

**Determinants of Induced Abortion Among
Reproductive Age (18-44) Women Living in Yerevan Who Have
At least One Child: Proposal**

**Master of Public Health Integrating Experience Project
Research Grant Proposal Framework**

by

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LIST OF ABBREVIATIONS

AUA American University of Armenia

AMD Armenian Dram

CHSR Center for Health Services Research and Development

CDC Center of Disease Control and Prevention of the United States of America

DHS Demographic and Health Survey

SES Socioeconomic Status

USA Unites States of America

UK United Kingdom

WHO World Health Organization

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EXECUTIVE SUMMARY

Induced abortion is one of the most common gynecological interventions. About 44 million abortions take place globally each year. In 2008, six million abortions were performed in developed countries and 38 million in developing countries. While life threatening morbidity from abortions in countries where it is legal is not considered as a major public health problem, unintended pregnancies and subsequent abortions seriously affect women's health and relationships between family members, and have a great impact on women's rights and social equity.

Several studies found that abortions are most common among young, unmarried, low-income, and educationally disadvantaged women. Repeat abortions and barriers to the prevention of unintended pregnancy have been linked to physical abuse, domestic violence, women's neglect, poor partner communication and lack of control of her own reproductive life. In Armenia, however, there is a practice of using abortion as a means of family planning, and therefore, determinants of abortion may be different here.

Gender selective abortion is another phenomenon of "violence" which places pressure on women to produce children with a certain desired sex and to have an abortion if that is not the case. Armenia is currently considered a low fertility country. While simple reproduction is ensured when the total fertility rate is at least 2.1, according to the United Nations (UN) Population Division in Armenia in 2010 this indicator was around 1.74.

According to data from the last 10 years, the first pregnancy of married woman is rarely terminated in Armenia, and the ratio of boys/girls among the first children in families is 1.04-1.07 which corresponds to the average biological indicator of this ratio (1.02-1.04). Among second children this ratio goes up to 1.08-1.13 and among 3-rd and 4-th children this ratio is 1.6-1.7. Therefore, gender selection is prevalent in second and third children.

The proposed study aims to identify determinants of abortion among women living in Yerevan who have at least one child and to find associations between socioeconomic characteristics, family structure, life satisfaction score, and repeat abortions.

INTRODUCTION

Reproductive rights of women

Fertility of women is not just an indicator for predicting population growth or decline. It can also be an indicator of quality of women's life, whether they desire to have no children, a few or many. Women's right to health, education, economic opportunity, equality and decision making can impact the size of families, nations and global population¹. The socioeconomic position of a woman significantly impacts abortion seeking behavior based on unequal opportunities to avoid unintended pregnancies or to choose the pregnancy outcome on their own².

Beliefs and traditions relating to sexual life and family, as well as maintenance of fertility are different among societies and nations. Abortion in some societies is regarded as a threat for simple reproduction of that particular nation. In some countries these beliefs have resulted in laws which ban induced abortions and other legal restrictions of reproductive rights of women³.

Aiming to empower girls and women in exercising their sexual and reproductive rights, Target 5b of the Millennium Development Goals has emphasized universal access to reproductive health⁴.

Definition and types of induced abortion

The term "abortion" comes from the Latin word "aborini" meaning premature expulsion or birth. Abortion is defined as the interruption of pregnancy before the viability of the fetus which

may be spontaneous or induced⁵. Legal or safe abortion is defined as a termination of pregnancy performed by a licensed clinician⁶. Post abortion care is also mandatory for safe abortions⁷.

Illegal abortions, or unsafe abortions, are defined as a procedure for terminating an unintended pregnancy that is carried out either by persons lacking the necessary skills or out of the medical environment, or both. Induced abortions that are done outside the law can also be self-induced, they can take place in unhygienic conditions, involve use of dangerous methods or incorrect administration of drugs⁸.

Abortion was a surgical procedure until the mid-1990s. Pharmaceutical developments have enabled medical abortions which provide a clinical and cost effective alternative to surgical termination of pregnancy⁸. Since 1985, the drug Misoprostol has been marketed for the prophylaxis and treatment of peptic ulcers. It is now widely used for reproductive health purposes in the form of Mifepristone-Misoprostol combination, although Misoprostol alone is still a safe, acceptable and effective method of medical abortion in countries without a Mifepristone registration⁹. This was one of the most important advances in reproductive health technology since the discovery of oral contraceptives¹⁰. In countries where abortion is legal, medical abortion gives an alternative to a woman who wishes to avoid surgery. In countries where abortion is illegal, it has provided women safer means for early termination of unwanted pregnancy and reduced dependence of women on medical providers and family members and provided greater autonomy and control over their reproductive life¹⁰. However, it is worth mentioning that in almost all jurisdictions, it is illegal to administer drugs to induce an abortion unless those medications are prescribed by a medical practitioner⁹.

Magnitude of the problem worldwide

Since 2003, the number of abortions fell by 600,000 in developed countries and increased by 2.8 million in developing countries. In 2008, six million abortions were performed in developed and 38 million in developing countries, resulting in the following rates of 24 abortions per 1,000 women aged 15–44 years vs. 29 per 1,000, respectively¹¹. Although the rates of abortion are lower in developed countries, induced abortion is still one of the most common gynecological interventions¹². In the United States of America (USA), 47% of women who had an abortion had more than one abortion in their lifetime. In Canada and the United Kingdom, the rates of repeat abortions are 35.5% and 32.0%, respectively¹³.

In most societies, both legislation and stigmatization make it very difficult to measure abortion incidence rate, particularly unsafe abortion and its consequences. The level of underreporting of abortion varies in different societies also due to women's characteristics such as age, partnership status, education, employment status, socioeconomic status, and religion, but it is higher in countries with highly restrictive abortion laws¹⁴. It is suggested that perhaps half of the 44 million abortions which take place globally each year are unsafe, but exact numbers are not known¹⁵.

In some settings, including the countries in South Caucasus, rates of abortion are thought to be inaccurate both because the numerator is difficult to measure and the denominator is thought to be inaccurate¹⁶. Decrease in population due to conflicts and out-migration are not accurately reflected in the total population counts. Therefore, inflated denominators inaccurately affect population-based health measures, including general abortion rates¹⁶. As for the numerators,

thought social stigma associated with self-reports of abortion is not strong in some countries, cross-sectional surveys still suffer from misclassification of abortions and poor recall of them. So called “mini abortions” by vacuum aspiration during the first six weeks of pregnancy, which are fairly common in countries of the former Soviet Union, easily can be misclassified when the question is asked to women about surgical abortion. Poor recall can occur, for example, during the Demographic Health Surveys, when all women of reproductive age in households are interviewed, and women’s willingness to answer abortion related questions are likely to be lower in households where all eligible respondents are interviewed within earshot of one another¹⁶.

Socio-demographic and socio-behavioral determinants of repeat abortion

While life threatening morbidity from abortions is not considered a major public health problem in countries where abortion is legal, unintended pregnancies and subsequent abortions seriously affect women’s health and relationships among family members, and have a great impact on women’s rights and social equity^{17,18}.

Repeat abortions and lack of prevention of unintended pregnancy have been linked to physical abuse, domestic violence, women’s neglect, poor partner communication and lack of control of her own reproductive life¹⁹. In some societies, repeat abortions are more common among young, unmarried, low-income, and educationally disadvantaged women¹⁷.

Use of contraception as well as abortions is linked to the socio-demographic characteristics of women as well as to the type of relationship with the intimate partner²⁰. Women using non-

highly effective contraception methods before an abortion are more likely to have a lower educational level and some “social distance” (“stigma”, unemployment, financial dependence, or discrimination) from the health care system. Socio-demographic characteristics of women can be associated with a lower likelihood of using highly effective methods after an abortion as well. This evidence suggests that the changing of abortion seeking behavior is harder for some socially disadvantaged women²⁰.

Study done in Armenia in 2000 , as an baseline survey to the “Green Path Campaign for Family Health” Project, found that women with .higher education, employed women, and women with higher socioeconomic status were more likely use or have ever used modern methods of family planning. High level education, employment and socioeconomic status were associated with an increased role of women for decision-making on her own reproductive health ²¹.

In several studies women mentioned the relationship with husband (partner), poverty and intergenerational differences as factors for having an abortion²². Studies have found that abortion as a birth control method is more common among low-income, educationally disadvantaged women and victims of sexual abuse and domestic violence²³. Difficult life circumstances may seriously influence women’s pregnancy decisions. More than half (57%) of women having abortion in the USA experienced a potentially disruptive recent event, such as unemployment (20%), separation from a partner (16%), issues of rent of apartment (14%) and moving multiple times (12%). Poverty status was significantly associated with several of these events and had a direct impact on a family’s economy which affecting women’s decision to go for an abortion²³.

In some cases lack of power and independence of women can affect their decision-making on pregnancy outcomes²⁴. Some women are pushed into making that decision rather than making the decision on their own. Being pressured by family members or circumstances, those women suffer from negative feelings, such as guilt and loss, years after the abortion²⁴. Family and partner play important roles in decision making on pregnancy outcomes, since pregnancy decision making is not an individual process, it involves advice and emotional support from others²⁴.

Life satisfaction

The discussed socio-demographic factors seriously affect not only the decision to have an abortion, but life satisfaction of women as well. Studies conducted among women in Sweden and the United Kingdom found associations between socioeconomic factors such as occupation, income, role in family, number of children, and life satisfaction^{25,26}.

Recent research has shown that social class or socioeconomic status (SES) is related to satisfaction with life and stability in relationships, the quality of parent-child relationships, and other large range of outcomes²⁷. One study, which used data from the World Values Survey (2005-06 WVS) and included information from 11 countries, found significant impact of education on life satisfaction of women, independently from income and occupational status²⁸. Education levels have a serious impact on health behaviors in many countries; people with higher education are less likely to smoke, less likely to be heavy drinkers, more willing to utilize

preventive care, including contraception²⁹. Health, finances, employment, role in family and society associated with women's education and therefore life satisfaction³⁰.

The surveys done in Armenia found a statistically significant difference between female and male respondents on satisfaction with their sexual activity (58.7% of female vs. 72.6% of male respondents, $p=0.000$). The majority of women respondents (77.0%) agreed that women must obey men; and higher proportion (84.6%) agreed that men have a right to discipline women in their home, which shows low level of decision making and communication with partner³¹.

Gender selective abortions

Gender preference is a global phenomenon now contributing to high abortion rates³². Preference for having a son is common in a number of South and East Asian countries such as India, China, Singapore, Taiwan, Hong Kong and South Korea, as well as in some former Soviet countries in the Caucasus and Balkans such as Armenia, Azerbaijan, Georgia and Serbia. At the country level it brings an inequality in sex ratios and, at the individual and family level there is great pressure placed on women to produce male children and as a result of this, to abort female fetuses³².

In societies with strong son-preference, the birth of a son may increase a woman's status within the family and society and may ensure better treatment for her and the child. For this reason, women seek to abort a pregnancy with a female fetus. It is not necessarily an autonomous choice. In some cases women have abortions to avoid physical and/or psychological abuse³³.

“Sex-selective abortion” is a form of gender discrimination, in which a fetus is aborted after determination of its sex. This prenatal discrimination is one of the worst forms of gender inequality³⁴.

Situation in Armenia

In the former Soviet Union countries, induced abortion has been a common way of birth control for decades. Some population-based surveys suggest that use of modern contraceptives is rising in these countries, but abortion is still a widely used method³⁵.

On average, Armenian women undergo 2 induced abortions during their lifetime³⁶. Though modern contraception use increased from 20% in 2005 to 27% in 2010, 29% of all pregnancies that occurred in the three years preceding the 2010 Armenia Demographic and Health Survey ended in induced abortion. According to the 2010 DHS, having an abortion was associated with being in the lowest wealth quintile (28.9 % versus 36.0%) and having a secondary versus high education (36.5% versus 20.7%). The proportion of women having more than 6 abortions is 6.7% in secondary education group and 1.9% in higher education group³⁶. Some women reported having as many as 20 abortions in 2007³⁶.

According to data from the last 10 years, the first pregnancy of married women rarely gets interrupted in Armenia, and the ratio of boys/girls among the first children in families is 1.04-1.07, which corresponds to the average biological indicator of this ratio (1.02-1.04). Among second children this ratio goes up to 1.08-1.13 and among 3-rd and 4-th children this ratio is 1.6-

1.7. Gender selective abortions starting the second child become a topic of great concern in Armenia³⁷.

In Armenia, abortion is available on request during the first 12 weeks of gestation, and up to 22 weeks of gestation for a broad range of medical and social reasons³⁸. According to the Resolution of the Government of the Republic of Armenia N 1116 (August 2004), induced abortions, both surgical and medical, are legal when done in licensed medical facilities³⁸.

Study objective

The overall objective of the proposed study is to determine factors associated with having repeat (more than one) abortions among reproductive age women, who have at least one child and live in Yerevan, Armenia. The factors of interest include socioeconomic status (employment, education, and financial dependency), life satisfaction score, and gender of child/children in family.

METHODOLOGY

Study Design and Setting

To address the objective of the study the student investigator will conduct a cross-sectional survey in the capital city of Yerevan, where distance is not a barrier for accessing gynecologists for surgical abortion and drug stores for medical abortion to identify determinants of abortion

seeking behavior, such as life satisfaction level of women, employment status, educational level, family size and structure.

The target population includes women from the age 18 to 44, having at least one child and living in Yerevan (registered in polyclinic).

The exclusion criteria for the study population include:

- being registered in the polyclinic in Yerevan, but living in one of the marzes
- inability to speak Armenian
- having a medical contraindication for childbearing.

Sample size

The sample size was calculated based on a standard formula of comparing two equal size groups for cross-sectional studies³⁹.

$$n = \frac{\left\{ z_{1-\alpha/2} \sqrt{2\bar{P}(1-\bar{P})} + z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)} \right\}^2}{(P_1 - P_2)^2}$$

For the sample size calculation, the study team considered the level of education as a risk factor for having repeat abortions. According to the 2010 Armenia Demographic and Health Survey, proportion of women with an induced abortion among women with high education was 19.7%,

and the proportion of women with induced abortion among women with only secondary or special secondary education was 37.0%.

Type I error of the study specified is α equal to 0.05 and power equal to 0.80.

The study team assumed that approximately equal numbers of women with secondary or special (technical) secondary education and higher education will be in the sample, as it was in the DHS Armenia 2010 report, where 46.0% of reproductive age women reported having secondary or special secondary education and 47.3% reported having higher education.

With the P_1 equal 0.37, P_2 equal 0.197 we have \bar{P} 0.2835.

With the α equal to 0.05, $Z_{1-\frac{\alpha}{2}}$ equal to 1.96 and with the power equal to 0.8 $Z_{1-\beta}$ is equal to 0.842.

$$n = \frac{(1.96\sqrt{2 * 0.2825 * 0.7165} + 0.842 \sqrt{0.37 * 0.63 + 0.197 * 0.803})^2}{(0.37 - 0.197)^2}$$

The estimated sample size is 105 for each group.

Adjustment for continuity was also conducted based on the following formula⁴⁰. The final sample size (N) is 107 per group.

$$N = \frac{n}{4} \left\{ 1 + \sqrt{1 + \frac{4}{n|P_2 - P_1|}} \right\}^2$$

Taking into account the response rate of reproductive age women living in Yerevan to 2010 DHS Armenia (97.4%), the number of respondents sampled in each group will be 110.

Sampling frame and sampling methodology

To achieve the sample size, women will be randomly selected out of complete lists of registered children aged 0-18 from the lists of children of randomly selected pediatricians in polyclinics. Polyclinics will be chosen purposively, five out of twelve polyclinics of Yerevan. Investigator will choose polyclinics which serve population registered in more than two communities. This will give an opportunity to include women from each community of Yerevan. In each polyclinic four pediatricians will be randomly selected out of the list. From the registration journal of each pediatrician 11 children will be randomly selected. After random sampling, the study team will contact selected participants (mothers of children) by telephone (if telephone number exists in the medical record of the child) and arrange the interviewers at the most convenient time and place for the interviewee (Annex 1).

Study Variables

The dependent variable of interest is the number of abortions. The main independent variables of the study are education level, life satisfaction score, employment status, family size, family structure, and child's or children's gender in the family.

Validated Likert type scale of life satisfaction, which was developed to measure satisfaction with own health and life, has overall nine items. This scale includes socio-demographic and socio-behavioral factors such as income, sexual activity, communication with partner/family and

society. Several statements added to this scale were developed to measure relationships between men and women in the family and right of women to make independent decisions.

Study instrument

A structured questionnaire will be used during the face-to-face interviews (Annex 3).

The questionnaire was developed based on questions included in Reproductive Health Surveys conducted in several countries⁴¹ and health surveys conducted in Armenia⁴².

The instrument is divided into three broad areas: life satisfaction questionnaire, socio-demographic questions, and reproductive health questions.

The student investigator pretested the developed instrument with three women and made minor changes to improve it.

Data management and analysis

After data collection, data will be entered into SPSS-17 software. Data cleaning will be done by range checks and spot checks. Statistical package STATA 12.0 will be used for analyses.

The analysis will provide both descriptive (means, frequencies and standard deviations) and analytical statistics. Multiple linear regression will be used since the outcome variable of interest is the number of abortions and it is a continuous

variable. To test the difference between means of continuous variables, for normal distributions, the two-sample independent T-test will be used.

The results with the p-value less than 0.05 will be considered as statistically significant and they will be included in the multivariable regression models to control for potential confounders and identify possible interactions between variables. Variance Inflation factors will be employed to detect possible multicollinearity among independent variables in the regression model. Highly correlated variables will not be included in the regression model together.

ETHICAL CONSIDERATIONS

The Institutional Review Board (IRB of the American University of Armenia) reviewed and approved the proposed study protocol. The collected data will not include identifiable information. Oral consent forms will be obtained from each participant. The participants will know that they can stop the interview at any time or skip any question they want.

Each participant will receive a thank you gift for participation: toys (for child/children under the age 3) and color pens and art pads of paper (for child/children above age 3).

BUDGET

The estimated budget of this project includes personnel expenses, direct expenses including transportation, supplies, and other project related expenses. The total budget is estimated to be 1648500 AMD. Table 1 provides detailed description of expenses and budget organization and Table 2 provides the schedule of activities.

PERSONNEL

The personnel of the study will consist of a project coordinator, who will be responsible for administrative activities and preparation of the final report, field work supervisor, who will be responsible for identification of the study population, training of data collection and entry personnel, and biostatistician, who will be responsible for data management and analysis.

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TABLE 1. BUDGET

COD E	BUDGET CATEGORY	Unit	Number of Units	Cost per Unit, AMD	Total, AMD	Description
0100	Salaries of Research Team					
0101	Project manager	months	2	250000	500000	Regular salary for Program Manager who will coordinate the research project and write the report. Salary includes income tax.
0102	Field work supervisor/trainer	months	1	200000	200000	Regular salary for supervising field work and data management, training of interviewers. Salary included income tax.
0103	Interviewers	Interview w	220	1000	220000	Interviewers will be paid 1500 dram (including taxes) per interview.
0104	Data entree	days	5	5000	25000	Data entries officers will be paid per day, each day require entry of around 40 questionnaires, which will require around 4 hours.
0104	Financial consultant	days	4	10000	40000	Salary per day for coordinating financial issues.
0105	Biostatistician	months	1	250000	250000	Regular salary for Biostatistician, who will be responsible for data analysis. Salary included income tax.
0200	Travel/transportation expenses:					
0201	Car (Taxi)	km	500	100	50000	Transportation costs for field work, calculated based on need to go to polyclinics for sampling, to field work and for spot checks.
0300	Other					
0301	Office supplies	months	2	10000	20000	Costs of stationary (including office supplies, paper, etc).
0302	Printing / publications	months	1	15000	15000	Printing materials,

						including questionnaires, training materials, final report etc.
0303	Thank you gifts for participants	Toy/box of color pen, album	220 +30	1000	250000	Thank you gifts will be provided to mothers (toy for a child under age 3, pen+ album for a child above age 3).
	TOTAL				1570000	
0400	MISCELLANEOUS:					
0401	Unforeseen expenses (5% of the total budget)	months			78500	Unplanned expenses, which research team might face during the project.
	TOTAL				1648500	

TABLE 2.SCHEDULE OF ACTIVITIES

	Project implementation							
	1st month				2nd month			
	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Meetings with the administration of policlinics								
Sampling								
Training of the interviewers								
Preparation of questionnaires/printing								
Data collection								
Data entry personnel training								
Data entry & cleaning								
Data Analyses								
Preparation of the final report								

ANNEX 1

Telephone Script Form

If someone answers the phone:

Hi, I am Lusine Kocharyan from the American University of Armenia. I am a medical doctor and public health professional. I have received your name and phone number from [INSERT PEDIATRICIAN NAME] to participate in a study about reproductive age women living in Yerevan, Armenia.

Let me tell you a little bit about the study. We aim to do this project to better understand factors that affect women's experiences on repeat abortions. Our study participants are women living in Yerevan, having at least one child. We have randomly chosen mothers from the list of polyclinic pediatricians. Your participation will take less than 30 minutes to answer our questions.

Does this sound like something you may be interested in?

- **If subject says YES proceed below**
- **If subject says NO end call and tell them thank you for your time and that their contact information will be destroyed. Additionally assure them that the pediatrician will not be made aware of their decision**

Before enrolling you into the study, I need to ask you some questions to see if you are eligible to participate.

- **Fill out the exclusion criteria sheet**

Exclusion Criteria:

- ✓ being registered in the polyclinic in Yerevan, but living in one of the marzes,
- ✓ inability to speak Armenian,
- ✓ having a medical contraindication for childbearing

- **If subject meets inclusion, continue below**
- **If subject does not meet inclusion, thank them for their time, inform them that their contact information will be destroyed, assure them that the pediatrician will not be made aware of this information and end the call.**

You are eligible to participate in our study and now I would like to schedule for an appointment. Will you allow a member of our research team from the American University of Armenia to visit your home or will you prefer to answer questions somewhere else; we can meet at a place that you prefer?

- **If subject agreed on the meeting, proceed below**

- **If subject do not agree neither home visit, nor outdoor visit, tell them thank you for your time and that their contact information will be destroyed. Additionally assure them that the pediatrician will not be made aware of their decision**

What date and time would work best for you?

- **Review calendar to ensure there are NO other appointments for the suggested time. Visits should be scheduled in 30 minute blocks.**
- **Write address in the call log if available.**

Thank you for your interest and we'll see you soon.

Հեռախոսագանգի սցենար

Եթե որևէ մեկը պատասխանում է հեռախոսագանգին.

Ողջուն: Ես Լուսինե Քոչարյանն եմ Հայաստանի Ամերիկյան համալսարանից: Ձեր անունը և հեռախոսահամարը ինձ տրամադրել է (մանկաբույժի անուն, ազգանունը), քանի որ Դուք կարող եք համապատասխանել մեր կողմից իրականացվող հետազոտության պահանջներին: Թույլ տվեք մի փոքր ներկայացնել հետազոտությունը: Կանանց շրջանում հղիության արհեստական ընդհատման փորձը, դրան նպաստող գործոնները պարզելու նպատակով Երևանում բնակվող, ամենաքիչը մեկ երեխա ունեցող կանանց շրջանում իրականացվելու է հետազոտություն: Հետազոտության մասնակիցների պատահական ընտրությունը ապահովելու նպատակով կանայք ընտրվելու են տեղամասային մանկաբույժների գրանցամատյաններից, որտեղ գրանցված են նրանց երեխաները: Հետազոտությանը Ձեր մասնակցությունը կտևի ընդամենը 30 րոպե՝ մեր հարցերին պատասխանելու նպատակով: Կարծում ե՞ք, որ սա կհետաքրքրի Ձեզ:

- Եթե հարցվողը պատասխանում է այո, ապա շարունակեք
- Եթե հարցվողը պատասխանում է ոչ, ավարտեք հեռախոսագանգը, շնորհակալություն հայտնեք տրամադրած ժամանակի համար և ոչնչացրեք նրա տվյալները: Լրացուցիչ տեղեկացրեք մասնակցին, որ իր որոշման մասին մանկաբույժին տեղեկություն չի տրամադրվելու :

Մինչ այս հետազոտությանը Ձեզ ներգրավելուն՝ ես պետք է տամ Ձեզ մի քանի հարց հետազոտությանը Ձեր համապատասխանությունը որոշելու համար:

- Լրացրեք հետազոտության մեջ չընդգրկվելու չափանիշների ձևը

Հետազոտությանը չեն կարող մասնակցել՝

- ✓ Երևանի պոլիկլինիկաներից մեկում գրանցված, սակայն ՀՀ մարզերից մեկի բնակիչ հանդիսացող կանայք
- ✓ Հայերենին չտիրապետող կանայք
- ✓ Հղիության կամ ծննդաբերության բժշկական հակացուցում ունեցող կանայք

- Եթե հարցվողը ենթակա է հետազոտությանը ընդգրկվելու, ապա շարունակեք
- Եթե հարցվողը ենթակա չէ ընդգրկվելու հետազոտությանը, ավարտեք հեռախոսագանգը, շնորհակալություն հայտնեք տրամադրած ժամանակի համար և ոչնչացրեք նրա տվյալները: Լրացուցիչ կերպով տեղեկացրեք, որ իր որոշման մասին մանկաբույժին տեղեկություն չի տրամադրվելու:

Դուք համապատասխանում եք հետազոտությանը մասնակցելու համար ներկայացված պահանջներին և այժմ ես կցանկանայի պայմանավորվել հարցազրույցի մասին` Ձեր տանը կամ այլ վայրում այն իրականացնելու համար:

- Եթե հարցվողը համաձայնում է մասնակցել հարցազրույցի, ապա շարունակեք:
- Եթե հարցվողը չի համաձայնում մասնակցել հարցազրույցի ոչ տանը, ոչ այլ վայրում, ապա ավարտեք հեռախոսազանգը, շնորհակալություն հայտնեք և ոչնչացրեք նրա տվյալները: Լրացուցիչ տեղեկացրեք, որ իր որոշման մասին մանկաբույժին տեղեկատվություն չի տրամադրվելու :

Որ օրը և ժամն են առավել հարմար Ձեզ` հարցազրույցը իրականացնելու համար

- Վերանայեք օրացույցը, որպեսզի համոզվեք, որ առաջարկվող ժամի համար չկա որևէ այլ հանդիպում: Հանդիպման համար պլանավորեք 30 րոպե ժամանակահատված

Շնորհակալություն հետաքրքրության համար և մինչ հանդիպում:

ANNEX 2

American University of Armenia Institutional Review Board #1/Committee on Human Research

Consent form

Hello, my name is Kocharyan Lusine. I am a medical doctor and a graduate student of the Master of Public Health program within the School of Public Health at the American University of Armenia. Our department is conducting a project to better understand factors that affect women experiences on abortion.

I am inviting you to participate in an interview for this project because you are a citizen of Armenia, live in Yerevan and speak Armenian and you are registered as a mother in the polyclinic's list. We obtained your contact information from the polyclinic where your child/children is/are registered. Your participation in this study only involves today's interview. It should take no longer than 30 minutes to complete the interview. Your name will not appear on the questionnaire or in any presentation of the project. Paper with your answers will have not have identifiable information and only aggregated data obtained from all study participants will be presented in the final report and presentation.

Your participation in this study is voluntary. There is no penalty if you decline to take part in this project. You may refuse to answer any question or stop the interview at any time. There is no financial compensation or other personal benefits from participating in the study and there are no known risks to you resulting from your participation in the study. Your participation will help us to identify main factors linked to abortion seeking behavior in Armenia.

If you have any questions regarding this study you can call the Associate Dean of the School of Public Health Dr. Varduhi Petrosyan (37410) 51 25 92 or the member of the research team Arusyak Harutyunyan (37410)512526. If you feel you have not been treated fairly or think you have been hurt by joining the study you should contact the Human Subject Protection Administrator of the American University of Armenia (37410) 51 25 61.

Do you agree to participate? Please say YES or NO.

Thank you.

If yes, shall we continue?

Հայաստանի ամերիկյան համալսարան
Հանրային առողջապահության բաժին
Գիտահետազոտական էթիկայի թիվ 1 հանձնաժողով
Իրազեկ համաձայնության ձև

Բարև Ձեզ, իմ անունը Լուսինե Քոչարյան է: Ես Հայաստանի ամերիկյան համալսարանի Հանրային առողջապահության բաժնի ավարտական կուրսի ուսանող եմ: Մեր բաժինն իրականացնում է մի հետազոտություն, որի նպատակն է հասկանալ, թե ինչ գործոններն են նպաստում կանանց ընտրելու հղիության արհեստական ընդհատման (աբորտի) մեթոդը: Դուք հրավիրված եք մասնակցելու այս հարցազրույցին, քանի որ Հայաստանի Հանրապետության քաղաքացի եք, Երևանի բնակիչ, խոսում եք հայերեն, գրանցված եք պոլիկլինիկայի մանկաբուժական բաժնում: Ձեր տվյալները մենք վերցրել ենք Ձեր երեխայի/երեխաների պոլիկլինիկայից:

Ձեր մասնակցությունը սահմանափակվում է միայն ներկայիս հարցազրույցով, որը կտևի ոչ ավել քան 30 րոպե: Ձեր անունը չի նշվի ոչ հարցաթերթիկի վրա, ոչ էլ որևէ զեկույցում կամ ներկայացման մեջ: Ձեր կողմից տրամադրված տեղեկատվությունն օգտագործվելու է միայն այս հետազոտության շրջանակներում, և միայն ընդհանրացված տվյալներն են ներկայացվելու վերջնական զեկույցում:

Ձեր մասնակցությունն այս հետազոտությանը կամավոր է: Ձեզ ոչինչ չի սպառնում, եթե Դուք հրաժարվեք մասնակցել այս հետազոտությանը: Դուք կարող եք հրաժարվել պատասխանել ցանկացած հարցի կամ ցանկացած պահի ընդհատել հարցազրույցը:

Դուք չեք ստանալու որևէ պարգևատրում հետազոտությանը մասնակցելու դեպքում: Դուք ոչ մի ռիսկի չեք դիմում մասնակցելով այս հետազոտությանը: Ձեր անկեղծ պատասխանները կօգնեն հասկանալ թե ինչ գործոններ են նպաստում կանանց ընտրելու հղիության արհեստական ընդհատման եղանակը և ներկայացնել առաջարկներ հղիության արհեստական ընդհատման մեթոդը Հայաստանում նվազեցնելու համար:

Այս հետազոտության վերաբերյալ հարցեր ունենալու դեպքում կարող եք զանգահարել ՀԱՀ Հանրային առողջապահության բաժնի փոխդեկան Վարդուհի Պետրոսյանին կամ հետազոտական թիմի անդամ Արուսյակ Հարությունյանին՝ համապատասխանաբար (37410) 51 25 92 և (37410) 512526 հեռախոսահամարներով: Եթե Դուք կարծում եք, որ Ձեզ լավ չեն վերաբերվել կամ այս հետազոտությանը մասնակցելու դեպքում Ձեզ վնաս է հասցվել, կարող եք զանգահարել Հայաստանի ամերիկյան համալսարանի էթիկայի հանձնաժողովի քարտուղարին (37410) 51 25 61 հեռախոսահամարով:

Համաձայն էք մասնակցել (այո կամ ոչ): Շնորհակալություն:
Կարո՞ղ եմք շարունակել:

ANNEX 3

ID _____

Date _____

Start Time _____

SOCIO-DEMOGRAPHIC QUESTIONS

Date of Birth: -----/-----/-----

(D) (M) (Y)

1. Indicate the highest level of education that you have completed:

(circle only one)

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

2. Marital Status:

(circle only one)

1. Married
2. Married, but living separately due to work migration.
3. Not married, but living with a partner

4. Single
5. Divorced
6. Widowed
7. Other_____

4. What type of family you have?

1. Nuclear family (you, your husband or partner and your child/children)
2. Multigenerational family (you, your husband or partner and your child/children and parents of your partner/husband or other relatives)
3. I live alone
4. Other_____

5. Are you currently employed, including self employment, farming, season work etc.?

1. Yes **If yes, go to Q7**
2. No **If no go to Q6**

6. Which of the following best describes your situation?

(Read answers, circle only one)

1. Unemployed, looking for a job.
2. Unemployed, but not looking for a job.
3. On maternity leave
4. In our family women are not allowed to work
5. Can't work due to permanent disability

6. Other_____

7. How many hours are you working (according to contract)?

1. I am part time worker, about 4 hours per day.
2. I am a full time worker, about 8 hours per day.
3. I have additional work, more than 8 hours per day.
4. I am a full time worker with the night shifts.
5. Other_____

8. Who is a main contributor to your family budget?

1. You
2. Your husband
3. Your parents-in-law
4. Your parents
5. All members contribute approximately equally
6. Other_____

Questions on Reproductive Life.

9. How many children do you have?

10. Could you please indicate the date of birth and gender of your child/children.

a.Date of birth	b.Gender
-----------------	----------

11. Have you ever had any pregnancy that was not carried to full term?

1. Yes
2. No

12. Have you ever had an induced abortion including abortion through medical pills, vacuum aspiration (mini abortion) and surgical abortions?

1. Yes
2. No

If no, skip to question 22

13. Could you tell how many induced abortions did you have including abortion through medical pills, vacuum aspiration (mini abortion) and surgical abortions?

If 0, stop the filling Reproductive domain of questionnaire

14. The last pregnancy that you have interrupted, is:

(Read and circle only one)

1. Surgical abortion
2. Mini abortion
3. Medical abortion` using drugs at home, without doctor`s prescription

4. Medical abortion` using drugs prescribed by doctor and under his/her control
5. Other_____
88. Do not remember

15. How did you confirm the last pregnancy that you aborted?

(Check all that apply)

1. By urine test
2. Ultrasound
3. Other_____
88. Do not remember

16. Approximately at what gestation age did you confirm it?

17. At what gestation age had you interrupted your last pregnancy?

(circle only one)

1. Before 8 weeks
2. From 8 to 13 weeks
3. After 13 weeks
88. Do not remember

18. Did you have ultrasound test before the abortion?

1. Yes
2. No

88.Do not remember

If no, go to Q 20

19.Did you checked the gender of fetus

1. Yes
2. No

88.Do not remember

20. The main reason for interrupting the last unplanned pregnancy:

(Read, circle only one)

1. Family size is completed
2. Gender of the fetus
3. Relationships in family / with intimate partner
4. Postponing next child birth due to the need to continue working or education
5. Postponing next child birth due to social-economic issues
6. Other_____

21. How did you make the decision to abort the pregnancy?:

1. Alone
2. After consulting with my husband/partner only
3. It was mutually agreed
4. We asked for an advice from our parents/other family members
5. Other _____

22. Life Satisfaction Scale

Please answer all the questions.

How satisfied are you with?	Extremely Dissatisfied	Dissatisfied	Neither satisfied, nor dissatisfied	Satisfied	Very satisfied
a. The health of your body	1	2	3	4	5
b. Your ability to think	1	2	3	4	5
c. Your sexual activity	1	2	3	4	5
d. How much you see your family/friends	1	2	3	4	5
e. The help you get from family/friends	1	2	3	4	5
f. Your daily activity	1	2	3	4	5
g. Your recreational or leisure activities?	1	2	3	4	5
h. Your family income meeting your needs?	1	2	3	4	5
i. Your ability to help in your community?	1	2	3	4	5

23. Please answer all the questions

Please indicate how strongly you agree disagree with each statement?	Strongly disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree
a. At home women have the right to disagree with the man in the house?	1	2	3	4	5
b. Men have the right to discipline women in their home	1	2	3	4	5
c. Women must obey men.	1	2	3	4	5

ID _____

Ամսաթիվ
Սկիզբ

Սոցիալ ժողոցրդագրական հարցեր

1. Ձեր ծննդյան ամսաթիվը

___/___/___

2. Ձեր կրթությունը

(Գարդալ, ընդգծել պատասխաններից մեկը)

1. Միջնակարգ (պակաս քան 10 տարին)
2. Միջնակարգ (10 տարի)
3. Միջին մասնագիտական կրթություն
4. Բակալավր (ինստիտուտ, համալսարան)
5. Հետդիպլոմային կրթություն (մագիստրատուրա, ասպիրանտուրա)
6. Այլ _____

3. Ձեր ընտանեկան կարգավիճակը

(Գարդալ, ընդգծել պատասխաններից մեկը)

1. Ամուսնացած եմ
2. Ամուսնացած եմ, սակայն ներկայումս ապրում եմ միայնակ ամուսնու արտագնա աշխատանքի պատճառով
3. Ամուսնացած չեմ, սակայն ապրում եմ գուգրնկերոջս հետ
4. Միայնակ եմ
5. Ամուսնալուծված եմ
6. Այրի եմ
7. Այլ _____

4. Ներկա պահին Դուք ինչ բնույթի ընտանիքում եք բնակվում

1. Կորիզային ընտանիքում (Դուք, Ձեր ամուսինը կամ զուգընկերը, Ձեր երեխան/երեխաները)
2. Բազմասերունդ ընտանիքում(Ձեր կամ Ձեր ամուսնու/զուգընկերոջ ծնողների, հարազատների հետ համատեղ)
3. Միայնակ՝ երեխայիս/երեխաներիս հետ
4. Այլ_____

5.Ներկա պահին Դուք աշխատում եք, ներառյալ ինքնազբաղվածությունը, գյուղատնտեսական, ձեռնարկատիրական գործունեությունը

1. Այո
2. Ոչ

Եթե պատասխանը Ոչ է, անցեք Հարց 6-ին, եթե Այո՝ Հարց 7-ին

6. Ներքոհիշյալներից որն է լավագույնս նկարագրում Ձեր կարգավիճակը՝

(Կարդալ, ընդգծել պատասխաններից մեկը)

1. Գործազուրկ եմ, փնտրում եմ աշխատանք
2. Գործազուրկ եմ, սակայն չեմ փնտրում աշխատանք
3. Գտնվում եմ երեխայի խնամքի արձակուրդում
4. Մեր ընտանիքում կնոջը չեն թույլատրում աշխատել
5. Չեմ կարող աշխատել՝ մշտական անաշխատունակության պատճառով
6. Այլ_____

7. Օրը քանի ժամ եք անցկացնում Ձեր աշխատավայրում (համաձայն աշխատանքային պայմանագրի)

1. Ես աշխատում եմ կես դրույք՝ օրը 4 ժամ
2. Ես աշխատում եմ լրիվ դրույք՝ օրը 8 ժամ
3. Ես աշխատում եմ լրացուցիչ՝ ավելի քան 8 ժամ
4. Ես աշխատում եմ լրիվ դրույք՝ նաև գիշերային հերթավոխով
5. Այլ_____

8. Ձեր տնային տնտեսության եկամտում ով ունի ամենամեծ ներդրումը

1. Դուք
2. Ձեր ամուսինը
3. Ձեր ամուսնու ծնողները
4. Ձեր ծնողները
5. Ընտանիքի անդամներով մոտավորապես հավասար ներդրում ունենք
6. Այլ_____

ID_____

Ամսաթիվ
Սկիզբ

Հարցեր Ձեր վերարտադրողական կյանքի վերաբերյալ

9. Քանի երեխա ունեք

10. Կարող եք նշել Ձեր երեխաների ծննդյան ամսաթվերը և սեռը

a. Ծննդաբերության ամսաթիվը	b. Երեխայի/երեխաների սեռը

11. Ունեցել եք արդյոք հղիություն, որը չի ավարտվել ծննդաբերությամբ:

1. Այո
2. Ոչ
3. Չեմ հիշում

12. Դիմել եք արդյոք արհեստական վիժման՝ ներառյալ դեղահաբերի միջոցով, վաղ ժամկետում «մինի» աբորտ վակուումի միջոցով և վիրաբուժական աբորտի միջոցով:

1. Այո
2. Ոչ

Եթե ոչ, անցում հարց 22ին :

13. Կարող եք նշել, քանի անգամ եք դիմել հղիության արհեստական ընդհատման?

Եթե 0, ընդհատել հարցաթերթի ռեպրոդուկտիվ մասը լրացնելը

**14. Դուք ընդհատել եք Ձեր վերջին հղիությունը՝
(Կարդալ, ընդգծել մեկը)**

1. Վիրաբուժական մեթոդով
2. Վաղ ժամկետում՝ «մինի» աբորտ
3. Դեղահաբերի օգնությամբ, տանը, առանց բժշկի նշանակման
4. Դեղահաբերի օգնությամբ, բժշկի նշանակմամբ և նրա հսկողության տակ
5. Այլ_____
88. Չեմ հիշում

**15. Ինչպես հասատատեցիք նշված հղիությունը
(ընտրել բոլոր հնարավոր պատասխանները)**

1. Թեստի օգնությամբ
 2. Ուլտրաձայնային հետազոտությամբ
 3. Այլ _____
88. Չեմ հիշում

16. Մոտավորապես որ ժամկետում հաստատեցիք նշված հղիությունը

**17. Մոտավորապես որ ժամկետում ընդհատեցիք նշված հղիությունը
(նշել միայն մեկը)**

1. Մինչև 8 շաբաթական ժամկետը.
 2. 8 շաբաթականից 13 շաբաթական ժամկետում
 3. 13 շաբաթականից հետո
88. Չեմ հիշում

**18. Արդյոք անցել եք ուլտրաձայնային հետազոտություն ընդհատումից
առաջ**

1. Այո
2. Ոչ
3. Չեմ հիշում

Եթե ոչ, անցեք Հարց 20

19. Հետազոտության արդյունքում հայտնի դարձավ երեխայի սեռը

1. Այո
2. Ոչ
3. Չեմ հիշում

**20. Հղիությունը ընդհատելու հիմնական պատճառն էր
(Նշել բոլոր ճիշտ պատասխանները)**

1. Ընտանիքիս ներկայիս կազմը համարում եմ ամբողջական
2. Ապագա երեխայի սեռը կարևոր է ինձ համար
3. Հերթական ծննդաբերությունը ստիպված էի հետաձգել աշխատանքի պատճառով և/կամ կրթության պատճառով
5. Հերթական ծննդաբերությունը ստիպված էի հետաձգել սոցիալ – տնտեսական (բնակարանային, գործազրկության և այլն) պատճառներով
6. Այլ_____

21. Ինչպես եք կայացրել հղիության ընդհատման մասին որոշումը

1. Կայացրել եմ միայնակ
2. Կայացրել ենք ես և ամուսինս/զուգընկերս՝ համատեղ
3. Դիմել ենք մեր ծնողների խորհուրդին
4. Այլ_____

ID _____

**Ամսաթիվ
Սկիզբ**

22.

Խնդրում եմ պատասխանել հետևյալ հարցերին.

Որքանով եք Դուք բավարարված	Շատ դժգոհ եմ	Դժգոհ եմ	Ոչ դժգոհ եմ, ոչ ՝գոհ եմ	Գոհ եմ	Շատ գոհ եմ
a.Ձեր օրգանիզմի առողջական վիճակով	1	2	3	4	5
b. Ձեր կենտրոնանալու և մտածելու կարողությամբ	1	2	3	4	5
c.Ձեր սեռական կյանքով	1	2	3	4	5
d.Այն ժամանակով, որ տրամադրում եք Ձեր ընտանիքին և ընկերներին	1	2	3	4	5
e.Այն օգնությամբ, որ ստանում եք Ձեր ընտանիքից և ընկերներից	1	2	3	4	5
f.Ձեր ամենօրյա գործունեությամբ	1	2	3	4	5
g.Ձեր ազատ հանգստի և	1	2	3	4	5

Ժամանցի կազմակերպմամբ					
հ.Ձեր ընտանիքի եկամուտով	1	2	3	4	5
ի.Հարևանությանը օգնելու Ձեր կարողությամբ	1	2	3	4	5

23.

Ինդրում եմ պատասխանել հետևյալ հարցերին.

Որքանով եք համաձայն ստորև նշված պնդումներին	Ամեննին համաձայն չեմ	Համաձայն չեմ	Ոչ համաձայն եմ, ոչ էլ՝ ոչ	Համաձայն եմ	Լիովին համաձայն եմ
ա.Ընտանիքում կանայք իրավունք ունեն չհամաձայնվելու տղամարդկանց հետ:	1	2	3	4	5
բ.Իրենց տանը տղամարդիկ իրավունք ունեն կարգի հրավիրելու կանանց:	1	2	3	4	5
գ.Կանայք պետք է հնազանդվեն տղամարդկանց:	1	2	3	4	5

Շնորհակալություն մասնակցության համար