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THE INVISIBLE RIGHTS OF WOMEN IN THE REPUBLIC OF ARMENIA

The Overall State of Reproductive Health And Rights Among Various Groups of Women

Summary of the report

Abstract

The report has been developed by a network dealing with Reproductive Health and Rights initiated by the Women's Resource Center NGO. The members of the network are specialists of reproductive health and human rights defenders specializing in the field.

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The reproductive rights of Women in the Republic of Armenia: Analysis of Normative Documents

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The Reproductive Health Policy in Armenia

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State of Abortions among Women Living in Rural Areas

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The Accessibility of Reproductive Health Services to Women with Disabilities

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The Current Situation of LB and Trans* Women's Sexual and Reproductive Health

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The Current Situation of Yezidi Women's Sexual and Reproductive Health

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The Current Situation of Sexual and Reproductive Health among HIV Positive Women

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Introduction

Sexual and reproductive rights, including sexual and reproductive health are part and parcel of the human rights concept and are crucial for the state to ensure its accessibility to all groups[1] of women through a carefully devised state policy based regulations.

Although, during the last decade, women have gained some level of independence in terms of exercising agency over their life and body, still they continue facing discrimination and judgement when dealing with issues related to sexual and reproductive health and rights. In many countries laws, policies and practices so far do not ensure the full range of women's independent decision making, do undermine their dignity and exclude them from decision making processes[2].

The report has three sections. In the first section, the authors analyze the reproductive rights in the Republic of Armenia along with the relevant policies. In the second section, the situation analysis of the termination of pregnancy with a thorough analysis of the legal normative framework and existing policies is presented. This area has been given priority, considering the requirement to protect the right for abortion within the women's human rights concept both worldwide, as well as in Armenia. The right of abortion is one of the most important mechanisms of decision making in relation to woman's body, life and overall health. Incidentally, the realization of this right frequently leads to triggering deeply embedded stereotypes, superstitions, discriminatory and harmful norms and ideas that are there to limit the rights and opportunities for free choice and decision making of a woman. The second part of the report covers the analysis of reproductive health and rights among various groups of women. In the last section of the report, you can find a glossary of terms related to reproductive health and rights.

The report has been developed considering the diverse views and experiences of women from rural areas, with disabilities, LBT women, Yezidis and women that are HIV positive.

1 See: Women's sexual and reproductive rights in Europe, Issue paper. Council of Europe, 2017. P. 5.
2 ibid

The reproductive rights of Women in the Republic of Armenia: Analysis of Normative Documents

Reproductive rights are a subset of human rights related to issues of reproduction and reproductive health. The mentioned rights can include all or some of the following rights:

- Legal and safe abortion,
- Birth/fertility control,
- Preservation of quality reproductive health,
- The right to make choices concerning reproductive health in a mode that is free of discrimination, violence and coercion.

Reproductive rights can also include

- The right to receive education concerning sexually transmitted infections (STI) and contraceptives,
- The right to be free from discriminatory sterilization and abortion, etc.

The article 9[3] of the Law on Public Healthcare and Service Delivery defines the reproductive right of an individual, per which each person has the right to

- Decide the number of his/her children and periods of their births;
- Have access to safe and effective methods and means of family planning to avoid unwanted pregnancies and abortions, as well as receive all the necessary information pertaining to it;
- During pregnancy and child birth receive medical services and medical support within the state guaranteed targeted healthcare programs.

However, it is important to note that in the Republic of Armenia the main legal document linked with reproductive health rights is the Law on Person's Reproductive Health and Rights[4]. It regulates the preservation of person's reproductive health, provision of reproductive rights, rules and conditions of utilization of technologies in reproductive field, as well as other relations linked to them.

It is notable, that the realization of the legally binding rights provided by other normative documents is not guaranteed. For example, there are no legal mechanisms or clear sanctions providing provision of health services related to sexual and reproductive health or ensuring the possibility of independent decisions related to sexual life and reproductive health, allowing the person without the intervention of other individuals (at times including the members of his/her family) to realize his or her rights.

Comprehensive Sexual Education

Article 5[5] of the **Law on Person's Reproductive Health and Rights** defines that adolescents have the right to be informed about sexual maturation, issues related to sexual and reproductive health, have necessary knowledge related to abortion, sexually transmitted infections (STI), including modern means of prevention of HIV/AIDs.

In Armenia, sexual education is taught within the classes of physical training and is called "Healthy lifestyle", which is included from classes 8 to 11. The total hours allotted per each grade equal to 14 hours, 8 out of which are dedicated to issues concerning reproductive health. The foundation of the "Healthy lifestyle" in Armenia, is firmly embedded solely on abstention. This principle is reflected in teaching in a way that avoiding sexually active life is the main and at times the only means, which has been criticized by various researchers on numerous occasions as a very ineffective option. In the manuals, there are many frightening examples and at times exaggerated stories about STIs, unwanted pregnancies along with their consequences and complications. The manuals also contain detailed information about STIs and HIV/AIDs, which are described using complex terminology and are not adjusted for that age group[6].

The studies have shown that sex education based only on abstention does not keep adolescents away from sexually active life, instead they have lack of knowledge concerning several key issues, such as prevention of STIs and utilization of contraceptives. This in its turn, does not allow

3 See the RA Law on Medical Assistance and Services to the Population, http://www.arlis.am/DocumentView.aspx?docID=104958 (Last visited on 28.12.17)

4 See the RA Law on Reproductive Health and Reproductive Rights, http://www.arlis.am/DocumentView.aspx?docid=108716 (Last visited on 28.12.17)

5 See the RA Law on Reproductive Health and Reproductive Rights, http://www.arlis.am/DocumentView.aspx?docid=108716 (Last visited on 28.12.17)

6 Report on Impact Assessment of Teaching Sex Education in Schools of Armenia, Women's Resource Center, 2013

the adolescents to engage in fully cognizant and educated decision making and smart choices[7].

Recommendations

1. Develop an appropriate curriculum and comprehensive course on sex education to be introduced in the schools of Armenia;

2. To revisit the normative acts pertaining of licensing of reproductive health services, introducing clauses for compulsory provision of appropriate tools for persons with disabilities and other groups to ensure accessibility;

3. Considering the legally binding condition to provide medical services in private and confidential manner and its violation in practice, ensure legal guarantees for the confidentiality to realize the rights;

4. Legally stipulate the requirement of regular checks of sanitary hygiene conditions of medical institutions and in cases of violations apply administrative sanctions;

5. In the draft Law on Healthcare include provisions on public health, which would also stipulate the importance of preventive measures in case of several illnesses and the need to make some of them compulsory;

6. Continuously engage in awareness works pertaining to the realization of reproductive rights of women and couples, including awareness raising concerning state guaranteed free-of-charge medical support and service provision related to reproductive health.

The Reproductive Health Policy in Armenia

During the last few years, in the Republic of Armenia, several state-financed programs have been implemented in relation to reproductive health, most particularly:

- Introduction of state birth certificate and birth care;

- Implementation of activities of urgent-response-type aimed at the prenatal medical care and service improvements;

- Program implementation linked to the modernization and categorization of birth care related medical institutions per each level, clarification of the referral mechanisms;

- Implementation of programs aimed at the comprehensive examination of girls and boys below the age of 15 to ensure early identification and treatment of pathologies, prevention of prenatal pathologies and infertility along with introduction of modern methods of treatment, improvement of secure abortions.

Nevertheless, the sphere of reproductive health remains problematic in terms of facing modern day opportunities and challenges.

Particularly, the following spheres continue to carry problems:

1. The level of maternal, prenatal and child morbidity and mortality, which remains high compared with developed states in Europe[8];

2. The options and accessibility of health services for families is limited, especially for socially vulnerable groups, persons with disabilities or individuals from rural areas;

3. The level of STIs is still high and quite worrisome is the rate of increase of individuals living with HIV[9];

4. The knowledge about sexual and reproductive health among adolescents is not ensured universaly[10];

7 Labauve and Mabray, 2002. https://www.researchgate.net/publication/248950543_A_Multidimensional_Approach_to_Sexual_Education

8 See: https://esa.un.org/unpd/wpp/publications/Files/WPP2017_KeyFindings.pdf

9 You will find the statistical data in the next section

10 Ggovernment Decree N 131-n dated January 14, 2017 on The National 2017-2020 program on Reproductive health and timeline of implementation activities

5. Cancer in reproductive organs, most particularly around uterus and breast has become of large scale, especially when observing the increase of more advanced cases that highlight the unsolved issue of early identification and prevention, henceforth, making the need to decrease the registration of new cases, a serious medical and social challenge.

Recommendations

1. To ensure better targeting of maternal and child policies, which would contribute to the decrease of maternal, prenatal and child morbidity and mortality that remains high compared to the developed states in Europe;

2. Increase awareness among women on matters of prenatal and postnatal risk signs, ensure the accessibility of prenatal and postnatal control and care for women and pregnant women. Increase the accessibility of high quality medical staff in birth care services throughout the country, including rural areas;

3. Improve opportunities and accessibility of family medical services, especially for socially vulnerable groups, persons with disabilities and adolescents;

4. Boost the pre-pregnancy care policy by accentuating the need for undergoing compulsory checkups by couples and women, as well as ensure the unified compensation for those checkups by the state;

5. Reduce the current levels and rates of increase of STIs, including HIV/AIDs by timely provision of prevention (including about the options available to be protected against STIs), awareness raising and education along with appropriate treatment;

6. Expand volumes of screenings for girls of 15-year-old-age;

7. Boost the right to receive information and services related to sexual and reproductive health among adolescents and raise the level of their awareness via activities of informational and educational type;

8. Improve the accessibility of modern means of contraception for those couples that want to use any effective option of contraception;

9. Awareness raising among women for early identification and prevention of cervical cancer and breast cancer, ensure state guaranteed accessible preventive and medical services for girls and women to treat cervical and breast cancer.

Accessibility of Reproductive Health and Rights for Different Groups of Women in the Republic of Armenia

State of Abortions among Women Living in Rural Areas

In Armenia, like in other countries of Former Soviet Union, abortion was seen as the main method of birth control. Starting from 1920, abortion for the first time was legalized in the Soviet Union, but has been prohibited in 1936, as part of a pronatalist[11]. Only in 1955 this decision was reverted and abortion became admissible[12].

Per the demographics of the Republic of Armenia and based on the results of 2015-16 health survey (DHS), one out of four women of ages 15-49 has at least once resorted to abortion. The probability of abortion rises with the age of the woman and number of living children. Women in Syunik are the least likely to resort to abortion (9%), whereas women in Armavir and Gegharkunik are among the highest with 35 percent choosing abortion. 47 percent of those women who have ever resorted to abortion, have used it 2-3 times[13].

Generally, a tendency of decrease of abortions is observed. For instance, if in 2000, the per capita cumulative abortion score per each woman stood at 2.6, in 2005, it came down to 1.8, in 2010, 0.8, in 2015 to 0.6[14]. In the meantime, the experience of Women's Resource Center NGO's constant work with various groups on reproductive health and the accumulated experience shows that women's knowledge on various means of effective contraception has not improved during the same period.

In 2002, the National Assembly adopted a new Law on Reproductive Health and Rights, which kept abortion legal up until the end of the first trimester[15].

11 Policy on promoting birthrate, which is led by the state based on an ideology that is against abortions

12 Online source: http://www.armstat.am/file/article/dhs_kir_2015-16-english.pdf

13 Online source: http://www.armstat.am/file/article/dhs_kir_2015-16-english.pdf

14 Online source: https://www.panorama.am/am/news/2017/09/28/%D5%A1%D5%A2%D5%B8%D6%80%D5%BF-%D5%B6%D5%BE%D5%A1%D5%A6%D5%B8%D6%82%D5%B4/1841598

15 Online source: http://www.parliament.am/legislation.php?sel=show&ID=1339&lang=arm

Per data from 2000 provided by the National Statistical Service and Ministry of Health, 10–20 percent of maternal mortality was attributed to abortions due to unprotected sex. Per the results from the last decade those indicators have been brought to zero[16].

According to article 21 of Government Order on Approving the Terms and Conditions of Abortion No. 180–N dated February 23, 2017, that also declared null and void the Government Decree No 116–N dated August 5, 2004: "Before proceeding with abortion, the doctor of the given healthcare provider should allot a period for the decision making to the pregnant woman equal to three calendar days (and if the last calendar day coincides with the last day of the first trimester then before that day), which is being calculated from the moment when the woman has approached the doctor for the first time with a request for abortion[17]".

The above stated decree also defines several preconditions for termination of pregnancy, most particularly, receiving free of charge counseling by the medical doctor concerning possible negative effects after the termination of pregnancy, making appropriate notes in the medical records of the woman, and immediately after the abortion provide free of charge medical–social support to the woman on prevention means and/or methods of preventing unwanted pregnancy, as well as making appropriate notes in the medical record on abortion and in the registry, as well as on the application provided by the woman or by her legal representative.

The legal status of abortions is a key factor, which ensures the secure accessibility of abortions[18]. The legal acts regulating abortions frequently do not reflect the impediments that women could face when realizing their rights, most particularly the compulsory waiting time before the abortion, the permission of the partner, the fee for those services, the accusatory approach of medical personnel, etc[19]. It is also important to note the fact of the legal prohibition of gender biased sex selection (GBSS). International experience shows that the legal prohibition not only does not contribute to the decline of GBSS, but it also negatively impacts the accessibility of medical services to women[20].

The place of residence is yet another impediment adding up to other factors, as women living in rural areas have issues with accessibility of medical services, which is mostly attributed to the absence of medical institutions in those areas. Many women living in rural areas are forced to travel to cities to receive those services, spending additional resources on this[21].

It is notable that in rural areas women resort to abortion more frequently (27.4%) than in urban areas (18.7%)[22].

Several commitments assumed by the Republic of Armenia, and most notably the protection of reproductive health of women, stipulated in the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW), that is also reflected in national legal acts, considers abortion as a fundamental right of a woman, whereas the locally stipulated main legal act, i. e. "Strategy on the Improvement of Reproductive Health and 2016–2020 program of actions[23]" considers abortion as causing demographic misbalance,[24] which in its core carries the values of natalist ideology that can create problems for the implementation of the state policy.

However, regardless of international and national principles that regulate the realization of secure and accessible abortion rights of women, in the Republic of Armenia there are still several impediments that have been concluded based on the analysis of results of five in–depth interviews and five focus groups conducted with women from Gegharkunik, Shirak,

16 Armenia demographic and health survey 2015–16. Online source: http://www.armstat.am/file/article/dhs_kir_2015–16–english.pdf

17 See the Government Decree on the Approval of Terms and Conditions of Abortion and annulment of Government Decree N 1116–N dated August 5, 2004, http://www.arlis.am/DocumentView.aspx?docID=111980 (Last visited on 25.12.17)

18 For a detailed map of the 2017 World Abortion Laws visit: http://worldabortionlaws.com/map/

19 See: Iqbal H. Shah and Elisabeth Ahman, "Unsafe Abortion Differentials in 2008 by Age and Developing Country Region: High Burden among Young Women," *Reproductive Health Matters* 20, no. 39 (2012): pp 170–171.

20 See: Statement of Policies and Principles on Discrimination Against Women and Sex–Selective Abortion Bans, https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Statement%20on%20Sex%20Selective%20Abortion%20Bans%20FIN_1.pdf

21 See: Safe abortion: technical and policy guidance for health systems Second edition. Online source: http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf

22 DHS, 2015–16, page 120: http://www.armstat.am/file/article/dhs_kir_2015–16–arm.pdf

23 Excerpt from the Minutes of the Government Session on approving the Strategy for the Improvement of Reproductive Health and 2016–2020 Plan of Action, http://www.irtek.am/views/act.aspx?aid=86074&m=%27%27&sc=%20 (28.12.18)

24 Strategy on Improving the Reproductive Health, Clause 6: Abortion is till used as a family planning method, which frequently is accompanied by real risks for reproductive health, which later on can impact the demographic misbalance

Kotayk, Lori and Armavir regions (in total 50 women). This study does not aim to provide quantitative results due to its limited sample, the received results cannot be extrapolated on all women living in rural areas, nevertheless, they can serve to make the policies more targeted.

The Impediments to the Right of Abortion for Women Living in Rural Areas

The key issue related to secure and accessible abortion in rural areas remains the fact that the state is not creating appropriate conditions for women to realize their abortion right. They are forced to travel to cities to realize their right for abortion. In the light of changes made recently, most specifically the introduction of legal provision of three–day–long waiting time adds extra impediments and for women living in rural areas this adds an impediment of accessibility of services. Frequently, women need to have resources both in terms of time and finances to reach the cities, then come back and after the three days again reach those locations for the abortion.

Finances

All the women living in rural areas that have been interviewed have indicated that the fees set by the state are quite high and many women have experienced difficulties paying them. It is noteworthy that women from Gegharkunik region are the only ones stating that the fee is 15000 AMDs, whereas in other regions the sum reached 45000–50000 AMDs for the subtype of vacuum aspiration abortion only. In case of drug induced abortions, women spend about 10000–15000 AMDs.

In case of unwanted pregnancy, the abortion is a paid service and the fee is set by the medical institution per the order of the Minister of Health [25].

The Issue of Security of Abortions

Violations of the rights for secure abortions can be observed, when women approach practicing individuals that provide abortion services in private spaces, such as homes. Women from Lori and Shirak regions told that women approach previously practicing nurses that were now providing private abortion services in their homes at a more affordable rate.

Attitudes of medical personnel related to abortions and questions linked to providing post–abortion counseling

Women that have opted for abortion services before the end of the first trimester mostly told that any examination, especially linked to cardiovascular system was not conducted and they have experienced complications during abortion.

Women were also mentioning that before undergoing the abortion the doctors tried to pressure their decision making by holding talks of moral religious nature related to the abortion, which were accompanied by posters placed in the medical institutions calling on them “Not to Murder”. There were cases, when doctors refused to provide the service, stating that it was an infanticide. This again is theoretically being a form of a denial to a woman to exercise her abortion right.

The Stigma of the Abortion

The stigma of abortion mostly becomes a decisive factor in ensuring the accessibility of abortion services for women. It includes shaming, labeling, discriminating by various individuals and medical service providers, leading to women opting for other less secure modes of abortion. The stigma is a comprehensive phenomenon and occurs due to gender stereotypes, unequal distribution of power and authority in a reality of patriarchal relations, as well as due to motivations to promote births.

The study revealed that the stigma plays a significant role, when women consider the option of abortion[26].

In a patriarchy, men benefitting from the privileges of performing power and authority, refuse to use any contraception, leaving the full burden of decision making on the shoulders of women. Women carry the full responsibility of the consequences of abortion, whereas most frequently it is men that deny women the right for protection from pregnancy. Service providers and the society also blame women for opting for abortion.

The Level of Awareness

In a reality of widespread absence of sex education in Armenia, the awareness of women living in rural areas concerning issues of contraception, family planning, prevention of STIs remains a problem. Many women lack the knowledge related to family planning,

25 Information is received from the Hotline of the Ministry of Health

26 Online source: Abortion stigma, http://www.ipas.org/en/What–We–Do/Women–and–their–communities/Abortion–Stigma.aspx

STIs, the ways of their transmission, as well as methods of protection. The meetings with women revealed that when they approach doctors to undergo the abortion, they do not receive the counseling on protection from unwanted pregnancies afterwards.

Thus, if we summarize the information received from women living in rural areas, then for many of them formally abortion is accessible, except for the ones residing in remote villages, who are forced to travel, spending personal resources to receive those services. Although many realize the risks associated with opting for abortion services beyond medical institutions, since the fees in those places are high, that fact forces them to seek for alternative service providers of abortion that is also more accessible, which in its turn can cause irreversible damage to the reproductive health of women.

The current state policy addresses the issue of abortion, however, in the light of gender inequality and absence of the agenda to protect women's rights and empower them, the actual decline of abortions can be explained by increased felt stigma.

Although, abortion is considered as a fundamental right of the women from the perspective of international law, its accessibility, as well as security are the most important responsibilities to be guaranteed by the state, different groups of women, such as for instance, women with disabilities, Yezidi women, HIV positive women, who are not fully benefitting from this guaranteed right.

Recommendations

1. Using international best practice, suggest legislative changes and reconsider the recently introduced (in 2016) provision on waiting period of 3 calendar days, as well as the compulsory counseling in the Law on Reproductive Health and Reproductive Rights, as well as the legal prohibition of GBSS that create additional impediments to the abortion right of women;

2. Make sure that GBSS campaigns and policies do not impact the right of abortion;

3. Conduct efforts to sensitize policy makers and service providers on gender issues;

4. Ensure accessibility and security of abortion for women living in rural areas, as well as set clear and affordable fees for the services;

5. Implement awareness campaigns on family planning and abortion from the perspective of it being a fundamental right for women.

The Accessibility of Reproductive Health Services to Women with Disabilities

In case of a woman with disability, the reproductive health right is not accentuated due to stereotypes, limited accessibility and low level of awareness among the members of this group. However, the protection of the reproductive health is the fundamental right of any woman.

The discrimination observed in the sphere of reproductive services experienced by women and girls with disabilities is due to sensory, physical and attitudinal obstacles created by medical institutions, not full preparedness of medical personnel, as well as gaps in regulatory mechanisms. Per data from July 1, 2017, there are 199955 persons with disabilities (PWDs) out of which 96864 are women[27].

Globally, women and girls with disabilities are subjected to numerous forms of discrimination. Unlike men with disabilities women are subjected to double discrimination, due to gender and disability. The Republic of Armenia has ratified the UN Convention on Persons with Disabilities (hereafter Convention)[28] in 2010, which has a separate provision on rights of women and girls, calling on states to take all necessary measures to ensure the full development, promotion and enlargement of opportunities of women and girls as a guarantee for the realization of human rights and fundamental freedoms enshrined in the document (Convention, Article 6). Moreover, Article 25 of the Convention states that states parties should take all necessary actions to ensure accessibility of healthcare services, including rehabilitation services that consider gender specificities. Particularly, state parties oblige to ensure accessible or free of charge healthcare programs of comparable quality compliant with the criteria for services provided to all citizens of the Republic of Armenia, as well as the 6 services (that includes services related to sexual and reproductive healthcare).

Women with disabilities do not have opportunities to participate in educational and counseling programs related to reproductive health, if they are not specialists, such as nurses or are not registered members of NGOs. Even as NGO members, women have limited opportunities to participate in such

27 See Socio-economic analysis, January-June, 2017, National Statistical Service of RA, http://armstat.am/am/?nid=82&id=1939 (accessed on 25.12.17)

28 See the Convention on Persons with Disabilities, http://www.un.am/res/UN%20Treaties/III_15.pdf (accessed on 25.12.17)

kind of programs, since both NGOs dealing with women's issues or the ones working with persons with disabilities (except for one or two cases) do not have special learning courses for persons with disabilities. Programs and services available for all are not accessible for persons with disabilities due to physical impediments, information accessibility, experience of NGOs and lack of resoures.

To benefit from medical services, women with disabilities need someone to accompany them due to physical impediments on the way to the institution. In the meantime, the Law on Reproductive Health and Reproductive Rights stipulates the right to receive confidential and private medical counseling and services related to sexual and reproductive health issues. A woman has a right to visit a doctor without friends or relatives, which is almost impossible, as women with disabilities are compelled to resort to their relatives or friends for help, as environmental impediments, inaccessibility of medical institutions and absence of reasonable comforts force them to be dependent on a third person.

Recommendations

1. Create legal grounds for recognition of the need to ensure the sexual and reproductive health and rights of women with disabilities, making sure that the principle of inclusion is observed regarding women and girls in all national legal documents and policies[29]

2. Ensure the provision of accessibility of services and reasonable comforts, including information resources in an accessible way (i.e. braille system, using big fonts, creating audiobooks, etc.);

3. Equip medical institutions with special technologies/tools for the provision of reproductive services to women with disabilities, as well as improve the level of awareness of ethical aspects of service delivery to PWDs among medical personnel;

4. Increase the awareness of the public related to sexual and reproductive rights of women with disabilities, promoting the prevention of all forms of violence against them;

5. Include women with disabilities and their families in education programs and activities related to reproductive rights;

6. Develop concepts and strategies for the engagement of women with disabilities in the process of decision making concerning sexual and reproductive health and rights;

7. Join the efforts in making sure that the nationalization of SDGs proceeds in the spirit of inclusiveness and promotes the accessibility of sexual and reproductive health and rights to women with disabilities.

29 Concluding observations on the initial report of Armenia, Convention on the Rights of Persons with Disabilities, http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD/C/ARM/CO/1&Lang=En (last visited on 25.12.17)

The Current Situation of LB and Trans* Women's Sexual and Reproductive Health

In the case of LB and trans* persons getting information on puberty, sex education, sexual relations, sexual violence, STIs and HIV/AIDs are the most pressing issues related to sexual and reproductive health. They receive some information from NGOs that work with LGBT persons. LB women get the information on sexual health, homosexual relations and sexuality mainly through peer learning and internet resources.

Violence against LB women and/or homosexuals occurs mostly due to their sexual orientation (homosexual or bisexual). As a rule, LB women whose rights have been violated do not report to the police due to fear of double targeting and disclosure of their homosexuality or sexual relations with other women.

Lesbian and bisexual women as a rule do not chose to undergo HIV and STI examinations. One can identify two main reasons, (a) the fear of breaching the anonymity and confidentiality of sexual relations with other women by the medical personnel and/or (b) the negative attitude of specialists to the fact of having had premarital sex.

Tans*persons (trans* of male sex and women identifying themselves with sex reassignment/persons not undergoing gender reassignment surgery or persons that have undergone gender semi–reassignment surgery) undergo HIV and STI examinations within programs executed by specialized organizations specifically designed for transsexual groups, where the approach of specialists is neutral. This subgroup of trans*persons does not apply to other medical institutions for HIV and STI examinations.

Trans* women and men (sexual reassignment/persons that have undergone gender reassignment surgery) have no accessibility to STI examination services. For HIV examinations, they can go to the AIDs Prevention Republican Center (APRC), but in practice no such case has been registered so far.

Lesbian and bisexual women mostly avoid visiting gynecologists for sexual and reproductive health related counseling and service provision. There are two main reasons for it. First, nonprofessional and discriminatory attitude of medical personnel towards LB women based on sexuality and noticeable masculinity among some of them.

Second, the lack of trust towards medical personnel in terms of not breaching the anonymity and confidentiality. Many LB women avoid explicitly stating their sexual orientation, thus, the breach of confidentiality by medical personnel could lead to many social complications.

Nevertheless, when LB women approach gynecologists for counseling and other services, they try to be very cautious, by generally choosing the same specialist checking the level of awareness and attitudes of the doctor from each other. Even in those cases, LB women face the lack of awareness and sensitivity of medical personnel on issues of LB women and homosexual (woman to woman) relations.

In case of trans*persons, accessibility issues related to their gender identity and gender expression arise not only when they need counseling and services related to sexual and reproductive health, but in general, starting from first aid to various counseling and other services.

Recommendations

1. Implement educational and awareness raising activities, as well as trainings for healthcare personnel, particularly in the subfield of sexual and reproductive healthcare aimed at raising the awareness and sensitivity towards LB women and trans*persons;

2. Include information on LB women's and trans*persons' sexuality, sexual health, sexual relations in educational programs on sexual and reproductive health;

3. Persistently ensure that LB women and trans*persons are not subjected to discrimination in medical institutions and the confidentiality of their personal data is strictly observed;

4. Raise the awareness and sensitivity among law enforcement bodies on LB women and trans*persons to encourage the reporting of rights violations occurring in the sphere of healthcare provision to these individuals;

5. Amend the Law on Reproductive Health and Reproductive Rights of the RA, and add provisions on prohibition of discrimination on the grounds of sexual orientation and gender identity/gender expression and on adherence with the clause of confidentiality;

6. Amend the Law on Medical Assistance and Service Delivery of the RA, and add provisions on prohibition of discrimination on the grounds of sexual orientation and gender identity/gender expression and on adherence with the clause of confidentiality.

The Current Situation of Yezidi Women's Sexual and Reproductive Health

Child marriage is widespread in Yezidi communities, which give rise to violation of rights, more specifically the ones on sexual and reproductive rights. In 2011, Women's Resource Center NGO implemented learning programs on reproductive health in Ria–Taza and Alagyaz villages mostly inhabited by Yezidis, which revealed several issues, such as in a marriage the choice of a Yezidi woman is quite restricted, i. e. the women do not choose the future husband, instead the parents from both sides collaborate and in this case, it is the woman's parents that give their consent or refuse the arrangement.

With child marriages women face issues of early intercourse, pregnancy and child birth that bear physical and psychological burdens, as are not occurring in the right time. The sexual intercourse for both girls and boys can start from before reaching adulthood, which is factually considered a forced one, when the minors are yet not able to make independent and conscious choices.

The next important issue is the absence of information on sexual health in the Yezidi community and frequently couples are not informed about the methods of contraception and other important themes, which once again places the woman in a very vulnerable state.

In those villages, where Yezidi women live, medical institutions that are adequately equipped are in great scarcity, not allowing Yezidi women to benefit from adequate medical assistance and services, thus, forcing them to travel to adjacent cities that is not always convenient, placing them in a rather vulnerable state and aggravating their existing health condition.

Thus, from the perspective of the reproductive health and rights of Yezidi women, the conditions are quite alarming, which is mostly due to child marriages. The child marriage in its turn impacts the health of the Yezidi woman, which is further complicated by the lack of accessibility of services and low levels of awareness related to reproductive health. The picture further worsens, if one is to consider the rooted norms and customs that limit Yezidi women to benefit from their rights and lead a dignified life guaranteed by any state for every citizen.

Recommendations

1. Monitor and prevent cases of school dropouts by state authorized agencies;

2. Initiate amendments to legal documents that would stipulate administrative and criminal punishment for those parents or guardians that would violate the right to compulsory education of children;

3. Initiate legal amendments that would criminalize the behavior of parents in cases of child marriage;

4. Integrate the comprehensive sex education into the education system;

5. Ensure the representation of Yezidi women in national strategies and action programs, taking into consideration the peculiarities of women from those communities.

The Current Situation of Sexual and Reproductive Health among HIV Positive Women

Per APRC statistics, there are 2908 registered cases of HIV positive citizens for the period from 1998 to December 31, 2017, out of which 888 cases involving women (30%). Per the APRC data almost all women have contracted HIV through sexual intercourse (97%).[30]

HIV positive women are more vulnerable, especially from the perspective of discrimination in terms of realization of their sexual and reproductive health related rights.

HIV positive women experience rights violations from their family members, various representatives of the society, as well as medical personnel.

Frequently, partners or husbands of women force them to have a sexual intercourse without due usage of condoms, justifying it with lowered levels of experienced sexual pleasure. Apart from the fact, that sexual intercourse without condoms may lead to unwanted pregnancies, as well as abortions, it also contains the risk of contracting the second strain of HIV (for HIV positive organism double contracting leads to acquiring other strain of the virus, thus having more than one strain in the organism).

Per Ministerial Order N 77-N dated November 28, 2013 on State Guaranteed Free of Charge Medical Assistance and Service Delivery, the outpatient care of postnatal-gynecological nature is mostly provided through the principle of districts. In the meantime, each resident has the right to choose her postnatal gynecologist within her district regardless of the initially assigned arrangement. In those cases, when the pregnant woman presents a receipt of registration from her district or if she is redirected as a member of a risk group, the examination is free of charge.

Although, HIV positive women in general try not to use the district assigned medical services, as in the process of realizing their sexual and reproductive rights, their other rights are violated, **i. e. the right to privacy and personal life, the right to be free from discrimination, as well as the impediments to the accessibility of medical services.**

The public largely has fragmented knowledge about HIV transmission, post-exposure prophylaxis, antiretroviral therapy, and living a full life while being HIV positive, which mostly leads to the stigma towards HIV positive persons and discrimination against them. The lack of credible and accurate data leads to a belief among large segments of population that HIV positive women should not get pregnant and become mothers. In private conversations and discussions with various individuals it is noted that mostly HIV positive women are being blamed for getting pregnant and becoming mothers.

Recommendations

1. Tighten the control over the principle of medical secret to make sure that the medical personnel strictly observe it;

2. Punish any medical staff member, doctor and/or medical institution for the breach of medical secret per the provisions of the legal acts;

3. In professional training sessions include experienced members from CSOs and HIV positive women;

4. In each region ensure the presence of at least one trained professional in an adequately equipped medical institution that would provide services to HIV positive women;

5. Sensitize all educational institutions in the RA, including the high schools, through awareness raising campaigns to minimize the discrimination against HIV positive women;

6. Conduct programs for different layers of the society on gender equality and gender based violence, highlighting the need for engagement of youth, as most of discrimination against HIV positive women is directly linked to gender inequality.

30 See http://www.armaids.am/statistics/2018/january_stat_2018.html

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