



Mechanisms behind the Skewed Sex Ratio at Birth in Azerbaijan: *Qualitative and Quantitative Analyses*

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This report presents the findings of the qualitative and quantitative assessment of the mechanisms leading to the skewed sex ratios at birth in Azerbaijani population. The study was held by UNFPA Azerbaijan Country Office and the State Committee for Family, Women and Children's Affairs in 2012. In addition to being the first initiative exclusively dedicated to the exploration of the prevalence rates and major causes of the phenomenon of sex selection abortions, the present report provides the series of recommendations to guide the respective state intervention to address the issue.

The views expressed in this report are those of the authors and do not necessarily represent the official opinion of UNFPA Azerbaijan Country Office or the State Committee for Family, Women and Children's Affairs of the Republic of Azerbaijan.

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Acknowledgements

It was not until early 1990s when the Nobel Prize winning Indian economist Amartya Sen first introduced the concept of “missing women” thus sparking series of decades-long debates and studies to explore the trends in gender bias in mortality among the population in Asia. The phenomenon included the widespread instances of gender biased sex selection aimed at ensuring the birth of a male offspring to satisfy the traditional patriarchal aspirations of local communities.

While for a long while it was believed that these practices were solely restricted to such countries as China and India, the PACE Resolution 1829 (2011) on prenatal sex selection targeted other countries too including the Republic of Azerbaijan where the skewed ratios at birth have “reached worrying proportions.” Such a ratio of male to female population is an alarming indicator and the outnumbering is believed to be caused by some form of external intervention. The available research shows that similar imbalance could theoretically be due to series of factors inclusive of under-enumeration, series of biological factors, or deliberate action in the form of sex selection abortion.

The qualitative and quantitative assessment of the skewed sex ratio in Azerbaijani population undertaken by UNFPA Azerbaijan CO in close cooperation with the State Committee for Family, Women and Children’s Affairs represents the first initiative exclusively dedicated to exploration of mechanisms behind this phenomenon. It is expected that the findings of this research will enormously contribute to strengthening respective advocacy strategies with the Government partners, civil society and other allies to address the problem of the skewed sex ratios in Azerbaijani population.

It should be acknowledged that the present report has immensely benefited from the support of many institutions and experts.

First of all, we would like to recognize the central role of our Government Partner, the State Committee for Family, Women and Children’s Affairs for providing necessary guidance and support at all stages of this research project.

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We would like to extend our gratitude and appreciation to Hacettepe University Institute of Population Studies (Ankara, Turkey) for the international technical expertise on demography that was vital for the in-depth analysis of the researched phenomenon.

Our special thanks also go to our NGO partner “International Center for Social Research” as well the group of national experts for the critical support provided during the design phase of the project as well as in the course of the field work.

We are also thankful to the national expert Mr Lutfi Qafarzade for supporting the research team in the process of updating the research data based on the findings of AzDHS 2011.

And finally we would like to thank the study respondents, the men and women who were keen to participate in the field research and share their opinions and personal accounts regarding the phenomenon thus significantly enriching the present report and contributing to development of informed policy recommendations to ensure that the succeeding generations live in the atmosphere of respect to the egalitarian values and do not face the problem of “missing women” in Azerbaijan.

UNFPA Azerbaijan Country Office

FOREWORD

Despite the fact that the women's human rights discourse has been repeatedly articulated by the international human rights community within the last several decades, the women remain among the most disadvantaged and vulnerable groups in many parts of our male dominated world facing series of challenges regarding protection, promotion and exercise of their civil, political, social, economic and cultural rights.

The instances of gender-based discrimination are widespread and may take many different forms ranging from harassment at schools and workplaces to the use of physical force and even killing. However, it is especially appalling when the patriarchal notions of humanity are reinforced within the family settings with serious repercussions for those few victories that the gender equality advocates have been able to achieve to date.

It is also with regret that nowadays gender based discrimination evolves into more complex forms that are targeting even the women that are yet to be born. The evidence based data reveals that no matter what is the socio-economic standing of the family unit, the patriarchal practices of patrilocality, patrilineality and other related patriarchal traditions force the parents to ensure the birth of a son child given the general trend of declining fertility rates and the availability of modern technologies enabling determination of the sex of a fetus.

Sadly, this traditional practice leads to the highly skewed sex ratios at birth favoring male population of any subject country where it is taking place. The findings of the most recent research on the phenomenon reveal that the consequences could be detrimental including the devastating results for future population dynamics. The experiences of India and China where this problem has been persistent for years show that the excess male surplus is closely linked to the "marriage squeeze" and the related increased violent behavior in the countries concerned with the doubled crime rates, as well as accounts of bride abduction, trafficking, rape and prostitution.

Given that the Republic of Azerbaijan is among the countries with the skewed SRBs in the population and taking into account that the problem of the skewed sex ratio at birth lies on the crossroads of the reproductive health and population issues as well as gender equality UNFPA Azerbaijan CO initiated the qualitative and quantitative assessment of the phenomenon. It is noteworthy, that the State Committee for Family, Women and Children's Affairs has joined efforts with UNFPA for this important project to once again pledge its allegiance to "eliminate all forms of discrimination against the girl child and the root causes of son preference, which result in harmful and unethical practices regarding female infanticide and prenatal sex selection", as it was first expressed while signing 1994 Programme of Action of the International Conference on Population and Development.

We are truly confident that the findings of this crucial research will enable the policy-makers, academicians and civil society representatives to develop successful interventions for addressing the phenomenon of sex selection in Azerbaijan.

Dr. Zahidul A. Huque
Representative for Turkey
Country Director for Armenia, Azerbaijan and Georgia
United Nations Population Fund

FOREWORD

Nowadays the skewed sex ratio at birth constitutes one of the most acute problems in a number of countries in the world. It is noteworthy that while the number of induced abortions in the developed countries equals to almost twenty eight million per year, the respective figure rises to a hundred and eighty two million for the developing countries. There are different causes leading to induced abortions. Some women prefer to limit the birth of the second, third or more children while planning their families. This is mainly attributed to either economic or social considerations. This list can now be extended by induced abortions aimed at prenatal sex selection.

It is with regret that Azerbaijan is also affected by this phenomenon. Providing a male fetus with the opportunity to be born and aborting a female fetus following mainly the request of parents-in-law could not only lead to the distorted gender balance in the society, but also have serious implications for the nation's genofond.

Although the problem of the skewed sex ratio at birth was not as evident previously, the phenomenon is now among the major issues of concern for the society. If this distortion were a natural process, it would be wrong to interfere. However, it is with regret that this situation is taking place as a result of external interference in the vast majority of cases.

The Government of Azerbaijan has national legislation aimed at protection of reproductive health of the population. The country has joined the International Labour Organisation's Convention on Maternity Protection. The law on the Protection of Healthcare of the Population is in place. At present the Law on Reproductive Health is pending approval. It is worth noting that the Criminal Code establishes liability for induced abortions performed under certain circumstances.

Extensive awareness raising activities and improvement of health services are essential for addressing the problem. Of particular importance are the publicity campaigns on a whole range of issues (family planning, contraception, artificial insemination, protection of reproductive health, etc.) to be held among the women residing in rural districts. I would also like to recall the series of events organized by the State Committee in the framework of the campaign "A healthy family is a foundation of a healthy society". The series of different projects on the skewed sex ratio at birth are being currently held to address the problem in the frames of these activities.

The State Program for improving maternal and child health (2014-2020) was recently signed by the President of the Republic of Azerbaijan Mr. Ilham Aliyev. One of the main objectives of the document is to ensure that the induced abortions are no longer used as the means of family planning. As known, the national development concept "Azerbaijan 2020 - Vision to the Future" envisions inter alia the development of a specific policy document to address this problem. It should also be noted that active involvement of a civil society is crucial in this process.

The report entitled "The mechanisms behind the skewed sex ratio at birth in Azerbaijan: qualitative and quantitative analyses" is one of the major initiatives for assessing the extent of the phenomenon and developing the relevant recommendations.

I am confident that the findings of this research will be of positive contribution to the elimination of this problem.

Prof. Hijran Huseynova
Chair
The State Committee for Family, Women and Children's Affairs

Chapter 1

Introduction

Sex ratio at birth is defined as the number of male children born per 100 female births. Being the outcome of a biological process, the ratio is expected to vary between 103 and 106 if there is no external intervention.

Sex ratio at birth can be an important indicator of the degree of preference for a son or daughter in a given country. A sex ratio at birth that exceeds 106 males born for every 100 females is considered as indicating a preference for sons. Conversely, ratios lower than 103 can indicate a preference for daughters. Starting from the 1980s, demographers have demonstrated a high sex ratio at birth in several Asian countries, including China, South Korea and India. (Das Gupta, 1987; Yi et al, 1993; Park and Cho, 1995; Guilmoto, 2007; Zhu, Lu and Hesketh, 2009; Guilmoto, Hoang and Van, 2009; Guilmoto, 2009; Sedgh, Singh and Henshaw, 2011; Guilmoto, 2012). The problem began to emerge following the introduction and extensive use of technologies that made it possible to determine the sex of a fetus. Then, starting from the 1990s, the same phenomenon became evident in Azerbaijan, Armenia and Georgia (Hortaccu et al, 2001; Mesle, Vallin and Badurasvili, 2007; Guilmoto, 2009; Duthé et al, 2012; Guilmoto, 2013).

In the case of Azerbaijan, the sex ratio at birth was mostly within the expected biological range until the 1980s. It climbed up to 107 in 1990, 110 in 2000 and then to 117 in 2010, mainly as a result of the development and use of reproductive health technologies. Although Azerbaijan is among those few countries where the skewed sex ratios at birth have reached alarming proportions, there have been limited scientific studies on the issue (Hortaccu et al, 2001; Mesle, Vallin and Badurassvili, 2005; Duthé et al, 2012). Those existing studies have relied on data from population censuses, the population registration system and demographic surveys and mainly draw attention to the issue without exploring the underlying causes.

This study is distinct from others in that, besides using available quantitative data, it has involved the collection and analysis of qualitative data through in-depth interviews and focus group discussions. As such, the study has four interrelated objectives:

- a) expose the trend of rising sex ratios at birth in Azerbaijan, mainly by using quantitative data from population censuses and population registration system;
- b) construct a sound background for qualitative research by examining related data on fertility, use of contraceptives, induced abortion and fertility preferences from the demographic survey conducted in Azerbaijan in 2011;
- c) reveal the socio-demographic factors behind the increasing distortion in sex ratio at birth by analysis of in-depth interviews and focus group discussions using the theoretical framework suggested by Guilimoto¹ (2009; 2013); and
- d) put forward policy priorities and recommendations that can be used in restoring the skewed sex ratio at birth in Azerbaijan.

This study is expected to make two significant contributions to available research on this topic. The first is that it analyzes, for the first time, socio-demographic factors behind distorted sex ratios at birth with information obtained through in-depth interviews and focus group discussions. The second is that it explores the underlying socio-demographic causes through the combination of qualitative and quantitative data.

The major limitation of the study is that although the quality of data from in-depth and focus group interviews is generally high, there are some inconsistencies, mainly due to inadequate probing in some of the interviews and focus-group discussions.²

This report consists of seven chapters. This first presents the overall situation, objectives, scope of the research, as well as the limitations and expected contribution to the relevant literature. The second chapter outlines the methods used to collect and analyze data used in the study, and discusses data quality. Chapter three presents background information on the demographic and socio-economic structure of Azerbaijan. Chapter four presents the main findings from analysis of the quantitative data. Chapter five examines the qualitative data obtained from in-depth interviews and focus group discussions. Chapter six discusses policy priorities suggested by the main findings. Finally, chapter seven summarizes the outcomes of the study, and evaluates the possible impacts of son preference on the future demographic structure of the country.

¹ According to this theoretical framework, there are three main factors behind sex selective induced abortions: the supply factor, which is the availability of technologies capable of determining the sex of the fetus; the demand factor, related to the existence of preference in a society for sons rather than daughters; and a low fertility rate that can lead parents to want to choose the sex of their child.

² A brief discussion on the quality of quantitative and qualitative data used in the study can be found in the second part of this study.

Chapter 2

Methodology

This chapter explains the data sources used in this study and the methodologies associated with their collection and analysis. This includes the Key Informant Survey (KIS) conducted at the onset of the project, quantitative data from demographic surveys, and the qualitative survey conducted especially for the project. It also provides an evaluation of the quality of the data used in the study.

2.1. Key Informant Survey

A situation analysis and a key informant survey (KIS) were carried out and used to inform the design of this study. Two international experts, namely Dr. İlknur Yüksel-Kaptanoğlu and Dr. Mehmet Ali Eryurt from Hacettepe University's Institute of Population Studies, visited Baku on 3-7 September 2012 to conduct this work. Their aim was to collect information on the different facets of the skewed sex ratio at birth (SRB) in the country through a series of interviews with key professionals. A sample was selected in close consultation with the UNFPA Azerbaijan Country Office in order to ensure key experts were involved. Seven interviews were carried out with government officials, health professionals as well as non-governmental organization (NGO) representatives (Table 1).

Guidelines were prepared and the visiting international experts carried out the interviews and recorded the results. The interviews discussed the socio-economic conditions of the country, gender and health policies, quality of available quantitative data, access to technological developments such as sex-selective abortion and traditional and cultural norms that encourage son preference.

The KIS results were used to inform the design of the qualitative component of this study. Moreover, the information gathered on data quality of the population registration system and censuses was valuable when conducting the quantitative analysis. The regions where the qualitative research would take place were agreed in consultation with stakeholders. During the interviews, all the government representatives mentioned the importance of family and of having sons in Azerbaijan society. The skewed sex ratio at birth was attributed

to the economic problems in the country that have led to a decrease in the number of children, as well as traditional customs that encourage having sons. Reproductive health services were mentioned as one of the problems in the country, and behavior of health staff was criticized in some of the interviews. The existence of an “abortion culture” (i.e. general acceptance of abortion as a means of family planning) was mentioned as a mediating factor in the increase of the number of sex selective abortions. One of the experts pointed out action plans and programmes aimed at achieving gender equality and empowering women require new strategies to realize change. Social and economic conditions, reproductive health services, family structure, gender roles and the ongoing importance of sons were also emphasized.

Table 1. Name and position of the informants, and date of meeting in Key Informant Survey

Name	Position	Date of the interview
Farid Babayev	Assistant Representative, UNFPA Azerbaijan	3 September 2012
Sadagat Gahramanova	Deputy Head of the State Committee for Family, Women and Children’s Affairs	4 September 2012
Rza Allahverdiyev	Head of Population and Gender Statistics Department, State Statistical Committee	4 September 2012
Gulsura Huseynova	Independent expert	5 September 2012
Rena Ibragimbekova	Independent expert	5 September 2012
Rajab Sattarov	Director, International Center for Social Research	6 September 2012
Munir Mammadzade	Child Protection Officer, UNICEF Azerbaijan	6 September 2012
Yuliya Aliyeva	Caucasus Resource Research Center	7 September 2012
Kamilla Dadasheva	Head of “Simmetry” NGO	7 September 2012

2.2. Quantitative Data Sources

There are three important data sources for calculating sex ratio at birth at national level:

- population census data (available for years 1989, 1999 and 2009)
- the population registration system, which produces good quality data on the issue (Meslé et al, 2007)
- household surveys, namely the 2006 Azerbaijan Demographic and Health Survey (AzDHS-2011), 2001 Azerbaijan Reproductive Health Survey (Serbanescu et al, 2003) and the 2000 Azerbaijan Multiple Indicator Cluster Survey (UNICEF, 2000).

In this part of the study, AzDHS-2011 data was used as the main data source since it allows analysis of sub-population groups and contains rich information on related issues such as fertility preferences, contraceptive use and induced abortion.³

In addition to AzDHS-2011, good quality data from the 2001 Reproductive Health Survey and the 2000 MICS were also utilized in the study (Serbanescu et al, 2003; UNICEF, 2000).

2.3. Qualitative Research Methodology

Quantitative studies have been valuable in providing information on the sex ratio at birth by geographical and socio-economic characteristics. Recent studies reveal that the ratio is skewed in Azerbaijan, suggesting a preference for sons (Asian Development Bank, 2005; Duthé, 2012; Hotacsu et al., 2001; Guilmoto, 2009; Guilmoto, 2013; Meslé et al., 2007; UNFPA, 2012). As in other countries facing the same problem, there was a need to conduct qualitative research in Azerbaijan to investigate the causes behind the skewed ratio and to provide recommendations to address the issue (Guilmoto, 2013; Mesle et al, 2007).

Table 2. Regions covered in qualitative survey and their demographic indicators, Azerbaijan

Regions	Total Induced Abortion Rate	Sex Ratio at Birth	Induced Abortion in last 3 years (%)	Contraceptive Use (%)	Reason for induced abortion (sex selection %)	Pregnancies ended with induced abortion (%)
Baku	2.1	125	12.0	56	4	51
Absheron	2.7	142	13.0	41	5	54
Ganja-Gazakh	3.5	112	18.0	50	1	55
Lankaran/Lerik	1.3	94	7.5	47	9	37
Guba-Khachmaz	1.0	140	6.0	57	6	35
Aran	2.4	129	13.0	49	2	46

³ The AzDHS-2011 was conducted in August-October 2011 by the Ministry of Health of the Republic of Azerbaijan. It is a nationally representative survey of 7,704 households, gathering information from 9,381 women age 15 to 49. The survey aimed to produce information on trends and levels in fertility, infant and child mortality, family planning and maternal and child health. Indicators were produced for each of the economic regions in Azerbaijan except the Autonomous Republic of Nakhchivan.

The design of qualitative research was informed by the KIS and involved in-depth interviews and focus group discussions with females and males from different age groups, education levels and geographical regions. It was anticipated that the research would reveal a preference for sons and use of sex-selective abortions to achieve this, and that attitudes and experiences of reproductive rights would differ by sex and age. Therefore, participants were divided into two groups: below 40 years of age and above 40 years of age (taking reproductive ages into consideration).

Educational background is an important characteristic that shapes life choices and perceptions and this was also considered in the selection of respondents. Previous studies have shown that abortion rate tends to decrease and contraceptive use increase the higher the education level of women (SSC, 2008). Respondents had either a secondary level of education or higher education.

The last dimension taken into account for the sample selection is geographical region, selecting those where the greatest differences are observed in reproductive health behaviors. Regions and provinces were chosen according to recent estimates of abortion rate, contraceptive use prevalence and sex ratio at birth (Table 2). When selecting the regions and districts for the research, some were excluded due to having been occupied by Armenian armed forces since early 1990s: part of Yukhari Karabakh economic region (namely Khojavand, Khojali, Shusha, Jabrayil districts and the city of Khankendi as well as the parts of Agdam and Fizuli districts) and Kalbajar-Lachin economic region. The Autonomous Republic of Nakhchivan was not covered given the logistical challenges to access the region.

The capital city of Baku and five regions, namely, Absheron, Ganja-Gazakh, Guba-Khachmaz, Aran and Lenkoran were selected. Interviews were conducted in Tovuz in Ganja-Gazakh, Siyazan in Guba-Khachmaz, Agjabedi in Aran, Lerik in Lenkoran, Absheron in Absheron, and Baku between October and December 2012. The sample was not designed allow the production of independent analysis results for each province. Rather, it was aimed at enriching research outcomes based on knowledge and experiences from different geographical regions.

Detailed guidelines for conducting interviews and focus group discussions were prepared by the international experts. Male and female interviewers and moderators were hired locally by the International Center for Research to carry out the interviews and focus groups based on the sex of the interviewees (men interviewed men and women interviewed women). No specific training was provided to the interviewers, since most had prior experience in conducting qualitative field research.

The State Committee for Family, Women and Children's Affairs and the bodies of local executive power helped arrange the fieldwork. In the regions, interviewees and focus group participants were selected using informal networks. A total of 54 interviews and 24 focus groups were conducted in the six regions. The numbers and the categories of the fieldwork are represented in Table 3.

The anonymity of the process was emphasized and participants were asked to give their informed consent before the interviews and discussions commenced. Individual interviews were held at the interviewees' homes, while interviews with doctors were done at local hospitals. Focus group discussions were held at either secondary school buildings or local hospitals. All interviews and focus groups were duly recorded and then translated from Azerbaijani into English. Real names of the participants were changed to protect the privacy of the respondents.

Table 3. Number of in-depth interviews (IDI) and focus group (FG) discussions by region, Azerbaijan

Regions	IDI	IDI	IDI	IDI	IDI	FG	FG	FG	FG
	Women below 40 years old	Men below 40 years old	Women above 40 years old	Men above 40 years old	Doctor	Women below 40 years old	Men below 40 years old	Women above 40 years old	Men above 40 years old
Absheron Absheron	2	2	2	2	1	1	1	1	1
Aran Agjabedi	2	2	2	2	1	1	1	1	1
Baku Baku	2	2	2	2	1	1	1	1	1
Ganja- Gazakh Tovuz	2	2	2	2	1	1	1	1	1
Guba- Khachmaz Siyazan	2	2	2	2	1	1	1	1	1
Lankaran Lerik	2	2	2	2	1	1	1	1	1
Total	12	12	12	12	6	6	6	6	6

In the IDIs, below and above secondary school graduation is taken into consideration.

2.3.1. In-depth Interviews

In-depth interviews aimed to gather information on perceptions, attitudes and behaviors of men and women towards having children, and their use of reproductive health services such as contraceptive methods, ultrasound diagnosis and abortion services. These interviews explored the cultural factors and gender relations that may cause preference for sons, or other social norms that may explain underlying reasons for the skewed sex ratios. In-depth interviews were also carried out with doctors employed in health facilities where abortion, ultrasound diagnosis and family planning services are provided.

Nine interviews – two with each of the different sex and age groups, as well as one with a doctor – were conducted in each region. Considering the sensitivity of the research topic, interviews were conducted by interviewers of the same sex as the respondent. A total number of 54 individuals who had at least one child were interviewed across the following groups:

- Currently married women (younger than 40 years old);
- Currently married men (younger than 40 years old);
- Ever-married women (older than 40 years old);
- Ever-married men (older than 40 years old);
- Doctors (gynecologists).

During the survey, six gynecologists were interviewed. Two of them were mid-career doctors aged 33 and 46, while the rest were senior doctors (head of gynecology departments) aged above 50. All six doctors were married women with at least one child and were working in well-equipped hospitals and performing all kinds of reproductive services including delivery, contraception and abortions.

Of the 24 women interviewed, seven were widowed and 17 were currently married. All of the 24 men interviewed were currently married. In terms of age distribution, half of the interviewees were aged 40 and below, while the remainder were above 40 years old. There were three levels of education in the research sample: higher education/university, secondary technical/special, and secondary. Among the female participants, 11 had a higher education, seven were at secondary technical/special level and six had attained a secondary school education. Among the male participants, 12 were higher education/university graduated, two were secondary technical/special graduated and 10 had graduated from secondary school.

According to the sampling criteria, all participants had at least one child. Among them, 28 participants had children of both sexes, while seven had only a daughter or daughters and 13 had only a son or sons. In terms of abortion practice, eight women had had no abortions (three of them being under 40 years old and still at a reproductive age), while seven had had one abortion and nine had multiple abortions. Information about their spouse's abortion history was also gathered from male participants; however, the analysis suggests that they were either not properly informed or did not wish to share this information. Keeping this in mind, 16 of the men reported their spouse had had no abortions.

Another important feature of the participants' profile was their contraceptive practice. For those of reproductive age (15-49), seven were not currently using any contraceptive methods, two were using traditional methods (combination of calendar and withdrawal methods) and three were using modern methods (either IUD or condom). Among male participants, only one reported that he used the withdrawal method and one reported that his spouse took the contraceptive pill. Amongst the older participants, contraceptive practice was very limited.

Employment status is another relevant factor. Among the women, six of those aged below 40, and 10 aged above 40, were working. One older woman was retired and one was a housewife. Other than five retired men, all of the male participants in the survey were currently working. The participants were mainly employed in the health and education sectors, which may reflect the informal networks used to recruit participants (snowball sampling). The basic characteristics of the in-depth interview participants can be found at Appendix 1.

2.3.2. Focus Groups

Focus Group discussions aimed to gather information from the participants through moderated, interactive discussion. The objectives were to reveal how participants perceived the skewed sex ratio at birth, son preference, disadvantages and advantages of having sons or daughters, as well as to get suggestions on how to address the skewed sex ratio. The information was gathered through unstructured discussion, with interaction between participants being the most important premise in focus groups.

A total of 24 focus group discussions were carried out in six regions, with participation based on the same sex and same age group criteria. The number of participants in each focus group was between 6-10 people. The focus groups involved the following groups:

- Currently married young women (age below 40 years old)
- Ever-married older women (age above 40 years old)
- Currently married young men (age below 40 years old)
- Ever-married older men (age above 40 years old)

Four focus groups covering each of the above groups were held in the six regions. Overall, 150 people participated: 37 older women; 38 young women; 39 older men and 36 young men. The basic characteristics of the focus group participants can be found at Appendix 2.

2.4. Data Quality

The AzDHS-2011 data was the main data source of the quantitative analysis and is considered to be of a high quality. Response rates are very high, with both the household and eligible women response rate being 94.3 percent. The degree of missing information for birth date, respondent background, etc. is below 1 percent (DHS, 2011). On the other hand, as discussed in another study (Duthé et al., 2012), household survey data has its limitations, especially for events, such as births, that occurred in the recent past. Collecting a woman's complete birth history can solve under and over estimation problems, however, due to reduced fertility, the sample of births was limited in the AzDHS-2011. Therefore, in this study, to increase reliability of the estimations, sex ratio at birth has been calculated considering five-year periods.

In the qualitative research, interviews and focus group discussions were used to collect data. A large amount of textual information was gathered from participants' discussions. Even with good quality interviews and focus groups, this study has some limitations. Rich information about the reasons for son preference, mechanisms behind fertility decline and attitudes and practice towards abortion, including sex-selective abortion, were gathered. However, information about practice of sex-selective abortion was limited. This may be due to the sensitivity of the subject and a reluctance to share information and points to a need for a more purposive sample design that will include women who have had a sex-selective abortion. While it appears that women were more open to share their abortion history, men were less willing to discuss abortion and contraceptive use. Since the research topic is a sensitive one, participants tended to give limited information and more probing techniques could have been used by the researchers.

Chapter 3

The Settings: Demographic and Socio-economic Structure of Azerbaijan

This chapter presents the demographic, social and economic structure of Azerbaijan. Also, the political participation of women in Azerbaijan, reproductive health and general health are discussed.

3.1. Socio-demographic Characteristics

Historical Azerbaijani lands cover a territory of 210 thousand km² starting from Caucasian Mountains in the Western Asia to the mountainous area in the south and southern-east of Urmiya lake. Being located in the Eurasian continent, Asian mainland between the Black and Caspian Seas and having favorable geographical position, Azerbaijan was always subject to interference of foreign invaders. XIX and XX centuries were especially of tragic nature. The 1813 Gulustan and 1828 Turkmenchay Agreement put an end on the independence of Azerbaijan and divided the country in two parts. The Southern Azerbaijan joined Iran, and the Northern Azerbaijan joined Russia. In 28 May 1918, the Azerbaijan Democratic Republic was established. Its area was 114 thousand km², length of its borders 3504 km. In 28 April 1920, this area was occupied by Soviet Russia. In 1924, Goycha and Zangazur districts were given to Armenia. The Autonomous District was established in the mountainous area of Karabakh in 18 October 1991, the Republic of Azerbaijan restored its independence. At present, the

territory of the Republic of Azerbaijan (within the borders adopted by the UN) is 86,6 thousand km². The country is located in the 40 and 50 eastern longitude, and 38 and 42 northern latitude.

The Republic of Azerbaijan borders with 5 countries. It has 390 km of shared borders with Russia in the north, 480 km with Georgia in the north-west, 1007 km with Armenia in the west, 765 km with Iran and 15 km with Turkey in the south.

Azerbaijan has water borders with 4 countries in the Caspian Sea: Russia, Kazakhstan, Turkmenistan and Iran. The capital and port city of Azerbaijan – ancient Baku is located on the Caspian shore at 40° parallel. The distance from Baku to North Pole and the equator is 5550 km and 4440 km.

Forests and water consist 12 and 2 percent accordingly of the territory of the country. 55 per cent of Azerbaijani lands are used for agriculture. Out of 11 climate zones, 9 are present in Azerbaijan: arid and semi-arid in the east, subtropical in the south-east, cold in the mountains in the north and moderate climate on the coast of the Caspian Sea. The country is rich with oil and gas, iron ore, aluminum, molybdenum, mineral water and other natural resources. The Republic of Azerbaijan consists of Nakhchivan Autonomous Republic, 66 administrative regions and 14 regions with cities. There are 78 cities, 261 settlements, 4250 villages.

According to official data, as the result of the Armenian military aggression against Azerbaijan, 20 percent of the territory of the country was occupied, and one million of people became IDPs, which consist 12 percent of the population. 687 thousand of IDPs are from Yukhari Karabakh and surrounding regions, 250 thousand are ethnic Azerbaijanis from Armenia, 50 thousand are Meskhetian Turks from Central Asia and 3 thousand are asylum seekers with refugee status (State Committee on deals of Refugees and IDPs, 2007).

With a population of 9.4 million as of January 2013, Azerbaijan has a young demographic profile, with 22 percent of the population aged less than 15 years old, and only 6 percent of the population over 65 years old (SSC, 2013). The population is fairly evenly distributed between urban and rural areas, with 53 percent residing in urban areas and 47 percent residing in rural areas (SSC, 2013). The moderate population growth rate of the country, which ranged around 1 percent per year since early 2000s, is mainly the result of a declining birth rate and a relatively low death rate. In 2012, the total fertility rate was 2.3 children per woman and the infant mortality rate was 10.8 deaths per 1,000 live births. In 2012, life expectancy for men was 71.3 years, for women, 76.6 years and 73.9 years for the total population (SSC, 2013).

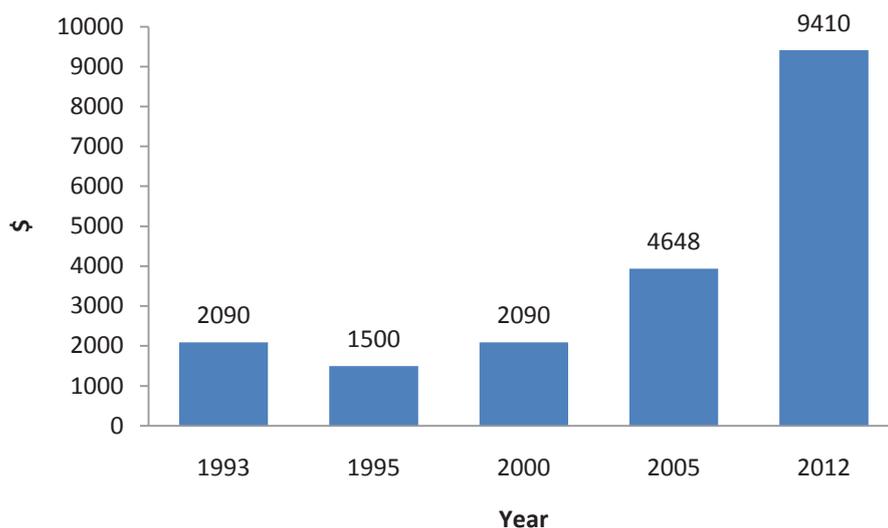
Azerbaijan is constitutionally a secular state; the vast majority (93.4 percent) of the population is Shia Muslim. According to the 2009 population census, 91.60% of the population are ethnic Azerbaijani Turks, 2.02% are Lezgins, 1.35% are Armenians, 1.34% are Russians, 1.26% Talysh and the remaining 2.43% is made up of minority groups

including Avars, Turks, Tatars, Tats, Ukrainians, Tsakhurs, Georgians, Jews, Kurds, other ethnic groups (SSC, 2013).



The period 1996 to 2005 is regarded a time of recovery, characterized by economic reforms and stabilization, improved production and increased integration with international economic markets. Azerbaijan’s Gross Domestic Product (GDP) exceeded the level of the early 1990s by the end of 2005 (Figure 2).

Figure 2. GDP per capita, PPP (Current International USD)



Source: The World Bank, 2013

Table 4. Volume of international migration in Azerbaijan

Years	Arrivals to the country for permanent residence (per 1000 persons)	Departures from the country for permanent residence (per 1000 persons)	Net migration (per 1000 persons) (+;-)
1991	66.3	106.4	-40.1
1992	35.7	49.9	-14.2
1993	16.3	28.5	-12.2
1994	8.6	19.6	-11.0
1995	6.2	16.0	-9.8
1996	5.8	13.2	-7.4
1997	7.5	15.7	-8.2
1998	5.4	10.5	-5.1
1999	4.8	9.1	-4.3
2000	4.4	9.9	-5.5
2001	2.6	7.3	-4.7
2002	1.2	4.3	-3.1
2003	2.5	3.8	-1.3
2004	2.4	2.8	-0.4
2005	2.0	2.9	-0.9
2006	2.2	2.6	-0.4
2007	2.0	3.1	-1.1
2008	3.6	2.5	1.1
2009	2.3	1.4	0.9
2010	2.2	0.8	1.4
2011	2.2	0.5	1.7
2012	2.2	0.2	2.0

Source: SSC, 2013

Azerbaijan's recent economic development has seen oil exports and the rising price of petroleum significantly increase the GDP in 2012 (Figure 2). The economic revival of the country has created favourable conditions for the reverse of migration flows. According to official data, net migration was approximately 2,000 persons positive in 2012 (Table 4).

Refugees and internally displaced persons create significant social and political problems in Azerbaijan. Azerbaijan has one of the highest per capita concentrations of IDPs in the world as a result of Armenia's occupation of Yukhari Karabakh. On the other hand, there are many Azerbaijanis living in other countries. Azerbaijani diasporas are found in 42 countries and Iranian Azerbaijanis are the largest minority in Iran.

3.2. Gender Equality in Education, Labor Force and Politics

The post-Soviet social transformation processes of the country have had a great impact on gender relations in Azerbaijan. Economic instability and mass unemployment affected family structure and dynamics. Women were pushed out of productive work to tend to home and family responsibilities during the early years of independence (UNDP, 2007). In the following years, mainly as a result of the migration of men to neighbouring countries to seek work, women tried to re-enter the labour force only to find a competitive environment with no quotas to encourage their participation. Moreover, State family and childcare support that existed during the Soviet period, were eliminated, transferring this responsibility to women. Gender disparities in politics have increased with fewer women involved (16 percent of national parliamentarians are women), undermining women's opportunities to influence the national political agenda. Additionally, new types of female disadvantage, such as early marriage, trafficking of women, violence against women, re-emergence of traditional, patriarchal beliefs and practices and health related risks have emerged.

In Azerbaijan, The State Committee for Family, Women and Children's Affairs (SCWFCA) is responsible for policies on women and gender equality. The Committee was established in 2006, replacing the State Committee for Women's Issues of the Republic of Azerbaijan, which had been operating as a state body on women's issues since 1998. The SCWFCA has already made a number of positive advancements in granting equal rights to women in the areas of legislation, education and employment. The Constitution of Azerbaijan, adopted in 1995, was recognized *"as more progressive and egalitarian than that of Iran, Turkey and many Muslim and non-Muslim states alike"* (Tohidi, 1999).

In Azerbaijan, the general education level is higher than the global average. Virtually all Azerbaijanis have gone to primary and secondary school. According to the State Statistical Committee of the Republic of Azerbaijan, the median number of years of schooling is 11.9 years for men and 11.5 years for women. School attendance among school-age household members is high. The gender parity index (GPI), or the ratio of the female to the male attendance at primary and secondary school levels, suggests that women and men in Azerbaijan have equal access to education. The GPI for appendamnce net 0.98 at primary school level and is the same at secondary school level (SSC, 2008).

According to SSC, as of 2010, the male labor force participation rate is 68 percent and the female participation rate is 61 percent. Women in the labor force are mainly concentrated in the agriculture and service sectors (Table 5). Employed women are mostly engaged in health, social services and education sectors (UNFPA, 2012). In all types of economic activities, women's average monthly wages are less than those of men, and women's income was approximately 46.9 percent of that of men in 2012 (SSC, 2013).

Table 5. Labour force participation and economic sector of employment

	Women	Men
Adult (15+) labour force participation rate (%)		
1990	66	78
2010	61	68
Distribution of the employed population by economic sector, 2004-2007 (%)		
Agriculture	45	32
Industry	4	11
Services	51	57

Source: SSC, 2013

Another indicator of the gender situation in Azerbaijan is political participation. In Azerbaijan, women's participation in politics is low, although there is no legal restriction on their involvement. In 2012, only 16 percent of seats in the Azerbaijan National Parliament were held by women (Table 6).

Table 6. Number and sex distribution of parliamentarians in Azerbaijan

Year	Number		Sex distribution	
	Women	Men	Women (%)	Men (%)
1990	15	335	4.3	95.7
1995	15	109	12.1	87.9
2000	13	109	10.7	89.3
2006	14	111	11.2	88.8
2010	20	105	16.0	84.0

Source: SSC, 2010

3.3. Health Care and Reproductive Health

Azerbaijan inherited an extensive and highly centralized health care system from the Soviet period and many of its key features have been retained. The organizational

structure of the system is centralized with most decisions about important health policy issues taken at the national level (Ibrahimov et al., 2010).

After the collapse of the Soviet Union, the health system deteriorated because of economic problems, a lack of management capacity (previously all decisions were made in Moscow) and failure to prioritize the expenditure of limited resources. There was disruption to existing health networks including the distribution of medical supplies, disappearance of health programs, weakness of the primary health care system, and low population coverage (WHO, 1996).

In spite of notable increases in public health expenditure in recent times, Azerbaijan is still characterized by relatively low levels of public health expenditure both in absolute terms and as a share of GDP (Table 7). Formally, throughout the country, health services, such as antenatal care, delivery assistance, neonatal and pediatric services, immunizations, family planning, are provided free of charge. However, due to low levels of government expenditure on health as a proportion of GDP, the burden of financing health care is on the users, with out-of-pocket (OOP) payments accounting for almost 62 percent of total health expenditure in 2007 (WHO, 2009). This situation creates serious problems in terms of access to health care, especially for poor and vulnerable households.

In Azerbaijan, almost all health professionals are government employees. The number of doctors and nurses per capita is insufficient and geographical distribution of health staff is uneven, with a higher proportion in urban areas (MOF, 2006). Maternal and child health services in Azerbaijan are mostly provided through primary and secondary health care institutions. Almost all deliveries occur at hospitals or other health institutions. According to the results of the 2006 Demographic and Health Survey, 88.6 percent of births were assisted by skilled health professionals.

Table 7. Selected health expenditure indicators in Azerbaijan

	1995	2002	2007	2011
Health expenditure, total (% of GDP)	5.8	4.5	5.1	5.2
Health expenditure per capita (US\$)	18	34	191	357

Source: The World Bank, 2013

The Ministry of Health is responsible for providing family planning services throughout the country. During the past decade, women in Azerbaijan have relied primarily on traditional methods of contraception, particularly withdrawal, almost to the exclusion of other methods. Induced abortion is legal in Azerbaijan if carried out during the first 12 weeks of pregnancy. In Azerbaijan almost half of the pregnancies end with induced abortion (AzDHS, 2011).

The Settings: Demographic and Socio-economic Structure of Azerbaijan

Overall, low levels of public health expenditure and high levels of OOP payments; few skilled health staff per capita and uneven geographical distribution; low use of modern contraceptives resulting in high rates of induced abortion are major issues in Azerbaijan.

Chapter 4

Quantitative Analysis

National and international mechanisms specify the importance of eliminating son preference as a form of discrimination and an abuse of human rights. The World Health Organization (WHO) and the Council of Europe argue that skewed, imbalanced sex ratios are an unacceptable manifestation of discrimination against girls and women and are a violation of their human rights (WHO, 2011; Council of Europe, 2011). States have an obligation under human rights laws to respect, protect and fulfill the rights of girls and women. The *Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)*, adopted in 1979 by the United Nations General Assembly and ratified by the government of Azerbaijan on 10 July 1995, defines discrimination against women in Article 1 with the following quote:

“Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.”

The 1994 Programme of Action of the International Conference on Population and Development (ICPD) signed by more than 180 States and, although it is not legally binding, expresses their will to:

“...eliminate all forms of discrimination against the girl child and the root causes of son preference, which result in harmful and unethical practices regarding female infanticide and prenatal sex selection.” United Nations (1994): paragraph 4.16.

As one of the signatory country of ICPD, on 10 October 2006 the government of the Republic of Azerbaijan enacted a Law “On guarantees of gender equality”. The respective provision of the Law extends the definition of “gender-based discrimination” to include sexual harassment, any distinction or preference that restricts or prevents equal realization of rights on the basis of sex (Article 2.4).

Despite these legislative frameworks, the phenomenon of son preference is increasing in countries like Azerbaijan. In patriarchal societies, families rely on boys to provide economic support and security in old age. Consequently, social norms place greater value on sons than daughters. The general trend towards declining fertility reinforces this deeply rooted preference for male children. Economic conditions and social norms encourage women to have fewer children while the same social norms expect having at least one male child. Influenced by these social norms, women continue childbearing until a boy is born, which can place her life and health in danger. With current technologies sex selection can now occur during pregnancy through prenatal sex detection and sex-selective abortion. Induced abortion sometimes replaces contraception as a method of family planning and can become a tool for sex selection.

This chapter presents past and current levels of sex ratio at birth and explores possible causes behind the skewed ratio based on the quantitative analysis of sex ratio at birth, fertility, contraceptive use, induced abortion and fertility preference data. The main data source is the 2006 Azerbaijan Demographic and Health Survey (AzDHS-2011) (SSC, 2008), chosen because of its high quality and as it allows analysis of sub-population groups. The retrospective birth history module of AzDHS-2011 data provides complete birth histories of women and increases the reliability of estimates.

4.1. Sex Ratio at Birth

Azerbaijan, Armenia and Georgia are amongst those countries with the highest levels of sex ratio at birth since 1990s (Mesle, Vallin and Badurashvili, 2005; Guilmoto, 2012). According to the World Population Prospects (2010 revision, United Nations, 2011), Azerbaijan has the second highest sex ratio at birth in the world (Table 8).

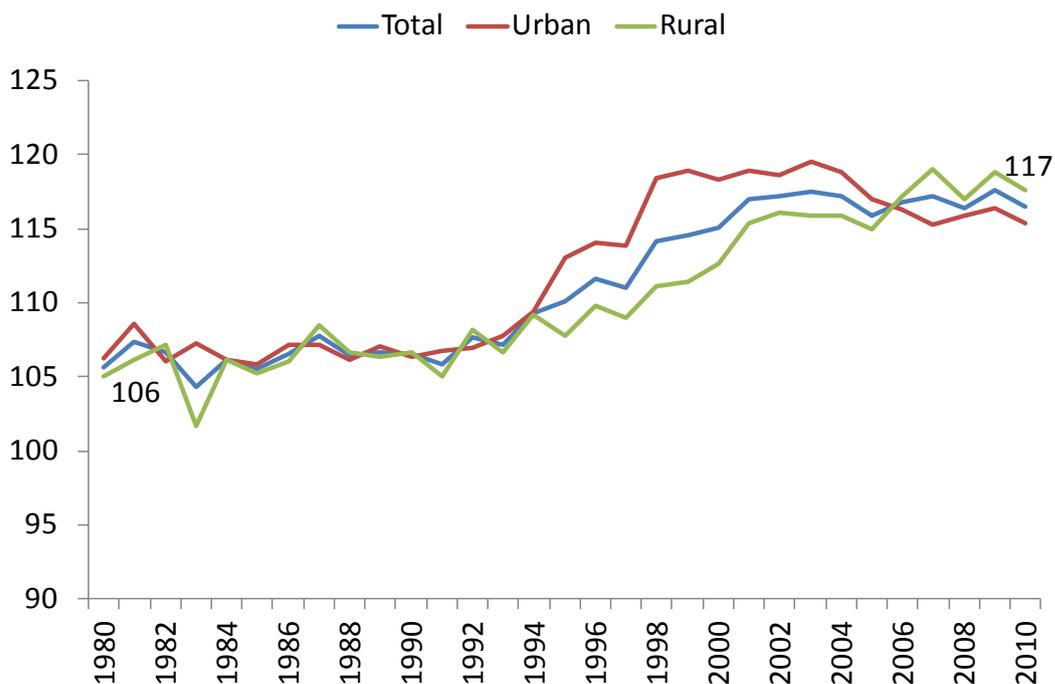
Table 8. Sex ratio at birth by countries

Country	1975-1980	1980-1985	1985-1990	1990-1995	1995-2000	2000-2005	2005-2010
China	107	107	110	115	118	121	120
Azerbaijan	107	107	107	107	110	117	117
Armenia	107	107	107	107	114	118	115
Georgia	108	108	108	108	111	111	111
Republic of Korea	107	110	114	110	110	110	110

Source: United Nations, 2011

National official statistics on sex ratio at birth produced by the SSC confirms this trend. Analysis shows that the ratio of male to female population at birth has increased from 105-106 males for every 100 females in the early 1980s, to reach 118 males per 100 females in 1998. There has been a minor decline to 117 males per 100 females observed in recent years (Figure 3).

Figure 3. Trend of sex ratio at birth in Azerbaijan (1980-2010)

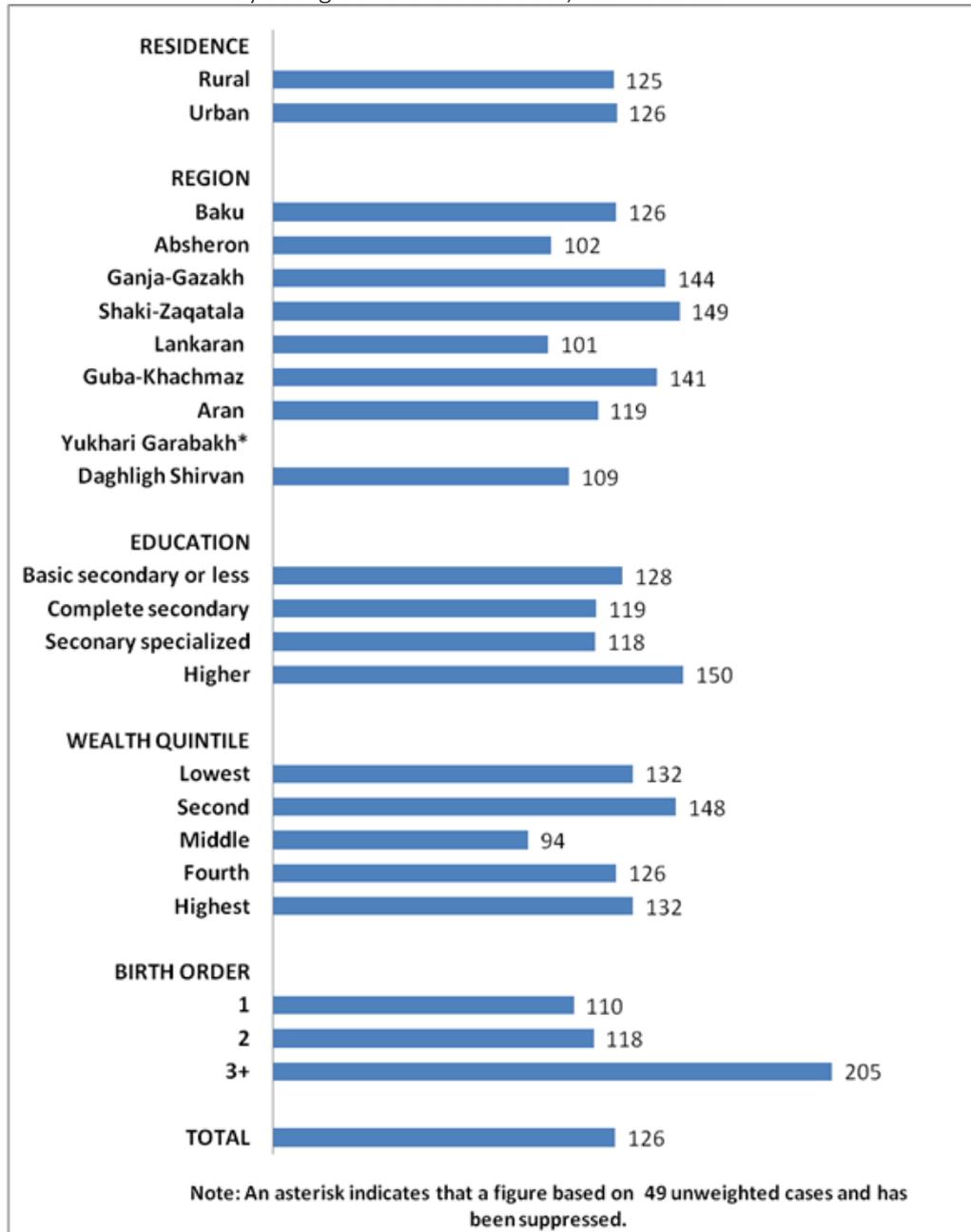


Source: SSC, 2010

There are significant variations among sub-population groups in terms of sex ratio at birth. Figure 4 shows that the overall Azerbaijan's sex ratio at birth is 126. The ratio is slightly higher in urban than in rural areas: 126 and 125 respectively. The differences by region are even more striking. Lankaran and Absheron regions have the lowest values (101 and 102, respectively) and Guba-Khachmaz, Ganja Gazakh and Shaki-Zaqatala have the highest values (141, 144 and 149 respectively).

There is a curvilinear relationship between sex ratio at birth and education/wealth quintiles. Sex ratio at birth is highest among women with either a basic education or less, or with a higher education, and reaches its highest levels among women with a higher education. Regarding wealth quintiles, sex ratio at birth is low in the medium income households and higher in poor, poorest and the richest households. If women decide whether or not to end an unwanted pregnancy based on the sex of fetus, the frequency of unwanted pregnancies can play an important role in influencing the sex ratio at birth. Analysis reveals that sex ratio at birth tends to increase with birth order: the third and higher order births have the highest sex ratio at birth (156).

Figure 4. Sex ratio at birth (5 years prior to the survey) by background characteristics, AzDHS-2011

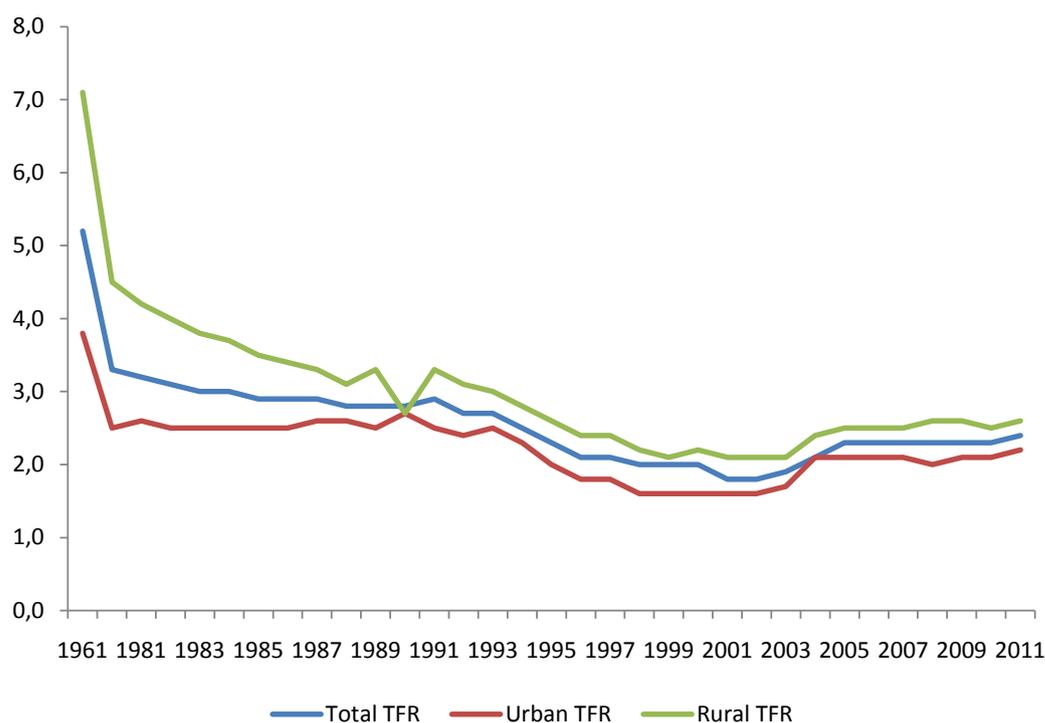


Source: PHRC's calculations from the AzDHS-2011

4.2. Declining Fertility

Fertility has declined dramatically in Azerbaijan over the past 50 years. The total fertility rate (average number of births per women) was 5.60 in 1961 and this decreased significantly to a minimum level of 1.80 in 2001. In 2010 the rate was 2.3 children per woman (Figure 5).

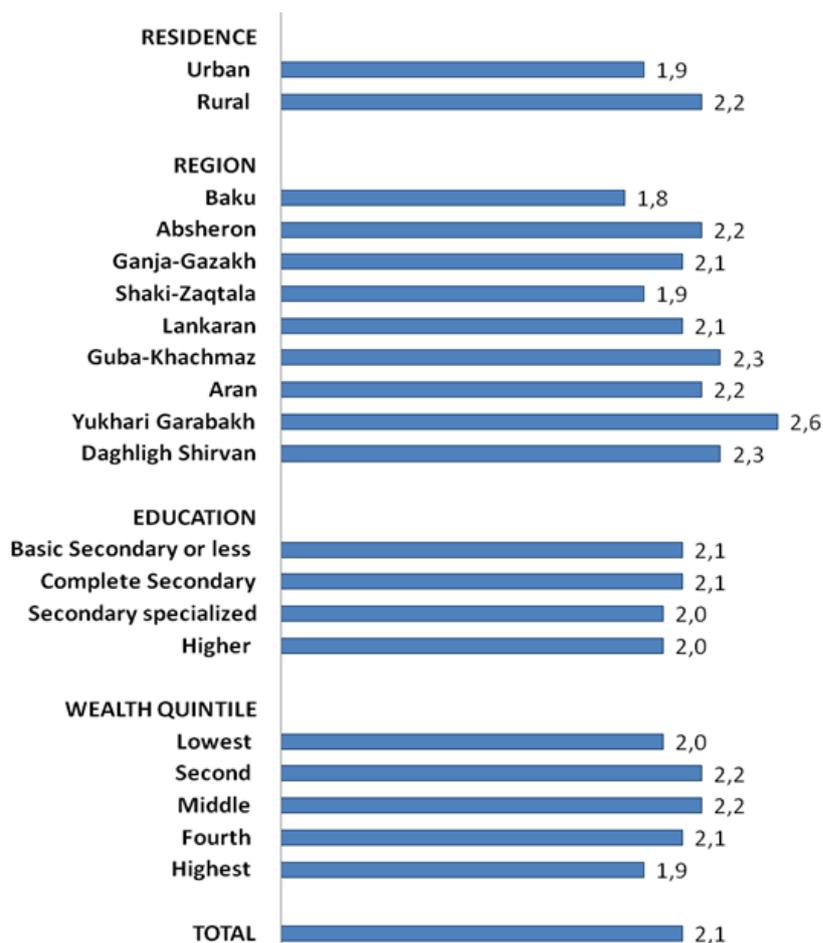
Figure 5. Trend of total fertility rate in Azerbaijan (1961-2011)



Source: SSC, 2012

Figure 6 shows total fertility rate by selected background characteristics based on AzDHS-2011 data. This survey found the national fertility rate to be a slightly lower than that published by SSC (2.1 and 2.4 respectively). Substantial variations in fertility are evident by residence, region, education level of the woman and wealth quintile. Regional variations in fertility are marked, ranging from a low of 1.8 in Baku to the highest of 2.6 in Yukhari Karabakh. Two regions in Azerbaijan have fertility rates below 2 children.

The fertility rate is not that much related to the education level or wealth quintile of women.

Figure 6. Total fertility rates by background characteristics, AzDHS-2011

Note: Total fertility rates are for the period 1-36 months preceding the survey

Source: AzDHS-2011

4.3. Contraceptive Use

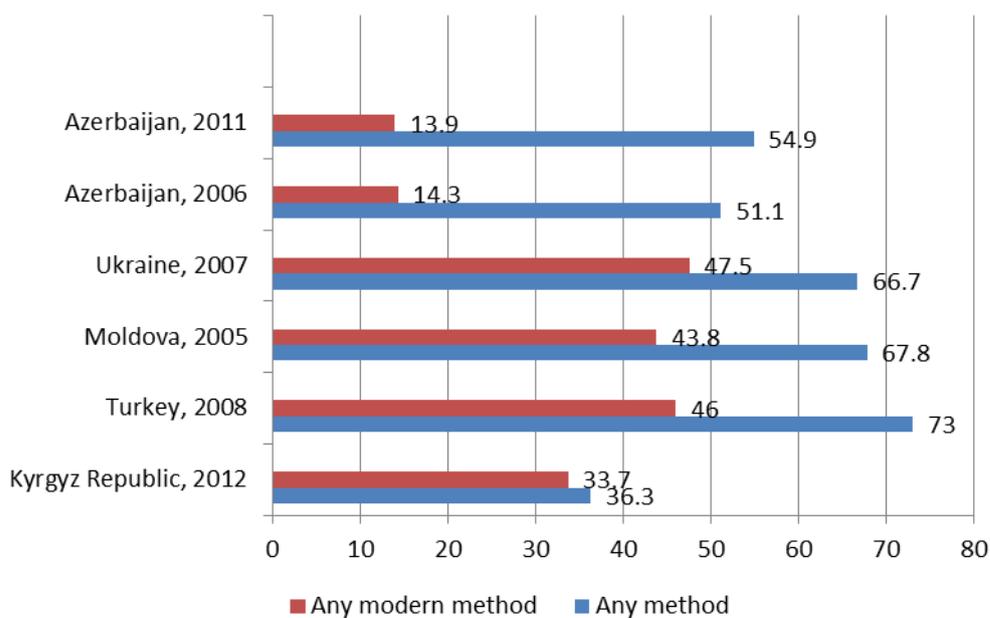
Azerbaijan is among countries with the lowest use of modern contraceptive methods. More than half (54.9%) of currently married women age 15-49 are using any form of contraception, with 41 percent relying on traditional methods⁴ and only 14 percent using modern methods (DHS 2011). Low prevalence of contraceptive use is among the factors

⁴ The AzDHS-2011 collected data on twelve modern methods of contraception (female sterilization, male sterilization, the pill, intrauterine device (IUD), injectables, implants, male condoms, spermicides/foam/jelly, diaphragm/cap, ring, lactational amenorrhea method (LAM), and emergency contraception) and two traditional methods (rhythm/temperature/calendar method/cycle beads, and withdrawal).

leading to a skewed sex ratio at birth. It can lead to more unwanted pregnancies and the use of induced abortions as a birth control method. When induced abortion is readily available and widely used as a family planning method, a decision to induce abortion based on the sex of fetus may be more likely.

Comparing Azerbaijan’s contraceptive prevalence rates with those in other former Soviet Union countries and Turkey highlights the low use of modern methods (Figure 7). While 14 percent of currently married women are using modern contraceptives in Azerbaijan, the levels in Kyrgyz Republic, Ukraine, Moldova and Turkey are around 30-50 percent. Thus, the use of modern contraceptive methods is three or four times higher in other countries of the former Soviet Union and Turkey than in Azerbaijan. On the other hand, Georgia (43 percent) and Armenia (53 percent) have similar percentages of contraceptive use as Azerbaijan (The World Bank, 2013).

Figure 7. Current use of contraception in selected countries

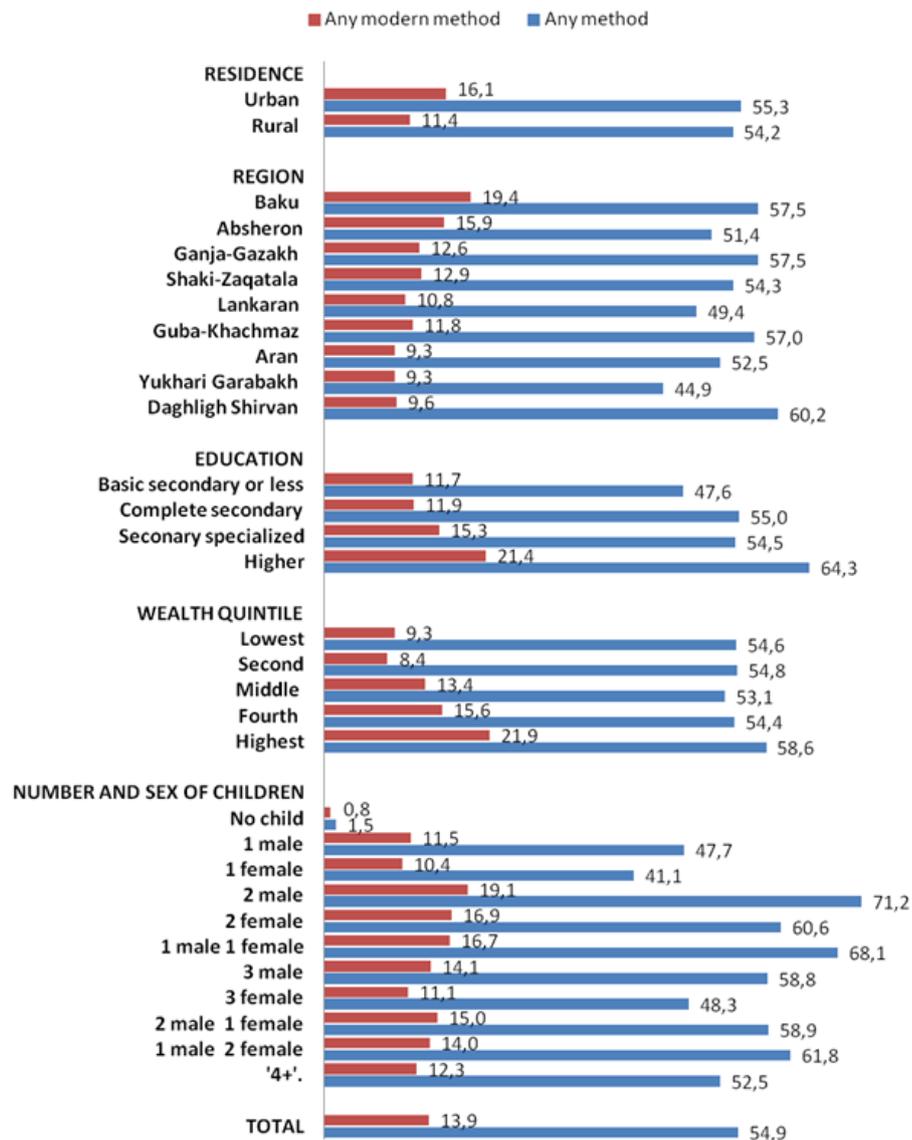


Source: DHS-2011 Azerbaijan, DHS-2008 Turkey, DHS-2012 Kyrgyzstan

The use of contraceptive methods varies according to the background characteristics of women (Figure 8). Currently married women living in rural areas are less likely to be using a modern method than women in urban areas (10.4 and 17.5 percent respectively). There is striking variation in contraceptive use by region. Use of modern methods is lowest in Yukhari Karabakh and Lankaran regions (7 and 9.8 percent respectively) and highest in the Guba-Khachmaz, Baku and Absheron regions (19.4, 18.7 and 18.4 percent respectively).

The use of contraception, especially modern methods, increases with women’s educational attainment. Women with a higher education are twice as likely to use a modern method compared to those who have completed secondary school or less (24.5 and 12.7 percent respectively). Contraceptive use is also associated with a woman’s household wealth status. Women in the highest wealth quintile are twice as likely to use modern contraceptive methods than those from the lowest wealth quintile (20.9 and 11.1 percent respectively).

Figure 8. Current contraceptive use by background characteristics, AzDHS-2011



Source: PHRC’s calculations from the AzDHS-2011

Investigation of contraceptive use by the number and sex of current children provides some insights into patterns of contraceptive use and fertility preferences. A key finding is the very low percentage of contraceptive use among women with no children (0.6%), indicating a will to have the first child without delay after marriage. Another striking finding is that when the first three births are female, women are less likely to use a modern method, and women who have at least one male child are twice as likely to use a modern method. This finding can be interpreted as an indicator of son preference. A third key finding is the level of contraceptive use among women with four and more children remains very low, suggesting that family planning methods in Azerbaijan are not easily accessible.

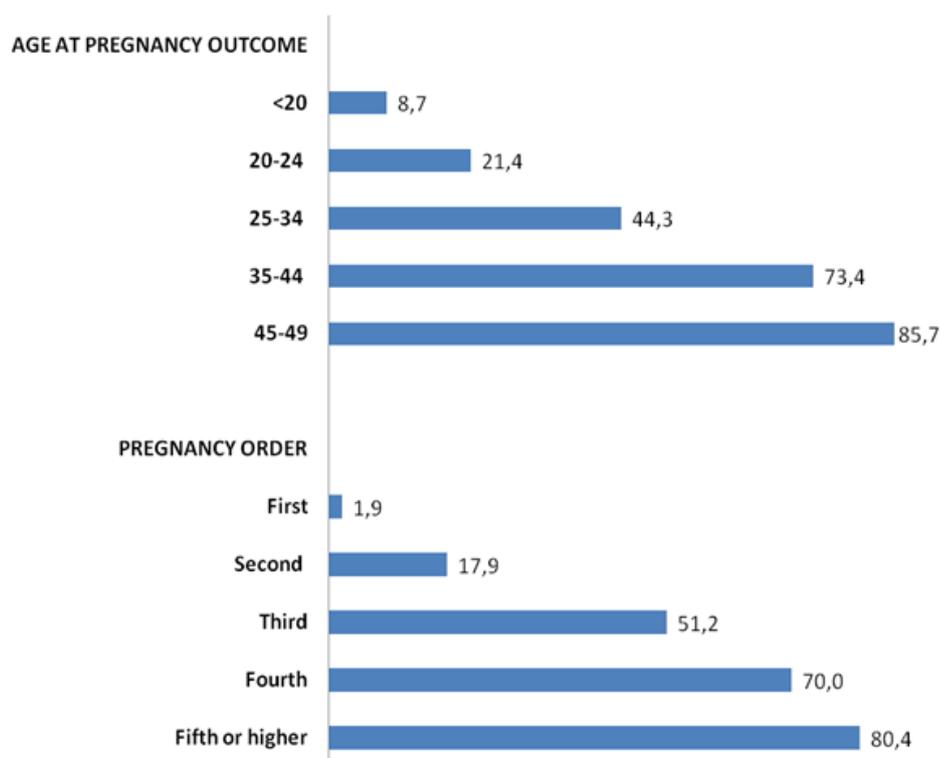
4.4. Induced Abortion

Similar to the other former Soviet Union countries, induced abortion has been the principal method of birth control in Azerbaijan for many years. Since 1955, abortion for non-medical reasons has been legal in all Soviet Union republics. The cost of importing modern contraceptive methods and the poor quality of domestically produced contraceptives prevented their widespread availability and use. However, the availability of abortion through government health services facilitated the use of induced abortion (Westoff, 2005). After the collapse of the Soviet Union, the practice of induced abortion continued in Caucasus countries. Total abortion rates (the average number of abortions per woman) for Georgia, Azerbaijan and Armenia are 3.7, 3.2 and 1.8 respectively (Serbanescu et al, 2007; SSC, 2008; NSS Armenia, 2006). The abortion provisions in Azerbaijan are still among the most liberal in the world (United Nations, 2013). They allow women to obtain an abortion upon request up to the twelfth week of pregnancy and up to 28 weeks for any social circumstances. The abortion on medical grounds is legal without any restrictions as to the term.

It is known that there is a negative correlation between abortion and the use of modern contraceptive methods. However, due to their increased likelihood of failure, there is a positive correlation between abortion rates and high use of traditional contraceptive methods (Westoff, 2005). As shown above, use of traditional contraceptive methods in Azerbaijan (41%) is much higher than modern methods (14%).

Almost half of pregnancies in Azerbaijan (52.7%) end in a live birth with the rest mainly terminated due to induced abortions (40.9% of pregnancies). The proportion of pregnancies that end in induced abortion rises dramatically with the age of the woman and the order of pregnancy. Three quarters of pregnancies among women age 35-44 end in abortion. In countries like the United States, where abortion rates are low, most abortions that occur are associated with first pregnancies among unmarried women (Westoff, 2005). However, in Azerbaijan, abortion is more likely to be used by married women to control fertility after their second birth. While only 2 percent of first pregnancies end in abortion, this percentage climbs to 80.4 percent of fifth or higher pregnancies (Figure 9).

Figure 9. Percent of distribution of pregnancies ending in abortion in the three years preceding the survey, AzDHS-2011



Source: AzDHS-2011

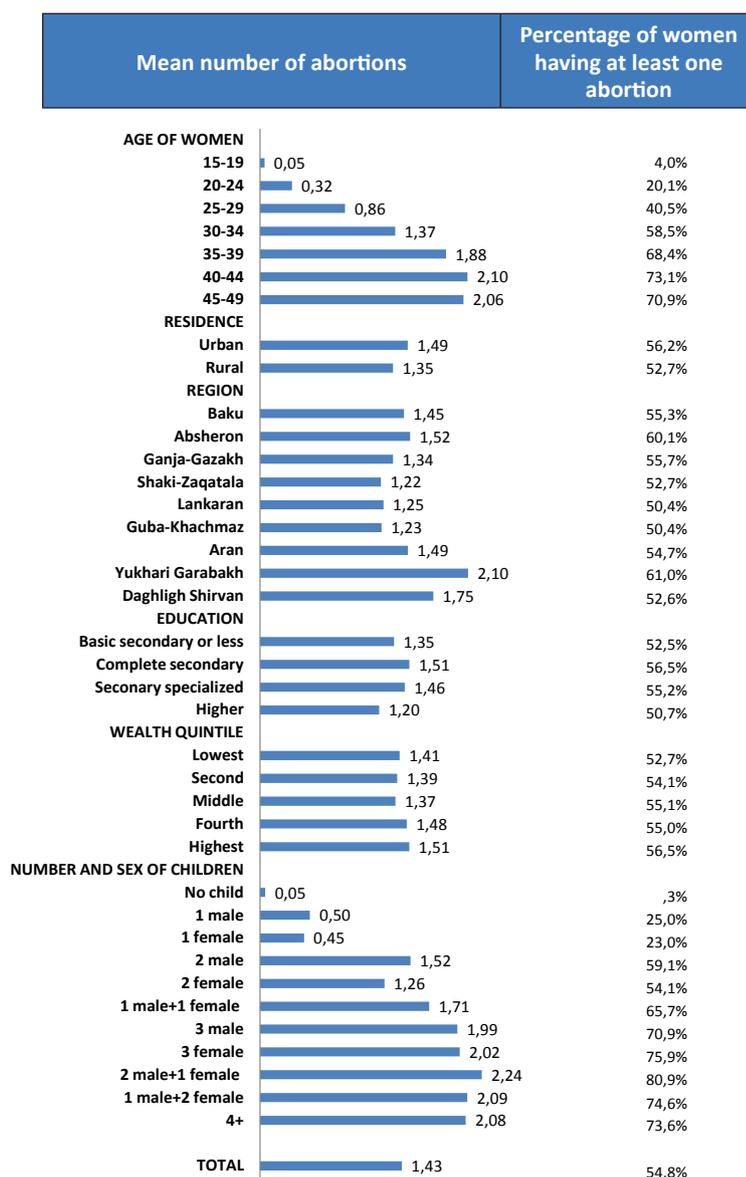
Figure 10 shows currently married women's lifetime experience with abortion. Overall, more than half of currently married women (54.8%) have had at least one abortion. The percentage who have had an abortion increases with age, and as of age 45-49 three-quarters (73.1%) of women have had at least one. Similarly, the mean number of abortions, which is 1.4 abortions per woman overall, increases with age, and for those aged 35-39 it reaches to 1.8 abortions per woman (Figure 10).

Lifetime experience of induced abortion does not differ notably by urban-rural residence. Regional differentials are noteworthy: Guba-Khachmaz and Lankaran has the lowest rate (50.4 percent) and Ganja-Gazakh and Yukhari Karabakh has the highest (60 and 61%). Regarding education, the least educated and the most educated women are less likely to have induced abortion than other women. There is no major variation by wealth status.

The percentage of women having had an induced abortion increases as the number of living children increases. Examining induced abortion percentages by sex of living children reveals a hidden dimension. The prevalence of induced abortion among women with two male or three male children is significantly higher than for those with two or three female

children. For instance, women with three male children have had an average of 2.3 induced abortions, whereas this decreases to 1.5 abortions among women with three female children. This result indicates that induced abortion is a deliberate attempt to ensure the birth of male children for many Azerbaijani families.

Figure 10. Mean number of abortions among currently married women age 15-49 and percentage of women who had at least one abortion, by background characteristics, AzDHS-2011



Source: PHRC's calculations from the AzDHS-2011

4.5. Fertility Preference

Fertility preferences are directly related to a skewed sex ratio at birth. Table 9 shows the percentage of currently married women who want no more children by number and sex of living children and background characteristics. As expected, the desire to limit fertility increases with number of living children. However, the sex composition of living children also makes a difference and this can be interpreted as an indicator of sex preference. Overall, 81.4 percent of women with only two male children want no more children. However, a desire to cease childbearing drops to 62.1 percent among those women with only two female children. The gap decreases between women with three male children and those with three female children (92.4 and 83.7 percent respectively).

The sex composition of living children and the desire to limit fertility suggests that son preference is almost identical in both urban and rural areas. The percentage of women with two male children who wish to cease childbearing is around 16 percent higher than women with two female children in both urban and rural settings. Regional variations are also noteworthy. Based on the fertility preferences of women with two male children versus those with two female children, it is seen that son preference is more visible in Lankaran, Guba-Khachmaz and Yukhari Karabakh regions. Education also seems to be an important variable. Based on the same variables, results suggest that a preference for having two sons is highest among women with a basic secondary education or less, and among women living in poor and poorest households.

Quantitative data analysis has shown that son preference is evident not only in the sex ratio at birth but also in the level of contraceptive use, induced abortion rates and fertility preferences. Cultural factors and traditional norms are a factor influencing a preference for sons. Qualitative information can help to decipher deep-rooted causes of son preference. The next chapter will examine possible causes of skewed sex ratio at birth with a qualitative insight.

Table 9. Percentage of currently married women age 15-49 who want no more children, by number and sex of children and background characteristics, AZDHS-2011

	No child	1 male	1 female	2 male	2 female	1 male 1 female	3 male	3 female	2 male 1 female	1 male 2 female	4+	Total
RESIDENCE												
Urban	1,2	31,5	20,8	82,5	67,0	88,7	92,3	81,1	88,4	94,9	93,0	67,6
Rural	3,2	31,7	23,6	79,3	52,5	83,8	92,6	85,5	91,6	86,7	91,8	69,0
REGION												
Baku	2,0	30,5	23,5	82,9	67,3	91,8	97,1	88,2	97,2	95,7	100,0	69,2
Absheron	-	13,8	17,9	84,0	74,2	85,0	100,0	100,0	96,7	100,0	88,9	68,2
Ganja-Gazakh	1,8	32,8	18,0	76,9	56,5	80,3	72,7	71,4	78,1	77,5	81,0	63,6
Shaki-Zaqatala	3,7	38,5	12,0	82,4	62,5	86,3	100,0	86,7	91,7	95,8	93,1	69,8
Lankaran	7,8	48,0	44,2	80,0	53,6	80,4	91,7	90,0	100,0	93,7	100,0	71,0
Guba-Khachmaz	-	20,6	14,8	85,7	58,3	85,9	100,0	100,0	100,0	95,1	91,4	67,2
Aran	1,8	30,7	19,6	82,8	62,3	86,8	95,5	83,3	82,5	90,4	88,2	68,1
Yukhari Karabakh	-	27,3	12,5	73,7	28,6	93,3	100,0	75,0	66,7	89,5	92,0	64,4
Daghigh Shirvan	-	33,3	8,3	63,6	42,9	86,2	100,0	100,0	100,0	90,9	100,0	73,3
EDUCATION												
Basic secondary or less	3,1	36,3	18,8	84,7	54,0	80,6	78,6	86,7	86,0	92,5	90,4	64,1
Complete secondary	1,3	29,5	25,9	82,5	60,9	88,8	98,5	84,0	91,7	91,5	94,5	71,3
Secondary specialized	4,3	36,2	23,1	84,0	69,7	87,5	95,5	84,2	88,0	87,6	84,3	68,6
Higher	-	28,4	13,9	71,4	61,2	87,3	66,7	75,0	91,7	92,9	89,5	60,5
WEALTH QUINTILE												
Lowest	4,1	36,5	30,5	82,7	55,3	85,8	83,3	87,5	94,7	90,8	90,5	71,6
Second	4,9	28,0	16,4	75,5	48,3	83,7	91,7	81,5	86,5	87,4	94,2	68,2
Middle	0,8	34,4	26,7	85,7	68,8	82,8	94,7	84,6	90,4	89,7	87,6	66,5
Fourth	-	31,0	14,8	79,2	64,1	89,0	100,0	81,3	83,0	94,5	94,1	67,0
Highest	2,6	28,8	21,2	84,3	65,6	91,4	96,8	81,8	97,1	94,3	100,0	68,0
TOTAL	2,0	31,6	21,8	81,4	62,1	86,9	92,4	83,7	89,9	91,3	92,3	68,2

Note: Women who have been sterilized are considered to want no more children.

Source: PHRC's calculations from the AzDHS-2011

Chapter 5

Qualitative Data Analysis

This part of the report focuses on thematic analysis of in-depth interviews and focus group discussions in order to explain mechanisms influencing the skewed sex ratio at birth in Azerbaijan. The analysis is based on the framework proposed by Guilmoto (2009) which identifies three main factors behind sex selective induced abortions: the *supply factor*, which is the availability of technologies capable of determining the sex of the fetus; the *demand factor*, related to the existence of preference in a society for sons rather than daughters; and a *low fertility* rate that can lead parents to want to choose the sex of their child. Bongaarts (2013) also declares that widespread attitudes towards son preference lead to a skewed sex ratio at birth only if they coincide with the *low fertility rates forcing the* parents to choose the sex of their child through sex-selective abortion.

Reasons for son preference, low fertility, sex-selective abortion and sex diagnosis are analyzed using information gathered on perceptions, experiences and opinions of people that took part in focus group and in-depth interviews. Based on Guilmoto's framework, this chapter presents the analysis and findings according to three themes: "son preference", "fertility decline", and "sex-selective abortion".

5.1. Son Preference

Existing research indicates that son preference is strong and clear amongst both men and women from different generations, socio-economic backgrounds, and regions in the country. Continuation of the family name, old age security, protection of family members, particularly females, as well as protecting the country, were given as primary reasons for son preference. A preference for sons was also mentioned as a tradition in Azerbaijani society, similar to other Turkic societies. Traditional family relations in Turkic societies that share the Oguz Turks origin have been described as "patrilineal and patrilocal" (Hortacsu and Bastug, 2000). In this culture, family relations and society is designed on values that place males superior to females.

Although this research found that son preference is common, most participants in the qualitative survey expressed a religious belief that God determines the sex of children and that it is not good to prefer one sex to another. Almost all the participants mentioned that Azerbaijani culture values children of both sexes. Children are treasured and a preference to have as many as they can was expressed: "...our nation loves children. I think it would be better if the number of male and female children is equal in the family". (Gulmirza, a retired, 61 year old, secondary school graduate, from Ganja- Gazakh region with three sons)

As traditional gender roles place different expectations on women and men, children of both sexes are often preferred. At the beginning of the interviews and focus groups, there was a tendency to indicate an equal desire for and treatment of sons and daughters. It was not until discussions progressed that participants began to explain the reasons for preferring sons to daughters and acknowledge the widespread acceptance of this phenomenon. In general, most participants preferred to mention son preference as a problem of "others", and particularly that it is an acute problem in rural areas. For example, Nermin, a 40-year-old from Lerik/Lankaran (secondary technical, two sons) highlighted what he considered typical attitudes in favour of son preference: "it is particularly typical for rural areas, as the men in those areas want to have more sons. And the women do not have right to object. In those areas, all decisions are made by men". Only a few participants expressed their personal support of son preference, most opposing the phenomenon, especially those women and men with a higher education. However, all participants, regardless of whether they support son preference or not, were aware of the problem of a shortage of females in Azerbaijan.

Son or daughter preference was mainly discussed in focus groups. While some participants gave examples to illustrate how the protective roles of sons are significant for the parent and family, other participants mentioned the roles of daughters and their significance. Women were mentioned as "gifts for parents", or "beauty of family", especially by older men. Bika from Baku (32 years old, secondary special, having 1 daughter and 1 son) said "a mother not having a daughter looks like a ring without a stone. A daughter is an accessory for her mother". Daughters are also desired by most of the mothers to have good communication, domestic help and patience. It was also mentioned that the caring behaviour of daughters opposed to difficulties with unemployment, alcohol consumption and drug abuse by sons. The findings suggest that further examination of family relations – a basis for gender inequity in Azerbaijani society – is a good source to understanding the situation of women and men in the country.

5.1.1. Gender Inequity

The social and cultural background of Azerbaijan leads to son preference and persistent subordination of women based on patrilineal and patrilocal family rules. Despite legislation to provide gender equality, gender inequity still exists. Equal education and labor force participation is publically encouraged, but in private, relations between women and men are often based on traditional values. The interviews and focus group discussions gave

valuable insight into how the traditional dichotomy of breadwinner/homemaker roles for men and women remains common in the country. The majority of household work tends to be performed by mothers and daughters, while outdoor activities and income generation are more likely to be the responsibility of fathers and brothers. Qualitative survey data suggest there is little change in the traditional roles of males and females with both women and men across different age and educational groups reporting similar experiences on the division of labor at home.

“My mother used to do the housework. She dealt with cooking, washing up, cleaning. And we helped our mother, also we learned our lessons. But my father went to his job in the morning and returned back in the evening.” (Gunay, 29 years old, higher educated, having 2 sons, Tovuz/Ganja-Gazakh)

“My father goes to work and returns back to home. Generally, my father never does any domestic work. He only cooked for us when my mother got sick. But, in other times, my father never did any domestic tasks. As our home was a standard independent house, my father did all the masculine jobs like repairing the house or any important heavy tasks, or lifting heavy things”. (Bika, 32 years old, secondary school, having 1 son, 1 daughter, Baku)

Based on the traditional gender roles, women are often raised to perform housework and to care for children, the elderly and others in the family. Most women who participated in the research expressed a preference to take care of their children while they are young, so prefer not to work outside the home, even if they are well educated. Approximately one third of highly educated women who participated in the in-depth interviews were housewives.

Participants reported that men tend to make the household and family-related decisions. Although, some of the interviewees mentioned that there is consensus on decisions between their mother and father, they expressed that the head of the household, who is the father, has the final say. Therefore, it seems that following the rules of the father and husband is generally accepted in Azerbaijani culture. All age groups involved in the study expressed an acceptance that the father is the head of the family and everyone should follow his rules. A young man, Abbas, (33 years old with higher education, having 1 son from Absheron region) said “...I can say that a man is a head of family, it should be so as he says. It was the same for us. We could not deny what father said. When our father sleeps, we even switched off the TV. Everyone dealt with his/her own job silently, as our father had a rest.”

A prevalence of son preference in the country does not mean that daughters are not wanted, but is rather a reflection of women’s position in society. In most of the interviews and discussions while talking about the strengths and weaknesses of having sons and daughters, all the participants mentioned traditional gender roles, which are accepted as natural. Participants who explained the importance of having a daughter mainly focused on their daughter’s role in caring for them when they are sick or someone from the family has passed

away. They explained that daughters are the ones who are close to their birth family and try to help. Older men and women particularly commented on the importance of daughters.

An honest and self-esteemed daughter is above a hundred sons. A daughter is important for her father and her mother, sometimes we have happy and sad days. When it is a sad day you see that your son is not with you, he is far putting his hands into pockets. But your daughter shares your sorrow with you. She does not eat, drink till seven days, forty days pass from the loss of any family member. She appears immediately if you leave this world. Their spouses are the same for you.” (FG participant, elderly man, two sons, four daughters, Absheron)

On the other hand, raising a daughter is generally considered not as easy as raising a boy and was mentioned as more expensive. One of the mothers from Tovuz/Ganja-Gazakh mentions that girls’ requirements are higher than boys by saying:

“A male one has only shorts and he runs the beach only by it. But you cannot take the female like that. You need to buy a swimsuit, umbrella, hat for her. You need to take food with you. There is such saying that a boy can run naked, but the female one cannot do that”. (FG participant, elderly, having two daughters, one son, Tovuz/Ganja-Gazakh)

Besides the economic challenge of bringing up daughters, marrying off a daughter is explained as another difficulty for families. During a focus group discussion with older men, held in Baku, the difficulties in raising a girl child were discussed. A man with two sons and one daughter explained the difficulty of marrying off his daughter referring a well-known proverb: “qız yükü duz yükü” which roughly translates as “loading a girl is like a loading of salt” or “the charge of raising a girl is as hard as carrying salt”. This reflects the general perception of women in society and was one of the most mentioned proverbs in the qualitative research.

“... Because the girls generally have many problems, I experienced no difficulty when I got both of my sons married. But when I got my daughter married... there is a proverb here: “the problems of a girl are as heavy as salt”. Parents have to buy furniture, bedding and many other things to give their daughters”. (FG participant, elderly man, Baku)

Families also mention the need for more education for females to provide job and income. Since, the structure of the market economy tends to provide more opportunity for males; it is not easy for women to find employment. Therefore, raising a daughter who can be independent requires more investment for families. One of the expressions from an older woman in Baku explains the situation preventing women’s working opportunities not only by the limited labor market options but also by the controlling behavior imposed by parents.

“One of the strengths of a son is that he is always considered as the support person and the continuer of his family. Therefore, our families prefer boys to

girls. Girls in Azerbaijan are not usually allowed to work, but boys may work at all jobs. Our families do not allow their daughters to work everywhere. It depends on the social situation and family attitudes and traditions". (Basti, 73 years old, secondary school, having 2 daughters, 1 son, Baku)

The participants provide some insight into women's situation as daughters in the family and as workers in the labor market in Azerbaijan. Traditional family values and gender roles lead women to get married and it is expected to have children as soon as possible after marriage. It is better to have children of both sexes, although most families involved in the study expected to have a boy at first birth.

"Now everyone wants to have a son at first. If the first child is a male, it makes no difference in the second child. But as now all the newly married people want to have a son, some of them have abortions. High number of boys is the joy of God. There are such women who get pregnant 5 times, 6 times, 7 times and every time they expect a female baby. There are also such ones, who wish to have a daughter, but at the end they have a son" (Abbas, 33 years old, higher education, having one son, Absheron)

Inputs from participants suggest that social norms pressure couples to have a son or face criticism from their families and society. Having a son is perceived as an honor and prestige for the family, in particular for the fathers.

"Our Azeri people prefer to have a son. A son is important for them; it is prestige, an honor. They prefer to have a son... their joy is different. They send them to the army. It is completely different. When they introduce their sons to their friends, it is completely different. You should have one in order to understand what a son is". (Ayla, 33 years old, higher educated, one son, one daughter, Absheron)

Nesim (65 years old, university educated, five daughters and two sons), explained the difficulty he faced with relatives and friends after having three daughters. His work colleagues told him "not to worry and continue to have more children until having a son". But, his father was more anxious:

"I was the only boy in my family. My father also was the only boy in his family and had no brother. My first child was a girl. My second child was also a girl. Now parents get their babies' gender defined and if the fetuses are girls, the parents get them aborted. We have never used that method and I have never shown an interest to it. But when my second child was also a girl, I noticed that my parents got anxious and wanted me to have a son. We all Azerbaijani have such mentality".

Ceyran talks about her sister's experience to show how people put pressure on women to have a son:

“She underwent huge pressure from surrounding people for having no male child. Even her life was in danger. She said that if she delivered a girl baby she could kill herself.” (Ceyran, 28 years old, higher education, having 2 daughters, Agjabedi/Aran)

There are many sayings and proverbs that symbolize the patriarchal structure of Azerbaijani society. Some are related to having sons, and indicate the strong son preference. For example, a 32-year old woman in Baku, with one son and one daughter refer to a proverb of “A male may be considered a man when he has a son”. Additionally, a young woman in Siyazan/Guba-Khachmaz mentioned the common use of ‘God bless your son’ instead of children or girls. Almaz from Absheron region expresses that “when you tell that a daughter has been born to you, they tell you don’t worry, you are young, and you will have a son. When a daughter has been born, there is such reaction as if any accident has happened. The people tell you don’t worry”.

5.1.2. Reasons for Son Preference

Interviewees and focus group participants gave many examples of how son preference is common and accepted in Azerbaijan. Among the reasons mentioned, protecting the family and protecting the nation were most pronounced. A son’s protective role as continuer of the family, provider of financial support for parents in their old age and responsible person for family ceremonies and funerals were given as practical reasons for parents to desire more sons.

Continuation of a family involves two functions: continuation of the family name, and the keeping of family property. All respondents agreed on the importance of these roles as factors in the prevalence of son preference. In a focus group discussion with older men in Tovuz/Ganja-Gazakh, one participant explained: “Everyone wants to have a son, as he is a family successor. People need him to preserve their family”. Such explanations were given by participants regardless of their age, sex and educational level. A young man who participated in a focus group in Baku explained the importance of ancestry, and son’s roles to preserve the family property:

“There is the definition of “ancestry”. For example, a man with three daughters wants to have a son to continue his family. Any inheritance is based on men. Therefore, a son is the continuer of his father. So, people seek for a son.”

5.1.2.1. Girls like Birds of Passage

Women are typically seen as a bird of passage in Azerbaijani culture – that they move from their own family to another. Daughters are married into other families, whereas sons stay with their parents. In patrilocal societies, monogamy is the rule and traditional customs such as bride price and marriage between certain clans mean that families tend to arrange the marriages. Once married, women are seen as belonging to their husbands’ family, and their status within the new family depends on the number of children, particularly male

children, they provide to continue the family name. Therefore, bearing a son is a necessity for women to gain status and security (Basbug and Hortacsu, 2000).

Similar to the Tamil proverb, “having a daughter is like watering a flower in the neighbor’s garden” (Sekher and Hatti, 2007). When girls get married and leave the house they become a member of their husband’s family. Therefore, girls are seen as guests in the patrilocal traditions. A retired teacher, 64-year-old man in Siyazan/Guba-Khachmaz focus group explained his perspective:

“Yes, boys are necessary for their fathers, in order to help them, while girls leave their families after getting married. They look like birds of passage. But boys stay with their fathers. If a father who has two or three sons wants to do anything, his sons will help him. So, everybody wants to have a son. They are gifts of God.”

Naila, a 39-year-old woman with four daughters and one son (higher education, Lerik/Lankaran), gave the commonly held view that girls belong to others as one of the reasons for son preference:

“Girls belong to strangers. They marry and leave home. A parent always worries about his/her girls. Where they go, when they come later, a parent always worries about it. But the parent does not worry about his/her son”.

5.1.2.2. Security for Life and Death

The traditional role for men is to work and provide for the extended family and for his parents in their old age. Sons are considered responsible for protecting all the family members, to provide economic contributions to his parents and, upon death, to carry them to the cemetery during the burial ceremony.

Older men participating in this study referred to their sons as their old age security, because men are more likely to enter the labour force or migrate to work in other countries, such as Russia. However, some of the men were providing support to their sons, daughter-in-laws and their grandchildren:

“I am B.E, I was born in 1941, I have six children: four sons and two daughters. Two of my sons live in Russia. The other two live with me, they are unemployed. ... I have 10 grandchildren; each has a daughter and a son. I am a pensioner. (FG Participant, older man, Absheron)

In Azerbaijani culture, similar to Hindu tradition (Almond et al, 2013), only a son or a close male relative can carry the body of the deceased during the funeral. Older men and women participating in the study talked about being carried on their son’s shoulders to their grave when they pass away. Gultakin mentioned some of the conflicting ideas for having a son. Although some older people complain about their son’s characteristics and the role of daughters is significant during periods of grief, daughters cannot replace sons’ in their role:

“Let my son carry me on his shoulders when I pass away. I want my sons to take my body to the grave. There are daughters, who care and support the family during times of grief, but there are also sons who put out food on the table during a funeral reception and everyone says that “he is a worthy son”. But, there are also sons who even don’t come to bury their mothers. What else can I say?” (Gultakin, 73 years old, secondary education, two sons, Tovuz/Ganja-Gazakh)

“Do you know how it is? Azerbaijani people have such a saying: “A son is fencing against enemies”. It is very old custom we have it now. They used to bury alive when a female child was burn, but now they cut and remove. A son carries bodies of his parents on his shoulders. They say that funeral repast given by a daughter is not allowed. He is an heir of his father. I cannot keep another’s son in my house. My son would follow laws that I have put, but I cannot put them for a son-in-law. There is difference between a son-in-law and your own son.” (Cahan, 60 years old, higher education, one daughter and two sons, Agjabedi/Aran)

Protecting family members, in particular the women and girls, was perceived as one of the important roles of sons. Participants expressed that the behavior of people changes depending on the presence of a son at home. For example, in one of the interviews, a woman explained that the reaction of the people who knock the door is different if you have a son at home.

Women tend to be controlled by their parents before marriage, and then their control shifts to their husband and his family. If problems occur in their marriage, or in the case of divorce, the woman’s own family members take responsibility for taking care of her. That was one of the reasons given that raising daughters is more difficult and a cause for concern.

“You have to give dowry to a daughter. You marry off your daughter to a silly person, he may divorce her in the future and she will come back home and her father or brother have to keep her. The load falls on her father or her brother’s shoulders if her father passes away. So everyone wants a son, people do not wish so much to have a daughter”. (FG participant, young man, Absheron)

“Male children are preferable to female ones from all points of view... they may manage themselves in work and life. But you always worry about your daughter. But you can allow your son to go and keep himself. Such mothers like me don’t want a daughter even a bit”. (FG participant, young woman Tovuz/Ganja-Gazakh)

5.1.2.3. One Son for Motherland and One for Mother

Some of the participants emphasized the role of men in protecting the country as one of the main reasons for son preference. The older male participants put more emphasis on protecting the homeland, and those whose sons had been in the army expressed great pride in that. However, the women interviewed also mentioned the role of sons during war.

Most participants, including younger women and men, agreed that sons are important to protect the borders. This sentiment was echoed in most discussions, regardless of region, although a stronger emphasis was evident during group discussions held in Tovuz/Ganja-Gazakh, Absheron and Baku.

One of the focus group participants in Agjabedi/Aran, a young woman named Aynur, said “I think we need sons, soldiers for our country after the war. I don’t say that mothers should not have daughters. If each Azerbaijani woman can, let her to deliver one son for motherland and one for her. Because our sons represent us abroad and defend our borders.”

5.1.3. “Our Mentality” is a “Male’s Mentality”

The reasons for son preference mentioned by participants were considered to represent what some called ‘Azerbaijani mentality’. Moreover, particularly by the female participants labeled it as “male’s mentality”. In one of the focus groups in Absheron region, Aida who is a 32 year old woman said “Every man wishes to have a son. They say let me have two daughters, three daughters, but then also a son”. Similar to Aida’s expressions, young female participants particularly mentioned this mentality as ‘male’s mentality’, referring to the patriarchal structure of Azerbaijani society. Young women explained that husbands want sons, and women therefore also have to want sons, since they would otherwise face the negative consequences of bearing girls. Females are threatened with divorce, being sent back to their birth family, or having to live with another woman in their home. Sometimes they are subjected to intimate partner violence as well as being ignored by their husband and his family. One young woman from the focus group discussion in Baku reported:

“The wife of my brother-in-law had eight abortions after two sons. Her husband said her: ‘Do not return back to home if you deliver a girl child. If you deliver a girl child, leave my home’...eight times. As a result of those abortions, she had to have a hysterectomy. My sister-in-law delivered four girl children until 1988. Every time, when she delivered a girl, her husband neglected her and did not go to the hospital. After every delivery, the woman used to go to her parents’ home with her new child. Now, all of those children, God bless them, work at various places. The children do not love their father, as he used to offend their mother. And that woman’s uterus has also been removed due to the abortions. It is very difficult to get women to understand that it is harmful to get abortions frequently.”

Although termed a ‘male mentality’, son preference is clearly supported by both women and men. Young female participants criticized behaviors of mother-in-laws in encouraging son preference :

“I can give an example. In my neighborhood, a mother-in-law advised her son to: ‘Get divorced from your wife. She is useless. She delivered three girl children and cannot give birth to a boy child.” (FG participant, young woman, Baku)

“I know someone who had two daughters. When she was 6-7 months pregnant with the next child, her mother-in-law asked her to go and have an ultrasound examination to learn if it is a male or female child. The doctor said that the baby was a girl. The mother-in-law and husband threatened the woman with divorce if she didn’t agree to terminate the pregnancy. The pregnant woman’s own mother took her and her children back into her home and when the child was born some weeks later it turned out to be a boy. The husband’s family came and tried to make peace with them, but the woman refused. She reminded them that they were going to kill the baby and now they want to take the baby.” (Discussion during a focus group with older women (and mother-in-laws themselves) in the Aran region)

In patriarchal societies, men and elders have decision-making power and control over resources. The girl child is at the bottom of the family hierarchy. Some women express a preference to have a son in order to protect their unborn daughters from the relative difficulties of life faced as a girl and woman.

Consequences of the son preference mentality also affect male members of the society. The sex of their child is considered to indicate masculinity and a lack of male children can be an embarrassment for men. Young male participants explained preference for sons as part of a tradition of the country. They expressed a desire to have at least one son, and say it is better to have two. Young women also mentioned the extent of male pride in sons and how men can perceive sons as a status symbol or reward for fathers and family.

“The problem is that when males gather, they say proudly that they have a son. But the males having daughters feel heaviness in the heart. They think that everybody will disapprove of them... Some people refer to people who do not have a son as ‘childless’”. (Young woman in a focus group held in Siyazan/Guba-Khachmaz)

One young woman’s statement that “men do not change their views, even when they are educated” highlights a perception of patriarchal system with strong roots. In some cases the names given to girls are a clear example of how daughters are valued:

“.. You can see that they give their children various names. For example, Gizbasti (it is enough to have daughters), Basti (it is enough), Gizgayit (Girl, return back), etc. All of these indicate that people do not want to have a daughter.” (Kamil, 63 years old, higher educated, having 4 sons, Siyazan/Guba-Khachmaz)

Nabi, 38-year-old male teacher in Lankaran region, described his view of the mentality of the people in Azerbaijan. From his point of view, being conscientious, well mannered, helpful to others, and educated is the most important thing for children, not their gender. He suggested increasing awareness among people who still believe sons are more valuable than daughters:

“...Again, I do not discriminate against any gender. Both boys and girls are gifts by God. But there is a peculiarity in our mentality that having a son in any family is considered more important. Our nation very much wants to have a boy child.

We even desire the first child to be a boy. In my opinion, this peculiarity is related to our mentality. According to 'Kitabi-Dada Gorgud', one of our folk literature's examples, 'a son is a barrier protecting us from enemies, a son is a supporter of his community, and a son is the future and hope of his father'. These are taken from our history, these attitudes which exist today..."(Nabi, having one daughter and one son, Lerik/Lankaran)

5.2. Fertility Decline

Strong son preference is not a new phenomenon in Azerbaijan. The balance in the sex ratio at birth has been deteriorating since the early 1990s, in conjunction with the declining fertility rate. Increased education, urbanization and gender equality tend to change the family structure from wanting a quantity of children to a quality of life, especially in the Western countries (Kirk, 1996) Fertility decline is seen as one of the reasons for skewed sex ratio birth, and son preference becomes more obvious when the number of children has decreased. On the other hand, it is also clear that "if son preference were weak, the rapid fertility decline would not necessarily lead to an abnormally high sex ratio at birth and excess female child mortality" (Bongaarts, 2013; Li et al, 2007).

The participants in this study emphasized the squeezing effect of fertility decline as one of the reasons of skewed sex ratio at birth and highlighted the reducing number of females in the country as a problem. Economic conditions, government policies, individualism and changing social values have been given as causes of fertility decline.

"It is better to have many children. My grandfather married two times. He had 18 children and many grandchildren. Now, men say that two children are enough as they have no [economic] strength." (FG participant, older man, Tovuz/Ganja-Gazakh)

Participants repeatedly emphasized that the economic climate is a significant deterrent to having more children and the key motivation for wanting male children. As a young woman said as "If the economic conditions are improved and if we have strength, the number of female children would increase. We need to have female children". (FG participant, Tovuz/Ganja-Gazakh). The serious consequences of son preference were discussed by participants and the need for urgent action.

"... It is our tragedy. It is ensured by God that the balance is kept, but now we break the balance, intervene in it. No, we don't intervene, we formally break. Where will come by decrease of number of women? Who will these young people marry after 20-30 years? Who will be mother? Who will do house work? It is a big tragedy. It should be prevented. I condemn it". (Asif, 61 years old, secondary educated, two daughters and two sons, Absheron region)

A doctor participating in the study highlighted the future risks of sex-selective abortion

related with fertility reduction: “They say the number of abortion of female children prevails now ...I see it as a future tragedy, as they kill future mothers. If there are no mothers, there would be no sons”.

Many participants raised concerns on the lower female population and the prevalence of foreign brides. One doctor pointed out the lack of foresight in the strong preference for sons: “Imagine that this year we had 3,000 male babies and only 1,000 female ones born. If after 20 years 1,000 males marry to 1,000 females, what will the other 2,000 males do? They don’t think about this. Our people don’t think what will happen after 20 years”.

The impact of a high number of foreign brides on national traditions was raised as a key concern. In Siyazan/Guba-Khachmaz, an older man in the focus group mentioned his worries:

“...Every year in September we get statistical data and see that only 4 of 20 children in a school class are girls. And all of the remaining children are boys. We understand that it is very risky. In the future, the number of girls will be insufficient in Azerbaijan and our people will take girls from other nations massively. The traditions of our country will disappear in the future as it is mainly mothers who educate children in a family.”

5.3. Sex-Selective abortion

The availability, accessibility, effectiveness, social acceptance of abortion and the surrounding legal framework are crucial dynamics in the prevalence of sex-selective abortion, the main factor in the skewed sex ratio at birth in Azerbaijan (Guilmoto, 2013; Bongaarts, 2013). The qualitative data collected provide rich information on social norms, the use and misuse of prenatal diagnostic techniques, deviation from legalisation in practice, conflict between perception and practice of abortion as well as gynecologists’ attitudes toward sex-selective abortion.

5.3.1. Legal framework and techniques of abortion

Induced abortion was first legalized in 1920 in the Soviet Union. As a reaction to extremely reduced population growth, abortion was forbidden between 1936 and 1955. But that law did not have significant effect on the level of abortion and abortion on request was reinstated as legal method of fertility control in 1955 in all Soviet countries to address the high demand and reliance on illegal practices (Avdeev, 1994).

Azerbaijan’s current abortion policy is one of the most liberal in the world. Abortion is available on request during the first 12 weeks of gestation. Moreover an abortion can be performed on any socio-economic ground during the first 22 weeks of gestation (FWFP, 2011). Personal reasons for seeking an abortion during this phase of pregnancy may include the death of the husband during pregnancy, imprisonment of the pregnant woman or her husband, deprivation of maternity rights, multi-parity (the number of children exceeds five), divorce during pregnancy, pregnancy following rape, and having a disabled child in

the family. Following the 22nd week of pregnancy an abortion may only be performed on medical grounds.

In an attempt to address the concerns over the issue of sex selective abortions, the respective ban was introduced to the draft Law on Protection of Reproductive Health and Family Planning proposed in 2008 and currently pending approval. However, given the whole array of the factors facilitating late term abortions and universal use of ultrasound techniques in prenatal care in the country, the sex of the fetus is determined extensively thus guiding the abortion decisions in the vast majority of cases.

There are three types of abortion in practice; two surgical and one medical procedure. The first is curettage which is the old style medical procedure to end pregnancy. Curettage is generally replaced with vacuum aspiration for early abortions, but is still used for late abortions as well as sex-selective abortions. The second surgical method is vacuum aspiration (also called a mini abortion), which is the most common technology used for abortions during the first-trimester of pregnancy. This is a relatively new technique, which aims to eliminate risks of postoperative complications. The third and the newest technique is a medical abortion (abortion pill), which is a combination of abortifacient drugs that can be used in early first-trimester up to 7th–9th week of gestation.

The doctors and female participants in this research mainly had experiences with mini abortion, which is consistent with existing literature on abortion methods used in Azerbaijan. They referred to curettage being used for late abortion cases. Use of medical abortion is not approved in Azerbaijan, however, some female participants and doctors mentioned the practice of abortion pills. As was observed by a gynecologist, women who take unlicensed abortion pills to end unwanted pregnancies have been known to seek care from health facilities due to complications.

“The patients who enter the hospital with bleeding or partial abortions are treated there. Most of the cases are due to partial abortions. Women use the birth control pills that I mentioned previously – it is possibly due to their living conditions – and then, suffer from the resulting complications. Such patients enter the hospital with serious bleeding”.

Participants have inconsistent knowledge about the legal framework concerning the determination of sex of the fetus. They revealed that in cases where doctors and other health professional mention that abortion is free of charge, people might pay some money or at least give some a valuable gift to their doctor. One doctor interviewed refused to answer a question on the cost of abortion services, saying that she gives honest answers and she does not like to lie, therefore she will not answer the question. Doctors highlighted the role of government and new laws needed to address misuse of sex diagnosis and discriminating abortion.

“I would like our government to make a decision that patients cannot be informed about the baby’s sex. If they were not given such information, the number of abortions would not be so high. Minor abortions will remain, but

serious abortion cases will be reduced”.

“Recently, the Ministry of Health recommended hiding the gender of fetuses during ultrasound checkups. Unfortunately, not all doctors conducting the ultrasound checkups follow that recommendation.”

5.3.2. Social Acceptance

This study has found there is a social acceptance of abortion in Azerbaijan. Although most participants, including the doctors, stated that they are aware of health related, ethical and religious issues surrounding abortion, this does not necessarily mean that they do not accept and use abortion for family planning purposes. Participants of different generations revealed they had experienced an abortion, even if they did not feel comfortable with their choice.

“I said that I don’t accept abortions from a religious point of view as I perform the rituals of Islam and I believe in God, but I myself have had an abortion. But I promised myself that I would never have one again.” (Ayla, higher educated, 33-year-old woman with a son and daughter from Absheron)

Similarly, doctors reported a similar conflict about their own unwanted pregnancy and abortion experiences:

“I am definitely against it. Use of various contraceptive methods may be better. I had two abortions. When I got an abortion, I felt such that I committed a crime.” (Doctor, 63 years old, two daughters, two sons)

“I raise my two children with difficulty. Actually, I would like to have four children, that is, two boys and two girls, but I cannot realize my desire. Although I am a doctor, I get an abortion or use various means.” (Doctor, 33 years old, one daughter, one son)

Regardless of sex, age and education, all participants were aware of sex determination technology and the issue of sex-selective abortions. There are three conventional scientific methods for determining the sex of a fetus during pregnancy: cell-free fetal DNA test based on a maternal blood sample (after 7th week of gestation); amniocentesis (after 8th week of gestation); and obstetric ultrasonography (after 11th -12th week of gestation). The first two methods are not used commonly in Azerbaijan, mainly because they are expensive, and amniocentesis carries risk of miscarriage in the first-trimester. An ultrasonography, or ultrasound, is the most common tool for sex diagnosis, since it is the least expensive method and is used as a standard part of antenatal health checks.

“An ultrasonic examination is a widespread method and today it is impossible to examine patients without that. In previous times, ultrasounds had more side effects. They diagnosed wrongly, but today it is more precise and possible to examine the sex, development, structure, growth, heartbeat, breathing, and feeding of a fetus”. (Doctor)

For many couples, sex determination may be a more important outcome of the ultrasound check than the health screening benefits:

“They want mostly to learn the sex of a baby, than his (her) health state. Let them put a ban on informing about the sex of a baby to be born. Let them examine only the health status, development of a baby instead of that which may lead to its abortion. ... If a mother wants to learn the sex of a baby, currently no one can prevent her.”

“Such women (who seek to diagnose the sex of fetus) involve about one quarter and even one third of the women presenting for ultrasounds.”

Azerbaijan has a long record of low use of contraceptives. As detailed in previous chapters, this has resulted in the frequent practice of abortion as a method to limit or space births. Contraceptive practice remains low, however trends suggest it is increasing. This gradual transformation should have an effect on the rate of abortions. Some doctors stated during this study that increased use of contraceptives and higher desire for antenatal sex determination has resulted in an increase in the number sex-selective abortions and a decrease in the use of abortions for limiting or spacing of births.

“They are more aware of contraceptives. That’s why the number of abortions has decreased relatively in recent years. Only abortions on a gender basis are still an issue”.

“Women have abortions mostly on gender basis. If they have a daughter, they want their next child to be a male or vice versa. They have abortions as they make a choice... Today there a few people who come to have an abortion for unexpected pregnancy”. (Aytan, 64 years old, university educated, two daughters, one son, Absheron)

“The reason is that those women want to define the sex of their next babies. Formerly, women had had 6, 8, 9 or sometimes 10 or more children. Among them, of course were both boys and girls. So, no problem had arisen then. Now women usually bear two or three children. And they go to the ultrasound checkup with the purpose to make sure they have children of both sexes”. (Doctor)

“The welfare system does not allow having the next child, and then it is done on gender basis. They say the number of abortion of female children prevails now”. (Doctor)

Social acceptance of sex-selective abortion is a more sensitive issue than abortion. Focus group discussions played a key role in examining participants’ perceptions and observations. As this practice is illegal people were less likely to discuss the topic openly. They spoke of their friends’ or relatives’ experiences, but did not reveal their own:

“When the daughter-in-law was pregnant for her third child, she went to the ultrasound diagnosis. The fetus was a girl of four months and had started to move her feet and hands. Her husband said her: ‘If you want to deliver the baby, you may deliver. But I do not want to have a daughter’. The woman had an abortion.” (FG participant, young woman, Baku)

Doctors are key agents in the procedures surrounding sex-selective abortion. Interviews with doctors participating in this study emphasized the conflict that can occur between women and doctor. Strong son preference and the ready availability of induced abortions places not only individual women, but also doctors in a difficult situation.

“For example, one comes and says that she has three daughters. She says that if she has the fourth one, her spouse will divorce her or her mother-in-law has ordered not to come back if she has the next daughter. Such a woman is obliged to keep the baby for three months, because we can establish the baby’s sex only at the third month. But it is very dangerous for the health of woman”.

Doctors can decide on the timing of sex diagnosis and gestational limit of abortion. While some of the doctors were against sex-selective abortions, since they are outside of the recommended gestational limit, others have the idea of sex determination is possible within the time frame. One of them expresses her opinion as: “The late abortions are mainly selective abortions. In such cases, women wait for the period when the sex of her baby is obvious. This involves the period from 13th to 16th week of any pregnancy. And after that, the women have abortions. My attitude is very negative towards such abortions due to their selective nature”.

Another doctor participating in the study underlined the possibility of early sex diagnosis and sex-selective abortion by saying: “For example, if one has three daughters, why do they need the fourth one? That’s why it is needed to have an ultrasonic examination. You can learn it until the 12th week. It is possible to learn it from 9th -10th till 12th week. They don’t want to have the fourth one. Why must she deliver her? Why do you need four daughters?”

A factor in sex-selective abortion is predictable acceptance of abortion by doctors. Illegality of sex-selective abortion is a handicap to doctors expressing their views openly. However, some information on the practice of and perception towards sex-selective abortion was gathered through this research. As this doctor explained, some consider sex diagnosis and sex-selective abortion as a usual part of their profession:

“In some cases you see a certain family that has five daughters or five sons, one after the other. After that the family with daughters wants to have a son and the other one prefers to have a daughter accordingly. What shall we do? In this case we use abortion. I have given sons and daughters to families; I make them happy.”

“Every human being wants to have both a son and a daughter. And I also accept this misbalance as a natural case. When it is caused by the nature, the nature

corrects it by itself. It is the order of the nature. There are also selective abortions. People who have a daughter, but no son, have their girl children aborted. Also, people having a son, but not a daughter have their boy children aborted. And it cannot result in any misbalance of the sex ratio. It is my opinion. But in any case, I find having a large number of abortions wrong. It is wrong from the ethical point of view and from the medical point of view. An abortion is a small surgery."

Some participants mentioned the issue of late sex-selective abortion by unsafe and illegal providers. The main concern expressed was that some clinics and doctors keep misusing sex diagnosis and abortion to support son preference. One doctor participating in the study refused to give a sex-selective abortion to a patient only to learn that she went elsewhere to have the procedure. Some participants reported there were plenty of places that provide sex-selective and late abortions. Ayla, a 33-year-old higher educated woman with one daughter and one son from Absheron region, said: "It seems to me that they are broadly accessible because no limits are applied. They do abortions even in the fourth month. There is no ban put on this, unfortunately. That's to say that women may go and have an abortion in the maternity centre or maternity home any time they wish. Even, as I have heard, abortions are done under home conditions in some regions using quackery methods".

During focus groups with women, participant's shared their knowledge about the cost of sex-selective and late abortions. Some stated that the price of abortion increases with the number of weeks of pregnancy:

"When the baby is already grown, they are refused an abortion where they go. At the end one does it at a high price. The woman is obliged to pay this amount, because she wants to have an abortion. The doctor says that he (she) does it at this price, it is woman's choice to have or not to have it." (FG participant, young woman, Absheron).

"If a fetus is bigger, that is, if it is late to abort the fetus, doctors perform such abortion for 50 AZN." (FG participant, older woman, Lerik/Lankatan)

Chapter 6

Policy Implications

Skewed sex ratio at birth in favour of males confronts us as one of the most important socio-demographic problems in Azerbaijan and the Southern Caucasus region. The phenomenon emerged in the 1990s, when ultrasound technology began making it possible to determine the sex of a fetus. As a result, Azerbaijan's sex ratio at birth has increased from normal levels (103-106 males born for every 100 females) to as high as 120-124 during the last 20 years. As a consequence, official statistics indicate that there are 110,000 fewer girls than boys among the population aged less than 20 and in the 0-4 years age cohort there are 10 percent more boys than girls. Many demographers consider this situation as the outcome of sex selective induced abortion driven by strong son preference for sons. Policy interventions and programmes are essential to address this issue and to achieve a natural demographic balance in Azerbaijan.

This chapter explores the policy implications and priorities pointed out by the findings of this study, and suggests strategies to be developed by government and relevant agencies. On the basis of analysis outlined in Chapter 4 and 5, this chapter provides recommendations under three key areas: "Reproductive health technologies and induced abortion", "fertility and contraceptive use", and "gender roles and son preference". The focus is on policy priorities for gradually righting the balance of sex ratios at birth in Azerbaijan.

6.1. Reproductive Health Technologies and Induced Abortion

As is the case in former Soviet republics, induced abortion is the main instrument of birth control in Azerbaijan. Abortion was first made legal in 1920 in the Soviet Union, but in 1936 it was banned as a result of pro-natalist policies, but allowed again from 1955.

Azerbaijan is today one of the countries with the most liberal policies in abortion, which is allowed up to the 12th week in pregnancy. This period may be extended up to the 22nd week in under certain circumstances, and at any stage an abortion can be performed for medical reasons (the Law of Azerbaijan Republic on Protection of Healthcare of the Population, Article 30). With the impact of practices during the Soviet period and the liberal

policies today, around 40 percent of women aged 15-49 have had at least one induced abortion. In fact, in a country where the average number of induced abortions per women (2.3) is higher than average births (2.0), only 46 out of 100 pregnancies result in live births while 49 are terminated through induced abortion.

Participants in this study (aged men, aged women, young men, young women and health workers) stressed that induced abortion is a “sin” in Islam and it has negative consequences on the woman’s health. Despite this, it is widely used as a way of having the desired number of children of the desired sex. This option had limited availability among older generations, but emerged more recently in association with the widespread availability and use of ultrasound devices that make it possible to determine the sex of a fetus. Without exception, all women and men interviewed during this study stated that induced abortion after ultrasound examination is widely used as a means of having the desired number of children of the desired sex. In this process “unwanted” female children are aborted, and “wanted” male children are not interfered with.

Late term abortions are linked to the prevalence of sex-selective abortions. The issue stems from the fact that reproductive health technologies can only determine the sex of the fetus after the 13th week of pregnancy, outside the recommended timeframe and legal limit of 12 weeks for safely performing abortions. However, induced abortion after 12th week – late term abortion – without any health related justification is practiced in Azerbaijan.

The CEDAW Shadow Report published in 2005 provides some evidence on the extent of the issue. According to this report, the reason for most of the sex selective induced abortions are registered as “fetus’ defects” in medical specialist reports and about 10 percent of pregnancies are aborted in the third trimester of pregnancy (CWMW and SRI, 2013). The 2001 Reproductive Health Survey (RHS) provides further evidence on timing of induced abortions in Azerbaijan. According to the RHS, almost all abortions (90%) were completed in the first trimester of gestation. However, respondent reports on this issue were subject to several possible biases, including irregular menses, problems in recalling the event, and reluctance to admit abortions beyond the legal gestational limit. According to the RHS, almost a half of all induced abortions (46%) were performed between 7 and 12 weeks of gestation, 43 percent were performed before 7 weeks, and 11 percent were reported as late abortions (13 weeks or more). Late abortions were reported more often by rural women, women with less than complete secondary education, and women in poor households. They were more common among women with no prior induced abortions than among those with one or more prior abortions (Serbanescu et al, 2003).

When asked what needs to be done to eliminate the imbalance in sex ratio at birth participants’ suggestions included banning of the use of ultrasound inspection for determining the sex of a fetus, and even the banning induced abortion. However, considering the importance of these technologies for the health of mothers and infants, there is not a strong case for banning them. In terms of changes to abortion policy and programmes, the priority should be to prevent late term abortion unless required on the

basis of maternal and child health. Efforts to reduce late term abortions can also be used to build awareness of the need to eliminate son preference⁵. This study found that there are health personnel engaged in “commercial” abortion practices aimed at increasing profits. Introducing sanctions for health personnel involved in late term abortions may be an effective policy in preventing cases of sex-selective induced abortions.

6.2. Fertility and Contraceptive Use

The total fertility rate was around five children per woman in Azerbaijan in the 1970s. It dropped to four in the 1980s and to three in the 1990s. After the 1990s, the number of children per woman fell below 2.1, which is replacement level. Data from the population registration system indicates that fertility has recently been on the rise. However, the total fertility rate remains lower than the total induced abortion rate, which is also the case in other Eastern European countries and former Soviet republics.

Contraceptives are not commonly used in Azerbaijan, despite widespread knowledge of contraceptive methods. The 2011 DHS revealed that women (97.2%) know of at least one modern contraceptive method. However, only half of married women (54.9%) use any contraceptive method and just 13.9 percent use a modern method. 36.6% of women using any form of contraceptives use traditional methods such as withdrawal, which tend to have a high failure rate. The most widely used modern contraceptive method is intrauterine device (IUD) (only 9 percent).

The low level of contraceptive use is inconsistent with low levels of fertility in Azerbaijan pointing to the wide practice of induced abortions instead of contraceptives. Qualitative interviews conducted during this study showed that almost all interviewees were positive towards to the use of contraceptives, although they also mentioned concern about side effects and health issues related to use of modern methods. The fact that the use of contraceptives, particularly modern methods, is so limited, can be associated with the accessibility of induced abortion.

Qualitative interviews revealed that another reason for low fertility is related to income and difficulties meeting the costs of living. Increasing financial difficulties may lead to postponement of marriage and childbearing. During interviews, respondents from a range of socioeconomic backgrounds mentioned the low level of wages; high cost of living and difficulties involved in raising children, particularly daughters, and stressed these as the main reasons why they want to limit family size to two children at most. Older participants miss the former Soviet system and suggested that it will be useful to bring back family and child benefits and other forms of social assistance in order to raise the fertility levels.

Behind the strong son preference in Azerbaijan, is the squeezing effect created by lower levels of fertility. During interviews, older participants stated that family support systems

⁵ Another policy priority that may be considered in this area would be the promotion of contraceptive use as a substitute for induced abortions. This issue is addressed in the next section of this chapter.

allowed them to have larger families (4-5 children) and they had no concern about the sex of their child in those days. Although the preference for male children existed, there was no problem with the sex ratio since families could have 1-2 male children among 4-5 as a result of natural processes. Younger participants in this study, stated that, due to socio-economic circumstances, they want to have fewer, at most two, children, and they want at least one to be male. The ADHS-2011 shows that for young generations aged 20-24, the ideal number of children, on average, is slightly over two. Smaller families combined with and strong preference for a male child can lead to reproductive technologies and abortion being used to determine the sex of their children.

The rate of induced abortion is only 1 percent for first pregnancies, but climbs rapidly to 17 percent for the second, 55 percent for the third and to over 70 percent for further pregnancies. These data suggest that women resort to induced abortion as a means for achieving the desired number of children of the desired sex, and prefer to keep their families small. These data are consistent with the finding from qualitative interviews that women want to have the child from their first pregnancy regardless of its sex. Women interviewed also say that the sex of the second child does not matter if the first one is male, but if the first child is female, they use ultrasound to find out the sex of the second one and then often undergo induced abortion if it is another girl. These findings show a close correlation between fertility falling rates and the possibility of sex-selective induced abortion.

Three policy priorities are recommended to address these issues. The first is to increase the use of modern contraceptives. Awareness levels are already high, particularly amongst younger generations and the doctors interviewed during this study stressed that contraceptives, such as IUD, the pill and condoms are available and easily accessible in Azerbaijan. Also, young men and women interviewed mentioned no reluctance in using modern methods of contraception. Therefore, what is preventing contraceptive use from being more prevalent? Reproductive health policies in Azerbaijan tend to be more “supply-centred” than “demand-centred”. While supply-centred policies are geared to making contraceptives “available and accessible”, demand-centred policies go beyond this and aim at motivating couples to use modern contraceptives by using informal and formal education processes and the media to “build awareness” and to create demand for contraceptive methods. The main objective of demand-centred policies is to ensure that couples make an informed choice about the most appropriate method by making a variety of contraceptives available and accessible. In this respect, the most important aspect of demand-centred policies is the implementation and promotion of a national family planning counselling system to assist couples in selecting the best fitting method for them. In addition to supply-centred policies to facilitate the availability and use of contraceptives, the launching of demand-centred policies is an important policy priority to support this use through informed choices.

The second policy intervention could be to introduce incentives to increase or maintain fertility levels. Systems of family, child and social benefits could encourage couples to have more children or provide security to weaken the preference for male children. Demographic

data indicates that the ideal number of children for both men and women at age 15–49 is around two or three. Incentive mechanisms may increase fertility and hence reduce the use of sex-selective abortion and the preference for a male child. With higher fertility, it may be useful to introduce childcare mechanisms (child, maternity and family benefits, covering daily childcare costs, extending periods of maternity and paternity leave, etc). Such mechanisms would relieve parents from at least some burdens of childcare and may address concerns about raising children (“it is too hard to care for and raise female children”), which seem to motivate male child preference.

According to the Constitution of Azerbaijan Republic (Article 41), every citizen has the right to protect her/his health and receive medical aid and every woman has the right to protect her health in connection with childbirth. Article 17 of “The Law about Protection of Health of the Population” states that during the pregnancy, before and after childbirth, every pregnant woman should be provided with free of charge medical services in State health system establishments. Under this law hospital and treatment centres were created, including those targeted at children and women, to provide free-of-charge medical aid to every citizen.

This study has revealed that there are serious problems in accessing health services in Azerbaijan. Many participants working either in public or private sector or retired were not covered by any health insurance scheme. Furthermore, while health workers stated that health services are free, those who use these services have had to pay. Population groups experiencing difficulties in accessing health services are going to be harder to reach with reproductive health services. Negative experiences with the health sector may lead to a reluctance to use contraceptives, antenatal and postnatal care services as well as from family planning and pregnancy-birth related counselling services. This can have significant consequences, such as increased rates of maternal and infant mortality, children not participating in immunization programs and declining public health. There is a need to increase the coverage of health insurance and to ensure hard-to-reach populations are accessing health services. Better public health services may also lead to a weakening of son preference developed on the basis of concern for care during ill health or old age as conceptualized by the interviewees “our sons will take care of us when we get old or fall ill”.

6.3. Gender Roles and Son Preference

Promoting family planning and the use of modern contraceptive methods through demand-oriented policies is an important instrument in reducing the rate of induced abortion. However, in countries like Azerbaijan where fertility rate is at replacement level and there is a very strong preference towards sons, wider use of family planning methods per se is not a guarantee for reduced cases of induced abortion, including those based on gender discrimination. It is crucial to examine and understand the patriarchal mentality that exists, and to develop policy priorities for its dissolution.

Qualitative interviews suggest that the male dominant social structure starts from experiences within the family as the fundamental element in a child’s education and

upbringing. There is a sharp division of labour within families based on gender roles, “where males are engaged in work outside the home to earn a living while females take care of household work.” Participants described the typical family structure as girls helping their mothers with household chores, boys supporting their fathers with outside work, and adult males of the household (fathers or grandfathers) being dominant in taking family-related decisions. The role attributed to female children in Azerbaijan, whose raising is considered to be much more difficult than males, consists of “mother’s helper” or “taking care of parents and household until getting married.”

During the qualitative interviews, many respondents referred to the hardship of the raising a female child as the “load of a daughter is like a load of salt”. Male children were more likely to be regarded as “sustaining the family”, “bringing honour to his family” “protecting the property and honour of his family”, “protecting his country and its borders as a soldier”, “work and earn money”, “take care of his parents when they are old”, “carrying the coffin of his father”, and the like. These values attributed to males start from childhood and continue throughout life. Customary male and female roles in life events, such as selecting a partner, getting married, working, having children and military service serve to perpetuate the patriarchal mentality in Azerbaijan.

This mentality shapes the future reproductive behaviour of male and female children. This study revealed that not only males but also females have a strong preference towards sons. Some women rejected this pressure and stated that the sex of the child to be born is not important. However, they also stated that, under pressure from their husband or mother-in-law, they had to abort their second and third babies who were determined as females at foetal stage. As a result of strong son preference, some men have threatened their wives with divorce, and forced them to abort their pregnancies until they have a male child. Since the majority of women are economically dependent on their husbands, the threat of divorce is significant and causes many to give up their rights and have the induced abortion.

Major factors supporting this mentality for a strong son preference are the “squeezing effect” resulted from lower fertility levels, as well as the reproductive technologies that make sex-selective abortion possible. Sex-selective abortions have not emerged as an issue in Western European countries, despite fertility being at a similar level and the same sex determination technologies being available, largely because is that there is no mentality creating a son preference in these countries. It is clear that the policy priority in Azerbaijan should be to ensure the gradual transformation from a patriarchal social structure that triggers a preference for sons, into another based on gender equality.

To transform Azerbaijani society to a more egalitarian one, there is a need to intervene in the process that perpetuates the existing patriarchal system. It would be useful to introduce gender education and training at all levels of the formal education system starting from pre-school. Also to introduce comprehensive programmes to build awareness of gender equality among adults, males and females, through printed, audio and visual media.

Temporary special measures, such as positive discrimination, geared towards attracting women to attain a high level of education and move into paid employment, are needed. In Azerbaijan, 97 percent of women at reproductive ages have educational background of 5 years or more and 80 percent have 10 years or more. Yet, the majority (79%) of these women have not worked even for a week within the last 12 months. This shows the need for employment policies, particularly targeted at younger women. The discourse between the level of education of women and their limited participation in the labour force may be due to incongruence between the content of education and characteristics of the labour market. It would therefore be useful to launch certification programmes that guarantee employment for women by providing skills currently needed in the labour market.

The Gender Assessment Report of Azerbaijan, published in 2005, mentions the “family honor” concept that prevails in Azerbaijani families, as a factor limiting women’s mobility outside private domains. In this regard, families limit their daughters’ access to employment to protect family honor by not allowing them to work outside the household (Asian Development Bank, 2005). For this reason and others, another important aspect in achieving gender equality in Azerbaijan would be to review and revise all legislation to ensure they comply with the CEDAW Convention. Through these interventions and arrangements it should be possible to legally safeguard the social, economic and political status of women and their empowerment in economic and political life.

Chapter 7

Conclusions and Recommendations

In his novel “First Century after Beatrice”, Amin Maalouf (1992), a French writer of Lebanese origin describes the possible consequences of son preference perceived as specific to Eastern societies. The novel starts with the protagonist’s visit to Cairo where he realises that there are medicines on sale that guarantee the conception of a male child. The package with the medicines had a label with the following phrase on it: “May your name live forever and ever, and a son be born to you”. The protagonist then starts to investigate the case together with his journalist partner and finds out that the production, distribution and use of the medicine is in no way restricted to Egypt or to eastern societies. Delving deeper in his search, the protagonist reveals that the sex ratios at birth are distorted and there is increasing demographic masculinisation in the world in general and in eastern societies exhibiting strong son preference in particular. The protagonist further discovers that the case also involves big pharmaceutical concerns and companies developing reproductive health technologies. As a result, the number of female births declines rapidly and sex ratio at birth reaches the indicator as high as 150 boys per 100 girls born. Meanwhile, the protagonist and his partner give birth to a daughter, Beatrice. They consider the century following her birth as the first century and they team up with friends to wage a struggle to prevent the phenomenon of sex selection. They launch extensive awareness campaigns and backed by the support of the United Nations achieve agreements with several companies to develop an antidote for medicine that guarantees male infant. Moreover, the protagonists lead the United Nations to take some decisions that would bind all member nations. Following these measures, the sex ratios at birth start to recede towards biological upper limit during the first third decades of Beatrice’s century. As narrated in the novel, it is rather easy to distort the demographic balance; but the restoration could be ensured only after strenuous efforts and within a much longer time period.

The degree of son preference that brings the world to the verge of a catastrophe in Maalouf’s science-fiction novel is of course not the same with son preference now observed in Azerbaijan. Still, there are striking similarities between the mentality described in the novel and what exist now in Azerbaijan as male dominant world outlook. It is surprising that

strong son preference epitomized in the novel as “may your name live forever and ever, and a son be born to you” is also the expression in Azerbaijan indicating the same preference.

This study has found that son preference is a persistent issue in Azerbaijan and that sex-selective abortions are practiced to ensure small families have male children. The qualitative information gathered through interviews and focus groups supports findings from quantitative data analysis that show the skewed sex ratio at birth and the degree of related factors such as fertility preference, induced abortion rates and contraceptive use.

According to the policy priorities mentioned in the previous chapter, the measure below are recommended to be urgently implemented together with a strict monitoring and evaluation system:

- § Considering that late term, gender biased sex selection abortions constitute the major mechanism for realising son preference, it is necessary to introduce measures to prevent such abortions. For this purpose, there is need to launch awareness campaigns focusing on gender equality and maternal health in addition to dissuasive legislative arrangements that bring sanctions to health personnel engaged in the “commercial abortion” practice. Within this context, the draft Law on Protection of Reproductive Health and Family Planning proposed in 2008, and still pending approval should immediately be endorsed.
- § Given the low level of use of contraceptives, awareness of benefits of modern family planning methods over induced abortions must be increased. Priority should be given to providing counselling services, particularly targeted at women who do not want another child, in order to respond to unmet needs for family planning.
- § To address the causal relationships between the socio-economic conditions and the fertility preferences of the population in Azerbaijan, it would be useful to introduce child-family benefits and social assistance programmes.
- § Given that the large proportion of the population is not covered by health insurance system, lower use of general, reproductive and maternal and child health services is observed. Hence, it is recommended to expand coverage of health insurance scheme. This should also contribute to reduced expectations towards the son child regarding the old age security.
- § Measures are needed to strengthen women’s social, economic, legal and political status. This requires the full implementation of the CEDAW Convention. There is an urgent need to encourage women’s participation in the labour force through legislation and policies with introduction of special temporary measures.
- § Since the existing patriarchal mentality is the mechanism behind strong son preference, “gender awareness” programmes need to be integrated into the

school curricula including the preschool education. For those outside of the formal education system, training programmes in gender and gender equality may be delivered through public meetings, and more importantly, through awareness raising campaigns in printed, audio and visual media.

- § Presently Azerbaijan has the second highest sex ratio at birth in the world. In case the existing trend is not reversed, demographic balance in the country will reach, in the medium and long term, a point where return to gender balance will be difficult if not impossible. This situation calls for a massive advocacy campaign to sensitize the policy makers and build awareness among the population overall.
- § A system to monitor and evaluate the effects of measures adopted, and to introduce additional measures if necessary, is needed. This monitoring and evaluation system should include the following indicators: Sex ratio at birth, induced abortion rate, number of late term abortions, level of contraceptive use, women's rate of participation in the labour force, size of population covered by gender education programmes, percentage of population covered by health insurance scheme, and other related indicators.

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Appendix 1.

Basic characteristics of in-depth interview participants

Province	Name	Sex	Age	Education	Marriage	Occupation	Parity and sex of children	Number of abortion	Contraception Status
Absheron	Almaz	F	62	secondary technical education	widowed	Medical nurse	2D	21	no
Absheron	Ayten	F	64	higher	married	Doctor gynecologist	2D, 1S	1	no
Absheron	Ayla	F	33	higher	married	Medicine company	1D, 1S	1	calendar+ with-drawal + condom
Absheron	Aida	F	32	secondary	married	Never been employed	1D, 1S	1	no
Absheron	Asif	M	61	secondary	married	Driver	2D, 2S		no
Absheron	Adil	M	61	higher	married	Entrepreneur	2D, 1S	5	yes
Absheron	Abbaz	M	33	higher	married	Secondary school	1S	1	no
Absheron	Aqshin	M	22	secondary	married	Temporary jobs	1S	0	no
Aran	Jennet	F	40	secondary	married	Housewife	2S	3	IUD
Aran	Jemile	F	60	secondary	married	Sweeper in school	3D	0	no
Aran	Jahan	F	60	higher	widowed	Teacher	1D, 2S	0	no
Aran	Jeyran	F	28	higher	married	Unemployed	2D	2	no
Aran	Jalal	M	81	higher	married	Pensioner	3D, 3S	0	no
Aran	Jabbar	M	73	secondary	married	Pensioner	1D, 3S	0	no
Aran	Jemil	M	34	higher	married	Entrepreneur	1S	0	pill
Aran	Jahit	M	40	secondary	married	Entrepreneur	1D, 2S	0	wd
Baku	Banovsha	F	29	higher	married	Chemist's shop	2D	1	no
Baku	Bahar	F	60	secondary	married	Cooking confection	5S	1	no

Baku	Bika	F	32	secondary special	married	Housewife	1D, 1S	2	no
Baku	Basti	F	73	higher	widowed	Teacher	2D, 1S	6	no
Baku	Bahadur	M	34	higher education	married	Civil servant	1D, 2S	0	
Baku	Bakhruz	M	75	higher	married	Pensioner	2D, 1S	0	no
Baku	Bakhtiyar	M	70	secondary	married	Pensioner	1D	0	no
Baku	Babak	M	26	secondary	married	Work for a pharmaceutical company	1S	0	no info
Lerik	Naila	F	39	Higher	widowed	No occupation	4D, 1S	0	no
Lerik	Nazenin	F	60	Higher	married	No occupation	3D, 3S	2	no
Lerik	Nermin	F	40	secondary technical	married	Nurse	2S	2	IUD
Lerik	Nazila	F	60	secondary	married	Worked for hospital	4D, 1S	0	no
Lerik	Namik	M	63	secondary	married	Accountant	1D, 2S	0	no
Lerik	Nasimi	M	65	university	married	Chief Paediatrist	5D, 2S	0	no
Lerik	Nazim	M	39	secondary	married	Garage Administrator	1D, 1S	0	no
Lerik	Nabi	M	38	Higher	married	Teacher	1D, 1S	2	no
Siyazan	Kader	F	61	secondary technical	widowed	Accountant	1D, 4S	1	no
Siyazan	Karanfil	F	30	secondary special	married	Teacher	1D, 1S	2	no
Siyazan	Kizbaz	F	60	higher	married	Teacher	3D, 1S	4	no
Siyazan	Kahira	F	32	secondary special	widowed	Work for center of diagnostics	2D, 1S	0	no
Siyazan	Kamal	M	35	higher	married	Coach at school	2S	0	no
Siyazan	Kamran	M	75	secondary special	married	Pensioner	1D, 6S	0	no
Siyazan	Kazim	M	34	secondary special	married	Teacher	2D	1	no
Siyazan	Kamil	M	63	higher	married	Teacher	4S	2	no
Tovuz	Gunay	F	29	higher	married	Housewife	2S	1	condom
Tovuz	Gulara	F	23	secondary technical	married	No occupation	1S	0	withdrawal+ calendar
Tovuz	Gultakin	F	73	secondary	widowed	Retired	2S	0	no

Basic characteristics of in-depth interview participants

Tovuz	Gulchin	F	60	higher	married	Teacher at kindergarden	1D, 2S	0	no
Tovuz	Garay	M	30	higher	married	Accountant	1D	0	no info
Tovuz	Gunduz	M	32	secondary	married	Barber+internet cafe	1D, 1S	0	no info
Tovuz	Gulaga	M	60	higher	married	Local executive	1D, 1S	1	no
Tovuz	Gulmirza	M	61	secondary	married	Pensioner	3S	2	no

Appendix 2.

Number of focus group participants

Province/Region	Criteria	Number of participants
Absheron	Young man	6
	Older man	7
	Young woman	6
	Older woman	7
Baku	Young man	6
	Older man	8
	Young woman	6
	Older woman	6
Tovuz/Ganja-Gazakh	Young man	6
	Older man	6
	Young woman	8
	Older woman	6
Siyazan/Guba-Khachmaz	Young man	6
	Older man	6
	Young woman	6
	Older woman	6
Lerik/Lankaran	Young man	6
	Older man	6
	Young woman	6
	Older woman	6
Agjabedi/Aran	Young man	6
	Older man	6
	Young woman	6
	Older woman	6
Total		150