

**A Qualitative Study to Explore Perceptions and Barriers to Screening for Cervical Cancer
among Sexual Minority Women in Yerevan, Armenia: a Research Grant Proposal**

Master of Public Health Integrating Experience Project

Research Grant Proposal

By

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May the day arrive when the world is devoid of hate and brimming with love and compassion.

List of Abbreviations

AUA	American University of Armenia
GLOBOCAN	Global Cancer Observatory
HPV	Human Papillomavirus
HBM	Health Belief Model
IRB	Institutional Review Board
LMIC	Low- and Middle-Income Country
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
SMW	Sexual Minority Women
US	United States
WHO	World Health Organization

Executive Summary

Cervical cancer is a major public health issue, but it may be prevented with regular screenings.

Research indicates that women who are part of sexual minorities are apt to acquire cervical carcinoma and are reluctant to screenings. This is due to their health disparities, insufficient knowledge about the disease, misconceptions, and fear of disclosing their sexual orientations to their doctors. To date, no study has explored what perceptions sexual minority women (SMW) have of cervical cancer and screening or obstacles they face in getting screened in Armenia.

This qualitative exploratory study aims to understand perceptions of these women regarding cervical cancer and screening in Yerevan, Armenia, and identify their barriers to screening. Cis-gendered, self-identified SMW who live in Yerevan, Armenia, and aged 30-60 will be recruited. Women who have been cervical cancer patients or those who have had hysterectomies in the past will be excluded. Recruitment will be through purposive convenience and snowball sampling techniques. Similar studies show that 15-20 in-depth interviews are required for data saturation. The health belief model and similar studies were used to develop the semi-structured interview guide with 20 open-ended questions and probes. In-depth, face-to-face, English, or Armenian interviews will be conducted in early November 2022 in Pink Armenia and New Generation offices or other locations based on participants' preferences. Content analysis employing deductive and inductive approaches will be used. The study will take 7 months and cost 1,249,520 AMD to complete. The findings will assist researchers and policymakers in revising current practices and developing interventions, such as educating healthcare providers, to provide more inclusive care.

1. Introduction

1.1. Cervical Cancer – Global Burden

Cervical cancer ranks as the 4th most frequently occurring type of cancer as well as the 4th most lethal cancer among females all across the world.¹ Estimates provided by the Global Cancer Observatory (GLOBOCAN) show that there were around 604,000 newly identified cases of cervical cancer in women in the year 2020, and the disease was responsible for the deaths of approximately 342,000 women in the same year.¹ Without targeted interventions, cervical cancer incidence and fatality rates are anticipated to rise by 21% and 27%, respectively, resulting in the rise of the global burden of the disease to over 700,000 new cases and 400,000 fatalities by 2030.² It is estimated that around 85% of all deaths from cervical cancer take place in low- and middle-income countries (LMICs) and that the mortality rate in these countries is 18 times greater than the rate in more affluent ones.^{3,4} Cervical cancer estimates show that in low-income countries, the age-standardized incidence rate counts up to 23.8 per 100,000 females, which is higher than the rate in high-income countries (8.3 per 100,000 females).² Following a similar trend, in low-income countries, the age-standardized mortality rate is estimated to be around 17.4 deaths per 100,000 women, surpassing the rate in high-income countries (2.5 deaths per 100,000 women).²

1.2. Risk Factors for Cervical Cancer

Human papillomavirus (HPV) is a transmissible virus that is passed via sexual contact and may cause cervical cancer if left untreated.⁴ Even though there are more than a hundred different HPV strains, 70% of all precancerous lesions and cervical cancer cases are associated with cancerogenic strains, namely HPV 16 or HPV 18.⁵ After a few months, most HPV infections resolve on their own; however, in rare cases, the virus persists and may ultimately

cause cancer.⁵ The two most frequent and malignant histological subtypes of the cervix are “adenocarcinomas” and “squamous cell carcinomas,” which accounted for approximately 25% and 70% of all cases of cervical cancer respectively.⁴ Recent research indicates that HPV is by far the most significant factor in the advancement of this type of cancer.⁶ Precursor lesions produced by sexually transmitted HPV might take up to 20 years to develop into an invasive malignancy.⁶ Other known risk factors for developing cervical cancer include having a low socioeconomic status, smoking, an immunocompromised health status (e.g., AIDS), prolonged oral contraceptive usage, early sexual intercourse and marriage (before 18), multiple sexual partners, multiple pregnancies, and chlamydia infection.⁷⁻⁹

1.3. Cervical Cancer Screening

The World Health Organization (WHO) has established a three-pronged worldwide approach to eliminate cervical cancer by 2050, including HPV vaccination, preventive screenings, and treatment.¹⁰ This approach can cut the number of new cases of the disease by 40%, as well as the number of cervical cancer-related deaths by 5 million.¹⁰ Screenings for cervical carcinoma are performed to find premalignant lesions in healthy women before cancer formation, leading to effective treatment.¹¹ The extended preinvasive stage of cervical cancer makes it a preventable disease, and as a consequence, early detection and proper treatment may be achieved by robust screening programs.¹² Neoplastic changes in the cervix’s intraepithelial tissue and the primary stage of cancer can be detected early with the use of a Papanicolaou test, often called a Pap test or Pap smear, which acts as a primary screening test with an overall sensitivity of 70.8%.¹³ Precancerous lesions may be detected earlier if a Pap smear is performed along with an HPV DNA test.¹⁴ The WHO recommends that females in the age group of 30-49 should be screened regularly for cervical cancer at least once every 3 years using a Pap smear or

visual inspection with acetic acid (VIA) test, and an HPV DNA test should be performed every 5 to 10 years.¹⁵ They also recommend that screening should be discontinued for women who have reached the age of 50 or more after two negative screenings in a row.¹⁵ Despite data showing a global drop in cervical cancer; inequities persist in vaccination coverage and access to screening, treatment, and follow-up care for subgroups of women who are at greater risk, such as women living in rural areas, those who are socioeconomically disadvantaged, and racial, ethnic, and sexual minorities.¹⁶

1.4. Sexual Minority Women

The intersection of multiple factors constitutes a person's social identity that affects health status.¹⁷ For some populations, race, gender, ethnicity, nationality, disability status, physical appearance, sexual orientation, and religion are marginalizing factors.¹⁷ Women who self-identify by sexual identity as lesbians, bisexuals, queers, and other non-heterosexual identities or individuals who practice same-sex sexual activities based on their behaviors are known as sexual minority women (SMW).¹⁸ These women are among marginalized communities struggling to access healthcare due to their sexual orientation.¹⁹ They often have poorer health status than heterosexual women due to "minority stress" or chronic stress of belonging to a marginalized minority population.²⁰ Societal prejudice and discrimination instill feelings of rejection, humiliation, and low self-esteem in these individuals and leave them stigmatized in different settings, all of which may affect their health-related behaviors and outcomes profoundly.²¹ In 2014, the results of a study conducted in the United States (US) showed that SMW had higher rates of depression (55.7% for lesbians and 72.5% for bisexuals) compared with heterosexual women (25.9%).²² In 2021, a meta-analysis of 30 US-based studies from 2007 to 2020 found that SMW had higher smoking prevalences (37.7% of bisexuals and

31.7% of lesbians) than their heterosexual counterparts (16.6%).²³ SMW are also at greater risk for substance use²⁴, heavy alcohol drinking²⁵, and obesity²⁶, which make them more prone to develop cancers (e.g., cervical and breast cancers)^{27,28} and chronic diseases, including hypertension, cardiovascular diseases, asthma, and diabetes, than heterosexual women throughout their lives.²⁹

1.5. Cervical Cancer Screening in SMW

The vast majority of cancer surveillance systems do not collect information related to sexual orientation, making it difficult to determine cervical cancer incidence or prevalence rates in SMW.³⁰ In 2011, a US study on cancer survivorship showed that women who were bisexual (41.2%) or lesbian (16.5%) had higher cervical cancer rates in comparison with women who were heterosexual (14%) in the sample.³¹ According to the two US-based studies, SMW undergo cervical cancer screenings less often than heterosexual women.^{32,33} Studies have shown that screening rates for cervical cancer among SMW vary from 43%-62%^{32,33}, which is lower than the estimated screening rates among women in the general population (62%-83%).^{34,35} There are similar barriers for SMW and their heterosexual counterparts when it comes to screening, such as financial or insurance issues, lack of medical recommendations, and concerns about safety or discomfort during the screening procedure.^{32,33,36} However, there are other issues that SMW confront, such as the concern that their sexual identity would be revealed or that their healthcare professionals will discriminate against them.^{32,33,36} In addition, previous studies indicate that many SMW have inadequate knowledge of HPV and cervical cancer and hold erroneous beliefs about their risk of developing the disease.^{32,33,36} Their communication with healthcare providers may also lead to further difficulties, as their physicians may be unaware of the disease risk in these women and fail to get a detailed medical and sexual history from them as

a result of their fear and reluctance to disclose their sexual orientation.^{37,38} Some misconceptions may hinder these women from regular cervical cancer screenings as it is assumed that they are not threatened to develop cervical cancer, and having sexual relations with women is far safer than the intercourse with men.³⁹ However, studies have revealed that HPV may also be spread through sexual activity between women, and cases of cervical neoplasia have been detected in women who had never had sexual contact with men.^{40,41}

1.6. Theoretical Framework

The health belief model (HBM),⁴² employed in cervical cancer prevention studies, will serve as the theoretical framework for this study.^{43,44} This six-construct model was initially developed in the 1950s by Hochbaum et al. to understand the poor participation of individuals in preventive health programs.⁴² By focusing on people's attitudes, beliefs, and perceptions about health conditions, the HBM examines the chances of people altering their behavior to avoid diseases.⁴² The **'perceived susceptibility'** construct explains an individual's beliefs and perceptions about the probability of contracting a sickness.⁴² The **'perceived severity'** construct refers to how a person interprets the seriousness of their sickness.⁴² The **'perceived benefits'** construct relates to individuals' beliefs that their participation in prevention programs will benefit their health.⁴² The **'perceived barriers'** construct refers to circumstances that are perceived to impede the adoption of healthy behaviors.⁴² The **'cues to action'** construct relates to stimuli that motivate individuals to adopt healthy behaviors, and the construct **'self-efficacy'** refers to an individual's beliefs and perceived confidence that they are capable of carrying out behaviors that result in the anticipated positive outcome.⁴²

1.7. Situation in Armenia

In Armenia, cervical cancer is estimated to be the 8th most frequent form of cancer affecting women and ranks as the 2nd most prevalent gynecological malignancy for females in the age group of 15-44.⁴⁵ The 2020 cervical cancer estimates of Armenia indicate that the crude incidence rate was around 11.3 per 100,000 women.⁴⁵ In the same year, with an age-standardized incidence rate of 7.8 per 100,000 women, Armenia was estimated to be the second country in the region with the concerning rates of cervical cancer, whereas the rates in Georgia, Azerbaijan, and Turkey are 10.6, 6.6, and 4.8 per 100,000 women, respectively.⁴⁵ Following a similar trend, Armenia had a crude mortality rate of 7.3 and an age-standardized mortality rate of 4.6 for cervical cancer, which was less than the age-standardized mortality rate of cervical cancer in Georgia (5.9) and higher than the rates in Azerbaijan and Turkey (4 and 2.2 respectively).⁴⁵ According to the 2017 vaccination guidelines against HPV from the Ministry of Health (MoH) of Armenia, most women with cervical cancer (50%) are unaware of it until it has progressed to an advanced stage when treatment is far less likely to be effective.⁴⁶ In January 2015, Armenia's MoH introduced the country's first nationwide cervical cancer screening program, which provides free Pap smear tests to women aged 30-60 every three years.^{47,48} Similar to other countries, in Armenia, most SMW avoid routine visits with their gynecologists and reach them cautiously.⁴⁹ This may be due to healthcare providers' unprofessional and discriminatory attitudes, their lack of awareness of the issues SMW face, and SMW's fear of disclosure and lack of trust in their physicians.⁴⁹

2. Study Rationale

There are a few studies and reports from non-governmental organizations (NGOs) on sexual minorities in Armenia that mostly focus on the discrimination, prejudice, and violence

against them in society. However, there is a dearth of studies on their health status or healthcare needs. This gap contributes to societal bias and lays the groundwork for discrimination, making it more difficult for these individuals to get appropriate and equitable healthcare. In particular, no research has been undertaken so far that thoroughly explores perceptions of SMW regarding cervical cancer and screening in Yerevan, Armenia, and gains a thorough grasp of the potential barriers that may prevent these women from routine cervical cancer screenings. Given the evidence shown in global studies and considering that these women are coming from a marginalized community and their voices are not heard like the general population, it is essential to understand these women's perceptions regarding cervical cancer and screening, along with potential barriers to screenings. This will help health policymakers to develop strategies to reduce healthcare inequities and make care more inclusive and equitable for these women.

2.1. Study Aim

Since previous studies have shown that SMW have perceptions of having lower threats of cervical cancer and the effectiveness of screening in its prevention, and are more reluctant to seek regular cervical cancer screening than the general population due to the barriers they face and beliefs and misconceptions of their healthcare providers that these women are not at risk for cervical cancer, it is expected that similar results would be found among SMW in Yerevan, Armenia. Thus, this study aims to understand better the perceptions of SMW living in Yerevan, Armenia, regarding cervical cancer screening and explore and identify the barriers that restrain them from routine screenings.

The research questions aimed to be addressed by this study are as follows:

- 1) What are the perceptions of sexual minority women living in Yerevan, Armenia, regarding cervical cancer and screening?
- 2) What potential barriers to cervical cancer screening do sexual minority women identify?
- 3) What recommendations do sexual minority women have for reducing potential barriers to cervical cancer screening?

3. Methods

3.1. Study Design

A qualitative exploratory study that uses face-to-face in-depth interviews will be employed to explore perceptions of SMW residing in Yerevan, Armenia, about cervical cancer, screening, and the hurdles these women encounter while attempting to be screened. A qualitative study design is chosen for this research to enable an in-depth exploration of a diverse variety of understandings, feelings, opinions, and views surrounding cervical cancer screening among different members of this community.⁵⁰

3.2. Study Population and Setting

Cis-gendered (i.e., when gender identity aligns with birth-assigned sex)⁵¹, self-identified SMW (i.e., those women who self-identify as bisexuals/ lesbians/queers/other non-heterosexual identities)¹⁸, ages 30-60 years, who are living in Yerevan, Armenia will be eligible for this research study. They must be able to speak and read English or Armenian and consent to participate as a participant in the study. The target age range is selected based on the recommendations of the MoH of Armenia for cervical cancer screening.^{47,48} Women who have previously undergone a hysterectomy with cervix excision or those having prior cervical cancer will be excluded as they cannot develop the disease anymore.¹⁶

3.3. Sampling Strategy and Recruitment

Purposive convenience along with snowball sampling techniques will be used for the recruitment of the study participants.^{52,53} Interviews will be conducted until data saturation is attained.⁵⁴ To begin, the student investigator will contact the representatives of Pink Armenia and New Generation, the two most active support organizations in the country for this community, to describe the scope of the study and seek their assistance in finding the participants. The chosen NGOs will notify their members about the study and share the contact information of the research team with them so that the potential participants may contact them directly if they would be interested. Based on prior studies, it is estimated that in order to achieve data saturation, a sample of 15-20 participants would be needed for the in-depth interviews.⁵⁵⁻⁵⁸ Women's eligibility for participation in this study will be assessed by a screening checklist when they first contact the research team through phone calls or during the in-person visits of the study team to the NGOs. The research team will explain the reason to those who are not eligible and appreciate their interest in participating in the study. For those who are eligible, a suitable date and time will be chosen for the interviews based on their preferences. Given that the study participants are members of a marginalized group, to protect their safety, data collection will take place at Pink Armenia's and New Generation's offices in a safe and quiet room privately. However, the research team will also consider the participants' preferences regarding where they feel most comfortable to be interviewed. Subsequent to the interviews, the interviewees will be asked if they know any other women from the community who would fit the inclusion criteria. The interviewees will be provided with the research team's contact information so that they can share the details of the study with other women who may potentially be eager to be part of the study. These women will be included in the study if they

contact the study team themselves or consent to be contacted by the team. Given that these women come from a hard-to-reach community, these sampling techniques will facilitate recruitment.⁵⁹ Recruiting women with diverse backgrounds (e.g., age, marital status, socioeconomic situation, etc.) via purposive convenience and snowball sampling techniques from the two chosen NGOs will help to have a heterogeneous sample of SMW with different perceptions of cervical cancer and screening.⁶⁰

3.4. Study Instrument

An interview guide consisting of 20 open-ended questions with probes will be utilized to conduct in-depth semi-structured interviews with the study participants. The interview guide has been developed based on the HBM as the theoretical framework and previous studies on cervical cancer screening in SMW.^{36,42,55,56,61} The guide consists of six domains exploring SMW's cervical cancer risk perceptions, its seriousness, their perceived obstacles and benefits to screening, factors that motivate them, and their perceived confidence in doing the procedure. At the end of the interviews, the research team will read a short socio-demographic questionnaire to the interviewees, which is adopted from demographic data of similar studies and adapted to the local context.^{33,62} The questionnaire is aimed to gather basic information on participants' age, education level, marital and employment status, insurance type, and monthly spending. The interview guide has been prepared in English and translated into Armenian by a native Armenian speaker with good knowledge of English. Prior to data collection, the research team will pre-test the guide by conducting mock interviews with the student investigator's personal network, who are staff from the NGOs, to review the questions and adjust the formulation and order of the questions if needed.

3.5. Data Collection

Data collection will commence in early November 2022 with interviews both in English and Armenian. The study will be carried out by a team of two individuals affiliated with the study. The student investigator serves as the project manager and primary investigator, meaning that she will be responsible for establishing the research protocol, supervising all the activities, and ensuring the project's authenticity. The student investigator will conduct interviews with those participants who confirm their ability to speak and read in English and prefer to be interviewed in English. However, given the fact that the student investigator is a foreigner with limited Armenian language fluency, an experienced female research assistant with relevant expertise (a public health professional with a good knowledge of Armenian and English) will be recruited to conduct the interviews which are in Armenian on behalf of the student investigator. Prior to conducting the interviews, the research team will receive cultural competency training by the NGOs to become acquainted with SMW, their vulnerabilities, and health needs. Informed consent will be orally presented and obtained from each participant by the research team, and they will be interviewed once. The interviews will last up to one hour. In order to preserve all of the data for the analysis, the researchers will take notes and audio-record the interviews upon the participants' permission. However, the participants will be informed about their right to disagree with audio-recording at any stage of the interview. Data collection will be terminated whenever data saturation is reached.⁵⁴ As the study will be conducted by two interviewers allowing for investigator triangulation⁶³, it will bring confirmation to the findings, as well as credibility, or the degree of confidence that the study findings are plausible⁶⁴, will be ensured. Also, the role of the advising team during the entire research process, from designing the study to data collection and constant supervision and feedback, will help strengthen the study's credibility.⁶⁵ The research

team will also practice reflexivity throughout the entire research process by using research diaries to write down their reflections.⁶⁴

3.6. Data Analysis

Concurrent with the interviews, a preliminary analysis will be carried out by the student investigator. The interviews will be transcribed in the language the interview was conducted verbatim. The English interviews will be transcribed by the student investigator, and transcription and translation of the Armenian interviews will be done by the research assistant. The analysis will be conducted by the student investigator using content analysis with both deductive and inductive approaches.⁶⁶ Qualitative content analysis is utilized when little or no information exists on the concept being studied, and it is necessary to look into the underlying intents, meanings, and outcomes.⁶⁷ As the HBM served as the theoretical framework for this study, its constructs (the 6 domains of the interview guide) will serve as the predetermined categories. At the beginning of the coding process, a deductive analysis approach will be used. The student investigator will read the translated transcripts a few times, line by line, to get familiar with the data and identify the meaning units, which will be condensed as codes. Afterward, the codes that share a commonality will be grouped under the six domains of HBM to create more abstract categories. Next, the inductive coding approach will be utilized to identify new codes from the data. A separate category will be developed for codes that do not fit into any of the domains of the framework. Finally, the student investigator will compare the codes under each category and generate meaningful connections between categories to reach a final conclusion on the study. Confirmability, or the extent to which the study findings could be corroborated by other researchers⁶⁴, will be achieved by continual discussion and peer-debriefing

techniques with the advising team in relation to the information development throughout the analysis and interpretation processes.⁶⁵

4. Ethical Considerations

The study's protocol has been thoroughly checked and complies with the preliminary prerequisites of the American University of Armenia (AUA)'s Institutional Review Board (IRB). Before the collection of data, all the necessary written approvals and letters of support will also be obtained from the NGOs. Participants will be provided an explanation of the study's goal, voluntary involvement, and potential risks and benefits before the interviews. The research team will obtain oral informed consent from each of them, and they will inform the participants about their right to terminate the interviews at any point in case they feel uncomfortable. Moreover, the research team will assure all participants of protecting their confidentiality and anonymity. To ensure participants' confidentiality, each participant will be given a unique identification number (i.e., one that does not include any string of their names, address, or date of birth) that will be utilized during the data analysis phase. The informed consent form and information on how to contact the study team for further questions will be given to all participants. No identifiable information will be revealed at any point of the study, and the research team will store all audio-recorded interviews, field notes, transcripts, and phone numbers on a password-protected laptop, inside an encrypted folder. The data will be accessible only to the research team members, and all identifiable information (e.g., audio recordings and phone numbers) will be discarded once the study is over.

5. Study Timeline

After obtaining IRB approval from AUA, the completion of the study will take 7 months, from 1 October 2022 to 30 April 2023. Applying to IRB, preparing the fieldwork instruments, cultural competency training of the research team, and conducting mock interviews will be done during October. Recruitment of study participants will take place from November 2022 till the end of January 2023 for 3 months. Data collection will begin concurrently from the beginning of November and be continued until the end of February 2023. Transcription, translation, and data analysis will be conducted concurrently with the data collection for 4 months. Following the end of the data analysis, the student investigator will interpret the findings and prepare a final report with a summary of the findings in the last 8 weeks of the study in March and April 2023. The estimated timeline for completing the proposed study is displayed in Table 1 (Appendix I).

6. Study Budget

The total estimated budget for this study is 1,249,520 AMD. The needed budget for this research is estimated based on personnel efforts, operational, and transportation costs. The funds will be distributed in accordance with the costs of study materials and the average value of identical job titles in the Armenian market. Costs related to personnel efforts are calculated based on a monthly salary of 200,000 AMD (for 5 months), which will be provided to the research assistant for assisting the student investigator with interviewing, transcribing, and translation tasks. Operational costs will include the required funds to buy high-quality audio recorders, blank papers, folders, pens, and pencils, along with the printing costs and phone call expenses to coordinate the interviews. Further information on the expected costs of conducting the proposed study, including specifics on the estimated expenditures, is provided in Table 2 (Appendix II).

7. Dissemination of Findings

The findings of this study will lead to a better comprehension of the perceptions that SMW have towards cervical cancer and screening in Yerevan, Armenia, as well as the hurdles that prevent these women from receiving screenings. The results will be circulated to researchers and policymakers to revise current practices and develop targeted interventions, such as training healthcare providers on the health needs of SMW and the issues they face while receiving care. This will assist in enhancing cervical cancer screening among these women and ensuring that healthcare organizations deliver more inclusive care.

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Appendix I

Table 1

Tasks	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Applying to IRB							
Preparing the fieldwork instruments							
Cultural competency training of the research team							
Pre-testing the interview guide (Mock interviews)							
Recruiting the study participants							
Data collection							
Verbatim transcription of the collected data							
Translation of transcripts (Armenian to English)							
Data analysis							
Interpretation of findings and report preparation							

Appendix II

Table 2

Cost type	Unit Type	Unit cost in AMD	Number	Total in AMD
Personnel Cost				
Research Assistant (For data collection, transcription, and translation)	Months	200,000	5	1,000,000
Subtotal personnel cost				1,000,000
Operational Cost				
Phone call expenses	Monthly package	4700	8	37600
Papers	Pack (500 sheets)	4500	2	9000
Stationary	Pack	5000	1	5000
Printing cost	double- sided pages	8	240	1920
Audio recorders	Item	78,000	2	156,000
Subtotal operational cost				209,520
Transportation Cost				
Cost of taxi (Transportation expenses of the research assistant)	Round trip	2000 (per visit)	20	40,000
Subtotal transportation cost				40,000
Total				1,249,520

Appendix III

Interview Guide

A Qualitative Study to Explore Perceptions and Barriers to Screening for Cervical Cancer among Sexual Minority Women in Yerevan, Armenia: Interview Guide

Participant's ID: _____

Interviewer: _____

Date: _____ (mm/dd/yyyy)

Place of the interview: _____

Interview start time: _____ (in 24-hour format)

Greetings! We are very grateful that you have agreed to participate in this research project. As stated in the consent form, we are conducting this study to explore the perceptions of sexual minority women living in Yerevan, Armenia on cervical cancer screening. Exploring different understandings and views will help us better understand the potential concerns and barriers sexual minority women face in utilizing cervical cancer screening. For this reason, we have invited you here to share your thoughts on cervical cancer and screening with us. The information you provide will be invaluable in developing future recommendations and strategies to provide better care to sexual minority women in Armenia. I will discuss various topics and want you to share your thoughts on them. Please feel free to share your thoughts freely, considering that all your responses will be completely anonymous and confidential. If you do not mind, let us begin the discussion now.

An important tip for the Interviewer: Remember to ask questions with a delicate approach as these women are a part of a marginalized population. As a result, you should always begin your sentences carefully, like “Many women think/experience... What are your thoughts on this?”. This method will help you create a dynamic and trustful rapport with the interviewees.

Perceived susceptibility:

1. Could you describe to me what thoughts come to your mind when I say cervical cancer?
2. What do you think are the causes of cervical cancer?

Probe:

- Cervical cancer may occur for various reasons. In your opinion, what are some of the risk factors for this type of cancer? What do you think can be done to prevent cervical cancer?
3. Please tell me, in your opinion, who is at risk of developing cervical cancer?
 4. How likely do you think it is for you to develop cervical cancer in the future? If answering this question makes you uncomfortable, keep in mind that you have the right not to respond.

Perceived severity:

5. In your opinion, what factors raise a woman’s risk of having cervical cancer?
6. To what extent do you think cervical cancer is a life-threatening disease?
7. If you get cervical cancer in the future, how severe do you think it will be for you? If answering this question makes you uncomfortable, keep in mind that you have the right not to respond.

Perceive barriers to screening:

8. What are your thoughts on cervical cancer screening?

Probe:

- What is the purpose of this medical screening?

9. In your opinion, how often should women undergo screening for cervical cancer?

10. Have you ever undergone screening for cervical cancer?

Probe:

- If **YES**, could you please explain why you decided to get screened for cervical cancer?

When was the last time you were tested? How frequently do you get tested?

- If **NO**, can you please explain why you have never had a screening for cervical cancer?

11. Could you please describe what are your concerns, if any, with regard to routine cervical cancer screening?

12. Could you please tell me what barriers, if any, have you faced that have restrained you from receiving cervical cancer screening?

Probe:

- To what extent do you think the disclosure of your sexual identity to your healthcare providers (e.g., your gynecologist) and their attitudes after knowing your identity have influenced your decision to seek or not to seek a cervical cancer screening?

13. From your perspective, how simple or difficult is it to overcome such barriers in Armenia?

Perceived benefits of screening:

14. What do you think are the benefits of getting screened for cervical cancer?

Cues to action for screening:

- 15. Could you please tell me what factors impact your decision to seek or not seek cervical cancer screening?
- 16. What type of recommendations have you received from your primary care physicians regarding cervical cancer screening during annual checkups?
- 17. In your opinion, what will motivate you to go to regular cervical cancer screenings?
- 18. What recommendations would you make to healthcare practitioners to encourage more sexual minority women to get regular screenings?

Probe:

-What about the hospitals? Government? Ministry of health? LGBT support NGOs?

Self-efficacy for screening:

- 19. How confident are you to get screened for cervical cancer if the opportunity was given to you?
- 20. Before we conclude the conversation, is there anything else that you think is important but has not been brought up yet? If so, please share it with me.

Demographic Questions:

Thank you! Now I want to ask you some general questions regarding your current living situation.

1	How old are you? (in years)	_____
2	What is your current marital status?	1. Never married 2. Living with a partner

		<ol style="list-style-type: none"> 3. Legally married 4. Separated/divorced 5. Widowed 6. Refuse to answer
3	What is the highest educational level you have attained?	<ol style="list-style-type: none"> 1. Secondary school (less than ten years) 2. High school diploma (10-12 years) 3. Professional technical education 4. Institute/University degree 5. Master degree 6. Post-graduate degree 7. Refuse to answer
4	How would you describe your current employment status?	<ol style="list-style-type: none"> 1. Student 2. Unemployed 3. Employed 4. Retired 5. Refuse to answer
5	What type of insurance do you have?	<ol style="list-style-type: none"> 1. Private Insurance Package 2. Governmental Insurance Package 3. No Insurance 4. Refuse to answer
6	On average, how much money do you spend every month?	<ol style="list-style-type: none"> 1. Less than 50,000 AMD 2. From 51,000 to 100,000 AMD 3. From 101,000 to 200,000 AMD

		<ol style="list-style-type: none">4. From 201,000 to 300,000 AMD5. Above 301,000 AMD6. Don't know/refuse to answer
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Thank you so much! It was a pleasure to have you in this interview.

Interview ending time: _____ (24-hour format)

Appendix IV

Հարցագրույցի ուղեցույց

Որակական հետազոտություն՝ բացահայտելու արգանդի վզիկի քաղցկեղի սկրինինգի ընկալումները և խոչընդոտները սեռական փոքրամասնության պատկանող կանանց շրջանում Երևանում, Հայաստան.

Մասնակցի նույնականացման համարը՝ _____

Հարցագրուցավար՝ _____

Ամսաթիվ՝ ____ / ____ / ____

Վայր՝ _____

Մեկնարկի ժամը՝ ____ / ____ /

Ողջույն: Մենք շատ շնորհակալ ենք, որ դուք համաձայնել եք մասնակցել այս հետազոտական նախագծին: Ինչպես նշված է համաձայնության ձևում, մենք իրականացնում ենք այս հետազոտությունը՝ ուսումնասիրելու Հայաստանում, Երևանում ապրող սեռական փոքրամասնության պատկանող կանանց ընկալումները արգանդի վզիկի քաղցկեղի սկրինինգի վերաբերյալ: Տարբեր ըմբռնումների և տեսակետների ուսումնասիրությունը կօգնի մեզ ավելի լավ հասկանալ այս կանանց պոտենցիալ մտահոգությունները և խոչընդոտները արգանդի վզիկի քաղցկեղի սկրինինգի ծառայությունից օգտվելիս: Այդ իսկ պատճառով, մենք հրավիրել ենք ձեզ այստեղ կիսվելու արգանդի վզիկի քաղցկեղի և սկրինինգի վերաբերյալ ձեր մտքերով: Ձեր տրամադրած տեղեկատվությունը անգնահատելի կլինի Հայաստանում սեռական փոքրամասնություն ներկայացնող կանանց ավելի լավ խնամք ապահովելու համար ապագա առաջարկությունների և ռազմավարությունների մշակման համար: Ես

կքննարկեմ տարբեր թեմաներ և կցանկանայի, որ դուք կիսվեք ձեր մտքերով դրանց վերաբերյալ: Խնդրում ենք ազատորեն կիսվել ձեր մտքերով, հաշվի առնելով, որ ձեր բոլոր պատասխանները կլինեն բացարձակապես անանուն և գաղտնի: Եթե դեմ չեք, եկեք հիմնականք քննարկումը:

Կարևոր խորհուրդ հարգազրուցավարի համար. Մի մոռացեք հարցերը տալ նուրբ մոտեցմամբ, քանի որ այս կանայք փոքրամասնություն են համարվում: Արդյունքում, դուք միշտ պետք է զգույշ սկսեք ձեր նախադասությունները, օրինակ՝ «Շատ կանայք մտածում են/փորձում են... Ի՞նչ եք մտածում այս մասին դուք»: Այս մեթոդը կօգնի ձեզ ստեղծել դինամիկ և վստահելի հարաբերություններ գրուցակիցների հետ:

Ընկալվող խոցելիություն

1. Կարո՞ղ եք ինձ նկարագրել, թե ինչ մտքեր են ծագում ձեր մտքում, երբ ասում եմ արգանդի վզիկի քաղցկեղ:

2. Ի՞նչ եք կարծում, որո՞նք են արգանդի վզիկի քաղցկեղի պատճառները:

Պրոք:

- Արգանդի վզիկի քաղցկեղը կարող է առաջանալ տարբեր պատճառներով: Ձեր կարծիքով, որո՞նք են քաղցկեղի այս տեսակի ռիսկի գործոնները: Ի՞նչ եք կարծում, ի՞նչ կարելի է անել արգանդի վզիկի քաղցկեղը կանխելու համար:

3. Խնդրում եմ ասեք ինձ, ըստ Ձեզ, ովքե՞ր են արգանդի վզիկի քաղցկեղի զարգացման վտանգի տակ:

4. Որքանո՞վ եք հավանական համարում ապագայում ձեզ համար արգանդի վզիկի քաղցկեղի զարգացումը: Եթե այս հարցին պատասխանելը ձեզ անհարմարություն է պատճառում, հիշեք, որ դուք իրավունք ունեք չպատասխանելու:

Ընկալվող ծանրություն.

5. Ձեր կարծիքով, ո՞ր գործոններն են մեծացնում կնոջ մոտ արգանդի վզիկի քաղցկեղ ունենալու վտանգը:

6. Ձեր կարծիքով որքանո՞վ է արգանդի վզիկի քաղցկեղը կյանքին սպառնացող հիվանդություն:

7. Եթե ապագայում արգանդի վզիկի քաղցկեղով հիվանդանաք, ի՞նչ եք կարծում, որքա՞ն ծանր կլինի ձեզ համար: Եթե այս հարցին պատասխանելը ձեզ անհարմարություն պատճառում, հիշեք, որ դուք իրավունք ունեք չպատասխանելու:

Սրբինինգ անցնելու ընկալվող խոչընդոտները.

8. Ի՞նչ կարծիքի եք արգանդի վզիկի քաղցկեղի սկրինինգի վերաբերյալ:

Պրոք:

- Ո՞րն է այս բժշկական գնության նպատակը:

9. Ձեր կարծիքով, որքա՞ն հաճախ պետք է կանայք անցնեն արգանդի վզիկի քաղցկեղի սկրինինգ:

10. Երբևէ արգանդի վզիկի քաղցկեղի սկրինինգ անցե՞լ եք:

Պրոք:

- Եթե ԱՅՈ, կարո՞ղ եք բացատրել, թե ինչու որոշեցիք արգանդի վզիկի քաղցկեղի սկրինինգ անցնել:

Ե՞րբ եք վերջին անգամ ստուգվել: Որքա՞ն հաճախ եք թեստավորում անցնում:

- Եթե ՈՉ, կարո՞ղ եք ինձ բացատրել, թե ինչու երբեք արգանդի վզիկի քաղցկեղի սկրինինգ չեք արել:

11. Խնդրում եմ, կարո՞ղ եք նկարագրել, թե ինչ մտահոգություններ ունեք, եթե այդպիսիք կան, կապված արգանդի վզիկի քաղցկեղի սովորական զննման հետ:

12. Խնդրում եմ, կարո՞ղ եք ինձ ասել, թե ինչ խոչընդոտների եք հանդիպել, եթե այդպիսիք կան, որոնք խանգարել են ձեզ արգանդի վզիկի քաղցկեղի սկրինինգ անցնել:

Պրոր:

- Ձեր կարծիքով, ձեր սեռական ինքնության բացահայտումը և ձեր ինքնությունը իմանալուց հետո որքանո՞վ է ձեր բուժապասարկողի (օրինակ՝ ձեր գինեկոլոգի) վերաբերմունքն ազդել արգանդի վզիկի քաղցկեղի սկրինինգի դիմելու կամ չդիմելու ձեր որոշման վրա:

13. Ձեր տեսանկյունից որքանո՞վ է հեշտ կամ դժվար Հայաստանում նման խոչընդոտների հաղթահարումը:

Սքրինինգի օգուտների ընկալումը.

14. Ի՞նչ եք կարծում, որո՞նք են արգանդի վզիկի քաղցկեղի սկրինինգ անցնելու առավելությունները:

Գործողության նշաններ սքրինինգ անցնելու համար.

15. Խնդրում եմ, կարո՞ղ եք ասել ինձ, թե ինչ գործոններ են ազդում արգանդի վզիկի քաղցկեղի սքրինինգ դիմելու կամ չդիմելու ձեր որոշման վրա:

16. Ինչպիսի՞ առաջարկություններ եք ստացել ձեր առաջնային օղակի բժիշկներից՝ կապված արգանդի վզիկի քաղցկեղի սկրինինգի հետ ամենամյա ստուգումների ժամանակ:

17. Ձեր կարծիքով, ի՞նչը կարող է նպաստել որ դուք գնաք արգանդի վզիկի քաղցկեղի կանոնավոր սկրինինգների:

18. Ի՞նչ խորհուրդներ կտաք բուժաշխատողներին՝ սեռական փոքրամասնություն ներկայացնող կանանց ավելի շատ խրախուսելու կանոնավոր զննում անցնել:

Պրոք:

- Իսկ հիվանդանոցներնե՞րն: Կառավարության՞ը: Առողջապահության նախարարության՞ը: ԼԳԲՏ աջակցող ՀԿ-ների՞ն:

Ինքնարդյունավետություն սքրինինգն անցնելու համար.

19. Եթե ձեզ հնարավորություն տրվի, որքա՞ն վստահ կզգաք արգանդի վզիկի քաղցկեղի սկրինինգ անցնելու հարցում:

20. Նախքան զրույցը ավարտելը, կա՞ որևէ այլ բան, որը, ըստ Ձեզ, կարևոր է, բայց դեռ չի բարձրաձայնվել: Եթե այո, խնդրում եմ կիսվեք ինձ հետ:

Ժողովրդագրական տվյալներ.

Շնորհակալություն: Այժմ ես ուզում եմ ձեզ մի քանի ընդհանուր հարց տալ ձեր ներկայիս կյանքի իրավիճակի վերաբերյալ:

Ձեր տարիքը (լրացած տարի)	-----
Ձեր այժմյան ամուսնական կարգավիճակը:	<ol style="list-style-type: none"> 1. Երբեք ամուսնացած չեմ եղել 2. Ապրում եմ զուգընկերոջս հետ 3. Օրինական ամուսնացած 4. Բաժանված/ամուսնալուծված 5. Այրի 6. Հրաժարվում եմ պատասխանել
Ձեր կրթությունը	<ol style="list-style-type: none"> 1. Միջնակարգ դպրոց (10 տարուց պակաս) 2. Ավագ դպրոց (10-12 տարեկան) 3. Մասնագիտական տեխնիկական կրթություն 4. Համալսարան 5. Մագիստրատուրա 6. Ասպիրանտուրա 7. Հրաժարվում եմ պատասխանել
Ինչպե՞ս կրնու՞թազրեք ձեր ներկայիս աշխատանքային կարգավիճակը:	<ol style="list-style-type: none"> 1. Ուսանող 2. Գործազուրկ 3. Աշխատում եմ 4. Թոշակի անցած 5. Հրաժարվում եմ պատասխանել

Ինչ տեսակի ապահովագրություն ունեք:	<ol style="list-style-type: none"> 1. Մասնավոր ապահովագրության փաթեթ 2. Պետական ապահովագրական փաթեթ 3. Ապահովագրություն չունեմ 4. Հրաժարվում եմ պատասխանել
Միջին հաշվով որքա՞ն գումար եք ծախսում ամեն ամիս:	<ol style="list-style-type: none"> 1. 50.000 դրամից պակաս 2. 51.000-ից 100.000 դրամ 3. 101.000-ից 200.000 դրամ 4. 201.000-ից 300.000 դրամ 5. 301.000-ից բարձր 6. Չգիտեմ/հրաժարվում եմ պատասխանել

Շատ շնորհակալություն: Հաճելի էր ձեզ հետ ունենալ այս հարցազրույցը:

Ավարտի ժամը ____ / ____ /

Appendix V

Participant’s ID: _____

Interviewer’s ID: _____

American University of Armenia
Turpanjian College of Health Sciences
Institutional Review Board #1
Consent Form for Participants

Study title: A Qualitative Study to Explore Perceptions and Barriers to Screening for Cervical Cancer among Sexual Minority Women in Yerevan, Armenia

Principal Investigator: Anya Agopian

Co-Investigator: Siran M. Koroukian

Student Investigator: Parinaz Paranjkhoo

Hello, my name is _____ (introduce self), and we are conducting a study as a part of a master's thesis project in the Turpanjian College of Health Sciences (CHS) at the American University of Armenia (AUA). By conducting this study, we want to learn more about the perceptions of sexual minority women who live in Yerevan, Armenia, on cervical cancer screening and the potential barriers they face for screening. I want to invite you as well as 15-20 other women to be part of this study since you are a member of this community in Armenia, and I want to hear about your thoughts and views throughout the interview session. You will only be required to participate in this interview, which may run for up to an hour, and participating in this study is entirely optional and up to you. A variety of topics will be discussed throughout the interview, including your understanding of cervical cancer and screening, the potential barriers you have faced, and suggestions for reducing those. You have the right to decline to respond to any questions and to terminate the interview at any moment if you feel like you are uncomfortable with anything. Nothing will happen to you if you decline to participate in this interview. Participation in this interview does not result in any monetary or other personal benefits beyond the opportunity to express your thoughts and views. Your input will assist healthcare professionals, researchers, and policymakers in understanding the health status and needs of these women better. This will benefit both you and the other women from this

community in the Republic of Armenia. We will employ audio recording and/or note-taking with your consent to ensure we do not miss any part of the information you share during the interview session. All of the information you provide will be kept strictly confidential. Your name or any identifiable information about you will not be included in the final report of the study, and it will just include the summary findings from all of the interviews. Whatever information you share with me may be utilized as quotes for the study's final report, but all of them will be fully anonymous. Neither my notes nor the recording will include anything that may be used to identify you, and the recording will be deleted at the project's termination. Visiting Assistant Professor in the CHS, Dr. Anya Agopian, is the principal investigator of this research project. In the future, if you have any questions about this research, you can reach her at +374-60 61 25 65 or via email (aagopian@aua.am). If you think you have been mistreated or harmed by participating in this interview, you can call +374- 60 61 25 61 to talk to Varduhi Hayrumyan, who is the Human Protections Administrator of the AUA's Institutional Review Board.

Do you consent to participate in this study? Yes No

If yes, during the interview, I will audio-record our conversation and take notes with your permission to ensure I will not miss any important details. However, you have the right to request me not to use the recorder and turn it off at any moment throughout the interview.

Do you consent to be audio-recorded? Yes No

We can begin if you are ready.

Appendix VI

Մասնակցի նույնականացման համարը՝ _____

Հարցազրուցավարի՝ _____

Հայաստանի ամերիկյան համալսարան

Թրփանճեան առողջապահական գիտությունների ֆակուլտետ

Գիտահետազոտական Էթիկայի թիվ 1 հանձնաժողով

Բանավոր Իրազեկ համաձայնության ձև մասնակիցների համար

Ուսումնասիրության անվանումը Որակական հետազոտություն՝ բացահայտելու արգանդի վզիկի քաղցկեղի սկրինինգի ընկալումները և խոչընդոտները սեռական փոքրամասնության պատկանող կանանց շրջանում Երևանում, Հայաստան.

Հիմնական հետազոտող՝ Անյա Ակոպիան

Համահետազոտող՝ Միրան Մ.Կորուկյան

Ուսանող հետազոտող՝ Փարինազ Փարանջխու

Ողջույն, իմ անունը _____ է (ներկայացե՛ք): Մենք ուսումնասիրություն ենք անցկացնում որպես մագիստրոսական թեզի նախագծի մաս Հայաստանի ամերիկյան համալսարանի (ՀԱՀ) Թրփանճեան առողջապահական գիտությունների ֆակուլտետում: Կատարելով այս ուսումնասիրությունը՝ մենք ցանկանում ենք ավելին իմանալ Երևանում (Հայաստան) ապրող սեռական փոքրամասնությանը պատկանող կանանց արգանդի վզիկի քաղցկեղի սկրինինգի և դրան առընչված խոչընդոտների ընկալումների մասին: Ես ուզում եմ ձեզ, ինչպես նաև 15-20 այլ կանանց հրավիրել մասնակցելու այս

ուսումնասիրությանը, քանի որ դուք Հայաստանում այս համայնքի անդամ եք, և ես ուզում եմ լսել ձեր մտքերն ու տեսակետները հարցազրույցի ողջ ընթացքում: Ձեզանից միայն կպահանջվի մասնակցել այս հարցազրույցին, որը կարող է տևել մինչև մեկ ժամ, և այս հետազոտությանը մասնակցելը բացարձակապես կամավոր է և ձեր որոշումն է: Հարցազրույցի ընթացքում կքննարկվեն մի շարք թեմաներ, ներառյալ արգանդի վզիկի քաղցկեղի և սրբինինգի մասին ձեր պատկերացումները, սկրինինքի հետ կապված ձեզ հանդիպած հնարավոր խոչընդոտները և դրանք նվազեցնելու առաջարկները: Դուք իրավունք ունեք հրաժարվել ցանկացած հարցի պատասխանելուց և ցանկացած պահի դադարեցնել հարցազրույցը, եթե ձեզ կզգաք անհարմար որևէ բանից: Ձեզ ոչինչ չի սպառնում, եթե հրաժարվեք մասնակցել այս հարցազրույցին: Այս հարցազրույցին մասնակցելը չի հանգեցնում որևէ դրամական կամ այլ անձնական օգուտի՝ ձեր մտքերն ու տեսակետներն արտահայտելու հնարավորությունից բացի: Ձեր մասնակցությունը կօգնի առողջապահության մասնագետներին, հետազոտողներին և քաղաքականություն մշակողներին ավելի լավ հասկանալու այս կանանց առողջական վիճակը և կարիքները: Սա օգուտ կբերի և՛ ձեզ, և՛ Հայաստանի Հանրապետության այս համայնքի մյուս կանանց: Ձեր համաձայնությամբ մենք կկիրառենք աուդիո ձայնագրություն և/կամ գրառումներ՝ համոզվելու համար, որ բաց չենք թողնում հարցազրույցի ժամանակ ձեր կողմից տրված որևէ տեղեկատվություն: Ձեր տրամադրած բոլոր տեղեկությունները խստորեն գաղտնի են պահվելու: Ձեր անունը կամ ձեր մասին որևէ ճանաչելի տեղեկատվություն չի ներառվի հետազոտության վերջնական զեկույցում, և այն կներառի ընդամենը բոլոր հարցազրույցների ամփոփ արդյունքները: Ինչ տեղեկատվություն էլ որ կիսվեք ինձ հետ, կարող է օգտագործվել որպես մեջբերումներ ուսումնասիրության վերջնական զեկույցի համար, բայց դրանք բոլորը լիովին անանուն կլինեն: Ո՛չ իմ գրառումները, ո՛չ

ձայնագրությունը չեն ներառի որևէ բան, որը կարող է օգտագործվել ձեր նույնականացման համար, և ձայնագրությունը կջնջվի նախագծի ավարտից հետո: Այս գիտահետազոտական ծրագրի գլխավոր հետազոտողն է Թրփանճեան առողջապահական գիտությունների ֆակուլտետի դասախոս, դոկտոր Անյա Ակոպիանը: Հետագայում, եթե այս հետազոտության վերաբերյալ որևէ հարց ունեք, կարող եք կապվել նրան +374-60 61 25 65 հեռախոսահամարով կամ էլ փոստով (aagopian@aua.am): Եթե կարծում եք, որ այս հարցազրույցին մասնակցելուց ձեզ վատ են վերաբերվել կամ վիրավորվել, կարող եք զանգահարել +374-60 61 25 61 հեռախոսահամարով՝ գրուցելու Վարդուհի Հայրուվյանի հետ, ով ՀԱՀ-ի գիտահետազոտական էթիկայի հանձնաժողովի համակարգողն է:

Համաձայն եք մասնակցել այս հետազոտությանը: Այո Ոչ

Եթե այո, հարցազրույցի ժամանակ ես ձայնագրելու եմ մեր զրույցը և ձեր թույլտվությամբ նշումներ կանեմ՝ համոզվելու համար, որ բաց չեմ թողնի որևէ կարևոր մանրամասներ: Այնուամենայնիվ, դուք իրավունք ունեք ինձ խնդրել չօգտագործել ձայնագրիչը և անջատել այն ցանկացած պահի հարցազրույցի ընթացքում:

Համաձայն եք ձայնագրվելուն: Այո Ոչ

Մենք կարող ենք սկսել, եթե դուք պատրաստ եք:

Appendix VII

Screening Checklist

Hello, my name is _____ (introduce self). As a part of a master's thesis project in the Turpanjian College of Health Sciences at the American University of Armenia, we are conducting a study with the aim of exploring the perceptions of sexual minority women who live in Yerevan, Armenia, on cervical cancer, screening, and the potential barriers they face for screening. Your participation in our study is much appreciated. Before I invite you to the interview, first, I have a few questions for you to make sure that you can take part in our study.

1) Do you live in Yerevan?

a. Yes

b. No → (say thank you and end the screening)

2) What is your age? _____ → (if the age is not between 30-60, say thank you and end the screening)

3. What was your sex at birth? → (for any option except 'female', say thank you and end the screening)

a. Male

b. Female

c. Intersex/ambiguous

d. Don't know/refuse to answer

4. Do you consider yourself to be: → (for any option except 'female', say thank you and end the screening)

a. Male

- b. Female
- c. Transgender
- d. Other
- e. Don't know/refuse to answer

3) Do you consider yourself to be someone who is:

- a. Heterosexual → (say thank you and end the screening)
- b. Gay/lesbian/bisexual/queer
- c. Other: _____(write down their response)

4) Do you have a medical history of cervical cancer and/or hysterectomy (an operation to remove your uterus)?

- a. Yes → (say thank you and end the screening)
- b. No

5) Are you able to speak and read Armenian fluently?

- a. Yes
- b. No

6) Are you able to speak and read English fluently?

- a. Yes
- b. No

7) In which language do you prefer to have the interview?

8) What date and time do you prefer to have the interview?

Appendix VIII

Սրբինինգ ստուգաթերթ

Բարև, իմ անունը _____ է (ներկայացե՛ք): Որպես մագիստրոսական թեզի նախագծի մաս Հայաստանի ամերիկյան համալսարանի Թրփանճեան առողջապահական գիտությունների ֆակուլտետում, մենք ուսումնասիրություն ենք իրականացնում՝ նպատակ ունենալով ուսումնասիրել Երևանում ապրող սեռական փոքրամասնություն ներկայացնող համայնքի կանանց ընկալումները արգանդի վզիկի քաղցկեղի սկրինինգի վերաբերյալ և այն հնարավոր խոչընդոտները, որոնց նրանք հանդիպում են զննման համար: Ձեր մասնակցությունը մեր ուսումնասիրությանը շատ գնահատելի է: Նախքան ձեզ հարցազրույցի հրավիրելը, նախ մի քանի հարց ունեմ ձեզ համար, որպեսզի համոզվենք, որ դուք կարող եք մասնակցել մեր ուսումնասիրությանը:

1) Դուք ապրում եք Երևանո՞ւմ:

ա. Այո՛

բ. Ոչ → (ասեք շնորհակալություն և ավարտեք հարցազրույցը)

2) Ձեր տարիք՞ը: _____ → (եթե տարիքը 30-60 տարեկան չէ, ասեք շնորհակալություն և ավարտեք հարցազրույցը)

3. Ինչպիսի՞ն է եղել ձեր սեռը ծննդյան ժամանակ: → (ցանկացած տարբերակի համար, բացի «իգականից», ասեք շնորհակալություն և ավարտեք հարցազրույցը)

ա. Արական

բ. Իգական

գ. Ինտերսեքս / երկիմաստ

դ. Չգիտեմ/հրաժարվում եմ պատասխանել

4. Դուք ձեզ համարում եք՝ → (ցանկացած տարբերակի համար, բացի «իզականից», ասեք շնորհակալություն և ավարտեք հարցազրույցը)

ա. Արական սեռ

բ. Իզական սեռ

գ. Տրանսգենդեր

դ. Այլ

ե. Չգիտեմ/հրաժարվում եմ պատասխանել

3) Դուք ձեզ համարում եք մեկը, ով.

ա. Հետերոսեքսուալ → (ասեք շնորհակալություն և ավարտեք հարցազրույցը)

բ. Գեյ/լեսբուհի/բիսեքսուալ/ քուիր

գ. Այլ՝ _____ (գրել իրենց պատասխանը)

4) Ունե՞ք արգանդի վզիկի քաղցկեղի և/կամ հիստերէկտոմիայի բժշկական պատմություն (արգանդը հեռացնելու վիրահատություն):

ա. Այո → (ասեք շնորհակալություն և ավարտեք հարցազրույցը)

բ. Ոչ

5) Կարողանո՞ւմ եք վարժ խոսել և կարդալ հայերեն:

ա. Այո՛

բ. Ոչ

6) Կարողանո՞ւմ եք սահուն խոսել և կարդալ անգլերեն:

ա. Այո՛

բ. Ոչ

7) Ո՞ր լեզվով եք նախընտրում հարցազրույցին մասնակցել:

8) Ո՞ր օրը և ժամն էք նախընտրում հարցազրույցին մասնակցելու համար:
