

REPORT

PREVALENCE OF AND REASONS FOR SEX-SELECTIVE ABORTIONS IN ARMENIA



Պտղի սեռի խտրական ընտրության դեմ պայքար
“Combating Gender-Biased Sex Selection in Armenia”



Ծրագիրը ֆինանսավորվում է
Եվրոպական միության կողմից
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Մարդկային զարգացման
միջազգային կենտրոն
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Human Development

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YEREVAN 2017

This Study was conducted in the frame of the “Combating Gender-Biased Sex Selection in Armenia” Project implemented by the International Center for Human Development (ICHD) in partnership with Save the Children, Armavir Development Center (ADC) and Martuni Women’s Community Council (MWCC) and funded by the European Union. The Study was carried out in pursuance of Para 1.4. of the Program to Prevent Sex Selective Abortions approved by the Joint Decree of the Minister of Health of RA № 1129-A dated May 8, 2015 and the Minister of Labor and Social Affairs of RA № 75-A/1 dated May 13, 2015 and Memorandum of Cooperation among RA Ministry of Labor and Social Affairs (MLSA), RA Ministry of Health (MoH) and ICHD of June 17, 2015.

The Study was conducted by Market Research and Consulting Co. Ltd. as commissioned by ICHD. The sample and the final database were developed by the expert group of Market Research and Consulting Co. Ltd. which also carried out the fieldwork.

The opinions expressed in this report are solely of the authors and do not necessarily reflect those of ICHD.

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INTRODUCTION

Background to the study: research design and methodology

- 1 The report on the “Prevalence of and Reasons for Sex Selective Abortions in Armenia” study carried out in 2011 with the support of the United Nations Population Fund (UNFPA) stated that the political and socioeconomic changes in Armenia over the past decades made an impact on the reproductive behaviour of the population resulting in a dramatic decline in the fertility rate (total fertility rate) from 2.62 children per woman of childbearing age in 1990 to 1.56 in 2010.
- 2 According to the UNFPA report (2011), Armenian society gave greater preference to the birth of boys. Even though daughters are also desirable in families, sons are still more desirable. According to the official statistical data on civic status registration in the Republic of Armenia provided in the report, from 1993 on, the sex ratio at birth has been significantly higher (viz. 110-120 boys per 100 girls) than the average that is seen as a biological norm.
- 3 This report aims to assess, through the methodology and research tools consistent with the above UNFPA study, the prevalence of and reasons for sex-selective abortions in Armenia, which will make it possible to assess the changes in the situation in the past 6 years as well.

Study goal and objectives

- 4 The study’s goal is to ascertain the prevalence of and the main reasons for sex-selective abortions in Armenia, including public perceptions of the issue.
- 5 The main objective of the study is to ascertain the reasons for the sex-ratio imbalance by exploring:

 - the range of reasons for son or daughter preference;
 - pregnancy history and outcome; and
 - prenatal sex determination tests and their outcomes.

Data collection methodology

- 6 The principal data collection method was a survey of ever-pregnant women aged 15-49 residing in households randomly selected from throughout the country. The survey was conducted in January 2017.

- 7 Express qualitative assessment was undertaken in focus groups for men and women as well as for specialists with a view toward ensuring a more in-depth analysis of the reasons for sex-selective abortions

Sampling methodology and description of the sampling frame

- 8 The quantitative sample was drawn from the published 2016 election lists based on the RA Voters' Register kept by the Republic of Armenia (RA) Police.
- 9 Taking into consideration the study's goal and objectives, as well as to ensure maximum comparability between the studies of 2011 and 2017, this study used the stratified random sample used during the 2011 study. The distribution of the entire sampling frame by strata was done according to the proportions of women aged 15-49 ascertained by the results of the Demographic and Health Sample Survey in Armenia in 2010. To design the sample, the database of addresses of all households in the country was divided into 48 strata, 12 of which are the administrative districts of Yerevan.
- 10 At the regional (marz) level, all the households were distributed into three categories: big towns and cities with a population of 15,000 or more (except for the Vayots Dzor region) and villages and other towns (with a population under 15,000). Big towns and cities comprised 16 strata, while villages and other towns comprised 10 strata in each category.
- 11 Based on that distribution, a two-stage random sample stratified by region was constructed. All regions, as well as rural and urban communities, were included in the sampling frame in direct proportion to the region's/community's share of the total number of households in the country. The sample covered thirty-four towns and cities and 56 villages.
- 12 At the first stage, communities were selected as primary sampling units. At the second stage, polling stations in the communities to be covered in the study were randomly selected. At the third stage, the addresses where the survey was to be conducted were selected. If there were no respondents of the desired age and status at the selected address, the adjacent address was selected.
- 13 A team, including interviewers, fieldwork coordinators, data quality control personnel and data entry operators was set up to carry out the survey. Training on the sample and on the procedure for filling out the questionnaire was provided to interviewers and fieldwork supervisors during the pre-survey period.
- The fieldwork was done in December 2016 and January 2017. While submitting completed questionnaires, each interviewer also presented a report on the sample.
- 14 After the quantitative data from these questionnaires were entered, the survey database was finalized. The data were converted into the SPSS format and all working files were aggregated into a single database. The data on the number and structure of surveyed households broken down by regions is presented in Table 1 (Yerevan has the largest share at 30.2%).
- 15 Construction of the qualitative sample: the focus groups' participants were selected employing a purposive sample, relying on the regions and capital with the highest rates of sex-selective abortions and thus ensuring type representativeness.
- 16 Age and level of education were regarded as dominant sampling factors in conjunction with the group discussion participants' gender as a third factor (see Annex 1 for a detailed description of the sampling frame).

Table 1. The number and distribution of surveyed households broken down by regions

Region	Number of households	Percentage of the sample (%)
Aragatsotn	90	4.7%
Ararat	160	8.3%
Armavir	140	7.3%
Gegharkunik	160	8.3%
Yerevan	580	30.2%
Lori	189	9.8%
Kotayk	209	10.9%
Shirak	140	7.3%
Syunik	141	7.3%
Vayots Dzor	50	2.6%
Tavush	60	3.1%
Grand Total	1,919	100%

Main concepts

- **Sex ratio** is the ratio of males to females in a population, which is calculated as the number of men per 100 women.
- **Sex ratio at birth** refers to the number of male live births per 100 female live births.
- **Total fertility rate** or fertility rate is the average number of children that would be born to a woman over her childbearing age if she were to experience the exact current age-specific fertility rate throughout her lifetime.
- **Artificial termination of pregnancy (induced abortion)** is the termination of a pregnancy using medications or surgical procedures from the time of conception up to the 22nd week of gestation.
- **Spontaneous abortion** (miscarriage) is the spontaneous end of a pregnancy from the time of conception up to the 22nd week of gestation.
- **Live birth** is the complete extraction or expulsion of a foetus, irrespective of the duration of pregnancy, from the maternal body, which breathes or shows any other sign of life.
- **Stillbirth** is the complete extraction or expulsion of a foetus, whatever its gestational age, from the maternal body, which does not breathe or show any other sign of life.
- **Selective abortion** is defined as an intervention to terminate an unwanted pregnancy for some specific reason, for example, based upon the foetal gender.
- **Birth** is the complete expulsion of a live or dead foetus, whose weight is over 500 grams, from the maternal body from the 22nd week of gestation on.
- **Desired pregnancy** is a pregnancy that is expected or planned.
- **Reproductive history** is a history of the number, process and outcome of pregnancies and births in a woman's life.

Content of the questionnaire

- 17 The household survey questionnaire (Annex 2) consists of seven sections. Questions in Sections 1 and 2 primarily deal with the surveyed women's and their spouses'/ partners' socio-demographic characteristics and with the household's main facilities and amenities. Questions in Sections 3 and 4 deal with the women's pregnancy histories, pregnancy periods and outcomes. Separate sections cover questions for women who have a son or daughter preference respectively. Questions in Section 7 deal with prenatal sex determination tests and their outcomes.

CHAPTER 1. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF SURVEYED WOMEN AND OF THEIR SPOUSES/PARTNERS

Distribution of women by age groups

- ¹⁸ In the 1,919 households covered by the survey, there were 2,439 women aged 15-49, with ever-pregnant women accounting for 87% (2,131). 1,919 ever-pregnant women aged 15-49 took part in the survey; the average age was 34 (the youngest among them was 18 years old, while the oldest was 49 years old). The distribution of women by age group is presented in Table 2.

Table 2. Distribution of women by age group

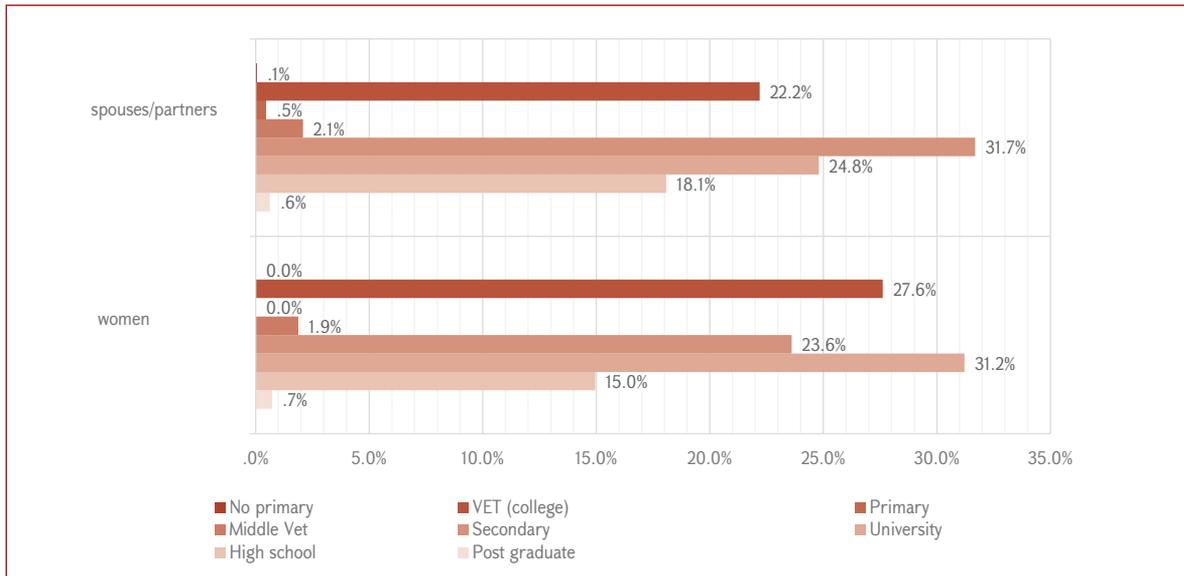
Age group	Number of women	%
15-19	13	.7
20-24	192	10.0
25-29	377	19.6
30-34	431	22.5
35-39	363	18.9
40-44	293	15.3
45 and older	250	13.0
Total	1,919	100.0

Distribution of women and their spouses/partners by their level of education

- ¹⁹ Most of the interviewed women (31.2%) have tertiary education, whereas among their spouses/partners, respondents with basic education prevail (31.7%).
- ²⁰ The lowest level of education among the interviewed women was basic education, while 0.6% of men either had no education at all or did not continue their studies after elementary school.

- 21 It is noteworthy that the most common combination of the level of education of women and their spouses/partners was as follows: basic-basic (16.8%), tertiary-tertiary (16.5%) and vocational non-tertiary - post-secondary vocational non-tertiary (10.5%).
- 22 66.7% of the interviewed women are from urban areas and 33.3% from rural areas (Figure 1).

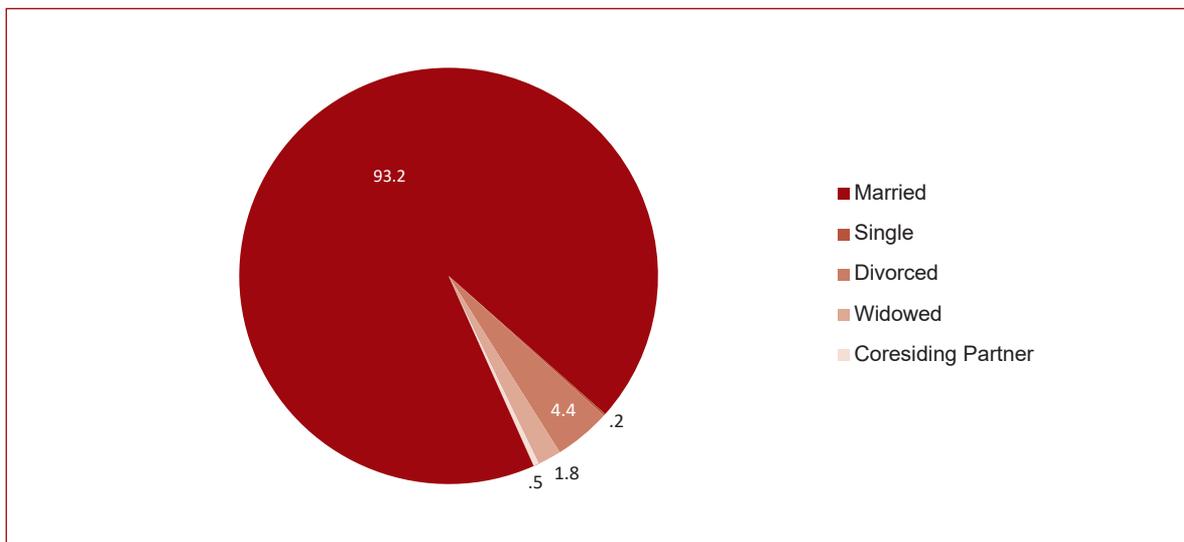
Figure 1. Percent distribution of women and of their spouses/partners by level of education



Distribution of women by marital status and by the average age at marriage and of first pregnancy

Out of 1,919 women, 1,789 (93.2%) were married, 0.5% cohabited with their partner, 6.2% were divorced or widowed and 0.3% of the participants were single (Figure 2).

Figure 2. Percent distribution of interviewed women by marital status, %



- 23 The average age at marriage or cohabitation with a man was 21, with the minimum age of 15 and maximum of 40. The average age at first pregnancy was 22 (Table 3).

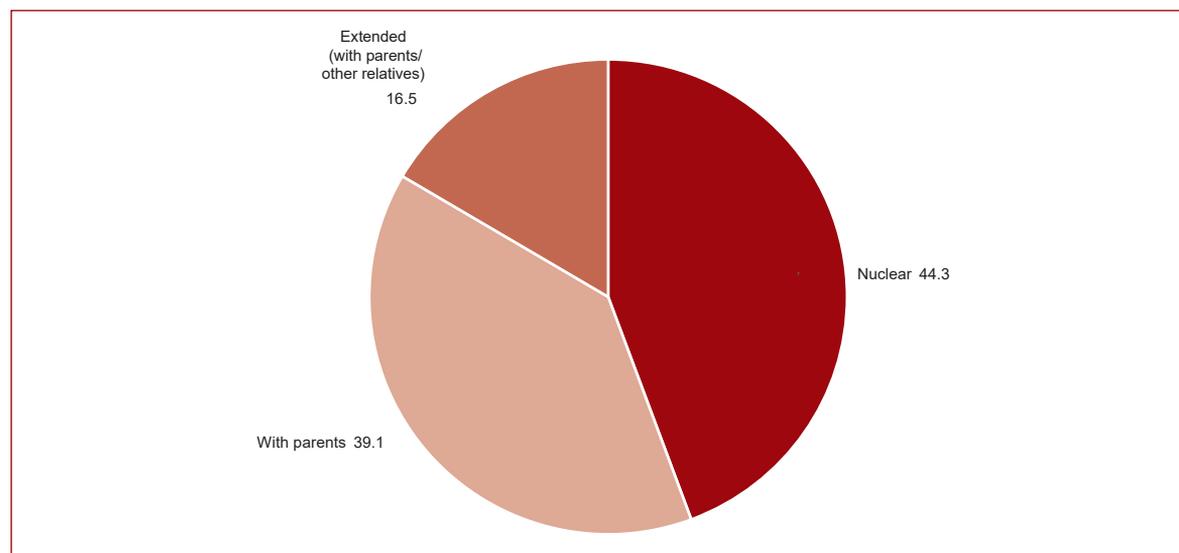
Table 3. Percent distribution of women by the average age at marriage/cohabitation with a man and at first pregnancy

Age	Age at marriage/cohabitation with a man %	Age at first pregnancy %
14-16	3	.9
17-18	21	13.5
19-25	67	71.5
26-35	8	13.1
36 or older	1	1.0
Total	100	100.0

Distribution of families by composition and type

- 24 Less than half of the families of the interviewed women are nuclear families (44.3%) and 39.1% live with parents. Another 16.5% live in extended families with parents and other relatives (Figure 3).

Figure 3. Percent distribution of interviewed women by type of family, %



- 25 The average number of family members is 5, with the minimum number 1 and the maximum number 13. The overwhelming majority (85.7%) of the surveyed women identified themselves as members of the Armenian Apostolic Church, 4.7% regarded themselves as belonging to some other religious denominations (including Living Faith,

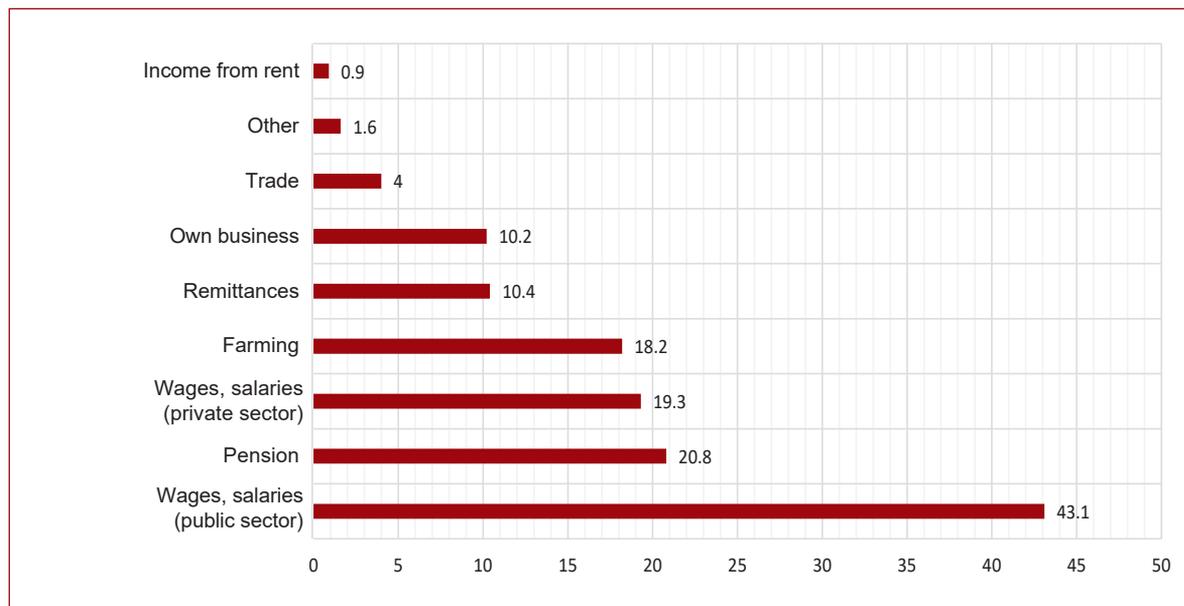
Armenian Evangelical Church, etc.) and 9.6% did not regard themselves as belonging to any religious denomination (Table 4).

Table 4. Distribution of respondents by religion

	Number	%
Armenian Apostolic	1,644.0	85.7
Armenian Catholic	15.0	0.8
Armenian Evangelical	21.0	1.1
Shar-fardi (Yezidi)	6.0	0.3
No religion	184.0	9.6
Other	49.0	2.6
Total	1,919	100.0

- 26 The main source of income for families of the surveyed women is employment in state institutions and pensions (43.1% and 20.8%, respectively), followed by wages and salaries from jobs in private sector (19.3%, including incidental jobs). 18.2% of the surveyed women obtained an income from agriculture (Figure 4).

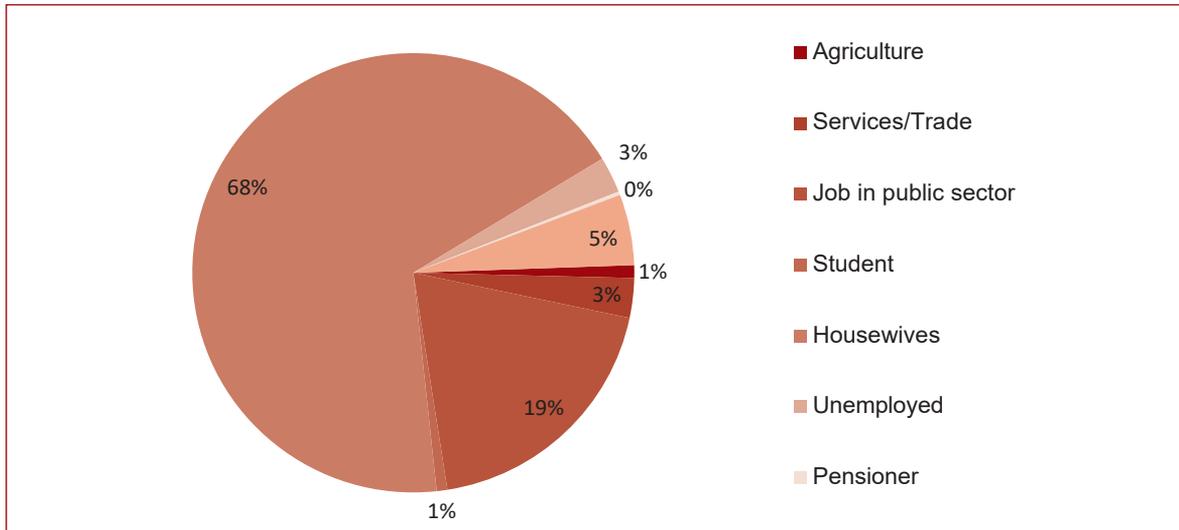
Figure 4. Percent distribution of interviewed women by source of income, %



- 27 The primary breadwinner in the families of the interviewed women is mostly their spouse/partner (71.2%). Only 8.5% of respondents considered themselves the primary breadwinner in their family. Only 2.4% of women said that they equally shared with their spouses/partners the burden of meeting their family' needs. In other cases, the family needs are met by parents, children or other family members.
- 28 While almost half (51.7%) of the interviewed women had work experience, only 50.8% of them were employed at the time of the survey. Moreover, the majority of all the interviewed women (68%) described themselves as homemakers rather than unemployed, which

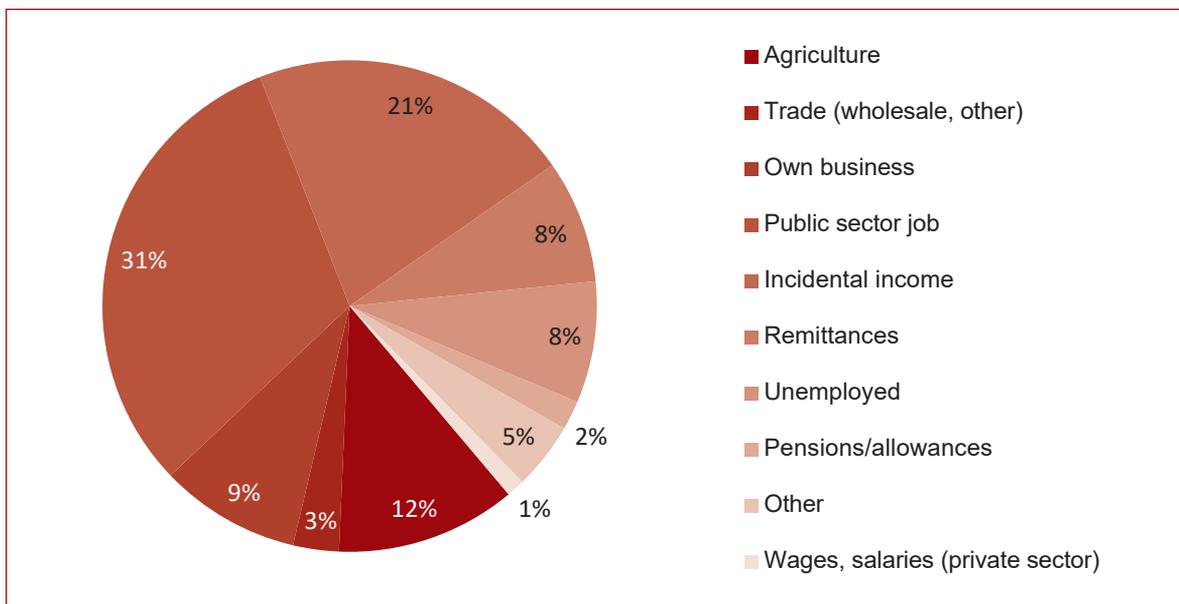
probably shows that they either have not ever tried to work or do not want to work at all. 28.2% of the remaining 32% of interviewed women work in the public, private, agricultural and commercial sectors, mostly as paid employees (24.6%). Only 1.5% are self-employed in business or farming, and 3.8% are students, unemployed or get a pension (Figure 5).

Figure 5. Percent distribution of interviewed women by principal occupation, %



29 The interviewed women's spouses/partners are mostly employees of state-run institutions (31%), do work that is paid by the day (21%) or are employed in agriculture (12%). 8% of the interviewed women's spouses are unemployed (Figure 6).

Figure 6. Percent distribution of interviewed women's spouses/partners by principal occupation, %



30 2 out of every 3 working women work full-time and the rest work part time. Moreover, 11% of women work at home or in the garden, and 89% in institutions/organizations or enterprises.

- 31 Half of such women (50.7%) expressed their wish to work after their child reached 3, 29.5% after their child reached 6 months and 11.4% immediately after childbirth. The families of the overwhelming majority of such women (93%) were positive about their wish to return to work and only families of 7% were against such wishes.
- 32 It is noteworthy that over one third of the women (34.9%) have tertiary education. Another 0.5% expressed no clear position on this issue.
- 33 Over half of the interviewed women (52.2%) returned to their previous jobs after childbirth without any difficulties and 30% found a new job. Only 0.4% of them could not return to their previous jobs or find a new job.
- 34 1.2% of the interviewed women used the services of a baby-sitter. They paid their baby-sitter a minimum monthly fee of 4,000 AMD and a maximum monthly fee of 150,000 AMD.
- 35 3 out of every 4 interviewed women (74%) stated that they had no stable monthly income, while the average monthly income of 6.3% was 30,000-50,000 AMD and only 4.2% of the interviewed women had a monthly income of over 100,000 AMD. Hence, half of the women with a monthly income have an income of less than 70,000 AMD and the other half have an income of more than 70,000 AMD (Median=70,000, Table 5).

Table 5. Distribution of interviewed women by their average monthly income

Monthly income	Number of women	%
0	1,382	74
Less than 29,999 AMD	17	0.9
30,000-50,000 AMD	118	6.3
50,001-100,000 AMD		14.6
100,001 AMD and more	78	4.2
Total	1,868	100

* 51 (2.7%) women did not answer the question.

- 36 The analysis of the data suggests that there is a direct positive correlation between the woman's average monthly income and her education, which is quite significant.¹ Hence, the higher a woman's education level, the higher her average monthly income.
- 37 Over half of the surveyed women (52%) noted that decisions regarding how the money that they earned should be spent were made jointly with their spouses/partners and 38% said that they made that decision themselves (Table 6).

Table 6. Woman's role in making decisions about how the money she earns should be spent

The decision is made by	Number of women	Percentage (%)
Herself	201	38
Spouse/partner	17	3
Total	527*	100

1) $r_s=0,307, p=0,0001$

The decision is made by	Number of women	Percentage (%)
Jointly with spouse/partner	273	52
Father-in-law	3	1
Mother-in-law	6	1
Whole family	23	4
Other	4	1
Total	527*	100

* This question was answered only by women with monthly income.

- 38 The monthly income of every fourth surveyed women's family was 50,001-100,000 AMD and of every fifth women's family is 100,001-150,000 AMD. 11.5% of the surveyed women earned up to 50,000 AMD and families of 5.6% of the women had no income at all (Table 7).
- 39 We can also say that the average monthly income of half of the families is less than 150,000 AMD and that of the other half is 150,000 and more (Median=150,000).

Table 7. Distribution of interviewed women by average monthly income of their families

Family's average monthly income	Number of women	Percentage (%)
0	108	5.6
1- 50,000 AMD	221	11.5
50,001 - 100,000 AMD	459	23.9
100,001 - 150,000 AMD	399	20.8
150,001 - 200,000 AMD	289	15.1
200,001 - 250,000 AMD	123	6.4
250,001 - 300,000 AMD	158	8.2
300,001 and more AMD	162	8.4

- 40 There is also a significant direct positive correlation between the family income and the educational levels of both women and their spouses/partners.²
- 41 In the interviewed women's families, the greatest portion of the income was spent on food. Quite a large part of the income was spent on paying off loans/debts and education costs (Table 8).

Table 8. Average family expenses in the month preceding the survey, by budget line

Type of expenses	Maximum	Average
Food	500 000	85 158
Transportation	300 000	26 762

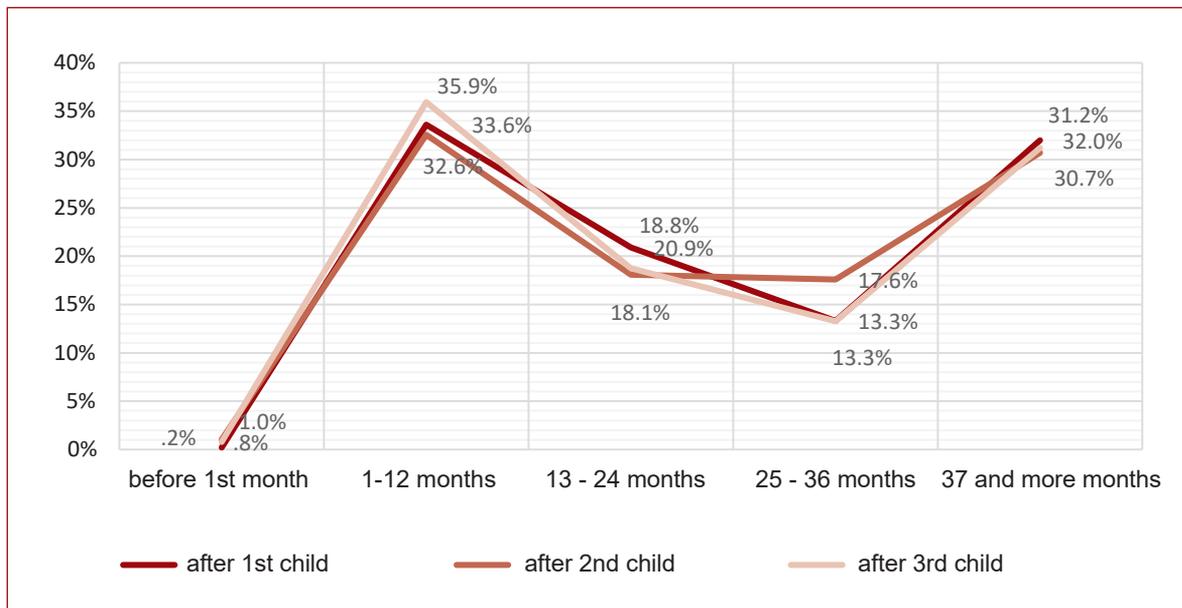
2) $r_{s_{women}} = 0,253, p=0,000; r_{s_{men}} = 0,287, p=0,000$

Type of expenses	Maximum	Average
Education	600 000	51 883
Clothes/household goods	500 000	42 543
Utilities	400 000	38 022
Entertainment	450 000	44 896
Loan/Debt	1,000 000	69 709
Other	400 000	112 455

Surveyed women's work activity

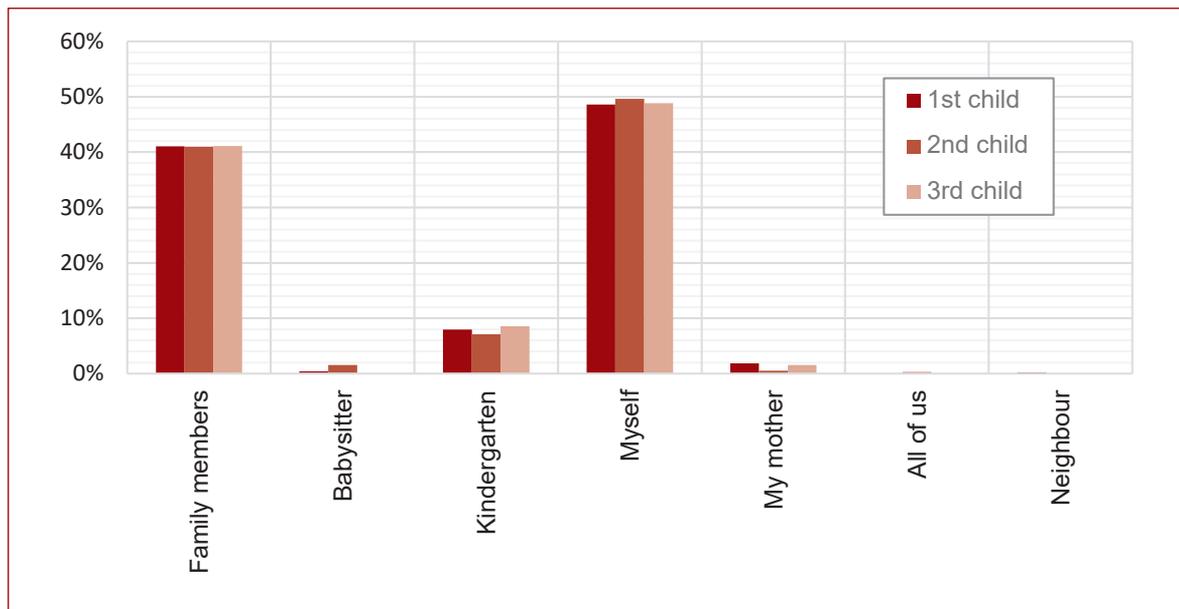
- 42 After childbirth, 0.2-1% of the surveyed women returned to work almost immediately, 32.6-35.9% returned within 1-12 months, 18.1-20.9% returned within 13-24 months and the remaining 30.7-32% returned after 3 and more years (Figure 7). Moreover, most women returned to work within the first year after giving birth to either their first, second, or third child. Concerning the number of women who return to work in subsequent years, it decreases gradually.

Figure 7. Return to work after childbirth, %



- 43 After giving birth to their first child, one third (333) of the 993 women who had worked either never worked again or returned to work after giving birth to their second or third child.

Figure 8. Care of working women's children under 3, %



- 44 If a woman returned to work after giving birth to her first, second or third child, the child was mostly looked after by her or family members from an early age to 3 years old (Figure 8). At an older age (3-6 years old), the child's care is provided for by kindergartens and the mother's burden is lightened as family members continue to take care of the child (Figure 9). At primary school, the burden of child's care continues to reduce as he/she spends some part of the day under the care of the school. The family members continue to play an essential role in the school-age child's care as well. As already mentioned, even among working mothers, few women use babysitter services (Figure 10).

Figure 9. Care of working women's children under 6, %

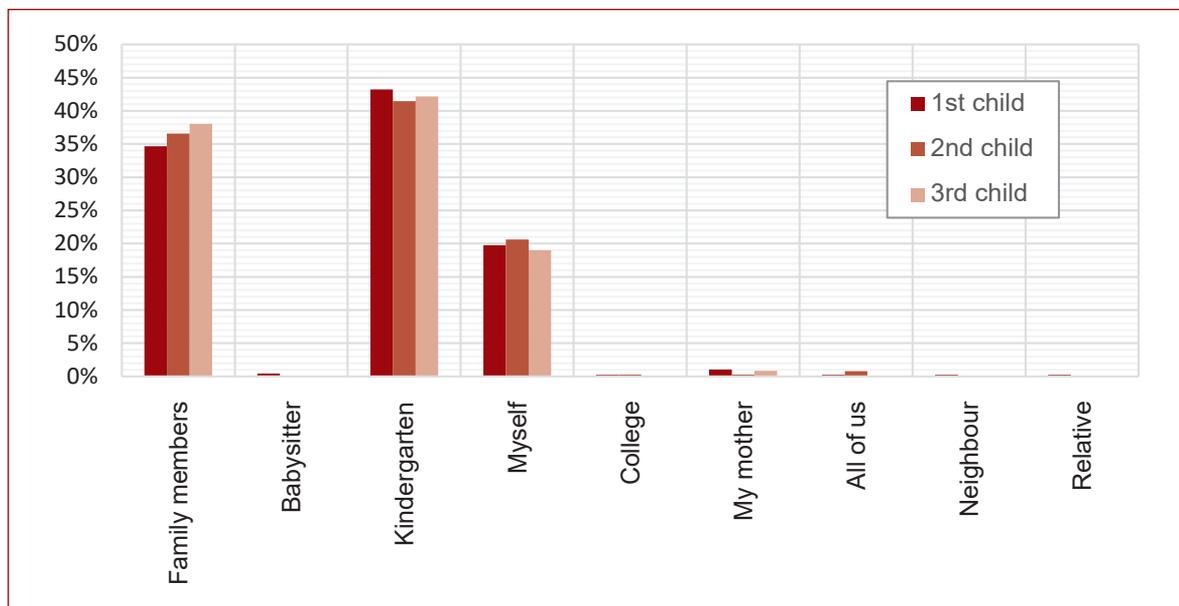
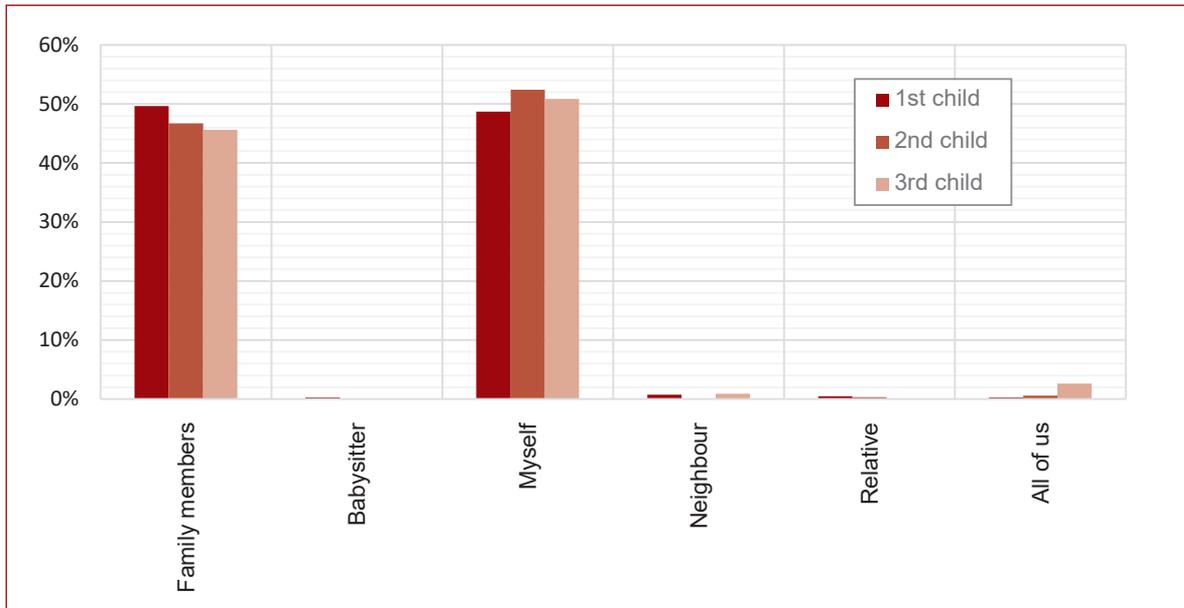


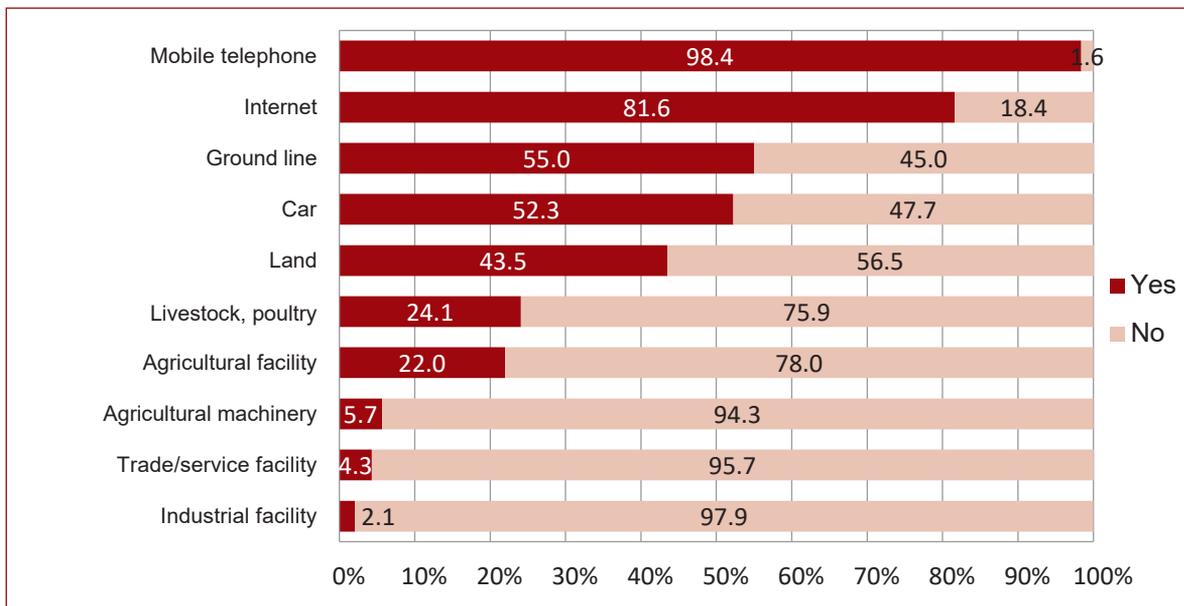
Figure 10. Care of working women's children at primary school, %



Distribution of households by availability of facilities and amenities

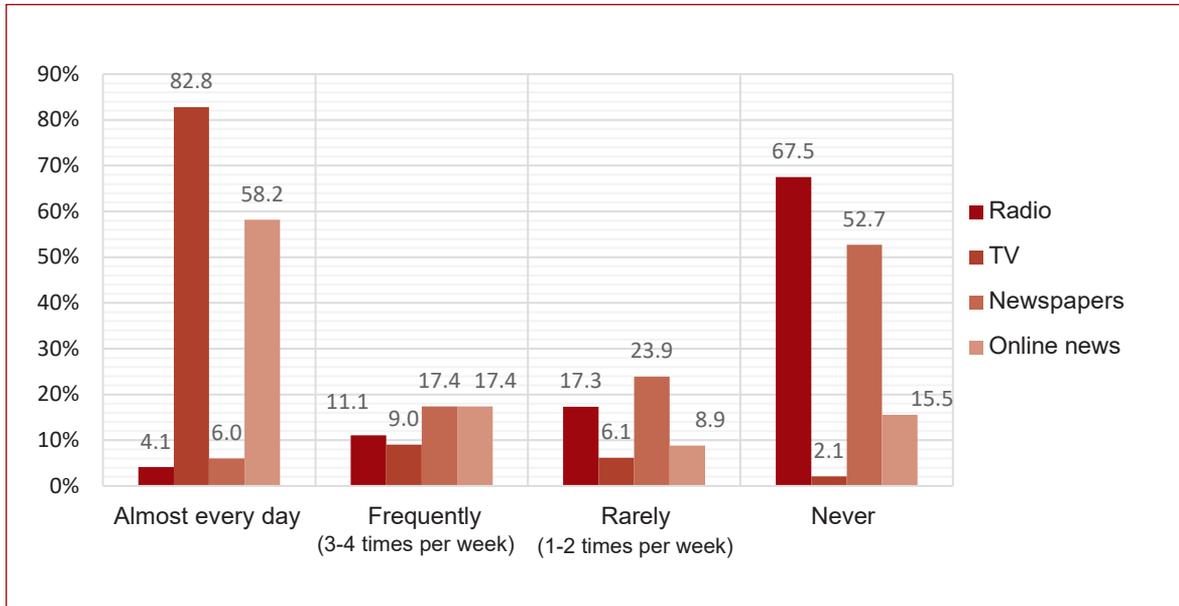
45 43.5% of the surveyed women stated that they owned some land, 22% owned an agricultural area, whereas only 5.7% owned agricultural equipment. 24.1% of the households had farm animal(s) and poultry. 4.3% stated that they owned trade/services facilities and another 2.1% owned an industrial area. Mobile communication and the Internet are quite accessible (98.4% and 81.6% of the households, respectively, Figure 11).

Figure 11. Distribution of households by availability of facilities and amenities, %



- 46 Most of the surveyed women mentioned TV (82.8%) and Internet news reports (58.2%) as the most preferred and most frequently used sources of information. 52.7% of women never read newspapers and 67.5% never listen to the radio (Figure 12).

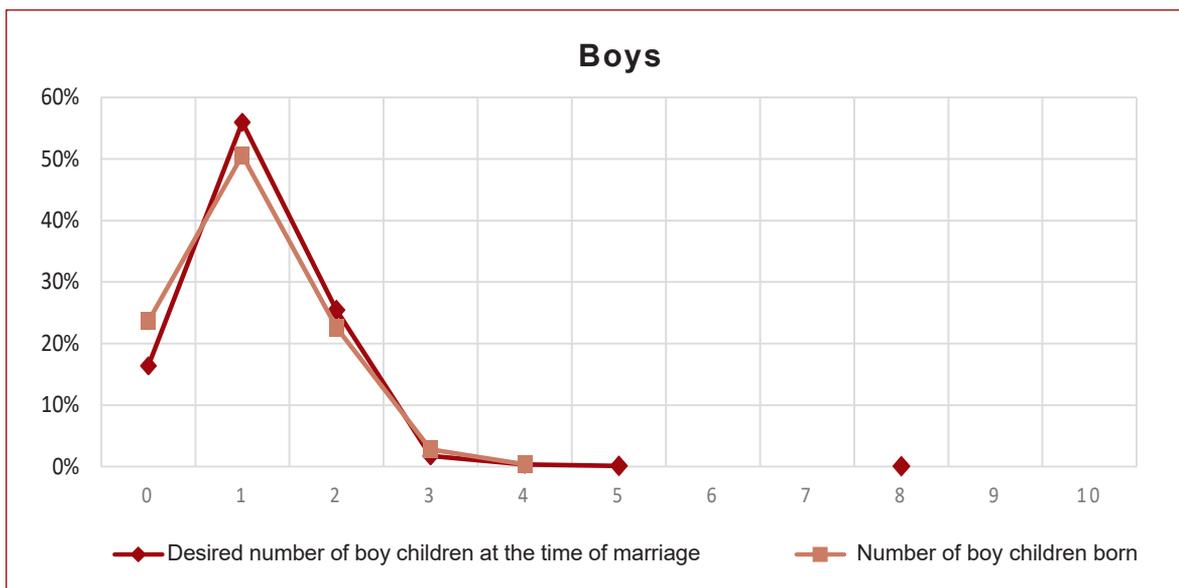
Figure 12. Percent distribution of surveyed women by their preferred information sources, %



Pregnancy history

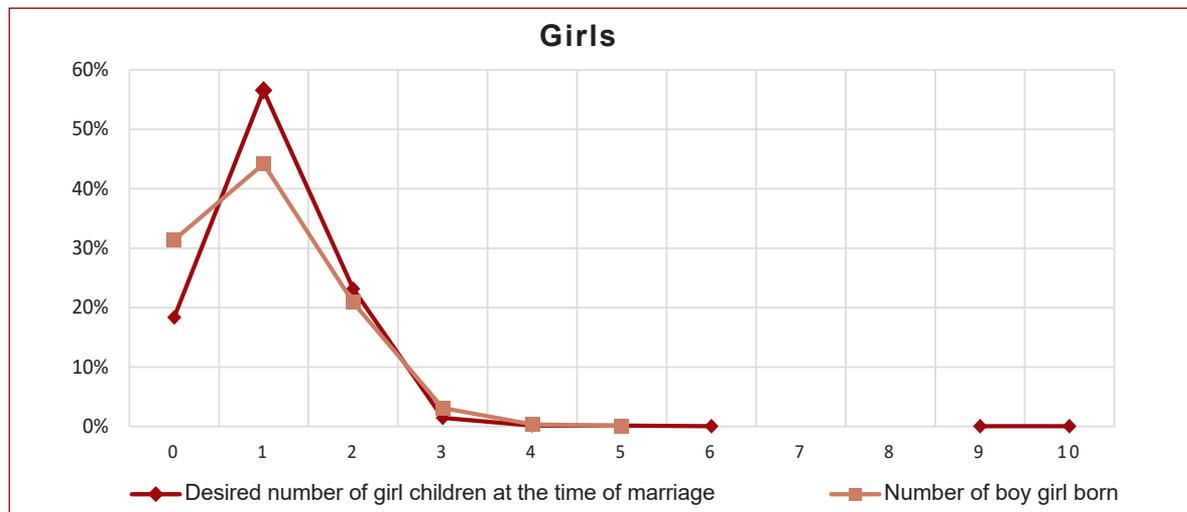
- 47 At marriage, one third (75.7%) of the surveyed women were above 18, 21% were 17-18 years old and 2.7% got married when they were still minors (15-16 years old).
- 48 At the time of their first pregnancy, most of the surveyed women (84.6%) were 19-35, the most optimal reproductive age, and 13.5% and 0.9% were 17-18 and 15-16, respectively.

Figure 13. Desired number of children at marriage, %



- 49 The analyses of the survey data on planning the number of children at marriage shows that almost half of women (46%) mostly preferred "one boy and one girl", followed by the option of "two boys and two girls" (14%), while 13.8% of women had no number or gender preference for children. It is noteworthy that there is a direct linear relationship between the desired numbers of girls and boys, which probably means that the higher the desired number of girls, the higher the desired number of boys. Moreover, this relationship is statistically reliable³ (Figure 13).
- 50 The number of women wishing to give birth only to boy(s) exceeds by 1.9% those wishing to give birth only to girl(s) (Figure 14). In fact, the number and gender of the children actually born differs from women's expectations. The prevalent pattern for the actually born children is "one boy and one girl" (26.9%). This is in line with the prevalent desire of children of respondent women. However, in case of actual births, this option is followed by the "only two boys" (13.5%) and "only one boy" (11.5%) options. Hence, in the case of actual births, the correlation between boys and girls is inverse; if the number of boys in the family is large, the number of girls is small, and vice versa⁴:

Figure 14. Desired number of children at marriage, %



- 51 Families with only one boy (boys) exceed those with only one girl (girls) by 7.8%.
- 52 Decisions on the number of children of different genders in the family are mostly made jointly by the woman and her spouse/partner (80%). 9.2% of women say it is the woman herself who makes such decisions; moreover, 70.1% in this group are married women and the others are divorced/widowed women or women cohabitating with a man (about 30%).
- 53 The absolute majority (94.6%-) of the surveyed women take part in the decision-making process one way or another and only 5.4% of them note that they are not entitled at all to voice their opinion on this issue. In such cases, the decisions are made by their spouse/partner or automatically without the prevalence of any opinion. This is actually indicative of the essential role of women in family decision-making.

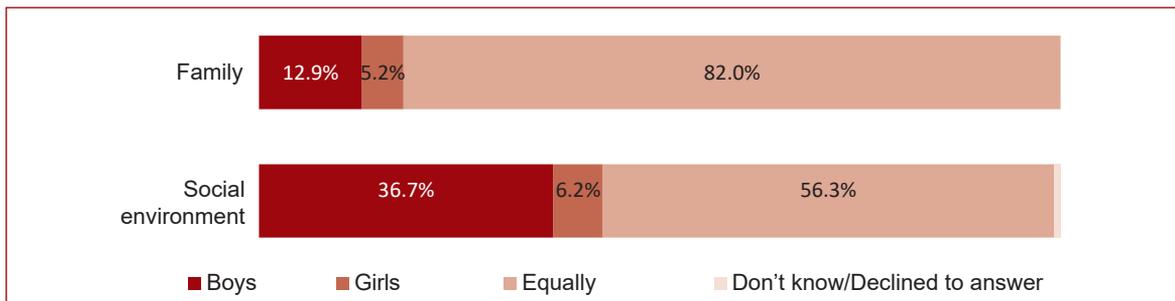
3) $r=0,468, p < 0,05$

4) $r=-0,369, p < 0,05$

Gender preference and its underlying factors

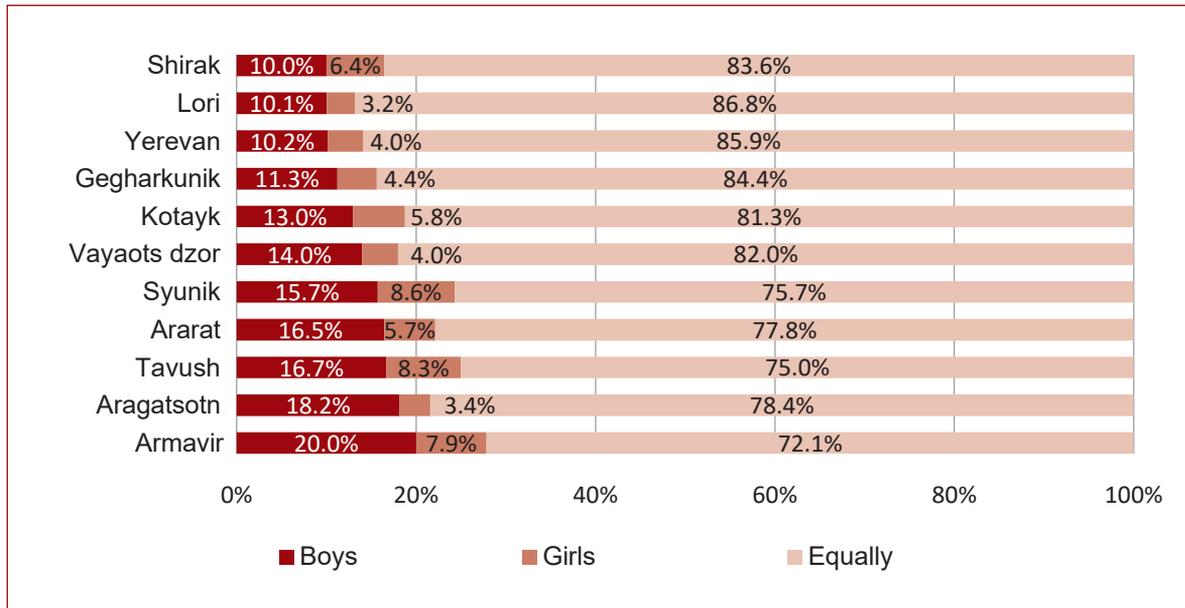
- 54 The survey also gave importance to the gender of the future child. The immediate social environment of 56.3% of respondents and families of 82% of the surveyed women, no son or daughter preference is reported. Other women noted that in their immediate social environment, the number of persons with a preference for a son was six times greater than that of persons with a preference for a daughter (36.7% vs. 6.2%) and in their families that number was twice as much (12.9% vs. 5.2%, Figure 15).

Figure 15. In your immediate social environment/ family, is preference given more to boys or to girls?



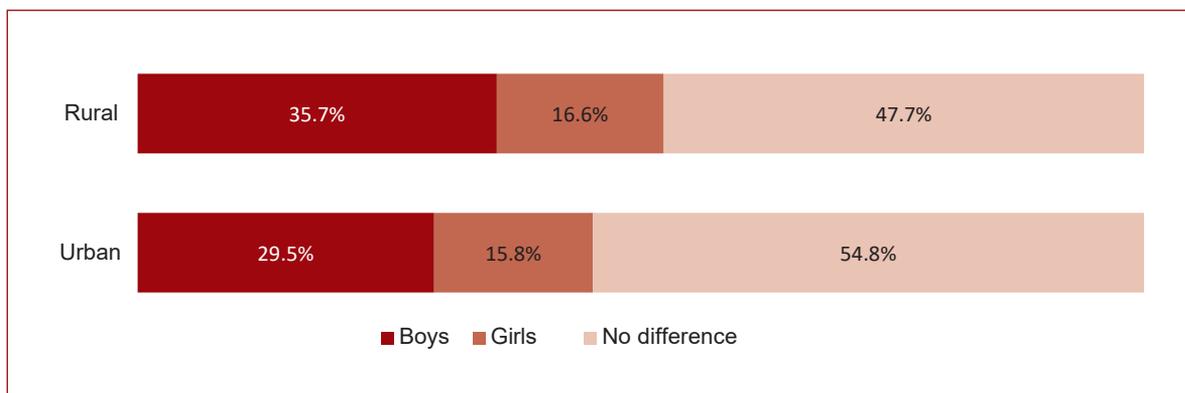
- 55 It is noteworthy that in the opinion of 39.1% of interviewed women from rural areas, preference in their immediate social environment is given to sons and only 5.5% believe that in their immediate social environment preference is given to daughters. In urban areas, the picture is slightly different: 35.6% of the women note that preference in their immediate social environment is given to sons, while 6.5% note that it is given to daughters. 55-57% of the interviewed women in both rural and urban areas noted that the child's gender did not matter to people in their immediate environment.
- 56 The data on child's gender preference in families as broken down by rural and urban areas show that in rural areas the number of families with a preference for a son is three times larger than that of families with a preference for a daughter (16.1% vs. 5.2%), whereas in urban areas, this ratio is only twice as great (11.2% vs. 5.2%). 84% and 79% of women from urban and rural areas, respectively noted that the child's gender did not matter to their families.
- 57 The findings on gender preference in families broken down by regions indicate that the Armavir, Aragatsotn and Tavush regions showed the greatest preference for sons (20%, 18.2% and 16.7% respectively). Daughter preference is the greatest in Syunik, Tavush and Armavir (8.6%, 8.3% and 7.9% respectively). Relatively equal attitudes to the child's gender are most common in the Lori region, followed by the Yerevan and Gegharkunik regions (86.7%, 85.8% and 84.3% respectively), whereas the ratio of persons giving preference to either gender of the child is higher in the Armavir, Tavush and Syunik regions (27.9%, 25% and 24.3% respectively). Finally, the largest gap between those who have a preference for a son and daughter respectively (percentage ratio of persons with son preference to those with daughter preference) was detected in the Aragatsotn, Vayots Dzor and Lori regions (5.3, 3.5 and 3.2, respectively, Figure 16).

Figure 16. Family preferences of a child's gender broken down by regions



- 58 The number of women who wanted to have a son during their first pregnancy is almost twice as much as that of women who wanted to have a daughter (31.5% vs. 16.1%). Meanwhile, for more than half of the surveyed women (52.4%) the child's gender did not matter during their first pregnancy.
- 59 There is a statistically significant difference in the interviewed women's preferences depending on whether they were from rural or urban communities⁵: Hence, in rural communities both son and daughter preference is relatively higher at the first pregnancy as compared to that in urban communities, whereas the number of women for whom their child's gender did not matter during their first pregnancy is lower as compared to urban communities (Figure 17).

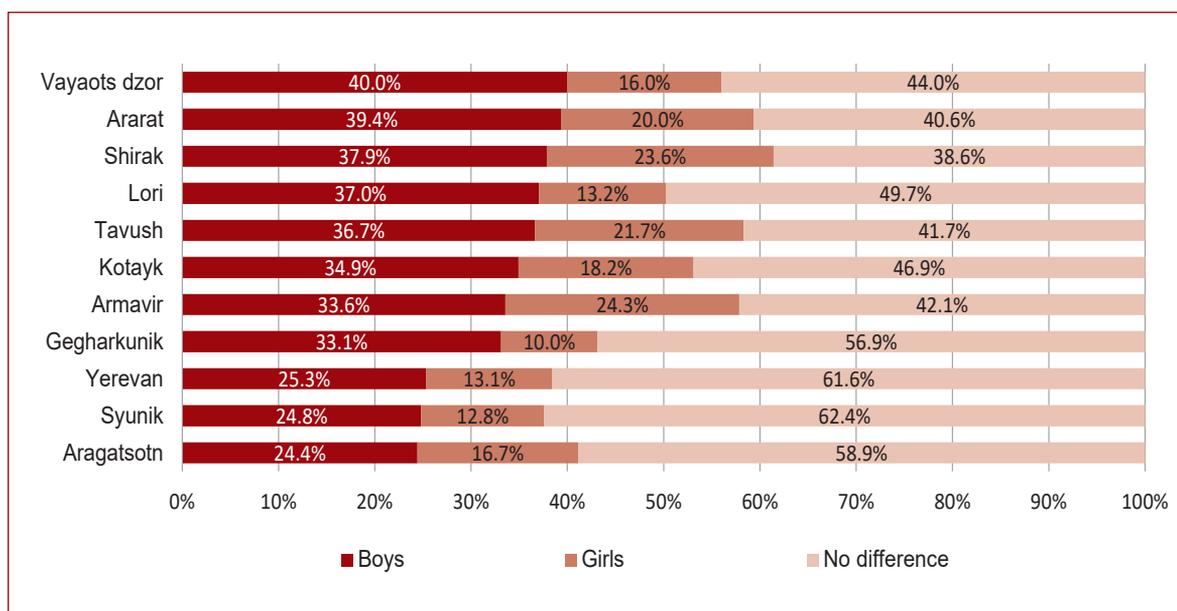
Figure 17. Preference of child's gender during first pregnancy by communities



- 60 In all the regions of Armenia, women show a clear preference for a son for their first child. Such preference is greater in the Vayots Dzor, Ararat, Shirak and Lori regions, while for most women in the Yerevan and Syunik regions (61.6% and 62.4%, respectively) the gender of their first child did not matter (Figure 18).

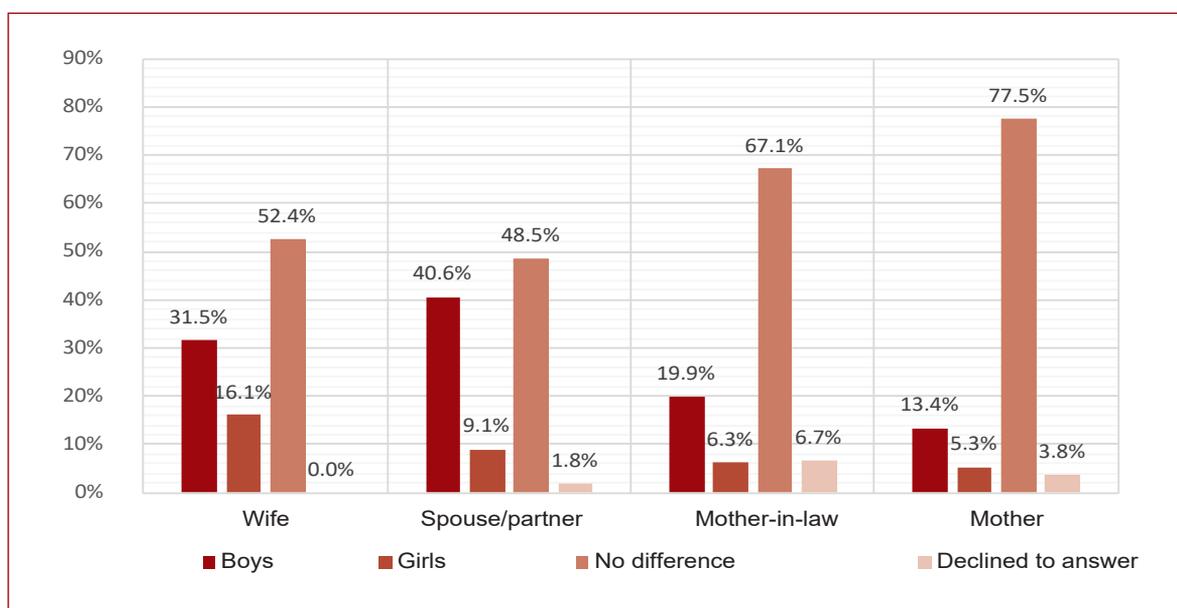
5) $X^2 = 9.4, p < 0,05$

Figure 18. Gender preference at first pregnancy broken down by regions



- 61 The analysis of the survey findings indicates that in all the regions of Armenia, women had a preference for a son at their first pregnancy. However, a qualified majority, i.e. three-quarters of the women, noted that the gender of their first child did not matter to them.
- 62 Preference for a son as the first child is most evident among women's spouses/partners (40.6%). The women's mothers give less importance to the first child's gender; in other words, the gender of their first grandchild does not matter to them (Figure 19).

Figure 19. Gender preference at first pregnancy broken down by family members

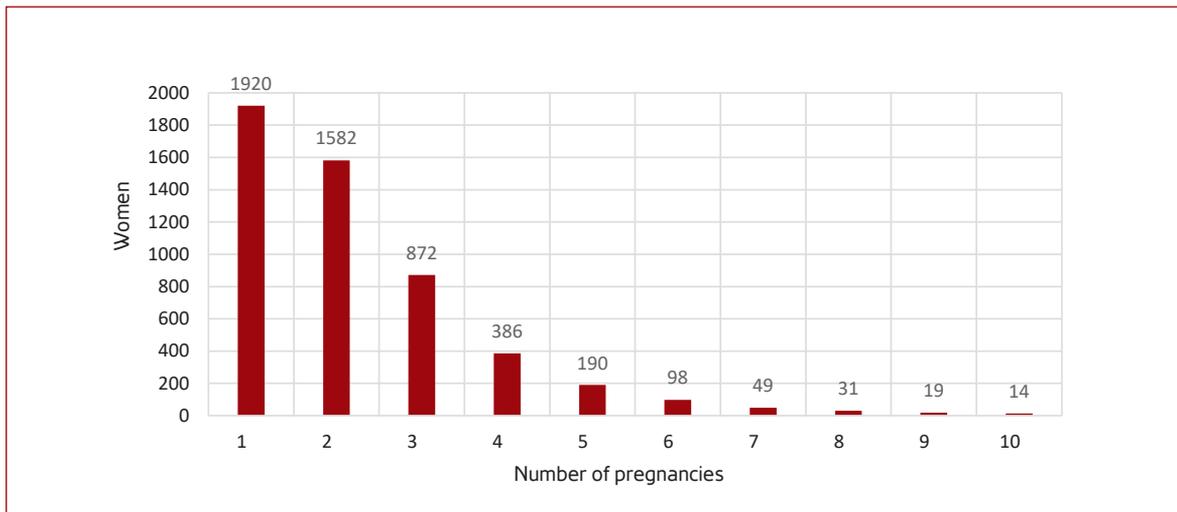


- 63 As evidenced by the statistical analysis of the survey results, the mother's age and educational level have almost no impact on their preference in terms of their child's gender.
- 64 Those who give preference to sons gave the following reasons: a son ensures the continuity of the family lineage, a son is the inheritor of property, defender of the homeland and guarantor of the material well-being of the family and personifies authority and strength. On the other hand, those who give preference to daughters note that the daughter stands ready to help her parents, gives her parents psychological support and is a support for her parents in old age.
- 65 Hence, in Armenian society, the clear preference to have a son is still quite common.

CHAPTER 2. RESPONDENTS' REPRODUCTIVE HISTORY AND PREGNANCY HISTORY AND OUTCOMES

- 66 The overwhelming majority (1,456 or 75.8%) of the 1,919 surveyed women started their sexual life when they reached mature reproductive age, 21.4% started when they reached 17-18 and only 2.7% when they were minors (14-16 years old).
- 67 It is noteworthy that an overwhelming majority (1,625, 84.6%) of the surveyed women had their first pregnancy at the optimal reproductive age when they were 19-35 years old, while the percentage of those who had their first pregnancy before they came of age was low, viz. 13.5% and 0.9% at the age of 17-18 and 14-16, respectively.
- 68 The distribution of surveyed women by the number of pregnancies is presented in Figure 20.
- 69 Considering the fact that the seventh and subsequent pregnancies are too small in number and thus do not ensure the reliability of statistical data, the analysis of reproductive histories will hereinafter deal only with data regarding the first through sixth pregnancies.

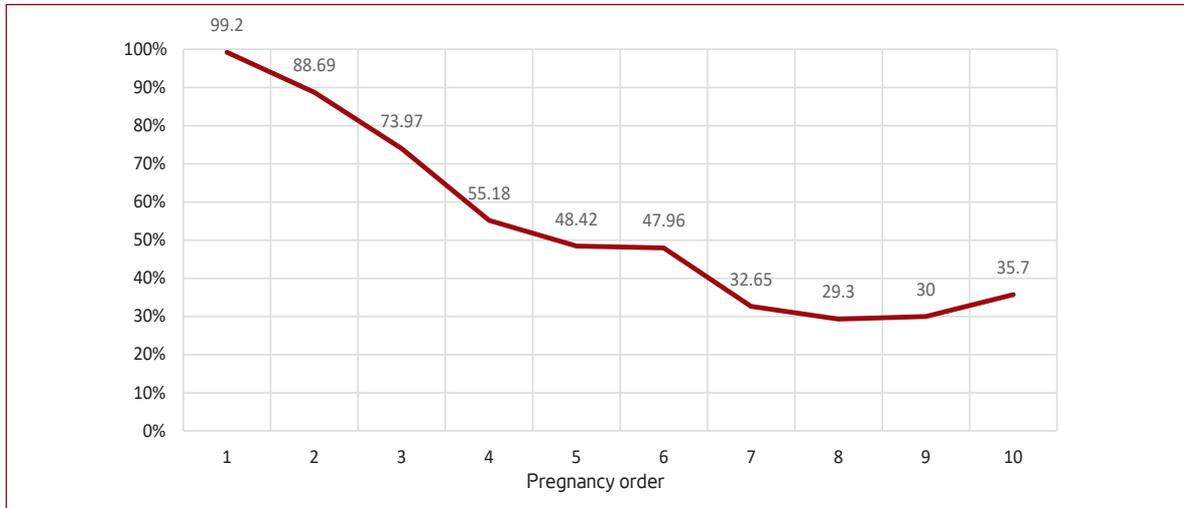
Figure 20. Distribution of surveyed women by the number of pregnancies



- 70 The examination of the respondents' reproductive history and pregnancy outcome by pregnancy order indicates that an increase in the number of pregnancies that the woman goes through is accompanied by significant qualitative changes.
- 71 First pregnancies were wanted 99.2% of the time while second and third pregnancies were wanted 87.7% and 73.8% of the time, respectively. For most of the women, the

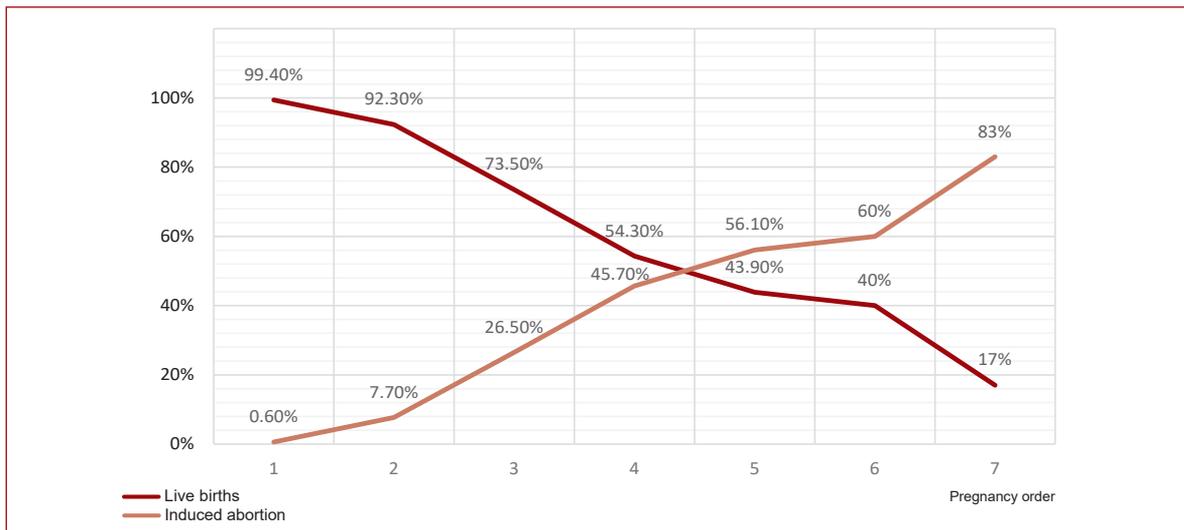
fourth pregnancy was wanted only for every second woman (55.4%) and after the seventh pregnancy the average number of desired pregnancies accounted for about 30% (Figure 21).

Figure 21. Percentage distribution of wanted pregnancies by pregnancy order, %



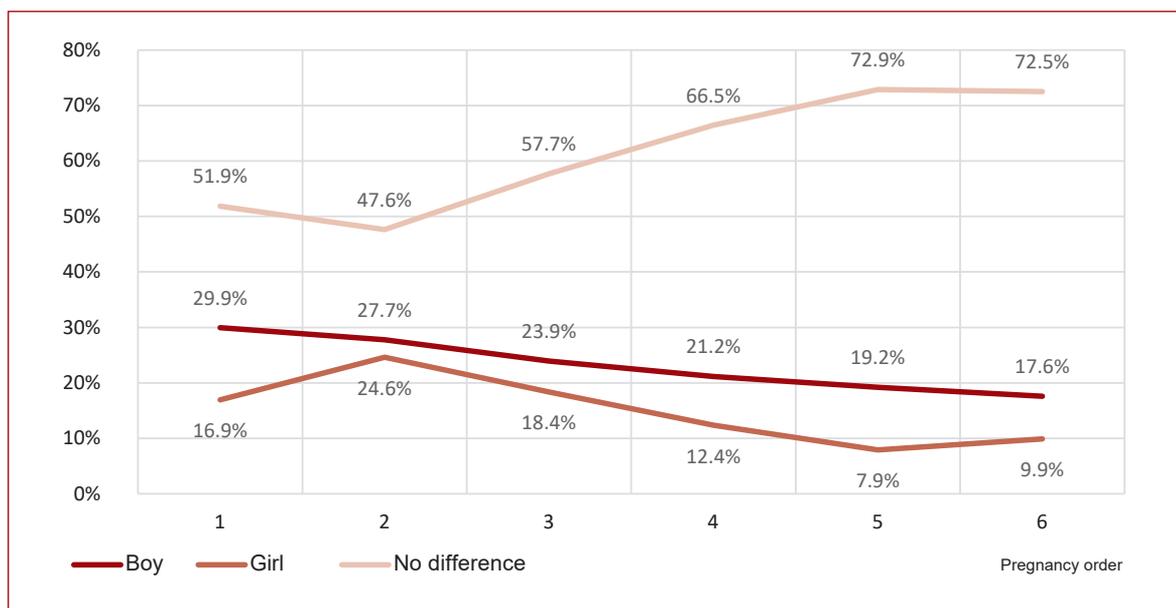
- 72 The analysis of data on pregnancy outcome has shown that while first and second pregnancies ended for the most part in (live) births (99.4 and 92.3%, respectively), in the case of sixth and seventh pregnancies the number of births decreases almost 2.5 and 6-fold (40% and 17%, respectively).
- 73 In terms of the artificial termination of pregnancy, it was discovered that the higher the number of pregnancies, the higher the frequency of induced abortions (Figure 22). In the case of first and second pregnancies, induced abortions constituted 0.6% and 7.7%, respectively. In the case of sixth and seventh pregnancies, 60% and 83% ended in induced abortion, respectively.

Figure 22. Percentage distribution of pregnancy outcome by pregnancy order, %



- 74 The number of women who prefer sons is nearly 1.7 times bigger than that of women who prefer daughters (29.9% and 16.9%, respectively) regardless of the pregnancy order, even in the case of first pregnancy. It is noteworthy that as compared to the 2011 study, the number of women who preferred sons at their first pregnancy reduced by 11 percentage points and that of women with neutral attitude increased by 8 percentage points.
- 75 While the trend of preference for a son at the time of the second pregnancy identified in the 2011 Study still persists, the number of women preferring daughters grew in 2017 as compared to the number of women preferring daughters at first pregnancy (by almost 8 percentage points and constituting 24.6%).
- 76 It is noteworthy that the findings of this study show that preference for a son has reduced significantly regardless of pregnancy order. Thus, unlike the findings of the 2011 study showing preference for a son ranging between 43-53% regardless of pregnancy order, currently it ranges between 17-30%. It should be also noted that daughter preference also reduced. Regardless of pregnancy order, in 2017, 8-25% of surveyed women preferred daughters unlike the 15-33% in 2011. The findings of this study and their comparison with the findings of the 2011 study indicate that between 2011 and 2017 there has been a drastic change in gender preference in Armenian society and a significant increase in the number of people who give no importance and show neutral attitudes to the gender of unborn children (Figure 23).

Figure 23. Percentage distribution of interviewed women's gender preference by pregnancy order, %



- 77 This study also covered the practices of radiological scanning to determine the foetal gender. The findings of the study show that most women undergo ultrasound testing at their first and second pregnancies, whereas this rate gradually declines at subsequent pregnancies (Figure 24).

Figure 24. Percentage of women undergoing ultrasonic testing, by pregnancy order, %

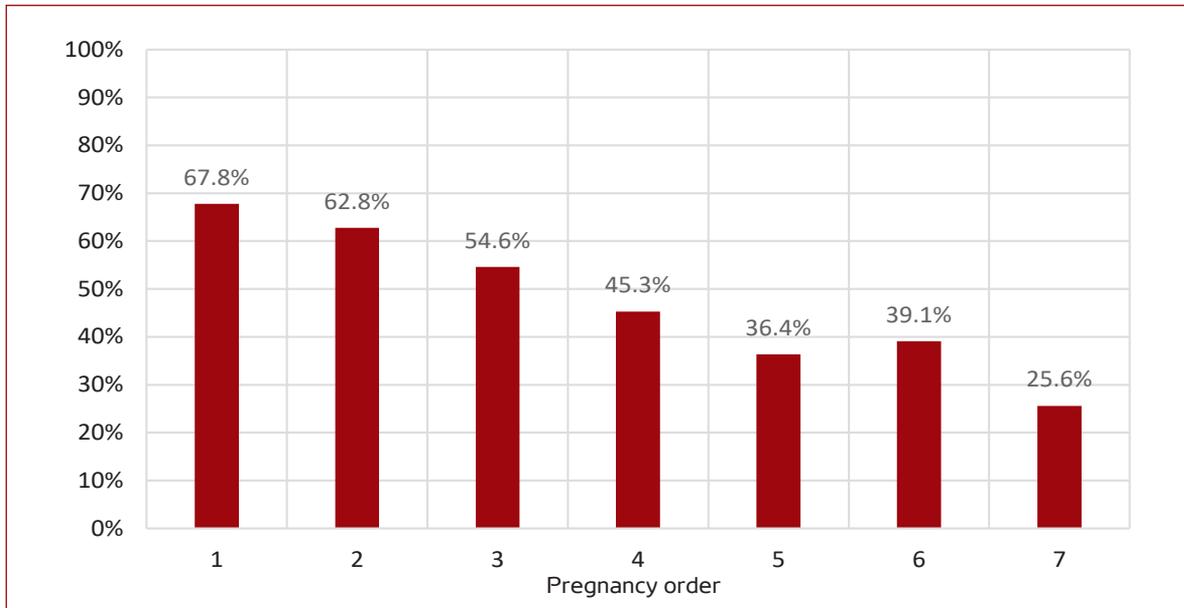
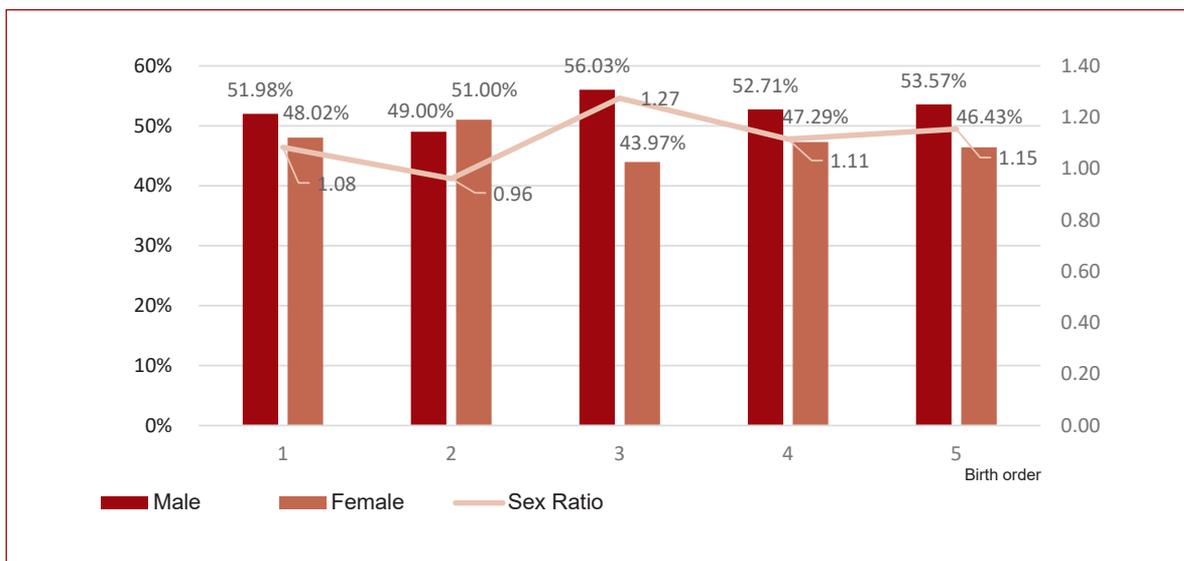
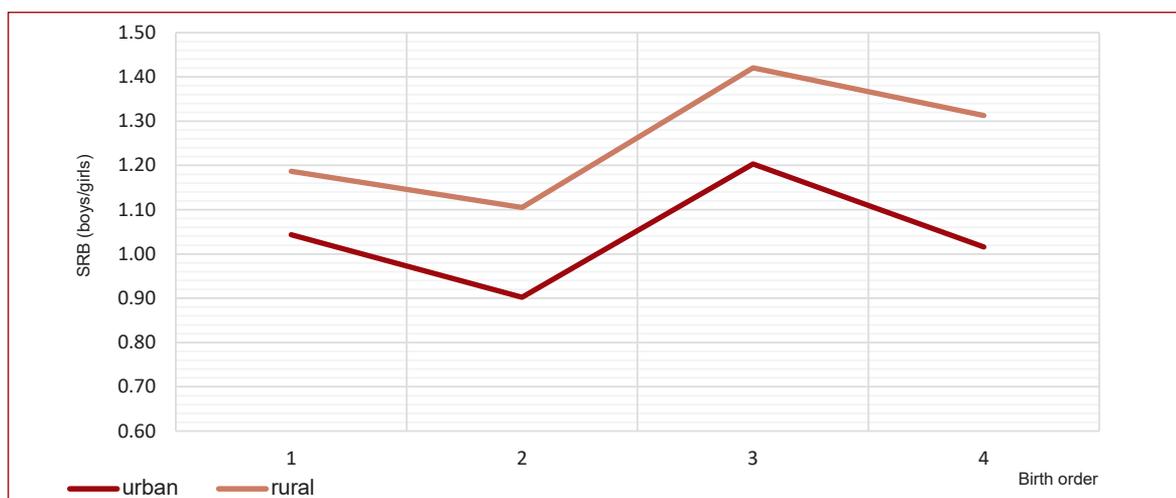


Figure 25. Percentage distribution of births of male and female children, by birth order



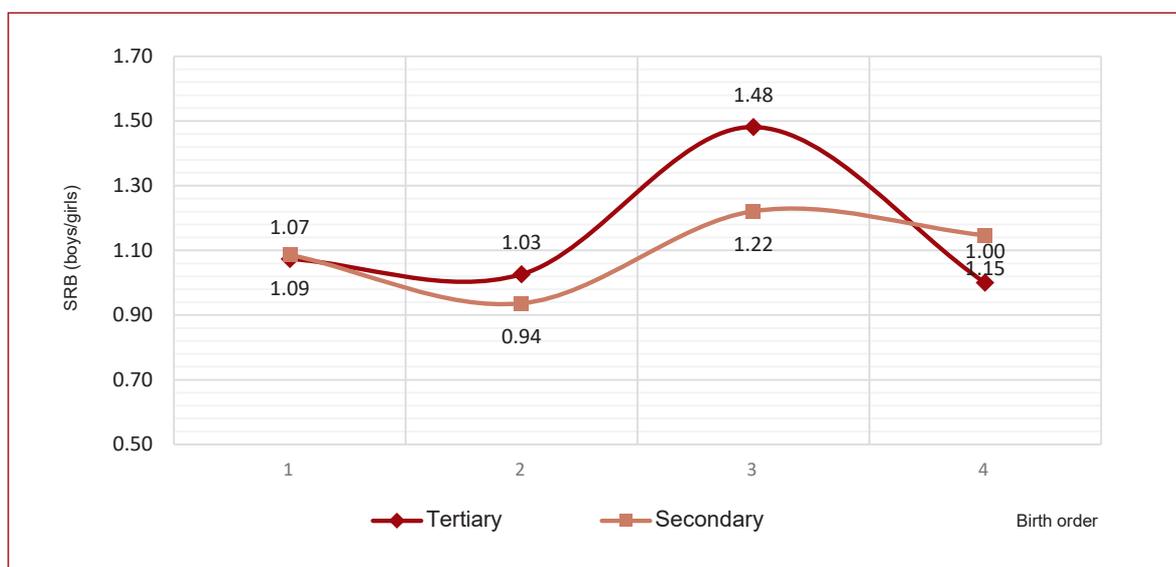
- 78 The analysis of sex ratio by birth order has revealed that sex ratio at birth is 1.08 and 0.96 respectively in the case of the first and second child in the family. Like the findings in the 2011 study, this study found particularly significant sex ratio imbalance in the case of third and subsequent children (Figure 25).
- 79 In families with up to 2 children, there are 122 boys vs. 100 girls, while in families with up to 3 and more children girls predominate with 100 girls vs. 94 boys.
- 80 Moreover, the study examined the distribution of sex ratio at birth by urban/rural place of residence and its correlation with the women's level of education. Hence, for urban women, the sex ratio at birth shows deviations (there are more boys) only for the third birth. Rural areas show obvious deviation of the sex ratio at birth in favour of boys at the very first birth and at the third birth the deviation reaches its maximum (Figure 26).

Figure 26. Correlation between sex ratio at birth and birth order and (urban/rural) locality



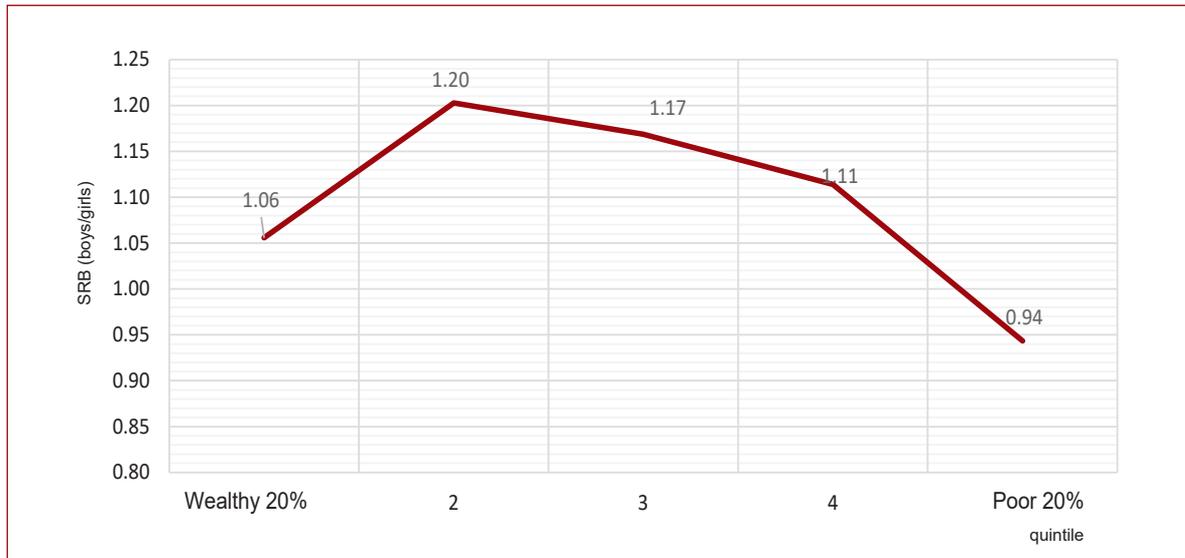
- 81 Regardless of the educational level, the gender composition of the firstborn children has a slight deviation: the number of boys is disproportionately larger, whereas the sex ratio at birth in the case of women with tertiary education at their second childbirth is close to the biological norm. In addition, in the case of women with secondary education girls prevail. In the case of third childbirth, the maximum deviation of the sex ratio from the biological norm is obvious: there are many boys among newborns: 1.48 vs. 1.22 (Figure 27).

Figure 27. Correlation between sex ratio at birth and birth order and level of education (basic, tertiary education)



- 82 The sex ratio at birth in the 20% most wealthy families meets the biological norm (1.06), while in 20% poorest families girls exceed (0.94). In the 2nd, 3rd and 4th quintiles SRB is significantly skewed favouring boys (1.20, 1.17, 1.11) (Figure 28).

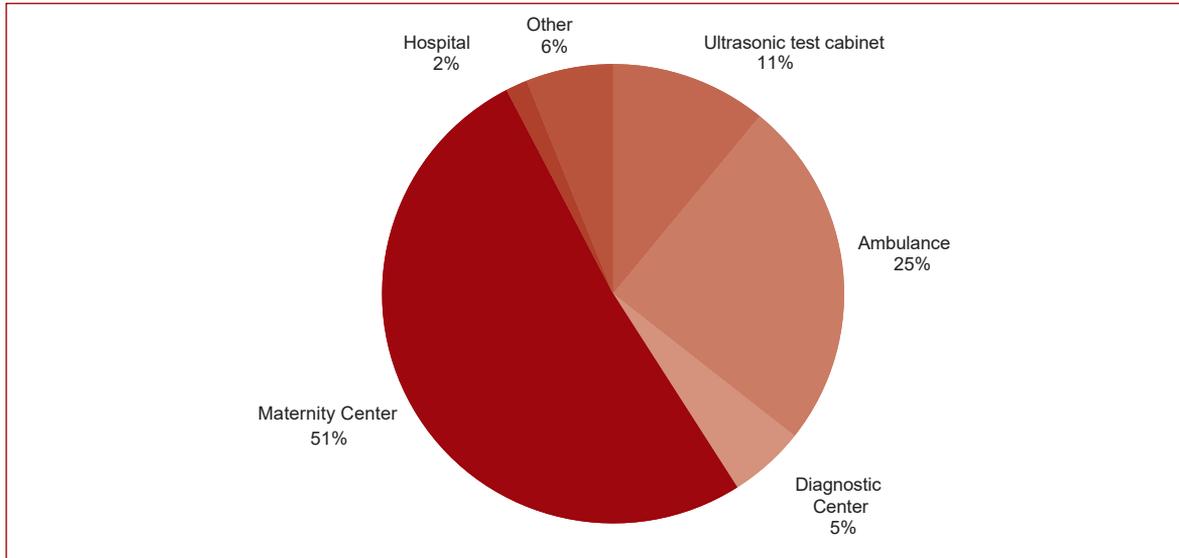
Figure 28. Correlation between sex ratio at birth and family income



Prenatal sex determination tests and their outcome

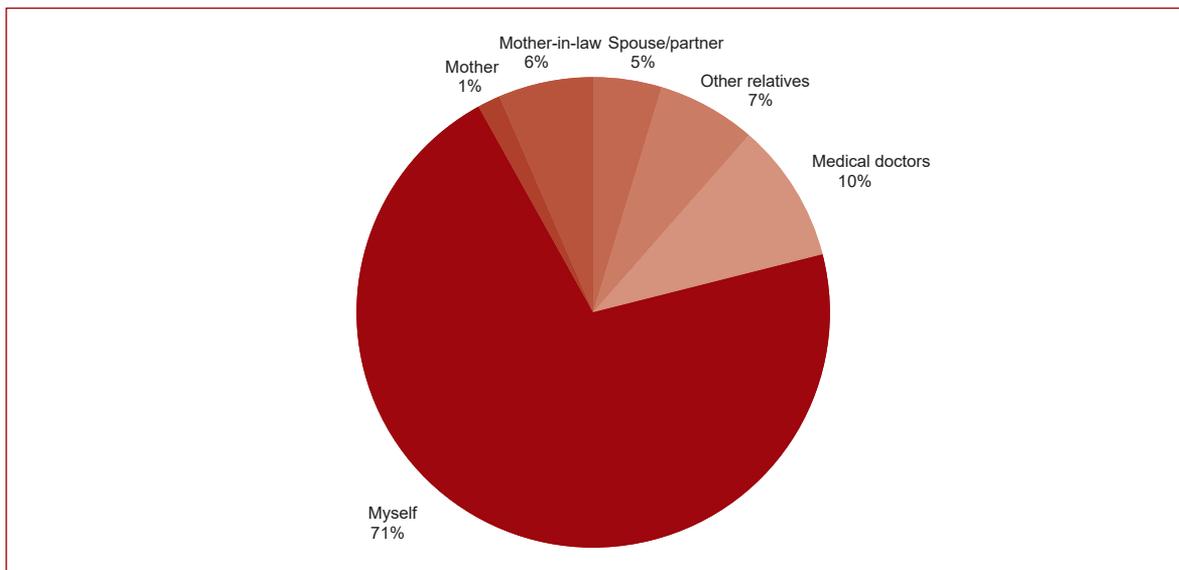
- 83 The overwhelming majority (59.5%, or 1,134) of the 1,919 women surveyed pointed out that they were aware that it is possible to determine the gender of the foetus during the pre-natal period.
- 84 When asked about the determination methods they were aware of, 48.5% of the respondents referenced ultrasound testing, 0.6% amniocentesis and 14% traditional methods.
- 85 Only 37% of women mentioned medical institutions as their source of information about sex determination methods, whereas the remaining 63% received information from friends and relatives (42%), parents (7%) and mass media (4.5%). The percentage of women who mentioned publications (statistically not significant), mother-in-law (2.3%) or husband (0.8%) as a source of information was small.
- 86 93.4% of the women aware of prenatal sex determination methods were sufficiently informed where they could receive this type of testing. 37.4% of the interviewed women mentioned maternity hospital, 23.7% outpatient clinics, 20.5% medical rooms where ultrasound scan services are provided and 13.7% other venues where the foetus' gender can be determined.
- 87 The majority (68.2%) of the interviewed women considered the venue for pre-natal determination of the foetal gender accessible. 12.2% considered it inaccessible and every fifth respondent (19.5%) did not answer the question.
- 88 Within the past 5 years, a total of 20% of the interviewed women have used methods of prenatal sex determination.
- 89 To determine the gender of the foetus, 51.4% of the surveyed women went to a maternity hospital, 24.7% an outpatient clinic and 10.9% used an ultrasound testing service. The percentage of women who went to a diagnostic centre or to another venue was low, viz. 5.3% and 6.1%, respectively (Figure 29).

Figure 29. Percentage distribution of women who underwent testing for prenatal determination of their child's sex, by location of the test



- 90 The analysis of the data on decision-making regarding their own person and health-related issues suggests that the qualitative majority (70.9%) of the women who took the test made that decision themselves and on their own initiative. Other persons who guided them during the decision-making do not exceed 10% of the respondents (Figure 30).

Figure 30. Percentage distribution of persons who made a decision to seek prenatal determination of their child's sex



- 91 The point of time during pregnancy when an ultrasound test was performed for prenatal determination of the child's sex varied widely, viz. from 2 to 41 weeks, with an average of 13.8 weeks. Incidentally, the earliest period of time when the foetal gender can be determined is at 13-14 weeks of gestation.

- 92 60.8% of the ultrasound tests to determine foetal gender were performed in the first trimester of pregnancy (0-12 weeks of gestation), 28.6% in the second trimester (13-22 weeks of gestation) and 10.6% at the 23rd and later weeks of the gestation period.
- 93 As to the survey data, 40% of the pregnant woman who underwent testing for prenatal sex determination were pregnant with a boy and 37.28% with a girl. 23.14% of the women who underwent testing did not determine the foetal gender unambiguously.
- 94 Once the gender was determined, there were no significant differences in opinion between pregnant women and their spouses and family regarding the continuation of pregnancy.
- 95 The overwhelming majority of women, their spouses/partners and other family members (98% and more) wanted to have their child regardless of its sex.

Pregnancy outcome after prenatal sex determination

- 96 After the gender was determined, the overwhelming majority (359, or 97%) of the 370 women maintained their pregnancy, whereas 3% had an induced abortion. 4 (80%) of the 5 women who decided to have an abortion made the decision themselves and only one made it for medical reasons. 4 of them had the abortion at the maternity hospital and 1 at an outpatient clinic.
- 97 The analysis of responses concerning the venue where the abortion was performed has revealed that the qualifying majority (83.7%) of women who had an induced abortion had it in a maternity hospital. The fact that 4 women terminated their pregnancies through drug-induced abortions without doctor involvement cannot but cause concern.
- 98 Women's awareness of the legality of induced abortions in Armenia was at quite a low level. Out of 1,919 women interviewed, 78% answered the question and every 5th woman (22%) was not aware of the legality of induced abortions. Thus, every second respondent (49%) was of the opinion that induced abortions were illegal and every third respondent (29%) was of the opinion that they were legal. 76% of the respondents considering abortions legal thought that they were legal up to the 12th week of gestation, 8% thought that abortion was legal at any gestation period and 16% could not answer the question.
- 99 The survey data show that among the first 3 children in families, the average age of girls is higher than that of boys (among first, second and third children, girls are, on average, older than boys). As for fourth children, the average age of boys is significantly higher than that of girls (Table 9).

Table 9. Average age of surviving children, by birth order

	Percentage of surviving sons	Percentage of surviving daughters	Average age of sons	Average age of daughters
1	98.5	98.8	12.0	12.7
2	97.7	98.0	10.9	11.2
3	98.4	99.6	10.9	11.0
4	97.0	97.6	11.7	10.8

CHAPTER 3. PREVALENCE OF AND REASONS FOR SEX-SELECTIVE ABORTIONS: QUALITATIVE SURVEY ANALYSIS

Socio-psychological factors underlying preference for a son

- ¹⁰⁰ All the participants of focus groups note that in Armenia sons are preferred particularly in the regions. As the main reasons for this, the discussants referred to the national mentality, concerns over the continuity of the family lineage and the necessity to provide elderly parents with financial support.

“Parents prefer sons so that they continue their lineage as well as grow up and emigrate to earn money and support them.” (Focus group for doctors, Yerevan)

“The main goal of having children is to continue the family lineage, which is done by sons, and daughters get married and leave.” (Focus group for men, Aparan)

“One must have a son so that he takes care of his parents in their old age. As for a daughter, she marries into another family and takes care of the elderly people there.” (Focus group for men, Gavar)

“Parents mostly link their hopes for the future with their sons.” (Mixed focus group, Yerevan)

- ¹⁰¹ The mixed focus group discussants also considered preference for a son to rely on such reasons as the need for soldiers to defend the homeland and the son’s function to help his parents in agricultural works in rural areas where agriculture is the main occupation. The group of doctors noted that families want their sons to reproduce their parents’ family models, whereas daughters reproduce their husband’s family model. Some discussants also noted that when investing in their daughters, parents have concerns that they will no longer be theirs after marriage and their investments will not serve their family.

“After your daughter gets married, she is no longer yours.” (Focus group for men, Gavar)

“It’s a great tragedy for the men that their lineage is not continued if they have a daughter.” (Focus group for women, Yerevan)

- ¹⁰² According to the group of doctors, preference for a son or daughter heavily depends on people’s overall development and educational level. The discussants note that families with a high standard of living have a drastically different mentality. They think that many issues, starting from the family’s attitude towards the woman and accusations of not bearing a son, depend on awareness and educational level.

"So, for example, men sometimes blame women for bearing daughters as they have no idea about genetics and the fact that the foetal gender does not depend on women." (Focus group for doctors, Yerevan)

- 103 Women also believe that the discrimination between boys and girls is largely caused by the nature of the person and family.

"If a parent has different attitudes to children, the problem lies with him/her rather than with the child's gender." (Focus group for women, Yerevan)

- 104 The discussants also considered important the question of whether the family is traditional. Thus, the group of women mention that the tendency for preference for a son is most common in more traditional families and especially among men and sometimes among mothers-in-law. In such families, women usually tend to have a son to evade any pressures caused by the child's sex on the part of the family.

"I want to have a son soon so that they don't make me have a second or third child." (Focus group for women, Yerevan)

"To woman, it makes no difference whether she has a son or a daughter as the most important thing for her is to become a mother." (Focus group for women, Yerevan)

"Men are more affected by marrying off their daughter. This was the only reason my husband did not want to have a daughter." (Mixed focus group, Yerevan)

- 105 In Aparan and Gavar, the men's group discussants voiced their concern over intermarriage of both men and women with representatives of other ethnic groups. As a result, according to the discussants, daughters leave their homes and start integrating into foreign families. They believe in contrast to women, foreign women "become Armenian" upon coming to Armenia.

- 106 The analysis of the focus groups findings suggests that perceptions on the women's role in family and society differ in the regions and in Yerevan.

- 107 Discussants believe that "the times and trends have changed". In terms of opportunities, women mostly do not differ from men. According to the discussants, women are more appreciated in Yerevan as they have greater opportunities for development and success: they can receive higher education and become specialized in relevant subjects and are therefore more successful and fortunate. The discussants note that also, in many cases, daughters are more caring for their parents and can take better care of them and provide them with better conditions than sons. A man says that unlike in the past when women often used to be perceived as a commodity for exchange, nowadays girls almost do not differ from boys in their human value and sometimes are even more valuable for their family and society.

"As a child, a daughter means more to her parents than a son." (Focus group for women, Yerevan)

"Nowadays, it is easier to find a job for girls than for boys." (Focus group for doctors, Yerevan)

"There are daughters worth a thousand sons." (Mixed focus group, Yerevan)

"As a child, a daughter is appreciated more by her parents than a son." (Mixed focus group, Yerevan)

"Genetically, one tends to think that he/she should have a son to continue their lineage and family name and give them at least psychological support in their old age, whereas the past 20 years have shown that daughters are more often a support for their parents in old age" (Focus group for women, Yerevan)

- 108 In the regions, the focus group participants have a somewhat different position on the role of girls and women and believe that a women should manage the household and bear children.

"Girls are important, too, e.g. to lay the table, to clear the table". (Focus group for men, Gavar)

"Girls are important to make a family and bear children." (Focus group for men, Gavar)

- 109 As for the attitudes to sons and daughters in the family, the discussants note that in Armenia, grandparents pamper their grandsons more than their granddaughters and treat them more gently. They give their grandsons privileges and put more pressure on their granddaughters so that they are prudent and discreet. Some other discussants also voiced the opposite view that grandparents treated their grandsons more strictly than their granddaughters thinking that they would marry into another family and would have no idea how they would be treated in their new family.

- 110 The participants recalled their personal experience noting that when they were children, sons mostly received more privileges than daughters. Such discriminatory treatment caused many problems for girls in terms of their development as a person and their self-esteem.

"For example, our family let my brother do anything he wanted while many things were forbidden to my sister and me. Now my father regrets so much for doing so." (Focus group for women, Yerevan)

"Girls also should have the opportunity to know what is good and what is bad. The stricter and closer they keep girls, the more they seek to go beyond those restraints." (Mixed focus group, Yerevan)

"We had to be in after 6 pm. I was forbidden from using any make-up. It was simply banned." (Mixed focus group, Yerevan)

- 111 The participants also note that nowadays families do not attach Importance to the sex of their children, especially in Yerevan. Even if there are any privileges, they are often conditioned by the fact that the child is the first or younger child in the family and his/her gender plays no role in this.

Socio-psychological factors determining the number of children in the family

- 112 The focus group participants were asked to clarify the common number of children in families and the factors underlying the decisions made by families about the number of children.
- 113 The group of doctors note that the past year showed a growing tendency for couples having a third child. Maternity hospital staff members note that the number of women giving birth to their third child has increased regardless of the child's gender.

- 114 However, the other focus group participants note that currently the number of children in families has reduced to one or two. Almost all the focus group participants note that the small number of children can be mostly accounted for by the current socioeconomic situation in the country. Along with the need to meet their children's needs adequately, the family is also concerned over providing them with housing. The participants consider it unlikely that the situation in the country may improve in the near future. The female participants say that a woman would like to have more children but fears that her husband will not be able to provide all their children with an education and meet their other needs and therefore avoids having more children.

"I am 36 and still can give birth to a child, but the question is: will I have a job and be able to support him/her when he/she starts his/her studies?" (Focus group for women, Yerevan)

- 115 A number of participants believe that families in rural communities have many children regardless of their socioeconomic situation. Those participants argue that such families either seek to have many children to get benefits from the state, or do not care too much about their children's future and living conditions.

"Very often we can see on TV families in extremely disadvantaged conditions which have 8-9 children. This is a social class with its percentage ratio and statistics unchanged. It never strikes these people that they are pregnant and cannot afford an abortion. This social class always has a stable percent rate." (Mixed focus group, Yerevan)

"In Gyumri, they think: 'The child will grow up anyway.' Unlike people in big cities, they are not concerned about raising their children properly." (Focus group for women, Yerevan)

- 116 In the regions, the focus group participants note that the small number of children in the family is also conditioned by work abroad, with men mostly involved as migrant workers.

"Most of the men in the region are away working abroad 10 months of the year and naturally this affects the birthrate." (Focus group for men, Aparan)

- 117 The women's group also note that women's occupation and career advancement also play a great role in their decisions on the number of children as it is women who take care of their children. A woman seeking career advancement or simply keeping her job is in no hurry to have children and does not want to have more than one child.

"I have one child and I'm not going to have any more children as I have a job and don't want to go through it all once more." (Mixed focus group, Yerevan)

- 118 Participants of all the focus groups, except for the group of doctors, believe that currently the desired number of children in a family is 1-2, mostly a boy and a girl. The doctors mention a new tendency for a third and sometimes even fourth child, moreover, with a considerable age difference with the older children. The doctors are positive about this.

"The desire to have a third child arises over the years and the gender matters no longer." (Focus group for doctors, Yerevan)

"Given the social conditions, people are thinking of having one child so that they can support him/her". (Focus group for men, Aparan)

"People mostly have two or a maximum of three children." (Focus group for men, Aparan)

Awareness of prenatal sex determination and pregnancy termination technologies (medications, medical intervention) and accessibility of services

- 119 The focus group participants note that the causes of abortions vary greatly. In many cases, couples do not want to have children and yet use no contraceptive means or methods. This results in unwanted pregnancy. The participants note that pregnancies are often terminated because of being unwanted or due to the large number of children in the family. The doctors note that while pre-conception consultation visits are gradually becoming more common in Armenia, the number of unplanned pregnancies cannot but raise concern.

“In the case of unplanned pregnancies, they panic and are concerned over its progress” (Focus group for doctors, Yerevan)

“In many cases, pregnancy is terminated if it is unplanned, for example if the couple is not married” (Focus group for women, Yerevan)

“Well, a man and a woman spend a night together and face unwanted pregnancy, then the woman has an abortion” (Focus group for men, Gavar)

- 120 Doctors also note cases of induced abortion for medical reasons. It is noteworthy that in the regions the focus groups participants say that families almost never resort to sex selective abortions, whereas in Yerevan, both the women’s group and mixed group participants say that the number of sex-selective abortions is quite significant.

“Nowadays, there are many cases of sex-selective abortions and doctors also say so.” (Focus group for women, Yerevan)

“Everything happens by God’s will. If God gives our women daughters, they give birth to daughters.” (Focus group for men, Aparan)

“Once, doctors were banned from telling women the foetus’ gender. But it constitutes a violation of human rights.” (Mixed focus group, Yerevan)

“I know 2-3 families with 3 daughters and at the 4th or 5th pregnancy the husbands made their wives terminate it as they did not want to father so many daughters.” (Focus group for women, Yerevan)

- 121 Doctors say that there is not a tendency of an increased number of abortions as within the last few years large-scale activities have been carried out to raise public awareness of contraception. The awareness level has increased consistently and the number of abortions has declined.

“Ten years ago, there used to be 5 abortions every day and nowadays there may be none for days.” (Focus group for doctors, Yerevan)

Sources of information on prenatal sex determination

- 122 Doctors note that nowadays the public is quite well-aware of the means to avoid unwanted pregnancy and there are many more sources of information now than ever before. Doctors believe that women and men get information from their acquaintances, the Internet and medical personnel.

- 123 In Aparan and Gavar regions, the men's focus group participants were relatively unaware of the prenatal sex determination methods, except for so called "calculations methods" passed down from their grandparents and the advice of elderly people which was treated quite sceptically. The focus group participants in Yerevan are well-aware of the prenatal sex determination methods. They note that the Internet offered many options to make calculations, e.g. a calendar to calculate the pregnancy and foetal gender. The calculations rely on the birth dates and blood groups of the couple. The participants even mention the diet, which a woman can change to some extent to plan the gender of the foetus. Male participants in mixed groups are quite well aware and mention various methods.

"As for me, I turned to a doctor for a follicular count. I even turned to some old women for calculations and the ultrasound examination results also suggested that I was expecting a girl but it was a boy." (Focus group for women, Yerevan)

"Also, they say that the blood changes every 3 years. That is, if you had a boy, 3 years later you'll have a girl." (Focus group for women, Yerevan)

"The food contains Yin and Yang elements described in Elya Hovhannisyan's book 'For Health', Volume 2. And those, who follow the advice in that book, get the desired result of having a boy or a girl." (Mixed focus group, man, Yerevan)

"It is possible to make calculations at the ovulation stage." (Mixed focus group, woman, Yerevan)

"Calculations can be also made by sex positions; we inherited this method from our grandmothers. My grandmother gave me some advice." (Mixed focus group, woman, Yerevan)

"The lunar phases may also influence the child's gender." (Mixed focus group, man, Yerevan)

"An acquaintance of mine did not have children for 5 years; she went to a fortune-teller in Hoktemberyan and had a son shortly after." (Mixed focus group, woman, Yerevan)

- 124 While the focus group participants mentioned various methods of prenatal sex determination, they were sceptical about them and especially about the traditional methods.

Induced abortion methods and accessibility of services

- 125 The doctors note that the current generation is very careful and scrupulous about their health. Especially in Yerevan, young girls started to take better care of their health. They will not turn for an abortion to any herbalist and avoid performing abortions at home without seeking a doctor's assistance.

"Even if medical intervention is expensive, they will find the money, see the doctor and be served at the best medical facilities." (Focus group for doctors, Yerevan)

"They will never take any wrong step at the expense of their health. They are too concerned with their health." (Focus group for doctors, Yerevan)

- 126 The focus group participants note that today the number of self-induced abortions has declined. Such decline was probably been greatly promoted by the sale of abortifacient pills (Cytotec) at pharmacies exclusively upon a doctor's prescription and instruction. Moreover, much work has been done to raise public awareness of the risks of self-induced abortions.

"Nowadays, people in the regions are more careful. There are few cases of self-induced abortions. People are more informed." (Focus group for women, Yerevan)

- 127 Nevertheless, there are still cases of induced abortions performed at home, without seeking a doctor's assistance both in Yerevan and in the regions. Women resort to various methods that threaten their health.

"Often, women have induced abortions at home, without seeking a doctor's assistance. This results from a lack of knowledge in the regions and is quite dangerous to women's health. Sometimes they are quite unconscious of this." (Focus group for women, Yerevan)

"For instance, an acquaintance of mine had an unwanted pregnancy; she said that she would lift something heavy and lose her baby by miscarriage. And she was very self-confident; I mean maybe it was not the first time she did so." (Focus group for women, Yerevan)

"An acquaintance of mine took some tincture and suffered kidney problems. Then she had bleeding and faced many health problems." (Focus group for women, Yerevan)

- 128 The focus group participants in Yerevan were aware of the changes and amendments to the RA Law on Reproductive Human Rights and Reproductive Health. The participants note that the legislative amendments cover a provision on giving women seeking induced abortion a 3-day period to think over their decision.

"It has been 3 months since the new law became effective. As a woman turns for an induced abortion, it is not performed at once. First, the woman receives in-patient consultation and then doctors tell her to go home and come back after 3 days. 3 days later she comes together with her husband and they sign the form stating that despite the received consultation they refused to maintain the pregnancy." (Focus group for doctors, Yerevan)

- 129 The participants (male participants) of focus group discussions on abortion-related medical services in the regions noted that they were not aware of the accessibility of such services. Some participants consider such services quite accessible and better than keeping an unexpected and unwanted child for years.

"The services are accessible. It is better to give money and get rid of the child than keep him/her for 20 years." (Focus group for men, Gavar)

- 130 Yerevan focus group discussants say that in recent years the abortion-related medical services have become more expensive and are not accessible to everyone. Unlike before when such services cost between 10,000-20,000 AMD, nowadays high-quality services cost at least 30,000 AMD. The participants say that the prices vary based on medical facilities and the gestation period at which the pregnancy is terminated. Women consider the abortion services at outpatient clinics more accessible.

"Nowadays, induced abortions are very expensive; now they cost 30,000-35,000 AMD, unlike 10 years ago when they cost 15,000-20,000 AMD. Their cost ranged between 20,000 and 24,000 AMD for many years. Nowadays,

abortion costs are higher by about 10,000 AMD." (Focus groups for doctors, Yerevan)

"Such services are inaccessible to many people as in normal hospitals their cost ranges between 50,000 and 60,000 AMD." (Focus group for women, Yerevan)

131 The participants also mention illegal abortions at pregnancy terms of over 12 weeks without any relevant reasons for termination. Such services are more accessible (the participants mentioned the cost of 10,000-15,000 AMD).

132 The participants say that the quality of abortion-related services is poor in the regions as compared to the capital; hygiene and sanitary conditions are not in place and the abortions are sometimes followed by post-intervention complications.

In the regions, the services are more accessible but hygiene and sanitary conditions are not in place." (Focus group for women, Yerevan)

"In Ijevan, they performed induced abortion at 5,000 AMD, they ruptured the uterine wall, which resulted in complications and the whole uterus was removed." (Focus group for doctors, Yerevan)

133 The participants stress that the quality of services is relatively better in Yerevan. Induced abortions are performed either by general or local anaesthesia or by a new vacuum method. Also, they note that in Yerevan the service quality differs from medical facility to medical facility. The participants note that some medical facilities even do not show the slightest respect for women. In some cases, the plates used during the previous abortion are not replaced.

"The Republican Hospital has very poor conditions; the patients keep coming in and out." (Mixed focus group, Yerevan)

"There are quality hospitals with more expensive services, such as Erebuni hospital." (Mixed focus group, Yerevan)

134 The focus group participants are quite well-aware of the legal issues relating to abortion at certain stages of pregnancy. Some participants believe that abortions are legal if performed by 5th week of pregnancy. Most participants know that abortions are legal if performed in first trimester (first 12 weeks) of pregnancy (none of them mentioned any later terms). In regions, male participants are not sufficiently aware of the pregnancy stage when abortions are considered legal. At the same time, some male participants allegedly aware of it, said abortions were legal if performed in first trimester (first 12 weeks) of pregnancy.

Socio-psychological pressure

135 The Yerevan focus group discussants believe that the pressure brought to bear on women by society mostly depends on their place of residence and community. In some communities, stereotypes impact significantly human behaviour and the pressure exerted by the public opinion there is stronger. However, the participants emphasized that the socio-psychological pressure of public opinion is nowadays less pronounced and passive in nature.

"They keep asking 'Do you have any news?' but say nothing about foetal gender." (Focus group for doctors, Yerevan)

"For example, in a community in the Syunik region, there might be some stereotype that the firstborn child must be a boy. And the picture may be the opposite in the Shirak region or elsewhere." (Mixed focus group, Yerevan)

"In cities, pressure is less common and people even do not dare to exert pressure." (Mixed focus group, Yerevan)

"In villages, pressure is more common as sons are in great demand there. People need hands to help them in agricultural work." (Mixed focus group, Yerevan)

- ¹³⁶ In contrast, participants of focus groups in Yerevan note that families also put pressure on the women but consider it quite limited.

"I heard of an incident where upon learning that he had a daughter, the husband went to hospital and beat his wife." (Focus group for women, Yerevan)

"A woman's first child was a girl; her family did not take her home from hospital and she had to go to her mother's place." (Focus group for women, Yerevan)

"As I was still pregnant and did not know the gender of my child to be born, my family members used to say that the elder son should have a boy. And I was confused and thought what if I had a girl. I calmed down as I learnt that I was expecting twin boys. Then they said that it was right the way it should be, it was their genes." (Mixed focus group, Yerevan)

- ¹³⁷ The doctors note that during consultations, pregnant women and their husbands are very interested in determining foetal gender. According to the participants, the main reason for such interest is the desire to get ready for the child's birth, e.g. parents want to know the foetal gender to know what colour clothes to buy. This suggests that society's perception of colours is associated with "boyishness"/masculinity and "girlishness"/femininity. The participants note that there is not much pressure brought to bear on the part of family members. Even in cases where there is any such active or passive pressure, nowadays, young people do not even pay much attention to it. Young couples have become more independent and make their own decisions on their reproductive and sexual behaviour and issues related to children, including the desired sex of the child and the expediency to terminate pregnancy.

"Women are not affected by any pressure on the part of either their mother or mother-in-law." (Focus group for women, Yerevan)

- ¹³⁸ In the regions, the focus group participants also note that there is not much pressure in the family and on the part of the family members. In rural communities, the pressure of public opinion has also reduced. On the other hand, the participants note that along with reduced social pressure, the issue of preference for a son has become more a personal and family matter: couples themselves want to have at least one son.

"There's no such thing. Simply it's desirable to have a boy." (Focus group for men, Aparan)

"Once there used to be pressure, but now there is none." (Focus group for men, Aparan)

"If I have 4 daughters, I won't worry; I'll have 2 more and set up a dance group." (Focus group for men, Aparan)

"They say a son is born to a boy and a girl to a good boy." (Focus group for men, Gavar)

- 139 In Yerevan, the focus group participants believe that the picture is different in villages and women suffer pressure in rural areas which, according to them, is caused by the men's attitude to women. The Yerevan focus group discussants think that in villages there are even funny stories about the things men say after their daughters are born.

"Someone said: 'You had better bring a head of cheese than a girl'." (Mixed focus group, Yerevan)

- 140 The focus group participants link the current social pressure with the overall level of family development, regardless of its financial situation.

"Educated people have already reached the level at which having a boy is not mandatory and a person cannot be forced to constantly bear children until she bears a boy." (Focus group for women, Yerevan)

Parents with a preference for a son: consequences for the future

- 141 The focus group discussions also covered societal consequences of the prevalence of parents with a preference for a son. On the whole, the discussants admitted that the phenomenon is unnatural and can lead to a number of issues, including limited number of future mothers, decline in birth rate, rise of a more aggressive society, wide-spread diversity of sexual orientation and other issues.

"If the number of girls is small, we won't have future mothers." (Focus group for women, Yerevan)

"Homosexuality may spread. Or women will have more than one husband." (Mixed focus group, Yerevan)

"The number of mothers will decrease: no matter how much they say that it's sons that continue the gene, anyway it's woman who gives continuity to the gene." (Mixed focus group, Yerevan)

"The number of marriages will fall, the birth rate will decline and the population will decrease." (Focus group for women, Yerevan)

"There will be more wars/battles as women are the symbol of peace and men are combative." (Focus group for women, Yerevan)

- 142 Some participants also voiced the opinion that the current situation will be settled by itself.

"Nature sustains everything; so, after an earthquake more boys are born as more boys die. The statistics suggests that at such times, nature regulates the birth of boys. This holds true for the opposite as well: if there are many boys, nature will again strike the balance." (Focus group for doctors, Yerevan)

- 143 Many of the participants do not care about the official statistics. They do not associate the deviation in the sex ratio at birth with the abnormally low ratio of female birth, but rather with the "surplus of boys". This opinion is supported by the arguments that "the war may break out at the Armenian border at any time", "the large migration flows and socio-economic hardships" make boys more welcomed children. They also mention the incidents of April 2016.

"We say there are many boys, but after the April incidents we saw how many boys perished." (Focus group for doctors, Yerevan)

"If no boys are born, who will protect our borders?" (Focus group for doctors, Yerevan)

"Men will make families with foreign women." (Focus group for men, Aparan)

"It's good to have many boys for our country's army." (Focus group for men, Gavar)

"If the number of girls is small, men will have to bring foreign women from abroad and marry them." (Focus group for men, Gavar)

"After the April incidents, we came to the conclusion that the number of boys is never too large in our country. Also, there is a large migration flow from our country especially of men, and one can never say whether it is good or bad that more boys are born than girls." (Mixed focus group, Yerevan)

Armenia is not at risk of polygamy. In small countries, we can never say that there are too many boys; such countries always need a large number of boys." (Focus group for women, Yerevan)

- 144 The focus group discussions also covered the role of women in society. Most participants noted that the situation has changed significantly and women have a greater role in society and in the family.

"If women assume a slightly bigger role, the men will want to do nothing at all as women will do everything for them." (Focus group for doctors, Yerevan)

"Now we have made great progress as a few decades ago the births of girls were not registered at all. Only the births of boys were registered and people used to say 'this girl is the same age as a certain person's son'." (Focus group for women, Yerevan)

- 145 In the regions, the focus group discussants believe that women and men know their roles and the behaviour expected of them and are pleased with them.

"The woman knows her place and the man knows his place." (Focus group for men, Gavar)

- 146 According to the participants, it is mostly necessary to enhance the woman's role in her own family as once respected in her own family, she will be respected in society as well. Moreover, children imitate their parents' behaviour and if they see that women and mothers are respected in the family, later they will treat women likewise.

"Men should respect women and gender-based violence should be stopped. Once respected at home, the woman will be respected in society as well." (Focus group for women, Yerevan)

"The cases when husbands beat their wives even in the presence of others are still common." (Focus group for women, Yerevan)

"What matters most is the family life model" (Focus group for women, Yerevan)

"In many cases, mothers do not teach their sons to be respectful or careful to women as they have never been treated that way." (Focus group for women, Yerevan)

CONCLUSIONS

- 147** At the time of their first pregnancy, the majority of the surveyed women were 19-35 years old, the most optimal reproductive age.
- 148** The first pregnancy was wanted for 99.2% of the surveyed women, the second and the third pregnancies were wanted for the majority of the women (87.7% and 73.8%, respectively), and the fourth pregnancy was wanted only for every second woman (55.4%). The pregnancies ranging between seventh and tenth were wanted for about 30%.
- 149** Regardless of the pregnancy order, even at first pregnancy, the number of women with a preference for a son was about 1.7 times higher than that of women with a preference for a daughter (29.9% and 16.9%, respectively).
- 150** The sex ratio at birth for the first and second children was 1.08 and 0.96 respectively. In the case of third and subsequent children, there is a pronounced imbalance in the sex ratio of children. In families with up to 2 children, there are 122 boys vs. 100 girls, while in families with up to 3 and more children girls predominate with 100 girls vs. 94 boys.
- 151** In rural areas, the imbalance in the sex ratio at birth becomes quite obvious starting from the very first birth; the number of girls born is smaller compared to the biological norm and the imbalance reaches its maximum at the birth of the third child.
- 152** The majority (1,134 or 59.5%) of the 1,919 women covered in the quantitative survey noted that they were aware of the prenatal sex determination methods.
- 153** Within the past 5 years, a total of 20% of the interviewed women have used methods of prenatal sex determination. Ultrasound testing was the most common method used for prenatal sex determination.
- 154** After the foetal gender was determined, the overwhelming majority (359, or 97%) of 370 women maintained their pregnancy, whereas 3% resorted to termination of pregnancy or induced abortion.
- 155** 4 (80%) of the 5 women who decided to have an abortion made the decision themselves and only one made it for medical reasons. In 4 cases, women had an abortion at the maternity hospital and in 1 case at an outpatient clinic.
- 156** Women are not sufficiently aware of the legal regulations regarding abortions and the pregnancy stage when abortions are considered legal in Armenia. Out of the 1,919 surveyed women, 78% answered the question and every 5th woman (22%) was not aware of the legality of abortions.
- 157** The number of persons with preference for a son is six times greater than that of persons with preference for a daughter (36.7% vs. 6.2%). In the opinion of 39.1% of interviewed women from rural areas, preference in their immediate social environment is given to sons and only 5.5% believe that in their immediate social environment preference is given to daughters.

- 158** In families, the number of persons with preference for a son is twice as much as that of persons with preference for a daughter (12.9% vs. 5.2%); moreover, in rural areas, the number of families with preference for a daughter is three times larger than that of families with preference for a daughter (16.1% vs. 5.2%), whereas in urban areas, this ratio is only 2 (11.2% vs. 5.2%).
- 159** Among the surveyed women, the number of women who wanted to have a son during their first pregnancy is almost twice as much as that of women who wanted to have a daughter (31.5% vs. 16.1%). Meanwhile, for more than half of the surveyed women (52.4%) the child's gender did not matter.
- 160** In all the regions of Armenia, the issue of the child's sex receives most importance at the first pregnancy, whereas a total of about three-quarters of the surveyed women's families have no son or daughter preferences.
- 161** Decisions on the gender and number of children in the family are mostly made jointly by the woman and her husband (80%).
- 162** In families with up to 2 children, there are 122 boys vs. 100 girls, while in families with up to 3 and more children girls predominate with 100 girls vs. 94 boys.
- 163** Preference for a son can mostly be described using the following statements: "the son ensures the continuity of the family lineage" (64%), "the son is inheritor of property" (33%) and "the son is defender of the homeland" (17%).
- 164** In the family, the average age of girls is higher than that of boys.
- 165** The qualitative survey shows that daughters are mostly not perceived as continuers of the family lineage and children caring for the parents (with certain exceptions in Yerevan).
- 166** Preference for a son is mostly account for by the necessity to continue the family lineage, take care of parents in their old age and ensure their material well-being, defend the homeland and give a helping hand in agricultural work.
- 167** The perceptions of the women's role in the family and in society differ greatly in the capital and in the regions.
- 168** The desired number of children in a family is 1-2 mostly caused by socioeconomic and housing conditions and women's desire for advancement in their career.
- 169** Disadvantaged families in rural communities have many children which is conditioned by a number of factors: expectation of benefits from the state, relatively low level of welfare and low demands and poor awareness of methods to prevent pregnancy.
- 170** According to the doctors, currently there is a tendency to have more children in Armenia, especially with a significant age difference between the children.
- 171** Respondents mention various sources for planning foetal gender, including both so-called traditional and scientific ones; however, they are sceptical about such methods.
- 172** The number of induced abortions and especially those preformed at home, without seeking doctor's assistance, decreased mostly due to the sale of Cytotec pills with a doctor's prescription only.
- 173** The main causes for terminating pregnancy are considered unwanted pregnancy and the large number of children in the family.
- 174** Induced abortions at medical facilities are considered less accessible.
- 175** The awareness level of the pregnancy stages at which legally induced abortion may be performed is high.

- 176** There is no pronounced pressure in society and especially in families regarding preference for a son.
- 177** The skew in sex ratio at birth is not recognised as a major concern. As the consequences of such practices, particularly the following are mentioned: population decline, limited number of future mothers, intermarriage and a more aggressive society.
- 178** While the survey participants considered women to have quite active roles in society, they noted that some steps should be taken to enhance their role especially in the regions.

Annex 1. Focus group sample construction mechanism

Overall, 5 focus group discussions were held. The focus group discussions were held with gynaecologists in Yerevan as well as with residents of Yerevan city and Gavar and Aparan towns. The table below shows the composition of the groups.

Mixed-sex focus group (Yerevan)	Education			
	Secondary/post-secondary vocational non-tertiary education		Tertiary education	
Age	Sex		Sex	
	Male	Female	Male	Female
18-24	1			1
25-34		1	1	1
35-45		1	1	1
Total number of participants in one focus group				8

Women (Yerevan)	Education	
	Secondary/post-secondary vocational non-tertiary education	Secondary/post-secondary vocational non-tertiary education
Age		-
18-24	1	1
25-34	2	2
35-45	1	2
Total number of participants in one focus group		9

Men (Aparan)	Education	
	Secondary/post-secondary vocational non-tertiary education	Secondary/post-secondary vocational non-tertiary education
Age		
18-24	1	1
25-34	1	2
35-45	1	2
Total number of participants in one focus group		8

Men (Gavar)	Education	
	Secondary/post-secondary vocational non-tertiary education	Secondary/post-secondary vocational non-tertiary education
Age		
18-24	2	2
25-34	1	2
35-45	1	2
Total number of participants in one focus group		10

The group of doctors mostly covered obstetrician-gynaecologists, reproductologists and heads of laboratory units from various facilities: outpatient clinics № 16 and 11, maternity hospital in Kanaker-Zeytun community, Medexpress Medical Center and Fertility Center.

Annex 2. Questionnaire

INTERNATIONAL CENTER FOR HUMAN DEVELOPMENT

Data will be used solely for statistical analysis and are not subject to publication.

PREVALENCE OF AND REASONS FOR SEX-SELECTIVE ABORTIONS IN ARMENIA (Draft questionnaire for households)

Household identification number

Identification number of family in household

Survey timeframe:

month 201__

Locality

Name

Code

Region

Name

Code

Cluster Number

Code

Interviewer Number

Interviewee's name _____

Household Head's name _____

CONSENT

Hello,

My name is _____.

I work with the International Center for Human Development NGO. We are conducting a survey which we believe will be instrumental in ascertaining the prevalence and causes of sex-selective abortions in Armenia. We request your consent to take part in this important study. We guarantee that strict confidentiality regarding the information provided by you will be maintained.

Now, let me ask you some questions.

1.1 How many families reside in this household?

("Family" is here taken to mean a nuclear family, i.e. a married couple and their unmarried children)

----- family (families)

1.2 How many women aged 15-49 live in this household?

----- woman (women)

1.3 How many ever-pregnant women aged 15-49 live in this household?

----- woman (women)

- ***Those women aged 15-49 who have never been pregnant are not eligible to be surveyed.***

2.1 Please provide information about each of those women's age (how old she was on her last birthday) and marital status.

Line №	Age	Marital status*
1		
2		
3		
4		
5		
6		

* ***Marital status:***

- 1. Currently married and lives with her husband***
- 2. Currently married but lives separately from her husband***
- 3. Lives in civil marriage***
- 4. Divorced***
- 5. Widowed***
- 6. Has never been married but has a child (children)***
- 7. Other _____***

- ***If women who qualify to be surveyed live in a given household, obtain permission to meet them, introduce yourself and try to obtain her consent to participate in the survey.***

- ***If the selected woman is not at home or if she prefers to answer the questions at a more convenient time, then put down her first name (but not her last name) and the date of your next visit.***

First name _____

The date of your second visit _____ time _____

The date of your third visit _____ time _____

- ***Should you fail to meet the selected woman during your three visits, put code (4) in the “Visits registration – outcome” line and move on to another address***

Visits registration

<i>Visit number</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>Outcome*</i>			

**** Visits outcome codes***

- 1. Interview has been conducted at home and has been successfully completed***
- 2. Interview has been conducted at another location _____ and has been successfully completed***
- 3. There are no women eligible for the survey***
- 4. There is no one at home***
- 5. The selected woman is not at home***
- 6. Interview request rejected***
- 7. The selected woman refused to answer the questions***
- 8. No one resides in the house/apartment (State the reason) _____***
- 9. The respondent is not knowledgeable _____***
- 10. They do not want to open the door***
- 11. Another outcome***

- ***If you succeed in meeting with the selected woman, introduce yourself, explain the purpose of your visit and try to obtain her consent to be interviewed.***

2.2 Interview is being conducted with _____ woman.

SECTION A. SOCIO-DEMOGRAPHIC CHARACTERISTICS

	Questions	Coding/Indexing categories	See	
A.1	How old are you?	I was <input type="text"/> <input type="text"/> years old on my last birthday		
A.2	What is the highest level of education you achieved?	<ol style="list-style-type: none"> 1. Has no elementary education 2. Elementary education 3. Basic education 4. Senior high school 5. Pre-professional (vocational-technical) education 6. Post-secondary vocational non-tertiary education (non-degree technical and liberal arts colleges) 7. Tertiary education 8. Post-tertiary education 		
A.3	What is your religion/?	<ol style="list-style-type: none"> 1. Armenian Apostolic 2. Armenian Catholic 3. Armenian Evangelical 4. Sectarian 5. Shar-fardi (Yezidi) 6. Other 7. No religion 		
A.4	Your marital status	<ol style="list-style-type: none"> 1. Married 2. Single 3. Divorced 4. Widowed 5. Living with a man, not married 		
A.5	What kind of family do you live in?	<ol style="list-style-type: none"> 1. Nuclear 2. Together with parents 3. Extended family (with parents and other relatives) 		
A.6	How many members are there in your family?	Number <input type="text"/> <input type="text"/>		
A.7	What is the main source of income in your family?	<ol style="list-style-type: none"> 1. Agriculture 2. Commerce (wholesale, other) 3. Our own business 4. Government employee 5. Pay by the day 6. Money remittances from abroad 7. Rental income 8. Pension/allowance 9. Other (specify)..... 		
A.8	Who is the primary breadwinner in your family?	<ol style="list-style-type: none"> 1. I am 2. My husband/partner 3. My parents 4. Parents of my husband/partner 5. Other (specify)..... 		

A.9	What is the highest level of education that your husband/partner achieved?	<ol style="list-style-type: none"> 1. Has no elementary education 2. Elementary education 3. Basic education 4. Senior high school 5. Pre-professional (vocational-technical) education 6. Post-secondary vocational non-tertiary education (non-degree technical and liberal arts colleges) 7. Tertiary education 8. Post-tertiary education 		
A. 10	What is your husband/partner's main occupation?	<ol style="list-style-type: none"> 1. Agriculture 2. Commerce (wholesale, other) 3. Our own business 4. Government employee 5. Pay by the day 6. Money remittances from abroad 7. Unemployed 8. Pension/allowance 9. Other (specify)..... 		
A.11	Have you ever been employed?	<ol style="list-style-type: none"> 1. Yes 2. No 		
A.12	Are you employed now?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I am on maternity leave 4. I am on child-care leave for mothers of children under 3 		
A.13	What is your main source of income?	<ol style="list-style-type: none"> 1. Subsistence farming 2. Self-employment (business, farming) 3. Hired labor (wages) 4. State pension/allowance 5. Money remittances 6. Other income 7. No source of income 		
A.14	What is your main occupation?	<ol style="list-style-type: none"> 1. Agriculture 2. Service provision/trade 3. Employment in the public sector 4. Student 5. Homemaker 6. Unemployed 7. Retired 8. Other employment in the private sector 		
A.15	What is the nature of your employment?	<ol style="list-style-type: none"> 1. Full-time 2. Part-time 		
A.16	What is your main workplace?	<ol style="list-style-type: none"> 1. Office/enterprise/organization 2. I work at home/in the garden 		
A.17	Since what year have you started working?	<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		
A.18	Have you ever wanted to return to work after childbirth?	<ol style="list-style-type: none"> 1. After childbirth 2. After my baby reached 6 months 3. After my child reached 3 years 4. I did not want to work 		

A.19	How did your family accept your wish to return to work after childbirth?	<ol style="list-style-type: none"> 1. No one was against 2. Some family members were against 3. Everybody was against 4. I felt no impact 		
A.20	Could you return to your previous job or find a new job after childbirth?	<ol style="list-style-type: none"> 1. Yes, I returned to my previous job without any problems 2. Yes, I found a new job without any problems 3. Yes, I returned to my previous job but with some difficulty/ I found a new job, but after a long time 4. No, I couldn't 5. My family did not want me to work 		
A.21	What are your average monthly earnings?	Specify the amount (AMD) _____		
A.22	Who is a primary decision-maker regarding how and on what the money you earned should be spent?	<ol style="list-style-type: none"> 1. Myself 2. My husband/partner 3. I and my husband/partner 4. My father-in-law 5. My mother-in-law 6. Other (specify)..... 		
A.23	How much money did your family spend last month on average (in AMD)?	<ol style="list-style-type: none"> 1. Food 2. Transportation 3. Education 4. Clothes/household goods 5. Utilities 6. Entertainment 7. Loan/debt 8. Other..... 		
A. 24	What is your family's average monthly income?	<ol style="list-style-type: none"> 1. Refuses to answer 2. 0 AMD 3. Average monthly income (in AMD) _____ 		
A.25	Do you have or have you ever hired a baby-sitter?	<ol style="list-style-type: none"> 1. Yes, we do 2. Yes, we did once 3. No 		
A.26	If you have/had once a baby-sitter, how much is/was her monthly fee?	Specify the amount (AMD) _____		

SECTION A1. WOMAN'S WORK ACTIVITY

<p>A.27 How many months after the birth of your first child</p>	<p>did you return to work? —</p>	<p>1. Number of months — 2. I did not work any longer.</p>	<p>Who took care of the child till he/she reached 3 years? 1. A family member 2. Baby-sitter 3. He/she attended kindergarten 4. Other (specify)</p>	<p>Who took care of the child till he/she reached 6 years? 1. A family member 2. Baby-sitter 3. He/she attended kindergarten 4. Other (specify)</p>	<p>Who took care of the child as he/she was a lower school student? 1. A family member 2. Baby-sitter 3. On his/her own 4. Other (specify)</p>
<p>A.28 How many months after the birth of your second child</p>	<p>did you return to work? —</p>	<p>1. Number of months — 2. I did not work any longer.</p>	<p>Who took care of the child till he/she reached 3 years? 1. A family member 2. Baby-sitter 3. He/she attended kindergarten 4. Other (specify)</p>	<p>Who took care of the child till he/she reached 6 years? 1. A family member 2. Baby-sitter 3. He/she attended kindergarten 4. Other (specify)</p>	<p>Who took care of the child as he/she was a lower school student? 1. A family member 2. Baby-sitter 3. On his/her own 4. Other (specify)</p>
<p>A.29 How many months after the birth of your third child</p>	<p>did you return to work? —</p>	<p>1. Number of months — 2. I did not work any longer.</p>	<p>Who took care of the child till he/she reached 3 years? 1. A family member 2. Baby-sitter 3. He/she attended kindergarten 4. Other (specify)</p>	<p>Who took care of the child till he/she reached 6 years? 1. A family member 2. Baby-sitter 3. He/she attended kindergarten 4. Other (specify)</p>	<p>Who took care of the child as he/she was a lower school student? 1. A family member 2. Baby-sitter 3. On his/her own 4. Other (specify)</p>

SECTION B. AVAILABILITY OF FACILITIES AND AMENITIES

	Questions	Coding/Indexing categories	See	
B.1	Please tell whether your household has the following facilities	<u>YES</u> <u>NO</u>		
	Land.....	1 2		
	Car.....	1 2		
	Agricultural equipment.....	1 2		
	Landline phone	1 2		
	Cellular phone	1 2		
	Internet access (via computer, cellular phone).	1 2		
	Agricultural area	1 2		
	Trade/services facilities	1 2		
	Industrial area	1 2		
	Farm animal(s)/poultry	1 2		
	Other (specify).....	1 2		
B.2	How often do you listen to the radio?	Almost daily 1 Sometimes (3-4 times a week)..... 2 Rarely (once or twice a week) 3 Never 4		
B.3	How often do you watch TV?	Almost daily 1 Sometimes (3-4 times a week)..... 2 Rarely (once or twice a week) 3 Never 4		
B.4	How often do you read newspapers?	Almost daily 1 Sometimes (3-4 times a week)..... 2 Rarely (once or twice a week) 3 Never 4		
B.5	How often do you read information/news on the internet?	Almost daily 1 Sometimes (3-4 times a week)..... 2 Rarely (once or twice a week) 3 Never 4		

SECTION C. PREGNANCY HISTORY, MALE CHILD PREFERENCE

	Questions	Coding/Indexing categories	See	
C.1	How old were you when you got married (or when you started living with your husband/partner)?	I was <input type="text"/> <input type="text"/> years old		
C.2	How old were you when you got pregnant for the first time?	I was <input type="text"/> <input type="text"/> years old		
C.3	When getting married, how many children and of which gender did you want to have?	Desired number of daughters Desired number of sons		
C.4	Did you want to have a girl or a boy during your first pregnancy?	Girl 1 Boy 2 It made no difference 3		
C.5	Did your husband/partner want you to have a girl or a boy during your first pregnancy?	Girl 1 Boy 2 It made no difference 3 Impossible to answer 4		
C.6	Did your mother-in-law want you to have a girl or a boy during your first pregnancy?	Girl 1 Boy 2 It made no difference 3 Impossible to answer 4		
C.7	Did your mother want you to have a girl or a boy during your first pregnancy?	Girl 1 Boy 2 It made no difference 3 Impossible to answer 4		
C.8	How many children did you give birth to? How many of them are girls and how many boys?	Girl(s) <input type="text"/> Boy(s) <input type="text"/>		
C.9	Who in your family decides how many daughters and how many sons you should have?	Myself 1 My husband/partner 2 I and my husband 3 My mother-in-law 4 Other (specify) 5		
C.10	To what extent are you entitled to make decisions as to how many daughters or how many sons you wish to have?	To a large extent 3 To some extent 2 Not entitled at all 1		
C.11	In your social environment, is preference given more to boys or to girls?	To boys 1 To girls 2 Equally 3		
C.12	Why do you think it is so?	----- ----- -----		

C.13	In your family, is preference given more to boys or to girls?	To boys 1 To girls 2 Equally 3	→C14 →C15	
C.14	Why does your family give preference to sons rather than to daughters? <i>(You can give more than one answer to this question)</i>	Sons are guarantors of material well-being 1 Sons personify authority and strength 2 Sons can provide financial support 3 Sons are inheritors of property 4 Sons continue the family lineage 5 Boys are defenders of homeland 6 After she gets married, the daughter is no longer yours 7 Raising a daughter is a burden 8 The daughter cannot provide financial support 9 The daughter is not a support for her parents in old age 10 Investment in the daughter is not justified 11 Girls have fewer opportunities in life/in the society 12 Entire burden of household chores and care is on women's shoulders 13 It pains a parent to see the daughter's hardships 14 It is psychologically difficult to give daughter in marriage 15 I am afraid of domestic violence 16 Other (specify) 17	→ D	
C.15	Why does your family give preference to daughters rather than to sons? <i>(You can give more than one answer to this question)</i>	The daughter gives her parents psychological support 1 The daughter stands ready to help her parents 2 The daughter is a support for her parents in old age..... 3 Investments in the daughter are justified. 4 Other (specify) 5	→ D	

SECTION D. PREGNANCY HISTORY AND OUTCOME

Now I would like to know the outcome of each of your pregnancies. Please start from your first pregnancy...

D.1. Pregnancy history	D.2. How many months have passed since your previous pregnancy /childbirth?	D.3. When you first learned that you were pregnant did you want to have a child at that time? Or did you want to have a child later or you no longer wanted to have (more) children? <i>1. I wanted to have a child at that time 2. I wanted to have a child later 3. I no longer wanted to have a child</i>	D.4. Pregnancy outcome <i>1. Live birth 2. Stillbirth 3. Artificial termination of pregnancy 4. Miscarriage 5. Pregnancy is not over yet</i>	D.5. At the time of pregnancy, did you want to have a son or a daughter? <i>1. Son 2. Daughter 3. It made no difference</i>	D.6. Did you undergo ultrasonic testing during pregnancy? <i>1. Yes 2. No</i>	D.7. Child's sex <i>1. Male 2. Female</i>	D.8. Child's name	D.9. The date (year and month) of the child's birth	D.10. Is the child still alive? <i>1. Yes 2. No</i>	D.11. The child's age at this moment (... years' old)
First pregnancy	XXXXX							<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		<input type="text"/> <input type="text"/>
Second pregnancy	<input type="text"/> <input type="text"/> month							<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		<input type="text"/> <input type="text"/>
Third pregnancy	<input type="text"/> <input type="text"/> month							<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		<input type="text"/> <input type="text"/>
Fourth pregnancy	<input type="text"/> <input type="text"/> month							<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		<input type="text"/> <input type="text"/>
Fifth pregnancy	<input type="text"/> <input type="text"/> month							<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		<input type="text"/> <input type="text"/>
Sixth pregnancy	<input type="text"/> <input type="text"/> month							<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		<input type="text"/> <input type="text"/>
Seventh pregnancy	<input type="text"/> <input type="text"/> month							<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		<input type="text"/> <input type="text"/>
Eighth pregnancy	<input type="text"/> <input type="text"/> month							<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		<input type="text"/> <input type="text"/>
Ninth pregnancy	<input type="text"/> <input type="text"/> month							<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		<input type="text"/> <input type="text"/>
Tenth pregnancy	<input type="text"/> <input type="text"/> month							<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		<input type="text"/> <input type="text"/>

QUESTIONS THAT REQUIRE ONLY A NUMBER IN RESPONSE

- D.12. Total number of pregnancies
- D.13. Total number of interrupted pregnancies (Add "I wanted to postpone" or "I did not want to have") ...

- D.14. Total number of pregnancies resulted in births
- D.15. Total number of daughters born
- D.15.1. of those, the number of still living
- D.16. Total number of sons born
- D.16.1. of those, the number of still living

- D.17. How many times did you undergo ultrasonic testing?
- D.18. The number of school-age children (over six years of age)

SECTION E: SON PREFERENCE - II

Fill out if the respondent selected "preference is given to SONS" answer option (if C.13=1) in question C.13

	Questions	Coding/Indexing categories	See	
E.1	In your family, is the firstborn female or male?	Male 1 Female 2		
E.2	When that child was born, did anyone in your family voice his or her discontent about the child's gender? If yes, who? <i>(You can give more than one answer to this question)</i>	Myself 1 My husband/partner 2 My mother-in-law 3 My father-in-law 4 My mother 5 Other relatives 6 No 7		
E.3	Was or is any pressure brought to bear on you so that the next child should by all means be male?	Yes 1 No 2		
E.4	Who brought or brings pressure to bear on you most?	My husband/partner 1 My mother-in-law 2 My father-in-law 3 My mother 4 Other relatives 5		
E.5	What is the reason for that pressure?			
E.6	What measures did/do you take to make sure your next child was/is male? <i>(You can give more than one answer to this question)</i>	I used medicinal herbs, resorted to methods of traditional medicine 1 I consulted with a doctor 2 I underwent ultrasonic testing 3 Other (specify) 4 I took no measures 5	→ E8	
E.7	Did (or do) those measures turn out useful?	Yes 1 No 2 The outcome is not known yet (pregnancy is not over yet) 3		

	Questions	Coding/Indexing categories	See	
E.8	Was the last child born in your family female or male?	Male 1 Female 2		
E.9	When that child was born, did anyone in your family voice his or her discontent about the child's gender? If yes, who? <i>(You can give more than one answer to this question)</i>	Myself 1 My husband/partner 2 My mother-in-law 3 My father-in-law 4 My mother..... 5 Other relatives 6 No 7		
E.10	Was or is any pressure brought to bear on you so that the last child should by all means be male?	Yes 1 No 2		
E.11	Who brought or brings pressure to bear on you most?	My husband 1 My mother-in-law 2 My father-in-law 3 My mother 4 Other relatives 5		
E.12	What measures did/ do you take to make sure your last child was/is male? <i>(You can give more than one answer to this question)</i>	I used medicinal herbs, resorted to methods of traditional medicine 1 I consulted with a doctor 2 I underwent ultrasonic testing 3 Other (specify) 4 I took no measures 5	→E14	
E.13	Did (or do) those measures turn out useful?	Yes 1 No 2 The outcome is not known yet (pregnancy is not over yet) 3		
E.14	Since your last child is a girl, is pressure still brought to bear on you to give birth to a son?	Yes 1 No 2 I can't say 3		

SECTION F: DAUGHTER PREFERENCE - II

Fill out if the respondent selected “preference is given to DAUGHTER” answer option (if C.13=2) in question C.13

	Questions	Coding/Indexing categories	See	
F.1	In your family, is the first child male or female?	Male 1 Female 2		
F.2	When that child was born, did anyone in your family voice his or her discontent about the child’s gender? If yes, who? <i>(You can give more than one answer to this question)</i>	Myself 1 My husband/partner 2 My mother-in-law 3 My father-in-law 4 My mother..... 5 Other relatives 6 No 7		
F.3	Was or is any pressure brought to bear on you so that the next child should by all means be female?	Yes 1 No 2		
F.4	Who brought or brings pressure to bear on you most?	My husband/partner 1 My mother-in-law 2 My father-in-law 3 My mother 4 Other relatives 5		
F.5	What is the reason for that pressure?			
F.6	What measures did/do you take to make sure your second child was/is female? <i>(You can give more than one answer to this question)</i>	I used medicinal herbs, resorted to methods of traditional medicine..... 1 I consulted with a doctor 2 I underwent ultrasonic testing 3 Other (specify) 4 I took no measures 5	→ F8	
F.7	Did (or do) those measures succeed?	Yes 1 No 2 The outcome is not known yet (pregnancy is not over yet) 3		

The following questions are given only if, while answering question D7, the respondent indicated that the first child in her family was MALE

	Questions	Coding/Indexing categories	See	
F.8	Was the last child born in your family male or female?	Male 1 Female 2		
F.9	When that child was born, did anyone in your family voice his or her discontent about the child's gender? If yes, who? <i>(You can give more than one answer to this question)</i>	Myself 1 My husband/partner 2 My mother-in-law 3 My father-in-law 4 My mother..... 5 Other relatives 6 No 7		
F.10	Was or is any pressure brought to bear on you so that the last child should by all means be female?	Yes 1 No 2		
F.11	Who brought or brings pressure to bear on you most?	My husband 1 My mother-in-law 2 My father-in-law 3 My mother 4 Other relatives 5		
F.12	What measures did/do you take to make sure your last child is female? <i>(You can give more than one answer to this question)</i>	I used medicinal herbs, resorted to methods of traditional medicine 1 I consulted with a doctor 2 I underwent ultrasonic testing 3 Other (specify) 4 I took no measures 5	→F14	
F.13	Did (or do) those measures succeed?	Yes 1 No 2 The outcome is not known yet (pregnancy is not over yet) 3		
F.14	Since your last child was a boy, is pressure still brought to bear on you to give birth to a daughter?	Yes 1 No 2 I can't say 3		

SECTION G: PRENATAL SEX DETERMINATION TESTS AND THEIR OUTCOME

FOR ALL SURVEY PARTICIPANTS

	Questions	Coding/Indexing categories	See	
G.1	Have you ever heard of any method to determine the sex of fetus? [Please check with D.6]	Yes 1 No 2	→ G18	
G.2	Can you tell me about that method? <i>(You can give more than one answer to this question)</i>	Ultrasound 1 Amniocentesis 2 Traditional (specify) 3		
G.3	How did you first learn about this method?	From: My husband/partner 1 My parents 2 My mother-in-law 3 My friends, relatives 4 Medical institution 5 Publications 6 Mass media 7 Other (specify) 8		
G.4	Where can you receive this type of testing?	In a maternity hospital 1 In an outpatient clinic 2 In a medical room where ultrasound scan is performed 3 In a diagnostic center 4 In another venue 5		
G.5	Is that venue accessible to you (with a view to finding out the sex of the baby before birth)?	Yes 1 No 2 I don't know 3		
G.6	Have you tried within the past five years to make use of that method to find out the sex of the baby before birth?	Yes 1 No 2	→ G18	
G.7	Where did you go?	To a maternity hospital 1 To an outpatient clinic 2 To a medical room where ultrasound scan is performed 3 To a diagnostic center 4 To another venue 5		
G.8	Who suggested that you undergo that testing?	Myself 1 My husband/partner 2 My mother-in-law 3 My mother 4 Other relatives 5		

G.9	At what stage of pregnancy did you undergo the testing?	<input type="text"/> <input type="text"/> weeks I do not remember		
G.10	What did the testing show?	Boy 1 Girl 2 The test failed to determine the sex.. 3		
G.11	After the sex of the baby was determined, did you want to have a child of that sex?	Yes 1 No 2 I don't know 3		
G.12	After the sex of the baby was determined, did your husband/partner want to have a child of that sex?	Yes 1 No 2 I don't know 3		
G.13	After the sex of the baby was determined, did your family want to have a child of that sex?	Yes 1 No 2 I don't know 3		
G.14	What did you do after the child's sex was determined?	I got an induced abortion 1 I had a drug-induced abortion 2 I terminated pregnancy using another method 3 Abortion terminated through miscarriage 4 I maintained pregnancy		→ G17
G.15	Who made the decision to terminate pregnancy through induced abortion?	Myself 1 My husband/partner 2 My mother-in-law 3 My mother 4 Other relatives 5 Doctor/Clinic 6		
G.16	Where was pregnancy terminated?	At home, without seeking doctor's assistance 1 In a maternity hospital 2 In an outpatient clinic 3 In another venue 4		
G.17	What might have happened if you had given birth to a child of undesired gender?			
G.18	Is induced abortion legal in the Republic of Armenia?	Yes 1 No 2 I do not know 3		
G.19	Until what stage of pregnancy is induced abortion legal in the Republic of Armenia?	Up to 12 weeks 1 At any time 2 I do not know 3		

***Thank you for your time! The interview is over.
Do you have any questions?***

The project “Combating Gender-Biased Sex Selection in Armenia” has been implemented since May 2015, by the International Center for Human Development (ICHD) in partnership with the Stichting Save the Children Nederland (STC Netherlands), Armavir Development Centre (ADC), Martuni Women’s Community Council (MWCC) and Save the Children (STC) International, and is funded by the European Commission. The EU contribution to the project is € 750,000.

The overall objective of the project is to contribute to reduction of gender-biased sex selection in Armenia.



“The European Union is made up of 28 Member States who have decided to gradually link together their know-how, resources and destinies. Together, during a period of enlargement of 50 years, they have built a zone of stability, democracy and sustainable development whilst maintaining cultural diversity, tolerance and individual freedoms. The European Union is committed to sharing its achievements and its values with countries and peoples beyond its borders”.

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