Sexual and Reproductive Health and Rights in Georgia

Report

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Abortion and post-abortion care

Although there are significant steps to improve abortion and post-abortion care in Georgia, the issueremains challenging. The rate of abortions declined over last 25 years, and compared with the previous year, the rate declined by 9%.[1] It is also notable that share of medical abortion has been increasing over past years, and shows highest rate in 2018 (38.9%), while it was 36.8% in 2017. In 2014, five-day waiting period requirement was imposedbefore obtaining an abortion on request. Under an order of Minister of Health, timecan be reduced to 3days, if woman applies for abortion in 12th week of pregnancy. According to WHO recommendation on safe abortion such "mandatory waiting periods" do not fulfill a medical purpose, undermine women's decision-making autonomy, delay access to timely, legal abortion care[2]. They also increase financial and practical costs of abortion services. This can have a disparate impact on some groups of women, including those from rural areas, living in poverty, or at risk of domestic violence[3].

[1]Statistical Handbook, NCDC, 2018

[2]WHO, Safe Abortion Guidance, (2012)

[3]Women's sexual andreproductivehealthand rights in Europe, Council of Europe, December 2017

SRH services, including safe abortion, should be affordable and accessible to all women and girls, especially those living in rural areas. There is no relevant strategy on Primary healthcare to respond SRHR issues, village doctor institution is weak, people face geographic and financial barriers to access SRHR services. The abortion services are not available in rural areas, women have to travel long distances, which requires additional transportation costs and time.[4]Only 17 % from 655 medical facilities provide abortion services and Only 5% of primary health care facilities provide abortion and family planning services.[5]The financial, psychological problems and unfavorable social situation often serves as reasons for women to make decisions regarding termination of pregnancy or performing life-threatening actions, which results in violation of a number of reproductive rights. ***Widespread Conscientious objection of service providers contravenes international human rights obligations of the state to ensure that conscientious objection is regulated so that it does not hinder women's access to lawful services.***[6]

There are discriminatory age restrictions imposed by some clinics concerning persons under 16, 16-18-year-old. The report also showed that when patients think their rights are

[4] "Artificial Termination of Pregnancy in Georgia" (Comparative Review), HERA XXI, (2014)

[5]Abortion Services Availability and Readiness Assessment (Analytical Report), HERA XXI, RFSU, Institute of Social Studies and Analysis (2016)

[6]Human Rights in the Context of Sexual and Reproductive Health and Well-being in Georgia: Country Assessment, Public Defender's Office (2017)

violated during the provision of abortion services or post-abortion care, they generally tend not to apply any legal remedies.[7]

Post-abortion services is provided incompletely, e.g. patient either does not receive any kind of post-abortion care or receives superficial information (consulting) on further family planning options. ***Despite psychological support is mentioned in National protocol, such support is the weakest spot of post-abortion services provided to women.*** There is a gap in availability of informational materials on abortion.[8]

Contraception

Although more women in Georgia are now using effective, evidence-based methods of contraception than before, women still face a range of serious challenges in accessing quality and affordable contraceptive services, their unmet need for contraception is a significant concern. ***Maternal and Newborn Health Strategy for 2017-2030 and action plan for 2017-2019 includes activities regarding integration of provision of contraceptives in State Universal Healthcare Insurance, but no action has been taken in this regard.***

[7] Abortion Services Availability and Readiness Assessment (Analytical Report), HERA XXI, RFSU, Institute of Social Studies and Analysis (2016)

[8] Barriers to Accessing Safe Abortion Services for Women of Reproductive Age (Analytical Report), HERAXXI, RFSU (2019) Available at http://hera-youth.ge/wp-content/uploads/2019/05/Barriers-to-accessing-safe-abortion.pdf

Women with low level of knowledge on contraceptives and with lack of access to contraception, use abortion as primary method of family planning. In Georgia, there is no access to free contraceptives since 2015, contraceptives are not included in the National Health Program essential medicine's list which creates obstacles for preventing unwanted pregnancies as well as Sexually Transmitted Infections (STI).[9]

Financial burden of preventing unplanned pregnancy is placed entirely on women, illustrating continuing failures to recognize access to modern contraception as a human rights issue and a health care imperative. Many groups of women cannot afford to cover the cost of modern contraception themselves: youth, IDPs, persons with disabilities, inhabitants of rural areas...Based on the Public Defender's report[10], young girls are the most restricted to have access to reproductive health services and respective information. Stigma regarding sexuality of women and young girls, neglecting law (according to the law girls from 14 to 18 can get service without parents' consent[11)], and financial dependence of teenage girls on their parents are significant barriers.[12] The problems are more visible in regions where

[9]Myths and Misconceptions regarding usage of modern methods of contraceptives in the regions of Georgia, HERA XXI, IPPF, 2013

[10]"Human Rights in the frames of the reproductive health and wellbeing: assessment of country situation", Public Defender of Georgia, 2018

[11] The law on patients' rights, section 40.

[12]Sexual and reproductive health and rights: national assessment, main findings, Public Defender of Georgia, UN Joint Programme for Gender Equality, 2019

girls try to avoid get any reproductive health service or buy contraceptive in villages due to the strong social-cultural stereotypes.

Women with disabilities (WWD's) have barriers to get adequate SRH services and information. WWD's with specific needs from early stage of life, are having less possibilities to get adequate information on family planning compared with women getting disability problems at later stage of life, as they are considered as "persons without sex". Health facilities are not adapted for persons with disabilities (f.ex: healthcare facilities do not have interpreters for women with hearing disabilities, women are obliged to invite family member for translation, which excludes confidentiality of the service and information.)

Ethnic minorities, mainly Azeri and Armenian women with language barriers have restricted rights to make decision including on using contraceptives. Women visit RH service facilities with family members (husband, mother in law) which makes additional barrier to receive confidential information and services.

Misconceptions and myths about contraceptives are widespread. The state lacks nationwide public awareness activities on contraceptives and prevention. There is a lack of knowledge on the emergency contraception. There is a scarcity of healthcare centers and ambulatories in rural area

where women can get consultancy on modern contraceptives.

Pre- and antenatal care

Georgia made important progress in terms of improving maternal health, reducing high levels of maternal mortality[13], still rate of maternal death is high - according to NCDC&PH data in 2018, maternal mortality rate is 27.4/100000 newborn. Certain groups of women still face serious forms of discrimination in access to maternal health care, and there are reports of continuing failures to observe adequate standards of pre- and antenatal care and ensure respect for women's rights, dignity and autonomy during childbirth.

Maternal and Newborn Health Strategy for 2017-2030 and its Action Plan for 2017- 2019 serve as a general framework for maternal and newborn health, reproductive health and family planning, guide for interventions for next three years. However, Action plan does not indicate budgeting of relevant activities.[14]Based on the recommendations of Public

[13]NGO National Parallel Report of the Implementation of the Beijing Declaration and Platform for Action Beijing +25,Georgia, 2019
[14]Georgia Maternal & New-born Health Action plan for 2017-2019

Defender of Georgia[15]number of visits in antenatal care package doubled - increased from 4 to 8 and list of essential drugs included instateantenatal care program, has been increased. Another positive result was achieved after regionalization of health facilities providing perinatal services, which resulted in improvement of access to maternal health care services.

In 2017, Parliament of Georgia adopted Demographic Security Policy for 2017-2030, in which, one of the objectives is to ensure universal access to Reproductive Health care services, information, and education.

Although there are some positive steps towards of improvement of pre- and antenatal care, still there are some policy defaults: antenatal package of care is very basic and covers only primary needs; package does not include some lab tests that are essential for effective monitoring. Each this test is associated with additional financial burden for women. Also, package does not include PSS service coverage neither for antenatal nor postnatal stages. The need in psycho-social support is justified by analysis of increased of maternal mortality cases.[16] High rate of C-section remains an issue as it has been increased over last years and reached 44,7% (2017)

[15]Sexual and reproductive health and rights: national assessment, main findings, Public Defender of Georgia, UN Joint Programme for Gender Equality, 2019

[16]Perinatal Health Report. NCDC, 2016

of all deliveries. As for 2018 the rate of C-section is slightly decreased to 41.6%.

"Decree on Perinatal service regionalization levels and criteria for patient's referral", 2015 comprehensive document defining criteria of level of provision of perinatal services by health facilities, and defines them at 3levels (Basic I, specialized II, and sub-specialized III). Such diversification was intended to be helpful for patient's referral needs. But referral system remains less effective between health facilities providing ante- and postnatal care services. Indeed, it is still challenge for women to get referral in case of complications after delivery and thereby receive adequate services. Additionally, there is no overall vision of post-natal care service provision, which mainly refers to postnatal visits and care to avoid physical and mental health complication, including maternal mortality.

Sexuality Education

Georgia has taken an obligation to implement international human rights standards. Concluding observations of combined fourth and fifth periodic reports of Georgia to CEDAW emphasizes "absence of age-appropriate sexual and reproductive health and rights education." Committee on the Rights of Child highlight the need of age-appropriate sexuality education in Georgia. UN Special Rapporteur under the CESCR General Comment stands to "ensure that teachers

are effectively trained to provide sexuality education and that youth are involved in the development of such education programs."EU-Georgia Association Agreement emphasizes developing cooperation between parties in the field of public health, promoting healthy lifestyle. However, there is no specific law on sexuality education in Georgia.

In 2017, parliament of Georgia adopted a resolution, based on the Public Defender's Office parliamentary report,[17] recommending revisions to some aspects of the existing limited information provided in schools, this could not be seen as an introduction of the comprehensive life skills/sexuality education in schools.

With absence of barriers in legislation for integrating sexuality education, legislative environment can be characterized as positive to implement CSE at formal education system. Respectively policy initiatives resulted in formulation of policy documents –Georgian National Youth Policy for 2015-2020[18] and Government's Human Rights Action plan for 2018-2020 years[19]. The first one was followed by approval of the Action Plan for development of State's

[17] Public Defender of Georgia. 2017. Human Rights in the Context of Sexual and Reproductive Health and Wellbeing in Georgia. Country Assessment

[18]The Georgian National Youth Policy Document, Approved by #553 Decree, 2014

[19]Governmental Action Plan on Human Rights, 2018-2020

Youth Policy 2015-2020, but there was no financial allocation for implementation of action plan. In case of the Human Rights Action Plan, objective: Integration of age specific information on sexual and reproductive health and rights, gender equality aspects in school subjects based on the UNESCO and WHO standards is not implemented yet. Policies does not guarantee provision of CSE in formal and informal education systems in Georgia. There is no political will from government side to integrate it in formal education system. Attempts were to integrate the sexuality education as a part of healthy lifestyle in biology and civic education subjects, but only partially, covering early marriage and pregnancy, STD's, sex-related physiological issues. Gender-related aspects have been integrated into the subject "me and society" from 2018-2019 academic year.

The main "delivers" of sexuality education are non-governmental organizations that try to utilize several pathways to influence the provision of CSE in Georgia. Thus, non-formal sexuality education is almost only option nowadays to distribute proper, age-specific and comprehensive sexuality education in Georgia.

Despite widespread misconception, attitudes of parents and teachers on sexuality education are generally positive. According to survey of HERA XXI (2017), 95% of parents believe that children should get adequate information on SRHR. Another survey (2018) shows, that 97% of teachers

think it is essential to teach sexuality education topics in school based settings, and puberty is right time to get respective knowledge. These surveys underlined their concern regarding lack of age-appropriate information on the SRHR.

LGBTQI+ Rights

In Georgia lesbian, bisexual, transgender(LBT) women are victims of double discrimination - based on their sex and sexual orientation/gender identity. Causes of discrimination and violence against LBT women lie in gender stereotypes of society, gaps, shortcomings in legislation and indifferent state policy towards LBT women in particular. LBT community is marginalized in society, few issues that National Human Rights Action Plan[20] refers to SRHR, cannot effectively tackle their systemic problems, none of its parts cover issues of sexual orientation, gender identity, and gender expression neither encloses related chapter.

Intimate partner violence and adequate reflection of state to this issue is challenging. While Istanbul Convention outlines protecting rights of victims shall be secured without discrimination on any ground, SOGIE,[21]related Georgian mechanism, law of Georgia on "Elimination of Domestic Violence, Protection and Support of Victims of Domestic

[20] Governmental Action Plan on Human Rights, 2018-2020

[21]Convention on Preventing and Combating Violence against Women and Domestic Violence, Article 4(3)

Violence," doesn't guarantee such clause, impedes LB women and trans persons access to protection mechanisms. Transgender women are not allowed to use national mechanism of VAW, because Law of Georgia[22] defines "victim" as "a woman or other family member."

The preventive measures against intimate partner violence and domestic violence, including public campaigns performed by state, do not cover LGBT persons and same-sex couples. Aside from the lack of legal regulation of same-sex partner relationships, the survivors' choice of such strategy is influenced by the fact that the state has clearly defined policies and legal mechanisms to tackle domestic violence.[23]

Healthcare are not inclusive of LBT needs. A study by WISG (2015) showed that healthcare workers have vague knowledge about sexual orientation/gender identity, and the needs of LBT persons in health care.[24] Such approach affects access of LBT people to high quality healthcare services.Gender Equality Council of Parliament recommends

[22]https://matsne.gov.ge/en/document/download/26422/2/en/pdf

[23]NGO National Parallel Report of the Implementation of the Beijing Declaration and Platform for Action Beijing +25, GEORGIA, 2019

[24]Survey has shown that the majority of randomly chosen healthcare workers (save one respondent) cannot make difference between sexual orientation and gender identity. Aghdgomelashvili E., Study of the Needs of LGB People in Health Care. In - depth interviews. Technical report. WISG, Tbilisi (2014)

Ministry to incorporate need/specificities of lesbian, bisexual, transwoman as a target/vulnerable group into State Strategy in Healthcare with provision of information/ training to health care providers about need and sensitivity in working with LGBTQI persons. Ministry should develop clinical guidelines regarding gender reassignment/transmission procedure in line with international standards.[25]

Georgian legislation neither prohibits nor regulates gender reassignment surgery. This gives discretion to medical institutions to decide who is eligible for the gender reassignment surgery. Such gap may result in arbitrariness, lack of consistency and create obstacles for people willing to undergo procedure.[26]

Gender-based violence

During past ten years, noteworthy legal and institutional reforms were made to improve policy framework on Gender Equality, Domestic Violence, and Violence against Women, SOGIE based violence and discrimination. Georgia is a

[25]Gender Equality in Georgia: Barriers and Recommendations, Gender Equality Council of the Parliament of Georgia, Volume 2
[26] NGO National Parallel Report of the Implementation of the Beijing Declaration and Platform for Action Beijing +25, GEORGIA, 2019

contracting party to the most major human rights instruments.[27]

In 2010 Parliament of Georgia adopted Gender Equality Law. The law strengthens the protection of rights and equalities determined under the Constitution of Georgia, andalso incorporates legal mechanisms and conditions for their realization in relevant aspects of public life.[28]

In 2014, Parliament of Georgia adopted Law on Elimination of All Forms of Discrimination which includes prohibition of discrimination based on sex, as well as on sexual orientation/gender identity. [29]Government of Georgia began the nationalization of Sustainable Development Goals (SDGs) in 2016, identified the priority goals, targets, and indicators through adaptation of 2030 Agenda for Sustainable Development.

Georgia signed Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) in 2014. On 4 May 2017, Parliament of Georgia reaffirmed its commitment of combating violence against women and domestic violence via endorsing ratification of the Istanbul Convention and adopting milestone legal

[27] NGO National Parallel Report of the Implementation of the Beijing Declaration and Platform for Action Beijing +25, GEORGIA, 2019

[28] https://matsne.gov.ge/en/document/view/91624?publication=8

[29] https://matsne.gov.ge/en/document/view/2339687?publication=1

framework aimed at harmonization of domestic legislation with the Istanbul Convention - a package of amendments to 25 laws accompanying the Convention.

Gender-based violence (GBV) is a vivid reflection of the gender inequality and discriminatory gender stereotypes with significant consequences that impede women's and girls' ability to exercise their fundamental human rights to health, education, marriage and family life, access to employment and economic opportunities. Women and girls in Georgia, especially those from specific ethnicities, are subject to harmful practices including: forced, early and child marriage, female genital mutilation (FGM), gender-biased sex selection, also known as son preference, is practiced, especially in particular regions.

GBV affects each sphere of life, including women's health. Indeed, gender-based violence is a public health issue and human rights violation that affects women and girls physical, mental, reproductive &emotional health. Victims of violence can suffer SRH consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and even death. 1 in 7 women in Georgia (14%) has experienced intimate partner violence, and 1 in 4women has experienced at least one form

of Gender-based Violence.[30]Women who had experienced intimate partner violence were more likely to report miscarriages, abortions and stillbirths. F. ex, 23% of women who had experienced partner violence reported having miscarriage, compared to 16% of women who had not experienced abuse. 8% of women who experienced partner violence reported having a stillbirth, compared to 3% of non-abused women. Moreover, among women who had experienced abuse, 60% reported having an abortion, compared to 44% of women who had not experienced abuse. It is notable that women who had experienced partner violence were more likely to have ever used contraception but much less likely to be currently using contraception than women who had not experienced such violence.

[30]National Study on Violence against Women in Georgia 2017, EU for Georgia, UN women, GeoStat, 2018.