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Women's Resource Centre

The Women's Resource Centre Armenia (WRC) was founded in 2003 and works in the area of women's human rights, women's empowerment, reproductive and sexual rights. WRC is a member of several local and international networks and coalitions. Since 2006 the organization has submitted shadow reports and stakeholders reports to different UN treaty bodies.

Contact person: Anna Hovhannisyan, WRC Advocacy officer

Email address: womenofarmenia@gmail.com

Website: <https://womenofarmenia.org/> **Tel:** +374 95457478

Address: 24/5 Saryan street, Yerevan, Armenia

and the **Sexual Rights Initiative**

The Sexual Rights Initiative is a coalition of national and regional organisations based in Canada, India, Egypt, and Argentina that work together to advance human rights related to gender and sexuality at the United Nations.

Contact: Anthea Taderera, Advocacy Advisor – UPR,

E-mail: anthea@srigenewa.org **Tel:** +41767656477,

Website: www.sexualrightsinitiative.org

Address: Rue de Monthoux 25, Geneva, 1201 Switzerland



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Introduction

1. This report outlines and analyses the main issues, challenges, achievements, and recommendations regarding sexual and reproductive health and rights (SRHR) in Armenia. It is informed by over 20 years of research and practice by the WRC in the field, addressing key topics such as the lack of access to comprehensive sexuality education, and to family planning and abortion services, as well as prevailing gender stereotypes and their impact on SRHR. Furthermore, it explores access to SRHR services for various groups of women, highlighting the critical importance of privacy and confidentiality.
2. The situation in Armenia has significantly evolved since the last review, particularly since the 2020 war with Azerbaijan over Nagorno-Karabakh, with several escalations and the forced displacement of 100,000 people in 2023. These events have profoundly impacted the human rights landscape, disproportionately affecting women's rights and SRHR. The post-war period has further deepened stigma around SRHR in a society already steeped in patriarchal norms, making discussions on these topics even more challenging. This report delves into how the ongoing conflict and displacement have exacerbated pre-existing barriers to accessing SRHR services, particularly for vulnerable groups of women.

Gender stereotypes and sexual and reproductive health and rights in Armenia

3. In the last review, the Armenian government received and accepted a recommendation from the Dominican Republic to "Take specific measures to eliminate stereotypes and hate speech."¹ However, in its midterm report, the government failed to adequately address this issue, providing insufficient information about concrete steps taken to combat stereotypes.
4. While there has been some progress over the past decade, with women gaining a degree of independence in exercising agency over their lives and bodies, they continue to face significant discrimination and societal judgement, particularly in relation to issues concerning sexuality. Sexuality remains a taboo topic of discussion in Armenia, especially within families. Children are often too shy to enquire, and parents feel too embarrassed to foster open and honest conversations².
5. The Armenian educational system perpetuates harmful gender stereotypes by reinforcing traditional gender roles and expectations through both the curriculum and teacher behaviour. For instance, textbooks often depict men in leadership roles, such as businessmen or construction specialists, while women are portrayed in caregiving roles, such as mothers, teachers, or nurses. These depictions subtly convey that boys are expected to pursue ambitious careers, while girls are encouraged to prioritise domestic responsibilities. Additionally, teachers reinforce these stereotypes by encouraging boys to be assertive and competitive while expecting girls to be quiet, polite, and nurturing. These early messages

¹ Recommendation 153.51, Cycle 3, 2020.

² Online source: <https://thehighlander.aua.am/2024/02/22/the-misconception-of-sex-education-in-armenia/>

shape children's perceptions of gender roles, limiting opportunities for both boys and girls and entrenching gender inequality in Armenian society. Additionally, local media plays a significant role in reinforcing sexist and discriminatory attitudes toward women, amplifying these biases within society. Sexist and misogynistic rhetoric among politicians remains common and is rarely addressed or challenged³.

6. Sexist discourse permeates nearly every aspect of life in Armenia, creating a pervasive atmosphere of oppression and marginalisation that severely restricts the rights and opportunities of women and girls in both public and private spheres. This environment undermines their ability to exercise bodily autonomy, agency, and freedom, particularly in matters related to sexual and reproductive health. Key areas impacted include decisions about family planning, the number of children to have, contraceptive use, and the timing of sexual activity. Gender stereotypes reinforce discrimination, especially within healthcare, where marginalised groups—such as women living with HIV, women with disabilities, and LBT women—often face stigmatising and prejudiced treatment from health professionals. This not only diminishes the quality of care, but also discourages these women from seeking medical services, especially gynaecological care, putting their health and wellbeing at risk and denying them their fundamental right to health.
7. These entrenched stereotypes and discriminatory attitudes deeply affect access to sexual and reproductive health services, and the enjoyment of sexual and reproductive rights, as many women feel ashamed to discuss their sexuality or sexual rights, even within their families. Although some progress has been made, there is an urgent need for more comprehensive campaigns and continuous monitoring to ensure that these harmful stereotypes are effectively tackled. Without sustained efforts, women will continue to face barriers in exercising their sexual and reproductive rights freely and without judgement.

Son preference, gender equality and selective abortions in Armenia

8. During its third cycle review, Armenia received and accepted the following recommendation⁴ from France: Ratify the Istanbul Convention and fight the practice of selective abortions.
9. In Armenia, son preference is a deeply-rooted societal issue that reflects broader gender inequality. This preference is rooted in traditional values of Armenian society, where boys are seen as heirs who carry on the family name and provide support to aging parents. Such beliefs lead to discrimination against girls, who are often viewed as less valuable. Consequently, many families feel pressured to ensure they have sons, which contributes to practices such as gender-biased sex selection⁵. Addressing son preference requires a multifaceted approach that involves public engagement, to shift societal norms and attitudes toward valuing girls

³ A notable example of sexist rhetoric in Armenian politics occurred in November 2021 when Alen Simonyan, Speaker of the National Assembly, made inappropriate comments directed at opposition MP Anna Mkrtchyan. During a heated parliamentary session, Simonyan said, "Talk to me in a respectful manner, little girl." This condescending remark, addressing a fellow parliamentarian based on her gender and age, sparked significant controversy as it highlighted the sexist attitudes present even in high-level political discourse.

⁴ Recommendation 153.23, Cycle 3, 2020.

⁵ Online source: <https://www.worldbank.org/en/events/2021/09/01/son-preference-drivers-evidence-gaps-and-policies>

equally by fostering a broader understanding of gender equality and the importance of both sexes.⁶

10. In its mid-term report⁷ the state highlighted progress in implementing this recommendation, noting that within the framework of the *"2020-2023 program of the Republic of Armenia on prevention of the gender-based sex selection and the list of actions for the implementation of the program"*, the Ministry of Health elaborated and approved the Training Manual *"Prevention of the gender based sex selection through changing the attitude of healthcare workers and improving the consultative skills thereof"*. The outcome of joint actions undertaken years ago and continued to today is obvious: in 2008-2012 girl/boy gender parity was 100/115, this ratio was reduced to 100/108,8 in 2021.
11. However according to state statistics⁸, gender disparity increased again in 2022 and 2023, with 111 boys born for every 100 girls in 2022 and 110 boys for every 100 girls in 2023. This suggests that the plan to address sex-selective abortions is not achieving its intended outcomes. Focusing solely on healthcare workers is insufficient, as it does not address the root causes of gender bias nor educate the broader public on gender equality. Often, doctors refuse to perform abortions due to fear of legal repercussions, which in turn infringes upon women's reproductive rights. To be effective, initiatives must be comprehensive, targeting both healthcare providers and the wider public through education to change deeply ingrained cultural attitudes towards gender preference.
12. In 2016, amendments were made to the Law on Human Reproductive Health and Reproductive Rights to ban sex-selective abortions. Though the restriction banning sex-selective abortion may be well-intended, it has the potential to violate women's rights to life, health, and bodily autonomy and integrity. Banning sex-selective abortion services may have led women to carry unwanted pregnancies to term. Alternatively, the decrease in the number of abortions may be an indication that women are conducting clandestine abortions at a higher rate since the ban, which carries higher risks as they are often unsafe.

Access to comprehensive sexuality education in Armenia

13. During the third UPR cycle in 2020, Armenia received and accepted a recommendation⁹ from Iceland to "Introduce comprehensive and evidence-based sexuality education in Armenian schools." In its mid-term report,¹⁰ Armenia highlighted progress, noting that the "Healthy Lifestyle" course is now taught in general education schools. This course includes topics related to sexual and reproductive health, such as stages of maturation, the functioning of the sexual and reproductive systems, prevention of unwanted pregnancy, and HIV/AIDS prevention, and is adapted for students in grades 5-11 according to their age and competencies.

⁶ Online source: <https://eeca.unfpa.org/en/news/sex-selection-leads-dangerous-gender-imbalance-new-programme-tackle-root-causes>

⁷ See: UPR Third Cycle, Mid-term voluntary report of the Republic of Armenia, February 2023.

⁸ Online source: https://eeca.unfpa.org/sites/default/files/pub-pdf/unfpa_armenia_factsheet_3.pdf

⁹ Recommendation 153.147, Cycle 3, 2020.

¹⁰ See: UPR Third Cycle, Mid-term voluntary report of the Republic of Armenia, February 2023.

14. According to Article 5 of the Law¹¹ on Person's Reproductive Health and Reproductive Rights of the Republic of Armenia, adolescents have the right to essential information on sexual and reproductive health issues, including abortion and STIs, as well as modern methods for preventing HIV/AIDS. In traditional Armenian society, many parents and teachers often consider topics related to sexual and reproductive health as inappropriate for children, including teenagers. This cultural perspective leads to a reluctance to engage in open discussions about sexuality, contraception, and STIs, which are crucial for adolescents' understanding and well-being¹². The Ministry of Education has not taken a strong stance to contradict these cultural beliefs, often prioritizing conformity to societal norms over the need for comprehensive sexual education.
15. The Armenian government justifies its refusal to implement *comprehensive* sexuality education by citing the country's traditional values, arguing that addressing topics related to sexuality would provoke societal divisions and tension. In public discourse, "traditional values" in Armenia often refer to the cultural beliefs and norms surrounding family structure, gender roles, and societal expectations, particularly those that emphasize a nuclear family and conservative views on sexuality. These values typically involve the notion that discussing topics related to sexual health and education can disrupt societal harmony and undermine the established family unit, which is viewed as central to Armenian identity.
16. Thus in Armenian schools, there is only a sexuality education program that is delivered under the "Healthy Lifestyle" course. However, this program follows an abstinence-only framework and employs a fear-based approach, emphasizing exaggerated consequences of unwanted pregnancies and sexually transmitted infections (STIs). For example, lessons on pregnancy prevention do not adequately address modern contraceptive methods nor foster open discussions on consent, healthy relationships, or gender equality. The curriculum's content on STIs, including HIV/AIDS, is often scientifically complex and not tailored to the developmental needs of the students—an issue also reflected in the state's response to the recommendation.
17. The curriculum provides detailed information on various aspects of sexuality education, but it often exaggerates consequences and focuses on extensive descriptions of specific topics without equally emphasizing practical solutions, such as consent, healthy relationships, and safe practices. For example, in-depth information on sexually transmitted infections (STIs) is provided, but prevention methods are not taught, nor the fact that many STIs are treatable. Instead, a balanced approach should prioritize accurate scientific information while also incorporating strategies for prevention and fostering open discussions that empower students to make informed choices about their sexual health and relationships. This approach should not only educate students about potential risks but also encourage them to develop critical thinking skills and healthy attitudes toward their sexuality, instead of shame.
18. One of the primary obstacles to implementing *comprehensive* sexuality education in Armenia is how the "Healthy Lifestyle" program is taught, and teachers' attitudes towards the subject matter. Women's NGOs have approached the Ministry of Education on numerous occasions,

¹¹ See: The Law on Person's Reproductive Health and Reproductive Rights
<https://www.arlis.am/DocumentView.aspx?docid=75284>

¹² Online source: <https://evnreport.com/evn-youth-report/disregarded-health-sex-education/>

offering to share their expertise and work pro-bono to train teachers on these sensitive topics. However, the Ministry has consistently declined these offers of collaboration.

19. Additionally, despite the legal framework that supports comprehensive sexual education, the lack of acceptance for these topics in educational and familial settings contributes to significant public health issues. For instance, according to 2018 data from the Armenian Ministry of Health, approximately 50,000 cases of STIs are recorded each year, with the most common infections being trichomoniasis, chlamydia, and gonorrhea. Unfortunately, many individuals affected by STIs do not seek medical help, opting instead to self-treat, which can exacerbate health risks and lead to further transmission of infections.¹³ Additionally, abstinence-only teaching has been criticized as ineffective in reducing unwanted pregnancies and STIs despite the emphasis of these in the “Healthy Lifestyle” course.
20. Evidence¹⁴ shows that comprehensive sexuality education equips adolescents with the knowledge they need to make healthy decisions about their sexual lives. It is crucial for their psychological and physical well-being and for their ability to exercise sexual and reproductive rights.
21. Beyond sexual health, comprehensive sexuality education also plays a critical role in violence prevention. Research¹⁵ has demonstrated that when young people are educated about consent, healthy relationships, and gender equality, they are better equipped to identify and prevent instances of gender-based violence (GBV), including domestic and sexual violence. Despite this, Armenia’s approach to sexuality education neglects these aspects, leaving a significant gap in violence prevention efforts. In recent years, Armenia has witnessed an alarming rise in GBV, including domestic and sexual violence. Prevention measures remain inadequate, further underscoring the need for comprehensive education that addresses these issues from an early age.
22. The state is failing to fulfill its obligation to provide students with comprehensive, evidence-based information on sexual and reproductive health and on violence prevention. The lack of adequate education has contributed to the increase in GBV, highlighting the broader consequences of this violation of the right to education. Without action, both the health and safety of Armenian youth are at risk.

Access to family planning services in Armenia

23. In the aftermath of the 2020 Nagorno-Karabakh war, the 2022 military aggression towards Armenia, and the 2023 displacement of 100,000 people by Azerbaijan, Armenia faces a crisis impacting sexual and reproductive health and rights. The state’s pro-natalist¹⁶ policies¹⁷ which aim to boost the birth rate and support families and increased state support for artificial reproductive technologies (ART) are being pitted against fundamental rights such as access to safe abortion services and access to modern contraceptives as the latter rights and

¹³ Online source: <https://evnreport.com/raw-unfiltered/sexual-discourse-speaking-about-the-unspeakable-2/>

¹⁴ Online source: International technical guidance on sexuality education. WHO, 2018. https://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf

¹⁵ Ibid.

¹⁶ These policies are related to the monthly financial support to families with 3 or more children.

¹⁷ Online source: [Pronatalism-brief-English.pdf \(womenofarmenia.org\)](https://www.womenofarmenia.org/Pronatalism-brief-English.pdf)

associated services are chronically underfunded. The prioritisation of pro-natalist services often comes at the expense of essential reproductive health services. The state provides financial support for ART, but it fails to invest adequately in ensuring access to the full spectrum of reproductive health services which reflects a prioritisation of childbirth over comprehensive reproductive healthcare, creating barriers for women seeking free services related to safe abortion and contraceptive methods¹⁸.

24. High cost and lack of access in rural areas de facto deprive women of the right to access family planning services in Armenia, as all modern contraceptives need to be purchased out of pocket, as there is no state funding or subsidy for it. Further, the lack of pharmacies and clinics in rural areas significantly restricts women's access to family planning services. In many villages, there are no local pharmacies where women can purchase contraceptives or receive necessary information about family planning. As a result, women must travel to larger cities to obtain these essential services, which can be time-consuming and costly. Moreover, the absence of medical clinics in rural areas further exacerbates the issue. Women often have to undertake long journeys to access healthcare professionals who can provide family planning counselling, prescribe contraceptives, or offer reproductive health services including abortion services, which must also be paid for out of pocket.
25. The state does not ensure the availability of contraceptives nor free access to family planning services and methods. Due also to the general absence of comprehensive sexuality education in Armenia, and low awareness by women living in rural areas concerning issues of contraception, family planning and prevention of STIs remains a problem.
26. Despite Armenia's continuous claims that it cannot distribute modern contraceptives to women free of charge due to insufficient funds, the budget for ART has increased significantly during the last two years. According to the replies of Armenia to the list of issues and questions in relation to its seventh periodic report to the Committee on Elimination of Discrimination against Women, the lack of a separate line in the state budget for the purchase of contraceptives is due to the scarcity of a budget allocated to the health sector (para. 79); however since 2018 the state budget allocations to healthcare have been increased. For example, in the 2021 budget of Armenia's Ministry of Health has by now been exceeded by AMD 27bln.¹⁹ (approximately 667,513,434.48 USD).

Barriers to Safe and Legal Abortions for Women in Armenia

27. We regret that Armenia did not receive any recommendations on ensuring access to safe abortion. 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. Women should be able to freely exercise their right to bodily autonomy without hindrance, and this critical health service should be available, accessible, acceptable and of good quality.
28. Regardless of international and national principles that regulate the realisation 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

¹⁸ Women need to pay for these services in Armenia.

¹⁹ See: https://finport.am/full_news.php?id=45020&lang=3

areas. Rural women have difficulty accessing medical services due to a lack of medical institutions and transport facilities in those areas.

29. Abortions are legal in Armenia under Article 10 of the Law on Reproductive Health and Reproductive Rights (December 11, 2002). However, Article 21 of Government Order No. 180-N, dated February 23, 2017, introduces restrictions that limit women's access to abortion services. This regulation mandates a three-day waiting period after a woman first consults a doctor before the procedure can be carried out. Additionally, it sets specific preconditions for terminating a pregnancy, including mandatory counselling provided by the doctor, free of charge, regarding the potential “negative effects” of the abortion. Further, the cost of obtaining an abortion²⁰ from a doctor can prove burdensome for many rural women.
30. Conscientious objection to abortion among health workers in rural areas is another reality which many women face while seeking abortion services, and the State does not regulate this harmful practice. There are currently no legal regulations in Armenia that explicitly permit nor prohibit conscientious objection to abortion among healthcare workers. This absence of clear guidelines leaves women in rural areas facing significant barriers when seeking abortion services. Without any regulations, health workers can refuse to provide abortion services based on personal beliefs without any obligation to inform patients of alternative options or refer them to another provider. This can lead to women being denied care without proper guidance on where to access safe abortion services, often resulting in delays that can affect their health and well-being.
31. On July 12, 2024 the National Assembly adopted draft amendments allowing women to undergo medical abortions in out-of-hospital settings up to the 8th week of pregnancy. This amendment is a direct result of persistent advocacy efforts by feminist organisations, and marks a significant advancement in women's reproductive rights in Armenia. Under the new law, medical abortions can now be performed in licensed medical institutions, whether in hospitals or out-of-hospital facilities, thereby providing greater accessibility and choice for women.
32. While this legislative change is a crucial improvement in healthcare options for women, it is essential for the Armenian government to prioritise informing medical professionals and women about these new regulations. Increased awareness and understanding of the law are vital for its effective implementation and to empower women to make informed choices regarding their reproductive health. At present, it is unclear whether the new amendments will impact the operation of Article 21 of Government Order No. 180-N.
33. Furthermore, to enhance the safety and accessibility of abortion services, the Armenian government should adopt World Health Organization (WHO) standards on medical abortions. This includes promoting self-managed medical abortion as an option for women, allowing for greater autonomy and empowerment in reproductive health decisions.
34. By implementing these recommendations, Armenia can ensure that the recent amendments translate into meaningful improvements in women's healthcare, ultimately advancing gender equality and reproductive rights in the country.

²⁰ 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.

Women's access to sexual and reproductive health services

35. During the third UPR cycle in 2020, Armenia received a recommendation²¹ from Estonia to, “Enhance women’s access to basic health care and sexual and reproductive health services”. In its mid-term report²², the state outlines several measures to improve women’s access to healthcare.
36. Annual gynaecological exams for girls are conducted as part of Armenia’s free medical aid program from the age of 15 years of age. A third-level maternity care service is being established for pregnant and postpartum women. Special attention is given to rural areas, with mobile mammography units providing screenings for women aged 50-69 and ensuring follow-up treatment if needed. Additionally, since 2019 women with disabilities receive comprehensive medical care, including infertility treatment and assisted reproductive technology. However, while these initiatives are a positive step, they do not address the full spectrum of SRH needs and fail to adequately reach various marginalised groups.
37. In Armenia there is a lack of access to appropriate healthcare services that will enable women from marginalised groups to safely navigate through sexual and reproductive health-related issues. The state does not ensure the accessibility of health services for remote rural areas including emergency gynaecological care, and does not guarantee that health workers receive adequate and continual trainings on SRHR issues with special attention to marginalised groups of women including LBT women, women living with HIV, Yezidi women, women with disabilities and women from rural communities. The lack of reliable and accessible public transportation from villages to cities, where hospitals are located, poses a significant barrier to healthcare access for rural residents.
38. Another significant issue is the lack of confidentiality and privacy in many SRHR services across health facilities in Armenia. This is particularly problematic for marginalised groups, such as LBT women, women with disabilities, and women living with HIV, who often avoid seeking gynaecological care because they do not feel respected or safe. Discriminatory practices and biased attitudes from healthcare providers create a hostile environment, leading to mistrust and reluctance to access essential health services. These barriers not only undermine the quality of care but also exacerbate health disparities, leaving many women without the support they need to manage their sexual and reproductive health.

Recommendations:

We call on Armenia to:

1. Ensure that gender stereotyping is understood as a serious problem affecting women and girls, in both the public and private spheres, by undertaking comprehensive campaigns tackling harmful stereotypes.
2. Periodically train and assess health workers on reproductive health, and on rights-based, patient-centred approaches, paying particular attention to reaching women who face multiple and intersecting forms of oppression.

²¹ Recommendation 153.38, Cycle 3, 2020.

²² See: UPR Third Cycle, Mid-term voluntary report of the Republic of Armenia, February 2023.

3. Provide mandatory and comprehensive training for healthcare providers on inclusivity and non-discrimination to ensure all women can access SRHR services with dignity and respect.
4. Introduce comprehensive and evidence-based sexuality education in Armenian schools including through developing and implementing appropriate teaching materials for students, in addition to training teachers in collaboration with feminist and women's rights organisations.
5. Develop and implement alternative comprehensive sexuality education programs such as peer-to-peer education, counselling corners in clinics, and training for parents of out of school youth.
6. Ensure that all aspects of sexual and reproductive health services are accessible, confidential, and sensitive to the needs of marginalised groups, including LBT women, women with disabilities, women living with HIV, Yezidi women and women from rural communities.
7. Introduce a separate budget line for the distribution of free modern contraceptives, and allocate an adequate percentage of the Armenian budget to sexual and reproductive health services.
8. Use international best practices to reform the law on abortion in the Law on Reproductive Health and Reproductive Rights, by removing the waiting period for accessing an abortion, and the compulsory counselling on "negative effects" of abortions.
9. Ensure accessible, safe, and affordable abortion services for women living in rural areas.
10. Educate the public and healthcare professionals about the new out-of-hospital medical abortion regulations and promote WHO standards, including self-managed options.
11. Continue efforts to combat sex-selective abortions by prioritising comprehensive gender education and actively working to eliminate harmful gender stereotypes within society.