

Summary

Background information

The main purpose of this research is to study the processes of abortion in Armenia in different medical institutions. There are several points that have been considered in this research:

- Reception
- Privacy and anonymity
- Attitudes of the gynecologists and nurses
- Drug induced and medical abortions
- Anesthesia
- Beliefs, religious, ethnic practices and abortions
- Three-Day waiting period
- Post-abortion care and counselling

The interviews have been conducted in Yerevan and Armavir, Gegharkunik, Lori, Shirak regions. 14 gynecologists (both women and men) and 10 nurses (only women) participated in interviews. The researchers visited medical centers and policlinics in different cities of the regions mentioned above. In total 24 interviews have been conducted.

The analysis of this research contains also a set of recommendations directed to experts and decision-makers of the sphere of sexual and reproductive health in Armenia.

As a matter of fact, what has been found out at the end of this research was that it is practically impossible to overlook complex and systemic perspectives of the topic of abortion. In a very brief list these perspectives are the following:

- Societal expectations from women to be impregnated and have children;
- Instrumentalization of children as both human beings and “concept” to study;
- Accessible and up-to-date sex-education in early years of physiological and gender development;
- Attitudes and perceptions of abortion, sexual life and reproductive health among doctors/gynecologists;
- Agency, control, and decisions of women over their lives, bodies, health and limitations in that area of life;

- Social and economic/financial conditions of families;
- Religion, beliefs, ethnicity and related practices;
- Limited or lack of knowledge about their body, physiology, pregnancy and related processes;
- Fears, shame, etc.

Main Research Findings

This research resulted in many interesting conclusions presented below:

- In theory and based on the official medical protocols, it is impossible to implement abortion procedures without all documentation provided and signed by women. This is not to present the bureaucracy in negative light but rather to point out that abortion-related procedures are complicated even if they look easy.
- Many women do not read the contracts and other papers in detail. They mostly rely on what doctors say (even when it comes to consequences with possible complications). This conclusion is also based on the fact of multiple abortions by one woman.
- The research showed that it is practically impossible to keep any privacy or anonymity with current procedures regarding the abortion. We consider privacy and private practice of abortion as an important point in women's bodily integrity and decision-making. Private practice from family, community, other medical practitioners.
- There are two major set of attitudes toward abortion among the gynecologists that participated in this research. On the one hand, according to gynecologist, having an abortion is a sin and a crime. On the other hand, gynecologists mentioned that one is not fully a professional without an abortion practice.
- Pregnancy is considered as important in three main aspects: protection and reproduction of nation, reaction to migration, the logic of "having many children is good".
- According to gynecologists an abortion is not always decided by women. Most of the times men are the initiators as well.

- Men continue to control women's agency and their body (or women's agency over their bodies). They "do not let" women to use contraception as well as "to keep the baby".
- As it was previously stated by other partner organizations, STIs are vastly common (especially linked to migration and especially in regions). Both men and women sometimes have no idea about their conditions.
- According to experts the reasons for abortion vary greatly: some women (and men, this should be discussed) do not want to have children, some have no means to provide another child, some forcefully go to have an abortion because of abuse and violence.
- According to experts participating in this research, the use of misoprostol medication is widespread, especially in regions. Although there is an official ban on selling the medication without a doctor's prescription since 2014.
- The controlled use of the medication is also common in regions more in comparison with Yerevan. According to experts/gynecologists, in Yerevan women prefer to use contraception and visit doctors both beforehand and for abortions.
- Many women travel to Yerevan for abortions. This is not restricted by law but greatly affects the proper necessary statistics by regions.
- An abortion is not a "pleasant" procedure for a doctor as well. Some gynecologists perceive it as something that negatively affects their professional status.
- There is a widespread tendency of drug-induced abortions. Women accidentally become "distributors" of the medication by spreading the word among their friends and relatives.
- In case of medical intervention women sometimes refuse full or any anesthesia. This is due to several reasons such as lack of finances, time, privacy, etc.
- Religion and ethnicity play a great role in the decisions about abortions. Most women from "very religious" communities or families refuse the procedure even in case of having more than 10 children or having a health condition incompatible with their pregnancy.
- Religion is also an important factor for the doctor: if the abortion is against their religious beliefs and attitudes, they refuse to do it. Nevertheless, if women arrive to the institution bleeding or in worse conditions, their attitudes become secondary.
- The three-day waiting period is discussed differently. Some of the gynecologists call it a positive reform, others do not see any difference, and some others are convinced that there is nothing can be done if a woman decided to have an abortion.

- According to the respondents of this research (also both statistics and DHS surveys show that) the rates of abortions lowered during last years. They link it with family planning and contraception use.
- According to respondents many women - especially in regions - leave the medical institution quickly after the procedure. In this situation, it is hard to talk about proper post-abortion care and counselling procedures in their qualitative sense.

Recommendations

- Facilitation of procedures regarding the abortion.
- More professional and complex solutions in sexual and reproductive health education.
- More progressive methods and approaches should be used and taught at the universities and colleges preparing medical specialists. There is an obvious need for revision of curricula in general.
- More advocative actions among and for women to take care of their bodies, health and their lives.
- Promotion of healthy lifestyles and spreading the medical chek-up culture.
- Measures to increase the rating of gynecologists and family planning specialists.
- Dissemination of information on contraception and spreading the culture of its use among different groups of society (again and on ongoing basis).