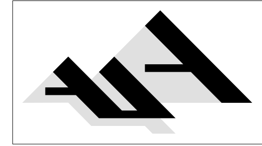

AMERICAN UNIVERSITY OF ARMENIA
THE CENTER FOR HEALTH SERVICES RESEARCH &
THE CENTER FOR POLICY ANALYSIS

Report on Qualitative Research: JHU/PCS Project on Reproductive Health in Armenia

Johns Hopkins University Population Communication Services Information, Education, and Communication Campaign

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Executive Summary

Background

- Johns Hopkins University Population Communication Services (JHU/PCS) will launch a national information, education and communication (IEC) campaign on family planning for the Republic of Armenia in April 2000. The purpose of the campaign is to increase demand for modern contraceptives and decrease the reliance on abortion.

- This report presents qualitative findings resulting from in-depth interviews and focus groups conducted during 1999 by the American University of Armenia's Centers for Health Services Research and Policy Analysis. In-depth interviews were completed with Armenian physicians, pharmacists, and married women utilizing family planning services. Focus groups were performed with married men and married women in the general population.

- Analyses of the awareness, knowledge, attitudes, and behavior of these target groups were completed in order to assist in the development of messages and materials for use in the year 2000 IEC family planning campaign activities.

Findings

The major findings of the qualitative study are presented by target group.

Gynecologists

- Gynecologists are concerned about family planning practices in Armenia, and it is apparent that they consider it an important part of their practices. They reported that they are the primary participants, along with their clients, in making family planning decisions.

- Armenian gynecologists report that they initiate conversations with their patients about family planning, especially with women who are at the end of their pregnancies or who have just delivered.

- The physicians believe that their clients are well-informed. They also note that younger women demonstrate more awareness about family planning than do older clients. However, the physicians do not necessarily consider such awareness to indicate deep or even accurate knowledge.

- Physicians report that contraceptives are available free-of-charge in the clinics. The gynecologists tend to recommend condoms, IUDs, and hormonal pills more often than other methods. It is not clear to what extent these preferences may be based on contraceptive availability. There is concern among many of the physicians regarding the prolonged use of hormonal methods and some physicians are concerned about whether or not condoms are used correctly.

- Few of the gynecologists said that they recommend sterilization as a birth control method, and they all expressed strong negative attitudes toward abortion.

- The gynecologists have printed information about modern contraceptives available for their own use, but do not have many materials available for their clients.

- The majority of the physicians have not had formal training in family planning, but nearly all are willing to participate in such activities in the future. All of the physicians indicated that they would participate in a national program promoting family planning.

Pharmacists

- Almost none of the pharmacists have had formal training in family planning and contraceptives. However, all of the pharmacists said that they and their staffs give advice to clients about choosing and using contraceptives. Almost all of the pharmacists are willing to participate in future training activities.

- None of the pharmacists usually require prescriptions for contraceptives.

- The pharmacists do not have problems with stocking contraceptives. However, except for condoms, few contraceptives are being sold. The best-selling products are from the Hungarian company, Gedeon Richter.

- The pharmacists believe that modern contraceptive methods are safe and effective.

- In all pharmacies, at least some contraceptives are placed under glass where clients can view them, but they are not self-service.

- Few pharmacies have written materials available or information posted about contraceptives. Almost all the pharmacists indicate that they would use posters about family planning if they were provided. Not all pharmacists, however, are willing to participate in a national family planning campaign.

Family Planning Services Clients

- Armenian women use family planning services because they face financial difficulties and cannot afford to have the number of children they would like to have ideally. These clients learn about the availability of the services from their physicians and friends and family.

- For the majority of the women, these clinics are the first they have ever used for family planning purposes. The services are not always free of charge, and some women complained that some contraceptives are no longer free-of-charge.

- In general, their husbands are supportive and encourage their use of the clinics' services, even if they had been skeptical at first about contraceptives. One of the positive by-products

of the services may be increased interactions between wives and husbands surrounding these issues.

- All of the women reported that they are satisfied with the family planning services they receive. They had high praise for the doctors and nurses staffing the clinics. Many expressed relief from worry about unwanted pregnancies and abortions.

- The clients of family planning services exhibited higher levels of knowledge about family planning than any of the other groups in this study, except the physicians.

- The women are aware of both the advantages and disadvantages of contraceptive methods and this information is usually correct.

- Most women do not have access to written materials in their clinics. They report that they have discussions with clinic physicians and nurses and that this information is the basis for their choice of contraceptives. Their preferred sources of information are the clinics and their physicians.

Armenian Men and Women in the General Population

- Very few men or women are able to correctly define family planning.

- Both Armenian married men and women say that they will have less than their ideal number of children. The country's economic condition is the most frequently given reason for this difference.

- Men report that they discuss the number of children they will have with their wives, but few say they discuss family planning or contraceptives. Most of the married men believe that decisions about contraceptive methods are mainly the responsibility of their wives, however most men have negative attitudes toward condoms.

- Few women report that they have discussions with their husbands about family planning.

- While there is awareness of contraceptive methods such as condoms, IUDs, and hormonal pills, the levels of knowledge are lower than those of the family planning services clients. This finding might help to explain why there is little consensus on the effectiveness and safety of contraceptives among the general population.

- Attitudes toward contraceptives are negative for both men and women in the general population. Overall, the women exhibit very few strong opinions about contraceptive use. Major concerns for men surrounded the lack of necessity for use within the family, health, and convenience. Major concerns for women surrounded issues of health safety and effectiveness.

- Most men report that they prefer not to use contraceptives. Few men said that they would be willing to try a method of contraception in the future.

- The majority of the women report that they do not use any modern method of contraception, and they made more negative than positive statement about condoms, IUDs, and hormonal pills.

- Both men and women in the general population mention "folk" and non-modern methods of contraception more often than family planning services clients. It is possible that much of the negative attitude toward contraceptives in the general population can be explained by both misinformation and the paucity of accurate information about modern methods.

- The most trusted and preferred sources of information for the male focus group participants are health care professionals and printed literature. Females say that they would prefer to receive information from trusted physicians and experienced friends.

- Very few women report that they now talk to their physicians about family planning.

- The men report that they do not talk to each other about family planning and some even say that it would be inappropriate to do so. Women report that they tend to rely most on discussions with other women who are close to them.

- The women have negative attitudes toward family planning clinics and see no need to visit a gynecologist. None of the women believe that services in government-sponsored family planning clinics are free of charge.

Recommendations

- Armenian physicians are ready and willing to participate in the IEC campaign. The physicians need to be informed about the lack of knowledge about family planning methods in the general population and the nature and proven effects of information campaigns.

- Physicians need printed materials for distribution to their clients, which can then be used by a larger circle of friends and family. Materials should be in Armenian and include recommendations from doctors.

- It is important that physicians are worked with closely in the development of IEC campaign strategies for promoting the increased use of contraceptives. A first step should include physicians in developing approaches for increasing knowledge about contraceptives and decreasing inaccurate knowledge.

- It is clear that not offending clients and the community is a concern for Armenian pharmacists. Profits are also a concern and increased sales are desired. In order to ensure the participation of pharmacists in the IEC campaign, they should be asked to participate in the development of campaign materials aimed for use inside of pharmacies. It is also important that the pharmacists understand the integrated approach of the IEC campaign.

- Pharmacists might be more willing to participate in the IEC campaign if they are provided printed materials that can be distributed to clients. Different campaign materials might need to be developed for specific regions.

- The IEC campaign should consider focusing some of its resources on education activities for pharmacists in order to increase knowledge about contraceptives.

- Utilizing the success stories of the clients of family planning services clinics should be an important factor in the development of IEC campaign materials. However, because so many women did not know that they, indeed, were clients of family planning services, the campaign should consider strategies that will build name recognition.

- The IEC campaign needs to develop strategies for changing the general attitudes of women toward government-sponsored policlinics. In particular, women need to be convinced that family planning services and contraceptives are free-of-charge in most instances and that family planning is a priority for the Armenian government.

- Strategies need to be developed for increasing awareness of family planning and contraceptives among men, in particular.

- Women need increased knowledge about what family planning is and how it is used in other countries. All target groups have strong negative attitudes toward abortion and these findings should be used in the campaign. Armenian women need to know that there are accessible alternatives to abortion in Armenia.

- Women need increased and correct knowledge of specific contraceptive methods and their use. They have awareness, but there is a need to build upon what they know and, more difficult, to correct incorrect knowledge.

1. Background

Johns Hopkins University Population Communication Services (JHU/PCS) will launch a national information, education and communication (IEC) campaign on family planning for the Republic of Armenia in April 2000. The purpose of the campaign is to increase demand for modern contraceptives and decrease the reliance on abortion.

Abortion is the most widely used method of contraception. A 1997 national reproductive health survey showed an alarming rate of 2.7 abortions per woman. The consequences for Armenian women have been severe - multiple surgical interventions, high rates of complications, secondary infertility, and severely limited choices for controlling family size.

Armenia is far behind its Western European neighbors in family planning. Men and women know little about modern contraception, particularly hormonal methods. Much of what they do know is misconception and myth. While there are contraceptive supplies and trained professionals in the country, the availability of reproductive health information and education is extremely limited.

All IEC campaign program activities are designed to support the following five key family planning objectives: 1) Increase knowledge of and positive attitudes towards modern contraception among women and men; 2) Increase attendance at the family planning service delivery sites; 3) Increase adoption of modern contraceptive methods in participating family planning delivery sites and pharmacies; 4) Increase counseling/interpersonal communication skills among health care providers participating in the program, and; 5) Increase local capacity to plan and implement health communication strategies and programs.

In order to develop messages and materials for men and women for use in the IEC campaign activities, JHU/PCS requested the Center for Health Services Research (CHSR) and the Center for Policy Analysis (CPA) at the American University of Armenia (AUA) to collect qualitative data through focus groups and in-depth interviews in Yerevan and cities and villages in other regions.

Report Structure

After a brief description of the methodology, this report on the qualitative research for the IEC campaign will present the findings separately for data collected from physicians, pharmacists, married men, and married women. The report ends with a discussion of the overall findings.

2. Methodology

Data were collected through the conduct of in-depth interviews and focus groups. The methodology used to gather data for this qualitative study is described below.

In-depth Interviews

Semi-structured interview guides were developed by the JHU/PCS in collaboration with the Principal Investigators at AUA's Centers for Policy Analysis (CPA) and Health Services Research (CHSR). These guides were developed to gather information on a variety of topics related to knowledge, attitudes, and opinions on family planning services and practices as well as information concerning the selling of contraceptive products and provision of family planning services in Armenia.

The guides consisted of about 26-36 open-ended questions that took about 45-75 minutes to administer (depending on who was being interviewed, health care professionals or family planning users). In addition, pharmacists were asked to complete ahead of time a table regarding the stock of contraceptives available in their stores. They were given several hours to one day in advance to complete this form. After this form was completed the interviewers sat with the pharmacists and discussed each question again in detail in order to make sure it was completed correctly.

The guides were translated from English into Armenian and Russian and pre-tested in Yerevan on health professionals (gynecologists and pharmacists) and family planning users and where subsequently revised (Appendix A). The interviews were conducted mostly in Armenian except for cases were Russian was preferred. (In some cases, health professionals preferred to speak in Russian since their education and training was in Russian.) All interviews were recorded on audio cassettes after obtaining written informed consent from participants and were transcribed into English for analysis.

Forty-six in-depth interviews were conducted for this study. Ten interviews were conducted with physicians who provide family planning services, ten with pharmacists who sell contraceptives, and 26 with married women aged 18-35 years who have utilized family planning clinic services.

In-depth interviews were conducted with family planning users in select cities and villages in Armenia. Family planning clinic sites and providers were identified with the assistance of the local PCS office in Yerevan and the offices of Save the Children. Physicians were selected from these Family Planning Clinics to participate in this study and they in turn were asked to identify pharmacies in their areas that sell contraceptives. Family planning users were also identified and recruited from these Family Planning Clinics and were interviewed either at home or at a local center or school. Physicians were interviewed in their offices and pharmacists in their stores.

Part of the recruitment protocol was to conduct research in the capitol city and one other large city and several villages to get representation from different populations living in different geographical areas of Armenia. This approach allows for varying opinions and practices related to family planning issues that can help shape the campaign. One third of the population in Armenia live in the capitol city of Yerevan and one third live in villages throughout Armenia[1]. In areas where it was difficult to access health professionals from villages for interviewing, the next

[1] Source of data: State Department of Statistics, Government of the Republic of Armenia.

closest small city or town was used that was known to serve area villages. In some cases several villages had no local pharmacies and interviewers had to go to the central locations in towns and cities to access stores that sell contraceptives.

Focus groups

Eight focus groups were conducted in addition to the in-depth interviews to gather information on the knowledge, opinion and practices of the general population on family planning issues. Two target groups participated in the focus groups—married men and women ranging from ages 18-35. These groups were selected based on recruitment protocol set by the PCS (by age, marital status and geographical location).

The focus group discussion guides were also semi-structured and consisted of questions developed by the PCS on knowledge, opinions, and practices of men and women concerning family planning issues (see Appendix B). The focus group discussion guides were translated from English into Armenian and were pre-tested in Yerevan and revised.

Four focus groups with males and four focus groups with females were conducted in cities and villages in Armenia. In Yerevan, focus group participants were recruited from areas close to the University (via advertisements) and with some assistance of research staff and recommendations from the local Save the Children office. In the areas outside of Yerevan, the local Save the Children offices were contacted and they provided assistance in recruiting and a location for conducting focus group sessions. The length of the focus group sessions averaged between 60 and 90 minutes. An additional questionnaire was administered during the session gathering demographic information on focus group participants (see Appendix C). The sessions were recorded on audio cassette after securing written informed consent from participants. An average of 7-8 participants attended each focus group session. Focus group participants received a token gift for their participation in the session.

3. Findings

This report presents findings separately for data collected from physicians, pharmacists, married men, and married women. Data were collected from two groups of women, focus groups with married women and in-depth interviews with recent users of family planning services. Throughout the findings of this section, quotes from respondents are provided as examples and are displayed in shaded boxes.

3.1 Physicians

In-depth interviews were conducted with a total of 10 Armenian gynecologists in four regions throughout Armenia. The interview guide was designed to cover the following topic areas: 1) description of physician's work; 2) client profiles; 3) client/provider interactions; 4) family planning issues; 5) physician's training, and; 6) personal attitudes towards modern contraceptives. Seven of the 10 interviews took place at clinics supported by the UNFPA.

Description of Physician's Work

The gynecologists interviewed for this project had been working between 5 and 45 years in their profession. One of the 10 gynecologists was male.[2] All the physicians work at least five days per week in policlinics, with one also teaching and another having hospital duties.

The physicians reported that performing deliveries and treating and curing patients are the aspects of their profession that they like most. Dislikes were much more varied and included the current poverty of the population, performing abortions, treating cancer, the lack of modern methods, and having to talk to the relatives of patients who do not understand instructions for treatment.

> *"I don't like it now when patients come in and you have to choose the treatment that is cheap. People can't afford the appropriate cure and diagnostics or examinations. Even when you prescribe a treatment, patients don't have the finances for it. That is a very unpleasant aspect of our work. And now we don't have many patients – even if it was free of charge, they wouldn't be able to buy medicine. And now they don't even have enough money to pay for the transportation needed to get to the clinic – in some cases, patients don't have even 50 drams[3] for a bus ticket."*
> *(Physician in City A)*
>
> *"There are many difficulties in my work and many responsibilities. I always have difficulties when you have to talk to the relatives and explain everything to them. I studied in Moscow and saw how relatives followed and trusted the decisions made by professors. But here – I don't know the reason – perhaps because of our social conditions there are more pathological cases and, of course, people blame the doctors thinking that it is connected with competency."*
> *(Physician in Village A)*

Nearly all the gynecologists said that they admire honesty in physicians. Other admired qualities that were mentioned included a high level of professionalism, discipline, devotion, self-confidence, kindness, and generosity toward patients without financial means.

Client Profiles

Except for City A where physicians reported seeing between 10 and 12 clients per day, physicians reported that they see between two and three patients per day and that that number includes pregnant women. Clients are between the age of 16 and 60 with younger women coming in for menstrual problems and older women for serious diseases. Almost all the clients are married women with very few men coming in for family planning consultations. However, one physician noted that men had come in to their family planning office before it was closed.

[2] All physicians are referred to in the feminine throughout the report in order to maintain confidentiality. In addition, cities and villages are referred to by code.

[3] The exchange for the Armenian dram in May, 1999, was approximately US$1=540 drams.

Two physicians said that they treat infertility. All respondents reported that they see mostly pregnant women and most also see serious illnesses in older women. Some of the physicians noted that because of financial difficulties patients tend to come in only when the problem is acute. Such acute cases included cancer, bleeding, and inflammatory diseases. One physician in City A explained that the clinic saw more patients for family planning now that clients cannot afford abortions.

In addition, all of the physicians reported that they treat patients with STDs, and all physicians listed trichomonas as one common type. A physician near Village B explained that fewer cases of STDs have been seen since a family planning office opened. Two other physicians stated that clients were charged for tests and that financial problems explained the small number of patients with complaints related to STD.

"We see pregnant women, gynecological patients, and sometimes see clients just for consultations when they come in for advice on questions. And they come in pairs to the family planning clinic. When we had condoms – we don't have them anymore – men were coming alone. At first they were shy, but then after visiting more frequently they felt more normal when coming in for condoms…"

(Physician in Village A)

"We don't have many patients. There are a lot of ill people but they do not apply for help. We even have a lot of home births… Mainly we see older patients with problems, invalids, those who must be treated free of charge and extreme cases of bleeding. And we see two or three pregnant women per day – but sometimes pregnant women leave for Russia or go to the villages so they don't visit us a lot… In cases of STDs, we also want to see the male partner but, of course, not many will come in… They (people who have moved to town from villages) don't know much about STDs. Very often they think that if they get married they are supposed to have discharges, that it is normal. And you have to explain it to them – sometimes it works and sometimes it doesn't work."

(Physician in City A)

Five of the physicians reported that they are asked frequently about family planning issues by their clients. One of the City A respondents explained that her patients are more afraid of abortions now than in the past. She also noted that with so many husbands working out of the country contraception is not as big a question as in the past. Other client questions surround the issues of diagnosis and treatment of various medical problems and any complications that might arise from the use of contraceptives.

Client-Provider Interactions

When asked about a typical client visit, most of the physicians described their interactions during gynecological examinations. Most visits last between 10 and 20 minutes. Physicians reported a variety of things they liked about their interactions with patients, with many reporting interactions with patients as being satisfying in and of itself. Other aspects that

were mentioned as being liked included when patients are satisfied with treatment, when patients are competent, and when patients follow treatment instructions.

There is less agreement among respondents about what they dislike in their interactions with patients. Some of the dislikes were patient ignorance, patients who are fearful of being examined, unclean patients, and patients who are indifferent to their health. Two of the respondents explained that the most disliked aspect of their work is having to deal with patients who are not able to pay for services.

"When a pregnant woman comes in for a visit, I ask what complaints she has, what problems she has had during the past two weeks because she usually visits once every two weeks. Then I weigh her, check her blood pressure and while listening to her complaints, I write down her weight, blood pressure, and the circumference of her abdomen and the height of the bottom of the uterus. I check for edema. I listen to the fetus' heart if it can be heard at the time of the visit. And before seeing me she goes to the laboratory for examination and we are informed about it. We do blood analyses, take a smear – those are things we always do. We ask her about her appetite and if she has headaches or not. We ask these of every woman. Even if we have 10 women per day, I ask those questions every time and listen to the fetus heartbeat."

(Physician in City B)

"I can't think of something typical… I like talking to patients very much. Some patients are active, some are passive and they don't ask many questions. And the active ones discuss social problems, sexual life, and ways of preventing pregnancy. Usually they ask what they should be doing in order to avoid tumors and cancer. I satisfy their interests as much as I can."

(Physician in Village A)

Family Planning Issues

The physicians participating in the in-depth interviews provided a variety of answers to questions about their clients and family planning issues. Questions were asked during the interviews about how family planning topics are discussed, information levels of clients, how contraceptives are chosen, recommendations for use, attitudes about different types of contraceptives, abortion issues, and resources available in the clinics.

Only one of the physicians interviewed reported that she waits for clients to ask about family planning issues before discussing it. Most of the physicians talk with all their clients about family planning, with some physicians focusing on patients who are at the end of their pregnancies or who have just delivered. Several of the physicians noted an increase in discussions about family planning in recent years with women of reproductive age and in some cases these discussions take place more often with younger women.

> *"I am the interested party and I start the conversation taking into account my patients' intellect. You may explain several times but in vain. This happens sometimes. More often we find that a patient who has been informed about contraceptives in our office shares the information with neighbors and relatives. And they start to visit us which increases the number of our clients."*
>
> *(Physician near Village B)*
>
> *"I tell them (pregnant women) to come back and we'll discuss family planning issues and contraceptive methods she might use. Because nowadays young girls 20—25 have no idea what to use or what to do. And, of course, when they come here after the delivery we give them condoms for the first month… And, of course, we discuss these issues with gynecological patients because their level of education is not high enough for them to decide themselves and so they always need a doctors' advice."*
>
> *(Physician in City B)*

Physicians were asked about the levels of information held by their clients. The physicians in Village B and Village A responded that all of their clients are well informed. A physician from a town near Village B explained that the high levels of information are correlated to the opening of their family planning office and that some patients now even request that IUDs be inserted during abortion procedures. Near Village B, the physician explained that her clients received their information from the mass media and other sources but not from her clinic. As a result, she makes a special effort to keep her neighbors and friends informed about modern contraceptive methods.

In City B, the findings were mixed with two physicians reporting that younger clients are more prepared, and one explained that her clients were well-informed only about IUDs and condom use. In City A, two of the physicians reported that their clients are not very well-informed and the third explained that information levels increase only "tête à tête" between client and physician on an individual basis.

Nearly all of the physicians stated that younger women possess more awareness of family planning issues than older clients, although their information is sometimes superficial or incorrect. One of the City A physicians made an interesting observation in her explanation that the information levels of her patients is correlated more to education attainment levels than to age differences.

> *"They are not informed. They don't even know their blood types after delivering twice. It also depends on our work. Sometimes they are not interested in anything. You ask her how many abortions she has had and you are amazed with her answer – 10 or even 20! And you think why didn't she come in for help earlier. Even some 30 year olds with higher education degrees have had 10 abortions."*
>
> *(Physician in City A)*

> *"Our women have all the information needed about family planning and methods of contraception. We discuss together what is preferable for her – hormonal pills, condoms, or vaginal methods. We also can do surgical sterilization. If a woman has had three or four children and she has an important problem such as a tumor or a complicated pregnancy, they come asking for sterilization. We do it, it is allowed now. Or for example if a woman has had several cesarean sections, they also come in for sterilization."*
>
> *(Physician in Village A)*

Unfortunately, seven of the ten physicians did not correctly understand the question about how women choose family planning methods. These physicians instead gave answers regarding the type of contraceptives used by their clients and these were condoms, IUDs, hormonal pills, the rhythm method, and coitus interruptus or withdrawal. One of the Village A physicians, who had stated that her patients were quite well informed about family planning issues, listed withdrawal and abortions as the most popular family planning methods used. Nevertheless, nearly all the physicians made it clear in their responses to other question items that they are the primary participant along with the client in family planning decisions and that the decisions are made together.

> *"It depends on their health, age, or sometimes a woman will tell us her husband will never use condoms and we have to choose something else… Sometimes we recommend something and she says no and so we talk and decide. Though in many cases they come in themselves after watching a TV program -- they start coming in and asking questions but then they stop… In some cases you know that the woman will never accept IUDs whatever you tell her. And while working you can feel all this and what she will decide."*
>
> *(Physician in City A)*

The physicians recommend the use of condoms and IUDs and hormonal pills if there are no contraindications and depending on the age and sexual activity of the client. One City B physician reported that she likes to recommend Pharmatex[4] products because they provide 100% protection, have no hormones, and provide protection from STDs. Injectable hormones were recommended by only one physician and she is located in one of the cities. One of the Village A physicians stated that she would recommend and dispense phase three contraceptive pills if they were available in her clinic because of their lower hormone dose. And one physician explained that she recommends condom use for clients with husbands who do not live in Armenia. Two of the physicians mentioned sterilization as a birth control method.

> *"I think that it depends on how the doctor explains things. I am sure of it. I always achieve good results by talking to my patients and explaining all the methods. I explain about IUDs and pills and I suggest something while explaining her state of health. So the doctor must explain everything and talk to patients so that they are believed… After explaining they understand. Everything depends on the doctor's ability to explain. If you have patience, you will have good results."*
>
> *(Physician in City A)*

[4] Throughout the report, it is assumed that respondents are referring to vaginal spermicides when they talk about Pharmatex products, shampoos, tampons, creams, and vaginal pills.

> *"Deciding the type of contraceptives requires that you take a personal approach depending on age, health, and the specifics of the menstrual cycle. We decide if she can use hormonal contraceptives. Some can use hormonal methods, others can use IUDs, and still others mechanical methods such as condoms."*
>
> *(Physician in Village B)*
>
> *"(I recommend) only what we have. As I said, depending on the women's health we suggest different things. We look at contraindications. I suggest IUDs, hormonal methods, or condoms. Condoms, of course, are not always reliable. And some couples use coitus interruptus. Others use the calendar to figure out safe days. And also there is a surgical method for men, but of course it is in theory only because in the Caucasus we never use this method."*
>
> *(Physician in City A)*

Respondents were asked to discuss the benefits and drawbacks of four specific types of contraceptives: hormonal pills, IUDs, condoms, and injectable hormones (see Table 1). There are few differences by region except for responses for injectable hormones: Only the physicians in one of the cities were able to talk about the specific advantages and disadvantages of injectable hormones.

Overall, condoms are considered effective as both contraceptives and as protection from STDs if they are used correctly, but they are understood as being disliked by men. Hormonal pills are considered effective but there is attentiveness to the fact that patients must be diligent in their use. There is also concern among many of the physicians regarding the prolonged use of hormonal methods. Only one of the physicians was concerned about the level of effectiveness of IUDs. While aware of possible complications, overall the physicians consider IUDs to be highly effective and convenient for healthy women.

All ten physicians had strong negative attitudes toward abortions, and all ten physicians have performed abortions. Only one reported that they now perform abortions; the remainder currently work exclusively in policlinics where abortions are not performed. Several of the physicians noted that their family planning work is important for the goal of reducing the number of abortions in Armenia. One physician labeled abortions a "crime," and another described it as "barbaric." In fact, three physicians had named abortions as the aspect of their work that they disliked the most when asked in an earlier interview question.

Only one of the physicians listed health as a reason for why women were having abortions, and one physician explained that it was the fault of doctors who cannot explain the effectiveness of contraceptives. Overall, nine of the physicians gave undesirable pregnancies as the primary reason for abortions, with four listing financial problems as the factor behind the decision. All the physicians agreed that the woman is the final arbiter in the decision to have an abortion. None of the physicians seem to believe that husbands play a primary role in the decision, and one even explained that some of her patients request that families not be informed about their plans for abortion.

Table 1: Physicians' Opinions on Benefits and Drawbacks of Selected Contraceptives by Region

	Benefits	Drawbacks
City A		
Hormonal pills	• Good results • Convenient • Good because connected to women's cycles	• Can feel sick if do not drink enough water • Can use only one year because ovaries stop working • Long list of drawbacks
IUDs	• Good when breast feeding • Effective	• Are none • Can cause complications • Not 100% effective • Must be healthy
Condoms	• Works well with shampoos • Best prophylactic against STDs	• Cannot track if being used • Husbands dislike
Injectable hormones	• Effective • Use only once every three months, practical, convenient	• Difficult to explain benefits to women • Long list of drawbacks • Not well-known and women do not want to use
City B		
Hormonal pills	• Effective if used regularly • Reliable but must be very healthy	• Cannot use for extended periods • Must be used regularly • Hair growth, voice change, weight gain
IUDs	• Can use for extended periods • Effective from 99-100% • No need to remember	• Can cause inflammations • Can cause heavier menstruation • Insertion and removal can be unpleasant
Condoms	• Highly effective • Women like	• Men dislike • Feel less so relationship is less satisfying
Injectable hormones	**One physician had no opinion because not available and the others named no specific benefits	• Hormone so cannot be used for prolonged periods • Clients are afraid to use
Village B		
Hormonal pills	• Highly effective • Affordable	• Need to use daily • Many side effects
IUDs	• Can use for 5-8 and even 10 years	• None • Unable to conduct thorough analysis of any side effects due to lack of equipment
Condoms	• Popular (first to run out of supply)	• Men dislike
Injectable hormones	**One physician had no opinion because not available and the other named no specific benefits	• Causes prolonged bleeding
Village A		
Hormonal pills	• Can stop using immediately • Anti-inflammatory and prevents tumors	• Requires discipline • Need to remember to use daily
IUDs	• Very convenient	• Must be healthy
Condoms	• Very convenient • Good against STDs	• Men dislike • Reduces orgasms
Injectable hormones	**No responses	

> *"The number of abortions must be reduced. We have to work hard so that every woman has enough education to avoid abortions, to avoid undesirable pregnancies. First because abortions are harmful to women's health and second because I feel sorry for that little growing baby."*
> *(Physician in City B)*
>
> *"When they come here, 99% have already decided to either keep the baby or have an abortion. Before we were able to persuade them (against having an abortion) but now they have financial arguments. And since the earthquake many of them live in temporary houses and can hardly keep one child."*
> *(Physician in City A)*

The physicians reported that they had a variety of books and literature on family planning and modern contraceptive methods, with two mentioning literature in the form of instructions from companies supplying contraceptives. Although the interviewers were not instructed to look for and directly observe materials for clients, the physicians reported having such materials as brochures, booklets, and poster advertisements. However, when interviewers did probe, in some cases brochures were unavailable, were in Russian only, or were not related to family planning. One physician in a village complained that her posters had been torn down because of their content.

All of the physicians listed contraceptives available in the clinic that are distributed free of charge to clients, including hormone pills, injectable hormones, condoms, and IUDs (see Table 2).

Table 2: Contraceptives Available in Clinics for Distribution Free of Charge by Region

Region	Ovidon	Regevidon	Depo-Provera/ Injectables	IUDs	Condoms	Shampoos	Other
City A	✓	✓	✓	✓			
City A	✓	✓		✓	✓		
City A	✓	✓	✓		✓	✓	
City B	✓	✓		✓	✓		Non-Ovlon
City B				✓	✓	✓	
City B		✓					Microval
Village B				✓		✓	Hormonal pills
Village B			✓	✓			Hormonal pills
Village A				✓	✓		Hormonal pills
Village A	✓	✓	✓	✓			Microval

Physicians' Training

Of the ten physicians participating in the in-depth interviews, four reported having had formal training recently in family planning and one of these was in Moscow. In addition, one physician in a town near Village B explained that even though she was not selected for participation in government sponsored training, she had attended two seminar sessions on her own initiative. Physicians who have participated in family planning training found it useful and

noted that they used the training literature in their practices. Only one physician reported that she would not be willing to participate in future training activities. Of the remaining physicians who were willing to participate, only one stated that she could do so only during workdays.

All of the physicians reported that they were willing to participate in a national program utilizing logos, posters, and the display of contraceptives in a special case. (One physician incorrectly understood the question and talked instead about the need for new equipment.)

Personal Attitudes Toward Modern Contraceptives

Of the nine female physicians, five reported that they themselves use modern contraceptive methods such as IUDs, hormonal pills, and Pharmatex products. Two of the female physicians were older women, one of whom reported having used the rhythm method after becoming ill from hormonal pills. All nine of the physicians who answered the question regarding whether or not they would recommend modern contraceptive methods to their daughters reported positively. Three physicians explained that their own daughters-in-law currently use IUDs.

Overall, physicians believe that modern methods of contraception are safe and effective if used properly. Most of the respondents felt that condoms were not an effective means of birth control, with some explaining that the reason might be improper use. Four of the physicians noted that they did not have enough experience with injectable hormones to warrant an opinion on safety and effectiveness. None of the respondents reported beliefs that hormonal pills and IUDs are unsafe or ineffective.

> *"The modern methods are quite effective and each has its pluses and minuses… I think that to be good, contraceptives must be easy to use, must not be harmful to women's health, and must not be unpleasant for sexual relations – either for the man or the woman. And they must also be inexpensive."*
>
> *(Physician in Village A)*

3.2 Pharmacists

In-depth interviews were conducted with a total of 10 Armenian pharmacists in villages and cities in Armenia. The interview guide was designed to cover the following topic areas: 1) the stock of contraceptive products available in the pharmacy; 2) the number of sales per month for contraceptive products; 3) customer profiles; 4) the pharmacist's previous training and interest in future training programs; 5) the pharmacist's personal attitude toward modern contraceptives, and; 6) the display of contraceptive products, informational material, and advertisements in the pharmacy.

The pharmacists interviewed for this study had working experience ranging from two months to 27 years. Two were males and eight were females with ages ranging from the early twenties to the mid-fifties.[5]

Six of the pharmacies were established during the past five years. Six pharmacies are open seven days a week, with two open 24 hours a day. The two oldest pharmacies in the study were in City B, one established in the 1940s and the other in 1995, and have large staffs of 29 and 24, respectively. Five of the remaining pharmacies reported a staff size of two.

Contraceptive Products Available in the Pharmacy

The pharmacists were asked to complete a form indicating the contraceptives kept in stock (see Table 3). However, it is important to note that even when a contraceptive is listed it does not mean high sales. In fact, sales appear to be low overall in both City B and the other areas. For example, in one Village A pharmacy, only two units of Pharmatex spermicide are sold per year (see Table 4).

Table 3: Products Available in Pharmacies by Region

	City B	City A	Village B	Village A
Condoms	✓✓	✓✓✓	✓✓	✓✓
Anteovil	✓			
Marvelon (Organon)	✓✓✓	✓		✓
Mycropholin Forte				✓
Non-Ovlon (Gedeon Richter)	✓✓		✓✓	
Ovidon (Gedeon Richter)	✓✓✓	✓✓		✓
Pharmatex spermicide (Innotex)	✓✓	✓✓		✓
Postinor (Gideon Richter)		✓	✓✓	✓
Regividon (Gedeon Richter)	✓✓✓	✓	✓	
Traceptine (Russian)			✓	
Triregol (Gedeon Richter)	✓✓✓	✓	✓	✓
Trikvilar (Shering)	✓✓			

Note: Each ✓ indicates a pharmacy listing the contraceptive as in stock.

[5] In this section, all pharmacists will be referred to as females in order to ensure confidentiality.

Table 4: Units of Contraceptives Sold per Average Month by Pharmacy by Region

	City B	City A	Village B	Village A
Condoms	51	60, 300, 120	4, 250	125
Anteovil	2			
Marvelon (Organon)	10, 2	1		
Mycropholin Forte				10
Non-Ovlon (Gedeon Richter)	8		2, 7	
Ovidon (Gedeon Richter)	20, 7	5, 2		
Pharmatex spermicide (Innotex)	1	0, 1		0
Postinor (Gideon Richter)		1	10, 7	10
Regividon (Gedeon Richter)	15, 6	3	7	
Traceptine (Russian)			3	
Triregol (Gedeon Richter)	7, 6	5	7	
Trikvilar (Shering)	3			

Note: each value represents the number of units sold per pharmacy.

Sales of Contraceptive Products

The best-selling products in all regions of Armenia are from the Hungarian company, Gedeon Richter, and condoms. Several pharmacists volunteered that the reason for that company's popularity is that its products are inexpensive. One pharmacy in Village A reported that it sells only condoms and does not bother to keep other contraceptives in stock because they do not sell.

None of the pharmacists reported that they have a problem with stocks running out, with four saying that it never occurs and the remainder saying that it occurs only rarely. When stocks do run out, the explanation given by most of the pharmacists is that they themselves gave late orders. Replacement orders for stock that has run out can take from between one and ten days, and there is surprisingly little difference by region.

Pharmacists were asked what their female clients do when their birth control pill brand is not in stock. "They wait" and/or "go to another pharmacy" was the response given by five of the pharmacists. The other pharmacists said that they suggest another comparable contraceptive or some other contraceptive method. One City B pharmacist was careful to note that only physicians should give advice on hormonal contraceptives; she explained that she would suggest a non-hormonal alternative only.

Pharmacists reported that they did not notice any special time of the day or year when sales of contraceptive items increase. When probed, five pharmacists noted that sales of condoms increase during weekends, on holidays, and/or in the evenings. However, one City A pharmacist reported that sales of contraceptives decrease overall during the weekends. Two pharmacists said that sales increase during the Spring months, and one pharmacist in Village A noted that sales of hormonal pills increase on paydays.

> *"…Lately pills have become popular. Pharmatex spermicide is popular. I don't know the reason – maybe it is because doctors prescribe them or because people have become more educated. Those who use contraceptives, they want to avoid side effects. And Pharmatex has almost none, that is why demand is high."*
>
> *(Pharmacist in City B)*
>
> *"You know, I can't give any reason for why we sell some items more than others. It depends on the doctor's prescription – whatever they prescribe, for example, Regevidon, people buy. But maybe Postinor is the most popular."*
>
> *(Pharmacist in Village B)*

Customer Profiles

In eight of the ten pharmacies, married women are the main customers and they buy mostly hormonal contraceptives. In Village B, one pharmacist explained that many women come in to ask about contraceptives but then leave without a purchase because of the cost. As for condom purchases, only two pharmacies reported sales to women and one of these makes such sales to "professionals." Ages vary for purchases, with mostly younger men buying condoms and women over 35 years of age buying other contraceptives. One pharmacist near Village B explained that when boys under 17 years of age come in for condoms, she either refuses or gives them warnings. And one City B pharmacist noted differences in brands of condoms purchased by social class.

None of the pharmacists reported that their clients usually make purchases with prescriptions. In fact, five of the pharmacists reported that sales are rarely made with prescriptions. One City B pharmacist explained that even if a prescription for a contraceptive is brought in, it is not for birth control but for other purposes such as controlling excess hair growth. Two of the pharmacists reported that they expect prescriptions only the first time a purchase for hormonal contraceptives is made.

> *"They have something written by a doctor on a piece of paper, but it is not a prescription… We don't need a prescription. It is just that they don't understand what the doctor has prescribed to them, so they bring the paper here and we explain to them how to use it."*
>
> *(Pharmacist in Village B)*
>
> *"I can say that half of the women get advice from their doctors, the other half advice from their friends. Sometimes advertising plays a role. When they ask us, we send them to doctors because in the case of some medicines there can be complications like inflammation. That is why we advise them to go to their doctors."*
>
> *(Pharmacist in City B)*

All but one pharmacist reported that they receive many inquiries seeking advice on which contraceptives to use and how they are used. One Village A pharmacist explained that she advised the use of hormonal pills and against having abortions but that it was difficult to convince village women. Another Village A pharmacist said that she tries to explain to her clients the advantages of other contraceptives over condoms but that her clients cannot use them because of their expense. Two of the City B pharmacists said that they send their clients to physicians for advice on some contraceptive methods.

Pharmacists' Training

Only one of the pharmacists, in Village A, said that she had received training in family planning. One other City B pharmacist had met with a Swiss pharmaceutical company in Europe and toured their facilities. Nine of the pharmacists have had no training whatsoever in family planning. All but one pharmacist in Village B said that they were willing to participate in family planning training and most said they would prefer to attend after work.

Two of the respondents said that they would not participate in a national family planning campaign and both were in Village A. One said that she did not like "that kind of social activity" and the other explained that people would not appreciate such a campaign. One City B pharmacist said that she would have to see the posters before deciding, and a pharmacist in Village B said that the campaign would have to start small with "perhaps at first one poster in a corner" to see if it was accepted. In addition, one City A pharmacist explained that she would not put posters in the window where they could be seen from outside.

Personal Attitudes Toward Modern Contraceptives

Unlike the responses from physicians, the pharmacists reported a variety of overall attitudes about modern contraceptives, and many of these opinions were revealed only after probing. However, in general modern methods were considered to be mostly safe and effective if used correctly. IUDs, hormonal pills, Pharmatex, tampons, creams, condoms, and shampoos were mentioned as being safe. One City B pharmacist said that vaginal pills are not effective and are not aesthetically desirable and another pharmacist explained that hormonal pills must be used regularly. One Village B pharmacist explained that Non-Ovlon is not safe. One of the Village A pharmacists said that condoms are not 100% effective, and the other one complained that she would like to sell shampoos but that they are not supplied to her pharmacy. That same pharmacist said that her clients requested "pills before sex" but that they also were not available in her pharmacy. None of the pharmacists had opinions about injectable hormones, with one pharmacist never having heard of the method.

Three of the female pharmacists reported that they had used modern contraceptives. This low number can be explained by the young age of all but one of the pharmacists who reported never having tried contraceptives. One older pharmacist reported that she had used traditional methods such as salt and the "one thousand leaf plant" and that she still recommends them because she found them 100% effective. One pharmacist reported using condoms and that the partner had used oral contraceptives. (One male pharmacist was not asked this question about the personal use of contraceptives.)

Only one pharmacist reported that she did not allow her daughter to use contraceptives. The remaining pharmacists said that they would recommend modern contraceptives such as pills, Pharmatex, Non-Ovlon, Triregol, and Postinor to their daughters. One pharmacist said that her daughter had complained about her IUD and that she now regrets having chosen that method.

Display of Contraceptives

Out of the ten pharmacies visited for the in-depth interviews, only three had posters advertising contraceptives on their walls. One Village A pharmacy had posters for Gedeon Richter's Triregol and Regevidon, one City B pharmacy had posters for Antiovin and Pharmatex, and one City A pharmacy had a poster for Pharmatex on the wall. Three pharmacies had brochures that customers could borrow to read in the pharmacies. One pharmacist in Village B said that advertising did not matter because the villagers were poor and could not afford to make such purchases and that in any case she was against contraceptives even though she did sell them.

All pharmacists except for one said that they would use posters about family planning in their pharmacies, which is a more positive response than those given to the earlier question about participating in a national family planning campaign. One City A pharmacist said she would have to think about. A Village B pharmacist said that she would use the posters to attract attention to family planning until they got old and discolored. One of the City A pharmacists said that the posters would attract clients. A Village A pharmacist said that her clients would also like to attend meetings to learn about contraceptives and that it would be helpful for their daughters.

Interviewers were asked to observe and map the layout of the pharmacies. All of the pharmacists in this study displayed some contraceptives in cabinets under glass and in clear view for their clients, some also had them displayed on shelves behind counters, and one pharmacy stored everything except condoms in closed cupboards. Only one pharmacy displayed condoms, and other contraceptives, on top of a counter for self-service.

The main differences in how clients purchase contraceptives were related to personality and gender. One Village A pharmacist explained that men are ashamed, women are not ashamed, and young boys are interested but do not make purchases. Another Village A pharmacist said that some clients are embarrassed but that she usually knows what her clients need and so they do not even have to ask. One pharmacist in a Village B said that clients come in asking for contraceptives and that she usually advises the use of plants and other traditional methods. A City B pharmacist said that some clients are shy, although not the "professionals," and that younger men come in, laugh, and choose condoms by their covers.

Interviewers noted two instances of client purchases of contraceptives while they were in the pharmacies conducting interviews. In one case, two boys came in, got embarrassed, left but then returned 20 minutes later and purchased condoms. In the other instance, a woman came in for instructions on the use of Methotrexat in order to end her pregnancy and the pharmacist explained that she needed to take two pills.

> *"Men buy condoms mainly and some come in and choose from the different types. And the others – the young guys – feel ashamed, they think for a long time and then sometimes they go away without buying anything. And some girls also come in and ask about which ones are best. But I ask then, 'you mean which one is the worst.' And others just come and buy, knowing what they need to buy. Usually they come in for IUDs after having talked with their doctors."*
> *(Pharmacist in City B)*

3.3 Focus Groups with Married Men

Four focus groups were conducted with married Armenian men from the ages of 18 to 35 in two cities and two villages.[6] The focus group guide was designed to cover the following topic areas: 1) goals, aspirations, and images of an ideal man; 2) knowledge, attitudes, opinions, and beliefs toward family planning and attitudes toward abortion; 3) role in decision-making with respect to family planning issues, and; 4) information-seeking behavior.

Goals, Aspirations, and Images of an Ideal Man

The focus groups began with a question about how many children each participant had. As would be expected, overall the two village groups had more children. (See Appendix D for the detailed demographics of the participants in the four focus groups).

The men of all four groups generally reported higher numbers when asked what they consider to be the ideal number of children. Only one man, a City A participant, said that he could not give an ideal number. Two men in each of the villages said that they would ideally like to have as many children as possible, while none of the men in the cities made such comments. The participants in the village groups gave the highest numbers for ideal children, with most reporting numbers higher than four. The ideal number of children in the cities was around three.

When asked about how many children the men will most likely have in reality, the responses were highest in Village A. However, these numbers were lower than the numbers given in Village A for the ideal situation; four respondents said four, three said three, and one said one. The participants of Village B all stated that they had not yet made plans or did not know. Differences between the number of children wanted ideally and the number of children the men will most likely have in reality were explained both in the villages and in the cities by the low level of current living conditions. Only two other explanations were given; one man in City B explained the difference by his wife's health and one man in Village A complained about the current moral state of the country.

Participants in the city focus groups reported having more discussions with their wives about how many children they will have than did the village focus group participants. However, when asked about actual planning, more of the village participants said that they planned

[6] Cities and villages are coded for confidentiality.

together with their wives than did city participants, although four villagers explained that they and their wives did not always agree.

> *"We (husband and wife) discussed family planning some time ago and decided to have four or five children. But because of the current conditions we started being more serious about it and we decided to have less."*
>
> *(Male focus group participant in Village A)*
>
> *"I planned to have three children, but after the first year there was the earthquake and then darkness, hunger, and difficult conditions. And so we decided to use contraception in order to not have children. We can hardly raise the one we have."*
>
> *(Male focus group participant in City A)*
>
> *"The most important reason is the condition of our country. It is not correct to be strict and to tell your child to do this or do that. The child sees everything outside and you can beat him or bind him but the real mess is our country."*
>
> *(Male focus group participant in City B)*

Focus group participants were asked to choose among a set of photographs showing men in different situations and were asked to select the one that represented the ideal man. In both the City A and village groups, men tended to choose a photograph depicting a man with his family. However, one man each chose photographs with a man alone with a baby, a man without a family, an older man, and a younger man. One participant said that none of the photographs depicted an ideal man.

Knowledge, Attitudes, Opinions, and Beliefs Toward Family Planning

Of all the participants in the four focus groups, only five were able to give at least an approximate definition of family planning; one male in City A and four males in Village B talked about family planning in relation to making decisions on numbers of children to have and ways to avoid pregnancy (the physician in this village actively educates men). When asked about awareness of contraceptive methods, participants in all four groups named the same three contraceptives: condoms, IUDs, and hormonal pills. In addition, one man in Village B mentioned "caps" and "intrauterine pills" and one man in Village A mentioned vodka. No one in any group mentioned hormonal injections. In addition, Village A participants made many statements about the positive and negative aspects of using withdrawal as a contraceptive method.

General attitudes about contraceptives were mixed across all the groups (see Table 5), and included a wide spectrum of opinions from very negative to positive. In addition, there was little agreement within groups. Major concerns surrounded the lack of necessity within the family, health, and convenience, and overall the attitude toward contraceptives was not positive. However, it should be remembered that in general there was little actual awareness of methods other than condoms and IUDs.

Table 5: General Attitudes of Married Males Toward Contraceptives by Region

	Selected representative statements
Cities	
City B	+ If they are safe, they can be used + Can use if necessary + Better than abortion - I don't use them - It is not necessary to use them - It is wrong to use them
City A	+ There are some good methods + Are good to use + Are effective +/- No method is 100% effective - Are not effective - Not pleasant at "that" moment
Villages	
Village A	+ Alright to use - Don't need them, I've had operation - Better not to use at all but okay outside of family - Not healthy for women - Don't feel comfortable, want to feel good during sex - Not needed in family where everything is clean
Village B	+ Is normal to use + I accept all methods, couples should try everything +/- I used the calendar for 15 years and it worked +/- Am against all methods - Depends on the method, am against some - I used the calendar and my wife had to have an abortion

Opinions about specific contraceptives also widely varied both within groups and across groups. Focus group participants were asked for their opinions about three types of contraceptives: condoms, hormonal pills, and IUDs (see Table 6). There were some differences

Table 6: Males' Opinions on Specific Contraceptives by Region

	Positive	Negative
Hormonal pills		
City B	• They work all the time, don't have to think about them	• Are harmful and can cause extra hair growth • Can cause hormonal abnormalities
City A	• Ads say they're safe, even good for inflammation • I know people who use them and say it okay	• Don't trust, no guarantee the ads are true • Pills and chemicals can't be safe
Village A		• Not needed in family
Village B	• Abortions are worse	• No guarantee that are harmless
IUDs		
City B	• Are 100% effective	• Some organisms reject them • Are dangerous • Must examine every 2 months • Can rust, but gold type is expensive
City A	• I trust them, are safer than pills • Are okay	• Risk to health is high • Can cause inflammation
Village A		• Could be bad for interior organs • I'm against, are harmful • Not useful • Heard once that woman's organism had rejected it
Village B	• Saw it in Russia and it works there	• Don't trust, didn't work for me • Harmful, but better than pills
Condoms		
City B	• Protects from illnesses	• You "understand" nothing with them • Same as smelling flower with gas mask on • Inconvenient to use, have to remember to use • Can stop using now with discovery of Armenicum
City A	• Depends, sometimes good • Safe • Using 10 years without contraindications • Good method, but sometimes just don't want	• Sometimes expensive or of bad quality
Village A	• Prevents pregnancies • Better than abortion	• Not 100% effective • Was not effective for me once • Used to use outside family but not pleasant • Causes rheumatism because made of rubber • Should use something else in family • Not in family, how to throw it away without teenage child seeing it? • No need if careful and withdraw
Village B	• Is safe • Better than pills	• Can break • Like smelling flowers with gas mask

in responses, however, by contraceptive method. For hormonal pills, opinion was split in the cities and in the villages there was very little awareness of this method and, therefore, extremely few opinions. For IUDs, there were many more negative comments than positive ones for both cities and villages. Even for condoms, there were many more negative statements than positive statements, especially in the villages.

The male focus group participants gave a variety of answers to the question about their preferred method of contraception. In City B, most men said that they preferred to use nothing in the family, and some men said that they preferred to use condoms outside of the family. One participant said that he would consider hormonal pills. In City A, four men said that they preferred IUDs, two preferred condoms, and one mentioned pills. In Village A, condoms, withdrawal, hormonal pills (if determined to be harmless), and drinking vodka just before marital relations in order to quicken blood circulation were mentioned. In Village B, two men said that they preferred withdrawal, two said condoms, one said pills and the remaining men said that they preferred to use no method. Condoms were purchased from pharmacies and other stores, and IUDs were obtained from physicians.

"I accept every method. I think that a couple can use all methods and know about all methods – and that effectiveness depends on their knowledge and how correctly they use it. There is no problem if you change the method, your life will vary more and will be more interesting. You have to use different things because if all your days are the same, it is as if you have lived only one day."

(Male focus group participant in Village B)

"Well, you don't have to use condoms inside the family. It is okay if you have another baby. But if it is outside of the family you can get hundreds of illnesses… if you already have a lot (of children) then you will have to have an abortion."
"We are making love let's say once a week, or twice or more. And we can hold ourselves back in the family, although using a condom once per week is not harmful. But to take your wife for an abortion every week is the most dangerous thing…"

(Male focus group participants in Village A)

The reasons given for why contraceptives are not used mostly included expense and health reasons. In City B, participants also said that it was not appropriate to use condoms in the family and that women should solve the problem. In City A, one man said that he did not use contraceptives because he did not know the benefits, and another said that Non-Ovlon was suggested for use but that it took too much discipline and that his wife used an IUD instead. Few of the male participants said that they would be willing to try a method of contraception in the future, and some said that they would never use any of the current methods.

Attitudes Toward Abortions

In general, most of the male focus group participants had negative opinions about abortions. However, most of the men also said that although it was a "bad" phenomenon, it was sometimes a necessity for financial and health reasons. A few of the men were strongly against abortions: One man in City B said that he had always been against abortions, one man in City A

said that he had seen photographs and that "killing a child is horrible," and a participant in Village B said that it would be better to keep the child even if there were financial difficulties. Only one male participant said that abortions were natural and necessary. In Village B, one man explained that it would be better to abort a pregnancy than to have his teenage son see his mother pregnant or to be taunted in school.

Two male participants in each focus group said that they had participated in decisions regarding abortions both inside and outside of the family. Most of the decisions were made together with their wives, and in one Village A case the wife made the decision and the husband had disagreed. Some of the cases were due to health problems. Another explanation was financial problems. One Village B male explained that he and his wife had decided to abort a pregnancy when physicians could not definitely determine if the fetus was a male. Most of the men said that they had accompanied their wives for the procedure and none reported that they had received post counseling, except for one case in City A where the physician "mentioned some contraceptives." One man said that he would not expect a physician to provide advice about contraceptives after an abortion because it would not be profitable.

Role in Decision-making with Respect to Family Planning Issues

Answers to a question about what their wives think about contraceptives revealed that few men seem to be having such discussions in the family or even outside of the family. In all the groups combined, nine men gave some indication that they were aware of their wives' opinions on family planning, but most men gave vague answers such as "she thinks it is normal." Only one man said that his wife was against the use of contraceptives. The participants in the City B group said that none of them discuss contraceptive issues with their friends, and some even thought it would not be normal to have such discussions.

Focus group participants in City A and Village B talked about how decisions regarding the use of contraceptives were made. Most of the men in the City A group said that they talked about which method to use with their wives. In one case, information about IUD use came from a friend and in another case from a cousin's wife who is a physician, and in both cases the new method was tried. One participant in Village B said that his wife understands better what is needed.

"We use whatever we have at our hands, whatever we know. Whatever I can find, she will use – she doesn't want to get pregnant every nine months. That's why we are talking – maybe you know something and you tell her about that method."

(Male focus group participant in Village B)

"Well, it is not a question that you discuss a lot. Maybe sometimes I suggest something (a method) and we try it."

(Male focus group participant in City A)

> *"Armenians couldn't do it – it is not accepted in Armenia to go over (to a friend) and say, 'you know, I am going to have sex with my wife today so what should I use?' …Armenians decide themselves. Only an American could do that kind of thing… (If needed) one can go and ask a doctor for advice, but not a friend… It is not acceptable to talk about such things outside (the family)."*
>
> *(Male focus group participant in City B)*

Information-seeking Behavior

Most of the male focus group participants named television commercials and friends and others in their surroundings as sources of information about contraceptives and family planning. Two specific television programs that were mentioned as good sources of information by two participants were *Sdorovie* (Health), a program on Russian television, and an Armenian program hosted by "Amalia something." One City A participant said that he learned about the advantages and disadvantages of various contraceptive methods from the Russian newspaper, *SpeedInfo*. A Village A male who mentioned *SpeedInfo* as a source of information could refer only to jokes and anecdotes when probed. One City A male said that he received information from brochures in a pharmacy. No one in any of the groups mentioned Armenian newspapers. Two participants mentioned health care professionals as sources of information.

There was agreement that women know more about family planning issues than do men and that women talk more to each other and health care providers about these issues.

The most trusted and preferred formats for information about contraceptive methods are health care professionals and printed literature. One City A participant explained that questions could be asked of professionals and that they were the preferred source, but another City A male argued that literature was preferable because it could be read anytime. One City B male said that he would only trust methods that he could try himself. In Village A, one participant said that he did not trust television, another said that he did not trust all doctors, and one male said that he would believe newspaper articles only if they were signed. One Village B male complained that there was more information available about new methods such as hormonal pills in City B than in the villages.

> *"Our doctor is the best (source of information). If you don't understand something, he will explain it until you do. And in the newspaper you can read it a hundred times and still not understand."*
>
> *(Male focus group participant in Village B)*
>
> *"Of course it (information) is not complete. From television or a newspaper you can get general information and then if you have reached some extreme situation you have to visit a doctor for consultation."*
>
> *(Male focus group participant in City A)*

3.4 Focus Groups with Married Women

Four focus groups were conducted with married Armenian women from the ages of 18 to 35 in two cities and two villages.[7] The focus group guide was designed to cover the following topic areas: 1) goals, aspirations, and images of an ideal woman; 2) knowledge, attitudes, opinions, and beliefs about family planning; 3) information-seeking behavior and the husband's role in decision-making regarding family planning issues, and; 4) attitudes and opinions about reproductive health and family planning services in Armenia.

Goals, Aspirations, and Images of an Ideal Woman

The focus groups began with a question about the number of children of each participant (see Appendix D for the detailed demographics of the four focus groups). The lowest number of children was found in City A, one of the areas hit severely in the 1988 earthquake, with two participants in the group having two children, four having one child, and two having no children. Except for the youngest women, most of the women in City B, Village A, Village B had two or three children. Most of the women with no children were 19 and 20 years of age.

The women of all four groups generally reported higher numbers when asked what they considered to be the ideal number of children. Most of the women in the groups said that the ideal number was three or four. In City B, two women gave the lowest number recorded, two, as the ideal number. In addition, one woman in City B explained the importance of having a son to continue the family line.

When asked about how many children the women will most likely have in reality, the responses were lower than the ideal number. Most women reported that they would limit their families to two children. The reasons given for the differences between the ideal and real number of children mostly surrounded current social and economic conditions. Participants in City B also mentioned the poor quality of schools, health of women, and the high costs of hospital delivery. A female focus group participant in Village B said that finances should not be the only factor guiding the number of children a woman should have and explained that two was the optimum number of children in order to maintain a spiritual connection with them.

Focus group participants were asked to choose among a set of photographs showing women in different situations and were asked to select the one that represented the ideal woman. Most of the women chose the photograph of a woman with her family or the photograph of a woman with her child. Only one woman chose the photograph of a professional woman. The City A women also mentioned that the ideal woman is charming, works outside the home, is educated, and is healthy. The women in the Village B group said that the ideal woman has charm, is happy, and has money for clothes and food for her children. One participant in Village B said that the ideal woman should be feminine but that it was difficult to tell the difference between men and women since women work so hard in the fields today.

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[7] Cities and villages are coded for confidentiality.

Knowledge, Attitudes, Opinions, and Beliefs Toward Family Planning

Of all the participants in the four focus groups, only four were able to give at least an approximate definition of family planning. Women in City B, City A and Village B talked about family planning in relation to making decisions on numbers of children to have and ways to avoid pregnancy. As with the Village B male focus group, the village participants were able to give the most accurate descriptions of family planning. (It should be noted that both of the Village B women were health care workers.)

Female participants in all four focus groups mentioned condoms, IUDs, and hormonal pills as the types of contraceptives about which they were aware. One City A and one Village B participant mentioned injectable hormones. In addition, one City B woman mentioned "ointments" and another woman talked about suppositories.

Table 7: General Attitudes of Married Females Toward Contraceptives by Region

	Selected representative statements
City B	+ Is necessary +/- If necessary should use +/- If does not cause harm +/- Need harmless methods - Some methods are not desirable - Advised to use but did not want to take risk
City A	+ Have tried everything and ready to try new methods +/- Need more information from professionals
Village A	+/- We wait until last minute to see a doctor, don't take care of ourselves - Are inconvenient, unnatural, and dangerous - I do not use them
Village B	+ If healthy, better than abortions + If doctor advises, then worth using – like new harmless pills with little hormones +/- Need access to new information

The attitude of most of the female focus group participants toward contraceptive use in general was not positive (see Table 7). Very few of the women in any of the groups demonstrated strong feelings about contraceptive use. In City B, only one female participant said that she currently used a modern contraceptive method, an IUD. In City C and City A, some of the women said that they used condoms, and no other method was reported as being used currently. One woman in Village B said that she used hormonal pills with success and some

women reported using condoms. In addition, one woman in Village B said that she used the "calendar" method. Two women participants noted the need for increased access to information about modern methods of contraception.

Little was clarified by asking the women for their attitudes and opinions about specific modern contraceptive methods. The female focus group participants made many more negative than positive statements about condoms, IUDs, and hormonal pills (see Table 8). There was skepticism about all three methods and these concerns mostly surrounded issues of health safety and effectiveness. In addition, one woman in City B said that suppositories had not been effective for one of her friends.

Table 8: Female Focus Group Opinions on Specific Contraceptives by Region

	Positive	Negative
Hormonal pills		
City B		• Hormones can be harmful for the skin • Causes hair growth • All drugs have negative side effects • Need to remember to take everyday
City A	• I feel protected with pills	• Can be dangerous for kidneys • I don't like them, makes me feel sick, causes hair growth and cysts
Village A	• Convenient, but must use regularly	• Can make sick with headaches • Can cause pains • Are expensive
Village B	• Make me feel free • Are affordable	
IUDs		
City B	• Using for 4-5 years with no problems	• Are harmful • Should be solid gold but not available in Armenia • Causes inflammation and cysts • Can cause men to bleed
City A	• I have a positive attitude • Is best method	• I am afraid of them • Can cause inflammation • I suffered from them and so use pills now • Can cause pregnancy outside of uterus
Village A		• Must be healthy to use • I have a negative attitude • I will not use it
Village B		• Can be harmful • Must be very healthy
Condoms		
City B		• Men hesitate to use them • Culture of using them does not exist • Not effective, can have holes
City A	• Are safe and convenient	• Not effective • Must use only with other methods
Village A	• Safe if used at right moment	• Husband does not get pleasure • Can affect health
Village B	• I like them, makes me feel free	• I am allergic to them

The female focus group participants had few concrete statements to make regarding their husbands' attitudes toward the use of contraceptives. In Village A, only one woman responded to the topic, and she said only that "we never talk about it." One Village B woman said that she gives her husband a calendar so that he does not have to think about contraception while another Village B woman said that her husband uses nothing because of psychological issues he has with the subject. Two women in Village B said that their husbands' attitudes were positive. In City A, only two women ventured an opinion, one said that he does not like IUDs because they bother him and the other said that her husband is for any method as long as it does not harm her health. In City B, one woman said that all men are against condoms because they are "like smelling a flower with a gas mask on." Another City B woman said that her husband is positive about IUDs.

When asked about the methods used by their friends, the female participants named IUDs, hormonal pills, hormonal injections, condoms, the "calendar" system, and withdrawal. The woman in City A who had mentioned hormonal injections said that they lasted for nine months and that she wished they were more readily available in her city so that she could try it herself. Two women in Village A who said that their friends use IUDs also explained that they were not satisfied with the method.

Regarding the preferred method of contraception, the female participants in Village A indicated that they did not like any of the methods they were currently using. In City A, one woman said that she preferred tampons and that she had tried them upon the advice of one of her friends. Two women in City A said they preferred the use of IUDs, one liked hormonal pills, and one preferred the "calendar" method. Two of the City B participants said that they had no preferences, and one woman explained that no method can provide protection for an extended length of time. Another City B participant said that she preferred to wash immediately after marital relations and that she was worried that one day it might not work. The question was asked in the negative in Village B, and almost all the women answered that they would never use an IUD.

Most of the participants in all four groups said that they purchase contraceptives from pharmacies. One Village B woman said she buys them from stores, and one City B woman said that she is provided with contraceptives by her doctor.

Attitudes Toward Abortion

Overall, most of the women had negative attitudes toward abortion, even though some of the women felt that it was a necessity at times. The strongest feelings against abortion procedures were expressed in City B where three participants said that it was a murder or a sin. One City B woman said that it was allowable only in the most extreme cases. In Village A, one female provided an extraordinary suggestion when she explained that all women should have an abortion or deliver a baby once every three years in order "to refresh the function of organs" and for a good hospital rest. In City A, one woman said that it is murder, and another participant said that she had cried for a month after her abortion. In Village B, all of the participants said that it was undesirable, and some said that abortions were sometimes necessary although they tried to avoid them; two women said that the procedure was not that bad.

The female participants who were willing to talk about their abortions said that they were performed for financial and health reasons. In City B, one woman felt ill and was told by her doctor to take antibiotics. When she found out that she was pregnant and not ill, she was counseled that the antibiotics might have harmed the fetus, and her husband accompanied her for the procedure. In the other City B case, it was an unplanned pregnancy and her mother-in-law accompanied her for the procedure. Both women said that they and their husbands made the decision to abort the pregnancy together. Neither woman was provided with post-consultations on contraception after the abortions. In the Village A focus group, one woman said that she was advised to take hormonal pills after her abortion. Another participant said that doctors did not talk about contraception after abortions because it was not profitable. In City A, one of the participants complained that the doctor never talked to her about her decision to have an abortion.

In Village B, one participant said that she had to convince her husband to let her end a particularly difficult pregnancy. Another woman said that she and her husband had decided together to have an abortion because they had been homeless and already had a ten-month old baby. One woman in Village B asked the question, “who asks husbands.” One Village B participant explained that the elders of the family were against her abortion but that her husband feared for her health because she had only recently delivered a child. Only two of the several women who talked about their abortions said that they had received counseling about contraceptives after their abortions.

“For example (a reason for having an abortion), I would like to have a daughter, but I think – you will have a child and not be able to provide everything she needs. When you go out and the child wants things and you say we don’t have money, you feel ashamed. You prefer not to have children.”

(Female focus group participant in Village A)

“He (the physician performing the abortion) didn’t even ask me whether or not I was hesitant to have the abortion. Because anybody can later regret it. It is worth asking at least once. It is a function of doctors’ ethics.

(Female focus group participant in City A)

Information-seeking Behavior

Female focus group participants gave a wide variety of answers when asked about the sources of their information about family planning and contraceptives. Only women in City B and, unexpectedly, Village B named television as a source of such information. Television commercials and *Sdorovie* (Health) on Russian television and *Aroghdjapahutyun* (Health) and “Elsa Hairapetian’s television program” on Armenian television were mentioned. One woman in Village B mentioned the Armenian newspaper *Aravot* (Morning) and several women mentioned other printed materials such as books, magazines, and brochures. Two women said that they had attended seminars on family planning where they had access to books and other materials. Non-media sources mentioned included surroundings, friends, physicians, and a women’s health center in City B.

The only participants who said that the information to which they have access is complete were in the City A group. Women in the other groups complained about the general lack of sources and the reliability of available sources.

"Reading a brochure you can have questions. And there must be a doctor who can answer the questions. For example, I don't understand something but it is very necessary for me. And so it must be explained."

(Female focus group participant in Village B)

"I would like to get information from newspapers, from television -- all of the news about it (contraceptives). Now we're getting newspapers brought from Russia and borrowing them and not sleeping at nights to read them."

(Female focus group participant in City A)

"There is a large choice (of contraceptive methods) now… Sometimes we avoid them because we don't know which is better."

(Female focus group participant in Village A)

"You can't trust all information. You should have your own opinion. Many things are advertised simply to get profits."

(Female focus group participant in City B)

The only sources that were mentioned by a few of the women as being trustworthy were experienced physicians, friends, and some books. One woman in City A said that there was not one source that could be trusted alone and another said that she would only trust books for professionals because the information in newspapers is incorrect. One City B participant said that she trusts nothing and another said that she would not take a friend's advice because every body is different.

The most preferred sources of information were trusted or first-rate physicians and close and trusted or experienced friends. Other preferred sources mentioned were seminars, scientific writings, and health care professionals on television. Two women in Village B explained that talking with physicians was preferable because they could answer questions and one complained that "information on television changes quickly." One woman in City B said that she would prefer access to a special health care center like one in Russia about which she knows.

The female focus group participants said that they talk to close friends, their husbands, close relatives, physicians, and neighbors about family planning issues. The women tended to rely most on discussions with women who are close to them.

Husband's Role in Decision-making Regarding Family Planning Issues

None of the women in any of the four focus groups said that they do not talk to their husbands about the number of children they will have. Some participants said that they might have arguments with their husbands or that they have discussions until they come to agreement.

However, not all of the women said that they were willing or able to talk with their husbands about using contraceptive methods. For example, in Village B, one women said that she was shy and talked to neighbors instead, one explained that "I'm not important, we want whatever he wants," another complained that her husband does not believe her, and one said that she does not talk to her husband because he agrees with her decisions. Several women in the City B and Village B groups and one woman in the City A group said that they do discuss contraceptive use with their husbands.

> *"After consulting a doctor I come home and tell him (husband) everything and then we decide together."*
>
> *(Female focus group participant in City A)*
>
> *"Well, if you are of the same opinion then the talks take place in a very pleasant and tender atmosphere… But if there is a disagreement, for example the husband wants four children and the wife three, the discussion will take place in a different atmosphere."*
>
> *(Female focus group participant in Village B)*

Attitudes and Opinions About Reproductive Health and Family Planning Services in Armenia

Few of the female participants in the focus groups have discussions with their doctors about family planning issues, and most of those who do have such discussions are not satisfied. When discussions take place, they are usually about pregnancies and abortions. Many of the women complained that their doctors do not spend enough time with them and that they give short answers because they are indifferent.

Few women have visited a gynecologist during the last three years. Most women said that they did not see gynecologists because they felt good, were just married, or because they had no cause. Other explanations included having no time, the doctors are too old or unprofessional, and the clinics are unsanitary. Several women noted the lack of finances. In addition, some of the Village B women said that the regional gynecologist was too far away. Two women said that in general women do not pay enough attention to themselves and that they tend to wait until small medical problems become large ones.

Of those few women who had visited a gynecologist in the past three years, the women in the City A and Village B groups reported that they were not satisfied with their visits. Almost all the women complained about having to pay for services.

None of the women were aware of any benefits being offered for family planning services under the government's new Basic Benefits Package (BBP). None of the women

thought that free services would actually be free of charge, and, therefore, most of the women said that they would not even make an effort to find out about a new government plan. One participant in Village A said that she had recently seen a new announcement posted in her policlinic but that she had not bothered to read it because she was sure "it won't be anything good or anything free." Women in all the groups told stories about having to pay for services, medicines, and contraceptives that were supposed to have been free of charge. One of the participants in City A said that she had once received Ovidon pills that she took for one month before realizing that the medication had expired two years before; she complained that she would never again take anything from a family planning office.

3.5 In-depth Interviews with Females Utilizing Family Planning Clinic Services

A total of 26 in-depth interviews were conducted with married women from the ages 18 to 35 who had recently utilized family planning clinic services. The interviews took place with women in cities and villages in Armenia. The focus group guide was designed to cover the following topic areas: 1) goals and aspirations; 2) decision-making process used to seek and utilize family planning services; 3) attitudes and opinions about family planning services; 4) knowledge, attitudes, opinions, and beliefs about family planning, and: 5) information-seeking behavior for family planning issues.

Goals and Aspirations

The interviews began with a question about the number of children of each participant. Women in City B tended to have less children than the respondents of the other regions. Almost all the women had either one or two children.

The women of all four regions generally reported higher numbers when asked what they considered to be the ideal number of children. There were no differences observed among the regions. Eight women gave three as the ideal number, seven gave two, and six gave four.

Most women reported that they would have less than their ideal number of children. The reasons given for the differences between the ideal and real number of children mostly surrounded current living conditions. Only two of the women mentioned health as a reason for not having more children.

Interviewees were asked how they would like to see themselves and their families in five years. Only four of the women said that they would not like to be in Armenia. All the other women talked about being with their families but under better living conditions, finding work for themselves, and having fulfilled children.

Decision-making Process Used to Seek and Utilize Family Planning Services

Only two of the 26 women said that they do not talk to their husbands about the number of children to have in the family and most of the women reported that they come to a decision together with their spouses.

The women reported a variety of sources from which they learned about the Family Planning Services offices. Almost all of the women reported that they had first heard of the family planning office from their physicians, relatives, or friends. There were few differences based on region. Only two women mentioned that they had heard about the services from mass media sources.

The most recent visit had been the first for about a third of the women. Few of the women said that they had ever before visited clinics for family planning purposes and only one woman in City A could actually name another place that provided family planning services. (It is interesting to note that some of the women had a difficult time understanding what the term "Family Planning Services office" meant even though they were clients.)

When asked about why they had decided to visit the family planning office, only two said because of difficulties with their health. Six of the women said that they wanted to avoid having any more abortions. Almost all of the respondents said that before their first visit they had heard good things about the services from clients, friends, relatives, and physicians. The decision to visit was made because the women heard that the family planning offices were clean, sterile, provided treatment with kindness, others were satisfied with the services, provided free contraceptives, was nearby, and provided reliable information on contraceptives and how to properly use them. None of the women said that they had heard anything negative about the offices before their first visit.

Nearly all of the respondents said that they had talked to their husbands or at least had informed them of their intention to visit the family planning office. The women reported that their husbands were supportive, and this finding also held for those few women who had informed their husbands after the visit. Only three of the women said that their husbands were somewhat skeptical at first and that they had to be convinced about the benefits of visiting the family planning office; one husband was concerned for his wife's health, one had to be convinced to use condoms by the gynecologist (who happened to be a relative), and the third was concerned about excess hair growth from hormonal pills. Just one woman said that she sometimes did not tell her husband about the visits.

Regional differences did appear when looking at whether or not the respondents were accompanied on their visits to the family planning offices. Almost all of the women in the town of Village A and Village B went alone on their visits, while half of the women in Cities A and B were accompanied by their husbands (however, not all the respondents indicated whether or not their husbands actually accompanied them into the examination room). One woman in City B even said that her husband had taken Lamaze training with her at the family planning office and had been present during the birth of their child. Of cases in which husbands accompanied wives, only one woman said that she would prefer if her husband did not accompany her. Six of the women who went alone said that they would have preferred having their husbands with them; some of these women explained that local customs did not encourage it. A couple of the women said that they would like their husbands to participate in discussions with the medical health professionals so that they would better understand the options available for contraception. Four women said that they prefer to make the visit with a friend.

Attitudes and Opinions About Family Planning Services

Respondents were asked several questions about their experiences at family planning services. Of the 26 women interviewed, only six had made appointments before their visits, but none of these women reported having had any problems in getting an appointment. None of the remaining walk-in clients reported having had problems and said they had been seen right away. Thirteen women said that the services were free of charge, although some of these women gave small unsolicited amounts of money or gifts of candy and chocolate in appreciation of services rendered. Most of the women who reported having been charged fees were City B respondents, and they paid between 500 and 5,000 drams for a variety of treatments and contraceptives. In City A, the amount was from between 500 and 4,000 drams, one woman in Village A reported that she had paid 150 drams for condoms, and one woman in Village B said that she was charged 100 drams for services.

All 26 respondents said that they were generally satisfied with their experiences at the family planning offices. The women talked about the offices as being comfortable, clean, sterile, friendly, and pleasant. None of the women made any negative comments about the health professionals they encountered at the family planning offices. The women described the physicians and nurses and their interactions with them as friendly, professional, open, caring, helpful, cheerful, good-natured, welcoming, attentive, competent, and patient. None of the women said that they could not talk openly with the nurses and doctors. Some of the women said that they had been nervous, shy, or frightened and that the health care professionals had made them feel calm and had helped them to feel comfortable and open so that they could discuss family planning matters. Not one of the women said that they would not want to return.

Very few women made negative references to the services, even when asked directly. One woman in City B said that the fee for services was a hardship, a City A woman said that she had to make an extra trip to another clinic for an echogram, one Village B woman complained about no longer receiving free condoms, and a Village A woman said that she would prefer receiving three or four month supplies of her hormonal pills rather than having to visit the clinic monthly. Two women complained about the small size of the examining room.

Only seven of the women reported that they had received written information during their visits, and these were mostly brochures or directions for using a specific contraceptive. When the brochures were given to take home, most of the women volunteered that they had shared them with friends and relatives. One woman in City B reported having read material posted in the clinic, and one woman in Village A had received recipes she found useful. Two women had been given a Russian book on contraceptives that they found valuable.

All of the women reported that they had talked about family planning with health care professionals on staff during their visits and that the talks had been detailed enough for them to have made their own decisions. Discussions surrounded matters such as the advantages and disadvantages of specific methods, advice on which method to use, answering client questions, and directions for use of specific methods. None of the women reported feeling pressured to use any method.

Knowledge, Attitudes, Opinions, and Beliefs about Family Planning

Most of the women interviewed had positive opinions about contraceptives. Only three women in City B had negative opinions overall about contraceptive use (although all three had husbands who used condoms and one used an IUD). Three women in Village A and B explained that they had had concerns until they had visited the family planning office and began using contraceptives. Several women talked about the freedom and peace of mind afforded by contraceptive use.

The respondents had used a wide variety of contraceptives including hormonal pills, condoms, IUDs, shampoos, and vaginal pills. Two of the women reported that they had used hormonal injections, and a few reported using the "calendar" method and "folk" methods such as alkaline baths. There appeared to be a correlation between region and types of methods used, which is mostly likely due to availability of contraceptives and the preferences of the local health provider. Hormonal pills were used by all four Village B respondents while condoms were mostly used in Village A and City B, and five of the eight City A respondents used IUDs while only three in City B used them.

Table 9: Female Family Planning Services Clients' Opinions on Hormonal Pills by Region

	Positive	Negative
City B	• Safe and effective • No disadvantages • I like using them	• Can cause leg swelling • Can upset hormonal balance • Have to count and remember to take • Causes excess hair growth • Can cause negative reaction • All medicines have side effects • Could cause complications
City A	• Menstrual cycle improved • Is reliable • Made menstrual cycle regular • Is effective • Useful • No side effects • I like it and made menstrual cycle regular	• Can't forget to take • Can cause hormone imbalance, weight gain, excess hair growth • Can cause endocrine imbalances • Need to be healthy to use • Can affect organism, makes me nervous • Can cause stomach pains, can forget to take • Have to take regularly and at same time • Causes excess hair growth
Village A	• Is okay	• Caused headaches at first, have to remember to use everyday • Can affect stomach and other organs • Don't trust hormones, have to use it everyday
Village B	• I like it, is effective • Is safe • Is clean method	• Makes me sick • Can cause pain

The family planning clients participating in the in-depth interviews gave a variety of positive and negative statements regarding the use of hormonal pills, IUDs, and condoms (see Tables 9 through 11). These women were generally well-informed and almost always pointed out disadvantages even when they gave positive statements or said that they liked using a method. There were more positive statements from the family planning clients than from the

general population found in the focus groups, and it is assumed that this difference can be explained by the experiences of the former group. Differences by region might also be explained by experience; for example, the women in Village B made no positive statements about IUDs but none of them had ever used that method.

Table 10: Female Family Planning Services Clients' Opinions on IUDs by Region

	Positive	Negative
City B	• Is okay • One of best methods • Are safe	• Insertion unpleasant, causes festering • Are painful, makes me nervous • My organism rejected it • Can get infected • Can be harmful • Must be uncomfortable with something inside • Not 100% effective, makes you sick
City A	• Are safe, does not hinder marital relations • Are safe • Can use a long time, don't have to calculate like with pills • Are safe • Are effective • Makes me feel relaxed physically and psychologically • I like them	• Can't use because causes inflammations • Can cause complications • Afraid of uterus problems • Can be harmful, made me lose weight • Can cause inflammation and irregular cycles • I gained weight
Village A	• I like it, my body accepts it • Comfortable for partner	• Afraid to use, can have negative effects • Inflammation • I'm against it • Some organisms do not accept
Village B		• Have side effects and are to be avoided • Don't like it, can cause complications

Few women had opinions about hormonal injections. Most of the women who had never tried this method said that it had the same hormonal side effects as pills. The two women who had used injections had opposite opinions, one thought it was the best possible method and the other said she would not use it again. Three of the five women who offered opinions about shampoos made negative statements, and a woman who uses vaginal pills complained about having to insert them 20 minutes before marital relations.

When asked about which method of contraception they would prefer to use, ten women said hormonal pills, nine women said condoms, and six women said IUDs. The most popular method in City B was condoms, and in City A preference was split between IUDs and hormonal pills. Most of the women said that they were willing to try a different method in the future. But, when asked about which method they would never use in the future, six women said they would never use IUDs, four would never use hormonal pills, and three would never use condoms.

Table 11: Female Family Planning Services Clients' Opinions on Condoms by Region

	Positive	Negative
City B	• Safe for me • Can trust, good for safety • Best method with minimal trouble, effective with vaginal pills • Are safe • Are satisfactory • Are same as natural • I trust them	• Men don't like it • Dislike, could have holes • Not 100% effective • Could tear and transfer infections • Could have holes and tears so not effective • Could be defective • Are uncomfortable
City A	• Are clean and safe • Are safe • Are safe and protects husband from my inflammation, got used to them	• Husband doesn't like so I don't like • Unreliable, can tear if wrong size • I like nothing about condoms, not always effective • Are unpleasant • My husband and I don't like them • Unpleasant at first
Village A	• Clean and safe, feel relaxed because protected, solved husband's pain • Are safe • Good for protection against diseases	• Must be good quality • Smell bad • Unpleasant, can have holes, have to interrupt relations
Village B	• Effective, useful • Imported ones are safe • Can protect from diseases	• Husband doesn't like them • Husband doesn't want to use • I don't like them

Nearly all of the women were able to state their husbands' opinions on specific contraceptive methods. Only one woman in Village B said that she does not talk to her husband about contraception, but she was able to say that he does not like condoms. None of the women talked about serious disagreements with their husbands and many said that their decisions on choice of method were made taking into consideration their husbands' opinions.

All of the respondents said that they obtain contraceptives from their clinics or from pharmacies, and the only regional difference found was in Village B where all the women get contraceptives from the policlinic. Only three women said that they purchased their contraceptives exclusively from pharmacies, and all of these women used condoms as their birth control method.

All except one woman in City B made negative statements about abortions, with eight describing the procedure as a sin or a crime. Many of the women said that they were using contraceptives in order to avoid the need for abortions. Thirteen of the women talked about their experiences with abortions and none were now comfortable with their past decisions. All of these women had made the decisions with their husbands. Most of the women who have had abortions received advice after the procedure about the need for contraceptives, with four physicians specifically suggesting the use of IUDs.

Information-seeking Behavior for Family Planning Issues

The family planning users named four basic sources of their information about family planning and contraceptives and these were health professionals in the clinic, friends and family members, printed materials, and television programs. The most relied upon media sources were the television program *Sdorovie* (Health), television commercials, and the newspaper *SpeedInfo*. About a third of the women said they felt the need for more information. Physicians and the clinics were given as the most trusted and preferred source of information about contraceptives. The women said that they talked about family planning issues with the clinics' physicians and nurses, husbands, friends, and family. Several women said that outside of the clinic they discussed such issues only with their husbands.

4. Conclusions

This report presents qualitative findings resulting from in-depth interviews of Armenian physicians, pharmacists, and married women utilizing family planning services and focus groups of married men and married women in the general population. The background analyses of the awareness, knowledge, attitudes, and behavior of these various target groups were completed in order to assist in the development of messages and materials for use in the year 2000 IEC family planning campaign activities.

Physicians

The gynecologists interviewed in this study are concerned about family planning practices in Armenia, and it is apparent that they consider it an important part of their practices. In fact, the gynecologists reported that they are the primary participants along with their clients in making family planning decisions, and this finding was supported by the data collected in the in-depth interviews with the female clients of family planning services. Armenian gynecologists report that they are the ones to initiate conversations with their patients about family planning, especially with women who are at the end of their pregnancies or who have just delivered; that is, with their most likely patients. Some of the gynecologists noted an increase over the past few years in discussions about family planning, and these discussions tend to take place more often with younger women of reproductive age. Not surprisingly, the physicians believe that their clients are well-informed. They also note that younger women demonstrate more awareness about family planning than older clients. However, the physicians do not necessarily consider such awareness to indicate deep or even correct knowledge.

The gynecologists in this study tend to recommend condoms, IUDs, and hormonal pills more often than other methods. There is concern among many of the physicians regarding the prolonged use of hormonal methods and some physicians question whether or not condoms are being used correctly by their clients. It is not clear, however, to what extent these preferences may be based on contraceptive availability. In the interviews with family planning services clients, the data supported the possibility that preferences and use might be due to which contraceptives are available in a specific region. Few gynecologists said that they recommend sterilization as a birth control method, and they all expressed strong negative attitudes toward

abortion. According to most of the physicians, contraceptives are available free-of-charge in their clinics

The gynecologists have printed information about modern contraceptives for their own use, but do not have many materials available for their clients. This finding was supported by data from the interviews with family planning services clients who also indicated the need for more information. The majority of the physicians in this study have not had formal training in family planning, but nearly all are willing to participate in such activities in the future. In addition, all of the physicians indicated that they would participate in a national program promoting family planning.

Based on the interviews with the gynecologists conducted for this report, it is apparent that Armenian physicians should be ready and willing to participate in the IEC campaign. The physicians need to be informed about the lack of knowledge on family planning methods in the general population and the nature and proven effects of information campaigns.

Pharmacists

Almost none of the pharmacists in this study have had any formal training whatsoever in family planning and contraceptives. Nevertheless, all of the pharmacists indicated that as a part of their normal activities they, and their employees, give advice to clients about choosing and using contraceptives. Almost all of the pharmacists are willing to participate in future training activities, however.

In general, Armenian pharmacists do not have problems with stocking contraceptives, and most sales are of hormonal pills purchased by married women. The best-selling products are from the Hungarian company, Gedeon Richter, and some pharmacists believe that it is because these products are inexpensive. None of the pharmacists usually require prescriptions for contraceptives.

In general, the pharmacists believe that modern contraceptive methods are safe and effective. Unlike the physicians, none of the pharmacists were able to state their opinions about the safety and effectiveness of hormonal injections.

In all of the pharmacies, at least some contraceptives are placed under glass where clients can view them, but they are available for self-service in only one of the pharmacies selected for this study. Most of the pharmacies do not have written materials available or information posted about contraceptives for their clients, but almost all the interviewed pharmacists indicate that they would use posters about family planning if they were provided. However, the reliability of these responses is not clear because several of the pharmacists were hesitant to agree to participation in a national family planning campaign.

In order to ensure the participation of Armenian pharmacists in the IEC campaign, they might be asked to participate in the development of campaign materials aimed for use inside of pharmacies. Different campaign materials might need to be developed for specific regions because it is clear that not offending clients and the community is a concern, although potential

profits might be considered an offsetting advantage. Pharmacists might be more willing to participate if they are provided with printed materials that can be distributed to clients and if they understand the integrated approach of the IEC campaign. The IEC campaign might consider focusing some of its resources on education activities to increase knowledge about contraceptives.

Family Planning Services Clients

In general, Armenian women are using family planning services because they face financial difficulties and cannot have the number of children they would like to have ideally. These women are not learning about the services from the mass media but, instead, learn about the availability of the services from their physicians and friends and family. And for the majority of the women in this study these services are the first they have ever used for family planning purposes. In general, their husbands are supportive and encourage their use of the services, even if they had been skeptical about contraceptives before their wives began using them.

All of the women reported that they are satisfied with the family planning services they receive, even though the services are not always free of charge. They had high praise for the doctors and nurses staffing the clinics and many expressed real relief for the first time in their lives from worry about unwanted pregnancies and abortions.

The clients of family planning services exhibited higher levels of knowledge about family planning than any of the groups in this study except, of course, the physicians. They are aware of both the advantages and disadvantages of contraceptive methods and this information is usually correct, even though the physicians in this study had expressed concerns about the depth of this knowledge. And while most women do not have access to written materials in their clinics, all report that they have discussions with their physicians and nurses at the clinics and that this information is the basis for their choice of contraceptives. Nevertheless, many of these family planning services clients expressed the need for more information and said that the most trusted and preferred source of information are the clinics and their physicians.

Utilizing the success stories of the clients of the family planning services clinics will be an important factor in the development of IEC campaign materials. Because so many clients did not know that they were clients of family planning services, the campaign might consider strategies that will build name recognition.

Focus Groups with Armenian Men and Women in the General Population

Both Armenian married men and women say that they will have less than their ideal number of children and it is mostly because of the country's economic condition. The men report that they discuss the number of children they will have with their wives, but few say they discuss family planning or contraceptives. Few women report that they have discussions with their husbands about family planning, unlike the clients of family planning services. Therefore, one of the positive by-products of the services may be increased interactions between wives and

husbands surrounding these issues. Very few men or women are able even to define family planning.

While there is awareness of contraceptive methods such as condoms, IUDs, and hormonal pills, the levels of knowledge are lower than for the clients of family planning services, which might help to explain why there was little consensus on the effectiveness and safety of contraceptives among the general population. Overall, the attitudes toward contraceptives are not positive for either the men or the women, and, in fact, the women exhibit very few strong opinions about contraceptive use generally. In addition, the men and women in the general population are more likely to mention "folk" and non-modern methods of contraception more often than the family planning services clients. It is possible that much of the negative attitude toward contraceptives in the general population can be explained by both misinformation and the paucity of accurate information about modern methods.

Given these low levels of knowledge about family planning methods and the resulting negative attitudes toward contraception, it is not surprising that most men report that they prefer not to use contraceptives. Major concerns for men surrounded the lack of necessity for use within the family, health, and convenience. Even more difficult for the IEC campaign, few of the men in the focus groups said that they would be willing to try a method of contraception in the future. The majority of the women say that they do not use any modern method of contraception, and they made more negative than positive statements about condoms, IUDs, and hormonal pills. Major concerns for women surrounded issues of health safety and effectiveness.

The most trusted and preferred sources of information for the male focus group participants are health care professionals and printed literature. Females say that they would prefer to receive information from trusted physicians and experienced friends. However, very few women report that they now talk to their physicians about family planning, and those who do have such discussions are not satisfied. The men say that they do not talk to each other about family planning and some even say that it would be inappropriate to do so.[8] Women report that they tend to rely most on discussions with women who are close to them.

Another difficulty for the IEC campaign will be changing the attitudes of women toward policlinics. The women see the clinics negatively and see no need to visit a gynecologist. None of the women believe that government-sponsored family planning services clinics will be free of charge.

Both men and women need increased knowledge about what family planning is and examples of successful approaches in other countries. Women in general need increased knowledge about specific contraceptive methods and their use. They have awareness but there is a need to build upon what they know and, more difficult, to correct their incorrect knowledge.

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[8] Therefore, messages should probably not include men talking to men. Throughout the report, there are such indications in the data about what sorts of message components might work and which most likely will not work.