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Trigerring Agendas for Reproductive Rights in Armenia

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ABBREVIATIONS

ABA/CEELI	American Bar Association/Central European and Eurasian Law Initiative
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DHS	Demographic and Health Survey
ICPD	International Conference on Population and Development
IEC	Information, Education and Communications
MOE	Ministry of Education
MOH	Ministry of Health
OB/GYN	Obstetrician-Gynecologist
PRSP	Poverty Reduction Strategy Paper
RH	Reproductive Health
SDP	Service delivery point
SRH	Sexuality and Reproductive Health
STI	Sexually transmitted infections
TOT	Training of Trainers
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
WHO	World Health Organization

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INTRODUCTION

In terms of the exercise of reproductive rights in practice today Armenia's fulfillment of international legally-binding obligations and of undertaken commitments under the Cairo and Beijing consensus documents are a relatively long way from being realized. Despite acknowledgement of prioritizing reproductive health (RH), the application of human rights to RH in Armenia is embryonic. The reproductive rights are not sufficiently promoted and effectively supported. Specifically, the lack of awareness of reproductive rights, lack of stable human rights strategies, and lack of appropriate human rights enforcement mechanisms have affected women's health status, their role and standing in society.

This policy paper is produced in response to the research of the present situation of reproductive rights protection in Armenia conducted via the *de jure* assessment of all binding legal and non-binding authority of Armenia relating to reproductive rights and *de facto* estimate analysis of their practical exercise in Armenia.

This paper provides a targeted overview of the problems with regard to RH and reproductive rights implementation in Armenia, outlines the rationale for choosing a more rights-based RH policy and also proposes a number of policy recommendations for the promotion of reproductive rights.

BACKGROUND AND CURRENT SITUATION

Reproductive Health Aspects

According to the United Nations Human Development Report released in July 2003 Armenia is in a group of countries of medium human development, along with Sri Lanka, Ecuador and Uzbekistan and in the period of 2001-2003 the triennial average rate of maternal mortality caused by complications during pregnancy or labor was 35 per 100,000 live births, which is 4-5 times below the average rate for European countries.

Despite an obvious tendency in decrease of abortions (in 1995, abortion numbers stood at 623 and 30.5 per 1,000 deliveries and 1,000 fertility-age women, respectively; 562 and 24.3 in 1997; 325 and 9.5 in 2001; 305 and 8.4 in 2002) and improvements in family planning use in recent years, abortion is still used as the primary form of birth control and there is still a high incidence of induced abortions, which account for a significant portion of maternal mortality (between 10 and 20%).¹ Hundreds of Armenian women still face unwanted pregnancies, unsafe abortions, self-induced abortions, a major concern in Armenia contributing to one of causes of conditions leading to infertility, reducing further childbearing, and finally contributing to maternal and perinatal mortality. While Armenia does not have restrictive laws on abortion, even under the liberal stance the women in reality face numerous obstacles in the access to safe abortion. Lack of access to and affordability of essential obstetric care, as well as resort to low quality abortion lead to otherwise preventable maternal deaths.

Although the knowledge of modern contraceptive methods is relatively high, actual use of these methods is low. As for privacy and confidentiality, there is almost no empirical data on their observation in Armenia. However, there is evidence of the disadvantages of adolescents in Armenia in resort to RH/family planning counseling and services, since they may fear that they will not be afforded the same confidentiality as adult women seeking the same services. Consequently, the lack of

¹ Demographic and Health Survey, 2000, National Statistical Service, Armenia, Ministry of Health, Orc Macro, Calverton, Maryland, USA, p. 87.

awareness, education on family planning, limited access and affordability of family planning, contraceptive supplies and medical assistance, the sexually active adolescents face the risk of unwanted pregnancies, induced abortion, STDs/AIDS and other social and medical consequences thereof.

There is a lack of modern health education materials and current information on family planning contraceptives in Armenia available to the public. The notion that teaching young people about sexuality will promote sexual activity is widespread causing the resistance to introducing sexual health topics into the formal national school curriculum.

While numerous studies and surveys revealed that domestic violence is a widespread and serious problem in Armenia, government officials at all levels either minimized the problem or consider it a matter of private concern within families outside of the reach of legal system.² Women have hindered access to the legal system in cases of domestic violence and encounter difficulties through societal, institutional and traditional cultural pressures, discouraged from bringing claims.

Beyond Reproductive Health: Human Rights and Gender Equality

After independence, Armenia incorporated the internationally accepted concepts of human rights into its Constitutional and legislative framework. However, the discourse on human rights is at a nascent stage in Armenia, especially rights related to reproduction.

Transitional period significantly affected the gender structure of Armenian society and had a negative impact on the status of women, their role and standing in the society. Legally, women enjoy all guarantees against discrimination and equality mandated by the Armenian Constitution. The Constitution safeguards the equal rights, freedoms and obligations regardless of sex and other characteristics, guarantees the equality of all persons before the law and equal protection of the law without discrimination, equal rights of men and women when entering into marriage, during marriage, and in the course of divorce, and places the family, motherhood and childhood under the care and protection of society and the state. However, gender-sensitive legal analysis reveals that in addition to general equality clauses only one provision in the Constitution (Article 32) that *expressly* provides equality between men and women with regard to family and marriage relations.

Notwithstanding this situation, awareness of women's rights has increased over the past decade due to the emergence of autonomous activities mainly by the international and local non-governmental organizations focused on a set of issues of women's rights, empowerment and gender equality.

1. REPRODUCTIVE HEALTH AND RIGHTS REALITIES IN A NUTSHELL

RH Policies: Inclusive of Rights Language?

Reproductive health (RH) has become an integrated part of national health policy planning. The Armenian Government has established an institutional framework to deal with the RH issues and also cooperation between the Government, UN Agencies, donor community and NGOs. However, in general the RH policies are not evident of sound rights framework and clear strategies targeted at reproductive rights promotion. Whereas it is worth stressing that human rights approach shows that

² Domestic Violence in Armenia, December 2000, Minnesota Advocates for Human Rights, p. 6.

women's maternal mortality and morbidity result not simply from their disadvantages but frequently from cumulative denials of their human rights.³

Law on Reproductive Health and Reproductive Rights

Adopted in December 2002 the long-awaited Law sets a legal framework for further and more effective implementation of the IPCD Programme of Action in Armenia. It is in accordance with the internationally accepted human rights in general, and sexual and reproductive rights in particular. Adoption of this law is the major explicit policy on reproductive rights in Armenia, however the success of statute will depend upon the level of awareness of the society at large, quality of mechanisms and procedures for executing the envisaged rights.

The National Reproductive Health Programme

It was formulated by the MOH and UNFPA and primarily targets the RH issues (family planning, perinatal care, antenatal services and emergency obstetric care, SRH education of young people, etc.). However, the program does not apply a rights framework.

Strategy on Maternal and Infant Health Protection for 2005-2013

Acknowledging that the objectives for protecting maternal and child care improvement are enshrined in the RA Constitution, Health Care and Services to the Population, Law on Reproductive Health and Rights, Law on Children's Rights, the strategy, adopted by the MOH in August 2003, outlines short-term and long-term goals and priorities with regard to maternal and child health improvement. The document uses the rights language only in two instances: by mentioning the above-stated laws and the access to information on RH and rights according to age groups of adolescents.

These are only some from the current policies. The extent to which the existing RH policies promote the reproductive rights values is rather inadequate. Among the chain of policy documents, action plans, programs, and other initiatives more focus is put on RH issues, thus misbalancing the rights aspects.

Gaps in Reproductive Rights Practice

One of the most critical findings of the primary and secondary researches, as well as a number of epidemiological surveys and studies on RH and cross-cutting issues is the lack of awareness among RH professionals, supporting health care personnel, and general public on human rights/women's rights, on the whole and, particularly, reproductive rights, including the primary legislation on RH and rights in Armenia, key international and national developments, human rights instruments, and active players in the field.

While RH issues have become a subject of major concern in Armenia, comprehensive investigation into the issue of reproductive rights, correlation of human rights and RH remains an uncharted area on the map of the current national RH policy of Armenia. There is no data on how injuries, negligence or professional misconduct in abortion cases bringing maternal death or health injuries are addressed, what approaches (regulatory, disciplinary, civil law, criminal law, alternative dispute resolution) in practice are more applied to protect a woman's right to liberty and security, right to life and right to health.

³ Cook R.J., Dickens B.M., Wilson O.A.F., Scarrow S.E., *Advancing Safe Motherhood through Human Rights*, Faculty of Law, Faculty of Medicine and Joint Centre for Bioethics, University of Toronto, Toronto, Canada (World Health Organization, 2001, Document No. WHO/RHR/01.5), p. 5.

Despite the Armenian legislature's stance characterized by the adherence to legally binding provisions on right to education under the RA Constitution, Law on Education, Law on Provision of Health Care Services to the Population, Law on Reproductive Health and Rights, Law on Children's Rights and commitments undertaken by the international human rights instruments, in practice there is resistance to a general overall policy and unified practice regarding sexual health education in public schools.

Although there has been considerable progress in bringing its legislation in line with its international obligations, in many spheres Armenia still applies the legislation inherited from the Soviet times with modifications (e.g. the Marriage and Family Code, Labor Code). With amendments to the Marriage and Family Code the marriage age for women was lowered from 18 to 17. Whereas marriage with minors is forbidden under Armenian law and the age of majority is 18, this inconsistency leads to a situation when females are by the family law allowed to marry when they have not reached the legal majority age.

Legal safeguards for reproductive rights are in practice inadequate to protect reproductive autonomy, choice and safe motherhood. The secured rights are not backed up with efficient enforcement mechanisms, which due to other factors hinder the exercise of these rights in practice. There is no specific national machinery/special institution responsible for the protection of women's rights per se, for the advancement of women and the elimination of discrimination against women.

Concurrently, deep-rooted traditional practices, gender stereotypes, cultural beliefs and conservative social mores sometimes hinder the reproductive rights even when they are in principle protected by law and often constitute the causes of *de facto* discrimination and distorted power dynamics in one's own health care decisions, marriage, family life, use of family planning services, as well as inadequate understanding of shared rights and responsibilities between men and women.

2. POLICY OPTIONS

The promotion of reproductive rights in Armenia can be enhanced by a combination of urgent actions: improvement of research infrastructure, sexual health/human rights education, comprehensive and consistent public awareness campaigns, and structured trainings for RH senior and mid-level professionals, health managers and trainers in RH field.

Research Infrastructure

In defining priorities most of research has been limited to the RH and/or poverty-related statistics and indicators, thus lacking sound and targeted studies and statistics on perception and awareness of reproductive rights and their application in Armenia.

The main two reference epidemiological studies on RH are the nation-wide population-based 1997-1998 Reproductive Health Survey and the 2000 Demographic and Health Survey (DHS). The 1997 survey only under Chapter VII mentions 'reproductive rights' and provides a short assessment of the awareness, basically focusing only on the right to abortion, right to have or not to have children, along with the awareness and knowledge of sexuality, family planning and RH. The DHS 2000 mostly provides useful epidemiological data in almost all RH components and indicates main trends in RH behavior. However, neither of the surveys adopts a strong rights-based perspective.

The importance of timely and reliable data for monitoring and policy planning purposes should not be underestimated. Social science and legal research findings are critical to the rights framework since

they provide scientific evidence to assess the realization of reproductive rights and can serve as basis for public action in areas of sexual and reproductive health and choice.⁴

Sexual Health/Human Rights Education

In compliance with the Law on Reproductive Health and Rights sexual and reproductive health education in all public schools should have been introduced in 2003-2004 academic year, however till now there is resistance to introduce sexual health education in schools. Particular non-governmental organizations and associations conduct individual programs in this field but their work is fragmented and is not regulated on the national level. The scope, contents of the curriculum and timeframe for conducting the “Healthy Life Style” Course, which should include such topics in public schools, are not finalized.

However, because of the lack of proper knowledge there is a high potential for physical risks involved in pregnancy and childbirth for young people, especially where premarital sexual contacts are taboo and young girls face harsh consequences of social condemnation if they get pregnant and are forced to seek an illegal and unsafe abortion. Other related risks are to contract STD/HIV infection, disruption of physiological and intellectual development in case of early pregnancy and childbearing.

The human rights education is introduced in 8th-10th grades following the decree as of September 2001, which envisaged a compulsory three-year course into the secondary school curriculum all over Armenia. In “Human Rights” course running at 8th grade with total of 12 allocated hours only 2 hours contain topics on right to family and women’s rights. Additionally, today’s human rights education in schools lacks efficient implementation.

Given the proven interrelation between the education and reproductive choice, the education at the national school level should include the sexual and reproductive health and rights topics. It remains critical that individuals must be empowered with adequate knowledge on their rights.

Public Awareness Campaigns

At this stage expanding public awareness and knowledge of reproductive rights in Armenia through consistent extensive IEC is most important. It is essential to identify priority audiences and determine variations for IEC interventions. To this end, different IEC messages must be tailored separately to RH professionals, high-risk populations and the general population, which is vital to the success of the initiative. IEC interventions should be also taking their rationale from findings of surveys conducted in the RH area (DHS, social science researches, etc.). Dissemination and placement of IEC materials in reproductive health service delivery points (SDP) is tantamount to success and sustainability of the campaign thus affecting clients see the SDP as offering not only health care but also added value in client education.

Strong advocacy activities, including peer education should be implemented towards increasing the awareness of reproductive rights and particularly, coordinated advocacy and public awareness campaigns nation-wide are extremely expedient on the RA Law on Reproductive Health and Reproductive Rights, which is the major policy document on reproductive rights in Armenia.

A related issue is work with media to expand general knowledge and education about reproductive rights. Strategic plans for RH programs should place involvement of mass media as a high priority.

⁴ Jejeebhoy S.J. The Importance of Social Science Research in the Promotion of Sexual and Reproductive Choice of Adolescents. *Medicine and Law*, 1999, 18:255-275 at 256.

Trainings

Trainings repeat the same pattern of research priorities in Armenia since most of focus of conducted trainings for RH service providers has been on pure RH issues. The level of awareness and knowledge of human rights, especially those applicable to reproductive health is extremely poor. Related to this, is the paucity of inclusion of human rights topics into professional trainings and availability of IEC materials at SDPs. There is a gap in training involvement of senior and middle-level RH personnel (OB/GYNs and nurses/midwives). The other critical area of concern is that human rights are obviously not incorporated in the training curricula for RH care professionals.

There is an urgent need to expand knowledge and awareness on human rights and their application to reproductive health for RH senior and middle-level personnel, reproductive health care managers, and trainers also adequately tailoring the information and trainings to each audience. It is recommended to have these considerations in mind for the envisaged trainings within framework of major programs relevant to reproductive health (e.g. Global Fund HIV/AIDS Support Program).

To these ends, it is proposed to make use of the WHO training curriculum “Transforming Health Systems: Gender and Rights in Reproductive Health” in future and already formulated trainings. The manual reinforces the analysis and approach to RH issues from gender and rights perspectives and will serve as the best already tested manual for successful integration into the current or future training initiatives in RH. It is also advised to launch a pilot training project on reproductive rights (as Training of Trainers (TOT) using a cascade model well recognized by the WHO) for reproductive health care professionals, which can ensure the capacity-building and sustainability of desired impacts.

3. CONCLUSION AND RECOMMENDATIONS

In view of dimensions of the RH problems in Armenia, a multifaceted and interdisciplinary strategy, rather than merely medical or public health one, can lead to improvements. In view of a long gradual process towards promotion of reproductive rights the following actions suggest priority areas for future programmatic interventions and policy development.

1. To develop appropriate rights-oriented and gender-sensitive RH policy.
2. To strengthen the research infrastructure in Armenia with scientifically sound, policy-relevant information on socio-cultural and service-related factors affecting RH and rights. To encourage and fund social science rights-oriented researches to reveal discrepancies between rights, by which Armenia binds itself and the real choices women can, in practice, make, and to inform on the duty to provide effective remedies for violations of reproductive rights.
3. To promote the introduction of customized sexual and reproductive health curriculum at the national school level.
4. To expand knowledge and awareness on human rights, and particularly, reproductive rights among lay people by public awareness and advocacy campaigns and among RH professionals by incorporating human rights into their trainings.
5. To encourage synergy of the education, human rights, reproductive health sectors and the mass media in conducting information activities.

6. To develop adequate national machinery to deal with women's rights, including reproductive rights. Particularly, the Government should pay more attention to the obligations undertaken by Armenia under provisions of CEDAW and core international human rights instruments relevant to reproductive health.

4. IMPLEMENTATION ISSUES

Financial Impact

Since organization of separate public awareness activities and trainings on reproductive rights will require substantial funding, for both it is proposed to customize and integrate already developed materials into the on-going and/or envisaged programs. In particular, this can be best achieved through the adaptation - rather than development from zero- of the training curriculum "Transforming Health Systems: Gender and Rights in Reproductive Health", by WHO in 2001.

The other above-proposed alternative- with less financial feasibility though- is launching a pilot TOT project for reproductive health care professionals on reproductive rights. Due to limited national resources and deficits and debts of state budget towards maternal and child health care sector, Armenia still remains dependent on foreign aid. Hence, OSI Continued Fellowship or similar grant-making undertakings can immensely contribute to the initiation of this pilot project.

Implications for Government Operations

Given the complexities of present RH challenges, the nascent state of reproductive rights exercise in Armenia and considerate contribution of external donor organizations, a more effective way to achieve desired results in promotion of reproductive rights is by engaging grass-root, governmental policy-makers (MOH, MOES) and donors' collaboration.

The Government in collaboration with players from the civil society, fourth power (mass media) and donor institutions should build on the advocacy as an effective means of reaching larger numbers of population (including adolescents and most vulnerable groups) and message targeting. Political support and involvement at the highest governmental level (particularly MOH and MOE) is paramount to the successful implementation of major initiatives and can provide impetus, standing and sustainability to the efforts.

Changes in Legislation

With respect to the Marriage and Family Code, especially at this point when it is being amended and modified to be submitted to the National Assembly, based on implications revealed by the research, the marriageable age 17 set for women should be in line with other law provisions. Other imperatives on this line are to improve legislation on domestic violence and ensure that victims have means of redress and effective protection, and to incorporate stronger equality between men and women, anti-discrimination clauses and the definitions of discrimination and domestic violence into currently enforceable legislation.

Collaborative Approach

Taking into account financial constraints for overcoming a complexity of RH challenges and particularly, accomplishing efforts towards promotion of reproductive rights in Armenia there is a need to leverage impact by collaboration between major donors, especially for different components.

Inclusion of reproductive rights topics into education/awareness activities of the following projects should draw on the strengths of the synergy between general human rights, HIV/AIDS and reproductive choice and freedom as far as possible: Promoting Human Rights and Facilitating Public Awareness of the Public Defender's Office in Armenia, Anti-Trafficking Programme (UNDP), and Support to the National Programme on HIV/AIDS Prevention, Global Fund Program.

5. COMMUNICATIONS ANALYSIS

Integrated communication programs (by utilizing TV, radio, publications, booklets, brochures, posters) will also contribute to a supportive environment for affecting public perceptions and attitudes towards rights-approach to RH and respectively impacting the receptivity of educational and awareness campaigns. This can be supplemented by integration of reproductive rights topics into RH national forums, conferences, summits, seminars, etc.

Strong advocacy activities, including peer education should be implemented towards increasing the awareness of reproductive rights. Affecting public perceptions and attitudes towards rights-approach to RH will respectively impact the receptivity of education and awareness campaigns and also provide positive shifts in the cultural and traditional dynamics in Armenia.

CONCLUDING REMARKS

These recommendations are consistent with the RA Law on Reproductive Health and Reproductive Rights, the Strategy on Maternal and Infant Health Protection for 2005-2013 by the Ministry of Health, the National Programme on Reproductive Health 2000-2005, 2004-2010 National Action Plan on Improving the Status of Women and Enhancing Their Role in Society, Millennium Development Goals (MDG) for 2005-2009, the Poverty Reduction Strategy Paper (PRSP), and rights-based strategy of United Nations Development Assistance Framework (UNDAF).

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