Spitak Helsinki Group
Human Rigths NGO

RESEARCH REPORT
ON EXPLORING THE MAIN PROBLEMS OF WOMEN IN LORI REGION

This research was conducted by the Spitak Helsinki Group non-governmental organization, a public initiative that aims to guide its strategic directions and targeted activities to support women and girls in Lori region.

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The author alone is responsible for the content.

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The professional contribution of the friends of the Spitak Helsinki Group, who are residents of different communities of Lori region and are deeply aware of the issues of the communities, is invaluable.

The Spitak Helsinki Group expresses its deep gratitude and appreciation to all the participants and supporters of the research who devoted their time and efforts to contribute to the implementation of this important initiative and to the identification of the needs and issues of women and girls in Lori region.

This research was conducted by coordination of Sona Grigoryan, a gender and social inclusion expert.

ACRONYMS

D/V	- Domestic violence
IT	- Information technologies
LGBTQ +	- Lesbian, Gay, Bisexual, Transgender, and Queer
NGO	- Non-governmental organization
SHG	- Spitak Helsinki Group
STEM	- Science, Technology, Engineering, and Mathematics

EXPLANATORY DICTIONARY

Ageism	prejudice or discrimination based on a person's age
Hater	a person who has an intense dislike for another person, who thrives on showing hate toward, criticizing, belittling other people or spreading hate speech[1], usually unfairly
Leave No One Behind	the central principle of the Uited Nation's (UN) 2030 Agenda for Sustainable Development and its Sustainable Development Goals. It is a commitment by all UN Member States to end extreme poverty, stop discrimination and exclusion, and reduce inequalities to ensure that sustainable development benefits everyone, especially the most disadvantaged and vulnerable groups
Intersectionality	a framework for understanding how various social constructs like race, gender, sexual orientation, class among others, create overlapping and interdependent systems of disadvantage or discrimination multiplying vulnerability of a person
Polypedonist	mother of multiple (3 and more) children
"3Rs" - rights, resources and representation	gender equality framework developed in Sweden and widely used in various development and human rights contexts. Rights focuses on ensuring women and marginalized groups have their universal human rights respected and safeguarded, free from violence and discrimination. Resources involves allocating sufficient financial, informational, and other resources to achieve gender equality and empower women. Representation aims to increase women's meaningful participation and influence in decision-making processes at all levels of society.

[1] Civil Code of the Republic of Armenia,

INTRODUCTION

Lori region in the administrative-territorial system of Armenia includes a large variety of urban and rural communities, where women's participation in public life is manifested simultaneously as a result of the interaction of socio-economic, cultural and infrastructural factors. The current situation of this region vividly reflects the reality where certain social spheres affect not only the individual, micro-, but also the meta-level, creating cultural and systemic limitations for women's self-realization. Obstacles in the spheres of education, employment, healthcare, leadership, gender relations in addition to recent crisis situations are multiplied creating intertwinned chain of hindrances for women. They vary from community to community depending on geographical location, socio-economic conditions, un/availability of resources and infrastructure. Thus, women's economic and social participation is conditioned by a number of systemic problems, the main of which are socio-economic situation, access to education, availability of infrastructure and presence of cultural stereotypes.

In this context, the research aims to highlight the needs of women in Lori region, based on the principles of human rights, gender equality and inclusiveness, "Leaving No One Behind".

Based on the research report[2] conducted by the SHG in 2017, this research stands out not only for its unique sectoral and thematic specificity, but also for the comprehensive package of recommendations provided by the participants, which significantly enriches the research results, making them even more needs-based, inclusive, tailored and practically applicable.

The research was conducted during March-July 2025.

[2] Research report on the identification of the main issues of women in Lori region, "Spitak Helsinki Group" NGO, 2017.

RESEARCH OBJECTIVE

The primary objective of this research was to gain a comprehensive understanding of the issues women face in Lori region within the context defined by the gender equality framework relying on "3Rs": rights, resources and representation. It included examining the challenges, opportunities, perceptions, and socio-cultural dynamics that affect women's lives, as well as mapping the barriers that limit women's full self-realization. The principles of gender-sensitive, gender-responsive, gender-transformative, and intersectionality were applied in conducting the research. It focused on the following key areas outlined by the gender equality framework: education, work/employment, health, political participation/leadership, gender issues, and crisis response.

Research questions

The following questions were defined to achieve the research objective:

1) identify the needs of women and girls living in Lori region in the key areas mentioned above,
2) identify the factors that facilitate and hinder the self-realization of women and girls in these areas,
3) characterize the range of problems encountered in the key areas that women and girls living in Lori region face,
4) propose solutions to the range of sectoral problems that can be taken into account during the development of the strategic planning of the SHG.

RESEARCH DESIGN AND METHODOLOGY

The research methodology entails a multifaceted approach, integrating quantitative and qualitative dimensions, which allowed for the development of a more complete picture. The quantitative method is based on a questionnaire, while the qualitative methods include in-depth interviews with key informants and focus group discussions with female residents of Lori. With this methodology, the research addresses women's issues through a gender-sensitive prism, ensuring the collection of valuable information and providing guidelines for appropriate intervention proposals.

Data Collection Methods

In-depth interviews: Semi-structured interviews were selected to explore the depth and nuances of individual experiences. Women in Lori often face personal and context-specific challenges that may not be fully captured by standardized surveys. Interviews allow participants to share their stories, thoughts, and experiences, providing a more complete representation of their needs.

Focus groups: Focus group discussions are particularly effective for exploring collective needs, gathering qualitative insights from participants' experiences, and eliciting perspectives on key issues. Group discussions foster a sense of collaboration by encouraging participants to share ideas and experiences. Focus groups can also serve as a platform to self-motivate women to voice their concerns and advocate for change.

Surveys: The use of an online semi-structured questionnaire was driven by the need to collect quantitative data from a large and diverse group of participants. This approach has enabled us to identify the needs and issues of women and girls belonging to different demographic groups living in different communities in Lori region.

Sampling

The focus of the sampling was on women and girls from different demographic groups, including age, socio-economic status, educational level, and geographical location in Lori region.

In-depth interviews. Purpose sampling was used for the in-depth interviews to include participants who were directly involved in and/or aware of the issues addressed in this study. This sampling strategy takes into account the heterogeneity of Lori region, where women's experiences can vary significantly depending on factors such as geographical location (urban or rural), socio-economic status, and age. Accordingly, key informants were selected from different communities and professional domains, covering the main focus areas of the study: health, work/employment, gender issues, education, political participation/leadership, and crisis response. In-depth interviews were conducted with 12 representatives of the communities of Alaverdi, Debed, Tumanyan, Margahovit, Spitak, Stepanavan, Vanadzor, and Tashir.

Focus groups. As part of this research, 7 focus group discussions were conducted in the following communities: Alaverdi, Tumanyan, Spitak, Stepanavan, Vanadzor, Tashir. The total number of women participats was 66.

Given the intersectional component of the research, one of the focus group discussions was conducted with beneficiaries of an organization supporting people with disabilities. The other groups involved women with different dimensions of intersectionality, including the elderly, women with disabilities, and displaced women from Nagorno-Karabakh.

Survey

A semi-structured questionnaire was distributed online to collect quantitative data for the survey. In addition, given the unavailability of information technology for a certain group of women, face-to-face surveys were conducted with the same questionnaire in order to fill the gap in the experience of these women. The survey included closed and open-ended questions aimed at addressing the issues in the key areas of this research, as well as women's and girls' attitudes and experiences towards them. 425 female residents of Lori region participated in the survey. Their age distribution is as follows:

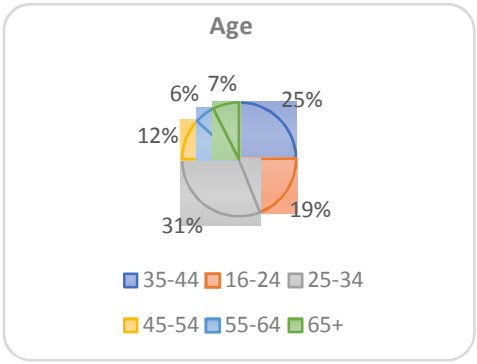

Figure I

The most represented age group was *25-34 years old*, at 31%, followed by *35-44 years old*, at 25% **(Figure I).** The *16-24 age group* comprised 19%, while *45-54 years old* comprised 12%. The least represented age group was *55-64 years old*, at 6%, and participants aged *65 and over*, at 7%.

The largest proportion of participants resided in *Spitak* (25%) and *Vanadzor* (24%) **(Figure II).**

Residents of *Tashir* accounted for 14%, *Alaverdi* for 13%, and *Stepanavan* for 8%. Only 1% were from *Tumanyan*. In addition, some of the respondents represented different villages in Lori region, each of which recorded up to a dozen participations, totaling 15%.

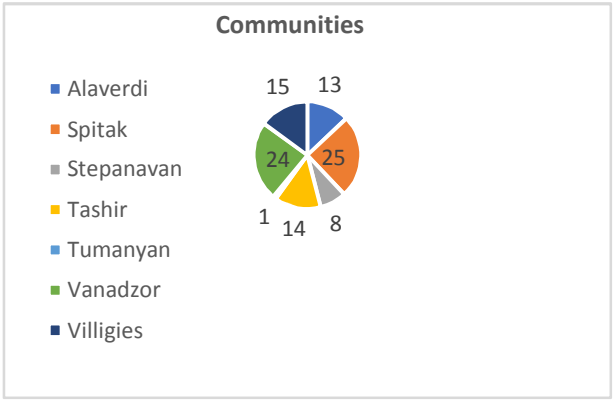

Figure II

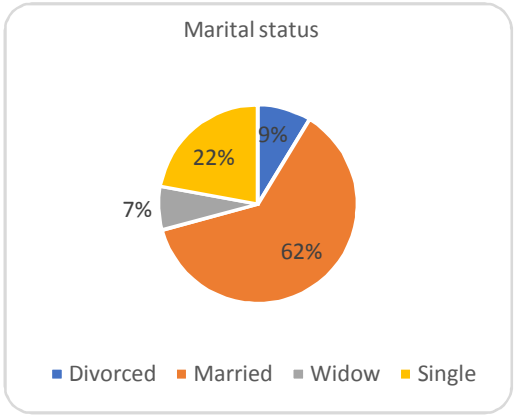

Figure III

The majority of respondents, 62%, *are married* **(Figure III).** 22% indicated that they are *single*, 9% are *divorced*, and 7% are *widowed*.

Among the respondents, *housewives* are represented in the largest number (19%), as well as *polypedonist mothers* (18%) **(Figure IV).**

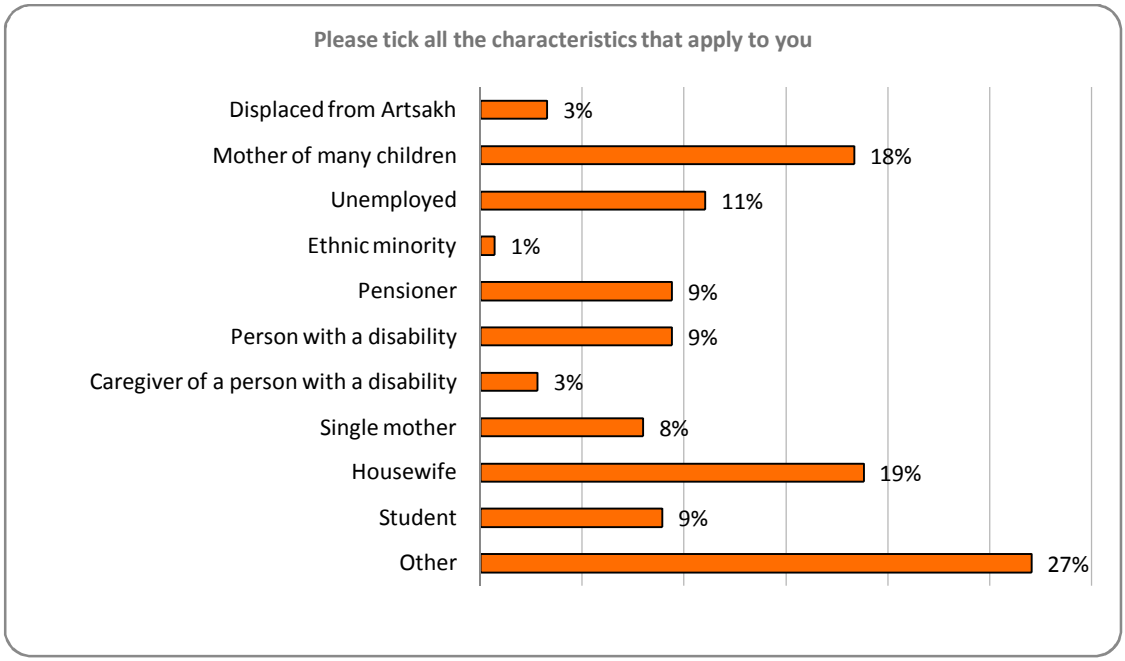

Figure IV

11% indicated that they were *unemployed*, and 9% were *retired*. Another 9% was mentioned by both *women with disabilities* and *students*. Among the respondents, *single mothers* made up 8%, and 3% comprised *displaced persons from Nagorno-Karabakh (Artsakh)*, *caregivers of people with disabilities*. *Representatives of ethnic minorities* made up only 1% of the respondents. In addition, 27% of the participants indicated the option *Other*, including *working women or mothers* (18.6%), *schoolchildren* (2.4%), and other groups.

Data Analysis

Qualitative Data: Thematic analysis was used to identify recurring themes and patterns from the transcripts of interviews and focus groups. This involved coding the data and interpreting the results in relation to the research questions. This method enabled the research process to identify the underlying causes of women's challenges and aspirations, such as cultural norms or systemic barriers.

Quantitative Data: Statistical analysis software was used to analyze the quantitative data of the study, focusing on descriptive statistics and correlational analysis to identify trends and relationships in the data. This method enabled the percentage of challenges faced by women to be identified, providing a clear benchmark for assessing the scale of these challenges.

Ethical Considerations

The ethical aspects of the study prioritized the principles of informed consent and confidentiality, while at the same time ensuring the integrity and reliability of the results. Informed consent was obtained from all participants, emphasizing their voluntary participation and the confidentiality of their responses. Special attention was paid to creating a safe and respectful environment, acknowledging the sensitive nature of the discussed personal challenges.

EXECUTIVE SUMMARY

Lori region, being one of the largest regions of the Republic of Armenia, has a great diversity of both urban and rural communities. The lack of socio-economic opportunities, the scarcity of jobs, and cultural stereotypes, especially in rural communities, continue to be an obstacle to women's full self-realization and participation in public life. Although the educational level of women is often high, the employment rate remains low. Problems are evident in education, health, leadership, political participation, gender relations, crisis response, and other key areas.

Education

The results of the women's educational needs assessment conducted in Lori region show that the educational environment continues to be affected by both socio-economic, cultural, and infrastructural constraints. Despite the prevalence of higher education in some communities, it does not ensure economic independence: graduates of short-term professional programs often earn more than women with higher education. Women drop out of school mainly due to marriage or financial difficulties, and rarely return to the educational process. The professional orientation of young people is shaped by a combination of financial opportunities, local educational offer, infrastructure availability, and gender stereotypes. Women with disabilities are particularly vulnerable, deprived of educational opportunities due to both the lack of adapted infrastructure and stereotypical attitudes. The link between education and the prevention of domestic violence was clearly highlighted during the research. Women with a low level of education are more likely to become survivors of domestic violence, and this situation is due not only to socio-economic dependence, but also to insufficient awareness of their own rights and protection mechanisms.

Work/Employment

The current picture of women's employment in Lori region is characterized by a lack of job opportunities, disproportionate territorial distribution, and socio-cultural restrictions. Despite the activation of state and international programs in recent years, women still face numerous structural and cultural barriers that limit their competitiveness in the labor market. Most of the problems recorded are related not only to limited job opportunities, but also to the quality of the education system, professional orientation, and public attitudes towards work. The majority of women continue to remain socio-economically inactive or seek employment in informal and unprotected conditions. The problems are exacerbated, especially in areas where there is a complete lack of production infrastructure and adequate access to social services. The labor market is not accessible to all women in the region, especially rural residents, young people, married women, or women with children, as well as women with disabilities. In Lori region, the interrelated problems of women's education and employment continue to affect their socio-economic position. In this context, it is important to consider how educational and employment initiatives can be combined to ensure equal and sustainable professional development for women.

Healthcare

The healthcare system in Lori region has deep structural and socio-cultural problems that are interconnected with the socio-economic status of the residents, the distribution of professional resources, institutional shortcomings, and cultural stereotypes. The assessment of women's healthcare needs shows that although healthcare services are available in the area, their quality, accessibility conditions, and the volume of targeted programs are not sufficient to meet the diverse needs of women in the community. Particularly in rural areas, there is a limited coverage of primary healthcare services, a shortage of professional staff, and a lack of modern equipment. Healthcare problems are exacerbated by socio-economic challenges that limit women's opportunities to receive timely and quality medical care. Although there are qualified and dedicated specialists, the system still fails to ensure equal and quality access for all residents.

Political Participation/Leadership

Women's political participation in Lori region is still limited, especially in community leadership positions, where men are predominantly represented. Although women benefit from quota-based opportunities at the council level, their meaningful and active political participation in advancing of women's agenda is often questioned. Obstacles include societal stereotypes, lack of family support, administrative and logistical difficulties, as well as a male-dominated atmosphere in the political working spaces. At the same time, women's involvement and aspiration for leadership are positively assessed, especially when they actively use soft skills. According to the data gathered, important prerequisites for women's leadership success are self-confidence, social and family support, as well as overcoming stereotypes.

Gender issues

Gender issues in Lori region are particularly highlighted by the prevalence of domestic violence, which is often normalized in communities. The main obstacles to getting rid of violence against women are financial dependence and the lack of a support system. Information and support about violence are limited, and survivors of violence often do not seek help due to social pressures and a lack of trust. The lack of support mechanisms deepens vulnerability, especially in rural communities.

Discrimination is most often directed at divorced women, and representatives of the LGBTQ+ community remain unnoticed to avoid facing negative attitudes. There is a more positive attitude towards ethnic minorities and displaced from Nagorno-Karabakh. In the case of women with disabilities, it varies from a sensitive attitude and indifference to a highly insensitive and discriminatory. Various socio-economic and personal factors affect the realization of women's rights and access to resources in different communities of the region in different ways.

Crisis Response

The impact of emergency and crises on the quality of life of women in Lori region is mainly negative. Women who have suffered losses in their families as a result of wars continue to experience severe psychological distress. In general, many of them face mental health problems. The Covid-19 pandemic has had a disastrous impact on the socio-economic sphere, although some have seen positive changes in terms of remote work and learning. Flooding and climate change have also damaged women's economic activity and health. There are significant gaps in the mechanisms for responding to emergency situations in communities, especially among adult women, where training in preparedness and prevention is almost non-existent.

MAIN FINDINGS OF THE RESEARCH

Education

The educational opportunities of women and girls in Lori region are still influenced by a number of interrelated socio-economic, cultural, and infrastructural factors. Although according to the qualitative part of the study, 90% of girls continue their education after completing school, there are still many factors that limit women's educational, employment, and income opportunities. The aforementioned factors consequentlyincrease the risks of social vulnerability and domestic violence.

Although education provides an opportunity for economic and social inclusion, a significant mismatch exists between the education system and the demands of the labor market. Higher education in itself does not guarantee income, and it is often inferior to short-term professional courses that are directly related to market demands ("A woman with a higher education degree earns less than a hairdresser who has attended a 3-6-month professional course"). Therefore, higher education is not always associated with financial stability and economic independence for women in Lori region.

Girls' professional choices are often determined first by the family's financial capabilities, access to higher education, and then by gender stereotypes. Especially in rural communities, the conventional mindsetoften encourage choosing professions regarded as "suitable for women," such as teaching or nursing, while pursuing a career in journalism, law, or engineering is sometimes perceived as inadequate. The stereotypical environment of rural communities requires special attention, as the family's public reputation and social control can directly affect girls' educational and professional choices. For example, if the family has a high reputation in the community, some non-standard professions may be considered more acceptable for a girl.However, the girls from socially passive families face criticism if they make such a choice.

The current trends of professions also affect the motivation of young people to choose a profession. While girls previously preferred language studies, now, management is considered prestigious. This leads to oversupply of professionals in some sectors, causing shortages in other professional fields.

The availability of infrastructure is of particular importance: the absence of a higher educational institution or adequate transportation plays a significant role in the choice of a profession for girls. If the family's financial resources are limited and inter-community public transportation is not functioning appropriately , then the girl will most likely choose between the educational programs offered in a local community. However, a problem arises when applying for a job, since local employers give preference to those educated in larger cities, being skeptical of the knowledge provided by the local educational institution.

The majority of respondents (76.9%) of both the online and face-to-face survey, indicated that they had received or were receiving their desired education, while 23.1% disagreed with this statement **(Figure 1).**[3]

[3] All figures represent information provided by survey participants both online and face-to-face.

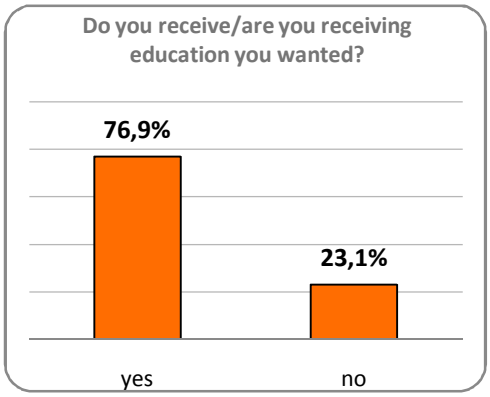

Figure 1

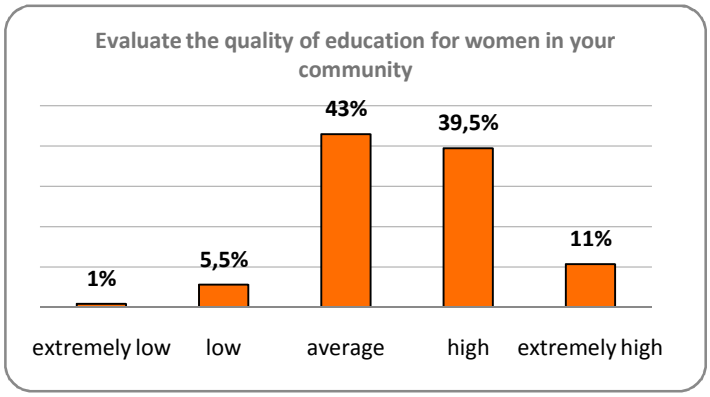

Figure 2

According to the results of the same survey **(Figure 2),** the quality of education of women in the community, on a scale of 1 to 5, is mostly rated *average* by 43%, *high* by 39,5%, and *extremely high* by 11%. This shows that more than half of the survey participants are also satisfied with the quality of women's education in their communities. Despite women's satisfaction with their education, local employers do not share the same idea, which also impedes women from finding a place in the labor market.

The practical aspects also influence the choice of profession. Some young people do not prefer to obtain long-term education, as it requires time and resources. Recently, short-term courses lasting 3-6 months have become preferable. These courses allow people to quickly enter the labor market and provide them with a relatively high income. Especially in small cities, the average salary is considered a "good" income, which affects the approach to choosing a profession.

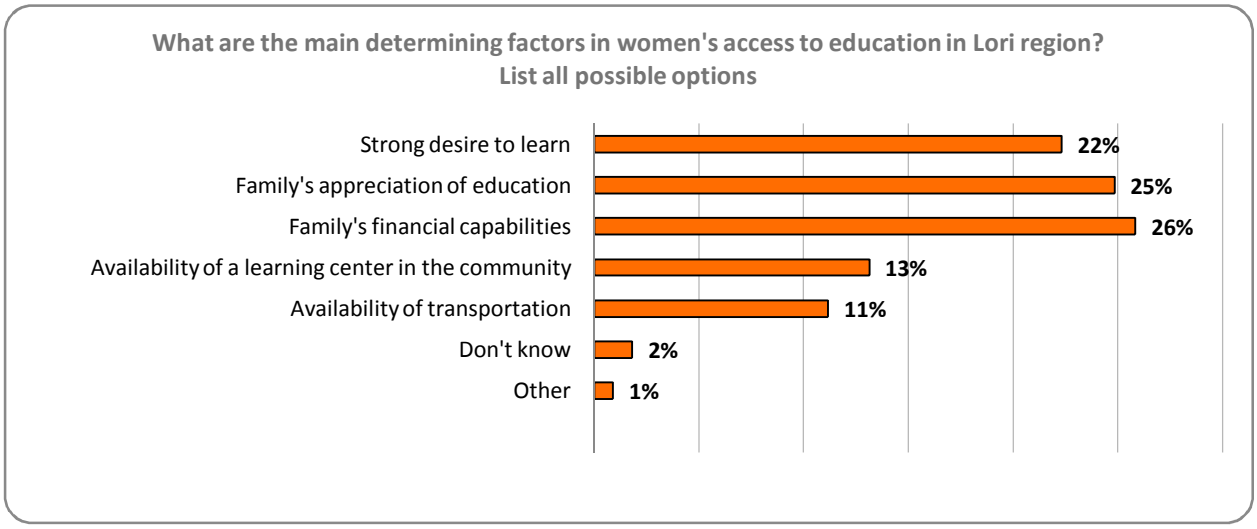

Figure 3

According to quantitative data **(Figure 3),** women's education in Lori region is determined by a number of factors: *family financial capabilities*, which were highlighted by 26% of participants, *family's values* towards education by 25%, as well as a sincere desire to learn, which was highlighted by 22% of participants. It is also worth noting the importance of *the availability of educational institutions* by 13%, and *the convenience of transportation* by

11%. 2% of respondents noted that it is *difficult to determine* the main obstacles, and 1% highlighted *other reasons*: for example, *social habits*, *the desire to work*, and *increasing the degree of women's independence*. It is worth noting that the short-term professional courses in Lori region, often implemented within the framework of local or international programs, do not yield sustainable results. Despite the active participation of women in various short-term courses, their continuity and practical results are often lacking. Some women report that after completing the training, participants' new skills do not find practical application due to limited market opportunities, lack of financial support, and mentoring. Moreover, access to information about these opportunities is limited, especially for those most in need, and the "Leave no one behind" approach is not always applied.

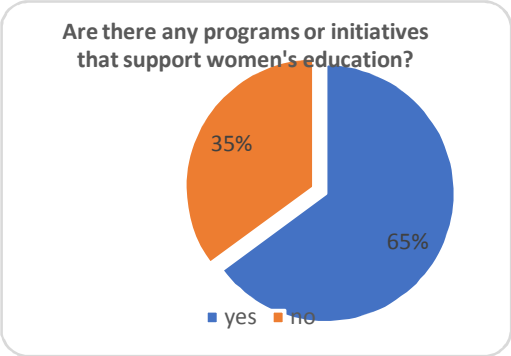

Figure 4

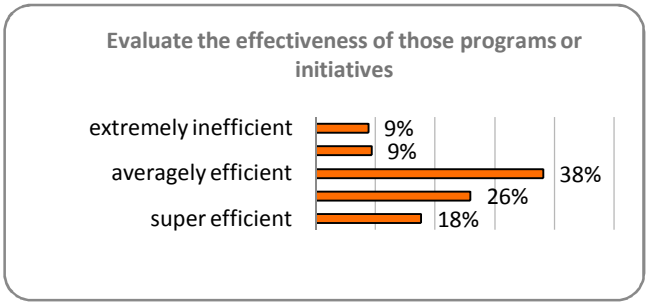

Figure 5

The majority of respondents, 65%, confirmed the existence of programs or initiatives supporting women's education in their communities, while 35% indicated that there were no such programs **(Figure 4).** In other words, slightly more than 1/3 of women are excluded from educational opportunities.

The effectiveness of these programs was mainly assessed as *average*, *good*, and *excellent* **(Figure 5).** 38% of the participants considered them *moderately effective*, 26% *effective,* and 18% *highly effective*.

At the same time, two groups of respondents, 9%, assessed them as *highly ineffective and ineffective*, respectively.

Women's educational path is often interrupted due to marriage or financial problems. The motivation to return after such an interruption is almost unfeasible . Women rarely utilize the opportunity to continue their education which is due to both social expectations that "A married woman should take care of the family first", and financial difficulties.

Educational opportunities for women with disabilities are particularly limited. Although some educational institutions are willing to organize classes in conditions adapted to the needs of such applicants, the lack of full adaptation of the physical environment, public stereotypes about people with disabilities, general skepticism, expressed in the belief that "others cannot find employment through studying, so what will she do with what she has learned," as well as the expected obstacles in the labor market lead to the fact that women from this group rarely apply to universities or training centers. Another obstacle to obtaining higher education is inadequate transportation with non-existent adjustments for the people with disabilities.

Given the importance of lifelong learning, the educational needs of older women are also not adequately met, although the majority of them do not see themselves involved in the formal educational process. They are more likely to participate in programs offered in a non-formal format. According to the participants in the in-depth interview study, middle-aged and older women lack media literacy skills. First, they use social media less often than women of other age groups. Secondly, they have great trust in the information on social media and do not criticize what they get from it.

The value of education among national minorities is also a problem. In the Molokan and Yezidi communities, motivation for education is low, especially in terms of higher education. Language barriers, in particular, insufficient knowledge of Armenian, as well as the absence of appropriate educational programs in their native language, further aggravate these problems. However, the biggest obstacle to women's access to education in their communities is the traditional practice of child marriages. "They arrange marriages for girls even before they finish school, and in many cases, they do not graduate." The picture is different in Greek communities: they mainly strive to get an education and find a job, they have an educational and cultural center, which is also attended by Armenians.

The main factors contributing to women's access to education in Lori region are the financial well-being (opportunities of the family), the value of education in the family, the desire to find a job and strive for well-being, and considering education the best prerequisite for self-realization. According to recent trends, more girls are now being provided with the opportunity to continue their education so that they can have stability in their lives in the future, regardless of their status.

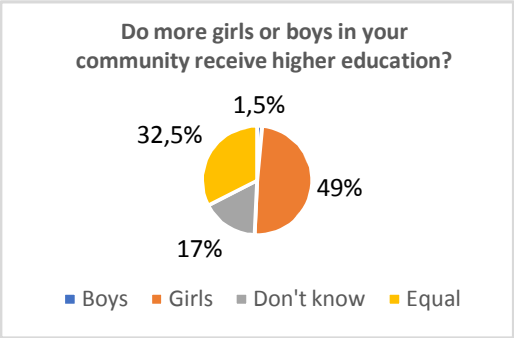

Figure 6

Almost half of the respondents, 49%, believe that girls receive higher education more often in their communities **(Figure 6).** 32,5% believe that the preference for education is equal for both sexes. 17% do not know which side is more dominant, and only 1,5% indicated that boys predominate.

In general, there are no formal restrictions on the exercise of the right to education for women and girls. They are free to apply to university, take entrance exams, or attend non-formal courses. It is important to note that non-formal education is now also valued by some people. It mainly provides more practical skills than a university education.

According to some participants of the in-depth interview, in recent years, thanks to state programs, girls' entry into professions traditionally considered "male" has gradually become a common phenomenon. Although in remote rural communities there are still opinions limiting professional choice by gendera perception is already forming among broad strata of society that gender is not a determining factor in livelihood and success. Women have become more independent, have acquired skills in political, educational, business, and public spheres, and can hold important and influential positions in society. Vocational training and retraining programs, which are often aimed specifically at women, are also conducive to such developments. In some areas, women's empowerment programs have even obviously widened

the knowledge gap between women and men. This is particularly noticeable in the field of public administration.

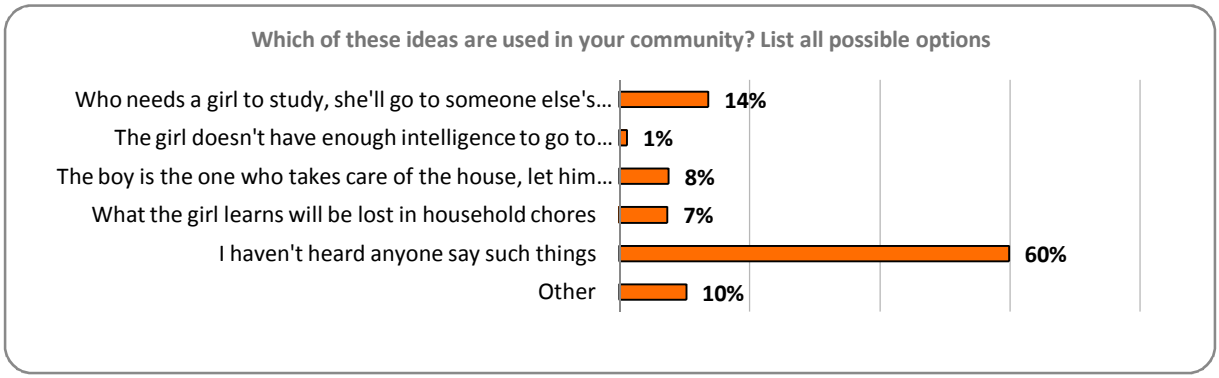

Figure 7

The majority of respondents, 60%, indicated that stereotypes are not applicable in their communities **(Figure 7).** However, stereotypes have persisted to some extent, including: "who needs a girl to study, then she will go to someone else's house" (14%), "the boy is the one who takes care of the house, he needs to be educated" (8%), and "what a girl learns will be lost in housework" (7%). Very few people believe that "a girl is not smart enough to go to university" (1%). In addition, 10% indicated *Other* options, which included: *reduction of stereotypes, equal valuing of education for girls and boys, difficulties in finding jobs among those with higher education*, as well as *individual approaches*. All of this indicates that the community's attitude towards girls' education is gradually changing and becoming more open and progressive.

Women rarely apply to legal bodies to protect their educational rights. The reasons include a lack of understanding of rights violations and a lack of trust in legal processes. As a result, a passive stance often prevails.

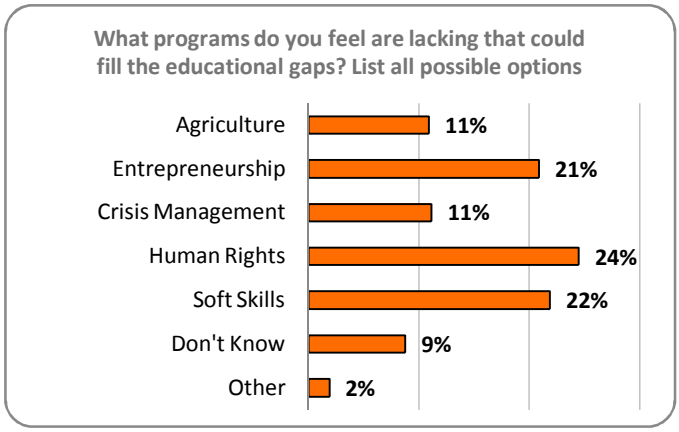

Figure 8

It is worth noting that in terms of filling educational gaps, there is a greater demand for knowledge about human rights (24%) **(Figure 8).** This is followed by knowledge in the fields of *soft skills* (22%), *entrepreneurship* (21%), and there is an equal interest among the respondents in the fields of *agriculture* and *crisis management* - 11%, while 9% indicated that they could not determine the necessary directions. In the case of 2%, various proposals were included under the *Other* category: programs to support mothers of children with disabilities, more programs for women from Nagorno-Karabakh, in accounting, sports, IT, and other areas. There were also considerations related to the diversity and activity of already existing programs.

Lack of education is also associated with a high risk of domestic violence: women who marry early and do not have an education are more likely to be subjected to domestic violence. This observation highlights the important role of education not only in terms of economic conditions, but also in terms of personal security and protection of rights.

Thus, the educational situation of women in Lori province is shaped by the influence of multi-layered and interrelated problems. At the community level, comprehensive approaches are required that will simultaneously address overcoming gender stereotypes, vocational training in line with market requirements, improving infrastructure for access to education, and raising awareness about the value of education, with particular emphasis on its role in the social and economic empowerment of women, as well as the prevention of domestic violence.

Work/Employment

The issue of women's employment in Lori region is multifaceted, encompassing the full range of economic, geographical, socio-cultural, and gender influences. Although some opportunities exist thanks to state and international programs, the labor market for the majority of women remains limited, inaccessible, and often vulnerable. The problems are especially acute among women in rural communities, as well as women with disabilities, national minorities, young people, and women with children.

In general, the level of women's economic activity remains low, due to both the inequality and infrastructural factors arising from geographical location, as well as gender stereotypes and traditions preserved in society, which still continue to limit women's professional choice and development opportunities to some extent. Ignorance of current labor market trends, in particular online work opportunities, lack of professional orientation, limited opportunities for vocational education, in addition to insufficient facilities for childcare, have a great impact on the employment of women in Lori.

In Lori region, higher education is often not considered a reliable basis for economic independence. Interview data indicate that the knowledge obtained in the educational system often does not meet the requirements of the labor market, and the lack of practical skills reduces the competitiveness of graduates.

The challenges faced by women in the labor market are the most diverse and multifaceted. These include both the high demands of employers, the lack or complete absence of knowledge and skills of job seekers, and low salaries, which are often not enough to motivate women in terms of their desire to work. However, there are fewer jobs than the number of women who want to work. According to some participants of the in-depth interview and focus groups, about 70% of women are unemployed due to the lack of production, enterprise, small and medium-sized businesses. Moreover, in their opinion, both women and men face the same employment issues.

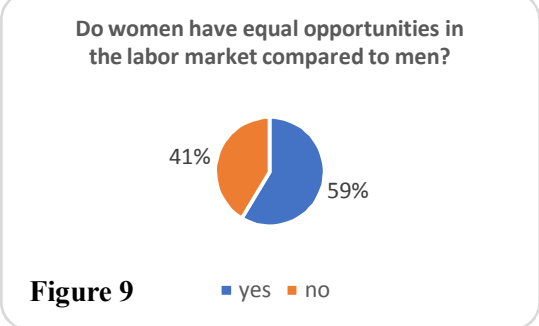

Figure 9

More than half of respondents, 59%, believe that there are equal opportunities for women in the labor market, while 41% have the opposite opinion **(Figure 9).**

The possible spectrum of jobs for women extends mainly to administrative work in state institutions, teaching positions in educational institutions, and some service-providing industries: garment factories, milk factories, and bakeries.

Some participants of the in-depth interview mention cases of workplace harassment and exploitation, but women continue to work in these environments out of desperation. There is also a new trend in the development of the tourism sector, where women are predominantly involved.

One of the most important issues is not being competitive in the labor market. Such women and young people do not even imagine the scope of their limitations: they may have higher education in the field of management, but express a desire to work as teachers.

Working women who are continuously self-educated and developing are rare. A limited number of individuals possess the skills and knowledge required to find online work or work in higher-paying sectors. Age is also a significant obstacle to finding a place in the labor market. Young women and girls are more competitive than women over the age of 50.

Another obstacle is the lack of relevant and competitive professions in Lori region, which do not meet the needs of the labor market. Therefore, a significant part of the respondents indicated a desire to specialize or retrain in more modern fields.

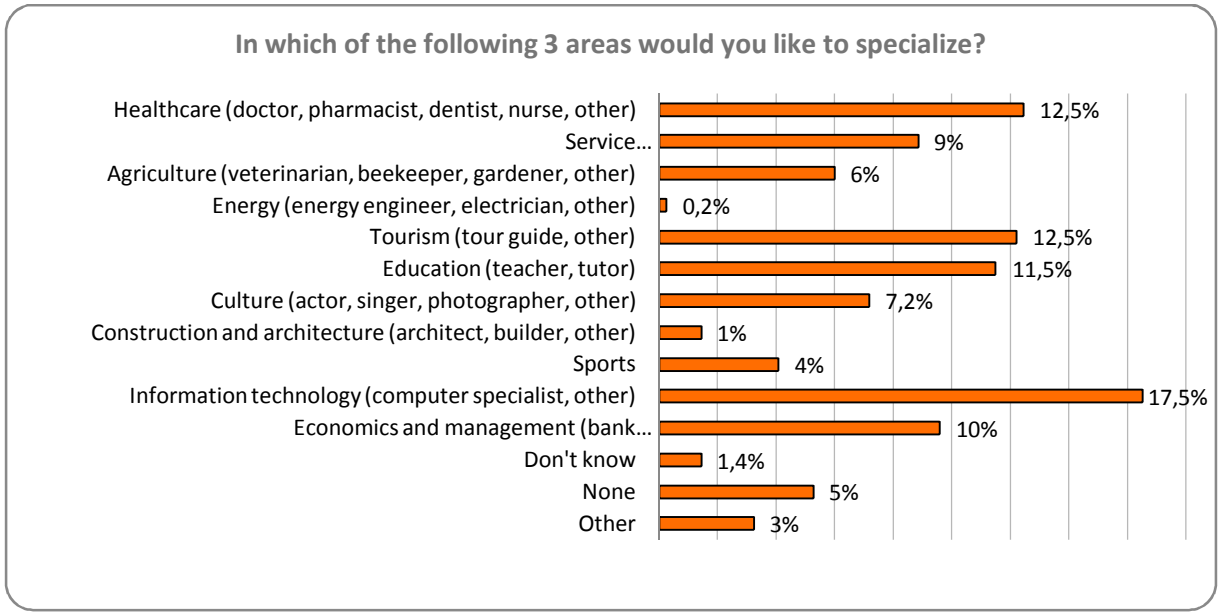

Figure 10

Thus, about 17.5% indicated a desire to specialize in the field of information technology, which confirms the fact of the impact of technological developments on women's lives (Figure 10). This is followed by the same number of respondents (12,5%) interest in the traditional health sector and, with a new trend, tourism. In addition, there is also interest in the fields of education (11,5%), economics (10%), and culture (7,2%). 9% of respondents see themselves in the service sector. It should be noted that not all survey participants expressed a desire to specialize. 5% indicated that they did not want to undergo training, and 3% chose the "Other" option, including marketing, journalism, and law. The least chosen was the energy sector (0,2%).

Another problem is the availability of educational institutions only in large communities. As mentioned in the *Education* section, due to insufficient infrastructure, in particular the lack of transport, some girls from rural communities are reluctant to apply to universities in urban communities. Thus, the concentration of universities in large cities also limits women's competitiveness in the local labor market.

However, the number of women with higher education is large, and they have a greater chance of finding a place in the labor market. Though, many of them usually get married after studying. And while raising children, they remain out of the labor market for a long time. Therefore, others gain experience in the labor market, while they gradually begin to lose their competitiveness: they forget what they have learned, need to update their knowledge and skills, for which they often do not find opportunities. In some communities, husbands object to women working. In some cases, women use their husbands' prohibitions as an excuse not to leave their comfort zone.

The educational qualification of women from socially disadvantaged families is usually low, they rarely get higher education, and with secondary education, they are not competitive in the current labor market. Some of them mainly try to find an alternative in the service sector. And a significant part prefers not to work, but instead to receive state support and health benefits.

In the case of national minorities, the restrictions are due to the traditional approaches of their communities, but not to discrimination. The Molokans are engaged in agriculture, are mainly self-employed, and sell their products. Some of them provide cleaning services in large cities. In Yezidi communities, most do not attach importance to education, and have no ambition to do any work other than providing support in agriculture or street cleaning.

Among women with disabilities, there are very few who have jobs. Especially women with mobility problems cannot find work at all.

Many women are not informed about the programs of state or international organizations. It is difficult for women to decide what profession or field to choose, where to get training, or how to start their own business.

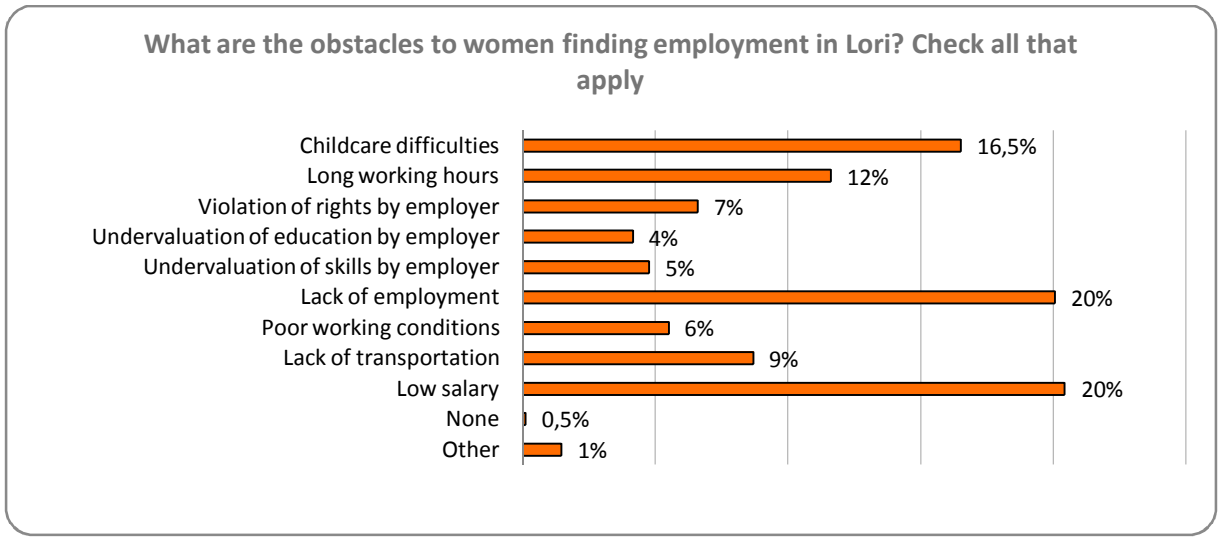

Figure 11

Among the obstacles to women's employment in Lori, the respondents most often mention *the lack of jobs* and *low wages* (20%), *difficulties in organizing childcare* (16,5%), *long working hours* (12%), and *limited transportation options* (9%) (Figure 11). 7% of respondents also highlighted *the violation of rights by employers, poor working conditions* (6%), and *the underestimation of women's skills and education by employers* (5% and 4%, respectively), which hinder women's involvement in the labor market. According to in-depth interviews, some local entrepreneurs are guided by the socio-economic status of the given family rather than their appearance when hiring women; they specifically hire polypedonist mothers and those in need. Some employers promote the professional growth of their employees, even finance it. But some employers clearly emphasize that childcare privileges and permits for their needs are not encouraged. For this reason, they often do not hesitate to ask about marital status during the interview. Newlyweds are not openly rejected, but internally, they stop being considered as candidates for a given position. Employers from a particular community are so insensitive to the opportunities of the community that German is taught in most schools, and they themselves, based on the new trend of the labor market, require knowledge of English.

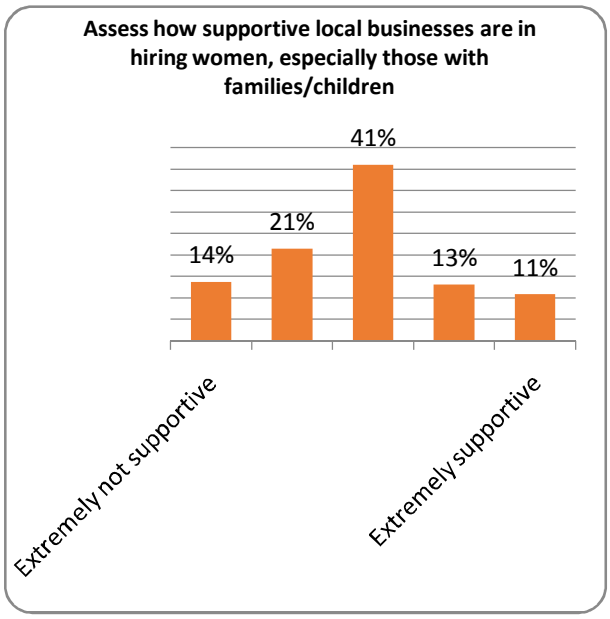

Figure 12

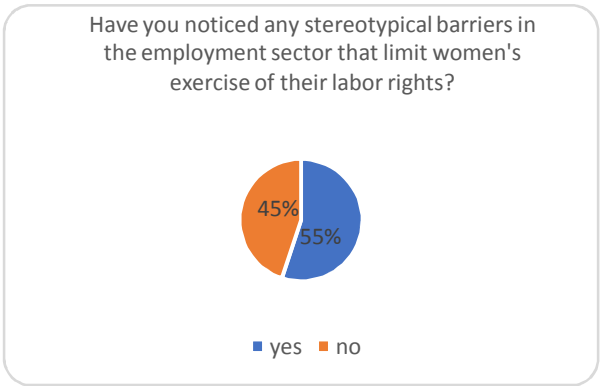

Figure 13

Support from local businesses for hiring women, especially women with families, was rated *average* by 41% of survey respondents. 13% believe the support is *good*, and 11% *excellent*.

At the same time, 14% believe that there is *no support* at all, 21% think that there is *less support* **(Figure 12).**

In addition to the above, there are also stereotypical obstacles in the employment sector that limit women's self-realization in this area. They are especially emphasized in rural communities and relate especially to the involvement of women in law agencies, entrepreneurship, leadership, and decision-making positions, and some jobs in the service sector. For example, married women who agree to work as waitresses are rare.

More than half of the respondents, 55%, noticed that there are stereotypical obstacles in the employment sector that limit the realization of women's labor rights, while 45% did not notice such obstacles **(Figure 13).**

Nevertheless, the approaches have changed a lot in the last few years, because female leaders have become quite active and are able to demonstrate their best example.

However, one of the challenges may be that preference is given to a male representative for a specific position. In other words, no matter how much the trends lead to equal opportunities, at the same time, this stereotype still continues to operate to some extent. Although all participants in the in-depth interviews expressed a positive attitude toward situations in which a woman earns more than a man, they emphasized that such dynamics may generate significant psychological challenges for men and lead, even unintentionally, to women being placed in a position of privilege. When this pattern becomes systematic, it may escalate tensions within the household and, in some cases, result in marital breakdown. Participants noted that men in these circumstances often experience diminished self-confidence and may respond not through constructive behaviors, but rather through various forms of violent conduct.

Opinions on receiving a higher salary than a man at home were divided differently: 43% have a *very positive attitude*, 26% have a *positive attitude*, and 17% have a *neutral opinion*. At the same time, 8% of respondents have a *very negative attitude* towards it, and 6% have a *negative attitude* **(Figure 14).** From this, it can be concluded that a significant part of women have begun to attach importance to the fact of acquiring independent resources.

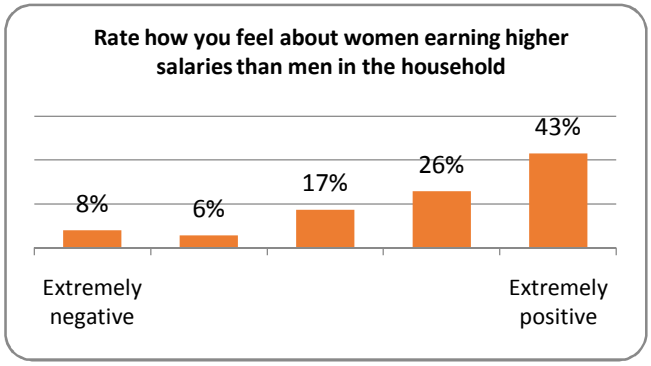

Figure 14

Women's awareness of their labor rights appears to be limited. Violations most frequently concern working hours, fair remuneration, paid leave, and the formal registration of employment. In many cases, the absence of official registration is mutually agreed upon, as numerous women beneficiaries prefer to retain access to state-provided benefits. Respondents particularly highlighted instances of psychological abuse in garment factories, such as restrictions on leaving the workplace and coercion to work weekends until production targets are met.

Reports of sexual harassment by both colleagues and supervisors were also noted. These incidents are rarely voiced openly, given the scarcity of employment opportunities and the perception among many women that enduring such treatment is the only option in the absence of viable alternatives. At the same time, informants observed that women are more likely than men to actively advocate for labor rights. Men, by contrast, often perceive such actions as inappropriate or dishonorable, adhering to the notion that "I am not the sneaker." This finding contrasts with data from the previous report[4], which suggested that men enjoy greater advantages within the legal system.

The assessment of women's awareness of labor rights is as follows: 38% of respondents believe that women are *sufficiently informed*, 15% believe that they are *well informed*, and 8% believe that they are *extremely aware* of their rights **(Figure 15).** At the same time, 27% believe that women's awareness is very *low*, and 12% believe that they are *not informed* at all.

[4] Research report on the identification of the main issues of women in lori region, "Spitak Helsinki Group" NGO, 2017.

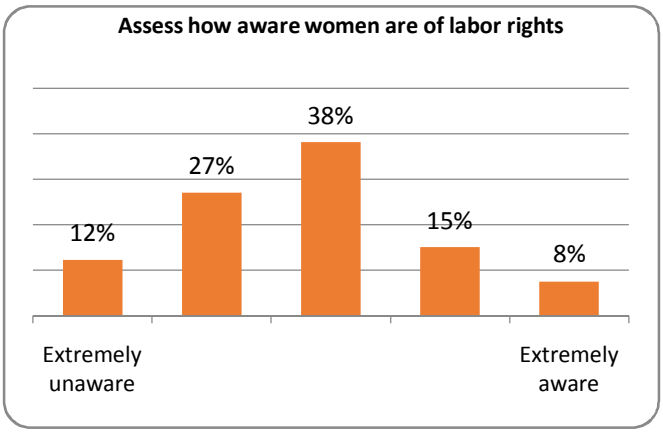

Figure 15

It should be noted that according to the qualitative information of the survey, women either do not turn to anyone for the protection of their labor rights, or turn to lawyers and journalists.

According to quantitative data, women generally do not apply to anyone for support in cases of violation of their labor rights (30%), and a quarter of the survey participants do not know who they turn to **(Figure 16).** 18% believe that they turn to neighbors or relatives, 12% obtain legal assistance.

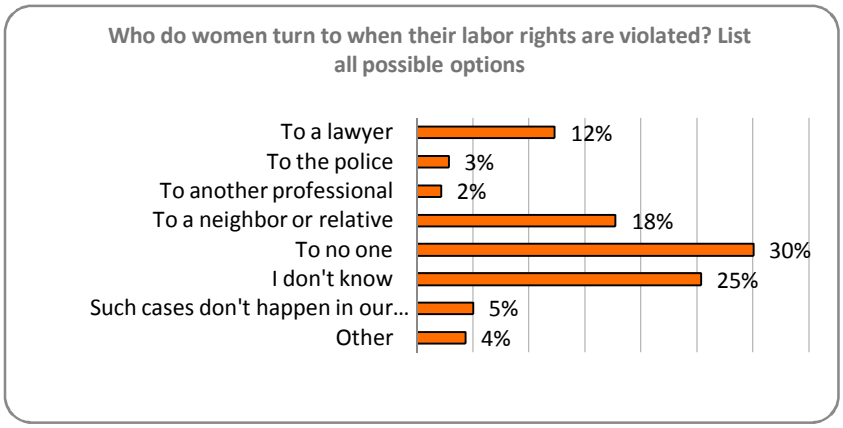

Figure 16

Applying to the police is rare (3%), or seeking support of other professionals (2%).

At the same time, 5% of the survey participants emphasized that such cases are not registered in their community. 4% in the *Other* option, the answers include: lack of trust, financial difficulties, shyness, and a tendency to reconcile, as well as the tendency of women to solve the problem independently or through community authority.

According to participants in the in-depth interviews and focus groups, the ideal workplace for women is one that enables them to fulfill their professional duties without compromising childcare responsibilities. Driven primarily by the need to care for their children, many women expressed a preference for positions with shorter working hours—opportunities that are, however, largely unavailable. Additional preferences included employment close to home, the absence of weekend work, working in predominantly female environments, and jobs that do not require business trips or travel. Under such conditions, participants noted, husbands are generally less resistant to women's employment. Notably, only one respondent emphasized the importance of men's involvement in household responsibilities, underscoring that the unequal distribution of domestic labor remains a significant challenge for working women.

Given the above, it is necessary to implement targeted and systematic program interventions aimed at revealing women's economic potential through training, financial support, and expanding institutional opportunities.

Healthcare

Lori is a humid region, which leads to various health problems among residents: bones, joints, blood vessels, etc. Ecological problems, which are many in this region, also affect women's health.

In the studied communities, women point out a number of problems in the healthcare system, which directly affect both physical and mental health. One of the primary problems is the lack of quality professional advice and preventive medical examinations. Many women seek medical attention for health problems only when the symptoms are already serious, which is due to both the cost of medical services and accessibility issues. In rural communities, primary care institutions often lack specialized doctors, and the limited availability of modern equipment and laboratory tests forces women to travel to the regional center or the capital.

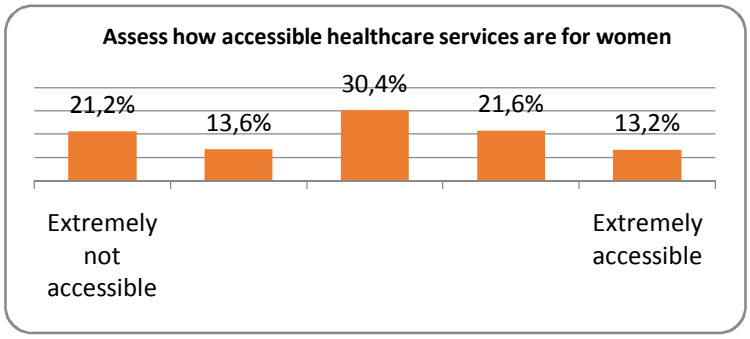

Figure 17

For the women surveyed, on a scale of 1-5, healthcare accessibility was rated mostly *average* by 30,4%, and *good* by 21,6% **(Figure 17).** It was rated *extremely accessible* by 13,2% of respondents. 21,2% considered it *not accessible at all*, and 13,6% considered it to be *poorly accessible*.

According to the findings of the study, financial circumstances play a decisive role in access to adequate medical care. As respondents noted, “since healthcare is costly, people do not seek medical assistance until the situation becomes critical – until the knife reaches the bone.” A considerable proportion of the population lives in economic conditions comparable to those of state beneficiaries; however, because they are not officially recognized as beneficiaries, they are unable to access the medical benefits provided to that group. Some individuals are covered under the social benefits’ program, yet this is largely limited to surgical interventions, as diagnostic examinations remain prohibitively expensive and are almost entirely fee-based.

Respondents also expressed a lack of confidence in the competence and reliability of doctors working in free medical institutions, reporting experiences of poor quality of care, unnecessary complications, and long waiting times. Consequently, many women choose to give birth either in regional centers or in the capital, avoiding local facilities due to concerns for their safety and that of their child. It is common for pregnant women to temporarily relocate to Vanadzor during the final month of pregnancy, which creates additional financial strain, despite significant state investments in maintaining hospitals, maternity units, and medical staff in rural communities. According to interviewees, the shortage of qualified specialists in the regions often results in inadequate treatment, in some cases with fatal consequences.

Cultural legacies from the Soviet era also continue to shape doctor–patient relations. Patients reported that physicians frequently expect “gifts” in exchange for attentive care:

"*If I don't bring something, they won't pay attention.*" Many continue this practice out of habit, while those unable to do so often feel reluctant to seek medical attention due to the perceived inability to demonstrate "gratitude."

Respondents highlighted that the most pressing issue is not the availability of equipment but the shortage of highly qualified medical professionals with both technical expertise and appropriate interpersonal skills. While some specialists are competent, their manner can be unfriendly or dismissive. Many women reported dissatisfaction with the poor attitude of healthcare providers, attributing this to the retention of less qualified staff in rural areas and the lack of young professionals willing to return to their communities after completing medical education. This situation has created an acute shortage of newly trained personnel.

Finally, a lack of awareness further limits access to healthcare. Many women are uncertain about the circumstances under which services are free, when payment is required, and what procedures they must follow. Notably, residents with better awareness of their rights are more likely to access higher-quality care and less inclined to offer gifts to doctors, suggesting that low levels of awareness may reinforce discriminatory practices in the healthcare system.

More than half of the respondents (54%) are familiar with and able to use free medical services. This is a significant difference compared to the data of the previous report[5], where 29% *were able* to do so. About 1/3 are *not aware*, and 15% *know but are unable to use it*, which indicates insufficient awareness of women about the opportunities available in this area **(Figure 18).**

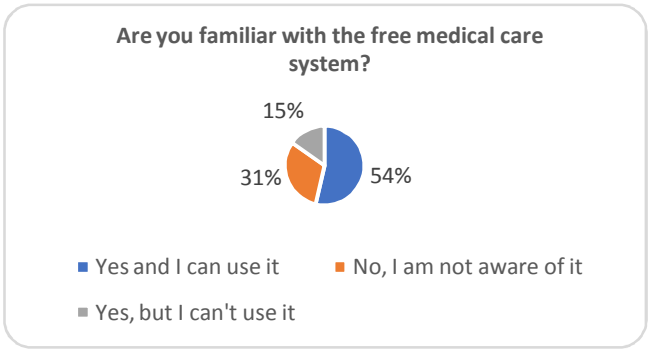

Figure 18

Another problem is the distance to the medical institution. Even if the health service is free, there are additional costs - accommodation, food, which can prevent a woman from undergoing regular medical examinations. In addition, many professionals with specialized expertise are in Yerevan or the regional center.

According to some interviewees, there is also no digitalization system for the laboratory to receive the results of medical examinations and hand them over to the corresponding patient's doctor. Instead, the patients have to travel dozens of kilometers to transfer their data to the doctor.

There are also consistent doctors, with whom the patients are very satisfied. But this is not a sufficient incentive for women to regularly and consistently go to clinics, undergo mandatory medical examinations, and participate in preventive measures. This is not an accepted practice. The majority of women do not undergo annual medical examinations, they do not put significance on their health, and such a habit has not been developed. Continuing the behavioral models, adolescents are also not taken to undergo medical examinations either at puberty or later. Women delay getting medical care so much that their problems grow and

[5] Research report on the identification of the main issues of women in lori region, "Spitak Helsinki Group" NGO, 2017.

multiply. This complicates the situation of patients and creates difficulties for doctors. They seek medical attention when they are already in an extreme state, and the disease is very advanced.

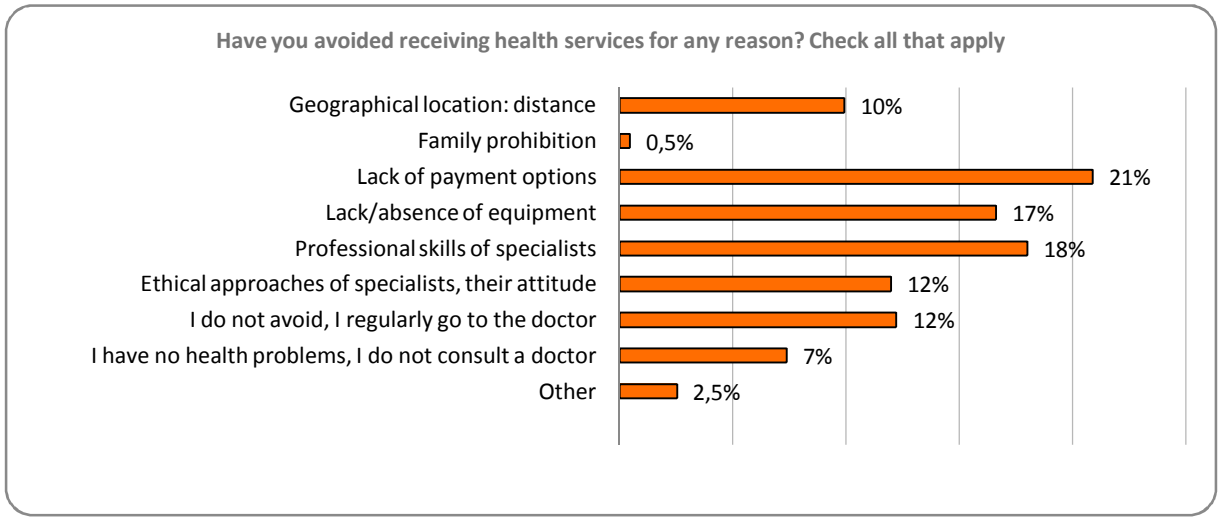

Figure 19

The most common reasons for avoiding health services are: *lack of payment* (21%), l*ack of professional skills of specialists* (18%), and *lack of equipment* (17%) **(Figure 19).** 12% *do not avoid and regularly go to the doctor*, but 12% *avoid going to them* due to the attitude of medical staff, and 10% *are constrained by geographical location from going to the doctor.* It is noteworthy that 7% of respondents believe that *they do not have a health problem*, which is why they do not go to the doctor. This is a significant decrease compared to the previous report[6], where 24% *were not interested in going to the doctor*.

According to qualitative information, the limited access to gynecological and reproductive health services is of particular concern. Although state programs provide certain free services, in reality, most women are not aware of them or find it difficult to use them due to bureaucratic or transportation obstacles.

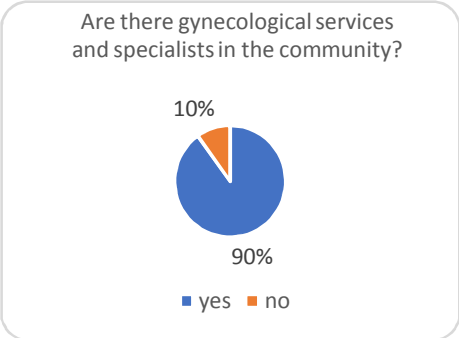

Figure 20

At the same time, quantitative data indicates that 90% of cases *confirm the availability of gynecological services in communities*, and only 10% indicate their *absence* **(Figure 20).**

The information about sex-selective abortions was noteworthy, which was very contradictory from community to community. According to representatives of some communities, this is quite pronounced: *"After the second girl... after the third, there is definitely one, if they bring a fourth, then they have aborted some two girls."*

In some communities, it was also noted that there are no abortions; they have 5-6 children. The justification for this point of view was that some families have a child just for

[6] Research report on the identification of the main issues of women in lori region, "Spitak Helsinki Group" NGO, 2017.

the state allowance for that child. ‘‘In the community, they have a third child for sure, and that is very good’’. There was also a point of view that getting pregnant has become very difficult now, which is why they value having a child.

The prevailing opinion was also that, especially in rural communities, people do not use methods of protection against unwanted pregnancy and regulate it through abortion. In other words, the practice of abortion is based not on gender preferences but on a lack of sexual education.

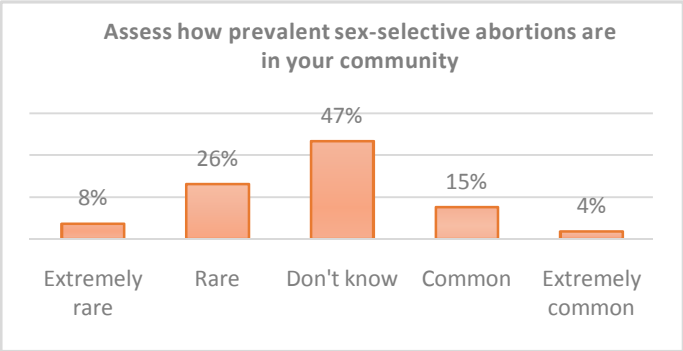

Figure 21

Almost half of the respondents, 47%, are *unaware of the prevalence of induced sex-selective abortion* (Figure 21). 26% of respondents believe that it is *not common* in their community, 8% believe it is *extremely rare*. 15% of women believe that such cases are *common*, and 4% indicated the option *Extremely common*.

A significant majority of respondents, 75%, have *a negative attitude towards abortions*, which is almost identical to the data of the previous report[7], 70.35% **(Figure 22).** 16% of them are *undecided*, 6% are *indifferent to the phenomenon*, and 3% *have a positive attitude*.

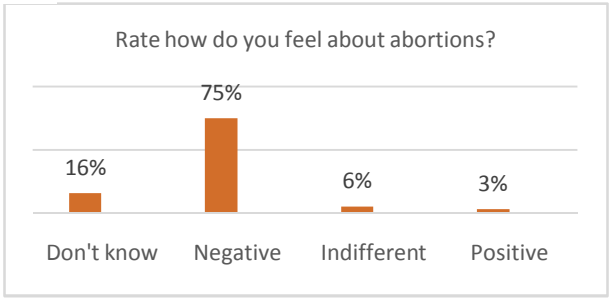

Figure 22

Women with disabilities face significant barriers in accessing healthcare services due to the inaccessibility and unsuitability of medical facilities. Maternity wards, gynecology departments, and similar institutions often have narrow doorways, are not wheelchair accessible, and lack adequate furnishings to accommodate the needs of people with disabilities. Beyond structural barriers, women with disabilities are also more vulnerable to discriminatory treatment by healthcare providers, with some doctors reportedly expressing open surprise at their presence in medical departments.

At the same time, it is noteworthy that certain medical institutions have adopted inclusive principles and adapted their facilities to accommodate individuals with diverse needs, providing a more accessible environment.

Respondents providing qualitative data also highlighted the particularly supportive approach of doctors toward women displaced from Nagorno-Karabakh. In these cases, medical staff were described as offering attentive, patient, and consistent care, with a clear prioritization of their needs.

Mental health care emerged as another area of concern. Many women reported that professional psychological support is either unavailable in their communities or inaccessible

[7] Research report on the identification of the main issues of women in lori region, "Spitak Helsinki Group" NGO, 2017.

due to financial constraints. With few exceptions, such services are provided only for short periods and primarily to those affected by acute crises (e.g., women displaced from Artsakh, or those impacted by the Debed flood). Most communities lack permanent centers offering mental health services for children or adults, as well as qualified specialists such as psychologists, speech therapists, and related professionals.

Additional challenges were noted in relation to home care for individuals with mental health conditions. In some cases, individuals remain unregistered simply because there is no support person available to assist them in navigating the registration process, leaving them without essential services.

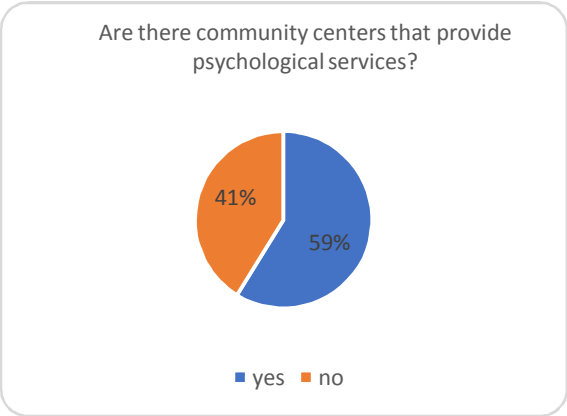

Figure 23

59% of respondents mentioned *the availability of psychological services* in their communities, while 41% stated that *they do not have such services* **(Figure 23).**

Some of the women participating in this study believed that doctors do not intervene in cases of domestic violence: "doctors do nothing." Some believed that the polyclinic doctor takes into consideration the patient's opinion. However, in the case of emergency care, the fact of violence is immediately recorded and transmitted to the police.

According to the respondents, the doctors' attitude in case of domestic violence was assessed as follows: 65% *are not aware of how they respond*, 15% think *it is sufficient*, 12% think *they respond poorly*, 7% think *it is good*, and *two extreme opinions*, *"extremely bad"* and *"excellent,"* were indicated by 0.5% of respondents **(Figure 24).**

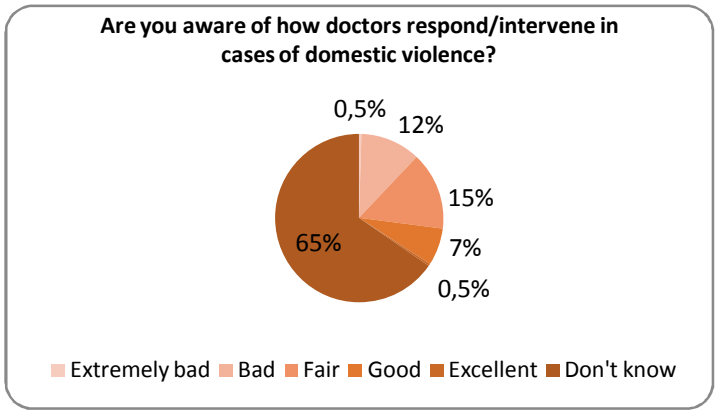

Figure 24

According to the in-depth interview informants, women are sufficiently represented in decision-making processes in the healthcare sector, taking into account that the minister is a woman, hospital directors are women, and a significant portion of department heads are women.

Political Participation/Leadership

In Lori Region, no women currently hold the position of community leader. Across both rural and urban areas, the presence of women in deputy leadership roles is minimal. Women's representation in local councils of elders is formally guaranteed through the quota system, though participants often noted that this participation is sometimes more symbolic than substantive. At the same time, it was repeatedly emphasized that despite men holding the

majority of formal leadership positions, much of the practical work within communities is carried out by women. Women are also frequently the ones raising questions and submitting proposals during the council of elders' sessions.

Perspectives gathered through in-depth interviews on women's representation in leadership were diverse. On the one hand, participants highlighted the positive aspects of women taking on leadership responsibilities, noting their role-model potential and the value of their engagement; on the other hand, expectations were expressed that women leaders should move beyond quota-based representation and demonstrate active involvement, mobilize community members, and exercise meaningful influence, rather than occupying positions solely in a formal capacity.

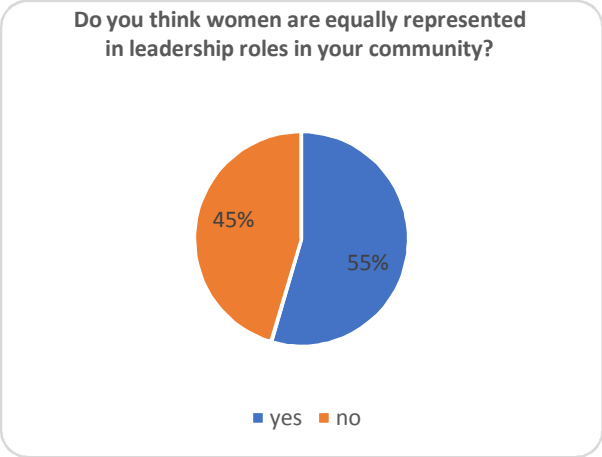

Figure 25

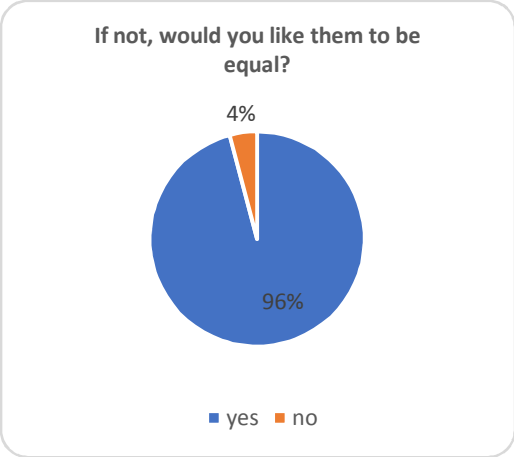

Figure 26

According to 55% of respondents, women are *equally represented in leadership roles* in their community, while 45% *disagree* with this statement **(Figure 25).**

At the same time, 96% of them *would like the situation to be equalized*, and only 4% *opposed* it **(Figure 26).**

It is worth noting that women who have taken on leadership roles are happy that their ranks are growing. According to some key informants, even in cases where the presence of these women is not voluntary, but rather aimed at ensuring a quota, over time, they become more active, enter the process, and start working. The other part has a more pessimistic position on this issue, convinced that nothing changes in the lives of these women; they are simply "a sideshow, not influential, limited to symbolic participation ."

Regarding the extent to which women became council members on their own initiative, the respondents' answers vary considerably: 32% gave a *neutral* answer, while 29% believe that *female council members chose this path completely voluntarily* (Figure 27). 20% believe that women largely decided to *become council members independently*, 8% noted that *their choice was mainly influenced by other people*, and 11% are sure that *this decision was completely influenced by other people.*

According to the interviewees, some women still avoid decision-making responsibility, reserving the domain of private life for women. Although there are women who want to have female leaders who will be more empathetic, who will better understand their situation and

problems, who will put themselves in their shoes, they neither personally choose the political sphere nor advise women close to them.

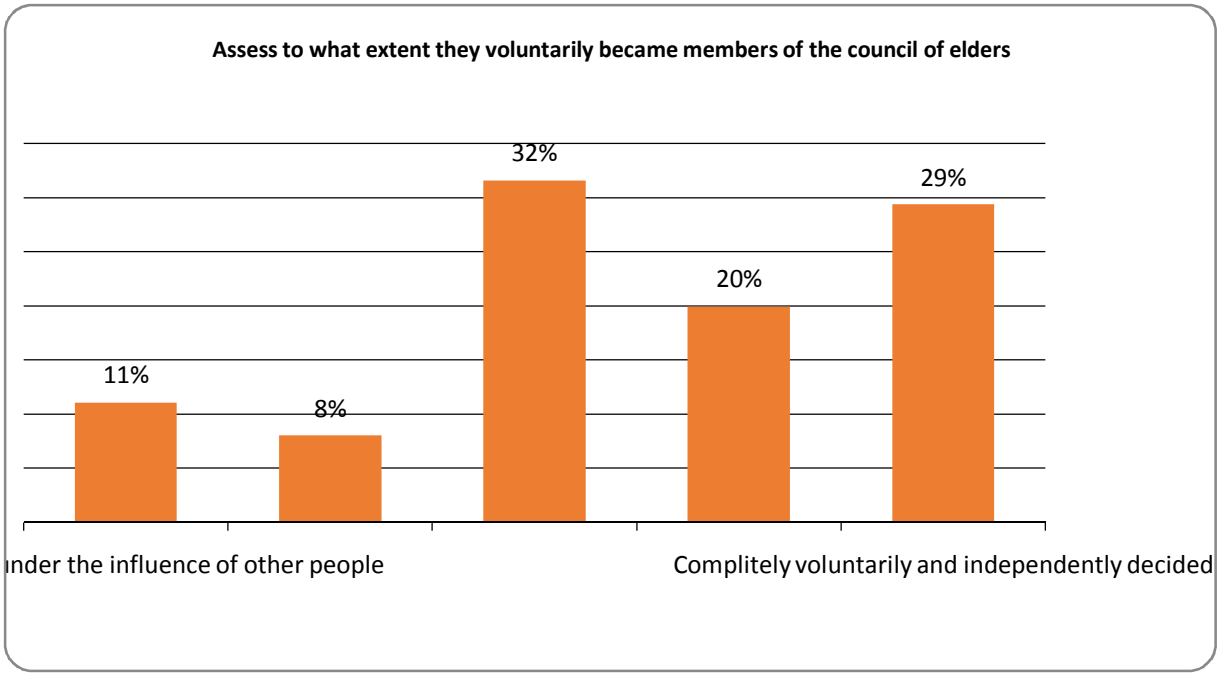

Figure 27

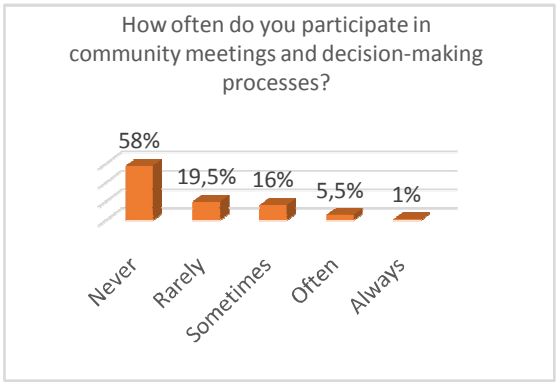

Figure 28

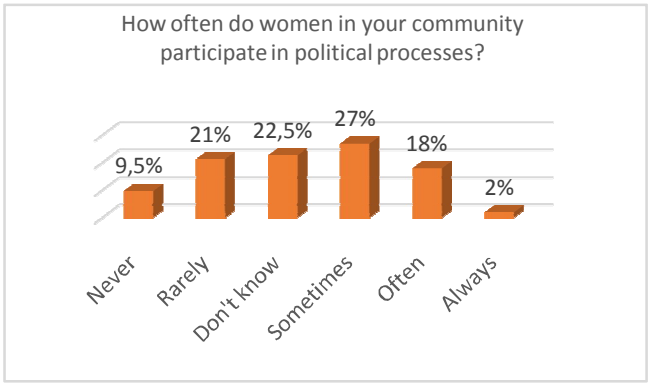

Figure 29

Survey findings indicate that 58% of women *never participate in community meetings or decision-making processes* **(Figure 28).** An additional 19,5% reported participating *rarely*, 16% *sometimes*, 5,5% *often*, and only 1% stated *always*.

On participation of other women in political processes within their communities, the most common responses were *sometimes* (27%) and *rarely* (21%) **(Figure 29).** Nearly one-quarter (23%) of respondents reported being unaware of whether other women participate, while 18% believed women *often* take part, and 10% stated they *never* do. Only 2% of respondents perceived women as *always* participating in these processes.

During the qualitative phase, only one key informant described a male leader as superior to a female counterpart, but the reasoning was attributed to individual qualities – specifically tactfulness – rather than gender. Importantly, tactfulness is not culturally considered a masculine trait in Armenia. The discussion further emphasized the value of leadership

grounded in soft skills, such as diplomacy and problem-solving, rather than reliance on force or authority.

Interview participants outlined a broad set of qualities they associated with an effective female leader. These included knowledge, professionalism, fairness, value-driven decision-making, and inclusivity, as well as the ability to build and maintain a supportive team. Respondents stressed traits such as tactfulness, punctuality, persistence, and self-confidence, alongside the capacity to listen, think critically, demonstrate patience, and balance family and professional roles. Flexibility, charisma, and proactive engagement were also considered essential. Moreover, participants emphasized the need for resilience and strength, particularly in confronting public hate speech directed at women leaders. Some informants further argued that once women assume leadership roles, they should employ the same strategies and techniques as their male counterparts to ensure equal recognition and effectiveness.

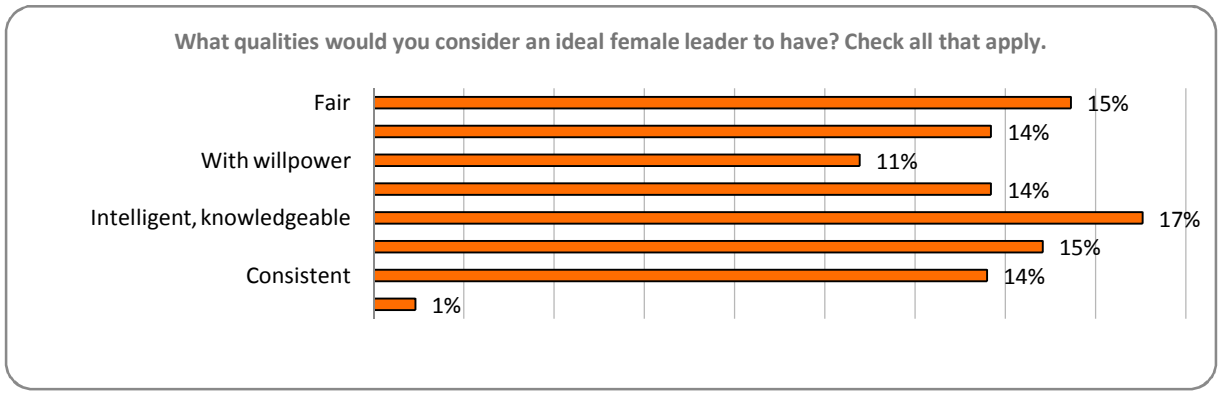

Figure 30

The survey results highlight several key attributes associated with the image of an "ideal" female leader. *Intelligence and knowledge* were prioritized by 17% of respondents, *fairness* by 15%, and *flexible thinking* by another 15% **(Figure 30).** *Strong will, resistance to manipulation, punctuality,* and *consistency* were also emphasized by 14% of participants. A small proportion (1%) mentioned *additional* unique qualities they considered equally important.

Legally, women in Armenia face no formal restrictions in accessing leadership positions or participating in politics. However, barriers persist in the form of limited motivation, desire, or affiliation with political parties. Respondents also noted widespread societal misinterpretations of gender quota laws. While the law[8] requires that at least one-third of candidates be of the opposite sex – allowing, in principle, for two-thirds of candidates to be women – this provision is often interpreted as a requirement that the "opposite sex" must specifically refer to women. Such misconceptions reinforce the perception of women as marginal actors in political life.

Insights from in-depth interviews reveal multiple obstacles to women's leadership aspirations. These include family resistance, societal stereotypes, and women's own lack of self-confidence. Several interviewees described the family as the "first vulnerable place" for

[8] Electoral Code of the Republic of Armenia: Article 141, Part 6, Paragraph 2.

women: when families are supportive, particularly husbands, women are more likely to engage in decision-making and overcome social stigma. Supportive narratives often frame women's leadership as beneficial for society *"she is doing so many good things, so many girls are getting educated"* which can counterbalance resistance from conservative segments of the community. At the same time, many respondents acknowledged that societal attitudes remain restrictive, with women's active participation in public life often portrayed as undesirable or threatening: "Our women also look at her, they also want to go out, but that is not good for us."

Nonetheless, respondents emphasized that external support is not always a prerequisite for women to exercise leadership. Women with strong conviction, self-confidence, and effective self-management skills can transcend social and domestic pressures. Leadership was thus linked to qualities such as self-control, decisiveness, and resilience in the face of criticism. As one participant noted, the women who succeed in leadership are those who can move beyond everyday household expectations - *"Why do you go to that meeting? What about the children? What about the housework?"*and still assert their right to participate in community decision-making.

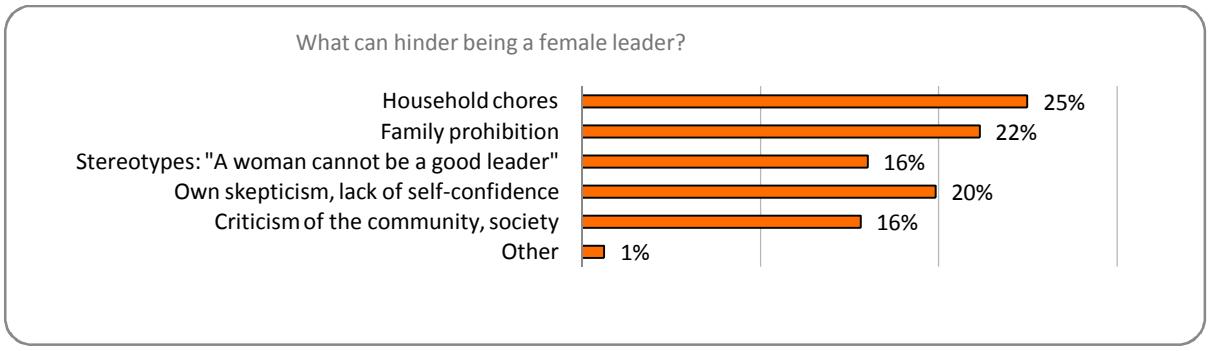

Figure 31

The surveys also show that the main obstacles to women becoming leaders are *household chores* (25%) and *family barriers* (22%) (Figure 31). They also mentioned their own *skepticism* and *lack of self-confidence* (20%), *stereotypes*: "A woman cannot be a good leader", and *criticism* from the community or society (16%). Only 1% of the participants mentioned *other* reasons.

Administrative changes have also created new obstacles for women to remain/be in the local self-government system. First, female leaders of some communities have ceased to be leaders due to the enlargement of communities. In addition, due to logistical difficulties, they are unable to ensure full participation in the meetings of the municipality/elder council.

Often, the decrease in women's motivation for political participation is also influenced by the fact that their voice is not heard. If it is a public hearing or opinion survey, it is of a strictly formal nature. That is, there is a predetermined program, and even if a better program is presented, it is "falsified" in such a way that the predetermined one is chosen. Very often, non-standard solutions proposed by women are met with administrative resistance, which also leads to a decrease in women's motivation to participate in the political decision-making process. For example, the proposal to organize discussions on the street itself in order to

involve residents of the street who did not participate in the public hearing on the renaming of a street was rejected on the grounds that the public hearing should only be held in the hall of the municipality. This leads to deep disappointment and the conviction that "A woman in politics cannot constantly bang her head against the wall."

At the same time, 89% of respondents agree with the idea that *women have the opportunity to voice their opinions in political discussions*, while 11% gave a *negative* answer to this question **(Figure 32).** Considering the rate of women's participation in political discussions 16% *sometimes*, 6% *often*, and 1% *always* - it can be inferred that women who answer positively to this question are not sufficiently informed **(Figure 28).**

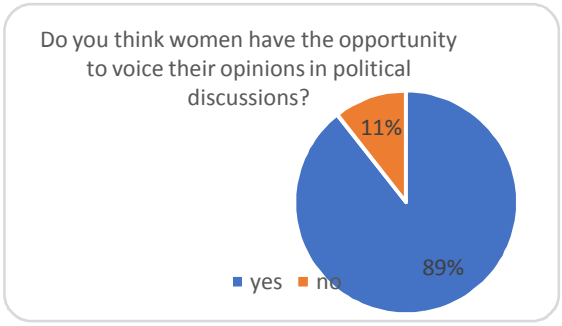

Figure 32

Women's political participation in Lori is frequently constrained by informal practices and side channels, where candidates are selected not for their independence or leadership potential but for their willingness to remain compliant, silent, and non-confrontational. Several interviewees described personal experiences of exclusion, such as being removed from electoral lists at the last minute or nearly prevented from voting. One participant highlighted the significance of every single vote, noting: *"I was elected by a margin of one vote. That day, I understood the power of one vote. When people say, 'What will my vote change?' I tell them not to say that, because I know from experience that it does matter."*

A further obstacle is the fear of public targeting, particularly on social media, which can affect family life. Female politicians often report that online harassment provokes intervention from male family members, escalating into conflict and hostility. Unlike male politicians—who may respond to online "haters" with similar rhetoric and move on—women tend to choose their words more carefully, though this does not always mitigate tensions within their households.

Women's ability to realize their leadership potential also varies according to individual characteristics and intersecting identities. Representatives of national minorities often remain bound by patriarchal traditions and the authority of male or spiritual leaders. Women with disabilities face both environmental barriers to participation in elections and entrenched societal stereotypes—frequently encountering skepticism such as, *"If there is a health problem, how can she manage community work?"* Young people face a different form of exclusion: ageism. Leadership roles are often denied to youth on the grounds of immaturity or lack of experience, undermining their motivation to engage in decision-making.

In contrast, displaced women from Nagorno-Karabakh were described positively by all key informants. In Lori, they are generally met with care and solidarity, although they have not yet demonstrated active political participation.

Several initiatives aimed at strengthening women's leadership in local self-government and civil society were mentioned. While some were considered effective, others were perceived as symbolic or under-functioning. For example, although legislation requires communities to establish women's issues committees, these structures are widely regarded as

burdensome and remain inactive. Respondents also noted that capacity-building programs for women, while valuable, sometimes overlook the need to involve men. This neglect can lead to imbalances in mixed-gender teams, with men becoming less engaged, and falling behind in terms of knowledge and skills.

Further challenges were observed among young women who participated in leadership and empowerment programs. Some struggle to reconcile newly acquired skills and confidence with the restrictive norms of their communities. As a result, they either suppress what they have learned to adapt locally or migrate to pursue broader career opportunities. As one informant explained, *"We strengthen these girls so much that they feel suffocated in their own environment. They struggle to find common ground with their peers, especially boys with stereotypical mindsets."* Another added: *"These girls attend trainings and seminars, but after the age of 22 or 23, they fade away into family life. That is why we also need to work with boys."*

Self-confidence emerged as a recurring theme in the interviews. Women leaders noted a shift over time: previously, women hesitated to step forward due to fears of failure and the pressure of having to "prove themselves." Mistakes were often attributed not to individual shortcomings but to their gender, reinforcing harmful stereotypes. Today, these fears have diminished, with more women acknowledging the importance of speaking up and the potential of their voices for effecting change.

Finally, interviewees stressed that women's leadership is strengthened by qualities such as self-sufficiency, problem-solving ability, a sense of usefulness to others, courage, financial independence, and opportunities for self-discovery. These factors collectively support women's ability to express themselves as leaders and to engage meaningfully in community life.

Gender Issues

Violence

At the outset, it is important to note that several key informants sought clarification on the use of the term *"gender"* to avoid misinterpretation. For them, it was critical to understand whether the discussion referred strictly to differences between women and men, or whether it also encompassed issues relating to LGBTQ+ communities.

Across the in-depth interviews, participants consistently highlighted the high prevalence of gender-based violence in Lori, with particularly visible manifestations in smaller urban centers and rural communities. Gender norms are deeply embedded in daily life, shaping access to professions, employment sectors, and even public spaces. For instance, in some areas, women and girls face restrictions on movement, such as prohibitions against leaving the home after certain hours, with violations often leading to social criticism.

Survey findings further underscore the scale of the problem. While 43% of respondents assessed the level of women's rights violations in their community as *average*, 26% believed such violations were *rare*, and 16% perceived *extremely limited violations or not at all*. In contrast, 12% acknowledged *the existence of women's rights violations*, and 3% considered them *highly pronounced* **(Figure 33).**

Figure 33

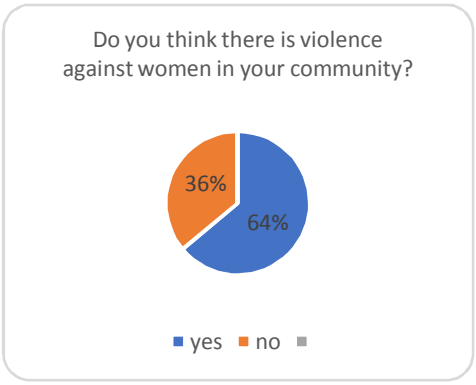

Figure 34

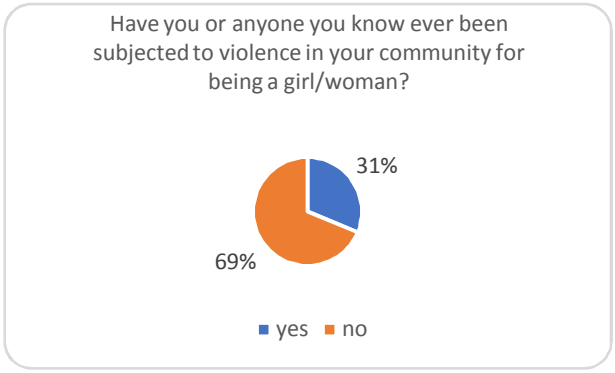

Figure 35

64% of respondents *affirmed the existence of violence* against women in their communities, compared to 36% who *denied* it **(Figure 34).**

Moreover, 31% of women reported either *experiencing* or *being aware of gender-based violence in their community*, whereas 69% *had no such awareness or experience* **(Figure 35).** It is worth mentioning that often the phenomena of violence are not identified as such.

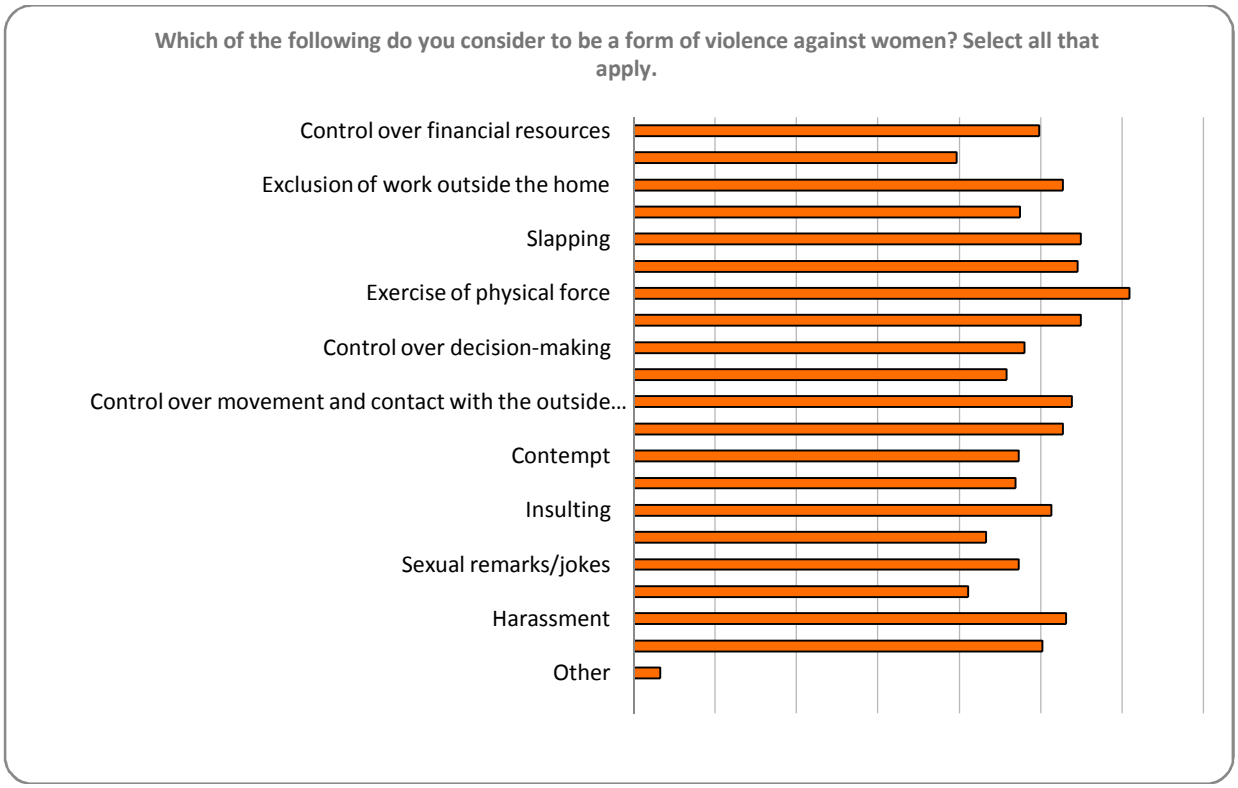

Figure 36

When participants were asked to specify the types of violence women experience, physical violence was most frequently mentioned. However, there is evidence of a gradual shift in awareness: psychological and sexual violence are increasingly recognized as forms of abuse. Examples cited included threats of harm, verbal insults, humiliation, and sexual harassment **(Figure 36).** Economic violence such as restrictions on women's mobility, limited contact with the outside world, and control of financial resources was also commonly reported. Eighteen respondents stressed that *all* forms of violence are dangerous, with several specifically emphasizing the particularly damaging effects of psychological abuse.

All key informants confirmed the prevalence of domestic violence, noting its normalization within many rural communities. The previously widespread belief that "if he beats, he loves" has evolved into a resigned acceptance framed as "who hasn't beaten at least once?" According to interviewees, one of the greatest barriers to escaping abusive situations is the absence of state support mechanisms. Financial dependence on perpetrators remains a central factor preventing women from leaving violent relationships. Victim-blaming further silences survivors, discouraging them from disclosing abuse for fear of being labeled as "traitors", subjected to community criticism or not to be subjected to further violence for speaking out. As a result, cases often remain hidden for years. Even when women are aware of existing support organizations, many refrain from seeking help due to a lack of trust in the possibility of a 'way out' and the institutions providing it. Despite these obstacles, participants observed that cases of domestic violence are increasingly visible today. This trend, however, is attributed less to a rise in incidents and more to greater confidence among survivors, who are now more willing to speak out and seek assistance.

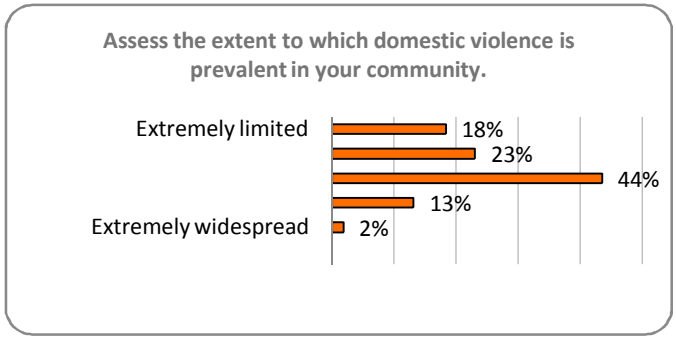

Figure 37

Responses regarding the severity of domestic violence show a consistent pattern across participants: 44% provide *a neutral assessment* **(Figure 37);** 23% believe the phenomenon is *rather not expressed*; 18% think that it is *not at all expressed or the expression is to an extremely limited extent*; 13% view it as *expressed to some extent*; and 2% believe it is *highly expressed*.

With regard to professional practices, community social workers tend to defer the decision to seek support to the women who experience violence, whereas in cases of child abuse, they are more proactive and do not hesitate to intervene, a pattern especially evident in sexual violence cases. Some supporting professionals, however, lack awareness of the specifics of domestic violence and criticize women who withdraw their complaints from the police and continue to live with their abusers. Others, though cognizant of the issue, express regret about the resources invested in support and view the survivor's return to the abuser as evidence that the cycle of violence will persist. Frustration also arises when survivors resist external assistance, framing it as a private matter. Consequently, many professionals struggle to delineate the appropriate moment to intervene versus when to wait for the survivor to seek

help independently, a tendency that fosters guilt and burnout. They often lack the specialized training and tools necessary to determine the "necessity" of intervention across different scenarios.

In some communities, there are safe spaces where women can speak openly; however, such spaces are largely absent in most regional communities, which delays the development of trust in these support structures. The survey reveals that just over half of women (52%) *know NGOs providing safe spaces for women's free self-realization*, while 48% are *unaware of such structures* **(Figure 38).**

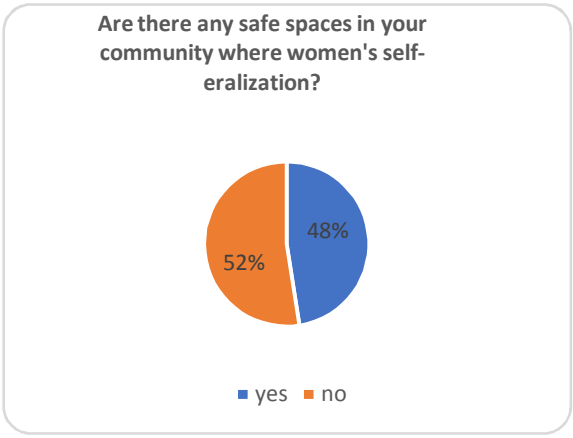

Figure 38

Some experts argue that specialized services operate primarily through hotlines that respond to disclosures but lack sufficient resources to provide ongoing support. If a woman discloses violence and decides to leave, there is no guarantee of "aftercare." The region lacks shelters, which would significantly assist abused women.

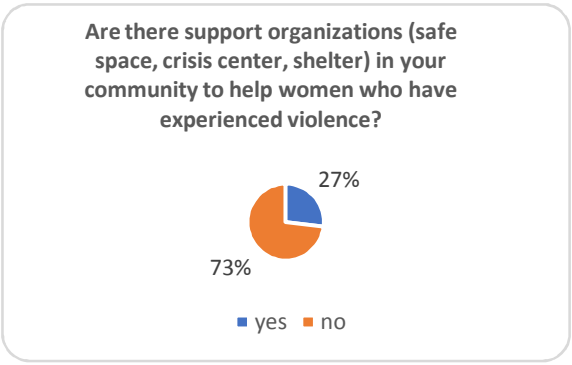

Figure 39

Moreover, 73% report *the absence of crisis centers or shelters in communities*, with only 27% noting their *existence* **(Figure 39).** Perceptions of the effectiveness of local resources to combat violence are varied: 35% regard them as *average*, 27% as low, and 25,5% as *not effective at all*, while 11% consider them *very effective* and 4,5% as *extremely effective* **(Figure 40).**

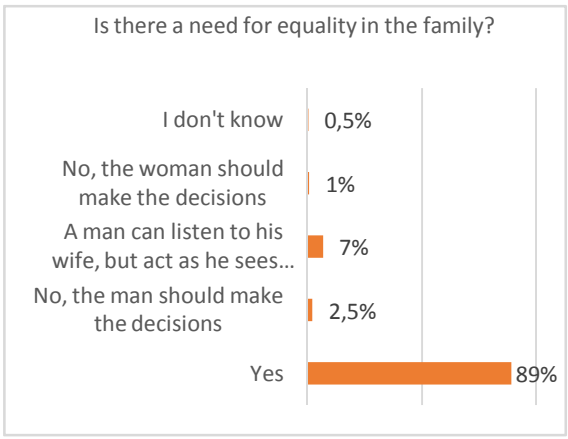

Figure 40

Not only husbands, but also other family members including in-laws can be perpetrators of violence, and in some cases, the violence is carried out by the perpetrators' own parents. At times, even children can be the aggressors. For women, this creates particular difficulties when deciding whether to seek protection or to file complaints with the police, especially when the aggressor is their own child. Consequently, such cases are often concealed or normalized and may not be recognized as violence. The majority of in-depth interview participants noted that the challenges faced by different groups of women are not always acknowledged, which hinders the search for appropriate solutions.

The dynamics of family decision-making, as perceived by women, have shifted considerably. A large majority of respondents, 89%, *advocate for family equality*, up from

81% reported in 2017[9]. About 2.5% believe that *men should make decisions*, a figure that has fallen by roughly 10 percentage points since the previous report. Conversely, the view that a man can listen to a woman but ultimately act as he sees fit has risen by about 2 percentage points to 7%. This suggests that women increasingly value being heard. Only 1% believe that *the decision should be made by the woman*, and 0.5% were *unsure* **(Figure 41).**

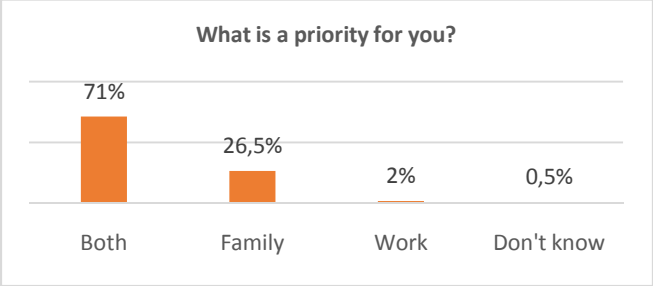

Figure 41

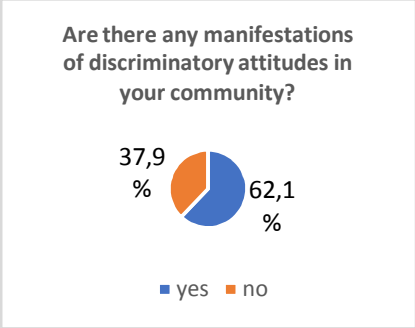

Figure 42

In terms of priorities, 71% consider *both family and work to be equally important*, a substantial increase from 2017[8] when 45% *attributed equal importance to both*. Meanwhile, 26.5% *prioritized family*, 2% *prioritized work*, and 0.5% *did not know or did not answer* **(Figure 42).**

Discrimination

As with other phenomena, the manifestation of discriminatory attitudes also varies from community to community, depending on the individual's specific characteristics and affiliation with a particular group.

The majority of participants, 62.1%, have noticed manifestations of *discriminatory treatment* in their communities, while 37.9% *have not*. According to the in-depth interview participants, the most discriminatory treatment is towards divorced women, which is particularly pronounced in small and rural communities. This can also be extended to married women whose husbands are in labor migration: according to public perceptions, they do not have the right to go on outings with the work team, since there is no husband with them. There is great respect for widows, as long as they do not decide to rearrange their personal lives. As was reflected in the 2017 report[10], now, the desire to marry a second time is reprehensible for both widows and divorcees. It can be concluded that the attitude in this regard has not changed in eight years. These women must submit to the community's accepted "do's" and "don'ts" to continue to be accepted in that community; they must either choose public respect or their own personal happiness. Very often, after a divorce, women move to another community to escape criticism.

[9] Research report on the identification of the main issues of women in lori region, "Spitak Helsinki Group" NGO, 2017.

[10] Research report on the identification of the main issues of women in lori region, "Spitak Helsinki Group" NGO, 2017.

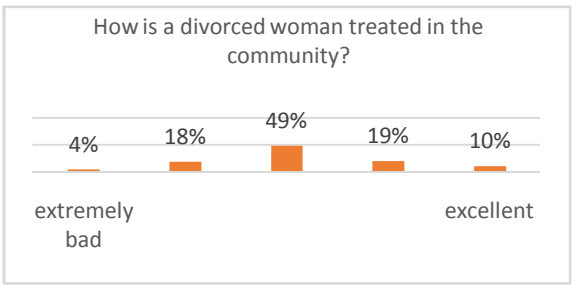

Figure 44

The attitude towards divorced women in the community is mainly *neutral* for 49%, but there are also *negative opinions*: 18% rated it *bad*, and 4% rated it *extremely bad*. At the same time, 19% of respondents rated it *good*, and 10% rated it *excellent* **(Figure 44).**

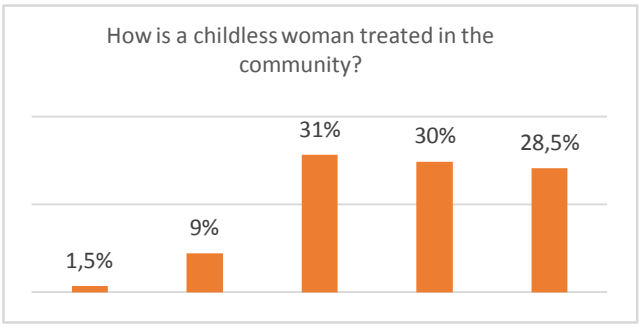

Figure 45

The community's attitude towards women not having children is different: 31% are *neutral*, 30% and 28,5% believe *they are treated well* or *excellently*. At the same time, 9% *are treated poorly*, and 1,5% *are treated extremely poorly*, which shows that there are still certain stereotypes on this issue **(Figure 45).**

According to the participants of the in-depth interview, discrimination against sexual minorities is not noticed because they themselves try to remain unnoticed in the communities. There are communities where discrimination against representatives of the LGBTQ+ community is not overt: they can communicate, but behind their backs continue to criticize and accuse.

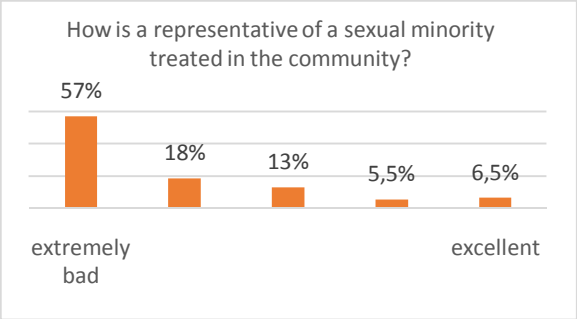

Figure 46

The picture is different among the survey participants: here, the attitude towards representatives of sexual minorities is extremely negative. According to 57% of the women surveyed, representatives of the LGBTQ+ community *are treated extremely badly* in the community, 18% think it is *bad*, and 13% believe that *the attitude is neutral* **(Figure 46).** Only 5,5% and 6,5% find *they are treated well or excellent.*

It is worth noting that compared to the data of the previous report, the negative attitude has decreased from 99% to 75% (75% is the sum of the "extremely bad" and "bad" indicators).

The next group under discussion includes the displaced from Nagorno-Karabakh: the attitude towards them is predominantly positive, with the exception of very few communities. These are mainly those communities that "are in constant competition with the neighboring communities".

According to the survey, the attitude of the community towards the displaced from Nagorno-Karabakh is significantly positive: 37% believe that *they are treated excellently*, 36% believe that *they are treated well*, and 22% are *neutral*. Only 4% of the respondents

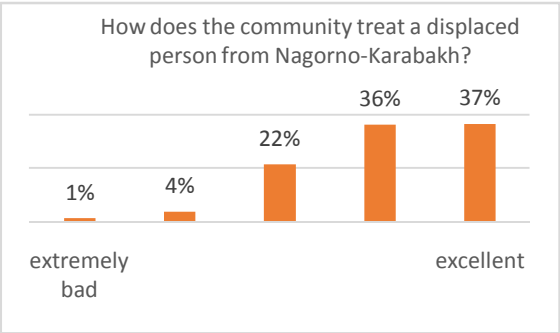

Figure 47

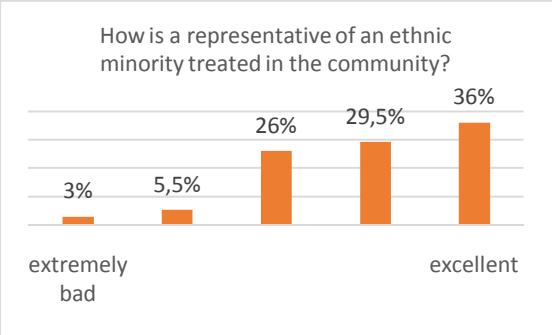

Figure 48

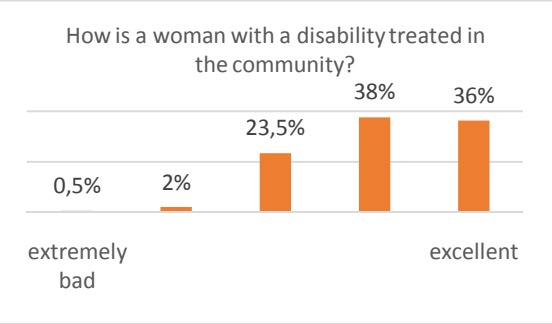

Figure 49

believe *they are treated badly*, and *there is almost no extremely bad treatment* (1%) **(Figure 47).**

According to qualitative information, the most positive attitude was noted towards national minorities. All experts reported a particularly positive attitude towards the Molokans, although they consider their community closed to Armenians.

However, according to the survey results, *the excellent attitude* towards ethnic minority representatives, 36%, was slightly lower than that of those for displaced from Nagorno-Karabakh, 37% **(Figure 48).**

This is followed by *a good assessment of the attitude* by 29,5%, then *neutral* by 26%, *bad* by 5,5% and *extremely bad* by 3%.

According to the qualitative information of the survey, the attitude towards people with disabilities was noted in a wide range, which was distinguished from sensitive and supportive to compassionate and insensitive, when people are called "sick". Worth mentioning that there was no gender difference in the attitude towards people with disabilities.

In the survey, the community's attitude towards women with disabilities was generally assessed as *good* (38%) **(Figure 49).** 36% believe it is *excellent*. 23,5% have *a neutral perception* of the community's attitude towards them, 2% have a *bad* one, and 0.5% have an *extremely bad one*.

In terms of public perception, if a woman with a disability is intelligent, analytical, her family members and her surroundings listen to her. But there are also families where the mental abilities of a woman with a physical disability are not taken into account, and, for example, mobility difficulties are identified with "mental disability." In such cases, none of the women's abilities are revealed. She herself is convinced that she cannot do anything. There are almost no opportunities or programs for women with disabilities. The existing programs are mainly attended by the same active women and girls.

Thus, age, socioeconomic status, disability, and other factors vary from community to community in terms of their impact, but a significant number of them are determining factors in the realization of women's rights and access to resources in the community.

Crisis Response

The impact of wars

Although no community in Lori has been a full-fledged war zone, the consequences of the Nagorno-Karabakh wars on the quality of life of women in different communities in Lori have been assessed as mainly negative. Women who have lost a child or husband are still in various stages of grief. Women with injured family members need special professional support to understand how to competently relate to their injured family member. Other women have acquired mental health problems. People are indifferent and apathetic; they have difficulty being fully happy. Mothers with sons have developed fear and distrust of the future; they are trying to take their sons to other countries to avoid military service. The change in the quality of life has been emphasized in a negative way for everyone.

The impact of the Covid-19 pandemic

Opinions are divided on the impact of the Covid-19 pandemic.Some believed that it had a very negative impact on the quality of life of women in their communities. It affected the socio-economic conditions, as small and medium-sized businesses were closed, women's vulnerability, insecurity, anger, and a feeling of being misunderstood increased, divorces increased, and the quality of education declined, as schools were not prepared to provide distance learning. The other part believed that it had no significant impact. Another part believed that it was more of an opportunity: some learned something new, discovered new resources. Especially women aged 40-50 were able to quickly adapt, orient themselves, learn, and also use new technologies. This brought about a culture of distance learning and working, which is very convenient, especially for women with young children.

The impact of the Debed flood

The Debed flood also negatively affected the lives of women in the affected communities: the products of women engaged in agriculture were damaged, as a tourist area was damaged, and the possibility of economic development was affected. Although the state compensated the affected families, people lost a lot of things, with which they had different emotional attachments, different memories. A woman lost her entire library, which she considered part of her identity.

The impact of climate change

According to the participants of the in-depth interview and focus group discussions, climate change also negatively affects the quality of life of women in Lori region, causing various problems, ranging from health to economic. In particular, cardiovascular and nervous diseases, headaches, which are more common in women, were emphasized. The implementation of agricultural work has decreased significantly due to climate change. People are afraid that their crops will not bear fruit, since the duration of summer in some communities has been reduced by one and a half months, while in other communities the weather conditions have become hotter. And people have not yet been able to adapt to these changes. During the pollination period of coniferous trees, there is a large influx of tourists, which the residents of the given community look forward to. Due to global warming, with the

increase in the frequency of rains, the duration of pollination has begun to last 4-5 days instead of 2-3 weeks. This has a significant negative impact on the economic situation of women in the given community.

Emergency response mechanisms

Most women do not know the mechanisms for responding to emergencies. In the majority of communities, neither *response* nor *coping mechanisms* were mentioned by the respondents. Even attempts to map the basements that serve as shelters in communities were negatively received by the residents: they began to feel anxious. People are not informed about where to go and what to do in case of an alarm signal.

First aid methods and similar related topics are common in training courses, which are mainly attended by youth and schoolchildren. The relevant emergency department also conducts many courses, and schools regularly conduct evacuation programs. The Red Cross has also organized information courses. However, there are no crisis management and other training courses for adults, especially women. Most importantly, there has been no interventional attempt at prevention either in the past or at present.

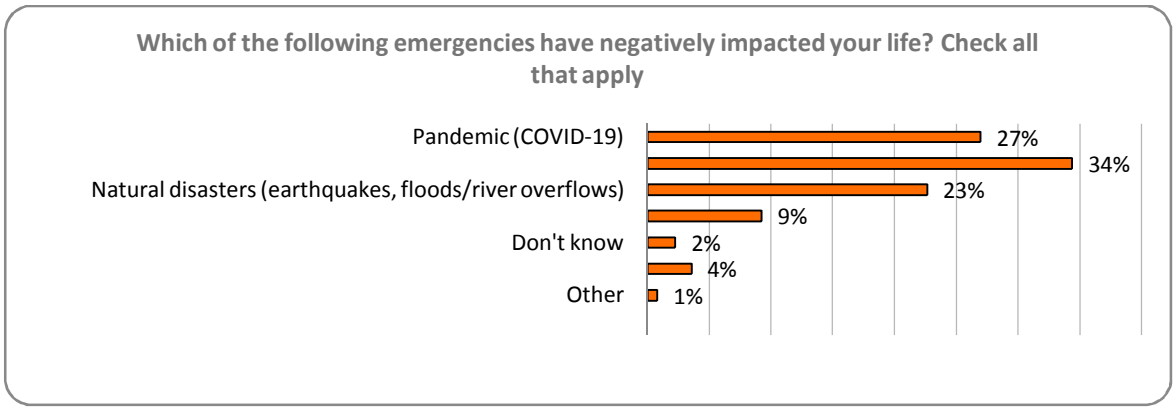

Figure 50

Regarding the impact of emergencies, according to respondents, *war* had the greatest negative impact (34%), followed by *pandemics* (27%) and *natural disasters* (23%), while *climate change* had a small impact (9%). For 4%, *none* of the above had any negative impact, and 2% *did not know* about their impact (Figure 50).

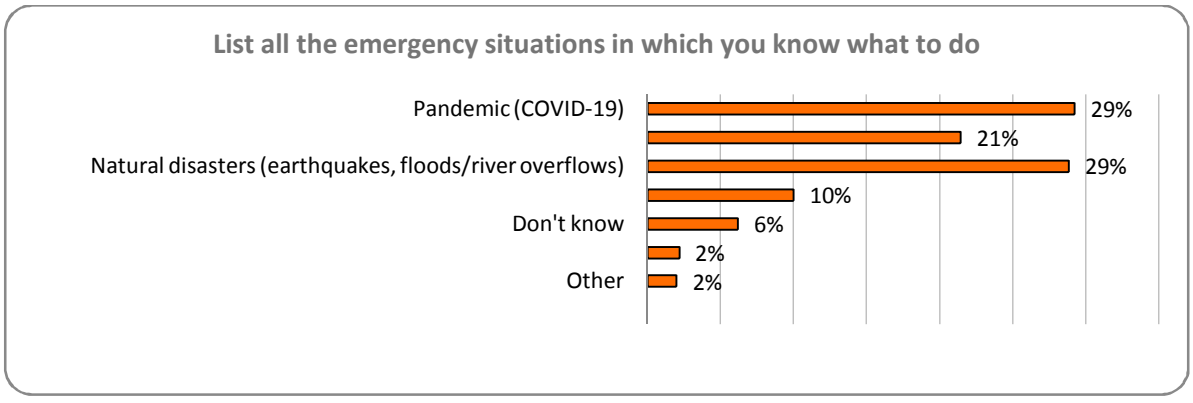

Figure 51

The community is most aware of the necessary actions during emergencies, especially in response to *pandemics* and *natural disasters* (29%), while knowledge regarding *war* (21%) and *climate change* (10%) is relatively low. 6% indicated that they do not know what to do, and 2% believe that *no action is necessary* **(Figure 51).**

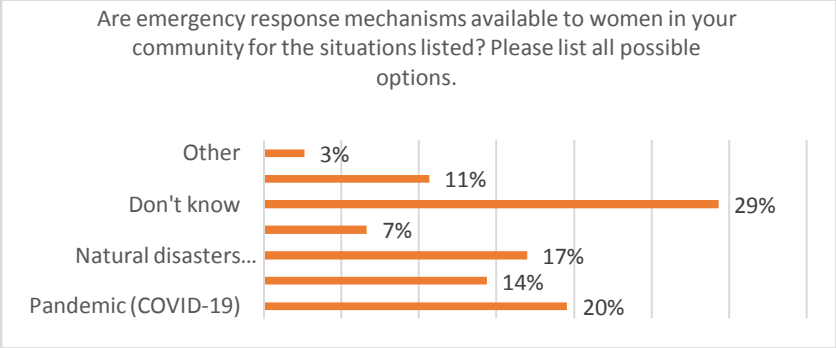

Figure 52

When asked to what extent emergency response mechanisms are available to women in the community, the majority said *they did not know* (29%), a significant proportion mentioned the *pandemic* (20%), followed by *natural disasters* (17%), *war* *Figure 52* *situations* (14%), and *climate change* with global warming (7%). Meanwhile, 11% of respondents noted that they were absent, which documents the existing need in this area and the need for appropriate measures **(Figure 52).**

CONCLUSION

Education

• There is a perception that higher education is not a sufficient basis for ensuring economic independence.

• Women drop out of school due to marriage or financial problems. Women who drop out rarely return to education; they lose motivation.

• The gender distribution of professions, financial opportunities, the choice of professions provided by educational institutions, and the presence/absence of infrastructure, transportation, are more decisive factors for the professional orientation of young people. The current trend for professions also affects the motivation in choosing a profession, creating an oversupply of professionals in one sector, or a shortage in another professional field.

• Women with disabilities are almost deprived of the opportunity to receive education due to both the existing stereotypical mindset and the lack of adaptation. Although universities are ready to accommodate and organize classes in accordance with the needs of these applicants, students with disabilities rarely apply.

• In rural communities, stereotyped approaches are more pronounced: the social "rank" of the family often determines how free a girl's professional choice will be. Girls from families with high social prestige are treated more tolerantly by society when choosing non-traditional professions.

• There is a confirmed correlation between not receiving education and later being subjected to domestic violence.

• Women participate in courses, but there is no continuation - they do not find platforms to apply the acquired knowledge.

• Universities are mainly concentrated in large cities of Armenia; the quality of education provided by small communities does not satisfy employers in the local communities.

• Women's empowerment courses have created a significant gap between women's and men's knowledge and skills, which is particularly noticeable in public administration.

• The majority of national minorities lack the motivation to receive education, especially higher education. In addition, their Armenian is not enough to be admitted to any higher educational institution. Nor are community specialists able to provide the necessary education in their native language. However, among them, the realization of women's right to education is violated by the cultural custom of child marriages.

Work/Employment

• The main reasons for women's inactivity in the labor market are: lack/absence of jobs, lack/absence of childcare facilities, low wages (the state benefit amount almost reaches the minimum wage), high demands of employers and long working hours incompatible with organizing childcare, stereotypical restrictions on women and girls, lack/absence of necessary skills and knowledge required by employers, family restrictions, sexual harassment by both colleagues and managers. These issues are mostly not voiced, because women will be blamed in the community and will also lose their source of financial income.

• Many women do not realize that the education/profession they have received does not meet the requirements of the current labor market.

• Women are mainly able to find a place in garment factories or bread factories, where violence and exploitation are prevalent.

• Women are not motivated to change anything in their lives on their own; they do not want to leave their comfort zone and take on new roles, for which they often use their husbands' restrictions as an excuse.

• Employers do not want to give women the opportunity to work part-time; this format, according to interviewees, causes additional worries for those employers.

• Some employers are very demanding, not child-centered, and often do not choose women with small children or newly married women, questioning their work capacity and time management.

• Young mothers, who already want to enter the labor market, in particular, face difficulties in finding their first job. The problems are related to both the lack of suitable jobs and the requirement for experience. Many of them do not have practical experience or have not been able to participate in training programs.

• A significant part of women do not realize that their labor rights are being violated, and those who do realize it, mostly tolerate it out of desperation.

• Most married women often perceive service sector work as humiliating and do not agree to work.

• Some in the community blame/target women who commute to work in a car provided by the workplace.

• Men whose wives earn more than they, begin to feel insecure and compensate not with better behavior, but with various manifestations of violence.

• Women with disabilities are practically excluded from the labor market. They face several obstacles at the same time: inaccessibility of the physical environment, lack of adapted workplaces, and prejudices of employers.

Healthcare

• The analysis of women's health needs in Lori region shows that although the health system is functioning in the region, it does not meet the multifaceted needs of women, especially in rural communities.

• Due to the climatic features of the region, women have health problems, but due to financial problems, they are unable to seek medical attention and receive support.

• According to the research results, medical services are not available at all. A significant part of them is paid. Especially for people in poor social conditions, who are not beneficiaries, do not have privileges, but are financially vulnerable, they are simply unable to reach Yerevan or the regional center to receive quality medical care.

• Community health services do not offer a wide choice, and this again pushes women to seek appropriate assistance outside the community, in other places, which in turn leads to economic inconveniences.

• There are very few free places provided by the state, and a significant number of women are uninformed of those opportunities. Due to limited awareness and financial opportunities, women may receive inadequate and inconsistent service.

• Women who are aware of their rights are more satisfied with medical care. They are also less likely to use the model of expressing gratitude to doctors.

Political Participation/Leadership

• In Lori region, women are not represented in community leadership positions, and quota-based participation in the council of elders is often formal. In rare cases, women are involved in decision-making processes and have sufficient influence to present their views to community leaders.

• Women's political involvement is hindered by societal stereotypes, family disagreements, and their own lack of self-confidence.

• Women actively participate in meetings as contributors of ideas, but often remain in secondary roles.

• Soft skills, consolidating abilities, and high self-confidence are necessary for success as a female leader.

• Family support is one of the main factors for women's political involvement.

• There are no legal barriers to women's political participation, but public perceptions and interpretations of laws often create obstacles.

• Administrative changes and logistical difficulties have reduced women's opportunities to participate in local self-government.

• Lack of motivation for political participation is associated with not being heard, hindering non-standard proposals, and fear of being targeted, especially on social networks.

• It is necessary to develop not only women's, but also men's technical/professional skills to have a collaborative, supportive, and inclusive environment.

• Young women often face "ageism" and difficulties in engaging in the community, which reduces their motivation.

• Leadership, political participation, and self-confidence are experiencing dynamics in women's leadership practices, fears and doubts are decreasing, which contributes to the increase in women's involvement in this area.

Gender Issues

- The concept of "gender" continues to be frequently misunderstood and, in many communities, is still associated primarily with issues of homosexuality rather than its broader social dimensions.
- Patterns of controlling or violent behavior within families are often normalized, with violence against women perceived as an accepted component of family life, particularly in rural areas. While urban contexts show some progress in challenging such attitudes, rural communities remain more resistant to change.
- A recurring theme across interviews is that women subjected to gender-based violence or discrimination often remain trapped in cycles of abuse due to financial, social, and psychological dependency.

- In many cases, discriminatory double standards persist; for example, boys' misbehavior tends to be excused, while girls especially minors face heightened scrutiny and blame for their conduct.
- Domestic violence is not limited to intimate partners but may also be perpetrated by extended family members, including parents, in-laws, or even children.
- Violence against women is so pervasive that it is widely assumed that every woman in the community experiences it at least once in her lifetime. In some localities, a single incident is considered "acceptable," reflecting a lack of awareness about the gravity and long-term implications of domestic violence.
- Survivors often fail to recognize violence as a violation of their rights, or, even when they do, they lack viable pathways to escape it. Seeking professional support is rare, particularly with law enforcement, as women fear of being a target for victim-blaming or labeled "traitors." When they do approach the police, many later withdraw their complaints, leading to institutional reluctance to intervene in subsequent cases. Social workers also face requests for confidentiality, as survivors fear that disclosure could trigger renewed violence.
- Service providers themselves encounter significant challenges: they struggle with defining the boundaries of their professional intervention, often oscillating between uncertainty about when to act and frustration when survivors refuse support, citing family privacy. Such experiences frequently result in frustration, and burnout among professionals.
- Many rights violations remain unreported due to fear, shame, and uncertainty about potential repercussions. Although some women seek assistance from police, social workers, or community leaders, withdrawal of complaints is common. More often, survivors confide in trusted individuals such as friends, neighbors, teachers, or influential community figures rather than in formal institutions.
- While some response mechanisms exist, comprehensive and sustainable support—such as financial empowerment and secure housing—remains largely absent, leaving survivors dependent on perpetrators. Essential services such as shelters, psychological counseling, and rehabilitation programs are scarce or entirely lacking, particularly in rural communities where the need is most acute. Overall, awareness of women's rights and the definition of violence remains limited, further perpetuating cycles of abuse and social tolerance toward gender-based violence.

Crisis Response

• Wars have led to severe psychological and social consequences, creating a need for psychological support.

• The Covid-19 pandemic has increased women's socio-economic vulnerability, but has also created new opportunities in the field of remote work and education.

• The flooding of Debed has caused significant damage to women engaged in agriculture, causing loss of income and disrupting the normal life of community representatives.

• Climate change has caused health problems and reduced agricultural activity, which has a significant impact on women's quality of life.

• There are serious gaps in emergency response skills and education in communities, especially among women.

SUGGESTIONS

Education

• Organization of courses and trainings with a targeted and needs-based approach, improvement of monitoring, organization of more targeted interventions to increase efficiency, also in rural and smaller communities.

• Implementation of programs to raise awareness of environmental issues among residents.

• Investment in innovative agricultural education so that they can start earning income using existing resources.

• Provision of separate transportation for students in remote communities.

• Identification of the percentage of stereotypically thinking men through research, and then development of new intervention mechanisms to raise awareness about women's rights.

• Presentation of gender equality-oriented material to different groups of communities, along with topics of parenting skills.

• Development of programs that ensure long-term results: increasing the educational level of mothers - "Mothers' Educational School", self-help groups, safe spaces for self-expression.

• Provision of smart accommodations for women with special needs to engage in educational processes. Providing adapted educational environments and accompanying services at the community level for the educational inclusion of women with disabilities.

• Involvement of lecturers with practical knowledge and non-formal education teachers in the education system, creation of new educational platforms .

• Awareness-raising about lifelong learning opportunities, valuing education.

• Involvement of media literacy as a subject in educational programs.

• Awareness-raising in communities about good examples of successful women who have received an education.

• Encouragement of women and girls to take the initiative themselves, to become “agents of change”.

• Provision of opportunities and support to the elderly for exchange and sharing, volunteering opportunities for people above 65 years old.

• Presentation of a legislative initiative by the SHG to create preferential conditions for free education for purposeful, well-performing, and promising rural girls and women.

• Consolidation of organizations around specific initiatives to create the critical mass necessary for change.

• Presentation of professions based on the labor market, as well as the region and community needs.

Work/Employment

• Implementation of trainings based on the needs of employers.

• Organization of awareness and educational campaigns on women's labor rights, prevention of discrimination, and creation of safe conditions in the workplace, introduction of mechanisms for responding to and protecting against discrimination.

• Formation of legal aid centers and support groups in communities.

• Submission of a legislative initiative by the SHG to strengthen control over workplace conditions, reduce sectoral violence and exploitation.

• Introduction and expansion of early childhood education and elderly care services in communities.

• Encouragement of child-friendly employers to introduce flexible working models

• Implementation of a comprehensive labor market assessment, mapping women's employment opportunities in all communities of Lori region.

• Involvement of women in vocational orientation courses.

• Organization of campaigns, living libraries, and other events highlighting positive examples of women who have succeeded in their own careers.

• Use of incentives for women working in the community to encourage and motivate other women to enter the labor market.

• Organization of soft skills training courses, also with the involvement of the Unified Social Service.

• Establishment of vocational orientation and training resource centers for women and girls, aimed at their involvement in non-traditional professions (STEM).

• Implementation of local vocational training programs, which will be based on the economic opportunities of the region (agriculture, tourism, etc.).

• Development of community-based small and medium-sized enterprises, promoting women's entrepreneurial skills and providing financial and advisory support.

• Development of applied skills training platforms, which will ensure realistic employment opportunities or self-employment after the course.

• Creation of community-based information networks to inform women about state and international training and employment programs.

• Expansion of online work opportunities, increasing digital literacy, and providing technical assistance.

• Involvement of women in regional and community economic development planning processes.

• Development of educational programs, awareness-raising, and working against stereotypes. Implementation of campaigns and initiatives starting from school age. Organization of social campaigns aimed at promoting women's employment and men's involvement in household work, including in ethnic minority communities.

• Education of men to reduce violence at the workplace.

• Improvement of transport infrastructure in communities with poor access, to involve women in education and work processes.

Healthcare

• Implementation of regular free medical examinations and awareness programs to protect women's health and prevent diseases, which will include both physical and mental health components.

• Capacity building of health centers to expand access to services in communities, ensuring regular visits of narrowly specialized doctors and installation of modern diagnostic equipment.

• Provision of access to primary examinations, especially for residents of remote rural communities.

• Development of a package of proposals, which will make health services more accessible to working people.

• Increase of the possibilities of the social package: expanding the scope of social benefits, including not only surgical interventions, but also diagnostic and preventive services

• Promotion of awareness among citizens about free medical services.

• Enhancement of the doctor-patient relationship, eliminating the informal culture of "encouragement".

• Good command and mandatory application of the rules of ethics.

• Response to poor service and ethical violations by medical staff.

• Facilitation of generational change of medical personnel: recruitment and retraining of young graduates in regional clinics, recruitment of qualified specialists, and return of young doctors to communities.

• Provision of access to gynecological and reproductive health services, including the operation of mobile clinics and field medical teams, especially in rural communities, and lowering the age limit for free mammography screenings.

• Implementation of alternative reproductive health training modules and provision of clear family planning mechanisms, public awareness on the basics of sexual and reproductive health.

• Development of maternity schools. Provision and preparation of prenatal and postnatal counseling for pregnant women.

• Establishment of local counseling points in the field of mental health and provision of remote psychological counseling, development of mental health and home care services.

• Provision of free psychological services, especially to those with war veterans in their families or those displaced from Nagorno-Karabakh.

• Application of a needs-based approach by specifying the scope of services needed by women.

• Written submission of information on women's health needs to the Ministry by SHG.

• Ensuring access and physical availability to medical services for people with disabilites

• Introduction of digital medical data exchange systems, in case it does not exist yet

• Application of a comprehensive and systemic approach through targeted funding, combining human and institutional resources. This is an important prerequisite for improving the quality and accessibility of health services.

• Improvement of the health system will contribute not only to preserving women's health, but also to their overall socio-economic inclusion and quality of life.

Political Participation/Leadership

• Dissemination of success stories: dissemination of personal stories of women who have achieved success in politics or leadership (storytelling).

• Involvement of young girls with leadership potential in various development programs.

• Raising legal awareness, emphasizing the importance of political decision-making, and forming a demanding approach to rights.

• Implementation of awareness-raising activities to form self-esteem and self-perception of a full member of society.

• Implementation of appropriate training by competent specialists to develop the entire package of soft skills, especially the skills of public speaking, self-control, and self-presentation.

• Introduction of mentoring programs by more experienced female politicians to provide support to young women who are just entering this field.

• Provision of grants for the self-expression of young female politicians for community programs.

• Involvement of voluntary-based advisors, especially young people, in the local self-government institute.

• Involvement of men in various processes to better understand women's perspectives, develop gender sensitivity, and forward towards a gender-transformative mentality.

• Provision of psychological support in case of targeting of female politicians.

Gender Issues

• Initiating large-scale awareness-raising processes to avoid misinterpretations of the term “gender”, involving all partner organizations.

• Legal awareness-raising of gender equality in communities with a careful and calculated approach to avoid resistance and misunderstanding of encroachments on their traditions.

• Consideration of each community specifics during program design, using the experience of previously implemented programs to increase effectiveness.

• Application of a systemic approach to interventions supporting victims of gender-based violence or discrimination: not only recording the fact of violence, but also implementing fundamental support mechanisms in case of separation from the perpetrator.

• Distribution of interventional and preventive activities: adequately responding to already occurring cases of D/V and ensuring competent intervention, neutralizing threats to the lives and safety of individual women. Implementation of preventive activities to deter violence in the next generations.

• Involvement of a trusted community actor in awareness-raising activities: development of mechanisms for intervention in cases of D/V by female members of the community council and police officers.

• Organization of self-esteem-building activities for women subjected to D/V.

• Presentation of the D/V hotline and other services in all communities, creation of a network of SHG-like centers in other communities.

• Cooperation with SAFE YOU: Informing women about the application, not only in a crisis, but also about the possibility of anonymous discussions on various women's/gender issues.

• Implementation of training for professionals working in gender-based violence to identify violence and to clarify the boundaries of the need for help.

• Provision of supervision to professionals to reduce the likelihood of burnout.

• Implementation of research projects to identify women's main channels and provide targeted information.

• Creating positive animations of stories of women who have survived and overcome violence against women, about family values, care, and positive parenting, and circulating them on social platforms.

• Provision of targeted practical work by presenting gender issues to groups recruited on a specific principle (age groups and social segments).

• Utilization of a variety of tools to raise awareness about gender-based discrimination and violence and relevant services: campaigns, trainings, seminars, city actions, film viewing and discussion, forum theater, creation of women's clubs, establishing girls' camps, through various channels: social media, posters, billboards, schools.

• Establishment of partnerships with local governments and the Ministry of Education, Science, Culture, and Sport of the Republic of Armenia, including all parents in mandatory gender equality courses

• Introduction of appropriate modules in schools on family, healthy relationships, and sexual life to prevent all forms of violence in marital relationships.

Discrimination

• Implementation of activities aimed at eliminating discrimination: viewing and discussing films, forum theaters, and using other tools

• Development of options for women with disabilities to work online from home, providing smart accommodations in educational institutions, workplaces, and healthcare facilities

• Guarantee of participation of women and representatives of all other groups in decision-making processes

• Organization of events that raise awareness about social inclusion and encourage respect and care.

Crisis Responce

• Targeted training and prevention programs for women to increase stability and resilience.

• Promotion of awareness and implementation of educational programs for adults from the perspective of crisis management.

• Production and dissemination of awareness videos on responding to and coping with crises.

• Continuous organization of information meetings on crisis management, so that they are influential and necessarily include practical work.

• Application of different approaches for different communities and people with different educational levels.

• Promotion of active cooperation of all structures for good results: active application of inclusiveness and “Leave No One Behind” approaches.