

**Submission on Turkmenistan –Third Round of the Universal Periodic Review, December 2008**

ENGLISH only

This report is submitted by: LGBT Organization Labrys (Kyrgyzstan) and Sexual Rights Initiative (a coalition including Action Canada for Population and Development; Creating Resources for Empowerment and Action – CREA- India; Mulabi, Latin American Space for Sexualities and Rights; and others).

**Background**

1. This report highlights the **sexual and reproductive health/rights situation** in Turkmenistan with particular emphasis on: **cultural stereotypes that affect women and men sexual and reproductive health and rights, as well as leading to other violations of women’s human rights; sexuality education, sexual and reproductive health; ITS/HIV prevention and treatment; sex work; trafficking; homosexuality and civil society activities.** Recommendations for the Turkmen State are provided after each section.

2. Turkmenistan signed the following major international human rights conventions: International Covenant on Economic, Social and Cultural Rights; International Covenant on Civil and Political Rights (and its Optional Protocol); International Covenant on Civil and Political Rights; Convention on the Elimination of Discrimination Against Women; Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment; Convention on the Rights of the Child; International Convention on the Elimination of all Forms of Racial Discrimination.

**Cultural stereotypes affecting women and men sexual and reproductive health and rights, and leading to other violations of women’s rights.**

3. Arranged marriages and expected marriages at an early age (bellow 20-22) are common in Turkmenistan<sup>1</sup>. The expected age for women is lower than for men. Choice of partner is mostly denied to women by the need for parental consent, ethnic or tribal recognition or socioeconomic status.

4. Sex before marriage for women is culturally prohibited to the extent that a young woman can be forced to leave her husband’s house in her wedding night if there was no blood during intercourse. Those women who are perceived to be having premarital sex are stigmatized. They live a double life, trying to hide their relationships and lifestyle. It affects their emotional and sexual health. Cultural stigmatization of women who have premarital sex, makes them to avoid regular use of contraception, to learn about safer sex and to visit gynaecologists. It also affects men’s attitudes towards young women and leads to violence against women. There is a belief that if a woman gives her sexual consent once, it is valid for the rest of the relationship, or that the previous sexual experience of a young woman with other men should allow the current partner not to ask for her consent as it is implicit, and she is understood to be a “loose” woman. Often men take sexual advantage of young women who express themselves as sexual in any form.

5. The state has reportedly dismissed a high-ranked female official for her ‘immoral multiple marriages’ accusing her of setting a bad example for the Turkmen people. The speech that followed her dismissal emphasized how important family values are and that she was leading an immoral life, though she was in the committed monogamous marriage and had divorced her previous partners. In the winter of 2008, the Minister of Transportation of Turkmenistan fired all divorced women in his institution as they fail to represent the morality and image of real Turkmen women. *Ruhnama*, the spiritual guidance book written by the First President of Independent Turkmenistan, is often referred to as the moral document on the basis of which to judge and persecute people; it has replaced Turkmenistan’s Constitution. *Ruhnama* includes Turkmen values and traditions that manifest sexist and insensitive attitudes. One of them is that mothers should look after themselves and their daughters, as “apples do not fall far from the apple trees”. Many women in Turkmenistan fear divorce, because society and employees do not welcome divorced women and their children.

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<sup>1</sup> Ministry of Health and Medical Industry of Turkmenistan, National Clinical Center of Mother and Child Health named after Gurbansoltan-Eje, UNFPA. 2005.

6. Meanwhile, young men are expected to be sexually active. A majority of men are clients of sex workers from their early adolescence as it is socially acceptable for them to do so. Even in premarital monogamous relationships men are allowed to have sexual relationships with other people while women are not. Men are socially permitted to have more than one family or sexual relationship with other female partners outside of marriage, though polygamy is not legal in Turkmenistan.

7. These political and cultural taboos are primarily reinforced through Turkmen ethnic and tribal traditions. Religious or Muslim education is not mainstreamed because First President's Sacred Book *Ruhnama* officially stands as the spiritual guide. Sunni Islam and Russian Orthodox Christianity are the only state recognized and registered religions.<sup>2</sup>

8. Recommendations:

- To review cultural mindsets and beliefs that conflict with the full enjoyment of human rights (including the right to health and to be free from violence and coercion) as included in the conventions ratified by Turkmenistan, as stated in Article 5 of CEDAW and conducts the required public education campaigns to address them.
- To properly investigate and sanction all incidents of discrimination against women based on their civil status (forbidden by CEDAW Articles 1 and 2)

### Sexuality Education

9. Since independence, the Turkmenistan government has been enforcing politics of ethnic and cultural revival that significantly contribute to strengthening the traditional values discussed above, inter alia virginity, repressed female sexuality, and encouragement for male sexual activity at early adolescence. This reinforces a culture of shame and embarrassment, silence and isolation when it comes to sexuality education, individual sexual and reproductive rights, and sexual behaviour and relationships.

10. For parents to talk to their children about sexuality is not part of mainstream cultural traditions and talking about sexuality is seen as taboo. Comprehensive sexual health books, youth health magazines, brochures, even entertainment media on these issues is not available due to the control exerted by the Turkmenistan's state over the local and foreign printed media. Access to Internet is also state-controlled and limited. Many Turkmen households own television satellite systems, which allow people to receive some information for outside the only four state TV channels and newspapers.<sup>3</sup>

11. In Turkmenistan, no official school curriculum, at any academic level includes health, reproductive health or HIV prevention components. Secondary schools provide only a one-hour long class on the human reproductive system because the Soviet-era biology book on human physiology has only one chapter on this topic. There are very few private single-gender secondary schools in Turkmenistan. In those schools, the academic curriculum is filled with religious or moral education. Girls and boys receive non-scientifically messages during their biology classes, for example that virgin women must have blood during their first intercourse, or tampons are not for good girls.

12. The Red Crescent, Turkmenistan's Youth Organization and Women's organizations conduct different peer-facilitated health, life skills and HIV prevention seminars for youth, with the technical assistance of UN agencies. Turkmenistan's Ministry of Education exerts strong censorship on non-state organized educational events and rarely issues permits for extracurricular projects, even for those of governmental origin. The life skills seminars mentioned at the beginning of this paragraph do not happen at the state academic institutions and thus they reach a very small number of young people. They are usually not sustainable and their impact is not monitored. In state-run schools, no distribution of awareness materials or participants recruitment for these seminars is allowed.

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<sup>2</sup> International Bureau for Children's Rights. 2006. Making Children's Rights Work: Country Profile on Turkmenistan. Available online at [http://www.ibcr.org/Publications/CRC/Draft\\_CP\\_Asia/TurkmenistanPDF.pdf](http://www.ibcr.org/Publications/CRC/Draft_CP_Asia/TurkmenistanPDF.pdf) (accessed 28 June 2008)

<sup>3</sup> Reporters Without Borders. 2006. Worldwide Press Freedom Index 2006. Available online at [http://www.rsf.org/rubrique.php3?id\\_rubrique=639](http://www.rsf.org/rubrique.php3?id_rubrique=639) (accessed 28 June 2008)

13. The need for sexuality education can be further illustrated by the findings of a Turkmenistan's Ministry of Health and UNFPA's conducted pilot survey on young people's awareness on reproductive health and STI (Sexually Transmitted Infections) prevention in 2005<sup>4</sup>. 419 young people were surveyed in seven secondary and higher educational institutions in the cities of Ashgabat and Mary. 30 per cent of respondents believed that the first sexual intercourse does not result in pregnancy and almost 50 per cent considered that abortion does not carry any complications or consequences for reproductive health. 15. 60 per cent of respondents had no information on how to prevent STIs while 17 per cent believed that contraceptives are useful against infections, and others listed such 'prevention' methods as monogamous relationships, morally good behaviour and life, warm clothes and personal hygiene rules<sup>5</sup>.

#### 14. Recommendations:

- To conduct wide consultations with key stakeholders (academia, medical associations, women's and youth organizations, teachers' associations, UN agencies active in the country, etc.) with the aim of developing Sexuality Education curricula that can be taught at the different school levels to provide children, adolescent and adult students with scientifically based information, tailored to their different ages and needs.
- To lift all restrictions affecting the right to freedom of information and expression in printed as well as electronic media, including TV, radio and the use of Internet.

### **Sexual and Reproductive Health**

15. Human rights as a whole are a big political taboo in Turkmenistan. Sexual and reproductive rights, as well as gender rights are not addressed at all. In terms of sexual health, there is no discourse on key populations such as HIV positive people, sexual and gender minorities<sup>6</sup>

16. The choice of contraceptives is limited. It is hard to find appropriate contraceptive methods and to obtain them at pharmacies due to their unavailability. IUD (Intrauterine Device) is used more often than other methods; women who have never give birth are also encouraged by health care providers to use IUD. A Mini-Survey on Family Planning, conducted by the Ministry of Health with the technical assistance of UNFPA, in two regions of Turkmenistan showed that out of 1000 respondents, around 65 percent of women of fertile age preferred IUDs<sup>7</sup>. Condoms are the most challenging to access. Turkmenistan's demographic politics of population control discourage contraception and promote maternity. Abortion is legal in Turkmenistan. Unfortunately, it is mostly understood and used as a contraceptive method by due to low awareness and unavailability of actual contraception. Even though it is not culturally accepted to have abortions, there is a big demand for them.

17. Health care services in Turkmenistan have deteriorated in recent years, because of the dated professional training, the dismissal of 15000 health workers in 2004, and lack of medical establishments, equipment, supplies and drugs<sup>8</sup>. The number of qualified health care staff is extremely small.

18. Unmarried women are discouraged by cultural taboos to visit gynaecologists (see Paragraph 4 above). Often health care providers question their clients' ethics, especially if they are young women who have

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<sup>4</sup> Ministry of Health and Medical Industry of Turkmenistan, National Clinical Center of Mother and Child Health named after Gurbansoltan-Eje, UNFPA. 2005. Youth Reproductive Health and Prevention of Sexually Transmitted Diseases (pilot survey among students of secondary and higher educational institutions in Mary and Ashgabat cities). Available online at <http://turkmenistan.unfpa.org/publication.htm> (accessed 28 June 2008)

<sup>5</sup> Ministry of Health and Medical Industry of Turkmenistan, National Clinical Center of Mother and Child Health named after Gurbansoltan-Eje, UNFPA. 2005. Youth Reproductive Health and Prevention of Sexually Transmitted Diseases (pilot survey among students of secondary and higher educational institutions in Mary and Ashgabat cities). Available online at <http://turkmenistan.unfpa.org/publication.htm> (accessed 28 June 2008)

<sup>6</sup> Rachel B, McKee M. 2005. Human Rights and Health in Turkmenistan. Available online at <http://www.lshfm.ac.uk/ecohost/projects/turkmenistan> (accessed 28 June 2008)

<sup>7</sup> Ministry of Health and Medical Industry of Turkmenistan, National Clinical Center of Mother and Child Health named after Gurbansoltan-Eje, UNFPA. 2005. Mini-Survey on Family Planning Case Study of Lebap and Mary Velayats. Available online at <http://turkmenistan.unfpa.org/publication.htm> (accessed 28 June 2008)

<sup>8</sup> .BBC. Large-scale layoff of medical workers planned in Turkmenistan, 21 January 2004..Available online at [http://www.watan.ru/eng/view.php?nomer=290&razd=new\\_nov\\_en&pg=60](http://www.watan.ru/eng/view.php?nomer=290&razd=new_nov_en&pg=60) (accessed 28 June 2008)

premarital sex. Most services are youth-unfriendly. There is a socially acceptable practice of virginity proof to be obtained from a gynaecologist; also vaginal reconstruction surgery ('virginity recovery') exists.

19. Pregnant women fear to give birth at hospitals due to the high prevalence of hospital acquired infections, child mortality and lack of qualified doctors. Maternal mortality rate stood at 16.77 per 100,000 live births in 2004 as registered by the government, while UN organizations showed statistics of 31 per 100,000. UNICEF State of the World's Children 2007 report placed Turkmenistan among the 50 countries with the highest child under-five mortality rates; it also estimated infant mortality rate at 81 per 1000 live births<sup>9</sup>.

20. Recommendations:

- To undertake an immediate reform of the public health system, with particular emphasis on professional training (including human rights and sexual and reproductive health notions), adequate supplies and the highest attainable standards of hygiene.
- To immediately implement programs to reduce the rates of maternal and child mortality.
- To introduce legislation forbidding "virginity tests" (a practice that has been considered discriminatory by the CEDAW Committee and a violation to CEDAW Article 2)
- To provide counselling on contraception in public hospitals and to implement all necessary measures for scientifically based information on contraception to reach all women and men in the country. To supply the full variety of existing contraceptive devices allowing for doctors and patients together to decide which is the most suitable method in each particular case.
- To discourage the use of abortion as a contraceptive method, by training professionals and the general public on the use of proper contraceptives, including addressing the cultural barriers implied.

### **STI and HIV Prevention/Treatment**

21. Men seldom use condoms or any barrier methods with both sex workers and regular partners, because of stereotypes about it preventing one from receiving pleasure, and their belief that it will not be them who will contract an STI. Women sometimes do not wish to use condoms for fear to be taken for a person who has an STI or multiple partners. In what are believed to be committed monogamous relationships, partners often are not aware of STI risks.

22. Turkmenistan has reopened its AIDS program in recent years since it was cancelled for the years 2003-2005 due to official data reporting the of non-existence of HIV in the country. According to the government there were only two incidents of HIV/AIDS in Turkmenistan, both "imported from abroad". It claims that its anti-AIDS state programs are being successful in HIV prevention and the only goal today is to prevent HIV infections getting into the country<sup>10</sup>. Meanwhile, UNAIDS fact sheet report of 2006 estimates around 1000 cases of HIV/AIDS in 2005 based on probabilities for 0.2 per cent of population<sup>11</sup>. The official data on HIV is often also questioned by international human rights and public health communities due to the existing high STI prevalence, widespread injecting drug users, sex work in Turkmenistan and the whole context of HIV occurrence in Central Asia<sup>12</sup>.

23. The unofficial ban of diseases that can lead to epidemic - HIV, TB, Hepatitis, measles, dysentery, cholera - contributes to unawareness and wrong official diagnosis<sup>13</sup>. It also makes anonymous HIV testing, treatment and care, doctor's reports (anamnesis) and support for HIV positive people impossible.<sup>14</sup>

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<sup>9</sup> UNICEF. Turkmenistan Country Website. Background. Available online at <http://www.unicef.org/infobycountry/Turkmenistan.html> (accessed 28 June 2008)

<sup>10</sup> Godinho J, Novotny T, Tadesse H, Vinokur A. 2004. HIV/AIDS and Tuberculosis in Central Asia, Country Profiles. Washington: The World Bank

<sup>11</sup> UNAIDS. Turkmenistan. 2006 Update. Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections. Available online at <http://www.who.int/globalatlas/predefinedReports/EFS2006/index.asp> (accessed 25 June 2008)

<sup>12</sup> USAID. Turkmenistan Seeks Global Fund Aid to Fight Health Problems, 17 December 2006.

<sup>13</sup> Turkmenistan Project. Certain Diseases "Banned" in Turkmenistan, Press Release No. 43, 8 May 2004. Available online at <http://www.eurasianet.org/turkmenistan.project/index.php?page=wnb/wnb0405211&lang=eng> (accessed 28 June 2008)

## 24. Recommendations

- Review the official policy on infectious disease and allow for objective assessment of the country's situation in this regard with the view of designing policies that will effectively guarantee the right of all Turkmen to the highest attainable level of health, as stated in the International Covenant of Economic, Social and Cultural Rights, ratified by Turkmenistan.
- Provide adequate training to health professionals so they can deal with infectious diseases, and particularly AIDS, in a non-judgmental way.
- Conduct public awareness campaigns to encourage testing, treatment for those infected and a general climate of non-discrimination and support on the part of society as a whole.
- Conduct public awareness campaigns on STI and HIV prevention, and provide counselling services with the best standards of confidentiality and care, at public hospitals, community health centres and other suitable venues.
- Implement programs to provide treatment and support to HIV positive individuals and their families.
- Implement programs to care for injecting drug users that fully respect their human rights, help them prevent infections (including by HIV) and provide treatment for those already infected.

## Sexual and domestic violence

25. There are many incidents of rape and forced sex within both premarital relationships and marriages. Rape, including in marriage, is illegal in Turkmenistan; it is penalized with 3-25 years in prison, depending on the level of abuse<sup>15</sup>. Still it is often not reported due to the victimization, shame and blame which survivors face. Most of the time, survivors are forced to continue the relationship with the perpetrator due to the fear to of being rejected by family and society, not to be able to have a partnership or a marriage with another person and to be blackmailed.

26. Sexual assaults and harassment are not addressed in any particular form of anti-discrimination legislation<sup>16</sup>.

27. Domestic violence is also prohibited by the law, which is not strongly enforced. Instances of domestic violence are underreported due to the survivors' low awareness about this law, as well as the culture of silence and the fear to face greater amount of abuse from perpetrator and family rejection<sup>17</sup>.

## 28. Recommendations:

- To implement the required measures to effectively implement the laws against rape and to protect women who report those crimes, including public awareness campaigns, gender-sensitive services, shelters, training and sensitization for law-enforcement personnel and a prohibition on marital status-based discrimination (to allow women to leave abusive marriages).
- To penalize sexual assault and sexual harassment and to implement measures similar as those mentioned above for their adequate implementation.
- To conduct public awareness campaigns on the existing law about domestic violence and to implement the required measures for its proper implementation.

## Sex workers

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<sup>14</sup> Bernd Rechel and Martin McKee. 2007. The effects of dictatorship on health: the case of Turkmenistan. BMC Medicine. Available online at <http://www.biomedcentral.com/1741-7015/5/21> (accessed 26 June 2008)

<sup>15</sup> US Department of State. 2006. Country Report on Human Rights Practices in Turkmenistan. Available online at <http://www.state.gov/g/drl/rls/hrrpt/2006/78845.htm> (accessed 28 June 2008)

<sup>16</sup> International Bureau for Children's Rights. 2006. Making Children's Rights Work: Country Profile on Turkmenistan. Available online at [http://www.ibcr.org/Publications/CRC/Draft\\_CP\\_Asia/TurkmenistanPDF.pdf](http://www.ibcr.org/Publications/CRC/Draft_CP_Asia/TurkmenistanPDF.pdf) (accessed 28 June 2008)

<sup>17</sup> US Department of State. 2006. Country Report on Human Rights Practices in Turkmenistan. Available online at <http://www.state.gov/g/drl/rls/hrrpt/2006/78845.htm> (accessed 28 June 2008)

29. Sex work is illegal in Turkmenistan. State agencies systematically monitor the sex industry, but do not assess existing sex work-related problems; statistical data is unavailable and no interventions are implemented to address this issue<sup>18</sup>. In Ashgabat, around 70 percent of sex workers are injecting drug users in Ashgabat<sup>19</sup>.

### 30. Recommendations

- Decriminalize sex work, particularly in terms of punishment to sex workers themselves.
- Use the State law-enforcement mechanisms to prevent and sanction human rights violations against sex workers, such as labour exploitation, sexual exploitation, sexual and physical violence, etc.

### Trafficking

31. Turkmenistan's government issued a law that prohibits women from travelling to Turkey, Middle Eastern and Arabic countries without an accompanying father, brother(s) or husband. This law is supposed to prevent sexual exploitation and human trafficking. There are no laws to protect survivors of human trafficking and/or to punish traffickers, while US Department of State reports high number of women being trafficked to the mentioned above countries as sex workers<sup>20</sup>.

### 32 Recommendations:

- Repeal the law mentioned in paragraph 31 as it violates women's right to freedom of movement and substitute it for a law punishing those engaged in human trafficking for all purposes, including sex work.
- Provide gender-sensitive services to trafficked persons that fully respect their human rights.

### Homosexuality

33. Homosexuality is criminalized and considered a mental disorder in Turkmenistan. Men who have sex with men receive a prison sentence of 2 years for homosexual conduct. People are also sent to receive "cures" for homosexuality in psychiatric institutions. These punishments are also applicable to the situations of perceived homosexual behaviour.

34. The anti-homosexuality law does not specifically mention women who have sex with women<sup>21</sup>. In May 2007, Columbia Law School in United States of America secured asylum for a lesbian from Turkmenistan as she feared to face persecution because of her sexual orientation and political views<sup>22</sup>.

35. Mainstream societal attitudes are openly homophobic, including medical educational resources and health providers' performance. Lesbian, gay men, bisexual and transgender people are culturally invisible, very stigmatized, and rarely unite into the groups.

### 36. Recommendations:

- Review the notion of homosexuality as a "mental disorder" that contradicts what the World Health Organization affirms since 1974. Forced psychiatric treatment attempted to "cure" homosexuality constitute a violation to the right to the highest attainable level of health and should be outlawed. Health professionals should receive updated training on how to deal with same-sex desires and practices.
- De-criminalize consensual same-sex behaviour among adults, as according to the Human Rights Committee criminalizing it constitutes a violation of Article 2 of the International Covenant on Civil and Political Rights, ratified by Turkmenistan.

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<sup>18</sup> US Department of State. 2006. Country Report on Human Rights Practices in Turkmenistan. Available online at <http://www.state.gov/g/drl/rls/hrrpt/2006/78845.htm> (accessed 28 June 2008)

<sup>19</sup> Institute for War and Peace Reporting. Turkmenistan's Rising Drug Crisis, 22 June 2004. Available online at [http://www.iwpr.net/?p=rca&s=f&o+175878&apc\\_state=henirca2004](http://www.iwpr.net/?p=rca&s=f&o+175878&apc_state=henirca2004) (accessed 28 June 2008)

<sup>20</sup> Stop Violence Against Women. Turkmenistan. 2 August 2004. Available online at <http://www.stopvaw.org/Turkmenistan.html> (accessed 28 June 2008)

<sup>21</sup> US Department of State. 2006. Country Report on Human Rights Practices in Turkmenistan. Available online at <http://www.state.gov/g/drl/rls/hrrpt/2006/78845.htm> (accessed 28 June 2008)

<sup>22</sup> Columbia Law. Sexuality and Gender Law Clinic Secures Grant of Asylum for Lesbian from Turkmenistan, 1 May 2007. Available online at [http://www.law.columbia.edu/media\\_inquiries/news\\_events/2007/may07/sexuality\\_law](http://www.law.columbia.edu/media_inquiries/news_events/2007/may07/sexuality_law) (accessed 28 June 2008)

- After de-criminalization has occurred, conduct public awareness campaigns as well as focused training for public officers in the areas of health, education and law-enforcement, about non-discrimination against persons due to their consensual same-sex practices.

**Civil society, local non-governmental organizations and international agencies**

37. On November 10, 2003, State authorities introduced new amendments to Turkmenistan's Criminal, Civil and Administrative Codes, which criminalize the activities of unregistered non-governmental organizations and initiatives<sup>23</sup>. When in November 2004 the UN General Assembly was due to vote on the draft resolution on human rights violations in Turkmenistan, the government abolished this law. However, those restrictions are still actively enforced; today, the only organizations active in the country are those much unrelated to human rights advocacy and involved in accounting training, social assistance to refugees and children, and alpinists' sport activities.

38. Recommendation:

- Take all the necessary measures to ensure that Turkmen people enjoy the right to freedom of association, protected by the International Covenant on Civil and Political Rights, ratified by Turkmenistan, including duly investigating and sanction all unjustified attacks on human rights defenders and other social activists committed by State personnel.

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<sup>23</sup> Amnesty International. Turkmenistan: No effective human rights reform, 23 June 2008. Available online at <http://www.amnesty.org/en/library/info/EUR61/004/2008/en> (accessed 28 June 2008)