely.

0. How might these be resolved?

#11. (kidding) They might ignore each other for a couple of days, but then this conflict would give way to day-to-day problems and they'd get back to each other...

#6. Right! No such kind of a problem lasts more than a couple of days.

#10. Those who tend to maintain peaceful relationships would make concessions and settle the conflict sooner.

0. How many days can a man wait without having sexual relations with his wife?

#4. I could wait for 3-4 days.

#8. 1-2 days.

#11 (about #1). Like he said before, if everything's fine at home and there's no money problems, men would allow no more than 2 days without having sex.

0. How many days can a woman wait?

#11. Much longer.

#1. When husbands has to leave the country to make a living abroad, their wives could wait up to 6 six months without any problems. Though, if my wife were absent for such a long time, I myself would have been far gone on a sexual binge (smiles)

#9. Actually, women are able to stand much more pain than men are...

0. Is talking about contraception issues with your wife usual thing for you?

#1. It's easy, though it's unusual for us to discuss such issues with our wives.

#6. It's unacceptable during the intercourse, but it's probably ok sometime after.

#5. I think you should talk to your wife about the contraception, because it's too costly to have an abortion now.

0. What about other families here?

#6. We have no idea of what others do.

#1. Maybe every family acts alike, but we'll never know. Each family protects its privacy.

#5. Depends on how many children they have...

0. Do couples need to learn how to use this method together, or can the woman learn about it by herself?

#10. The couple should learn together.

#3. The majority of men are unaware of the fertile days, so women teach them.

#11. If a woman is aware of contraception, she teaches her husband and vice versa. Actually if a woman has learned 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 'lectures' in this case.

#1. It's better if the woman has learned by herself, because in this case, she might take contraceptive pills on the Q.T. without her husband even being aware she does something to prevent undesired pregnancy.

0. Who should teach the couple to use this method?

#5. Men could be taught by their elder brothers or fathers. Friends may be of use too.

#10 (starting to argue with #4) But 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.

#3. Right, we feel embarrassed to ask our older friends particular questions, because they might consider this as an intrusion into their privacy.

#11. I've participated on a similar discussion and they taught me not to be embarrassed to talk about such issues. I learned a great deal of everything there that the vast majority of people here even has no idea about, like STD and. (turning to audience). Did you know that a girl may get pregnant even without sexual intercourse?

#4. (to #11) Yes, like when using a shared bathroom...

0. Where should people go to learn how to use this method?

#4. This all should be taught in school.

#1. Should be taught in high grades only.

#3. Physicians won't advise, since it would reduce the number of women who might otherwise seek their help for possible future abortion.

#10. Teenagers have no idea of contraception.

#7 (argues with #10). Modern teenagers know everything!

#11. Some might get an idea through the marriage registrar's office.

#1. Some young people have no idea of contraception, but if this all were taught in school, they would know how to protect and fewer people would face premarital pregnancy problems.

0. What should be done in order to make this method acceptable to couples?

#10. You should publish informational pamphlets.

#7. You should publish brochures enough for all young couples.

#10. Establish FP cabinets in every area or community to promote birth spacing and contraception.

The Moderator thanked everyone for attention and collaboration.

TRANSCRIPT OF FOCUS GROUP WITH MEN IN SARUKHAN VILLAGE

Focus: Married men

Place: Sarukhan village, Gavar region, Armenia

Location: Classroom in a secondary school

Date: December 11, 2000

Time: 11.00 a.m. – 1.00 p.m.

Moderator: Vardan Aznauryan

Recorder: David Janibekyan

Observers: CHSR Associate Director

CHSR Associate Director Michael E. Thompson

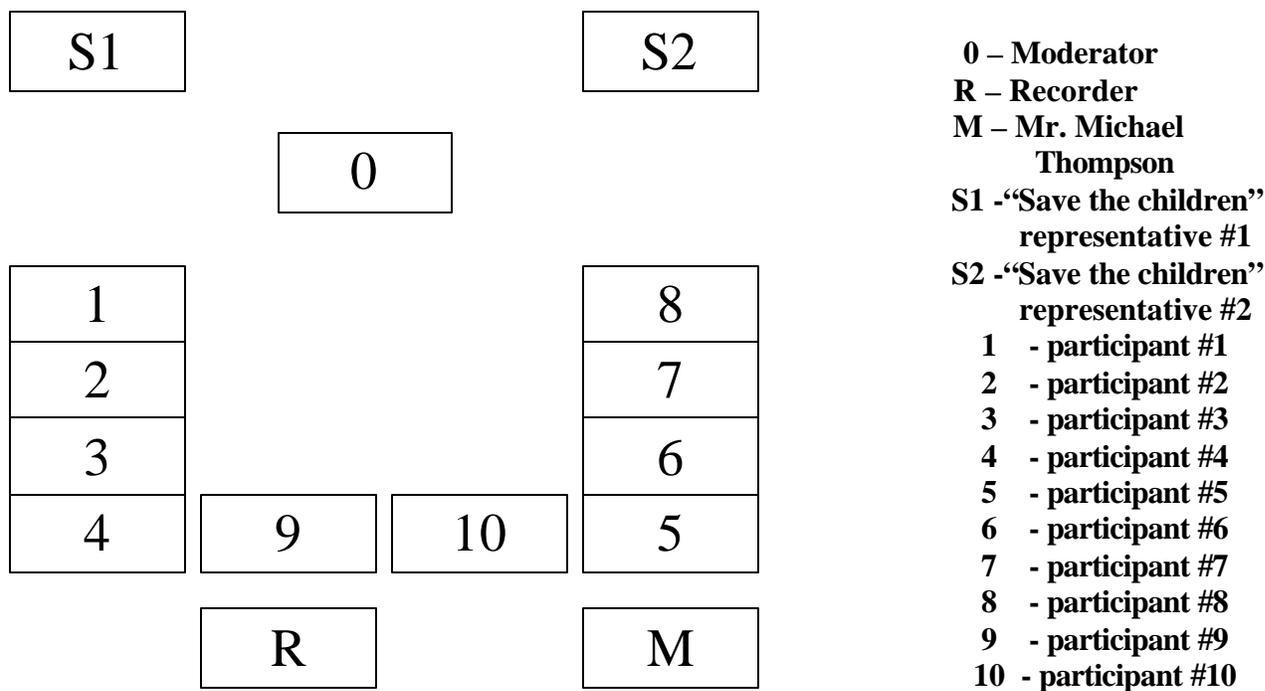
“Save the children” Gavar representation office staff

After the introduction of the CHSR Associate Director, the Recorder and himself, the Moderator greeted everyone and presented the objective of the current feasibility study.

Afterwards, the men were asked to tell their first name, occupation, specify educational attainment and the number of children.

The participants were men aged 22-60 (average age – 45). Of 10 people 1 was unemployed. six men had university degree, 4 high-school graduates. The number of children in the FG: from none to 5.

Diagram of the focus group setting:



A. SPACING BIRTHS

0. What's the general attitude towards methods of spacing (natural and modern) births in your community? Are there people or groups here, who are against it?

#1. Yes, there are people who are against contraception.

0. Why?

#1. It's because of the traditions derived from the past. I guess it also takes time to get used to using contraceptives in order to space births.

#2. Natural birth spacing is more preferable than the modern one.

#8. It's acceptable; otherwise if your wife gets pregnant after each intercourse how could you possibly afford so many children?

(Audience laughs)

#8 (continues). Some people realized the necessity of contraception and adopted it due to FP ads and distribution, but some are still in doubt.

#7. It's acceptable for large families, with lots of children, but it's not for smaller families.

#9. (concur #7). My first choice is the natural way anyway.

#8. FP ads address to all ages, but there's a shortcoming that young people start to think about contraception well ahead of time, even *before* the marriage, which is harmful for the natural course of events.

#9. What do you think of women who are infertile? Better let's discuss that!!

0. We'll discuss that later...

0. How do couples feel about the number of children they have? What do couples generally think is the ideal family size?

#1. Three.

#2. Four.

#4. I'd wish I had 3 boys and 2 girls.

0. How many children would you like to have?

#1. A minimum of 2 to support the family.

#3. 2 kids are required, but the ultimate number is up to parents.

#4. I have 5 and I'm content.

#9. Economic and social conditions permitting, I would never limit the number of my children. Now because of the bad conditions I can't feed as many children as I would like to have.

#2. 2 - to maintain the nation's growth.

#5. Two.

#7. Children are never a burden. So 2 kids are ok with me.

0. Do couples usually have as many children as they would like to? (or more? or less?)

#2. No.

#1. Not in the current economic situation...

#9. No, it comes from the widespread poverty. Parents experience problems with merely feeding them all, let alone ensuring a decent childhood... (after a brief pause)... Everyone would love to have more children, but not everyone can afford such a 'luxury' now.

0. On the average, how many children do couples here have?

Almost everyone: Three

#9. 2½

0. Do couples here do anything to postpone or prevent a pregnancy? What?

#1. Yes, some do.

#4. They use contraceptives.

#2. Everyone does as much as he/she is aware.

#3. Women visit women's consultation cabinets or their husbands take care of prevention and use condoms...

#8. There are various sources of information available now, so educated people know what to do to prevent unwanted pregnancies.

0. Where do you usually learn that?

#1. For example, my wife is a nurse so she knew that.

#2. Everyone gains knowledge through his own experience.

#9. From various magazines.

#7 and #6 agree by nodding with #9. Right!

#8. You'd better ask women.

0. I wanted to know *your* opinion.

0. Are you happy with the methods you use as a form of family planning?

#5. No. And I don't think women are happy either.

#4. Not with the modern methods.... They are not natural.

0. What kind of problems do you have with your method of family planning?

#8. No, we don't. But I think unnatural methods might result in health-related troubles. So everyone prefers natural methods, but not contraception.

0. Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?

Everyone: We've said that already! Sure they do!

0. Who decides about family size and the use of the methods of spacing births? The husband, the wife or the couple?

#2. Depends... It varies from couple to couple.

#1. Women mostly.

#3. For example my wife wants 4, but we can't afford them all.

#8. We decide together in our family.

#5. The couple.

#1. Well, if the husband wants a boy, he keeps trying until he gets a baby boy, regardless of the number of girls he's already had.

(Audience smiles. Some support the statement.)

0. What if the spouses disagree? How do they resolve this?

- #5. The husband rules.
- #2. In my family I decide.
- #3. Normal couples make mutual concessions.

B. ABSTINENCE

0. Do couples in this community avoid sexual relations on certain days?

- #5. Yes.
- #4. Definitely.
- #3 and #2. Yes, they do.
- #4. (kidding) Some women avoid (dodge) not only when they are afraid to get pregnant... (smiles)
- #8. Well, I don't feel like talking about such a delicate issue in public.

0. On which days do couples not have sex?

- #2. Yes, during the periods and fertile days.
- #10. Depends on our mood.

0. And on which days do you have sex?

- #9. Well, there are no 'designated' days.
- #10. It depends on my wife's and my desires.

0. Do couples abstain every month or only sometimes?

- #1. Sometimes.
- #2. We, men, are always ready, so it fully depends on our wives.

0. For how many days do couples not have sexual relations?

- #9. Except periods, healthy couples should have sex daily.
- #1 (arguing with #9) Say you're tired and angry, would you want to have sex that night? I really doubt that!!
- #9. Well, it again depends on the couple's health.
- #1 (continues to argue). But if someone close to you dies, would you still want to have sex?
- #7 (intrigued by the topic) Or if you've just lost \$1000??

0. Let's keep to the point.

What do men think about abstaining?

- #2. If you respect you wife and respect her desires, you'd have to abstain if she's not inclined to have sex on some days.
- #5. Yes, that's right!
- #6 agrees too.

0. What do women think?

- #2. When they are afraid of getting pregnant, they prefer to abstain for the duration.

0. Do couples agree?

#9. Not always. Moreover, if the husband is drunk, he wouldn't pay attention to his wife's reluctance to have sex that night.

0. Can women refuse when the husbands want to have sex?

#9 (agrees by nodding).

#2. They can.

#1. Right, they can.

#2. Though it's unlikely, but they can (smiles).

0. Do you think that the excessive use of alcohol may interfere with sexual relations and the use of methods of spacing births?

#8. Not only alcohol, smoking is also detrimental.

#5. Sure, alcohol abuse is harmful and it does interfere.

Almost everyone agrees.

#3. Thought we have no boozers here widely spread.

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

#8. 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.

D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

0 explains the Standard Days and Necklace Methods.

Interrupted by #10: Is it possible to identify the gender of the fetus by applying the necklace method in some other way?

0. No, neither the gender nor weight could be determined.

0. What do you think of this method? Do you think it would work here to space pregnancies?

#1, #3 and #5 A very good and useful method.

#5. Great advice!

#9. It's a great method!

#10. In my opinion, this is the best method.

#7. Good or bad, it can't be disregarded. We all have to acknowledge the consequences that sex during the fertile days may have.

#2. Actually this was similar to what we do. We just memorize the date a period starts and behave accordingly.

0. In the explanation of the method, we mentioned that couples should not have sexual relations, or should use condoms; on 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.

0. How will husband feel about abstaining from sexual relations or using condoms during these days?

#1. The husband will have to use condoms, as there's no natural way of avoiding pregnancy on these days.

#8. Men should use condoms as a method of taking care of their wives' well being during the fertile days.

#7. If we need, means we have to.

#2. If the woman has no diaphragm inserted, means we, men, will have to use condoms.

0. How will the wife feel?

#3. She should understand.

#7. Right, this is being done for her *own* advantage!!

0. Could there be potential disagreements or problems?

#4. Hardly.

#3. If a couple decides the next birth needs to be spaced, then they should abstain or use contraceptives on these days. So I guess any disagreements are not likely to occur.

0. How many days can a man wait without having sexual relations with his wife?

#9. Depends on a man.

#2. If they live together – 2 –3 days, no more, but if one of the spouses is absent, men could wait longer.

#5. That's right.

0. How many days can a woman wait?

#9. They can wait without sex for much longer than we can.

#1. If we both get engaged in tedious physical activity, like hard labor, we'd probably decide to put sex off.

0. Is talking about contraception issues with your wife usual thing for you? What about other families here?

#9. Well, it's not the usual topic at my house.

#5. No, it's unusual. And I wouldn't talk about the issues even here, but the audience goaded me into.

0. Do couples need to learn how to use this method together, or can the woman learn about it by herself?

#2. Actually our wives teach us, not vice versa.

0. Who should teach the couple to use this method?

#2. Bride's mother or aunt should teach her before the marriage.

#9. If the husband is experienced enough he can teach his wife.

0. Where should people go to learn how to use this method?

#8. It was women's consultation cabinets in the Soviet era, but there are much more sources of information available now.

#7 agrees.

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

#1. Well, you know, some regard promotion of contraception as a way to keep the Armenian population size down, but some, like us, do realize that the promotion is aimed to downsize abortions by mindfully spacing births.

#2. Some women are too shy to go to FP cabinets alone... Some take their sisters or mothers along.

The Moderator closed the meeting by thanking everyone for attention and collaboration.

TRANSCRIPT OF FOCUS GROUP WITH MEN IN LANJAKHPYUR VILLAGE

Focus: Married men

Place: Lanjakhpyur village, Gavar region, Armenia

Location: “Village hall”

Date: December 11, 2000

Time: 3.00 p.m. – 5.00 p.m.

Moderator: Vardan Aznauryan

Recorder: David Janibekyan

Observers: CHSR Associate Director

“Save the children” Gavar representation office staff

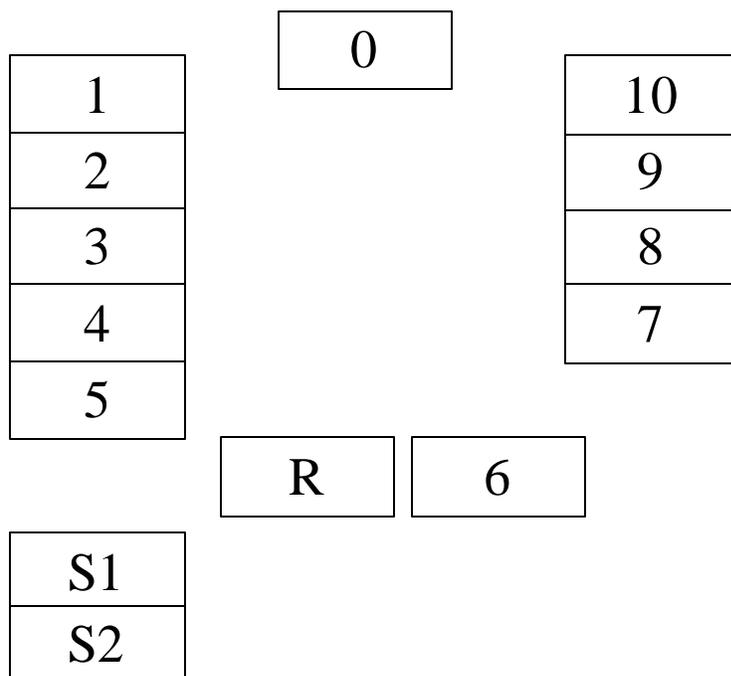
After the introduction of the Recorder and himself, the Moderator greeted everyone and presented the objective of the given study.

Afterwards, the men were asked to tell their first name, occupation, specify educational attainment and the number of children.

The participants were men aged 26-43 (average age – 36). Of 10 people 2 were unemployed.

This FG consisted of 4 university graduates, 3 college graduates, 2 high-school graduates and a high-school dropout. In this FG we had 2 unmarried participants (# 6 and #8). Others married had from 1 child to 4 children.

Diagram of the focus group setting:



0 – Moderator

R – Recorder

**S1 – “Save the children”
representative #1**

**S2 – “Save the children”
representative #2**

1 - participant #1

11 - participant #2

12 - participant #3

13 - participant #4

14 - participant #5

15 - participant #6

16 - participant #7

17 - participant #8

18 - participant #9

19 - participant #10

A. SPACING BIRTHS

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

#1. We tolerate this.

#2. It's better to use natural methods, as a prevention of an undesired pregnancy and later abortion.

#7 agrees with # 2

#4. I'm ambivalent. It's not Christian to fight against the number of children. I regard this as a policy targeted against the growth of our nation.

0 explained him and the audience the correct purpose of the family planning system.

0. How do couples feel about the number of children they have? How many children would you like to have?

#2. I have 2, but would love to have another baby in the next few years.

#1. I have 2 kids and also would like to have more, economic conditions permitting.

#10. I would have more, if I could afford them. I'd like to have 3-4 children.

#5. Our village used to grow with a rate of a baby per day in the past, but now we grow as slow as 1 baby per month.

#7 (asked the Moderator is he was married) You know, 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.

#5. I've been at a wedding party recently and realized how drastically has everything changed. For example, in the past times we encouraged the newly weds to have a lot of children, but now seem overwhelmed with respect for the groom for his willingness and the 'courage' to get married under this hard situation, as well as for his ability to afford not only a wife, but also children.

0. What do couples generally think is the ideal family size?

#9. I'd love 5 boys, and a girl.

#10. Four kids – 2 boys, 2 girls.

#7. Four, regardless of gender.

#5. Four is ok.

#2. In better economic conditions, four would be the best number.

0. Do couples usually have as many children as they would like to? (or more? or less?)

#7. Now we think that the fewer children we have, the better we can care for them.

0. On the average, how many children do couples here have?

#1. 2 in average.

#5. Three.

#6. Two, not three.

#7. Two, I guess.

#9. Two children per family.

#10. Two.

0. Do couples here do anything to postpone or prevent a pregnancy? What?

- #4. It depends on the husbands. If they offer contraceptives, wives usually accept.
- #5. Men rule in our community, so it depends on their will.
- #2. Depends on the educational level of a woman and the accessibility of the contraceptives.
- #8. Our community shows no mercy towards premarital pregnancies. Once we had an incident that an unmarried pregnant woman, who had no idea where to go to be helped, died trying to hide her pregnancy...

0. Where do you usually learn that?

- #5. (apparently misunderstood) If contraceptives were available, people would turn to them to prevent undesired pregnancies and thus avoid the necessity of an abortion.
- #7. Friends, TV.

0. Are you happy with the methods you use as a form of family planning?

- #7. I have no idea so far, but I'll ask my wife if she's happy with the method we use.
- #2. Yes. Besides, 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.
- #4. There are always things that women hide from men. Generally, women should be prepared to use medications, if needed.
- #6 (to #2). If not medications, then what to use?
- #4. Up to 30% of the population has no need for family planning, because after 10-12 hours of a hard work, women are often too tired to have sex with their husbands. So what kind of a family planning are we talking about in the first place??? On the contrary, they need some sex pills instead!

0. What kind of problems do you have with your method of family planning?

- Almost everyone: No, we don't have any problems.
- #2. If there's a problem, it stays within the house –couples decide for themselves.

0. Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?

- #9. I have only 1 child and I'm forced to wait with my second baby because of the hard economic situation.
- #4. It's better to ensure a decent care for a single child, than to have 2 and lose in quality by gaining in quantity.
- #2. The economic conditions affect the birth rate by 100%. Many would have more children in better conditions.
- #5. Some 60-70% withholds marriage because of the bad economic situation here.
- #3. Some don't have funds to afford medications even to save their only sick child. Others wait for the better times to come to marry, but they're getting on at the same time... So people like these never get actually married because the right time is lost, and the hardships are still there.
- #10. Although I have 4, I'm not too old to have more, but I was forced to stop because of the notorious bad economic conditions.

0. Who decides about family size and the use of the methods of spacing births? The husband, the wife or the couple?

#5. The couple together should agree on the number...

#6. The husband.

#4. The couple.

0. What if the spouses disagree? How do they resolve this?

#3. The husband makes her wife into doing what he has in mind (smiles).

B. ABSTINENCE

0. Do couples in this community avoid sexual relations on certain days? Why?

#1. Yes, sometimes. When women have periods men also are inclined not to have sex, because it is not hygienic.

#4. We all are aware – if women avoid, we know what's its reason and don't insist on having sex on those days.

#5. You shouldn't have sex during the certain 5 days in a month.

0. On which days do couples not have sex?

#5. Since not everyone can afford paying 5000 drams (US \$10) for abortion every month, we have to abstain.

0. And on which days do you have sex?

#2. After the periods

#7. When we feel like we want sex.

#9. Right. Depends on our desires.

0. Do couples abstain every month or only sometimes?

#2. Well, we have to abstain every month, since women have their periods every month.

#5. Sometimes, I'd say.

0. For how many days do couples not have sexual relations?

#2. 5-10 days.

#5. Some 5 days up to a week. Longer abstinence would kill the man! (laughs).

#8. There are also ways to get satisfaction without having regular sex during the fertile days.

0. What do men think about abstaining?

#5. We have to.

#6. Nobody wants this, but we're all being forced sometimes...

0. What do women think?

#3. They try to keep their husbands at home on the days they have to abstain. Otherwise being outside men can go fooling around. (smiles).

0. Do couples agree?

#9. After possible quarrels some 80% still reach agreement.

#5. Mostly they do.

0. Can women refuse when the husbands want to have sex?

#5. Yes.

#10. In some cases, yes.

#2 (with disapproval) Yes...

#11. Yes, but you can still have a sex with her even when she refuses, if you treat her patiently and nicely (smiles)

0. Do you think that the excessive use of alcohol may interfere with sexual relations and the use of methods of spacing births?

#5. For 100%!

#7. Those who abuse alcohol even risk to have handicapped children.

#3. Yes, right, it might happen.

#6. Sure, it affects.

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

#8. Some women are so reserved that they won't reveal violence applied toward them.

#4. 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.

(For some unknown reasons #7 encourages #5 to speak out).

#3. No action done against women might be regarded as violence!

(Audience starts to argue)

#4. Are you implying women are slaves?

#3. No, but the traditions here.... (didn't finish)

D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

The Moderator explained the Standard Days and Necklace Methods.

0. What do you think of this method? Do you think it would work here to space pregnancies?

#11. Good method

#5. Good.

#2. Every man should be aware what periods mean and thus, plan his sexual activity accordingly. I'd been childless for 4 years, so I'd seen a gynecologist for a number of times. I believe I know almost everything about contraception, natural spacing and the likes. Also I know there's a vaginal thermometer method, when woman's temperature rises during the fertile days.

0. In the explanation of the method, we mentioned that couples should not have sexual relations, or should use condoms, on 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.

0. How will husband feel about abstaining from sexual relations or using condoms during these days?

#6. My guess is that men won't use condoms in our community.

#7. No why? They'd use them. I guess not every man is able to abstain during the fertile 12 days, so condoms would be the only way out for them.

0. How will the wife feel?

#2. If you don't use condoms, your wife might get cautious and doesn't get the full satisfaction from the intercourse. So it is better to lose a bit in your own pleasure by using condoms, than not get the full feedback from your wife.

#3. (kidding) The best way out is to have 2 wives whose periods do not coincide.
(Audience laughs; some support by nodding).

0. Could there be potential disagreements or problems?

#5. Sometimes could be.

#8. Some spats might happen, but nothing serious.

#1. It depends on how much your wife respects you.

0. How might these be resolved?

#1. Well, like I said, if there's a respect for the husband, the woman would avoid any possible disagreements.

#9. The wife should understand that her husband abstains for her own advantage. Let things down to him, he wouldn't even think of abstaining! So probably he just wants to prevent a troublesome pregnancy.

0. How many days can a man wait without having sexual relations with his wife?

#11. Not more than a week.

#3. After the 7th month of woman's pregnancy the couples shouldn't have sex anyway. So I guess it's possible to abstain for 2-3 months.

#8. Not more than a week

#9. Not more than a week usually.

0. How many days can a woman wait?

#5. Some women stop their sexual activity after their husbands death. I guess that's highly detrimental for their health.

#3. Some men start having sex right away they get into bed, regardless their wives' willingness or reluctance at the moment. I'm sure such regularly abused women tend to lose interest to sex.

0. Is talking about contraception issues with your wife usual thing for you? What about other families here?

#2. It's natural, though you should prepare your wife to this kind of conversation in advance.

#3. Right, it's not as easy as just saying "hi!".

0. Do couples need to learn how to use this method together, or can the woman learn about it by herself?

#3. Yes, the couple should learn together.

#9 and #10. Right, together.

#6. Together, because if a man knows about, say, necklace method, but the woman doesn't - what's the use of it? And vice versa.

0. Who should teach the couple to use this method?

#2. If husband knows, he can either explain by himself or accompany his wife to the gynecologist's.

#8. Mother should prepare their daughters.

#3. Or the husband's mother could teach her daughter-in-law if she's clueless.

0. Where should people go to learn how to use this method?

#2 Should seek physician's advice, though with the advent of family planning service they could turn to them too.

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

#5 It'd be wiser to hold this kind of a discussion not with older men like the majority of us, but with 20-25-year-olds. Look, we have young guys here, who, I'm sure, advantaged from our talks the most of all.

#3. Correct promotion of this method would surely reduce the number of women seeking abortion at the clinics.

The Moderator thanked everyone for attention and collaboration.

3. Older Women

3.1 SUMMARY OF FG SESSIONS CONDUCTED AMONG OLDER WOMEN, GAVAR, DECEMBER 14-15, 2000

General Information

Three focus group discussions were conducted in Gavar region (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 in the participated women ranged from one to five. The majority of the participants was not employed, and had 10 years or less formal education.

General Impressions

In general, the reaction of the participants towards the research team and the topic discussed was rather friendly. The majority of women liked the SDM. The women's answers gave a good understanding of the behaviors and traditions accepted in the community regarding sexual mores. The participants were generally of low socio-economic status.

Main Messages

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

The participants agreed that the preferable and actual number of children in their communities differ, stating that four children is the ideal number, but due to difficult economic conditions people can afford two children at most. On average, there were two children per family in these communities.

Women mentioned abortions as the most prevalent method of regulating family size in their communities. The adverse health effects of abortion were mentioned; however, the women believed that modern contraceptive methods are equally deleterious. Among contraceptive methods used by young couples, IUD, 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 preference to any of the methods. The influence of economic conditions on any decisions in the sphere of family planning was emphasized by almost all of the participants.

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

Contradictory opinions were expressed regarding how the number of children in a family is decided. The general opinion was that the couple decides this matter together, but husbands have more decisive role. The participation of mothers-in-law was also considered essential. According to the women, the couple's financial situation is the main determinant of family size. Knowledge about ways of preventing pregnancy was considered to be very important and beneficial for young couples by the majority of women.

- **Opinion of SDM**

The overwhelming majority of participants had positive feelings towards the SDM. It was considered to be a pleasant and simple method. The women noted that the SDM is an old method, but the necklace is new. Some of 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.

- **Anticipated difficulties in using the method**

The main difficulty in using the SDM method identified by older women was the unwillingness of men to abstain from sexual relations. Another important barrier could be 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.

3.2 TRANSCRIPTS

TRANSCRIPT OF FOCUS GROUP WITH OLDER WOMEN IN LANJAKHPYUR VILLAGE

Focus: Married older women

Place: Lanjaghpyur village, Gavar region, Armenia

Location: “Gyughapetaran”/administrative Center of the village

Date: December 14, 2000

Time: 14:00-15:45

Moderator: Tsovinar Haruytunyan

Recorder: Amenuhy Tadevossian

INTRODUCTION

The moderator welcomed all participants and thanked them for coming. She introduced herself as a moderator and the recorder and asked the participants to introduce themselves. Later the moderator explained the main objectives of the current meeting pointing out that everyone’s participation in discussion is of great importance, that there is no “wrong” or “right” response, that learning about your own opinions on family planning was focused on. She also mentioned why it was so relevant: “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.”

Then the moderator said that the opinion of each one of the participants was very important to us. However, it would not be possible to draw attention to everything being discussed and at the same time take notes of what was going to be said. Therefore, we had brought a tape recorder so that we wouldn’t miss any part of the conversation. She asked if it was all right with them if we use the tape recorder. All the participants agreed. No one minded. Here the moderator explained to them that whatever was going to be recorded should be considered confidential and should not be discussed outside of the meeting. She said that the meeting would take them about an hour and a half. She also pointed out that if there was any part of the discussion they did not want to participate they did not have to.

All of the women listened to the moderator very attentively.

ICE BREAKER

The moderator told the participants that we would like to learn each of their names in order to give them a nametag and call them by their names.

The participants were given the following questions:

- What is your name?
- What type of work do you do?

- How many children do you have?
- How many grandchildren do you have?

The participants introduced themselves. The obtained information on women socio-economic characteristics is as follows.

Socio-demographic Information on Participants

#	Age	Occupation	Children	Grandchildren	Education
1.	56	Lady cleaner	4	10	Fewer than 10 year
2.	58	Director of a kindergarten	1	2	More than 10 years /10-13/
3.	47	Not employed	3	3	10 years
4.	65	Nurse	3	8	More than 10 years
5.	46	Not employed	3	4	More than 10 years
6.	64	Not employed	4	6	Fewer than 10 years
7.	45	Not employed	2	2	10 years
8.	50	Not employed	3	7	More than 10 year
9.	53	Lady cleaner	2	4	10 year of study
10.	60	Pedagogue, teacher	3	9	University/Institute graduate

One was 56, one was 58, one was 47, one was 65, one was 65, one was 46, one was 46, one was 64, one was 45, one was 50, one was 53 and the other was 60.

5 out of 10 were not employed. Five were employed. Two out of ten had 4 children. Five had 3 children, two had two children and one had one child.

One had 10 grandchildren, two had two grandchildren, one had 30, one had 8, two had 4, one had 6, one had 7, and the other had 9 grandchildren.

Only one out of ten had graduated from University, two had fewer than 10 year of education, 4 had more than 10 year education and 3 had 10 year education.

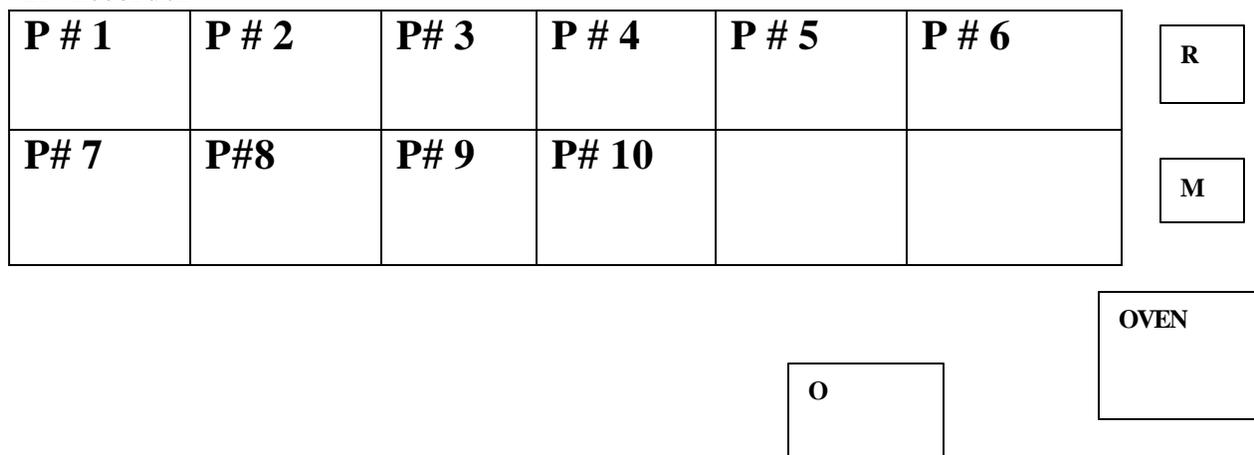
DIAGRAM OF FG SESSION

O= observer

P= participant

M= moderator

R= recorder



The moderator invited them for delicious refreshments and asked them to help themselves.

A. FAMILY SIZE

The moderator began: “Let’s begin by talking about couples and their children in this community.” And asked: " What is the general attitude towards the methods of spacing births (natural and modern) in your community? "

P # 1: It is good for us. There are many bad side effects due to abortions. Besides condoms are given free of charge. That’s why we use condoms and have lower risk of getting STDs.

The moderator asked if they use them.

P # 1: Yes, they do. There are no family planning cabinets in our village, but they are in Sarukhan. And we visit cabinets there.

P # 7: For example, my daughter-in-law does not go to these cabinets since she says that condoms are not distributed free of charge. She says: “ Why should I go? It is more expensive than abortions.”

P # 1: But you should know that they are free it.

P # 7: I know that but what can we do if they are not giving free of charge?

P # 8: I do know that, too. But on the other hand, I know that they are given not free of charge.

Here the moderator noticed that they are going to discuss the topic forever she stopped them by saying: “ We’ll talk about it at the end of our FG session. Now, let’s go on”.

And she asked: "Are there people or groups, who are against it? If yes, who, and why it is so?"

All participants responded: “ No, nobody is against it.”

The moderator asked the participants how couples feel about the number of children they have.

P # 1: I have made calculation in my mind regarding births in our village from 1965 to 2000 years. There used to be new births in 1960-s than recently.

All others agreed with P # 1.

The moderator asked: "What do young couples generally think is the ideal family size? Why?"

P # 3: 2. My daughter-in-law wants to have 5 babies, but they say 2 is enough due to financial situation.

P # 2: My daughter-in-law has 2 and says if she has the third one she wouldn’t be able to take care of her/him.

P # 7: 2 (My daughter-in-law has also two babies and says she will not have the third one until their new building gets ready).

The moderators asked if couples usually have as many children as they would like to (more or less)

P # 5: There is nothing ideal here.

P # 8: If the couple has more than 2 babies, it means that they have 2 daughters and wanted to have a third one—a son.

P # 4, 5, 6: We want 4: two sons & two daughters, but the finances do not allow.
All came to the conclusion that the couples want to have more babies but due to financial hardships avoid having more babies and prefer to have less.

The moderator asked n the average, how many children couples have.

P # 1: Less than 3.

P # 8: Probably 3.

P # 2: We do have 23 births in 2000, don't we Shoghik? (asks another woman)

Majority came into the conclusion that the average is 2.

One participant even said 2.5.

All participants responded: 3

The moderator asked the next question: "If you were having a family now, how many children would you want to have?" and the moderator asked how many children they think most couples can support and care for.

P # 4: If favourable living conditions were available, I'd love to have 4.

P# 9: Two is even too many for these conditions.

P # 7: I had two babies when the conditions were ok, /before the collapse of the Soviet Union/ and didn't want to have more though I could afford to take care of more children.

P #5: If finances allow having more babies it is ok.

P #7: Many people in our village just can't leave the village. Otherwise they would have already left.

B. PREGNANCY PREVENTION

The moderator asked, "Do couples here do anything to postpone or prevent a pregnancy? What? If not, why not?"

P # 3: Pills, injections.

P # 9: They used IUD and afterwards stop using it.

P # 8: I have 2 daughters-in-law and both of them use IUD.

P # 1: Condoms and pills are used.

The moderator noted that they were not inclined to mention natural methods asked whether the latter are used in the community.

P # 5: they count days /menses/.

P # 8: The point is that the menstrual days should be regular. Otherwise it is useless to use the calendar method.

Participants began pondering what other natural methods exist that they didn't know. And came to conclusion that no other natural method is being used in the community.

P # 7: Many women have abortions.

P # 6: There are cases when they can't have an abortion in the earlier months of the pregnancy and do that late and as a result the women die. Again due to the absence of finances when needed.

P # 4: An abortion costs 5-6000 Armenian drams

The moderator asked: "Where do they receive information about it?"

P # 9: We have literature about them.

P # 7: From doctors, at medical units.

P # 3: From brochures, books.

P # 4: When visiting the gynaecologist for an abortion the women are advised to use IUD for instance.

The moderator s asked if they are happy with the used methods.

P # 8: If a woman is health, she will be happy with IUD. If not, she will not be happy.

P # 4: Women using IUD have to be examined by a gynaecologist once for each 6 months.

P # 2: Probably calendar method helps somehow.

Others keep silence regarding whether the natural counting method helps or not.

P # 8: Pills have an influence on organism. So does IUD if a woman is not examined by the gynaecologist in time while using IUD.

P # 1: The use of pills is disapproved.

The moderator asked what they think of the mentioned methods.

If our young couples don't mind it is up to them. Let them think of it.

The moderator asked: "Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?"

All participants shouted in-group: "YES".

P # 10: If the finances are OK here, all would use golden IUD. It would cause no side effects and will be safe. Golden IUD is the most expensive and the safest.

P # 5: Agree.

P # 9: The couples come into agreement.

P # 4: I used golden IUD for 20 years. Now I can't, as I don't have necessary finances. I was pleased with it.

P # 1: The use of IUD can also cause side effects.

P # 4: Yes, you are right.

C. DECISIONS ABOUT PREGNANCY SPACING

The moderator asked: "Who decides about family size and the methods to space pregnancies? The husband? The wife? The couple?"

All participants responded: "The couples".

P # 3: for example, I am saying to my daughter-in-law to have another baby. I like many babies in the family. Yes, we are not socially secured but we'll do something. However she may either accept my word or not. I am only advising.

P # 7: My daughter-in-law has 2 daughters now and , I want her to have the third/ i.e. a son/, but: she does not accept my advice. I want my grandson to have a brother.

P # 4: We simply advise, or suggest something.

P # 6: My daughter-in-law has three children and wants no more babies.

The moderator asked if the husband's words are accepted.

P # 2: No.

P # 7: The couple/both of them / decide and come to a conclusion.

**The moderator asked: " there are cases when the husband and wife disagree, aren't there?"
"How do they resolve this?"**

P # 8: Nothing can be done by forcing. They come into agreement, taking into consideration the financial situation.

The moderator asked all of them realize the financial situation and take it into account.

P # 8: My family realises it. I can't guarantee whether others do. My daughter-in-law has 2 boys; I want her to have a girl/. My daughter-in-law says to me: "What if the foetus is not a girl".

Others said that the daughters-in-law obey usually.

P # 9: Daughters-in-law do obey. They do whatever husbands prefer.

The moderator concluded that the last word belong to the husbands.

All participants agreed.

P # 3: My daughter-in-law is now pregnant and I should give her 5.000 drams for having an abortion. How can her husband give it if he is not employed? I have to give. If I don't she will deliver the baby. No choice.

The moderator asked: "Do other family members influence these decisions (like the wife's mother, the husband's mother, other relatives)? How? In what ways?"

P # 9: All families are not the same. There are ones where husband's mother and father influence, and there are quite different families.

P # 4: Agree.

P # 8: Husband's mother and father should decide themselves to influence or not.

The moderator asked: "If you had a daughter who was married and having children, would you want her to decide together with her husband how many children to have? What would you advise her about family planning and number of children?"

P # 5: What can we advise our daughter? She acts according to what is told by her husband's parents and husband himself. We don't intrude into their family matters.

P # 7: We don't influence this matter. We can only give them some advice. When my daughter is going to have an abortion I get angry. I tell her: " Visit family planning cabinets. Why are you going for abortions?" I can advice just such kind of things.

Majority agreed.

The moderator asked: "Do you think that knowledge about ways of preventing pregnancy would be beneficial to the couple and to the woman's health?"

All the participants said that it is of great importance.

P # 9: Sure, it will help.

P # 8: These family planning cabinets are scientific ones. At least based on scientific research. If they advise something it means that they want the nation to thrive, not vice versa. So we should believe them.

The moderator asked: "What would people say if your son or daughter had fewer (or more) children than other people in the community?"

P # 4: Nothing is said. It's up to them.

P #9:Everybody has her/his problems.

Regarding having more babies, the responses are as follows:

P # 4: People will say: " Why do you have so many if you can't take care of themselves?"

P # 7: They had girls and thought that the next child will be a boy, but it was deceitful. They don't have money for abortions have to deliver. That's why they have many babies.

D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

The moderator gave an explanation of the method using the Counselling Guide.

During the explanation all participants were very attentive. Except P # 10. She was an old lady. She seemed to have some health problems. That's why she moved her chair next to the wood oven. Even after it she was not interested in discussion.

During the explanation P # 9 asked where she could get those necklaces. The moderator explained the objective of the project. It seemed that she understood.

After the explanation moderator asked: "What do you think of this method?"

P # 4: We have been using it for ages. It is an old method. But we did not use necklace. We simply counted days.

P # 3: 15 days after menses.

P # I have also used it. I also used to mark these days.

The moderator asked: "Do you think it would work for couples in this community to space pregnancies? Why? Why not?"

3 participants responded simultaneously that it would work.

P # 9: If men accept it.

P # 8: But women should have no health problems for that. Nowadays there is hardly one woman who is healthy. Health should be taken into account.

All the others agreed.

Observer was about to leave the room and could not be indifferent and replied: "80% of women are not healthy. Please, take into consideration this fact, too". And she left the room.

The moderator asked what other problems can be present except the one they have already mentioned /i.e. husbands do not care /.

P # 7: Men cannot accept it, either. Nowadays husbands dominate since women are employed.

P # 3: Not every man can abstain on these several days.

So, the conclusion was that only two problems could exist: Women's health and men's reluctance to abstain.

The moderator asked: "If your son/daughter wanted to use this method to space pregnancies, what would you say to them? Why?"

P # 7: I would agree with great pleasure.

P # 3: SO would I.

P # 1: If she has no health problems, why shouldn't I agree?

All seemed to be pleased if the young women use that method.

The moderator asked: "What should be done in order to make this method acceptable to couples?"

P # 7: Let them visit family planning cabinets and learn there.

P # 1: Some explanation kind of propaganda needs to be conducted. Women visit family planning cabinets and learn about it. She will tell her husband. Then they can explain it to their husbands.

The moderator asked if the couple should come or women alone.

P # 9: The couple.

P # 3: Both men and women.

P # 8: Only women. There are men who will never come. Some advertisements need to be conducted before the training.

The moderator asked if there could be any problems.

Again the same conclusion: unhealthy women and men's reluctance.

P # 1: Nowadays many young people seem to be switched off: when talking to them, it seems to you that they listen to you, but when you ask something you note that s/he was thinking about quite different things.

P # 3: There are men who can't get enough nutrition, so that they can have enough power, strength to have a sex. How they can do it if they don't have enough food to eat!

Some participants were ashamed of the last opinion and told P # 3 that there is no need to express it in public.

However, she said: " Why? Let them know about it, it is what we have".

The participants felt more energetic and began discussing other trivial problems they were concerned with.

The moderator thanked women for their attention and collaboration and invited to help themselves.

TRANSCRIPT OF FOCUS GROUP WITH OLDER WOMEN IN GEGHARKUNIK VILLAGE

Focus: Married older women

Place: Gegharkunik village, Gavar region, Armenia

Location: “Medical Unit”

Date: December 14, 2000

Time: 11:00-12:30

Moderator: Tsovinar Haruytunyan

Recorder: Amenuhy Tadevossian

Observers: three nurses

INTRODUCTION

The moderator welcomed all participants and thanked them for coming. She introduced herself and the recorder and asked the participants to introduce themselves (for obtained demographic information, please see Table 1). Later the moderator explained the main objectives of the current meeting, pointing out that everyone’s participation in discussion is of great importance and that there is no “wrong” or “right” response. She also mentioned why it was so relevant: “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.”

Then the moderator said that the opinion of the each one of the participants was very important to us. “However, it would not be possible to draw attention to everything being discussed and at the same time take notes of what was going to be said. Therefore, we had brought a tape recorder so that we wouldn’t miss any part of the conversation”. She asked if it was all right with them if we use the tape recorder. All the participants agreed. No one minded. Here the moderator explained to them that whatever was going to be recorded should be considered confidential and should not be discussed outside of the meeting. She said that the meeting would take them about an hour and a half. She also pointed out that if there was any part of the discussion they did not want to participate they did not have to.

All of the women listened to the moderator very attentively.

ICE BREAKER

The moderator told the participants that we would like to learn each of their names in order to give them a nametag and call them by names.

The participants were given the following questions:

- What is your name?
- What type of work do you do?
- How many children do you have?
- How many grandchildren do they have?

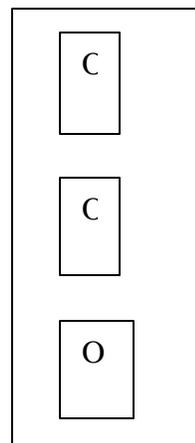
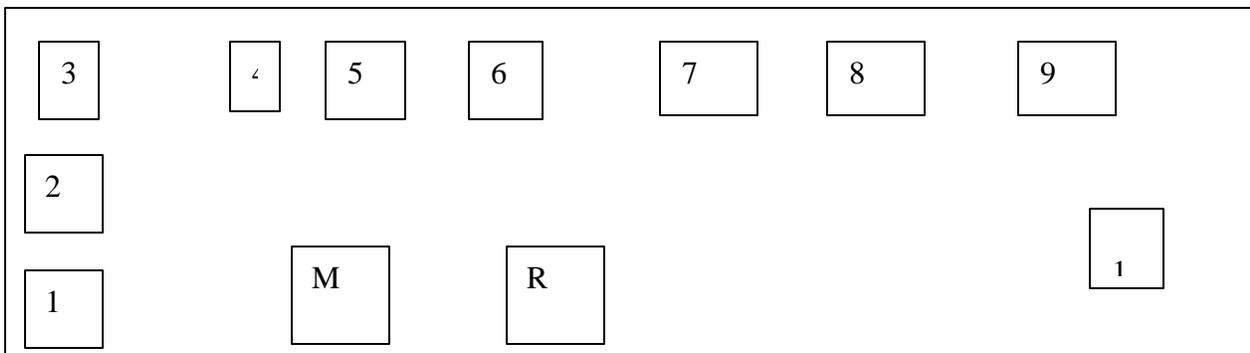
Socio-demographic Information on Participants

#	Age	Occupation	Children	Grandchildren	Education
1.	46	not employed	5	4	10 year
2.	60	not employed	3	3	more than 10 years /10-13/
3.	49	not employed	4	6	10 years
4.	36	not employed	3	0	10 years
5.	41	not employed	2	4	10 years
6.	54	teacher	4	9	more than 10 years /10-13/
7.	50	not employed	3	4	10 years

One was 46, one was 60, one was 49, one was 36, one was 41, one was 51 and the other was 50 years old, Only one out of 7 was employed as a teacher. The others were unemployed. One out of seven had 5 children, three had 3 children, two had 2 children, and two had 4 children. Three part. had 4 grandchildren, one had nine, one had 6 , one had 3 and the other had no grandchildren.

Diagram of Focus Group Session

M=moderator
R=recorder
P=Participants
O=Observer



The moderator invited the women for delicious refreshments and asked them to help themselves.

A. FAMILY SIZE

The moderator asked: " What is the general attitude towards the methods of spacing births (natural and modern) in your community? "

P # 3: I have a daughter-in-law. She lives now in Russia. She must have the first baby. Bur still she doesn't. She lives far from me. How can I know whether she will follow my advice or not? I would like her to have 4 babies, and only after that she can use contraception methods. Who knows if she will follow my advice?

P # 1: My daughter-in-law has 3 babies.

P # 3: Contraception methods are not used in our community.

P # 2: Agreed with P # 3.

P # 7: My young family members don't use anything. My daughter-in-law has some health problems, the other daughter-in-law should have had the second baby /she has one/; she didn't want to have a baby and decided to have an abortion to prevent the birth.

The moderator asked: "Are there people or groups, who are against it? If yes, who, and why it is so?"

P # I would prefer visiting family planning cabinets rather than going for abortions.

P # 4: If they don't have any health problems, they'd better visit family planning cabinets.

P # 5: All women have got sick due to these methods.

P # 3: 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.

The moderator asked the participants how couples feel about the number of children they have.

P # It depends on household conditions. My son has two daughters. I would like him to have the third one (son). But I realise that our financial condition is not favourable. It will be difficult to take care of children.

P # 3: Nowadays, young people don't think of having more babies. They prefer to take care of themselves and their health rather than having more babies. My son is unemployed. If he had a job he would not avoid having 4 children.

The moderator asked: "What do young couples generally think is the ideal family size? Why?"

P # 7: 4

P # 6: 3

P # 5: We can't say the same for all the couples. There is a couple that would like to have 10 babies; there are couples that want to have 1 baby.

P # 4: 4 children.

P # 3: Not fewer than 4 children.

P # 4 babies.

P # 1: 4 babies.

The moderator asked if couples usually have as many children as they would like to (more or less)

P # 3: In our village there are families who are extremely poor. But you can go and see that they have 4 children and are going to deliver the fifth one, and you'll get surprised.

P # 5: Probably she does not have enough money to have an abortion. But she doesn't want to have the fifth one. She is going to deliver, since she can't afford to pay for abortion.

The moderator asked: "On the average, how many children couples here have".

All participants responded: 3

P # 6: If the couple has 2 daughters, they would like to have the third, but a son only.

The moderator asked the next question: "If you were getting married now, how many children would you want to have?"

P # 7: I'd like 4 (2 sons & 2 daughters)

P # 4: I'd like 4, I do have four now.

P # 6: 2 sons, and two daughters.

P # 3: I'd like 3. I have three.

P # 1: I have 4. I am pleased.

P # 2: I have 5: I am pleased.

The moderator asked how many children they think most couples can support and care for.

P # 1: If they live separately from parents, they can't take care even of 2 children.

P # 6: It depends on conditions.

P # 3: Unemployment is everywhere, how the young father can afford keeping more babies? 30 % only can afford it.

P #4: If they can breed them in favourable conditions, 2 babies and even more.

P # 3: 3-4 babies, if we take care of them by means of potatoes. I am saying that so that the minister of Health can listen to this recording (recorder's note: Gavar is famous for potato. And sometimes they sell their potatoes or exchange it with other goods).

B. PREGNANCY PREVENTION

The moderator asked, "Do couples here do anything to postpone or prevent a pregnancy? What? If not, why not?"

P # 4: They have abortions.

All others agreed with that statement.

P # 5: IUD is used sometimes. But the use causes side effects, and they refuse to use it.

The moderator noted that they were not going to mention any natural method, and asked them if they use any natural method in that community in order to make them speak about it.

P # 3: What natural method? There are cases, when a young woman can't afford abortion earlier, I knew a woman, and she tried it in her 3-4 month of pregnancy and died as a result of abortion.

Here the P # 1 apologised for leaving earlier, the moderator gave her an incentive and she left.

The moderator asked if condoms are used in that community.

P # 5: There are some people who use it.

The moderator asked why they don't use any method except abortions.

P # 2: I know cases when pills were used but the user got pregnant. Women are afraid of using them.

P # 5: They don't rely on them, since they've used it and got pregnant.

P # 3: How can I know what the others have in their minds.

The moderator asked: "Where do they receive it?"

All the participants responded, "from doctors".

The moderator asked: "Are you happy with (IUD)?"

All participants responded that all women have side effects from using IUD/irritations, etc/.

The moderator asked if they are happy with abortions when they use them.

P # 4: If the gynaecologist is a good specialist the abortion is safer.

Majority agreed that abortion is a safe method as family planning method.

P # 5: I used condoms before. I was not happy with since I got pregnant though I used it.

The moderator asked: "Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?"

All participants answered positively, even very positively.

P # 6: We need to get 5,000 Armenian drams for abortions. If we can't afford to pay those 5,000 we shall not go for abortions.

P # 6: using IUD also depends on finances.

P # 5: we need to pay the doctor for putting IUD, later if a woman sees that it is ok for her health, she will continue using it, if not - she will discontinue.

C. DECISIONS ABOUT PREGNANCY SPACING

The moderator asked: "Who decides about family size and of methods to space pregnancies?"

The husband? The wife? The couple?"

P # 4: Mainly, husbands. The young families also follow the advice of older people.

P # 7: My young family respect my words and my opinion. If I tell them to have one more baby, they'll do it. But I know that financial conditions are not favourable.

P # 6: The majority respects the opinions of the older people in the villages.

P # 4: My daughter-in-law will follow my advice if I tell her to deliver the next baby.

P # 2: The members of the family, and older people decide if the daughter-in-law needs a baby. If the daughter-law takes our advice she will have a baby if she does not, she will not deliver. Mostly, mothers-in-law make decisions about family size.

The moderator asked: "As I have understood from your responses there are no cases when the husband and wife disagree, aren't there?"

P # 4. There are, there are.

The moderator asked: "How do they resolve this?"

P # 3: There are women who want to have a baby and do not accept their husbands' opinions. There are just the vice versa cases as well.

P # 6: They quarrel a bit, but then forget about it.

The moderator asked: "What can influence their decisions about family size and pregnancy spacing?"

P # 5: Mainly young couples want more babies but the economic situation influences their decision-making. They do want to have more but have to have less due to economic hardships.

(All agreed).

P # 3: If you know that you can take care of the baby properly, you can have it. If you know that your living standards don't allow it, you don't have to.

P # 5: Family planning cabinets are far away from the village. They can't afford to go to Sevan for contraceptive methods. That's why they have abortions and the results are too bad.

The moderator asked: "Do other family members influence this decision (like the wife's mother, the husband's mother, other relatives)? How? In what ways?"

P # 3: For example, my daughter has a baby. She got pregnant and found out that the foetus was a girl and decided to have an abortion, since she wanted to have a son. I got angry and advised her never to do that. A girl is also a baby. She followed my advice.

P # 2: Sure, husbands' mothers also influence this matter.

P # 3: If the husband's mother is a modest person, the husband's father will never take part or influence. Mother-in-law and daughter-in-law will resolve their matters.

The moderator asked: "If you had a daughter who is married and have children, would you want for her decide together with her husband how many children to have? What would you advise her about family planning and number of children?"

P # 5: 4 babies/2 sons, 2 daughters/.

P # 3: I would tell them to have babies and not to use contraceptive methods. It may happen that after using the contraception, they can get side effects that cause health problems and never have a baby.

P # 4: I would tell, have 3 babies first, later do what you want.

P # 4: Use what you want only after having 3-4 babies.

The moderator asked: "Do you think that knowledge about ways of preventing pregnancy would be beneficial to the couple and to the woman's health?"

All the participants said that it is very important.

The moderator asked: "What would people say if your son or daughter had fewer (or more) children than other people in the community?"

P # 2: Nothing would be said. It's up to the couple.

P # 7: If a couple has only one baby and is not going to have the second one, the community will gossip that first baby is either born by artificial means, or is not from the husband she lives with now.

P # 7: If they have many babies and can afford to take care of them, the community will bless them.

P # 3: Agreed with P # 7.

D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

The moderator gave an explanation of the method using the Counselling Guide.

After the explanation she asked: "What do you think of this method?"

P # 6: It is a very good one, it will be useful.

P # 3: If both men and women have will power, they'll use it.

P # 4: It is an easy method.

P # 5: It is easy.

P # 9: 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.

The moderator asked: "Do you think it would work for couples in this community to space pregnancies in this way? Why? Why not?"

P # 6: It will be possible.

P # 5: Agree.

P # 3: Mainly our young couples would accept it.

P # 6. In case of having no finances, it is wise to use the necklace as a method, but only if these necklaces are distributed for free.

P # 7: If one succeeds in using it, it is great.

The moderator asked what other problems could be expected, except the ones they have already mentioned /i.e. husbands do not care /.

P # 3: No problems, if the woman is stronger than man, she'll win.

The moderator asked: "If your son/daughter wanted to use this method to space pregnancies, what would you say to them and why?"

P # 3: Their health would remain in good condition. I would agree, if they want to use it.

P # 5: I would agree with great pleasure.

P # 4: The only question is if they would love to.

P # 3: Agreed with P # 4.

The moderator asked: "What should be done in order to make this method acceptable to couples? To others in the community and what barriers might prevent this method from being accepted?"

P # 3: I'll tell my daughter-in-law, my neighbours. And it would spread like this.

P #: It is a wrong way of spreading such kind of knowledge. Probably one has explained something wrongly and this very incorrect explanation will spread with the information. People will use the method incorrectly and in the end will say: "It is a mistake". You'd better organise classes or trainings for young women to come here and take these courses.

The moderator asked if they would come.

P # 3: Why not. Women in our village go neither to the cinema nor to the theatre. Nothing to do, no leisure activities. They'll come with great pleasure to learn it.

The moderator thanked them for their attention and collaboration and invited to help themselves.

TRANSCRIPT OF FOCUS GROUP WITH OLDER WOMEN IN GANDZAK VILLAGE

Focus: Married older women

Place: Gandzak village, Gavar region, Armenia

Location: “Gyughapetaran” /Administrative Center of the village/

Date: December 15, 2000

Time: 14:30-15:30

Moderator: Tsovinar Harutyunyan

Recorder: Amenuhy Tadevossian

Observers: a nurse

INTRODUCTION

The moderator welcomed all participants and thanked them for coming. She introduced herself as a moderator and the recorder and asked the participants to introduce themselves (for obtained demographic information, please see Table 1). Later the moderator explained the main objectives of the current meeting pointing out that everyone’s participation in discussion is of great importance, that there is no “wrong” or “right” response, that learning about your own opinions on family planning was focused on. She also mentioned why it was so relevant: “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.”

Then the moderator said that the opinion of each one of the participants was very important to us. However, it would not be possible to draw attention to everything being discussed and at the same time take notes of what was going to be said. Therefore, we had brought a tape recorder so that we wouldn’t miss any part of the conversation. She asked if it was all right with them if we use the tape recorder. All the participants agreed. No one minded. Here the moderator explained to them that whatever was going to be recorded should be considered confidential and should not be discussed outside of the meeting. She said that the meeting would take them about an hour and a half. She also pointed out that if there was any part of the discussion they did not want to participate they did not have to.

All of the women listened to the moderator very attentively.

ICE BREAKER

The moderator told the participants that we would like to learn each of their names in order to give them a nametag and call them by their names.

The participants were given the following questions:

- What is your name?
- What type of work do you do?
- How many children do you have?
- How many grandchildren do you have?

Socio-demographic Information on Participants

#	Age	Occupation	Children	Education
1.	50	Housewife	4	10 year
2.	48	Housewife	5	Fewer than 10 years
3.	51	Works at a kindergarten	4	More than 10 years /10-13/
4.	59	Laboratorian	3	10 years
5.	49	Housewife	2	More than 10 years /10-13/
6.	60	Lady cleaner	3	Fewer than 10 years
7.	49	Director of the library	3	More than 10 years /10-13/
8.	54	Director of the post office	3	Fewer than 10 year study
9.	42	Housewife	3	10 years
10.	43	Housewife	2	10 years

The total number of participants was 10: two were 49, one was 50, one was 48, one was 51, one was 60, one was 54, one was 42, and one was 43.

Five out of ten participants had 3 children each. Two had four children. Two of them had 2 children, the other had 5. Five out of ten participants were not employed. One worked at a laboratory, the other was the director of the post-office, the other was a lady cleaner. Five out of 10 participants had no grandchildren/either they don't have married sons, or they had married daughters/.

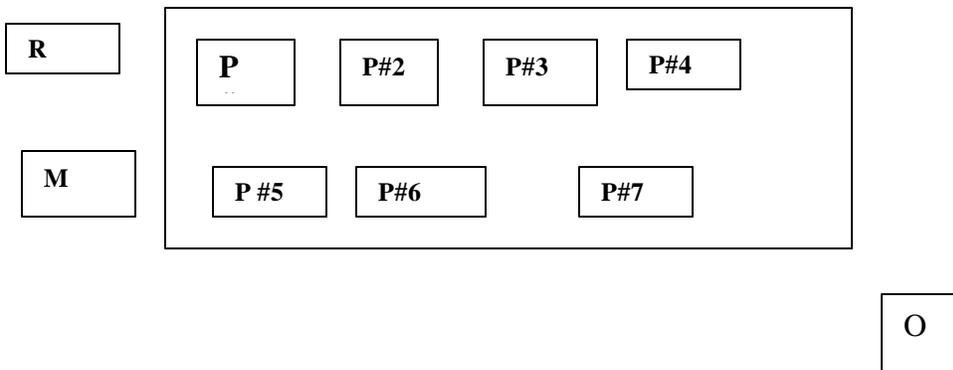
Diagram of Focus Group Session

M=moderator

R=recorder

P=Participants

O=Observer



The moderator invited them for delicious refreshments and asked them to help themselves.

A. FAMILY SIZE

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

The moderator asked the participants how couples feel about the number of children they have. "What do young couples generally think is the ideal family size? Why?"

P # 6: Having 4 babies is very nice. But the fact is that we can't take care of so many babies.

P # 4: Having many babies is very good, but we are not financially secure.

P # 1: My daughter-in-law and son often regret that they do have three children.

P # 5: Having 3 or 4 babies is preferable.

P # 6: But you should take into consideration that it is not so easy to take care of 4 children.

P # 1: I have 3 grandchildren; my daughter-in-law is not pleased with the third one. She often complains saying that she can't take care of children due to lack of finances.

The moderator asked if her daughter-in-law would like to have the fourth baby.

P # 1: I can't afford to buy even an iron, how can she have the fourth?

The moderator asked if couples usually have as many children as they would like to (more or less)

P #10: In such conditions, there is no desire to have more babies. Before the collapse of the Soviet Union there was a desire of having more.

P # 9: there are families in the village that can't afford buying only bread.

P # 2: They want to have more but they really have fewer due to financial hardships.

The moderator asked what they think of having fewer babies.

P # 1: Those who have many children, they had to have them: when the woman get pregnant, and have no money to have abortion, she has to deliver. That's why they have more children.

The moderator asked on the average, how many children couples here have.

P # 8: 2,3 in average. 4 is very rare number.

The average number of children used to be 3. However, since 1990 it has been 2(not more).

All participants agreed.

The moderator asked the next question: "If you were forming a family now, how many children would you want to have?"

P #3: None.

P # 3: Neither do I. We are a large family and live in one-room apartment. How can I have a baby?

P # 2: Do you encourage now your daughters-in-law not to have babies?

The moderator asked how many children they think most couples can support and care for.

P #3: If young couple do not work, how they are going to care of their babies.

P # 2: There is no job, that's why it will be difficult to take care of babies.

P # 8: My son has been married for 8 years. He has two babies. He is unemployed. Every morning when he wakes up he asks me for some money for his cigarettes. He can't even buy some candy for his children. He gets confused. I can take care of his children, but my son feels not relevant. No job, the only income is those pensions.

P # 4: Nowadays young people don't want to get married since they know that they will face such kind of difficulties.

B. PREGNANCY PREVENTION

The moderator asked, "Do couples here do anything to postpone or prevent a pregnancy? What? If not, why not?"

P # 8: They have abortions.

P # 1: They do everything.

P # 8: They do horrible things that even threaten their lives.

P # 1: They take pills.

P # 10: They have injections, take some pills.

P # 1: They avoid getting pregnant.

The moderator asked how they do that.

P # 9: They use withdrawal.

The moderator asked if condoms are used in this community.

P # 9: Sure, they are used.

P # 8: There are condoms and pills available at Women consultation unit for 6 months. Before that there were not used. Women used abortions.

The moderator insisted on the question asking whether condoms are used or not.

P # 1: Who knows what young people use.

P # 3: If they are not healthy how they can use condoms.

The moderator noted that they were not going to mention any natural method and asked them if they use any natural method in that community in order to make them speak them up about it.

P # 5: I have three babies. I have had 18 abortions. I never used any method of this kind. That's all.

P # 1: They count the days after menses, and avoid having sexual relationship on those days.

P # 8: But the woman should have regular menses each month, otherwise the method will not work.

Who knows each woman has her menses in her own way.

The moderator asked if IUD is used in that community.

P # 1: Yes, there are used.

P # 2: Yes, they are used.

P # 8: I used golden IUD for 12 years. Now there is no golden IUD. The plastic IUD s are not reliable. They cause side effects.

The moderator asked: "Where do they receive it.

P # 3: We get the information from doctors.

P # 9: Yes, we receive them from doctors.

P # 4: When we have an abortion the doctor advises us to use IUD for example.

All the participants responded that they received from doctors.

The moderator asked: "Are they happy with (IUD)".

P # 6: All have some complains caused by the use of IUD. My sister used it, and complains that it causes side-effects, All are displeased with the use of it.

All others agreed with P # 6.

All participants responded that all women have side effects from using IUD (inflammations, etc).

The moderator asked if they are happy with the use of pills.

P # 5: It causes dizziness.

The moderator asked what they could say about condoms.

One participant responded that condoms are used in the community.

The others kept silence as if they avoid responding or were not tried it and had nothing to say.

The moderator asked what they could say about natural methods.

P # 6: It is nonsense.

P # 4: The young people should use it.

P # 9: If the users are healthy and have no health problems it is ok.

The moderator asked if what they think of the mentioned methods.

P # 6: The best method is abortion.

P # 10: There is nothing better than abortions. You clean your uterus and it is ok.

The moderator asked: "Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?"

All participants answered positively.

P # 3: The most expensive method is abortion. It costs 5000 drams.

P # 8: If they don't have finances ho they can take care of their babies.

P # 10: There are cases when the women can not afford to pay for the abortion at the beginning of the pregnancy, which causes death.

P # 9: If you don't have 5000 drams how a woman can have abortion.

P # 6: One thing that should be taken into account is that doctors do nothing if you don't pay.

The moderator asked which method is the cheapest.

All responded that there is no cheap method nowadays.

C. DECISIONS ABOUT PREGNANCY SPACING

The moderator asked: "Who decides about family size and methods to space pregnancies? The husband? The wife? The couple?"

P # 3: Couple decides.

P # 8: Couple decides.

P # 3: They have 2 babies and I tell them not to have more. We can't afford to take care of them.

P # 2: Some parents can say to their young couples whether they should or should not have babies. Majority voted for the option that couple decides the family size and methods of spacing pregnancies.

The moderator asked: "There are no cases when the husband and wife disagree, aren't there? How do they resolve this?"

P # 3: They quarrel a bit. If a man dominates the family, a woman won't win, and vice versa.

P # 8: Parents also encourage or discourage them depending on the situation.

P # 9: In the villages, daughters-in-law respect their mothers-in-law. But if the daughter-in-law does not want to have to have a child what can we do?

P # 4: How can a mother-in-law tell her son's wife to have babies or not?

P # 8: I am telling my son's wife to have a baby in 5 years. I want her to have a son. I have only a son and would like my grandson to have a brother unlike my son. But my son's wife does not want to.

The moderator asked: "What can influence their decisions about 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).

P # 5: Women Consultation in Gavar works. Those who need the services attend the cabinets in Gavar and take either pills or condoms. Some agreed, some just kept silence.

The moderator asked: "If you had a daughter who was married and having children, would you want her to with her husband and for them to decide together with her husband how many children to have? What would you advise her about family planning and number of children?"

P # 1: 2 babies.

P #3: If they can take care of them, three babies is quite good.

P # 10 I'd advise her to have not more than 2 babies.

P # 2: I would advise two babies.

P # 3: I would advise not more than 2 babies.

P # 6: I would advise my daughter to have 3 children.

P # 8: I would advise my daughter 1 son and 1 daughter.

P # 7: My three children are married. Each of them has 1 son and one daughter. They don't intend to have more. That's the limit.

P # 8: If they have both son and daughter, they will automatically avoid having more.

The moderator asked: "Do you think that knowledge about ways of preventing pregnancy would be beneficial to the couple and to the woman's health?"

P # 7: It shouldn't it be useful to know the right information.

P # 8: Sure, it will be of great importance and they will act correctly. All the participants said that it is important.

The moderator asked: "What would people say if your son or daughter had fewer (or more) children than other people in the community?"

P # 8: If they are financially secure, we'll tell them to have more. If they are not we can't say that.

P # 2: Now those who are socially not secure have more babies.

P # 10: Because they don't have money to have abortions and have to deliver the baby.

P # 1: How can they have more babies if we don't have anything to heat our apartment it is so expensive if I expensive/, the baby is sick , we can't afford buying any medicine.

P # 5: My baby is in the sixth grade at school and needs some book but s, I can't afford it.

Conclusion: If they have fewer babies, nothing would be said as everyone realises the financial difficulties.

D. ACCEPTABILITY AND USE OF THE STANDARD DAYS METHOD

The moderator gave an explanation of the method using the Counseling Guide.

After the explanation she asked: "What do you think of this method?"

P # 10: I liked it.

P # 6: It is an easy method.

P # 8: If women have regular menses, it will work easily.

P # 9: If one has irregular menses, she can't use the method.

The moderator asked: "Do you think it would work for couples in this community to space pregnancies? Why? Why not?"

P # 8, 10: Why not? It will work here.

P # 8: Instead of having many abortions and damaging health, they'd better use this natural method

P # 3: Are these necklaces sold at medical Units?

The moderator explained the aim and mission of the survey.

The moderator asked what other problems can be present except the one they have already mentioned /i.e. husbands do not care /.

P # 8: no problems,

P # 3: If the couple wants to use, nothing can prevent.

P # 8: We counted menstruation days those times when there were no necklaces.

All liked the method very much. All see no problem except irregular menses among the community women.

The moderator asked: "If your son/daughter wanted to use this method to space pregnancies, what would you say to them? Why?"

P # 1: My daughter has taught it my son's wife.

P # 5: I don't mind them using the method only they should be healthy.

P # 10: I agree if women have regular menses.

The moderator asked: "What should be done in order to make this method acceptable to couples? To others in the community and what barriers might prevent this method from being accepted?"

P # 7: Explanation propaganda should be conducted.

P # 2: It should be separate for men and for women.

P # 9: Wives can explain to their husbands.

The moderator asked if they will come.

The moderators thanked the m for their attention and collaboration and invited to help themselves.

4. Nurses

4.1 SUMMARY OF FG SESSIONS CONDUCTED AMONG NURSES, GAVAR, DECEMBER 14-15, 2000

General Information

Two focus group discussions were conducted in Gavar region (in Sarukhan, and Gandzak). A total of 20 nurses participated in the sessions. The target population was nurses working in the medical units of the villages. Participants ranged in age from 21 to 65 years old. The average number of children per nurse was 1.8.

General Impressions

In general, the attitude of the nurses toward the research team was positive. The nurses in one group were rather talkative while the other group needed continuous encouragement to express their opinions. Overall, it should be noticed that the level of knowledge among nurses regarding the topics discussed was low. The topics seemed to be sensitive in nature, especially for single nurses; however, the data collected was sufficient for research purposes.

Main Messages

- **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**

In general, the nurses showed interest in family planning and especially in natural family planning, and expressed the 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 from whom the village residents could seek family planning services. The attitude of nurses towards contraceptive methods was mostly neutral, although the preference was given to natural methods. According to the majority of the nurses, there is demand for effective contraceptive methods, although it is accompanied with fear of side effects. The most popular methods are condoms, though some clients have also requested hormonal pills. Abortions remain to the primary method of regulating family size. The nurses from a village where that has no family planning cabinet openly complained of their inability to provide their clients with family planning methods.

- **Experience in providing reproductive health services**

The nurses had experience providing pre/post-natal care and some simple family/women's health related services. This care is mostly preventive and does not include diagnosis and treatment of diseases of reproductive organs. They perform neither STD diagnosis nor treatment. They are limited to providing counseling.

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

Most of the nurses were knowledgeable about the fertile days of a woman’s menstrual cycle, although these days were not quite correctly identified in some cases. According to the nurses, there are women in the communities (including themselves) who mark the days of their menstrual cycle on the calendar or memorize them. In most cases though this is not used as a method of pregnancy prevention.

- **Practices of periodic abstinence**

Villagers rarely practice periodic abstinence, preferring to use withdrawal or condoms. It was mentioned that there are instances of couples abstaining on “dangerous days”. However, the nurses believed that it is not an effective method of pregnancy prevention.

- **Influence of religion on sexual practices and family planning**

It can be concluded that religion is not influencing sexual practices and family planning. However there are certain believers who are against contraception, especially abortions.

- **Women’s sexual autonomy**

It was perceived by most of the nurses that men are dominating in spousal relationships, including sexual relations. Though not openly expressed, women usually obey their husbands’ decisions regarding intercourse and use of family planning methods.

- **Male participation in family planning**

There was a general opinion that men have a dominant role in decision-making regarding family planning issues but they are not actively involved in discussions with their wives and therefore do not need to be involved in SDM training. It was emphasized that men apply to nurses very rarely, preferring to receive any medical aid from males or through their wives.

- **Feasibility of incorporating the SDM into existing programs/services**

The nurses were eager to cooperate in introducing this method in their communities. They saw no problems with recruiting women or explaining the method to them. They were sure that they could conduct both individual discussion at clients’ houses or individual or group discussions in their medical unit. There was a suggestion made that it would be good to start with group sessions at the medical unit, and continue with individual consultations. The nurses in one group noted that for successful work, heating during the winter period and coverage of transportation expenses for the participants would be needed.

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

As mentioned earlier, the nurses were ready to offer the SDM and were noting that the method will be well accepted by the community women. The nurses will likely show commitment to this project. They felt that they are able to provide quality counseling, if the necessary materials and literature are provided to them. The nurses intimated that they would work more effectively if paid for their efforts.

- **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)**

It is feasible for the nurses to recruit a sufficient number of women who would use the method. The nurses guaranteed to recruit about 70 clients in one and 100 clients in another village in 2-3 months. They could provide even more if not for the poor health of community women (irregular cycles).

- **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 also mentioned that there could be cases when a client uses the method and nonetheless gets pregnant and accuses the provider of malpractice. As previously mentioned, heating, transportation cost and salary are necessary for quality work. Another possible obstacle can be the poor access of villagers to condoms and to use them during “fertile” days

- **STD incidence/prevalence**

There were contradictory opinions expressed about the prevalence of STDs. According to the majority of the participating nurses, there are very few STD cases in their communities. They noted that it is difficult for them to judge about the real number as men are usually infected, and they do not apply to medical units for services or prefer to apply to male doctors. In many cases, men go to Gavar or to Yerevan to receive STD treatment in an attempt to keep their condition secret. Some nurse mentioned that trichomoniasis and fungal infections are the most widespread infections among villagers. If nurses recognize STD in a patient, they send him/her to Gavar for diagnosis.

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

Participants mentioned that although there is no pronounced alcohol abuse in their communities, drunken husbands could insist on having intercourse despite the wife’s desire. Reluctance to openly discuss contraceptive methods can also limit the method’s effectiveness. It was reported that there is no violence in the community.

4.2 TRANSCRIPTS

TRANSCRIPT OF FOCUS GROUP WITH NURSES IN SARUKHAN VILLAGE

Focus: Nurses

Place: Gavar region, Armenia, vil. Sarukhan

Location: Ambulatory

Date: December 15, 2000

Time: 11:10-12:10

Moderator: Gayane Ghukasyan

Recorder: Yelena Amirkhanyan

Observer: Ambulatory's head doctor

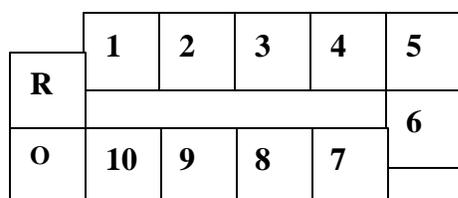
Introduction

The moderator welcomed all participants and thanked them. She appreciated their participation and told that their participation is very important for the discussion. After introduction of herself and of the recorder the moderator in general terms presented the main objectives and goals of the program. She told that the topic of the discussion is Standard days method of family planning. She mentioned that all opinions are very important and non of the ideas, concerns or opinions would be considered "right" or "wrong" and all ideas are very important and interesting for us. The moderator mentioned also about basic rules of FG discussions, she asked nurses to feel free to discuss all questions, and do not interrupt each other. The confidentiality of the discussion was guaranteed and moderator asked nurses for the permission to use a tape recorder. She mentioned that only information will be used without any names.

After the introduction, nurses were asked to introduce themselves. They were also asked to help themselves with refreshments.

The participants were women aged 21-63 (average age 42). Of 10 nurses 7 were married, 3-unmarried. Number of children: 0-5.

Diagram of the focus group setting



O-Moderator

R-recorder

1-participant #1

2-participant #2

3-participant #3

4-participant #4

5-participant #5

6-participant #6

7-participant #7

8-participant #8

9-participant #9

10-participant #10

A. REPRODUCTIVE HEALTH SERVICES

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

#1,3,5. 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.

O. Do you have gynecologist here?

#1. No, we do not.

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

#3. Of course, we follow up our patients.

#1. Sometimes we visit them at home.

O. How?

#10. We tell the patient that he/she should visit us again.

O. What about complicated cases?

#10. We follow up them by home visits.

O. Do you offer family/woman health services? If yes, who else in the clinic offers these services?

#4. I am the nurse of the family planning cabinet. In this cabinet the physician works and I. We provide client's counseling and distribute contraceptives to them.

O. In which methods are clients counselled in your clinic?

#4. We have different approach to different women. Some of them receive pills, the others- condoms.

O. What else?

#4. A gynecologist in Gavar inserts IUDs.

O. Which methods are most frequently requested? Which methods are most commonly used in this community?

#4. The most frequently requested methods are condoms and hormonal pills.

O. Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?

#1. No, economic conditions don't affect the decision, because contraceptives are provided for free.

#4. Until contraceptives are provided for free there wouldn't be any problem.

(Nurses were very passive and gave very short responses.)

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

#4. Even though there are no many complications, people afraid of using pills, they afraid of future complications, and of problems with having children in the future.

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

#3, 4. Yes, they use this method.

O. On what days, how do they decide when?

#4, 9. During dangerous days they practice mostly withdrawal.

B. OPINIONS ABOUT CONTRACEPTIVE METHODS

O. Now let's talk about your opinions and perception about methods of contraception. What do you think about modern/artificial methods of contraception?

#3. I think that natural method is more safe and better for our women. Unfortunately among our women there are many that have irregular cycles.

O. What is others opinion?

#10. When I was young we didn't know about such methods.

#1. I have 5 kids and didn't use any contraception, only once I did an abortion.

O. Any other opinion? No?

O. What about natural methods?

#2. I have positive attitude towards natural method.

(Participants are very passive.)

O. Doctor, maybe they are confused with your presence? I am repeating that your names wouldn't be used anywhere, we need just your opinions.

#10. Some of our nurses are not married, that is why they are confused.

O. I am referring to them not as married or unmarried women, but as to nurses, as to specialists.

#4. Natural method is a good one, but it is not effective even if a woman has a regular cycle.

O. In your opinion, how important is it for couples to have access to modern contraceptive methods?

#1. Because now contraceptives are delivered for free, everybody use them.

O. Lets put aside that they are delivered for free. Is it good that couples have access?

#4. However not everybody thinks that modern methods are good, they think that they can lead to some health problems.

O. What kind of problems?

#4. Some problems with future child, or with their health.

#1. In some cases they cause hormonal imbalance.

O. Are contraceptive methods readily available here? Is there much demand for family planning?

#1,10,4,2. People are in a need of contraception. Those who were using contraception in the past still use it. Those who hadn't any idea about it still don't know about it.

#4. Contraceptives are available, but people mistrust them.

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

#4. Often women visit our cabinet after abortion and ask for pills. The others directly visit us, without going to abortion.

#3. Many women use abortions as a method of FP.

O. What is the general attitude towards the contraceptive methods (natural and modern) of in your community?

#1,10. In general the attitude is positive. Those women who use pills and don't have health problems recommend them to others; those who had problems mistrust those methods and don't recommend it to others.

O. Are there people or groups, who are against it?

#4. I should mention that the majority has negative attitude toward hormonal pills and prefers other methods.

O. Like what?

#4. Like IUDs, condoms.

C. VAGINAL INFECTIONS AND SEXUALLY TRANSMITTED DISEASES (STDs)

O. I would like to explore another important health issue with you – that of vaginal infections and STDs. How frequently do vaginal infections occur in this community? How often do you detect/diagnose women with vaginal infections?

#3, 5. We have very few STD cases.

#6,9,4,10. No, we do not have many cases of STD here. If we suspect STDs we send patients to a gynecologist in Gavar.

O. So, actually you don't provide treatment. Do your clinics have the capacity to diagnose vaginal infections?

#3,5,4. No, we have no such equipment.

O. How common are STDs among men here? How often do men come for services?

O. Do you offer services to diagnose STDs in men? Do you offer treatment for men with STDs?

#1,2,4. Men do not apply to us. They apply to dermatovenerologists.

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

#1. We have these medicines in our clinic.

#4. They are also available in pharmacies.

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

#9,4. Usually patients with STDs receive treatment from gynecologists in Gavar.

D. THE MENSTRUAL CYCLE

O. Are there many women here with irregular cycles?

#1. In general women have regular cycles.

#4. We refer to patients with irregular cycle gynecologists in Gavar.

O. Do women here keep track of their menstrual cycles? Can you describe how it is done?

#4,5,1. No, most of women forget about it.

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

#3. Sometimes they don't remember.

#10. They notice if the coming bleeding is late.

O. As I understood they do not mark, but they do remember it.

#4,10. Yes.

O. You told that they remember it? What for?

#10. They use it in order to prevent a pregnancy.

Do couples here communicate about things like that?

#2,4,9. They discuss it with husbands in order to prevent a pregnancy.

E. ALCOHOLISM AND VIOLENCE

O. Is alcoholism common in this area?

#1,4. No, it is not common.

#9,10. It is common, but men use alcohol moderately.

O. Do you think that alcoholism interferes with sexual relations and family planning use?

#3. Due to alcohol 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.

#6. Or family members come home after wedding party and husbands, forgetting about unsafe days, insist on having sex.

#1. My husband uses alcohol a lot, but we never had problems like that.

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

#1,7. No, no there is no violence here.

#10. Men and women here are legally equal.

#3. They are not legally equal, but our husbands respect us.

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

#1,4. No, it doesn't affect.

#7,10. There are no cases of violence in our community.

F. THE STANDARD DAYS METHOD

O. I am going to explain a new method of family planning to you and then I would like to ask your opinion about it.

The method was explained using IRH materials.

O. What do you think of this method?

#9. It is already 10 years that I use this method but without necklace.

#5,6,7,2,8,9. It is a good and harmless method.

O. Do you think that this method would be easy or difficult for your clients to use?

P.

#4. This is a good method but it is not acceptable for every woman. Some women are happy with this method, but effectiveness of it is not high.

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

#3,5,8,4. Women who have regular cycles can use this method, but is not acceptable for women with irregular cycles.

#4. We know cases when this method was not very effective.

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

4. 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 left before the bleeding.

#10. A drunk husband can insist on having sex during unsafe days.

#1. I think there wouldn't be any problems.

#2. There may be some shifts in the cycle and a probability of getting pregnant would be high.

G. FEASIBILITY

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

#3,4,8,10. We don't think there would any problems with implementation of this method.

#4. However in case of ineffectiveness women could become indignant.

O. Any other problems?

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

#2,3. It would possible for wives to teach husbands.

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

O. Would you like to offer this method?

#1, 8, 9. We are ready to offer this method; we can explain it to women.

#4,9,2. We would like to implement it.

O. How long you haven't received salary?

#3,4,9. For about one year.

O. Does it affect effectiveness of you work?

#4,1,8,9. Of course, if we were receiving our salaries regularly we would be ready to work. We are tired of working without salary.

O. If your salaries were regularly paid would you work more enthusiastically?

#1,4. We are working now, but not as enthusiastically as we can.

#10,2,1,3,9. If there would be a payment we will work more effectively.

#4. 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.

O. You have only one room with heating in your ambulatory, am I correct?

#10. Yes, you are.

O. What difficulties do you think you might have in offering this method? What type of support will you need to successfully offer this method? Why?

#1,10. Only salary.

O. Ok. What else?

#2,5,4. 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.

O. 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?

#10,2. All young women would like to learn this method. We can recruit up to 80 % of women of reproductive age.

#3. I can recruit about 60-70 women, even more.

O. 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)?

#4. The most effective would be an individual training, because women discuss such issues more openly in a private situation. It possible to start with group discussions and then continue it in a form of individual consultations.

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

#9. Calendars.

#4. Necklaces and calendars.

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

#1,2,4,10. We don't think that husbands should participate. Wives can train them.

#3. Women can teach husbands.

#2,3,9. They should learn separately.

O. Why?

#10. Men will be confused with such topics.

O. 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?

#1,8. Many husbands are out of country.

#3. About 30% of men.

How long are they generally away for?

#5,6. They are absent for 5-6 months.

#10. Some husbands move with families.

At the end of the discussion participant #2 asked for calendars in order to deliver them among women.

In general nurses were not speaking very openly and the presence of a physician was influencing their answers.

TRANSCRIPT OF FOCUS GROUP WITH NURSES IN GANDZAK VILLAGE

Focus: Nurses

Place: Gandzak village, Gavar region, Armenia

Location: "Medical Unit"

Date: December 15, 2000

Time: 11:30-13:00

Moderator: Tsovinar Harutunyan

Recorder: Amenuhy Tadevossian

INTRODUCTION

The moderator welcomed all participants and thanked them for coming. She introduced herself as a moderator and the recorder and asked the participants to introduce themselves (for obtained demographic information, please see Table 1). Later the moderator explained the main objectives of the current meeting pointing out that everyone's participation in discussion is of great importance, that there is no "wrong" or "right" response, that learning about your own opinions on family planning was focused on. She also mentioned why it was so relevant: "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."

Then the moderator said that the opinion of each one of the participants was very important to us. However, it would not be possible to draw attention to everything being discussed and at the same time take notes of what was going to be said. Therefore, we had brought a tape recorder so that we wouldn't miss any part of the conversation. She asked if it was all right with them if we use the tape recorder. All the participants agreed. No one minded. Here the moderator explained to them that whatever was going to be recorded should be considered confidential and should not be discussed outside of the meeting. She said that the meeting would take them about an hour and a half. She also pointed out that if there was any part of the discussion they did not want to participate they did not have to.

All of the women listened to the moderator very attentively.

ICE BREAKER

The moderator told the participants that we would like to learn each of their names in order to give them a nametag and call you by their names.

The participants were given the following questions:

- What is your name?
- How many children do you have?
- How long do you work as a nurse?

Socio-demographic Information on Participants

#	Age	Marital Status	Children
1	40	Married	2
2	60	Married	4
3	25	Married	2
4	31	Married	2
5	34	Married	1
6	27	Married	2
7	21	Married	2
8	29		3
9	27	Married	0
10	24	Single	0

The eldest was 60 years old. The youngest was 21 years old. One was 40, one was 25, one was 31, one was 34, two were 27, and one was 29, the other 24.

One was not married. One of them had no children though she was married. Five out of 10 had 2 children each. One had one child, one had 3 and the other had 4 children.

The moderator invited them for delicious refreshments and asked them to help themselves.

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.

0. 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?

4: We do both prenatal and postnatal care. Our obstetrician offers services for pregnant women, advise them, and nurses provide postnatal services.

3: We have literature regarding STD.

4: We have books, and also have participated in seminars.

7: There have been here meetings about STD. So have seminars.

All say that there is no STD diagnosis and treatment available at their medical unit. Diagnosis available only in Gavar. They provide only counselling.

5: there are patients who follow our counselling and take the treatment course.

6: We don't have the appropriate equipment or necessary things for diagnosis even if we want to. We only provide intravenous and intramuscular injections and also douching.

#7: If a patient comes to us with her complaints, we send her to Gavar to be diagnosed and to be assigned the appropriate treatment.

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

7: Sure, Nurses carry out the doctors' prescriptions, treatment course that the doctors have prescribed. The nurse injects the patient and informs the doctors about the health condition. We also have district nurses, both therapist and paediatricians. For example if a man comes to us and he has a high blood pressure, we inject him and he leaves. In the evening the district nurse visits him at his house and in the morning informs the doctor about the patient health condition. If it is still needed to follow up we do.

4: Even if the patient has hired another nurse for injection, the district nurse visits the patient at home and checks his/her health condition.

1: We have nurses, therapist, and obstetricians who work in the Centre, in Gavar.

4: For instance if there are patients in my district where I live I visit them and help them though I am not the district nurse.

5: But we discuss the patient's condition in our med. unit and everybody knows about it.

1: Everyday nurses attend the addresses of their district they send: 3 hours at the medical unit, and three hours visiting patient addresses.

7: Two months ago flu was widely spread. In the summer diarrhoea was widely spread.

2: It is not districtial, it is mobilised.

0. Do you offer family/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?

7: We have much literature on it. We have got brochures and newspapers, and we have distributed them for reading.

5: Besides us, outside nurses can involve in it. For instance, we have inhabitants who are nurses and work in Gavar. However they help their relatives living in the village

2: We only counsel, we provide no diagnosis, no treatment. We don't have the necessary equipment for it.

#5: We can help them only by 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. When they come to us we send them to Gavar. It is difficult for some to get to Gavar in the middle of the winter.

0. 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: We counsel about contraceptives with our patients.

#1: We advise them to visit the family planning cabinets in Gavar, tell them that the condoms are given free of charge, recommend them to go and take them, to use them so that the number of abortions can be reduced.

5: 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.

7: 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.

#2: They also have abortions. We advise them to use condoms but they don't due to above-mentioned problems.

6: If they have condoms they could use .

7: Pills are rarely used since they say that they have side effects. If a woman has taken pills and it has side effects she simply stops using it. We recommend her to go to Gavar; probably she can be given another contraception method there.

1: We know that they don't have side effects. But we know facts, we see that they have tried them and it was not ok. What can we say in this case?

#8: It depends on the organism as well. Maybe she has some disorders.

#1: We also recommend IUD. It costs 10.000 drams. How can we get the money for that?

2: They don't use IUD since they don't have money.

#6: When the nurse visits the district she will give any advice or counselling by all means.

1: The nurses want to use IUD, too. They can't afford to pay this 10.000 either. I haven't got any salary for a year. They want 50 dollars for it (she didn't specify exactly for what).

7: Majority uses natural methods. Calendars.

#1: If the natural methods work among women, we recommend them to use. When it does not help, what can we advise?

#7: We give advice to the new married couples.

0. Which methods are most commonly used in this community?

6: Condoms and abortions.

1: If we have had condoms it would help people a lot.

5; People are ready to admit everything, only it is preferable to have it here, in the village, not in Gavar and free of charge.

#1: Nowadays, some use natural methods, others condoms, pills.

3: Pills, abortions.

#10: Pills are rarely used. Manly IUD is used.

#1:Our Obstetrician is an example, she is now carrying IUD, and she has put it in Yerevan. The other nurse has 3 abortions per year.

The nurse who has 3 abortions replied: " I used pills and was displeased with them. I used calendar it did not work. What else could I do?"

#1: The rich use IUD.

#2: For example, my sisters often have abortions. I don't want her to have them. I would like her to use IUD, but she can't afford to pay for it. So that she could have avoided abortions.

5: Yes, you are right. Many people are like this.

6: Agreed with P # 5:

Do economic conditions affect the decisions regarding the usage of methods to prevent pregnancies?

7: Just that very financial influence.

All others agreed.

5: If they are rich we recommend them to use IUD.

1: I haven't got my salary for a year. If I ask my mother-in-law to give her pension/ said she kidding) in order to be examined by a gynaecologist, she will not give it definitely.

6, 7: That's why women have abortions.

#7: There are some women who use other methods. We have one woman in our village who acted wrongly and damaged her health: she has got sepsis and now is in Yerevan for treatment.

The moderator asked that if condoms are given for free in Gavar why then they don't use them.

2: Many women go and take it. But still reaching Gavar is a problem. They need money.

4: Date expires and they don't want to use it.

0. Do you think that couples here abstain from sex to avoid pregnancy? If yes, on what days,

6: It is within a family. They don't tell us.

8: Everybody uses some contraception for not to abstain.

#1: On specific days after 5-6 days of menses we should avoid sexual relationship for 10-15 days in order to escape pregnancy.

#1, 6, and 4: It is the calendar method.

How effective is this in preventing pregnancy?

1: Very little.

5: I used it once but I got pregnant.

3: So did I.

5: Condoms are the most effective.

The moderator asked P # 9 and #10 since both of them were too silent.

P # 10: I am infertile. I am eager to get pregnant but I can't. I use neither contraception nor any natural methods. That's why I don't know what to say.

1 did not let P #9 speak up. She answered instead of P # 9: "She is not married"¹

How do they decide when to abstain?

5: I have read about it .

8: From books and, we took part in seminars.

7: From seminars.

B. OPINIONS ABOUT CONTRACEPTIVE METHODS

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

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

5: For using IUD women should be healthy, but now only 1 out of 100 have no health problems.

Ok let it be 10 out of 100.

All others agreed.

3: IUD is an effective method.

1, 5: Condoms are the best method is they are used correctly.

1: I have used it for several times and I can say that if you use it in a right way, its effectiveness is high.

¹ It means in the village that she is not having any sexual life and if she has spoken about such life people will gossip about the participant bad reputation.

6: Condoms are used just once and they should be thrown away. It is written in the books. What other right ways are you talking about?

7: There are men who hate condoms, Women want their husbands to use condoms, however they don't use it. So, women have to use natural method, which is not effective: I used it and got pregnant.

#7: Pills are rarely used.

5: When you take pills and at the same time have some pain in any part of your body, you conclude: "It is caused by pills". The other shortcoming of pills is forgetfulness: the user should not forget to take them in time.

The moderator asked about vaginal pills.

5: Vaginal pills, we have not heard about them.

8: We know about it from books or seminars but don't use it.

1: Injections for preventing pregnancies are also learned from seminars and books.

0. What about natural methods?

7: Withdrawal is not effective, either. It is used in the community, however it causes still pregnancy.

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

1: It is not important, young people now get married at later age than they used to before and if they avoid pregnancy during the first years of their marriage, the women may have health problems that can cause infertility.

5: It is not important to use contraception; let's them first of all have a baby and then use whatever they prefer.

All others agreed to the stated opinion.

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

#8: We'd like condoms to be available at our medical unit. Only 2 people out of 10 refuse to use condoms. The eight prefer to use it.

#6: For example, Gavar doctors can prescribe and our obstetrician can distribute the contraceptives according to prescription.

5: There is a great demand for condoms in our village. If they have been available at our med. unit the demand would be 1000 condoms, still, in Gavar the demand is 500.

8: People don't have money to get to Gavar. They pay 100-150 Armenian drams per condom. Nowadays when 100-150 drams is a also problem for people, maybe they need 20 condoms per month and can't afford to buy them So they have to stop using them. We do have a demand for condoms in the village.

#1: A man goes to Gavar, and gets 10 condoms. Can the person who gets 10 condoms per month use them during the whole month? They need more. For reaching Gavar again s/he will need some extra expenses.

0. How does the availability of abortion affect people's attitudes toward methods of contraception?

#1: Both financially secured and not secured women have abortions. For instance if I get pregnant I don't want to have the baby I'll have an abortion. There are available services.

5: The only problem is finance. Abortions are available. Women have abortions in Gavar.

8: They go to Gavar on foot and come back home again on foot.

0. What is the general attitude towards the contraceptive methods (natural and modern) in your community?

1, 6: If they are available in our village, the attitude will be positive.

Are there people or groups, who are against it? If yes, who, and why it is so?

1: Those who are infertile, or can't have babies.

5: The number of believers who are against abortions is not so high.

Majority held the opinion that there are no such groups.

Some women insisted that there are people who are against using 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.

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

1: mainly they are very rare.

7: Mainly trichomonas and fungal infections are met which are caused by abortions. For example I have been married for five years. I had no health problem. But recently I have had an abortion, which caused trichomoniasis.

1: Infected people don't come here.

#5: Inflammations and fungal infections are present here.

#4: No STD are diagnosed here, we send them to Gavar.

7: 10 women out of 100 have not trichomoniasis, inflammation or fungal diseases. 80 out of those 100 do have these infections.

0. Which infections are most common (yeast infection, chlamydia, trichomona, gonorrhoea)?

1: 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 people infected act in confidence.

Others agreed.

0. How do you recognise these infections? How do you distinguish between them? Do you usually diagnose infections by symptoms?

#6: We actually can recognise it when listening to their complaints.

7: We usually diagnose the infection by symptoms, but we don't diagnose. We simply understand what the problem is with the patient. If the patient mentions that s/he has wounds it will be clear that s/he is infected by syphilis.

What about asymptomatic infections?

#7: If one is infected with AIDS, the symptoms are like other symptoms: weakness, absence of immunity.

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

They diagnose no vaginal infections at medical unit.

0. How common are STDs among men here? On what do you base this statement?

#5: Very few men from our village who go to Russia and they go with their wives and families. /said she with enthusiasm/.

1: If they go to Russia alone, they don't return to their families.

7: We live in a village, and rumours spread quickly, that's why they go to Yerevan take treatment course and come back. Nobody knows anything.

How often do men come for services?

8: Men can come to our services but talk only to our only man –doctor(the chief doctor is male).

7: Wives come to us and tell us about their husbands' problems. So, we know their problems through their wives. Men never come to us.

All agreed.

The moderator skipped # 19 and 20 questions, as it is already known that they neither diagnose nor offer treatment.

0. Do the medicines available at your clinic include medicines for treating vaginal infections? Do they include medicines for treating STDs in men?

7: No medicine is available here.

6: Except pen and paper nothing is available here.

1: No medicine at all.

If not, are these medications available in pharmacies? Do you think your patients could buy these medicines if they needed to?

#6: The nearest pharmacy is in Hatsarat, Gavar.

#6, 7, 8: We are not sure whether there are such medications available in that pharmacy. But if any STD is diagnosed with anyone, people will get the medication by all means and get cured (if they have money/).

D. THE MENSTRUAL CYCLE

0. Are there many women here with irregular cycles?

1: There are many.

6: There are many, for example one of our nurses. Karine jan, tell them about it.

Karine, P# 10 was very embarrassed and spoke up:

P # 10: Yes, I have irregular cycles.

0. Do women here keep track of their menstrual cycles? Why do they do this?

8: Everybody keeps track of her menstrual cycles just for herself.

#6: If a woman has some complaints she comes to our obstetrician.

7: There are women who don't keep track of it and get pregnant and go to see a doctor if they can't remember their menstrual cycles days.

0. Do they use it as a method of preventing pregnancies?

1: No, they keep track to know the next month if they are pregnant or not. They also keep track for not mixing the days when we should use contraception if we have sexual relationship.

0. Can you describe how it is done?

1: mark on a tiny calendar and put it under my pillow. / laughing/.

0. Do couples here communicate about things like that? Is it usual here?

All participants said that it is usual in their community that couples do communicate about such kind of things.

P # 8; Some new married couples can be somehow shy, but day by day they'll communicate freely.

G. ALCOHOLISM AND VIOLENCE

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

1: There is no alcoholism in this area, or abuse of alcohol: but men drinks sometimes .

6: One man out of 100 can be an alcohol addicted.

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

6; Sure, it does.

1: No, why should it interfere, when my husband has drunk , he falls asleep.

4: But there are men who want to have sexual relationship though they have used some alcohol. They don't want to understand anything on. These days we have to use condoms.

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

All participants said that no violence exist in their community.

7: The young people here are not as free in their actions as in the city. They even shy to go out with a young girl in public. They have their dates in confidence.

The moderator skipped # 26 question, as there was no violence against women in the community.

H. THE STANDARD DAYS METHOD

The moderator explained the new method of family planning and then asked their opinion about it.

#7: Few people use it as a method though the method is a nice one, because majority of women has irregular menstruation cycles.

8: But if they have no irregular menses they'll use the method.

5: How many nurses or doctors should be included in the project if they decide to implement it here?

All liked the method.

P # 7: Generally we keep track of our menses by means of marking, probably we can forget one day we're marking. But the necklace is quite effective from this point of view.

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

#7: If the method is used correctly, it can be effective.

#5: first of all, a gynaecologist should be here to whom meet with women recruited by us. I can meet with them, too. But gynaecologist is a specialist and knows better. Probably women have some problems and they can counsel with the gynaecologist. Women should have a consultation before distribution of the method.

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

7: The main difficulty can be irregular menses among women; low percent of women have regular menses.

1; Only that, no other difficulty.

5: The couple should probably use condoms on these several days. They should get condoms in order to feel the effectiveness of the method.

1: The couples have to abstain if they can't afford to go to Gavar to get condoms.

All nurses would like to have condoms for distribution saying that it will ease the couples' problems and would make the method more feasible.

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

6: We'll recommend to those women who have had babies and don't intend to have more.

5: We would recommend it to the women with regular menses.

G. FEASIBILITY

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

1: Whatever is offered for our village population will benefit us.

1,7: Some time ago the representative of this organization came here and had the necklace with him/her. Everybody liked the method and we are ready to offer this method.

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

5: We can contact our district women.

P # 7: During vaccination period 20 babies are brought to the medical unit with their mothers, during those days we can offer the method.

1,5: It is a very good method for healthy women.

All agreed to take part in the training if the organisation decides to implement the project, but the training should be held in the village. They found no other difficulties

Would you like to offer this method? Why or why not?

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?

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?

All answered positively.

5: 4 women are now just here.

1: Each nurse can recruit 20 women in a period of 2-3 months.

9: We can recruit even more but not fewer.

7: We will ask if they have regular menses then we'll offer the method.

P #1: There will be women with irregular menses they can visit a doctor and take a treatment course. After that they can use the method.

They discussed in group and came to that conclusion: Each nurse can 20 women recruit in a period of 2-3 month, we have total 7 nurses, ok let it be 100 women. We guarantee to recruit 100 healthy women.

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)?

1: The effective way to teach the method is both in-groups and individually.

Majority voted for teaching the method in-groups. Only three of the participants would like to teach the method individually.

They preferred in-group meetings to be held at the ambulatory care not at home individually.

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

1: We would need condoms.

6: So that poor people don't reach Gavar.

7: We will need necklaces too show women.

5: Fresh literature, brochures.

7: The laminated English version you have showed to us during the explanation of the method, but only in Armenian.

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

All participants believed that they wouldn't participate.

7: We can ask women if their husbands will participate in the training session.

5, 6: Men can come only to the doctor/the chief doctor is a man/.

Majority of nurses believed that men would not take part in the training session. They'd better learn it from their wives.

In this community, are there many married men who travel frequently and are absent from their homes for long stretches of time?

5: There are married men who travel frequently and are absent from their homes but very rare.

1: Yes, rarely.

If yes, how frequent is this? How long are they generally away for?

7: Those who leave with intention of staying there for ever, they'll not come back, those who intend to be back, they generally return in 6 months. They can stay at their home for a month and again leave for 6 months.

The moderator thanked them for their participation.

Recorder's notes: All nurses were very active except P # 9 and 10. They seemed to be interested in it .P # 9 was passive since she was not married and was shy to talk about touched subjects. The tenth nurse was infertile. She has had irregular menstruation cycle. P# 6 was an old lady. She seemed to be somehow suspicious while the moderator was explaining the method though she expressed her opinion quite positively.

NOTE: After the FG session had finished, the chief doctor came in and asked how the focus group went. All nurses said that everything was ok, no problems had turned up. The chief doctor asked the nurses: " Have you mentioned that we shall do nothing if no payment is planned for it?" All nurses told that they hadn't mentioned it and the chief doctor said with kind smile: 'I am mentioning instead of nurses.'" He finished his word and the FG session finally ended.

5. Physicians

5.1 SUMMARY OF IN-DEPTH INTERVIEWS CONDUCTED AMONG PHYSICIANS, GAVAR, DECEMBER 14-15, 2000

General Information

A total of three in-depth interviews were conducted in Gegharkunik region (in Sarukhan and Gegharkunik villages) with doctors working in the health unit and ambulatory of the villages. Among the informants were a general practitioner, a head of an ambulatory clinic/general practitioner, and a dentist. Interviews took place in the health care facilities of the above-mentioned villages.

General Impressions

Doctors had generally positive attitude toward the topic. All informants showed genuine interest in the questions and were willing to express their opinions and perceptions. The interviews went smoothly except the one with the dentist, which was constantly interrupted by patient needs. Overall, the investigation of opinions and perceptions of possible service providers yielded the wealth of information necessary for research purposes.

Main Messages

- **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**

All doctors expressed genuine interest in family planning, emphasizing the necessity for villagers to have access to contraceptive methods to be able to take care of their own health. Despite the fact that only one health care facility had a family planning cabinet, two out of three doctors were personally offering counseling in family planning services. The attitude of physicians towards contraceptive methods was generally positive, again with a clear preference given to natural methods of family planning. Among the informants, the most disliked method of contraception was pills because of their hormonal nature. According to them, a similar tendency exists in their clients. There is a demand for barrier methods of contraception such as condoms, IUDs, and creams. Condoms, IUDs and pills were mentioned to be the most popular modern contraceptive methods among clients. The doctors confirmed that abortion continues to be the main method of regulating family size. One doctor believed that abortion, being painful, unhealthy, and expensive encourages women to use contraceptive methods. The physician from a village without a family planning cabinet complained of his inability to provide the villagers with family planning methods other than counseling.

- **Experience in providing reproductive health services**

Two out of three doctors had experience in providing pre/post-natal care, STD counseling, and family planning services. However, no doctor had the opportunity or facilities to diagnose and treat STDs and vaginal infections. Under Ministry of Health regulations, if they suspect a STD or a vaginal infection (based on vaginal discharges or information collected from clients) they must refer the patient to the Gavar Central Hospital for specialized health care.

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

All doctors were well aware of the fertile days of a woman’s menstrual cycle. All had utilized the method sometime in their sexual life, with one doctor giving exceptional preference to it.

Opinions of the doctors of women’s knowledge about their fertile and infertile days differed. Two doctors 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 doctor from the health unit with a family planning cabinet was sure that women do have that knowledge, though she was not quite confident in their ability to correctly define the day of ovulation. Two doctors reported that there are women who either mark the days of menstrual cycle on a calendar or memorize them. In most cases though, this is not used as a method of pregnancy prevention but of indicating pregnancy.

- **Practices of periodic abstinence**

According to the informants, periodic abstinence is not a widespread practice among people in these communities. It was noted that only men “who have even a little understanding” and women who have gone through multiple abortions would prefer to abstain from sex on “dangerous days”. Most men practice either withdrawal or condoms to prevent an unwanted pregnancy.

- **Influence of religion on sexual practices and family planning**

Again, religion was not mentioned to be a factor that influences sexual practices and family planning. However there are some groups of people with conservative views, who are against any contraception, especially artificial methods.

- **Women’s sexual autonomy**

Despite the fact that none of the doctors openly mentioned a man’s ‘command role’ in a family, it was noted that a wife generally demurs to her husband’s desire to have sex and use condoms.

- **Male participation in family planning**

The doctors mentioned that the percent of men who apply for family planning services is very small, though they were noticed to be comparatively active in asking for condoms and even other methods of contraception. The doctors were unanimous in their desire to see men involved in the selection of a family planning method. Only one doctor was confident that couples do communicate about sexual issues and family planning. However, all doctors believed that men should be present in the training for usage of SDM in order for them to be more aware of reproductive health issues.

- **Feasibility of incorporating the SDM into existing programs/services**

The doctors expressed readiness to cooperate with the introduction of the SDM in the Gegharkunik region. All informants agreed that nurses could successfully offer the SDM to clients. Either individual discussions at people’s houses or individual or group discussions in health care facilities were considered to be appropriate places and conditions for teaching the method. Again, no preference was given to group discussions or individual consultations, emphasizing the necessity of both approaches.

It is worthy to note that additional funds will be required to cover expenses for heating, transportation, and refreshments.

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

Two doctors were ready to offer the SDM and all of them believed that the method would be well accepted by women and the communities. It should be mentioned that compensation for their work was considered necessary for doctors' commitment to the project. They felt that their nurses are well prepared to provide appropriate counseling and teaching. Along with necklaces, calendars and research protocols, literature review and statistics on the effectiveness of the SDM method in preventing pregnancy were requested.

- **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 doctor felt it was feasible for him to recruit up to 200 women interested in the method. Another doctor agreed to recruit only a few women until she is confident of the effectiveness of the method.

- **Anticipated problems/difficulties in providing the method**

As with the nurses, the most important difficulty mentioned by doctors was the large number of women with irregular menstrual cycles. Also, in communities with family planning cabinets doctors felt women may prefer to use the more effective modern methods of contraception. As previously mentioned, heating, transportation costs and salaries are necessary for quality work. Other possible obstacles could be the inability of women to use the method correctly or monthly fluctuations in otherwise normal menstrual cycles. 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.

- **STD incidence/prevalence**

According to the informants, currently there is a low prevalence of STDs in their communities.

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

As with nurses, the doctors mentioned that although there is no salient alcohol abuse in their communities. Drunken husbands do insist on having sexual intercourse despite the wife's desire.

5.2 TRANSCRIPTS

TRANSCRIPT OF IN-DEPTH INTERVIEW WITH A PHYSICIAN IN SARUKHAN VILLAGE (1)

Focus: Physician/head of ambulatory (female)

Date: December 15, 2000

Place: Sarukhan village, Gegharkunik region, Armenia

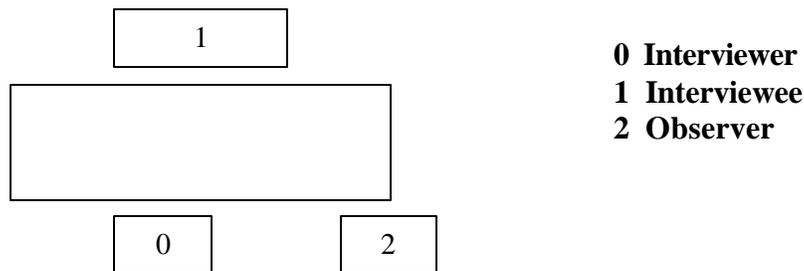
Location: Ambulatory

Time: 10:00 a.m. – 11:05 a.m.

Interviewer: Gayane Ghukasyan

Observer: Yelena Amirkhanyan

Diagram of the setting



A. REPRODUCTIVE HEALTH SERVICES

1. *Is there any type of reproductive health education offered in this community?*

We conducted a series of lectures on that topic with adolescents in the schools. The lectures were conducted in 3 schools in Sarukhan village, and in one school per Gegharkunik and Lankhupur villages. The main topics included hygiene, anatomy and physiology of reproductive organs, as well as basic information on family planning and contraceptives was provided. Our main focus was STDs since we have specific conditions in our region; our boys leave the village for other countries after graduation from the school and come back with different infections. Thanks to God there were not serious infections detected – only gonorrhea and syphilis. However, there is big possibility of getting HIV/AIDS as well. That is why we pay close attention to sexual education of our adolescents.

You know there was one case when a son of my close friend has got a STD. I felt myself guilty since did not warn him about use of condoms when he was leaving for Russia. That is why now I feel myself responsible for giving lectures to adolescents before they will get any infection. I should say that adolescents really like the lectures and constantly ask for additional series of lectures.

In addition, since family planning methods were new for our community we have conducted discussions with different group of people including male, female, as well as teachers. In our

community there are 3,500 women of reproductive age from which 2,000 women use family planning methods. We provide them individual consultations on methods, explain advantages and side effects of each method, and offer the method best suitable for them.

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

Yes, of course.

How do you do that?

If there is a necessity for a doctor to do an active visit, a doctor visits a patient at home. However, I should mention that now it is a little bit difficult for a doctor to visit a patient at home due to problems with transportation. Patients visit the clinic by themselves if able or contact us by telephone. In addition, nurses also visit patients.

3. Does your ambulatory care unit offer the following services:

a. Prenatal care?

Yes.

b. Postnatal care?

Yes.

c. Information and counselling about STDs?

Yes.

d. STD diagnosis?

No, we do not diagnose STDs here.

Do you refer patients for these services?

We collect necessary information from a patient on all possible risk factors and if there is any suspicion regarding possible infection we send the patient to Gavar's hospital.

e. STD treatment?

No, we do not provide 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. So, appropriate specialists in Gavar treat all patients from our village.

f. Family/women health services?

Yes, of course.

4. Do you personally offer counselling in family/women health services?

Yes. We conducted a huge work with our community in that sphere and if you will talk to people from our village and people from, for example, Gandzak village, you will notice huge difference in awareness between these two villages.

Who else offers family/women health counselling in your clinic?

Our physicians and nurses participated in a training, which was organized based on Copenhagen program. In addition, our nurses were present on the training conducted by Save the Children office here in Gavar. Nurses from our family planning cabinet also provide detailed counseling. Also teachers from Lanjakhpyur village were present on the training. I was really surprised by the quality of seminars conducted by teachers for Lanjakhpyur community. Teachers were as good lecturers as our nurses and physicians. The seminars were organized very well, people were really interested in topics presented and asked a lot of questions.

5. In which methods are clients counselled?

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

6. Which methods are most frequently requested?

Pills and condoms are most frequently requested. Especially, Regividon is good since women do not experience side effects and use it without any problem. I should also mention IUDs as common method used. However, women should go to Gavar's specialist to insert it.

7. Are there typical types of contraceptive 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.)

We have different clients of all ages. However, we give specific contraceptives to women of each age group. For example, we do not provide pills to women over 37. Our clients are mostly women. Men ask specifically for condoms but their percent is really small.

How far from clinic they live, how they get here?

Regardless the distance we serve women and men both from our village and from close villages (Lanjakhpyur, Gandzak, and Gegharkunik). These villages are really close to each other and the connections are close so it is not a problem for villagers to get here.

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

In general, couples prefer to have 2 children in the first two-three years of marriage. If a couple has only one child I do not offer them a contraceptive method since I have a fear that hormonal pills may harm (though, according to literature and experts they should not). I suggest them to have the second child and then refer to contraceptives.

When they decide to use a contraceptive, who decides to use a method?

In general, a woman decides on a method. Sometimes husbands come here to ask for a method, and sometimes mothers-in-law ask for methods (those who really concerned with the health of their daughters-in law)

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

Pills – Regividon is used more. Ovidon is not as preferred as Regividon since women experienced side effects. Depo-Provera is not used frequently since there were registered three cases of ample bleeding after injections. In addition, their dates are expired. Also shampoos were commonly used; now we do not have any.

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

Now there are no such problems since we distribute contraceptives free of charge. However, as soon as the supplies will end, it would become a problem to acquire a method preferred.

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

Of course there were problems. There were people who did not believe that after taking a contraceptive in, pregnancy would not occur. Also, people were afraid of hormonal pills – whether side effects or further consequences are possible. We explain them that pills have anti-inflammation character and they decrease a risk of breast cancer. Our professional experience and the respect we have gained during many years of working here make people to believe in advantages of contraceptive methods.

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

Before availability of contraceptive methods abstinence was widely practised. Mostly women who have done many abortions prefer to abstain from sex. I should say that withdrawal is more widespread, though.

13. How do they decide when to abstain from sex?

People count fertile and not fertile days - it is common here.

How effective is this in preventing pregnancy?

Sometimes mistakes occur, since they cannot decide the day of ovulation correctly. I usually suggest to take a rectal temperature and, thus, to decide the day of ovulation. It is very effective method and I used that method for a long time.

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?

I do not like modern contraceptive methods.

Why?

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 students IUD is very convenient. For those who already completed their reproductive function – hormonal pills are fine. For newly married couple I would suggest using natural methods.

15. What about natural contraceptive methods?

I have positive attitude toward natural methods.

Why?

Whatever is physiologically natural it is also coherent with human body.

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

I think that it is very important. It is necessary to provide more information to people through TV, newspapers, it is necessary to continue to explain people all pros and cons of contraceptive methods in order for them to have right understanding of what they are for. Now people misunderstood the term “family planning”. They thought that it means to stop the natural growth of the population.

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 - what is their fault that parents left them? All these children are the result of a “wrong love”.

In addition, if contraceptives are not accessible women lay in a bed with a fear of getting pregnant each night. That is why nervousness and other problems are so common in our women.

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

If explained correctly how to use natural methods, its essence, it would be really nice method for couples to use. 60% of our villagers have higher education and they are able to follow the explanations on the method. They would accept it if the method would be correctly taught.

18. Are contraceptive methods readily available here?

Yes, we have family planning cabinet here and contraceptives are available free of charge. [Supplies were provided by UNFPA]

Is there much demand for family planning services?

There is a demand for family planning and we are able to satisfy that demand until we have the supplies.

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

There are special groups of people who have stabile 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 5-6 children and it was great. Why should we use contraceptives?”

Who are those people?

You know their age is different and they belong to different social groups. For example, how surprising it maybe, we have one doctor who is against family planning. He motivates it with the harm of hormonal pills. However, there is an 83-year-old man in our community (former director of the school) who being against the family planning in the beginning changed his mind after I gave brochures on family planning to his grandchildren. He read the brochures and came in saying, “This is great. I did know about all these methods before. Me and my wife had real problems with spacing births etc.”. [He has 5 children].

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

Women apply for abortion though we explain the harm of abortion, its consequences. However, there are many women in this village who relay on abortion to space their births.

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?

In the past vaginal infections were widespread since men were absent from their homes for long period and upon return they “were bringing” infections home. Now wives leave with their husbands and a 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.

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

Very rare. I do not have statistics available to say for sure.

22. Which infections are the most common?

If inflammatory diseases are even observed, it is a consequence of abortions. Chlamydia and trichomona, and yeast infections are maybe the most common if any.

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

No.

24. How do you recognize this infection?

Based on a discharge – its colour. If there is any suspicion for a vaginal infection we send a patient to Gavar’s specialist. We do not diagnose infections here.

25. How common are STDs among men here?

I cannot say for sure. Men apply directly to a specialist for that problem.

26. Do you offer services to diagnose STDs in men?

[Question was omitted since they do not diagnose STDs in men]

27. Do you offer treatment for men with STDs?

[Question was omitted since they do not diagnose STDs in men]

28. How often do men come for services?

I do not know.

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

In the past we have Clotrimazol but now we do not have it since we did not order.

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

We do not have medicines for treating STDs in men.

31. Are these medications available in pharmacies?

Yes, these medications are available in pharmacies here.

Do you think your patients could buy these medicines if they needed them?

If it is necessary for them – they will buy.

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?

Yes, they know.

What days do they consider to be “safe”?

There maybe couple of women who do not know about safe days but majority knows that days in the middle of their cycle are “dangerous”.

33. Are there many women here with irregular cycles?

Yes I have observed women with irregular cycles. Usually I send them to Yerevan, to a specialist.

34. Do women here keep track of their menstrual cycles?

Women mostly remember days, they do not mark them in the calendar.

Why do they do this? Do they use it as a method of preventing pregnancies?

They keep track of their menstrual cycle mostly to make sure that their cycles are regular, not as a method for preventing pregnancy.

However, there are women who use it for making sure that they are not pregnant.

Can you describe how it is done? Do you think it is done correctly?

I should say that women here mostly use pregnancy tests to check whether they are pregnant or not. At first we trained them in how to use the test. Now they all are well aware and acquire tests from pharmacies.

35. Do couples here communicate about things like that?

Yes, they discuss these issues a lot. Husbands even come in to the clinic to take contraceptives for their wives.

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?

I think yes.

How prevalent is this?

Many use alcohol.

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

No, because mostly older men abuse alcohol, not young men.

38. How common is violence against women in this area?

There is no violence against women.

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

No, I do not think so.

F. THE STANDARD DAYS METHOD

[The method was explained using the IRH materials. The interviewee was aware of the method since he was introduced with the method in the past. In addition, he was firmly asking for the necklace for his own use.]

40. What do you think of this method?

I think if this method would be available here, it would be great.

Why?

It does not require financial expenses and it does not cause physiological change in the body. The only negative side is that it would not be appropriate for all women. Those with irregular cycles cannot use it.

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

Only in a case if cycles are regular, if women move the rubber ring every day, do not forget to keep track of the days, and if husbands would agree to take a risk on it (since there is a risk of getting pregnant while using this method).

42. Do you think that this method would be easy or difficult for your clients to use?

I think it would be easy for couples to use the method. There would not be problems with that.

Would partner co-operation be possible?

I think couples would agree to use this method if will know that it has 100% effectiveness.

What you can say about the use of the necklace? Would it be easy?

We will explain them everything in details.

Would it be possible for couples to abstain from sex or use a condom during “white” days?

Yes, a husband would agree to use a condom.

43. To what type of woman would you recommend this method?

To woman having regular cycles, having possibility to collaborate with a husband on that.

Which women do you think should not use this method?

Women may prefer to use modern methods. We should talk to them; explain advantages and disadvantages of all methods in order for a woman to be able to decide.

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

There maybe problems with using the method. They may not know their ovulation days. We should explain them how to decide on the day of ovulation. This is individual method; individual approach is necessary while offering this method.

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

Their reaction will be normal. There should not be a problem.

G. FEASIBILITY

46. Do you think it would be possible for nurses in your ambulatory care unit to offer this method?

Yes, there is no problem with that. Our nurses have a wealth of experience in communicating with the community.

So, you do not see any problems?

No, no.

47. Do you think that couples here will be interested in this method?

Yes, they will be interested. It is a nice method.

48. Would you like to offer this method?

Yes, we are ready to do that work.

Is there any problem that may hinder you to offer this method?

No, I do not see any problems.

For how long you did not receive a salary? Will it hinder you to offer this method?

We did not receive salaries for a year and we are used to working without salary. That fact will not present an obstacle to fulfill our responsibility to give people right information.

49. What difficulties do you think you might have in offering this method?

I do not see any difficulties.

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

We will need the necklace itself.

Anything else?

No, I do not think so. Population willing to receive new information is available; health providers willing to explain the method to the population are also available.

51. Who can help you to promote this method?

I do not think that we will need help from anybody else. We have a huge army of well-prepared health providers.

The role of providers in the strategic introduction study was explained using IRH materials.

52. Could you help us recruit women who might be interested in using this method?

Yes, I can help with that.

How many women do you think you could be recruiting in a period of 2-3 months?

Very few, since first 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.

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)?

I think it should be done on an individual basis. There should be provided individual discussions and explanations, cycles should be checked. It is possible to conduct it both in the ambulatory and at homes. Also there could be conducted group discussions to give a general understanding on the method.

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

We will need the necklace. We will also need literature data on the percent of pregnancies with this method in order for us to believe in that method and to have a basis for offering and explaining it to the population.

In addition, we will need some budget to be able to find a place to gather people, to provide transportation and to heat the gathering place. If all these conditions will be available we will teach this method with a pleasure.

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

Yes, sure.

Why?

Because it relates to a couple- both a husband and a wife should decide on a method to be used.

56. In this community, are there many married men who travel frequently and are absent from their homes for long stretches of time?

Yes, there are many men absent from the village.

How frequent is this?

It has seasonal character – they are absent for spring and summer and are here for winter.

THANK YOU FOR YOUR PARTICIPATION

TRANSCRIPT OF IN-DEPTH INTERVIEW WITH A PHYSICIAN IN SARUKHAN VILLAGE (2)

Focus: Dentist (male)

Date: December 15, 2000

Place: Sarukhan village, Gegharkunik region, Armenia

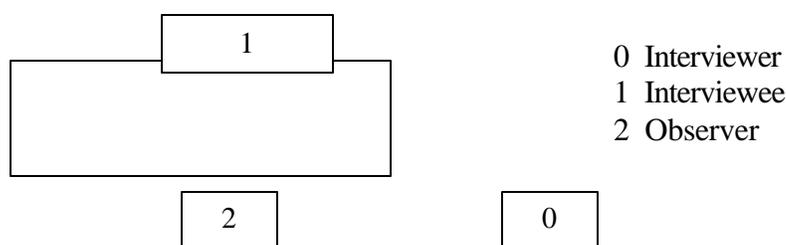
Location: Ambulatory

Time: 12:20 p.m. – 1:10 p.m.

Interviewer: Gayane Ghukasyan

Observer: Yelena Amirkhanyan

Diagram of the setting



A. REPRODUCTIVE HEALTH SERVICES

1. Is there any type of reproductive health education offered in this community?

Yes, it is conducted in a form of elicitation activities and in a form of explanations since our population is not aware of these issues.

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

You know I usually use a trick to have patients back to the clinic – I do not say patients that their treatment is finished in order for them to visit the clinic one more time. Otherwise they would not come. They do not want to visit the clinic extra time. What can I do – it is our reality.

3. Does your ambulatory care unit offer the following services?

a. Prenatal care?

Yes, but very slightly.

b. Postnatal care?

Yes, in the same way. You know nobody comes for dental services. In the past women were coming, I was checking teeth and giving advises etc. Now since the whole structure has changed, nobody applies for dental services. Pregnant and newly delivered women come to my clinic only in a case of sharp tooth pain. For example, today I have one pregnant woman coming with that problem.

c. Information and counseling about STDs?

No. People do not apply to me with that purpose.

d. STD diagnosis?

No [Dentist is not appropriate specialist for that]

e. STD treatment?

No.

f. Family/women health services?

Me personally no. But we have here family planning cabinet – they provide the service. They provide counseling, give out brochures and supplies.

4. Do you personally offer counseling in family/women health services?

No. As I already said nurses and a physician from the family planning cabinet deals with that.

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?

You know I do not trust modern methods.

Why?

A couple of formulations have hormonal structure. I think that it will negatively affect the body. Though I am not against of barrier methods like condoms, IUDs, and shampoos etc.

15. What about natural contraceptive methods?

I like natural methods.

Why?

Because they are natural. I use temperature and sometimes calendar methods by myself.

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

It is very important since the population is not aware of many simple issues. So it is important to know about everything. I think let them know about contraceptive methods and have access to it and they will decide by themselves whether they want to use it or not. They may not use them now, but they may use it sometime in their life.

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

Sure. Again, it is very important.

Why?

First of all, it is necessary for health. Also there would be less stress on women. For example, there are some women who are afraid of visiting a gynecologist with these problems. So it is better for them to use natural methods. The most important thing is that having access to natural methods of contraception women will be less exposed to the stress.

You know this topic is very sensitive; it is difficult to present everything in detail. The discussion should be lead individually with a husband and a wife only.

18. Are contraceptive methods readily available here?

If family planning cabinet will have supplies available the methods will continue to be readily available here. Otherwise people can buy these methods from pharmacies.

Is there much demand for family planning services?

Yes, there is demand for family planning services here. Otherwise methods would not be sold in the pharmacies.

Are there people or groups, who are against it?

There are some people but they represent very small percent of the population – about 20%. These are those people who prefer natural methods to modern methods of contraception. Usually it depends on their education. Less educated people use hormones. The higher the education, the more people avoid pills. However, I should say that many and many people use contraceptive methods. Sometimes I even get surprised discovering that this or that person uses for example IUD. It is interesting for me -where did they know about these methods from?

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

I can say that the availability of abortion does not affect people's attitude toward contraceptives since they have to pay for abortion and it is huge health problem for them. A few people like/prefer abortion since it is painful. That is why they use contraceptives.

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?

I cannot say since women do not apply to me with these problems.

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

[Question was omitted since he does not detect vaginal infections]

22. Which infections are the most common?

[Question was omitted]

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

[Question was omitted since they do not have the capacity to diagnose vaginal infections]

24. How do you recognize this infection? How do you distinguish it from other infections? Do you usually diagnose infections by symptoms? What about asymptomatic infections?

[Question was omitted]

25. How common are STDs among men here?

I can answer this question since I am the only man in this clinic and men do apply to me with these problems. I can say that STDs are not as common. Only 1-2% of young men have this problem.

26. Do you offer services to diagnose STDs in men?

No, my services in this sphere are done mostly in a form of consultations and general information.

What do you do when you suspect a STD?

Usually I refer patients to Gavar's specialists for diagnostic procedures.

27. Do you offer treatment for men with STDs?

No, they receive treatment in Gavar Hospital.

28. How often do men come for services?

They did not come to me for these services.

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

No, we do not have medicines for treating vaginal infections.

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

Again, we do not have medicines for treating STDs in men.

31. Are these medications available in pharmacies?

Yes, we have pharmacies here and these medications are available there.

Do you think your patients could buy these medicines if they needed them?

No, there maybe financial problems; not many people can 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?

I cannot answer this question for sure. I think that there maybe .5-1% of women who know that.

However, I think that women do not know when they can get pregnant in their cycle.

What days do they consider to be "safe"?

I cannot answer this question.

33. Are there many women here with irregular cycles?

I do not know it for sure.

34. Do women here keep track of their menstrual cycles?

I think that educated women do that.

Why do they do this?

Because of a threat to get pregnant or to develop a disease.

Do they use it as a method of preventing pregnancies?

Yes, they use it as a method of preventing pregnancy. Also they abstain from sex to avoid pregnancy.

Can you describe how it is done?

They simply take a piece of paper, write down the first day of menstruation, the last day of menstruation for each month.

Do you think it is done correctly?

If they can register days, I think they do it correctly.

35. Do couples here communicate about things like that?

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.

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?

I do not think that it is common here. Use of alcohol is more widespread in villages (because of social conditions)

How prevalent is this?

I cannot say for sure.

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

Of course, it would affect sexual relations.

How?

Psychologically, in a form of nervousness, psychological disorders, stress.

Would it affect the use of family planning methods?

I think, yes.

In what way?

They may miss methods, or other things may happen.

38. How common is violence against women in this area?

No, there is no violence against women.

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

No, no, it does not affect sexual relations.

F. THE STANDARD DAYS METHOD

[The method was explained using the IRH materials. The interviewee was aware of the method since he was introduced with the method in the past. In addition, he was firmly asking for the necklace for his own use.]

40. What do you think of this method?

This will be really helpful. The only problem is that not all women have regular cycles. And what about those women who have 26 days' cycle. What are they going to do with extra beads?

I think that together with this necklace a small label with the general formula ("average cycle length" $-7 + 10$) – I think you know that this formula is available, should also be attached. If they made this necklace available I think it is not difficult for them to prepare also that label for women.

In any case, even if women will not use this method this is one more attempt to educate and develop people. Though the method is very simple, but it can be accepted.

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

I think, in any case it could be useful to space pregnancies. Will see. Women should try it in order to have an idea about the effectiveness of this method.

42. Do you think that this method would be easy or difficult for your clients to use?

Again, it depends on a family. There are families who are less "developed" – so it would be even useless to explain this method to those families. Normal people would follow the explanations given.

Would partner co-operation be possible?

As I mentioned, it depends on partners.

Would it be possible for couples to abstain from sex or use a condom during "white" days?

Depends on husband. Again, more developed ones will use condoms.

43. To what type of woman would you recommend this method?

It is difficult to say. Maybe to those women who as I know will understand it and will follow my explanations. In any case I can only suggest this method to women from my close surrounding since others will simply be ashamed to hear explanations from me (because of him being a male).

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

Yes, they will encounter problems.

What problems?

They may forget to move the rubber ring, or a husband maybe drunk. This is not an ideal method, so there definitely maybe problems.

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

I think, there would not be a problem with the leaders related to this issue.

G. FEASIBILITY

46. Do you think it would be possible for nurses in your ambulatory care unit to offer this method?

Why not, it is possible for them to offer this method.

So, there is no problem with that?

No, it would be even easier for them to offer this method than it will for me.

47. Do you think that couples here will be interested in this method?

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.

48. Would you like to offer this method?

I think it is more appropriate for nurses to offer this method to women.

Is there any problem that may hinder them to offer this method?

No, I do not think so.

For example, how long you did not receive a salary? Will it affect their commitment to offer this method, to provide information and counseling on this method?

You know they compelled to perform their responsibilities even in these conditions. Of course, there should be some reimbursement for their future work; they should be interested in performing these activities. Social condition affect people's willingness to work. In our clinic debates around non-payment issues are persistent. Many are already disappointed and even a small reason would be enough to refuse from a work at all. So, there should be some bonus for them to be willing to work.

49. What difficulties do you think you might have in offering this method?

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 development of each individual; also it depends on the correct presentation of this method and correct understanding of this method.

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

I think it is necessary to conduct a counseling 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. Also there should financial support to make service providers interested in successful presentation of this method. In addition, there should be conducted large information-education activities to fully present the effectiveness of the method.

51. Who can help you to promote this method?

I think, we can do it by ourselves.

The role of providers in the strategic introduction study was explained using IRH materials.

52. Could you help us recruit women who might be interested in using this method?

Yes, I can help with that but I will not do it.

Is there any reason for that?

First of all, I am male, and then I am not a gynecologist.

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)?

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

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

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. For women there is a need for 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 related to it psychological stress.

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

It is desirable to have men present in the training session.

Why?

Let them also be educated and aware of women's problems and tortures.

56. In this community, are there many married men who travel frequently and are absent from their homes for long stretches of time?

Yes, there are. In my opinion 40-50% of men are absent.

How frequent is this?

It has seasonal character.

How long are they generally away for?

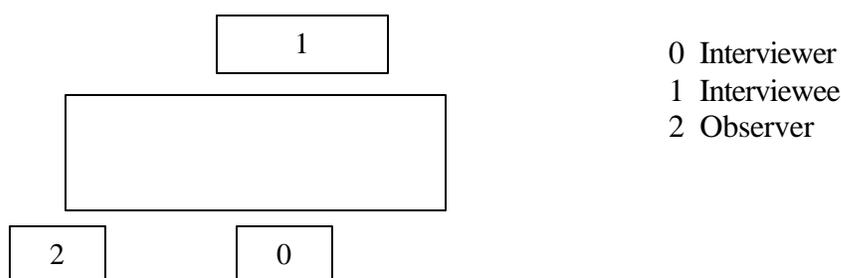
Men are mostly absent from their homes for 3 to 7 months.

THANK YOU FOR YOUR PARTICIPATION

TRANSCRIPT OF IN-DEPTH INTERVIEW WITH A PHYSICIAN IN GANDZAK VILLAGE

Focus: Physician (male)
Date: December 14, 2000
Place: Gandzak village, Gavar region
Location: Health unit
Time: 2:30 p.m. – 3:45 p.m.
Interviewer: Gayane Ghukasyan
Observer: Yelena Amirkhanyan

Diagram of the setting



A. REPRODUCTIVE HEALTH SERVICES

1. Is there any type of reproductive health education offered in this community?

Yes, mainly nurses are working with the community. During meetings with the community they provide information on issues they are interested in. It mostly looks like question-answer sessions. 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 abortion.

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

Sure.

How do you do that?

We provide necessary services during the first visit of a patient and then the patient comes for the follow-up visit to the health unit if he/she is able to, or I visit them if it is an active follow-up (if a case is very serious). Also our nurses perform follow-up visits and report to me about the patient’s condition.

3. Does your ambulatory care unit offer the following services?

a. Prenatal care?

Sure, midwife deals with that.

b. Postnatal care?

Yes, in the same way [midwife provides the service].

c. Information and counseling about STDs?

We provide counseling about STDs.

d. STD diagnosis?

STDs are not diagnosed here.

Do you refer patients for these services?

Of course, if a patient is a woman we refer her to gynecological examinations. If it is a man we refer him to a dermatologist-venerologist. Or we refer both a wife and a husband together if any STD was detected in one of them.

Where do you refer them?

To Gavar hospital (central regional hospital).

e. STD treatment?

No, we do not provide treatment here. Again, we send them to Gavar.

f. Family/women health services?

Mostly in a form of counseling and providing information.

4. Do you personally offer counseling in family/women health services?

Yes.

Who else offers family/women health counseling in your clinic?

Also our health providers offer these services.

Whom do you mean by saying health providers?

I mean nurses. Nurses provide information and counseling to the community members and they, in turn, disseminate information to other community members. In the past, health providers widely provided information-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 about, and we think that it is our major responsibility to pay attention to these issues.

5. In which methods are clients counseled?

Unfortunately, we do not have contraceptive methods here and we provide only counseling about pills. You know people have negative attitude toward pills. They have incorrect understanding about it; they are afraid of hormonal pills. Also we provide information about condoms. But they can receive all these methods from Gavar hospital, since we do not have them here.

6. Which methods are most frequently requested?

Mainly condoms are used. Majority of women use IUDs. People refuse to use pills.

7. Are there typical types of contraceptive 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.)

No, mostly women from 18-40 are using those methods. I mean reproductive age women are using FP methods. With regards to condoms, mostly men ask for them. And I think that it is correct that men are also involved in the selection of the method. It means that they feel themselves responsible for family planning.

How far from clinic do your typical clients live? How do they get here?

They all are from this village. There is no problem of accessibility. They all live pretty close.

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

If a couple is newly married they prefer to use nothing since they want children. They refer to family planning methods after they have completed their reproductive function.

And what method do they use?

Mostly condoms are used.

Who decides to use a method?

As far as I know they both decide on a method to use. Though I should mention that the idea of contraception is new here and people should be explained about these methods in a more detailed form.

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

It is all private information and depends on a person. 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.

Like what?

Withdrawal. And I should mention that if financial conditions will allow people would prefer not to use contraceptives and have more children.

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

People prefer not to buy contraceptives and not to spend money on that. At the end, when a woman is pregnant they may decide to abort the pregnancy and spend money on that. But they are not ready to spend money on contraceptives in the first place.

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

You know, the first problem was that many people did not understand what family planning is. As I already mentioned they thought that family planning means sterilization. So, it took a time to explain them what is family planning for.

What other problems?

In addition, population has negative attitude toward pills. Despite our explanations that third generation of pills contain low dose hormones and do not affect reproductive health and a health in general people do not trust saying, “We would not believe unless tried them”. People want to make sure that pills are harmless based on their own experience. However, they prefer not to try pills at all since it is a new thing for them.

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

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

13. How do they decide when to abstain from sex? How effective is this in preventing pregnancy?

We distributed Family planning Calendars to women of our village [he showed the calendar provided by the Armenian Family Planning Association]. 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 forgot how to use the calendar. Our nurses participated in the training organized by that organization. You know, as women they really liked calendar method they were not aware of well enough in the past (even being health care providers). So they learned themselves and started to teach other women on that method.

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?

I would like to have contraceptive supplies here in our ambulatory since it is nonsense to provide people counseling on contraceptive methods and do not provide people with supplies. For example, people really ask for condoms but they would not go for condoms to Gavar. In general I should say that though modern methods of contraception are well presented now, I am more inclined toward natural methods because they are natural for the body.

15. Why do you prefer natural contraceptive methods?

I really prefer natural methods; they are very good. There was one organization that wanted to present that method. [he showed the materials of the Institute for Reproductive Health, Georgetown University]. I read this and I am very satisfied with this method. We did not present this method to people but I am sure that couples here would prefer this method; I say this from my own experience.

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

It is important. As I already mentioned here in our ambulatory we do not have contraceptive methods; they are not accessible for our villagers and they have to go to Gavar for that.

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

Yes it is important. People should have access to contraceptive methods at the moment they need it.

Why?

Because otherwise they would be compelled to go for abortion.

18. You told that contraceptive methods are not readily available here. Is there much demand for family/woman health services?

Yes, those who have families and are engaged in full-bodied sexual life they really ask for more information on contraceptives and ask for methods.

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

You know there are people who seem to be far from this world (those who are conservative). Those people are against any contraceptive method.

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

I cannot answer this question precisely. [he did not understand the question though several probes were attempted]

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?

I should say that they occur quite rare here.

What makes you say this?

Our community is very moral here. Casual sexual relationships are very rare here; their percent is very low. I think there would be one case a month. It also could be that women do not apply to us for vaginal infections but go directly to appropriate specialists in Gavar or Yerevan.

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

We do not diagnose vaginal infections since do not have appropriate tools and specialists for that.

22. Which infections are the most common?

I think that the most common are gonorrhea and yeast infections. I cannot say for sure that gonorrhea is common but for yeast infections I am quite sure. You know villagers are not able to keep hygiene rules and their sexual intercourse may occur at any time and place without taking into consideration conditions.

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

No, we are not dealing with that.

24. How do you recognize this infection? How do you distinguish it from other infections? Do you usually diagnose infections by symptoms? What about asymptomatic infections?

[Question was omitted since they do not detect vaginal infections]

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

I cannot say anything definite about STDs among men since starting from January 2000 nobody applied to me for that reason. If there were patients with STDs they would definitely apply to me first and then go to other specialists in Gavar. So it means there were no men with STDs here.

26. Do you offer services to diagnose STDs in men?

I can say that we almost diagnose STDs in men.

What does it mean?

When we suspect a STD we send a patient for laboratory investigation to Gavar hospital.

27. Do you offer treatment for men with STDs?

Of course, as soon as the appropriate specialist confirm the diagnosis and prescribe a treatment I treat a patient.

28. How often do men come for services?

As I already said there were almost no patients this year.

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

No, we do not have medicines for treating vaginal infection.

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

We do not have those types of medicines at all. In the past we had antibiotics provided to us as a humanitarian aid. Now supplies are finished and we did not get new supplies.

31. Are these medications available in pharmacies?

Yes, we have pharmacies here and these medications are available there.

Do you think your patients could buy these medicines if they needed them?

If a doctor prescribed medicines, patients buy them.

So they can afford to buy medicines?

You know this type of people who are engaged in multiple sexual relations usually have money. Simple [regular] people prefer to avoid casual sexual relations since they know that would not be able to take care of possible problems.

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”?

You know we were planning to organize seminars for women to explain them when in their cycle it is possible to get pregnant and when it is safe to have unprotected intercourse. However, our nurses did not receive salary for a year and they seemed to be disappointed and unwilling to perform any non-emergency activities.

However, do you think that women themselves without information from health care providers know these issues?

I think they do not know and they definitely should be explained about that.

33. Are there many women here with irregular cycles?

I do not have information on that. Midwives would be more aware about the issue. I think there would definitely be women with irregular cycles since nervous system and hormonal breaches in women, early climax etc. are very common here. This problem is widespread not only here but in other villages also.

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?

I do not think that they do that. 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.

35. Do couples here communicate about things like that?

You know it depends on a family, on their level. If a level of a family is high, they will communicate about these issues. For example, I gave the calendar to my wife and she keeps track of her “dangerous” days.

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?

Women do not drink, men drink if they have money for that.

How prevalent is this?

I should say that men drink not much, it is controlled drinking. They do not abuse alcohol.

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

Of course, it interferes. A man becomes weaker, loses his sexual power. Alcohol chronic abusers become impotent.

Do you think that alcoholism interferes with family planning use?

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. However, I should mention that there are also two families where men drink a lot. However, they have normal and beautiful children.

38. How common is violence against women in this area?

I can say that there is no violence against women here. However, I should say that physical burden on women is huge here. For example, yesterday I saw a pregnant woman who is going to deliver soon; she was carrying heavy pails with water. Other women also perform difficult physical activities. Of course, this is not observed in all families. Again, it depends on the level of a family.

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

Yes, I think it really affects sexual relationships.

How it can affect family planning use?

Women are deprived and cannot insist on the usage of a method.

F. THE STANDARD DAYS METHOD

[The method was explained using the IRH materials. The interviewee was aware of the method since he was introduced with the method in the past. In addition, he was firmly asking for the necklace for his own use.]

40. What do you think of this method?

This method is very good method. It is very visual; the necklace is constantly in front of your eyes. It compels you to think in that direction. In addition, it is a natural method, which does not require additional cost and does not present any hormonal load on the body.

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

If we would be able to introduce this idea to the population, this method would be great. It depends on our [health care providers'] ability to correctly explain them the method. And it depends on the population's ability to understand explanations.

What is necessary for that?

A job. People need job to be able to judge normally. Otherwise they are faced with everyday problems and simply do not have possibility to think about their own health. Health is the last think they worry about - they take care of their own health when the problem is life threatening one. For them it is better to have as many planned children as possible (not less than 4 children). However, they cannot take care of these many children.

42. Do you think that this method would be easy or difficult for your clients to use?

Again it depends on a person. Normal people would follow the explanations given.

Would partner co-operation be possible?

Depends on partners.

What you can say about the use of the necklace? Would it be easy?

As I already mentioned, it will depend on us [providers] and people's ability to understand and to follow the explanations.

Would it be possible for couples to abstain from sex or use a condom during "white" days?

If a husband would be normal, having "moral norms" and understanding, he would abstain from sex.

What if he would not?

What can I do?

43. To what type of woman would you recommend this method?

To woman having regular sexual life.

Which women do you think should not use this method?

If this method would be correctly explained and necklaces distributed to women, I think many women can use this method.

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

We did not explain this method to women so far.

What if the method is explained do you think couples who use this method might encounter any problems?

If women will know this method, will investigate it thoroughly, I think there should not be any problem.

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

In general, these activities should be conducted among scientific workers, workers in the cultural entertainment sphere, teachers, and psychologists in order to gain their involvement and support. Later with their support, especially with the support of teachers, it would be easier to disseminate knowledge on that method.

G. FEASIBILITY

46. Do you think it would be possible for nurses in your ambulatory care unit to offer this method?

You know if they will have motivation to do this work, it would be possible for nurses to offer this method. It is necessary to give them bonus or other motivation. They should be paid for that activity. In that case they will perform this activity with high responsibility; if somebody will have problems with understanding the method they will repeat it again and again, explain in details everything.

47. Do you think that couples here will be interested in this method?

In my opinion, if couples understand the benefits of this method they will be interested. 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.

48. *Would you like to offer this method?*

Again, I repeat that I really like this method and is ready to promote it. However, and it is very important, it is necessary to motivate health care providers through grants and other benefits to perform this activity.

For how long you did not receive a salary?

We did not receive our salary for a year and we have no hope to receive it in the nearest future. New Year holidays and a celebration of 1700 anniversary of accepting Christian in Armenia are coming soon. However, we do not know how are we going to celebrate without money. Teachers, health care providers are not receiving their salaries. If central hospitals and health care facilities in big towns can somehow survive we are on the edge already. You know we even cannot expect payments for services from the population here; people are not able to pay. Personally I already decided; if I will not be paid my salary till the end of this year I will leave for other place; it is not possible to survive anymore. I will leave for other country. This government should understand that if it cannot take care of a physician he/she is compelled to leave the country.

49. *What difficulties do you think you might have in offering this method?*

There is no other difficulties but financial. If there will be funds available all other problems can be regulated. I should mention that we are really grateful to all international organizations that provide any help in these conditions. However I should say that the only help we really need over here is investments in manufacturing sphere, in production. Our people need job in order to feel themselves as normal people, to be able to take care of their nutrition. Having all these, people can overcome other problems. We need investments only.

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

We need financial grant. That is it.

51. *Who can help you to promote this method?*

I think the only thing we need is to initially understand the method by ourselves and then explain it to women. That is it.

I would like to mention that it would be preferable to establish the production of these necklaces in Armenia. In that case about 100 people will have a job. It is very important to establish the production of the necklaces here. I would not support the program if necklaces will be brought to Armenia from elsewhere. If they want to help - it is better to do in that way. We do not need other help. For example, I have a lot of medicines provided under the humanitarian aid. They all had either already expired dates or those close to expiration when we received them. I know that for those organizations it is profitable to distribute their products as humanitarian aid. In that case they are exempted from taxes in their countries. So it is good way for all these organizations to get rid of useless products in that way. However, we do not need that type of help.

The role of providers in the strategic introduction study was explained using IRH materials.

52. Could you help us recruit women who might be interested in using this method?

Yes, I can help, again only with appropriate compensation.

How many women do you think you could be recruiting in a period of 2-3 months?

Most probably, I can find about 200 women for that period. Though I know that they need about 30-40 people in a group.

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)?

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.

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

We need literature that proves the effectiveness of this method in preventing pregnancy, and examples of experience of users related the effectiveness of the method. We need videotapes and other materials necessary for training of women in order to explain them the method, explain that women using this method have 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, its benefits and difficulties related to the use of the method.

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

Sure, men should be present.

Why?

A woman can miss explanation or mix something. Husbands should also be present in order for both of them to have an idea about this method. It is also necessary to present this method to adolescents. They have to be aware of this method for the future.

56. In this community, are there many married men who travel frequently and are absent from their homes for long stretches of time?

Yes, there are, but not many.

How frequent is this?

From 4500 men in this community 400-500 men are absent.

How long are they generally away for?

Some of them are absent seasonally – during springs and summers. Some left permanently.

That is it.

THANK YOU FOR YOUR PARTICIPATION