



**ACCESS TO HEALTHCARE AND LEGAL PROTECTION OF  
TRANS COMMUNITY IN ARMENIA**

**NEEDS ASSESSMENT AND POLICY BRIEF**

2018



# **RIGHT SIDE**

**HUMAN RIGHTS DEFENDER NGO**

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## Abbreviations

AIDS – acquired immune deficiency syndrome

CSO – civil society organization

GRS – gender reassignment surgery

HIV – human immunodeficiency virus

HRT – hormone replacement therapies

MSM – men who have sex with men

MTF – male to female trans person

NGO – non governmental organisation

SOGIE – sexual orientation, gender identity and expression

STI – sexually transmitted infections

## 1. Introduction

Over the past two years it has become increasingly important that scaling up and improving services to trans people in Armenia, has to be prioritized, in order to achieve universal access to HIV prevention and care is to be achieved. Very important challenge to reaching trans people is that they are marginalized, stigmatized and discriminated against in all areas of public life.

This paper addresses different topics related to health and legal protection of trans people in Armenia, information which is essential for decision and policy makers, civil society in planning, developing and implementing programs to improve situation of trans people in Armenia.

On January 16th and 18th, 2018, two focus groups were conducted for this assessment. An array of questions was addressed to the focus group of trans people to redirect the personal cases into the recommendations developed both for the CSOs and the state.

The objective of the meetings was to develop a comprehensive and critical discussion around the main areas the 'Right Side' human rights defender NGO envisaged as a target, that is amendments and improvement of the legal aspects related to the rights and advocacy of human rights of trans people and the health sector reforms. These two areas along with the necessity to consider the case management among trans people were touched upon.

There were about 30 participants – trans community members in two focus groups.

The discussion was designed to gather information from the trans community in regard to the following outcomes:

Outcome 1: To gain a better understanding of how trans people perceive and experience healthcare programs in Armenia.

Outcome 2: To gain a better understanding of how trans people experience legal protection mechanisms in Armenia.

## 2. Methodology

The focus groups were held based on the discussions, structured debates and other interactive methods to make the attendees comfortable for sharing the experience and thoughts. There were two focus groups organized with the target group, on health and legal protection.

The following key questions were addressed:

1. What are the healthcare inequalities facing trans people?
2. What are the barriers in accessing healthcare services
3. What are the legal inequalities facing trans people?
4. What are the barriers in accessing legal services?

Although the issues are most of the time completely understood and estimated, sub-questions were applied for a structural approach to formulating the objectives and the goals of the activities related to them. Therefore, the group had a task to consider the legal initiative concerning the anti-discrimination law and the package of health care amendments. The following trajectories were considered:

**-Actuality** (*to understand the relevance, the issue being urgent and necessary, to consider whether the activities are structured in a logical and appropriate time manner*).

**-The beneficiaries and the target group** (to the need of applying sources, statistics, data analysis, cases and other documents augmenting the necessity for defining priority issues).

**-Obstacles**

**-Stakeholders**

### 3. Participant Demographics

Around 30 trans participants were invited to the focus groups. Most of the participants were from Yerevan. However, among them there were youth who moved from their home town, from regions of Armenia to Yerevan for avoiding discriminative approaches, or because of being rejected by their families.

## 4. Community Perspectives: Findings from the focus groups

### 4.1.1. Access to healthcare

*'I was beaten in the hospital by medical staff. You think they are there to save your life? I am not sure  
Lilit, trans woman, 27-yrs old*

All focus group participants mentioned extremely high level of transphobia in healthcare institutions against trans people, high degree of psychological and physical violence, absence of medical guidelines on trans-specific health services, very expensive medical procedures required for transition, no awareness of medical staff on trans issues.

All participants mentioned that they have been bullied and discriminated in medical institution, which prevents them from receiving high quality medical services or to visit a doctor.

Participants reported about discriminative approach by medical personal stated that this is linked with the educational system, lack of knowledge on sexual orientation and gender.

Most of the focus group participants does not undergo regular medical check-ups to understand their health status which is related to lack of understanding of importance of such check-ups and/or fear of being discriminated at the hospital. When seeking medical support, trans people often faced, disrespectful attitude, and even openly were refused to be provided by medical assistance to help.

Participants indicated that they were faced with actual denials of medical care due to a mismatch between their appearance and passport sex. Some of them noted that they had to voluntarily refuse to receive medical assistance and treatment. The state does not finance programs aimed at the prevention of sexually transmitted infections, as well as HIV/AIDS among trans people. Such programs are supported only by non-governmental organizations financed by foreign grants.

Vulnerability to HIV among trans people in Armenia is increased due several factors. One of them is involvement in sex work. All MTF trans participants involved in focus group were sex wrokers. Another issue contributing to high exposure to HIV is migration, which has been evolving in Armenia.

Trans sex workers have been reporting main desitination of sex work Turkey, Russia and Georgia. The fact that trans people, although being under the highest risk of HIV, are omitted in the National Plan Against AIDS, demonstrates ignorance of this group from the national authorities and lack of political will tocover trans community. Not all participantw were aware of what HIV/AIDS is, and its ways of transmission and prevention, but anyway they have unprotected sexual intercourse.

The need for effective prevention methods targeting trans people is critical, especially within such population. In addition, usually MSM service organizations provide services to trans community using the same approaches as for MSM while trans people said that have different needs and current services are not tailored to their needs. They mentioned that don't want to be identified with MSM, since whole life they were trying to avoid of " being men", and they feel transphobia while approaching to MSM organization for services.

There were people who approached for STI/HIV testing, but unfortunately medical staff could not test her, because she was their first patient who underwent vaginoplasty.

In addition, as for the gender reassignment procedures, the response letter of the Ministry of Health stated that there is no legislation to regulate “sex change”, although Ministry of Justice requires certificate about “sex change” for legal gender recognition. Gender Reassignment surgeries are done secretly in Armenia, since there are no regulations and surgeon. It is done by mutual agreement between non local surgeon (invited by the patient), medical institution and the patient. Patients signs document that they take full responsibility about the risks related to the surgery.

Additionally there is no specialized endocrinologists and usually trans people who are on HRT, are on self-treatment, although there were people mentioning that there is only one person, who prescripts the same hormones for all trans people approached to her.

#### 4.1.2. Recommendations

##### *To the Government, Parliament and other state bodies*

- To provide revision of textbooks and programs in medical universities, and include there information about SOGIE,
- To provide trainings for medical staff to eliminate discrimination against trans people while accessing healthcare services,

- To provide qualification courses to trans specific specialists, such as endocrinologists and surgeons,
- To provide revision of textbooks and programs in medical universities, and include there information about SOGIE,
- To provide trainings for medical staff to eliminate discrimination against trans people while accessing healthcare services,
- To provide qualification courses to trans specific specialists, such as endocrinologists and surgeons,
- To initiate and adopt anti-discrimination legislation, which includes grounds of gender, gender identity and expression,
- To adopt regulations, health protocols or other legislations to make GRS legally available,
- To include GRS related costs in public healthcare insurance,
- To adopt trans inclusive of conduct and guidelines at the level of medical institutions,
- To make size estimation of trans community and evaluate their risk to STI/HIV/AIDS,
- To include trans community in the list of most at risk population in National program against AIDS.

## *To the Civil Society Representatives*

- To continue to study trans persons' needs in the area of healthcare and react them adequately,
- To develop healthcare programs based on the needs of the trans community by making services available and accessible for trans community,
- To implement trans led projects, trans community based STI/HIV/AIDS interventions,
- To conduct rapid STI/HIV tests at with support of trained outreach workers by community based approach,
- To implement projects and campaigns aimed at socialization of trans people, reduce stigma and discrimination against trans people
- To advocate for legalization of sex work, and for sex workers' rights.

### *4.2.1. Legal protection*

*'I will say about the discrimination in the university when the person is already aware and realizes to what obstacles they would encounter. The discrimination starts even while applying to the university. Most of the time we have low marks to enter, then it goes on during the studies, then you are discriminated, and then bitten by your course mates. And then they win you.'*  
*Sam, trans man, 21 yrs old*

As the group alleged, all the concerns of trans people are directly connected with the legislative gaps in the Republic of Armenia. The group highlighted that most of the violations are based on the state's inaction in this field: that is, the law neither bans nor defines the premises, limitation or ratifies any punitive or human right redress mechanisms in case of violations of the rights of trans people based on their gender identity and recognition.

Trans people are one of the most vulnerable groups In Armenia. Most of the participants were victims of homophobic and transphobic incidents, hate speech, hate crime or discrimination. There is no trans inclusive hate crime legislation in Armenia and no official statistics. The available data does not reflect the current situation.

Participants mentioned that the low level of reporting of hate crimes is a result of the mistrust towards the police and even more they have fears to be violated at the police stations. There is no trust even coming from the Ombudsmen office, because in the reply of one of the letters addressed to the Ombudsmen, he referred to trans people as “people with other sexual orientation”.

The actuality of the suggested issues was mainly based on the consequences-phenomenon of a large scale. Among them, the group highlighted the migration of trans people as a forced means of terminating the discriminative context of the country.

The reasons for migration are the obstacles for (1) enjoying the right to high standards of life, which is one of the main directions of the general migration context in Armenia, (2) for obtaining a higher education degree, (3) or for entering to the labor market as an expert, since the bullying, hate speech and hate crime hinders the youth from advancements in career. These reasons brought describe the whole image of the country.

Most of the MTF trans people in Armenia are sex workers based firstly on the fact that other industries do not employ trans people, secondly the general economic context of the country (e.g. as brought by the focus group members, the clerk is less paid than a sex worker).

Therefore, the prioritization of several areas was based on the frequency and amount of the cases and incidents. Those require a thorough examination of legal and academic reasons, related to other fields, as well as the country and system background is to be considered.

In particular, the objectives of the anti-discrimination law should include the fulfillment of the labor rights, with certain regulations and obligations of the job market, rights to education, right to the highest attainable standards of health, legal gender recognition etc.

Among the issues, the gender marker in the identification documents was also mentioned in the background and the possible problems inflicted in Armenia- as a conflicting state with the high-risk security issues.

Among the obstacles, the group highlighted that the legislative gap concerning the antidiscrimination law is necessary for securing equal opportunities in receiving social benefits of the state. In adopting the law, according to the legislative procedure, there is a need to attract either MPs or fractions to the needs and objective of the law. The group mentioned that for both legislative initiators, the obstacles concerning the country background will greatly influence on processing the initiative.

Some allied issues in Armenia would also hinder the progress. One of them is that the labor market is not open to admitting trans people and the commitment to adhere to the human rights principles is not in the responsibilities especially in the private sector.

Generally speaking, participants mentioned that they don't feel themselves as equal citizens of the country, and there is not political will to improve the legal situation of the community, and they only trust couple of NGOs.

#### 4.2.2. Recommendations

##### *To the Government, Parliament and other state bodies*

- To adopt comprehensive anti-discrimination legislation, which prohibit discrimination on the ground of SOGIE in all aspects of life,
- To adopt trans inclusive hate speech and hate crime legislation, and separate unit for investigating hate crimes,
- To take appropriate measures to ensure that trans people have equal access to education and employment, without discrimination on the basis of SOGIE,
- To legalize sex work, and abolish all kind of punishments against sex workers,
- To improve legal procedures for legal gender recognition, remove forced medical interventions and adopt accessible, transparent legal gender recognition procedures based on self-determination,
- To train and educate public servants on SOGIE issues in order to eliminate discrimination.

## *To the Civil Society Representatives*

- To continue to protect trans persons' rights and provide them legal services,
- To develop programs with consultation and cooperation trans community,
- To implement trans led projects, trans community based STI/HIV/AIDS interventions,
- To implement projects and campaigns aimed at mobilization of trans people,
- To run campaigns, to reduce stigma and discrimination against trans people, especially in the regions,
- To advocate for legalization of sex work, and for sex workers' rights.

The publication was prepared and published within the regional program "Right to Health", implemented by the Eurasian Coalition on Male Health (ECOM) with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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