



**PREVENTING GENDER-BIASED PRENATAL SEX SELECTION
BY CREATING A MORE RESPONSIBLE ATTITUDE OF MEDICAL
WORKERS AND IMPROVING THEIR COUNSELLING SKILLS**



GUIDEBOOK

FOR FACILITATORS OF THE TRAINING OF TRAINERS COURSE

Designed for Obstetrician-Gynecologists, Family Physicians, Physicians/Radiologists
conducting ultrasound, Midwives and Family Nurses

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The Guidebook for the Training of Trainers (TOT) Course facilitators is an integral part of the Educational Handbook on “Preventing Gender-Biased Sex Selection by Creating a More Responsible Attitude of Medical Workers and Improving their Counseling Skills”. The Guidebook is intended for the facilitators/trainers as a landmark for the course facilitation activities. The main section of the Guidebook consists of instructions and guidance to conduct twenty (20) theoretical and practical lessons presented under the scope of three (3) thematic Modules. The Auxiliary Section consists of four toolkits:

1. **Agenda** for a four-day TOT Course,
2. **Checklist** to assess the effectiveness of role-play performance by the trainees during pre- and post-abortion counseling practice.
3. **Tests** to assess participants’ pre- and post-course knowledge of thematic issues.
4. **Questionnaire** to assess participants’ satisfaction with the TOT course and evaluate their future educational needs.

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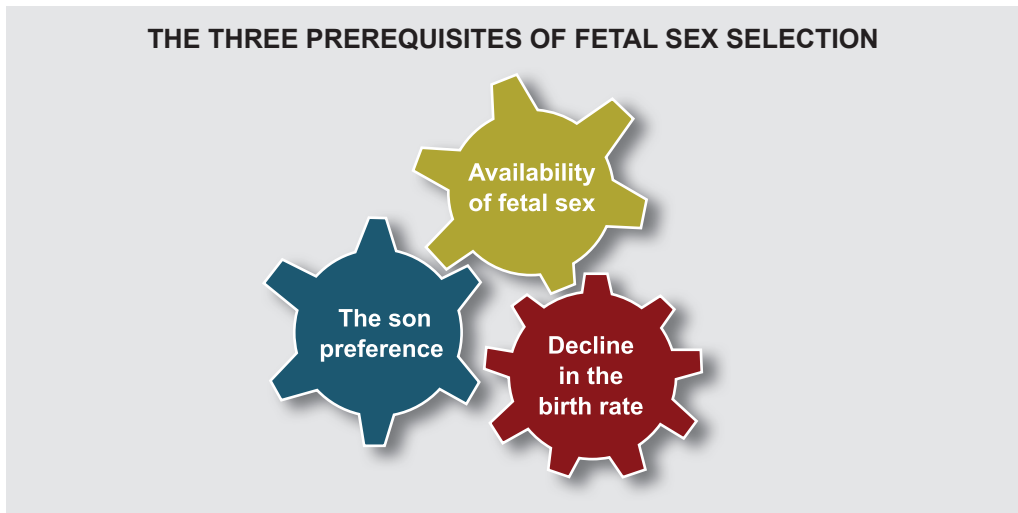
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INTRODUCTION

In recent decades, the issue of gender-biased sex-selective pregnancy terminations are becoming a continuous challenge for Armenia - a country with a demonstrated preference for having male children. The son preference, combined with the availability of fetal sex determination technologies in the early pregnancy stage, has led to a gross violation of the natural sex ratio at birth. The situation became more complicated due to the continuous decline in the birth rate.



According to the National Statistical Service of Armenia, the Total Fertility Rate declined from an average of 2.62 children per woman in the early 1990s to 1.56 in 2021. It is natural that along with the decrease in the number of births and total fertility rates, the probability of having children of both sexes in the family also decreases. These factors further deepen the problem of gender-biased prenatal sex selection and related sex imbalances at birth in Armenia.

The skewed sex ratio at birth became obvious in Armenia in the 1990s, when an increase in the natural sex ratio at birth (NSRB) was observed (106 boys versus 102 per 100 girls). The National Statistical Service data demonstrate that in the 2000s, the SRB indicator reached 120 newborn boys per 100 girls, then relatively stabilized at 114 boys per 100 girls in the early 2010s.

In 2011, the UNFPA raised concerns about this growing problem. Besides, in 2013, the Government of Armenia, in partnership with international and local organizations, started large-scale preventive programs with multi-level events towards combating sex-se-

lective abortions. As a result of these measures, positive trends in the problem-solving process have been recorded. Thus, before starting sex-selective abortion prevention measures, the overall annual ratio of male to female newborns was 115 to 100 during 2008-2012, while it declined and reached 108.8 to 100 in 2021 following these measures. Such ongoing situation improvement results are a silent witness to the success and effectiveness of cross-sectoral cooperation.

Nevertheless, the sex ratio at birth in Armenia is still skewed from the biologically normal level. There is still a lot to be done in this field, especially against the backdrop of the post-war human losses when the recovery will be psychologically oriented towards the preference of male children. A study conducted in 2022 through focus group discussions revealed that one of the background causes of son preference is that Armenia is facing a permanent threat of war while boys are serving in the army and guarding the homeland.

The recorded achievement can be lost shortly if the program measures are not continued. The proof of what was said is a retreat of the 2022 SRB indicator by 3 points (111.9 to 100 versus 108.8 to 100 in 2021). To ensure further positive developments, it will be necessary to make additional efforts and invest resources towards the prevention of sex-selective abortions by changing the behavior of health workers, increasing their role in family counseling, and introducing approved legislative changes.

There is a need for an ongoing public awareness campaign to address the undervaluing of girls and maintain already achieved positive results. In the current situation, it is necessary to raise public awareness and dispel misconceptions about the effort to normalize the skewed sex ratio at birth. The public needs to perceive that: this effort aims at increasing the number of female newborns by giving a chance to girls who were unwanted because of their gender to be born. It never aims at decreasing the number of newborn male children as wrongly understood by certain groups of society and some decision-makers (commented by authors).

OUTLINE AND STRUCTURE OF THE GUIDEBOOK

The Guidebook is intended for the trainers involved in the processes of continuous professional development of the healthcare workers within the scope of the introduction of the educational module on “Preventing Gender-Biased Sex Selection by Creating a More Responsible Attitude of Medical Workers and Improving their Counselling Skills” to the Women’s Health Professionals, including Obstetricians-Gynecologists, Family Physicians, Radiologists conducting prenatal ultrasounds, and Midwives. It can also be applied by lecturers involved in institutionalizing the module through the postgraduate education system of healthcare workers.

These educational courses are directed towards creating a more responsible attitude in healthcare workers and improving their counselling skills for active involvement in preventing gender-biased sex selection and its consequences, thereby contributing to the reduction of selective abortions and the valuing of girl children in the family and society.

The Facilitator’s Guidebook has two sections: Main and Auxiliary. The main section covers three professional topics/modules presented throughout twelve theoretical and eight interactive practical sessions.

The theory is delivered using the methods of PowerPoint presentation, lecturing, or reading and commenting on published materials. During the practical classes, various formats of interactive material delivery are used, including exercises, discussion of clinical cases/case studies, video film screening, role-playing, interactive discussion/brainstorming, etc.

The main section of the Guidebook includes instructions and guidance for the training facilitation, according to 20 Lessons under three thematic Modules.

The Auxiliary Part consists of four toolkits:

1. Proposed Agenda for Training of Trainers (TOT) Course,
2. Checklist to assess the effectiveness of participants’ role-play performance during pre- and post-abortion counseling practice,
3. Tests to assess participants’ pre- and post-course knowledge of thematic issues,
4. Questionnaire to assess participants’ satisfaction with the TOT course and evaluate further educational needs.

KEY MESSAGES AND GUIDANCE FOR THE COURSE FACILITATORS

This Guidebook presents the fundamental principles of organizing training courses in the scope of the “Preventing Gender-Biased Sex Selection by Creating a More Responsible Attitude of Medical Workers and Improving their Counseling Skills” educational module introduction. It includes a description of the conditions and thematic materials required for the training process organization, the skills expected from the trainers and the guiding instructions.

The Guidebook is intended to help future trainers most effectively organize educational courses and orient themselves in understanding the causes of difficulties and finding rational solutions if they arise. It aims to improve their knowledge about the importance of preventing sex-selective abortions, including self-induced terminations of pregnancy and their dangerous consequences, and develop skills in overcoming the common public stereotypes regarding son preferences.

At the end of the TOT course, participants should have sufficient teaching skills and confidence to conduct the necessary measures to prevent gender-biased prenatal sex selection, including thematic training courses for healthcare workers aimed at selective abortion prevention. The training can cover a variety of topics aimed at changing the personal behavior of the obstetricians-gynecologists through the improvement of their pre-and post-abortion counseling skills, as well as at developing public awareness raising skills on the dangers of unsafe gender-biased abortions and the importance of valuing girls and women in society.

⇒ **FORMAT, DURATION, AND INTENSITY OF THE COURSES**

The process of introduction of the “Preventing Gender-Biased Sex Selection by Creating a More Responsible Attitude of Medical Workers and Improving their Counseling Skills” educational module can be realized both as a provision of the entire course, as well as through including separate topics in the agenda of maternity schools. The educational course implemented within the framework of the proposed three topics can be effectively delivered by organizing four full days (5-6 hours per day) of on-site training courses or six half-day (2.5 -3 hours per day) online seminars. The preferred option is the on-site courses, especially those of an interactive nature, with a predominant volume of group discussions and role-plays.

⇒ **NEW SKILLS AND BEHAVIOR EXPECTED FROM THE COURSE**

Skills needed to conduct the course.

Interpersonal communication skills and human qualities of the course facilitator are of particular importance to running the course effectively, that is:

- ▶ Be patient and sincere with the audience,
- ▶ Have an emotional and warm attitude,
- ▶ Be open to other people and ideas,
- ▶ Actively listen to guidebook discussions,
- ▶ Promote feedback,
- ▶ Respond quickly and constructively to comments, including criticism,
- ▶ Master the techniques of speech and body language,
- ▶ Have teaching skills (audience management, flexibility, time management, digital skills, etc.).

It is expected that the trainer should have the answers to the main questions related to a gender-biased termination of the pregnancy and its consequences, as well as regarding gender equality, equal valuing of female and male children and how to increase the role of women in society.

The trainer's role is to encourage and provide feedback, clarify issues, and present them in a neutral and balanced way. Judgmental and authoritarian attitudes should be avoided, and one's feelings and opinions should never be imposed.

⇒ **TIPS ON CONDUCTING THEMATIC LESSONS**

Below are the main tips applicable to each thematic lesson:

- ▶ Start the course on time.
- ▶ Reflect on the previous meeting. Ask the participants the following question: "Any additional thoughts on our previous day's topic?"
- ▶ Present the topic and goals of the given day's training.
- ▶ Follow discussions and be careful don't stray too far from the main topic. The activity of participants' is welcomed, but when they touch on a theme that cannot be addressed in the allotted time, write it down on the flipchart paper so that these topics can be addressed at another time.
- ▶ Manage your time and follow the agenda not to spend more time on the given

training stage than planned in the program. Don't forget about the need to attract the attention of participants and respect the timing schedule.

- ▶ Conclude on activities of the given day, summarize completed topics, and provide additional clarifications if required. Briefly present the next day's agenda and themes.

⇒ **COMMON ISSUES OF THE THEMATIC LESSONS WITHIN THE SCOPE OF THE COURSE**

Title:

The title of the lesson corresponds to its main thematic issue. It represents the main questions that should be addressed during the given session.

Objectives:

At the beginning of each training session, the facilitator presents the learning objectives of the thematic lesson and outlines certain information, ideas and skills which should be addressed.

Time provided:

The participants are presented with the time scheduled for the given training session, with the expectation that they will keep it as much as possible.

The audience:

During the course participants' recruitment process, it is necessary to consider that the target audience includes obstetrician-gynecologists, family physicians, radiologists conducting prenatal ultrasounds, midwives and family nurses.

Accessories required for the course:

It is assumed that some accessories will be required to organize the course. The following list includes supplies which should be available during the training:

1. The Educational Handbook according to the number of participants and Guideline according to the number of training facilitators/trainers,
2. Stationery: folder, pen, and notepad according to the number of participants,
3. Flipcharts and marker pens,
4. Sticky colored papers,
5. Internet access with the possibility of film screening,
6. Overhead projector with slideshow capability,
7. Poster papers,

8. Spool of red thread,
9. Adhesive paper tape,
10. Ball.

Ancillary materials required for the course:

These are the additional tools needed to evaluate the effectiveness of the course and the level of knowledge of the participants on thematic issues. The checklists for assessment of the quality of the role-play demonstrated by participants during the practical sessions are also required.

A. PROPOSED AGENDA FOR THE TOT COURSE		
#	Description of Activities	Timing
Day One		
1.	Registration of Participants, Introduction to Each Other through the “Name Game” exercise	10:00-10:40
2.	Presentation of the Course Objectives and Agenda	10:40-11:00
3.	Introduction of the course	11:00-11:15
4.	Presentation of the outline and structure of the Guidebook	11:15-11:30
5.	Key messages and instructions for the TOT facilitators	11:30-12:00
Lunch Break		12:00-13:00
MODULE 1: Topics: Gender-biased pregnancy termination and sex imbalances at birth in international and national contexts. Determinants of the natural movement and reproductive behavior of Armenia population.		
6.	Lesson N 1. Theoretical The global problem of gender-biased sex-selective pregnancy terminations and international experience in addressing them	13:00-14:10
7.	Lesson N 2. Theoretical The problem of sex imbalances at birth in Armenia and its impact on trends of the population composition by age and sex	14:10-15:20
Coffee Break		15:20-15:40
8.	Lesson N 3. Practical Thematic video presentation: Sex imbalances at birth in Armenia https://youtu.be/6YCAeIDqjRs Watching a film and sharing opinions.	15:40-16:30

Closing of the first day sessions		
DAY TWO		
	Lesson N 4. Practical	
1.	Family composition preferences and attitudes towards gender stereotypes <i>Group work with interactive discussion around thematic issues</i>	10:00-11:00
	Lesson N 5. Theoretical	
2.	Determinants of natural movement and reproductive behavior of the population: background and further developments in Armenia.	11:00-12:00
3.	Refreshing exercise: "ICEBERG"	12:00-12:20
	Lunch Break	12:20-13:20
MODULE 2. Topics: National policy and legislation related to the prevention of artificial termination of pregnancy, including selective abortion. Gender-biased clandestine abortions and self-induced miscarriages, their ethical and gender aspects		
	Lesson N 6. Theoretical	
4.	The National Policies and Programs: effectiveness of their implementation and current challenges Thematic video presentation: "If I were born..."» https://armenpress.am/arm/news/885751/q-hayastanum-serov-paymanavorvats-hxiuty-an-arhestakan.html	13:20-14:20
	Lesson N 7. Practical	
5.	The perceptions clarification regarding gender-biased sex-selective pregnancy terminations. Group work: interactive discussions around thematic issues, the outcome recording and summarizing	14:20-15:00
	Coffee Break	15:20-15:40
	Lesson N 8. Theoretical	
6.	The legislative regulations and normative legal acts of the Republic of Armenia related to artificially induced pregnancy termination, including sex-selective abortion	15:40-16:30
Closing of the first day sessions		
DAY THREE		

1.	Lesson N 9. Theoretical The most frequently asked questions about gender-biased sex-selective clandestine abortions and self-induced miscarriages	10:00-11:00
2.	Lesson N 10. Practical Gender-biased sex-selective pregnancy terminations as a manifestation of discriminatory attitudes towards women and girls in the family and society. How to improve the situation? Thematic video presentation: "BAVAKAN" (<i>Bavakan is name of a girl, which means "enough"</i>) https://vimeo.com/91055855 Password: Bavakan 54321	11:00-12:00
Lunch Break		12:00-13:00
3.	Lesson N 11. Theoretical The use of innovative laboratory and reproductive technologies for gender-biased prenatal sex selection from the medical ethics perspectives	13:00-14:00
4.	Lesson N 12. Practical The anonymous presentations and discussion around real cases of illegal abortion and (or) self-induced pregnancy termination Work in the classroom: Presentation of real cases by moderators and participants from their medical practice, sharing experience, discussion on the preventive approaches and evaluation.	14:00-15:00
Coffee Break		15:00-15:20
MODULE 3. Topic: Prevention of gender-biased pregnancy terminations and their consequences by improving communication and counseling skills of healthcare providers and engaging them in community-based public awareness programs.		
5.	Lesson N 13. Theoretical Pre-abortion counseling for the prevention of gender-biased sex-selective pregnancy terminations and the risk reduction	15:20-15:30
6.	Lesson N 14. Theoretical Post-abortion counseling on unwanted pregnancy prevention and unsafe abortion prevention and basics of contraception	15:30-16:00
7.	Lesson N 15. Theoretical Comprehensive abortion care for women with complications of gender-biased sex-selective unsafe abortion, including first medical aid, health care management and referral	16:00-16:30

Closing of the first day sessions

DAY FOUR

1.	<p>Lesson N 16. Practical</p> <p>Improving pre-abortion and post-abortion counseling skills of service providers Group work: <i>Role-playing activities based on the situational scenarios.</i></p>	10:00-11:00
2.	<p>Lesson N 17. Practical</p> <p>Watching and discussing thematic videos:</p> <p>1. Speak up against Violence: https://armenia.unfpa.org/en/video/speak-out-against-violence 2. Hidden by the Law Selective Abortion: https://m.mamul.am/am/vid-eo/26787617/p3668</p>	11:00-11:20
3.	<p>Lesson N 18. Theoretical</p> <p>Engaged Fatherhood and its impact on gender-biased sex-selection phenomenon and other manifestations of gender inequality</p>	11:20-12:00
Lunch Break		12:00-13:00
4.	<p>Lesson N 19. Practical</p> <p>Position and Role of the Church in the prevention of artificially induced pregnancy terminations, including gender-biased sex-selective abortions Interview with priest Ter Esai Artenyan. Reading an interview or watching a video, discussion, exchange of opinions. https://iravaban.net/352079.html</p>	13:00-13:40
5.	<p>Lesson N 20. Theoretical</p> <p>The perceptions and attitudes of the medical community towards gender-biased sex-selective pregnancy terminations; the need for their involvement in the prevention processes The educational handbook summary presentation and concluding remarks</p>	13:40-15:00
Coffee Break		15:00-15:20
6.	Post-training evaluation	15:20-15:30
7.	Instead of the final speech: “Spiders Web” Exercise.	15:30-16:00

DAY ONE

⇒ REGISTRATION OF PARTICIPANTS AND INTRODUCTION TO EACH OTHER THROUGH THE “NAME GAME”.

The course begins with the registration of the participants. After registration, the participants introduce themselves through the “**Name Game**” exercise.

The “Name Game”

***Purpose:** The game is aimed at getting the participants to know each other by throwing the ball and boosting an intimate and open environment for interpersonal communication.*

***Participants form a circle.** The trainer explains the game rules and initiates the game by throwing the ball at one of the participants. The recipient of the ball introduces him/herself, stating the nature of his/her work and expectations from the course, after which he/she throws the ball to the next participant, who also introduces him/herself. This process continues until everyone gets the opportunity to receive the ball and introduce themselves.*

***After the end of the game,** the participants return to the classroom and prepare for the next activity on the agenda.*

⇒ PRESENTATION OF THE COURSE OBJECTIVE AND AGENDA

The training facilitator makes an introductory presentation, outlining the background for developing an educational handbook on Preventing gender-biased sex selection by creating a more responsible attitude of medical workers and improving their counselling skills, as well as its structure and topics of three thematic modules. Then the facilitator introduces the objectives and agenda of the course, detailing the tools included in the teaching guidebook and the learning support materials.

⇒ PRE-TEST

The assessment of the participants' knowledge of thematic issues is carried out before the start of the course by requesting them to respond to 30 questions in the Pre-test questionnaire (each question containing just one correct answer).

⇒ DISTRIBUTION OF THE ACCESSORIES REQUIRED FOR THE COURSE

The Educational Handbook and the attached Facilitator’s Guideline on “Preventing gender-biased sex selection by creating a more responsible attitude of medical workers and improving their counselling skills”, as well as the stationery and additional literature should be distributed to the participants before starting the course.

⇒ INTRODUCTION OF THE KEY DEFINITIONS DESCRIBED IN THE HANDBOOK

Before starting theoretical and practical sessions, the facilitator/teacher asks the participants to open Educational Handbook and read the Glossary of key terms used during the course:

- 1. Termination of pregnancy (Latin: “Abortus”, Armenian: “Վիճուկ”, Russian: “Выкидыш”):** The expulsion of a fetus from the woman’s womb (uterus) before it becomes capable of independent life outside of the mother’s body. This kind of termination can happen naturally or artificially.
- 2. Artificial Termination of Pregnancy (also referred to as “Induced Abortion”, commonly used term is “Abortion”):** Intentional termination of an intrauterine pregnancy by medical stimulation, surgical intervention, or unspecified means.
- 3. Artificial Termination of Pregnancy on Woman’s Request:** Intentional termination of an intrauterine pregnancy on the formal request of a woman without the need for explaining the reasons. This is usually legally permitted up to 12 weeks of gestation.
- 4. Artificial Termination of Pregnancy on medical and/or social grounds:** Intentional termination of an intrauterine pregnancy on medical, social or both grounds defined by the Government decision. Its implementation is legally permitted up to 22 weeks of gestation.
- 5. Illegal abortion¹ (also referred to as “Clandestine abortion”):** Termination of pregnancy performed in violation of order and requirements established by the Law is illegal. In the Republic of Armenia, any termination of pregnancy out of the hospital or by a person without appropriate professional qualification is considered illegal.
- 6. Self-induced abortion:** Self-induced termination of one’s own pregnancy with the

¹ **Note:** It is well known that fetal sex can be reliably determined through an ultrasound examination starting from 14-15 weeks of gestation when the differences in the genital organs of the fetus are most clearly visible. In fact, according to RA legislation, induced abortion at the woman’s request can be performed only up to 12 weeks of pregnancy, while in later periods, selective abortion can be legally performed only on the medical or social grounds defined by the medical commission, but not later than 22 weeks of pregnancy. Therefore, in all other cases, selective abortion is identical to illegal abortion (commented by the authors).

help of medication or other means.

7. **Sex-selective pregnancy termination (shortly: “Selective abortion”):** The term refers to gender-biased sex-selective pregnancy termination. It can be considered legal only if performed on medical or social grounds up to the 22 weeks of pregnancy.
8. **Spontaneous termination of pregnancy (also referred to as “Miscarriage”):** The spontaneous loss of a nonviable intrauterine pregnancy before 22 weeks of gestational age.
9. **Sex:** The term primarily refers to biological sex, which defines people as female, male or intersex (hermaphrodite). This depends on the characteristics of their sex chromosomes and biological (anatomical or physiological) differences in external, internal or both genitalia.
10. **Gender:** The term “gender” refers to personal beliefs and societal perceptions about the identity of women and men, girls and boys, and their social, cultural, and behavioral roles. These beliefs and prejudices lead to hierarchical power relations that can change over time.
11. **Gender roles:** Certain patterns of behavior dictated by society to biological sex.
12. **Gender equality:** “Gender equality” means equal rights, duties and opportunities for all women and men, boys, and girls, regardless of biological sex, gender identity and roles.
13. **Preimplantation genetic diagnosis:** This is a cutting-edge procedure to identify the presence of chromosomal abnormalities in embryos created with in vitro fertilization. The technique is also used for preimplantation sex selection, although it raises many ethical questions.
14. **Sperm sorting technique:** The sperm sorting technique aims to separate a sample of sperm with a higher proportion of either X-chromosome-bearing or Y-chromosome-bearing spermatozoa, thus increasing the chance of conceiving a child of the preferred sex. It is used with other assisted reproductive technologies (such as artificial insemination or in-vitro fertilization) to produce offspring of the desired sex.

Following the reading Glossary, the facilitator/trainer should clarify definitions of each term when required.

MODULE 1. Topics: Gender-biased pregnancy termination and sex imbalances at birth in international and national contexts. Determinants of the natural movement and reproductive behavior of Armenia population.

Lesson N 1. Theoretical

- ▶ The global problem of gender-biased sex-selective pregnancy terminations and international experience in addressing them.

Teaching method: Formal lecture to be delivered through PowerPoint presentation consisting of 12 slides. See Educational Handbook, Page 16.

The experience of China, India, the United States of America and Israel is presented during the lecture.

Questions and Answers: At the end of the lecture, the participants may have an opportunity of asking questions, in connection with which the Facilitator/Trainer should give additional clarifications.

Lesson N 2. Theoretical

- ▶ The Problem of Sex Imbalances at Birth in Armenia and its Impact on Trends of the Population Composition by Age and Sex.

Teaching method: Formal lecture to be delivered through PowerPoint presentation consisting of 20 slides. See Educational Handbook, Page 22.

The problem of sex imbalances at birth in Armenia is presented during the lecture. Reference is made to the prevalence and causes of sex-related abortions and an impact on trend of some related Demographic and Health Indicators.

Questions and Answers: At the end of the lecture, the participants may have an opportunity of asking questions, in connection with which the Facilitator/Trainer should give additional clarifications. An exchange of opinions can be organized depending on the situation.

Lesson N 3. Practical

⇒ Sex imbalances at birth in Armenia.

Thematic video presentation on Sex imbalances at birth in Armenia



<https://youtu.be/6YCAeIDqjRs>

Sharing opinions after watching a film.



DAY TWO

Lesson N 4. Practical

- ▶ Family composition preferences and attitudes towards gender stereotypes.

Format: Group work with interactive discussion around suggested thematic issues.

Purpose: Giving participants an opportunity:

1. To clarify and articulate their perceptions of gender roles and gender stereotypes of girls/women and boys/men, and
2. To share with others their personal experience of gender education of children, especially on the issues of gender equality and the inadmissibility of gender-based violence.

Training process:

Participants are divided into three groups:

1. Those who don't have children,
2. Those who have only one child or children of the same sex,
3. Those who have children of different sexes.

The facilitator presents thematic issues for discussion, specifically developed for each group of participants.

⇒ **Group I: Participants who don't have children.**

1. What are the advantages and disadvantages of being a girl or a woman?
2. What are the advantages and disadvantages of being a boy or a man?
3. How many and what gender of children do you prefer to have and what determines your preference?

⇒ **Group II: Participants who have only one child or children of the same gender**

1. What is the gender of your child/children?
2. Would you like to have another child of the opposite sex? If yes, then when? If not, then why?
3. Is there any difference between your personal preferences on these issues and the preferences of your husband and his parents?

⇒ **Group III: Participants who have children of different gender.**

1. How many girls and how many boys do you have? What age are they?
2. Have you tried to instill in your young children the principles of gender equality and the inadmissibility of gender violence? If so, please share your experience. If didn't, then why?
3. Have you noticed discrimination towards your daughters or sons in the family and society? If so, then what kind of discrimination?
4. Are you planning to have a baby shortly? Of what gender?

Discussion in working groups and presentation of results:

The participants stand out from the general group and choose the group's Moderator/ Host and Rapporteur. Moderators refer to the thematic issues for discussion and suggest participants write their answers on sticky notes and post them on the board. The Rapporteur of each group summarizes the group members' records and presents them to the general audience. Other participants of the group voluntarily share their personal stories and opinions. An interactive discussion is taking place in the classroom.

Evaluation:

The facilitator/trainer conducting the exercise summarizes group presentations concerning common perceptions of gender roles in Armenian families, preferences for the gender composition of the family, desired number of children, and family planning. The exercise concludes with the message on the need to eradicate discrimination against women and girl children and related harmful manifestations (see below):

“Every child, regardless of gender, is a personality and has the right to life and to be treated with dignity. In Armenian families and society, the principles of gender equality should be rooted, and childbearing, regardless of the unborn child’s sex, should be encouraged”.

Lesson N 5. Theoretical:

- ▶ **Determinants of Natural Movement and Reproductive Behavior of the Population: Background and Further Developments in Armenia.**

Teaching method: Formal lecture to be delivered through the PowerPoint presentation consisting of 55 slides. See Educational Handbook, Page 29.

The theoretical material presented in this session consists of three main parts: 1) Population Reproduction and Natural Movement, 2) Reproductive Behavior of the Population, and 3) The Family as the Cornerstone of Population Sustainability. The last part addresses the General characteristics of the Armenian Patriarchal Family and its Traditions,

Women’s Roles and Hidden Mothers’ Power in the Family, the Desired Number of Children, Reasons for Son Preferences, and Common Means of Fertility Regulations, including Abortion use. During the lecture, a historical reference is also made to the developments and challenges of the demographic situation in Armenia.

Purpose of the lesson:

This training session aims: 1) To improve participants’ awareness of trends and determinants of the natural movement and reproductive behavior of Armenia’s population, and 2) To clarify the needs and importance of health workers’ participation in the demographic challenges overcoming processes.

Questions and Answers: At the end of the lecture, the participants may have an opportunity of asking questions, in connection with which the Facilitator/Trainer should give additional clarifications.

The lecture ends with an appeal to healthcare professionals (see Educational Handbook, Page 41).

⇒ **REFRESHING EXERCISE: “ICEBERG”**

After the previous session, the facilitators/trainers organize a refreshing exercise, which relieves fatigue before proceeding to the 2nd module and helps participants to realize the

importance of being united and supporting each other on the way to the common goal.

⇒ **Refreshing exercise: “ICEBERG”**

1. A few sheets of paper (or one large bedsheet) are spread on the floor for all participants to stand on.
2. The facilitator suggests they imagine that it is an iceberg that melts, shrinking in half periodically.
3. The participants dismount from the “iceberg” and stand again on its halved surface. They repeat this play until the “iceberg melts” to the smallest size.
4. During this play, participants support each other and strive “to stay on the iceberg to survive”.

▶ *This exercise aims for the participants to understand the importance of working together and supporting each other in achieving success and victory.*

MODULE 2.

Topics: National policy and legislation related to the prevention of artificial termination of pregnancy, including selective abortion. Gender-biased clandestine abortions and self-induced miscarriages, their ethical and gender aspects.

Lesson N 6. Theoretical

- ▶ The National Policies and Programs: effectiveness of their implementation and current challenges.

Teaching method: Formal lecture to be delivered through the PowerPoint presentation consisting of 15 slides. See Educational Handbook, Page 40.

The provided theoretical material refers to the inter-departmental and inter-sectoral cooperation measures implemented within the framework of the national program to combat gender-biased prenatal sex selection and induced terminations of pregnancy related to this discriminatory practice. The reference is made to the activities in the Healthcare sector aimed at decreasing selective abortion cases, the program results, and the current challenges.

The importance of the **State’s role in public awareness-raising activities** is emphasized during the presentation. An example of good practice in social advertising is the daily broadcasting of the “If I would be born...” video on state television (Channel One) “If I were born...” video, for about a month.



<https://armenpress.am/arm/news/885751/g-hayastanum-serov-paymanavor-vats-hxiutyan-arhestakan.html>

The training session will end with an **exchange of opinions and a discussion**. The participants may have questions on which the trainer should give additional clarifications.

Lesson N 7. Practical

- ▶ The Gender-biased Sex-selective Pregnancy Terminations: Perceptions Clarification

Purpose:

To clarify through group work and interactive discussions the perceptions of healthcare workers about background factors of prenatal sex selection and sex imbalance at birth and their demographic consequences.

Format of the lesson:

The course participants are divided into two groups. Each group discusses two thematic questions.

⇒ **Group 1:**

1. Is the ban on selective abortions appropriate? If yes or not, then with what justifications?
2. What demographic consequences might the gender disparity in newborns have?

⇒ **Group 2:**

1. What are the factors contributing to prenatal sex selection?
2. What are the reasons for the preference of male children in Armenia?

Summarizing Outcomes and Sharing Perceptions:

A speaker chosen by each group writes down and presents to the general audience the ideas of the group on the topics under discussion. An interactive discussion takes place in the auditorium, the main results of which are summarized and recorded.

Lesson N 8. Theoretical

- ▶ The legislative regulations and normative legal acts of the Republic of Armenia related to artificially induced pregnancy termination, including sex-selective abortion.

Teaching method: Interactive lecture to be delivered through the PowerPoint presentation, consisting of 12 slides. See Educational Handbook, Page 43.

New regulations regarding legislative changes aimed at preventing induced terminations of pregnancy, including selective abortions, are presented in this session, particularly:

1. The Law of the Republic of Armenia on Human Reproductive Health and Reproductive Rights (adopted in 2002), with the last amendment made in 2016.
2. The Law of the RA on the Amendments to the RA Code on Administrative Offenses (adopted in 2016).
3. The Criminal Code of the Republic of Armenia, 2003, Article 122.
4. Decision N 180–Ն dated 23.02.2017 on approval of the Terms and Conditions of the Artificial Termination of the Pregnancy.
5. Decision of the RA Minister of Health N 3403–Ն dated 27.12.2018 on the procedures for organizing artificial pregnancy terminations, the format of the abortion medical card and the instruction for filling it out, and an advisory sheet on preventing selective abortions.

Questions and Answers: The participants may ask questions during and after the presentation, in connection with which the trainer should give additional clarifications.

DAY THREE

Lesson N 9. Theoretical (in interactive format)

- ▶ The most frequently asked questions about gender-biased sex-selective clandestine abortions and self-induced miscarriages.

Teaching method: Interactive lecture to be delivered through the PowerPoint presentation, consisting of 25 slides. See Educational Handbook, Page 47.

The provided materials highlight the role of healthcare professionals in sex-selective abortion prevention, as well as their complications and demographic consequences. As key public informants, they can provide reliable information and transform the reproductive behavior of the population. Therefore, healthcare professionals should know their rights and responsibilities and be informed about the background factors of gender-biased pregnancy termination to provide correct answers to the addressed questions.

The course is conducted in an interactive manner. The trainer reads the questions according to the order below, listens to several responses from the participants, and then presents the correct answer:

1. What is an Abortion and how is it different from a Miscarriage?

The English term “Abortion” (in Latin “Abortus”) refers to the expulsion of a fetus from the woman’s womb (uterus) before it becomes capable of independent life outside of the mother’s body. It can happen naturally or artificially.

The spontaneous loss of a nonviable intrauterine pregnancy before 22 weeks of gestational age is defined as “Spontaneous termination of pregnancy” or “Miscarriage”. The short name for the “Miscarriage”. in Armenian language is «Վիժոււմ», in Russian - «Выкидыш»).

Intentional termination of an intrauterine pregnancy by medical stimulation, surgical intervention or unspecified means defined as an “Artificial Termination of Pregnancy” or “Induced Abortion” (shortly “Abortion”). The short name for an “Abortion” in Armenian language is «Արհրս», in Russian - “Аборт”.

A woman’s self-inflicted abortion is also considered artificial, and although this type of medical abortion is common, it is rarely reported. Self-induced termination of one’s own pregnancy with the help of medication or other means, referred to as a “Self-induced abortion” is a kind of artificial termination of pregnancy. Although this kind of induced abortion is common, it is rarely reported by women or the healthcare providers.

2. Why do women terminate their pregnancy?

Women usually terminate their pregnancy if it is undesirable for them. Every woman in

Armenia can get rid of unwanted pregnancy on request up to the 12th week of pregnancy. However, abortion can also be performed on social or medical grounds at a later gestational stage (up to the 22nd week). The technological possibilities of determining the sex of the fetus in the prenatal stage contributed to the rise of gender-biased terminations of pregnancies, which is prohibited by law and considered illegal in Armenia.

3. In what terms of pregnancy is it possible to determine the sex of the fetus and terminate the pregnancy legally?

It is well known that most pregnant women try to determine the sex of the fetus by ultrasound examination, but this can be accurately detected mainly at 14-15 weeks of pregnancy when the differences in the genital organs of male and female fetuses are most clearly visible. Meanwhile, according to the legislation of the Republic of Armenia, an abortion on a woman's request is allowed up to the 12th week of pregnancy. Abortion at later gestational age can be legally performed only on medical or social grounds based on a commission decision, but not later than the 22nd week of pregnancy.

4. Which health service providers have the right to terminate a pregnancy, and under what conditions?

According to the procedure established by law, abortion, including medical abortion, can be performed exclusively at inpatient obstetrics-gynecology departments of maternity care institutions by obstetrician-gynecologists with relevant qualifications. In other circumstances, an abortion performed in violation of the law (even by a physician) or after the 12th week of pregnancy without indications prescribed by law is considered "illegal".

5. Who permits performing an induced abortion on medical grounds?

The decision regarding the authorization of an abortion on a medical ground is made by a commission of medical professionals, including the head of the obstetrics-gynecology service/department, the obstetrician-gynecologist managing the pregnancy, as well as the specialist whose field of activity deals with the disease or pathological condition of the pregnant woman. In the abortion medical card, there must be results of the medical examination confirming the justification of the protocol of the commission's decision.

6. What is the state's position on the discriminatory treatment of girls and women?

The equality of women and men and the prohibition of discrimination are enshrined in the RA constitution (Articles 29 and 30). In 1993, Armenia ratified the Convention on the "Elimination of All Forms of Discrimination against Women". This Convention provides a clear definition of "discrimination" and points out the obligations of Member States to create a better legislative environment balancing individual and civic rights.

In 1994, the Republic of Armenia signed the Action Plan of the Cairo International Conference on Population and Development. This document demonstrates global commit-

ment to the elimination of all forms of discrimination against girl children, including the preference given to boys.

7. Who is the decision-maker in the family for performing sex-selective termination of the pregnancy?

According to the results of the sociological survey conducted in 2020-2021 by the Advanced Public Research Group NGO with the support of UNFPA, 54% of women decide on pregnancy termination together with their husbands/partners, 20% - take this decision alone, and 4% - at the behest of their mothers and or fathers in law.

8. What are background factors of illegal abortions and self-induced miscarriages?

Due to legal prohibitions and/or with the purpose to ensure the privacy of their discriminatory sex selection, women with an unwanted pregnancy usually try to get rid of this with the help of private practitioners, often in unsafe conditions outside the hospital. Since abortion of this type is quite expensive, some women try to self-induce a miscarriage with the help of various methods, mainly medication use.

9. What are the consequences of illegal abortions or self-induced miscarriages?

Illegal or self-induced abortion is not only the loss of a fetus deprived of the opportunity to be born, but it also endangers the life and health of the woman. It is well known that an unsafe abortion can cause uterine wall rupture, heavy bleeding, acute pelvic or endometrial infection, internal organ injuries and other complications. Its long-term consequences are chronic pelvic inflammatory disease and endometritis, secondary infertility, recurrent miscarriages, and other disorders/dysfunctions of the female reproductive system.

10. What are the terms and methods of artificial termination of pregnancy in the first and second trimesters?

Sex-selective abortions are usually performed in the first trimester, at 13-14 weeks of gestation, and sometimes on medical grounds in the second trimester, but not later than 22 weeks. For termination of the pregnancy, both medical and surgical methods are used.

11. According to RA legislation, what are the social indications for performing an artificial pregnancy termination procedure?

The social indications for performing an artificial pregnancy termination procedure based on the RA legislation are as follows:

- ▶ death of the husband during pregnancy.
- ▶ female or male spouse is serving the sentence as prescribed by law and stays in a place of imprisonment.

- ▶ legal divorce during pregnancy
- ▶ pregnancy because of rape.

When the interactive discussion is over, the facilitator/trainer summarizes the presented material, refers again to the key questions and provides additional clarifications if needed.

At the end of the training session, the facilitator/trainer provides the participants with additional evidence-based information about different methods of abortion, including descriptions of the techniques, their features, implementation requirements, conditions and possible risks.

Lesson N 10. Practical

- ▶ Gender-biased sex-selective pregnancy terminations as a manifestation of discriminatory attitudes towards women and girls in the family and society. How to improve the situation?

Purposes:

1. To improve the level of awareness of the participants that gender-biased pregnancy terminations are manifestations of discriminatory attitudes towards women and girl children in the family and society.
2. To reveal the ideas of the participants about the ways of changing the discriminatory attitude towards women and girl children in Armenian families and society.



Format: Thematic video presentation and sharing opinions, followed by the group work, interactive discussion, and summary.

1. Watching the film “BAVAKAN” for the general audience.
2. Discussion in small groups followed by group recommendations on actions required to improve the situation.



<https://vimeo.com/91055855>

Password: Bavakan54321

(Note: Bavakan is name of a girl, which means “Enough”)

⇒ **Description of the Activity:**

After watching the video, the participants were distributed into five thematic groups. Each group received a task to think about their surroundings and specify gender stereotypes in their communities that should be changed to eliminate gender-biased prenatal sex selection practices. The followings are 5 topics with issues suggested for the group discussions:

Topic 1: Accepted cultural practices and beliefs:

Examples to consider for discussion:

- ▶ Traditional belief that only men ensure the continuation of the generation and “Family Tree”,
- ▶ Accepted cultural practice of transferring all the family inheritance to men,
- ▶ Examples of common sayings: “She could not give birth to a son; the fire of the family hearth went out” or “The boys ensure the survival of the homeland”.
- ▶ Accepted practice and belief that taking care of children and the house is the primary responsibility of a woman.

Topic 2: Decision-making in the family:

Examples to consider for discussion:

- ▶ A woman is submissive to both her husband and her mother-in-law.
- ▶ Men dominate in the family planning and decision-making processes.

Topic 3: Economic opportunities for women:

Examples to consider for discussion:

- ▶ Women are forced out of their jobs after childbirth, which limits their earning potential.
- ▶ Women are not seen as competitive or competent in the labor market as men.

Topic 4: Influence of popular media:

Example to consider for discussion:

- ▶ Possible influence of popular media on the formation of public opinion regarding the prevention of sex-selective abortions and prenatal determination of the gender of the fetus.

Topic 5: Laws and developed policies:

Examples to consider for discussion:

- ▶ Legislative norms that prohibit the announcement of the sex of the fetus or prenatal planning of its sex.
- ▶ Opportunity of taking parental leave by the father to encourage childbearing, etc.

After the presentation of all topics, groups begin to discuss their assignments. Based on the results of interactive discussions/brainstorming, each group develops its recom-

mendations on how health workers can contribute to the eradication of discriminatory attitudes towards girls and women in families and societies and sex-selective abortion prevention processes.

Participants need to be informed that the brainstorming in groups should be based on the procedure of voicing and opposing opinions, but with the precondition of reaching a consensus on disputed issues. After agreeing on the best proposal towards improving the situation, the rapporteurs share summaries of the group recommendations with other participants in the general auditorium.

Summary:

Following group presentations and discussions in the auditorium, the trainer/facilitator interprets and summarizes recommendations developed by the groups and clarifies that cultural traditions and stereotypes are an integral part of society's identity.

At the same time, the trainer/facilitator notes that traditions and stereotypes are not identical. Stereotypes, unlike cultural traditions, are not static and change over time.

Finally, the trainer/facilitator explains that cultural traditions should not be considered negative phenomena. However, they are sufficient to bring up and challenge the beliefs and stereotypes that are harmful to men and women.

Lesson N 11. Theoretical

- ▶ The use of innovative laboratory and reproductive technologies for gender-biased prenatal sex selection from the medical ethics perspectives.

Teaching method: Formal lecture to be delivered through the PowerPoint presentation consisting of 15 slides. See Educational Handbook, Page 52.

The provided theoretical material addresses the issues of comparability of new reproductive technologies and ethics at the current stage of the development of medical science. Assisted reproductive technologies (ART) are developing at a faster pace. In recent years they are becoming more popular and increasingly affordable for couples willing to obtain more reliable information about the characteristics of their future child, including biological sex. The facilitator/trainer presents position of various international professional structures regarding pre-implantation genetic diagnosis, ethical and gender aspects of fetal sex selection in the prenatal stage.

The separate topic for the discussion is the situation in Armenia on these issues, including recently amended RA legislation, which allows the pre-implantation genetic diagnosis for fetal sex selection in case of having at least 3 children of the same sex (Article 11 of the Law on Human Reproductive Health and Reproductive Rights, the addition was made on June 4, 2021).

The lesson is summarized with the following statement: the problem of sex imbalances at birth from the perspective of its negative consequences of demography can turn into a national security issue. To meet and overcome these challenges, all public groups and individuals in society, including politicians and decision-makers, community leaders, civil society representatives and opinion-makers, health workers and spiritual fathers, have a role to play in facing and overcoming described above challenges, in terms of ensuring the public resonance and maintaining spiritual/theological values.

At the end of the lecture, the facilitator/trainer offers the participants to express their opinions on the ethical and gender aspects of prenatal sex selection through pre-implantation genetic diagnosis, then summarizes and emphasizes once more the inadmissibility of pre-implantation genetic diagnosis for fetal sex selection without medical and social indications.

Lesson N 12. Practical

- ▶ The anonymous case studies of unsafe clandestine abortion and/or self-induced pregnancy termination.

Format:

Presentation of individual cases, discussion of prevention possibilities, summary.

Description of the exercise:

The facilitator/trainer and the participants share experience on *unsafe clandestine abortion* and self-inflicted pregnancy termination cases that happened in their medical practice. Each story is followed by discussion and evaluation.

Summary:

The facilitator/trainer makes notes, writes down and summarizes the main reasons of the presented pregnancy termination cases, who were the decision makers, what methods/means were used, what were the complications and consequences, if any. He concludes the lesson with the following statements:

- ▶ Any surgical abortion performed by a person without sufficient knowledge and skills about the procedure and or under conditions that do not meet minimal required medical standards is considered unsafe.
- ▶ The provision of medical abortion also requires special knowledge and skills. Termination of pregnancy based on advice and prescription given by an inexperienced person or self-administration attempts without the help of a licensed medical consultant can cause bleeding, severe pain, shock and even death of the woman.
- ▶ Performing gender-biased selective abortion in a maternity care institution without medical or social indications, even if performed by a skilled specialist, is considered illegal and may be prosecuted under the law.

MODULE 3.

Topic: Prevention of gender-biased pregnancy terminations and their consequences by improving communication and counseling skills of healthcare providers and engaging them in community-based public awareness programs

Lesson N 13. Theoretical

- ▶ Pre-abortion counseling for the prevention of gender-biased sex-selective pregnancy terminations and the risk reduction.

Teaching method: Formal lecture to be delivered through the PowerPoint presentation consisting of 21 slides. See Educational Handbook, Page 55.

In the presented theoretical material, the teacher emphasizes the role of healthcare workers in overcoming the challenge of gender disparity in newborns.

The physician's role in providing skilled pre-abortion counseling is of particular importance. The medical counselor providing pre-abortion counseling services should be aware that sex-selective abortions are often determined by gender stereotypes. The presentation addresses the importance of providing pre-abortion counseling from perspectives of prevention of gender-biased sex-selective unsafe abortions and reducing their complications.

The main focus of this presentation is the recommendation to be guided by: 1) six principles, 2) six topics for discussion, and 3) six consecutive steps during the provision of pre-abortion counseling services.

At the end of the lesson, the facilitator sums up the presented material and again points out the importance of health workers' involvement in the process of preventing sex-selective abortions through the provision of quality pre-abortion counseling.

Lesson N 14. Theoretical

- ▶ Post-abortion counseling on unwanted pregnancy and unsafe abortion prevention and basics of contraception.

Teaching method: Formal lecture to be delivered through the PowerPoint presentation consisting of 18 slides. See Educational Handbook, Page 57.

The educational material provided during the post-abortion counseling training sessions highlights the issues of unwanted pregnancy and unsafe abortion prevention.

Informing post-abortion women about possible complications and danger signs of unsafe abortion is a topic of particular importance in this thematic session. The guiding principles of post-abortion counseling are also presented during the training. The issues of effective family planning counseling and teaching the medical eligibility criteria for modern contraception use are equally relevant for preventing unwanted pregnancies in the future.

At the end of the discussion, the facilitator summarizes the presented educational material, addresses the keys of post-abortion counseling, and clarifies issues when needed.

Lesson N 15. Theoretical

- ▶ Comprehensive care for women with complications of gender-biased sex-selective unsafe abortion, including first aid, health care management and referral.

Teaching method: Formal lecture to be delivered through the PowerPoint presentation consisting of 20 slides. See Educational Handbook, Page 61.

The theoretical material provided in this learning session includes the statement that complications of induced abortion are rare when performed according to the approved procedures and in the appropriate conditions. However, there are abortion cases when complications and situations with unfavorable outcomes are inevitable. The risks are significantly higher in the cases of illegal and self-inflicted abortions.

The teacher emphasizes that gender-biased sex-selective abortions have a greater risk of complications because they are performed mainly at later gestational stages and are often self-induced by using the medication without medical supervision. In this regard, we present the most frequent complications of induced abortion, their differential diagnosis, and the side effects of the procedure appearing in the post-abortion stage.

At the end of the learning session, the facilitator summarizes the presentation and addresses once more WHO recommendations on Comprehensive Abortion Care, which are based on scientific evidence and experts' input.

Lesson N 16. Practical

- ▶ Improving pre-abortion and post-abortion counseling skills of service providers.

Purpose:

To improve the pre- and post-abortion counseling skills of the participants regarding the management of sex-selective abortion and/or its complications.

Format:

Work in 4 groups: discussion of situational problems and role plays.

Description of the exercise:

The participants of the course are divided into 4 groups, each of which is offered one thematic situational problem for evaluation and presentation of its solution by demonstrating the pre-abortion and/or post-abortion counseling skills through role-playing. The participants of each group are given roles: doctor giving advice, woman seeking advice, husband, and another family member of their choice. The trainer moderates counseling scenarios and their course. One of the facilitators conducts the timing of the role play and evaluates the quality of the counseling process using the Checklist.

The proposed scenarios:

Scenario 1: the woman has sought pre-abortion counseling with her husband or mother-in-law, who instigates sex-selective abortion.

Scenario 2: the woman applied for post-abortion counseling after the gender-biased termination of the pregnancy.

Scenario 3: the woman visited a doctor alone with complaints after making an unsuccessful attempt to terminate the pregnancy by using medication on her own.

Scenario 4: a couple having three children of the same sex applied for counseling with the expectation of having a child of a different sex. They mentioned a history of several sex-selective pregnancy terminations.

Summary:

After the role-play, participants exchange their opinions about the correct and wrong aspects of provided counseling. The moderator summarizes the results of the exercise.

Lesson N 17. Practical

▶ Watching and discussing thematic videos

▶ **Format:** Watching films, discussing, reviews and recommendations.

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▶ **Activity 1: Say your word against violence:**



<https://armenia.unfpa.org/en/video/speak-out-against-violence>



▶ **Activity 2: Hidden by the Law Selective Abortion:**



<https://m.mamul.am/am/video/26787617/p3668>

Following the film's demonstration, the facilitator initiates discussion and suggests participants share real case stories from their life practice and describe their actions in such situations. The participants express their opinions and recommendations on the healthcare workers' actions required in case of domestic violence manifestations.

Summary: the facilitator once more refers to the inadmissibility of violence based on the perception of gender inequality and the forced abortion phenomenon, as well as on the role of healthcare workers in preventing such cases.

Lesson N 18. Practical

- ▶ **Position and Role of the Church in the prevention of artificially induced pregnancy terminations, including gender-biased sex-selective abortions².**

The journalist of Iravaban.net spoke with the director of the Information System of the Mother See Holy Etchmiadzin about the position of the Armenian Apostolic Church regarding artificial pregnancy terminations, particularly about gender-biased sex-selective abortions.

Format:

Reading and discussing published interview or video and exchanging opinions.

- 1) ***Father Isaiah, abortion has been commonly used since ancient times, and its prevalence has increased significantly nowadays. What are the main reasons for abortion in Armenia, according to you?***

The social problem is one of the first and most worrying reasons observed and dealt with in our society... Although nowadays many people talk about the problem of sex-selective abortions, their number decreased significantly compared to the picture we had 5-10 years ago. It is obvious and for us in the Church. In the past, we often heard from newlyweds about their desire that the first child would be a boy, and if the first child

2 IRAVABAN.NET (2021). Church's position on abortion: explained by priest Artenyan Ter Isaiah. <https://iravaban.net/352079.html> Church's position on abortion: explained by a priest.

was a girl, couples were praying for the second child would be a boy. Many resorted to artificial termination of pregnancy if their desires did not coincide with reality. Today, we rarely hear about gender preferences for children and rarely encounter such a problem...

2) *What is the position of the Church in this matter?*

Our Church always urges and calls never to go for artificial termination of the pregnancy and believes that abortion is a spiritual and moral disaster for our society.

3) *Are all types of abortion rejected by the Armenian Apostolic Church, regardless of circumstances? Are there cases when the Church does not condemn the artificial termination of pregnancy?*

It is not a question of permission or condemnation. When there is no other way out except for the pregnancy termination, our Church does not consider this a sin. For example, when the mother's life is in danger, and the fetus will not be viable even if the pregnancy is preserved, the Church does not impose any prohibitions or restrictions because, from a spiritual point of view, it is not a sin. The Church has another attitude towards the cases when parents terminate a pregnancy based on the congenital malformation of the fetus or the doctor's prediction that the child will be born with a birth abnormality, illness, or underdeveloped. Such cases are undeniably reprehensible...

4) *When performing an illegal abortion, the law punishes only the doctor. What about the church?*

According to Christianity and morality, sin is double-sided.

5) *Can contraceptives be used as an alternative and preventive measure? What is the position of the Church regarding the use of contraceptives?*

The Armenian Church does not have a clear, concrete position on this issue, not because it does not have its attitude. The question is that there are different dimensions to consider how the person should act in every case and whether this action is acceptable, less acceptable, or sinful. Therefore, the Church leaves this decision to the Christian consciousness and morality of the person. The Church does not address every issue and tries to determine what action is allowed or should be prohibited. Some individual manifestations are left to the conscience and morality of each human being.

6) *And finally, concluding the conversation, let's talk about the intentions of the Armenian Apostolic Church concerning these issues. Does its position on abortions contribute to the reduction of their number?*

In my opinion, our Church has done quite a lot in recent years to reduce selective abortions, but we will continue to work in this direction. When we say that the number of selective abortions has decreased compared to a particular year, this does not mean that the problem is already dissolved, and the issue is closed. We still have work to do towards raising public awareness that performing a selective abortion is a big mistake for human beings. Our Church designed specific plans of action related to this issue, which have been implemented over the past few years.

Summary: After sharing with participants the content of the interview with Father Isaiah, the facilitator/trainer initiates an exchange of opinions regarding the position of the Armenian Apostolic Church on abortion issues, in general, and sex-selective abortion, in particular. Then the participants discuss the global issues of “Abortion Rights” and the “Position of the Church” in this matter.

Following the discussion, the facilitator/trainer underlines the role of the Church in gender-based violence and selective abortion prevention and indicates the importance of close cooperation between medical professionals and spiritual fathers at the community level.

Lesson N 19. Theoretical

- ▶ Paternity involvement and its impact on discriminatory fetal sex selection and gender inequality issues³.

Teaching method: Interactive lecture delivered through PowerPoint presentation consisting of 25 slides. See Educational Handbook, Page 68.

The theoretical material presented in this session indicates that the problem of gender disparity at birth is more prevalent in countries where gender inequality and patriarchal values are widespread. It is emphasized that the fight against harmful gender stereotypes, which favor male children and undervalue female children, can contribute to overcoming the problem of gender-biased terminations of pregnancy and related sex imbalances at birth. The positive experience of the programs implemented in this direction proves that one of the keys to success is formatting a culture of respectful dialogue between couples, joint decision-making, and fathers’ involvement in childcare and other family members caring matters.

In this regard, a significant role can play healthcare workers, particularly obstetricians-gynecologists and pediatricians, which can contribute to young fathers’ attitudinal

³ UNFPA, Armenia (2022). *Papas Schools Manual*. Published by UNFPA (in Armenian language), Publication date: 2022, Yerevan, Armenia. https://armenia.unfpa.org/sites/default/files/pub-pdf/papa_schools_manual_in_armenian.pdf

changes by providing necessary information and involving them in the antenatal care, childbirth, and postnatal care processes. Fathers' involvement in childcare matters is important at all stages of a child's life.

It has been proven that everyone benefits from involved fatherhood: moms, children, and dads themselves. The involvement of fathers in the care of family members creates strong psycho-emotional ties between them and contributes to the prevention of domestic violence, including gender-based. In such families, the probability of cases of domestic violence is much lower, and the risk of forced termination of pregnancy due to the sex of the fetus is also reduced.

During the learning session, the facilitator/trainer presents to the audience the Legislative Norms of the Republic of Armenia aimed at expanding the opportunities for fathers to be involved in maternal and childcare in the postpartum period.

Summary: the facilitator/trainer once again draws the attention of the participants to the following proven fact:

The involvement of fathers in the care of family members creates strong psycho-emotional ties between them and contributes to the prevention of domestic violence, including gender-based. In such families, the probability of cases of domestic violence is much lower, and the risk of forced termination of pregnancy due to the sex of the fetus is also reduced.

At the end of Lesson 18, participants can watch and discuss the following videos, or one of them, as time permits.

1. **Video:** Role of Fathers in Child Care and Education.

<https://www.youtube.com/watch?v=PzLZYKgK94g&t=779s>

2. **Video:** Impact of Violence on Child Development.

<https://www.youtube.com/watch?v=MN2QZq7txp0&t=2s>

Lesson N 20. Summary and concluding remarks.

- ▶ Perception and attitude of the professional community to the phenomenon of selective abortions and possible ways of their prevention

Teaching method: Informal lecture delivered through PowerPoint presentation consisting of 14 slides. See Educational Handbook, Page 70.

This session includes advice on summing up the whole course and reaching a consensus with the conclusions.

The presented material consists of the perception and attitude of the medical community to the phenomenon of selective abortions and the opinion regarding legislative restrictions. In this regard, a reference is made to the state strategies to combat gender-biased prenatal sex selection (GBSS) and the previously adopted two-year plan of action, as well as a general evaluation of its effectiveness, according to the medical community's perception. It is noted that for implementing the subsequent two-year action plan, there is a need to highlight new approaches based on the current situation and new challenges, as well as the strategies adopted by UNFPA and other international organizations.

It was concluded that continuing son preferences in Armenia is a severe gender-related issue which should be addressed through continuous intersectoral cooperation. The focus of the upcoming actions should be on overcoming the deep reasons for the son preferences phenomenon.

Concluding the TOT course: the facilitator/trainer once again emphasizes the need to strengthen the institutional, particularly the human resources capacity of the healthcare system and highlights the importance of medical workers' involvement in preventing gender-biased prenatal sex selection. Finally, the facilitator/trainer presents recommendations of authors of the educational handbook aimed at ensuring sustainability of the fight against gender-biased prenatal sex selection.

At the end of the session, the level of participants' knowledge of the GBSS matter is assessed by completing the post-testing questionnaire. Finally, the participants are conducting a questionnaire-based and verbal evaluation of the effectiveness of the course, including their further educational needs.

INSTEAD OF THE FINAL SPEECH

“Spiders Web” – Team Building Exercise

- ▶ Ask everyone to stand in a circle.
- ▶ Take the spool of red thread. Ask the participants to think about lessons learned from this course and how they envision their upcoming activities.
- ▶ Start yourself and holding one end of the thread in your hand, throw the spool to any participant standing in the circle.
- ▶ The one who caught the spool will then answer the proposed questions holding the string in his hand. Then will throw the spool to another group member standing in the circle.
- ▶ This process will continue until everyone is expressed. By that time, a spider web will be built from the thread.
- ▶ Explain to participants the meaning of the exercise by telling them that this web represents the total of positive actions they can take in their workplaces to prevent sex-selective abortions and promote gender equality in their communities.
- ▶ Finally, divide the web into parts, prepare armbands for each participant and ask them to keep and not forget their commitments.