Summary/Conclusion: Strategies to decrease deliveries with TBAs should focus on helping women to develop concrete delivery plans to cope with the potential social or situational obstacles of getting to a facility. They also need to ensure that health facilities provide quality care and that women receive the emotional support and personalized care that they desire during labor and delivery.

Designing a participatory model for the creation of women's health education materials

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Background: While there are a wealth of materials discussing difficult topics in women's health—including such topics as sexuality, family planning, unsafe abortion, HIV, and violence against women—few exist that help health educators to broach these topics in a way that reduces stigma and creates an open dialogue. A group of women's health activists and care providers approached Hesperian Health Guides, publisher of *Where There is No Doctor and Where Women Have No Doctor*, and asked us to work with them to create a new health education and community organizing resource to address this gap. The result, A Health Action for Women, has activities and strategies to help health promoters tackle discussions and act upon on these difficult topics.
Structure/Method/Design: In order to ensure that Hesperian materials reflect the needs and resources of local communities, all Hesperian books are field tested during development. During the development of Health Action for Women, we included a pre- and post-field test survey, in order to gauge participants' level of comfort discussing challenging topics discussed in the material. We wanted to gauge whether this field test process itself had an empowering aspect, and to identify existing shortfalls in popular health education so that the materials produced could be more relevant, practical, and motivating. The five-question survey was designed by a qualitative researcher and program evaluation specialist, incorporating input from end users, and was distributed to participants before field-testing started and after it was completed. The surveys evaluated community leader's feelings presenting on topics before and after using the materials, as well as community response to the health issues presented.
Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): In total, 49 surveys were sent to 17 organizations in 14 countries.
Summary/Conclusion: Results indicate that prior to reading and using the materials, field testers had varying levels of experience and comfort addressing the topics covered, and that exposure to the information in the guide gave users more confidence in leading challenging discussions. Respondents not only reported that they felt comfortable giving presentations to a variety of audiences (including, men, mixed groups, women, and adolescents) but that they also felt more comfortable addressing controversial topics. For example, with the topics "How Gender Roles Affect Health," "Sexuality," and "Violence Against Women," over 80% of respondents reported that the felt "a lot more comfortable" presenting on these topics then they had previously.

High breast cancer-related mortality in Armenia: Examining the breast cancer knowledge gap

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Background: Breast cancer, the most common invasive cancer among women, has high incidence and mortality rates among women in the Republic of Armenia. According to the World Health Organization, the age-standardized death rate due to breast cancer in Armenia is 38.6 per 100,000, making it the fourth highest nation globally for breast cancer deaths and the highest in its region. The object of this study was to assess the knowledge about risks factors, signs and symptoms, and early diagnosis of breast cancer among women in Armenia. Understanding the connection between women's breast cancer knowledge in Armenia and high mortality will help guide targeted intervention programs addressing this major public health concern
Structure/Method/Design: A cross-sectional study was performed over a 2-week period of time from June 20 to July 4, 2012. Face-to-face intercept interviews were conducted among 229 women ages 18 to 70 attending regional health centers in Yerevan, Armavir, Ararat, Shirak, and Kotayk provinces. A standardized questionnaire was administered by an interviewer. Surveys were coded and the analysis of the data was accomplished using Stata statistical software. Standard descriptive statistical analyses were conducted and associations among variables explored using regression-based approaches for continuous variables and non-parametric techniques for categorical variables.
Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The mean age among those surveyed was 39 years old with a standard deviation of 1.29 years. 62% of participants self-identified as urban dwellers, and 96% reported having at least a high school education. The mean overall knowledge score was 71% with significant differences among age ($P = 0.0008$), living area ($P = 0.0015$), and education ($P = 0.0001$). Knowledge questions were divided in three categories: risk factors, signs and symptoms, and early detection. The mean knowledge score concerning risk factors was 59%, with marked differences based on education level ($P < 0.0001$). The mean score for signs and symptoms was 70%, with only 74% of respondents indicating painless breast lumps among signs and symptoms. The mean score for early diagnosis was 80% with 13% of participants claiming annual mammograms do not decrease the risk for dying of breast cancer.
Summary/Conclusion: Based on both overall scores and subscores, breast cancer knowledge gaps exist among women in Armenia with the most significant disparity concerning breast cancer risk factors. Additionally, these results identify specific knowledge gaps among distinct demographics. Future public awareness campaigns targeting those with knowledge disparities may prove efficacious in decreasing both mortality and morbidity due to breast cancer within the Republic of Armenia.