

Thinking Behind Reproductive Health: In Context Of Reproductive Rights

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In Armenia in 1999 the number of maternal deaths from complications during pregnancy or labour was 33 per 100,000 live births, while that of Hungary for the same year was 4¹. The tragic reality of high levels of preventable maternal mortality, unsafe motherhood, unwanted pregnancies, unsafe abortions, lack of knowledge on family planning, sexually transmitted diseases (STD) and AIDs persists.

To avoid preventable deaths and to ensure healthy lives to women and their families is a profound challenge and is an ideal underlying the human rights contained in the constitution and laws of Armenia upon which the nation plans its future.

Armenia made legal and political commitments to protect the health of women, children and families through different human rights, expressed through its national laws and membership in international human rights treaties.

However, how far off are they from being realized? And how can reproductive health be considered in the context of human rights, and therefore reproductive rights?

"...Reproductive rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have information and means to do so...the right to make decisions concerning reproduction free of discrimination, coercion, and violence..."
(1994 UN International Conference on Population and Development (ICPD), Programme of Action, Para. 7.3.)

Reproductive rights are not new rights

and embrace certain human rights that are already recognized in national laws, international human rights and consensus documents.

Respect for women's reproductive rights provides the basis for neonatal health and survival, for the health and development of children and the overall well-being of the family. Moreover, these rights are vital to the women's empowerment and the achievement of gender equality.

Despite acknowledgement of prioritizing reproductive health, the application of human rights to reproductive health in Armenia is embryonic. The lack of stable reproductive rights strategies have affected women's health status, their role and standing in society. Health services are not entirely consistent with women's human rights, including the rights to autonomy, privacy, confidentiality, informed consent, choice and other human rights principles.

Whereas the adolescents' general knowledge about sexual and reproductive health, STDs and HIV is poor and the main source of information about such is primarily television and radio², there is firm resistance to initiate sexual health education and programs on reducing high-risk sexual behavior on a formal school level.

Notwithstanding increasing knowledge and use of modern contraceptive methods, women encounter unwanted pregnancies as a consequence of family planning failure. Abortion remains the most popular mean of contraception. As of 1997, 51% of women had induced abortion. The fact that thousands of women in Armenia risk death, injury and other social and health consequences through unsafe abortions indicate the lack of access to modern means of fertility regulation³.

While involved, women are not the main decision makers with regard to family size and, among other factors, mothers-in-law are also influencing such⁴.

Moreover, the lack of awareness on reproductive rights among women and clinicians is one of the main obstacles preventing women from fully enjoying their rights and promoting reproductive health.

There is a lack of appropriate human rights enforcement mechanisms. Economic, political, ideological, cultural and institutional factors in their turn hamper the exercise of the reproductive rights.

The situation of reproductive health and rights is even more deteriorated in regions than in the capital- impoverished population, poorer conditions of maternal health facilities, shortage of basic medical equipment, less educated and experienced medical personnel, inadequate rapid emergency medical assistance, very low awareness level of population and traditional mentality on reproductive health and rights issues.

Even with the recent adoption of the Law on Reproductive Health and Rights (2002) efforts should be made to develop coherent rights-oriented strategies, to strengthen the machinery for the enjoyment and advancement of women's and adolescents' reproductive rights, to integrate the perspective of women's human rights and gender equality into all ongoing policy-making and reproductive health initiatives and to ensure the exercising of internationally endorsed reproductive rights. Especially that now Armenia is a member to the Council of Europe and signed the European Convention on Human Rights the state will have to meet the obligations and standards flowing from the Convention.

At this stage coordinated and consistent efforts of governmental and non-governmental organizations should be made to increase awareness about these issues and to ensure that the specific reality of women's reproductive rights in Armenia receives the highest attention and is treated with adequate priority on national agenda.

1. Demographic and Health Survey, 2000, National Statistical Service, Ministry of Health, ORC Macro.

2. A Report of the Knowledge and Attitudes of STDs, AIDS, and Condom Use: A Study of University Students in Yerevan, 1996. American University of Armenia, Center for Health Services Research, 1996.

3. WHO, UNFPA, UNICEF, Reproductive Health Survey, National Program on Reproductive Health, Armenia, 1997.

4. Michael E. Thompson, et al. Feasibility Study: The Strategic Introduction of the Standard Days Method of Family Planning in Armenia, Center for Health Services Research, AUA, 2001.