

A qualitative research on skewed sex ratio at birth in Azerbaijan

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Skewed sex ratio at birth has emerged in the 1990s in the wide territory including Azerbaijan. Azerbaijan's sex ratio at birth has increased from the reasonable margins (103-106) to as high as 120-124 during the last 20 years. Recent studies reveal that the ratio is skewed in Azerbaijan, suggesting a preference for sons (Asian Development Bank, 2005; Duthé, 2012; Hortacsu 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). The paper aims to present some insights about the mechanisms behind the high sex ratio at birth in Azerbaijan based on the data from the qualitative research conducted with the support of UNFPA Azerbaijan in 2012.

During the qualitative research, a variety of information related with perceptions, experiences and opinions of people on son preference, number of children, practices of contraceptive use, abortion, sex-selective abortion and sex diagnosis are collected with 24 focus groups and 54 in-depth interviews. Currently married women and men from different generations in six regions as well as doctors were the participants of the in-depth interviews. Moreover, focus group discussion was organized with younger and elder women and men. The regions were selected based on different criteria such as total abortion rate, sex ratio at birth, contraceptive use and the proportion of induced abortion in the last three years. This study implemented in Tovuz in Ganja-Gazakh, Siyazan in Guba-Khacmaz, AgcaBedi in Aran, Lerik in Lenkoran, Absheron in Absheron, and Baku.

This study uses the theoretical framework borrowed from Guilmoto (2009) suggesting three mechanisms behind the sex selective induced abortions. The first one is the supply factor which is the availability of technologies capable of determining the sex of the foetus. The second one, the demand factor is related with the existence of son preference in the society. The third mechanism is the low fertility rate to the extent to force parents for sex preference.

The results of the study put forward a strong son preference among both men and women from different generations, socio-economic background and regions of the country. Women are typically seen as birds of passage in Azerbaijani culture moving from their own family to another. Furthermore, females are regarded as “guests”; while males are seen as “lasting” element of their families. The roles attributed to males include the followings: “sustaining the family”, “bringing honour to his family” “protecting the property and honour of his family”, “protecting his country as soldiers”, “earning money”, “taking care of his parents when they are old”, “carrying the coffin of the family members”.

Based on the research, some policy recommendations were suggested. 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. 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 of 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 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.

Contraceptives are not commonly used in Azerbaijan, despite widespread knowledge of contraceptive methods. The 2006 DHS revealed that almost all currently married men (97%) and women (95%) know of at least one modern contraceptive method. However, only half of married women use any contraceptive method and just 14 percent use a modern method. Two-thirds 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.

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-centered” than “demand-centered”. While supply-centered policies are geared to making contraceptives “available and accessible”, demand-centered 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-centered 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-centered policies is the implementation and promotion of a national family planning counseling system to assist couples in selecting the best fitting method for them. In addition to supply-centered policies to facilitate the availability and use of contraceptives, the launching of demand-centered 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 counseling 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”.

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.

This mentality shapes the future reproductive behavior 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 fetal 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. The focus of policy priorities aim to provide a balance of sex ratios at birth in Azerbaijan.

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