



**SURVEY AMONG TRANS PEOPLE ON  
THE SITUATION OF SEXUAL AND  
REPRODUCTIVE HEALTHCARE AND  
RIGHTS IN ARMENIA**

**THE PUBLICATION WAS PREPARED AND PUBLISHED  
UNDER THE EASTERN EUROPEAN REGIONAL  
PLATFORM FOR ACCELERATING ACTION ON WOMEN,  
GIRLS AND TRANSGENDER PERSONS IN THE  
CONTEXT OF HIV/ AIDS, WITH THE SUPPORT OF THE  
EURASIAN KEY POPULATIONS HEALTH NETWORK.  
THE POINTS OF VIEW EXPRESSED IN THIS  
PUBLICATION BELONG EXCLUSIVELY TO THE  
AUTHORS AND MAY NOT  
COINCIDE WITH THE POINT OF VIEW OF THE  
EURASIAN KEY POPULATIONS HEALTH NETWORK.  
THE EURASIAN  
KEY POPULATIONS HEALTH NETWORK DID NOT  
PARTICIPATE IN THE COORDINATION AND APPROVAL  
OF BOTH THE MATERIAL ITSELF AND THE POSSIBLE  
CONCLUSIONS FLOWN FROM IT.**



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## PROBLEM JUSTIFICATION

Armenia is a conservative transphobic heteronormative low middle-income country where trans people face multiple stigma and discrimination, hate speech and hate crime on a daily basis, because of their gender identity/expression. Yet the constant intimidation and prejudices deeply ingrained in popular culture, together with the striking lack of anti-discrimination legislation and an extremely transphobic media climate, force trans people to live in secret and fear, effectively disallowing the formation of a strong community and depriving them of any notable political presence. From 2016-2018 "Right Side" human rights defender NGO collected 223 cases of anti-trans hate crimes including cases of physical violence, rape and kidnapping committed by family members of trans people, nationalist groups and even by public authorities. Despite the number of the reported cases to "Right Side" human rights defender NGO, unfortunately this number is much higher. The situation of trans people in Armenia is alarmingly disturbing. Trans people face violence, discrimination and bullying happening in all aspects of public life such as medical institutions, state bodies, police stations, educational institutions, sport and entertaining places, accessing to public services, housing, even in so-called "human rights" defender NGOs, etc. Despite the progressive cooperation with some state bodies, the current policies are degrading and humiliating trans citizens of Armenia without no respect for the Right to Private life and the Right to Physical and Psychological Integrity. Trans people are forced to go through various medical interventions including forced sterilization for their legal gender recognition. On the other side hormone replacement therapy and gender reassignment surgeries are not available in Armenia, because of non-existence of trans inclusive policies. The most vulnerable people of the trans community in Armenia are trans sex workers. In Armenia most of them do not have education with a rare exception in case of incomplete secondary one. The only means of living for them is sex work. Trans sex workers face violence because of the stigma associated with sex work, gender-based violence or due to stigma associated with HIV. The rights of trans sex workers and their situation are rarely discussed. While everyone may know about them and their existence, few are keen on raising the topic. Vulnerability to HIV among trans people in Armenia is increased due several factors. One of them is involvement in sex work. Another issue contributing to high exposure to HIV is migration, which has been evolving in Armenia. Trans sex workers have been reporting main destination 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 to cover trans related healthcare. The need for effective prevention methods targeting trans people is critical, especially within such populations as trans women sex workers. Despite numerous containment efforts, HIV prevalence has increased rapidly in Armenia. Besides the existing epidemiological studies, there is a consensus among healthcare experts and SCOs that the data on trans is severely lacking and unreliable. Trans people are covered by projects designed for MSM, and officially, MSM are only responsible for a small percentage of HIV transmissions in Armenia.



**RIGHT SIDE**  
HUMAN RIGHTS DEFENDER NGO

## **RESEARCH GOALS AND OBJECTIVES**

Concentrating on the situation and needs of trans people in Armenia we initiated this research to support and advocate for better sexual healthcare programming among trans people in Armenia. Specific objectives of the research were:

- Develop and elaborate data about vulnerability of trans people to HIV/AIDS,
- Develop and elaborate data about challenges faced by trans people in Armenia while accessing sexual and reproductive healthcare programs,
- Elaborate trans specific recommendations to improve the situation of sexual and reproductive healthcare programming in Armenia.
- Elaborate trans specific recommendations to reduce stigma and discrimination against trans people in Armenia.

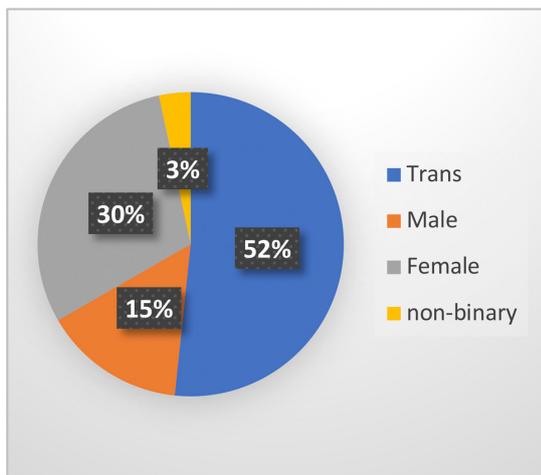
## **METHODOLOGY**

The methodology of the Peer Driven Intervention (PDI) has been an effective tool for realizing the program for HIV-infection and other social defiance in the spheres. With the help of the traditional model of outreach work, the PDI model uses the ties and relations of the community. The sophistication of the model is contingent on a volume that every member of the community is able to contribute to the prevention of HIV in the group. All participants in the project are interviewed, trained and received prevention services. The survey itself was conducted among 60 trans people in Yerevan.

# RESEARCH FINDINGS

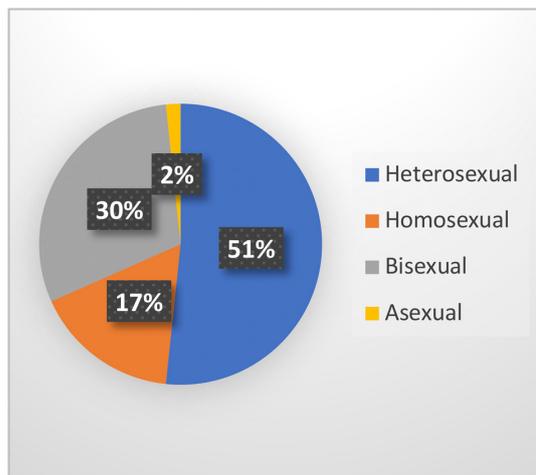
## 1. Social and demographic data

Graph 1. Gender Identity



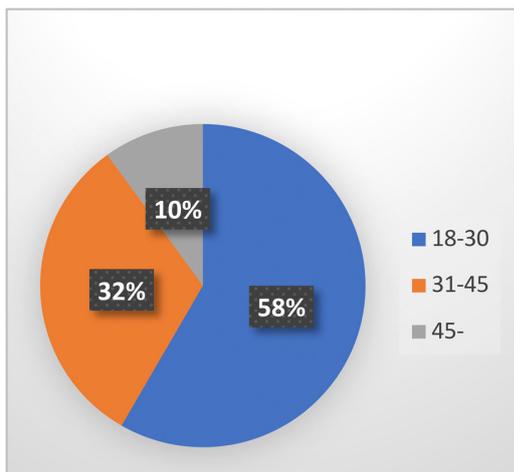
Most of the respondents identified themselves as trans 52%, however, 15% of all respondents identified themselves as men, 30% female and 3% non-binary.

Graph 2. Sexual orientation



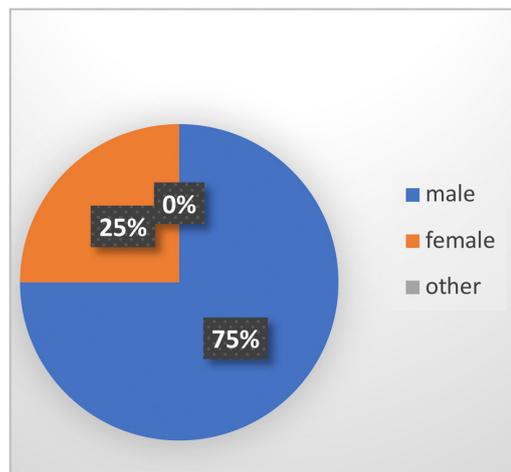
51% of respondents identified themselves heterosexual, but 17% were homosexuals, 30% bisexuals, 2% of all respondents said that they are asexual.

Graph 3. Age



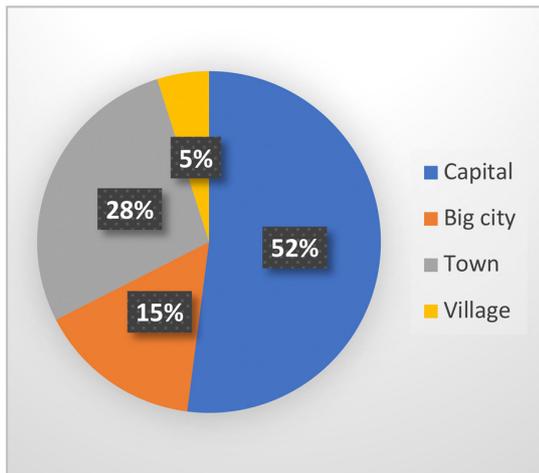
Most of the respondents - 58% were young aged 18-30. The youngest respondent was 18 y.o, the oldest respondent was 53 y.o.

Graph 4. Sex at birth



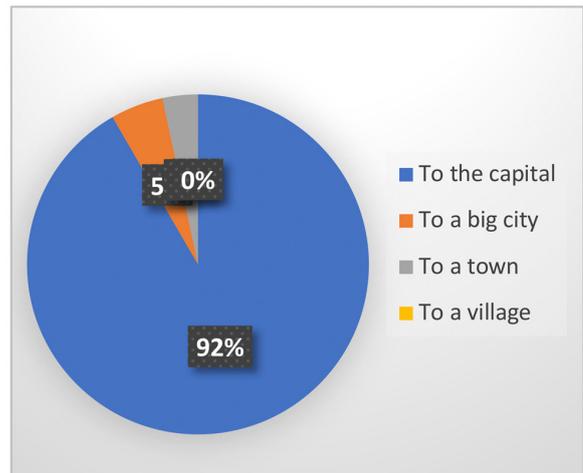
75% mentioned that they were assigned male at birth out only to friends. 25% mentioned that they birth sex was female. No one mentioned other (e.g. intersex).

Graph 5. Hometown



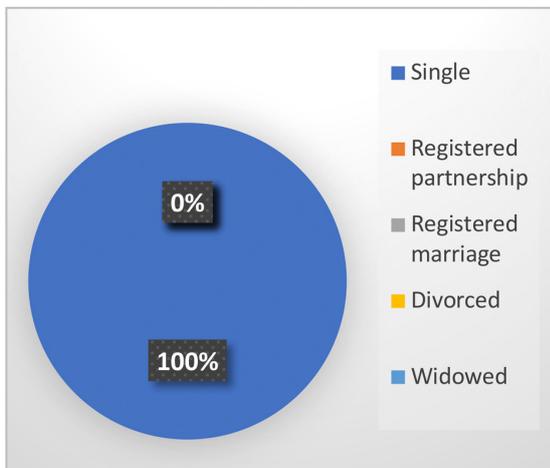
Most of the respondents were born in the Capital – 52%, 15% of all respondents were born in a big city other than the Capital, 28% in a small town and only 5% were born in villages.

Graph 6. Change of place of residence compared to where they were born



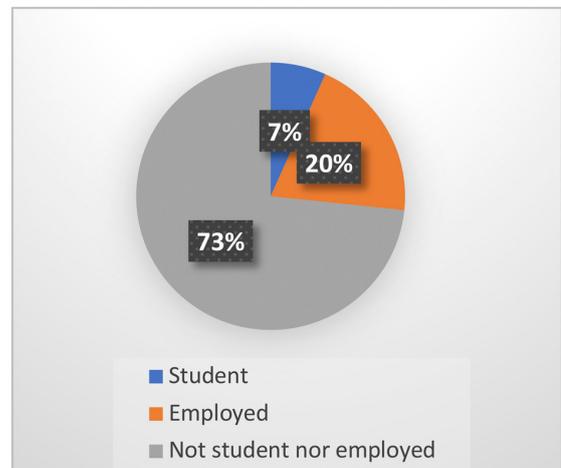
92% of those who was born outside of Yerevan moved to Yerevan – to the Capital of Armenia.

Graph 7. Family status



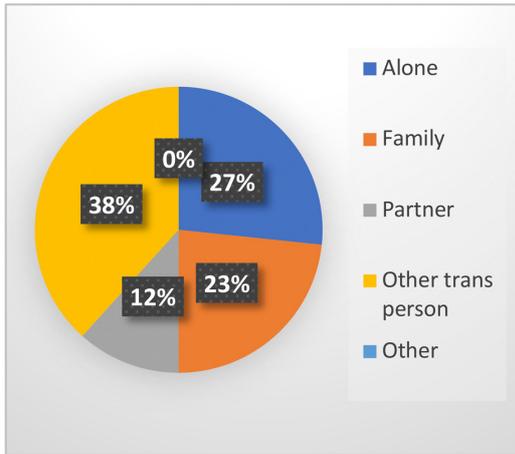
All respondents mentioned that they are single, have never been married or had been in registered partnership.

Graph 8. Occupation



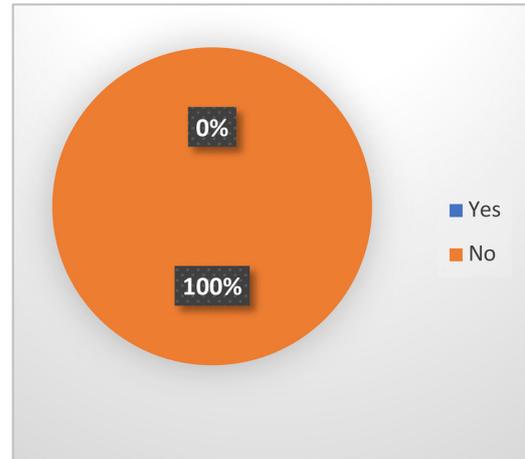
73% of all respondents are not studying or employed. Only 20% of all respondents are employed and only 7% are currently studying.

Graph 9. Living with



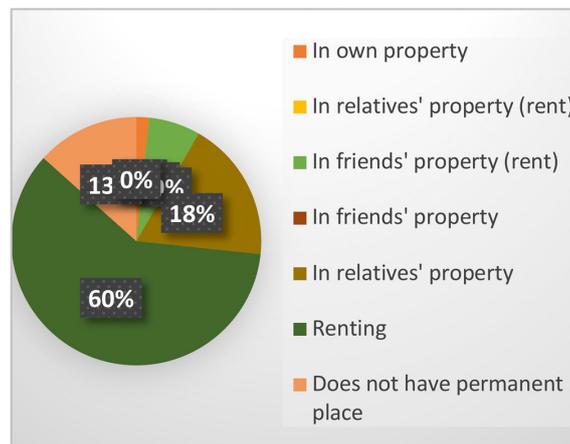
Most of the respondents 38% live with other trans person, 23% with their family members, 27% alone. Only 12% mentioned that they live with their partner.

Graph 10. Children



None of the respondents has children.

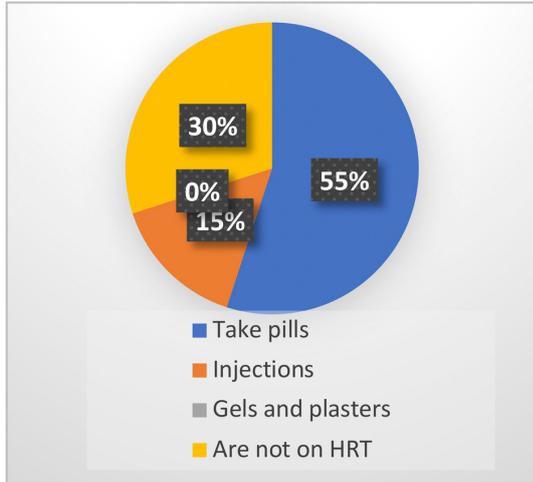
Graph 11. Place of residence for the last 3 months



More than half of all respondents mentioned that they are renting. 13% of respondents mentioned that they do not have permanent place to live.

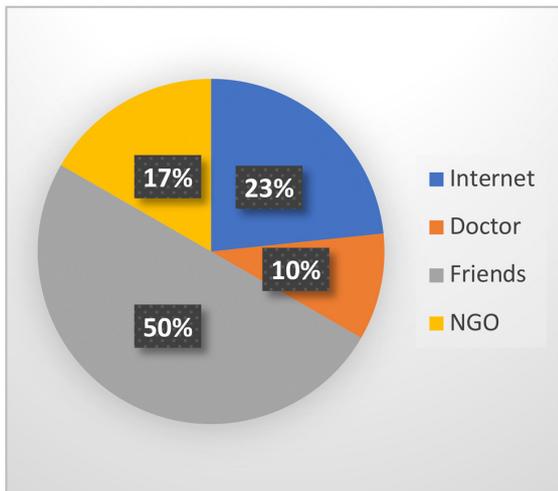
## 2. Transitioning

Graph 12. Types of medication HRT



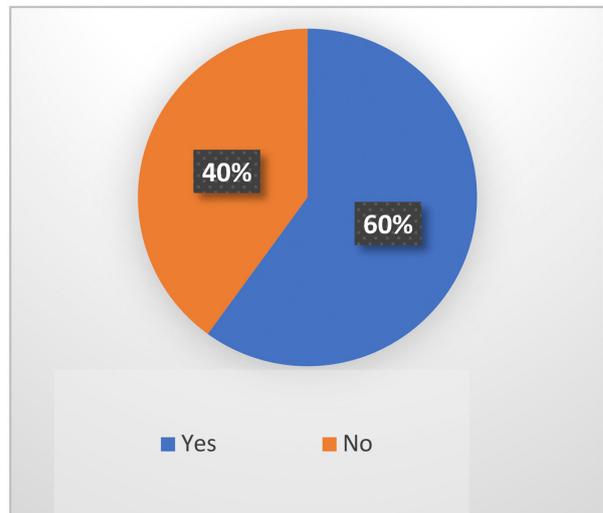
55% of respondents take pills, 15% use injection types of hormones. 30% of respondents are not on HRT.

Graph 13. Source of information about HRT



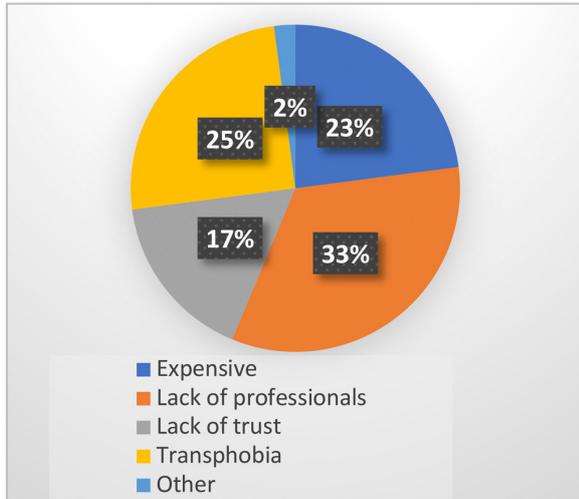
Half of all respondents mentioned that their source of information is friends. 23% mentioned internet, 17% got information in NGOs and only 10% from specialists.

Graph 14. HRT under the doctor's control



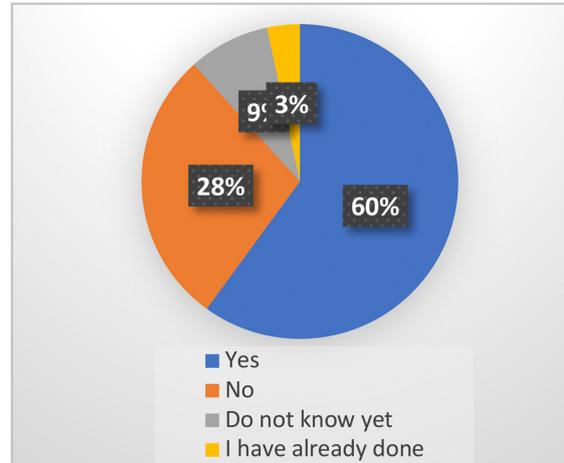
60% of all respondents', who are on HRT, are on self medication.

Graph 15. Reasons on being HRT self-medication



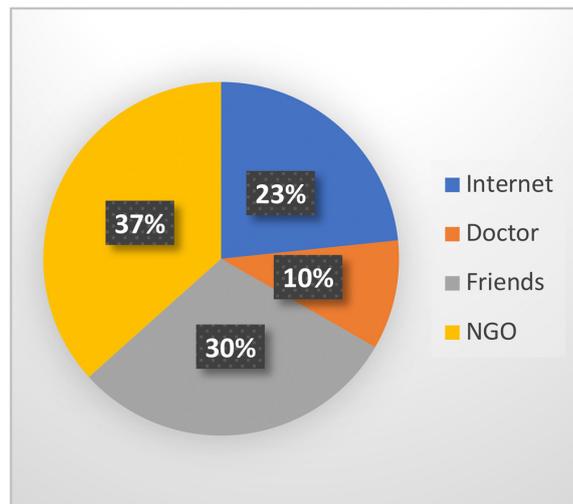
Lack of professionals is the main reason – 33%, 25% mentioned transphobia, 23% mentioned that visiting doctor is expensive, 17% do not trust them.

Graph 16. Plans for GRS



60% of respondents mentioned they plan to undergo GRS, 3% have already undergone. 28% do not have plans to undergo GRS.

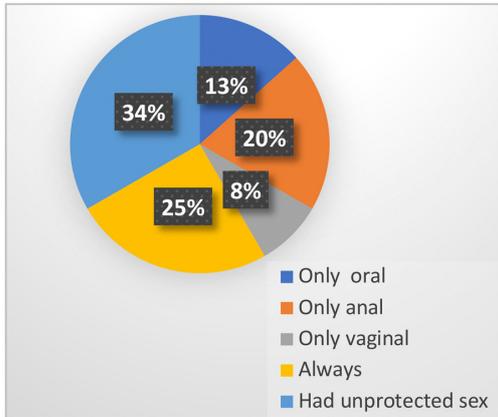
Graph 17. Source of information about GRS



As source of information about GRS more than one third mentioned NGOs, 30% friends, 23% internet and only 10% mentioned doctors.

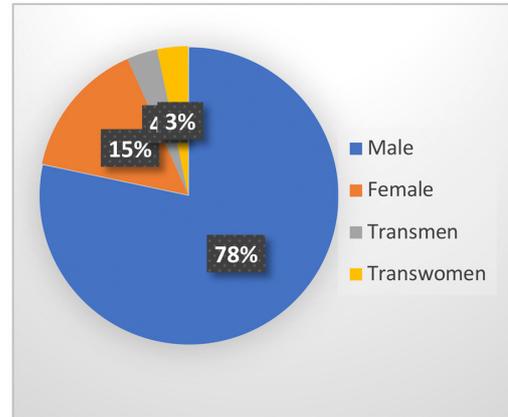
### 3. Sexual Behaviour And Vulnerability Towards STIs/HIV

Graph 18. Condom use over the last 12 months



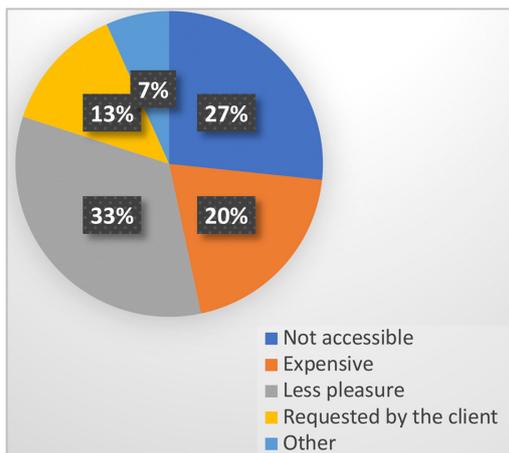
25% mentioned that they have always used condom over the last 12 months, meanwhile 34% mentioned that they had unprotected sex over the last 12 months.

Graph 19. Sexual practices over the last 12 months/ partners



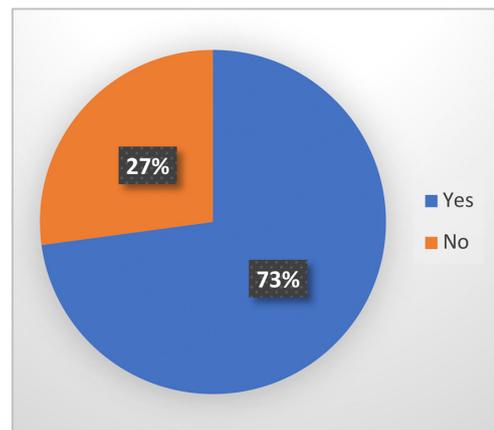
78% mentioned they had sexual practices with male partners over the last 12 months. 15% with female partners. Small number of people had practices with non cis-gender partners too.

Graph 20. Reasons of having unprotected sex



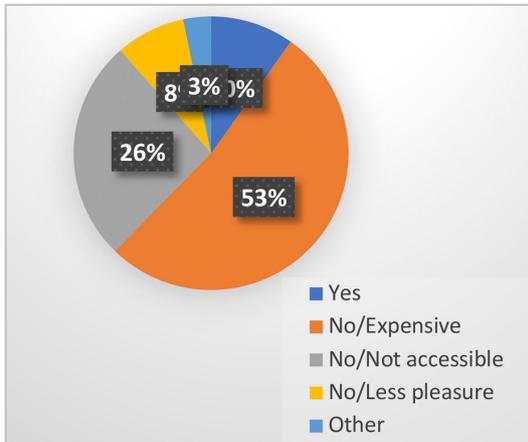
33% mentioned as a reason less pleasure, 27% mentioned that condoms are not accessible for them, 20% mentioned that condoms are expensive. 13% mentioned that their client requested/payed more.

Graph 21. Commercial partner over the past 12 months



73% off all respondents mentioned that they did sex work during the last twelve months.

Graph 22. Lubricant use over the last sexual anal/vaginal intercourse



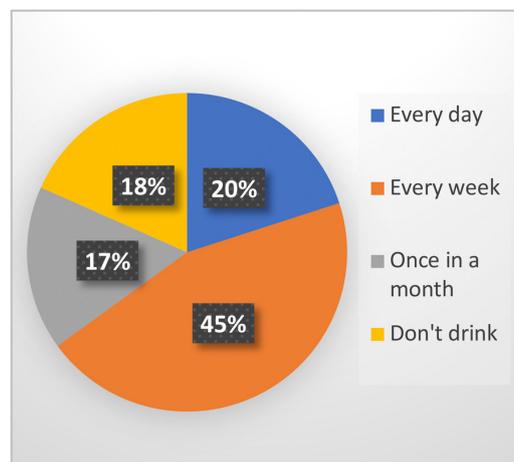
Only 8 % of respondents used lubricant during the last anal/vaginal intercourse. Those who did not use, as a main reason mentioned that is expensive and “less pleasure sex”

Graph 23. Injection drugs use



Respondents said that they have never tried drug injections.

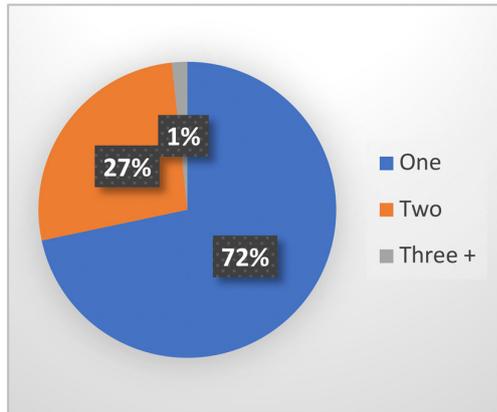
Graph 24. Alcohol consumption



45% of respondents consume alcohol on a weekly basis, 20% on a daily basis, 17% once in a month, while 18% mentioned they do not drink alcohol.

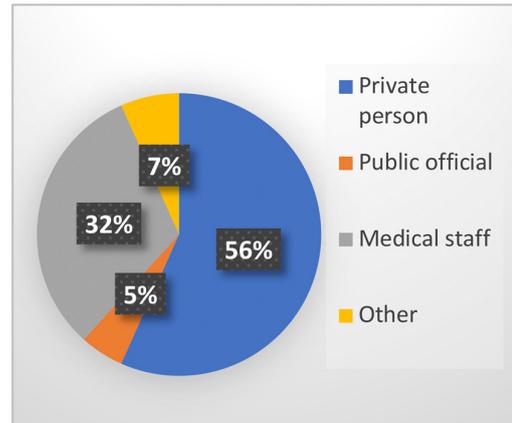
#### 4. Human Rights Violations

Graph 25. Number of perpetrators



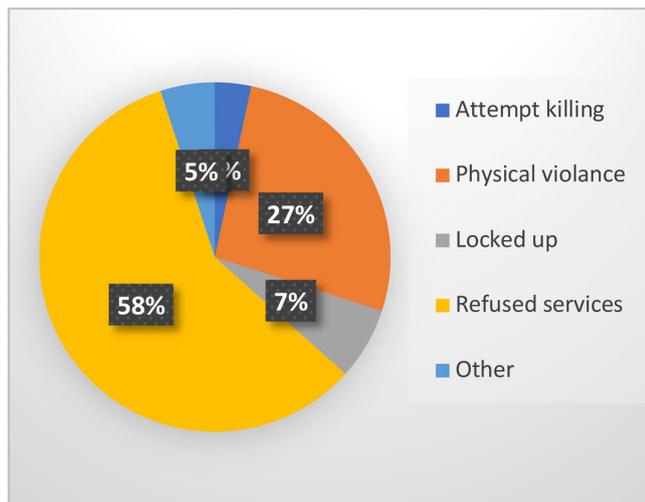
More than two third of the incidents reported, were done by one perpetrator, 27% reported that there were 2 perpetrators and 1% of cases reported about group of perpetrators.

Graph 26. Main category of perpetrators



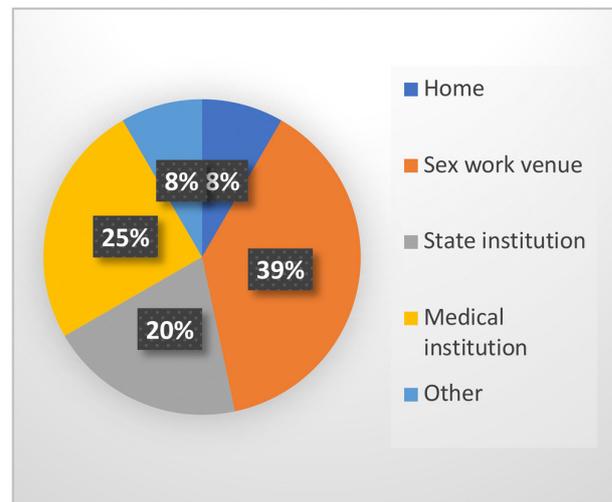
56% of the perpetrators were private persons. 32% of respondents mentioned that their right were violated by medical staff, 5% mentioned public officials.

Graph 27. Type of incidents



More than half of the respondents were refused services, 27% of cases were physical violence, 5% of cases were attempt killings. There were also people who reported about being locked up.

Graph 28. Place of the incidents



Most of the incidents happened in Sex work venues – 39%, 20% of all incidents happened in state institutions, 25% happened in medical institutions and 8% of cases happened in their homes.

<b>RECEIVED SERVICES IN HIV service organizations</b>	%
Received free condoms over last 12 months	56
Types of other services received	
Consultations on health	31
Psychological counselling	14
Legal consultations	55
Consultations related to GRS	22
Endocrinological consultations	0
Exchange of syringes	0
Received other prevention means, antiseptics, disinfectant, lubricants	22
Violence prevention	0
Sex work safety counselling	11
Involvement in self support groups	12
HIV rapid tests	23
HCV rapid test	0
Other STI rapid tests	0
Informational educational activities about STI/HIV/AIDS	12
Other	3
<b>DESIRED SERVICES IN HIV SERVICE ORGANISATIONS</b>	
Free condoms	95
Types of other services	
Consultations on health	92
Psychological counselling	89
Legal consultations	78
Consultations related to GRS	56
Endocrinological consultations	89
Exchange of syringes	0
Other prevention means, antiseptics, disinfectant, lubricants	88
Violence prevention	64
Sex work safety counselling	55
Involvement in self support groups	22
HIV rapid tests	74
HCV rapid test	74
Other STI rapid tests	74
<b>DESIRED WAYS OF OBTAINING SERVICES ON THE BASIS OF COMMUNITY BASED NGOs</b>	
In the building of NGO	94
In a mobile clinic	65
Home or in a gathering area	69
Online	39
Via phone	32
Do not want to receive services	0

## RECOMMENDATIONS

The analysis shows a variety of problems faced by the transgender community, as well as on the way to implement effective preventive measures for this group. The developed recommendations will require both the immediate implementation of certain activities, as well as the long-term and systematic work on changing the legislation, creating a friendly information space to reduce stigma and discrimination among the general public.

I. For decision makers at the legislative and executive levels:

- Forming a policy of tolerance towards transgender people, creating an information field for overcoming stigma in society as a whole.
- Criminalization of behavior related to stigma and discrimination towards transgender people, formation of a monitoring and response system in cases of discrimination and violence against transgender people.
- Assistance in improving the qualifications of medical professionals, including the primary medical network, in matters of gender identity, counseling about hormone replacement therapy, or the development of a qualified referral system to relevant specialists.
- Formation of a tolerant and friendly space among health care workers and other service representatives for transgender people.

II. For donors and non-governmental organizations:

- Carry out an assessment of the needs of transgender people using the “PDI” methodology or the like before the introduction of prevention and other programs.
- Implementation of a preventive package, which will include the distribution of preventive drugs, consultation of an endocrinologist and relevant tests, and rapid testing for HIV, hepatitis and other STIs, psychological individual and group counseling, and legal counseling.
- While providing services, transgender people spend more time at the individual level to eliminate risk factors or mitigate their impact. For example, mental health counseling, crisis interventions for victims of physical or sexual abuse.
- Development of a separate package of services for transgender people who are involved in sexual services for fee, taking into account the needs of this group. For example, distribution of a larger number of condoms, femidoms and other means of protection, issuance of PREP, involvement of narrow specialists in the provision of services, analysis and provision of treatment services for STIs.
- In the process of implementing programs, conduct operational research and evaluations to adjust the package of prevention and care related to HIV and other STIs among transgender people, monitor the quality of the provision of both preventive and medical services.
- Facilitating the development of the transgender community, their involvement at the stage of developing HIV services, the provision of preventive and other types of services on a peer to peer basis.

- Creation or participation in the monitoring of existing information resources on the Internet (websites, forums, applications) on hormone replacement therapy, surgical correction of sex, information about specialists who can provide more detailed counseling.
- Conduct training for health workers in the form of trainings or special courses to improve their skills in matters of gender identity, the formation of friendly approaches during the provision of services to transgender people.

### III. For the transgender community:

- Actively involved in transgender policy-making issues, advising and participating in the development of regulatory acts, national and regional programs on health issues, HIV infection and other diseases.
- Participation in the development of programs and projects for transgender people to take into account the needs and the formation of focus approaches at the implementation stage.
- Participation in the direct provision of HIV prevention services in the framework of peer-to-peer counseling.
- Contribute to reducing stigma and discrimination in society by participating in public discussions that relate to issues of gender identity, characteristics and needs of transgender people.
- Participation in the development and facilitation of information resources on the Internet (websites, forums, applications) on hormone replacement therapy, surgical correction of sex, information about specialists who can provide more detailed counseling.
- Conducting continuous monitoring of violations of rights, cases of discrimination and violence against transgender people, reporting on such cases and tracking responses from relevant agencies, advocating the prevention of such cases.

### IV. Recommendations for monitoring and evaluation specialists, researchers:

- Conduct a representative study to measure the prevalence of HIV, other diseases / STIs and the factors that cause them, to study the level of stigma and discrimination, coverage of prevention and treatment services. The calculation of the sample of this study should take into account the structure of the population of transgender people for the calculation of individual indicators in the context of age groups, gender identity, as well as geography.
- Conducting a study to estimate the size of the national and local level groups for calculating the objectives of program monitoring when planning interventions, calculating budgets and advocacy activities.

## **LIST OF ABBREVIATIONS**

### **AIDS**

Acquired Immune Deficiency Syndrome

### **CIS-GENDER**

A person whose sense of personal identity and gender corresponds with their birth sex

### **GRS**

Gender reassignment surgery

### **HCV**

Hepatitis C virus

### **HIV**

Human Immunodeficiency Virus

### **HRT**

Hormone Replacement Therapy

### **STI**

Sexually transmitted infection

### **TRANS**

Trans is an inclusive umbrella term referring to those people whose gender identity and/or a gender expression differs from the sex they were assigned at birth. The term trans includes, but is not limited to: men and women with transsexual pasts, and people who identify as transsexual, transgender, transvestite/cross-dressing, androgyne, polygender, genderqueer, agender, gender variant or with any other gender identity and/or expression which is not standard male or female and express their gender through their choice of clothes, presentation or body modifications, including undergoing multiple surgical procedures.

## Questionnaire (example)

Choose one option

### 1. Social and demographic data

#### 1.1. Gender and gender identity. How do you define yourself?

You can choose more than one option

Male

Female

Trans Man

Non-binary

#### 1.2. Sexual orientation. What is your sexual orientation?

Homosexual

Heterosexual

Bisexual

Asexual

#### 1.3. Age. What is your age? \_\_\_\_\_

#### 1.4. Sexual orientation. What is your sexual orientation?

Homosexual

Heterosexual

Bisexual

Asexual

#### 1.5. Hometown

Capital

Big city

Town

Village

#### 1.6. Change of place of residence compared to where they were born

To Capital

To Big city

To Town

To Village

#### 1.7. Family status

Single

Registered partnership

Registered marriage

Divorced

Widowed

#### 1.8. Occupation

Student

Employed

Not student nor employed

#### 1.9. Living with

Alone

Family

Partner

Other trans person

Other

**1.10. Children**

Yes

No

**1.11. Place of residence for the last 3 months**

In own property

In relatives' property (rent)

In friends' property (rent)

In relatives' property

Renting

Do not have permanent place

**2. Transitioning**

**2.1. Types of HRT medication**

Pills

Injections

Gels and plasters

Are not on HRT

**2.2. Source of information about HRT**

Internet

Doctor

Friends

NG

**2.3. Doctor's control of HRT**

Yes

No

**2.4. Reasons on being HRT self-medication**

Expensive

Lack of professionals

Lack of trust

Transphobia

Other

**2.5. Plans for GRS**

Yes

No

Do not know yet

I have already done

**2.6. Source of information**

Internet

Doctor

Friends

NGO

**3. Sexual Behaviour and Vulnerability Towards STIs/HIV**

**3.1. Condom use over the last 12 months**

Only oral

Only anal

Only vaginal

Always

Had unprotected sex

**3.2. Sexual practices over the last 12 months/partners**

Male

Female

Transmen

Transwomen

**3.3. Reasons of having unprotected sex**

Not accessible  
Expensive  
Less pleasure  
Requested by the client  
Other

**3.4. Commercial partner over the past 12 months**

Yes  
No

**3.5. Lubricant use over the last sexual anal/vaginal intercourse**

Yes  
No/Expensive  
No/Not accessible  
No/Less pleasure  
Other

**3.6. Injection drugs use**

Last 12 months  
Never tried

**3.7. Alcohol consumption**

Every day  
Every week  
Once in a  
month  
Don't drink

**4. Human Rights violation**

**4.1. Number of perpetrators**

One  
Two  
Three +

**4.2. Main category of perpetrators**

Private  
person  
Public official  
Medical staff  
Other

**4.3. Type of incidents**

Attempt killing  
Physical violence  
Locked up  
Refused services  
Other

**4.4. Place of the incidents**

Home  
Sex work venue  
State institution  
Medical  
institution  
Other

## **5. SERVICES**

### **I WOULD LIKE TO RECEIVE BELOW MENTIONED SERVICES IN HIV**

#### **SERVICE ORGANIZATIONS**

Received free condoms over last 12 months

Types of other services received

Consultations on health

Psychological counselling

Legal consultations

Consultations related to GRS

Endocrinological consultations

Exchange of syringes

Received other prevention means, antiseptics, disinfectant, lubricants

Violence prevention

Sex work safety counselling

Involvement in self support groups

HIV rapid tests

HCV rapid test

Other STI rapid tests

Informational educational activities about STI/HIV/AIDS

Other

### **I WOULD LIKE TO RECEIVE BELOW MENTIONED SERVICES IN HIV**

#### **SERVICE ORGANISATIONS**

Free condoms

Types of other services

Consultations on health

Psychological counselling

Legal consultations

Consultations related to GRS

Endocrinological consultations

Exchange of syringes

Other prevention means, antiseptics, disinfectant, lubricants

Violence prevention

Sex work safety counselling

Involvement in self support groups

HIV rapid tests

HCV rapid test

Other STI rapid tests

### **I PREFER THESE WAYS OF OBTAINING SERVICES ON THE BASIS OF**

#### **COMMUNITY BASED NGOs**

In the building of NGO

In a mobile clinic

Home or in a gathering area

Online

Via phone

I Do not want to receive services

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