Perceptions of Family Planning and Reproductive Health Issues:
Focus Group Discussions in Kazakhstan, Turkmenistan, Kyrgyzstan, and Uzbekistan

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Preface and Acknowledgments

This work was conducted under the auspices of the Reproductive Health Services Expansion Program (RHSEP), with funding from the United States Agency for International Development (USAID) as part of a larger project to help ministries of health in the Central Asian Republics (CAR) strengthen their reproductive health programs. This report was disseminated in an unpublished form, in 1994, among the Ministries of Health of the respective countries and the cooperative agencies working in the countries. The data analysis and findings have informed United Nations Population Fund (UNFPA) and Johns Hopkins University Population Communication Services (JHU/PCS) materials development and program planning efforts. A summary version of this Field Report was presented at the American Public Health Association meeting in November, 1994. We hope this report will now contribute to the growing family planning communication literature about the CAR.

These focus group discussions could not have been conducted without the generous support of the Ministries of Health from Kazakhstan, Kyrgyzstan, Turkmenistan, and Uzbekistan. We also wish to acknowledge the USAID/Almaty office for providing funding and field support as well as guidance in the focus of the work. Special thanks go to the Expert Sociological Center, Tashkent, Uzbekistan, including Alisher Ilkhamov, Director, and Igor Pogrebov, Senior Researcher, for their support in conducting the focus group discussions and the analysis and preparation of the country reports. The Republic Center for Public Opinions assisted in carrying out the focus group discussions in Kyrgyzstan and the BRIEF Social & Marketing Research Agency assisted with the discussions in Kazakhstan.

Special mention must be made of the many men and women from Kazakhstan, Turkmenistan, Kyrgyzstan, and Uzbekistan who participated in the focus group discussions. Their cooperation and willingness to speak openly about their reproductive health concerns made this report possible.

The authors also appreciate the valuable technical assistance of colleagues within the Johns Hopkins University/Center for Communication Programs (JHU/CCP) Population Communication Services (JHU/PCS), including Bushra Jabre, former chief of the Near East Division, Laurie Liskin, chief of the Newly Independent States Division, and Gary Lewis, chief of the Research and Evaluation (R&E) Division. Kate White edited early drafts of the report and Jestyn Portugill of the Academy for Education Development provided critical editorial support on the last draft. Faith Forsythe and Sarah Landon helped to prepare the final manuscript.

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Abbreviations

CAR        Central Asian Republics
DHS        Demographic and Health Surveys
FGD        focus group discussions
IEC        information, education, and communication
IUD        intrauterine device
JHU/CCP    Johns Hopkins/Center for Communication Programs
JHU/PCS    Johns Hopkins/Population Communication Services
TFR        total fertility rate
USAID      United States Agency for International Development
Summary

In late 1993, the Ministries of Health of the Governments of Kazakhstan, Kyrgyzstan, Turkmenistan, and Uzbekistan initiated the Reproductive Health Services Expansion Program (RHSEP) with funding from the United States Agency for International Development (USAID) and technical assistance from the Johns Hopkins Center for Communication Programs (JHU/CCP), The Futures Group, AVSC International, and the Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO). USAID did not include the fifth Central Asian Republic, Tajikistan, in the RHSEP due to political instability in that country at the time.

When the RHSEP was created, providers were the primary source of available information about contraceptive services and practices in Central Asia. Relatively little was known about: clients knowledge of and experience with contraception; their attitudes toward family health; or the social, cultural, and religious values surrounding contraceptive practices. To address this issue, JHU/CCP designed exploratory research to develop a better understanding of the audience for contraceptive promotion programs in the region. The study used focus group discussions to identify the parameters of public discourse surrounding these relatively unknown issues and to gather verbatim comments from members of a project’s intended audience that could be used in subsequent project communication materials.

Field work was coordinated in all four republics by Expert Sociological Center, a private research firm based in Tashkent, Uzbekistan. Interviewers fluent in local dialects were employed to conduct the discussion sessions. A total of 888 married men and women participated in 96 focus group discussions in major cities and peri-urban areas (oblasts) of Uzbekistan, Kazakhstan, Kyrgyzstan, and Turkmenistan. Eight separate focus group sessions were held in three oblasts (counties) in each country with participants representing specific target populations of the RHSEP. In addition, a pilot study was conducted in Tashkent, Uzbekistan, and the surrounding peri-urban area during December 15-27, 1993. The purpose of this study was to test the feasibility of the larger project, to train Expert Sociological Center in the use of focus group methods, and to refine the research instruments. One-hundred and three married men and women participated in 12 focus group sessions during the pilot study (Storey, Ilkhamov & Pogrebov, 1994).

Regional Overview of Findings:
The Potential for a Regional IEC Approach

Each republic is unique in the ways that culture, tradition and current socioeconomic and political conditions affect reproductive health knowledge, attitudes, and behavior. However, focus group participants expressed enough similar viewpoints that some generalizations may be relevant to help guide reproductive health programs for the Central Asian region as a whole. The findings are organized under six major themes which were discussed during the focus group sessions:

- Perceptions about age at first marriage;
- Fertility preferences and family size;
- Attitudes toward family planning;
- Knowledge about family planning methods;
- Family planning communication between husband and wife; and,
- Sources of family planning information.

Age at first marriage. Throughout the region, participants say it is customary for men to marry women three to five years younger than themselves. They feel that men should marry by the age of 25 years for beyond that age they may become too set in their ways. Men younger than 21 were thought to be too emotionally immature, wild in spirit, inexperienced, and financially unsettled to take on the responsibilities of supporting a family. Military service is often mentioned as a source of life experience and a stabilizing influence for many young men.

Participants feel that women become emotionally mature at an earlier age than men. Since they are mentally and physiologically prepared for marriage three to five years before men, they should be married by age 20 or 21. Women at this age are perceived as being mature enough to take on the responsibilities of family life, and in most parts of the region this meant that a woman was ready to manage a home and children. A woman should be able to contribute to the family income, but only in the more cosmopolitan areas of the region did this mean she should have a professional career. More often, participants consider domestic skills like tailoring or craft work as acceptable sources of income for a woman contemplating marriage.

Participants indicate that earlier marriages are traditionally the result of strong tribal or kinship pressures or strict prohibitions against extramarital sex. But recently, in most areas, in the face of current economic hard times, economic considerations have curtailed traditional preferences for early marriage. Participants feel that the family should be a successful economic unit with the husband enjoying some financial stability and the wife contributing what income she can. Yet, families and in-laws are finding it increasingly difficult to make ends meet. The extra burden of supporting a struggling young couple concerns many parents about the financial prospects of a young man and woman considering marriage.
Fertility preferences and family size. The traditional preference for large families is clearly giving way to economic reality in the new Republics. Many of the participants still support the idea of large families, describing them as happy bustling environments. At the same time, they grudgingly acknowledge the impracticality of large families today. Large families are seen as expensive and hard to manage. Many also recognize that the welfare of children may suffer if family resources are stretched too thinly. The regional norm for family size is still three to five children. However, there is growing sentiment among participants favoring one to two children, especially in Kazakhstan and Turkmenistan.

Participants indicate that a preference for sons is still very strong, a feeling especially true in Uzbekistan and Kyrgyzstan where sons are perceived as having more economic value than women. In some parts of the region, ethnic politics contribute to son preference and preference for larger families. Both are seen as ways to recover from generations of ethnic discrimination under the Soviet Union and to assert the nationalist identity of the new Republics. Turkmenistan is unique as the traditional practice of bridal dowries increases the perceived value of daughters. Sons can be seen as a liability if a family must help its son(s) raise the money for a dowry.

Attitudes toward family planning. At least in principle, support for family planning is strong among participants throughout the region, though there is still significant resistance in some areas on religious or nationalist grounds. In general, economic hardship makes family planning seem practical to many.

While participants say they favor family planning, many factors work against consistent and effective contraceptive practice: persistent and strong cultural values and kinship traditions; deeply held religious beliefs; family pressures; lack of reliable access to methods and services; poorly manufactured contraceptive methods; indifferent and largely unresponsive health services, and for women the indifference of husbands toward the reproductive and psychological health of their wives. Common throughout the region, this combination of factors results in both positive and negative attitudes toward contraception. While family planning is seen as desirable, male and female participants recognize how difficult it is to achieve in an era of shortages. Many participants, especially women, seem resigned to survival rather than struggle for what seems to be an unattainable goal.

Knowledge about family planning methods. Condoms are widely known, but extremely unpopular as a contraceptive method. Recognized as a way to protect against sexually transmitted diseases, condoms are associated with homosexual and extramarital sex, contributing to an unsavory reputation that makes many participants reluctant to consider using them with their spouse. The thickness and poor quality of available condoms contribute to the perception that they are uncomfortable and reduce sensitivity.

IUDs are well known, the most preferred and the most widely available contraceptive method. While participants in all four Republics had strong reservations about IUDs, this method is still seen as effective and the most acceptable. Reservations include an association with back and abdominal pain and complaints about poor counseling and indiscriminate prescription of IUDs by providers.

Oral pills are well-known, but suffer from a negative image because low-dose varieties are not widely available and because physicians recommend against their use. Participants across the region express few positive attitudes toward oral pills, expressing widespread fear that hormonal methods are unnatural and likely to cause side effects. In addition, most consider oral pills as inconvenient and expensive.

Participants know almost nothing about other contraceptive methods because very little information has been made available to the public. A small, but growing interest in injectable contraceptives emerged from the sessions.

Traditional methods of contraception, including calendar methods and withdrawal, are appreciated mostly for their naturalness and are contrasted with the perceived harsh, artificial, chemical or invasive nature of modern methods.

Family planning communication between husband and wife. Participants indicate that discussion of sex and reproductive health, including contraception, between spouses is rare and episodic throughout the region. Discussing such matters is highly embarrassing to most participants, especially to men, except in the more cosmopolitan and European areas of the region. Overall, participants indicate that the responsibility for contraceptive decisions is left to women. Males prefer not to be involved in decisions about family planning; most prefer not to think about it at all. A woman is expected to seek her husband’s approval if she decides to use family planning, but it is uncommon except in the more conservative communities for a man to reject the preference of his wife. Couples who consistently practice calendar methods are most likely to discuss sexuality and contraception. Discussion among women about sex and reproductive health was said to be much more common than between husband and wife.

Sources of family planning information. The region has suffered historically from a lack of reliable contraceptives and client-oriented information about contraception. This situation has further deteriorated with the breakup of the Soviet Union and declining access to Russian media, especially print. Participants said they used to rely on science and health magazines for information about reproduction, sexuality, and contraception, but such materials have become much harder to obtain, especially
in local languages. At present, most family planning information comes from first and second-hand experience. To a lesser extent, it comes from health service providers, who are not generally regarded as reliable information sources.

Suggestive images and permissive attitudes in popular Russian television shows, in particular how this fare might affect youth, are a source of concern throughout the region. However, participants support dissemination of reproductive health information through the mass media, provided that the information is tastefully presented. They expressed a desire for print materials on reproductive health, in part because they considered print a more discreet medium.

Parents are rarely cited as a source of reproductive health information for their children, although, if it were available, many would give their children something to read about sex and contraception. In-laws are an important source of information about childbearing, but usually in the sense of applying pressure on a young couple to have children. Female friends do share information about and experiences with contraception, as do young men with their older and more knowledgeable peers.

Region-wide ignorance of, and negative experiences with, contraceptive methods stand as the current result of a history marked by a general lack of reliable information; inconsistent availability of supplies; poor quality of available commodities; provider biases and indifferent services; and little follow-up or personalized consultation about contraceptive use. Complemented by information circulated by word-of-mouth and the media, these factors continue to foster a negative reproductive health environment.

**Additional perspectives.** Participants express a distrust of public sector physicians, with many believing they are callous and incompetent. Consequently, they do not trust them to provide reliable information, although for many they are the only source. Similarly, they do not trust doctors to provide reliable service, with numerous complaints throughout the region about IUDs inserted without a patient's knowledge or consent.

Participants are of two minds about abortion, expressing strong and almost unanimous objections on moral and health grounds, contrasted with widespread acceptance for practical purposes. Many people simply see no alternative. The strongest objections to abortion come from the more conservative Muslim areas of the region, although even in these areas some people question the morality of bearing children one cannot support, or endangering the life of the mother through too closely spaced pregnancies. Some cite Koranic injunctions against irresponsible parenthood and justify abortion in cases of extreme family hardship.

In general, participants accept abortion as a necessary evil in times of deprivation and economic hardship and in the absence of reliable contraceptive supplies and services.

**Implications for Reproductive Health Programs in the Central Asian Republics**

Based on the results of each country's focus group discussions, reviewers have developed specific reproductive health program considerations which are listed in the conclusion section of each country report and can serve as a starting point for further research when developing country-specific communication programs.

In addition, overarching issues and challenges from across the Region were expressed by focus group participants. These shared issues are presented in Chapter VI of the report and can be used as a guide to help planners who want to consider how to coordinate a regional approach to reproductive health.

The authors hope that these findings will be useful in two ways. For those interested in contemporary conditions and issues in the Central Asian Region, this study provides some of the first available information about reproductive health attitudes, beliefs, and behaviors in this area since the breakup of the Soviet Union. For those who might be considering health promotion or health communication programs in these countries, or in the region, this study provides support for project planning, audience segmentation, and message design. Findings may also be useful for people planning training programs for health care providers in the countries of Central Asia.
Chapter I. Introduction

Regional Background

The Central Asian Republics (CARs) include the independent countries of Kazakhstan, Turkmenistan, Kyrgyzstan, Uzbekistan, and Tajikistan, all located in the southernmost part of the former Soviet Union bordering Iran, Afghanistan, and China. This paper reports on the findings of the focus group discussions held in four of the countries: Kazakhstan, Turkmenistan, Kyrgyzstan, and Uzbekistan.

Kazakhstan. The largest of the CARs, Kazakhstan is nearly the size of Argentina and has a population of 17 million (1994). Forty percent of the population is Kazakh, 38 percent are Russian, and the remaining 22 percent of the population consists of over 100 different nationalities. Modern contraceptive prevalence is 34 percent, (KDHS 1995), with a population growth rate of 0.8 percent and a Total Fertility Rate—TFR of 3.0 (KDHS 1995).

Turkmenistan. Turkmenistan, a land-locked country located at the southernmost part of the former Soviet Union, is about the size of Pakistan and has a population of 4 million people (1994). Seventy-two percent of the population are Turkman, 9 percent Russian, 9 percent Uzbek, and the remaining 10 percent are of other nationalities. Use of modern contraceptives is about 12 percent (1993) with a population growth rate of 2.5 percent and TFR of 4.6 (World Bank, 1993).

Kyrgyzstan. A mountainous country roughly the size of Kenya, Kyrgyzstan has a population of 4.7 million (1994). Fifty-two percent of the population are Kyrgyz, 21 percent Russian, 13 percent Uzbek, and 14 percent are of other nationalities. Use of modern contraceptives in Kyrgyzstan is 11 percent, with a population growth rate of 1.3 percent and a TFR of 4.0 (USAID, 1993).

Uzbekistan. Slightly smaller than France, Uzbekistan has a population of 22.3 million (1994). Seventy-one percent of the population is Uzbek, 8 percent Russian, and the remainder of the population includes Tajik, Kazakh, and other Asians. Use of modern contraceptives is only 6 percent, the lowest in Asia, with a population growth rate of 2.1 percent and a TFR of 4.4 (USAID, 1993).

Although each of these four countries has unique qualities, all have important characteristics in common resulting from their shared political and economic histories. Adjusting to the breakup of the Soviet Union has created similar challenges throughout the region, especially in the areas of maternal and child health and reproductive health.

The organization of health care administration and service delivery in the region tends to follow the former Soviet system: a centralized bureaucracy with state-subsidized services provided through oblast (county) level hospitals and community-level clinics and consultation centers. There are plenty of trained physicians, many of them women, especially in the gynecological and reproductive health fields. Because of subsidization, the nominal cost of care to clients is relatively inexpensive, and access to health services and providers is generally good. However, the cumbersome bureaucracy and a relative lack of client-orientation among service providers often makes the health care system seem unresponsive to clients.

The public and private economic deprivations caused by the transition to national economies and free market systems has seriously eroded public funding for health care and the ability of clients to pay for services and supplies that the system cannot provide. Many clients find that they must purchase supplies themselves and bring them to service delivery sites if they wish to receive treatment, thus greatly increasing the cost of health care. As for other medical and pharmaceutical supplies, the logistics for production and distribution of contraceptives are inadequate, so the availability of quality family planning methods has become unreliable throughout the region.
Overall knowledge of contraception is high, probably highest in Kazakhstan (99.3 percent according to the 1995 DHS) and lowest in Turkmenistan (although recent awareness data are not readily available for this country). Direct experience with contraception is mostly limited to the use of condoms, IUDs, and oral pills. Sterilization (both male and female) is quite rare. Low dose pills, implants, and injectables have become available only recently. All four of the countries described in this report promote family planning as a method for improving women's and children's health, but not for population control because sensitivities about ethnic politics linger from the Soviet era. Even so, according to 1993 USAID briefing documents, perinatal mortality and morbidity are on the rise, in spite of nearly universal prenatal and postnatal care reported in these countries. Abortion is the third or fourth major cause of maternal mortality.

Families in Central Asia tend to be closely knit and ethnic and nationalist pride runs high. Religions that formerly received little support from the Soviet state are flourishing. Emergence of new political, economic, and social conditions are accompanied by intense reexamination of social and cultural values. The discourse surrounding reproductive health responds to and reflects these historical shifts. Participants in the focus group discussions throughout the region revealed clearly how they are struggling to adapt and prosper in light of new realities. Pragmatism and sometimes survival instincts have been major motivating forces in the countries of Central Asia. Because many of the challenges faced by the people of the region are similar, generalizations from this research may be relevant to help guide reproductive health programs for the region as a whole.

**Methodology**

Focus group discussions were held in three different regions of each of the four countries. Following the pilot study in Tashkent, Uzbekistan, a discussion guide was developed and adapted for use in all four countries. Topics discussed included:

- Basic family structure and composition;
- Ideal age at marriage and family size;
- General knowledge and attitudes toward contraception;
- Knowledge of, and preference for, specific family planning methods (oral pills, injectables, IUDs, and condoms);
- Communication within the family about contraception;
- Family planning decision-making;
- Sources of information about contraception;
- Access to and experience with health services;
- Use of media; and,
- Attitudes toward abortion.

Focus group discussions of 8 to 10 people were then planned in each of the three oblasts within Kazakhstan, Turkmenistan, Kyrgyzstan, and Uzbekistan. The locations were chosen to capture important ethnic and religious variations within each Republic, shown in Table 1.
The eight different focus groups held in each *oblast* represented particular audience segments of interest to communication planners. The groups were composed as follows:

- Newly married women (within the past three months) with no children;
- Newly married men (within the past three months) with no children;
- Married women with one to two children;
- Married men with one to two children;
- Married women with five or more children;
- Married men with five or more children;
- Maried women who have had two or more abortions; and,
- Married men whose wives have had two or more abortions.

<table>
<thead>
<tr>
<th>Table 1. Location of Focus Group Discussions</th>
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<td>Republic</td>
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SOURCE: Storey et al. 1994

A total of 888 people participated in the focus group discussions in the four Republics. The break down of participants by country is as follows:

<table>
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<th>Table 2. Breakdown of Focus Group Participants, by Country and Gender, Central Asian Republics, 1993</th>
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<td>Country</td>
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<td>Uzbekistan</td>
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<td>Turkmenistan</td>
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<td>Total</td>
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SOURCE: Storey et al. 1994

All participants were between the ages of 18 and 45. Participants were selected from the upper lower to lower middle class, and were recruited mostly from peri-urban areas. City dwellers comprised no more than 30 percent of any group.

Focus group sessions were conducted in local dialects at health centers or halls rented for the occasion. The sessions were led by a moderator and they were approximately one to two hours in length. All discussions were recorded on audiotape. Russian language transcripts of the discussion sessions were made directly from the audiotapes and then translated into English.
Chapter II. Kazakhstan

Perceptions on Age of First Marriage

The participants discuss ideal conditions for marriage, including the best marriage age for men and women, the timing of marriage, and social pressures on couples to marry.

When considering the ideal age for marriage, the participants’ personal experiences affected their opinions: more than half the men and a little less than half of the women were married between the ages of 21 and 25 years. More than half of the participants with children had them in the first or second years after marriage. In the southern oblast of Shymkent, a majority of female participants had married before they were 20 years old, whereas in the northern oblast of Aqmola less than half had married before they were 20 years old.

None of the participants emphasize the feeling of love between the bride and groom as an impetus for marriage. Marriage is considered as an objective, necessary event in life.

Men’s age. Almost half of the participants in the men’s groups say that the preferable age for marriage is between 21 and 25, with only a few believing the age could be higher. Very few participants stated that it was best for men to be married before the age of 21.

Women’s age. A small number of participants think that women should be married before they were 21, while most participants believe a woman should be married between 21 and 25. There is a large difference between the proportion of participants in Aqmola and those in Shymkent who feel that women should marry before the age of 21. Some women from Qyzylorda also think that the optimal age for a woman to get married is 24 or 25 years. None of the participants say a woman should wait beyond 25 years of age to marry.

Female participants from Aqmola say they are against early marriage and childbirth for women:

20 years old is early to have a child. I got married when I was 20, when I could still enjoy a free life…It is necessary to live some time for yourself.

A girl must get married after 20 years old, when she can understand why she does what she does. A woman leads the family. If she launders, cooks, therefore, there would be fewer conflicts with her husband. When the child is born, she will be more experienced. A woman, if she gets married early, is still a child herself.

The participants present several kinds of arguments when discussing marriage. Social-professional arguments emphasize professional stability and financial ability to support a family. Typical male statements along these lines include:

I got married at 28 years old, and I suppose that the main thing in marriage isn’t age. Before a marriage, it is important to have a base. When you get married, you become responsible for your family.

It is necessary to graduate from school, to finish military service and to be prepared to support a family. If you want your family to be real, you should be alone with your wife for awhile. Marriages should happen at approximately 24 or 25 years of age.

Many women agree with the men:

It is better for a man to get married at 30 because at this age, a man has already defined himself, has education, a profession, made a career, has a salary, knows exactly what he wants, has [life] experience and is able to be a support for his wife.

I suppose that a man should be much older than his wife. My husband, for example, is 16 years older than me and it is normal for us.

Other arguments focus on immaturity as one of the main barriers to a successful marriage: 
I think that by 25 years of age all the bad has not left our minds. Yes, yes, a man should not get married earlier than 25 years old because from 17 to 20 years of age, a man is not very grounded. Marriage is better and the family is stronger when a man is older. He is more careful, brings in more money, and looks after his child. On the contrary, when he is younger, he relies on his parents.

Generally, focus group participants think that men should be older and more experienced than women in marriage, but some feel that women should be opportunistic:

For a woman, the most optimal moment to get married is the moment when somebody asks her to be his wife. A woman is [shaped by] her opportunities, today she may have a candidate for a husband, but tomorrow maybe not.

In sum, considerable support for women to marry after they were 21 years old is expressed, and pursuit by women of an education and a professional career is acceptable.

**Fertility Preference and Family Size**

Support for small families (one to two children) is strongest among newly married men and women, and weakest among men and women with five or more children.

**Ideal number of children.** A small proportion of the focus group participants choose one to two children as the ideal number for a family; this opinion is most common in the focus groups of people who have no children. Parents in families with five or more children consider three to five children to be ideal. The following quote illustrates what many men and women with five or more children feel about the ideal number of children:

One child is not a child. Two children is compensation, and the third child is the beginning. So, four children is the best number.

**Limitations to family size.** Concern about the ability to support and provide for children is echoed by participants from all of the focus groups. This ambivalence is even apparent in the focus groups with participants who already have children. The following excerpts on the economic hardships that limit the ability to have more children come from both the male and female discussion groups:

I would like to have two or three children of different sexes, if possible. An average income does not allow us to have many children.

That the most important thing is to provide for one’s family with all necessary support. For one not to think constantly about the problem of finding food for the family, the living standard must not be as “miserable” as it is now. Economic levels will determine the size of a family in the future.

[My] neighbor lives on the first floor. He has 10 children. I have to wonder if it is reasonable to have children. How do I feed them, dress them, and bring them up? If it were in the old good times, there would be no problem at all.

We are living now in a rural region and we have cattle. And our well-being depends on the cattle. We have stocks enough for three to four years so far. That is why our women are delivering children. If these supplies come to an end, they will stop delivering children.

I can’t live without children. If life were not so expensive, I could bear as many as 10 children.

**Gender preferences.** Passing mention is made of husbands preferring to have a boy be the first born child. The following quote is an example of some of the comments during the discussions:

It is very important to my husband who will be born first, [a girl or a boy]. He says that if a boy is born first, he will be sure of the future. It will not be so important for him then, who will be the next born. As for me, it does not matter at all who will be born.
Attitudes Toward Family Planning

The majority of participants are in favor of family planning, although knowledge about particular contraceptive methods is low.

Traditional and religious influences. Many participants feel that religion or tradition does not dictate family planning rules. For example, the following discussion between the participants seems typical of the kinds of attitudes expressed:

Moderator: Are traditions of any importance?
Participant 1: No, they are not important now; it is a prejudice.
Participant 2: Earlier it was necessary to have many children.
Moderator: For whom was it necessary?
Participant 2: For the Almighty.
Participant 1: Nonsense!
Participant 2: But at least four or five children were necessary.
Participant 1: But who made it necessary?
Participant 2: But we are not Chinese.
Participant 1: That’s just it. We are not Chinese; that is why nobody is obliged to anybody.

Some participants discuss the folklore themes related to the number of children in a family:

I came from a family with many children. We are nine brothers, now seven. Who thought of such times to come?
I married recently, and, as Kazakhs say, one child is not a child. Two children is half a child. We are planning at least half a child.

With some exceptions, participants generally agree that the demand for an uncontrolled birth rate is an old belief. Arguments for use of family planning methods are based primarily on economics.

Political and geopolitical influences. Participants discuss the political changes that have been occurring and how these changes have impacted on families. Some participants complain that the state no longer supports them:

I have two children, but it is very difficult to have more children now. The state is not taking care of us anymore.

If something happens to my wife or children, my salary will not be enough.

Many of the participants speak with nostalgia about earlier times:

Before 1990, I would have [said] it would be good to have two children. Now I am thinking: Well, it would be good to have at least one more child. Earlier we had quite a good income. But, we somehow did not think about that. I believe that each family must have three children on average. If I had four children in those times [pre-Soviet], I would have been able to support them.

And I have two neighbors. One has 15 children, another, nine. But they had them during the communist era. And now it is not reasonable to have many children.

I was planning to have eight children because myself came from a family of eight children, but now something is happening. They say it is perestroika, but all our savings have been lost. That is why my wife and I have decided to stop now and if life becomes better, I think we will realize our plans. I would like to have four sons and a daughter.

On one hand, many participants complain that the state places too much emphasis on a policy of birth rate regulation, referring to it as “bad policy” and “infringement upon geopolitical interests.” On the other hand, the participants themselves plan to have smaller families, resulting in two different models of reproductive behavior with the same goal.

Economic realities and changing perceptions. Focus group discussions clearly indicate that traditional values are being displaced by contemporary economic concerns. Statements reflecting this shift include:
One should plan to have as many children as he would be able to support. We have tough times now. Earlier it was possible to have 2 or 3 children, and now we are planning to have 1 child, and then we'll see...

Until a man gains a firm position in the society, he must not bear children and live in poverty. In this case, having many children is a simple multiplication of poverty.

We have difficult times now. What are our problems? Where to find oil, where to get meat from. How to make some money to earn enough for a living? The only question before us now is how to survive.

It was believed in previous times that children represent wealth. We have a great number of problems now. I don't know the reason for these difficulties, but the fact is that we face them. Kazakhs and people of other nationalities always believed that it is normal to have 10 children. Especially in rural regions.

[While] we are experiencing such economic dislocation, how can we bear children, what should I do that for? We are not able to educate the children we have now.

[While] we are experiencing such economic dislocation, how can we bear children, what should I do that for? We are not able to educate the children we have now.

In our time, to have many children (more than three) means that they will be deprived of many joys and will not be provided with sufficient material help.

Some participants still say it is better to have many children, but argue in favor of family planning to help slow the birth rate because of the current economic difficulties:

It is better to have many children. But it is a problem to bring up children now. One needs to get food and clothes for them, and their demands are growing constantly. But one is able to have 2 children.

One should not have many children now. Our finances do not allow that, but, generally, I think that one should have many children.

I wish to have 2 children, but it is a preconception that one shouldn't have many children. In normal conditions, one can have as many children as possible if he can provide enough food and housing for them, if they will not be congested in one room and disturb each other, if one is able to support them.

Some support family planning as a way to improve the health of the women and children in their country:

It is better to take preventive measures. Quality is better than quantity. In comparison with other provinces, we have 60 women out of 100 with anemia. The children they give birth to are weak and are in poor health. In my mind, contraception is necessary.

...I heard that some women at the age of 26 are expecting their seventh child. It is a common belief that the birth of children makes a woman's body young. If a woman bears a child every year, her body is being worn down more and more and she is not able to take care of herself.

Responsibility for family planning. Both male and females say that men tend to put the burden of pregnancy prevention on women. For example, several men from Qyzylorda:

They [men] don't think about [family planning] much. Women know.

Men don't think about that.

A decent woman doesn't talk to a man about that. It looks absurd to, let's say, talk about one's spiral, at the dinner table. When we were young, we didn't think about family planning. Young people, perhaps, discuss preventing pregnancy nowadays, but we didn't. If, in those days, a woman became pregnant, we were glad.
Knowledge and Awareness of Family Planning Methods

The participants show awareness of modern contraceptive methods, although they do not always wish to use them. In descending order, condoms, the IUD, and the pill are the most well-known methods. The participants do not have much information about other contraceptive methods.

The Pill—Negative Attitudes. The participants feel that the pill has harmful side effects, is inconvenient, expensive, and ineffective. The following statements exemplify these attitudes:

Pills are regarded as harmful to women’s health:

> I know about these pills, but I forbid my wife to take them. They are useful for one thing but harmful for another.

> I have tried almost all kinds of pills. I have a kind of calpitum [sic] after taking hormones.

> The pill is not good for the heart. If one wants to destroy her heart she can take pills.

> No, these pills have not caused some disturbances in the women’s health. It is just a dislike of chemical preparations. It is not a pleasant feeling when you take a chemical substance each day.

Pills are associated with unpleasant side effects:

> [Pills] also result in side effects: nausea, vomiting, headache. One tries several types of pills and thinks she will get used to them, with no result.

> And I can’t get used to the pills. They cause allergic itching.

Pills are considered inconvenient, expensive, and ineffective:

> Although there are effective pills available, women are afraid of them for some reason. Maybe, it is because they are hard to find in our drugstores. They are quite expensive. They must be taken every day, and we have got so many problems besides that.

> It is difficult to take them regularly. We have families, and besides that we work. When you have too many things to do around the house, you can forget about these pills.

> I do not take pills because I doubt their effectiveness, although I am not sure of that.

Some participants are in favor of taking pills, but in general, the pill is regarded negatively. Some men say that when a woman takes the pill she “introduces too much chemical substance into her body.” Compliance is an issue as women feel that they have no time to constantly remember to take the pill each day, and they fear its side effects.

Injectables. Most participants report that they have never heard of injectables. A woman from Shymkent had once had a chance to try injectables, after she had tried a number of methods of contraception without any success. A gynecologist advised her to try injectables, but she did not say whether or not this method was successful for her.

The IUD. Although the IUD (spiral) is the most preferred method, many have reservations about its use:

The IUD can be hazardous for your health:

> This is a mechanical means and it can be harmful for my wife.

> Although many women use spirals, spirals cause a number of side effects detrimental for a woman’s health.

> When I had my first son, I had serious problems, and a doctor told me that I shouldn’t have sexual intercourse for two months. Then, without saying anything and not asking for my consent, she inserted a spiral. I went for
three months with the spiral and experienced strong aches and bleeding. I had to go to a doctor who removed the spiral.

We also used a spiral and didn't try other methods. The spiral caused a bend in my uterus. I wanted there to be other methods to try but only spirals and condoms were in our minds. Now we've heard about the pill.

I think that the spiral leads to various gynecological diseases. I had to take it out twice only because of this reason. Now I have experienced erosion and some tassels have appeared.

The IUD is perceived to be ineffective:

I had no abortions. I inserted the spiral and gave birth to three girls with it.

There is no guarantee either with the spiral or with other contraceptives. There is no guarantee at all.

However, the IUD suits many, a preference possibly influenced by the limited choice of methods. The perceived advantages of the IUD, convenience and not having to think about protection against pregnancy, are commonly expressed.

We don't know absolutely about any method for pregnancy prevention except the IUD.

We got to know about the spiral quite recently.

And I've had a spiral for half a year. It suits me quite well.

You insert a spiral and there is no problem about watching your cycle.

The spiral is the one and only accessible means of pregnancy prevention for many women.

I have a kind of predisposition towards spirals. To tell the truth, I often find out that my lovers have spirals.

Condoms are well known. However, many express negative opinions and fears about using them, concerns that include decreased sexual pleasure, unreliability, low quality, and health hazards.

Condoms prevent or decrease sexual enjoyment during sexual intercourse:

Before marriage, I had a positive attitude about condoms. After marriage, it became negative. Prior to marriage you don't plan sexual relations but when a condom is in your pocket, you are tranquil and sure. But on the whole, you don't get proper enjoyment with a condom. My wife also points this out.

All the same, a condom is not the best method. A woman does not feel what she must [when a condom is used during sexual intercourse].

I tried condoms, of course. This thing is not good. It's just some rubber. Laughter is laughter but I offered it to him after an abortion. He is impatient. I've bought these rubber. It was a sham from the first day. When we tried to use them, I didn't like it at all. I'm not satisfied and neither is my husband.

I've tried twice. My wife has insisted. Moreover, times were good then and a condom cost two kopecks. I've tried it couple of times and said, I don't like it.

As for condoms, husbands refuse categorically to use them, and they have their reasons.

Condoms are unreliable and of poor quality, especially locally made brands:

I'm categorically against condoms. We tried to use them. They tear a lot. Perhaps they are Soviet. We didn't buy the imported ones. In general, it feels like there is a third person between us two [when we use them].

I use condoms. First my husband brought a condom for interest's sake. Then I began to buy them myself. But our homemade ones are of low quality and the imported ones are thin and elastic [of better quality].
Condoms can be harmful to one's health:

One of my girlfriends uses condoms. Once, it was put on poorly because it remained inside her. She had to go to a doctor to remove it. But it was taken out only after she began to have her monthly, and then more bleeding. Only after that she decided to go to a doctor.

One of the few favoring condoms states:

I even don't know how to say it. Perhaps it's not good but I've tried, yes. The thing is that my husband collects them. We try something new. Of course, sometimes the condoms are funny. Let it be with horns or feet. We have just sporting interest, nothing more. My husband is tougher in this matter. I am just a little adventurous.

The results from the focus groups indicate that condoms are widely known but are used very reluctantly.

Other methods. Other methods of contraception mentioned by the Kazakhstan participants can be classified as nonhormonal and those associated with a woman's natural cycle:

- The pill doesn't suit me. They cause an allergic reaction. They won't insert a spiral. With what do I protect myself with? Only with aspirin.

Some participants mention soap and the use of a syringe as natural, nonhormonal methods:

- I'll not have sex one week before monthlys and a week after them. I'll stand up just after a sexual act and make a syringe.

Of all the natural or traditional methods, the calendar method is the most talked about among participants, although its drawbacks are recognized:

- If the cycle is regular, it's better to protect oneself with the calendar method. If the cycle is irregular, then it's better to use other methods.

- Sometimes you drink, come home and don't think about the cycles.

Some women participants are against withdrawal because they think “that it is harmful for men,” but others suggest that men should assume more responsibility:

- And why don't they do it like that?! Why don't men get sterilized. That's the solution to all the problems.

Contraceptive preference. The IUD is the most preferred method, despite reports that it is not well liked, ineffective, or is linked to health problems.

Family Planning Communication Between Husbands and Wives

In general, women report they consult with their husbands about family planning, but different reactions between the separate regions within Kazakhstan are voiced. For example, one woman from Aqmola states that she is a very shy person, and it is much easier for her to solve family planning problems by telling her husband to find some means of protection, rather than go to a doctor herself. Another woman from the same region echoed her statements:

- I always consult with my husband. He is, for me, the greatest authority.

Participants from Qyzylorda also say they talk with their spouses:

- My wife completely agrees with me. We discuss what and how. It's enough to have two children. Now the spiral has been removed on the doctor's advice while she is breast feeding and then, if there will be another child, what shall we do?
It is hard to take such an action [use a family planning method] without consulting with your husband, especially for us, the Kazakhs.

Much spousal communication about reproductive health turns out to be a simple notification of a husband by his wife, as in the following excerpt:

If she wants to have a child, she notifies me that she has taken out [the spiral] and we will have a child. And if she inserts it, then she says that, for sometime, we will not have children.

Some men actively oppose using contraceptives:

There were times when my husband was against my protection. My doctor had to talk to my husband to explain to him that my health didn’t allow me to have children.

The discussions reveal that respondents from Kazakhstan’s more traditional southern region, in particular, are reluctant to talk about contraception, a reluctance that is also evident in intra-family treatment of the subject discussed in the following section.

Available Sources of Family Planning Information

**Family members and peers.** As noted, the involvement of family members, especially parents, in educating their children about reproductive health reveals a regional difference. Participants from the Southern parts of Kazakhstan report being more uncomfortable talking about reproductive health with their children than those of the Northern, or Russian regions.

Participants from Aqmola in the North, report a variety of sources for family planning information, but emphasize the role of the family in sex education:

A father must prepare his son and the mother, her daughter. My daughter was 12 when I began to talk to her. If I had a son, the father would do it.

It's necessary to teach children [about reproductive health] so that they will not have any perversions in [the] future. My husband already talks to our son. They look at photos of nude women. My son says that a woman’s body is beautiful. My son is 13. My husband has talked to him man to man for two years already.

My husband gave a book, 'The Art of Love,' to our daughter to read. She was 13 or 14 then. But now she gets newspapers from him.

My mother never talked to me about these topics. My father talked to me about my monthly as well as about my pregnancy and my abortion. I always loved him. And mother opposed this adamantly. He has lived with my mother 35 years. She had no abortions. She gave birth to two children. I'm very grateful to him.

Participants from the more traditional South describe a more limited role for families in sex education. Parents, even mothers and their daughters, do not talk about such topics with their children:

With us, the Kazakhs, it’s accepted for elder sisters-in-law to talk to us. With me it was like that.

Nobody told us anything. For instance, when I menstruated for the first time, I thought in my innocence that I'm pregnant.

The first information I received was from my elder sister-in-law and it was she who recommended that I insert a spiral. Later, I consulted with my doctor.

We are ashamed to broach these questions because with us, the Kazakhs, that's not acceptable. We can talk only to our daughter-in-law after our son has married.

Women with five or more children state that since they were not educated about contraception before marriage, they want their children to be more aware, as illustrated in the following excerpt:
When I married it was all a 'dark forest.' That's why first my father talked to elders, then I did. I brought literature. My husband will read it, then my children. With us, a woman alone must pay for the consequences of pregnancy and that's wrong. We must educate our sons especially so that they get to know that children aren't born in cabbage, and storks don't bring them.

Overall, the discussions reveal that communication concerning interrelations between men and women, including questions of pregnancy prevention, are conducted less frequently in the Kazakh families in the south, whereas in the north of Kazakhstan (among the Russians), participants say that the family is one of the main sources of information about reproductive health.

Mass media. The participants do not complain about the lack of reproductive health information in the media. Several name newspapers where family planning information can be found, such as SPID-Info Mister X, and One's Own Paper; although such information is published rarely.

Television programs are cited as another source of reproductive health information, though participants feel that the issues are not fully and professionally presented, and that program broadcast times are inappropriate for family viewing:

They show some advertisement of tampons or sex, and I'm sitting before the television set with my children.

Additional sources. Many express the necessity for increased contraceptive information:

It's necessary to organize telephones of confidence [hot lines] where psychologists, sex pathologists are on duty to answer questions. Young people can use these phones and get to know about methods of solving [reproductive health] problems, consult about what, and how and then, if it is necessary, to meet at a certain time.

Additional Perspectives

Attitudes and perceptions on medical services and health care providers. Participants want to consult with doctors to help with reproductive health decisions, but find local medical services lacking. For example, the participants from Shymkent strongly complain that doctors constantly demand something for their services, even though medicine continues to be a free, state-provided service:

I've run into problems [with local doctors]. My wife was not accepted into a maternity home. The doctors said: 'Bring gloves and then we'll accept her. If you don't, we shall not admit her.' There are no gloves. And where can I get them?

Doctors don't receive patients, or there is no visiting or they give the wrong pills, or the wrong injection.

They, of course do something but always demand something. And if you value your wife's health then give your blood.

Doctors are not trusted by the participants who express frustration at having no other alternatives.

Attitudes and perceptions on abortion. All participants have negative opinions about abortion, and feel it is appropriate only to save the life of a woman. They feel that the operation itself is unsafe, a religious sin, and harmful to a woman's health. Only a few suggest that preventing an undesired child from being born justifies abortion. Their opinions are summarized by the following statements:

Harmful to a woman's health:

Abortion is a rude interference, it ruins a woman. Abortion is a bad thing. Then a woman has pain in her back or internal organs.

After my one and only abortion, I felt bad. My back ached badly. I cannot even do my professional work. It gets on my nerves a lot.

Perceived as a sin:
In the East, the date of a child's conception is considered as the date of its birth and that's why abortion is murder. With the Christians it is also murder, a murder in the womb.

Religion has a law don't kill. And abortion is practically murder.

It's not possible to have abortion with us, Muslims. My mother told me this constantly. When I want to have an abortion, she told me that I would fall ill after it. But when you go to have an abortion then you ask God for forgiveness. But you go all the same.

Of course, abortion is a great sin. The Muslim religion says, bear as many children as Allah will send.

Rude treatment by doctors:

We have experienced very rude treatment of women at the clinics. They [the doctors] don't look at the reasons why a woman has come for an abortion there. All are the same to them. And even young girls will let their pregnancy reach a late stage before coming because they are afraid of how they will be treated at the clinic. There is no evidence that they were talked to sincerely, and had everything explained. This does not exist.

Although reactions to abortion are negative, participants discuss two situations when the procedure is justified.

When a woman’s life is in danger:

It is possible to have an abortion only on a case where doctors tell you that you will not be able to have the child; if you do, you will die. Abortion can be used only in order to save a woman.

[Abortions are appropriate] only if, for instance, there are already five or six children, and the mother has sick kidneys. Then, if she becomes pregnant, it is necessary to have abortion.

Well, why must I care?! I had very strong toxins in my body from the first days of pregnancy. And after that also. It was always one thing or another. My husband knows all this. And I don’t know how it’s happened again. I had to have an abortion again.

For a minority, abortion is acceptable if another child is not wanted. However, many clearly struggle with the moral versus practical implications:

If a child is undesirable it’s better to have abortion in order not to torment it later.

And I’ll have an abortion, although it is morally traumatizing for a woman, but if a child is undesirable, why should he suffer all his life, and me too?

A abortion, of course, is very harmful, but in the case of an undesirable pregnancy it’s the one and only method to save a woman from unnecessary problems. Nobody is in favor of abortion but life is a complicated and contradictory thing. So sometimes women resort to abortion all the same and it’s hard to condemn them.

Although participants express negative attitudes towards abortion, there are no statements about “punishing” doctors who perform the operation.

Conclusions

Focus group attitudes toward marriage, family planning, communication, and abortion can be summarized as follows:

Perceptions on age of first marriage. A profession and an education for a woman so that she can be independent of her husband is a salient point in the discussions. Participants state that a woman should marry after she has had some life experience, and is over 20 years of age. However, men are considered the main source of family support.
Ideal family size. Large families are not highly valued. A small number, most of whom were in the first four focus groups, where there were few or no children, say that one or two children is a good number for a family. More feel that three to five children is a good family size, a preference that was explained by the participants' life experiences. Many agree that life is difficult, and that current economic difficulties do not allow them to care for their children as they would like to. The choice to have a smaller family is made out of necessity and responsibility to the children. Nevertheless, some participants still want large families.

Attitudes towards family planning and knowledge of methods. The majority of the participants are in favor of family planning, stating that contraception is necessary, although knowledge about available modern methods is not high. The poor quality of available methods, their ineffectiveness, and the belief that they have harmful side effects are the reasons for insufficient practice of family planning. The IUD and condoms are the most well-known and used methods among the participants, despite reports that they are not well liked, ineffective, or linked to health problems.

Family planning communication. Participants' attitudes toward communication about reproductive health issues divide them into two distinct groups: Russians from the north and Kazakhs from the south. In the focus group discussions held in Aqmola, the northerners report that family planning is openly discussed in their families while, traditionally, in the south such discussions are held only between mother and daughter-in-law. The discussions also reveal that there is little information available about reproductive health issues.

Additional perspectives. Doctors and other health care providers are not highly trusted by focus group participants. Most participants recount unpleasant experiences with the local doctors and clinics. Many state that it is difficult to get a consultation from a qualified doctor and that local doctors contribute to or even cause problems concerning family planning.

Participants feel that abortion is a big problem in Kazakhstan. Most cannot accept abortion because it is medically unsafe, and psychologically and morally abhorrent. Actual experiences with abortion among respondents, and the reasons for choosing to have them, indicate that many feel abortion is necessary, especially in the case of saving the life of a mother. To a lesser extent, preventing the birth of an undesired child was justification.

Programmatic considerations. Several strategies and message design considerations are suggested by the results of the focus group discussions in Kazakhstan. The following suggestions should be validated with further research and field tested prior to implementation:

# The discussions reveal that participants are struggling with opposing ideals with regard to women, family size, and abortion. Women are encouraged to be homemakers and mothers, as well as professional and independent. Many men and women value having many children, but feel compelled to have smaller families because of the current economic situation. Most participants do not support abortions but understand why they occur, and in some cases, support abortion in spite of moral objections. Message strategies could address the balancing act many people are trying to perform.

# The focus group discussions reveal that an ideal family is different for specific audiences. Newly married couples support smaller families. Men and women with five or more children feel that three to five children was the ideal family size. Men are expected to be older than their wives and more established professionally. Women have the freedom to work outside the home. Marriage is also considered a way to support and preserve the family. Family planning messages could support this view of a stable and healthy family life.

# The focus group results showed that men, more often than women, wanted more children, and they frequently left the decision to use family planning methods to women. Specific campaigns could seek to make men more aware of their choices and to strengthen social norms that support better health for women.

# Russian participants from the north, and Kazakh participants from the south had different communication patterns and cultural values. The family could be promoted as a place to share reproductive health information in the north, while in the south, the relationship between the new bride and her elder sister-in-law is important. Interactions between brides and older sisters-in-law could be featured in family planning messages.
Many participants were openly distressed about the impact the dismantling of the former Soviet Union had on their lives. Addressing their concerns in reproductive health campaigns could help to assure a potential audience that health service professionals are aware of their problems and needs.

The participants had some knowledge about modern contraception, but much more information is needed. Positive stories about specific methods and how to use them consistently and correctly could be circulated to help dispel rumors and clarify misperceptions about particular methods.

Several newspapers that provide reproductive health information on a sporadic basis were cited by participants. In addition, telephone hotlines as a way to provide information to the public was suggested by one participant. Program planners should consider cooperating with existing media which publish information about family planning to increase the circulation of positive images about practicing family planning.
Chapter III. Turkmenistan

Perceptions on Age of First Marriage

Men’s age. Focus group participants in Turkmenistan believe that when a man marries, he should be older than his bride, financially independent, and have achieved a certain professional status. More than half state that the preferred age of marriage for a man is 21 to 25 years. Only a few believe that men could get married at a younger age. Rarely does anyone state that a man should be more than 25 years old when he marries.

Overall, participants give “socio-professional” justifications for preferred marriage age for men. The requirement for military service sometimes influence men to marry before the age of 18, although it is more acceptable for men to marry after demobilization, at the age of 20. Expressed by many, strong social reasons for men not to marry early include:

- A man should be older to be able to support himself and his family.
- A man should get married at 20-25 years old but not later. By this time, he is quite mature not only physically but intellectually. And his world outlook has been formed by this time.

Economic pressure on parents is another factor supporting an older marriage age for men:

- If my son would wish to marry and would keep on asking the parents to find him a wife, there would be no choice, but still it would be better when he would finish his military service. If he is married at the age of 16, his wife will be too young. They will have to be supported, and I will have to bring up their children. They will simply have a good time, and I will have to pay.

Other current research, conducted independently by EXPERT Sociological Center, suggests that socio-ethnic characteristics of Turkmen society may explain why so many participants prefer the early to mid-20’s as the ideal age of marriage. Turkmen have strong tribal traditions which demand that a man marry as soon as possible to secure his loyalty towards the family and subordination to an elder. A mature unmarried man threatens Turkmen society because he is not focused on family and clan life.

Women’s age. A number of participants believe that women should marry before the age of 20, with a few considering 21 to 25 the best marriage age for women. No one states that women should delay marriage beyond 25 years of age.

Justifications regarding preferred marriage age for women are associated with “medical and physiological” issues. To ensure healthy children, participants agree that marriage age for girls should be lower than the age of 24 or 25:

- The later a girl gets married, the more difficulties she will have in having children.

A woman should have children despite hardships, but it is better if family, especially parents, support them, is a common opinion of female participants:

- One should [not] have children until parents are able to help. One who has parents can marry even at the age of 18.

The relative maturity and growth of girls when compared to boys is another reason for believing marriage for girls should not be delayed:

- When little boys are playing with a ball, girls are already making carpets. And carpet making is a complicated work requiring certain development from girls, and that is why they say that girls are developing faster.

Participants consider housewife as the best role for a woman. However, a man expresses one of the rare opinions that a woman should do more than serve as a homemaker:

- It is not necessary for a girl, having reached adulthood, to try to marry [right away]. It is better if she has time to gain some experience, to work somewhere. She mustn’t sit at home and hope for her husband’s salary. She must...
be able to earn income by herself. If she does not get any profession, she is likely to have only one role—that of a 
housewife.

In general, however, late marriage for a woman is considered undesirable. One husband explains:

My sister got married at 28-29, and what is the result? Two fights each week! Her husband is younger and she 
behaves haughtily, orders her husband about. She was married to a relative who was younger than she. And to 
find a husband of her age is a difficult problem because men at the age of 28-29 are already married.

Participants also mention that social taboos are strong in Turkmenistan and might influence young people to marry early. For example, young people want to wed early because sexual relations outside of marriage are prohibited. Religious reasons which support early marriages are also discussed. One male participant from Ashgabat (Ashkhabad) states:

According to the Islam postulates, one must get married at the age of 18. It is considered a sin if you get married 
later.

Fertility Preference and Family Size

In general, the results show that as the actual number of children in a family rise, the ideal number of children preferred by 
these families decreases, suggesting that the burdens of a large family are underestimated until participants actually have 
children. Recent economic difficulties provide another possible explanation for the decrease in the desire to have many 
children.

Ideal number of children. With the exception of men who have more than five children, three to five children is the 
most frequently cited ideal family size. Parents with five or more children prefer to have one or two. A greater proportion 
of women indicate that they prefer to have more than five children, while more men prefer to have less than five.

Limitations to family size. The current economic situation has made the cost of raising a family very high. Many of the 
participants mention that the recent economic difficulties in Turkmenistan have led them to prefer a smaller family:

Most of my acquaintances want large families, but I personally think that the number of children should not be 
more than four or five. They should be educated and clothed like the others, and this is not so easy. Especially 
in the city. If there are only two or three children, it would be even better.

It is better to have less children and have them be strong and healthy.

It's necessary to set one child on his feet first and then to think about the next. My mother had 10 children. It 
was very hard for her with us, that's why it's necessary to bear less children. I myself have three. All are 
naughty.

My husband, for instance, says it's necessary not only to bear them but to [raise] them as well. Only cows breed 
and don't answer for the consequences, but people bear great responsibility.

The point is to raise children well. You know, to give[sic] birth to children is one thing but if they receive poor 
upbringing it will be unpleasant both for parents and society as a whole.

If one gives birth often, their elders suffer. Instead of playing and running, they are constantly busy with 
children. We take away their childhood. They understand now that our children grow up small and weak because 
they work a lot, don't get enough sleep, and are undernourished.

When there are many children in a family and they grow they begin conflicting with each other while dividing 
their parents' property.

There is also evidence that the environmental and economic circumstances in some regions of Turkmenistan have limited 
the number of children desired by families. For example, in Dashhowuz few participants want many children. Studies 
have shown that Dashhowuz is the poorest city of the three and has the highest population density, least amount of 
resources per capita and a comparatively poor ecological environment. In the lower reaches of the Amu-Dacrya River, water
is practically unfit for drinking due to poisoning by pesticides used for cotton-growing. All of these factors could influence the desire to have smaller families.

**Gender preferences.** Sociologists have found that in Turkmenistan the custom of *kalim* (bride dowry) is still widely practiced so a woman brings to her marriage a measure of material value. As a result, there is less pressure to have children in succession until a boy is born. The participants reveal certain disadvantages of having sons. Bridegrooms without accumulated wealth have to work several years to save money for dowry payment. As one participant states:

…one needn’t forget about the fact that if you are a Turkmen, you have to marry all your sons to help them create a family. All obviously know how difficult that is. Just imagine if you have to marry off seven or eight sons, you’ll become poverty-stricken! It’s okay if you have two or three sons, although that’s also difficult.

In addition, Turkmenistan tradition dictates that fathers help their sons by building a house as part of the dowry payment.

**Attitudes Toward Family Planning**

Many respondents want to ensure their family line through reproduction but also recognize the importance of practicing family planning. An informal survey of the participants indicates that a majority of the focus group participants in Turkmenistan are in favor of family planning:

One has to think about family planning: how you can live without what society expects from you—decent and healthy children? Are you able to provide for them while having a lot of children? It’s necessary to think about that.

Two factors make Turkmen society particularly close-knit: the current socio-political climate and the strength of the kin-tribal traditions. As a result, social pressure influence participants’ ideas about family health. Religious attitudes are also a factor.

**Traditional and religious influences** Some participants offer traditional and religious reasons for having many children. A few also mention that having many children meant that they would be taken care of when they got older:

Yes, there has been an increase in difficulties recently, and one needn’t hide it. Of course, the elders advise us not to stop [having children]: how many children Allah gives is how many a woman has to bear, and He (Allah) says He will help and [provide] prosperity for the family.

But, that’s good [to have many children]. When they grow up, they will become someone; stand on their own feet.

There must be many boys in the family because when you grow old you will have somebody to help and to support you.

According to our religion, the number of children must be such that one is able to keep them, to bring them up, to make them useful for the society.

My neighbor has 16 children, and his life is not bad. The children are working and helping him. Children, as a rule, take care of their old parents and often come and see them. This is very good, isn’t it?

Some participants refer to a traditional saying which supports having many children, as do the following men:

As people say, when there are many children it is a bazaar, but if there are no children it is a mazar (cemetery). It means that the house where there are many children is always joyful and noisy like a bazaar—and if there are no children it is very boring and sad—like a cemetery. If you have five children, most of them should be boys in my mind.

As evident in the discussions, the prestige of a clan is connected with having many children, suggesting that the motivation for having many children may have once been based on status rather than reproduction.
**Political and geopolitical influences.** None of the participants in Turkmenistan give a “geopolitical” argument against family planning so that ethnic politics do not emerge from these discussions as a factor affecting attitudes toward family planning.

**Economic realities and changing perceptions.** Although many participants speak about traditions which glorify having many children, the majority admits that it is difficult to raise even two or three children in their lifetime. It is apparent that the changing economic situation is shifting attitudes away from having many children:

At present, if one has five children, it is a great burden. In addition, the modern youth are educated and they don’t want to have more than two children.

I’m a supporter of the fact that a family should have not more than two or three children. If there are more, there will be many problems, especially in our time. If a wife will bear children with an interval of two or three years, her children will still be too young. They’ll need care. It’s impossible to have time for it.

Responsibility for family planning. The focus group discussions suggest that husbands or other relatives, primarily mothers-in-law, are responsible for making family planning decisions. Most male respondents agree. It is rare that a male participant says that women should make decisions about family planning. For example, one woman notes:

My husband says if you feel well, then give birth.

Women who refuse to have children at their husbands’ request disrupt the family:

My husband says to me go to see a doctor if you are ill. And if I don’t go, then it will be war at home [the next] day.

Most participants agree that mothers-in-law are very influential. One female participant states:

I’m 31 now. One child of mine has died at the hospital with me, and my mother-in-law told me to fill in his place.

A mother-in-law or father-in-law can sometimes be a more powerful influence than the husband:

My husband wants more children but my mother-in-law says no, that’s enough, these must be put on their own feet. But he insists all the same.

My father-in-law is a drunkard, he fights [all the] time. That’s why if he tells my husband that I must give birth, then my husband will not dare to disobey.

The results of the focus group discussions indicate that it is rare for a woman to make decisions independently. If a woman says that she acted on her own in regards to contraception, she typically made the decision without her husbands knowledge, such as the following:

I’ve put in a spiral without permission. My husband didn’t permit, that’s why I’ve put it myself.

The most typical decision-making interactions are described in the following excerpts from participants’ remarks:

Is it possible to get a spiral without consulting one’s husband? Of course, we talked to husbands; only if they permit, do we get it.

I have five daughters and I was afraid to get a spiral because my husband made me afraid that woman has died of it, that woman has got ill. Then I gave birth to a son. And only after that my husband said well, go and get a spiral, take some rest.

The importance of women in decision-making in Turkmenistan is low, as clearly stated by the participants.

**Knowledge and Awareness of Family Planning Methods**
Awareness of modern and traditional family planning methods is not extremely high among the focus group participants. The IUD and the pill are the most well-known family planning methods among Turkmenistan participants. Knowledge is based partially on experience and on information received from friends and acquaintances that frequently consist of rumor and misperception. An informal survey of participants shows that practice of family planning is much lower than knowledge.

Although the available information about methods is often incorrect, this knowledge contributes to use and preference of a certain method. In other cases, it is a deterrence. It was interesting to note that in Dashnowuz, physicians and health workers who assisted in the study were surprised at the levels of superstition and ignorance about family planning methods among participants.

**The IUD.** The IUD is the contraceptive method most often used by participants, with users saying they are generally satisfied. A few remark about negative side effects or ineffectiveness:

> I put in an IUD and after three months, I got pregnant. I gave birth to a child even though I used an IUD.

> The majority of us [here] heard about the spiral (IUD) but they, as they say, cause cancer diseases.

> They say that the uterus gets weaker when one uses the spiral.

> I’ll not put in the spiral because it went deep into the uterus of one of my neighbor women.

However, the IUD is considered the most accessible and effective means of contraception. Ease of use, low expense, effectiveness and dependability are the positive features cited. For example, one woman states:

> Women advised me in the maternity home and I put in an IUD with consent of my husband immediately after I gave birth. I didn’t feel any harm and have been wearing it for six years. [The] IUD suits me well.

Some participants have misperceptions about how the IUD actually works:

> The spiral is used not only to prevent pregnancy but for prophylactic measures against some diseases.

**The pill.** Participants’ knowledge about the pill is based on information shared about negative experiences. Many express a fear of “hormones” which might cause adverse side effects and the inconvenience of taking it daily. Lack of education about hormones and reproductive physiology contribute to the fear of using the pill. In addition, pills are very expensive.

**Injectables.** Less than half of the participants know about injectables, and then only in the general sense that they are a way to prevent pregnancy. A lack of information about how they work and where one can get them are frequently expressed.

**Condoms.** A large majority knows of, or has heard about, condoms, but speaks about them negatively. One woman complains that she couldn’t use the IUD and, acting on the advice of a doctor, asked her husband to use a condom. He reportedly said:

> Where did you learn about condoms? Why do you offer me a thing which is used only by men having intercourse with me?

Reduced sensitivity and sexual satisfaction are the main reasons for rare usage. As one woman explains:

> My husband says that he will not come to me with condoms, but go to another woman and she will meet him with joy. He doesn’t want to do it through some rubber, and neither do I, because with it he will go to other women.

Condoms are not considered as a means of preventing pregnancy, but as a way to be unfaithful and to prevent venereal diseases:

> My husband doesn’t want to use condoms, he says that only prostitutes use it.

Other prejudices against condoms:
Condoms, of course, are reliable means of preventing pregnancy but it is necessary to take into account other reasons. It's important for a woman to receive necessary hormones from contact with a man. Use of condoms can affect her stated mind. And when they use an IUD, [that doesn't happen]. [With condoms, the man] can finish inside.

Of course, condoms help to prevent pregnancy, but my husband and I don't use it because my girlfriends say that when you use it, it is painful to sleep with your husband.

**Other contraceptive methods.** A few participants have some knowledge about the calendar method and withdrawal. Some participants speak about use of different medications and traditional “folk” methods to prevent pregnancy. For example, a few women think that it is necessary to put aspirin into one's vagina before sexual intercourse. One of the participants says that she had heard that putting a drug called trichopol in one's vagina will destroy sperm.

A participant from Dashhowuz states that one of her acquaintances combines the calendar method with anal intercourse as a successful means of preventing pregnancy. According to studies, anal sex is not uncommon in Central Asia. Moreover, some girls consider it as a means of maintaining virginity while still engaging in sexual activity. One woman mentions:

I've heard that one woman, when she has risky period, has anal sex with her husband...I don't know whether it's true or not...

Folk methods of pregnancy prevention mentioned include “drinking rice-water,” “fermented milk,” and urination. Participants also describe a series of methods of a “totemistic-animalistic” nature which connect animals to both pregnancy prevention and fertility. For example, one woman notes:

I've heard if someone sits down on steam from animal excrement, then you'll get pregnant, [and] inflammations pass.

Some also speak about traditional ways to provoke a miscarriage. According to one woman, tabibs (folk physicians) practice placing the intestines of a freshly-killed hen onto a woman's belly. Folk methods of provoking a miscarriage include to “jump from a barrel” or “to sit over a hot steam.” Other methods mentioned were:

It's necessary to take one tablet of analgyn with a glass of vodka in early morning and that will cause miscarriage.

My sister-in-law used this method causing miscarriage.

Troinoi eau-de-cologne is inserted into the vagina with a syringe. I've heard about that. It helps even at [later stages] of pregnancy. This method is used when a catheter doesn't help. I, for instance, haven't gotten pregnant after the last miscarriage. But my sister gave birth after putting eau-de-cologne into her vagina.

They say that calcium chloride will cause a miscarriage, but I haven't tried it.

I've heard that if one drinks quinine, that'll cause miscarriage.

I've heard that if there is delay in menstruation for three to five days, then it is possible to cause menstruation by tying the excrement of a white dog to your foot. I don't know whether it's true or not. I didn't try to do that myself. They say that you have to wear that for three days and it helps cause menstruation. I've heard about that from an acquaintance who did that.

**Contraceptive preference.** Preferences for different contraceptive methods are generally connected to their use. The IUD is the most used and preferred method. Interestingly, many participants say they prefer injectables even though not much is known about them. Available information, including word-of-mouth, about the long-term efficacy of this method influence this preference, rather than personal experience.

**Family Planning Communication Between Husbands and Wives**

Discussion between spouses about family planning is minimal. Some participants say that they talk about contraception with their partner, but further investigation into what exactly was said indicates very few substantive talks. Husbands and
Wives are not comfortable discussing contraception with each other because of tradition, specific attitudes toward reproductive health, and discomfort when speaking intimately. The following excerpts are from women:

- It's a shame to speak to [my] husband about it. My husband doesn't know about condoms, he never heard about them.
- [What do husbands care], provided that a woman fulfills her woman's duty? And after, if you wish, then give birth or protect yourself—that's your own business.
- Our husbands don't respect us. It's very rare when a husband pities his wife.
- Why? They respect but don't want to do anything. Only a woman herself must think.
- We don't speak to husbands about that. They get tired at their work and cannot be disturbed.
- Yes, yes, my husband says: 'I feed you, I work; and you, if you wish, give birth.'
- We spoiled them. We ourselves see them off, meet them, we took everything completely upon ourselves. We are strong. And they cannot bear even headaches...
- Well, will women talk about such shameful things with their husbands? That's only women's business. We don't talk about that with our husbands here.

Other participants speak of good interactions with their spouses:

- My wife hasn't an IUD. I protect myself by abstaining from the sexual act from time to time. First I ask permission from my wife and only after that have intercourse.
- I consulted with my wife and we decided to go [to] a doctor together. They have put in a spiral. After three years we have consulted with each other again, took [out] the spiral and the desired daughter was born.

In most family discussions, a wife asks permission to use contraception, and her husband makes the final decision:

- I have a girlfriend. So she says that when she told her husband about condoms, he said that they are used when men live with men. There was a scandal at their house and her husband beat her for that. Now she has a spiral.

## Available Sources of Family Planning Information

The lack of information about family planning and reproductive health is quite acute in Turkmenistan. One participant talks about the difference between the provision of family planning information in Turkmenistan and the more European parts of the former Soviet Union:

- We have very little information. In the European part of the former USSR people are informed more. Here such matters are considered shameful and people are ashamed to ask. It's true. In recent times, with the appearance of video equipment, people watch movies about sex and get information this way.

### Family members and peers

Participants report that it is not generally acceptable to talk about sex or reproductive health in families in Turkmenistan:

- No Turkmen woman talks to her daughter about pregnancy prevention.
- And mother-in-law, on the contrary, will try to have her daughter-in-law give birth every year.

As a result, sources of information about family planning and contraception are casual: neighbors, acquaintances, girlfriends, and films or telecasts. Knowledge about contraception is often exchanged between women at "parties." However, these sources give information that is often distorted or incomplete.
Our mother-in-law teaches us that it's necessary to bathe after a sexual act, to pray, otherwise you would be sinful.

I knew nothing; during my wedding they had tied a sash and told me to 'spread it under me.' When I'll marry off my son, I'll tell my daughter-in-law everything, explain how to behave herself.

**Mass media.** Participants touch on the role movies, television, and magazines play in disseminating family planning information. Overall, they are dissatisfied with the information provided by these sources, discouraged because many of the magazines and newspapers produced in other regions of the former Soviet Union are no longer available in Turkmenistan:

Before we got 'Health,' 'Zdorovie' magazine and read it regularly. But in recent time this magazine has become inaccessible for us.

When it was the land of the Soviets before we received various newspapers and it was possible to read about such matters, but now they don't show anything besides the Russian television. It's a meager source. People watch porno films and learn from them.

Some support telecasts to inform people about reproductive health:

Such programs are very necessary. Now relations with foreign countries are widening. Many foreigners are visiting us. Not all of them are decent people. They start to corrupt our girls. And our girls also have lost their shame. Many of them don't imagine that they can catch some infection, venereal diseases.

A few participants disapprove of sexual education through films made in the West:

I think that Western films about how to enter sexual contact are not acceptable here. When youngsters will grow up, they will decide themselves which methods to use. We, for instance, watch sex with all my family and I feel embarrassed before my children. Especially "Ostankino." I think it’s harmful to watch the American or Italian films: they corrupt the youth. Old Russian films are better.

In general, participants express a need for family planning information in Turkmenistan.

**Additional Perspectives**

**Attitudes and perceptions on medical services and health care providers.** Focus group participants in Turkmenistan did not really discuss their perceptions of the health care system and health care providers. It appears that participants were reluctant to discuss their satisfaction with available health services for fear of openly expressing criticism of state institutions and state policy. The following excerpt is an example of the few comments about the health care system:

Nowadays it is risky to give birth; there is very poor nursing and treatment in maternity homes. They give Cesarean sections to all. My two daughters-in-law had the operation.

**Attitudes and perceptions on abortion.** Overall, participants are not in favor of abortions for religious and health reasons. Although they mention certain situations in which abortions are justified, most participants agree that having an abortion is a sin.

The following excerpts reflect attitudes toward the use of abortion as a family planning method:

Abortion is murder:

It’s a completely unacceptable method. After two months from the moment of conception a fetus is already a living thing, almost a child. To destroy it there is equal to strangling it after birth. What is the difference here?
In accordance with our religion, if a woman is pregnant, she mustn’t take any preventive measures. Let it be even an ant, it has to live.

To have an abortion is the same thing as to kill forty human beings. When you die and God takes you, then there, in the heavens, your child will meet you with tears in its eyes.

Abortion is harmful to a woman’s health:

- Abortion is a very dangerous method because the uterus becomes thinner, it can be torn and that threatens the mother. An abortion shouldn’t be performed.
- Abortion is very harmful, especially if you want more births after having it. Many say that if you have an abortion, that it won’t pass without leaving a trace. But there are women who have them monthly.
- I’ve heard that after having an abortion, sterility and bleeding develop. It is of no benefit. Generally speaking, abortions should be prohibited.

While abortion is generally viewed as a sin, one woman states that abortion is not a sin if done early in pregnancy:

- You know, a mullah spoke on television, talked about the sin of abortion. That’s a murder of a child, you see! But the mullah said: have an abortion if the situation is already hopeless, and it’s necessary to have an abortion as soon as possible when a fetus is still not living. That’s permitted. In this case there is no sin. And when a fetus is already alive— that’s the sin.

Participants classify reasons for the prevalence of abortions in the following manner:

- Abortions can prevent a woman or young girl from disgracing her family and community. Many participants think that the willingness of a young woman to hide her pregnancy and the sexual relationship which preceded it is one of the main reasons for abortion. The Turkmen society does not encourage freedom of sexual relations prior to marriage, which may be why public condemnation often forces young women to have abortions, as illustrated by the following:

  - Most often young unmarried girls have abortions [because they] don’t know how to protect themselves.
  - Yes. On the whole, they [women who have abortions] are schoolgirls.
  - Perhaps, the reason is in the fact that a girl played around and got pregnant and then she hides herself because of shame and has an abortion.
  - I’ve heard about awful cases. A girl got pregnant very early and didn’t tell anybody about that. She got scared and went to have a clandestine abortion. She died from it. The doctor was taken into prison, but she is not alive all the same.
  - Perhaps a woman is pregnant not from her husband and that’s why she gets rid of her child.
  - Among married women, abortion is a rare thing. Perhaps one woman from a hundred. Only in rare cases when there is no way out do they have forced abortions.

- Abortions can save a woman’s life:

  - Abortion is justified if a woman cannot have a birth. If she has heart or other diseases.

- Abortion is a way to control fertility:

  - If a woman wants, then she’ll get rid of a child and will not consult anybody about this. She can easily find measures. For instance, if it is not possible to lift weights while being pregnant, do hard work, then she will do [just that].
When I [was] pregnant, I grew very angry. That’s why I swore at my husband and then had an abortion. If even I’m on the books, I get rid of my child all the same. My husband is angry—why do you have an abortion and fight me.

Conclusions

Focus group participants’ attitudes toward marriage, family planning, communication, and abortion are summarized in the following sections.

Perceptions on age of first marriage. In Turkmen society, a man is financially responsible for the family. A woman is the mother, wife, and homemaker. A man must be four or five years older than his bride, educated and have a profession. He should marry by the age of 25 because it is best for tribe-clan traditions and customs. Neither male nor female participants show much enthusiasm about a professional life for women, opting instead for the more traditional female roles.

Ideal family size. Most participants want three to five children. Turkmen traditions and customs support large families, but recent economic difficulties have influenced the participants to think about having fewer children. More than half of the participants believe a family should have at least three children. A number think that three to five (most often four) children is an optimal number for a modern family. Less than half think that one to two children is the ideal family size.

Attitudes towards family planning and knowledge of methods. In general, the participants approve of family planning. This can be explained, in part, by the Turkmen custom of dowry through which a girl brings material value to her marriage. The presence or lack of a son in a family is not that important.

Knowledge about modern methods is low: less than half of the participants know or have heard about IUDs. Fewer participants are familiar with the pill and condoms, and an even smaller number know anything about injectables. The participants, particularly women, also know about other, traditional ways of preventing pregnancy, a knowledge often based on rumor and misperception, or consisting of folk methods of a totemistic nature.

This study reveals links between knowledge, preference, and use. Practice of family planning is lower than knowledge. For example, less than a third of the participants say they have used an IUD. Fewer say they have used any other method. Since not many have tried a range of family planning methods, their preferences are more theoretically than experientially based. The IUD is the most used and preferred method.

Family planning communication. Results from the discussions suggest little communication between husbands and wives about family planning. The most common decision-making pattern is one in which a wife asks permission to use a method and her husband makes the decision. Other relatives such as mothers-in-law and fathers-in-law influence decisions about reproductive behavior. The study indicates that women have very little input into decisions regarding fertility and family planning practices.

Additional perspectives. Most participants do not support abortion, and generally express negative attitudes about it. Morality is the basis of most of the arguments; abortion is considered sinful. Single women who become pregnant feel compelled to have abortions out of fear of condemnation by society and disgrace to the family. Some state that abortion is justifiable in cases where it can save the life of a woman. A few remark that abortion allows women a certain independence; she has a choice regardless of her husband’s opinion.

Programmatic considerations. Several themes and strategies derived from the results of the focus group discussions serve as programmatic considerations for message and material development. The following suggestions should be validated with further research and field tested prior to implementation:

1. Many participants identify with the large families their parents had, but feel that having fewer children is more responsible. According to the findings, a positive parent model is one who respects the traditions of his/ her parents but loves his/ her own children enough to have fewer children so as to more adequately provide for them. Messages could be developed around this positive image of parental role models.

2. Many participants are openly distressed about the impact the dismantling of the former Soviet Union had on their lives. Addressing their concerns could assure a potential audience that health service professionals are aware of their problems and needs.
# Many respondents are concerned about early marriages. Using contraception (among both married and unmarried couples) could prevent unwanted pregnancy until the new couple can materially and emotionally afford to support a family. To address this, program planners could develop messages that depict using family planning as an act of responsibility, allowing the family to support itself.

# The participants' preferences for methods are based on personal experience, which is low, and on available information, which consists primarily of stories from friends and acquaintances. Development and dissemination of a series of method-specific materials could help increase knowledge and use.

# Participants complain about the lack of reproductive health information, and specifically ask for telecasts about family planning and sexual education which provide correct information.

# The results showed that conversation about contraception was minimal in Turkmenistan. Messages could support the communication between husbands and wives about family planning as positive rather than taboo.

# The focus group discussions indicate that the burden of choosing a family planning method is on women, whereupon men will or will not approve. Messages could be designed that will empower women to talk to their husbands and to service providers about reproductive health and to motivate men to take more interest in the reproductive health of their wives.

# The participants voice their abhorrence of abortion but accept the practice. Many women have no other way to deal with unwanted pregnancy, thus abortion becomes a de facto means to control fertility. Explicit campaigns about the health consequences of an abortion and the promotion of alternatives could help to reduce maternal morbidity and mortality.
Chapter IV. KYRGYZSTAN

Perceptions on Age of First Marriage

Men’s age. Most respondents believe that a man must be financially established, as well as older and more experienced than his bride, before he marries. For example, more than half of the focus group participants state that the ideal marriage age for a man is between 21 and 25 years, and about half believe that a woman should get married before the age of 20:

A man should get married at the age of 25-27. They say that men reach sexual maturity later than girls. A man should be quite mature to look at married life more seriously, to be sure that a couple will not divorce. It is never too late for a man to marry. That is my opinion.

In general, attitudes toward the appropriate marriage age for men are based on two sets of concerns: socio-professional and psychological-physiological. Men and women in the focus groups agree that socio-economic considerations form the foundation for marriage—only a man can provide financial support for his family:

One should think of his position and secure material well-being first. Take Jews for instance. They are clever people. It is not accidental that they get married only when they are 30 years old.

The following story from a shepherd in a Bishkek suburb illustrates how an insecure financial situation could lead to instability in family life:

I am 28 years old. I got married five years ago...I had to marry because in August, 1989, I started working as a shepherd and I badly needed an assistant...I got acquainted with my future wife. We were meeting for a month, probably liked each other, and then got married...After my son was born, my wife, how to say...didn’t want to be a shepherd’s wife any more...I was persuading her; assured her that we would have everything we needed (I was building a house at that time)...but that we had to have patience for two to three years...but in four years we could not stand it anymore. Now we will probably have to divorce.

Not all relate marriage to a certain age, stating that financial success can happen when a man is young:

One can consider it from different points of view. Some people, for example, have their own flats even at the age of 20. Age is not a decisive factor for marriage, and if a man is well-to-do, he can get married at any age.

Participants also identify psychological and physiological factors, based on the connection of youth to virility, as affecting the appropriate age for men at marriage:

Men should get married at the age of 21-22 because now school graduates already know everything. Young men cannot remain unmarried up to 25, they will go crazy. There are so many rapes now.

One shouldn’t delay for too long a time. Recently more and more men are getting married after they are 30, and this is not very good. It is not good for a reproductive function.

Women’s age. Most participants discuss a woman’s readiness to be a mother and homemaker, while professional aspirations and independence of women are touched on only infrequently.

Many of the men point out that age could be a serious obstacle:

I think that girls should get married before 25 by all means because after they are 25, nobody will wish to marry them and that will become a problem for them.

We Muslims consider a woman remaining unmarried at the age of 24 an old maid. One doubts at once why hasn’t anyone married this girl? There must have been some reason for that...

Girls ought to marry at the age of 18 because they mature earlier than young men both physically and morally. This is a century-old tradition in these places. The earlier a girl marries the better for her because after 20 years...
of age, girls as well as young men become more skeptical towards marriage. Women become choosy and more critical towards young men.

The top age for marriage is 20 years old because Kyrgyz say that older girls are already old and men would prefer to look for girls who are 18 or 19.

However, some express reservations about women marrying too young because they would not be able to support their husbands:

A wife should be a partner who will assist her husband, but a girl of 16-18 can't be such an assistant. At the age of 22 she will be a mature girl with her own position who will be able to assist her husband. I would prefer a wife not younger than 20 years old.

A few participants feel that age is not the most important factor for women in marriage:

Age is not a decisive factor. There are some girls who, even at the age of 18, do not understand everything such as how to behave in a family, how to treat a husband, and some of them even at the age of 25-30 do not realize what a family is.

Both a girl and a young man should mutually understand each other; 25 to 30 years is an age when they can do that.

It is noteworthy that love, particularly for the male participants, is considered an important requirement for marriage:

It is impossible to identify the exact age... The most important thing when people marry is mutual love. Generally speaking if all the people had married when they loved each other... There would be less trouble, less grief, it would be a wonderful world.

Love does not pay attention to age.

People get married when they love each other, and there's nothing to do about it.

Fertility Preference and Family Size

Ideal number of children. The majority consider three to five children the ideal number for a family. However, considerable discussion focuses on the fact that people are no longer having many children because of the current economic situation in Kyrgyzstan.

Some participants state that it is impossible to determine an ideal number of children in a family:

The number of children is of no importance for an ideal family. I can't say that if there are one to two children, it is an ideal family. It is good when there are more children.

Sometimes couples argue about the desirable number of children:

I wish to have four children but my husband is against it. He would like to have two children. He says that a large family will have too many demands. Of course, God decides, but he thinks that two children is normal.

Sometimes participants refer to the practices in other cultures to determining family size:

I have already said that it is very good to have two to three children. It is quite normal, because in Japan it is considered that three children is the ideal number of children. And generally speaking [in] my mind, our demographic situation is now becoming quite the same as in Europe.

Limitations to family size. The current economic difficulties in Kyrgyzstan are the main reason cited for not achieving the ideal, three-to-five children family size.
We have to bring our children up, to send them to a camp, to secure a good rest for them, to show them other places… That is why I do not wish to have many children. There will not be enough food for them in a village. They eat only bread with tea. They must have good food. They must have enough vitamins.

There are only one or two children in many families now. One daughter and one son. If you ask people if they would like to have more children, everybody will answer: ‘God forbid!’ Two children is even too much, one could not feed more.

I would like to have 10 children. But I don’t know if I will be able to raise them, to bring them up... I would like to have many children, but we are having tough times now. That is why it would be the best to have two children.

My friends and colleagues at work do not wish to have many children either, because all are complaining about having a difficult life. Most of them would prefer to have two to three children.

Many recall how life was different when they were growing up compared to the current conditions in Kyrgyzstan:

There were many children in our family. It is good because children help each other. I would like to have ten children, but the present situation is so hard.

If it was like in previous times, it would be very good to have many children, but in present conditions, it is hard to support a large family.

Regional differences. Participants indicate that rural Kyrgyz are somewhat more likely than urban Kyrgyz to favor large families:

I’ve got friends in the town. They tell me about themselves and give advice about how to prevent pregnancy. The reasons, to my mind, are clear to everybody. Life makes us do so; it is harder and harder each day. But take country people—they are living as before, in a Kyrgyz way.

Life is quite different in the town. There, one should think about money every minute. In the country, we feel more safe. The more children we have the more work can be done (garden, cattle, yard, etc.).

Gender preferences. The desire to have at least one son in a family was a topic of discussion. Many feel strongly that a family must have boys:

We Kyrgyz are Muslims. It is most important that there should be a man in a family.

If I have no son it will mean that I myself will not exist. And if I have one, people will say: ‘Look, here comes Sharipbek’s son, Mirbek.’ It is very important for a Kyrgyz to have a son.

The importance of having a son is that he will stay in the house and a daughter is alien. She will go sooner or later and then will only come to see her parents; a son will take care of them.

Attitudes Toward Family Planning

Attitudes toward family planning are divided with some participants in favor of family planning and some opposing, though most approve of contraception.

Those who approve of family planning cite various reasons, including sexual freedom, the need for birth-spacing, and economic difficulties. An example of support of contraceptive use for birth spacing:

I don’t want my wife [to] give birth too often. Many Kyrgyz space only one year between births. That is why children are born weak, and in poor health. Doctors recommend that a woman should have an interval of three to four years after the first delivery to restore her health, and only after this period she will be able to give birth to healthy children.

Kyrgyzstan
Others support contraceptive use because it provides couples with sexual freedom and the ability to control their reproduction:

- Contraception is a good thing for several reasons. First, a girl needs it if she is not married. Second, a young man and a girl need it when they love each other and do not want to have children yet. Third, contraceptives are good if people cannot support a family.

- Contraception is a very good thing. It is better to prevent a pregnancy than to give birth to children and leave them in the streets, in maternity houses, or at someone's house.

- Sex is not only for reproduction. It is a kind of self-birth, so to speak. As for me, I attach primary importance to relations between a man and a woman.

Those not supportive of family planning are just starting their own families and either have no children or have only a few. They want more children and are not interested in family planning:

- You know, we have other problems. We do not talk about pregnancy prevention. Just the opposite, I wish to have a child and we are talking only about this.

- It is too early for us to think about this. We wish to have one more child.

- My wife and I wish to have a child. That is why there is no need for her to use contraceptives. We have just recently married.

**Traditional and religious influences.** Religious and traditional justifications are cited most often by participants who disapprove of family planning. These mention the many references to opposition to family planning in the teachings of the Koran and opinions voiced by religious leaders. Certain attitudes towards family, marriage, and childbirth, are based on rules governing nikah (Muslim marriage):

- According to this rule, all Muslims can have as many children as they wish. And to violate this rule, that is, to get intimate without marriage is a sin forbidden by shariat, and I think that it’s also one of the methods of relation regulation between a woman and man.

Another relates that he was given the same interpretation by a mulla who graduated from the Samarkand higher spiritual institution (medresse):

- He told me that the Koran speaks about these issues. Not exactly in the Koran itself, but written separately.

Some state that their religion is against using any contraceptive method:

- In general, with Muslims, it is not appropriate to use a spiral or other methods of contraception. If it’s God’s will then on Thursday or Sunday, a woman will conceive. If not, then nothing. Artificially preventing pregnancy with the use of all these spirals and pills is considered wrong.

However, most agree that, although religion does not approve of contraception, one should take other factors into consideration when making decisions about family planning:

- I am in favor of having the many different contraceptives available. It is very good when one has a choice. It is our life. But we say, religion is against or religion is for it. If we look only at religion, we will die. We all have lots of sins.

- It is bad according to the religious point of view. It does not approve of contraception, but I believe it is good for our conditions and needs.

- Our religion does not approve of contraception. It is backward in this respect.
When our religious men declare that they are against prevention and against television programs devoted to this problem, and state that this is lechery and that this will lead to the destruction of the nation, they see only one side. They don’t know how to help solve this problem.

No, our religion is not against contraceptives. And far as I know, if there are many children in a family and they have problems with keeping them reasonable, family planning does not contradict the Koran.

Use of the spiral or abortion contradicts our religion. Old people will say that you are killing a generated life. But if we bear all children which God sends, then we shall not be able to bring them up.

Some participants emphasize that the Koran does not oppose contraception, or that the information from the Koran is obsolete:

In our religion, there is no opposition to using contraceptives. As far as I know the Koran, if there are many children in a family and it’s difficult to feed them, then thoughtful family planning doesn’t contradict the Koran.

But the Koran and the Bible were written long ago and up to now there have been no changes. They are as they were. And no prophet in recent times has changed these laws and no one will change them.

Many mention that they wish to follow the traditional way of life and have many children. However, they are aware that times have changed and that following tradition is no longer a simple matter:

Our old mothers are angry with us: we are so young, why don’t we have children? They are not aware of our difficulties. They just wish to have many grandchildren. Frankly speaking, due to the problems we are having now it is better to use contraceptives.

I was brought up in a family with many children. There were ten of us. I was the eldest. I also wanted to have many children. I also want my Kyrgyz nation to grow, but because of my hard life, I can’t afford to have five children.

We Kyrgyz never used to plan how many children to have. From ancient times our forefathers asked God to send them children as much as possible, cattle as much as possible, peace as much as possible. I am living in this way.

**Political and geopolitical influences.** A few express the opinion that family planning is harmful to the development of the nation and its people:

It is of historical importance. If there are no descendants there will be no state. There will be no Kyrgyz people...no nation...nothing.

If one is healthy, one shouldn’t think of preventing pregnancy. Birth control will prevent the development of the nation.

On the other hand, one participant notes that the state is no longer providing support to large families:

I haven’t heard yet that anybody would like to have many children. In former times they used to award mothers of many children with the “Mother-Heroine” Order, but not now. They gave flats to these families, but now they don’t.

**Economic realities and changing perceptions.** The current economic situation has had an impact on how the participants perceive family planning. In general, they feel that family planning is necessary so that families will not have more children than they can support financially:

I would not object to having many children, but our life is so hard now...It is not that you just give birth to a child. If you are not able to keep them to give them an education, they will be dissatisfied with their parents. If parents are able to support many children, I wouldn’t object.

If it weren’t for our hard times, we wouldn’t think about and wouldn’t talk about this...But now we have to think about this, to discuss this problem with our wives.
It doesn't matter if a girl or a boy will be born. They will have to be fed, brought up, dressed. That is why one should try not to have too many children. Nobody is planning to have many children now.

The present economic difficulties make us think about this problem both elder and younger people. That is why people try to control the number of children they have and everybody treats the problem of contraception and prevention with understanding.

In general, participants believe that it is good to have many children, but, at the same time, they see that economic difficulties make family planning a necessity.

**Responsibility for family planning.** As indicated by the discussions, family planning decisions are mainly the responsibility of women:

*In the Kyrgyz families, on the whole, women solve family planning problems.*

*We, men, just talk. What decision can we make?*

*Here only women make decisions. If she says no, how can I say give me another child? If there is no health, how can I? I have to give in and say all right.*

There are times when a husband has to validate his wife’s decision:

*With us [Kyrgyz] it is like this, as far as I know, she offers possibilities and he makes the decision. That’s all.*

Sometimes relatives press for certain decisions to be made:

*If a wife doesn’t bear during the first two to three years, then the mother-in-law will say, ‘Turn her out, sonny, if she doesn’t bear you a child. Better marry some other girl otherwise your life is going away.’*

A few participants note that the advice of the older generation is sometimes ignored, especially in cities.

*I think that present day’s young women don’t ask advice. They don’t say anything to old people, mothers, and mothers-in-law about the fact that they use contraceptives. They do their business silently. And grandmothers think that it’s God himself who gives children to them.*

The responsibility for family planning decisions-making is placed primarily on women. Participants state that men not only cannot, but usually do not want to participate in this process, believing that women have a better understanding of what is needed. In addition, men do not want to take even a portion of the responsibility on themselves. As a result, men take advantage of this cultural pattern, and women are burdened with these issues.

**Knowledge and Awareness of Family Planning Methods**

Participants were asked which family planning methods they knew about, and which ones they preferred. The focus group discussions revealed participants’ knowledge and attitudes about pills, injectables, IUDs, and condoms. Traditional methods were also discussed.

**The pill.** Although the pill was well-known among participants, three main reasons contribute to its negative reputation.

Harmful side effects:

*I don’t know how things are here in the former Soviet Union but they say that in America there were side effects such as a tongue which grew up to 25 cm and women’s bodies swell up.*

*I heard that the use of these pills is unfavorable for the kidneys. My girlfriend used the pill and now she has kidney disease. The pills affect the inner organs and that is why they are harmful. Their benefit is that they prevent pregnancy but they result in more harm than good.*
My acquaintances told me that one woman was taking these pills and then started putting on a lot of weight. Then she went to a gynecologist and it turned out that it was the result of taking hormones. That is why I think that it is dangerous to take pills. And my wife refused to take them.

Inconvenience:

I read about these pills. First, a woman should consult her doctor, and second, not all women can use them. Some are allergic to them. In short, these pills are quite a lot of trouble. Maybe those which are expensive are good but ordinary ones are dangerous for life.

Pills should be taken at certain times. They have different effects associated with taking them at different times.

They can bring good effects when taken regularly [but] if a woman misses one day she may become pregnant. One should take them [every] day.

Variance in quality:

Where do the owners of these commercial shops get the pills? Where do they get them from? We don't know their shelf life and if they have a warranty.

Participants had very few positive comments to make about the pill. Statements about advantages or benefits of oral pills were mostly qualified or negated by statements about side effects, dangers or disadvantages.

Injectables. Very few are aware of injectables as a contraceptive method, though some know about them from sources outside the country and through radio broadcasts. Their initial impressions are favorable:

I've heard about new methods. One doctor said on the radio that if a woman gets a shot then she could not get pregnant for three months. And more, it's interesting that this shot affects women's sexual organs positively. We didn't use it, but I think that's a good thing.

They don't advertise them here... I've only known about them quite recently when I heard that abroad they advertised some injections. I've known details only after this conference. My girlfriend has brought these advertisements. They distributed them for health education of the population. I think even physicians haven't heard about them. Moreover, the fact that this injection can be used only four times a year is interesting and that for some, they are permissible, whereas for others they are not. There are more side effects than from pills, however. And, in general, it's dangerous to take them without consulting doctors. The majority of the population probably knows nothing about them.

The IUD. Participants consider the intrauterine device (IUD) the most convenient method of preventing pregnancy. Many are aware of harmful consequences which can result from using the IUD, but, nevertheless, rely on it as their primary method:

There is no way out. The spiral is also harmful like other methods but if you don't get one then you'll become pregnant.

The spiral is the most reliable. The pill must be taken at a certain time and causes different effects. But there is hope with the spiral: it protects you well.

Condoms. Participants know about condoms as a method of protection against sexually transmitted diseases, but not for family planning purposes:

The main thing is how to protect oneself against these diseases. Let's say a young (unmarried), man, met a girl, became acquainted with her. As it happens, they drank, it became hot... Well, I think a condom is the most reliable method in such a case. It's necessary to know a person, and if you don't, what do you do?

They unanimously state that using condoms in the family context is not desirable, associating this barrier method primarily with extramarital sex by men and women alike.
I never use [condoms] with my wife but with others yes...

The condom is used for various reasons: when you don’t want to have a child, or in order not to be infected. But what do I need it for? I trust my wife.

I use condoms only with my mistress. But in my family, I use the rhythm method and everything goes all right. We've counted it well.

Condoms are not used with wives. They are used with other women.

I think, to put it honestly, condoms are used in most cases when people have [secret] sexual relations with strangers.

Condoms are useless. I don’t use them with my wife but in my opinion, they are used outside the family.

Participants also feel that condoms diminish sexual satisfaction:

To put on a condom...there is no interest. Well, what’s the interest? As if you’ve got into some hole.

Husbands don’t want to use condoms because they don’t get satisfaction.

Some are not satisfied with the quality of locally made products:

We’ve already tried condoms once. Sure my wife gets satisfaction but says that after experiencing the imported condoms, the Soviet ones are not interesting. That’s why I’ll have to buy these constantly. But what if they will stop supplying them? And is there an end to it? And then we’ll be left without satisfaction, won’t we?

Other contraceptive methods. Many are also aware of calendar methods for preventing pregnancy, although a very small number prefer them:

There is a calendar cycle which harms nobody, whereas artificial methods can.

If we (my wife and I) don’t want a child, then we calculate when we can have sexual relations. What are these spirals, pills and all others for?

Contraceptive preference. The IUD, condoms and the pill are the most well-known methods, with the IUD the most commonly preferred. However, participants are reluctant to say which method is the best.

Family Planning Communication Between Husbands and Wives

Generally, participants state that family planning is a subject to discuss between husbands and wives, not between friends:

More than half say they discuss family planning with their partner. However, many men report that they do not trouble themselves with family planning, explaining that they rely on their wives to prevent pregnancy:

In general, men don’t talk much about that. They are busy at their work. Wives worry more about that.

I believe men don’t think much about how to protect themselves. And women talk among themselves, how to protect themselves, which method is better, etc. Perhaps among men it’s different. Women must protect themselves, not men.

The discussions reveal that wives defer to their husbands’ wishes when selecting a family planning method. If the man is not inconvenienced by limits on his personal time and his sexual satisfaction is not affected, then he accepts family planning.

Some participants relate disagreements caused by discussing family planning:
We had disagreements because I’m ill frequently. I have kidney problems and all my female organs are inflamed. My husband always worries that perhaps I’m ill because of using these contraceptives.

My husband doesn’t allow me to use the spiral. He says it’s possible to become pregnant with it and fears that. That’s why I don’t use spiral.

Available Sources for Family Planning Information

Doctors, television, radio, and newspapers, and parents and friends are the main sources of family planning information cited by the participants.

Family members and peers. Family members and peers are the last sources of family planning information. Many feel it is inappropriate to discuss family planning with friends and other members of the family. For example, participants indicate that parents are only an indirect source of information for their children, because discussion between parents and their children about reproductive health is a taboo subject:

If my father wants to say something to me, he tells it to my mother, and my mother tells that to our daughter-in-law and the latter tells that to me directly or through my older brother. We have such an order: With us it’s not proper to discuss such issues directly with the parents.

Health care providers. Physicians are one of the main sources of information identified by the participants. However, many complain about the incompetence, rudeness, and other negative traits of physicians which at times prevent them from seeking their advice and counsel (see page 46).

Mass media. The Bishkek participants are concerned about the sporadic availability and incomplete nature of family planning information in the media. They feel it would be much more effective and convenient to have a special telecast devoted entirely to reproductive health issues.

If they show something, it is only about protection against getting infected with venereal diseases, not for preventing pregnancy. There is no telecast about preventing pregnancy.

Nowadays in the newspaper ‘I am young’ or something [some information] creeps in sometimes, but in general, I believe that there is very little information.

I think there is a lot of information, but it all is of a general character and very similar. It would be a good thing if concrete advice was more available.

At times feature films are discussed as an information source. The American serial Santa Barbara, which involved the use of pills as a family planning method, was aired for a long time by Russian television. Many participants believe that if the population was informed, society’s morals would improve:

Now we, the Kyrgyz, have more prostitutes than in other countries. That’s why it’s necessary to give more information over television, to broadcast over the radio, and to publish in newspapers.

Differences between the amount of information available in cities and villages are also discussed:

Well, we still have a great difference between city and village. In a city, we somehow read something about preventing, how to use condoms or other methods. But in ails (villages) there is no such thing. There is nothing there.

Additional Perspectives

Attitudes and perceptions on medical services and health care providers. Participants voice strong dissatisfaction with the current medical services available to them, especially the behavior and attitudes of the physicians. The incompetence and corruption of doctors at the state clinics annoy and anger the participants:
When my wife had her first pregnancy, the doctors said that the fetus was dead. And this 'dead fetus' is now running around, it gives everyone a reason to doubt! When they had told me that, I wanted to kill this doctor, honestly speaking. Even now, this memory causes me to shake. If I see him, I would like to beat him up so that he would remember all his life who’s ‘dead’ and who is alive.

My wife told me that their instruments are sometimes clean but sometimes, they are dirty.

In general, doctors are unqualified and they undermine trust in the whole medical service.

Some mention that they would rather seek care and support from other sources, such as the Christian church, instead of going to a physician:

The Russians, for instance, when there are miscarriages or some problems, turn to the Christian church instead of physicians. And we believe only in making and wherever we can go?

And where do you turn to? There was one woman who had an abortion. There was bleeding. She went to a witch doctor. He stopped the bleeding and left it inside her. She lived about a month and rotted inside and she died. Perhaps she could have survived (if not for that doctor). Perhaps the bleeding would have stopped by itself. And so you see, she died. A young woman.

Participants agree that the issue of doctors’ competence is very complicated. Some women say they would never go to a male gynecologist.

Attitudes and perceptions on abortion. Abortion is unanimously condemned but, at the same time, understood. Attitudes are exemplified by the following statements:

Abortion is murder:

Conception is necessary to bear a child. It is a child, a living being. Instead of abortion it’s better to bear a child of full value and place it in a children’s home if you cannot provide for it yourself. Do not kill it.

Recently, [we read] an article in a magazine that [said] the Americans have written that when an abortion is performed, a child feels, it fears, and begins to have a quickened heartbeat. It feels before an abortion that they want to kill it.

Just take a fetus and cut it to pieces, kill it. This is an awful cruelty. A woman who agrees to have it and a doctor who makes it should be consigned to perdition.

A child deserves to be born, and those who choose or perform abortions, kill it. If pregnancy happens then a child must be born. Abortion should not be done.

Abortion is a great sin, opposed by the moral and religious establishments:

They did it [get pregnant] themselves without thinking and then have to have an abortion. That’s a great sin! You see, she got it somewhere with somebody in a corn field and as soon as her belly became visible, she runs to a doctor to have an abortion like a crazy person. That’s not a human deed. God will not forgive those who do that.

Here eight or ten persons are sitting and each of us would not be born if our mother had had an abortion. That doesn’t conform to Muslim religion, that’s a sinful business. Those who abandon religion don’t know themselves that it’s a sin. Is it right? In fairness, that’s a sin.

Abortion is justified under limited circumstances:

If a woman is dying then there is no way out. In general, abortion is a sin. But sin is a relative concept.

I think sometimes abortion is a necessity. According to the Muslim religion this is, of course, a dreadful sin. My wife, when she was pregnant, fell seriously ill and doctors agreed to let her have an abortion. It was necessary.

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you understand? And if a seriously ill child would be born, then it will suffer its whole life! So in this case, it's simply necessary if it's to be rightly understood.

Sin is when she just played around and then has an abortion. That's the sin. But when she is ill, and there is no healthy way to save herself or to save her child, that's another matter.

Abortion is a sin but sometimes there are some hopeless situations, like for instance, when a girl is sometimes seduced.

Abortion is also necessary in certain cases. For instance, research shows that sometimes a fetus is already ill. Why not have an abortion? Recently, they showed a woman (on television) who was pregnant already for some months and the child had cancer. In this case, abortion is necessary.

Of course if a woman bears a child and abandons it, that will be an even greater sin than abortion. Abortion, in my opinion, is a lesser sin.

A few participants, such as a man from Osh, offer a broader, pragmatic justification for abortion:

This is not a sin. This is a way out. I think that if a fetus is removed at an early stage it's okay because he has no consciousness yet. Let us assume that I think that it is a sin and I will decide to have a child. But when he grows up and I will not be able to provide him with clothes, to give him education...this will be a real sin! I'd better bring up one child properly than have three children who will eat nothing but bread—this will be a sin. It's better to have one child, but to be able to have a car. It's better to bring up one child, who will then be able to tell that his father has given him good care.

Conclusions

**Perceptions on age of first marriage.** On family and marriage, participants feel that a man should be three to five years older than a woman. He should be able to support a family, and have a good job. Similarly, a woman must be ready for family life, mainly as a man's assistant. Although the age at marriage is a significant factor, love between a couple is also important.

**Ideal family size.** Almost half of the respondents believe that the three to five range is an ideal number of children in a family. They favor a family with many children, but many state that a large family is hard to manage during the current economic difficulties. As a result, they consider family planning as a necessity.

**Attitudes towards family planning and knowledge of methods.** The participants are aware of modern methods of contraception, although most men feel that the burden of using them should be the woman's responsibility. Many report that they do not like to use modern contraceptives because they feel the methods are low-quality, not very effective, have adverse side effects and diminish sexual satisfaction.

The intrauterine device (IUD) is the method most used among participants. The condom ranks lowest because it is associated with, and encourages, extra-marital relations. It is therefore thought to be inappropriate for family use. The pill is also unpopular because participants perceive that hormonal methods are harmful to a woman's health. Other problems associated with the pill include the need to remember to take them regularly; ineffectiveness; allergic reactions; and cost. Awareness of other modern methods is not very high.

Many point out that religious scriptures from the Koran play an important role in the formation of attitudes towards family planning and abortion. At the same time, they add, the Koran cannot be taken literally because social conditions have changed since it was written.

**Family planning communication.** Although most of the males say they discuss family planning with their wives, in practice it appears that this is not true. All responsibility for contraceptive use is on women. A man plays the passive role of approving a decision that has already been made. Men state that this position enables them to avoid "unnecessary" thoughts about the means of prevention. They prefer to be free in their sexual lives, and to give the "hard" work to their wives.
A gynecologist is the main source of family planning information for the participants, followed by mass media (television, radio, newspapers), and then parents and friends.

**Additional perspectives.** The participants are notably displeased with the quality of service they receive at state medical institutions and say “there are no other places they could go.”

Abortion is generally condemned by the participants. Though it should be noted that along with the arguments against it, many participants find ways to justify the procedure. In some circumstances, abortion is deemed necessary, inevitable and even humane, especially in cases where the mother’s life is in danger. Some believe that the inability to give children a good education or to bring them up properly are greater sins than abortion.

The participants do not feel the need to have many children, and that family planning is necessary and important. They also point out that the available methods of contraception and the level of medical assistance far from meet their needs. Under these conditions, abortion is very often the only method available, despite the possibly dangerous consequences.

**Programmatic considerations.** A number of strategies and message design options are suggested by the results of this focus group study. The following suggestions should be validated with additional research and field-tested prior to implementation.

1. Positive images of men and women in family life are discussed by the focus group participants. These images included a financially stable, professional man who was a few years older than his bride, and a woman ready to be a wife, mother, and partner in life (“assistant”). These images could represent the ideal Kyrgyz family when developing educational messages.

2. Participants emphasize issues that deal with responsibility to family and mutual love between partners. Messages promoting contraceptive use based on these elements could be unique and appealing to the younger generation.

3. Many participants are openly distressed about the impact on their lives by the dismantling of the former Soviet Union. Addressing their concerns could assure a potential audience that health service professionals are aware of their problems and needs.

4. Some Kyrgyz participants are deeply connected to their Muslim faith. Educational campaigns which include religious elements could address their concern that family planning was against God’s will. Studies are available from other parts of the world regarding the position of Islam on family planning; such materials could inform communication planners in Kyrgyzstan.

5. Women and men express concern about using specific methods. Since discussion about family planning outside the home is not generally accepted, communication campaigns depicting a couple who work through problems about family planning could be effective in encouraging a dialogue between husbands and wives.

6. The discussions reveal that women make most of the decisions, and men take advantage of this cultural aspect to not be concerned with family planning. A soap opera or other enter-educate method could introduce two new archetypes into Kyrgyz culture: a husband who wants to be a part of the decision-making process, and a wife who wants more information about family planning and feels empowered to talk about it with her mate.

7. The preferences expressed are based on personal experience and available information, which consist primarily of stories from friends and acquaintances. Development of a series of method-specific materials, and their dissemination, could help increase knowledge and use and promote accurate family planning information.

8. The need for more information about family planning, television shows and films in particular, was discussed. Program planners could work with the local television producers and film makers to develop and broadcast films about reproductive health issues, as well as other media experts to design and disseminate print materials.

9. The focus group discussion results indicate that abortion is abhorrent but accepted. Many women have no other way to deal with unwanted pregnancy, thus abortion becomes a de facto means to control fertility. Explicit campaigns about the health consequences of an abortion and the promotion of alternatives could help to reduce maternal morbidity and mortality.
Chapter V. Uzbekistan

Perceptions on Age of First Marriage

Attitudes towards age at marriage hinge on a view of the family as a socioeconomic unit. Thus, age is thought to affect one's professional, moral, and physiological ability to provide and maintain a stable, prosperous and healthy family setting. Participants feel that both men and women should be ready to support a family. A man should have an education, a profession, and be three to four years older than his wife. A woman should be able to have children and complete housekeeping duties.

More than half of the males in the three-city study consider 21 to 25 years the best age for marriage. Women are more divided: roughly half say 21 years or younger is the best age to marry, while less than half think the ideal age is from 21 to 25 years. More women than men favor later marriages. More than half of both genders report having married between the ages of 21 and 25. In the Tashkent study, participants share comparable attitudes and perceptions about marriage age for men and women, with roughly half of the females reporting that they were married by the age of 20.

Men's age. In the three-city study, the discussion about men's age at marriage reflects two different sets of concerns: socio-professional and moral-ethical. Socio-professional concerns are usually based on economics, professionalism or social status:

- A man should marry when he starts to earn money to feed his family. At 25.
- A man must marry within one to two years of serving in the army.
- A man [should] marry right after graduating from an institute or demobilization from the army so that he has no time to be bad. Young people mature earlier these days. An optimal age is about 22.
- It's a good thing if a fellow marries when he orients himself somehow in life, knows the worth of money, and, the main thing, can earn it himself. Then he'll support his family.

Early marriage, before the couple could support themselves was not supported by participants:

- Even in the old days, only those who were married had some profession, life experience, and were more or less independent. One had to pay for a bride. Having married young, he will not understand those difficulties his parents had encountered and will not support his wife.
- After the birth of the first-born it's necessary to seriously weigh everything before one has the second child. It's necessary also to take into account the children's health.

Moral concerns consist of defining the age of male maturity, especially in terms of a man’s commitment to family:

- My husband married me when he was 20. He was quite young and had no sense of [the] duty of a family head... It was very hard for me, with so many problems and worries. That's why men should marry at an older age, at 24 or 25.
- Such young fathers are not serious. They often divorce. An optimal age for marriage is 23 to 25.

Women’s age. When considering women and marriage, participants discuss mainly the more traditional roles of homemaker and mother. The following excerpts represent the attitudes of female participants:

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1 The attitudes and perceptions expressed in this section originate from two separate focus group studies conducted in Uzbekistan. The first study, referred to as the Tashkent study, consisted of 12 focus group sessions held in the capital city of Tashkent and surrounding peri-urban areas. The second study, referred to as the three city study, includes 8 focus group sessions held in urban and peri-urban areas of three additional cities in Uzbekistan.
Those who marry early feel unhappy and they often divorce because they realize that they are not ready for family life.

I think girls should marry at 20. Nowadays girls marry at 15 to 17. That's just ridiculous. They are still children, don't understand anything, and know nothing. My younger sisters married at 20. I envy them. When I had married, I knew nothing and was not prepared for a family life. It was hard for me.

I am from Margilan. Well, our girls marry at 14 or 15! They are children themselves and absolutely not ready for family life.

All depends on breeding. It's possible to marry at any age after 18 but it's necessary to be ready for family life.

Many men agree with women that marriage between the ages of 18 and 21 is optimal:

Girls should marry after 18. But that is not the only criterion. All depends on the extent to which she has matured for family life.

In my opinion, women should marry at ages from 19 to 21.

At least one man thinks that women should get married before they become disillusioned about marriage:

When a woman is 24 or 25, she sees what kind of life girls of her age have. They often say: Why should I marry? To wash trousers and socks for my husband? That's why it would be better if girls married when they are 18 or 20 years of age.

Some participants talk about the complexities and dangers of modern life while others refer to traditions and customs.

I married at 18 but nowadays children mature early. Parents are afraid for them, afraid to get them married early [which will make them mature early]. I think that it's possible to marry early [and still stay young].

At present, girls mature early and, because of this, their parents are afraid for them. It's not possible to keep girls until they are 20. It's necessary to marry them at 17 or 18.

It's customary among the Uzbek for a girl to get married right after finishing secondary school. They are less likely to get married at the age of 20.

They are concerned about the future of both girls and boys.

They are afraid that their children will go the wrong way.

Some note that in kolkhozes (traditional communal farms), for instance, marriage is based on economic status, not on age:

In our kolkhozes, they marry when there is enough money for a wedding. The main thing is money to perform a wedding. Age in such cases is a minor factor.

Medical concerns are rarely discussed, except in cases where a woman is considered too young to have healthy children:

One doctor said to me that if you would marry prior to 25 or very young your children would be born weak and unhealthy. I think that’s right.

Fertility Preference and Family Size

Ideal number of children. In both the Tashkent and the three-city focus groups, the majority say they would like to have from three to five children. Only a few state they would like to have more than five, while for even fewer, one or two children would be enough.
In the three-city focus groups, preferences for family size are influenced by actual experience with having children, and an ideal set by their perceived ability to provide for them. Those with few or no children think a small number of children is optimal. Some participants explain fertility in Uzbek families in the following manner:

"My mother gave birth to ten children. So she says to me: 'What, are you only going to have two children?' And how can I bear ten children? Only because my mother has borne such a number? Nowadays, you can't have that many children. That's why I say to her: 'Your advice is not right. At present two children are enough.'"

The point is not the number of children but their upbringing. Why have ten children and not even remember their names. They will be neglected... I think, three to four children is enough.

A large family receives some support:

"It's not possible to plan in advance. Well, nowadays our government tries to [force the] number of children but that's not right. There must be many children. They will support each other in the future."

Most participants with five or more children want to have four or more. Only one female thinks two or three children is enough. Some others say:

"One child is not a child, two children are a half, three children are one whole. It's necessary to have a minimum of three to four children."

"In today's society, it's best to have four or five children. Some 15 years ago it was possible to have as many as ten children and feed them easily. Of course, the more children the better, but the present economic situation doesn't allow this."

There are two approaches to this problem: material-economic and religious. A birth of a child occurs by Allah's will; he gives him to us. And to keep each born child is very difficult. It's a dilemma... it's best to have four children.

Participants in the Tashkent discussions who favor having many children tend to support their position by referencing cultural and religious traditions. Some examples of the more traditional arguments include:

"Who needs a fruitless tree? Allah decides everything whether or not a child comes into the world. Therefore it is necessary to be grateful to Allah for each child."

"When you have many children, then they are amicable, they stand up for each other. But when they are few, they go their separate ways, there are no common interests."

"A family having many children gives sense and interest to life. When I happen to be in families where there are 2-3 children, I feel rather ill at ease. What can [only] two persons talk about? It's uninteresting and boring."

In the Tashkent focus groups, the size of one's family as a child seems to affect his/her attitude toward family size as a parent. Those from larger families tend to favor large families, although occasionally this is tempered by the recognition of the toll childbearing takes on a woman. Twenty-four of the 103 participants report coming from families of six or more children, and 11 were raised with more than 8 siblings:

"I have two boys, but I also want a girl. Four children—that's all. My husband wants even more...because he is from a family with many children."

"The more children, the better...like in my parents' family. My eldest daughter is already 18. I'll give her advice once God gives children, then it is impossible to turn them down. If there is a possibility and conditions allow them let her bear. I, for instance, will agree to bear 10 children. Because it is Allah who gives a child and simultaneously provides him with his share in the world."

"In our kishloka (village) they bear every year. [The children] are healthy, eat well, dress well... My sister soon will have 10 children. She is joking that she will catch up with our mother who had 15 children. I myself am sorry that I have only two children."

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Having just expressed regret at not being able to emulate her mother, the last speaker then points out the downside:

My mother had married at 13, and my father was then 16 years old. Now mother is 53. Four times she had a Caesarean section. Of course, to bear so many children—it cannot pass without leaving a trace.

**Limitations to achieving ideal family size.** Arguments for having fewer children are based primarily on current economic conditions, which make it more difficult to support a large family. The health of the mother and children are also cited as a reason for not having too many children in succession.

Sometimes there are many children but they are not raised well. Sometimes they are malnourished. It's necessary to have no more than four children.

I think...it should be considered a sin...that some people have 8-10 children and condemn them to a perpetual beggary existence...It's better to have 2-3 children and make them secure, give them an adequate education.

I think a woman should bear only as many children as she has the strength to look after, to tend. It isn't right if a mother can't keep her flat clean, or if she herself is ill.

Then these children, the better. I have 4 daughters. I wanted a boy very much. And I want my daughters to bear boys, but one must not forget about family income—that's very important. I advise my daughters that they ought to know their husband's income and proceed from that to a decision on bearing children. At the same time it's necessary to remember your children's health.

While some traditionalists in the Tashkent focus groups recognize that current economic conditions make large families difficult to support, they make comments like the following:

Life was not sugary in the past, but our forbears raised 10 and 15 children.

Economic difficulties are temporary.

What should we do if [the economic condition] becomes even more difficult...stop bearing children?

**Gender preferences.** As a rule, boy children are more highly desired than girl children in traditional agrarian Uzbek society, a preference illustrated by a saying that a girl in a family is a “cut-off slice”—sooner or later she will have to be given to some other family. Boys are supposed to support their parents and their household to the end of the parents' lives.

However, the focus group discussions suggest that son preference has weakened in modern times. Rural participants continue to be somewhat more desirous of boy children, but a majority of women as well as of men express no strong preference for boys over girls. The majority of those who have only daughters say they find it acceptable.

Many in the three-city focus groups discussed the desire to have sons for religious and social reasons, indicating that this preference leads some families into having more children then they would normally want:

In general, it's prestigious to have a son as the first child. If a girl is born first then the father is often laughed at. That's true—a boy is an heir: Parents want boys, even if they feel they do not want many children...And later, after having so many children, they feel unhappy.

I want to have more children. It is very important to bear a son in a family of Muslims since he is heir and a continuer of his family.

Yes, yes. I have an acquaintance who had 12 daughters in succession and the thirteenth was born a boy.

Thank Allah that he gives us children, be it a girl or a boy! But, you must have a boy by all means. Even if there are eight girls, it's necessary to have a boy.

My wife gave birth to four girls in succession, and I wanted to have a son. Luckily my fifth and sixth children were boys. But if they were girls, I wouldn't stop until I had my way—the birth of a son.
More men than women favor having more than five children, a sentiment possibly attributable to the fact that the main burden of housework is the woman’s responsibility.

Attitudes Toward Family Planning

Although contraceptive prevalence is low in Uzbekistan, participants note that family planning is urgently needed. Overall, they cite economic difficulties and concern for women’s health as the main reasons for limiting the number of children in a family:

Life forces one to plan one’s family. And family planning is birth control. One results from another.

I know one family where the woman has [a child] every year. There are 13 children in the family. It is terrifying to look at this woman: she is all sick and the children are untended.

I am a supporter of a healthy family. If spouses are healthy, then it would be good for them to have more children. If there are no material difficulties in a family, then children also grow free and healthy.

Traditional and religious influences. While participants generally support family planning, many are not ready to change behaviors. A number of participants keep referring to traditions, customs, religion, and the advantages of having numerous relatives. Those who are ready to change their lives respect tradition, but state that it no longer plays a significant role in their decision-making:

Our religion is against protection. Our grandmothers didn’t protect themselves despite any difficulties. But, in our time the ecological situation and our health don’t allow us to have many children and that’s why we have to protect ourselves. Recently parents began to understand that it’s necessary to protect themselves since women’s health is affected by having many children. But we like many children and if God allows it, we’ll have them.

Few remarks emerge from the Tashkent focus groups indicating that contraception is perceived to violate Islamic principles. However, many participants clearly find abortion morally objectionable, calling it a sin (although no one explicitly invokes Islam as the basis for that judgment), and the more traditional participants state frequently that Allah decides who will have children and who will not:

Sometimes a millionaire has no children, but a collective farmer has 10 of them. Allah gives everybody his own share in life.

Weighing the moral and practical issues surrounding the decision to practice contraception is fairly typical. Material and economic difficulties, and the importance of health and education for their children, are neither more nor less important than religion and morality for most participants. The following are typically synthetic opinions:

At the present hard and complicated time it’s necessary to have three children. Though a child is born with it’s own share, given to him by Allah. Three children allow parents to live without great want, [the children] can grow free and healthy, and it’s easier to raise them.

It’s all in the hands of Allah, but I think that one should have not more than four children.

In my opinion, it’s not possible to plan and limit. It’s necessary to bear as many children as God has given, in accordance with one’s husband.

The participants themselves seem to realize and accept that such opinions reflect a division of authority between the mulla and the physician:

If the matter concerns moral norms, then people listen to representatives of [their] religion and, if [it concerns] health, to a medical worker. It is a good thing if they complement one another.

Political and geopolitical influences. No one argues that large families strengthen the state. Instead, arguments for larger families are based on national traditions, “geopolitical” reasons, and relatives’ influence.
In the last years of perestroika, in the years of the Soviet rule, they began to hold conferences with the aim to control the number of children in the Uzbek families. And to penetrate this problem deeper, it turns out that if the Uzbeks propagate themselves at such rates in the future, then all the Soviet Union will soon be filled up with Turkic speaking people. They wanted to strike with an axe at the root of the Uzbeks. That's why it's not possible for us to limit the number of children in a family.

And take China; there are more than 1 billion people down there, but it manages even to export foodstuffs, etc. In my opinion, the more children, the more working hands, the more probability for clever and talented people to be born.

The state is perceived to have powerful tools available: money, mass media, and the public health system. Still, many feel that the process of childbearing is a "natural" phenomenon, not to be interfered with by the state or anyone else.

Economic realities and changing perceptions: It is clear that economic problems and reforms overpower traditional values concerning the number of children in a family. Participants note that, in the Soviet era, the state supported population growth, but now seeks to decrease fertility. Few state-backed incentives favoring large families currently remain. For instance:

It's necessary to develop oneself and not to restrict oneself. We'll remain underdeveloped if we go blindly along the track of old national traditions which have become obsolete.

The focus group discussions reveal a conflict between tradition and new trends in policy which are slowly but steadily changing the models of reproductive behavior.

Responsibility for family planning: The sessions reflect a general perception that family planning is the woman's responsibility, not the man's, even though many men realize that their everyday sexual behavior contributes to a high birth rate that could cause a deterioration of women's health. Some participants express the following reasons for the limited use of family planning methods in Uzbekistan:

Our women aren't bright. They cannot and don't know how to use contraceptives.

The high percentage of men who cannot restrain themselves is one of the reasons why there are many children.

Some believe that men should take a more active role in family planning:

A man must restrain himself from sexual contacts using his will power.

This remark sparked a lot of discussion among the participants, but the prevailing opinion of both men and women is similar:

Prevention of pregnancy is the woman's lot. Let her rack her brains over that.

Male/Female differences: None of the females in the Tashkent focus groups voice opinions against contraception, but a number of the males oppose it. This difference may stem, at least in part, from the fact that male and female attitudes toward contraception are based on different considerations. Men tend to discuss family planning primarily in terms of regulating the number of children. Concerns that drive male contraceptive attitudes revolve around material or economic conditions in the home: one must provide food, shelter, education, clothing for one's family. For some men, the availability of resources in the community can also constrain family size. For example, one rural male states that family planning is really all about "how to feed, dress, provide shoes for one's family. And the shops don't have enough for everybody."

Women's attitudes tend to be based more on concerns about personal health and the health of their children than on material resources, although there is recognition of a link between material conditions and family health.

Knowledge and Awareness of Family Planning Methods
All participants have some knowledge about family planning. In descending order, the IUD, the condom and the pill are the best-known methods, with some limited knowledge about other methods. The IUD is the most preferred method, with more men than women in favor.

Men are much less knowledgeable than women about methods and method use. This is especially true of younger men, whose typical comments include:

*It's necessary to use contraceptives. It's natural. But how? Nobody explained that, nobody taught us that.*

*I also have heard about some pills for women. But I don't know whether they are harmful to them or not. I haven't seen the pills themselves. I also don't know whether or not they are sold at the chemist's*

Some men do not mind being uninformed: “A woman,” one of the older male participants claims, “must know more about [such things] than a man.”

Women are more knowledgeable than men: they experience the consequences of non-contraceptive practice more directly, have more sources of information, and have more contact with physicians. But they clearly do not always have the knowledge about contraceptives when it is necessary. Many women, especially those in more rural areas, note that they were never told about specific contraceptive methods until a year or more after they were married.

**The Pill.** Personal experiences and attitudes towards the pill are almost universally negative. Participants in the Tashkent focus groups report that oral pills largely disappeared from the chemist’s as far back as 1985 and can be currently obtained only on the black market. Pills are seen as undesirable for three main reasons:

**Harmful to women’s health:**

*I've heard that somewhere abroad a woman used such pills and then fell ill. During the operation on her they found (a) mass of embryos in the cavity of her uterus.*

*The pills disturb regulation in a human body and probably cause cancer of the uterus.*

*I've read about them so I have the idea. But I believe that any chemical preparation is always harmful. I'm categorically against the use of them. Chemicals have only a temporary effect, but can alter the body.*

**Unpleasant side effects, including weight gain and digestive problems:**

*I've tried the pill once or twice times, and began to feel worse; vomiting began. After that I stopped taking them.*

*I've had four abortions. The spiral doesn't suit me and I've been forced to take hormonal pills for two years. I can feel their side effects: sickness, vomiting.*

**Expensive:**

*At the present moment I don't have a spiral, I go without anything. My acquaintances take pills, but now I haven't money to buy the pills. If you buy pills, you'll remain without bread. So what is there to do now? If God gives us children, we'll have them.*

Some of the rare statements in favor of using pills include:

*When one of my acquaintances took pills and she said she felt easy, free, good. She had no pain anywhere. But when they inserted a spiral, she couldn't stand up from the pain.*

*And I've put the spiral [in] three times and three times I've become pregnant with this spiral. Then my husband said that I should take hormonal pills. I took them for three months and now I don't become pregnant any more.*

**Injectables.** The participants know practically nothing about injectables. Since many heard about injectables for the first time during the focus group discussions, they made very few comments about their use and preference.
The IUD. Intrauterine devices (spirals) are the most known and widely used method. More than half of the males name the IUD as the most preferable method. They relates that it seems less unpleasant and harmful a method than the others and it was convenient, allowing them to have sexual relations with their wives free of responsibility.

The women are not as delighted with the IUD, voicing widespread perceptions that it can harm a woman’s body. Many believe that it is unreliable and useless. The following statements reflect these negative attitudes:

The IUD is harmful:

- The spiral is harmful. That’s why women should use other methods. My sister, for instance, has become sterile after using the spiral and her husband has driven her out of home.
- I was afraid of living with my husband because I didn’t know how to use contraceptives. I had put the spiral [in] at 28 but began to have different illnesses. My heart began to ache a little. That’s why I don’t use the spiral any more.
- The spiral affects the birth of a future child. A child who was born after using the spiral, is born with some defect. The uterus wants a fetus to ripen in it. The IUD is against nature because it causes an artificial rest of the uterus. Hence all these troubles.
- They say that the most harmful preventive method is the spiral, but women in Central Asia all use them. It’s a pity.

The IUD is unreliable:

- The wife of my neighbor used a spiral but has become pregnant. You should have seen her suffer. She nearly died.
- I’ve put the spiral [in] three times and became pregnant three times.

Women also complain that service providers in state clinics routinely insert the IUD in all women without considering individual needs. Contraindications are rarely discussed:

- If you have a child, they insert the spiral. If you think about it, our health is completely in their hands. They should advice us according to the state of our health on what’s best: pills, injections, or something [else], instead of inserting spirals indiscriminately.

Despite their negative personal experiences and accounts from others, women practice this method widely. The lack of alternatives in Uzbekistan and the fact that IUD’s are simple to use and seem to be the method recommended most often by physicians appear to be the reasons for its popularity.

Condoms. Condoms are widely known but not popular. Although many feel that they are safer than pills or IUDs, condoms are used much more rarely than other contraceptive methods. Avoidance stems partly from the association of condom use with illicit sexual activity. In addition, only domestically made (Russian) brands are available and these are thought to be coarse, uncomfortable, and of low quality.

Men state that women see condoms as a “tool of unfaithfulness,” and say:

- When I used a condom with my wife for the first time, she was sure that I had been with other women. After this I had to explain it to her long and patiently. I was so nervous.
- I don’t use condoms because I don’t go with other women. I don’t need this condom. Only men who go with other women use them. Decent men hardly use it.
- The condom is good only when you go to other women.
- If you are with a mistress, then it’s possible but in a family the condom isn’t necessary.

Condoms reduce sexual pleasure:
I used a condom. Afterwards, I felt dissatisfied, cheated.

All sensations are deadened. It's like eating pilaf (a popular rice dish) with rubber gloves on.

I used it. It was necessary because my wife was not allowed to use a spiral due to her health. But it tore and was very uncomfortable. It is a rough and unpleasant thing.

Condoms are unreliable and of poor quality, especially locally made brands:

Homemade condoms are extremely unreliable. They tear quickly.

Homemade condoms have a very poor quality. The rubber is thick. I prefer the imported ones. You have better sensations using them.

Condoms are physically harmful:

My sister used a condom once and after that she has become sterile.

That's a bad thing. One of my acquaintances used condoms. Once he didn't take it off after an act and fell asleep. And then the sperm hardened and he couldn't take it off. You should have seen how he suffered. He couldn't pee. I don't recommend anyone to use it.

Other misperceptions include:

I'm categorically against condoms. It's better to release sperm on the outside than use them. From frequent using of condoms, a man's attraction to a woman decreases.

At the moment of a woman's orgasm, sperm must get into a vagina otherwise a woman will be ill. There can be even arthritis and sediments of salts in joints because of this. That's why I'm against condoms.

Statements supporting condom use are rare:

Condoms are better than these pills or spirals. It is as if they are closer to a man.

Cited in the Tashkent focus groups, another source of dissatisfaction with the condom stems from the fact that condoms are a male method and from the feeling (held by both men and women) that women should be responsible for contraception. The following comments are made by women:

We [my husband and I] used a condom. For me it was convenient, but not for my husband.

When a woman provides the protection it is good for a man. He is free.

Other contraceptive methods. The participants in the three-city focus groups also name other contraceptive methods which can be divided into two types: natural non-hormonal and natural calendar. Many believe that "natural" (such as a household soap) or traditional methods are safer and more effective than modern contraceptives:

My grandmother has taught me to prevent pregnancy with the help of a household soap. It's necessary before a sexual act to insert a piece of soap into the vagina. Some people say that one should use the spiral, but it's harmful and doesn't suit many women. Soap is the best method. All my relatives use it.

We use a household soap that is she inserted several pieces of it into her vagina and we perform an act. Until now all is normal, without failures. It's harmless for a woman. Pregnancy doesn't occur.

More physiological, close to nature methods for pregnancy prevention were invented by our grandfathers and great-grandfathers. They are founded on medicinal herbs and some physical methods.

After a sexual act, a woman must leap up abruptly.
Participants often mention the calendar method:

- There are certain periods in a woman’s body and it’s necessary to stay in tune with them.
- I’m against any artificial interferences into the body. I prefer to count days before and after menstruation. It’s rather effective.

Some dislike the calendar method, stating that it complicates life:

- Just now I have an urge to sleep with my wife. What am I to do? To wait out that period? And what if my desire should disappear? I myself will be ill or go to another woman.
- In order to count up these days one must have a computer instead of a head and to keep thinking only about that.

At least one man suggests that using a calendar method does not mean that sexual needs have to be ignored:

- No, no. It doesn’t mean that there will not be a physical contact. The contact will be, and the rest is a matter of technique.

**Contraceptive preference.** Both sets of focus groups (see footnote, page 51) doubt the effectiveness of available methods, perhaps because knowledge of correct use is lacking. Few report having heard or read anything about specific method use.

The IUD is by far the method of choice in the Tashkent focus groups and the three-city focus groups, but primarily because there are few alternatives. IUDs are widely available from physicians at local polyclinics and seem to be the method recommended most often by physicians. They are seen as the most trouble-free method, although some women are aware of potential complications such as abdominal pain and bleeding.

**Family Planning Communication Between Husband and Wives**

The discussions reveal that an open relationship between husbands and wives makes the decision-making process surrounding family planning easier. The majority say they discuss family planning with their husbands or wives. However, they talk about their relationships with reluctance, and some of their remarks reveal that spousal communication about family planning or sexual relations is short and episodic.

Less than half of the females from the Tashkent focus groups report that they have talked with their husbands about contraception, but generally, it is the wife who initiates discussion. The majority of men emphasize that family planning decisions must be made by women:

- To use contraceptives—that’s for the most part a woman’s business. They understand it more... If they need it, they will do whatever is necessary.

For the most part, the female participants seem to accept the responsibility for contraception pushed on them by their husbands:

- When a woman uses contraceptives, it is good for a man, he is free.
- We accept the hardship... in order to preserve the family. [so] that he will not start drinking somewhere.

However, some females in the Tashkent focus groups indicate that women are becoming more independent and are starting to talk with their husbands:

- My women friends talk freely about that with their husbands.
- Before a husband and wife couldn’t talk about that. The times are different now and that’s good. Older people do not like that.
In more traditional families, it is considered shameful to discuss human reproduction because the subject offends their religious or moral sense. One young woman from Tashkent says that many women are still afraid of their husbands and feel that they cannot talk about reproductive issues at all, in part because some men associate contraceptive use with promiscuity. Several women report arguments arising from their husband’s conservatism about contraception:

I once told my husband that I put in a spiral. It was a great scandal. He accused me of being unfaithful to him with the help of the spiral. But then I explained it all to him and he now understands. And I am using a spiral.

Some women note that their husbands do not support the use of contraceptives, forcing wives to keep them hidden.

There are different husbands. Some husbands, knowing that their wives use a schedule [calendar method], will tear it up.

Some of the more conservative males in the Tashkent focus groups say that they might be able to accept the use of contraceptives on the condition that the man not be told. This self-willed ignorance enables the husband to think that all children are a gift from God. One young man declares:

Right after a birth at a maternity home, a woman is offered a contraceptive method. And the woman should do it then, so that the man will not know. He must not suspend or destroy what is made by Allah. But if a man does not know, he will think things are as they should be.

Participants report that, as a rule, they do not discuss problems with contraception within their families. Men try to shift the burden of the responsibility for family planning to women and women do not discuss these problems with anyone on a regular basis. They rely on rumors, incomplete information, and the personal experiences of others. Some women believe that it is necessary to discuss serious questions of this nature with their husbands, whereas others make decisions covertly.

Available Sources for Family Planning Information

Many participants are not satisfied with available information about contraception, or about relationships between men and women in general. The mass media (television, radio, newspapers and magazines) does not satisfy their family planning information needs. They also state that medical institutions offer little information.

Family members and peers. Women in the Tashkent focus groups are more likely than men to argue that parents have a responsibility to prepare their children for family life. For example, the following statement received wide support in a focus group of older married women:

Our Uzbek girls are easily embarrassed, so in order that they don’t hear [such things] too early, we don’t speak about it. But it is necessary to speak to them. In our time nobody explained anything to us. Mothers should explain everything to their daughters...It is necessary to explain to our girls how they should behave with men. You know that divorces take place because wives cannot do this.

Men tend to be more reluctant to assume this role. Many say they cannot imagine trying to educate a son about sexuality and reproduction:

I don’t know how it is among other nationalities, but it is not in the Uzbek tradition for a father to speak to his son on these questions.

I also shall not speak [of it]. I’d rather say, ‘Read, my son.’

In most Uzbek families, I’m sure a father does not explain to his son how to treat a woman. The main information comes from the streets.

The domineering mother-in-law is an Uzbek cultural stereotype and can exert enormous influence over the wife of her son. A new bride is an important source of domestic labor, and the mother-in-law sometimes has more authority over her than
her new husband. In a number of cases women say that they were very lucky with helpful mothers-in-law, but as many complain about them.

I was young and didn’t understand anything. My mother-in-law told me and told me ‘bear more frequently while you are young.’ I have to gather and given birth nearly every year. And how I suffered afterwards! How my children suffered! I was a fool.

Informal conversation with friends is a universal source of information about sex, yet one interpersonal source of such information is a cultural institution in Uzbek society: the Kuyov-djoora. This term refers to an older married friend of the bridegroom who is ‘wise about relations with women.’ ‘The Kuyov-djoora teaches everything you need to know,’ says one respondent, and in the absence of other information, the Kuyov-djoora’s advice is almost certainly a revelation. But for many young men, the advice of the Kuyov-djoora comes awfully late:

Kuyov-djoora gave information 5-6 hours before my wedding party.

When I’ve married, two married young men who taught me everything were near me. Probably many receive such information from their older friends.

But not all men are comfortable talking with their friends about reproductive health. Especially among the younger male participants, the idea of speaking with friends about reproductive health is highly embarrassing. One young male respondent remarks that with friends:

It’s possible to talk simply about women, but not about your own personal life. Intimate relations between a husband and a wife are secret and to talk about them is not accepted...And suppose this friend doesn’t understand something properly and tells others about it. I would feel shame indeed.

Even older, more experienced, married men feel much the same:

We, Muslims, cannot talk with friends about such matters. It is shameful.

Shame does not permit us to talk about such things.

I have talked with my wife on the subject, but that has remained between us. And I shall not tell anybody about what we discussed. And I shall not ask for any advice.

Many state that rumors and personal experiences (both good and bad) become primary sources of information, but discussion about intimate problems is complicated by traditions and customs:

Usually before a wedding mothers are ashamed and say nothing to their children. We become familiar with all that after the wedding from our girlfriends.

Mainly, girls get all the information they need from each other, from girlfriends.

Many participants are uncomfortable with this topic:

I think that it’s not possible to talk about intimate affairs to anyone besides one’s own wife. Not to friends, to anybody. A present day friend is tomorrow’s enemy. Intimacy is the most concealed secret of a man.

If you talk to friends about intimacy, they will think that you are either impotent or sexually preoccupied.

Health care providers. Participants in the Tashkent focus groups have very little to say about health providers as sources of information. Urban women mention asking doctors at clinics and health centers for information about contraception, but they usually first learned about methods from some other interpersonal source such as a family friend or from popular health journals. It is clear that health service providers are not taking the lead in initiating discussion with their clients about reproductive health.

Mass media. The use of media for reproductive health education is a topic in the Tashkent focus groups. Most participants are uncomfortable to some degree with the use of television for this purpose—televised information on
human reproduction is considered by many as too risqué and is seen to threaten the innocence of children. Participants seem to feel that Russian television programs are already too amoral and graphic. One participant was horrified that a Russian-made program devoted to contraception showed both a boy and a girl being given a condom.

But not everybody shares these concerns. One female respondent complains that:

I am not satisfied with Uzbek television programs. In Moscow programs the problem of relations between men and women are discussed openly and everybody can express his [sic] opinion. The situation is not the same here.

Several report that they get useful information from “Health”, the Russian-made television program.

For the more conservative Uzbeks who support an increase in reproductive health promotion, print materials may be the most acceptable option.

**Print materials.** Participants in both sets of focus groups recognize a need for more printed family planning materials. They note that little printed information is available, aside from what occasionally be found in mass distribution health periodicals. Women clearly wish that printed brochures they could take home to read were available at health service centers. Several men note that they would like to have something they could give their sons to read, instead of having to talk to them directly about such an embarrassing subject. The desirability of having printed materials in the Uzbek language, not just Russian, was raised in at least one focus group.

Nowadays some literature begins to appear, but it's difficult to understand it. The language [Uzbek language with new terms] is not understandable.

Books about an intimate life and sexual education are on sale but they are very superficial. They don't meet the requirements of the present day. The books by Western authors are much deeper and more instructive.

A scientific approach is necessary so that we have more than a religious one. It's necessary to translate books by foreign authors into Uzbek. They have surpassed us greatly in this field.

**Formal educational sources** Among those in the Tashkent focus groups who believe that more information should be made available on reproductive health, most would place the greatest responsibility on the schools. Formal education on reproductive health is almost completely lacking in Uzbekistan, and little is available through informal channels such as the media. This information vacuum is sometimes filled with rumors and misconceptions. Participants voice moderate support for formal reproductive health education in schools. Men are more vocal in their opposition to this concept than women, with more rural than urban against.

Male opponents of reproductive health education in schools offer reasons such as:

Life will teach everything.

In our old books, [our] ancient books everything is already described. It will be enough if girls learn from these books. What is gynecology needed for at school? We are not training midwives, are we?

Supporters of reproductive health education tend to justify it in practical (albeit sometimes chauvinistic) terms. One older, married man states:

A girl should understand her body as well as she understands how to cook and bake bread. It is necessary to give them knowledge about how to treat men. And she herself will be healthy, and her children will be healthy.

The age for providing formal reproductive health education provokes some disagreement, with most supporters arguing for the senior levels of secondary school. But those who generally favor increased public educational efforts do agree that discrete and tasteful information must be made available to people before they marry:

Girls should know about relations between a husband and a wife but within the frame of propriety.

In our village it may be permissible to teach about a family, but God forbid if the subject will have a [pro-sex] bias. Our villagers would pull out your hair.
Additional sources. The belief that rural Uzbeks have some knowledge about relations between the sexes because of their closeness to nature, and their urban counterparts have more information about modern contraception, surfaces in the three city focus groups:

[That] rural girls know better about sexual relations is only from examples of domestic animals of which we have plenty. I personally know one example when a father gave to his 16-year old daughter a task to lead a cow to a bull for coupling. Naturally, she saw all this process from the beginning to the end.

Participants also discuss how social taboos and lack of information concerning sexual relations can affect health and cause tragedy. Here are some typical stories:

I had eight children and six miscarriages. I couldn’t protect myself, my husband mainly did it. But nowadays children begin to watch videos to understand and know everything early.

I also didn’t go anywhere, didn’t look for preventive means after insertion of the spiral. It’s necessary to waste the whole day to visit a polyclinic; there are queues there and you cannot talk properly because other people are waiting.

Participants tell how they learned in childhood that intimate topics were socially taboo:

When we went to school and were told about the first menstruation, we were ashamed and tried to avoid such talks.

Additional Perspectives

Attitudes about birth-spacing. A majority of both males and females in the Tashkent focus groups recognize the advisability of intervals between births of children. Two to three years are seen as optimal. Women support this interval length more strongly than men, who oppose a 2-3 year interval and justify their opposition with statements such as:

If children are born every year, then it’s the will of Allah. So you say to [your wife]: bear children for 10 years and then rest. (Laughter). If Allah will be favorable then I’ll have 10 children in 10 years. But if I say, ‘Well, okay, let the next be born in five years, then who will guarantee that he actually will be born?

Attitudes and perceptions on medical services and health care providers. Many participants trust doctors to help them make decisions about contraceptive choices, but find local medical institutions and physicians lack important information. Many participants express doubt about doctors’ qualifications and professional decency.

Doctors don’t like women in childbirth. They curse them and ask: why are you pregnant in a timelike this?

Nowadays they introduce special classes, but the quality of them is poor. There are no specialists.

Participants are under the impression that the Health Ministry presses doctors to insert IUD’s because it is the easiest path. They feel that almost every patient or woman giving birth is pressured to use this particular method. Doctors tell patients not to concern themselves with other methods or contraindications, a message which helps to explain why IUD’s are so widespread in the Republic.

Doctors tell us nothing about the pills, injections. They only put spirals [in] us and that’s all. You cannot find the pills either at chemist’s shops or at private traders. I’ve heard about the injections for the first time. I didn’t know anything about them till this moment.

Gynecologists will tell you nothing. If you have a child, they insert the spiral. If you think about it, our health is completely in their hands. They should advise us according to the state of our health on what’s better: pills, injections or something else instead of inserting spirals indiscriminately.

The three city focus group discussions indicate that the participants feel alienated by the national medical establishment.
Attitudes and perceptions on abortion. Practically all participants regard abortion negatively. Yet it is clear from the discussions that abortion is extremely common, and that many of the participants have firsthand knowledge of the procedure.

For many women, lack of knowledge about, or access to, contraceptive technologies means that there is simply no alternative to abortion. One female is the Tashkent focus groups admits that for a long time she did not know about IUDs and relied on abortion to keep her family small. Another respondent reports aborting a pregnancy by using a traditional method involving pomegranate peels and lifting weights that she had learned from her parents. Another women says, "My mother told me that when she was young nobody performed abortions at all. To get rid of a baby, she lifted heavy bags."

Attitudes about abortion reveal few differences among the groups. However, men and women appear to base their disapproval on different moral and physiological considerations. Men tend to object to abortion more often on moral grounds, arguing that terminating a pregnancy is a sin, while women’s concerns with the procedure are expressed more often on the grounds of deleterious health effects, especially in cases of multiple abortions. The issue of health side effects of abortion is not raised in any of the male focus groups. Typical attitudes are expressed in the following statements.

Abortion causes trauma:

- Abortion is the most primitive method of birth control. In the former Soviet Union, we had the greatest number of abortions. That’s a very traumatizing operation.
- I’m afraid of abortions. That’s why I give birth to children in succession.

Abortions are harmful to a woman’s health:

- I had five abortions and feel very bad about it. I have constant pain, cannot work much, and get tired quickly.
- Most women become sterile after having abortion.
- If they had explained about the harmfulness of abortion better, perhaps we wouldn’t resort to it. I’m against abortions. They are inhuman and harmful.

Abortion is a sin:

- Abortion doesn’t accord with religion. That’s a sin.

Participants also list possible reasons why abortions occur.

Young single women do not want children:

- In my opinion, they resort to abortion. If a child is illegitimate or a girl has sinned.

Abortion is used when a woman’s life is in danger:

- It’s necessary to save the life of a woman even by means of sacrificing the life of a child.

Abortion is used when a woman may not be able to bear one more child, so abortion is justified:

- My wife had an abortion. Our children were very small and suddenly, we have a new pregnancy. If she had given birth, she would have suffered, especially as she had poor health and obviously couldn’t cope with the children and with the new baby in addition. We have consulted together and decided abortion is necessary. That’s the pure truth.
I don't consider abortion as a sin. When children are small, you have no time to look after them and here you can become pregnant again. Then you would have to have an abortion. When my child was seven months old and I became pregnant again, there was nobody to look after my child so I had to have an abortion.

In areas where knowledge about contraceptive options and access to contraceptive technologies are low, it is likely that objections to family planning are generalized from objections to abortion as the only known method of preventing childbirth. Yet in areas where people know about, and have at least some access to, legitimate modern contraceptive methods, a sharper distinction is made between the moral acceptability of contraception and abortion:

Contrarion is not a sin, but abortion is.

An abortion is sin, and contraception is prevention of a sin.

Some participants are categorically opposed to abortion:

Let a woman give birth. It's better than if she has an abortion without proper indications. A woman who has had an abortion is not of full value.

It's necessary to abolish abortions. And the doctors who make them must be brought to trial.

Differences between Uzbek and European cultural values. Numerous participants in the Tashkent focus groups note a distinction between what they see as Uzbek and European cultural values. In general, respondents speak frequently on the subject of opposition between Uzbek and Western or European cultures. For example, very few of the men in the focus groups have ever tried or know of men who have tried to argue for a smaller family on the basis of concern for the well-being and developmental health of their children.

Reluctance to use this argument is attributed to a feeling that “small family” attitudes are too European or too Russian, and inappropriate for Uzbek families.

It is considered shamefully immodest in Uzbek culture to over-emphasize one’s own individuality, to stand out in one’s social surroundings, or to pay too much attention to oneself. If given a choice between “having two children and working quietly at a job” or “having five and working to the point of exhaustion” to support them, most participants say they would opt for more children despite the consequences, because:

We live for our children’s sake and for our parents’ sake as well. Europeans live for their own sake. They do not have children before 30-35 years [of age] and only then bear a child.

Concerns that the growing stream of Western television and video products might undermine children’s moral character, and cause a premature and unhealthy interest in individuality, are also expressed.

Conclusions

Perceptions on age of first marriage. Participants’ attitudes toward men’s and women’s roles reflect Uzbek tradition. Most participants feel that marriage is first and foremost a union for bearing and raising children. Men and women feel that they are assigned roles in Uzbek life, with certain expectations at marriage and in the family. These include a requirement for a man to be three to four years older than women (and hence more experienced) at marriage, with a profession and the ability to support his family. The main criteria for women is “readiness for family life,” that is, bearing and raising children, and the ability to do housework. Professional possibilities for a woman, her self-actualization, are rarely discussed.

Ideal family size. Discussions from both studies about family planning and use of contraceptives show that, despite current economic difficulties, having many children is still valued. However, many participants note that they cannot have large families like their parents; two-thirds say that a desirable number of children in a family is from three to five (most often four). About one in ten favor five or more children in a family. The overwhelming majority of those with this opinion come from families with many children. In addition, more men than women want more than five children.
Attitudes toward family planning and knowledge of methods. In general, the participants are in favor of family planning, though some are more traditional and religious, and express attitudes against contraception. Most want more information about how to prevent pregnancy, and where to obtain family planning information and methods. Results reveal low levels of knowledge, and sometimes (especially among men) an unwillingness to know about family planning.

Discussions of contraceptive health issues in the Tashkent area indicate that women are more informed, more open to discussion of reproductive health issues, and more directly interested in solving family planning problems than are men. Numerous participants thanked the group moderators for the opportunity to speak about and exchange information on these issues.

Men demonstrate greater conservatism when discussing reproductive health and tend to focus more on questions of prestige and public morality than on questions of their wives' and children's health.

Low contraceptive prevalence in Uzbekistan results from several factors. First, participants' experiences with contraception have been generally negative. The products in various method categories are of poor quality, ineffective, and often unavailable. Second, many feel that family planning methods are harmful, a perception based on experiences (their own and those of acquaintances) with side effects, especially with the pill. Finally, attitudes favoring large families are still prevalent among the participants.

The IUD is the most popular method among those who are currently using, or have ever used, contraceptive methods. Negative factors contribute to the IUD's top ranking: Women do not necessarily like it but feel that they simply have no other choice. Participants state that the public health system is oriented toward offering only the IUD. Most participants have negative attitudes about condoms basically because they experience a decrease in sexual enjoyment when using them. The pill is also not a popular method because of its cost and the side effects of hormones. The participants know very little about injectables.

Family planning communication. Participants say that family planning is rarely discussed between husbands and wives, or with other people. Men prefer to shift the responsibility for making decisions about contraception onto women, stating that this allows them a certain amount of freedom, and, in case of an unplanned pregnancy or side effects, freedom from responsibility. Some men justify placing the responsibility for contraception on their wives on the basis of not wanting to know that it is the parents, not Allah, who control the childbearing process, while others rationalize by saying that a woman has more choices and should choose what is comfortable for her.

Available sources for family planning information. The majority complain of the lack of information about relating with the opposite sex, or about preventing pregnancy. As a result, rumors and misperceptions about family planning become sources of information. In addition, the participants describe difficulties in getting good advice and qualified care from a physician.

Additional perspectives. Participants also voice negative attitudes about abortion. While some say it is impossible to avoid an abortion during certain periods in life, none feel that it is a "normal" means of preventing undesirable pregnancy. These opinions are consistent in all groups, and are held by both those who have experienced the procedure and those who have not.

In conclusion, participants feel that they are caught up in a vicious circle. Traditional attitudes toward childbearing and sexual behavior lead to large families, with short intervals between births affecting women’s health. Women's attempts to use family planning are hampered both by their husband's unwillingness to help them, and by the poor quality of contraceptives and lack of information about their use. Sometimes abortion is the only way out for women with unwanted pregnancies. Harm to their physical and mental health is often the result.

Programmatic considerations. A number of strategies and message design considerations are suggested by the results of the two focus group studies in Uzbekistan. The following suggestions should be validated with additional research and field tested prior to implementation.

# Ideal images about family life included men as professional, educated, and dedicated to the family, and women as younger than their husbands and ready to be wife, mother, and homemaker. Most participants wanted three to five children. This scenario could represent the ideal Uzbek family when developing messages about positive images of family life.
Many participants were concerned about early marriages because a young man may not be able to support a family. Using contraception (among both married and unmarried couples) would help to prevent unwanted pregnancy until the new couple can afford (materially and emotionally) to support a family. This approach to message development could depict family planning as an act of responsibility, allowing the family to support itself.

While most men made the final decision to use contraception, many felt frustrated about using it. An educational campaign designed specifically for men and featuring appealing male role models could address this issue and help motivate men to be more involved in family planning.

Many participants were openly distressed about the impact the dismantling of the former Soviet Union had on their lives. A main strategy could be to address their concerns about recent economic change and the economic well-being of families to assure a potential audience that health service professionals are aware of their problems and needs.

The participants were dissatisfied with the treatment they received from service providers. Further research into the available methods and clinic conditions is necessary to determine which action to take to improve services. Providers could also be trained in the use of the GATHER approach or other client-provider-interaction skills to improve their relationships with clients.

The participants’ contraceptive preferences were based on personal experience and available information, which consisted primarily of stories from friends and acquaintances. Development of a series of method-specific materials, and their dissemination either through mass media or through health clinics, could help increase knowledge and use and dispel rumors and misperceptions about particular methods.

Participants were unhappy with the lack of available family planning information, and specifically asked for telecasts which provide correct information. Program planners could work with local media to publish information about reproductive health in local print media and television programming.

The results of the discussions showed that conversation about contraception between Uzbek husbands and wives is minimal. Messages could support this communication as positive rather than taboo, encouraging dialogue about family planning between married couples. Consider messages which empower women to express their concerns and wishes to their husbands.

Not surprisingly, the groups also revealed a lack of communication among extended family members who are reluctant to discuss reproductive health issues due to social taboos and general discomfort with the topic. Planners could develop strategies to encourage communication about reproductive health within the extended family, particularly between parents and their soon-to-be or newly married children.

Respondents strongly indicated that abortion was abhorrent but tolerated. Many women had no other way to deal with unwanted pregnancy, thus abortion became a de facto means to control fertility. Explicit campaigns about the health consequences of an abortion and the promotion of family planning as an alternative could help to reduce maternal morbidity and mortality.

The powerful role of the mother-in-law and the Kuyov-djoora in newly married couples reproductive behavior could work in favor of reproductive health promotion. Program planners could consider developing messages which depict positive interactions between mothers-in-law and daughters-in-law and young men and their Kuyov-djooras to facilitate this behavior.

Messages designed with Western or Russian models of reproductive health behavior would most likely be met with cultural resistance in Uzbekistan. More research is suggested to determine culturally appropriate reproductive health models.

The focus groups reveal that men tend to focus on the material benefits of family planning rather than the benefits to the health and well-being of their wives and children. A strategy to address this issue could be to develop messages to increase the salience of women’s health concerns in male contraceptive decision-making.
Chapter VI. Regional Implications for Reproductive Health Programs in the Central Asian Republics

The development of reproductive health promotion programs for the Central Asian Republics must always take the unique images, languages, cultural and social environments of each Republic into account. However, the countries in the Region face many similar challenges and characteristics. Given the scarcity of resources and the expense of mounting national reproductive health programs, planners might want to consider how approaches to reproductive health in the Region might be coordinated. For example, the separate Republics could conceivably collaborate on the production of IEC materials, creating prototypes that could be modified and adapted to the special needs of the respective populations. Even Regional strategies may not be out of the question, given the common history and current challenges with which all four Republics are struggling.

In this spirit, a number of themes and strategies have been identified from the focus group findings that might apply throughout the Region.

The Quality of Family Life

Focus group participants indicated that a stable family life is a much-sought goal in Central Asia. Older people seek to maintain or restore the supportive environment of the traditional family while the younger generation seeks to create stability in the midst of social turmoil as they embark on marriage and adult life. Reproductive health programs could build on the powerful image of the stable supportive family.

Positive images of family life. According to participants, the most important function of marriage in the region was to support and preserve the family. Family planning could be positioned as a way to achieve a happy and healthy family life: financially stable, prosperous, healthy children, a husband and wife who are ready to be parents and partners. Delaying and spacing births can be positioned as an act of responsibility that allows the family to support itself, particularly during the current era of economic difficulty. Many participants were openly distressed about the impact the dismantling of the former Soviet Union is having on their lives. Family planning can be seen as a sensible response to that socio-economic challenge.

Positive parental role models. Throughout the Region, the experiences of childhood and the model of one's parents weighed heavily on the subsequent behavior of a newly married couple. Many participants identified with the large families their parents had, but felt that having fewer children (specifically three to five) was more responsible. A positive parental role model is one who respects the traditions of his/her parents but loves his/her own children enough to have fewer children so as to more adequately provide for them.

Communication within the extended family. The family could be promoted as a place to share reproductive health information through, for example, the relationship between the new bride and her elder sister-in-law. Interactions between brides and older sisters-in-law could be featured in family planning messages. Also, the powerful influence of the mother-in-law on newly married couples reproductive behavior could work in favor of reproductive health promotion if she could be shown encouraging the use of family planning for the good of the family.

Male Responsibility

Participants throughout the Region indicated that men rarely participated in discussions of and decisions about contraception.

Educational campaigns to educate and motivate men. Participants indicated that men typically chose to be removed from the decision making process about contraception although their actions and inaction have dramatic consequences for reproductive health. Specific campaigns could seek to make men more aware of their responsibilities and the consequences of their choices. For example, perceptions of what a woman's health can endure may be too high and the salience of the health and well-being of wives too low. Participants revealed that men tended to focus on the material benefits of family planning and seldom made the connection between women’s health and the well-being of the family. Therefore, the
health and well-being of their wives could be portrayed as being associated with the general well-being and prosperity of the family. Reproductive health programs could address male misperceptions and strengthen social norms that support better health for women.

**Dialogue about family planning between husbands and wives.** Participants indicated that while most men make the final decision on contraceptive use, few discuss it with their wives. Reproductive health programs could be designed to promote the family benefits of open discussion between spouses. Messages which empower women to express their concerns and wishes to their husbands could be developed. Messages could also be developed that would empower women to talk to their husbands and to service providers about reproductive health. An education campaign designed specifically for men and featuring appealing male role models could address this issue. A male role model, either real or fictional, introducing family planning methods to the male population, might be an effective campaign element.

**The Image of Abortion**

Abortion was generally abhorred but accepted by participants because many women had no other way to deal with unwanted pregnancy. Thus abortion has become a defacto contraceptive method. This image needs to be changed.

**Contradictions and tensions surrounding the role of women, family size, and abortion.** The discussions revealed that many participants were struggling with opposing ideals with regard to women, family size, and abortion. Women were encouraged to be homemakers and mothers, as well as to be professional and independent. Because of the current economic situation, a number of the male and female participants who valued having many children felt compelled to have smaller families. Most participants did not support abortions but understood why they occurred, and in some cases, supported abortion in spite of moral objections. Message strategies could be developed to acknowledge the balancing act many people are trying to perform, encourage discussion between husband and wife about those concerns, and promote behaviors that might resolve these tensions.

**Communication About Side Effects**

The belief that contraceptives, especially hormonal methods, have side effects is widespread in the region. Reproductive health programs must deal with this impediment to acceptance of modern contraception.

**Method-specific IEC materials about potential side effects.** Participant’s attitudes and beliefs about methods are based largely on limited personal experience and available information consisting primarily of stories from friends and acquaintances. Throughout the Region, the lack of information has not been the main source of negative perceptions about various contraceptive methods. Instead, the supply of contraceptives has been so unreliable and contraceptive services so undependable and unresponsive to client needs, that some negative perceptions about methods reflect inappropriate or ineffective use, clinical mishaps, or lack of adequate counseling and follow-up. Development of a series of method-specific materials, and their dissemination, could help increase knowledge and use of contraception.

**Provider Knowledge and Skills**

**Training in family planning technical knowledge and counseling skills.** Many participants from the region related stories of incompetence and frustration when talking about local medical staff and facilities. Reproductive health programs could complement client education efforts with efforts to upgrade the quality of provider skills, especially in the area of interpersonal communication and counseling. For example, providers could be trained in the use of client-oriented interaction skills to improve their relationships with clients.

**The Role of Religion and the Religious Community**

Especially in more conservative areas, participants indicated that the influence of religious leaders and institutions was strong. These leaders could become allies in promoting family planning from a religious perspective.
Collaboration between religious and medical institutions. Many participants already pragmatically weigh moral and health issues when grappling with reproductive health concerns. Discussions in the media or in print materials that bring health and religious perspectives together could foster discussion of family planning.

Supportive religious leaders and Koranic passages. Studies are available from other parts of the world regarding the position of Islam on family planning; such materials could inform communication planners in the region regarding how to enlist the support of popular religious leaders and the social networks of religious congregations for reproductive health programs.

The Symbolic Environment

The “symbolic environment” refers to the flow of information and images in society that shapes and reinforces public opinion about social issues like reproductive health. Mass media, in particular, can do much to alter the symbolic environment over time, making reproductive health more prominent on the public agenda and creating more supportive public opinion for family planning.

Local television and film industries. Reproductive health programs could work with local television producers and film makers to develop and broadcast films that include reproductive health themes in order to increase the circulation of positive images of contraceptive use. Over time, this would have the effect of bringing public discussion of reproductive health into the open. Participants’ concern about the perceived negative impact of media on cultural and religious mores suggests that mass media could be a powerful tool, but only if used cautiously at first. Similar efforts could be made with the print media to increase coverage of reproductive health news, include more feature stories on how family planning can have a positive impact on people’s lives, and so on.

Local publishers and the distribution of print materials. Throughout the Region, participants remarked about the lack of reliable information on sexuality, reproduction, and contraception, and specifically asked for information they could share with their families. Local publishers could be hired to help produce and distribute reproductive health materials for schools, health centers, churches and mosques.


