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Women's Resource Center Armenia was founded in 2003 and works in the area of women's human rights, women's empowerment, reproductive and sexual rights, sexual violence and women's role in conflict resolution and peace building. WRC's main goal is to give women the necessary tools and empower them to become active citizens of Armenian society, through education and support. WRCA is a member of several local and international networks and coalitions. Since 2003 the organization has submitted shadow reports and stakeholders report to different UN treaty bodies.

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Key words: Sexual and reproductive health – gender stereotypes – comprehensive sexuality education – abortion – women with disabilities – lesbian, bisexual, and trans* women – child, early and forced marriage – HIV positive women

Executive Summary

1. This joint UPR stakeholder report was developed by the "Advocates for Reproductive Health and Rights" network initiated by the Women's Resource Center. The members of the network are human rights defenders and organizations working on different aspects of women's rights: Women's Empowerment NGO for women living with HIV, Agate – Rights Defense Center for Women with Disabilities NGO, Pink Armenia NGO for the LGBT community, and Sinjar NGO working for the Yezidi community. The network also partnered with and received technical support from the Sexual Rights Initiative.

2. The report focuses on issues related to sexual and reproductive health including the prevalence of gender stereotypes and lack of comprehensive sexuality education which serve to limit access to abortion and other reproductive health needs of various groups of women in Armenia including women with disabilities, lesbian, bisexual, and trans* women, rural girls who are married as children, and women with HIV. Although several recommendations were accepted by the Armenian government in the previous Universal Periodic Review (UPR) cycle, little progress has been made to improve legal, medical, and social mechanisms that would decrease discrimination and improve access to ensure the full realization of sexual and reproductive rights of Armenian women. This report was developed considering the diverse views and experiences of women from different backgrounds.

Gender stereotypes and sexual and reproductive health and rights in Armenia

3. Past recommendations and implementation progress: In 2015, the Armenian government received a recommendation to "elaborate a gender-sensitive approach in the programs and policies which address human rights discrimination and take the necessary actions to raise awareness on attitudes and stereotypes targeting women and sexual minorities in society[1]" (Albania). However, the state has failed to implement this recommendation, which in turn affects the overall situation of reproductive health and rights in the country.

4. Legal and policy framework: As a state party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Armenian Government bears a legally-binding obligation to address and combat existing discriminatory attitudes, customs and practices based on gender stereotyping and prejudice[2]. In its last concluding observations of 2016, the Committee on the Elimination of Discrimination against Women expressed its concern regarding the issue of deeply rooted patriarchal attitudes in Armenian society which result in the subordination of women[3]. While during the last decade women have gained some level of independence in terms of exercising agency over their life and body, they still continue to face discrimination and judgment when dealing with issues related to

[1] A/HRC/29/11, Second Cycle, Paragraph 120, Recommendation 120.64, Albania.
[2] See: CEDAW, Articles 2(f), 5(a) and 5(b)
[3] See: UN Committee on the Elimination of Discrimination against Women (CEDAW), Concluding observations of the Committee on the Elimination of Discrimination against Women: Armenia, 25 November 2016, CEDAW/C/ARM/CO/5-6, para 15

sexual and reproductive health and rights in Armenia. Armenian laws, policies and practices undermine women's dignity and exclude them from the full range of independent decision-making processes.

5. Barriers and challenges: Patriarchal attitudes and gender norms: Patriarchal and traditional rigid social norms and perceptions are still quite prevalent in Armenian society regarding masculinity, femininity, gender equality, sexuality, relationships with family members including children, division of household tasks as well as acceptance of violence against women[4]. In the public discourse, sex is often seen as being diametrically opposed to and contravening religion, love, traditional values, and even nationhood. Talking about sexuality in Armenia remains taboo, as it is an 'off-limits' topic in most families – children are too shy to enquire further, and parents are too embarrassed to prompt open, frank discussions[5]. The Armenian educational system introduces sex stereotypes and prejudices to boys and girls from a very young age[6]. Local media extensively contributes to the reinforcement of sexist and discriminatory attitudes towards women[7].

6. Impact: Sexist discourse is present in almost all spheres of life, creating an atmosphere of oppression and marginalization of women and girls which severely limits their rights and opportunities within both the public and private domains. These discourses deprive them of the possibility to fully realize their rights to bodily autonomy, agency and freedom and negatively impact many aspects of sexual and reproductive health, including decisions on how many children to have, family planning, which type of contraceptive to use, and whether to have sex before or after marriage. Gender stereotypes and biases create an overall discriminatory environment perpetuated by health workers providing services to women including women from socially excluded and marginalized groups. Many doctors show discriminatory attitudes and behavior towards women with HIV, disabilities, and LBT persons. This approach affects not only the effectiveness of services but also the willingness of these women to subsequently visit the doctor. Many women consequently avoid visiting gynecologists, thus endangering their wellbeing and denying them their right to health.

Recommendations:

- Introduce and monitor periodic and mandatory trainings for health workers on reproductive health and rights-based, patient-centered approaches paying particular attention to reaching women who face multiple and intersecting forms of oppression.
- Implement throughout Armenia human rights based, public-facing awareness campaigns on gender stereotypes, contraception, family planning and abortion.

Sexuality education in Armenia

1. Past recommendations and implementation progress: During the second UPR cycle in 2015, Armenia received the recommendation to "Continue the realization of the right to education and the right to health for children in light of the Government's adoption of the Strategic Programme for the Protection of the Rights of the Child[8]" (Russian Federation). In spite of this recommendation, in the realm of sexuality education the government has not taken sufficient measures to ensure that comprehensive

[4] On-line source: https://armenia.unfpa.org/sites/default/files/pub-pdf/MEN%20AND%20GENDER%20EQUALITY_Final_0.pdf

[5] On-line source: https://www.evnreport.com/raw-unfiltered/sexual-discourse-speaking-about-the-unspeakable

[6] See: Society Without Violence, "*Integration of gender component into social science subject: Recommendation package (* 2014) , pp 13-20. Available online at// http://www.swv.am/attachments/article/447/Recommendation%20package%20-%20ENGLISH.pdf

[7] Center for Gender and Leadership Studies, "*The image of Armenian women in mass media (TV): from gender sensitivity to gender stereotypes" (*2015). Available online at// http://www.ysu.am/files/Lilit%20Shakaryan%20_%20ARM.ENG%20Report.pdf

[8] A/HRC/29/11, Second Cycle, Paragraph 120, Recommendation 120.40, Russian Federation.

sexuality education be implemented in schools. The efforts of civil society organizations to engage with the previous government about implementing a more effective, human rights based system failed, and little progress has been made with the new government[9]. In the past two years the government only partially implemented the recommendation by reviewing the sexuality education program "Healthy Lifestyles" and resolved to include additional topics related to puberty, hygiene, and family planning. However, the curriculum is still based on an "abstinence-only" approach and is not comprehensive to include all aspects of sexuality education. It also excludes information on diversity of gender identity and sexual orientation. Moreover, these changes have not yet been implemented in the schools.

2. Legal and policy framework: In Armenian schools, the sexuality education program is called "Healthy lifestyle" and is taught as part of Physical Education for grades 8-11. The reproductive health component is allotted 8 hours out of the total 14. The "Healthy lifestyle" class is taught firmly within the framework of "abstinence only" and employs a fear-based approach wherein students are shown frightening and exaggerated stories of the complications of unwanted pregnancy and STIs. The information about STIs including HIV/AIDS is scientifically complex and not adapted to the developmental level of the students.

3. According to Article 5 of the Law on Person's Reproductive Health and Reproductive Rights of Republic of Armenia, adolescents have the right to necessary information about sexual and reproductive health issues such as abortion and sexually transmitted infections (STI), including modern means of preventing HIV/AIDs[10]. The abstinence-only method of teaching sexuality education has been criticized as ineffective in reducing unwanted pregnancy and STIs, as adolescents will engage in sexual activity despite the warnings, but will not be properly equipped with the necessary information needed in order to make healthy decisions about their sex lives. Many studies have shown that comprehensive sexuality education is crucial for adolescents' psychological and physical wellbeing and their ability to exercise their sexual and reproductive rights[11].

4. Barriers and challenges: Implementation process: The main challenge to the implementation of comprehensive sexuality education in Armenia is the way the "Healthy Lifestyles" program is taught. According to the report "The Attitudes of teachers of 'Healthy lifestyle' about the topics of sex education[12]", many of the Physical Education teachers report being uncomfortable teaching the sections related to reproductive health and prefer it be taught by someone more qualified and trained. "Healthy Lifestyles" is not a separate subject and is taught as part of Physical Education, a subject dominated by male teachers. Due to social norms in traditional Armenian society, men especially are uncomfortable discussing topics such as contraception, abortion, and STIs, so the teachers tend to focus more on the sections about tobacco, alcohol, and drugs and often revert to asking the students to merely read the sections on reproductive health on their own, therefore failing to engage the students with the material in a satisfactory way to encourage learning. Although certain topics such as the reproductive organs, menstruation and sex are taught in Armenian schools as part of the anatomy curriculum, those teachers also report being ashamed to teach these elements of the class and ask students to do the readings on their own[13]. There is no textbook for student in the "Healthy Lifestyles" curriculum and the class is therefore often not prioritized by the students compared to other school subjects as there is a lack of trustworthy information on the topics. Additionally, the textbook model for teachers contains a specific

[9] On-line source: https://www.fpri.org/article/2019/02/armenia-and-the-velvet-revolution-the-merits-and-flaws-of-a-protest-based-civil-society/
[10] See: The Law on Person's Reproductive Health and Reproductive Rights https://www.arlis.am/DocumentView.aspx?docid=75284
[11] On-line source: International technical guidance on sexuality education. WHO, 2018. https://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf
[12] On-line source: http://www.ysu.am/files/Sex-ed_Teacher2018_WRC_CGLS.pdf
[13] On-line source: http://www.ysu.am/files/Sex-ed_Teacher2018_WRC_CGLS.pdf

section on imprudent behavior which assumes outdated and harmful notions such as girls' responsibility not to stay out late and consider what makeup and clothing they wear.

5. Tradition and taboos: The justification by the state for not implementing comprehensive sexuality education continues to be that Armenia is a traditional society and that bringing forward a controversial topic such as sexuality education would only serve to create divisions and tension in society. Indeed, implementation of comprehensive sexuality education in Armenia remains challenging due to long-held taboos fueled by notions that sex contradicts culturally important institutions such as the nuclear family and religion and that comprehensive sexuality education would encourage sex and therefore maintaining sexual repression protects traditional Armenian values[14]. Nevertheless, according to the research "Parents' attitudes on sexuality and gender development of adolescents[15]" carried out by YSU Center for Gender and Leadership Studies in 2017, parents stated that they feel it is important for their children to receive comprehensive sexuality education in schools and the parents often feel uncomfortable or ashamed broaching the topic and may themselves lack the appropriate information. This includes parents in more rural areas and many fathers, considered to be the more traditional elements of Armenian society.

6. Impact: The state is failing its obligation to provide evidence-based and comprehensive information on sexual and reproductive health to its students. The consequences of this violation of the right to education are evident. According to 2018 data from the Armenian Ministry of Health, approximately 50,000 cases of STIs are recorded each year, the most common being trichomoniasis, chlamydia and gonorrhea. Those affected often don't seek medical help and attempt to treat the infection themselves[16]. Moreover, according to the RA Investigative Committee data, in 2017, in 68% of criminal cases of sexual violence, victims were aged 5-17. In 2018, the Investigation Committee reported about 76 sexual violence cases towards minors. According the Interview with the Specialist from the Sexual Assault Crisis Center, the majority of victims were abused by a family member or a known individual[17]. Furthermore, research conducted in 2015 found that 4 percent of girls aged 15-19 were pregnant, with 3 percent reporting they were pregnant for the second time and 1 percent were pregnant with their first child[18].

Recommendations:

- Introduce comprehensive and evidence-based sexuality education in Armenian schools including developing and implementing appropriate teaching materials for students and trainings for teachers in collaboration with feminist and women's rights organizations.
- In collaboration with young people and feminist and women's rights organizations, develop and implement alternative comprehensive sexuality education programs such as peer-to-peer education, counseling corners in clinics, and trainings for parents of out of school youth.
- Develop and implement a public-facing national campaign in collaboration with UN agencies and local women's rights and feminist organizations on the importance and positive social impact of comprehensive sexuality education.

The Impediments to Accessing Safe and Legal Abortions for Women in Armenia

[14] On-line source: https://www.evnreport.com/raw-unfiltered/sexual-discourse-speaking-about-the-unspeakable
[15] On-line source: http://www.ysu.am/files/Parents%20Report%20Final%20(2).pdf
[16] On-line source: Health and healthcare in Armenia. Statistics 2018. http://www.moh.am/uploads/statistica_2018.pdf
[17] These statistics were received from the state agency as requested by the Sexual Assault Crisis Center NGO.
[18] Online source: https://dhsprogram.com/pubs/pdf/FR325/FR325.pdf

7. Legal, policy and social framework: It is the state's responsibility to protect the right to abortion as part of sexual and reproductive health and rights. The right to abortion is one of the most important mechanisms of decision-making in relation to a woman's body, life and general health. Armenia received no recommendations from the previous UPR cycle on this issue. According to the demographics of the Republic of Armenia and based on the results of a 2015-16 Demographic and health survey (DHS), one out of four women ages 15-49 has at least once had an abortion. The probability of abortion rises with the age of the woman and number of living children. 47 percent of those women have had more than two abortions[19].

8. The legal status of abortion is a key factor ensuring the secure accessibility of abortions[20]. Abortions are legal in Armenia according to Article 10 of the Law on Reproductive Health and Reproductive rights (December 11, 2002). However, Article 21 of Government Order on Approving the Terms and Conditions of Abortion No. 180-N dated February 23, 2017 works to inhibit women's right to seek abortions by requiring a three day waiting period from the moment the woman first approaches the doctor requesting an abortion before the doctor may proceed with the abortion[21], and also defines several preconditions for termination of pregnancy, most particularly, receiving free of charge counseling by the doctor concerning possible negative effects of the termination of the pregnancy. It is also important to note that there is a legal prohibition of gender biased sex selection (GBSS)[22]. Though 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[23].

9. Barriers and challenges: Lack of access: Regardless of international and national principles that regulate the realization of secure and accessible abortion rights of women, in Armenia there are still various impediments to women's access to safe and legal abortion services, particularly for women living in rural areas who have difficulty accessing medical services due to a lack of medical institutions in those areas. Frequently, in order for a woman to be able to receive these services, she needs to be able to spend the resources both in terms of time and finances to reach cities, and then return again after the three day waiting period to obtain the abortion. Moreover, the cost of obtaining an abortion[24] from a doctor can prove burdensome for many rural women.

10. Harmful stereotypes and norms: The right to abortion is also undermined by deeply embedded stereotypes, and discriminatory and harmful norms that exist to limit a woman's rights and opportunities for free choice. The stigma of abortion frequently becomes a decisive factor in denying accessibility of abortion services for women. In the patriarchal Armenian society, men benefit from the privileges of executing power and authority by refusing to use contraception, leaving the full burden of the consequences of abortion on the shoulders' of women but simultaneously blaming women for opting for an abortion. Women are routinely shamed, labeled, and discriminated against by various individuals in society including medical service providers. The experience of Women's Resource Center NGO's work

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

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

[21] 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

[22] The sex ratio at birth rose immediately after Armenia's independence to a high level and in 2016 it remained at the very high level of 114-115 of male births per 100 female births. This corresponds to one of the highest levels of birth masculinity observed anywhere in the world, surpassed only by China (118) and Azerbaijan (116).

[23] 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

[24] The average price for medical abortion is 30-40 USD, and 100-150 USD for surgical abortion. The average salary in Armenia is 200-300 USD.

with various groups on reproductive health shows that in more rural areas of Armenia it is common practice for doctors to pressure women not to proceed with an abortion or even to refuse to perform it due to moral or religion objections.

11. Lack of appropriate counseling, and sexuality education: Although Article 21 of Government Order on Approving the Terms and Conditions of Abortion No. 180-N requires free of charge medical-social support immediately after the abortion on methods of preventing unwanted pregnancy[25], WRCA's meetings with women revealed that after obtaining an abortion they often do not receive the counseling on protection from unwanted pregnancies and that their knowledge on various means of effective contraception has not improved in the last decade, denying them their right to information and making it more difficult for them to be empowered to prevent unwanted pregnancy in the future. Due also to the general absence of comprehensive sexuality education in Armenia, the awareness of women living in rural areas concerning issues of contraception, family planning, and prevention of STIs remains a problem.

12. Impact: The state has therefore not created appropriate conditions for women to realize their right to abortion. The three day waiting period, negative pressure from the society and doctors, lack of information, and the high cost of the services often serve to dissuade women from going back to the doctor to obtain a safe abortion and lead them to resorting to less secure means of obtaining an abortion and performing the abortion at home.

Recommendations:

- Using international best practices, reform the law on abortion by removing the recently introduced provision on a waiting period of 3 calendar days for an abortion and compulsory counseling on negative effects of abortions in the Law on Reproductive Health and Reproductive Rights.
- Modify state campaigns and policies on gender biased sex selection to ensure they do not negatively impact the right to abortion.
- Ensure accessible, safe, and affordable abortion services for women living in rural areas.

Accessibility and availability of reproductive health services for women facing multiple and intersecting forms of oppression in Armenia

Women and Girls with Disabilities

13. Past recommendations and implementation progress: Armenia received recommendations from the 2015 UPR to "Adopt and effectively implement legislation to ensure equal treatment of persons with disabilities in accordance with CRPD, as well as prohibit discrimination based on sexual orientation and gender identity and provide effective protection to LGBT persons[26]" (Austria) and also to "Take measures to expand access for persons with disabilities, in particular, with regard to transportation and physical access to educational institutions[27]" (republic of Korea). Despite accepting these recommendations, no measures have been taken to implement these recommendations.

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[25] 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

[26] A/HRC/29/11, Second Cycle, Paragraph 120, Recommendation 120.52, Austria.

[27] A/HRC/29/11, Second Cycle, Paragraph 120, Recommendation 120.168, Republic of Korea.

14. Social framework: Per data from July 1, 2017, there are 199,955 persons with disabilities in Armenia, of which 96,864 are women[28]. In 2010, Armenia ratified the UN Convention on Persons with Disabilities[29], which among other requirements, calls on states to take all necessary measures to ensure the full development, promotion and enlargement of opportunities for women and girls as a guarantee of the realization of human rights and fundamental freedoms enshrined in the document (Convention, Article 6). This includes taking all necessary actions to ensure accessibility of healthcare services, including rehabilitation services that consider gender specificities. States are obligated to ensure accessible or free of charge healthcare programs of comparable quality compliant with the criteria for services provided to all citizens of Armenia, including services related to sexual and reproductive healthcare.

15. Barriers and challenges: Physical obstacles and discrimination: Nevertheless, several issues impede the full realization of sexual and reproductive rights for women and girls with disabilities. Sensory and physical obstacles and well as biased attitudes and lack of knowledge and skills of medical personnel causes women and girls with disabilities to experience double discrimination in the sphere of reproductive services, especially in the more rural areas of Armenia. There is a deficiency of guidelines and trainings for health workers on how to work with women and girls with disabilities who are seeking an abortion[30].

16. Lack of privacy: Although the right to receive confidential and private medical counseling and services related to sexual and reproductive health issues is stipulated in the Law on Reproductive Health and Reproductive Rights[31], women and girls with disabilities often need to be accompanied to medical appointments due to physical inaccessibility of medical institutions, which can interfere with their right to privacy.

17. Lack of information: Additionally, there remain limited possibilities for women and girls with disabilities to access reproductive health related educational and counseling services unless they are specific specialists (such as nurses) or are registered members of NGOs.

Lesbian, Bisexual, and Trans* Women

18. Past recommendations and implementation progress: The state of Armenia received recommendations from various UN bodies, including the 2015 UPR recommendation to "Develop and adopt suitable legislative and administrative measures to combat discrimination against women, and discrimination and violence against LGBTI persons[32]" (Argentina). Nonetheless, no major activities have been carried out on that front. Indeed, Armenia has been ranked as one of the worst countries in Europe for LGBTQ people to live[33]. Pervasive violence, discrimination and lack of human rights protections drive thousands of LGBTQ people to leave Armenia every year[34].

19. Barriers and impact: Discrimination: There is a persistent lack of access to sexual and reproductive care for lesbian, bisexual, and trans* women. There is a mistrust of medical personnel due to widespread discriminatory practices of medical staff towards this group, rooted in engrained prejudice against women who engage in sexual relations with women and also women who engage in premarital sex. A

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[28] See Socio-economic analysis, January-June, 2017, National Statistical Service of RA, http://armstat.am/am/?nid=82&id=1939
[29] See the Convention on Persons with Disabilities http://www.un.am/res/UN%20Treaties/III_15.pdf
[30] See: https://www.un.am/up/library/Report_Sexual_Reproductive_Rights_ENG.pdf
[31] See the RA Law on Reproductive Health and Reproductive Rights http://www.arlis.am/DocumentView.aspx?docid=108716
[32] A/HRC/29/11, Second Cycle, Paragraph 120, Recommendation 120.72, Argentina.
[33] See: https://www.ilga-europe.org/resources/news/latest-news/10th-rainbow-europe-confirmed-stagnation-and-regression-lgbti-equality
[34] See: http://www.pinkarmenia.org/publication/lgbtemigrationen.pdf

lack of awareness and sensitivity of medical personnel on issues related to lesbian, bisexual, and trans* relations means these people often fear mistreatment and confidentiality breaches by medical staff and therefore decline to disclose their sexual orientation and sexual history. For trans* individuals, there are many barriers to access of medical counseling and treatment in general, and more specifically related to their gender identity. While in theory trans* individuals have access to the public AIDs Prevention Republican Center (APRC) for HIV testing, in practice they usually only go when they are referred by non-governmental organizations. Lesbian and bisexual women and trans* individuals often avoid visiting a gynecologist and receiving HIV and STI examinations, thus placing a barrier to their right to receive quality healthcare.

20. Lack of information: There is also a major lack of access to information about puberty, sexual relations and violence for LBT women, and STIs and HIV related specifically to lesbian and bisexual women. This overall violation of the right to information leads this group to often receive inaccurate and harmful information from peers and through the internet, such as views considering homosexuality to be a disease that should be treated.

21. Privacy issues: Moreover, fear of double targeting due to their sexual orientation and gender identity prevents many members of this group who have suffered from violence from reporting it to the police for fear of their sexual relationships with others being disclosed. This violation of the right to privacy and safety severely impacts the mental and physical health of members of this group.

Yezidi Girls and Child, Early, and Forced Marriage

22. Past recommendations and implementation progress: During the 2015 UPR, the Armenian state agreed to examine the recommendation to "Put forward extensive efforts to eliminate all forms of discrimination against women, including enforcement of the age of marriage set out in law as well as the development of comprehensive awareness-raising programmes on the negative implications of early marriage[35]" (republic of Korea). However, the state has not taken any action to fulfill these obligations to Yezidi girls' reproductive rights.

23. Legal and cultural framework: In Armenia, child, early, and forced marriage is common in the remote Yezidi communities, where girls are often married at 13 or 14 years old. Although it is difficult to obtain statistics on these marriages in Armenia, ADHS data indicates that 7.9% of all married women in 2010 were aged 15-19[36], and annual data from the National Statistical Service shows that 5.6% of girls aged 16-19 were married in 2012[37]. Although 18 is the legal age for marriage in Armenia, 16 and 17 year olds can be married with parental consent[38]. Moreover, enforcement mechanisms of these child protection laws on the part of the Armenian government are lacking in the Yezidi communities[39]. Often early religious marriages are performed and then not registered officially until the spouses turn 18. In 2011, Women's Resource Center NGO implemented trainings and awareness raising programs on reproductive health in the Yezidi villages of Ria-Taza and Alagyaz, in which it found that Yezidi women and girls face few choices in whom they marry, this being instead generally decided by the parents.

[35] A/HRC/29/11, Second Cycle, Paragraph 120, Recommendation 120.14, Republic of Korea.
[36] Armenia Demographic and Health Survey (ADHS), 2010, p.77: www.armstat.am
[37] National Statistical Service of the Republic of Armenia (NSS RA) (2013), 'Women and Men in Armenia', Statistical booklet, NSS RA, Yerevan, p.22: http://www.armstat.am/file/article/gender.pdf
[38] See: Family Code of RA, Article 10, https://www.arlis.am/DocumentView.aspx?docID=66138
[39] See: https://www.girlsnotbrides.org/wp-content/uploads/2015/08/UNFPA-Child-marriage-in-Armenia-2014.pdf

24. Barriers and challenges: Gender inequality and cultural subjugation of girls and women: The prevalence of child, early, and forced marriage in Yezidi communities stems from gender inequality wherein women and girls are considered inferior to men and unworthy of respect unless married. Marriage is considered more important than education for Yezidi girls, and out of 40 to 60 thousand Yezidis, only a handful of Yezidi girls go to university every year[40]. Child-bearing is considered the main role of Yezidi women who often have 9 to 12 children.

25. Lack of reproductive health education: Adding to the conditions that make young Yezidi girls vulnerable to child, early, and forced marriage is the lack of adequate sexuality and reproductive health education in these communities. Girls are often unaware of contraception options, STIs, and other information that would empower them to exercise their reproductive rights.

26. Impact: The toll that child, early, and forced marriage takes on a girl's reproductive health is significant and violates their right to consensual marriage and reproductive autonomy, education, and freedom from violence. Medical complications associated with pregnancy and childbirth are high[41]. Girls suffer the physical and psychological burdens of early sexual intercourse which can be legally considered forced due to being below the age of consent. Additionally, they often also suffer from domestic violence due to being in an unequal partnership. Finally, due to the scarcity of medical institutions in these rural communities, Yezidi women must often resort to travelling to cities to obtain care.

Women with HIV

27. Past recommendations and implementation progress: Armenia received a UPR recommendation in 2015 to "Combat hate propaganda and incitement against minority groups, especially LGBTI persons, religious minorities, AIDS patients and persons with disabilities through the adoption of a comprehensive package of laws and effective mechanisms to combat discrimination, including in the public administration[42]" (Spain). The new government is in the process of assessing the need for reforms in the field of HIV rights[43].

28. Social conditions: Although it is difficult to obtain accurate estimates of HIV cases in Armenia, APRC statistics estimate there were 2908 registered HIV cases from 1998 to 2017, of which 30% were women, and that 97% of women with HIV contract it through sex[44] due to male partners coercing or pressuring them into having sex without condoms, increasing the risk not only of STIs such as HIV but also unwanted pregnancy, abortion, and for those who are already HIV positive to contract the second strain of HIV.

29. Barrier and impact: Discrimination and lack of knowledge: Women with HIV face discrimination and violations of their sexual and reproductive rights by state and non-state actors, including healthcare providers. Lack of knowledge and misinformation about HIV transmission, post-exposure prophylaxis, and antiretroviral therapy remains widespread in Armenia. The belief is resilient in Armenian society that women with HIV should not get pregnant and have children, which leads to placing blame on HIV positive women who get pregnant.

[40] See: https://www.girlsnotbrides.org/wp-content/uploads/2015/08/UNFPA-Child-marriage-in-Armenia-2014.pdf
[41] Ibid.
[42] A/HRC/29/11, Second Cycle, Paragraph 120, Recommendation 120.84, Spain.
[43] A public discussion has been organized to review the legal provisions on HIV people rights recently, but no major activities were implemented.
[44] See: http://www.armaids.am/statistics/2018/january_stat_2018.html

30. Lack of privacy: Per the Ministerial Order N 77-N from November 28, 2013 on State Guaranteed Free of Charge Medical Assistance and Service Delivery[45], outpatient postnatal-gynecological care is designated by assigned district in Armenia. Patients have the right to attend a different doctor from the one they were initially assigned within the district, and members of risk groups have the right to free medical examinations. Nonetheless, women with HIV in rural communities often avoid seeing the doctor during pregnancy due to fear of information spreading about their HIV status.

31. Impact: Due to lack of education of medical staff, HIV positive women are often forced to pay more than necessary[46] and also to travel to the capital Yerevan for medical services while giving birth due to a lack of knowledge and training among rural health care providers who consider HIV women's labour to be high risk, therefore habitually referring the women to Yerevan's better equipped hospitals rather than assuming their responsibility to provide the necessary care. The lack of information leads to fear and stigma which, coupled with weak mechanisms of enforcement of punishments, in turn leads to violations of this group's right to privacy, freedom from discrimination, and accessing adequate medical care during pregnancy.

Recommendations:

- Amend the laws and policies pertaining to standards for reproductive health services of women who face multiple and intersecting forms of oppression including women with disabilities, LBT women, Yezidi girls married as children, and HIV positive women in order to increase accountability for state actors who violate their reproductive rights.
- Ensure the collection of more specific and accurate statistics related to the reproductive health of women who face multiple and intersecting forms of oppression including women with disabilities, LBT women, Yezidi girls married as children, and HIV positive women.

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[45] See: https://www.arlis.am/DocumentView.aspx?docid=104881
[46] See: https://jam-news.net/armenian-hiv-patients-suffer-discrimination-at-doctors-hands/)